




Board of Directors Meeting (PUBLIC)

24 April 2019, 13:30 to 15:30
Conference Room 1 & 2, Ferndene, Prudhoe,
NE42 5PB

Agenda

- 1. Service User/Carer Experience**
- Russell Bowman, Neuro Disability Governor
Presentation
- 2. Apologies**
Verbal/Information
Chair
- 3. Declarations of Interest**
Verbal/Information
Chair
- 4. Minutes of the previous meeting: Wednesday 27 March 2019**
Decision
Chair
 4. BoD meeting in public April minutes.pdf (8 pages)
- 5. Action list and matters arising not included on the agenda**
Discussion
Chair
 5. BoD Meeting held in public Action List.pdf (1 pages)
- 6. Chair's Remarks**
Verbal/Information
Chair
- 7. Chief Executive's Report**
Information
Chief Executive
 7. CE Report April 2019 DRAFT.pdf (4 pages)




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Quality, Clinical and Patient Issues

8. NTW Zero Suicide Plan

Discussion


Dr Uri TorresConsultant

-  8. NTW Zero Suicide Plan.pdf (2 pages)
-  8.1 NTW Zero Suicide Plan for Inpatient Services (002).pdf (6 pages)
-  8.2 TRUST BOARD PRESENTATION ZERO SUICIDE PLAN.pdf (15 pages)

9. Service User and Carer experience (Quarter 4)

Discussion



Executive Director of Commissioning and Quality Assurance

-  9. BoD Service User and Carer Experience Report Q4 201819.pdf (30 pages)

10. Guardian of safe working hours

Decision


Executive Medical Director

-  10.1. Guardian of Safe Working HoursTrust Board Q 1 Report April 2019.pdf (1 pages)
-  10.2 Q1 Jan to Mar 19 Final Report.pdf (6 pages)

11. Board Assurance Framework and Corporate Risk Register (Quarter 4)

Decision


Executive Director of Commissioning and Quality Assurance

-  11. Board BAF CRR Annual Review - Progress Report April 19 - amended following CDTR.pdf (5 pages)

12. Commissioning and Quality Assurance Report (Month 12)

Decision

Executive Director of Commissioning and Quality Assurance


-  12. BoD Monthly Commissioning Quality Assurance Report - Month 12.pdf (6 pages)

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13. Safer Care Report (Quarter 4)

Discussion


Executive Director of Nursing/ Chief
Operating Officer


 13. Q4 Safer Care Report (including Learning From Deaths) - Final.pdf (35 pages)

14. Analysis of Natural and Unnatural Deaths

Discussion

Executive Director of Nursing/ Chief
Operating Officer

 14.1 Analysis of natural and unnatural deaths 2010-11 to 2017-18 (Front Sheet....pdf (2 pages)

 14.2 Analysis of natural and unnatural deaths 2010-11 to 2017-18 (Board paper....pdf (27 pages)

15. Visit Feedback Themes (Quarter 4)

Discussion

Executive Director of Nursing/ Chief
Operating Officer


 15. Visit Update - Q4.pdf (7 pages)

Workforce

16. Staff Friends and Family Report (Quarter 4)

Discussion

Acting Executive Director of
Workforce and Organisational

 16. Staff Friends and Family Test Qtr4 (2018-19) V1.1 2019.pdf (28 pages)

Strategy and Partnerships


17. CEDAR Project

Decision

James Duncan, Deputy Chief
Executive/ Executive Director of


17.1. - Updated Strategic Outline Case


 17.1.1 CEDAR SOC Cover Sheet.pdf (2 pages)

 17.1.2 CEDAR SOC (NTW) (180419) (TB).pdf (70 pages)

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17.2. - Approval of Interim Funding

 17.2.1 CEDAR board paper.pdf (4 pages)

 17.2.2 Cashflow Summary SRM-NTW 11-4-19 rev A.pdf (1 pages)

18. Integrated Care System Update

Verbal/Information


Chief Executive

Regulatory

19. Quarterly Report to NHS I & submissions

Discussion

Executive Director of
Commissioning and Quality


 19. BoD Quarterly Report on NHS Improvement (Single Oversight Framework) Q4 2018-19.pdf (6 pages)

20. CQC Must Do Action Plans


Discussion

Executive Director of
Commissioning and Quality

20.1. Use of Blanket Restrictions and Access to Nurse Call Systems

 20.1 BoD CQC Action Plans - BR and Nurse Call Systems - April 2019.pdf (5 pages)

20.2. Rapid Tranquilisation

 20.2 BoD CQC Action Plans - Rapid Tranquilisation - April 2019.pdf (6 pages)

21. Contract update

Verbal/Information

Executive Director of
Commissioning and Quality

Minutes/Papers for Information

22. Committee updates

Verbal/Information

Non-Executive Directors

23. Council of Governors' Issues

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Verbal/Information

Chair

24. Any other Business

Chair

25. Questions from the Public

Discussion

Chair

Date, time and place of next meeting:

26. Wednesday, 22 May 2019, 1:30 pm to 3:30 pm, St Nicholas Hospital, Jubilee Road, Gosforth.

Information

Chair

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**Minutes of the Board of Directors meeting held in public
Held on 27th March 2019, 11.30am – 12.30pm
In the Conference Room, Northgate Hospital, Morpeth, NE61 3BP**

Present:

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

In attendance:

Debbie Henderson, Deputy Director of Corporate Affairs and Communications
David Muir, Group Nurse Director, Central Locality
Helen Percival, Nurse Consultant, Mitford Unit (*for item 1 only*)
Service users and carers (*item 1 only*)
Dennis Davison, Associate Director (*for item 8 only*)
Yvonne Rutherford, Clinical Nurse Manager (*for item 8 only*)
Chris Rowlands, Equality and Diversity Lead (*for item 12 only*)

Three members of the Trust were in attendance to observe the meeting

1. Service User and Carer Experience Story

Ken Jarrold opened the meeting and welcomed those in attendance.

Helen Percival introduced the carers of a service user in attendance to share their story of the journey throughout their son's care and treatment both before and during his long-term stay with the Mitford Unit, Northgate Hospital.

Their story centred on the challenges of those diagnosed with autism who have complex needs and display challenging behaviour. They talked about: challenging times during their son's care before his transfer to the Mitford Unit; the positive impact of the unit's approach to expand access to the service via the use of Skype; the care, respect and support from staff; and the positive impact in terms of the reduction in their son's symptoms during his time on the unit.

Fiona Regan, Carer Governor for Learning Disabilities Services, thanked the carers for sharing their story and emphasised the importance of education and training not only for staff, but also for senior leaders in the organisation, including the Board and the Council of Governors.

Ken Jarrold thanked the family on behalf of the Board for attending the meeting and sharing their story, and wished them well for the future.

2. Apologies for absence:

Apologies for absence had been received from Alexis Cleveland, Non-Executive Director and Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

3. Declarations of Interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 27th February 2019

The minutes of the meeting held on 27th February 2019 were considered.

Approved

- **The minutes of the meeting held 27th February 2019 were agreed as an accurate record of the meeting**

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

Ken Jarrold thanked Debbie Henderson for the implementation of the Non-Executive Director service visits. Debbie advised that a schedule for the remainder of the year would be circulated in due course. It was agreed that the action be closed.

6. Chair's remarks

Ken Jarrold referred to the positive steps being taken at a national level to focus on workforce challenges across the NHS, led by Baroness Dido Harding, Chair of NHS Improvement.

The Board received and noted the Chair's Remarks.

7. Chief Executive's report

John Lawlor presented the Chief Executive's report and made particular reference to the work of NTW Academy, including the commencement of the Advanced Clinical Practitioner Programme and working alongside University of Sunderland to increase the number of trainee nurses in the system.

A very successful Annual Staff Excellence Awards evening was held on 8th March at which 21 awards were given to teams and individuals from across the organisation which have, and continued to make, a significant contribution to the Trust.

The fifth NTW Annual Nursing Conference was held on 6th March with the theme of 'delivering compassion in practice: shaping the future'. The event was attended by 300 people including nurses, support workers, students, service users, Governors, and external agency representatives including commissioners, CQC and University partners. Margaret Kitching, NHS England Chief Nurse for the North East presented her plans for the future and how NTW would be engaged in the process.

John referred to changes to NHS Senior Leadership Teams and the announcement that Simon Stevens would be appointed as Joint Chief Executive of NHS Improvement and NHS England. The report also provided detail on changes to the regional teams, although it was noted that some appointments were yet to be confirmed.

In terms of Integrated Care System (ICS)/Integrated Care Partnership (ICP) developments, John advised that following a review of work-streams across the ICS, these had been reduced to five, which included mental health.

The NHS Workforce Disability Equality Standard (WDES), planned to come into force on 1st April outlines a set of specific measures to enable NHS organisations to compare the experiences of disabled and non-disabled staff. John reminded Board members of the inclusion of equality and diversity, including disability, in the Trust's Quality Priorities for the coming year, which would provide a clear link for this work.

John referred to the Health Education England draft Health and Care Workforce Strategy for England which reflected a new commission on the mental wellbeing of NHS staff and learners. As an organisation committed to supporting the wellbeing and health of our workforce, the Board recognised the alignment of the strategy to the Trust's workforce strategic aims. The recommendations detailed within the report were being reviewed and aligned to the work of the wellbeing and health agenda.

John referred to Appendix A of the report, the NHS Provider briefing on clinically-led review of NHS access standards. The review proposed changes to existing standards, and the introduction of new standards for mental health, cancer, physical urgent and emergency services and elective care. It was felt that the outcome of the review reflected a positive step in terms of links between acute physical and mental health services.

In response to a query from Peter Studd regarding signposting service users who are in crisis, Lisa Quinn advised that transfer to the Trust's single point of access was available in response to a call into 111 or 999. North East Ambulance Service NHS Foundation Trust were also engaged in discussions regarding additional mental health services to help triage people to the right service.

John made reference to the current consultation led by NHS Improvement and NHS England on proposed legislative changes, reflecting the inclusion of such proposals as part of the NHS Long Term Plan. John provided an overview of the changes, the detail of which was included in the body of the Chief Executive's Report.

Members of the Board expressed concern regarding the proposals around capital spending and the potential adverse impact in terms of the ability to drive forward a system-wide approach to investment decisions. With regard to the CEDAR Programme, James Duncan advised that the proposals to create Regional Health Infrastructure Companies had not received Treasury approval following the Chancellor's announcement that there would be no PFI type deals for the NHS. This means that the Trust would no longer have to include such an option with its business case submission to Treasury.

Les Boobis referred to Proposal 14 which would allow CCGs more freedom to have governing body members who work as clinicians for local providers and asked if this would present an opportunity for the Trust. John suggested that the proposal was complex and as with many of the proposals, issues of conflicts of interest would need to be clarified.

Ken Jarrold informed members of the Board that following a regional meeting to discuss issues relating to ICS governance, he had been invited to join a sub-group of Chairs across the region to take the work forward. With regard to the proposed legislative changes, Ken highlighted that he would not be supportive of changes which would compromise the autonomy of individual Trusts, or their ability to represent the interests of service users and carers.

The Board received and noted the Chief Executive's Update.

Quality, Clinical and Patient Issues

8. Northgate (Past, Present and Future)

David Muir, Dennis Davison and Yvonne Rutherford delivered a presentation to the Board on the past, present and future of Northgate Hospital which provides a range of clinical services, including being a host site to the specialist services of Autism and Secure Care for Learning Disability. The presentation included proposals for service development on the site as part of the CEDAR Programme and the learning taken from previous developments.

Ken Jarrold commented that Northgate Hospital had not only provided exceptional services in the past and present, but it had also been the training ground for many of the Trust's senior leaders.

Ken thanked the team for an enlightening presentation.

9. Annual Quality Priorities 2019/20

Lisa Quinn presented the report outlining the final Annual Quality Priorities for 2019/20 following review of the draft priorities at the February meeting of the Board. Following feedback received, Lisa noted that a further quality priority had been included about the link between staff sickness and quality and also stated that work would continue to develop the trajectories for measuring success. The quality priorities would be launched as part of the 30 day consultation period on 11th April.

Miriam Harte was pleased to see the impact of staff sickness on quality included in the priorities for the coming year but suggested that the description of the priority was complex and difficult to understand. Lisa advised that work would continue to refine the narrative prior to the submission of the Quality Account 2018/19 to the May meeting of the Board.

Ken Jarrold emphasised the importance of continually communicating success. Rajesh Nadkarni confirmed that a discussion had taken place at the Corporate Decisions Team – Quality meeting regarding the need to clarify the link between the actions identified and impact on quality of care.

Approved

- **The Board approved the Quality Priorities for 2019/20**

10. Board Assurance Framework and Risk Appetite review of 2018/19

Lisa Quinn noted that Board members had undertaken an in-depth review of the Board Assurance Framework (BAF) and Risk Appetite for 2018/19 prior to moving into the 2019/20 year at the development session held on 27th March. The report detailed the movement of the BAF throughout the 2018/19 year in terms of areas of escalation, de-escalation and actions taken to mitigate risk.

John Lawlor suggested a further review of the finance and quality scores be undertaken. Lisa would reflect on the discussion and comments from the development session and Board meeting and submit the final version to the April Board meeting for approval.

The Board received the Board Assurance Framework and Corporate Risk Register review of 2018/19.

11. Commissioning and Quality Assurance Report (month 11)

Lisa Quinn presented the Commissioning and Quality Assurance report for month 11 and updated the Board in relation to the Trust's position against the Single Oversight Framework. Lisa noted that the number of people waiting more than 18 weeks to access services had decreased in both adult and children's community services with the exception of Sunderland and South Tyneside CYPS.

James Duncan reported on financial performance and confirmed that at Month 11 the Trust had a year to date surplus of £4.1m which is £1.4m ahead of plan. He confirmed that the Trust would receive incentive funding and was thereby forecasting a surplus of £6.5m against a plan of £3.5m.

Ken Jarrold congratulated the teams for a strong performance and financial position overall but emphasised the Board's continuing concern regarding the level of sickness absence.

Les Boobis referred to the agency spend and asked if there was a risk of breaching the cap. James confirmed that the Trust would stay under the cap overall for the

year, but noted that sickness absence and use of temporary staff did not always correlate. He also suggested that there may be residual issues as a result of the implementation of new Cloud Oracle system. Overall, the Trust remained below the agency spend cap, but a priority for 2019/20 would be to reduce the use of agency staff, not only to improve financial performance, but also as a quality issue for the Trust.

The Board received the Commissioning and Quality Assurance Report for month 11.

Workforce

12. National Staff Survey Results

Chris Rowlands delivered a presentation on the results of the Trust's 2018 Staff Survey. The Trust had reported a response rate of 67% against a national average for Mental Health/Learning Disability Trusts of 54%.

In terms of next steps, the teams would develop action plans following more in-depth analysis of the data. It was acknowledged that a key area of focus for the coming year would be Workforce Race Equality Standards (WRES) and the Workforce Disability Equality Standards (WDES).

Ken Jarrold requested a further update to a future Board meeting on the detail of the actions and next steps.

The Board received the presentation on the National Staff Survey Results.

Action

- **Provide an update to a future Board development session/Board away day on the actions and next steps to address areas for improvement in response to the Staff Survey**

13. Interim Workforce Implementation Plan – ICS Response

Lynne Shaw referred to correspondence received on 6th March 2019 from Baroness Dido Harding, Chair of NHS Improvement and Julian Hartley, Chief Executive of Leeds Teaching Hospitals NHS Trust, who are leading the work on the Workforce Implementation Plan: emerging priorities and actions. The paper also included the response from Alan Foster, Chief Executive Lead for the Cumbria and North East ICS.

The Board noted the ICS response to the Interim Workforce Implementation Plan correspondence from Baroness Dido Harding and Julian Hartley.

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Strategy and Partnerships

14. 2019/20 Operational Plan and approval of budgets

The Trust's final Operational Plan for 2019/20 was discussed in detail in the Closed meeting of the Board. The submission of the Operation Plan comprised a narrative and was underpinned by triangulation of finance, workforce activity and quality, with the final version of the 2019/20 plan being submitted by 4th April 2019.

The Trust's final financial plans include an efficiency target of £10.4m to be met from agreed savings plans totalling £6.4 with a further £4m to be achieved from in-year non-recurrent savings. Plans were in place and these would be considered from an assurance perspective at both the Resource and Business Assurance Committee and Quality and Performance Committee April meetings.

The plan included capital investment of £12.0m in 2019/20 and £103.9m over the subsequent five years. This included £64m for the CEDAR Programme which was planned to be funded from a successful bid for Public Dividend Capital funding and land sales on part of the Northgate site.

The Trust's forecast cash balance of £24.0m at the end of 2018/19 reduces to £18.8m by the end of 2019/20, largely due to the inclusion of expenditure on the CEDAR Programme in advance of Public Dividend Capital which would not be released until 2020/21 following Full Business Case approval. A separate report on options relating to the CEDAR Programme would be submitted to the April Board.

Lisa Quinn confirmed that all contracts with commissioners had been agreed subject to formal paperwork. John Lawlor stated that although contracts had been agreed with commissioners in the main, the process had been more challenging in terms of specialised commissioners. Lisa confirmed that an update would be provided to the April meeting of the Board.

Approval

- **The Board of Directors approved the final Operational Plan and Budget Allocations for 2019/20 for onward submission to NHS Improvement**

Action

- **An update on contract arrangements to be provided at the April meeting of the Board**

Minutes and papers for information

15. Committee Updates

There were no updates from Board Sub-Committees.

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16. Council of Governor issues

Ken Jarrold stated that the Council of Governors continued to be very active. A meeting of the Quality Sub-Group was held in March and colleagues from East London NHS Foundation Trust had been invited to attend the next meeting of the Council of Governors Engagement session to share their journey on the development of their patient participation work.

17. Any other business

The Board of Directors took an opportunity to bid a fond farewell to Miriam Harte who would be stepping down from her role as Non-Executive Director to take up her new post of Chair of Tees, Esk and Wear Valley NHS Foundation Trust. The Board thanked Miriam for her dedication and commitment to the Trust and wished her well for the future.

There was no other business to discuss.

18. Questions from the public (time permitting)

There were no questions from the public.

Date and time of next meeting: Wednesday, 24 April 2019, 1:30pm to 3:30pm, Conference Rooms 1 & 2, Ferndene

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Board of Directors Meeting

Action Sheet as at April 2019

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
26.09.18 (5)	Crisis Team phone lines	The Board to receive an update in relation to the Crisis Team phone lines	Gary O'Hare	24/04/19	Verbal update to be provided at the April meeting
23.01.19 (14)	Visit feedback themes report	Review the format of the Visit feedback themes report.	Anthony Deery	24/04/19	Verbal update to be provided at the April meeting
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Board Secretary	22/05/19	To be submitted to the May Board meeting alongside the annual review of Terms of Reference
27.03.19	Staff Survey Results	Provide an update to a future Board development session/away day on the actions/next steps to address areas for improvement	Lynne Shaw	22/05/19	Update to be provided at the May Board development session
Completed actions					
27.03.19 (14)	2019/20 Operational Plan and approval of budgets	An update on contract arrangements to be submitted to the April meeting of the Board	Lisa Quinn	24/04/19	Complete – agenda item for April Board meeting

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24 April 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. North Cumbria Mental Health and Learning Disability Services
2. Mental Health services in Bengaluru

Regional updates

3. Integrated Care System

National updates

4. Clinically Led Review of Access Standards
5. Financial Framework for Integrated Care Systems
6. Kings Fund Report: Outcomes for Mental Health

Outcome required: For information

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Chief Executive's Report

24 April 2019

Trust updates

1. North Cumbria Mental Health and Learning Disability Services

Following the approval of the Full Business Case early this year the Trust is now working collaboratively with Cumbria Partnership NHS FT (CPFT) on the improvement and transfer of North Cumbria Mental Health and Learning Disability Services to Northumberland Tyne and Wear NHS FT (NTW).

The Trust is now in the implementation phase and plans are in place to ensure the smooth transfer of services to be in place by 1st October 2019. A key element of the implementation phase is the successful recruitment and retention of a skilled workforce. The Trust, through collaboration with CPFT, is intending that a very significant element of the much needed workforce will come from the existing staff either through TUPE or recruitment processes.

Communication and engagement with staff and key stakeholders has commenced in April and senior leaders from NTW are working with colleagues in CPFT to ensure visibility over the coming months.

2. Mental Health services in Bengaluru

In March 2019 we were pleased to see an Indian press launch of the MoU which NTW signed with a large mental health care provider in India. This was a culmination of three years familiarisation which has included visits to Bengaluru (added to recruitment and academic initiatives), and a week's visit to NTW by the Indian provider in February 2019.

The purpose of this knowledge partnership is to enable the two organisations to learn from each other and to also develop new initiatives in delivering care in addictions, school mental health, and community pathways which follow the ambitions of Ayushman Bharat (Modi Care). At present, addictions care in India is delivered primarily in inpatient settings and community provision needs to be developed. The Schools Mental Health program is well developed but new in India, and NTW can learn from their approach, whilst influencing training and further development. State or private provider supported community mental health care is at an early stage in India. There are challenges of reaching all parts of the population.

NTW will work with this provider to devise and develop community care pathways. Another mental health provider from Chennai are in discussions about whether we could support their development of pathways focussing on community care, neurodevelopmental disorders, care of the elderly and liaison mental health. The next steps are to establish a representative group from NTW and the international organisations to scope and develop these work-streams further.

Regional updates

3. Integrated Care Partnerships (ICPs)/Integrated Care System (ICS)

The Board of Directors through its public meeting are considering the ICS Annual Plan. This has been developed through partner engagement across all localities with involvement of the Trust. The plan has been submitted to NHS England for review. The

Trust continues to engage at all levels across the ICS and within the Mental Health and Learning Disabilities work-streams.

The ICS plan is supported by plans from four ICPs, and the Trust has been actively engaged in the development of the plans for two of these in the North and Central ICPs. We continue to ensure that Mental Health and Learning Disabilities features strongly in these plans and have supported their submission in line with the national timetable. The plans are consistent with the Trust's Operational Plan for 2019/20.

National updates

4. Clinically Led Review of Access Standards

Professor Stephen Powis, National Medical Director for NHS England issued the outcome of the clinically led review of access standards in March 2019, following on from the publication of the Long Term Plan. This sets out the proposals for future access standards across the NHS and it is pleasing that mental health is the first area addressed in the document. As expected the document reaffirms the commitment to existing standards set out in the Five Year Forward View concerning Improving Access to Psychological Therapies and Early Intervention in Psychosis, but also sets trajectories for the roll out of core 24 liaison psychiatry services across children's and adult services. It then goes on to propose new access standards as follows:

- Expert assessment within hours for emergency referrals; and within 24 hours for urgent referrals in community mental health crisis services. Appropriate timeframes for assessment will be road tested.
- Access within one hour of referral to liaison psychiatry services and children and young people's equivalent in A&E departments.
- Four-week waiting times for children and young people who need specialist mental health services. This will be tested across 12 national pilot schemes that have already been chosen to test for deliverability.
- Four-week waiting times for adult and older adult community mental health teams. This will be tested across selected Integrated Care Systems, including developing Primary Care Networks, and national funding will be available to pilot schemes

The expectation is that the standards will be met within the Mental Health Investment Standard and the Trust will commence planning for delivery over the coming years. The approach to developing a comprehensive set of access standards is welcome as is the process of testing for deliverability before the roll-out of the targets.

5. Financial Framework for Integrated Care Systems

Julian Kelly, Chief Financial Officer for NHS England and NHS Improvement published the framework in a letter issued on 4th April 2019. In it he confirms that Provider Sustainability Funding will be phased out in 2020/21 with funding diverted to the Financial Recovery Fund. In the transitional year of 2019/20, ICSs can sign up to a joint control total. This will mean that a proportion of the Provider Sustainability Funding will be linked to delivery across the ICS as a whole rather to individual organisational performance. This would mean an organisation could fail to deliver but the system could still receive funding if they remained on track overall.

ICSs can opt into this system and determine how much sustainability funding should be linked to system wide delivery, as long as it is a minimum of 15%. At this stage there are no plans for the North Cumbria and the North East ICS to submit such an application and the Board will be kept apprised of any change in this position. Systems that opt into the process will be eligible for a share of additional transformation funding. Systems wishing to apply for a system wide control total need to submit an application by 26th April.

6. Kings Fund Report: Outcomes for Mental Health

An excellent report has been produced by the Kings Fund and this is attached as *Appendix 1*. It is a very thoughtful look at what matters to people who experience mental ill health and advocates a much personalised approach, recognising the dangers of setting targets which might adversely affect the relationship between people and those who support them. The paper will be considered across the Trust as we develop our thinking towards an outcome based approach.

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Board of Directors Meeting

Meeting Date: 24.4.19

Title and Author of Paper: NTW ZERO SUICIDE PLAN, Dr Uri Torres, Consultant Psychiatrist, Clinical Lead for Quality & Safety, Associate Medical Director North Access Services

Executive Lead: Dr Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

In 2018 the Secretary of State for Health launched a Zero Suicide Ambition for the NHS. NHS England (NHSE) states the ambition's intention is to achieve cultural change , ensuring a just culture of learning after suicides as well as promoting the perception of suicide being preventable rather than inevitable, especially in inpatient settings.

All providers of mental health services were required to submit a Zero Suicide inpatient plan to NHSE by March 2019. Initially the Secretary of State called for focus on inpatients in an effort to reach the ambition set out in the Five Year Forward View to reduce suicides from baseline 2015 figures by 10% by 2021. A wider organisational zero suicide plan, incorporating all services, is also expected of mental healthcare providers.

NTW has submitted our inpatient Zero Suicide Plan to NHSE. We also have an overarching trust zero suicide plan in draft format. Plans have been presented to the corporate decisions team, quality subgroup, and will be tabled at Business Delivery Group to discuss operational implementation. Our Zero Suicide plan is evidence based and refers to national policies/ initiatives eg. the National Suicide Prevention Strategy, the Five Year Forward View and the NHS Long Term Plan. Further it aligns with the objectives and outcomes of the Integrated Care System (ICS) Zero Suicide: "Every Life Matters" work stream.

Risks Highlighted to Board :

- The integration agenda provides an opportunity for systems working. Our zero suicide plan is reliant on whole system competency,

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however, with the scale of this ambition, elements of this strategy could be fragmented

- Due to pace of change regarding the emergence of integrated care systems and timescales stipulated by NHSE to embed the zero suicide ambition, engagement with front line staff, patients and carers is at risk of lagging behind due to the time resource needed for meaningful engagement
- Staffing infrastructures/ workforce – the majority of staff involved in the ICS Suicide Prevention work stream and in developing/implementing/evaluating organisational zero suicide plans are undertaking this alongside current roles/responsibilities ie there is no separate staffing infrastructure as outlined in the National Suicide Prevention Strategy
- Funding- NHSE transformation funding for the ICS Suicide Prevention workstream is anticipated however it is unclear which providers will benefit

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **No**

If Yes please outline

Equal Opportunities, Legal and Other Implications:

None

Outcome Required: Support from the board as requested by NHSE

Link to Policies and Strategies:

Five Year Forward View for mental health (2016)

NHS Long Term Plan (2019)

NHSE Serious Incident Framework (2015)

CQC Learning, Candour & Accountability (2016)

NQB Learning from Deaths Guidance (2017)

NQB/NHSE Engaging bereaved families guidance (2018)

National Confidential Inquiry into Suicide & Patient Safety (2018)

National Suicide Prevention Strategy (2019)

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NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST
ZERO SUICIDE PLAN FOR INPATIENT SERVICES

NCISH Toolkit & 10 Steps to Safety	Accountability for delivery/monitoring	Assurance/evaluation
1. No out of area admissions	Commissioning & Quality Assurance NTW Enhanced Bed Management	<ul style="list-style-type: none"> • Commissioning & Quality Assurance continue to monitor the number of out of area bed days. • Enhanced Bed Management Service set and monitor improvement trajectories and ensure action plans are in place to minimise OOA, including the trusted assessment process
2. Safer Wards	Trustwide Strategic Safer Staffing Group Locality inpatient operational managers Safer Care Directorate CDT-Q Workforce and Organisational Development	<u>Safer Staffing and low turnover of non-medical staff:</u> <ul style="list-style-type: none"> • Monthly safer staffing reports are discussed at corporate decisions team, quality subgroup, based on analysis of all wards against Safer Staffing levels. • Ongoing monitoring of instances of patient harm related to variance in safer staffing levels • 5 year Workforce Plans to be submitted by locality groups to NHSI summer 2019 to ensure longer term safer staffing/skill mix planning • NTW commitment to improve retention / ensure low staff turnover by engaging with NHSI Direct Support Programme

NCISH Toolkit & 10 Steps to Safety	Accountability for delivery/monitoring	Assurance/evaluation
		<ul style="list-style-type: none"> • Workforce team support to operational managers in management of staff sickness absence and setting improvement trajectories
	<p>Talk First, Positive & Safe Directorate</p> <p>Commissioning & Quality Assurance</p> <p>Locality inpatient group directors via quality standards meeting</p>	<p><u>Reduced Use of Restrictive Practice & Therapeutic Ward Environments:</u></p> <ul style="list-style-type: none"> • Review the relationship and comparison data between safer staffing levels and Talk First information to review any correlation and themes. • To monitor and improve the inpatient experience for patients/ visiting families, Points of You feedback is collected and results discussed at locality quality standards and CDT-Q. • Patient Analysis of Care Environment (PACE) data is collected and analysed.
	<p>Safer Care Directorate</p> <p>Positive and Safe Directorate</p> <p>Locality monitoring via operational groups Quality Standards</p>	<p><u>Reduced leave from ward without staff agreement:</u></p> <ul style="list-style-type: none"> • Monitor compliance against NTW Absent Without Leave and Missing Persons policy and inpatient thematic analyses to identify themes in this patient cohort/correlation with / impact of other policies (e.g. Smokefree).
	<p>Inpatient MDT's</p>	<p><u>Skilled inpatient observation:</u></p> <ul style="list-style-type: none"> • Observation will be viewed as a therapeutic intervention and opportunity to engage patients in keeping with NTW

NCISH Toolkit & 10 Steps to Safety	Accountability for delivery/monitoring	Assurance/evaluation
		<p>Engagement and Observation policy. Audit against policy completed Oct 2018.</p> <ul style="list-style-type: none"> • Liaison team conducting audit with acute trust into Enhanced Observation policy for people in acute beds with mental health problems/acute behavioural disturbance. • Number of qualified staff and vacancies discussed at locality Quality Standards
	<p>Estates</p> <p>Safer Care Directorate</p>	<p><u>Removal of ligature points:</u></p> <ul style="list-style-type: none"> • Ongoing review and awareness raising of potential environmental hazards such as non-collapsible rails/ low level ligature points. NTW carries out clinical environment risk assessments in high risk areas (CERA) and have environmental means to reduce self harm/suicide such as controlled access/egress systems; New PGN ratified by BDG Jan 2019- Entry/Exit from wards
	<p>Inpatient MDT's</p>	<p><u>Management of Self Harm on Inpatient Units:</u></p> <ul style="list-style-type: none"> • Care will be delivered in line with NTW policy "Positive and Compassionate Management of Self Harm in Inpatient Settings", which incorporates NICE guidance, carer engagement & biopsychosocial assessment after self harm

NCISH Toolkit & 10 Steps to Safety	Accountability for delivery/monitoring	Assurance/evaluation
3. Early follow up on discharge	Locality Quality Standards groups Commissioning & Quality Assurance	<ul style="list-style-type: none"> Our discharge policy will specify follow up after inpatient discharge on day 2 or 3 in all cases. In 2019/20 we will start to monitor follow ups within 72 hours of discharge, including building on data we have for 48 hour follow ups. Our Dashboards are in the process of being configured to support data collection.
4. Robust care plans prior to discharge from acute inpatient care and Personalised Risk Management	Inpatient MDT's and Crisis, Community Treatment Teams, Modern Matrons Locality operational groups via Quality Standards Commissioning & Quality Assurance Safer Care Directorate Clinical Lead for Quality & Safety Learning & Improvement Group	<ul style="list-style-type: none"> Collaborative post discharge care plans involving service users, carers and other care team members will be agreed in ward discharge MDT meetings and documented in line with CPA policy. Monitoring of CPA in all localities via audit <u>Raise staff awareness of limitations of checklist format risk assessment tools</u> - NCISH research on clinical risk assessment was presented at Learning & Improvement Group (Sept 2018) and disseminated via the Safer Care website to all staff, encouraging structured clinical risk assessment with carer involvement and communication with stakeholders. Ongoing raising of staff awareness of safety planning as well as a prompt to contact the GP will be incorporated into FACE risk tool this year. Use of web based resources to promote Safety Planning eg "Staying safe.net" was encouraged in NTW Bulletin as part of personalised risk management <u>Increased staff vigilance prior to granting leave and agreed policy for responding to patients who are absent without leave:</u> We will follow the principles of carer and GP engagement and personalised risk assessment when assessing risk prior to episodes of leave

NCISH Toolkit & 10 Steps to Safety	Accountability for delivery/monitoring	Assurance/evaluation
5. Dual Diagnosis Services	Locality Addictions Services in conjunction with partnership agencies Addictions , Treatment & Effectiveness Governance Manager	<ul style="list-style-type: none"> • NTW Dual Diagnosis Policy specifically acknowledges NCISH data – (56% of suicides linked to alcohol/drug misuse). AUDIT screening tools is integrated into RIO core documentation alongside an information prompt for drug history/use. All localities host addictions services focussing on clinical intervention and work closely with third sector partners delivering recovery-orientated support. • Care plans for patients with dual diagnoses are devised as per CPA policy
6. Guidance on Depression	Chief Pharmacist E-pathways working Group	<ul style="list-style-type: none"> • E-pathways with integrated NICE guidance on management of depression are being developed. • NTW is participating in National Clinical Audit of Anxiety & Depression and audit against NICE CG28 for CYPS
7. Family involvement in learning lessons	Safer Care Directorate Clinical Lead for Quality & Safety Learning & Improvement Group BDG	<ul style="list-style-type: none"> • NTW has hosted an annual learning lessons from serious incidents conference since 2016 and families bereaved by suicide are invited to share experiences, lessons to promote staff learning. (Positive qualitative family and staff feedback for past 3 years). • NTW Learning from Deaths Policy aligns with National Quality Board Guidance (2018) on engagement of bereaved relatives • As part of continuous quality improvement of the serious incident investigation process (and acknowledging CQC Learning, Candour & Accountability), terms of reference for investigations were extended in 2016 to include family questions/ concerns in 2016. • NTW representatives sit on the ICS Zero Suicide Learning Lessons working group and have, with PHE, co-produced a model for sharing lessons after suicides across the ICS which includes participation and engagement from suicide- bereaved relatives. Likelihood of Wave 2 NHSE Transformation funding for Learning

NCISH Toolkit & 10 Steps to Safety	Accountability for delivery/monitoring	Assurance/evaluation
		<p>Lessons project management support. Qualitative feedback will be collected.</p> <ul style="list-style-type: none"> • Postvention support pathways, research & best practice was presented at the Learning & Improvement Group and BDG is considering feasible suggestions
8. Safer Prescribing of opiates, antipsychotics	<p>Trust Chief Pharmacist All prescribers, including NMP's Locality pharmacy governance leads</p>	<ul style="list-style-type: none"> • NTW PGN's provide guidance on reducing dosing errors with opiates and inpatient opiate substitution therapy • PGN "Prescribing Medicines & the Personality Disorder Pathway" outlines risk of prescribing in this high risk group, in keeping with NICE guidance • Locality pharmacy governance leads review prescribing and monitoring of all locality serious incidents, including suspected suicides
9. 24 Hour Crisis Teams	<p>Locality Access CBU directors, group directors and chief operating officer</p>	<ul style="list-style-type: none"> • All 3 localities have 24/7 crisis teams offering initial response, assessment and home based treatment. RIO functionality supports monitoring of anticipated national access standards for urgent & emergency mental health services • In keeping with NHS Long Term Plan, some localities are drafting business cases for Universal Crisis Teams to extend current crisis provision for CYPS beyond 8pm, as well as offering children and young people an initial response service 24/7. This will support a further high risk group identified by NCISH which shows rising self-harm in late teens.
10. Outreach teams	<p>Locality community services associate directors</p>	<ul style="list-style-type: none"> • Community treatment teams in NTW have a "Step Up" function to support patients in high risk groups who do not as yet meet the threshold for crisis teams. These staff can assertively engage patients in high risk groups, promote medication concordance, monitor risk frequently and help prevent a mental crisis

NTW ZERO SUICIDE PLAN

National context

Regional picture

NCISH 10 Steps to Safer Services and NCISH Toolkit

Expected outcomes from our Zero Suicide Plan

Innovations

Risks/ Challenges

Evaluation



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NATIONAL SUICIDE PREVENTION STRATEGY WORKPLAN (JANUARY 2019)

Every mental health trust must have a zero suicide ambition plan by the end of 2018/
early 2019

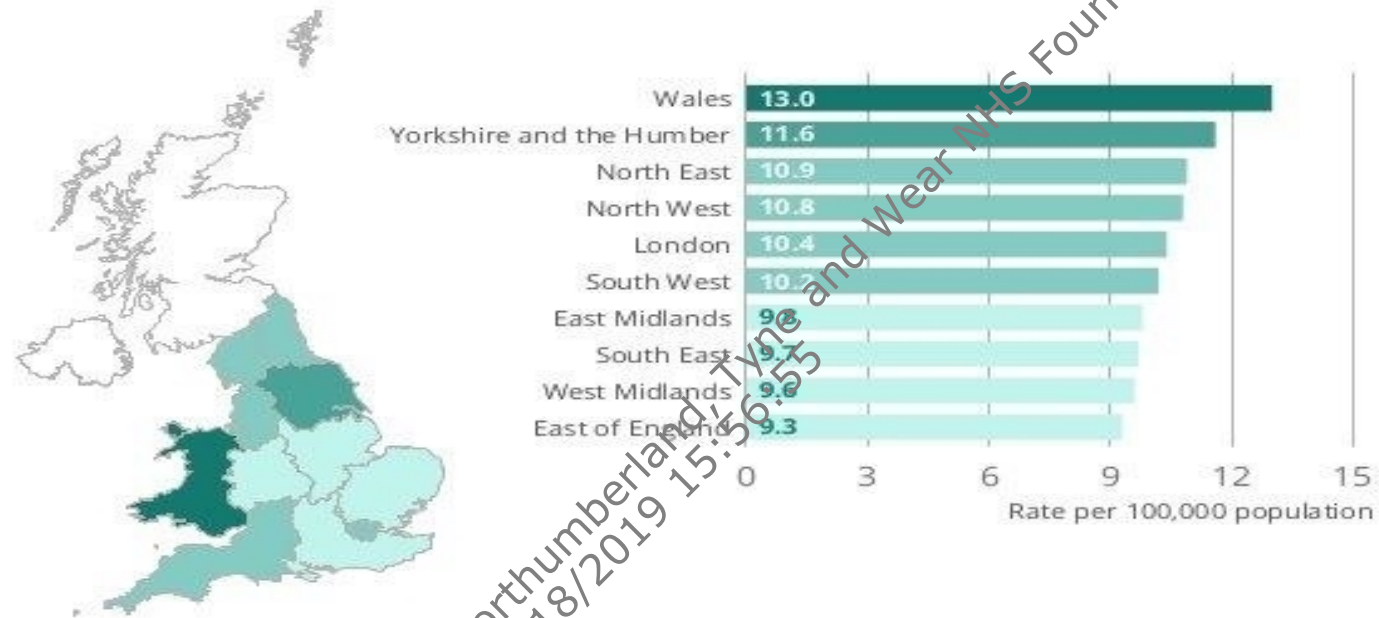
Provider zero suicide plans are intended to complement local authority Public Health
England –led suicide prevention action plans which had to be devised by June 2018

Trust plan must conform with NHSE/NHSI “Quality check pointers”



NATIONAL SUICIDE RATES

Within England and Wales rates of suicide were highest in Wales and Yorkshire and Humber



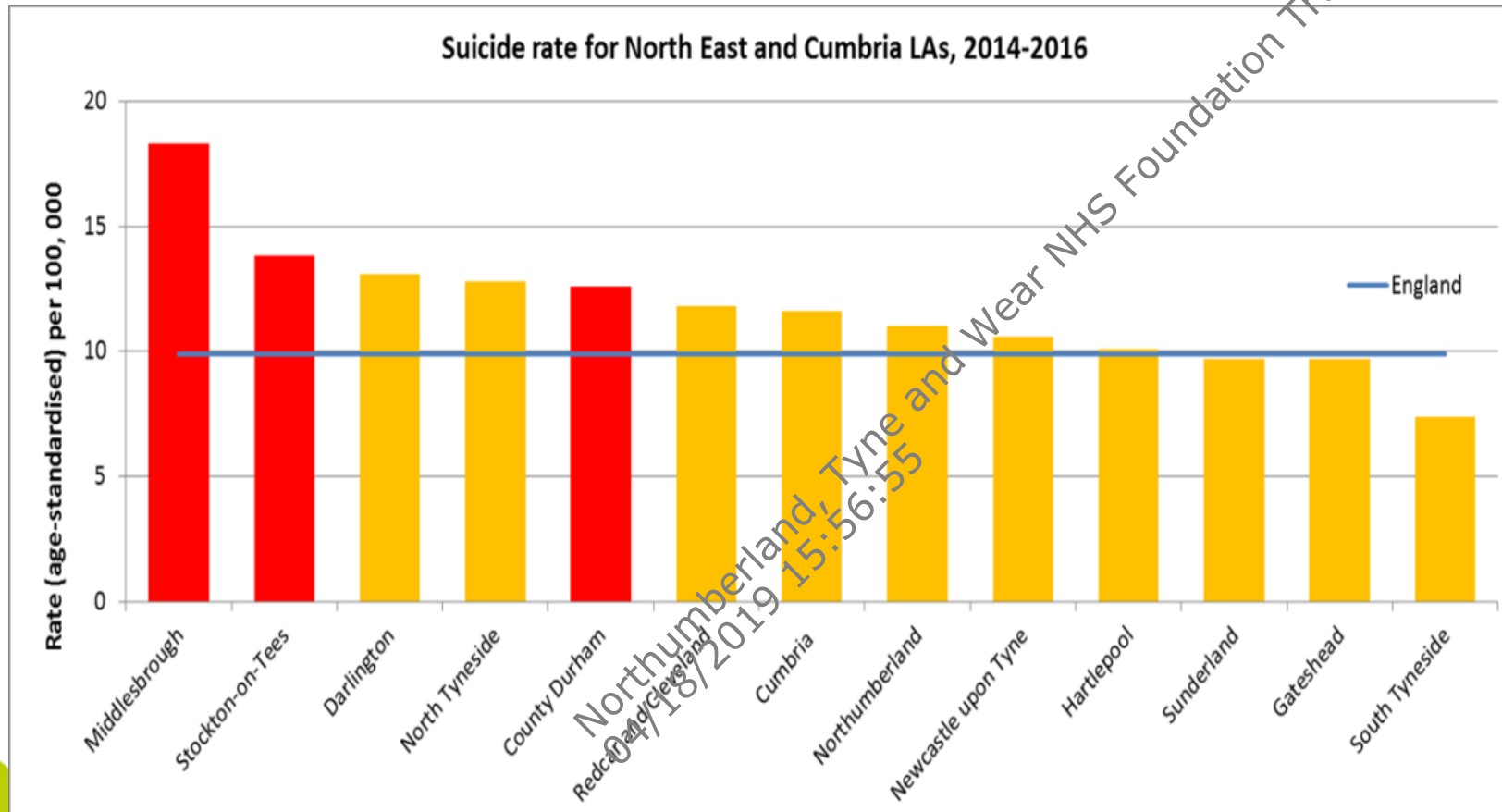
Source: <http://ow.ly/33eN3040FC>

Office for National Statistics

Suicide MATTERS
Prevention

NHS
Northumberland,
Tyne and Wear
NHS Foundation Trust

REGIONAL SUICIDE RATES



Suicide MATTERS
Prevention

ZERO SUICIDE: EVERY LIFE MATTERS ICS SUICIDE PREVENTION GROUP

The multi-agency group's work plan is largely focussed on:

A- Developing suicide prevention initiatives in **communities**

B- Optimising suicide prevention activity in **healthcare settings** including primary , secondary care (acute and mental health)



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SUICIDE PREVENTION IN HEALTHCARE SETTINGS

Evidence based suicide prevention activity in healthcare settings should primarily be delivered and evaluated against the National Confidential Inquiry 10 Steps to Safer Services Toolkit which reflects the evidence NCISH has collected over several years on the features of clinical services associated with lower suicide risks

NTW will operationalise use of the NCISH toolkit as an audit tool for suicide prevention activity across inpatient and community services





NCISH TOOLKIT

The National Confidential Inquiry into Suicide and Safety in Mental Health

Safer services:

A toolkit for specialist mental health services and primary care



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NTW ZERO SUICIDE PLAN- EXPECTED OUTCOMES

To reduce the number of suicides by a minimum of 10% in all areas across the ICS by 2021

To reduce the incidence of self harm and repeated self harm

To reduce the impact and stigma of self harm and suicide, including ensuring postvention support is available to all bereaved families and staff affected by suicide



NTW INNOVATIONS FOR SUICIDE PREVENTION

Human Factors (HF) in Incident Analysis – commended by Health Education England

2018- HF training for execs / senior managers

Links with universities to clarify pathways

GP quarterly psychiatry updates

Family engagement in learning lessons after suicide

Annual “Learning Lessons from Serious Incidents” conference



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NTW INNOVATIONS FOR SUICIDE PREVENTION

Leadership on Learning Lessons after suicides ICS work stream

Research undertaken on postvention support and clinical risk assessment

Clinicians with postvention expertise

Safer Care Bulletins

Clinicians on national ERG for Safety Planning



NTW INNOVATIONS FOR SUICIDE PREVENTION

Universal Crisis Team – North Locality

Liaison teams offering evidence based interventions after self harm



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RISKS/CHALLENGES TO OUR ZERO AMBITION

WITHIN THE ORGANISATION:

Recruitment & retention of staff- bank and agency staff- higher rate of turnover; challenges for training and embedding culture

NCISH research – over-reliance on risk assessment tools with limited validity, undermining personalised risk management

Lack of availability of NICE treatments in primary care eg DBT for trauma-based personality difficulties and CBT after self harm



WIDER SYSTEM CHALLENGES

Patchy real time support across ICS

Inconsistency in coroners' conclusions

Incomplete representation from partners across the ICS

IAPT services exclusion criteria (nationally)

Inconsistent use of evidence based methodologies for investigating suicides across ICS



EVALUATION OF IMPACT/EFFECTIVENESS

NCISH Toolkit – process measures

NCISH Safety Scorecard – process and outcome measures

Suicide rates on inpatient units compared to baseline pre-implementation of co-ordinated Inpatient Zero Suicide Plan
- outcome measures

Local audits



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

Meeting Date: 24th April 2019

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 4 2018/19 Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The overall Friends and Family Test recommend score for Quarter has continued to slightly decline, with an overall range of 89% in quarter 2, 88% in quarter 3 and 87% in quarter 4.
- However, the quarter itself saw an improving trend with January 86%, February 87% and March 88%.
- There is variation between localities with higher results in South at 90%, Central at 86% and North at 82% for the quarter.
- The volumes of responses in quarter 4 were broadly similar to quarter 3.
- Demographic analysis has highlighted that service users have a slightly higher level of satisfaction than carers, there is similar satisfaction between genders, higher satisfaction in higher age groups and lower satisfaction among Asian, mixed and other ethnic groups. The 19/20 Quality Priority on Equality Diversity and Inclusion seeks to redress this imbalance.

Risks Highlighted: n/a

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

Equal Opportunities, Legal and Other Implications: n/a

Outcome required: for information

Link to Policies and Strategies: n/a

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Service User and Carer Experience

Quarter 4 2018/19 Update

Executive Summary:

The Trust continues to use the Points of You survey across the organisation to seek feedback on the experience of service users and carers. In the quarter we received 1,700 survey returns, of which 75% were from service users and 25% from carers. The volume of responses was an increase of 2% compared to the previous quarter due to increases in the North and South localities outweighing a decrease in the Central locality. The increase in volumes follows a sharp decrease in quarter 3, which has not yet recovered.

The Friends and Family Test is incorporated into the Points of You survey. The “would recommend” score for NTW this quarter decreased to 87% which is slightly below the national average and a deterioration of 1%. Note that the previous quarter also saw a 1% deterioration in score.

Trust wide, most feedback received is positive (question scores are generally more than eight of ten and 78% of comments received are positive).

The South locality continues to receive the most positive question scores. (See table 2 on page 7) North locality has a deteriorating satisfaction score across the last three quarters and is consistently lower scoring than other localities on their other points of you question (table 3 page 10)

An analysis of FFT recommend scores by demographic factors has been undertaken (see pages 14-15). This highlights that there is slightly higher satisfaction among service users than carers, there is similar satisfaction between genders, higher satisfaction in higher age groups and lower satisfaction among Asian, mixed and other ethnic groups. The 2019/20 Quality Priority relating to Equality and Diversity seeks to redress this imbalance.

An analysis of the final question on the Points of You survey, (Did we help?) has highlighted low scores across CYP Community Health Services, particularly the South locality. Further analysis of comments received for this service identifies themes (page 11-12) of values and behaviours, patient care and communication. The NTW Innovations team are currently supporting this service.

The mailshot remains the predominant feedback mechanism, with use of the online survey remaining low. Most feedback received relates to mainstream community and access services (nearly 75%), reflecting the Trust’s balance of care between inpatient and community based care. However, feedback received from inpatient areas remains lower

than expected, perhaps due to the use of other feedback mechanisms in place locally, such as community meetings.

Full details of the small number of published comments made about trust services and responses provided on social media has been included within this report at Appendix 2. The proportion of positive feedback via this mechanism has declined in quarter 4.

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1. Purpose and Background

This report provides a summary of the Quarter 4 2018/19 service user and carer experience feedback received across the Trust.

The Trust is committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. The information included in this paper outlines the Quarter 4 position on the following:

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

2. Recent local and national developments

Friends and Family Test development project

NHS England is carrying out a project¹ to improve some areas of the way the Friends and Family Test operates, and has undertaken interviews with providers, commissioners and other stakeholders. The project aims to make recommendations in April 2019 and there will be a six month implementation period.

Planned dashboard developments 2019

Dashboard developments being undertaken remain:

- Enhanced process for wards and teams to share what actions they have taken in response to feedback received
- Enhanced analytical functionality for CBU and groups locality
- Development of infographics for use in wards and teams to share their feedback
- Theme categories used to analyse comments have been aligned to those used by complaints.

NEQOS review of patient experience Board Assurance

During the period the North East Quality Observatory were commissioned to undertake a review of mental health provider's board assurance reporting in relation to patient experience. The report was received in early January 2019 and has highlighted the use of statistical process charts (SPC) analysis to better highlight variation results.

Realist Evaluation of the use of Patient Experience Data to Improve the Quality of Inpatient Mental Health Care (EURIPIDES)

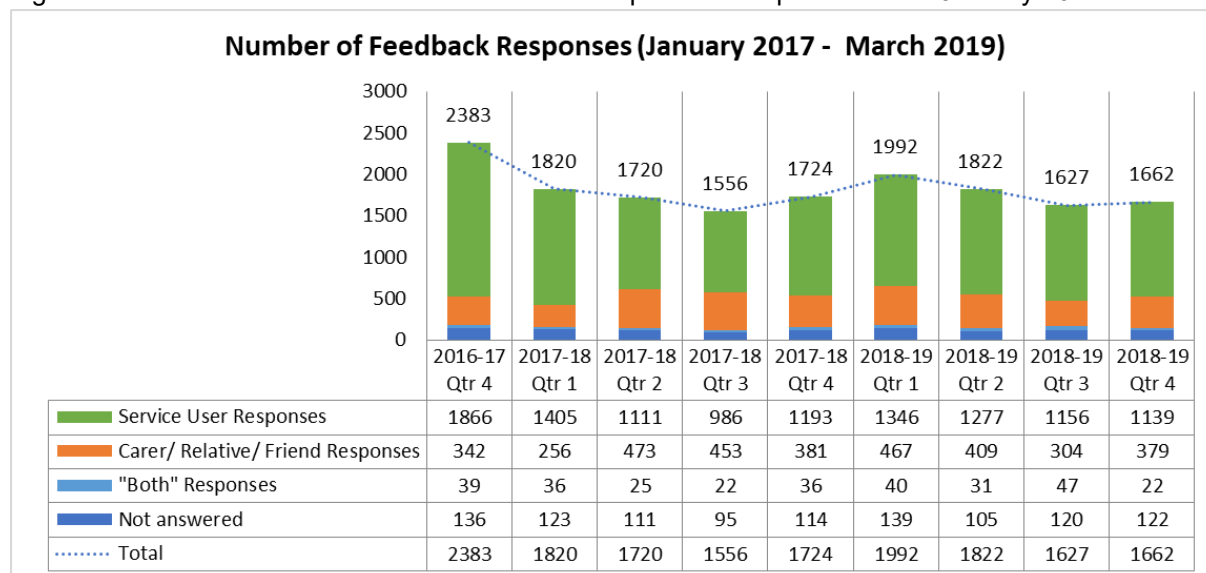
The Trust has participated in this research and the final report is still awaited.

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

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

Nearly 1,700 service users and carers provided feedback on their experience with the Trust during the period. Experience feedback is shared with clinical and operational teams via locality Group Quality Standards meetings and via an online dashboard updated daily.

Figure 1: Total number of service users and carer experience responses since January 2017



The volume of Points of You responses received (incorporating the Friends and Family Test) increased in the quarter by 2% to 1,662. The increase is mostly in the North and South localities (+8%), with Central locality reduced by 5% (with a similar decrease in the previous quarter). Other key points relating to response volumes this quarter include:

- Nearly half of all responses continue to be from the South locality.
- The automated mailshot remains the predominant method of completion at 60%, with the increase in the proportion of feedback received via the hard copies of Points of You circulated by wards and teams seen in the previous quarter being sustained at 36%.
- Uptake of the online version of Points of You remains low at 4%.
- The proportion of feedback received in relation to mainstream community and access CBU's, remains high at 68% (70% last quarter) reflecting the Trusts balance of care between inpatient and community care.
- Feedback from the Neurological & Specialist Services CBU accounts for 15% of feedback received in the quarter. This CBU is managed by the South locality.
- There is still low uptake of the Points of You survey in many inpatient areas, possibly reflecting the use of other feedback mechanisms used such as community meetings.

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

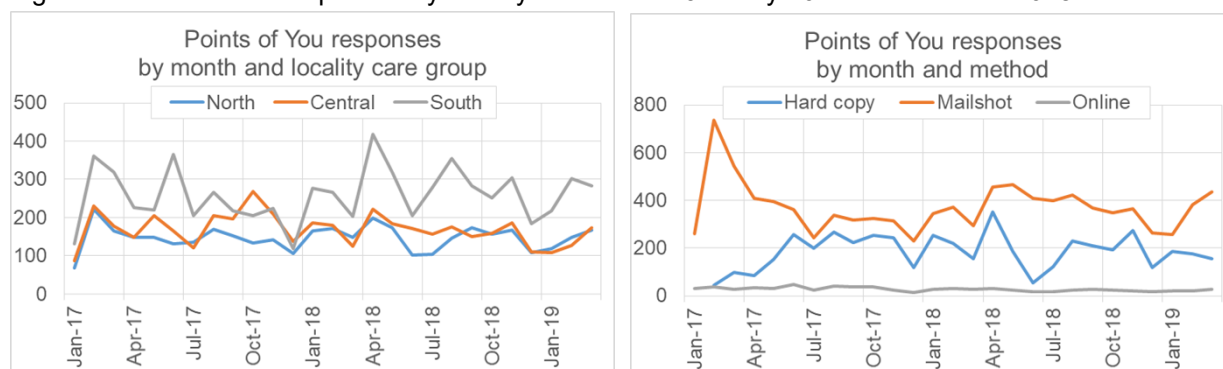
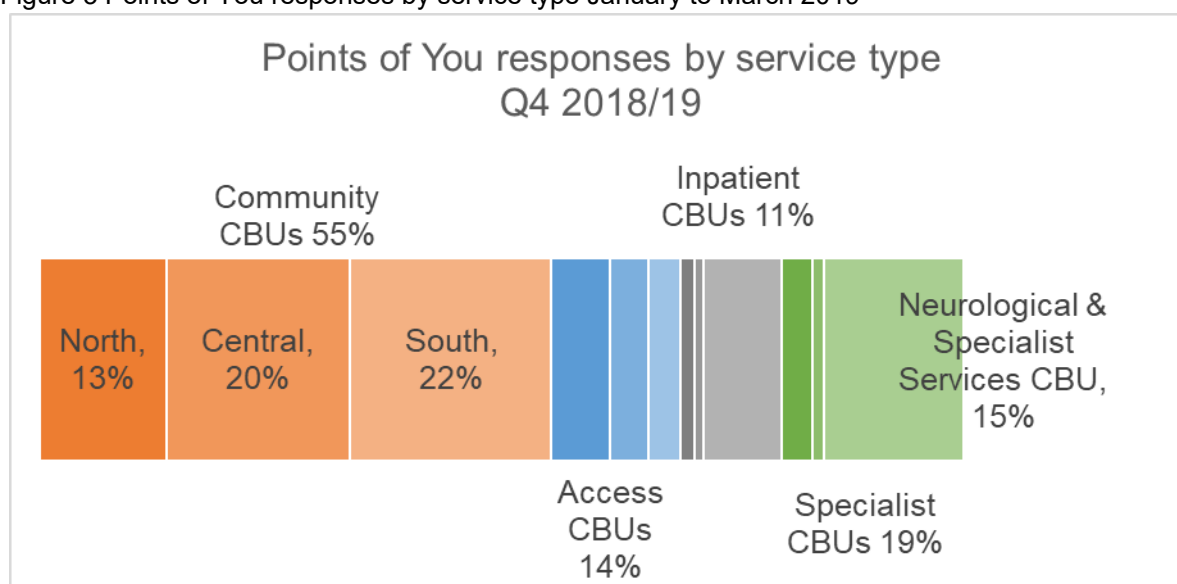


Figure 3 Points of You responses by service type January to March 2019



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

Table 1 Top 10 Points of You responses by service January to March 2019

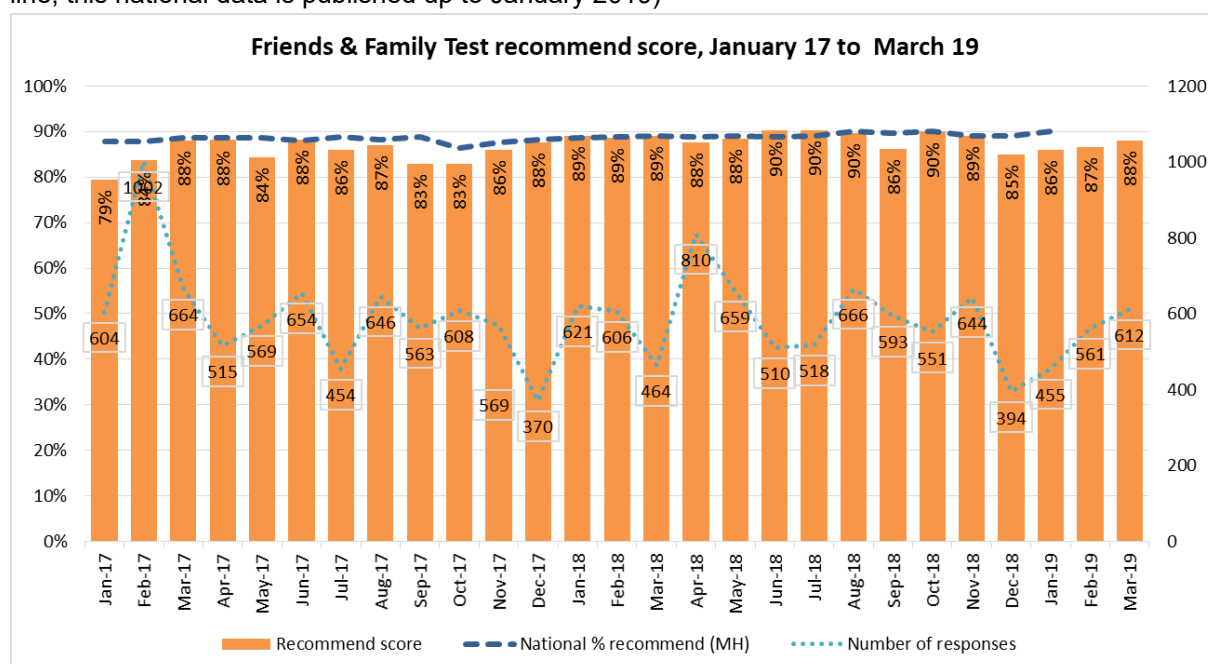
Team	CBU	Q4 Responses
Memory Protection Service	Community South CBU	123
Northumberland Children and Young Peoples Service	Community North CBU	95
Exercise Therapy	Inpatients South CBU	76
Newcastle and Gateshead Children and Young Peoples Service	Community Central CBU	66
Sunderland Older Adult Community Treatment Team	Community South CBU	63
Centre for Specialist Psychological Therapies	Neurological & Specialist Services CBU	53
Outpatient and Community Rehabilitation Clinic	Neurological & Specialist Services CBU	52
Adult ADHD Service	Community Central CBU	48
Memory Assessment Service Newcastle	Community Central CBU	46
Newcastle Older Peoples Community Treatment Teams	Community Central CBU	42

4. NHS Friends & Family Test Q4 2018/19

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

The Trust's overall FFT average recommend score for Quarter 4 has slightly reduced to 87%, compared with 88% in quarter 3. This is slightly below the most recent published average for providers of mental health services, which was 90% in January 2019.

Figure 4: NTW Friends & Family Test responses and recommend score Qtr4 16/17 to Qtr4 18/19. (NB the national average recommend score resides around 90%-89% – indicated by the thick blue dotted line, this national data is published up to January 2019)



The NTW FFT recommend score fluctuates by month, and after a sustained improvement in score to 90% in summer 2018, there were drops in September 2018, and December 2018 onwards. The decrease was most evident in the Central and North localities, as shown in table 2.

Note that a total of 62 services received recommend scores of 100% in the period (accounting for 15% of the responses received). There also remains a large number of services with very low or no responses, and work is ongoing to increase engagement with the points of you process in these teams.

Figure 5 below provides an annual view of FFT results to establish if there is any seasonal pattern to results.

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

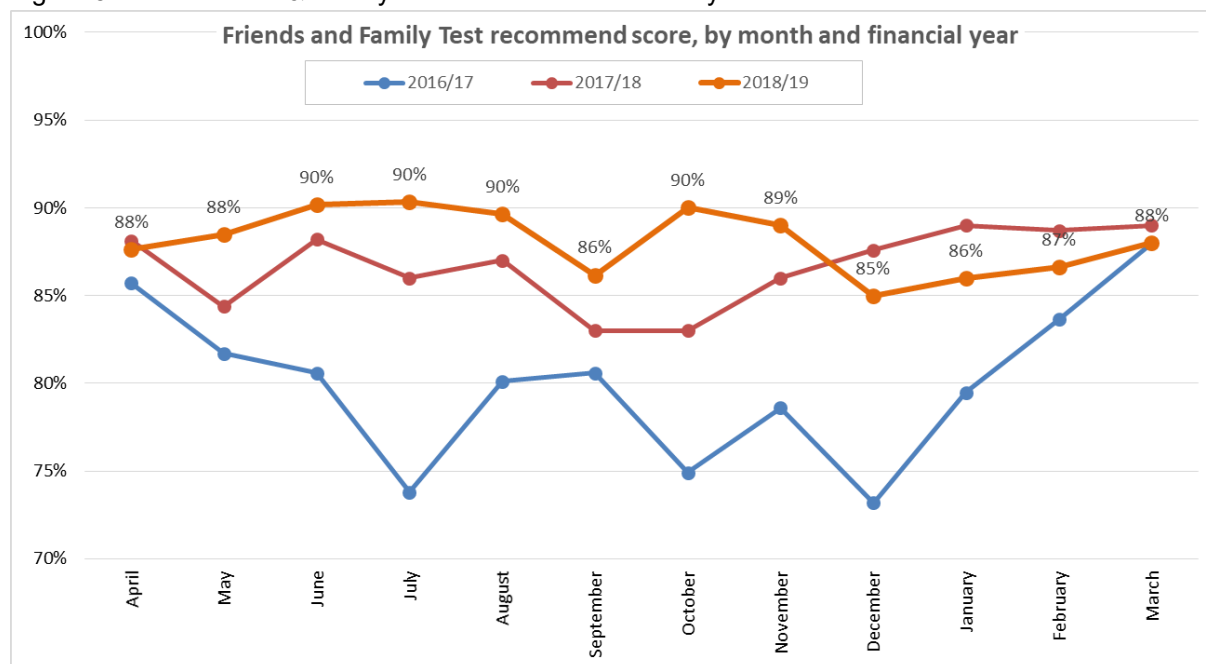


Table 2 FFT responses and results by locality group

	Number of FFT Responses* Qtr4 18/19	Qtr 4 % would recommend	Number of FFT Responses * Qtr3 18/19	Qtr 3 % would recommend	Number of FFT Responses * Qtr2 18/19	Qtr 2 % would recommend	Number of FFT Responses * Qtr1 18/19	Qtr 1 % would recommend
Trust	1,628	87%	1,587	88%	1,770	89%	1,933	88%
North Locality Group	404	82%	420	84%	415	86%	454	84%
Central Locality Group	418	86%	443	86%	465	89%	557	88%
South Locality Group	786	90%	722	92%	888	90%	913	90%

(excluding not answered)

NB – 20 responses not mapped to a locality for Qtr4, 2 responses for Qtr3, 2 responses for Qtr2

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

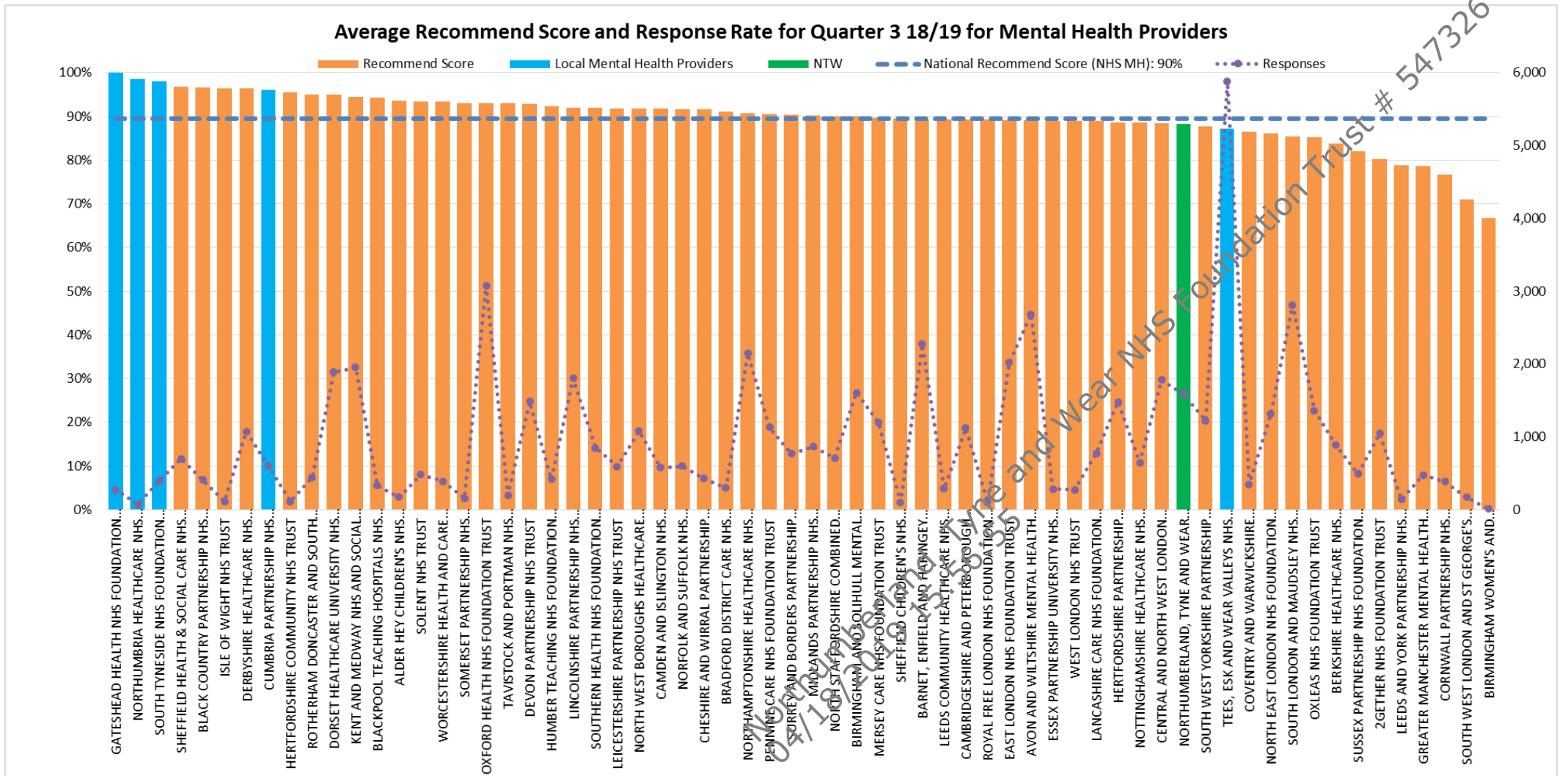
The FFT recommend score ranges from 82% in the north locality to 90% in the south locality. The south locality has a higher volume of responses, which is partly attributable to neuro rehabilitation services.

5. Benchmarking Friends and Family Test Recommend Scores

Analysis of published national data shows significant variation in the volume of FFT responses from providers of mental health services ranging from 67% to 100% (see figure 6 overleaf). The most recent NTW recommend score is in line with the national average and the Trust remains in the top 15 providers by volume of responses.

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

Figure 6: Average recommend score and response rate for Qtr3 2018/19 (latest available data) for providers of mental health services:



6. Points of You Experience Analysis Quarter 4 2018/19

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

*The Gender Dysphoria Service is the only exemption to the Trust-wide Points of You service users and carer experience programme, using a nationally agreed survey format in line with English Gender Dysphoria service providers. See section 8.

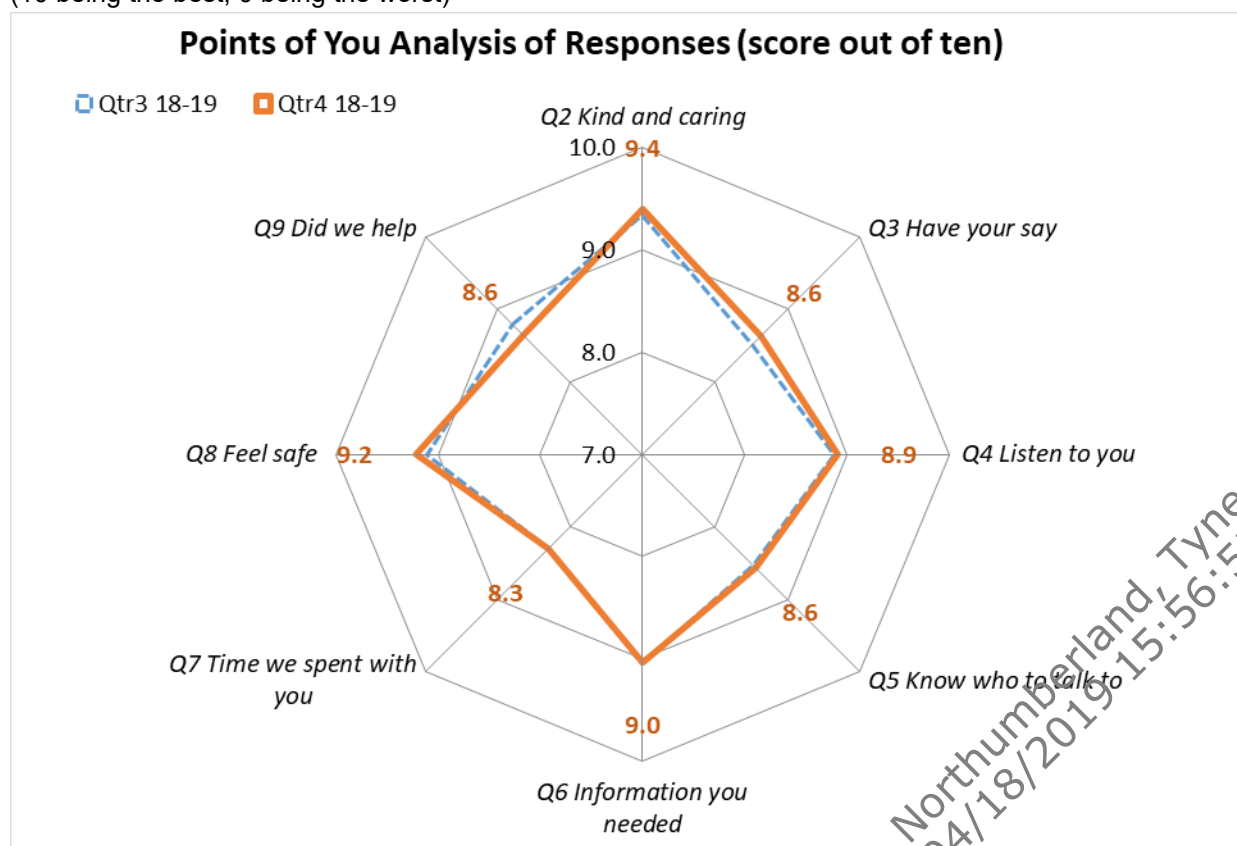
Each of the 8 questions (excluding the Friends and Family Test question) in the Points of You survey results in a score out of ten and Figure 7 below illustrates the average score received for each question trustwide during Quarter 4. There was little change in trustwide results from the previous quarter.

The highest scoring questions remain:

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

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

Figure 7: Average score for questions 2-9 for all Trust services for Qtr4 compared with Qtr3 2018/19 (10 being the best, 0 being the worst)



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






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

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

	Number of Responses Qtr4 (Qtr3)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	1,662	9.4	8.6	8.9	8.6	9.0	8.3	9.2	8.6
	(1,626)	↑0.1	↑0.1	↔	↑0.1	↔	↔	↑0.1	↓0.1
North Locality Care Group	408	9.1	8.3	8.6	8.7	8.8	8.0	9.0	8.3
	(378)	↔	↑0.1	↑0.1	↑0.3	↓0.1	↑0.2	↑0.3	↔
Central Locality Care Group	432	9.4	8.4	8.9	8.2	8.9	8.1	9.2	8.5
	(454)	↑0.2	↔	↑0.1	↓0.4	↓0.2	↓0.2	↑0.2	↔
South Locality Care Group	801	9.5	8.9	9.1	8.7	9.3	8.5	9.4	8.9
	(739)	↔	↑0.1	↔	↑0.1	↑0.2	↔	↔	↓0.1

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

Key:

 Score 8-10 (highest score)	 Score 6-7.9	 Score 4-5.9	 Score 2-3.9	 Score 1.9-0 (lowest score)
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↑ Score has improved (compared to last quarter) ↓ Score has deteriorated (compared to last quarter)

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

This shows:

- A slowly declining trend over the last year, with an increase in March 2019.
- The Trust wide figure is impacted by the South group who provide 45% of responses and tend to receive more positive feedback.

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

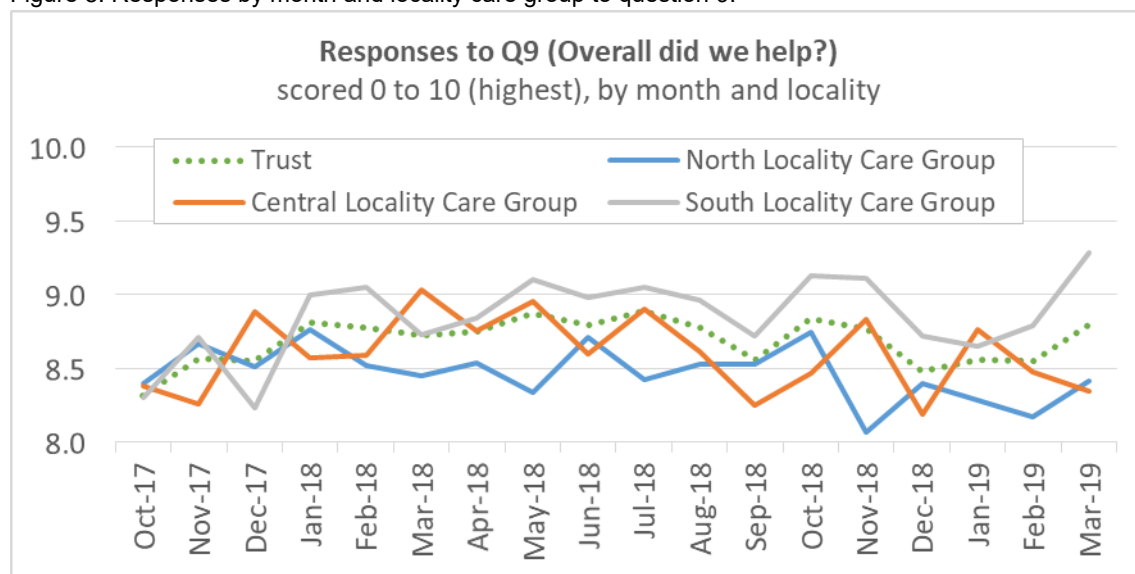


Table 4 overleaf shows a breakdown of responses at question level, displayed by CQC core service groupings. This analysis highlights:

- Forensic wards receive the lowest set of scores (based on 7 responses). Learning disability wards and working-age adult community services also saw low scores.
- Question 7 “were you happy with how much time we spent with you?” receives lower scores across a range of core services
- Forensic inpatient and Children and Young Peoples Community Services received the lowest score (7.5 and 7.9) to Question 9 “Overall, did we help”, with decreases against the last quarter. Scores were lowest for community CYPS in the South locality and Values and Behaviours, Patient Care and Communications are specific themes identified through comments provided.

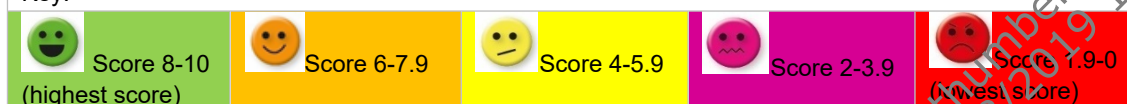
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Table 4: Average score per question by core service (and percentage of detained OBDs during Qtr4)

	Number of Responses Qtr4 (Qtr3)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help	% of bed-days that are detained during Qtr
Trust	1,662 (1,626)	9.4 ↑0.1	8.6 ↑0.1	8.9 ↔	8.6 ↑0.1	9.0 ↔	8.3 ↔	9.2 ↑0.1	8.6 ↓0.1	
Neuro Rehab Inpatients (Acute Medicine)	15 (21)	9.7 ↑0.2	8.9 ↑1.5	9.2 ↑0.8	8.0 ↓1	8.7 ↑0.3	8.5 ↑0.2	9.3 ↑0.5	9.6 ↑1.1	20%
Neuro Rehab Outpatients (Acute Outpatients)	149 (154)	9.8 ↓0.1	9.3 ↓0.2	9.4 ↓0.1	9.3 ↓0.2	9.5 ↔	9.1 ↑0.1	9.6 ↓0.1	9.5 ↔	
Community mental health services for people with learning disabilities or autism	57 (52)	9.5 ↓0.2	8.7 ↓0.4	9.1 ↔	7.7 ↓1.3	9.2 ↑0.2	8.4 ↑0.1	9.4 ↑0.3	9.1 ↑0.4	
Community-based mental health services for adults of working age	321 (304)	8.9 ↑0.1	8.1 ↑0.1	8.4 ↔	7.9 ↔	8.4 ↓0.1	7.8 ↑0.1	8.8 ↑0.2	8.0 ↑0.2	
Community-based mental health services for older people	358 (379)	9.7 ↓0.1	9.0 ↑0.1	9.3 ↔	8.6 ↑0.1	9.4 ↓0.1	8.7 ↓0.1	9.6 ↑0.1	9.1 ↓0.2	
Mental health crisis services and health-based places of safety	79 (91)	9.2 ↑0.6	8.5 ↑0.7	8.7 ↑0.6	7.9 ↑1	9.1 ↑0.9	8.1 ↑0.6	8.9 ↑0.6	8.2 ↑0.8	
Acute wards for adults of working age and psychiatric intensive care units	45 (46)	8.8 ↑0.5	7.8 ↑1	8.1 ↑0.1	8.6 ↑0.7	8.6 ↑0.1	7.4 ↓0.3	8.5 ↓0.1	9.0 ↑0.5	75%
Child and adolescent mental health wards	9 (23)	8.9 ↔	8.1 ↓0.4	8.3 ↓0.2	8.9 ↓0.2	8.9 ↓0.7	9.2 ↑1.5	8.6 ↓0.1	8.1 ↓1.2	92%
Forensic inpatient/secure ward	7 (5)	7.9 ↑1.9	6.8 ↑2.3	7.9 ↑1.9	7.1 ↑1.1	8.6 ↑1.1	7.5 ↑1.5	8.2 ↑0.7	7.5 ↓0.5	97%
Long stay/rehabilitation mental health wards for working age adults	33 (36)	9.7 ↑0.3	8.8 ↑0.4	9.0 ↑0.5	10.0 ↑0.8	9.3 ↑0.2	8.7 ↑0.3	9.3 ↑0.3	9.3 ↑0.1	83%
Wards for older people with mental health problems	11 (27)	10.0 ↑0.7	8.0 ↓0.2	8.0 ↓0.6	9.0 ↑0.2	10.0 ↑0.8	8.0 ↓0.4	8.6 ↔	9.5 ↑0.3	87%
Wards for people with learning disabilities or autism	6 (9)	8.3 ↔	7.9 ↓1	7.9 ↓0.2	8.3 ↑0.5	8.3 ↓0.6	7.9 ↓0.2	9.2 ↑0.1	8.3 ↓0.5	100%
Children and Young Peoples Community Mental Health Services	213 (146)	9.3 ↔	8.5 ↓0.2	8.8 ↔	8.7 ↑0.2	8.4 ↓0.3	7.9 ↔	9.1 ↓0.1	7.9 ↓0.2	
Substance Misuse	128 (141)	9.3 ↔	8.8 ↑0.2	9.1 ↑0.1	9.0 ↔	9.3 ↑0.1	8.3 ↑0.1	9.4 ↑0.4	8.7 ↓0.5	
Other	210 (137)	9.6 ↔	8.9 ↑0.2	9.0 ↓0.2	9.1 ↓0.1	9.4 ↓0.1	8.6 ↓0.1	9.3 ↔	9.0 ↓0.1	33%

Nb. 21 responses were unable to be assigned to a core service

Key:



↑ Score has improved (compared to last quarter)

↓ Score has deteriorated (compared to last quarter)

When comparing Quarter 4 question scores to the previous quarter, some core services have seen an improvement in the majority of the question scores:

- Mental health crisis services and health-based places of safety, and Long stay/rehabilitation mental health wards for working age adults saw scores for all 8 questions have improved).
- Neuro Rehab Inpatients (Acute Medicine) and Forensic inpatient/secure ward (scores for all 7 out of 8 questions have improved).

Some core services saw their scores for most of the questions deteriorate in the quarter:

- Child and adolescent mental health wards (reductions in 6 out of 8 questions)
- Neuro Rehab Outpatients (Acute Outpatients), Wards for people with learning disabilities or autism, and “Other” services all saw reductions in 5 out of 8 questions

For the other core services there has been a mix of improvements and deterioration across all 8 questions.

A Trust-wide thematic analysis has been undertaken and the most prevalent positive and negative themes to emerge from comments received are highlighted below. Please note that the categories have been amended to be the same as those used in complaints.

Table 5: Prevalent themes from comments (question 10) – Quarter 4 2018/19, with change on the previous quarter:

Common theme categories (change on previous qtr)	Negative themes		Positive themes		Total Themes	
	number	change	number	change	number	change
Values and Behaviours	32	-8	935	+11	981	-14
Patient Care	117	-12	644	+67	810	+17
Communications	71	+13	150	+11	230	+18
Facilities	20	-12	55	+5	87	-2
Appointments	29	-4	34	+19	72	+16
Waiting Times	36	0	14	-7	54	-9
Total	372	-14	1870	+114	2364	+36

Positive Themes (A total of 2,364 themed comments were received during Quarter 4, 1,870 (79%) of these were judged as positive/ complimentary)

Values and Behaviours accounted for 50% of all positive comments, there was an increase in the number of positive comments across all the main categories apart from Waiting Times.

Examples of positive comments received:

- “I felt listened to and empowered to be given additional sources of help and advice.”
- “We are very lucky to have this facility and staff in our area.”
- “Appointments have always been prompt, easy to change if need be.”

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Negative Themes:

The 372 negative comments received were categorised across a much broader number of themes. Examples of negative comments are given below.

“Mental health treatment where I live is atrocious, mainly due to lack of appropriate staff.”

“the waiting time is long”

“I'd like someone to take notice instead of just going in one ear and out the other I find it extremely hard to leave the house yet the service does not take this into consideration I'm not a well person and to be honest it like fighting a losing battle seems no one listens.”

7. Points of You Response Demographics

For the following categories below, the percentage of Points of You respondents who selected and identified the following options is shown, including the percentage who didn't answer. Also shown for each option in each characteristic is the percentage who would recommend the service to their friends and family, as recorded in question 1 of the survey. As shown in table 2, the trust recommend score for the quarter was 87%.

It should be noted that other factors will affect these results such as differences in the type of service being reviewed. Respondents who didn't complete the monitoring information generally give less positive feedback.

Table 6: Points of You reponses by respondent category – Quarter 4 2018/19

Respondent	% of responses	FFT recommend score (question 1)
Service User/Patient	69%	88%
Carer/Relative/Friend	23%	86%
Both	1%	82%
<i>Not Answered</i>	7%	81%

Table 7: Points of You reponses by gender – Quarter 4 2018/19

Gender	% of responses	FFT recommend score (question 1)
Male	43%	88%
Female	52%	87%
Other	0%	43%
<i>Not Answered</i>	4%	74%

The percentage of respondents who would recommend our service to friends or family if they needed similar care or treatment is lower in people giving their gender as other compared to all responses for the trust, with a difference beyond what could be expected by chance alone.

Table 8: Points of You responses by ethnic group – Quarter 4 2018/19

Ethnic group	% of responses	FFT recommend score (question 1)
Asian/Asian British	2%	81%
Black/African/Caribbean/Black British	0%	100%
Mixed/Multiple ethnic groups	1%	77%
Other ethnic group	1%	69%
White	91%	88%
<i>Not Answered</i>	5%	76%

The results for the Black/African/Caribbean/Black British category (all of whom would recommend) is based on 8 responses.

Table 9: Points of You responses by age group – Quarter 4 2018/19

Age group	% of responses	FFT recommend score (question 1)
0-18	5%	79%
19-24	2%	77%
25-34	11%	83%
35-44	15%	86%
45-54	16%	87%
55-64	18%	88%
65-74	12%	92%
75-84	11%	94%
85+	5%	93%
<i>Not Answered</i>	6%	76%

We see the increase in reported satisfaction with age, as measured by the friends and family test question. The 65-74 and 75-84 years groups are higher than the trust recommend rate, where this would not be expected by change alone.

8. Gender Dysphoria Survey - Responses and Analysis

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

During Quarter 4 18/19 the Northern Region Gender Dysphoria Service received 14 surveys (data for January and February 2019). All responses were positive (rating extremely likely or likely) for 7 out of the 9 questions, with one responses of "Neither Agree nor Disagree" for questions 4 and 8. There were no negative responses to any question, which are listed below:


1. Likely to recommend this clinic to friends and family
2. Admin Staff were pleasant and Respectful
3. Clinician was pleasant and respectful
4. I feel listened to

5. I feel involved in my treatment
6. I have confidence in the abilities of my clinician
7. Information was understandable
8. Questions were answered
9. Given opportunity to discuss treatment

9. NHS website, Care Opinion & Healthwatch reviews for quarter 4 2018/19

The three main websites for service users and carers to leave feedback are the NHS website (previously known as NHS Choices), Care Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside and South Tyneside). Table 10 illustrates the star rating allocated by service users/ carers who commented on the care they received. A list of the comments and Trust responses within the previous quarter are listed in full in Appendix 2.

Table 10: Star rating for the Trust/ Site/ Service reviews

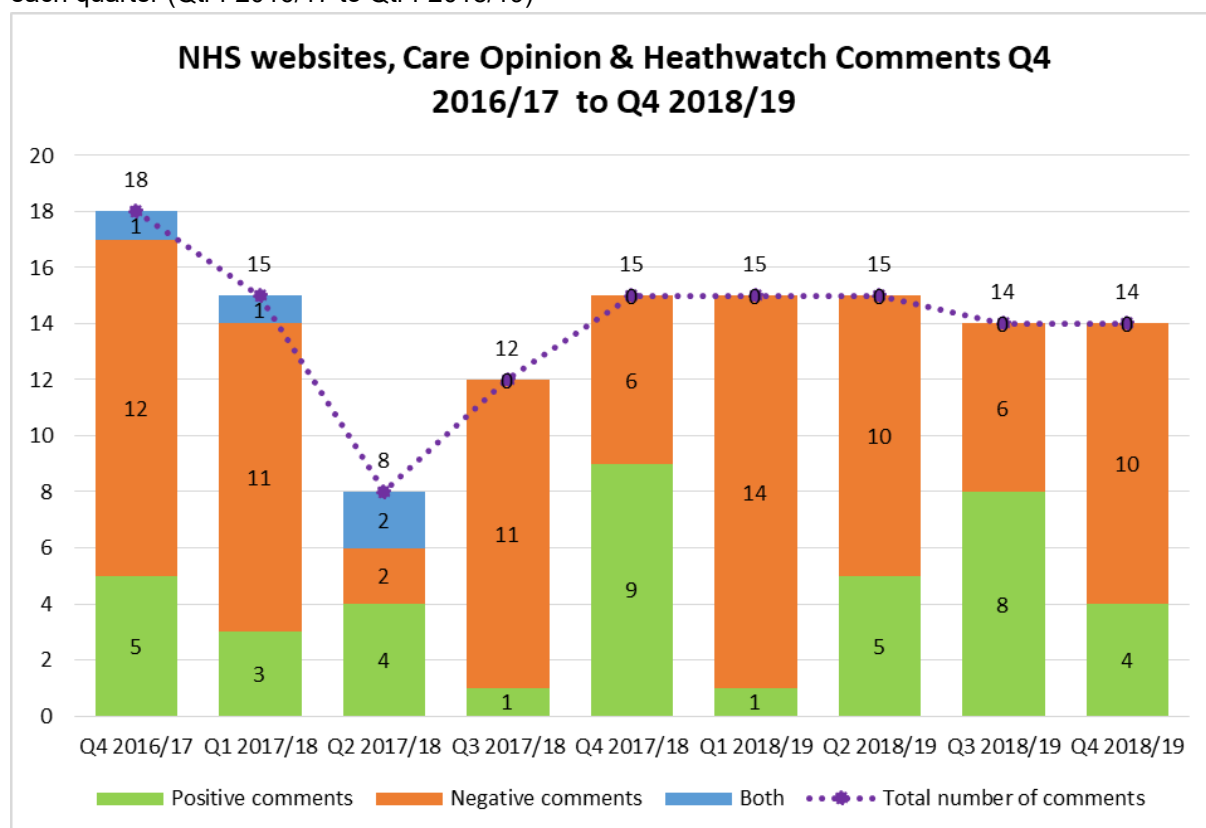
Hospital Site	Star Ratings for Q4
NTW (total for Trust)	
Dryden Road Clinic	
Hawkhill Business Park	
Anderson Court	
Chad House	
Fairnington Centre	
Sunderland Psychological Wellbeing Service	
Atkinson Terrace	
St. George's Park	

During Quarter 4 2018/19 the Trust received 14 comments through these sites, 4 of which were positive and 10 were negative. This volume of feedback is similar to previous quarters and the proportion of positive feedback is variable.

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

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Figure 9 – Number of comments published on the NHS website, Care Opinion & Healthwatch sites each quarter (Qtr4 2016/17 to Qtr4 2018/19)



10. Compliments and Thank Yous – Quarter 4 2018/19

During Quarter 4, 131 thank yous and compliments were received via Points of You and from other routes (including Chatterbox). There were 110 compliments received during quarter three.

11. Recommendations

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

Anna Foster

Deputy Director of Commissioning and Quality Assurance

April 2019

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Points of You Format

Points of You Survey format:



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

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

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

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

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

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?

Extremely likely Likely Neither likely nor unlikely Unlikely Extremely unlikely Don't know

Can you tell us why you gave that response?

2. How kind and caring were staff to you?

Very A little bit Not very Don't know

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

All the time Most of Sometimes Not very Never Don't know

4. Did we listen to you?

All the time Most of the time Sometimes Not very often Never Don't know

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

Yes No

6. Were you given the information you needed?

Yes No

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

Extremely happy Happy Neither happy nor unhappy Unhappy Extremely unhappy Don't know

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

All the time Most of the time Sometimes Not very often Never Don't know

9. Overall did we help?

A lot A little bit Not much Don't know

Reviews made on the NHS website, Care Opinion & Healthwatch in quarter 4 2018/19

Reviewed on 9 January 2019 (3 stars, Hawkhill Business Park)

Unsure

Taken nearly two and a half years to be put in contact with someone else and then none of the two people could return a phone call to me the same old same old whenever I phone up. Someone else said in their review the psychiatrist they were wanting to see about their sibling got no answer well I know just how you feel. I got an appointment with no one's names on it of who I would be seeing and the paper was not very good quality I have so many doubts about Hawkhill and so do other people it's not surprising we get no help. One person who answers the phone has a tendency to talk very loud which is not good on your ears. (I have not been to Hawkhill but I need to put down when visited for the next part which makes no sense).

[our response] Thank you for taking your time to leave your feedback. I am disappointed to hear that you have been left dissatisfied with your contact with the service. All of our reception and clinical staff are aware of the importance of good customer service and this is an expectation of the Trust. If you would like to discuss your concerns in more detail with the Team Manager, please can I ask you to ring the team and ask to speak with the Team Manager. If they are unavailable at that point, please leave your telephone details and the Team Manager will call you back at the earliest opportunity, or alternatively you can address your concerns in writing to the Team Manager who will be happy to arrange a time discuss them further with you.

Northumberland Tyne and Wear NHS Foundation Trust value feedback from the public as this assists the Trust to continue to make improvements to its services. For further advice and support you can also call the Patient Advice and Liaison Service on 0800 032 0202.

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Reviewed on 10 January 2019 (1 star, Anderson Court)

A review

A review

Phoned up here as I was told someone worked here who I would be able to speak to (that was last year) then told the person would be at work in so many days' time and I could phone back or the person would contact me so I rang back a few times then got told the person was busy then off for a day or two then on annual leave I mean what am I or anyone else expected to believe when all different people tell you all different things it is just so confusing and not one but helpful. You are also told that staff work between different places then once again told differently it would be helpful if the staff did know where and when the people are going to be working. People with mental illness are supposed to be treated with respect and dignity like anyone else with a health condition is treated. Also I do think the administration staff could be a bit more understanding on the phone towards people who are having to phone the services about things. One person here was not very nice towards me when I asked a question on the phone and it left me in floods of tears due to their reply. (not administration staff though) This is my review.

Thank you for taking your time to leave your feedback. I am disappointed to hear that you have been left dissatisfied with your contact with the service. All of our reception and clinical staff are aware of the importance of good customer service and this is an expectation of the Trust. The community workers do offer appointments to service users across a range of community facilities, including the persons own home and this does mean that they may not be available at the time that you call. However, it is the expectation of the Trust that calls are returned in a timely manner.

If you would like to discuss your concerns in more detail with the Team Manager, please can I ask you to ring the team and ask to speak with the Team Manager. If they are unavailable at that point, please leave your telephone details and the Team Manager will call you back at the earliest opportunity, or alternatively you can address your concerns in writing to the Team Manager who will be happy to arrange a time discuss them further with you.

Northumberland Tyne and Wear NHS Foundation Trust value feedback from the public as this assists the Trust to continue to make improvements to its services. For further advice and support you can also call the Patient Advice and Liaison Service on 0800 032 0202.

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20 January 2019 (4 stars, Chad House)

Chad house

Chad house

I was a patient that received care at chad house from 2014-2018. The actual building is a good, safe and practical building. The receptionists were all very lovely and kind. I worked with 2 psychologists and 3 psychiatrists during my time there. Each one I worked with was very helpful and caring. Although some were much better at communicating my care than others. The waiting room is really good for anxious people as there are lots of different types of seats and in different positions. I'm really thankful that Hexham has chad house as a facility as I think it is really important and it's a great facility. The only thing I would change is that the availability of rooms as I was often in the art therapy room when no others were left which wasn't really suitable for me. However I understand how hard this is to change because of the amount of rooms that are needed at the same time. But

Thank you for taking the time to leave your feedback regarding your contact with the Northumberland Children and Young People's Service provided by Northumberland, Tyne and Wear NHS Foundation Trust. I am pleased to hear that this has been a helpful contact over the time that you have been with the service. The Trust appreciates all feedback which is used to help us continue to improve the service delivered.

I have noted your comment in respect of the room availability at Chad House where you were seen was sometimes a challenge and that the option of your appointment taking place in the art room was not ideal. I will ensure that this information is passed on to the Clinical Manager responsible for the day to day operations of the service for consideration when allocating rooms. Thank you again for your feedback.

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20 January 2019 (4 stars, Fairnington Centre)

Fairnington Centre

I've been a patient at the Fairnington Centre for nearly a year. I followed on as a transfer from CYPs. So far I've been happy with my care as I believe that the staff work well together and their communication is good. Something that I would change is the waiting room, as I personally find it makes me quite anxious. However I completely understand that everybody is different so understand that it would be difficult to ever get it right. A positive is that there is a lot of information to hand, on the walls, in box's and on tables. This is really helpful for people that need it. The receptionists are always very helpful and kind as well which I find makes the whole experience so much more reassuring and easier.

Thank you for taking the time to leave your feedback regarding your contact with the Community Treatment Team, based at the Fairnington Centre in Hexham. I have noted your views about the waiting area which you find personally difficult to its size and the impact this has on your feelings of anxiety. The space in the building is of a premium but the Trust has tried to maximise the amount of clinical consultation space that is available. This does mean that there is a smaller waiting area. However, can I suggest that you discuss your particular requirements as it may be appropriate that arrangements can be made with you to report to reception in the Fairnington Centre when you attend for appointments and then to wait in the larger open space adjacent to the WRVS café.

On a separate note I am pleased to hear that you have found the availability of self-help and patient information that is held in the waiting area to be particularly useful. This feedback will be shared with the team.

Thank you again for leaving your comments as the Trust welcomes feedback that can assist the teams to improve the service they offer to the public

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22 January 2019 (2 stars, no service identified)

Another review

Another review. The trust wanted more information about what has been said about me by the trust. I received copies of summaries from the trust on your NHS letter headed paper and I was told in a phone call that the summaries had been sent from the NHS and the things that were written about me were not true, no one from the trust has been willing to discuss the summaries that I received. What do you think it is like to suffer with a mental illness and keep being told all different things and people keep saying things about me that is not true every day I am terrified etc. of more being said about me and even more terrified of even getting up in the morning. I would have thought and liked for things to have been discussed properly that's one way to put things right. I have not left many reviews on here but when I do I say what my experiences have been which is what your website asks a patient or carer etc. to do. I do hope you don't mind this review I'm just puzzled as to why nothing got put right about what things were said that's all. As this is not offensive etc. I would like it to be on the reviews but I can partly understand if you don't want to add it.

Thank you for making a review and for outlining your experience, we value feedback as this helps us to continue to make improvements to our services.

We recognise that many aspects of mental illness can be terrifying and I am sorry to hear of your negative experiences during your contact with Northumberland, Tyne and Wear NHS Foundation Trust.

For us to investigate your circumstances please contact the complaints department with your details by telephone on 0191 245 6672, by email at complaints@ntw.nhs.uk or by post to The Complaints Department, St Nicholas Hospital, Gosforth, Newcastle upon Tyne, NE3 3XT. Our disclosure team may be able to help with the information recorded about you in your health record, they can be contacted on 0191 246 6896 or Disclosures@ntw.nhs.uk.

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31 January 2019 (2 stars, no service identified)

Been discharged again

Been discharge again. Just been referred back to the CMHT and after one appointment they have once again discharged me and left me without any help before I even got any. Also the CMHT have refused to come to my home address and keep saying that there is a risk towards them when there is not a risk to anyone in the NHS it is very unfair to say that about me. How am I supposed to get help when all the CMHT do is discharge me again?

Thank you for taking the time to leave your feedback regarding your recent contact with Northumberland, Tyne and Wear NHS Foundation Trust. I am sorry to hear that this has not been a helpful experience when you have been offered appointments at a venue other than your home which you would have preferred.

Our teams endeavour to provide appointments at a convenient location taking account of the needs of the individual. I would like to suggest that you make telephone contact with the team in question and ask to specifically speak to the Clinical Lead or Pathway Manager for the service so they can better understand the details of your situation. As an alternative you can also contact your local Patient Advice and Liaison Service (PALS) who can support you to communicate with the clinical service.

The PALS telephone number for Sunderland, Gateshead and South Tyneside areas is 0800 328 4397; and for the Newcastle, North Tyneside and Northumberland areas it is 0800 032 0202.

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2 February 2019 (1 star, Sunderland Psychological Wellbeing Service)

IAPT service does nothing to improve

I contacted the Improving Access to Psychological Therapies a few months ago. I initially looked at their website to glean courses. One course, Managing Pain interested me as I suffer from terrible pain and through this anxiety and depression. I clicked on the link to 'Find out More' about this course but none of the links work? The email address to contact them doesn't work either and bounced back 'unknown'? The next day I rang them as I couldn't self-refer through their website. No answer. Left ansamachine message. No-one rang back? I then physically went into Monkwearmouth clinic to ask if someone could help me get on this course. Told someone would ring me. Someone rang days later and told me I had a place for January 2019 and she would contact me before then to tell me times and day. Well, January has been and gone and I've never heard from them. What a way to treat people. I looked on their 'website' and pain course no longer there? Wouldn't you have thought someone would have had the decency to contact me if it was no longer being run to tell me given I'd been told I had a place and was waiting. Shabby. If they were in private practice as a business they wouldn't make any money. Getting paid on the NHS for naff all. On an end point they also have a patronising tone that goes up at the end of each sentence, as if they're asking you a question, subtly and passively implying you have a learning difficulty when in fact you're more articulate than them

I am very sorry to hear you have not had a good experience trying to access our services. Thank you for your feedback regarding the IAPT website. Please be assured we take all concerns raised seriously and we are trying to rectify the current problems regarding the IAPT website. Should you wish to refer yourself we are happy to receive a phone call from you on 0191 566 5654 which is our self-referral line and this will ensure you speak to one of our admin team who will then book an appointment for you to discuss your needs with one of our clinicians. Alternatively you could contact the service on 0191 566 5450 and speak to one of the team coordinators who would be happy to progress a referral for you.

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6 February 2019 (1 star, Atkinson Terrace)

Find another service!!

My experience of project was terrible from start to finish. You have to by-pass the dealers and empty drinks cans outside, to go into a small, uninviting reception area. Staff aren't friendly or helpful especially when asking for help (was waiting for a call back from case worker almost 3 month later! when I gave up and changed service) I was very lucky in a way I ended up with 2 emergency detox, both times my case worker didn't contact me from 1 time to another and upon discharge received no help or support from Project....is it any wonder so many people relapse!!!! Even after informing them I was changing services and being gone for 2 month I was still on their books and they were corresponding with various other agencies stating they were supporting me!!! Personally would not recommend, found more advice help and support online.

I am very sorry with regards to your experience with North Tyneside Recovery Partnership. We aim to provide a high standard of treatment, if we have not achieved this we sincerely apologise.

As a service we welcome feedback from service users and carers to help continually improve our performance and service delivery. We will reflect on your comments and we apologise again for any distress this has caused you.

If you feel you need to make a complaint to the Trust, you can do so by email to complaints@ntw.nhs.uk or by telephone to 0191 245 6672.

9 February 2019 (2 stars, St. George's Park)

Can't get any help

Can't get any help from here and I have already been to the CMHT left with no one to help me with mental illness and symptoms becoming worse what am I supposed to do when mental health problems deteriorate and I am again in a crisis.

Thank you for taking the time to leave your feedback. We are sorry that you do not feel you are receiving the support you require when you feel you need it. We would be happy to discuss this further with you to ensure that the appropriate care is offered. Can I please advise that you contact us 01670 501864 to speak to Kathryn Elliott, Clinical Manager.

15 February 2019 (5 stars, Dryden Road Clinic)

Excellent service

*Always there to help if needed
.very supportive & rings often to
check how I am doing*

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

1 February 2019 (5 stars, Dryden Road Clinic)

Efficient

*Seen to quickly and told
everything that was going on.*

Thank you for providing feedback this review for Dryden Road clinic, this is greatly appreciated. We are always pleased to hear the experiences of service users and their carers and it is particularly good to hear when service users have felt informed and supported in their recovery.

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

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21 February 2019 (1 star, no service identified)

Going from one to the other

Phoned CMHT and crisis team and tried to get someone to help me with my mental health but told to phone each place and feel like a ping pong ball going back and forth. Would have preferred the help I need. Let down again and still struggling.

Thank you for providing feedback on your experience with Northumberland, Tyne and Wear, and I am sorry that the encounter has left you disappointed.

In order for us to try to better help you, we ask that you telephone your CMHT (Community Mental Health Team) and ask to speak with the team manager. As an alternative you can also contact your local Patient Advice and Liaison Service (PALS) who can support you to communicate with the clinical service. The PALS telephone number for Sunderland, Gateshead and South Tyneside areas is 0800 328 4397; and for the Newcastle, North Tyneside and Northumberland areas it is 0800 032 0202.

1 March 2019 (2 stars, no service identified)

Very rude staff

Very rude staff when you try to ask anything. There is certain people who do not want to hear things that are important to be discussed about. I am told I can't talk about something then told that I can well the CMHT staff can't agree on what I can talk about because they are just confused and contradicting. People with mental illness are asked for feedback but the NTW does not like the feedback that they get back. This is not naming anyone or offensive etc. so I would like it to be in a review. I do not appreciate being told by someone at the CMHT what I am entitled to talk about especially not at my age I am not a child and I won't be treated like one I have human rights and I am very much entitled to speak about things that I know need to be spoken about. Like I have said this is not naming anyone or being offensive etc. as I have no reason to be like that towards anyone.

Thank you for taking the time to leave your feedback regarding your recent experience with Northumberland, Tyne and Wear NHS Foundation Trust. I am sorry to hear that this has not been a helpful or understandable episode.

In order for us to try to better help you, we ask that you telephone your CMHT (Community Mental Health Team) and ask to speak with the team manager.

As an alternative you can also contact your local Patient Advice and Liaison Service (PALS) who can support you to communicate with the clinical service. The PALS telephone number for Sunderland, Gateshead and South Tyneside areas is 0800 328 4397; and for the Newcastle, North Tyneside and Northumberland areas it is 0800 032 0202. If you feel you need to make a complaint to the Trust, you can do so by email to complaints@ntw.nhs.uk or by telephone to 0191 245 6672.

Thank you again for leaving your comments as the Trust welcomes feedback that can assist the teams to improve the service we offer.

19 March 2019 (no service identified)

Lack of care, help and sympathy

I have been in the system for several years now and always seen one person that was until a year ago when they started bringing in 2 members of staff. I asked several times that I don't like this and can there only be one member of the team for me to be seen by. I was told, quite rudely and abruptly I felt, that this cannot happen anymore. When I asked certain questions I have been informed that they have to go to the MDT meeting to discuss my case. This makes them look like unqualified people and seem that I would be better off talking to a bricklayer, as they seem more qualified at answering my questions. I feel like I go there for them to mentally torture me and then offer no help. Also, I am sick of repeating myself every time I go there, this is exacerbating my problems as I am not moving forward with the CMHT.

When I go into these appointments I feel that I should have no mental capacity at all. I feel that they treat me like I am an idiot and that it is my fault that I have mental health issues. I find that when I do not agree with them they say I am not helping myself. Like they go on about mindfulness, but I think it is a useless tool and that it only masks the problem rather than solving it.

So questions I like answering are

Why are there 2 professionals in the room and they can't answer my question unless they involve other people?

Why don't they get back to me after they have spoken to the MDT meetings?

Why do I repeat myself over and over and not get any help?

Why do they not accept that I live with my condition and I know what works best for me and what I don't believe in? (like mindfulness)

Thank you for providing feedback on your experiences with Northumberland, Tyne and Wear, and I am sorry that your recent appointments have left you disappointed.

We always aim to be honest and transparent, and in order for us to answer your questions we ask that you telephone your CMHT (Community Mental Health Team) and ask to speak with the team manager. As an alternative you can also contact your local Patient Advice and Liaison Service (PALS) who can support you to communicate with the clinical service. The PALS telephone number for Sunderland, Gateshead and South Tyneside areas is 0800 328 4397; and for the Newcastle, North Tyneside and Northumberland areas it is 0800 032 0202.

If you feel you need to make a complaint to the Trust, you can do so by email to complaints@ntw.nhs.uk or by telephone to 0191 245 6672.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: April 2018

Title and Author of Paper:

Quarterly Report on Safe Working Hours (Apr to Jun 2018) : Dr Clare McLeod (Trust Guardian)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The New TCS for trainees in Psychiatry came into force in February 2017
- Quarter reported on is Jan to Mar 2019
- Guardian is nationally and locally linked with other Trust Guardians
- Establishment of Junior Doctors Guardian of Safeworking Forum (which includes representative from BMA & LNC Chair)
- Increase in Trainees moving to 2016 Terms & Conditions of Service

Risks Highlighted to Board :

- Decrease in Exception Reports raised from 12 to 4 during the period Jan to Mar 2019 with TOIL being granted for hours and rest
- 5 Agency Locums booked during the period covering vacant posts and sickness
- 90 shifts lasting between 4hrs and 12hrs were covered in the 3mth period by internal doctors
- On 1 occasion during the period the Emergency Rotas were implemented in comparison to 23 during the last period.
- BMA Fatigue and Facilities Charter has been agreed
- Process now agreed and implemented for recording/reviewing Insufficient Medical Handover

Does this affect any Board Assurance Framework/Corporate Risks?

Please state No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

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**QUARTERLY REPORT ON SAFE WORKING HOURS:
DOCTORS IN TRAINING – Jan to Mar 2019**

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement on 2nd August 2017 are now on the New 2016 Terms and Conditions of Service. There are currently 107 trainees working into NTW with 94 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 22 trainees employed directly by NTW working as Trust Grade Doctors and Teaching Fellows. (Total 129).

Introduction

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

The new contract is gradually implemented by being offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 150 trainee posts, we do not directly employ the majority of these trainees, also with current recruitment challenges a number of the senior posts are vacant.

High level data

Number of doctors in training (total): 107 Trainees (Jan to Mar)

Number of doctors in training on 2016 TCS (total): 94 Trainees (Jan to Mar)

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

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

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

Trust Guardian of Safe Working: Dr Clare McLeod

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Exception reports (with regard to working hours)

Grade	Rota	Exception Reports Received Jan to Mar				
		Jan	Feb	Mar	Total Hours & Rest	Total Education
CT1-3	St Nicholas					
CT1-3	St George's Park	1		1	2	
CT1-3	RVI/CAMHS			1	1	
CT1-3	NGH/CAV			1	1	
ST4+	North of Tyne					
ST4+	CYPS (Higher)					
Total					4	0

Work schedule reviews

During the last quarter there have been 4 Exception Reports submitted from Trainees; all on the new 2016 TCS in respect to exceeding Hours & Rest (all for late finishes) & 0 for Education. The outcome of which was that TOIL was granted for all cases. The exceeded hours ranged from a minimum of 20 minutes to a maximum of 1 hour. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by department				
Specialty	Jan	Feb	Mar	Total
Neuro Rehab				
Hopewood Park				
Gateshead		4	1	5
NGH				
RVI				
SNH				
CAMHS				
LD				
SGP				
South of Tyne				
North of Tyne				
Total		4	1	5

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Locum bookings (agency) by grade				
	Jan	Feb	Mar	Total
F2				
CT1-3		4	1	5
ST4+				
Total		4	1	5

Locum bookings (agency) by reason				
	Jan	Feb	Mar	Total
Vacancy		4		4
Sickness/other			1	1
Total		4	1	5

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of hours worked	Number of hours to cover sickness+	Number of hours to cover OH Adjustments	Number of hours to cover special leave	Number of hours to cover a vacant post
SNH	20	192	4	120		68
SGP	16	156	4	116		36
Gateshead	13	116	36	4		76
Crisis	5	20	4	8		8
Hopewood Park	9	68	4	16	24	24
RVI	2	8	8			
NGH	9	100	100			
North of Tyne	6	40		40		
South of Tyne	10	88	36	52		
CAMHS						
Total	90	788	196	356	24	212

c) **Vacancies**

Vacancies by month						
Area	Grade	Jan	Feb	Mar		
NGH/CAV	CT	1				
	GP	1				
SNH	CT	2	2	2		
	GP		1	1		
SGP	CT	6	5	5		
	GP	1	1	1		
RVI	CT		1	1		
	GP		1	1		
HWP	CT	2	3	3		
	GP	1	3	3		
	F2	1				
Gateshead	CT		1	1		
	GP	3	1	1		
Total		18	19	19*		

*These vacancies have been backfilled with Trust Grade Appointments

d) Emergency Rota Cover

Emergency Rota Cover by Trainees				
	Rota	Jan	Feb	Mar
Vacancy				
Sickness/Other	NGH	1		
Total		1		

e) Fines

There were no fines in the last quarter.

Qualitative information:

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

Issues arising

The number of Exception Reports (ER) remains lower than would be expected.

Ideally following an ER, time off in lieu (TOIL) should be considered first with payment being an option if TOIL is not possible within a reasonable time frame. The majority of Exception Reports raised by trainees in NTW are closed by TOIL; all ERs this quarter were closed with TOIL.

The number of IR1s submitted for Insufficient Medical Handover when a patient is admitted to hospital has remained steady after the initial increase. The code SD08 (Poor Transition of Care) has now been added; the reporting is now therefore complete and continues to be monitored.

The BMA's Fatigue and Facilities Charter which outlines steps to promote better working conditions for doctors to reduce fatigue, improve safety and provide more efficient care has been reviewed by the working group set up following the GoSW forum in December 2018.

Safety driving home after night shift: it has already been agreed that trainees can request a taxi to take them home after a night shift if they don't feel safe to drive. There has been limited uptake of this facility which was suggested that it may be due to the inconvenience of getting back to work for the next shift.

Actions taken to resolve issues:

The profile of Exception Reporting continues to be raised through the Junior Doctor Forum, at Induction for new doctors and at visits to trainees. The Guardian of Safe Working and the Medical Staffing team met with trainees at CAV on 31st January, at SGP on 1st April and at HWP on 4th April. The timing of meetings has been arranged to coincide with training and there are dates arranged for the remainder of the year, rotating between four Trust sites.

The Director of Medical Education and the Guardian have jointly written to all clinical supervisors asking that in a supervision session they have a conversation about the trainees' working hours and consider if there have been times when it would be appropriate to submit an Exception Report.

In the GoSW presentation at Trust Induction for new doctors, there is now specific instruction of the process using screen shots of the steps to navigate to the Doctors Rostering System and to Incident Reporting from the main page of Trust intranet.

The Director of Medical Education continues to review, follow up and summarise the IR1s for Insufficient Medical Handover, with this collated information discussed at the forum and shared with medical staff and the crisis teams.

Following discussions at the GoSW forum, it was agreed to make use of the fine money (from the only fine to date, which was levied in 2018) to purchase text books that trainees would use for reference or exam preparation. The text books for exam preparation as well as the new Maudsley Prescribing Guidelines have been purchased and are now available at all three trust sites in the on-call facilities.

The working group set up at the Guardian forum in December has met to review the BMA Fatigue and Facilities charter; there were a small number of amendments and additions made to make the charter more specific to NTW. The charter has subsequently been through the Medical Staff Committee and the Local Negotiating Committee.

A working group has been convened to consider how best to use the money that we expect to receive on the Trust's adoption of the charter. A meeting has been arranged for 7th May, in advance of the bidding process so that the relevant information can be gathered and considered in advance of this bidding process.

The Guardian will continue to ensure that information relating to the importance of taking breaks is conveyed at each Trust Induction, as well as safety travelling and between Trust sites and parking at night.

It has been agreed that trainees can request a taxi to take them back to work if they have left their car at work after a night shift having been too tired to safely drive home. The number of taxis used will be monitored.

Summary

The profile of Exception Reporting continues to be raised and discussed. Exception Reports are closed timely and in the majority of cases with Time Off in Lieu.

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

The BMA Fatigue and Facilities charter has been adopted by the Trust. A working group has been convened to consider how to best to use the money expected on adoption of the charter which is specifically to be used to improve working conditions for junior doctors.

Dr Clare McLeod
Trust Guardian of Safe Working

5th April 2019

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

Meeting Date: Wednesday 24 April 2019

Title and Author of Paper: Progress update – Annual Review of Board Assurance Framework/ Corporate Risk Register and Risk Appetite Framework – Lindsay Hamberg, Risk Management Lead.

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

Paper for Discussion, Decision or Information: Discussion

Key Points to Note:

Please note this report is a progress report following the Board of Directors development session in March.

Pg.2 SA4.1; There is 1 proposed de-escalation from Board Assurance Framework to Executive level risk register.

Pg.2 SA5.1; Risk description wording changes have been made to 1 Board Assurance Framework risk.

Pg.3. The Risk appetite framework scores remain unchanged. Risk Appetite statements have been updated.

Risks Highlighted:

As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?

Yes – Report detailing the review of the Board Assurance Framework and Corporate Risk Register.

Equal Opportunities, Legal and Other Implications:

Addressed in Board Assurance Framework and Corporate Risk Register.

Outcome Required: To note the changes and approve the Board Assurance Framework and Corporate Risk Register and Groups/ Corporate Risks. Provide any comments of feedback.

Link to Policies and Strategies:

Risk Management Strategy and Risk Management Policy

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Board Assurance Framework and Corporate Risk Register

Introduction

Northumberland, Tyne and Wear NHS Foundation Trust acknowledges that the services it provides and the way it provides these services, carries with it unavoidable and inherent risk. The identification and recognition of these risks together with the proactive management, mitigation and (where possible) elimination of these risks is essential for the efficient and effective delivery of safe and high-quality services.

The Board with the support of its committees have a key role in ensuring a robust risk management system is effectively maintained and to lead on a culture whereby risk management is embedded across the Trust through its strategy and plans, setting out its risk appetite and priorities in respect of the mitigation of risk when delivering a safe high-quality service.

Throughout March and April every year the Board of Directors carry out a comprehensive review of the current Board Assurance Framework/Corporate Risk Register and Risk Appetite Framework:

1. To ensure that risks held on the Board Assurance Framework/Corporate Risk Register are still relevant and reflect the key strategic risks to delivering the Trust's Strategic Ambitions going forward.
2. To identify and agree any new risks to the delivery of the Trust's Strategic ambitions.
3. To review the risk appetite framework and ensure the level of risk taken by the organisation for each key risk appetite category is still appropriate.

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2.0 Board Assurance Framework/Corporate Risk Register 2019/20

Following the Board of Directors annual review of the Board Assurance Framework the following proposals have been made, to be agreed at Board of Directors on April 2019.

2.1 It is proposed to de-escalate the below risk to Executive level risk register.

Risk Reference	Risk Description	Risk Appetite	Risk Score	Executive Lead	Sub Committee
SA4.1	That we have significant loss of income through competition, choice and national policy including the possibility of losing large services and localities	Financial/ Value For (4-5)	20	Lisa Quinn	Quality & Performance Committee

2.2. SA5.1 to amend risk description to make it clear that this includes CQC quality standards.

Current Risk ref:	Current Risk Description	New Risk Description	Sub Committee
SA5.1	That we do not meet compliance and quality standards SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	Quality and Performance Committee

3.0 Board Assurance Framework/Corporate Risk Register 2019/2020

Following Board of Directors review all other risks included on the Board Assurance Framework /Corporate Risk Register 2019/2020 remain unchanged. Please note final agreement of risks will be made at Board of Directors April 2019.

4.0 Risk Appetite Framework 2019/2020

The Risk appetite framework scores remain unchanged. It was agreed that the risk appetite statements would be updated to help identify the category of the risk. This will ensure that the Trust can measure the actual risk positions against the agreed risk appetite. (Appendix 1)

5.0 Additional Assurance

NHS Providers have developed a training package for all organisations. This covers Board Development and Risk Management. NTW were used as an exemplar of how to apply risk appetite into practice within this training. The training highlighted that NTW have a clearly defined risk assessment methodology supporting consistency of scoring and is seen as concise and clear with use of visual and references to the working tools and links to strategic deliverables. This has provided an additional assurance of the Trust processes and systems.

6.0 Recommendations

The Trust Board are asked to:

- Note the changes and approve the BAF/CRR.
- Provide any comments of feedback.

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Appendix 1

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

In 2019 the Trust will become responsible for North Cumbria Mental Health and Learning disability services. This is a significant undertaking for the Trust and as such may affect its Risk Appetite across a number of categories.

Careful consideration will be taken through 2019/20 on the impact of this major change ensuring the Trust does not expose itself further to risk. Additional Commercial activity during this time will be considered in light of the workload and impact of North Cumbria.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th April 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 12 March 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 March 2019.
2. The number of adults waiting more than 18 weeks to access non specialised services has increased this month from 49 to 57. Within children's community services there has been a decrease in those waiting over 18 weeks.
3. The Trustwide appraisal figure has increased to 84.8% this month, remaining just below the Trust standard of 85%.
4. There have been risks to delivery of CQUIN requirements identified for:
 - Physical Health CQUIN (discharge summaries)
 - Improving services for people with mental health needs who present at A&E
 - Improving staff health and wellbeing
 - Transitions out of Children's and Young Peoples Mental Health Services
5. The provisional sickness absence figure for March 2019 is 5.38%.

Risks Highlighted: waiting times, physical health and 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 two Mental Health Act reviewer visits received since the last report relating to Ashby ward and Collingwood Court. We are currently awaiting the findings from these visits
- 3 There have been two Commissioner Quality Assurance visits this month to Centre for the Health of the Elderly and Springrise
- 4 NHS England, Northumberland and Newcastle and Gateshead fully achieved the contract requirements during month 12. NHS England and most local CCG's met the contract requirements for Quarter 4 with the exception of Sunderland, Durham and Tees and Cumbria relating to CPA metrics and IAPT numbers entering treatment.
6. There have been risks to delivery of CQUIN requirements identified for:
 - Physical Health CQUIN (discharge summaries)
 - Improving services for people with mental health needs who present at A&E
 - Improving staff health and wellbeing
 - Transitions out of Children's and Young Peoples Mental Health Services
7. The number of people waiting more than 18 weeks to access services has increased this month in adult services from 49 to 57. Within children's community services there has been a decrease in those waiting over 18 weeks
8. Training rates have continued to see most courses above the required standard. There are two courses more than 5% below the required standard which are Clinical risk training MHA Combined Training (77.5% was 77.2% last month) and PMVA Basic Training (79.4% was 79.3% last month).
9. Reported appraisal rates have increased to 84.8% in the month Trustwide, which is below the Trust standard.
10. When comparing the February 2019 provisional figure (5.92%) to the March 2019 provisional figure (5.38%), the in month sickness has improved by 0.54%, however the confirmed February 2019 in month figure is 6.0% which is an increase of 0.08% on the previously reported figure. The 12 month rolling average sickness rate has increased to 5.82% in the month
11. At Month 12 the Trust has a year to date surplus of £5.9m which is £2.4m 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:

- The NHS Improvement model hospital has now gone live with metrics in Corporate Services for Digital, Data and Technology, these metrics show indicators relating to digital maturity, data quality uptake of digital technology and coding. The Trust has no notifications for the new metrics
- The Sunderland IAPT service moving to recovery rate was 55.0% for the month which is above standard.
- The numbers entering treatment for Sunderland IAPT service has not been achieved in month 12.
- The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported at 96.1%. In 2019/20 we will start to monitor follow ups within 72 hours of discharge.
- There were twenty eight inappropriate out of area bed days reported in March 2019.
- The service user and carer FFT recommend score has increased to 88% this month which is just below the national average
- There has been a recent increase in the number of clusters undertaken at review in March 2019, this measure is above the 85% standard.

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Commissioning and Quality Assurance Summary Dashboard – March 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 Ashby ward and Collingwood Court. We are currently awaiting the findings from these visits.						
	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%	100%	90%	100%	90%	93%	62%	87%	
	Contract Summary: Percentage of Quality Standards achieved in the quarter:								
	100%	100%	100%	100%	100%	93%	62%	87%	
	<p>NHS England, Northumberland and Newcastle Gateshead fully achieved the contract requirements during month 12 and quarter 4. North Tyneside and South Tyneside did not achieve the contract requirements for month 12 but achieved the quarter 4 requirements. However, there are a number of contract requirements largely relating to 7 day follow up and CPA metrics which were not achieved across other local CCG contracts during the month and quarter.</p> <p>There have been two Commissioner quality visits during the month to the Campus for Ageing and Vitality and Springrise Ward at Hopewood Park.</p> <p>The Specialised Mental Health data submission quality score has decreased to 90.3% at the last submission and work is ongoing to improve this further</p> <p>For Quarter 3 2018-19 the Trust has met 15 positive standards, 6 neutral and 4 negative standards within the Specialised Services Quality dashboards. The Trust has been highlighted as an outlier in relation to four different metrics. The standards are now being monitored quarterly and failure to achieve for two consecutive quarters will be raised as an issue by NHS England.</p>								
CQUIN - Quarter 4 internal assessment RAG rating:									
Staff Health	Physical Health	Improving MH needs at A&E A&E	CYPS Transitions	Alcohol and Tobacco	Health & Justice	Recovery colleges for medium and low secure	Discharge & Resettlement	CAMHS Inpatient Transitions	Reducing Restrictive Practices
<p>All of the CQUIN scheme requirements have been internally forecast as achieved with the exception of the physical health CQUIN (discharge summaries), improving staff health and wellbeing and improving services for people with mental health needs who present to A&E which has been rated as not being met. Transitions out of Children's and Young People's Mental Health Services has been rated as partially achieved.</p>									

Internal Accountability Framework					
North Locality Care Group Score: Mar 2019		Central Locality Care Group Score: Mar 2019		South Locality Care Group Score: Mar 2019	
4	The group is below standard in relation to CPP metrics 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.

Quality Priorities: Quarter 4 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
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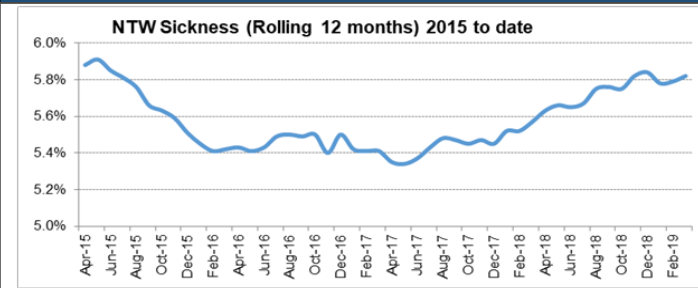
Waiting Times

The number of people waiting more than 18 weeks to access services has increased in the month for adults. The number of young people waiting to access children’s community services have seen a decrease in month 12. 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: Appraisals:

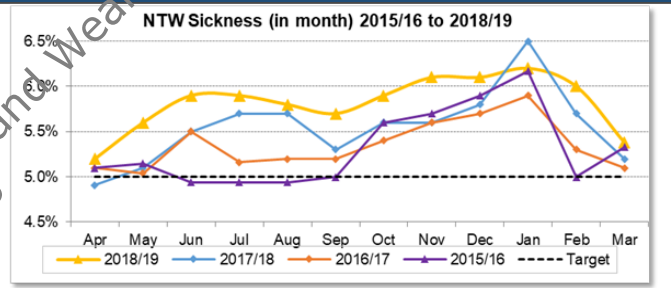
Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Information Governance (94.4%) is within 5% of the required standard, MHA combined training (78.1%), and Clinical risk training (77.5%) and PMVA basic training (79.4%) remain at more than 5% below the standard.	Appraisal rates have increased to 84.8% in March 19 (was 84.7% last month).
15	1	3		

Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 5.38% for March 2019

The rolling 12 month sickness average has increased to 5.82% in the month



Finance At Month 12, the Trust has a draft surplus before exceptional items of £5.9m which is £2.4m ahead of plan. The Trust’s draft surplus includes £2.0m of core Provider Sustainability Funding (PSF) and £1.2m of matched PSF incentive funding for delivering a surplus above the control total. The Trust should also receive some PSF Bonus Incentive Funding that will increase the draft surplus, but the value of this won’t be notified until 18 April.

Agency spend is £7.6m which is £0.4m below our NHSI allocated agency ceiling of £8.0m but £2.7m above Trust planned spend. The Trust’s draft year-end finance and use of resources score is a 3.

The main financial pressures faced during the year related 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) to achieve planned spend and deliver its plans for next year. Work is ongoing to improve efficiency and productivity and deliver the required staffing reductions.

Financial Performance Dashboard

NTW Income & Expenditure

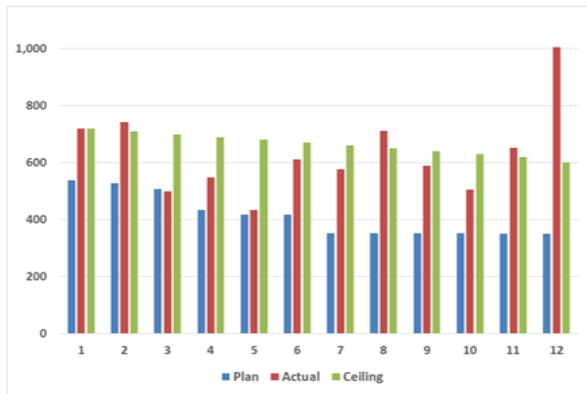
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	322.1	320.8	1.3
Pay	(254.5)	(254.7)	0.2
Non Pay	(64.1)	(64.0)	(0.1)
Gain on Disposal		2.6	(2.6)
Incentive Funding		1.2	(1.2)
Surplus/(Deficit)	3.5	5.9	(2.4)

Control Totals

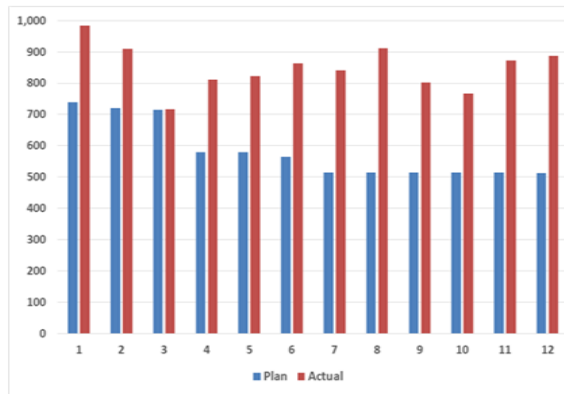
	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	24.5	25.4	(0.9)
Central	24.9	22.2	2.7
South	28.9	29.6	(0.7)
Central Depts	(74.8)	(75.1)	0.3
Gain on Disposal		2.6	(2.6)
Incentive Funding		1.2	(1.2)
Surplus/(Deficit)	3.5	5.9	(2.4)

Key Indicators	Year End
Risk Rating	3
Surplus	£5.9m
Agency Spend	£7.6m
FDP Delivery	£12.6m
Cash	£30.3m
Capital Spend	£8.0m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £5.9m surplus at Mth12 which is £2.4m ahead of the £3.5m Control Total.
- Risk Rating – The Use of Resources year-end rating is a 3.
- Pay costs increased this month and were higher than plan.
- 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 was £4.9m in 18/19. Spend at Mth12 is £7.6m which is £0.4m below the NHSI allocated ceiling trajectory but £2.7m above plan.
- Financial Delivery Plan - Savings of £12.6m have been achieved at Mth12 which is in line with plan.
- In addition to its planned £12.6m efficiency savings the Trust has offset the need to deliver £2.3m of service reductions to support Northumberland CCG's Recovery Plan.
- Cash – £30.3m at Mth12 which is £10.7m above plan.
- Capital Spend - £8.0m at Mth12 which is £5.2m less than plan.

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

	04/03/2019		11/03/2019		18/03/2019		25/03/2019	
Medical	80	10	80	10	85	15	85	15
Qual Nursing	66	5	68	5	62	5	58	5
Unq Nursing	429		447		423		540	
A&C	87		62		66		86	
Total	662	15	657	15	636	20	769	20

In March the Trust reported an average of 18 price cap breaches (13 medical and 5 qualified nursing). In March 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

Meeting Date: 24th April 2019

Title and Author of Paper: Quarter 4 – Safer Care Report (Including Learning from Deaths) – January 2019 – March 2019

Authors of Paper in response to this report:

Jan Grey – Associate Director of Safer Care
Dr Damian Robinson – Group Medical Director – Safer Care
Tony Gray - Head of Safety, Security and Resilience
Vicky Clark – Incidents, Complaints and Claims Manager
Craig Newby – Deputy Head of Safety , Security and Resilience
Claire Taylor – Head of Clinical Risk and Investigations
Kay Gwynn- IPC Matron/Medical Device Clinical Lead
Jayne Simpson – Safer Care Administrator

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This report contains all the safety related activity for the period January–March 2019, including the formal reporting mechanism for reporting how the Trust is “Learning from Deaths”.
- The report also includes data and analysis related to Infection Prevention and Control (IPC) Incidents as well as Medical Device and Clinical Equipment information.
- The report shows that there was a slight increase in the overall number of incidents reported this quarter in comparison to the previous quarter. There was a decrease in the number of incidents involving Aggression and Violence which is in line with the Positive and Safe section of this report forecasting an overall reduction in violence and aggression of 5% for the year.
- Complaints have decreased during 2018-19 with a total of 483 received during the year. This is an overall decrease of 61 (11%) from 2017-18. Complaint categories where an increase is noted in comparison to 2017-18 is communication; complaint categorised as communication have increased by 28%. This has been identified via thematic reviews that have been shared with CBU's that has assisted with some positive changes to practice
- Claims have increased by 9% from 2017-18 to 2018-19. Numbers of clinical negligence and ex-gratia claims have remained the same however there has been an increase in employer liability claims across all three Locality Care Groups. A review of all claims has been undertaken and shared with Directors

following which any claims that provide the Trust with learning are identified at BDG – Safety.

- The Positive and Safe Section of the report identifies year end reductions in the use of restraint and prone restraint as well as a large drop in the number of reported staff assaults.
- This financial year there have been 239 Serious Incidents reported and were subject to review in line with the Serious Incident Framework / NTW incident Policy. This is an increase of 13% from the previous financial year, however it is recognised that this incorporates a high number of drug related deaths. This has been and continues to be monitored within BDG Safety acknowledging both the local and national position of increased drug related deaths.
- Safeguarding and Public Protection concerns have shown an increase of 25% over the year. Positive reporting by services across the organisation including low level concerns and identification of potential risk to radicalisation.

Risks Highlighted to Board : None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Noted for Information

Link to Policies and Strategies:

- Incidents Policy
- Complaints Policy
- Claims Policy
- Health & Safety Policy
- Security Management Policy
- Central Alert System Policy
- Safeguarding and Public Protection Policies

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Safer Care Report – Quarter 4 April 2019 Reporting Period: January to March 2019



Caring | Discovering | Growing | **Together**

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Introduction

This Safer Care Report includes activity relating to quarter 4, January to March 2019, this report builds on the monthly report that is produced for the organisation and Clinical Commissioning Groups every month and is presented to the Corporate Decisions Team – Quality.

Incident Reporting and Management

Incident Reporting

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

Table 1 – All Incident Activity - Quarter 4 – January – March 2019

Incident Type	Q4Jan – March 18	Q1April – June 18	Q2July – Sept 18	Q3Oct - Dec 18	Q4Jan - March 19
Aggression And Violence	3206	3133	3201	3287	3183
Inappropriate Behaviour (Including smoking)	448	376	390	394	348
Safeguarding	1849	2119	2141	2089	2316
Self-Harm	1108	1145	1482	1113	1234
Security	563	519	474	450	468
Totals	7174	7292	7688	7333	7549
All Other Incidents	2403	2496	2705	2723	2809
Totals	9577	9788	10,393	10,056	10,358

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

There were a total of 40,595 incidents reported throughout the full 12 month period. On average Trust wide reported incidents are approximately 10,000 a quarter.

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

Serious Incidents Reported – Quarter 4

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

Table 2 – Serious Incidents Reported – Quarter 4 – January – March 2019

Incident Type	Q4			Q1			Q2			Q3			Q4		
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	June-18	July-18	Aug-18	Sept-18	Jan-19	Feb-19	Mar-19
Death	14	7	14	16	21	12	10	15	23	15	15	13	16	10	19
All Other Serious Incidents	7	3	1	4	2	9	4	6	4	7	3	3	2	6	0
Totals	21	10	15	20	22	22	14	21	27	22	18	16	18	16	18
Quarterly Totals	46			64			62			56			53		
	Serious Incidents 2016-2017						184								
	Serious Incidents 2017-2018						207								
	Serious incidents 2018-19						239 YTD (March 19)								

When reporting on deaths as serious incidents it is acknowledged that due to the level of discussion and scrutiny at BDG Safety more investigations are undertaken at a local level to identify and promote learning within the CBU's.

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

Table 3 – Deaths Recorded, Reported, Reviewed and Investigated

Category	Q4 Jan – March 18	Q1 April – June 18	Q2 July – Sept 18	Q3 Oct – Dec 18	Q4 Jan – March 19
Death as Serious Incident (Level 3) Homicide by a Patient	1	0	1	0	1
Deaths investigated as SIRI	13	16	14	13	13
Deaths reviewed as after action reviews.	22	33	34	30	31
Deaths reported to NRLS	4	8	8	2	2
Deaths reported to LEDER	7	19	13	3	7
Deaths subject to mortality reviews	17	6	13	17	16
Deaths being investigated due to family concerns that are not part of any investigation process above	0	0	0	0	0
All other deaths not subjected to review or investigation**	274	235	184	193	238

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

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

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

Coroner - Regulation 28 of the new Coroners Act

- No Regulation 28 received within this time frame

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Positive and Safe Care

The team are currently pulling together the annual board report, NTW's activity continues to reduce broadly across all metrics; although there is an in year increase noted within the use of MRE.

The positive and safe team have been supported by the Trust board to develop an ongoing 4 year strategy .The team have undertaken a number of workshops across NTW in order to ensure wide engagement with the development of the future strategy, further engagement will take place across April.

The cohort model continues to provide continuous improvement and focus on teams and services action plans, the team welcomed the first inpatient service user to the cohort day this month. KDU Lindisfarne ward based on the Northgate site were the first inpatient team to include someone whom is actively receiving services, the feedback given was really useful and the positive and safe team hope to see many more service users and carers from ward teams in the future.

The team are currently planning to repeat the joint conference with TEWV later in the year with a firm date of 13th November 2019.

CYPS services were recently visited by the CQC ,a themed visit focussing on the use of seclusion and segregation was undertaken , the positive and safe team were able to support the clinical teams during the visit and were able to demonstrate a number of talk 1st initiatives , which were well received by the CQC assessors.

Service user Project Coordinator

The Service User Project Coordinator role is going well with regular input on all of the wards, holding quarterly Talk 1st clinics with each ward to develop Talk 1st and capture good practice to share. The social media presence of Talk 1st continues to grow across Twitter, Facebook and Instagram with interest globally in the restraint reduction initiatives that are being developed on the wards.

Audit and Policy

Ongoing monitoring of nice guidelines 154 is taking place, it is planned to refresh the Trusts PMVA policy later in the year following publication of the strategy.

Innovation and Research

Several abstracts have been prepared in preparation for the upcoming international managing violence and aggression conference in OSLO and work is also planned to be presented in Vienna, Work has also been presented to a number of audiences locally and nationally by the team.

The team have hosted several visits from national and international clinicians interested in the work being undertaken by the team.

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

1. Producing clear definitions of restrictive interventions to improve consistency of national reporting via incident systems.
2. Developing a national accreditation system for training in PMVA.

3. Working with incident management software providers to ensure reporting is consistent and able to capture information such as 'did debrief take place?'

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

The sleep well pilot continues to progress well with a significant number of patients enjoying enhanced care with regards to promoting sleep health ,positive feedback from patients, carers and staff have been received .

The Trust will be piloting the Oxehealth digital care assistant in 3 wards later in the year, the technology allows for enhanced observation of patients in bedrooms reducing the need for staff to enter by using advanced motion detection technology , the system will also monitor breathing and pulse remotely whilst the patient is in their bedroom.

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

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

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

Monitoring

The year-end Talk 1st metric positions are shown below, which show a comparison to the previous year.

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

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

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

Use of Restraint

Restraint	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	8772	7905	8040	6728	-16%

Prone Restraint	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	3193	2393	2084	1969	-5%

Restraint numbers for this year have reduced. This positive position is a reflection of ongoing initiatives under the Talk 1st banner; although it must be noted a number of other variables may help to create decreases. There are a number of areas where restraint rates have increased, these being Adult Acute North Locality, CYPS PICU and CYPS LD services. It must be noted the overall restraint numbers still include low level supportive care where staff hold patients to aid in toileting and other personal needs. Development of the Safeguard incident reporting system, under new guidelines, will allow us to disaggregate this information to provide further clarity.

Prone restraint has also reduced in comparison to the previous year. Positive and Safe interventions, such as Safe Wards, Star Wards and other patient centred initiatives have helped to reduce the amounts of prone restraint. The use of seclusion chairs have started to help to reduce prone restraint even further.

Some of our biggest reductions in restraint have been in CYPS MH Inpatient services where primary intervention work is proving to be very successful. Levels of prone restraint in Autism services remain relatively high and analysis of this information has highlighted specific requirements around the safe restraint of an individual patient.

Seclusion

	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	2004	1411	1213	1292	6%

The number of seclusions has increased on last year. Further analysis is currently underway to consider how this compares to seclusion duration over the same period of time. As an example, someone in seclusion for a full year would only count as '1' in the above data. Increases in seclusion have been noted in Adult Acute North, Oswin and Autism.

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

Assaults on Staff

	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	3705	3815	3759	3053	-19%

There is no national comparison for our data following the closure of NHS Protect. Last year saw the first decrease in staff assaults since merger in 2006. The year-end position is a reduction of 19% which is unprecedented. Like other metrics staff assaults have reduced significantly in certain areas this year; particularly in CYPS MH Inpatient and Autism. This needs to be balanced against increases in Adult Acute North & Central, CYPS LD & CYPS PICU. Further analysis is required around wide discrepancies across 'like for like' services.

Mechanical Restraint Use (MRE)

	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	369	433	141	295	105%

MRE use can include the use of either emergency response belts, handcuffs or a combination of both of these. The numbers shown above do not include those deployed by either the police or secure transport services. Ongoing analysis of MRE use shows its deployment primarily in relation to hospital / dental transfers and in the main, safe movement of patients to seclusion. North Locality Group show the highest increases associated with a small number of patients within Autism and CYPS services. All MRE use is subject to strict governance, which includes director approval and monthly scrutiny at the Trust Positive and Safe Implementation Group. Although there is a trend between an increase in MRE and a decrease in staff assaults, analysis of this data suggests there is no obvious correlation in this activity.

Self-Harming Behaviour

	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	4542	6370	4898	4988	2%

Following the escalation in this type of behaviour during 16-17, it was encouraging to see a year-end reduction of 23% in 17-18. This year levels are likely to remain similar overall with areas of increasing activity in Autism services, Oswin, Alnmouth and Kinnersley. Interestingly, there is an upward trend to reporting self-harm in community services. Significant decreases this year have been recorded in some areas of CYPS Inpatient services.

Violence and Aggression

	2015/16	2016/17	2017/18	2018/19	Year-End Position
Trust Total	12543	12304	13411	12823	-4%

The current year-end position for violence and aggression is lower than last year by 4%. A small increase in community services requires further analysis but could be accounted for by improved reporting cultures following the introduction of web based incident reporting. The more significant increases can be found in Oswin, KDU Cheviot, North Acute Inpatient and North Rehabilitation inpatient. Autism service recorded a significant decrease in violence and aggression during this period. This metric includes a wide range of activity from lower level verbal abuse to significant assaults.

Safeguarding and Public Protection

Trust-wide Safeguarding and Public Protection concerns

In the previous quarter the Safeguarding and Public Protection concerns totalled 2316, an average of 772 per month.

Table 4

Cause 1	Central Locality Care Group	North Locality Care Group	South Locality Care Group	Nursing & Chief Operating Officer	NTW Solutions	Workforce & Organisational Development	Total	%
Safeguarding Adults - Staff Allegation	20	9	25	0	0	0	54	2.33
Safeguarding Children - Staff Allegation	0	10	2	0	0	0	12	0.52
Safeguarding Adults Patient On Patient	25	23	24	0	0	0	72	3.11
Safeguarding Children Patient On Patient	2	24	1	0	0	0	27	1.17
MAPPA	5	5	17	3	0	0	30	1.30
MARAC	72	68	97	0	1	1	239	10.32
Allegation Of Financial Abuse	1	0	0	0	0	0	1	0.04
PREVENT	15	5	9	1	0	0	30	1.30
Safeguarding Adults - Concerns	409	259	357	0	0	0	1025	44.26
Safeguarding Children – Concerns	213	332	281	0	0	0	826	35.66
Totals	762	735	813	4	1	1	2316	100.00

Safeguarding concerns

As with previous reports the highest types of concerns raised are safeguarding adult's 1025 and Safeguarding children 826.

Public Protection concerns

Multi-Agency Risk Assessment Conference (MARAC)

Over the three month period there have been 239 MARAC concerns where a significant incident of Domestic Abuse has occurred and a MARAC meeting has been held to safeguard the victim. This quarter there has been 42 MARAC meetings held in 6 Local Authority Areas attended by a SAPP Practitioner on behalf of the trust. On average 6 victims or perpetrators are active to trust services that are discussed at each multi-agency meeting to safeguard the victim wherever possible. As expected these incidents occur within the home and the majority reported by community services or by inpatient services when a patient makes a disclosure.

Multi-Agency Public Protection (MAPPA)

There were 30 MAPPA referrals made. These referrals are made to the MAPPA unit when a service user person maybe posing a high or very high risk of serious harm to the public and the case requires active involvement and co-ordination of interventions from multi-agency partners to manage the presenting risks of serious harm.

Prevent

30 concerns in respect of possible radicalisation of service users were raised by staff. This is an increase from 10 in the previous quarter. Four of those required referral to Special Branch/Channel Panel. This is positive reporting by staff identifying the high percentage of staff who have received training this year and the identification of vulnerability of service users and the risk of radicalisation.

Patient on Patient abuse

There were 72 adults and 12 young people where there were safeguarding concerns reported of patient on patient abuse, wards were supported by the SAPP team in respect of safety planning where necessary.

Staff Allegations

66 staff allegations were reported, 54 were in relation to adults and 12 children, and the total is the same as last quarter. All staff allegations reported are investigated fully with safety plans put in place and monitored by SAPP team.

Locality Care groups activity and analysis

Central Locality

Table 5

Cause 1	Secure Care Services CBU	Inpatients Central CBU	Community Central CBU	Access Central CBU	Totals	%
Safeguarding Adults - Staff Allegation	9	6	5	0	20	2.62
Safeguarding Adults Patient On Patient	13	9	2	1	25	3.28
Safeguarding Children Patient On Patient	0	0	2	0	2	0.26
MAPPA	2	2	0	1	5	0.66
MARAC	11	0	41	19	72	9.45
PREVENT	1	2	6	6	15	1.97
Safeguarding Adults - Concerns	46	70	203	90	409	53.67
Safeguarding Children - Concerns	21	6	125	62	214	28.08
Totals	103	95	384	179	762	100

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North Locality

Table 6

Cause 1	Specialist Children & Young Peoples Services CBU	Inpatients North CBU	Community North CBU	Access North CBU	Total	%
Safeguarding Adults - Staff Allegation	0	9	0	0	9	1.22
Safeguarding Children - Staff Allegation	10	0	0	0	10	1.36
Safeguarding Adults Patient On Patient	1	18	1	3	23	3.13
Safeguarding Children Patient On Patient	24	0	0	0	24	3.27
MAPPA	0	2	0	3	5	0.68
MARAC	1	0	18	49	68	9.25
PREVENT	0	0	4	1	5	0.68
Safeguarding Adults – Concerns	10	80	59	110	259	35.24
Safeguarding Children – Concerns	193	12	60	67	332	45.17
Total	239	121	142	233	735	100.00

South Locality

Table 7

Cause 1	Neurological & Specialist Services CBU	Inpatients South CBU	Community South CBU	Access South CBU	Total	%
Safeguarding Adults - Staff Allegation	2	21	1	1	25	3.07
Safeguarding Children - Staff Allegation	0	0	2	0	2	0.25
Safeguarding Adults Patient On Patient	1	21	0	2	24	2.95
Safeguarding Children Patient On Patient	0	0	1	0	1	0.12
MAPPA	0	5	6	6	17	2.09
MARAC	11	3	37	46	97	11.92
PREVENT	0	3	7	0	10	1.23
Safeguarding Adults – Concerns	57	63	123	114	357	43.86
Safeguarding Children – Concerns	14	8	128	131	281	34.52
Total	85	124	305	300	814	100.00

Access CBUs- Domestic abuse and active service users being discussed at MARAC meetings as a victim or perpetrator of abuse within Access CBU teams are as expected high totalling 114, last quarter there was 132. All victims and perpetrators Health records are updated to

inform services of the recent incident as well as a 'Risk Alert' placed on to the 'Red Triangle' within the demographics page to ensure that all staff are aware of current Risks. 10 referrals were made into the MAPPA process for those service users who are deemed as being high or very high risk to others. Again in this quarter, South Access CBU has the greatest number of safeguarding children and safeguarding adult concerns raised, this is in keeping with the client population and associated services within Sunderland and South Tyneside.

Community CBU's- As expected Community services CBU's have high prevalence of reported activity in respect of safeguarding adult and children of 385 and 313 reported concerns respectively. These concerns raised by service users/staff are in respect of alleged or actual abuse by family members, carers or people within the community. 96 Domestic Abuse concerns were discussed in MARAC who were active to clinicians in community teams. In all cases the risk intelligence and multi-agency plan to safeguard the victim was shared with the clinicians involved. 17 Prevent concerns were made.

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

Inpatient CBU's- Inpatient CBU's have the highest reported category for patient on patient abuse, 48 concerns were raised, this is a slight increase from last quarter of 51. The majority resulted in no or minor harm occurring to patients on wards. All actual or alleged abuse is routinely reported, resulting in safety planning being put in place by MDT's to prevent wherever possible further abuse between patients supported by the trust SAPP team. Referrals are made to the Local Authority Safeguarding Teams and or Police where necessary. The Inpatients CBU's as expected had the highest reported staff allegation concerns of 36 reported by wards, these were raised by either patients or fellow staff.

Table 8

Outcome Type	Central Locality Care Group	North Locality Care Group	South Locality Care Group	Nursing & Chief Operating Officer	Workforce & Organisational Development	NTW Solutions	Total	%
Action By Ward / Department	4	5	3	0	0	0	12	0.52
SAPP Awaiting Outcome	2	2	2	0	0	0	6	0.26
T2-4(Significant Harm): Other Agency LA Referral	24	24	21	0	0	0	69	2.98
T2-4: MAPPA/PDP Risk Management Plan (NTW)	0	1	4	1	0	0	6	0.26
T2-4: MARAC Referral Made (NTW)	2	2	5	0	0	0	9	0.39
T2-4: MARAC Safety Plan (NTW Referral)	4	4	8	0	1	0	17	0.73
T2-4: MARAC Safety Plan (Other Agency Referral)	62	58	72	0	0	1	193	8.34
T2-4:MAPPA/PDP Referral Made NTW	3	0	3	0	0	0	6	0.26
T2-4:MAPPA/PDP Risk Management Plan (Other Agency)	2	0	0	0	0	0	2	0.09
Tier 1 (Low Level): Gateshead LA Referral	7	0	0	0	0	0	7	0.30

Tier 1 (Low Level): Newcastle LA Referral	11	1	0	0	0	0	12	0.52
Tier 1 (Low Level): Northumberland LA Referral	3	12	1	0	0	0	16	0.69
Tier 1 (Low Level): NT LA Referral	1	0	0	0	0	0	1	0.04
Tier 1 (Low Level): Other LA Referral	5	4	4	0	0	0	13	0.56
Tier 1 (Low Level): SG Concern Action By Ward/Dept	277	365	385	0	0	0	1027	44.38
Tier 1 (Low Level): ST LA Referral	0	0	2	0	0	0	2	0.09
Tier 1 (Low Level): Sunderland LA Referral	2	1	18	0	0	0	21	0.91
Tier 2 - 4 Significant Harm Special Branch Involvement	10	4	9	0	0	0	23	0.99
Tier 2 - 4 Significant Harm Special Branch Referral	3	0	0	1	0	0	4	0.17
Tier 2 - 4(Significant Harm): Other LA Referral	15	18	33	0	0	0	66	2.85
Tier 2-4 (Significant Harm): ST LA Referral	2	3	29	0	0	0	34	1.47
Tier 2-4 (Significant Harm): G'head. LA Referral	40	5	9	0	0	0	54	2.33
Tier 2-4 (Significant Harm): N'Land LA Referral	8	108	2	0	0	0	118	5.10
Tier 2-4 (Significant Harm): Ncstle LA Referral	114	5	6	0	0	0	125	5.40
Tier 2-4 (Significant Harm): NT LA Referral	6	21	3	0	0	0	30	1.30
Tier 2-4 (Significant Harm): Police Involvement	146	79	84	2	0	0	311	13.44
Tier 2-4 (Significant Harm): S'land LA Referral	8	12	110	0	0	0	130	5.62
Total	761	734	813	4	1	1	2314	100

As with previous reports the highest outcome in relation to safeguarding children and adult concerns outcome were action by the ward/department, this was 45% of all concerns raised in this quarter. This is in respect of early identification of concerns that require single agency action planning only, having not met the threshold for significant harm. The trust wide reporting culture of a preventative model is clearly embedded in practice.

Case Reviews

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

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

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

IPC Incidents by Cause 1 Quarter 4 January – March 2019

Cause 1	Jan-19	Feb-19	Mar-19	Total	%
IPC01 MRSA - Colonisation	1	0	0	1	0.55
IPC05 Streptococcal Infection	0	0	1	1	0.55
IPC06 Clostridium Difficile/Toxin Positive	1	0	0	1	0.55
IPC07 Gastrointestinal Infection Viral	1	4	0	5	2.75
IPC08 Gastrointestinal Infection Bacterial	0	0	1	1	0.55
IPC09 Suspected/Confirmed Infection	19	12	9	40	21.98
IPC13 Shingles	0	2	0	2	1.10
IPC18 Fungal Infection	1	0	0	1	0.55
IPC20 Scabies	1	1	1	3	1.65
IPC23 Other	10	8	10	28	15.38
IPC24 Influenza Like Illness	1	3	0	4	2.20
IPC25 SEPSIS	1	0	1	2	1.10
IPC38 Confirmed FLU	1	11	0	12	6.59
IPC40 Urinary Tract Infection UTI	12	14	14	40	21.98
IPC41 Chest Infection	19	10	11	40	21.98
PI01 Unexpected Deterioration In Health	0	1	0	1	0.55
Total	68	66	48	182	100.00

When staff are reporting an infection they are referencing that the physical health monitoring of patients and Sepsis monitoring tool are being completed/recorded.

Within the quarter there have been 2 reported incidents of Sepsis. On both occasions staff were prompt at identifying risks and transferring the patients to the Acute Trusts where they received appropriate treatment and have since returned to NTW.

It is expected to see an increase in respiratory infections being reported at this time of year. Some of the patients have required admission to receive acute care.

Flu activity has been reported which include 4 patients displaying influenza like symptoms but when tested for flu the results were negative. There were a total of 14 patients with confirmed influenza during this quarter, 10 of these were linked with an influenza outbreak affecting 2 wards at MWM. The outbreak was identified quickly and managed well, including multidisciplinary outbreak meetings in line with the Guidance for the Management of Patients with an Influenza-like Illness (ILI) or confirmed Influenza PGN. The majority of the patients were cared for within NTW during this outbreak and all have recovered.

Following the flu outbreak an AAR has taken place this was well attended and had representation from medical, and nursing staff. A date is pending to attend an SI panel to share the outcomes.

There is a reported diagnosed of a Clostridium difficile infection which is not a common infection to occur within NTW. The patient who had this infection had recently been transferred from SRH. There had been no previous stool specimens taken to test for this infection. Initial symptoms displayed by the patient were not consistent with an obvious Clostridium difficile infection and the diarrhoea could be attributed to other causes. Following diagnosis a Root Cause Analysis was undertaken, this highlighted the staff managed the patients' care well and communication was good among all of the staff. It also raised the problem of staff being able to wash their hands following care delivery due to the absence of soap and paper towel dispenser in the patient bedroom. The patient has recovered and has since been discharged with no other patients affected.

Seasonal Flu Vaccination Programme

The seasonal flu vaccination programme for 2018/19 has now ended. The number of front line staff vaccinated was 76.13% this resulted in achieving the CQUIN target and payment being made.

The DOH provided a questionnaire for staff to complete who had declined to be vaccinated. This information has been submitted to the DOH as requested.

A flu lessons learnt event has taken place with 27 staff attending this will help inform the 2019/20 campaign.

Medical Devices and Clinical Equipment by Cause 1 Quarter 4 January to March 2019

Cause 1	Jan -19	Feb -19	Mar-19	Total	%
MCE01 Moving & Handling Equipment Issues	0	1	0	1	5
MCE02 ECG Equipment Fault/Failure	1	2	0	3	15
MCE03 Resuscitation Equipment Fault/Failure	1	1	1	3	15
MCE04 ECT Equipment Fault/Failure	0	1	0	1	5
MCE06 Bed/Cot Side Failure/Issue	1	0	0	1	5
MCE07 Other Clinical Equipment / Device Failure / Issues	0	1	2	3	15
MCE08 Lack Of / Unavailability Of Clinical Device / Equipment	0	1	1	2	10
MCE12 Medication/Blood Monitoring Equipment/Device (Yumizen)	3	3	0	6	30
Totals	6	6	4	20	100

This is a brief summary of reported medical device incidents by clinical staff. Staff are reporting when equipment requires a repair or a battery replacement is required, these are carried out as quickly as possible, to ensure that equipment is ready and in working order.

The incident that requires highlighting refers to a medical device which is currently on loan as part of a 2 year research trial. Medical devices had not been informed or involved. There is no evidence that the acceptance procedure had been followed, medical devices have contacted the company and are awaiting a response to establish if an indemnity agreement is in place, the cost of the machine is approximately £40,000.

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

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

The following is the current presentation of the Safety Thermometer information which is now available through NHS Improvement – Model Hospital. Model Hospital have changed the data presentation since the last Safer Care report and it is represented below.



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

The four criteria are as follows:-

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

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

Proportion of patients that self harmed – reporting period Jan – March 19 Quarter 4

There were 1238 episodes of self harm between 1st Jan to 31st March 19, this involved 430 patients. Of the 430 patients 21 self harmed 10 or more times accounting for 605 incidents or 49% of the total. Of the 430 patients 302 self harmed once in this quarter. 1 patient self harmed 121 times in the quarter. 3 patients self harmed over 50 times.

Proportion of patients that were a victim of violence and aggression – reporting period Jan – March 19 Quarter 4

There were 207 episodes of aggression and violence where a patient was a victim between 1st Jan – 31st March 19, this involved 208 patients. Of the 208 patients 7 was a victim 5 or more times. Of the 208 patients 136 were a victim once in this quarter, 65% of the total number of patients. The remaining 35% were a victim between 2 and 7 times.

Proportion of patients with omitted medication – reporting period Jan – March 19 Quarter 4

There were 79 medication incidents of omitted medication / ingredient reported between 1st Jan – March 19, this involved 78 patients. Of the 78 patients 6 had their medication omitted more than once. The other 73 patients experienced an omission once. Each medication incident is reviewed by Pharmacists with the patient supported and advised of corrective action to take. The Pharmacists support the individual clinical teams to review the incidents to prevent the re-occurrence.

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

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

Learning from Deaths – Mortality Reviews

The trust continued to use the criteria of natural cause death of a patient on CPA as the criteria for a review this quarter.

Twelve deaths were identified for review using this criteria.

Sixteen deaths were reviewed this quarter with similar findings from previous quarters looking at the prescribing and management of antipsychotics in a patient with dementia. The average age of patients reviewed was 76 and this was lowered due to an individual with a terminal illness dying at 43.

From 1st April the trust as previously agreed will use the Royal College tool to identify and review deaths.

Learning from deaths – the Northern Alliance

The trust is part of and contributes to this alliance. There has been two meetings this quarter.

Work Plan includes to review the Learning from Death Policy as an alliance.

The RCP Care Review Tool and Guidance, training is to be arranged in the use of this.

Thematic Reviews looking at choking incidents, drug related deaths, and Clozapine deaths.

Family engagement, family liaison posts and literature to support families

Learning from Deaths – Case Vignette

This review looked at the death of a gentleman who died several months after being assaulted by a fellow in-patient.

A patient was observed to punch another patient in the face, following a deterioration in the patient's presentation they were transferred to the acute trust. Subsequent examination and investigation identified a bleed on the brain.

The investigation identified the patient who carried out the assault was not being nursed on an appropriate level of observation at the time of the incident in relation to the level of risk they posed to other patients. This was highlighted by the risk assessment and incident history.

It was also noted that people with advanced dementia, due to the pathology of the disease may be at greater risk of significant injury when struck to the head.

Core Learning

There was disconnect between the risk assessment/incident activity and the risk management plan with regards to the level of observation prescribed.

Key Action

Participation of the team/service at the Trust wide FACE risk assessment workshop held in January 19.

To embed the learning from this workshop through completion of the Health Care Record Review to include the triangulation of risk management.

Core Learning

There was no evidence that observation levels were routinely reviewed at the time incidents occurred.

When observation levels were reviewed, there was no summary of discussion or rationale provided to support/explain the clinical decision making, regardless of whether observation levels were being increased, decreased or remaining static.

There did not appear to be a consistent approach to when observation levels were increased following incidents of violence.

Key Action

Review of the MDTdaily reviews procedure post incident to ensure accurate capture of discussion points.

Use of/review of available incident data via Talk First Dashboards and Patient Safety Department to inform decision making regarding risk management decisions.

To reinforce review of observation levels in the immediate aftermath of an incident and to record the rationale for decision making.

Learning and Improvement Group (LIG)

Below are the areas of presentation and discussion from the Trust-wide Learning and Improvement Group during this quarter.

Learning From Addiction Deaths

Margaret Orange gave a case study presentation with the key learning points of how to improve the treatment and care of service users requiring a detoxification.

Learning to be shared and discussed with the ICS Mental Health Workstream due to the necessity of interface with acute hospitals.

Presentation of the Sepsis Audit

This was presented by Sonia Caudle and actions arising out of this were to include junior doctors in training, updating of the Sepsis PGN and a review of the prescribing of antibiotics.

Presentation of the 0588 Personality Disorders-NICE Baseline Assessment Report.

This was delivered by Stuart Mitchell

Learning From Information Governance Breaches

Delivered by Angela Fail and Julie Burns following the investigation of two serious incidents.

It was agreed the presentation contained valuable learning and to put into alert format and to complement the Data Security and Awareness Training workbook.

Learning from Schwartz Rounds

Presented by a team of facilitators and described the process and the positive outcomes for all involved.

Stop and Watch Campaign

The group received a short presentation on the STOP and WATCH campaign which has been produced to enable carers to identify physical deterioration in a person with a learning disability. The campaign was developed as a result of the learning from the LeDeR project.

NCISH annual report 2018

The findings from the latest National Confidential Inquiry into Suicide and Safety in Mental Health were presented. The findings and recommendations are being incorporated in to the Trust Zero Suicide plan.

Complaints Reporting and Management

Complaints Received

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

Complaints have increased in Quarter 4 by approximately 17% in comparison to Quarter 3 but have decreased by approximately 7% from Quarter 4 of 17-18; the reason for this is not known. This is currently under close scrutiny by the Executive Director of Nursing and Chief Operating Officer and the Operational Directors.

Complaints have decreased overall during 2018-19 with a total of 483 received during the year. This is an overall decrease of 61 complaints (11%) from 2017-18. Complaint categories where a significant reduction is noted in comparison to 2017-18 are:

- Complaints related to prescribing categories have decreased by 52%.
- Complaints related to appointment categories have decreased by 44%
- Complaints related to values and behaviours categories have decreased by 19%
- Complaints related to waiting times categories have decreased by 59%.

Complaint categories where an increase is noted in comparison to 2017-18 is communication; complaint categorised as communication have increased by 28%. At the time of writing, 41% of complaints categorised as communication were upheld or partially upheld.

Complaint Type	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	2018-19 (4)	Total
Complex	46	35	19	12	26	138
Joint Not Lead	1	5	2	0	0	8
Joint NTW Lead	3	4	4	1	1	13
Non-Clinical Complaint	0	0	1	0	0	1
Standard	83	104	82	91	97	457
Total	133	148	108	104	124	617

Complaints Received by CCG

District	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	2018-19 (4)	Total
NOT APPLICABLE	4	10	7	7	10	38
NHS BLACKBURN WITH DARWEN CCG	1	0	0	0	0	1
NHS BRADFORD DISTRICTS CCG	0	0	0	0	1	1
NHS CUMBRIA CCG	0	1	1	1	2	5
NHS DARLINGTON CCG	1	1	0	0	0	2
NHS DURHAM DALES, EASINGTON AN	3	2	0	0	0	5
NHS EAST LANCASHIRE CCG	1	0	0	0	0	1
NHS GATESHEAD CCG	15	21	13	12	11	72
NHS GREATER HUDDERSFIELD CCG	0	0	0	0	1	1
NHS HARTLEPOOL AND STOCKTON-ON	0	2	0	0	0	2
NHS NEWCASTLE NORTH AND EAST C	16	13	11	11	9	60
NHS NEWCASTLE WEST CCG	15	13	10	7	16	61
NHS NORTH DURHAM CCG	1	2	0	0	3	6
NHS NORTH TYNESIDE CCG	14	13	9	11	11	58
NHS NORTHUMBERLAND CCG	22	22	19	27	31	121
NHS SOUTH TEES CCG	2	0	0	1	1	4
NHS SOUTH TYNESIDE CCG	15	14	10	11	11	61
NHS SUNDERLAND CCG	23	33	27	16	16	115
NHS VALE OF YORK CCG	0	1	0	0	0	1
Total	133	148	107	104	123	615

Complaint Compliance to Response Timescales

Month	Compliance
January	92%
February	96%
March	96%
Overall compliance for Quarter 4	95%

Complaints by Category

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

The three highest categories, communication, patient care and values and behaviours accounted for 69% of all complaints received.

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

Several thematic reviews were undertaken during 2018-19 into specific areas as requested by the Business Delivery Group – Safety. These consisted of a review of complaints received into CYPS services 1 April 2017 to 30 June 2018 where the overarching theme was poor communication with families relating to waiting times and during care and treatment. There was a review of complaints categorised as attitude of staff received between 1 October 2017 and 30 June 2018 which highlighted a potential concern with the attitude of staff in one particular crisis team. There was a review of complaints received into Gateshead services 1 August 2017 to 31 July 2018 where no noticeable themes were identified although a larger number of complaints was noted to have been about one specific team, particularly around care needs not adequately met and communication. There was also an annual review of complaints received into Central CYPS services 1 January to 31 December 2018. This highlighted a concern around three complaints categorised as breaches of confidentiality which were all upheld as correspondence had been sent to incorrect addresses.

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Category Type	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	2018-19 (4)	Total
Access To Treatment Or Drugs	3	0	1	4	4	12
Admissions And Discharges	9	9	2	3	10	33
Appointments	11	9	3	4	2	29
Clinical Treatment	7	8	3	3	11	32
Communications	19	28	29	31	26	133
Facilities	2	4	1	2	2	11
Integrated Care	0	0	0	1	0	1
Other	2	1	0	1	2	6
Patient Care	36	33	37	30	39	175
Prescribing	6	10	2	2	1	21
Privacy , Dignity And Wellbeing	1	1	2	3	0	7
Staff Numbers	0	1	0	0	1	2
Trust Admin/ Policies/Procedures Including Rec Man	6	14	3	3	2	28
Values And Behaviours	27	29	21	14	23	114
Waiting Times	4	1	3	3	0	11
Total	133	148	107	104	123	615

Complaints Relating to Death

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

In collecting this data, the base line over the last 3 years the Trust has averaged 7 complaints per year, for 2018 – 19 this has dropped to 2 complaints and none since quarter 1, this is in comparison to over 1,000 deaths reported each year. This also acknowledges that many families and carers seek answers around concerns relating to care which are responded to as part of the serious incident investigations under the Trust's Duty of Candour processes. It is also hoped that with the full implementation of Learning From Deaths Policy, that if family and carers want answers to care and treatment issues, we can do so through the mortality review process, acknowledging that we would always investigate complaints received.

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

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Parliamentary Health Service Ombudsman

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

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

North Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Position	Trust Investigation Outcome
03.01.18	3619 (BC)	C2036693	PHSO – draft report received	Files and records sent back 24.01.18 20.12.18 PHSO draft report received – partially upheld. They did not feel that the Trust's response was comprehensive in identifying the underlying problem with co-ordination of care and were not satisfied that sufficient action has been taken to bring about improvements. Comments returned 17.01.19	Partially upheld
03.04.18	3884 (GJ)	To be advised	PHSO – Preliminary Enquiry	Request for complaint information and copy of an incident report form 04.04.18 Information sent	Partially upheld
16.08.18	4313 (ES)	To be advised	PHSO – Preliminary Enquiry	Request for copy of complaint response	Not upheld
16.10.18	4137 (JK)	C2057254	PHSO – Preliminary Enquiry	Request for information sent to clinical team 21.09 12.10.18 all information forwarded to PHSO	Not upheld
16.10.18	3521 (KJ)	0695000326	PHSO – Preliminary Enquiry	Request for copies of complaints and associated responses – sent 16.10.18	Not upheld x 3
19.10.18	4138 (SN)	C2053199	PHSO – draft report received	Comments on scope of investigation due back by 02.11.18 31.10 Further letter received to request records and complaint file 20.03 letter detailing provisional views circulated. Provisional decision is not to uphold the complaint. Comments back requested by 01.04.19	Partially upheld / not upheld
11.03.19	4705 (AH)	C2063378	PHSO – preliminary enquiry	11.03.19 telephone call from PHSO requesting information	Partially upheld

Central Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
07.06.18	3539 (DP)	C2045699	PHSO – request for health records	Records prepared and sent 25.06.18	Partially upheld / partially upheld
18.10.18	3033 (SL)	C2065715	PHSO – re-opened case	18.10.18 Informed by PHSO that after closing this case down as the scope could not be agreed with complainant, they have decided to re-open the case. Complainant took legal advice and PHSO agreed decision was procedurally unfair. Awaiting revised scope of investigation.	Partially upheld
24.10.18	3983 (DF)	C2055387	PHSO intention to investigate	PHSO correspondence received confirming intention to investigate and proposed scope of investigation.	Partially upheld
06.12.18	4484 (IG)	C2066308	PHSO intention to investigate	Preliminary enquiry received from PHSO for records and complaint file. 13.02.19 PHSO intention to investigate.	Not upheld
11.12.18	4766 (SW)	To be advised	PHSO preliminary enquiry	Preliminary enquiry received from PHSO for copies of complaint responses. 08.01.19 Query from the PHSO regarding the safeguarding allegations referred to	Partially upheld / Decision not to investigate
30.01.19	4598 (AF)	C2071708	PHSO preliminary enquiry	PHSO request for medical records	Not upheld
01.02.19	4459 (JD)	To be advised	PHSO preliminary enquiry	PHSO request for complaint information 12.02.19 PHSO requested for copies of health records 26.02.19 PHSO request for further copies of records	Not upheld / decision not to investigate
11.02.19	3061 (DC)	To be advised	PHSO request for records	PHSO request for copy of complaint file 28.02.19 copy of all complaints sent to PHSO	Not upheld/ decision not to investigate
29.03.19	3659 (LM)	C2062629	PHSO preliminary enquiry	29.03.19 PHSO requesting information on whether we have answered 4 specific questions raised by complainant. 04.04.19 Response provided to the PHSO	Not upheld / not upheld

South Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
28.03.18	3698 (MM)	C2036582	PHSO request for records	Request for patient records and complaint file 20.04.18 Information sent	Partially upheld
18.04.18	2869 (EF)	C2047857	PHSO Intention to Investigate	Request for patient records and complaint file by 08.05.18 15.10.18 PHSO intention to investigate. Scope of investigation identified. Request for complaint information / copy records / copy of relevant clinical standards by 25.10.18 25.10 email sent to PHSO with information requested	Upheld / not upheld
03.05.18	3540 (JS)	C2034689	PHSO request for records	Copy of records requested and sent 14.09 request received for further information and records due back by 20.09 19.09 further information requested sent to PHSO	Partially upheld / not upheld
11.05.18	4258 (DMc)	Enquiry 0673000292	PHSO preliminary enquiry	Request for confirmation that Trust formal complaint procedure completed 14.09.18 response sent confirming it has	Partially upheld / not upheld
26.06.18	3571 (KT)	Enquiry 0680000203	PHSO preliminary enquiry	Request for documentation 09.07.18 Documentation sent to PHSO	Partially upheld
13.12.18	4202 (RP)	C2064676	PHSO preliminary enquiry	28.12.18 Advised by PHSO will not be able to investigate until further local resolution carried out. Awaiting correspondence from complainant regarding this.	Partially upheld/ Decision not to investigate
27.03.19	4733 (MB)	C2073777	PHSO enquiry	27.03.19 Email from PHSO requesting copy of complaint files and medical records to help them determine whether or not to investigate.	Partially upheld / decision not to investigate

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Claims

Claims received by Case Type

Case Type	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	2018-19 (4)	Total
CNST	3	0	3	2	6	14
Employers Liability	1	3	8	5	3	20
Ex Gratia Complaint	0	0	0	1	0	1
Ex-Gratia	11	13	15	12	17	68
Ex-Gratia PHSO	0	1	0	1	0	2
Property Expense Scheme	0	0	0	1	0	1
Public Liability	2	0	1	0	1	4
Third Party Claim	1	0	2	0	2	5
Total	18	17	29	22	29	115

Ex gratia claims predominantly make up the largest proportion of claims. Employer liability claims are the second largest group and there has been an increase from Quarter 3 but the reason for this is not clear.

Claims have increased by 9% from 2017-18 to 2018-19. Numbers of clinical negligence and ex-gratia claims have remained the same however there has been an increase in employer liability claims across all three Locality Care Groups.

Claims received by Category

Category	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	2018-19 (4)	Total
Accidental Injury	1	2	3	0	2	8
All. Of Failure To Provide Appropriate Care	1	0	4	2	2	9
Assault on Staff	3	1	5	6	5	20
Damage To Patient Property (Accident)	0	3	1	1	1	6
Damage To Patient Property (Violence)	3	0	0	0	1	4
Damage To Staff Property (Accident)	1	1	3	1	3	9
Damage To Staff Property (Violence)	3	6	9	5	5	28
Damage To Trust Property	0	0	0	1	0	1
Expenses Incurred Due To A Trust Process	0	1	0	1	0	2
Exposure To Hazard	0	0	0	1	0	1
Falls/Slips/Trips - Staff	0	0	0	0	1	1
Industrial Deafness	1	0	0	0	0	1
Information Governance	1	0	1	0	1	3
Injured During Restraint	0	0	1	0	0	1
Loss Of Patients Property	2	1	2	4	4	13
Missing Patient Monies	0	2	0	0	0	2

Unexpected Death	2	0	0	0	4	6
Total	18	17	29	22	29	115

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

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

Claims Received by CCG

District	2017-18 (4)	2018-19 (1)	2018-19 (2)	2018-19 (3)	2018-19 (4)	Total
NOT APPLICABLE	9	11	23	17	16	76
NHS GATESHEAD CCG	0	0	0	0	4	4
NHS NEWCASTLE NORTH AND EAST CCG	1	1	0	1	0	3
NHS NEWCASTLE WEST CCG	0	1	1	1	1	4
NHS NORTH DURHAM CCG	0	1	0	0	1	2
NHS NORTH TYNESIDE CCG	1	1	0	0	1	3
NHS NORTHUMBERLAND CCG	5	1	1	0	5	12
NHS SOUTH TYNESIDE CCG	0	0	0	2	0	2
NHS SUNDERLAND CCG	2	1	4	1	1	9
Total	18	17	29	22	29	115

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Appendix 1

Serious Incidents Reviewed at Panel January to March 2019

Serious Incidents Reviewed at Panel in January 2019

10 incidents were reviewed at panel during January, of which 8 were STEIS reported. Of the 8 STEIS reportable incidents, 6 were an unexpected death, (1 was de-logged following a natural cause conclusion).

There were 3 serious assaults which were STEIS reported and 1 Serious Self-Harm which was also STEIS reported.

Serious Incidents Reviewed at Panel in February 2019

7 incidents were reviewed at panel during February, all were STEIS reported. Of the 7 STEIS reportable incidents, 6 were unexpected deaths and one was serious harm.

Serious Incidents Reviewed at Panel in March 2019

5 incidents were reviewed at panel during March, all were STEIS reported. Of the 5 STEIS reportable incidents, 2 were unexpected deaths (1 of which returned a natural cause conclusion), 1 an informatics incident, 1 a fractured neck of femur and 1 homicide.

Learning themes identified from all Serious Incidents and Deaths reviewed in January–March 2019

Good Practice

- Excellent Multi-agency Risk management and Safeguarding practice
- Excellent example of promoting engagement with service users wishing to disengage with services.
- Comprehensive, thoughtful and considered holistic approach to complex need evidence in assessment documentation
- Good collaborative working arrangements

Documentation and Record Keeping

- Of the incidents reviewed there were several areas for learning relating to issues of documentation and record keeping.
- Core Documentation not completed
- Lack of contemporaneous record keeping
- Records not being validated
- Demographic details not updated
- Not documenting clinical records of decision making.
- The use of documenting MSE in the progress notes as a standard when attending for physical health checks
- Registered Nurses with responsibility for student nurses should ensure they validate entries
- Documenting leave arrangements

Risk Management

- Face Risk not updated within a timely manner, to provide contemporaneous record of intervention and presenting Risk
- Awareness that requesting a police disclosure only provides information from that specific force and not from the police national computer.
- Risks identified in the risk assessment not clearly reflected in the Risk management plan.
- Underscoring of risk
- Use of multiple FACE risk documents

Alcohol Audit

- The tool not being used within the Addictions service as expected.

MIG

- Not being utilised for medicine reconciliation
- Training to be arranged re the use of MIG to enhance the assessment process.

Management of Waiting List

- Waiting list protocols not followed in one case
- Review of legacy cases to ensure if individuals remain appropriate for Care Co-ordinator allocation

Communication

- No communication with the GP during the period of review.
- The use of central emails for referrals to avoid delays
- Internal communication to be improved upon

Clinical Judgement

- Observation levels not prescribed at an appropriate level.

Clustering

- To ensure service users are allocated a cluster in keeping with their identified needs

Management of Falls

- Review of fall risk assessment to ensure postural hypotension is a consideration of risk
- Falls risk assessments not updated accordingly

Carer's

- Getting to know you documentation not being used
- Young carers identification and support

Physical Health Management

- Delirium guidelines not being followed
- VTE monitoring to be embedded throughout the patient's admission

Informatics Incident

- Summary letters were updated by the Informatics System Development Team, this update allowed letters to display both current and ended medication under the current medication section. This created the risk of medication being prescribed when it should be discontinued. Key actions were identified and rectified at an IMG group, however review identified that staff were aware before GP's contacted the organisation and they hadn't reported this and that all staff are to be reminded of their responsibility to report safety issues.

Sharing/Disclosing personal clinical information with families of homicide victims of alleged perpetrators who were in receipt of NTW services at the time of the incident

- To review this case, with senior staff of the organisation to inform the PGN How does an Independent Investigation work, acknowledging each case on an individual basis.

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th April 2019

Title and Author of Paper: Review of eight years of deaths (2010/11 to 2017/18) in NTW, Dr Damian Robinson, Group Medical Director, Safer Care

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This is an analysis of deaths recorded in the NTW SafeGuard system for the eight financial years 2010/11 to 2017/18. **Previous reports have used calendar years which means that the data presented in this edition are not comparable with previous versions.**
- In 2017/18 there were 101 **unnatural deaths** confirmed by October 2018. However, a number of pending conclusions remained (35) which may yet prove to be of natural cause. The eventual figure is likely to be similar or slightly higher than in 2016/17. The increase over time is due to the number of deaths attributed to alcohol or drug use.
- In 2017/18 there had been 27 confirmed **deaths by own hand** which is similar to numbers seen in the previous two years. A number of conclusions remained pending, however so this number may increase further.
- Data from the NCISH annual Safety Scorecard records the **suicide rate** in NTW as 5.53 (per 10,000 people under mental health care) between 2014-16, which compares with a median value of 5.92 across England as a whole
- In **Adult and Older Peoples CMHTs** there were 57 potential unnatural deaths with 12 conclusions still pending. The number of deaths currently attributed to *own hand* is comparable to that seen in 2015/16 but there has been an increase in alcohol and drug related conclusions
- This year it has been possible to examine unnatural deaths within Adult and Older Peoples CMHTs by **Localities – Central, North and South**. This may be useful to inform local services. However, as the numbers in each Group are smaller there is greater year to year variation.
- The number of unnatural deaths in **Addiction services** continues to increase but the number of deaths *by own hand* remains small. Deaths attributed to

misadventure and alcohol/drug use have increased and account for 80% of conclusions

- The number of potential unnatural deaths in **Crisis Resolution and Home Treatment teams** shows significant year to year variation. The number in 2017/18 is higher than in the previous year, but lower than in 2015/16.
- The number of deaths occurring **within three months of discharge** from hospital has continued to fall since a peak seen in 2013. There was only one such death in 2017/18. The highest risk was in the first week.
- The number of deaths of service users while an **in-patient** is small and has continued to fall in line with data found in the NCISH.
- There are a small number of deaths of service users **detained under the Mental Health Act**. In 2017/18 there were three such deaths. Most deaths occurred on a ward while detained under S3.
- There were 4623 **natural cause deaths** reported in SafeGuard between 2010/11 and 2017/18, with a year on year increase until the final year. There have been increases in all age groups but the largest increase has been where the person was aged over 65.
- More **men than women** dies of natural causes in people aged under 75, while women predominated in elderly age groups. Deaths occurred in addiction and learning disability services at a younger age.
- There has been an increase in reports of natural cause deaths from **learning disability** services. This may be related to increased awareness arising from the Learning Disabilities Mortality Review Programme (LeDeR). All deaths reported to the Trust are then notified to local LeDeR contacts.

Risks Highlighted to Board :

Reputational and regulatory risk from failure to identify, report, investigate and learn from deaths in line with national guidance.

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

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

If Yes please outline

Equal Opportunities, Legal and Other Implications:

Outcome Required:

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

Link to Policies and Strategies:

NTW(O)05 Incident Policy

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REVIEW OF EIGHT YEARS OF DEATHS (2010/11 TO 2017/18) NORTHUMBERLAND, TYNE & WEAR FOUNDATION TRUST

ANALYSIS OF DATA EXTRACTED FROM SAFEGUARD ON 26TH OCTOBER 2018

Dr Damian Robinson,
Group Medical Director - Safer Care
April 2019.



Caring | Discovering | Growing | **Together**

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 - 1.3.1. Trustwide
 - 1.3.2. Central Locality CMHTs.
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MAIN REPORT.

This is an analysis of deaths recorded in the NTW SafeGuard system for the eight financial years 2010/11 to 2017/18. It forms part of a series of analyses undertaken since 2014. **Previous reports have used calendar years which means that the data presented in this edition are not comparable with previous versions.**

METHODOLOGY

The analysis is based on data held within the Trust SafeGuard system, which holds records of all incidents reported. Whenever a death is reported it is coded and the inclusion criteria for this project was a “cause 1” field equal to

- DE00 – Unexpected death cause unknown;
- DE01 – Unexpected death;
- DE02 – Expected death;
- DE08 Unexpected death natural cause; and
- DE18 Unexpected death local AAR

As this is a live database, which is continually updated with results from coroner conclusions¹, the data, and consequently the analysis, will change on a daily basis. Data was extracted from SafeGuard on 26th October 2018; this allows six months for coroner conclusions to become available for unexpected deaths. However, even at this point in time there were a number of conclusions still pending

Cases are allocated to a service line based on the entry in SafeGuard, which is derived from information provided through the web report. With the rollout of the latest Business Management Review services have been allocated to Locality Groups based on geography. Where possible, historic reports have been mapped to the new Locality Groups to allow trends to be seen. However, this mapping exercise may have introduced some differences from previous analyses.

In undertaking the analysis on this occasion a data cleansing and validation exercise was undertaken on the records held in SafeGuard. Several records have been reclassified and therefore data presented in this report are not directly comparable with data presented in previous years.

An **unexpected death** is one which occurs in the absence of apparent ill health which led to a predictable death. Where that death occurred as the result of a natural pathological process (e.g. heart attack/stroke/pneumonia etc.), it is termed a **natural unexpected death**. Where death was otherwise caused, often through own intent and/or the involvement of an external agent, it is termed an **unnatural unexpected death**.

Coroner conclusion outcomes are obtained from the coroner's office after the inquest has been held. This may be several months after a death has occurred, although this

¹ Previous reports have used the term *verdict*; this has been replaced with the current term *conclusion*

time gap is currently falling. The data provided in SafeGuard is a direct quote from the coroner office report.

For the purpose of undertaking this analysis some reclassification of the coroner conclusion is necessary.

- 1) Where a coroner has used a standard form of conclusion this is the term used. This includes **Suicide**, **Open**, **Misadventure**, and **Accident**.
- 2) Where the coroner has used a short narrative conclusion the following reclassification has been used.
 - Where the words drug(s) and/or alcohol appear the conclusion is reclassified as **Drug/Alcohol**.
 - Where there is an indication that the person has killed themselves, but no indication of intent is apparent, the conclusion is reclassified as **Killed Self**.
- 3) Where the coroner has given a long narrative conclusion this is reclassified as **Narrative**.
- 4) There are a small number of cases where it is not possible to determine the coroner conclusion. These cases are classified as **Other**.
- 5) Where the coroner has not yet given a conclusion the cases is classified as **Pending**.

The term **Death by own Hand** is used to describe all events where it is likely that the person killed themselves, whether they had intended to do so or not. This includes all **Suicide** conclusions, all deaths re-classified as **Killed Self** and all **Open** conclusions (conventionally included in analyses of suicide cases).

This is an interim analysis as there are a significant number of conclusions still pending, particularly for deaths occurring in 2017/18. Many of these may be returned as either natural deaths, or due to accident/misadventure. Therefore, it cannot be concluded, at this stage, that they represent persons who died by own hand. There is a balance to be drawn between an early analysis which is timely and spots developing patterns, and a later analysis which is accurate and allows informed interpretation. National data which can be used to benchmark NTW data is not available until at least one year behind Trust data.

In many cases, particularly the analyses on individual services, the number of events in any time period are small and subject to random variation. Therefore, caution is needed in interpreting short term trends; for example, year to year differences.

Detailed breakdown of the data, and relevant narrative, are available in appendix 1 for unnatural deaths and appendix 2 for natural deaths.

MAIN FINDINGS.

- In 2017/18 there were 101 **unnatural deaths** confirmed by October 2018. However, a number of pending conclusions remained (35) which may yet prove to be of natural cause. The eventual figure is likely to be similar or slightly higher than in 2016/17. The increase over time is due to the number of deaths attributed to alcohol or drug use.
- In 2017/18 there had been 27 confirmed **deaths by own hand** which is similar to numbers seen in the previous two years. A number of conclusions remained pending, however so this number may increase further.
- Data from the NCISH annual Safety Scorecard records the **suicide rate** in NTW as 5.53 (per 10,000 people under mental health care) between 2014-16, which compares with a median value of 5.92 across England as a whole
- In **Adult and Older Peoples CMHTs** there were 57 potential unnatural deaths with 12 conclusions still pending. The number of deaths currently attributed to *own hand* is comparable to that seen in 2015/16 but there has been an increase in alcohol and drug related conclusions
- This year it has been possible to examine unnatural deaths within Adult and Older Peoples CMHTs by **Localities – Central, North and South**. This may be useful to inform local services. However, as the numbers in each Group are smaller there is greater year to year variation.
- The number of unnatural deaths in **Addiction services** continues to increase but the number of deaths *by own hand* remains small. Deaths attributed to misadventure and alcohol/drug use have increased and account for 80% of conclusions
- The number of potential unnatural deaths in **Crisis Resolution and Home Treatment teams** shows significant year to year variation. The number in 2017/18 is higher than in the previous year, but lower than in 2015/16.
- The number of deaths occurring **within three months of discharge** from hospital has continued to fall since a peak seen in 2013. There was only one such death in 2017/18. The highest risk was in the first week.
- The number of deaths of service users while an **in-patient** is small and has continued to fall in line with data found in the NCISH.
- There are a small number of deaths of service users **detained under the Mental Health Act**. In 2017/18 there were three such deaths. Most deaths occurred on a ward while detained under S3.
- There were 4623 **natural cause deaths** reported in SafeGuard between 2010/11 and 2017/18, with a year on year increase until the final year. There have been increases in all age groups but the largest increase has been where the person was aged over 65.

- More **men than women** dies of natural causes in people aged under 75, while women predominated in elderly age groups. Deaths occurred in addiction and learning disability services at a younger age.
- There has been an increase in reports of natural cause deaths from **learning disability** services. This may be related to increased awareness arising from the Learning Disabilities Mortality Review Programme (LeDeR). All deaths reported to the Trust are then notified to local LeDeR contacts.

COMMENTARY.

This analysis is undertaken annually and now reviews a significant number of deaths over an eight year period. This allows examination of trends over time. The data can assist the Trust in reviewing the safety of services.

This analysis forms part of the Trust approach to Learning from Deaths by providing a high level overview. However, it serves mainly to identify adverse trends or hotspots which then warrant further investigation. It complements the learning arising from serious untoward incident (SUI) investigations, after action reviews, and the case note reviews which have been introduced in 2017. NTW is a member of the Northern Alliance of Trusts which is working to improve and standardise the reporting and investigation of deaths, and facilitate cross organisational learning.

Analysis of data on suicide has been made more challenging due to changes in the coronial process, and over time the number of *suicide* conclusions has increased. However, this has been accompanied by a reduction in the use of *open* conclusions and short form narrative conclusions. The overall result has been no change in the number of service user who died as a result of their own actions. The Safety Scorecard from the NCISH confirms that the suicide rate amongst service users is slightly below the national median.

The main hotspot where an increasing trend in deaths has been clearly reported is Addiction services. In part this may be attributed to additional services having been taken on in the Sunderland and Northumberland. There has also been a year on year increase nationally and the North East as a whole has the highest rate of drug related deaths; this is reflected in the NTW experience.

The number of deaths occurring within three months of discharge from hospital has fallen significantly over the last five years. The NCISH has identified that the peak risk of suicide following discharge is on day three; the Trust has incorporated achieving contact within three days of discharge in its Zero Suicide plan.

There is less data available on natural cause deaths held within SafeGuard. In particular, the underlying cause of death is rarely available. NTW has been undertaking case note reviews of natural cause deaths since 2017 (reported elsewhere) and is currently piloting the tool recently released by the Royal College of Psychiatrists. However, these reviews will only identify the cause of deaths for a small number of cases. NTW is exploring options for enhancing the data submitted when a natural cause death is reported.

APPENDIX 1.

REVIEW OF UNNATURAL DEATHS

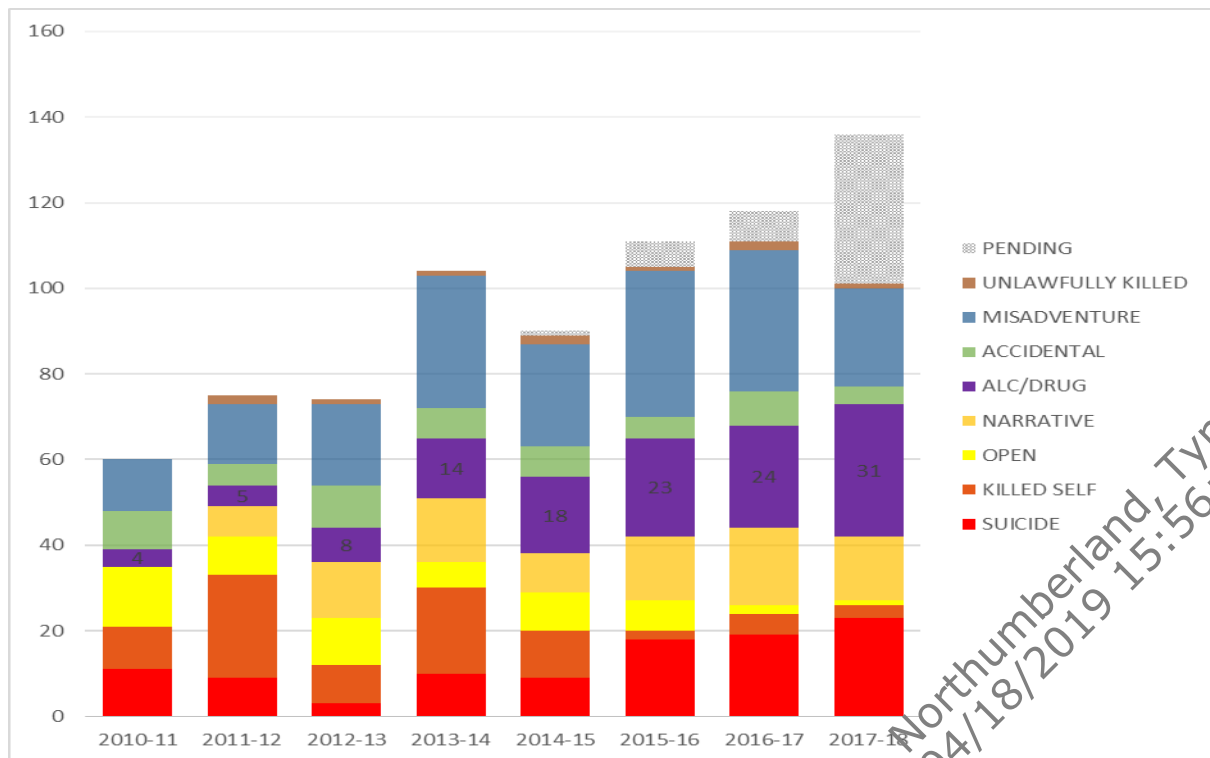
1.1 UNNATURAL DEATHS IN ALL SERVICES.

Over the eight year period there were 768 potentially unnatural deaths reported. At the time of data extraction (26th October 2018)) conclusions were pending in 49 cases, so unnatural death had been confirmed in 719 cases.

There were no pending conclusions for deaths occurring in 2010/11 to 2013/14. Fourteen conclusions were pending for deaths occurring between 2014/15 and 2016/17, and 35 conclusions pending for deaths occurring in 2017/18. It is likely that some deaths will be classified as being of natural cause at inquest so caution is required in interpreting data for time periods for which conclusions are still outstanding.

The number of potential unnatural deaths has generally shown an increasing trend over the entire period although two phases can be identified. There was an increase in the total number of deaths in 2013/14 compared with the previous year; subsequently, the increase in the total number is largely due to alcohol and drug related conclusions which reached 31 in the most recent year. This increase corresponds with the Trust providing addiction services in more localities.

In 2017/18 there are currently 101 confirmed unnatural deaths but a significant number of pending conclusions remain (35) which may yet prove to be of natural cause.



Graph 1.1: Unnatural deaths by coroner conclusion across all NTW services.

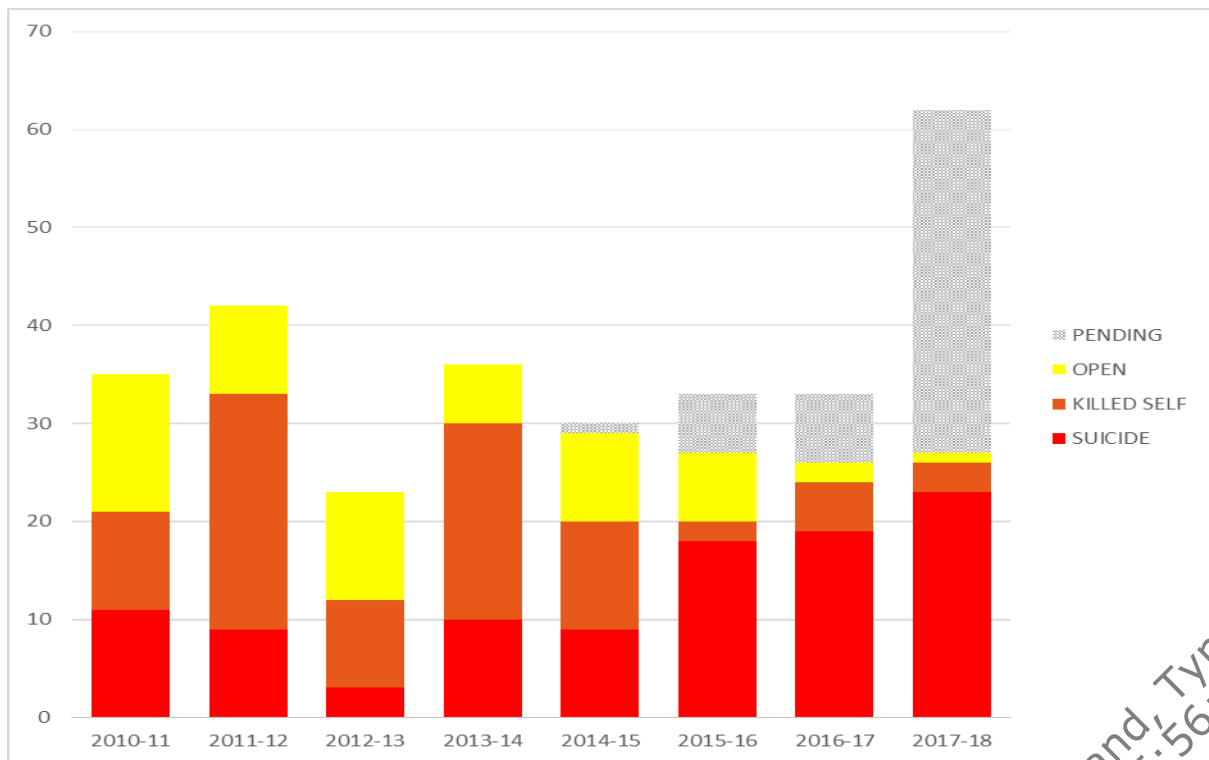
1.2 DEATHS BY OWN HAND IN ALL SERVICES

Deaths classified as those *by own hand* include those where the coroner conclusion is either suicide, open, or indicative of being the consequence of self-applied cause but without evidence of intent to die (termed *killed self*). The latter is derived from the nature of short form conclusions.

At the time of analysis there had been 245 coroner confirmed cases of death by own hand. This included 102 suicides (42%), 84 *killed self* (34%) and 59 open (24%). In addition, there are 49 deaths with conclusions still pending, 35 of which relate to deaths in 2017/18.

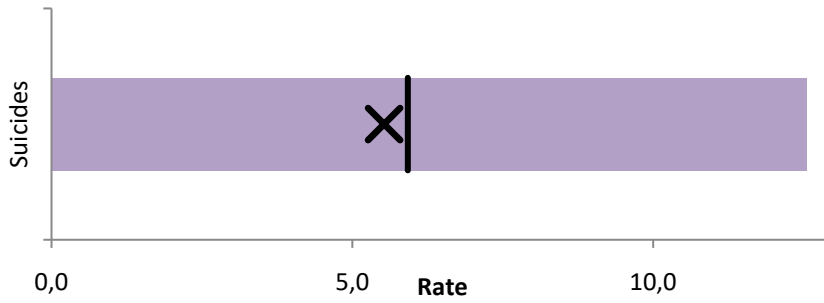
In 2017/18 there had been 27 confirmed deaths by own hand confirmed by October 2018 which is similar to numbers seen in the previous two years. A number of conclusions remained pending, however so this number may increase further.

In 2015 there was a step change in coroner conclusion with a notable increase in suicide conclusions but a fall in other *killed self* and open conclusions. This trend has continued with *suicide* conclusions becoming more frequent. However, the total number of persons who died *by own hand* continued to fall perhaps now reaching a plateau with comparable numbers over the last two years.



Graph 1.2: Deaths by own hand across all NTW services.

Data from the NCISH annual Safety Scorecard records the suicide rate in NTW as 5.53 (per 10,000 people under mental health care) between 2014-16, which compares with a median value of 5.92 across England as a whole.

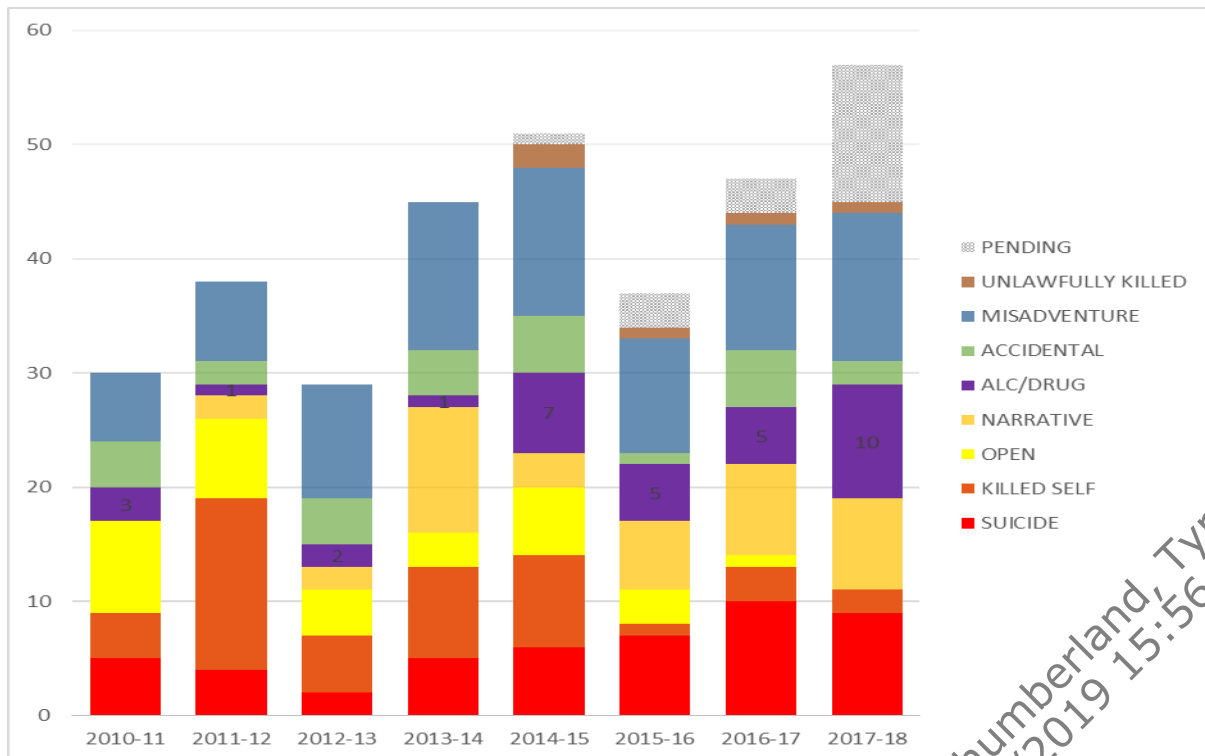


1.3 COMMUNITY MENTAL HEALTH TEAMS FOR ADULTS AND OLDER PEOPLE (CMHTS)

1.3.1 Trustwide

Over the period there were 334 deaths reported in Working Age Adult and Older Peoples CMHTs. There was a fall in 2015/16 following several years of increasing numbers but subsequently the number have increased.

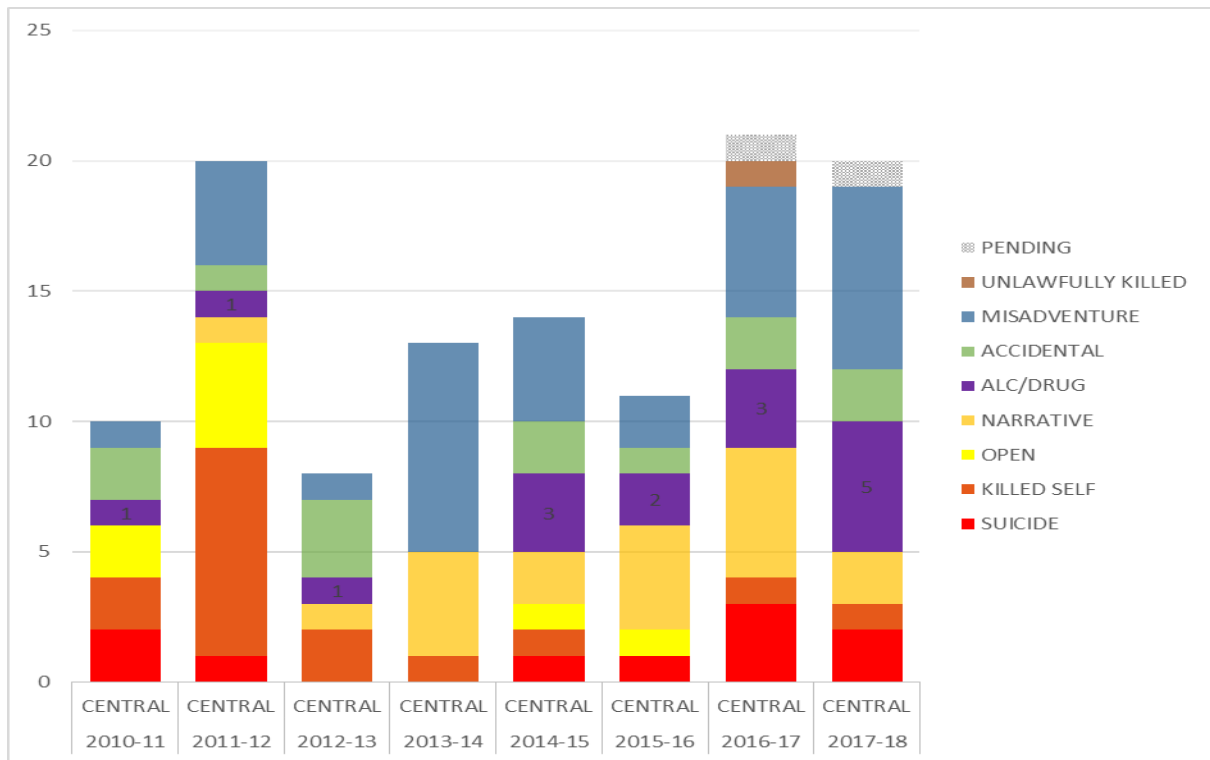
In 2017/18 there were 57 potential unnatural deaths with 12 conclusions still pending (Graph 1.3.1). The number of deaths currently attributed to *own hand* is comparable to that seen in 2015/16 but there has been an increase in alcohol and drug related conclusions. Although some pending conclusions may add to the figure, the number of persons who died by *own hand* is amongst the lowest recorded during this eight year period.



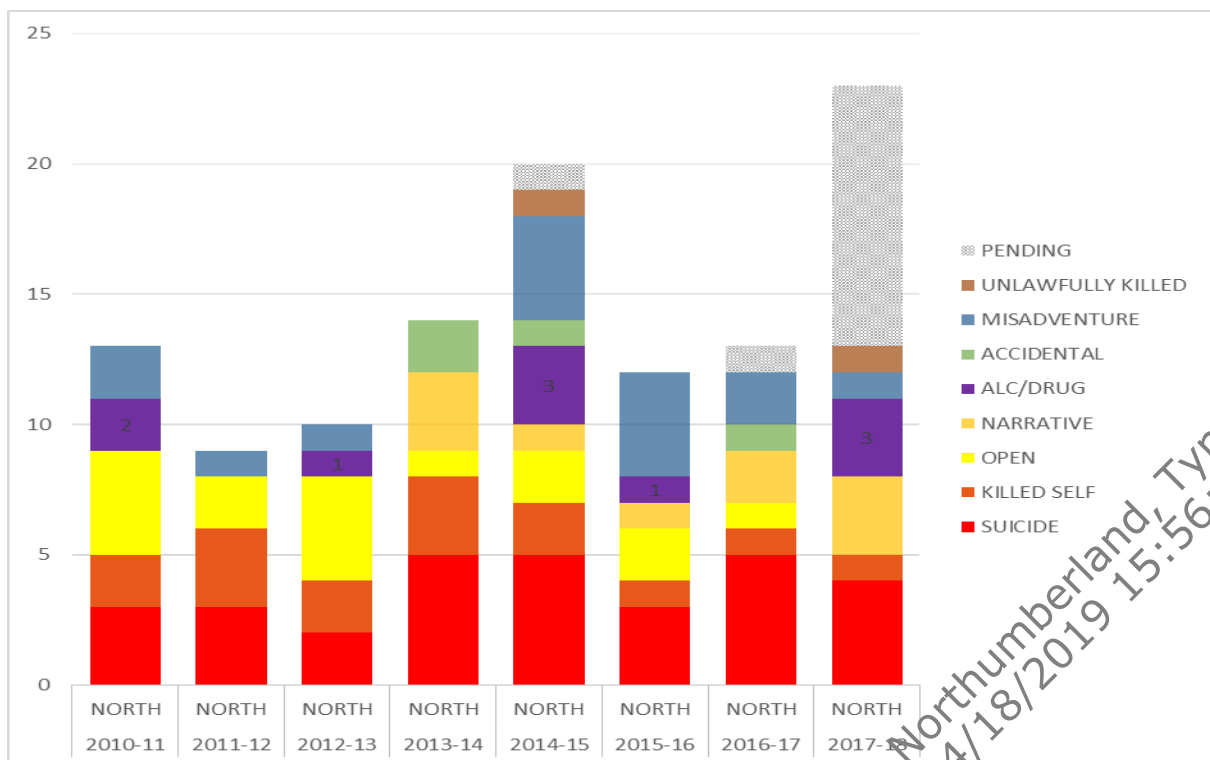
Graph 1.3.1: Unnatural deaths by conclusion in Adult and Old Age Community Mental Health Teams.

The number of deaths reported by CMHTs is sufficient to allow examination of data by the locality of the service.

1.3.1 Central locality – Adult and Old Age CMHTs

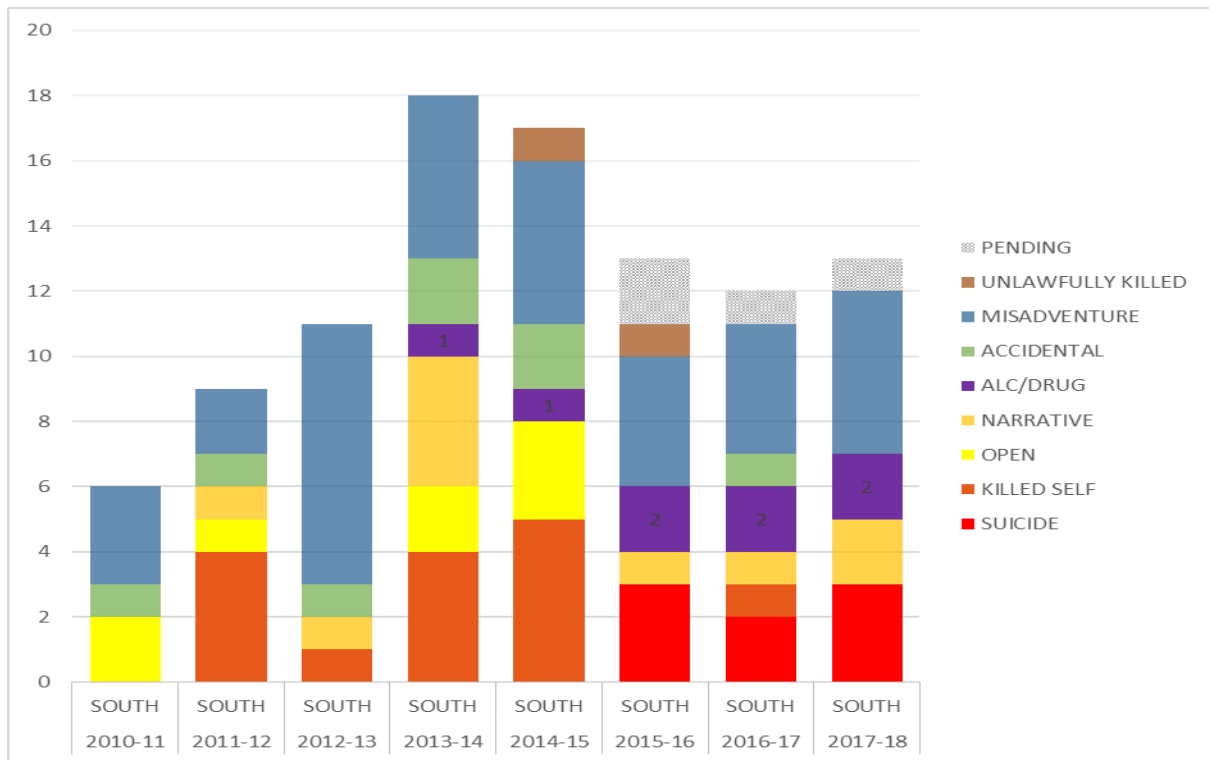


1.3.2 North locality – Adult and Old Age CMHTs



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1.3.3 South Locality – Adult and Old Age CMHTs



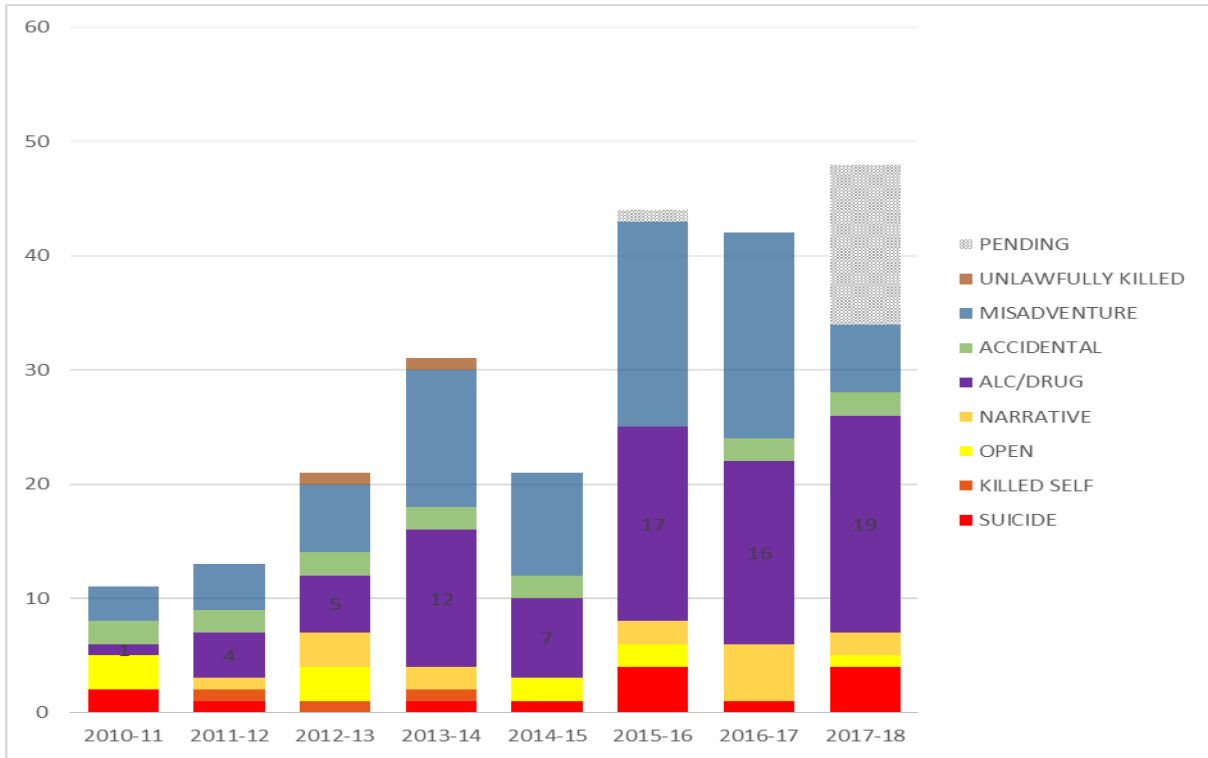
1.4 ADDICTION SERVICES

Over the eight year period there were 231 reported unnatural cause deaths in addictions services.

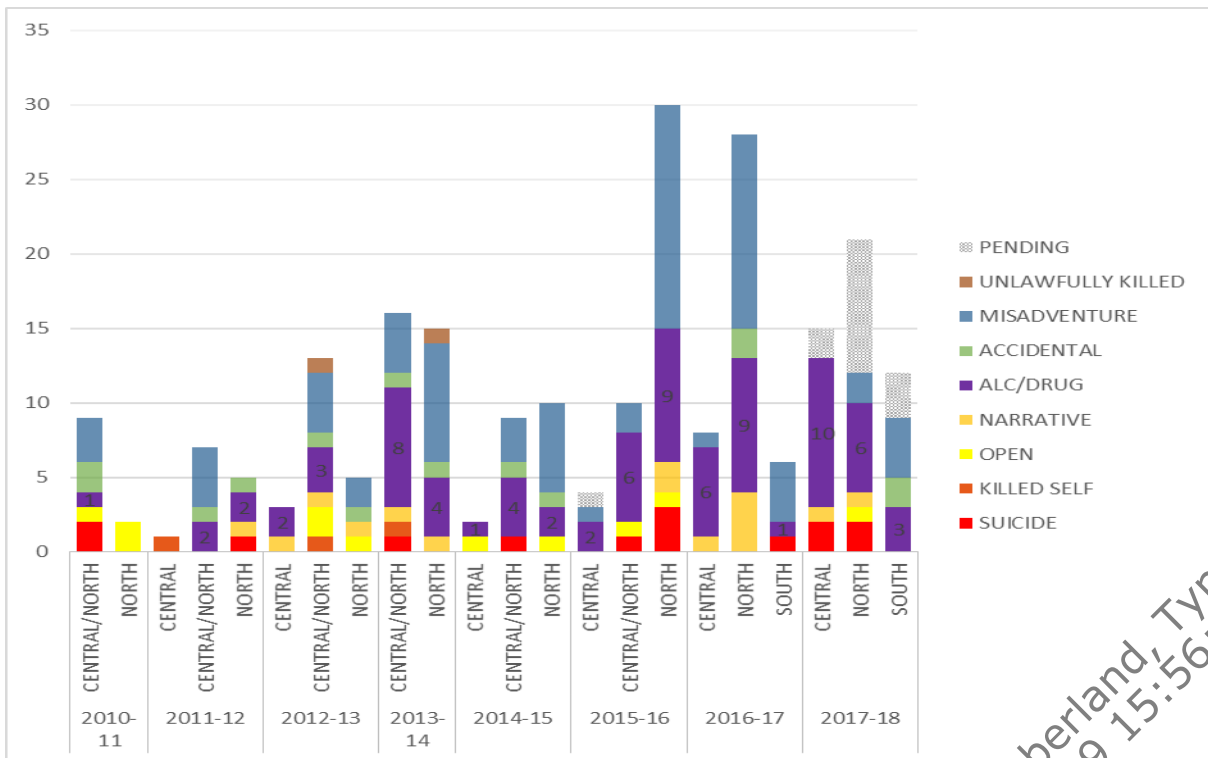
Apart from in 2014/15 there has been a year on year increase, but some evidence of a plateauing Trustwide over the last three years (graph 1.4.1). However, this hides considerable variation between localities (graph 1.4.2). The number of deaths attributed to *death by own hand* is in single figures each year while accident, misadventure and short conclusions indication alcohol and drug use are the predominant conclusions accounting for nearly 80% of outcomes.

The number of addiction services the Trust provides has changed over time. In 2016/17 NTW assumed responsibility for addiction services in Sunderland which has resulted in an increase in reported deaths overall. Over the last three years deaths within addiction services based in the North locality have been higher than within other services and this co-incides also with increased demand arising from a broadening of services.

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Graph 1.4.1: Unnatural deaths by coroner conclusion – all addiction services



Graph 1.4.2: Unnatural deaths by coroner conclusion and locality of addiction service

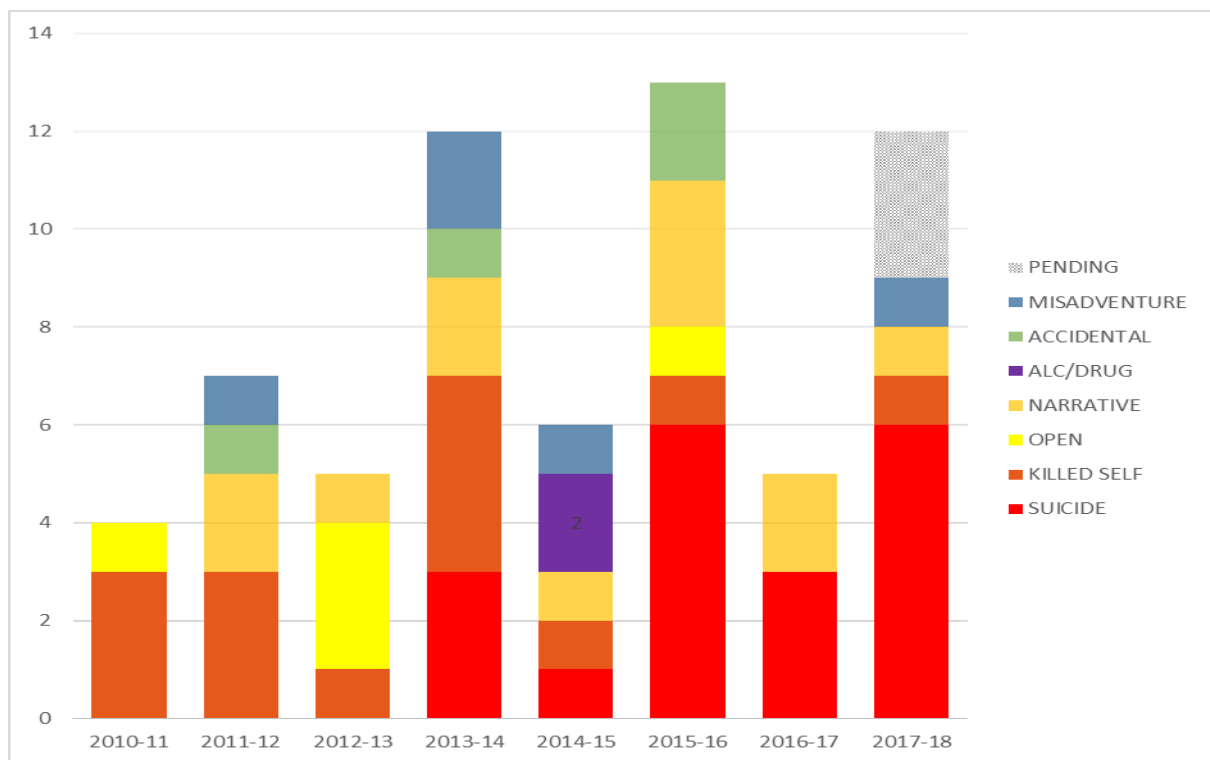
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1.5 CRISIS RESOLUTION AND HOME TREATMENT TEAMS (CRHTS)

The number of potential unnatural deaths in CRHTs rose in 2013/14 to a peak of 12 deaths but fell significantly to 6 deaths in 2014/15 (see graph 1.5). There was an increase in 2015/16 to 13 deaths and a further significant fall in 2016/17 to 5 deaths. In 2017/18 the number of reports increased again.

The number of deaths by *own hand* is currently seven which is comparable to the maximum number seen in two previous years. These are small numbers which generally show variation from year to year.

The number of reports is too small to enable a robust analysis by Locality Group



Graph 1.5: Unnatural deaths by conclusion in Crisis Resolution & Home Treatment teams.

The NCISH have expressed some concern about the number of suicides occurring nationally in CRHTs, noting that the number of deaths in these teams has increased year on year while the number of in-patient deaths has fallen. Data recorded since 2012 show that 38% of patients who died had been under CRHT care for under a week. One third of deaths occurred in service users who had been discharged from in-patient care within the previous three months. This led the report authors to express concern that “... CRHTs may not have been a suitable setting for their care and that CRHT has become the default option for acute mental health care because of pressure on other services particularly beds”.

The data set held in SafeGuard does not currently hold information to enable a comparison of NTW with the national experience.

1.6 OTHER SERVICES.

Over the seven year period there were seven unnatural deaths in assertive outreach (AOT) services, sixteen deaths in early intervention in psychosis (EIP) services and eighteen deaths in IAPT services. No year to year trend is apparent in these services although five deaths reported by EIP services in 2017/18 was an unusual peak.

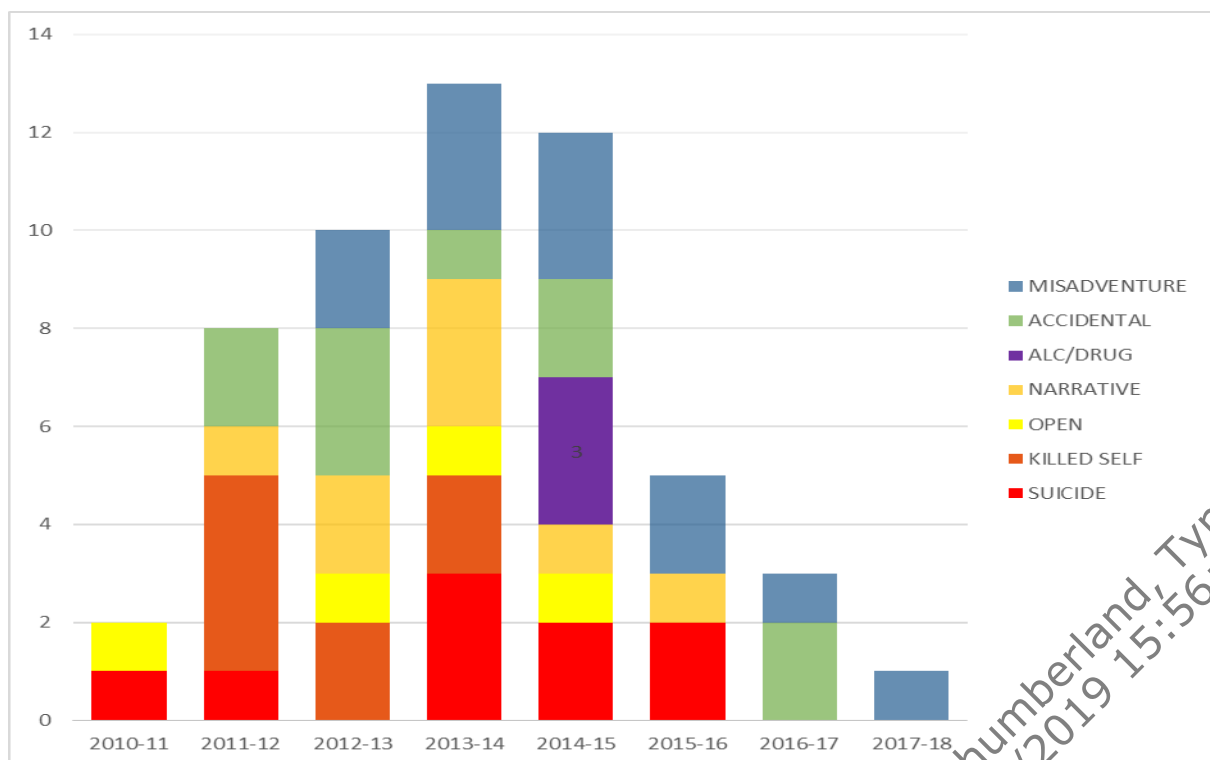
There were seven deaths in CYPS services but none in the latest year.

Deaths in other services were small with only one to three deaths over the six year period. These included community treatment team for learning disability, psychology services, primary care, gender dysphoria, and rehabilitation services.

1.7 UNNATURAL DEATHS WITHIN THREE MONTHS OF DISCHARGE FROM HOSPITAL.

Over the eight year period there were 54 deaths occurring within three months of discharge from an in-patient unit.

The number of deaths occurring within three months of discharge reached a peak in 2013/14 but has subsequently fallen year on year (graph 1.7.1). In 2017/18 there was a single such death reported which was attributed to misadventure by the coroner. No *death by own hand* has been reported in the last two years.

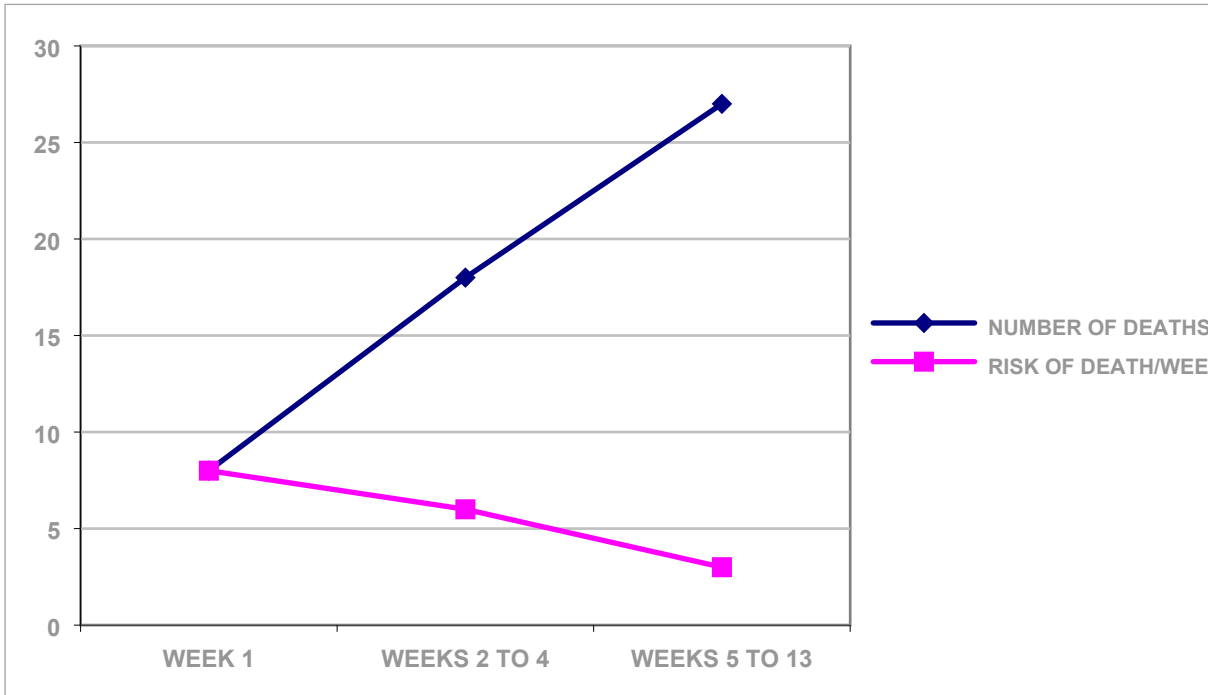


Graph 1.7.1: Unnatural deaths within three months of discharge.

Most deaths occurred in the period from week 5 to week 13 after discharge (see graph 1.7.2). However, the period when service users were at highest risk of death,

measured by the incidence rate (that is, the number of deaths occurring each week of the period), was in the first week followed closely by weeks two to four.

This is reflected in the NCISH report which notes that most suicides occurred in the first week following discharge and that 15% of all patient suicides occurred within three month of discharge. Over the seven years of this report 22 patients died by own hand in that period compared with 215 across all services (10%). The authors of the NCISH note the peak time for suicide is on day two and three after discharge and recommend that seven day follow up should be converted to follow up within three days

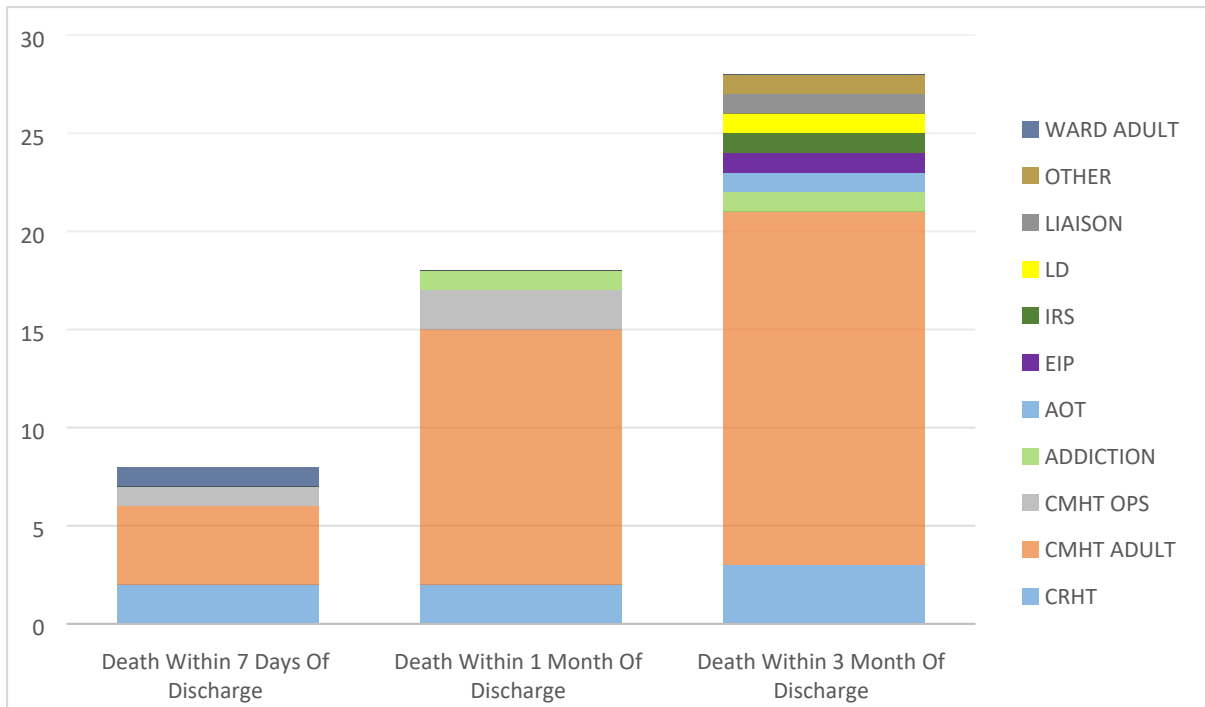


Graph 1.7.2: The number and risk of unnatural death following discharge from hospital.

Graph 1.7.3 shows which service the patient was under at the time of death. Of the 54 deaths, 38 occurred while the patient was being managed by an adult or old age CMHT and largely towards the end of the three month period.

Seven deaths occurred in CRHTs. Deaths under CRHT care accounted for a larger proportion of deaths occurring during the first week, but this was still less than the number of deaths occurring in CMHTs.

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Graph 1.7.3: Unnatural death following discharge from hospital by service.

1.8 UNNATURAL DEATHS OCCURRING WHILE AN INPATIENT.

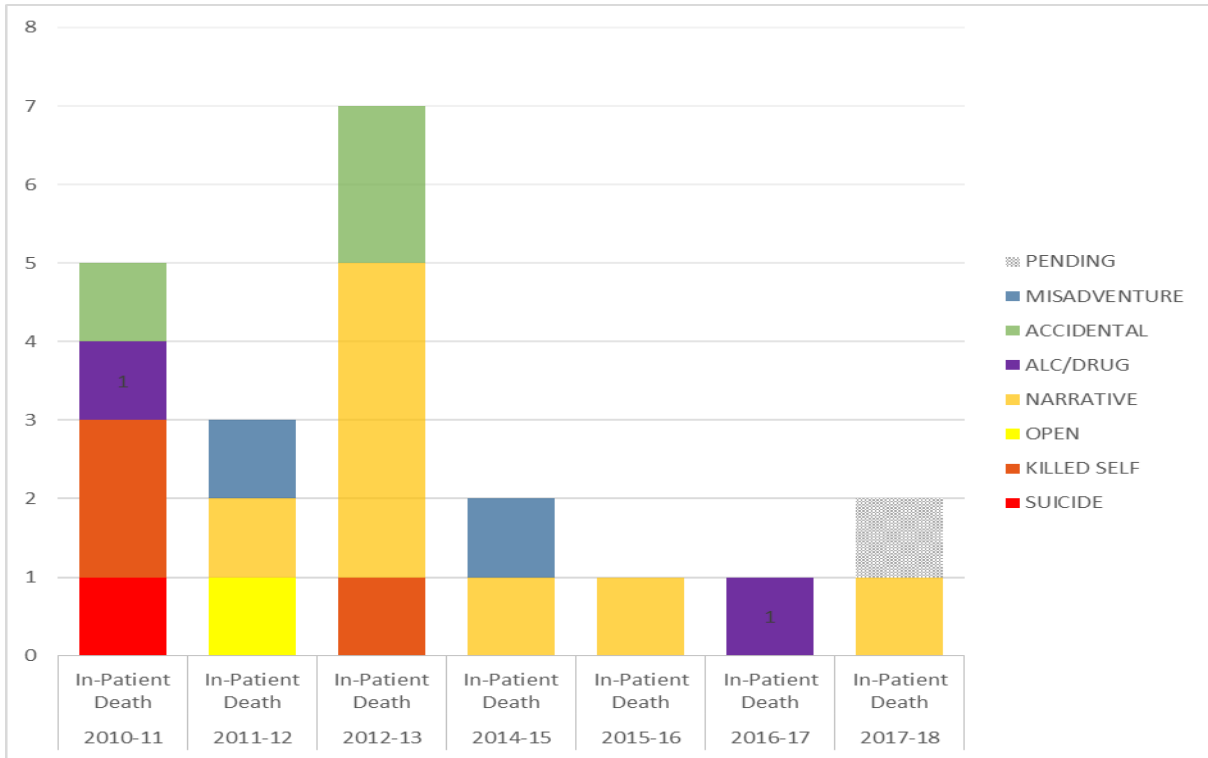
This analysis includes deaths of service users while an in-patient. It includes deaths which occurred on the ward but also deaths which occurred while an in-patient was on leave or absent without leave (AWOL).

Fortunately, deaths while an in-patient are rare events (graphs 1.8.1 and 1.8.2). Over the eight year period there were a total of 34 deaths. Just over a half of these occurred on the ward (21 cases, 60%), with the remainder while the patient was on leave (9 on leave and 4 while AWOL).

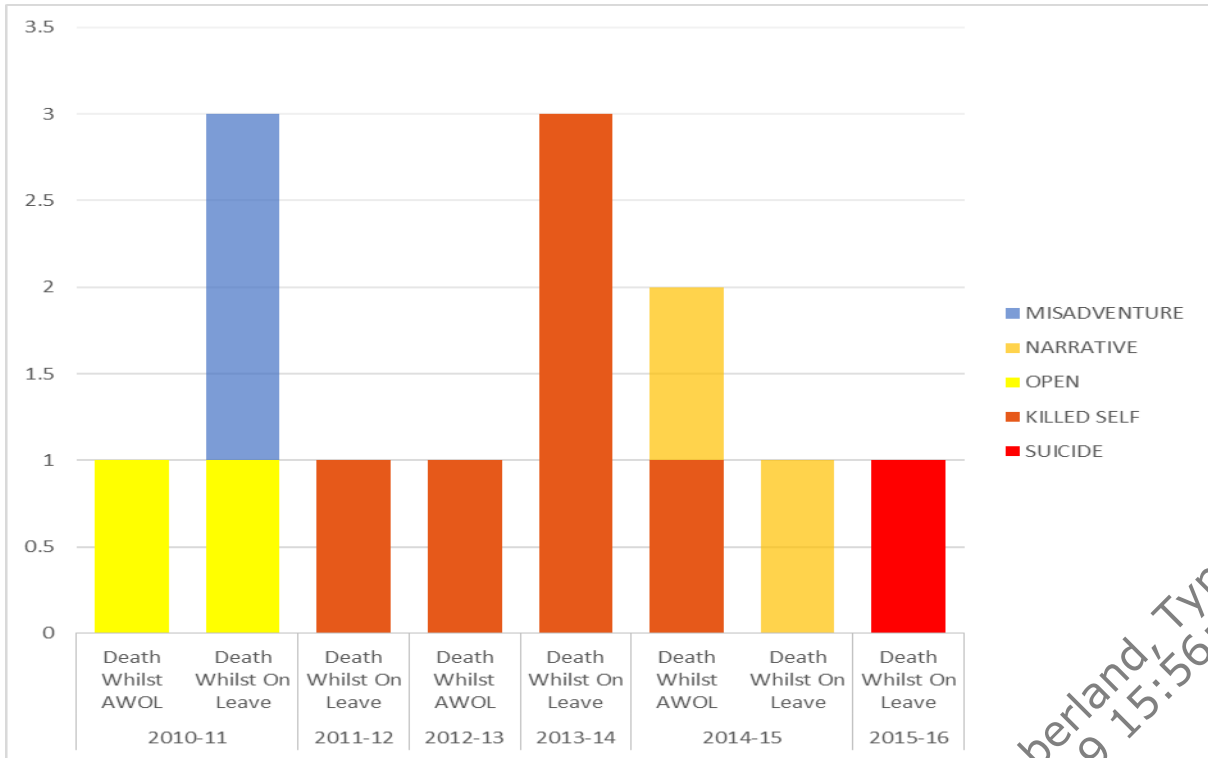
The trend has been downwards, although the annual numbers involved are small. In the last three years there has been one confirmed unnatural death each year, though in 2017/18 a further single death is still awaiting a coroner conclusion (graph 1.8.1). This trend mirrors that reported in the NCISH report which has shown an annual decrease but with a plateauing off over the last four years.

Similarly, deaths while an in-patient is on leave, or absent without leave (AWOL) is uncommon. The last death on leave was reported in 2015/16 and the last death while AWOL occurred in 2014/15 (see graph 1.8.2)

The NCISH report notes that there has been a national fall in in-patient suicides between 2004 and 2015. Such deaths accounted for 9% of all patient suicides. In NTW *deaths by own hand* whilst an in-patient accounted for 9% of all *deaths by own hand* in the Trust.



Graph 1.8.1: Unnatural deaths while an in-patient occurring on the ward.

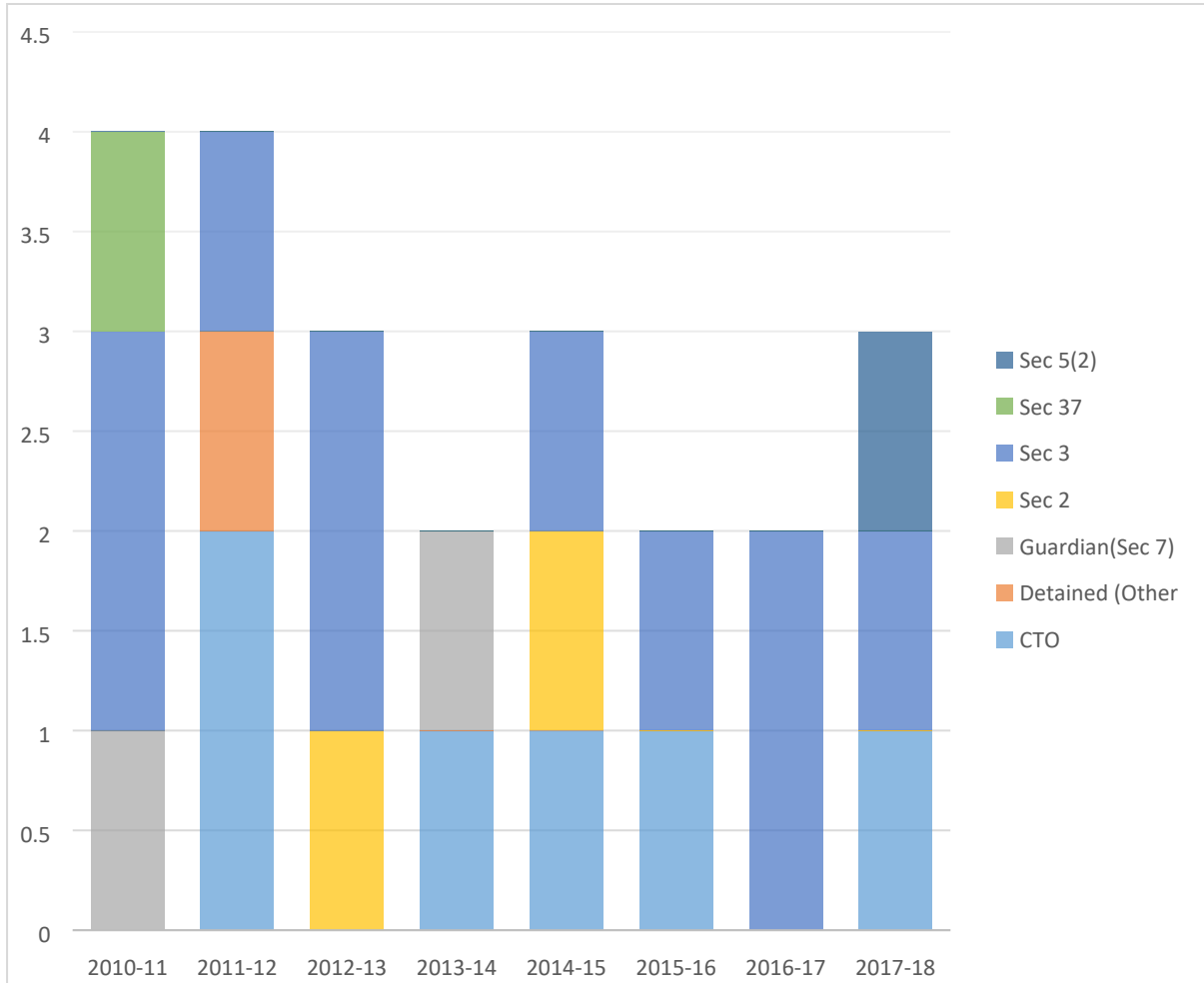


Graph 1.8.2: Unnatural deaths while an in-patient on leave or AWOL

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1.9 DEATHS WHILE DETAINED UNDER THE MENTAL HEALTH ACT.

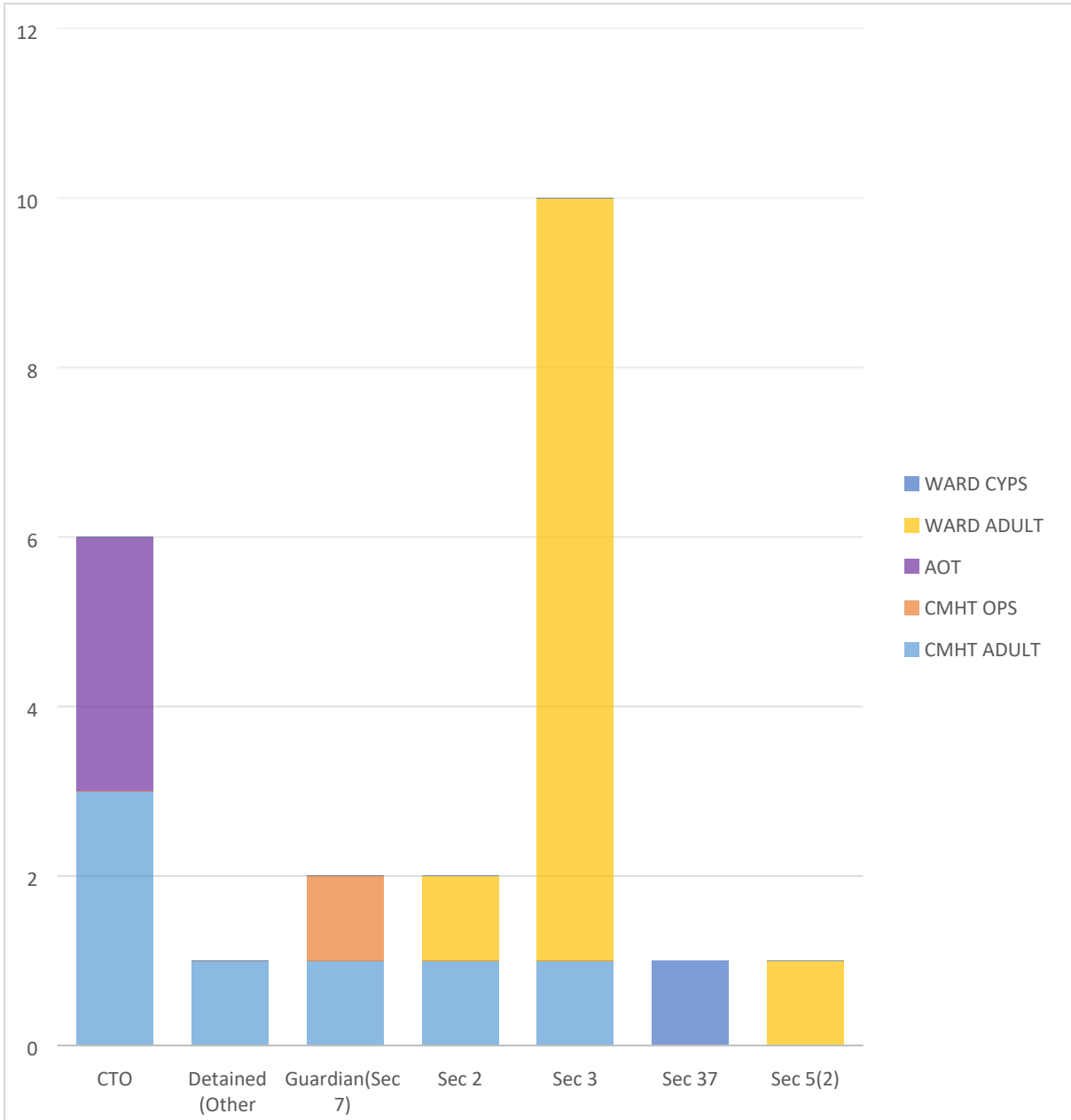
Each year a small number of people die unexpectedly while detained under the Mental Health Act. Over the eight year period there were 23 deaths and three deaths occurred in 2017/18 (graph 1.9.1). Ten deaths occurred while the service user was detained under Section 3, six deaths under a Community Treatment Order (CTO) and two under Section 2.



Graph 1.9.1: Unnatural deaths by MHAct status at time of death.

Nine deaths under Section 3 occurred on adult wards as did one of the deaths under Section 2 (graph 1.9.2). The remaining deaths under Section 2 or 3 occurred in adult CMHTs. Six deaths of detained patients occurred while on Community Treatment Orders; three of these patients were in Assertive Outreach Teams and three in an adult CMHT.

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Graph 1.9.2: Unnatural deaths by MHAAct status and service type.

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APPENDIX 2.

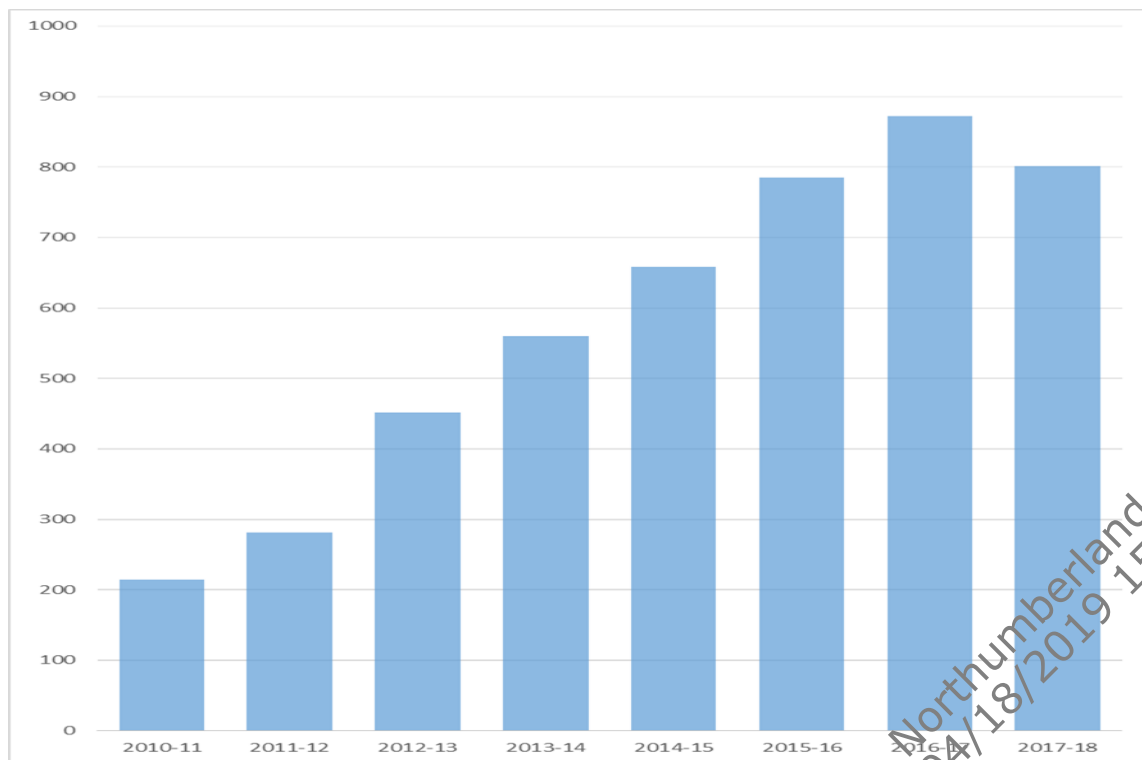
REVIEW OF NATURAL CAUSE DEATHS

2.1 OVERALL NUMBERS

This report summarises the data available in SafeGuard for deaths which have been reported into the system and determined to be of natural cause. A death will be reported as of natural cause if the death was certified so by the attending doctor or, when the death was unexpected and there was no doctor involved in the persons care immediately prior to death, by the coroner. In the latter case there may not have been an inquest where the coroner determined the cause of death shortly after death and there was no reason to suspect otherwise.

The extent of this data is limited as significantly less data is held for natural cause deaths than unnatural cause deaths. Planned improvements to the reviews and investigation process will address this issue going forward, though the historical lack of data will persist.

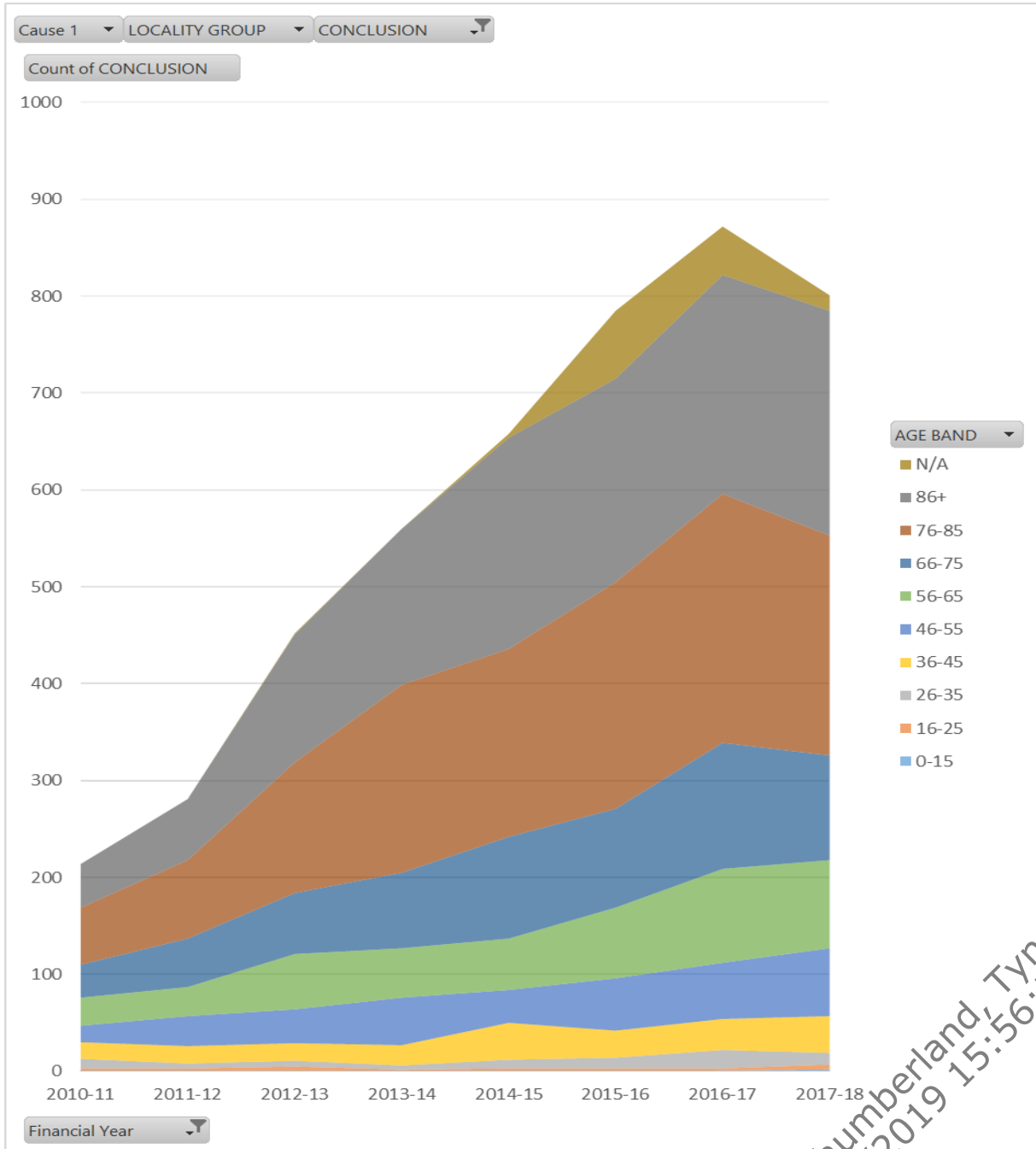
Over the eight years there were 4623 deaths recorded in SafeGuard where the cause of death was classed as *natural*. The numbers reported for each year have increased from that reported last year due to ongoing work to validate entries. The number of natural deaths has increased year on year reaching a peak in 2016/17 with 872 deaths reported. There was a small fall in 2017/18 to 801 deaths which may indicate that between 800 and 900 deaths each year is the true number of natural cause deaths occurring in services.



Graph 2.1: Natural deaths by year.

2.2 ANALYSIS BY AGE

There were 4623 natural cause deaths reported in SafeGuard between 2010/11 and 2017/18, with a year on year increase until the final year. There have been increases in all age groups but the largest increase has been where the person was aged over 65.

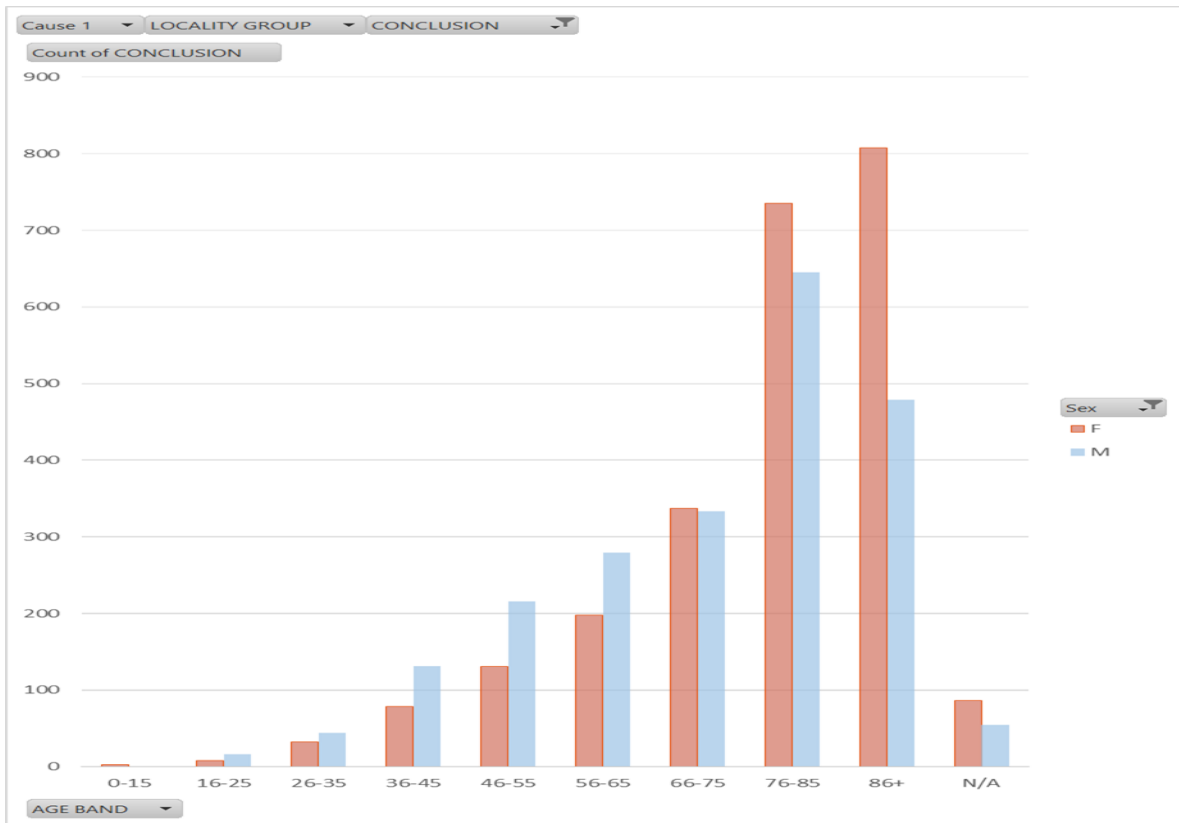


Graph 2.2: Natural cause deaths by age

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2.3 ANALYSIS BY SEX

Sex was recorded for 4616 records but was absent in seven reports. Of the incidents in which sex was recorded 2199 deaths were in men (48%) and 2417 in women (52%). Natural deaths in men were more common at younger ages while natural deaths in women only predominated after the age of 75.

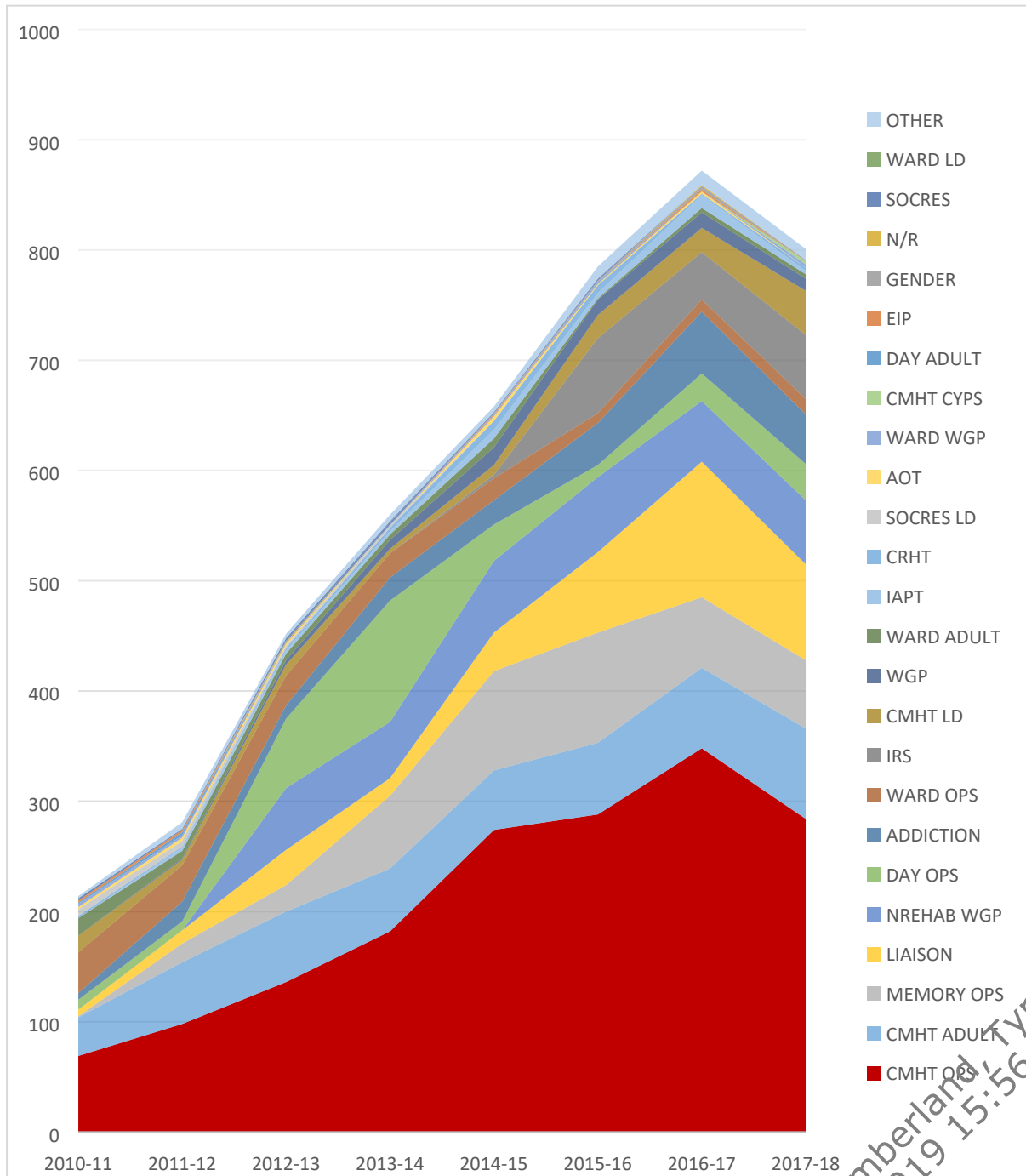


Graph 2.3: Natural cause deaths by age and sex

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2.4. ANALYSIS BY SERVICE TYPE.

Graph 2.4 shows the change over time for the number of natural cause deaths reported by service types between 2010/11 and 2017/18.



Graph 2.4: Natural deaths by service type

2.4.1 Older Peoples mental health services.

Over the eight year period the largest increase in natural death reporting has occurred in CMHTs for older people and memory services, where the majority of

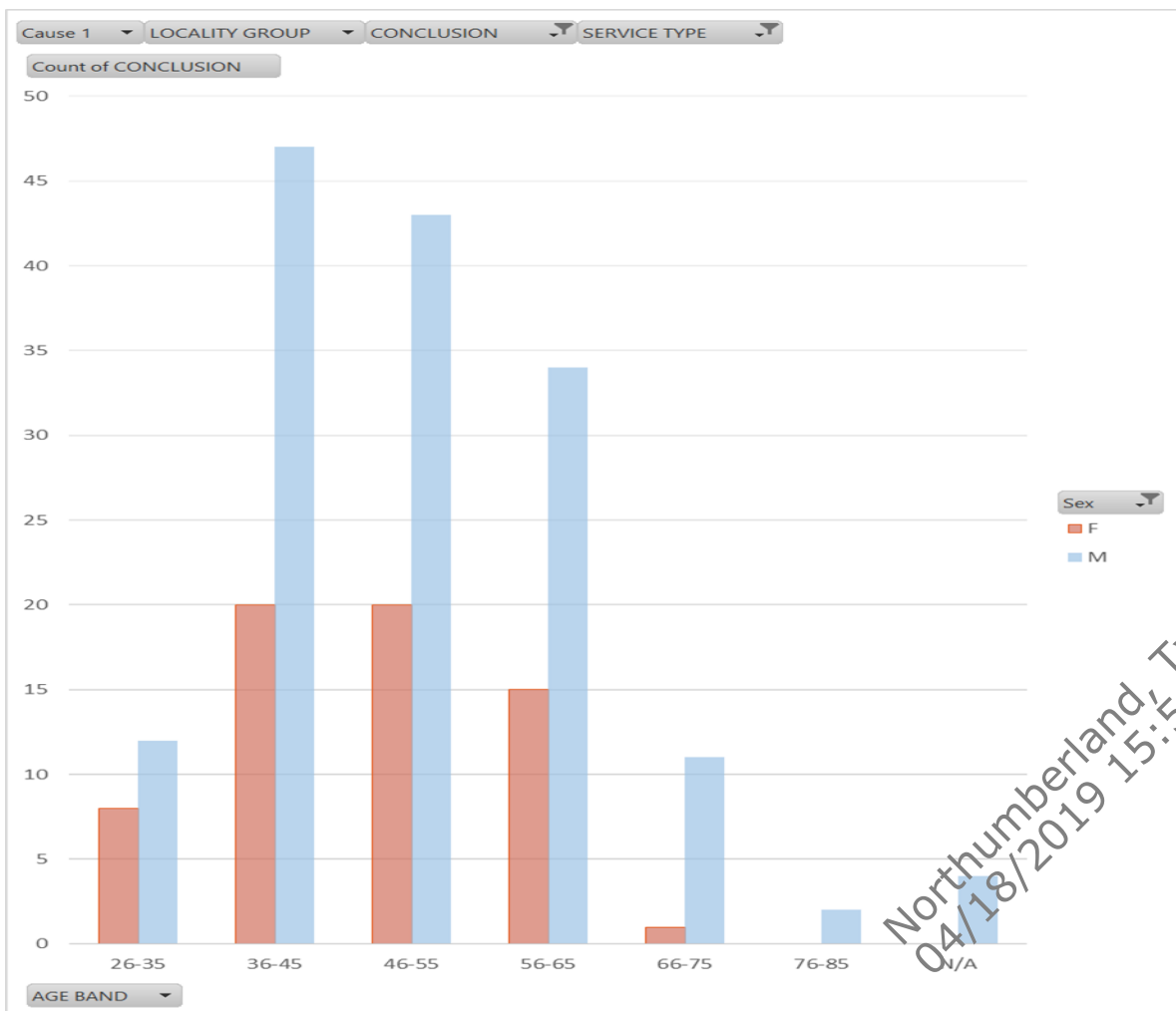
service users are older people. There was a fall in reports over the last year from these services as well as in liaison services. Deaths reported from older people community and in-patient services accounted for 56% of all natural deaths reported over the period 2010/11 to 2017/18.

2.4.2 Adult mental health services

Natural cause reported deaths in adult CMHTs has shown an upwards trend over the period and rose again in the latest year to 82 deaths. This is the highest number over the eight years, In contrast the number of reported deaths from adult wards has decreased with 4 deaths reported in 2017/18. This may be related in part to an overall fall in the number of in-patient beds and closure of adult social residential care beds.

2.4.3 Addiction services

There has also been an increasing number of reported natural cause deaths from addiction services. Only 6 such deaths were reported in 2010/11 rising to 56 in 2016/17. There was a small fall to 45 deaths reported in 2017/18. The peak age for death was 36-45 and remained high until 65. Male deaths greatly outnumber female deaths at all age bands.



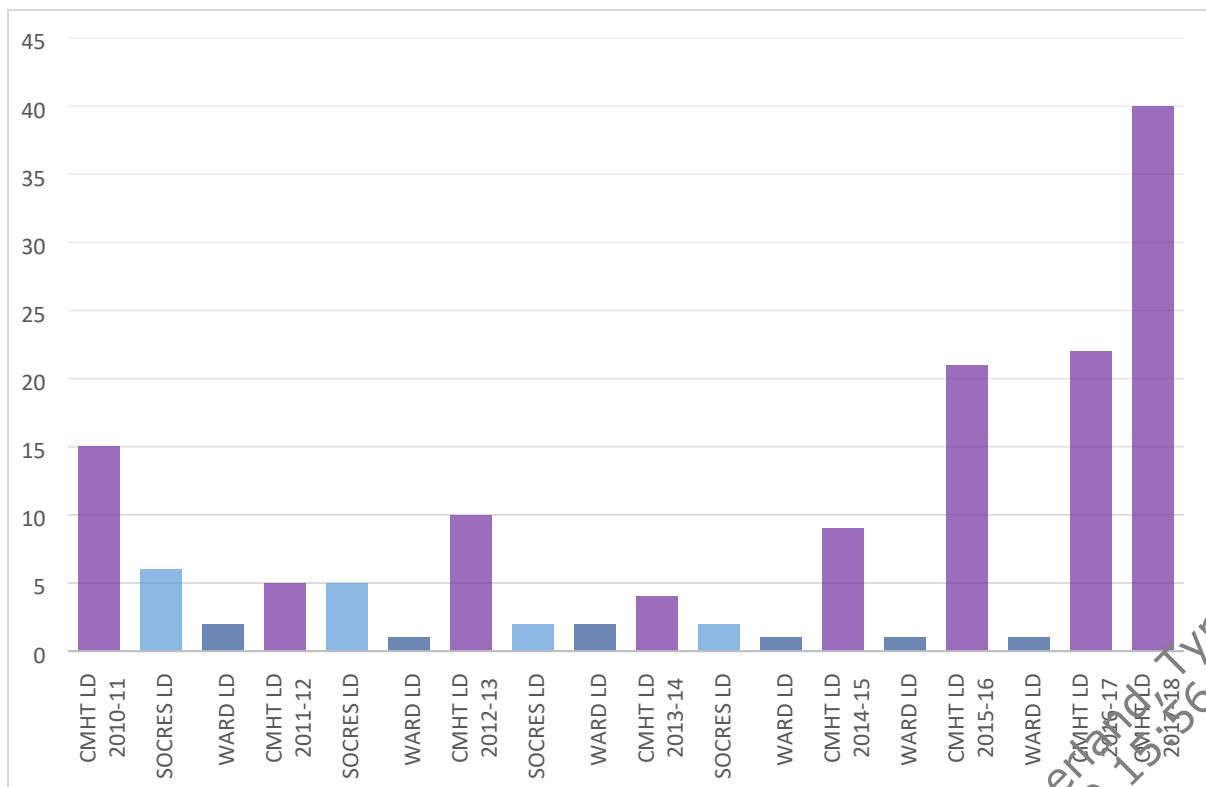
Graph 2.4.1: Natural cause deaths in addiction services, by age

Research has shown that people attending addiction services have higher rates of respiratory disease compared to the general population, and this is related to very high rates of smoking. A new innovation within Newcastle has established a joint service developed between the Trust, Newcastle upon Tyne Hospitals and the CCG designed to identify and treat users of Plummer Court with respiratory problems while bypassing the usual referral pathways.

2.4.4 Learning disability services.

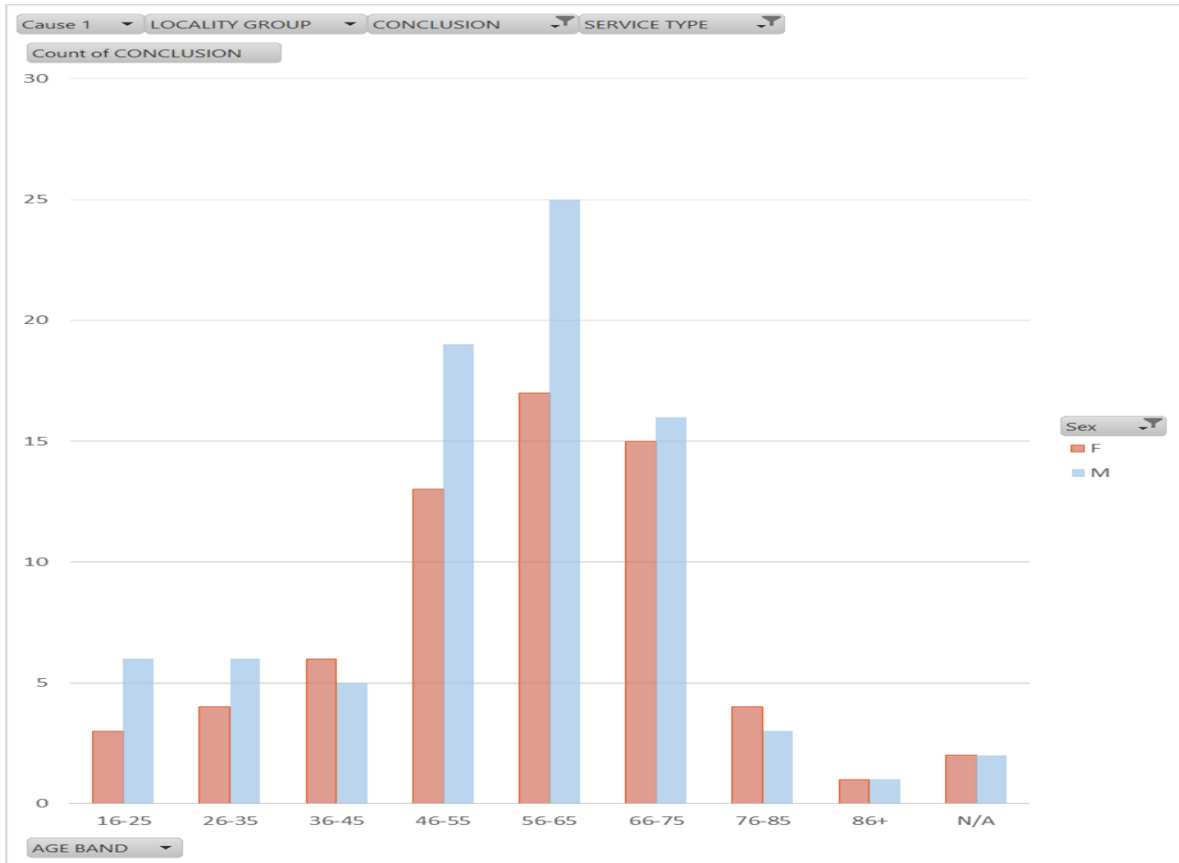
Natural cause deaths reported by learning disability services shows significant year to year variation. The number of deaths reported from bed based services has fallen considerably and no such deaths have been reported in the last two years. This is likely to be largely due to the closure of social residential care beds and an overall reduction in the in-patient services.

However, there has been a notable increase in deaths reported from community based services with an upward trend over the last five years. This has reached a peak with 40 deaths reported in 2017/18. One explanation may be that this has coincided with the introduction of the Learning Disabilities Mortality review Programme (LeDeR) which commenced in June 2015. This has raised the profile of deaths of persons with a learning disability by promoting reporting into the programme.



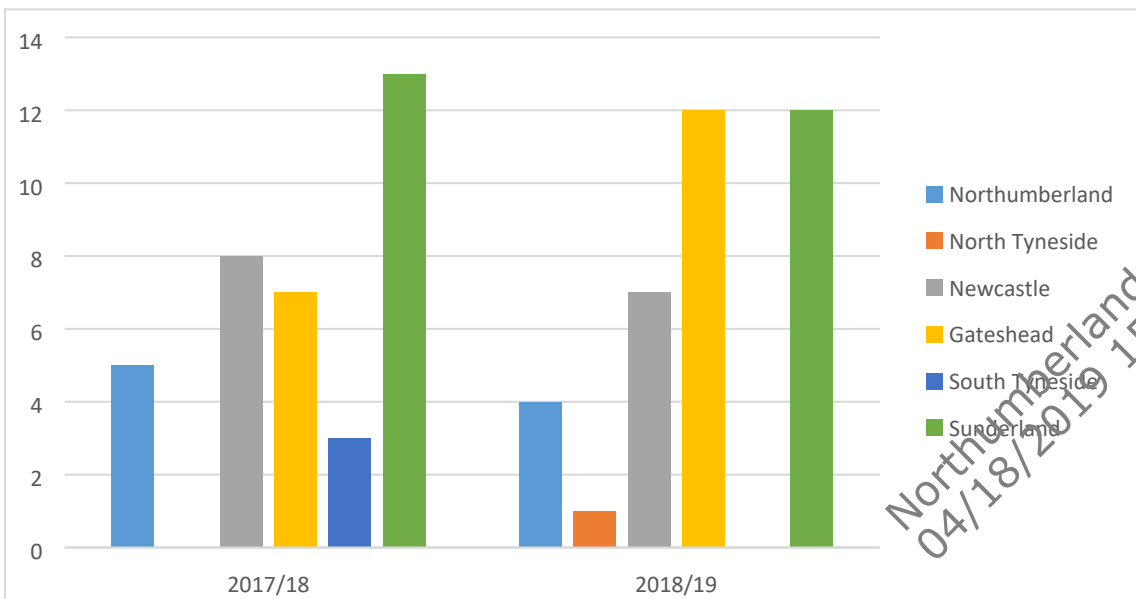
Graph 2.4.2: Natural deaths reported by LD services

Natural cause deaths reported from LD services (graph 2.4.3) peak at a lower age than deaths from all services (graph 2.3). The peak age is 56-65 with lesser, but similar numbers in the ten year age band both below and above this. Males exceed females at nearly all age groups.



Graph 2.4.3: Natural cause deaths in LD services, by age

Whenever the Trust is aware of a death reported from a learning disability service it makes a referrals to the local LeDeR contact in the relevant CCG. Graph 2.4.4 shows the number of referrals made by the Trust in 2017/18 and 2018/19. In both years 36 referrals were made, although there is considerable variation in the number reported to individual CCGs. This is partly explained by the variation in services provided by the Trust in each locality.



Graph 2.4.4: Referrals to local LeDeR contacts

2.4.5 Other services

An increasing number of deaths have been reported by the IRS service since its inception in 2015. In the majority of cases these deaths are not of service users who are active users of the IRS service, but rather that the IRS is receiving notifications by phone from relatives or primary care of deaths of users of other services. SafeGuard automatically populates the service field based on the assignment of the person completing the report rather than the service the deceased was under.

This could lead to under reporting of deaths in clinical services. However, the number of such reports is small compared to the overall number of natural cause deaths. Also, it is clear that it is very uncommon for an unnatural cause death to be reported by IRS, suggesting that these deaths are generally attributed to the correct clinical service.

Similarly, liaison services have expanded over time and this may explain the increase of natural cause death reports from only 6 in 2010/11 in 2010 to 123 in 2016/17. Many of these deaths will have occurred in persons with limited contact with mental health services only during their stay in an acute general hospital.

Community neurological services did not report any natural cause deaths prior to 2012/13 but are now reporting a consistently reporting between 50 and 70 deaths each year with no evidence of a trend.

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 24th April 2019

Title and Author of Paper: Quarterly Visit Feedback Themes Q4
January 2019 to March 2019
Johanne Wiseman, PA to Executive Director of Nursing
and Chief Operating Officer, and Anthony Deery, Group
Nurse Director, South Locality

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

Paper for Debate, Decision or Information: Information

The purpose of this report is to provide an update to the Board of Directors on visit reports that have been received from Senior Managers for the period January to March 2019, including any outstanding visits not included in the previous update. A list of all areas visited is available at appendix 1 and copies of individual reports are available by contacting Johanne Wiseman, PA to Gary O'Hare.

Key Points to Note:

1. The visits are principally supportive and provide an opportunity for staff to engage with Trust Senior Managers.
2. Services are encouraged to share achievements and areas for improvement.
3. The visits provide qualitative information to the Locality Groups which can be used for the purposes of quality assurance and improvement
4. For the purposes of this report the findings have been presented under the following 6 themes.

Service users and carers experience

- A number of children visit the ward and the team felt that a children's room would be of benefit.
- I spoke to a number of service users on my visit who were extremely complimentary about the interventions, groups offered, and their interaction and engagement with staff. Patients were keen to impress upon me that the addition of a specialist community outpatient service would further enhance the inpatient and hospital model, and that the service available within the unit is exemplary, but there is a long waiting list to get into the service.

- Caring, compassionate and respectful staff providing an excellent service. The ward environment is light and provides individual accommodation for service users with multiple communal spaces (however some areas have been reported as being cold and the ward manager has tried to get Estates to fix it, but only with limited change). There are separate dining areas, beverage bays, relaxation and pamper rooms, as well as activity rooms, and an allotment helps with outdoor space and activity.
- Ward have now moved into newly refurbished environment in the Hadrian Clinic. A few minor issues still to resolve but environment much brighter and clean with improvements to all rooms. Staff morale in the ward good, although occupancy running very high with some individuals who are difficult to manage in a large group.
- At the time of the visit there were a number of visiting families and it was apparent that there was limited space for families to meet with service users and the lounge area was busy. I mentioned this to the management team and I was advised that this was known and had been raised previously with the management team. There was a feeling that the environment was inferior compared to other older adult inpatient services on the same site
- The service have recently started in reach work into patient areas, such as Hadrian Clinic and active liaison with CMHT to enhance patient care and to intervene early and appropriately.
- Two services users provided glowing reports – one of them has accessed the service for over 20 years and indicated this was ‘life-saving’ for her.
- The service looks after three service users, supporting them on a daily basis (Monday to Friday – and Saturdays depending on the service user). Eight staff in the team who conduct a range of community based activities with the service users.
- The service is currently undergoing a commissioning review which is nearing completion, however there has been some uncertainty felt about the future of the service and what this will mean for the service users, their families and the staff.
- A community home for people moving from inpatient secure settings or those referred by probation, there are 12 residential beds with two leave beds available for those transitioning in from inpatient services. Although a mixed gender unit, the vast majority of service users are male. Several rooms have ensuite bathrooms, whilst the others have their own hand basins and shared bathrooms. Meals are provided by a housekeeper although residents are supported and encouraged to develop their own skills for independent living by preparing some meals themselves.

Safety, effectiveness and caring

- Staff are proud of the fact that they have reduced the average length of stay from two years to less than nine months and they are comfortable talking about discharge when people are admitted
- The staff do a lot of reflective practice which is of benefit and greatly valued. Their opinion was that a significant impact was made by the presence of an Activity worker and they are currently collecting evidence that this input reduces incidents.

- Ward benefits from very good multidisciplinary working, with the Newcastle Model re formulation and interventions well embedded. New initiatives include the introduction of Communication and Interaction Therapy (CAIT) and Patient Personal Profiles which will bring together all aspects of the service user's journey in this service, including their formulation, information from family, observations, activities, etc.
- Although bio-psycho-social formulation and psychological interventions are essential elements of care and treatment for service users, psychological reports are not required for Mental Health Act Tribunals, although they can be submitted at the discretion of the service. NTW could make this a standard part of our procedure.
- Highly experienced, competent and specialist multi-disciplinary team which co-produce treatment interventions. Good example of joint working with neighbouring Mental Health Trust with some of our clinical staff working across both organisations.
- Well integrated and successful team in terms of outcomes and patients progressing to recovery, inherently driven by team principles such as: team members having a clear understanding of each other's roles and responsibilities; protected time being carved out weekly to discuss patients as a team to avoid splitting and to communicate risk; staff passionate about eating disorders and actively seeking to work in that field; weekly patient forum which provides feedback, and team being responsive to suggestions made to change or improve the service.
- The team were very complimentary about the GP on contract who has extensive experience.

Staff health and well-being

- Staff said they found allegations of abuse against staff very hard and would welcome CCTV or body cameras in the ward. Despite these concerns there have been a lot of applicants for the vacant posts which they were encouraged by.
- Staff feel very passionate about the service and the work they do with the service users, a number of staff have worked in the team and with the service users for approximately 20 years.
- Electronic dashboards help staff manage day to day work and these dashboards also highlight changes to status, such as detention / reading of rights. The 'Getting to know Staff' board provides useful information about staff to current service users and the 'Tree of Hope' provides an area for service users to receive feedback.
- A clearly committed team working under pressure and supporting people with complex needs and suffering severe stigma associated with their presentation. Pressures on the serviced are intense due to demand growth and consequent impacts on waiting times, however the service can be proud of their achievements in delivering high quality care under intense pressure.

- Called in to discuss news relating to sale of CAV site and need to relocate ward within three year window. Staff team were aware and not unduly worried by the news. Key concern was about future venue of ward with a desire not to move outside of Newcastle system and stay in proximity of other older Age services. Activities under way on ward with most patients engaged when I attended. Good atmosphere with some family members involved.
- Visit to discuss the move to join up with Newcastle Crisis in April 2019. Staff I talked with were comfortable with new working arrangements but recognised that the new working model would take a while to bed in. Team have had some HR issues within recent months but this matter has moved on and does not appear to have negatively impacted on day to day work.
- I visited both wards to talk with staff about the move across to Hadrian Clinic which is planned for September 2019. Teams were generally upbeat about the move and recognised the need to provide a service from improved environments, some concerns were raised around staff safety when moving around the CAV site and also car parking availability and this will be fed back into the team planning the move. Staff morale was good despite continual pressure around admissions into the wards which are continually operating at full occupancy.
- Visit to congratulate the team on being named Clinical Team of the Year. Clearly this has been a great boost to the team who are delighted. Discussion held relating to three year plan for CAV and potential options. Day hospital provides an important component of Older Age Pathway and greatly assists with avoiding admissions / accelerating discharges. Also discussed synergies with other day hospitals provided by NUTHT and event being planned soon to consider this. Clinical lead from the service will be involved in those discussions.
- The Clinical Manager / Ward Manager were proud of the awards which had been achieved on the ward, including the staff award they received the previous year.
- Have experienced high levels of sickness but the trend has been downwards for the past few months and there is a low level of turnover. Some of the international nurses are based on the ward and I spoke to one of them who informed me that she is very happy working for the trust. Both she and the ward manager were very complimentary about the senior management.
- Hardworking, dedicated and experienced staff provide an excellent service to the population of Newcastle in the community in relation to addiction related problems.

Quality Improvements

- The future of the service remains uncertain (as was the case when I visited 2½ years ago), although a number of improvements have been made since my last visit: physical environment of the ward has been repainted (using the Stirling Model to assist navigation for service users); the exterior courtyard garden has been made more accessible and has been well utilised during the summer; a Parker Knoll bath for disabled people has been added which has improved bathing accessibility for service users. However, there are no ensuite facilities which affects privacy and dignity (particularly on a mixed ward). Bath and shower rooms open onto the main corridor.

- We are currently exploring the commissioning and delivery of eating disorder services jointly with Trust X along the New Care Models initiative and that might be an opportunity to look at gaps regionally within service provision in individual organisations.
- Service Y is a key part of our pathway for people with mental health problems in Forensic Services and is provided through excellent partnership working between NTW and a local Housing Association. Outreach work to assist in transition from Service X is also very important but not commissioned – additional commissioned resource would improve outcomes further and also through-put which needs to be considered as our medium secure provision expands. A future increase in the staffing establishment could support further development in the service involving closer working links with inpatient services, as well as the Forensic CMHT, addressing those individuals currently located outside NTW, as well as those currently within NTW Secure Care, with the view of streamlining the pathway further.
- There have been a number of issues around the team functioning in recent months that has led to remedial work and actions alongside a change in leadership. Good evidence of strong systems are in place and improvements are occurring across the team. Team morale has been impacted on during this time and an OD approach has been taken to work with the team and keep them on board through this difficult period. The team are moving base in the coming weeks and joining with the psychosis team from the Tranwell unit. Whilst there will be a settling in period it is felt that this is a positive move and will help in managing workload across Gateshead generally.

Well Led

- Main concerns are: communication regarding medical cover; physical environment; uncertainty regarding future location of the ward; uncertainty regarding management at ward level due to long term sickness.
- Key positives are: consistent management and support from CBU Clinical Leadership Team; strong input from psychological services; use of Newcastle model and formulation; positive impact of consultant psychiatrist.
- High levels of referrals and activity within the team which is creating a lot of pressure on the MDT. Staff I spoke with recognising this and good support within the team and open discussion about managing the pressures is evident. Some discussions relating to parity with the East team and level of resources available which is being discussed through planning cycle and workforce plans. Morale seemed ok and good local leadership is in place.
- The ward manager was relatively new in post and we had a long discussion about the transition from being a clinician to a management role and the lack of support/ training given.
- I spoke with a medical student who said she had enjoyed working here and was keen to become a GP with additional experience of addictions. Staff on the unit also provided very positive feedback about the work ethic and supportive managers. Whilst it was suggested this is a busy working environment, the cohesive team and effective leadership was cited as making it worthwhile being at work in this service.

Issues requiring attention

- A service run in partnership with Human Kind, Changing Lives and NTW (NTW is the lead agency), Mary Street is one of three sites (Houghton and Washington being the others), but has the most amount of patients. Concerns include: lack of access to inpatient detox facilities and current discussions with Commissioners regarding this issue and raised with the CCG; lack of buy in from the Acute Trust. Private facilities can be considered, but transport can be problematic due to distance and often they will not admit patients with physical ill health.
- RiO not generating prescriptions causes significant delay. There is a totally separate system in place for printing prescriptions and the record sheets are kept in one hub only which means staff do not have daily access to the records and cannot check when prescriptions were issued, which pharmacy they collect from and when the prescriptions are next due.
- Discussed ongoing pressures with waits and system changes within the team to address this. Morale in the team was good and there is optimism that new funding is available via MHIS from Northumberland with other CCG's considering further. Building is very isolated from other services and more importantly remote for service users. This will be factored into thinking around estate in central locality in coming months.

2019/2020 Visit Programme

The visit programme for 2019 / 2020 is now complete and has been forwarded to Senior Managers so that visits can be arranged.

Risks Highlighted to Board : None

The issues highlighted in the report are addressed through the respective Locality Group's governance processes.

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

Equal Opportunities, Legal and Other Implications: None

Outcome required: Board of Directors are asked to receive this report for information.

Link to Policies and Strategies: Staff and patient engagement

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APPENDIX 1

Name of Service	Date	Senior Manager
Woodhorn	7 th September 2018	Carole Kaplan
Marsden Ward	8 th November 2018	Lynne Shaw
Intensive Support Service, Monkwearmouth	8 th January 2019	David Muir
Castleside	8 th January 2019	Dr Esther Cohen-Tovee
Richardson Eating Disorder Intensive Day Service	9 th January 2019	Dr Rajesh Nadkarni
Ward 2, Walkergate Park	9 th January 2019	Lynne Shaw
Westbridge Hostel	10 th January 2019	Dr Esther Cohen-Tovee
Hauxley Ward	4 th February 2019	Dr Kedar Kale
Gender Dysphoria Service	5 th February 2019	John Lawlor
Lowry	6 th February 2019	Tim Docking
Castleside Ward	13 th February 2019	Tim Docking
Older Person's Community Team, CAV	13 th February 2019	Tim Docking
Akenside	13 th February 2019	Tim Docking
Gateshead Crisis Team	18 th February 2019	Tim Docking
Fellside & Lamesley	18 th February 2019	Tim Docking
Recovery – Sunderland Integrated Substance Misuse Treatment Service	21 st February 2019	Dr Jane Carlile
Newcastle West CTT	25 th February 2019	Tim Docking
Addictions Service, Plummer Court	4 th March 2019	Dr Kedar Kale
Castleside Day Hospital	18 th March 2019	Tim Docking
Keegan Court	25 th March 2019	Tim Docking
Gateshead Non Psychosis Team	27 th March 2019	Tim Docking

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting (Public)

Meeting Date: 24 April 2019

Title and Author of Paper:

Staff Friends and Family Test Update Quarter Four 2018/19
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Executive Lead:

Lynne Shaw, Acting Executive Director of Workforce & OD
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper includes the results of the Qtr4 18/19 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via an NTW Login.
- Response rates this quarter slightly decreased to 45% from 46% in Qtr2 18/19.
- There was no change in positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” remaining at 70%.
- There was no change in positive responses to the question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” remaining at 78%.

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: For information and action

Link to Policies and Strategies: Workforce & OD Strategy

Staff Friends and Family Test (FFT) update Quarter Four 2018/19

(data as at 19th March 2019)

1. Executive Summary

1. The proportion of staff recommending the organisation to friends and family as a place to work:
 - a. Has remained static for Qtr4 2018/19 at 70%.
 - b. Remains higher than the most recently published national average and sector average of 64%.
 - c. Medical and Dental staff and Administrative and Clerical are the staff groups most likely to recommend the organisation as a place to work, while the staff group least likely to recommend are Additional Clinical Services as well as Estates and Ancillary.
 - d. The Directorates most likely to recommend NTW as a place to work are Workforce and OD, Medical Directorate and Commissioning and Quality Assurance. The directorates least likely to recommend are the North and Central Locality Groups.
 - e. The Directorates with the biggest change in the quarter are Chief Executive with a reduction from 88% to 72% and Deputy Chief Executive Office with a decrease from 83% to 73%.
2. The proportion of staff recommending the organisation to friends and family if they needed care and treatment:
 - a. Has remained static at this quarter at 78%.
 - b. Is below the most recently published national average of 81%, but above the sector average of 75%.
 - c. Allied Health Professionals, Admin and Clerical and Medical and Dental Staff Groups are those most likely to recommend NTW for care and treatment, while the Staff Group least likely to recommend is Additional Clinical Services.
 - d. The Directorates with the biggest change in the quarter are the Workforce and OD Directorate increasing from 76% to 92%, Medical Directorate reducing from 84% to 76% and Chief Executive Office increasing from 76% to 83%.
3. The response rate in the period has slightly decreased to 45% from 46% of staff (those presented with FFT questions when logging onto the Trust network). 3,280 staff responded during the period.
4. Analysis of the respondents suggests that the proportion of respondees by Staff Group is broadly in line with the Trust staff demographic, with the exception of

Estates and Ancillary staff – this may be reflective of lower access to the Trust network by employees within this staff group.

5. A total of 893 comments and suggestions from staff have also been collected and analysed. The key themes identified for both questions continue to be staffing levels and waiting times.

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2. Introduction

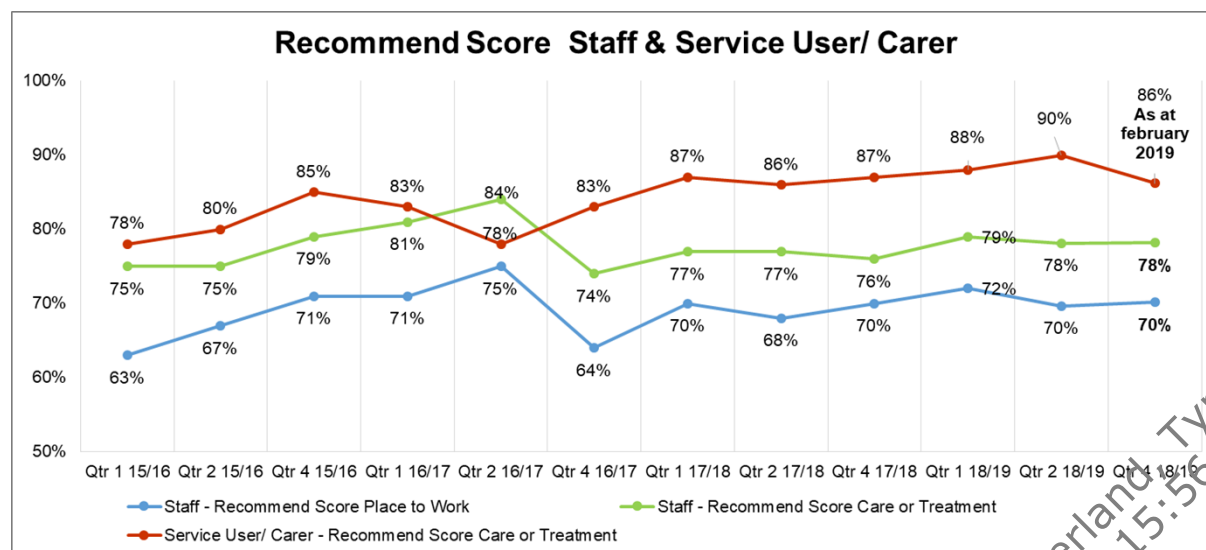
All NHS Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in Qtr3 of each year. The two Staff FFT questions are as below, with answer options ranging from 'extremely likely' to 'extremely unlikely' (6-point Likert scale, including 'don't know' option):

1. How likely are you to recommend the organisation to friends and family as a place to work? ('work' question)
2. How likely are you to recommend our services to friends and family if they needed care and treatment? ('care' question)

NTW provides staff with the opportunity to feedback their views on the organisation throughout the year via a range of mechanisms, such as the annual Staff Survey, the Staff FFT (which is administered quarterly except Qtr3), SpeakEasy events and the Chatterbox facility. Since 16/17, all staff have been asked their views in every quarter, therefore significantly increasing the volume of Staff FFT responses in the year.

The Staff FFT responses are published nationally, allowing for national benchmarking to take place. Internally, anonymised responses to the staff FFT are made available to managers via the Trust dashboard.

The graph below shows the recommend score from both the staff and service users/ carers' FFT over a quarterly time period:



N.B. Quarter 3 results are not included above as the Staff FFT is asked via the Staff Survey during this quarter.

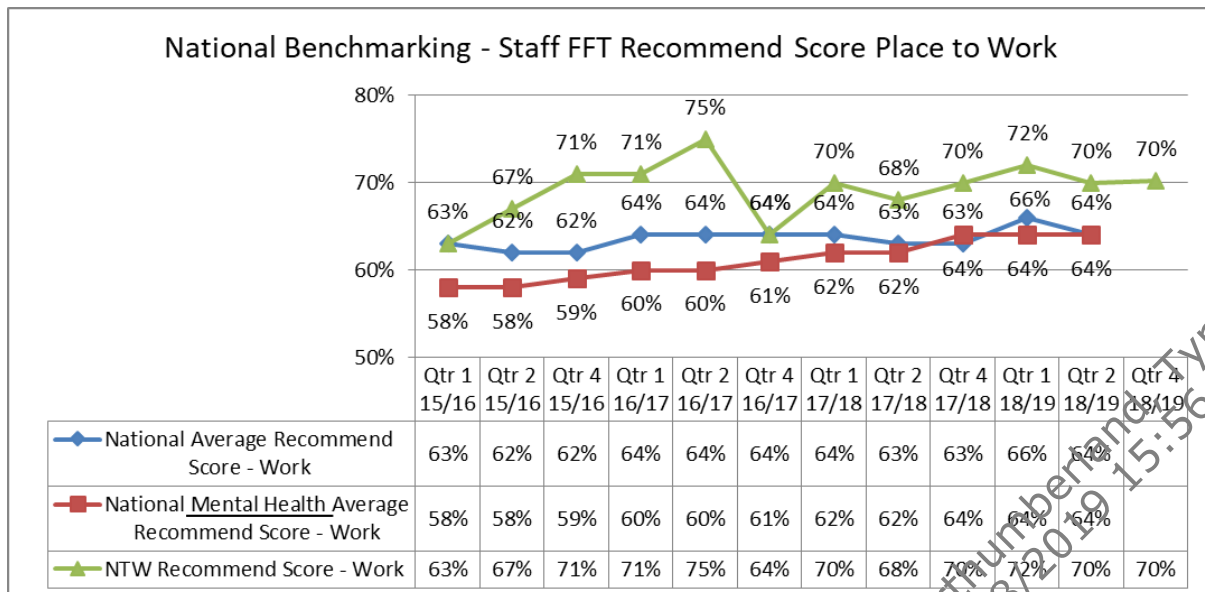
3. National Benchmarking Data - Update Quarter 4 - 2018/19

The table below shows the responses to the Staff FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses. The data below is the most recently published NHS England Staff FFT for Qtr2 18/19

	Total Response	HSCIC Workforce Headcount	Work		Care	
			% Recommend	% Not Recommend	% Recommend	% Not Recommend
National	130,555	1,149,726	64%	17%	81%	6%
NHS England Cumbria & North East	8,363	84,744	69%	13%	81%	5%
Northumberland, Tyne and Wear NHS Foundation Trust	3,280	5,623	70%	10%	78%	5%
Tees, Esk and Wear Valleys NHS Foundation Trust	2,232	6,569	70%	15%	81%	5%

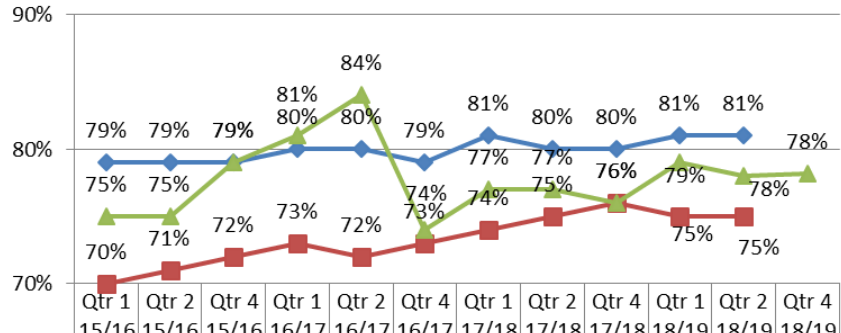
N.B. Qtr 4 18/19 data is due be published 30th May 2019

It can be seen that in Qtr2 18/19 the Trust was above the national averages for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend the Trust for care and treatment. If the national position remains unchanged from Qtr2 18/19 to Qtr4 18/19, at 64% the most recent (Qtr4 18/19) results NTW would be above the national average for recommending the Trust as a place to work, and at 78% be below the national average of 81% for recommending the organisation for care and treatment.



The above graph illustrates that the Trust has been above or equal to the national average, and above the sector average since Qtr1 15/16 for the percentage of staff who would recommend the Trust as a place to work.

National Benchmarking - Staff FFT Recommend Score Care or Treatment



◆ National Average Recommend Score - Care	79%	79%	79%	80%	80%	79%	81%	80%	80%	81%	81%	
■ National <u>Mental Health</u> Average Recommend Score - Care	70%	71%	72%	73%	72%	73%	74%	75%	76%	75%	75%	
▲ NTW Recommend Score - Care	75%	75%	79%	81%	84%	74%	77%	77%	76%	79%	78%	78%

As illustrated above the Trust has been above or equal to the sector average since Qtr1 15/16 for the percentage of staff who would recommend the Trust as a place for care and treatment. During Qtr4 16/17 the Trust recommend score was marginally above the sector average by 1% and equal to the sector average in Qtr4 17/18.

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4. Results for Quarter 4 - 2018/19

4.1 Response rates

Appendix 1 shows the response rates by Group/Directorate over time. In Qtr4 18/19 the Trust response rate was 45%, receiving a total of 2,917 responses this is a decrease of 1%. The lowest response rate of those staff was from Medical Directorate (44%) and the highest response rate was from Chief Executive Office (82%).

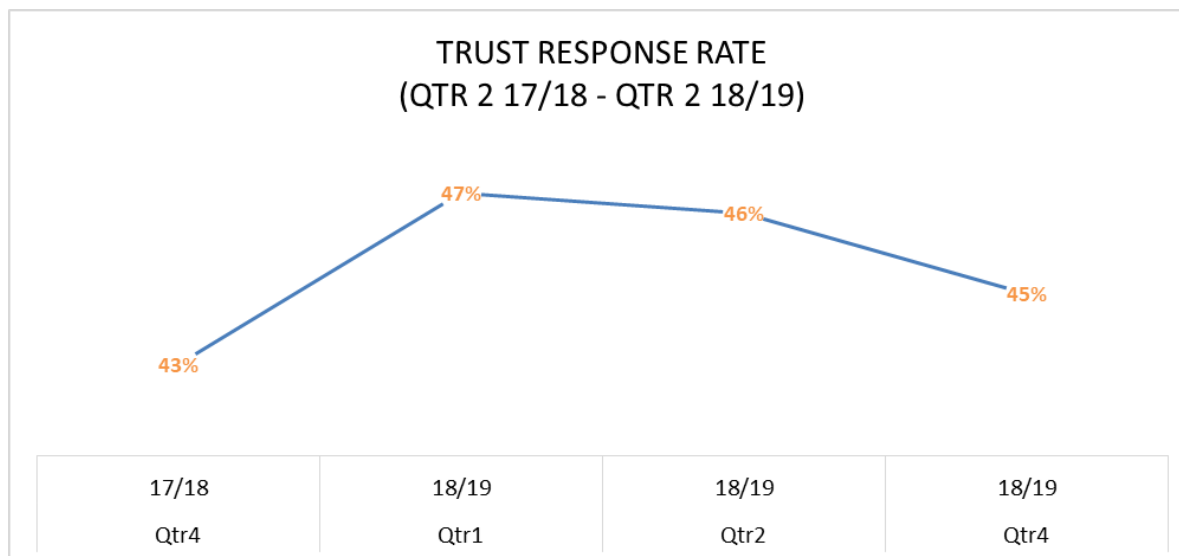


Table 1 – Response rates by Group/Directorate

Response rate – proportion of responses of those offered the Staff FFT through their NTW login	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19
Trust	43%	47%	46%	45% ↓
North Locality Group	43%	49%	49%	47% ↓
Central Locality Group	44%	48%	48%	47% ↓
South Locality Group	46%	51%	51%	48% ↓
Deputy Chief Executive	41%	44%	48%	48% ↔
Nursing & Chief Operating Officer	60%	64%	61%	65% ↑
Medical	44%	42%	53%	44% ↓
Commissioning & Quality Assurance	65%	63%	60%	59% ↓
Workforce & OD	59%	58%	55%	67% ↑
Chief Executive	81%	95%	81%	82% ↑
NTW Solutions	41%	46%	44%	49% ↑

Table 2 – Breakdown by staff group of those who responded in Qtr4

Breakdown by staff group - proportion of responses of those offered the Staff FFT through their NTW login	Response Breakdown				Proportion of Staff Group (source:ESR)
	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	
Add Prof Scientific and Technical	5.95%	6.03%	6.40%	6.44%	5.89%
Additional Clinical Services	23.78%	24.13%	24.39%	23.20%	26.64%
Administrative and Clerical	20.50%	20.49%	21.13%	23.86%	20.00%
Allied Health Professionals	4.89%	5.24%	5.21%	5.75%	4.98%
Estates and Ancillary	2.12%	2.11%	2.10%	1.98%	7.83%
Medical and Dental	4.34%	4.09%	3.99%	4.76%	4.21%
Nursing and Midwifery	27.90%	29.01%	28.96%	30.88%	30.45%
Other	10.52%	8.90%	7.80%	3.13%	N/A
Total	100%	100%	100%	100%	100%

N.B. included in the Trust total includes staff "other" within the breakdown of staff group these staff have an NTW login but are not held on ESR e.g agency staff.

4.2 Responses by answer options and recommend score

Question 1:- How likely are you to recommend the organisation to friends and family as a place to work? (Work Question)

Table 3 shows the findings from Question 1 work question by answer.

N.B. positive responses refer to 'extremely likely' and 'likely' responses, this is also known as the 'recommend score'.

Table 3 – Responses by Answer for Question 1

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr4 18/19	
Extremely Likely	23%	26%	24%	24% ↔	<p>While comparing the Qtr4 percentages with the same period last year 17/18, positive responses (or recommend score) has remained at a constant 70% other than in Q1 18/19 where it was 72%.</p> <p>Neither, unlikely and don't know has seen no change in percentage from Q2 18/19 however extremely unlikely has increased (1%) compared to the previous quarter.</p>
Likely	47%	46%	46%	46% ↔	
Total Recommend	70%	72%	70%	70% ↔	
Neither	17%	16%	18%	18% ↔	
Unlikely	6%	3%	6%	6% ↔	
Extremely Unlikely	3%	6%	3%	4% ↑	
Don't Know	3%	3%	2%	2% ↔	

Table 4 shows the comparison of staff who would 'recommend' the Trust as a place to work by Group/Directorate.

Table 4 - Results table: **Recommend Score for Question 1 by Group/Directorate**

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	There has been an increase in recommend score across 2 of the 3 locality Groups (North & South) with Central remaining at 66%. Whereas the majority of the Corporate Directorates have all seen a decrease in their recommend score, most notably Chief Executive and Deputy Chief Executive however Workforce & OD has seen an increase in their recommend score.
Trust	70%	72%	70%	70%↔	
North Locality Group	68%	71%	66%	68% ↑	
Central Locality Group	64%	68%	66%	66%↔	
South Locality Group	70%	71%	70%	72% ↑	
Deputy Chief Executive	76%	73%	83%	73% ↓	
Nursing & Chief Operating Officer	74%	75%	74%	69% ↓	
Medical	75%	73%	81%	78% ↓	
Commissioning and Quality Assurance	79%	76%	78%	78% ↔	
Workforce & OD	64%	76%	76%	79% ↑	
Chief Executive	82%	78%	88%	72% ↓	
NTW Solutions	73%	66%	73%	71% ↓	

Table 5 is a comparison of the staff who would 'recommend' the Trust as a place to work by staff group.

Table 5 - Results table: **Recommend Score for Question 1 by Staff Group**

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Comparing the recommend scores in Qtr2 18/19 with Qtr4 18/19 there has been a decrease in 4 of the 7 Staff Groups, most notably in Admin and Clerical, Estates and Ancillary, AHP's and Medical and Dental all decreasing by 1-6%. There has been an increase in recommend score Add Prof Scientific and Technical and Nursing and Midwifery staff group with an increase of 1-3% when compared with Qtr2 18/19.
Trust	70%	72%	70%	70% ↔	
Add Prof Scientific and Technical	69%	73%	70%	71%↑	
Additional Clinical Services	66%	67%	65%	65%↔	
Administrative and Clerical	74%	73%	76%	73%↓	
Allied Health Professionals	75%	77%	74%	71% ↓	
Estates and Ancillary	68%	59%	72%	66%↓	
Medical and Dental	71%	74%	77%	76%↓	
Nursing and Midwifery	66%	71%	67%	69%↑	

Appendix 2 illustrates the percentage of staff who would recommend, not recommend (rating extremely unlikely or unlikely) and those who are unsure (rating either neither or don't know) to question 1 by Group/Directorate over time (Qtr4 17/18 to Qtr4 18/19).

Question 2:- How likely are you to recommend our services to friends and family if they needed care or treatment? (Care Question)

Table 6 shows the findings from Question 2 Care Question by answer.

Table 6 – Results table: **Responses by Answer for Question 2**

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	
Extremely Likely	28%	31%	28%	29% ↑	While comparing the Qtr4 percentages with last year (Qtr4 17/18), there has been an overall increase in the recommend score (positive responses) for this question (from 76% to 78%). This has remained the same from Qtr2 18/19. When comparing the negative responses with the same period last year there is minimal variation in the percentages and have remained consistent over the course of the year.
Likely	49%	48%	50%	49% ↔	
Total Recommend	76%	79%	78%	78% ↑	
Neither	14%	13%	14%	14% ↔	
Unlikely	4%	4%	4%	3% ↓	
Extremely Unlikely	2%	3%	2%	2% ↔	
Don't Know	4%	2%	3%	3% ↓	

Table 7 is a comparison of staff who would 'recommend' the Trust for care or treatment by Group/Directorate.

Table 7 - Results table: **Recommend Score for Question 2 by Group/Directorate**

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	
Trust	76%	79%	78%	78% ↔	Overall the recommend score (positive responses) remains unchanged when comparing Qtr2 18/19 to Qtr4 18/19. The most notable increase in the recommend score is across Workforce & OD with an increase of 16%, material changes in percentage increase or decrease can occur due to there being smaller staff numbers in the directorate. The North and Central Locality have both seen increases in their recommend score during
North Locality Group	75%	79%	74%	75% ↑	
Central Locality Group	72%	75%	74%	76% ↑	
South Locality Group	79%	80%	81%	81% ↔	
Deputy Chief Executive	76%	68%	67%	73% ↑	
Nursing & Chief Operating Officer	83%	85%	83%	77% ↓	
Medical	71%	76%	84%	76% ↓	
Commissioning and Quality Assurance	79%	85%	85%	91% ↑	
Workforce & OD	86%	95%	76%	92% ↑	

Chief Executive	71%	67%	76%	83% ↑	the quarter whilst the South Locality recommend score remained the same. There were notable increases in recommend score across the Commissioning and Quality Assurance and Chief Executive.
NTW Solutions	80%	76%	81%	76% ↓	

Table 8 is a comparison of staff who would 'recommend' the Trust for care or treatment by Staff Group.

Table 8 - Results table: **Recommend Score for Question 2 by Staff Group**

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Comparing the recommend scores in Qtr4 17/18 with Qtr4 18/19 there have been increases in 5 of the 7 Staff Groups. The most notable increase was in the Medical & Dental staff group from 73% to 82%. When comparing Qtr4 18/19 against the previous quarter (Qtr2 18/19) there has been an increase in recommend score in 4 of the 7 Staff Groups most significant in Medical & Dental with 4% increase. There was decrease in the recommend score for Additional Clinical Services of 2% whilst Administrative and Clerical and Estates and Ancillary remained static.
Trust	76%	79%	78%	78% ↔	
Add Prof Scientific and Technical	75%	79%	77%	79% ↑	
Additional Clinical Services	73%	75%	73%	71% ↓	
Administrative and Clerical	81%	82%	82%	82% ↔	
Allied Health Professionals	82%	84%	85%	86% ↑	
Estates and Ancillary	80%	73%	78%	78% ↔	
Medical and Dental	73%	73%	78%	82% ↑	
Nursing and Midwifery	74%	79%	77%	78% ↑	

Appendix 3 illustrates the percentage of staff who would recommend, not recommend and those who are unsure to Question 2 by Group/Directorate over time (Qtr4 17/18 to Qtr4 18/19).

4.3 Results by Thematic Analysis

Staff also have the opportunity to provide comments in response to the following questions:

1. Please suggest any improvements to make NTW a better place to work.
2. Please suggest any changes NTW can make to improve the care or treatment offered.

Table 9 is the number of free text comments made.

Table 9 – Number of Free Text Comments and Response Rate

	Question 1 – ‘Work’ question		Question 2 – ‘Care’ question	
	No of free text comments	% of respondents	No of free text comments	% of respondents
Qtr 4 18/19	472	16%	421	14%

21% of the staff who responded also made further suggestions as how NTW can make improvements, this is an increase of 3% in the Quarter.

Several repeating themes emerged during Qtr4 and this thematic analysis is shown in tables 10 (‘Work’ question) and 11 (‘Care’ question) by Locality/Group

Table 10 – Top 3 themes per category for Question 1 (find full list in Appendix 4) by Locality/Group

North Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	2	1.72%
	Staffing Levels	24	20.69%
Staff feedback - Patient Care	Food	2	1.72%
	Environment/ Facilities	2	1.72%
	Pay and Conditions (includes flexible working)	16	13.79%
Staff feedback - Policy and Practice	General	6	5.17%
	Case Loads / Work Load	4	3.45%
	Working Conditions	8	6.90%
Staff feedback - Wellbeing	General	6	5.17%
	Communication	5	4.31%

Central Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	Organisational Change	1	0.80%
	General	1	0.80%
Staff feedback - Patient Care	Staffing Levels	23	18.40%
	Treatments / Pathways	5	4.00%
	Environment/ Facilities	4	3.20%

Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	12	9.60%
	General	10	8.00%
	Training & Development	4	3.20%
Staff feedback - Wellbeing	Respect	8	6.40%
	Communication	8	6.40%
	Working Conditions	5	4.00%

South Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	2	1.40%
Staff Feedback - Organisation Change Total		2	1.40%
Staff feedback - Patient Care	Staffing Levels	29	20.28%
	Parking / Transport	8	5.59%
	Environment/ Facilities	3	2.10%
Staff feedback - Policy and Practice	General	21	14.69%
	Pay and Conditions (includes flexible working)	6	4.20%
	Training & Development	6	4.20%

Table 11 – Top 3 themes per category for Question 2 (find full list in Appendix 5) per Group

North Locality - Treatment Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	36	30.51%
	Waiting Times	16	13.56%
	Access	13	11.02%
Staff feedback - Policy and Practice	Training & Development	6	5.08%
	Service Collaboration	2	1.69%
	Pay and Conditions (includes flexible working)	2	1.69%
Staff feedback - Wellbeing	General	8	6.78%
	Administrative Process	4	3.39%
	Respect	1	0.85%

Central Locality - Treatment Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	1	1.02%
Staff feedback - Patient Care	Staffing Levels	31	31.63%
	Waiting Times	11	11.22%
	Access	6	6.12%
Staff feedback - Policy and Practice	Training & Development	3	3.06%
	Available Resources	1	1.02%
	Pay and Conditions (includes flexible working)	1	1.02%
Staff feedback - Wellbeing	General	10	10.20%

	Administrative Process	5	5.10%
	Communication	3	3.06%

South Locality - Treatment Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	37	27.82%
	Waiting Times	21	15.79%
	Treatments / Pathways	8	6.02%
Staff feedback - Policy and Practice	Training & Development	5	3.76%
	Shift Patterns	2	1.50%
	Staff Retention	2	1.50%
Staff feedback - Wellbeing	General	12	9.02%
	Administrative Process	5	3.76%
	Senior Management Structure	1	0.75%

From the thematic analysis, it is evident that ‘Patient Care - Staffing Levels’ is the most prevalent theme for each Group, for both questions (table 10 and 11).

In relation to Question 1, ‘Policy and Practice - Pay and Conditions (includes flexible working)’ emerged as a repeating theme for each Group. Comments include increased pay, more shift and working hours flexibility and improved working conditions. For North Locality Care Group, ‘Wellbeing - Working Conditions’ was also highlighted as a top prevalent theme. For Central Locality Care Group, ‘Wellbeing – Respect’ and ‘Wellbeing – Communication’ were also top prevalent themes. For South Locality Care Group, ‘Policy and Practice – General’ and ‘Patient Care – Parking/Transport’ were common themes for staff feeling less likely to recommend NTW as a place to work.

In relation to Question 2 ‘Patient Care - Staffing Levels’ and ‘Waiting times’ were identified as the highest themes across all three Groups. Although these themes highlight areas for improvement, these themes do not make staff less likely to recommend the Trust to family or friends for treatment i.e. all three Groups ‘Waiting time’ emerged as a negative, the average recommend score across the Groups was 78% would still recommend the Trust as a place for treatment.

The FFT results are available anonymously via the dashboards. Clinical Groups and Operational Departments are again asked to consider their results, not only for the quarter but over the time the FFT has been running to determine themes and local issues as well as to consider actions to address those identified.

Included below are examples of improvement comments received by staff in Qtr4 (who identified they were happy for their comments to be published):

Improvements to make NTW a better place to work:

"More supportive when nursing staff are suspended; shorter investigations are less likely to impact negatively on a staff members mental health."

"canteen opening at weekends"

"Great values displayed by staff. I really like that the trust is trying to implement collective leadership so that change happens at the source of teams and does not only happen from a top down approach which used to be the approach followed by previous Chief Executives - so very well done to John Lawlor and his team! But I feel operational management roles (from band 7 to director posts) are dominated by nurses/clinicians doing those roles and in many cases they are not required to be nurses/clinicians to do the role effectively. I'd feel a bigger variety and diversity of post holders in management posts (not just from a nursing profession but also from other professions including business and including staff with experience of working in the private sector) would benefit the efficiency and delivery of services and the outcomes experienced by staff over time - there is strong evidence in the literature that supports this argument. Overall it is a great place to work."

"Again Robust Communication, More Robust Leadership within Teams. More Robust Training."

Changes NTW can make to improve the care or treatment offered:

"Get waiting lists down, try to maintain staff levels by giving support to staff in order to retain them. Give training opportunities."

"Less practitioners need to be involved in a patients care, it needs to be streamlined for less confusion and more consistency. It sometimes seems that IRS complete assessment then CPN complete assessment then this is feedback to consultant and then an allocated CPN completes treatment plan, This is a long winded, protracted process with duplication at every step of the way, which increases waiting times for treatment to be implemented and than delays discharge at the other end. Patients are again put through assessment process/ paperwork when passed between augmenting disciplines within the teams i.e patient assessment by IRS, then CPN, then allocated to team CPN then decision made to refer on either to day hospital, BSS, Psychology and a further referral paperwork process takes place lots and lots of duplication and time wasted gathering information from the RIO documents to complete inter team referral processes. Then once the patient is been seen by the appropriate discipline the assessment of them begins again. Mind numbingly frustration for both patient /family and staff completing the paperwork on rio and working this way."

"Ensure that staff are enabled to offer purposeful interventions in the Community for complex mental health problems through capped caseloads, training and supervision. This is important across all pathways especially where inpatient facilities have reduced and Community and Crisis teams need to treat people effectively in the community. "

"Online access for service users to communicate with family and team."

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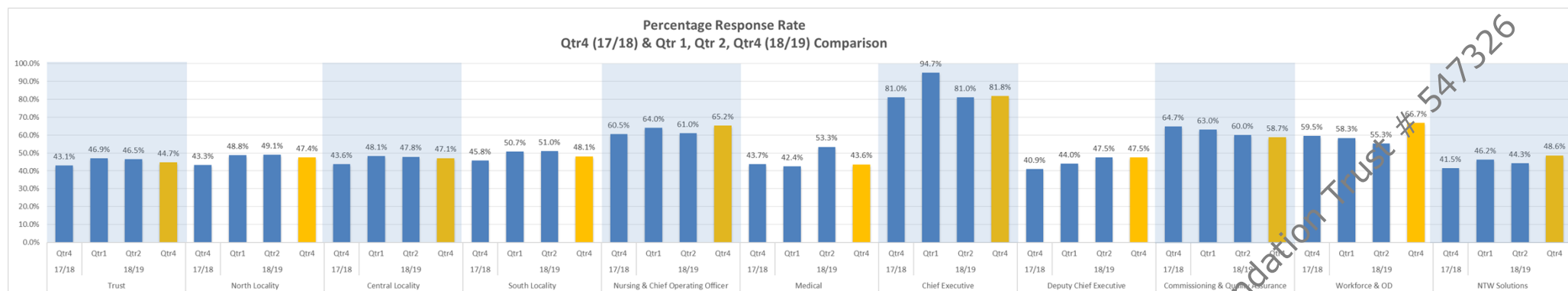
5. Conclusion

All departments are asked to note their results from quarter four in conjunction with other staff feedback mechanisms, and consider appropriate actions in response to staff views.

Lisa Quinn, Executive Director of Commissioning and Quality Assurance
March 2019

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04/18/2019 15:56:55

Response Rates



Response rate	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Qtr 4 18/19 number of responses
Trust	43%	47%	46%	45%	2,917
Deputy Chief Executive	41%	44%	48%	48%	48
Nursing & Chief Operating Officer	61%	64%	61%	65%	133
Medical	44%	42%	53%	44%	109
Commissioning and Quality Assurance	65%	63%	60%	59%	74
Workforce & OD	60%	58%	55%	67%	24
Chief Executive	81%	95%	81%	82%	18
NTW Solutions	42%	46%	44%	49%	138
North Locality Group	43%	49%	49%	47%	707
Central Locality Group	44%	48%	48%	47%	690
South Locality Group	46%	51%	51%	48%	810

~ In Qtr2 response rates have decreased to 45% there have been less respondents than Qtr4 18/19 (363 less respondents).

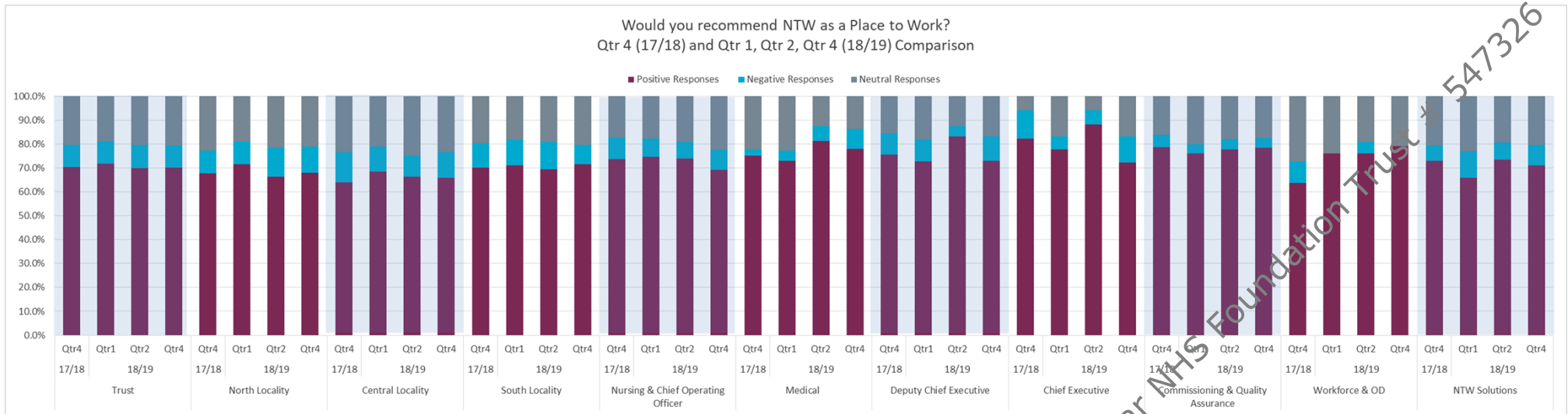
~ 4 out of 10 Directorates have seen an increase in response rates, the most significant increase in response rate was seen from Workforce & OD (from 55% to 67%).

~ 5 Directorates have seen a decrease in response rates.

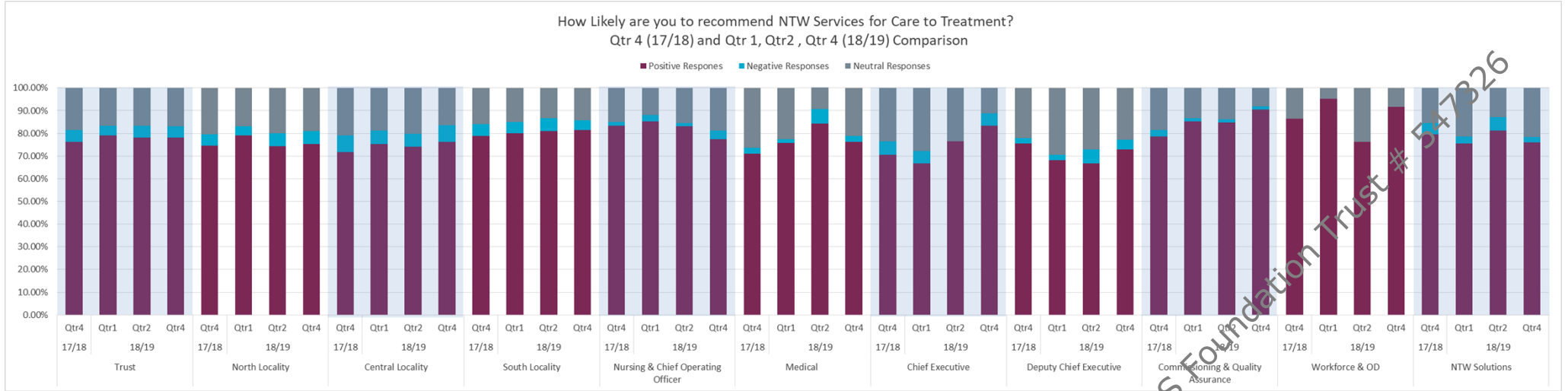
~ The 3 Clinical Directorates (North, Central, South) response rate decreased between Qtr2 – Qtr4 18/19.

NB the Staff FFT questionnaire is not asked in Qtr3 due to the staff survey being undertaken.

Appendix 2



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Appendix 4

North Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	2	1.72%
Staff Feedback - Organisation Change Total		2	1.72%
Staff feedback - Patient Care	Staffing Levels	24	20.69%
	Food	2	1.72%
	Environment/ Facilities	2	1.72%
	Communication / Interaction (SU / Carer / Families)	1	0.86%
	Treatments / Pathways	1	0.86%
	Access	1	0.86%
Staff feedback - Patient Care Total		31	26.72%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	16	13.79%
	General	6	5.17%
	Case Loads / Work Load	4	3.45%
	Training & Development	3	2.59%
	Sickness Policy	2	1.72%
	Career Progression	2	1.72%
	Staff Retention	1	0.86%
	Consistency	1	0.86%
	Culture / Leadership of Management	1	0.86%
	Shift Patterns	1	0.86%
	information Technology	1	0.86%
Staff feedback - Policy and Practice Total		38	32.76%
Staff feedback - Wellbeing	Working Conditions	8	6.90%
	General	6	5.17%
	Communication	5	4.31%
	Being Listened Too	5	4.31%
	Management Support / Supervision	5	4.31%
	Stress at Work	4	3.45%
	Respect	3	2.59%
	Rewarding Environment / Value / Praise	3	2.59%
	Access to / Visibility of Management	2	1.72%
	Senior Management Structure	2	1.72%
	Morale	2	1.72%
Staff feedback - Wellbeing Total		45	38.79%
Grand Total		116	100.00%

Central Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	Organisational Change	1	0.80%
	General	1	0.80%
Staff Feedback - Organisation Change Total		2	1.60%
Staff feedback - Patient Care	Staffing Levels	23	18.40%
	Treatments / Pathways	5	4.00%
	Environment/ Facilities	4	3.20%
	Access	2	1.60%
	Parking / Transport	2	1.60%
Staff feedback - Patient Care Total		36	28.80%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	12	9.60%
	General	10	8.00%
	Training & Development	4	3.20%
	Career Progression	3	2.40%
	Sickness Policy	3	2.40%
	Case Loads / Work Load	3	2.40%
	information Technology	3	2.40%
	Staff Retention	1	0.80%
	Bureaucracy	1	0.80%
	Culture / Leadership of Management	1	0.80%
	Recruitment & induction	1	0.80%
	Available Resources	1	0.80%
Staff feedback - Policy and Practice Total		43	34.40%
Staff feedback - Wellbeing	Respect	8	6.40%
	Communication	8	6.40%
	Working Conditions	5	4.00%
	General	5	4.00%
	Management Support / Supervision	4	3.20%
	Being Listened Too	3	2.40%
	Rewarding Environment / Value / Praise	2	1.60%
	Administrative Process	2	1.60%
	Engagement	2	1.60%
	Stress at Work	1	0.80%
	Morale	1	0.80%
	Manager's Knowledge	1	0.80%
	Access to / Visibility of Management	1	0.80%
	Job Security	1	0.80%
Staff feedback - Wellbeing Total		44	35.20%
Grand Total		125	100.00%

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South Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	2	1.40%
Staff Feedback - Organisation Change Total		2	1.40%
Staff feedback - Patient Care	Staffing Levels	29	20.28%
	Parking / Transport	8	5.59%
	Environment/ Facilities	3	2.10%
	Smoking Ban	1	0.70%
	Food	1	0.70%
	Involvement & Collaboration (Carer / Families)	1	0.70%
Staff feedback - Patient Care Total		43	30.07%
Staff feedback - Policy and Practice	General	21	14.69%
	Pay and Conditions (includes flexible working)	6	4.20%
	Training & Development	6	4.20%
	Sickness Policy	4	2.80%
	Case Loads / Work Load	4	2.80%
	Staff Retention	3	2.10%
	Recruitment & induction	3	2.10%
	Bureaucracy	2	1.40%
	Culture / Leadership of Management	2	1.40%
	Shift Patterns	2	1.40%
	Use of Time	2	1.40%
	Available Resources	2	1.40%
	information Technology	2	1.40%
	Consistency	1	0.70%
Staff feedback - Policy and Practice Total		60	41.96%

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Appendix 5

North Locality - Treatment Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	36	30.51%
	Waiting Times	16	13.56%
	Access	13	11.02%
	Communication / Interaction (SU / Carer / Families)	4	3.39%
	Appointments	3	2.54%
	Environment/ Facilities	3	2.54%
	Treatments / Pathways	2	1.69%
	Use of Bank / Agency Staff	2	1.69%
	Food	2	1.69%
	Involvement & Collaboration (Carer / Families)	2	1.69%
	Patient Care	1	0.85%
	Involvement & Collaboration (SU)	1	0.85%
Staff feedback - Patient Care Total		85	72.03%
Staff feedback - Policy and Practice	Training & Development	6	5.08%
	Service Collaboration	2	1.69%
	Pay and Conditions (includes flexible working)	2	1.69%
	Use of Time	1	0.85%
	Staff Retention	1	0.85%
	Consistency	1	0.85%
	Available Resources	1	0.85%
	Recruitment & induction	1	0.85%
Staff feedback - Policy and Practice Total		15	12.71%
Staff feedback - Wellbeing	General	8	6.78%
	Administrative Process	4	3.39%
	Respect	1	0.85%
	Being Listened Too	1	0.85%
	Rewarding Environment / Value / Praise	1	0.85%
	Senior Management Structure	1	0.85%
	Manager's Knowledge	1	0.85%
	Management Support / Supervision	1	0.85%
Staff feedback - Wellbeing Total		18	15.25%
Grand Total		118	100.00%

Central Locality - Treatment Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	1	1.02%
Staff Feedback - Organisation Change Total		1	1.02%
Staff feedback - Patient Care	Staffing Levels	31	31.63%
	Waiting Times	11	11.22%
	Access	6	6.12%
	Communication / Interaction (SU / Carer / Families)	4	4.08%
	Involvement & Collaboration (SU)	4	4.08%
	Treatments / Pathways	3	3.06%
	Involvement & Collaboration (Carer / Families)	3	3.06%
	Environment/ Facilities	2	2.04%
	Patient Care	2	2.04%
	Service Gaps	1	1.02%
	Activities	1	1.02%
	Parking / Transport	1	1.02%
	More Beds	1	1.02%
Staff feedback - Patient Care Total		70	71.43%
Staff feedback - Policy and Practice	Training & Development	3	3.06%
	Available Resources	1	1.02%
	Pay and Conditions (includes flexible working)	1	1.02%
	General	1	1.02%
	information Technology	1	1.02%
Staff feedback - Policy and Practice Total		7	7.14%
Staff feedback - Wellbeing	General	10	10.20%
	Administrative Process	5	5.10%
	Communication	3	3.06%
	Management Support / Supervision	1	1.02%
	Bullying and Harassment	1	1.02%
Staff feedback - Wellbeing Total		20	20.41%
Grand Total		98	100.00%

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South Locality - Treatment Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	37	27.82%
	Waiting Times	21	15.79%
	Treatments / Pathways	8	6.02%
	Access	7	5.26%
	Patient Care	3	2.26%
	Environment/ Facilities	3	2.26%
	Involvement & Collaboration (Carer / Families)	3	2.26%
	Involvement & Collaboration (SU)	3	2.26%
	Communication / Interaction (SU / Carer / Families)	2	1.50%
	Use of Bank / Agency Staff	2	1.50%
	Parking / Transport	1	0.75%
	Food	1	0.75%
	Appointments	1	0.75%
	Equipment	1	0.75%
	More Beds	1	0.75%
Smoking Ban	1	0.75%	
Staff feedback - Patient Care Total		95	71.43%
Staff feedback - Policy and Practice	Training & Development	5	3.76%
	Shift Patterns	2	1.50%
	Staff Retention	2	1.50%
	information Technology	2	1.50%
	General	1	0.75%
	Service Collaboration	1	0.75%
	Available Resources	1	0.75%
Pay and Conditions (includes flexible working)	1	0.75%	
Staff feedback - Policy and Practice Total		15	11.28%
Staff feedback - Wellbeing	General	12	9.02%
	Administrative Process	5	3.76%
	Senior Management Structure	1	0.75%
	Communication	1	0.75%
	Stress at Work	1	0.75%
	Working Conditions	1	0.75%
	Morale	1	0.75%
Management Support / Supervision	1	0.75%	
Staff feedback - Wellbeing Total		23	17.29%
Grand Total		133	100.00%

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Actions being taken by Group/Directorate in response to improvement suggestions raised in Qtr2 18/19

North Locality Care Group:

Our main themes looking at the results are Staffing Levels and Waiting Lists.

We are proactively and successfully reducing the number of people with sickness absence and also reducing the length of time that people are off work due to sickness. We have multiple actions in place to address this.

We have over-recruited into Nursing Assistant posts in our inpatient areas to cover gaps with regular staff to improve stability and continuity of care.

We are fully engaged with the Carter process and have embedded the principles of level loading and resource management across our inpatient areas. Work is under way in our community team to do likewise.

We continue to look to recruit qualified nurses and doctors wherever possible to fill hard to recruit to gaps and have recently taken four Fellowship Doctors which will help with this in the medium term.

Waiting list initiatives have seen timescales come down in both Adult (under 18 weeks) and Child pathways. This work continues.

Central Locality Care Group:

Work continues on the embedding of the Carter work in all areas with a Carter working group set up for the locality to support areas in embedding this work. This is looking at, from a staffing perspective, the level loading and the review of all flexible working agreements to ensure they are still meaningful for both the delivery of service and the individual's circumstances.

Workforce Plans are continually being reviewed from the completion of the two year Workforce plan. Additional post have been added to the establishment in areas in order to support with the caseloads and waiting times. Additional unqualified staff have also been recruited to the inpatients service areas to support the team. Work continues on ensuring the skill mix is right to reduce bank and agency spend and utilising alternative ways of working. The operational planning for 2019 takes into account the Workforce, Quality impact and the finances together the plan includes the trajectory of reducing agency by 10%.

Work has been ongoing with the management of sickness absence to ensure that staff feel supported to remain at work where they can to support with the staffing compliment. Local

events have taken place within areas supporting the Health and Wellbeing agenda. Staff are being trained up to deliver WRAP plans for teams.

Engagement sessions took place with teams regarding the upcoming organisational change.

Work is continuing to address waiting times and this feeds into the Trustwide work.

South Locality Care Group:

Workforce –

- There continues to be recruitment of qualified and unqualified nursing vacancies across the Locality and we continue to recruit preceptorship nurses via Trusts Central Recruitment Process.
- Workforce plans have been developed for each CBU which detail the workforce challenges within the locality, and will support future planning of recruitment to vacancies, as well as look at skill-mix across the CBUs. All CBU's are in line with 3 to 5 year Workforce Plans, Workforce Presentation delivered to all CBU's and supported by Workforce and Finance / Business Development.
- Work continues with Managers across the CBUs through supported discussions to address absence in their areas, what strategies can be used to support staff and manage absence robustly. Workforce and OD Admin Band 3 position has been appointed to. This will have a pivotal role in supporting front end sickness management. A standing operating procedure is being produced to support this work. Sickness clinics are now in place to discuss long term and short term sickness. These take place every 4 weeks with CNM / CCM / Team Managers in each CBU. Sickness cases now reviewed and escalation if required. LTS cases well supported by Workforce and managers. Hot spots are identified via monthly OMG report. Each CBU has a sickness action plan in place which is reviewed through monthly CBU meetings.
- OD interventions have been developed with areas where there have been requests to support newly formed teams, where there may be cultural or team issues. OD priorities and collection tool completed. OD interventions have been delivered in North Community Treatment Team, Learning Disabilities Community Team, Sunderland and South Tyneside Crisis Team. Further teams have requested OD support.
- The Carter Review work has been carried out across 3 CBU's with Access remaining to support this work. Further analysis is required to understand the impact of changes to flexible working arrangements across the locality and level loading.

- Staff drop in sessions and speak easy events continue to run on a rolling basis across all CBU's, addressing key themes such as health and wellbeing and staff engagement. Themes from these sessions are part of the staff survey action plans for each area, and will continue to be reviewed and updated with themes from the staff friends and family test and the annual staff survey this work remains ongoing.
- High level staff survey results have been shared with the locality. On initial analysis these results look positive for the locality and we are now supporting CBU's to break down the detail of their results and identify key actions to take forward.

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Northumberland, Tyne and Wear NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Meeting Date: 24th April 2019

Title and Author of Paper: CEDAR Project – Updated Strategic Outline Case
Dave Rycroft, Deputy Director of Finance & Business Development

Executive Lead: James Duncan, Deputy Chief Executive/Director of Finance

Paper for Debate, Decision or Information:
Information and Decision

Key Points to Note:

- The Board approved a Strategic Outline Case at its October meeting and it was submitted to NHSI at the end of November.
- Further supporting documents were submitted at the beginning of January and since then the SOC has been undergoing a review by NHSI and the Capital and Cash Team at the Department of Health
- Further information has been requested and supplied as part of this review.
- On Monday 15th April the Trust was asked to update its SOC to incorporate some of the additional information and to reformat the Strategic Case section of the document before its submission to the NHSI Resources Committee in May. The Trust is also required to get this refreshed version of the SOC approved by the Board prior to this.
- There are no changes to the proposals included in the SOC only additional information or reformatting to clarify the proposals.

Risks Highlighted:

Does this affect any Board Assurance Framework/Corporate Risks:

Please state Yes or No:- Yes

If Yes please outline: This development will support a number of the Trust's strategic ambitions and reduce a number of risks including:-

SA1.2 If successful this will reduce the risk re lack of capital funding to achieve first class environments.

SA4.1 & 4.2 This supports making services sustainable through increases in productivity and new income streams for secure services to offset income reductions as a result of Transforming Care.

SA5.5 This supports making the Trust a centre of excellence and reduces environmental safety risks by moving out of ageing estate such as Alnwood and Hadrian Clinic.

Equal Opportunities, Legal and Other Implications:

Staff consultation process relating to ward moves

Outcome Required / Recommendations: The Board are asked to:-

- a) Approve the Strategic Outline Case and its submission to NHSI then Treasury

Link to Policies and Strategies:

CEDAR Programme Initiation Document, NTW Capital Programme, New Models of Care, Delivering Together.

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

Strategic Outline Case

Care Environment Development & Re-provision

Incorporating the development of a single integrated secure centre of excellence and the re-provision of adult acute admission facilities serving the Newcastle & Gateshead areas.

October 2018

(Revised April 2019)

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Caring | Discovering | Growing | **Together**

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Version Control

Version No.	Author	Date
1	Mark Knowles	06.09.2018
2	Laura Curren	11.09.2018
3	Laura Curren	18.09.2018
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6	Laura Curren	15.10.2018
7	Laura Curren	13.11.2018
8	Laura Curren	27.11.2018
9	Laura Curren	13.03.2019
10	Laura Curren	04.04.2019
11	Dave Rycroft/Mark Knowles	18.04.2019

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PREFACE

The Strategic Outline Case (SOC) has been produced using the latest Department of Health guidance.

Northumberland, Tyne & Wear NHS Trust (The Trust) are in the planning phase of 3 major capital developments which have been identified as strategic priorities for the organisation over the next five years:

1. The development of a single integrated secure services centre of excellence
2. The re-provision of Newcastle & Gateshead Adult Inpatient Services
3. The re-provision of Adolescent Medium Secure Inpatient Services

All three major developments are linked to wider national and regional care model initiatives:

1. NHSE New Care Models for Adult Secure Services & Transforming Care
2. Newcastle & Gateshead Delivering Together Programme
3. NHSE National Adolescent Medium Secure Services review

All three developments are interdependent and revolve around the efficient use of the Trust's current estate on the Northgate Hospital site at Morpeth in Northumberland and the St Nicholas Hospital site at Gosforth in Newcastle. They are also intrinsically linked to the Trust's long term sustainability and financial delivery plans and are imperative in the long term sustainability of the Trust's national and regional specialist services. The developments support the delivery of the Mental Health Five Year Forward view by enabling the repatriation of service users receiving specialised forensic services in out of area placements. Finally the developments ensure the long term delivery of mental health in-patient services in line with the outcome of the Newcastle & Gateshead Deciding Together Consultation.

In order to ensure the Trust's long term sustainability as a leading national secure services provider there is an identified need to move away from the current model whereby facilities for mental health and learning disability secure services are spread across two sites. The new integrated single site model would involve the transfer of nationally commissioned secure service beds from the St Nicholas Hospital site to existing and new purpose built facilities on the Northgate Hospital site. This would enable site rationalisation, improved service productivity, a greater critical mass of clinical expertise and expansion to enable repatriation in line with national strategy and the MH 5YFV.

The transfer of secure beds from St Nicholas Hospital as outlined above would then allow for the refurbishment of the vacated buildings in order to re-provide adult acute admission facilities from two acute hospital sites in Gateshead and Newcastle, both of which have insurmountable environmental issues and risks that make the long term use of those sites unviable. This would allow these services to be delivered in line with the outcomes of the public consultation, deliver site rationalisation, bring together a critical mass of clinical expertise and deliver financial efficiencies.

The overall programme will significantly improve the quality of inpatient environments in line with national standards across a number of service lines which include nationally and locally commissioned services. Improvements to these facilities will significantly reduce identified

environmental risks associated with current buildings, some of which are no longer fit for purpose.

The single integrated secure site model will ensure the long term sustainability of the Trust's nationally commissioned services whilst offering greater flexibility across the secure pathway which will help mitigate any fluctuation in service demand. The space offered on the Northgate site will offer an environment which is much more therapeutically conducive to medium and long term secure care. From a quality perspective it will enable repatriation from out of area and inappropriate private sector placements, meeting national strategy aims, improving quality, delivering efficiencies and returning funding within the NHS.

The re-development of facilities on the St Nicholas Hospital site will allow the transfer of adult acute care beds from the current inadequate sites into facilities that are more in line with the standards offered in other facilities across the region and which will improve:

- Patient safety
- Privacy & Dignity
- Access to therapeutic outdoor space
- Access to internal therapeutic activity space

The transfer of all adult acute admission inpatient services to the St Nicholas Hospital site will achieve the ambitions set out in the Newcastle & Gateshead "Delivering Together" public consultation and engagement process.

This scheme will enable site rationalisation, support implementation of the Mental Health 5 Year Forward View, Transforming Care for People with Learning Disabilities, and the national forensic care strategy.

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1. INTRODUCTION

This Strategic Outline Case (SOC) is the first stage in a planning process that will ultimately lead to the modernising of the capital infrastructure of Northumberland, Tyne & Wear NHS Trust (the Trust).

The production of the SOC has the following key aims:

- To determine that the capital investment proposal that facilitates the implementation of the newly developed secure service model strategy, is service led, centred on patients' needs and reflects a clear vision across the health and social care system
- To ensure that the investment fully meets the aims for adult acute inpatients services as determined by the public Consultation "Delivering Together"
- To demonstrate that local people, staff and other stakeholders have been fully involved from an early stage in developing the vision, exploring the opportunities and constraints and in the development of options and selection of the preferred solution

In service terms the focus of the SOC is the hospital based facilities required for the future delivery of the following services:

- Nationally commissioned adult and adolescent secure mental health and learning disability services
- Adult acute admission mental health services for Newcastle and Gateshead

The SOC document:

- Clarifies the scope of the project
- Identifies a list of options and short list of options leading to a preferred option solution

The SOC has been developed in accordance with the structure recommended in the guidance, namely:

- Strategic Case
- Management Case
- Economic Case
- Financial Case
- Commercial Case

The main emphasis is on the strategic context and the case for change.

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2. STRATEGIC CASE

a) STRATEGIC CONTEXT

2.1 Profile of Northumberland, Tyne and Wear NHS Trust

The headquarters of Northumberland, Tyne and Wear NHS Trust is at St. Nicholas Hospital, Gosforth, Newcastle upon Tyne.

Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) was authorised as an NHS foundation trust on the 1st December, 2009. The Trust provides a wide range of mental health, learning disability and neuro-rehabilitation services to 1.4 million people in the North East of England across six geographical areas:

- Northumberland
- Newcastle
- North Tyneside
- South Tyneside
- Gateshead
- Sunderland

The Trust is one of the largest mental health and disability organisations in the country with an income of over £300 million and over 6,000 staff. Operating from over 60 sites the Trust provides a range of comprehensive services including some highly specialised regional and national services.

The Trust was delighted to be rated 'Outstanding' by the CQC in 2016 and 2018.

The Trust supports people in the communities of Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland working with a range of partners to deliver care and support to people in their own homes and from community and hospital based premises. The main hospital sites are:

- Walkergate Park, Newcastle upon Tyne
- St. Nicholas Hospital, Newcastle upon Tyne
- St. George's Park, Morpeth
- Northgate Hospital, Morpeth
- Hopewood Park, Sunderland
- Monkwearmouth Hospital, Sunderland
- Ferndene, Prudhoe

The Trust is due to take on the provision of mental health services in North Cumbria from 1 October 2019.

2.2 National Strategic Context

The NHS-Five Year Forward View states that over its term the NHS must drive towards an equal response to mental and physical health and towards the two being treated together. Whilst acknowledging that investment has already been made through the Improving Access

to Psychological Therapies (IAPT) Programme and the development of waiting standards for mental health, it is confirmed that this is only the start and that the much wider ambition is to achieve genuine parity of esteem between physical and mental health by 2020. All current NHS developments are being shaped by the Forward View, of particular note being the ongoing development of Integrated Care System Plans.

Mental health problems are more common than many people realise with around one in four of the population experiencing mental ill health at some point in their lives, rising to one in three if using the wider description of mental distress. At any time, one in six of people of working age will have a mental health problem. One person in 250 will have a psychotic illness such as schizophrenia or bipolar disorder. Under-detection of mental illness in older people is widespread because of the nature of the symptoms and the fact that many older people live alone. This is particularly the case with depression in people over 65 and is particularly true of residents in care homes. It is estimated that around 10-15% of the population aged 65 and over will have depression with about 5% aged 65 and over suffering from dementia, rising to 20% of the population aged 80 and over. Around 90% of mental health problems are managed within primary care.

There has been a **transformation in mental health** over the last 50 years. Advances in care, the development of anti-psychotic and mood stabilising drugs, and greater emphasis on human rights led to the growth of community based mental health services. In the 1990s, the Care Programme Approach was developed to provide more intensive support to people with severe and enduring mental illness. There was a new emphasis on promoting public mental health and developing services for children and homeless people. In 1999, the National Service Framework for Mental Health was launched to establish a comprehensive evidence based service. This was followed by the NHS Plan in 2000 which set targets and provided funding to make the Framework a reality. A National Service Framework for Children, Young People and Maternity Services was then launched in 2004.

In 2011, the Coalition government published a **mental health strategy** setting six objectives, including improvement in the outcomes, physical health and experience of care of people with mental health problems, and a reduction in avoidable harm and stigma. The strategy was widely welcomed. However, despite these initiatives, challenges with system wide implementation coupled with an increase in people using mental health services has led to inadequate provision and worsening outcomes in recent years, including a rise in the number of people taking their own lives.

The Mental Health Five Year Forward View sets out an ambitious programme of work to transform mental health services in order to ensure that integrated systems of mental health and physical health care are provided to meet the needs of the population. With the challenge of delivering against 3 key gaps;

- Health and Wellbeing
- Care and Quality
- Finance and Sustainability

Transforming Care is the government's national programme to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. The aim is to make sure more people are living in the community, with the right support and close to home.

The Transforming Care programme is focussing on:

- More choice for people and their families, and more say in their care
- Providing more care in the community, with personalised support provided by multi-disciplinary health and care teams
- More innovative services to give people a range of care options, with personal budgets, so care meets individual needs
- Providing early, more intensive support for those who need it, so people can stay in the community, close to home
- For those who do need in-patient care, ensuring it is only for as long as they need it

2.2.1 The proposed scheme is a priority in delivering the ICS's clinical strategies

The proposal is aligned to the priorities identified in the Mental Health ICS mandate. The development of the specialist provision on one site will present an opportunity to progress a centre of excellence in the North East and North Cumbria region.

The Mental Health Five Year Forward View sets out an ambitious programme of work to transform mental health services in order to ensure that integrated systems of mental health and physical health care are provided to meet the needs of the population.

The challenge of delivering against 3 key gaps;

- Health and Wellbeing
- Care and Quality
- Finance and Sustainability

In recognition of the need to progress an integrated approach the North East and North Cumbria ICS developed a mental health work stream to ensure that adequate focus is given to this agenda. The ICS has also embraced the delivery of the Transforming Care for People with Learning Disabilities agenda. There is a clear commitment within the ICS to ensure parity of esteem and to commit to ensuring that equal weight is given to planning for the physical health, mental health and well-being of our local population. There is full commitment to the delivery of the Five Year Forward View for Mental Health. This development will support the ICS to deliver:

- NHSE New Care Models for Adult Secure Services (NCM).
- Transforming Care for People with Learning Disabilities agenda (TC).
- Newcastle and Gateshead Decide Together, Delivering Together Programme (DT) – implementing consultation outcome and delivering consistently high standards of adult acute in-patient provision across NTFWT.
- National Review of Adult Secure Services
- NHSE National Adolescent Medium Secure Services Review.
- Implementation of the Five Year Forward View for Mental Health particularly meeting standards for repatriation of service users from out of area and private sector placements.
- An integrated, flexible and adaptable model for world class secure services, in partnership with TEWVFT, to meet the needs of the population within the ICS footprint.

The proposal aligns with a number of the ICS priorities; the new build secure services facility will provide the physical health care facilities to ensure holistic patient needs are addressed reducing demand on acute services wherever possible. There will be a radical upgrade in our approach to ill health prevention and secondary prevention extended to health promotion and encourage personal responsibility through co-produced recovery plans.

The combined site will assist in implementing our CQC action plan to embrace the Greenlight Toolkit across all services including adults and children. Improving access to services and shared learning between learning disability and mental health staff in effectively supporting people with autism and people with learning disabilities to gain equal access to mental health services.

The provision of a single site facility for secure services will allow a skilled workforce to be further developed, reducing demand on the wider health and care economy. This will contribute to the acute optimisation priority area by reducing demand on acute services as well as primary care.

The service provision includes a focus on recovery and rehabilitation and this will align to the employment priority area through community integration and links to vocational and educational opportunities.

The development of a purpose built unit will ensure safety standards are maximised with regard to the physical environment (sight lines, access to fresh air, anti-ligature) and workforce development plans will focus on communication, engagement and relational security to align with zero suicide ambition.

The need to provide age appropriate focused care will be delivered by staff with the relevant expertise to promote recovery will be addressed through the provision of children and young people services (CYPS) on site.

2.2.2 Alignment with commissioners and providers

- As part of the new care models pilot for Adults and Children a robust governance structure has been introduced to provide strategic leadership and direction and to ensure effective alignment with commissioners.
- Commissioning Group - responsible for undertaking the detailed needs assessment and ensuring that the appropriate care pathway is commissioned in the most effective and efficient way.
- Quality Governance Group - responsible for reviewing and providing assurance on the quality of service provision across the three domains of Safety, Experience and Effectiveness.
- Implementation Group - responsible for delivering the changes to the clinical pathway in line with the contractual requirements and resolving any clinical issues that may arise from the implementation of the service model.

Representatives from NHS England and the two provider organisations attend all meetings. Each group records and monitors any associated issues or risks in an Assumptions, Issues and Risks (AIR) log. These are discussed collectively and mitigating actions and resolutions

agreed. Anything that cannot be resolved at this level is escalated to the NCM Partnership Board.

With regards to Newcastle Gateshead CCG, the proposals for adult acute services are consistent with the ongoing Deciding Together, Delivering Together consultation.

The Appendices include letters from Newcastle Gateshead CCG, TEVVFT and NHSE confirming their support to this bid.

2.2.3 Alignment with other stakeholders

In relation to New Care Models, the programme has its own Partnership Board, the partnership consists of the two provider organisations and also includes representation from:

- NHS Cumbria Partnership Foundation Trust
- NHSE Specialised Commissioners Region and Hubs
- North East and Cumbria Transforming Care Partnership
- The sponsors of the Mental Health and Learning Disability Programme
- Local Authorities

Members of the NCM Board have considered this proposal and are in agreement to the proposed bed model. The Partnership Board also monitors any associated issues or risks in an Assumptions, Issues and Risks (AIR) log. These are discussed collectively by the wider stakeholder group to identify mitigating actions.

Other stakeholders include all CCGs across the North East and Cumbria footprint, NHS England, National Offender Management service (NOMS), Her Majesty's Prison Service (HMPS), and independent sector organisations.

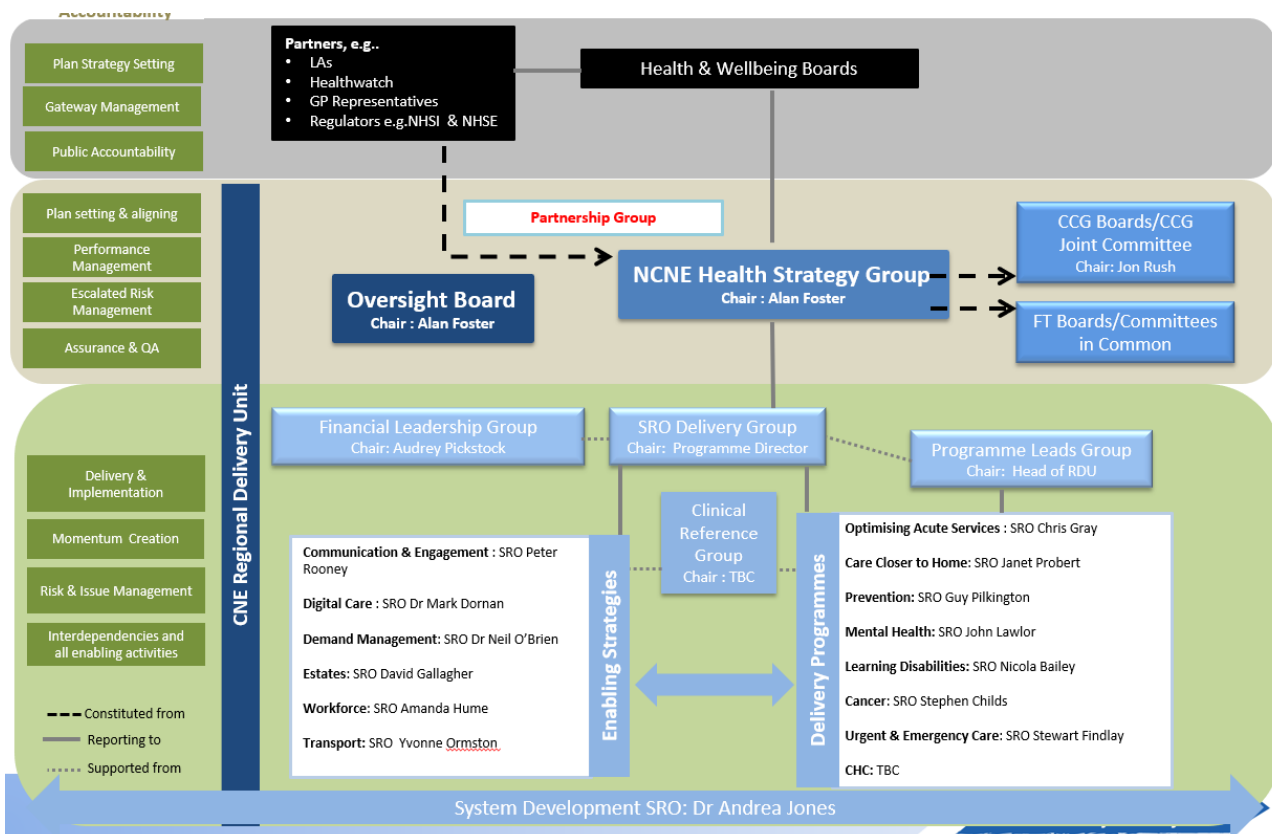
It is a priority to engage with relevant local authorities to ensure support for service provision. To achieve this the trust have developed a comprehensive communication and engagement matrix and plan. Within this are captured any risks that flag in terms of engagement, and supporting mitigating actions.

2.2.4 Shared Clinical & Financial Accountability

The diagram below outlines the governance arrangements for the emerging Integrated Care System across North East & North Cumbria. The ICS Health Strategy Group sets the overall strategy for health services across NENC, providing a single leadership architecture, joint financial management arrangements and the lead role in coordinating shared improvement initiatives. Within the ICS framework, there are four Integrated Care Partnerships (ICPs), covering the following geographies:

- North (Northumberland, North Tyneside and Newcastle-Gateshead)
- Central (Sunderland, South Tyneside and Durham)
- South (Durham, Hartlepool & Stockton, Darlington, South Tees, and Hambleton, Richmondshire; and Whitby) and
- North Cumbria.

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The ICPs will focus on bringing together enough critical mass to sustain vulnerable acute services within their geography, standardising pathways across primary, community and acute care where it makes sense to do so, as well as further streamlining both commissioning activities and provider overheads based on these footprints. Whilst configuration of acute services within ICPs will need to align to the overall ICS strategy, CCG areas within these ICP geographies will continue to develop their own place-based arrangements for the planning and provision of primary and community care, and maintaining their partnerships with their local authorities on health and social care integration.

The New Care Models programme covers the commissioning of secure services and details of the governance arrangements across the ICS patch are described above.

2.3 The Trust's Strategy

During 2016 the Trust undertook a comprehensive process to review the Trust's strategy and to develop a new strategy for the 5 years from 2017/18. This was approved by the Board of Directors in January 2017, and was implemented from 1st April 2017.

From the start the Trust took an inclusive approach to refreshing our strategy and over the last eighteen months NTW have involved lots of people in lots of different ways including:

- Service Users and Carers
- Our staff
- Our 3 clinical Groups
- The Council of Governors
- The Board of Directors

The Trust has taken into account national and local strategies that are relevant to the people using our services, carers, our staff and our organisation as a whole. The involvement work took many forms and some key themes emerged which apply to all of the different services we provide. These were:

Including people	Recovery	Support
Being people centred	Pathways	Wellbeing
Quality	Expertise	Listening

The feedback from all of those involved has helped NTW shape this strategy, identify what is important and determine the Trust’s Strategic Ambitions. The title of our strategy, ‘Caring, discovering, growing: Together’ sums up the themes and comments which everyone made. The Trust has developed 6 strategic ambitions as part of the new strategy. These are:

1. Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.
2. With people, communities and partners, together we will promote prevention, early intervention and resilience.
3. Working with partners there will be “no health without mental health” and services will be “joined up”.
4. The Trust’s mental health and disability services will be sustainable and deliver real value to the people who use them.
5. The Trust will be a centre of excellence for mental health and disability.
6. The Trust will be regarded as a great place to work.

Each of NTW’s strategic ambitions are underpinned by high level, measurable goals. These focus on Trust-wide issues for example care models, changes to estate and partnership working. Equally, if not more important is how the strategy ‘feels’ on the ground to service users, their families, and the staff. NTW’s strategy will only be successful if the Trust is able to see further improvements in how people experience services. With this in mind the Trust will be asking local teams to develop their own approach to implementing the strategy specific to their own service. Central to this will be deeper partnerships with services users, carers, families, communities and other organisations.

A further element to NTW’s strategy is the major change programme of work. This sets out the significant service developments (including estates programmes) which will contribute to the different strategic ambitions.

These include:

- Delivering excellence in in-patient care: In-patient care is provided in fit for purpose facilities, with common standards of care and support, responsively, 7 days per week, within the constraints of the resources available to us
- Great care in your community: Roll out new community evidence based care pathways across Northumberland, North Tyneside, Newcastle and Gateshead and ensure that our community services work alongside our partners to ensure people’s holistic needs are met. We will deliver community services which demonstrably deliver value for money in terms of productivity and outcomes
- Building the right support - Transforming services for people with learning disabilities and autism: We will close the agreed number of adult secure beds, in line with the national programme. We will work to ensure a patch wide approach to improving

services for people with a learning disability and autism, using our expertise alongside partners to transform the services across the whole pathway in all localities. We will develop our provision of world class in-patient services for people with autism with the most complex needs

- Building resilience for people and communities: We will, as an integral part of local integrated care systems, play a leading role with partners in developing a patch wide approach to building resilience for people and communities. We will work with all partners and agencies to enable people, their families, carers and communities to better manage mental illness, including its precursors, and disability
- Our Future for Children and Young People-improved access to community services: We will promote and play an integral part in delivering a system wide approach to improving services for children and young people, collaborating with all partners
- Enabling the system to support your whole needs: We will promote a patch wide approach to better supporting people's whole needs, working with all local acute hospitals and community service providers to integrate mental health into physical health pathways
- Our Future for Children and Young People-Care for the most vulnerable We will not provide young people's specialist inpatient services from the current location of Alnwood in the medium term and will re-provide those services from alternative accommodation or exit from the market. We will develop a sustainable model of care for children and young people requiring specialist in-patient support

The proposals in this SOC are directly related to the delivery of three of the Trust's strategic ambitions.

2.4 The Trust's Strategic Framework for Implementation

The Trust has an integrated performance reporting structure, which mirrors the key reporting requirements of the 'Intelligent Mental Health Board'.

The Trust has developed the use of dashboards with a clear set of key performance indicators and quality standards reflecting not only national targets, but local targets linked to the Trust's strategic and annual objectives balanced across clinical, operational, financial and staff dimensions. This ensures that our strategy, objectives and targets are linked to ensure delivery, with strengthened accountability for performance using key metrics. There is an Accountability Framework in place to support the devolution of decision making to locality group structures.

A monthly Commissioning & Quality Assurance report provides robust analysis of quality and performance targets to the Board, evidences links for the Trust's compliance to CQC registration requirements and supports Board assurance in its annual self-declaration process.

The Trust provides services to a broad range of commissioners. The main commissioners for the Trust are as follows:






- Five Clinical Commissioning Groups across Northumberland, Tyne and Wear
- Five Clinical Commissioning Groups across Durham, Darlington and Tees
- Cumbria and North East Commissioning Hub which is the local team of NHS England
- CCGs out of area plus Scottish, Welsh and Irish health bodies who commission on an individual named patient contract basis

- Local Authorities
- As part of an innovative New Care Model arrangement we hold delegated commissioning responsibility for secure adult inpatient services and children's inpatient services along with Tees, Esk and Wear Valley NHS Foundation Trust and NHS England.

The Trust has legally binding contracts in place to deliver commissioned services and maintains positive relationships with commissioners. Commissioners monitor our performance through monthly monitoring reports and regular contract review meetings. The Trust performed broadly in line with 2017/18 patient care contracts over the year.

The Trust is currently segmented as "segment 1" under the NHS Improvement Single Oversight Framework as no support needs have been identified. This rating allows maximum provider autonomy.

The Trust is required to register with the CQC and its current registration status is registered without conditions and therefore licensed to provide services. The CQC conducted an inspection of Trust services in May 2018 and again rated the Trust as "Outstanding".

Overall rating for this trust	Outstanding
Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Outstanding 
Are services responsive?	Outstanding 
Are services well-led?	Outstanding 

2.5 Strategy for Newcastle & Gateshead CCG

The strategic plan for all the services that the CCG commission sets out how, as a health and care economy, the CCG wants to develop and deliver health care services across Newcastle and Gateshead for the next five years. This is in the context of some significant local and national challenges particularly in relation to the future financial climate. In order to meet these challenges, the strategy describes how the CCG will continue to ensure that they work closely with their patients and public, provider and local authority colleagues, all of whom have been actively involved in the production of the strategic plan.

The CCG's strategic plan includes objectives, which apply equally to mental health and physical health to:

- Increase the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community
- Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.

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The CCG's vision for the model of mental health service provision in 2018/19 will ensure that it will be as equally focused on improving mental health as it is on physical health and that patients, young or old with mental health problems, do not suffer inequalities.

In delivering commissioning objectives the CCG will ensure that mental health services benefit from equal priority and are subject to the principle of parity of esteem.

The CCG's mental health commissioning agenda is focused on:

- Health outcomes ensuring patients move to recovery quickly and are supported to manage their condition
- Quality of life, enabling more people to live their lives to their full potential
- Early intervention, improving health and wellbeing through prevention and early intervention.

Whilst the CCG expect these overarching work programmes to support the delivery of the reduction in the 20 year gap in life expectancy for people with serious mental illness, the CCG will consider how it can adopt the following models and strategies to help achieve the reduction:

- A fully integrated model of mental health care
- Robust whole population emotional health and wellbeing strategies
- Comprehensive primary care services
- Redesigned specialist services
- Re-provision of inpatient services
- Implementation of the national dementia strategy.

2.6 Strategy for Adult Secure Services

The context surrounding the development of the Adult Secure Services pathway is complex, with numerous work streams and programmes on a National, Regional and Local level, often with juxtaposing operational objectives.

Locally (i.e. at Trust level), there is pathway redesign and the Trust's Strategic Ambitions ('Caring, Discovering, Growing: Together'). On a regional level, but nationally mandated, there are the New Care Models and Transforming Care agendas, working in partnership with TEWW to deliver outcomes outlined in the business case. Nationally the Secure Service Review conducted by NHS England is yet to be published and we are awaiting further direction regarding potential service specifications and potential business opportunities through bids for capital to develop community services.

Turning first to local considerations: at a Trust level, we must consider our own pathway redesign, as well as the overall strategic ambitions of the Trust as outlined in the document: "Caring, Discovering, Growing: Together". The strategy outlines ambitions to close learning disability beds in line with the national programme, whilst developing the provision of a world class inpatient service for people with learning disability and autism, this includes the beds within secure services at Northgate Hospital.

The regional programmes of work are a key lever in how NTW delivers its secure services provision. Over the past 2 years, there have been significant changes proposed to Learning Disability services, primarily through the roll-out of the Transforming Care agenda which has

resulted in a reduction in bed numbers in alignment with the New Care Models agenda to enhance community services.

Looking lastly at national influencers, the Secure Service Review is a key determinant. This programme proposes to bolster Mental Health service provision, which is the opposite to other work streams which are reducing bed numbers.

2.7 Strategy for Adolescent Medium Secure Services

A national review of CAMHS medium secure services has been undertaken by NHS England (NHSE) throughout 2017, following a further national review of CAMHS general adolescent, PICU and low secure services that was carried out in 2016.

A scoping document for the medium secure review was agreed in May 2017 and a new service specification for medium secure service provision was published in February 2018 upon completion of the review and publication of its wider findings.

Provision of CAMHS medium secure services is of strategic importance to the Trust, and a critical part of the National CAMHS Secure System.

2.8 Strategy for Newcastle & Gateshead Adult Acute Mental Health Inpatient Services

These services provide intensive 24-hour support for adults with very serious acute mental health problems such as severe depression, schizophrenia, and psychosis. They are currently provided from 2 acute hospital sites.

The Tranwell Unit on the Queen Elizabeth Hospital site in Gateshead includes two wards in a two-storey building - Fellside is a 20-bed acute admission ward for men and Lamesley is an 18-bed acute admission ward for women. The general hospital site is managed by the Gateshead Health NHS Foundation Trust.

The Hadrian Clinic on the Campus for Ageing and Vitality site in Newcastle (formerly Newcastle General Hospital) has two wards in a three storey building - Collingwood is a 16-bed acute admission ward for men and Lowry is a 16-bed acute admission ward for women. The site is managed by the Newcastle Hospitals NHS Foundation Trust.

In 2015-16, Newcastle Gateshead CCG in partnership with local providers undertook a public consultation called 'Deciding Together'. This process asked for public views on different potential changes to the way specialist mental health services in Newcastle and Gateshead are arranged. The consultation ran from 12th November 2015 until 12th February 2016. It followed significant engagement work with local people which helped to develop the consultation.

The CCG Governing Body met on 28th June 2016 to consider the case for change and they agreed the following:

- The closure of the Tranwell Unit in Gateshead and the Hadrian Clinic in Newcastle which will be replaced by new in-patient facilities at the St Nicholas hospital site.

2.9 Workforce Strategy

The aims of the Trust's Workforce Strategy to enable our vision are:

- We will develop a representative workforce which delivers excellence in patient care, is recovery focused 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 work safely and deliver high quality 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
- We will develop a representative workforce which delivers excellence in patient care, is recovery focused and champions the patient at the centre of everything we do.

Further detail regarding workforce is outlined within the Health Service Need section of this paper.

2.10 NTW Strategy for Patient and Public Involvement

Healthcare organisations have clear accountability to the general public for the provision of appropriate healthcare services. The Trust as do our partners recognises the importance of patient and public involvement in developing and evaluating healthcare services.

The Trust has a sound track records of working in partnership with service user groups and the voluntary sector. Our Patient Advice and Liaison Service is an example of positive practice in user led service development and delivery.

The Trust also have close links to the Patient and Public Involvement in Health Forum and local service user and carer groups and in 2003 appointed a Trust-wide Patient, Carer and Public Involvement Co-ordinator and also identified a lead Executive Director. The trust developed its Involving People Strategy in February 2008 a service user involvement strategy and have both Trust-wide service user and carer networks in place.

The involvement of service users and their carers in delivering the mental health agenda is of paramount importance – to support and reflect this approach we have developed an Involvement Strategy and Communication and Involvement Plan in compliance with Section 11 of the Health and Social Care Act 2001. The strategy specifically relates to the re-provision of mental health facilities via a major capital development initiative. The Trust recognises it is in need of review and revision following the Enquiry by Design event, facilitated by the Prince's Foundation and held in November 2003 – this was a particularly successful planning event that involved a range of service users, carers and the general public in addition to senior representatives from key stakeholder agencies.

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2.11 Newcastle and Gateshead CCG Involvement Process

To develop and manage the public engagement and service user and carer involvement for proposed changes, the CCG commissioned the NHS North of England Commissioning Support (NECS), which working on their behalf brought together a range of public sector and third-sector organisations and formed an advisory group to oversee the listening process and provide a forum which allowed for two-way communications, discussions and agreement between commissioners, NECS, Northumberland, Tyne and Wear NHS Foundation Trust and key third sector and scrutiny partners including Health watch.

Called the Deciding Together Communications and Engagement Advisory Group, it was responsible for developing and coordinating communications and engagement activity around all stages of the Deciding Together public engagement listening process and future consultation processes. A communications and engagement strategy was developed, including stakeholder mapping, key messages, tactics and evaluation and equality analysis. The Advisory Group reviewed and inputted into the strategy development and supported aspects for delivery.

To further ensure independence and robustness, the engagement work is also being reviewed by Consultation Institute and the feedback from the listening and engagement activities was analysed independently by an external company, Kenyon Fraser, to provide an objective and independent review. This process was carried out in three phases:

- Early listening phase: June to August 2014
- Pre-engagement 'Deciding Together' listening exercise: November 2014 to February 2015
- Formal public consultation: November 2015 to February 2016

Each phase had engagement activity and output reports which have been presented to the mental health programme board, CCG and NTW executives, and the Deciding Together project team and has helped develop the Case for Change thinking since summer 2014.

It is the view of NTW, NHSE, the OSC and the CCG that formal public consultation regarding service changes and reconfiguration has been undertaken as part of the Newcastle and Gateshead Deciding Together consultation, and this SOC represents the next step in delivering the service changes already consulted upon. Having said that, the Trust and its partners are fully committed to ensuring robust communication and engagement planning with staff, service users and key stakeholders, underpins each phase of delivery.

2.12 Information Technology Strategy

NTW is a digital leader in Mental Health. The Trust was awarded NHS England Global Digital Exemplar status in 2017, reflecting its advanced use of information and technology.

The organisation uses a full electronic patient record which has been in place for over 8 years and has deployed mobile working equipment to over 3,000 staff. This provides 24/7 access to the patient's record securely from anywhere and has enabled the development of innovative clinical services to better support patients in hospital, at home and in the community. The Trust has also put significant resource into digitising its wards. The full Electronic Patient Record solution is available to in-patient services and supports continuity of care between hospital and

community services. All wards are covered with Wi-Fi to support access to information around the hospital, we utilise advanced dashboard reports and “at a glance” boards to help manage the care of patients and the flow through our services. We have deployed advanced drug dispensing cabinets to many of our wards to improve the safety and efficiency of dispensing medication and are planning to go-live with e-Prescribing in the coming months. To enable our patients to keep in touch whilst in our in-patient units we have deployed in-patient internet access system, which allocates Internet access with varying degrees of restriction based on clinical risk assessment which is entered into the Electronic Patient Record. This has enabled the trust to deploy this service for use by all including detained patients.

The Trust Board approved a new digital strategy in 2017, and building on delivery to date sets out an ambitious digital strategy which aims to:

- Digitally empower patients – enabling patients who prefer to use technology to view their records, amend their personal data, complete assessments, access online information, support/therapy and provide feedback on the services they receive
- Digitally enable clinicians – enabling them to do their jobs in more flexible and innovative ways, and giving them more time to spend with patients
- Digitally Equip Services – increased use of technology will enable us to operate more flexibly and efficiently

In keeping with this strategy, the proposed new unit would be linked to the Trust’s wide area network (and to the wider NHS via a HSCN link) and will utilise the Trust’s electronic patient record and associated developments described above. The Trust’s telephony system would also be deployed to the unit. The Trust’s informatics department have significant experience of managing and commissioning new hospital sites and providing support 24/7 and have in the past implemented similar technology at St George’s Park, Walkergate Park, Ferndene and Hopewood Park as well as many other smaller developments.

b) CASE FOR CHANGE

2.13 Case for Change

There are a number of strategic and operational factors driving the case for change. Inability to drive through the changes outlined would have significant implications for our services and staff and also the populations we serve at local, regional and national levels.

Adult Secure - LD beds

In the last 2 years, there have been significant changes proposed to Learning Disability services, primarily through the roll-out of the National Transforming Care agenda. Nationally agreed trajectory that the number of medium secure, low secure and locked rehabilitation learning disability beds within the Trust will be significantly reduced which will lead to the under-utilisation of the Northgate Hospital site. The reduction in proposed LD bed numbers indicated in Table 1 below reflect the Transforming Care targets for the Trust.

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Adult Secure - Mental Health Beds

The national "Secure Service Review" is a key determinant of the case for change for secure mental health beds. This programme proposes an increase in mental health service provision, which is the opposite of the reduction programme for learning disability services. NTW currently have limited provision for patients with Personality Disorders with many being admitted into learning disability, mental health beds or placed out of area in other specialist beds. The NHSE Mental Health Service Review has identified the need for 19 Male, Medium Secure PD beds to meet the demands of the future originating population, and an increase of 22 male, medium secure beds across the ICS footprint and an expansion of bed capacity is required to meet demand across the ICS, which is reflected in this business case.

There are a number of environment issues that need to be addressed including first floor accommodation, no en-suites, and poor recreational facilities. On the Northgate site there are also a range of buildings in current use which date back to the 1960's and beyond - as such, they are in a poor condition, an issue that this scheme will address.

Adolescent Medium Secure Beds (Alnwood)

Following a national review of CAMHS general adolescent, PICU and low secure services that was carried out in 2016, a further national review of CAMHS medium secure services was undertaken by NHS England (NHSE) throughout 2017. The outcome of the review described the need for NTW to continue with the provision of 7 x LD and 7 x MH adolescent medium secure beds serving England and Wales. Additional spot purchase referrals into NTW from Scotland and Ireland demonstrate the need for a further 2 beds. These beds are a critical part of the national capacity for children's secure services but the current estate is not fit for purpose (CQC report 2016). Following recent visits the CQC have reinforced the fact that the services' current environments are no longer fit for purpose. Re-provision of the service into fit for purpose accommodation is therefore an urgent requirement if the Trust wants to continue providing these services.

The Trust is one of five providing national level services and one of the two providing these services to females. If service provision of these nationally utilised services had to be withdrawn due to the environmental concerns highlighted this would significantly reduce national capacity for this patient cohort.

Reviews of the service have highlighted a direct correlation between the use of restraint and other restrictive interventions (the use of mechanical restraint equipment – MRE – and seclusion) and the environmental limitations of Alnwood. The current design of Alnwood cannot be overcome and so this risk will continue to actualise. This has been logged on the Trust's risk register. These risks also lead to significant additional requirements for staffing resources, which are addressed in the business case.

Adult Acute In-Patient Services

Adult Acute Inpatient Services for Newcastle and Gateshead are currently provided from two separate General Hospital sites neither of which are owned or operated by NTW.

It is widely recognised by all stakeholders involved with these services that the current facilities are not viable in the long term. Environments are not fit for purpose - no en-suite, poor outdoor access, poor layout, significant backlog and on-going maintenance requirements.

The Trust has been served notice to vacate the former Newcastle General (CAV) site within a 3-5 year period. Clearly this accelerates the need to find a solution.

A public consultation on the future of these services was undertaken in 2016 which concluded that all acute mental health beds should be concentrated within the boundaries of Newcastle, on the St Nicholas hospital site. This is part of the CCGs wider Delivering Together Strategy that underpins not only in-patient care but how services will also be delivered in the community.

Consolidation of acute inpatient services realises savings across the Newcastle Gateshead footprint, enabling investment in community services in line with the agreed Commissioning strategy of Newcastle Gateshead CCG.

Spending Objectives

Service	Investment/Spending Objectives	SMART Deliverables
Adult & CAMHS Secure, Adult Acute In-Patients	Meeting NHS Environmental & Building Standards Improved patient experience	NHS Environmental & Secure Standards met Improved Points of You/patient experience ratings
Adult MH Secure	Meet increased local demand for services.	Patients Repatriated to local services Reduce Out of Area Placements Reduction in Waiting Lists
Adult Acute In-Patients	Deliver Outcome of Deciding Together Consultation	Services provided in improved facilities at St Nicholas Hospital, Newcastle
Adult & CAMHS Secure	Efficient utilisation of NTW estate	Full utilisation of retained estate at Northgate Hospital and release of land for sale.
Adult & CAMHS Secure	Make services sustainable by maintaining viability and competitiveness	Services still provided and NHS contracts delivered. Efficiencies delivered from co-location of services and economies of scale. Services delivering a surplus

General

The proposed scheme outlined would have a transformative effect on service delivery across a range of services and on the well-being and care of patients.

The scheme would also allow NTW to mitigate a range of risks and also comply with wider regulatory requirements. Additionally, the scheme will address all of the current environmental challenges associated with inappropriate, ageing and deteriorating buildings.

The integration of services onto single sites allows services to consider all of the possibilities of creating efficiencies created through economies of scale, critical mass and adjacent location such as:

- Shared sports facilities
- Shared recreational facilities
- Shared therapeutic spaces
- Single reception access to clinical areas
- Joint incident response services

With this in mind, long term it will not be feasible or sustainable for NTW to continue to deliver services separately from existing buildings in terms of both the regulatory and financial climate. The scheme will afford services the flexibility to tailor care models and service configurations to meet the changing needs of patients with complex needs.

2.14 Scope of Project

This project covers Trust-wide secure in-patient services and adult acute in-patients in Newcastle and Gateshead.

The scope of this project is 130 secure beds (90 new build and 40 refurbished) and 68 adult acute MH Beds (68 refurbished & reconfigured to give a capacity increase of 13). The proposed changes in bed numbers by service and the drivers for change are summarised in the table below.

Service	Beds @ 1/4/18	Proposed Beds	Change	Reason for Change
Adult Secure – MH	55	78	+23	NHSE MH Service Review
Adult Secure – LD	72	36	-36	NHSE Transforming Care Programme
Adolescent Secure	14	16	+2	NHSE CAMHS Medium Secure Review
Total Secure	141	130	-11	
Adult MH	70	68	-2	Deciding Together Business Case

The unmet demand relates primarily to Adult Secure Mental Health beds. The additional beds are derived principally from the wider NHSE Mental Health Services Review bed plans which has looked at secure bed capacity nationally. The Mental Health Service Review acknowledges that there is not enough local provision within the North East and Cumbria to meet demand, with a significant number of individuals receiving services via 'out of area' provision.

In response to the strategic context and case for change the proposed plan is summarised as follows:

Northgate Integrated Medium Secure Service (New Build)

The proposed new build facility will comprise of 8 medium secure wards (90 beds) involving the relocation of services from The Kenneth Day Unit at Northgate, the Bambergh Clinic at St Nicholas Hospital and Alnwood at St Nicholas Hospital alongside new prison transfer and personality disorder services. **(See Table 1).**

Northgate Integrated Low Secure & Locked Rehabilitation Services (Tyne & Tweed)

The proposed refurbished and adjusted facilities will comprise of 40 low secure and locked rehabilitation beds which includes the relocation of services from Bede Ward at St Nicholas Hospital. (See Table 1).

Newcastle and Gateshead Acute Adult Mental Health Services, St Nicholas Hospital (Bamburgh Clinic and Bede Ward)

In-patient services will be re-located to St Nicholas Hospital following a comprehensive refurbishment of the vacated Bamburgh Clinic and Bede Ward. The proposed refurbished and adjusted facilities will comprise of 4 acute wards (68 beds). This will bring together 2 wards from the Tranwell Unit, Gateshead and 2 wards from Hadrian Clinic on Newcastle Hospitals FT's CAV site onto a single site. In Bamburgh Clinic there will be 54 beds (a capacity increase of 13 beds) and the Bede ward will hold 14 beds. (See Table 1).

Table 1 – Bed Model

Service	Current Location	Proposed Location	Bed No. 1.4.18	Proposed Bed No.	Proposed Ward No.
Medium Secure Mental Health (Male)	SNH Bamburgh (Cuthbert & Aiden)	Northgate New-Build	25	28	2 x 14 beds
Medium Secure Prison Transfer (Male)	Not Applicable (New Service)	Northgate New-Build	0	6	1
Medium Secure PD (Male)	Not Applicable (New Service)	Northgate New-Build	0	12	1
Medium Secure LD (Male)	Northgate KDU	Northgate New-Build	24	12	1
Medium Secure PD NOMS	SNH Bamburgh (Oswin)	Northgate New-Build	16	16	1
Adolescent Medium Secure	SNH Alnwood	Northgate New-Build	14	16	2 x 8 beds (1 LD & 1 MH)
Medium Secure		Sub Total	79	90	8
Low Secure Mental Health (Male)	SNH Bede Ward	Northgate Tyne & Tweed	14	16	1
Low Secure LD (Male)	Northgate Tweed	Northgate Tyne & Tweed	24	12	1
LD Hospital Rehab (Male)	Northgate Tyne	Northgate Tyne & Tweed	24	12	1
Low Secure/Rehab		Sub Total	62	40	3
Adult Acute Mental Health Male	Hadrian (Collingwood)	SNH Bede Ward	16	14	1
Acute Adult Mental Health Female	Hadrian (Lowry)	SNH Bamburgh	16	18	1
Adult Acute Mental Health Male	Tranwell (Fellside)	SNH Bamburgh	20	18	1
Adult Acute Mental Health Female	Tranwell (Lamesley)	SNH Bamburgh	18	18	1
Adult Acute		Sub Total	70	68	4
Totals			211	198	15

2.15 HEALTH SERVICE NEED

In developing the preferred model outlined in Section 4.2, existing Health Service Need was considered to ensure that our preferred option best caters to existing and anticipated future demand. In understanding this, a range of current factors were considered, namely: challenges faced with the existing model; a demand analysis of all services impacted by the scheme; clinical quality and benefit to patients, encompassing improved outcomes, performance, workforce, and metrics; transformation and environment.

2.15.1 Current Services

Key issues currently faced include:

- The standard of the current estate – this is deteriorating and increasingly there are issues linked to the age of the buildings, which is requiring greater financial investment to maintain. There is a great divergence in the quality and standard of NTWFT's estate, something that has been commented on through feedback from the Royal College of Psychiatry Quality Network. Buildings are not future-proof as there is limited flexibility within the current footprint. This has resulted in an inability to adapt care delivery to meet changes in patient demand. While NTWFT currently deliver outstanding care (CQC, 2016/17), there are challenges which must be addressed to enable long term sustainability from environments that are fit for purpose.
- Under-utilisation of the Northgate Hospital site - the implementation of the Transforming Care Programme for people with Learning Disabilities has led to a significant reduction in site utilisation at Northgate. This gives the opportunity for retraction and consolidation of the overall site and offers the opportunity to redeploy the considerable expertise of staff to meet the needs of a different but related client group. This development enables NTWFT to support the ICS to become entirely self-sufficient in its management of secure in-patient services for its local population. Funding which is currently invested outside of the ICS footprint or within the private sector will be brought back into the NHS and ICS footprint. It will enable a further land sale (£10.4m) at the Northgate site, through a hybrid planning application, which will part fund this proposal.

Additionally, the current split across multiple sites limits economies of scale, dilutes clinical expertise and fragments the patient pathway. Our aspiration is to co-locate services to a single integrated site. This would not only provide benefits to secure services, but to adult inpatient and child and young person's services too due to the inter-connectedness of the schemes. A co-located new build will benefit CAMHS services, as well as allowing secure services to vacate the St Nicholas' site. This would then allow for Newcastle Gateshead Adult Inpatient Services to move into the vacated Bamburgh Clinic and Bede ward, which will undergo refurbishment to meet their needs. These developments will deliver a recurrent financial benefit of £3.7m which will make the services sustainable and ensure the on-going provision of secure services.

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2.15.2 Demand

2.15.2.1 Demand Analysis for Adult Secure Services

Mental Health

The recent NHS England Mental Health Secure Services Review has identified the North East needs to create an additional 55 secure beds to meet projected demand. This can only be achieved by developing local capacity and capability to manage a varied and diverse patient group.

NTWFT currently have limited provision for patients with Personality Disorders with many being admitted into learning disability, mental health beds or placed out of area in other specialist beds. The NHSE Mental Health Service Review has identified the need for 19 Male, Medium Secure PD beds to meet the demands of the future originating population.

The NHSE Mental Health Secure Services Review has identified the need for an increase of 22 male, medium secure, mental health beds to meet the demands of the future emerging population across the North Estate footprint (NTWFT and TEWVFT). As at 1st November 2018 there are 5 people waiting to step-down from Rampton or Ashworth High Secure Hospitals, there are 9 new patients on the active waiting list (all currently in prison), and a further 20 in out of area placements (12 of these could potentially be returned to local services).

It has been confirmed by the New Care Model Partnership Board that the proposed bed model is in line with the NCM Strategy, and is also in line with the NHSE Mental Health Secure Services Review which in turn meets the needs of the ICS population.

The new build will significantly reduce the number of patients requiring secure care being placed in out of area facilities. As at 1st November 2018 there are currently 57 patients who require secure care who are placed out of area. 50 of these patients are placed in units that are over an hour's drive away (greater than 60 miles), making it incredibly difficult to maintain healthy and therapeutic contact with family and friends. The maximum distance from home for a North East patient is currently 227 miles. The benefit of reducing travel by caring for patients closer to home ensures that they can maintain links with friends & family, as such aiding recovery. The new build proposed in Section 4.2 - Preferred Option will be an enabler to this.

It is envisaged that, as part of the NCM process to repatriate people as close to home as possible, a review of all out of area placements will be undertaken and, where appropriate, care will be transferred back to NTWFT & TEWVFT ensuring that the additional costs of funding the private care return to the NCMs, to then be reinvested in care delivery.

Number of placements with private providers (Non-NHS) are outlined as follows:

St Andrews Healthcare	
Elysium Healthcare	6
Partnerships in Care	29
St George Healthcare Group	4
Cygnet Health Care	8

Since October 2017, through NCM processes, 11 people have been brought back into local services. The provision of new services and streamlined pathways will reduce the need for people to receive care from outside the NCM footprint. In turn, this will enable effective use of the £12m previously used to fund these placements, thus strengthening the financial stability and provision of services delivered by Secure Care.

As at 1st November 2018 the number of people currently on the waiting lists for NTWFT services are shown below:

Ward	Number of patients on ward waiting lists
Bede (Low Secure)	4 (1 in prison)
Cuthbert (Medium Secure)	5
Aidan (Acute Medium Secure)	6 (all in prison)
Oswin (Medium Secure PD)	4

NTWFT are currently unable to meet the requirements (14 days) in relation to identifying secure beds for prisoners (currently 7 prisoners are on the waiting list, 2 have been waiting over 12 months for a bed). There is a 5 bedded Low Secure Prison Transfer ward available in Middlesbrough at TEWVFT however there are no dedicated facilities for Medium Secure Prison Transfers. There will always be a demand for prison transfer beds due to the concentrating effect that prisons have, however the preferred option outlined in Section 4.2 would offer significant improvement to provision of secure care and the flow of patients through the pathway (through the creation of a specific prison transfer unit and other strategies).

The proposed changes to meet expected demand are:

Service	Beds @ 1/4/18	Proposed Beds	Change
Medium Secure (Male)	25	28	+3
Medium Secure Prison Transfer (Male)	0	6	+6
Medium Secure PD (Male)	0	12	+12
Medium Secure Personality Disorder NOMS	16	16	0
Low Secure (Male)	14	16	+2
Adult Secure – MH	55	78	+23

Learning Disabilities

The Transforming Care Programme will result in the number of Learning Disability beds within the Trust being reduced by 36 (12 Medium Secure, 12 Low Secure & 12 Renab) with the majority of these being deliverable by April 2019. These reductions are prescribed. Within this reduction, there is also a need to repatriate a number of service users as part of the New Care Models programme; the ambition is to repatriate 6-8 patients by April 2019. The Trust also has

non-NHS England contracts, namely those involving Scottish and Irish patients. It is planned to achieve the reduction in beds through bolstering community services, with the main focus on further developing community teams to meet the needs of those in the community to prevent admission or support a speedy discharge if a bed based admission is required.

The proposed changes to meet expected demand are:

Service	Beds @ 1/4/18	Proposed Beds	Change
Medium Secure (Male)	24	12	-12
Low Secure (Male)	24	12	-12
Hospital Rehab	24	12	-12
Adult Secure – LD	72	36	-36

2.15.2.2 Demand Analysis for Secure CAMHS

a) Current Service

NTW currently provide 14 adolescent medium secure beds at Alnwood which are accessed via the national secure network system and commissioned by NHS England. The Alnwood facility is located on the St Nicholas hospital site and is spread over three floors comprising of two 7 bedded mixed gender wards:

- Ashby (Mental Health)
- Lennox (Learning Disability)

The facility also has dedicated educational space and activity space both indoors and outdoors.

Alnwood has widely known issues with its environment which makes future delivery of services from the current facility unviable. Alnwood is in an old, Victorian style building. It lacks therapeutic space both externally and internally around the building. The therapeutic milieu of the unit is further compromised due to a lack of space for provision of individual de-escalation / 'chill out' areas for the young people, lack of natural light, the layout of building being provided across three flights of stairs with a number of long corridors.

The environmental restrictions of the current Alnwood footprint is also a significant contributing factor to high staffing levels/costs to maintain patient and staff safety in the building (to support observations, escorted movement around the building etc).

This is augmented by Forensic CAMHS community services provided by the Trust through the Kolvin Service. This enables the Trust to offer a full Forensic CAMHS pathway, which we have recently augmented through successful bids for NHSE funding through initiatives such as F-CAMHS and Secure Stairs. While beneficial to service users and family this holistic approach also enables the development and sustainability of the Secure CAMHS workforce across the Trust

Provision of the right environment in a new build facility will reduce staffing requirements and support a financially sustainable service. The flexibility in bed provision and scope for income generation also supports delivery of a financially sustainable service. Alnwood has a degree of skill and resilience not readily found in other organisations, equipping the service with the

ability to admit difficult and complex cases with the potential to generate income for the Trust through care packages.

b) Demand Analysis

A range of NHSE funded work-stream initiatives have been established in order to identify and address the mental health needs of young people within the secure estate in England from 2017-18. This includes the development of services within NTWFT (SECURE STAIRS / F-CAMHS (Forensic CAMHS)).

It is anticipated that these initiatives will have a dual impact, both addressing the mental health needs of young people within non NHS mental health settings, and identifying the need for more young people to require admissions to NHS mental health secure settings.

A recent NHSE review of the MSU National Network for Young People (2018) established that the reduction in the use of MSU beds over the past 3 years was primarily due to a range of issues (including commissioning / environmental / practice), the consequence of which being that the MSU network is now struggling to meet demand for placements. As such, the following areas need to be addressed:

- Young People with Eating Disorders
- A limit on the capacity of the network to admit female patients (particularly in London and the South East)
- Young People with Autism
- The role of F-CAMHS in identifying mental health needs in the non-secure estate and the likely impact that this may lead to an increase in requests for assessment for admission.

Demand is rising for NTWFT's child and adolescent service in 2018/19, as demonstrated by the below information regarding capacity over the last 12 months (accurate as of 12.11.18):

- 20 weeks no capacity on Ashby (male or female)
- 31 weeks no female capacity on Ashby
- 21 weeks no female capacity on Lennox
- 10 weeks no female capacity in other units, plus 4 weeks with a shortage of female beds nationally.

A number of requests for assessment to admit to the service are increasingly being made from outside the NHS, due to a lack of provision of these services outside England (see figures later in this section). It is anticipated that demand for medium secure beds for young people is likely to rise given:

- Initiatives across England to identify and address mental health needs across the Non-NHS secure estate for young people

- A requirement for the current medium secure unit's national network to expand the scope of the need of young people that are eligible to be admitted more generally
- Continued lack of medium secure service provision for young people outside of England particularly in relation to the specialism of young people with a learning disability.

Given a) the overall rise in demand in CYP's admissions of all types, both nationally and locally (with lower average lengths of stay), and b) an increased level of service provision being available in identifying assessment and treatment needs of young people in Secure Children's Homes and Youth Offender Institutes, it is anticipated that bed demand for CAMHS Medium Secure Beds will rise (from a historical low base).

Alwood is only 1 of 2 CAMHS Medium Secure Units nationally that has a Learning Disability Specialist Provision and only 1 of 3 units that admits female patients. This demonstrates that it has a degree of specialism that will continue to attract admissions not only from outside the North East and Cumbria regions but also outside of England.

It is anticipated that overall bed occupancy at Alwood for English patients will rise to within a recommended range of 75-85% bed occupancy (approximately 12 of 14 beds). Furthermore we anticipate, based on recent and known future demand, a further 1-2 patients from outside of England at Alwood. There is no current secure provision for Adolescents outside of England. As a consequence of this Alwood has over the last 10 years admitted a number of people from Scotland, Wales and Northern Ireland. The figures for the last 3 years are shown below:-

	Scotland	Northern Ireland	Wales
2016/17			
Ashby	2		
2017/18			
Ashby	1		
Lennox		2	
2018/19			
Lennox		3	1

Alwood has a reputation of improving outcomes for these young people and returning them to their home areas.

The proposed changes to meet expected demand are:

Service	Beds @ 1/4/18	Proposed Beds	Change
CAMHS Medium Secure	14	16	+2

2.15.2.3 Demand Analysis for Adult Acute In-patient services across Newcastle and Gateshead

NTWFT serves a very challenging demographic. The Trust is at the heart of the North East, one of the most challenging areas in the UK in terms of health and other inequalities. As a post-industrial region there are well-known issues within the population, including higher than average rates of drug and alcohol abuse, lower than average life expectancy, and significant levels of violent and destructive crime. The picture is complicated by extreme degrees of local inequality: a number of boroughs and wards contain both the highest and the lowest indicators of multiple deprivation (in England terms, according to 2013 IMD statistics) side by side. The prevalence of mental disorder, particularly where secure treatment is needed, is therefore expected to be significantly greater than in index areas.

The reduction in adult acute mental health beds is planned as part of the consultation and delivery planning for Newcastle and Gateshead, and contingency plans are in place to manage any variation in expected levels of demand over the next four years. This is outlined in terms of bed numbers below:

	NTW Beds 1/4/18	18/19 Bed Reductions	NTW Beds 31/8/19	Proposed Number of Beds	Proposed Number of Wards
Adult Acute in patients	70	8	62	68	4

2.15.3 Benefits, risks, constraints and dependencies

The Trust has at this stage identified the benefits and evaluated the risks and dependencies of the required investment. It has taken a methodical approach to risk identification, score and mitigation. The Trust has considered the dis-benefits and constraints associated with the implementation.

Benefits

The scheme would foresee benefits in the below areas:

- Compliance with national programmes (including Transforming Care, New Care Models Mental Health Service Review- see Strategic Case)
- Securing long-term viability of local and national services provided by the Trust (see Strategic Case)
- Delivery of outcome of consultation on future of inpatient adult assessment and treatment services for Newcastle and Gateshead
- Improved outcomes for patients (p33)
- Performance (p34)
- Workforce (p35)
- Secure CQUIN MH4 Discharge and Resettlement (p36)
- CQUIN MH5 CAMHS Inpatient Transitions (p36)
- Improved clinical environments, including compliance with CQC recommendations (p38)

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Risks

- Estates risks, including achieving planning permission and receipt from land sale not meeting expected valuation (p64)
- Operational risks, including retention of skilled workforce, recruitment, meeting national bed trajectories (Transforming Care, New Care Models et al), and transition management (p65)
- Timing Risks - delivery to meet notice period on former Newcastle General (CAV) site

Constraints

- National constraints regarding New Models of Care
- The outcomes of the Delivering Together Consultation, which must now be adhered to
- The constraints of secure environment provision
(See Strategic Case chapter)

Dependencies

All streams of the programme are intrinsically dependent. Without undertaking all outlined works on the Northgate site, we would not be able to relocate existing patients to vacate necessary wards on the St Nicholas Hospital site to then move in Newcastle/Gateshead Adult Acute wards. It is necessary that we vacate current Newcastle/Gateshead wards due to a) the agreed outcomes of Deciding Together, b) poor physical environment on the Tranwell Unit and c) pressure to vacate the CAV site within 3-5 years at the request of new landlords. As such, the dependencies are stark and reinforce a compelling case for change (for more detail see Strategic Case, and specifically Health Service Need section, p24).

2.15.4 Timetable and Deliverability

A project timetable identifying the key milestones and target dates from approval of the SOC to completion of the FBC is detailed below.

The Trust believe that this updated timetable, although tight, is achievable and reflects the work undertaken to date on this scheme.

Milestones	Approval / Completed Date	Internal Approval / Submission Date*	Comments
Public engagement			<p>The inpatient services in Newcastle and Gateshead have been subject to extensive public engagement including a formal public consultation process in 2016 called 'Deciding Together, Delivering Together'. This bid will support the decisions that were made by the CCG to re-provide inpatient services for Newcastle and Gateshead at a single site in Newcastle.</p> <p>Engagement in relation to the Northgate development would need to continue in line with the proposed alterations and build of the secure</p>

			hospital. It is not envisaged this would require public consultation due to its current designation as a secure site.
Public/local authority consultation as legally required**			Local Authorities (including Overview and Scrutiny Committees and Health and Wellbeing Boards) have been fully involved in the Deciding Together, Delivering Together consultation in line with statutory duty A senior officer of Northumberland County Council is a member of the scheme project board and discussions will continue to take place throughout this process. It is not expected that public consultation will be required for Northgate development as the site is already designated for Secure Services.
Planning	March 2020	October 2019	Planning will consist of a hybrid application in terms of a new build project and land sale. Preparation time, planning application and planning approval for this hybrid application decision is expected by March 2020.
SOC	May/June 2019	October 2018	Internal Trust approval October 2018, assumed DHSC/Treasury approval by May/June 2019.
OBC	December 2019	August 2019	Internal Trust approval/submission to NHSI August 2019, assumed DHSC/Treasury approval by December 2019
FBC	June 2020	March 2020	Internal Trust approval/ submission to NHSI March 2020, assumed DHSC/Treasury approval by June 2020
Procurement Dates	June 2020		Capital procurement of the project will be via the Trusts contract management agent PAGABO, utilising the OJEU compliant national framework for Major Construction Works. NTWFT through the selection process currently partner with Sir Robert McAlpine in the delivery of their strategic estate capital programme.
Planned start date of capital work	July 2020		Project commencement June 2020 with construction works starting in July/August 2020. This date relates to commencing work on the major development at Northgate Hospital
Planned end date of capital work	March 2023		This date relates to the completion of construction works.
Related target asset disposal date	2021		NTWFT has previously disposed of part of the Northgate site for housing. A further section of surplus land would be released for further housing as a result of this development. The

			<p>exact timing of this may vary in order to maximise sale potential.</p> <p>Delivery of this proposal will allow the retraction of clinical services from Newcastle and Gateshead acute hospital sites. This will allow Newcastle Hospitals Trust to move forward with their disposal plans of the CAV site. In terms of the Queen Elizabeth Hospital in Gateshead, handing back the Tranwell Unit will allow the Trust to formulate and take forward a site development strategy.</p>
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There is a need to move at pace in order to reach the 2023 timeframe - as such, due to business pressures regarding New Models of Care, as well as recently emerging pressures regarding the CAV site (new landlord means that we must vacate the site within 3-5 years), the Trust is having to progress with the business case/planning processes concurrently.

2.15.5 Clinical Quality and Benefit to Patients

2.15.5.1 Improved outcomes

The proposal recognises a clear responsibility not only to provide mental health services for people experiencing mental ill health, but to also ensure people with serious mental illness (SMI) have access to, and experience good physical health care. The flexibility planned for the resource will ensure that services can adapt to presenting need across the ICS area. There is a need to break down barriers between mental health and learning disability services, realigning provision to support the aim to ensure that all of those needing services are able to access appropriate services locally. The preferred option meets this need.

Services provided will be focussed on rehabilitation and step down, working closely with community services across an integrated pathway. We envisage a reduction in length of stay within secure service beds and less inappropriate admissions, either out area or within the private sector where individuals experience long stays, limited therapeutic interventions, and limited opportunities for progress. Further detail regarding this is outlined in the Metrics section of this chapter.

The physical proximity of providing CAMHS secure services (Alnwood) in the same location will allow for improved delivery of transition planning between Children and Adult services. All effective transition planning is both person centred in focus and strengths based in terms of overall approach (Transition from children’s to adults’ services for young people using health or social care services – Nice Guidance 43 – 2016).

There would be a clear requirement to ensure that (in the management of a single hospital site) clear procedures and process could be developed between CYPS and Adult Services that ensured that were transition between services occurred this could be provided in a measured, ‘joined up’ approach aided by a flexible use of environment and close professional working arrangements.

Similarly, enabling the Bamburgh Clinic on the St Nicholas Hospital site to become available for Newcastle and Gateshead Adult Mental Health Services will provide an opportunity for the services to become consolidated in one area (which fits with the expectations of Deciding Together) in a suitable environment meeting contemporary standards.

We expect that the environment will have a positive impact on service user, carer and staff wellbeing and potentially reduce incidents and promote recovery. Bed numbers will reflect the recommendations from the Royal College of Psychiatrists. Consolidating four wards onto St Nicholas Hospital site would bring benefits in terms of cross cover and more effective utilisation of staff, particularly in relation to clinical support staff. Co-location would mean a greater number of services remain based on the site, reducing the risks associated with isolation, and more effective response to emergency situations. It would also result in a reduction in the number of sites for out of hours' medical cover, which will have a positive impact on responsiveness of junior doctor expertise to help manage these circumstances.

It would also enable the opportunity to look at combined staffing resources across MDT, which could increase productivity. Re-locating services to Bamburgh clinic site would ensure that Adult In-patient Services would continue to be delivered within the Newcastle & Gateshead locality, which was one of the main requirement outcomes of the public consultation and expectations of external stakeholders and is fully in line with the outcome of the Deciding Together consultation completed in June 2016. Furthermore, links to community services and local services remain through the continued provision of service within the city.

2.15.5.2 Performance

With regard to performance, the proposal aligns with a number of the ICS priorities; the new building will provide the physical health care facilities to ensure holistic patient needs are addressed, reducing demand on acute services wherever possible. The physical health agenda will extend to health promotion, encouraging personal responsibility through co-produced recovery plans. We have had early discussions with Northumbria Healthcare about improving secondary care links e.g. access to a sessional diabetologist on site.

Additionally, the provision of a single site facility for secure services will allow a skilled workforce to be further developed, reducing demand on the wider health and care economy. It would also help to alleviate pressure in relation to waiting times; at present there are issues surrounding this, including: waiting times for care on a low secure unit being up to six months; Ministry of Justice recalls; ability for community treatment order recalls; clinical urgencies relating to prisoners; and the ability to access services quickly. We foresee that this project would improve links with the third sector, and improve pathway flow due to its community facing element (in-keeping with the future of forensic services, which is heading towards a community forensic model with a need to deliver 24/7 crisis response).

It is also important to note that there are presently no dedicated services for Forensic Personality Disorder patients within the North East footprint. Of those originating from the North East with a personality disorder diagnosis, 12 are currently in mental health or learning disability beds and 15 people have been placed in specialist units out of area. 11 of these are over an hour's drive away (greater than 60 miles), the furthest being 192 miles away.

2.15.5.3 Workforce

A workforce plan will be developed to maximise the expertise of staff in post. The development will provide an opportunity for employment in the area and attract wider interest as a centre for excellence. Links with academic partners will be actively encouraged to further develop existing opportunities for research and development. The workforce development plans will focus on communication, engagement and relational security to promote a culture of well-being for staff, patients, carers and others.

As part of this, we recognise a need for consultation, as well as the relocation of staff groups to the centralised resource. Consideration will be given to upskilling the workforce to meet changing need and deploying workforce across the whole pathway.

Having all secure services staff on one site will enable us to provide more efficient deployment of human resources to meet ICS goal of 24/7 care. Furthermore, it will aid business continuity and build resilience.

NTWFT has a highly experienced workforce with vast levels of expertise across secure services which it would seek to retain to support these proposals and the trust has already started engaging with staff across both of its current secure sites. This existing resource gives NTWFT a huge advantage in being able to realise the opportunities for integrated secure service provision to provide a world class service offered within the ICS footprint.

In terms of staff numbers this scheme results in a reduction of approximately 15 posts, which will be achieved through a reduction in temporary staffing/staff turnover so no permanent staff will lose their jobs. Staffing reductions are achieved due to economies of scale and co-location, particularly in non-nursing posts, i.e. occupational therapy, psychology, psychiatry.

The Trust has a long standing track record of undertaking staff consultations and successfully redeploying staff across the organisation preventing redundancy and maintaining a skilled workforce. Innovative ways of working will offer economies of scale and the trust will utilise apprenticeships, the trust's academy and non-medical prescribers.

A shared therapeutic space for activities, learning and leisure will be available on a single site offering better accessibility by utilising staff's therapeutic time more effectively.

The Trust has a continued commitment to improving working lives and the health and wellbeing of all staff, this is demonstrated within the Trust's Health and Wellbeing Strategy.

Shared multi-disciplinary office spaces will utilise a range of solutions to maximise the learning environment, develop single goals between disciplines and offer the opportunity for peer support leading to a healthier workforce and a reduction in the need to use temporary staff.

2.15.5.4 Metrics

Adult Secure Services

The metrics will be developed to align with the ICS priority areas, Five Year Forward View for Mental Health and monitoring of potential savings as outlined in the strategy unit report. We will monitor and would expect to see:

- The number of patients placed in secure services out of area decrease
- The distance patients are placed from home reduce

- A reduction in the length of stay in hospital
- Waiting times for a hospital bed / transfer from prison reduce
- A reduction of violence and aggression
- Ensuring no suicides and no never events

It is envisaged that the CQUIN (MH4 Discharge and Resettlement) will achieve at least a 10% reduction in the current average length of stay. The target agreed is based on 2016/17 activity & the following figures are the baseline ALoS with a target of 10% reduction across all services. In secure services the ALOS for Medium Secure in 2017 was 1,469 days. It is envisaged that this will reduce to 1,322 in 2018/19. In Low Secure it was 583 days in 2017 and is expected to be 525 days.

It is anticipated that ALOS will reduce further due to enhanced service pathways, as well as through the development of co-located service that is designed to deliver quality care from an environment that is designed to minimise risk, and promote safety and wellbeing. This will enable a more streamlined service, opening up beds earlier to ensure patients are admitted / transferred in a timely manner, and receive treatment to improve health and minimise risk.

A number of systems will be utilised to ensure that we achieve the above, including the work already commenced to repatriate patients close to home through NCM. NTWFT has already applied the CQUIN: MH4 to Reduce Average Length of Stay, and have embedded a robust monitoring process linked to our patient electronic records (RiO) and a performance dashboard that is monitored by the Central & Secure Clinical Business Unit (CBU).

Secure CAMHS

The same CQUIN (MH4 Discharge and Resettlement) applies to Children and Young People's Services. This applies to all of NTW's Children and Young People's Services including those at Alnwood.

The CQUIN MH5 CAMHS: *Inpatient Transitions* looks to develop more effective co-ordination of transition plans between services and address common issues with services such as:

- Delayed discharge due to lack of social care provision is a significant problem.
- Difficulties around availability of community support from CAMHS.
- The transition issues becomes a greater problem when the child / young person re-present in crisis

At present (September 2018) the progress for 2018 / 19 is positive in that the year to date average length of stay is 101 days in comparison to 190 days for 2017 / 18 and 166 days for 2016 / 17. It is anticipated that the service changes planned across those NTW CYPSS Services that are included in the New Care Models approach will influence practice at Alnwood and be closely aligned with the developments with the F-CAMHS approach.

It should be noted that the key 'fundamentals' of New Care Models are:

- Reduction in number of admissions
- Reduction in average length of stay at hospital

- Reduction in the number of out of area placements for young people
- Reduction in the number of overall miles travelled for hospital admission.

This should be set alongside the national F-CAMHS development that has a clearly stated aim to provide:

“Facilitation of transition into, and out of, secure settings for young people, providing support, advice and practical input as required, follow-up of cases where young people move out of area, facilitating, where appropriate, return from secure custodial, welfare or mental health placements”.

Given this, it would be anticipated that, through the development of a purpose built MSU for Young People and Adolescents, alongside the service improvements (and expected outcomes) as a result of New Care Models and F-CAMHS, there will be a greater emphasis on:

- Co-ordinated approaches to admission to CYPS MSU including greater emphasis on identifying shorter intended discharge dates
- Shorter lengths of stay enabled by the ability to provide a purpose built, therapeutic space which enables positive approaches and for treatment plans to be delivered earlier (leading to more effective treatment and earlier discharge dates)
- Readily available therapeutic environments which allow for individual needs to be much more readily accommodated at the initial point of admission (enabling admissions to be much more easily facilitated).

It is clear, then, that the preferred option, as with Secure Services, would improve the Trust’s performance against key metrics.

2.15.5.5 Newcastle Gateshead Adult Acute In-Patients

There are a number of key metrics that the preferred option must take into account in relation to Adult Acute Inpatient Services. For example, Talk 1st is well established within NTWFT services. Dashboard data indicates a clear reduction in incidents, prone restraint and use of seclusion due to the strategies embedded from Talk 1st. The preferred option would facilitate continuing to improve in relation to this metric.

NTWFT has undertaken work to ensure that patients are free from ligature risks as far as reasonably practicable and strive to maintain safety whilst patients are in our care with an embedded policy of engagement and observation, the new build would be designed to have enhanced levels of sight and be environmentally ligature free with CCTV and state of the art facilities to enhance safety & well-being.

Our CQUIN regarding improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) and preventing ill health by risky behaviours will continue to be a priority for the service to improve the health and well-being of those who use inpatient services.

Our ability to adhere to all of these metrics will be developed and enhanced as a result of the preferred option.

2.15.6 Transformation and Environment

The proposed scheme outlined in the preferred option would have a transformative effect on service. While it is not sustainable to continue to deliver services from existing buildings, the scheme will address all of the current environmental challenges associated with ageing and deteriorating buildings. It will afford services the flexibility to tailor care to meet the changing needs of patients with complex needs. The shared services incorporated into the single integrated secure site will not only provide efficiencies via economies of scale, but will help to better integrate delivery of care for service users with complex needs, helping to de-stigmatise services and breakdown existing perceptual barriers. Services will be better placed to adapt to local, regional and national requirements.

The redesigned service will greatly improve the pathway, facilitating reduced waiting times and offering additional beds to repatriate out of area patients to receive care closer to home and prevent people being sent out of area. It is expected that this development, alongside services provided by TEWVFT, will be able to meet fully the demand for secure services across the ICS area. Appropriate triaging and placement of patients into services will alleviate pressures on other healthcare providers in the region for example A&E, GPs, community teams, police, prison and social services.

The transfer of secure services from St Nicholas Hospital to Northgate will allow for the redevelopment of the vacated facilities into state of the art adult acute mental health inpatient services for the population of Newcastle and Gateshead. Co-locating these adult beds on one site will enable cross cover and integrated working, across all professional staff groups which will also deliver financial savings through economies of scale.

This bid will improve services for a wide ranging group of patients through improving quality of care through enhanced environments, while strengthening links with the community will aid recovery and smooth discharge pathways. The site will be community facing with an aspiration that facilities could be accessible to all. With access to social and leisure facilities, space to rent, workshops for local artisans and other initiatives, it is envisaged the new secure services hospital and facilities would become a hub for the local community. This will enhance the surrounding area and contribute to wider cultural issues surrounding stigmas relating to mental health and learning disability. Other benefits include:

- Provision of new facilities with the means to address all challenges identified. Flexibility to deal with physical frailty, gender, age, security level, pathway, speciality, demand, needs (reducing any out of area placements)
- Individual care areas to improve the quality of care recognising safety, patient care need and their dignity
- Delivery of 21st century standard environments supporting modern healthcare
- Future-proofing - Flexibility in design to meet changing needs across the ICS across medium/low secure/ mental health and learning disability, demand for adult acute and PICU inpatient beds

- Individual care delivery caters for people with complex needs, Autism and acute Mental Health presentation – these reduce anxiety, enable optimised care in line with the MHA, Code of Conduct and Trust Policy.

For Children's secure services, feedback from the Care Quality Commission (CQC) echoes the benefits listed above suggesting that current environmental provision does not best cater to meet patient need. The provision will be enhanced through the development of amenities that enable patients to access a range of spaces that aid recovery and enable staff to facilitate more efficient treatment focused pathways of care.

New facilities will increase flexibility for both adults and children, and remove challenges surrounding the refurbishment of existing stock to meet the required standards outlined by both the Royal College of Psychiatry Quality Network and the CQC (the current footprint of some wards does not enable additional therapy / quiet time, or access to outside spaces). It is envisaged that the design of the new provision will provide longevity of services and future-proof the effective provision of quality patient focused care.

The aim is to provide an enabling environment which will create a bridge between clinical and non-clinical settings. In addition to traditional therapeutic facilities, the environment will offer de-escalation suites and low stimulation spaces where patients can take time to relax and restore themselves with peace. Multi-disciplinary hubs will assist in developing a single common core vocabulary, as well as shared learning across a range of agency and services, which will foster productive relationships and promote a healthy workforce.

Clinical outcome measures will be utilised to work in conjunction with the enhanced environmental facilities, in order to reduce the need for restraint. Restrictive practices will diminish due to bespoke environments that are designed to enable freedom of choice and movement, whilst maintaining relational and environmental safety.

The use of Secure PREOMS will enhance Hope in Recovery, Recovery Star, and My Shared Pathway, promoting patient engagement in care. Talk 1st initiatives will enable patients to address frustrations and anxiety and self-manage their anger.

Environments will be designed incorporating National Best Practice such as Enabling Environments Standards, Royal College of Psychiatry and NHSE, Quality Standards, Kings Fund, Enhancing the Healing Environment (EHE), as well as the Trust Quality initiatives around the House Model and Discharge Pathway.

The environments will also be designed utilising the Trust's extensive knowledge from previous new builds, drawing upon such designs as the Stirling University Gold Award Winning development at Monkwearmouth Hospital to ensure that key design features and lessons learnt are utilised. This will result in creating functional, state-of-the-art, future-proofed services that enhance the experience of patients, carers and staff.

Structure to daily routine will be enhanced through a range of services and facilities all being accessible on one site. Patient centred care, promoting a sense of belonging and involvement, will be fostered through co-production, and encouraging empowerment in their own care planning and personal development.

Through analysis and consideration of the above factors, the following options were developed and honed.

3 MANAGEMENT CASE

PROJECT STRUCTURE

Project management arrangements follow those identified within the Capital Investment Manual. The project structure is shown in Diagram 1 in section 3.7 below.

3.1 Trust Board

The key responsibilities of the Trust board include:

- Approve the Strategic, Outline and Full Business Cases for the project
- Agree the scope of the project
- Authorise funding for the project
- Resolve any major issues referred to it by the Resource and Business Assurance Committee

3.2 CEDAR Programme Board

The Programme Board is a sub-group of the Trust Board and ensures that proper arrangements are in place to drive the programme forward and deliver the outcomes and benefits. The Programme Board will work in partnership with other health and social care providers, in accordance with the Trust's strategic ambitions. Programme Board membership is set out below:

The Terms of Reference for the Programme Board are as follows:

- To represent wider-ownership and maintain co-operation and co-ordination between "major development" schemes and other stakeholders
- To agree the Strategic Direction and purpose of the Programme
- To agree programme controls and processes, and obtain assurances that these are effective in managing the programme and delivering the programme objectives
- To ensure that the Core Programme Team has sufficient and appropriate resources to carry out their functions
- To agree internal and external communication plans
- To ensure that the Programme achieves its objectives in terms of timescales and cost
- Carrying out Programme related decision-making responsibilities on behalf of the Trust Board
- To ensure timely delivery of agreed outcomes.

Board Membership:

Non-Executive Director SRO
Executive Director Finance & Deputy CEO
Executive Director of Nursing & Chief Operating Officer
Executive Director of Commissioning & Quality Assurance
Deputy Chief Operating Officer
CEDAR Programme Director
Managing Director NTW Solutions Ltd.
Group Nurse Director
Deputy Director Finance
Associate Director (North) x 2

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Associate Director (Central) x 2
 Project Manager (Central)
 Head of Finance and Business Development (Central)
 Patient & Carer Engagement Lead (Central)
 Head of Finance and Business Development (North)
 CEDAR Project Manager
 Northumberland CCG lead
 Newcastle & Gateshead CCG Lead
 Head of Workforce & OD (Central)
 Staff Side Leads x 2

3.3 Senior Responsible Owner and Programme Director roles

The Senior Responsible Owner (SRO) is accountable for the programme, ensuring that it meets its objectives and realizes the expected benefits:

- Creating and communicating the vision for the programme
- Providing clear leadership and direction
- Securing the required investment in order to run the programme
- Ensuring that the programme achieves its strategic outcomes and realizes its benefits
- Establishing programme governance arrangements and ensuring that appropriate assurance is in place
- Ensuring viability of business cases
- Maintaining interface with key senior stakeholders
- Monitoring key strategic risks facing the programme
- Maintaining alignment of the programme with the Trust's strategic ambitions

The Programme Director is responsible for leading and managing the setting up of the programme through to delivery of the new capabilities, realization of benefits and programme closure:

- Day to day management of the programme
- Being the day to day agent on behalf of the SRO
- Planning and designing the programme and proactively monitoring its overall progress, resolving issues and initiating corrective action as appropriate
- Developing and implementing the programme's governance framework
- Effective coordination of the projects and their interdependencies
- Managing and resolving risks
- Managing the performance of the core programme team
- Managing communications with stakeholders
- Reporting progress of the programme at regular intervals to the SRO

3.4 Core Programme Team

The Core Programme Team is led by the Programme Director and will include key Project Managers, clinical staff, estates, financial and business support staff. The membership of the Core Programme Team may change at different stages of the programme e.g. during the business case development stage and the construction stage. The Core Programme Team's role is to:

- Develop business cases for each scheme, including ensuring that there is necessary consultation with staff, service users, carers and other key stakeholders
- The review and development of new operational policies and procedures to improve the quality of care

- Oversee the development of the design work to improve the patient environment
- Oversee the construction work to meet objectives, including time, cost and quality
- Identifying, managing and reporting to the Programme Board on risks relating to any of the projects
- Ensuring that there is good communications, and involvement as appropriate, with all key stakeholders throughout the programme.

The Core Programme Team may form sub groups, as necessary, as the programme develops to manage different work streams.

Membership of the Core Programme Team:

Programme Director
 CEDAR Programme Manager
 Scheme Leads
 Trust Construction Project Manager
 Clinical/functional specialists, e.g. IPC, Patient Safety
 Facilities Management Heads – Estates and Facilities
 Contractor/design team representative

Membership may change slightly during each phase of the programme

3.4.1 Core Programme Team Roles

The Programme Director will chair the Core Programme Team. The CEDAR Programme Manager will co-ordinate the management of the project; will chair the Marketing and Communications Group and the Commercial Group. The Programme Manager will have specific responsibilities for the Project Plan and Risk Register.

The Clinical specialists will lead on day to day clinical and operational issues, including chairing the Clinical and Operations Group and the Admissions and Discharge Group.

The Trust Construction Project Manager will lead on estates issues for the Trust, including chairing the Design and Construction Group and liaison with the Trust's Procurement partners. The Managing Director of NTW Solutions Ltd will oversee this work, providing additional input to the Project Team, as necessary. The Project Supervisor will lead on day to day design and building issues

The Contractor representative will lead on day to day design and construction issues for the Supply Chain, including liaison with NTW Solution's Capital Development Manager.

Turner Townsend will be contracted to the Trust to independently review the expenditure for the project. Information will be shared with the Project Board.

3.5 Core Programme Team Sub Groups

The Core Programme Team has a number of sub groups reporting to it on the management of different work streams related to the project.

The Programme Sub Groups will meet as and when required at various key points in the development of the project.

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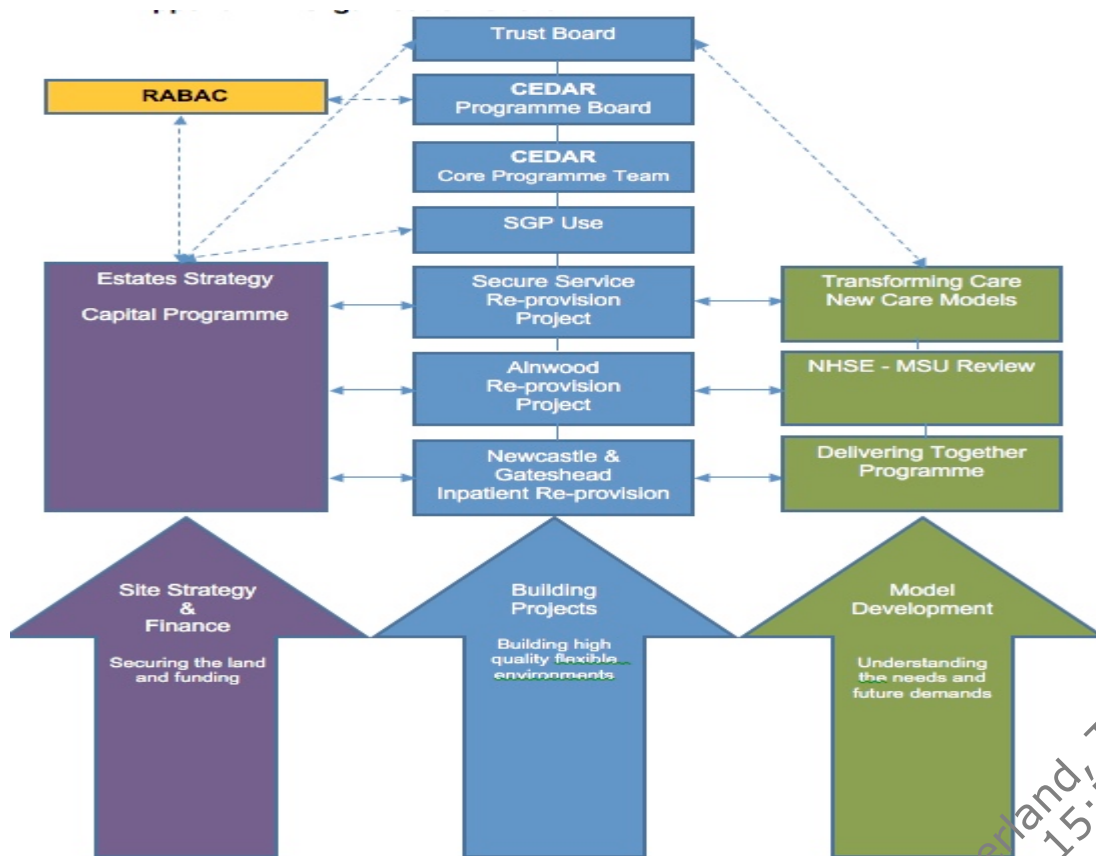
All elements of the programme structure must ensure that reports are submitted to the next level of the programme structure. Similarly, issues which cannot be resolved in any element, should be escalated to the next level.

3.6 Service Users and Carers

NTW values mean that Service User and Carer involvement will be essential to the development of the programme. The Trust has a statutory duty to involve service users and the public in planning the development of services. A plan will be developed to ensure that Service Users and Carers can provide views on the development of the scheme and to receive updates on progress. This will include engagement events, communications and the creation of a CEDAR email address where people can send their views and thoughts on the project for consideration. We will also seek to involve service users and carers in focus groups around the design of the buildings and services.

3.7 Programme Organisation and Structure

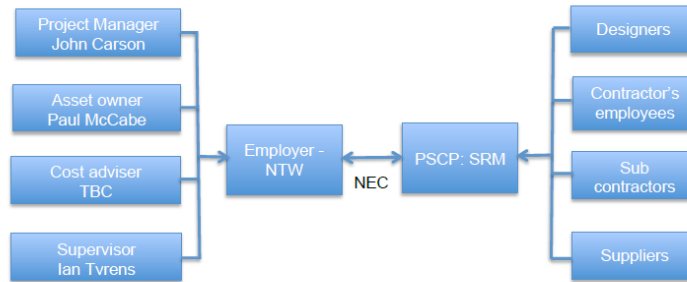
The Programme Management structure is illustrated in Diagram 1 below;



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3.8 Programme Contractual Relationships

The contract management structure for the programme is indicated below:



Appropriate consultants will be appointed to support this function.

3.9 Stakeholders

Other stakeholders identified as requiring input into the design process include the Trust's Fire Officer, Risk Management and Health and Safety Officers; Estates Maintenance Engineers; Infection Prevention and Control Team; Site Facilities Lead; Service Level Agreement Stakeholders, Carers and patient representatives etc.

These groups will be included in the design process on an "as-needed" basis by involvement in the regular meetings as required.

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4 ECONOMIC CASE

4.1 Generation of Options

4.1.1 Critical Success Factors

The following critical success factors are the attributes that are essential for the delivery of a successful project:

- Meeting National/ICS level strategies for adult and children's acute services
- A reduction in out of area placements (unless on specific pathway, i.e. Neuro, Deaf)
- Enabling continued provision of critical national children's secure services
- Fully meeting outcomes identified in Deciding Together Consultation in Newcastle and Gateshead
- Reduction in waiting times for secure beds
- Reducing current environmental risks associated with services in scope
- Meeting NHS environmental standards for the services in scope
- Improving the quality of patient experience during their hospital stay
- Reducing recurring costs of services
- Maintaining future service viability and competitiveness
- Efficient utilisation of NTW estate

4.1.2 Potential Options

The long list of options is detailed below:

1. Do nothing – remain in existing accommodation on the Northgate, St Nicholas, Queen Elizabeth hospitals and Hadrian Clinic sites
2. Do minimum (Business as Usual) - the gradual improvement of mental health service facilities by incremental refurbishment and extension of existing accommodation to target reduction in backlog maintenance associated with existing estate and also new developments to replace less viable properties
3. Re-configure and re-provide mental health services in purpose designed and purpose built facilities on the Northgate and St Nicholas hospital sites
4. Re-provide services on a new 'green-field site'.

The options listed include all the options considered by the Trust as the Trust is constrained by deliverability and availability of land for secure services and a business case and consultation exercise has already been undertaken in 2016 in relation to the adult acute services.

Prior to undertaking an in-depth financial appraisal to determine full capital and revenue costs of the options an analysis of the long list of options was undertaken by the Steering Group. Options 1, 2 and 3 were selected to be shortlisted. Option 4 was discounted on an availability and cost basis. The key reasons for this being:-

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a) Availability

- There is no readily available land of the size required for this type of development in the local area.
- This scheme includes the provision of Medium (and Low) Secure services and any new site would need to go through a formal process including approval from the Ministry of Justice to gain clearance to house secure patients and a public consultation. This would be a lengthy process which would prevent the deliverability of the scheme within the required timescales.

b) Cost

- The Northgate site is owned by the Trust and there is available space to facilitate the new build
- If an alternative site could be identified, this would be at a significant cost and would need to be large enough for both the proposed new build and also the transfer of low secure & other associated buildings used by secure services on the Northgate site. Some of these buildings have already had significant recent capital investment. If medium secure and low secure services had to be provided from different sites this would result in many of the projects objectives not being delivered.
- Infrastructure generally in place on Northgate site. This would need to be put in on a green-field site.

c) Other Issues

- The Trust has a new Autism Unit on the Northgate site which would be left isolated if other services moved off the site.
- Majority of staff already based at Northgate, moving the services a significant distance to a new site would require staff consultation and could result in the loss of experienced staff.

The options available to the Trust regarding secure services are constrained by the type of service and timeframes. The preferred option makes use of the Trust's own land on a site that is already designated as providing medium secure services. The Northgate site is well known to the public, CQC, and Local Authorities, meaning less restriction from a planning and public acceptability perspective.

Regarding Adult Acute services element of this project, this was considered in the Deciding Together consultation of 2016, and alternative options are constrained by what was agreed during this process. The three options identified were:

- 1) St Nicholas Hospital
- 2) St George's Park, Morpeth and Hopewood Park, Sunderland
- 3) Gateshead – a location to be identified.

The agreed option was St Nicholas Hospital. This decision went through all the appropriate approval processes as well as a public consultation exercise. The CCG produced a Case for Change document and also a Decision Making Business Case, which was sent to NHS England for assurance purposes in May 2016. This outcome has been adhered to through the CEDAR Options Appraisal as work has been on-going since 2016 to deliver this agreed solution.

4.1.3 Benefit Criteria

The potential benefits, from numerous perspectives i.e. the Trust's, the commissioning agencies and user's perspectives, that will be realised from the re-provision of in-patient hospital services are set out below against a number of main benefit criteria:

1. Effectiveness of clinical services

- a) High quality clinical service is delivered (See Royal College Psych, CQC, AIMS standards)
- b) Re-provided services gain significant levels of credibility with key stakeholders and referring agencies
- c) Supports seamless pathway between inpatient and community based services/teams
- d) Supports positive patient outcomes
- e) Reduced length of stay
- f) Reduced frequency in use of seclusion and alternatives such as de-escalation
- g) Reduction in duration of seclusion
- h) Improved dental care for patients
- i) Improvement in physical health and wellbeing
- j) Wider range of skills for independent living
- k) Quicker admission of service users to the appropriate level of security through the co-location of secure services
- l) Transform care for patients and members of the public.

2. Accessibility for Patients

- a) Access to quality Day Care Services and education facilities
- b) Access to local services for rehabilitation
- c) Suitability of geographical placement.

3. Staffing Implications

- a) Recruit and retain suitably qualified and experienced medical workforce
- b) Need for formal staff consultation
- c) Redundancy Suitable. Redeployment of staff
- d) Appropriate staffing to support clinical model
- e) Positive work life balance for staff
- f) Improved staff facility
- g) Reduction in staffing costs for commissioned mental illness ward which is financially better due to the co-location onto one site
- h) Reduction in restrictive practice (use of supportive observations) which can slow down care pathway and is a very intrusive experience for the patient
- i) With the integration of learning disability/mental illness services on one site there will be an increased need for a cross-skilled workforce, creating opportunities for professional development.

4. Operational and Environmental Suitability

- a) Buildings are therapeutic environments and fit for purpose
- b) Current estate – utilisation
- c) Increased access to a full range of therapies by the provision of designated psychological and occupational therapeutic spaces/rooms

- d) Improve privacy & dignity for service users by the provision of single en-suite bedrooms
- e) Increased access to outside space and fresh air for patients
- f) Improved access to medical treatment following increased availability of treatment rooms on individual wards
- g) Improved environment for patients whilst in seclusion
- h) Greater autonomy and independence for service within the unit
- i) Increased therapy and social spaces will provide greater opportunities for social interaction for service users
- j) Facilitating patient access to therapy on a 24/7 basis by providing therapeutic content to be accessed by service users, especially during times when provision is limited.

5. Strategic Fit (Achievability, Future Sustainability and Flexibility)

- a) Option will be able to deliver the outputs of Deciding Together
- b) Compliance with targets and future performance requirements
- c) Acceptability to stakeholders (CCGs/Patients/ Carer)
- d) Absence of major constraints, Overview and Scrutiny
- e) Ability to meet current and future demand for service
- f) Designed to be in a position to respond to longer term strategy aims (Intermediate care / North ISC / Gateshead)
- g) Greater flexibility to respond to demand for beds
- h) Adhere to Trust's Estates strategy.

The Project Team set up by the Trust to oversee the major capital initiative determined the *weighting* allocated to the non-financial benefit criteria. The allocation reflected a consensus view of the need to apply the right balance between design and functionality, access, strategic fit and achievability. The Trust are confident the apportionment reflects a reasonable yardstick by which to measure the re-provision of services.

4.1.4 Non Financial Benefit Appraisal

The above benefit criteria were applied to the options and the results recorded in the table below:

Benefit Criteria	Weight	Option 1 (Do Nothing)		Option 2 (Do Minimum)		Option 3 (New Build)	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
1. Effectiveness of Clinical Services	20	1.27	25	2.14	43	4.55	91
2. Accessibility / Impact on patients and carers	20	2.00	40	2.55	51	3.78	75

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3. Staff Implications	15	2.00	30	2.36	35	3.64	55
4. Operational and Environmental Suitability	15	1.14	17	1.91	29	4.68	70
5. Strategic Fit	30	1.45	44	2.00	60	4.77	143
Overall Score	100	7.86	156	10.95	218	21.36	433
Ranking			3		2		1

The Trust has therefore selected Options 2 and 3 as possible options. The preferred option was selected by referring to key financial and non-financial benefit criteria – these criteria are derived from both objectives and constraints that have been developed by the Trust.

Application of non-financial benefit criteria produced a scoring outcome summarised below:

<u>Option</u>	<u>Benefits Score</u>	<u>Rank</u>
1. Do Nothing	156	3
2. Do Minimum	218	2
3. New Build	433	1

Consequently the preferred option based on the service improvements identified in the overview above and opportunities to make efficiency savings and develop sustainable services is Option 3. This option would ensure a sustainable secure services model which would meet the ever changing demands of its patient group. In addition, the co-location of the secure services beds on the Northgate site would contribute to the delivery of financial savings through economies of scale across the workforce, whilst still maintaining a safe and quality service delivered from a highly skilled and expert staff group.

In terms of additional financial benefits, these are covered in more detail in Section H, however the preferred option delivers net revenue savings of £3.7m compared to the 'Do Nothing' minimum/Business as Usual' option. It also enables the further land sale (£10.4m) at the Northgate site, through a hybrid planning application (build and sale), which will part fund this proposal. This option is fully supported by the project management arrangements within the Trust.

As described in Section 4.1.2 above there are limited options available for this scheme. The Trust acknowledges it has not used the prescribed method in the new Business Case Guidance to shortlist but the shortlist includes all the viable potential options. The identified preferred option delivers more fully on spending objectives, CSF's, benefits and affordability. This will be demonstrated further in the OBC.

4.1.5 Description of Short-Listed Option- Do Nothing

This option would involve continuing with current service provision in existing environments. There are a number of limitations associated with this option, therefore this option has not been considered in the financial viability proposal as it would result in key business failure as outlined below:

- Failure to deliver on the outcome of the Deciding Together, Delivering Together consultation, leaving significant quality and financial stresses within adult acute in-patient services across Newcastle and Gateshead
- Lack of viability of secure services, making them potentially unsustainable, jeopardising the future provision of this business, and de-stabilising the provision of secure services across the North East and North Cumbria
- Closure of nationally commissioned in-patient secure service for Young People at a time when nationally there is a recognised under-provision of beds, leading to Young People receiving in-patient services outside of the ICS footprint
- Failure to deliver on a range of national strategies
- Significant under-utilisation of the Northgate site, with services such as NTWFT's Specialist Autism Service (Mitford) becoming increasingly isolated
- Impact upon patient care, safety and confidentiality.

The do-nothing option is not viable so the Do Minimum is the BAU option.

4.1.6 Description of Short-Listed Options – Do Minimum (Business as Usual)

The Trust would continue to provide services from both Northgate and St Nicholas' hospital sites, with refurbishment of existing stock. The limitations of this option include the fact that adolescent medium secure service is not included, and that it fails to accommodate the changing context in which healthcare is delivered. This would require significant capital expenditure of around £18m in order to re-provide Adult Acute in-patient facilities on refurbished/extended buildings on the St Nicholas Hospital site. This option offers little flexibility to adapt to changing healthcare needs and demands and would not address the CQC's expectations concerning Young People's Medium Secure Services. It also does not facilitate the land sale at Northgate.

Care provision would be impacted upon due to lack of ability to meet demand, increasing out of area placements and prevent development of Secure Services. This option leaves the Trust with some inherent risks on the long term sustainability of some services.

4.1.7 Economic Summary

A cost/benefit analysis has been undertaken for the 2 possible short-listed options and the net present social values are shown in the table below. This shows that the preferred option delivers an incremental benefit of £56.5m over the Business as Usual option and a Value for Money ratio of 1.9.

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Incremental Costs & Benefits Costs	Discounted Sum of Cash Flows (Yrs 0-64)		
	BAU	Preferred Option	Incremental Costs/Benefit
	£m	£m	£m
COSTS			
Capital Costs	38.2	67.2	62.8
Revenue Costs	942.2	866.1	
TOTAL COSTS	980.4	933.3	62.8
BENEFITS			
Capital Costs			33.8
Revenue Costs			76.2
Cash Releasing Benefits (Asset Sale)		9.4	9.4
TOTAL BENEFITS	0.0	9.4	119.4
NET COST/BENEFIT	980.4	923.9	56.5
Value for Money Ratio			1.9

4.1.8 Stakeholder Involvement

Key stakeholders have been included throughout the process. Local authorities, CCG representatives and Service User and Carer representatives are all invited to the CEDAR Board. A full Involvement and Engagement Strategy for all stakeholders will sit underneath the Project Initiation Document and be heavily relied on throughout.

4.2 PREFERRED OPTION

As per the Options Appraisal outlined above, our preferred option and consequently the proposal for this bid is Option 3, a single integrated site for secure services on the Northgate site, accommodating for the re-provision of Alnwood CAMHS service, and allowing for the relocation of Adult Acute Inpatient services onto one site at St Nicholas' Hospital, in line with the agreed outcomes of the Deciding Together consultation.

4.2.1 Description of the Preferred Option - New Build

This option would deliver a full redesign of the whole pathway and provides an opportunity to create a 'heart of the hospital model', incorporating state of the art facilities, whilst creating new business opportunities for growth to meet demand and repatriate out of area placements.

It is proposed to build the single secure service hospital on the Northgate site which would become a centre of excellence providing a world class provision for the secure pathway and offering services and facilities for people with learning disability, mental health and complex need within a secure setting. This, aligned with services provided by TEWVFT, and developments in community forensic services, would enable the ICS to be a national lead in the provision of comprehensive secure services for its population. A letter of support from TEWVFT is attached as Appendix D.

This would ensure the Northgate site would be fully utilised to maximise the potential site capacity and would also prevent the specialist autism unit on that site from becoming geographically isolated.

In addition to the in-patient units, the new facility would also include:

- MHA/tribunal suite, primary health facility, patient banking facility, shop, café/dining area, child visiting area, multi-faith room, training and development facility, conference centre, clinical skills laboratory (for scenario-based training), IT and court/business skype facility
- Redesigned services will include a management and administration facility (providing office accommodation for community teams, medics, nursing, AHPs, and support services including domestic, catering, finance, estates and staff facilities)
- It would also encompass a physical health treatment centre, including dentistry, triage, GP, chiropody, opticians
- Family and visitors centre/reception centre, including family overnight accommodation (national service)
- Recovery college and seminar/training facility, offering opportunities for training and vocational real-life work experience facilities
- Therapeutic Activity Service (education, occupational psychological therapy, library and reading room, self-catering and accessible kitchens, horticultural facility, and IT systems).

The scheme would also include an extension and upgrade of the Bamburgh Clinic facility on the St Nicholas Hospital site to provide state of the art adult acute mental health in-patient facilities for the population of Newcastle and Gateshead.

4.2.2 Bed Provision and Demand

The £64m scheme being proposed comprises a 90 bed New Build Secure Services development at Northgate Hospital, Morpeth and use of existing buildings Tweed (16 Bed) and Tyne (24 Bed) with Tweed needing to be refurbished to accommodate the proposed bed model. This results in a secure services facility with 130 beds (90 new build) covering medium, low and rehabilitation services for adults and including 16 beds for children and young people which consolidates services currently provided from both Northgate and St Nicholas Hospital in Newcastle. Bamburgh Clinic on the St Nicholas Hospital site which currently houses some of our Adult Medium Secure Services will be re-furbished/extended into an environment for Adult Acute In-patients (54 Beds).

In terms of other buildings from which services are currently provided the intention is as follows:

- Various buildings on the Northgate site including the KDU will be decommissioned and sold as part of the land sale strategy that supports this scheme.
- NTW will move off the Queen Elizabeth Hospital and Campus for Ageing and Vitality sites handing that estate back to Gateshead Health NHSFT and Newcastle University, the latter in line with the required notice.
- The Alwood Unit at St Nicholas Hospital in Newcastle will be vacated and an alternative use will be developed for this facility.

With regard to the adult acute mental health beds these will be consolidated on the St Nicholas site, Newcastle with 68 beds (54 in Bamburgh Clinic and 14 in Bede Ward) that will provide 2 male and 2 female wards. This will replace the 2 current sites which are Hadrian Clinic on the Campus for Ageing and Vitality (CAV) site in Newcastle which is part NUTH estate and the Tranwell Unit on the QE Hospital site, Gateshead which is owned by GHFT.

The bed configuration for Secure Services only is shown in the table below.

	NTW Beds 1/4/18	18/19 Bed Reductions	NTW Beds 1/4/19	Proposed Increase in beds	Proposed Number of Beds	Proposed Number of Wards
Medium Secure Mental Health	25		25	3	28	2
Medium Secure Prison Transfer	0		0	6 (New Service)	6	1
Medium Secure Personality Disorder	0		0	12 (New Service)	12	1
Medium Secure Learning Disability (11 NHSE + 1 spot)	24	-12	12		12	1
Medium Secure Personality Disorder (NOMS - Oswin)	16		16		16	1
Low Secure Mental Health (10 NHSE + 4 spot)	14		14	2	16	1
Low Secure Learning Disability (11 NHSE + 1 spot)	24	-12	12		12	1
Learning Disability Hospital Rehab	24	-15	9	3	12	1
Children & Young Peoples Service Medium Secure	14		14	2 (SPOT)	16	2
Totals	141	-39	102	28	130	11

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A potential layout of the Northgate site based on some early design work is shown below.

CEDAR - NORTHGATE HOSPITAL
PROPOSED SITE ZONING DIAGRAM

The staff engagement event captured lots of interesting thoughts and suggestions which the project design will continue to reference. From those initial discussions Medical Architecture developed a site diagram that zoned key areas of the site.

The principle that virtually all agreed on was that there needed to be a building at the entry to the site that could accommodate services for the whole of the Hospital site as well as some public amenity. This had the potential for the local community to use along with some adjacent recreation space.

The main access route acts as a loop and suggests going past the public building / recreation and Mitford and up towards the Low and Medium Secure areas. This establishes a hierarchy of security the further you enter the site. The most private/secure element i.e. the Medium Secure area being the furthest away from the main site entry.

The MSU will need vehicle access from within its secure perimeter and the route will need to pass through security 'air-lock'.

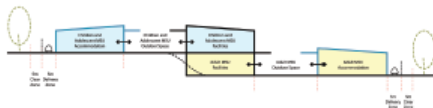
The area of the site to the south is shown as a zone for future development as it would be unwise to sell too much land without the possibility of expansion.



CEDAR - NORTHGATE HOSPITAL
CONCEPT DEVELOPMENT

The level change across the Medium Secure site suggests this could be a potential opportunity. Locating CAMHS in this area of the site could separate the service from the Adult facilities but still allow access and use of other facilities within the medium secure boundary.

It could also setup an interesting architectural relationship between the two services as shown in the diagram below.



The adult MSU site gently slopes from north of KDU to Mitford so building and site levels would need to step down the site.

It would be the intention to have buildings providing the secure line so that fencing is only visible around the sides and rear of the ward buildings.

The building at the entrance to the site could accommodate services that need re-providing after the landsale eg. hospital reception, administration, facilities management and other shared space. It is also an opportunity to offer space that could be used by both the local community and the hospital and this could be linked nicely with the recreation and horticulture services.

Tweed is undergoing surveys to establish if it is feasible to upgrade and reconfigure the building to modern Low Secure standards. If this proves too costly a new build option will need to be established on the masterplan.



5 FINANCIAL CASE

5.1 Capital Costs

5.1.1 Do Minimum Option

The current forecast of capital costs for the Do Minimum option is £23.7m over the next 5 years at out-turn prices. This cost includes capital lifecycle costs, planned backlog maintenance to address immediate concerns on the Northgate site and the replacement of Hadrian Clinic (Adult In-Patients) in Newcastle which is located on one of the local acute trust's sites, where our tenure is limited, due to the development of that site. These capital costs are made up as follows and are based on capital lifecycle costs and planned backlog maintenance costs at Northgate and detailed cost models that have been developed from recently completed schemes for the replacement of Hadrian Clinic. An optimism bias of 6% has been used.

	£m
Building	23.0
Equipment	0.7
VAT	<u>Nil</u>
TOTAL	<u>23.7</u>

5.1.2 Preferred Option

The current forecast capital cost of the Preferred option is £64.6m at out-turn prices. This cost includes a planning contingency of 4% and 6% optimism bias. Costs are based on detailed cost models that have been developed from recently completed schemes including Hopewood Park Hospital in Sunderland, a similar sized scheme. These capital costs are made up as follows:

	£m
Building	62.7
Equipment	1.9
VAT	<u>Nil</u>
TOTAL	<u>64.6</u>

The main components of this scheme are identified in the table below:-

Northgate Hospital	£m
Site preparation including demolition, service provision etc.	4.0
Construction costs associated with new development at Northgate including modifying existing estate on the site	53.4
St Nicholas Hospital	
Construction costs associated with extension to Bamburgh Clinic	7.2
Total Scheme Cost	64.6

The capital cost does not include VAT as these buildings are provided to the Trust as part of a fully managed estates and facilities service by the Trust's subsidiary company and the VAT will be fully reclaimable. An OB1 Form is attached at Appendix B.

5.1.3 Optimism Bias

The scheme costs include an optimism bias of 6% which is considered appropriate at this stage because of the experience the Trust has in delivering similar large scale complex projects over the past 12 years. In particular the similar sized scheme at Hopewood Park completed in 2015 which means there is a level of both design and cost certainty. As a consequence, this accounts for the lower than anticipated % optimism bias at this stage.

5.1.4 Funding

The capital costs of this scheme total £64.6m which it is proposed will be funded by £10.4m from a land sale released by this scheme and £54.2m by PDC. This scheme is a high priority for the North East and North Cumbria ICS and a bid has been submitted for PDC as part of the current STP capital exercise. This scheme is one of the projects announced on 7th December as being allocated funding to support STP transformation. As part of this approval, this scheme has been identified as one that could potentially use the Regional Health Infrastructure Companies (RHIC) model and this option will be considered. The table below shows the proposed sources of funding for this scheme.

£,000	19/20	20/21	21/22	22/23	23/24	24+	Total
Capital requirement for this scheme (i.e. the bid from the fund for the scheme detailed within this template).							
<i>Sources of funding:</i>							
<input type="checkbox"/> Internal cash/ depreciation							
<input type="checkbox"/> Land/property disposals			10,415				10,415
<input type="checkbox"/> DHSC borrowing							
<input type="checkbox"/> DHSC PDC	4,950	28,585	17,971	2,694			54,200
<input type="checkbox"/> Private finance (e.g. LIFT)							
<input type="checkbox"/> Other							
Total capital requirement for this scheme	4,950	28,585	28,386	2,694			64,615
Total bid requirement for this scheme (DH borrowing and PDC)	4,950	28,585	17,971	2,694			54,200

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5.1.5 Asset Sale

The Trust actively reviews its estate on an on-going basis to identify surplus assets and asset sale opportunities. This is evidenced by a number of asset sales over the last few years including the previous sale of part of the Northgate site that have been used to fund capital developments.

The implementation of the Transforming Care Programme for People with Learning Disabilities has led to a significant reduction in site utilisation at the Northgate Hospital site. This gives the opportunity for retraction and consolidation of the overall site and it will enable a further land sale (£10.4m) at the Northgate site, through a hybrid planning application, which will part fund this proposal. The land sale value was provided to the Trust by commercial property and real estate consultants Cushman & Wakefield.

5.2 Revenue Costs

The I&E analysis below covers Trust-wide in-patient secure services (Adult Medium, Low & Rehab and Children's and Young People's Medium Secure) and Adult Acute In-patient Services in Newcastle and Gateshead.

5.2.1 Do Minimum Option

The figures in the table below reflect services maintaining current levels of income and pay and non-pay expenditure going forwards. Services currently cost more to provide than the income received and make a loss of £2.5m. Although Transforming Care will result in the closure of beds during 2018/19, it is planned to offset this by repatriating out of area patients.

The need for capital investment to address lifecycle and backlog maintenance and the replacement of Hadrian Clinic results in increased capital charges but these are offset by savings in rent/capital charges on existing accommodation that is split across 2 sites.

An analysis of the Do Minimum option costs at 2018/19 prices are shown below:-.

£,000	19/20	20/21	21/22	22/23	23/24	24/25
Income from commissioners	33,400	33,400	33,400	33,400	33,400	33,400
Expenditure						
<input type="checkbox"/> Pay	28,700	28,700	28,700	28,700	28,700	28,700
<input type="checkbox"/> Non-pay	6,300	6,300	6,300	6,300	6,300	6,300
<input type="checkbox"/> Capital Charges	900	900	900	900	900	900
Total Spend	35,900	35,900	35,900	35,900	35,900	35,900
TOTAL / (Deficit)	-2,500	-2,500	-2,500	-2,500	-2,500	-2,500

5.2.2 Preferred Option

The table below shows that the forecast reduction in revenue costs of the Preferred Option, from the Do Minimum option are £3.4m per annum at 2018/19 prices. This reduction in costs

moves the services from being loss making to generating a small surplus and being sustainable going forward.

An analysis of the Preferred Option costs and the net savings at 2018/19 prices are shown below:-

£,000	19/20	20/21	21/22	22/23	23/24	24/25
Income from commissioners	33,400	33,400	33,400	33,800	33,900	33,900
Expenditure						
☐ Pay	28,700	28,700	28,700	26,800	26,200	26,200
☐ Non-pay	6,300	6,300	6,300	5800	5,600	5,600
☐ Capital Charges	990	1300	1400	1200	1200	1200
Total Spend	35,990	36,300	36,400	33,800	33,000	33,000
TOTAL Surplus/ (Deficit)	-2,590	-2,900	-3,000	0	900	900
Net savings from Do Minimum Option	-90	-400	-500	2500	3400	3400

When the scheme is fully operational the service is able to generate a surplus and becomes sustainable. This is achieved by the delivery of efficiency savings as a result of the co-location of services and services being delivered in fit for purpose accommodation. The consolidation of inpatient units from a number of sites will offer the opportunity to reduce recurring running costs through economies of scale and the development of shared site resources.

Financial benefits are also achieved by increasing the size of the two Children's and Young People's units by 1 bed each as the increase in costs is proportionately less than the increase in income.

Service Line I&E Summary

The table below shows the baseline and preferred option I&E positions and the link to bed numbers/demand. This shows an increase in income of £2.4m. In the Trust's STP bid and in the table in 5.2.2 above, £1.9m of this was included in the pay line to reflect increases in productivity where additional activity will be absorbed and effectively pay savings will be delivered.

Service	NTW Beds 1/4/18	Income 18/19 £'m	Costs 18/19 £'m	Surplus/ (Deficit)	Proposed Number of Beds	Income £'m	Costs £'m	Surplus/ (Deficit)
Medium Secure MH	55	8.7	9.2	-0.5	78	14.1	13.1	1.0
Medium Secure - LD	72	10.0	11.4	-1.4	36	6.1	6.4	-0.3
CYPS Secure	14	6.5	6.9	-0.4	16	7.4	7.2	0.2
Total -Secure	141	25.2	27.5	-2.3	130	27.6	26.7	0.9
Adult Acute	70	8.2	8.4	-0.2	68	8.2	8.2	0
Total CEDAR	211	33.4	35.9	-2.5	198	35.8	34.9	0.9
Net Improvement								3.4

5.3 Detail of savings generated by the scheme (at 2018/19 prices)

The net saving of £3.4m at 18/19 prices is broken down in the table below. In terms of the pay savings £1.9m relates to increased productivity where additional activity will be absorbed and effectively pay savings will be delivered and £0.6m relates to the 15 post staff reduction arising from co-location etc (See Section 2.15.5.3).

£,000	19/20	20/21	21/22	22/23	23/24	24/25
Gross Revenue Savings						
□ Income	0	0	0	400	500	500
□ Pay	0	0	0	1900	2500	2500
□ Non-Pay	0	0	0	500	700	700
Additional Revenue costs – Capital Charges	-90	-400	-500	-300	-300	-300
Net Revenue savings	-90	-400	-500	2,500	3,400	3,400

The net recurring financial improvement as a result of this development is £3.7m at out-turn prices (£3.4m at 18/19 prices). Based on net capital costs of £54.2m after land sales this gives a return on investment of 7.6%. The vacation of sites belonging to other organisations will offer opportunities to current host NHS organisations for asset sale and/or redevelopment.

This development ensures the longer term sustainability of secure services which means these services will continue to be provided within the STP. It also secures employment in Northumberland for a large workforce of 800 staff which is an economic benefit to the whole region.

The implementation of the Transforming Care Programme for People with Learning Disabilities has led to a significant reduction in site utilisation at the Northgate Hospital site. This gives the opportunity for retraction and consolidation of the overall site and offers the opportunity to redeploy the considerable expertise of staff to meet the needs of a different but related client group. This development enables NTWFT to support the ICS to become entirely self-sufficient in its management of secure in-patient services for its local population. Funding which is currently invested outside of the ICS footprint or within the private sector will be brought back into the NHS and ICS footprint.

Additionally, the current split across multiple sites limits economies of scale, dilutes clinical expertise and fragments the patient pathway. Our aspiration is to co-locate services to a single integrated site. As outlined above, this project will provide benefits to secure, adult inpatient and child and young person's services due to the inter-connectedness of the schemes. This development will deliver a recurrent financial benefit of £3.7m which will make the services sustainable and ensure the on-going provision of secure services.

5.4 Commissioning Analysis

Income for the services covered by this scheme is assumed to remain at a constant level. However, the income received from individual commissioners in relation to secure services is

expected to change. Discussions have taken place with the main commissioners of service who have given their support to the proposed service model. The table below shows the planned change in profile of secure services income.

Commissioner	Current Income (£m)	Planned Income (£m)
NHS England	20.4	20.4
Local PCTs	3.0	1.9
Non English	1.8	3.4
Total – Secure Services	25.2	25.7

5.5 Backlog Maintenance

If the scheme does not progress then there are a number of buildings predominantly on the Northgate site which will require significant investment to remove backlog maintenance. This is particularly around engineering services, roofs and general fabric as these buildings are now circa 50 years old and have substantially original services. Should the scheme progress then this backlog will be actively managed over the new build construction phase and following this work these buildings will predominantly be in the land sale area, therefore this backlog expenditure will not be required.

Hadrian Clinic which is owned by NUTHFT is circa 30 years old and has numerous outstanding backlog maintenance issues. NUTHFT has estimated that the investment required to eradicate the backlog maintenance issues at Hadrian Clinic is circa £2.3m and NUTHFT have indicated that they have no future long term use of this building if it is vacated as part of this proposal.

It is estimated that NTW’s estimated backlog maintenance at 31 March 2022 will reduce by £2.8m.

5.6 Contribution to STP financial position over next 5 years (at out-turn prices)

£,000	19/20	20/21	21/22	22/23	23/24	Steady state
Net Revenue savings	-90	-407	-517	2,633	3,664	3,664

This scheme starts to contribute to the STP’s financial position from 22/23. The contribution is the figures shown in the table above as this development improves the financial position of the Trust without any negative impact on commissioners. The figures in the table include inflation and are out-turn prices (calculated using the GDP Deflator inflation figures from the STP Wave 4 Capital Bid VFM template).

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5.7 Cost Improvement Delivery

NTWFT's planned CIP delivery target is based on the current national NHS efficiency requirement of 2% applied to patient care income which equates to 1.8% of total income.

This development will deliver £3.7m of recurring efficiency at out-turn prices across 22/23 and 23/24 which will increase the Trust's surplus back up to planned levels. The Trust's surplus has reduced in the short-term as a result of Transforming Care and other service retractions. The incremental impact of the £3.664m saving from this development is set out in the table below.

£,000	19/20	20/21	21/22	22/23	23/24	Steady state
Base case CIP Value	5,500	5,500	5,500	5,500	5,500	5,500
CIP as a result of STP investment				2,633	1,031	3,664
Total CIP Value	5,500	5,500	5,500	8,133	6,531	5,500
CIP as a percentage of income	1.8%	1.8%	1.8%	2.6%	2.1%	1.8%

5.8 Impact on Single Oversight Performance Metrics

Due to a reduction in the NTWFT's surplus this year its Finance Risk rating has dropped from a 1 to a 3. This development would increase NTWFT's surplus in 22/23 and move its risk rating back up to a 1.

5.9 Impact on SOCI, SOFP and SOCF

The table in 5.6 above shows the cumulative net revenue savings (£3.664m at out-turn prices) to the Trust as these are the same as the contribution to the STP. In Appendix A, the first table shows the incremental impact (at out-turn prices) on the Trust's I&E surplus. The second table reflects the cumulative impact of the scheme on the Trust's SOCI from a starting point of a £3.500m surplus in 18/19. The incremental SOFP & SOCF will be included in the OBC.

5.10 Overview of the Trust's financial situation

The Trust has a good financial record and has consistently achieved its financial targets. NTWFT has always delivered a surplus (before impairments) and the Trust's draft position for 18/19 is delivery of a £5.8m surplus (£2.7m excluding PSF). The Trust has signed up to its core control total (breakeven before PSF funding) next year which will require delivery of £10.4m of efficiency savings to achieve which will be challenging. The Trust's financial situation has become more challenging due to a lack of CCG investment/reduction in funding for core MH services and the impact of the national LD Transforming Care Programme. Between 15/16 and 19/20, the Trust will have lost over £15m income from the reduction in LD bed numbers with a hit to the bottom line of circa £6m. This scheme is crucial to the Trust as the £3.4m financial benefit will offset a significant proportion of this hit and make the Trust's secure service financially viable. Key financial data for the last 3 years is shown in the table below.

Key Financial Data 16/17 – 18/19

Key Forecast Financial Data	2016/17 Actual £'m	2017/18 Actual £'m	2018/19 Draft £'m
Income (including PSF)	316.5	315.5	321.9
I&E Surplus (excl PSF & Impairments)	5.0	5.2	2.7
Core Control Total (excluding PSF)	4.7	5.2	1.5
Provider Sustainability Funding (PSF)	4.2	3.8	3.1
Surplus (including PSF/excluding impairments)	9.2	9.0	5.8
Risk Rating	2	1	3
Efficiency Savings	8.8	10.6	12.6
Agency Spend	11.3	7.7	7.6
Cash Balance	17.5	23.0	30.3
Capital Programme	12.6	6.1	8.0
Asset Sales	0.0	0.4	3.6
Loan/PFI/Lease Repayments	(5.9)	(6.2)	(6.3)

6. COMMERCIAL CASE

6.1 Procurement Strategy

The project is in strategic definition stage with the core project requirements identified and set out in the strategic brief. Initial sketch design proposals for option appraisals and initial cost appraisals have been completed. The Trust has developed significant areas of the estate over the last 12 years and has a range of well thought through design solutions and experience that will be applied to this project. At this stage detailed design is yet to commence.

The Trust has a proven track record of delivering large capital schemes within budget and within planned timescales.

Capital procurement of the project is planned to be via the PAGABO National Framework for Major Construction Works. NTWFT is currently using this framework utilising the NEC3 contract and is successfully delivering projects with our framework partner Sir Robert McAlpine. Under this framework the Trust will be able to progress this scheme promptly after approval.

The preferred procurement route for this scheme is public capital with funding from the Treasury via the STP capital allocation. However, it is recognised that PDC funding may not be available and the Trust is also investigating other alternative funding routes including the Regional Health Infrastructure Company (RHIC) model.

6.2 Planning Permission

Planning permission will be required for the schemes as they are new developments. However, the proposed construction is on existing hospital sites where previous applications

have been successful and it is not anticipated there will be any issues surrounding planning approval.

6.3 Site Ownership

The new developments will be on sites owned by NTW. The premises being vacated as a result of this development are Hadrian Clinic on the CAV site, Newcastle which is owned by NUTHFT and the Tranwell Unit at the Queen Elizabeth Hospital site, Gateshead which is owned by GHFT.

6.4 ICS Governance Arrangements

The ICS governance arrangements for the North East and North Cumbria are being finalised. A Regional Development Unit is in place to monitor the programme of work that is being progressed. The Mental Health ICS priority area work streams report progress through to the steering group. The steering group reports into a regional oversight group.

The Trust has set up a Programme Board, chaired by a non-executive director and including 2 executive directors, which reports into the Trust Board. The Programme Board is responsible for developing and monitoring the overall programme plan including appropriate timescales and milestones and to act on behalf of the Board to ensure effective arrangements are in place to manage and deliver this scheme. A Programme Team led by a Programme Director has also been set up which reports into the Programme Board.

6.5 ICS Estates Governance

North Cumbria & North East STP have established a number of workstreams including Estates. An Estates Programme Board has recently met and will act as the linkage between clinical and enabling workstreams and operational estates activities at an ICP level. NTWFT is working with the ICS Estate group around governance arrangements.

It is anticipated that project progress will be reported through the STP estates governance structure and that the SRO will feed back formally to the wider STP leadership groups.

NTWFT has a successful track record in delivering major capital projects to budget and timescales over the last 12 years. Recent schemes in the last 3 years include:

- Hopewood Park Hospital; this project was delivered as part of the PRIDE program, it saw the completion of a 122 bed hospital to replace the existing Cherry Knowle Hospital in Sunderland. This scheme was completed in September 2015
- Mitford; an award winning purpose-built 15 bed unit on the Northgate site in Morpeth. This unit was built with design features specially introduced to make it as supportive and as caring a place as possible for people with autism who are in need of highly specialist in-patient care. This scheme was completed in November 2016
- Cleadon Ward; an 18 bed unit on the Monkwearmouth Hospital site in Sunderland providing treatment and assessment for older people facing mental health problems. This scheme was completed in November 2016

- Community Transformation; there is an on-going investment in community based facilities across NTWFT geographical area.

These schemes have contributed to care being delivered in safe, effective and clinically appropriate environments for our patient group.

6.6 Key Organisational Improvements

This scheme will incorporate CQC and NHSE requirements by improving environments, re-providing child and adolescent services (as instructed by the CQC), and catering to the Transforming Care and NCM agendas.

6.7 Key Risks

Estates:

The key estates risks currently identified are:

- Planning permission for the development of the build projects at Northgate and St Nicholas Hospital
- Planning permission to support the sale of surplus land at Northgate site for housing development
- Receipt from land sale does not meet expected valuation.

Mitigation of the above risks:

- In terms of the planning permission for the project developments it is considered that this is a low risk as these are on existing hospital sites currently providing medium secure and adult services and supports local employment strategies encompassed in local planning guidelines
- In respect of the land sale for domestic dwellings, the Trust has previously sold land adjacent to the surplus land being considered for sale as part of this scheme and would envisage support for this
- Our estimate is based on the previous land sale.

Operational Risks:

- Maintaining the skilled workforce during periods of change
- Recruitment of Nursing and other professionals
- Managing the transition & retraining of skilled staff from the Learning Disability wards due to the impact of Transforming Care upon the workforce to Mental Health Services
- Effectively managing transforming Care bed closures and financial impact whilst developing new services
- Environment not meeting the future needs of patients
- Maintaining staff morale.

Mitigation of the above risks:

- NTWFT and Secure Services have a robust Workforce plan that outlines the medium and long-term (5 yr. plan) for staffing requirements

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- NTWFT have a proven track record in managing staff consultations and upskilling & redeploying staff to ensure no redundancies whilst maintaining its skilled workforce
- Positive and effective collaborative working between management, workforce & staff side personnel
- Secure Services 5 Year Plan outlines the need for the co-location of its services onto one site to be effective and enable high quality safe care to be delivered, the new build would enable this vision to be attained.

Continued staff, patient & carer engagement enables positive communication to ensure changes are explained, coproduced and key enablers to success are clearly undertaken as a shared vision maintaining service continuity and development to meet the various key agendas both national & regional.

6.8 Estates Strategy

This scheme forms part of the ICS estates strategy and supports its wider aims by:

- Moving beds from the Hadrian Clinic which is based on the CAV site in Newcastle which will facilitate the redevelopment of that site which is owned by NUTHFT (2985m²)
- Moving beds from the Tranwell Unit on the Queen Elizabeth site will help facilitate any site development at this location (2620m²)
- Delivers the solution to site wide estate strategies for Northgate Hospital and St Nicholas hospital sites
- Provides functionally suitable, safer and clinically appropriate accommodation on NTW premises for patients of NTW
- This project will centralise secure services onto a single site, and adult acute beds for services currently provided in Gateshead and Newcastle onto the St Nicholas Hospital site. In both cases this will eliminate current accommodation deficiencies which can only be achieved through this investment proposal
- It aligns itself to the Naylor report in terms of surplus land disposal, site rationalisation and optimisation
- The land disposal also contributes to DHSC target of £3.3bn capital receipts in land disposals by 2023 and 26,000 new homes by 2020 (as part of the Government's Public Land for Housing Programme)
- Backlog maintenance issues associated with current accommodation will be significantly reduced through the delivery of this project.

7 SUPPORTING STATEMENTS

Supporting statements from NHS England, Newcastle Gateshead CCG and TEWVFT are attached as appendices.

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APPENDICES

Appendix A: Impact of scheme on the SOCI of lead organisation (at Out-turn Prices)

Activity	Year 2019/20 £'000	Year 2020/21 £'000	Year 2021/22 £'000	Year 2022/23 £'000	Year 2023/24 £'000	Year 2024/25 £'000	Year 2025/26 £'000	Year 2026/27 £'000	Year 2027/28 £'000	Year 2028/29 £'000	Year 2029/30 £'000	Total £'000
Revenue costs												£0
Pay Costs	0	0	0	-2422	-811	0	0	0	0	0	0	-£3,233
Non-Pay Costs	0	0	0	-527	-227	0	0	0	0	0	0	-£754
Depreciation	0	0	0	0	0	0	0	0	0	0	0	£0
PDC dividends	90	317	110	-201	7	0	0	0	0	0	0	£323
Cash-releasing benefits	0	0	0	0	0	0	0	0	0	0	0	£0
Incremental impact on I&E surplus/(deficit)	90	317	110	-3150	-1031	0	0	0	0	0	0	-£3,664

NHS Trust / Foundation Trust Statement of Comprehensive Net Income

(whole trust position including the investment over the appraisal period) (at Out-turn Prices)

Statement of Comprehensive Net Income	Year 2019/20 £'000	Year 2020/21 £'000	Year 2021/22 £'000	Year 2022/23 £'000	Year 2023/24 £'000	Year 2024/25 £'000	Year 2025/26 £'000	Year 2026/27 £'000	Year 2027/28 £'000	Year 2028/29 £'000	Total £'000
Gross employee benefits	248700	252830	257224	259952	265285	271386	277628	284014	290546	297228	£2,704,793
Other operating costs	54100	54999	55954	56456	57539	58863	60217	61602	63018	64468	£587,216
Revenue from patient care activities	289100	293843	298889	304740	311778	318784	325951	333283	340784	348458	£3,165,610
Other operating revenue	23600	23992	24409	24858	25429	26014	26613	27225	27851	28491	£258,482
Operating surplus/(deficit)	9900	10006	10120	13190	14383	14549	14719	14892	15071	15253	£132,083
Investment revenue	0	0	0	0	0	0	0	0	0	0	£0
Other gains and losses	0	0	0	0	0	0	0	0	0	0	£0
Finance costs	5500	5591	5689	5793	5926	6063	6202	6344	6491	6640	£60,239
Surplus/(deficit) for the financial year	4400	4415	4431	7397	8457	8486	8517	8548	8580	8613	£71,845
Dividends payable on public dividend capital (PDC)	990	1322	1448	1264	1293	1323	1353	1384	1416	1449	£13,242
Net gains/(loss) on transfers by absorption	0	0	0	0	0	0	0	0	0	0	£0
Retained surplus/(deficit)	3410	3093	2983	6133	7164	7164	7164	7164	7164	7164	£58,603
Adjustments (including PPA, IFRIC 12 adjustment)	0	0	0	0	0	0	0	0	0	0	£0
Adjusted financial performance retained surplus/(deficit)	3410	3093	2983	6133	7164	7164	7164	7164	7164	7164	£58,603

Trust Borrowing Position

Borrowing	As at 31 March 2018	As at 31 March 2019	As at 31 March 2020
	£'000	£'000	£'000
Level of DHSC borrowing	56082	50,767	46,641
Level of Commercial Borrowing (Non PFI)	0	0	0
Level of Commercial Borrowing PFI/ other private finance	39,042	38,105	37,350
Total	95,124	88,872	83,991

Northumberland, Tyne and Wear
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Appendix C: Newcastle Gateshead CCG Letter


**Newcastle Gateshead
Clinical Commissioning Group**

Riverside House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

Tel: (0191) 2172555
E-mail: c.piercy@nhs.net

4 July 2018

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

Dear Lisa

STP Capital bid for NTW

I am pleased to confirm support from NHS Newcastle Gateshead CCG for the Northumberland Tyne & Wear NHS Foundation Trust STP Capital bid.

This bid further supports the CCG strategic intentions for the delivery of Mental Health services across Newcastle and Gateshead. It will enable the delivery of our joint approach to transforming Mental Health services, ensuring they are more person centred, easily accessible and delivered as near the person's place of residence as is practicable.

We look forward to working with you on this important initiative.

Yours sincerely



Chris Piercy
Executive Director of Nursing,
Patient Safety & Quality

cc James Duncan

Northumberland, Tyne and Wear
04/18/2019 15:56:55



Appendix D: TEWV Letter

Tees, Esk and Wear Valleys 
NHS Foundation Trust

West Park Hospital
Edward Pease Way
Darlington
DL2 2TS
Tel: 01325 552077

e-mail: colin.martin@nhs.net

Our ref: CM/SP/LS

4th July 2018

John Lawlor
Chief Executive
Northumberland Tyne and Wear NHS Foundation Trust

Dear John

STP Capital Bid

We are aware that you have submitted a bid to the STP for capital funding to allow the development of a single integrated secure service centre of excellence and the re-provision of Newcastle and Gateshead adult acute inpatient services.

In the discussions we have had around the implementation our joint New Care Models Business Plan we have recognised that having fit for purpose estate is a key enabler. As you are aware a key element of the New Care Model for Adult Secure, we are jointly working on, is the ability to reduce lengths of stay and to repatriate people who are receiving their care at significant distances from their home. The ability to operate out of fit for purpose environments that allow for delivery of contemporary therapeutic care is particularly important in enabling lengths of stay to be optimised. In addition I also understand that the realignment of estate that the capital bid will facilitate will also help us ensure we deliver on the key outcomes that we collectively have agreed through the NCM including the delivery of the National Mental Health Service Review.

In light of the above I would fully support the capital bid that you have submitted.

Best wishes
Yours sincerely



PP:
Colin Martin
Chief Executive

Cc: Lisa Quinn, Director of Commissioning and Quality Assurance, NTW FT
Sharon Pickering, Director of Planning Performance and Communications TEWV FT



Chairman Lesley Bessant Chief Executive Colin Martin
Trust headquarters West Park Hospital, Edward Pease Way, Darlington, DL2 2TS

Northumberland, Tyne and Wear
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Appendix E: NHSE Supporting Statement

OFFICIAL



Our Ref: RC TE JL 2018-07-12

North Region Specialised Commissioning
Team (North)
Waterfront 4
Goldcrest Way
Newburn
Newcastle upon Tyne
NE15 8NY

John Lawlor
Chief Executive
Northumberland Tyne and Wear NHS Foundation Trust

Email: Robert.comall@nhs.net
Telephone Number: 0113 825 3034

Sent by email: John.Lawlor@ntw.nhs.uk

12 July 2018

Dear John

Re: Northumberland, Tyne & Wear NHS Foundation Trust, STP Capital Funds Bid

The NHS England Specialised Commissioning team is currently engaging with Northumberland, Tyne & Wear NHS Foundation Trust on a number of service improvement plans supporting national Mental Health Service Reviews and the Transforming Care agenda that will allow the provision of high quality and sustainable Mental Health Secure Services. The Trust's plans including major capital developments, aim to underpin delivery of these programmes and have been identified as key strategic priorities over the next five years.

As NHS England specialised commissioners, we are aware of the planned allocation of capital resources from STP funding that the Trust are currently bidding for. This letter is to confirm that we are supportive of this bid in principle, and that it is in line with the strategic priorities set out in the National Service Review. We note that aspects of the bid relate to CCG commissioned services and we are unable to comment on those. We welcome the opportunity to work with the Trust and other stakeholders on this development.

Further detailed joint work will be required to provide assurance around the programme in context of a wider estates strategy, robust options appraisal, identification of consequential benefits from reconfiguration and assumptions in planned activity and revenue consequences, noting that this bid indicates net financial efficiency savings. We will also require assurance that the plans reflect reductions in LD/ASD beds in line with the requirements of the Transforming Care programme.

Yours sincerely

Robert Comall
Regional Director of Specialised Commissioning (North)

Cc: Penny Gray, Assistant Director of Specialised Commissioning

Health and high quality care for all, now and for future generations

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

Board of Directors

Meeting Date: 24th April 2019

Title and Author of Paper: CEDAR Project – Full business case preparation and enabling works, James Duncan, Director of Finance/Deputy Chief Executive

Executive Lead: James Duncan, Director of Finance/Deputy Chief Executive

Paper for Debate, Decision or Information: Decision

Key Points to Note:

- The Trusts Operational Plan included an estimated £5.4m spend in 19/20 to progress the CEDAR project.
- This paper provides further detail on the proposed spend and asks for approval to proceed.

Risks Highlighted:

- The Trust will not be reimbursed for any of the requested expenditure if the Outline or Full business cases are not approved by NHSI or the Treasury, or if the Trust does not proceed with the scheme
- The Strategic Outline case is yet to be approved
- There is some risk associated with gaining planning approval (particularly for the proposed housing developments) and with the valuations of the land to be sold.
- The scheme is currently over budget.

Does this affect any Board Assurance Framework/Corporate Risks:

Please state Yes or No

If Yes please outline:

Equal Opportunities, Legal and Other Implications: N/a

Outcome Required / Recommendations:

The Board are asked to

- approve the expenditure identified in Table 1
- approve the signing of a Pre construction contract between the Trust and Sir Robert McAlpine of the value of £5m to prepare a Guaranteed Maximum Price (GMP) (Cost included in Table 1)
- approve the commencement of required demolition and refurbishment works at Northgate Hospital

Link to Policies and Strategies:

CEDAR Project

Full business case preparation and enabling works

Background & Purpose

In October 2018, the Trust Board approved the CEDAR Project - Strategic Outline Case paper. The Board approved the Strategic Outline Case and provided delegated authority to the CEDAR Programme Board to commence expenditure of an initial £1m on the design of the CEDAR scheme and preparation of information required for the Outline and Full business cases. The current paper considers the works still required, and expenditure needed to complete the business cases, and the enabling works required at Northgate Hospital to keep the project on target to achieve the nationally set programme completion date of April 2023.

Financial Environment

The CEDAR scheme requires Trust Board, NHSI and Treasury approval at the Strategic Outline case, Outline Business case and Full Business case stages. Currently the Trust is still waiting for approval of the submitted Strategic Outline case and has responded to a number of requests for additional information over the past few months. Approval is now expected in May/June 2019.

The preparation of the Full business case includes the need to satisfy a number of nationally set requirements. These include the demonstration of cost certainty by the preparation of a 'Guaranteed Maximum Price' (GMP) for the construction works by the Trust's construction framework partner, Sir Robert McAlpine (SRM). This paper requests approval for the Trust to enter into a pre construction contract with SRM to prepare the GMP. The GMP requires a high level of detailed design and 95% market testing of the works packages that make up the scheme. Full planning approval is required, along with a planned completion date for the main aspects of the works by April 2023. The level of information anticipated at GMP includes:

1. Substantially complete Design including:
 - a. Architectural
 - b. Building Services
 - c. Landscape
 - d. Civils and Structural
 including drawings, details, sections, specifications and reports.
2. Live BIM Model, federated from three Revit models of C&S, MEP and Architectural.
3. Programme of works and construction plan detailing phasing of the works
4. Construction Phase Health & Safety Plan, logistics plan, traffic management plan.
5. Waste management plan.
6. Transparent Quantified project providing Cost Certainty under a Guaranteed Maximum Price targeted for 95% market tested.
7. Developed Cashflow for the scheme spanning 2-3 fiscal years.
8. Procurement Strategy ready for engagement for major packages.
9. De-risked scheme following the below surveys and secondary consultants input

- a. Fire Strategy
 - b. Acoustic Strategy
 - c. Ecologist requirements
 - d. Ground Investigation and Sampling
 - e. Underground Site Utilities Map
 - f. CCTV Drainage Survey (to required)
 - g. Topographical Study
 - h. Transport Assessment and Travel plan
 - i. Life Cycle costs factored
 - j. Asbestos surveys to affected buildings
 - k. Mock up rooms
 - l. 3rd party input from NCC, Building Control and Utilities providers.
 - m. Derogations and compliance schedule
 - n. Agreed Project Risk Register
10. Input to Planning Application (and approval)
 11. Design Stage BREEAM Assessment

To achieve completion of the main works by April 2023, and taking into account the periods required for NHSI and the Treasury to approve the business cases, various enabling works are required at Northgate Hospital to ensure the main project can commence promptly after the anticipated Full business case approval. These include the demolition of a number of villas and the reconfiguration of the Medical Directorate building and Villa 9 to allow the vacation of the site for the proposed new Medium Secure unit. The Trust has undertaken substantive planning work to ensure these early works are kept to an absolute minimum, whilst still satisfying the overall programme requirements. Design and valuation work is on-going for the areas of the site proposed for disposal and development for housing.

Table 1 below highlights:

1. The costs already incurred to March 2019
2. The costs to achieve the submission of the Full Business case in April 2020
3. The costs likely to be incurred to the estimated approval date of the Full business case in July 2020
4. For completeness, the costs incurred to the full commencement of full construction on site

	SRM costs	NTW Solutions	NTW	Land sale	Total	CEDAR non bid related schemes (Hadrian, Tynes, Tweed (ph 1), Bede, Ravenswood, Dryden Road, ECT)
	£k	£k	£k	£k	£k	£k
To 31st March 2019	756					
31st March 2019 to FBC submission April 2020	5063					
Sub total	5819	300	180	100	6399	
April 2020 to FBC approval July 2020	810	120	70	50		
July 2020 to Start on site October 2020	572					
Sub total	1382	120	70	50	1622	
Schemes approved						2235
Schemes awaiting approval						466
Total spend	7201	420	250	150	8021	2701
* approx slippage costs per month	350					

It should be noted that the Trust will not be reimbursed for any of this expenditure if the business cases are not approved or the Trust does not proceed with the scheme. The Trust can also terminate the works and Pre construction contract at any point if it becomes clear the risk of not getting business case approval becomes unacceptable, the scheme fails to get planning approval or the scheme becomes unaffordable for other reasons (including reduced land values).

RECOMMENDATIONS

The Board are asked to

- approve the expenditure identified in Table 1
- approve the signing of a Pre construction contract between the Trust and Sir Robert McAlpine to prepare a Guaranteed Maximum Price (GMP)
- approve the commencement of required demolition and refurbishment works at Northgate Hospital

SN 11/4/19

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	SRM costs	NTW Solutions	NTW	Land sale	Total	CEDAR non bid related schemes (Hadrian, Tyne, Tweed (ph 1), Bede, Ravenswood, Dryden Road, ECT)
	£k	£k	£k	£k		£k
To 31st March 2019	756					
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Sub total	5819	300	180	100	6399	
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Schemes approved						2235
Schemes awaiting approval						466
Total spend	7201	420	250	150	8021	2701
* approx slippage costs per month	350					

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Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th April 2019

Title and Author of Paper:

Quarter 4 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy).
2. Finance templates are submitted to NHS Improvement on a monthly basis. This month a key data return was submitted on 15th April with a full return based on the draft accounts due for submission on 24th April. The Trust's draft Use of Resources rating is a 3 at Q4.
3. From October 2016, NHSI introduced a Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q4 the Trust is reporting it will achieve its year-end control total so this statement is not required.
4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 4 of 2018/19.
5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 4 of 2018/19.
6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 4 of 2018/2019 has been included within the report.

Risks Highlighted to Board: None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which are approved by the Director of Finance/Deputy Chief

Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly basis during the year.

To note the Quarter 4 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

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BOARD OF DIRECTORS

24th April 2019

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 4 2018-19

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 1 – maximum autonomy.

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 4 of 2018-19 as segment 1 – maximum autonomy.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19
Single Oversight Framework Segment	n/a	2	1	1
Use of Resources Rating	n/a	2	1	3
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 12 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis). These figures are based on the draft annual accounts which are currently being finalised and are due for submission on 24 April 2019:-

Key Financial Targets	Year End		
	Plan	Forecast	Variance/ Rating
Monitor Risk Rating	3	3	Amber
I&E – Surplus /(Deficit)	£3.5m	£5.8m	£2.3m
FDP - Efficiency Target	£12.6m	£12.6m	£0.0m
Agency Ceiling	£8.0m	£7.6m	(£0.4m)
Cash	£19.6m	£30.3m	£10.7m
Capital Spend	£13.2m	£8.0m	(£5.2m)
Asset Sales	£0.3m	£3.6m	£3.3m

Risk Rating

Risk Ratings	Weight	Year-End	
		Plan	Risk Rating
Capital Service Capacity	20%	4	4
Liquidity	20%	1	1
I&E Margin	20%	1	1
Variance from Control Total	20%	1	1
Agency Ceiling	20%	1	1
Overall Rating		3	3

From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 4 2018-19. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 10	Month 11	Month 12
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	3,885	3,898	3,957
Total non-medical - non-clinical substantive staff	1,585	1,591	1,589
Total medical and dental substantive staff	349	348	332
Total WTE substantive staff	5,819	5,837	5,877
Bank staff	261	271	279
Agency staff (including, agency and contract)	136	128	163
Total WTE all staff	6,215	6,236	6,319

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 4 2018-19.

Staff Group	Jan	Feb	Mar
	31/12 - 28/1	4/2 - 25/2	4/3 - 25/3
Medical	92	61	50
Nursing	25	20	20
TOTAL	117	81	70

At the end of March the Trust was paying 3 medical staff above price caps (1 consultant & 2 associate specialists).

At the end of March, the top 10 highest paid agency staff were all medics. There was 1 consultant being paid over the agency cap at £110/hour.

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	8 to 9 years	2 – 3 years	1 – 2 years
Consultant	1	3	2
AHP		1	
Qualified Nurses			3

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q4 2018-2019

Board of Directors:

- Outgoing Non-Executive Director, Miriam Harte – 31 March 2019
- Incoming Non-Executive Director, David Arthur – 14 January 2019
- Incoming Non-Executive Director, Michael Robinson – 16 January 2019

Council of Governors:

- Outgoing Governor – as at 28 February 2019
Service User Governor, Older People's Services – Marian Moore

Present vacancies

Carer Governor (Adult Services)
Service User Governor (Older People's Services)

Never Events

There were no never events reported in Quarter 3 2018 - 2019 as per the DH guidance document.

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Adverse national press attention Q4 2018-19

Media Report (January – March)

March

It was reported that in the homicide case concerning Ethan Mountain, who was given a hospital order to be detained at Rampton Hospital, that an independent report been commissioned by NHS England.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly

- Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
April 2019

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NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 24 April 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 4 position – Use of Blanket Restrictions and Access to Nurse Call Systems
Russell Patton, Deputy Chief Operating Officer

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Two task and finish groups were established to consider these “must do” shortfalls. Work has progressed to date with no obvious risks or concerns regarding our ability to deliver the proposed changes within the agreed timescales.

Progress has been shared with the CQC at our regular engagement meetings and no concerns have been raised to date.

It is anticipated that key organisational learning will occur once the blanket restrictions process is fully embedded.

Risks Highlighted to Committee : None

Does this affect any Board Assurance Framework/Corporate Risks?: Yes

Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability

Corporate Risk SA5.1: That we do not meet compliance and quality standards

Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: That the Board of Directors receive these action plans and note progress

Link to Policies and Strategies: CQC Fundamental Standards

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Use of Blanket Restrictions - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	End of Quarter 4 Position
1	Design an awareness raising and training package that focusses on the identification and management of blanket restrictions at all levels throughout the organisation.	Marc House Head of NTW Academy	End of Quarter 2 2018/19	Completed. Training package developed in line with the emerging Trust Policy on Blanket Restrictions.
2	Implement the awareness raising and training package using a broad range of methodologies (E. learning, skype, face to face, etc.).	Dave Hatley Dennis Davison Associate Directors Marc House Head of NTW Academy	Quarter 1 19/20	<p>Completed - Be-spoke training has been provided to key staff via Beachcroft.</p> <p>Completed -Training package added to the Trusts MH Legislation training module.</p> <p>Policy ratified and awareness raising training currently being cascaded via Clinical Managers – ongoing.</p> <p>Records and evidence of training provided will be held at a local level for upload onto Trust-wide dashboard if required – ongoing.</p> <p>An internal drive is being developed to host training figures and associated evidence – ongoing.</p>

Action Point	Action	Lead	Timescale	End of Quarter 4 Position
3	Develop a policy and supporting practice guidance notes to address the issues highlighted above and any other supplementary issues of note.	Tony Gray Head of Safety, Security and Resilience	Quarter 2 2018/19	Completed - Policy and associated appendices developed and ratified at Business Delivery Group.
4	Develop a management and governance escalation process to oversee blanket restrictions.	Tony Gray Head of Safety, Security and Resilience Associate Directors	Quarter 2 2018/19	Completed - Management Governance flow chart developed and added to Policy as an appendix.
5	Develop approaches and measures to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.	John Padget Suzanne Miller Associate Directors	Quarter 4 18/19	Draft Patient Information Leaflet developed and reviewed at CQC Quality Compliance Group in February 2019. Currently out for comment from service user/carers groups.
6	Agree a peer review process as a means of encouraging positive challenge and solution focussed discussions.	Lisa Long Janice Clarke Associate Directors Vicky Grieves CQC Compliance Officer	Quarter 4 18/19	Various historical audits in use across CBU's. Q4 data will be uploaded onto the Safer Care Portal. Standard peer review tool prepared.
7	Implement agreed peer review process.	Tony Gray Head of Safety, Security and Resilience Vicky Grieves CQC Compliance Officer Associate Directors	Quarter 1 19/20	Following review of Q4 base line data implement new process across all CBU's.

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Access to Nurse Call Systems - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress as of Quarter 4
1	Undertake a baseline position of current Trust wide nurse call systems.	Deputy Chief Operating Officer	Quarter 2 18/19	Completed
2	Agree an "optimum standard" nurse call system for the <i>acute wards for adults of working age and psychiatric intensive care units</i> that takes into account the key features of the Hospital Building Note and AIMS accreditation.	Head of Estate & Facilities Associate Nurse Directors	Quarter 2 18/19	Completed - A nurse call solution has been developed which takes into account relevant standards and seeks to replicate what has been provided on the Hopewood Park site. The system will be a nurse call point located in the vicinity of the bed head either built into it or positioned above it. The system will be infra-red radiation based, with the call point being battery operated with a key operated on/off override, when pressed the wall mounted device will send a signal to a room detector which is wired back to a master panel which will send a signal to the staff pagers and will illuminate a call light above the bedroom door.

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Action Point	Action	Lead	Timescale	Progress as of Quarter 4
3	Provide costings and timescales linked to the achievement of "optimum standard" within the <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 2 18/19	Completed. Costs were developed for the supply and installation of the nurse call systems. These costs were approved at Integrated Business Development Group.
4	Commence the installation of appropriate nurse call systems within the existing utilised <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 2 18/19	Commencement of the installations started in September 2018 on the Hadrian Clinic refurbishment.
5	Complete the installation of appropriate nurse call systems within the existing utilised <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 4 19/20	Work is scheduled for the remaining hospital sites.
6	Identify distance from "optimum standard" for all other inpatient core mental health services (cost, timescale and risks).	Head of Estate & Facilities	Quarter 3 18/19	Completed
7	Develop practice guidance notes for the effective use of "optimum standard" nurse call systems.	Associate Nurse Directors – Inpatients	Quarter 4 18/19	Draft developed and reviewed at CQC Quality Compliance Group February 2019. Additional work being undertaken to ensure guidance notes cover all Trust sites.
8	Work with regional and national providers to develop proposals re: appropriate/acceptable nurse call systems/standards for all other key client groups.	Deputy Chief Operating Officer	Quarter 4 18/19	These issues are being discussed at the Regional CE/DON & COO regional meeting with other provider colleagues. It is also the subject of discussion at the CQC National Co- Production meetings.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 24 April 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 4 position – Rapid Tranquilisation
Anne Moore, Group Nurse Director - Safer Care

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Updates on progress made on the four outstanding actions:

Action point 1: The Management of Rapid Tranquillisation' Policy (NTW(C) 02 policy rewrite complete. To be presented at the Medicines Optimisation Committee on Wednesday 10th April, prior to two week consultation.

Action point 3: Trust standard for the Assessment and Management of Physical Health Policy (PGN), National Early Warning Score (NEWS2), V03 ratified with a launch date of 31st May 2019. NTW Academy to support the NEWS 2 E-learning programme from signposting to formal training and use of NEWS2 in clinical simulations

Action point 5: Development of the Talk First dashboard to report/display physical health observation currently reviewing potential of rationalising recording of physical health observations required due to rapid tranquilisation and/or seclusion. Target date amended to 31st May 2019 to allow time for this review to be completed.

Action point 8: Audit to access impact of actions registered and data collection completed in March 2019. Draft report in progress, which will be presented to the Physical Health and Wellbeing Group in May 2019.

Risks Highlighted to Committee: Not applicable

Does this affect any Board Assurance Framework/Corporate Risks?: Yes

Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability
Corporate Risk SA5.1: That we do not meet compliance and quality standards
Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: The Board of Directors is asked to note the contents of this paper.

Link to Policies and Strategies:

- NTW (C) 02 The Management of Rapid Tranquilisation Policy
- NTW (C) 29 Trust Standard for the Assessment and Management of Physical Health Policy
- AMPH – PGN-03 National Early Warning Score (NEWS2)

Rapid Tranquillisation – Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress: End of Quarter 4 Position
1	Review 'The Management of Rapid Tranquillisation' Policy (NTW(C) 02) (review date of February 2019 to be brought forward).	Dr Berry Consultant Psychiatrist Anne Bunting Clinical Manager Ruth Ayre Pharmacy Associate Nurse Directors (Inpatient CBU) Talk First representative	End of Quarter 1 19/20	<ul style="list-style-type: none"> Policy partially reviewed in May 2018 (V04.4) items updated: <ul style="list-style-type: none"> Appendix 2, RT Monitoring Chart Inclusion of Appendix 8, Physical Monitoring Algorithm Full policy review in progress with revised target date of December 2018 to enable consideration by Medical Management Committee meeting in January 2019. <p>Update – February 2019</p> <ul style="list-style-type: none"> Policy author (RA) has all comments to support rewrite. Two elements of policy awaited to complete the revisions <ul style="list-style-type: none"> NEWS2 chart (Clinical Response to NEWS2 Trigger Thresholds) Dashboard on RIO going live. <p>Update – April 2019</p> <ul style="list-style-type: none"> Policy rewrite complete including NEWS2 monitoring charts/guidelines and updated RT treatment options <ul style="list-style-type: none"> Draft policy to be presented at Medicines Optimisation Committee on Wednesday 10th April, prior to two week consultation.

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2	To compile the current training provision available to all professions (nursing (qualified and non-qualified, medics, AMHP) educating on physical health monitoring (inclusive of and beyond rapid tranquillisation training).	Tess Walker NTW Academy Julie Taylor Nurse Consultant	08/08/18	Complete
3	Liaise with Medical Education Department regarding the provision and arrangements of rapid tranquillisation training for junior doctors.	Dr Uri Torres Associate Medical Director	08/08/18	<p>Complete</p> <ul style="list-style-type: none"> • August Junior Doctor induction delivered RT as a face to face session combined with seclusion. (Post RT monitoring covered on pages 14, 17 & 20 of the presentation). • Training will be continued in this format in future inductions • E-Learning training package introduced March 2018: 263 Rapid Tranquillisation. Training is in line with NICE NG10, updated RT policy and following the POMH RT audit. It includes: post-RT monitoring, what to do, why, when and how. It also includes test questions. • RT Training compliance as at 12.11.2018: <ul style="list-style-type: none"> ○ North: 91.7% ○ Central: 94.6 ○ South: 89.9%

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4	To progress with the development of National Early Warning Score (NEWS) training package.	Kevin Crompton Tess Walker NTW Academy	30/04/19	<ul style="list-style-type: none"> • Trust wide action agreed by Physical Health & Wellbeing Group in January 2018. • Draft roll out plan discussed at Resuscitation & Medical Emergency Group in August 2018. • Kevin Crompton (Lead Trainer in the Training Academy) liaising with the Royal Colleges re implementation of NEWS2 in NTW since the update in December 2017. • Trust review and proposal on the NEWS 2 to be presented to the Physical Health & Wellbeing and Resuscitation & Medical Emergency groups for their consideration in November 2018. <p>February 2019</p> <ul style="list-style-type: none"> • NEWS 2 chart (Clinical Response to NEWS2 Trigger Thresholds) awaiting sign off. • Once chart agreed, NEWS 2 implementation plan includes full training plan. • Inclusion of NEWS and NEWS2 principles currently included within the Foundation Physical Skills and Advanced Physical Skills Training <p>Update April 2019</p> <ul style="list-style-type: none"> • Trust standard for the assessment and management of physical health policy (PGN), National Early Warning Score (NEWS2), V03 ratified. <p>http://nww1.ntw.nhs.uk/services/index.php?id=5838&p=5539&sp=5540</p> <ul style="list-style-type: none"> • Proposed Trustwide launch 31st May. • Communication planning in progress, to include CAS alert. • NTW Academy to support the NEWS 2 E-learning programme from signposting to formal training and use of NEWS2 in clinical simulations via <ul style="list-style-type: none"> ○ NEWS2 intranet reference material ○ Foundations Skills Course ○ Junior Doctor Induction Programme ○ Advanced Physical Skills Course ○ PMVA Programme
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5	To explore developing the Talk First dashboard to report/ display physical health observation compliance post rapid tranquillisation (currently displays rapid tranquillisation occurrences).	Ron Weddle Craig Newby Patient Safety	30/04/19	<ul style="list-style-type: none"> • Additional of RT PH observation data to Talk 1st dashboard included within the Informatics Priorities for 2018/19. • Formal Informatics work plan agreed at CDT in October 2018 • Dashboard development for RT Physical Health Monitoring to start in Q3. • Allison Armstrong (Associate Director) has also undertaken a small survey with clinical staff and is collating information to aid development of data collection methodology. <p>Update – February 2019</p> <ul style="list-style-type: none"> • Dashboard system built and in test phase whilst awaiting the final NEWS2 chart design (Clinical Response to Trigger Thresholds) • Whilst some training will be required when system goes live, there are a number of staff piloting. <p>Update – April 2019</p> <ul style="list-style-type: none"> • Work to rationalise physical health observation recording in RiO has commenced on the back of user feedback and focus group. This would potentially bring together the recording of physical health monitoring linked to seclusion and/or rapid tranquilisation. • Target date extended to 31st May 2019 to allow this additional work to be undertaken
6	To develop reflective questions to elicit practices and barriers in relation to the management of rapid tranquillisation and cascade via Quality Standards meeting.	Allison Armstrong, Janice Clark and Catherine Edge	31 st August 2018	<p>Complete</p> <ul style="list-style-type: none"> • Questionnaire prepared and added to the Quality Standards meeting agenda in each locality group for feedback, August 2018

7	Cascaded good practice guidance (based on CAS alert) via Quality Standards meeting.	Allison Armstrong Associate Director Janice Clark Associate Nurse Director Catherine Edge NTW Academy	31/08/18	<p>Complete</p> <ul style="list-style-type: none"> Included within questionnaire document discussed at each Locality Care Group Quality Standards meetings August 2018.
8	Undertake audit to assess impact of actions.	TBC	End of Quarter 4 18/19	<ul style="list-style-type: none"> RT policy tool has the following standards included within the monitoring framework and are captured within the quarterly seclusion audits and reported to Locality Care Groups and BDG. <ul style="list-style-type: none"> Arrangements for post rapid tranquillisation are clearly documented on patients' records. For parenteral (IM) RT only - all seven key elements of monitoring have been conducted (BP, pulse, respiratory rate, temperature, hydration, oxygen hydration and level of consciousness. <p>Update – February 2019</p> <ul style="list-style-type: none"> Formal audit to commence in Q4 to monitor impact of actions undertaken to date. Standards and questions from the March 2018 POMH-UK (16b)ⁱ audit will be used to inform the clinical audit tool. Once implemented, the metrics on the Talk First Dashboard will provide a system to meet the need to provide ongoing assurance. <p>Update – April 2019</p> <ul style="list-style-type: none"> Clinical Audit registered, ref CA-18-0029. Data collection undertaken in March and draft report in progress. This will be presented to the Physical Health and Wellbeing Group in May.

ⁱ Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour