

Board of Directors Meeting (PUBLIC)

02 October 2019, 14:00 to 15:30
Training Room 4, Hopewood Park,
Waterworks Road, Ryhope, Sunderland, SR2
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Agenda

1. Service User/Carer Experience

2. Apologies

Verbal/Information

Ken Jarrold, Chair

3. Declarations of Interest


Verbal/Information

Ken Jarrold, Chair

4. Minutes of the previous meeting held Wednesday 4 September 2019

Decision

Ken Jarrold, Chair

 item 04 - BoD DRAFT mins in public 4.9.19.pdf (10 pages)

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

Discussion

Ken Jarrold, Chair

 item 05 - BoD public Action Log as at Oct 19.pdf (1 pages)

6. Chair's Remarks


Verbal/Information

Ken Jarrold, Chair

7. Chief Executive's Report

Information

John Lawlor, Chief Executive

 item 07 - CEO Report Oct 19.pdf (4 pages)


Quality, Clinical and Patient Issues

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8. Commissioning and Quality Assurance Report (Month 5)

Decision


Lisa Quinn, Executive Director of
Commissioning and Quality


 item 08 - Commissioning Quality Assurance Report -
Month 5.pdf (7 pages)

9. Local Clinical Excellence Awards 2018 Round Report

Discussion

Rajesh Nadkarni, Executive Medical
Director


 item 09a - Clinical Excellence Awards Exec
Summary.pdf (1 pages)


 item 09b - Clinical Excellence Awards.pdf (4 pages)

**10. Health Education England: Education and Training
Self-Assessment Report**

Discussion

Rajesh Nadkarni, Executive Medical
Director

 item 10a - NTW Education and Training SA Report Exec
Summary.pdf (2 pages)

 item 10b - NTW Education and Training SA Report.pdf (79 pages)

11. Quarterly Visit Feedback Themes Q1 and Q2

Discussion


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


 item 11 - Service Visit Update.pdf (7 pages)

12. Smokefree Update

Discussion

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

 item 12a - Smokefree Exec Summary.pdf (1 pages)

 item 12b - Smokefree - Board Paper Sept 2019.pdf (5 pages)


Workforce

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13. Workforce Strategy update

Discussion

Lynne Shaw, Acting Executive
Director of Workforce and
Organisational Development

 item 13 - Update to Workforce Strategy - October 2019.pdf (7 pages)

Strategy and Partnerships

14. Cumbria Update

Discussion

John Lawlor, Chief Executive

15. Integrated Care System Mental Health Workstream

Discussion

John Lawlor, Chief Executive

Minutes/Papers for Information

16. Committee updates

Verbal/Information

Non-Executive Directors

17. Council of Governors' Issues

Verbal/Information

Ken Jarrold, Chair

18. Any other Business

Ken Jarrold, Chair

19. Questions from the Public

Discussion

Ken Jarrold, Chair

Date, time and place of next meeting:

**20. Wednesday, 6 November 2019, 1:30 pm to 3:30 pm,
Board Room, St Nicholas Hospital.**

Information

Northumberland, Tyne and Wear
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Minutes of the meeting of the Board of Directors held in public

Held on 4th September 2019, 1.30pm – 3.30pm

In Conference Room, Northgate Hospital, Morpeth, Northumberland, NE61 3BP

Present:

Ken Jarrold, Chairman
Michael Robinson, Non-Executive Director
Dr Leslie Boobis, Non-Executive Director
Alexis Cleveland, Non-Executive Director
John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Finance Director (*part attendance*)
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Acting Executive Director of Human Resources and Organisational Development

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Simon Douglas, Director of Research Innovation/Clinical Effectiveness (*item 10 only*)
Bruce Owen, Consultant Psychiatrist/Medical Education (*item 9 only*)
Craig Newby, Deputy Director of Safety, Security and Resilience (*item 16 only*)
Fiona Regan, Carer Governor for Learning Disabilities (*observer*)
Margaret Adams, Public Governor for South Tyneside (*observer*)
Three other members of staff and the public were in attendance (*observers*)

1. Service User and Carer Experience Story

A special welcome was extended to Mary Lavender, Advanced Speech and Language Therapist, Community Team Learning Disability who was in attendance to share her experience regarding the challenges for those members of staff who have a disability while working in the Trust. Ken Jarrold thanked Mary for sharing her personal story.

Mary shared some ideas which could be implemented by the Trust to alleviate some of the challenges staff with a disability face in their day to day work. Lynne Shaw agreed to work with Mary to take the ideas forward through the Equality and Diversity work.

2. Apologies

Ken Jarrold introduced the meeting and welcomed those in attendance. Apologies had been received from David Arthur, Non-Executive Director and Peter Studd, Non-Executive Director.

3. Declarations of Interest

There were no conflicts of interest declared for the meeting.

4. Minutes of previous meeting

The minutes of the meeting held on 7th August 2019 were considered.

Approved:

- **The minutes of the meeting held 7th August 2019 were approved as an accurate record**

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

Gary O'Hare requested that the update on action item 07.08.19 (15) regarding clarification of IPC training compliance with medical staff be moved to October.

There were no other matters arising from the minutes.

6. Chairs remarks

Ken Jarrold had no specific updates for the Board.

7. Chief Executive report

John Lawlor referred to the report and made specific reference to the decision to change the name of the Trust following the forthcoming transfer of mental health and learning disability services from Cumbria Partnership NHS Foundation Trust (CPFT).

The change of name represents parity and equity to all areas served by the Trust, and in line with NHS identity guidelines, the name will be alphabetical. On 1st October, the Trust name will become Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). A process of engagement with staff, stakeholders and the public in North Cumbria is ongoing and plans are in place to prepare for the name change including signage, stationary, websites and email addresses.

September will see the launch of the annual staff survey and all staff will be encouraged to take part and to give as much feedback as possible. In response to last year's staff survey results, an action plan has been developed to focus on areas of improvement including ethnicity and disability issues. In addition, each locality and department have developed local action plans.

John briefed the Board on the development of a new Corporate Decisions Team sub group to consider the important issue of climate change and associated health impacts. The group will develop an involvement and engagement strategy to reflect the ideas and work of staff, service users and carers about sustainable practices. Two additional questions around climate change have also been included in this year's annual staff survey.

John referred to a document “*Building Healthier Communities: the role of the NHS as an anchor institution*”. The report outlines the opportunities for the NHS to maximise its contribution to the health and wellbeing of local populations. This includes widening access to quality work, purchasing and partnering locally for social benefit, and reducing its environmental impact. Discussions are taking place at regional, ICP and ICS level.

Ken Jarrold suggested reading the document in conjunction with the document “*Canaries in the Coal Mine*” published by Newcastle Council for Voluntary Services.

Les Boobis asked if the Trust had an action plan to feed into the concepts outlined in the document. John advised that there is no trust wide action plan in place, but Trust Directors, clinical and managerial senior leaders are all involved through their local networks.

John referred to the NHS Confederation briefing for the new Prime Minister. The briefing outlines seven key challenges for the NHS in 2019 and beyond including, funding, social care and the NHS in a post-Brexit world.

Resolved:

- **The Board received the Chief Executive’s Report**

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance Report (month 4)

Lisa Quinn presented the report for month 4 outlining progress against quality standards. Lisa referred to access and waiting times and noted that the number of people waiting over 18 weeks to access services had decreased in non-specialised adult services. There had also been a significant decrease in Children and Young People waiting over 18 weeks in the Newcastle / Gateshead team, and an increase in Sunderland and South Tyneside. Meetings have taken place with other providers of children’s services and plans are being developed to improve the position.

Trust wide appraisal compliance had decreased to 83%, below the 85% standard with corporate services requiring improvement.

Out of area treatment bed days continued to increase with 230 reported in July 2019 however, the figure had decreased during August.

The number of follow up contacts conducted within 7 days of discharge had decreased to below standard of 95% in July, reported as 92.7%. Nine patients were not seen in the required timescale trust wide. This has been raised as a concern by the Executive Team and discussions were taking place within the groups to explore this further.

In terms of financial performance, the Trust reported a surplus of £0.1m, £1.5m ahead of plan. The forecast surplus was reported as £2.6m in line with the control total. Agency spend was reported as £2.7m which is £0.6m above planned spend but in line

with the trajectory of our NHSI allocated agency ceiling of £7.9m. The Trust's finance and use of resources score is currently 2 and the forecast year-end risk rating is 2.

Resolved:

- **The Board received the Commissioning and Quality Assurance Report update for month 4**

9. Annual Dean's Quality Meeting Medical Report

Bruce Owen presented the Health Education England North East and North Cumbria (HEE NENC) Annual Deanery Quality Report 2019 and noted the positive comments received from HEE NENC regarding the excellent feedback from both the medical trainees and from trainers, and which has been reflected in the overall assessment. The Trust was rated 17th of 220 in the Trainees survey and 9th of 220 in the Trainers survey.

In terms of areas for improvement, HEE NENC raised concern regarding the lack of formal communication to HEE regarding the transfer of mental health services from CPFT to NTW. This has since been rectified and clear plans around governance and plans in preparation for the transfer have been developed. HEE NENC also noted that training experience in inpatient services at St. George's Park remained a concern and was being monitored with issues relating to pressures within the service. Further feedback from the GMC surveys have shown improvement in this area.

Resolved:

- **The Board received the Health Education England North East and North Cumbria Annual Deanery Quality Report 2019**

10. Research and Development Annual Report 2018/19

Simon Douglas presented the Research and Development Annual Report 2018/19. It was noted that since the implementation of the research strategy in 2012, the Trust has seen significant progress in areas including: the number of research projects; service user participants and staff involvement; increase in grant income; NTW being ranked in the top 5 most research active mental health and learning disability Trusts in England; national and international publications; strengthened research collaborations across the region; and successful funding applications.

John Lawlor referred to the Clinical Record Interactive Search programme (CRIS) to be implemented with a view to increasing capacity not only for research but also patient safety, service development, evaluation and audit. John suggested that the programme would enable many improvements in terms of connecting clinical delivery with research.

John also commended the proposals to implement Open Dialogue which had been in place in other countries for many years but had never reached the NHS. The Trust were working with a small number of other Trusts to test the approach to patient care

whereby treatment is carried out involving a multi-disciplinary network wrapped around service users and carers.

Alexis Cleveland congratulated the team on the progress made to achieve the strategy and made particular reference to the potential for growth and scope of research and engaging service users and Recovery Colleges in research work. Alexis also suggested looking at opportunities and learning which could be gained from the transferring services from CPFT.

Ken Jarrold stated that Research and Development was a key contributor to the foundations of the Trust and its continuing success and encouraged the Board to continue this focus in the future.

Resolved:

- **The Board received the Research and Development Annual Report 2018/19**

11. Independent Evaluation of the GDE Programme

Lisa Quinn provided a verbal update to the Board and referred to meetings of the Cumbria Mental Health Programme Board and discussion regarding the resources which will be available for the North Cumbria footprint as a result of Cumbria being identified as a Global Digital Exemplar Fast Follower. Lisa suggested that an update on some of the initiatives as a result of the NTW GDE Programme be provided to a future Board Development session.

Action:

- **An update on the NTW GDE Programme to be provided to a future Board Development Session**

Workforce

12. Workforce Quarterly Report

Lynne Shaw presented the report and referred to Project Choice, a supported internship programme for people aged 16-25 with learning disabilities and/or autism. Students celebrated their graduation in July with some students moving into apprenticeships, some into work and some into further education.

John Lawlor commended the team and the students involved in Project Choice but noted that more work could be done to appoint more people into the Trust following completion of the programme.

Lynne referred to the development of the Cultural Ambassador Programme as one of the key Workforce Race Equality Standards actions for the Trust. Three members of the Trust's BAME workforce were trained as Cultural Ambassadors with the aim of helping ensure fairness in how BAME staff and students are treated. Plans are in

place to launch the programme and includes a review of Trust policies and procedures to reflect any changes required as a result of the introduction of the ambassadors.

The Trust achieved the Investors in People (IIP) and Health and Wellbeing Best Practice Awards in 2010, 2013 and 2016. A process for reaccreditation is underway to maintain the standard which is based on a framework benchmarking the effectiveness of leadership and management practices in the Trust. Members of staff have been invited to attend one to one or group sessions with an IIP assessor.

Following awareness of the impact financial concerns can have on staff wellbeing, the Trust has partnered with Neyber, the first private company in the UK to offer financial education and salary deducted lending through UK employers. They have a history of successful partnerships with other NHS Trusts and public sector organisations and their ethical approach has made them the first UK alternative lender to be accredited by the UK Lending Standards Board.

Lynne provided the Board with an update on the process for re-tendering for a new Occupation Health contract. Additional questions were identified for all tendering organisations with specific regard to the transferring Cumbria services. The preferred candidate would be confirmed in the next report.

Resolved:

- **The Board received the Quarterly Workforce Report**

Strategy and Partnerships

13. Integrated Care System Memorandum of Understanding (MoU)

John Lawlor referred to the final MoU for the ICS which had been developed in discussion with partners across the system. Ken Jarrold reminded Board members of the draft version submitted in August and confirmed that amendments on issues he had raised regarding concerns around the lack of reference to Non-Executive Director involvement and the role of the Partnership Assembly had now been addressed and he was now in a position to recommend the final version to the Board for approval

John Lawlor referred to the Board Development session earlier in the day and the update on drug related deaths, at which it was noted that there had been a significant rise in deaths, particularly in the North East in comparison to other regions. Due to the impact on wider population health and wellbeing, John agreed that he would take forward discussions to include a specific focus on the issue within the Integrated Care System level work.

Approved:

- **The Board approved the Memorandum of Understanding for the Integrated Care System**

Action:

- **John Lawlor to discuss at system-level the issues relating to drug related deaths in the region and the impact on population health**

14. Cumbria

John Lawlor provided an update on progress of the transfer of mental health and learning disability services from CPFT and advised that the conditions for transfer and all outstanding issues discussed at previous Board meetings had been resolved.

In terms of recruitment, Lynne Shaw stated that initially there had been concerns regarding the ability to fill vacancies in Cumbria, particularly in corporate services. Although a small number of gaps remained, the majority of posts had now been filled.

John briefed the Board on engagement activity particularly engagement with those members of staff transferring to CNTW. Feedback from staff in Cumbria had been positive and there was a clear appetite to complete the transfer and continue to work together to improve services across the whole footprint.

John referred to the System Executive meeting which is attended by Gary O'Hare and John and the System Leadership Board attended by John. These meetings are well-attended and provides additional assurance that mental health and disability services have a voice in wider system-level discussions and planning.

A positive meeting had taken place with GPs in Cumbria via the Local Medical Committee and John noted the value of discussing the service transfer from their perspective.

The Trust will be holding a number of CNTW awareness sessions during September in advance of the transfer where staff can attend to receive demonstrations of IT systems, meet members of the Executive Team and senior managers to discuss any issues or concerns in advance of 1st October.

Resolved:

- **The Board of Directors noted the progress update with regard to the transfer of services from Cumbria Partnership NHS FT**

15. Draft Long Term Implementation Plan Submission

John Lawlor noted that the Trust's Long Term Implementation Plan would be submitted to the October meeting of the Board. Work is ongoing to ensure that mental health and disability services are reflected in all Integrated Care Partnership submissions to support the plan for the wider ICS.

Action:

- **The draft Long Term Plan submission to be presented to the October meeting of the Board**

16. Emergency Preparedness, Resilience and Response Annual Report 2018/19

Craig Newby presented the report in relation to work on Emergency Preparedness, Resilience and Response (EPRR). The report also included detail of compliance against the core standards for EPRR. Of the 54 standards for mental health services, the Trust remains substantially compliant with one minor action regarding attendance at Local Health Resilience Partnership meetings, a strategic forum to facilitate health sector preparedness and planning for emergencies.

Craig briefed the Board on the Trust's involvement in a number of live incident scenarios and its support of the Pelican 3 exercise, a system-wide test scenario of a mass casualty event. The EPRR Team has also been heavily focused on local and national plans in preparation for EU-Exit, with a current assessment of risk for the Trust as being low level impact.

Les Boobis referred to media coverage suggesting that some medication used in psychiatry could not be stockpiled. Rajesh advised that the general issue relating to stockpiling of some drugs did not pose a risk to any of the medication used at the Trust. Nevertheless, the Trust has continued to link into plans at both regional and national level. Alexis Cleveland did refer to contingency plans in place for some medications used by the Trust, which were not linked to EU-Exit plans, but were still in short supply.

Chris informed the Board that a deep dive has been planned in relation to severe weather planning and assessment to develop plans working collaboratively with Local Authorities, Local Environment Agency and other partner organisations.

The Board noted a key development for the year ahead would be the establishment of a psycho-social recovery plan, primarily for mental health providers, covering three months post-incident to support staff, patients and the public during and after an event.

John Lawlor asked that the Board's recognition of the excellent work of the Safety, Security and Resilience Team be noted. Gary O'Hare also took an opportunity to wish Craig well for the future after securing a post in another Trust.

Action:

- **The Board of Directors received the Emergency Preparedness, Resilience and Response Annual Report 2018/19**

Regulatory

17. Trust Constitution

Debbie Henderson presented the Trust Constitution which had been revised as a result of the transfer of services from CPFT. The Constitution was revised to reflect the larger footprint covered by the Trust, however, it was acknowledged that the last

review of the Constitution took place in 2015 and an opportunity to review the document in its entirety was undertaken. A Governors' Sub-Group, led by Debbie and Fiona Grant, Lead Governor was established to assist in the review.

The key change to the document related to the composition of the Governors and membership constituencies and included additional vacancies for Governors to represent Cumbria in: the public constituency; the appointed Governor constituency via Cumbria County Council; and the staff constituency via two additional posts, one for clinical staff and one for non-clinical staff. To ensure appropriate representation from North Cumbria colleagues, the additional clinical staff governor vacancy will be held open for a Cumbria member of staff only for the 2019 round of elections.

Debbie referred to her attendance with the Chairman, Lead Governor and Deputy Lead Governor at a recent meeting of the CPFT Governors to present the proposed changes with no issues of concern being raised.

Les Boobis noted that reference to the change of Trust name had not been included in the summary paper outlining the changes to the document. Debbie agreed to highlight this when presenting the paper to the Council of Governors for approval on 10th September 2019.

Ken Jarrold took an opportunity to thank Debbie and Fiona Grant for their work on the revision of the Constitution.

Approval:

- **The Board of Directors approved the revised Trust Constitution for onward submission to the Council of Governors for approval at the meeting to be held on 10th September 2019**

Minutes/papers for information:

Committee Updates

There were no issue of note from the Board sub-committee meetings.

Council of Governor Issues

Ken Jarrold briefed the Board on an interesting meeting of the Governors' Steering Group which discussed the forward business and agenda planning for the Council of Governors. The Group also received an excellent presentation from Debbie Henderson on the development of a Membership Engagement and Governors' Development Strategy which would be presented to the full Council of Governors in due course.

Discussions are also taking place between the Corporate Affairs Team and Service User and Carer Involvement Team to align working and ensure a joined up approach across the Trust in terms of engagement.

Any Other Business

Nothing to report.

Date and time of next meeting:

Wednesday, 2 October 2019, 11:30am to 12:30pm, Training Room 4, Hopewood Park, Sunderland, SR2 0NB

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Board of Directors Meeting held in public

Action Sheet as at 2 October 2019

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
04.09.19 (13)	ICS MoU	Discuss at system-level the issues relating to drug related deaths and the impact on population health	John Lawlor	November 2019	Verbal update to be provided at the November meeting
07.08.19 (15)	IPC Annual Report 18/19	Clarify IPC training compliance for Medical Staff	Gary O'Hare	October 2019	Verbal update to be provided at the October meeting
07.08.19 (19)	Safer Staffing Levels (Q1) incl 6 monthly skill mix review	A revised paper to include an MDT approach to safer staffing including agency medical locums to be presented to a future Board meeting	Gary O'Hare/Rajesh Nadkarni	November 2019	On track for submission to November meeting
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Debbie Henderson	November 2019	To be included in the Board Report style guide currently under development
22.05.19 (10)	Committee Terms of Reference	ToR's for Corporate Decisions Team and Charitable Funds Committee to be submitted to the October meeting	Debbie Henderson	November 2019	Submission to November meeting following meeting of the CFC in October
04/09/19 (15)	Draft Long Term Implementation Plan	Long Term Plan submission to be presented to the October meeting of the Board	James Duncan	November 2019	Deferred to November Board
Completed Actions					
04.09.19 (11)	Independent Evaluation of the GDE Programme	Include GDE Programme update to a future Board Development Session	Debbie Henderson	October 2019	Slot identified for February BDS

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 2 October 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. Welcome to North Cumbria
2. Staff Survey
3. Investors in People (IIP)
4. Occupational Health Provision
5. ICP Autumn Roadshows
6. Cumbria Partnership NHS FT CQC Inspection
7. West Lane Hospital

Regional updates

8. Integrated care System (ICS)
9. Trust Long Term Plan

National updates

10. Update from the Labour Party Conference
11. NHS Providers Campaign: Re-build our NHS
12. Nuffield Trust Article

Outcome required: For information

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Chief Executive's Report

2 October 2019

Trust updates

1. Welcome to North Cumbria

2nd October will be our first Board meeting as Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. On 1st October, we will welcome our colleagues from North Cumbria and build on the work which has already been undertaken to deliver high quality, person centred care across our region.

I wanted to take an opportunity to acknowledge the hard work, dedication and commitment of all teams across CNTW and CPFT who have been involved in making the transfer of services a success. It goes without saying that we have significant challenges ahead for the NHS as a whole, but we also have many opportunities to develop our services across the system in partnership with our commissioners, other providers, local authority colleagues, community and voluntary organisations, staff and our service users and carers.

2. Staff Survey

The 2019 NHS Staff Survey has been launched. All corporate and community staff across the Trust have received an electronic version of the survey with paper questionnaires being delivered week commencing 30 September for distribution. The survey will close at the end of November.

3. Investors in People (IIP)

The Trust achieved the Investors in People (IIP) accreditation in 2010, 2013 and 2016. Our recent re-assessment took place week commencing 16 September 2019. This assessment was under Version 6 of the standard and was the first time the Trust had been assessment against this revised criteria.

Two assessors interviewed in access of 250 staff over a period of a week either on an individual basis or in small groups of up to 5. Initial feedback has been positive with the final report due to be published mid-October. This will be communicated across the Trust and any areas of development identified and progressed.

4. Occupational Health Provision

The Trust has recently carried out a tender process for a new Occupational Health provider. This was a joint approach with Tees, Esk and Wear Valley NHS Foundation Trust. Following a robust process a preferred provider has been identified and awarded a three year contract. There is currently a standstill period and therefore no formal communication has taken place to date.

It has also been agreed that in order to further support staff across the Trust an in-house psychological services model would be introduced. This would ensure a more advanced level of intervention can be put in place for staff experiencing a range of mental health difficulties to remain at work or return from sickness absence earlier. Both the core Occupational Health Service and Psychological Support service will commence on 1 December 2019.

5. ICS/ICP Autumn Roadshows

Communication Leads across the ICS/ICP footprint have been working together to develop an 'engagement roadshow' during October and November to cover the whole ICS area. The objective of the roadshow is to collectively promote the vision of the ICS and listen to and gain further understanding of the views of people who use NHS services. It also provides a rare opportunity to talk about the great work happening in CNTW and we will be inviting key people to join us in delivering some important messages about our work.

6. Cumbria Partnership NHS FT CQC Inspection

On 25th September 2019, the CQC published their report following a focused inspection into four adult mental health services at CPFT in May and June 2019. The inspection covered: acute wards for adults of working age and psychiatric intensive care units; wards for older people with mental health problems; wards for people with a learning disability or autism and mental health crisis services; and health-based places of safety.

The four services inspected were all rated as 'requires improvement' overall with good practice recognised as well as areas identified for improvement. Every service was rated as 'good' for caring. We will ensure that the recommendations from the report are carefully considered and are taken forward as part of our improvement journey.

The full report is available at <https://www.cqc.org.uk/provider/RNN>

7. West Lane Hospital

West Lane Hospital in Middlesbrough transferred their last patient to Ferndene on Wednesday 18th September allowing the hospital to formally close. This represents the closure of beds for children and young people and has increased pressure and demand on admissions to Ferndene.

The Trust are working with colleagues from NHSE/I and TEWV to develop contingency plans around the ongoing availability of children and young people's inpatient beds in the region.

Regional updates

8. Integrated Care System (ICS)

Work continues on developing the long-term plan for the integrated care system and associated Integrated Care Partnerships. Draft plans are due to be completed by 27th September and will be discussed at the Board in November.

The mental health work-stream has undertaken a review of its work to date and its proposed ways of working going forward and this will be further discussed at a workshop on 4th October. An external review of the ICS Estate Strategy has been conducted and this has resulted in the strategy being rated as "good". This is important as it means that Trusts within the ICS footprint can receive national capital allocations. This removes an element of risk associated with our CEDAR scheme.

On a separate note the ICS has agreed that climate sustainability will be a core element of its strategy going forward, and further work on this aim is to be progressed.

9. Trust Long Term Plan

Associated with the development of the Long Term Plan for the ICS, work has started on the development of the Trust's Long Term Plan. This will set out how the Trust will look to deliver on its strategic ambitions and the requirements of the Long Term Plan. Work has commenced at Clinical Business Unit level to develop integrated plans across quality, activity, workforce and finance, along with required enabling strategies. At the same time a review of corporate functions is to be undertaken.

An engagement exercise will also take place across the new Trust footprint to test and reaffirm our vision values and ambitions with all staff users and carers. This work will be brought together in the Trust Long Term Plan, which will be presented to the Board in March 2020. This will be further discussed at the Board development session in October and a written update will be provided to the Board in November.

National updates

10. Update from the Labour Party Conference

The Shadow Secretary of State for Health, Jon Ashworth has revealed a number of new policies regarding health at the Labour party conference. These include:

- A national care service which will introduce free personal care to support older people to live independently, and to address the funding gap in social care, support local authorities to directly provide care and build a fully trained care workforce.
- Increasing the number of GP trainees in England by almost 50% and to providing an estimated 27 million extra GP appointments.
- Abolishing all prescription charges.
- Labour will declare a climate emergency across the NHS and will consequently invest in solar panels and energy efficiency schemes, move to a fleet of low emission ambulances, and build an 'NHS forest'.

While these measures were broadly welcomed by NHS Providers, it was recognised that these measures would need to be associated with a funded plan. Consideration of party policies regarding health and care will be included in future Board work assessing our future strategic options and opportunities.

11. NHS Providers Campaign: Re-build our NHS

NHS Providers have launched a national campaign asking government to develop a credible and sustainable plan for the development of the NHS estate. It is recognised that after 10 years of reducing investment in the estate infrastructure, the lack of availability of national capital funding in the current year, or clear plan for investment going forward, there is a risk that this will impact significantly on quality safety, productivity and sustainability going forward.

NHS providers is working with Trust to contact MPs of all denominations to ask for a new deal for NHS capital investment. Our Trust supports this campaign and is planning to write to local MPs in support of it.

12. Nuffield Trust Article

Attached as *Appendix A* is a summary of the research from Nuffield Trust – What Can England Learn from the Long-Term Care System in Germany?

Northumberland, Tyne and Wear
09/27/2019 14:09:58

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 2nd October 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 5 August 2019) – Alison Paxton, Commissioning & Quality Assurance Manager

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 August 2019.
2. The number of people waiting more than 18 weeks to access services has increased this month in non-specialised adult services and within children's community services in Newcastle / Gateshead.
3. The Trustwide appraisal figure has decreased to 80.1% this month from 83.8%, which is below the Trust standard, however, we have seen an improvement through September. Areas for improvement relate mainly to corporate functions.
4. There has been one Mental Health Act reviewer visit report received since the last report relating to Oswin (Forensic) ward. There were actions which had been resolved along with actions which remain unresolved from a previous visit. Two actions remain unresolved relating to the completion of assessments of capacity to treatment and the responsible clinician feeding back on the outcome of second opinion doctor visits therefore, the team were unable to review this action.
5. The confirmed July 2019 sickness figure is 5.8%. The provisional August 2019 sickness figure is 5.65%. The 12 month rolling average sickness rate has decreased to 5.70% in the month.
6. Out of area treatment bed days have decreased in the month with 96 in August 2019.
7. There has been a decrease in the number of clusters undertaken at review in August 2019 and is reported below standard at 84.4%.
8. The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported at 95.5%. This is reported above standard. Five patients were not seen in the required timescale trustwide.
9. The service user and carer FFT recommend score is at 90% this month which is above the national average

Risks Highlighted: waiting times, sickness and out of area treatments

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, 2019/20 NHS Standard Contract, 2019/20 Planning Guidance and standard contract, 2019/20 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 has been one Mental Health Act reviewer visit report received since the last report relating to Oswin Ward (Forensic ward). There were actions which had been resolved along with actions which remain unresolved from previous visits. Two actions remain unresolved relating to the completion of assessments of capacity to consent to treatment and the responsible clinician not providing feedback to the team regarding the outcome of second opinion appointed doctor visits.
- 3 There been one Commissioner Quality Assurance visit report received during the month relating to North Tyneside Community Treatment Team.
- 4 We did not meet all local CCG's contract requirements for month 5. The areas of underperformance relate to CPA metrics within Newcastle & Gateshead, Durham & Tees and Cumbria CCG's. Seven day follow up was not met within North Tyneside, Sunderland and Newcastle & Gateshead CCGs, overall the target was achieved trustwide. The numbers entering treatment within the IAPT service was not achieved in Sunderland.
- 5 All of the CQUIN scheme requirements have been internally forecast to be achieved at Quarter 2 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS), healthy weight in adult secure services and the use of specific anxiety disorder measures in IAPT which have been rated as amber due to identified risks.
- 6 The number of people waiting over 18 weeks to access services has increased this month in non-specialised adult services from 36 to 55. Within children's community services there has been an increase in those waiting over 18 weeks in Newcastle/Gateshead, this remains in line with the trajectory.
- 7 Training rates have continued to see most courses above the required standard. There is one course more than 5% below the required standard which is PMVA Basic Training (79.4% was 77.7% last month).
- 8 Reported appraisal rates have not been achieved this month and are reported at 80.4% Trustwide against an 85% standard. An area of improvement is Support and Corporate who are reported at 67.3%
- 9 Clinical supervision is reported at 84.7% for August against an 85% standard.
- 10 The confirmed July 2019 sickness figure is 5.80%. This was provisionally reported as 5.90% in last month's report. The provisional August 2019 sickness figure is 5.65%. The 12 month rolling average sickness rate has decreased to 5.70% in the month.
- 11 At Month 5 the Trust has a surplus of £0.5m which is £1.8m ahead of plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total. Agency spend is £3.6m which is £1.0m above Trust planned spend and £0.3m above the ceiling trajectory, but in line with the trajectory of

our NHSI allocated agency ceiling of £7.9m. The Trust's finance and use of resources score is currently 2 and the forecast year-end risk rating is 2

Other issues to note:

- There are currently 21 notifications showing within the NHS Model Hospital site for the Trust and there have been no new compartments added.
- The Sunderland IAPT service moving to recovery rate was 52.5% for the month which is above the 50% standard.
- The numbers entering treatment for Sunderland IAPT service has not been achieved in month 5. 539 patients have entered treatment in the month against a target of 691.
- The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported at 95.5% which is reported above standard. Five patients were not seen within the required timescale trustwide.
- The number of follow up contacts conducted within 72 hours of discharge is reported at 86.4% for August 2019. This will be monitored against an 80% standard from Quarter 3.
- There were 96 out of area bed days reported in August 2019 relating to eight patients. This is a significant decrease in the month.
- The service user and carer FFT recommend score is at 90% this month which is above the national average.
- There has been a decrease in the number of clusters undertaken at review in August 2019 and is reported below standard at 84.4% against an 85% standard.
- The latest published Data Quality Maturity Index Score relates to May 2019 and is reported at 85.2% which is a decrease from 86.9% in April 2019. Work continues to review this data internally.

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Commissioning and Quality Assurance Summary Dashboard – August 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:	2	
CQC								
Overall Rating	Number of "Must Dos"	There has been one Mental Health Act reviewer visit report received since the last report relating to Oswin Ward (Forensic ward). There were actions which had been resolved along with actions which remain unresolved from previous visits. Two actions remain unresolved relating to the completion of assessments of capacity to consent to treatment and the responsible clinician not providing feedback to the team regarding the outcome of second opinion appointed doctor 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%	80%	100%	86%	62%	75%	
<p>Most local CCG's did not achieve the contract requirements during month 4 with the exception of NHS England, Northumberland and South Tyneside. The areas of underperformance continue to relate to CPA metrics, seven day follow up and in Sunderland IAPT numbers entering treatment</p> <p>There has been one Commissioner quality visit report received during the month relating to North Tyneside Community Treatment Team. The Specialised Mental Health data submission quality score has increased to 92.7% from 88.1% at the last submission and work is ongoing to improve this further.</p>								
CQUIN - Quarter 1 internal forecast assessment RAG rating:								
Staff Flu Vaccinations	Alcohol and Tobacco Brief Advice	72 hour Follow Up Post Discharge	Improving Data Quality Reporting/ Interventions	Use of specific Anxiety Disorder measures within IAPT	Healthy Weight in Secure Services	CAMHS Tier 4 Staff Training Needs	Local Neuro-rehabilitation Inpatient Training	Mental Health for Deaf
All of the CQUIN scheme requirements have been internally forecast to be achieved at Quarter 2 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS), use of Anxiety Disorder measures and Healthy Weight in Secure Services which have been rated as amber due to identified risks.								
Internal		Accountability Framework						
		North Locality Care Group Score: August 2019		Central Locality Care Group Score: August 2019		South Locality Care Group Score: August 2019		
4	The group is below standard in relation to CPP metrics	4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements		

Quality Priorities: Quarter 1 internal forecast assessment RAG rating

Improving the inpatient experience	Improve Waiting times for referrals to multidisciplinary teams	Equality, Diversity and Inclusion	Evaluating the impact of staff sickness on Quality
------------------------------------	--	-----------------------------------	--

Waiting Times

The number of people waiting more than 18 weeks to access services has increased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has also decreased in month 5. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

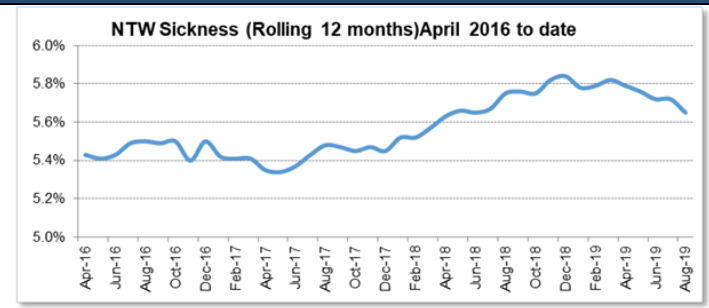
Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):
14	4	1

Information Governance (92.7%), MHA Combined training (84.7%) Clinical Risk training (81.0%) and Clinical supervision training (84.7%) are within 5% of the required standard. PMVA basic training (79.4%) remains at more than 5% below the standard.

Appraisals:

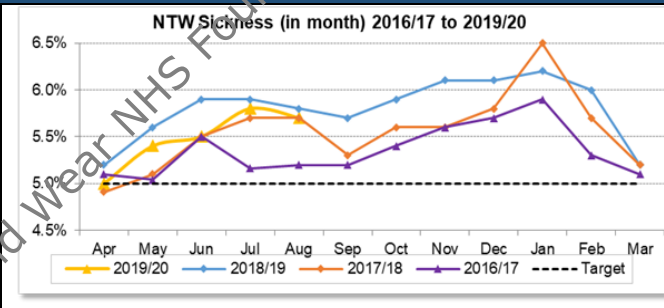
Appraisal rates have decreased to 80.1% in August 19 (was 83.8% last month).

Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 5.70% for August 2019

The rolling 12 month sickness average has decreased to 5.65% in the month



Finance

At Month 5, the Trust has a surplus of £0.5m which is £1.8m ahead of plan. The Trust is ahead of plan due to income being higher than plan which is partly due to re-profiled contract income received from Commissioners to cover the payment in April to top of the scale Agenda for Change staff. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total.

Agency spend is £3.6m which is £1.0m above Trust planned spend and £0.3m above the trajectory of our NHSI allocated agency ceiling of £7.9m. Forecast agency spend is £7.9m. The Trust’s finance and use of resources score is currently a 2 and the forecast year-end risk rating is also a 2.

Financial Performance Dashboard

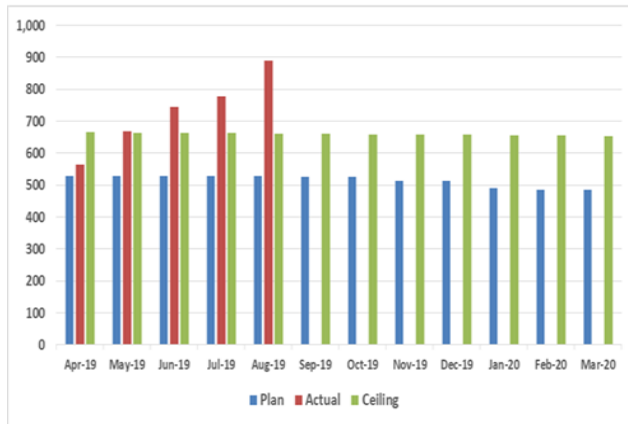
NTW Income & Expenditure

	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income	138.4	138.4	0.0
Pay	(110.3)	(110.6)	0.3
Non Pay	(29.4)	(27.3)	(2.1)
Surplus/(Deficit)	(1.3)	0.5	(1.8)

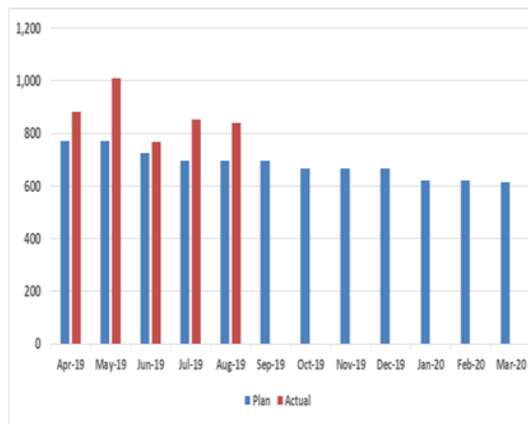
Control Totals

	YTD Budget £m	YTD Actual £m	YTD Variance £m	Key Indicators	Current	Forecast
North	9.6	9.6	0.0	Risk Rating	2	2
Central	7.7	8.5	(0.8)	Agency Spend	£3.6m	£7.9m
South	12.3	12.5	(0.2)	FDP Delivery	£3.4m	£10.4m
Central Depts	(30.9)	(30.1)	(0.8)	Cash	£25.9m	£18.4m
Surplus/(Deficit)	(1.3)	0.5	(1.8)	Capital Spend	£4.1m	£12.4m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £0.5m surplus at Month 5 which is £1.8m ahead of plan. This is due to income being above plan partially as the result of income to cover Agenda for Change Top of Scale payments in April being received from commissioners ahead of plan.
- Control Total – The Trust is forecasting delivery of its £2.6m Control Total.
- Risk Rating – The Use of Resources rating is a 2 at Month 5 & the forecast year-end rating is also a 2.
- Pay costs are £0.3m above plan at Month 5. Bank and agency costs need to reduce to get back in line with plan.
- Agency Spend – Agency ceiling is £7.9m and Trust planned spend is £7.9m in 19/20. Spend at Month 5 is £3.6m which is £1.0m above plan and £0.3m above the ceiling trajectory.
- Financial Delivery Plan - Savings of £3.4m have been achieved at Month 5 which is in line with plan.
- Cash - £25.9m at Month 5 which is £8.5m above plan.
- Capital Spend - £4.1m at Month 5 which is £1.2m below plan.

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

	05/08/2019		12/08/2019		19/08/2019		26/08/2019	
Medical	92	33	93	20	98	20	88	20
Qual Nursing	85	5	83	5	83	5	88	5
Unq Nursing	893		851		851		744	
A&C	121		108		108		107	
Total	1,191	38	1,135	25	1,140	25	1,027	25

In August the Trust reported an average of 28 price cap breaches (23 medical and 5 qualified nursing). In August 5 medics were paid over the price cap, 1 was paid over £100 per hour.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 7 August 2019

Title and Author of Paper: Clinical Excellence Awards 2018 Round
Dr Rajesh Nadkarni, Executive Medical Director

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- New Guidance issued by NHS Employers/BMA on Local Clinical Excellence Awards process for 2018. Part of the Guidance is that an Annual Report must be considered by the Board before being published on the Trust Intranet
- 44 eligible Consultants applied in the 2018 Round with 38 successful in their application (1 renewal) – there were 11 consultants successful in receiving their first award
- Awards are payable from 1st April in the Award Round year
- Changes to the process mean the awards are no longer pensionable or consolidated.
- Information within the report includes data on: Age Profile, Gender, Part Time v Full Time and BME
- 44 Points were available from the 2018 Round with a further 4 unspent points carried forward from 2017 giving a total of 48 points totalling £144,768 to be issued.

Risks Highlighted to Board :

- None

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

Equal Opportunities, Legal and Other Implications: No

Outcome Required: Agreement to be advertised on Trust Intranet

Link to Policies and Strategies:

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Local Clinical Excellence Awards 2018 Round Report

1. Introduction

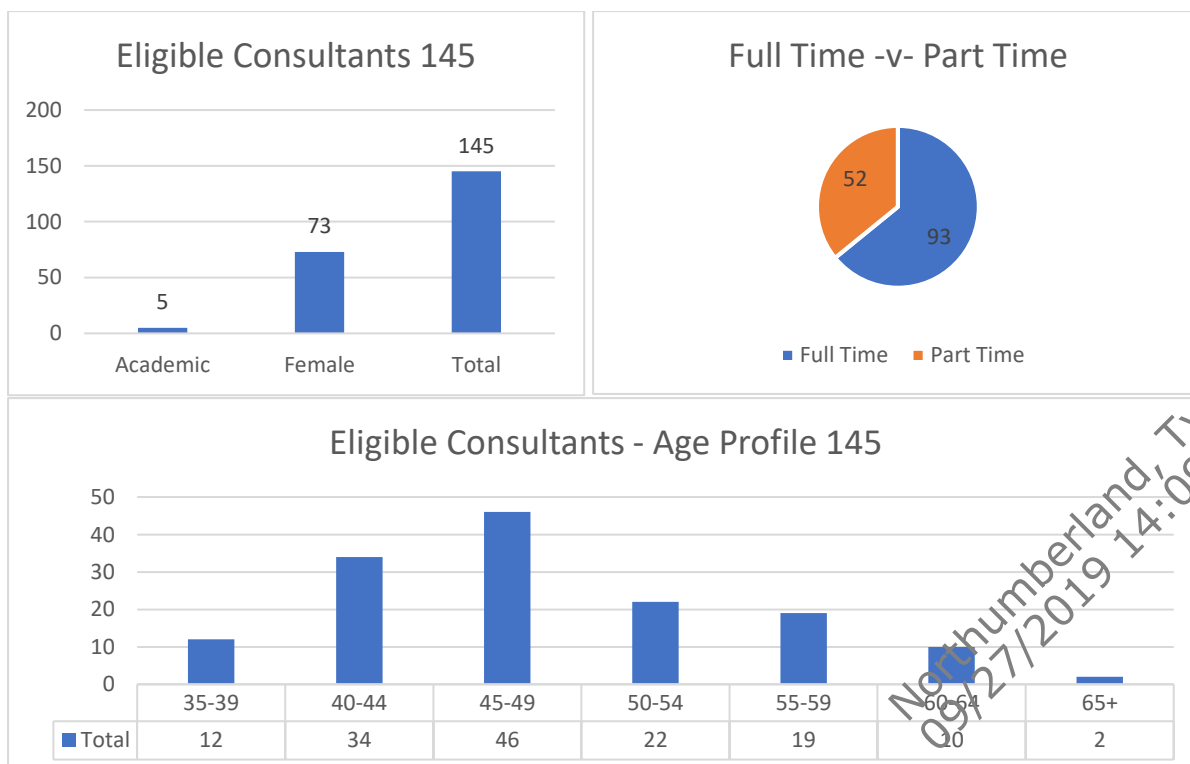
New guidance was issued by NHS Employers/BMA on the Local Clinical Excellence Awards Process for the period 2018-2021 in July 2018, Part 5 of the guidance states that an Annual Report must be produced for consideration by the Board and LNC before being published on the Trust Intranet.

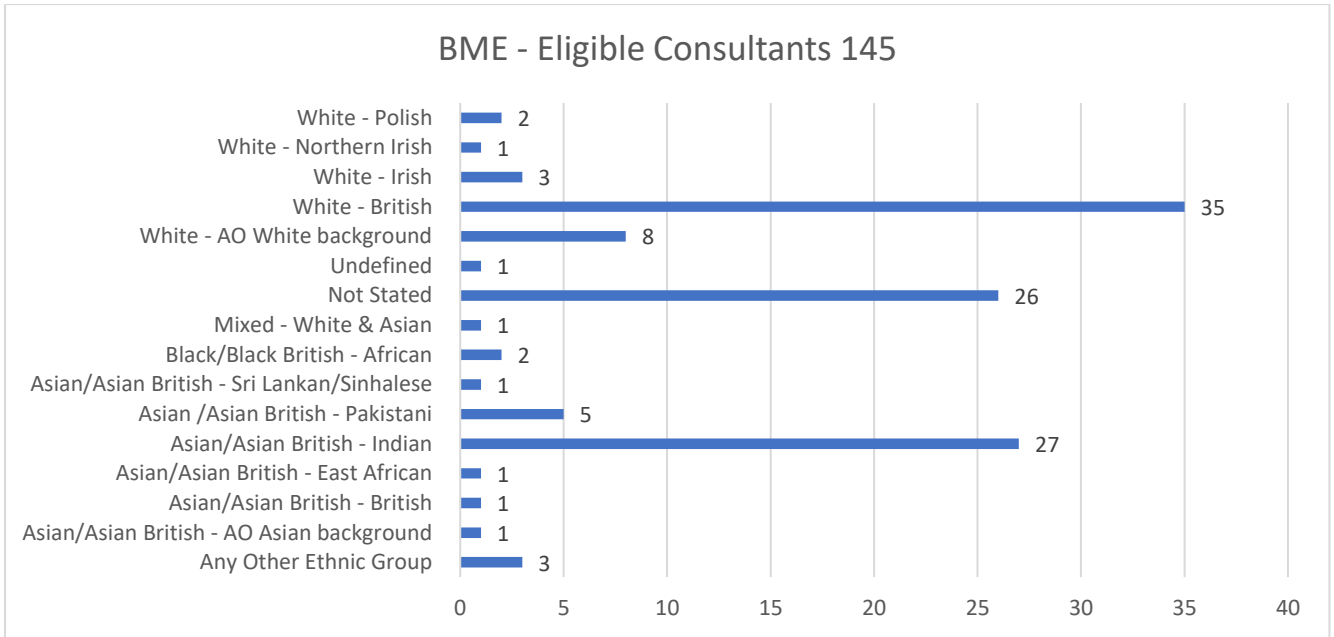
2. Background

Following introduction of the new guidance the Trust refreshed the relevant Trust Guide to CEA and held a number of training sessions for Consultants to attend to update on relevant changes within the process. Following this the Awards Round was then opened for eligible Consultants to apply. The Panel met on 4th December 2018 and considered 44 applications (including 1 Level 9 Renewal).

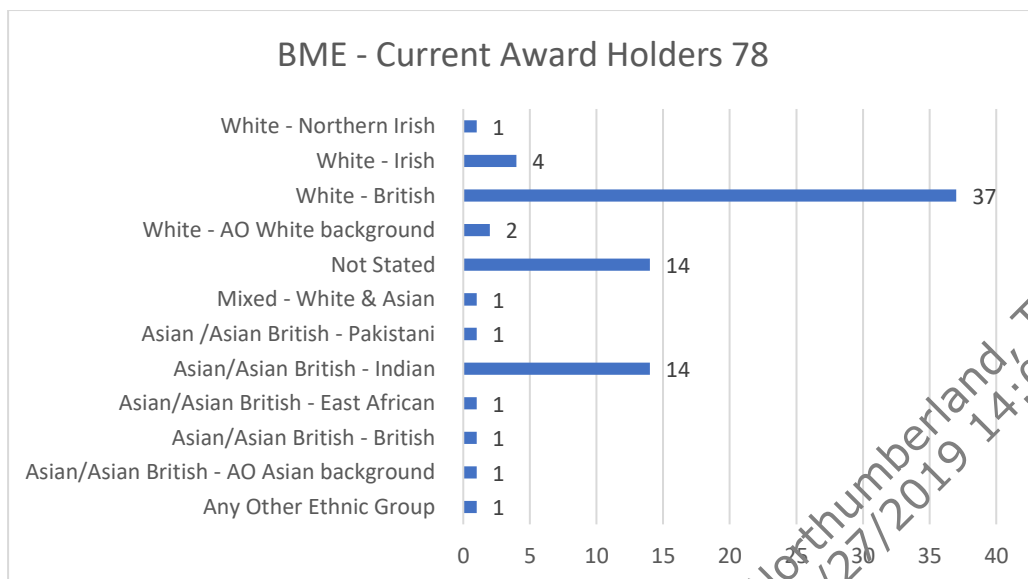
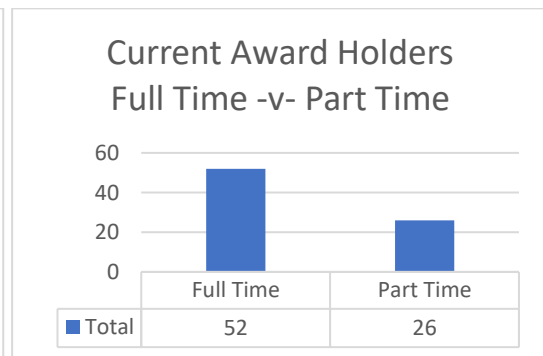
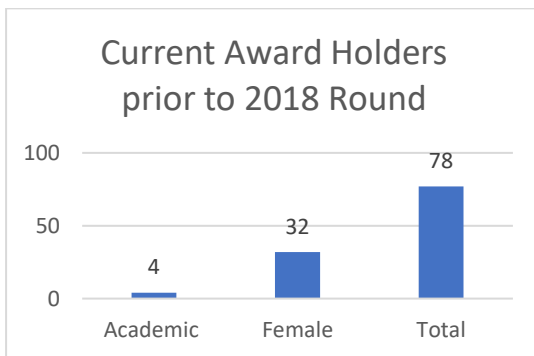
3. Report Demographics for 2018

a) The number of Consultants eligible for Consideration from a total workforce of 196 is 145.



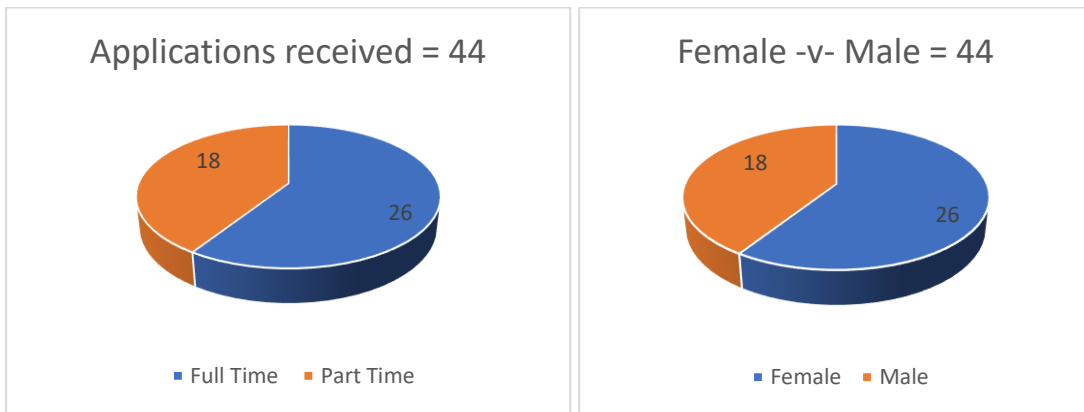


b) Current Award Holders = 78



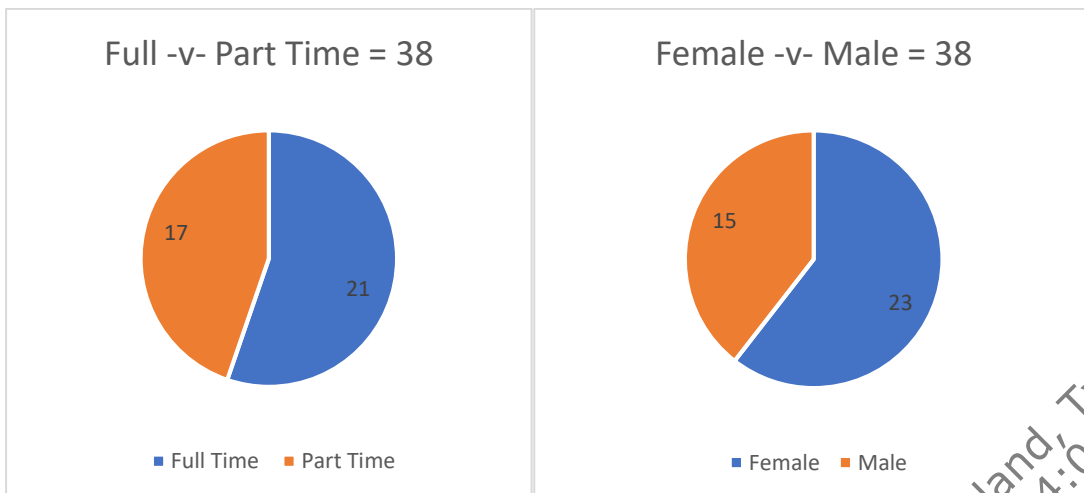
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c) The number of applications submitted for an award in 2018

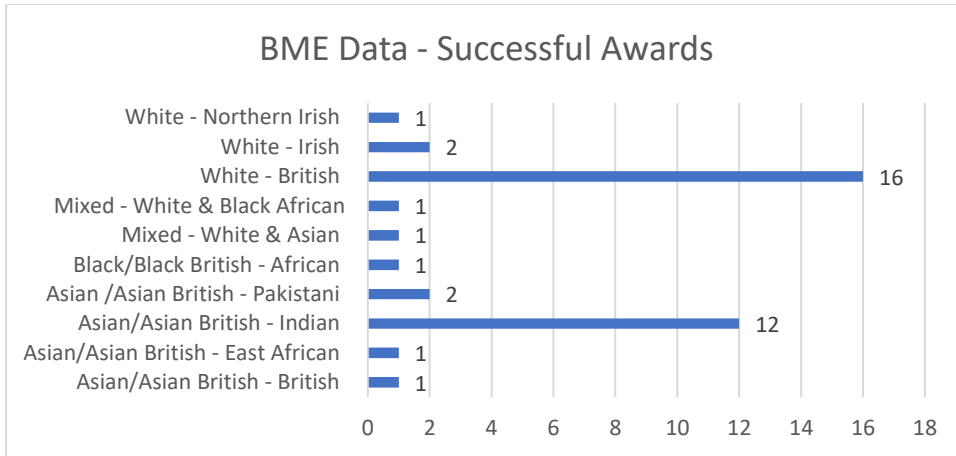


d) The Consultants recommended for an Award in 2018 Round = 38

Niraj Ahuja	Uma Geethanath	Jane Newby
Charlotte Allan	Vishaal Goel	Rory O'Shea
Gill Bell	Arun Gupta	Nicola Phillips
Neeraj Berry	Andrea Hearn	Prathibha Rao
Sarah Brown	Furhana Ibrahim	Caroline Reynolds
Lucy Buckley	Mini Joseph	Sohail Salam
Dheeraj Buruju	Patrick Keown	Aditya Sharma
Andrew Byrne	Pryia Khanna	John Paul Taylor
Jane Carlile	Suresh Komati	Uri Torres
Sabia Chaudhry	Diana Lyons	Hermarette Van den Berg
David Cousins	Stuart McKirdy	Gayathri Venkatesan
Elizabeth Davis	Clare McLeod	Paula Whitty
Richard Duggins	Rumbi Ndoro	



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- e) There were 11 Consultants successful in the 2018 Round in receiving their first Award.
- f) The Amount available for investment was:
£144,768 (based on 44 points for 2018 Round and carry over of 4 points from 2017 Round) Total of 48 Points invested in 2018 Round
- g) Feedback was requested by 4 out of 6 Consultants who were unsuccessful with their application. Feedback was given by Dr Rajesh Nadkarni, Executive Medical Director which resulted in no appeals being submitted.

4. Compliance Statement

As Chair of the local Clinical Excellence Awards Committee, I can confirm that due process and the appropriate mechanisms for advising and supporting consultants were in place throughout the application, assessment and awarding of our CEA's in the year 2018. The information listed above is discussed within a management group, including LNC Representatives, and remedial actions put in place as necessary.

Print Name: John Lawlor, Chief Executive

Date: 17 June 2019

Signed:

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 2/10/19

Title and Author of Paper:

Health Education England: Education and Training Self-Assessment Report
Rajesh Nadkarni, Executive Medical Director

Executive Lead: Rajesh Nadkarni, Executive Medical Director

Paper for Debate, Decision or Information: Information, debate and approval

Key Points to Note:

This paper is the Trust's annual Self-Assessment Report to HEE which forms part of the quality assurance and management of medical and multi-professional training delivered by the Trust. Key points to note as follows:

- Overall quality of training when assessed by key quality metrics is of a high standard and this a real area of strength for the Trust
- Trainers involved in training feel well supported in their role and again the trust performs well on quality metrics regarding this such as the GMC trainer survey
- The ongoing service changes and recruitment pose a challenge to delivery of training but the trust has plans in place to address this
- There is a specific issue in relation to the learning disability workforce and ensuring adequate clinicians trained to support this in the future
- There is a specific challenge relating to teaching facilities within the Newcastle/Gateshead area with the current resource being inadequate to manage the increasing student numbers and not fit for purpose particularly to deliver the new curriculum as teaching approaches change
- The Trust has in place a transparent approach to managing training monies and is recognised as being an example of good practice by HEE

Risks Highlighted to Board :

Medical education and multi-professional training, both undergraduate and postgraduate is a key role of the Trust. It is important that this is done to a high standard both to aid recruitment (and hence patient care), enhance the reputation of the trust and to fulfil our training contracts.

At this stage we are performing well in medical and multi-professional training, there are challenges identified in the report and ensuring these are addressed is important for the reasons highlighted above.

Does this affect any Board Assurance Framework/Corporate Risks?

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

If Yes please outline

Equal Opportunities, Legal and Other Implications:

In relation to transfer of services there are important regulatory requirements in relation to approval of posts and contractual requirements in relation to employed doctors in training

Outcome Required: For information discussion or feedback

Discussion and approval

Link to Policies and Strategies:

Links to range of clinical and workforce policies and strategies including medical workforce strategy and supervision policies

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2019 Education & Training Self-Assessment Report (SAR)

Reporting Period: 1 August 2018 to 31 July 2019

Deadline for submission to HEE: 31 October 2019

Trust's name:	Northumberland, Tyne and Wear NHS Foundation Trust
Value of contract / funding with HEE:	1. Total funding received for education and training from HEE 18/19: £6,335,050 2. Total initial 19/20 LDA value: £6,301,835
Trust Chief Executive's name:	John Lawlor
Director(s) of Education's name: (or equivalent, please state job title):	Dr Bruce Owen
Name of Board Level Exec/Non-exec Director responsible for Education and Training strategy within your organisation:	Dr Rajesh Nadkarni Executive Medical Director Gary O'Hare Executive Director of Nursing and Chief Operating Officer
Report compiled by (responsible for completion of):	Drs Bruce Owen, Prathibha Rao and Frauke Boddy, Emma Paisley, Michelle Hall and Anne Moore
Report signed off by:	Dr Rajesh Nadkarni and approved by Trust Board
Date signed off:	24th September 2019
Board Approval: 1. Approved by / on behalf of the Trust Board: (date / details) 2. Date seen at or scheduled for Board meeting	2nd October 2019

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Section 1: Organisation overview linked to the HEE Quality Framework

1.1 Organisation’s Governance for Education and Training

Please describe how your organisation ensures the governance of education.

Please attach an organisational diagram or visual that describes the governance and team structures relating to education and training.

**This SAR is aligned to the [HEE Quality Framework](#). For medical education the SAR is also aligned to the [GMC Promoting Excellence](#)*

Trust’s response

Within NTW there are established educational teams leading on the delivery and quality management of both medical and multi-professional training. Within the medical education team the team manager and quality lead work alongside the DME and AMDs for PG and UG education to review quality metrics and priorities. These are then shared with both the executive team and trust board.

Within the multi-professional education structure there are similar structures with dedicated teams planning education and placements and linking into the executive team and trust board.

Attached are organisational diagrams outlining these structures and links.

1.2. Top three education and training successes

This section should be used to document a high-level summary of the successes your organisation is most proud of achieving during the reporting period.

Description of success	Domain(s)	Standard(s)
<p>1. GMC Survey</p> <p>The trust performance in the GMC trainer and trainee surveys for 2019 demonstrate that the experience of both medical trainees and trainers has continued to improve. In the trainee survey we improved our scores from last year in 17 of the 18 indicators and ranked 9th out of 233 trusts nationally. In the trainer survey on the five measures relating to support for trainers we ranked from 1st to 13th nationally.</p>	All	All
<p>2. Medical Recruitment</p>	Themes 1,3 and 6	1.1, 1.5, 1.7, 1.9, 1.16

<p>This is currently the most significant challenge to delivery of mental health care. We have been enjoying significant success in a range of recruitment strategies ensuring that despite significant numbers of vacancies in training programmes, particularly core psychiatry training where we have 13 gaps we have been able to ensure through local initiatives that posts are filled. This includes developing trust research fellow posts to build on the success of teaching fellow posts and recruiting to a new CESR fellowship programme aimed at supporting doctors gain entry on the speciality register through the CESR process.</p>		<p>3.12 6.1-4</p>
<p>3. Development of our Future Workforce Focus on the development of our future workforce remains a key component of Trust and Nursing strategy. The Trust Academy has worked to consolidate career pathways through our Grow our Own strategy for the non-registered nursing workforce. The development and implementation of our co-produced degree level nursing apprenticeship offers alternative pathways to degree level professional registrations affording greater opportunity and securing a future workforce. In addition to this programme we have worked with local HEI to increase the number of mental health and learning disability nursing pathways increasing access across our geographical pathways. To support this increase we are continuing to expand access to innovative clinical placements building greater capacity by aligning NMC requirements with internal reporting systems.</p>	<p>5 6</p>	<p>5.3 6.3 6.4</p>

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1.3. Top three education and training challenges or prominent issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.

Description of challenges	Domain(s)	Standard(s)
<p>Service change</p> <p>We have for a number of years identified service change as a major challenge to us in relation to delivery of training. As a trust we continue to have considerable service reorganisation. Within the current NTW service footprint the plans for service models are clearer now and funds secured to allow capital investment to support this. We anticipate that once completed the service changes will enhance postgraduate training. We are however also aware that the process of change will present challenges in planning training and that over the coming year the footprint of NTW will expand to include north Cumbria.</p> <p>Considerable work has been done to ensure that as services from North Cumbria join with NTW the educational governance will remain robust with alignment of support structures and systems to ensure continuity and quality assurance. Across medical and multi-professional training a priority will be continuing to support training posts and placements and develop these further. This will include continued robust partnerships with educational providers. To support UG and PG medical education we have enhanced the administrative support for education in Carlisle and developed our partnership working with acute services across Cumbria. To support expansion of multi-professional clinical placements and the introduction of new programmes we have created new roles; a Practice Placement Support Co-ordinator and Education Support Nurses, providing support to both individual learners and promoting understanding of new curriculum and</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>	<p>1.5</p> <p>2.3</p> <p>3.2</p> <p>4.1-4.4</p> <p>6.3</p>

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<p>delivery differences ensuring programmes become well embedded.</p> <p>We have representatives from medical and multi-professional training teams on key trust decision making groups and training and education is a high priority with support right up to board level ensuring any risks of service change are minimised.</p>		
<p>Postgraduate Medical Trainer recruitment Recruitment is a challenge across both medical and multi-professional staff groups. For the medical workforce as well as concerns about recruiting adequate numbers of doctors into psychiatry we are also concerned about recruitment and retention of adequate numbers of trainers to deliver training. This is a national concern, and whilst as a trust we are maintaining overall consultant vacancies at a level below the national average there is significant variation across different services. There are specific services where this is a more acute problem, such as acute inpatient adult services. We have a comprehensive workforce strategy to address this problem but it remains a challenge.</p>	<p>3 5</p>	<p>3.1 3.13 5.7 5.8 5.9</p>
<p>Learning Disability workforce There is a significant challenge around the learning disability workforce and ensuring this continues to exist. This requires greater access to LD nursing by having adequate LD nurses trained to support the workforce need across mental health, primary care and acute services.</p>	<p>1 5</p>	<p>1.2 5.2</p>

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Section 2: Assurance and Exception Reporting

2.1. Multi-professional

2.1.1. Organisation assurance statement and exception reporting against HEE Quality Domains and Standards

Please consider all domains and standards in the table below and declare any areas where standards are partially or not met. Please ensure that any areas highlighted as partially or not met are listed in your organisation's Quality Improvement Plan (QIP).

Domain 1 Learning Environment and Culture <i>Please see HEE Quality Framework page 9&10.</i>			
Domain 1 Quality Standards	Met <i>If all professions in scope meet the standard, please state 'All'</i> <i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list profession(s) partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list profession(s) not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>
1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.	All		
1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.	All		
1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).	All		
1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.	All		
1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.	All professions meet the standard with exception of those listed in partially met and/or not met box	AHP: Increased number of students on placement (from new local courses) has meant issues with access to IT hardware and spaces for students when in	

		locations across the Trust.	
1.6 The learning environment promotes inter-professional learning opportunities.	All		
Domain 2 Educational governance and leadership <i>Please see HEE Quality Framework page 11&12.</i>			
Domain 2 Quality Standards	<p>Met</p> <p><i>If all professions in scope meet the standard, please state 'All'</i></p> <p><i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list profession(s) partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list profession(s) not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.	All		
2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.	All		
2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.	All		
2.4 Education and training opportunities are based on principles of equality and diversity.	All		
2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.	All		
Domain 3 Supporting and empowering learners <i>Please see HEE Quality Framework page 13&14.</i>			
Domain 3 Quality Standards	<p>Met</p> <p><i>If all professions in scope meet the standard, please state 'All'</i></p> <p><i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list profession(s) partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list profession(s) not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
3.1 Learners receive educational and pastoral support to be able to	All professions meet the standard with exception of	Dietetics:	

demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	those listed in partially met and/or not met box	Inconsistencies within dietetics about expectations of students learning during each stage of placement.	
3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.	All		
3.3 Learners feel they are valued members of the healthcare team within which they are placed.	All		
3.4 Learners receive an appropriate and timely induction into the learning environment.	All		
3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.	All		

Domain 4 Supporting and empowering educators

Please see [HEE Quality Framework page 15](#).

Domain 4 Quality Standards	Met <i>If all professions in scope meet the standard, please state 'All'</i> <i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list profession(s) partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list profession(s) not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>
4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.	All		
4.2 Educators are familiar with the curricula of the learners they are educating.	All		
4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.	All		
4.4 Formally recognised educators are appropriately supported to undertake their roles.	All		

Domain 5 Delivering curricula and assessments

Please see [HEE Quality Framework page 16](#).

Domain 5 Quality Standards	Met <i>If all professions in scope meet the standard, please state 'All'</i>	Partially met <i>Please list profession(s) partially meeting the standard</i>	Not met <i>Please list profession(s) not meeting the standard</i>

	<i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i>	<i>Please ensure all items declared as partially met are added to the QIP</i>	<i>Please ensure all items declared as not met are added to the QIP</i>
5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.	All		
5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.	All		
5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.	All professions meet the standard with exception of those listed in partially met and/or not met box	AHP: Done as ad hoc rather than consistently	
Domain 6 Developing a sustainable workforce <i>Please see HEE Quality Framework page 17.</i>			
Domain 6 Quality Standards	<p style="text-align: center;">Met</p> <p><i>If all professions in scope meet the standard, please state 'All'</i></p> <p><i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p style="text-align: center;">Partially met</p> <p><i>Please <u>list</u> profession(s) partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p style="text-align: center;">Not met</p> <p><i>Please <u>list</u> profession(s) not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All professions meet the standard with exception of those listed in partially met and/or not met box	AHP: wouldn't routinely work with other organisations	
6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	All		
6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	All		
6.4 Transition from a healthcare education	All professions meet the standard with exception of	Physiotherapy: Limited	

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programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.	those listed in partially met and/or not met box	opportunity for physiotherapy to employ new graduates due to lack of general rotational roles within the Trust	
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2.1.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2).

Description of good practice and profession(s) it relates to (and a named contact for further information)	Description of why this is considered to be good practice	HEE Domain(s)	HEE Standard(s)
<p>Nursing Implementation and delivery of a Degree Level Nursing Apprenticeship Gail.bayes@ntw.nhs.uk</p>	<p>Produced in partnership with Sunderland University this degree pathway forms a significant component of our Grow our Own strategy. Consolidating our progression pathways this programme is designed to offer alternative pathways to degree level professional registrations affording greater opportunity to our non-registered nursing workforce and securing a future workforce.</p>	<p>5 6</p>	<p>5.2. 6.3</p>
<p>Nursing Expansion of clinical placements Pauline.carr@ntw.nhs.uk John.salkeld@ntw.nhs.uk</p>	<p>We have continued to expand access to innovative clinical placements building greater capacity by aligning NMC requirements with internal reporting systems, with oversight from the Nurse Education Forum and Senior level support</p>	<p>2</p>	<p>2.2 2.3</p>
<p>Nursing Implementation and development of our Nursing Leadership Forum Anne.moore@ntw.nhs.uk</p>	<p>The forum provides opportunity for senior nurses to influence the education and practice agenda. This forum has continued to develop, ensuring nurses voices are heard and they are able to inform nursing initiatives; including the development of the nursing strategy, increasing placement capacity, curriculum development and implementation of new roles.</p>	<p>2</p>	<p>2.2</p>

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<p>Nursing Development of new roles Michelle.hall@ntw.nhs.uk</p>	<p>To support expansion of clinical placements and the introduction of new programmes we have created new roles. A Practice Placement Support Co-ordinator and Education Support Nurses are providing support to both individual learners and promoting understanding of new curriculum and delivery differences ensuring programmes become well embedded. Practice Placement Support Co-ordinator has revisited student induction, developed a student evaluation and produced a mentor guide.</p>	2	2.2
<p>Pharmacy Work with local acute trust to provide a 4-month rotation of pharmacists into mental health.</p>	<p>To build knowledge of workforce and to help with recruitment</p>	6	6.3
<p>Pharmacy Active in-house training plan with invited experts from different departments and specialities</p>	<p>To encourage MDT shared learning and joint working and appreciation of roles</p>	1	1.6
<p>Pharmacy All professional staff are encouraged to engage in a Service Development or other research activity and to present as posters at regional and national events</p>	<p>Shows the impact of the work being done and how it improves care delivered to service users</p>	1	1.3
<p>Pharmacy Established 0.2wte pharmacist post to support Medical Education Department</p>	<p>Encourage and embed multi-professional learning and will help future working relationships between professions</p>	6	6.3
<p>Pharmacy Post graduate Certificate Aston for Techs</p>			
<p>Dietetics were closely involved with the planning of the new MSc (pre-registration in dietetics) at Teesside University. We have worked closely</p>	<p>There is need for local provision of a pre- registration course in dietetics due to</p>		

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with them to ensure adequate placement provision and ensure their first placement has been successful	recruitment issue in Dietetics across the region		
All AHPs: All have clinicians who teach on local courses and take part in examinations process and recruitment for students.	Good links between clinical and academia. Students learn about mental health and LD to increase awareness of specialist areas to help recruitment. Making the University courses aware of specialist areas. Champion specialist areas within professional courses.		

2.1.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the profession / professions)	HEE Domain(s)	HEE Standard(s)
Nursing As services from CPFT transfer to NTW we will ensure integration of systems and structures ensuring continuity and quality assurance. Priority will be the maintenance of and, where required, the development of placement capacity and in assuring continued robust partnerships with educational providers and private, voluntary and independent organisations as the responsibility and oversight of managing the placement portfolio transfers to NTW.	1 2 3 4 6	1.5. 2.3 3.2. 4.1.-4.4 6.3
Pharmacy Provision of increased services to Cumbria – workforce pressures within pharmacy and difficulties in training a workforce over a large geographical area	6	6.3
Pharmacy Recruitment of Pharmacy workforce in light of new roles in other sectors (e.g. PCNs)	6	6.3
Dietetics Provision of increased dietetic placement capacity to accommodate students from both Teesside and Newcastle Universities. Necessary to help increase local Dietetic workforce.	6	6.1
OT and Physio: Provision of increased placement capacity to accommodate students from local Universities. New courses being developed.	6	6.1
OT: Management of role emergent placements (placements into new areas of practice e.g. roles on inpatient wards) for OT students as part of staffing establishment	6	6.1

2.2. Postgraduate Medical

2.2.1. Organisation assurance statement and exception reporting against the GMC Quality Themes, Standards and Requirements and the HEE Domain 6 Standards

Please consider all themes, standards and requirements in the table below and declare any areas where standards and requirements are partially or not met. Please ensure that any areas highlighted as partially or not met are listed in your organisation's Quality Improvement Plan (QIP).

Theme 1 Learning Environment and Culture <i>Please see the GMC Promoting Excellence pages 8-15.</i>			
	Met <i>If all posts/programmes in scope meet the standard, please state 'All'</i> <i>If not all posts/programmes meet the standard, please state: 'All posts/programmes meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list post(s)/ programme(s) partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list post(s)/ programme(s) not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>
Theme 1 Quality Standards			
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	All		
S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.	All		
Theme 1 Quality Requirements	Met <i>If all posts/programmes in scope meet the requirement, please state 'All'</i> <i>If not all posts/programmes meet the requirement, please state: 'All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list post(s)/ programme(s) partially meeting the requirement</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list post(s)/ programme(s) not meeting the requirement</i> <i>Please ensure all items declared as not met are added to the QIP</i>
R1.1 Organisations* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences	All		

<p>R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.</p>	<p>All</p>		
<p>R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.</p>	<p>All</p>		
<p>R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.</p>	<p>All</p>		
<p>R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.</p>	<p>All</p>		
<p>R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.</p>	<p>All</p>		
<p>R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.</p>	<p>All</p>		
<p>R1.8 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who</p>	<p>All</p>		

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is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.			
R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.	All		
R1.10 Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.	All		
R1.11 Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. ⁵ Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	All		
R1.12 Organisations must design rotas to: a make sure doctors in training have appropriate clinical supervision b support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK c provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme d give doctors in training access to educational supervisors e minimise the adverse effects of fatigue and workload.	All		
R1.13 Organisations must make sure learners have an induction in preparation for each placement that clearly sets out: a their duties and supervision arrangements b their role in the team c how to gain support from senior colleagues d the clinical or medical guidelines and workplace policies they must follow e how to access clinical and learning resources.	All		

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As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.			
R1.14 Handover* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.	All		
R1.15 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box	Core trainees in HWP and GP trainees in CAV	
R1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	All		
R1.17 Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.	All		
R1.18 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.	All		
R1.19 Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.	All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box	Core, GP, foundation and higher in Newcastle and Gateshead The facilities to support training in the central part of the trust whilst present are not to the standard elsewhere or what is needed.	
R1.20 Learners must have access to technology enhanced and simulation-	All		

based learning opportunities within their training programme as required by their curriculum.			
R1.21 Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.	All		
R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.	All		
Theme 2 Educational governance and leadership <i>Please see the GMC Promoting Excellence pages 16-22.</i>			
Theme 2 Quality Standards	<p>Met</p> <p><i>If all posts/programmes in scope meet the standard, please state 'All'</i></p> <p><i>If not all posts/programmes meet the standard, please state: 'All posts/programmes meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list post(s)/ programme(s) partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list post(s)/ programme(s) not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.	All		
S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.	All		
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.	All		
Theme 2 Quality Requirements	<p>Met</p> <p><i>If all posts/programmes in scope meet the requirement, please state 'All'</i></p> <p><i>If not all posts/programmes meet the requirement, please state: 'All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list post(s)/ programme(s) partially meeting the requirement</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list post(s)/ programme(s) not meeting the requirement</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>

R2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.	All		
R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.	All		
R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.	All		
R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.	All		
R2.5 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.	All		
R2.6 Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.	All		
R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.	All		
R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities.	All		

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This is to identify risk, improve quality locally and more widely, and to identify good practice.			
R2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.	All		
R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.	All		
R2.11 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.	All		
R2.12 Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.	All		
R2.13	<i>(Not Applicable to Postgraduate Medical)</i>		
R2.14 Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.	All		
R2.15 Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.	All		
R2.16 Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's	All		

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professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.			
R2.17 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.	All		
R2.18 Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.	All		
R2.19 Organisations must have systems to make sure that education and training comply with all relevant legislation.	All		
R2.20 Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.	All		
Theme 3 Supporting learners <i>Please see the GMC Promoting Excellence pages 23-27.</i>			
Theme 3 Quality Standards	Met	Partially met	Not met
	<i>If all posts/programmes in scope meet the standard, please state 'All'</i> <i>If not all posts/programmes meet the standard, please state: 'All posts/programmes meet the standard with exception of those listed in partially met and/or not met box'</i>	<i>Please list post(s)/ programme(s) partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	<i>Please list post(s)/ programme(s) not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>
S3.1 Learners receive educational and pastoral support to be able to	All		

demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.			
Theme 3 Quality Requirements	<p style="text-align: center;">Met</p> <p><i>If all posts/programmes in scope meet the requirement, please state 'All'</i></p> <p><i>If not all posts/programmes meet the requirement, please state: 'All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p style="text-align: center;">Partially met</p> <p><i>Please list post(s)/programme(s) partially meeting the requirement</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p style="text-align: center;">Not met</p> <p><i>Please list post(s)/programme(s) not meeting the requirement</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
R3.1 Learners must be supported to meet professional standards, as set out in <i>Good medical practice</i> and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.	All		
R3.2 Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.	All		
R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.	All		
R3.4 Organisations must make reasonable adjustments for disabled learners, in line with the <i>Equality Act 2010</i> . [*] Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.	All		
R3.5 Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.	All		
R3.6 When learners progress from medical school to foundation training they must be supported by a period of shadowing [†] that is separate from, and follows, the student assistantship. This should take place as close to the point of	All		

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employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.			
R3.7 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.	All		
R3.8 Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.	All		
R3.9	<i>(Not Applicable to Postgraduate Medical)</i>		
R3.10 Doctors in training must have access to systems and information to support less than full-time training.	All		
R3.11 Doctors in training must have appropriate support on returning to a programme following a career break.	All		
R3.12 Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.	All		
R3.13 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.	All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box	Core psychiatry trainees in HWP and the Tranwell unit and GPs in CAV have all identified concerns regarding educational supervision and feedback.	
R3.14 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.	All		
R3.15 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.	All		
R3.16 Medical students who are not able to complete a medical qualification	All		

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<p>or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.</p>			
<p>Theme 4 Supporting educators Please see the GMC Promoting Excellence pages 28-30.</p>			
<p>Theme 4 Quality Standards</p>	<p>Met <i>If all posts/programmes in scope meet the standard, please state 'All'</i> <i>If not all posts/programmes meet the standard, please state: 'All posts/programmes meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met <i>Please list post(s)/ programme(s) partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met <i>Please list post(s)/ programme(s) not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i></p>
<p>S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</p>	<p>All</p>		
<p>S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>All</p>		
<p>Theme 4 Quality Requirements</p>	<p>Met <i>If all posts/programmes in scope meet the requirement, please state 'All'</i> <i>If not all posts/programmes meet the requirement, please state: 'All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met <i>Please list post(s)/ programme(s) partially meeting the requirement</i> <i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met <i>Please list post(s)/ programme(s) not meeting the requirement</i> <i>Please ensure all items declared as not met are added to the QIP</i></p>
<p>R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.</p>	<p>All</p>		
<p>R4.2 Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.</p>	<p>All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box</p>	<p>Foundation and GP in Tranwell In one adult ward in the Tranwell Unit impacting core trainees this has only been partially met due to workload pressures</p>	
<p>R4.3 Educators must have access to appropriately funded resources they need</p>	<p>All</p>		

to meet the requirements of the training programme or curriculum.			
R4.4 Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.	All		
R4.5 Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.	All		
R4.6 Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.	All		
Theme 5 Delivering and implementing curricula and assessments <i>Please see the GMC Promoting Excellence pages 31-37.</i>			
Theme 5 Quality Standards	<p>Met <i>If all posts/programmes in scope meet the standard, please state 'All'</i></p> <p><i>If not all posts/programmes meet the standard, please state: 'All posts/programmes meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met <i>Please list post(s)/ programme(s) partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met <i>Please list post(s)/ programme(s) not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
S5.1	<i>(Not Applicable to Postgraduate Medical)</i>		
S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.	All		
Theme 5 Quality Requirements	<p>Met <i>If all posts/programmes in scope meet the requirement, please state 'All'</i></p> <p><i>If not all posts/programmes meet the requirement, please state: 'All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met <i>Please list post(s)/ programme(s) partially meeting the requirement</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met <i>Please list post(s)/ programme(s) not meeting the requirement</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
R5.1 to R5.6	<i>(Not Applicable to Postgraduate Medical)</i>		
R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.	All		
R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been	All		

<p>appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.</p>			
<p>R5.9 Postgraduate training programmes must give doctors in training:</p> <ul style="list-style-type: none"> a training posts that deliver the curriculum and assessment requirements set out in the approved curriculum b sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum c an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme d the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation e the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working f regular, useful meetings with their clinical and educational supervisors g placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress h a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value. 	<p>All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box</p>	<p>F2 trustwide and a GP post in CAV and Core posts in HWP have all through review of GMC trainee data scored lower for clinical experience particularly practical (or procedural) experience. For the CAV posts we have resolved a specific problem, for F2 and HWP the problem in more complex and this is picked up in our QIP</p>	
<p>R5.10 Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.</p>	<p>All</p>		
<p>R5.11 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for</p>	<p>All</p>		

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honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.			
R5.12 Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the <i>Equality Act 2010</i> , although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.	All		
HEE Domain 6 Developing a sustainable workforce <i>Please see HEE Quality Framework page 17.</i>			
Domain 6 Quality Standards	<p>Met</p> <p><i>If all posts/programmes in scope meet the standard, please state 'All'</i></p> <p><i>If not all posts/programmes meet the standard, please state: 'All posts/programmes meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list post(s)/ programme(s) partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list post(s)/ programme(s) not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All		
6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	All		
6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	All		
6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.	All		
7. Providers must proactively develop and implement activities that will support individual learners to successfully	All		

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<p>transition from their education programme to employment. Feedback from learners needs to be utilised to develop activities and outcomes evaluated to assess the impact on retention levels and spread good practice.</p>			
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2.2.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the GMC and HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
<p>Programme to support trainees involved in Serious Incidents (SIs) (Drs Rao and Owen plus Emma Paisley)</p>	<ul style="list-style-type: none"> Raising awareness of governance and support structures around SIs Developing culture of reporting concerns and handling them Preparing reports for trust After Action Reviews and coroners reports Developing peer/pastoral support group for trainees when involved in SIs 	<p>Domain 1 Learning Environment and Culture</p>	<p>1.3 1.4</p>
<p>Programme to support overseas trainees in their first post in NHS (Dr Rao)</p>	<ul style="list-style-type: none"> Help upskill physical health skills and application of this within the NHS framework Help support practical day to day working in relation to writing prescriptions and use of simulation to introduce team working, importance of communication and leadership within team settings 	<p>Domain 1 Learning Environment and Culture Domain 3 Supporting learners</p>	<p>1.1 1.5 1.6</p>
<p>Revised guide for 'Who's who' in the medical workforce- guide to clarify</p>	<ul style="list-style-type: none"> Provide a quick reference guide to nursing staff/ MDTs 	<p>Domain 1 Learning</p>	<p>1.1 1.6 3.1</p>

different grades of trainee doctors and competencies (Drs Rao and Emma Paisley)	<p>of the grade of the new junior doctor in the team</p> <ul style="list-style-type: none"> Promote safe working environments where clinicians working within their competencies 	Environment and Culture Domain 3 Supporting learners	
Guide to manage training environments when inadequate trainer provision (absence/poor quality training) (Dr Rao)	<ul style="list-style-type: none"> Provides RAG rating for rating the training environment when concerns raised Clinical algorithm for medical education department and services when concerns raised 	Domain 1 Learning Environment and Culture Domain 3 Supporting learners Domain 4 Supporting educators	1.1 1.5 1.6 311-3.5 4.1-4.4
Reorganised the CASC exam preparation practice course for Core trainees (Drs Rao and Insole)	Mock exams and practice sessions for trainees preparing for exams- feedback has been very positive	Domain 5 Delivering and implementing curricula and assessments	5.1 5.2
Physical health- GP support via the integrated GP programme (Dr Owen and Dr Dunn)	<ul style="list-style-type: none"> To support trainees manage routine GP-like health queries Improved patient care Appropriate utilisation of resources 	Domain 1 Learning Environment and Culture	1.1
Quality Improvement projects- Decision making around observation levels, Evaluation of postgraduate programmes in the trust (Dr Rao)	<ul style="list-style-type: none"> Support trainees in QIPs with medical education themes Improve joint working of doctors and nursing teams in oncall situations and support decision making around some of the challenges in OOH working Improve and standardise quality of delivery of teaching across all areas of trust 	Domain 5 Delivering and implementing curricula and assessments Domain 1 Learning Environment and Culture	5.1 5.2 1.3

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<p>Bespoke training programme for GPs (Dr Insole and Dr Bond)</p>	<ul style="list-style-type: none"> • Improve knowledge of common mental health conditions, diagnosis and management relevant to primary care working • Peer support and networking • Has received positive feedback so far with good attendance 	<p>Domain 5 Delivering and implementing curricula and assessments</p>	<p>5.1 5.2</p>
<p>Development of clinical and research Fellow programmes (Dr Owen)</p>	<ul style="list-style-type: none"> • Improves recruitment in short and longer term • Offers doctors in training opportunity to gain experience in research 	<p>Domain 6 Developing a sustainable workforce</p>	<p>6.1 6.3 6.7</p>
<p>CESR Fellowship programme (Dr Quinn)</p>	<ul style="list-style-type: none"> • Bespoke programme to support SAS doctors through CESR • Job planned protected time for training • CESR Fellowship tutor to support collection of evidence 	<p>Domain 6 Developing a sustainable workforce</p>	<p>6.1 6.3 6.7</p>
<p>Higher trainee residential event to aid transition to consultant practice and to assist trainees with consultant post application process and interviews. (Dr Gore & Rachel Sercombe)</p>	<ul style="list-style-type: none"> • Adapted previous event to include half day pre-event session on Consultant post application process, and team building activities. • Majority of trainees eligible for consultant posts chose posts in NTW following the residential event. 	<p>Domain 3 Supporting learners</p> <p>Domain 6 Developing a sustainable workforce</p>	<p>3.2 6.1 6.3 6.7</p>
<p>Quality assurance of higher training posts - developed an end of post feedback questionnaire for higher trainees (Dr Gore and Emma Paisley)</p>	<ul style="list-style-type: none"> • Surveys sent out in late June to evaluate posts ending early August. • Ensures quality of higher training posts 	<p>Domain 1 Learning Environment and Culture</p> <p>Domain 3 Supporting learners</p>	<p>S1 & S2 S3.1 S5.1</p>

	remains high, and that any issues not picked up in other forums can be detected.	Domain 5 Delivering and implementing curricula and assessments	
Expansion of Foundation Posts (Dr Gore)	<ul style="list-style-type: none"> Successfully added five new foundation posts in Psychiatry within NTW, with first cohort starting in August 2019. 	Domain 5 Delivering and implementing curricula and assessments Domain 6 Developing a sustainable workforce	6.3 5.1
'Training the Foundation Trainer' event for new and existing foundation trainers (Dr Gore)	<ul style="list-style-type: none"> Run this event annually to ensure that trainers are up to date and able to deliver the highest quality training for foundation doctors and encourage foundation doctors to choose a career in psychiatry 	Domain 4 Supporting Educators	S4.2
Expansion of Medical Assistant posts (Dr Owen, Rachel Bryce)	<ul style="list-style-type: none"> Provides additional support to improve efficiency of medical roles Increases patient and clinician face to face time while reducing clinician admin time Positive feedback from patients and MDTs 	Domain 6 Developing a sustainable workforce	6.1 6.3

2.2.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
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<p>With expanding medical student numbers, service changes and growth in postgraduate training posts the current facilities to support training within the North of Tyne area are inadequate. We have a temporary arrangement which whilst not ideal is allowing delivery of training. However we are aware that once services have moved to one site and the expanding medical student numbers start clinical placements this will not be viable. We have a business plan developed to provide improved accommodation that will also support the need for simulation based teaching within the trust</p>	<p>Domain 1 Learning Environment and Culture</p>	<p>1.19</p>
<p>For the reporting year we have not had difficulties in the delivery of psychotherapy experience for trainees, as outlined in their curricula. Indeed we have expanded the availability of this for foundation trainees and from August for higher speciality trainees. However recent discussions with trainees have identified some difficulties securing a person for long case psychotherapy. We are currently working with trainees and our psychotherapy team to better understand the problem and identify a solution</p>	<p>Domain 5 Delivering and implementing curricula and assessments</p>	<p>5.9</p>
<p>In higher psychiatry training, the TPDs are still the higher trainee's first contact regarding training or any issues they may have. Over the next year, we will link in more closely with TPDs to see how we can work more collaboratively to support higher trainees in psychiatry, in particular their continuing professional development. Also, we are in the process of developing a Higher Trainee forum as CPD for higher trainees, however there is the sense that trainees may be unsure as to how this fits with their own speciality's CPD.</p>	<p>Domain 3 Supporting learners Domain 5 Delivering and implementing curricula and assessments</p>	<p>2.5 5.9</p>

2.3. Undergraduate Medical

2.3.1. Organisation assurance statement and exception reporting against the GMC Quality Themes, Standards and Requirements and the HEE Domain 6 Standards

Please consider all themes, standards and requirements in the table below and declare any areas where standards and requirements are partially or not met. Please ensure that any areas highlighted as partially or not met are listed in your organisation's Quality Improvement Plan (QIP).

Theme 1 Learning Environment and Culture			
<i>Please see the GMC Promoting Excellence pages 8-15.</i>			
Theme 1 Quality Standards	Met <i>If all placements in scope meet the standard, please state 'All'</i> <i>If not all placements meet the standard please state: 'All placements meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list placements partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list placements not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	All		
S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.	All		
Theme 1 Quality Requirements	<p>Met</p> <p><i>If all placements in scope meet the requirement, please state 'All'</i></p> <p><i>If not all placements meet the requirement please state: 'All placements meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list placements partially meeting the requirement</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list placements not meeting the requirement</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
R1.1 Organisations* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences	All		
R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.	All		
R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.	All		
R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.	All		
R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient	All		

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safety and care, and on education and training.			
R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.	All		
R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have All appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.	All		
R1.8 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.	All		
R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.	All placements meet the requirement with exception of those listed in partially met and/or not met box	Partial Student satisfaction feedback identifies this as a problem, particularly in the Tyne base unit. This is related to 5 th year students (requesting a more apprenticeship model) and clinical placements and does not impact on patient care.	

<p>R1.10 Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.</p>	All		
<p>R1.11 Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent.⁵ Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.</p>	All		
<p>R1.12 Organisations must design rotas to:</p> <ul style="list-style-type: none"> a make sure doctors in training have appropriate clinical supervision b support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK c provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme d give doctors in training access to educational supervisors e minimise the adverse effects of fatigue and workload. 	All		
<p>R1.13 Organisations must make sure learners have an induction in preparation for each placement that clearly sets out:</p> <ul style="list-style-type: none"> a their duties and supervision arrangements b their role in the team c how to gain support from senior colleagues d the clinical or medical guidelines and workplace policies they must follow e how to access clinical and learning resources. <p>As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>	All		
<p>R1.14 Handover* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.</p>	All		

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R1.15 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	All		
R1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	All		
R1.17 Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.	All		
R1.18 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.	All		
R1.19 Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.	All placements meet the requirement with exception of those listed in partially met and/or not met box	Partial St Nicholas Hospital teaching spaces are not appropriate in relation to design, capacity and standard; capacity issue will become critical in Sep 2021 as student numbers increase	
R1.20 Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.	All		
R1.21 Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.	All		
R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.	All		

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Theme 2 Educational governance and leadership <i>Please see the GMC Promoting Excellence pages 16-22.</i>			
	Met <i>If all placements in scope meet the standard, please state 'All'</i> <i>If not all placements meet the standard please state: 'All placements meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please <u>list</u> placements partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please <u>list</u> placements not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>
Theme 2 Quality Standards			
S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.	All		
S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.	All		
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.	All		
Theme 2 Quality Requirements			
	Met <i>If all placements in scope meet the requirement, please state 'All'</i> <i>If not all placements meet the requirement please state: 'All placements meet the requirement with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please <u>list</u> placements partially meeting the requirement</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please <u>list</u> placements not meeting the requirement</i> <i>Please ensure all items declared as not met are added to the QIP</i>
R2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.	All		
R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.	All		
R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the	All		

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views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.			
R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.	All		
R2.5 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.	All placements meet the requirement with exception of those listed in partially met and/or not met box	Partial No systematic evaluation of in-course and students' end of year results	
R2.6 Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.	All		
R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.	All		
R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.	All		
R2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.	All		
R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.	All placements meet the requirement with exception of those listed in partially met and/or not met box	Partial Specified roles such as Base Unit Lead; SSC Lead have dedicated programmed activities; clinical teachers have the role of teaching within their job plan but there is	

		not an agreed tariff of time	
R2.11 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.	All		
R2.12 Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.	All		
R2.13 Medical schools must have one or more doctors at the school who oversee medical students' educational progression. They must have one or more doctors at each LEP who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.	All		
R2.14 and R2.15	<i>(Not Applicable to Undergraduate Medical)</i>		
R2.16 Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.	All		
R2.17 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.	All		
R2.18 Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in	All		

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training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.			
R2.19 Organisations must have systems to make sure that education and training comply with all relevant legislation.	All		
R2.20 Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.	All		
Theme 3 Supporting learners <i>Please see the GMC Promoting Excellence pages 23-27.</i>			
Theme 3 Quality Standards	<p>Met</p> <p><i>If all placements in scope meet the standard, please state 'All'</i></p> <p><i>If not all placements meet the standard please state: 'All placements meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please <u>list</u> placements partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please <u>list</u> placements not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.	All		
Theme 3 Quality Requirements	<p>Met</p> <p><i>If all placements in scope meet the requirement, please state 'All'</i></p> <p><i>If not all placements meet the requirement please state: 'All placements meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please <u>list</u> placements partially meeting the requirement</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please <u>list</u> placements not meeting the requirement</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
R3.1 Learners must be supported to meet professional standards, as set out in <i>Good medical practice</i> and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.	All		
R3.2 Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: a confidential counselling services b careers advice and support c occupational health services.	All		

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Learners must be encouraged to take responsibility for looking after their own health and wellbeing.			
R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.	All		
R3.4 Organisations must make reasonable adjustments for disabled learners, in line with the <i>Equality Act 2010</i> . [*] Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.	All		
R3.5 Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.	All		
R3.6 When learners progress from medical school to foundation training they must be supported by a period of shadowing† that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.	All		
R3.7 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.	All		
R3.8	<i>(Not Applicable to Undergraduate Medical)</i>		
R3.9 Medical students must have appropriate support while studying outside medical school, including on electives, and on return to the medical programme.	All		
R3.10 to R3.12	<i>(Not Applicable to Undergraduate Medical)</i>		
R3.13 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other	All		

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doctors, health and social care professionals and, where possible, patients, families and carers.				
R3.14 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.	All			
R3.15 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.	All			
R3.16 Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.	All			
Theme 4 Supporting educators Please see the GMC Promoting Excellence pages 28-30.				
Theme 4 Quality Standards	<p style="text-align: center;">Met</p> <p><i>If all placements in scope meet the standard, please state 'All'</i></p> <p><i>If not all placements meet the standard please state: 'All placements meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p style="text-align: center;">Partially met</p> <p><i>Please list placements partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p style="text-align: center;">Not met</p> <p><i>Please list placements not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>	
	S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.	All		
	S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.	All		
Theme 4 Quality Requirements	<p style="text-align: center;">Met</p> <p><i>If all placements in scope meet the requirement, please state 'All'</i></p>	<p style="text-align: center;">Partially met</p> <p><i>Please list placements partially meeting the requirement</i></p>	<p style="text-align: center;">Not met</p> <p><i>Please list placements not meeting the requirement</i></p>	

	<i>If not all placements meet the requirement please state: 'All placements meet the requirement with exception of those listed in partially met and/or not met box'</i>	<i>Please ensure all items declared as partially met are added to the QIP</i>	<i>Please ensure all items declared as not met are added to the QIP</i>
R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.	All		
R4.2 Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.	All		
R4.3 Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.	All		
R4.4 Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.	All		
R4.5 Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.	All		
R4.6 Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.	All		
Theme 5 Delivering and implementing curricula and assessments <i>Please see the GMC Promoting Excellence pages 31-37.</i>			
Theme 5 Quality Standards	<p>Met</p> <p><i>If all placements in scope meet the standard, please state 'All'</i></p> <p><i>If not all placements meet the standard please state: 'All placements meet the standard with exception of those listed in partially met and/or not met box'</i></p>	<p>Partially met</p> <p><i>Please list placements partially meeting the standard</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p>Not met</p> <p><i>Please list placements not meeting the standard</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.	All		

S5.2	<i>(Not Applicable to Undergraduate Medical)</i>		
Theme 5 Quality Requirements	<p align="center">Met</p> <p><i>If all placements in scope meet the requirement, please state 'All'</i></p> <p><i>If not all placements meet the requirement please state: 'All placements meet the requirement with exception of those listed in partially met and/or not met box'</i></p>	<p align="center">Partially met</p> <p><i>Please <u>list</u> placements partially meeting the requirement</i></p> <p><i>Please ensure all items declared as partially met are added to the QIP</i></p>	<p align="center">Not met</p> <p><i>Please <u>list</u> placements not meeting the requirement</i></p> <p><i>Please ensure all items declared as not met are added to the QIP</i></p>
R5.1 Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.	All		
R5.2 The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.	All		
<p>R5.3 Medical school curricula must give medical students:</p> <p>a early contact with patients that increases in duration and responsibility as students progress through the programme</p> <p>b experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor</p> <p>c the opportunity to support and follow patients through their care pathway</p> <p>d the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics</p> <p>e learning opportunities that integrate basic and clinical science, enabling them to link theory and practice</p> <p>f the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates</p> <p>g learning opportunities enabling them to develop generic professional capabilities</p> <p>h at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation</p>	All		

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doctor and must include exposure to out-of-hours on-call work.			
<p>R5.4 Medical school programmes must give medical students:</p> <p>a sufficient practical experience to achieve the learning outcomes required for graduates</p> <p>b an educational induction to make sure they understand the curriculum and how their placement fits within the programme</p> <p>c the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation</p> <p>d experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum</p> <p>e the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working</p> <p>f placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.</p>	All		
R5.5 Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards of competence required for graduates.	All		
R5.6 Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.	All		
R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.	All		
R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.	All placements meet the requirement with exception of those listed in partially met and/or not met box	Partial ESR Tyne/Northumbria MOSLER audit showed that a small number of assessors had no experience (but were trained)	

R5.9	<i>(Not Applicable to Undergraduate Medical)</i>			
R5.10 Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.	All			
R5.11 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.	All placements meet the requirement with exception of those listed in partially met and/or not met box	Partial (see R5.8)		
R5.12 Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the <i>Equality Act 2010</i> , although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.	All			
HEE Domain 6 Developing a sustainable workforce <i>Please see HEE Quality Framework page 17.</i>				
Domain 6 Quality Standards	Met <i>If all placements in scope meet the standard, please state 'All'</i> <i>If not all placements meet the standard please state: 'All placements meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please <u>list</u> placements partially meeting the standard</i> <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please <u>list</u> placements not meeting the standard</i> <i>Please ensure all items declared as not met are added to the QIP</i>	
	6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All		
	6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	All		
	6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet	All		

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the changing needs of patients and service.			
6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.	All		

2.3.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the GMC and HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Mid-point review process of medical students' experience during their rotation (Frauke Boddy)	<ul style="list-style-type: none"> Students select student representative for the rotation who has session with faculty and feeds back to students Students are given a safe space to raise concerns Students are given information on actions taken by the rotation leads in respect of their feedback (you said- we did) Process ensures a more timely response to concerns 	Theme 1 Learning Environment and Culture	R1.1-1.6
Flipped classroom teaching resources developed and piloted	<ul style="list-style-type: none"> Encourages more time for interactive 	Theme 5 Delivering and	S5.1

(Frauke Boddy)	<p>teaching of critical thinking</p> <ul style="list-style-type: none"> allows trust to prepare for the new curriculum requirements 	implementing curricula and assessments	
In-house undergraduate specific faculty development sessions on bedside teaching, flipped classroom teaching (Frauke Boddy)	<ul style="list-style-type: none"> tailored to teaching and assessing mental health outcomes in mental health settings increases opportunities for faculty development for trust employees 	Theme 4 Supporting educators; Theme 5 Delivering and implementing curricula and assessments	S4.1;S4.2 R5.8
New standardised annual review process of educational base unit lead role with DME and AMD (Frauke Boddy)	<ul style="list-style-type: none"> strengthens support for the base unit lead role to carry out role and in terms of career development strengthens appraisal for the base unit lead role 	Theme 4 Supporting educators	S4.1; S4.2 R4.1;R4.2;R4.4;R4.6
Medical Education Journal Club for teaching fellows, key teaching staff (Frauke Boddy)	<ul style="list-style-type: none"> enhances scholarship and engagement with educational research within the medical education department promotes innovation and evidence based practice 	Theme 4 Supporting educators	S4.2; R4.6; R1.22
Placement support visits for students in Wear (Val Tippins)	<ul style="list-style-type: none"> Allows tailored formative feedback for students Allows students to raise concerns Promotes improvement in 	Theme 1 Learning Environment and Culture	R1.8, R1.9

	clinical placements/ supervision		
Teaching sessions on MBBS requirements as part of postgraduate teaching (Martina Eisi)	<ul style="list-style-type: none"> Keeps staff up to date with students' curriculum requirements 	Theme 1 Learning Environment and Culture	R1.8;R1.9;R1.10
Innovative part SIFT- funded GP post in Wear (Bruce Owen)	<ul style="list-style-type: none"> Support clinical teaching in Child and Adolescent mental Health and Old Age Psychiatry Using student tariffs to support clinicians 	Theme 1 Learning Environment and Culture	R1.7
Service evaluation into MOSLER assessments ESR 2018 (Frauke Boddy)	<ul style="list-style-type: none"> Responsive to student feedback in Tyne about quality of their assessments Reviewed quality of MOSLER assessment documentation Added teaching points to local MOSLER teaching/ briefing 	Theme 2 Educational governance and leadership Theme 5 Delivering and implementing curricula and assessments	S2.1 R5.8; R5.11
Administrative support for students strengthened with additional resource and closer working across base units	<ul style="list-style-type: none"> Support is more robust in the event of unplanned absence Allows greater sharing of good practice Enhances job satisfaction 	Theme 3 Supporting Learners Theme 4 Supporting educators	R3.7 R3.9 S4.2 R4.3

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2.3.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Facilities to support undergraduate teaching within Newcastle and Gateshead have insufficient capacity to deal with increasing student and postgraduate numbers and are not fit for purpose.	Theme 1 Learning Environment and Culture Theme 3 Supporting Learners Theme 4 Supporting educators	3.2 R1.19 4.3
Whilst we are well prepared for the new Newcastle University curriculum which we will be teaching from January 2020 we recognise this as a significant challenge in relation to clinical placements and the increased resource required for small group teaching.	Theme 5 Delivering and implementing curricula and assessments	S5.1 R5.1 R5.3 R5.4
In light of both Trust expansion and development of Sunderland Medical School we are aware of the need to develop new working relationships and governance structures.	Theme 5 Delivering and implementing curricula and assessments	S5.1 R5.1 R5.3 R5.4

2.4. Academic Training

Please describe how your organisation supports academic learners, including Integrated Academic Training Programmes e.g. NIHR, clearly highlighting any challenges or good practice items.

<p>Trust's response</p> <p>NTW is the third most research active mental health trust in England and we are able to provide a range of good academic supervision across all psychiatric specialities. We actively promote the ACF scheme and encourage both foundation and core trainees to consider this. We currently have five ACF trainees in core training and one in higher training. We have also recently started a trust funded academic fellowship programme where post foundation trainees can work into the trust with one day a week linking into an academic research team. This aims to allow relatively junior doctors an opportunity to learn about research and gain experience to support them developing a career in research. We appointed to four of these posts from August 2019.</p>
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Section 3: Reporting against HEE 2019/20 Priorities

Please consider HEE's priorities for 2019/2020 for both medical and multi-professional.

HEE Domain 1 Learning Environment and Culture HEE priority for 2019/20 reporting in this domain is:

In your organisation, in which clinical service areas does clinical workload regularly impact adversely on your ability to deliver clinical training? What strategies do you employ to maintain both clinical service and training on a daily basis?

Trust's response:

Medical

When the trust is considered as a whole the level of workload does not adversely impact training opportunities. We have a number of important measures both in trainer job plans, trainee work schedules and in recruitment to manage the risk of this happening. We also have a number of initiatives that have been clinically developed around workforce, such as the development of medical assistant posts that allow maximum efficiency with the clinical resource available. We also have in place an important management structure and governance arrangement around trainees that separates service delivery from training, this minimises the risk of this further.

Evidence of the success of this is the GMC trainee survey data from 2019 where in the measure of Workload NTW was a positive outlier scoring 63.98 (national average 49.22).

We are however aware that the picture varies across the trust and over the last year there have been three particular areas of high workload where on occasion training can be impacted. These have both been in working age adult inpatient services, one impacting GP posts at CAV and one inpatient posts at SGP. In both these areas we have increased the medical resource significantly to address this. In a third area in the Tranwell unit we have removed training posts from a specific ward until we are confident this can provide the correct balance between service and training. All these situations were managed proactively and we are pleased that trainees and trainers can raise these with us in a timely way to ensure they are resolved.

Multi Professional Training

Ensuring access to clinical training, has seen the way in which we deliver training develop with greater use of;

- E learning
- SKYPE enabling staff to remain in their clinical area whilst accessing shared learning
- Central shared drives containing library of resources
- Web based learning
- Lunchtime CPD sessions
- Comprehensive in-house programmes delivered on each hospital site
- Regular competency based clinical supervision
- Comprehensive preceptorship programmes
- Practice development sessions
- Access to external training is factored into shift rotas
- Training dashboards are used to monitor compliance

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- Access to library and knowledge services including on site manned libraries, outreach sessions, on line services via a Discovery platform which hosts a collection of electronic journals, databases, point of care tools and eBooks
- Access to research evidence is also facilitated through online library services. Marketing of these services is done through a number of channels (staff bulletins, clinical networks, attendance at events, training, Twitter etc).
- All staff have annual appraisal and complete a JDR
- Specific teams support practice learning through initiatives such as Positive and Safe

In relation to supporting students;

- Partnership working with HEI to ensure placements are identified in advance
- Provision of placements and training is embedded into job descriptions and clinical strategies
- Support provided by Practice Placement team
- Innovative programmes such as the Degree level Apprenticeship and use of AESIP
- Development of new models such as team approach in line with changes to NMC standards
- Development of new roles Practice Placement Co-ordinator and Education Support Nurses support teams and students in practice as outlined
- Consistent review and development of placement capacity
- Alignment of NMC standards with ESR

HEE Domain 2 Educational Governance and Leadership

HEE priority for 2019/20 reporting in this domain is:

Many clinical services are undergoing review and change as part of the NHS Long Term Plan & People Plan, what governance steps have you put in place to ensure the required notification of any change in service is given to both HEE and the HEIs to ensure continued clinical placements within your organisation?

Trust's response:

As noted earlier in this document NTW has, and continues to, working with local and national partners, develop service models in order to improve clinical care. The trust board and executives as well as education and training teams are aware of the importance of keeping HEE and HEI informed of these changes. We ensure this is done both through HEE being aware of local post changes, and indeed being involved in developing these, and also being aware of larger service changes. We work closely with the school of psychiatry and the LET to ensure work schedules reflect post changes and all sites are approved for training. We acknowledge there was a delay in HEE being formally consulted on the transfer of services from North Cumbria to NTW and have in place a clear process to avoid future delays.

NTW have robust partnership arrangements at both regional and local levels from working with HEI to develop curriculum and programmes, tripartite meetings with senior staff in both our organisations to ensure that we are both kept abreast of potential and actual changes. Key education and practice staff across nursing, pharmacy and AHP /Psychology are involved in a number of local and regional groups which enable the development of and where required flagging of clinical placement changes. At a senior level where service reconfiguration is concerned this is shared with CCG's and relevant organisations.

HEE Domain 3 Supporting and Empowering Learners

HEE priority for 2019/20 reporting in this domain is:

Please describe how your organisation provides support to medical trainees who submit Exception Reports or Code of Practice concerns? How do you encourage trainees to identify Educational

Exception Reports (e.g. loss of specific training session to cover clinical service gap) from ERs relating to working beyond regular hours? How have you used the 'Rest Monies' allocated to you from central funding to support doctors in training?

Please describe how your organisation provides support to learners to ensure they can access rest facilities, IT resources and pastoral support during their placement.

Trust's response:

Medical

In NTW, Exception Reporting is encouraged. The GoSW attends each Trust induction to talk about ERs and together with staff from Medical Staffing explain about ER relating to missed training opportunities and ER relating to working beyond regular hours or not being able to take rest breaks. The GoSW with Medical Staffing also visits the various Trust sites to meet with trainees on a less formal basis at times to link in with other training. The positive outcomes of ER are emphasised at these meetings, for example how ER can be a means of identification of busier sites or rotas which in turn has led to changes. When there are a number of ERs submitted, the GoSW contacts the trainee to ensure that the issues are being addressed and offer any other support. The departments of Medical Education and Medical Staffing are extremely responsive and supportive to trainees in making sure that ERs are actioned in a timely way and to investigate and make changes if there are clusters of ERs; most ER in NTW are resolved with TOIL.

The 'rest monies' allocated to NTW from central funding has not yet been spent. There is a working group with representation from trainees as to how best to use this money; the priority is to improve rest facilities. There are reclining chairs in on-call facilities for rest and designated rooms for doctors to use out of hours. All higher trainees and all core trainees in community jobs have their own laptops. There are desk tops in all on-call facilities and in core trainee offices. There are additional desk tops available in the libraries across the Trust. All core trainees have an educational supervisor as well as a clinical supervisor with the educational supervisor staying with the trainee for the duration of their core training. All trainees have an hour of non-clinical supervision every week which is an opportunity to discuss educational needs and pastoral issues. Through documents such as 'What is Work' supervisors in NTW are encouraged to discuss issues such as workload, taking rest breaks and times when ER would be appropriate at supervision sessions.

Multi Professional Training

Students have the same access as employed staff. All staff and students have access to library and knowledge services. Pastoral support is provided by both placement staff and the practice placement team (as identified above we have developed new roles such as the Education Support Nurse) and is part of line management support for programmes such as for Doctorate in Clinical Psychology trainees.

HEE Domain 4 Supporting and Empowering Educators
HEE priority for 2019/20 reporting in this domain is:

MEDICAL TRAINING: Please provide details of the specific SPA time you allocate to individual trainers undertaking the roles of named Educational and Clinical Supervisor. Job planned 'one hour per week per trainee under named supervision' is the accepted standard and this is covered by the placement tariff sent with the LDA. Does your organisation meet this standard; if not, what tariff do you apply?

MULTIPROFESSIONAL TRAINING: Please provide details of the protected annual time for continued development you allocate to those providing educational roles over and above the time required annually for their continuing clinical development. What in house courses/support do you provide; what external courses do you regularly use?

Trust's response:

Medical

Within NTW we have built into our job planning policy an agreed tariff for training roles, this importantly includes 0.5 PAs for the role of educational or named clinical supervisor (increased by 0.25 PA for each additional trainee) This reflects the time needed to provide weekly one hour of one to one educational supervision plus time to keep up to date with educational developments and trainer skills. This standard has been audited in job plans and found to be achieved (mean allocation being slightly over 0.5 PA). The findings of the 2019 GMC trainer survey provide evidence that trainers experience is in keeping with this standard; across the trust the overall score was 69.31 compared to a national average of 57.12 and for trainers working in Psychiatry of Older Age services their scores were a positive outlier in the survey.

Multi Professional Training

As detailed in domain 1. In addition, we provide;

- Comprehensive in-house training programme which provides a wide range of training opportunities
- Access to HEI CWD portfolio's
- Mentor updates (mandatory)
- Practice Development Sessions jointly attended with students
- Post graduate MSc Advanced clinical practitioner pathways
- Non-medical prescribing and RC/AC programme
- Skills based training in psychological based therapies
- Access to conferences (both as speakers and attendees)
- Post graduate MSc in Clinical Pharmacy
- College of Mental Health Pharmacy courses e.g. Psych 1, 2 and techs
- NELA
- Postgraduate certificate in Psychopharmacology (Aston)
- British Association of Psychopharmacology
- Doctorate programmes
- Learning and Improvement Group is now well established and has regular learning presentations by clinical teams, learning from incidents and other activities within the Trust.

All staff have an annual appraisal and JDR at which they will identify in line with their objective's education and training needs. When developing clinical services education and training needs are identified. In terms of governance arrangements, we have a Workforce Development Group as a sub groups of Trust Board and for example in nursing a Nurse Education Forum chaired by Group Nurse Director in Safer Care.

The development of the NTW Academy supports a strategic approach to workforce development aligned with service developments and future workforce needs for example the Academy is developing a talent programme for bands 5-7 focused on developing the next generation of senior staff

HEE Domain 5 Delivering Curricula and Assessments
HEE priority for 2019/20 reporting in this domain is:

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With the introduction of new workforce roles (e.g. Physicians Associates) and increased numbers of Advanced Practitioners in training, together with an increased reliance on Locally Employed Doctors on service rotas, how do you ensure that doctors in training receive their required curricular opportunities and where necessary how are these needs prioritised?

The NHS People Plan identifies the need for increased placement numbers to accommodate the planned growth in student numbers to meet future workforce demand. What plans do you have in place to accommodate increased student placements? What impact do you envisage this will have on your ability to maintain the learning experience provided to current students and to clinical service provision?

Trust's response:

Medical

As clinical services develop the roles that different professional groups have also developed, this has been ongoing for many years. We have been working with trainees and trainers to monitor trainee roles ensuring that these reflect their training needs and support them achieving the learning outcomes outlined in their curricula. In some situations, for example the area of emergency psychiatry, we have in a number of sites built into posts specific time with crisis and liaison teams to ensure exposure to these acute situations. We do not currently employ any Physician Associates although do support their training in mental health. We have however recently developed the Medical Assistant role and following a pilot post have expanded this with three additional posts.

We do have a number of trust appointed junior doctors and as noted earlier a CESR Fellowship programme. Ensuring that the management and placement planning of all these posts sits within the medical education teams provides an important safeguard that ensures trainees are not limited in their training opportunities.

Nursing

NTW nursing strategy identifies the importance of continuing to expand access to clinical placements through building greater capacity as a key component in ensuring our future workforce. Our work with local HEI's and the increase in student numbers across our geographical footprint is testament to this. In line with our Nursing Strategy and through NTW Academy we have widened access to undergraduate study towards registration through our degree level nursing apprenticeship and implemented new roles through our support of the Nursing Associate programme and in terms of the team itself with the introduction of new roles of Practice Placement Support Co-ordinator and Education Support Nurses.

In order to accommodate this increase in student numbers the Practice Placement team developed a capacity plan in 2016 which we have continued to build upon in order to support clinical care groups in discharging their responsibilities in relation to supporting and sourcing placements. Robust governance arrangements ensure we are able to gain support from senior management and the nursing leadership forum provides a platform for nurses to "own" these developments.

The change in NMC standards we believe provides greater flexibility in terms of the Practice Supervisor role. Which we believe will free up Practice Assessors time increasing student ratio, with the removal of the previous NMC standard requirement of minimum 40% of (mentors) time and accessing new roles as Practice Supervisors i.e. Nursing Associates. The introduction of the student 'Timetable' will create more flexibility on how students access learning opportunities and 'learning zones', clinical areas can link up to allow students to move between them expanding the amount of learning opportunities available, and aggregating learning diversity. This also gives the students a greater shared knowledge and appreciation regarding the service user journey between services. We acknowledge that we must continue to build and source innovative placements, however the increase in capacity is a partnership responsibility with HEI ensuring that they work with placement providers to ensure a steady flow of learners and that they take into account providers needs.

Pharmacy

We are actively discussing these new roles with HEE in terms of how we integrate mental health pharmacy into the Long-Term Plan in terms of pre-registration training, and post graduate training. We already provide rotations within mental health to local acute trusts and are looking into similar arrangements with other sectors.

AHP/Psychology

The Newcastle Doctorate in Clinical Psychology had a former intake of 21 trainees p.a. which gradually reduced to 14 p.a. due to reduction in funding. We were able to accommodate placements across the Trust and other local providers for the previous trainee numbers so are confident we could accommodate increased commissions in line with LTP trajectories.

However, as IAPT numbers are also set to increase we may need to negotiate with Newcastle University re placement timings to ensure we can also accommodate these increased numbers. This would also enable us to ensure under-utilised placements for clinical psychology trainees are taken up; this would help with recruitment and retention in less popular clinical areas e.g. adult inpatient.

The smaller AHP professions will face difficulties in expanding placement capacity unless HEIs work together to ensure their requirements do not overlap. However, the main expansion indicated for the LTP is in OT where we have greater capacity than in the smaller professions.

HEE Domain 6 Developing a Sustainable Workforce

HEE priority for 2019/20 reporting in this domain is:

The People Plan identifies as a priority the need to tackle both 'The Nursing Challenge' (Chapter 3) and to create the workforce needed to deliver '21st Century Care' (Chapter 4).

What plans for 2019-21 does your organisation have to meet these challenges from an educational and training perspective?

Trust's response:

Medical

We have a medical workforce strategy which is reviewed annually. This is comprehensive and considers recruitment and retention. Key elements of this include prioritising and investing in a recruitment strategy aimed at supporting both local trainees, SAS doctors (through the CESR Fellowship programme) and overseas doctors (with an annual overseas recruitment initiative) to take up consultant posts within the trust. Our focus on retention includes looking at how medical roles can be supported within an enhanced MDT as well as how innovative roles such as the medical assistants can support medical staff. In addition to these initiatives supporting doctors we also work with both undergraduate students and local schools to promote medical careers and psychiatry specifically.

Nursing

In 2014 NTW published a five-year nursing strategy which focused on ensuring we had robust plans for developing not only the current nursing workforce but importantly ensuring we had robust plans in place to develop the future workforce not only in terms of numbers but in ensuring the knowledge and competence to deliver the healthcare agenda.

The nursing strategy was underpinned by a comprehensive career and development plan which has been the vehicle for driving our Grow our Own strategy. NTW Academy have established greater access to the

degree level apprenticeship which has seen significant investment and numbers of staff accessing this programme. In addition, we have supported staff to access the Nursing Associates programme and in terms of post graduate education we have co-produced an Advanced Clinical Practitioner programme and supported significant numbers of senior nurses to access non-medical prescribing and RC/AC programmes to ensure a future senior nurse workforce.

In 2019 we published our next five-year strategy in which we continue to see investment of our nursing workforce as key to continuing to adapt and innovate through strengthening our partnerships with local education providers, increasing pre-registration programmes across our geographical spread and access to post graduate development.

We have also developed a senior nurse role in recruitment and retention. This role will strengthen our recruitment models; lead the forecasting of student nurse recruitment and potential supply and feed into workforce planning discussions, supporting the Group Director and Head of Workforce Planning and Developments in the delivery of the NHSI Retention Project.

Pharmacy

The Pharmacy Department has a Workforce Strategy that aims to achieve the outcomes in the People Plan. This incorporates the above rotations as well as increasing links with undergraduate training to encourage and embed mental health knowledge in training. All posts within the department fit into a career plan with clear competencies to ensure succession planning. We will continue to work with HEE and HEIs to put their plans into action.

Psychology / AHP

We have a Trust recruitment and retention strategy across professions and specific initiatives for Psychological and Allied Health professions. These include career progression and widening role opportunities for these professions, including non-medical AC/RC and non-medical prescribing, also addressing skill mix to make evidence-based interventions more accessible in teams.

Section 4: Reference List of Supporting Information

Organisational policies and processes in support of delivery of the HEE Quality Framework.

Please copy this section from your last year's SAR and highlight any changes and updates.

Please list any new policies and processes and provide a brief narrative how the policy helps the organisation to meet the domains and standards. Add as many rows as required.

Please advise which domains and standards are being supported the policy.

Please note, we do not require copies of documents. Please do not embed documents or insert links. If required, the quality team will request a copy by exception.

Please advise if you have made a reference to a policy/process in other section(s) of the SAR.

Description of supporting information	HEE/GMC Domain(s)	HEE/GMC Standard(s)	Please advise if document referenced in the SAR e.g. SAR, section 1.4 and 2.1.1

"Positive and Safe' Recognition, Prevention and Management of Violence and Aggression Policy NTW(C)16	1	1.1	
Appraisal, Staff, Policy NTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Appraisal-Staff-Training-Develop Need Analysis Process PGN - SA-PGN-01 - NTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Research Governance Policy - NTW(O)47	1	1.2	
Equality, Diversity and Human Rights Policy - NTW(O)	1	1.2	
Revalidation, Nursing, Triennial review - Appraisal PGN - SA-PGN-03 - NTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Induction Policy - NTW(HR)01	1	1.2	
Dignity and Respect at Work Policy - NTW(HR)08	1	1.2	
Research Governance Policy - NTW(O)47	1	1.3	
Learning Lessons - Incident PGN - IP-PGN- 05 - NTW(O)05	1	1.3/1.5	
Audit, Internal, Policy - NTW(O)25	1	1.3/1.5	
After Action Review (AAR) - Incident PGN - IP-PGN-03 - NTW(O)05	1	1.3/1.5	
Promoting Engagement with SU's Policy - V03.2 - Issued Dec 17 - NTW(C)	1	1.4/1.5	
07Promoting Engagement-CYP-PGN-V02 - Issued Dec 17 - PE-PGN-01 - NTW(C)07	1.	1.4/1.5	
Equality, Diversity and Human Rights Policy - NTW(O)42	2	2.4	
Equality, Diversity and Human Rights- Impact Assessment PGN - EHDR-PGN-01 - NTW(O)42	2	2.4	
Safeguarding NTW(C)24 V04.1	2	2.5	
Adults at Risk and Raising Concerns Policy - NTW(HR)06	2	2.5	
Safeguarding Children NTW(C)04 V04.2	2	2.5	
Supporting Staff Involvement in an Incident PGN- IP-PGN-08 - NTW(O)05	2	2.5	
Induction Policy - NTW(HR)01	3	3.1/3.2/3.3./3.4/3.5	
Clinical Supervision and Peer Review Policy NTW(C)31 V05	3	3.1/3.2/3.3./3.4/3.5	
Raising Concerns Policy - NTW (HR) 06	3	3.1/3.2/3.3./3.4/3.5	
Induction Arrangements for Student Nurses - I-PGN-03 - NTW(HR)01	3	3.1/3.2/3.3./3.4/3.5	
Study Leave Policy - NTW(HR)23	4	4.1/4.3./4.4	
Whistleblowing policy (NTW (HR) 06)	1	1.1	2.2.1
Supervision of Medical Trainees (Appendix 9 Clinical Supervision Policy NTW © 31 V05	1	1.10	2.2.1

Continuing Professional Development, Study Leave PGN - SL-PGN-01 - NTW (HR)23	4	4.1/4.3./4.4	
IP PGN - 08 (Incident policy) Supporting staff involved in an incident V04.			Section 8.1
IP-PGN-06 Part of NTW(O)05 - Incident Policy			Section 8.1
Clinical Risk Strategy VO1.2 Positive and Safe	1	1.1	
Dignity in Care Policy (C) 40	1	1.1	

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Section 5: 19/20 Financial Accountability Report

5.1. Details of LDA funding

In this section please describe how the trust has utilised the HEE funding received via LDA payments. Please consider each contract heading.

Levy	Contract heading	Funding	Trust response
Non Med	Advanced Clinical Practitioners	45,000	We have co-produced with Sunderland University an Advanced Clinical Practitioner Apprenticeship programme. Aligned to our nursing workforce plan this programme will strengthen our clinical career pathway. Currently 5 experienced nurses are undertaking this programme with support from Nurse Consultants and Clinicians.
Non Med	Nursing Associates	43,450	Our first cohort of Nursing Associates have graduated and have completed a comprehensive induction programme and are completing a preceptorship programme. A second cohort have commenced utilising additional funding to support the Learning Disability workforce and we have recently supported a cohort of Assistant Practitioners to undertake the bridging programme to become Nursing Associates.
Non Med	Non-medical Tariff	516,981	
Non Med	IAPT EIP	9,000	
Non Med	IAPT CYP	30,492	
Non Med	Return to Practice	1,000	
Non Med Total		645,923	
Postgraduate	Education Contract Posts	3,703,282	
Postgraduate	Foundation Activity Related	16,000	
Postgraduate Total		3,719,282	Within NTW there is a robust and transparent approach to the use of medical training monies. The postgraduate funding provided through HEE is added to by the trust to make up the salary costs whilst ensuring the placement fee is protected. This budget is then managed separately from operational clinical budgets allowing training to be prioritised and innovative approaches to be used to support training and recruitment. This budget is managed by the DME, in addition to paying trainees financial resource also

			<p>supports a number of direct postgraduate teaching costs:</p> <p>Consultant time for leadership roles in PG education including DME, AMD and Tutors – 18 sessions - £180K</p> <p>Supervisor time – 120 x 0.5 sessions - £600K</p> <p>Non pay teaching costs £150K</p> <p>Administrative costs:</p> <p>Pay - £140K</p> <p>Non-pay £44K</p> <p>Estates:</p> <p>Hopewood - £34K</p> <p>Jubilee Theatre - £160K</p> <p>Keswick House - £100K (50% as use also for UG)</p> <p>Total - £1,408,000</p> <p>This will be underestimate as not included library services or simulation training costs and only included estate costs for central teaching venues.</p>
Other	Other	60,833	See below under rest funding
Other	Adjustment for Apr, May & June payment on account	123,504	
Other Total		184,337	
Workforce Development	SAS Funding	29,744	This money is ring fenced to support SAS training. This is currently used to both support the SAS tutor, administrative support for this and SAS specific training days. There is also further funding , beyond this amount for the SAS CESR Fellowship programme
Workforce Development	CWD	79,661	<p>Positive Behavioural Support Workforce Competency Development Programme. Cascade model of training; Certificated Advanced (level 7) training in PBS for 20 practice leaders & (level 6) training for 25 practice facilitators, certificated (level 4) training for 10 PBS implementers (£550k)</p> <p>Post Graduate Diploma / MSc Clinical Pharmacy (£25k)</p>
Workforce Development Total		109,405	
Undergraduate Medical	Placement activity funding	1,432,678	
Undergraduate Medical Total		1,432,678	The SIFT funding is again clearly identified within a separate budget managed by the DME and education

			team. Currently this is used to both fund central undergraduate teaching support, such as teaching fellows and administrative support as well as to support clinical placements. We have been working with operational management teams to look at how the funds can be best used to support clinical placements as at this stage although the funds are closely aligned to the areas where teaching occurs the way this is used varies. We have been developing and trialing different models and our aim is to develop this further and to continue work with the university finance team to clarify further the streams of income
Education Support	Other	5,000	
Education Support	TPD	40,392	Paid direct to individual
Education Support	HoS	35,380	Paid direct to individual
Education Support Total		80,772	
Postgraduate	Education Contract Posts	129,438	
Postgraduate Total		129,438	
Grand Total		6,301,835	

5.2. Additional in year funding already provided

In this section please list any additional funding received from HEE, for example any regional or national funding received outside of the LDA payments. Please state the amount received, provide a high-level description of what this additional funding is for and please describe how the trust has utilised this funding.

Funding Amount	High level description	Please describe how the trust has used this funding
£60,000	Rest and facilities funding	This funding has yet to be spent but there is a working group with the GOSW and trainees looking at how this can be best used to support the opportunities for trainees to get appropriate rest whilst doing shift work

5.3. Use of funding to support Staff and Specialty Grade Doctors (SASG) and Locally Employed Doctors (LEDs) Faculty development

Please provide answers to the following questions. You may wish to include funding details, as required. For further information in relation to LEDs please review the following NACT document LEDs across the UK <http://www.nact.org.uk/documents/national-documents/>.

Questions	Trust's answer	
Number of SASG doctors within the trust	51 Includes CESR Fellowship and International Medical Fellowship posts	
Total SASG funding received	£ 29,744	
Is the SASG funding ring-fenced to support SASG doctors only? (Y/N)	Yes	
Please describe the process by which the development needs of SASG doctors within your organisation were individually and collectively identified. Using funding allocated for SASG development; How were priorities decided?	SAS Forum arranged four times each year. Includes a SAS Business Meeting in which the developmental needs of the group are regularly discussed. SAS Tutor makes contact with new SAS doctors when notified of their appointment, to introduce self/role and offer support if wanted. Regular email circulation of SAS training opportunities (disseminated via HENE SAS Tutor group).	
SASG nominated lead within the trust	Dr Victoria Thomas (SAS Tutor)	
Please provide a description of how the Trust makes decisions about the allocation of funding (1-5 below)		
	Spending	Detail
1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)	£0	Historically SAS group have preferred that money is used to benefit group as a whole to organise regular SAS CPD events (SAS Forum), rather than fund being used for individual applications.
2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)	£3208.60	Venue and catering fees for SAS Forum, held 4 times each year (full days). All SAS doctors invited to attend. Each Forum includes SAS Business meeting. Topics covered over the last year include – leadership, psychotherapy, MCA/DOLS, Alcohol addiction, Psilocybin for treatment resistant depression trial, AS/CESR updates

		and ethics. Average 25-30 attendees per forum.
3. Payment for SAS tutors/leads sessions	£10,000	
4. Administrative costs to support SAS tutors	£12,000	Dedicated admin support provided through Medical Development team (Lynn Wright).
5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)	CESR events	There is additional funding to support SAS doctors going through the CESR process

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Section 6: Patient Safety, Simulation and Human Factors

6.1. Patient safety

Please consider the following questions below.

Questions	Trust's response
1. Who is the Lead for Patient Safety in your organisation? What support do they receive in delivering this role? E.g. job-planned time, resources etc.	The trusts Executive Lead for Safety is Gary O'Hare, Executive Director Nursing and Chief Operating Officer. There are also Safer Care Directors, Anne Moore, Group Nurse Director and Dr Damian Robinson – Group Medical Director (4 PA), they are supported by Jan Grey – Associate Director of Safer Care, and 2 Heads of Function, Tony Gray – Head of Safety, Security and Resilience, and Claire Taylor – Head of Clinical Risk and Investigations. All of the above have training identified as part of the JDR discussions, and attend local, regional and national training specific to their job requirements.
2. Please advise up to three areas relating to patient safety agenda that you have worked on in the last two years and you are most proud of? Could these be applied regionally and be shared with HEE?	<ol style="list-style-type: none"> 1. The Trust signed up to be a pilot for the NHS Improvement – Development of Patient Safety Incident Management System , national Beta Pilot in September 2018, and has successfully completed the submission of incidents through the on-line portal and connected it's risk management system to send live data, becoming the first Trust in the country to do so. Learning from this has been shared with other Trusts. 2. The Safer Care Intranet, Bulletin and communication systems have become embedded over the last year into day to day clinical practice. This is a one stop shop accessible to all teams for safety related activity. 3. The Trust's Learning and Improvement Group is now well established and has regular learning presentations by clinical teams, learning from incidents and other activities within the Trust.
3. In which areas would you like support from HEE? E.g. educational events, funding, specific areas of training for example quality improvement?	Our focus continues to be embedding learning firmly into practice. The Trust would like to develop in house expertise in human factors and simulation and expand awareness and training for Family Liaison Support

6.2. Simulation

Prompt: We advise you to consult with your Simulation Manager or Lead when compiling your response.

Questions	Trust's response
1. What is the governance structure in place within your organisation with regard to simulation- based education training? Who is the responsible Simulation Lead within the organisation?	In addition to the wider organisational Governance structure. Medical Education within NTW has a governance structure which Simulation based education sits within.

	Dr Sarah Brown is the Medical Simulation Lead within the trust. This is incorporated into her job plan and is supported from within the medical education department. sarah.brown@ntw.nhs.uk . This role is supported by a Simulation and Education Development Lead this full time post which has been occupied since April 2018 val.tippins@ntw.nhs.uk
2. Please describe your process for accessing education funding received for simulation and/or TEL bids and who is responsible for this?	Simulation Based Education event within medical education for post graduate trainees are funded by Doctors in Training budget. Simulation Wider Based Education for undergraduate medical students is funded via the Sift Fund. Overall responsibility for additional funding bids sits with the director of Medical Education.
3. Does your Trust offer multidisciplinary faculty training including specific simulation-based education debriefing in line with ASPIH standards?	The Medical Education faculty continues to deliver regular training sessions for the faculty, currently focussed on debriefing. Which have also included NTW tutors (mixed disciplines) and clinicians with an interest in developing simulation based education. There is a small planning group who have devised a scenario writing session which will be delivered within the next reporting period. External faculty development opportunities provided via the North East Simulation network are accessed to enhance and consolidate faculty development.
4. Which directorates or inter-professional groups are actively engaged with simulation-based education within your organisation? How do you encourage equitable access to simulation for all staff? Add how is this monitored?	Within NTW we continue to deliver Simulation based education via two strands across all directorates. Each strand delivers a limited but developing programme of simulation with increased collaboration between both strands. Medical education continues to deliver simulation training primarily to undergraduate, and post graduate medical trainees including outpatient sim for under graduates, emergencies in psychiatry sim and mental health tribunal simulation which was developed further to not only include Non-medical RCs but also to Nursing Staff. In addition and in collaboration with the NTW academy a collapsed patient simulation has been developed and delivered in situ within clinical environments. Within medical education a register is held centrally outlining the session and attendees name and clinical role.
5. Please describe strategic engagement and representation in simulation activity in the organisation i.e. board level, clinical governance, patient safety, incident reviews, quality improvement?	Simulation based education is continuing to develop within the Trust. It is considered a valuable tool in all aspects of training, patient safety and quality improvement. It is discussed at multiple levels throughout the organisation including board level. There is a strategic involvement in relation to training delivery with Simulation based education seen as an integral aspect to this.

6.3. Human Factors

Questions	Trust's response
1. Who is the Lead for Human Factors in your organisation? What support do they receive	There is no designated HF lead in Northumberland Tyne & Wear trust however, as Clinical Lead for Quality and Safety, Dr Uri Torres has undertaken HF

<p>in delivering this role? E.g. job-planned time, resources etc.</p>	<p>training by the Chartered Institute of Ergonomics and HF. She has 1 session per week (4 hours) to fulfil the Quality & Safety role, however the remit is broader than HF.</p>
<p>2. Please describe the extent to which your HF training covers the following domains:</p> <ul style="list-style-type: none"> • People – the individual & teamwork • Environment – the physical aspects of a workspace • Equipment and technology • Tasks and processes • Organisation • Ergonomics and research methods 	<p>All the Domains listed are covered within the HF training delivered, we would however recognise that currently we are only delivering limited amounts of this training.</p>
<p>3. For the training delivered in the reporting period please also consider and describe the following:</p> <ul style="list-style-type: none"> • The audience to which HF training is being delivered, including details of multi-professional staff. • Frequency of training, or whether ad hoc events. • Who are the faculty that deliver the training? Please describe their “HF expertise”, professional background, specialty, whether they have job-planned time to deliver HF training. • What is the wider Trust context within which HF training is delivered. Is there a link between patient safety incidents, SI investigations, root cause analysis? • To what extent is HF training seen as part of a wider patient quality and safety agenda or integrated into clinical governance structure/process? 	<p>We multi-professional training on HF awareness (nurses/doctors/AHP's) and bi-annual HF awareness training to new consultants in the trust and also at ad hoc events.</p> <p>-HF training is not delivered by a faculty but by the Clinical Lead for Quality & Safety who is a consultant psychiatrist. There is no specific job planned time for HF training as this is subsumed into the Quality & Safety role.</p> <p>There is a link between HF training and serious incident investigations. All investigators have been trained in RCA and use a contributory factors framework. An internal audit into the quality of reports was conducted in 2016 and was followed by an independent audit in March 2018. This is with a view to improving the quality of serious incident investigation by using a HF framework as per national guidance. We are hoping to develop a QI infrastructure within NTW that it is aimed will include HF expertise. Currently we are developing links with external partners who have this expertise to deliver HF training as well as to trial a train the trainer type approach.</p>
<p>4. What Human Training requirements do you have as a Trust?</p>	

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Section 7: Equality and Diversity

The HEE Quality Framework states clearly that education and training opportunities should be based on principles of diversity and inclusion.

The HEE equality, diversity and inclusion strategy reflects HEE's commitment to this important area of work and features strategy for HEE employees, as well as the opportunity to gather regional activity and influence wider. An example of this is the HEE workforce strategy, used to inform our work in developing a comprehensive system-wide understanding of workforce needs for the future. Diversity and inclusion will be integral in how we look to influence the healthcare system to achieve greater representation and social mobility.

As well as applying these principles across all professional groups, there is also a specific work stream and duty to consider and capture information for doctors in training. The GMC continue their work in equality and diversity, reflecting their standards; promoting excellence.

For medical education, the GMC and local offices continue to consider differential attainment; different rates of attainment between different groups of doctors. This work includes ethnicity and country of primary medical qualification.

Prompt: In the responses below, please consider:

- Organisation wide themes
- Examples of good practice from across professional groups
- As well as specific consideration and comment on differential attainment for doctors in training

Question	Trust Response
Name of Trust Equality, Diversity and Inclusion Lead (or equivalent):	Christopher Rowlands
1. How do you ensure that learners with different protected characteristics are welcomed and supported into the trust, demonstrating that you value diversity as an organisation?	The Trust has an Equality Diversity and Human Rights Policy which expressly addresses the importance of this. The Trust's values also embrace diversity. The E&D Lead has well established links with the Training Academy and is consulted on a regular basis about ensuring that our training is accessible to all and meeting the needs of diverse groups. This is backed up by an MDT approach for individual cases with specific input from the E&D lead.
2. How do you liaise with your trust Equality, Diversity and Inclusion Lead to: <ul style="list-style-type: none"> • Ensure trust reporting mechanisms and data collection take learners into account? • Implement reasonable adjustments for disabled learners? • Ensure your policies and procedures do not negatively impact learners who may share protected characteristics? • Analyse and promote awareness of outcome data (such as exam results, assessments, ARCP outcomes) by protected characteristic? 	We ensure these points through our established mechanisms for reporting performance. For reasonable adjustments the Equality and Diversity Lead has well established links with teams recruiting disabled learners to ensure an individually tailored approach to each situation. This is backed by the Trust's Workforce Strategy, Equality Diversity and Human Rights Policy and the Equality Diversity and Inclusion Strategy – which formalises the good practice that we already have in place. All relevant policies procedures and functions are impact assessed to ensure that they do not negatively impact learners who share protected characteristics.

<p>3. How do you support learners with protected characteristics to ensure that known barriers to progression can be managed effectively?</p>	<p>Individual plans are drawn up for each learner to address and overcome those barriers to progression. For example, we have made adjustments to placement programmes that have addressed visual impairments, through altering how a task is done, but also through engaging with organisation such as Access to Work to provide specialist equipment or admin support by way of any adjustment.</p>
<p>4. How do you educate learners on equality and diversity issues that may relate to themselves, their colleagues, or the local population of the trust?</p>	<p>This is achieved through our statutory and mandatory Equality and Diversity training and through local induction programmes within teams.</p>
<p>5. How do you support your educators to develop their understanding of, and support for, learners with protected characteristics?</p>	<p>Through established links between educators and the Equality and Diversity Lead but also through the development and Equality and Diversity Masterclasses for senior staff in the Trust. Our staff networks have also developed training sessions that are based around the protected characteristics of the Equality Act that they represent</p>
<p>6. Is there monitoring or strategies in place to look at those accessing progression opportunities, and those progressing into more senior roles?</p> <p>What is the Trust view on data on progression in the trust?</p> <p>Are there any responses or resulting objectives to data held by the Trust?</p>	<p>We carefully monitor our Workforce Race Equality Standard and Workforce Disability Equality Standard data. For our submissions this year we have acknowledged that we wish to do more around progression for these two protected characteristics. We have experience of staff attending Stepping Up and Breaking Through programmes but we know the difficulty of gaining places on these national programmes. We are in talks through the EDI Great Place to Work initiative to scope a regional delivery of these programmes that would guarantee places for our staff.</p>
<p>7. Does the Trust invest in additional Equality and Diversity training for some or all staff i.e. more than statutory training?</p> <p>Any training or initiatives (in place or being considered) to learn from cases that have an E&D theme?</p>	<p>All staff have access to the training programmes that have been developed or are in development by our staff networks. We have a number of trained cultural ambassadors and LGBT Allies that also act to educate at the local level. The Trust is delivering Show Racism the Red Card training. We have regularly gathered lessons learned from cases and used these to inform our training.</p>

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Section 8: Libraries and Knowledge Services (LQAF)

We recommend that you consult with your Library and Knowledge Services Manager or Lead to complete this section. Please provide narrative and evidence (for 1, 3 and 4) on the following 4 areas for your Library and Knowledge Service. Please also highlight any issues or concerns, including any areas which are not being met. If your Library and Knowledge Service is provided via a service level agreement, please consult with the providing Library and Knowledge Services Manager. Additional prompts have been added under each heading.

1. Describe how your Trust is implementing the **HEE Library and Knowledge Services Policy** (<https://hee.nhs.uk/sites/default/files/documents/NHS%20Library%20and%20Knowledge%20Services%20in%20England%20Policy.pdf>) namely:

“To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:

- Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.
- Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England.”

Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence from your Library and Knowledge Services’ strategy or annual action/implementation/business/service improvement plan.

Trust’s response

NTW Library and Knowledge Services (LKS) are located across four main hospital sites:

- St Nicholas Hospital, Gosforth
- St Georges Park, Morpeth
- Walkergate Park, Newcastle
- Hopewood Park, Sunderland

A further small, unstaffed library collection is situated at Ferndene, Prudhoe which library staff visit every 8-12 weeks. Outreach sessions at other hospital sites without library spaces have also been introduced to raise awareness of resources and encourage all staff to access and use evidence.

NTW staff also have access to other NHS libraries in the region, including:

- Gateshead Health NHS FT
- Newcastle upon Tyne Hospitals NHS FT
- Northumbria Healthcare NHS FT
- County Durham & Darlington NHS FT
- North Tees and Hartlepool NHS FT
- Tees, Esk & Wear Valley NHS FT

Access to research evidence is also facilitated through online library services via a [Discovery platform](#) which hosts a collection of electronic journals, databases, point of care tools and ebooks.

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Marketing of these services is done through a number of channels (staff bulletins, clinical networks, attendance at events, training, [Twitter](#) etc).

LKS are managed as a part of NTW Research, Innovation and Clinical Effectiveness department and as such play a key role in disseminating evidence on care and treatment relevant to the Trust's services and providing evidence in response to clinical questions and queries through a clinical effectiveness librarian.

Library services are key to supporting the education and continuous learning and development of the whole workforce, through links with the NTW Academy and Medical Education.

The LKS Development Framework was rewritten in 2019 to align to the [Trust strategic ambitions](#), with core strategies (to 2022) to:

- Support evidence based decision making across care pathways.
- Strengthen our provision of information to patients and public.
- Facilitate access to best available evidence and encourage effective application in practice across all disciplines across organisation and system.
- Work with others to deliver services to support the move to Integrated Care Systems, Primary Care Networks and the merging of NTW and North Cumbria.
- Facilitate easy access to best available evidence and application to ensure models of care are sustainable and deliver best value.
- Collaborate with researchers and Trust Innovations to enhance information provision to support service improvement and organisational development
- Embed library services in learning and development opportunities, ensuring learners are fully supported.

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2. HEE's **Library and Knowledge Services Policy** is delivered primarily through local NHS Library and Knowledge Services.
- Please identify the budget allocated to your Library and Knowledge Service in the current financial year.
 - If possible please identify the sources of this funding, differentiating for example between educational tariff funding and any contribution from your organisation.

Prompt: Your Finance department and/or your Library and Knowledge Service Manager should be able to supply this information.

Trust's response

NTW receives its funding through different sources. Library and knowledge services do not have their own distinct income stream but are funded from various income streams to the desired level within our organisation.

The total budget (pay and non-pay) allocated to library and knowledge services for financial year 2019-20 was £351,889.

3. Please tell us about any areas of Library and Knowledge Services good practice that you would like to highlight.

Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence of impact on clinical practice, impact on management decision-making (including cost savings) and any innovation submissions originating from your Library and Knowledge Service.

Trust's response

In 2018-19, NTW LKS achieved the following:

- Partnered with University of York and TEWV to develop online modules to help staff understand how to assess the quality of research evidence.
- Produced a summary of integrated care systems to share with partners at regional Integrated Care System event, to inform what successful integration will look like.
- Introduced outreach sessions across the Trust, aimed at reaching staff at sites without a library.

- Introduced easy access to evidence for clinical decision making via [BMJ Best Practice](#) consortia.
- Reviewed our online journal collection to reduce duplication between titles, remove underutilised journals and to remain within our budget. This resulted in savings in the region of £40,000.
- Introduced a collection of books to improve self-management of mental health and long term conditions through the national [Reading Well](#) scheme.
- Partnered with the Schwartz Round team to produce a list of supporting resources for each Round.

Feedback NTW colleagues about the LKS includes:

- Delivered teaching [...] for the trust – wouldn't have been possible without the literature search and best current evidence base. They also went the extra mile with getting me the PDF of articles.” (Consultant Psychiatrist)
- “Massive saving in my time for library staff to do a literature search for me. They are much more efficient at this than I am and this means I can use this time clinically. Direct impact on service delivery and probably future service delivery through updated knowledge.” (AHP)
- “I have recently been asked to talk [...] in front of 200+ professionals. The resources and information received from the library service have given me a much wider understanding of the issue along with greater confidence speaking at the conference. Can't thank the team enough for their support!” (Trainer)

In a survey of NTW staff who used LKS, the biggest benefit to staff was gaining new knowledge (reported by 83% of respondents) and saving time (66% of respondents). Survey respondents reported that using the library or resources had contributed to the following impacts:

- service development or improvement (69% of respondents)
- personal or professional development (68% of respondents)
- informed decision making (68% of respondents)
- improving the quality of patient care (62% of respondents)

as well as improving safety/reducing risk, saving money and facilitating collaboration.

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4. The Learning and Development Agreement that Health Education England has with your organisation states that for 2018-19 the LKS should have achieved a minimum of 90% compliance with the national standards laid out in the NHS Library Quality Assurance Framework (LQAF). **LKS that scored below 90% submitted an action plan to Health Education England in March 2019 describing their planned improvements.**

If you submitted an action plan, please describe the improvements you have made against the plan.

Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. The details should be available from the LQAF Action Plan developed following the 2018-19 LQAF.

Trust's response

In 2018 NTW LKS were one of twelve NHS libraries who piloted new Quality Improvement Outcomes to replace LQAF in 2019. Participation in the pilot meant services were not required to take part in LQAF, and as such maintained their score from 2017-18. Therefore, our LQAF score for 2018-19 remains at 96%.

The new outcomes framework moves away from a single score to identifying areas for further improvement.

- The outcome we were strongest in was being proactive, planning and delivering against priorities.
- The outcome we want to improve most is how we use evidence to inform development of our own library services.

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Section 9: Healthcare Science

9.1 Governance of Healthcare Science

Please consider the following questions below.

Questions	Trust's response
1. Who is the Lead for Healthcare Science in your organisation? What support do they receive in delivering this role? e.g. job-planned time, resources etc.	
2. Please advise up to three areas relating to the healthcare science agenda and their workforce that you have worked on in the last two years and you are most proud of? Could these be applied regionally and be shared with HEE?	

9.2 Training Provision of Healthcare Science Workforce

Prompt: We advise you to consult with all your Healthcare Science Specialist Managers or Lead Healthcare Scientist when compiling your response.

Questions	Trust's response
1. How are the Healthcare Science workforce trained within your organisation? Who oversees this training and ensures quality training is delivered? Please advise on names, job title and email address. What support do they receive in delivering this role? e.g. job-planned time, resources etc. Are they linked in with the HEE Healthcare Science Network in their locality?	
2. Who is responsible for keeping a record of all healthcare science learners within the Trust including their trainers? Please advise on name/s, job title and email address/es. How often are these records audited for accuracy?	
3. Do directorates participate in inter-professional learning with their healthcare science learners as they compete work-based learning outcomes and portfolios? How do you encourage equitable access to inter-professional learning for all staff?	
4. Is there strategic representation and / or recognition of healthcare science at board level? Who is the representative?	

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9.3 Recruitment of Healthcare Scientists (commissioned programme)

Prompt: We advise you to consult with all your Healthcare Science Specialist Managers or Lead Healthcare Scientist when compiling your response.

Questions	Trust's response
<p>1. Has your organisation been involved in the NSHCS national recruitment of STP / HSST Clinical Scientist trainees? If Yes:</p> <ul style="list-style-type: none"> a. As an organisation what internal process have you set up to manage this recruitment process. b. Who has been involved in the process and does this fall within their job remit? c. Overall what are your views of the NSHCS recruitment process? <p>If No:</p> <ul style="list-style-type: none"> a. Why as an organisation do you not need Clinical Scientist STP / HSST trainees? b. Where in the future are you going to recruit your Clinical Scientist workforce from if you are not training them? 	
<p>2. For those organisations that have hosted STP / HSST trainees. During the training period to date:</p> <ul style="list-style-type: none"> a. Has the department felt supported by the NSHCS? b. Has the department felt content with the academic programme employer arrangements? c. Has the department known where to get support from the local HEE office if required? d. Has the department known where to get support if the trainee required mental health support? e. As an organisation are you happy with the funding arrangements put in place by HEE for these programmes <ul style="list-style-type: none"> i. Salary ii. Support costs iii. Payment schedule arrangements <p>Please comment on any of the above.</p> <p>f. With reference to the above training programmes are there any specific concerns that the organisation would like to raise with HEE through this SAR?</p>	
<p>3. For those organisations that host the BSc Healthcare Science students (PTP) on placements, which although not a commissioned programme attracts non-medical tariff. Please answer the following:</p>	

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<ul style="list-style-type: none"> a. How does your departments determine how many placement students / year they can accommodate? b. Could the training supervision model be changed from mentor to coach to accommodate more students? c. Could the students work 24/7 if departments operated those hours? If not, why not? d. Are departments allocated the non-medical tariff to their budget line when they host PTP placement students to support training these students? If not, why not? 	
<p>4. For those staff that support these trainees and placement students; mentors, training supervisors, training officers.</p> <ul style="list-style-type: none"> a. Does this activity fall within their job role? b. Is it within their job plans? c. Are they allocated protected time to complete their tasks? d. Are they allocated time to complete short listing, attend interviews and complete training updates? 	

9.4 Future Training Provision of Healthcare Science Workforce

Prompt: We advise you to consult with all your Healthcare Science Specialist Managers or Lead Healthcare Scientist when compiling your response. Please consider where does HSC fit in People Plan.

Questions	Trust's response
<p>1. The training provision of the healthcare science workforce is changing. There is a significant drive for employers to utilise levy and several healthcare science apprenticeship programmes are now available at level 2, 4 and 6. Further work is ongoing for a level 7 apprenticeship.</p> <ul style="list-style-type: none"> a. As an organisation have you engaged in the healthcare science apprenticeship programme and if so at what level and for what specialisms? b. How do you recruit your apprentices? c. What provider/s have you used? d. Are you providing your own assessors? e. Do you expect the demand for healthcare science apprenticeships to increase and at which level? f. If you have not engaged in the healthcare science apprenticeship programmes do you anticipate doing so in the future? If not, why not? 	<p style="text-align: right; font-size: 2em; opacity: 0.5; transform: rotate(-15deg);"> Northumberland, Tyne and Wear 09/27/2019 14:09:58 </p>

<p>2. As an organisation do you see the role of the healthcare science workforce changing / diversifying in line with the Long-Term Plan?</p> <p>a. How would you support this change?</p> <p>b. How do you think HEE should support this change?</p>	
<p>3. There will be a new T level award starting in 2021 for Healthcare Science which requires students from FEs to have placements for a minimum of 45 days.</p> <p>a. Have you heard of T levels?</p> <p>b. Would your organisation support this award and these placements?</p>	
<p>4. The existing healthcare science workforce is a significant contributor to patient care. As an organisation how do you support them to ensure they meet their statutory registration requirements such as CPD?</p> <p>a. Do you try to ensure CPD equity and align to the other non -medical multi-professional groups, e.g. nursing and AHP?</p> <p>b. Do you believe HEE to be the sole offer of CPD programmes suitable for all and why?</p> <p>c. Can you offer any other ideas how the CPD demand / expectation can be met for our workforce?</p>	
<p>5. Based on recent NHS publications; NHS Long Term Plan, Interim People Plan, as an organisation where do you see your healthcare science workforce in the next:</p> <p>a. 5 years?</p> <p>b. 10 years?</p> <p>c. 15 years?</p>	

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Meeting Date: 2nd October 2019

Title and Author of Paper: Quarterly Visit Feedback Themes Q1 and Q2
April 2019 to September 2019
Johanne Wiseman, PA to Executive Director of Nursing
and Chief Operating Officer, and Gary O'Hare, Executive
Director of Nursing and Chief Operating Officer

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

To provide an update to the Board of Directors on visit reports that have been received from Senior Managers for the period April to September 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.

Risks Highlighted: None

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required / Recommendations: Board of Directors are asked to receive this report for information.

Link to Policies and Strategies: Staff and Patient Engagement

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Quarterly Service Visit Feedback Themes (Q1 and Q2)

Key Findings / Impressions from the Visit:

Tour of facility showed work in progress across the clinic from an estates perspective. A number of areas were discussed including the move from the Tranwell to the Education Centre in Gateshead and the associated staff consultation; merging of pathways; relationship with Gateshead Drug & Alcohol Recovery Partnership; work and progress across the last year with regard to waiting list management; coroners cases pending relating to a number of deaths last year; and ongoing productivity work. Overall, the impression is that a tremendous amount of work has been undertaken by both the management and clinical team to improve a number of areas. This has resulted in improved access management for patients and a morale boost for the team. Whilst it is recognised that there is still further progress that can be made, there is a confidence that further achievements will be made across the pathways.

I got the impression of an open, honest, people focussed team committed to doing their best for the prisoners under their care. I was really pleased to hear that the team felt supported by NTW and especially by Steve, and the team welcomed the access to training, support and development. I had feared they might have felt isolated but that certainly wasn't my impression when I left. I could see a really good relationship with colleagues in the prison service, and with the prisoners and that the team is entirely adapted to managing within a prison environment. We discussed the challenges of recruitment and managing absences given the high level of security clearance required.

Positives of progressing intermediate care work – need to include crisis access as part of this.

Morale good e.g. Journal Club for CPN colleagues aides revalidation.

Discussed SI process and most colleagues have observed process.

Ensure clinicians invited to meetings – I T connectivity issues

Craster is the central hub of the team which is coping with the impact of multiple change initiatives in recent times. They are now a trail-blazer site and many of the staff feel that although they were consulted to some extent, there was little account taken of their opinions and the demand for change is seen as being too rapid. There is concern that there are a number of management groups which are not working together smoothly and a sense of 'too many chiefs' was expressed. There is additional complexity in that the views discussed within the hub are being re-discussed in the satellites with opposing conclusions reached.

The change from three clinically defined work streams to a locality based model took place about six weeks ago and is not yet embedded. Almost all the staff I spoke to

identified themselves as belonging to the clinical areas, and not localities, and the work by Meridian is cited as the origin of this silo working and the willingness to change and work more flexibly is at an early stage. This, and other leadership matters are being addressed by senior management at a half day workshop scheduled to take place in September 2019.

The geographical layout of services is not helpful with dispersal across the St George's site and little opportunity for augmentation by co location. In addition, the plan to use Craster for seeing patients which require some consideration as the layout does not easily support this (due to previous use as a day hospital).

An innovative team which clearly demonstrates the values of the organisation placing high quality, compassionate, patient centred care at its heart.

This is an NHSE commissioned service providing active interventions that reduce requirement for inpatient admissions. This also facilitates discharge from inpatients and is recovery focussed. Various interventions on offer include Dietetics, Occupational Therapy, and Group Therapy (body image, radical openness, self-esteem, project art, eating well, social eating, etc.). There was evidence that staff are well engaged in the models of care delivery and work as a cohesive team. The various activity rooms and kitchen were well stocked and maintained as were the clinic room and dispensary.

Whilst this service provides high quality care to patients, there remains an issue around waiting times for access of about four months from referral date. In addition the loss of outpatient provision has also impacted on flow out of the service and remains a big gap in overall provision.

An enthusiastic, well-motivated team that were pleased they had managed to reach a 'no waiting time' position with referrals.

Service Users / Carers / Families Experience:

Good flow community, day hospital, in patient wards. Discussed work with carers linked to this client group. Points of View at CMHT monthly meeting 89.9% feedback positive

Focus on service user needs remains strong but a number of staff cited the lack of continuity as an issue. I was told that engagement of service user and carer in feedback meetings is being planned.

At present no service users or families are seen on site. I did have the opportunity to meet and talk with staff working in different parts of the pathway and they were open about expressing their views. This was encouraged and supported by Scott Milican who is very clearly working hard to support the changes.

PoY little used because of client group. Regular feedback from carers recorded in RiO, shared via MDT, and leadership meetings. There is a carers information board, carers pack, jargon buster and a who's who. Regular events include the summer fayre; alcohol free 'The Woodhorn Arms' pub days; musicians, and development of a coat of arms, all of which have been identified as a better way than formal meetings to engage and involve carers and families.

Staff and patients have collaboratively developed various posters / picture boards and wall paintings to promote the recovery model.

One of the patients was willing to speak with me following their group session. She stated she had been attending for the last 11 months and this was the best treatment she'd ever received for her difficulties and it had enabled her to consider starting university soon. She, however, identified that a gap in outpatient service remains, and has been an issue for her in the past.

Safety / Effectiveness / Caring

There has been significant improvements to wait times for assessment and treatment, including the availability of priority slots for urgent cases to be assessed within a two week timeframe.

Positive risk taking culture developing, e.g. mixed sex division removed where clinically safe, works well.

Creation of soft rooms to support de-escalation and reduce reliance on restrictive interventions (seclusion, MRE, RT) evidenced via FT dashboard.

Staff Health and Wellbeing:

It is recognised that changes and the move from Tranwell may be stressful for some staff. A staff consultation is in progress presently regarding this. It was noted that staff have had the opportunity to discuss with managers and staff side colleagues. Comments were made that staff are actively seeking work in this Gateshead team now, which previously was not the case. There is some sickness within the team and this is being actively managed (May 2019 2.1%).

Morale of the staff was described as poor by a number of staff members, yet all were proud of the improved waiting times.

A highly resilient staff group with improving sickness absence rates. Uses safety huddles (TF) and flexible working is used where possible. Regular away days, team briefings and staff are encouraged to support each other.

Quality Improvements:

Considerable amount of work has been put into this service over the last year with regard to assessment and treatment waiting lists. The team should be commended for their efforts as there has been considerable reductions in wait length as well as the introduction of improved arrangements to keep in contact with patients waiting.

Undertaking QI project work with Andrew Barker; Talk First programme offers opportunity to share good practice, e.g. breakfast groups, fish and chip supper events; Newcastle model (vs 5Ps) of formulation works well, in common with other organic OPS wards; enhanced clinical pharmacy services well received by patients, carers and staff.

Well-Led:

Managers had a clear understanding of what is required and the direction of travel in relation to the ongoing programme of improvements.

Effective MDT approach to care delivery; fortnightly staff meetings and monthly leadership meetings to support good communication / staff engagement and resolve

inter-relational challenges; highly positive feedback from CQC following recent MHA assessment; inclusive, collective approach to leadership – encourages curiosity about service improvement; regular clinical supervision in place for nursing staff with dual paper / digital recording in interim.

Issues to be Addressed:

Whilst there was estates work development work ongoing a number of comments were made about unfinished areas and funding available to correct these snags.

Ongoing work is in hand with regards productivity within the Team (Creating Capacity to Care).

Retirement and recruitment process – streamlined process (concerns re Central recruitment) (Dr Carlile to raise with Heather Turner)

Discussed limited consultant expertise and Dr Carlile mentioned work on recruitment, role of job planning to help with this cover. Issue with consultant cover especially on Friday (Dr Carlile to raise with Associate and Assistant Medical Director)

Issues re implications regarding ‘tolls’ in Newcastle area already escalated.

It may be worth considering the access process as the account I was given by a number of staff contained a number of opportunities for improvement, including repetition and delay. I was told that work to address this is in hand.

The design of the estate to make it best for service users may benefit from advice from the Estates design department.

Central recruitment process – positives; valued based approach – negatives; requires refinement to streamline, optimise selection of staff with the right aptitude and skills to work in OPS teams and avoid undue delays during appointments.

Nursing staff challenges: long term vacant posts, LTS, D&G case management (e.g. anonymous CQC complaints) presenting staffing pressures mitigated with increased use of bank SWs, but pressures to reduce use of bank / agency presenting difficulties in filling gaps in shifts.

Medical cover currently good – FT consultant and Drs in training, however there is concern that ongoing medial staff shortages on Hauxley ward will impact negatively upon Woodhorn.

Undue delays within the D&G cases management process are placing additional pressures upon the team.

Clinical psychologist input is needed, currently there is none.

Time taken to complete medication rounds due to many prescribed medications for multiple co-morbid conditions. A mobile ‘Savvy Cart’ would be helpful – Tim Donaldson to discuss with pharmacy colleagues.

There are a small number of issues I agreed to take away, including where has things got to with the 'RiO review', a feeling that there is too much mandatory training and the need for a fairer car parking policy.

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

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APPENDIX 1

Name of Service	Date	Senior Manager
Gateshead Community Treatment Team	1 st July 2019	David Muir
Westgate Unit, Durham Prison	3 rd July 2019	James Duncan
Newcastle North Older Person's CMHT	19 th July 2019	Dr Jane Carlile
Craster CYPS Service	20 th August 2019	Dr Carole Kaplan
Woodhorn, St George's Park	20 th August 2019	Tim Donaldson
REDS Day Unit, Benfield House	2 nd September 2019	Dr Kedar Kale
Working Age Adults CMHT, Fairnington Centre, Hexham	6 th September 2019	John Lawlor

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 2nd October 2019

Title and Author of Paper: Phase 2 implementation of smoke free sites
Dr D Robinson, GMD Safer Care

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

Paper for Debate, Decision or Information: Decision

Key Points to Note:

This paper updates the Board on changes to the Trust Smoke Free policy from October 2019. In particular, it discusses the rationale behind the change of status of smoking materials to prohibited items.

Risks Highlighted to Board :

Potential for restrictive practice issue
Potential litigation regarding removal and destruction of smoking materials

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

If Yes please outline

N/A

Equal Opportunities, Legal and Other Implications:

N/A

Outcome Required:

The Board are required to support for new policy

Link to Policies and Strategies:

NTW(O)13 Smoke Free

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BOARD PAPER

PHASE 2 IMPLEMENTATION OF SMOKE FREE SITES.

This paper updates the Board on changes to the Trust Smoke Free policy – NTW(O)13 - from October 2019. In particular, it discusses the rationale behind the change of status of smoking materials to prohibited items.

BACKGROUND AND CONTEXT

People with mental illness and learning disability die up to 20 earlier than their peers in the general population and this early mortality is largely due to lifestyle factors such as smoking, obesity and lack of physical activity. Service users tend to smoke cigarettes more than smokers without a mental illness and this can also be a cause of financial inequity. While it is commonly believed that people use smoking to manage their mental health symptoms there is evidence that stopping smoking can reduce anxiety and depression and assist in the treatment of psychosis. There is also evidence that they often want to stop smoking and are able to do so with adequate support.

We initially became smoke free in March 2016 when we implemented NICE Public Health Guidance #48, "Smoking Cessation in secondary care: Acute, maternity and mental health services" (<http://www.nice.org.uk/guidance/PH48>). The NICE guidance advocates no smoking in any premises and grounds owned by the Trust.

NTW has been supporting service users who smoke and are admitted to hospital through the provision of nicotine replacement therapy (NRT) within 30 minutes of admission and throughout their hospital stay. Although smoking is not permitted on hospital sites we have allowed in-patients to choose to smoke while on leave and away from the hospital. We have allowed limited use of e-cigarettes which service users have had to purchase themselves.

However, over the last two years a general consensus has developed supporting the use of e-cigarettes or vaping as a means of reducing harm from smoking. The Royal College of Physicians and Public Health England have published extensive evidence reviews while the Royal College of General Practitioners and BMA have issued consensus statements.

Experience has also shown that allowing intermittent smoking has created challenges, in particular for service users who are trying to remain abstinent and would benefit from the removal of all smoking cues from the environment. It also causes smokers to experience recurrent episodes of nicotine withdrawal as many in-patients require nursing escort to access outside off site locations and this cannot always be facilitated on a regular basis.

There have been reports of inconsistent application of the existing policy on wards which has created further issues. The continued presence of smoking materials has allowed surreptitious smoking in bedrooms etc. to continue, and a small but significant number of fires have been set either by accident or intentionally.

POLICY CHANGES FROM OCTOBER 2019

Over the last 12 months the Reducing Harm from Smoking group has been working with clinical staff from in-patient wards and community teams to revise the existing policy and

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PGNs to respond to new research and guidance. The intention has been to implement a policy which is safer, fairer and more straightforward while still achieving the aim of providing service users with the opportunity to experience a smoke free environment

Accordingly, from 1st October 2019 the Trust will be introducing a revised policy which makes the following changes:

- We will provide service users who smoke with a choice of NRT (as now) or an e-cigarette starter pack (comprising an e-cigarette and refills) within 30 minutes of admission. Further refills will be available for purchase.
- Service users who already vape will be able to do so using their own equipment if they choose to do so (this is subject to some safety requirements)
- All smoking materials (e.g. cigarettes, tobacco, matches and lighters) will become items which are prohibited on hospital sites. The search policy has been amended to reflect this change.
- In line with the approach taken with other prohibited items (e.g. alcohol and illicit drugs) all smoking materials brought onto wards will be confiscated. Those brought in on admission will be returned to visitors or on discharge; those brought in subsequently will be disposed of if not taken away by visitors.
- We will no longer support service users to smoke while on leave from the ward
- Staff have been trained to provide service users with support to use NRT or e-cigarettes as a means of harm reduction.
- We will strengthen pathways to Stop Smoking Services in the community following discharge.
- We remain smoke free on all our sites, including hospitals, community and outpatient clinics, and offices.

These changes will initially apply in the existing NTW side of the Trust, and will be rolled out into the North Cumbria locality from April 2020

RESTRICTIVE PRACTICE AND LEGAL IMPLICATIONS

CQC guidance for reviewers advises that the presence of a smoke free site policy should not be challenged as a restrictive practice as it is supported by national guidance and has been tested in the Courts. Reviewers are advised to look for evidence of interventions (such as the provision of NRT and behavioural support) which mitigate the consequences of the policy on smokers.

The introduction of prohibited item status for smoking materials is becoming more widespread in similar Trusts but as yet has not been formally challenged in the Courts. There is no current guidance from regulators concerning this issue. Therefore, there is a risk of future challenge from either CQC or individuals.

Advice has been sought from the Trust solicitors which advises that the following questions should be considered:-

Is the smoking ban sufficiently important to justify the limitation on an individual's right to smoke?

- There is clear evidence that smoking and exposure to second hand smoke is a substantial and significant risk to health (see above)
- This is reflected in national guidance from NHS England (<https://www.gov.uk/government/publications/progressing-a-smokefree-nhs>); NICE PH48 Smoking: acute, maternity and mental health services (<https://www.nice.org.uk/Guidance/PH48>); and The Smoke-free Regulations 2006 (<http://www.legislation.gov.uk/uksi/2006/3368/contents/made>).
- The ban protects the health of the individual and others, and as such is a probable legitimate ground for infringing rights granted under Article 8 of the Human Rights Act.

Does the policy pursue the legitimate aim of protecting the health and safety of staff and patients?

- The primary aim of the policy is to protect the health and safety of service users and staff, and promote harm reduction amongst service users with severe mental illness who smoke. The aim cannot be met without this policy.

Could a less intrusive measure be used without unacceptably compromising the objective?

- The current policy has been in operation since 2016. Experience has been that many in-patients continue to smoke, often on hospital sites, rather than take the offer of support to be abstinent (e.g. NRT or behavioural support).
- Intermittent smoking does not provide the intended benefit of the policy and exposes the service user to recurrent periods of nicotine withdrawal as access to smoking cannot always be provided as and when requested (especially for detained patients).
- Furthermore, as detained patients require S17 leave to smoke within the policy this may lead to increased clinical risk if such leave is allowed earlier in the admission than would otherwise have been the case.
- An environment which is free from all smoking cues (e.g. cigarettes / tobacco / matches / lighters / smoke odour) is more conducive to allowing service users to remain smoke free should they wish to be so.
- Access to smoking paraphernalia increases the risk of accidental or intended fire through surreptitious smoking in bedrooms or toilets.

Do the likely benefits of implementing the policy outweigh the likely negative impact on the individual?

- The benefits of the policy to the physical health of individual are set out above
- There is evidence that smoking does not itself help control the symptoms of mental illness and that stopping smoking can benefit people suffering from anxiety and depression, and reduce the amount of medication required.
- However, repeated periods of reduced levels of nicotine in the blood can cause agitation and feelings similar to anxiety.
- The negative impact on individuals arising from nicotine withdrawal is mitigated through the provision of NRT and/or e-cigarette/refill starter pack within 30 minutes of admission
- NRT will continue to be prescribed throughout the admission while e-cigarette refills will be available from hospital shops and cafes (these cannot be prescribed).
- Behavioural support is available from trained staff.
- Other treatments (e.g. varenicline) are available to assist smoking cessation
- Pathways to community smoking cessation services on discharge are in place
- The risk of passive smoking and fire are reduced
- Care plans reflect the needs of smokers to enable them to remain abstinent during admission.

Nonetheless, legal advice is that the disposal of smoking paraphernalia does potentially expose the Trust to challenge and claims for loss. Set against this risk is the challenge of physically storing items on the ward and the problems which may arise when a service user is aware that there are smoking materials on the ward to which they are not allowed access. This was carefully considered by the Reducing Harm from Smoking group.

Items brought in on admission will be stored or given to visitors to take away. Patients will be clearly informed that any further items brought onto the ward will be confiscated and either returned to visitors or disposed of.

CONCERN ABOUT POSSIBLE ADVERSE HEALTH EFFECTS OF VAPING

The Board may be aware of reports from the USA of a number of deaths and serious pulmonary illness which may be associated with vaping. In response to this concern, the following statement has been issued by Martin Dockrell, Tobacco Control Lead at PHE (email received 10th September 2019)

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“Reports of US lung disease outbreak

As we approach Stoptober, amidst reports of an outbreak in the US of serious lung disease that was reported as linked to vaping, smokers may well be wondering if e-cigarettes are still a good way to quit.

A full investigation is not yet available but indications are that these cases have been linked to people using illicit vaping fluid bought on the streets or homemade, some containing cannabis products like THC or synthetic cannabinoids like Spice, and others Vitamin E acetate oil.

This is not the same as using UK regulated nicotine products. *Unlike the US, all e-cigarette products in the UK are tightly regulated for quality and safety by the Medicines and Healthcare products Regulatory Agency and they operate the Yellow Card Scheme, encouraging vapers to report any adverse effects.*

Public Health England’s advice remains that vaping carries a small fraction of the risk of smoking. Using a nicotine-containing e-cigarette makes it much more likely someone will quit successfully than relying on willpower alone – three studies this year have found them twice as effective as NRT alone. But it’s important to use UK-regulated e-liquids and never risk vaping home-made or illicit e-liquids or adding substances”

The product offered to service users by the Trust is a UK regulated product. However, there have been reports of service users using e-cigarettes to vape substances other than nicotine and services will need to be alert to the potential for abuse.

RECOMMENDATION

The Trust Board is asked to acknowledge to benefits and risks of the revised Smoke Free policy, and support its implementation as planned.

Dr Damian Robinson
Group Medical Director – Safer Care
September 2019

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 2 October 2019

Title and Author of Paper: Progress to date on the Trust Workforce and OD Strategy

Claire Vesey – Head of Workforce Developments

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

The current strategy was first approved by Trust Board in June 2015 and was refreshed in March 2017 following the development of the trust strategy and the sixth strategic ambition of being 'a great place to work'. The workforce strategy was refreshed in partnership with a variety of stakeholders across the Trust highlighting the interconnectedness of it to key priorities internally, regionally and latterly wider system work.

This paper outlines the progress made over the period 2018/19 against the six aims within the strategy.

In addition, the work which is underway to support the workforce strategy aligns itself to many of the actions and direction set out within the Interim People Plan.

Risks Highlighted to Board: N/A

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

Please state Yes or No

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations:

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Continued support in taking forward this work - workforce development and OD initiatives are interdependent and the need to ensure these are aligned is a priority area.

Link to Policies and Strategies:

Trust wide Workforce Strategy 2017 – 2022

NHS long Term Plan

Five Year Forward View for Mental Health

HEE Mental Health Workforce Plan: Stepping Forward to 2020/21

Developing Workforce Safeguards 2018 – NHSI

Trust wide Clinical Strategies

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Progress to date on the Trust Workforce and OD Strategy

1.0 Overview

The Workforce and OD strategy aims to set out the future vision for the workforce within the Trust for a five year period. Since its initial inception in 2015, the context within which the workforce vision (and challenges) were established has changed significantly. Externally the NHS has witnessed significant change across government and the uncertainty associated with Brexit has presented its own set of unique challenges. Internally, the introduction and roll out of system working across the ICS, the implementation of the Carter review, regulatory changes (NHSI/E) and the introduction of the NHS Long Term plan and Interim People Plan have shaped current thinking and continue to impact upon the future workforce.

2.0 Update on Progress across the Six Aims of the Workforce and OD Strategy

The collaboration and joint working which exists across numerous stakeholders and a variety of directorates and departments is crucial to the delivery of this strategy. Progress and work undertaken across the six aims is outlined below:

Aim 1 - 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

- The Equality, Diversity and Inclusion strategy was approved by Trust Board in November 2018 along with an 18 month action plan.
- The EDI Steering Group has been refreshed and focused on delivering the outcomes of the action plan.
- Cultural Ambassadors - In July we trained several BME staff via the RCN to be Cultural Ambassadors across the Trust, the aim of which is to equip them with the knowledge and remit to identify and challenge discrimination that they observe in disciplinary proceedings against BME staff. Whilst this is still in an early implementation phase, feedback has been positive and the impact will be monitored.
- Implementation of the Workforce Disability Equality Standard (WDES) – Information has been cascaded across the Trust and work undertaken to implement the standard has commenced and is underway.
- Stonewall – The Trust has applied to become a Stonewall diversity champion, a leading employers programme for ensuring all LGBT staff are accepted without exception into the workplace.
- Promotion of health careers across the whole workforce – Significant work has been undertaken to utilise the apprenticeship levy in supporting staff development and career progression and to develop a 'grow our own' scheme to close the emerging workforce supply gaps across some clinical professions. Ongoing recruitment to Peer Support worker roles continues across services.
- Work is being undertaken to better understand the diversity of staff who utilise development opportunities presented via a talent management and career pathway framework and where necessary increase applications and attendance on such programmes.
- Links into schools and colleges – this continues in order to promote NHS careers and working within the Trust. We offer school aged apprenticeships in Business

Administration along with work experience ‘tasters’ across the Trust including psychiatry.

- Workforce Planning – Clinical areas have now produced a five year workforce plan and work is currently underway as part of the wider planning approach to align the workforce, activity and financial plans together at CBU level and develop plans across corporate areas.
- New Roles and changes in skill mix – Work continues to understand, implement and embed new roles and skill mix across services. New roles have been implemented across a variety of services (e.g. Nursing Associates) and the impact of these on skill mix continues to be assessed. We currently have 5 staff training to be Advanced Clinical Practitioners via the apprenticeship levy and across some services ‘hard to fill’ posts have been replaced with a different skill mix.
- Generations in the workforce - Over the next 12 months we will be working with a variety of generations across the workforce to understand the differing expectations which exist. This work will help us shape future policies, workforce planning, talent management, retention, reward and support the cultural changes which lie ahead for our staff who will be working across a system.

Aim 2 – We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision making.

- Collective Leadership – programmes across CBU and Corporate leadership teams have been rolled out and culminated in a joint event to promote working together.
- Leadership Programmes – Band 5 through to Band 8 leadership programmes have been developed and are currently being rolled out.
- Talent Management – We have developed a talent management approach and work is underway to pilot the first part of this with local universities and internal placements and mentors.
- Career Pathways – Work to develop career pathways is underway and has been completed across some professions.
- Coaching – Continues to evaluate well and demand on the internal coach has significantly increased. Therefore, the coaching network is being refreshed and will relaunch in Autumn 2019 to support an increase in coaching capacity. Our internal Coach is currently undertaking a coaching supervision qualification which will provide support and supervision to an in house network of coaches.
- Bespoke leadership events continue across localities in line with organisational development priorities identified at CBU level.
- We continue to be an active partner within both the national Leadership Academy and the North East Leadership Academy (NELA).
- We have trained 2 members of staff to be Mary Seacole facilitators and this has led to a number of opportunities for staff to access the Mary Seacole course.
- A service user and carer leadership programme has been carried out in partnership with NELA and evaluated positively.
- Actions from the staff survey continue to be monitored and work undertaken at a Trust and local level.

Aim 3 – We will support staff to deliver high quality, safe care for all

- International Recruitment – several campaigns have taken place across the medical and nursing workforce, with another planned for Winter 2019. The structured programme of support around international recruits continues to support the retention of these staff.
- CPD events for Medics – 18 CPD events have taken place in 2019 to support the development of the medical workforce.
- Bank staff – the creation of internal bank staff for medics to cover shifts at lower rates than agency staff
- Use of social media has increased to promote recruitment campaigns and target the generation Y and Z workforce.
- ‘Great Place to Work’ – Our Acting Executive Director of Workforce and OD is the HR lead for this regional piece of work which incorporates recruitment, OH, training, flexibility of employment, equality and diversity, health and wellbeing and Doctors in training. A willingness to work across boundaries has seen improvements in the length of time taken to recruit and train staff and a reduction in time for staff transferring between NHS organisations. In addition, links into the wider ICS work across NE and North Cumbria means closer working with other providers such as local authority.
- We have increased the use of skype facilities for interviews and the implementation of the Trac system has supported a speedier recruitment process with measurable KPI’s.
- We have implemented ESR Limited self-service which enables staff to update personal details, print off payslips and total reward statements, and book and cancel in-house training on line.

Aim 4 – We will help staff to keep healthy, maximising wellbeing and prioritising absence management.

- Health and Wellbeing Campaigns – We have undertaken 5 campaigns during 2019, promoting awareness of a variety of health conditions linked to the promotion of public health messages. We have collaborated with NUFC Foundation to run a series of successful health check-ups for staff and continue to retain the Better Health and Work award.
- Flexible Working – as part of the Carter review, work has been undertaken to review flexible working practices across the Trust. We have a representative at both the ‘Great Place to Work’ Flexible Employment and Occupational Health Steering group and we continue to influence regional priorities via this route.
- Staff Support Groups – We are exploring a series of support groups; the first of these to commence will be the Menopause support group which will take place in Autumn 2019.
- Health Survey – we carried out an internal health survey over the summer months and the results of this will be triangulated with staff survey and sickness KPI’s to enable us to identify future areas of priority.
- Staff Lottery – this is being explored but could result in potential investment into health and wellbeing initiatives across the workforce.

- Neyber – launching in October 2019 this will provide financial support to staff.
- Health and Wellbeing (HWB) champions and Mental Health First Aiders – the network of HWB champions is being reviewed and expanded in Winter 2019. These advocates will promote HWB across their teams and localities and deliver key messages to the workforce. A working group is currently scoping the use of mental health first aiders in the workplace.
- Occupational Health Tender – A review of OH services has taken place jointly with TEWV throughout 2019 and the tender awarded to a provider who will offer a robust support system to the Trust and its workforce.
- Managing Sickness Absence policy – a working group is reviewing the effectiveness and implementation of the policy and changes will be made as necessary and based on recommendations.

Aim 5 – We will educate and equip staff with the necessary knowledge and skills to do their job.

- HEE - We continue to build positive relationships with HEE and influence the commissioning educational opportunities for a wide cross section of our workforce.
- Widening Participation - There have been over 60 school events as part of the widening participation agenda in 2018/19. In addition, we have been awarded Top 100 Employer award for apprenticeships.
- Student Experience – Our meeting with the Annual Deans Quality Meeting (ADQM) highlighted the high standards set by the Trust in terms of student experience and this will be built upon. Positive student experience is likely to increase the number of applications to work with the Trust from this pool of people.
- CNTW Nursing Academy – this has now progressed to a point where it is a distinct element of the overall CNTW Academy. The Academy team were integral to the development of Nursing degree apprenticeships, the first of which commenced in January 2019. There are now in the region of 60 Nurse Apprentices supporting the ‘grow our own’ agenda.
- Educator in Practice role – a new role has been created with the University of Sunderland to support coaching, supervision and capacity to maximise the learning experience for the wider workforce. There are currently 3 CNTW staff who have moved into substantive roles within the university to support this initiative.
- Physical Health Training – we are currently scoping the roll out physical health training to include a wider group across the ICP/S
- Skills Analysis – work is currently being scoped on the use of a data base to support skills analysis, subsequent gaps and inform decision making around resource and training investment. The tool has been successful at a local level in a number of teams across the North and South localities and it is envisaged that with stakeholder involvement this could be used across the Trust.
- Appraisal and Pay Progression Policy is currently being reviewed and will include a talent management and pay progression element.

Aim 6 – We will be a progressive employer of choice with appropriate pay and reward strategies.

- EDI – Over the past 12 months we have refreshed our strategy, developed E&D networks and have undertaken an application for Stonewall accreditation
- Inclusive employment approach – We have invested resource into Project Choice to support young people with learning disabilities onto a pathway to employment and host placements across the Trust. We also continue to support the work of Army Reservists and the recruitment of veterans into the Trust.
- Facility Time – we continue to support facility time for local TU reps and representation on a number of Programme Boards and Working Groups and adopt an inclusive approach to partnership working.
- Investors in People (IIP) – We have recently undergone an IIP assessment. Initial feedback from assessors was positive and we are currently awaiting the outcome.
- Pay and Conditions – we have implemented the national reforms to pay and conditions
- Reward – we have begun to review and refresh the reward ‘offer’ as part of the work we are undertaking on generational differences and ‘great place to work’.
- Retention – we have participated in cohort 3 of the NHSI Retention Support Programme and received positive feedback. We have developed an internal move process for nurses (to be launched in Autumn/Winter 2019), piloting ‘stay’ discussions across services, improved our exit questionnaire and response rates (to help us understand where we need to improve), developed an alumni for leavers to be launched in Autumn 2019, and mapped a framework for Talent Management (soon to be piloted).
- Mela and Pride – we continue to ensure representation across local events to promote the trust as an employer who recognises equality and diversity across the workforce.

3.0 Conclusion

There has been a significant amount of work undertaken across the Trust since the inception of the workforce strategy in 2015. Notably, 2018/19 has witnessed the development, implementation and embedding of many improvements and initiatives to support and engage with the workforce which subsequently place the Trust in a good position when the final People Plan is launched following the Autumn spending review. Whilst a priority remains to support our current workforce, the strategy sets out the vision we continue to work towards in order to recruit, retain and support the workforce of the future.

Claire Vesey

Head of Workforce Developments

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