



Northumberland,
Tyne and Wear
NHS Foundation Trust



Hope

Annual magazine 2019/20



Caring | Discovering | Growing | **Together**

Editorial

Welcome to our fifth and final annual magazine from Northumberland, Tyne and Wear NHS Foundation Trust. We are soon to become a new organisation, with a new name, and on 1 October 2019 we'll be welcoming colleagues from North Cumbria where together we will be providing services to the population of Cumbria, Northumberland, Tyne and Wear.

Each year our annual magazine has a theme, and this year it's 'hope' which was inspired from the production of a peer led video. You can read all about the hope project throughout this magazine as a number of those involved have shared their stories.

As well as this project, this magazine features articles submitted by our staff about their work and services, all centred on the theme of hope.

As an organisation we are one of the largest mental health and disability care providers in England, employing more than 6,000 staff and serving a population of approximately 1.4 million and in October we are set to grow as we welcome our colleagues from North Cumbria.

We work from over 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland as well as providing a number of national and specialised services.

We hope you find the find the articles throughout the magazine interesting and that they provide you with a good insight into our organisation.

If you would like to find out more about us you can visit our website at www.ntw.nhs.uk or find us on social media on Twitter, Facebook, LinkedIn or Instagram. Just search for us @NTWNHS.

We'd love to hear from you with any suggestions or feedback about our magazine or ideas for future editions.

You can reach us at communications@ntw.nhs.uk.

Adele Joicey
Communications Lead

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Introduction

This is now my fifth year as Chief Executive at Northumberland, Tyne and Wear NHS Foundation Trust. In that time I've seen many changes in the landscape of mental health, learning disability and neurological care. And despite the tight financial position for public services, I am proud to say that together we have seen many improvements over those five years. One demonstration of that has been our double outstanding rating from the CQC. This is a true testament to the hard work and dedication of our staff and our close working with our service users, carers and local partners.

We are just about to enter an exciting new chapter as we welcome colleagues from North Cumbria into our enlarged Trust; we will come together officially this October but the coming together has already begun informally. At my meetings with staff across North Cumbria, I've been struck by the commitment and focus on improving services for the people in need of their services. It is my hope and expectation that we will learn from what's good across the enlarged organisation as well as to work to make improvements where needed.

The theme of the magazine this year is hope, the idea of which was borne from a peer led video project which made me think about the development of our Service User and Carer Involvement Strategy. This has been developed with our Governors, Service User and Carer Reference Group and many other stakeholders and of course our staff. We are close to publishing the strategy where we will reaffirm our commitment to work in true partnership with our service users and carers to design and deliver excellent

services and provide personalised care and support for people in need of support.

One of the most rewarding parts of my job is visiting services and meeting staff and service users. It is a huge privilege to see first-hand the difference our skilled and caring workforce can make to people's lives, often when they are at their most vulnerable. Our values as an organisation shine through in the open, honest, respectful, caring and compassionate approach staff take each and every day. That's not to say we get everything right, but I'd like to hope that people recognise that we seek to learn from when things go wrong so that we can continuously improve.

I've been very mindful that the last 12 months have been challenging for services users, carers and staff who use or work in learning disability and/or autism services. With all the negative media over the past few months it's shown us

that services up and down the country still have a way to go in enabling people with a learning disability and/or autism to lead full and meaningful lives. At a recent event I listened to a lady named Katie, who holds a national role with NHS England and has Down Syndrome, tell her story. It was inspirational and emotional to listen to and was a great concern to me that it is still the case that sometimes people with a learning disability experience having things 'done' to them rather than being supported to do them for themselves. This must change. It's important that we as a society learn lessons from these recent events, especially those highlighted by the BBC Panorama programme.

Latest results from national attitudes around stigma offer hope. They show that there has been significant improvement in public attitudes and behaviours towards mental illness. Since the launch of Time to Change in 2007, 4.1 million people have demonstrated improved attitudes, with the survey showing people's willingness to work, live and continue a relationship with someone with a mental health problem have all improved. Whilst this is to be celebrated, I look forward with hope to the day where this isn't newsworthy; a day where we don't have to fight stigma and where we live in a tolerant society that values difference.

From a personal perspective, as some people in the Trust will be aware I have always been open about my own lived experience of mental ill health. However, in line with our theme of hope, I felt it might be pertinent to share my own story. For two years now I have been well and I have not suffered any bouts of depression or suicidal thoughts. This is the longest time I have been well since I was diagnosed nearly twenty years ago. I recognise that we are all different, but maybe this might be of some encouragement to anyone in a dark place at the moment. There really is hope.

If you know someone who is going through a difficult time, please reach out to them, by showing kindness and by asking them not once but twice: Are you OK?

John Lawlor, OBE
Chief Executive



HOPE

The Hope Project

Last year I was approached by Paul Nicol, a peer support worker who asked for support to make a film to engage with people who are losing or have lost hope, with the aim of connecting with peers by sharing darker days, to go on to share hope and help a person find or maintain a recovery path through hope. I was, of course, delighted to support the project.

Whilst Paul was on secondment as a patient and carer involvement facilitator, he approached Martin Graham, peer support worker to explore the idea of making films for peers, by peers. Martin has years of TV experience through working in the industry as a cameraman. Both Martin and Paul were keen to get messages on film which peer support workers frequently share with other peers.

Paul and Martin worked together to record and produce a film featuring peers. The film captures the views from experts by experience, who are service users, carers and peer support workers

on what it's like to lose and find hope. All involved were courageous and real stars for sharing their stories.

The film will feature as our 'film of the year' at our annual members meeting, which has led to this magazine having the theme of hope. The film is available to view on our website www.ntw.nhs.uk/hope

As well as their work on the film, Paul and Martin have kindly shared their personal views about what hope means to them. As well as Paul's own views he also refers to quotes from peers, including those of Graham who features in the film. Aimee Wilson and Chris Reader have also shared their personal account of their involvement in the project. Their stories make powerful reading and I'd like to thank Paul, Martin, Aimee and Chris for sharing.

Adele Joicey
Communications Lead

A few words on hope...

Hope for me was always about that enduring darkness lifting. Graham, who features in the hope film, talks about hope as 'aspiration, desire, wish or expectation' and goes on to speak of 'knowing a destination is possible or something I can (or could) reach.' This started me thinking, when we talk about hope, is it a sense of purpose we are discovering? Is hope actually about faith? Linking hope and faith was something I first heard fellow peer Sagara Citta talk about. He explained that we hope it does not rain, we hope the sun shines, yet when hope has an impact on recovery it is more of a belief and, for many people faith supports this link. For me, one of the other five key concepts of Wellness Recovery Action Plans plays a huge part here. Personal responsibility. Personal responsibility, has the ability to take that hope into a place where it can become belief.

The realisation or realisations that by taking personal responsibility, I could maintain hope as belief, was massive for me. I was then lucky enough to find the space to reflect on just how

deep my resilience had ran to survive, which enabled me to embrace that hope and belief. This did not prevent blips, setbacks or hopeless moments. It did however, help me hold hope with confidence.

Graham off camera has said 'If things are impossible to reach try to seek something tangible' and also said '.....reach other possible goals no matter how small they seem at first. Try something new, seek help and support if you can, and trust yourself. Count your blessings instead of your losses, take those baby steps, know that you are a survivor and that there is light at the end of that tunnel, no matter how long it is or it may seem.'

Wise words, I think. Ideals which sees my own recovery, increasingly feeling like a discovery journey where the hope is now maintenance and the blessing is knowing just how quickly it can all deteriorate. A blessing, I hope, will keep maintenance and personal growth real.

Paul Nicol
Peer Support Worker



A spark of hope

For many years I suffered from short, irregular bouts of depression. I would wake up and find that the world had become a dark and ugly place. It was as if I suddenly saw reality through different eyes and life seemed pointless. Fortunately it wouldn't last long, typically a week or so, and then I would wake up and the sun would shine and the world was once again full of possibility and joy. The dark days seemed like a bad dream, so I would put them behind me and get on with life, learning little from the experience. But they kept coming back, life took its toll and eventually, many years later, I sank into a major depression. My coping mechanisms stopped working and turned on me. I self-medicated with alcohol and that combined with the depression to form an unholy alliance, feeding upon each other and accelerating my spiral into darkness.

I managed to kick the drinking but the depression remained. I simply couldn't conceive of any possibility of hope. Nothing I did made any difference and experience had proved that when one door closes another will slam in your face, so what's the point? I'm a practical man but I had become so hopeless that I couldn't face even the simplest task. Days were long with just a racing brain for company, full of intrusive, destructive thoughts.

A good friend, seeing what I was going through, recognised that he had witnessed it before with another friend, who he asked to talk to me. I expected

nothing, but he saved my life. I could relate to everything he said, realised that he understood and I listened in a way I hadn't before. I finally got a spark of hope. There was no quick fix, but without that spark of hope I wouldn't have tried. I wouldn't have engaged with the doctors and nurses who helped set me on the road to recovery and I certainly wouldn't have been able to put in the necessary work. It is a long journey with many ups and downs, cul-de-sacs and barriers, but life itself is a journey, and recovery with all the hard work it entails is part of mine.

When Paul Nicol asked if I would like to be involved in making videos about peer's experiences I didn't take much persuading. My career, prior to being a peer support worker, was as a TV cameraman and giving that up had been something of a wrench. There are so many topics we could have chosen to cover, but I felt that hope is the one ingredient that is difficult to quantify but absolutely essential. One person's inspiration can be another's turn off. It's about connecting in an emotional as well as a practical way and personal stories, told well, can often make that connection.

I would like to thank the people who were brave enough to appear in the film, I think they are truly inspiring and if we have helped even one person to get the spark of hope to start their journey towards a life worth living, then I, for one, think it was worthwhile.

Martin Graham
Peer Support Worker



Definitions of hope

When Paul asked me to be involved in a project I jumped at the chance because working with Paul is always fun; with his dedication and kind nature, he's the perfect person to take on this project!

Filming 'hope' was kind of easy to do for me as I've filmed with news channels and a Dispatches documentary before but I appreciated that Paul and Martin made me feel even more comfortable. It was also great to be talking about hope, which I believe is so essential and positive in mental health that I'm actually quite passionate about the topic so I enjoyed having the opportunity to focus on it.

For me, without the hope that things will get better, I'm unsafe and feel alone, sad, and often, suicidal. For this reason, I'm very protective over having hope and if someone were to take it from me I'd fight for it back. I once had a doctor tell me that my diagnosis was a 'death sentence' and I really struggled to find the hope that I could battle it and survive.

My view on hope hasn't changed from the film but it has been reassuring to be able to identify with the other people in the film on our definitions of hope.

Aimee Wilson

Expert by experience and blogger at I'm NOT Disordered

A guiding light

What is hope? It's a difficult question to answer. Partly because it's subjective to everyone, but also because 'hope' can be quite an ambiguous word; there are different types of hope. It's a scale.

At the beginning of the scale is what can be described as 'false hope.' I live in hope that one day I will win the lottery and come into a vast fortune. Yet deep down I know that this hope is false as the odds of winning the lottery are astronomically high and also due to the fact I have never bought a lottery ticket in my entire life. I have hope, but it's not real.

Moving up from this point on the scale we get to what feels like 'insincere hope'. The kind of hope where we don't really 'hope.' "I hope you like onions because I put them in the sauce" which actually translates to "if you don't like onions that's too bad because that's all you're getting." At this point we say we 'hope' but it's not exactly sincere.

Continuing on the scale from here we begin to reach genuine hope, even if it is for the smaller things (although they may seem like huge things at the time). "I hope the weather stays nice so I can put the washing out" or "I hope I didn't burn the toast." At this point on the scale we are 'hopeful' but it wouldn't be the end of the world if that hope did not come to fruition. If I burn the toast, I feel a slight pang of guilt for wasting bread, followed by mild frustration that I now have to

start again, but I get by. If it rains and I can't put the laundry out, I grumble to myself about energy bills as I load the tumble dryer, but I get by.

Continue further on the scale however, and the hope starts to become more meaningful. At this level hope starts to become "I really hope I get that job" or "I hope my loved one in hospital pulls through" or, when talking about mental health and recovery, "I hope I have a future. I hope tomorrow is a better day." Hope at this level is 'meaningful.' It is precious.

Describing what hope is can be difficult because we hope for so many different things at different points on the scale. In terms of mental health, the risk we run in talking about 'hope' is that we talk about it in relation to the wrong point on the scale. The hope that tomorrow will be better is not the same as hoping the toast isn't burnt, that somebody likes onions, or the hope of a lottery win.

When discussing hope in mental health and recovery, we need to be clear that in this context, 'hope' is a very meaningful, precious and real feeling. Yes, hope in this sense can often feel like a risk. It can be scary and it can be difficult. But it can also be liberating, empowering and a guiding light in times of darkness.

Chris Reader

Peer Support Worker

Making a difference

My name is Jack and I am the Children and Young Peoples Service User Governor for the Trust. I was asked to write a piece about hope to coincide with the Hope Project which was launched during mental health awareness week.

What does hope mean to me? Hope has many different meanings for some people - it could be a goal, a dream or a desire. For me personally I like to think of it as a goal more often than not. When we hope about something it's because we either want it to happen or vice versa. It can help you to look forward to something in the future and get you through the bad times when hope is the only thing keeping you going.

Hope has played a huge part in my life through my own personal experiences of bullying and my mental health problems. There were times that were so dark and I felt like nothing was helping or could help, in the worst moments hope was always there that someone or something would happen, which would start to help me in my recovery.

When times are tough and scary a lot of us turn to hope to guide us and lead us to the goal that we want or expect. Sometimes things don't happen like we had planned but as long as we keep hoping we always have something to look forward to or work towards.

In the thoughts of the Trust and my role as a governor, hope has played its part many times. From day one, nearly six years ago when I had initially submitted my nomination to become a governor, hope was there helping me to reach my goal and start the next chapter in my life. During my time as a governor, hope never left my side, it helped me through the times when I thought I couldn't do it, when I thought 'I was just another young

person who is way out of their league' hope kept me fighting for what I was passionate about and what I wanted to get out of this role.

Of course, it's not just us hoping for ourselves, it's about spreading that hope to other people, helping and supporting who you can when you can, that's what some people need to help them have hope. Through my role I have always wanted to spread hope to the people I have met and got to know. Whether that be by sharing my story, talking to people about what they do, or even just getting involved in a new activity with them about something they are passionate about and enjoy doing.

So going back to the question, what does hope mean to me? I would have to say hope is so many different things and it cannot be answered with one single answer. Everyone you ask will have a different version of what hope is and how it has helped them but I can guarantee you that everyone at any one moment is hoping about something, we cannot go without having hope in some degree and that is what makes us human.

What do I hope for the future? I hope that even when my term as a governor ends this year, I am able to still influence, help and support service users, carers and also services that I hold near and dear to my heart. I hope I can continue working with amazing organisations like our Trust and help make a difference every day to people just like you and me, that is my hope. If I can leave you with one thing, that would be this, always keep your hope, never lose hope no matter how bad a situation may get, hope will guide and support you through it.

Jack Wilson
Children and Young Peoples Service
User Governor





Transforming children's services

The National Health Service is one of our most cherished institutions. I think our NHS is brilliant; filled with wonderfully caring and compassionate individuals who make a real difference to people's lives. I also believe that by working together across professions, teams, organisations and geographical boundaries we can make it even better.

It's not uncommon for us, as individuals, to feel like small cogs in the large machine that is our health service, especially when it comes to service change. That's one reason why I was delighted when our specialised children's services, based at Ferndene hospital, became a 'New Care Model'. Being a New Care Model means that we, as a mental health and disability provider, take responsibility for the specialised services commissioning budget. 'Co-commissioning' services alongside NHS England in this way gives us more influence over the services provided across our area and allows us to demonstrate our ability to innovate

and transform those services in the best interests of service users and their families.

Our proposals for change through the New Care Model are ambitious and have already begun to make system-wide improvements to the delivery of specialised children's services across the North East and Cumbria.

We launched our New Care Model programme in October 2017 underpinned by four key aims that we believed could inspire a shared purpose. We set out to:

- **provide care closer to home**
- **reduce the reliance on inpatient beds** (providing community care whenever appropriate and possible to do so)
- **reduce length of stay** (to ensure no one spends longer than they need to in hospital)
- **reduce out of area placements** (ending the need for young people to be placed outside of our region, away from their family, friends and other support networks)

I'm always struck by the words of our Chair, Ken Jarrold, and his encouragement for us to walk in 'other people's shoes.' Doing that, we can clearly imagine the positive impact that delivering the aims of our New Care Model could have on people's lives.

Now, in 2019, services have developed a more flexible approach to delivery in order to meet the needs of young people with strong clinical engagement central to achieving this. Inpatient and community clinical teams have provided a driving force, stepping outside of traditional silos and breaking down barriers in order to identify gaps between services and develop innovative solutions to address them. Spanning eleven interdependent projects, clinical teams are working more closely together than ever alongside service users and families to lead specialised children's services into a new era.

In 2018/19 the aggregation of this work reduced hospital bed days by 4,061 (including 2,199 'out of area' bed days). This reduction gave us associated indicative savings of £3 million which we invested back into local healthcare services, an achievement which led to our New Care Model winning the 'Knowledge, Safety and Innovation' category of the NTW staff excellence awards 2019.

There have been too many developments to fit them all into this article. Examples of service changes we've made include:

- The creation of seven day clinical case management, put in place to resist the avoidable use of hospital placements and support the timely admission and discharge of young people where admission is clinically appropriate, thus reducing length of stay.
- The development of additional specialist capability at Ferndene, resulting in a

marked reduction in the use of out of area placements. An example of this is the development of our new eating disorder model, which sees the development of additional specialist skills at Ferndene in a seamless pathway with community eating disorder services and supported by integrated support from local acute paediatric services.

- The transfer of resource from inpatient learning disability beds to community services. Intensive Community Treatment Service (ICTS) teams enhanced to support crisis intervention to young people with a learning disability and the establishment of an Intensive Positive Behavioural Support (IPBS) team, working across geographical boundaries with complex cases and scaffolding existing community teams.

Dr Legg of the IPBS team is passionate about hope in healthcare, referring us to literature which identifies that by three years of age, the biggest factor in the severity of a child's behaviour is not the level of disability of the child but the level of optimism in the parent. The team recently held a conference for practitioners from around the region to focus on offering families 'hope through action.'

Our New Care Model remains true to its aims. We'll continue to embed the work of the last 18 months and have made new commitments to develop bespoke approaches to address specific needs, such as for young people from Cumbria. To wrap around all of our clinical models, we will soon develop enhanced support to families, ensuring that developing and nurturing hope is central to specialised children's services.

Garry Schulz
CAMHS New Care Model Programme Manager

Living well with diagnosis

For patients and families who suspect a memory problem, attending their first appointment can feel daunting. We recognise these anxieties and strive to create a calm, welcoming and friendly atmosphere which puts people at ease. Our assessment takes place in our central Newcastle clinic, or at patient's homes, and uses a multi-disciplinary approach with input from nurses, occupational therapists, psychologists and doctors.

This allows us to develop a holistic view of individual strengths and difficulties, to create a patient-centred treatment plan. We seek to reassure those who do not have significant memory problems, and to provide information, support and treatment for those with dementia.

Patients tell us that they feel well-supported, saying that staff are 'friendly, informative and helpful' and, 'a lot of fears have been laid to rest and I am very appreciative of the team's efforts.' Many are pleased to know that there are medications available for the most common types of dementia.

Memory Assessment and Management Services (MAMS) staff are skilled at delivering interventions that raise awareness of dementia, and how to live well with the diagnosis. This offers hope to patients and families; 171 people have benefitted from group interventions in the past year, and these receive consistently positive feedback. We hold monthly education sessions and courses to aid memory strategies and carer wellbeing.

All groups empower individuals to take control of their own health, and assist in promoting personal autonomy in the face of a degenerative disease. For patients with mild-moderate dementia we offer Cognitive Stimulation Therapy. This course of therapy lasts 16 weeks, and is held twice a year; we are passionate about the immediate and long-term benefits to our patients, which is reflected in patient feedback.

This year MAMS has developed an innovative approach to support patient, carer and staff wellbeing. By partnering with a local charity called Equal Arts, we have offered a series of 'Getting Creative' groups, funded by a Health Foundation Innovation for Improvement Grant.

The groups are led by professional artists and supported by MAMS staff, with patients and carers using creative and imagination based approaches to have fun and be in the moment. So far, themes have included gardens, the beach and markets. Participants have used these stimuli to generate discussion and create poems, as well as engaging with hands on creative activities using a process called cyanotyping.

For staff, creative activities held throughout the year have provided the opportunity to pause in the midst of busy schedules to reconnect with their colleagues, reflect on their work, and its value to those we serve. This focus on staff wellbeing has provided new energy and an openness to further possibilities, helping our service to be sustainable and to continue to deliver a quality service for patients and their families.

Dr Charlotte Allan
Consultant Psychiatrist, Memory Assessment and Management Service

Our Gardens

So many places
Ayrshire and many, many more.
Public gardens are pleasurable –
so lovely to watch butterflies on buddleia.

Some of us have big gardens.
In Spring we plan what needs to be done
when sun and apple blossom comes.
Busy times ahead, hard work to enjoy
to get all things ready.

A seaman who loved his yacht
puts a settee amongst his home flowers.
He knows the garden needs him and later
he sits with his wife to eat a meal
and together they talk for hours and
hours.

Sitting in a garden can be relaxing
very much so. Beautiful ferns
planted last summer, unfurl in curls.
We hope for good weather, warmth
then we love to rest and enjoy all our
work.

By Liz, Mick, Brenda, John, Irene and Jeni



Hope becoming reality

Last year, the LGBT+ Network set out its vision regarding what we wanted to achieve for our Network members, the service users we have responsibility towards and for the Trust.

This last year has seen us gather further momentum by having a much higher visible presence in the Trust and an ability to create positive change.

This has occurred through four key elements.

During the last 12 months, through our determination;

- We became more visible by regularly highlighting issues in the Trust weekly bulletin and by holding events on key commemorative dates in the LGBT+ calendar
- We have pushed forward with the monthly LGBT+ awareness training, reaching out to more staff as time goes by

- Complementing this; at the beginning of this year the Allies for LGBT+ People Programme was launched
- The Trust applied to Stonewall for its Diversity Champion Status

Our visibility and training opportunities have been well received. Members of staff have been coming forward to show their support and desire to be allies from across the Trust. Our allies have demonstrated their commitment to working alongside us by supporting the aims and objectives of the Network. It is an understatement to describe this as being anything less than positive.

The combination of these drives has seen our network numbers grow and we now have more LGBT+ Network Leads who can move forward in a timely manner on initiatives.

Our most recent campaign for International Day against Homophobia, Biphobia and Transphobia was a huge success. This was based on the level of engagement we had at our stall and through social media. The most powerful part of the campaign was the use of a video we released on the day and the pledges we managed to secure from people to not stay silent in the face of any phobias they might witness or experience.

Central to this was the expression of why it is important for all LGBT+ staff to be visible at work and why being ourselves is paramount for our own mental wellbeing and for that of service users.

Having the Stonewall Diversity Status offers the Trust the opportunity to submit to the Stonewall Top 100 Workplace Equality Index. There is a lot of work to complete in order for us to be ready to submit ourselves for consideration but I am confident that next year we will

be in a favourable position to achieve a placement in the top 100 list.

The LGBT+ Network has come a long way in the last 12 months and we have a lot further to go to ensure the Trust meets the demands of the Stonewall Workplace Equality Index but I am convinced that we have the drive and determination to make the Trust an even better place to work and to receive care from. I am confident that with growing support and acceptance, this hope will become a reality.

Simon Pearson

NTW LGBT+ Network Chair



Cultivating hope in the face of trauma, adversity and overwhelming emotion:

The work of the Personality Disorder Hub team

Hope plays an important role in recovery, facilitating a process of change that enables an individual to have as satisfying a life as possible. It is both a catalyst for change and an enabler of wellbeing. Clients accessing the Personality Disorder Hub Team have often been subjected to multiple adverse and traumatic experiences in their life, with many remaining vulnerable to adult adversity. Such difficulties result in understandable overwhelming distress; extreme difficulties regulating emotions and problems navigating relationships. In turn these can lead to severe self-harm, frequent intense suicidality and significant challenges to the therapeutic relationship, including heightened interpersonal sensitivity, re-enactments of abusive behaviour and/or making unreasonable demands. For both the client and clinician the intensity and chronicity of problems can lead to feelings of despair, hopelessness and futility. For many their early experiences have taught them to fear change and/or positive feelings, blocking hope further. It can become difficult to imagine alternatives, to be aware of a different ending, with 'a life worth living' seeming an unsurmountable task. Many have also been provided with negative messages about their prognosis; that they are untreatable and their very being is disordered. Some have been informed the Hub is 'the end of the line', their 'last chance'. Such negativity about prognosis not only dampens hope but the resulting hopelessness can increase suicidality.

Whilst the importance of instilling and fostering hope is undisputed, as clinicians we feel our client's distress, connect with their fears and are not immune to feeling overwhelmed ourselves. So, how do we maintain hope, compassion and empathy in the face of adversity, emotion dysregulation and associated risk? Discussion amongst Hub clinicians revealed a number of key enablers:

1. The team approach – utilising evidence-based practice our central principles are to foster and maintain a curious, open stance whilst offering structured and targeted interventions which are formulated, attuned to and with the individual. By offering a clear 'road map' we inspire confidence, provide direction and impart a wisdom that this works! By remaining curious and open to the individual's pain and distress, we demonstrate the relationship can be a vehicle for change. By working as a team (e.g. buddy system during leave) with a unified, consistent approach, we provide a different script, one that cultivates not only growth but also fosters self-responsibility, personal agency and choice. By developing collaborative, meaningful and realistic goals, we can develop momentum by building on small successes and turn sparks into long burning flames. As one of our clients said, "I wouldn't still be alive without the help you've provided; the treatment gave me tools and techniques that I didn't have before; I can see a future and I have goals to work towards."

2. The individual clinician – as a group we realised we share some commonalities which help us sow the seeds of hope, fertilise and/or cultivate them. Central to these is a shared belief that everybody's life is valuable and each individual has a right to an optimum level of functioning. Through these beliefs we hope to inspire, motivate and encourage, whilst providing the foundations for growth and change. But matched with this is a realism, tenacity and perseverance. Change might be slow, we might need to celebrate the smallest of achievements whilst not losing sight of the end goal, which can sometimes come after discharge. We need to tolerate uncertainty and when our clients have no hope, we need to emphasise their strengths, resources and survival skills. We look for and polish the smallest nuggets of gold.

3. Supervision and reflective practice – clinicians recognise the powerful position they occupy in relation to their clients' hope and reflect on the ways in which they may be communicating their feelings both explicitly and implicitly in supervision. As a team we share our positive practice and feedback in order to ensure hope stays well fertilised.

4. Involvement of others – the provision of positive narratives and seeing others who are 'doing better' has been found to be invaluable. We not only use our peer support worker to foster hope and optimism but also use Hub 'graduates' in our group work. We involve families

and carers so the whole system can build, boost and benefit from the positive changes.

5. Information – by providing psycho-education and positive messages about prognosis and treatment outcomes, we not only reduce stigma but provide a message that 'a life worth living' can be achieved. By remaining up to date with the evidence base and ensuring clinicians are suitably trained, we can rest assured that we are offering our clients the best available treatment. And by developing and sharing collaborative formulations we, together with our clients, understand the behaviour that challenges and work together to overcome it.

But perhaps most importantly, in order to foster hope, there needs to be connection and in order for there to be connection there needs to be a true willingness to listen and stand witness to the pain. To quote one of our clients "I pushed you, tested you, you done it though, you proved me wrong a million times over, never once gave up, you were there all the way! You made it to the end with me, which means more than you could imagine."

Dr Genevieve Quayle
Consultant Clinical Psychologist
Clinical Lead, Personality Disorder Hub Team

Hope and faith

How do you view hope? Is it a vague wishful thinking that is always linked with dreams? If so, then people who live in hope can be dismissed as easily as those who are 'dreamers.' You might say that those who live on hopes and pipe-dreams have surely lost touch with reality!

Or (as I hope!) do you see hope as something which is far more reliable than a vague bit of wishful thinking? When you hope, you are in a state of anticipation that things will get better. You can have confidence that when you look for improvements in life and health, you will find something to be thankful for.

The problem with hope is that it is about the future. It is not something that we can hold onto with certainty. You could therefore argue that hope is more about faith than science. You cannot prove that the future will be as you expect – but you aspire for it to be so.

Curiously the future is affected by our attitude towards it. If we expect things to be worse in the future, then we might find that they do get worse (and we get what we expect, so we shouldn't be disappointed!) But expecting everything to be worse blinds us to any improvements. Or indeed things might not be actually

any worse, but because we expect them to be worse, we think they are worse. We get what we hope for!

Yet those who always look on the bright side often find things in life to celebrate, despite what life throws at them. This is a faith which allows us to be certain of what we hope for in the future, even if the present is not everything we would like it to be.

Within the Trust's chaplaincy department, we would say that we deal in hope. It is our most important commodity. To ask whether we have hope is a spiritual question. Hope deals with the meaning and values of life. It requires us to have faith that other people can help us, and that they can also help us to help ourselves. Spirituality includes religion and the Trust has a few chaplains to help with that. But spirituality is much bigger than religion, and the Trust has more than six thousand staff members (including chaplains) to help with that.

One way of looking at your own spirituality is to ask yourself what lifts your spirits. What can you do to find optimism? Who do you need to spend time with? What can you choose to do that will bless you? And bless others through you?

Hopefulness which looks for a brighter future is an invitation to work towards it. To think for ourselves how we might make our dreams a reality. It is also an invitation for us to work with other people to make the world a better place. This is the true power of hope! If we aim to be optimistic that things can only get better, and if we spend our time aiming for such a dream, then what we long for may well just be ours.

So let us have the faith to be certain of the things we hope for. Whether in terms of our mental health or our working relationships, or even the future of our Trust. Because hope inspires action. And hope does not disappoint us!

The Revd Dr Neil Cockling

Consultant Lead Chaplain and Freedom to Speak Up Guardian



[illegible]

The recently published NHS Long Term Plan identifies that an ICS is central to the delivery of improved services as it brings together local organisations to redesign care and improve population health by creating a shared vision, leadership and joint action. The mental health work stream is focused on addressing health inequalities and preventing illness, promoting wellbeing and improving outcomes for people who experience mental ill health. Seven priorities and key principles have been agreed, with detailed delivery plans for each area.

- **Child health:** Transforming children and young people's services to improve mental health, physical health and wellbeing.
- **Zero suicide ambition:** Supporting delivery of Every Life Matters and Suicide Prevention is Everyone's Business.

- 2019/20 will be a transitional year for us, allowing us to work with our partners and benefit from an opportunity to shape the local implementation plans to ensure that they meet the needs of our population. We are very grateful for the input we have had from our experts by experience, priority working group sponsors, working group leads and our partners over the past year and look forward to collaboratively progressing the next steps in our evolution.

Gail Kay
Project Director

The Gateway Recovery College

Recovery Colleges have been around for a few years now and are based around specific principles in relation to recovery. We know that the implementation of Recovery Colleges both within inpatient and community settings have been successful, however we know that outcomes are measured differently across individual services. Recovery colleges within forensic settings are also quite novel and this brings another level of obstacles to overcome in terms of generating similar outcomes in relation to measuring recovery.

Studies have found that those individuals who attend Recovery Colleges have reported increased hope, increased purpose and a sense of identity. As well as feeling empowered, they feel they have increased their knowledge and learnt new skills. Recovery Colleges have also provided vocational opportunities for individuals, data suggesting that there has been an increase in employment or attendance at mainstream education from those individuals who have attended a Recovery College. Most importantly those who had attended a Recovery College required less professional input or intervention. (Jay et al. 2017).

We know that we can attribute a large proportion of the above successes to the notion of ‘co-production’ which is the ethos of every successful functioning recovery college. Within our secure service, we strive to practice in a recovery focused manner, utilising the strengths of people who both live and work in services to promote better wellbeing and self-esteem, increase hope, increase confidence and motivation, empower people to make their own choices and to develop knowledge and skills along the way.

The word ‘hope’ is very difficult to quantify within secure care. Our services evaluate hope through outcome measures, the recovery college uses pre and post measures to identify an individual’s perception of hope. We also use patient response outcome measures (PREOMS). This is a service user developed tool, one of the questions we ask is “do you have hope?” Each patient then develops an action plan with the team, in an attempt to increase hope as the service believes hope is a fundamental requirement for people within our care. We also use this tool to evaluate areas of good practice and share new initiatives, approaches and use this information to develop new services.



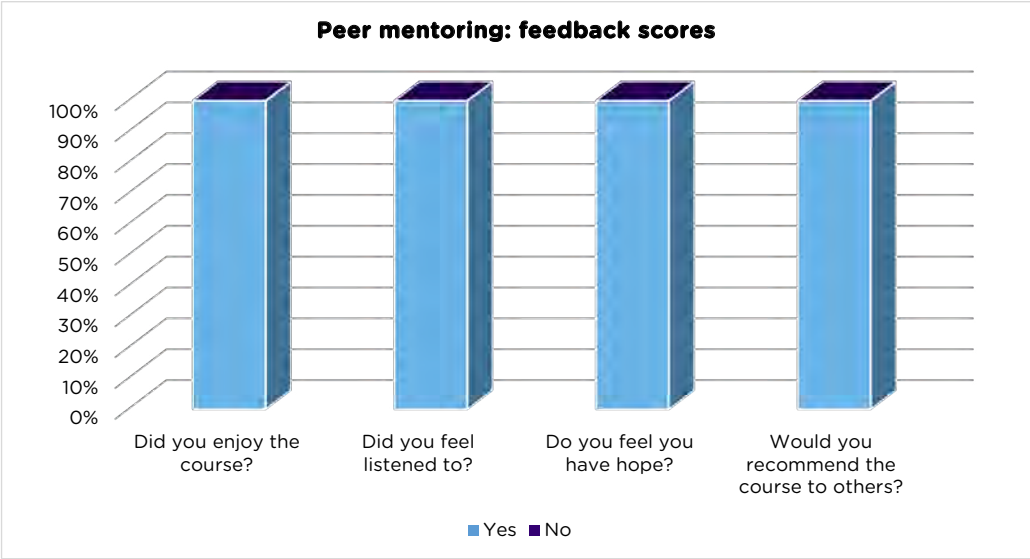
Patient and carer engagement is pivotal, developing and sustaining good working relationships is key and is the basis and foundation of what we do to ensure increased hope. Utilising staff as experts by profession and patients as experts by experience, working together in partnership.

We have a patient council with representatives from each service, this group considers any new initiatives, and feeds back information to fellow peers

and are also responsible for both the co-development and co-delivery of every college course we run. Where we don’t use patients currently living in the service, we utilise peer support workers (all people with a lived experience of mental ill health) to co-develop and co-facilitate courses to inspire the students within the college. We believe this model of working promotes hope and wellbeing.

Joanne Inskip
Gateway Recovery College

An example of the outcome measures we use (feedback from students from peer mentoring course).



Developing hope

Hope can alter your view of your potential and what you can attain and along with hope can come optimism about a goal or future aspiration and how you view yourself.

We aim to work with staff to help them reach their full potential and give them advice and guidance on ways they can access career pathways in whatever NTW career route they are interested in.

During the past year we have been working with some of the other Trusts in the region and Sunderland University on a nurse degree apprenticeship route. It's an opportunity for support workers to undertake a Nursing Degree Apprenticeship (BSc Hons) leading to NMC registration and is a development opportunity for NTW staff as well as an innovative approach from our NTW Academy to support candidates to help address nurse shortages. This contemporary flexible nursing degree apprenticeship provides the learner with the opportunity to remain in salaried employment whilst studying for a work integrated degree in adult nursing, learning disability nursing or mental health nursing registrable with the NMC leading to the title of Registered Nurse. Thirty nine candidates began the course in January 2019 with a further nineteen starting the programme in July.

These cohorts have built upon the foundations laid within the NTW Nursing Strategy which outlined ways for staff to obtain role related vocational training

and have access to career pathways. As a consequence we began working with delivery partners to offer both intermediate and advanced health apprenticeships to staff, including offering the mental health pathway of the Level 3 Senior Healthcare Support Worker apprenticeship.

We take part in approximately forty school events a year, supported by colleagues from the nursing directorates, NTW Solutions and clinical admin. We were one of the first NHS Trusts in the region to develop a business administration apprenticeship programme back in 2009. Our aim then was to offer it as a development opportunity to new recruits only. Since then we have recruited almost 500 apprentices, with a 91% achievement rate. We have a number of examples of developed career pathways and others we are in the process of establishing. We also offer this training to current staff who want to access qualifications so they can continue to build on their skills. Our career development team will provide advice on what's available.

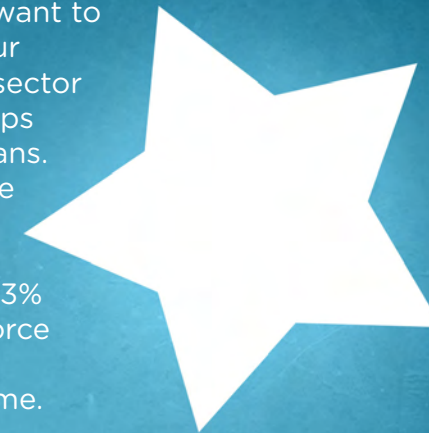
The Academy is also doing a joint piece of work with workforce colleagues on the Trust's talent management strategy; we are scoping work on what Universities can offer in terms of higher apprenticeships in leadership and management related subjects. We hope to have more details about this soon and are excited by the opportunities it will offer staff.

The Academy has an NTW Apprenticeship Business Plan which outlines what we want to achieve over the next four years in line with public sector targets for apprenticeships and NTW's workforce plans. In 2018/19 NTW were one of only two Trusts in the region to achieve our public sector target of 2.3% with 3.34% of the workforce being enrolled onto an apprenticeship programme.

We hope to meet more of you to support your own plans for professional development.

If you would like more information about apprenticeships or career advice please email us at:
ntwcareersadvice@ntw.nhs.uk

Annette Connor
Apprenticeships and Career Development Team



Research in NTW: bringing hope for the future

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) has a long and proud history of involvement in clinical research. As an innovative and outstanding NHS organisation we see taking part in research as being a key part of providing high quality care and treatment. In fact, evidence suggests that the highest performing NHS organisations are those with the greatest research involvement, so this is something that we see as crucial to our innovative status.

NTW is one of the leading mental health trusts across the country in terms of large scale research, and for the past six years we have been consistently ranked in the top four for research activity. We have also played a key part nationally in the increase of participants in mental health and dementia studies, which is an important objective for the National Institute for Health Research (NIHR) – the research arm of the Department of Health and Social Care.

Research in NTW covers many of our main services and priorities such as dementia, mood disorders, autism, psychosis, addictions and children's and young people's mental health with ambitious plans to continue to develop research in further specialities such as neuro rehabilitation, Huntington's disease and forensics.

Research has benefits for those who use our services, not only through increasing the quality of the services we provide but also by allowing us the opportunity to provide treatments and interventions which may be better than

what is currently available. This is because when a new treatment is developed it is usually put to the test in an experiment alongside what is currently accepted as the best available treatment. This can then provide evidence as to whether it really is better than the current treatment, the same but cheaper, or with fewer side effects. These experiments or 'clinical trials' provide evidence to allow us, and organisations such as NICE (National Institute for Health and Care Excellence), to make decisions and recommendations about which are the best treatments to offer.

Our main aim in our work is in the real-world benefits of research. A great example of a recent research project which happened in NTW was the Blue Room, an immersive virtual reality treatment for children with autism and phobias.

Led by Professor Jeremy Parr, who works clinically in NTW and is also part of the Institute of Neuroscience at Newcastle University, the Blue Room was funded by the NIHR and developed by specialists at the University working alongside innovative technology firm Third Eye NeuroTech. Autism can affect a child's learning and development, often resulting in impaired social and communication skills and many also have fears or phobias which can be very distressing but are often overlooked. It is thought that these phobias affect around 25% of children with autism. The project enabled the team to create a personalised 360 degree environment (the 'Blue Room'), incorporating the participants' real-life phobia, which included travelling on public transport, school classrooms, dogs and balloons.

The Blue Room was a trial involving 32 children with autism aged 8-14 years. Accompanied by a psychologist they underwent four sessions in a week involving a personalised scenario, and parents were able to watch the treatment via a video link. Within this virtual environment, which requires no goggles, the person could comfortably investigate and navigate through various scenarios working with a therapist using iPad controls but remaining in full control of the situation.

"People with autism can find imagining a scene difficult which is why the Blue Room is so well-received. We are providing the feared situation in a controlled way through virtual reality and we are sitting alongside them to help them learn how to manage their fears," explains Dr Morag Maskey, researcher from the Institute of Neuroscience, Newcastle University.

"It is incredibly rewarding to see the effect it can have for some, overcoming a situation which just a week previously would have been so distressing."

Professor Parr said "For many children and their families, anxiety can rule their lives as they try to avoid the situations which can trigger their child's fears or phobia. To be able to offer an NHS treatment that works, and see the children do so well, offers hope to families who have very few treatment options for anxiety available to them."

Further information on how to get involved in research at NTW is available on our website or via email at research@ntw.nhs.uk

Simon Douglas

Joint Director of Research, Innovation and Clinical Effectiveness

The Pathway Support programme for our Older People's Inpatient Services South of Tyne has given increased hope to patients we care for and their families by introducing dedicated staff to troubleshoot hotspot areas.

By focusing on earlier discharge planning the service has achieved a strong 'culture change' and improved integrated working between health and social care, with truly impressive results.

The programme has driven a significant reduction in the service's waiting times while improving the experience for our service users through a better 'flow' of

care, with a 30% reduction in average lengths of stay and 50% reduction in bed occupancy.

Based at Monkwearmouth Hospital in Sunderland, the pathway support programme was set up in order to reduce extended lengths of stay and delays to patients being discharged due to blockages in the 'flow' of care between different NHS and social care services.

Before the Pathway Support programme started our Older People's Inpatient Services suffered significantly from prolonged lengths of stay which in turn led to a lack of beds for new patients.

Our Trust's team identified an injection of focused resources to unblock any 'hotspots' in each patient's 'journey' through the care system. The plan was that earlier discharges would lead to reduced bed occupancy, in turn releasing resources to prevent admission.

The largest cause of prolonged admissions in Older People's Inpatient Services was patients waiting for community care packages. The project plan appointed a senior nurse and social worker to support Older People's clinicians and locality social workers to work more collaboratively, promptly and person-centrally.

The two post holders worked with patients, carers/families, the multi-disciplinary team, community clinicians and social services, encouraging, cajoling, prompting, supporting and escalating to problem-solve as per individual needs.

As well as supporting staff to work more collaboratively with social services, the two new dedicated roles also provided a staff resource on hand to solve individual difficulties and avoid unexpected problems which could lengthen the stay of patients.

Over the course of 2018 we achieved reduced average lengths of inpatient stay, with patients spending less time away from home and loved ones and no longer being placed away from their home locality or specialism they required.

We achieved all three of our key targets, reducing average bed occupancy to 80%, successfully eradicating out-of-locality admissions, and reducing the average length of stay from 95 days in late 2017 to 75 days by late 2018.

The programme has significantly increased the quality of the experience of the service in question for patients, families and carers, without compromising on safety or standards of care.

The patient experience has also been greatly improved by increasing patient and carer input, a broader, more holistic, person-centred approach to care, a shorter time spent away from home, improved access for visiting families, and improved engagement with community professionals and social services to support discharge planning.

However the benefits of the project might best be summed up in the words of one patient's family: "We have seen a very positive team who have helped our Mam get better to the point she can now leave the hospital. We never thought she would recover. Thank you."

Rob Bailey
Nurse Consultant
Older Peoples Inpatient Services
South of Tyne

Pathway support



Maximising potential

When a person sustains a traumatic brain injury the individuals loved ones often experience a range of conflicting fears and emotions. One would like to describe the rehabilitation pathway as a linear journey of steady progress for the patient, however this is far from the case.

Neuro rehabilitation can be a frightening place for patients and their families as they suddenly find themselves thrust into a world of disability that they previously knew nothing about. Patients will experience the rollercoaster of highs and lows as they recover. It can often feel that each gain made is accompanied by a new complication.

The patient who initially presents as happy and content is often blissfully unaware of the extent of their deficits. As they recover and develop insight into their situation their blissful happiness is often replaced by low mood, depression and hopelessness.

As for the family, hope is the one thing they have embraced from the onset. Hope that the paramedics get them to hospital on time, hope that the doctors and nurses keep them alive, hope that the rehabilitation specialists can make progress, hope that the person that emerges can go on to have a productive meaningful life.

We know from research that patients can continue to make rehabilitation gains many years post injury, however in many parts of the country rehabilitation stops when the hospital discharges the patient home. Across the country, community neuro rehabilitation services are few and far between. This situation can lead to patients failing to reach their full potential placing excessive demands on families to provide care in the longer term.

Community neuro rehab services are essential as many patients do not view successful rehabilitation in terms of how well they did in hospital, they view successful rehabilitation within the context of their lives and social experiences. For some this could mean getting back to work, being able to look after their children or being able to access hobbies and activities that give meaning to their lives.

Fortunately we have a range of community teams that build upon the work of our colleagues in the acute and post-acute sector to continue the rehabilitation journey long after the hospital phase has ended.

If acute services are not matched by community resources, then the efforts of patients and hospital staff will quickly become a sunken cost rather than an investment. Having access to Northumberland Head Injuries Service,

The Regional Disability Team and Sunderland and Gateshead Community Acquired Brain Injury Service ensures that the patient has the opportunity to maximise their potential and gives them continued cause for hope that a life with value and meaning is achievable post brain injury.

Community Neuro Rehabilitation:
Northumberland Head Injuries Service
The Regional Disability Team
Sunderland and Gateshead Community Acquired Brain Injury Service



Caring and protecting

Over the last few years Northumberland, Tyne and Wear NHS Foundation Trust's (NTW) partnership with Northumbria Police has gone from strength to strength, in so many ways.

Why is it necessary or important? It's simple - to do the best for the people we both care for and protect.

It has been recognised that NTW and Northumbria Police have one of the best working partnerships in the country. It's not just one thing we do, it's everything we do! It's ensuring the right agency is involved at the right time, and that Police are not involved where it's not necessary. But it's also about safeguarding and protecting those vulnerable people in our communities. We do this in many ways from our joint Street Triage Teams to Northumbria Police force lead Inspector, Steve Baker and NTW Clinical Police Liaison lead Claire Andre, but did you

know within our hospital communities we have Hospital Liaison Officers, working closely with our inpatient communities?

Who are the Hospital Liaison Officers?

Our current Hospital Liaison Officers are as follows:

- PC Karen Butler – St Nicholas Hospital and Campus for Ageing and Vitality, Newcastle.
- PC Chris Charles – St George's Park Hospital and Northgate Hospital, Morpeth, Northumberland.
- PC Kim Wright – Hopewood Park Hospital, Sunderland
- PC Darren English – Ferndene, Prudhoe, Northumberland
- PC Jo Breen – Tranwell Unit and Elm House, Gateshead
- PC Nicki Bute – Rose Lodge, Hebburn, South Tyneside
- PC Gary Shaw – Walkergate Park Hospital, Newcastle



What do they do?

Hospital Liaison Officers provide a familiar face for their hospital 'community', which for many of our sites includes vulnerable service users who may stay in hospital for weeks or months at a time, as well as thousands of staff members, carers and patient's families.

The officers make a significant impact in assisting staff and service users to feel safe and supported by police where it is required and necessary. They of course deal with any crimes that may occur, but do this whilst always looking at the best possible outcomes for all involved. Some of our vulnerable people in our hospitals do not always have positive relationships with the Police. The Liaison Officers become role models, showing the human side to policing and encourage people to speak with them. Many of our service users see the officers as a familiar face and someone they can talk to. Some have also admitted to changing their view of the Police seeing them as people who can help.

As well as being role models, they also try to break the stigma of police and mental health colleagues working together with their communities. A recent example has been PC Chris Charles who recently devised a new initiative, 'Cuppa with a Copper and Natter with a Nurse' - an informal event with the local community, public, Police, NTW staff and service users at a hospital café venue. This gave attendees the chance to take away information about crime prevention, ask questions or just have a chat and improve the understanding of mental health services in their area. It also gave service users a chance to talk to PC Charles in confidence about any concerns they had including safety on the sites.

It's also about how they are viewed on our sites with their uniformed presence and office base on many of our sites acting as a natural deterrent for individuals who might target our hospitals and especially our service users due to their vulnerability. Those who try to target our sites are deterred from doing so and robustly dealt with.

They also guide and support their Northumbria Police colleagues with anything from minor to more serious crimes where someone may have ended up in hospital due to their mental health - in these situations they can advise on the best way forward and assist with investigations. They are the mental health related crime experts in Northumbria Police. Described by our Clinical Police Liaison lead as the 'hidden gems' of our NHS/police partnership, these officers are essential role models who safeguard and support staff, patients, carers and families alike. They are in summary 'hope inspiring' to their communities in so many ways and we value all that they do.

As Desmond Tutu once said...

“Hope is being able to see that there is light despite all of the darkness.”

When people are in hospital it can be the darkest and most vulnerable time which can make it difficult to see light. Hope is an integral part of recovery and to be able to do so in a way that transfers and ensures support and increased awareness of community is so important.

Claire Andre

Clinical Police Liaison Lead

Steve Baker

Inspector (Safeguarding Strategic Support)

Bedrock to recovery

NTW has a long history of providing addiction services and, over recent years, we have extended this portfolio to provide addiction services in a number of localities in the region including Newcastle, North Tyneside, Northumberland and Sunderland. As well as this, we support prison services across both North East and in Cumbria.

As a result NTW has developed our model of provision to deliver services in formal partnership with other organisations to ensure the service user has the appropriate range of specialist clinical treatment, but also the most appropriate recovery support throughout to meet their needs and increase their recovery capital.

Recovering from an addiction is a complex process and whilst there are many paths to recovery, hope is the bedrock upon which people build their recovery.

Without hope, or a desire to recover, it would be difficult to find the motivation to strive towards recovery, but with hope, anything is possible. Some of our partners, Humankind, Turning Point and Changing Lives are all very active independently in the addiction field nationally, particularly in recovery, but as local partnerships, we also ensure that the specialist clinical NTW model addresses the whole treatment journey as a co-ordinated, supportive and shared approach between services, service user and carers/significant others to maximise recovery opportunity, instilling hope and aspiration from the outset to ensure that there is a foundation from which to build their recovery.

The artwork in Plummer Court reception is one representation of our shared vision of hope in the recovery journey, and

incorporates messages of hope in the foliage to all service users and staff. This was developed by service users following a Talk 1st initiative within NTW. Some of the individual words and phrases include 'happiness', 'future', 'enjoying reality', 'start the healing', which can be an inspiration to all at different times of their journey.

We have in recent years seen some major changes in the field of addiction, with the emergence of New Psychoactive Substances (NPS) and the significant challenges this brought from a clinical management perspective alongside the changes in drug availability and supply. However, staff in addiction services have continued to approach the field with enthusiasm, striving for new knowledge where needed and embedding this into practice.

In order to be a progressive addiction service, research is central to our activity and whilst we have always had a strong research ethos, our involvement of late has significantly increased with involvement in national work with Scotland around Minimum Unit Pricing for alcohol (MUP), research into stimulants (Attune) and currently embarking on a clinical trial as one of only four sites nationally offering injectable opiate substitute treatment (Expo Trial). All of this is not only securing our strength and involvement in clinical research, but is continuing to develop the clinical field and future hope in service users and staff, which innovation creates.

At a local level, we have some pioneering developments in practice which are also supporting innovative ways of providing services in addictions. Plummer Court are currently piloting a project around

respiratory pathways for addictions, in partnership with Newcastle upon Tyne Hospitals NHS Foundation Trust. This project was borne out of the recent increases in overdose and drug related death and recognised links to respiratory depression. The project essentially provides a screening and treatment pathway for respiratory health which service users had not previously felt available to them or they had not accessed due to perceived stigma. The majority of service users attending this clinic were not previously diagnosed with respiratory disorder or receiving treatment but the clinic now provides diagnosis, treatment and follow-up pathway for a range of respiratory disorders.

Some of the feedback from service users around this work is;

“ It was a good experience...
It was helpful...explained about
my lungs and airways
I'm very glad I attended...
I got good advice, thanks very much
Nurses were so helpful... ”

We are striving to share research, innovation and learning across all of our services and the Addiction Strategic Clinical Network is a significant vehicle for this, bringing staff across all Clinical Business Units together to share learning and development as well as offer a forum for mutual support. The Network will share intelligence in the addictions field but will also support us in ensuring that good practice developed in one area can be translated across all services to ensure excellent services are available to all across NTW.

When asked about hope in addictions, one of our volunteers and member of Newcastle User Carer Forum told us;

“Hope means working alongside drug and alcohol service users to share positive recovery. Hope means giving back to individuals who are using substances. I want to share hope with them to allow people to engage in groups which are recovery based, allow them to engage in volunteering and spread hope to individuals who engage with addiction services.”

Dr Margaret Orange
Treatment Effectiveness and Governance
Manager (Addictions Services)





Building on involvement

The Older Adult Strategic Clinical Network (OA SCN) is open to all members of staff, and its purpose is to:

- Involve and engage with all of the older adult mental health workforce and key service users and carers in NTW who are experts by experience
- Support and lead the co-production of best practice and effective interventions for service users and supporters of people in older adult mental health services
- Promote standards of practice across localities, community, crisis and inpatient services that ensure therapeutic environments and psychologically informed interventions

It has established a core membership group, including carer involvement, third sector and academic input. Gayle Wilkinson has been appointed to the network as Clinical Lead and co-chairs meetings with Dr Jonathan Richardson, Group Medical Director.

The OA SCN meets on a two monthly basis and now has a theme to each session, which usually involves a presentation followed by an agenda and discussion. The themes have included the memory service e-pathway, referral criteria for memory assessment services, non-pharmacological guidelines in behaviours that challenge.

Agenda items for discussion have included:

- Referrals to OA pathway community teams 2011-2017;
- Younger people with organic cognitive impairment and the increased referral rates to memory services,
- Service user and carer representation within OA SCN
- Inpatient audit and personalised care plans
- Dementia pathway for people with learning disabilities
- Older people with additional personality difficulties and complex trauma
- Challenging behaviour e-pathway
- NICE guidance on older peoples mental health and wellbeing
- Prime Minister's 2020 challenge
- Prescribing anti-psychotic medication for people with dementia
- Letters from clinicians and clarity regarding a dementia diagnosis
- Presentations and discussion on a delirium audit (as part of the NICE guidance baseline assessment)

Staff from the OA SCN and NTW in partnership with colleagues have also hosted a number of events across the Trust, to raise awareness for Dementia Action Week. For example representatives from Admiral Nurses, Dementia Advice Centre and the Alzheimer's Society came together at an event to speak to patients, carers and staff and to share information.

With regards to our hope for the future, we want to build on carer and third sector involvement and also how we link with external networks such as NHSE. Dr Richardson is due to meet Karen Franks in her role as Dementia and Older People's Mental Health Clinical Lead for the Northern England Clinical Networks; to ensure linkages at a regional level.

Over the next year; we would like to continue with a theme for each meeting, for 19-20 they are as follows:

- **Dementia - including driving guidance, sexual abuse and challenging behaviour**
- **NICE guidelines**
- **Complex trauma and personality disorder;**
- **Service user carer involvement and third sector.**

If you have any general queries regarding the OA SCN please contact Jonathan.Richardson@ntw.nhs.uk or Gayle.Wilkinson@ntw.nhs.uk

Jonathan Richardson
Group Medical Director

Gayle Wilkinson
Clinical Lead

Reaching out and reaching in

Our adult mental health clinical network has brought people who use and provide mental health services together from community and inpatient settings to create hope for service users and carers by focusing on:

1. **Reaching out** through local networks and initiatives so that service users, carers and families have an influence on initiatives
2. Promoting **psychosocial care**
3. Developing adversity and **trauma informed** practice
4. Looking at how we can have **easier transitions** in, out and between services
5. **Inspiring and encouraging** each other to share learning and good practice

A core group of staff and experts by experience meet every month and there are also local network meetings in each of the localities with NTW and wider stakeholders.

Some examples of good practice are:

Reaching out:

Trialling writing letters directly to people using services.

Helping staff to communicate more clearly through health literacy training.

Psychosocial approaches:

Training and staff support to promote meaningful and collaborative understanding, 'friendly formulations' with people who use services, so that their care plans are hopeful and shared.

Positive and welcoming waiting rooms with books and poems that help people feel at ease.

Cognitive Behaviour Therapy for insomnia (CBT-i).

Trauma informed practice

Co-developed training in adversity and trauma awareness with experts by experience to help staff see how routine processes and practices can affect and trigger people's distress.

Support staff to have the skills to deliver effective, safe, evidence based and meaningful interventions.

Sleep Well programme on wards to help inpatients have fewer disturbances at night.

Triangle of Care in practice: Involve, support, educate and understand the impact of trauma on family/carers/friends.

Seamless transitions

A service user 'all about me' passport to take between services, a service user held record.

Discharge preparation and planning with peer supporters.

Managing endings training and reflection for staff.

Inspire and encourage

Opportunities and time for staff development.

Co-developed and co-facilitated training and learning with third sector colleagues.

Promotion of staff wellbeing e.g., wellbeing café.

Encourage staff to use chill out equipment and take proper breaks.

The adult mental health clinical network is working with other networks, within and beyond the Trust to share concerns, knowledge and ideas. We look forward to building on this work further.

Jan Bostock

Associate Director Psychological Services,
Consultant Clinical Psychologist

Nicola Armstrong

Service User and Carer Involvement
Facilitator

Tim Docking

Group Director, Nursing and Chief
Operating Officer,

Managing expectations and maintaining hope

Ward 3 is a 16 bedded specialist neurological rehabilitation ward within WGP which is staffed predominantly with adult nurses and nursing assistants. There is a large multidisciplinary team involved in the rehabilitation journey of each patient. Maintaining hope and managing expectations is an integral part of the rehabilitation process.

We have welcomed the opportunity to engage in a number of Trust initiatives including Talk 1st, Ward Stars and the Sleep Well project.

Talk 1st

As a non-mental health ward the team needed to look at the tools available within the Talk 1st range, adapting them for patients and carers within our specialty in order to further improve their experiences and outcomes.

How we work as a multi-disciplinary team is key to the rehabilitation process. Patients and carers are involved and engaged throughout their inpatient stay by using the goal attainment scale (GAS) for long term goal setting, family meetings, getting to know you process, and team reviews. The patient journey booklet is also a useful tool to foster a more self-management approach, including short term goals, actions from the multi-disciplinary team, team review minutes and subdivisions for individuals to gather relevant information about their condition or appointments.

We developed a 'Just Ask' poster to encourage patients, carers and relatives

to ask if they had any queries or concerns to enable the team to address these quickly and easily to reduce any worries or distress at an early stage.

We also developed a 'positivi-tree' from a piece of art work from the creative group which was recently followed by the development of the 'recovery tree' where our patients are encouraged to share their thoughts on what recovery means to them.

Ward stars

Our experienced nursing assistant and assistant practitioner staff are a real asset to our service as they play an integral role in ensuring patients, relatives and carers experience the highest standard of care during their inpatient stay. The positivity, flexibility, care and compassion shown by the team fosters a positive attitude within the ward. Our patients are encouraged and supported to engage in therapies, interventions and activities in a way which maximises their potential.

Promoting a good night's sleep is essential when individuals need to get the most out of their inpatient assessment and therapy interventions.

Sleep Well patient, carer and staff awareness began in November 2018 with a presentation which was supported by a sleep well information display on the ward, signage at the entrance of the ward and leaflets.

The Sleep Well pilot commenced a week later with all patients taking part.

We also reviewed the environment on the ward and made some changes. We:

- Implemented a new nurse call system- minimum volume at night and staff keep noise to a minimum and promptly report/action any issues
- Undertook a bin audit and replaced eight bins with silent closing bins
- Eye masks and ear plugs were provided for patients on request
- All windows have blinds and curtains, however blackout blinds to be considered if appropriate

We introduced further interventions such as:

- STOP/BANG or 24 hour sleep/wake assessments undertaken for all patients
- In January 2019 we reduced the initial admission observation level from 15 to 30 minutes for those not requiring within eyesight observation. Staff were encouraged to set admission observation levels at the minimum requirement from the point of admission
- Review the initial observation level within 24 hours
- Further reviews are undertaken within weekly multi-disciplinary team meetings with scheduled planned further reductions agreed. FACE risk (Functional Analysis of Care Environments) were also reviewed
- A patient qualitative feedback questionnaire was developed and patients were supported to provide their thoughts and feedback on the benefits of any further improvements which could be made

Formal publication of the service improvement pilot will be undertaken prior to rolling this out across the Trust.

Dawn Young

Ward Manager
Ward 3, Walkergate Park



‘Giving’ hope

activity equipment and supported various activities across our organisation.

The Shine fund was able to grant £180,000 to develop and support the recovery colleges across the geographical area of the Trust.

The charity has provided a wheelchair accessible shed for the patients at Walkergate Park Hospital to enable wheelchair users to participate in gardening activities. The shed has an electricity supply so that it can be used all year round.

Alnwood Unit at St Nicholas Hospital received support to develop an opportunities programme over the summer of 2018. The garden at Alnwood had been placed ‘out of bounds’ in early 2018 due to ongoing problems. Work from estates and contractors made the garden accessible again. Through service user meetings ‘keeping it real’ and community group meetings, young service users expressed a hope and momentum to create more vocational activity opportunities and enjoy the outside area with new outdoor furniture and features. Young service users requested to take responsibility and an active approach towards the design and layout of the garden. Activities of art and design, gardening and developing woodwork skills enabled change to the environment including colourful decorative designs, inviting sitting areas and horticultural beds. The garden area now boasts several inviting sitting

‘Hope’.....What defines hope? The definition is “to hope is a feeling of expectation and desire for a particular thing to happen.” We all need to ‘hope’ in some way. “I hope I get better, I hope I don’t feel like this forever, I hope my family accept me, I hope I get out of debt, I hope I can find a nice home, I hope to be able to work”.....

As a Trust we believe that giving someone or assisting a patient to have ‘hope’ is a key part of their recovery.

Northumberland, Tyne and Wear Foundation Trust’s charity’s objective is to raise funds to provide activities and equipment to enhance the care we provide to service users and enable opportunities to experience and participate in social, vocational and educational activities they might not have experienced before.

Over the last twelve months our charity, the Shine fund received a staggering £5,940 from kind donations and fundraising activities. Eight members of staff ran the Great North Run in September and raised £2,700. NTW staff donated 299 CQC vouchers which amounted to £1,495. The annual staff awards event raised £618 in donations.

The money has been put to great use and this year our charity has provided a lot of

areas with the addition of a swing bench seat, patio outdoor seats and benches along with astro and grass turf areas. This area is essential to young people and staff to share the space for social events including music, pizza oven and BBQ functions. Young service users are now hopeful to promote the Shine fund and have expressed a desire to organise future fundraising events over the coming year.



Grange Day Unit at Monkwearmouth hospital received funding from the Shine fund to develop a ‘dementia friendly outdoor space.’ Existing concrete paving was replaced by rubberised asphalt, well designed paths with handrails to help people find their way around were installed. The innovative new courtyard space has been specifically designed to dementia-friendly principles to provide a safe, stimulating and enjoyable outdoor space to be enjoyed by all service users as well as their families. Staff and patients are hoping for good weather to be able to enjoy this space this year.

Several wards have benefited from the purchase of new TVs, activity equipment such as sewing machines, fishing gear, games consoles, karaoke machines and



gardening items. Patients have enjoyed yoga sessions, music events and trips to Beamish and Christmas celebrations all funded by charitable monies.

We hope to increase donations and fundraising activities in the coming year and hope our staff do well in the Great North Run.

Our charity appreciates any donation or fundraising activity, no matter how large or small. You can donate the following ways:

By cheque made payable to ‘NTW FT Charity’ or you can donate cash by handing it into any Trust cashiers office. We also have collection tubs in all of our Trust cafés and shops.

You can also donate via our Just Giving page: <https://www.justgiving.com/northumberlandtyneandwearnhs>

If you would like to find out more about our charitable funds work you can contact charitablefunds@ntw.nhs.uk or telephone 0191 246 7215.

Ailsa Miller

Patients Finance and Cashiers Manager

The garden

When asked to write something for the annual magazine on hope and organisational development, I confess I struggled for a while to think of where to start and then I thought about my garden.

I retired recently with the intention of spending more time in my newly acquired garden for which I have somewhat grand designs; a large rockery, fruit trees, herbs galore, wild-flower borders and maybe even a small pond. I'm making good progress but it will take time. I tend all of my plants with care by watering, feeding, fending off pests, playing them BBC Radio 3 and by doing what I can to protect them from the cold wind that rips in off the oh so grey North Sea. Some will thrive and others will struggle. Some of the plants will need more care than others.

Surely, a key part of our work is to offer hope and possibility for those we serve: service users, carers, the communities we live in, society and for those we work alongside, our colleagues and partners from other organisations. I have spent much of the past year working with teams and I am always impressed by their ability, in this world of restless change, challenge and opportunity, to manage pretty much whatever comes their way. It is sometimes hard to think about hope and opportunity when we struggle to do what is needed and necessary. It's hard to focus on the future when we're struggling to manage the present.

As a gardener, I can plan as much as I want but there are factors that are beyond my influence and control. As soon as those seeds are sown, or those plants

have been placed in the ground I cannot control what happens next. I remember years ago, watching my first garden, a small plot full of beautiful herbs, flowers and delicate rare alpine plants being energetically marched on by a posse of Telecom engineers who were fixing a downed telegraph pole whilst I politely said "please mind the flowers." I'd put so much time, care and effort into my creation. The sad little plants lay crushed and yet weeks later they bounced back, full of life and vigour.

We all experience change, and the hope, optimism, fear, grief and loss that goes with it. Both in our personal and work lives.

Sometimes we struggle.

Usually we manage.

Often we excel.

Our challenge might be summed up as, "how can we continue to deliver today whilst building an even better tomorrow." I'd love to say I came up with that quote but I didn't, it was Ken Tooze, who has been helping us to develop as he puts it, 'the way we do things around here,' for the past few years.

Our journey to an even better tomorrow, starts with the intentional planting of hope. Hope for an even better tomorrow. It isn't always easy to feel hopeful but we might start by acknowledging, talking about and celebrating the things we do well, by talking about the things we would like to do better, by harnessing our collective knowledge, skill, creativity and energy and by developing actions that might lead us to an even better future. Things can and do improve.

Mark Spybey

Organisational Development Practitioner
(semi-retired!)
Workforce and Organisational Development

A vibrant garden scene with a wooden path, colorful flowers, and gardening tools. The path is made of wooden planks and leads through a garden filled with various flowers, including purple and yellow ones. A pair of yellow rubber boots, a trowel, and a pair of green gloves are placed on the path. The background is a soft-focus view of a garden with more flowers and a bright sun shining through the trees.

Hope; the belief that things can and do improve

Having Opportunities where Participation is Embraced

As the Trust's Voluntary Services team, one of our many privileges is the satisfaction we feel and witness first hand, seeing volunteers flourish during their time with us.

We truly believe that we are gifted working alongside our incredible staff who support and embrace volunteers in their ward or department, making them feel valued as a member of the team in a voluntary capacity.

By working together with our patients, staff and partners, we can continue to provide a full range of appropriate volunteering opportunities for a diverse range of people for the benefit of our service users and carers.

This year we have worked collaboratively with healthcare professionals recruiting volunteers to assist ward staff in the setting up of a substance misuse education programme as part of the care and treatment offered to their patients. Volunteers have formed part of a weekly shared session on the ward where they openly discuss and share their lived experience and often difficulties they have experienced in their lives. This is an extremely valuable way in helping patients in how they view illicit substances and the impact it has on their lives and gives patients something to think about regarding moving on. This can be fundamental in their own recovery journey and the direction their future takes them.

Volunteers can offer hope in a patients recovery in many ways, sharing with them

the often small steps needed in recovery along with added support. Offering hope to our patients can unlock many opportunities for their future. Volunteers can often be seen as a role model and that anything in life is possible with the right support and guidance to make positive life changes.

Every year between 1-7 June is a chance to nationally recognise all volunteers participating in various roles within our NHS and across many organisations.

With the ongoing support to our service from our patients, staff and volunteers, we frequently ask for their feedback and this time we have captured this in a 'VOLUN-TREE' poster. This showcases what volunteering means to them and the hope it can offer to many. We believe that our VOLUN-TREE clearly validates the meaning and importance of offering hope in peoples' lives.

An inspiring poem to share and offer hope:-

To share love and light with all I do meet
With each falling leaf I bless as I greet

Like the roots of a tree
deep into the earth
I have gained inspiration,
myself and rebirth

To spread out my branches
to all those in need
To plant hope in each
person in way of a seed

By Lorraine Mallam, Volunteer

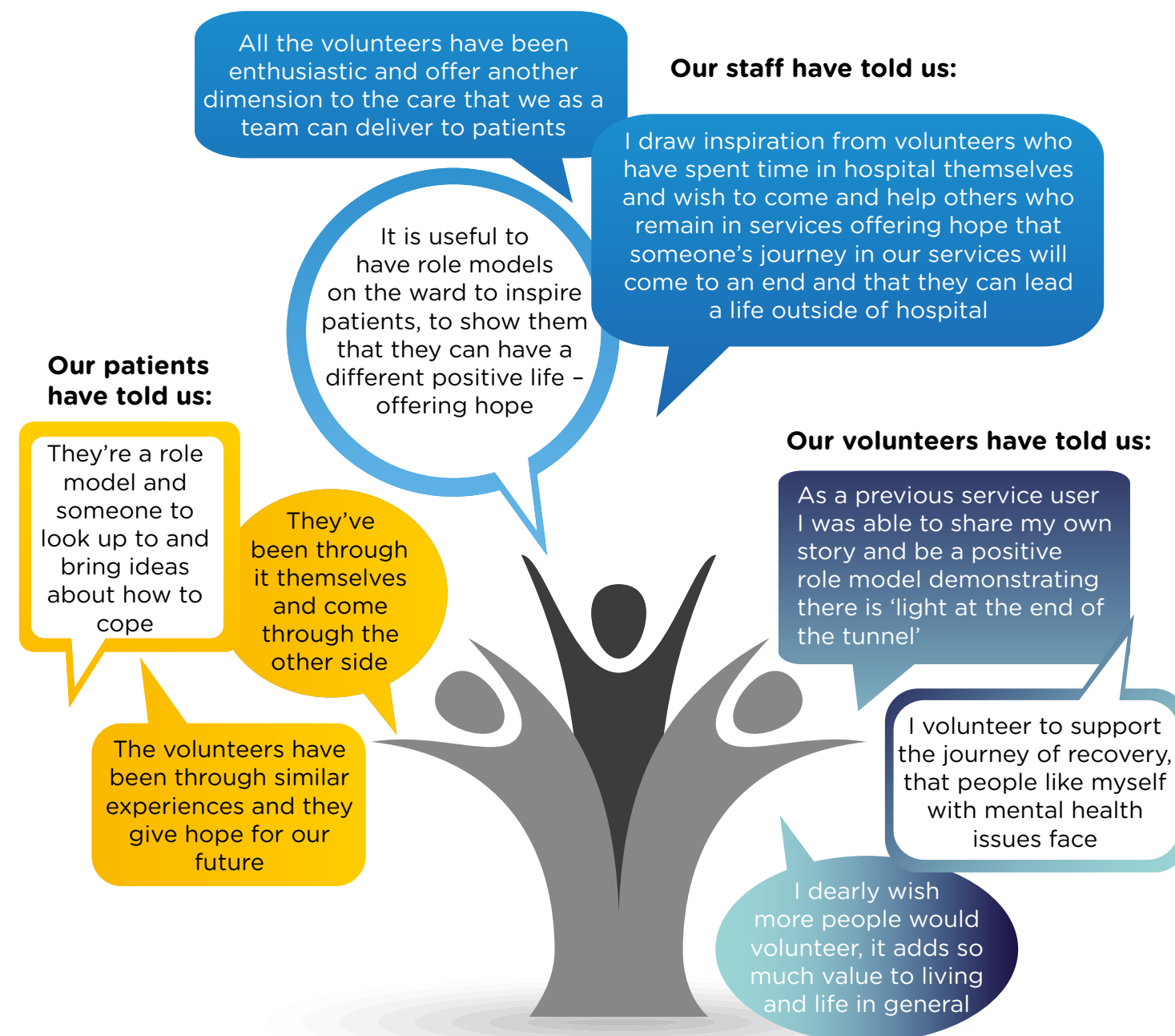
By continuing to work together with our patients, carers, healthcare professionals and partners, we can all strive to play a part in offering hope and we can all be proud to be part of something special.

Thank you to all.

Wendy Spratt

Voluntary Services Manager

The following quotes were kindly received from people engaging in NTW Volunteer Involvement on how volunteering opportunities can offer hope to many, in so many ways.





Data

The Talk 1st team have developed a number of ways to engage with our service users, their families and staff in relation to the reduction of restrictive practice. Our positive incident reporting culture allows us to share live interactive dashboards. The use of this information allows staff and patient groups to work collaboratively to identify triggers and trends with the aim of reducing these types of incidents to improve the experience of our environments for all. Our data is used by nurses and individual patients to inform changes in treatment and improved/more meaningful care plans that can promote hope and recovery.

Since the development of the Talk 1st Dashboards we have been working tirelessly with service users and staff to identify what would be useful and more meaningful to them. This is important given the range and diversity of the patient group cared for by the organisation. This includes mental health, autism, learning disabilities and older peoples care. Continual improvement is happening via engagement with staff and service users across these specialities. One such area of development was the ability for service users to access their own data in a more useable format than the clinical version accessed by all staff. To achieve this aim we sought the advice of Speech and Language Therapists (SALT) in both the autism and learning

disabilities settings. The SALTs set up a number of focus groups with patients and sought their views on a number of different versions of the charts used to display incident information. Feedback showed the need to add more graphical, simplistic information utilising symbols as well as words. This feedback was invaluable in allowing the Talk 1st Team and IT Developers to create a service user friendly section of the dashboard, which is easily accessible and creates the opportunity for service users and staff to have meaningful conversation regarding their ongoing care.

Sleep Well pilot project



Sleep Well is the NTW initiative to promote a healthy sleep pattern for service users whilst they are in hospital.

The pilot commenced in October 2018 and lasted for six months. Seven wards linked together to further develop and test a sleep product designed to enhance sleep management. The aim is for this to be subsequently rolled out across all inpatient units.

Wards taking part in the pilot focused on adaptations to the ward environment, supporting patients to access daylight for a minimum of one hour per day as well as identifying changes that can be made to medication plans to support better sleep.

The pilot wards establish a sleep care plan within 72 hours of admission, this determines the need for overnight observations. A protected sleep period of six hours (midnight to 6am) is aimed for.

Sensory strategies

One of the ten interventions from safe wards is to provide a box of resources as alternative calm down methods. We have taken this intervention further through the use of chill out rooms and training in sensory strategies for staff teams. Over the last year the roll out of chill out rooms has continued across adult and older adult inpatient mental health services including forensic services, as well as the regional eating disorders service, regional affective disorder service, learning disability assessment and treatment unit, and a neuro behavioural ward. The roll out consists of advice on resources to suit the service area and a training package for staff teams. The chill out rooms are multi-sensory areas aimed at supporting relaxation, emotional regulation and a sense of wellbeing. The chill out rooms have a choice of furniture, lighting options, music and headphones.

Some wards have an identified room and others have mobile kit which can be set up in someone's bedroom.

The chill out rooms have been used for a wide variety of reasons. Data collected from each ward for a period of a month revealed the following uses to give an idea of how they are being used:

- Relaxation
- 1:1 sessions
- Enjoyment
- De-escalation

Social media

The team have been developing a Talk 1st presence on social media. This has started to be a vibrant place to share the good practice happening within our trust to reduce restrictive interventions. Our work is keenly followed and interacted with by all types of people and organisations with an interest in mental health, learning disability and autism services. We share our work on Facebook, Twitter and Instagram.

Paul Sams

Service User Project Co-ordinator
Talk 1st Team

What our service users are saying

"I like the music and all the lights."

"It's better to come here than have tablets."

"That's the most soothing time I've had since I've been here."

"I love it. I'm trying to use it instead of Lorazepam."

"I just enjoy going in there. It makes me feel better."

"I could live in this room, it's great."

"I would spend 80% of my time in here, I haven't felt this relaxed in years."

"It works for me."

"I definitely feel chilled and much better than when I came in."

A message from our Chair

Over many years I have had the privilege of being responsible for services for people with mental illness and learning disability and had the joy of seeing services develop. My two most meaningful experiences were in Gloucester from 1982 to 1989 and in County Durham and Darlington from 1997 to 2005. Through these experiences I learned about the vital importance of recovery and the importance of hope.

However, it is my 25 years of experience as a carer that has been the most powerful learning. I have learned that recovery depends on many things;

- Winning the struggle with substance abuse
- Compliance with medication and other treatments and finding the grace to accept and deal with side effects
- Support from family and friends
- Rebuilding education and training, which are often swept aside by illness, in order to increase the chances of having meaningful things to do including work
- And having hope

Even in our darkest days I try to keep hope alive for myself and for the person I love and care for. This is why I was moved to tears recently by one of the 'thank you' comments in the Bulletin.

"I have a hideous illness which steals hope but this team excels whether with a kind hand or a kind word, hope is given back."

My heart goes out to all those who struggle day to day to keep hope alive for themselves and for those they care for and my deep gratitude goes to all our wonderful colleagues at NTW who do their best to give back hope.

Ken Jarrold, CBE
Chair



Copies of the annual magazine can be downloaded from our website www.ntw.nhs.uk

Please contact us to request a version in an alternative format.

Copies can also be obtained by contacting
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