Board of Directors Meeting (PUBLIC)

07 August 2019, 13:30 to 15:30
Training Room 4, Hopewood Park, Waterworks Road, Ryhope, Sunderland, SR2 0NB

Agenda

1. Service User/Carer Experience

Presentation

2. Apologies

- Lynne Shaw, Acting Executive Director of Workforce and Organisational Development
- James Duncan, Deputy Chief Executive and Executive Director of Finance

Verbal/Information

Chair

3. Declarations of Interest

Verbal/Information

Chair

4. Minutes of the previous meeting: Wednesday 3 July 2019

Decision

Chair

04 Public Board of Directors minutes 7 August 2019 DRAFT.pdf (8 pages)

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

Discussion

Chair

05. BoD Meeting held in public Action List.pdf (1 pages)

6. Chair's Remarks

Verbal / Information

Chair

7. Chief Executive's Report

Information

Chief Executive

07.a CEO Report Aug 7th DRAFT.pdf (5 pages)

07.b Appendix A to CE Report.pdf (42 pages)

Quality, Clinical and Patient Issues

8. Annual Flu Plan

Discussion

Group Nurse Director, Safer Care

08 Flu Plan 2019-20.pdf (24 pages)

9. Safeguarding Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

09. Safeguarding Annual Report 2018-19.pdf (12 pages)

10. Service User and Carer experience (Quarter 1)

Discussion

Executive Director of Commissioning and Quality Assurance

10. BoD - Service User and Carer Experience Report Q1 201920.pdf (24 pages)

11. Guardian of safe working hours (Quarter 1)

Decision

Executive Medical Director

11a. Trust Board Q 2 Report April - June 2019.pdf (1 pages)

11b. Q2 Apr to Jun final.pdf (5 pages)

12. Commissioning and Quality Assurance Report (Month 3)

Decision

Executive Director of Commissioning and Quality Assurance

12. BOD Monthly Commissioning Quality Assurance Report - Month 3.pdf (6 pages)

13. Safer Care Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

13. Safer Care Annual Report July 19.pdf (23 pages)

14. Safer Care Report (Quarter 1)

Discussion

Executive Director of Nursing/ Chief Operating Officer

14. Safer Care Q 1 Report July 2019.pdf (12 pages)

15. Positive and Safe Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

15a. Positive & Safe Report (Front Cover).pdf (1 pages)

15b. Positive and Safe Care Annual Report 2019.pdf (48 pages)

16. Safer Staffing Levels (Quarter 1) Including 6 monthly skill mix review

Discussion

Executive Director of Nursing/ Chief Operating Officer

16. Safer Staffing Report Including Six Month Skill Mix.pdf (15 pages)

17. Medical Revalidation submission

Decision

Executive Medical Director

17. annex-d-annual-board-report-and-statement-of-compliance.pdf (37 pages)

18. Infection Prevention and Control Annual Report

Discussion

Executive Director of Nursing/ Chief Operating Officer

18. IPC Annual Report 2018-19.pdf (25 pages)

Workforce

19. Staff Friends and Family Report (Quarter 1)

Discussion

Executive Director of Commissioning and Quality Assurance

19. BoD Staff Friends and Family Test Qtr1 (2019-20) V1.2 2019.pdf (33 pages)

20. Equality and Diversity WRES update

Discussion

Acting Executive Director of Workforce and Organisational

20. EDS WRES WDES Trust Board August 2019.pdf (11 pages)

Strategy and Partnerships

21. NHS Long Term Plan Implementation framework

Verbal / Discussion

Chief Executive

22. Cumbria

Verbal / Discussion

Chief Executive / Executive Director of Commissioning and Quality

Regulatory

23. Board Assurance Framework and Corporate Risk Register (Quarter 1)

Discussion

Executive Director of Commissioning and Quality Assurance

23.a BoD - Trust-Wide Risk Management Report Jul 2019.pdf (7 pages)

23.b BoD - Trust-Wide Risk Management Report - Appendix 1.pdf (1 pages)

23.c BoD - Trust-Wide Risk Management Report - Appendix 2.pdf (19 pages)

23.d BoD - Trust-Wide Risk Management Report - Appendix 3.pdf (21 pages)

24. Quarterly Report to NHS I & submissions

Discussion

Executive Director of Commisssioning and Quality

24. BoD Quarterly Report on NHS Improvement (Single Oversight Framework) Q1 2019-20.pdf (6 pages)

25. CQC Must Do Action Plans

Discussion

Executive Director of Commisssioning and Quality

25.a CQC Action Plans Rapid Tranquilisation - Quarter 1 position.pdf (10 pages)

25.b 2 CQC Action Plans Blanket Restrictions - Quarter 1 position.pdf (3 pages)

25.c 3 CQC Action Plans Nurse Call Systems - Quarter 1 position.pdf (3 pages)

Minutes/Papers for Information

26. Committee updates

Verbal / Information

Non-Executive Directors

27. Council of Governors' Issues

Verbal / Information

Chair

28. Any other Business

Chair

29. Questions from the Public

Discussion

Chair

Date, time and place of next meeting:

30. Wednesday, 4 September 2019, 1:30 pm to 3:30 pm, Conference Room, Northgate, Morpeth, Northumberland, NE61 3BP.

Information

Chair

Northumberland, Tyne and Wear NHS Foundation Trust

Draft Minutes

Board of Directors' meeting held in public		
Wednesday, 3 July 2019	**1.30pm – 3.30pm**	Kiff Kaff, St. George's Park Morpeth Northumberland NE61 2NU

Present:

Ken Jarrold	Chair
David Arthur	Non-Executive Director
Dr Leslie Boobis	Non-Executive Director
Michael Robinson	Non-Executive Director
Peter Studd	Non-Executive Director
John Lawlor	Chief Executive
James Duncan	Deputy Chief Executive / Executive Director of Finance
Gary O'Hare	Executive Director of Nursing and Chief Operating Officer
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Lynne Shaw	Acting Executive Director of Workforce and Organisational Development

In attendance:

Margaret Adams	Public Governor
Gail Bayes	Deputy Director NTW Academy
Jennifer Cribbes	Corporate Affairs Manager
Cllr Maria Hall	Appointed Local Authority Governor
Debbie Henderson	Deputy Director of Communications and Corporate Affairs

Apologies:

Alexis Cleveland	Non-Executive Director
Rajesh Nadkarni	Executive Medical Director

Agenda Item		Action
1	**Service User/Carer Experience** Michelle Smitheram, Ward Manager, Kinnersley Ward, St. George's Park delivered a presentation to update the Board on the recently established St George's Park Rehabilitation Carer Group. In response to a question raised by John Lawlor relating to lessons learned from the implementation of the group, Michelle explained that a lot of work had been undertaken to ensure that the carers group was well advertised. This included contacting carers by post and telephone to explain that the group is focused on supporting carers and that the meetings are informal.	

	Gary O'Hare enquired if there had been any carers who had continued to attend after the person they care for had been discharged from inpatient care. Michelle confirmed that that there was a carer who had continued to attend. Michelle explained that any carer can attend for as long as they would like to; irrespective of whether the person they care for is within inpatient care or being cared for in the community. James Duncan asked if they had been trying to engage with those hard to reach. Michelle explained that the team is continuing to mention the group to those hard to reach. It was further explained that the named nurses were providing carers with the details to the group during the weekly telephone call they make. Margaret Adams congratulated Michelle on the work completed and suggested that Michelle link in with the Carer, Service User and Involvement Team. Ken Jarrold thanked Michelle on behalf of the Board and praised the work that had been completed to support carers. Ken particularly highlighted that he was pleased with the inclusion of all carers.	
2	**Welcome and apologies** Ken Jarrold opened the meeting and welcomed attendees. Apologies were received from: Alexis Cleveland, Non-Executive Director. Rajesh Nadkarni, Executive Medical Director.	
3	**Declarations of interest** There were no new conflicts of interest declared.	
4	**Minutes of the previous meeting: Wednesday 22 May 2019** The minutes of the meeting held on 22 May 2019 were agreed as a true and accurate record.	
5	**Action list and matters arising not included on the agenda** **<u>Action List</u>** **Action 26.09.19(5) Crisis Team phone lines** Gary O'Hare commenced by reminding the Board of the position in relation to the Crisis Team phone lines. Gary explained improvements that had been made which included the removal of the answer phone and introduction of reporting systems to monitor calls. **<u>Matters arising</u>** There were no matters arising.	
6	**Chair's Remarks** Ken Jarrold provided a verbal update and made the Board aware of a number of national developments that had occurred since the last	

	Board meeting. These included the publication of the NHS Long Term Plan Implementation Framework, NHS Interim people plan and the Labour Party's pledge to introduce a Future Generations Wellbeing Act. Ken stated that he was very encouraged by the recognition of workforce issues and the future direction of the NHS. **The Board received and noted the Chair's remarks.**	
7	**Chief Executive's Report** John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. John provided further details in relation to the transfer of North Cumbria Mental Health and Learning Disability Services to NTW, current position in relation to Learning Disabilities services, the Trust's Pedometer challenge and the ICS status awarded for the North East and North Cumbria. James Duncan spoke to the CEDAR update section of the report and confirmed that the strategic outline case had been approved. John Lawlor provided further detail in relation to the North Regional Talent Board, NHS Pensions and related issues, MIND Analysis of NHS Mental Health Spending and Designing Integrated Care Systems in England. Ken Jarrold commented that he was pleased to see the focus on talent management and also on social prescribers. **The Board received and noted the Chief Executive's report.**	
Quality, Clinical and Patient Issues:		
8	**Service User and Carer Strategy** Ken Jarrold introduced Margaret Adams, Governor and thanked her for the detailed presentation delivered to the Board within the Development Meeting held earlier that day. Margaret Adams introduced the Service User and Carer Strategy and requested the Board's approval to enable the strategy to be adopted by the Trust. The Board thanked everyone who had been involved in the development of the strategy. Ken commended the strategy and explained that the Trust takes service user and carer experience very seriously. **The Board approved the Service User and Carer Experience strategy.**	

9	**Commissioning and Quality Assurance Report (Month 2)** Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for May 2019 (month 2) to update the Board on issues arising in the month and progress against quality standards. Lisa commenced by highlighting that the Trust had received one Mental Health Act reviewer visit report since the last meeting. Lisa referred to the outstanding action relating to access to outside space and explained that building work had been recently approved which will allow access to outside space where not available. The position in relation to the number of people waiting more than 18 weeks to access services was explained to have reduced in both non-specialised adult services and children's community services in Newcastle/Gateshead. Lisa advised that the provisional sickness figure for April 2019 is 5.0% which is in line with the Trust's target. Lisa highlighted that there had been an increase in out of areas placements during the month which had subsequently increased the pressure on inpatients services. David Arthur highlighted an error in the sickness figures where 10 May 2018 should be 10 May 2019. James Duncan spoke to the finance section of the report and explained that the finance position at month 2 was slightly ahead of plan. James highlighted the small deficit and explained that it had been a result of the one-off payment that had been provided to agenda for change staff who are at the top of their scale. James further explained that the Trust had overspent on bank and agency staff during the month and an update will be provided at the end of the quarter. Peter Studd commented on the improvement in relation to staff sickness figures. A discussion followed relating to the Trust's target of 5% and if the target should be reviewed. **The Board received and noted the Commissioning and Quality Assurance Report (Month 2).**	
Strategy and Partnership:		
10	**Risk Management Strategy** Lisa Quinn spoke to the enclosed report to update the Board on the Trust's progress in relation to the Risk Management ambitions outlined in the strategy. It was explained that the progress provided had been completed on the current NTW footprint. However, from 1st October 2019, Cumbria will also be included within the review. **The Board received and noted the Risk Management Strategy update.**	

Workforce		
11	**An NHS Workforce for the Future - Our Interim People Plan** Lynne Shaw spoke to the enclosed report to update the Board on the recently published document 'An NHS Workforce for the Future - Our Interim People Plan'. Lynne provided further detail on the structure of the plan, key themes, workforce shortages and creation of new 'skill mix' roles to support the emerging models of care. Lynne referred to the section of the report that provided detail on related work currently being undertaken within NTW. Les Boobis referred to the current concerns associated with the NHS Pension scheme and commented on the conflict it has with the purpose of the Interim People Plan. John Lawlor explained that there were a number of discussions taking place with respect to the NHS final Pension Scheme and the associated tax implications. Ken Jarrold commended the Interim People Plan and focus it has on the NHS workforce. Peter Studd referred to the section of the report on retention and recruitment and stated that he was pleased with the increase in exit survey response rates. Lynne explained that the Board would be provided with further information at a future Board meeting. **The Board received and noted the update on the published 'An NHS Workforce for the Future - Our Interim People Plan' document.**	
12	**NTW Academy – Board Update** Gail Bayes spoke to the enclosed report to update on the progress made by NTW Academy. Gail explained that the Academy had increased the use of technology and detail was provided in relation to the benefits this had brought to the Trust. These included saving a significant number of clinicians' hours as a result of developing online training as opposed to using a traditional face to face approach where clinicians would spend time traveling to a venue. A further update was provided on the launch of the degree level nursing apprenticeships which was explained to have been very successful with good feedback having been received. Gail explained that going forward, there will be two nursing apprenticeship programmes per year and that Cumbria will be included in the next cohort. Gary O'Hare explained that Sunderland University would remain to be the University provider for the next cohort as Cumbria University is not yet in a position to support the programme. Peter Studd commended the work undertaken by the Academy and questioned if the Academy would be subject to OFSTED inspections. Gary	

	O'Hare explained that the universities were the provider and that they would be subject to the OFSTED reviews. Peter further questioned the completion and retention rates for those on NTW Academy apprenticeships and asked if the Academy would be in the position to provide the Board with a report that contains recruitment and retention data. Gail explained that all individuals on the apprenticeship schemes were also employees of NTW and a pledge has been developed to encourage retention. It was confirmed that no apprentices had withdrawn from the programme to date. Gary O'Hare explained further benefits which included the ability to recruit and develop staff with values that are aligned to the Trust. James Duncan praised the work completed by the Academy and commented that although the development of the nursing apprenticeship was a risk due to being a new approach, the scheme is already demonstrating its worth and potential. Gail further explained that the Academy had received a number of requests to develop courses including a request from AHP colleagues to develop an AHP pathway. It was explained that the Academy is working in line with the Workforce Plan. Ken Jarrold praised the work conducted and highlighted the benefits of the apprenticeships which allow individuals to develop and become qualified whilst working and earning a wage. This was also said to be a benefit to NTW and subsequently our Service Users and Carers as we develop a strong workforce with good experience. **The Board received and noted the NTW Academy update.**	
13	**NTW Academy – Opportunities for the Development of Managers and Leaders** Gail Bayes spoke to the enclosed report to update the Board on NTW Academy development opportunities for Managers and Leaders. Gail provided background information on the development that has been provided by the Trust and explained that two risks had been identified. It was explained that the risks relate to people progressing into band 7 and associate director roles. Gail provided information on the development of the Trust's talent management approach to career progression and explained the proposal to run two development programmes one for band 5/6 level staff (to develop into Band 7 roles) and another for band 7/8a level staff (to develop into associate director roles). Gail further explained that each participant would be provided with a mentor who they will be able to shadow to gain practical experience. Finally, Gail provided information on a potential third option where prospective managers could undertake practical learning without pursuing an academic qualification. It was explained that this might also provide opportunities to those with academic qualifications who lack experience or confidence to pursue a more senior role.	

	John Lawlor commented that he felt it was important to include the third option. Lisa Quinn further supported the third option as it provided opportunities for clinical and non-clinical staff. Lynne Shaw commented that she was very supportive of the whole approach which aligns to changes with regional and national talent management approaches. Gary O'Hare explained that the Academy will provide each individual with a quality assured mentor who will support and shape their development. Peter Studd referred to the national graduate management scheme and asked if NTW would still be supporting the scheme. Discussion took place relating to the advantages and disadvantages of the national scheme. Gail highlighted that the Academy was developing bespoke training for our staff and provided the example that participants who already have a degree would be provided with the opportunity to complete a masters course. In response to a question raised by Les Boobis, Gail explained that backfill would not be provided to cover whilst individuals are completing Academy studies as there is a percentage of time built into each department that allows for staff development. Discussion took place in relation to the benefits of those being out on academic studies as it can provide the individual next in line the opportunity to act up and gain experience in a more senior role. Ken Jarrold commented that he would like the Trust to remain involved with the national graduate scheme. Ken further explained the importance of developing our people which will, in turn, have a positive impact on staff morale, sickness and the quality of care provided. Ken stated that people development was a passion of his and that he would be happy to help and support the work of the Academy. **The Board received and noted the NTW Academy – Opportunities for the Development of Managers and Leaders update.**	
Minutes/Papers for Information		
14	**Committee updates** There was nothing to update from Committees.	
15	**Council of Governors' Issues** Ken Jarrold commenced by providing an update on the work of the Governors' Nominations Committee. Ken explained that the Committee members had been conducting a significant piece of work to recruit to the vacant Non-Executive Director position. Ken thanked everyone involved for their hard work. Ken further advised that he would be attending the Cumbria Partnership Trust Council of Governors meeting the following day alongside Debbie	

	Henderson, Deputy Director of Communications and Corporate Affairs, Fiona Grant, NTW Lead Governor and Margaret Adams, NTW Deputy Lead Governor. **The Board received and noted the Council of Governors' Issues.**	
16	**Any Other Business** There was no other business to discuss.	
17	**Questions from the public** Anne Clarke, member of the public in attendance, commended the work of NTW Academy and enquired if online training could be developed for carers. Gail Bayes explained that the Academy had received a number of requests for training and organised to speak to Anne to explore this further.	
18	**Date, time and place of next meeting** Wednesday, 7 August 2019, 1:30 pm to 3:30 pm, Training Room 4, Hopewood Park, Waterworks Road, Ryhope, Sunderland, SR2 0NB.	

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Board of Directors Meeting

Action Sheet as at 7 August 2019

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Debbie Henderson	September 2019	To be included in the Board Report style guide currently under development
22.05.19 (10)	Committee Terms of Reference	ToR's for Corporate Decisions Team and Charitable Funds Committee to be submitted to the October meeting	Lisa Quinn/Debbie Henderson	October 2019	On track for submission to October meeting

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	7 August 2019

Title and Author of Paper:	Chief Executive's Report John Lawlor, Chief Executive

Paper for Debate, Decision or Information: Information

Key Points to Note:

Trust updates

1. Trust Name
2. Strategic Partnership with Lancashire Care NHSFT

Regional updates

3. Sunderland Recovery College Celebration
4. Listeria Food Safety within the NHS

National updates

5. NHS Mental Health Implementation Plan 2019/20-2023/24
6. Department of Health and Social Care Annual Report and Accounts 2018/19
7. Children and Young People's Mental Health Coalition

Outcome required: For information

Chief Executive's Report

7 August 2019

Trust updates

1. **Trust Name**
   As discussed at the July Board meeting, the Trust is continuing on its journey to improve services for the people we serve and will shortly be welcoming colleagues from North Cumbria, where together, we will be providing services to the population of Cumbria, Northumberland and Tyne and Wear. Our intention is, subject to agreeing on the solution to a few remaining issues, to transfer on 1st October 2019. This further reflects our Trust as one of the largest mental health and disability care providers in England, and to acknowledge this, on the date of transfer, we will formally become 'Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust'.

   Over the next few weeks and months, we will be communicating our new Trust name, which will come into effect from the date of transfer, to: service users and carers via websites, social media and local media outlets; our membership; and key stakeholders including our regulators, Local Authorities, Healthwatch organisations, other NHS Trusts and Foundation Trusts in the region; and GPs.

   We will also be briefing our workforce around the practicalities and impact of the change of name.

2. **Strategic Partnership with Lancashire Care NHSFT**
   Northumberland Tyne and Wear NHSFT has entered into an Improvement Partnership with Lancashire Care NHSFT. Please see below press release in relation to the Partnership:

   Building on the positive work to date and the supportive relationship that has been established between Lancashire Care NHS Foundation Trust (LCFT) and Northumberland, Tyne and Wear NHS Foundation Trust (NTW), the two Trusts have now formed an improvement partnership. Its aim is to enable joint working between the two providers, specifically to improve access and the delivery of mental health services.

   The Trusts have worked closely on a number of projects over the last year including the independent review carried out by NTW of the Lancashire and South Cumbria mental health system and more recently the on-going transfer of Cumbria mental health services into NTW and LCFT. Going forward there is the potential for the Trusts to work together on more projects that will support service improvement. Opportunities for collaboration are also presented by the participation of both Trusts in work at national level, such as the Global Digital Exemplar (GDE) programme, the roll out of the electronic patient record along with active participation in national benchmarking and improvement work.

   Bill Gregory, Chief Finance Officer said: "We are really proud and positive about the formation of this partnership. Over the last year we have established a strong working relationship with NTW and as an outstanding Trust they have a lot of good practice and a willingness to share, which is supportive of our improvement journey. We also share a commonality in terms of key programmes of work that are progressing and there are opportunities for us to come together and share our learning and expertise drawing from our experiences."

Lisa Quinn, Executive Director of Commissioning and Quality Assurance at NTW, said: “This is an exciting opportunity to further develop our existing strong relationship, whilst sharing learning, best practice and developing new opportunities. By working together in such a collaborative and productive way we will be able to improve mental health services across the region for those who we serve.”

Future Potential Project Areas include:

- Implementing the recommendations from the Lancashire and South Cumbria Mental Health System review carried out by NTW
- Sharing of best practice with a particular focus on mental health pathway design and demand modelling/management
- Quality improvement initiatives
- Delivering the transfer of South Cumbria services consistently throughout and after the process
- Development opportunities for senior employees including mentoring and support
- Sharing best practice in organisational development and learning to increase employee engagement
- Sharing learning from participation in the GDE programme
- Benchmarking and sharing of information to compare relative performance

The Partnership agreement will operate for a minimum period of 12 months from 1 April 2019 for as long as both Trusts wish it to remain in place.

Regional updates

3. **Sunderland Recovery College Celebration**
The Annual Sunderland Recovery College celebration day took place on 18th July at the Stadium of Light, attended by the Mayor of Sunderland, who presented certificates of achievement to college students. The day was a huge success and showcased the fantastic work that the college is doing. The day began with a video showing the range of courses on offer, their impact on students, and views of facilitators, volunteers and staff. There were presentations from students and facilitators, with inspiring stories of challenge and recovery, and a superb singing session with the Recovery College Choir. There was also a tribute to the fantastic work of the volunteers, without whom the college could not succeed, who are well supported by the NTW Volunteer Service.

The joy inspiration, commitment and togetherness shown on the day was truly fantastic to see. The College is clearly going from strength to strength, embedded within the community of Sunderland and I think we can look forward to even greater celebrations in the years ahead. Thank you to the collective staff team, volunteers, facilitators and especially the students and their supporters for making the college and the day such a success.

4. **Listeria Food Safety within the NHS**
As the Board are aware a number of deaths were reported, related to listeria infection, which was caused by contaminated meat being supplied to sandwich/salad makers and other food manufactures. As sandwiches and salads do not go through a further heating process the existing bacteria could not be killed off before

consumption and the risk was exacerbated by the fact that the patients who were affected had serious immunosuppressant conditions. The main company was Good Food Chain as it was initially identified that they had supplied products to the NHS that were linked to the listeria outbreak.

NTW has undertaken a review of the risks arising from this case and can confirm that the Trust does not use Good Food Chain Company or North Country Cooked meats. Two of our suppliers did contact us regarding precautionary recall of two products. These products were frozen meals which contained ingredients connected to the companies in question. An important issue to note is that the products we did have in stock were both cooked and frozen items which would have gone through a heating process before being served.

Following the review NTW Solutions Ltd catering team have confirmed that no additional risk or measures arise from this incident. Food safety forms the highest priorities within NTW Solutions catering team and continued vigilance will be maintained.

National updates

5. **NHS Mental Health Implementation Plan 2019/20-2023/24**
On 25th July the latest piece of detailed guidance was issued to support the planning around the implementation of the NHS Long Term Plan. This document sets out the detail in terms of requirements, standards and funding, and the assumptions that should be made to underpin planning. In terms of requirements the document goes in to detail in explaining what needs to be delivered by when. It represents a significant step forward to enable planning by clearly setting out the expectations but also setting out the funding to enable delivery. More detailed guidance is also expected translating these national requirements and funding into an ICS level ask.

A core team has been established to progress the development of our Strategy Implementation Plan, working across our groups and corporate services. We will be focussing our planning at Clinical Business Unit Level, which will then be brought together into a single Trust approach. The work will be overseen by CDT-B, and further updates will be brought to the Board in Autumn with the final plan to be completed by March 2020.

In the meantime, the Trust is working with Integrated Care System, Partnership and Place –based Colleagues to develop the first iteration of the ICS Long Term Plan, with a first draft to be completed by the end of September. This in turn will provide the high level strategic approach to underpin detailed planning by partners across local systems.

The guidance can be found at:

https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/

6. **Department of Health and Social Care Annual Report and Accounts 2018/19**
The Department of Health and Social Care has just published is annual report for 2018/19. Some of the key headlines can be found below:

- The revenue departmental expenditure limit (RDEL) for 2018/19 was underspent by £646m, a slightly smaller underspend than last year (£692m). This includes around £600m in-year support provided by the Treasury, and c£500m underspend against depreciation spend within the DHSC.
- Underspend against the £5.98bn capital departmental expenditure limit (CDEL) was £42m (6.4%). This is significantly smaller than the underspend reported in 2017/18 (£360m), and far more in line with those reported in 2016/16 (£12m) and 2015/16 (£58m).
- Provider capital spend was £4.1bn (up from £3.4m last year), 59% of which went on land and buildings, with a further 19% on plant, equipment and transport, 14% on IT and 8% on other capital.
- Providers managed to grow their income by £4.1bn (5%) in 2018/19, which is double the growth experienced in 2017/18 (£2.1bn). Some of this can be attributed to additional provider sustainability fund (PSF) income, and funding associated with the Agenda for Change pay award. It should be noted that income for community trusts fell from £2.8bn in 2017/18 to £2.6bn in 2018/19.
- The polarization of the sector continues. The gross deficit of all providers in deficit rose from £2.4bn to £2.7bn in 2018/19. Interim revenue support received by all trusts in 2018/19 was £3.1bn, up from £2.6bn in 2017/18. The ten trusts in the Financial Special Measures programme made up 26% of the reported gross deficit value.
- Cash balances have increased again: across the sector the year-end cash balance was £5.8bn, up from £4.9bn a year earlier.
- Total long-term working capital borrowing was £23.6bn at year end, including a £3bn increase (27%) in loans from the DHSC, which now stand at £14bn.

7. Children and Young People's Mental Health Coalition

I have attached as *Appendix A*, a very helpful report which was commissioned by Comic Relief to better understand the mental health needs of young people with learning disabilities.

Children & Young People's Mental Health Coalition

Overshadowed

The mental health needs of children and young people with learning disabilities

Report by Paula Lavis, Christine Burke and Professor Richard Hastings on behalf of the Children and Young People's Mental Health Coalition

Acknowledgements

We would like to thank everyone who helped inform, gave advice and commented on the report. In particular we want to thank our Expert Reference Group who gave us valuable advice and feedback, all the young people, families and teachers who were involved in our focus groups, the organisations who agreed to take part and their coordinators who made it all happen.

We would also like to thank Andy Bell, Kadra Abdinasir, Emma Bailey and Alethea Joshi from Centre for Mental Health for copy editing and designing this report.

Contents

Executive Summary

All children and young people deserve the best possible outcomes and start in life. Those with learning disabilities are likely to need additional support in various aspects of their lives including to enjoy good mental health. However, young people with learning disabilities continue to face challenges and inequalities that speak volumes about how they are regarded by society.

It is estimated that around 1.2 million people in England have a learning disability (Mencap, 2017). People with learning disabilities experience poorer health outcomes than the rest of the population, including with their mental health (FPLD, 2014). Children and young people with learning disabilities are **more than four times** more likely to develop a mental health problem than those without[1]. This means that 14% or **one in seven** of all children and young people with mental health difficulties in the UK will also have a learning disability.

Studies suggest that it is the wider risk factors that these young people and families experience, rather than their learning disability, that contributes to poorer mental health. This report explores these factors combining insight from young people (aged 11 to 25), families, professionals and research. An expert reference group was also established to help inform the report and develop solutions.

This report was commissioned by Comic Relief to better understand the mental health needs of young people with learning disabilities. This report and its recommendations do not necessarily reflect the views of Comic Relief.

Key findings

Barriers to early intervention

This group of young people are at increased risk of developing mental health problems due to social and emotional factors, such as living in poverty, parental mental ill-health and negative life events, rather than their disability. This increased risk is apparent by at least the age of 3, indicating that with timely early intervention, their mental health could be improved.

Most of the young people and families we spoke to said they had not been offered a 'health check'. All those aged 14 years and over and on their GP's learning disability register are entitled to this check with their GP, which should cover both physical and mental health issues. Ideally, this health check could be offered to younger children as well, enabling support to be offered much earlier and avoiding the escalation of their needs during adolescence.

Poor access to mental health services

Children and young people with learning disabilities can face significant challenges accessing the right mental health provision at the right time.

- **Just over a quarter (27.9%)** of children and young people with a learning disability and a mental health problem **have had any contact with mental health services**.
- In our interviews with families, **nearly one in four (23%)** said they had to wait more than **6 months**, and many said they were still waiting to hear about their referral to specialist services.

A fragmented system

The families in the focus groups referred to a lack of join-up between different agencies which resulted in them being 'ping-ponged' around the system, with no one taking responsibility. Even if young people with learning disabilities do access mental health services, there is a serious lack of research and clinical evidence on assessment and psychological treatments, particularly for young people with severe learning disabilities.

The transition from child to adult services is difficult for many young people. It is likely that young people with mental health and learning disabilities find it even more difficult to make a good transition. They may also be transitioning from multiple services including mental health, social care, education and learning disability services.

[1] Emerson and Hatton (2007) reported data from a secondary analysis of the ONS surveys. The combined 1999 and 2004 children and young people's mental health surveys constituted a population representative sample of over 18,000 children between the ages of 5 and 16 years.

Lack of training and awareness

Young people and families highlighted concerns about the mental health workforce's training in learning disability, and the impact this has in diagnosing mental health problems. The same has also been raised about the lack of mental health training among learning disabilities specialists. It is often the case that young people's mental health needs are overlooked due to misattribution to their learning disabilities (National Guideline Alliance, 2016).

Professionals working in children and young people's mental health services need to have a better understanding of how people with learning disabilities experience mental ill-health. Amongst education professionals, training and awareness about the mental health needs of young people with learning disabilities also requires improvement.

Young people with learning disabilities are neither seen nor heard

Young people and families we spoke to as part of our focus groups reported that they did not feel listened to.

- **Around 65%** of young people in our focus groups told us that they had told someone about how they felt, but they did not feel confident that anyone would help them.

They felt that professionals did not believe them, and often saw learning disability support as their primary need rather than recognising their mental health needs. This is known as diagnostic overshadowing and has been confirmed by research highlighted in this report.

Loneliness and its impact

The young people we consulted reported feeling lonely. This may be because they have no or few friends outside of school, and little connection with their local community.

- **Nearly half** (46%) of young people felt that a buddy or friend would help them with their mental health difficulties.

Feelings of loneliness may exacerbate young people's mental health problems. Positive peer friendships and relationships are a known protective factor for mental health and can also reduce loneliness.

Young people and families worry about the future

Many young people and families who took part in focus groups expressed pessimism about the future. Young people reported that they wanted to get jobs and lead an independent life but felt that nobody was going to help them to achieve this.

Parents and carers looked towards the future care of their family members in adulthood with profound anxiety and fear. This was primarily related to fears about what will happen when the parent or carer is no longer around. Some parents and carers also shared concerns about preparing their child to make the transition to adult services.

Recommendations

Throughout this report, we make ten recommendations aimed at national and local agencies to help improve the mental health and wellbeing of children and young people with learning disabilities.

Our recommendations are in line with NICE Guidelines on *Mental health problems in people with learning disabilities: prevention, assessment and management* (2016) and *Learning disabilities: identifying and managing mental health problems: Quality standard* (2017).

National: Government

1. **The Department of Health and Social Care and Public Health England** should map out the provision of preventative mental health support for children and young people with learning disabilities. The forthcoming prevention green paper provides an opportunity to consider the needs of this group and develop an action plan to promote their mental health and wellbeing.

2. **The Department of Health and Social Care** should fund research to strengthen and promote the use of evidence-based mental health interventions for young people with learning disabilities.

National: NHS

3. As part of the NHS Long Term Plan, **NHS England** should:
    - Improve pathways to mental health support for children and young people with learning disabilities. This should be clearly identified as a priority for all Integrated Care Systems.
    - Consider the needs of young people with learning disabilities as they transition into adulthood, including as part of the development of 0-25 years mental health models.
4. **NHS England** should strengthen guidance for specialist children and young people's mental health services to ensure that young people with learning disabilities are not turned away due to not meeting the eligibility criteria.
5. **NHS England** should prohibit the use of an intelligence quotient (IQ) threshold in children and young people's mental health services.
6. **Health Education England** should review the training offer available to professionals on the mental health needs of children and young people with learning disabilities and/or autism. This should be offered to all staff working with children and young people, including those in education and children's services.

Local: Strategic level

7. Integrated Care Systems should lead the development of more coordinated care for children and young people who have a learning disability and need mental health support.
8. We echo the Care Quality Commission's call for a shared local offer on mental health, to help local systems to work better together and avoid families feeling like they are 'ping-ponged' around the system.
9. Local leaders should identify opportunities for young people with learning disabilities and their families to shape local strategy and co-design services.

Local: Service level

10. Children and young people's mental health services should ensure families are supported and have the information they need to talk with their children about their emotional wellbeing, in light of the fact that friends and family are the first port of call when these young people are concerned about their mental health.
    - Families feel that they are left on their own to cope while waiting for a referral or treatment. Local commissioners should ensure there are other forms of support available in the community to avoid young people's needs escalating while they are waiting for their appointment.
    - Children and young people's mental health services should provide appropriate signposting to these services where available.

Introduction

Children and young people with learning disabilities face a multitude of inequalities in all aspects of their lives. Young people with learning disabilities tell us that they feel ignored, confused, lonely, angry and sad. They are not confident that someone will help them if they try to talk to them about their mental health. Parents and carers tell us that they have to battle to ensure that their children get any support. They are 'ping ponged' around the system, often with no one listening to them or taking responsibility for their care.

The needs of these young people come to the public's attention when there is a scandal, such as the abuse experienced by people with learning disabilities in institutional settings such as Winterbourne View and Whorlton House. Opportunities to support their emotional health and wellbeing in a timely manner will, by that time in their life, have come and gone.

> *"My child is like a ping pong between mental health services. Can't they have a parent liaison person instead of me keeping on chasing for support?"*

Children and young people's mental health is high on the political agenda but young people with learning disabilities are often sidelined or even excluded from mental health services.

> *"How dire does it need to be before support is offered?"*

The situation is already dire for many young people with learning disabilities. One in seven young people with a mental health problem in the UK also has a learning disability, but only just over a quarter (27%) of children with both learning disabilities and mental health problems will have had any contact with mental health services in the preceding year. This is similar to the proportion of all young people referred to specialist mental health services (NHS Digital, 2018).

Early intervention, both in terms of promoting good mental health and addressing issues when they first emerge, is key to preventing mental health issues continuing into adulthood, potentially becoming more severe and enduring. The evidence base around early intervention for young people with learning disabilities and mental health problems is limited, though growing, especially for those with severe and profound learning disabilities.

Our approach

We conducted a series of focus groups with young people aged 11-25, their parents and school-based professionals, to explore their experiences of mental health problems and the support they receive. We considered this in the context of what existing qualitative research also says about the experiences of these groups.

We also undertook a series of literature searches to collate existing data on:

- The number of young people with both learning disabilities and mental health problems
- Facilitators and barriers to them and their families accessing support
- Policy, guidance and practice.

We also consulted with our Expert Reference Group (see Appendix 1) and other professionals across the Children and Young People's Mental Health Coalition to collate views and solutions to problems raised in the report.

This report will review and summarise the evidence base about the mental health needs of young people with learning disabilities (including policy and practice), provide an overview of the themes that came out of our engagement work and outline a series of clear recommendations aimed at local and national decision-makers.

This report was made possible thanks to a generous grant from Comic Relief who are committed to the wellbeing of children and young people.

Background

Dame Christine Lenehan's report, *These are our Children* (2017a) outlines the need to build, articulate and test a vision which is about:

- Valuing each young person and respecting their right to childhood

- Providing appropriate support at the right stage, at the right level, to help them access a full life in the community
- Understanding children as part of their family and providing support for the whole family
- Understanding that all children and young people, whatever their level of impairment, communicate and have a right to be heard.

These elements are essential for supporting all young people with mental health problems, but especially those who also have learning disabilities.

This list can be added to by incorporating the key principles that were identified in an inquiry convened in 2001 by the Foundation for People with Learning Disabilities, into meeting the needs of children and young people with learning disabilities and mental health problems. These principles included:

- Start with the needs of the child/young person and families
- Recognise that they are a young person first
- Recognise that each young person will have individual needs.

This inquiry was set up because of evidence that children and young people with learning disabilities and their families often failed to get adequate support. Eighteen years later, despite the Government's commitment to improve the children and young people's mental health system, little seems to have changed.

Definitions

What is a learning disability?

We have included some definitions to help clarify what is and what is not a learning disability, but we would like to add a caveat here as the situation is often complex. Young people may have a number of conditions or problems (co-morbidities), and each young person will have different and unique needs. The term learning disability does not pertain to any specific condition (or group of conditions) but a spectrum (see table 1). For instance, young people may have a learning disability, but also autism, mental health problems and possibly other physical health issues. Some young people will have a range of complex needs, and meeting them can be challenging, but not impossible.

The Department of Health, in their report *Valuing People: a new strategy for learning disability for the 21st century* (Department of Health, 2001) uses the term 'learning disabilities' when the following three core criteria are present:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with
- A reduced ability to cope independently (impaired social functioning), which
- Started before adulthood, with a lasting effect on development.

The term learning disabilities is synonymous with the term 'intellectual disabilities' used commonly within the academic literature and in international policy. People may have learning disabilities from birth or develop them during infancy or childhood. They affect the person's development and are long-lasting. A person with learning disabilities needs additional support with learning while at school, and often with daily activities all through their life. Given that it can be more difficult to understand, learn and remember new things, they might have needs related to communication, being aware of risks and managing everyday tasks, and need support to live independently. There are many causes of learning disabilities and the specific cause is often unknown.

Many definitions of learning disabilities also specify that the person will have an IQ of less than 70, (e.g. the World Health Organization International Classification of Diseases (ICD-10) Classification of Mental and Behavioural Disorders, 2010). IQ is measured by intelligence tests, which allow a person's score to be compared with the range of scores achieved by large numbers of people on the same test. However, it must be remembered that an IQ score does not give any information about a person's social, medical, educational and personal needs, nor what help and support the person might need.

Table 1: Learning disability spectrum

Level	Mild	Moderate	Severe and Profound
Description	Able to mix well with others. Able to cope with most everyday tasks. May need additional support for specific tasks (e.g. forms, managing their money etc). IQ likely to be around 50-70.	Will need more care and support depending on their individual needs. IQ likely to be around 35-50.	Will need more care and support with areas such as mobility, personal care and communication depending on individual needs. IQ for those with severe learning disabilities likely to be around 20-35, and those with profound learning disabilities under 20.

(based on information from BILD, 2011)

IQ is used as part of the assessment for learning disability but is not the sole criterion. To put the figures above in context, the average IQ is about 90-110.

People with learning disabilities will have varying levels of disability ranging from mild to severe or profound (see table 1 above). Whilst all children and young people with learning disabilities will meet the same overall definitional requirements, their needs will vary and so the support they need will vary as well.

'Challenging behaviours'

Some young people with learning disabilities will develop behaviours that challenge. These are described by the Royal College of Psychiatrists as 'behaviour of such intensity, frequency or duration as to threaten the quality of life and/or physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion' (NICE, 2015).

Challenging behaviours can be hard for services to manage in the community. There are multiple reasons for challenging behaviour, and these behaviours are always functional – conveying a communicative message that needs to be understood (Hastings *et al.*, 2013). Challenging behaviours are clearly socially defined rather than constituting a medical problem. Challenging behaviour may be triggered by, occur alongside, or be made worse by a co-existing mental health problem (Hastings *et al.*, 2013). This report will not explore the support available to young people who present with challenging behaviours.

What is not a learning disability?

Autistic Spectrum and Neurodevelopmental Disorders

Autistic Spectrum Disorders (ASD) are defined by the National Autistic Society as a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.

ASD is not the same as a learning disability, but about 50% of people with ASD may also have a learning disability (NICE, 2011), and will probably have quite complex needs. In this report, we will not be referring to ASD unless it is in the context of a cohort of children and young people who also have a learning disability.

Other neurodevelopmental disorders such as Attention Deficit Hyperactivity Disorder (ADHD) are also not classed as learning disability, but again there will be some young people who have both.

Specific Learning Difficulties and learning difficulties

There are Specific Learning Difficulties (SpLD) which affect one or more specific aspect of learning and include conditions such as dyslexia and dysoalculia. These conditions impact on the way in which people learn and process information and are not the same as learning disabilities because they not associated with lower IQs.

In UK education services, the general term "learning difficulties" is often used instead as a category of special educational needs and means then

essentially the same thing as “learning disability” as defined above.

What is mental health?

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community (WHO, 2014).

What are mental health problems?

There are many terms used to describe this, but in this report we will generally refer to mental health problems that are included in systems such as ICD-10 (International Classification of Diseases). This includes common mental health problems such as depression and anxiety disorders, and less common problems such as bipolar disorder and schizophrenia. Mental health problems are clinically significant conditions that have reached a threshold of symptoms that are adversely affecting a person’s quality of life.

2. The mental health of children and young people with learning disabilities

It is estimated that around one in eight children and young people aged 5 to 19 experience a diagnosable mental health problem according to the latest NHS prevalence survey (NHS Digital, 2018). The study found that children and young people with a mental health problem were more likely to have recognised special educational needs (SEN), including those who may have learning disabilities (36%) compared to their peers without mental health problems (6%).

The latest study did not, however, provide a breakdown of the mental health needs of children and young people with learning disabilities in detail; therefore in this report, we have relied on secondary analysis of earlier studies. This includes the Office for National Statistics' (ONS) UK Child and Adolescent Mental Health Surveys conducted in 1999 and 2004 as these provide the most reliable information about the prevalence of mental health problems in children with learning disabilities.

Emerson and Hatton (2007) reported data from a secondary analysis of the 1999 and 2004 ONS surveys. The combined surveys constituted a population representative sample of over 18,000 children between the ages of 5 and 16 years. Children were identified for inclusion based on child benefit records, which at the time was a universal non-means-tested benefit with very high uptake across the UK. The ONS surveys did not include a clear ascertainment process for learning disability – no IQ test data or standardised adaptive skills measures were included. However, by combining various parent and teacher-reported information, Emerson and Hatton were able to identify a sub-sample of 641 children (or 3.5% of the total survey population) who were likely to have a learning disability.

The ONS surveys included an interview with a parental caregiver (usually the mother) about the young person and with the young person themselves, if they were able to participate and were 11 years of age or older, in order to ascertain whether they had a mental health problem.

Emerson and Hatton (2007) compared the prevalence of all mental health conditions in the sub-group of children with learning disabilities and the remaining group of children with no learning disability. **Overall, children with learning disabilities were 4-5 times more likely to have a diagnosable psychiatric problem than children without learning disability (36% vs 8% in the overall prevalence of mental ill-health).** These group differences were apparent for almost all categories of psychiatric disorders, for example: any anxiety disorder (11.4% vs. 3.2%), hyperkinesis [ADHD] (8.3% vs. 0.9%), and conduct disorder (20.5% vs. 4.3%). Exceptions to a significant difference between the groups were depressive disorders (1.4% vs. 0.9%), and eating disorders (0.2% vs. 0.1%), although in both cases prevalence was still elevated in the learning disabilities group. Children and young people with learning disabilities were also more likely to have more than one mental health problem and thus more complex mental health needs.

These figures mean that **one in seven, or 14%, of all children with mental health problems in the UK also have a learning disability (Emerson & Hatton, 2007).** Thus, the mental health of children and young people with a learning disability is a mainstream mental health policy issue.

The ONS mental health surveys sampled children and adolescents between the ages of 5 and 16 years. Group differences in the prevalence of mental health problems between children with learning disabilities and those without are clearly established across these ages. An important question is then to ask when these mental health group differences might first emerge. Another UK cohort study of over 15,000 children, also sampled through child benefit records (the Millennium Cohort Study, or MCS) when children were 9 months of age, can help to answer this question. The MCS included a standardised measure of cognitive ability carried out with each included child at age 5 (third wave of MCS data collection). The prevalence of learning disability in UK 5-year-olds was 3.07%. Using a screening measure of parent-reported child behavioural and emotional problems, the children with learning disability were found to be 2-3 times more likely to have high levels of hyperactivity, conduct, and emotional problems (Totsika *et al.*, 2011). Similar group differences in levels of behavioural and emotional problems between children with and without learning disability were also found in the

MCS sample when the children were age 3 years (Emerson & Einfeld, 2010). Therefore, **increased risk for mental health problems is apparent for children with learning disabilities early in life, at least by the time children reach age 3 years – highlighting the need for early intervention and support**.

It might be tempting to conclude from the prevalence research that learning disability itself is somehow the reason for increased mental health problems in this group of children and young people. There are undoubtedly some contributing genetic risk factors that are associated with learning disability, such as the heightened risk of psychotic disorders in young people who have Prader Willi syndrome (e.g. Skokauskas *et al.*, 2012).

However, the vast majority of the evidence suggests that **the group differences in the mental health of children with learning disabilities compared to other children constitutes a mental health inequality** – that is, a group difference in health that does not have to exist. The reason for this conclusion is that the factors found to be associated with increased risk for mental health problems in children with learning disability are modifiable. Not only that, but most significant risk variables are the same as those associated with mental health problems in all children and young people – although children with learning disabilities may be more exposed to these risks (Emerson & Hatton, 2007).

In the Emerson and Hatton analysis of UK population based data, children with learning disabilities were 1.5 to 2 times more likely to be exposed to social and environmental risk factors: living in a single parent household (30% vs. 23%), living in income poverty (47% vs. 30%), two or more recent negative life events (37% vs. 24%), poor family functioning (27% vs. 18%), primary carer has no educational qualifications (38% vs. 20%), household with no adult in paid work (30% vs. 14%), child's mother screened positive for a mental health disorder (33% vs. 24%), and child's mother's physical health was less than "good" (20% vs. 6%). Children with learning disabilities were also more likely to be exposed to multiple (three or more) social and environmental risk factors (46% vs. 24%) (Emerson & Hatton, 2007). If these modifiable factors can be addressed, this would have a large positive impact on reducing mental health problems for all children but especially for children with learning disabilities.

In addition to the same social and environmental risk factors affecting mental health outcomes for children with and without learning disabilities, there are other modifiable factors likely to affect the experience of mental health problems in children with learning disabilities.

1. First, the cognitive limitations and developmental delays experienced by children with learning disabilities may be associated with decreased ability to recognise and label emotions, including those that underlay mental health problems.
2. Second, children with learning disabilities may have limited communication skills and so reporting problems or asking for help may be more difficult. However, both emotion recognition and communication skills can be taught successfully to children with learning disabilities.
3. A third modifiable process is the tendency to mis-attribute problems to the child's learning disability rather than to an underlying mental health problem – a process called diagnostic overshadowing (Jopp & Keys, 2001). Increasing practitioners' and family carers' awareness of mental health problems in children with learning disabilities should reduce the impact of diagnostic overshadowing.
4. Children with learning disabilities also have difficulties forming and sustaining relationships, and may have fewer friends than non-disabled children (Solish *et al.*, 2010) which may exacerbate feelings of loneliness and mental health problems.
5. Finally, in the preschool years, both reduced closeness and increased conflict in maternal-child relationships have been shown to predict behavioural and emotional problems in children with learning disabilities at 5 years to a greater extent that those without learning disabilities (Totsika *et al.*, 2014).

Children and young people with learning disabilities' access to mental health services

Despite the increased risks they face, children and young people with learning disabilities can face significant delays in receiving the help they need to address their poor mental health.

Studies by Emerson and Hatton (2007) and Toms *et al.* (2015) have examined parental reports of contact with mental health services for their children in the past year based on the 2004 ONS child and adolescent mental health surveys. Their analysis indicates that **only 27.9% of children with learning disability who also had a diagnosable psychiatric disorder (based on a clinical interview) had any contact with mental health services in the preceding year**, similar to the proportion of children without learning disability who had mental health problems and had received mental health services support (23.5%). These UK population-based data did not suggest an inequality in access to mental health services but did suggest that only a minority of all children with significant mental health problems received mental health support. However, details of treatment offered and delivered, and more recent population-based data, were not available.

A significant treatment-related inequality does, however, exist when it comes to the availability of evidence for treating mental health problems in children with learning disability. The National Institute of Health and Care Excellence (NICE, 2016) clinical guideline on mental health problems in children and adults with learning disabilities included comprehensive reviews of pharmacological and psychological treatments. It found that evidence for pharmacological approaches could be drawn directly from research on children with mental health problems – although there was also some evidence testing pharmacological treatments for ADHD in children with learning disabilities (NICE, 2016).

However, psychological treatments require some adaptation to be suitable for children with learning disabilities. There were 14 randomised controlled trials (RCTs) which suggested that adapted parent training interventions can have a positive impact on the mental health problems of children with learning disabilities, with study quality rated between Very Low and Moderate (NICE, 2016). However, there was only one other controlled trial (not randomised) of a psychological treatment for mental health problems in children or adolescents with learning disabilities included in the NICE guideline after comprehensive international searches. Holstead and Dalton (2013) compared cognitive behavioural therapy with individualised behavioural interventions in the treatment of trauma/post-traumatic stress disorder (PTSD) symptoms in adolescents with a learning disability. The quality of this research study was graded as Very Low. Therefore, in effect, **there is currently no evidence for psychological treatments delivered directly to children with learning disabilities – representing an inequality in availability of treatment evidence**. Research on psychological treatments for mental health problems in children with learning disabilities is needed urgently (NICE, 2016). It is also important to point out that NICE Guidance is just guidance and practitioners can bypass any recommendations given based on the limited evidence.

Children with severe learning disabilities are even more marginalised. They are more likely to be prescribed psycho-active medications in the absence of a diagnosis of mental health problems (Vedi & Bernard, 2012). In addition, there are no assessment or measurement tools for mental health problems in children with learning disabilities which have evidence of psychometrically robust properties for those with a severe learning disability (see systematic review by Flynn *et al.*, 2017) In a further systematic review of pharmacological or psychological treatments for mental health problems, there was only one intervention study (on vocal and motor tics in an adolescent with Tourette's syndrome) with evidence reported specifically for children and adolescents with severe learning disabilities (Vereenooghe *et al.*, 2017). Thus, **research and clinical evidence on the assessment and treatment of mental health problems in children with severe learning disabilities is a priority for the immediate future**.

The current context: policy and practice

There are a number of current policy initiatives that are relevant to children and young people with learning disabilities and mental health problems. These include:

- *NHS Long Term Plan* (2019a)
- Transforming Care Programme (2015)
- *Future in Mind* (2015)
- Special Educational Needs and Disabilities (SEND) reforms (2014).

The treatment of people with learning disabilities is increasingly in the spotlight, including their access to and treatment in mental health services. *Future in Mind* (2015) sought to radically overhaul child and adolescent mental health services (CAMHS) to better meet the needs of children and young people aged 0 to 25 and promote a whole-system approach. The report recommended a strengthening of the links between children's mental health and learning disabilities services, and services for children and young people with special educational needs and disabilities (SEND) in particular. While progress is being made in some areas to achieve change, there continues to be significant variation between local areas (CQC, 2018).

Furthermore, the additional funding allocated for CAMHS to fund the transformation programme (£1.4bn) has not been protected and the National Audit Office has recently concluded that NHS England cannot be certain all the additional funding to date was spent as intended (NAO, 2018). A recent report by the Children's Commissioner suggests that less attention is given to spending on early help and preventative services. Local areas spent less than £14 per head in the last year on low level mental health support, again with wide variations between areas (Children's Commissioner for England, 2019b).

This suggests that CAMHS may be struggling to the meet the needs of the general population and potentially more so for children and young people who also have a learning disability.

The Five Year Forward View for Mental Health (2016) includes little information about learning disabilities, and defers to the Transforming Care Programme (2015). The programme does not set out a specific vision for all young people, only those from a very specific cohort (young people who are in inpatient settings). Children and young people with both learning disabilities and mental health problems are not a clear priority within either of these important policies.

There is a drive to prevent admissions to hospitals, but there are still about 240 young people under 18 with a learning disability in inpatient units (NHS Digital, 2019b) – equivalent to 11% of the overall inpatient population. Many of the young people are in these settings due to mental ill-health. Care and Treatment Reviews (CTR) have been developed to help prevent admission where possible and find alternatives, and agree discharge plans (ADASS *et al.*, 2015). There have been concerns raised about the effective use of CTR (Public Accounts Committee, 2017) and subsequently changes were introduced in March 2017 (NHS England, 2017) to recognise the specific needs of children and young people, including their learning, which also resulted in a name change to Care, Education and Treatment Reviews (CETRs). Findings from an evaluation of these changes shows promising results though there is still room for further improvement – for example, informing families about CETRs and sharing information about the support available to them as part of the review (Clark, 2018).

The reforms to Special Educational Needs and Disabilities (SEND) policies now include social, emotional and mental health as an area of need as part of the SEND code of practice produced by the Department for Education. It now also covers young adults up to 25 years old, and therefore provides an opportunity to help young people make the transition to adult life. It encourages joint working by placing a duty on local authorities and their partner commissioning bodies to improve services for children and young people who have special educational needs or disabilities, including those who have an Education, Health and Care Plan. While this is positive, there is currently no equivalent requirement for children and young people's mental health services to have a similar offer in place.

Dame Christine Lenehan (2017) was commissioned to undertake a review of provision for children and young people with complex needs who are placed in inpatient services, often for long periods of time. Her findings include that there is no cross-government ownership of the issue, which reflects

the fragmented policy framework discussed above. She also found that there is a lack of strategic vision for children; a lack of accountability and coherence within the system; a domination of classifications, diagnoses and labels which effectively rule out support; and a strong professional agreement for a model of support, one which isn't actually commissioned.

Lessons from Dame Christine's review include issues about the commissioning footprint, patchy support for parents, austerity biting across all statutory and non-statutory services, and disagreements about workforce. With regards to tier 4 services (highly specialist such as inpatient units) Dame Christine highlighted a lack of provision in the right place; a financial system which incentivises crisis interventions, but disincentivises prevention; and a short-sightedness about change. Dame Christine is also undertaking a review of Residential Special Schools that was commissioned by DfE, which is still in progress.

The NHS Long Term Plan sets out several commitments to help improve the lives of all those with learning disabilities and/or autism. This includes tackling the root causes of the health inequalities faced by this group, including poor mental health outcomes, intervening earlier and ensuring that agencies work more effectively together, including improving awareness and understanding the specific needs of this population (NHS England, 2019). Furthermore, in response to the BBC Panorama investigation about Whorlton House, the Department of Health and Social Care has also committed to establishing a working group to develop a new model of care for those with learning disabilities and autism (Department of Health and Social Care, 2019).

Many of the issues raised above are relevant to all children and young people with mental health problems, but are likely to be worse for those with learning disabilities because they cut across a number of policy areas, and to some extent, none of them fully tackle the issues we know exist for this specific group of young people.

SUMMARY

- Children and young people with learning disability in the UK are 4-5 times more likely to have a diagnosable psychiatric problem than children without learning disability
- Children and young people with learning disability are more likely to have more than one mental health problem
- One in seven, or 14%, of all children and young people with mental health problems in the UK also have a learning disability
- The increased risk for mental health problems in children and young people with learning disabilities is apparent at least by the time they reach 3 years of age
- Less than a third (27.9%) of children with learning disability who also had a diagnosable psychiatric disorder had any contact with mental health services in the preceding year. This is similar to the overall population of young people (25.2%) with mental health needs (NHS, 2019)
- There are significant inequalities regarding access to effective mental health treatment for this group
- There is a lack of evidence-based psychological intervention for children with learning disabilities who also have mental health problems
- There are serious gaps in research and clinical evidence on the assessment and psychological interventions for children with severe learning disabilities.

2: Young people's experiences in practice: key themes

This section covers the wide range of practice-based issues identified in the literature that cut across the whole health, social care and education system, and include commissioning as well as practice.

Problems accessing help

One of the key issues that came out of our focus groups and from the literature was problems accessing help when needed. Lengthy waiting times were a key issue for young people with learning disabilities and mental health problems. Many children and young people are 'ping-ponged' around the system from service to service, with none of these services talking to each other or taking responsibility. These young people and families can be in contact with their GP, paediatricians, CAMHS, social care and education among other services. Although there may be documents outlining what interventions are on offer, these appear to fail in practice.

One possible explanation for such gaps in support is the different terminology used by different professional groups. For instance, a young person with learning disabilities is likely to be under the care of a community paediatrician, and they may use the term 'learning difficulty' or 'neurodevelopmental delay'. This becomes an issue when professionals communicate with each other about a specific case and can have an impact on access to support. GPs, for instance, have a learning disability register, and the young person may not be placed on that register if their diagnosis is labelled as learning difficulty. The consequences for this would be that the young person would not be offered the annual health check that is now being offered for young people 14 years and over.

Commissioning of services for children and young people with learning disabilities

Connected to problems accessing help is the commissioning of services for this group of children and young people. As is the case for children and young people generally, the commissioning landscape is quite fragmented, but is potentially worse for children and young people with both learning disabilities and mental health problems.

Clinical commissioning groups (CCGs) commission community-based NHS services, including mental health and learning disability services; and the majority also commission primary care services. There is likely to be a separate commissioner and budget line for both mental health services and learning disability services within CCGs. We should stress that there will be variation in how CCGs manage this. Some will work with local authority colleagues to jointly commission these services and there have been some discussions about all-age neurodevelopmental services.

Local authorities will commission a range of services for this group of children and young people. There is a duty on CCGs and local authorities to put joint commissioning arrangements in place for education, health and care provision for young people with special educational needs and/or a disability (Children and Families Act 2014). This will of course include some children and young people with learning disabilities, but not all.

NHS England commissions specialist services such as children and young people's inpatient beds for this age group. There have been some moves to change the way that these services are commissioned, but currently there are only a few pilot new care models.

More generally, the commissioning structures within the NHS are in a state of flux, with the development of Integrated Care Systems (ICS) and NHS England and NHS Improvement's proposal to reduce the number of CCGs to typically one per ICS (NHS England, 2019).

The need for evidence-based approaches

The NICE guideline on learning disabilities and mental health highlighted the lack of evidence base regarding mental health assessment and the treatment for children and young people with severe to profound learning disabilities (NICE, 2016). There are examples of emerging good practice, but these are yet to be evaluated. Therefore, we do not know if they make a difference for young people with

learning disabilities, particularly in the long term. This has huge implications for practice as it will mean that commissioners and practitioners will not have high quality evidence to guide them.

The case for early intervention

There is a strong argument for early intervention, given the high prevalence of mental health problems in young people with learning disabilities. It is often social and environmental issues that these young people face (such as poverty, loneliness and bullying) that impact on their mental health, rather than the learning disability itself (Institute of Health Equity, 2018). Therefore, a more targeted approach is needed for those most at risk. We need a public health approach to tackle the risk factors or social determinants of mental health problems that these young people and their families face.

Emerging mental health problems can be identified at a very young age, even in pre-school children. As with any child or young person, there needs to be a suite of interventions available that cover universal level services aimed at every child, including health visitor checks during the very early years, support for families and in primary care services, as well as targeted and specialist services including speech and language therapy, mental health services, and school-based counselling services.

Early intervention is only possible if young people's needs are identified early or they can tell someone about their problems and know that appropriate action will be taken.

The role of primary care

Primary care services play a crucial role in the health and wellbeing of young people with learning disabilities. The young people and families we spoke to reported mixed experiences of primary care provision, particularly those delivered by GPs.

Concerns regarding GPs' knowledge of learning disabilities and mental health emerged in the qualitative research from young people and families' views. At the focus groups conducted to inform the NICE guideline on learning disabilities, people with learning disabilities consistently shared that they were not listened to, and GPs were singled out for criticism. However, they also stated that good support was provided by GPs and mental health professionals who knew them well and could therefore understand any early signs.

A recent campaign by Mencap has been raising awareness about the fact that people can sign up to be on their GP's learning disability register, which entitles them to a longer appointment, to make health care more accessible and to have a 'health check'. The health check is for people aged 14 and over, and the Quality Standard for the NICE guideline specifies including a mental health assessment in the health check. Data from NHS Digital shows that more people are receiving health checks (NHS Digital, 2019c), including children and young people. Further evidence is needed to understand whether these checks are having a positive impact on the health of people with learning disabilities.

The Royal College of GPs has produced a toolkit aimed at GPs and practice nurses to help with the health check for people with learning disabilities, (RCGP, 2017) including a section on mental health and behavioural issues. Mencap (2017) has also produced easy-read leaflets about the health check and what to expect.

Children and young people's mental health services

The difficulties children and young people face in accessing mental health services are known and well-documented (e.g. in *Future in Mind*, 2015).

There have been particular concerns regarding access to inpatient units for children and young people with serious mental health issues. Work is under way by NHS England to improve the availability of these beds as some areas have few or no local beds. NHS England's plan is to increase capacity (the number of beds) in the short-term while they improve community-based services, thereby reducing the needs for as many beds in the longer term (NHS England, 2016).

A report recently published by the Children's Commissioner for England reveals that too many children and young people are admitted to secure hospitals unnecessarily when they should be helped in their community. Some of these young people were held in secure settings for several months and even years. Around one in seven young people

in these settings have only a learning disability, suggesting that they may be inappropriately held in these settings due to gaps in provision (Children's Commissioner for England, 2019a).

The paper also highlighted concerns about the use of physical restraint and seclusion to manage the needs of these young people. According to the analysis, 75 children with a learning disability and/or autism in hospital were recorded as having been restrained in December 2018 (Children's Commissioner for England, 2019a). Furthermore, findings from an interim review by the Care Quality Commission on the use of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and/or autism found that 39 children and young people were cared for in segregation in these settings at the end of 2018 (Care Quality Commission, 2019).

There are service standards for specialist child and adolescent mental health services - namely Quality Network for Community CAMHS (QNCC) and Quality Network for Inpatient CAMHS (QNIC) – to ensure patients receive high quality services. There is an annual review of how well services who are members of QNCC or QNIC meet these standards, and this process involves self-review and peer review, including interview with CAMHS staff and young people. The latest QNCC report suggests that most services are meeting standards which relate specifically to learning disabilities. For example, 81% of services met the standard around young people and their parents/carers being able to access support appropriate to their disabilities (The Royal College of Psychiatrists, 2017). However, based on the views of many of the parents and carers we spoke to, it seems unlikely they would agree with this conclusion.

The Royal College of Psychiatrists (2016) have set out what a good psychiatric service for young people with learning disabilities should look like, and states that the acceptability of the service by young people and their families is paramount.

This College Report is intended to help leaders shape their service and sets out the components of a model service, which are:

- Diagnosis and assessment
- Counselling services to help the individual and their family cope with disability and the associated difficulties
- Family work
- Specialist individual therapies
- Pharmacological treatment
- Liaison and joint working with other agencies
- Emergency response
- Advice to the courts (expert opinion).

The academic elements of the service include:

- Continuing professional development and training
- Teaching for other agencies as well as the service, this should include undergraduate and postgraduate
- Research and audit.

Since the publication of that report (RCPsych, 2016), and in response to the Lenehan Review (2017a), there has been a move to develop a Joint Statement about the roles and responsibilities of GPs, developmental paediatricians and child and adolescent psychiatrists (RCGP, RCPCH and RCPsych, 2018). It sets out that this group of young people requires access to health services based on joint working, collaborative practice and good information sharing. Young people should be able to access clinicians who have the right skills to assess, diagnose and intervene depending on the child's age, developmental status, and physical and mental health co-morbidities.

Out of area provision

Despite the Winterbourne View Concordat (Department of Health, 2012) which sets out a plan of action to transform services for people with learning disabilities or autism and mental health problems, around 250 children and young people are held in Assessment and Treatment Units (ATUs) (JCHR, 2019). They are often placed in inpatient provision, some for many years, miles from their homes.

Dame Christine Lenehan refers to these hospital placements as being used for the 'warehousing' of children. This is contrary to the intention of an Assessment and Treatment Unit (ATU), which is for short term use. Government policy is to move away from hospital to community provision, but this is not always happening for young people with learning disabilities and mental health problems.

There are also many children and young people with learning disabilities who are living miles from home in residential special schools. These schools generally provide placements for young people with the most complex needs, but provision is patchy, leading to many out-of-area placements often miles from their home. These young people may be displaced from their families and home communities for years, only returning home in adulthood. The Challenging Behaviour Foundation and Mencap's (2016) resource *Keeping in Touch with Home* looks at how children should be supported to stay in touch with their families when they are inpatients.

Data from Learning Disability Services Monthly statistics (NHS Digital, 2019b) suggests that whilst only a small proportion of the people being cared for in hospital are under the age of 18 (11%), this figure slightly increased over the year 2016-17. Around a third (32%) of admissions for both children and adults were due to mental health problems; 27% were for issues related to learning disabilities, and just under a fifth (19%) because of challenging behaviours. Many young people are placed in mental health units miles away from their home. According to the Children's Commissioner for England, 95 children were placed in wards more than 50km (31 miles) away from their home (Children's Commissioner for England, 2019a).

There is concern that while the Government is committed to closing NHS Assessment and Treatment Units, these are being replaced with private hospital placements. It was estimated that in 2015/16, £477.4 million was spent on keeping 2,500 people with learning disabilities in hospital (Brown *et al.*, 2017). Of these beds, 52% were provided by the private sector. The percentage of beds in the private sector has risen considerably since 2006, and the value of the inpatient healthcare market to the independent sector is considered to be in the region of £284 million (James *et al.*, 2016). However, this increase in private provision isn't linked to an improvement in outcomes for patients. According to the Centre for Disability Research (Brown *et al.*, 2017) patients detained in private provision were 30% more likely to experience an assault and 60% more likely to be restrained than inpatients in NHS units.

Improving transitions

The transition from child to adult services is difficult for many young people and is often described as a 'cliff-edge' of support. It is likely that young people with mental ill-health and learning disabilities find it even more difficult to make a good transition. They may be transitioning from mental health, social care and learning disability services. However, there is a lack of high-quality research into the impact of transition to adulthood on young people with learning disabilities (Cvejic, 2018).

The Track study (Singh *et al.*, 2010) found that young people struggle to meet the eligibility criteria for adult learning disability, adult social care or adult mental health services. There is a real risk that these vulnerable young people will fall through the 'care net' and not receive any support, despite having significant needs. In addition, adult mental health services often lack provision for those with learning disabilities and have to depend on voluntary sector organisations for information and support (Singh, *et al.*, 2010, quoting Lamb, 2008).

Poor transitions between child and adult mental health services is unique to the UK. Indeed, the Milestone study, an ongoing European-wide study, has identified the lack of tailored care pathways and a lack of join up between services as two significant practical barriers to the continuity of care for young people transitioning (Signorini, 2018).

We know what a good transition should look like and what should happen in theory, but it isn't always being implemented on the ground for this group of young people. For instance, young people with an education, health and care plan, or a care and support plan, should be offered a review by local authorities, but it is unclear whether these are happening and whether they are helping with transitional planning.

There is variation across the country regarding transitional arrangements. Some young people with learning disabilities will be covered by the SEND framework, which covers young people up to 25. We know that some areas have a transitions social care team for 14-25 year olds and this plugs the gap between child and adult disability social work teams.

A shift towards 0-25 models of care may prove effective for this group of young people. The iThrive model, for example, is a person-centred framework with an emphasis on prevention and early help. It is currently offered to 47% of the 0-18 population and is often delivered up to the age of 25 (NHS England, 2019). The NHS Long Term Plan has committed to developing a comprehensive mental health offer for young people aged 0 to 25 (NHS England, 2019a).

NICE have produced a guideline on the transition from child to adult services which provides some generic recommendations, but it is not specific to mental health or learning disabilities.

Supporting the whole family

When any child has a mental health problem, support from their family is important; however, providing this support can put stress on the whole family. Studies have found that the mental health of parents who have children with learning disabilities is influenced by the severity of their child's mental health problem more than the degree of their learning disability (NICE, 2016). Siblings of children with learning disabilities may also be at an increased risk of mental health problems. Good and timely support for children and young people with learning disabilities can help support the wellbeing of the entire family. Unfortunately, we know that parents/carers do not always receive the support they need when their child has mental health problems (Association for Young People's Health, 2016).

Mental health support in educational settings

It is estimated that in schools in 2017, there were 10,969 children with profound and multiple learning disabilities; 32,680 with severe learning disabilities, 119,909 with autistic spectrum disorder and 3,020 with multi-sensory impairments (Department for Education, 2018a). It is thought that the number of school children with complex needs has increased by nearly 50% since 2004 (Council for Disabled Children, 2017).

Children and young people with special educational needs (SEND) – which includes learning disabilities – are far more likely to be excluded on a fixed term basis or permanently (Timpson, 2019). According to the latest available data, children and young people with identified Special Educational Needs (SEN) accounted for 46.7% of all permanent exclusions and 44.9% of fixed period exclusions (Department for Education, 2018b).

Young people with identified SEN but without an Education, Health and Care Plan (EHCP) were more likely to be permanently excluded compared to those with a plan, though the latter were still 2.8 times more likely to be excluded on a fixed term basis (Timpson, 2019). According to the Timpson review, this may be due to requirements in the Department for Education's exclusion guidance which prevent the exclusion of those young people with an EHCP (ibid).

Many children with learning disabilities will be in mainstream schools, but some will be in special schools or placed in residential special schools. Around 6,000 children and young people are placed in residential special schools and colleges in England (Lenehan, 2017b). An estimated 5,200 children with complex needs live away from home in these schools, with over 1,100 in full-time 52-week placements. Around two-thirds of these placements are in the private sector, and more than three-quarters of children were placed more than 20 miles from their family home (Council for Disabled Children, 2017). Being so far from home can have an impact on young people's relationships with their family and friends, and on their mental health. This may also help explain why so many young people with learning disabilities feel lonely and do not have a best friend (Lemos and Crane, 2012).

There is increasing focus on the role of education in promoting mental health and wellbeing. However, the majority of school-based interventions or prevention approaches are not aimed at young people with learning disabilities.

The recent green paper on children and young people's mental health (DHSC and DfE, 2018) seeks to improve the identification and provision of early help in education settings through the development of Mental Health Support Teams (MHSTs) and a Designated Senior Lead for mental health in schools. Children and young people with learning disabilities will also benefit from these initiatives, but only if there is a focus on the specific needs and experiences of this group.

At a policy level, it is important that the needs of this group aren't overlooked. At a practice level, we need to ensure that resources are developed or adapted to meet the needs of this group and are evaluated to ensure that they work. For instance, The Friends for Life programme is an evidence-based approach to promoting mental health in schools, both as a universal and targeted prevention programme (Burke, *et al.*, 2017). It was developed in Australia, but is used internationally and endorsed by the World Health Organisation. However, it may not be suitable for children with learning disabilities. The Mental Health Foundation developed an adapted version for use with children with learning disabilities called Special Friends (Mental Health Foundation, 2016).

Zippy's Friends, which is another internationally renowned programme to improve children and young people's mental health, has been adapted for children with special educational needs. Importantly, it has been independently evaluated in a pilot study and found to have a positive impact (University of Birmingham, 2015).

A whole school approach to mental health and wellbeing can help by ensuring that mental health is integral to all aspects of school life, and its policies and processes. To be effectively implemented, it needs to be led by the head and senior staff and supported by the governors. Public Health England and the Children and Young People's Mental Health Coalition developed a framework to help schools implement a whole school approach to supporting mental health and wellbeing (CYPMHC and PHE, 2015). While it is aimed at any type of school, it is just a framework so will need adapting to fit local needs, and reasonable adjustments need to be made for young people with learning disabilities.

Workforce and training

NICE guidance states that 'health, social care, [and] education services should train all staff who may come into contact with people with learning disabilities' so they have a good understanding of mental health issues in this group. It also recommends that health and social care staff who deliver interventions for this group should be competent, receive supervision, deliver manualised interventions, and monitor their practice.

This guidance chimes with what we hear from young people and families, who feel that many practitioners (including GPs and CAMHS professionals) do not have a good enough understanding of learning disabilities. We were told that practitioners focus on the learning disability rather than looking at the wider needs of the young person. They may not have an understanding of how mental health problems present in people with learning disabilities – which can be different to young people without learning disabilities.

There are existing training materials for teachers or other non-mental health professionals. MindEd, the eLearning platform, is freely available and includes modules on mental health and learning disabilities. Disability Matters is also a freely available eLearning platform focusing on disabilities.

There are a number of policy interventions under way which aim to improve training:

- A major element of the CAMHS transformation programme is the children and young people Improving Access to Psychological Therapies programme (CYP IAPT). This programme involves training up existing CAMHS staff in psychological therapies as part of the CYP IAPT Autism Spectrum Disorder and Learning Disabilities course (University College London, 2018)
- Health Education England (HEE), an arm's length body responsible for developing the NHS workforce, has developed Generic Service Interventions Pathway, a competency framework to support the development of the learning disabilities workforce (Health Education England, 2015). This document details the skills and competencies needed by staff operating across a range of health settings, including the need to identify and respond to the mental health needs of people with learning disabilities (ibid).
- An NHS workforce implementation plan is currently being produced by NHS Improvement, HEE and NHS England to address current and future workforce challenges as part of the NHS Long Term Plan. This is due to be published later in 2019 (NHS England, 2019a).

3: What young people, their families and professionals told us

We spoke to stakeholders to find out more about their experiences through a series of focus groups and surveys. We heard from:

- 59 people with learning disabilities between the ages of 11 and 25
- 13 parents and carers, including the families of children with more severe learning disabilities
- 10 school-based professionals, including teachers, Special Educational Needs Co-ordinators (SENCOs) and outreach teachers.

A full list of the groups we consulted is included in Appendix 2.

The results of the consultation exercise and surveys have been analysed and presented below. It should be noted that while these findings are not representative of the wider population of young people with learning disabilities, they closely align to the body of qualitative research that highlight the unmet mental health needs of young people with learning disabilities.

Young people, families and school-based staff expressed their dissatisfaction in the systems, pathways, referral processes, quality of support, and outcomes for young people with learning disabilities. They were all concerned about the lack of support, training and understanding about the mental health needs of young people with learning disabilities. Early intervention and prevention services in particular were not consistently available or accessed by young people. The overall feeling from all those we spoke to is that this group of young people are at risk of falling through the cracks of poor services.

The main themes from the consultation were:

- **Young people** felt that they were not believed or listened to. The majority had asked for help but felt they would not be able to find the right support to meet their needs. They did not feel confident that those they sought help from understood them or were able to support them.

  Several issues were identified that affected the wellbeing of young people with learning disabilities. The young people we spoke to said that they often felt lonely because they spent a lot of time on their own and they did not have friends outside school. Young people also worried about the future, particularly about their access to employment. They wanted to get jobs but felt that nobody was going to help them to secure this.

- **Parents and carers** felt they had to fight to access support for their child. Parents felt that early intervention was crucial to the development of their child. However, they identified several barriers to accessing support and there was no one point of contact that could help them navigate through the system. Parents and carers highlighted the need for a coordinator to help them navigate the system and manage the care their child receives, including support from multiple services.

  Parents and carers also felt that services did not understand or address their needs, much like the young people. Similarly, they were also concerned about the future. However, unlike the young people, parents highlighted the difficulties faced when making the transition from child to adult services.

- **School-based staff** felt that there was a long way to go before high-quality, timely support was offered to families. If this support was readily available to young people, professionals felt that it would help avoid the need for costly interventions in the future. A key barrier to support identified by school-based staff was the lack of funding available for support services, including early interventions. The gaps in training and awareness were also raised as barriers to support for young people, and professionals we consulted felt that this would make a significant difference.

The views and experiences of young people with learning disabilities

The core components of the focus groups were:

- A discussion around 'what is mental health?' We used a spectrum of mental health ranging from healthy to unwell.
- A conversational style was used to encourage a discussion on key themes.

Young people recognising their feelings and emotions

As part of our discussion about mental health, we asked young people if they have ever felt any of a range of emotions for at least a month or longer (see figure 1 below).

'When someone annoys you and disturbs you then you get angry or upset'

'What is the point of telling anyone? They don't take any notice'

Around a third of young people reported feeling lonely (32%) and confused (36%). Some of the young people spoke of feeling depressed during the focus groups and that they had a hard life and were lonely.

Anger was another significant feeling expressed by young people (30%) and this often related to feelings of frustration or feeling misunderstood.

'I get angry at football and don't know how someone can help me'

'I get angry because they push me, and I punch the wall. I then just want to sleep.'

A common theme in all the discussions with young people was that they were not listened to and people either spoke over them or for them.

'They ignore me and I am lonely and I think of my grandad and feel sad'

Seeking support to help manage their feelings and emotions

Children and young people with learning disabilities may struggle to approach services and individuals about their mental health problems for a range of reasons, including communication difficulties or past negative experiences.

Over two thirds (65%) of young people in our focus groups told us that they had told someone about how they felt, but they did not feel confident that anyone would help them.

'If I tell someone nothing will change, it's not going away, [I] don't feel anyone cares. Hold it in like a bottle'

Figure 1: Young people's experience of negative feelings and emotions lasting a month or longer

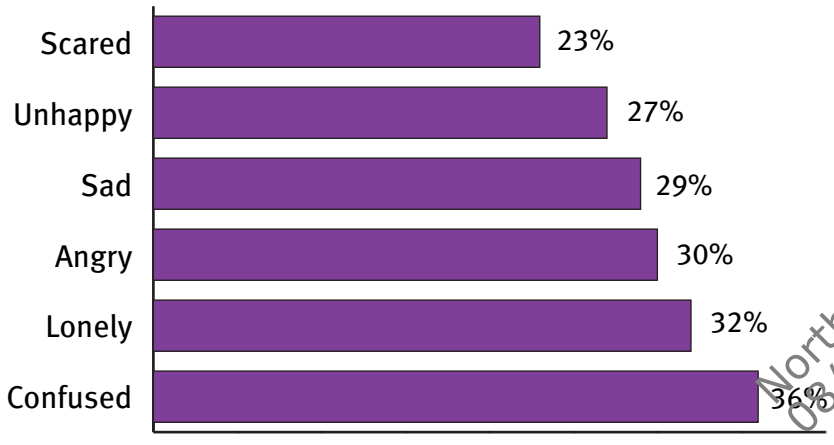
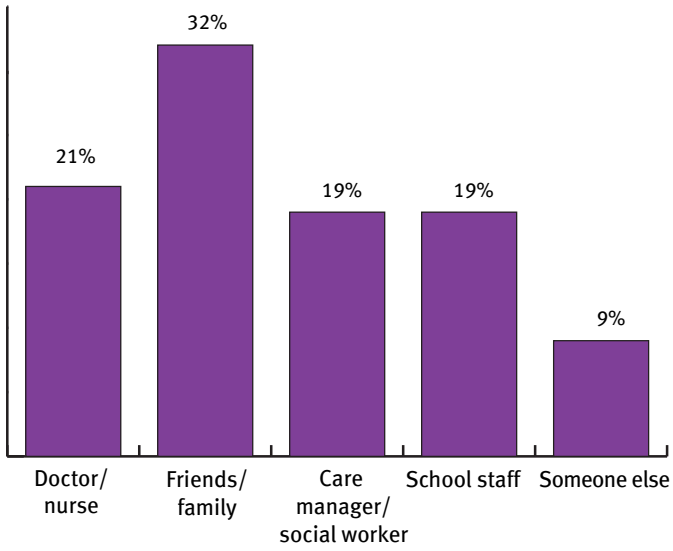


Figure 2: Where young people turned to for support



In some cases, young people may also be unaware of who to turn to for help. We asked young people whether they were confident they knew who to approach if they felt sad.

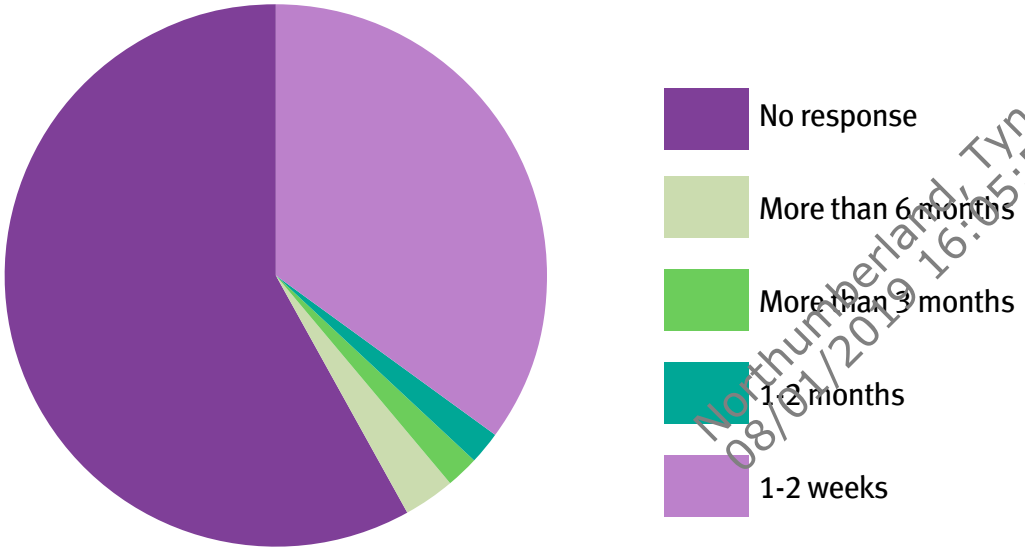
Of these, 32% of young people spoke primarily to their family about their feelings (see figure 2 above). Around one in five (21%) spoke to their GP; often with support from their parent or carer. A similar proportion of young people sought help from a professional at school or from either their care manager or social worker.

When young people did seek help, they were not always confident that people would help them with their mental health needs. 18% of respondents felt this way compared to 12% who did believe they would get good support.

Waiting times for support

The majority of respondents were unable to answer this question, but over a third (35%) said they received some form of support within 1 to 2 weeks. However, this was often a response to a referral and not to the wait for treatment.

Figure 3: The length of time it took young people to receive help



The same proportion of young people (2%) said they waited 1 to 2 months or more than 3 months. A further 3% of respondents said they waited more than 6 months to hear back from services or receive support.

This is in line with the findings in previous research (FPLD, 2010) where people with learning disabilities experienced lengthy waiting times. This often fuelled their feelings about being ignored and not listened to.

The type of support received by young people

Two thirds (66%) of young people reported that they did receive help once they told someone.

As part of our discussions with young people, we reflected on the types of interventions they received. Young people were often referred for counselling services, including provision based in schools and colleges. Some of the young people were prescribed medication to help manage their needs and others were given social prescriptions such as taking part in community activities or clubs.

School staff also featured highly in the discussion, as well as family members who advised and supported them.

The results present a mixed picture about young people's experiences of these services. Around a third (32%) of young people said they felt better once they accessed support.

'feel this is a mixed bag'

'met nice people but then never saw them again'

A slightly higher proportion (35%) of young people said they did not feel better and highlighted the lack of consistency in the support offered to them.

'No, waste of time – never saw the same person twice'

Alternative forms of support

Young people were asked about alternative forms of support that they feel might better meet their needs:

- 46% of young people said they would like a buddy or volunteer to support them
- 21% said they would like to receive counselling
- 7% wanted something else
- 2% of young people felt that medication would help them manage their needs.

'a walk in the park and listen to music/meditation when I am depressed, or anxious. It helps me to keep positive energy'

'a book which I keep my feeling in a diary helps me'

'more time to myself to think and to do what I like'

Nearly half (46%) of young people felt that a buddy or friend would be able to help them. They wanted to speak to others who had similar experiences.

'someone to listen and talk to whenever I need'

'being listened to and having your ideas heard'

Young people also wanted their teachers to learn how to listen, understand and help them. They expressed the same about parents and carers being supported to learn how to help them.

Annual health checks for young people with learning disabilities

Annual health checks provide a crucial opportunity to detect underlying health problems facing people with learning disabilities. Around 67% of respondents said they did not get an annual health check, whereas 30% did and 3% did not respond.

However, there are caveats that should be noted. Many of the young people were unclear as to whether they had a health action plan, or indeed if they received a formal health check. This number may be low due to the high number of school pupils taking part in the focus group. Despite this, these findings correlate with the feedback from parents and carers (see later in chapter).

Young people's worries about employment and the future

Many of the older young people raised the importance of employment to their mental health. They felt that work opportunities would allow them to utilise their skills and meet people.

'going to work will keep me mental healthy, all we do here is work experience'

'work is important otherwise we sit around getting bored and lonely'

'help us find jobs'

While the young people we spoke to expressed a strong appetite to work, they felt that they were not

provided with enough support into employment from services. For some, this negatively impacted on their confidence.

Results from interviews with families

We held interviews with 13 parents and carers to ensure that young people with the most severe learning disabilities, who could not speak to us directly, still had a voice in this research. Although we only interviewed a small group of parents and carers, the information they provided was rich and insightful.

Parents and carers expressed feeling that there was little support offered to them and their child. They did not feel that their own mental health needs were supported or recognised.

Identifying the mental health needs of young people with learning disabilities

The needs of children and young people are often first detected by those closest to them, such as their parents or family member. We asked parents about where the needs of their child were first highlighted.

Table 1: The identification of your child's mental health need

Myself (parent/carer)	69%
School	19%
Other	13%

The majority (69%) of parents and carers said they identified emerging mental health problems in their child and had to convince professionals of this. For example, one mother we spoke to said that she was concerned about her child's behaviour and asked for support from school staff.

> *'The teacher/SENCO observed my son in school and concurred with myself that there was an issue. We both separately consulted the doctor.'*

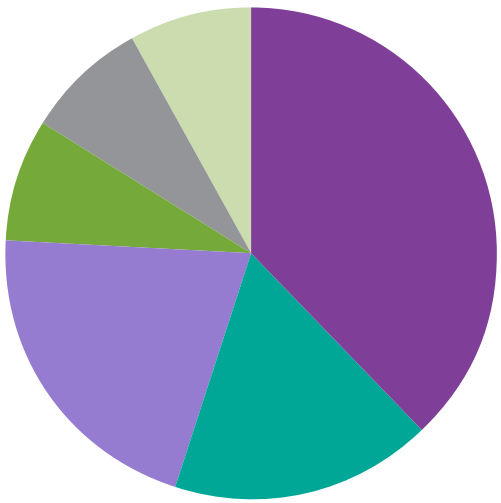
Nearly one in five (19%) families reported that their child's school identified their mental health need.

Many families raised the importance of having a well-trained named professional to improve the identification of mental ill-health amongst young people with learning disabilities.

Turning to others for advice and support

The GP was the first port of call for 38% of families, with 21% approaching teachers. The feeling for most families was that the GP should be able to offer advice, information and support. If young people's needs were deemed serious or enduring, they were referred on to other specialist services. Parents and carers were grateful for the additional information and signposting available to them while they waited for help from other services. GPs often also prescribed young people medication, such as antidepressants, during the process.

Figure 4: Where parents and carers turned to for support



We asked parents and carers about what advice and support would have helped them. They told us:

'More general information on what to look for as my son is autistic and I was therefore more aware of what to look out for.'

'It would be great to have a help line and you know something could happen straight away.'

'An immediate crisis response, not left to the police to intervene, and something is done to support rather than [being] sectioned and moved away. If they get there early enough it would cost them less money.'

Young people were subsequently seen by various professionals, including GPs, social workers, psychiatrists, psychologists, therapists, nurses and education professionals. However, parents found help from these professionals to be inconsistent or delayed, and were largely critical of the help they were offered.

Staff in school were another source of support for parents and carers, much like young people. 21% had sought support from teachers.

'I informed his secondary school of his issues and sat with his head of year to discuss a plan of action'

'My daughter is at college where there is access to a counsellor, and this has been very successful'

Parents also really valued support from their peers, particularly where their friends had children with similar needs.

Support for young people and families during waiting times

Over three quarters of parents (77%) said their child was not offered any other support while they endured long waiting times for mental health support.

'I was not going to complain in case they did not see us'

15% of respondents said they were signposted to other services and support in the community for their child while they waited for an assessment from CAMHS.

Appointments in health settings were generally scheduled at times that were convenient for the parents and carers (54%) who responded to our survey. However, 23% of respondents were given inconvenient appointment times which they struggled to attend due to work or caring responsibilities.

Annual health checks

As noted earlier in the chapter, most young people who engaged in our project said they did not undergo an annual health check. All but one of all the families responded stating that their son/daughter had not been offered a health check.

The future: low expectations, high hopes

Many of the parents and carers we spoke to looked towards the future care of their child with anxiety and fear. This centred around concerns about what would happen when the parent/carer is no longer around. The fear was that their family member would not be loved and cared for like they would at home.

Some carers identified difficulties in getting support to help their child make the transition to adult services.

'We have tried to get them on board since he's been 16 and a half, asking why we had no input from the young adult team... he is 19 soon and we have heard nothing.'

It is unclear whether this family's view is based on any solid evidence of local services or is just due to low expectations.

'My child is like a ping pong between mental health services. Can't they have a parent liaison person instead of me keep on chasing for support?'

'early support by qualified professionals who understand both learning disabilities and mental health, maybe a named person we can contact [would be helpful]. Also offer some help to families like family therapy'.

The views and experiences of professionals in schools

We interviewed 10 school-based professionals, aiming to speak to a wide variety of professionals. All those we spoke to felt strongly that the mental health services available to young people with learning disabilities needed improvement.

The effectiveness of mental health services for children and young people with learning disabilities

Early intervention was seen as very important by school professionals.

Staff in schools raised concerns about the gap between demand and capacity in CAMHS. They felt that funding pressures are a significant factor and have meant that services have had to raise their thresholds and revise their eligibility criteria in order to meet local need. This made it difficult for this group of young people to receive any input or treatment.

'Dire – how dire does it need to be before support is offered?'

'Fund it properly – don't wait for a tragedy and then act on it'

Professionals in schools suggested that there should be a balance between funding for specialist services and lower level support to ensure that school outreach services, advocacy, access to support for families, access to counselling, key workers and pastoral care can also made available.

School staff also felt that the support offered was sometimes too short and that CAMHS and learning disabilities services were only responsive to young people in crisis.

The pathways to support for young people with learning disabilities

Access to support is often hindered by confusing referral pathways that lead to a delay in making referrals and result in lengthy waiting times for young people.

'We don't have access to any advice as professionals'

School professionals we spoke to suggested that referrals to CAMHS had been the main pathway for reaching support, but as mentioned above this service continues to be under pressure. The GP was the other main point for referral for school staff. Some schools offer counselling and behavioural support, and young people get direct access to school outreach teams.

Furthermore, we were told that there are CAMHS teams that still operate an IQ threshold, despite guidance by the Royal College of Psychiatrists suggesting that services take a more holistic approach to assessing young people with learning disabilities (Royal College of Psychiatrists, 2016). Many families have no support from CAMHS when behaviours that challenge first become apparent. Their first encounter with mental health services may be when they are sectioned under the Mental Health Act, 1983.

'we need to work jointly with mental health and social care services as it seems to take too long for the wheels to start turning because we are all overstretched'

'Families and young people cannot just cope with talking therapies. We should be able to recognise issues and intervene quickly.'

What works for young people with learning disabilities and mental health needs in education?

School staff told us about the value of having provision based in school settings for young people with learning disabilities. It was noted that some schools have their own counsellors and outreach who provide young people with effective support and use strategies to support their mental health. Learning mentors and a designated member of staff were also identified as helpful approaches.

'I think there are a range of committed professionals attempting to bridge and fill the gaps in mental health services.'

'In my experience young people with LD have plenty to say about their mental health. They are receptive and open if the correct means of communication is used.'

'We find that schools are too ready to exclude and when we intervene the solution is at times so simple to manage.'

Support for parents and carers through schools has also been proven to be effective, for example, through outreach teams who have been upskilled in this area.

Respondents felt awareness about mental health has improved, including among parents and carers. This was also true for staff wellbeing in school settings. The Mental Health Foundation's Peer Education project was reported to have been instrumental in raising awareness on mental health to young people and teachers in some of the schools consulted.

The barriers to support

Overall, professionals in schools felt that learning disability and CAMHS services are not aligned, and there are relatively few examples of good CAMHS/ learning disability support. This lack of alignment is compounded by gaps in national guidance on areas critical for good support of young people with learning disabilities, such as the lack of focus on person-centred care or Positive Behaviour Support in CAMHS inpatient service specifications.

> *'It's difficult to differentiate mental health difficulties from the young person's usual behaviour sometimes – you have to know them really well'*

Our conversations with schools-based professionals indicate a great need for an improvement in the skills and understanding of learning disability and challenging behaviour among CAMHS staff. Diagnostic overshadowing and behaviours are not understood or addressed. Similarly, professionals working in learning disability services are not always able to spot the signs of mental ill-health and respond to young people's needs.

School staff also felt that the lack of evidence-based interventions for this group makes it difficult to consider examples of good practice developed for young people with learning disabilities across the whole spectrum, including children with severe learning disabilities and challenging behaviour.

Conclusion and recommendations

Young people with learning disabilities experience unacceptable inequalities in health, including their mental health. The risk factors associated with poor mental health outcomes for this group of young people are known and can be addressed with timely and effective interventions.

Many of the issues identified in our focus groups and interviews reinforce findings from qualitative research about the mental health needs of young people with learning disabilities and their families (Griffith *et al.*, 2013; Griffith & Hastings, 2013; NICE, 2016). Young people with learning disabilities and their families do not always have confidence in the system to meet their mental health needs and they are often ignored and misunderstood.

Children, young people and their families often do not know what support is available to them and what they are entitled to. There is also great variation across the country with regards to what mental health services young people have access to. While pathways to care for young people with learning disabilities do exist in some areas, they are not always effectively implemented.

Our recommendations identify the first steps that can be taken, nationally and locally, to close the gap and ensure that no one's mental health is overshadowed as a result of a learning disability.

Recommendations

Our recommendations are in line with NICE Guidelines on *Mental health problems in people with learning disabilities: prevention, assessment and management* (2016) and *Learning disabilities: identifying and managing mental health problems: Quality standard* (2017).

National: Government

1. **The Department of Health and Social Care** and **Public Health England** should map out the provision of preventative mental health support for children and young people with learning disabilities. The forthcoming prevention green paper provides an opportunity to consider the needs of this group and develop an action plan to promote their mental health and wellbeing.
2. **The Department of Health and Social Care** should fund research to strengthen and promote the use of evidence-based mental health interventions for young people with learning disabilities.

National: NHS

3. As part of the NHS Long Term Plan, **NHS England** should:
    - Improve pathways to mental health support for children and young people with learning disabilities. This should be clearly identified as a priority for all Integrated Care Systems.
    - Consider the needs of young people with learning disabilities as they transition into adulthood, including as part of the development of 0-25 years mental health models.
4. **NHS England** should strengthen guidance for specialist children and young people's mental health services to ensure that young people with learning disabilities are not turned away due to not meeting the eligibility criteria.
5. **NHS England** should prohibit the use of an intelligence quotient (IQ) threshold in children and young people's mental health services.
6. **Health Education England** should review the training offer available to professionals on the mental health needs of children and young people with learning disabilities and/or autism. This should be offered to all staff working with children and young people, including those in education and children's services.

Local: Strategic level

7. Integrated Care Systems should lead the development of more coordinated care for children and young people who have a learning disability and need mental health support.
8. We echo the Care Quality Commission's call for a shared local offer on mental health, to help local systems to work better together and avoid families feeling like they are 'ping-ponged' around the system.

9. Local leaders should identify opportunities for young people with learning disabilities and their families to shape local strategy and co-design services.

Local: Service level

10. Children and young people's mental health services should ensure families are supported and have the information they need to talk with their children about their emotional wellbeing, in light of the fact that friends and family are the first port of call when these young people are concerned about their mental health.

    - Families feel that they are left on their own to cope while waiting for a referral or treatment. Local commissioners should ensure there are other forms of support available in the community to avoid young people's needs escalating while they are waiting for their appointment.
    - Children and young people's mental health services should provide appropriate signposting to these services where available.

References

Ambitious About Autism (2017) *Know Your Normal - Young people with autism's experience of mental health* [Online] Available from: https://www.ambitiousaboutautism.org.uk/sites/default/files/Know%20your%20normal%20research%20report.pdf [Accessed 18 June 2019]

ADASS *et al.* (2015) *Transforming care for people with learning disabilities: next steps* [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf [Accessed 18 June 2019]

Association of Directors of Children's Services (2017) *ADCS submission to the Lenehan review of experiences and outcomes in residential special schools and colleges* [Online] Available from: http://adcs.org.uk/assets/documentation/ADCS_CR_Lenehan_review_residential_special_schools_and_colleges.pdf [Accessed 18 June 2019]

Association for Young People's Health (2016) *'There for you': the role of parents in supporting young people with mental health problems* [Online] Available from: http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/11/AYPH-Parenting-briefing-11-nov-2016.pdf [Accessed 18 June 2019]

Association for Young People's Health (2015) *GP Champions for Youth Health Project: Toolkit for General Practice* [Online] Available from: http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/06/GPToolkit_ONLINE.pdf [Accessed 18 June 2019]

BILD (No date) *Children with learning disabilities at risk of sexual exploitation* [Online] Available from: http://www.bild.org.uk/resources/unprotected-overprotected/

BILD (2011) *Learning disabilities factsheet.* [Online] Available from: http://www.bild.org.uk/resources/factsheets/

Bowden, G. (2017) *Dispatches Investigation Finds Shocking Treatment Of Child Mental Health Patients.* Huffington Post [Online] Available from: http://www.huffingtonpost.co.uk/entry/dispatches-channel-4-investigation-finds-shocking-treatment-of-child-mental-health-patients_uk_58b6d894e4b0a8a9b787c89d [Accessed 18 June 2019]

Brown, M., James, E., & Hatton, C. (2017) A *Trade in People: The inpatient healthcare economy for people with learning disabilities and/or Autism Spectrum Disorder* [Online] Available from: http://wp.lancs.ac.uk/cedr/files/2017/06/A-Trade-in-People-CeDR-2017-1.pdf [Accessed 18 June 2019]

Burke, M.K., Prendeville, P. and Veale, A. (2017) An evaluation of the "FRIENDS for Life" programme among children presenting with autism spectrum disorder. *Educational Psychology in Practice*, **33**(4), pp.435-449.

Care Quality Commission (2019) *Interim report: Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism* [Online] Available from: https://www.cqc.org.uk/publications/themed-work/interim-report-review-restraint-prolonged-seclusion-segregation-people [Accessed 18 June 2019]

Change.org (2014) *Please bring my son back home #BringJoshHome* [Online] Available from: https://www.change.org/p/kernow-ccg-please-bring-my-son-back-home-bringjoshhome-3 [Accessed 18 June 2019]

Children's Commissioner for England (2019a) *Far less than they deserve: Children with learning disabilities or autism living in mental health hospitals* [Online] Available from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/05/cco-far-less-than-they-deserve-may-2019.pdf [Accessed 18 June 2019]

Children's Commissioner for England (2019b) *Early access to mental health support* [Online] Available from: https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/04/Early-access-to-mental-health-support-April-2019.pdf [Accessed 18 June 2019]

Clark, L. (2018) *Effectiveness of the New Care and Treatment Review Policy* [Online] Available from: https://gallery.mailchimp.com/fb87a0648757436c218703f51/files/eb0dea20-eb4f-45a4-88f7-f29bfbadb570/NHSE_PAC_feedback_report.pdf [Accessed 18 June 2019]

Council for Disabled Children (2017) *Understanding the needs of disabled children with complex needs or life-limiting conditions: what can we learn from the national data?* [Online] Available from: https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/Data%20Report.pdf [Accessed 18 June 2019]

Cvejic, R.C. and Trollor, J.N. (2018) Transition to adult mental health services for young people with an intellectual disability. *Journal of Paediatrics and Child Health*, **54**(10), pp.1127–1130.

CYPMHC and PHE (2015) *Promoting children and young people's emotional health and wellbeing*. [Online] Available from: https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing [Accessed 18 June 2019]

Department for Education (2017a) *Lenehan review of experiences and outcomes in residential schools and colleges: Call for evidence* [Online] Available from: https://consult.education.gov.uk/special-educational-needs-and-disability-division/lenehan-review/ [Accessed 18 June 2019]

Department for Education (2017b) *Permanent and Fixed Period Exclusions in England: 2015 to 2016*. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630582/SFR35_2017_text.pdf [Accessed 18 June 2019]

Department for Education (2018a) *Special educational needs in England: January 2018*. [Online] Available from: https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018 [Accessed 18 June 2019]

Department for Education (2018b) *Permanent and fixed-period exclusions in England: 2016 to 2017* [Online] Available from: https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2016-to-2017 [Accessed 18 June 2019]

Department of Health (2001) *Valuing People: A New Strategy for Learning Disability for the 21st Century* [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf [Accessed 18 June 2019]

Department of Health (2012) *DH Winterbourne View Review Concordat: Programme of Action* [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf [Accessed 18 June 2019]

Department of Health & NHS England (2015) *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf [Accessed 18 June 2019]

Department of Health, Department of Education (2015) *Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities* [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf [Accessed 18 June 2019]

Department of Health and Social Care and Department for Education (2018) *Transforming children and young people's mental health provision: a green paper* [Online] Available from: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper [Accessed 18 June 2019]

Department of Health and Social Care (2019) *New measures to improve care for people with autism and learning disabilities* [Online] Available from: https://www.gov.uk/government/news/new-measures-to-improve-care-for-people-with-autism-and-learning-disabilities [Accessed 18 June 2019]

Disability Matters - https://www.disabilitymatters.org.uk/

Emerson, E., and Einfeld, S. L. (2010) Emotional and behavioural difficulties in young children with and without developmental delay: a bi-national perspective. *Journal of Child Psychology and Psychiatry*, **51**, 583-593.

Emerson, C., and Hatton, C. (2007) Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry*, **191**, 439-499.

Flynn, S., Vereenooghe, L., Hastings, R. P., Adams, D., Cooper, S-A., Gore, N., Hatton, C., Hood, K., Jahoda, A., Langdon, P. E., McNamara, R., Oliver, C., Roy, A., Totsika, V., & Waite, J. (2017). Measurement tools for mental health problems and mental well-being in people with severe or profound intellectual disabilities: A systematic review. *Clinical Psychology Review*, **57**, 32-44.

Foundation for People with Learning Disabilities (2001) *Meeting the service needs of children and young people with learning disabilities and mental health problems* [Online] Available from: https://www.mentalhealth.org.uk/learning-disabilities/publications/meeting-mental-health-needs-young-people-learning-disabilities [Accessed 18 June 2019]

Foundation for People with Learning Disabilities (2002) *Count Us In: The report of the committee of inquiry into meeting the mental health needs of young people with learning disabilities*.

Gore. N., Hastings. R., & Brady. S., (2014) Early Intervention for children with learning disabilities: making use of what we know. *Tizard Learning Disability Review*, **19**, 181-189.

Griffith, G. M. and Hastings, R. P. (2013) 'He's hard work, but he's worth it'. The Experience of Caregivers of Individuals with Intellectual Disabilities and Challenging behaviour: A Meta-Synthesis of Qualitative Research. *Journal of Applied Research in Intellectual Disabilities*, **27**, 401-419

Griffith, G. M and Hutchinson. L. (2013) "I'm not a patient, I'm a person": The Experiences of Individuals with Intellectual Disabilities and Challenging Behaviour – A Thematic Synthesis of Qualitative Studies. *Clinical Psychology: Science and Practice,* **20** (4), 469-488.

Hastings, R. P., Allen, D., Baker, P., Gore, N. J., Hughes, J. C., McGill, P., Noone, S. J., & Toogood, S. (2013a) A conceptual framework for understanding why challenging behaviours occur in people with developmental disabilities. *International Journal of Positive Behavioural Support*, **3** (2), 5-13.

Hastings, R. P. (2013b) Running to catch up: Rapid generation of evidence for interventions in intellectual disability services. *British Journal of Psychiatry*, **203**, 245-246.

Hastings, R. P., (2016) Do Children with Intellectual and Developmental Disabilities have a negative impact on other family members? The case for rejecting a negative narrative. *International Review of Research in Developmental Disabilities: Fifty years of Research in Intellectual and Developmental Disabilities*, **50**, 165-194

Health Education England (2015) *Generic Service Interventions Pathway: A competency framework to support development of the learning disabilities workforce* [Online] Available from: https://www.hee.nhs.uk/sites/default/files/documents/Generic%20service%20interventions%20pathway.pdf [Accessed 18 June 2019]

Holstead, J. and Dalton, J. (2013) Utilization of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for Children with Cognitive Disabilities. *Journal of Child Welfare*, **7**, 536-548.

Institute of Health Equity (2018) *A Fair, Supportive Society* [Online] Available from: http://www.instituteofhealthequity.org/resources-reports/a-fair-supportive-society-summary-report [Accessed 18 June 2019]

James, E. *et al.* (2016) *Report on the first 7 days of action.* Centre for Disability Research [Online] Available from: http://wp.lancs.ac.uk/cedr/files/2016/10/7_day_report_digital-1.pdf [Accessed 18 June 2019]

Joint Committee on Human Rights (2019) *Youth detention: solitary confinement and restraint* [Online] Available from: https://publications.parliament.uk/pa/jt201719/jtselect/jtrights/994/994.pdf [Accessed 18 June 2019]

Jopp, D. A., and Keys, C. B. (2001) Diagnostic overshadowing reviewed and reconsidered. *American Journal on Mental Retardation*, **106**, 416–433.

Lemos and Crane (2012) *Loneliness and Cruelty: People with learning disabilities and their experience of harassment, abuse and related crime in the community* [Online] Available from: http://www.lemosandcrane.co.uk/home/resources/loneliness.pdf [Accessed 18 June 2019]

Lenehan, C. (2017a) *These are our Children*. Council for Disabled Children [Online] Available from: https://www.ncb.org.uk/sites/default/files/field/attachment/These%20are%20Our%20CHildren_Lenehan_Review_Report.pdf [Accessed 18 June 2019]

Lenehan, C. (2017b) *Good intentions, good enough?* [Online] Available from: https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/Good_intentions_good_enough_-_a_review_of_residential_special_schools_and_colleges.pdf [Accessed 18 June 2019]

Mencap & Challenging Behaviour Foundation (2016) [Online] Available from: *Paving the Way: early intervention for children with learning disabilities whose behaviour challenge* [Online] Available from: http://pavingtheway.works/project/wp-content/uploads/2016/07/Keeping-in-touch-with-home-web-version.pdf [Accessed 18 June 2019]

Mencap (2017) *Resources for healthcare professionals: Handy guides if you work in the health services* [Online] Available from: https://www.mencap.org.uk/learning-disability-explained/resources-healthcare-professionals [Accessed 18 June 2019]

Mencap (2017) *How common is learning disability?* [Online] Available from: https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability [Accessed 18 June 2019]

Mental Health Foundation & Foundation for People with Learning Disabilities (2016) *Friends for Life*. [Online] Available from: https://www.mentalhealth.org.uk/learning-disabilities/our-work/employment-education/friends-for-life [Accessed 18 June 2019]

The Milestone project [Online] Available from: http://www.milestone-transitionstudy.eu/

MindEd [Online] Available from: https://www.minded.org.uk/

National Guideline Alliance (2016) *Mental Health Problems in People with Learning Disabilities: Prevention, Assessment, and Management*. National Institute for Health and Care Excellence.

National Audit Office (2018) *Improving children and young people's mental health services* [Online] Available from: https://www.nao.org.uk/report/improving-children-and-young-peoples-mental-health-services/ [Accessed 18 June 2019]

NICE (2011) *Autism spectrum disorder in under 19s* [Online] Available from: https://www.nice.org.uk/guidance/cg128/resources/autism-spectrum-disorder-in-under-19s-recognition-referral-and-diagnosis-pdf-35109456621253 [Accessed 18 June 2019]

NICE (2015) *Challenging behaviour and learning disabilities* [Online] Available from: https://www.nice.org.uk/guidance/ng11/evidence/full-guideline-pdf-2311243668 [Accessed 18 June 2019]

NICE (2016) *Mental health problems in people with learning disabilities: prevention, assessment, and management. NICE Guideline NG54* [Online] Available from: https://www.nice.org.uk/guidance/ng54/evidence/full-guideline-pdf-2612227933 [Accessed 18 June 2019]

NICE (2017) *Learning disabilities: identifying and managing mental health problems: Quality standard* [Online] Available from: https://www.nice.org.uk/guidance/qs142/chapter/Quality-statements [Accessed 18 June 2019]

NHS England (2012) *Transforming care: A national response to Winterbourne View Hospital* [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf [Accessed 18 June 2019]

NHS England (2014) *Winterbourne View – Time for Change: Transforming the commissioning of services for people with learning disabilities and/or autism* [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2014/11/transforming-commissioning-services.pdf [Accessed 18 June 2019]

NHS England (2015) *Transforming Care for People with Learning Disabilities – Next Steps* [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf [Accessed 18 June 2019]

NHS England (2016) *The Five Year Forward View for Mental Health* [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf [Accessed 18 June 2019]

NHS England (2017) *Updates to the Care and Treatment Review (CTR) policy* [Online] Available from: https://www.england.nhs.uk/learning-disabilities/care/ctr/ctr-policy-changes/ [Accessed 18 June 2019]

NHS Digital (2019a) *NHS Long Term Plan* [Online] Available from: https://www.longtermplan.nhs.uk/ [Accessed 18 June 2019]

NHS Digital (2019b) *Learning Disability Services Monthly Statistics (Assuring Transformation)* [Online] Available from: https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics/provisional-statistics-at-april-2019-mhsds-february-2019-final [Accessed 18 June 2019]

NHS Digital (2019c) *Health and Care of People with Learning Disabilities: 2017-18* [Online] Available from: https://files.digital.nhs.uk/BA/4F4C1D/health-care-learning-disabilities-1718-sum.pdf [Accessed 18 June 2019]

NHS England - *Learning collaboratives and training offer* [Online] Available from: https://www.england.nhs.uk/mental-health/cyp/iapt/learning-collab/

Office for National Statistics (ONS) (1999); (2004) Population prevalence of mental health problems in children with learning disabilities. Mental health of children and adolescents in Great Britain

Royal College of General Practitioners (RCGP) (2017) *Health checks for people with learning disabilities toolkit* [Online] Available from: http://www.rcgp.org.uk/clinical-and-research/toolkits/health-check-toolkit.aspx [Accessed 18 June 2019]

Royal College of Psychiatrists (2016) *Psychiatric services for young people with intellectual disabilities* [Online] Available from: http://www.rcpsych.ac.uk/files/pdfversion/CR200.pdf

Royal College of Psychiatrists (2017) *Quality Network for Community CAMHS Annual Report: Cycle 2016 (January 2016 – December 2016)* [Online] Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/child-and-adolescent-community-teams-cahms/camhs-qncc-annual-report-2016.pdf?sfvrsn=d2061614_2 [Accessed 19 June]

Royal College of Psychiatrists (2017) *Scandal of underfunded child and adolescent mental health services laid bare* [Online] Available from: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2016/11/17/the-scandal-of-underfunded-child-and-adolescent-mental-health-services-laid-bare-in-new-research-from-the-royal-college-of-psychiatrists [Accessed 19 June]

RCGP, RCPCH and RCPsych (2018) Position statement on children and young peoples' mental health. https://www.rcpsych.ac.uk/sites/default/files/2018-04/position_statement_on_children_and_young_peoples_mental_health.pdf

Singh, S.P. *et al.* (2010) *Transition from CAMHS to adult mental health services* [Online] Available from: http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1613-117_V01.pdf [Accessed 18 June 2019]

Signorini, G., Singh, S.P., Marsanic, V.B., Dieleman, G., Dodig-Ćurković, K., Franic, T., Gerritsen, S.E., Griffin, J., Maras, A., McNicholas, F. and O'Hara, L. (2018) The interface between child/adolescent and adult mental health services: results from a European 28-country survey. *European child & adolescent psychiatry*, pp.1-11.

Skokauskas, N., Sweeny, E., Meehan, J., & Gallagher, L. (2012) Mental Health Problems in Children with Prader-Willi Syndrome. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, **21**, 194–203.

Solish, A., Perry, A. & Minnes, P. (2010) Participation of Children with and without Disabilities in Social, Recreational and Leisure Activities. *Journal of Applied Research in Intellectual Disabilities*, **23**, 226–236.

Timpson, E (2019). *Timpson review of school exclusion* [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/799979/Timpson_review_of_school_exclusion.pdf [Accessed 18 June 2019]

Toms, G., Totsika, V., Hastings, R. P., & Healy, H. (2015). Access to services by children with intellectual disability and mental health problems: Population-based evidence from the UK. *Journal of Intellectual and Developmental Disabilities*, **40**, 239-247.

Totsika, V., Hastings, R. P., Emerson, E., Berridge, D. M., & Lancaster, G. A. (2011). Behavior problems at five years of age and maternal mental health in autism and intellectual disability. *Journal of Abnormal Child Psychology*, **39**, 1137-1147.

Totsika, V., Hastings, R. P., Vagenas, D., & Emerson, E. (2014). Parenting and the behavior problems of young children with an intellectual disability: Concurrent and longitudinal relationships in a population-based study. American Journal on Intellectual and Developmental Disabilities, **119**, 422-435.

University of Birmingham (2015) *An Independent Evaluation of Zippy's Friends for Children and Young People with Special Educational Needs: Final Report for the Judith Trust* [Online] Available from: http://www.judithtrust.org.uk/wp-content/uploads/2015/04/Zippys-Friends-Final-Report-for-Judith-Trust-V11-13-11-2015.pdf [Accessed 18 June 2019]

University College London (2018) Child and young person IAPT therapy [Online] Available from: https://ucl.reportlab.com/media/g/child-young-person-iapt-therapy-pg-dip.pdf [Accessed 18 June 2019]

Vedi, K., & Bernard, S. (2012) The mental health needs of children and adolescents with learning disabilities. *Current Opinion in Psychiatry*, **25**, 353-358.

Verennooghe, L. *et al.* (2017) *Interventions for mental health problems in children and adults with severe intellectual disabilities: A systematic review.* Manuscript under review.

Voluntary Organisations Disability Group. *STOMP: Stopping the over-medication of people with a learning disability, autism or both*. [Online] Available from: https://www.vodg.org.uk/campaigns/stompcampaign/ [Accessed 18 June 2019]

World Health Organisation (WHO) *2010 International statistical classification of diseases and related health problems 10th revision* [Online] Available from: http://apps.who.int/classifications/icd10/browse/2010/en [Accessed 18 June 2019]

World Health Organisation (WHO) (2014) *Mental health: a state of wellbeing* [Online] Available from: http://www.who.int/features/factfiles/mental_health/en/ [Accessed 18 June 2019]

Appendix 1: Expert Reference Group

Professor Dame Sue Bailey

Former Chair of the Children and Young People's Mental Health Coalition and current Chair of Trustees at Centre for Mental Health

Paula Lavis

Formerly at the Children and Young People's Mental Health Coalition and now at NHS Clinical Commissioners

Christine Burke

Foundation for People with Learning Disabilities and Inequalities

Dr Ashok Roy

Consultant Psychiatrist for People with Learning Disabilities, Coventry and Warwickshire Partnership NHS Trust
Chair, Faculty of the Psychiatry of Intellectual Disability, Royal College of Psychiatrists (RCP)
Clinical Advisor in Learning Disability, Health Education England

Dr Bernadka Dubicka

Honorary reader in child psychiatry, University of Manchester
Consultant adolescent psychiatrist, Lancashire Care Foundation Trust
Chair, Faculty of Child and Adolescent Psychiatry, Royal College of Psychiatrists (RCP)

Prof Richard Hastings PhD CPsychol FBPsS FIASSIDD FAcSS

Professor and Cerebra Chair of Family Research, University of Warwick
Chair, Faculty of Social Sciences Research Forum
Monash Warwick Professor, Centre for Developmental Psychiatry and Psychology, Monash University

Matthew Dodd

Head of Policy and Public Affairs, NCB

Dr Camilla Rosan

Programme Lead for Families, Children and Young People / Perinatal and Infant Clinical Psychologist, Mental Health Foundation

Dr Mark Lovell CAIDPN, NHS

Consultant Child and Adolescent Learning Disability Psychiatrist, Chief Clinical Informatics Officer, Tees Esk and Wear Valleys NHS Foundation Trust.
Child and Adolescent Intellectual Disability Psychiatry Network - Vice-chair
Royal College of Psychiatrists Faculty of Psychiatry of Intellectual Disability- Co-opted member
Association for Child and Adolescent Mental Health- Board Member (Lead for CPD and Training)

Dr Karen Bretherton

Consultant Psychiatrist for Children with Learning Disabilities, NHS Leicester

Dr Tim Devanny

Transforming Care Workforce Specialist (North), Health Education England

Kirsten Lamb

Clinical Lead for Learning Disability, Herts Valleys CCG

Dr Jill Cadwgan

Consultant Paediatrician - Neurodisability, Guy's and St Thomas' NHS Foundation Trust

Dr Pru Allington-Smith

Consultant Psychiatrist Child LD, Coventry and Warwickshire Partnership NHS Trust

Dr Max Davie

Assistant Officer for Health Promotion, Royal College of Paediatrics and Child Health
Consultant Community Paediatrician, Mary Sheridan Centre

Appendix 2: Groups involved in our consultation work

The Focus Groups

We consulted with ten focus groups of people with learning disabilities. In total we spoke to 59 young people with learning disabilities and poor mental health. The groups of people we spoke to are described below:

Forest Academy, East London

A mainstream school that has an ethos of inclusion. We spoke to two groups of young people with mental health needs and learning disabilities aged between 16-18.

Skillnet Group, Dover, Kent

The Skillnet Group supports people with learning disabilities to speak up, make choices and become powerful and influential. We spoke to two groups of young people above the age of 21.

Little Heath School, Redbridge

A special school that primarily supports children and young people with more complex needs and or autism. We spoke to 3 groups of young people aged 11 to 20, as well as 2 groups of families.

Generate, Wandsworth

An advocacy organization that also runs youth groups and supports the voice of people with learning disabilities with more moderate needs. We spoke to 2 groups of young people aged 11 to 16.

Redbridge College in Romford

An adult education college that has a route to employment program to support young people into work. We spoke to 3 groups of young people aged 19 to 25.

Selworthy School in Taunton

Selworthy is a co-educational special school for children and young people with learning disabilities aged 4 to 19.

The Redbridge Outreach Team

A group of teachers that support young people with learning disabilities in mainstream schools.

West Sussex Parent Carer Forum

The forum helps parent/carers of children and young people aged 0-25 with additional needs and disabilities to improve and make positive changes to the lives of their families and others.

Mindfulness UK

A training and support organization on mindfulness with compassion which has links to parents.

Challenging Behaviour Foundation UK

The charity for people with severe learning disabilities whose behaviour challenges.

Appendix 3: Data from the Focus Groups

The Consultation with children and young people, their families and school-based professionals, plus the methodology and results from the consultation, are presented in Section 4 of the Report. The information in this Appendix is presented to provide the full results, additional information and tables excluded from the main document.

Demographic information gathered from the focus groups and questionnaires

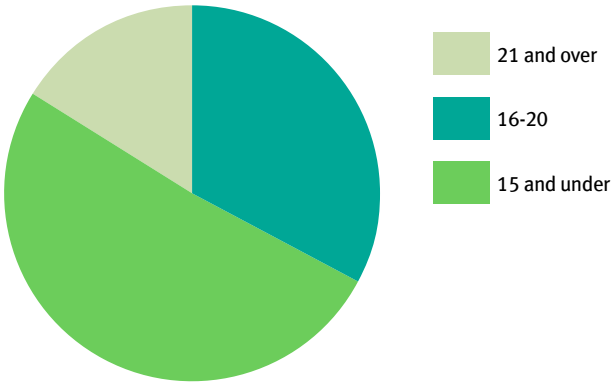
We spoke to 59 people with learning disabilities, 13 parents and 10 school-based staff. The information here is supplementary to that in section 4.

a. Age and gender

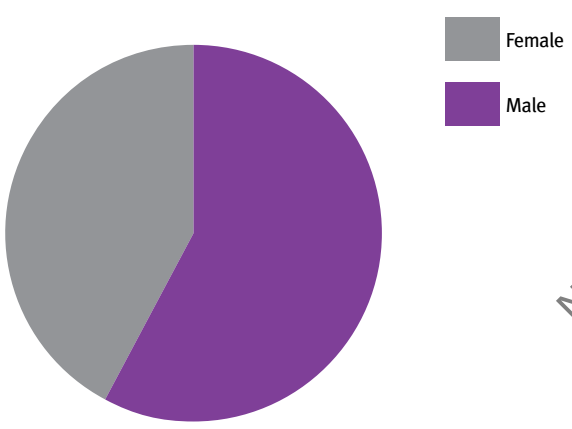
All participants were asked to declare their age (ranging from 11 to 25 years) and gender (see graphs below).

We did not ask about sexual orientation because of our experience from previous consultations which indicated that a lot of time was required to explain what we were asking. There was confusion about what each category meant.

Age



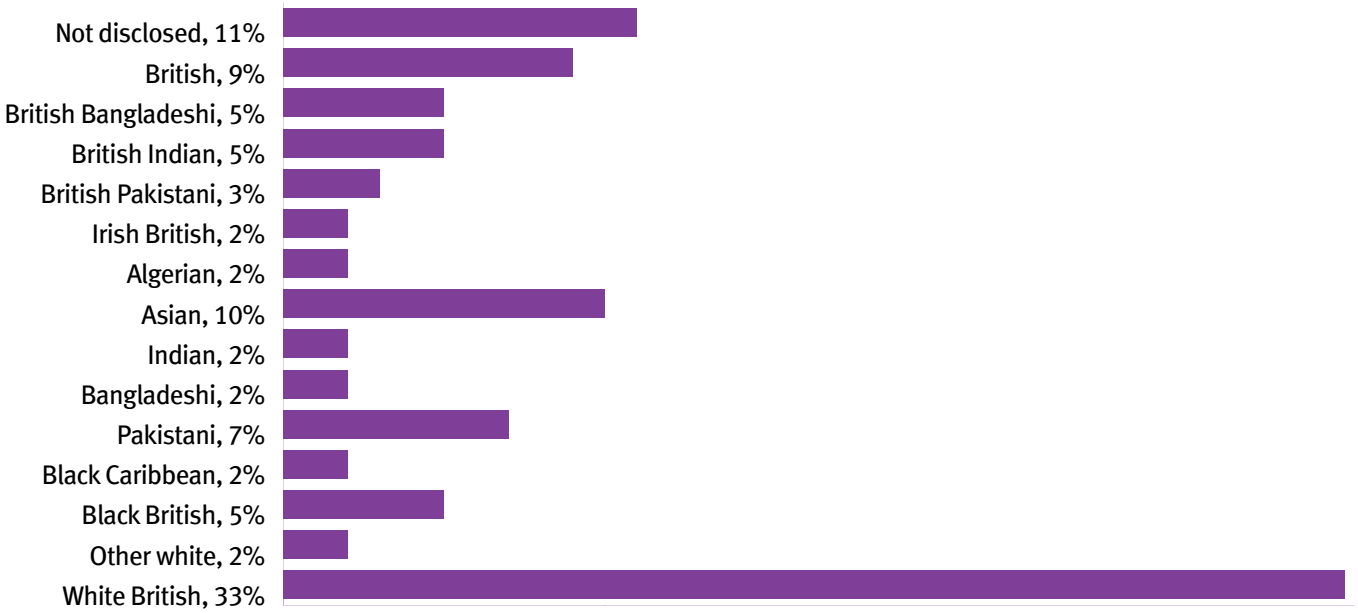
Gender



b. Ethnic origin

The demography of the three areas of consultation, according to the local census information is predominantly white/British, however we used the categories as described by the young people which allowed for a split of India, Asian, British Bangladeshi, Bangladeshi, British Indian. We might have a different split if we used traditional ethnographic categories.

This echoes the Census data recorded in 2011 for the South East region of the UK. This data indicates that 90.7% of the South East population is made up of White/White British, followed by 1.6% of Black/ African/Caribbean/Black British, 5.2% being Asian/ Asian British, 1.9% being of mixed/multiple ethnic groups and 0.6% of other ethnic groups.



Overshadowed:

The mental health needs of Children and Young People with Learning Disabilities

Published June 2019

For more information, check out our website:
www.cypmhc.org.uk

Follow us on Twitter: @CYPMentalHealth

Children & Young People's Mental Health Coalition

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	7 August 2019

Title and Author of Paper: Seasonal Flu Vaccination Plan 2019/20, Carole Rutter, Modern Matron, Infection Prevention and Control

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- 76.5% of front line staff received the influenza vaccine in 2018/19.
- 209 registered staff attended vaccination training in 2018.
- CQUIN target set at 75% uptake in front line staff achieved.
- CQUIN target for 2019/20 is 80 % of all front line staff to be vaccinated
- Quadrivalent vaccine ordered for 2019/20 for both patients and staff
- Adjuvanted Trivalent Inactivated Vaccine (aTIV) ordered for patients 65 years and over.

Risks Highlighted to Board :

- Target of 80% uptake of flu vaccination in front line staff in 2019/20
- Increase of front line staff numbers following acquisition of Cumbria Partnership FT.

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

Equal Opportunities, Legal and Other Implications: NONE

Outcome Required: Approval and support from the Trust Board to the 2019/20 flu campaign

Link to Policies and Strategies:

NHS
Northumberland,
Tyne and Wear
NHS Foundation Trust

Seasonal Flu Vaccination Plan 2019/20

Caring | Discovering | Growing | **Together**

Contents

Seasonal Flu Vaccination Plan

1. Purpose

This plan sets out Northumberland Tyne and Wear (NTW) strategic approach to the delivery of seasonal influenza vaccination to both patients and staff.

The plan should be read in conjunction with the Pandemic Influenza Plan as a framework for vaccination in the event of a pandemic.

The plan is not intended to provide clinical guidance on seasonal flu vaccine. Guidance for the management of patients with an influenza like illness or confirmed influenza is set out in IPC- PGN- 26, (part of NTW (C) 23 Infection Prevention and Control Policy).

2. Seasonal Influenza (Flu)

Influenza is a highly infectious respiratory illness which can affect all population groups with severe morbidity and mortality common amongst elderly and specific high risk groups. Symptoms include sudden onset of headache, fever, sore throat, lethargy aching muscles and joints.

There are three influenza types; Influenza A and influenza B responsible for most acute respiratory illness with the third Influenza C less typical. Influenza A is the cause of large outbreaks and epidemics.
Influenza viruses are transmitted from person to person by inhalation of large and small droplets from the secretions of an infected person. Environmental contamination with secretions also plays a role in transmission.

The incubation period for influenza ranges from 1-5 days, typically 2-3 days. The infectious period lasts from the onset of symptoms until 3-5 days afterwards, although virus can be detected prior to the onset of symptoms.
Infants and children may continue to shed the virus up to 2 weeks after the onset of illness.
Common complications from influenza include bronchitis, ear infections, sinusitis and more seriously pneumonia and meningitis. Most people will recover from the virus within a few days however people from high risk groups frequently develop secondary bacterial infections.

Influenza viruses undergo frequent changes in their surface antigen therefore new influenza vaccines must be developed annually to match those influenza viruses expected to circulate in the next season. Antigenic drift, occurring more in Influenza A than B signals minor changes in the virus envelope. Antigenic shift signifies major changes in the virus envelope, different from those of previously circulating viruses and are responsible for major epidemics and pandemics where populations have no immunity to the new strain.

3. Seasonal Influenza Vaccination Programme

The epidemiology of circulating flu viruses are monitored continually by the World Health Organisation (WHO). Virus strains selected for seasonal flu vaccines are announced by WHO in the first quarter of the New Year. These strains are those expected to be in wide circulation in the Northern hemisphere in the following winter months.

Influenza vaccines for the 2019/20 season for staff and patients under 65 years is a quadrivalent inactivated vaccine containing two subtypes of both influenza A and B. The adjuvanted trivalent inactivated vaccine for age group 65 years and over contains two subtypes of Influenza A and one type B. Vaccines previously and currently used are inactivated and therefore unable to cause influenza.

In the event of an emerging pandemic influenza strain, the seasonal flu vaccination will probably be ineffective. The development of a monovalent vaccine will be undertaken and implemented although there may be a considerable delay before the vaccine is freely available for mass vaccination.

3.1 Seasonal Flu Vaccination 2018/19 Lessons Learnt

The 2018/19 seasonal flu vaccination campaign was the most successful to date with 76.5% of frontline clinical staff choosing to be vaccinated, this represented a 3% increase from the previous year.

2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
55.3%	62.4%	63.6%	64.4%	73.5%	76.5%

Employing initiatives that have proven to be successful in previous years, the flu team working closely with a range of colleagues in clinical areas, continued to offer a flexible approach to vaccination across the Trust

In 2018/19 we:

1. Achieved above the CQUIN target of 75% frontline staff vaccination uptake
2. We continue to achieve a year on year increase in vaccination uptake rates in front line staff.
3. We vaccinated 4,368 staff, 723 non NTW staff who had front line contact with our patients.
4. We trained 209 clinical staff to be vaccinators across the Trust.
5. Patients who were 65 years and over were offered the adjuvanted trivalent vaccine.
6. This was the first year this vaccine had been offered to this age group.

The flu team held a lessons learnt event in April 2019 which was very well attended promoting discussion and proposals to increase uptake rates in front line health care workers.

Proposals:

- To continue to identify those patients in clinical risk groups and offer vaccination.
- To provide vaccination training to established vaccinators and to recruit vaccinators into areas across all services with particular focus upon community teams
- Clinical Business Units (CBU) to take ownership of the vaccination uptake rates including co-ordination of the vaccinators within their teams.
- Focus upon engagement with medical staff to be vaccinated and encourage vaccination across clinical teams.
- Ensure that positive messages and true facts about the vaccine are available to all staff.
- Continue to provide education around the impact of flu and the consequences of flu on health.
- Continue with a flexible easy to access vaccination plan.

3.2 Seasonal Flu group

The purpose of the Seasonal flu group is to:

- Act as a sub group of the Infection Prevention and Control Committee (IPCC) to promote and protect the health and wellbeing of service users, carers, staff and visitors from seasonal flu.
- Provide the Trust Board via the IPCC with assurance that appropriate systems are in place to achieve herd immunity in staff groups and provide external assurances on flu vaccination uptake levels.
- Produce an effective flu vaccination delivery programme to protect patients , staff and visitors
- Ensure that all patients in clinical risk groups are identified and offered flu vaccine
- Produce weekly reports of front line healthcare worker vaccination uptake rates to Group Directors.
- Provide monthly reports to the Department of Health through the ImmForm web site.
- Provide the Emergency preparedness group with assurance that measures to prevent and protect against flu support the Trust overall winter preparedness plan.

The group has Nurse Director Leadership, with a multi-disciplinary team of clinical and non-clinical staff delivering the campaign at local level. The terms of reference of the group are included in Appendix 1 and are reviewed regularly.

Meeting dates for the group reflect the activity required as the flu season approaches, although additional meetings may be required to suit the needs of the programme.

The group will report into the Infection Prevention and Control Committee, the Physical Health and Wellbeing Group and the Emergency Preparedness Resilience and Response group to give assurance to the Clinical Commissioning Groups (CCGS) in respect of winter planning.

Date	Time	Venue
16/05/2019	2.00pm - 3.30pm	Committee Dining Room
20/06/2019	2.00pm – 3.30pm	Committee Dining Room
18/07/2019	2.00pm – 3.30pm	Committee Dining Room
15/08/2019	2.00pm – 3.30pm	Committee Dining Room
19/09/2019	2.00pm – 3.30pm	Committee Dining Room
17/10/2019	2.00pm – 3.30pm	Committee Dining Room
21/11/2019	2.00pm – 3.30pm	Committee Dining Room
19/12/2019	2.00pm – 3.30pm	Committee Dining Room
16/01/2019	2.00pm – 3.30pm	Committee Dining Room

3.3 Influenza Vaccine 2019/20

As with the 2018/19 campaign, the trust has placed orders with Sanofi for the quadrivalent vaccine to be offered to both inpatients and staff. This is in accordance with the recommendations from NHS England.

Patients who are 65years and over will receive the adjuvanted trivalent vaccine as recommended by the NHS England. The vaccine has a higher immunogenicity and effectiveness than the non adjuvanted vaccine and is regarded as the best option for this age group. This season a new vaccine, cell –grown quadrivalent vaccine is available suitable for those patients and staff who are unable to have the standard egg based vaccine due to allergy. This vaccine will be ordered in small numbers and available through pharmacy only.

Influenza strains included in the 2019/20 quadrivalent inactivated vaccine (QIV) are:

- A/Brisbane /02/2018 (H1N1)pdm09-like virus
- A/ Kansas /14/2016(H3N2) -like virus
- B/ Colorado/06/2017 (H3N2) –like virus
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage)

Influenza strains in the 2019/20 adjuvanted trivalent inactivated vaccine (aTIV) are

- A/Brisbane /02/2018 (H1N1)pdm09-like virus
- A/ Kansas /14/2016(H3N2) -like virus
- B/ Colorado/06/2017 (H3N2) –like virus

Vaccine Type	Age	Dose
Inactivated intramuscular vaccine (number of different brands)	Children aged 6 months and less than 2 years old and adults, although some of the vaccines are not authorised for young children.	Single injection of 0.5ml
Adjuvanted inactivated vaccine	65years and over	Single injection of 0.5 ml

Live attenuated influenza vaccine LAIV .Fluenz Tetra®	Childhood vaccination programmes	Both nostrils total dose 0.2ml.

The national flu immunisation programme 2018/19 available at: https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf

Contraindications

There are very few individuals who cannot receive influenza vaccine. None of the influenza vaccines should be given to those who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine
- a confirmed anaphylactic reaction to any component of the vaccine (other than ovalbumin).
- Are presenting with a febrile illness or who are systemically unwell.

More common allergic reactions include rashes but are not contraindications to further vaccination. The clinical risk groups are included in Appendix 2.

3.4 Vaccine Delivery

Vaccine delivery schedule into the Trust is as follows, although the dates are subject to change according to the supplier.

QIV

Pharmacy Site	Date expected	Doses to be delivered
St. Nicholas Hospital	w/b 20/09/2019	4200
St. Georges Park Hospital	As above	1500
Hopewood Park	As above	800

aTIV

Pharmacy Site	Date expected	Doses to be delivered
St. Nicholas Hospital	23/09/2019	300

Distribution of the vaccine reflects the activity across the Trust and can be transported to community areas adhering to the maintenance of the cold chain in discussion with the pharmacy department.
It is anticipated that the seasonal flu vaccination campaign for patients and staff will commence on Monday 23rd September 2019. This is subject to delivery dates as stated above.

3.5 Patient Vaccination

To ensure the health and well-being of our service users, influenza vaccine is offered throughout the flu season to ensure protection against the common circulating flu strains.

Wards are reminded to review all patients who are in the clinical risk groups and offer flu vaccination to both current inpatients and new admissions throughout the flu season. It is also an opportunity to ensure that patients are also protected against pneumococcal infection where indicated. A sample letter sent to clinicians prior to commencing the campaign can be found in Appendix 5.

Consent must always be obtained prior to vaccination. For further information staff are advised to refer to NTW (C) (05) - Consent to Examination or Treatment Policy. Community teams and day units across the Trust are encouraged to promote influenza vaccination to patients who they have contact with and are in the clinical risk groups, vaccination is provided by GP services.

In some instances, where patients have no access to GP services, eg drug and alcohol services, flu vaccine is offered and prescribed by the clinician responsible for the care of the individual. Patients are prescribed seasonal influenza vaccine as a once only medication on their drug kardex by the ward Doctor

NHS England following recommendations by the Joint Committee on Vaccination and Immunisation (JCVI) have advised the use of an adjuvanted trivalent influenza vaccine (aTIV) for all those aged 65 years and over, whilst adults aged under 65 years in clinical at risk groups should be offered the quadrivalent vaccine (QIV). Currently there is only one supplier of aTIV, Seqirus , orders for this vaccine have been through the usual procurement process and are expected to be received by the Trust in time for the commencement of the campaign.

3.6 Children and Young Peoples Services (CYPS)

GP services are contracted to provide physical health care to children and young people within NTW in patient services. Children and young people who are admitted into the service as inpatients are assessed on admission. Those who are identified to be in the clinical risk groups are referred to the GP who will offer vaccination in discussion with parents and child/young person. Community teams working within CYPS have a duty and responsibility to ensure that the patients under their care have information and access to relevant immunisations. In this instance the patient and family are directed to the GP clinic

3.7 Flu Vaccination of Health Care Workers

The Health and Social Care Act 2008 states that all health organisations should; Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care. (Department of Health [DH] 2008).

Transmission of the flu virus from health care workers to patients has been well documented. (Public Health England [PHE] 2016)
The purpose of vaccination of health care workers is

- To protect clinical risk groups in whom flu vaccination may not offer complete protection and thereby reducing the rates of flu like illness, hospitalisation and mortality.
- To protect the health care worker and their family
- To ensure business continuity by reducing sickness leave.

The table below shows the uptake rates of the front line clinical workers in NTW in 2017/18

Category	% flu vaccination uptake
Doctors	72%
Qualified nurses	77%
All other professionally qualified clinical staff	75%
Support to clinical staff	77%

All front line groups have seen an increase in uptake in the 2018/19 season contributing to an overall increase of 3% from the 207/18 campaign. For the purpose of identifying front line health care workers in NTW, appendix 4 outlines the front line staff groups. This list is not exhaustive and each post should be assessed in accordance with ESR and clinical activity.

3.8 Peer Vaccinators

In 2018/19, 209 registered staff from community teams, pharmacy, nurse directors and medical staff undertook training to be able to vaccinate all NTW staff. The effectiveness of this approach has seen 3589 vaccines delivered by the vaccinators contributing 71% to the campaign. We will continue to use and build on this approach offering a mixture of flu vaccination update training and new vaccinator training sessions. Vaccinators who were trained in last year's campaign are automatically enrolled onto a course in 2019, this facilitates staff competency and helps to embed practice.

Vaccinators across Hospital sites work well when they are co-ordinated, supported and given autonomy to deliver vaccinations in a variety of delivery methods, e.g. clinics, drop in sessions, team meetings. Clinical business units (CBUs) will be informed of trained vaccinators within the groups with the expectation that they will direct and oversee their performance. This will assist with the identification of areas of poor vaccination uptake and aid in a targeted approach to a specific group or area. Vaccinator training is competency based and includes basic/intermediate life support and anaphylaxis training through the Training Department at St Nicholas Hospital.

Peer vaccinators continue to play a pivotal role in providing clinical information to frontline health care workers and acting as role models. This is a key priority in all seasonal flu campaigns. All vaccinators will have access to power point presentations and the latest vaccine information through an e-book available through the internal

intranet share point site, this will facilitate the delivery of key messages at team brief and other meetings.

Training dates for vaccinators 2019.

Course name	Venue	Date
Flu Vaccinators Training	St. Nicholas Hospital	02/09/2019
Flu Vaccinators Training	Walkergate Park Hospital	03/09/2019
Flu Vaccinators Training	Northgate Hospital	04/09/2019
Flu Vaccinators Training	Ferndene	05/09/2019
Flu Vaccinators Training	Monkwearmouth Hospital	06/09/2019
Flu Vaccinators Training	St. Nicholas Hospital	09/09/2019
Flu Vaccinators Training	Hopewood Park Hospital	10/09/2019
Flu Vaccinators Training	Monkwearmouth Hospital	11/09/2019
Flu Vaccinators Training	St. Georges Park	12/09/2019
Flu Vaccinators Training	St. Nicholas Hospital	13/09/2019
Flu Vaccinators Training	Northgate Hospital	16/09/2019
Flu vaccinators Training	Northgate Hospital	18/09/2019
Flu vaccinators Training	Hopewood Park Hospital	19/09/2019
Flu Vaccinators Training	St. Nicholas Hospital	20/09/2019 am
Flu Vaccinators Training	St. Nicholas Hospital	20/09/2019 pm
Flu Vaccinators Training	St. Nicholas Hospital	03/10/2019
Flu Vaccinators Training	Hopewood Park Hospital	04/10/2019

3.9 Patient Group Direction

All trained vaccinators will administer seasonal influenza vaccine to all NTW staff under a Patient Group Direction (PGD) reviewed and ratified by the Medicines Optimisation Committee.
The PGD sets out the required characteristics of staff who will undertake seasonal flu vaccination:

- Qualified Nurses or Pharmacist with current professional registration
- Abide by the NTW standards for record keeping and guidelines for the administration of medicines
- Must attend an annual CPR update
- Inpatient areas Immediate Life support (ILS)
- Community areas Basic Life support (BLS)
- Attend annual infection prevention and control training
- Undergo annual anaphylaxis training
- Attend annual influenza vaccination training

3.10 Flu Vaccination Clinics

Trained vaccinators across the Trust are expected to provide a flexible approach to vaccination and are encouraged to hold vaccination sessions that best suits the environments that they work in. These are advertised locally usually across sites as drop in clinics. In addition to these sessions clinics held across all hospital sites are advertised through the Bulletin and all user e-mails. (Appendix 3).

Flu vaccine will be offered to all staff by Occupational health who attend health screening clinics throughout the flu season. Meetings and Trust events provide an opportunity to vaccinate large numbers of staff.

In recognising the importance of accessibility to vaccination to all frontline health care workers in both the NHS and other organisations, NTW will be offering flu vaccination to all staff working within, or into NTW. This includes North East Ambulance staff, social workers, teachers and others who provide front line care /services to our patients.

Following the success of the flu trailer in previous campaigns, staff can be vaccinated or receive general information about the flu vaccine in the trailer which will be sited throughout the flu season on all of the hospital sites (Appendix 6). This allows community teams the flexibility of planning their vaccination around their daily work routine.

Community teams that find it difficult to access the above mentioned clinics will be offered bespoke flu vaccination clinic sessions at a time and place suitable to the teams that operate in these areas.

4. Data Collection

4.1 External reporting

As in previous years, vaccination of front line health care workers will be reported through the ImmForm website. Uptake data information for healthcare workers will be collected on immunisations given from September 2019 to the end of February 2020 (final data collected in March 2020).
It is anticipated that further reporting through the Clinical Commissioning Groups and NHS England Area Team will be required

4.2 Internal reporting

NTW Informatics Department have created a system that accommodates information governance and data protection issues, and allows the collection of data to be used in the reporting to ImmForm and any other relevant organisation.

The production of a weekly statistical report to trust senior managers across all services will assist with identifying areas of poor vaccination uptake in front line health care workers. Monthly reporting to Group Quality and Performance (Q&P) and locality care group quality standards meetings will enable the flu vaccination team to focus upon these wards/areas to ensure staff have access to vaccination.

5. Communication

The Communication team are key members to the success of the seasonal flu campaign and the communication plan informs the delivery of information delivered trust wide.

Following our lessons learnt event we continue to recognise the importance of effective communication throughout the campaign in dispelling myths and in delivering important messages.
Key messages will start with a phased approach in the Trust Bulletin, followed by more frequent key messages as the flu season approaches.
The dedicated flu page on the Trust intranet is instrumental in relaying key messages, clinic dates and myth busters. All NTW staff have access to Twitter and internal messaging through Chatterbox.
The dedicated flu fighter e-mail address flufighter@ntw.nhs.uk is used as a point of contact for all vaccination queries and is promoted through the vaccination training, staff bulletin and e-mails. This is monitored by the Infection Prevention and Control Team
Following the positive reviews from staff of the "real life" personal stories posters, these will continue into the 2019/20 campaign to raise awareness of the importance of vaccination to protect people in clinical risk groups.
Engagement with patients and carers in the flu campaign remains a key priority to both encourage and support patients to make an informed choice about the importance of vaccination. Community teams have the responsibility to facilitate patients attending the GP for vaccination where appropriate highlighting to carers the availability of a free flu vaccine by the GP surgery.
Inpatient staff are encouraged to use carer/patient meetings as an opportunity to discuss the importance of flu vaccination especially in clinical risk groups.

6. Reviewing and monitoring

Whilst the Trust achieved the CQUIN target in 2018/19, there is an expectation that all Trusts will achieve 80% vaccination uptake in front line staff in the 2019/20 campaign. Our commitment is to continue to increase vaccination uptake rates year on year across the Trust. With the acquisition of Cumbria we recognise that this will require commitment from all services to ensure that teams are able to access vaccination.

Whilst this will continue to be challenging we will continue to

- Work closely with clinical teams to ensure patients are offered and supported to be vaccinated.
- Support carers to ensure they make the right decisions in encouraging their relatives to be vaccinated.
- Provide clinical staff with current information regarding vaccination, including myth busting and common questions through both electronic and paper communications.
- Ensure that all patients and staff across NTW and Cumbria Partnership FT have access to vaccination to assist with the promotion of health and wellbeing.
- Continue to provide information trust wide around the benefits of flu vaccination
- Undertake weekly internal reporting of vaccination uptake rates in front line health care workers to address areas within the Trust where there is poor vaccination uptake.
- Work with NHS colleagues to give assurances in our winter preparedness.
- Respond to and share lessons learnt both internally and externally

Carole Rutter
Modern Matron
Infection Prevention & Control

References

Northumberland Tyne and Wear NHS Foundation Trust, (2018). Influenza Guidance, Guidance for Management of Patients/Clients with an Influenza like Illness or confirmed influenza (IPC-PGN -26).

Northumberland Tyne and Wear NHS Foundation Trust, (2016). NTW (C) 05 – Consent to Examination or Treatment Policy.

Department of Health (DH), (2008) Health and Social Care Act. Code of Practice on the prevention and control of infections and related guidance. Updated 2010. London.

Department of Health (DH), (2006) Immunisation against infectious diseases 2006.. Chapter 19 Influenza, Chapter 25 Pneumococcal [Online], Available: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

[Accessed 23 May 2019]

Public Health England (PHE) (2018) Seasonal flu vaccine uptake in healthcare workers in England: winter season 2017 to 2018 [Online]
https://www.gov.uk/government/collections/vaccine-uptake
[Accessed 23 May 2019]

Public Health England (PHE),(2017) Surveillance of influenza and other respiratory viruses in the United Kingdom : Winter 2016 to 2017.London .

Public Health England (PHE), (2018) the national flu immunisation programme 2019/20 [Online]
https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan
[Accessed 23 May 2019]

Appendices

Appendix 1	Terms of Reference for Seasonal Flu Group
Appendix 2	Clinical Risk Groups
Appendix 3	Staff Vaccination Clinic Dates 2019
Appendix 4	NTW Front Line Staff Definitions
Appendix 5	Letter to Clinical Staff. The Seasonal Influenza Immunisation and Pneumococcal Vaccination Programme 2019/20.
Appendix 6	Flu trailer dates and venues.

Appendix1

Group Name: Trust Wide Flu Group
Committee Type: Standing subgroup of Infection Prevention & Control Committee
Timing & Frequency: Monthly July to November. 90 minutes. Additional meetings may be held as necessary.
Personal Assistant to Committee: Public Health Admin Support Officer
Reporting Arrangements: Minutes and Report from Chair to Quality and Performance Committee

Membership:	
Chair:	Anne Moore: Group Nurse Director, Safer Care/Director of Infection Prevention and Control
Deputy Chair:	Carole Rutter: Infection Prevention & Control Modern Matron
Members:	Clinical Nurse Managers from each CBU Service User/Carer Representative: Medical Representative: Dr Andrea Tocca Workforce Representative: Julie White Team Prevent Representative: Helen Hough Informatics, Systems Development Manager: Jo Latimer Informatics, Systems Support Officer: Katie Johnson Pharmacy Technician: Antony Coleman AHP Representative: NTW Solutions Representative: Martin Laing/Susan Scroggins Resilience Lead: Training Representative: Tess Walker Communications Adviser: Fiona Kettle Staff Side Representative: Mark Goodall Staffing Solutions Manager: Joanna Kennedy Medical Devices Administrator, Public Health: Debra Bedir Public Health Admin Support Officer: Katharine Grant
In Attendance:	Others to be invited for specific items as agreed by the Chair/Deputy Chair
Quorum:	Six, including the chair or deputy chair
Deputies:	A nominated deputy should attend if the member is unavailable

Purpose:

- To act as a subgroup of the Infection Prevention and Control Committee (IPCC) to promote and protect the health and wellbeing of service users, carers, staff and visitors from seasonal flu.
- To provide the IPCC with assurance that appropriate systems are in place to achieve herd immunity in staff groups and provide external assurances on flu vaccine uptake levels.
- Provide the Emergency Preparedness Group with assurance that measures to prevent and protect against flu support the Trust's overall winter preparedness plan.

Appendix 2

Clinical Risk Groups

Those eligible for vaccination are:

All patients aged 65 years and over	Defined as people aged 65years or over (including those becoming age 65 years by 31st March 2018.
Chronic respiratory disease (6 months or older)	Asthma that requires continuous or repeated use or inhaled or systemic steroids or exacerbations requiring hospital admission. COPD including chronic bronchitis Emphysema Bronchiectasis Cystic fibrosis Interstitial lung fibrosis Pneumoconiosis Bronchopulmonary dysplasia Children who have previously been admitted to hospital for lower respiratory tract infection.
Chronic heart disease aged 6 months or older	Congenital heart disease Hypertension with cardiac complications Chronic heart failure Individuals requiring regular medication and/or follow up for ischaemic heart disease
Chronic kidney disease aged 6 months or older	Chronic kidney disease at stage 3,4 or 5 , Chronic kidney failure Nephritic syndrome, kidney transplantation.
Chronic Liver disease aged 6 months or older	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease aged 6 months or older	Stroke transient ischaemic attack (TIA). Conditions in which respiratory function might be compromised due to neurological disease (eg polio) Clinicians should consider on an individual basis the clinical needs of the patient s including individual with cerebral palsy, multiple sclerosis and related similar conditions; or hereditary and degenerative disease of the nervous system or muscles, or severe neurological disability.
Diabetes aged 6 months or older	Type 1 diabetes, type2 diabetes requiring insulin or oral hypoglycaemic medicines, diet controlled diabetes
Immunosuppression aged 6 months or older	Due to disease or treatment Patients undergoing chemotherapy. Asplenic or splenic dysfunction HIV infection at all stages.

	Individuals treated with or likely to be treated with systemic steroids for more than a month as a dose equivalent to prednisolone at 20mg or more per day (any age) or for children under 20kg a dose of 1mg or more per kg per day. It is difficult to define at what level of immuno- suppression a patient could be considered to be at greater risk of the serious consequences of flu and should be offered flu vaccination. This decision is best made on an individual basis and left to the patients clinician. Some immunocompromised patients have suboptimal immunological response to vaccine. Consideration should also be given to the vaccine of household contacts of immunocompromised individuals i.e. individuals who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable. This may include carers (see below.)
Pregnant women	Pregnant women at any stage of pregnancy (first, second and third trimester)
People in long stay residential or homes	Vaccination is recommended for people living in long stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance prisons, young offender institutions or university halls of residence.
Carers	Those who are in receipt of carer's allowance, or those who are the main carer, or the carer of the elderly or disabled person whose welfare may be at risk if the carer falls ill.
Health and Social Care Staff	Professional health and social care workers who are in direct contact with patients/clients should be vaccinated by their employer as part of an occupational health programme.
Morbid obesity(class III obesity)	Adults with a Body Mass Index ≥ 40kg/m²

Appendix 3

Date	Time	Location	Venue
Tuesday 1 October	9.30am – 12.30pm	St Nicholas Hospital	Conference room , St Nicholas House
Wednesday 2 October	9.30am – 12.30pm	Hopewood Park Hospital	Meeting Room 1
Thursday 3 October	1.30pm – 4.00pm	St. Georges Park Hospital	West Wing Meeting Room
Friday 4 October	9.30am – 12.30pm	Walkergate Park hospital	Conference Room 2
Friday 4 October	1.30pm – 4.00pm	St Nicholas Hospital	Committee Dining Room
Monday 7 October	9.30am – 12.30pm	St. Georges Park Hospital	West Wing Meeting Room
Monday 7 October	1.30pm – 4.00pm	Northgate Hospital	Conference Room
Tuesday 8 October	9.30am – 12.30pm	Monkwearmouth Hospital	Boardroom
Tuesday 8 October	1.30pm – 4.00pm	Hopewood Park Hospital	Meeting Room 1
Wednesday 9 October	9.30am – 12.30pm	St Nicholas Hospital	Committee Dining Room
Wednesday 9 October	1.30pm – 4.00pm	Walkergate Park Hospital	Conference Room 1
Thursday 10 October	9.30am – 12.30pm	Hopewood Park Hospital	Meeting Room 1
Thursday 10 October	1.30pm – 4.00pm	Monkwearmouth Hospital	Conference Room
Friday 11 October	9.30am – 12.30pm	Northgate Hospital	Conference Room
Friday 11 October	1.30-4.00pm	St. Georges Park Hospital	West Wing Meeting Room

Appendix 4

Seasonal Flu Campaign – Frontline Staff Definitions for NTW

Staff Group	Description
Doctor	All grades of hospital, community and public health doctor.
Qualified Nurse	Qualified nursing staff, working on hospital sites and community services. Includes nurse consultants, nurse managers and bank nurses but not student nurses.
Other Professionally Qualified This comprises : • Qualified scientific and therapeutic &technical staff • Qualified allied health professionals • Other qualified ST&T	Qualified allied health professionals (AHPs): • Chiropodists/podiatrists • Dieticians • Occupational therapists • Physiotherapists • Art/music/drama therapists • Speech & language therapists. Other qualified health professionals: • Pharmacists • Psychologists Qualified ambulance staff • Ambulance paramedics, technicians, emergency care practitioners.
Support to Clinical Staff This comprises : • Support to doctors and nurses • Support to ST &T • Support to ambulance staff	Nursing assistants/auxiliaries, nursery nurses, health care assistants and support staff in nursing areas. Also includes clerical & administrative staff and maintenance & works staff working specifically in clinical areas, for example medical secretaries and medical records officers. Also includes porters and similar roles provides support to inpatient areas.

Northumberland, Tyne and Wear NHS Foundation Trust

Appendix 5

Public Health
1st floor St. Nicholas House
St. Nicholas Hospital
Gosforth
Newcastle upon Tyne
Tel: 0191 2456650
E-mail: flufighter@ntw.nhs.uk

PH/IPC/19/01
To:
Medical Staff, NTW
Chief Pharmacist, NTW
Clinical Directors
Nurse Directors/Associate Nurse Directors/ Associate Directors
Associate Allied Health Professional Directors
Clinical Nurse Managers

Dear Colleagues

THE SEASONAL INFLUENZA IMMUNISATION AND PNEUMOCOCCAL VACCINATION PROGRAMME 2019/20

We are fast approaching the Annual Influenza vaccination programme and I am writing to request inpatient wards and units to commence identifying to the pharmacy department those patients who are eligible to receive the seasonal flu vaccine and or pneumococcal vaccination.

It is crucial to the health and wellbeing of our patients that they have access to vaccination to protect them against this year's circulating flu strains. This applies to all new and recurrent admissions who are assessed for eligibility to receive the vaccines. Please note that pneumococcal vaccine should be offered to those patients who are in the clinical risk groups and where there is no evidence to support previous vaccination.

Following recommendations from the Joint Committee on Vaccination and Immunisation, NHS England have recommended the use of an adjuvanted Trivalent Inactivated Vaccine (aTIV) for all people who are 65years and over. Those patients who are in clinical risk groups and under 65 years will continue to receive the Quadrivalent Inactivated Vaccine (QIV).

Enclose is a copy of Chapter 19, Influenza and Chapter 25 Pneumococcal from the Green Book for your reference; these chapters identify the clinical risk groups. Also

enclosed is a copy of the annual national flu immunisation programme 2019/20 to assist you with informing patients of the importance of vaccination

As in previous years we will continue to audit the uptake of both seasonal flu vaccine and pneumococcal across all groups.

There is continuing evidence that people with enduring mental illness and learning disability in the community, often fail to get access to preventative health services. Once again can we ask you to publicise the criteria for eligibility for vaccination amongst community staff so they facilitate their clients seeking vaccination from the registered GP. Can the flu team thank you in advance for your help this year as in previous years.

Yours sincerely

Infection Prevention and Control

Appendix 6

Seasonal Flu Campaign 2019/20

Flu Trailer Dates

Date	Venue
Mon 14 October	St Nicholas Hospital
Tue 15 October	Move
Wed 16 October	Walkergate Park
Thu 17 October	Move
Fri 18 October	Northgate
Mon 21 October	St. Georges Park
Tue 22 October	Move
Wed 23 October	St. Nicholas Hospital
Thu 24 October	Move
Fri 25 October	MWM

Opening Times: 9.30am – 3.30pm

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: 7th August 2019

Title and Author of Paper: Safeguarding and Public Protection Annual Report, Leesa Stephenson Named Nurse

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

Paper for Debate, Decision or Information: Information

Key Points to Note:
The Trust Safeguarding and Public Protection annual report covers the period from April 2018 to March 2019.

Safeguarding is fundamental to all work of the Trust. This report provides assurance that the Trust is fulfilling its statutory safeguarding responsibilities and demonstrates a strong commitment to working together within all aspects of safeguarding and public protection. We have been working hard in relation to the revised Working Together statutory guidance, which new child protection and safeguarding partnership arrangements will be in place by autumn 2019. The Trust has exceeded its training target percentage set by NHS England of all staff trained in Prevent for 2018.

The team have also seen developments in contextual safeguarding, an approach to child protection that recognises that children and young people are often vulnerable to abuse outside of the family environment, such as child sexual exploitation (CSE), drug dealing and criminal exploitation.

Safeguarding and public protection activity remains constant with a high level of vulnerability and complexities of cases identified. This is across all three Locality Care Groups. The team have continued to provide a responsive level of service but demand has increased.

The report outlines the progress that has been made in safeguarding the health and wellbeing of patients and carers. It highlights areas where the safeguarding and public protection team are continuing to develop and offers an insight into the safeguarding priorities for the organisation.

Risks Highlighted to Committee : none

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

Equal Opportunities, Legal and Other Implications:

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

Link to Policies and Strategies: Care Act 2014; Working Together to Safeguard Children 2018; Children's Act 2004

Safeguarding and Public Protection Annual Report 2018/2019

Introduction

This annual report gives an account of the safeguarding activity across Northumberland Tyne and Wear NHS Foundation Trust. The report covers the period April 2018 – March 2019. The report demonstrates the organisations commitment to protecting children, young people and adults at risk of harm across all service areas. Safeguarding activity across the Trust continues to increase in volume and complexity. Safeguarding concerns are positively being recognised more frequently across clinical areas. All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults at risk and to assure themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of a Named Doctor and a Named Nurse. Ultimately the Trust Board requires assurance that the organisation is fulfilling its obligations to make arrangements to safeguard and promote the welfare of children and vulnerable adults. Prevention and early intervention are key areas that the SAPP wish to take forward into 18/19.

"Safeguarding is everybody's business"

Safeguarding and Public Protection Team

The Safeguarding and Public Protection service consists of a Team Manager/ Named Nurse, six Senior Nurse Practitioners and the Police Liaison Nurse who bring a variety of safeguarding and public protection expertise, skills and experience. They are supported by the Safer Care administration team. The Safeguarding and Public Protection Team aims to support all trust staff to keep children, young people and adults at risk, safe and to meet statutory obligations. We promote collective accountability in all that we do, working together to prevent all forms of abuse or neglect occurring. The Trust is highly committed to safeguarding and this is evident from 'ward to board' with a strong culture of safeguarding individuals of any age that have contact with our services – either as patients, carers or members of the public. The team work across boundaries with organisations and local authorities outside of the geographical area due to the high volume of service users from other areas

The SAPP team practitioners provide a "triage" service for all safeguarding and public protection concerns raised within the organisation to ensure the individual is safeguarded and effective safety plans are in place. Daily advice, complex supervision and support is available to all trust services.

SAPP Practitioners on behalf of the trust attend all MARAC (Domestic Abuse meetings), MAPPA and Prevent (public protection) multi-agency meetings.

Key achievements 2018/2019

- ✓ Trust Board development sessions; Prevent and Modern Day Slavery
- ✓ Attended Self-assessment assurance sessions is part of the SAB's annual cycle of audit, reflection and improvement.
- ✓ Dedicated SAPP section within Safer Care intranet page.
- ✓ An embedded mental health referral pathway into the trust for Channel Panels in response to *NHS Guidance to Mental Health services in exercising duties to safeguard people from the risk of radicalisation November 2017.* This pathway enables multi-agency Channel Panels to request directly a timely mental health assessment for people who are not active to trust services.
- ✓ Continued support and leadership to Safeguarding Boards during a period of change and restructuring.
- ✓ Prevent training NHS England percentage target exceeded at 96%
- ✓ Member of the newly developed Northumbria CONTEST Strategic Board

Operational Management Developments

- ❖ SAPP triage "front door" continues to be operational. The team have seen an ongoing increase in received safeguarding and public protection concerns over 18/19, as well as electronic incident forms the team still received requests for attendance at meetings, supervision and support with urgent calls. *Activity analysis is provided in the safeguarding activity section.*

- ❖ Many of the Local Authorities have developed a Multi Agency Safeguarding Hub (MASH). Each LA area have developed their MASH slightly differently, with ongoing developments as they progress. The SAPP team endeavour to provide a "virtual" support to the MASH for request for information. In one LA area a clinical team have provided knowledge and understanding of mental health services to assist decision making within the MASH. A review of the trust response to MASH requests is to be undertaken to streamline the processes.

- ❖ The Associate Director Safer Care is the trust named Prevent lead. A dedicated SAPP Practitioner has undergone training and development to provide continuity and knowledge of Prevent referrals made by trust clinical staff and attend Prevent/ Channel Panels accordingly.. Together with the increase of knowledge of staff being trained this public protection work has also seen an increase in requests for information, referrals and attendance at Channel meetings. The trust are a member of the newly established CONTEST Board 2018, to support the delivery of the CONTEST strategy across the area covered by Northumbria by providing strategic leadership, continual professional development around CONTEST and maximising opportunities for consistency in the formulation and delivery of strategy and tactics.

- ❖ On an operational level, we have maintained strong multi-agency cooperation to Counter terrorism Policing (Special branch) and local authority Channel panel chairs within the Northumbria Police area and the six CCG's that NTW covers.

Safeguarding Assurance

The Safeguarding and Public Protection Group is a quarterly Trust forum that enables Safeguarding and Public Protection Professionals and senior Trust managers to support learning and practice development specifically to meet the safeguarding agenda. The Safeguarding Group is chaired by Anne Moore Nurse Director Safer Care Directorate who brings challenge and scrutiny into the work of the group. Internal Trust assurance is led by this group with a number of reviewing and reporting mechanisms including:

- BDG Safety weekly meetings for significant/complex safeguarding concerns.
- CDTQ Monthly Safer Care reports.
- Bi-monthly Trust Board reports for Case reviews and LA Safeguarding Boards updates.
- Quality and Performance Committee four monthly report.
- Locality Care Groups individual Quality and Performance SAPP activity report.
- CCG quarterly Safeguarding Dashboard reports.

Safeguarding referrals made to Local Authorities

In order for the SAPP team to be effective in their response to Trust staff in relation to safeguarding concerns there is a need to receive and triage the concerns as soon as possible in order to identify low level concerns as well as those concerns that are more serious requiring multi agency interventions to ensure vulnerable people are safeguarded. All safeguarding concerns require the completion of a web-based report including comprehensive detail of the incident and actions to safeguard the individual/situation. Once received this is triaged by the SAPP team and advice given as to what actions are required to safeguard and protect. The conclusion of 18/19 audit provided reasonable assurance that the risks identified are managed effectively.

Our Commitment to Partnership Working

The Children and Social Work Act (2017) set out provisions which replaces Local Safeguarding Children Boards (LSCB) with new flexible working arrangements led by 3 safeguarding partners (local authorities, chief officers of police and clinical commissioning groups), and places a duty on those partners to make arrangements to work together with any relevant agencies for the purpose of

safeguarding and promoting the welfare of children within the area. The Government published new guidance in 2018 that set out how local areas should work to replace Local Safeguarding Children Boards (LSCB) with new Safeguarding Children's Partnership arrangements that will come into effect by September 2019. In most LSCB's we serve some streamlining is proposed to the current arrangements, with greater integration between the children and adult boards; however, much of the current structure will be retained for at least 12 months. During the course of 2019-20, further work will be completed and a wider structure review will be undertaken in the spring of 2020.

Over the last two years safeguarding partners have been strengthening the levels of joint working across the Northumbria region via a Safeguarding Forum supported by Early Adopter Funding from the Department of Education. The region covers the 6 local authority areas of Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland; 5 CCGs of Northumbria, North Tyneside, Newcastle & Gateshead, South Tyneside, and Sunderland; and 1 Police region.

Early this year members of the Forum agreed on a hybrid model as the preferred option for future safeguarding developments. This reflected a wider framework with a local focus but one that creates the opportunity to adopt a wider regional footprint in partnership with other safeguarding partnership arrangements. Often described as more of an 'evolutionary' model rather than 'revolutionary'.
The Safeguarding Partnership voluntary arrangement comprising of the 12 statutory safeguarding partners, who provide leadership for joint working arrangements within the footprint of the Northumbria Police area is anticipated to be in place this summer.

The safeguarding and public protection team continue work with partner agencies and will contribute to multi agency safeguarding arrangements on a day to day basis to ensure robust safety plans, risk management are in place and will share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children and adults by ensuring there is appropriate representation at Safeguarding Partnership meetings, boards and sub groups. Currently, the Trust Medical Directors, Nursing Directors and the SAPP Team have played an integral part in relation to this crucial partnership working. This has been achieved by assisting in Ofsted and peer inspections, representation on Local Safeguarding Boards and sub-groups, as well as attendance at the Police and Probation statutory meetings for Public Protection. Trust Clinical staff and the Locality Care Groups, Heads of Commissioning and Quality Assurance are actively involved in sub groups that sit underneath the safeguarding Boards.

External assurance audits

The SAPP team have participated in 5 multi-agency audits for safeguarding children, this is an increase on previous years. Each LSCB choose a different

topic of abuse, no key themes/learning were identified. The topics covered in the audits were Neglect, disabled children and unborn babies.

Multi agency events have taken place to present findings. Assurance was given that abuse is recognised, recorded and responded to appropriately by all agencies.

Section 11 audits

The Trust completes annual Section 11 Self-Assessment Assurance Audits in relation to their duties under Section 11 Children Act 2004. This tool aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. The safeguarding team have completed several Section 11 audits in respect of the trust arrangements for safeguarding.

Quality Assurance Framework (QAF) audits

The Trust also completes annual Quality Assurance Framework Audits in relation to their duties under the Care Act 2014 for safeguarding adults. This tool aims to assess the effectiveness of the arrangements for safeguarding adults at a strategic level. Assurance has been provided to the LSAB's that the trust is meeting its safeguarding adult responsibilities. The Head of SAPP and SAPP Team Manager have attended challenge events within LSCB's. This promoted constructive challenge to trust safeguarding arrangements and provided assurance that the trust is meeting its safeguarding responsibilities.

External Inspections

A number of OFSTED and CQC inspections have taken place within Local Authorities/health that the trust have assisted with case information and attendance at focus groups and case scrutiny for the inspections. Any action plans post inspection that have been developed and where necessary the trust have assisted within the allocated time frame.

Raising awareness

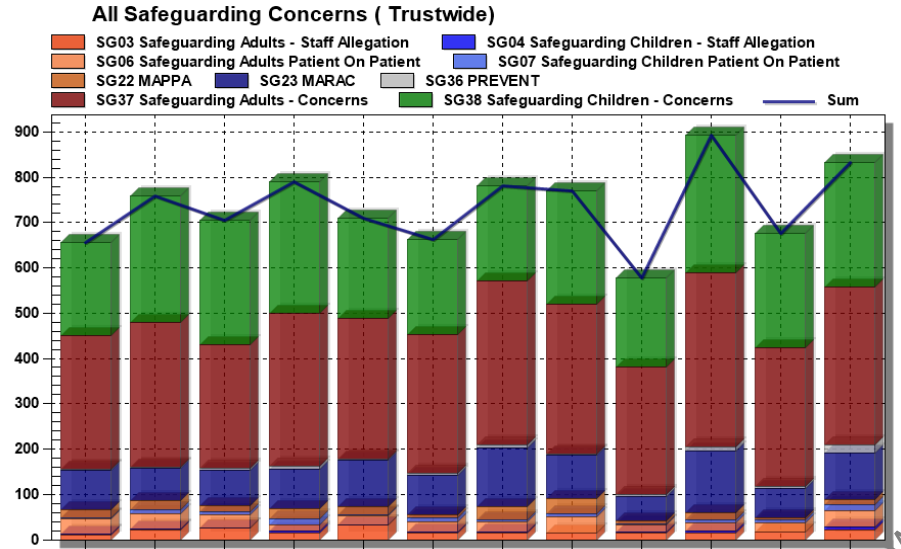
Throughout the year the trust communication team have supported Safeguarding and Public Protection through a range of information to staff this has included:

- Information to staff and parents of Child Deaths associated
- with bed sharing
- Seven minute briefings
- Risk to others/adolescent to parent violence
- Ongoing learning from Operation Sanctuary (Police led investigation into sexual exploitation in Newcastle
- Private fostering for Professionals – Key information
- Dangerous Dogs

The team also ensure any learning identified and any safeguarding campaigns / awareness raising information are available to all staff Trustwide via the Safer Care Intranet page.

Safeguarding and Public Protection Statistical Data

The SAPP team uses data generated from the web based incident forms used across the organisation. The incident forms track appropriate actions at the point of the concern being raised. They categorise the cause of concern, threshold of concern, where the concern was raised and the outcome. This information is collected into quarterly dashboards, scrutinised and is used to identify themes/trends and provide complex supervision by the SAPP team. The safeguarding performance information are shared with the Locality Care Groups, CCGS and Trust Quality and Performance Committee.



Year	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
SG03 Safeguarding Adults - Staff Allegation	11	21	25	14	32	15	15	15	14	15	17	21
SG04 Safeguarding Children - Staff Allegation	2	3	1	4	1	1	1	0	2	4	0	7
SG06 Safeguarding Adults Patient On Patient	33	32	29	14	20	23	23	35	17	17	20	36
SG07 Safeguarding Children Patient On Patient	2	9	7	13	2	9	4	6	2	7	4	14
SG22 MAPPA	18	20	12	24	17	7	29	34	6	16	6	10
SG23 MARAC	86	72	80	87	103	88	131	97	55	136	64	102
SG36 PREVENT	4	3	3	7	3	3	5	2	4	10	4	18
SG37 Safeguarding Adults - Concerns	294	320	273	337	311	306	363	330	282	384	306	349
SG38 Safeguarding Children - Concerns	206	279	276	290	221	210	210	252	196	305	252	275
Sum	656	759	706	790	710	662	781	771	578	884	675	832

Over the last 12 months there were 8,814 Safeguarding and Public Protection concerns reported into the SAPP team. This is an increase from last year of 6,652.The SAPP Practitioners on average are reviewing 734 reported safeguarding and public protection concerns via Web Based Reports per month, liaising with services and recording on every service user health records to safeguard.

This increase in safeguarding and public protection concerns is multi-faceted. Reasons includes a greater awareness of staff in recognising vulnerabilities through training; societal changes and increased deprivation; changes to early help and available support leading to a greater unmet needs of children and families and an increase in prevalence of children and young people's mental health. A high level of domestic abuse incidents are evident in cases that are seen across the localities we serve.

In relation to Prevent concerns raised we have seen in 2018 an increase of 40% than the previous year. This positive reporting highlights that staff are able to recognise vulnerabilities of potential racialisation in line with the training that has been undertaken over the current year.

The "Triage" front door system has been in place since 2017, a review of the current process including consistent increase in concerns raised will take place in the coming year.

Training

The Trust has maintained its position in demonstrating compliance above the 85% set training target for the year for Safeguarding and Public Protection. Prevent training has exceeded the 90% target set by NHS England. The introduction of an Intercollegiate Document for Safeguarding Adults together with a revised version for Safeguarding Children indicates that staff will require a different level of training, this will be rolled out from the autumn 2019.

Policies and procedures

Safeguarding policies are in place and are accessible to staff via the Trust intranet. The six Local Authority areas safeguarding and public protection policies and procedures are also available via links on the staff intranet site. During the reporting period, SAPP policies are continually monitored and updated in line with local and national changes.

Case Reviews

The Associate Director Safer Care and SAPP Team Manager attend statutory meetings as panel members and write Individual Management Reviews in respect of:

- Serious Case Reviews- Children
- Serious Adult Reviews – Adults
- Domestic Homicide Reviews (adults)
- Appreciative Inquiries (adults and children multi agency reviews)

Serious Case Reviews (SCR)

Serious case reviews (SCRs) are undertaken by local safeguarding children boards (LSCBs) for every case where abuse or neglect is known or suspected and either: a child dies, or a child is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child.

Over the last twelve months there has been 4 SCR where NTW have been involved with the family. Two of those were out of area.

Safeguarding Adult Reviews

A Safeguarding Adults Review (SAR) is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected. The purpose of a SAR is to learn lessons, review effectiveness of procedures, improve practice.

Over the last twelve months there has been no SAR's commissioned.

Domestic Homicide Reviews

The Statutory requirement related to domestic homicide reviews came into force in April 2011. The focus is a multiagency approach with the purpose of identifying learning. NTW have been involved in 2 Domestic homicide Reviews over this 12 months period, however have played a part as a panel member where a review has been undertaken with no trust involvement.

MAPPA Serious Case Reviews

It is mandatory for a MAPPA Serious Case Review to be carried out by the local MAPPA Strategic Management Board where a MAPPA offender managed at either Level 2 or 3 is charged with committing or attempting to commit an offence of murder, manslaughter or rape. A MAPPA Serious Case Review may also be conducted on a discretionary basis in other circumstances.

Over the last 12 months there has been one out of area MAPPA SCR commissioned.

All reviews are reported to the Trust Board on a bi-monthly basis and lessons learnt are cascaded throughout the organisation and/or built into future training. Bespoke training has also been provided for those service areas involved to ensure all staff have received the lessons learned.

Annual Work Plan 2019/20

All of the actions in relation to the 18/19 Annual Work plan have been achieved. *An element of the 18/19 work plan was in respect of the SAPP team being a virtual member of the LA Multi Agency Safeguarding Hubs (MASH) As each local MASH have developed there are numerous different requests and processes in place in respect of information requests to the SAPP team.*

Developments for the forthcoming year

- There is ongoing work within the SAPP team and health partners, exploring a revised process for MARAC meetings. One locality area is currently undertaking a pilot. This pilot will be evaluated in October 2019.

- A Trust review of the MASH processes across 7 LA areas.

- To ensure from October 2019 all aspects of Safeguarding and Public Protection arrangements for North Cumbria are in place with effective multi agency working to safeguard.

- A review of the SAPP front door Triage system including continued increase in concerns raised.

Conclusion

This annual Report provides the Trust Board, partners and stakeholders with an overview and assurance of the activity for Safeguarding and Public Protection during the periods 2018/19 The Safeguarding and Public Protection Team are looking forward to the year ahead in ensuring safeguarding is maintained as a high priority for the Trust and is everyone's business.

Leesa Stephenson Named Nurse/Team Manager
2019

Agenda item

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 7th August 2019

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 1 2019/20 Alison Paxton, Commissioning & Quality Assurance Manager

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The overall Friends and Family Test recommend score for Quarter has stayed broadly similar, with an overall range of 88% in quarter 3 2018, 87% in quarter 4 2019 and 88% in quarter 1 2019.
- The monthly results for quarter 1 were: April 89%, May 88% and June 88%.
- There is variation between localities with higher results in South at 90%, Central at 87% and North at 86% for the quarter.
- The volumes of responses in quarter 1 were broadly similar to quarter 4.
- Demographic analysis has highlighted that service users have a slightly higher level of satisfaction than carers, there is higher satisfaction reported with males than females, higher satisfaction in higher age groups and lower satisfaction among other ethnic groups. The 19/20 Quality Priority on Equality Diversity and Inclusion seeks to redress this imbalance.

Risks Highlighted: n/a

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

Equal Opportunities, Legal and Other Implications: n/a

Outcome required: for information

Link to Policies and Strategies: n/a

Northumberland, Tyne and Wear NHS Foundation Trust

Service User and Carer Experience

Quarter 1 2019/20 Update

Executive Summary:

The Trust continues to use the Points of You survey across the organisation to seek feedback on the experience of service users and carers. In the quarter we received 1,800 survey returns, of which 77% were from service users and 23% from carers. The volume of responses was an increase of 6% compared to the previous quarter due to increases in all localities.

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

Trust wide, most feedback received is positive (question scores are generally more than eight of ten and 79% of comments received are positive).

The South locality continues to receive the most positive question scores. (See table 2 on page 7) North locality has had a deteriorating satisfaction score across the last two quarters but this has improved in quarter 1, although this remains lower scoring than the other two localities. (table 3 page 10)

An analysis of FFT recommend scores by demographic factors has been undertaken (see pages 14-15). This highlights that there is slightly higher satisfaction among service users than carers, there is higher satisfaction reported with males than females, higher satisfaction in higher age groups and lower satisfaction among other ethnic groups. The 19/20 Quality Priority on Equality Diversity and Inclusion seeks to redress this imbalance.

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

The mailshot remains the predominant feedback mechanism, with use of the online survey remaining low. Most feedback received relates to mainstream community and access services (nearly 70%), reflecting the Trust's balance of care between inpatient and community based care. However, feedback received from inpatient areas remains lower than expected, perhaps due to the use of other feedback mechanisms in place locally, such as community meetings.

Full details of the small number of published comments made about trust services and responses provided on social media has been included within this report at Appendix 2. The proportion of positive feedback via this mechanism has declined in quarter 1.

1. Purpose and Background

This report provides a summary of the Quarter 1 2019/20 service user and carer experience feedback received across the Trust.

The Trust is committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. The information included in this paper outlines the Quarter 1 position on the following:

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

2. Recent local and national developments

Friends and Family Test development project

NHS England is carrying out a project[1] to improve some areas of the way the Friends and Family Test operates, and has undertaken interviews with providers, commissioners and other stakeholders. The project has fed back recommendations as below:

From 1st April 2020 changes to the Friends and Family Test question will be implemented. This is following extensive consultation and research. Revised guidance will be published in September 2019 along with supporting website content.

The changes to the FFT are about helping services and commissioners to use this as more than a quantative measure of collection and move towards more active use of feedback, alongside other patient experience data, to drive quality improvements.

It is envisaged the change to the question will be implemented from 1st April 2020 and will ask "Overall, how was your experience of our service?" There will be six new response options and this will be linked to the type of setting the service user is providing feed back for e.g. inpatient, recent appointment.

"*Thinking about [setting]…*
Overall, how was your experience of our service?"

And the response scale to use is:

[ ] *Very good*
[ ] *Good*
[ ] *Neither good nor poor*
[ ] *Poor*
[ ] *Very poor*
[ ] *Don't know*

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

Planned dashboard developments 2019

Dashboard developments being undertaken remain:

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

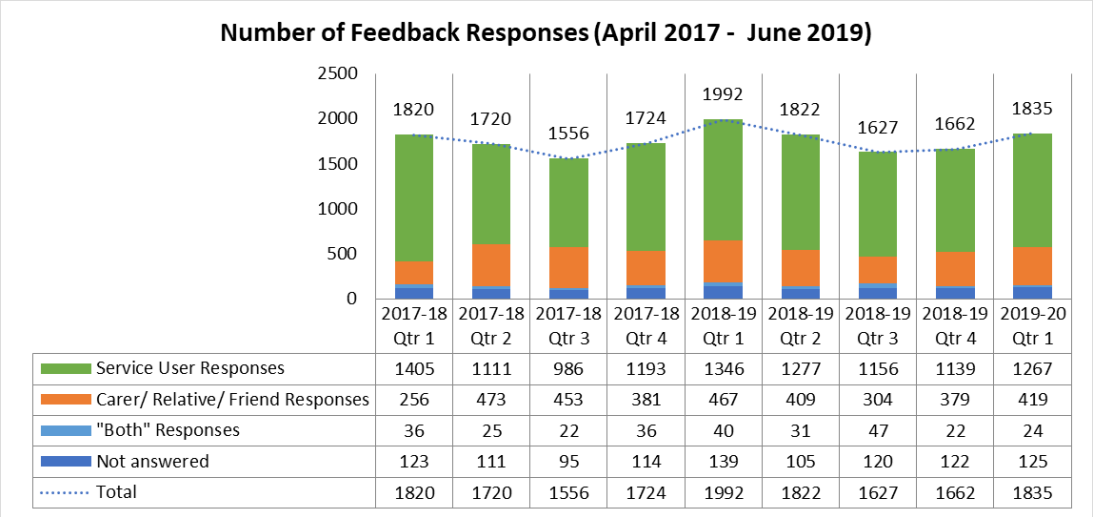
Realist Evaluation of the use of Patient Experience Data to Improve the Quality of inpatient Mental Health Care (EURIPIDES)

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

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

1,800 service users and carers provided feedback on their experience with the Trust during the period. Experience feedback is shared with clinical and operational teams via locality Group Quality Standards meetings and via an online dashboard updated daily.

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



	2017-18 Qtr 1	2017-18 Qtr 2	2017-18 Qtr 3	2017-18 Qtr 4	2018-19 Qtr 1	2018-19 Qtr 2	2018-19 Qtr 3	2018-19 Qtr 4	2019-20 Qtr 1
Service User Responses	1405	1111	986	1193	1346	1277	1156	1139	1267
Carer/ Relative/ Friend Responses	256	473	453	381	467	409	304	379	419
"Both" Responses	36	25	22	36	40	31	47	22	24
Not answered	123	111	95	114	139	105	120	122	125
Total	1820	1720	1556	1724	1992	1822	1627	1662	1835

The volume of Points of You responses received (incorporating the Friends and Family Test) increased in the quarter by 9% to 1,835. The increase is across all localities, North locality (+10%), South localities (+5%), and Central locality (+25%). Other key points relating to response volumes this quarter include:

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

- The automated mailshot remains the predominant method of completion at 70%, with the increase in the proportion of feedback received via the hard copies of Points of You circulated by wards and teams seen in the previous quarter being sustained at 27%.

- Uptake of the online version of Points of You remains low at 3%.

- The proportion of feedback received in relation to mainstream community and access CBU's, remains high at 57% (68% last quarter) reflecting the Trusts balance of care between inpatient and community care.

- Feedback from the Neurological & Specialist Services CBU accounts for 16% of feedback received in the quarter. This CBU is managed by the South locality.

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

Figure 2 Points of You responses by locality and method April 2017 to June 2019

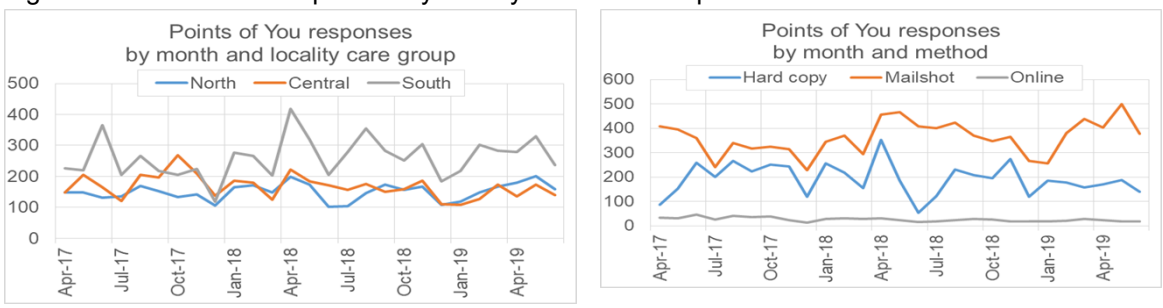
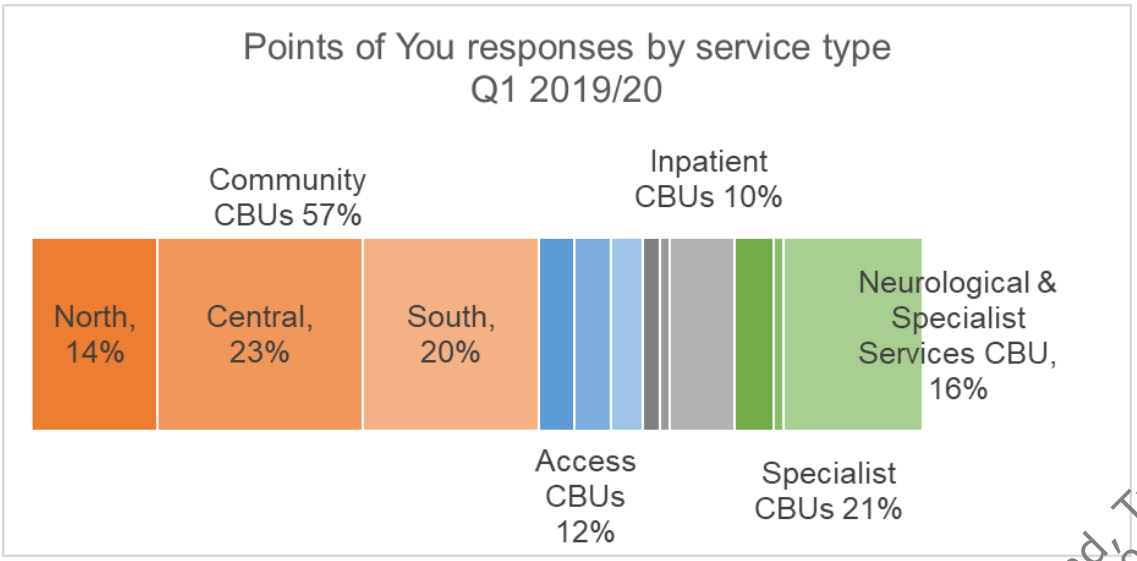


Figure 3 Points of You responses by service type April to June 2019



The ten services with the highest response volumes in the quarter (representing 38% of feedback received) were

Table 1 Top 10 Points of You responses by service April to June 2019

Team	CBU	Q4 Responses
Memory Protection Service	Community South CBU	121
Memory Assessment Service Newcastle	Community Central CBU	88

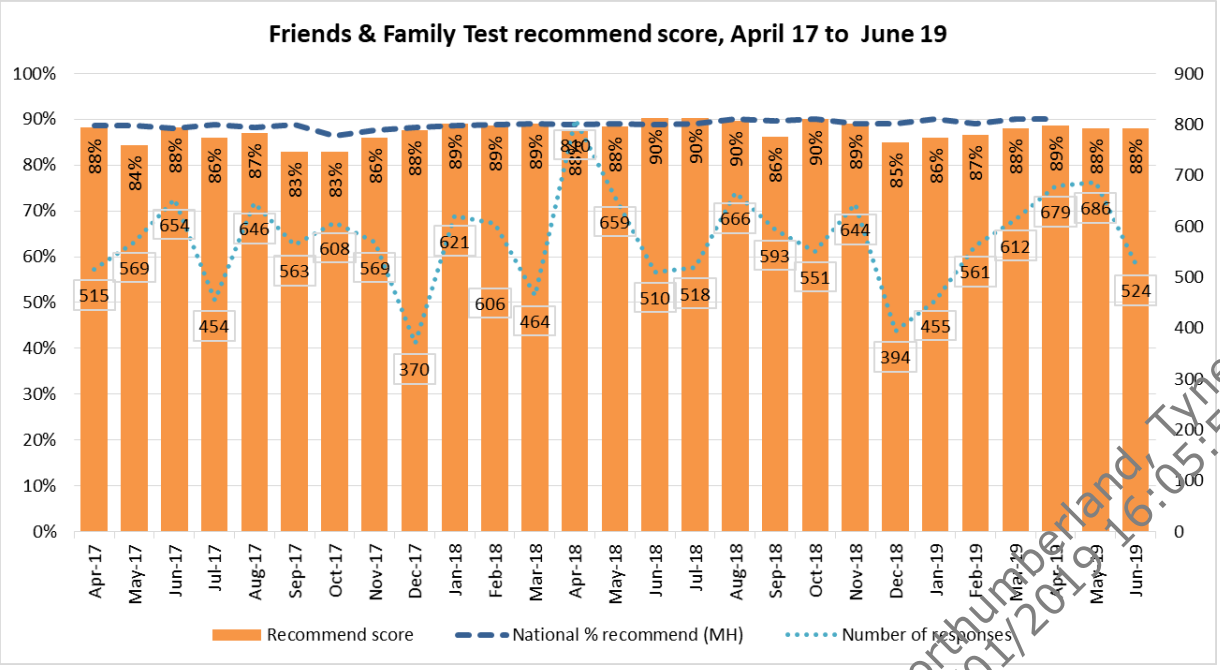
Newcastle and Gateshead Children and Young Peoples Service	Community Central CBU	83
Exercise Therapy	Inpatients South CBU	77
Outpatient and Community Rehabilitation Clinic	Neurological & Specialist Services CBU	62
Northumberland Children and Young Peoples Service	Community North CBU	61
Newcastle North and East Community Treatment Team	Community Central CBU	61
Newcastle Older Peoples Community Treatment Teams	Community Central CBU	59
Sunderland Older Adult Community Treatment Team	Community South CBU	51
Community Multiple Sclerosis Team	Neurological & Specialist Services CBU	40

4. NHS Friends & Family Test Q1 2019/20

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

The Trust's overall FFT average recommend score for Quarter 1 has slightly increased to 88%, compared with 87% in quarter 4. This is slightly below the most recent published average for providers of mental health services, which was 90% in April 2019.

Figure 4: NTW Friends & Family Test responses and recommend score Qtr4 16/17 to Qtr1 19/20. (NB the national average recommend score resides around 90%-89% – indicated by the thick blue dotted line, this national data is published up to April 2019)



The NTW FFT recommend score fluctuates by month, and after a sustained improvement in score to 90% in summer 2018, there were drops in September 2018, and December 2018

onwards. The decrease was most evident in the Central and North localities, as shown in table 2.

Note that a total of 57 services received recommend scores of 100% in the period (accounting for 15% of the responses received). There also remains a large number of services with very low or no responses, and work is ongoing to increase engagement with the points of you process in these teams.

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

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

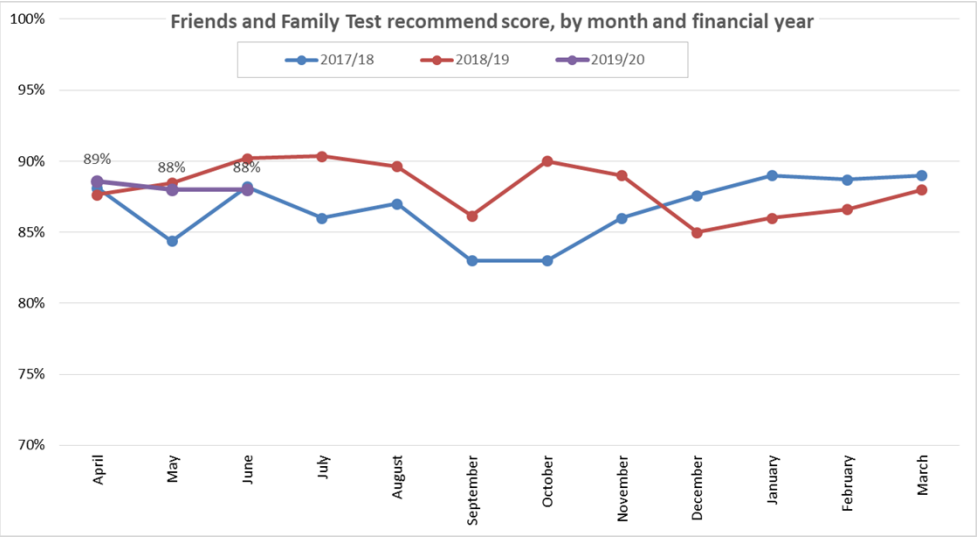


Table 2 FFT responses and results by locality group

	Number of FFT Responses* Qtr1 19/20	Qtr 1 % would recommend	Number of FFT Responses * Qtr4 18/19	Qtr 4 % would recommend	Number of FFT Responses * Qtr3 18/19	Qtr 3 % would recommend	Number of FFT Responses * Qtr2 18/19	Qtr 2 % would recommend
Trust	1,791	88%	1,628	87%	1,587	88%	1,770	89%
North Locality Group	443	86%	404	82%	420	84%	415	86%
Central Locality Group	525	87%	418	86%	443	86%	465	89%
South Locality Group	821	90%	786	90%	722	92%	888	90%

(excluding not answered)

NB – 2 responses not mapped to a locality for Qtr1, 20 responses for Qtr 4, 2 responses for Qtr3, 2 responses for Qtr2

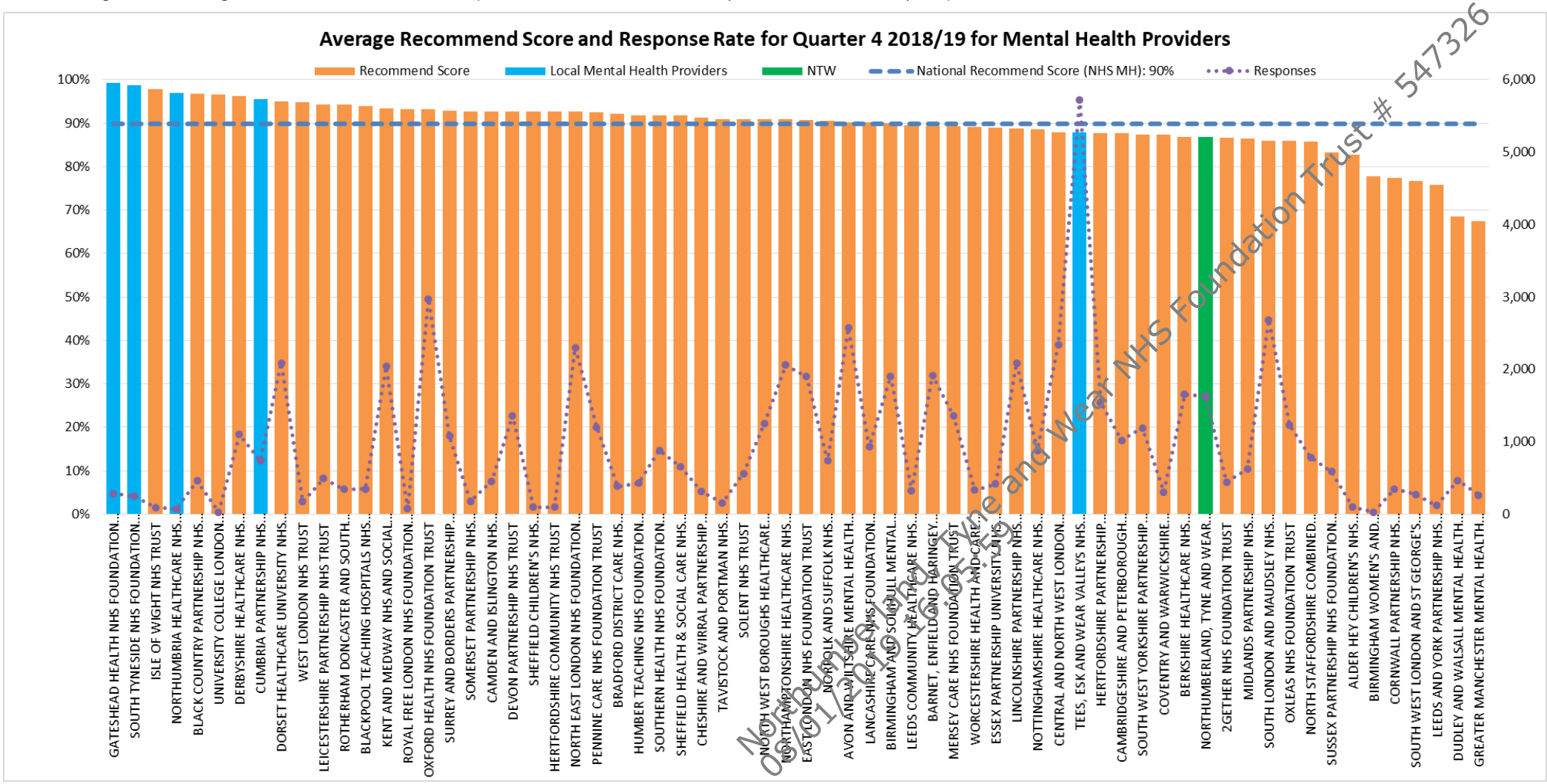
**The FFT question is incorporated into the Points of You survey. Not all respondents to the survey complete the FFT question, therefore the total FFT responses is lower than the total POY responses for the quarter.*

The FFT recommend score ranges from 86% in the north locality to 90% in the south locality. The south locality has a higher volume of responses, which is partly attributable to neuro rehabilitation services.

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

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

Figure 6: Average recommend score and response rate for Qtr4 2018/19 (latest available data) for providers of mental health services:



6. Points of You Experience Analysis Quarter 1 2019/20

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

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

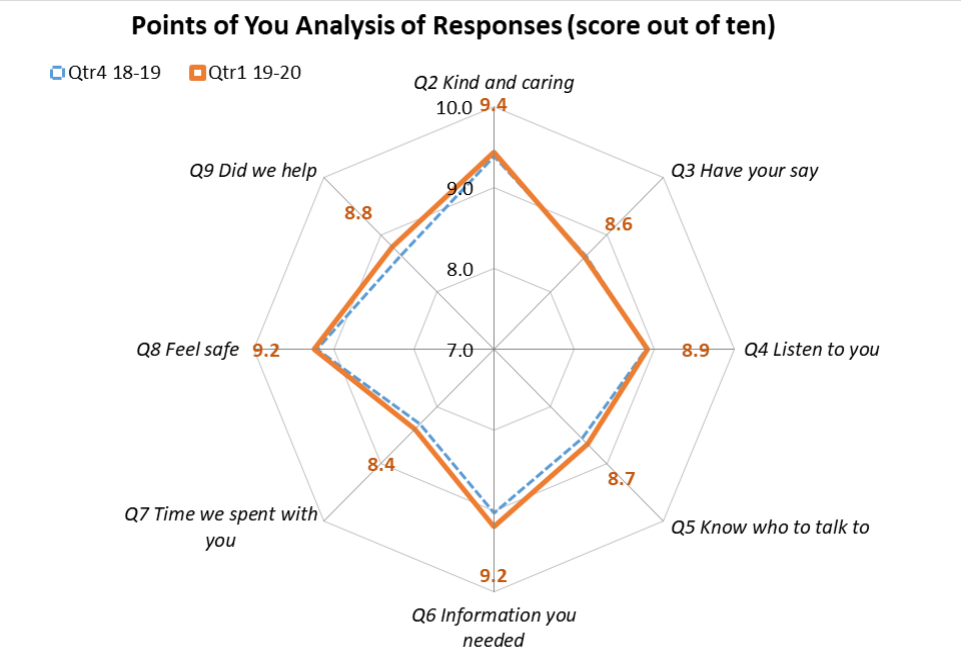
Each of the 8 questions (excluding the Friends and Family Test question) in the Points of You survey results in a score out of ten and Figure 7 below illustrates the average score received for each question trustwide during Quarter 1. There was little change in trustwide results from the previous quarter.

The highest scoring questions remain:

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

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

Figure 7: Average score for questions 2-9 for all Trust services for Qtr 1 compared with Qtr4 2018/19 (10 being the best, 0 being the worst)



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

- Compared with last quarter, there has been little change in total scores achieved

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

Table 3 Analysis of Quarter 1 2019/20 POY scores by locality across all questions

	Number of Responses Qtr1 (Qtr4)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	**1,835**	**9.4**	**8.6**	**8.9**	**8.7**	**9.2**	**8.4**	**9.2**	**8.8**
	(1,662)	↔	↔	↔	↑0.1	↑0.2	↑0.1	↔	↑0.2
North Locality Care Group	450	9.3	8.5	8.8	8.6	9.2	8.1	9.2	8.6
	(408)	↑0.2	↑0.2	↑0.2	↓0.1	↑0.4	↑0.1	↑0.2	↑0.3
Central Locality Care Group	539	9.4	8.5	8.9	8.6	9.1	8.3	9.3	8.8
	(432)	↔	↑0.1	↔	↑0.4	↑0.2	↑0.2	↑0.1	↑0.3
South Locality Care Group	844	9.5	8.7	9.0	8.8	9.2	8.6	9.3	8.9
	(801)	↔	↓0.2	↓0.1	↑0.1	↓0.1	↑0.1	↓0.1	↔

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

Key:

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

↑ Score has improved (compared to last quarter)

↓ Score has deteriorated (compared to last quarter)

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

This shows:

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

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

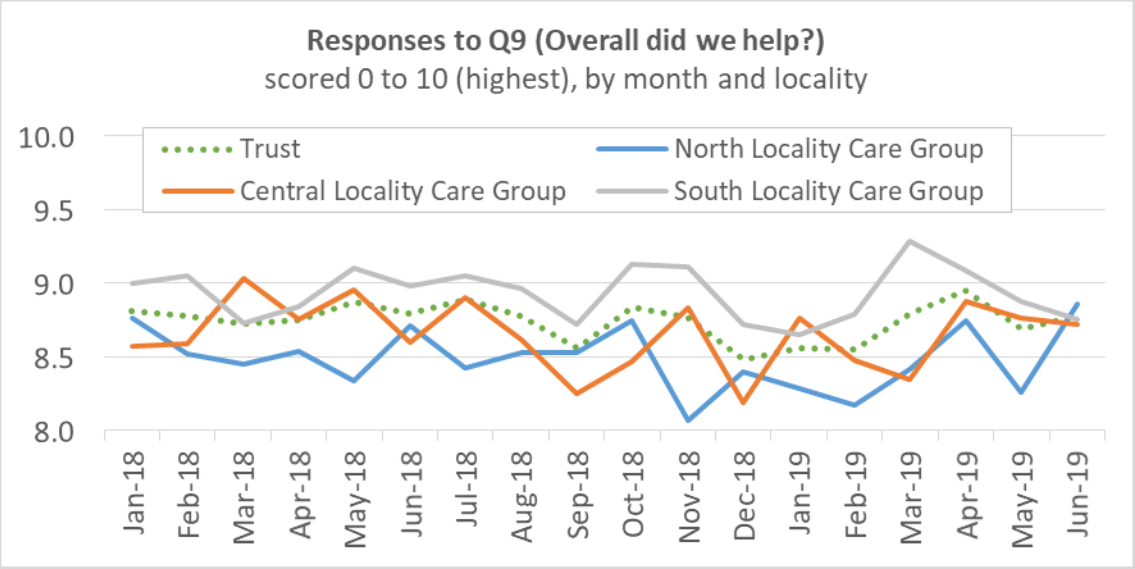


Table 4 overleaf shows a breakdown of responses at question level, displayed by CQC core service groupings. This analysis highlights:

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

Table 4: Average score per question by core service (and percentage of detained OBDs during Qtr1

	Number of Responses Qtr1 (Qtr4)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help	% of bed-days that are detained during Qtr
Trust	**1,833**	**9.4**	**8.6**	**8.9**	**8.7**	**9.2**	**8.4**	**9.2**	**8.8**	
	(1,662)	↔	↔	↔	↑0.1	↑0.2	↑0.1	↔	↑0.2	
Neuro Rehab Inpatients (Acute Medicine)	29	9.6	8.6	8.1	9.3	9.3	7.9	9.3	8.7	18%
	(15)	↓0.1	↓0.3	↓1.1	↑1.3	↑0.6	↓0.6	↔	↓0.9	
Neuro Rehab Outpatients (Acute Outpatients)	212	9.9	9.4	9.5	9.4	9.6	9.1	9.8	9.4	
	(149)	↑0.1	↑0.1	↑0.1	↑0.1	↑0.1	↔	↑0.2	↓0.1	
Community mental health services for people with learning disabilities or autism	59	9.6	8.6	8.9	9.0	9.3	8.3	9.3	####	
	(57)	↑0.1	↓0.1	↓0.2	↑1.3	↑0.1	↓0.1	↓0.1	####	
Community-based mental health services for adults of working age	358	9.0	8.0	8.5	7.9	8.7	7.8	8.7	8.1	
	(321)	↑0.1	↓0.1	↑0.1	↔	↑0.3	↔	↓0.1	↑0.1	
Community-based mental health services for older people	466	9.8	8.9	9.3	8.8	9.7	8.8	9.5	####	
	(358)	↑0.1	↓0.1	↔	↑0.2	↑0.3	↑0.1	↓0.1	####	
Mental health crisis services and health-based places of safety	76	8.9	8.3	8.4	7.4	8.1	7.9	8.5	8.1	
	(79)	↓0.3	↓0.2	↓0.3	↓0.5	↓1	↓0.2	↓0.4	↓0.1	
Acute wards for adults of working age and psychiatric intensive care units	55	9.2	7.3	7.7	7.8	9.2	7.0	8.2	8.4	76%
	(45)	↑0.4	↓0.5	↓0.4	↓0.8	↑0.6	↓0.4	↓0.3	↓0.6	
Child and adolescent mental health wards	18	8.6	8.3	8.8	9.4	10.0	8.6	9.4	8.6	95%
	(9)	↓0.3	↑0.2	↑0.5	↑0.5	↑1.1	↓0.6	↑0.8	↑0.5	
Forensic inpatient/secure ward	10	8.0	6.5	6.5	8.0	8.0	7.8	7.5	7.2	98%
	(7)	↑0.1	↓0.3	↓1.4	↑0.9	↓0.6	↑0.3	↓0.7	↓0.3	
Long stay/rehabilitation mental health wards for working age adults	11	9.1	7.0	8.0	10.0	9.1	7.7	9.1	7.7	88%
	(33)	↓0.6	↓1.8	↓1	↔	↓0.2	↓1	↓0.2	↓1.6	
Wards for older people with mental health problems	22	9.8	8.3	8.5	9.1	9.1	9.3	9.6	10.0	85%
	(11)	↓0.2	↑0.3	↑0.5	↑0.1	↓0.9	↑1.3	↑1	↑0.5	
Wards for people with learning disabilities or autism	11	8.8	7.1	7.8	7.0	7.0	8.9	7.5	8.0	100%
	(6)	↑0.5	↓0.8	↓0.1	↓1.3	↓1.3	↑1	↓1.7	↓0.3	
Children and Young Peoples Community Mental Health Services	212	9.2	8.5	8.9	8.5	8.7	8.0	9.5	8.1	
	(213)	↓0.1	↔	↑0.1	↓0.2	↑0.3	↑0.1	↑0.4	↑0.2	
Substance Misuse	120	9.3	8.8	9.1	9.1	9.3	8.4	9.3	9.0	
	(128)	↔	↔	↔	↑0.1	↔	↑0.1	↓0.1	↑0.3	
Other	174	9.6	9.0	9.2	9.3	9.6	8.9	9.3	9.3	32%
	(210)	↔	↑0.1	↑0.2	↑0.2	↑0.2	↑0.3	↔	↑0.3	

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

Key:

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

↑ Score has improved (compared to last quarter)

↓ Score has deteriorated (compared to last quarter)

When comparing Quarter 1 question scores to the previous quarter, some core services have seen an improvement in the majority of the question scores:

- Neuro Rehab Outpatients (Acute Outpatients), Child and adolescent mental health wards, Wards for older people with mental health problems, and other services saw increases in scores for 6 out of 8 questions.

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

- Mental health crisis services and health-based places of safety saw reductions for scores in all 8 questions
- Long stay/rehabilitation mental health wards for working age adults saw reductions in 7 out of 8 questions

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

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

Table 5: Prevalent themes from comments (question 10) – Quarter 1 2019/20, with change on the previous quarter:

Common theme categories (change on previous qtr)	Negative themes		Positive themes		Total Themes	
	number	change	number	change	number	change
Values and Behaviours	49	+9	1176	+252	1243	+248
Patient Care	132	+3	698	+121	917	+124
Communications	60	+2	179	+40	254	+42
Facilities	23	-9	76	+26	118	+29
Appointments	23	-10	34	+19	67	+11
Waiting Times	36	0	11	-10	47	-16
Total	387	+1	2242	+486	2807	+479

Positive Themes (A total of 2,807 themed comments were received during Quarter 1, 2,242 (79%) of these were judged as positive/ complimentary)

Values and Behaviours accounted for 52% of all positive comments, there was an increase in the number of positive comments across all the main categories apart from Waiting Times.

Examples of positive comments received:

"Staff were extremely thorough and respectful always listened to my views/ thoughts and made you feel like you were comfortable and that you mattered."
"I find your service caring and supportive to both my partner and myself. I find that the person I see is easy to talk to, he makes me and my partners valued and understood."
"Staff were caring and kind and never pushy...Nurse and doctor were very kind and caring pleasant and helpful"

Negative Themes:

The 387 negative comments received were categorised across a much broader number of themes. Examples of negative comments are given below.

"Got told would have a med review over 6 months ago and heard nothing (have asked CPN repeatedly)"
"staff lack of time"
"Hospital defanitly needs wifi. mostly to keep in touch with family if they cant afford credit on phone"

7. Points of You Response Demographics

For the following categories below, the percentage of Points of You respondents who selected and identified the following options is shown, including the percentage who didn't answer. Also shown for each option in each characteristic is the percentage who would recommend the service to their friends and family, as recorded in question 1 of the survey. As shown in table 2, the trust recommend score for the quarter was **88%**.

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

Table 6: Points of You reponses by respondent category – Quarter 1 2019/20

Respondent	**% of responses**	**FFT recommend score (question 1)**
Service User/Patient	69%	89%
Carer/Relative/Friend	23%	87%
Both	1%	96%
Not Answered	*7%*	86%

Table 7: Points of You reponses by gender – Quarter 1 2019/20

Gender	**% of responses**	**FFT recommend score (question 1)**
Male	45%	91%
Female	51%	87%
Other	0%	0%
Not Answered	4%	72%

The percentage of respondents who would recommend our service to friends or family if they needed similar care or treatment is higher in people giving their gender as Male compared to all responses for the trust, with a difference beyond what could be expected by chance alone. 2 responses were from people giving their gender as other.

Table 8: Points of You responses by ethnic group – Quarter 1 2019/20

Ethnic group	**% of responses**	**FFT recommend score (question 1)**
Asian/Asian British	2%	97%
Black/African/Caribbean/Black British	0%	83%
Mixed/Multiple ethnic groups	0%	100%
Other ethnic group	1%	70%
White	91%	88%
Not Answered	5%	82%

Asian/Asian British respondents were more likely to recommend our services, compared to all responses for the trust, with a difference beyond what could be expected by chance alone. The results for the Mixed/Multiple ethnic groups category (all of whom would recommend) is based on 6 responses.

Table 9: Points of You responses by age group – Quarter 1 2019/20

Age group	% of responses	FFT recommend score (question 1)
0-18	6%	76%
19-24	2%	47%
25-34	10%	91%
35-44	14%	84%
45-54	16%	88%
55-64	17%	91%
65-74	13%	93%
75-84	13%	95%
85+	5%	92%
Not Answered	6%	82%

We see the increase in reported satisfaction with age, as measured by the friends and family test question. The 65-74 and 75-84 years groups are higher than the trust recommend rate, where this would not be expected by change alone, with lower than expected recommend rates for the under-25 age bands.

8. Gender Dysphoria Survey - Responses and Analysis

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

During Quarter 1 19/20 the Northern Region Gender Dysphoria Service received 24 surveys (data for April and May 2019). All responses were positive (rating extremely likely or likely) for 9 out of the 9 questions. There were no negative responses to any question, which are listed below:

1. Likely to recommend this clinic to friends and family
2. Admin Staff were pleasant and Respectful
3. Clinician was pleasant and respectful
4. I feel listened to
5. I feel involved in my treatment
6. I have confidence in the abilities of my clinician
7. Information was understandable
8. Questions were answered
9. Given opportunity to discuss treatment

9. NHS website, Care Opinion & Healthwatch reviews for quarter 1 2019/20

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

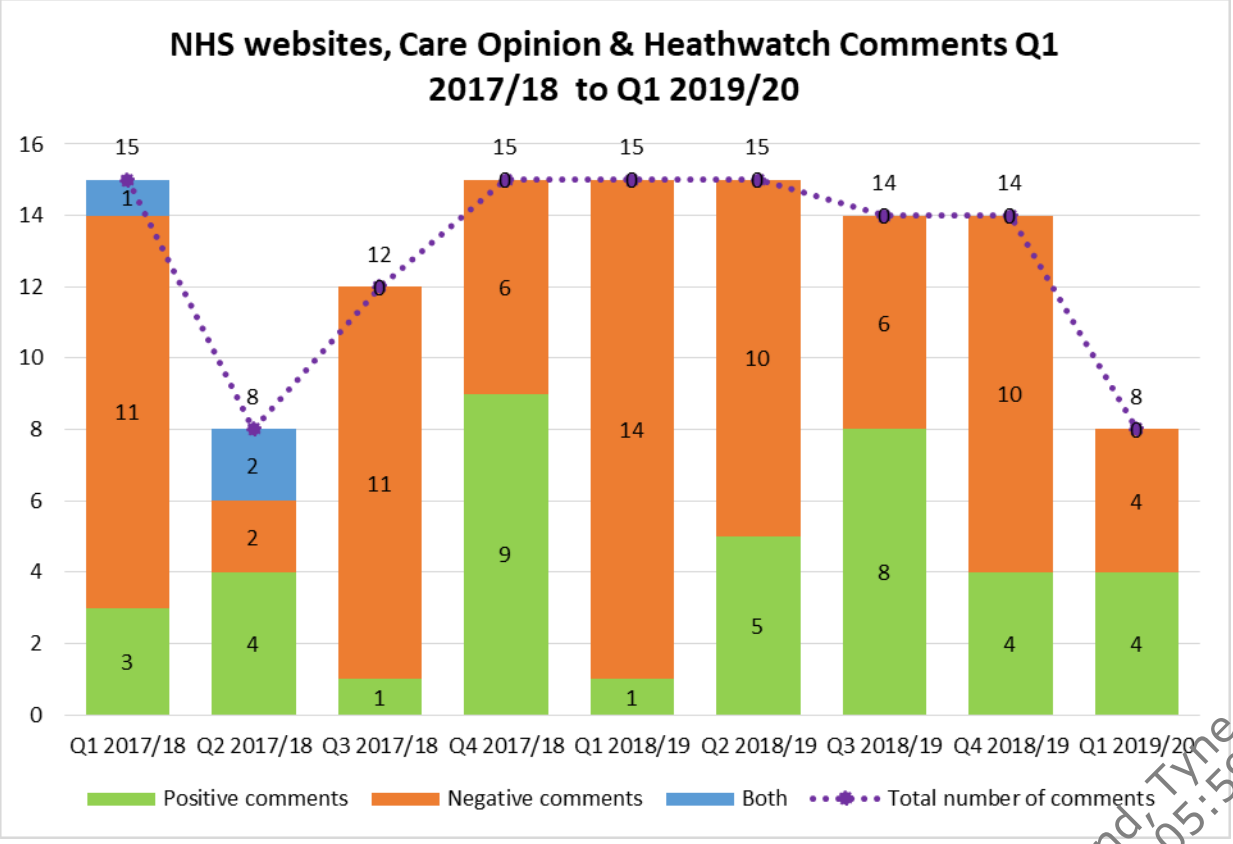
Table 10: Star rating for the Trust/ Site/ Service reviews

Hospital Site	Star Ratings for Q1
NTW (total for Trust)	3.5
Dryden Road Clinic	2
Hawkhill Business Park	2
Anderson Court	1
Chad House	4
Fairnington Centre	4.5
Sunderland Psychological Wellbeing Service	2
Project Answer	4
Hopewood Park	3.5
St. George's Park	3

During Quarter 1 2019/20 the Trust received 8 comments through these sites, 4 of which were positive and 4 were negative. This volume of feedback is similar to previous quarters and the proportion of positive feedback is variable.

Figure 9 below shows the number of comments posted feedback sites from April 2017 to June 2019.

Figure 9 – Number of comments published on the NHS website, Care Opinion & Healthwatch sites each quarter (Qtr1 2017/18 to Qtr1 2019/20)



10. Compliments and Thank Yous – Quarter 1 2019/20

During Quarter 1, 60 thank yous and compliments were received via Points of You and from other routes (including Chatterbox). There were 131 compliments received during quarter four.

11. Recommendations

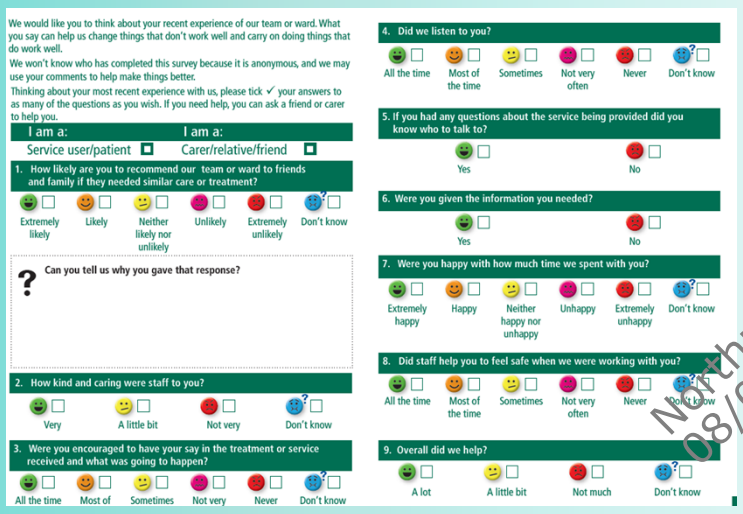
The Board of Directors are asked to note the information included within this report.

Alison Paxton
Commissioning and Quality Assurance Manager
July 2019

Points of You Format

Points of You Survey format:

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



Appendix 2

Reviews made on the NHS website, Care Opinion & Healthwatch in quarter 1 2019/20

Reviewed on 4 April 2019 (5 stars, North Tyneside Recovery Partnership)
Unsure

Very caring,professional staff and service

I started this service following an opiate addiction. I was made to feel welcome from staff and other client users. Staff are caring profession and experienced. They never judged and were always there to get me back to normal. Experienced in medical detox and behavioural counselling. Peer mentors are also vital using there own experiences and how they cope. This service is vital addiction is a real disease and more money is needed. Addiction can be treated with all of your help. Thank you to everyone from the cleaner to the managers.

[our response]
We are very happy that your treatment journey was a positive one and we aim to continue to deliver a service of the highest standard.
Thank you and may we wish you all the best in the future.
Stephen Gray
Team Manager, North Tyneside Recovery Partnership
.

Reviewed on 6 April 2019 (5 stars, North Tyneside Recovery Partnership)
A review

A review

Always there and never judgemental

I have no negative points with any of the recovery team they have help me and my family so much. They never judged and always listen. Caring and supportive from treatments to after care. Thank you

Thank you for taking the time to provide this feedback about North Tyneside Recovery Partnership, this is greatly appreciated. We are always pleased to hear the experiences of service users and their families, especially when people have felt supported and been enabled in their recovery.

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

Kind regards,
Andrew Carroll
Experience and Effectiveness Officer

10 April 2019 (5 stars, Molineux Street)
North and East Community Treatment Team

Chad house
Great help with my illness

The centre is easy to reach and my treatment has been superb with good involvement and a true caring environment.

21 April 2019 (1 star, Tranwell Unit)

Useless

I went for an appointment and they said two weeks to see a doctor. Four weeks later I am still waiting they said they would call me back And didn't bother. The staff on the phone are inconsiderate and rude. They will leave you to suffer no matter what

I am sorry that you have experienced a delay in receiving a response from the team, to your telephone call and an outpatient appointment, this is below the standard of response time we would want to achieve. I am aware that a CPN from the team has now contacted you and is looking into the delay. If you would like to discuss further your concerns, you can contact Kelly Glaister, Pathway Manager, at Dryden Road on 0191 441 6700.
Or alternatively you could contact, The Patient Advice and Liaison Service (PALS) on 08009530667, who can talk to you and provide support to take forward a complaint.

Kind regards
Lynne Tweedy
Community Clinical Manager
Gateshead Community Treatment Team

26 April 2019 (1 star, Benton House)
Another review

Incorrect Number

We've been using CYPS for over 12 years and trying to get through to talk to a member of the ADHD team on the telephone today has been a waste of time. The number above (0191 2106868) is apparently for adult services - wo betide anyone who calls asking to be put through to children's services

I am sorry that you were not directed to the CYPS team correctly. The single point number for CYPS is now 0303 123 1147. We will ask NHS Choices to amend their page to reflect the correct numbers for adult and children's services.

29 April 2019 (1 star, South Tyneside Community Mental Health Team)

poor mental health services

South Tyneside mental health team. I have been insulted, lied too numerous times. Made to feel like I am the problem. Actions exaggerated and not listened too. Self serving agendas covering up poor conduct, dishonest behaviour. Leaving myself to have no trust in the service at all.

9 May 2019 (1 star, Northumberland Recovery Partnership)
Greenacres

Anonymous gave Greenacres Centre a rating of 1 star

Waste of time

Contacted NRP for help to come off cannabis I attented a few meetings and she said theres no substitute for weed. I'll get hooked on to stronger stuff next time if it means I get the help I need.

28 May 2019 (4 stars, Benton House)

Steadily improving

Been at the service for over three years! Have seen it steadily improve and the staff become more efficient and caring over time. Different service to the one I first enrolled in or was referred to and much better now!

.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 7th August 2019

Title and Author of Paper:
Quarterly Report on Safe Working Hours (Apr to Jun 2019) : Dr Clare McLeod (Trust Guardian)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

Risks Highlighted to Board :

- Increase in Exception Reports raised from 4 during the period Jan to Mar 2019 to 31 between April to June. TOIL granted for hours and rest
- 2 Agency Locums booked during the period covering vacant posts and sickness
- 97 shifts lasting between 4hrs and 12hrs were covered in the 3mth period by internal doctors covering sickness/vacancies/adjustments due to health
- On 13 occasion during the period the Emergency Rotas were implemented in comparison to once during the last period.
- Having adopted the Fatigue and Facilities Charter, the trust has been awarded £60,833.33 to improve the working lives of Junior Doctors

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

Northumberland, Tyne and Wear NHS Foundation Trust

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING – April to June 2019

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement on 2nd August 2017 are now on the New 2016 Terms and Conditions of Service. There are currently 99 trainees working into NTW with 84 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 22 trainees employed directly by NTW working as Trust Grade Doctors and Teaching Fellows. (Total 121).

Introduction

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

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

High level data

Number of doctors in training (total): 99 Trainees (Apr to Jun)

Number of doctors in training on 2016 TCS (total): 84 Trainees (Apr to Jun)

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

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

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

Trust Guardian of Safe Working: Dr Clare McLeod

Exception reports (with regard to working hours)

		Exception Reports Received April to June				
Grade	Rota	Apr	May	Jun	Total Hours & Rest	Total Education
CT1-3	St Nicholas	1			1	
CT1-3	St George's Park		3	2	5	
CT1-3	RVI/CAMHS	1	2	1	4	
CT1-3	NGH/CAV	8			8	
CT1-3	Gateshead	3	7		10	
ST4+	North of Tyne	1	2		3	
Total		14	14	3	31	0

Work schedule reviews

During the last quarter there have been 31 Exception Reports submitted from Trainees in respect to exceeding Hours & Rest (25 of which have been agreed and closed). TOIL was granted for 17 cases, 7 were granted payment for additional hours worked and 1 had no action. 6 Reports remain open waiting for an outcome. The exceeded hours ranged from a minimum of 30 minutes to a maximum of 3.5 hours. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by department				
Specialty	Apr	May	Jun	Total
Neuro Rehab				
Hopewood Park				
Gateshead				
NGH			1	1
RVI				
SNH				
CAMHS				
LD				
SGP			1	1
South of Tyne				
North of Tyne				
Total	0	0	2	2

Locum bookings (agency) by grade				
	Apr	May	Jun	Total
F2				
CT1-3			2	2
ST4+				
Total	0	0	2	2

Locum bookings (agency) by reason				
	Apr	May	Jun	Total
Vacancy			2	2
Sickness/other				
Total	0	0	2	2

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of hours worked	Number of hours to cover sickness+	Number of hours to cover OH Adjustments	Number of hours to cover special leave	Number of hours to cover a vacant post
SNH	8	92	17	75		
SGP	39	381.5	162.5	130.5	34	54.5
Gateshead	14	127	4.5		4.5	118
Crisis	10	61	22.5			38.5
Hopewood Park	10	53	48.5		4.5	
RVI	1	4.5	4.5			
NGH	3	21.5	21.5			
North of Tyne	1	4.5		4.5		
South of Tyne	11	113.5	34	79.5		
CAMHS						
Total	97	858.5	315	289.5	43	211

c) **Vacancies**

Vacancies by month						
Area	Grade	Apr	May	Jun		
NGH/CAV	CT GP					
SNH	CT GP					
SGP	CT GP			1		
RVI	CT GP					
HWP	CT GP F2					
Gateshead	CT GP			1		
Total		0	0	2		

*These vacancies have been backfilled with Trust Grade Appointments

d) **Emergency Rota Cover**

Emergency Rota Cover by Trainees				
	Rota	Apr	May	Jun
Vacancy	SNH	1	0	
Sickness/Other	NGH	4	6	2
Total	13	5	6	2

e) **Fines**

There were no fines in the last quarter.

Qualitative information:

There have been increased numbers of Exception Reports following efforts to raise the profile at Junior Doctor Forums, Induction and site visits prior to Teaching.

Issues Arising

The majority of Exception Reports raised by trainees in NTW are closed by Time of In Lieu (TOIL); the majority this quarter were closed with TOIL, with seven of the thirty-one granted payment for the extra hours worked.

The number of IR1s submitted for Insufficient Medical handover when a patient is admitted to hospital has remained steady but with an increase in reports in June 2019.

The BMAs Fatigue and Facilities Charter which outlines steps to promote better working conditions for doctors to reduce fatigue, improve safety and provide more efficient care has been adopted by the Trust. The Trust has been awarded £60,833:33 having adopted the charter which is specifically to improve the working lives of junior doctors.

Actions taken to resolve issues:

The profile of Exception reporting continues to be raised through the Junior Doctors Forum, at Induction for new doctors and at visits to meet trainees. The Guardian of Safe Working and the Medical Staffing team met with trainees at SGP on 1st April, HWP on 4th April and have arranged to meet trainees at HWP on 11th July.

The increase in the number of ERs this quarter is in part due to the increased workload in a particular post as well as what seems to be a general trend of increased reporting. The workload in this particular post has been addressed and continues to be monitored; there have been no further ERs since the additional supports and changes have been put in place. This is an example of how ER can contribute to the identification of posts which require additional resources and was seen as a supportive process by the trainee.

The Director of Medical Education continues to review, follow up and summarise the IR1s for Insufficient Medical Handover, with this collated information discussed at the forum and shared with clinicians in the Trust. The GoSW with one of the trainees will

arrange to meet with the two crisis teams in addition to share the summary of the IR1s submitted and to explain and promote and the process.

A working group has been convened to consider how best to use the £60,833:33 the Trust has been awarded having adopted the charter. The first meeting was held on 7th May. The priorities are to improve rest facilities for junior doctors and to plan how best to use these funds across the Trust sites. This will be discussed in the forum and a further meeting is being set up currently.

The GoSW will continue to ensure that information relating to the importance of taking breaks is conveyed at each Trust Induction and at meetings with trainees as well as safe travelling between Trust sites and parking.

Summary

The profile of ER continues to be raised and discussed as a positive process that can contribute to improvements both in working conditions and in safety. There has been an increase in ER this quarter which is encouraging.

Episodes of Insufficient Handover continue to be reported and monitored and will continue to be reviewed through the forum.

The Trust has been awarded £60,833:33 having adopted the BMA Fatigue and Facilities Charter; this is specifically to improve the working lives of our trainees and a working group has been set up to decide how best this can be used.

Dr Clare McLeod
Trust Guardian of Safe Working

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 7th August 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 3 June 2019) – Alison Paxton, Commissioning & Quality Assurance Manager

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

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

1. This report provides an update of Commissioning & Quality Assurance issues as at 30th June 2019.
2. The number of people waiting more than 18 weeks to access services has decreased this month in non-specialised adult services overall and within children's community services in Newcastle/Gateshead.
3. The Trustwide appraisal figure has increased to 84.9% this month, which is below the Trust standard.
4. There have been two Mental Health Act reviewer visit reports received since the last report relating to Bluebell Court and Ward 2 at Walkergate Park. There were actions which had been resolved along with actions which remain unresolved from previous visits relating to authorised ground leave, outcomes of SOAD visits and care planning / risk assessments
5. The confirmed May 2019 sickness figure is 5.4%. The provisional June 2019 sickness figure is 5.46%. The 12 month rolling average sickness rate has decreased to 5.72% in the month.
6. Inappropriate out of area treatment bed days remain elevated, with 155 in June 2019 (a total of 377 for Quarter 1 2019)

Risks Highlighted: waiting times

Does this affect any Board Assurance Framework/Corporate Risks: Yes

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

Link to Policies and Strategies: NHS Improvement – Single Oversight Framework, 2019/20 NHS Standard Contract, 2019/20 Planning Guidance and standard contract, 2019/20 Accountability Framework

Executive Summary:

1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).

2 There have been two Mental Health Act reviewer visit reports received since the last report relating to Bluebell Court and Ward 2 at Walkergate Park. There were actions which had been resolved along with a number which remain unresolved from previous visits relating to authorisation of ground leave, outcomes of SOAD visits and care planning/risk assessments

3 There have been three Commissioner Quality Assurance visits this month.

4 We did not meet all NHS England and local CCG's contract requirements for month 3 and Quarter 1. The areas of underperformance continue to relate to CPA metrics, seven day follow up and in Sunderland IAPT numbers entering treatment.

5 All of the CQUIN scheme requirements have been internally assessed as achieved for quarter 1.

6 The number of people waiting more than 18 weeks to access services has decreased this month in non-specialised adult services from 50 to 38. Within children's community services there has been a decrease in those waiting over 18 weeks in Newcastle/Gateshead.

7. Training rates have continued to see most courses above the required standard. There are two courses more than 5% below the required standard which are Clinical Risk Training (79.4% was 76.9%) and PMVA Basic Training (78.4% was 79.3% last month).
8. Reported appraisal rates have not been achieved this month and are reported at 84.9% Trustwide.
9. The confirmed May 2019 sickness figure is 5.4%. This was provisionally reported as 5.49% in last month's report, highlighting an ongoing issue with delayed return to work recording. The provisional June 2019 sickness figure is 5.46%. The 12 month rolling average sickness rate has decreased to 5.72% in the month.

10. At Month 3 the Trust has a deficit of £1.2m which is £0.3m ahead of plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total. Agency spend is £2.0m which is £0.4m above Trust planned spend but in line with the trajectory of our NHSI allocated agency ceiling of £7.9m. The Trust's finance and use of resources score is currently 3 and the forecast year-end risk rating is 2

Other issues to note:

- There are currently 18 notifications showing within the NHS Model Hospital site for the Trust.

- The Sunderland IAPT service moving to recovery rate was 50.3% for the month which is above the 50% standard.

- The numbers entering treatment for Sunderland IAPT service has not been achieved in month 3 and quarter 1. 616 have entered treatment in the month against a target of 779.

- The number of follow up contacts conducted within 7 days of discharge has decreased in the month and is reported at 95.7%.

- The number of follow up contacts conducted within 72 hours of discharge is reported at 82.9% for June 2019.

- There were 155 inappropriate out of area bed days reported in June 2019, 377 for the quarter against a quarterly target of 144 days.

- The service user and carer FFT recommend score is at 88% this month which is just below the national average.

- There has been a marginal decrease in the number of clusters undertaken at review in June 2019 and is reported below standard at 84.7%.

- The latest published Data Maturity Index Score relates to March 2019 and is reported at 89.9% which is a decrease from 90.6% in February 2019. Work continues to review this data internally

Commissioning and Quality Assurance Summary Dashboard – June 2019

Regulatory

Single Oversight Framework

1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).	Use of Resources Score:	3

CQC

Overall Rating	Number of "Must Dos"	
Outstanding	3	There have been two Mental Health Act reviewer visit reports received since the last report relating to Bluebell Court and Ward 2 at Walkergate Park. There were actions which had been resolved along with a number which remain unresolved from previous visits relating to authorisation of ground leave, outcomes of SOAD visits and care planning/risk assessments

Contract

Contract Summary: Percentage of Quality Standards achieved in the month:

NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
94%	100%	90%	90%	90%	93%	63%	63%

Contract Summary: Percentage of Quality Standards achieved in the quarter:

94%	90%	90%	90%	100%	93%	63%	63%

NHS England and all local CCG's did not achieve the contract requirements during month 3 and Quarter 1. The areas of underperformance continue to relate to CPA metrics, seven day follow up and in Sunderland IAPT numbers entering treatment
There have been three Commissioner quality visits during the month to Redburn, Ward 31A and KDU.
The Specialised Mental Health data submission quality score has increased to 89.3% at the last submission and work is ongoing to improve this further. Nationally most areas have seen a reduction in the data quality score.

CQUIN - Quarter 1 internal forecast assessment RAG rating:

Staff Flu Vaccinations	Alcohol and Tobacco Brief Advice	72 hour Follow Up Post Discharge	Improving Data Quality Reporting/ Interventions	Use of specific Anxiety Disorder measures within IAPT	Healthy Weight in Secure Services	CAMHS Tier 4 Staff Training Needs	Local Neuro-rehabilitation Inpatient Training	Mental Health for Deaf

All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 1

Internal

Accountability Framework

North Locality Care Group Score: June 2019		Central Locality Care Group Score: June 2019		South Locality Care Group Score: June 2019	
4	The group is below standard in relation to CPP metrics	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements

Quality Priorities: Quarter 1 internal forecast assessment RAG rating

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

Waiting Times

The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children's community services has also decreased in month 3 in Newcastle/Gateshead. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

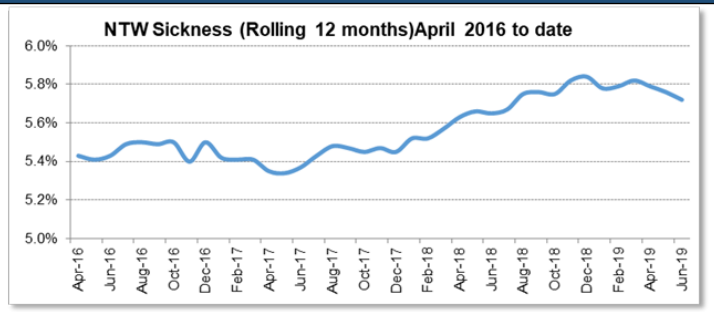
Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):
15	2	2

Information Governance (93.5%), MHA Combined training (82.6%) are within 5% of the required standard. Clinical risk training (79.4%) and PMVA basic training (78.4%) remain at more than 5% below the standard.

Appraisals:

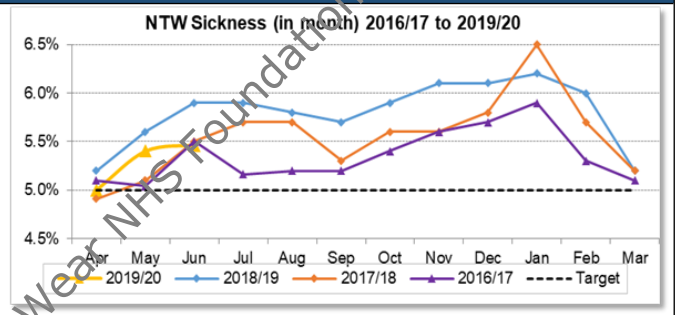
Appraisal rates have increased to 84.9% in June 19 (was 84.8% last month).

Sickness Absence:



The provisional "in month" sickness absence rate is above the 5% target at 5.46% for June 2019

The rolling 12 month sickness average has decreased to 5.72% in the month



Finance

At Month 3, the Trust has a deficit of £1.2m which is £0.3m ahead of plan. The deficit is mainly due to a payment in April to top of the scale Agenda for Change staff for which income has not yet been received. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total.

Agency spend is £2.0m which is £0.4m above Trust planned spend but in line with the trajectory of our NHSI allocated agency ceiling of £7.9m. The Trust's finance and use of resources score is currently a 3 and the forecast year-end risk rating is a 2. Due to an over-commitment on the NHS capital budget the Trust has agreed to try and reduce capital spend by £1.0m in 19/20.

Financial Performance Dashboard

NTW Income & Expenditure

	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	81.9	81.7	0.2
Pay	(66.4)	(66.7)	0.3
Non Pay	(17.0)	(16.2)	(0.8)
Surplus/(Deficit)	**(1.5)**	**(1.2)**	**(0.3)**

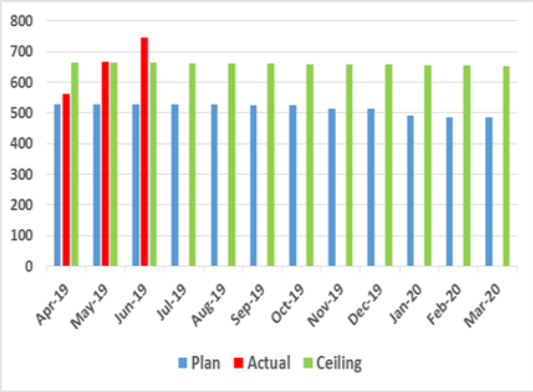
Control Totals

	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	5.8	5.6	0.2
Central	4.6	5.0	(0.4)
South	7.3	7.7	(0.4)
Central Depts	(19.2)	(19.5)	0.3
Surplus/(Deficit)	**(1.5)**	**(1.2)**	**(0.3)**

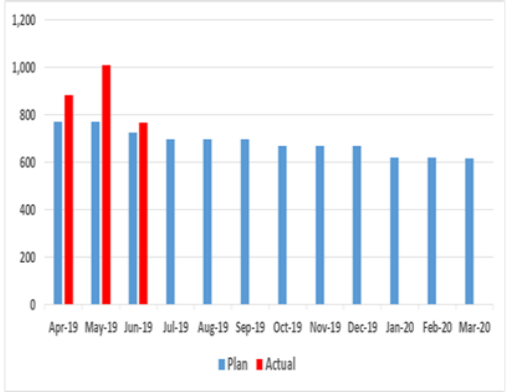
NTW Key Indicators

Key Indicators	Current	Fore-cast
Risk Rating	3	2
Agency Spend	£2.0m	£6.9m
FDP Delivery	£2.0m	£10.4m
Cash	£20.7m	£18.4m
Capital Spend	£2.0m	£11.4m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £1.2m deficit at Mth3 which is £0.3m ahead of plan. The deficit is mainly due to the AfC Top of Scale payments in April for which income has not yet been received.
- Control Total – The Trust is forecasting delivery of its £2.6m Control Total.
- Risk Rating – The Use of Resources rating is a 3 at Mth3 & the forecast year-end rating is a 2.
- Pay costs are £0.3m above plan at Mth3. Bank and agency costs need to reduce to get back in line with plan.
- Budgets have been re-set for 2019/20 based on normalised 18/19 out-turn.
- Agency Spend – Agency ceiling is £7.9m and Trust planned spend is £6.2m in 19/20. Spend at Mth3 is £2.0m which is £0.4m above plan and is in line with the ceiling trajectory. Forecast spend is £6.9m.
- Financial Delivery Plan - Savings of £2.0m have been achieved at Mth3 which is in line with plan.
- Cash – £20.7m at Mth3 which is £2.8m above plan.
- Capital Spend - £2.0m at Mth3 which is £1.3m below plan. Trust has agreed to reduce its planned spend for the year by £1.0m.

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

	03/06/2019		10/06/2019		17/06/2019		24/06/2019	
Medical	73	10	73	10	78	15	83	15
Qual Nursing	55	5	58	5	61	5	76	5
Unq Nursing	602		589		612		750	
A&C	90		82		102		105	
	820	**15**	**802**	**15**	**853**	**20**	**1,014**	**20**

In June the Trust reported an average of 18 price cap breaches (13 medical and 5 qualified nursing). In June 3 medics were paid over the price cap.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: 7th August 2019

Title and Author of Paper: Safer Care Annual Report 2018-2019
Jan Grey, Associate Director Safer Care

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

Paper for Debate, Decision or Information: Information and debate

Key Points to Note:
This is the second Annual report for the Safer Care Directorate that became operational in October 2017 in line with the Locality Care Groups.

- The report provides an overview of the six teams within the Safer Care Directorate that includes; team overview, key achievements and developments for the coming year.
- As a statutory requirement of the Trust the Infection, Prevention & Control and Safeguarding and Public Protection full Annual Report reports are hyperlinked within this report.
- We include our ambitions for the coming year to ensure staff, leaders and managers can work together to devote resources for continual learning and the improvement of patient care.

Risks Highlighted to Committee : None

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

Equal Opportunities, Legal and Other Implications:

Outcome Required: The group is asked to note the content of this report.

Link to Policies and Strategies:

Safer Care Directorate

Annual Report

2018/2019

INTRODUCTION

This is the second directorate annual report that reflects the high level of activity across all Safer Care teams. Over the year we have significantly improved processes and built on existing systems and procedures whilst at the same time undergoing a review of team structures and transitional plan to new ways of working. We are proud to assist in the provision of a comprehensive effective and sustainable culture of learning and improvement to underpin the delivery of good clinical governance.

This Trustwide learning and improvement culture enables the Safer Care directorate to use all sources of insight available to us to improve services and quality of care, particularly for the most vulnerable. In so doing, the Safer Care Directorate continues to strengthen its role in supporting the Locality Care Groups, trust committees and groups as well as providing Board assurance about quality care and safety.

Safer Care Directorate Ambitions

At the heart of our ambition is the view that greater integrated working is the primary vehicle to improve the quality of the service we provide to patients and carers. Our ambitions are linked to the Trust's overarching strategy '**Caring, Discovering, Growing'**, and are

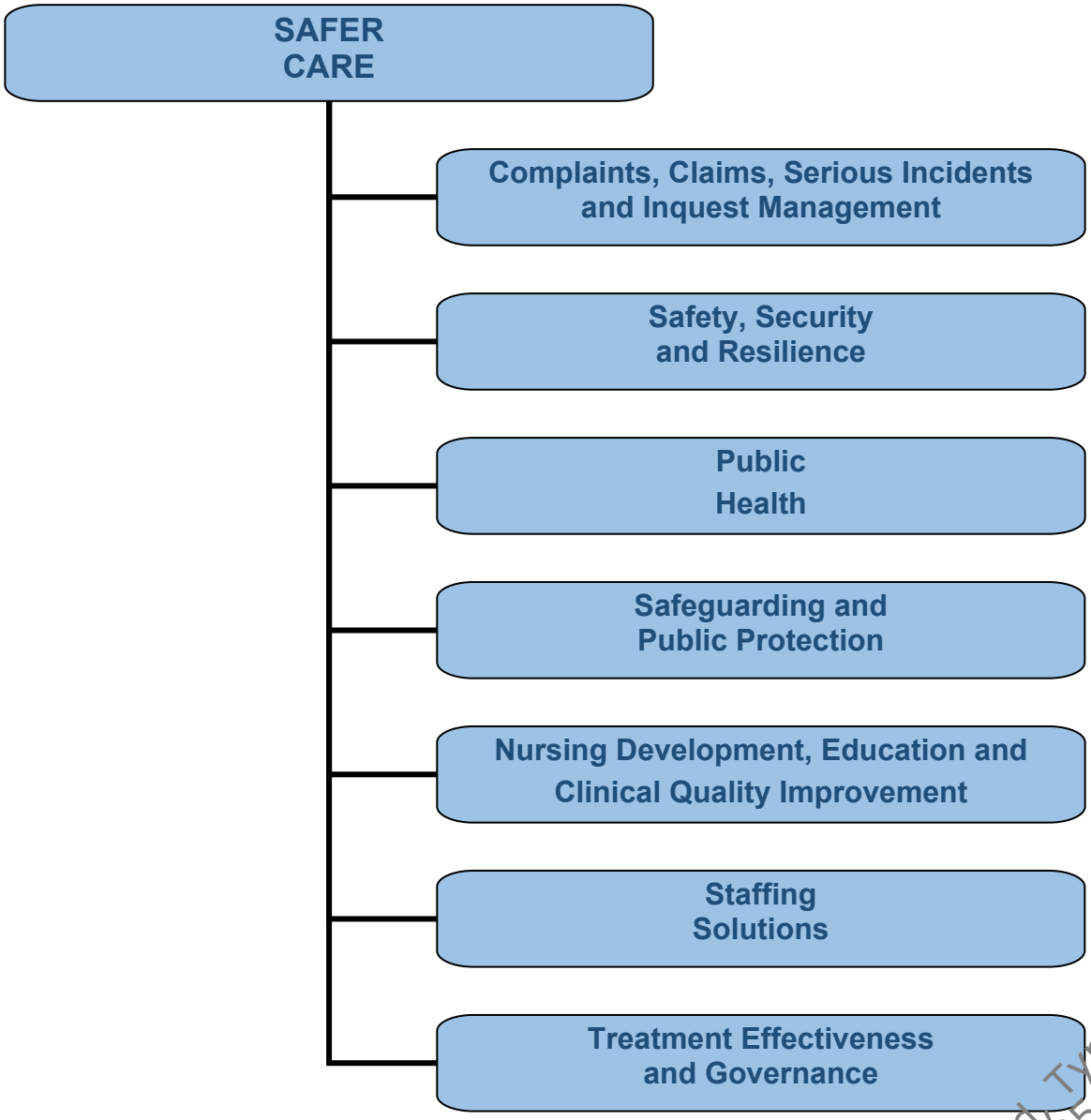
- ✓ **To maintain a relentless focus on quality, based on understanding the drivers and human factors involved in delivering high quality care and reducing avoidable harm.**
- ✓ **To work together**
- ✓ **To be committed to continuous Trustwide learning and improvement**
- ✓ **To be highly flexible and respond to any changes in the delivery of care**

This annual report provides an overview of the achievements of each individual team within the Directorate over the last year. It details how we have worked together across Trust services over the last year to fulfil our ambitions. The report also highlights individual team developments for the coming year.

These ambitions are mindful of the Directorate priority to ensure that robust patient safety systems, processes and procedures are in place to support the transfer of North Cumbria services to NTW from October 2019.

Safer Care Directorate functions:

The Safer Care Directorate delivers several functions which work together to deliver the overall Directorate ambition



Sections 1 to 7 provides an overview of each function, the work undertaken and key achievements over the last 12 months. There is a hyperlink to a full annual report for those teams who provide a statutory function for the Trust.

Section 1
COMPLAINTS, CLAIMS, SERIOUS INCIDENTS AND INQUEST MANAGEMENT

This team is overseen by the Head of Clinical Risk and Investigations. It delivers two major functions of the Directorate: the investigation of incidents and inquest management, and complaints and claims management

Investigation of incidents and inquest management

The team of Serious Incident investigators and administration support over the last year have managed the review process and procedure to help ensure serious incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again.

The team have ensured all serious incidents over the year have been investigated, identified lessons learned and disseminated this learning to improve practice. Of those serious incidents that required a Coroner's inquest, the team also support clinical staff through the process.

Key achievements in 2018/19

- ✓ A formal evaluation of the relatively new trust Mortality Review process was completed in the autumn. The findings were presented to BDG Safety with proposed changes to commence in April 19, working in conjunction with the Northern Alliance and Learning from Deaths network.

- ✓ Provided with a good level of assurance and a high level of compliance with the control framework following AuditOne's Risk Based Audit of Mortality Reporting.

- ✓ At the request of Locality Care Groups to support teams in resolving complex care issues, the team have fully reviewed the previous process and re-established a Trustwide Managing Complex Case panel. This panel provides expertise in relation to complex issues presented and assists the clinical care team in developing actions to address the issues. A formal review of this new process has been undertaken and presented to BDG Safety indicating that trust staff referring to the Complex Case Panel found this to be an extremely helpful and supportive process. This panel is now fully established.

- ✓ The Serious Incident process and the Investigation Officers have contributed to the workshop and production of guidance in relation to the FACE Risk assessment tool.

- ✓ A revised Serious Incident investigation template has been produced following a thematic review of incidental findings presented to BDG Safety

- ✓ A review of the role of the Serious Incident Panel Chair has been undertaken with the introduction of a debrief post case reviewed

- ✓ Collaborative working with local Coroner's in relation to trust Serious Incident processes and investigations.
- ✓ A thematic review of choking incidents completed and presented to BDG Safety to form the basis of further planned work.
- ✓ Bespoke training provided across the trust in relation to the Serious Incident Process and shadowing opportunities supported.

Ambitions for 2019/20

- Continued training with the local Coroners for trust senior clinical staff in relation to the Coronial Process.
- Training for the Coroner's in relation to trust processes and investigations ongoing and to include North Cumbria.
- Development of a family liaison post to support bereaved families
- Supporting and providing training via Medical Education for Junior Doctors around the Serious Incident process and Inquests.
- Thematic review of learning to support the Chairing of the SI panel.
- An outline programme has been devised to look at further joint work to follow on from the joint Learning from Deaths with the 9 Northern Mental Health Trusts. This will include thematic reviews of choking incidents, the Royal College of Psychiatrists Mortality Review tool and joint review of the Learning from Death policy.
- A review of the Serious Incident policy in line with the anticipated production of the NHS England revised SI framework.

Complaint and Claim Management

Incident, Complaints and Claims Manager manages the day to day function of complaints and claims team. The team processes all complaints and claims made against the Trust for clinical negligence, employer liability, public liability and property expenses in conjunction with NHS Resolution and panel solicitors DAC Beachcroft. They also deal with ex gratia claims for easily quantifiable damage that does not fit into the other categories; usually missing or damaged property of patients, staff and visitors.

Key achievements in 2018/19

- ✓ The programme of awareness training of the complaint process to trust services.
- ✓ A complaint report has been developed and provided weekly within Business Delivery Group, this includes weekly and ongoing extensions and the rationale for the request.

- ✓ A quarterly quality review of standard complaint responses carried out by the Chief Executive and the Group Nurse Director of Safer Care/Director of Infection Prevention and Control.

- ✓ Regular thematic reviews of complaint information across Locality Care Groups, Clinical Business Units and individual service areas and teams.

- ✓ Strengthened links with other NHS complaints departments by attendance at the Regional Complaints Manager's forum.

- ✓ Supporting the Service User and Carer Involvement Forum with regular attendance and production of complaint information.

- ✓ Devising and embedding a new process for the management of local MP correspondence for complaints, including consent issues in conjunction with the Deputy Director of Corporate Affairs and Communication.

- ✓ Provision of regular information for the Locality Care Group Complaint Leads in relation to complaint investigation and action plans. Resulting in a targeted approach to the timely completion of action plans. Provision of training materials made available to support this.

- ✓ Continued working in conjunction with the IT department on the development of electronic action plans.

- ✓ Development of closer working relationships with independent Complaint Advocates and PALS officers to enhance the complaint process for the complainants.

Ambitions for 2019/20

* Delivery of complaints awareness training for new investigators with the programme updated as any changes are made with any national guidance or local learning.

* Following re-structure, the embedding of a newly integrated team of complaints, incidents, claims and inquest staff to administer the core functions supporting and strengthening the processes.

* To embed the newly devised Standard Operating Procedures for the department specific to Complaint Management.

* Review and update of the Complaint Policy, covering consent in relation to access of patient records in line with the new GDPR regulations, strengthening the persistent and unreasonable complaints process.

* Attendance/participation at the newly formed Northern Region Complaints Forum to share learning and good practice

Section 2
SAFETY, SECURITY AND RESILIENCE

The following functions form part of the operational responsibilities for the Head of Safety, Security and Resilience.

- Incident Management - overseeing the reporting, recording, quality checking and transfer to national systems of 42,000 incidents per year.

- Health & Safety – The Trust has 2 competent safety professionals in the Head and Deputy Head of Safety , Security and Resilience, they support teams to comply with Health and Safety legislation, ensure compliance with Reporting Injuries, Diseases and Dangerous Occurrences Legislation (RIDDOR), and oversee policy support and improvements.

- Central Alert System, co-ordinate the system to ensure compliance with all Department of Health & Social Care, NHS Improvement and Medicines and Healthcare Products Regulatory Agency alerts. To ensure timely response and distribution of all safety related alerts.

- Security Management including lone working – The Trust still maintains 2 accredited security management professionals in the Head and Deputy Head of Safety, Security and Resilience, and they support the Trust to comply with all internal security standards and response to any external requests. Close alignment with the Positive and Safe Team to ensure support for the reduction of aggression and violence across the Trust.

- Policy Management System – The central team co-ordinates over 400 policies and PGNS and 1000 supporting documents within the Trust, supporting authors to review, update, consult and approve their corporate documents.

- Management of the Safer Care intranet site, and dissemination of the Safer Care Bulletin.

- Emergency Preparedness, Resilience and Response – The responsibilities for EPRR have been embedded into the central safety function to further integrate the systems of the Trust.

Key achievements in 2018/19

✓ Full compliance with external incident reporting for patient safety incidents for NHS Improvement, with no concerns identified. Published information shows us no significant change from the previous period, and no under – reporting as a Trust. We are currently showing green across the board for the quality standards of information for our provisional data.

✓ Sign up for the NHS Improvement Development of Patient Safety Incident Management System in September 2018, and successful Beta Pilot in April 2019, becoming the first NHS organisation to submit data into the system. July 2019,

the first NHS organisation to submit incident data through a Local Risk Management System.

- ✓ Review of all Health, Safety, Security and Emergency Preparedness Policies and Practice Guidance notes in line with required dates to ensure guidance available for staff is up to date.
- ✓ Full compliance of the Central Alert System, formal review of policy and distribution lists to maintain safety following clinical transition.
- ✓ Review and renewal of lone working system 3 yearly contract, to secure the best terms for the Trust, including full transition of system to series 8 GPS enabled devices, protecting over 2,000 staff.
- ✓ Piloting and roll out of new lone working on-line portal to become the first organisation in the country to go live in December 2018.
- ✓ Completion of the 2018/19 Security Management Annual Report and submission to Board in May 2019.
- ✓ Completion of Safer Care Intranet page and population with over 12 months' worth of learning, including embedding of Learning and Improvement Group presentations.
- ✓ Embedding of the Trust's Safer Care Bulletin, as a learning and dissemination tool for all clinical and operational services, with over 12 months of learning available.
- ✓ Submission of NHS England Core Standards and Annual Report for 2018 / 19 for Emergency Preparedness Resilience and Response, with no concerns identified.
- ✓ Supporting the pilot for body worn cameras in in-patient services.
- ✓ Review of Trust approach to CCTV systems for in-patient and community services.

Ambitions for 2019/20

- Roll out of Lone Working System to 400 staff in North Cumbria Mental Health & Learning Disability Services from June 2019.
- Full Project initiation plan and support for seamless integration of North Cumbria Services from 1st October 2019.
- Assimilation of North Cumbria Services key safety systems into the Trust from 1st October 2019.
- Full support within Safer Care reviewed structure to support transition.
- Continued support and development of NHS Improvement - National Patient Safety Incident Management System as key pilot area.

* Complete re-build of Trust Local Risk Management System to align with North Cumbria Services and National Pilot go live.

Section 3
PUBLIC HEALTH TEAM

The Public Health Team provides Infection, Prevention Control, Tissue Viability, Medical devices, Physical Health and Public Health and Lifestyle functions to support staff and patients across the trust.

Infection Prevention and Control

The IPC service across the trust is provided by 3 IPC Matron's that ensures the trust meets its statutory requirements and the Health and Social Care Act.

As a statutory requirement, the Director of Infection Prevention and Control (DIPC) is required to provide an annual report IPC Annual Report (Click the link) that includes a summary of activity, provides assurance and developments that took place during 2018/19 relating to Infection Prevention and Control. This IPC report includes lessons learned from the flu campaign. The Infection Prevention and Control team is responsible for the outline delivery of the 2018/19 Infection Prevention and Control Annual Plan.

Key achievements in 2018/19

- ✓ The introduction of the CAFM database has provided a system for all medical devices to be logged providing a streamlined inventory.
- ✓ Reduction in financial costs of hiring specialist mattresses at Walkergate Park Hospital with the purchase of a high specification foam mattress.
- ✓ We achieved a flu vaccination uptake of 76.5% in front line staff, this is our greatest achievement to date.
- ✓ We continue to ensure our patients in clinical risk groups are offered flu and pneumococcal vaccination where appropriate.
- ✓ Clinical staff on wards at Monkwearmouth Hospital were praised for their effective management of an influenza outbreak which affected several patients and staff on two wards.

Ambitions for 2019/20

* Re audit practice around UTI practice and compliance in line with NICE guidance and the UTI PGN.
* Re audit practice around the sepsis tool in line with NICE guidance and the Sepsis PGN.

* Undertake the IPC risk assessments in a rolling programme across the year.

* Reinforce with clinical staff the reporting of infections through the web based reporting system.

* In line with the recent restructure of the Public Health Team, to recruit and embed IPC Senior Nurse Post to support trust clinical services.

Tissue Viability

The trust provides specialist Tissue Viability services in a range of clinical settings. The Tissue Viability Service is currently provided by a Modern Matron and a Clinical Nurse trained in Tissue Viability.

Key achievements in 2018/19

✓ 2018 saw NHSI / NPUAP re-define the criteria for recording and reporting of pressure ulcers nationally. NTW have successfully integrated the suggested changes into our Electronic reporting system, practice guidance notes and patient information leaflets, going live well ahead of the national deadlines.

✓ To support the NHSI / NPUAP 2018 guidance and to reflect the Trusts continued efforts to meet or exceed National pressure ulcer risk assessment time frames and reduce incidents. A robust review, investigation and alert program continues. Monthly data analysis and prevalence trends are reviewed and disseminated to support our goal of zero avoidable pressure ulcers. (We are proud to identify no avoidable Category 3 or 4 pressure ulcers within the trust for the 7th year running).

✓ The team have either as individual practitioners or as a service been nominated for several local, regional or national awards. Although not successful it has helped raise awareness of the specialist nature of our work and their unique challenges. (Patient Safety Awards, Kate Grainger Award, Nursing Times, Journal of Wound care, British Journal of Nursing and our own Staff excellence awards)

✓ 2018 saw the team present at a nationally respected wound care conference and also published in 'Wounds UK' for the first time.

✓ The team have continued to offer both bespoke and topic specific wound care training across the Trust linking in with training and also physical health agendas.

✓ The team have been innovative in developing some new projects, linking in with specialist manufacturing and development companies. This includes development of a 'modular self-harm analogue' to assist with training staff in self-harm injury management (final prototypes are being made and it's hoped to launch during 2019). We are also developing an educational APP to support the identification, management of pressure ulcers.

✓ The team along with colleagues in Informatics are continuing the roll-out of the previously piloted 'Telemedicine, remote review solution'. Walkergate Park and

Alnwood have gone live and the re-launch of the project is underway for Ferndene. This work will continue Trust-wide during 2019/20.

✓ The collaborative work developing a nationally recognised Tissue Viability Competency Tool' [TVLC] has reached it conclusion and it is hoped to be launched nationally during 2019.

Ambitions for 2019/20

* Continued Trust-wide roll-out of the Telemedicine Solution.

* Championing the 'parity of esteem' agenda in respect of access to specialist care providers. This is particularly focused around self-harm injuries and access to mainstream acute care.

* Refine and re-launch of the Trust wide Link practitioner Network. Integration with the IPC and Physical Health link groups.

* To review and support the merger of NTW with Cumbria, identifying barriers and promoters to clients ensuring continued access to specialist Tissue Viability advice.

* Represent NTW at National and local educational conferences, championing issues around wound care.

* Represent NTW and our service by submitting articles for publication that highlight the effective work and issues relating to wound care in a complex care setting.

Physical Health, Public Health and Lifestyle

The Public Health Team centrally coordinate aspects of physical health, public health and lifestyle in respect of health promotion and prevention. The trust wide Physical Health and Wellbeing group is chaired by the Director of Nursing Safer Care that sets the strategic direction for the trust.

Within the team there is a Physical Health Lead Nurse and a Health Improvement Specialist to ensure good quality physical healthcare for patients with mental health, learning disabilities and specialist care needs, vital in reducing the incidence of secondary physical health problems and early death.

Key achievements in 2018/19

✓ The trust recently held its Fourth Annual Physical Health and Wellbeing Conference. Delegates came from a variety of clinical and support groups across NTW, including nursing, medical, allied health professionals and NTW Solutions, as well as external candidates such as GP's and Health Trainers.

✓ The Public Health and Lifestyle group (PHLG) is chaired and led by an IPC Matron to ensure patients have access to screening services and healthy living programmes.

- ✓ The NTW 'A Strategy for Improving the Physical Health and Wellbeing of People Receiving NTW Services' has been developed with an associated action plan for implementation.

- ✓ The Physical Health Lead Nurse (PHLN) has supported the Link Workers, Health Champions and Clinical Trainers in delivering Foundation Physical Health Skills and Alcohol Brief Intervention sessions across the Trust sites.

- ✓ We have provided Health topic awareness sessions to community and inpatient teams, covering topics such as Bowel Cancer Awareness, Diabetes Awareness and Sepsis.

- ✓ The IPC Matron has become part of a regional group focussing on access to the bowel screening programme across all inpatient services in NTW.

- ✓ The PHLG has attended many health and wellbeing events, using a range of interactive models and information to educate both staff and patients.

Ambitions for 2019/20

* Support the development of awareness sessions for oral care and sexual health

* Access to bowel screening in one area of the Trust with further roll out across NTW inpatient services.

* Working with the dietetic service to deliver the "Weight Off Your Mind" strategy across NTW services.

* Support the training team in delivering masterclasses related to diabetes management and neuro-observations.

* STP - (stainability and transformation partnership) leading the Physical Health/SMI work stream.

* NHSI - recently joined the MH SMI collaborative, closing the Gap.

Section 4
SAFEGUARDING AND PUBLIC PROTECTION TEAM

The Safeguarding and Public Protection (SAPP) Team aims to support all trust staff to keep children, young people and adults at risk safe, and to meet its statutory obligations. We promote collective accountability in all that we do, working together to prevent and stop all forms of abuse or neglect happening wherever possible. The SAPP team continually work with partner agencies on a day to day basis to ensure robust safety plans and risk management are in place to safeguard and protect. The Safeguarding and Public Protection service consists of a Team Manager/ Named Nurse, six Senior Nurse Practitioners and a Clinical Police Liaison Lead who bring a variety of safeguarding and public protection expertise, skills and experience. They are supported by the Administration Team Manager and two administration support

officers. The SAPP team produce an annual report that is requested and shared with the Clinical Commissioning Group's and Local Safeguarding Children and Adult Boards to provide assurance of the trusts safeguarding arrangements. The full report Safeguarding Annual Report (Click on the link)

Key achievements

- ✓ Trust Board development sessions; Prevent and Modern Day Slavery
- ✓ Attended Self-assessment assurance sessions is part of the SAB's annual cycle of audit, reflection and improvement.
- ✓ Dedicated SAPP section within Safer Care intranet page.
- ✓ An embedded mental health referral pathway into the trust for Channel Panels in response to NHS Guidance to Mental Health services in exercising duties to safeguard people from the risk of radicalisation November 2017. This pathway enables multi-agency Channel Panels to request directly a timely mental health assessment for people who are not active to trust services
- ✓ Continued support and leadership to Safeguarding Boards during a period of change and restructuring.
- ✓ Prevent training NHS England percentage target exceeded at 96%
- ✓ Member of the newly developed Northumbria CONTEST Strategic Board

Ambitions for 2019/20

- * There is ongoing work within the SAPP team and health partners, exploring a revised process for MARAC meetings. One locality area is currently undertaking a pilot. This pilot will be evaluated in October 2019
- * A trust review of the MASH processes across 7 LA areas
- * To ensure from October 2019 all aspects of Safeguarding and Public Protection arrangements for North Cumbria are in place with effective multi agency working to safeguard.
- * A review of the SAPP front door Triage system including continued increase in concerns raised.

Section 5
NURSING DEVELOPMENT, EDUCATION AND CLINICAL QUALITY IMPROVEMENT TEAM

The Professional Nursing and Nurse Education Team have played a significant role in the delivery of our nursing strategy Delivering Compassion in Practice 2014-2019.

The nursing strategy provides us with a sound and flexible framework to enable the nursing workforce to grow and develop to meet the needs of patients within a changing culture of care provision and economic climate.

The team leads on a number of initiatives covering professional development, nurse education and workforce development and is responsible for clinical placements.

Key achievements in 2018/19

- ✓ We have led on the development of our Nursing Strategy 2019-2024 which we launched at the Nursing Conference in March 2019. The strategy was co-created with service users, carers and nursing staff through discussion, presentation, nursing forums and team meetings.

- ✓ In line with our nursing workforce plan we have worked in partnership with our Nursing Academy and Sunderland University to successfully co-produce and deliver Nursing Degree Apprenticeships for which we received the CEO Award at this year's Staff Excellence Awards

- ✓ Our Nurse Education Forum continues to provide the framework for professional governance and assurance and delivery of the strategic direction for nurse education and training ensuring it reflects changing clinical priorities and models of care in line with the Transformation agenda

- ✓ We have seen the Nurse Leadership Forum continue to develop ensuring nurses voices are heard and inform nursing initiatives; this has included the development of the nursing strategy and development and implementation of the role of Nursing Associate

- ✓ Our first cohort of Nursing Associates have completed the two year programme and we have worked with nursing staff to develop and deliver a comprehensive induction and preceptorship programme. We are also currently supporting the delivery of a second cohort providing peer support sessions to aid role development.

- ✓ We successfully received funding to support the introduction of an Advanced Clinical Practice programme. Aligned to our nursing workforce plan this programme; which we successfully co-produced with Sunderland University will strengthen our clinical career pathways.

- ✓ We have continued to organise our annual Nursing Conference which continues to be well attended attracting national speakers.

- ✓ We co-ordinate the production of the Multi-Professional Self-Assessment Report for the Annual Deans Quality Meeting providing assurance that the Trust meets the standards for training required by HEE and Regulatory Bodies both at organisational and across training placements.

- ✓ To support the expansion of clinical placements and the introduction of new programmes we have provided secondment opportunities to create two new roles. A Practice Educator Support Nurse and Practice Placement Support Co-ordinator, are providing support to individual learners and promoting understanding of curriculum / delivery differences ensuring programmes become well embedded.

Ambitions for 2019/20

* We will support the delivery of our recently launched nursing Strategy 2019-2024 through the Nurse Education and Nurse Leadership Forums

* Support the Trusts recruitment and retention strategy with the implementation of a secondment to the post of Recruitment and Retention Senior Nurse

* Continue to strengthen our partnerships with local education providers to increase numbers of nursing students across our geographical spread and in the co-production of curricula

* Continue to expand access to innovative clinical placements building greater capacity by aligning NMC requirements with internal reporting systems

* Promote a dynamic learning environment which focuses on developing an evidence based culture enabling staff to take an enquiring approach to practice

* Work to provide a three year programme of student allocations for each team, to support clinical groups in discharging their responsibilities in relation to the sourcing and provision of clinical placements

* Support the development of service wide strategies to promote the implementation of the new NMC standards for education and training

* Evaluate the effectiveness of teaching and quality of placements through audit of practice and student evaluation; identifying areas of good practice and professional development needs

* Support implementation of new roles and evaluate both effectiveness and impact on skill mix.

International Recruitment

The international recruiment team has now been established for over one year. It is a partnership with Nursing, Medical staffing,International Agency, NTW Solutions,

Clinical Services,Sunderland University and Safer Care Directorate and this is underpinned by a Project Steering Group. As part of our plan to support the medical and nursing workforce strategy we can report that visits to India to develop liasions and recruit Nurses and Doctors have successfully led to a number of offers of employment using values based recruitment. The recruitment of the staff is having a having a positive impact upon patient care and wellbeing. Ensuring a seamless and safe transition into a new role is a primary objective for the team and this is led by the Senior Nurse, Relocation Officer with support from the team. Relocating to another country is a daunting experience let alone taking up a new role with new systems, processes and a new team. We never underestimate these things and will work with each member of staff on an individual bases and assess their individual needs. Induction to the service is completed in a safe and considered manner. There will be a dedicated mentor / supervisor to support each individual member of staff and regular supervision meetings.

Developments for 18/19

- ✓ We will support the development of Medical staff in completing Section 12 Approved Training at an appropriate point of Induction to service.
- ✓ We will review the effectiveness of induction particularly with Medical Staff.
- ✓ We will ensure there is a robust plan for each Nurse engaging in OSCE preparation.
- ✓ We will evaluate the effectiveness of our achievements by receiving feedback from individual staff who have relocated to the UK.
- ✓ We will ensure that each member of staff has a seamless transition to the UK by continuing to refine our approach to relocation.
- ✓ We will ensure that a dedicated point of contact (from clinical services) begin to communicate prior to relocating.
- ✓ We will learn from others experiences and feed this back to the Project Steering Group to help inform changes in practice.

Clinical Quality Improvement

Associate Director (AD) Safer Care leads on several clinical functions within the Safer Care directorate.

- Non-medical prescribing, the role involves ensuring the good governance of the programme which supports CBU clinicians to be appropriately prepared for the role through training, ensuring qualifications are recorded. Safer Care develops the CPD programme for non-medical prescribers provided in-house. Supporting CBU's to develop their workforce programmes is also an aspect of this programme.
- Approved Clinician programme. The development of non-medical (or 'multi-professional') approved clinicians is an important area of practice development. It supports medical recruitment and offers medical and non-medical staff new ways

of working. Improving choice for patients detained under the Mental Health Act is also an aspect of this programme.

- The care coordination policy has been reviewed and has reduced in volume and complexity. At the time of this annual report it is currently in the trust wide consultation stage and we encourage the submission of comments.

- Schwartz Rounds are now fully established within NTW and the Schwartz team are growing the numbers of qualified Schwartz facilitators and aiming to have ten trust wide rounds each year.

- RIO Clinical recording developments sits within Safer Care and a co-lead in the 'Creating Capacity to Care' working group, with a significant expectation to lessen the burden of clinical recording whilst simultaneously promoting best practice in clinical recording. This group has moved to a position whereby we are developing alternative tools and testing potential clinical impact.

- The NTW community matrons continue to be aligned to the locality CBU's and have a particular focus on practice development within their respective localities. They are managed within safer care and continue to make an active trust wide contribution e.g. through attendance at Serious Incident panels. The community matrons are undergoing a re-focussing exercise in order to enhance the role clinically.

Section 6
STAFFING SOLUTIONS TEAM

Staffing Solutions is a one point service that supports operational services with temporary and flexible staffing needs. It incorporates Nursing, AHP, Psychology and Admin banks and offers a timely solution to short term staffing issues. In addition to the banks the Staffing Solutions team also support the flexi pools that operate within each of the three localities

Staffing solutions role is to effectively manage the deployment of temporary staff so that they can help to create clinical capacity by taking on the administrative burden from ward and team managers

The SMART system is used to request, allocate and approve assignments and bank members are notified of vacant shifts and can express their availability via an SMS system.

Average bank and agency fill rates are 75% - 80%.

One of the key roles of the professional nursing lead within the Staffing Solutions team is to ensure our temporary staff are competent, have access to all relevant training and can deliver safe and effective care to our patients. Any bank workers who do not have up to date training compliance are contacted by email or telephone to remind them of the need to keep training up to date before being allowed to take up any future work assignment.

Safer Staffing Team

The Safer Staffing team are responsible for ensuring all relevant information such as acuity, staffing levels and Care hours Per Patient Day (CHPPD), are gathered from clinical areas in the most timely and least bureaucratic way. The purpose is to assist both the local services and the wider Trust to understand the context and narrative around what is actually happening on the ground within individual wards and teams. Their role is very much to support and work with clinical services to understand and report any exceptions and provide a governance and assurance framework to the Board, Locality teams and other key stakeholders.

The Safer Staffing team also act as a conduit between national initiatives and local services such as the work emanating from the Carter Review of Mental Health and Community Services.

Key achievements in 2018/19

- ✓ Standard Operating Procedures operating across all banks
- ✓ Information hub for internal and external workers developed and is available vi the intranet and internet web page
- ✓ Staffing solutions team involved in resource planning meetings across localities and developing more interactive networks with clinical services
- ✓ "one point" service developed for all banks and flexi pool bookings
- ✓ 93% fill rate on active bank requests

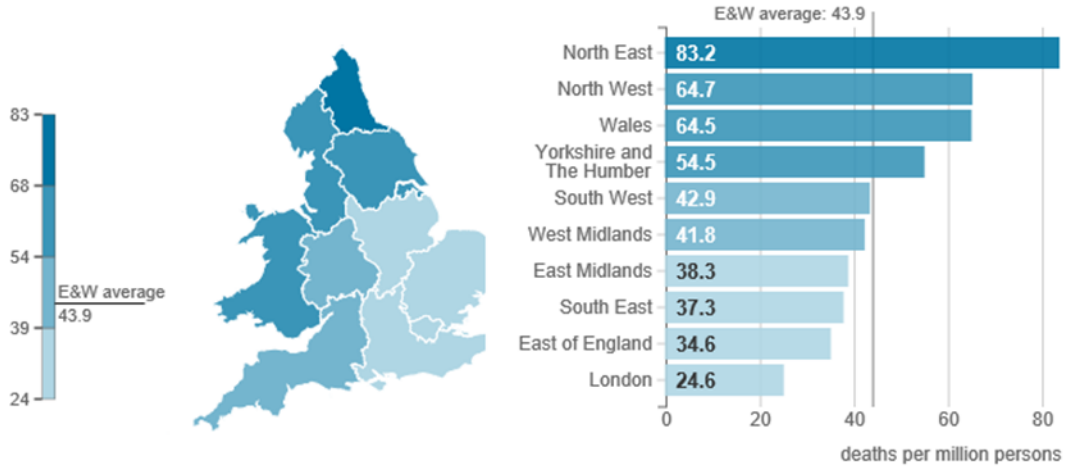
Ambitions for 2019/20

- Overseeing the smooth transition of the Flexi pools back to clinical localities
- Assisting CPFT Mental Health to book and allocate Cumbrian bank staff in a more timely manner.
- Incorporating all CPFT bank workers onto our system by 1 October 2019

Section 7
TREATMENT EFFECTIVENESS AND GOVERNANCE

Overview

Drug Related Death (DRD) has continued to increase year on year since 2012 and continues to be at its highest reported levels since records began in 1993. Statistics for 2017 (ONS, Published 2018) demonstrated this increase but also that the North East was almost double the England/Wales average;



Source: Deaths related to drug poisoning in England and Wales: 2017 registrations

With recent media reports of a significant rise in Scotland, we are anticipating that official statistics from ONS (Office of National Statistics) due next month will continue this concerning trend.

Key Achievements in 2018/19

Drug Related Death / Incidents

- ✓ To support the reduction of risk of DRD and improve the physical health of service users in addiction services, a research pilot was established to identify service users who are physically compromised due to undetected/untreated respiratory illness.

  This service was developed as a pilot in Plummer Court in partnership with NUTH and CCG and has to date seen in excess of 60 patients, all with clear respiratory disorder, many of whom were either undiagnosed, un-treated or undertreated.

  This work has been presented at Regional Respiratory Events/Forums and has developed significant interest from other areas.

  The pilot is currently being evaluated.

- ✓ In line with previous learning around the impact of trauma on DRD, a programme of training around 5Ps +Plan and Trauma training is currently being rolled out to addiction services.

- ✓ Naloxone is a non-prescription, injectable medication used to block the effects of opioids in overdose. NTW offer Naloxone to service users, their families and hostels **Take Home Naloxone** for use in emergency situations in the none-clinical setting where opioid overdose is suspected. Naloxone distribution across NTW addiction services has continued to rise with **804** Naloxone distribute in 2018-2019.

- ✓ Production of two 7 minute briefings – Drug Related Death and Alcohol Pathways

- ✓ Production of Addictions Strategic Clinical Network Update to disseminate key information, intelligence, training dates and lessons learnt – first update published April 2019

Learning Lessons

- ✓ Continued use of a central repository to store all information for addiction staff – Addictions Optimisation Recovery Map – an intranet based site where all current evidence, processes, checklists etc. are stored to ensure staff have the right information at hand when they need it and organisational memory is retained.
- ✓ Continued quarterly reports to CBUs and commissioners to support understanding and learning alongside identification of themes
- ✓ Continued identification of lessons learnt within Addictions and also identification of learning in relation to external factors
- ✓ Significant learning in the last 12 months shared with all staff around;
    - Prison releases
    - Community Pharmacy
    - Hostel Deaths
    - Mental Health
    - Benefits system
- ✓ Continued engagement with partners and external agencies to highlight lessons learnt and improve pathways/provision
- ✓ Continued learning around trends in use – particularly the availability and impact of gabapentinoids and illicit Xanax in the last 12 months – information and intelligence shared with all services.

Training

- ✓ Bespoke training both internally and to partner organisations in relation to addictions has continued this year including;
- ✓ International Treatment Effectiveness Programme (ITEP)
- ✓ Naloxone (to NTW staff and Local Authority hostel staff)
- ✓ 5Ps Plus Plan and Trauma Training
- ✓ Continued provision of the ABC programme – a course which people can attend after arrest if the trigger offence was Drunk and Disorderly (mirroring speed awareness).

NTW

- ✓ Provision of clinical lead to the Addictions Strategic Clinical Network, Launch Event held and action plan formulated across the 3 CBUs
- ✓ Representing NTW on the NHS Substance Misuse Provider Alliance, a national organisation of NHS providers of drug and alcohol treatment services
- ✓ Support to CBUs in exploring feasibility and subsequently tendering for new/existing services – Newcastle Addiction Service have recently submitted bid under re-tendering arrangements
- ✓ Engagement with NTWs international developments/training

Consultancy

- ✓ Alongside Membership of National PHE Opioid Good Practice Working Group, to support the development of guidelines for clinical services, NTW are also members of National PHE National Intelligence Network on Health Harms.

Research

- ✓ As well as being involved in research around the use of Stimulants (ATTUNE) and Minimum Unit Pricing for Alcohol (MUP), NTW are also one of four services nationally engaged in a clinical trial in relation to Injectable Buprenorphine (EXPO).

Ambitions for 2019/20

- ∗ Changes to the Newcastle provision under re-tendering arrangements, currently awaiting outcome
- ∗ Sunderland (Wear Recovery) due to undertake re-tendering process in the next few months
- ∗ EXPO Clinical Trial on Injectable Buprenorphine to start August 2019
- ∗ Training for School of Dentistry in 2020

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 7th August 2019

Title and Author of Paper: Safer Care Q1 Report

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

This is the first version of a significantly revised Safer Care report, as discussed when the previous quarter's report was presented at Board. It also takes into account guidance on the requirements of Board reports. This version is shorter, focussed on key metrics (such as those which are reported outside of the Trust), and more visual in format. The narrative "points of note" have been added by leads in the relevant area and provide an analysis of the data while also highlighting other key points the Board needs to be aware of.

This version contains less raw data than the previous report. Additional data can be provided on request. The Board is requested to reflect on the report and advise it they would like to see additional sections or data routinely included in future versions.

From 1st October 2019 data will be collected from additional services in the North Cumbria locality. This will impact on future reports from Q3 when a notable increase in reports is anticipated.

Risks Highlighted to Board:

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Approval and support from the Trust Board to the 2019/20 flu campaign

Link to Policies and Strategies:

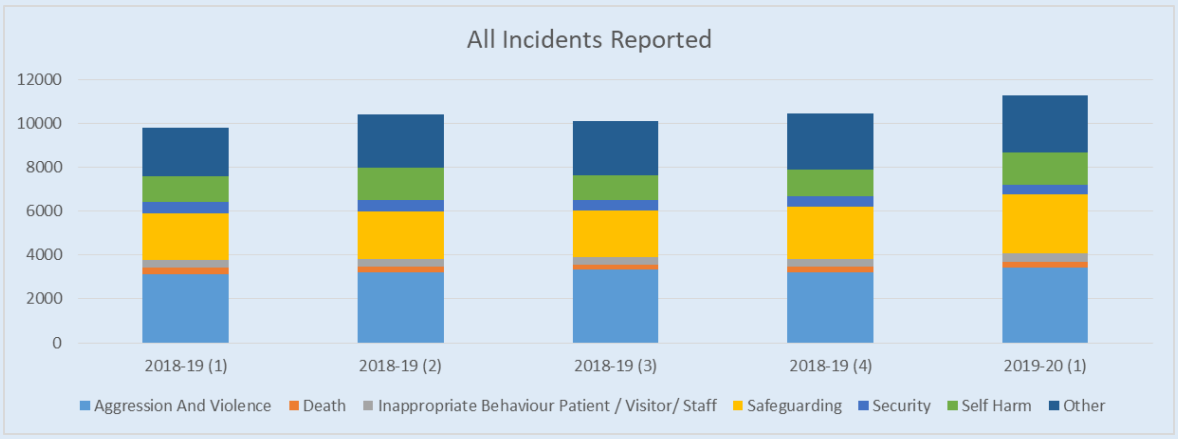
NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

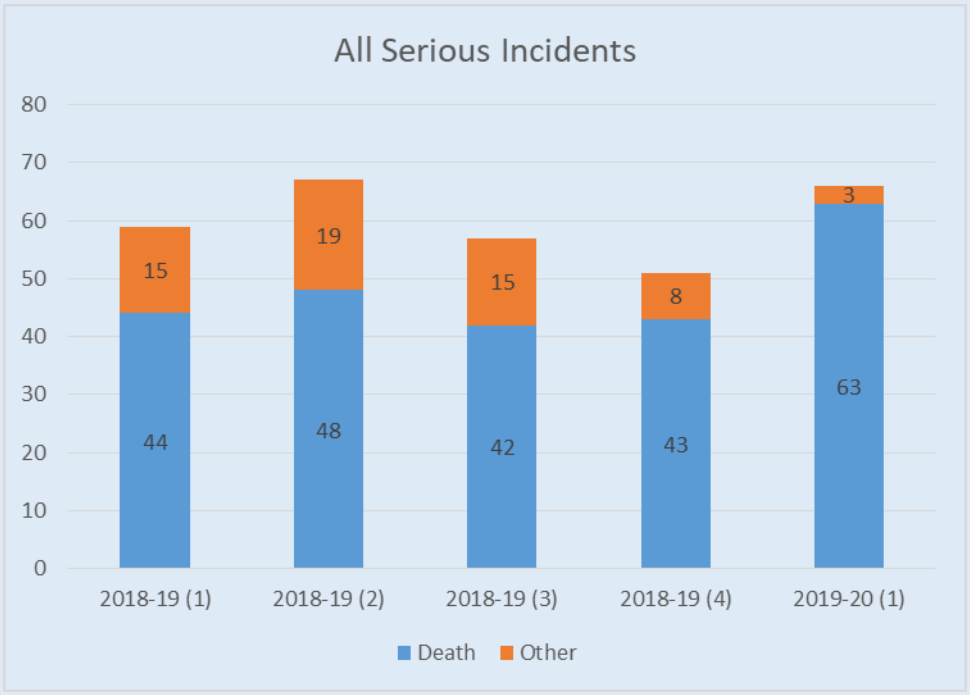
Safer Care Report – Quarter 1
July 2019
Reporting Period: April to June 2019

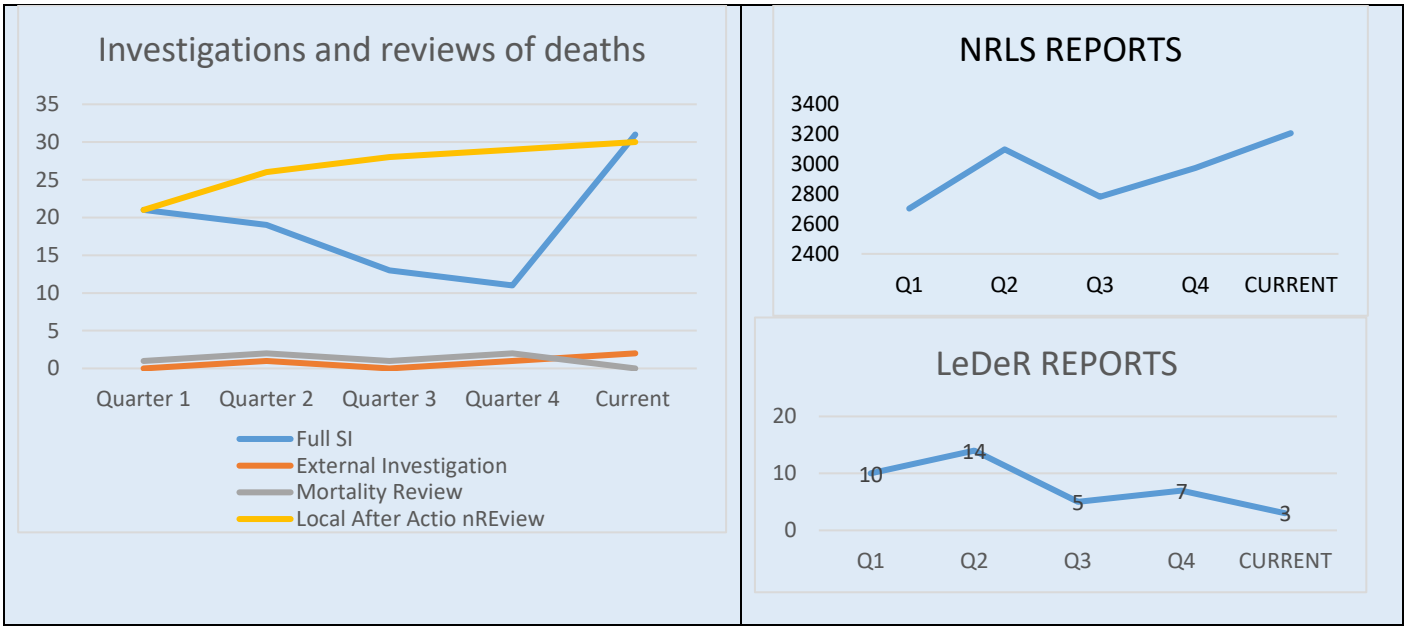
Caring | Discovering | Growing | Together

CONTENTS

Section 1: Incidents, Serious Incidents and Deaths.







Points of note:

The number of deaths reported have seen an increase in this quarter compared to the previous 12 months. This follows the increase noted in deaths relating to addictions and is also of note nationally.

In previous quarters there had been a decline in the number of incidents reported that were investigated as full SI reviews. There was no identifiable reason for this decline in incidents not meeting the criteria for full SI review, but peaks and troughs in activity are not uncommon. This quarter has seen an Increase in incidents meeting the criteria for full si review and this is apparent in the graph above.

Incidents meeting the threshold for mortality review have continued to decline this quarter is following NTW's adoption of the Royal Collage of Psychiatrists Mortality Review Tool that has altered the criteria for review of natural cause deaths.

Deaths reported to LeDeR for investigation have dropped in the current quarter and considerably in comparison to quarter 2. There is no rationale for this at this point in time.

Two homicides wherby an NTW service user has been charged as the alledged perpertrator have occurred this quarter. Both sre subject to full NTW serious incident reviews with external investigationg officers leading the reviews. These two incidents along with two previous reported homicides are currently the subject of a thermatic review by Patent Safety at the direction of BDG Safety.

A thermatic review of deaths in the northumberland area was carried out at the direction of BDG Safety after concerns were raised about a possible increase in deaths of young people in that area. The Thermatic review did not highlight any concerns or significant increase.

Several of the dedicated Investigating Officers based in sfaety have attended training in Human Factors investigations in June. The training was delivered by members of the Health Service Investigatory Branch HSIB.

Section 2: Positive and Safe Care

	2015/16	2016/17	2017/18	2018/19	2019/20 QUARTER 1	Year-end forecast
Restraint	8782	7905	8004	6726	2050	+12.14%
Prone restraint	3198	2393	2084	1969	604	+13.10%
Seclusion	2006	1410	1214	1282	454	+30.56%
Assaults on Staff	3715	3815	3759	3085	972	+16.16%
Mechanical Restraint Use	371	433	141	294	154	+93.12%
Self-Harming Behaviour	4555	6370	4898	4998	1574	+16.11%
Violence and Aggression	12543	12303	13413	12859	3682	+5.57%

Points of Note:

Increases in data and forecast position are currently being analysed and although initial analysis suggests a small number of patients in certain areas are creating these trends, further work is underway to identify differences between like for like services where incident data is significantly different.

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

The cohort model continues to provide continuous improvement and focus on teams and service action plans. Continued support and input from service users has been positively received. Senior formulating staff, mostly medical, attended a Positive and Safe CPD day and gave excellent feedback.

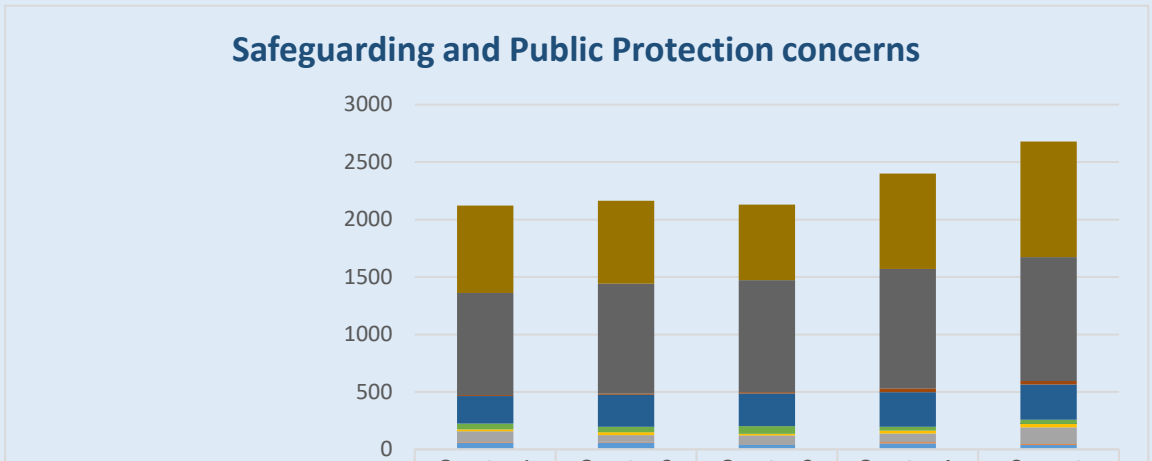
Several abstracts have been prepared in preparation for the upcoming international managing violence and aggression conference in OSLO after successful presentation in Vienna, Work has also been presented to a number of audiences locally and nationally by the team, including the Welsh government and various branches of CQC.

Service evaluation and research is an important part of the duties given our size, expertise and relationship with external bodies. We are planning to prepare director level insight reports. A nurse specialist is being supervised by Dr Reid through a service evaluation to look at variance between groups and potential systemic causes of that.

The ‘Safety Huddle’ pilot has now started on 3 adult acute wards. These are short ward based briefings, uniquely involving separate staff and patient huddles, to maximise ward safety.

The sleep well pilot is coming to an end. Results to be presented at BDG imminently, with very positive feedback from carers and service users. The Trust will be piloting the Oxehealth digital care assistant in 3 wards later in the year, the technology allows for enhanced observation of patients in bedrooms reducing the need for staff to enter by using advanced motion detection technology , the system will also monitor breathing and pulse remotely whilst the patient is in their bedroom

Section 3: Safeguarding & Public Protection



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Current
Safeguarding Children - Concerns	761	721	658	832	1007
Safeguarding Adults - Concerns	887	954	975	1039	1077
PREVENT	10	13	11	32	32
MARAC	238	278	283	302	307
MAPPA	50	48	69	32	35
Emotional / Psychological Abuse	0	0	0	0	1
Safeguarding Children Patient On Patient	18	24	12	27	29
Safeguarding Adults Patient On Patient	94	57	75	73	146
Safeguarding Children - Staff Allegation	6	6	3	11	8
Safeguarding Adults - Staff Allegation	57	61	44	53	38

Points of note:

The trust safeguarding and public protection concerns reported continue to increase. We are awaiting the 18/19 information of national safeguarding data however we are mindful 17/18 data identified that the North East experienced by far the highest number of concerns and enquiries per head of population, with 1,596 concerns per 100,000 people, compared with an England average of 902.

In respect of the continued increase of concerns reported the SAPP team are to undertake a review of the "triage" front door system to ensure it is continuing to meet the needs of our clinical services to safeguard and protect service users.

Northumbria Police are currently reviewing the MARAC meeting process with 3 of the 6 LA areas we serve introducing weekly MARAC meetings from fortnightly due to the numbers of domestic abuse incidents reported.

The Associate Director and SAPP Team Practitioners have developed multi agency relationships and an awareness of safeguarding activity and processes with North Cumbria multi agency

partners including: Police Leads for Prevent, MARAC and Neighbourhood Policing for North Cumbria. CCG Designated Nurse for Safeguarding and Local Safeguarding Arrangements.

Section 4: Infection Prevention Control & Medical Devices

Note: *Quarter 1 and Quarter 2 safer care reports will not include information pertaining to Influenza vaccination targets and uptake. Vaccinations will only be received into the organisation at the end of Quarter 2 (September 30th). Quarters 3 and 4 will contain influenza information.*

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	**1** (target 0)	**9**

Points to note:

A patient with confirmed C. difficile infection was treated with appropriate antibiotic medication. A route cause analysis failed to determine the possible cause of the infection, the patient made an uneventful recovery.

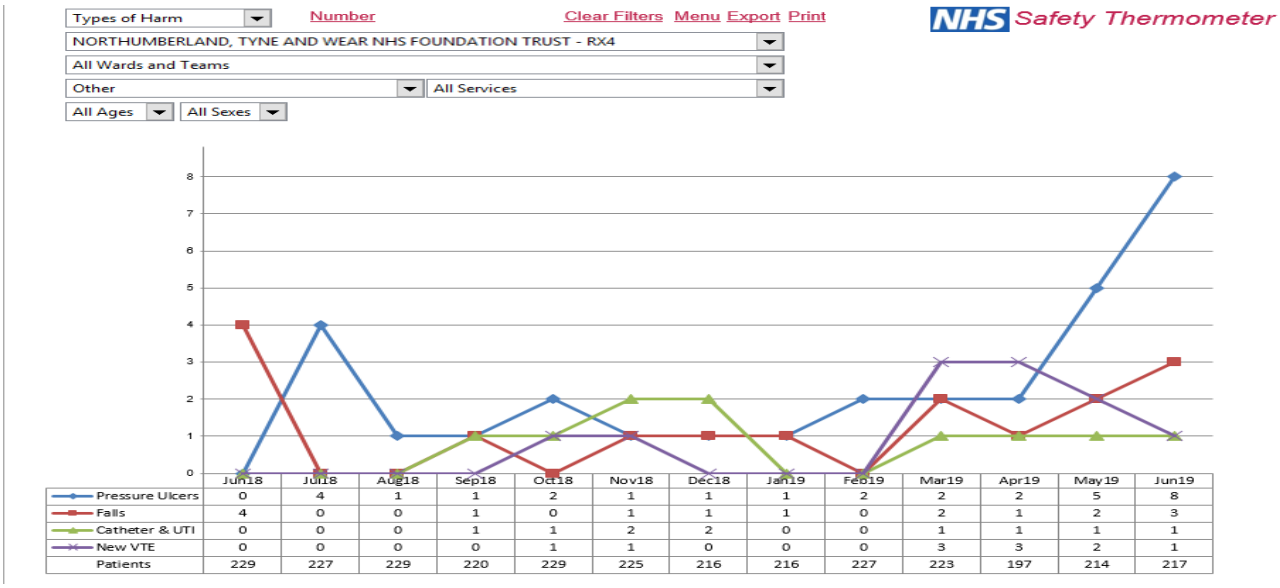
No harm resulted from the 9 medical devices incidents and all issues have subsequently been resolved.

The IPC and TVN Matrons have been working with peers in North Cumbria to ensure the smooth transition of Medical Devices, routine reporting of incidents and preparation for Flu Campaign 2019

Section 5: Harm Free Care - Safety Thermometer / Mental Health Safety Thermometer.

The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Data are collected through a point of care survey on a single day each month on 100% of patients. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.



	Jun18	Jul18	Aug18	Sep18	Oct18	Nov18	Dec18	Jan19	Feb19	Mar19	Apr19	May19	Jun19
Pressure Ulcers	0	4	1	1	2	1	1	1	2	2	2	5	8
Falls	4	0	0	1	0	1	1	1	0	2	1	2	3
Catheter & UTI	0	0	0	1	1	2	2	0	0	1	1	1	1
New VTE	0	0	0	0	1	1	0	0	0	3	3	2	1
Patients	229	227	229	220	229	225	216	216	227	223	197	214	217

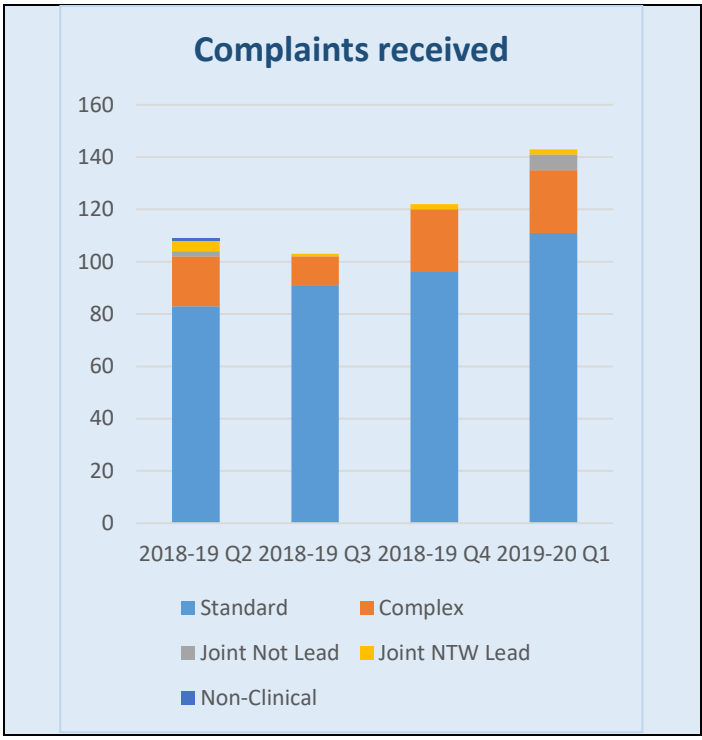
Point of Note:

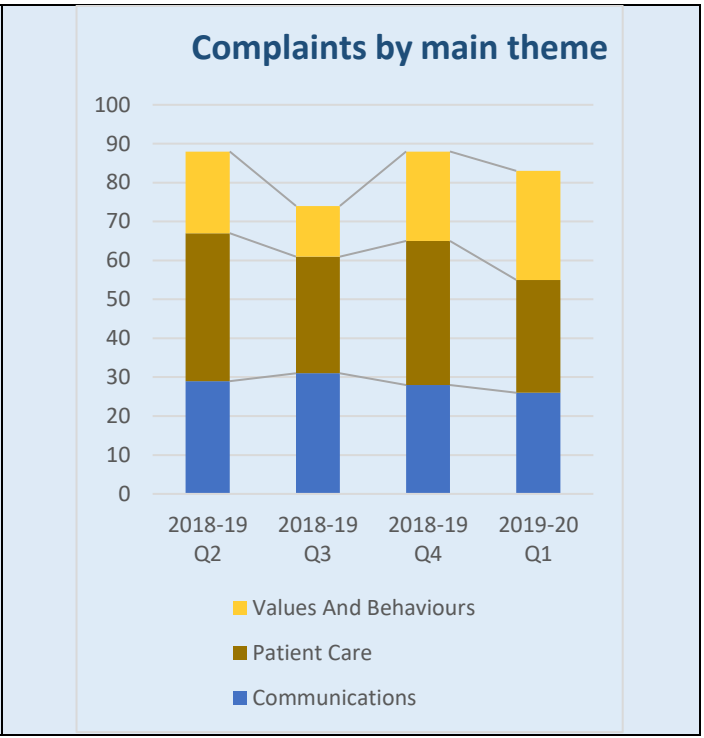
Data related to both pressure ulcer and VTE are monitored across the Trust via safety thermometer but also reviewed daily via the Tissue Viability team who support, treat and where appropriate investigate all suspected and confirmed incidents. This includes completion of After Action Reviews (AAR's) for all confirmed DVT / PE.

It is worth noting that in those clinical areas where extra training and development of link practitioners has taken place early identification of at risk patients, prompt investigation and timely interventions and provision of prophylaxis has seen patients identified with DVT all make a full recovery.

Pressure ulcer incident data has identified an increase in reports since the formal launch of the new NHSI Category changes introduced into the Trust in Oct 2018 along with heightened vigilance and reporting Trust wide. AAR's are completed for any confirmed Cat 3 or 4 or Unstageable ulcers and where appropriate escalated to SI.

Section 6: Complaints Reporting & Management





Points to note:

Complaints have increased slightly this quarter, most complaints continue to be triaged as standard with a swifter response for the complainant. Joint investigations where NTW are the lead have increased that may relect the complexites of the patient group and the multi-agency approach to care.

The themes of complaints remain very much the same across the quarters, however to note complaints are very individual and the category Patient Care covers numerous issues/concerns.

Communication appears quite static, but does feature in most complaints in some form however is not neccesarily logged as the main concern.

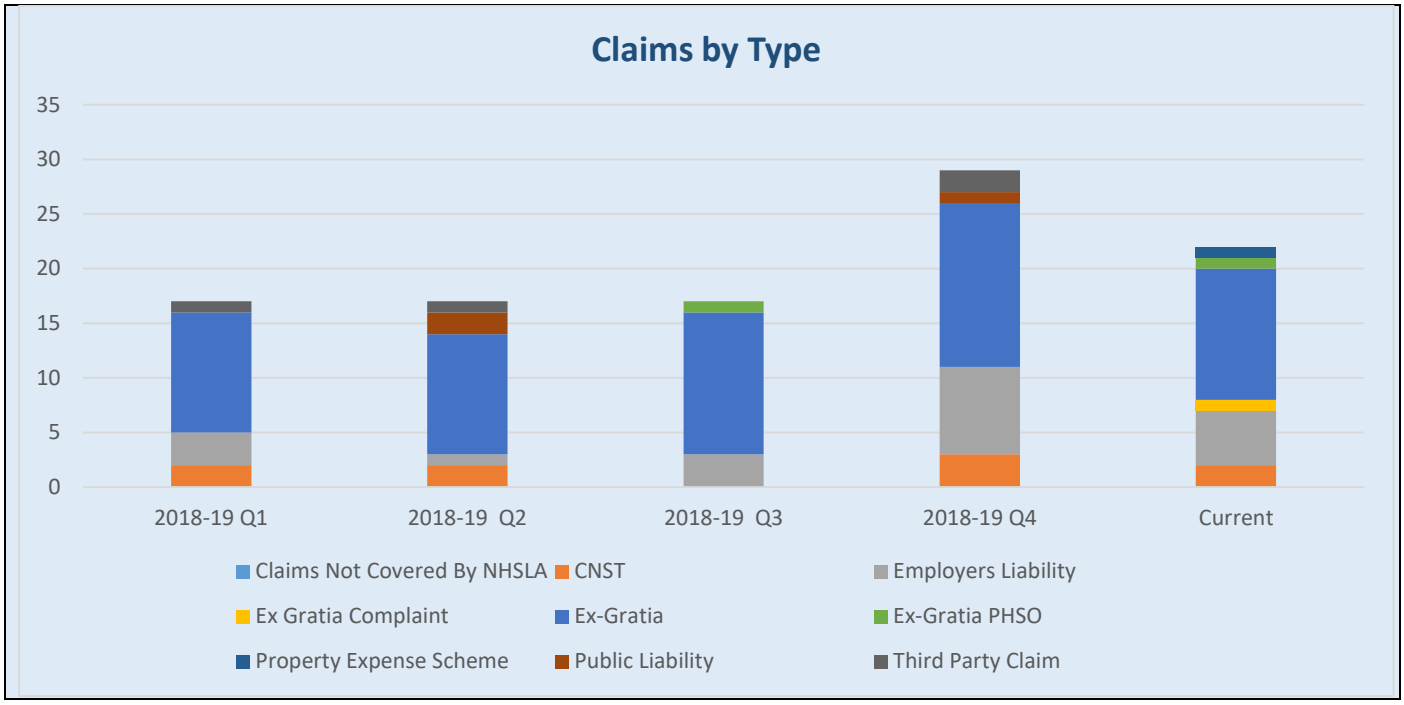
Parliamentary and Health Service Ombudsman – Current Position

North Locality Care Group (9)	2 final reports received – 1 not upheld / 1 partially upheld
	7 preliminary enquiries
Central Locality Care Group (8)	2 requests for health records
	4 preliminary enquiries
	2 intention to investigate
South Locality Care Group (8)	2 requests for records
	1 draft report received – partially upheld
	5 preliminary enquiries

Complaint Compliance Rates

April 2019	88%
May 2019	82%
June 2019	85%
Overall compliance for Quarter 1	**85%**

Section 7: Claims



Points to note:

The notable differences this quarter are the inclusion of an ex gratia complaint/claim,an ex gratia payment as advised by the PHSO following a review of complaint management, and the property expense scheme.

The numberes are notably lower than Q4,but similar to Q1 and Q2.

Northumberland, Tyne and Wear NHS Foundation Trust

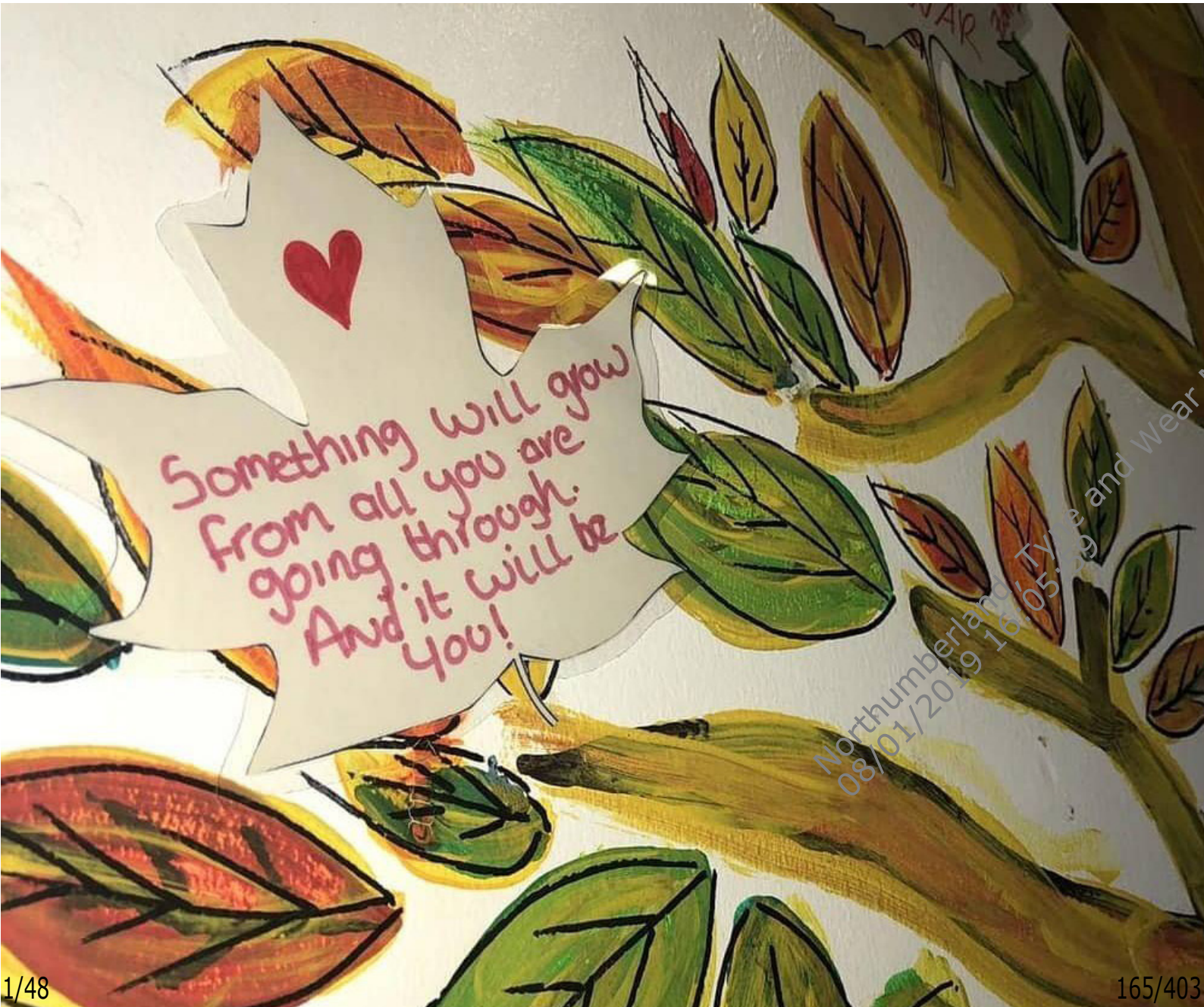
Board of Directors Meeting

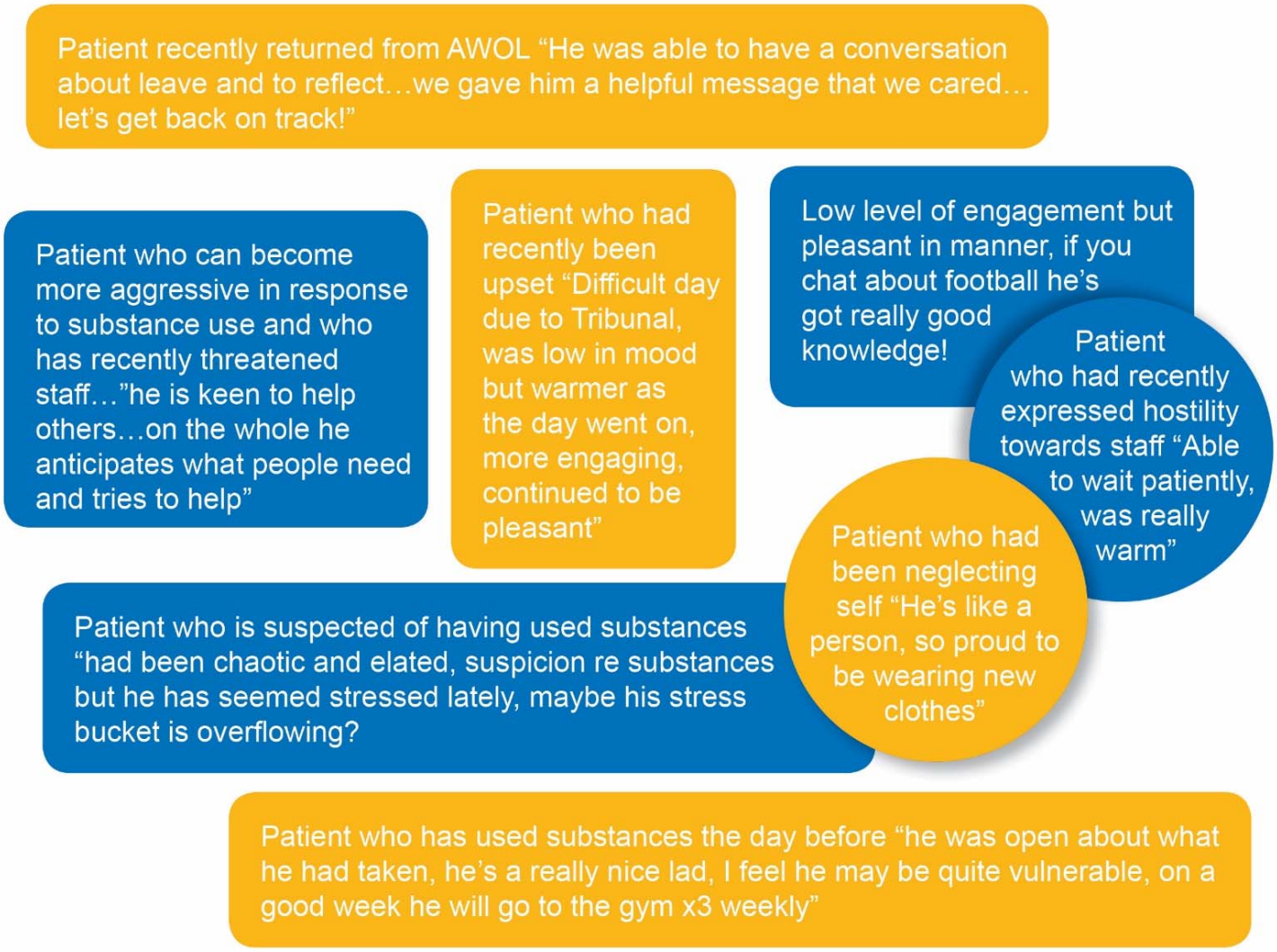
Meeting Date: 7th August 2019
Title and Author of Paper: Positive and Safe Care Annual report 2019
Executive Lead: Gary OHare, Executive Director of Nursing and Chief Operating Officer
Paper for Debate, Decision or Information: Information
Key Points to Note: The Positive and Safe team are pleased to present its third annual report to the Board of Directors. The report reflects a wide range of activities and service improvement initiated by clinical teams across the Trust designed to reduce the use of restrictive interventions.
Risks Highlighted to Board : None
Does this affect any Board Assurance Framework/Corporate Risks? :No Please state Yes or No If Yes please outline
Equal Opportunities, Legal and Other Implications: none
Outcome Required: continued support for Positive and Safe Strategy
Link to Policies and Strategies: Positive and Safe Strategy

Talk 1st
Positive & Safe Care

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Positive and Safe Care Annual Report 2019





Positive words from Newton ward daily review

Positive and Safe Care Annual Report 2019

Foreword

It is a pleasure to be introducing this annual report. The best outline of Positive and Safe Care (P&S) can be formed by following three questions. Is P&S our problem? Does it work? What shall we do about it?

Is P&S our problem? It certainly is. We all come into health services to care and restraint is never our aim. NTW had cause to reflect when, in 2013, we contributed to MIND's Freedom of Information request regarding restraint. We had high reported figures. The size and complexity of our services, often caring for patients with needs that cannot be met elsewhere, and our good reporting culture were important factors in this. Those contextual issues remain. We have fulfilled a duty to reduce restraints by improving other things. "Seni's Law", the Mental Health Units (Use of Force) Act 2018, now formalises that duty and supports it with requirements to have, own and report on a violence reduction strategy.

Does P&S work? It appears to. P&S is working for us. Patients and staff report changes in culture, more pleasant working, and a sense of ownership. The evidence base for our clinical interventions is good, but Trust data show that all nine counts of restriction and risk that we committed to measure from 2015 have reduced in frequency since. These are reductions in the order of a third of two fifths for rapid tranquilisations using injection, for mechanical restraint, prone seclusion and assaults against staff. I feel that our care in 2013 and since has placed us ahead of many organisations in our response to Seni's Law.

What should we do about P&S? More of the same, and some new things. We have applied a broad based strategy, based on a public health model. Staff have engaged using Talk 1st. We have continued a diligent and ethical reporting culture. We have encouraged decision making at the right levels. Building works, commissioning arrangements, training, handovers and recruitment all influence violence and restraint. At the most obvious level, again and again we see the human relations between staff, service users and carers that provide the safe and effective context for all our care.

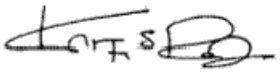
One deeper question related to this is, who are we? Each profession also has its unique gifts to add, supported by hospital leadership and governance.

The longer we work in P&S the more we see that patients recognise the need for skilful tertiary interventions. We cannot overemphasise that patients and carers are centrally important in all of the successes we have had, very much part of our team to reduce violence. Or, from a different perspective, violence reduction must not be a competitive activity to be held between trusts. There is a regional "us", a national "us" and a professional "us" in this endeavour. NTW are proud this year to have done our share in these arenas.

NTW have helped write national guidance on training with BILD, developed reporting with the CQC, and guidelines for violence reduction strategies with DoH. We have been asked to demonstrate good practice related to our dashboards by the Mental

Health Benchmarking teams at DoH. Within the trust we are carefully applying the evidence for SafeWards, StarWards, and other interventions beyond their home ground of general adult wards, successfully adapting the interventions for all our patient groups and next year into the community.

Finally our success, size and institutional reach give NTW a duty to be innovators. We are part of community which extends into the future. We are contributing a legacy of innovations which we hope will help everyone years to come. This year, new forms of incident analysis, body cameras, Sleep Well and numerous day to day innovations made at ward level have been learned and shared.



Dr Keith Reid, Associate Medical Director, Positive and Safe Care

Looking to the future: Goals and Innovations

The silhouette that is cast on the facts in this report by the values, hope and skill of all involved is inspiring. However, it would be unwise to stop doing new things, as we said in the foreword.

One important role of the P&S team is to foster innovation in restraint reduction. The Trust's size and relatively good reporting culture, initially noted in the context of high restraint figures, continue to create a duty to add to the state of the art. We are now seen nationally as an exemplar of good practice and continue to present our ideas and techniques to CQC, local trusts, universities, governmental and similar bodies at their invitation. This brings new ideas back to us, which we can then apply.

Regarding innovation in a strict research and development sense, as well as the body camera and Sleep Well projects, we have numerous smaller projects in development or well under way. These are generally about "people" or "concepts."

The concepts work stream is all about applying new concepts to conflict resolution. We are actively working and submitting abstracts regarding economic, statistical and data management ideas, and therapeutic approaches such as mindfulness.

The people side is about working with a very large spread of people to add their insights to our work, or to offer them help. Seen vertically the span includes group directors, the board, CQC, Parliament, up to our newest and most temporary staff or most impaired patients. Horizontally we are extending into new subspecialties and clinical areas.

These include the community teams, work has begun to replicate Talk 1st there. We are applying P&S skills with better adjustment and knowledge of patients groups such as those receiving care from older adults' services, substance misuse or having metabolic conditions. The substantial challenges presented by giving effective and safe care for people with communication and cognitive difficulties is an ongoing area of development, as and usual the best ideas come from the shop floor in places like the PICUs, CYPS, learning disability, autism and older people's services. We invite anyone with new ideas to contact us and we will help take them forward.

We would like to thank all of the patients, staff and carers of NTW who have made the last four years a success in terms of our shared aims.

Positive and Safe Team

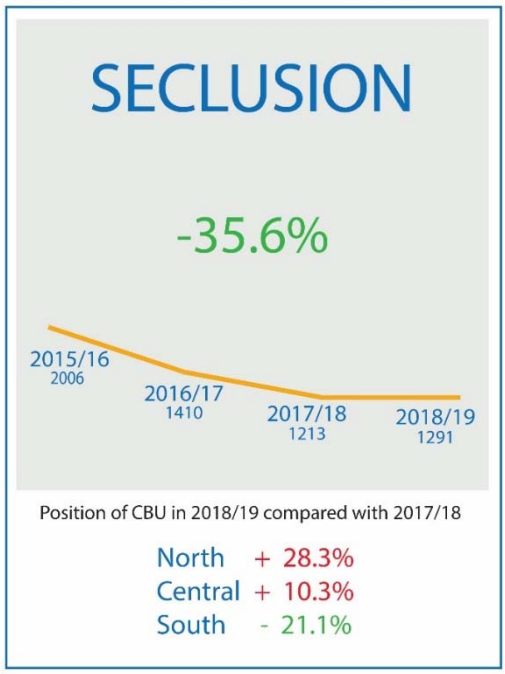
Restraint across the Trust is significantly reduced since the commencement of the Positive and Safe strategy. There continues to be variance at ward and team level as well as continuing to monitor like for like services variance. The Positive and Safe Care team continue to work closely with all teams. Increases are recorded in CYPS and acute services in the north CBU, this is a small change.

The results since the implementation of the Positive and Safe strategy are encouraging with a notable decrease of the use of prone restraint across the trust. The team will continue to focus on the reduction of this intervention, with additional strategies planned, working closely with our colleagues in NTW Academy.

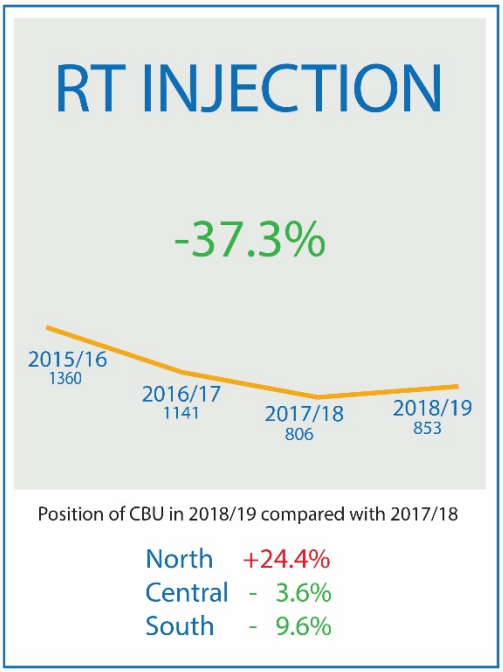
Increases in the use of prone restraint are evident at Ferndene, a small number of young people make up the majority of the incidents recorded.

There is a significant reduction in the use of MRE (mechanical restraint equipment) in the four years since the implementation of the Positive and Safe strategy. MRE use has increased within autism services, forensic learning disability and tier 4 CYPS services.

The trend for MRE use is predominantly for the safe movement of individuals, i.e. general ward area to seclusion, court appearances and external appointments.



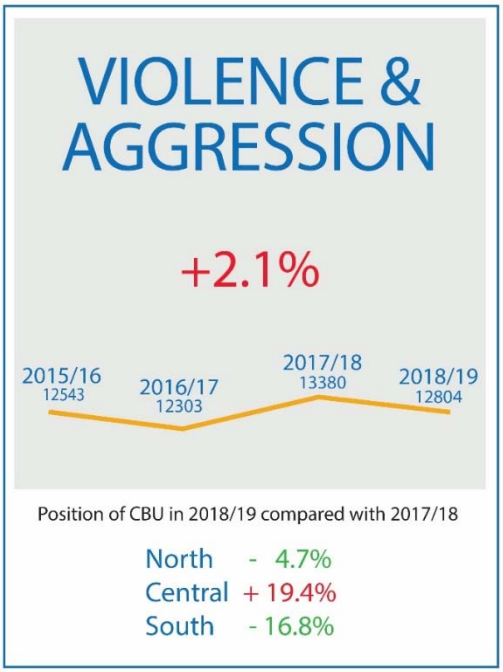
There is a cautious welcome reduction in the use of seclusion across the trust.



There has been a large reduction recorded in the use of rapid tranquilisation injections. Some tier 4 CYPS services within Ferndene have recorded an increase in the period of 2018/19, there is similar trend in older people's services in the north and central CBU's.

Oral rapid tranquilisation now sits outside of the Trust's rapid tranquilisation policy. We do however continue to monitor the use of this type of intervention. There has been very little difference across the four year period.

There is a small increase across the Trust as a whole. The increase in the last year has largely been due to better reporting by our community teams as well as a rise in personality disorder secure services and female rehabilitation in the south.



Activity remains high in autism and CYPS services. It should be noted that this includes a very broad range of incidents. Reporting of violence and aggression has remained broadly static over the four year period.

A welcome set of results for assaults on staff, with a reduction for the second year in a row and a marked reduction over the four years since the Positive and Safe strategy was implemented. It should be noted that there are area of variance, significant work is ongoing to further reduce staff assault.

Sleep Well pilot project

Normal sleep in terms of total hours asleep, the timing of sleep and the quality of sleep is vital for normal brain function and physical health. Sleep regulates mood. Disturbed sleep can cause distress and worsen mental and physical health. It can also lead to aggression and behavioural disturbance. In addition, sleep disorders such as sleep apnoea are also common in those with mental health problems and can impact memory and metabolism. It is widely recognised that sleep disturbance is under diagnosed.

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 lasts for six months. Seven wards link 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 NTW inpatient units.

The aim is that the detection and appropriate management of sleep disorders will become a routine part of inpatient care. There are several assessments that are utilised.

Service users are assessed for their suitability to be included in the pilot dependant on the MDT assessment process. The following seven wards were deemed suitable for the pilot which include in the north Kinnersley and Newton Ward, in the centre Lowry Ward and Collingwood Court, and in the south Roker, Longview and Ward 3.

Developing night time routines and appropriate responses to night time wakefulness and the considered use of hypnotics. The Sleep Well project is being supported by Kirstie Anderson, Consultant Neurologist and Sleep Specialist.

Access to outdoor light for one hour per day improves sleep similarly darkness at night is important. The pilot will include ideas for the Estates department to consider, for instance, the use of internal or external blinds.

Opportunities to reduce noise are taken. This may require a cultural shift, altering communication, using non-ringing ward phones at night, offering wireless headphones for service users and/or appropriate footwear at night.

During this period there has been a change to the current policy regarding night time observations to avoid hourly observations at night as a routine on the pilot wards.

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

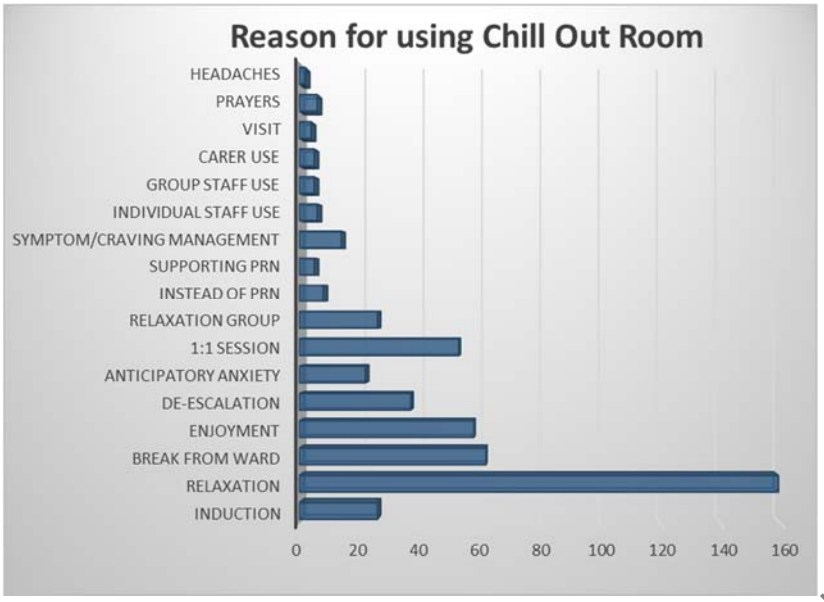
The group is currently exploring digital technology to further support the six hours protected sleep period to a wider range of service users.

Use of sensory strategies across the Trust

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. All resources are low budget, making the strategies accessible for people once they have moved on from hospital.

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.

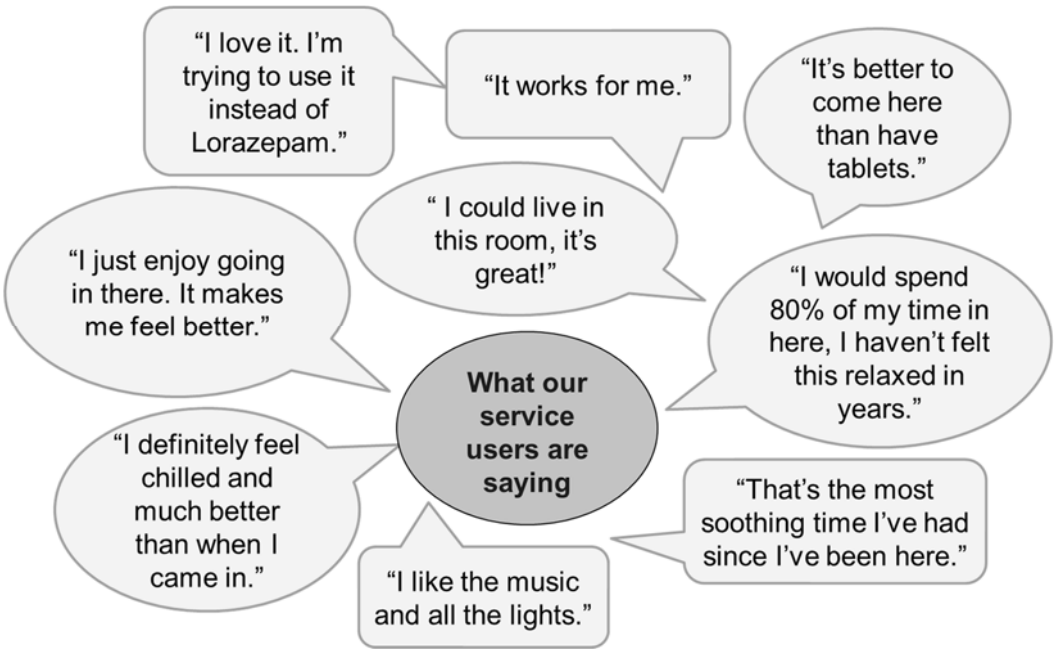


The chill out resources have been used for the benefit of service users, carers and staff. The graph shows that chill out rooms are predominantly used proactively for relaxation and enjoyment. However they are also used in a variety of other ways, including de-escalation, a sanctuary away from the ward environment, management of anxiety, and an alternative to pharmacological interventions. They are also popular spaces for 1:1 sessions and relaxation groups.

Carers have used them for visits and for their own wellbeing. Staff have used them during breaks and for post incident reviews.

The results of an evaluation of the first chill out room were also accepted for publication this year showing outcomes around improved de-escalation choices, use of sensory strategies on the ward and benefits to staff of accessing the room.

Use of the chill out rooms has had a positive impact on reducing distress. This selection of quotes give a flavour of people's experiences when using the chill out room.



Over 600 inpatient staff have been through the training so far. There has been very positive feedback on the training. The aim of the training has been to increase staff awareness of sensory processing and the role it has in emotional regulation and to increase confidence in using simple strategies to support people in distress. The plan for next year is to continue to offer this training and expand it to include community staff to support the use of sensory strategies at home and in other - settings.

Forsyth, A. & Trevarrow, R. (2018) Sensory strategies in adult mental health: A qualitative exploration of staff perspectives following the introduction of a sensory room on a male adult acute ward. International Journal of Mental Health Nursing. https://doi.org/10.1111/inm.12466

Central

Bamburgh Clinic and Bede

The Bamburgh Clinic is a male medium secure unit based at St Nicholas hospital. The clinic is made up of three wards. Oswin ward specialises in working with men with personality disorder as part of the offended pathway. Aidan is an acute admission ward and Cuthbert is a rehabilitation ward. Bede Ward is also based on the St Nicholas site. It is a male low secure mental health ward. All four wards come together every month to a Talk 1st meeting. The wider multi-disciplinary team is also invited. We use this meeting as an opportunity to review Star Wards and Safe Wards Initiatives. All of the wards have worked collaboratively with patients and carers to reduce incidents of violence across the service.

Know Each Other. Of all of the Safe Wards initiatives this one was the hardest implement. Due to the nature of the ward, some staff felt uncomfortable sharing information about themselves. However, using some creative thinking and with staff consultation all 4 wards have embraced this initiative. Oswin Ward, together with the patients decided on a very creative approach which involved drawing themselves and creating their own pictures together. This supported co production and working together in groups which really supported the process. Bede Ward used candid photos of the staff combined with information such as favourite quotes, food or seasons. Aidan Ward asked staff to pick a photo or image that represented themselves or one of their interests. On Cuthbert Ward staff chose an Emoji that they felt represented them. Patients have also been encouraged to participate. Each ward has taken a different and creative approach to this

Positive Words. This is one of the first initiatives we implemented on the wards. Sometimes it can be hard to think of positive words at the end of long and challenging shift. To help nurses and other clinicians remember the positive things about our patients we have implemented the following; Nurses are encouraged to consider the positive interactions they have had with patients and add them to the handover sheets. By doing this we have noted a change to the mood of handovers and then the subsequent shift.

In order to promote Positive Words in our clinical meetings we made posters (below). These posters are up on the wall in the rooms we conduct meetings. Clinicians are invited to open with a positive statement about each patient at the start of each meeting. This can really lighten the tone.

Mutual Help Meetings have been embedded across all of the secure care mental health wards. Patients use this daily meeting to support each other to plan leaves and activities and to socialise.

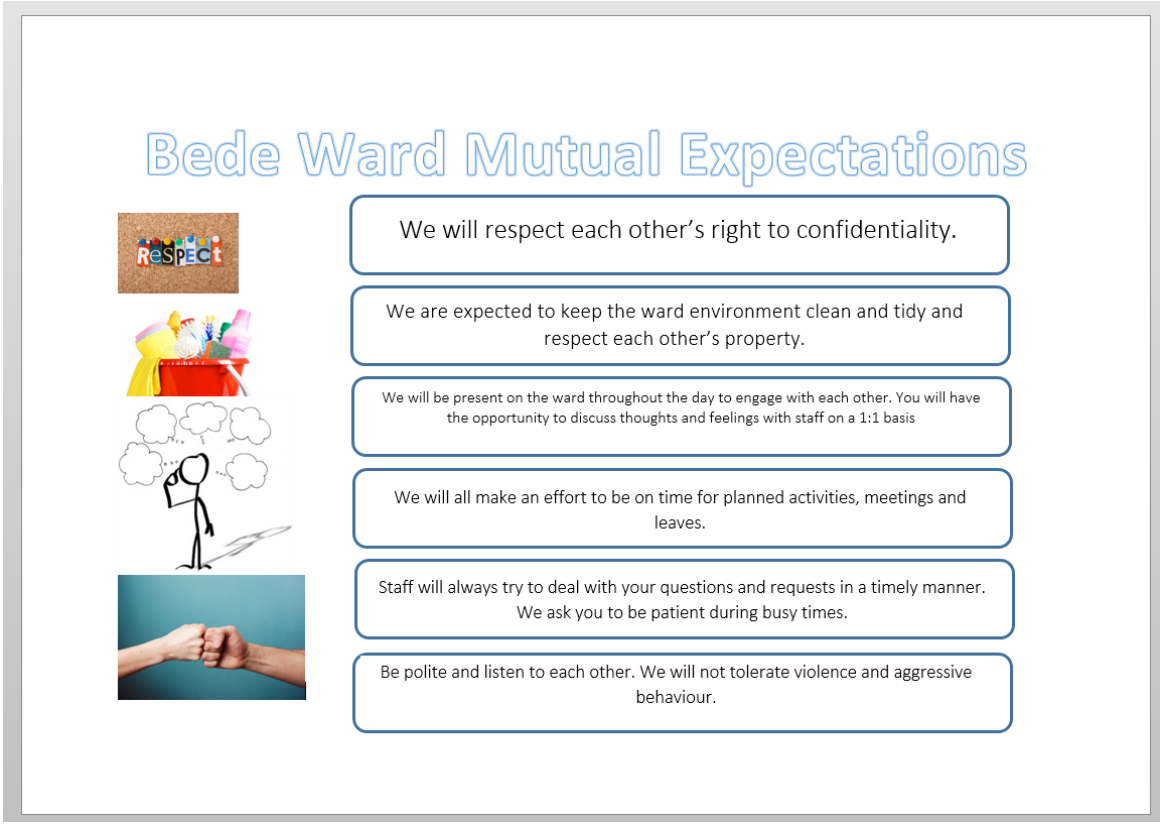
On Bede Ward, a recent addition to this meeting is the daily 'Bede Big Question' where patients and staff come together to think about things that make them proud or things that they worry about, in a supportive and safe environment.

We also run a weekly 'Social Drop In' Mutual Help Meeting. The focus of this meeting is quiet, relaxed time spent together. Patients are encouraged to read newspapers and magazines, drink tea or coffee and play board games with no therapeutic goal other than spending time together, sharing a common space.

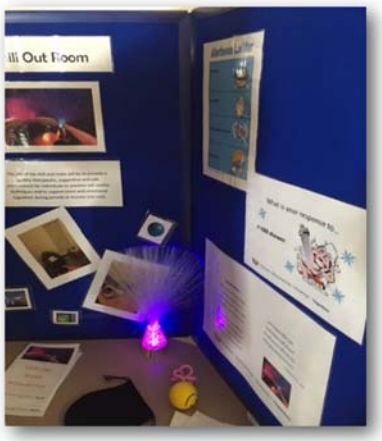
Discharge Messages across all of the wards take the form of a 'Tree of Hope' or 'Positivitree'. Patients worked together to design and build trees that include discharge messages from current and former patients. Some of these trees include messages written by friends and family. Some have messages that patients can take away with then to read later.

(example of a tree we have across the wards)

Clear Mutual Expectations have been developed on each of the 4 wards and are individualised to the particular ward and patient group. On Bede Ward we take this document to the community meetings to refer to. We regularly review the expectations to reflect the changing patient population.



Bad New Mitigation has been implemented across the wards. We have added prompt boxes to the hand over file for staff to consider any bad news which might need to be given to a patients the following day. This gives staff time to plan the best way to break bad news or support patients that are going to receive destabilising news.



Chill Out Rooms. All four wards now have dedicated chill out rooms or spaces. Patients have individualised plans depending on their specific needs. Most wards allow unsupervised access to encourage the use of the chill out rooms. Patients have been asked to design the look of the rooms

Patient Collaboration and Engagement. Talk 1st ideas are implemented in regular events. Recent events that patients were involved with were Remembrance Day celebrations and dignity day. Patients are involved in the planning of these events as well as designing and making materials to promote these events. These are excellent ways for staff and patients to come together to co-produce sessions and aloo to make the ward environment brighter and more homely.

Carer Events. The secure care mental health wards work together to involve patient's family and friends. Regular carer events are organised to promote the work we do with Talk 1st. Carers events are planned to allow maximum participation from carers, the last event was held on a Saturday. At our most recent carers event we presented the certificates that patients had achieved at the Recovery College.

The South

The staff within the South Inpatient Clinical Business Unit have been extremely busy over the past twelve months – below the staff from the four separate areas which make up our CBU have summarised the impressive work they have been doing.

Older Persons at MWH

G' Day from Australia

The start of 2018 Older Persons Wards on Monkwearmouth site welcomed Melissa Angelone a fellow practitioner from down under in Australia. Melissa visited all the wards with the aim to see how the wards implement and support Star Wards hoping she can recreate this back in Australia. She acknowledged in Star Wards News about her visit; 'Marsden, Roker, Cleadon and Mowbray wards who showcased some great examples of how they utilised the principle of "Talk 1st" with the use of a "chill chest" as one of the ways in which to engage patients when they require support'.

She explained Star Wards shone through as a wonderful and meaningful program in which patients and carers can be engaged through a person centred approach.

Seeing Star Wards being facilitated so well across our services, hearing stories of such wonderful outcomes for patients and carers inspired her team be the first in Australia to achieve the Full Monty! We are hoping a visit to her services can be reciprocated…

Beamish

Mowbray built relationships Beamish Museum and in particular Orchid Cottage. Orchard Cottage is located in the 1940s farm it is full to the brim with fascinating and familiar sights, sounds, smells and even tastes. They have a whole host of activities, toast bread on the fire, potter in the garden, play traditional games or have a sing-along around the piano. Mowbray booked the cottage for an afternoon and had a safe space to facilitate activities and wellbeing. This is now a monthly feature to support patients on Mowbray Ward.

Further links with Beamish are established across the site and the wards regularly use their 'wellbeing loan boxes'. Loan boxes themed and offer a wide range they contain objects, photographs and ideas for activities, which we can borrow, free of charge, to use on site. Each loans box is themed to inspire groups, topics include events and celebrations, nights out, domestic, wartime, man's world, costume and medical kit.

Wellbeing Cards

Marsden have developed carer wellbeing cards to support carers. Dementia can often be a rollercoaster of emotions for carers. Walking onto the ward to see your husband or wife of fifty years and they no longer recognise you can be so difficult. Other times carers can visit and the emotions of the person can be so endearing and over whelming. The cards have inspirational quotes to support those dips in the rollercoaster ride. On the reverse of the cards is a note to let carers know that staff are always available to support in addition to carer support lines.

Reflection

Using spirituality to support wellbeing, activity and engagement- a peaceful time and space to alleviate anxiety and agitation. Staff attended a spirituality awareness session to support patients' needs holistically. Staff together with Chaplin Martyn Skinner thought that this would be good to further develop on the wards. This progressed to the wards having a weekly service supported by Chaplain Martyn Skinner, whatever religious preference the service creates a time for mindfulness and reflection. The services are open to patients, **ALL** staff – hotel services regularly join and carers.

Sporting Memories

It is always a pleasure to walk onto Roker Ward and see sporting memories in use. Using the rich history and heritage of sport, Sporting Memories includes reminiscing about their experiences of watching or playing it. Sessions take place weekly on Roker and focus around one thing, a love for sport!

Patients, staff and carers were taking part in a spot the ball activity most recently, this generated great camaraderie between all. It's the simple things that support and maintain all our wellbeing and create improved patient and carer experience whilst in hospital.

Communication and Interaction Therapy (CAIT) an invaluable tool that supports our Talk 1st interventions.

Effective communication is critical for everyone and is required by staff in the day-to-day interactions with people with dementia and their carers. One of the key aims of CAIT is to reduce levels of agitation in people with dementia. Such agitation frequently occurs because of poor communication and often results in the prescribing of tranquilising and sedating medications. CAIT is built on basic communication principles and includes advanced evidence-based treatment strategies for the management of behaviours that challenge. Across the MWH site we have leads on every ward and all staff have an awareness and use this approach. We have recently introduced this to our older adult functional ward, who feel that the approach and skills are transferable for those without dementia. CAIT has proved an invaluable vehicle to support staff to use talk fist techniques for patients with dementia.

We have planned for 2019 to look at dementia care mapping within the dementia wards to support Talk 1st. It would be a good way to evaluate with our patient group and the benefits of individualised Talk 1st techniques to improve wellbeing. Dementia care mapping is an observation tool designed at Bradford University to examine the quality of care from the perspective of the person with dementia, with the aim of promoting patient-focused holistic practices. A focus group is being set up to involve all organic inpatient settings to be part of taking DCM forward into 2019. In addition to featured accounts all wards use opportunistic themes charity days to support wellbeing and activities.

Rose Lodge

Overall, Rose Lodge has seen a decrease in the use of PMVA, prn medication, and the use of seclusion over the past 12 months. We believe this is linked to changes that have been implemented on the ward over that period.

Activities and therapeutic timetable
Rose Lodge has seen an increase in its multi-disciplinary team: We now employ two activity coordinators, a specialist occupational therapist, an exercise therapist and have had our drama therapist return from her research post. In the very near future we will also be welcoming a speech and language therapist, and a psychologist to the team. This has allowed us to increase the activities and therapeutic timetable offered to our service users which is regularly reviewed and evidence based.

We have begun regular mutual help meetings which provide an opportunity for patients and staff to get together. Our 'cake-o-clock' Tuesday mutual help meeting incorporates the four rounds of the mutual help meetings including patient and staff star of the week, and the allocation of our positive word of the week, as well as a weekly challenge which has included the doughnut challenge, hula hoop challenge, and paper airplane challenge.

Our second mutual help meeting is on fruity Fridays where we have been trying fruit salad and Greek yogurt, and a variety of fruit smoothies. We have a weekly breakfast club where everyone tucks into sausage and bacon, pancakes and fruit, or a continental style breakfast (not all at the same time!)

Our patient meetings run on Wednesdays where service users provide feedback on important issues such as activities on and off the ward, meals and the ward environment. Patients who are ready for discharge are invited to attend the Get Going Group in Newcastle which can continue post-discharge for ongoing support and friendship.

Our exercise therapist has been working hard to increase physical activity on and off the ward introducing regular gym and swim sessions, and mindful photography runs weekly (weather dependent) which is a psycho-social educational group co-facilitated between occupational therapy and activity coordinators which promotes the use of mindfulness using a sensory cue in order to improve health and wellbeing. In addition to pre-planned group sessions, we have been working hard to develop person-centred activity plans with our patients providing meaningful and purposeful activity based on their own interests, where possible utilising community resources that can continue post-discharge.

Chill out room

Last summer we developed a space on the ward to use as our chill out room. Rebecca Trevarrow (Clinical Specialist Occupational Therapist and Sensory Practitioner) provided training to the staff on use of the chill out room and sensory strategies. The room is well used by patients for relaxation, a break from the ward, spending time with family and other visitors and for enjoyment. Staff use it themselves as a safe space to de-stress as well as for breaks, and it's also used for meetings and supervision.

Ultimately, the chill out room is part of a wider plan to offer flexibility to meet people's individual sensory preferences whilst they are at Rose Lodge. It can support a person's communication and interaction with others, build their self-esteem while helping them to develop strategies for self-control and self-regulation, as well as managing emotional and behavioural responses that can be challenging for the person and people around them.

Patient 'L' states "I like the chill out room. It helps me feel calm and relaxed. I like the glider chair and the big island bean bag, the blankets, the UFO lamp and the wave lamp… especially the wave lamp."

Conference

Some members of the team at Rose Lodge attended the North East and North Yorkshire Restraint Network Conference on the 7 November 2018, where we facilitated a workshop on some of the talk first strategies used at Rose Lodge. The session was facilitated by Positive Behaviour Support nurse Andrea Tate, Clinical Team Lead Amanda Girdwood, Drama Therapist Jane Bourne, and Specialist Occupational Therapist Alison Dulson, alongside one of our service users.

We shared how we all work together to achieve the best possible outcomes for people. The session was well attended from staff representing both NTW and TEWV, as well as a service user by experience who also represented CQC.

There was a good turnout overall with opportunities to listen to a broad range of speakers, break out areas where there were stalls to visit for additional learning opportunities, and networking. We received positive feedback about the workshop, and our patient said 'I felt really shy at the start but everyone was really nice… I enjoyed it'.

Adult Acute Admission and Psychiatric Intensive Care

A lot of work has been undertaken in the last year embedding the Talk 1st principles and Safe Ward initiatives onto the wards, working collaboratively with service users and carers.

Longview have been piloting the Sleep Well project, this has been implemented very well, staff have embraced the changes and are enthusiastic about the positive impact it is having on the service user experience.

Beckfield have been part of a trial involving the use of body worn cameras. The Beckfield team worked with the Positive and Safe initiative and service users and carers to develop policy and during the trial have been using footage of clinical incidents to learn and develop good practice. The footage has been used as part of Post Incident Reviews with staff and patients as well as providing useful information and stimulating conversation in relation to improving engagement, and security amongst many other discussion topics.

Beckfield have been busy softening the ward environment to make it a more comfortable and inviting place to be, they have also undertaken a lot of work implementing various safe ward initiatives, this work has resulted in a 50% reduction in seclusion, they are now working on reducing restrictive interventions as a whole.

Springrise have now implemented Mutual Help Meetings. The attendance is good from both service users and patients and they have seen a reduction in violence and aggression around the times of the meetings.

Shoredrift mutual help meetings are well established and it was noted that more carers were starting to attend. In order to meet the identified demand from carers the last Thursday of the month is dedicated to the carers. When service users are admitted to the ward and a carer or family members are identified the ward send a letter out inviting them to this and explaining the process. This has been a really popular addition.

Across all acute wards we have organised a lot of activities based around current events, e.g. Christmas, including a site air lock decoration competition, Valentine's Day and Chinese New Year.

A number of staff attended the joint positive and safe conference which they felt was beneficial to focussing on where we were going with our action plans and how to move the initiative forward.

The ward manager and one of the clinical leads from Beckfield also attended the Restraint Reduction Network conference in London in February.

Rehabilitation and Recovery Wards

All wards in rehab have made good progress with regards to their action plans and are proactively working to increase coproduction with Service Users.

Carer contact:

There has been improvement in all areas with regards to trying to involve family members. Each ward set time a side to invite family and carers along to visit the ward and speak to staff and discuss any concerns. Aldervale ensure the manager, speciality doctor and pharmacist for these sessions have had positive feedback from carers attending. If they are unable to attend staff ensure family/carers views are heard by contacting them on the telephone. Brooke House has update their at a glance board template to include families Views. Service users and staff are also engaging family therapy which is going well. Points of view cards are frequently offered to service users

Mutual expectations

All wards have mutual expectations that are reviewed regularly with both staff and service users

Collaborative meetings:

Both Brooke House and Aldervale have a safe space meeting. This is a safe space once a week for patients to discuss any concerns that they may have and for them to share experiences over their time in hospital and in the community. The aim is to provide mutual support with regards to their experience in hospital.

All wards hold regular mutual help/community meeting where both staff and service users attend. During the meeting at Brooke House personal weekly goals are set for both staff and service users and these are reflected in the next meeting.

Aldervale hold Talk 1st awareness session with patients and staff every week to discuss any incidents that have occurred and reinforce willingness to talk rather than getting into undesirable issues with patients. This has dramatically reduced the amount of PMVA used along with verbal hostility.

Bridgewell have regular reflective practice meetings giving staff the opportunity to meet and discuss any complex cases or concerns to enable them to best meet the needs of patients. Talk 1st strategies are often incorporated into these, for example, which calm down methods work well for that individual. MDT Meetings (discussed by consultant and ward doctor and other professions to speak about ways in which ward staff can reduce levels of violence in relation to Talk 1st strategies.

On all wards service users are given the opportunity to attend their formulation meeting. If they choose not to a Key nurse in 1:1 sessions discuss views and goals and ensure this is included in formulation and the outcome of formulation is fed back to patient in 1:1 sessions.

At Brooke House a CPA prep sheet has been updated and named nurse are summarising Talk 1st data in preparation for CPA. This is also discussed during CPA and board reviews exploring strategies to improve incidents.

Where the MDT feel appropriate and not detrimental the named nurse will share the data with service users and family and in collaboration discuss what may help to improve things.

Talk 1st newsletter

Brooke House, Aldervale and Bridgewell all have a Talk 1st newsletter that is updated regularly this is available to staff service users and any visitors to the wards. Ward Activities: All wards have daily planned activities both on the ward and in the community alongside individual activity plans.

All wards have been on board with seasonal events throughout the year. Working with the patients to decorate the wards appropriately and arrange social evenings. Some of these include:

- Royal wedding
- 70 Years of NHS
- World cup
- Halloween
- Remembrance Day
- Mental Health Week
- Valentine's Day
- Christmas grotto air lock completion 2018
- Chinese New Year
- Burns night

Bridgewell were joint winners in the ward entrance Christmas decoration competition, patients dressing up as Santa may have had an impact on helping them secure the coveted title.

Aldervale employed an activities worker to work alongside the OT. They have also purchased a number of items for the ward including a table tennis table, items for the chill out room and arts/crafts items.

Bridgewell activities carried out by Activity Coordinator, O.T. and staff members, community outings for patients choice 1:1 session, bowling, breakfast club, music group, gardening group, exercise therapy sessions plus session from spring board (outside agencies) creating reminiscences boxes and a weekend film nights.

Brooke House Services users encouraged to take part in activities on the ward and in the community. Activities reviewed and update with the service users on a monthly bases to meet their changing needs. A number of tool box activities are available 24 hours a day and these are also regularly updated.

A vocational link worker working into the ward part time. His role is to make links with the recovery college, support to access voluntary work and support community activities such as dog walking, gardening services, music and art group.

- Physical health and wellbeing activities at Brooke House
- Health promotion board which is updated monthly and discussed in community meeting.
- Weekly Healthy lifestyle education and cooking sessions
- Community exercise therapy sessions at the Beacon of Lights in Sunderland and on the ward using the exercise bike is used regularly

Clearbrook have various groups and activities on the ward and in community.

In the community

Recovery College (choir and coffee morning), mind art and craft group community. cinema group, tea at two, bowling group.

On the ward

Quiz and challenges, Holy Service Sacred Space, healthy cooking class, exercise therapy, art and crafts, karaoke.

Independent recovery is promoted with ward staff facilitating 1:1 sessions for service users to go shopping to ensure they are able to function at their optimum level of recovery supported by staff.

Brooke house self-management

Self-administration of medication

All patients asked if they would like to take part in self-administration of medication within 14 days of being transferred to the ward. If they agree an MDT assessment is completed if suitable this is actively implemented. If they do not feel ready or the MDT do not feel they are ready a collaborative care plan is formulated to support them to improve their skill and this is reviewed regularly.

WRAP

All services users are encouraged to complete a WRAP (wellness recovery action plan) and were possible families are encouraged to be involved in this process.

Behavioural support plans

Where appropriate service users are encourage to formulate a collaborative behavioural support plan which include their views and what support they need when things are difficult. These plans include the proactive and therapeutic use of chill out rooms this helping to reduce the need to use PRN medication.

Discharge Planning:

On all wards Detoc is now embedded and all service users have an expected discharge date from the day they are admitted or transferred. Discharge planning plays a key role from the beginning of the service user recovery journey with in the rehab pathway. The MDT plan discharge involving the service user and the family as much as possible.

Discharge messages – on all wards there is a road to recovery/discharge and this helps the services user to give their views on their journey and positive message or a word of advice to help new patients.

At Brooke House all discharged service users are given a handmade card that is sign by all the staff to wish them good luck.

Clinical innovation

Quotes of the day – on Bridgewell service users choose a positive quote each day which is displayed in communal areas. Hi-five board - words of praise and thanks for the work of the team which is on display in the staff corridor.

AIMS**:** The Royal College of Psychiatrist AIMS programme have recently requested that Aldervale provide an article for their magazine as they were so impressed with the work they are doing with Talk 1st and want to share this with their peers.

Lennox

Lennox have had a great year in terms of progression with Talk 1st initiatives – our main headlines include:

We achieved Full Monty status within Star Wards and were the second child and adolescent service in the country to achieve CAMHeleon colourful award which celebrates best practice of Child and Adolescent Mental Health wards.

This award prompted an invitation to co-present our journey within a workshop at the Joint NTW and TEWV North East and North Yorkshire Restraint Reduction Network Conference in November 2018 at the Stadium of Light, with our Ferndene colleagues.

We have completed our re-development works and adapted our environment, creating our ‘chill out zone’ named by the young people on Lennox. This area is multi-functional, and supports with de-escalation, calming and relaxation.

The young people chose the furniture and colour scheme and we have a projector which projects soothing images/scenery/ footage individualised to the young person’s preference.

We have also enhanced our ‘know each other’ booklets and boards displayed within the ward areas and the young people were keen to be involved in this and requested their own “know each other board” whereby the young people could display interesting facts about them to assist in building therapeutic relationships and find areas of common interest with staff.

We continue to enhance our therapeutic activities to enable our young people to express themselves. We know that our young people often experience undesirable feelings and emotions which can cause them distress and anxiety, and activity can often offer some much needed distraction and respite from unwelcome feelings. Our young people have a full structured timetable which includes education and activity based skills development. We encourage our young people to consider other ideas during weekend and evenings and some of our ideas have included:

Lennox bake-off

Lennox activity advent calendar

We have explored blanket restrictions and restrictive practice with our young people on Lennox, this involved embedding these discussions within the young people's ward meetings and staff meetings. The has enhanced openness and transparency and has assisted in supporting young people not only to challenge but to also understand rationale relating to decisions. We are also adapting our local (Alnwood and Ferndene) Talk 1st meeting to incorporate discussions relating to reducing restrictive interventions.

Ferndene

Ferndene has had a very productive year regarding the development of Talk 1st initiatives: The shared Ferndene and Alnwood Talk 1st support group meets bi-monthly to provide opportunities for good practice sharing and develop ideas to support ongoing projects. The group monitors Action Plans that are then shared and taken to the cohort Meetings.

Ferndene's five wards became the first in the country to be awarded the CAMHeleon colourful award. CAMHeleon is a project of the social justice charity 'Bright', which provides resources and celebrates best practice of Child and Adolescent Mental Health wards.

This places Ferndene at the front of a national initiative having created a new version of Star Wards (an In-patient Action Plan for adult services). Staff from Ferndene worked with Nic Higham (Inpatient Care Project Manager for Star Wards and *CAMHeleon) to develop this child-friendly version that supports young people's needs.

Led by Andy Davidson, Clinical Lead Nurse PICU, staff at Ferndene used the CAMHeleons' colourful ideas format to create a benchmarking tool full of ideas and suggestions that can be adopted to improve and enrich the inpatient experience.

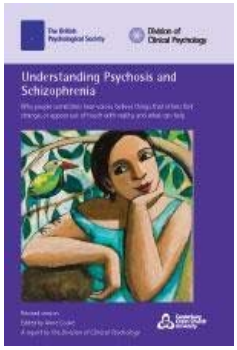
Services can record and measure themselves as to whether they fully, partially or do not achieve each item. This resource should also be seen as a springboard from which services can develop their own related ideas.

The tool has been completed by all five wards across Ferndene and evaluated by the Psychology Department. Young people have also been involved in considering appropriateness of the items in the tool.

CAMHeleon
Good Experiences for Young Mental Health Inpatients

Star Wards

The CAMHeleon development lead to the invitation of staff from both Ferndene and Alnwood to speak at the Joint NTW and TEWV North East and North Yorkshire Restraint Reduction Network Conference in November 2018 at the Stadium of Light. Jo Tuart, Paul Turnbull, Angela Thompson provided a presentation on how they were able to meet standards of the Star Wards tool within the Lennox. Whilst Karen Lewis, Andy Davidson and Susan Graham delivered the journey through their pathway to develop the new Action Plan specifically designed for young people.



Present work with the Bright Charity is supporting young people to have a say in understanding medical diagnosis and thus give those in our care the necessary support to feel valued and involved in the services that provide their care.

In other areas, staff across the site have worked hard to support all staff teams in understanding the principle around reducing restrictive interventions and blanket restrictions. Following staff training the Ferndene Talk 1st support group are reviewing any blanket restrictions that may be in place.

Positive comments were received from CQC when they visited for a schematic review looking at long-term seclusion and restraint early in February, giving confidence in present practices and an enthusiasm to make further improvements where possible.

Stephenson at Ferndene has had a number of staff changes in recent months so the getting to know each other form is being re-circulated across the ward. As other wards at Ferndene have had good results from the use of projectors in soft rooms and seclusion, Stephenson is looking into how this can be provided in their ward.

The site's development of a local operational procedures has supported this initiative with the use of communication tools, psychological and sensory strategies and safe activities to provide appropriate purposeful occupation at a time of distress.

The Positivity Tree has also been updated and there are now two trees that also contain discharge messages. Some of the positive messages received are listed below:

People listen to me
Team Work Makes the Dream Work
The staff are always warm and welcoming
Reading is Knowledge, Knowledge is reading
I love Activities
I feel safe and protected
People spread a smile here
New Year, New Me
Good Team United for the kids
There are lots of positive attitudes on the ward
I like the football with the Newcastle Trainers
I like it because the food is nice and delicious
I like our new style community meeting
The staff are nice and special

Young people have recently developed a welcome pack for new young people being admitted to the ward. The young people have developed personal messages to help those new to the ward feel safe, informed and included.

Fraser at Ferndene are using clinical data from Talk 1st is well established within the ward especially at MDT, Core Group and Care coordination meetings. Using this information has been vital when reviewing care and treatment planning.

- Calm down methods - PBS is firmly established within Fraser. De-escalation strategies, interventions and resources are also well embedded within Fraser. We have installed projectors into the Quiet Room, sensory equipment into other areas and use 'calm boxes'.

- Know each other - Know each other files, photo board, staff on duty board, named/group nurses templates all updated and evident around the Unit. Each young person has personalised name plates on the door. Ferndene getting to know you Activity ideas booklet has recently been introduced.

- Positive words - Positive words included during Handover, MDT meeting feedback forms, Young person's MDT form includes something positive from "my week". Positive word of the week is well embedded, positive board for comments in staff room

- Mutual expectations - Mutual expectations are young person friendly and deigned using graphics and are evident throughout the unit. Recent art work completed with young people to highlight equality and diversity and encourage positivity around people's differences to promote the diverse needs of all.

- Discharge messages - Discharge message tree visual in foyer area, messages are encouraged upon discharge, providing hope and positivity to other young people admitted.

- Reassurance - Incident debrief is well established within the unit, documents are Patient friendly, pictorial and easy to understand, Debrief is well embedded for Staff. My Motivators documents are completed with young people to gather individualised preferences. 1:1 sessions are facilitated once weekly or more as required depending upon individual need. Advanced Care Plans are completed alongside Positive and Safe Care Plans. Recently introduced Take one, leave one tree - for reassurance and positive messages.

- Mutual help meetings - Meetings established within the unit, opportunities to plan/discuss the day ahead, opportunities for praise, recognition of positive contributions and promote mutual respect for each other.

- Talk down - Talk down poster displayed in staff room includes tips for staff, Talk First information and awareness promoted within the nursing team. Training is ongoing in regards to PMVA, PBS and Boundaries.

- Soft words - Soft words tip of the week established within Fraser, visual in staff rest room and nursing office, cue cards available for staff to promote ideas.

- Bad news mitigation - Systems well established within the multi-disciplinary team to discuss the best way to support young people during receipt of difficult news or situations. Different methods of communication are also considered depending upon individual needs through a host of tools i.e. Makaton, social stories, now and next boards, pictorial formats all devised to support individual needs.

Fraser is now involved in a national project to reduce restrictive practice. This has been developed by the CQC and The mental health safety improvement service which started in January 2019. Our proactive and positive interventions have already been recognised within this development and we have been asked to do a presentation about our work at the next conference arranged for early March.

We hope that this will provide an ideal opportunity to provide the excellent work that is established throughout Ferndene.

PICU at Ferndene

PICU have been completing a new project with the young people with our window display and have established mutual help meetings on a Monday morning which the young people have engaged well with. Young people and staff have been working together to help individualise bedroom doors, Young people have their names on the doors and have a speech bubble much like the “know each other” for staff aimed and staff having talking points on the young people’s likes/dislikes.

We have just ordered some new furniture and installed a bubble machine in our new “chill out room” which is an ongoing project but is being used widely by the young people.

Redburn at Ferndene

Our sensory room has been decorated and equipment is in the process of being ordered. The sleep well promotion is underway as well as ongoing de-escalation training. Bad news mitigation training has taken place. Weekly activity planning is now in place and the getting to know you booklet is complete.

Psychology at Ferndene

PBS training has continued with two days available to all staff. A further day is in development to develop further skills in writing a good quality and effective at a glance PBS plan, to further embed practice of de-escalation strategies in line with the needs behind behaviour.

PBS key implementer team meetings restarted which supports the ongoing use of PBS skills in staff following completing training and also offers peer support to staff going through PBS courses. The meeting has elements of case discussion to

identify positive practices and also a service development aspect. It has been identified to look at further development of PBS strategy including the PBS returns which give visual feedback to wards on how PBS plans and PBS pathway are being implemented and monthly opportunities to improve on.

Social Work at Ferndene

When a child is in seclusion the social worker has the autonomy to visit the child at any time. This is often reassuring for family and carers to understand that social work can be a semi-independent profession who can feed directly back to worried parents. This is especially true if the family/carers are far afield in distance at this time of concern for their child/young person. Often social work can relay messages from the family to the patient in seclusion either verbally or in a written form of note or card.

Social work holds drop in support group for parents/carers on a six weekly basis. These events are a chance for families to meet other families to gain support, understanding and advice. Parent's views are feed straight back to the MDT and to Ferndene service user carer review meetings.

Therapy at Ferndene

Therapists at Ferndene have been busy too. Partnership working between Speech and Language Therapy and Occupational Therapy and a local Learning Disability Liaison Service, over several months has supported a young person to feel safe and calm for hospital visits. Scoping visits, preparation of visual supports and meticulous planning aimed to prepare staff and support a young person whilst attending an acute hospital for a set of invasive procedures. The result was highly successful, minimising the young person's distress and reducing the need for any physical intervention despite this being a frequent feature of the young person's presentation. Ferndene will continue to support all Talk 1st initiatives and make progress in the use of the Reducing Restrictive Interventions – Positive Process Poster during its planning, reflections and information sharing.

North Inpatient CBU

The North Inpatient CBU is comprised of Acute, Rehabilitation and Older Persons services at St George's Park and Autism Services at Northgate Hospital. These services meet monthly to discuss Talk 1st initiatives and to share good practice across the broad range of specialities.

Autism Services- Mutual help meetings

Mitford, Mitford Bungalows and Ingram have successfully flexed traditional approaches to embed mutual help meetings. This has been achieved in a manner that reflects the fact that many of our patients cannot cope with the social complexity of congregate living. Groups have been deliberately constructed to provide socially valued roles, an opportunity to meaningful contribute and the potential to increase self-esteem and increase tolerance to group settings.

'Mushers' Husky Sleighs – David Jackson (Mitford Bungalows) Leek Show Know each other

The development of the 'See Me' booklets has seen real staff innovation, based upon the principle of mutual familiarity staff profiles are displayed to promote conversation. This has evolved to all patients having 'See Me' booklets that are completed by or on behalf of the patient. The focus with this is too look past diagnosis and address the balance of information provided to outside care providers capturing progress, achievements and future aims. Nursing Assistant David Capstick has progressed the booklets further by developing digital stories that can be presented in a wide range of forums and has received positive feedback by commissioners within CPA's and CTR's

Discharge Messages

Our living willow tree was in full bloom this summer, the living tree this has inspired patients to convey messages of hope and share the benefits of admission and to mark progress at different stages of their journey in the service. Below is a poem that a patient recently added to the hope tree.

A place of hope, a place for care
A place that understands my needs
A place that helps me to exceed
Life's impossibilities

Skills I'm learning day by day
Confidence building month by month
Trusting staff and opening up
Demons vanishing No power they have

Daily outings they make me happy
Crafting, relaxing in my flat
Fun times are had and memories created
Illustrated on our faces

MDTs and CPAs show the progress I have made
Positive outcomes make me proud
One step closer to recovery

No issue is an issue here
Staff have respect and dignity
They'll talk it through and through again
Which helps relieve Anxiety

Staff have taught me many things
From crafting skills to living skills
They've taught me how to love myself
And how I can achieve my Goals

Many of the most innovative and successful Talk 1st initiatives at St George's Park have been initiated by ward 'activity co-ordinators'. The role has proven to add significant value and momentum to teams Talk 1st progress.

Here we hear from Gemma who has led on many of Embleton's Talk 1st activities: "My name is Gemma Sage I am an activity worker on Embleton ward, which is a male acute unit at St George's Park Morpeth. I have been in this role for just over a year working previously as a nursing assistant. After being initially apprehensive to change positions, I soon discovered how rewarding being an activity worker can be. Personally the reason I absolutely love my job is that I am able to spend good quality time with the patients one to one or in group work. I have time to build up good trusting relationships in which they feel relaxed enough to open up and discuss any issues, anxieties or worry's they have. My patient's opinions, suggestions, thoughts and beliefs are all taken into account when organising my weekly timetable. This means the activities we do is what interests them so they will take part, be involved and ultimately they will be at the centre of their own care.

"I am privileged that I have great help and support from my team, my ward manager, the OT department and my volunteers. We all work together to encourage meaningful ward based and therapeutic activities."

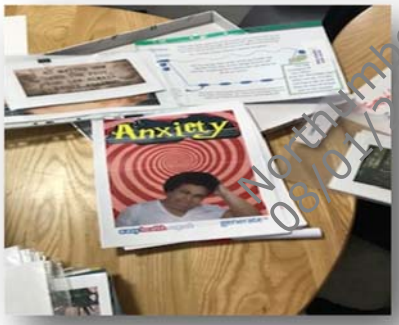
Gemma has shared some examples of the work being done on Embleton:

Patient representative
Embleton ward now have in place the patient representative of the week. We ask patients to volunteer for this role rather than them being voted in. This is so they are at a stage where their own mental health is in a good place before they help others. They find the role empowering and gives them a sense of purpose.

Managing emotions group
On Embleton ward we have implemented a weekly managing emotions group. This is with our ward psychologist, OT assistant practitioner and the activity worker. We hold the session in the main dining area so patients are able to drop in and out as they please. The discussion is entirely patient led and informal. We look at the use of WRAP plans and visual prompts.

We have a box with a wide variety of stress reliving accessories which patients can take away and keep. We also have mindfulness items and lots of information sheets for patients to take away and read.

This group has been a great success on our ward with great patient input.



Mutual help meeting and star of the week

Embleton ward have embedded mutual help meetings and are now part of our ward culture. The patients enjoy the social aspect of meeting up together for the group. We have a round of thanks where patients can give a special thanks to fellow peers or staff and vice versa. A round of news where we discuss any activities or events happening on the ward or the hospital. A round of suggestions where we encourage patients to put ideas forward to make improvements etc. A round of request and offers where patients can ask for certain things or offer support and help to other peers. This helps us break the barriers between staff and patients helping them understand we are all the same and we are here to help. It also empowers our patients so they know we value them and their opinions.

We also hold the “star of the week” which is very popular and competitive on the ward! Patients and staff each vote for a staff member and a patient and post it in the ballot box. Patients receive a trophy, a certificate and their name is displayed on the wall. Some of our patients may have never won anything before so it’s great way to build up self-confidence and self-esteem.

Warkworth male acute ward are benefitting from a ward ‘buddy’ system. Patients volunteer to assist people who are newly admitted, helping to orientate to the ward and ensuring that there is a friendly face who can help them to settle in. Clinical Lead Helen Jackson states this system is working very well, leading to a community feeling on the unit. They have also been injecting some fun onto the ward playing a lively version of ‘bingo’!

Activity and relationships are key aspects of recovery. Two of our rehabilitation units **Kinnersley** complex care unit and **Bluebell Court** ‘move on’ unit have been united in efforts to facilitate joint social evenings enabling to patients to broaden social networks and interests. The community centre has become a focal point for themed evenings where celebrations and competitions are held.

These forums have also been made accessible for patients on acute wards broadened opportunities and also serving to ease transition from acute to rehabilitation settings.

Alnmouth female admission ward introduced ‘Mindful Photography Walks’. Laura Jobson (activity co-ordinator) encourages patients to incorporate nature, exercise, creativity and mindfulness; accompanying the ladies on an opportunity to gain relief from internal pressures and worries, noticing their surroundings and capturing images that inspire them.

Hauxley older persons ward activity coordinator, Allison Kirkup, has been inspired by Alnmouth's mindful walking group and aims to establish something similar. Hauxley patients are already well engaged with creative endeavours, the mindful art group is proving very popular, supporting the patients to focus on activity that also leads to a productive and decorative outcome.

Carl Jeffries (staff nurse) states "The groups that have been initiated have led to really positive feedback from patients who enjoy having time out…we tend to see an increase in agitation when patients are bored or frustrated especially at weekends. Allison has been coming in at these times and we have noticed a difference.
The ward 'breakfast club' went down well; staff are able to sit and enjoy breakfast with the patients which leads to a community and homely atmosphere."

Woodhorn Ward has benefited from the team receiving CAIT training with Jill Dodds, Assistant Practitioner taking on a lead role in sharing and developing this innovative approach to communication with patients with dementia.

Newton High Dependancy Ward at St George's Park have continued to build on a range of Talk 1st related interventions. The 'shared lunch' continues to provide staff and patients with the opportunity to commune with each other in a very natural way, helping to establish theraputic relationships. They have embedded mutual help meetings even produce a newsletter.

The patients have responded well to creative and informal approaches. A visual representation of a model of 'formulation' (the stress bucket) is displayed in the main ward area and can be a point of focus during mutual help meetings. This helps to capture conversations that relate to self awareness and psychoeducation, helping to normalise and make sense of experiences.

Talk 1st support groups continue to be held regularly within autism services by ward managers Kirsty Charlton and Helen Farrer and have recently been ‘re-launched’ at St George’s Park. The support groups are being taken directly to the wards to maximise attendance. Each ward at St George’s Park will be hosting the group, facilitated by Talk 1st lead and nurse consultant, Lisa Strong. The groups have been running since the inception of Talk 1st and incorporate a blend of supervsion, training and education. Staff are encouraged to reflect on challenges and success and to consider how experiences fit with evidence based practice and theory related to the ‘safewards’ model.

Positive words

Many of our wards in the North CBU now routinely incorporate ‘positive words’. This important safewards intervention aims to balance the natural tendency to problem focused during handovers which often leads to language saturated with negativity. When difficult behaviour is described, potential psychological explanations should also be offered which promotes the positive appreciation of patients and reduces the likelihood of further conflict. Lisa Strong (Nurse Consultant and Talk 1st lead) recently attended a ‘daily review’ on Newton and took note of the frequency and types of ‘positive words’ used by staff. In that one review an impressive 33 examples were noted.

Central Locality

Elm House

Elm House is a 14 bedded moving on unit situated in Bensham in Gateshead.

Elm House first achieved the “Full Monty” in 2015 and has effectively embraced the principles of Star Wards. Steph Gale the Ward Manager on Elm House stated:

“Since implementing the various initiatives we have seen a huge difference in service users engagement. As we now have a full program of activities on the ward it has become apparent that our patients look forward to spending time with one another we have seen that they have formed mutually beneficial relationships which enables them to support each other.

Our mutual help meetings and know each other pictures have broken down barriers between staff and service users and have helped everyone work together more effectively to promote recovery and wellbeing.

We have had great feedback from our carers that they feel more involved and are grateful for a safe space of their own to come together and share their experiences with each other.

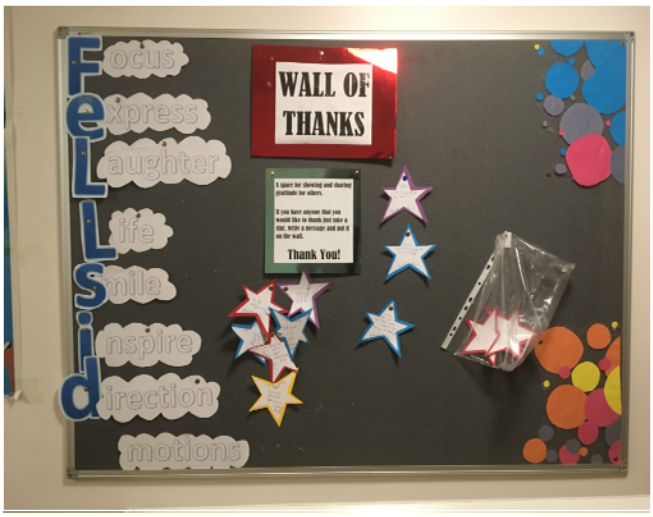
On a practical level we have noted that there is a much calmer feel to the unit now, even when an individual is struggling to cope with their illness or just generally having a bad day, staff are able to use the techniques we have learned to help the person and as a result we have seen much less hostile and agitated behaviours which are being resolved without needing to resort to the use of medication.

We feel that both Safewards and Star Wards have enabled us to view things from a different perspective which has had a positive impact on the care that we give our service users.”

Fellside

Fellside ward is an 18 bedded male admission ward based at the Tranwell Unit in Gateshead. Regarding this Sarah McCarthy, ward manager on Fellside stated:

"Fellside have implemented a number of initiatives over the last year which have given the team the confidence to introduce new activities and ways of working with patients on the ward. Weekly mutual help meetings are a great opportunity to get staff and patients together in an informal way to share thoughts and experiences and also have some fun. Patients and staff enjoy the weekly challenge of planning activities together. Regular coffee mornings have proved to be positive during daily reviews and encourages patients to engage rather than remaining in their bedrooms.



The team have recently had a team away day which focussed on positive and safe initiatives which was a great opportunity for us all to generate some ideas to take forward and to reflect on the good work we already do on the ward. Part of the day involved reviewing our daily review process and the team were keen to introduce positive words to the discussion. We have since implemented this and it allows us all to focus on positives together and share these with the patients following the review.

We now have an activity forum up and running which is an opportunity for members of the MDT to get together and share ideas for initiatives and activities on the ward. All nursing staff are encouraged to attend and become more involved in providing activities for patients, sharing responsibility for the promotion of a positive experience for patients during their stay on the ward."

Lamesley

Lamelsey ward is an 18 bedded female admission ward based on the Queen Elizabeth Hospital site in Gateshead. Over the last year the ward has introduced many new initiatives linked to Safewards/Positive and Safe.

The team have a weekly formulation meetings allowing for new perspectives and shared understanding of peoples problems, these formulations form the basis of the 5P collaborative care plans.

The mutual help meetings have proved really successful both in bringing everyone on the ward together but also involving all in the fun weekly ‘challenges’.

Fish and chips Fridays have proved a great success and allow everyone – both service users and staff to enjoy time together in a relaxed social forum.

Jo Neate Band Occupational Therapist on Lamesley stated:

“Our weekly mutual help meeting is a great way for all patients and staff to get together and show appreciation for the little things that can mean a lot. Any suggestions made are listened too and acted upon and the meeting usually ends with a fun challenge to bring everyone together.”

Other regular events include the daily coffee morning and Tea at 2 every Tuesday, when sessions including involvement from “Music in Hospitals” as well as guest speakers.

Karen Richardson, Ward Manager on Lamesley, stated that: “The formulation meetings and family meetings have helped the team think in a more psychological way, gain a shared understanding and bring in new perspectives. This has helped increase compassion, empathy and collaboration within the team, patients’ and their carers’. Some of the work we have done helps remind us why we come into nursing despite the difficulties we face”.

Sarah Healy, Clinical Lead on Lamesley, gave an example of one of the formulation discussions: “An Accident & Emergency nurse attended the ward formulation meeting to discuss a patient who regularly attended A&E presenting with self-harming behaviours. The A&E Nurse said she had a better understanding of the patient and said she would learn to be less judgemental of the patient’s behaviour. She found the formulation beneficial to her nursing practice and would communicate information back to her multidisciplinary team.”

Lamesley has recently commenced a project with NTW Innovations looking at reviewing current processes to attempt to streamline ward process to allow more direct care time from the staff.

Willow View

Willow View is a 17 bedded “moving on unit” based at St Nicholas’ Hospital

Mutual Help Meetings

The mutual help meeting is firmly embedded in ward culture. This is a weekly group which has gone from strength to strength. We now regularly see service users chairing the meeting and taking a lead on the organisation. It is a group that is always well attended and is highly valued. It is an excellent way of having shared protected time for staff and service users to come together.

We have had attendance at the group from colleagues from within NTW to see first-hand how the group runs. Recently it was attended by communications adviser – Link below to the article that was written following his visit:

https://www.ntw.nhs.uk/news/focus-on-mutual-help-meetings/?utm_source=bulletin&utm_medium=email&utm_campaign=05022019

Star Wards activities

Theme nights – A map of the world is on display within the unit. Via community meetings a country to 'visit' is decided and a social evening influenced by the cuisine and culture from that country is organised.

Walking group – A well embedded walking group takes place weekly led by Ray and Geordie. As well as having physical health benefits it is a social group which allows recreational opportunity to explore both the local and wider North East area.

Carer Group

Carer support groups are well established on Willow View and take place monthly. They are facilitated by the carer champions on the ward, with attendance from different members of the MDT. The focus of each group is led by what the carers wish to discuss/share. At the request of the carers there has been attendance from external agencies e.g. recently the Newcastle Carers centre attended to share what their service could offer carers.

Willow Warbler

A monthly publication which is service user led. Great ideas, thoughts are shared via the Willow Warbler along with lots of fun facts!

There is a focus on having a range of shared social activities on the ward. We have found that maintaining the activities, ensuring that groups consistently are available and take place has been an important factor of late. It has been noted that because of a number of the star wards activities, groups, safe ward interventions we have embedded for some time now it has allowed us to still positively engage with service users and maintain a therapeutic environment even when some of the needs of the service users have becomes more acute.

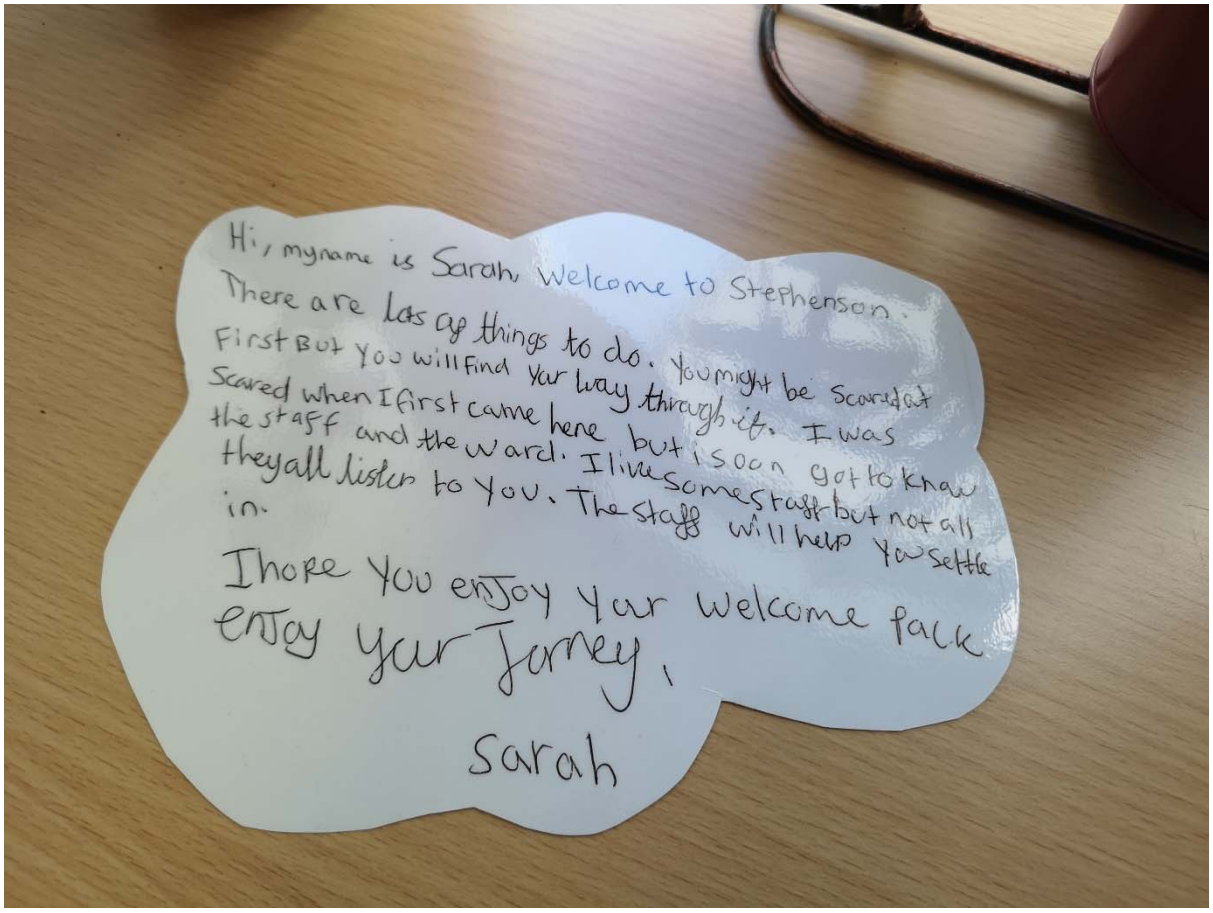
Community Services, South Locality, Sunderland and South Tyneside

A Positive and safe launch event was held in November 2018 for the community services within our locality. This was a fantastic opportunity to find out about the success of the strategy within inpatient services and consider how we can transfer the learning and good practice to the community. For the attendees this made complete sense and staff were really keen to make a start on implementing our own interventions following the event; acknowledging that the patients move from inpatients to the community and vice versa, therefore would recognise and understand the interventions.

We have commenced a Positive and safe forum and each of our community teams have nominated positive and safe representatives. The enthusiasm from the teams has been fantastic within 72 hours the staff were making changes and implementing interventions to improve the patient and carer experience. Examples were bringing in book cases and books for waiting areas as well as toys for children.

Although the teams were asked to commit to one intervention to be achieved over six months, most teams have opted to introduce a number of interventions. Examples of these include; Blackboard walls in CYPS waiting areas, Positivitrees at our community bases, working with service users to make soothe boxes and high five boards for staff.

Although early days we are really optimistic that these interventions are going to make a big difference to our service users. Our challenge is going to be evaluating the interventions and understanding the impact that they have made, however, as clinicians and service users we are certain that it is the right thing to do, supported by the evidence base which already exists from the inpatient services.



The young person who wrote this was reflecting on what might have helped her when she arrived at Ferndene. She thought that a message from a patient that had been there and moved on might provide her with some reassurance that she would be ok as it was a very scary time. The message then became part of a welcome pack that all new patients now receive, these contain toiletries and a few goodies to make the admission process less daunting.

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

Trust Board

Meeting Date: 7th August 2019

Title and Author of Paper: Safer Staffing Exception Report May 2019 Quarter 1 – Including Six Monthly Skill Mix Review Update
Vida Morris, Group Nurse Director, North Locality Care Group

Executive Lead: Gary O'Hare Executive Director of Nursing and Operations

Paper for Debate, Decision or Information:
Information

Key Points to Note:
The following report includes the exception data and analysis of all wards against Trust agreed Safer Staffing levels for the period May 2019.

As work in relation to Safer Staffing progresses Trust wide, including both Carter Initiatives and progress of actions via the Trust wide Strategic Staffing Group, more information is there to facilitate a broader narrative regarding any areas out with the tolerance levels.

The Strategic Staffing Group has recently considered the limitations of the staffing data, the data does not capture where staff are moved between wards short term for a span of duty or where staff are providing high levels of observation to mental health or learning disability patients who are currently inpatients in Acute Hospital Care. Therefore the narrative highlights the reasons for the variance in more detail

May 2019:
The report provides information on day and night staffing usage across all inpatient wards in NTW. For figures out with tolerance levels a narrative is provided to provide the underpinning rationale for these changes.

The analysis confirms there were no instances of harm attributed to variance in safer staffing levels in this reporting period.

Since the last Trust Board report, January 2019, workforce plans and skill mix have continued to be reviewed and are subject to close monitoring and scrutiny, taking into account demographic profiles, investment, service developments and transformation. Most importantly within inpatient areas across the Trust changes in clinical need influence safe staffing levels on a daily basis across the Trust.

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

Risks Highlighted to Committee :
None

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

Equal Opportunities, Legal and Other Implications:
N/A

1. Background

All NHS Trusts are required to publish information about the number of Registered Nurses and Non-Registered Health Support Workers on duty per shift on their inpatient wards.

This initiative followed the "Francis Report" which called for more openness and transparency in the health service and is in accordance with guidance issued by NHS England and the Care Quality Commission.

Full details are reported to public meetings of our Board of Directors and made accessible to the public via NHS Choices and NTW websites. The Trust is also required to display information to service users and visitors in our wards that shows the planned and actual staffing available on each shift.

2. Purpose of this report

The purpose of the report is to provide assurance on the current position across all inpatient wards within NTW in accordance with the National Quality Board (NQB) Safer Staffing requirements.

Detailed internal oversight and scrutiny is in place to ensure safer staffing levels are in place and appropriate action is taken where necessary.

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels. The exception reporting is via a RAG rating that identifies the following categories:

- red for any ward under 90%
- white for within range
- green for wards over 120%

3. Data Limitations – Staff redeployment between wards

In line with Carter recommendations, to ensure efficient use of resources, inpatient services on specific sites work collaboratively via 'Daily Huddle' meetings to utilise the available staffing resource fully. However the report does not capture short term temporary resource movement as the TAeR system cannot be adjusted for any movement less than one week duration.

4. Reporting Process

The report is produced by the Safer Care Directorate on behalf of the Trust Board, Business Delivery Group and Collective Business Units. Information is retrieved via the Time and Attendance system (TAeR) and is supplied to NHSE via the Unify Report.

To help to improve the narrative around exception reporting, acuity levels and dependency information is captured via a return from each locality/CBU.

5. Safer Staffing Exceptions

The tables below provide information on all wards across the Trust. Where wards show staffing levels which are either higher or lower than the planned staffing a narrative rationale is provided for this. As part of the ongoing scrutiny process, each month wards from each CBU that appear in the exception tables are highlighted which enables us to provide a more detailed narrative and feedback from wards on the rationale for the variance.

South Locality

The South CBU has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale - Meadow View	108.52%	154.49%	145.94%	142.81%	**Over** - One band 3 vacancy and 1 band 2 vacancy currently out to advert. Bank being used on nightshift due to increase in levels of observations. Some bank and agency used on days due to short term sickness.
Beadnell	104.63%	66.73%	109.69%	161.71%	**Under** - unregistered staff is reflecting nursey nurses doing twilight shift and additional staff required for observation. **Over** - Unregistered is reflective of current vacancies supported by registered staff but also low occupancy levels.
Beckfield	79.52%	189.13%	115.83%	131.88%	**Under** – Three band 5 vacancies currently out to advert. **Over** – To supplement band 5 vacancies and management of acuity with increased observations levels.
Bridgewell	135.56%	126.34%	112.23%	102.03%	**Under** - One band 5 vacancy at present out to advert. Four band 3 long term sick. Sickness being actively managed. **Over** – Acuity of patients on ward fluctuates due to physical health and a 1:1 on ward due to challenging behaviour and Safeguarding issues.
Brooke House	91.96%	89.71%	98.84%	112.61%	**Under** - currently flexible rostering which appears to decrease the number of unfilled shifts by bank. This is being closely monitored.
Cleadon	110.63%	99.82%	132.90%	155.64%	**Over** - Continue to work over establishment particularly at night. This is in relation to increased clinical activity with patients being admitted who have complex physical and mental health needs.
Clearbrook	129.00%	260.82%	105.91%	228.12%	**Over** - Due to eyesight observations fluctuating between 2 – 6 patients over the month and never decreasing below 2. Staffing budget allows for 1 within eyesight observations per baseline staffing shift.

Longview	104.01%	219.06%	145.01%	177.09%	**Over** - on beds due to leave beds being utilised, thereby increasing occupancy level. One Band 5 vacancy, currently out to advert.
Marsden	126.56%	127.90%	107.48%	125.37%	**Over** - Due to acuity of need and heightened risk. Between 4 and 5 within arms length or within eyesight observation level consistently over the month. These levels of observation are subject to daily review.
Mowbray	118.17%	117.48%	117.91%	178.14%	Over - Due to acuity of need and heightened risk. Between 4 and 5 within arms length or within eyesight observation level consistently over the month. These levels of observation are subject to daily review. Over on non-registered day staff due to 1 x Band 3 and 2 x Band 2 vacancies currently out to advert. Increased bank and agency use due to complex needs and increased observation. Over non-registered night staff due to acuity and observation. Increased levels supported by use of bank and agency.
Gibside	81.18%	184.74%	102.97%	102.37%	Currently utilising bank staff to support current vacancies, which are out to advert.
Roker	103.75%	103.48%	104.80%	108.61%	**Under** - due to vacancies currently out to advert and staff sickness levels. Over - due to clinical acuity and increased observation.
Rose Lodge	103.63%	238.28%	57.51%	252.40%	**Under** – Two band 5 vacancies currently out to advert, supplemented by bank usage. **Over** - Working over establishment due to high levels of observations due to complexity.
Shoredrift	78.69%	178.61%	116.14%	127.27%	**Under** qualified vacancies covered with staff from other wards on site or bank staff. **Over** - acuity of need and increased observation levels.
Springrise	73.33%	254.57%	109.46%	191.01%	**Under** - current vacancies out to advert and some long term sickness. **Over** - Increase in observation levels and clinical acuity.

Walkergate Ward 1	154.91%	186.98%	103.20%	206.52%	**Over** - Current numbers are reflective of 2 wards being combined together. This should be addressed by next month's report and reflect new safer staffing establishments.
Walkergate Ward 2	80.11%	85.23%	104.72%	141.57%	**Under** – Due to low occupancy. Due to these levels ward 2 able to support other wards on site with staffing.
Walkergate Ward 3	84.73%	75.73%	105.02%	146.96%	**Under** – 4 Registered vacancies currently out to advert, also one maternity leave and some staff sickness. Staffing being supported by other wards on site.
Walkergate Ward 4	70.33%	89.70%	99.74%	119.25%	**Under** – 5 Registered vacancies currently out to advert, also one maternity leave and some staff sickness. One band 3 vacancy currently out to advert and two unregistered staff sickness.
Ward 31a	117.65%	59.85%	105.66%	103.20%	Seven vacancies in total, registered and unregistered staff, due to difficulty to recruit, long term sickness and maternity leave. Ward has been slight under occupancy this month.

South Locality

South Inpatient CBU

A number of wards are still carrying vacancies, mainly band 5 Registered Nurses. The wards which are under the 90% for unregistered staff are either due to a temporary reduction in bed occupancy (Aldervale and Rose Lodge) or from the redeployment of staff to assist other wards to ensure that the patients receive safe care. Wards that are over 120% of unregistered staff reflect the increased levels of observations and acuity which have significantly increased over this month particularly on Marsden Mowbray and Clearbrook.

The highest number of qualified vacancies relate to Shoredrift. The variances on additional qualified on nights are in relation to preceptorship nurses. These nurses are still requiring completion of their 6 month preceptorship period before they can fulfil the role nurse in charge, therefore they continue to need the support of a qualified nurse. In addition leadership on night duty is being strengthened by the use of a Band 6 working alongside the Night Coordinator to support the Hopewood Park site.

Gibside

Currently under occupancy but still needing to use 2 x band 5 bank nurses and 1 x unregistered bank nurse to support vacancies which are due long term sickness, 1 x band 5 retiring in March 19 who will be replaced by a preceptorship nurse on 9th September, 2 x band 5 leaving to be replaced by Open University students around October.

Ward 31A

Seven vacancies in total, registered and unregistered staff, due to difficulty to recruit, long term sickness and maternity leave. Ward has been slight under occupancy this month.

North Locality

The North CBU has 14 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	114.98%	158.28%	112.66%	136.46%	**Over** – Unregistered due to increased observations, including eyesight observations and high acuity. Daily nursing escort to NSECH for routine and urgent appointments. Another 2 x Nursing escorts on 3 occasions to NSECH.
Ashby	98.51%	227.96%	119.99%	187.40%	**Over** – Unregistered due to long term segregation and increased observation levels. Increased peer to peer risks resulting in safeguarding alerts. Increase in self-harm and an increase in staffing on night shift to reflect high acuity levels.
Bluebell Court	62.75%	97.81%	108.11%	198.12%	**Under** - Currently at 50% bed occupancy.
Embleton	117.39%	179.41%	102.98%	185.03%	**Over** – Unregistered due to seclusion management of one patient with Autism Spectrum Disorder (ASD), out of pathway requiring long term segregation and 2:1 to manage in an acute setting.
Fraser House	87.99%	145.64%	123.11%	197.14%	**Over** - Patients requiring high level observation due to high acuity. One long term segregation requiring 2:1 nursing. **Under** - 2x Band 6 long term sick leave. 3x Staff non-clinical duties - recovering from physical injuries/illness. 1x Band 3 pregnant, restricted duties. 2x Band 3 long term sickness. 3x Restricted duties whom have just returned to work from sick leave. All being effectively managed.
Hauxley	75.29%	94.36%	103.80%	109.06%	**Under** - Reduced bed occupancy.
Kinnersley	93.43%	133.28%	107.41%	135.24%	**Over** – Unregistered due to increase in staffing to provide an individual care package.
Lennox	109.52%	252.26%	110.16%	237.31%	**Over** - Increase in staffing to provide individual care packages and management of segregation and seclusion.
Newton	97.36%	178.52%	107.25%	85.01%	**Over** - Increase in staffing to provide an individual care package. **Under** - Reduced percentage on night duty due an error regarding Safer Staffing calculations, which has since been rectified for next month's report.

Redburn YPU	118.48%	138.43%	143.06%	210.33%	**Over** – Increase in eyesight observations due to ligaturing behaviours. 1x Young person with eating disorders within RVI 5:1 staffing.
Stephenson House	172.37%	119.64%	156.59%	143.78%	**Over** - 1x Band 6 long term sickness. 1x Band 5 pregnant and on restricted duties. 3x Band 3 long term sickness. 1x long term segregation. High level observations (all 2:1) due to peer mix and high levels of acuity. 2x vacancies out to advert.
Warkworth	97.27%	231.17%	119.44%	174.55%	**Over** - Seclusion management and increased observation levels. 1 x patient with ASD, out of pathway requiring long term increased observations.
Woodhorn	77.73%	209.65%	92.54%	103.99%	**Over** - High levels of assistance required for personal care. **Under** - Registered nurse vacancy out to advert. 2 x Staff on maternity leave.
Mitford	163.73%	165.86%	152.15%	142.69%	**Over** - Increase in staffing to provide individual care packages. Night Registered Nurses increased due to clinical activity with a new admission – incidents were largely happening within the evening and night time. Also, patient admitted to NSECH requiring Registered Nurse escort.

North Locality

The wards within the North Locality Care Group have a higher admission and discharge rate than the other two localities. This means that there is high demand on staff resource due to the acute nature of individual presentation on admission. Requiring safe management of seclusion / segregation and increased levels of observations due to risk of harm to self or others and often frequent reassurance to other patients on the ward, particularly at times of incident.

Older people's wards in the North Locality require high levels of nursing support to enable the needs of those who require increased levels of assistance with personal care as well as increased observation due to risk of falls and/or other physical frailties.

Safeguarding measures may include increased observations to protect patients from risk of patient to patient harm.

Where patients require acute intervention or regular attendance for follow up related to physical health care needs, nursing escorts are required to accompany the patient to the acute hospital for the duration of their appointment or their stay. This is required to support the patient and reduce risk, which impacts on the total resource available for any span of duty.

There are a number of preceptorship nurses who are still requiring completion of their 6 month preceptorship period before they can fulfil the role nurse in charge. Clinical Nurse Managers and Ward Managers meet daily in the 'huddle' to reflect on staffing resource across services. Decisions are made to relocate nursing resources from one ward to another, source pool nurses, bank nurses or agency to meet demand. The reasons for the demand are articulated against each ward. These reasons can occur at very short notice, for instance due to admissions and change in presentation, so there is some reliance on pool and bank being able to respond at short notice to sustain the numbers to meet the need.

Central Locality

Central have 17 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	100.25%	125.82%	105.79%	68.89%	**Over** - Two admissions to the ward in this period. **Under** - Three preceptors supported night duty for experience which reflects the decrease in unqualified night duty.
Akenside	94.46%	88.24%	103.35%	106.94%	**Under** - Protocols used throughout the month to manage the shortfall in staffing after 17:00. These protocolled staff would not be drawn through the TAeR system to evidence compliance with safer staffing figures (as they would be reported as working on to their donor wards and not Akenside)
Bede	66.23%	124.03%	99.44%	108.03%	**Under** - Two band 5 vacancies supported by unqualified staff. One staff member on a phased return. **Over** – To reflect clinical acuity.
Castleside	96.78%	105.25%	104.12%	141.37%	**Over** - Increased within eyesight observations at night has led to an increase in Unqualified nurses.
Collingwood Court	84.53%	160.66%	64.45%	162.86%	**Under** – Support from other staff in the CBU. **Over** – To reflect clinical acuity.
Cuthbert	164.46%	163.32%	203.55%	193.84%	**Over** - Two patients had period of inpatient admissions at the RVI over the month requiring x 2 staff to support for each patient.
Elm House	89.00%	77.49%	102.96%	102.54%	**Under** - One staff member on long term sick leave after planned surgery, which has had an impact on qualified staffing numbers. However still within safe staffing levels as under occupancy.
Fellside	133.87%	154.84%	121.38%	200.68%	**Over** - Increased acuity and eyesight observations.
Lamesley	99.24%	158.28%	97.62%	125.31%	**Over** – Due to clinical acuity and increased observation / bed pressures.
Lowry	101.30%	197.06%	103.12%	158.67%	**Over** - Increased acuity and eyesight observations.
Oswin	86.44%	185.71%	124.68%	195.41%	**Under** - 1 Staff nurse vacancy out to advert x 1 staff nurse recruited but not yet in post. **Over** - The ward experienced high levels of acuity and high observation levels. Also managed a long term seclusion and an in-patient stay at the RVI.

Willow View	92.18%	121.03%	103.09%	56.02%	**Under** - 2 support workers on long term sick leave. 2 support workers on short term sick leave. 2 support workers on restricted duties. **Over** – Due to clinical acuity.
KDU Cheviot	66.10%	152.72%	101.61%	108.51%	**Under** - Shortages with registered nurse following retirement and staff leaving - out to advert. However, unregistered staff used to make correct overall numbers. Ward always covered with a qualified nurse day and night shift in line with safe staffing numbers.
KDU Lindisfarne	92.25%	150.42%	114.70%	216.00%	**Over** - Increased numbers of unqualified staff required due to level of observation required by individual patients.
KDU Wansbeck	88.94%	172.57%	96.93%	161.54%	**Over** - Safer staffing levels have been achieved by additional nursing assistants where registered nurses were unavailable, however a minimum of 2 registered nurses have been on shift throughout the day on all occasions.
Tweed Unit	92.86%	93.40%	110.20%	144.23%	**Over** - The increase nightshift is to manage current safeguarding issues on the ward.
Tyne Unit	88.01%	124.46%	113.64%	142.85%	**Under** – Due to registered nurse sickness. Recruitment out for qualified and unqualified staff. **Over** - Current patient group have complex needs and require a minimum of 2:1 support.

Central Locality

Central Inpatient / Moving on

During May there have been high levels of acuity on the admission wards, the projected Talk First data points to a significant rise in incidents of assault, seclusion and restraint. Staffing numbers, particularly for unqualified staff, had been increased to deal with this level of clinical acuity. There are several vacancies at band 3 and 5, which are currently out to advert.

Older Peoples

High levels of sickness within the two wards coupled with a high vacancy factor and increased observations, has led to pressures in service.

Secure Care Mental Health

Within the wards there has been increased clinical acuity over this period, with a number of patients experiencing physical health needs requiring acute hospital admission. There has been an increase in bed flow across Aidan and Cuthbert. Bede is in transition of moving which has created some movement of qualified staff who have decided to take alternative opportunities than relocating to Northgate. There are a number of preceptors who are at different stages of their preceptorship, which during this period reduces the flexibility of staff movement to support across the wards with qualified staff.

Secure Care Learning Disabilities

Continual pressure across the service due to clinical needs of complex patients. One patient also had deterioration in physical health that warranted admission to an acute hospital. Wards are experiencing higher levels of:

- Long-term segregation
- Long-term seclusion
- Enhanced observation and engagement

6. Recruitment update

Monthly recruitment campaigns are now well established and assist in reducing delays in the vacancy filling process and also in providing a much more responsive approach to recruitment. The next campaigns are scheduled for June and July 2019.

There are 64 students who qualify in September and are due to commence with the Trust in September, having already been interviewed earlier in the year.

7. Retention Strategy

Progress against the staff retention action plan continues to be monitored. Progress against the actions is reported monthly to the Strategic Staffing Group. Outputs include:

- Exit interview processes relaunched
- Stay interview – pilots in planning stage
- Alumini website development on track
- Review of flexible working arrangements
- Retire and Return policy updated and issued

8. Six monthly skill mix review & analysis of current staffing matters

Trust wide value based recruitment and retention

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

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

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

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

We have appointed a Senior Nurse to support the Group Nurse Director Safer Care who has the lead for values based central recruitment and the NHSI Staff Retention project. This is a fixed term part time appointment. The key objective for this post is project managing, in partnership with the Trust recruitment team, the new model of monthly recruitment rolling programme. The post will also support the Group Nurse Director and Head of Workforce in the delivery of the NHSI retention project. The appointee will take up post in early September 2019.

Pathways into nursing and enhancing the workforce

<u>Trainee Nursing Associate</u>

A Trainee Nursing Associate (TNA) is a new generic nursing role in England that bridges the gap between healthcare support workers and registered nurses, to deliver hands-on, person-centred care as part of the nursing team. The role has been introduced to help build the capacity of the nursing workforce and the delivery of high-quality care while supporting nurses and wider multidisciplinary teams to focus on more complex clinical duties.

Nursing associates are a new profession with a protected title in law. The role is regulated in England by the NMC, which means that we can only employ people into the role who are qualified and registered as nursing associates. Nursing associates are accountable for their practice, bound by the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. They are regulated in broadly the same way as Registered Nurses; this includes registration, revalidation and fitness to practise. To date the Trust has supported two cohorts as part of a national pilot:

Cohort 1
The initial cohort of 10 Nursing Associates graduated in April 2019 and following a comprehensive induction programme they are currently undertaking a six month competency based preceptorship programme following deployment. As this is a new national role, we are undertaking an evaluation identifying and managing the potential benefits and risks posed by the introduction of this new role and its impact on skill mix and will report on this in due course. CBU/Trust wide workforce plans will need to consider how skill mix will flex to accommodate this new TNA role in practice. A small task and finish group has been established to develop policy and competency frameworks and is currently focused on medication competencies and a role in discharging the mental health act via the Scheme of Delegation.

Cohort 2
Having taken advantage of an enhanced training grant to support learning disability workforce capability we recruited 11 Health Care Assistants to a second cohort which commenced in December 2018. To meet the requirements of the funding arrangement those who were employed in mental health services have been transferred to learning disability services. The cohort are supported by the Practice Placement Team via peer support sessions and are progressing well.

Assistant Practitioners

From the initial stages in the development of the TNA programme it was identified nationally that Assistant Practitioners would have the opportunity to undertake a bridging programme, which would enable them to become Nursing Associates.

Teesside University have gained NMC approval to deliver a bridging programme which will allow Assistant Practitioners (who meet entry requirements) to undertake a bridging module followed by the competition of the second year of the current Nursing Associate programme.

The programme is a combination of theory and clinical placement (which equates to 45 days in placement and 45 days at University). Trainees will remain in their current workplace while also undertaking clinical placements covering:

- Inpatient
- At Home
- Close to home

It is understood that not every Assistant Practitioner will wish to become a Nursing Associate and at this point we are encouraging people to apply as the role of a Nursing Associate offers the chance to stretch the level of competence. This programme was not available when the assistant practitioner route was supported in the Trust. At the current time there are no Trust wide plans to have Nursing Associates only. As work develops across the CBUs to identify future workforce needs this picture could change. All Assistant Practitioners have been contacted, offering guidance on career opportunities and a number have successfully applied to undertake the Degree Level Nursing Apprenticeships (DLNA). The Trust will continue to support them. The Trust is also facilitating information sessions and hopes to have a cohort in place for the September 2019 intake.

Secondees to Nurse Training

Currently the Trust is supporting the following numbers of staff to undertake their nurse training:

Open University

- 7 Mental Health Nurses are due to qualify in August 2019
- 5 Mental Health Nurses are due to qualify in August 2020
- 2 Adult Nurses are due to qualify in August 2020

Teesside University (Traditional full time 3year programme)

- 10 Learning Disability Nurses are due to qualify in January 2021)

Nurse Degree Level Apprenticeship

Following the launch of the Nurse Degree Level Apprenticeship and the recruitment of the initial cohort of 38 the Trust have recruited a further 19 who have now commenced the programme. The Trust will also be recruiting a further 20 in January 2020.

MSc Advanced Clinical Practice Apprenticeship Programme development

Following successful NMC validation in which the Trust was commended for its partnership approach with Sunderland University and City Hospitals Sunderland, the Trust has recruited 5 senior nurses to the two-year programme. Participants are supported by an experienced Nurse Consultant acting as their Education Supervisor and are further supported by both an Academic Supervisor and Clinical Supervisor.

The development underpins the Trust Nursing Strategy strategic aim to create capacity, capability and flexibility to work across traditional boundaries. New roles will enable the development of the "next generation" of senior nurses and support staff recruitment and retention by creating a clear clinical career pathway. This is in line with the Trust plan to "grow its own" workforce from entry to Nurse Consultant level. CBU/Trust wide workforce plans will need to consider how skill mix will flex to accommodate this role in practice.

Current workforce initiatives

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

Nursing Bank and Agency Usage

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

9. Conclusion

Daily risk assessment takes place according to changing clinical need and levels of acuity. Adjustments are made as necessary to ensure that patient safety is not compromised. The report highlights the significant collaborative work undertaken between wards on the respective sites to ensure staffing resources are used effectively, reducing the need for temporary staff in line with the Carter Action plan. There were no incidents of harm in May 2019 attributed to staffing levels.

The six monthly skill mix review confirms the actions being taken to secure the future nursing workforce and also highlights the collaborative partnership work being undertaken with education providers. NTW Trust is at the forefront of implementing these positive nationally driven nursing developments in which the NTW Academy has been instrumental in leading and taking forward.

Vida Morris, Group Nurse Director, North Locality Care Group
July 2019

Appendix 1

The table below highlights the number of medical agency locums in post as at 26 July 2019.

Current Locums in Post as at 26.7.19							
Group	Grade	Total Nos	Duration in Current Post	Base	Reason for cover	Duration in Trus	Over Cap
Central	Consultant	5	4 yrs 6mths	Adult, CAV	Vacant Post	9yrs 2mths	
			2yrs 3mths	OPS, Akenside, CAV	Vacant Post	2yrs 3mths	
			9mths	Liaison, RVI	Vacant Post	2yrs 3mths	
			1yr 1mth	Community	Vacant Post	1yr 1mth	
			2mths	Ncl West CTT	Vacant Post	2mth	
	SAS	1	1yr 10mths	Benton House	Vacant Post	1yr 10mths	
	Junior Dr	1	2mths	Lowry & Fellside Wards	Vacant Post	2mths	1
	Total	7					1
North	Consultant	5	3yrs 1mths	LD Cramlington & Rose Lodge (Split post 9 North)	Vacant Post	3yrs 1mths	
			2yrs 11mths	LD N Tyneside & N'land	Vacant Post	2yrs 11mths	
			1yr 1 mth	Warkworth IP, SGP	Vacant Post	1yr 1 mth	
			11mths	Community Blyth/Ashington	Vacant Post	2yrs 10mths	
			3mths	Alnmouth, SGP	Vacant Post	3mths	1
	SAS	4	8mths	Alnmouth, SGP	Vacant Post	2yrs 4mth	1
			1yr 7mth	Warkworth IP, SGP	Vacant Post	1yr 7mth	1
			6mths	Fairnington Centre	Vacant Post	5yrs 9mths	1
			6mths	Bluebell SGP	Vacant Post	10mths	1
	Junior Dr	1	1mth	Warkworth IP, SGP	Vacant Post	1mth	1
	Total	10					6
South	Consultant	2	2yrs 7mths	LD Cramlington & Rose Lodge (Split post 4 South)	Vacant Post	3yrs 1mths	0
			7mths	Liaison South Tyneside	Vacant Post	2yrs	
	SAS	0					0
	Junior Dr	0					
	Total	2					0
	Overall Tota	19					7

Northumberland, Tyne and Wear NHS Foundation Trust

Meeting Date: 7 August 2019

Title and Author of Paper:

Medical Revalidation Annual Board Report 2018/19 : Dr Rajesh Nadkarni (Executive Medical Director) and Professor Eilish Gilvarry (Deputy Medical Director)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Annual Compliance Report to be signed off by Board
- Appraisal Compliance 100% in 2018/19
- Quality Audit Programme completed with Positive Assurance given
- Revalidation Work Plan completed for 2018/19
- Revalidation Work Plan for 2019/20 now developed and ongoing
- Ongoing development of CPD programme to support Revalidation

Risks Highlighted to Committee :

- Transfer of Cumbria medical staff to NTW who use a different system to enable rapid engagement & training to ensure 100% compliance with appraisal cycle

Does this affect any Board Assurance Framework/Corporate Risks?

Please state: No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None – to go to Trust Board 7th August 2019 for Agreement and Statement of Compliance to be signed by CEO or Chairman

Link to Policies and Strategies: None

Medical Revalidation Annual Board Report 2018/19

Section 1 – General:

The board of Northumberland, Tyne & Wear NHS Foundation Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 6th June 2019 Action from last year: To note there were no formal actions identified from last year. Comments: The Revalidation Team Local Work Plan 2018/19 was completed (Appendix 1). Action for next year: The Revalidation Team Local Work Plan for 2019/20 has been identified and actions will be completed accordingly (Appendix 2).

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Dr Rajesh Nadkarni, Executive Medical Director is the Responsible Officer for the Trust and St Oswald's Hospice.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

The Revalidation Team consists of: Professor Eilish Gilvarry, Deputy Medical Director, Dr Hermarette Van den Bergh, Associate Medical Director – Revalidation, Dr Sunil Nodiyal, Associate Medical Director – Appraisal, Revalidation Admin Team and 42 trained appraisers.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The Revalidation Admin Team regularly checks against GMC Connect to ensure appropriate doctors are connected to the Trust and any leavers have been disconnected.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

The following policies were updated: Private Practice; Handling Concerns about Doctors Action for next year: To Review the following policies; Change of Consultant; Peer Review/Supervision

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

External Audit from Audit One was conducted (2018) on the Revalidation Processes with assurance given. In accordance with the agreed Audit Programme for the financial year 2018/19 a clinical audit on the appraisal summary output, using the ASPAT audit tool, was undertaken in September 2018 (Appendix 3). The purpose of the audit is to provide quality assurance in relation to appraisal process, content and quality to NTW board and external regulatory bodies, (GMC and NHS England). There have now been 2 ASPAT Audits conducted in 2017 and 2018. Action for next year: Further Audits to be carried out as per Local Work Plan 2019/20.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

The Locum Support Document/Checklist was reviewed (2018/19) and subsequently updated and re-circulated to all Medical Managers. Action for next year: To review the updated guidance from NHS England on 'Supporting Locums & Doctors in Short-Term Placements'. Continue to review process for performance management of locums

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Prior to each doctor's revalidation date, the RO, Deputy Medical Director, AMD for Revalidation and Revalidation Admin Team comprehensively review all aspects of the doctor's appraisals over the revalidation cycle (which comprises 5 years and usually up to 5 completed appraisal portfolios). This process provides assurance that all required inputs and outputs are of the required standard. A standard assurance template from the appraisal policy is used for this purpose. In addition, serious untoward incident and complaint data is cross-checked with Trust databases to ensure that the doctor has declared all relevant information in their appraisal. Regular reminders are given at the Appraiser Development Group to ensure all evidence is obtained for Whole Scope of Work.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Not applicable - see question 1

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Medical Appraisal Policy is in place with a review date of December 2020

Action for next year: To review the policy as part of Local Work Plan 2019/20 and any National changes.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Within the year 2018/19 there were 42 trained appraisers, this includes 2 appraisers from St Oswald's Hospice. There is a Priming Appraisal process in place to ensure all newly appointed doctors meet with the Revalidation Admin Team and hold an initial meeting to agree Personal Development Plan (PDP) within first 3 months of appointment.

Action for next year: Continue to monitor number and training of appraisers.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[1] or equivalent).

All appraisers must attend a minimum of one Appraiser Development Group meeting which are held throughout the year to provide updates and discussion on relevant Themes, updates from Regional RO/Appraisal Leads Meetings, SARD training sessions and appraisal feedback. All appraisers complete formal training prior to taking up the role and attend formal refresher training every 5 years. A central database of this training is updated accordingly by the Revalidation Admin Team.

Action for next year: Continue with Appraiser Development Meetings, review appraiser training records and provide relevant updates when necessary. The ASPAT Audit undertaken is; to ensure the quality of appraisal output and alignment with NHS England standards for appraisal; to review progress of appraisers, compared to the ASPAT audit; to develop recommendations and action plan for appraisers with regards to quality improvement; to identify possible further improvements required to the electronic appraisal system. This will be repeated in 2019/20.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

External Audit (Audit One) have reviewed the system as part of their annual plan 2018/19 with substantial assurance being granted.

Annually the appraisal summaries and outcomes to measure compliance with NHS England standards are reviewed using the ASPAT Tool. The 2018/19 ASPAT audit confirmed 88% of appraisal summaries audited met appropriate standards. The summaries not meeting with recommended standards (12%), had the body of the appraisal document individually reviewed. In all cases, the minimum standards for appraisal evidence were met. Certain domains within the appraisal summary were identified for development, and was fed back to the Appraiser Development Group. All appraisers who had submitted summaries not meeting the minimum requirement, were individually contacted and areas for development agreed.

Action for next year: Repeat the ASPAT Audit 2019/20

[1] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

60 doctors were due for revalidation in the year 2018/19. 60 appraisal records were reviewed, 56 were recommended for Revalidation. 4 deferrals were made and relevant action plans are in place to ensure they meet the standard for revalidation when the review period comes around. To note of the 4 deferrals made none of these related to Non-Engagement of process.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

All recommendations submitted were done so in a timely manner. Any deferral is discussed with the individual doctor concerned. This is discussed as part of the penultimate appraisal and plans to attain the relevant standards discussed. A letter is issued to the doctor outlining the reasons for deferral. All appraisers are advised, at the penultimate appraisal, to inform the Revalidation Admin Team of any concerns that have been identified if a doctor may not be on course for Revalidation.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The Handling Concerns about Doctors Policy was reviewed and updated accordingly. Regular support meetings are held with all Medical Managers throughout the year to discuss themes and ensure adequate support/action plans are in place. RO & Deputy RO meet regularly with the GMC Employment Local Advisor (ELA). Action for next year: Continue to review Policy and training for Medical Managers. Review GMC 'Fair to Refer' Report published by Roger Kline in June 2019. To review –'Effective Clinical Governance for the Medical Profession' Checklist to support/identify areas for development.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

There are regular Supporting Doctors/Handling Concerns management meetings (attended by Executive Medical Director, Deputy Medical Director, Group Medical Directors, Deputy Director of Workforce & Medical Staffing Manager). Any informal concerns are included in action plans and the doctor is asked to reflect and discuss this as part of their annual appraisal.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The Handling Concerns about Doctors Policy has been reviewed and updated. Capsticks (HR Advisory Service) are involved in all levels of concerns about doctors. Training is provided to all Medical and Operational Managers on the Handling Concerns about Doctors process. We approach performance issues sensitively, and ensure the doctor is supported at all stages of the process (both informal and formal). Action for next year: Continue to provide refresher training on the Policy/Process.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[2].

The Annual Revalidation Report is provided to the Trust Board which provides assurance and highlights any risks/concerns identified throughout the year. Medical Manager Meetings are held bi-monthly to review any issues identified, with Workforce and Capsticks in support as required.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation[3].

All new doctors joining NTW are subject to NHS Pre-Employment Checks of which one is to ensure satisfactory completion of Appraisal in the last 12 months. Medical Practice Information Transfer (MPIT) forms are also sent to last employing organisation which allows information to be shared between Responsible Officers.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

All policies are subject to Impact Assessment as part of the review process. The 'Fair to Refer' Report published by Roger Kline on behalf of GMC in June 2019 will be reviewed as part of the Local Work Plan for 2019/20 to ensure Trust processes are in line with the recommendations.

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

[3] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

As part of the Medical Recruitment process for all medical posts within The Trust (substantive, fixed term and agency locums) the NHS Pre-Employment Checks are undertaken. This includes the doctor providing evidence on: Qualifications, GMC Registration, Right to Work, and where relevant Approved Clinician and Section 12 Status.

Section 6 – Summary of comments, and overall conclusion

New Actions for 2019/20:

- **North Cumbria -** Ensure all medical staff in North Cumbria are engaged with the Revalidation, Appraisal and Job Planning processes.
- **Fair to Refer Recommendations –** Review Recommendations in Report
- **Effective Clinical Governance for the Medical Profession –** Review Checklist
- **CPD Events** - To promote & provide relevant internal CPD events for Consultants & SAS doctors throughout the year (Appendix 4)
- **ASPAT Audit –** Repeat for 2019/20
- **Supporting Locums & Doctors in Short-Term Placements** - Review NHS England document
- **Newsletter** - second edition to be issued in October 2019 (see last years (appendix)
- **Update -** Revalidation Team Members & Appraisers with all National Developments

Overall conclusion:

The Revalidation Team Local Work Plan for 2018/19 was completed with the 2019/20 Work Plan ongoing. Much thanks goes to the Appraisal and Revalidation Team for their administrative support, and the Appraisers for their continued enthusiasm and engagement with the Appraisal/Revalidation process. We ask that The Board are pleased with assurance given and sign the statement of compliance below.

Section 7 – Statement of Compliance:

The Board of Northumberland, Tyne & Wear NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief Executive or Chairman

Northumberland, Tyne & Wear NHS Foundation Trust

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _ Date: _ _ _ _ _ _ _ _ _ _ _ _

APPRAISAL AND REVALIDATION TEAM WORKPLAN 2018/19

WORK TO BE DONE	WORK ALREADY IN PROCESS OR COMPLETED	ESTIMATED COMPLETION DATE
Appraisers: • Consider number of appraisers against number of consultants Limit appraisers to 10 (but flexible) but ensure that all do at least 5-6 and review at each development meeting • Must attend at least one development meeting per year – lists of attendance will be kept	• MIAD training – evidence dashboard – all appraisers have completed • Appraiser development group up and running and reviewing numbers	• Ongoing process
Consultant and SAS • Drop in sessions for any concerns from Appraisal Lead and Revalidation Admin Team • Responsibility of Appraisal Lead to arrange informal meetings or Q/A • Newsletter to all Consultants and SAS Doctors- to update key themes and issues. End of year • Some appraisers available with specific interests eg Follett/Overseas	• Drop in sessions organised via JN when appropriate • Newsletter end of year from • Setting up record with particular interest	• Ongoing • March 19 • Done

Locum Trust Consultants and SAS/overseas-new to NHS • Ongoing review of all Trust Locums to ensure appraisal up to date and advice needed • Consider mentoring for new and overseas doctors to help to familiarise with SARD & the System	• Review of process for performance management of locums, together with HCAD policy • 360 Appraisal by Medical Manager for all locums employed over 3mths	• Done • Ongoing – revisit locum support document - EG/H • Meet with admin team and AMD for Appraisal
Website: • Review of the internal website-plan Q/A, important documents etc	• Discuss with Communications	• Ongoing – Mar 2019
Quality Assurance/Audit • Review of a random number of appraisals using ASPAT- with knowledge of feedback from 2016 review • Review of appraisal feedback • Review numbers of appraisal done by each person—average 6-10 with evidence on dashboard • Review action plans for performance management – quality assurance process—to clarify exact issues regarding thresholds to be audited • Review the process of identification and management of low threshold concerns within operations and their escalation. • Consider peer support and learning	• ASPAT audit in process • Appraisal feedback reviewed regularly, and personal feedback given by AMD if concerns identified • Upcoming meeting with Capsticks and Head of Workforce and Medical Education to discuss development of processes to ensure quality assurance of performance management processes, while ensuring confidentiality and sound information governance • Discussions with operational – and medical director re setting up peer support for devolved responsibilities • Spreadsheets updated weekly, e-mails and	• **ASPAT audit completed 2017 / Further audit 2018/19** • **Letter issued May 18** • **Ongoing – HCAD Complete** • **Ongoing – Performance meeting dates confirmed** • **Ongoing monitoring**

from performance e.g. action set (possibly similar to Appraiser Development Group—need further discussion with Operational and Medical Directors and issues of confidentiality to be resolved) • Systems to be set up to remind workforce of appraisal timing, allocation and completion with careful monitoring by Revalidation Admin Team and documentation of progress • Audit appraisals of new appraisers • Audit Reflections within Appraisals to be reviewed	reminders to all groups formulated and ratified	• **Audit to be undertaken by HVDB prior to March 2019**
Revalidation • Regular meetings – (monthly) to check on those doctors coming to within 4 months of revalidation to advise the RO • Processes to ensure improved adherence to appraisal timeframes	• Since appointment of AMD for Revalidation, have set up meetings with deputy RO and AMD for Revalidation • Processes in place to ensure adherence to timeframes and monitoring and quality assurance	• **Regular meetings to check and process revalidation paperwork** • **Sub Group meetings and review any concerns**
Mentoring • Training of mentors • Offering mentoring to new recruits		• **Training undertaken 2018 – offered to all new appointees**
SARD • Regular updates with team at SARD to update and support	• Regular meetings with SARD representative • Regular telephone updates	• **Ongoing – regular updates received**

further developments and quality • Consider quality measures and how reports can be taken from SARD	• Workshops offered to all users of SARD	
Policies • Review of Private Practice Policy • Remediation Policy – to be considered in light of changes to HDC	• All Policies have been reviewed, updated and are currently out for consultation, with the exception of Private Practice Policy, currently under review	• Private Practice Policy, rewritten and approved Feb2019
Job Plans • Arrange training for Medical Managers • Review all job plans—when and what is outstanding with emails ,reminders etc etc • Review quality of job plans (External Audit rated 'Good' 2017)	• To discuss development of audit tool for job plans with SARD representative	• External audit undertaken - done • Review of JP on SARD v ESR review via internal audit – Oct 2018 • External JP audit 2018/19 Pending
Performance : • Keeping updated concerns of doctors in terms of numbers and different levels of severity and issues that are being addressed • Training on HCAD for Medical Managers and other managers in view of changing policy • Regular meetings with GMC ELA- RO and Deputy RO	• Numbers of concerns in trust obtained for Board report • Assurance for collection of these figures devolved to operations and agreed at BDG • Training confirmed for September 2017 • Meetings going ahead	• **Ongoing** • **Done - Additional CPD training event early 2019** • **Quarterly meetings with ELA**

Security • Update IG Policies & Contingency documentation • Completion of GDPR Toolkit	• Discussions with Julie Burns IG to ensure full compliance with IG Documentation and Contingency plans in place	• Partial completion – revisit in work plan 2019/20
Private Practice • Produce templates with guidance followed by audit of the standards	• Evidence reviewed at appraiser meetings regarding scope of work	• February 2019
St Oswalds • Update SLA • Regular Communications	• Review with Commissioning • Quarterly Review with NTW & StO	• Complete - January 2019 • Ongoing

APPRAISAL AND REVALIDATION TEAM WORKPLAN 2019/20

WORK TO BE DONE	WORK ALREADY IN PROCESS OR COMPLETED	ESTIMATED COMPLETION DATE
Appraisers: • Consider number of appraisers against number of consultants. Limit appraisers to completing 10 appraisals (but flexible) but ensure that all do at least 5-6 appraisals and review at each development meeting • Must attend at least one development meeting per year – lists of attendance will be kept	• Review at Sub Group by Revalidation Team • Continue to review attendance at Appraiser development group	• Ongoing • Ongoing
Consultant and SAS • Drop in sessions for any concerns from Appraisal Lead and Revalidation Admin Team • Newsletter to all Consultants and SAS Doctors- to update key themes and issues.	• Drop in sessions organised via JN & SN when appropriate • 2nd Newsletter to be issued 31/3/20	• Ongoing • Issue by 31/10/19
Locum Trust Consultants and SAS/overseas-new to NHS • Ongoing review of all Trust Locums to ensure appraisal up to date • Consider mentoring for new and overseas doctors to help to familiarise with SARD & the System	• Obtain Compliance data from Locum Agency prior to confirmation of booking. • Continue to review process for performance management of locums • Review NHS England document – Supporting Locums & Doctors in Short-Term Placements	• Ongoing Ongoing By 30/10/19

Website: • Review of the internal website-plan Q/A, important documents etc	• Continue to review website & update documents when necessary	• Ongoing
Quality Assurance/Audit • Review of a random number of appraisals using ASPAT • Review of appraisal feedback • Review numbers of appraisal done by each person—average 6-10 with evidence on dashboard • Review action plans for performance management – quality assurance process—to clarify exact issues regarding thresholds to be audited • Review the process of identification and management of low threshold concerns within operations and their escalation. • Review Audit Reflections within Appraisals	• ASPAT audit completed in 2018/19 • Appraisal feedback reviewed regularly, and personal feedback given by AMD if concerns identified • Spreadsheets updated weekly, e-mails and reminders to all groups formulated and ratified	• ASPAT to be redone 2019/20 • ongoing • ongoing • 31st December 2019 • 31st December 2019
Revalidation • Regular meetings – (monthly) to check on those doctors coming to within 3 months of revalidation to advise the RO • Processes to ensure improved adherence to appraisal timeframes	• AMD for Revalidation to set up meetings with deputy RO and AMD for Revalidation • Processes in place to ensure adherence to timeframes and monitoring and quality assurance	• Regular meetings to check and process revalidation paperwork • Sub Group meetings and review any concerns
Mentoring • Training of mentors • Review of numbers of mentors and process • Offering mentoring to new medical staff	• Review of Mentoring Guidance	• 31/12/19

SARD • Regular updates with team at SARD to update and support further developments and quality • Consider quality measures and how reports can be taken from SARD	• Regular meetings with SARD representative • Workshops offered to all users of SARD • Priming appraisals held within 1st 3mths of new appointments	• Ongoing – regular updates received • Ongoing • Ongoing
Policies • Review of Change of Consultant Policy • Peer Review/ Supervision Policy	• Review Policies	• To review policy by 31/3/20
Job Plans • Review all job plans— when and what is outstanding with emails, reminders etc • Review quality of job plans (External Audit rated 'Good' 2017)	• To discuss development of audit tool for job plans with SARD representative	• External Audit on JP to be agreed by Audit One • Regular communication & reports to BDG & GMDs on compliance rates
Performance : • Keeping updated concerns of doctors in terms of numbers and different levels of severity and issues that are being addressed • Training on MHPS for Medical Managers and other managers in view of changing policy • Regular meetings with GMC ELA- RO and DRO	• Numbers of concerns in trust obtained for Revalidation Annual Board report • Training carried out by Academy & CPD events when necessary • Meetings going ahead	• Ongoing • CPD Training Event by 31/3/20 • Quarterly meetings with ELA
St Oswalds • Regular Communications	• Quarterly Review with NTW & StO	• Ongoing
CPD Events • Review adequate CPD events to support Revalidation of Medical staff and ensure adequate administration in place	• To promote & provide relevant internal CPD events for Consultants & SAS doctors throughout the year	• By 31/3/20

Scope of Work/Fee Paying Services • To ensure all medical staff are aware of their responsibility to provide evidence for their whole scope of work & any additional Fee paying work they undertake.	• Discussion at Appraiser Development Group to ensure Appraiser is checking with Doctor as part of Appraisal Interview • Ensure Doctor is aware of 'Scope of Work' & appropriate evidence to be provided	• 28/2/20
Diversity & Equality •	• Review GMC 'Fair to Refer' Report published by Roger Kline • Review –'Effective Clinical Governance for the Medical Profession' Checklist to support/identify areas for development	• By 31/3/20 • By 31/12/19
North Cumbria joining NTW 1/10/19 • Ensure all medical staff in North Cumbria are engaged with the Revalidation, Appraisal and Job Planning processes.	• Engagement and training Sessions with relevant Medical Managers, Appraisers & medical workforce.	• 1/10/19
S12/AC Status • Ensure all medical staff are aware of the need to renew S12 & AC Status. To be discussed as part of Appraisal Interview.	• Ensure SARD is updated to include expiry date for S12 & AC Status is listed within Appraisal page and appraiser to ensure discussion within Appraisal	• SARD to update system by 30/9/19

Northumberland, Tyne and Wear NHS Foundation Trust

Clinical Audit Report

ASPAT AUDIT SEPTEMBER 2018

Report [Version 1, 13/09/2018]

Description	Date
Draft Report Disseminated:	17/04/2019
Draft Report Approved (**Appraiser Support Group**):	18/07/2019
Final Report Signed-off (**Revalidation Sub-group meeting**):	18/7/2019

CONTENTS

Overall Outcome	**Enter:** Good Practice, Minor Areas for improvement identified
Highest Retained Risk Rating	**Enter:** Very Low

REPORT DISTRIBUTION

Distribution of the report is as follows:

Name	Title	Information and/or Action	Draft Report	Final Report
Rajesh Nadkarni	Executive Medical Director			**X**
Sunil Nodiyal	AMD – Appraisal	Appraisal Development Group		**X**
Jackie Snaith	Medical Staffing Manager		**x**	**X**
	Clinical Audit Manager		**x**	**X**
	Risk Manager			**X**

CONTACT
[Prof E Gilvarry; Deputy Director: Medical Revalidation]

[Dr H van den Bergh AMD: Revalidation]

1 INTRODUCTION

1.1 In accordance with the agreed Clinical Audit Programme for the financial year 2018 a clinical audit on the appraisal summary output, using the ASPAT audit tool, has been undertaken.

1.2 The purpose of the audit is to provide quality assurance in relation to appraisal process, content and quality to NTW board and external regulatory bodies, (GMC and NHS England). Following the ASPAT audit of 2017, and in line with GMC appraisal and revalidation recommendations, an annual audit of appraisal summary outputs will be undertaken.

1.3 This report summarises the audit results and incorporates an action plan which details any action agreed. It should be noted that completion of agreed action is to be monitored by the Appraisal and Revalidation Team following the submission of the report for review and approval by the Executive Medical Director (Dr Rajesh Nadkarni)

2 WORK UNDERTAKEN

2.1 Audit Objectives

The main objective of the audit are:

- to ensure the quality of appraisal output
- to review progress of appraisers, compared to the initial ASPAT audit
- to develop recommendations and action plan for appraisers with regards to quality improvement
- to identify possible further improvements required to the electronic appraisal system

2.2 Audit Scope and Methodology

2.2.1 Sample selection

NHS England Quality assurance of appraisal guidance notes recommends auditing at least 20% of the entire appraisal output, or two appraisals from each appraiser, on an annual basis, whichever is the greatest number. The justification for suggesting more than one appraisal for each appraiser is to also assess consistency within an appraiser's work.

2.2.2 NTW currently has 41 appraisers, including appraisers from St Oswald's Hospice and SAS doctors. The total number of connections on SARD is 259. Appraising 2 outputs from each appraiser was projected to total thus totalled 82, well above the 20% minimum suggested by NHS England.

2.2.3 Therefore we selected two appraisals from each appraiser, conducted within the last 12 months – in most cases, the most recent two appraisals, within the audit time-frame.

2.2.4 Data collection

Data reviewed in this audit was taken from the period between 01/04/2017 to 31/03/2018. Records audited were obtain from SARD, the electronic appraisal system. All appraisers were anonymised in the process of data collection. The

body of the appraisal was not entered into routinely, and only the Appraisal Summary and Appraisal Report was audited. In cases where the summary was found to be lacking in particular areas, the auditors accessed the body of the appraisal, to ensure the evidence was sufficient and of an appropriate standard.

2.2.5 In the previous ASPAT audit, we considered suggesting using other audit tools to the Appraisal Support group. This was duly discussed and considered, but ultimately decided against and for the following reasons:

- ASPAT tool was developed by NHS England, incorporating the other available audit tools (Excellence, Progress, Oxford etc.)
- The recommendation is that, in organisations not previously using any of the above tools, ASPAT be incorporated
- The Appraisal Development Group on balance felt that they were only now coming to grips with using the ASPAT tool, and did not see the benefit of utilising a different tool.

2.2.6 Our previous audit was also independently repeated by another clinician to check interrater reliability of results. As shown in the previous report, the interrater reliability was very high. For this reason, and also because we increased the volume of appraisals audited, given realistic time allocation for this work, we decided against the need for this independent duplication. The clinician completing the audit is also an appraiser, and those appraisal outputs were audited by an independent clinician.

2.2.7 As for the previous audit, the results will remain anonymised, and will be collated along the structure of the audit tool. However, if during the course of the audit, a particular appraisal raises concern, the Deputy Medical Director retains the right to de-anonymise the particular appraisal and have a private consultation with the appraiser to discuss and address any issues informally.

2.2.8 <u>Data analysis</u>

Compliance results against individual standards within this audit are graded on a traffic light system as shown below:

Colour Code	Score	Grading
	Above 30/50	Compliant
	20-30/50	Partially Compliant
	Below 20/50	Non Compliant

2.2.9 This grading is a slight departure from the grading system we used 12 months ago, with us considering all appraisals below 20/30 non-compliant, effectively increasing the non-compliance threshold by five points. The rationale being that we have implemented an action plan, discussed the audit results, and are actively supporting appraisers to utilise the ASPAT tool.

2.2.10 <u>Quality review</u>

For the previous audit, two individuals audited all selected appraisals, which provided quality assurance, due to high interrater reliability. This was not deemed necessary for the second audit, given that the audit tool and data

collection method remains the same. Quality assurance was provided with random review of the data by Professor Gilvarry.

2.2.11 Ethics/Consent:

All consultants are aware that the content of their appraisals are available to the RO and may be used in audit for quality assurance purposes. NHS England requires each organisation, and Medical Directorate in particular, to complete an internal audit or peer review on the quality of appraisals annually.

2.3 Link to National Standards, Trust Policies and Procedures

The following National standards, Trust policies, guidance and procedures were considered under this audit:

2.3.1 GMC

The GMC requires all licensed doctors to have a regular appraisal, based on their Good Medical Practise Framework (GMPF), in order to revalidate. Doctors are required to bring evidence to their appraisal that they adhere to the professional values set out within it.

2.3.2 NTW Appraisal policy

The designated body's appraisal lead is not only responsible for the recommendation for revalidation to the GMC, but also to give assurance regarding the quality of the appraisal process and output.

2.3.3 NHS England:

The ASPAT has been developed by doctors from the primary, secondary and independent care sectors and is a generic tool that may be used to audit the appraisal summary and PDP of all doctors in England. It may also be useful as a reference for appraisers as they write their appraisal summaries.
The ASPAT has been written after reviewing other available appraisal audit tools such as PROGRESS, EXCELLENCE, the East Midlands tool and the Oxford tool. This audit tool covers many similar areas to its predecessors and offers further development in certain areas.

2.4 Acknowledgement:

We wish to thank Dr Nadkarni for his sponsorship, the Appraisal and Revalidation Team for their administrative support, and the Appraisers for their continued enthusiasm and willingness to embrace the resultant action plan.

3 RESULTS

3.1 Of the 41 appraisers, 13 did not have any appraisals in the audit period – most were appraisers new to the system. 56 Appraisals from 28 appraisers were audited. As mentioned, NTW has 259 connections on SARD for the appraisal period. This effectively means that we have audited 21.6% of the appraisal output for the period. While it was not the figure we projected initially, it is still above the proposed 20% recommendation from NHS England.

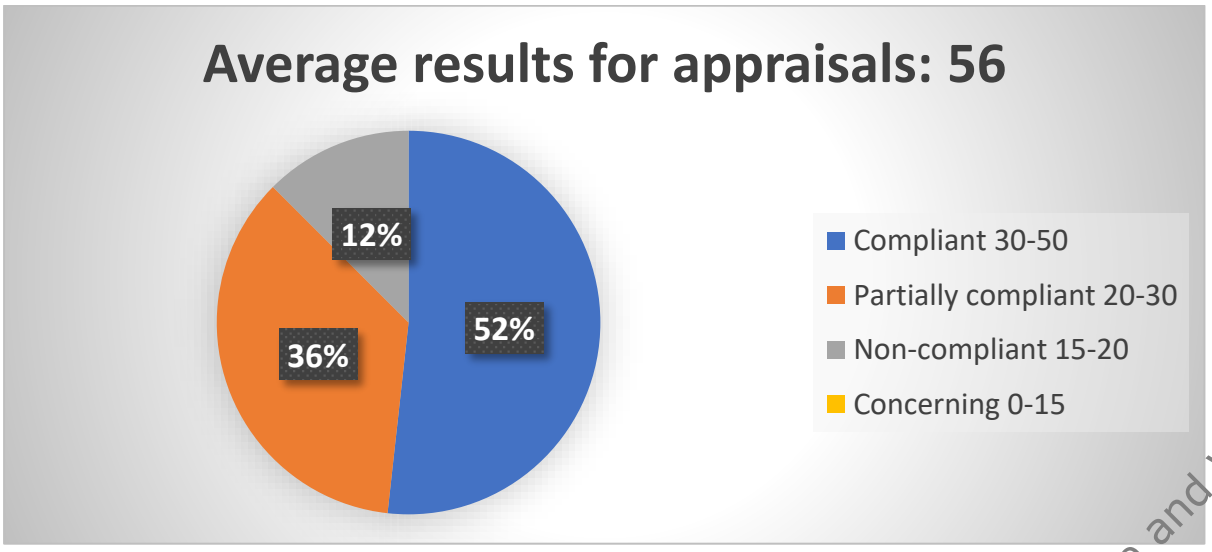
3.2 The ASPAT audit tool grades the appraisal summary under the following domains:

- Setting the scene and overview of supporting information
- Reflection and effective learning
- The PDP and developmental process
- General standards and revalidation readiness
- The domains total a maximum of 50 points.

As per our previous audit, the results were graded as per the grid above, and was as follows: 29 appraisals were fully compliant, 20 partially compliant and 7 non-compliant.

3.3 **Appraisals:**

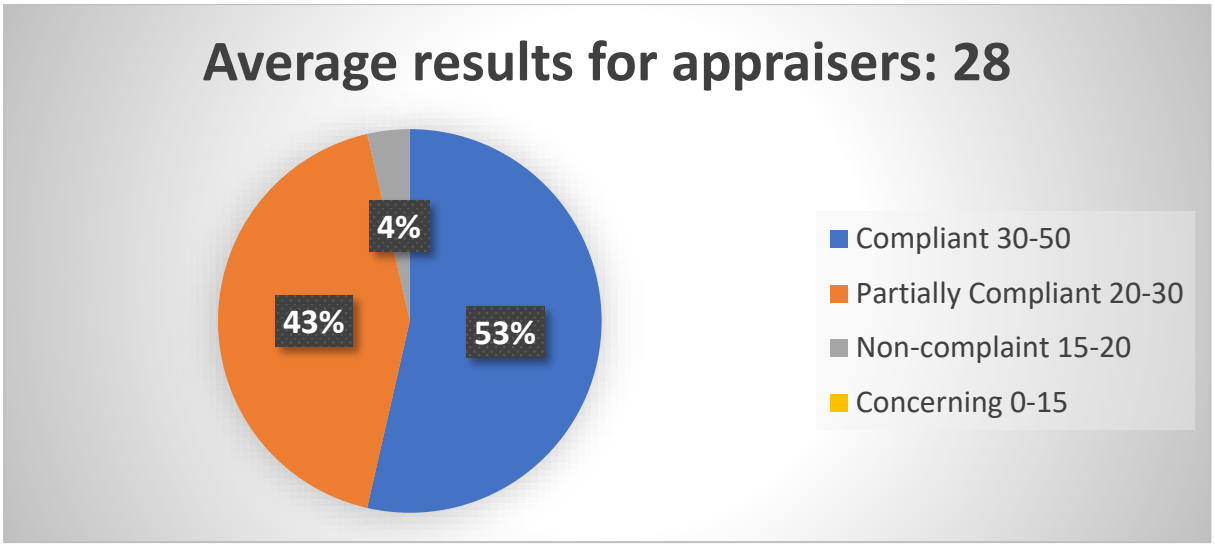
Appraisals	Score	Grading
29/56	Above 30/50	Compliant
20/56	20-30/50	Partially Compliant
7/56	Below 20/50	Non Compliant



3.4 **Appraisers:**

Although 7 appraisals scored as non-complaint, we noticed that there was a difference in scoring of the two appraisals for the same appraiser. In order to score appraisers individually, we then averaged the scores for each appraiser, which rendered the following results: 15 of 28 appraisers scored as compliant, 12 partially compliant and only 1 non-compliant.

Appraisers	Score	Grading
15/28	Above 30/50 (60%)	Compliant
12/28	20-30/50 (40%-60%)	Partially Compliant
1/28	Below 20/50 (40%)	Non Compliant

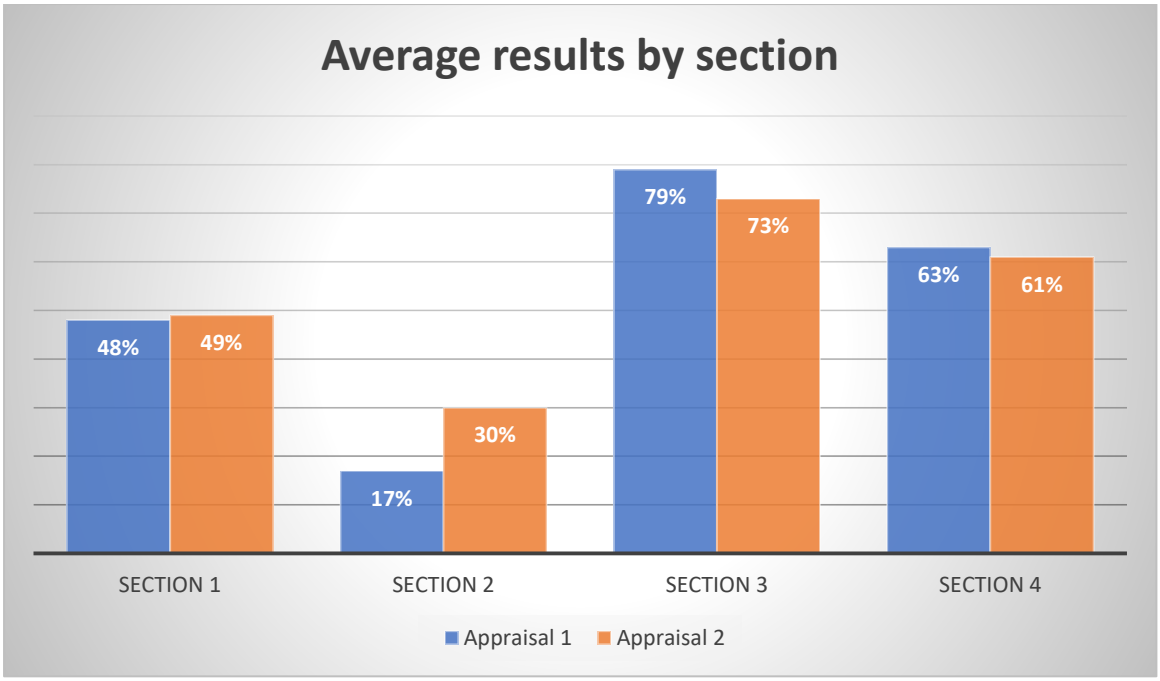


3.5 **Sections:**

Results by section showed averages of:

- Section 1: 48.5% (48% appraisal 1; 49% appraisal 2)
- Section 2: 23.5% (17% appraisal 1; 30% appraisal 2)
- Section 3: 76% (79% appraisal 1; 73% appraisal 2)
- Section 4: 62.5% (63% appraisal 1; 61% appraisal 2)

Sections:	Score	Grading
3 and 4	Above 60%	Compliant
1	Above 40%	Partially Compliant
2	Below 40%	Non Compliant



4. DISCUSSION OF RESULTS:

4.1 All appraisals were fully inspected, to ensure all information needed, was contained in the body of the appraisal document. All appraisals, including those where the appraisal summary was found to be non-compliant, or only partially compliant, contained all the information as required by ASPAT tool.

4.2 As for the previous ASPAT audit, we have to acknowledge that we are working with very small numbers, and when we are averaging out the data, it skews the results. We made every attempt to improve this issue in this year's audit, by auditing two appraisals for each appraiser. Also, as before, the data provided useful information regarding particular trends, which will be incorporated in the action plan the 2020.

4.3 In summary of the appraisal results, we increased the grading cut-off, effectively expecting a higher score for partial compliance. When using the same scoring system as last year, all appraisals and appraisers were found to be at least partially complaint. With no non-compliance. As mentioned in the introduction to the audit, we decided to increase the grading cut-off points, to reflect the action plan from last year, and the work we have done to increase standards across the board.

4.4 With the new scoring system, of the 56 appraisals audited, only 7 appraisals were found to be non-compliant, and on average, only a single appraiser were found to be non-compliant with this audit tool.

4.5 Results by section in ASPAT tool revealed lower scores in sections one and two, with particularly poor scores, in section 2. Section 1 results improved reference to scope of work, but lacked detailed lists of evidence and evidence to statements of appraiser.

4.6 Section 2, dealing with reflections, showed very poor results across the board, specifically in relations to discussion at appraisal meeting relating, reflection to patient care and sharing learning with colleagues.

4.7 When reviewing the body of appraisal document, it became clear that perhaps more of these discussions were happening in real terms, but were not being documented in the appraisal summary. We also found a lack of challenge to share learning with colleagues, either in the body of the appraisal document, or the appraisal summary.

4.8 Section 3, relating to PDP discussion, again scored high, as last year. Section 4 showed improvements in the reference to the revalidation cycle, but this was still out of step and much lower than the other domains in section 4.

5 CONCLUSION

5.1 Based on the work undertaken, the trust if fully compliant with respect to appraisal outputs. On average 88% of all appraisal outputs were at least partially complaint by NHS England tool, with the rating scale adjusted upwards, in comparison to last year's audit. It is to be noted here that, by using the same standard as last year, this figure would be 100%.

5.2 As with the previous audit, a second piece of work was undertaken, with the body of the appraisal document being reviewed in all cases where the results were partially complaint or non-compliant. In all cases, the required evidence was present, but was not noted in the appraisal summary.

5.3 3 out of the four sections are also complaint, with one partially – and two fully complaint. The single section that is not compliant, which appears responsible for bringing down average compliance rates significantly, is section 2.

5.4 During this last year, the appraiser development group has worked on improving the reflection aspect of the appraisal process, developing a template for documentation of reflection. It is not be noted that the appraisals audited were from the period prior to the implementation of this development. It is to be hoped that the next audit would reflect the positive work done in this regard.

5.5 We previously considered using a different audit tool, but following several rounds of discussion in the appraiser development group, a decision was made to continue utilising the existing ASPAT audit tool, as recommended by NHS England.

5.6 <u>Key risks identified in the review</u>

Given that we considered the vast majority of appraisals to be compliant with ASPAT, we did not identify any risks, but were concerned about the few that we felt did not comply with the requirements of the appraisal summary.

Action Plan Point	Standard	Compliance Attained
Appraisal Summary	ASPAT audit tool	88%
Full appraisal document	GMC standards	100%

6. ACTION PLAN:

36.1 <u>The main actions to be taken in response to the key risks</u>

Review of action plan from ASPAT audit 2018:

Action Plan Point	Agreed Actions	Completion
Ensure full compliance with ASPAT in body of appraisal	To review body of all audited appraisals, to ensure quality	
Update SARD	To update electronic recording system, to ensure progress against revalidation and revalidation date available on dashboard	
Feedback audit results	Audit results to be shared with appraisers at Appraiser Development Group – at request of appraisers, individual feedback also available, and can be obtained by personally contacting the auditing clinicians. This agreed and included in minutes of Appraiser Development Group.	
Develop Action plan for appraisers	Develop action plan for appraisers, to use appraisal tool when writing appraisal summaries – given advice from NHS England, that may not be ASPAT tool; Update: discussed with appraiser group and decided to continue with ASPAT audit	
Discuss outcome of audit with individual appraisers	Discuss the outcome of partially compliant and specifically non-complaint results with individual appraisers	
Repeat Audit	Repeat appraisal audit in 12 months – to consider Progress, Excellence or Galloway tool; update: discussed with appraiser group, and decided not to use Galloway tool	
Update SARD	Update Electronic record system (SARD) with appropriate prompts for appraisers	

6.2 Action plan for 2019 audit:

Action Plan Point	Agreed Actions	Completion
Ensure full compliance with ASPAT in body of appraisal	To review body of all audited appraisals, to ensure quality	
Feedback audit results	Audit results to be shared with appraisers at Appraiser Development Group – at request of appraisers, individual feedback also available, and can be obtained by personally contacting the auditing clinicians. This agreed and included in minutes of Appraiser Development Group.	
Develop Action plan to improve domain 2	Discussion to be held with appraiser group, highlighting the low results in domain 2 (reflection); develop support tools to aid reflection and discussion on reflection in appraisal meeting	
Develop Action plan to improve appraisal summary	Develop action plan for appraisers, to use appraisal tool when writing appraisal summaries – given advice from NHS England, review with appraisers if this is being done/ helpful etc	
Discuss outcome of audit with individual appraisers	Discuss the outcome of non-compliant appraisal summaries with individual appraisers	
Repeat Audit	Repeat appraisal audit in 12 months – continue to use ASPAT tool, as agreed by appraiser group	

6.3 <u>Impact of the action taken</u>

Audit results shared with the appraiser group as a whole, and specifically discussing the results in person with individual appraisers, will improve individual practise in completing of the appraisal summary. We would also aim to identify any training or support needs that our appraisers may have.

We hope to involve the appraisal group in further developing the use of reflection and inclusion in the summary of the appraisal process, bringing NTW closer in line with the Pearson Report on the direction of travel for appraisal and revalidation.

Repeating the audit in 12 months' time will provide further quality assurance to the Trust Board, and will evidence the impact of the action plan implemented after this audit.

6.4 Good practice found

Some of the appraisal summaries were of an exceptional standard. The PDP section, relating to the clinician's developmental process, consistently scored very high, reassuring us that the appraisal preparation, discussion with appraiser and appraisal outcome supports the development of our clinicians, which one of the primary purposes of the appraisal process.

Appendix 4

Update on CPD Events

The Medical Development Team are now part of the Medical Staffing Team. Our aim is to provide high quality, informative and educational CPD events to medical colleagues and other professions, both internal and external to NTW on a variety of topics. Through attending CPD events, medical colleagues will be able to gather evidence of ongoing CPD for their appraisal and revalidation. The CPD Programme has expanded over the last 12 months with positive feedback from events such as:

April 2018 to March 2019

- ADHD Psychiatry Update – 23rd April 2018
- Stress & Resilience in Doctors – 16th May 2018
- WorkLife Balance – 22nd May 2018
- Reproductive Psychiatry Update (Perinatal) – 7th June 2018
- GP Psychiatry Update – 11th June 2018 & 12th December 2018
- Liaison Psychiatry – 9th July 2018
- ECT Awareness – 10th July 2018
- Psychosis Update – 17th September 2018
- ECG Event – 25th September 2018
- WorkLife Balance Refresher – 26th September 2018
- Learning Lessons from Serious Incidents – 3rd October 2018
- Courtroom Skills – Giving Evidence – 22nd January 2019
- Forensic Psychiatry – 27th February 2019
- Autism Training Day for Psychiatrists (Joint event NTW & Royal College) – 13th March 2019

April 2019 to March 2020 – Planned Events

- WorkLife Balance – 8th May 2019
- ECG Event – 14th May 2019 & 10th September 2019
- Reducing Violence & Challenging Behaviour -Positive & Safe – 23rd May 2019
- GP Update – 12 June 2019 & 11th December 2019
- Management of Eating Disorders in Adults – 19th June 2019
- ECT – 16th September 2019
- What is Psychosis? – 27th September 2019
- Cumbria Psychiatry Update – 10th October 2019
- Serious Incidents – 16th October 2019
- Transcultural Psychiatry CPD Event – 24th October 2019
- Learning Disabilities Event – 7th November 2019
- Old Age Psychiatry – 14th November 2019
- ADHD – 6th February 2020
- Autism – 19th March 2020

Challenges & Ongoing Development

The Team have seen an increase in the number of events and people attending. In 2016 there were 332 delegates and 703 delegates in 2018. Profit has increased from £3,364.70 in 2016 to £18,846.15 in 2018. The Team have implemented a number of developments including; streamlining of processes, use of social media to promote events/ programmes, modernised payment methods eg Eventbrite/ WorldPay. Some of the challenges for the team include; improving access for events via IT and the Trust Website, dedicated medical input into the CPD Programme, lack of Trust accommodation for events and having to use costly external venues such as Novotel and competition from Andrew Sims Centre in Leeds.

Summary

In 2018/19 there were 261 doctors with a prescribed connection to the Trust.

249 doctors had a completed appraisal in support of their revalidation and 12 had adequate reasons for incomplete appraisals such as sickness or maternity leave.

As part of the revalidation process 52 doctors (20%) had positive recommendations made to the GMC within the year. Four doctors were deferred; 1 due to maternity leave and the 3 due to having insufficient clinical evidence. There were no instances of non-engagement with the revalidation process.

At the end of March 2019 the appraisal compliance for the Trust was at 100%.

Policy and guidance

The relevant policies are: -

- Medical Appraisal Policy and Medical Appraisal Practice Guidance NTW(C)33,V03
- Medical Job Plan Policy NTW(C)56,V02
- Private Practice Policy NTW(O)46,V02
- Handling Concerns about Doctors Policy NTW(HR)02, V03

Medical Appraisal

Appraisal and Revalidation Performance Data

- Number of doctors 261
- Number of completed appraisals 249
- Number of approved incomplete/missed appraisals 12
- Number of doctors in remediation or disciplinary processes 8

Appraisers

During the period 2018/19 the Trust had 42 trained appraisers who are appointed through interview and receive specific training prior to commencement as an appraiser. Each appraiser must have regular training updates, once in five years as a minimum. Each appraiser is expected to have further training by attending at least one of the four Appraiser Development Group meetings per year. The Appraiser Development Group meetings provide an opportunity for appraisers to discuss current appraisal issues, calibrate their judgements, problem-solve and to share good practice. Attendance at the meetings has increased with positive feedback received from Appraisers regarding topics for discussion/debate.

In 2018/19 all appraisers attended one or more Development Group meetings. A revised process of support and monitoring of the appraisers is now in place following the appointment of the Deputy Medical Director for Revalidation & Appraisal and AMD's for Revalidation and Appraisal. This is to ensure greater support and assurance of quality of the appraisals.

Newsletter Apr 19 - Revalidation Team___

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	7 August 2019

Title and Author of Paper:	Annual Report for Infection Prevention and Control 2018 – 2019

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

The attached annual report of the Director of Infection Prevention and Control covers the period 2018/19 and provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with an Annual assurance on key issues relating to infection and prevention and control in Northumberland Tyne and Wear NHS Foundation Trust.

It provides assurance on how Northumberland, Tyne and Wear NHS Trust has acted to protect service users, staff and visitors from healthcare acquired infections, and complied with the Health and Social Care Act 2008 Code of Practice, for the year 2018/19.

It highlights that there have been two unconnected incidents of notifiable communicable disease of Clostridium Difficile during the time period with a Root Cause Analysis undertaken. It also provides information of viral infection related outbreaks that have been managed effectively according to IPC policies and NICE guidance, including working proactively with local acute Trusts who were placed under considerable pressure in part due to infectious conditions such as influenza and norovirus over the winter months.

In addition the report provides information of the successful Flu Campaign and lessons learnt to take into the next Campaign to protect both patients and staff.

Risks Highlighted to Committee : None

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

Equal Opportunities, Legal and Other Implications:

Outcome Required: The Board is asked to note the content of this report.

Link to Policies and Strategies: IPC Policy

Northumberland, Tyne and Wear NHS Foundation Trust

2018/19 Annual IPC Report for the Northumberland, Tyne and Wear NHS Trust

Anne Moore, Director of Infection Prevention & Control
IPC Matrons

Contents

Contents

Introduction and Context

The Annual Report of the Director of Infection Prevention and Control (DIPC) provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with a summary of activity relating to assurance and developments which took place during 2018/19 relating to Infection Prevention and Control across the Trust. The IPC function carried out across the Trust meets statutory requirements and the Health and Social Care Act. The Infection Prevention and Control team is responsible for the outline delivery of the 2018/19 Infection Prevention and Control Annual Plan.

Infection Prevention and Control Team Structure

The Infection Prevention and Control Team consists of:

Anne Moore, Group Nurse Director, Safer Care Directorate and Director of Infection Prevention and Control (DIPC)

Jan Grey, Associate Director Safer Care

Sonia Caudle, Infection Prevention and Control Modern Matron

Kay Gwynn, Infection Prevention and Control Modern Matron

Carole Rutter, Infection Prevention and Control Modern Matron

Kevin Chapman, Tissue Viability Modern Matron

Consultant Microbiologist/Infectious Disease Consultant support is obtained by a Service Level Agreement with Northumbria Healthcare Foundation Trust.

Service Level Agreements

The Trust holds Service Level Agreements or arrangements for Microbiology services with Northumbria Healthcare NHS Trust, Newcastle Hospitals NHS Trust, Gateshead Health NHS Trust, South Tyneside NHS Trust and Sunderland Hospitals NHS Trusts. Results are available through the electronic ICE system. The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Limited.

The IPC core nursing team comprises 3 WTE Modern Matrons who hold roles within each of the Locality Operational Groups as well as corporate roles within the team.

The IPC matrons attend the Operational Locality Governance Meetings, a subgroup of the Quality and Performance meeting of their respective Clinical Business Unit Group. The relationship with Clinical Care Groups, CBUs and ward and clinical teams is important to the success of both preventative and responsive and effective IPC measures.

The IPC Committee meets quarterly and is chaired by the DIPC. The IPC committee reports to Trustwide Quality and Performance Committee.

IPC Committee meetings held in 2018/19

1st March 2018
7th June 2018
6th December 2018

The DIPC attends the Trust Board on an annual basis and any data on key Performance Indicators is received by the Board or by exception.

External Accreditation Bodies

Registration with the Care Quality Commission (CQC)
The Trust received unconditional registration to the Health and Social Care Act and Associated Code of Practice in 2008 (2015)

The Care Quality Commission have undertaken compliance inspections within the Trust and there has been no issues of note for IPC or Water Safety.

Infections from Incidents

The data on infections is reviewed at each IPC Committee meeting and sent to the Locality Care Group Safe meetings. Incident data is shared on a monthly basis within the Safer Care monthly report to CDT-Q and quarterly report to Q & P.

Infection and IPC Surveillance

MRSA and Clostridium Difficile

Any incident where a patient develops a Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia or a Clostridium Difficile toxin-positive infection isolated from a stool specimen whilst in NTW will have a Root Cause Analysis (RCA) undertaken and the case will be reported through the IPC Committee and the Governance Subgroups and where appropriate through the National Reporting System.

As required, mechanisms exist to formally report data on Clostridium difficile and MRSA bacteraemia in the six monthly Performance report reviewed by the Trust Board. This is supplemented by six monthly attendances at the Board by the DIPC.

IPC Dataset 2017/18

The following tables form the Infection Prevention and Control data set for Northumberland, Tyne and Wear NHS Foundation Trust for the year 2018/19.

KPI	Detail	2015/16	2016/17	2017/18	2018/19
IPC-KPI 01	Cases of MRSA bacteraemia	0	0	0	0
IPC-KPI 02	Cases of clinical clostridium difficile infections	1	0	1	2

Source: Trust records

MRSA bacteraemia

There were no cases of MRSA bacteraemia in the period 2018/19.

Root Cause Analysis of Clostridium Difficile Infection

In July 2018 a patient was confirmed with a C.difficile toxin positive infection on Roker ward. A root cause analysis (RCA) identified that there had been no excessive use of antibiotics. The patient complied with treatment and recovered from this infection.

In January 2019 a patient was confirmed with a C.difficile toxin positive infection on Shoredrift. A RCA identified that there was no significant antibiotic history, the patient commenced appropriate antibiotic therapy and made an uneventful recovery.

Reported diarrhoea and and/or vomiting outbreaks

There were three outbreaks of diarrhoea and vomiting which were all managed in a timely manner with outbreak control measures implemented effectively and resolved in the expected timescales.

Key achievements

Collaborative working with the MDT in the successful management of a flu outbreak which is included in more detail further within this report.

Infection Prevention and Control Link Workers

Infection Prevention and Control Link Workers are an important conduit to share good practice across the clinical services from the IPC team and equally from the clinical services to the IPC team. Their contribution is valuable, however due to frequent staff changes within clinical teams it has become more difficult and very time consuming to ensure that each clinical area has an identified link work who has undertaken an IPC induction day. An approach was piloted to combine the Physical Health Link Workers with the IPC workers as they were often the same member of staff and also to reduce the amount of time staff were off the wards in order to optimise their clinical time and capacity to care. This combined role worked well, work is being undertaken to see if this can be formally adopted across the Trust.

Infection Prevention and Control Practice Guidance notes (PGNs)

A number of PGNs have been updated this financial year in line with the three yearly Trust requirement update. See appendix 1.

Seasonal Flu Vaccination Campaign

The seasonal flu vaccination campaign was launched on the 1st October 2018, with a series of clinics, drop in sessions, and attendance at staff events and meetings. By the end of February 2019, 76.5% of all front line staff had received their flu vaccine representing a 2.9% increase in uptake from the previous year. NTW staff continue to show year on year commitment to ensuring our patients are protected against flu.

Vaccination uptake over the last two years amongst Frontline staff

Frontline Staff Group	2017/18	2018/19
Doctors	76%	72%
Qualified Nurses	77%	77%
All other professionally qualified	73%	77%
Support to clinical staff	71%	76%

As in previous years we have offered vaccination to staff who deliver frontline care to our patients, but who are not employed by NTW. This season we vaccinated 723 staff from a range of roles and backgrounds. This included teachers, agency staff, social workers, medical students, student nurses, police officers and ambulance staff.

As recommended by the Joint Committee on Vaccinations and Immunisations, the Trust offered patients who were 65 years and over the adjuvanted trivalent vaccine in the 2018 campaign. This was a new vaccine introduced into the seasonal flu campaign offering better protection for those in a specific age group. All staff were offered the quadrivalent vaccine as recommended by Public Health England.

In February 2019, two wards at Monkwearmouth Hospital experienced a confirmed Influenza A outbreak with several patients and staff affected on both wards. Vaccination uptake rates were high in patients and staff, however the patients affected had co morbidities and therefore at a higher risk of acquiring influenza. All patients and staff made an uneventful recovery. A lessons learnt meeting identified several areas of excellent practice which were shared at the Trust wide Learning and Improvement Group.

In preparation for the flu campaign we trained 209 staff from both nursing and pharmacy in flu vaccination administration. This enabled all NTW staff to have easy access to vaccination at a time and place that was convenient to themselves with minimal impact. The flu trailer once again, alongside the many clinics held across the Trust, played an integral part in adopting a flexible approach to vaccination and toured all of our hospital sites during the campaign.

A Lessons Learnt event was held at the end of the campaign in March 2019 to review the programme and inform the 2019/20 campaign. Twenty seven members of staff from across the Trust attended to share good practice and review the effectiveness of the campaign.

Key areas reviewed included:

1. Vaccination uptake rates in clinical areas
2. Vaccinator performance
3. Effectiveness of the flu clinics
4. Did we address the challenges of 2018/19
5. The key challenges for 2019/20
6. Staff Questionnaires
7. Influencing behaviour change

Key achievements identified in 2018/19 Flu Campaign

1. Achieved the CQUIN target of 75% front line staff vaccination uptake.
2. We continue to achieve a year on year increase in vaccination uptake rates in front line staff.
3. We vaccinated 4,368 staff, 723 non NTW staff who were categorised as having frontline contact with our patients.
4. There were 209 staff trained as peer vaccinators trust wide
5. Patients who were 65 years and over were offered the adjuvanted trivalent vaccine. This is the first year this vaccine has been offered to this age group

Key challenges identified for the 2019/20 Flu campaign

1. The CQUIN target has been raised to 80%.
2. NHS Employers are no longer providing support to Trusts during the flu campaign, this will be provided by PHE. There is uncertainty around the detail of support that will be offered nationally.
3. Behaviour change is a key element to increasing vaccination uptake across the health care workforce
4. How do we use the information collected from those staff who refuse to be vaccinated.
5. Do we accept that we will always have staff who will refuse to be vaccinated

Recognising the importance of early planning, the flu team will hold its inaugural meeting of the 2019/20 campaign in May 2019, with regular scheduled meetings planned to follow this.

Training in Infection Prevention and Control

From the 1st of July 2018 staff employed by NTW must access IPC training via eLearning. The E-Learning programme is a national programme that fulfils statutory requirements. Infection Prevention and Control training is currently a requirement on induction and every three years thereafter for all staff.

Bespoke sessions continue to be delivered face to face by the IPC team when required to groups of staff who require specialist knowledge specifically in relation to the roles that they undertake.

Training performance reports have been monitored by each locality care group via their Quality and Performance meetings, IPCC and are also monitored through the

CQC Compliance meetings and during “mock” visits to wards and departments by service managers.

Hand Hygiene competencies have been completed for all clinical staff every three years by the link workers on the wards and department. This is a practical session assessing knowledge of technique for hand washing and staff knowledge.

Audit

The IPC team audit areas to systematically measure the effectiveness of healthcare and service delivery against agreed standards to implement, where necessary, improvements and changes at individual, team or service level.

This is implemented in conjunction with the NTW Clinical Effectiveness Strategy, in particular Objective 2, which aims to ensure the culture of the organisation is to deliver clinically effective care. This ensures clinical teams and clinicians are actively involved with auditing practice and improving care.

A re audit of compliance to Trust and NICE Guidance of Lower urinary tract infections will be undertaken in May 2019, and sepsis September 2019. The outcomes will be reported in the 2019/20 report.

Risk Assessments

It is a requirement that we as a Trust comply with the Health and Social Care Act for reducing Healthcare-Associated Infections 2008. Criterion 1 states that providers should demonstrate systems to manage and monitor the prevention and control of infection using risk assessments to consider the susceptibility of service users and any risks that their environment and other users may pose to them. Inpatient areas and community services in NTW which conduct physical health screening will have a risk assessment by an Infection Prevention Control Modern Matron accompanied by a senior member of the nursing team. This is an opportunity for the IPC Matron to observe practice and the environment to ensure practices comply with IPC PGNs and recognised national guidance.

The risk assessment was developed by combining audit tools from the Infection Control Nurses Association for Monitoring Infection Control Standards 2004 and the Infection Prevention Society Quality Improvement Tools for Mental Health 2013.

Each section has a percentage score, this indicates the level of compliance.

The completed risk assessment is sent to the Ward Manager, Clinical Nurse Manager and Associate Director.

Following the risk assessment an action plan is compiled ensuring that any comments raised in the assessment are also included. The formulation of this action plan is the

responsibility of the service area and a copy of the action plan should be returned to the IPC Matron within three weeks of the assessment being sent out.

Decontamination Report/Medical Devices

Decontamination

The IPC team have led on Decontamination in 2018/19.

Contaminated equipment can lead to the spread of infection. Decontamination of equipment is reinforced during IPC training. This reminds staff the relevance and importance that this process occurs.

IPC continues to work closely with NTW Solutions to review and keep up to date with new cleaning products, to ensure we are using the safest, most effective and value for money products.

Part of the IPC risk assessment, which occurs within inpatient ward areas, includes checking that the wards can demonstrate they have systems in place for decontaminating equipment, and evidence that these systems are being followed. The Decontamination of Medical Device Equipment PGN has been reviewed and updated this year to incorporate an alert specifically with portable electric fans .

Medical Devices

The IPC Team have led on Medical Device maintenance and procurement during 2018/19.

Over the past year a review of the current processes and procedures for the ordering, receiving of medical devices and how the current medical device policy is implemented has been able to identify necessary changes to improve the management of these devices going forward.

The Medical devices Policy and 13 associated PGN's was reviewed last year and work is ongoing to ensure that the reviewed PGN is being followed to promote safe practices and management of medical devices

The Medical Devices Team working with the south Clinical Business Unit (CBU) was successful in obtaining funding to replace 50 mattresses within Walkergate Park Hospital to high density pressure relieving static mattresses. These have improved the level of pressure relief and comfort for the patients whilst also reducing the cost of hiring dynamic mattresses. Training had been delivered to clinical staff in Older peoples services and WGP around care and mattress auditing.

Computer Assisted Facilities Management programme (CAFM) is the system now used to store and manage the medical device inventory.

An update relating to the management of medical devices has been included within the safer care bulletin.

Water Safety Group Report

The Director of Infection and Prevention Control has ensured that water safety standards have been met in 2018/19

The Water Safety Group (WSG) has met on a regular basis throughout the year, with the aim to identify, analyse and propose remedies for risks relating to water safety including Legionella. The group is chaired by the Director of Infection and Prevention Control with the Head of Estates and Facilities acting as the deputy chair. The group comprises of technical estates staff including the Responsible Person and Deputy Responsible Persons, together with the Infection Control nurses, Facilities staff and representation from nursing teams and additional technical support from an external Legionella/water safety consultancy. The focus of the group remains that multi-disciplinary management of infrastructure and services to ensure prevention of contamination, swift eradication, or control and minimisation of water borne bacteria including legionella.

Management Policies

The Trust has in place both Policies and Practice Guidance Notes along with specific Estates management procedures which encompass all issues associated with water safety.

Training

Both the Trust and NTW Solutions has continued to invest in specialist training and a wide range of staff including, Estates Maintenance, Capital Projects, Facilities and IPC matrons have completed training with a number undertaking the detailed ILM Responsible Person course.

Risk Assessments and Audits

The Trust is maintaining the requirement of having risk assessments in place across all premises, reviewed on a biannual basis or when major changes take place. The Trust also continues to have independent management audits carried out by external specialists in Legionella Management and Water Safety and the team are regularly complemented on their high standards and recognisable cross disciplinary working.

In the coming 12 months, the group will look to implement the revised Management procedures and ensure new/upgrade schemes incorporate designs and systems designed to reduce risk as far as reasonably possible.

Annual Cleaning Services Report

The domestic services are provided by NTW Solutions Limited which is a wholly owned subsidiary of the Trust. The cleanliness standards throughout the Trust have continued to remain consistently high as evidenced by the monthly inspections and the PLACE inspection scores which reflect the inspections carried out at the beginning of the period.

There continues to be an excellent working relationship between the Facilities staff responsible for cleanliness and ward managers/nursing staff and the IPC modern matrons. This co-operation helps to promote a team approach in maintaining high standards of cleanliness in clinical environments. It also assists in identifying at an early stage any problems which enables them to be resolved in a timely way. Regular meetings take place between the senior Facilities Managers and the IPC modern matrons. At these meetings any areas of concern are discussed and actions agreed.

Annual Cleaning Services Report

The cleanliness standards throughout the Trust have continued to remain consistently high as evidenced by the monthly inspections and the PLACE inspection scores which reflect the inspections carried out at the beginning of the period.

There continues to be an excellent working relationship between the Facilities staff responsible for cleanliness and ward managers/nursing staff and the IPC modern matrons. This co-operation helps to promote a team approach in maintaining high standards of cleanliness in clinical environments. It also assists in identifying at an early stage any problems which enables them to be resolved in a timely way. Regular meetings take place between the senior Facilities Managers and the IPC modern matrons. At these meetings any areas of concern are discussed and actions agreed.

Cleanliness Audits

The organisation continues to carry out detailed periodic cleanliness audits in line with the requirements of the national standards. The scores consistently meet the 95% pass target indicating a high standard of cleanliness is maintained across Trust premises.

The cleanliness audits are carried out in all clinical areas monthly, and non-clinical areas less frequently determined by the risk. Taking part in these audits are a qualified nurse, Facilities supervisor, Estates officer and also an IPC modern matron as appropriate. This approach of having a multi-disciplinary team undertake this work enables all factors that can impact on the standards of cleanliness to be examined; it also assists in getting corrective action done in a timely way.

Staffing

The Domestic staff teams have consistently achieved the organisations targets for all statutory and mandatory training and JDRs. There have been some occasions sickness has exceeded target levels, in some areas at different times of the year, however through careful monitoring of cleanliness conditions and management of staff, this has not led to any on-going drop in standards.

PLACE (Patient Led Assessments of the Care Environment)

Between March and May 2018 a total of 65 NTW locations were visited at 13 sites and the results are summarised in the tables below. Table 2 illustrates the final

results for NTW overall organisation score set against the national average for each of the six domains.

It can be seen that the overall scores for the Trust are above the national average across all of the individual assessment criteria.

	Cleanliness	Food & Hydration	Privacy and Dignity	Condition, Appearance and Maintenance	Dementia	Disability
NTW Average	99.2%	90.5%	93.5%	95.9%	90.2%	87.2%
National Average	98.5%	90.2%	84.2%	94.3%	78.9%	84.2%
Variation	**+ 0.7%**	**+ 0.3%**	**+ 9.3%**	**+ 1.6%**	**+ 11.3%**	**+ 3.0%**

The assessment process ran extremely well and it should be noted that this was due to the input of the patient assessors, NTW assessors, admin support and the co-operation of ward staff during the visits. Where site have dropped scores when compared with the previous year or in general, the reasons for this are explored to see where improvements can be made.

Summary

The IPC Team alongside NTW Solutions Limited which provides the Estates and Facilities services to the Trust, have worked with clinical care groups to ensure the safe and effective implementation of IPC measures across the Trusts during 2018/19 period in line with the statutory requirements of the Health and Social Care Act 2008

Appendix 1

Infection Prevention and Control Practice Guidance Notes (PGNs) updated in 2018/19

Document No.	Document Name	Author	Responsible Person	Version/Issue	Ratification Date
NTW (c)23	Infection Prevention and Control Policy	Carole Rutter	Anne Moore	V06-rewrite	November 2018
TV-PGN-03	Aseptic Non Touch Technique	Kevin Chapman	Anne Moore	V02-Issue 1	October 2018
IPC-PGN-16	Lice, Fleas and Scabies Prevention	Carole Rutter	Anne Moore	V04-Issue 1	April 2018
IPC-PGN-22	Clostridium Difficile-Management of Patients	Sonia Caudle	Anne Moore	V04-Issue 6	June 2018
IPC-PGN-10	Disinfection and Decontamination PGN and appendices	Kay Gwynn	Anne Moore	V 05-Issue 1	May 2019
IPC-PGN-04	Hand Hygiene and the use of Gloves	Kay Gwynn	Anne Moore	V04-Issue 1	February 2019
IPC-PGN-30	Staff Immunisation	Carole Rutter	Anne Moore	V01-Issue 1	March 2019
IPC-PGN-27.2	Control of Legionella and Legionnaires disease - Preventing accumulation of stagnant water	Sonia Caudle	Anne Moore	V03-Issue 2	June 2018

Appendix 2

IPC Training 2018/19

Executive Directorate > Business Unit > Service > Cost Centre	Numerator	Denominator	Percent
North Locality Care Group	1,532	1,583	97%
Central Locality Care Group	1,455	1,518	96%
South Locality Care Group	1,742	1,827	95%
Nursing & Chief Operating Officer	203	234	87%
Chief Executive	27	27	100%
Deputy Chief Executive	104	108	96%
Medical	215	291	74%
Commissioning & Quality Assurance	124	126	98%
Workforce & Organisational Development	32	35	91%
NTW Solutions	578	621	93%
BANK STAFF	402	447	90%
Total	6,414	6,817	94%

Appendix 3 Cleanliness Audit Results

Cleaning Audit Results						
Hospital Site	Average Score (%)					
	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014
St Nicholas Hospital	97	97	98	98	97	96
Campus for Ageing & Vitality	97	97	98	98	97	96
Walkergate Park	98	98	99	99	98	96
Ferndene	98	99	99	98	98	98
St George's Park	98	98	98	98	98	98
Northgate Hospital	99	99	99	98	99	99
Monkwearmouth Hospital	99	99	99	99	98	98
Hopewood Park	99	99	99	99	98	97
Tranwell Unit	97	98	98	98	97	98
Elm House	97	98	98	98	98	n/a
Rose Lodge	98	98	98	98	97	n/a
Craigavon	n/a	Closed end March 2017	99	98	98	n/a

Appendix 4 PLACE Results

PLACE Cleanliness Results 2018					
Hospital Site	**2019**	**2017**	**2016**	**2015**	**2014**
St Nicholas Hospital, Gosforth	100	99.92	100	100	99.87
Campus for Ageing & Vitality	99.05	99.05	96.35	97.13	98.58
Walkergate Park	100	99.94	99.86	100	100
Ferndene	99.3	98.41	100	99.9	100
St George's Park	98.69	98.24	98.71	99.82	99.63
Northgate Hospital	99.71	99.96	99.87	99.95	99.41
Monkwearmouth Hospital	100	99.56	99.33	99.43	99.80
Hopewood Park	99.52	100	99.94	98.58	98.80
Tranwell Unit	99.24	97.89	97.58	98.18	99.08
Elm House	95.45	100	100	100	99.81
Rose Lodge	93.72	100	100	99.83	100
Brooke House	100	96.2	100	Not inspected	100
Royal Victoria Infirmary (31A)	98.72	98.73	100	99.15	100
Craigavon	Closed end March 2017	Closed end March 2017	Not inspected	97.01	98.51

Appendix 5

Statement of Compliance with the Health and Social Care Act Code of Practice 2008

This document details how the Northumberland, Tyne and Wear NHS Foundation Trust will protect service users, staff and visitors from Healthcare-Acquired Infections, and comply with the Health and Social Care Act 2008 Code of Practice, for the year 2017/18.

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them
Statement • The Trust IPC policy incorporates the Trust statement reflecting its commitment to prevention and control of infection amongst service users, staff and visitors. This document also outlines the collective and individual responsibility for minimising the risks of infection and provides detail of the structures and processes in place to achieve this. • The Trust has appointed a Director of Infection Prevention and Control accountable directly to the Chief Executive and Board (see below). • Effective prevention and control of infection is secured through an IPC team, assurance framework, annual work and audit programme, and surveillance and reporting system (see below) • Training, information and supervision is delivered to all staff through either face-to-face or e-learning. • There is an annual audit programme in place, approved by the Board, to ensure implementation of key policies and guidance. • We have a named decontamination lead.
Risk Assessment • The Trust has developed an IPC specification for clinical areas, which details all the standards for IPC. Following a risk assessment, action plans for achieving compliance with the specification are developed where necessary. Ownership of the action plans lies within the clinical Groups, and is monitored in each Governance meeting a sub Group of Quality and Performance groups. Groups decide if identified risks are sufficient to enter on the Group's risk register or escalate to the Trust risk register. IPC nurses are members of the Groups meetings and are available to advise. • The risk assessment tool is used annually to monitor improvements achieved through action plans. In addition, the risk assessment is triangulated against other assessments through the year (including, but not limited to, PLACE assessments, CERA assessments, root cause analyses,

serious untoward incidents, quality-monitoring tool) to ensure that any new risks are identified and recorded. Risks are reported through the quality and performance meetings of the Groups.

- The Trust has implemented an electronic patient record system (RiO) which has electronic admission and discharge criteria which include infection control issues.

Director of Infection Prevention and Control

- The Trust has designated the Director of Infection Prevention and Control, referred to as the DIPC. This post is held by Anne Moore, Group Nurse Director, Safer Care Directorate.
- The DIPC is directly accountable to the Chief Executive and Trust Board. The roles and responsibilities of the DIPC are detailed in the Trust Infection Prevention and Control policy
- The DIPC chairs the Trust wide Infection Prevention and Control Committee, which meets at least every three months and is a member of the Trust wide Quality and Performance Committee (a subgroup of the Trust Board),
- The DIPC produces an annual report for the Trust Board on the state of public health in the Trust. This also constitutes the annual report of the DIPC. This report is made publicly available on the Trust internet, and is available in print to any service user, staff member, or member of the public who requests it.

Assurance Framework

- The DIPC reports to the Trust Board on an annual basis to report on developments on public health services, including infection prevention and control. Data is provided on C difficile and MRSA bacteraemia, and modern matrons concerns regarding cleanliness and infection control are reported on each occasion. The annual work and audit plan and the annual report are presented to the Board each year for approval.
- All infection related incidents are reported to the Trust through the Trust wide incident reporting system, SAFEGUARD areas are provided with appropriate advice ,by the IPC team relating to the reported incident. Statistics on incidents are produced monthly and reported at the quality standards meeting, for analysis and discussion. Full datasets are reviewed by the IPC Committee at each meeting for analysis of trends. This data includes, but is not limited to, MRSA infections and screening compliance, Clostridium difficile infections and outbreaks of gastrointestinal infections. The low level of infections in the Trust render year on year analysis of trends difficult.

- Serious untoward incidents related to infections are reported through the Trusts SUI reporting system and investigated accordingly. The results of SUI investigations, and action plans arising from them, are monitored through the Safe sub groups Quality and Performance meetings and the IPC Committee.
- The IPC team undertakes Route Cause Analyses for each case of MRSA bacteraemia and Clostridium Difficile infection identified. The results of root cause analyses, and action plans arising from them, are monitored through the quality standards meetings and the IPC Committee. They are also reported through the North of Tyne Health Care Acquired Infection (HCAI) reduction partnership meetings.
- Data on MRSA bacteraemia and Clostridium difficile infections are Trust wide key performance indicators (KPIs) which are reported to the Board each quarter.
- All inoculation incidents are reported through to the IPC committee and the Governance sub Group Q and P meetings and are subject to an after action review at local level if appropriate.

Infection Control Programme

- Each year the DIPC and IPC team produces an infection prevention and control programme which set objectives for ensuring the safety of service users, staff and visitors, and identifies priorities for action over the year. The programme also includes audits to be undertaken to assure the Trust of compliance with key IPC policies.
- This programme is presented to, and approved by, the Trust Board at the start of each year. Progress against the programme is reported to the Board in the annual report of the DIPC.
- All staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on and training and supervision in Infection Prevention & Control.

Infection Prevention and Control Infrastructure

- Northumberland, Tyne and Wear NHS Trust provides an Infection Prevention and Control service in house. The IPC team comprises, three infection prevention and control nurses (3 WTE), all of whom have approved qualifications in infection control. There is also a 365 day on call service.
- All IPC nurses are lead nurses (banded 8a, the Trust equivalent of modern matrons). They work closely with other senior nurses in the Trust to support them in delivering the infection control and cleanliness agenda.

- Each IPC nurses also takes on Trust wide roles to ensure that IPC is embedded in the normal operation of the Trust; this includes governance, decontamination, medical devices and health protection, physical health including CQUIN and the annual flu vaccination programme.
- The IPC team and IPC Committee obtain expert microbiology advice through a service level agreement with Northumbria Healthcare NHS Trust to provide attendance of a microbiologist at the IPC committee meetings and support on the development of policies and guidance.
- The Trust has 24-hour access to infectious diseases advice through SLAs with microbiology services.
- The Trust receives information from the multi-agency North of Tyne Healthcare Associated Infections Reduction Group.

Movement of Service Users

- IPC matrons provide advice and support to the bed management team relating to the admission and or movement of patients with known or suspected infections.
- IPC staff are available for consultation between 9am and 9pm each day (including weekends and bank holidays).
- All wards have an outbreak pack which provides information on restricting admissions, discharges and transfers during an outbreak. Also identifies need for good communication between services.

Criterion 2: The Trust provides and maintains a clean and appropriate environment in managed premises which facilitates the prevention and control of infection

Statement

- The Trust lead for the provision of cleaning services is the Head NTW Solutions.
- Ward Managers are accountable for the cleanliness standards on all in-patient areas
- The Trust has a range of buildings ranging from new, purpose built facilities to old or adapted facilities.
- The NTW solutions strategy envisages all clinical areas achieving category B standard for buildings.
- Cleaning schedules detail the standard of cleanliness required and the frequency of cleaning. Cleaning schedules comply with the National Standards of Cleanliness. All schedules have been reviewed and will be signed off by IPC modern matrons and ward managers. These schedules are displayed publicly in all clinical areas.

- The cleanliness of the environment is assessed through, weekly ward checks, monthly standardised cleaning audits (SYNBIOTIX audits) and annual PLACE assessments. The results of these assessments are made available to the Groups, the IPC committee and are available on the Trust intranet.
- The Trust has issued guidance on staff dress reflecting infection prevention and control and health and safety standards and requirements, including promoting good hand hygiene practice. The guidance includes advice on the correct laundering of uniforms and clothes worn at work.

Cleaning Services

- Clear definitions of specific roles and responsibilities are identified in job descriptions and the cleaning strategy.
- Service level agreements with each ward identify the cleaning specification including standards, cleaning frequency and responsibility for cleaning all equipment. These have recently been reviewed by IPC Modern matrons, facilities and ward managers.
- Sufficient resources have been identified to maintain clean environments. Where potential gaps are identified due, for example, to holidays or sickness, additional resources are identified including the use of overtime and agency staff. Any concerns that cannot be addressed are individually assessed and escalated where appropriate.
- Routinely requests for additional cleaning are directed through the facilities department and all areas have appropriate contact numbers. Domestic supervisors visit areas weekly and any concerns are escalated to the appropriate level. Urgent and out of hours cleaning requests are escalated via the on call manager/director to NTW solutions manager.

Policies on the Environment

- IPC staff are members of the Trust water safety group.
- The Trust has policies on Legionella control, potable water management, waste, laundry and food & nutrition.

Decontamination

- The Trust does not undertake sterilisation procedures for any reusable medical devices. A practice guidance note outlines disinfection and decontamination procedures. Wherever possible all medical devices are single use or single named patient use only.
- The Trust PGN on decontamination was amended in 2019 to include some new guidance specifically relating to portable electric fans.
- The Trust lead for decontamination for 2018/19 is Kay Gwynn, IPC Matron.

Linen, Laundry and Dress

- All staff are required to adhere to “bare below the elbow” practice guidance note which was reviewed in 2018/19.

- This review included guidance specifically relating to the IPS mental health guidance.

Criterion 3: Provide suitable accurate information on infections to the service users and their visitors

Statement.

- The Trust utilises a range of written information to inform service users and carers about general principles of infection control and specific infections. These include information produced by Public Health England , Department of Health and Social Care and others
- World Health Organisation 5 moments has been incorporated into hand wash guidance.
- The annual report of the Director of Infection Prevention & Control includes information on the occurrence of infections in the Trust, and the general means by which infections are controlled within the Trust. This is publicly available on the Trust internet.
- Where it has been decided not to install alcohol hand gels at the entrance to wards visitors are advised by a poster to ask staff for access to hand washing facilities.
- During an outbreak of infection specific signs are displayed at the ward entrance to inform visitors.
- Specific display stands have been displayed during the winter months to discourage anyone with flu like/respiratory illness from visiting.

Criterion 4: Provide suitable accurate information on infections to any person concerned with
providing further support or nursing/medical care in a timely fashion

Statement

- Arrangements are in place to prevent and control HCAI and demonstrate that responsibility for IPC is effectively devolved. This is detailed in the IPC policy and associated practice guidance notes. Staff have access to electronic versions of the IPC manual and core plans and advice on infection prevention and control is available from IPC services from 0900 to 2100 each day (including weekends and bank holidays). Advice on the specific treatment of infected patients is available from local microbiology departments or the regional infectious diseases unit.
- An IPC/Physical Health link worker network has been developed with the aim of ensuring that all areas having a link worker. There is an active training and support programme in place for IPC link workers.
- The Trust has access to the electronic reporting systems of most pathology departments (ICE)
- We have robust reporting systems with other trusts.
- Outbreak communication demonstrates accurate, timely communication with other departments e.g. Facilities, Estates and other healthcare providers

Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

Statement

- All staff, contractors and others are offered written information, induction and access to IPC advice via NTW Solutions staff.
- It is recognised that IPC is everyone's business and this responsibility is reflected in all job descriptions.

Criterion 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection

Statement

- Responsibility for infection prevention and control is detailed in the Trust IPC policy and is included in the job description of all staff
- Mandatory training is provided via e-learning every three years for all staff, both clinical and non-clinical. All new staff receive IPC training in their induction programme.
- The IPC team has robust relationships with CBU Senior nurses and NTW Solutions.
- Regular updates on the Hygiene Code are given at appropriate meetings.
- All staff have the opportunity to have a flu vaccination each year. Service users in risk groups who are inpatients are offered flu vaccination

Criterion 7: Provide or secure adequate isolation facilities.

Statement

- IPC Practice Guidance Note (IPC-PGN 08) details the procedures to be followed to isolate a patient with a known or suspected infectious disease.
- The availability of a suitable isolation area in each in-patient area is part of the IPC specification.
- Most in-patient areas in the Trust have single rooms suitable for the isolation of patients with infectious diseases. In the event of a service user requiring isolation, and that not being available on their own inpatient unit, arrangements would be made to transfer the service user to a clinical area where adequate isolation facilities are available.
- In the event of a large scale outbreak of infection then affected service users would be cohort nursed in an identified area of an in-patient ward, or the entire in-patient ward would be regarded as an isolation area.

Criterion 8: Secure adequate access to laboratory support as appropriate

Statement

- The Trust does not provide laboratory services in-house.
- The Trust holds service level agreements or arrangements for microbiology services at Northumbria Healthcare NHS Trust, Newcastle Hospitals NHS

Trust, Gateshead Health NHS Trust, South Tyneside and Sunderland NHS Foundation Trust. Results are available through the electronic ICE system.
- The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Limited.

Criterion 9: Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.

Statement

- The IPC nurses produce a range of practice guidance notes to assist staff implement adequate measures to control the transmission of infection and manage service users with infections. This guidance forms part of the Trust Infection and Control Policy and staff are expected to follow the guidance unless there is a compelling reason not to.
- Compliance with practice guidance notes is audited through the Quality Monitoring Tool, the IPC risk assessment and the annual audit programme
- The range of practice guidance notes covers the following topics:
- Standard infection control precautions
- Aseptic technique
- Outbreaks of communicable infections
- Isolation of service users
- Safe handling and disposal of sharps
- Prevention of occupational exposure to blood borne viruses, including prevention of sharps injuries
- Immunisation requirements of staff
- Management of occupational exposure to blood borne viruses and post exposure prophylaxis
- Closure of rooms, wards, departments and premises to new admissions
- Environmental disinfection
- Decontamination of reusable medical devices
- Antimicrobial prescribing
- Single use
- Disinfection
- Control of outbreaks and infections associated with the following specific alert organisms
    - MRSA
    - Clostridium difficile
    - Blood borne virus, including a viral haemorrhagic fever and Transmissible Spongiform Encephalopathy
    - Tuberculosis
    - Diarrhoeal infections
    - Legionella

- The following alert organisms are unlikely to be experienced within the spectrum of activity of a mental health and learning disability trust and currently the Trust does not have practice guidance notes covering these:
    - Glycopeptide Resistant Enterococci
    - Acinetobacter
    - Viral haemorrhagic fevers

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 7 Aug 2019

Title and Author of Paper:
Staff Friends and Family Test Update Quarter One 2019/20
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper includes the results of the Qtr1 19/20 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via an NTW Login.
- Response rates this quarter have increased to 51% from 45% in Qtr4 18/19.
- There was a slight decrease in positive responses to the question "How likely are you to recommend the organisation to friends and family as a place to work?" falling to 69%.
- There was a slight decrease change in positive responses to the question, "How likely are you to recommend our services to friends and family if they needed care or treatment?" falling to 76%.

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: For information and action

Link to Policies and Strategies: Workforce & OD Strategy

Staff Friends and Family Test (FFT) update Quarter One 2019/20

1. Executive Summary

1. The proportion of staff recommending the organisation to friends and family as a place to work:
   a. Has decreased for Qtr1 2019/20 to 69%.
   b. Remains higher than the most recently published national average and sector average of 65%.
   c. Medical and Dental staff, Administrative and Clerical, Allied Health Professional and Additional Professional Scientific and Technical are the staff groups most likely to recommend the organisation as a place to work, while the staff group least likely to recommend are Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery Registered.
   d. The Directorates most likely to recommend NTW as a place to work are Medical Directorate, Chief Executive Office and Commissioning & Quality Assurance. The directorates least likely to recommend are the North and Central Locality Groups.
   e. The Directorate with the biggest change in the quarter was Deputy Chief Executive Office with an increase from 73% to 82%.

2. The proportion of staff recommending the organisation to friends and family if they needed care and treatment:
   a. Has reduced slightly during the quarter at 76%.
   b. Is below the most recently published national average of 81%, and now equal to the sector average of 76%.
   c. Allied Health Professionals, Admin and Clerical and Medical and Dental Staff Groups are those most likely to recommend NTW for care and treatment, while the Staff Group least likely to recommend is Additional Clinical Services. However, all staff groups decreased this quarter with the exception of Allied Health Professionals which remained static.
   d. The Directorates with the biggest change in the quarter are the Deputy Chief Executive Directorate increasing from 73% to 78%, Nursing & Chief Operating Officer increasing from 77% to 82% and Chief Executive decreasing from 83% to 69%.

3. The response rate in the period has seen an increase to 51% from 46% of staff (those presented with FFT questions when logging onto the Trust network). 3,245 staff responded during the period.

4. Analysis of the respondents suggests that the proportion of respondees by Staff Group is broadly in line with the Trust staff demographic, with the exception of

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

5. A total of 1,037 comments and suggestions from staff have also been collected and analysed. The key themes identified for both questions continue to be staffing levels and waiting times.

2. Introduction

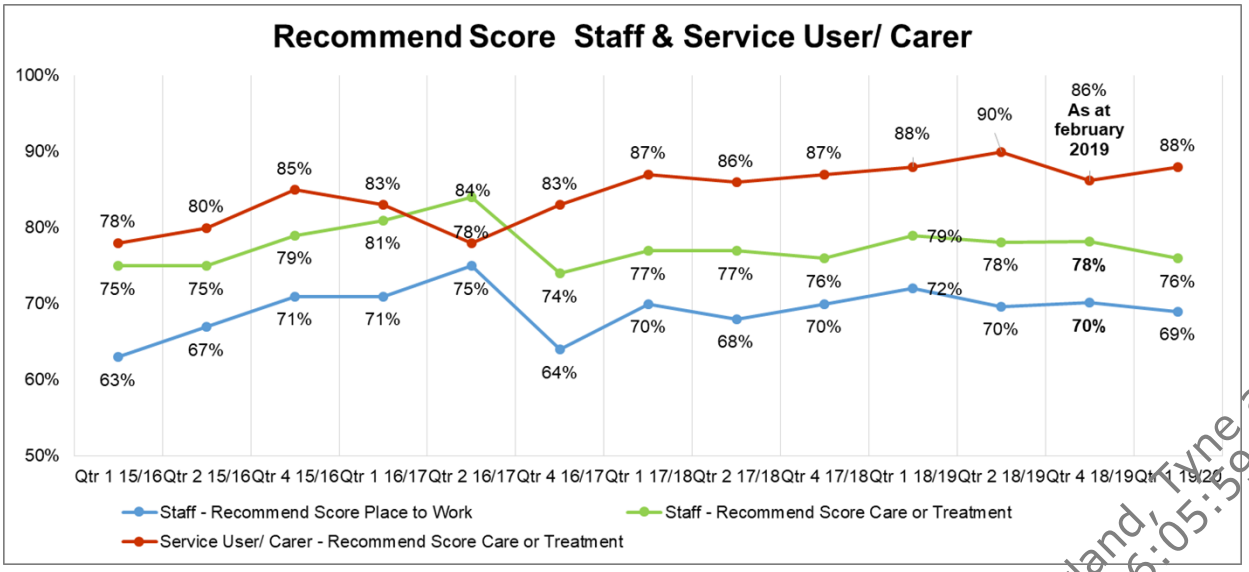
All NHS Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in Qtr3 of each year. The two Staff FFT questions are as below, with answer options ranging from 'extremely likely' to 'extremely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

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

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

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

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



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

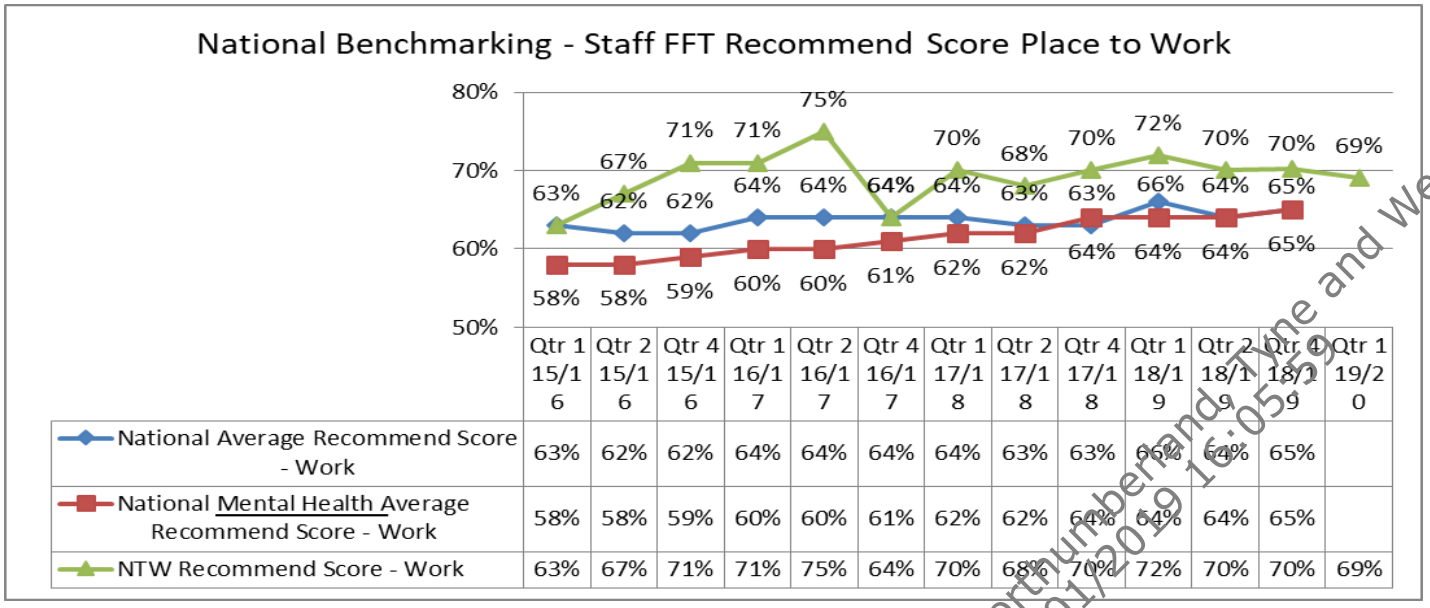
3. National Benchmarking Data - Update Quarter 1 – 2019/20

The table below shows the responses to the Staff FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses. The data below is the most recently published NHS England Staff FFT for Qtr4 18/19

	Total Response	HSCIC Workforce Headcount	Work		Care	
			% Recommend	% Not Recommend	% Recommend	% Not Recommend
National	**136,522**	**1,152,509**	**65%**	**17%**	**80%**	**6%**
NHS England Cumbria & North East	8,239	70,563	70%	13%	81%	5%
Northumberland, Tyne and Wear NHS Foundation Trust	2,915	5,597	70%	9%	78%	5%
Tees, Esk and Wear Valleys NHS Foundation Trust	2,513	6,664	71%	15%	81%	5%

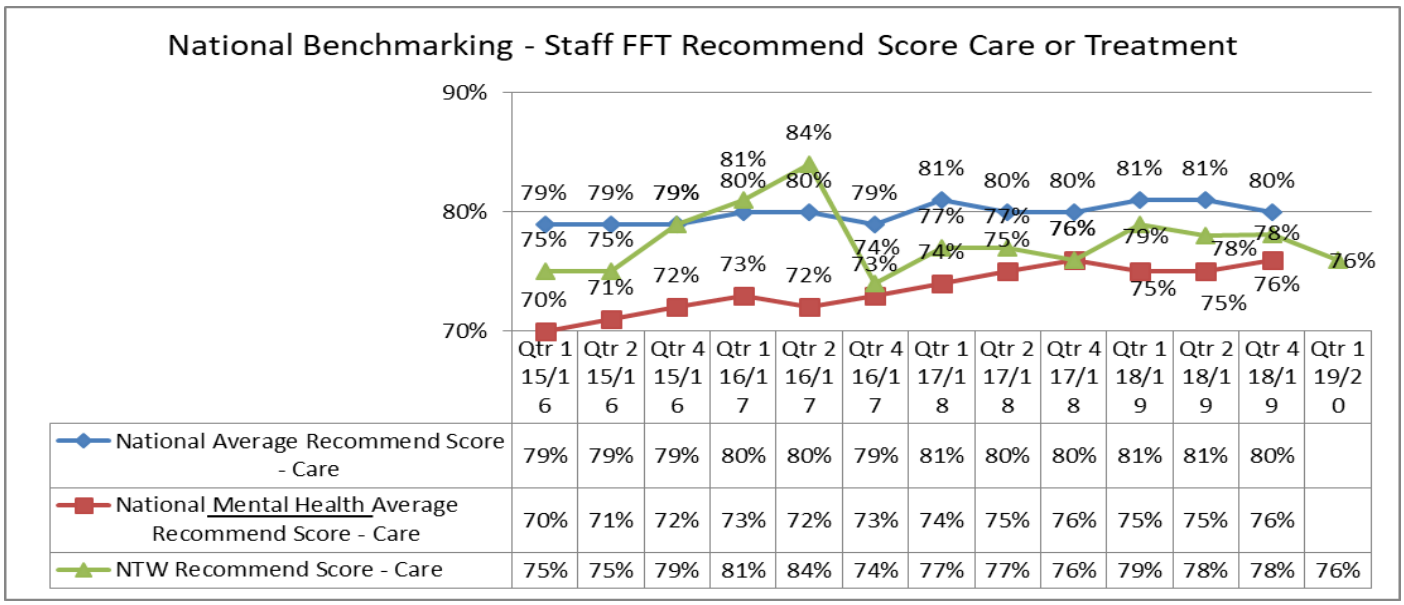
N.B. Qtr 1 19/20 data is due be published 22nd August 2019

It can be seen that in Qtr4 18/19 the Trust was above the national averages for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend the Trust for care and treatment. If the national position remains unchanged from Qtr4 18/19 to Qtr1 19/20, at 65% the most recent (Qtr4 18/19) results NTW would be above the national average for recommending the Trust as a place to work, and at 76% be below the national average of 80% for recommending the organisation for care and treatment.



	Qtr 1 15/16	Qtr 2 15/16	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20
National Average Recommend Score - Work	63%	62%	62%	64%	64%	64%	64%	63%	63%	66%	64%	65%	
National Mental Health Average Recommend Score - Work	58%	58%	59%	60%	60%	61%	62%	62%	64%	64%	64%	65%	
NTW Recommend Score - Work	63%	67%	71%	71%	75%	64%	70%	68%	70%	72%	70%	70%	69%

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



	Qtr 1 15/16	Qtr 2 15/16	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20
National Average Recommend Score - Care	79%	79%	79%	80%	80%	79%	81%	80%	80%	81%	81%	80%	
National Mental Health Average Recommend Score - Care	70%	71%	72%	73%	72%	73%	74%	75%	76%	75%	75%	76%	
NTW Recommend Score - Care	75%	75%	79%	81%	84%	74%	77%	77%	76%	79%	78%	78%	76%

As illustrated above the Trust has been above or equal to the sector average since Qtr1 15/16 for the percentage of staff who would recommend the Trust as a place for care and treatment, however during Q1 19/20 the NTW recommended score dropped slightly to 76% meaning the trust are now in line with the sector average.

4. Results for Quarter 1 - 2019/20

4.1 Response rates

Appendix 1 shows the response rates by Group/Directorate over time. In Qtr1 19/20 the Trust response rate was 51%, receiving a total of 3,245 responses this is an increase of 6%. The lowest response rate of those staff was from Medical Directorate (46%) and the highest response rate was from Chief Executive Office (81%).

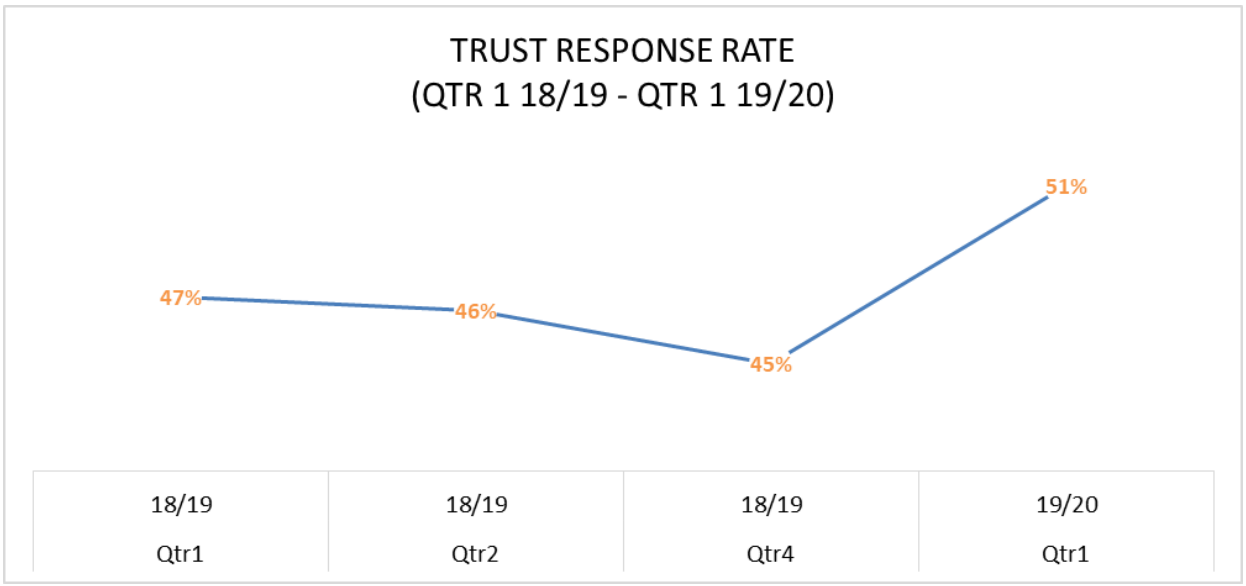


Table 1 – Response rates by Group/Directorate

Response rate – proportion of responses of those offered the Staff FFT through their NTW login	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**
Trust	**47%**	**46%**	**45% ↓**	**51% ↑**
North Locality Group	49%	49%	47% ↓	53% ↑
Central Locality Group	48%	48%	47% ↓	53% ↑
South Locality Group	51%	51%	48% ↓	54% ↑
Deputy Chief Executive	44%	48%	48% ↔	57% ↑
Nursing & Chief Operating Officer	64%	61%	65% ↑	67% ↑
Medical	42%	53%	44% ↓	46% ↑
Commissioning & Quality Assurance	63%	60%	59% ↓	69% ↑
Workforce & OD	58%	55%	67% ↑	68% ↑
Chief Executive	95%	81%	82% ↑	81% ↓
NTW Solutions	46%	44%	49% ↑	58% ↑

Table 2 – Breakdown by staff group of those who responded in Qtr1

Breakdown by staff group - proportion of responses of those offered the Staff FFT through their NTW login	Response Breakdown				**Proportion of Staff Group (source:ESR)**
	Qtr 1 18/19	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**	
Add Prof Scientific and Technical	6.03%	6.40%	6.44%	6.40%	5.89%
Additional Clinical Services	24.13%	24.39%	23.20%	24.00%	26.64%
Administrative and Clerical	20.49%	21.13%	23.86%	21.72%	20.00%
Allied Health Professionals	5.24%	5.21%	5.75%	5.60%	4.98%
Estates and Ancillary	2.11%	2.10%	1.98%	2.34%	7.83%
Medical and Dental	4.09%	3.99%	4.76%	4.68%	4.21%
Nursing and Midwifery	29.01%	28.96%	30.88%	30.20%	30.45%
Other	8.90%	7.80%	3.13%	5.06%	N/A
Total	100%	100%	100%	100%	100%

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

4.2 Responses by answer options and recommend score

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

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

Table 3 – **Responses by Answer for Question 1**

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr4 18/19**	**Qtr1 19/20**	Although the Qtr1 19/20 positive responses (or recommend score) has seen a slight decrease during the quarter to 69% the score still remains in line with the trusts score for the last 2 years where it has consistently hovered at 70% other than in Q1 18/19 where it was 72%. Neither, Unlikely and Don't Know has seen no change in percentage from Q4 18/19 however extremely unlikely has increased (1%) compared to the previous quarter.
Extremely Likely	26%	24%	24%	25% ↑	
Likely	46%	46%	46%	44% ↓	
Total Recommend	***72%***	***70%***	***70%***	***69%*** ↓	
Neither	16%	18%	18%	18% ↔	
Unlikely	3%	6%	6%	6% ↔	
Extremely Unlikely	6%	3%	4%	5% ↑	
Don't Know	3%	2%	2%	2% ↔	

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

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

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

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**	There has been a decrease in recommend score across 2 of the 3 locality Groups (North & South) both fell by 2% however Central remained consistent at 66% the score remains consistent across the last 3 quarters. The majority of the Corporate Directorates have all seen their recommend score either increase or remain the same, most notably Chief Executive and Deputy Chief Executive. However, Workforce & OD and Commissioning and Quality Assurance have seen a decrease in their recommend scores.
Trust	72%	70%	70%↔	69%↓	
North Locality Group	71%	66%	68% ↑	66% ↓	
Central Locality Group	68%	66%	66%↔	66%↔	
South Locality Group	71%	70%	72% ↑	70% ↓	
Deputy Chief Executive	73%	83%	73% ↓	82% ↑	
Nursing & Chief Operating Officer	75%	74%	69% ↓	69% ↔	
Medical	73%	81%	78% ↓	79% ↑	
Commissioning and Quality Assurance	76%	78%	78% ↔	77% ↓	
Workforce & OD	76%	76%	79% ↑	74% ↓	
Chief Executive	78%	88%	72% ↓	77% ↑	
NTW Solutions	66%	73%	71% ↓	71%↔	

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

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

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**	Comparing the recommend scores in Qtr4 18/19 with Qtr1 19/20 there has been a decrease in 2 of the 7 Staff Groups, most notably in Additional Clinical Services and Nursing and Midwifery, decreasing by 3% and 1% respectively. There has been an
Trust	72%	70%	70% ↔	69% ↓	
Add Prof Scientific and Technical	73%	70%	71%↑	70%↓	
Additional Clinical Services	67%	65%	65%↔	62%↓	
Administrative and Clerical	73%	76%	73%↓	73%↔	

Allied Health Professionals	77%	74%	71% ↓	73% ↑	increase in recommend score of 2 % for Allied Health Professional, Estates and Ancillary and Medical and Dental compared to Qtr4 18/19.
Estates and Ancillary	59%	72%	66%↓	68%↑	
Medical and Dental	74%	77%	76 %↓	78 %↑	
Nursing and Midwifery	71%	67%	69%↑	68%↓	

Appendix 2 illustrates the percentage of staff who would recommend, not recommend (rating extremely unlikely or unlikely) and those who are unsure (rating either neither or don't know) to question 1 by Group/Directorate over time (Qtr1 18/19 to Qtr1 19/20).

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

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

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

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**	While comparing the Qtr1 percentages with last year (Qtr1 18/19), there has been an overall decrease across the year in the recommend score (positive responses) for this question (from 79% to 76%). This appears to be the result of an increase in negative responses during the same period although this has only been slight there has been minimal variation in the percentages and have remained consistent over the course of the year.
Extremely Likely	31%	28%	29% ↑	29% ↔	
Likely	48%	50%	49% ↔	48% ↓	
Total Recommend	***79%***	***78%***	***78%*** ↔	***76%*** ↓	
Neither	13%	14%	14% ↔	15% ↑	
Unlikely	4%	4%	3% ↓	3% ↔	
Extremely Unlikely	3%	2%	2% ↔	2% ↔	
Don't Know	2%	3%	3% ↓	3% ↔	

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

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

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**	Overall the recommend score (positive responses) has slightly decreased since Qtr4 18/19. The most notable decrease in the recommend score is across Chief Executive Office with a decrease of 14%, material changes in percentage
Trust	79%	78%	78%↔	76%↓	
North Locality Group	79%	74%	75% ↑	72% ↓	
Central Locality Group	75%	74%	76% ↑	75% ↓	
South Locality Group	80%	81%	81%↔	78%↓	

Deputy Chief Executive	68%	67%	73%↑	78%↑	increase or decrease can occur due to there being smaller staff numbers in the directorate. The 3 clinical groups have all seen decreases in their recommend score North & south both decreasing by 3%. There were notable increases in recommend score across Nursing & Chief Operating Officer and Deputy Chief Executive.
Nursing & Chief Operating Officer	85%	83%	77%↓	82%↑	
Medical	76%	84%	76%↓	79%↑	
Commissioning and Quality Assurance	85%	85%	91% ↑	86% ↓	
Workforce & OD	95%	76%	92% ↑	89% ↓	
Chief Executive	67%	76%	83% ↑	69% ↓	
NTW Solutions	76%	81%	76% ↓	80% ↑	

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

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

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 1 18/19**	**Qtr 2 18/19**	**Qtr 4 18/19**	**Qtr 1 19/20**	Comparing the recommend scores in Qtr1 18/19 with Qtr1 19/20 there have been increases in 2 of the 7 Staff Groups. The most notable increase was in the Medical & Dental staff group from 73% to 80%. When comparing Qtr1 19/20 against the previous quarter (Qtr4 18/19) all staff groups have decreased their recommend score with the exception of Admin and Clerical which remained static.
Trust	79%	78%	78% ↔	76% ↓	
Add Prof Scientific and Technical	79%	77%	79% ↑	75% ↓	
Additional Clinical Services	75%	73%	71% ↓	68% ↓	
Administrative and Clerical	82%	82%	82% ↔	82% ↔	
Allied Health Professionals	84%	85%	86% ↑	83% ↓	
Estates and Ancillary	73%	78%	78% ↔	76% ↓	
Medical and Dental	73%	78%	82% ↑	80% ↓	
Nursing and Midwifery	79%	77%	78% ↑	77% ↓	

Appendix 3 illustrates the percentage of staff who would recommend, not recommend and those who are unsure to Question 2 by Group/Directorate over time (Qtr1 18/19 to Qtr1 19/20).

4.3 Results by Thematic Analysis

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

1. **Please suggest any improvements to make NTW a better place to work.**

2. **Please suggest any changes NTW can make to improve the care or treatment offered.**

Table 9 is the number of free text comments made.

Table 9 – **Number of Free Text Comments and Response Rate**

	Question 1 – 'Work' question		Question 2 – 'Care' question	
	No of free text comments	% of respondents	No of free text comments	% of respondents
Qtr 1 19/20	551	17%	486	15%

32% of the staff who responded also made further suggestions as to how NTW can make improvements, this is an increase of 11% in the Quarter.

Several repeating themes emerged during Qtr1 and this thematic analysis is shown in tables 10 ('Work' question) and 11 ('Care' question) by Locality/Group

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

North Locality - Work Question			
Work Category	**Theme**	**Total**	**% of Responses**
Management Support / Supervision	Management Support / Supervision	1	0.70%
Staff Feedback - Organisation Change	Organisational Change	2	1.41%
	General	1	0.70%
Staff feedback - Patient Care	Staffing Levels	29	20.42%
	Environment/ Facilities	10	7.04%
	Food	2	1.41%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	7	4.93%
	Training & Development	6	4.23%
	Case Loads / Work Load	6	4.23%
Staff feedback - Wellbeing	General	7	4.93%
	Administrative Process	6	4.23%
	Working Conditions	6	4.23%

Central Locality – Work Question

Category	Descriptor	Total	% of Responses
Management Support / Supervision	Training & Development	1	0.72%
	Being Listened Too	1	0.72%
Staff Feedback - Organisation Change	Cost Improvement	1	0.72%
	Organisational Change	1	0.72%
	General	1	0.72%
Staff feedback - Patient Care	Staffing Levels	22	15.94%
	Environment/ Facilities	10	7.25%
	Patient Care	1	0.72%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	5	3.62%
	information Technology	5	3.62%
	Recruitment & induction	4	2.90%
Staff feedback - Wellbeing	Being Listened Too	6	4.35%
	Administrative Process	5	3.62%
	General	5	3.62%

South Locality - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Management Support / Supervision	Management Support / Supervision	1	0.61%
	Working Conditions	1	0.61%
	Stress at Work	1	0.61%
Staff Feedback - Organisation Change	General	1	0.61%
Staff feedback - Patient Care	Staffing Levels	30	18.40%
	Environment/ Facilities	8	4.91%
	Parking / Transport	4	2.45%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	14	8.59%
	Training & Development	6	3.68%
	Case Loads / Work Load	6	3.68%
Staff feedback - Wellbeing	Administrative Process	8	4.91%
	General	8	4.91%
	Management Support / Supervision	2	1.23%

Support & Corporate - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Management Support / Supervision	Career Progression	1	1.39%
	Recruitment & induction	1	1.39%
	Management Support / Supervision	1	1.39%
Staff Feedback - Organisation Change	Organisational Change	2	2.78%
	Cost Improvement	1	1.39%
	General	1	1.39%
Staff feedback - Patient Care	Staffing Levels	7	9.72%
	Parking / Transport	2	2.78%
	Waiting Times	1	1.39%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	5	6.94%

	Training & Development	3	4.17%
	Service Collaboration	2	2.78%
Staff feedback - Wellbeing	General	8	11.11%
	Bullying and Harassment	4	5.56%
	Management Support / Supervision	3	4.17%

NTW Solutions - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Staff Feedback - Organisation Change	Cost Improvement	1	5.56%
Staff feedback - Patient Care	Environment/ Facilities	2	11.11%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	1	5.56%
	Sickness Policy	1	5.56%
	Recruitment & induction	1	5.56%
Staff feedback - Wellbeing	Communication	4	22.22%
	Job Security	1	5.56%
	Respect	1	5.56%

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

North Locality - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff Feedback - Organisation Change	Organisational Change	1	0.76%
	General	1	0.76%
Staff feedback - Patient Care	Staffing Levels	44	33.59%
	Waiting Times	16	12.21%
	Patient Care	8	6.11%
Staff feedback - Policy and Practice	Training & Development	5	3.82%
	Available Resources	4	3.05%
	information Technology	2	1.53%
Staff feedback – Wellbeing	Administrative Process	2	1.53%
	Politics	1	0.76%
	Management Support / Supervision	1	0.76%

Central Locality - Treatment Question

Treatment Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	1	0.86%
Staff feedback - Patient Care	Staffing Levels	30	25.86%
	Patient Care	9	7.76%
	Waiting Times	9	7.76%
Staff feedback - Policy and Practice	General	3	2.59%
	Available Resources	3	2.59%
	Training & Development	2	1.72%
Staff feedback – Wellbeing	Administrative Process	6	5.17%
	Being Listened Too	4	3.45%
	Respect	2	1.72%

South Locality - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff feedback - Patient Care	Staffing Levels	44	29.53%
	Waiting Times	26	17.45%
	Patient Care	5	3.36%
Staff feedback - Policy and Practice	Available Resources	5	3.36%
	Training & Development	4	2.68%
	Consistency	3	2.01%
Staff feedback – Wellbeing	Stress at Work	3	2.01%
	Administrative Process	3	2.01%
	General	1	0.67%

Support & Corporate - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff feedback - Patient Care	Waiting Times	9	16.36%
	Staffing Levels	8	14.55%
	Patient Care	6	10.91%
Staff feedback - Policy and Practice	Training & Development	1	1.82%
	Case Loads / Work Load	1	1.82%
Staff feedback – Wellbeing	Administrative Process	2	3.64%
	General	1	1.82%
	Communication	1	1.82%

NTW Solutions - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff feedback - Patient Care	Environment/ Facilities	2	16.67%
	Smoking Ban	1	8.33%
	Staffing Levels	1	8.33%

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

In relation to Question 1, 'Patient Care – Staffing Levels' and 'Patient Care – Environment/Facilities' emerged as the repeating themes for all Localities. Staffing Levels was also the main theme for Support and Corporate Directorates.

'Policy and Practice - Pay and Conditions (includes flexible working)' were common themes from North and South Localities, whereas 'Wellbeing – Being Listened too' was a theme from Central Locality for staff feeling less likely to recommend NTW as a place to work.

'Wellbeing – Communication' was the main theme from NTW Solutions.

Comments across all areas includes: more staff, increased pay, more shift and working hours flexibility and improved working conditions.

In relation to Question 2 'Patient Care - Staffing Levels' and 'Patient Care - Waiting times' and 'Patient Care' were identified as the highest themes across all three Localities. Although these themes highlight areas for improvement, these themes do not make staff less likely to recommend the Trust to family or friends for treatment i.e. all three Groups 'Waiting times' emerged as a negative, the average recommend score across the Groups was 75% would still recommend the Trust as a place for treatment.

'Patient Care – Waiting Times' and 'Staffing Levels' were also the main themes identified by Support and Corporate Directorates, whilst 'Environment/Facilities' were the main themes identified by NTW Solutions.

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

Included below are examples of improvement comments received by staff in Qtr1 (who identified they were happy for their comments to be published):

Improvements to make NTW a better place to work:

"IMPROVE ON TURN AROUND TIME IN STAFF RELATED MATTERS

"canteen opening at weekends"

"Allow staff opportunity to develop skills and knowledge - I think diploma level nurses should be encouraged, not prevented from 'topping up' to degree. I think there should be pressure from directors on managers to facilitate this (even if not funded by NTW). Other training I find is superb.

"if people communicated better and disseminated information consistently between higher management to staff

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

"I have worked for the trust for 26yrs, I love my job and value to work I carry out on a daily basis as I feel it makes a difference. I feel that as a trust we cover all bases, though feel as we are now so geographically spread out, a lot of what we can offer is now difficult to access. If services where more localised they would be easier to access."

"Mixed views- as employee with a family member detained in a ward within the trust, very different experiences from my own work place and other ward.

As family member- felt ignored, some lack of consideration from some staff members, repeated unreturned calls. However, some staff members were fantastic.

"Better building/facilities/resources to provide a more therapeutic and young person friendly environment. "

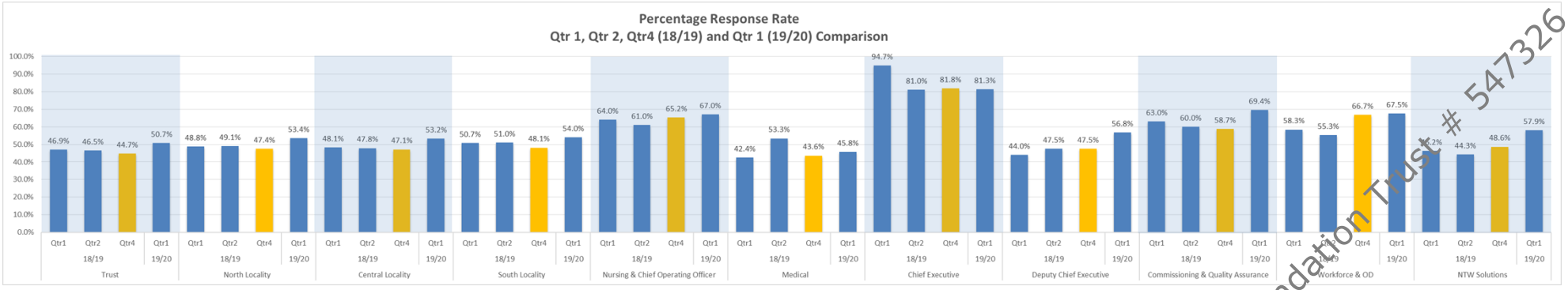
'Services are usually delivered to a high standard but still believe Trust values are not embraced by non nursing professional groups

5. Conclusion

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

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

Response Rates



Response rate	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 1 19/20 number of responses
Trust	47%	46%	45%	51%	3,245
Deputy Chief Executive	44%	48%	48%	57%	50
Nursing & Chief Operating Officer	64%	61%	65%	67%	130
Medical	42%	53%	44%	46%	114
Commissioning and Quality Assurance	63%	60%	59%	69%	84
Workforce & OD	58%	55%	67%	68%	27
Chief Executive	95%	81%	82%	81%	13
NTW Solutions	46%	44%	49%	58%	157
North Locality Group	49%	49%	47%	53%	783
Central Locality Group	48%	48%	47%	53%	742
South Locality Group	51%	51%	48%	54%	889

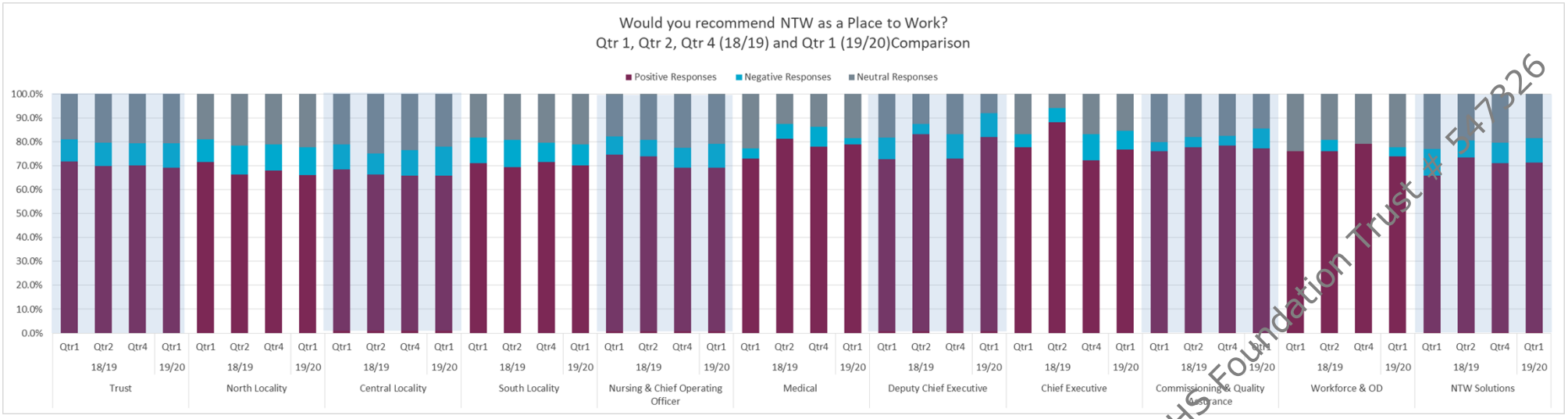
~ In Qtr1 response rates have increased to 51% there has been more respondents than Qtr4 18/19 (328 more respondents).

~ 9 out of 10 Directorates have seen an increase in response rates, the most significant increase in response rate was seen from Commissioning & Quality Assurance (from 59% to 69%).

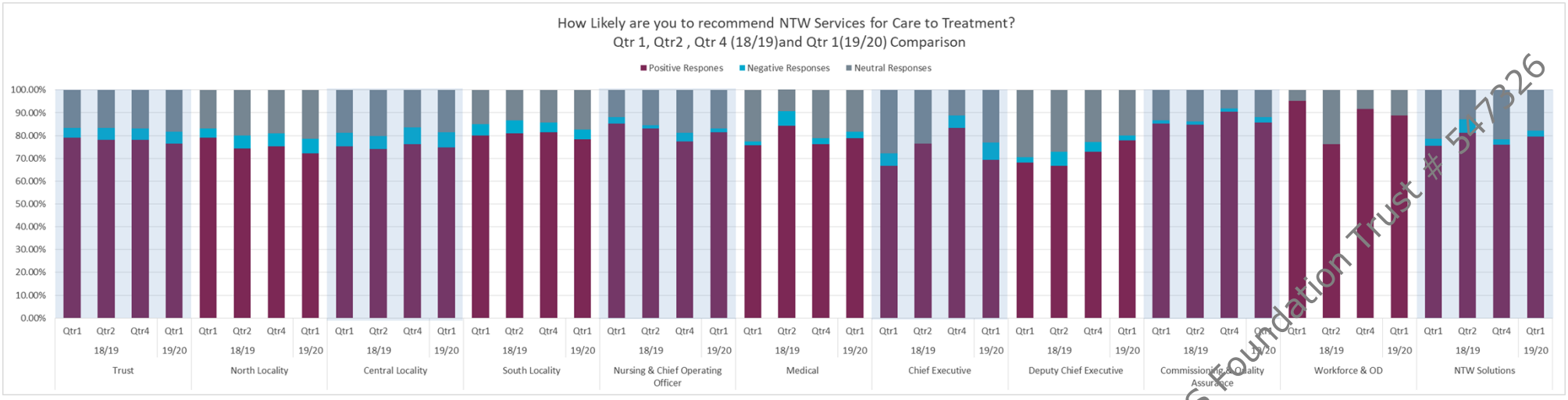
~ 1 Directorate has seen a decrease in response rates.

~ The 3 Clinical Directorates (North, Central, South) response rates increased between Qtr4 18/19 – Qtr1 19/20.

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



Appendix 3



Appendix 4

North Locality - Work Question			
Work Category	**Theme**	**Total**	**% of Responses**
Management Support / Supervision	Management Support / Supervision	1	0.70%
Management Support / Supervision Total		**1**	**0.70%**
Staff Feedback - Organisation Change	Organisational Change	2	1.41%
	General	1	0.70%
Staff Feedback - Organisation Change Total		**3**	**2.11%**
Staff feedback - Patient Care	Staffing Levels	29	20.42%
	Environment/ Facilities	10	7.04%
	Food	2	1.41%
	Activities	1	0.70%
	Parking / Transport	1	0.70%
	Access	1	0.70%
	Involvement & Collaboration (Carer / Families)	1	0.70%
Staff feedback - Patient Care Total		**45**	**31.69%**
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	7	4.93%
	Training & Development	6	4.23%
	Case Loads / Work Load	6	4.23%
	Recruitment & induction	3	2.11%
	Sickness Policy	3	2.11%
	information Technology	3	2.11%
	Culture / Leadership of Management	2	1.41%
	Transparency	2	1.41%
	Shift Patterns	2	1.41%
	Career Progression	2	1.41%
	Bureaucracy	2	1.41%
	General	1	0.70%
	Service Collaboration	1	0.70%
	Consistency	1	0.70%
	Staff Retention	1	0.70%
Staff feedback - Policy and Practice Total		**42**	**29.58%**
Staff feedback - Wellbeing	General	7	4.93%
	Administrative Process	6	4.23%
	Working Conditions	6	4.23%
	Management Support / Supervision	6	4.23%
	Rewarding Environment / Value / Praise	4	2.82%
	Stress at Work	2	1.41%
	Communication	2	1.41%
	Well-being Support (Classes)	1	0.70%
	Being Listened Too	1	0.70%
	Senior Management Structure	1	0.70%
Staff feedback - Wellbeing Total		**36**	**25.35%**
Unable to Theme	Unable to Theme	15	10.56%
Unable to Theme Total		**15**	**10.56%**
Grand Total		**142**	**100.00%**

Central Locality - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Management Support / Supervision	Training & Development	1	0.72%
	Being Listened Too	1	0.72%
Management Support / Supervision Total		**2**	**1.45%**
Staff Feedback - Organisation Change	Cost Improvement	1	0.72%
	Organisational Change	1	0.72%
	General	1	0.72%
Staff Feedback - Organisation Change Total		**3**	**2.17%**
Staff feedback - Patient Care	Staffing Levels	22	15.94%
	Environment/ Facilities	10	7.25%
	Patient Care	1	0.72%
	Waiting Times	1	0.72%
	Access	1	0.72%
	Parking / Transport	1	0.72%
Staff feedback - Patient Care Total		**36**	**26.09%**
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	5	3.62%
	information Technology	5	3.62%
	Recruitment & induction	4	2.90%
	Case Loads / Work Load	4	2.90%
	Training & Development	4	2.90%
	Available Resources	3	2.17%
	Shift Patterns	2	1.45%
	Consistency	2	1.45%
	Sickness Policy	2	1.45%
	Culture / Leadership of Management	2	1.45%
	General	2	1.45%
	Staff Retention	1	0.72%
	Career Progression	1	0.72%
Staff feedback - Policy and Practice Total		**37**	**26.81%**
Staff feedback - Wellbeing	Being Listened Too	6	4.35%
	Administrative Process	5	3.62%
	General	5	3.62%
	Rewarding Environment / Value / Praise	5	3.62%
	Communication	5	3.62%
	Management Support / Supervision	3	2.17%
	Working Conditions	2	1.45%
	Senior Management Structure	2	1.45%
	Respect	1	0.72%
	Stress at Work	1	0.72%
Staff feedback - Wellbeing Total		**35**	**25.36%**
Unable to Theme	Unable to Theme	25	18.12%
Unable to Theme Total		**25**	**18.12%**
Grand Total		**138**	**100.00%**

South Locality - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Management Support / Supervision	Management Support / Supervision	1	0.61%
	Working Conditions	1	0.61%
	Stress at Work	1	0.61%
Management Support / Supervision Total		**3**	**1.84%**
Staff Feedback - Organisation Change	General	1	0.61%
Staff Feedback - Organisation Change Total		**1**	**0.61%**
Staff feedback - Patient Care	Staffing Levels	30	18.40%
	Environment/ Facilities	8	4.91%
	Parking / Transport	4	2.45%
	Patient Care	3	1.84%
	Treatments / Pathways	2	1.23%
	Access	1	0.61%
Staff feedback - Patient Care Total		**48**	**29.45%**
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	14	8.59%
	Training & Development	6	3.68%
	Case Loads / Work Load	6	3.68%
	Recruitment & induction	4	2.45%
	Sickness Policy	4	2.45%
	Culture / Leadership of Management	4	2.45%
	Available Resources	4	2.45%
	General	4	2.45%
	Career Progression	3	1.84%
	information Technology	2	1.23%
	Staff Retention	2	1.23%
	Consistency	2	1.23%
	Bureaucracy	1	0.61%
	Shift Patterns	1	0.61%
Staff feedback - Policy and Practice Total		**57**	**34.97%**
Staff feedback - Wellbeing	Administrative Process	8	4.91%
	General	8	4.91%
	Management Support / Supervision	2	1.23%
	Being Listened Too	2	1.23%
	Engagement	1	0.61%
	Rewarding Environment / Value / Praise	1	0.61%
	Respect	1	0.61%
	Access to / Visibility of Management	1	0.61%
	Well-being Support (Classes)	1	0.61%
	Working Conditions	1	0.61%
	Bullying and Harassment	1	0.61%
	Job Security	1	0.61%
Staff feedback - Wellbeing Total		**28**	**17.18%**
Unable to Theme	Unable to Theme	26	15.95%
Unable to Theme Total		**26**	**15.95%**
Grand Total		**163**	**100.00%**

Support & Corporate - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Management Support / Supervision	Career Progression	1	1.39%
	Recruitment & induction	1	1.39%
	Management Support / Supervision	1	1.39%
Management Support / Supervision Total		**3**	**4.17%**
Staff Feedback - Organisation Change	Organisational Change	2	2.78%
	Cost Improvement	1	1.39%
	General	1	1.39%
Staff Feedback - Organisation Change Total		**4**	**5.56%**
Staff feedback - Patient Care	Staffing Levels	7	9.72%
	Parking / Transport	2	2.78%
	Waiting Times	1	1.39%
	Access	1	1.39%
Staff feedback - Patient Care Total		**11**	**15.28%**
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	5	6.94%
	Training & Development	3	4.17%
	Service Collaboration	2	2.78%
	Career Progression	2	2.78%
	Sickness Policy	2	2.78%
	Culture / Leadership of Management	1	1.39%
	Appraisals	1	1.39%
	General	1	1.39%
Staff feedback - Policy and Practice Total		**17**	**23.61%**
Staff feedback - Wellbeing	General	8	11.11%
	Bullying and Harassment	4	5.56%
	Management Support / Supervision	3	4.17%
	Communication	2	2.78%
	Respect	1	1.39%
	Well-being Support (Classes)	1	1.39%
	Rewarding Environment / Value / Praise	1	1.39%
	Senior Management Structure	1	1.39%
	Administrative Process	1	1.39%
	Engagement	1	1.39%
	Politics	1	1.39%
Staff feedback - Wellbeing Total		**24**	**33.33%**
Unable to Theme	Unable to Theme	13	18.06%
Unable to Theme Total		**13**	**18.06%**
Grand Total		**72**	**100.00%**

NTW Solutions - Work Question			
Category	**Descriptor**	**Total**	**% of Responses**
Staff Feedback - Organisation Change	Cost Improvement	1	5.56%
Staff Feedback - Organisation Change Total		**1**	**5.56%**
Staff feedback - Patient Care	Environment/ Facilities	2	11.11%
Staff feedback - Patient Care Total		**2**	**11.11%**
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	1	5.56%
	Sickness Policy	1	5.56%
	Recruitment & induction	1	5.56%
	Culture / Leadership of Management	1	5.56%
	Consistency	1	5.56%
	General	1	5.56%
Staff feedback - Policy and Practice Total		**6**	**33.33%**
Staff feedback - Wellbeing	Communication	4	22.22%
	Job Security	1	5.56%
	Respect	1	5.56%
	General	1	5.56%
Staff feedback - Wellbeing Total		**7**	**38.89%**
Unable to Theme	Unable to Theme	2	11.11%
Unable to Theme Total		**2**	**11.11%**
Grand Total		**18**	**100.00%**

Appendix 5

North Locality - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff Feedback - Organisation Change	Organisational Change	1	0.76%
	General	1	0.76%
Staff Feedback - Organisation Change Total		**2**	**1.53%**
Staff feedback - Patient Care	Staffing Levels	44	33.59%
	Waiting Times	16	12.21%
	Patient Care	8	6.11%
	Treatments / Pathways	6	4.58%
	Access	5	3.82%
	Communication / Interaction (SU / Carer / Families)	2	1.53%
	Food	2	1.53%
	Appointments	1	0.76%
	Localised Services	1	0.76%
	Activities	1	0.76%
	Environment/ Facilities	1	0.76%
	Staff Attitude	1	0.76%
	Involvement & Collaboration (Carer / Families)	1	0.76%
Staff feedback - Patient Care Total		**88**	**67.18%**
Staff feedback - Policy and Practice	Training & Development	5	3.82%
	Available Resources	4	3.05%
	information Technology	2	1.53%
	Consistency	1	0.76%
	Service Collaboration	1	0.76%
	Recruitment & induction	1	0.76%
	General	1	0.76%
	Shift Patterns	1	0.76%
	Bureaucracy	1	0.76%
	Culture / Leadership of Management	1	0.76%
	Pay and Conditions (includes flexible working)	1	0.76%
Staff feedback - Policy and Practice Total		**19**	**14.50%**
Staff feedback – Wellbeing	Administrative Process	2	1.53%
	Politics	1	0.76%
	Management Support / Supervision	1	0.76%
	Being Listened Too	1	0.76%
	Stress at Work	1	0.76%
	Communication	1	0.76%
Staff feedback - Wellbeing Total		**7**	**5.34%**
Unable to theme	Unable to theme	14	10.69%
Unable to theme Total		**14**	**10.69%**
Grand Total		**131**	**100.00%**

Central Locality - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff Feedback - Organisation Change	General	1	0.86%
Staff Feedback - Organisation Change Total		**1**	**0.86%**
Staff feedback - Patient Care	Staffing Levels	30	25.86%
	Patient Care	9	7.76%
	Waiting Times	9	7.76%
	Access	5	4.31%
	Environment/ Facilities	4	3.45%
	Communication / Interaction (SU / Carer / Families)	4	3.45%
	Treatments / Pathways	2	1.72%
	Localised Services	2	1.72%
	Communication / Interaction (SU / Carer / Families	1	0.86%
	Staff Attitude	1	0.86%
Staff feedback - Patient Care Total		**67**	**57.76%**
Staff feedback - Policy and Practice	General	3	2.59%
	Available Resources	3	2.59%
	Training & Development	2	1.72%
	Staff Retention	1	0.86%
	Pay and Conditions (includes flexible working)	1	0.86%
	Case Loads / Work Load	1	0.86%
	Career Progression	1	0.86%
	Culture / Leadership of Management	1	0.86%
Staff feedback - Policy and Practice Total		**13**	**11.21%**
Staff feedback – Wellbeing	Administrative Process	6	5.17%
	Being Listened Too	4	3.45%
	Respect	2	1.72%
	Stress at Work	2	1.72%
	Communication	2	1.72%
	Well-being Support (Classes)	1	0.86%
Staff feedback - Wellbeing Total		**17**	**14.66%**
Unable to theme	Unable to theme	18	15.52%
Unable to theme Total		**18**	**15.52%**
Grand Total		**116**	**100.00%**

South Locality - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff feedback - Patient Care	Staffing Levels	44	29.53%
	Waiting Times	26	17.45%
	Patient Care	5	3.36%
	Communication / Interaction (SU / Carer / Families)	4	2.68%
	Treatments / Pathways	4	2.68%
	Staff Attitude	2	1.34%
	Parking / Transport	2	1.34%
	Smoking Ban	2	1.34%
	Use of Bank / Agency Staff	1	0.67%
	Localised Services	1	0.67%
	Appointments	1	0.67%
	Involvement & Collaboration (SU)	1	0.67%
	Privacy & Dignity	1	0.67%
Staff feedback - Patient Care Total		**94**	**63.09%**
Staff feedback - Policy and Practice	Available Resources	5	3.36%
	Training & Development	4	2.68%
	Consistency	3	2.01%
	Staff Retention	2	1.34%
	General	2	1.34%
	Shift Patterns	1	0.67%
	Transparency	1	0.67%
	Pay and Conditions (includes flexible working)	1	0.67%
	Service Collaboration	1	0.67%
Staff feedback - Policy and Practice Total		**20**	**13.42%**
Staff feedback – Wellbeing	Stress at Work	3	2.01%
	Administrative Process	3	2.01%
	General	1	0.67%
	Being Listened Too	1	0.67%
Staff feedback - Wellbeing Total		**8**	**5.37%**
Unable to theme	Unable to theme	27	18.12%
Unable to theme Total		**27**	**18.12%**
Grand Total		**149**	**100.00%**

Support & Corporate - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff feedback - Patient Care	Waiting Times	9	16.36%
	Staffing Levels	8	14.55%
	Patient Care	6	10.91%
	Communication / Interaction (SU / Carer / Families)	5	9.09%
	Access	4	7.27%
	Treatments / Pathways	2	3.64%
	Environment/ Facilities	1	1.82%
Staff feedback - Patient Care Total		**35**	**63.64%**
Staff feedback - Policy and Practice	Training & Development	1	1.82%
	Case Loads / Work Load	1	1.82%
Staff feedback - Policy and Practice Total		**2**	**3.64%**
Staff feedback – Wellbeing	Administrative Process	2	3.64%
	General	1	1.82%
	Communication	1	1.82%
Staff feedback - Wellbeing Total		**4**	**7.27%**
Unable to theme	Unable to theme	14	25.45%
Unable to theme Total		**14**	**25.45%**
Grand Total		**55**	**100.00%**

NTW Solutions - Treatment Question			
Treatment Category	**Theme**	**Total**	**% of Responses**
Staff feedback - Patient Care	Environment/ Facilities	2	16.67%
	Smoking Ban	1	8.33%
	Staffing Levels	1	8.33%
	Staff Attitude	1	8.33%
	Communication / Interaction (SU / Carer / Families)	1	8.33%
	Appointments	1	8.33%
	Access	1	8.33%
Staff feedback - Patient Care Total		**8**	**66.67%**
Unable to theme	Unable to theme	4	33.33%
Unable to theme Total		**4**	**33.33%**
Grand Total		**12**	**100.00%**

Appendix 6

Actions being taken by Group/Directorate in response to improvement suggestions raised in Qtr4 18/19

North Locality Care Group:

We are successfully reducing the number of people we have on sick leave and also reducing the length of time that people are off sick; we are consistently tracking below the previous year's figures in terms of in month sickness percentages and the number of staff on long term sick. We have multiple actions in place to help further improve in this area.
We have over-recruited into Nursing Assistant posts in our Inpatient areas to cover gaps with regular staff to improve stability and continuity of care.
We are fully engaged with the Carter process and have embedded the principles of level loading and resource management. We continue to offer flexible working opportunities where service need allows it.
We continue to look to recruit qualified nurses and doctors wherever possible to fill hard to recruit to gaps, proactively encourage retire and returns and have three Fellowship Doctors in post which will help with this in the medium term.

Central Locality Care Group:

The Friends and Family Test in Central overall highlights areas around staffing, staff wellbeing and environments. Work continues on the embedding of the Carter work in all areas this is looking at from a staffing perspective, the level loading and the review of all flexible working agreements to ensure they are still meaningful for both the delivery of service and the individual's circumstances.
Five year Workforce Plan for the Central locality has been submitted and a review cycle identified for each of the CBU plans. Across the locality work continues on ensuring the skill mix is right to reduce bank and agency spend and utilising alternative ways of working.
Inpatient CBU key areas of action based include enhancing security on the Center for Age and Vitality site when services are moved to Hadrian. The CBU has been carrying out a number staff engagement sessions regarding the upcoming changes in services and also the discussion of the staff survey results. Based on these engagement sessions and themes coming from the Friends and Family the CBU is looking at developing a local wellbeing bulletin which is something that is already in place within secure services. There are also plans in place to recruit a Clinical Nurse Specialist to support clinical consideration to those people who return to NTW after discharge. Additional unqualified staff have also been recruited to the inpatients service areas to support the team.
Community CBU key areas of action are looking at the accommodation which is being discussed as part of various forums and staff involvement in this has been crucial. The CBU has also delivered engagement sessions across all the community pathways which looks at new ways of working to support capacity and also staff wellbeing. Communication around the Trustwide work is to take place in staff forums around creating capacity to care. Additional posts have been added to the establishment in areas in order to support with the caseloads and waiting times and this is having an impact a positive impact on waiting times.

Secure services CBU have refreshed the CBU our strategy for 2018-2020 to ensure that the themes from all staff feedback routes are incorporated including Friends and Family, Staff Survey etc. The CBU have further enhanced the opportunity for staff to meet with the CBU and have monthly engagement sessions on both main sites (Northgate & St Nicholas Hospital) as well as drop-ins to the wards & departments. CBU have also said that they will attend any staff meetings as required / invited. The staff survey results have been analysed and these have been discussed at staff engagement events. The CBU have also reviewed our communication system and have for the last two months been circulating the CBU Briefing with the main topics being:

- What You have Been Saying
- What's happening?
- Hot Topic
- Things Happening this Month
- Messages from the CBU
- Got something to Say?

Access CBU have been working on team building with the Newcastle and Gateshead Crisis team coming together. There are a number of Tenders that are due for submission in the Access CBU and the focus has been around supporting and communicating with staff around this.

Overall in Central locality work is ongoing with the management of sickness absence to ensure that staff feel supported to remain at work. Local events have taken place within areas supporting the Health and Wellbeing agenda.

South Locality Care Group:

Workforce plans have now been submitted from all CBU's. A South Locality Narrative has been produced and submitted to capture themes and headlines from the individual CBU Plans. The Interim People Plan has been introduced to the South Locality and a theme will be explored each month using a collection tool to gather evidence to support the key priorities. The Workforce plan remains a live document.

The Workforce and OD Team have introduced a Workforce and OD Triage Model which will primarily support the focus on sickness absence and provide an operational framework to deliver the HR Agenda within locality and CBU. The model provides regular contact with professional advice and guidance from the Workforce and OD Team. As part of the model there will be front end sickness absence reporting as an enabler to achieve the Occupational Health referral timeframe with the ultimate aim of achieving quicker returns to work.

OD interventions have been developed with areas where there have been requests to support newly formed teams, where there may be cultural or team issues. OD priorities and collection tool completed. OD interventions have been delivered in the Perinatal CMHT Team, Access CBU have designed a development session on referrals to Occupational Health and Flexible Working. A strategic action plan is being developed for WGP in response to recent cultural issues being raised.

The Carter Review work is now signed off within locality and this work is business as usual. Staff drop in sessions and speak easy events continue to run on a rolling basis across all CBU's, addressing key themes such as health and wellbeing and staff engagement. Themes from these sessions are part of the staff survey action plans for each area, and will

continue to be reviewed and updated with themes from the staff friends and family test and the annual staff survey this work remains ongoing.
Staff Survey results have been shared for the locality and at CBU Level. CBU's have been asked to identify their key priorities.
Health and Wellbeing – The south locality has had Wellbeing café's and events at Monkwearmouth, Hopewood Park and Walkergate Park. These events have been a great success and ben evaluated very well, more events are being planned.

Support & Corporate:

Key themes included staffing levels, training and development, and waiting times.
The Workforce and OD Team have working closely with the Safer Directorate to establish a new operational working model to support the delivery of safe and high quality care. The new model will allow for closer team working and opportunities for cross cover to support staffing levels.
In addition, we have been working closely with the directorates on reducing days lost due to sickness absence to support staffing levels. This has included a roll of Sickness Management training to line managers, an increased use of case conferences working closely with Team Prevent, new reporting mechanisms introduced locally, and an increased resource to support sickness management meetings. This includes workforce support at long term sickness meetings which take place approx. every 4 weeks and monitoring short term sickness to ensure that referrals are made in a timely fashion with the aim of reducing the likelihood of it becoming a long term absence.
In response to the training and development needs, we have rolled out additional bespoke appraisal training, and master class sessions that are designed to meet the needs of the individual teams.
To support the delivery work of the above agendas, the Workforce Team have facilitated a number of key OD engagement events, to support teams to identify their top operational priorities over the coming 12 months which will be reviewed regularly.

NTW Solutions:

NTW Solutions aims to be a great place to work, this is one of our five strategic aims.
Staff drop in sessions continue to run on a monthly basis across the company addressing key themes such as values, health and wellbeing and staff engagement, it gives staff the opportunity to receive information in relation to things that are happening companywide but also local to them
This year we have identified four key themes from that the staff survey, they are Great place to work, Communication, Health and Wellbeing feeling valued.
The Company's Senior Team are planning visits to all the services in the company. This is to improve their understanding of the services we provide and to have the opportunity to engage with staff they would not normally have the opportunity to meet with.
The Service Manager making the visit will be from a different part of the company and this will be a very informal process. They will be looking at what service does, how it feels where you work, to get to know you all a bit better and also if possible capturing some feedback from some of our customers.

This is an opportunity for staff to show case all the good things they do as a team and is an opportunity to put forward your ideas on how we can improve as a Company and as a great place to work.
The Senior Team will give feedback on their visit at their monthly meetings which will hopefully help raise awareness of all the brilliant work we do as a company and to take forward suggestions on the things we can improve on.

Proactive work is ongoing with managers and staff in relation to the importance of wellbeing and a variety of information has been circulated to staff, particularly in relation to supporting mental health at work
Regular contact is maintained with managers to support and implement the policy to establish consistency and fairness of application as much as possible. This includes support at LTS meetings which take place approx. every 4 weeks and monitoring short term sickness to ensure that referrals are made in a timely fashion with the aim of reducing the likelihood of it becoming long term sickness.

A two day management programme is been rolled out on a monthly basis and it is mandatory that all managers and supervisors attend the programme. It can also be attended by staff aspiring to become managers or supervisors. We also work closely with Team Prevent and Capsticks and we are currently exploring some joint work with staff side, to work in partnership to better support our workforce.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 7 August 2019

Title and Author of Paper: EDS2, WRES & WDES Report
Christopher Rowlands - Equality & Diversity Lead

Executive Lead: Lynne Shaw, Acting Executive Director Workforce and Organisational Development

Paper for Debate, Decision or Information: Information/Decision

Key Points to Note:

- EDS – we are awaiting EDS3 – anticipated for the autumn, the Trust will conduct a benchmarking exercise as soon as the tool is available.
- WDES – data collected for the first time. Biggest issue to deal with is the non-disclosure of disability. This is likely to form part of a regional action to improve the collection and recording of protected characteristic information.
- WRES – data this year following WRES technical guidance does not include NTW Solutions, therefore not strictly comparable. The marginal improvements in the recording of ethnicity are likely to be at least as much as a result of this.
- Staff survey metrics for both WDES and WRES indicate that we need to engage with our staff from these protected characteristics sensitively and effectively in conjunction with staff side. We need to develop clear actions to help address what each of these metrics are telling us.
- Great Place to Work - the Equality and Diversity work stream of this programme is likely to play an important part in action planning for WRES and WDES, we will be sharing our findings at a regional level to see if there are any region-wide actions that may be taken to address issues.

Risks Highlighted to Board : None

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

Equal Opportunities, Legal and Other Implications: Meets EDS2, WRES and WDES requirements from NHS England.

Outcome Required Decision regarding proposed actions

Link to Policies and Strategies:
Equality Diversity and Inclusion Strategy 2018-2022

Background

The NHS Equality and Diversity Council (EDC) implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015 under SC13 Equity of Access, Equality and Non-Discrimination, namely Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES).

From April this year we now have a new obligation with the introduction of the Workforce Disability Equality Standard (WDES). WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also identify good practice and compare performance regionally and by type of trust.

EDS2

The Equality and Diversity Council (EDC) is currently leading on the development of EDS3 and are collating suggestions and seeking input. It is anticipated that EDS3 will replace EDS2 in the autumn of 2019, when EDS3 is released the Trust will re-examine its overall rating using the newer simplified tool. The Trust's Equality Diversity and Inclusion Strategy 2018-2022 content was informed by our EDS2 assessments and the action plan is aligned to EDS2.

Localities have recently undertaken baseline assessments using EDS2 to identify gaps in provision and will be working to address these as part of the Equality Diversity and Inclusion Quality Priority in 2019/20.

WRES update on 2018 actions

The majority of 2018 actions focussed upon improving recruitment. This led to a joined up piece of work between 6 NHS organisations in the region to host a BAME recruitment day in April 2019.The day helped to establish good links in the community, it offered:

- the chance to meet people from each organisation,
- an outline of NHS employee benefits,
- an introduction to job roles in the NHS,
- interview skills and application processes, and
- job matching opportunities.

We created a bespoke 8 minutes film showing the NHS as the Employer of Choice and 5 separate 2 minute snapshots for use on Twitter, Facebook and other social media. We also created bespoke publicity material aimed at attracting our BAME community, engaged effectively and we achieved a successful outcome with over 400 attendees on the day.

Perhaps of greatest value we engaged with our BAME staff to ensure they were part of the event, promotional material and sought volunteers to be available on the day.

This enabled additional engagement with those attending, enabled staff to talk openly about what it's like to work for the NHS providing credibility but we also benefited from having attendees who had additional language skills available on the day. We collated a list of people that expressed an interest in the Trust on the day with their email contact details which the Transactional HR team have followed up. We know that a number of people have expressed interest in recent central recruitment events and will continue to monitor progress of individuals using TRAC.

The other key initiative was the training of Cultural Ambassadors by the RCN. This training was delayed until July 2019, to date two people have fully completed the training and two still have elements to complete. The training was delayed because a decision was taken that again this would become a regional initiative. The recently trained ambassadors will network and share best practice across the region.

Workforce Disability Equality Standard (WDES) Submission

The WDES is measured over 10 metrics

1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce.

Non Clinical Staff	Disabled	Non-Disabled	Unknown or Null
Cluster 1 (Bands 1 - 4)	44 (6%)	579 (75%)	146 (19%)
Cluster 2 (Band 5 - 7)	7 (3%)	157 (68%)	68 (29%)
Cluster 3 (Bands 8a - 8b)	3 (5%)	44 (70%)	16 (25%)
Cluster 4 (Bands 8c - 9 & VSM)	1 (12%)	4 (50%)	3 (38%)
Clinical Staff	Disabled	Non-Disabled	Unknown or Null
Cluster 1 (Bands 1 - 4)	68 (4%)	1143 (72%)	392 (24%)
Cluster 2 (Band 5 - 7)	108 (5%)	1737 (75%)	472 (20%)
Cluster 3 (Bands 8a - 8b)	8 (3%)	201 (76%)	57 (21%)
Cluster 4 (Bands 8c - 9 & VSM)	1 (1%)	53 (73%)	19 (26%)
Cluster 5 (Medical Staff, Consultants)	5 (3%)	108 (58%)	72 (39%)
Cluster 6 (Medical & Dental Staff, Non-Consultants career grade)	4 (8%)	24 (47%)	23 (45%)
Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)	0 (0%)	19 (70%)	8 (30%)

- Where we have figures the majority of disabled non-clinical staff appear to be in lower bands
- There is better distribution for clinical staff, but there is still a majority of disabled staff clustered in bands 1-7
- By far the biggest issue across clinical and non-clinical staff is the unknown status with regard to disability for 1276 members of staff.
- It is recommended that we work to develop a campaign to improve the disclosure of these details.

2. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

	Disabled	Non-Disabled
Number of shortlisted applicants	242	4092
Number appointed from shortlisting	45	644
Relative likelihood of shortlisting/appointed	0.19	0.16
Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff	0.85	

- Clearly small numbers but the relative likelihood calculation show that disabled people are more likely than non-disabled staff to be appointed from shortlisting.

3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

	Disabled	Non-Disabled
Number of staff in workforce	257	4121
Number of staff entering the formal capability process	0	13
Likelihood of staff entering the formal capability process	0.00	0.00
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	0.00	0.00

- No disabled members of staff entered the formal capability process. In this first year of collecting WDES data, the pre-populated spreadsheet only asks for 'capability' data in relation to performance management. It is recommended that we model this for sickness too, so that we can ascertain any disparity.

Staff Survey related metrics

	Disabled Respondents	% Disabled	Non-Disabled Respondents	% Non-Disabled
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	960	39.8%	2584	37.3%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	955	9.6%	2570	5.6%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	947	16.6%	2548	10.6%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	424	70.5%	953	74.3%
% of staff believing that the Trust provides equal opportunities for career progression or promotion.	659	89.1%	1921	93.1%
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	682	21.8%	1267	12.7%
% staff saying that they are satisfied with the extent to which their organisation values their work.	957	43.2%	2580	54.0%
% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	618	83.0%		
The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	964	6.8	2599	7.2

- Close to a quarter of all staff survey responses this year came from staff who self-defined as having a long term condition that could be classed as a disability under the Equality Act. Somewhere between our ESR known figure and that of our staff survey response is likely to be our true figure for the number of disabled staff employed in the Trust
- Apart from the % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months, the results are worse for disabled staff compared to non-disabled staff.
- We need to ask the question exactly what are the reasonable adjustment requirements for all our disabled staff? Only then will we be able to establish whether only 83% of our disabled staff require reasonable adjustments, or

whether we are failing to meet the needs of (according to the staff survey) up to 17% of disabled staff.

- The figure for feeling under pressure to come to work despite not feeling well enough, suggests that the sickness absence policy may be having a negative impact upon disabled staff.
- It is recommended that as a starting point a focus group is set up for disabled staff in the Trust to examine and suggest actions to address the issues that the metrics from the staff survey raise.
- There is a further recommendation that we share our findings with colleagues on the Great Place to Work Equality Diversity and Inclusion work stream to establish whether we can develop regionally shared actions to address these issues.

Metric 9b asks whether the Trust has taken action to facilitate the voices of Disabled Staff in the organisation to be heard. The Trust has had a disabled staff network since October 2016. This is now developing strong leadership, is represented at the Trust Equality, Diversity and Inclusion Steering Group. The network is starting to grow in membership and is keen to work towards address WDES actions.

10. Percentage difference between the organisation's board voting membership and its organisation's overall workforce, disaggregated:
    - By voting membership of the board
    - By Executive membership of the board

	Disabled Staff	Non-Disabled Staff	Unknown or Null	Total
Total Board members	3	6	4	13
of which: Exec Board members	1	4	1	6
: Non Executive Board members	2	2	3	7
Number of staff in overall workforce	257	4121	1295	5673
Total Board members - % by Disability	23%	46%	31%	
Executive Board Member - % by Disability	17%	67%	17%	
Non Executive Board Member - % by Disability	29%	29%	43%	
Overall workforce - % by Disability	5%	73%	23%	
Difference (Total Board - Overall workforce)	19%	-26%	8%	
Difference (Voting membership - Overall Workforce)	19%	-26%	8%	
Difference (Executive membership - Overall Workforce)	12%	-6%	-6%	

- Our total board membership figure for disability is representative of the most recent census data of % of the North East population that has a long term condition.
- We need to attempt to capture the unknown information from Executive and Non-Executive directors and our overall workforce as a first action.

Workforce Race Equality Standard (WRES) Submission

The important issue to note for this year's WRES submission is that NTW Solutions is no longer included – this is in line with the WRES Technical Guidance with regard to subsidiary companies. It is anticipated that NTWS will have to make a separate

submission from 2020. This year we have seen an improvement in the reporting of ethnicity – it is quite likely that this is due to a combination of factors: primarily not including NTWS staff, but also the publicity of ESR self-service where staff have been able to amend their own personal details.

(1) Number of Staff in each of the AFC Bands or Medical and VSM (including executive Board members) compared with the number of staff in the overall workforce

Non Clinical Workforce	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Under Band 1	22	0	2	25	0	0
Band 1	1	0	0	1	0	0
Band 2	476	6	59	152	4	10
Band 3	308	4	28	313	3	22
Band 4	221	3	35	229	5	30
Band 5	91	1	16	87	2	6
Band 6	98	1	22	63	1	18
Band 7	57	1	8	45	2	8
Band 8A	31	0	11	33	0	4
8B	22	0	4	23	0	3
8C	3	0	1	2	0	0
8D	1	0	1	0	0	0
Band 9	1	0	0	1	0	1
VSM	5	0	0	0	0	1

- We have seen a reduction in unknown ethnicity of non-clinical staff – with the exception of bands 7, 9 and VSM
- We need to focus on unknown gaps in ethnicity
- We need to establish how BAME staff can break through barriers that may exist so that there is a representation of staff at Band 8 and above.

Clinical Workforce (non medical)	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Under Band 1	2	0	0	0	0	0
Band 1	1	0	0	1	0	0
Band 2	78	0	2	32	0	1
Band 3	1589	106	137	1217	62	84
Band 4	225	4	17	188	7	11
Band 5	710	40	78	591	46	48
Band 6	1005	27	107	1023	28	93
Band 7	438	10	48	435	12	41
Band 8A	153	11	27	161	10	19
8B	64	0	8	68	1	7
8C	44	1	2	41	1	2
8D	24	0	4	22	0	2
Band 9	5	0	0	4	0	0
VSM	1	1	0	1	0	0

- A similar picture for clinical staff, a reduction in unknown ethnicity, but the need to continue to push to improve the recording of this data.
- Again we need to establish how BAME staff can break through barriers that may exist to ensure that staff are capable of applying for and securing Band 8 and above jobs.

Medical	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Consultants	83	41	60	91	53	41
Of which Senior Medical Manager	8	1	1	2	1	0
Non-consultant career grade	20	5	16	22	15	14
Trainee grades	6	5	11	10	8	9
Other	0	0	0	46	0	8

- It is important that we address the unknown figures for Doctors, whilst this has reduced it is still a significant number which may be masking the true representation across the medical workforce.
- A reduction in number has seen a significant narrowing of the gap at senior medical manager level
- A greater likelihood for BAME medical staff to be employed at non-consultant career grade compared to White medical staff.
- BAME consultants as a percentage of the total number of consultants (including unknown) has seen a rise of 6 percentage points in the past year.

(2) Relative Likelihood of Staff being appointed from shortlisting across all posts

	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Number of Shortlisted applicants	5056	626	67	3871	547	44
Number appointed from shortlisting	636	56	0	683	40	31
Relative likelihood of appointment from shortlisting	0.126	0.089		0.176	0.0731	
Relative likelihood of white staff being appointed from shortlisting compared to BME Staff	1.41			2.41		

- The statistics show the relative likelihood of white staff being appointed compared to people from a BAME background as increasing. Into this we need to factor that NTW Solutions has been removed from these figures now that the WRES Technical Guidance excludes subsidiary company figures. It will be important to use this year as a base line and monitor going forward.
- The work that we have done within the BAME community to improve access to NHS jobs, help with job matching and tips on how to complete application forms at the joint event in April 2019 we anticipated will have a favourable effect on these figures over the coming year. We now have a database of

people within the BAME local communities that are interested in applying for jobs in NTW that we are able to regularly communicate with these individuals.

(3) Relative likelihood of staff entering the formal disciplinary process as measured by entry into the formal disciplinary process.

	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Number of staff in workforce	5785	267	704	4927	260	483
Number of staff entering the formal disciplinary process	158	12	16	252	15	22
Likelihood of staff entering the formal disciplinary process	0.027	0.045	0.023	0.051	0.057	0.045
Relative likelihood of BME staff entering the process compared to white staff		1.65			1.13	

- The numbers are small so it would be difficult to make too much of these statistics but as the figures stand we are showing an improvement over the relative likelihood of BAME staff entering the disciplinary process compared to white staff. A positive change especially when compared to 2017 when BAME were over 2 times more likely to enter into the process.
- The training of BAME staff to be cultural ambassadors and the launch of this initiative in the coming months should hopefully lead to further improvements in these figures over the coming year.

(4) Relative Likelihood of staff accessing non-mandatory training and CPD

	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Number of staff in workforce	5785	267	704	4927	260	483
Number of staff accessing non mandatory training	46	1	2	46	1	2
Likelihood of staff accessing training	0.007	0.003	0.002	0.009	0.003	0.004
Relative likelihood of white staff accessing training compared to BME staff	2.12			2.43		

- The training figures need to be further reviewed as it appears that they are exactly the same as 2018. As an action this year we must devise a method that efficiently (currently it is a manual check) and accurately captures this information.

(5-8) Staff Survey Metrics

	White 2018	BME 2018	White 2019	BME 2019
% staff experiencing harassment bullying or abuse from patients relatives or the public in last 12 months	34.1%	44.1%	37.7%	43.6%
% of staff experiencing harassment bullying or abuse from staff in the last 12 months	15.8%	24.8%	15.5%	22.6%
% of staff believing that Trust provides equal opportunities for career development	92.1%	80.8%	92.5%	84.1%
% staff personally experienced discrimination at work from Manager/team leader or other colleague	4.6%	8.3%	4.8%	12.1%

- The gap has narrowed for the first three of these metrics. It has widened for BAME staff personally experiencing discrimination at work from their manager, team leader or other colleague.
- It is proposed that we work with Staff-Side and our BAME Staff Network to examine these figures in detail and develop a clear action plan to address these differences.
- We should also share this information as part of the Great Place to Work programme to see if we can develop a regional approach to WRES actions that might be more effective in addressing cultural issues.

(9) Percentage difference between the Board voting membership and the overall workforce.

	White 2018	BME 2018	Unknown 2018	White 2019	BME 2019	Unknown 2019
Total Board Members	11	1	1	11	1	1
Number of Execs	5	1	0	5	1	0
Number of NEDS	6	0	1	6	0	1
Number of staff in overall workforce	5785	267	704	4927	260	483
Total Board % by ethnicity	84.6%	7.7%	7.7%	84.6%	7.7%	7.7%
Overall Workforce	85.6%	4.0%	10.4%	86.9%	4.6%	8.5%
Difference Total Board Overall Workforce	-1.0%	3.7%	-2.7%	-2.3%	3.1%	-0.8%

- Trust Board figures have remained stable, as part of the exercise in improving data it is recommended that whilst we are updating records regarding disability status we attempt to amend the last unknown for the Board.
- The gap between BME representation at Board level and that of the overall Trust is narrowing.

Recommendations

- Upon the release of EDS3 the Trust should re-examine its overall rating using the newer simplified tool.
- Localities to continue using EDS to identify gaps in provision as part of the Equality Diversity and Inclusion Quality Priority in 2019/20.
- That we work to develop a campaign to improve the disclosure of Disability and Ethnicity regionally as part of the Great Place to Work programme.
- We model the WDES capability metric for sickness too, so that we can ascertain any disparity.
- With regard to the WDES Staff Survey metrics as a starting point a focus group is set up for disabled staff in the Trust to examine and suggest actions to address the issues that the metrics from the staff survey raise.
- We share our WDES findings with colleagues on the Great Place to Work Equality Diversity and Inclusion work stream to establish whether we can develop regionally shared actions to address these issues.
- Examine the reasons for any barriers to promotion to Band 8 and above from BAME staff and develop a plan to improve this situation.
- Improve recruitment chances by building upon the joint recruitment work across the region.
- Devise a method that efficiently (currently it is a manual check) and accurately captures non-mandatory training information.
- We work with Staff-Side and our BAME Staff Network to examine staff survey WRES metrics in detail and develop a clear action plan to address these differences.
- We should share WRES information as part of the Great Place to Work programme to see if we can develop a regional approach to WRES actions that might be more effective in addressing cultural issues.

Christopher Rowlands
Equality and Diversity Lead
July 2019

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

Meeting Date: Board of Directors Meeting, 7 August 2019

Title and Author of Paper: Board Assurance Framework and Corporate Risk Register – Lindsay Hamberg, Risk Management Lead

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

Pg.2 Quality Effectiveness remains the highest risk appetite category on the BAF/CRR.

Pg.2 There are currently 7 risks which have exceeded a risk appetite on the BAF.

Pg.4 Amendments have been made to 10 risks.

Pg.5 No risks have been escalated in the Quarter.

Pg.5 There is one risk currently being de-escalated to the Commissioning & Quality Assurance Risk Register in the Quarter, risk ref: SA4.1.

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

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

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

Risks Highlighted: As highlighted in the paper.

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

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

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

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

Board Assurance Framework and Corporate Risk Register

Purpose

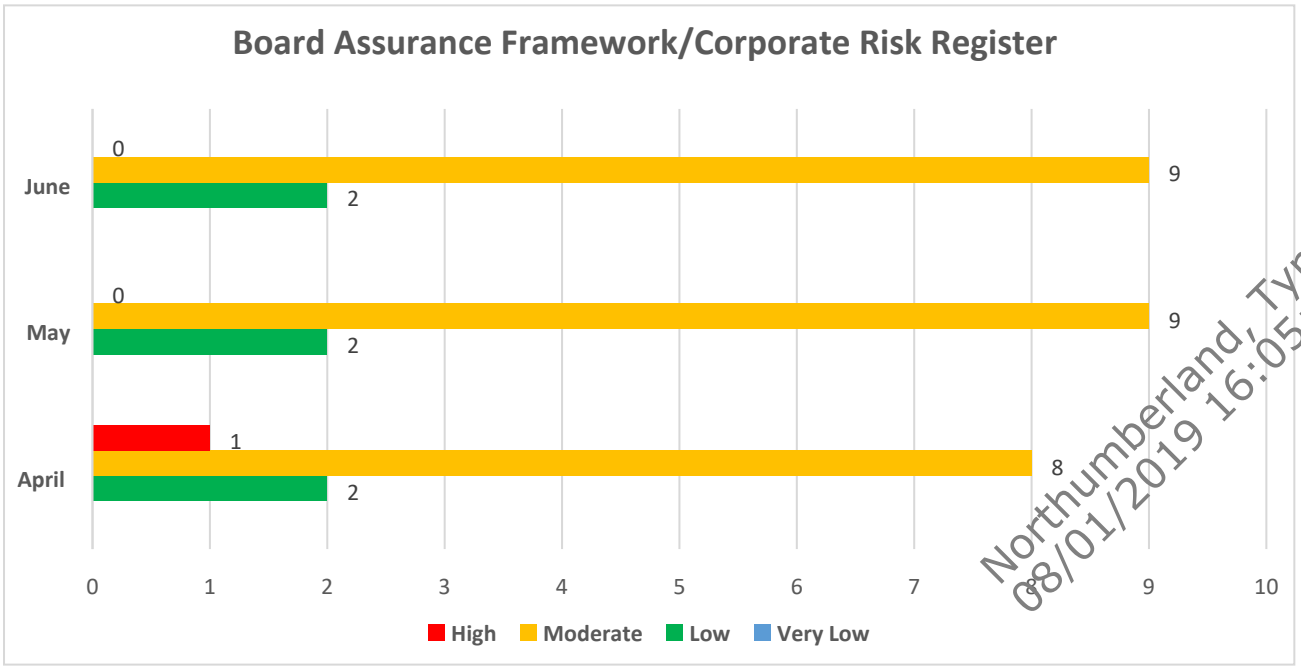
The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

This paper provides:

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

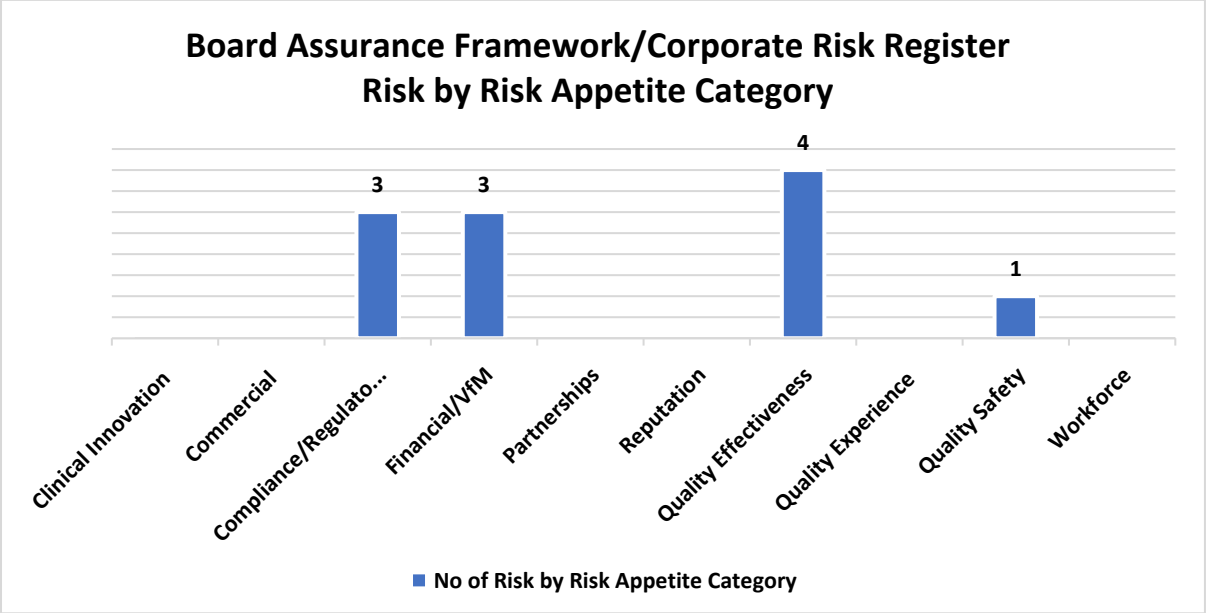
1.0 Board Assurance Framework and Corporate Risk Register

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



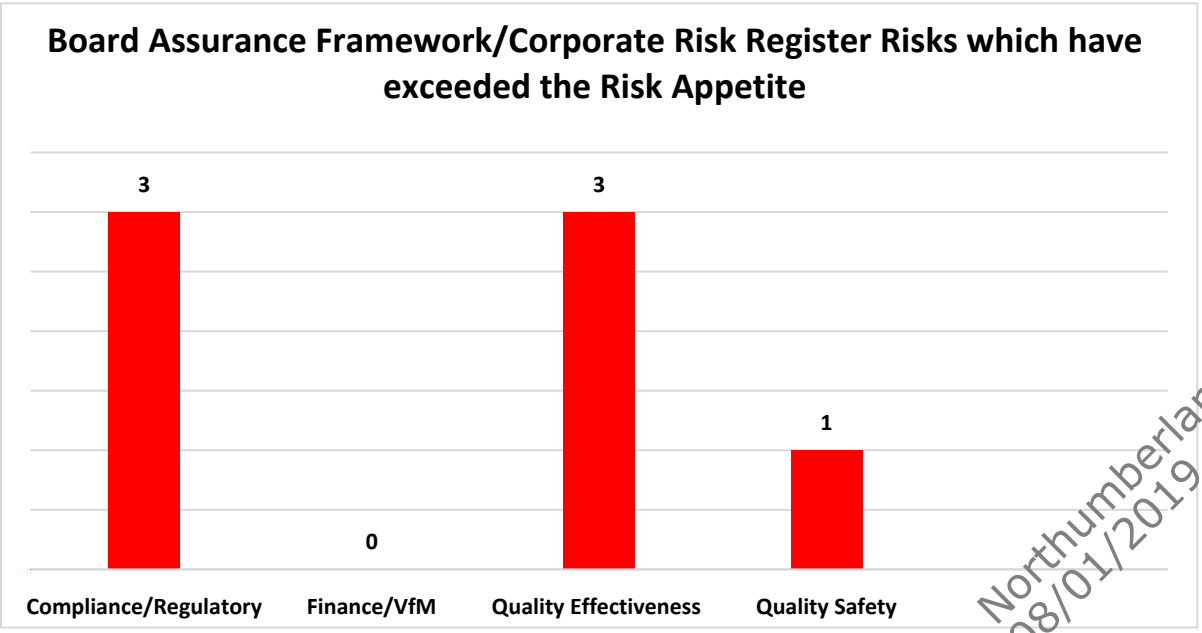
1.1. Risk Appetite

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



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 7 risks which have exceeded a risk appetite tolerance.

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



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

Risk Reference	Risk Description	Risk Appetite	Risk Score	Executive Lead
SA1.4	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Quality Effectiveness (6-10)	4x4 = 16	Gary O'Hare
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation.	Compliance/ Regulatory (6-10)	3x4 = 12	Lisa Quinn
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Quality Effectiveness (6-10)	3x4 = 12	John Lawlor
SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	Compliance/ Regulator (6-10)	3x5 = 15	Lisa Quinn
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Compliance/ Regulator (6-10)	3x4 = 12	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments. safe, effective, high class services.	Quality Safety (1-5)	2x5 = 10	Gary O'Hare

SA5.9	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services	Quality Effectiveness (3x4)	3x4 = 12	Gary O'Hare

1.2. Amendments

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

Risk Ref	Risk description	Amendment	Executive Lead
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	June 2019 seen a rise to 80% and update of the Internal Audit 18/19 has been added	Rajesh Nadkarni
SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	internal audits have now been aligned with actions added.	Lisa Quinn
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	internal audits have now been aligned with actions added.	Lisa Quinn
SA5.9	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Completed action re the implementation of medical induction programme and updated action regarding the organisation of a trip to recruit doctors and nurses in NTW and Cumbria.	Gary O'Hare
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation.	new action to include securing workforce to deliver services.	Lisa Quinn

SA1.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Restrictions of Capital Funding nationally and lack of flexibility on PFI leading to failure to meet our aim to achieve first class environments to support care and increasing risk of harm to patients through continuing to use sub optimal environments.	James Duncan
SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	Residual risk scoring has changed to I4xL2 and target scoring to I4xL1.	Lisa Quinn
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Update to action regarding ICP workstream and leadership.	John Lawlor
SA4.1	That we have significant loss of income through competition, choice and national policy including the possibility of losing large services and localities.	Residual risk score to I4xL3 and target risk to I4xL2.	Lisa Quinn
SA4.2	That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP	Action updated re routine reporting to be taken to CDT-B and Trust Board. Internal Audit 18/19 added to control and assurance.	James Duncan

1.3. Risk Escalations to the BAF/CRR

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

1.4. Risks to be de-escalated.

Following review of the BAF/CRR with each of the Executive Directors preparation is under way to de-escalate one risk 1686 (SA4.1).

1.5. Emerging Risks.

It is worth noting the impact re: North Cumbria in relation to NTW current risks and the current risks currently held at North Cumbria.

There is an emerging risk to go on the BAF to be reviewed by Execs re: pensions, risk owner Lynne Shaw.

1.6. Recommendation

The Trust Board are asked to:

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

Lindsay Hamberg
Risk Management Lead
July 2019

Appendix 1

Risk Appetite

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

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

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

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

2019/2020

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation. SA1.10	Risk on identification (09/10/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulator			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Joint Programme Board	1 Minutes of meetings	Agreed contract
2 Due Diligence	2 Due Diligence report	Securing workforce to deliver services - July 2019
3 Exec Leadership	3 Identified Exec Lead	Ongoing dialogue with Trust Board Monthly
4 Specific Capacity Identified	4 Identified NTW Team	Robust implementation plans developed
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	

Ref: 1680v.10

Risk Owner: Lisa Quinn

Next Review Date: 18/08/2019

Review/Comments:

19/07/2019 - Lisa Quinn
Lisa has reviewed the risk and there are no changes this month.

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Restrictions of Capital Funding nationally and lack of flexibility on PFI leading to failure to meet our aim to achieve first class environments to support care and increasing risk of harm to patients through continuing to use sub optimal environments. SA1.2	Risk on identification (15/03/2017):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	1	5	5	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 CEDAR Programme Board established with Key Partners	1 Minutes of CEDAR Programme Board	Updated Estate Strategy as part of 5 year Trust Strategy to be presented to Board November 2019
2 CEDAR Programme Board Delivery	2 CEDAR Documents NTW 1718 23 Capital Planning	Further Review required of Capital Planning for Cumbria Services.
3 CERA Programmes	3 CERA Documents	
4 Business Case approved for interim solution for WAA and Newcastle/Gateshead - Building programme in place	4 Business Case Document	
5 ICS - supported nationally and funding identified	5 ICS - bid document	
6 CEDAR Business case process in place	6 business case cycle for board meetings	
7 Asset Sales now Identified	7 Standard reporting through CDT-B and RABAC	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1681v.6

Risk Owner: James Duncan

Next Review Date: 12/08/2019

Review/Comments:

14/05/2019 - James Duncan
Action added re: Estate Strategy. Residual scoring has changed to I5xL3.

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services. SA1.3	Risk on identification (15/03/2018):	3	4	12	Moderate
	Residual Risk (with current controls in place):	2	4	8	Low (Yellow)
	Target Risk (after improved controls):	1	4	4	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectivenes			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of governance- amber/green rating.	Move towards lead/prime provider models and alliance contracts - July 2019
2 Agreed contracts signed and framework in place for managing change	2 Contract monitoring and contract change	Progress provider collaborative models - November 2019
3 Locality Partnership arrangements	3 Updates from Locality Partnership meetings	Agree Governance arrangements for Lead provider models - September 2019
4 Well Led Action Plan Complete	4 Well Led Action Plan document	
5 All CCG Contracts Agreed	5 Contract documentation	

Ref: 1682 v.5

Risk Owner: Lisa Quinn

Next Review Date: 17/10/2019

Review/Comments:

19/07/2019 - Lisa Quinn

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands. SA1.4	Risk on identification (15/03/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	4	4	16	Moderate
	Target Risk (after improved controls):	1	4	4	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectivenes			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Operational plan reviewed by NHSI Independent review of governance - amber/green rating External audit of quality account	Complete Access and Waiting Times Standard Group work plan - Update required from Anna Foster
2 Performance review monitoring and reporting incl compliance with standards, indicators and CQUIN.	2 Reports to CDTQ, Q&P and QRG's External audit of quality account	Internal Audit 18/19 - updating
3 Operational and clinical policies and procedures	3 Compliance with policies and procedures	
4 Annual quality account	4 External audit of quality account	
5 CQC compliance group	5 Minutes of meeting CQC rated outstanding	
6 Trust-wide access and waiting times standard group established	6 Minutes of access and waiting times meeting	
7 Waiting times dashboard developed	7 Monitoring of the waiting times dashboard	
8 Creating capacity to care workstreams are established	8 Monthly updates to BDG	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1683 v.6

Risk Owner: Gary O'Hare

Next Review Date: 17/10/2019

Review/Comments:

19/07/2019 - Gary O'Hare
The risk has been reviewed and actions updated

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services. SA3.2	Risk on identification (15/03/2018):	4	5	20	High (Red)
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectivenes			Breach

	Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1	Executive and Group leadership embedded in each CCG/LA area to ensure MH and disability services are sustainable	Successfully influenced service models across a number of localities	Finalise the implementation plan for ICP MH workstream
2	Leadership of ICS MH workstream	Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. Regular updates/monitoring of ICS via Exec/CDT/Board. Papers from MH ICS workstream	ICP leadership arrangements to be confirmed
			To be the lead/prime provider for MH and disabilities across the NTW Footprint.
			Delivery of NCM business Strategy
3	Involvement in DTDT programme for OP and acute MH services	Regular updates via Execs/CDT/Board	
4	Member of Gateshead care partnership	Regular updates via Execs/CDT/Board	
5	Member of Exec group for MCP in Sunderland	regular updates via Execs/CDT/Board	
6	Member of the ICS Health Strategy Group	Regular updates via Execs/CDT/Board	
7	Member of North and Central ICP's	Regular updates via Execs/CDT/Board	
8	Member of Northumberland Transformation Board	Regular updates via Execs/CDT/Board	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

1 Member of the Newcastle Joint Exec Group	1 Regular updates via Execs/CDT/Board	

Ref: 1685 v.6

Risk Owner: John Lawlor

Next Review Date: 18/08/2019

Review/Comments:

19/07/2019 - John Lawlor
Debbie has confirmed that the risk has been reviewed and there are no changes.

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP SA4.2	Risk on identification (15/03/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	2	5	10	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	5 year plan to be approved by the Board in September 2019
2 Financial Strategy/FDP	2 Operational Plan 19/20 submitted	Routine reporting against delivery of operational plan to be incorporated into CDT-B from June 2019 and to Board from July 2019
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure ,NTW 1718 39 Cashier	NTW 1819 37 Procurement: Full review and update of all key documents: ~ Contracts SOP's; ~ Materials Management SOP's; ~ Purchasing SOP's;
4 Quality Goals and Quality Account	4 External audit of Quality Account	NTW 1819 37 Procurement: Framework providers undertake continual financial assessments and notify framework users of issues.
5 Accountability Framework	5 Accountability Framework Reports	NTW 1819 37 Procurement: Supplies Dept to critique thresholds and requester's budgets and project approvals have been secured by the requester before appropriate market engagement
6 Quarterly review of financial delivery	6 Quarterly review delivered at RBAC	
7 Programme agreed for capacity to care and Trust Innovations capacity expanded	7 Capacity to care programme, report to DDG and CDT-B	
8 Going Concern Report	8 Going Concern Report - Audit Committee April 2019	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

1 NTW 18/19 Internal Audit	1 NTW 1819 25 Single Oversight Framework, Substantial, April 2019 NTW 1819 37 Procurement: Good, July 2019 NTW 1819 38 Compliance Review of Key Financial Systems: Good, May 2019 NTW 18/19 43 Risk based audit of charitable funds - Substantial, August 2018 NTW18/19 41 Risk based audit payroll - Substantial, November 2018 NTW18/19 40 Central arrangements managing patient monies - Substantial, February 2019	is executed. NTW 1819 37 Procurement: Ensure evaluation criteria's are included in all tender exercises that go through OJEU or G-Cloud protocols. NTW 1819 37 procurement: All contract owners to critique, data cleanse, update and maintain Contracts Register. NTW 1819 38: Key Finance Systems - Finance Policies are currently being reviewed for changes to due Trust, Company and Group impact including NTW(O)74. NTW 1819 38 - Key Financial Systems: Policy to be reviewed and amended following Trust, Company Group changes as referred to in point 1.4.

Ref: 1687v.9

Risk Owner: James Duncan

Next Review Date: 29/08/2019

Review/Comments:

30/07/2019 - Lindsay Hamberg
Added actions and controls:
Internal audit NTW 1819 37 Procurement
Internal audit NTW 1819 38 Key Finance Systems
Internal audit NTW 1819 25 Single Oversight Framework

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not meet and maintain our compliance standards including NHSI, CQC and legislation. SA 5.1	Risk on identification (15/03/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	1	5	5	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulator			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of Governance - amber/green rating	To review actions from relevant risk registers and align these applicable to this risk
2 Trust policies and procedures	2 Compliance with policy and procedures	NTW18/1955 action - A task and finish group to be established - identify a process which routinely cross check RiO and Safeguard records
3 Compliance with NICE	3 CQC MHA Visits and completed action plans NTW 1718 09 CQC Process - Substantial Assurance NTW 17/18 13 NICE Good - August 2018	NTW17/1843 action - Employee information. Once pilot is completed to be rolled out for Trust employee records
4 CQC Compliance Group - Review of Compliance	4 Reports and updates to board sub committees	Review North Cumbria CQC, regulatory actions and agree plan and implement. - March 2020
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	NTW 1819 54 - Local Level Clinical Audit: Trust Clinical Audit policy outlining the requirements projects that will follow the clinical audit process and the projects that will follow the rapid quality improvement process. This will address all the concerns in this report - September 2019
6 Accountability Framework	6 Accountability Framework document	
7 Regulatory framework of CQC NHSI	7 NTW18-19 - 19/05 CQC Internal Audit (well-led) - Process Substantial Assurance	
8 Agreement of Quality Priorities	8 Monitored via reports/updates	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

1 NTW Internal Audit 17/18	1 NTW17/1813 NICE - Good, August 18 - Actions complete NTW17/18 11 Data Quality - Good, August 18 - Actions complete NTW17/1843 Records Management - Reasonable	
2 NTW Internal Audit 18/19	2 NTW 18/1955 Risk Based Audit - Mortality - Good, February 19	

Ref: 1688v.14

Risk Owner: Lisa Quinn

Next Review Date: 22/08/2019

Review/Comments:

30/07/2019 - Lindsay Hamberg
Updated risk with the Internal Audit 1819 54 LLCA actions

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not meet statutory and legal requirements in relation to Mental Health Legislation SA5.2	Risk on identification (29/10/2018):	3	4	12	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulator			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of governance	Improvement review of MHA Training - 77.8%. June 2019 80 %
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW1617 33 MHA section 17 - good level of assurance NTW1718 42 MHA Statutory Function - Good Level of Assurance NTW181957 Compliance review of MHA Rights - Good Level - Feb 19	To monitor the effectiveness of process for monitoring and reporting on themes from MHA Reviewer visits
3 Decision making framework	3 Decision making framework document	Internal Audit 18/19 complete: Action Plan - Information and relatives - The MHA Manager will explore the option of making the RIO rights recording module mandatory. Consultation will be needed with senior nursing leads and the RIO IT Team
4 Performance review/integrated performance reports	4 Reports to Board and sub committees	linked to Internal audit 18/19 58 - MCA Policy to be amended to include guidance for the completion of the local form parts A, B & C re capacity assessment
5 Mental health legislation committee	5 Minutes of mental health legislation committee	Linked to internal audit 18/19 58 - Guidance on the
6 Process for 135/136 legislation with external stakeholders	6 135/136 action plan complete	
7 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	7 MHL Group papers and updates	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

1 CQC MHA Reviewer session delivered at learning and development group in November 2018	1 Minutes and papers from Learning and Development Group	completion of the Local Form to be added to the Form on RiO and Awareness session for RCs to be facilitated on updated local form
2 Internal Audit 18/19	2 NTW 2018/19/57 Compliance Review of MHA - Patient Rights. Good. NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial	Linked to internal audit 18/19 58 - 'To do list' to be developed to include consent

Ref: 1691v.10

Risk Owner: Rajesh Nadkarni

Next Review Date: 23/08/2019

Review/Comments:

24/07/2019 - Lindsay Hamberg
Lindsay has added the updated internal audit 18/19 58 and actions

Northumberland, Tyne and Wear NHS Foundation Trust

	18 Actions complete	report - September 2019
2 Internal Audit 18/19	2 NTW 1819/06 Risk Based Audit of Complaints Action Planning (Locality Care Groups) NTW181924 NHS PAM - Good, Dec 18, Actions complete NTW 1819 32 Fire Safety - Substantial, March 19 NTW 1819 62 H&S Management - Good, May 2019 NTW181964 Advisory Review Action Planning SI, March 19 Actions complete NTW181947 Medical revalidation, Substantial, September 18, Actions complete NTW181932 Fire Safety, Substantial, March 19, Action complete NTW181956 Non Serious Incident Management, April 19, Good, Actions in Gaps in control	NTW 1819 62 H&S Management : Health & Safety Policy and Risk Management Policy to be adjusted to be closer aligned, acknowledging the electronic risk assessment developments in Safeguard. NTW 1819 62 - H&S Management: Once all Health & Safety risk assessments are completed on the electronic risk management system in Safeguard, they are then viewable to the Trust's Health & Safety Lead for assessment and sharing with the Trust's Health & Safety Group. NTW 1819 62 - H&S Management: CERA assessments are shared with specific In-patient Ward Managers for action and discussion within their CBU, any risks which can't be mitigated are entered onto the Trust's Risk Management System. These risks can be centrally viewed. An overview of CERA actions will be maintained and shared with the CQC group to compare against Environmental concerns identified independently by the CQC on their inspections.

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1692 v.9

Risk Owner: Gary O'Hare

Next Review Date: 28/10/2019

Review/Comments:

30/07/2019 - Lindsay Hamberg
Internal Audit
NTW 1819/06 Complaints Action Planning into actions and controls
NTW 1819 32 Fire Safety - control
NTW 1819 54 LLCA - action added re: New Policy
NTW 1819 62 H&S Management - actions added

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9)	Risk on identification (06/11/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectivenes			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Workforce strategy	1 Delivery of workforce strategy	Ongoing central recruitment and apprenticeships scheme for nursing
2 RPIW Medical Recruitment	2 RPIW Medical Recruitment outcomes papers	Complete International Recruitment Campaign - Quarterly updates.
3 NTW International recruitment competency process	3 NTW International recruitment competency documents	Implementation of Medical Induction Programme 2018 - Quarterly updates.
4 OPEL Framework	4 OPEL Framework Documents	
5 MDT Collegiate Leadership Team in place	5 MDT Leadership advice and support available	
6 All seven fellowship international recruits arrived into the Trust in December 2018	6 All still in post and deployed across the Trust	
7 The medical recruitment functions have been moved to the medical staffing team	7 The medical staffing team manage the medical recruitment function	
8 Medical Induction Programme	8 Delivery of medical induction programme	

Risk Report

Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1694 v.6

Risk Owner: Gary O'Hare

Next Review Date: 13/10/2019

Review/Comments:

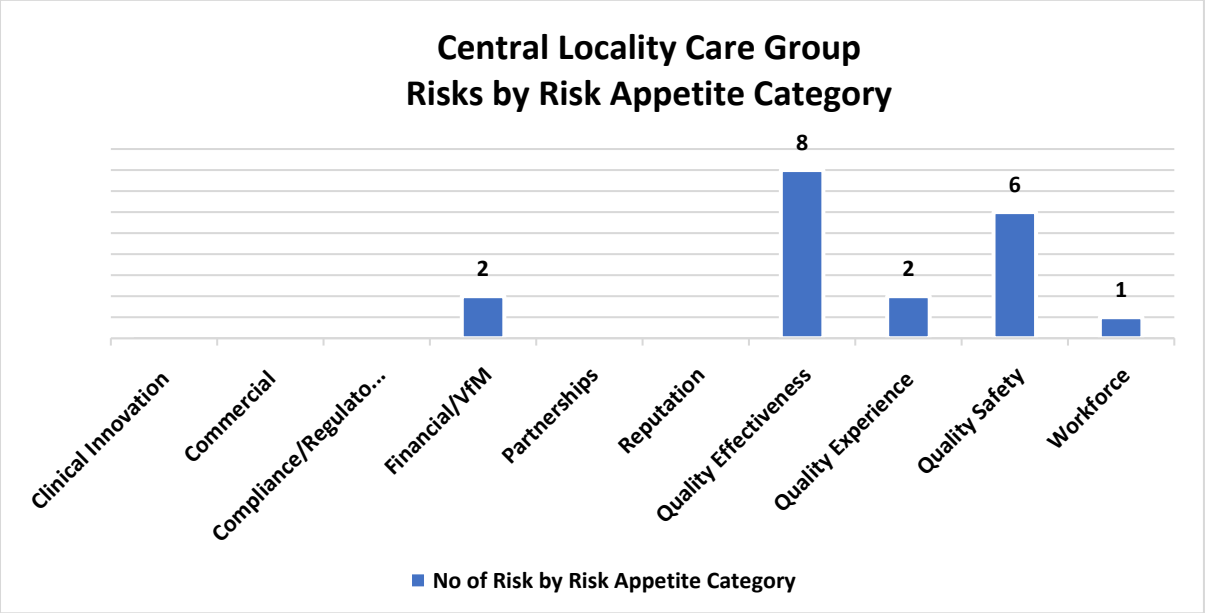
15/07/2019 - Gary O'Hare
Gary has reviewed the risk this morning and has updated the actions - adding an update in relation to central recruitment, apprenticeships and a trip to recruit Drs and Nurses

2.0. Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

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

2 Clinical Groups

2.1 Central Locality Care Group



In total as at July 2019 Central Locality Care Group hold 19 risks, 1 risk lower than the risk appetite, 9 risks within the risk appetite and 9 risks which have exceeded the risk appetite. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received. There are 8 risks on the Central Corporate risk register. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1038.v11	Medication page's on RiO are not being kept up to date as per NTW policy. Information transferred to the MHDS may not be accurate.	Quality Safety (1-5)	16	4	4	David Muir
1513 v 12	Access and Waiting times within the ADHD and ASD Service The service is commissioned as an Adult Neuro-disability service and provides an autism diagnosis service and ADHD	Quality Effectiveness (6-10)	15	3	5	David Muir

	diagnosis and treatment monitoring service across the six trust localities. Agreed service specification is not available and the baseline for expected demand at the time of commissioning is therefore unclear. Weekly activity are provided for both ADHD and ASD services. The weekly activity reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussions regarding capacity and demand have taken place with commissioners, however, no further investment has been confirmed to date.					

2.1.1 Central Locality Corporate Business Units

The four CBU's within the central locality currently hold a total of 11 risks.

2.1.2 Community Central CBU

Community Central CBU has 5 risks – 2 within risk appetite and 3 which have exceeded risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1284.v16	Following an internal audit there is a risk around the monitoring arrangements for lone working which could result in reduced compliance and staff safety issues	Quality Safety (1-5)	15	3	5	Anna Williams
1457.v23	Increased demand has seen an increase in waiting times, leading to significant delay in assessment and treatment across the CBU. An increase in demand for secondary care mental health has seen an increase in waiting times and assessment in treatment across the Central Community CBU. The impact is we are not as responsive to our client group as we would like to be.	Quality Effectiveness (6-10)	12	3	4	Anna Williams

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1673.v9	There is a safety and security risk due to the current CAV environment and as such we to ensure Community staff have processes in place to support their safety.	Quality Safety (1-5)	12	3	4	Anna Williams

2.1.3 Inpatient Central CBU

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

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1711 v 7	The lift in Tranwell Unit has been an ongoing issue for several month, where repair is needed for breakdown. Patients who are admitted, who cannot use the stairs, are impacted by service interruption. There is a risk when moving patients, during restraint, on occasions where mechanical restraint is needed and those patients who become physically unwell, require to be stretchered or use the e-vac chair, visitors are also impacted where they have mobility issues.	Quality Safety (1-5)	9	3	3	Allison Armstrong
1722 v 2	We have become aware of a 5-week back log in discharge summaries on one of our wards, Fellside.	Quality Safety (1-5)	8	4	2	Allison Armstrong

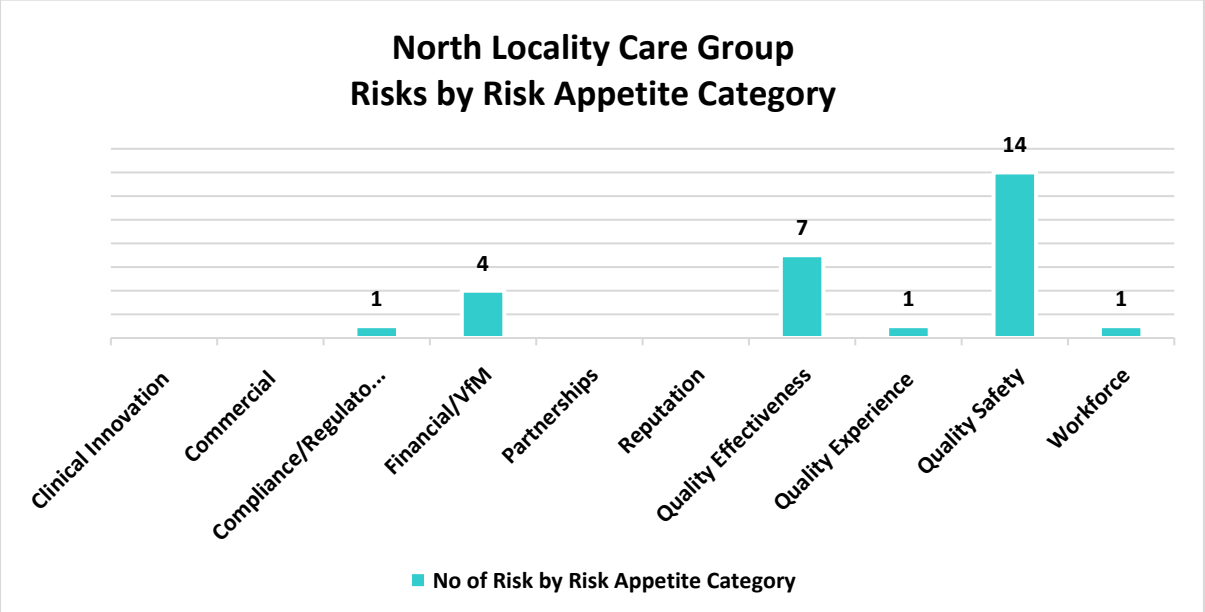
2.1.4 Secure Care Services CBU

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

2.1.5 Access Central CBU

Access Central CBU currently holds 1 risk, which is within the risk appetite.

2.2 North Locality Care Group



North Locality Care Group as at July 2019 hold 30 risks, 3 risks lower than the risk appetite, 5 risks within the risk appetite and 22 risks which have exceeded the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received. There are 8 risks on the Central Corporate risk register. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1176.v30	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Adult Inpatient, North Locality.	Quality Effectiveness (6-10)	16	4	5	Kedar Kale
1198 v 26	At the end of March 2019, it was positive to see the Groups sickness absence levels dropped to 4.9% just below the trust standard. At the end of June performance has just gone above the Trust target and is currently 5.53%. Due to the significance of this target we will continue to monitor as there remains a continued risk of slippage with the associated impact on cost and quality.	Quality Effectiveness (6-10)	12	4	3	Vida Morris

1287.v15	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate.	Quality Safety (1-5)	16	4	4	Kedar Kale
1291.v15	Internal doors have been identified as a potential ligature risk following incidents within the Trust and the variation of anti-ligature FFE within our wards and sites.	Quality Safety (1-5)	15	5	3	Tim Docking
1293.v10	Access and waiting times- a review of the waiting lists within the North Locality has highlighted that there remains a significant issue from operational, clinical risk and reputational perspective with regard to the two primary issues; 1. Number of people waiting (head count) 2. Duration of wait.	Quality Effectiveness (6-10)	12	4	3	Tim Docking

2.2.1 North Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 22 risks.

2.2.2 Community North CBU

Community North CBU is currently holding 7 risks – 2 risks are lower than risk appetite and 5 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1320.v6	18 week waiting times breaches resulting in non-compliance against Trust performance standard	Compliance/ regulatory (6-10)	12	3	4	Jose Robe
1334.v6	Lone working devices signal coverage is poor in some rural and urban areas. Compliance with LWD policy is not always 100%	Quality Safety (1-5)	8	2	4	Jose Robe
1336.v5	The WAA and LD services have experienced significant pressures as a result of difficulties in recruiting substantive Consultant Psychiatrists over the last 12	Quality Effectiveness (6-10)	12	4	3	Jose Robe

	months. The WAA teams have 1 of 4 substantive medics and no substantive medic in Berwick. In LD we have no substantive consultants. The gaps have been covered where possible with locum capacity but this adds to the financial pressure and impacts on waiting times, psychiatric outpatient diagnosis and reviews resulting in increased complaints from service users and GP referrers.					
1347.v3	Increased burden of physical health investigations for those service users who are prescribed antipsychotic medication alongside general physical health awareness monitoring across all conditions. This is required despite the lack of additional resources to deliver this. In addition some team areas have lack of skilled practitioners to deliver the wide range of health interventions or have access to fit for purpose treatment rooms. This has a wider impact on clinical capacity in the west and north of the county. This is also an issue in North Tyneside.	Quality Effectiveness (6-10)	12	3	4	Jose Robe
1369.v6	Whitley bay, North Shields, Long Benton CMHTs merged into North Tyneside east CMHT in October 2012. However the service continues to operate across 2 sites. Until finalisation of estates plan contingency is required to prevent risk to service continuity and equity across both sites.	Quality Effectiveness (6-10)	15	5	3	Jose Robe

2.2.3 Inpatient North CBU

Inpatient North CBU is currently holding 7 risks – 1 risk is lower than risk appetite, 1 is within risk appetite and 4 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1192.v32	Risk of harm to patients due to variation of anti-ligature FFE within wards	Quality Safety (1-5)	8	4	2	David Hately
1392.v19	Patients smoking on wards and on site	Quality Safety (1-5)	12	4	3	David Hately
1642.v13	At times, there is a delay in response, or the alarm system across the St George's Park site does not show exact location where alarm was activated, leading to potential delay in response team attending.	Quality Safety (1-5)	15	3	5	David Hately
1730 v 2	Bed Pressures. Allocation of red and amber leave beds when admitting onto. Acute wards has resulted in increasing numbers of patients being accommodated on Rehab wards for varying periods of time. No opportunity to plan appropriately when moving patients from controlled environments to less secure ones. Issues with AC responsibilities, care, staff, environment and risk management and effective communication to patients.	Quality Safety (1-5)	9	3	3	David Hately

2.2.4 Specialist Children and Young People's CBU

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

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1612 v 11	The clinical environment of Alnwood (CAMHS MSU) has been identified as being inappropriate to provide safe, effective, responsive, caring and well led services to the young people who are patients there.	Quality Safety (1-5)	12	4	3	Lisa Long

	In 2016 the CQC assessment of NTW identified that in the long term CAMHS MSU Services needed to be reprovided in a more appropriate clinical environment. The limitations of the building at Alnwood have been identified by staff and young people as leading to boredom, frustration and increased levels of stress and aggression by young people towards others and themselves.					
1613.v6	Young people with autism (with or without an LD) who require bespoke environments when admitted to Hospital. Providing these bespoke environments has an impact on the environmental and staffing resources of teams that can negatively impact on the patient experience and the ability of the ward to facilitate future admissions. Environmental issues may also lead to increased levels of violence and aggression, and deliberate self harm.	Quality Safety (1-5)	12	4	3	Lisa Long
1644 v 10	Limited availability (and uptake) of appropriate training in providing care for young people with eating disorders /difficulties / disorder eating can potentially lead to less than optimum care being provided to such patients at Ferndene. There is also a risk that due to a lack of training staff may be unable to identify physical symptoms, resulting in a patient becoming very unwell. This could lead to increased but avoidable visits to acute hospitals (RVI / Sunderland Royal) or increased placements at out of area Specialist Eating Disorder Units (SEDU).	Quality Safety (1-5)	12	4	3	Lisa Long

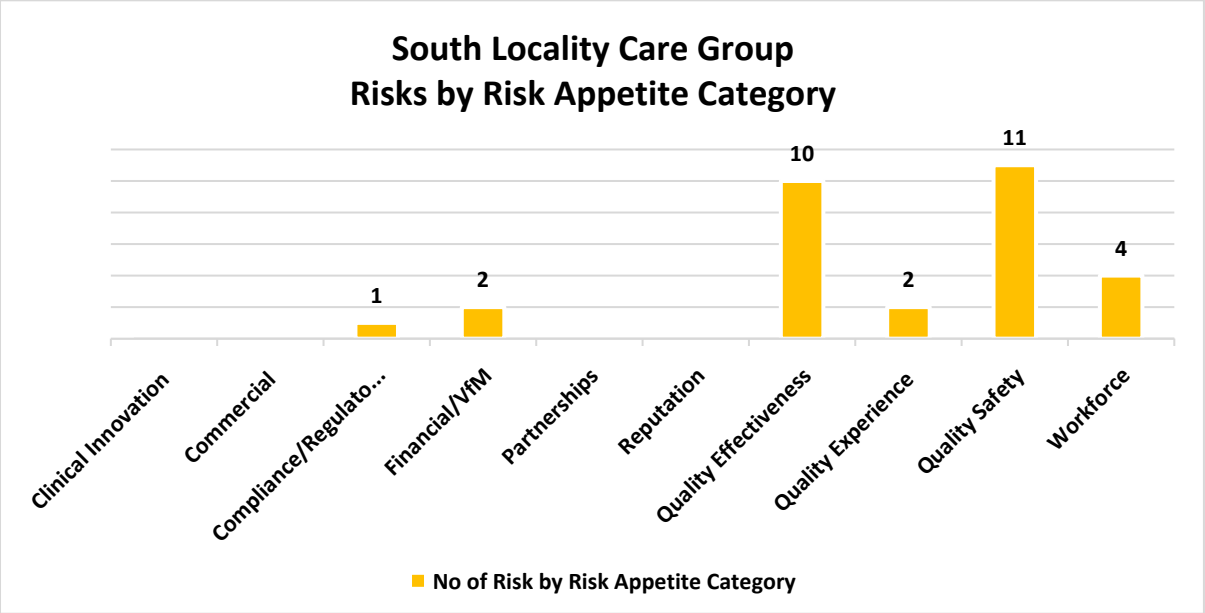
1704.v6	Clinical services within CAMHS at Cumbria are increasingly being reported as being under-resourced due to ongoing staff recruitment issues. These have been noted on an individual case basis, particularly in regards to planning robust discharge arrangements for children and young people from Cumbria. There is a risk that due to these service issues, young people from Cumbria are / have:- 1) admitted inappropriately 2) inappropriate discharge arrangements / delayed discharge	Quality Safety (1-5)	16	4	4	Lisa Long
1725 v 1	Environment at PICU (Ferndene) is limited in terms of accessibility to therapeutic space for young people, access to seclusion facilities and appropriate staff meeting areas / clinical rooms. These limitations present a risk in our ability to admit patients, impacts on existing patient care and raises a potential risk of having to send patients out of area due to the environment.	Quality Safety (1-5)	6	2	3	Jane Robb
1726 v 1	Over a 12-18 month period there have been a significant number of AWOLs across the Ferndene site. Reviews of individual episodes of AWOL / absconding from Ferndene have identified a range of issues and themes in relation to patient groups but also multi-disciplinary team practice regarding the granting of leave and assessment prior to young people taking leave. There is a risk that ward teams are not following Trust policy and is therefore exacerbating the number of AWOLs from Ferndene.	Quality Safety (1-5)	6	2	3	Jane Robb

2.2.5 Access North CBU

Access North CBU is currently holding 3 risks – 1 is within risk appetite and 2 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1700 v 3	Limited prescribing capacity in NTRP	Quality Effectiveness (6-10)	12	3	4	Sarah Knowles
1701 v 2	Environments in both Greenacres and Sextant House are not fit for purpose and pose a number of safety for both Service Users and staff. No high risk rooms or anti barricade doors. Inadequate staff attack system and CCTV. Greenacres require controlled access point to Interview rooms. Windows require strengthening.	Quality Safety (1-5)	16	4	4	Rebecca Campbell

2.3 South Locality Care Group



In total as at July 2019 the South Locality Care Group hold 31 risks, 3 risks lower than the risk appetite, 13 risks within the risk appetite and 15 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received. There are 9 risks on the Central Corporate risk register. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1160.v6	There are pressures on staffing due to vacancies particularly in CYPS, MH, RGN's WGP which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Sarah Rushbrooke
1288.v12	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (1-5)	16	4	4	Sarah Rushbrooke
1497.v11	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality Group	Quality Experience (6-10)	16	4	4	Sarah Rushbrooke
1670.v3	Year on Year increasing demand has led to significant numbers of children and young people waiting for treatment.	Quality Safety (1-5)	12	3	4	Sarah Rushbrooke
857 v 15	Internal doors have been identified as a potential ligature risk following incidents across the Group.	Quality Safety (1-5)	10	5	2	Sarah Rushbrooke

2.3.1 South Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 22 risks.

2.3.2 Community South CBU

Community South CBU is currently holding 2 risks, 1 risk within the risk appetite and 1 risk is exceeding risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	S	L	Owner
1618 v 5	Dysphagia and SALT resource. Reduction in Community practitioners currently due to vacancies. Requests to help out inpatient Dysphagia referrals which is creating risk within South Community.	Quality Effectiveness (6-10)	16	4	4	Janet Thomson

2.3.3 Inpatient South CBU

Inpatient South CBU is currently holding 7 risks, 2 risks are within the risk appetite and 4 risks are exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1380.v12	Lack of staff trained to use epi pens which are within grab bags. All qualified nursing staff are required to complete training every 3 years. This training is not on the dashboard.	Quality Safety (1-5)	8	4	2	Denise Pickersgill
1388 v 11	Trust sites smoke free; risks with service users secreting cigarettes and lighters, smoking in bedrooms and on site. Increase of fire risks on some wards. Related incidents of aggression when service users are asked not to smoke Service users leaving the ward more regularly to have cigarettes; at times staff encountering difficulty adhering to access, egress and engagement policy - potential risk to service users	Quality Safety (1-5)	9	3	4	Denise Pickersgill
1601.v6	Capacity issues in SALT mean that communication assessments are no longer able to be picked up by the team. Dysphagia referrals and assessment are prioritised but the response times to referrals can fall below standard Dysphagia training is mandatory for all clinical staff and there is also a capacity issue associated with this. Unable to recruit in to the 0.5 post at Rose Lodge.	Quality Safety (1-5)	12	4	3	Denise Pickersgill
1690.v5	Isolation of Rose Lodge which contributes to concerns in relation to culture and safety on the ward. Impacts on the ability to recruit in to MDT posts such as SALT and Consultant Psychiatrist.	Quality Safety (1-5)	12	4	3	Denise Pickersgill

1720 v 3	Risk of increased bed pressures within the South adult pathway. (Acute and Rehabilitation) as a result of bed reductions in the Northumberland and Central Localities. Risk of an increase in admissions from other localities and over spill in to other pathways such as PICU and Older Persons.	Quality Effectiveness (6-10)	12	4	3	Denise Pickersgill

2.3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 12 risks, 1 risk is lower than risk appetite, 8 risks are within the risk appetite and 3 risks are exceeding the risk appetite. Information in relation to these risks is given below:-

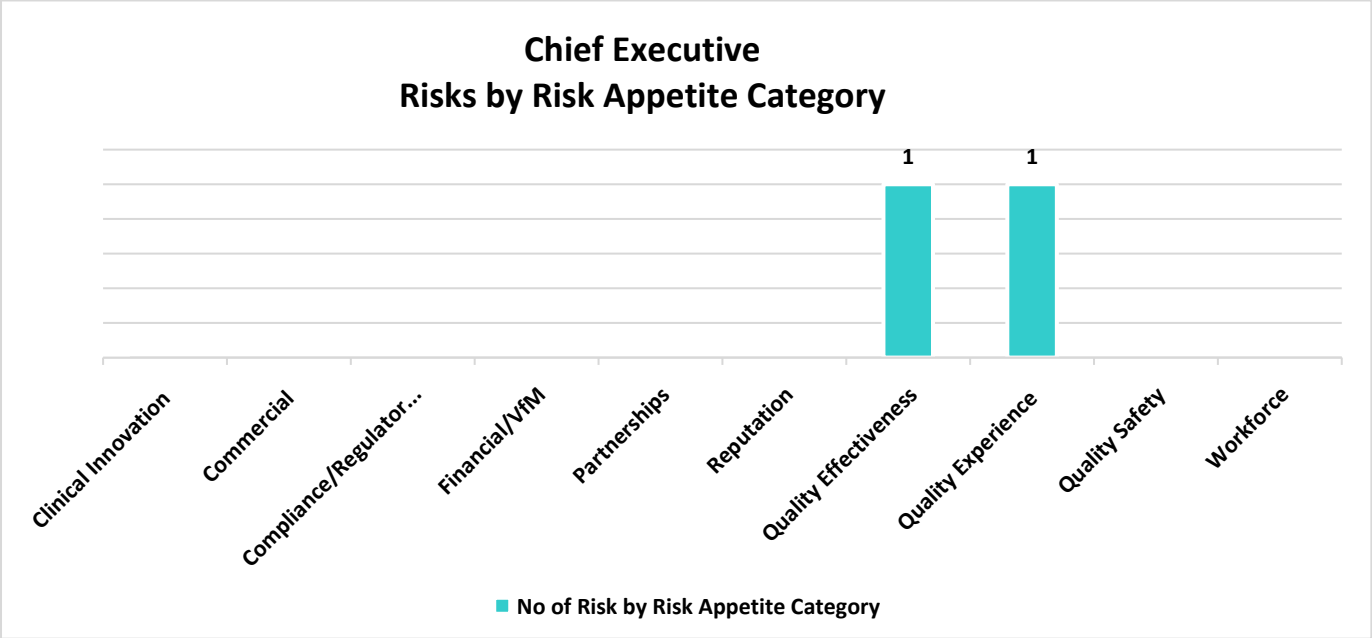
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1084.v16	The Personality Disorder Hub team are based at Benfield House at Walkergate Park and have been allocated desk space for up to 8 people. At present the room is being used by up to 23 members of the team. Stress risk assessment carried out by the team demonstrate that the accommodation is not a conducive environment (cramped space and lack of privacy) which could result in high levels of staff sickness.	Quality Safety (1-5)	6	2	3	Sarah Rushbrooke
1641 v 6	Community acquired brain injury service – CCG have given the Trust notice of reduced funding for 2018/2019 resulting in a revision of the service	Quality Safety (1-5)	12	3	4	Elaine Fletcher
1721 v 3	Personal risk to staff member due to lone worker device inappropriate for staff member who is deaf	Quality Safety (1-5)	15	5	3	Elaine Fletcher

2.3.5 Access South CBU

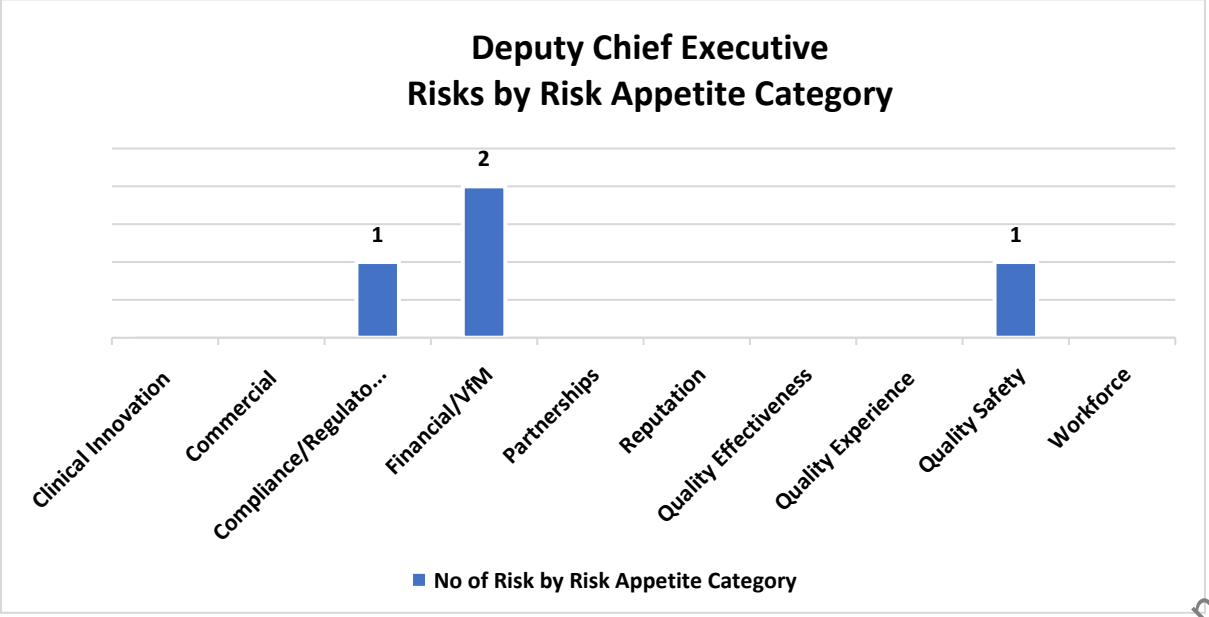
Access South CBU is currently holding 1 risk, and 1 risk is exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1345.v6	The clinical management of drug dependency demands complex prescribing regimes, non-standard prescription forms and adherence to strict regulations. The service manages this using Script Base Software. Upgrades and support are provided externally by the Script Base supplier rather than NTW IT department. The timeliness of support from this supplier is variable putting the service at risk should the Script Base system fail.	Quality Effectiveness (6-10)	12	3	4	Helen Pike

3. Executive Corporate.

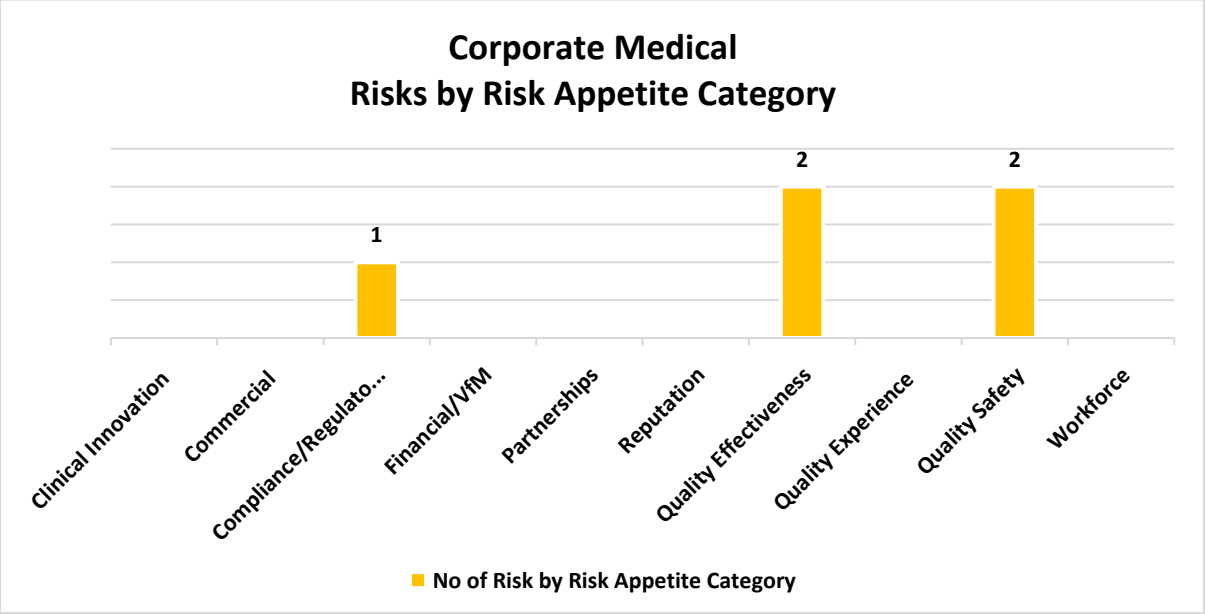


The Chief Executive as at July 2019 hold 2 risks, both risks are within the risk appetite. No risks have exceeded a risk appetite. All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.



The Deputy Chief Executive as at July 2019 holds 4 risks, 1 risk lower than the risk appetite, and 1 risk within the risk appetite and 2 risks which have exceeded a risk appetite. All risks are being managed within the Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

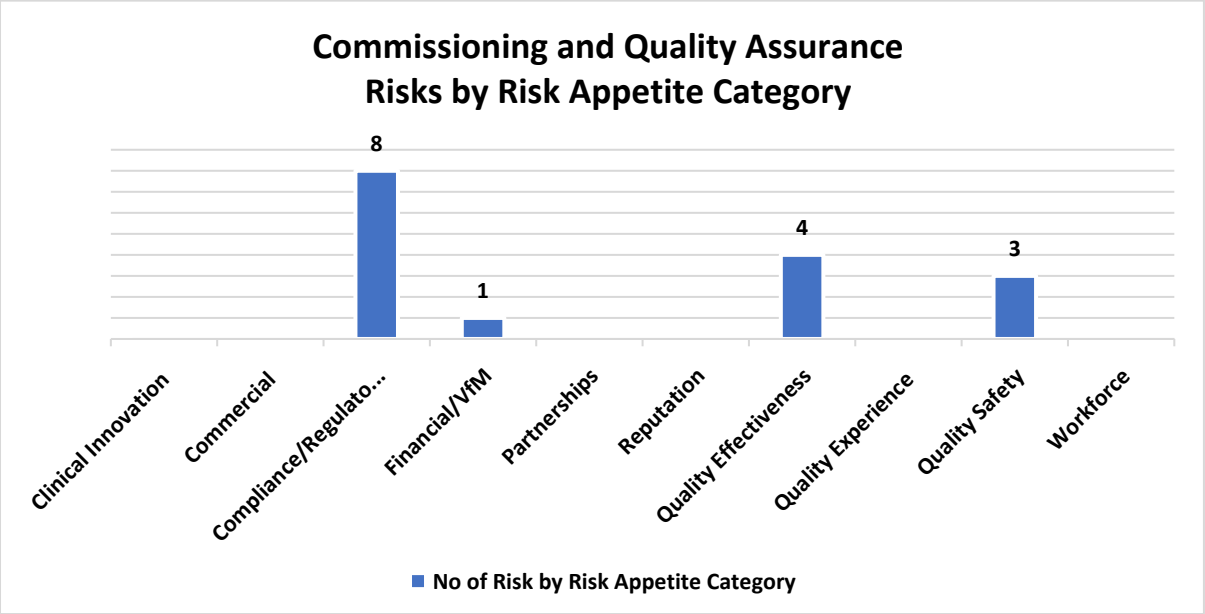
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1506.v6	That there is lack of investment in backlog maintenance of buildings, leading to health and safety risks and risks of non-compliance with regulatory requirements and not meeting essential accommodation standards.	Quality Safety (1-5)	9	3	3	James Duncan
1674.v1	Implementation of the Oracle Cloud Finance System	Compliance/ Regulatory	12	4	3	David Rycroft



The Executive Medical Director as at July 2019 holds 5 risks, 1 risk is lower than the risk appetite, 1 risk within the risk appetite and 3 risks which have exceeded a risk appetite. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1205 v 6	Occasional delays seen by CQC in the allocation of SOADs impacting on patient treatment pathways.	Quality Safety (1-5)	9	3	3	Rajesh Nadkarni
1651 v 13	The Falsified Medicines Directive is due to come in to effect in Feb 19. There is a risk the Trust will not be able to meet these requirements. Meeting the directive will require additional funding for	Compliance/ Regulator (6-10)	15	5	3	Timothy Donaldson

	hardware and software as well as support from IT for implementation.					
500 v 18	Reliant on paper systems increasing risk of prescribing and admin errors.	Quality Safety (1-5)	9	3	3	Claire Thomas

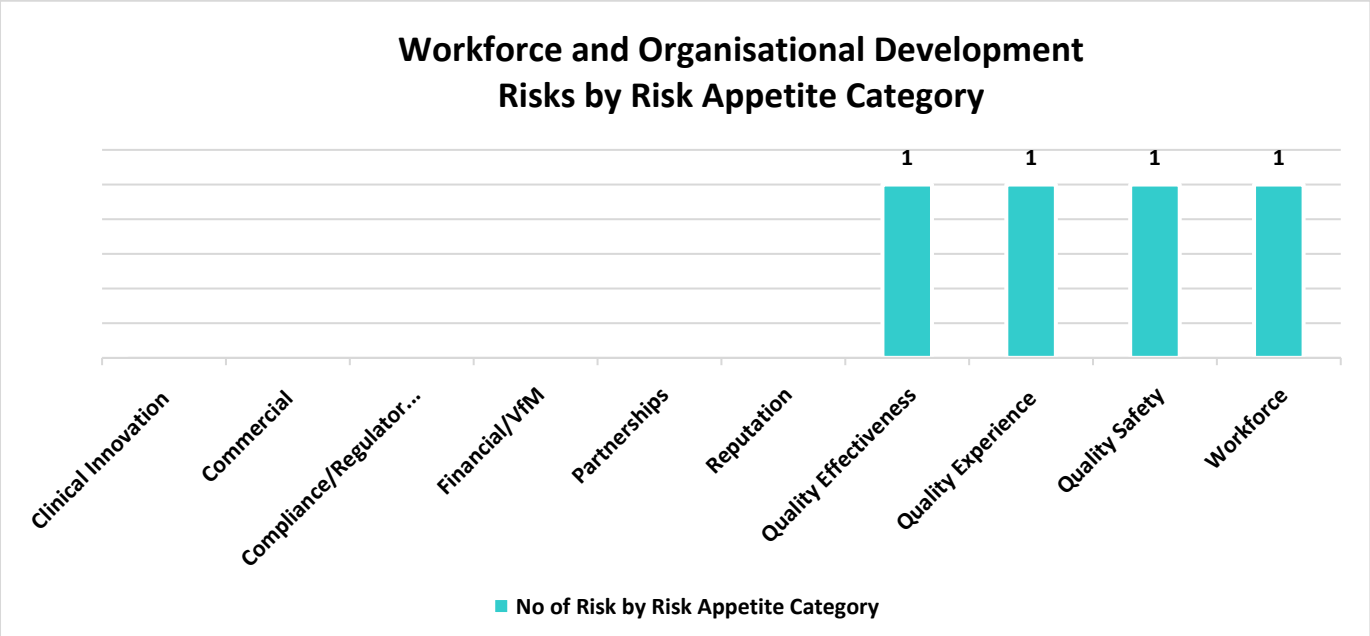


The Executive Director of Commissioning and Quality Assurance as at July 2019 holds 16 risks, 9 risks within the risk appetite and 7 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1172.v13	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/ Regulatory (6-10)	12	4	3	Jon Gair
1576.v7	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations	Compliance/ Regulatory (6-10)	15	5	3	Jon Gair
1636.v9	That we do not further develop integrated information systems across partner organisations.	Quality Safety (1-5)	8	4	2	Darren McKenna

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1655 v 11	GDPR - Subject Access Requests: There is a risk of non-compliance with the reduced time frame The volume of requests for access to information (staff and service users) is likely to rise by 25-40% % and there are current pressures on this process	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill
1657 v 11	GDPR - Contracts: In the absence of a centralised system it has not been possible to identify / locate all contractual arrangements in place throughout the Trust.	Compliance/ Regulatory (6-10)	12	4	3	Angela Faill
1664 v 11	SLAM system fails to work. The system needs updating to the latest version and currently this is not possible as the server does not have capacity to allow the latest update. As a consequence of not being on the latest version of SLAM, the manufacturer will not support the current system. SLAM is a stand alone system which is used to monitor contract activity and income from commissioners	Compliance/ Regulatory (6-10)	12	4	3	Lesley Willoughby
1719 v 2	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server	Compliance/ Regulatory (6-10)	12	4	3	Jon Gair

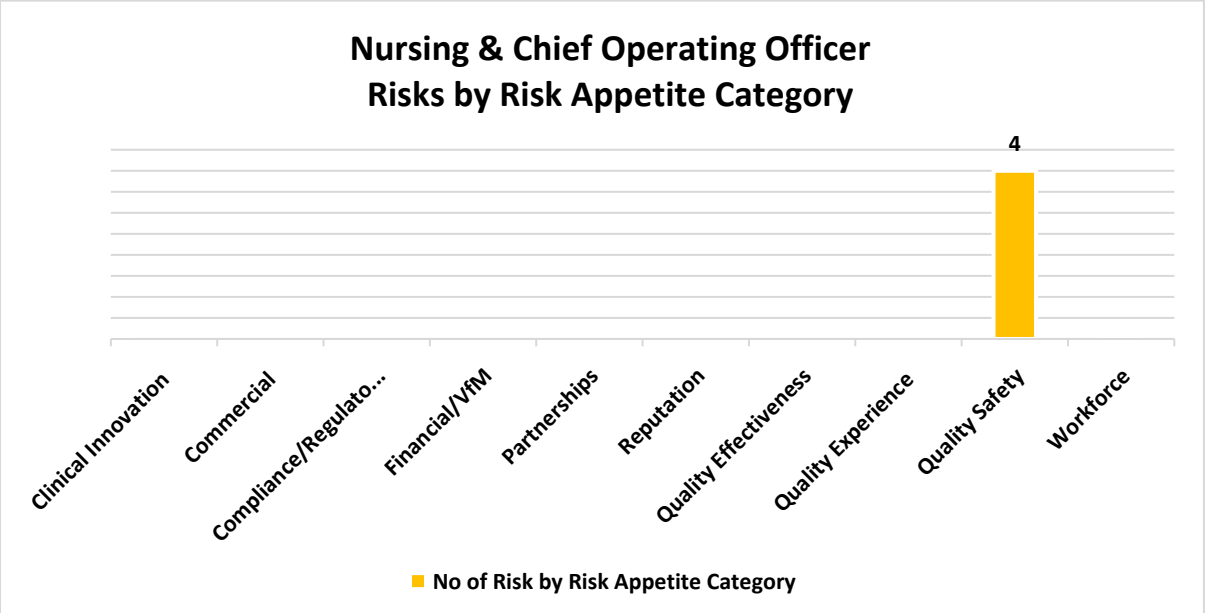
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	and SQL database, currently running Sharepoint service for Informatics staff.					



The Executive Director of Workforce and Organisational Development as at July 2019 holds 4 risks. 1 risk is within the risk appetite and 3 risks which breach the risk appetite. No risks to escalate to the BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1626.v3	Due to weakness in the current self-declaration process there are high numbers of outstanding DBS and self-declarations which could result in failure to comply with internal standards.	Quality Safety (1-5)	9	3	3	Lynne Shaw
1713 v 3	Age profile of Senior Leaders within the organisation. Approximately 65% of Senior managers will be over 50 years old within the next 5 years and could retire. This could potentially result in a loss of organisational memory and a reduction of managers with the required knowledge and experience.	Quality Effectiveness (6-10)	12	3	4	Michelle Evans

1715 v 1	Sickness absence continues to remain above trust target of 5%. Reduced staff available resulting in increased use of temporary staff having both impact on quality of consistency in care and financial impact	Quality Experience (6-10)	12	3	4	Michelle Evans



The Nursing & Chief Operating Officer as at July 2019 holds 4 risks which exceed the risk appetite. All risks are being managed within Nursing & Chief Operating Officer Directorate and there has been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1220.v14	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Gary O'Hare
1611 v 11	Due to increasing demand there is a need for increased numbers of dysphagia Qualified SALTs which could impact on patient safety and	Quality Safety (1-5)	15	5	3	Gary O'Hare

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	our ability to provide specialist care.					
576 v 12	The provision of safe and effective care within inpatient wards on non NTW sites (Tranwell/Hadrian) is compromised due to the location of the facilities resulting in little direct control over environmental and safety issues eg clinical layout, two storey buildings, appropriate/ timely maintenance.	Quality Safety (1-5)	15	5	3	Gary O'Hare
628 v 10	Risk of fire resulting from service user smoking in contravention of the Trustwide Smoke Free Policy resulting in damage to buildings and/or loss of life.	Quality Safety (1-5)	10	5	2	Gary O'Hare

Lindsay Hamberg
Risk Management Lead
July 2019

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 7th August 2019

Title and Author of Paper:

Quarter 1 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy).

2. Finance templates are submitted to NHS Improvement on a monthly basis. The Trust's Use of Resources rating is a 3 at Q1.

3. From October 2016, NHSI introduced a Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q1 the Trust is reporting it will achieve its year-end control total so this statement is not required.

4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 1 of 2019/20.

5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 1 of 2019/20.

6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 1 of 2019/20 has been included within the report.

Risks Highlighted to Board: None

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which are approved by the Director of Finance/Deputy Chief Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly

basis during the year.

To note the Quarter 1 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

Northumberland, Tyne and Wear NHS Foundation Trust

BOARD OF DIRECTORS

7th August 2019

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 1 2019-20

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 1 – maximum autonomy.

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 1 of 2019-20 as segment 1 – maximum autonomy.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19	Q1 19-20
Single Oversight Framework Segment	n/a	2	1	1	1
Use of Resources Rating	n/a	2	1	3	3
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 3 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

	Year to Date			Year End		
Key Financial Targets	**Plan**	**Actual**	**Variance/ Rating**	**Plan**	**Forecast**	**Variance/ Rating**
Monitor Risk Rating	3	3	Amber	2	2	Yellow
I&E – Surplus /(Deficit)	(£1.5m)	(£1.2m)	£0.3m	£2.6m	£2.6m	£0.0m
FDP - Efficiency Target	£2.0m	£2.0m	£0.0m	£10.4m	£10.4m	£0.0m
Agency Ceiling	£2.0m	£2.0m	£0.0m	£7.9m	£8.9m	(£1.0m)
Cash	£17.9m	£20.7m	(£2.8m)	£18.4m	£18.4m	£0.0m
Capital Spend	£3.3m	£2.0m	(£1.3m)	£11.4m	£11.4m	£0.0m
Asset Sales	£0.0m	£0.0m	£0.0m	£2.6m	£2.6m	£0.0m

Risk Rating

Risk Ratings	Weight	Year to Date		Year-End	
		Plan	Risk Rating	Plan	Risk Rating
Capital Service Capacity	20%	4	4	4	3
Liquidity	20%	1	1	1	1
I&E Margin	20%	2	4	1	2
Variance from Control Total	20%	1	1	1	1
Agency Ceiling	20%	1	1	1	1
Overall Rating		**3**	**3**	**3**	**2**

From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 1 2019-20. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 1	Month 2	Month 3
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	3,965	3,945	3,934
Total non-medical - non-clinical substantive staff	1,593	1,581	1,582
Total medical and dental substantive staff	351	350	349
Total WTE substantive staff	**5,909**	**5,876**	**5,865**
Bank staff	314	240	246
Agency staff (including, agency and contract)	125	142	179
Total WTE all staff	**6,348**	**6,258**	**6,290**

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 1 2019-20.

Staff Group	Apr	May	Jun
	1/4 - 24/4	6/5 – 27/5	3/6 - 24/6
Medical	87	84	50
Nursing	25	20	20
TOTAL	**112**	**104**	**70**

At the end of June the Trust was paying 3 medical staff above price caps (2 associate specialists and a junior doctor).

At the end of June, the top 10 highest paid agency staff were all medics (8 consultants & 2 associate specialists). There were no agency consultants being paid over £100/hour.

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	9 to 10 years	5 to 6 years	3 to 4 years	2 to 3 years
Consultant	1		1	3
Associate Specialist				1
Speciality Doctor		1		
AHP			1	
Qualified Nurses				2

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q1 2019-2020

Board of Directors:

No Change

Council of Governors:

- New Governor –
- Appointed Governor Gateshead Local Authority
  Cllr Maria Hall
- Appointed Governor Sunderland City Council
  Cllr Kelly Chequer

- Outgoing Governor –
  Appointed Governor Gateshead Local Authority
  Cllr Helen Harran
- Appointed Governor Sunderland City Council
  Cllr Geoff Walker

Present vacancies

Carer Governor (Adult Services)
Service User Governor (Older People's Services)

Never Events

There were no never events reported in Quarter 3 2018 - 2019 as per the DH guidance document.

Adverse national press attention Q1 19-20

Media Report (April - June)

April

No adverse media

May

No adverse media

June

No adverse media

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly

- Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development

August 2019

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 7 August 2019

Title and Author of Paper:
CQC Must Do Action Plan Quarter 1 position - Rapid Tranquilisation
Jan Grey, Associate Director- Safer Care

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

Paper for Debate, Decision or Information: Information

Key Points to Note:
Updates on progress made on the four outstanding actions:

Action point 1: The refreshed Management of Rapid Tranquillisation' Policy NTW(C) 02 presented at the Medicines Optimisation Committee in April and circulated Trust wide for the standard two week consultation period in May. Consultation comments considered by policy authors, amendments made, policy ratified at BDG Safety 19/7/2019. Uploaded and live on trust intranet policy page

Action point 4: Complete: Development of National Early Warning Score (NEWS) training package. NEWS-2 training launched within the Trust 17th June 2019 via Trust wide CAS alert NTW/INT/2019/97. It is now mandatory for all nurses that perform and record physical observations to complete the national e-Learning Programme where they will receive certification and automatic registration.

Action point 5: Development of the Talk First dashboard to report/display physical health observation. Electronic NEWS2 monitoring form introduced 8th July which captures physical health observation post rapid tranquilisation. This enables information to be displayed via the Talk 1st Dashboard. Safety and Security team currently working with IT to roll out the new Talk 1st landing page which will give access to the data. CAS alert to be sent week beginning 29/7/2019 regarding policy refresh and dashboard reports for physical health observation.

Action point 8: Complete: Audit to access impact of actions registered and data collection completed in March 2019. Draft report has been presented to the Physical Health and Wellbeing Group in May 2019, CEC in June and BDG Safety 12th July 2019. Monitoring of clinical audit action plan and re-audit will follow standard Clinical Audit assurance process.

Risks Highlighted to Committee: Not applicable

Does this affect any Board Assurance Framework/Corporate Risks?: Yes
Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and

Disability.
Corporate Risk SA5.1: That we do not meet compliance and quality standards
Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: The Quality and Performance Committee is asked to note the contents of this paper.

Link to Policies and Strategies:

- NTW (C) 02 The Management of Rapid Tranquilisation Policy
- NTW (C) 29 Trust Standard for the Assessment and Management of Physical Health Policy
- AMPH – PGN-03 National Early Warning Score (NEWS2)

Rapid Tranquilisation – Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3

1	Review 'The Management of Rapid Tranquillisation' Policy (NTW(C) 02) (review date of February 2019 to be brought forward).	Dr Berry Consultant Psychiatrist
		Anne Bunting Clinical Manager
		Ruth Ayre Pharmacy Associate
		Nurse Directors (Inpatient CBU)
		Talk First representative
			End of Quarter 1 19/20	• Policy partially reviewed in May 2018 (V04.4) items updated:
				  ○ Appendix 2, RT Monitoring Chart
				  ○ Inclusion of Appendix 8, Physical Monitoring Algorithm
				• Full policy review in progress with revised target date of December 2018 to enable consideration by Medical Management Committee meeting in January 2019.
				Update – February 2019
				• Policy author (RA) has all comments to support rewrite.
				• Two elements of policy awaited to complete the revisions
				  ○ NEWS2 chart (Clinical Response to NEWS2 Trigger Thresholds)
				  ○ Dashboard on RIO going live.
				Update – April 2019
				• Policy rewrite complete including NEWS2 monitoring charts/guidelines and updated RT treatment options
				  ○ Draft policy to be presented at Medicines Optimisation Committee (MOC) on Wednesday 10th April, prior to two week consultation.
				
				Update – July 2019
				• Refreshed policy presented at MOC as above and circulated for the standard two week consultation period between 7th and 21st May 2019.
				• Comments received during the consultation currently being considered by policy authors. Expectation that any further amendments will be complete by 19th July to

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
				enable policy to go to Business Delivery Group (BDG) for ratification. • Policy ratified at BDG Safety 19/7/2019, live on intranet 23/7/2019
2	To compile the current training provision available to all professions (nursing (qualified and non-qualified, medics, AMHP) educating on physical health monitoring (inclusive of and beyond rapid tranquillisation training).	Tess Walker NTW Academy Julie Taylor Nurse Consultant	08/08/18	Complete
3	Liaise with Medical Education Department regarding the provision and arrangements of rapid tranquillisation training for junior doctors.	Dr Uri Torres Associate Medical Director	08/08/18	Complete • August Junior Doctor induction delivered RT as a face to face session combined with seclusion. (Post RT monitoring covered on pages 14, 17 & 20 of the presentation). • Training will be continued in this format in future inductions • E-Learning training package introduced March 2018: 263 Rapid Tranquilisation. Training is in line with NICE NG10, updated RT policy and following the POMH RT audit. It includes: post-RT monitoring, what to do, why, when and how. It also includes test questions. • RT Training compliance as at 12.11.2018:

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
				○ North: 91.7% ○ Central: 94.6 ○ South: 89.9%
4	To progress with the development of National Early Warning Score (NEWS) training package.	Kevin Crompton Tess Walker NTW Academy	30/04/19	• Trust wide action agreed by Physical Health & Wellbeing Group in January 2018. • Draft roll out plan discussed at Resuscitation & Medical Emergency Group in August 2018. • Kevin Crompton (Lead Trainer in the Training Academy) liaising with the Royal Colleges re implementation of NEWS2 in NTW since the update in December 2017. • Trust review and proposal on the NEWS 2 to be presented to the Physical Health & Wellbeing and Resuscitation & Medical Emergency groups for their consideration in November 2018. February 2019 • NEWS 2 chart (Clinical Response to NEWS2 Trigger Thresholds) awaiting sign off. • Once chart agreed, NEWS 2 implementation plan includes full training plan. • Inclusion of NEWS and NEWS2 principles currently included within the Foundation Physical Skills and Advanced Physical Skills Training Update April 2019 • Trust standard for the assessment and management of physical health policy (PGN), National Early Warning Score (NEWS2), V03 ratified. http://nww1.ntw.nhs.uk/services/index.php?id=5838&p=5539&sp=6540 • Proposed Trustwide launch 31st May 2019. • Communication planning in progress, to include CAS alert. • NTW Academy to support the NEWs 2 E-learning programme from signposting to formal training and use of NEWS2 in clinical simulations via

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
				○ NEWs2 intranet reference material ○ Foundations Skills Couse ○ Junior Doctor Induction Programme ○ Advanced Physical Skills Course ○ PMVA Programme **Update – July 2019 - Complete** • NEWS-2 launched within the Trust 17th June 2019 via Trust wide CAS alert NTW/INT/2019/97 • NTW Academy has created a dedicated intranet Sharepoint location for NEWS-2 training and support material. • It is now mandatory for all nurses that perform and record physical observations to complete the national e-Learning Programme where they will receive certification and automatic registration. • All medics that are not clinically and operationally familiar with NEWS-2 must also complete the e-learning programme, access the supporting training videos and documentation. • The NTW academy will promote the NEWS-2 in all relevant training programmes and provide on-going clinical advice and guidance. • Training to be monitored via locality nurse management structure. Process of local monitoring being defined
5	To explore developing the Talk First dashboard to report/ display physical health observation	Ron Weddle Craig Newby Patient Safety	30/04/19	• Additional of RT PH observation data to Talk 1st dashboard included within the Informatics Priorities for 2018/19. • Formal Informatics work plan agreed at CDT in October 2018 • Dashboard development for RT Physical Health Monitoring to start in Q3.

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
	compliance post rapid tranquillisation (currently displays rapid tranquillisation occurrences).			• Allison Armstrong (Associate Director) has also undertaken a small survey with clinical staff and is collating information to aid development of data collection methodology. Update – February 2019 • Dashboard system built and in test phase whilst awaiting the final NEWS2 chart design (Clinical Response to Trigger Thresholds) • Whilst some training will be required when system goes live, there are a number of staff piloting. Update – April 2019 • Work to rationalise physical health observation recording in RiO has commenced on the back of user feedback and focus group. This would potentially bring together the recording of physical health monitoring linked to seclusion and/or rapid tranquilisation. • Target date extended to 31st May 2019 to allow this additional work to be undertaken **Update – July 2019** • All user email circulated 8th July 2019 to highlight introduction of NEWS2 monitoring form. The completion of this phase of work allows physical health observation post rapid tranquilisation information to be captured for the new Talk 1st Dashboard. • Safety and Security team currently working with IT to roll out the new Talk 1st landing page to give access to this data. • CAS alert to be circulated 29/7/2019 week beginning indicating policy ratified and the NEWS 2 monitoring form on dashboard

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
6	To develop reflective questions to elicit practices and barriers in relation to the management of rapid tranquillisation and cascade via Quality Standards meeting.	Allison Armstrong, Janice Clark and Catherine Edge	31st August 2018	Complete • Questionnaire prepared and added to the Quality Standards meeting agenda in each locality group for feedback, August 2018
7	Cascaded good practice guidance (based on CAS alert) via Quality Standards meeting.	Allison Armstrong Associate Director Janice Clark Associate Nurse Director Catherine Edge NTW Academy	31/08/18	Complete • Included within questionnaire document discussed at each Locality Care Group Quality Standards meetings August 2018.
8	Undertake audit to assess impact of actions.	TBC	End of Quarter 4 18/19	• RT policy tool has the following standards included within the monitoring framework and are captured within the quarterly seclusion audits and reported to Locality Care Groups and BDG. ○ Arrangements for post rapid tranquillisation are clearly documented on patients' records. ○ For parenteral (IM) RT only – all seven key elements of monitoring have been conducted (BP, pulse, respiratory rate, temperature, hydration, oxygen hydration and level of consciousness.

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
				Update – February 2019 • Formal audit to commence in Q4 to monitor impact of actions undertaken to date. Standards and questions from the March 2018 POMH-UK (16b)[i] audit will be used to inform the clinical audit tool. • Once implemented, the metrics on the Talk First Dashboard will provide a system to meet the need to provide ongoing assurance. Update – April 2019 • Clinical Audit registered, ref CA-18-0029. Data collection undertaken in March and draft report in progress. This will be presented to the Physical Health and Wellbeing Group in May. **Update – July 2019 - Complete** • Draft Clinical Audit report completed. The conclusion, based on the work undertaken, is that there are areas of concern that require remedial action. Formal action plan prepared including agreed re-audit date. • Keys risks identified: ○ Following initial monitoring further physical observations should be recorded at least every hour or at intervals agreed by a multi-disciplinary team, until the patient becomes alert again/ there are no concerns about their physical health. ○ More frequent and intensive monitoring should be undertaken for those patients with an identified clinical risk. • Clinical Managers contacted where findings identified within their remint for immediate action. • Draft Clinical Audit report presented and approved at Physical Health and Wellbeing Group on 2nd May 2019, Clinical Effectiveness Committee on 12th June 2019 and

Action Point	Action	Lead	Timescale	Progress: End of Quarter 3
				BDG Safety 12th July 2019. • Finalised report to be distributed week commencing 15th July 2019. • Monitoring for completion of action plan and re-audit will follow standard Clinical Audit assurance process.

[i] Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 7 August 2019

Title and Author of Paper:
CQC Must Do Action Plan Quarter 1 position – Use of Blanket Restrictions

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

A task and finish group was established to consider shortfalls for this "must do". Work has progressed to date with no obvious risks or concerns regarding our ability to deliver the proposed changes within the agreed timescales.

It is anticipated that key organisational learning will occur once the blanket restrictions process is fully embedded.

Risks Highlighted to Committee: None

Does this affect any Board Assurance Framework/Corporate Risks?: Yes
If Yes please outline

- Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability
- Corporate Risk SA5.1: That we do not meet compliance and quality standards
- Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: That the Quality and Performance Committee receive these action plans and note progress

Link to Policies and Strategies: CQC Fundamental Standards

Use of Blanket Restrictions - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	End of Quarter 1 Position
1	Design an awareness raising and training package that focusses on the identification and management of blanket restrictions at all levels throughout the organisation.	Marc House Head of NTW Academy	End of Quarter 2 2018/19	Completed. Training package developed in line with the emerging Trust Policy on Blanket Restrictions.
2	Implement the awareness raising and training package using a broad range of methodologies (E. learning, skype, face to face, etc.).	Dave Hately Dennis Davison Associate Directors Marc House Head of NTW Academy	Quarter 1 2019/20	Completed. Be-spoke training has been provided to key staff via Beachcroft. Completed. Training package added to the Trusts MH Legislation training module. Policy ratified and awareness raising training currently being cascaded via Clinical Managers – ongoing. Records and evidence of training provided will be held at a local level for upload onto Trust-wide dashboard if required – ongoing. An internal drive is being developed to host training figures and associated evidence – ongoing. Blanket Restriction training compliance as at 11 July 2019: North Locality – 612 staff trained Central Locality – 673 staff trained South Locality – 558 staff trained

Action Point	Action	Lead	Timescale	End of Quarter 1 Position
3	Develop a policy and supporting practice guidance notes to address the issues highlighted above and any other supplementary issues of note.	Tony Gray Head of Safety, Security and Resilience	Quarter 2 2018/19	Completed. Policy and associated appendices developed and ratified at Business Delivery Group.
4	Develop a management and governance escalation process to oversee blanket restrictions.	Tony Gray Head of Safety, Security and Resilience Associate Directors	Quarter 2 2018/19	Completed. Management Governance flow chart developed and added to Policy as an appendix.
5	Develop approaches and measures to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.	John Padget Suzanne Miller Associate Directors	Quarter 2 2019/20	Draft Patient Information Leaflet developed and reviewed at CQC Quality Compliance Group in February 2019. Comments have been received from service user/carer groups and leaflet contents are to be reviewed again during Quarter 2.
6	Agree a peer review process as a means of encouraging positive challenge and solution focussed discussions.	Lisa Long Janice Clarke Associate Directors Vicky Grieves CQC Compliance Officer	Quarter 4 2018/19	Complete. Standard peer review tool approved at CQC Quality Compliance Group in July 2019.
7	Implement and audit peer review process.	Tony Gray Head of Safety, Security and Resilience Vicky Grieves CQC Compliance Officer Associate Directors	Quarter 2 2019/20	Results of peer review tool to be reviewed during Quarter 2.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 7 August 2019

Title and Author of Paper:
CQC Must Do Action Plan Quarter 1 position - Access to Nurse Call Systems

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

A task and finish group was established to consider shortfalls for this “must do”. Work has progressed to date with no obvious risks or concerns regarding our ability to deliver the proposed changes within the agreed timescales.

Risks Highlighted to Committee: None

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

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: That the Quality and Performance Committee receive these action plans and note progress.

Link to Policies and Strategies: CQC Fundamental Standards

Access to Nurse Call Systems - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress as of Quarter 1
1	Undertake a baseline position of current Trust wide nurse call systems.	Deputy Chief Operating Officer	Quarter 2 18/19	Completed
2	Agree an "optimum standard" nurse call system for the *acute wards for adults of working age and psychiatric intensive care units* that takes into account the key features of the Hospital Building Note and AIMs accreditation.	Head of Estate & Facilities Associate Nurse Directors	Quarter 2 18/19	Completed. A nurse call solution has been developed which takes into account relevant standards and seeks to replicate what has been provided on the Hopewood Park site. The system will be a nurse call point located in the vicinity of the bed head either built into it or positioned above it. The system will be infra-red radiation based, with the call point being battery operated with a key operated on/off override, when pressed the wall mounted device will send a signal to a room detector which is wired back to a master panel which will send a signal to the staff pagers and will illuminate a call light above the bedroom door.
3	Provide costings and timescales linked to the achievement of "optimum standard" within the *acute wards for adults of working age and psychiatric intensive care units.*	Head of Estate & Facilities	Quarter 2 18/19	Completed. Costs were developed for the supply and installation of the nurse call systems. These costs were approved at Integrated Business Development Group.

4	Commence the installation of appropriate nurse call systems within the existing utilised *acute wards for adults of working age and psychiatric intensive care units.*	Head of Estate & Facilities	Quarter 2 18/19	Commencement of the installations started in September 2018 on the Hadrian Clinic refurbishment with two of the three wards now completed with the remaining ward scheduled for July 19.
5	Complete the installation of appropriate nurse call systems within the existing utilised *acute wards for adults of working age and psychiatric intensive care units.*	Head of Estate & Facilities	Quarter 4 19/20	Work is scheduled for the remaining hospital sites. Current progress is Hadrian Clinic will be complete in July 2019, Bede ward at SNH will commence in July 2019 and the four wards at St George's Park are complete.
6	Identify distance from "optimum standard" for all other inpatient core mental health services (cost, timescale and risks).	Head of Estate & Facilities	Quarter 3 18/19	Completed.
7	Develop practice guidance notes for the effective use of "optimum standard" nurse call systems.	Associate Nurse Directors – Inpatients Head of Safety, Security and Resilience	Quarter 4 18/19	Draft developed and reviewed at CQC Quality Compliance Group in February 2019. Additional work being undertaken to ensure guidance notes cover all Trust sites during 19/20 Quarter 2.
8	Work with regional and national providers to develop proposals re: appropriate/acceptable nurse call systems/standards for all other key client groups.	Deputy Chief Operating Officer	Quarter 4 18/19	These issues are being discussed at the Regional CE/DON & COO regional meeting with other provider colleagues. It is also the subject of discussion at the CQC National Co-Production meetings.