Northumberland, Tyne and Wear NHS Foundation Trust

Agenda

Board of Directors' Meeting in Public Venue: Conference Room 1 & 2, Ferndene, Prudhoe, NE42 5PB.	Date: Wednesday, 25 April 2018 Time: 1.30pm – 3.30pm

Item		Lead	
1	Apologies	Chair	verbal
2	Declarations of interest	Board Secretary	verbal
3	Minutes of previous meeting held on 28 March 2018	Chair	enc
4	Action list and matters arising not included on the agenda	Chair	enc
5	Chair's Remarks	Chair	verbal
6	Chief Executive's Report	Chief Executive	enc
7	Service User/Carer Experience		verbal
8	Quality, Clinical and Patient issues:		
	i) Safer Care Report Quarter 4	Executive Director of Nursing and Chief Operating Officer	enc
	ii) Service User and Carer Experience Summary Report - Quarter 4	Executive Director of Commissioning and Quality Assurance	enc
	iii) Integrated Commissioning and Quality Assurance Report (March Month 12)	Executive Director of Commissioning and Quality Assurance	enc
	iv) Staff, Friends and Family Quarter 4 Report	Executive Director of Workforce and OD	enc
	v) Guardian of Safe Working Hours Quarter 4 Report	Executive Medical Director	enc

	vi) Visit Feedback Themes	**Executive Director of Nursing and Chief Operating Officer**	**enc**
9	**Regulatory**		
	i) Operational Plan 2018 – 19 and Financial Budgets	**Deputy Chief Executive and Executive Director of Finance**	**enc**
	ii) NHS Improvement Single Oversight Framework Quarter 4 Report	**Executive Director of Commissioning and Quality Assurance**	**enc**
	iii) Data and Cyber Security Standards	**Executive Director of Commissioning and Quality Assurance**	**enc**
10	**Minutes / Papers for information**		
	i) Committee updates	**Non-Executive Directors**	**verbal**
	ii) Council of Governors' issues	**Chair**	**verbal**
11	**Questions from the public**	**Chair**	**verbal**
12	**Date, time and place of next meeting: Wednesday, 23 May 2018, The Board Room, St Nicholas Hospital, 1.30pm – 3.30pm**	**Chair**	**verbal**

Minutes

Board of Directors' meeting held in public		
Wednesday, 28 March 2018	**2.00pm – 4.00pm**	**Conference Room, Northgate Hospital**

Present:

Ken Jarrold	Chair
Alexis Cleveland	Non-Executive Director
Dr Leslie Boobis	Non-Executive Director
Martin Cocker	Non-Executive Director
Miriam Harte	Non-Executive Director
John Lawlor	Chief Executive
Dr Rajesh Nadkarni	Executive Medical Director
Gary O'Hare	Executive Director of Nursing and Operations
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Peter Studd	Non-Executive Director
Ruth Thompson	Non-Executive Director
James Duncan	Executive Director of Finance

In attendance:

Lynne Shaw	Deputy Director, Workforce (for Lisa Crichton Jones)
Caroline Wild	Deputy Director, Corporate Relations & Communications
Chris Rowlands	Trust Equality and Diversity Lead
John Padget	Associate Director, Children and Young People's services
Jennifer Cribbes	Corporate Affairs Manager

Agenda Item		Action
28/18	**Welcome and apologies** Ken Jarrold opened the meeting and welcomed attendees including Paul Nichol and Steve O'Driscoll. Apologies were received from Miriam Harte and Lisa Crichton Jones.	
29/18	**Declarations of interest** Martin Cocker informed the Board of an update to his existing declaration. Zemenik Trading Limited Cyprus has changed its name to Head-hunter Group PLC. Alexis Cleveland informed the Board of a new declaration, which involves chairing a working group which is looking at practices in abattoirs. There were no further interests declared.	

30/18	**Minutes of previous meeting held on 28 February 2018** The minutes of the meeting held on 28 February 2018 were agreed as a true and correct record.	
31/18	**Action list and matters arising not included on the agenda** Peter Studd pointed out that the risk appetite action had been deferred to this month. The action checklist was noted. <u>Matters arising</u> There were no matters arising.	
32/18	**Issues from the 28 February 2018 Board Meeting** Ken Jarrold highlighted issues which were considered at the last Board of Directors meeting which had been disrupted due to the snow. It was explained that the purpose of this item was to provide transparency in relation to the main issues that were discussed on that occasion. Detail was provided in relation to the following items on the February agenda. • Report on the recent Domestic Homicide Review. • The planning guidance and financial allocations to the Trust. The Board delegated authority to the Chief Executive, John Lawlor to enable the plans to be submitted within the timescale. • The Business case for NTW Academy. The Board supported the business case. • The Business case on Craster Day Unit. The Board approved the business case in principle but requested further financial information. No further issues were raised.	
33/18	**Chair's Remarks** Ken Jarrold provided a verbal update and made the Board aware of his visit programme and that he had visited Monkwearmouth and Ferndene. Ken shared two reflections he had made which were in relation to the significant experience of staff and also seeing the principles of the 'service model review' in practice. Alexis Cleveland raised service visits for the rest of the Board. Ken and Caroline Wild agreed to look at a programme of visits for Board members.	
34/18	**Chief Executive's Report** John Lawlor spoke to the enclosed Chief Executive's report to update the Board on key areas. Detail was provided on the staff awards, CQC inspection, compassion circles, leadership programme and University of Sunderland School of Medicine.	
35/18	**Service User Experience** Steve O'Driscoll, delivered a verbal presentation to share his personal experience of using NTW services.	

	Lisa Quinn, informed the Board that Steve chaired the Trust's Quality Priorities workshop and our priorities were refocused as a result due to the positive challenge and influence. Lisa thanked Steve for his support. The Board wished Steve luck in the future and thanked him for sharing his story of inspiration and hope.	
36/18	**Workforce** **i) Workforce Strategy Annual Review** Lynne Shaw spoke to the enclosed workforce strategy to outline the progress made over the last year. The Board were made aware that the strategy was originally ratified in June 2015 and refreshed in March last year to reflect the changes in the internal and external environment. Progress against the strategic goals was provided. Chris Rowlands spoke to the apprenticeships, staff networks and engagement section of the report and provided a detailed update for each topic. Lynne Shaw provided a detailed update on the newly implemented ESR functionality including staff self-service, Regional Streamlining programme, keeping staff healthy and maximising wellbeing, educating and recruiting staff with the knowledge to do the job. Chris further updated the Board in relation to the national call to action which focuses on bullying and harassment initiatives and the Freedom to Speak up Guardian role. Chris advised that Neil Cockling had been the Trust's Freedom to Speak up Guardian since October 2015. Lynne Shaw spoke to the draft appraisal section of the report and explained that the changes had been made as a result of feedback from the current appraisal process. Lynne advised that the paperwork had been streamlined and aligned to the strategic objectives of the Trust. Les Boobis raised that figures had been transposed in the staff motivation section, 2017 figures should be 2016. Alexis Cleveland made the Board aware that she had reviewed the new simplified appraisal process and commended the work that had been done to improve staff appraisals. Peter Studd requested that the Board receive a future update on the new appraisal. The Board received the report. **ii) National Staff Survey results** Chris Rowlands spoke to the staff survey paper to inform the Board of the published staff survey results. The Board were made aware of key findings including; the 20% increase in response rate from 2016; scores that had improved and declined; the main changes compared to results in 2016 and job satisfaction figures. Chris further advised that a 'deep dive' is planned to understand the results further.	

	Discussion took place relating to conflicting information in the report. This was in relation to violence, harassment and bullying. Gary O'Hare suggested that information should be compared against Trust reporting systems to understand if the information correlates and if not why it doesn't. The Board received the report.	
37/18	**Strategy and Partnerships (including Commercial and Business Development)** **i) Business Case - The Riding at Ferndene** John Padget was in attendance to present the business case for the Riding at Ferndene. The Board referred to the previous in-depth conversation at the meeting held prior that morning and approved the business case**.** John Padget left the meeting 3.15 pm.	
38/18	**Workforce** **iii) Gender Pay Gap Report** Lynne Shaw spoke to the enclosed Gender Pay Gap report and explained that it is now regulatory that employers publish the information on an annual basis. Alexis Cleveland asked for clarity in relation to where the report would be published on the Trust website, how the report would be communicated with staff and if a brief had been prepared for the media. Discussion took place in relation to the Consultant Clinical Excellence Awards and gender gap between those who apply and are successful. The Board approved the contents of the Trust's Gender Pay Gap report which will now be published in line with the statutory guidance. <u>Agenda for Change, Contract Refresh, 2018, Proposed Agreement</u> Lynne Shaw, spoke to the enclosed report and highlighted key points included in the paper. Lynne made the Board aware that the Agenda for Change (A4C) proposal will be the most significant change to A4C since its implementation. Lynne explained that full implications will become more apparent over the coming weeks. Discussion took place in relation to the current lack of clarity relating to how the salary increase will be funded and implications of the change on NTW Solutions staff. James Duncan confirmed that the majority of NTW Solutions staff were still on the A4C payscale and would therefore be entitled to receive the proposed increase in salary. Ken Jarrold, welcomed the increase particularly for those on the lower bands. It was agreed that a further report will be presented to the Board when more information was available.	
39/18	**Quality, Clinical and patient issues**	

	Quality Priorities Setting 2018-19 Update Lisa Quinn spoke to the annual quality priorities report to update the Board in relation to the quality goals for 2018-19. The proposed quality priorities for 2018-19 were discussed which included, improving the patient experience, waiting times, triangle of care and embedding Trust values. Discussion took place in relation to the difficultly in achieving the waiting time target. Lisa explained that it was important from a quality perspective and it will be a stretch to achieve and maintain. The Board approved the four quality priorities for 2018-19 as presented. Integrated Commissioning and Quality Assurance Report (Month 11) Lisa Quinn spoke to the commissioning and quality assurance report for February, month 11. Lisa highlighted the friends and family test result which remains stable with 89% of service users and carers recommending NTW services to friends or family. Discussion took place relating to this result against the staff friends and family feedback results. In response to a question raised by Ken Jarrold regarding the outstanding issues relating to reading a patient their rights, Gary O'Hare explained that staff are required to re-read a patient their rights at regular intervals. However, there is no specification as to what constitutes as a regular interval so the Trust must agree what is acceptable. James Duncan spoke to the finance section of the Integrated Commissioning and Quality Assurance Report and informed the Board the Trust is currently on track to deliver the control total for 2017-18. James explained as a consequence of this, the Trust should receive the Sustainability Transformation Funding this year. The Board received the report. James Duncan left the meeting at 3.30pm. **Minutes / Papers for information** **i) Council of Governors' issues** Ken Jarrold provided a verbal update in relation to Governors Issues. This included that Governors would receive presentations on the Trust Strategy and Mental Health Legislation at the next engagement meeting, Governors would receive a review of effectiveness questionnaire next month and that he had met with five Governors on a one to one basis so far. **ii) Committee updates** There was nothing to update from Committees.	
40/18	**Questions from the public** There were no questions from the public.	

41/18	**Any Other Business** There was no other business to note for this meeting.	
42/18	**Date, time and place of next meeting** Wednesday, 25 April 2018, Conference Room 1 & 2 Room, Ferndene, Prudhoe, NE42 5PB. 1.30pm – 3.30pm	

Agenda Item 4

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Action Sheet

Item No.	Subject	Action	By Whom	By When	Update/Comments
Month March 2018					
21/18	Safer staffing	Possible development session re care hours per patient day	Gary O'Hare	To be added to Board cycle	
21/18	Safer staffing	Quarterly report to be presented to CDT Workforce group	Gary O'Hare/Lisa Crichton Jones	asap	
Complete					
N/A	February Board decisions	Due to the inclement weather, February Board was held by telephone conference. Decisions make therefore need to be ratified at the March meeting.	Ken Jarrold	28th March 2018	

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	25th April 2018

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. Nursing Conference
2. Swartz Rounds
3. Deciding Together

Regional updates

4. Mental Health Sustainability and Transformation Partnership Workshop

National updates

5. NHS Providers report on regulation in the NHS

Outcome required: For information

Chief Executive's Report

25 April 2018

Trust updates

1. **Nursing Conference**
   The Annual Trust Nursing Conference took place on Wednesday 18th April 2018. The Theme of the conference was 'Delivering Compassion in Practice. Learning from the Past: Shaping the Future'.

   The day was opened by Malcolm Rae OBE and also included an update on the progress to deliver the nursing strategy from Gary O'Hare, Chief Operating Officer and Executive Director of Nursing.

   A 'pop up' Shwartz round was held as part of the event which looked at 'Exploring the emotional impact of nursing and being nursed' and participants were also able to participate in a workshop session.

2. **Swartz Rounds**
   Swartz Rounds are an internationally recognised approach to promoting compassion within clinical culture. These were introduced to NTW in June 2016 which have focussed on the emotional impact on staff of working in the Trust.

   Attendance has been between 45 and 90 staff at each of the 12 rounds held so far. The impact of the rounds has been evaluated recently with positive findings including that staff who regularly attend rounds suffer less stress than their colleagues who do not attend. (Statistically significant fall from 25% to 12%).

   A full programme of Shwartz Rounds is in place for the coming months.

3. **Deciding Together, Delivering Together**
   This program of work is led by Newcastle Gateshead CCG and looks to deliver the changes to local mental health services for adults and older people which were considered in the public consultation 'Deciding Together'.

   NTW is developing local proposals to move towards implementing the decisions that have been made, and initial conversations with staff, local service user/carer groups and partners have commenced. The NTW work programme is being coordinated through the CEDAR Board and will be reported to the Board regularly.

Regional updates

4. **Mental Health Sustainability and Transformation Partnership Workshop**
   The Mental Health Five Year Forward View sets out an ambitious programme of work to transform mental health services in order to ensure that integrated systems of mental health and physical health care are provided to meet the needs of the population.

   Following publication in February of 2016, the Mental Health Five Year Forward View has been adopted as the national mental health strategy by the government and NHS England.

   The Five Year Forward View sets the NHS the challenge of delivering against 3 key gaps;

- Health and Wellbeing
- Care and Quality
- Finance and Sustainability

The planning framework (Delivering the Five Year Forward View) led to the development of Sustainability and Transformation Partnerships (STPs). Forty four STPs areas were established initially, of which 3 were in the North East and North Cumbria. The 3 regions are now officially working together as one Accountable Care Partnership (ACP).

In order to move towards a North East and North Cumbria Integrated Care System for Mental Health a joint working event is arranged for 19th April 2018 to bring together representatives from the key agencies. Eighty delegates are attending from; primary care, acute services, local authorities, mental health services, public health, commissioning and the third sector. Service user and carer representatives are also attending.

Workshops are arranged to progress action plans in line with the priority areas identified by the STP Steering Group in the mandate;

1. Child Health
2. Suicide zero ambition
3. Employment
4. Acute optimisation
5. Long Term Conditions and Medically Unexplained Symptoms
6. Older people
7. Physical health of people with SMI

The purpose of the mental health STP work stream is to ensure that mental health is fully integrated across the 'whole system' in order to ensure the delivery of No Health without Mental Health (Department of Health, 2011).

A briefing paper will be circulated following the joint working event to communicate the next steps and encourage the involvement of service users, carers, clinicians, managers, leaders and partners in taking forward transparent co-produced plans. Further engagement events will be arranged to review and finalise the action plans and support ongoing implementation arrangements.

A further update will be provided at the next NTW Board meeting.

National updates

5. NHS Providers report 'The Changing Nature of Regulation in the NHS'
NHS providers published the attached report which sets out the results of a survey into how the NHS is regulated.

The report highlights that just one in five trusts who responded are clear about the future direction of the health and care system in regards to how providers will be regulated to ensure high quality and safe services for patients and service users. Also despite investing significant time into sustainability and transformation partnerships (STPs) and integrated care systems, trusts say there is a lack of clarity about what is expected from them from the regulators.

Despite these concerns, the report says that trust leaders remain optimistic about the changes put in place by regulators over the last year, and a majority believe the regulators have a good understanding of the pressures trusts face. In particular, trusts are broadly positive about how NHS Improvement is using the Single Oversight Framework and they are also optimistic about the CQC's new approach to inspections, with 81 per cent of respondents agreeing that it will lead to more effective inspections.

The full report is available online: http://nhsproviders.org/the-changing-nature-of-regulation-in-the-nhs

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 25th April 2018

Title and Author of Paper: Quarter 4 – Safer Care Report (Including Learning from Deaths) – January – March 2018
Author of Paper in response to this report –
Tony Gray - Head of Safety, Security and Resilience
Claire Taylor – Head of Clinical Risk and Investigations
Vicky Clark – Incidents, Complaints and Claims Manager
Craig Newby – Deputy Head of Safety, Security and Resilience

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

Paper for Debate, Decision or Information: Information

The two key things to take from this report:

- The Trust has robust mechanisms in place to report, record, investigate and learn from its activity.
- The Trust is fully compliant with the new national requirements set in place by the Care Quality Commission and NHS Improvement in respect of "Learning From Deaths", and this report acts as part of those requirements

Key Points to Note:

This report contains all the safety related activity for the period January – March 2018, this report will contain the formal reporting mechanism for reporting what the Trust is "Learning from Deaths".

- The cycle of reporting is included as reference below, the Q4 safer care report will act as annual report in relation to incident and complaint activity.
- This report will cover the activity reported in the months January - March.
- This report will contain any lessons learned from the activity reviewed in the months January - March that occurred in the previous quarter.

Report Title	Board Date
Safer Care Report Q4	April
Annual Security Management Report	May
Positive & Safe Annual Update	June
Safer Care Report Q1	July

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 and Legal and Other Implications: None

Outcome required: Noted for Information

Date for completion: N/A

Links to Policies and Strategies:
Incidents Policy, Complaints Policy, Claims Policy, Health & Safety Policy, Security Management Policy, Central Alert System Policy, Safeguarding Policy

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Safer Care Report
April 2018
Reporting Period: January – March 2018

Caring | Discovering | Growing | **Together**

Introduction / Executive Summary

This Safer Care Report includes activity relating to quarter 4 – January 2018 – March 2018, this report builds on the monthly report that is produced for the organisation and Clinical Commissioning Groups every month and is presented to the Corporate Decisions Team – Quality. This report is used throughout the organisation and shared with the Board and Commissioners as assurance that we have robust systems in place to report on and learn from our safer Care activity within the Trust.

This report is also an annual reflection of the information relating to Incidents, Complaints, Claims and Deaths throughout the year of April 2017 - March 2018.

Incident Reporting and Management

Serious Incidents Reported – Quarter 4

The following information gives a detailed breakdown of the serious incidents that have occurred in the Trust in the last quarter, in comparison to the quarters before, within quarter 4 report, this also give an annual review of serious incident activity.

Table 1 – Serious Incidents Reported – Quarter 4

	Q4			Q1			Q2			Q3			Q4		
Incident Type	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Death	19	10	13	11	15	7	10	13	16	12	25	18	16	7	13
All Other Serious Incidents	1	6	7	5	2	4	7	3	3	8	2	4	7	3	1
Totals	20	16	20	16	17	11	17	16	19	20	27	22	23	10	14
Quarterly Totals	56			44			52			69			47		
	Serious Incidents 2016 - 2017									190					
	Serious Incidents 2017 - 2018									212					

The average rate for incidents that are subject of a review in line with the serious incident framework for each quarter is 53. Quarter 3 saw a sharp rise of serious incidents in November, predominantly related to deaths, these deaths were evenly spread across the 3 clinical business units and mostly in Access and Community Services. Following information provided in the Quarter 3 report, and now that we have reviewed these incidents there is nothing linking this rise in quarter 3, and quarter 4 reduced down to 47 deaths, the 2nd lowest quarter of the year. When reporting on deaths as serious incidents it is acknowledged that due to the changes we have made to the serious incident policy, and the weekly discussion with Directors we have around deaths, more deaths that are reported are likely to be reviewed as serious to allow for a concise investigation to be carried out in line with the National Serious Incident Framework.

When looking over an annual basis on deaths investigated there were 163 deaths subject to a serious incident investigation in 2017 -18, compared to 128 in 2016 – 17, the greatest increase being that of Addictions Services, which accounted for an increase in 16 deaths from one year to the next, however it is acknowledged that Sunderland Addictions services commenced within the Trust in 2016 – 17 and started to report their

first deaths in November 2016, 9 months into that year. This service accounted for 14 deaths in 2017 - 18

All deaths reported and level of investigation

When considering this information it is acknowledged that some deaths will fall into multiple processes due to their nature, for example a learning disability death of a detained patient, on an in-patient ward where there are potential safety concerns, would be reported through many of the following systems:-

- STEIS – Strategic Executive Information System – as a serious incident and in line with the Serious Incident Framework, overseen by Commissioners
- National Reporting and Learning System (NHS Improvement) – as a reportable incident for any immediate learning
- Care Quality Commission – Due to the death of a detained patient and to notify of the safety concerns from a registered location
- To LEDER as a learning disability death
- Through Safeguarding Adult's and Children's processes as identified
- To the Coroner – via the Police when the incident is discovered
- Health & Safety Executive – Workplace fatality

On this basis it is acknowledged that the total numbers and length of investigations for a number of deaths will vary depending on which processes they go through.
It is also acknowledged that due to information gathered, where patients have died naturally from a known illness, which was being clinically managed, will not result in any type of investigation unless there are concerns identified by the family relating to the care prior to death. A dashboard of this activity has been created and is available at appendix 2.

Table 2 – Deaths Recorded, Reported, Reviewed and Investigated

Category	Jan – Mar 17	Apr – Jun 17	Jul 17 – Sep 17	Oct 17 – Dec 17	Jan – Mar - 18
	Q4	Q1	Q2	Q3	Q4
Death as Serious Incident (Level 3) Homicide by a Patient	1	0	0	0	1
Death as Serious Incidents (Level 2) i.e. self harm related, community deaths of unknown nature, in-patient deaths, detained patient deaths	16	20	20	28	11
Deaths as Serious Incidents (Level 1) i.e deaths related to alcohol or substance misuse services, or requiring a low level investigation.	28	19	22	19	24
NRLS reportable deaths	37	21	16	9	4
LEDER reportable deaths	N/A	7	6	9	4
Deaths subject to mortality reviews	N/A	11	15	18	13
Deaths being investigated due to family concerns that are not part of any investigation process above	0	0	0	0	0
Deaths subject to a Safeguarding Process*	1	1	2	4	1
All other deaths not subjected to review or investigation**	237	179	202	225	265

****It is acknowledged that natural deaths of those patients not on Care Programme Approach at the time of death, would not be subject to a review unless, there was concerns identified around care and treatment by the family.**

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

Learning From Deaths – Review of the last year's work

The Trust has updated through this quarterly report the requirements of the Learning From Deaths process based on national requirements from the Care Quality Commission and NHS Improvement. An action plan was created and reported on through the governance systems of the Trust up to the Board of Directors, and the information has been published on our website and shared with NHS Improvement from a compliance perspective.

The Care Quality Commission are reviewing this information in detail as they carry out our inspection.

The Developments throughout the year are as follows:-

- Policy

The Learning from Deaths Policy NTW (C) 12 was agreed and ratified in September 2017 as part of a collaborative approach with nine northern trusts supported by Mazars. This was followed up with a PGN to support the use of a structured case review tool to review natural cause deaths.

- Governance

The weekly Business Delivery Group – Safety meeting has been adjusted to allow for consideration of the activity of deaths to be considered by all Directors, to spread and share learning, knowledge and understanding.

- Mortality Reviews

From April 2017 an internal mortality review pilot was initiated, to review all natural cause deaths of service users 55 and under, this was to assess the suitability of the structured case review tool (generally very acute care focused). The initial review identified the tool was not appropriate for purpose. The proposals coming out of this initial review were a change to the SCR to enable more appropriate learning and critically change the criteria from reviewing under 55 to those service users on CPA in line with the other mental health trusts in the Northern Alliance supported by Mazars.

Two panels have occurred with further scheduled. There is a plan in place to formally evaluate the process and findings in conjunction with review of the Learning From Deaths report, initial reviews have identified a general finding that the age group is higher than expected.

- Risk Management System Information

The Trust's Risk Management System has been adjusted to capture the level of detail in order to report on this activity down to individual service level, and provide the data for such reports as the Trust Safer Care Reporting information.

- NHS Improvement – Compliance with Quality Accounts requirements, the learning from deaths information as part of new mandated statements has been included.

Learning from Deaths – A Case Example

The Learning process within the Trust can be two-fold how we learn from adopting the new process, the tools that are used to learn and disseminate the information we have learned, and the improvements it makes to practice as well as the individual learning from each death, where we would respond to families concerns and reflect on whether anything clinically or operationally could or should have been different, acknowledging that similar to serious incident outcomes it may not have prevented the death, but is nonetheless an opportunity to improve practices and processes within the Trust.

It is acknowledged that there is a patient at the centre of each of the reviews the Trust undertakes with the full involvement of family and carers through our Duty of Candour responsibilities to identify and appropriately answer any questions they may have around care and treatment prior to death, even if the death is deemed as a natural occurrence. The following case vignette, outlines the details of the incident, the care provision and the reflection and learning from the case. This acknowledges that this level of activity is replicated for each death that is investigated, but gives the assurance into what the Incident Policy, serious incident process and newly developed mortality process achieves in bringing about changes to care and treatment within the Trust.

Case Vignette – Learning From Deaths

This month's case vignette is from the review of a serious incident where an in-patient became seriously ill on a ward but didn't die, but the learning if implemented would prevent future deaths.

A middle aged service user with a long and complex psychiatric history had a lengthy admission to an NTW inpatient ward under the Mental Health Act. They had a long history of poor physical health with gastro intestinal symptoms including constipation and vomiting. During their lengthy final admission to the ward they suffered from repeated episodes of physical ill health which were managed either on the ward with support from the local acute hospital staff or by transfer to the acute hospital. During their final period of acute medical care they died from a probable ischaemic bowel. The coroner concluded that the cause of deaths was natural.

Core Learning

A number of areas of good practice were identified in this investigation. The service user had physical and psychiatric complexities which were very well managed on the ward in a sensitive and supportive manner. The key findings in the investigation concerned acute medical admissions and the interface between the acute and mental health Trusts and related to physical health management. Staff in both Trusts had limited awareness of the joint Clinical Policy NTW (C) 15 that would have supported this interface.
www.ntw.nhs.uk/about/policies/access-acute-hospitals-policy
The use of the acute hospital based Psychiatric Liaison was not considered.
Also the staff on the ward were not familiar with the Bowel Management Practice Guidance Note which was sitting behind the Medicines Management Policy as opposed to the Physical Assessment and Examination Policy.

Key Actions

A joint mortality review meeting has been held post NTW investigation with both clinical staff and governance staff from the acute hospital and clinical staff from NTW who were involved in the service users care attended. Also in attendance was Liaison Psychiatry and Safer Care Directorate representation. Both teams agreed that the death was unexpected and not preventable, and that the quality of clinical care in both hospitals was good. A number of changes are being made in the acute hospital to improve the detail and timelines of communications wherever a service user is transferred back to an NTW ward. The need to review the clinical policy was acknowledged. The principle of continuing joint mortality reviews was agreed and a proposal to hold regular joint Trust governance meetings has been made.

There was also actions for NTW to support the review of the policy to raise awareness internally and externally should joint care be required in similar circumstances.

An internal alert to be circulated to reinforce the support that Psychiatric Liaison can provide when a service user is receiving in patient care within the acute trust, the policy review will reinforce this.

The review of the Physical Assessment and Examination Policy will pick up the Bowel Management PGN and an article was placed within the March Safer Care Bulletin to raise awareness of this proposed change.

Learning from Deaths

Coroner - Regulation 28 of the new Coroners Act

Regulation 28 of the Coroners Act 2009, is termed a prevention of future deaths report, and allows the Coroner to direct a corporate body to make changes following the conclusion of an inquest. Any Regulation 28 reports the Trust receives will be included in this report, following the month it has been formally received. We have not received any in the previous month. The last Regulation 28 report received by the Trust was in March 2015.

However the Trust received a Regulation 28 into the organisation on the 19 December 2017 following the conclusion of the Inquest into the death of Gary Matthews on the 30 November 2017.
The matters of concern for the Coroner were threefold:

The first point was for both NTW and City Hospitals, Sunderland NHS Foundation Trust, this was that patients such as GM having been admitted for medical care to an acute hospital but identified as having a related mental health condition are not discharged from the acute hospital without their medical condition both mental and physical having been holistically considered and determined.

Secondly, specific to NTW relates to the manner and method of communication between hospital based psychiatric liaison services and the community based crisis resolution treatment teams.

The third area of concern relates to the nature and quality of the SI report and the basis of investigation which preceded the preparation of the report. The Coroner didn't like the approach of the AAR reflective discussion and felt people should be interviewed on an individual basis.

The trust has a duty to respond to this within 56 days of receipt (15th February 2018).

The trust responded and a formal response was received and acknowledged by the Coroner on the 12 February 2018. The trust then received an invitation to meet and discuss the issues raised by both parties, awaiting confirmation of dates.

Incident Reporting

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

	Q4	Q1	Q2	Q3	Q4
Incident Type	Jan – Mar 17	Apr – Jun 17	Jul – Sep 17	Oct – Dec 17	Jan – Mar 18
Aggression And Violence	3218	3637	3155	3442	3195
Inappropriate Patient Behaviour (Including smoking)	3218	3637	3155	3442	3195
Safeguarding	1339	1458	1650	1691	1827
Self Harm	1676	1395	1205	1198	1107
Security	475	601	557	547	558
Totals	**7451**	**7617**	**7090**	**7516**	**7146**

All Other Incidents	2121	2147	2174	2460	2381
Totals	**9572**	**9764**	**9264**	**9976**	**9,527**

It can be seen from the above table incident reporting is broadly comparable to the same period in 2016 / 17, but quarter 4 was the lowest reporting quarter of the year. Part of the reason for this was the reduction of incidents reported due to the extreme weather event, at the end of February which saw a 20% reduction of incidents over the 4 days.

As a full comparison to the previous year, the Trust reported 38,531 incidents in 2017/18 in comparison to 36,401 in 2016/17 an increase of 2,130 incidents. The incident have increased range of different categories including aggression and violence, Safeguarding and total incidents. Incidents that have decreased include self-harm has reduced significantly and will be further explored in the positive and safe section of this report.

The change to Safeguarding concern reporting in January 2017 has now had a full year impact and saw the increase in this activity to 6,627 notifications in 2017 / 2018 from 3,863 in 2016 / 2017.

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

Positive and Safe Care

Service user Project coordinator
Orientation of the post holder is ongoing, a social media strategy is being developed and will be launched in the near future.

Audit and Policy
Audit data regarding NICE 154 has now been collated and is being transferred into Trust reporting format.

Innovation and Research
The reducing restrictive intervention process and boards are currently being rolled out. Over 50 wards have received an introductory session.

Talk 1st
The Talk 1st programme has recently been highlighted as innovative practice in the NHSI publication 'Valued care in mental health: Improving for excellence'.

Monitoring
Current data analysis shows a positive year end position for all Talk 1st incident metrics except violence and aggression and restraint, which were higher than the previous year. These increases are in relation to a small number of highly complex patients as well as a higher level of admissions into the new Mitford ward at the beginning of the financial year.
The year-end positions are shown below.

Incident data is shared externally on a regular basis to local and national commissioners via QRG's.

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

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

Use of Restraint

Restraint	**2015/16**	**2016/17**	**2017/18**	**Year-End Position**
Trust Total	8772	7905	8004	+1%

Prone Restraint	**2015/16**	**2016/17**	**2017/18**	**Year-End Position**
Trust Total	3193	2393	2080	-13%

Restraint numbers for this year have not reduced primarily as a result of significant increases in Autism and OPS. One, out of area, patient within autism accounts for 1953 restraints over the period. Removing this restraint data from the overall figures would show the trust as having a 24% decrease over the year and highlights the impact individuals can have on incident frequency.

At the beginning of the year Autism also had a high number of new admissions, which have driven their numbers up. It must be noted that the overall restraint numbers include low level supportive care where staff hold patients to aid in toileting and other personal needs. Analysis of this type of activity shows around 78% of OPS restraints are low level interventions. A draft practice guidance note has recently been developed, which looks to ensure this type of activity is recorded in the patient notes rather than recording as a restraint incident.
Prone restraint has reduced more significantly. Last year we saw a 25% decrease in prone restraint and the year-end position shows a further 13% reduction. Positive and Safe interventions, such as Safe Wards, Star Wards and other patient centred initiatives have helped to reduce the amounts of prone restraint. This year we have introduced alternative injection sites for rapid tranquilisation and the use of seclusion chairs, both of which have started to help to reduce prone restraint even further. It must be noted NTW record all prone restraint, including unintentional, where a patient may fall to the floor in that position. Some other trusts record this differently, which may be one reason why we are noted as an outlier.

Some of our biggest reductions in restraint have been in CYPS MH Inpatient services where primary intervention work is proving to be very successful. On average CYPS MH inpatient units have recorded restraint reductions of around 67% and prone restraint reductions of around 76%.

Seclusion

	2015/16	2016/17	2017/18	Year-End Position
Trust Total	2004	1411	1215	-13.8%

The number of seclusions reduced last year by 30% and this year we have a further reduction of 13.8%. A further iteration of the Talk 1st Dashboard has been released, which also shows the duration of seclusion and gives a far more accurate reflection of seclusion use over the year. Overall, seclusion duration has also reduced during the period. Primary phases of intervention such as access to chill out rooms, distraction techniques, activities, peer support workers etc. have helped to reduce the number of times seclusion has been required. In addition to this a number of discharges and the closure of female LD low secure will also have an impact on the numbers. We currently have 35 accessible seclusion suites across all main sites, which all meet our minimum environmental standard.

Assaults on Staff

	2015/16	2016/17	2017/18	Year-End Position
Trust Total	3705	3815	3718	-2.55%

There is now no national comparison for our data following the shut down of NHS Protect. Inpatient and Specialist Care have very comparable numbers for last year. Like other metrics staff assaults have reduced significantly in certain areas this year; particularly in CYPS MH Inpatient have recorded a reduction of 55%. This needs to be balanced against increases in CYPS LD, Autism and OPS as identified in other metrics above. The overall reduction recorded this year is the first reduction in staff assaults recorded since merger in 2007.
Patient on patient assault increased last year; however the year-end position shows a reduction of 14%. Most activity can be found on older peoples wards and the Talk 1st

feedback sessions have highlighted a number of effective interventions in these areas that appear to be very effective. Further influencing factors to consider would be the decrease in bed numbers within OPS, which may be impacting on the number of incidents.

Mechanical Restraint Use (MRE)

	2015/16	2016/17	2017/18	Year-End Position
Trust Total	369	433	141	-66%

MRE use can include the use of either emergency response belts, handcuffs or a combination of both of these. The numbers shown above do not include those deployed by either the police or secure transport services. The biggest reductions during 17-18 can be found in CYPS MH and LD inpatient services where numbers have reduced by approximately 85%. This results from a combination of patient discharge, lower admission rates, primary intervention work and the development of the new quiet rooms and seclusion at Ferndene. Recent analysis of MRE use shows its deployment primarily being in relation to hospital / dental transfers and the safe movement of patients to seclusion. All MRE use is subject to strict governance, which includes director approval and monthly scrutiny at the Trust Positive and Safe Implementation Group.

Self-Harming Behaviour

	2015/16	2016/17	2017/18	Year-End Position
Trust Total	4542	6370	4886	-23%

Following the escalation in this type of behaviour last year, it's encouraging to see a year-end reduction of 23%. Areas of high activity continue to be CYPS Inpatient, Forensic LD and Autism services, driven by a small number of patients. Significant decreases this year have been monitored in both CYPS Inpatients and Forensic services; however increases in Autism are accounted for in relation to higher admission rates at the start of the year.

Violence and Aggression

	2015/16	2016/17	2017/18	Year-End Position
Trust Total	12543	12303	13380	+8.7%

The year-end position for violence and aggression rates remains higher than last year by 8.7%%. A small increase in community services requires further analysis but could be accounted for by improved reporting cultures following the introduction of web based incident reporting. The more significant increases can be found in Autism services, Woodhorn, Hauxley, Lamesley and Lowry.

Central Alert System – Exception Report

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

https://nhsicorporatesite.blob.core.windows.net/blue/uploads/documents/NHSI_alerts_March_2018.pdf

Complaints Reporting and Management

Complaints Received

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

Complaints have increased in Quarter 4 by approximately 14% in comparison to the same quarter last year; this is currently under close scrutiny by the Executive Director of Nursing and Chief Operating Officer and the operational directors.

Table 4

Complaint Type	Q4 Jan – Mar 17	Q1 Apr – Jun 17	Q2 Jul – Sep 17	Q3 Oct – Dec 17	Q4 Jan – Mar 18	Total
Complex	40	59	45	53	45	242
Joint Not Lead	1	1	1	2	3	8
Joint NTW Lead	1		2	1	3	7
Standard	73	85	89	71	83	401
Total	**115**	**145**	**137**	**127**	**134**	**658**

Complaints by Category

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

Communications, patient care and values and behaviours accounted for 64% of all complaints received.

Work is currently ongoing to make categories and sub categories more meaningful by asking the appointed investigating officer to state what they think are the correct categories after they have made contact and have had a conversation with the complainant.

Table 5

Category Type	Q4 Jan – Mar 17	Q1 Apr – Jun 17	Q2 Jul – Sep 17	Q3 Oct – Dec 17	Q4 Jan – Mar 18	Total
Access To Treatment Or Drugs	3	3	1	3	3	13
Admissions And Discharges	7	14	9	5	9	44
Appointments	3	9	5	7	11	35
Clinical Treatment	4	1	5	8	7	25
Communications	21	23	25	17	19	105
Consent	0	0	0	1	0	1
Facilities	6	2	2	1	2	13
Integrated Care	0	0	0	0	1	1
Other	2	4	6	1	2	15
Patient Care	34	45	32	43	36	190
Prescribing	7	9	12	4	6	38
Privacy , Dignity And Wellbeing	3	1	1	1	1	7
Restraint	0	0	1	1	0	2
Staff Numbers	0	0	1	1	0	2
Trust Admin/ Policies/Procedures Including Rec Management	5	4	3	4	6	22
Values And Behaviours	18	26	29	26	27	126
Waiting Times	2	4	5	4	4	19
Total	**115**	**145**	**137**	**127**	**134**	**658**

Complaints Relating to Death

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

In collecting this data, the base line over the last 3 years the Trust has averaged 11 complaints per year, for 2017/18 the Trust has received 10 complaints. This also acknowledges that many families and carers seek answers around concerns relating to care which are responded to as part of the serious incident investigations under the Trust's Duty of Candour processes. It is also hoped that with the full implementation of Learning From Deaths Policy, that if family and carers want answers to care and treatment issues, we can do so through the mortality review process, acknowledging that we would always investigate complaints received.

	Q4	Q1	Q2	Q3	Q4
Services	Jan – Mar 17	Apr – Jun 17	Jul – Sep 17	Oct – Dec 17	Jan – Mar 18
Crisis Response & Home Treatment GHD Tranwell	1	0	0	0	0
Crisis Response & Home Treatment SLD HWP	0	0	0	1	1
Crisis Response and Home Treatment ST Palmers	0	0	0	0	1
CYPS Community NLD ADHD NGH	1	0	0	0	0
EIP NLD Greenacres	0	1	0	0	0
GHD Community Non Psychosis Team Dryden Rd	0	0	0	0	1
GHD Community Psychosis Team Tranwell	0	1	0	0	0
Information Department SNH	1	0	0	0	0
Liaison Psychiatry Service NCL and N Tyne RVI	0	0	0	0	1
North Tyneside Recovery Partnership Wallsend	0	0	1	0	0
S Tyneside Psychosis/Non Psychosis Palmers	0	0	1	0	0
SLD North Psychosis / Non Psychosis MWM	1	0	0	0	0
Street Triage North of Tyne	0	0	0	1	1
SLD Addictions Service	0	0	0	0	1
Totals	**4**	**2**	**2**	**2**	**4**

Parliamentary Health Service Ombudsman

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

The Trust as part of every response letter includes the PHSO contact details, in the last year the Trust received 544 complaints. Complainants have the right to take their complaint to the PHSO even if the findings of the complaint are partially or fully upheld if they are still dissatisfied. The following is the current and ongoing complaint activity with the PHSO.

North Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Position	Trust Investigation Outcome
20.10.2016	3269	272208	PHSO - enquiry	PHSO still considering this case for investigation.	Not upheld
20.02.2017	3144	C2003388	PHSO – draft report received	Files sent 01.03.17, Investigator identified 12.02.18 Draft report received – complaint partially upheld. Recommendation for joint letter of apology with LA and the payment of £150.00 each for a failure to inform complainant of the results of a safeguarding referral or formally consider her request for extra support.	Partially upheld
04.07.2017	3263	C2013664	PHSO – draft report received	05.04.18 Draft report received – partially upheldas there is a lack of evidence that an identified action was carried out.	Partially upheld
03.01.2018	3619	C2036693	PHSO – intention to investigate	Files and records sent back 24.01.18	Partially upheld
03.04.2018	3884	Unknown	PHSO – Preliminary Enquiry	Request for complaint information and copy of an incident report form	Partially upheld

Central Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
02.08.2016	3033	262023	PHSO – intention to investigate	Scope of investigation identified. Comments sent back on 28.07.17. 08.01.17 further request for information from PHSO	Partially upheld
06.02.2017	3582	C2019050	PHSO – ongoing	26.09.17 Informed by PHSO of their intention to investigate 12.12.17 scope of investigation identified 06.02.18: provisional confirmation from PHSO that complaint is unlikely to be upheld in their final report as no failings identified.	Not upheld
26.10.2017	3776	C2027320	PHSO – intention to investigate	26.10.17 informed by PHSO of their intention to investigate	Partially upheld
02.03.18	4082	C2040909	PHSO – Closed	03.04.18 Contacted by PHSO who advised they will not be investigating this complaint.	Not Upheld
07.03.18	3889	C2038020	PHSO – Preliminary Enquiry	07.03.18 Contacted by PHSO who have requested the Trust answers the complainant definitively regarding was she misdiagnosed and if so, to provide a formal written apology.	Partially upheld

South Locality Care Group

Opened	Complaint Number	PHSO Reference	Current Status	Current Update	Trust Investigation Outcome
28.03.18	3698	C2036582	PHSO request for records	Request for patient records and complaint file by 10.04.18	Partially upheld

Complaints have increased during 2017/18 with a total of **544** received during the year. This is an increase of **108** complaints (20%) from 2016/17. For the whole year 1 April 2017 to 31 March 2018 the overall completion compliance rate across all groups was 89%.

Although complaints are very individualised, there has been a general increase in patient dissatisfaction with new ways of working (episodic care). This has a focus on recovery and has in some cases impacted on benefit levels where it is felt the person no longer requires long term care co-ordination. Waiting lists in CYPS, multiple assessments and a general lack of communication around progress or diagnosis has also resulted in several complaints from dissatisfied parents. The three highest categories overall were patient care, communication and attitudes and values, which reflects the National picture.

Following concerns about the number of complaints relating to staff attitude and values, a piece of work was undertaken to examine each complaint with this category to see if there were any themes. Out of over 60 complaints, approximately 50% of those were either upheld or partially upheld. Of those, only two related to issues with staff attitude; poor or a lack of communication was the most comment reason the complaint had been upheld or partially upheld. Categories are assigned to a complaint on receipt by administration staff and sometimes the issues are unclear for a variety of reasons. Work is ongoing to make the category information more accurate and meaningful, by requesting that the investigating officer informs the complaints administrators of accurate categories after discussing concerns with the patient and agreeing what they are going to investigate.

Every Friday, complaints received during the week, extensions requested and extensions ongoing are reported to the Group Directors in the safety meeting of the Business Delivery Group. Every third week a report on open actions in complaint action plans is also discussed. This highlights every individual complaint action, who the action is for and the expected date of completion; showing where actions have gone beyond their completion date.

The group also looks at ongoing Parliamentary Health Service Ombudsman requests for information/investigations. Of the ten complaints submitted to the PHSO which the Trust was informed of during 2017-18, seven are still under investigation; one was withdrawn and in two decisions were made by the PHSO not to investigate.

The Quality and Performance Committee reviews the complaints received and identified trends which are outlined in the monthly and quarterly Safer Care reports.

A new Learning and Improving Group chaired by an Executive Director has recently been established to look at ways of embedding learning across the organisation incorporating learning from complaints, claims and incidents. Lessons learnt are disseminated across services with the aim of improving the quality of care.

PALS gives service users and carers an alternative to making a formal complaint. The service provides advice and support to patients, their families, carers and staff, providing information, signposting to appropriate agencies, listening to concerns and following up concerns with the aim of helping to sort out problems quickly.

Claims

Claims received by Case Type

Case Type	Q4 Jan – Mar 17	Q1 Apr – Jun 17	Q2 Jul – Sept 17	Q3 Oct – Dec 17	Q4 Jan – Mar 18	Total
Claims Not Covered By NHSLA	0	0	0	1	0	1
CNST	3	3	3	2	2	13
Employers Liability	8	4	3	3	0	18
Ex-Gratia	13	15	20	11	11	70
Ex-Gratia PHSO	0	1	0	0	0	1
Public Liability	0	1	0	0	2	3
Third Party Claim	3	2	1	1	1	8
Total	**27**	**26**	**27**	**18**	**16**	**114**

Ex gratia claims predominantly make up the largest proportion of claims and the numbers have decreased over the last two quarters. Employer liability claims are the second largest group however there has been a gradual reduction in the number of employer liability claims overall but the reason for this is not clear. This will be kept under review, and we will await annual information from NHS Resolutions around the national picture of claims activity.

Claims received by Category

Category	Q4 Jan – Mar 17	Q1 Apr – June 17	Q2 Jul – Sep 17	Q3 Oct – Dec 17	Q4 Jan – Mar 18	Total
Accidental Injury	6	6	1	2	1	16
Allegation Of Failure To Provide Appropriate Care	1	3	3	1	0	8
Allegation Of Harrassment	1	0	0	0	0	1
Assault On Other	0	0	0	1	0	1
Assault on Staff	3	1	4	2	3	13
Carpal Tunnel Syndrome	0	1	0	0	0	1
Damage To Patient Property (Accident)	1	1	2	0	0	4
Damage To Patient Property (Violence)	0	1	0	1	3	5
Damage To Staff Property (Accident)	1	0	3	1	1	6

Damage To Staff Property (Violence)	7	7	9	2	3	28
Damage To Visitor Property	1	0	0	0	0	1
Expenses Incurred Due To A Trust Process	0	1	1	1	0	3
Industrial Deafness	0	0	0	0	1	1
Information Governance	0	0	0	0	1	1
Loss Of Patients Property	3	5	4	7	2	21
Stress Suffered by Staff	1	0	0	0	0	1
Unexpected Death	2	0	0	0	2	4
Total	27	26	27	18	17	115

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

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

Serious Incidents Reviewed at Panel in January 2018

Nine incidents were reviewed at panel during January, all 9 were STEIS reported, of the 9 there were 8 deaths and 1 serious injury following a jump from a bridge.

Of the nine incidents reviewed 7 reports have gone or will go within the 60 day timescale. An extension was requested for 1 and that was sent within the agreed timescale and 1 report was delayed accidently for two days.

Learning identified from Serious Incidents and Deaths reviewed in January 2018

Documentation and Record Keeping

This featured in several of the incidents reviewed:

Records were not maintained to trust standards relating to:

Updating/uploading documentation which included documentation received from the prison service, and primary mental health providers. This was identified in two separate incidents.

Completion of core documentation including clustering, the use of the alcohol audit tool,the medication screen not being updated and care plans.

Language used i.e. “low threshold for admission” statements like this should not be used and are open to interpretation.

Incorrect documentation of diagnosis.

Updating of the consent to share not being done in a timely fashion in relation to episodes of care, this was identified in two separate incidents.

Incorrect contact details within a crisis contingency plan.

The use of cutting and pasting not being edited and therefore appearing to be written in the incorrect tense.

The structure of progress notes not consistently adhering to agreed protocols.

The was being addressed with specific individuals and teams specific to each incident and reminding staff of the policies we have covering the above in relation to record keeping.

Family Involvement/ Getting To Know You

This has been a finding of several previous serious incidents and a Trustwide RPIW was completed January 2018.

On this occasion in one incident reviewed the family had not been included in discharge planning.

In another incident the team had not recorded the family involvement within the Getting To Know You record.

Communication

There were 3 incidental findings from 4 separate incidents:

Communication with the GP and ensuring the patient's physical health needs were being reviewed were not in place.

An opportunity to gain further information to be sought from private mental health care was missed.

Internal communication between NTW teams was not as expected.

Individuals and teams asked to reflect on this learning and wider dissemination of specific proformas used in specialist services to inform teams and ensure a standardised approach.

Clinical Judgement

Two separate incidents with two findings relating to clinical judgement.

An apparent complex case allocated to a Lead Professional only with no consideration of an enhanced approach with the multi-disciplinary team to support.

The term and therefore the understanding and management of perturbation was not widely known amongst the clinical team.

Both cases required team and individual reflection and education.

Risk Assessment

Several incidents had learning relating to risk assessment, one of the cases reviewed identified that the risk assessment did not accurately reflect all the presenting risks specifically in relation to physical health.

Another case identified the risk management plan did not contain personal relapse indicators which could have supported the individual with a prompt to seek help.

Incorrect information recorded regarding method of self-harm which potentially could have affected the risk assessment and management.

For the teams and individuals to reflect on risk assessment, its holistic nature and that once identified the risks should follow through into a personalised plan.

Safeguarding

One case identified that NTW staff do not routinely receive Level 3 Safeguarding Children training unless they work in CYPS.

Group Nurse Director to raise at BDG for further discussion.

Serious Incidents Reviewed at Panel in February 2018

Ten incidents were reviewed at panel during February, all 10 were STEIS reported, all 10 incidents were unexpected deaths.
Of the ten incidents reviewed 9 reports have gone or will go within the 60 day timescale. An extension was requested for 1 and that was sent within the agreed timescale (requested due to IO illness).

Learning identified from Serious Incidents and Deaths reviewed in February 2018

Documentation and Record Keeping

This featured in several of the incidents reviewed:

Records were not maintained to trust standards relating to:

Completion of core documentation including clustering in a timely fashion.

Updating of the consent to share not being done in a timely fashion in relation to episodes of care, this was identified in two separate incidents (also identified last month at incidents reviewed).

The use of cutting and pasting not being edited and therefore information appearing out of context (also identified last month at incidents reviewed).
The lack of recording of clinical rationale for decisions made in relation to care and treatment was identified in three separate incidents.

Information being deleted from the physical health screen.

The above was being addressed with specific individuals and teams specific to each incident and reminding staff of the policies we have covering the above in relation to record keeping.

Family Involvement/ Getting To Know You

This has been a finding of several previous serious incidents and a Trustwide RPIW was completed January 2018. The outcome of this to have less focus on completing forms, but documenting family/carer involvement.

On this occasion in one incident reviewed an assessment was not offered or the process completed. All staff involved in this incident had gone on to have training in carer awareness.

Communication

There were 3 incidental findings from 3 separate incidents:

Not all communication was accurately recorded.

Internal communication between NTW teams was not as expected, IRS to ensure CTT are aware of contact, use of RiO not enough.

Communication with external agencies could have been better between this included external drug and alcohol and IAPT services.

Individuals and teams asked to reflect on this learning and wider dissemination of specific proformas used in specialist services to inform teams and ensure a standardised approach.

Waiting Lists

This was identified in one incident reviewed where the offer of assessment was delayed due to capacity issues, a new system has been introduced to the CTT involved in this incident.

Risk Assessment

Several incidents had learning relating to risk assessment, one of the cases reviewed identified that the risk assessment did not accurately reflect all the presenting risks displayed by the patient.

Risk assessment documentation not clearly laid out.

No contingency risk management plan in place despite the risks being identified and managed.

Pertinent risk information not contained within the formal FACE Risk documentation.

Risk assessment not updated with the change of risk presentation.

Previous risk information deleted/removed from current risk assessment documentation.

For the teams and individuals to reflect on risk assessment, its holistic nature and that once identified the risks should follow through into a personalised plan. Also to consider RiO and the appropriate application.

Safeguarding

One case highlighted that incident forms were not always completed to report safeguarding incidents and therefore the Safeguarding Team were unable to triage/or provide appropriate support/advice.

To reiterate to teams the necessity of this reporting mechanism.

Prescribing off label Quetiapine

This was prescribed for an anxiety disorder, there was no evidence that the team or the patient were aware of this or of the misuse potential of this drug.

To be discussed with the prescriber and to look how awareness can be raised trustwide with medical/pharmacy support.

Information Governance

In one case reviewed the discharge letter to the GP from the CTT went to the wrong surgery. Once this was identified as an IG incident it should have been reported as such.

Mortality Review Panel

Six natural cause deaths were reviewed in February. All six were subject to CPA and therefore fitted the review criteria agreed as per Learning from Deaths policy NTW(C)12.

Of the six reviewed it was agreed by the panel that two required further investigation and local AAR's were requested due to the identification of poor communication and querying the care package as a whole looking at diagnosis, capacity, and the potential implication of this on physical health.

Key actions identified at panel were:

A prompt is required on the HDAT form to remind staff of the prescribing of anti-psychotics in patients with dementia.

The importance of making Safeguarding referrals and not requesting others to do this.

Guidance to prescribers regarding switching, combining and augmenting treatment for severe depression.
Good practice was also identified in several cases.

Serious Incidents Reviewed at Panel in March 2018

Fourteen incidents were reviewed at panel during March, twelve were STEIS reported. There were nine unexpected deaths (two of which were not STEIS reported) three Under 18 admissions investigated to AAR level and two Fractured Neck of Femurs investigated to AAR level.
Of the twelve (STEIS reportable) incidents reviewed 11 reports have gone or will go within the 60 day timescale. An extension was requested for 1 and that was sent within the agreed timescale.

Learning identified from Serious Incidents and Deaths reviewed in March 2018

Documentation and Record Keeping

In one investigation the recording of the daily review (in-patient service) was found to be repetitive, cut and paste and not always clear if or how agreed actions are completed.

This finding has been a finding of previous investigations and the process is to be reviewed.

Consent to share had not been updated.

Again this is a finding from previous investigations and can become more problematic post incident or death. Teams and individuals are reminded of the policy requirements.

Family Involvement/ Getting To Know You

This has been a finding of several previous serious incidents and a Trustwide RPIW was completed January 2018. The outcome of this to have less focus on completing forms, but documenting family/carer involvement.

On this occasion in one incident the family were not utilised within the assessment and the rationale for this not documented.

In another incident the concerns of the carer were not supported when the patient was refusing to engage and the distress not acknowledged.

Communication

There were 3 incidental findings from 3 separate incidents:

Internal communication between NTW teams was not as expected, between Community Treatment Teams and Addictions when delivering interventions.

Communication with external agencies could have been better between external drug and alcohol agencies and Community Treatment Teams.

Individuals and teams asked to reflect on this learning and wider dissemination of specific proformas used in specialist services to inform teams and ensure a standardised approach.

Requesting of GP summaries had been overlooked by those service users being cared for under Lead Professionals and not enhanced care co-ordination.

The team to agree a strategy to address the above.

Waiting Lists

This was identified in one incident reviewed where the service user was on a waiting list for some time with no consistent approach for support or monitoring offered.

There are now waiting list protocols in place for this team and a CPN appointed to manage this process.

Risk Assessment

Two cases reviewed had learning identified about risk assessment, the first was when there are two NTW services providing care and two risk assessments are being completed in isolation without collaboration and therefore identifying risk at different levels.

Identified it is best practice for one to be completed in collaboration, this has been a finding of previous investigations.

One case identified no recent risk assessment and risk management plan.

This has been picked up on an individual basis.

Safeguarding

Two cases identified two different learning points in relation to Safeguarding and the support it can provide to teams in everyday practice.

The first was the lack of awareness to the section 5.13 within NTW(C)04 Preventing harm to children from parents with mental health needs this followed an NPSA Rapid Response Report (May 2009).

Picked up in supervision and team briefs and an article to be placed in the Safer Care Bulletin.

The second was the consideration or lack of it to request police disclosure to support assessment of risk, and the process to facilitate this request.

To remind staff how the role of the Safeguarding Team can facilitate this.

Good Practice

Extremely good practice was identified during one investigation where the management of a patient with physical and psychiatric complexities was extremely challenging but carried out in a sensitive and supportive manner.

Physical Health

One investigation identified two learning points specific to physical health management of mental health patients and knowledge of policy. The first learning point was the interface around medical admissions of the acute trust and the mental health trust. The Clinical policy to support this was not considered by either trust.

A meeting with the Acute trust has been set up to look at joint policy review and reflection of the specific case.

Bowel management is supported by a PGN however this was not considered as it currently sits behind the Medicines Management Policy and not where the staff thought it would be behind the Physical Health Policy.

This is to be addressed as part of the Physical Health Policy review and an article has been put into the Safety Bulletin to raise staff awareness.

Another incident identified the completing of the Sepsis Tool.

Training and awareness was arranged for the team about this tool.

Care Co-ordination

Two incidents reviewed identified issues relating to care co-ordination, this was about a service user having out dated care plans, non-specific care plans and no CPA review as per policy.

This was addressed on an individual basis and within learning groups as a reminder.

Panel queried how service users were assessed to require Care Co-ordination or a Lead Professional considering clinical complexities.

The team were to review existing lead professional's caseloads with regards to thresholds for Care Co-ordination.

Duty of Candour

The clinician involved in the case reviewed reported a lack of awareness in relation to the Duty of Candour.

The action to remind the team and the individual of their duties in relation to this and to advise of the PGN the Trust has about Being Open.

Medical Cover

This was highlighted into two incidents reviewed in relation to lack of consistent medical cover and capacity for timely medical reviews.

Each of the teams have plans in relation to this known capacity issue.

Under 18 admissions to adult wards (Policy Compliance)

Three under age admissions were reviewed this month and all identified the challenges faced by clinicians in these situations. Out of area placements refusing to take under 18's due to level of risk was noted. The involvement of bed management for child and adolescent beds should be considered.

All the above are to be reviewed, however good practice was noted since reviews of this happening have been investigated and policy compliance has been tested.

Review of the Children and Young People Requiring Admission to Hospital needs to include/review the current lack of clarity regarding the Responsible Clinician.

Falls Management (Policy Compliance)

Two fractured neck of femurs were reviewed which highlighted lack of physical observations being carried out, risk assessment of falls, new categories of ambulance requests.

Fall policy guidance not followed.

All the learning points are identified within and referenced within the Trust Policy NTW(O)40, therefore the staffs understanding and awareness of the policy to be revisited.

Medical Equipment

An incident reviewing an in-patient death highlighted several learning points, the maintenance and checking of suction machines hadn't raised the fact that the machine was not put together as per instruction.

Recirculation of previous CAS alert.

The possible need for extended forceps to be within the grab bag to remove a potential blockage in the trachea.

For discussion at the Resuscitation Group of the Trust.

Preceptership nurse not having ILS /PMVA.
For discussion with training and to stop this practice immediately.

Learning From All Deaths - Within Mental Health and Learning Disability Services

Understanding the data around the deaths of our service users is a vital part of our commitment to learning from all deaths. Working with eight other mental health trusts in the north of England we have developed a reporting dashboard that brings together important information that will help us to do that. We will continue to develop this over time, for example by looking into some areas in greater detail and by talking to families about what is important to them. We will also learn from developments nationally as these occur. We have decided not to initially report on what are described in general hospital services as “avoidable deaths” in inpatient services. This is because there is currently no research base on this for mental health services and no consistent accepted basis for calculating this data. We also consider that an approach that is restricted to inpatient services would give a misleading picture of a service that is predominately community focused. We will review this decision not later than April 2018 and will continue to support work to develop our data and general understanding of the issues.

Learning From Deaths Dashboard – Quarter 4 – January – March 2018

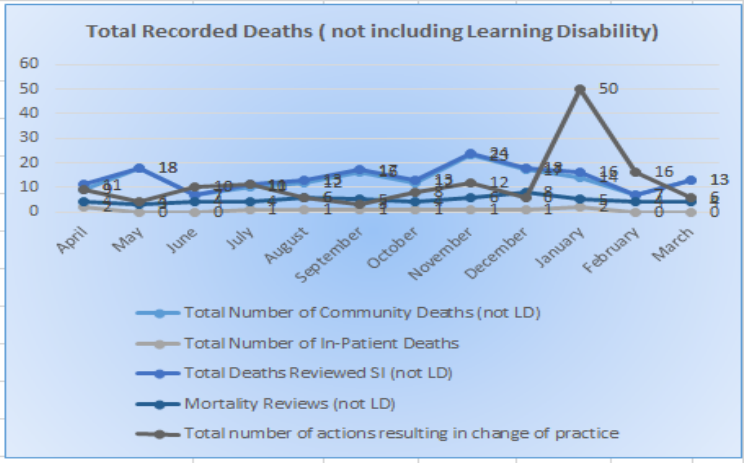
Learning from Deaths Dashboard - Data Taken from Trust's Risk Management System Reporting Period - Quarter 4 - January 2018 - March 2018

NHS Northumberland, Tyne and Wear NHS Foundation Trust

Summary of total number of deaths and total number of cases reviewed under the SI Framework or Mortality Review

Total Number of Deaths, Deaths Reviewed (does not include patients with identified learning disabilities)

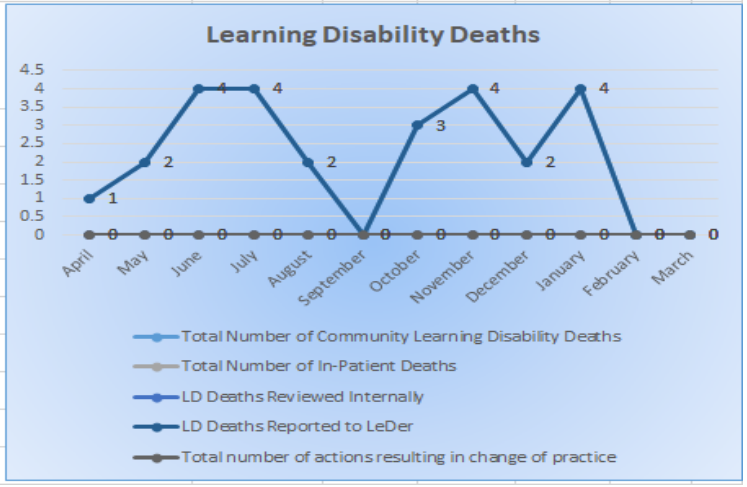
Total Number of Deaths Reported	Total Number of Community Deaths	Total Number of In-Patient Deaths	Total Number of Deaths Reviewed in Line with SI Framework	Total number of deaths subject to Mortality Review	Total number of actions resulting in change of practice
Q1	Q1	Q1	Q1	Q1	Q1
213	**34**	**2**	**36**	**11**	**23**
Q2	Q2	Q2	Q2	Q2	Q2
241	**38**	**3**	**41**	**15**	**20**
Q3	Q3	Q3	Q3	Q3	Q3
280	**52**	**3**	**55**	**18**	**26**
Q4	Q4	Q4	Q4	Q4	Q4
303	**34**	**2**	**36**	**13**	**72**
YTD	YTD	YTD	YTD	YTD	YTD
1037	**158**	**10**	**168**	**57**	**141**



Summary of total number of Learning Disability deaths and total number of cases reviewed under the SI Framework or Mortality Review

Total Number of Learning Disability Deaths, and total number reported through LeDer

Total Number of Learning Disability Deaths Reported	Total Number of Community Learning Disability Deaths	Total Number of In-Patient Deaths	Total Number of Deaths Reviewed in Line with SI Framework or Subject to Mortality Review	Total number of deaths reported through LeDer (All Deaths Reported)	Total number of actions resulting in change of practice
Q1	Q1	Q1	Q1	Q1	Q1
7	**7**	**0**	**0**	**7**	**0**
Q2	Q2	Q2	Q2	Q2	Q2
6	**6**	**0**	**0**	**6**	**0**
Q3	Q3	Q3	Q3	Q3	Q3
9	**9**	**0**	**0**	**9**	**0**
Q4	Q4	Q4	Q4	Q4	Q4
4	**4**	**0**	**0**	**4**	**0**
YTD	YTD	YTD	YTD	YTD	YTD
26	**26**	**0**	**0**	**26**	**0**



Agenda item 8ii

Northumberland, Tyne and Wear NHS Foundation Trust

BOARD OF DIRECTORS

Meeting Date: 25th April 2018

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 4 2017/18 Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The overall Friends and Family Test average recommend score for Quarter 4 was 89%, an increase on the previous quarter's score of 86%. For the first time the recommend score is the same as the most recently published national average score for mental health providers which was 89% in quarter three.

- 1,742 service users and carers have provided feedback during Quarter 4 2017-18, which is a 10% increase compared with the previous quarter. This increase is for service users.

- The proportion of responses received from carers and services has reduced to 29% of responses being received from carers (34% in Quarter 3 17/18).

- Analysis of the Points of You data showed that the Trust performed better on questions regarding staff being kind and caring (question 2) and being helped to feel safe (question 8) – with most core services scoring 9 or above out of 10. The question which showed the lowest score (8.1) is the time we spend with the service user or carer. Compared to the previous quarter, there is little change in scores.

- While the volume of comments received in response to the PoY have increased (1,577 in quarter four compared to 1,476 in quarter three), the proportion of positive vs negative comments has changed from 79% positive : 21% negative in quarter three to 83% positive : 17% negative in quarter four.

- During the period there were 15 comments posted on NHS Choices, Care Opinion & Healthwatch and for the first time there were more positive comments received than negative.

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 4 2017/18 Update

1. Purpose

To present a summary of the Quarter 4 2017/18 service user and carer experience feedback received across the Trust.

2. Background

The Trust is committed to improve the quality of services by using experience feedback to understand what matters the most to our service users and carers. The information included in this paper outlines the Quarter 4 position on the following, in addition to an update on the actions taken to improve the service user and carer experience programme:

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

3. What are our Service Users and Carers telling us?

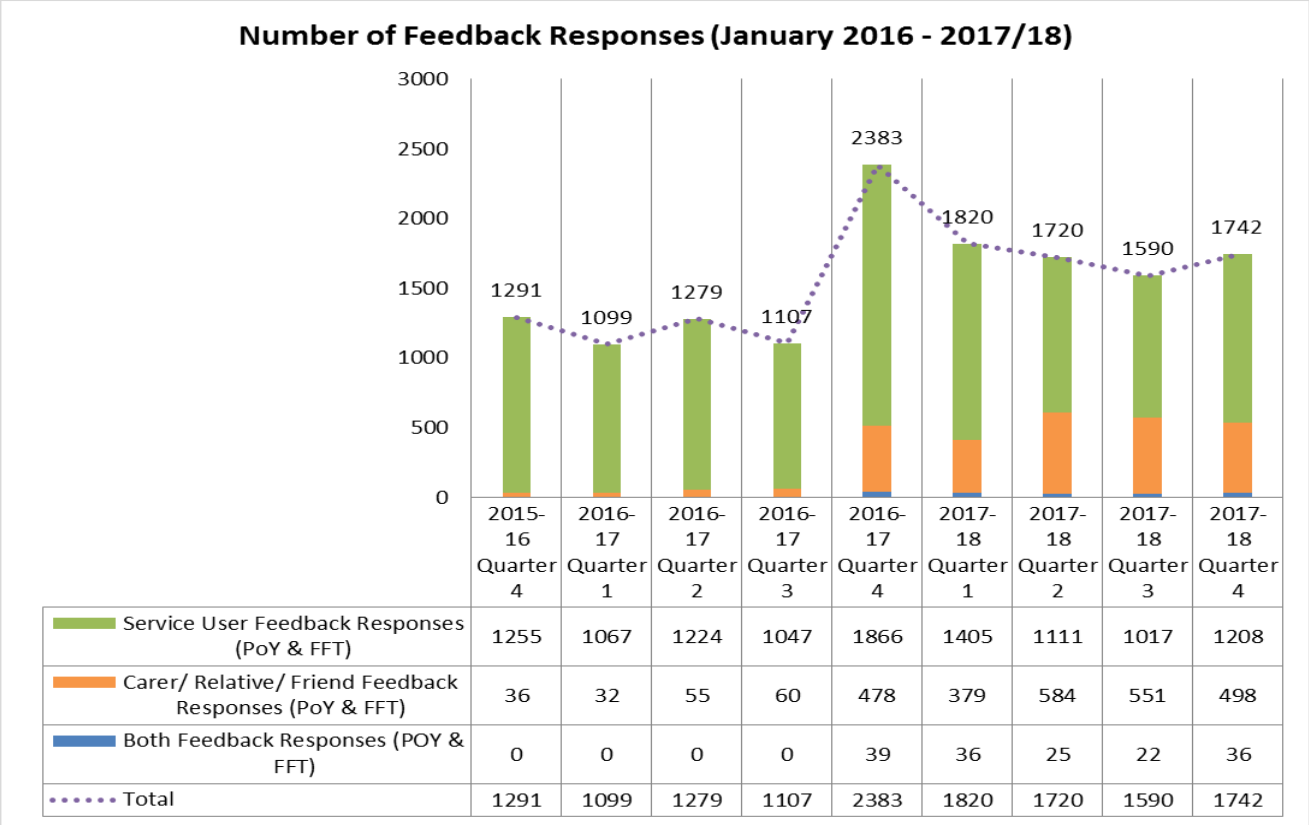
Overall, **1,742** service users and carers have taken the opportunity to provide feedback on their experience with the Trust during Quarter 4 2017/18.

Figure 1 overleaf illustrates the quarterly response rate since April 2016 to year to date. There has been a 10% increase in the total number of responses received during Quarter 4 compared with the previous quarter. An increase was expected following the initial months of the Points of You mailshot, as no service user should receive more than one survey within 6 months of receiving the last. It is anticipated that it will take 12 months for a baseline position to be established.

The increase in responses appears to be from service users as, the proportion received from carers and service users has increased during the quarter from 66% to 71%.

Our experience feedback is shared with clinical and operational teams in the Groups Quality Standards meetings.

Figure 1: Total number of service users and carer experience responses since January 2016 – 2017/18



	2015-16 Quarter 4	2016-17 Quarter 1	2016-17 Quarter 2	2016-17 Quarter 3	2016-17 Quarter 4	2017-18 Quarter 1	2017-18 Quarter 2	2017-18 Quarter 3	2017-18 Quarter 4
Service User Feedback Responses (PoY & FFT)	1255	1067	1224	1047	1866	1405	1111	1017	1208
Carer/ Relative/ Friend Feedback Responses (PoY & FFT)	36	32	55	60	478	379	584	551	498
Both Feedback Responses (POY & FFT)	0	0	0	0	39	36	25	22	36
Total	1291	1099	1279	1107	2383	1820	1720	1590	1742

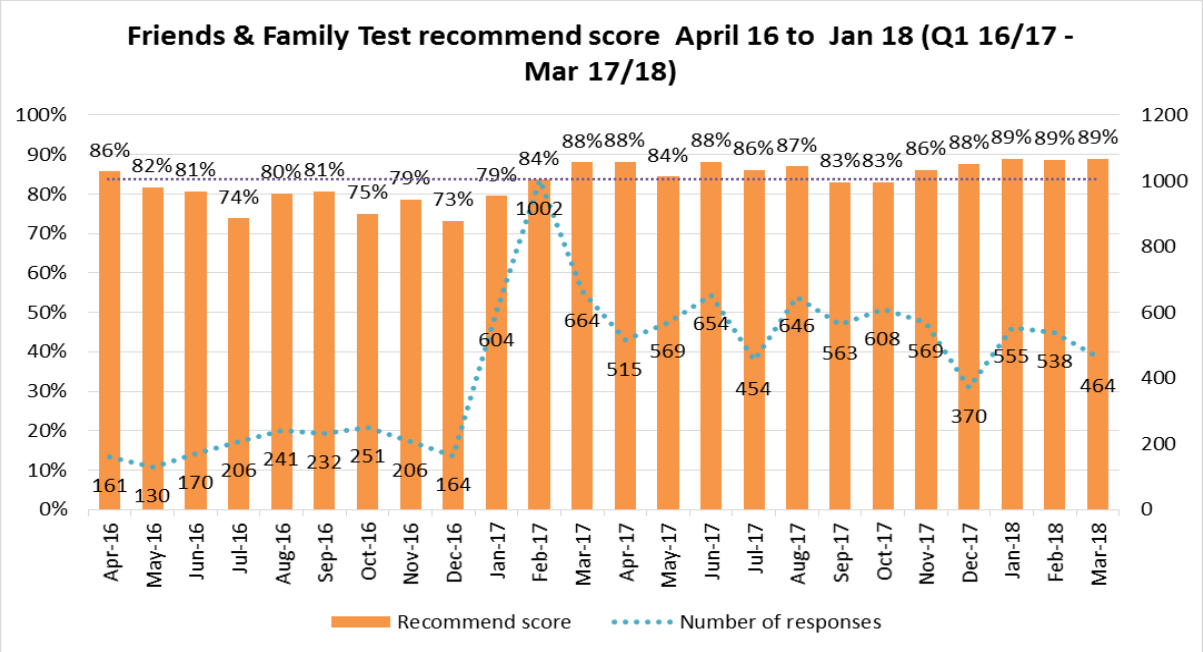
4. NHS Friend & Family Test Q4 2017/18

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

During Quarter 4, a total of 1,691 Friends and Family Test responses were received across all Trust services as a subset of the Points of You data received (1,557 in quarter 3).

The Friends and Family Test allows all Trusts to calculate a recommend score based on how many patients would recommend the service (those answering extremely likely or likely). The Trust's overall average recommend score for Quarter 4 has increased to 89%, (86% in quarter 3). The recommend score is the same as the national average for MH providers which was 89% in January 18 (published 8th March 18).

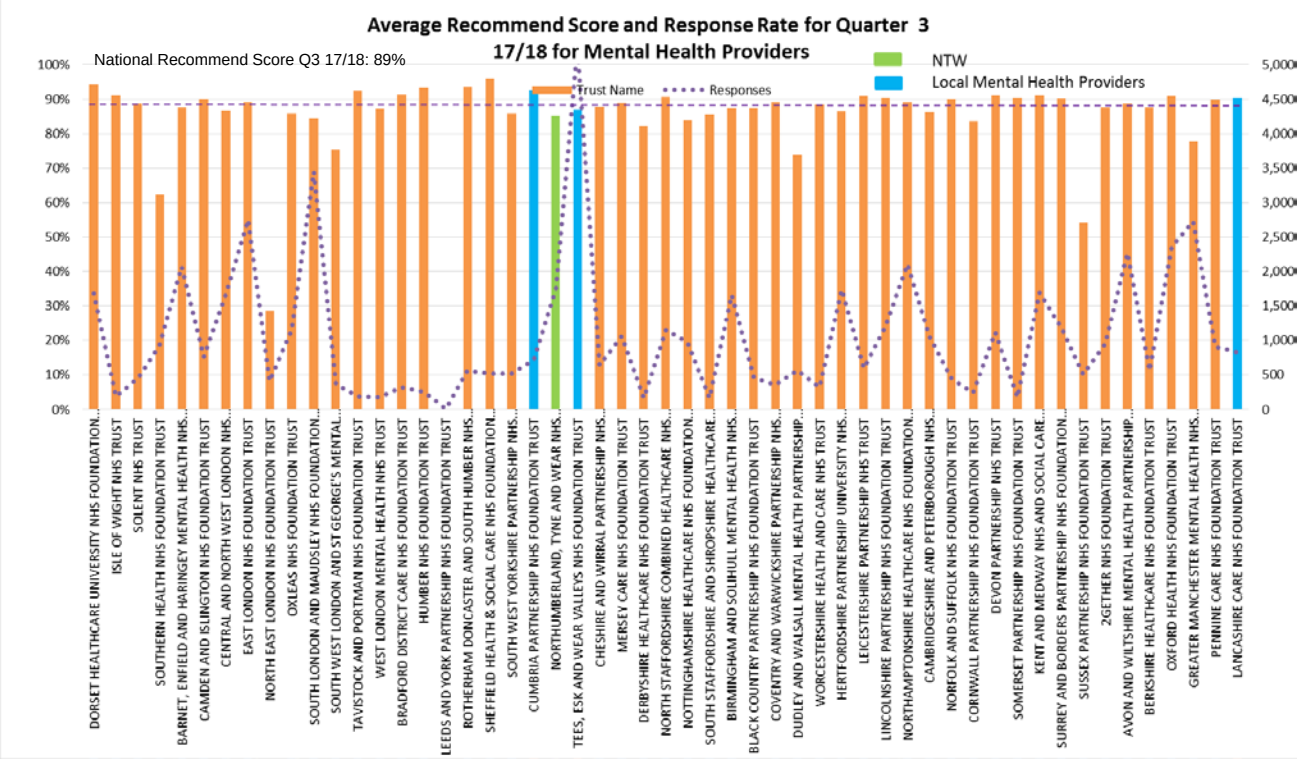
Figure 2: Friends & Family Test responses and recommend score Q1 16/17 to Q3 17/18. (NB the national average recommend score resides around 88% – indicated by the purple dotted line)



NHS England nationally report FFT data; the latest data for **Quarter 3 2017/18** has been published (NB: Quarter 4 2017/18 national data due to be published 24 May 2018). Nationally 52 providers of Mental Health Services submitted a completed FFT data set for the months of October, November and December 2017. The number of responses ranged from 5,257 to 7. The recommend score ranged from 96% to 29%. Figure 3 overleaf highlights the Trust's position with regards to its recommend score and response rate in relation to other mental health providers.

It must be noted that several of the Trusts in the upper quartile for recommend score have a low proportion of responses. The average response rate for Quarter 3 was 1084, NTW provided 1,757 responses. We are the 9th highest submitter of FFT responses in Quarter 3.

Figure 3: Average recommend score and response rate for Quarter 3 17/18 for Mental Health Providers



5. Points of You Experience Feedback – Q4 2017/18

The Points of You survey is the Trust's standard service user and carer experience measure. The survey is comprised of the FFT (question 1) and a further set of 8 closed questions (questions 2 -9). Question 10 offers the opportunity to make further free comments. The questions are as follows:

1. How likely are you to recommend our team or ward to friends and family if they needed similar care or treatment?
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? (You can also use this space to tell us more about the questions on this survey)

Experience Responses

In Quarter 4, a total number of 1,742 patient experience surveys were received from all Trust services. Of this 1,729 were the Points of You survey, therefore included in the following statistical and thematic analysis (13 responses are from the national Gender Dysphoria survey and reported separately in this report).

During Quarter 4, 69% of returns were from service users, 29% from carers/ relatives/ friends and 2% from respondents who identified themselves as both, service user and carer/ relative / friend. Of those who responded to the demographic questions:

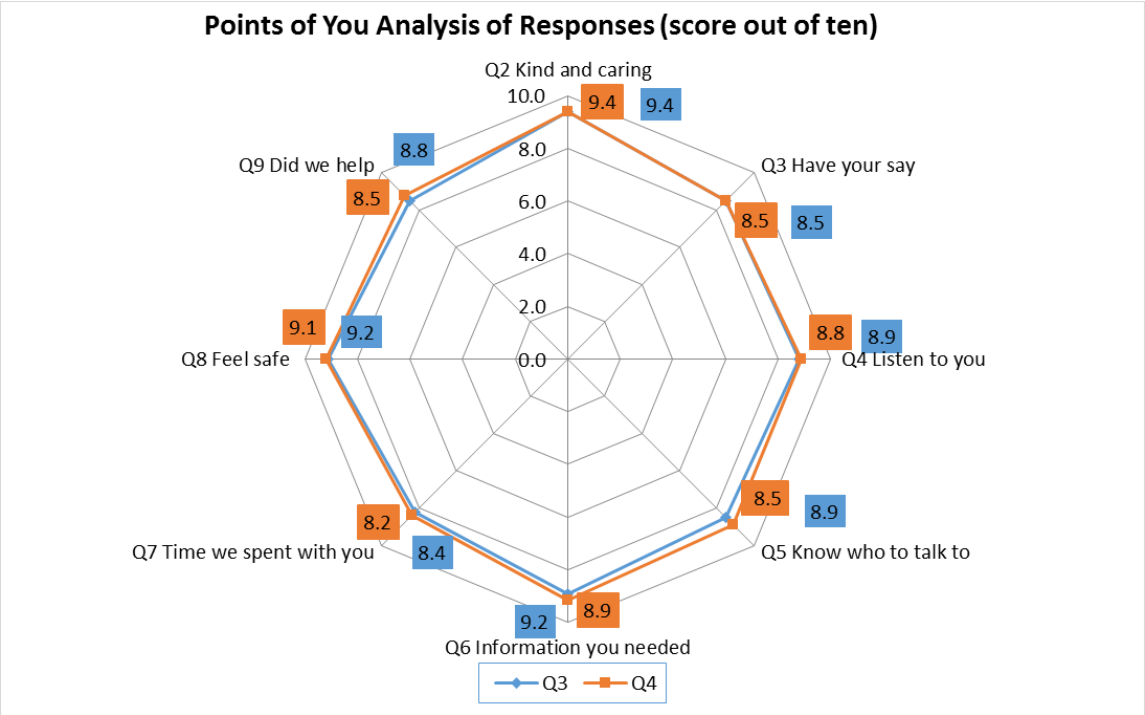
- 44% were male, 50% were female (6% did not answer).
- 89.5% were White, 1% were Asian/ Asian British, 0.6% were Black/ African/ Caribbean/ Black British, 0.9% were other ethnic groups, 0.6% were mixed/ multiple ethnic groups (7.4% did not answer)
- The highest proportion of respondents were aged between 45-54 years (17%), followed by 55-64 years (17%). The smallest proportion of respondents were aged between 0-18 years (2%).

Points of You Experience Analysis

The analysis adopted for the 8 closed questions (questions 2 – 9) is based on the methodology used in the CQC Community Mental Health Survey, whereby the answer options to each question is weighted, which enables the calculation of a score per question. Figure 4 illustrates the average score for each question for the Trust from the Points of You feedback received during Quarter 4.

From Figure 4 overleaf, it is evident the Trust performed better (scoring higher) on questions regarding staff being kind and caring (question 1) and being helped to feel safe (question 8) – scoring 9 or above out of 10. The question which showed the lowest score (8.2), thus less satisfaction, is the time we spend with the service user or carer. Compared to the previous quarter, scores have improved overall for all questions.

Figure 4: Average score for questions 2-9 for all Trust services for Q4 (10 being the best, 0 being the worst)



The following analysis in Figure 5 shows a breakdown of the average score per question by core service. The colour highlights which of the answer options the score would fall into (green being the best, red being the worst), and can be compared against the Trust to identify areas for service improvements.

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 5: Average score per question by core service (and percentage of detained OBDs during Q4)

	Number of Responses Q4 (Q3)	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 detained OBDs during Q4
Trust	**1729** (1583)	**9.4** ↑	**8.5** ↑	**8.9** ↑	**8.7** ↑	**9.2** ↑	**8.4** ↑	**9.2** ↑	**8.8** ↑	
Neuro Rehab Inpatients (Acute Medicine)	28 (25)	9.6 ↓	9.0 ↓	9.3 ↓	9.3 ↑	9.3 ↑	8.9 ↓	9.7 ↑	9.5 ↓	20%
Neuro Rehab Outpatients (Acute Outpatients)	158 (151)	9.8	9.4	9.6	9.3 ↓	9.8	9.3 ↑	9.8 ↑	9.5 ↑	
Community mental health services for people with learning disabilities or autism	57 (61)	9.6 ↑	8.7 -	9.0 ↓	7.1 ↓	8.9 ↓	8.4 ↓	9.3 ↑	8.7 ↓	
Community-based mental health services for adults of working age	321 (285)	9.0 ↓	9.0 ↑	9.4 ↑	9.5 ↑	9.2 ↑	8.9 ↑	9.7 ↑	9.5 ↑	
Community-based mental health services for older people	430 (285)	9.7 ↑	8.9 ↑	9.2 ↑	8.8 ↑	9.4 ↑	8.7 ↑	9.5 ↑	9.2 ↑	
Mental health crisis services and health-based places of safety	86 (81)	8.7 ↓	8.0 ↓	8.5 ↑	7.8 ↓	8.4 ↓	7.9 -	8.4 ↓	8.0 ↑	
Mental health psychiatric liaison services	0 (2)									
Acute wards for adults of working age and psychiatric intensive care units	48 (71)	9.1 ↑	7.0 ↓	7.4 ↑	7.3 ↓	7.9 ↑	7.1 -	8.1 ↑	7.8 ↑	72%
Child and adolescent mental health wards	21 (18)	9.0 ↓	7.1 ↓	8.4 ↓	9.5 ↑	9.4 ↓	7.6 ↓	8.5 ↓	8.4 ↑	89%
Forensic inpatient/secure ward	1 (9)	10.0	7.5 ↑	10.0 ↑	10.0 ↑	10.0 ↓	7.5 ↓	10.0 ↑	10.0 ↓	100%
Long stay/rehabilitation mental health wards for working age adults	36 (59)	9.6 ↑	8.8 ↑	9.0 ↑	9.7 ↑	9.7 ↑	8.5 ↑	9.5 ↑	9.2 ↑	82%
Wards for older people with mental health problems	29 (34)	9.4 ↓	8.1 ↓	8.4 ↓	8.5 -	8.8 ↓	8.6 ↓	9.3	8.8 ↓	89%
Wards for people with learning disabilities or autism	10 (10)	9.0 ↓	8.5 ↓	8.0 ↓	10.0 ↑	8.9 ↓	7.5 ↓	8.0 ↓	7.5 ↓	99%
Children and Young Peoples Community Mental Health Services	156 (312)	8.9 ↓	8.1 ↓	8.5 ↓	8.5 ↑	9.0 ↑	7.9 -	9.1 ↓	7.4 ↓	
Substance Misuse	153 (124)	9.7 ↑	8.8 ↑	9.0 ↑	9.3 ↑	9.6 ↑	8.5 -	9.4 -	9.5 ↑	
Other	195 (67)	9.5 ↑	8.0 ↑	9.1 ↑	9.1 ↑	9.5 ↑	8.6 ↑	9.5 ↑	9.2 ↑	32%

The above matrix highlights areas of difference in particular questions for community working aged adult services, psychiatric liaison services, acute wards for working aged adults, children and adolescent wards and forensic inpatient wards.

Analysis of Quarter 4 2017/18 POY scores for acute wards for adults of working age and psychiatric intensive care units

Ward	Site	Responses	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
Collingwood	CAV	3	8.3	6.7	8.3	10.0	10.0	10.0	9.2	8.3
Lowry	CAV	2	10.0	6.3	7.5	10.0	10.0	8.8	10.0	10.0
Longview	Hopewood	4	10.0	2.5	4.4	3.3	3.3	3.8	4.4	2.5
Shoredrift	Hopewood	15	9.2	6.3	6.3	5.4	6.2	6.3	8.1	7.9
Springrise	Hopewood	2	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Alnmouth	St. George's Park	2	7.5	3.8	5.0	0.0		6.3	5.0	5.0
Embleton	St. George's Park	1	10.0	10.0	7.5	10.0	10.0	7.5	10.0	10.0
Warkworth	St. George's Park	9	8.9	8.1	8.2	8.9	8.9	7.2	9.2	8.3
Fellside	Tranwell	2	10.0	8.8	7.5	10.0	10.0	7.5	7.5	10.0
Lamesley	Tranwell	8	8.8	9.1	9.4	8.8	8.8	8.6	8.6	8.6
Grand Total		**48**	**9.1**	**7.0**	**7.4**	**7.3**	**7.9**	**7.1**	**8.1**	**7.8**

Average Score excluding Don't Know and Not Answered

The above analysis demonstrates there is a general consistency within the questions relating to staff being kind and caring and if they felt safe which are the highest scores and this is in line with all core services. Please note that in some instances the analysis is based upon low numbers of returns and no responses have been received from Beckfield during the quarter.

Two wards at Hopewood Park appear to have lower levels of service user and carer satisfaction in Quarter 4 than other similar wards.

There has been an overall increase in the number of responses received in the quarter but most core services have remained stable in the number of responses received.

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

- Long stay/rehabilitation mental health wards for working age adults, other and Community based mental health services for older people (scores for all 8 questions have improved).
- Neuro Rehab Inpatients (Acute Medicine), Community based Mental Health services for adults of working age (scores for all 8 questions have improved)
- Community-based mental health services for adults of working age (scores for 7 out 8 questions have improved
- Substance Misuse (scores for 6 out of 8 have improved)

There has been 1 core service where the majority of the question scores deteriorated:

- Wards people with learning disabilities or autism (scores for 7 out of 8 questions have deteriorated though they are still reported within upper scores).

For all 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 are highlighted in Figure 6, and actions identified where appropriate.

While the volume of comments received has increased (1,577 in quarter four compared to 1,476 in quarter 3), the proportion of positive vs negative comments has changed from 79% positive : 21% negative in quarter three to 83% positive : 17% negative in quarter four.

Figure 6: Prevalent themes from comments (question 10) – Quarter 4 :

Positive Themes (A total of 1,545 comments were received during Quarter 4, nearly 83% of these were positive/ complimentary)
1) Staff / Staff Attitude (56%) 2) Service Quality / Outcomes (21%) 3) Care / Treatment (15%) Examples of comments: *"Everyone was so helpful and kind."* *"I was given an appointment surprisingly quickly"* *"Cause you looked after me very well when I was ill."*

Negative Themes:
In terms of the negative comments provided (n = 268) there was a much broader spectrum of feedback across a selection of themes. Several repeating themes emerged during quarter 4 and are identified below.
1) Care and treatment (24%) 2) Communication (21%) 3) Access to services (18%)
Examples of comments: *"Wait times have been totally ridiculous!"* *"Not enough help is out there. You are seen and discharged no matter if safe"* *"Having to chase my care and constantly call for 2 weeks was unacceptable"*
NB as the process continues to embed and more data collected, detailed reporting of actions will be enabled.

Gender Dysphoria Survey - Responses and Analysis

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

During Quarter 4 17/18 the Northern Region Gender Dysphoria Service received 13 surveys. 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

6. NHS Choices, Care Opinion & Healthwatch Comments Q4 2017/18

The three main websites for service users to leave feedback are NHS Choices, Care Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside). Figure 7 illustrates the star rating allocated by service users/ carers who commented on the care they received.

Figure 7: Star rating for the Trust/ Site/ Service according to NHS Choices

Hospital Site	Star Rating	Number of Reviews
NTW		9
Hopewood Park		14
Ferndene		3
Monkwearmouth		6
Northgate	Not Rated	0
St Nicholas Hospital	Not Rated	0
St Georges Park		3
Walkergate Park		3

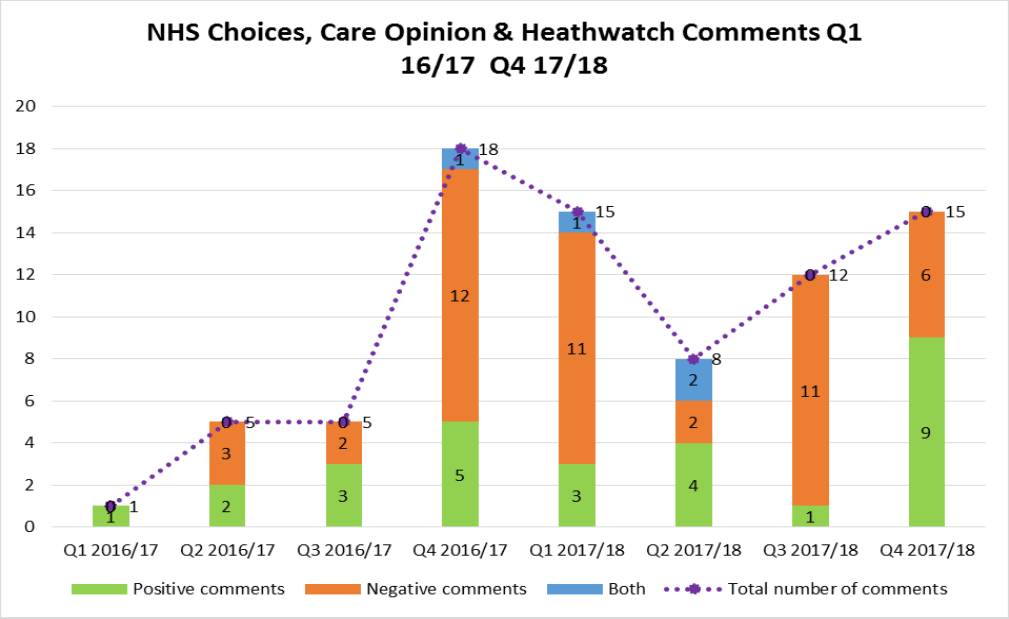
During Quarter 4 2017/18 the Trust received 15 comments through these sites – 9 were positive and 6 were negative. Some examples are shown below

I write as a parent of a person who has been treated in this hospital and have observed the difficult situations that the staff have to deal with. I have always been treated with curtisey although wish I could be kept more informed on how treatment is going more often. It is reassuring that we have this modern hospital to treat and keep safe the patients who need this facility.

the level of care at this place is virtually none existant. It seems nobody cares about any real tretment, only moving you on asap. I feel very let down and worse than before .

Figure 8 shows the number of comments posted on the sites from Quarter 1 2016/17 to Quarter 4 17/18. The number of comments posted has increased.

Figure 8 – Number of comments published on NHS Choices, Care Opinion & Healthwatch sites each quarter (Q1 2016/17 to Q4 2017/18)



7. Compliments and Thank You's – Q4 2017/18

During Quarter 4, 111 thank you's and compliments were received via Points of You and from other routes (including Chatterbox). This is an increase from 73 received during quarter three.

8. Recommendations

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

Anna Foster
Deputy Director of Commissioning and Quality Assurance
April 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 25th April 2018

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 12 March 2018) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

- This report provides an update of Commissioning & Quality Assurance issues arising in the month, including progress against quality standards.
- Achievements include a reduction in sickness in the month to below the 5% target from 5.04% to 4.89%.
- Challenges remain waiting times across many adult and children's services, in particular South of Tyne Services for Children and Young People
- There are also risks to the partial delivery of three CQUIN indicators in the quarter.
- There has been little change in the month in relation to other workforce, training and quality standards.
- The executive summary on page 1 provides further points to note.

Risks Highlighted: waiting times, sickness and CQUIN delivery.

Does this affect any Board Assurance Framework/Corporate Risks: Yes

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

Link to Policies and Strategies: NHS Improvement – Single Oversight Framework, 2017/18 NHS Standard Contract, 2017-19 Planning Guidance and standard contract, 2017-18 Accountability Framework

Northumberland, Tyne and Wear NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

2017-18 Month 12 (March 2018)

Contents:

1. Executive Summary:

- The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 12, the Trust has a draft surplus for the year before exceptional items of £7.2m which is £0.1m above the Trusts control total and equates to a finance and use of resources score of 1 (this is a sub theme of the Single Oversight Framework), the year-end risk rating is a 1. The Trust needs to reduce pay and non-pay spend to improve the underlying financial position and to achieve our financial targets going forward. The main financial pressures during the year were staffing pressures in CYPS inpatient, Older People's and Adult inpatients, and income being less than plan for Secure Services. See pages 18-19.
- South Tyneside, Sunderland, Newcastle and Gateshead and NHS England fully achieved the contract requirements during month 12 and quarter 4 however, there are a number of contract requirements largely relating to CPA metrics which were not achieved across other local CCGs during the month and at quarter 4. (page 11)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group has developed action plans which are being monitored via the Business Delivery Group and the Executive Management Team. (page 16)
- Three CQUIN schemes are assessed as under delivery at quarter end. Improving physical healthcare which has been rated amber for the discharge summary section. Improving staff health and wellbeing has been rated amber on the staff health and wellbeing element of the CQUIN with the flu and healthy food elements forecast to be achieved. The transitions out of children and young people's mental health services has also been assessed as under delivery due to slippage against requirements (page 12)
- Four of the five quality priorities are internally assessed as achieved at quarter end, whilst waiting times has been RAG rated as red against year end delivery. (page 21)
- The Accountability Framework for each group is currently forecast as 4 due to the continuing underperformance in each group against a number of quality metrics. (p 22)
- Reported appraisal rates have marginally increased in the month to 82.8% (was 81.8% last month). (p20)
- The in month sickness absence rate has decreased significantly to 4.89% in the month. The 12 month rolling average sickness rate has increased to 5.57%.(p 20)
- Training rates have continued to see most courses above the required standard. The courses more than 5% below the required standard are Rapid Tranquilisation Training at (73.8% was 73.8% last month), MHA Combined Training (74.3% was 75.0% last month) (p 20)
- The service user and carer FFT recommended score remains at 89% in March which is the same as the national average. (page 25)

SOF:	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).

Waiting Times

- The number of people waiting across adult services (excluding gender dysphoria, adult autism diagnosis etc) and the number waiting over 18 weeks has increased marginally in the month.
- The number of people waiting for specialised adult services has increased slightly in the month along with the proportion of those waiting more than 18 weeks which has continued to increase.
- Waiting times to treatment for children and young people have increased in the month in Sunderland, South Tyneside and Newcastle, while in Northumberland and Gateshead there have been reductions in the month.

Quality Priorities:

Quarter 4 achieved:	Quarter 4 part achieved:	Quarter 4 not achieved	
4	0	1	In total there are five quality priorities identified for 2017-18 and at month 12 four are assessed as achieved whilst the waiting times is assessed as not achieved.

CQUIN:

Quarter 4 achieved:	Quarter 4 part achieved:	Quarter 4 not achieved	
7	3	0	There are a total of ten CQUIN schemes in 2017-18 across local CCGs and NHS England commissioned services. Most have been internally assessed as achieved at month 12 apart from improving physical healthcare (discharge summary element) and improving staff health and wellbeing (staff health and wellbeing element) which are currently assessed as under delivery. The transitions out of Children and Young People's Mental Health Services has also been assessed as under delivery.

Workforce:

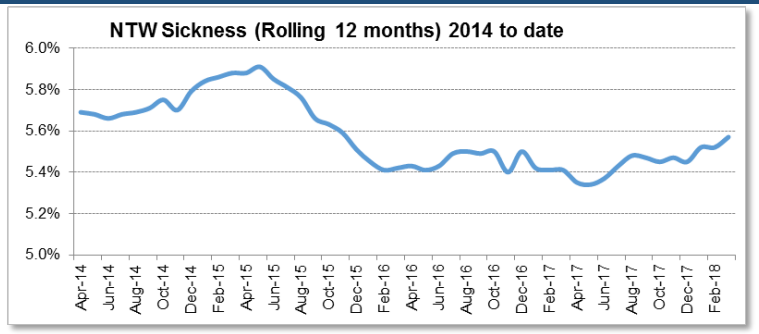
Statutory & Essential Training:

Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	
13	4	2	Clinical Supervision training (83.6%), Medicines Management training (83.8%) PMVA Basic training (80.6%) and PMVA Breakaway (82.3%) are within 5% of the required standard, MHA combined training (74.3%) and Rapid Tranquilisation training (73.8%) are more than 5% below the standard.

Appraisals:

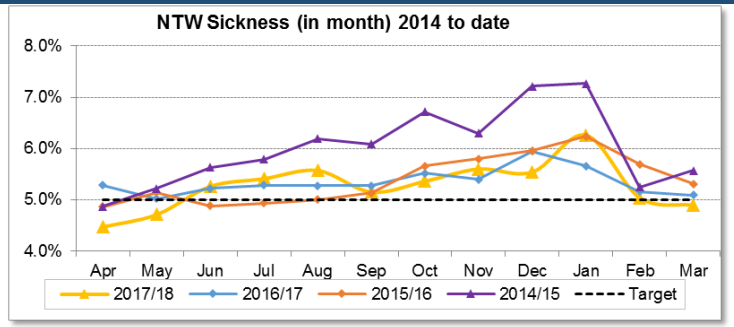
Appraisal rates have increased to 82.8% in March 18 (was 81.8% last month).

Sickness Absence:



The "in month" sickness absence rate is below the 5% target at 4.89% in March 2018

The rolling 12 month sickness average has increased to 5.57% in the month



Finance:

The Trust's draft surplus for the year before exceptional items is £7.2m which is £0.1m above the Trust's control total. Pay spend for the year was £248.9m which is £1.5m above plan and includes £7.7m agency spend which is £0.9m under the agency ceiling of £8.6m. The pay over spend is offset by a Gains on disposal of £1.7m.

The Trust's draft surplus includes £1.9m of core Sustainability and Transformation Fund (STF) funding and £0.05m of matched STF incentive funding for delivering a surplus above the control total. The Trust should also receive some STF Bonus Incentive Funding that will increase the draft surplus, but the value of this won't be notified until 20 April. The Trust's draft year-end finance and use of resources score is a 1 (this is a sub theme of the Single Oversight Framework).

The main financial pressures during the year were staffing pressures in CYPS, Older People's & Adult in-patients and income for Secure Services being less than plan. The Trust needs to reduce pay and non-pay spend to improve the underlying financial position and to achieve our financial targets going forward.

To achieve this, spending on temporary staffing (agency, bank and overtime) needs to reduce. Work is ongoing to reduce overspends across the main pressure areas and to improve efficiency and productivity across the Trust.

Contract Summaries:

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
100% of metrics achieved in month 12	70% of metrics achieved in month 12	100% of metrics achieved in month 12	100% of metrics achieved in month 12	100% of metrics achieved in month 12	75% of metrics achieved in month 12	62% of metrics achieved in month 12
100% of metrics achieved in Quarter 4	70% of metrics achieved in Quarter 4	100% of metrics achieved in Quarter 4	100% of metrics achieved in Quarter 4	100% of metrics achieved in Quarter 4	75% of metrics achieved in Quarter 4	62% of metrics achieved in Quarter 4

The areas of under performance continue to relate mainly to CPA metrics

2. Compliance

a) NHS Improvement Single Oversight Framework

Self assessment as at Quarter 4 2018 against the "operational performance" metrics included within the Single Oversight Framework:

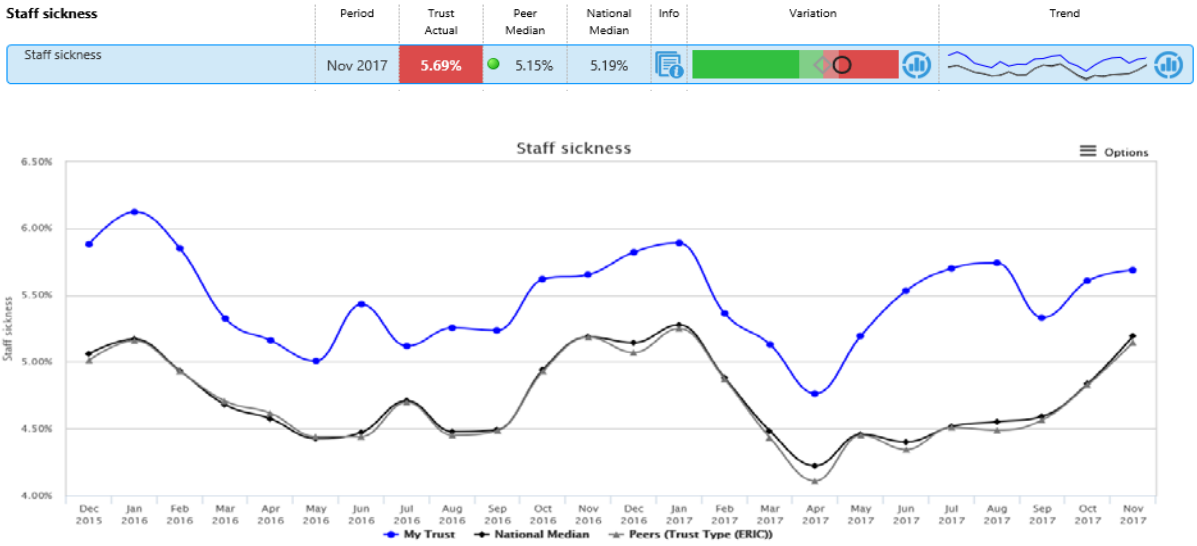
Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 4 self assessment	NTW % as per most recently published MHSDS/RTT/EIP/IAPT data	National % from most recently published MHSDS data	Comments. NB those classed as "NEW" were not included in the previous framework	Data Quality Kite Mark Assessment
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Monthly	UNIFY2 and MHSDS	92%	99%	100%	87.80%	National data includes all NHS providers and is at January 2018	
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	Quarterly	UNIFY2 and MHSDS	50%	87.8%	78%	72.30%	Published data is as at January 2018	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
a) inpatient wards	Quarterly	Provider return / CQUIN audit	90%	85%	no data	no data	from weekly sheet 31.03.18	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	77%	no data	no data	from weekly sheet 31.03.18	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	59%	no data	no data	from weekly sheet 31.03.18	
Data Quality Maturity Index Score (DQMI)			95%	92%			Published data is at Quarter 2 2017	
Number of Out of Area Placements (Active at period end)				3	0	685	Published data relates to January 2018. NTW self assessment data relates to March 2018	
Improving Access to Psychological Therapies (IAPT)/talking therapies							NTW data relates to March	
· proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	52.4%	50.0%	49.9%	NEW metric 1079 published data December 2017	
· waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.6%	100.0%	89.7%	published data December 2017	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.8%	published data December 2017	

NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of February 2018, the Trust remains segment 1 within the Single Oversight Framework as assessed by NHS Improvement. There are currently 16 mental health providers nationally achieving this rating. There is currently one MH provider in the lowest segment (segment 4) and five providers remain in segment 3.

Sickness

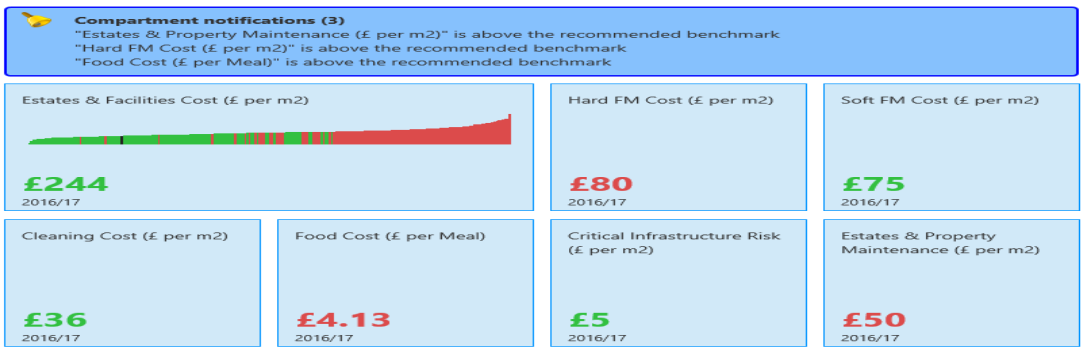
The Trust has a new notification showing in the model hospital for overall staff sickness. The figure is from November 2017 and shows the Trust has an overall rate of 5.69% which is above the national median of 5.19% and a peer median of 5.15%, placing the Trust within the highest 25% for sickness rates.



Estates and Facilities

Three notifications remain in Model Hospital against metrics for Estates and Facilities, due to NTW being in quartile 4 (highest 25% of Trusts) for the following metrics:-

- Hard FM Cost
- Estates and Property Maintenance
- Food Costs,



The information shown within this report is an exception report, there is further data on a range of other metrics available within the model hospital portal.

2. Compliance
b) CQC Update March 2018

CQC Well Led with Core Service Inspection

The trust has been notified of the dates for the document review and well-led review. The document review will take place between 30 April and 2 May 2018. Prior to the 30 April the CQC will identify a selection of records (complaints, SIRIs, death reviews, safeguarding referrals, whistleblowing investigations, staff grievances and disciplinary investigations) to be made available to the inspection team during the document review.

The well-led review will take place between 15 and 17 May 2018. A schedule of interviews and focus groups is currently being planned for the inspection team. A small number of interviews and focus groups will take place during the document review week.

As of 11th April 2018 there has not yet been any unannounced inspections of core services

Never Event Thematic Review – The CQC has been asked by the Department of Health and Social Care to examine the underlying issues in organisations that contribute to the occurrence of never events. This activity is to be linked where possible to any current CQC inspection activity.

The CQC have confirmed that they would like to conduct semi-structured interviews with the Director(s) who hold responsibility for oversight of governance of national safety requirements. It is anticipated that these interviews will take place during the well-led review. Further information about the thematic review can be found here.

Focussed Inspections

Publication of the reports following a focussed inspection visit to two core services (acute wards for adults of working age/psychiatric intensive care units and long stay rehabilitation mental health wards for working age adults) in May 2017 are awaited. The delay in publication relates to an ongoing investigation.

Registration notifications made in the month:

No registration notifications have been made to the CQC this month.

Mental Health Act Reviewer visits in the month:

Lowry, Campus for Ageing and Vitality – visited on 14 March 2018

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer and Expert by Experience. An expert by experience is someone with personal experience of using services.

During the previous visit on 26 July 2016 one issue was raised in relation to patients' rights and this issue was fully resolved.

Willow View, St Nicholas Hospital – visited on 19 March 2018

This was an unannounced planned visit by a Mental Health Act Reviewer. During the visit eight patients were interviewed. The Clinical Lead was interviewed and ward staff were spoken with.

During the previous visit on 22 March 2016 no action points were identified.

Riding, Ferndene – visited on 21 March 2018

This was an unannounced scheduled visit by a Mental Health Act Reviewer. One patient was interviewed with their IMHA at their request, one patient was interviewed in private and one patient was interviewed through a locked door as the patient was in long term segregation.

During the previous visit on 17 August 2016 three issues were raised, all issues were fully resolved.

Beckfield, Hopewood Park – visited on 26 March 2018

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. Seven patients were interviewed in private and one patient was interviewed in the seclusion room.

During the previous visit on 1 August 2016 five issues were raised, two of which remain either unresolved or partially resolved, these were in relation to:

1. The quality of care plans was variable. Patient's views of their condition and reason for admission were not present.
2. Section 62 authorisations for two patients were not present with their prescription chart. It was unclear how those dispensing medication would know whether prescribed medication was authorised.

Springrise, Hopewood Park – visited on 28 March 2018

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. Eight patients were interviewed in private.

During the previous visit on 28 September 2016 five issues were raised, three of which remain unresolved.

1. Section 132 rights were not repeated at the review dates set by staff - not being repeated at important times during their detention period, such as at section renewal, following an appeal or tribunal or at care programme approach meetings.
2. Capacity to consent to treatment had not been recorded for one patient and current T2 authorisations were not completed by the patient's current RC.
3. Section 17 leave form – leave dates were confusing.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Camden and Islington NHS Foundation Trust	Dec 2017 8 core services visited	March 2018	Good	Under the new CQC process of inspection the trust's overall rating has improved. The trust was rated Outstanding for being effective, Good for caring, responsive and well-led and Requires Improvement for being safe.	here

CQC Recent News Stories:

CQC Fees Scheme 2018/19

The CQC has published its fees scheme for 2018/19, which sets out the changes to its fees structure following a consultation earlier this year. The following changes to NHS trust fees will apply from 1 April 2018:

- CQC will remove the current banding structure.
- CQC will charge fees in proportion to the size of a trust in the sector, continuing to use annual turnover as the measure of this size.
- CQC will not set either a minimum fee (floor) or a maximum fee (ceiling).

NTW's annual fee will be £224,744.82. The full guidance can be found here

Driving improvement in mental health trusts

The CQC recently visited seven NHS mental health trusts that have significantly improved their ratings in order to look at what it takes to raise standards and to go from requires improvement to good or outstanding.

A range of people were interviewed at each trust; from Chief Executives and Medical Directors to front line and managerial staff. Some of the key themes to come out of this report are culture changes, good leadership, and staff engagement.

A copy of the report findings can be found here.

Are we listening? A review of children and young people's mental health services

In January 2017, the CQC was asked by the Prime Minister to conduct a review of quality and access across the system of mental health services for children and young people. On 8 March 2018 the second phase of the review was published.

Although services were found to be caring with dedicated individuals, there were many examples of children and young people not receiving the care they deserve. This highlights a complicated system and their report makes recommendations for action in response to this at a national, regional and local level.

Recommendations and next steps:

- The Secretary of State for Health and Social Care should make sure there is joint action across government to make children and young people's mental health a national priority, working with ministers in health, social care, education, housing and local government
- Local organisations must work together to deliver a clear 'local offer' of the care and support available to children and young people
- Government, employers and schools should make sure that everyone that works, volunteers or cares for children and young people are trained to encourage good mental health and offer basic mental health support
- Ofsted should look at what schools are doing to support children and young people's mental health when they inspect

In 2019/2020, the CQC will report on the progress the different organisations have made to act on the recommendations in the report.

2. Compliance

c) Five Year Forward View for Mental Health

Children and Young People Eating Disorders	Quarter 3 UNIFY Submission	April – September 2017 England
Number of Urgent cases seen within one week	86.6%	72.1%
Number of Routine cases seen within four weeks	79.4%	80.6%

Children and Young People		
Under 18 admitted to Adult wards	NTW March 2018	Quarter 1 2017/18 England
Number of patients	0	57
Number of Bed Days	0	428

IAPT - Sunderland	NTW March 2018	April – September 2017 England
% seen within 6 weeks	99.6%	88.9%
% moving to recovery	52.4%	50.7%

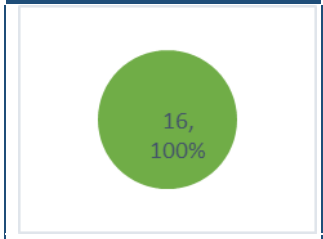
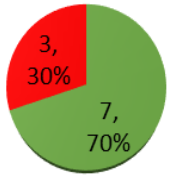
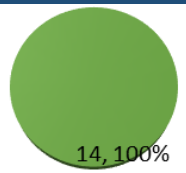
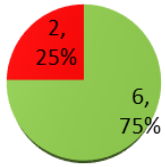
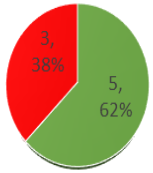
EIP	NTW March 2018	April – September 2017 England
% starting treatment within 2 weeks of referral	95.2%	75.9%

	NTW March 2018	April – September 2017 England
7 day follow up	100.0%	96.7%

Latest NHS England Five Year Forward View CCG dashboards are available here

3. Contract Update March 2018

a) Quality Assurance – achievement of quality standards March 2018

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
						
All achieved in month 12 and Quarter 4	The contract underperformed in month 12 and Quarter 4 on Completion of Risk assessment (69 patients, 94.6%), Crisis & Contingency (54 patient, 93.3%) and CPA review in 12 months (40 patients, 94.3%)	All achieved in month 12 and Quarter 4	All achieved in month 12 and Quarter 4	All achieved in month 12 and Quarter 4	The contract under performed in month 12 and Quarter 4 on Crisis & Contingency (2 patients, 94.3%) and CPA review in 12 months (3 patients, 90.0%)	The contract under performed in month 12 on Completion of Risk assessment (3 patients, 70.0%), Crisis & Contingency (2 patient, 60.0%) and CPA review in 12 months (1 patients, 83.3%)

3. Contract update March 2018

b) CQUIN update March 2018

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1.Improving Staff Health and Wellbeing	£625k	To improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.					The staff health and wellbeing element is forecast to be unachieved at quarter end (£153K loss of income)
		Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff					
		Healthy food for NHS staff, visitors and patients					
2. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	£625k	Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).					3a - on track for delivery in Q4
							3b - GP Summary currently below 50% requirement to receive any payment. Discharge summary information is not yet available but given timescale since go live unlikely we will meet requirements. (£37K loss of income)
3. Improving services for people with mental health needs who present to A&E	£625k	Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.					
4. Transitions out of Children and Young People's Mental Health Services	£625k	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.					The audit has been unable to be undertaken as described but a proposal is in place for this going forward. (£306K loss of income)
5. Preventing ill health by risky behaviours – alcohol and tobacco	£625k	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.					
6. Health and Justice patient Experience	£5k	NHS England has a national priority and focus on patient experience in order to improve the quality of services.					
7. Recovery Colleges for Medium and Low Secure Patients	£1.2m	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
8. Discharge and Resettlement		To find initiatives to remove hold-ups in discharge when patients are clinically ready to be resettled into the community. To include implementation of CUR for MH at pilot sites					
9. CAMHS Inpatient Transitions		To improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multi-agency planning and co-ordination.					
10. Reducing Restrictive Practices within Adult Low & Medium Secure Services		The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, to improve patient experience whilst maintaining safe services.					
Grand Total	**£3.7m**						

3. Contract update March 2018

c) Service Development and Improvement Plan – no update this month

3. Contract update March 2018

d) Mental Health Currency Development Update

Mental Health Currency Development Update														
			Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
Key Metrics	Contract Standard	Internal Standard	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			58.0%	58.5%	58.9%	59.1%	59.3%	59.6%	59.4%	59.6%	59.8%	60.1%	60.3%	60.2%
Current Service Users on CPA			10.1%	10.0%	9.8%	9.7%	9.6%	9.5%	9.4%	9.5%	9.4%	9.4%	9.4%	9.4%
Current in scope patients assigned to a cluster			86.7%	86.6%	86.9%	87.6%	87.5%	87.6%	87.6%	87.7%	88.1%	88.1%	88.2%	88.2%
Number of initial MHCT assessments that met the mandatory rules			85.3%	85.5%	85.2%	84.8%	85.6%	84.8%	84.4%	84.9%	84.4%	85.6%	86.1%	84.3%
Number of Current Service Users within their cluster review threshold		85%	77.4%	78.2%	79.0%	79.4%	78.8%	78.7%	78.8%	79.4%	79.1%	79.5%	79.3%	79.7%
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%	92.7%	93.0%	92.8%	92.5%	94.0%	94.0%	93.9%	93.8%	93.6%	93.8%	93.8%
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%	92.2%	92.8%	93.5%	93.2%	92.7%	92.4%	91.5%	92.1%	91.3%	91.8%	91.6%
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	68.9%	70.7%	67.7%	71.4%	68.1%	69.4%	72.4%	71.2%	72.9%	75.0%	77.5%	74.0%
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of review within CPP spell		85%	54.7%	55.2%	53.6%	53.5%	55.1%	57.8%	52.1%	56.3%	57.6%	57.3%	58.0%	58.6%
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%	95.7%	97.3%	96.4%	96.6%	97.7%	95.9%	96.8%	97.4%	97.0%	96.5%	96.4%

1. Contracts
e. NHS England Quality Assurance Visits March 2018

- NHSE visited Bede Ward on 20th February 2018 and again on the 22 March as they didn't get an opportunity to speak with staff or patients other than during their walk around on their initial visit. Overall the visit was positive. They felt it valuable to be able to speak with service users and staff. They were informed that the average length of stay was18 months, which they noted was 4 months up from the average length of stay recorded at their previous quality visit in 2015.

  There were 2 areas where they asked that the service provide an update/plan as a matter of priority:

  1. Potential ligature point on TV within lounge to be addressed as a priority;
  2. Installation of CCTV to be undertaken in the main lounge

  The following points were raised which may improve the service further:

  1. To work with child and adolescent mental health services to develop good transition plans into adult services;
  2. Consider additional weekend activities;
  3. Explore how advocacy can play a role on the ward to ensure patients are regularly reminded of their presence and function;
  4. Clear explanation to be offered to patients regarding minimum plan for section 17 leave.

- NHSE visited Cuthbert Ward on 20 March 2018. The NHSE's observations and the feedback they received were very positive. The following points were highlighted which could improve the patient experience further:

  1. To install a medication safe in each patient's bedroom to further progress self-medication for discharge;
  2. To replace damaged furniture in the lounge with the ordered furniture;
  3. To install the ordered equipment for the sensory room and ensure all patients and staff are trained for its use;
  4. To replace flooring as planned in the en-suites;
  5. To complete the planned refurbishment in the bathroom;
  6. More staff to be trained to drive the minivan.

4. Waiting Times

As at 31st March 2018, there were almost 6,500 people waiting for a first contact to NTW adult community services and 1,900 waiting for treatment within community CYPS. There were also 3,150 people waiting for a healthcare professional allocation.

Key points to note from March 2018:

- The number of people waiting has slightly increased in the month across adult services (excluding gender dysphoria, adult autism diagnosis etc), those waiting over 18 weeks in these areas has also increased during the month.
- The number of people waiting to access specialised adult services has slightly increased in the month and the proportion of these waiting more than 18 weeks for specialised adult services continues to increase.
- Waiting lists for treatment for children and young people have increased in the month in Sunderland, South Tyneside and Newcastle, while in Sunderland there have been increases in the number of young people waiting more than 30 weeks for treatment.

Waiting Times Summary March 2018	As at 31st March 2018:		As at 28th February 2018:	
1. Number of service users waiting to access **Adult Services ***	4973		4942	
Proportion waiting more than 18 weeks at that date:	**307**	**6.2%**	**270**	**5.5%**
Proportion waiting more than 30 weeks at that date:	**72**	**1.4%**	**69**	**1.4%**
excluding ** gender dysphoria, adult autism diagnosis, adult ADHD etc*				
2. Number of service users waiting to access **Specialised Adult services** *:	1497		1456	
Proportion waiting more than 18 weeks at that date:	**984**	**65.7%**	**938**	**64.4%**
Proportion waiting more than 30 weeks at that date:	**673**	**45.0%**	**675**	**46.4%**
** gender dysphoria, adult autism diagnosis, adult ADHD etc*				
3. Total number of children and young people waiting for **treatment** by **community CYPS** services:				
Northumberland	326		365	
Proportion waiting more than 18 weeks at that date:	43	13.2%	86	23.6%
Proportion waiting more than 30 weeks at that date:	0	0.0%	16	4.4%
Newcastle	347		298	
Proportion waiting more than 18 weeks at that date:	45	13.0%	34	11.4%
Proportion waiting more than 30 weeks at that date:	2	0.6%	0	0.0%
Gateshead	291		292	
Proportion waiting more than 18 weeks at that date:	39	13.4%	34	11.6%
Proportion waiting more than 30 weeks at that date:	0	0.0%	0	0.0%
South Tyneside	194		188	
Proportion waiting more than 18 weeks at that date:	108	55.7%	96	51.1%
Proportion waiting more than 30 weeks at that date:	52	26.8%	51	27.1%
Sunderland	744		699	
Proportion waiting more than 18 weeks at that date:	311	41.8%	254	36.3%
Proportion waiting more than 30 weeks at that date:	109	14.7%	81	11.6%
4. Services in scope for RTT (**referral to treatment**) measurement:				
Incomplete waiters less than 18 weeks	*100% achieved*		*100% achieved*	
Incomplete waiters more than 52 weeks	*100% achieved*		*100% achieved*	
5. Number of service users with **no recorded HCP/care co-ordinator** or **record of CPA status**	3172		3091	

Gender RTT Waiting Times

The service is working towards achievement of an RTT 18 week standard and has recently commenced submission of waiting times data to NHS England, which is shown below for information. Note that the national procurement exercise is still pending.

There have been increases during March and currently there are 576 people waiting for treatment to commence, of whom 366 have not yet had a first contact.

	As at 31.10.17	**As at 30.11.17**	**As at 31.12.17**	**As at 31.01.18**	**As at 28.02.18**	**As at 31.03.18**
Number of Patients waiting for first contact	360	374	374	372	356	366
Proportion waiting less than 18 weeks for first contact	30%	36%	28%	28%	24%	24%
Proportion waiting more than 18 weeks for first contact	70%	64%	72%	72%	76%	76%
Number of Patients waiting for treatment	576	590	580	577	559	576
Proportion waiting less than 18 weeks for treatment	15%	21%	16%	15%	12%	14%
Proportion waiting more than 18 weeks for treatment	85%	79%	84%	85%	88%	86%

5. Finance Update March 2018

Financial Performance Dashboard

NTW Income & Expenditure

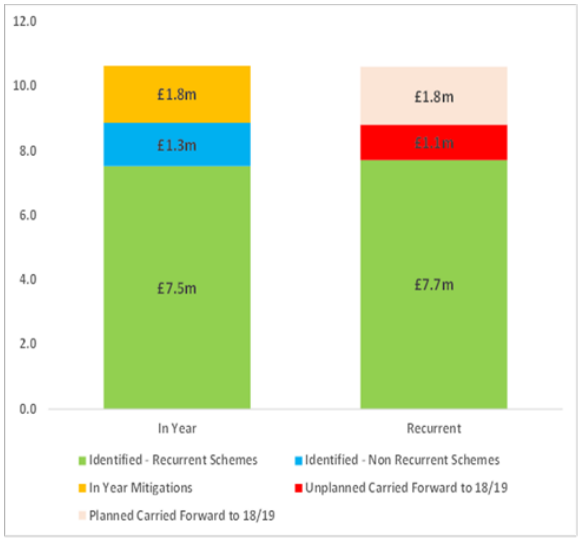
	Plan £m	YTD £m	Variance £m
Income	314.9	314.9	0.0
Pay	(247.4)	(248.9)	1.5
Non Pay	(49.3)	(49.7)	0.4
EBITDA	**18.2**	**16.5**	**1.9**
Cost of Capital	(11.1)	(10.8)	(0.3)
Gain on Disposal	0.0	1.7	(1.7)
Surplus/(Deficit)	**7.1**	**7.2**	**(0.1)**

Control Totals

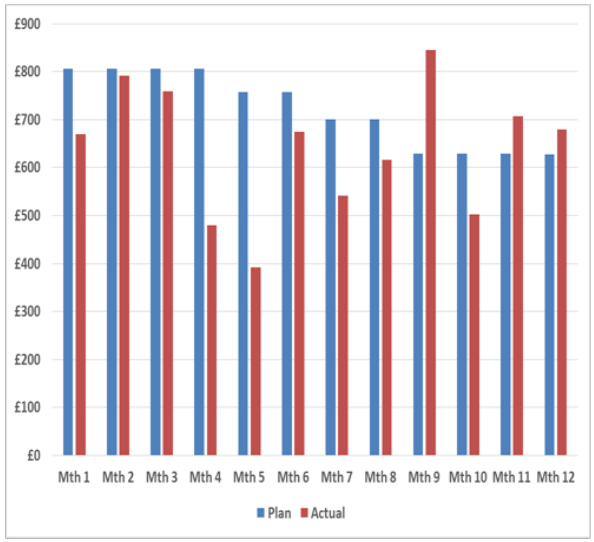
	Plan £m	YTD £m	Variance £m
North	25.3	23.6	1.7
Central	27.8	25.2	2.6
South	31.2	31.9	(0.7)
Central	(77.2)	(75.2)	(2.0)
Gain on Disposal	0.0	1.7	(1.7)
Surplus/(Deficit)	**7.1**	**7.2**	**(0.1)**

Key Indicators	Plan	Actual
Risk Rating	1	1
Agency Spend	£8.6m	£7.7m
FDP Delivery	£10.6m	£10.6m
Cash	£19.8m	£23.0m
Capital Spend	£12.4m	£6.1m

Financial Delivery Plan



Agency Spend



Key Issues/Risks

- Draft Surplus - £7.2m before exceptional items at Mth 12 which includes £0.05m incentive funding and is £0.1m above plan/control total. The Trust should also receive some Bonus Incentive funding for achieving its Control Total
- Risk Rating – The Use of Resources rating is a 1 at the year-end
- Pay costs are £1.5m above plan at the year-end. Monthly pay spend needs to reduce if the Trust is to meet its plan for next year.
- Main pressures - CYPS, Older Peoples & Adult In-patients and below plan income in Secure Services.
- Agency Spend – Spend for the year is £7.7m which is £0.9m below the agency ceiling of £8.6m.
- Financial Delivery Plan - Planned savings of £10.6m have been achieved during the year.
- Cash – £23.0m at the year-end which is £3.2m above plan.
- Capital Spend - £6.1m for the year which is £6.3m below plan.

Agency Dashboard – Month 12 2017/18

Key issues

1. Monitor introduced capped rates for Agency staff in November 2015 as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March 2016.
2. Cap rates reduced on 1st Feb and reduced further on 1st April 2016 when the need to use suppliers on approved frameworks for all staff groups and agency spend ceilings were also introduced.
3. The Trust's ceiling in 16/17 was £8.6m, which was a £5m reduction on 15/16 spend. Agency spend in 16/17 was £11.3m.
4. The Trust's ceiling for 17/18 remains at £8.6m but a medical agency spend target of £3.1m has also been introduced.
5. Agency spend at Mth12 is £7.7m which is £0.9m below trajectory.
6. Medical agency spend at Mth12 is £3.0m which is £0.1m below target.
7. The number of price cap breaches has reduced significantly since price caps were introduced. In March, the Trust reported an average of 26 above price cap shifts (breaches) per week (21 medical & 5 nursing). At the end of March, 4 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

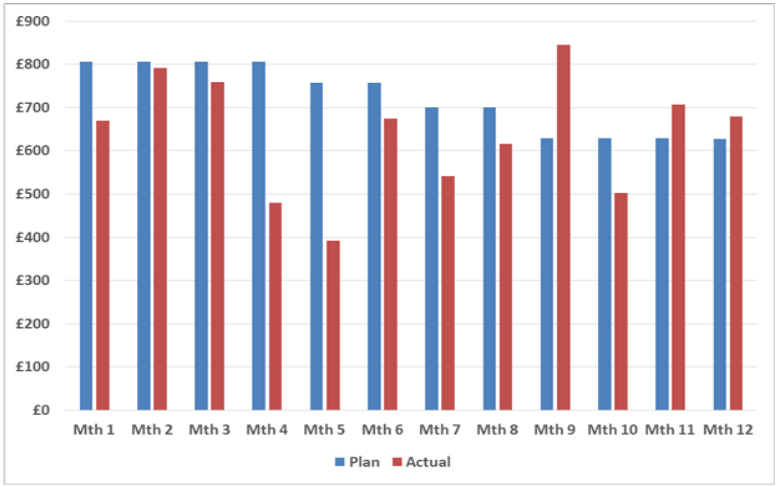
NTW - Temporary Staffing Spend 2017/18

	Full Year			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
North	2.6	2.1	1.3	6.0
Central	1.6	3.6	0.2	5.4
South	2.0	3.5	0.3	5.8
Support Services	1.4	0.2	0.4	2.0
	7.7	**9.3**	**2.3**	**19.2**

Monitor Agency Price Cap Breaches (Number of shifts)

Staff Group	April 3/4 - 30/4	May 1/5 - 28/5	June 29/5 - 25/6	July 26/6 - 30/7	August 31/7 - 3/9	Sept 4/9 - 1/10	Oct 2/10 - 29/10	Nov 30/10 - 3/12	Dec 4/12 - 1/1	Jan 2/1 - 29/1	Feb 5/2 - 26/2	Mar 5/3 - 26/3
Medical	70	40	45	70	72	64	81	110	88	78	69	85
Nursing	15	20	20	20	25	20	20	25	20	20	20	20
Total	85	60	65	90	97	84	101	135	108	98	89	105

Agency Spend v Agency Ceiling



6. Monthly Workforce Update March 2018

Workforce Dashboard

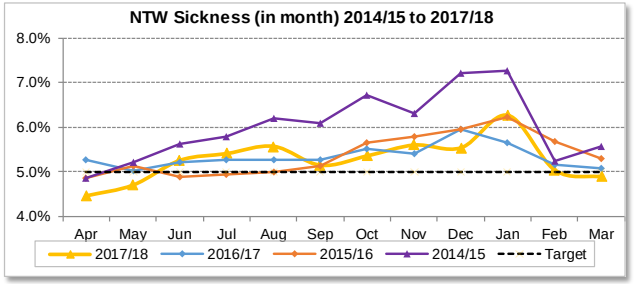
Training and Appraisals	Standard	M12 position	Overall Trend	North Locality Care Group	Central Locality Care Group	South Locality Care Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	88.6%	▲	89.1%	90.6%	90.2%	88.6%	35.5%	82.7%	80.0%	92.7%
Health and Safety Training	85%	93.6%	▲	95.0%	93.8%	94.5%	93.6%	46.3%	92.5%	100.0%	97.5%
Moving and Handling Training	85%	94.4%	▲	96.1%	94.1%	95.0%	94.4%	45.5%	96.6%	100.0%	97.5%
Clinical Risk Training	85%	91.8%	▲	92.2%	92.9%	91.7%			81.6%		
Clinical Supervision Training	85%	83.6%	▼	82.4%	84.4%	84.2%			80.6%		
Safeguarding Children Training	85%	90.3%	▼	92.1%	94.1%	88.9%	92.7%	44.6%	92.3%	92.0%	94.3%
Safeguarding Adults Training	85%	94.2%	▲	95.0%	95.9%	94.8%	94.2%	46.3%	95.7%	100.0%	94.5%
Equality and Diversity Introduction	85%	94.0%	▲	96.1%	94.8%	94.5%	94.0%	47.1%	92.3%	100.0%	96.7%
Hand Hygiene Training	85%	93.2%	▲	95.6%	93.5%	94.0%	93.2%	45.5%	91.8%	100.0%	93.7%
Medicines Management Training	85%	83.8%	▲	83.6%	83.9%	84.0%	83.8%		78.6%		
Rapid Tranquilisation Training	85%	78.3%	▲	81.8%	85.0%	83.2%			45.9%		
MHCT Clustering Training	85%	88.4%	▲	87.0%	88.8%	89.7%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	74.3%	▼	73.7%	77.3%	78.9%			52.8%		
Seclusion Training (Priority Areas)	85%	92.7%	▼	91.2%	95.1%	88.7%					
Dual Diagnosis Training (80% target)	80%	89.2%	▲	94.8%	93.8%	88.7%			59.9%		
PMVA Basic Training	85%	80.6%	▼	86.3%	85.7%	82.8%			65.8%		
PMVA Breakaway Training	85%	82.3%	▲	85.8%	82.0%	79.5%					
Information Governance Training	95%	95.0%	▲								
Records and Record Keeping Training	85%	98.3%	▲	99.8%	98.9%	99.1%	98.3%	62.0%	99.5%	100.0%	100.0%

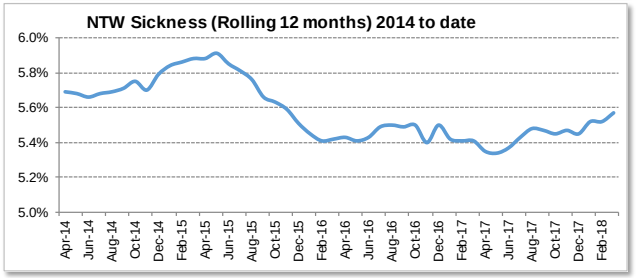
* NB Prior learning may not be reflected in these figures and is being investigated

Appraisals	85%	82.8%	▲	83.6%	84.6%	84.9%	82.8%				90.0%

Managing Attendance - includes NTW Solutions	Target	M12 position	Trend
In Month sickness	<5%	4.89%	▲
Short Term sickness (rolling)		1.50%	
Long Term sickness (rolling)		4.07%	
Average sickness (rolling)	<5%	5.57%	▲

NB - NTW Solutions Sickness absence in the month was 4.56%





Best Use of Resources	Target	M12 position	Trend
Agency Spend		£679,279	▲
Admin & Clerical Agency (included in above)		£92,477	▲
Overtime Spend		£236,739	▼
Bank Spend		£1,004,314	▼

Recruitment, Retention & Reward	Target	M12 position	Trend
Corporate Induction	100%	100.0%	▬
Local Induction	100%	99.8%	▬
Staff Turnover (includes NTW Solutions)	<10%	*8.34%	▲
Current Headcount		6275	

*this is a rolling 12 month figure

Behaviours and Attitudes	M12 position
Disciplinaries (new cases since 1/4/17)	206
Grievances (new cases since 1/4/17)	32

*Trainee Doctors rotate every 4-6 months and it takes approx. one month for them to complete all of the training they are required to complete. There have been issues identified relating to ESR. Time delays are incurred when receiving information from other organisations when training has been completed outside of NTW. These issues were being addressed which involved streamlining the process, part of the work involved the recent activation between ESR and Intrepid whereby an issues with Intrepid meant the data did not transfer over. The interface was due to be active in February 2018 but further isssues were encountered which have since been rectified therefore the interface will be active for the rotation in August 2018 whereby the training record will move with the Doctor.

7. Quality Goals/Quality Priorities/Quality Account Update March 2018

Progress for the quarter four requirements for each of the 2017-18 quality priorities is summarised below.

Four of the five priorities are currently rated green and one is rated red against the Quarter 4 milestones.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				
			Q1	Q2	Q3	Q4	Comments
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)					
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					There are continuing challenges in maintaining waiting times.
	3	Implement principles of the Triangle of Care					
	4	Co-production and personalisation of care plans					
Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs	5	Use of the Mental Health Act – Reading of Rights					

8. Accountability Framework

N.B reflects the revised Accountability Framework for 2017-18 which took effect from 1st April 2017

		North Locality Care Group		Central Locality Care Group		South Locality Care Group		Comments:
		Q3 actual	Q4 actual	Q3 actual	Q4 actual	Q3 actual	Q4 actual	
	Overall Rating	4	4	4	4	4	4	
Quality Governance	Performance against National Standards:	1	1	1	1	1	1	
	CQC Information:	2	2	2	1	1	1	
	Performance against Contract Quality Standards:	3	3	3	3	2	3	Central Locality Care Group - The CYPS DNA requirements and elements of the CQUINS (i.e. discharge summaries) will not be achieved in the quarter South Locality Care group - Physical Health CQUIN - GP Summary Care Plan and Discharge Summaries not achieved.
	Clinical Quality Metrics:	3	3	4	4	4	4	South Locality Care Group - A number of metrics have breached for 3 consecutive quarters. Improvement plans required. Central Locality Care Group - This has been rated as a 4 due to the failure to meet the a number of internal requirements
Use of Resources	YTD Contribution	4	4	4	4	1	1	
	Forecast Contribution	4	4	4	4	1	1	
	Agency Spend	1	1	1	1	1	1	

		1	2	3	4
Quality Governance	**Performance against national standards**	All Achieved or failure to meet any standard in no more than one month	Failure to meet any standard in 2 consecutive months triggered during the quarter	Failure to meet any standard in 3 or more consecutive months triggered during the quarter	Trust is assigned a segment of 3 (mandated support) or 4 (special measures)
	CQC Information	No Concerns -all core services are rated as Good or Outstanding and there are no "Must Do's" with outstanding actions.	No Concerns - all core services are rated as Good or Outstanding however there are "Must Do's" with outstanding actions.	Concerns raised – one or more core services are rated as "Requires Improvement"	Concerns raised – one or more core services are rated as "Inadequate"
	Performance against contract quality standards *(measured at individual contract level)*	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached and contract penalties applied or are at risk of being applied.
	Clinical Quality Metrics	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3rd consecutive quarter.
Use of resources	**YTD contribution**	Exceeding or meeting plan.	Just below plan (within 1%).	Between 1% and 2% below plan	More than 2% below plan
	Forecast contribution				
	Agency Spend	Below or meeting ceiling.	Up to 25% above ceiling.	Between 25% and 50% above ceiling.	More than 50% above ceiling.
	Use of resources metrics	TBC	TBC	TBC	TBC

9. Monthly activity update (Currently in development)

10. Service User & Carer Experience Monthly Update March 2018

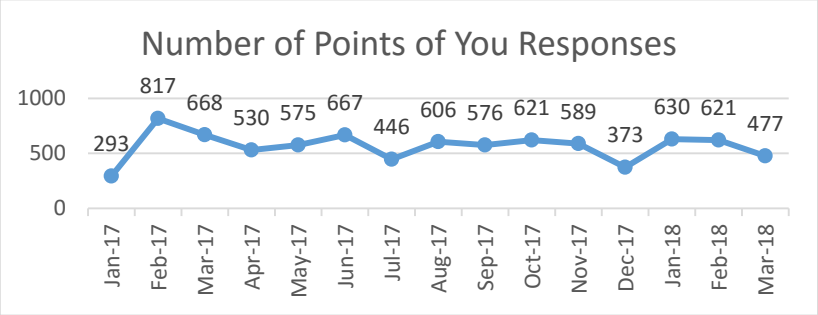
Experience Feedback:

Feedback received in the month – March 2018:

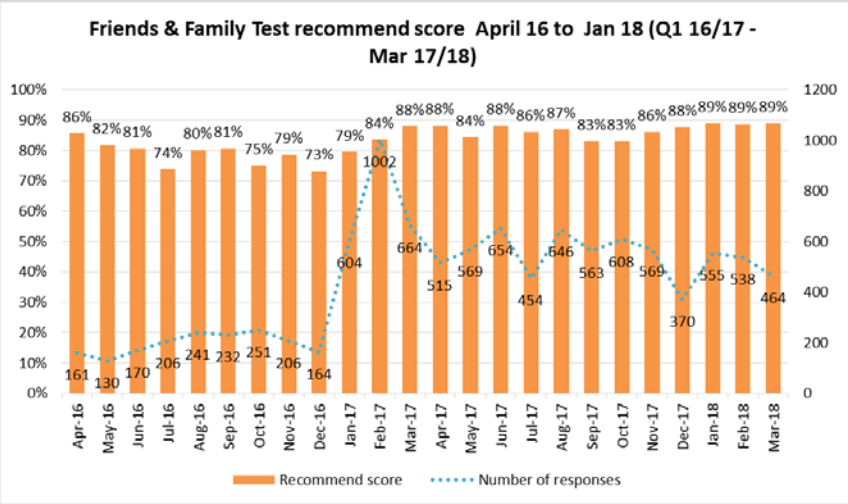
	Responses received March 2018	Results March 2018
Points of You Feedback from Service Users ('Both' option included here)	336	Overall, did we help? Scored: 8.7 out of 10* (8.8 in February)
Points of You Feedback from Carers	141	
Total Points of You responses received	477	FFT Recommend Score**: 89% (89% in February)

* score of 10 being the best, 0 being the worst
** national average recommend score resides around 89%

Graph showing Points of You responses received by month:



In March the number of Points of You responses decreased compared to the previous month of February due to a system issue which has since been rectified. The results have remained stable with 89% of respondents identifying they would recommend our services to family or friends, which is the same as the national average of 89%.



Nb 13 of the 477 PoY responses in the month did not answer the FFT question within the survey

11. Mental Health Act Dashboard

Mental Health Act Dashboard												
Key Metrics	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Record of Rights (Detained) Assessed within 7 days of detention start date	92.0%	92.4%	See Below			88.8%	97.8%	91.8%	91.9%	89.7%	94.6%	93.2%
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%	93.5%				93.8%	93.8%	95.5%	94.0%	94.8%	94.6%	95.2%
Record of Rights (Detained)Assessed at Section Change within the Period	87.0%	73.9%				88.2%	90.8%	90.8%	93.0%	88.6%	86.6%	91.4%
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%	42.4%				55.4%	36.0%	44.1%	52.9%	64.5%	63.6%	Not available
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%	48.9%				81.1%	85.9%	86.3%	88.5%	91.5%	94.3%	95.9%
Community CTO Compliance Rights Assessed at start of CTO	42.9%	33.3%				75.0%	75.0%	85.7%	66.7%	72.7%	100.0%	81.8%

The revised local rights recording form went 'live' on the 5th June 2017. The dashboard metrics for rights have been amended to link with the structure of the new form.

The provision of 'rights' to detained and CTO patients has been agreed as a Quality Priority for this year. The lead for this priority is Dr R Nadkarni.

In April 2017 compliance with Rights assessed within 7 days of the detention start date (metric 918) – was 92%. For the month of March 2018 the dashboards show compliance as 93.2%. This equated to 82 out of 88* patients (*who should have been provided with their rights) being given their rights within 7 days of the section start date.

For April 2017, compliance with rights having been revisited within a period not exceeding 3 months (metric 993) was 94.8%. For the month of March 2018 compliance was recorded on the dashboards as 95.2%. This equated to 376 out of 395* patients (*who should have been provided with a repeat of their rights) having their rights repeated within 3 months of the section start date. Compliance with the above metric has been consistently above 93 .5% since April 2017.

Compliance in relation to the provision of rights where the section the patient was detained under changed (metric 994) - in April 2017 was 87%. This metric is included within the Rights Quality Priorities for 2017/2018. For the month of March 2018 compliance was recorded as 91.4% which is above the quarter 4 trajectory. This equated to 64 out of 70* patients (*who should have been provided with their rights when the section they were detained under changed) being given their rights when there was a change of section.

Compliance in relation to the provision of rights to detained patients continues for the most part, to be good. The above rates of compliance provide assurance of this however further improvement is still needed in relation to all of the above metrics and particularly in relation to the provision of rights where the section the patient is detained under changes.

It has been reinforced throughout the rights awareness training that the provision of rights is a legal requirement and that we should continue to strive to ensure all detained patients receive their rights in accordance with best practice as per the MHA Code of Practice 2015.

Awareness sessions to support the introduction of the new form and the changes in practice required in relation to the provision of rights have been delivered by members of the 'MHA Local Forms and Practice Group' from June 2017 up until the end of November 2017. Registered Nurses were required to attend. The sessions have been, for the most part, well attended and feedback has been good. Some further sessions were delivered during January 2018.

It is anticipated that any registered staff who have not attended an awareness session will have their session delivered via a cascade model. E learning will also be an option.

In relation to CTO patients compliance with the provision of rights at the point the CTO is made (metric 988) in April 2017 was 42.9%. However significant improvement in compliance has been noted since the introduction of the revised form and associated training. For the month of November 2017 significant improvement was noted with compliance at 85.7% however compliance was lower (72.7%) in January 2018. Compliance will therefore need to improve throughout the rest of quarter 4. The quality priority trajectory for quarter 4 is 80%. It was therefore encouraging to note (following some additional measures having been put in place) compliance with this metric for March 2018 was 100%. This equated to 10 out of 10* patients (*who should have been provided with their rights at the point the CTO was made) being given their rights at that time.

Compliance with the provision of further explanations within a three month period (metric 985) has been consistently lower for CTO patients than the related metric for detained patients, In April 2017, compliance was 45.7%. Significant improvement in compliance has been noted since the introduction of the revised form and associated training. Compliance for the month of March 2018 is shown on the dashboards as 95.9%. This metric exceeds the quarter 4 'Rights Quality Priorities' trajectory. This equated to 186 out of 194* patients (*who should have been provided with a repeat of their rights within 3 months of the CTO start date) being given their rights at that time.

The CTO Task and Finish Group has been merged with the Local Forms Review Group. The new Group (The MHA Local Forms and Practice Group) will continue to monitor compliance and consider other options to improve compliance for both detained and CTO patient groups. Levels of compliance are reported at each of the CBU Quality Standards Group meetings. Ownership for ongoing monitoring of the provision of rights to detained and CTO patients will need to be transferred to these groups.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention – metric 916) - in relation to section 58 treatment (medication for mental disorder) has been consistently under 68.3%. The average for the year 1st April 2016 to 31st March 2017 was 61%. For April 2017 the compliance rate was 50.8% and for May 2017 42.44%.This is despite a prompt to undertake this, from the MHA office when the section papers are received. Compliance for June 2017 has gone up to 55.1% however compliance for July 2017 is down to 49.1%. The data for September showed compliance at 55.4%. In October compliance was recorded at 36%. There was some improvement noted for November, with compliance shown on the dashboards at 44.1%. An improvement has been noted in December 2017, compliance being 52.9%. In February 2018 compliance was noted as to 63.6%.

Following review of the capacity/consent to treatment recording forms the revised forms went live on 08/03/18. Consideration of how to improve practice issues is also underway by the MHA Local Forms & Practice Review Group. As with the 'The Provision of Rights' the group will strive to develop measures for improvement together with a communication strategy.

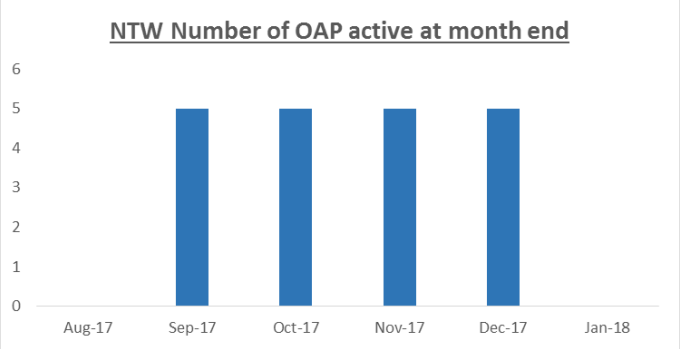
12. Outcomes/Benchmarking/National datasets Update and Other Useful Information

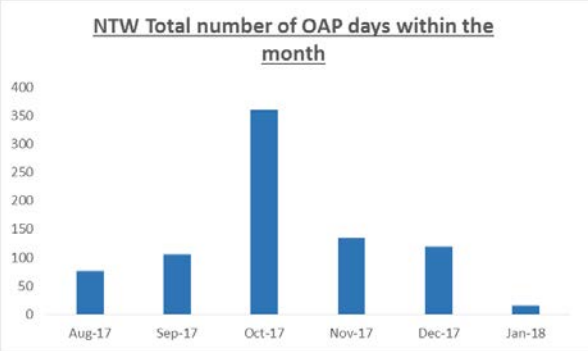
Benchmarking

A separate report regarding the Eating Disorder and Learning Disability results has been submitted to CDT-Q.

Out of Area Placements (OAP)

The Government set a national ambition to eliminate inappropriate Out of Area Placements (OAPs) in mental health services for adults in acute inpatient care by 2020-21. Inappropriate OAPs are where patients are sent out of area because no bed is available for them locally which can delay their recovery. The OAP collection captures the details of all OAPs in England from both NHS and independent providers. The data is submitted on a monthly basis to NHS Digital. The graphs below represent the data relating to NTW from August 2017. The latest published data related to january 2018.





Improving Access to Psychological Therapies (IAPT)

Listed below are the Sunderland IAPT Outcome Measures for March 2018.

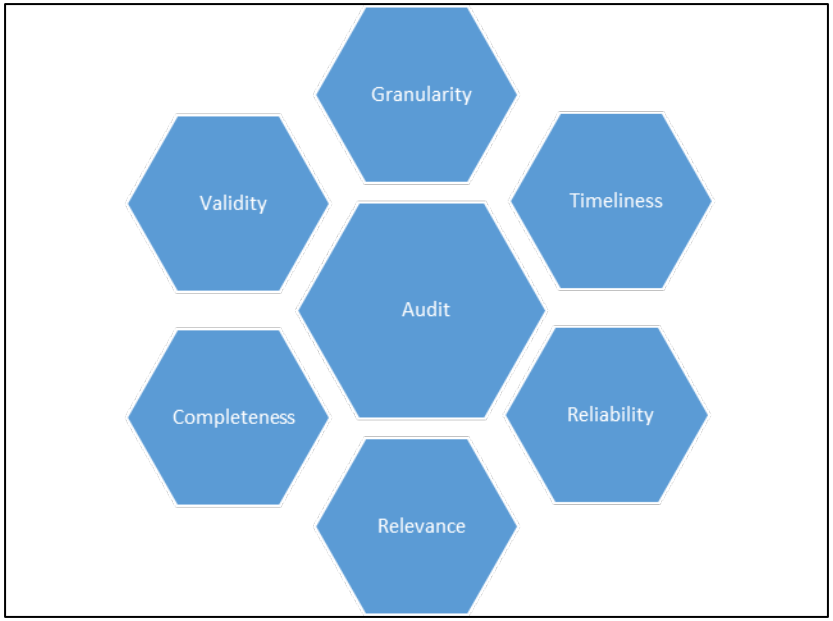
SUNDERLAND CCG PATIENTS - IAPT Only Patients - Quality Metrics in 2017-2018

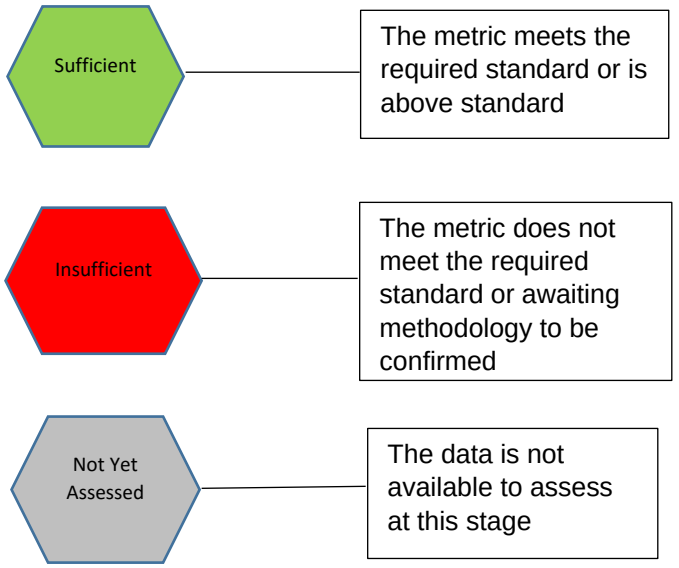
Outcome Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Access - BAME (% of total service users entering treatment)	TBA	4.44%	2.53%	2.41%	2.04%	2.32%	1.94%	1.68%	2.77%	3.02%	2.88%	3.95%	2.98%
Access - Over 65 (% of total service users entering treatment)	TBA	7.71%	6.94%	7.94%	7.95%	7.65%	5.06%	3.35%	7.02%	5.96%	6.19%	6.72%	3.99%
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.09.%	10.68%	10.30%	11.17%	10.13%	12.36%	13.49%	10.55%	10.69%	15.00%	10.24%	10.05%
Choice - % answering no	TBA	0%	0%	0%	0.37%	0%	0%	0%	0%	0%	0%	0.59%	0.64%
Choice - % answering partial	TBA	1.94%	5.26%	4.85%	0.38%	1.27%	0.86%	1.67%	0.49%	0.57%	1.16%	1.76%	1.28%
Choice - % answering yes	TBA	98.06%	94.74%	95.15%	99.25%	98.73%	99.14%	98.33%	99.51%	99.43%	98.84%	97.65%	98.08%
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	2	2	6	1	2	5	3	3	2	1	5	1
Patient Satisfaction (Average Score)	TBA	19.31	19.34	19.36	19.42	19.51	19.27	19.35	19.54	19.68	19.8	19.82	19.66
Recovery	50% of patients completing treatment	53.57%	51.20%	49.78%	51.50%	51.64%	51.70%	51.56%	51.30%	50.70%	50.60%	51.70%	52.40%
Reduced Disabilty Improved Wellbeing	TBA	36.31%	32.00%	30.90%	33.19%	32.16%	30.48%	30.17%	33.45%	28.88%	29.32%	32.39%	33.33%
Reliable Improvement	TBA	73.53%	68.73%	72.53%	71.06%	67.32%	72.86%	68.81%	70.69%	70.66%	69.14%	71.26%	70.79%
Self Referrals (% of discharges who had self referred)	TBA	73.81%	75.60%	73.82%	77.87%	78.43%	77.32%	79.66%	77.59%	76.00%	81.48%	76.11%	76.19%
Waiting Times	95% entering treatment within 18 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Waiting Times	75% entering treatment within 6 weeks	99.61%	100%	99.83%	99.66%	100%	99.83%	99.66%	99.82%	99.80%	99.24%	99.25%	99.65%

An element of the IAPT contract payment will be linked to these outcomes from April 2018

Appendix 1 Data Quality Kite Marks

Data Quality Kite Mark Assessment





Each metric has been assessed using the seven elements listed in blue to provide assurance that the data quality meets the standard of sufficient, insufficient or Not Yet Assessed

Data Quality Kite Mark – This page provides guidance relating to how the metrics have been assessed within NHS Improvements, Single Oversight Framework and Contract Standards

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Timeliness	Is the data the most up to date and validated available within the system?	The data is the most up to date available	Data is not available for the current period due to problems with the system or process	The data is not the most up to date and decisions may be made on inaccurate data	Understand why the data was not completed within given timeframes. Report this to relevant parties as required
Granularity	Can the data be broken down to different levels e.g. Available at Trust level down to client level?	Where relevant the Trust has the ability to drill down into the data to the correct level	The Trust is unable to drill down into the data to the correct level	It is not possible to drill down to the relevant level of data to understand any issues	Work with relevant teams to ensure the data can be broken down to varying levels
Completeness	Does the data demonstrate the expected number of records for that period?	There is assurance that effective controls are in place to ensure 100% of records are included within the metrics as required and no individual records are excluded without justification	There is inadequate assurance or no assurance that effective controls are in place to ensure 100% of records are included within the metrics	Performance cannot be assured due to the level of missing data	Understand why the data was not complete and request when the data will be updated. Report this to relevant parties as required

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Validity	Is the data validated by the Trust to ensure the data is accurate and compliant with relevant rules and definitions?	The Trust have agreed procedures in place for the validation and creation of new metrics and amendments to existing metrics	A metric is added or amended to the dashboard without the correct procedures being followed	The data has not been validated therefore performance cannot be assured	The metrics are regularly reviewed and updated as appropriate
Audit	Has the data quality of the metric been audited within the last three years?	The data quality of the metric has been audited within the last three years	The metric has not been audited within the last 3 years	The system and processed have not been audited within the last three years therefore assurance cannot be guaranteed	Ensure metrics that are outside the three year audit cycle are highlighted and completed within the next year. Review the rolling programme of audit
Reliability	The process is fully documented with controls and data flows mapped	Mostly a computerised system with automated controls	Mostly a manual system with no automated controls	Process is not documented and/or for manual data production controls and validation procedures are not adequately detailed	Ensure processes are reviewed and updated accordingly and changes are communicated to appropriate parties
Relevance	The indicator is relevant to the measurement of performance against the Performance question, strategic objective, internal, contractual and regularity standards	This indictor is relevant to the measurement of performance	This indicator is no longer relevant to the measurement of performance	The metric may no longer be relevant to the measurement of standards	Ensure dashboards are reviewed regularly and metrics displayed are relevant and updated or retired if no longer relevant

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 25 April 2018

Title and Author of Paper:
Staff Friends and Family Test Update Quarter Four 2017/18
Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Executive Lead:
Lisa Crichton -Jones, Executive Director of Workforce & OD
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- This paper includes the results of the Qtr4 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via an NTW Login.
- Response rates this quarter decreased to 43% from 49% in Qtr2.
- The trend for staff being more likely to recommend the Trust to family and friends for care and treatment than as a place to work continues. Staff continue to be less likely to recommend the Trust for care and treatment than those service users and carers responding to the FFT question.
- There was a 2% increase in positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” from 68% to 70%.
- There was 1% decrease positive responses to the question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” from 77% to 76%.
- There appears to be no seasonal pattern to results.
- The Trust remains above the national average 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 for care and treatment.
- The actions undertaken by the Group’s to address themes which emerged from quarter 2 17/18 are reported in Appendix 4 and trend analysis has been included in Appendices 1-3.

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

Northumberland, Tyne and Wear NHS Foundation Trust

Staff Friends and Family Test (FFT) Update Quarter Four 2017/18

1. Executive Summary

1. The proportion of staff recommending the organisation to friends and family as a place to work:
    a. Has increased in the quarter from 68% to 70%.
    b. Remains higher than the most recently published national average of 63%.
    c. Admin and Clerical staff and Allied Health Professionals are the staff groups most likely to recommend the organisation as a place to work, while the staff group least likely to recommend are Nursing and Midwifery and Additional Clinical Services.
    d. The directorates most likely to recommend NTW as a place to work are the CEO office and Commissioning & Quality Assurance. The directorates least likely to recommend are the Central Locality Group and Workforce Directorate.

2. The proportion of staff recommending the organisation to friends and family if they needed care and treatment:
    a. Has decreased in the quarter from 77% to 76%.
    b. Is below the most recently published national average of 80%.
    c. Allied Health Professionals, Admin & Clerical and Estates & Ancillary staff groups are those most likely to recommend NTW for care and treatment, while the staff groups least likely to recommend are Medical & Dental and Additional Clinical services staff group.

3. The response rate in the period has decreased to 43% from 49% of staff (those presented with FFT questions when logging onto the Trust network). 3,107 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 significant volume of comments and suggestions from staff have also been collected and analysed.

2. Introduction

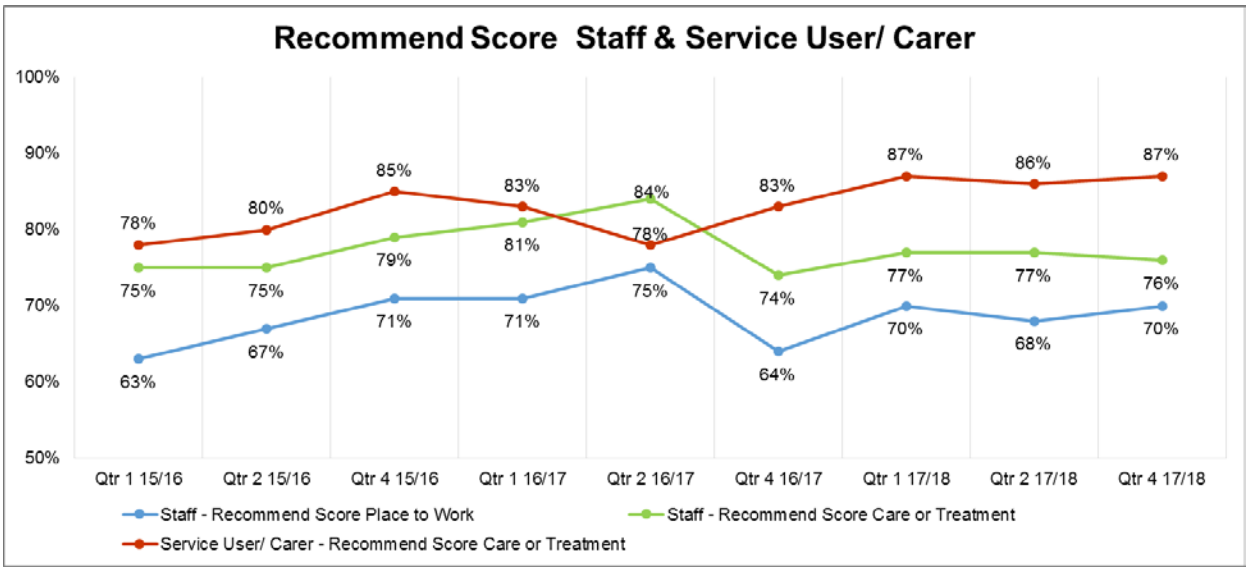
All NHS Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in Qtr3 of each year. The two Staff FFT questions are as below, with answer options ranging from 'extremely likely' to 'extremely 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. Results for Quarter 4 - 2017/18

3.1 Response rates

Appendix 1 shows the response rates by Group/Directorate over time. In Qtr4 17/18 the Trust response rate was 43%, receiving a total of 3,107 responses. The lowest response rate of those staff was from the Deputy Chief Executive and NTW Solutions (41%) the highest response rate was from the Chief Executive (81%). This is the first report since the hierarchy change in October 2017 as such now includes North, Central and South Locality Groups the former Groups have been included for reference.

Table 1 – Response rates by group/directorate

Response rate – proportion of responses of those offered the Staff FFT through their NTW login	**Qtr 4 16/17**	**Qtr 1 17/18**	**Qtr 2 17/18**	**Qtr 4 17/18**
Trust	**40%**	**49%**	**49%**	**43%**
Specialist Care Group	45%	52%	52%	-
Community Care Group	48%	55%	54%	-
In-Patient Care Group	43%	52%	51%	-
Deputy Chief Executive	35%	33%	45%	41%
Nursing & Chief Operating Officer	56%	57%	57%	60%
Medical Directorate	40%	44%	45%	44%
Commissioning & Quality Assurance	64%	66%	65%	65%
Workforce & Organisational Development	59%	56%	58%	59%
Chief Executive	63%	57%	60%	81%
NTW Solutions	-	47%	45%	41%
North Locality Group	-	-	-	43%
Central Locality Group	-	-	-	44%
South Locality Group	-	-	-	46%

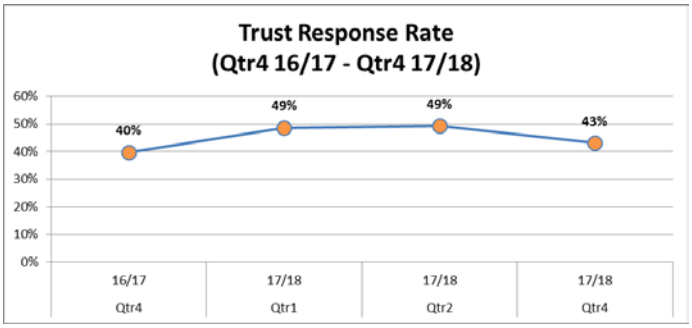


Table 2 – Breakdown by staff group of those who responded in Qtr 4

Breakdown by staff group - proportion of responses of those offered the Staff FFT through their NTW login	**Response Breakdown**				**Proportion of Staff Group (source:ESR)**
	Qtr 4 16/17	**Qtr 1 17/18**	**Qtr 2 17/18**	**Qtr 4 17/18**	
Add Prof Scientific and Technical	7%	6%	7%	5.95%	6.28%
Additional Clinical Services	26%	26%	24%	23.78%	30.28%
Administrative and Clerical	23%	20%	20%	20.50%	19.29%
Allied Health Professionals	6%	5%	4%	4.89%	4.31%
Estates and Ancillary	2%	2%	2%	2.12%	7.29%
Medical and Dental	4%	4%	4%	4.34%	5.14%
Nursing and Midwifery	31%	29%	28%	27.90%	27.46%
Other	-	-	11%	10.52%	N/A
Total	-	-	100%	100%	100%

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

3.2 Responses by answer options and recommend score

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

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

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

Table 3 – **Responses by Answer for Question 1**

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 4 16/17**	**Qtr 1 17/18**	**Qtr 2 17/18**	**Qtr 4 17/18**	While comparing the Qtr4 percentages with the same period last year, there has been an overall increase in positive responses (or recommend score) from 64% to 70%. This is an increase from the last Qtr (Qtr2 17/18) the recommend score has increased by 2%. There has been a decrease in negative responses compared to both the same period last year and compared to the previous quarter.
Extremely Likely	21%	25%	24%	23%	
Likely	43%	45%	44%	47%	
Total Recommend	***64%***	***70%***	***68%***	**70%**	
Neither	19%	18%	17%	17%	
Unlikely	8%	7%	7%	6%	
Extremely Unlikely	6%	4%	3%	3%	
Don't Know	3%	2%	3%	3%	

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

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

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 4 16/17**	**Qtr 1 16/17**	**Qtr 2 17/18**	**Qtr 4 17/18**	Overall there has been an increase in the recommend score (positive responses). When comparing Qtr4 16/17 to Qtr4 17/18, this has increased across 3 of the 9 Directorates. Whilst there has been a decline in the recommend score Qtr2 17/18 to Qtr4 17/18 across Commissioning & Quality Assurance, Workforce and CEO office.
Trust	64%	70%	68%	70%	
Specialist Care Group	64%	68%	67%	-	
Community Care Group	61%	67%	66%	-	
In-Patient Care Group	64%	69%	66%	-	
Deputy Chief Executive	63%	72%	71%	76%	
Corporate Nursing Directorate	69%	76%	71%	74%	
Corporate Medical Directorate	66%	70%	73%	75%	
Commissioning and Quality Assurance	75%	84%	81%	79%	
Workforce Directorate	71%	65%	73%	64%	
CEO Office	92%	77%	83%	82%	
NTW Solutions	-	68%	69%	73%	
North Locality Group	-	-	-	68%	
Central Locality Group	-	-	-	64%	
South Locality Group	-	-	-	70%	

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

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

Question 1 **- How likely are you to recommend the organisation to friends and family as a place to work?**	**Qtr 4 16/17**	**Qtr 1 16/17**	**Qtr 2 17/18**	**Qtr 4 17/18**	Comparing the recommend scores in Qtr2 17/18 with Qtr4 17/18 there has been an increase in 6 of the 7 staff groups, most notably in Medical and Dental and Additional Clinical Services with a reduction in recommend score in Nursing and Midwifery. When comparing Qtr4 16/17 and Qtr4 17/18 all staff groups have significantly increased with only 1 remaining the same being Additional Clinical Services.
Trust	64%	70%	68%	70%	
Add Prof Scientific and Technical	58%	69%	68%	69%	
Additional Clinical Services	66%	68%	63%	66%	
Administrative and Clerical	69%	73%	72%	74%	
Allied Health Professionals	70%	74%	72%	75%	
Estates and Ancillary	49%	61%	66%	68%	
Medical and Dental	60%	63%	68%	71%	
Nursing and Midwifery	61%	68%	68%	66%	

Appendix 2 illustrates the percentage of staff who would recommend, not recommend (rating extremely unlikely or unlikely) and those who are unsure (rating either neither or don't know) to question 1 by Group/Directorate over time (Qtr4 16/17 to Qtr4 17/18).

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

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

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

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 4 16/17**	**Qtr 1 16/17**	**Qtr 2 17/18**	**Qtr 4 17/18**	While comparing the Qtr4 percentages with last year (Qtr4 16/17), there has been an overall increase in the recommend score (positive responses) for this question (from 74% to 76%). This has decreased from Qtr2. There has been a small decrease in negative responses compared the same period last year however remained the same compared to the previous quarter.
Extremely Likely	25%	29%	29%	28%	
Likely	49%	48%	48%	49%	
Total Recommend	***74%***	***77%***	***77%***	***76%***	
Neither	15%	14%	13%	14%	
Unlikely	4%	3%	4%	4%	
Extremely Unlikely	3%	2%	2%	2%	
Don't Know	4%	4%	4%	4%	

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

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

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 4 16/17**	**Qtr 1 16/17**	**Qtr 2 17/18**	**Qtr 4 17/18**	Overall there has been a small reduction in the recommend score (positive responses) when comparing Qtr2 17/18 to Qtr4 17/18, this has resulted from decreases across 3 of the 9 Directorates. However there has been significant increase in the recommend score for Deputy Chief Executive and Workforce Directorate.
Trust	74%	77%	77%	76%	
Specialist Care Group	73%	75%	76%	-	
Community Care Group	74%	78%	78%	-	
In-Patient Care Group	73%	75%	73%	-	
Deputy Chief Executive	72%	72%	64%	76%	
Corporate Nursing Directorate	82%	84%	81%	83%	
Corporate Medical Directorate	65%	75%	73%	71%	
Commissioning and Quality Assurance	78%	84%	81%	79%	
Workforce Directorate	79%	74%	68%	86%	
CEO Office	83%	77%	83%	71%	
NTW Solutions	-	77%	80%	80%	
North Locality Group	-	-	-	75%	
Central Locality Group	-	-	-	72%	
South Locality Group	-	-	-	79%	

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

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

Question 2 **- How likely are you to recommend our services to friends and family if they needed care or treatment?**	**Qtr 4 16/17**	**Qtr 1 16/17**	**Qtr 2 17/18**	**Qtr 4 17/18**	Comparing the recommend scores in Qtr4 17/18 with Qtr4 16/17 there have been increases in 5 of the 7, most notably in the Allied Health Professionals (from 70% to 82%). When comparing Qtr4 17/18 against the previous quarter (Qtr2 17/18) there has been a decrease in the recommend score for 2 of the 8 staff groups Add Prof Scientific and Technical and Nursing and Midwifery.
Trust	74%	77%	77%	76%	
Add Prof Scientific and Technical	72%	79%	81%	75%	
Additional Clinical Services	74%	75%	72%	73%	
Administrative and Clerical	79%	81%	80%	81%	
Allied Health Professionals	70%	80%	81%	82%	
Estates and Ancillary	74%	75%	78%	80%	
Medical and Dental	73%	69%	71%	73%	
Nursing and Midwifery	72%	82%	77%	74%	

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 (Qtr2 16/17 to Qtr2 17/18).

3.3 Results by Thematic Analysis

Staff also have the opportunity to provide comments into free text boxes designed to elicit improvement suggestions for each of the mandatory questions. Staff are asked:

1. **Please suggest any improvements to make NTW a better place to work.**

2. **Please suggest any changes NTW can make to improve the care or treatment offered.**

Table 9 is the number of free text comments made.

Table 9 – **Number of Free Text Comments and Response Rate**

	Question 1 – 'work' question		Question 2 – 'care' question	
	No of free text comments	% of respondents	No of free text comments	% of respondents
Qtr 4 17/18	620	20.18%	547	17.80%

Approximately 38% of the staff who responded also made further suggestions as how NTW can make improvements, which is an increase of 6% from Qtr2 17/18.

In terms of the comments provided by staff regarding improvements, a full spectrum of feedback was received across a selection of themes. Several repeating themes emerged during Qtr4 and this thematic analysis is shown in tables 10 ('Work' question and 11 ('Care' question) by Group

Table 10 – Top 5 themes for Question 1 (find full list in Appendix 4) by Group

North Locality Care Group - Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing levels	34	28%	50%	26%	24%
General	30	25%	57%	20%	23%
Funding	12	10%	67%	25%	8%
Advice/Support	8	7%	50%	38%	13%
Other	6	5%	83%	17%	0%

Central Locality Care Group - Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing levels	36	27%	50%	25%	25%
General	30	23%	50%	20%	30%
Funding	8	6%	50%	25%	25%
Advice/Support	7	5%	57%	29%	14%
Personal development	7	5%	57%	29%	14%

South Locality Care Group - Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing levels	41	28%	59%	10%	32%
General	37	26%	41%	41%	19%
Other	11	8%	82%	18%	0%
Parking/Transport	9	6%	100%	0%	0%
Personal development	8	6%	63%	0%	38%

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

North Locality Care Group - Treatment Question					
			Response to Staff FFT Question 2- Treatment Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	53	40%	68%	8%	25%
General	28	21%	54%	11%	36%
Waiting time	13	10%	62%	15%	23%
Funding	5	4%	40%	0%	60%
Continuity of staff	5	4%	60%	20%	20%

Central Locality Care Group - Treatment Question					
			Response to Staff FFT Question 2- Treatment Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	50	43%	60%	20%	20%
General	27	23%	59%	19%	22%
Waiting time	14	12%	79%	14%	7%
Time staff spend with SU	4	3%	100%	0%	0%
Staff/Staff	2	2%	50%	0%	50%

South Locality Care Group - Treatment Question					
			Response to Staff FFT Question 2- Treatment Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	53	36%	64%	17%	19%
General	23	16%	57%	22%	22%
Waiting time	23	16%	65%	4%	30%
Competency	7	5%	57%	0%	43%
Parking/Transport	4	3%	100%	0%	0%

From this thematic analysis, it is evident that 'Staffing Levels' is the most prevalent improvement theme for each Group, for both questions (table 10 and 11). In relation to Question 1, 'General' emerged as a repeating theme for each Group. For both South Locality Care Group, out of the top 5 prevalent themes, 'General' had the highest proportion of 'Not Recommend' answers. For North and Central Locality Group the lack of 'Advice/Support' around 'Service Quality/Outcomes' caused more people to answer would not recommend as well as 'Personal Development' in Central Locality (out of the top 5 prevalent themes).

In relation to Question 2 'Staffing Levels' was the main theme, however 'General' and 'Waiting time' were common across all three Groups. Although these themes highlight areas for improvement, these themes did not make respondents less likely to recommend the service to family or friends for treatment i.e. all three Groups 'Waiting time' emerged

as a negative theme, the average recommend score across the Groups was 69% would still recommend the Trust as a place for treatment.

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

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

Improvements to make NTW a better place to work:

"More support for staff mental health and wellbeing. More acknowledgement of the emotional toll the role takes on the staff.

Less duplication, and unrealistic amounts of documentation."

"Need more front line staff, those that are on front line are often stretched to breaking point in my experience."

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

"Better mix of staff by putting new staff with experienced staff"

"More opportunities for training and development (specifically psychological therapies)"

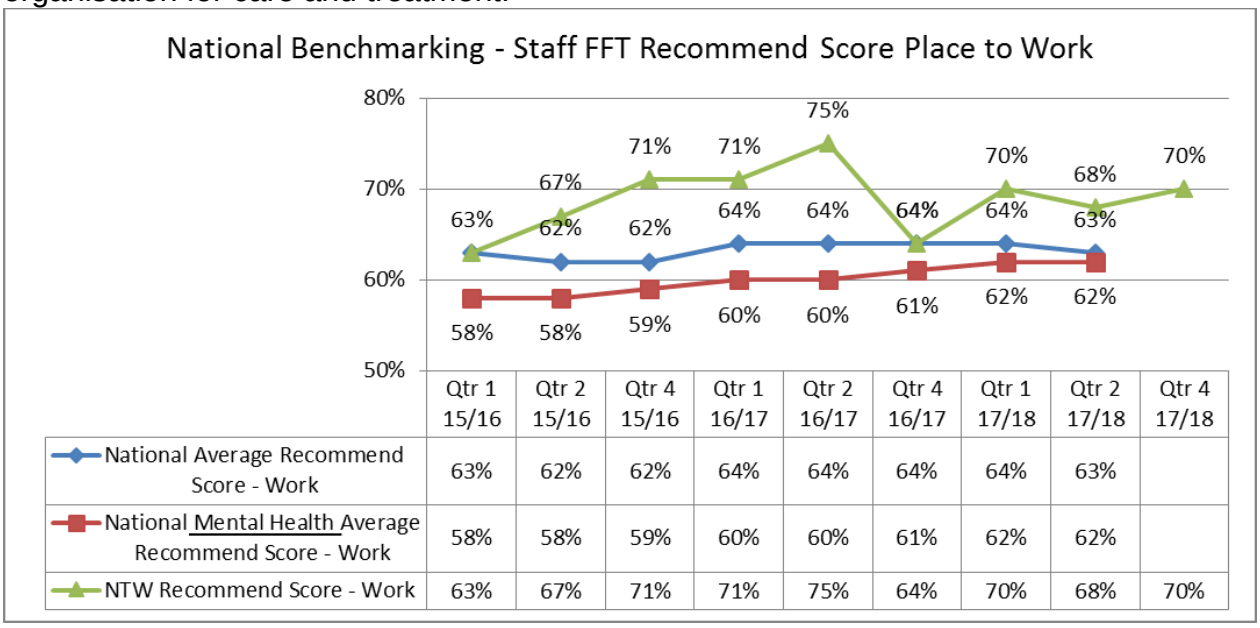
4. National Benchmarking Data - Update Quarter 4 - 2017/18

The table below shows the responses to the staff FFT questions from Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses. The data below is the most recently published NHS England Staff FFT for Qtr2 17/18

	Total Response	HSCIC Workforce Headcount	Work		Care	
			% Recommend	% Not Recommend	% Recommend	% Not Recommend
National	**137,225**	**1,149,300**	**63%**	**19%**	**80%**	**6%**
NHS England Cumbria & North East	13,630	85,454	68%	14%	81%	5%
Northumberland, Tyne and Wear NHS Foundation Trust	3,470	6,282	69%	11%	77%	5%
Tees, Esk and Wear Valleys NHS Foundation Trust	3,060	6,496	71%	14%	81%	5%

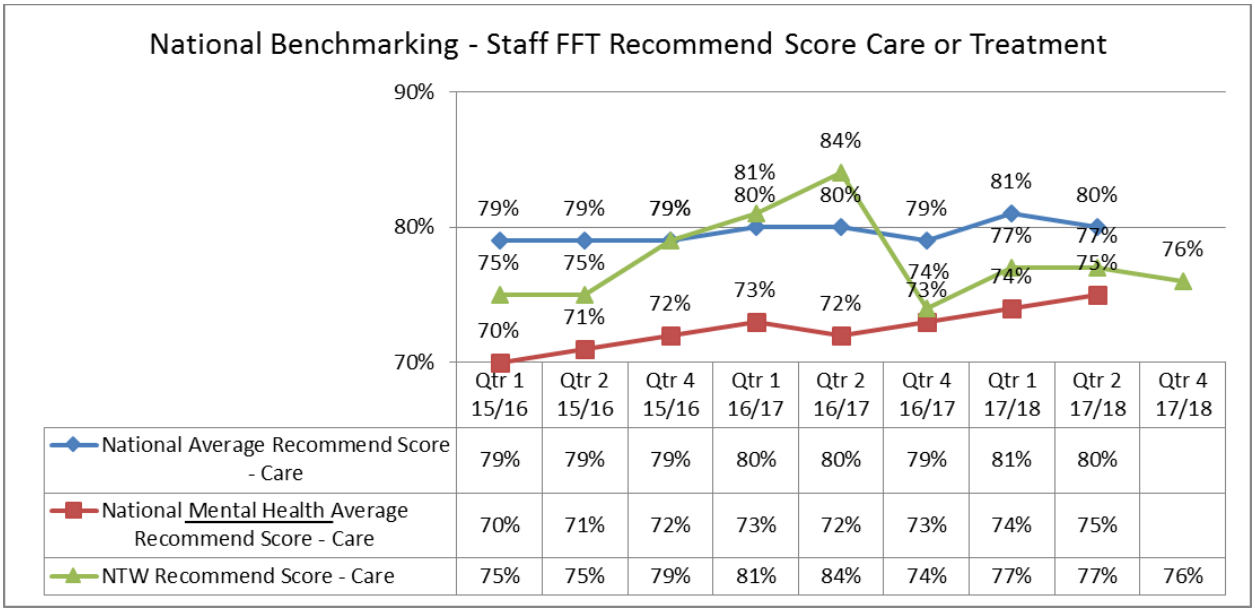
N.B. Qtr4 17/18 data is due to be published 24th May 2018

It can be seen that in Qtr2 the Trust was above the national average for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend the Trust for care and treatment. If the national position remains unchanged from Qtr2 to Qtr4, at 63% the most recent (Qtr4 2017/18) NTW results would be above the national average for recommending the Trust as a place to work, and at 77% 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
National Average Recommend Score - Work	63%	62%	62%	64%	64%	64%	64%	63%	
National Mental Health Average Recommend Score - Work	58%	58%	59%	60%	60%	61%	62%	62%	
NTW Recommend Score - Work	63%	67%	71%	71%	75%	64%	70%	68%	70%

The above graph illustrates that the Trust has been above or equal to the national average, and above the sector average since Qtr115/16 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
National Average Recommend Score - Care	79%	79%	79%	80%	80%	79%	81%	80%	
National Mental Health Average Recommend Score - Care	70%	71%	72%	73%	72%	73%	74%	75%	
NTW Recommend Score - Care	75%	75%	79%	81%	84%	74%	77%	77%	76%

As illustrated above the Trust has been above the sector average since Qtr115/16 for the percentage of staff who would recommend the Trust as a place for care and treatment.

During Qtr4 16/17 the Trust recommend score was marginally above the sector average by 1%.

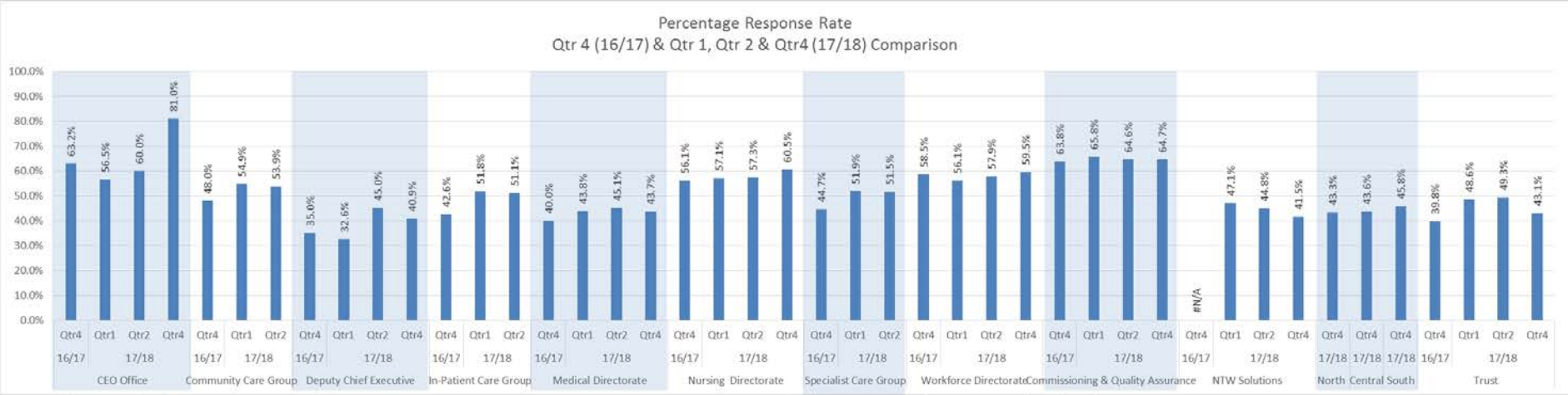
5. Conclusion

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

Lisa Quinn, Executive Director of Commissioning and Quality Assurance
April 2018

Appendix 1

Response Rates



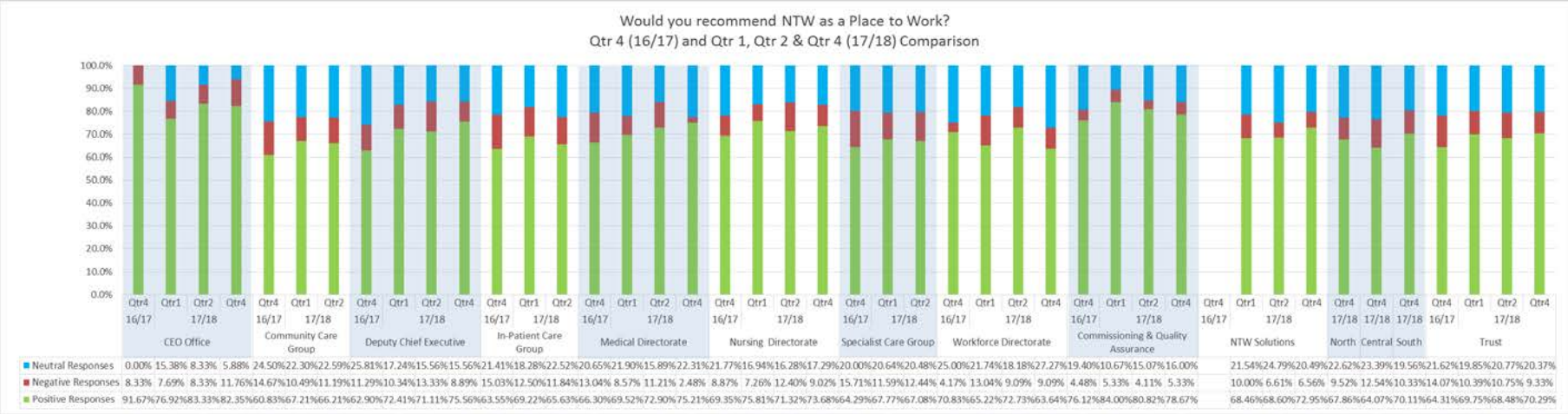
Response rate	Qtr 4 16/17	Qtr 1 16/17	Qtr 2 17/18	Qtr 4 17/18	Qtr 4 17/18 number of responses
Trust	40%	49%	49%	43%	3,107
Specialist Care Group	45%	52%	52%	-	-
Community Care Group	48%	55%	54%	-	-
In-Patient Care Group	43%	52%	51%	-	-
Deputy Chief Executive	35%	33%	45%	41%	45
Nursing Directorate	56%	57%	57%	61%	133
Medical Directorate	40%	44%	45%	44%	121
Commissioning and Quality Assurance	64%	66%	65%	65%	75
Workforce Directorate	59%	56%	58%	60%	22
CEO Office	63%	57%	60%	81%	17
NTW Solutions	-	47%	45%	42%	122
North Locality Group	-	-	-	43%	672
Central Locality Group	-	-	-	44%	654
South Locality Group	-	-	-	46%	813

~ In Qtr4 response rates have decreased to 43% there have been less respondents than Qtr2 (364 less respondents).

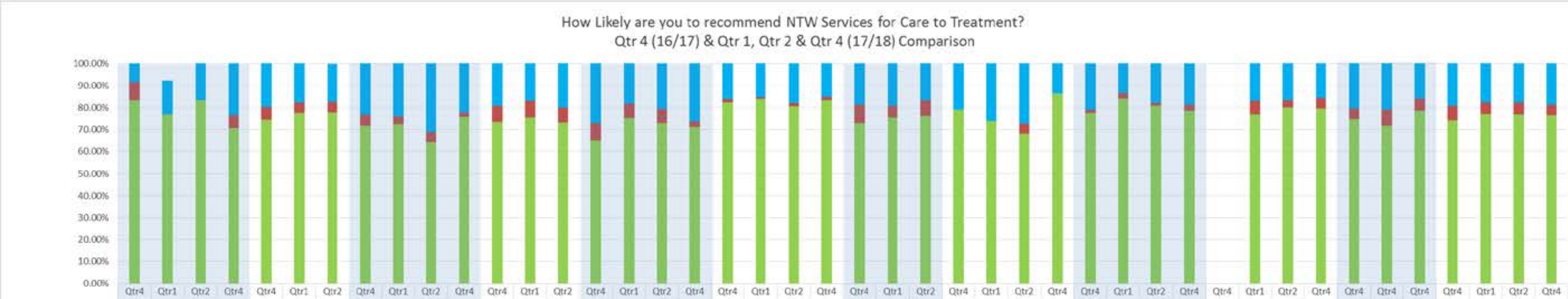
~ 3 out of 9 Directorates have seen an increase in response rates, the most significant increase in response rate was seen from the Chief Executive (from 60% to 81%).

~ 2 Directorates have seen a decrease in response rates.

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



	CEO Office				Community Care Group			Deputy Chief Executive				In-Patient Care Group			Medical Directorate				Nursing Directorate				Specialist Care Group			Workforce Directorate				Commissioning & Quality Assurance				NTW Solutions			North	Central	South	Trust			
	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18	Qtr4 17/18	Qtr4 17/18	Qtr4 17/18	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18	Qtr4 17/18
Neutral Responses	0.00%	15.38%	8.33%	5.88%	24.50%	22.30%	22.59%	25.81%	17.24%	15.56%	15.56%	21.41%	18.28%	22.52%	20.65%	21.90%	15.89%	22.31%	21.77%	16.94%	16.28%	17.29%	20.00%	20.64%	20.48%	25.00%	21.74%	18.18%	27.27%	19.40%	10.67%	15.07%	16.00%	21.54%	24.79%	20.49%	22.62%	23.39%	19.56%	21.62%	19.85%	20.77%	20.37%
Negative Responses	8.33%	7.69%	8.33%	11.76%	14.67%	10.49%	11.19%	11.29%	10.34%	13.33%	8.89%	15.03%	12.50%	11.84%	13.04%	8.57%	11.21%	2.48%	8.87%	7.26%	12.40%	9.02%	15.71%	11.59%	12.44%	4.17%	13.04%	9.09%	9.09%	4.48%	5.33%	4.11%	5.33%	10.00%	6.61%	6.56%	9.52%	12.54%	10.33%	14.07%	10.39%	10.75%	9.33%
Positive Responses	91.67%	76.92%	83.33%	82.35%	60.83%	67.21%	66.21%	62.90%	72.41%	71.11%	75.56%	63.55%	69.22%	65.63%	66.30%	69.52%	72.90%	75.21%	69.35%	75.81%	71.32%	73.68%	64.29%	67.77%	67.08%	70.83%	65.22%	72.73%	63.64%	76.12%	84.00%	80.82%	78.67%	68.46%	68.60%	72.95%	67.86%	64.07%	70.11%	64.31%	69.75%	68.48%	70.29%



	CEO Office Qtr4 16/17	CEO Office Qtr1 17/18	CEO Office Qtr2 17/18	CEO Office Qtr4 17/18	Community Care Group Qtr4 16/17	Community Care Group Qtr1 17/18	Community Care Group Qtr2 17/18	Deputy Chief Executive Qtr4 16/17	Deputy Chief Executive Qtr1 17/18	Deputy Chief Executive Qtr2 17/18	Deputy Chief Executive Qtr4 17/18	In-Patient Care Group Qtr4 16/17	In-Patient Care Group Qtr1 17/18	In-Patient Care Group Qtr2 17/18
Neutral Responses	8.33%	15.38%	16.67%	23.53%	19.53%	17.52%	17.15%	23.39%	24.14%	31.11%	22.22%	19.13%	16.98%	20.19%
Negative Responses	8.33%	0.00%	0.00%	5.88%	6.04%	4.79%	4.81%	4.84%	3.45%	4.44%	2.22%	7.52%	7.65%	6.99%
Positive Respones	83.33%	76.92%	83.33%	70.59%	74.44%	77.70%	77.82%	71.77%	72.41%	64.44%	75.56%	73.35%	75.37%	73.20%

	Medical Directorate Qtr4 16/17	Medical Directorate Qtr1 17/18	Medical Directorate Qtr2 17/18	Medical Directorate Qtr4 17/18	Nursing Directorate Qtr4 16/17	Nursing Directorate Qtr1 17/18	Nursing Directorate Qtr2 17/18	Nursing Directorate Qtr4 17/18	Specialist Care Group Qtr4 16/17	Specialist Care Group Qtr1 17/18	Specialist Care Group Qtr2 17/18	Workforce Directorate Qtr4 16/17	Workforce Directorate Qtr1 17/18	Workforce Directorate Qtr2 17/18	Workforce Directorate Qtr4 17/18
Neutral Responses	27.17%	18.10%	20.56%	26.45%	16.13%	15.32%	17.83%	15.04%	18.57%	19.04%	16.84%	20.83%	26.09%	27.27%	13.64%
Negative Responses	7.61%	6.67%	6.54%	2.48%	1.61%	0.81%	1.55%	1.50%	8.46%	5.47%	6.99%	0.00%	0.00%	4.55%	0.00%
Positive Respones	65.22%	75.24%	72.90%	71.07%	82.26%	83.87%	80.62%	83.46%	72.97%	75.49%	76.27%	79.17%	73.91%	68.18%	86.36%

	Commissioning & Quality Assurance Qtr4 16/17	Commissioning & Quality Assurance Qtr1 17/18	Commissioning & Quality Assurance Qtr2 17/18	Commissioning & Quality Assurance Qtr4 17/18	NTW Solutions Qtr4 16/17	NTW Solutions Qtr1 17/18	NTW Solutions Qtr2 17/18	NTW Solutions Qtr4 17/18	North Qtr4 17/18	Central Qtr4 17/18	South Qtr4 17/18	Trust Qtr4 16/17	Trust Qtr1 17/18	Trust Qtr2 17/18	Trust Qtr4 17/18
Neutral Responses	20.90%	13.33%	17.81%	18.67%		16.92%	16.53%	15.57%	20.39%	20.95%	15.99%	19.11%	17.62%	17.72%	18.54%
Negative Responses	1.49%	2.67%	1.37%	2.67%		6.15%	3.31%	4.92%	5.06%	7.34%	5.29%	6.71%	5.20%	5.33%	5.15%
Positive Respones	77.61%	84.00%	80.82%	78.67%		76.92%	80.17%	79.51%	74.55%	71.71%	78.72%	74.17%	77.18%	76.95%	76.31%

Appendix 4

North Locality Care Group – Work Question					
Theme	Total	% of Responses	Response to Staff FFT Question 1 - Work Question		
			Recommend	Not Recommend	Unsure
Staffing levels	34	28%	50%	26%	24%
General	30	25%	57%	20%	23%
Funding	12	10%	67%	25%	8%
Advice/Support	8	7%	50%	38%	13%
Other	6	5%	83%	17%	0%
Impact in mental health	3	2%	33%	0%	67%
Facilities	3	2%	100%	0%	0%
Being listened to	4	3%	25%	50%	25%
Operational hours of services	4	3%	100%	0%	0%
Personal development	4	3%	50%	0%	50%
Availability of information	1	1%	100%	0%	0%
Availability of services	1	1%	100%	0%	0%
Bullying/Harassment	1	1%	0%	100%	0%
Continuity of staff	1	1%	100%	0%	0%
Entertainment/Technology	1	1%	100%	0%	0%
Helpful/Caring/Friendly	1	1%	0%	100%	0%
Length and frequency of care/ treatment	1	1%	0%	100%	0%
Location	1	1%	100%	0%	0%
Quality/Quantity	1	1%	100%	0%	0%
Referrals	1	1%	0%	0%	100%
Respect/ Trust	1	1%	100%	0%	0%
Therapies	1	1%	100%	0%	0%
Time staff spend with SU	1	1%	100%	0%	0%
Grand Total	121	100%			

Central Locality Care Group - Work Question					
			Response to Staff FFT Question 1 - Work Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	36	27%	50%	25%	25%
General	30	23%	50%	20%	30%
Funding	8	6%	50%	25%	25%
Advice/Support	7	5%	57%	29%	14%
Personal development	7	5%	57%	29%	14%
Other	5	4%	80%	0%	20%
Waiting time	4	3%	50%	0%	50%
Competency	4	3%	50%	25%	25%
Facilities	3	2%	67%	0%	33%
Being listened to	3	2%	0%	100%	0%
In services/service design	2	2%	100%	0%	0%
Location	2	2%	100%	0%	0%
Parking/Transport	2	2%	100%	0%	0%
Impact in mental health	2	2%	100%	0%	0%
Respect/ Trust	2	2%	50%	0%	50%
Operational hours of services	1	1%	100%	0%	0%
Availability of food/drinks	1	1%	100%	0%	0%
Availability of information	1	1%	100%	0%	0%
Availability of services	1	1%	100%	0%	0%
Bullying/Harassment	1	1%	0%	100%	0%
Comment legible, but not applicable to question.	1	1%	0%	0%	100%
Costs / expenses	1	1%	0%	100%	0%
Decoration/Buildings	1	1%	100%	0%	0%
Empowerment/ Confidence	1	1%	100%	0%	0%
Helpful/Caring/Friendly	1	1%	0%	0%	100%
Special needs (culture or diet)	1	1%	100%	0%	0%
Staff/Staff	1	1%	0%	100%	0%
Time staff spend with SU	1	1%	0%	100%	0%
Quality and volume of surveys	1	1%	0%	0%	100%
Professionalism	1	1%	0%	100%	0%
Nothing could be improved	1	1%	100%	0%	0%
Grand Total	133	100%			

South Locality Care Group - Work Question					
			Response to Staff FFT Question 1 - Work Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	41	28%	59%	10%	32%
General	37	26%	41%	41%	19%
Other	11	8%	82%	18%	0%
Parking/Transport	9	6%	100%	0%	0%
Personal development	8	6%	63%	0%	38%
Funding	6	4%	33%	50%	17%
Advice/Support	5	3%	40%	40%	20%
Being listened to	4	3%	25%	25%	50%
Impact in mental health	4	3%	0%	75%	25%
Competency	3	2%	33%	33%	33%
Operational hours of services	3	2%	67%	0%	33%
Facilities	3	2%	100%	0%	0%
Respect/ Trust	2	1%	0%	100%	0%
Approach to Care/ Care plan	2	1%	50%	0%	50%
Bank Staff	1	1%	100%	0%	0%
Comment legible, but not applicable to question.	1	1%	0%	0%	100%
Continuity of staff	1	1%	0%	0%	100%
Decoration/Buildings	1	1%	100%	0%	0%
Empowerment/ Confidence	1	1%	0%	100%	0%
Entertainment/Technology	1	1%	100%	0%	0%
Quality of information	1	1%	100%	0%	0%
Grand Total	145	100%			

Appendix 5

North Locality Care Group - Treatment Question					
			Response to Staff FFT Question 2- Treatment Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	53	40%	68%	8%	25%
General	28	21%	54%	11%	36%
Waiting time	13	10%	62%	15%	23%
Funding	5	4%	40%	0%	60%
Continuity of staff	5	4%	60%	20%	20%
Personal development	4	3%	100%	0%	0%
Time staff spend with SU	4	3%	100%	0%	0%
Individualised Care	3	2%	33%	67%	0%
Competency	3	2%	33%	67%	0%
Therapies	2	1%	100%	0%	0%
Quality of information	2	1%	100%	0%	0%
Post-discharge support	2	1%	100%	0%	0%
Facilities	2	1%	50%	0%	50%
Being listened to	2	1%	50%	0%	50%
Approach to Care/ Care plan	2	1%	100%	0%	0%
With families	1	1%	0%	0%	100%
Nothing could be improved	1	1%	100%	0%	0%
Location	1	1%	100%	0%	0%
Costs / expenses	1	1%	100%	0%	0%
Grand Total	134	100%			

Central Locality Care Group - Treatment Question					
Theme	Total	% of Responses	Response to Staff FFT Question 2- Treatment Question		
			Recommend	Not Recommend	Unsure
Staffing levels	50	43%	60%	20%	20%
General	27	23%	59%	19%	22%
Waiting time	14	12%	79%	14%	7%
Time staff spend with SU	4	3%	100%	0%	0%
Staff/Staff	2	2%	50%	0%	50%
Staff/Service User	2	2%	100%	0%	0%
Availability of services	2	2%	100%	0%	0%
Approach to Care/ Care plan	2	2%	50%	50%	0%
Costs / expenses	2	2%	50%	0%	50%
Advice/Support	1	1%	100%	0%	0%
Funding	1	1%	100%	0%	0%
Personal development	1	1%	100%	0%	0%
Transition	1	1%	0%	100%	0%
Therapies	1	1%	100%	0%	0%
Operational hours of services	1	1%	100%	0%	0%
In own care	1	1%	100%	0%	0%
Facilities	1	1%	100%	0%	0%
Comment legible, but not applicable to question.	1	1%	100%	0%	0%
Carer Support	1	1%	100%	0%	0%
Nothing could be improved	1	1%	100%	0%	0%
Location	1	1%	100%	0%	0%
Grand Total	117	100%			

South Locality Care Group - Treatment Question					
			Response to Staff FFT Question 2- Treatment Question		
Theme	Total	% of Responses	Recommend	Not Recommend	Unsure
Staffing levels	53	36%	64%	17%	19%
General	23	16%	57%	22%	22%
Waiting time	23	16%	65%	4%	30%
Competency	7	5%	57%	0%	43%
Parking/Transport	4	3%	100%	0%	0%
Being listened to	4	3%	25%	0%	75%
Time staff spend with SU	3	2%	33%	0%	67%
Comment legible, but not applicable to question.	3	2%	100%	0%	0%
Kind & Compassionate	3	2%	33%	67%	0%
Individualised Care	2	1%	100%	0%	0%
Referrals	2	1%	100%	0%	0%
Advice/Support	2	1%	100%	0%	0%
Funding	2	1%	100%	0%	0%
Personal development	2	1%	100%	0%	0%
Post-discharge support	1	1%	100%	0%	0%
Other	1	1%	100%	0%	0%
Length and frequency of care/ treatment	1	1%	0%	0%	100%
Equipment	1	1%	100%	0%	0%
Availability of information	1	1%	100%	0%	0%
Availability of food/drinks	1	1%	100%	0%	0%
Approach to Care/ Care plan	1	1%	0%	100%	0%
Costs / expenses	1	1%	100%	0%	0%
Therapies	1	1%	100%	0%	0%
Carer Support	1	1%	100%	0%	0%
Location	1	1%	100%	0%	0%
Activities	1	1%	100%	0%	0%
Continuity of staff	1	1%	0%	0%	100%
Staff/Staff	1	1%	100%	0%	0%
Respect/ Trust	1	1%	0%	100%	0%
Grand Total	148	100%			

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25th April

Title and Author of Paper:
Quarterly Report on Safe Working Hours (Jan to Mar 2018) : Dr Bruce Owen (Director of Medical Education) & Amanda Venner (Head of Workforce Planning & Medical Education)

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 2018
- 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)
- Dr Clare McLeod- New Trust Guardian wef 1/2/18

Risks Highlighted to Board :

- 7 Exception Reports raised during the period Jan to Mar 2018 with TOIL being granted for 5, no action for 1 case and 1 case still awaiting outcome
- 14 Agency Locums booked during the period Jan to Mar covering both sickness and vacant posts
- On 7 occasions during the period the Emergency Rotas were implemented
- There have been no fines during the last quarter
- There have been a number of safety issues at CAV Site
- Impact of proposed changes in inpatient service configuration within Central Inpatient Units

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 – January to March 2018

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 116 trainees working into NTW with 50 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 15 trainees employed directly by NTW working as Trust Grade Doctors or Teaching Fellows. (Total 131).

Introduction

This is the 6th 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.

As the new contract is still in dispute it is being 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 160 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): 116 Trainees (Jan to Mar)

Number of doctors in training on 2016 TCS (total): 50 Trainees (Jan to Mar)

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

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

Amount of job-planned time for educational supervisors: 0.5 PAs per trainee – audit of job plans demonstrates that this time consistently in job plans

New Trust Guardian of Safeworking : Dr Clare McLeod

Exception reports (with regard to working hours)

		Exception Reports Received Jan - Mar				
Grade	Rota	Jan	Feb	Mar	Total Hrs & Rest	Total Education
F2						
CT1-3	St Nicholas			1	1	
CT1-3	NGH/CAV					
CT1-3	St George's Park	1	1	3	5	
CT1-3	RVI/CAMHS					
CT1-3	Hopewood Park					
CT1-3	Gateshead					
ST4+	Newcastle/North Tyne					
ST4+	South of Tyne		1		1	
Total		1	2	4	7	0

Work schedule reviews

During the last quarter there have been 7 Exception Reports submitted from Trainees; 6 on the new 2016 TCS in respect to exceeding Hours & Rest (all for late finishes) with an additional 1 from trainee on the 2002 TCS. The outcome of which was that TOIL was granted for 5 cases, 1 no action required and 1 case is still open awaiting outcome of a decision. The exceeded hours ranged from a minimum of 1.5 hours to a maximum of 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 additional payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by site				
Specialty	Jan	Feb	Mar	Total
Neuro Rehab				
Hopewood Park	1	1	1	3
Gateshead	1			1
NGH	1	2	1	4
RVI				
SNH			1	1
CAMHS				
LD				
SGP	3	1	1	5
South of Tyne				
North of Tyne				
Total	6	4	4	14

Locum bookings (agency) by grade				
	Jan	Feb	Mar	Total

F2				
CT1-3	6	4	4	14
ST4+				
Total	6	4	4	14

Locum bookings (agency) by reason				
	Jan	Feb	Mar	Total
Vacancy	6	4	4	14
Sickness				
Total	6	4	4	14

b) Locum work carried out by trainees

Area	Shifts worked	Hours worked	Hours to cover sickness	Hours to cover OH Adjustments	Hours to cover Special Leave	Hours to cover a vacant post
SNH/Ntyne	17	162.25	67	50	4.25	41
SGP	41	357.75	78.25		28.75	250.75
Gateshead	8	58	33	16.5		8.5
Crisis	9	54.25	4.25		4.25	45.75
Hopewood Park	16	148	20.75			127.25
RVI	14	91.5		45.75	4.25	41.5
NGH	17	144.25	107	37.25		
Ncl/N Tyne	33	340.25	143.25		197	
CAMHS	6	25.5				25.5
Total	161	1381.75	453.50	149.50	238.5	540.25

c) **Vacancies**

Vacancies by month					
Area	Grade	Jan	Feb	Mar	Total
NGH/CAV	CT	2	2	2	6
SNH	CT	1	1	1	3
SGP	CT GP	3 1	3 1	3 1	9 3
RVI	CT				
HWP	CT GP	2	2	2	6
Gateshead	All				
Total		9	9	9	27

d) **Emergency Rota Cover**

Emergency Rota Cover by Trainees				
	Rota	Jan	Feb	Mar
Vacancy	SGP,	2	1	
Sickness/Other	Crisis, GHD, SGP	2	1	1
Total		4	2	1

e) **Fines**
There have been no fines during the last quarter.

Qualitative information:

Very low numbers of exception reports in this quarter.

Issues arising

New Guardian has been in post since 1st February 2018 and has attended two and chaired one Guardian Forum Meeting.

Out-with exception reporting over the reporting period two significant issues have been raised with the Guardian and Trust medical education team. The first relates to safety at CAV site, following a number of incidents in the vicinity of the site. Trainees have been made aware of measures already established and newly put in place to manage this risk for trainees working out of hours at this site. This has been a joint piece of work with the trust safety team.

The second relates to the impact of proposed changes in inpatient service configuration within the central inpatient units. It is planned that trainees will work alongside the medical education teams and inpatient services to look at the implication of these changes particularly on out of hours working.

Work is also ongoing to improve the handover process for Junior Drs.

Summary

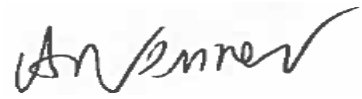
Work is continuing to promote the importance of exception reporting and emphasize that it is a positive process.

Following handover Dr Clare McLeod, the new Trust Guardian, will provide an update in the next Quarterly Guardian report.

Prepared in **April 2018** by:

Dr Bruce Owen

Consultant Psychiatrist
Director of Medical Education



Amanda Venner

Head of Workforce Planning & Medical Education

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date:	25th April 2018

Title and Author of Paper:	Visit Feedback Themes – Quarter 4: January 2018 to March 2018 Johanne Wiseman, PA to Executive Director of Nursing and Chief Operating Officer, and Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

Paper for Debate, Decision or Information:	Information

Key Points to Note:

To provide an update to the Board of Directors on visits that have been undertaken by Senior Managers during the last quarter, including any outstanding visits not included in the previous quarterly report. A list of all areas visited is available at appendix 1 and copies of individual reports are available by contacting Johanne Wiseman, PA to Gary O'Hare.

Key themes and issues arising from the visits include:

<u>Environmental issues:</u>

- The team is based in an outdated, cramped building, on the Sunderland Royal Hospital site, which stands in marked contract with the many new and refurbished departments nearby. It is not fit for purpose and relocation to better on-site accommodation would not only boost morale but would, more appropriately, represent recognition by the Acute Trust for their important and highly valued work.

- The environment can be very cold in winter, however whilst this issue has been raised with the site landlords (NuTH Trust) no solutions have been found as yet.

- Unit is clean, tidy and highly organised.

- Ward is divided into two units and is currently undergoing a process of integrating the two wards into a single unit, which involves the removal of two locked doors between the units.

- The environment is a little dated, but with a great deal of activity / therapy and engagement options such as a sports hall and gym.

Staffing:

- There were problems with medical consultant cover over the Christmas, and other holidays, which has led to delays for patients and wasted time for team members.

- Challenges are being faced in relation to medical workforce shortages and the team have identified the need for a clinical pharmacist to join the MDT to support medication reviews and increase independent prescribing capacity.

- Effective succession planning is important ahead of the retirement of the team's most experienced staff within the next five years.

- Staff members were positive and enthusiastic about their roles and how they are supported by management.

- Although clearly busy, the staff were helpful and engaging, and clearly highly committed to their work.

- The main issue for the team is the difficulty in recruiting suitable admin cover via the central recruitment process (having previously received two unsuitable staff members via this route). It is felt that the complexities of the role, including activities such as understanding clinical trials and blinding procedures, would be better suited to a more targeted recruitment campaign.

Other points of note include:

- Whilst there is a quiet area for the young people to see their visitors, on rare occasions if there are a number of visitors at the same time then some visits may need to take place in the young person's room.

- Calm atmosphere with plenty of facilities, including: activities and recreation centre; art room; café; educational and IT suite; flower meadow; group rooms; interview rooms; listening posts, providing young people's poetry; and meeting rooms.

- A fantastic team, incredibly enthusiastic about the service they provide working across the NTW and TEWV footprint, however they expressed the challenges they face in relation to meeting the needs of a significant geographical area down to Yorkshire and concerns around national funding split based on population rather than demand.

- Working across the two organisations the team were able to express areas of good practice and improvements we could learn from, however one of the things the team are keen to resolve is the issue to PARIS (which is TEWV's clinical information system), but this is being taken forward jointly across the two trusts.

- Service is currently open two days per week but there is potential to return to opening more days per week.

- The loss of digital dictation is seen as a serious error which has led to increased waste and staff dissatisfaction and there is a need to reconsider digital dictation availability.

- There are multiple compliments and thank you cards in evidence on the unit with frequent reports in the bulletin.

- An impressive team, highly skilled and a credit to our organisation.

- Dealing with a complex range of issues, the new data protection regulations to be implemented during 2018 are going to add further to their workload and complexity of the tasks.

- The team provide an ageless service and received over 4000 referrals in 2016/2017 and the average response time for patients being seen in the emergency department is 40 minutes (97% within target).

- The team score highly in service user and carer satisfaction surveys, and their work is highly regarded and valued by ED colleagues.

- High functioning, progressive service which clearly has service development, improvement and innovation as its core strategy.

- A high quality, tertiary care service which is highly regarded and generates an operating surplus for the organisation. Even though the cost of care provided is relatively high, it is recognised by commissioners as representing good value as it has been shown to reduce costs in the longer term.

- Makes significant use of technology (Skype, surface hub, etc.) to maintain contact with families living at distance, commissioners and other providers.

- No major day to day problems but there is concern with regard to future funding as block contracts for inpatient services may be withdrawn.

- There is concern that the service could be used with significant benefit earlier in patient journeys and that better outcomes are being missed.

- The service has many ideas on how to expand and develop which could be explored with benefit, as well as offering their highly specialised expertise more widely as this is only one of three centres in the UK.

- Service has existed with no change for many years, providing a high level of support for a very small number of people with a high level of need. There have been very few Director visits to the service and there is a sense that there is little understanding of their work at very senior levels of NTW.

- A busy range of diverse clinics on different days led by a range of professionals and supported by specialised highly trained nurses.

- The main issues for the team are external – they feel bed closures across the system due to Transforming Care have created extra pressures for the highly specialised beds in the KDU.

- Aware of some discussion around a new infrastructure planning / moves which may affect them in the future, whilst creating some uncertainty staff feel that they are kept informed by their management structure.

- Withdrawal of digital dictation has been seen as a major limitation and there is a high level of frustration and significant dissatisfaction with M Modal.

- Problems with finding parking places, by both staff and patients, has resulted in a number of missed appointments over the last six months as people could not get parked.

- There have been problems with late cancellation of assessment appointments, together with a number of DNA events.

- The number of people on the waiting list for treatment has reduced over previous months, currently there are 110 people on the waiting list, however the waiting time from assessment to treatment has reduced from 18 months to 7 months.

The visit programme for 2018 / 2019 is now complete and has been forwarded to Senior Managers so that visits can be arranged.

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

Link to Policies and Strategies: Staff and patient engagement

APPENDIX 1

Name of Service	Date	Senior Manager
Redburn & PICU, Ferndene	3rd January 2018	Jackie Jollands
Veterans Service	5th January 2018	Lisa Quinn
Bamburgh Clinic	11th January 2018	Tim Docking
Ingram Ward, Northgate	17th January 2018	Tim Donaldson
Jane Palmer Day Unit	29th January 2018	Carole Kaplan
Newcastle North Older Peoples Community Mental Health Team	30th January 2018	Tim Donaldson
Medico Legal & Information Governance	1st February 2018	Rajesh Nadkarni
Sunderland Psychiatric Liaison Team	5th February 2018	Tim Donaldson
Pharmacy, St Nicholas Hospital	7th February 2018	Rajesh Nadkarni
Neuro Outpatients, Walkergate Park	8th February 2018	Simon Douglas
Ward 1a / b, Walkergate Park	8th February 2018	Simon Douglas
Regional Affective Disorders Service	15th February 2018	Carole Kaplan
Cheviot Day Unit	8th March 2018	Simon Douglas
Intensive Support Team, Monkwearmouth	26th March 2018	Carole Kaplan
Sunderland North Team, Monkwearmouth	26th March 2018	Carole Kaplan
Complex Neurodevelopmental Disorders Service, Walkergate Park	29th March 2018	Simon Douglas

Agenda item 9ii

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 25th April 2018

Title and Author of Paper:

Quarter 4 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework has been assessed by NHS Improvement as segment 1 (maximum autonomy). Last updated on NHS Improvement website October 2017.

2. The Trust Finance templates are now submitted to NHS Improvement on a monthly basis. This month a key data return is due for submission on 17th April with a full return based on the draft accounts due for submission on 24th April. The Trust's draft Use of Resources rating is a 1 at Q4 (Q1, Q2 and Q3 were also a 1).

3. From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At 2017-18 quarter 4 the Trust is reporting it will achieve its year-end control total so this statement is not required.

4. Information on the Trusts Workforce is submitted to NHSI on a monthly basis the report includes a summary of the information which has been submitted in the 4 quarters of 2017/2018.

5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis this report includes a summary of this information for 2017/2018.

6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention which have taken place during quarter 4 of 2017/2018 have 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 and are due for submission to NHS Improvement on the 17th and 24th April 2018.

To note the Quarter 4 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

25th April 2018

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 4 2017-18

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 1 – maximum autonomy.

Until October 2016, Monitor provided all Trusts with ratings in relation to continuity of services and governance risk ratings. These are now overseen by NHS Improvement using the Single Oversight Framework who have assessed the Trust for Quarter 1, 2, 3 and 4 of 2017-18 as segment 1 – maximum autonomy, this is an improvement on segmentation in Quarter 4 of last year when the Trust was assessed as segment 2 – targeted support.

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 – Q3 17-18**	**Q4 17-18**
Single Oversight Framework Segment	n/a	2	1	1
Use of Resources Rating	n/a	2	1	1
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 12 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis). These figures are based on the draft annual accounts which are currently being finalised and are due for submission on 24 April 2017:-

	Year End		
Key Financial Targets	**Plan**	**Actual**	**Variance/ Rating**
Monitor Risk Rating	1	1	Green
I&E – Surplus /(Deficit)	£7.1m	£7.2m	£0.1m
FDP - Efficiency Target	£10.6m	£10.6m	£0.0m
Agency Spend	£8.6m	£7.7m	(£0.9m)
Medical Agency Spend	£3.1m	£3.0m	(£0.1m)
Cash	£19.8m	£23.0m	£3.2m
Capital Spend	£12.4m	£6.1m	(£6.3m)
Asset Sales	£1.0m	£0.4m	▼ (£0.6m)

Risk Rating

		Year-End	
Risk Ratings	**Weight**	**Plan**	**Risk Rating**
Capital Service Capacity	20%	3	3
Liquidity	20%	1	1
I&E Margin	20%	1	1
Variance from Control Total	20%	1	1
Agency Ceiling	20%	1	1
Overall Rating		**1**	**1**

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 month 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 the 4 quarters of the year. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 3	Month 6	Month 9	Month 10	Month 11	Month 12
	Actual WTE	Actual WTE	Actual WTE	Actual WTE	Actual WTE	Actual WTE
Total non medical - clinical substantive staff	3,943	3,917	3,963	3,959	3,964	3,969
Total non medical - non-clinical substantive staff	1,619	1,617	1,572	1,569	1,576	1,581
Total medical and dental substantive staff	305	324	314	311	329	320
Total WTE substantive staff	**5,866**	**5,858**	**5,849**	**5,839**	**5,869**	**5,870**
Bank staff	239	293	256	257	258	278
Agency staff (including, agency and contract)	158	171	157	144	160	142
Total WTE all staff	**6,264**	**6,322**	**6,262**	**6,241**	**6,287**	**6,289**

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 price cap shifts reported during the year.

Price Cap Breaches

Staff Group	April 3/4 - 30/4	May 1/5 - 28/5	June 29/5 - 25/6	July 26/6 - 30/7	August 31/7 - 3/9	Sept 4/9 - 1/10	Oct 2/10 - 29/10	Nov 30/10 - 3/12	Dec 4/12 - 1/1	Jan 2/1 - 29/1	Feb 5/2 - 26/2	Mar 5/3 - 26/3
Medical	70	40	45	70	72	64	81	110	88	78	69	85
Nursing	15	20	20	20	25	20	20	25	20	20	20	20
Total	85	60	65	90	97	84	101	135	108	98	89	105

At the end of March the Trust was paying 4 medical staff above price caps (1 consultant, 2 associate specialist and 1 Speciality Doctors).

At the end of March, the top10 highest paid agency staff were all consultants. The one above cap is costing the Trust £99.98/hour and the Trust were also paying for 9 consultants at the cap rate of £76.10/hour. The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	7 to 8 years	5 to 6 years	4 to 5 years
Consultant	1		
Associate Specialist			1
Audio Typists		3	5

The Audio Typists are expected to transfer into NTW Solutions at the end of Q1 18/19.

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 of and specific items for information, it is these issues that are included within this report.

Board Changes & Governor Elections 2017

Board of Directors:

Ken Jarrold, Chair, commenced 1 February 2018

Council of Governors:

- Cllr David Townsley, Appointed Governor, South Tyneside Council* – resigned 1.2.2018 *Replacement governor appointed 5.4.2018
- Austin O'Malley, Public Governor, Newcastle/Rest of England and Wales – resigned 31.3.2018
- George Hardy, Carer Governor, Learning Disability Services – term of office ended 31.3.2018

Present vacancies:

- Carer Governors x 3 (Adult Services, Children and Young People's Services and Learning Disability Services)
- Public Governor for Newcastle/Rest of England and Wales
- Community and Voluntary sector Governor

Never Events

There were no never events reported in Quarter 4 2017 - 2018 as per the DH guidance document.

Adverse national press attention Q4 2017-18

January

Nothing of note

February

Nothing to note

March

Article in the Sunday Sun entitled "Was Rachel failed by mental health trusts?" A coroner will decide whether an 'Article 2 inquest' should be held into the death of Rachel Tasker's care involving South London and Maudsley NHS Foundation Trust and NTW.

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

- A request from NHSI was received on 30 October for the 2016/17 corporate services national data collection. This data was returned to NHSI on 24 November 2017 and 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.

Carter Review

- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS
To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
April 2018

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	25/04/2018
Title and Author of Paper:	Data and Cyber Security Standards Darren McKenna, Director of Informatics
Executive Lead:	Lisa Quinn Executive Director of Commissioning & Quality Assurance
Paper for Debate, Decision or Information:	Decision (paper sign off)

Key Points to Note:

A recent NHS Improvement bulletin has highlighted a requirement to have a cyber security return signed off at board level prior to 11th May. The briefing paper summarises the Trust's current position in relation to the published set of 10 data and cyber security standards called the 2017/2018 security protection requirements (DSPR) that all providers of health and care must comply with.

Risks Highlighted to Board : Risks to information security.

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: N/A

Outcome Required: Board level sign off required by 11th May

Link to Policies and Strategies: Informatics Strategy.

Executive Briefing - Data and Cyber Security Standards
12th April 2018

Introduction

To improve data security and protection for health and care organisations, the Department of Health and Social Care, NHS England and NHS Improvement published a set of 10 data and cyber security standards called the 2017/18 data security protection requirements (DSPR) that all providers of health and care must comply with.

The 2017/18 DSPR standards are based on recommendations by Dame Fiona Caldicott, the National Data Guardian (NDG) for health and care, and confirmed by the government in July 2017.

The standards were published at the end of 2017, but the process for reporting has only recently been published. In the future, it is expected that the requirements will be built into the IG Tookit (renamed as Data Security and Protection Toolkit) and NHS Improvement oversight arrangements. However, confirmation is required for 2017/2018.

Full details of the requirements, and the return required can be found here https://improvement.nhs.uk/resources/data-and-cyber-security-standards/

Below is a summary of the current position, and ongoing work to meet these standards. The deadline for submission is 11th May, though the return must be signed off by the board and has been added to the agenda for the 25th April.

Current Position

Based on the webform return (see link above), the current or expected response to the standards for NTW is as below. Any outstanding actions or points of note have been included for information:

Standard	Response	Actions/Comments
1 – Senior Level Responsibility There must be a named senior executive responsible for data and cyber security in your organisation.	**Fully Implemented** The organisation has a named senior executive who reports to the board who is responsible for data and cyber security and this person is also the SIRO	Lisa Quinn (SIRO) is the named senior executive.

2. Completing the Information Governance toolkit v14.1 By 31 March 2018 organisations are required to achieve at least level 2 on the Information Governance (IG) toolkit	**Fully implemented** The organisation has completed the IG toolkit, submitted its results to NHS Digital and obtained either level 2 or 3.	The Trust has declared compliance. Ongoing validation of IG Training data continues (see standard 4).
3. Preparing for the introduction of the General Data Protection Regulation in May 2018 The beta version of the Data Security and Protection toolkit was released in February 2018 and will help organisations understand what actions they need to take to implement the General Data Protection Regulation (GDPR) which comes into effect in May 2018.	**Fully Implemented** By May 2018, the organisation will have an approved plan to detail how it will achieve compliance with the GDPR. This will have board-level sponsorship and approval.	Angela Faill is planning to present the Trust's GDPR plan at May's board meeting.
4. Training staff All staff must complete appropriate annual data security and protection training.	**Fully Implemented** At least 95% of staff have completed either the previous IG training or the new training in the last twelve months.	As noted above, the Trust declared compliance against the standard for IG training, however, manual collation of the final data was required. This data is currently being validated and ESR/Training records updated to reflect this position. The data currently shows the Trust achieved 95.01%. The new Data Security and Protection Toolkit is likely to monitor training compliance more frequently through the year, and possible directly from ESR in the future. Therefore, the Trust needs to be in a position where it maintains 95% IG training.

5. Acting on CareCERT advisories - Identify a primary point of contact for your organisation to receive and co-ordinate your organisation's response to CareCERT advisories, and provide this information through CareCERT Collect - act on CareCERT advisories where relevant to your organisation - confirm within 48 hours that plans are in place to act on High Severity CareCERT advisories, and evidence this through CareCERT Collect	**Fully Implemented** The organisation has registered for CareCERT Collect. **Yes** The organisation has plans in place for all CareCERT advisories up to 31/3/2018 that are applicable to the organization (Note: the plan could be that the board accepts the residual risk) **Fully implemented** The organisation has clear processes in place that allow it to confirm within 48 hours of a High Severity CareCERT advisory being issued that a plan is in place **Fully implemented** The organisation has in post a primary point of contact who is responsible for receiving and coordinating CareCERT advisories.	CareCERT alerts are managed by the Infrastructure team and actioned by the duty first line responder during working hours. Currently CareCERT only work Monday to Friday 9-5 and no alerts have been received out of hours. Out of hours on-call staff would be able to initially assess high severity advisories, but depending on the nature of the advisory additional resource and support may be required to fully assess. Any advisories assessed as a high threat would invoke emergency response procedures. The CareCERT advisory process is relatively new and the current plans and processes in place will need to be monitored for effectiveness. There are plans by CareCERT to implement a 24/7 Security Operations Centre during 2018/19 which could increase the number of alerts which the Trust is expected to deal with, particularly out of hours. If there was a significant rise in alerts response plans and resource levels would need to be reviewed.

6. Business continuity planning Comprehensive business continuity plans must be in place to support the organisation's response to data and cyber security incidents The Trust must state if their business continuity plan in place has it been tested in 2017/18?	**Partially implemented** The organisation is developing a business continuity plan(s) for data and cyber security incidents. The plan(s) will take into account the potential impact of any loss of services on external organisations in the health and care system. **No** The business continuity plan for data and cyber security incidents has not been tested in 2017/18	The Trust has disaster recovery and business continuity plans for IT outages, regardless of cause. Work is being undertaken to review these plans and assess if any further work is required to manage cyber and data security incidents. As noted above, the Trust does not make specific reference to data and cyber security in its plans. However, the Trust's business continuity plans were enacted during the Wannacry incident in May 2017, though the Trust suffered limited impact.
7. Reporting incidents Staff across the organisation must report data security incidents and near misses, and incidents should be reported to CareCERT in line with reporting guidelines. Incidents should be reported to CareCERT.	**Fully implemented** The organisation has a process or working procedure in place for staff to report data security incidents and near misses	Data and security incidents are reported via the Trust's incident reporting system (web based and IR1 system) and issues are investigated and documented on Safeguard. There is an action to check that the criteria and process for reporting to CareCERT is clear.

8. Unsupported systems Your organisation must: - identify unsupported systems (including software, hardware and applications) - have a plan in place by April 2018 to remove, replace or actively mitigate or manage the risks associated with unsupported systems.	**Fully implemented** The organisation has reviewed all its systems and any unsupported systems have been identified and logged on the organisation's relevant risk register **Fully implemented** By May 2018 the organisation will have developed a plan to remove, replace or actively mitigate or manage the risks associated with unsupported systems	Work has been done to review systems, and this is being double checked (the definition of unsupported isn't 100% clear) prior to the submission of this return to ensure all systems are fully supported, and if not the risk register updated. Generally, the trust is in a good position in terms of maintaining up-to-date software on its core IT infrastructure. A forward plan is being developed to prepare for the end of support on Windows 7 and Office 2010 in 2020. Due to the way licensing is changing, it is likely additional funding, and/or transfer of capital to revenue will be required to maintain supported software.
9. On-site cyber and data security assessments **Your organisation must:** - have undertaken or have signed up to an on-site cyber and data security assessment by NHS Digital - act on the outcome of that assessment, including any recommendations, and share the outcome of the assessment with your commissioner	**Not implemented (see notes).** **Yes** The organisation has used an external vendor to audit the organisation's data and cyber security risks	Informatics have not been requested to take part in a cyber and security assessment by NHS Digital before March 2018. However, a query has been raised via NHS Improvement to clarify the process and we are looking towards getting assessed later this year depending on slot availability from NHS Digital. Additional internal work has been undertaken to assess ourselves against the cyber essentials standards and develop an

		improvement plan. I have requested a closed board development session slot to present this along with a general awareness session about cyber security. The Trust has had several IT audits carried out by the Audit One audit consortium, and also uses external companies to carry out penetration testing.
10. Checking Supplier Certification Organisation should ensure that any supplier of critical IT systems that could impact on the delivery of care, or process personal identifiable data, has the appropriate certification (suppliers may include other health and care organisations).	**Partially implemented** By May 2018, the organisation will have checked suppliers of IT systems that relate to patient data, involve clinical care or identifiable data have appropriate certification, and can evidence that all suppliers have such certification.	Suppliers of new systems are assessed during procurement. The list is currently being reviewed and updated to ensure suppliers are maintaining their accreditation. Prior to this new guidance, suppliers would be required to meet the supplier IG Toolkit level 2.

Conclusion

Prior to the development of a Board Paper for the Board on 25th April, the Trust executive team are asked to consider this information which will form the basis of the paper and the Trust's response to NHS Improvement.