




Board of Directors Meeting (PUBLIC)

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

Agenda

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




Northumberland, Tyne and Wear
04/18/2019 14:21:55

Quality, Clinical and Patient Issues

8. NTW Zero Suicide Plan

Discussion


Dr Uri TorresConsultant

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

9. Service User and Carer experience (Quarter 4)

Discussion



Executive Director of Commissioning and Quality Assurance

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

10. Guardian of safe working hours

Decision


Executive Medical Director

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

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

Decision


Executive Director of Commissioning and Quality Assurance

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

12. Commissioning and Quality Assurance Report (Month 12)

Decision

Executive Director of Commissioning and Quality Assurance


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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

13. Safer Care Report (Quarter 4)

Discussion


Executive Director of Nursing/ Chief
Operating Officer


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

14. Analysis of Natural and Unnatural Deaths

Discussion

Executive Director of Nursing/ Chief
Operating Officer

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

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

15. Visit Feedback Themes (Quarter 4)

Discussion

Executive Director of Nursing/ Chief
Operating Officer


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

Workforce

16. Staff Friends and Family Report (Quarter 4)

Discussion

Acting Executive Director of
Workforce and Organisational

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

Strategy and Partnerships


17. CEDAR Project

Decision

James Duncan, Deputy Chief
Executive/ Executive Director of

17.1. - Updated Strategic Outline Case

 17.1.1 CEDAR board paper.pdf (4 pages)

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55


- 17.2. - Approval of Interim Funding
18. Integrated Care System Update

Verbal/Information
Chief Executive

Regulatory

19. Quarterly Report to NHS I & submissions


Discussion
Executive Director of
Commissioning and Quality

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


20. CQC Must Do Action Plans

Discussion
Executive Director of
Commissioning and Quality

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

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

- 20.2. Rapid Tranquilisation

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

21. Contract update

Verbal/Information
Executive Director of
Commissioning and Quality

Minutes/Papers for Information

22. Committee updates

Verbal/Information
Non-Executive Directors

23. Council of Governors' Issues

Verbal/Information
Chair

24. Any other Business

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Chair

25. Questions from the Public

Discussion

Chair

Date, time and place of next meeting:

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

Information

Chair

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

Present:

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

In attendance:

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

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

1. Service User and Carer Experience Story

Ken Jarrold opened the meeting and welcomed those in attendance.

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

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

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

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

2. Apologies for absence:

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

3. Declarations of Interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 27th February 2019

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

Approved

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

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

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

6. Chair's remarks

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

The Board received and noted the Chair's Remarks.

7. Chief Executive's report

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Quality, Clinical and Patient Issues

8. Northgate (Past, Present and Future)

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

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

Ken thanked the team for an enlightening presentation.

9. Annual Quality Priorities 2019/20

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

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

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

Approved

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

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

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

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

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

11. Commissioning and Quality Assurance Report (month 11)

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

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

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

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

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

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

Workforce

12. National Staff Survey Results

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

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

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

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

Action

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

13. Interim Workforce Implementation Plan – ICS Response

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Strategy and Partnerships

14. 2019/20 Operational Plan and approval of budgets

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

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

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

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

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

Approval

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

Action

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

Minutes and papers for information

15. Committee Updates

There were no updates from Board Sub-Committees.

Northumberland, Tyne and Wear
04/18/2019 14:21:55

16. Council of Governor issues

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

17. Any other business

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

There was no other business to discuss.

18. Questions from the public (time permitting)

There were no questions from the public.

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Board of Directors Meeting

Action Sheet as at April 2019

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

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24 April 2019

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Trust updates

1. North Cumbria Mental Health and Learning Disability Services
2. Mental Health services in Bengaluru

Regional updates

3. Integrated Care System

National updates

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

Outcome required: For information

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Chief Executive's Report

24 April 2019

Trust updates

1. North Cumbria Mental Health and Learning Disability Services

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

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

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

2. Mental Health services in Bengaluru

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

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

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

Regional updates

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

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

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

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

National updates

4. Clinically Led Review of Access Standards

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

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

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

5. Financial Framework for Integrated Care Systems

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

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

6. Kings Fund Report: Outcomes for Mental Health

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24.4.19

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

Executive Lead: Dr Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

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

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

Risks Highlighted to Board :

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

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

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **No**

If Yes please outline

Equal Opportunities, Legal and Other Implications:

None

Outcome Required: Support from the board as requested by NHSE

Link to Policies and Strategies:

Five Year Forward View for mental health (2016)

NHS Long Term Plan (2019)

NHSE Serious Incident Framework (2015)

CQC Learning, Candour & Accountability (2016)

NQB Learning from Deaths Guidance (2017)

NQB/NHSE Engaging bereaved families guidance (2018)

National Confidential Inquiry into Suicide & Patient Safety (2018)

National Suicide Prevention Strategy (2019)

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

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

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

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

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

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

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

NTW ZERO SUICIDE PLAN

National context

Regional picture

NCISH 10 Steps to Safer Services and NCISH Toolkit

Expected outcomes from our Zero Suicide Plan

Innovations

Risks/ Challenges

Evaluation



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

NATIONAL SUICIDE PREVENTION STRATEGY WORKPLAN (JANUARY 2019)

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

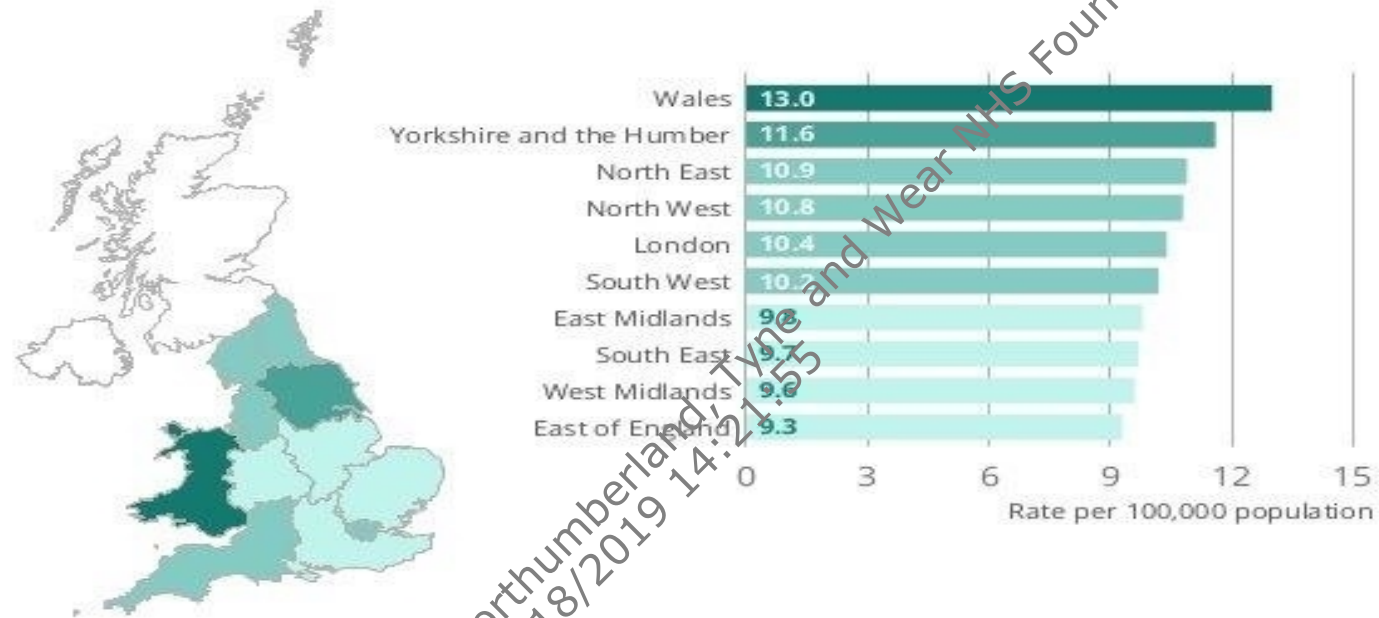
Provider zero suicide plans are intended to complement local authority Public Health
England –led suicide prevention action plans which had to be devised by June 2018

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



NATIONAL SUICIDE RATES

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



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

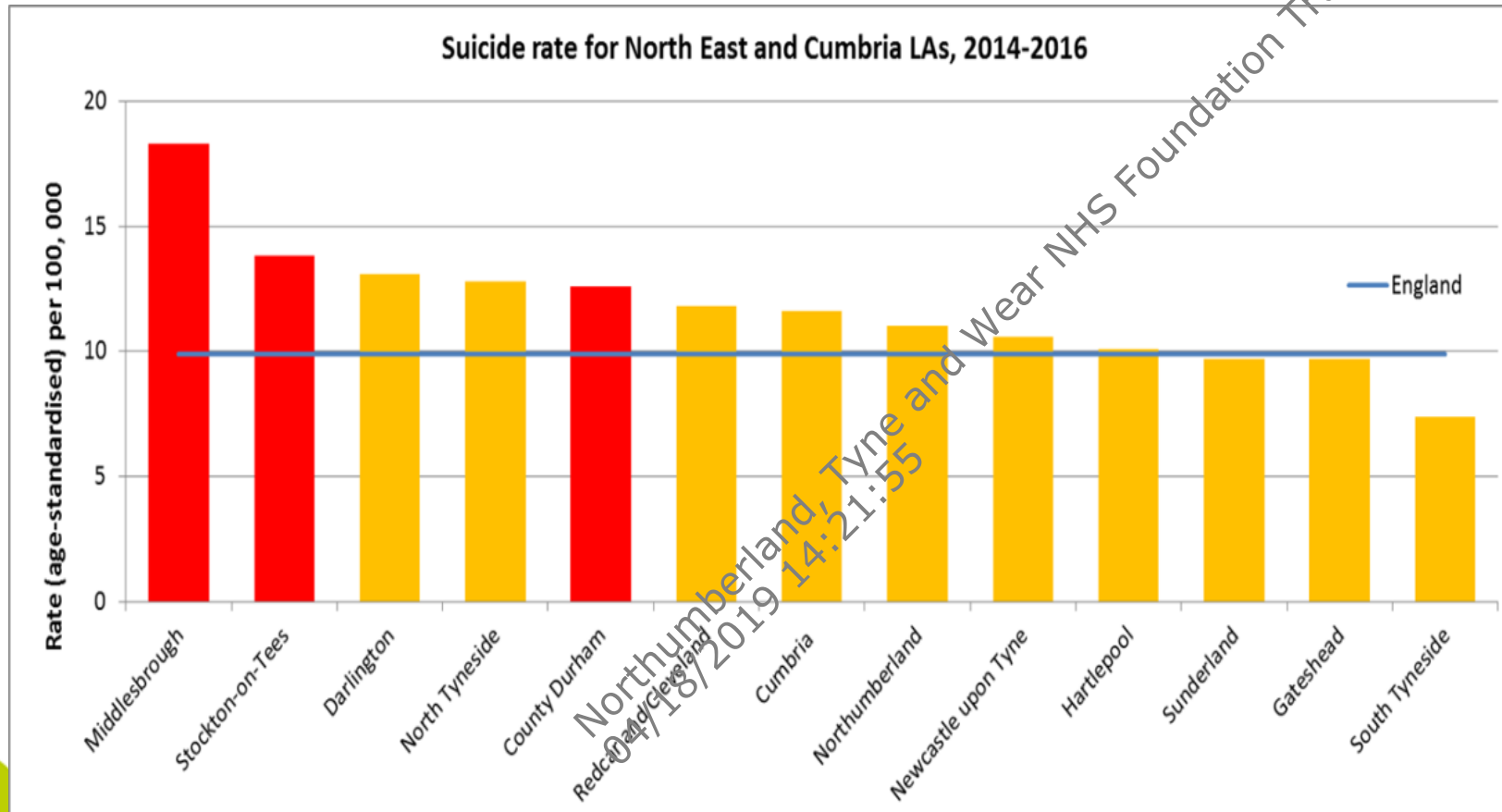
Office for National Statistics

Suicide MATTERS

Prevention

NHS
Northumberland,
Tyne and Wear
NHS Foundation Trust

REGIONAL SUICIDE RATES



Suicide MATTERS
Prevention

ZERO SUICIDE: EVERY LIFE MATTERS ICS SUICIDE PREVENTION GROUP

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

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

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



Northumberland, Tyne and Wear NHS Foundation Trust #547326
04/18/2019 14:21:55

SUICIDE PREVENTION IN HEALTHCARE SETTINGS

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

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





NCISH TOOLKIT

The National Confidential Inquiry into Suicide and Safety in Mental Health

Safer services:

A toolkit for specialist mental health services and primary care



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:51:55

NTW ZERO SUICIDE PLAN- EXPECTED OUTCOMES

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

To reduce the incidence of self harm and repeated self harm

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



NTW INNOVATIONS FOR SUICIDE PREVENTION

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

2018- HF training for execs / senior managers

Links with universities to clarify pathways

GP quarterly psychiatry updates

Family engagement in learning lessons after suicide

Annual “Learning Lessons from Serious Incidents” conference



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/19/2019 14:21:15

NTW INNOVATIONS FOR SUICIDE PREVENTION

Leadership on Learning Lessons after suicides ICS work stream

Research undertaken on postvention support and clinical risk assessment

Clinicians with postvention expertise

Safer Care Bulletins

Clinicians on national ERG for Safety Planning



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/08/2019 14:21:55

NTW INNOVATIONS FOR SUICIDE PREVENTION

Universal Crisis Team – North Locality

Liaison teams offering evidence based interventions after self harm



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

RISKS/CHALLENGES TO OUR ZERO AMBITION

WITHIN THE ORGANISATION:

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

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

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



WIDER SYSTEM CHALLENGES

Patchy real time support across ICS

Inconsistency in coroners' conclusions

Incomplete representation from partners across the ICS

IAPT services exclusion criteria (nationally)

Inconsistent use of evidence based methodologies for investigating suicides across ICS



EVALUATION OF IMPACT/EFFECTIVENESS

NCISH Toolkit – process measures

NCISH Safety Scorecard – process and outcome measures

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

Local audits



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:24:55

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

Meeting Date: 24th April 2019

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

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

Risks Highlighted: n/a

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

Equal Opportunities, Legal and Other Implications: n/a

Outcome required: for information

Link to Policies and Strategies: n/a

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Service User and Carer Experience

Quarter 4 2018/19 Update

Executive Summary:

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

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

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

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

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

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

1. Purpose and Background

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

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

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

2. Recent local and national developments

Friends and Family Test development project

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

Planned dashboard developments 2019

Dashboard developments being undertaken remain:

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

NEQOS review of patient experience Board Assurance

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

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

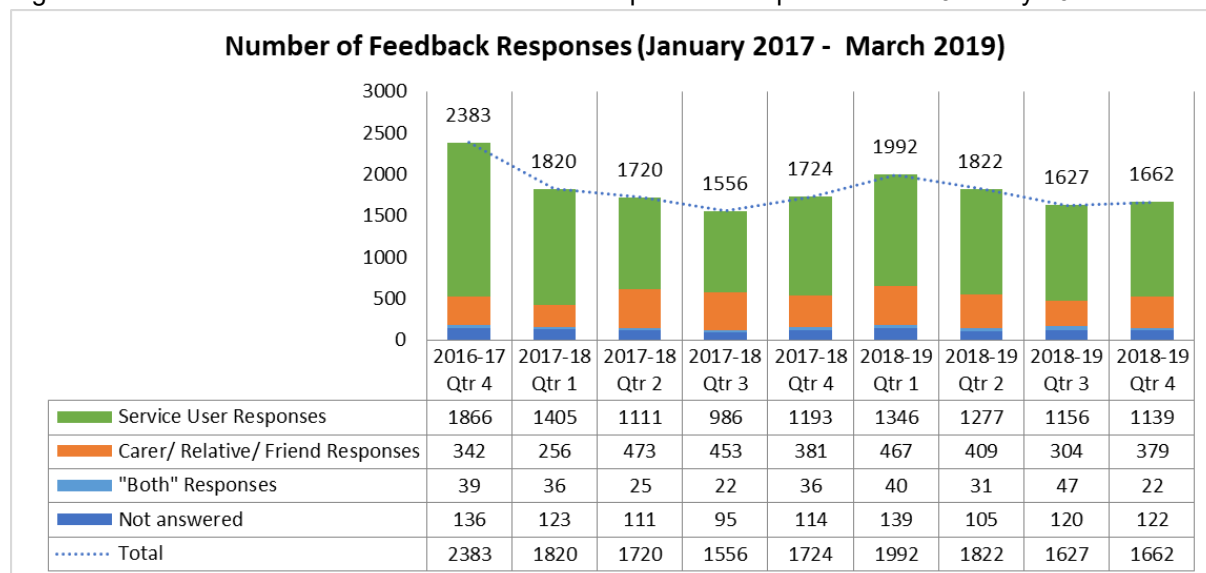
The Trust has participated in this research and the final report is still awaited.

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

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

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

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



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

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

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

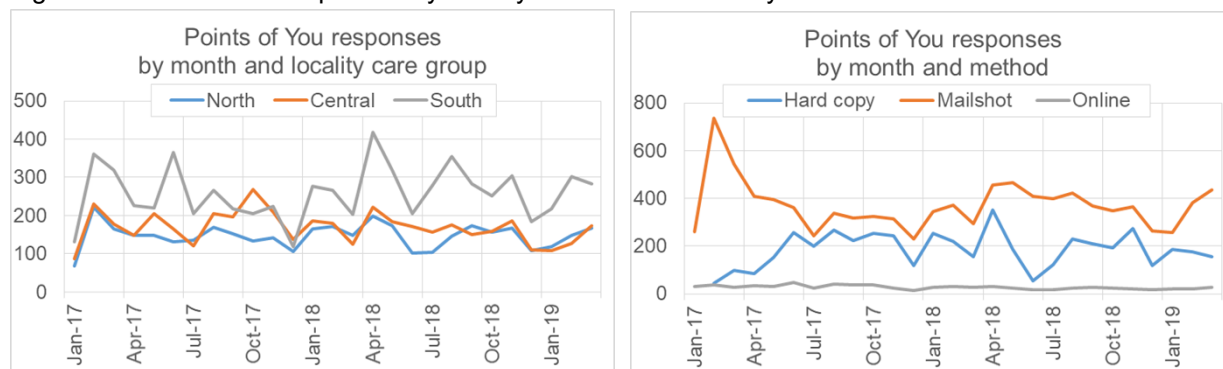
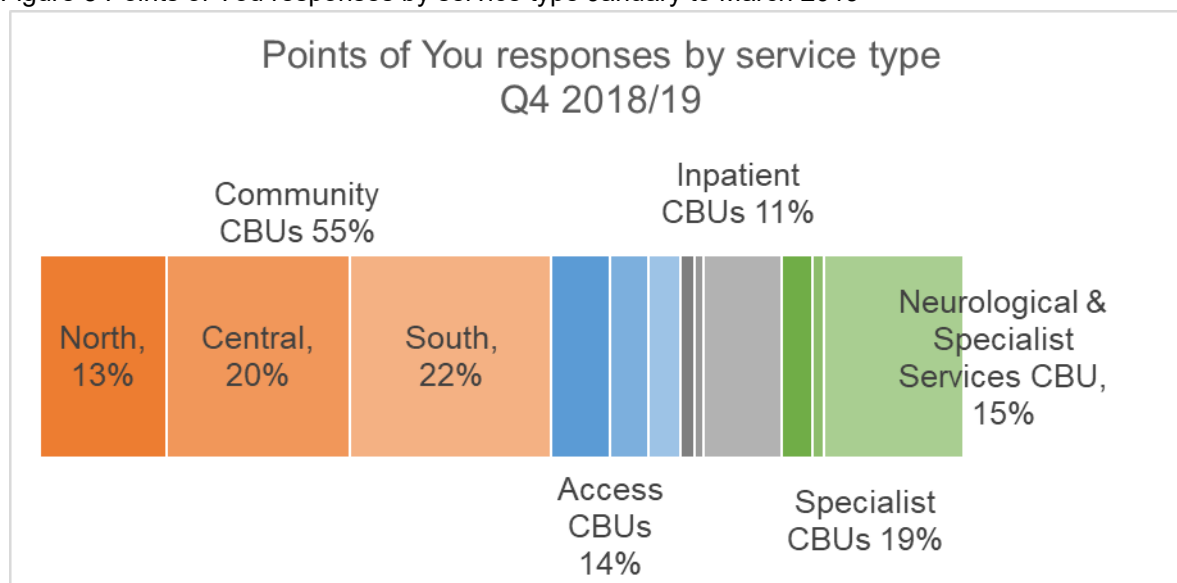


Figure 3 Points of You responses by service type January to March 2019



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

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

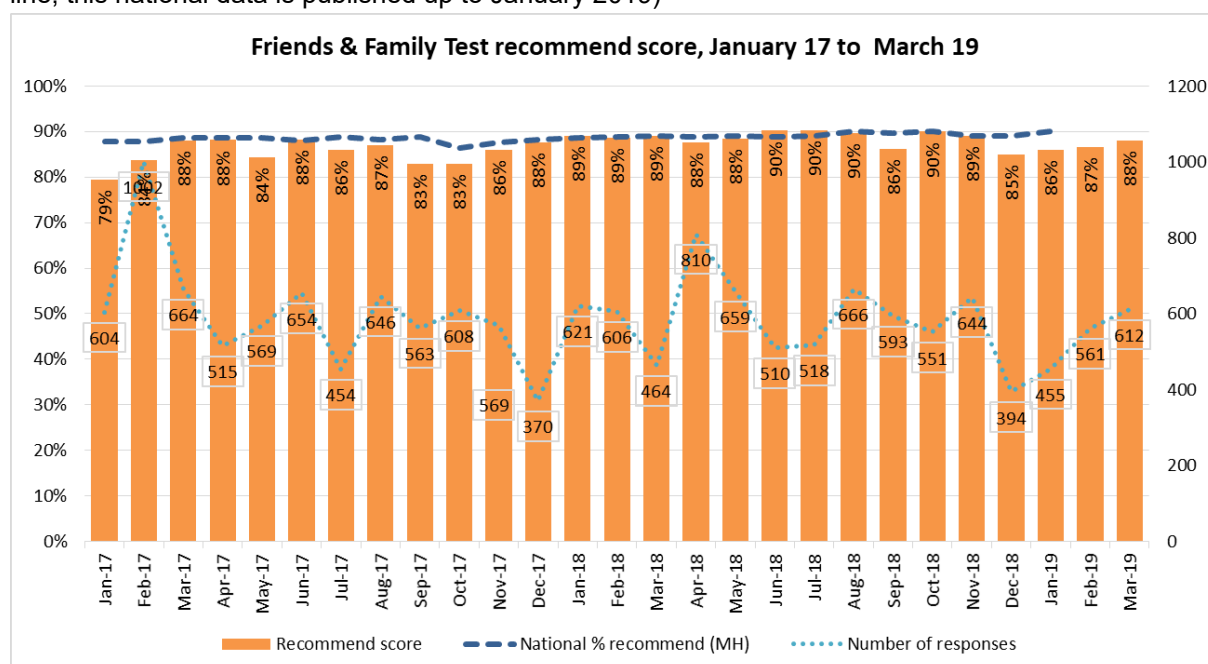
Team	CBU	Q4 Responses
Memory Protection Service	Community South CBU	123
Northumberland Children and Young Peoples Service	Community North CBU	95
Exercise Therapy	Inpatients South CBU	76
Newcastle and Gateshead Children and Young Peoples Service	Community Central CBU	66
Sunderland Older Adult Community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

4. NHS Friends & Family Test Q4 2018/19

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

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

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



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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

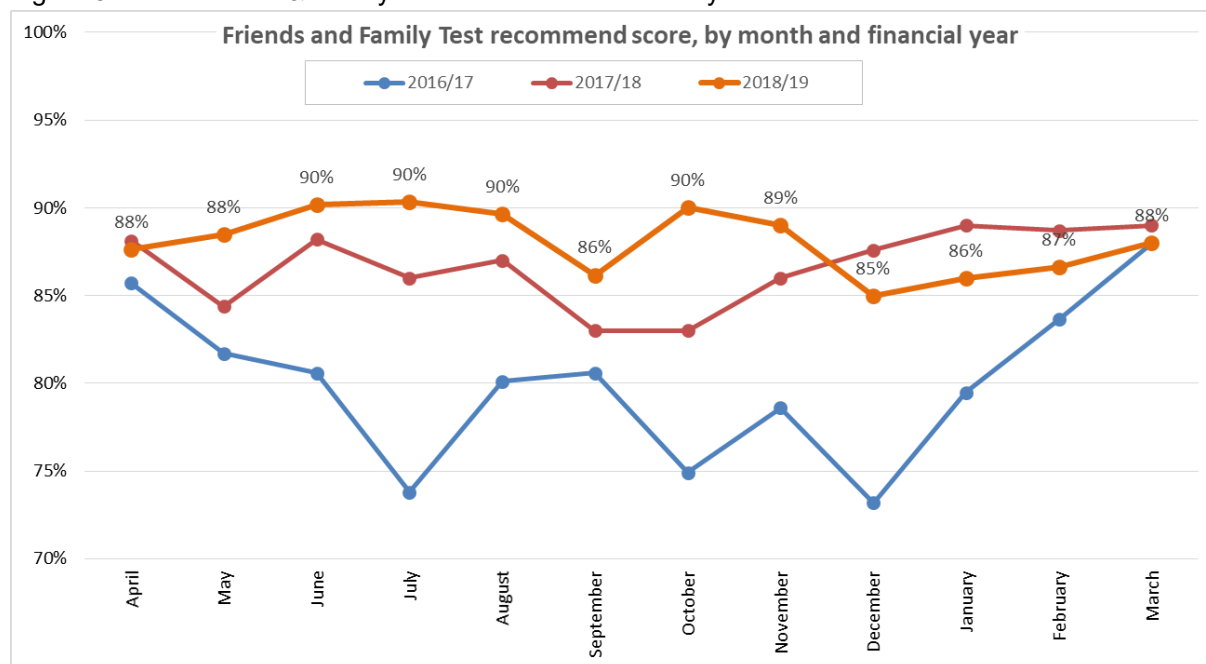


Table 2 FFT responses and results by locality group

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

(excluding not answered)

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

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

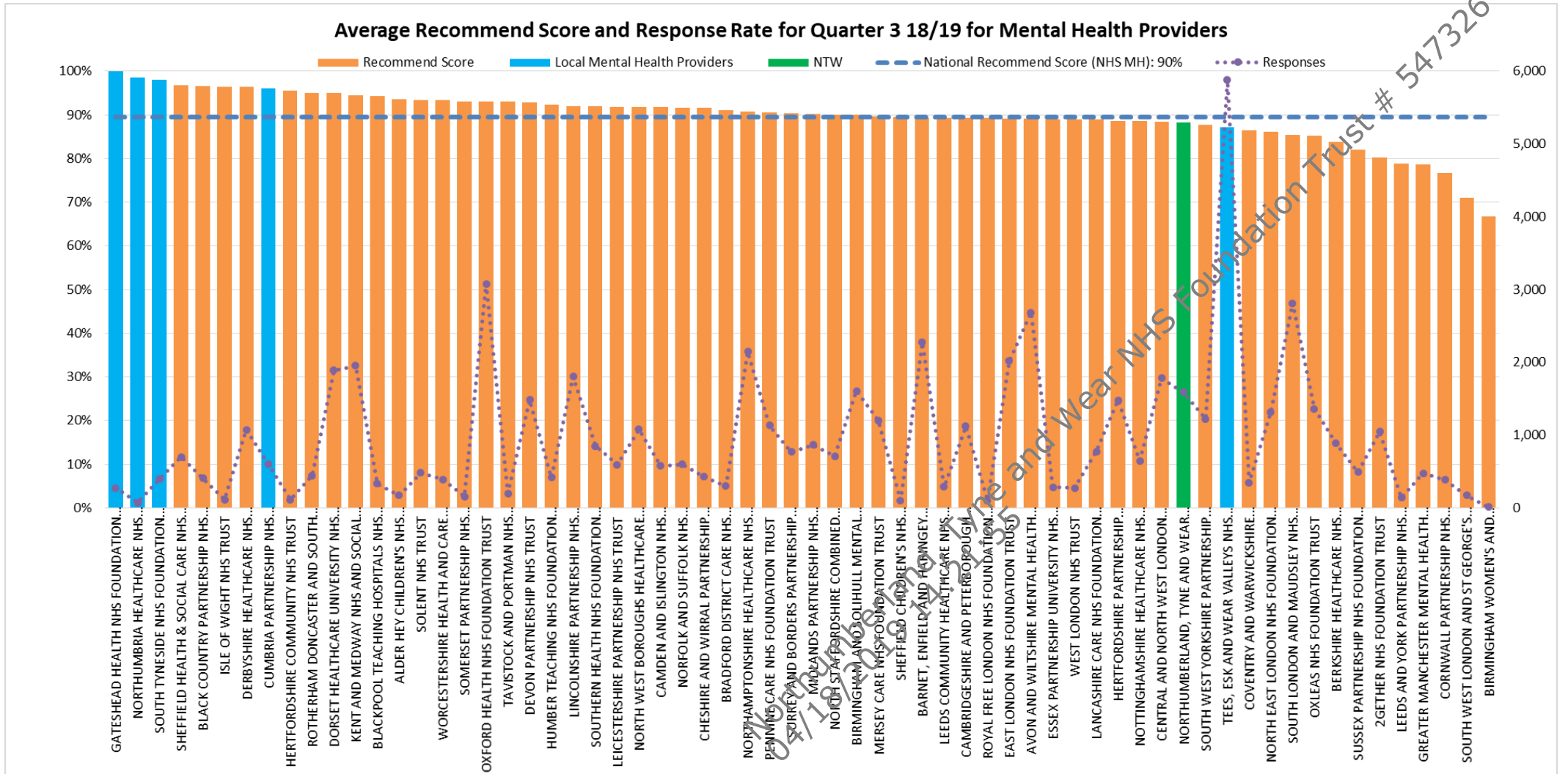
The FFT recommend score ranges from 82% in the north locality to 90% in the south locality. The south locality has a higher volume of responses, which is partly attributable to neuro rehabilitation services.

5. Benchmarking Friends and Family Test Recommend Scores

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

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

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



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

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

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

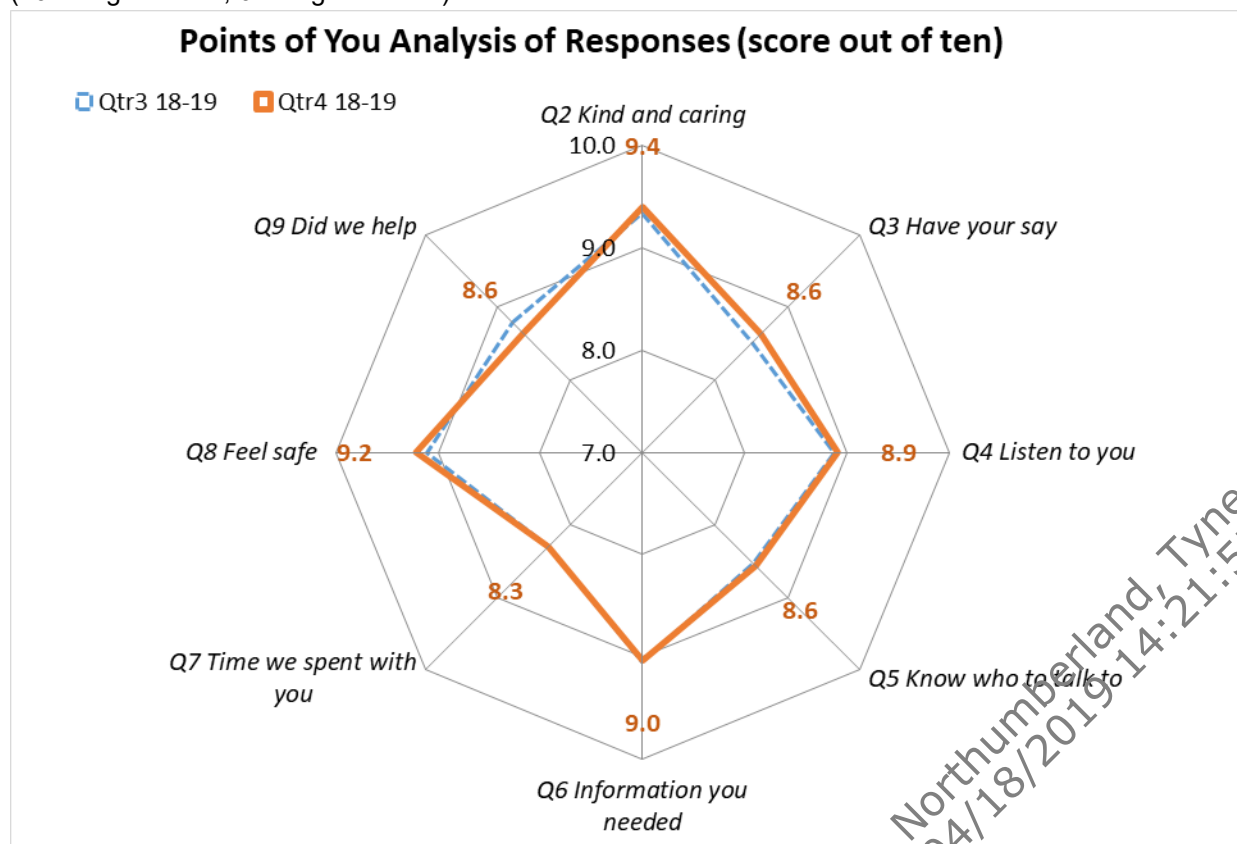
Each of the 8 questions (excluding the Friends and Family Test question) in the Points of You survey results in a score out of ten and Figure 7 below illustrates the average score received for each question trustwide during Quarter 4. There was little change in trustwide results from the previous quarter.

The highest scoring questions remain:

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

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

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



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






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

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

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

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

Key:

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

↑ Score has improved (compared to last quarter) ↓ Score has deteriorated (compared to last quarter)

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

This shows:

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

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

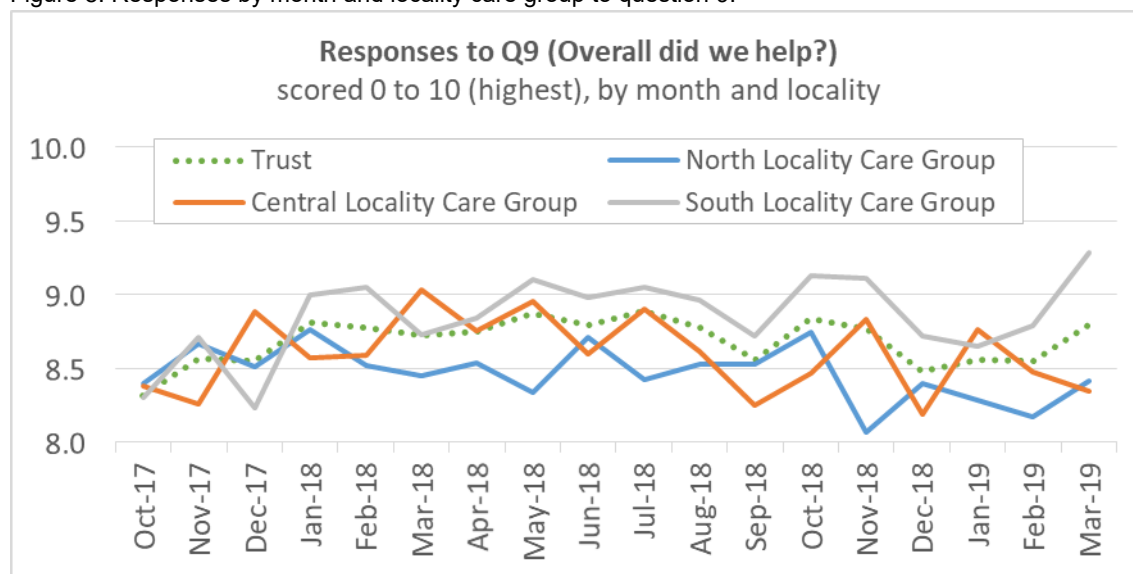


Table 4 overleaf shows a breakdown of responses at question level, displayed by CQC core service groupings. This analysis highlights:

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

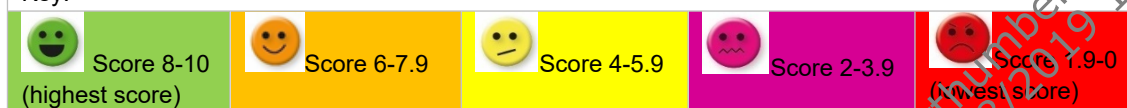
Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

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

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

Key:



Score has improved (compared to last quarter)



Score has deteriorated (compared to last quarter)

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

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

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

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

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

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

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

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

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

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

Examples of positive comments received:

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Negative Themes:

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

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

“the waiting time is long”

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

7. Points of You Response Demographics

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

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

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

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

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

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

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

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

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

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

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

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

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

8. Gender Dysphoria Survey - Responses and Analysis

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

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










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

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

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

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

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

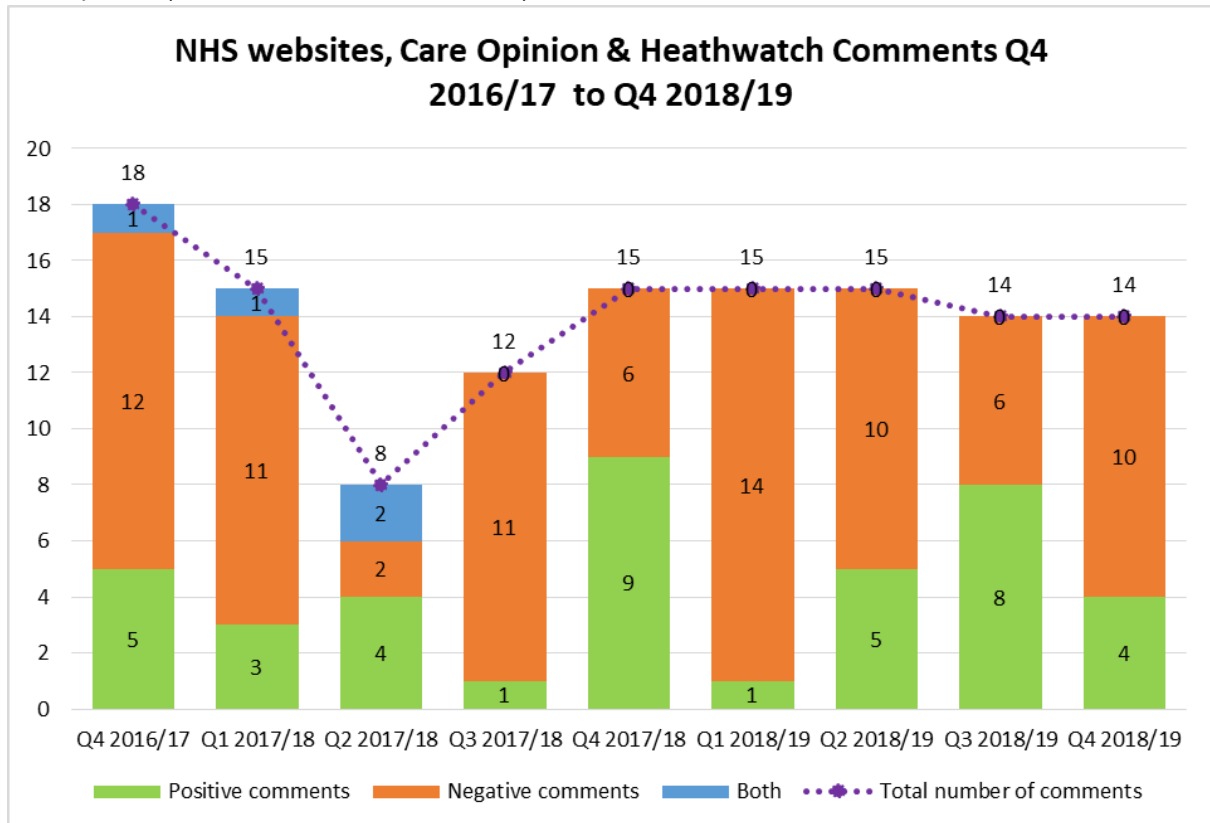
Hospital Site	Star Ratings for Q4
NTW (total for Trust)	
Dryden Road Clinic	
Hawkhill Business Park	
Anderson Court	
Chad House	
Fairnington Centre	
Sunderland Psychological Wellbeing Service	
Atkinson Terrace	
St. George's Park	

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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



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

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

11. Recommendations

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

Anna Foster

Deputy Director of Commissioning and Quality Assurance

April 2019

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Points of You Format

Points of You Survey format:



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

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

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

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

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

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

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

Can you tell us why you gave that response?

2. How kind and caring were staff to you?

Very A little bit Not very Don't know

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

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

4. Did we listen to you?

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

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

Yes No

6. Were you given the information you needed?

Yes No

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

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

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

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

9. Overall did we help?

A lot A little bit Not much Don't know

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

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

Unsure

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

A review

A review

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

20 January 2019 (4 stars, Chad House)

Chad house

Chad house

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

20 January 2019 (4 stars, Fairnington Centre)

Fairnington Centre

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

22 January 2019 (2 stars, no service identified)

Another review

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

31 January 2019 (2 stars, no service identified)

Been discharged again

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

IAPT service does nothing to improve

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

6 February 2019 (1 star, Atkinson Terrace)

Find another service!!

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

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

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

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

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

Can't get any help

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

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

15 February 2019 (5 stars, Dryden Road Clinic)

Excellent service

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

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

1 February 2019 (5 stars, Dryden Road Clinic)

Efficient

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

21 February 2019 (1 star, no service identified)

Going from one to the other

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

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

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

1 March 2019 (2 stars, no service identified)

Very rude staff

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

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

In order for us to try to better help you, we ask that you telephone your CMHT (Community Mental Health Team) and ask to speak with the team manager. As an alternative you can also contact your local Patient Advice and Liaison Service (PALS) who can support you to communicate with the clinical service. The PALS telephone number for Sunderland, Gateshead and South Tyneside areas is 0800 328 4397; and for the Newcastle, North Tyneside and Northumberland areas it is 0800 032 0202. If you feel you need to make a complaint to the Trust, you can do so by email to complaints@ntw.nhs.uk or by telephone to 0191 245 6672.

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

19 March 2019 (no service identified)

Lack of care, help and sympathy

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

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

So questions I like answering are

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

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

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

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:23:55

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: April 2018

Title and Author of Paper:

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

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

Risks Highlighted to Board :

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

Does this affect any Board Assurance Framework/Corporate Risks?

Please state No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

Executive summary

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

Introduction

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

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

High level data

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

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

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

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

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

Trust Guardian of Safe Working: Dr Clare McLeod

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Exception reports (with regard to working hours)

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

Work schedule reviews

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

a) Locum bookings

i) Agency

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

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

b) Locum work carried out by trainees

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

c) **Vacancies**

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

*These vacancies have been backfilled with Trust Grade Appointments

d) **Emergency Rota Cover**

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

e) **Fines**

There were no fines in the last quarter.

Qualitative information:

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

Issues arising

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

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

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

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

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

Actions taken to resolve issues:

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

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

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

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

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

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

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

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

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

Summary

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

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

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

Dr Clare McLeod
Trust Guardian of Safe Working

5th April 2019

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

Meeting Date: Wednesday 24 April 2019

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

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

Paper for Discussion, Decision or Information: Discussion

Key Points to Note:

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

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

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

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

Risks Highlighted:

As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?

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

Equal Opportunities, Legal and Other Implications:

Addressed in Board Assurance Framework and Corporate Risk Register.

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

Link to Policies and Strategies:

Risk Management Strategy and Risk Management Policy

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Board Assurance Framework and Corporate Risk Register

Introduction

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

2.0 Board Assurance Framework/Corporate Risk Register 2019/20

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

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

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

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

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

3.0 Board Assurance Framework/Corporate Risk Register 2019/2020

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

4.0 Risk Appetite Framework 2019/2020

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

5.0 Additional Assurance

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

6.0 Recommendations

The Trust Board are asked to:

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Appendix 1

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:51:55

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th April 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 12 March 2019) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

1. This report provides an update of Commissioning & Quality Assurance issues as at 31st March 2019.
2. The number of adults waiting more than 18 weeks to access non specialised services has increased this month from 49 to 57. Within children's community services there has been a decrease in those waiting over 18 weeks.
3. The Trustwide appraisal figure has increased to 84.8% this month, remaining just below the Trust standard of 85%.
4. There have been risks to delivery of CQUIN requirements identified for:
 - Physical Health CQUIN (discharge summaries)
 - Improving services for people with mental health needs who present at A&E
 - Improving staff health and wellbeing
 - Transitions out of Children's and Young Peoples Mental Health Services
5. The provisional sickness absence figure for March 2019 is 5.38%.

Risks Highlighted: waiting times, physical health and CQUIN

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

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Executive Summary:

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There have been two Mental Health Act reviewer visits received since the last report relating to Ashby ward and Collingwood Court. We are currently awaiting the findings from these visits
- 3 There have been two Commissioner Quality Assurance visits this month to Centre for the Health of the Elderly and Springrise
- 4 NHS England, Northumberland and Newcastle and Gateshead fully achieved the contract requirements during month 12. NHS England and most local CCG's met the contract requirements for Quarter 4 with the exception of Sunderland, Durham and Tees and Cumbria relating to CPA metrics and IAPT numbers entering treatment.
6. There have been risks to delivery of CQUIN requirements identified for:
 - Physical Health CQUIN (discharge summaries)
 - Improving services for people with mental health needs who present at A&E
 - Improving staff health and wellbeing
 - Transitions out of Children's and Young Peoples Mental Health Services
7. The number of people waiting more than 18 weeks to access services has increased this month in adult services from 49 to 57. Within children's community services there has been a decrease in those waiting over 18 weeks
8. Training rates have continued to see most courses above the required standard. There are two courses more than 5% below the required standard which are Clinical risk training MHA Combined Training (77.5% was 77.2% last month) and PMVA Basic Training (79.4% was 79.3% last month).
9. Reported appraisal rates have increased to 84.8% in the month Trustwide, which is below the Trust standard.
10. When comparing the February 2019 provisional figure (5.92%) to the March 2019 provisional figure (5.38%), the in month sickness has improved by 0.54%, however the confirmed February 2019 in month figure is 6.0% which is an increase of 0.08% on the previously reported figure. The 12 month rolling average sickness rate has increased to 5.82% in the month
11. At Month 12 the Trust has a year to date surplus of £5.9m which is £2.4m ahead of plan. The Trust's finance and use of resources score is currently 1 and the forecast year-end rating is a 3.

Other issues to note:

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Commissioning and Quality Assurance Summary Dashboard – March 2019

Regulatory	Single Oversight Framework								
	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:	3	
	CQC								
	Overall Rating	Number of "Must Dos"	There has been two Mental Health Act reviewer visits during the month to Ashby ward and Collingwood Court. We are currently awaiting the findings from these visits.						
	Outstanding	3							
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:								
	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG	
	100%	100%	90%	100%	90%	93%	62%	87%	
	Contract Summary: Percentage of Quality Standards achieved in the quarter:								
	100%	100%	100%	100%	100%	93%	62%	87%	
	<p>NHS England, Northumberland and Newcastle Gateshead fully achieved the contract requirements during month 12 and quarter 4. North Tyneside and South Tyneside did not achieve the contract requirements for month 12 but achieved the quarter 4 requirements. However, there are a number of contract requirements largely relating to 7 day follow up and CPA metrics which were not achieved across other local CCG contracts during the month and quarter.</p> <p>There have been two Commissioner quality visits during the month to the Campus for Ageing and Vitality and Springrise Ward at Hopewood Park.</p> <p>The Specialised Mental Health data submission quality score has decreased to 90.3% at the last submission and work is ongoing to improve this further</p> <p>For Quarter 3 2018-19 the Trust has met 15 positive standards, 6 neutral and 4 negative standards within the Specialised Services Quality dashboards. The Trust has been highlighted as an outlier in relation to four different metrics. The standards are now being monitored quarterly and failure to achieve for two consecutive quarters will be raised as an issue by NHS England.</p>								
CQUIN - Quarter 4 internal assessment RAG rating:									
Staff Health	Physical Health	Improving MH needs at A&E A&E	CYPS Transitions	Alcohol and Tobacco	Health & Justice	Recovery colleges for medium and low secure	Discharge & Resettlement	CAMHS Inpatient Transitions	Reducing Restrictive Practices
<p>All of the CQUIN scheme requirements have been internally forecast as achieved with the exception of the physical health CQUIN (discharge summaries), improving staff health and wellbeing and improving services for people with mental health needs who present to A&E which has been rated as not being met. Transitions out of Children's and Young People's Mental Health Services has been rated as partially achieved.</p>									

Internal	Accountability Framework					
	North Locality Care Group Score: Mar 2019		Central Locality Care Group Score: Mar 2019		South Locality Care Group Score: Mar 2019	
	4	The group is below standard in relation to CPP metrics and training elements	4	The group is below standard in relation to CPA metrics and a number of internal requirements	4	The group is below standard on waiting times, training, sickness and CPP metrics.
Quality Priorities: Quarter 4 internal assessment RAG rating						
Improving the inpatient experience		Improve Waiting times for referrals to multidisciplinary teams		Implement principles of the Triangle of Care		Embedding Trust Values
Waiting Times						
The number of people waiting more than 18 weeks to access services has increased in the month for adults. The number of young people waiting to access children's community services have seen a decrease in month 12. While there are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.						
Workforce	Statutory & Essential Training:					Appraisals:
	Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Information Governance (94.4%) is within 5% of the required standard, MHA combined training (78.1%), and Clinical risk training (77.5%) and PMVA basic training (79.4%) remain at more than 5% below the standard.		Appraisal rates have increased to 84.8% in March 19 (was 84.7% last month).
	15	1	3			
Sickness Absence:						
<p>NTW Sickness (Rolling 12 months) 2015 to date</p>			<p>The provisional "in month" sickness absence rate is above the 5% target at 5.38% for March 2019</p> <p>The rolling 12 month sickness average has increased to 5.82% in the month</p>		<p>NTW Sickness (in month) 2015/16 to 2018/19</p>	
Finance	<p>At Month 12, the Trust has a draft surplus before exceptional items of £5.9m which is £2.4m ahead of plan. The Trust's draft surplus includes £2.0m of core Provider Sustainability Funding (PSF) and £1.2m of matched PSF incentive funding for delivering a surplus above the control total. The Trust should also receive some PSF Bonus Incentive Funding that will increase the draft surplus, but the value of this won't be notified until 18 April.</p> <p>Agency spend is £7.6m which is £0.4m below our NHSI allocated agency ceiling of £8.0m but £2.7m above Trust planned spend. The Trust's draft year-end finance and use of resources score is a 3.</p> <p>The main financial pressures faced during the year related to pay, slippage on financial delivery plan schemes and reductions in secure services income. The Trust needs to reduce pay costs and spending on temporary staffing (agency, bank and overtime) to achieve planned spend and deliver its plans for next year. Work is ongoing to improve efficiency and productivity and deliver the required staffing reductions.</p>					

Financial Performance Dashboard

NTW Income & Expenditure

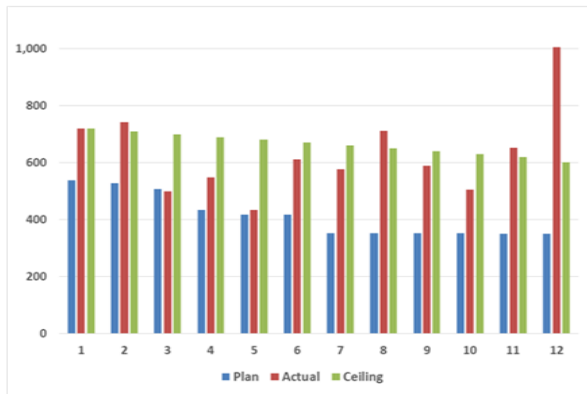
	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	322.1	320.8	1.3
Pay	(254.5)	(254.7)	0.2
Non Pay	(64.1)	(64.0)	(0.1)
Gain on Disposal		2.6	(2.6)
Incentive Funding		1.2	(1.2)
Surplus/(Deficit)	3.5	5.9	(2.4)

Control Totals

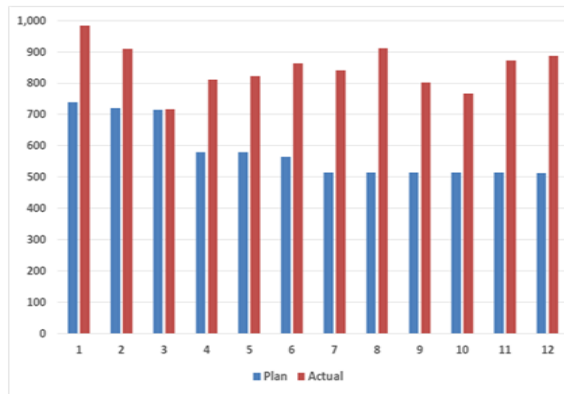
	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	24.5	25.4	(0.9)
Central	24.9	22.2	2.7
South	28.9	29.6	(0.7)
Central Depts	(74.8)	(75.1)	0.3
Gain on Disposal		2.6	(2.6)
Incentive Funding		1.2	(1.2)
Surplus/(Deficit)	3.5	5.9	(2.4)

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

Agency Spend



Bank Spend



Key Issues/Risks

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

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

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

In March the Trust reported an average of 18 price cap breaches (13 medical and 5 qualified nursing). In March 3 medics were paid over the price cap, with one being paid over £100 per hour.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors Meeting

Meeting Date: 24th April 2019

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

Authors of Paper in response to this report:

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

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

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

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

Risks Highlighted to Board : None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No

No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Noted for Information

Link to Policies and Strategies:

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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



Caring | Discovering | Growing | **Together**

Contents

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Introduction.....	5
Incident Reporting	5
Serious Incidents Reported – Quarter 4.....	6
Safeguarding and Public Protection	11
Infection Prevention Control (IPC) and Medical Devices and Clinical Equipment.....	16
Harm Free Care (Safety Thermometer / Mental Health Safety Thermometer)	18
Central Alert System – Exception Report.....	19
Learning from Deaths	19
Mortality Reviews	19
Learning and Improvement Group (LIG)	21
Complaints Reporting and Management.....	21
Central Locality Care Group.....	27
Claims Received by CCG.....	30
Appendix 1	31
Serious Incidents Reviewed at Panel January to March 2019	31

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Introduction

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

Incident Reporting and Management

Incident Reporting

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

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

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

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

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

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

Serious Incidents Reported – Quarter 4

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

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

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

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

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

Table 3 – Deaths Recorded, Reported, Reviewed and Investigated

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

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

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

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

Coroner - Regulation 28 of the new Coroners Act

- No Regulation 28 received within this time frame

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Positive and Safe Care

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

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

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

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

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

Service user Project Coordinator

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

Audit and Policy

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

Innovation and Research

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

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

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

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

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

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

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

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

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

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

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

Monitoring

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

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

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

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

Use of Restraint

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

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

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

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

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

Seclusion

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

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

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

Assaults on Staff

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

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

Mechanical Restraint Use (MRE)

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

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

Self-Harming Behaviour

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

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

Violence and Aggression

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

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

Safeguarding and Public Protection

Trust-wide Safeguarding and Public Protection concerns

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

Table 4

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

Safeguarding concerns

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

Public Protection concerns

Multi-Agency Risk Assessment Conference (MARAC)

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

Multi-Agency Public Protection (MAPPA)

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

Prevent

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

Patient on Patient abuse

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

Staff Allegations

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

Locality Care groups activity and analysis

Central Locality

Table 5

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

North Locality

Table 6

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

South Locality

Table 7

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

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

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

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

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

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

Table 8

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

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

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

Case Reviews

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

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

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

IPC Incidents by Cause 1 Quarter 4 January – March 2019

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

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

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

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

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

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

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

Seasonal Flu Vaccination Programme

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

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

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

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

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

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

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

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

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

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



Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

The four criteria are as follows:-

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

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

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

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

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

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

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

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

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

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

Learning from Deaths – Mortality Reviews

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

Twelve deaths were identified for review using this criteria.

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

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

Learning from deaths – the Northern Alliance

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

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

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

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

Family engagement, family liaison posts and literature to support families

Learning from Deaths – Case Vignette

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

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

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

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

Core Learning

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

Key Action

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

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

Core Learning

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

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

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

Key Action

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

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

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

Learning and Improvement Group (LIG)

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

Learning From Addiction Deaths

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

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

Presentation of the Sepsis Audit

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

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

This was delivered by Stuart Mitchell

Learning From Information Governance Breaches

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

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

Learning from Schwartz Rounds

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

Stop and Watch Campaign

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

NCISH annual report 2018

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

Complaints Reporting and Management

Complaints Received

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

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

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

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

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

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

Complaints Received by CCG

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

Complaint Compliance to Response Timescales

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

Complaints by Category

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

Complaints Relating to Death

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Parliamentary Health Service Ombudsman

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

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

North Locality Care Group

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

Central Locality Care Group

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

South Locality Care Group

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Claims

Claims received by Case Type

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

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

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

Claims received by Category

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

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

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

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

Claims Received by CCG

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Appendix 1

Serious Incidents Reviewed at Panel January to March 2019

Serious Incidents Reviewed at Panel in January 2019

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

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

Serious Incidents Reviewed at Panel in February 2019

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

Serious Incidents Reviewed at Panel in March 2019

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

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

Good Practice

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

Documentation and Record Keeping

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

Risk Management

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

Alcohol Audit

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

MIG

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

Management of Waiting List

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

Communication

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

Clinical Judgement

- Observation levels not prescribed at an appropriate level.

Clustering

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

Management of Falls

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

Carer's

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

Physical Health Management

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

Informatics Incident

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th April 2019

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

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

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

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

Risks Highlighted to Board :

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

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

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

If Yes please outline

Equal Opportunities, Legal and Other Implications:

Outcome Required:

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

Link to Policies and Strategies:

NTW(O)05 Incident Policy

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

ANALYSIS OF DATA EXTRACTED FROM SAFEGUARD ON 26TH OCTOBER 2018

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



Caring | Discovering | Growing | **Together**

Northumberland, Tyne and Wear
04/18/2019 14:21:55

CONTENTS

Main report.

- Methodology
- Main Findings
- Commentary

A1 Review of unnatural cause deaths.

- 1.1. Unnatural deaths in all services.
- 1.2. Deaths by own hand in all services.
- 1.3. Community Mental Health Teams for Adults and Older People.
 - 1.3.1. Trustwide
 - 1.3.2. Central Locality CMHTs.
 - 1.3.3. North Locality CMHTs.
 - 1.3.4. South Locality CMHTs
- 1.4. Addiction services
- 1.5. Crisis and Home Resolution Teams
- 1.6. Other services
- 1.7. Unnatural deaths within three months of discharge from hospital.
- 1.8. Unnatural deaths occurring while an in-patient.
- 1.9. Unnatural deaths whilst detained under the Mental Health Act.

A2 Review of natural cause deaths.

- 2.1 Overall numbers
- 2.2 Analysis by age
- 2.3 Analysis by sex
- 2.4 Analysis by service type
 - 2.4.1 Older peoples mental health services
 - 2.4.2 Adult mental health services
 - 2.4.3 Addiction services
 - 2.4.4 Learning disability services
 - 2.4.5 Other services

MAIN REPORT.

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

METHODOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MAIN FINDINGS.

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

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

COMMENTARY.

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

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

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

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

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

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

APPENDIX 1.

REVIEW OF UNNATURAL DEATHS

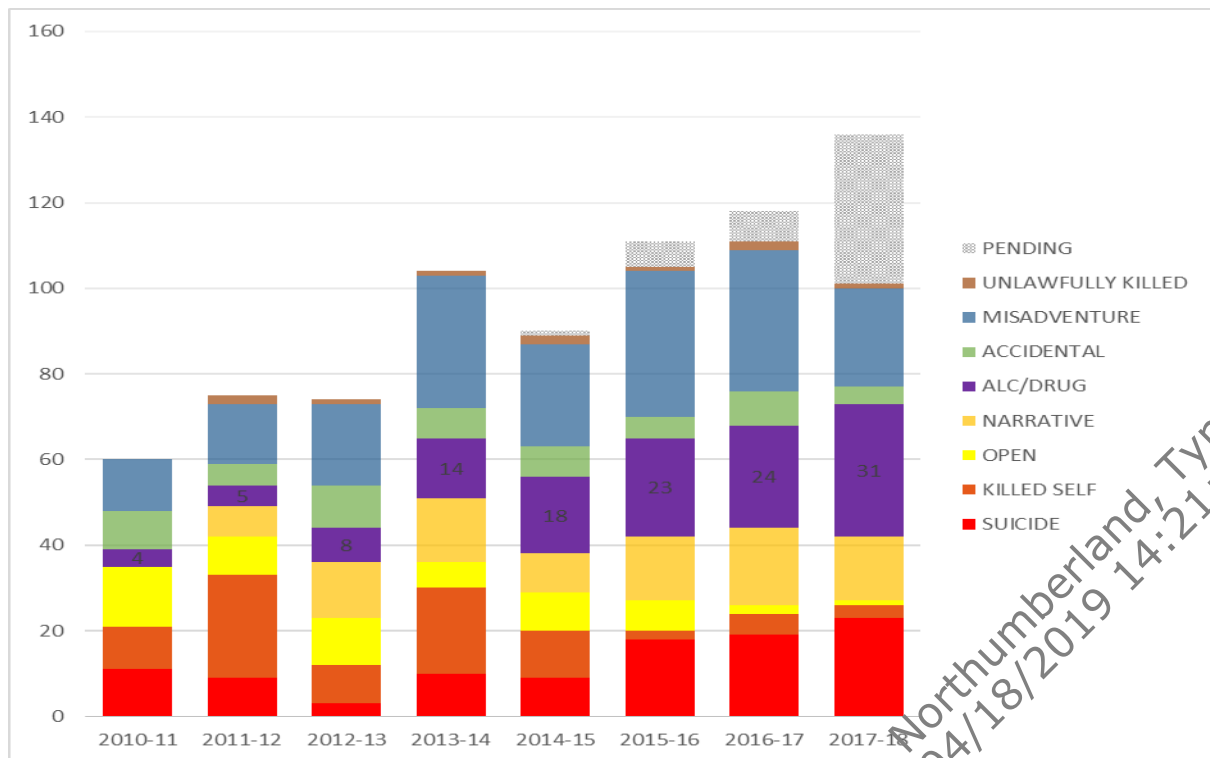
1.1 UNNATURAL DEATHS IN ALL SERVICES.

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

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

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

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



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

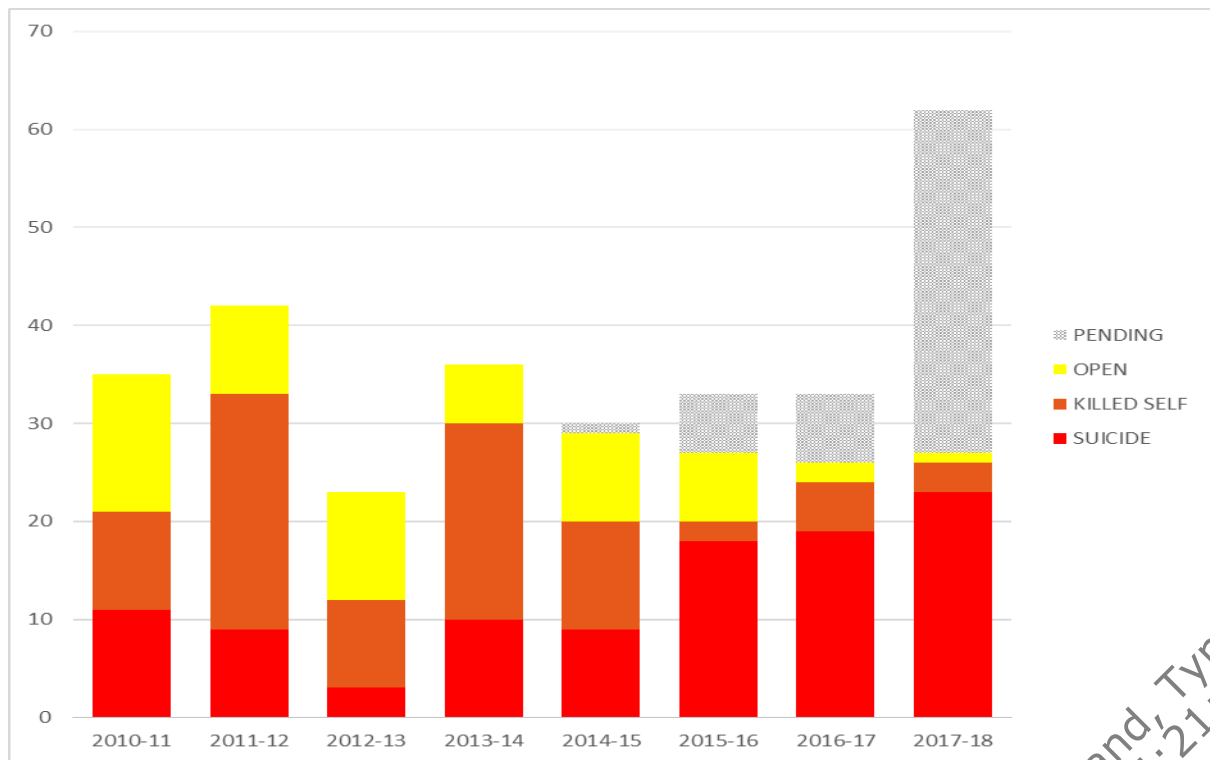
1.2 DEATHS BY OWN HAND IN ALL SERVICES

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

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

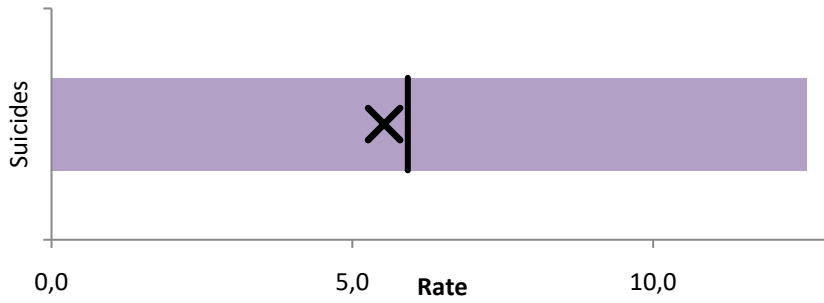
In 2017/18 there had been 27 confirmed deaths by own hand confirmed by October 2018 which is similar to numbers seen in the previous two years. A number of conclusions remained pending, however so this number may increase further.

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



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

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

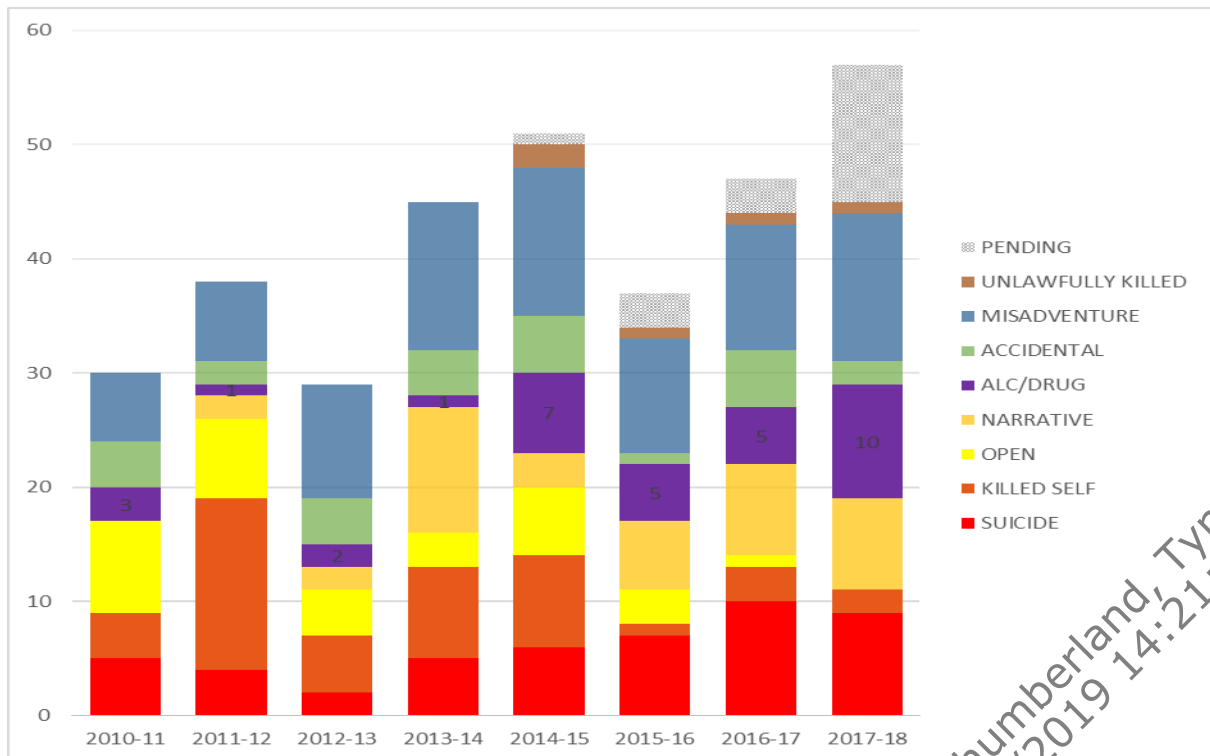


1.3 COMMUNITY MENTAL HEALTH TEAMS FOR ADULTS AND OLDER PEOPLE (CMHTS)

1.3.1 Trustwide

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

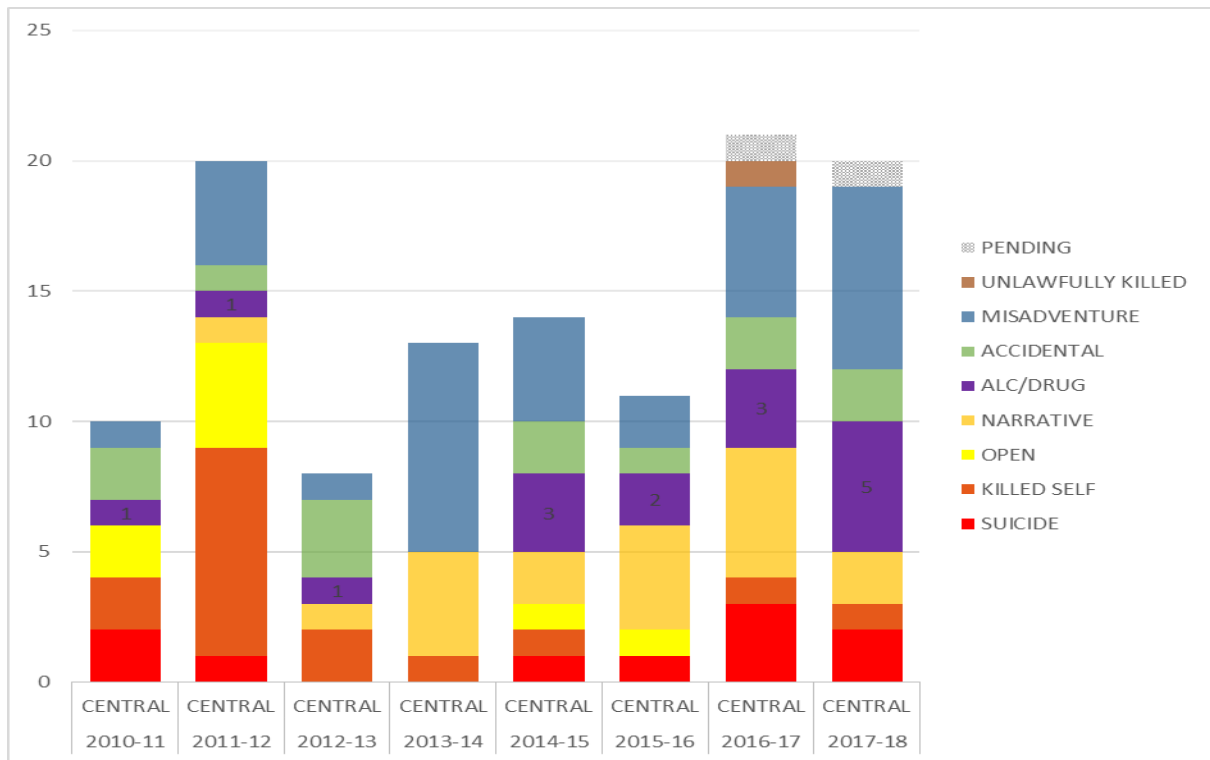
In 2017/18 there were 57 potential unnatural deaths with 12 conclusions still pending (Graph 1.3.1). The number of deaths currently attributed to *own hand* is comparable to that seen in 2015/16 but there has been an increase in alcohol and drug related conclusions. Although some pending conclusions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



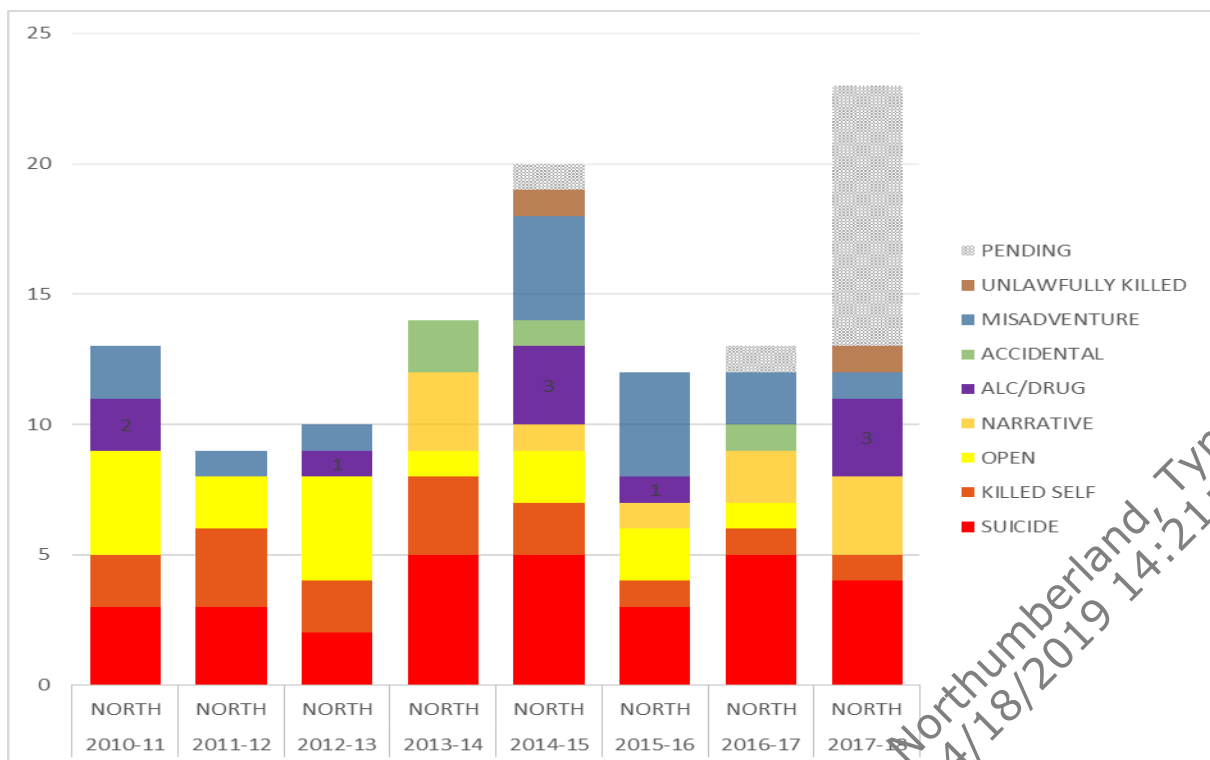
Graph 1.3.1: Unnatural deaths by conclusion in Adult and Old Age Community Mental Health Teams.

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

1.3.1 Central locality – Adult and Old Age CMHTs

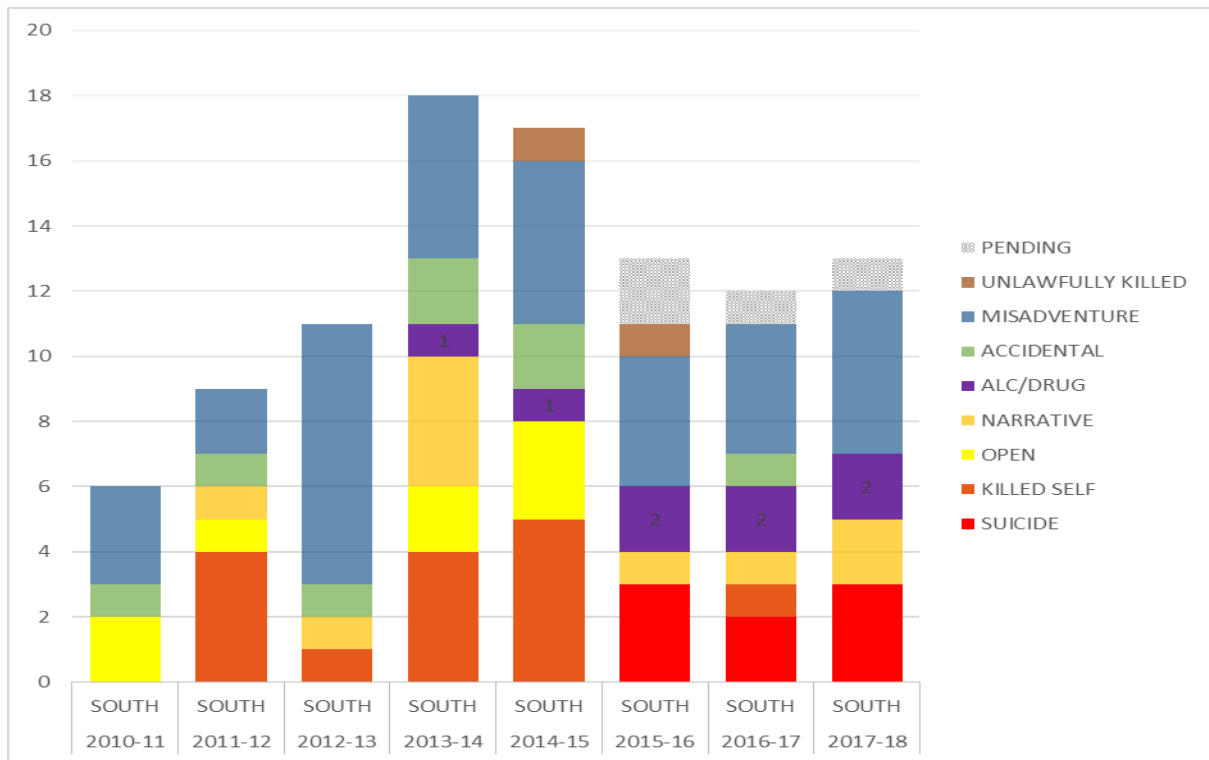


1.3.2 North locality – Adult and Old Age CMHTs



Northumberland, Tyne and Wear
04/18/2019 14:21:55

1.3.3 South Locality – Adult and Old Age CMHTs



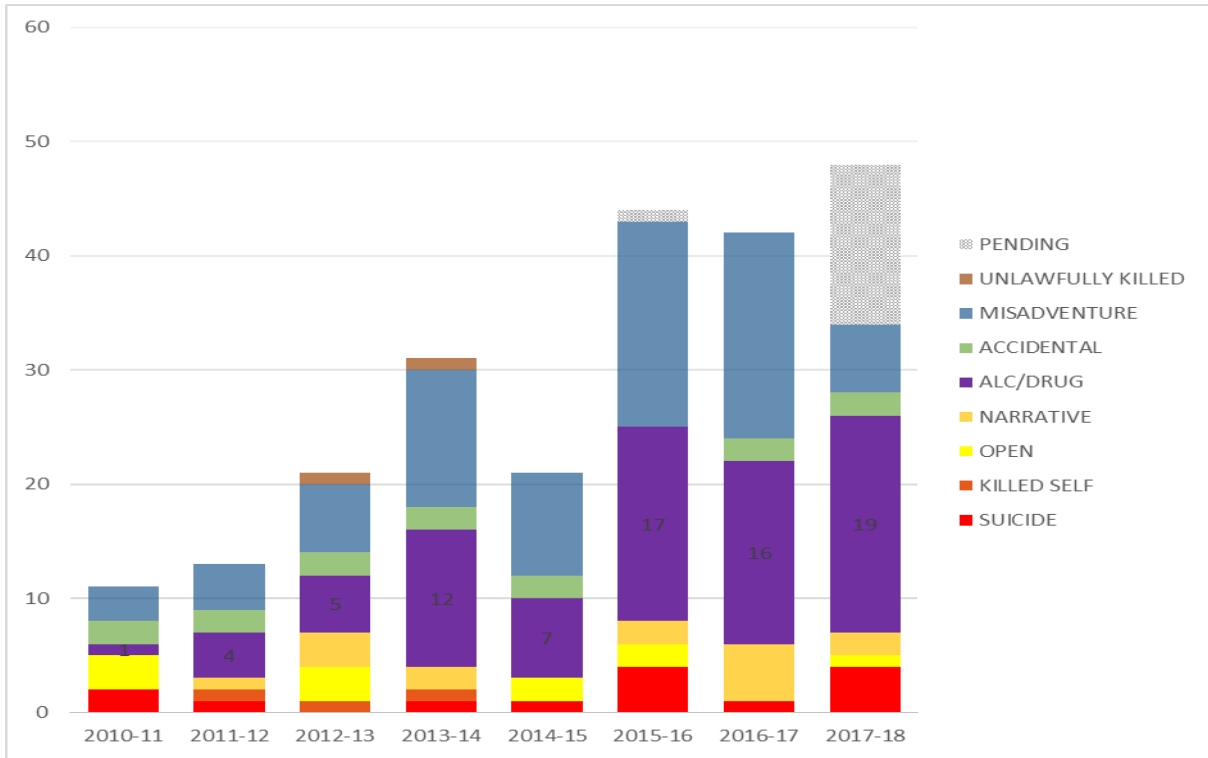
1.4 ADDICTION SERVICES

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

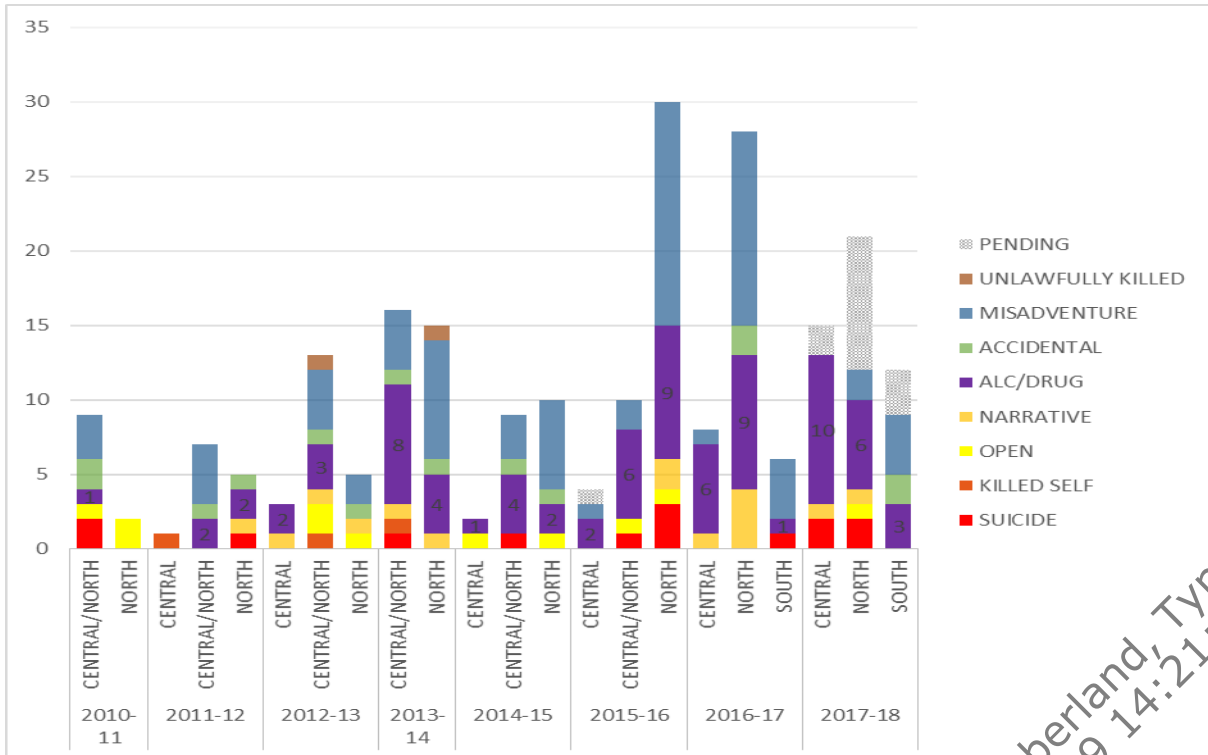
Apart from in 2014/15 there has been a year on year increase, but some evidence of a plateauing Trustwide over the last three years (graph 1.4.1). However, this hides considerable variation between localities (graph 1.4.2). The number of deaths attributed to *death by own hand* is in single figures each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

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

Northumbria and Tyne and Wear
04/18/2019 14:21:55



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



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

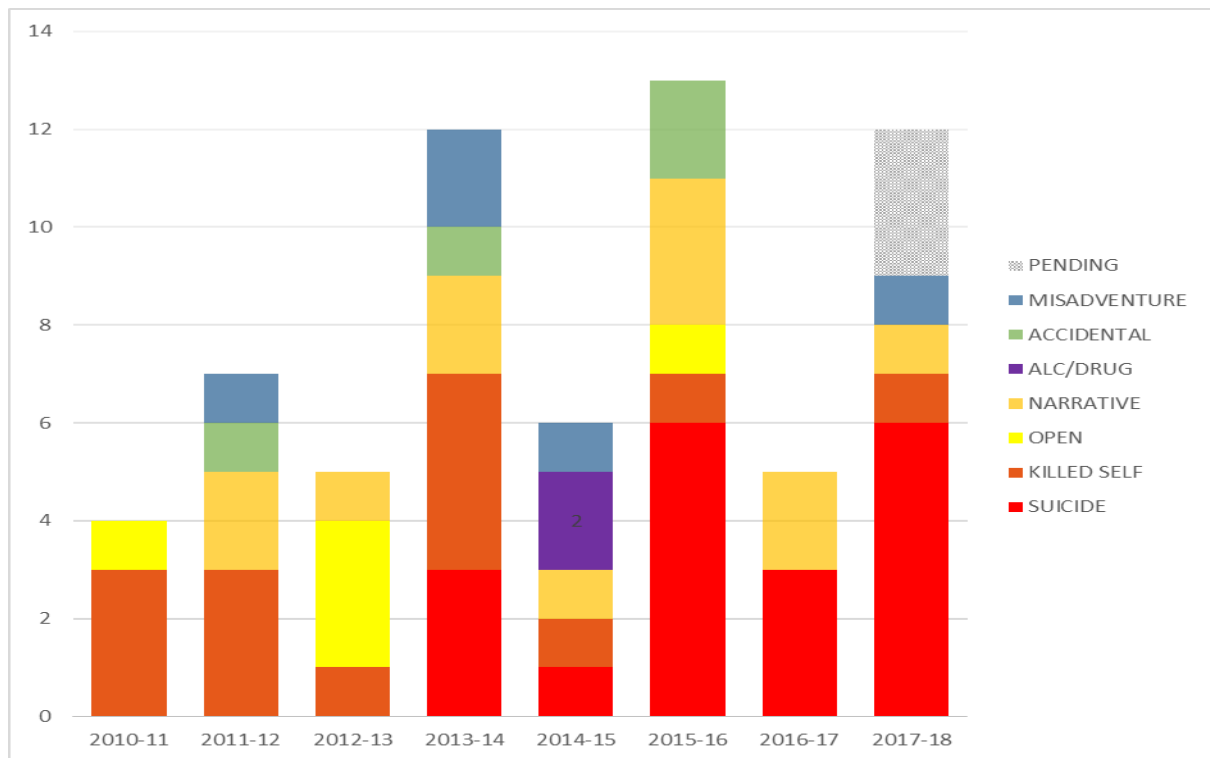
Northumberland, Tyne and Wear
04/18/2019 14:21:55

1.5 CRISIS RESOLUTION AND HOME TREATMENT TEAMS (CRHTS)

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

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

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



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

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

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

1.6 OTHER SERVICES.

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

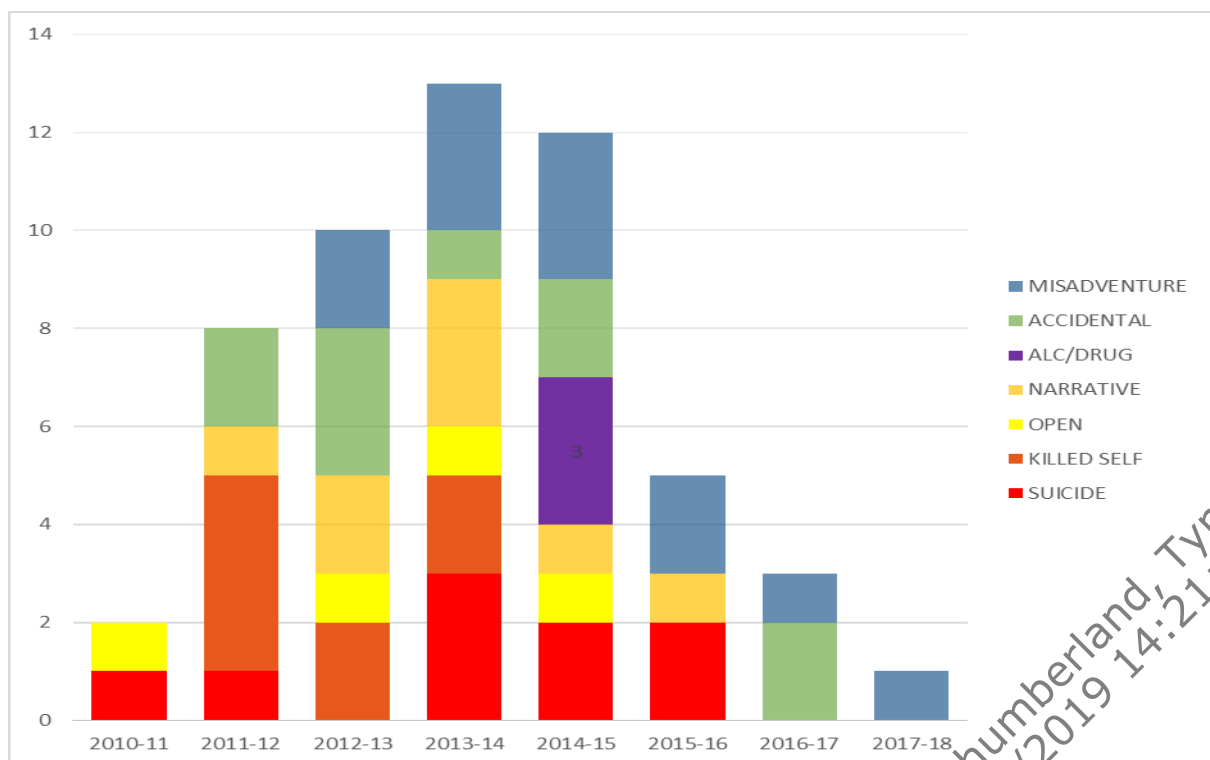
There were seven deaths in CYPS services but none in the latest year.

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

1.7 UNNATURAL DEATHS WITHIN THREE MONTHS OF DISCHARGE FROM HOSPITAL.

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

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

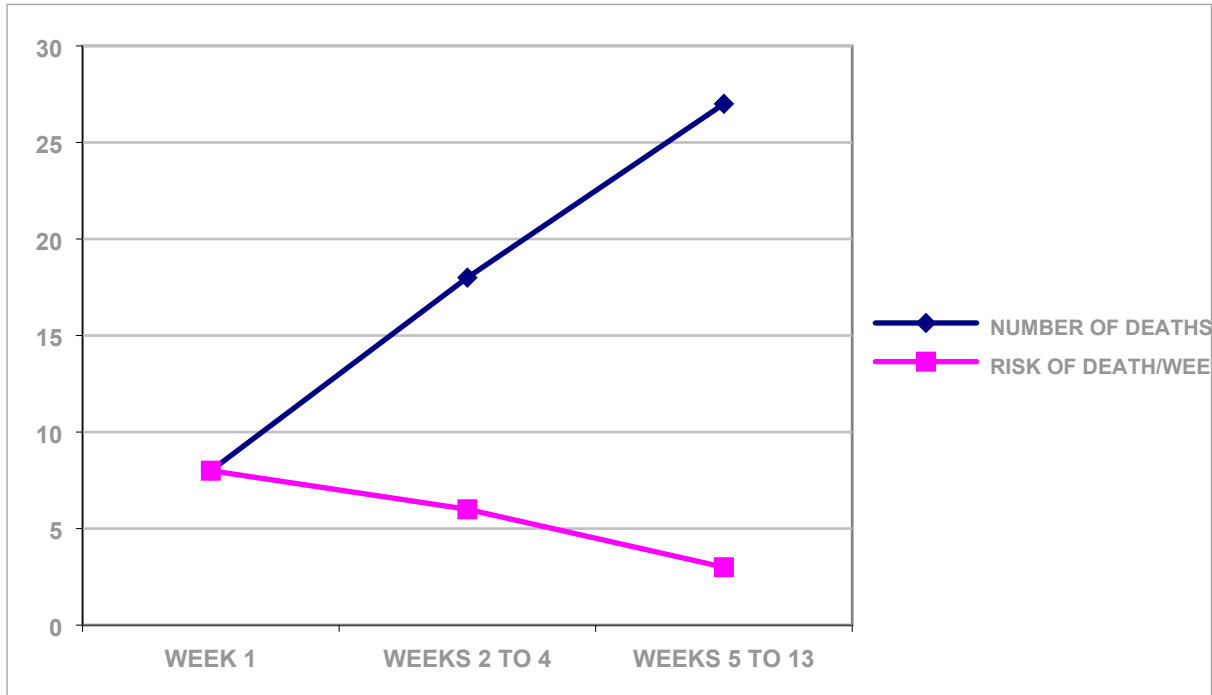


Graph 1.7.1: Unnatural deaths within three months of discharge.

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

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

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

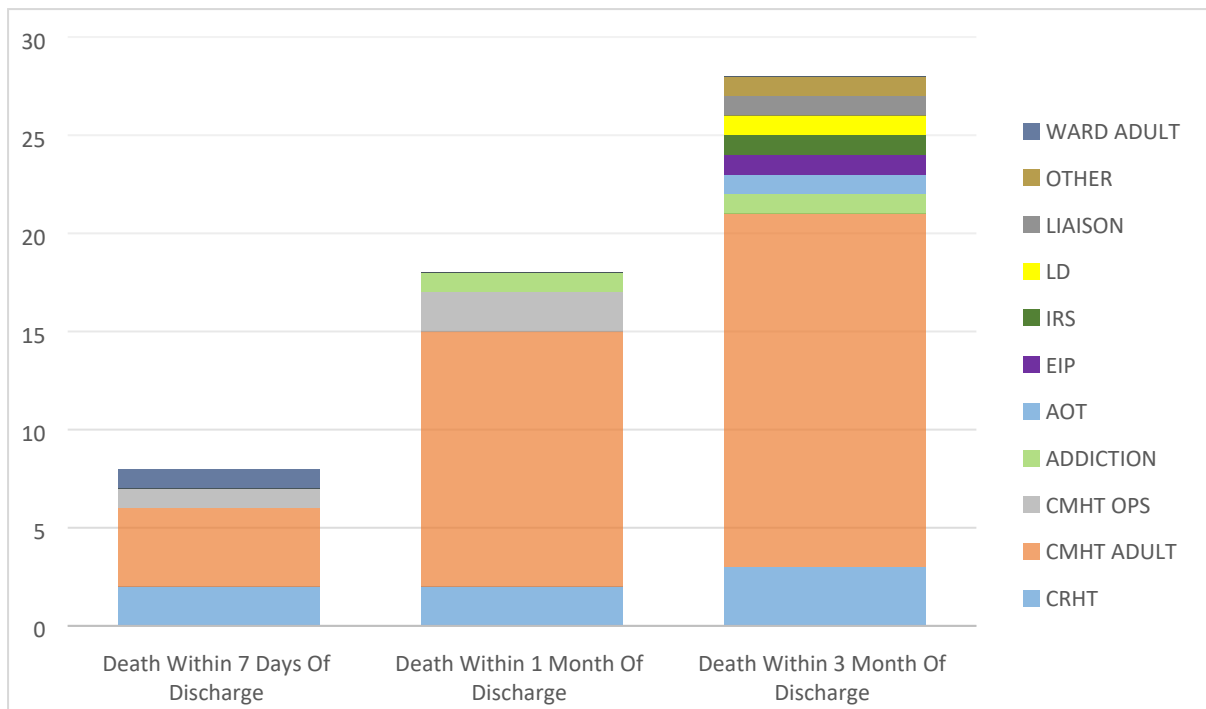


Graph 1.7.2: The number and risk of unnatural death following discharge from hospital.

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55



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

1.8 UNNATURAL DEATHS OCCURRING WHILE AN INPATIENT.

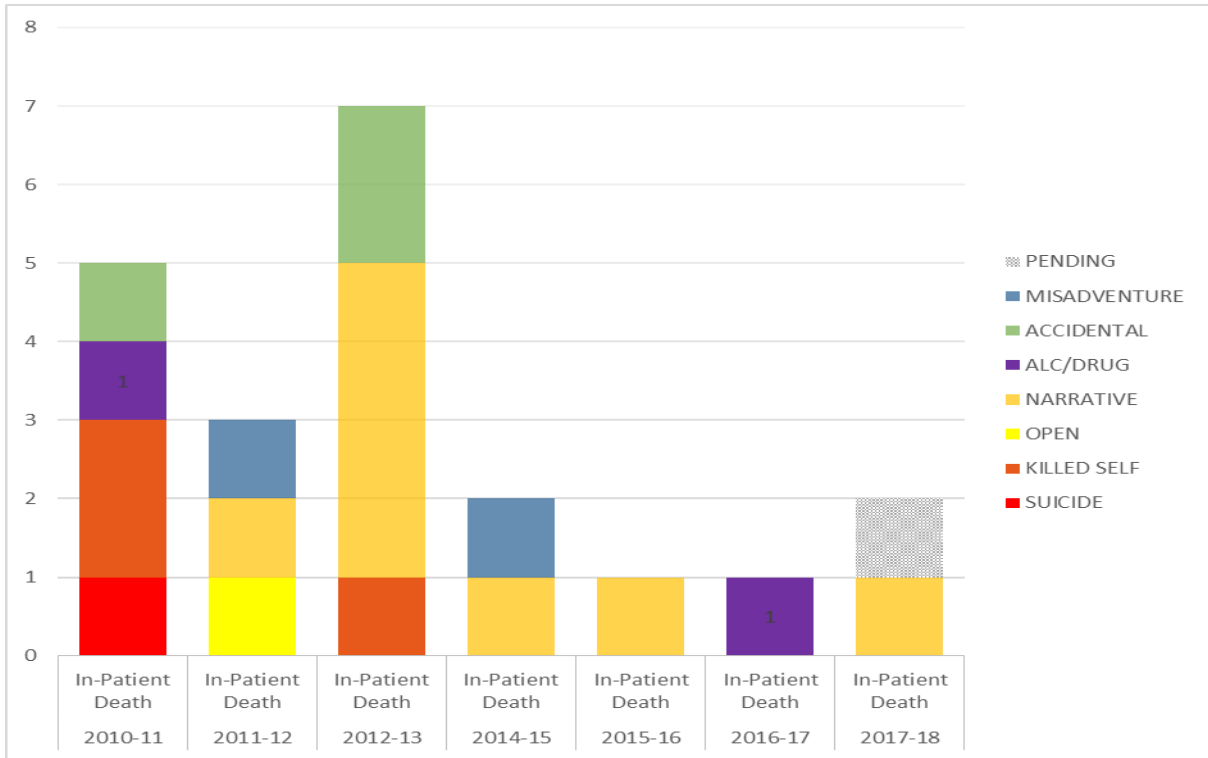
This analysis includes deaths of service users while an in-patient. It includes deaths which occurred on the ward but also deaths which occurred while an in-patient was on leave or absent without leave (AWOL).

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

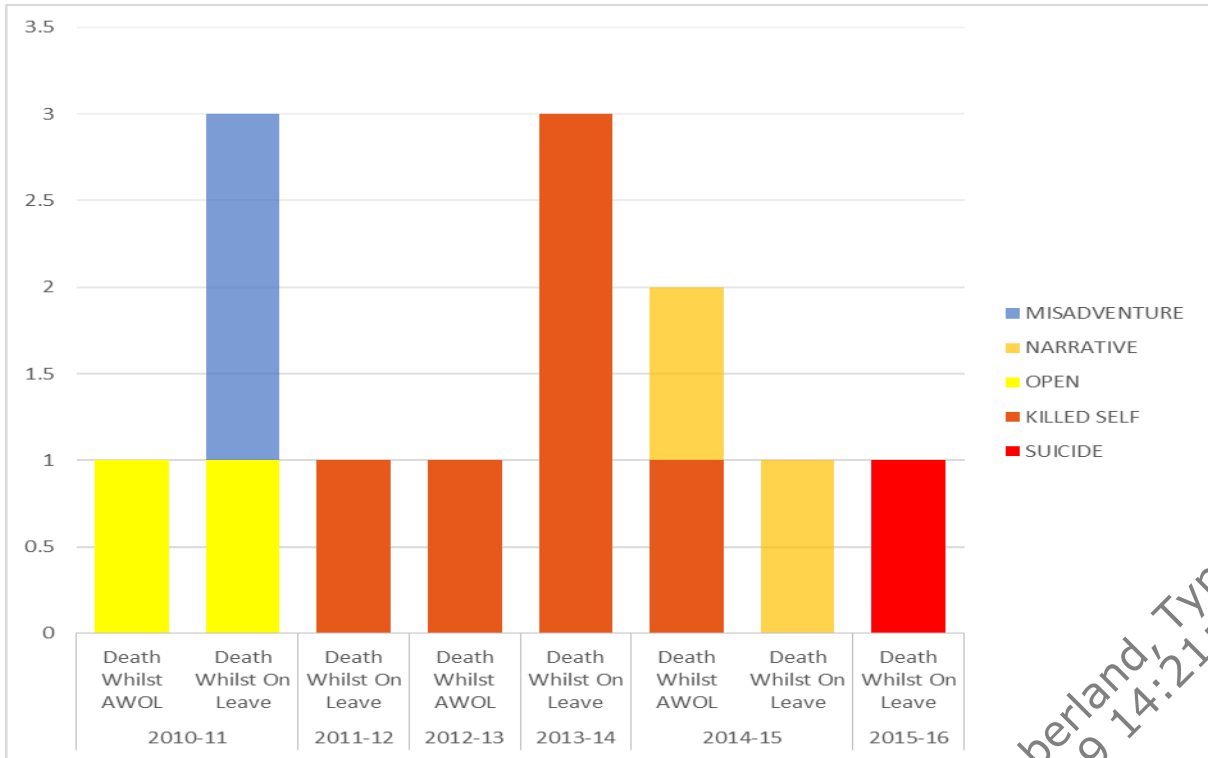
The trend has been downwards, although the annual numbers involved are small. In the last three years there has been one confirmed unnatural death each year, though in 2017/18 a further single death is still awaiting a coroner conclusion (graph 1.8.1). This trend mirrors that reported in the NCISH report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

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

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



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

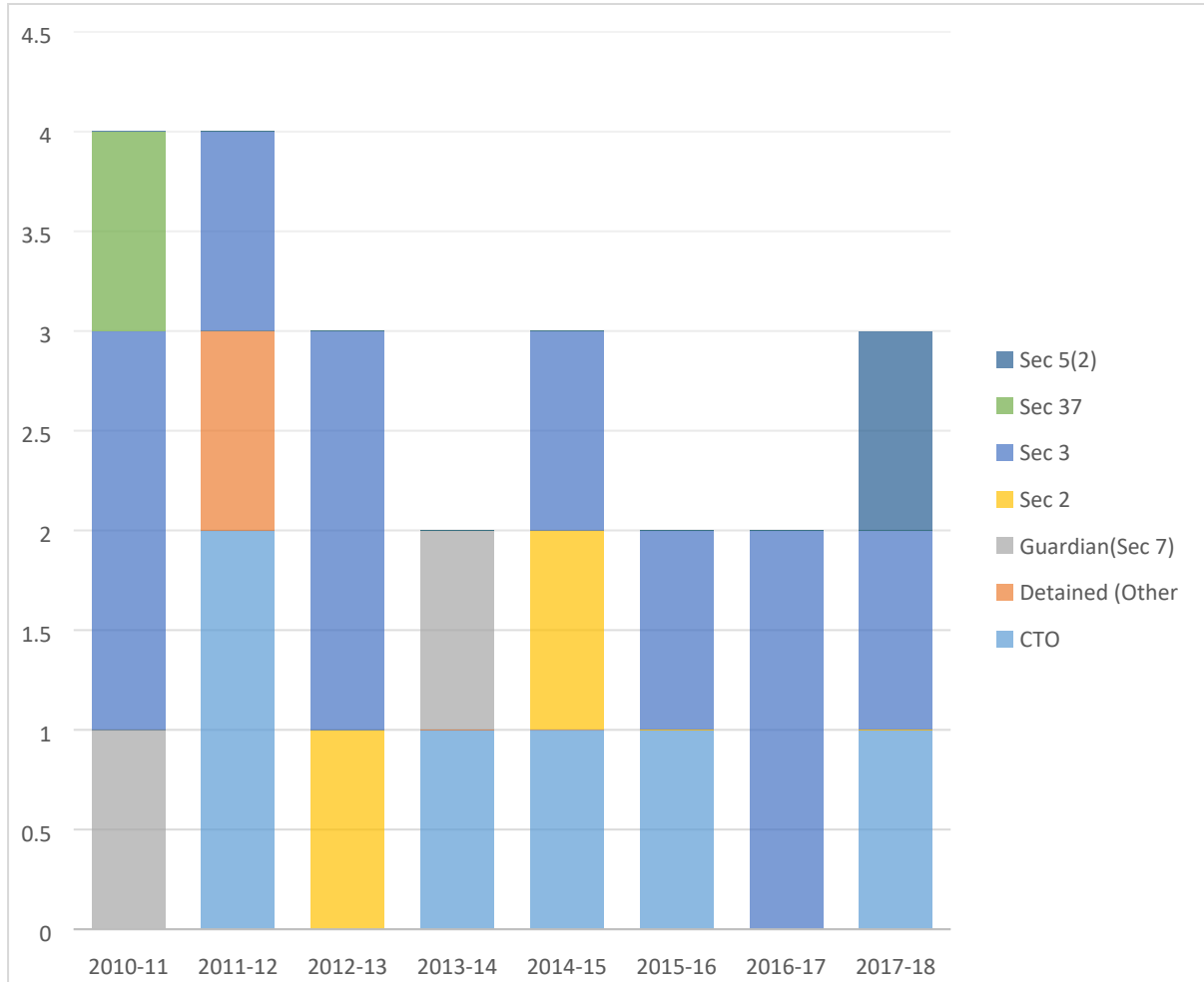


Graph 1.8.2: Unnatural deaths while an in-patient on leave or AWOL

Northumberland, Tyne and Wear
04/18/2019 14:21:55

1.9 DEATHS WHILE DETAINED UNDER THE MENTAL HEALTH ACT.

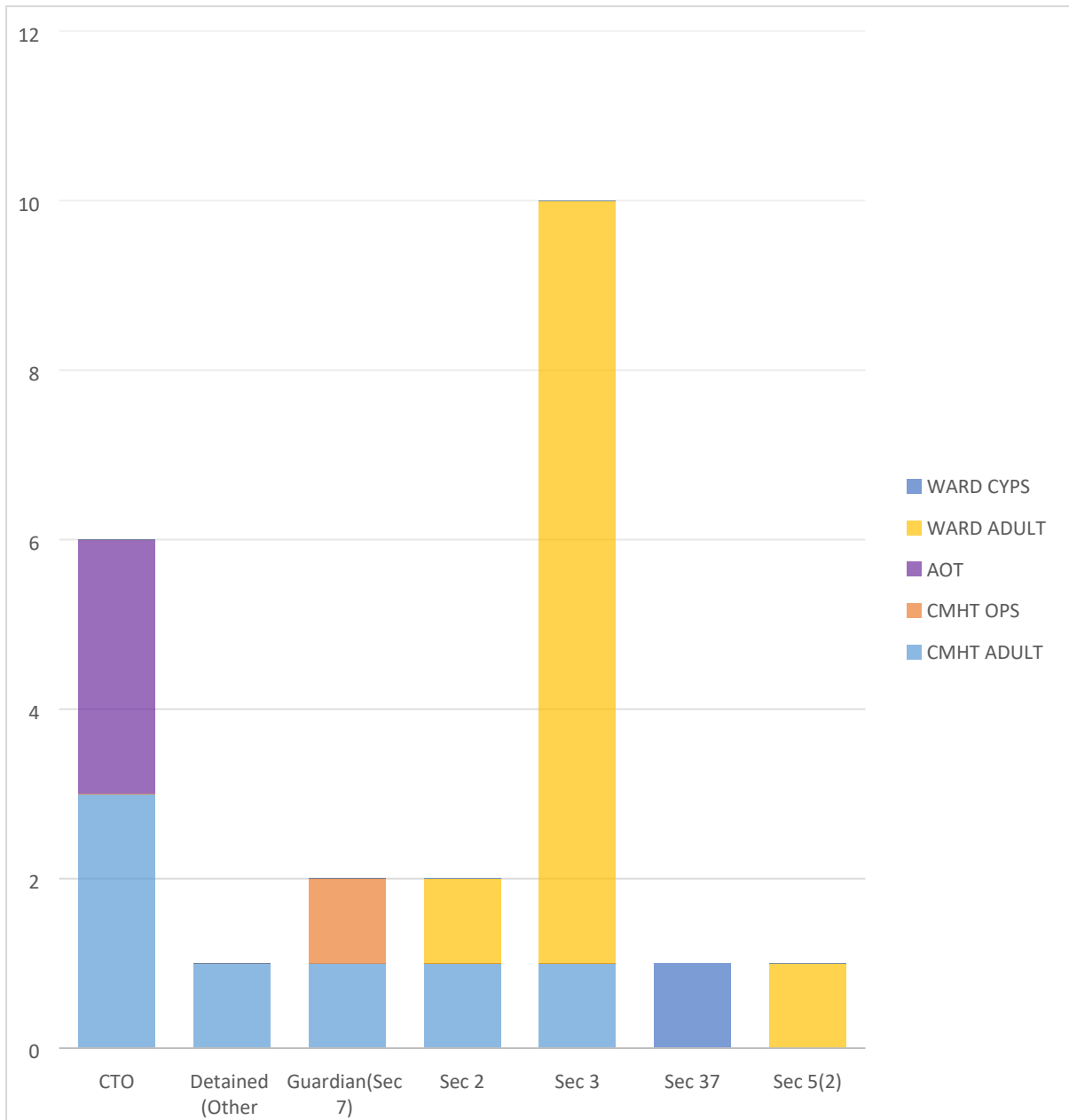
Each year a small number of people die unexpectedly while detained under the Mental Health Act. Over the eight year period there were 23 deaths and three deaths occurred in 2017/18 (graph 1.9.1). Ten deaths occurred while the service user was detained under Section 3, six deaths under a Community Treatment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



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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55



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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

APPENDIX 2.

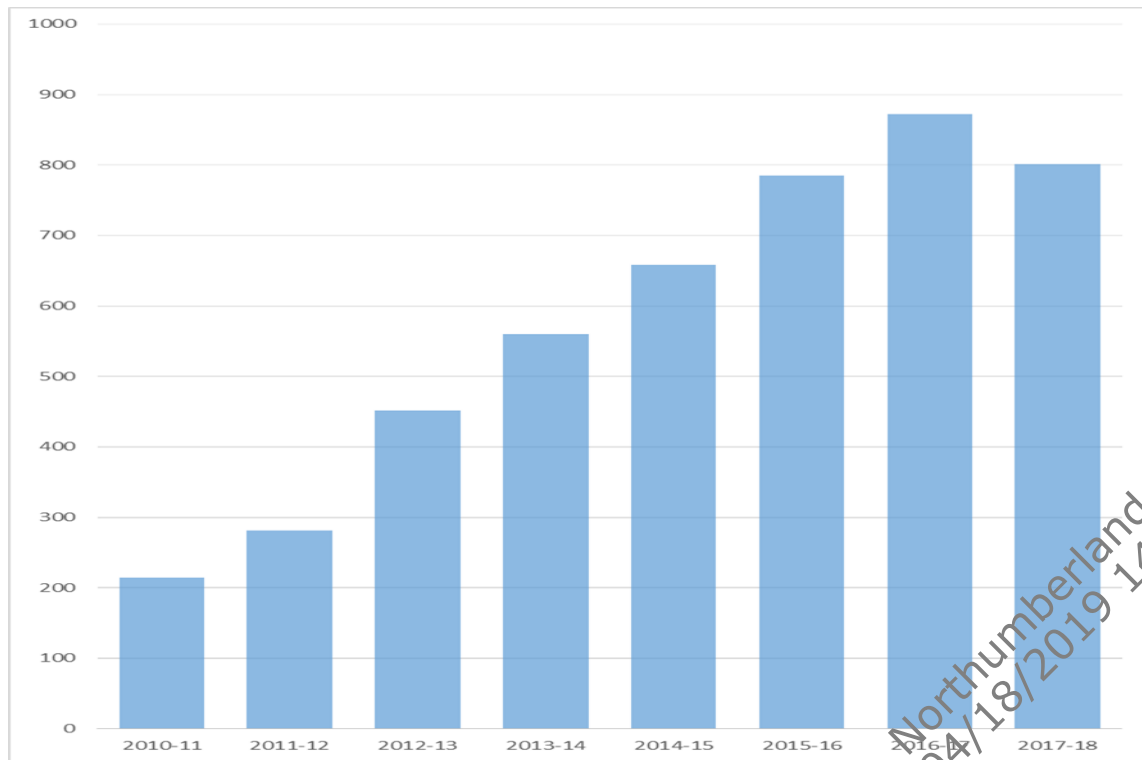
REVIEW OF NATURAL CAUSE DEATHS

2.1 OVERALL NUMBERS

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

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

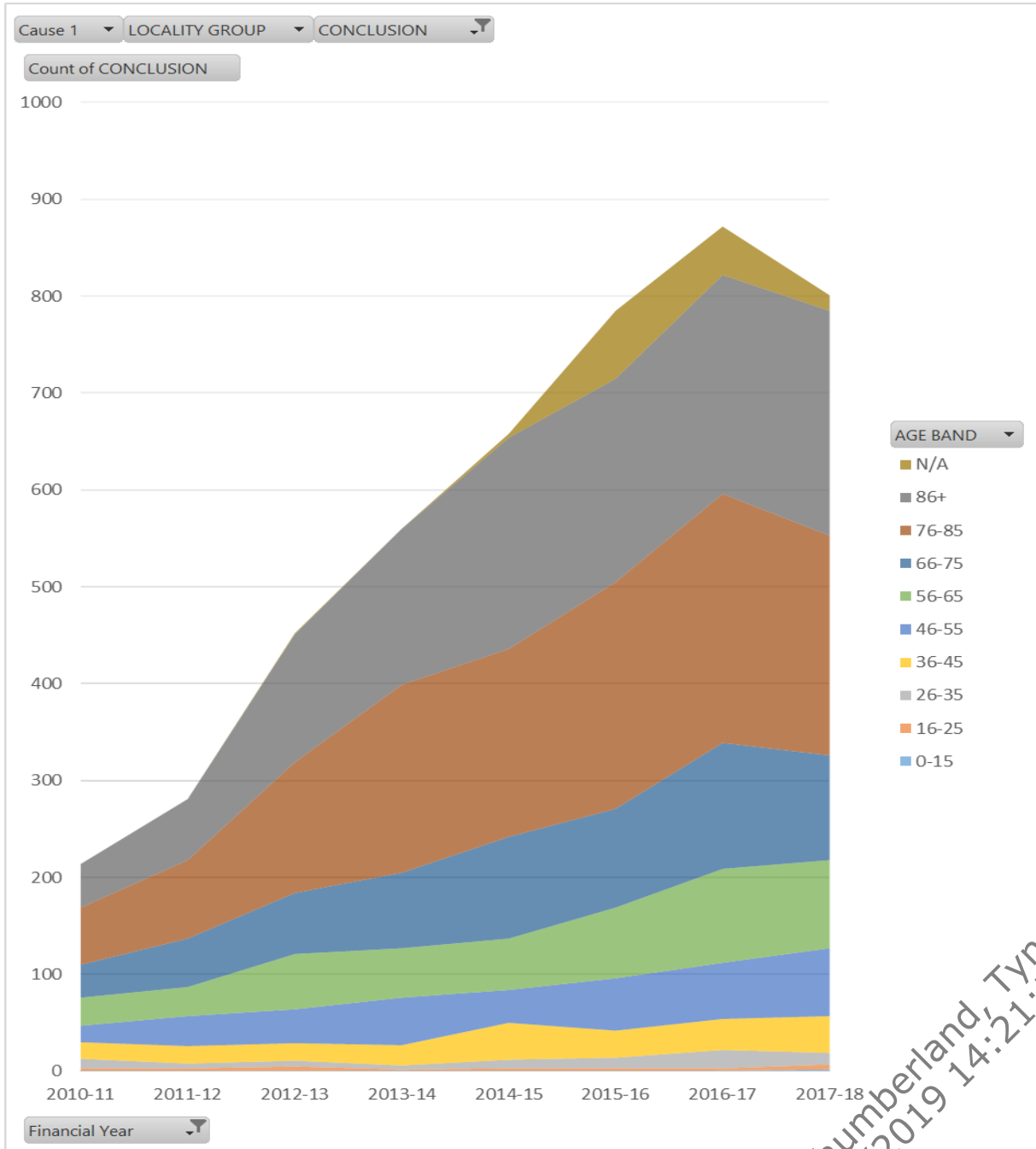
Over the eight years there were 4623 deaths recorded in SafeGuard where the cause of death was classed as *natural*. The numbers reported for each year have increased from that reported last year due to ongoing work to validate entries. The number of natural deaths has increased year on year reaching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



Graph 2.1: Natural deaths by year.

2.2 ANALYSIS BY AGE

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

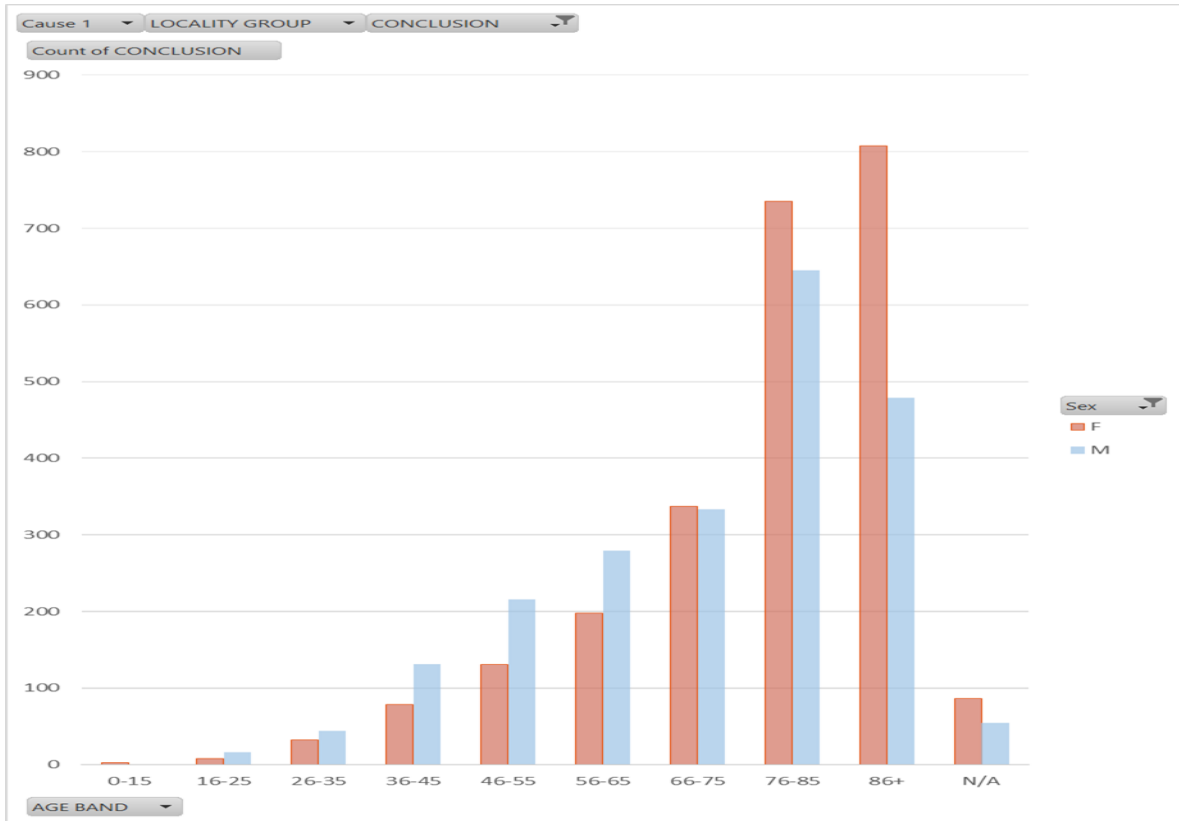


Graph 2.2: Natural cause deaths by age

Northumberland, Tyne and Wear
04/18/2019 14:21:55

2.3 ANALYSIS BY SEX

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

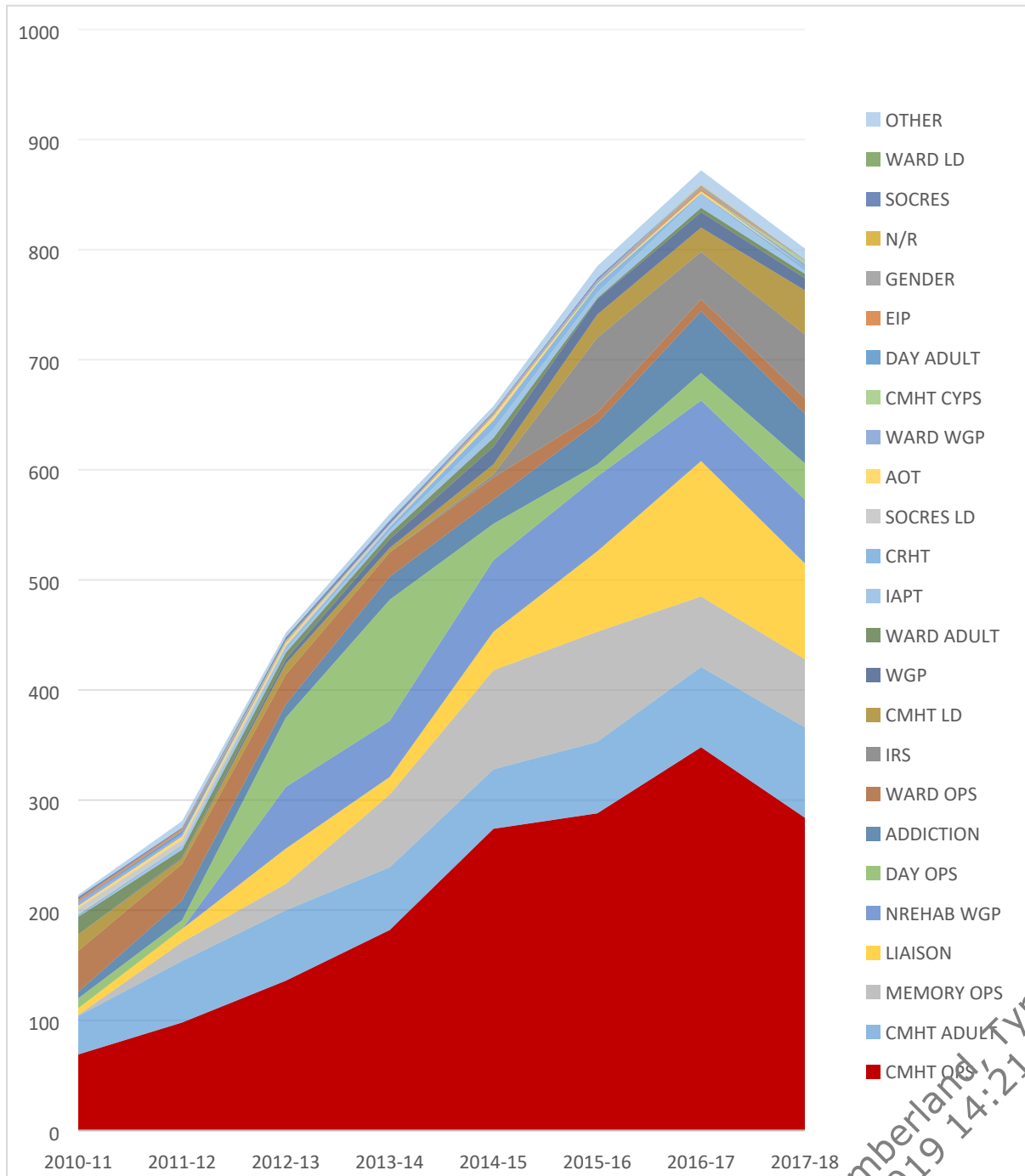


Graph 2.3: Natural cause deaths by age and sex

Northumberland, Tyne and Wear
04/18/2019 14:21:55

2.4. ANALYSIS BY SERVICE TYPE.

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



Graph 2.4: Natural deaths by service type

2.4.1 Older Peoples mental health services.

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

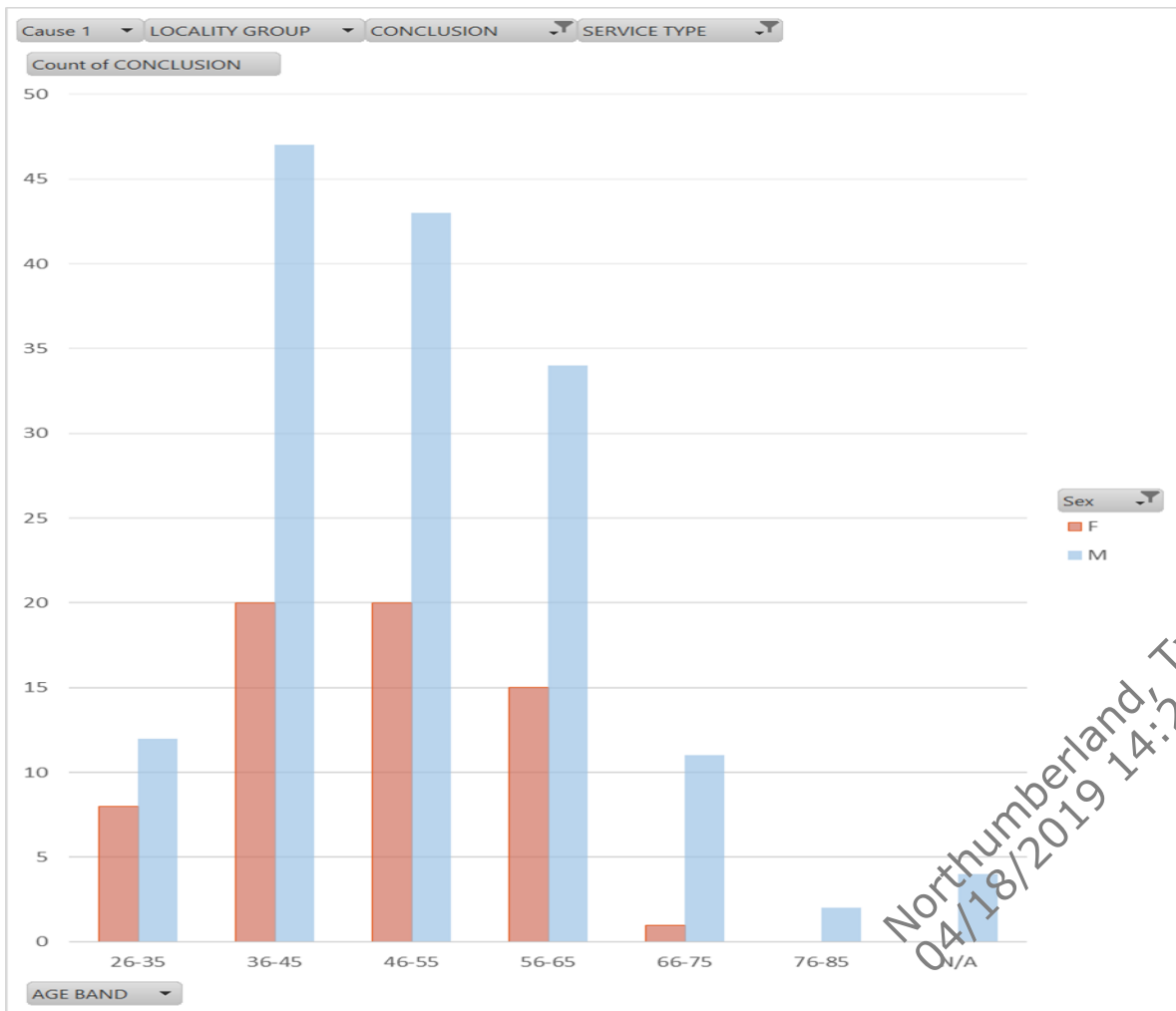
service users are older people. There was a fall in reports over the last year from these services as well as in liaison services. Deaths reported from older people community and in-patient services accounted for 56% of all natural deaths reported over the period 2010/11 to 2017/18.

2.4.2 Adult mental health services

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

2.4.3 Addiction services

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



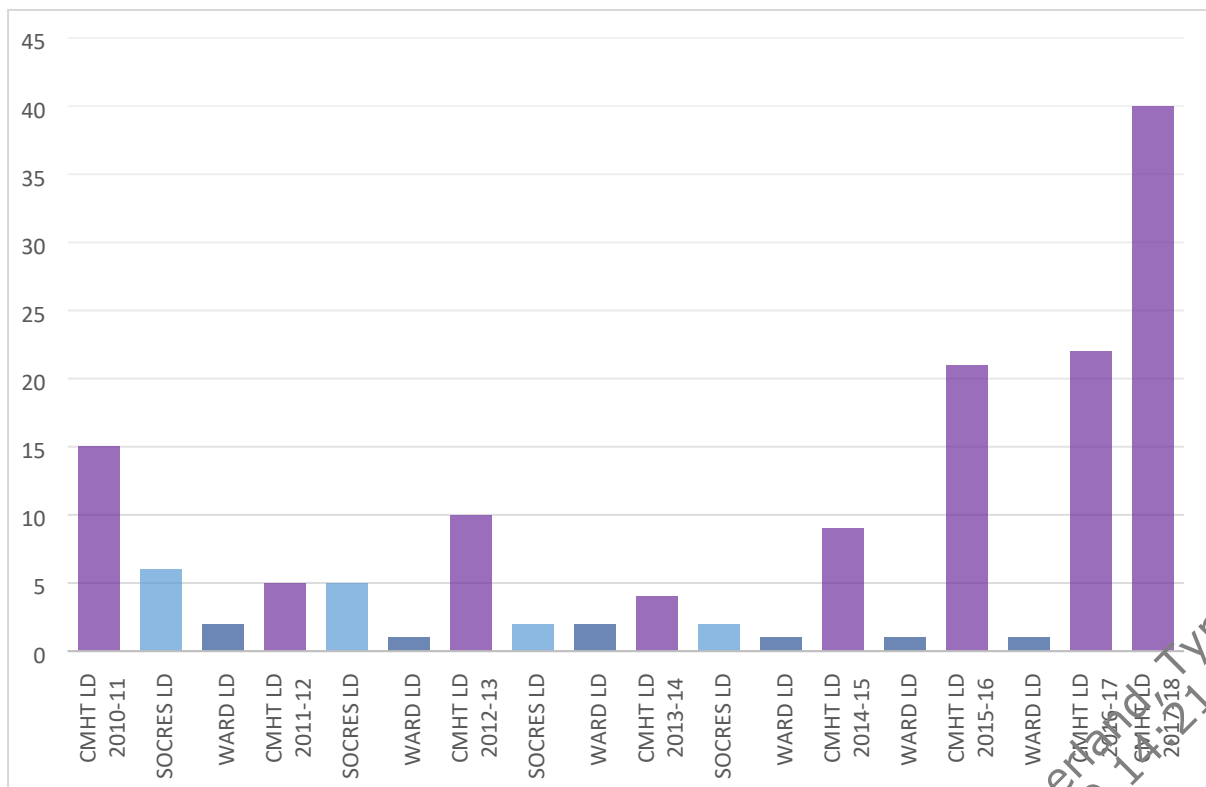
Graph 2.4.1: Natural cause deaths in addiction services, by age

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

2.4.4 Learning disability services.

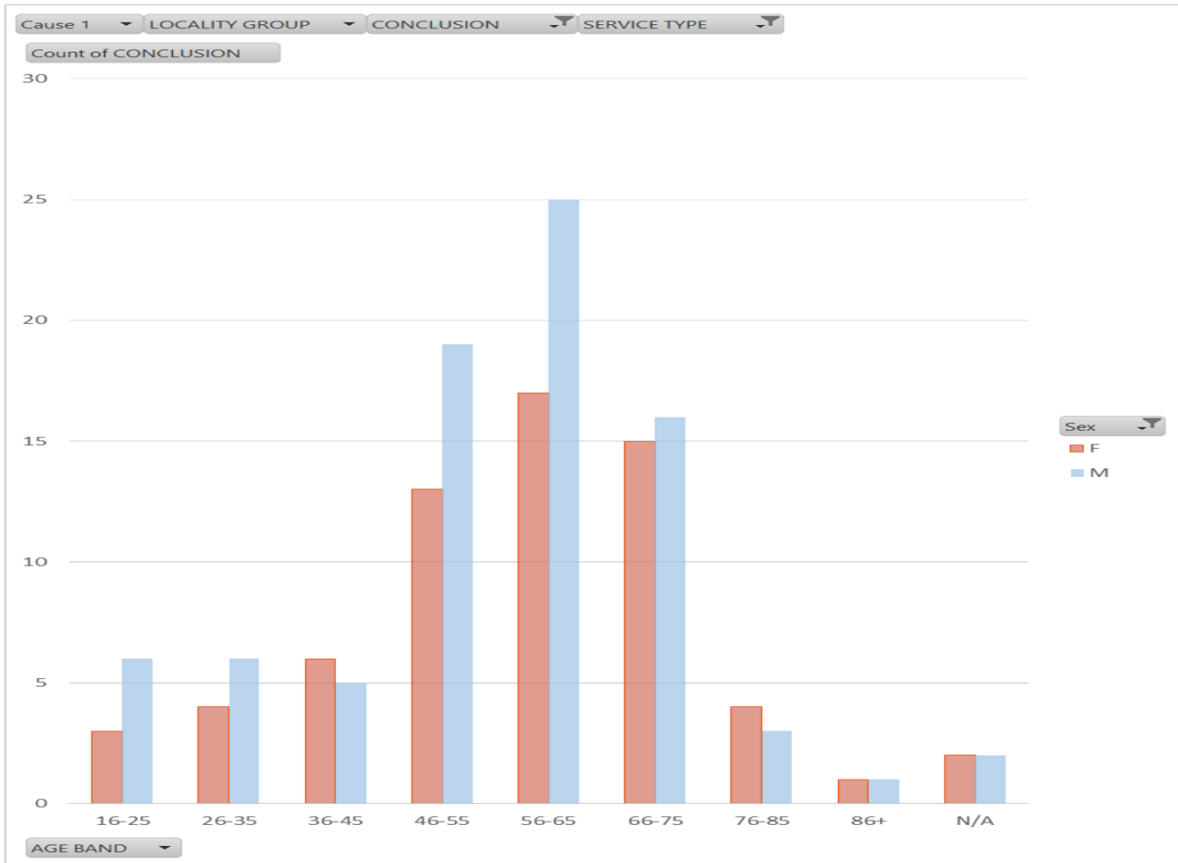
Natural cause deaths reported by learning disability services shows significant year to year variation. The number of deaths reported from bed based services has fallen considerably and no such deaths have been reported in the last two years. This is likely to be largely due to the closure of social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

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



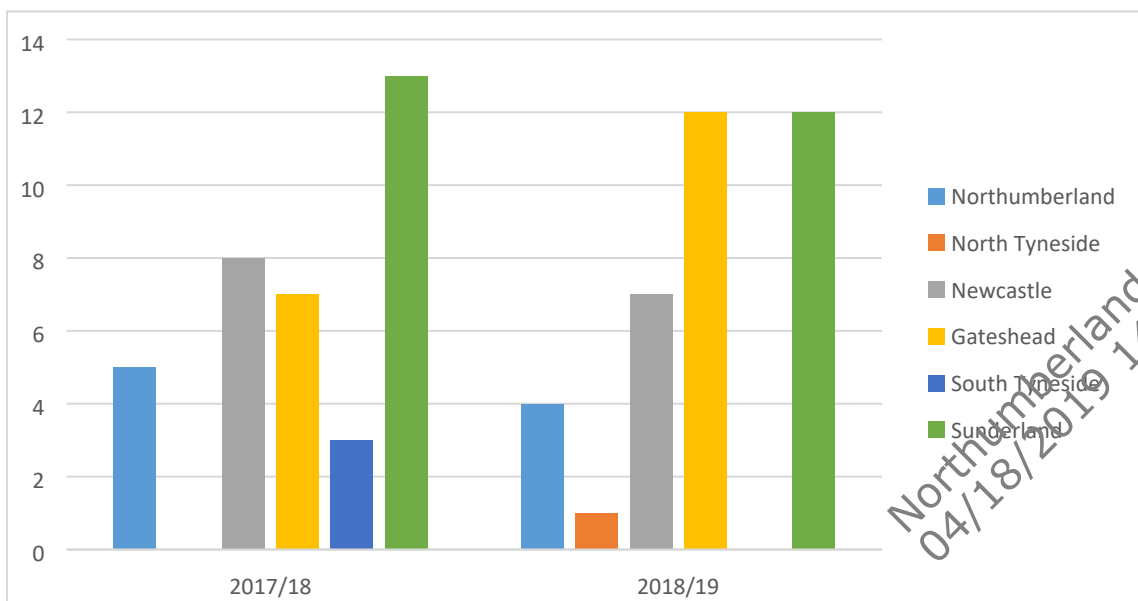
Graph 2.4.2: Natural deaths reported by LD services

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



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

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



Graph 2.4.4: Referrals to local LeDeR contacts

2.4.5 Other services

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

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

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

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

Northumberland, Tyne and Wear
04/18/2019 14:21:55

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date:	24 th April 2019
---------------	-----------------------------

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

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

Paper for Debate, Decision or Information:	Information
--	-------------

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

Key Points to Note:

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

Service users and carers experience

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

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

Safety, effectiveness and caring

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

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

Staff health and well-being

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

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

Quality Improvements

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

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

Well Led

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

Issues requiring attention

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

2019/2020 Visit Programme

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

Risks Highlighted to Board : None

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

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

Please state Yes or No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

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

Link to Policies and Strategies: Staff and patient engagement

Northumberland, Tyne and Wear
04/18/2019 14:21:55

APPENDIX 1

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

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting (Public)

Meeting Date: 24 April 2019

Title and Author of Paper:

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

Executive Lead:

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: For information and action

Link to Policies and Strategies: Workforce & OD Strategy

Northumberland, Tyne and Wear
04/18/2019 14:21:55

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

(data as at 19th March 2019)

1. Executive Summary

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

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

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

2. Introduction

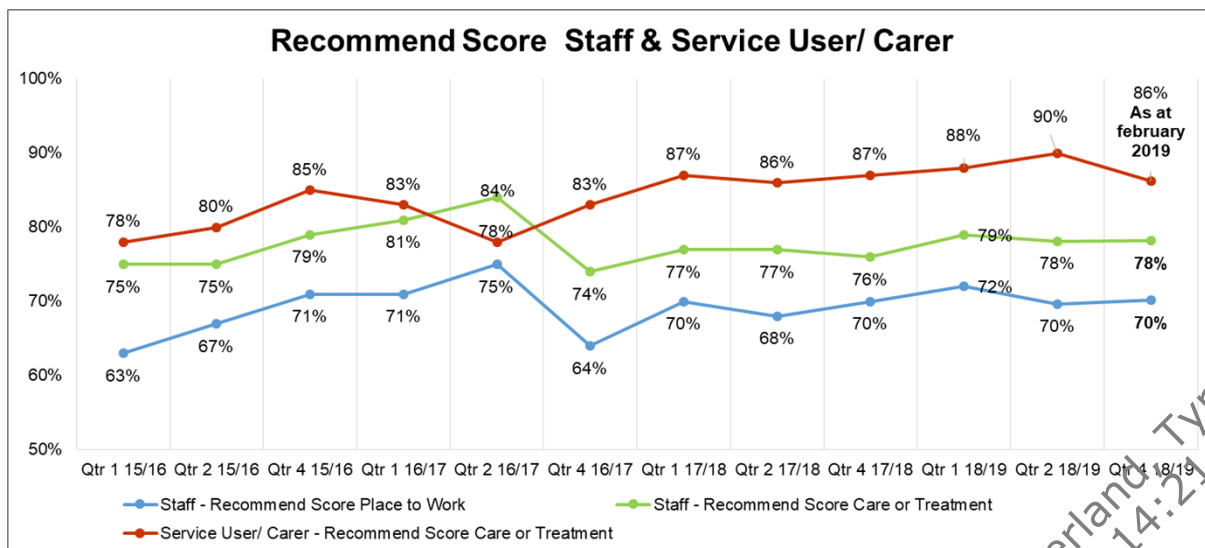
All NHS Trusts are required to ask staff their responses to the two Staff Friends and Family Test (FFT) questions, which are also included with the national staff survey conducted in Qtr3 of each year. The two Staff FFT questions are as below, with answer options ranging from 'extremely likely' to 'extremely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

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

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

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

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



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

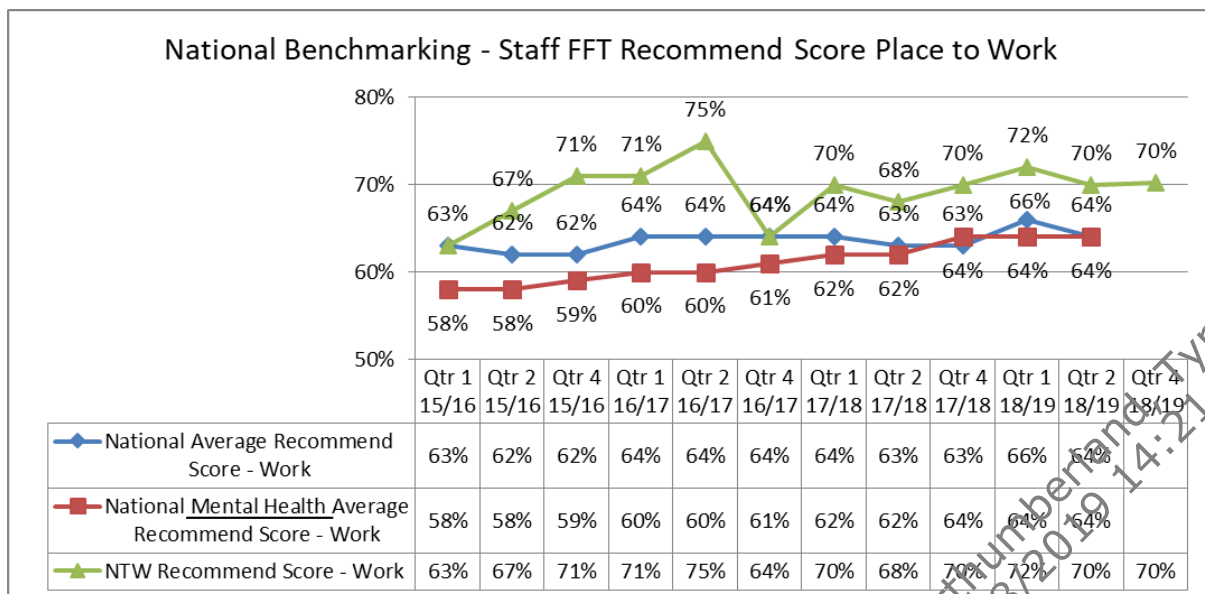
3. National Benchmarking Data - Update Quarter 4 - 2018/19

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

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

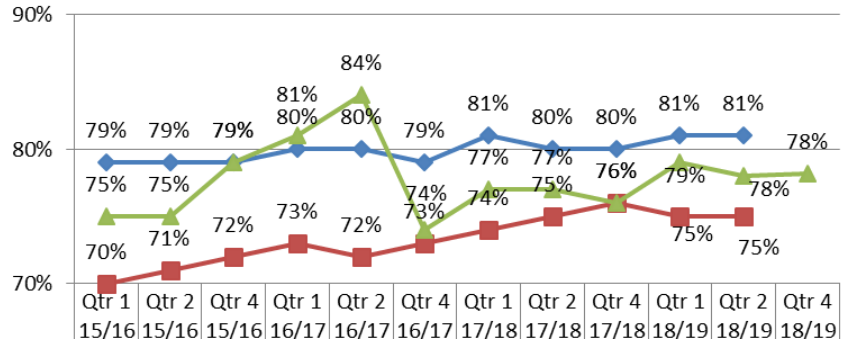
N.B. Qtr 4 18/19 data is due be published 30th May 2019

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



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

National Benchmarking - Staff FFT Recommend Score Care or Treatment



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

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

4. Results for Quarter 4 - 2018/19

4.1 Response rates

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

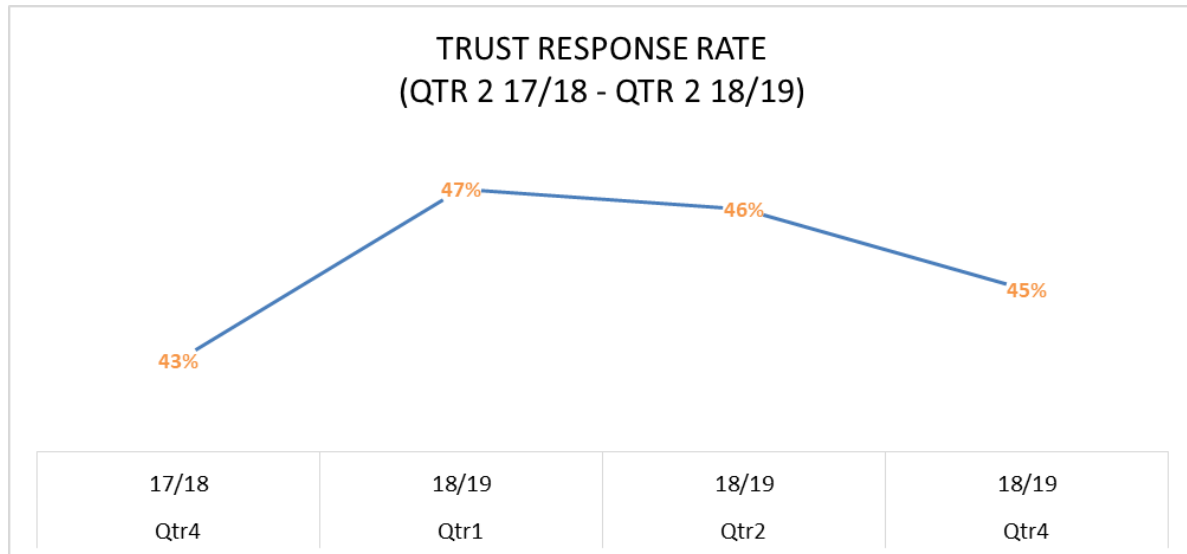


Table 1 – Response rates by Group/Directorate

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

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

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

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

4.2 Responses by answer options and recommend score

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

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

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

Table 3 – Responses by Answer for Question 1

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

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

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

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

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

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

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

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

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

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

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

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	
Extremely Likely	28%	31%	28%	29%	↑
Likely	49%	48%	50%	49%	↔
Total Recommend	76%	79%	78%	78%	↑
Neither	14%	13%	14%	14%	↔
Unlikely	4%	4%	4%	3%	↓
Extremely Unlikely	2%	3%	2%	2%	↔
Don't Know	4%	2%	3%	3%	↓

While comparing the Qtr4 percentages with last year (Qtr4 17/18), there has been an overall increase in the recommend score (positive responses) for this question (from 76% to 78%). This has remained the same from Qtr2 18/19. When comparing the negative responses with the same period last year there is minimal variation in the percentages and have remained consistent over the course of the year.

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

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

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	
Trust	76%	79%	78%	78%	↔
North Locality Group	75%	79%	74%	75%	↑
Central Locality Group	72%	75%	74%	76%	↑
South Locality Group	79%	80%	81%	81%	↔
Deputy Chief Executive	76%	68%	67%	73%	↑
Nursing & Chief Operating Officer	83%	85%	83%	77%	↓
Medical	71%	76%	84%	76%	↓
Commissioning and Quality Assurance	79%	85%	85%	91%	↑
Workforce & OD	86%	95%	76%	92%	↑

Overall the recommend score (positive responses) remains unchanged when comparing Qtr2 18/19 to Qtr4 18/19. The most notable increase in the recommend score is across Workforce & OD with an increase of 16%, material changes in percentage increase or decrease can occur due to there being smaller staff numbers in the directorate. The North and Central Locality have both seen increases in their recommend score during

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

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

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

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

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

4.3 Results by Thematic Analysis

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

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

Table 9 is the number of free text comments made.

Table 9 – Number of Free Text Comments and Response Rate

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

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

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

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

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

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

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

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

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

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

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

	Administrative Process	5	5.10%
	Communication	3	3.06%

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

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

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

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

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

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

Improvements to make NTW a better place to work:

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

"canteen opening at weekends"

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

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

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

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

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

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

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

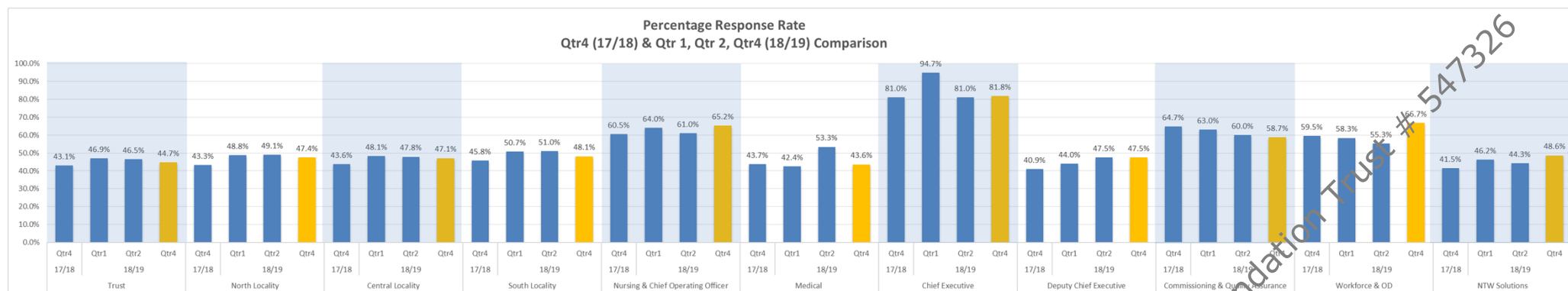
5. Conclusion

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

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

Response Rates



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

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

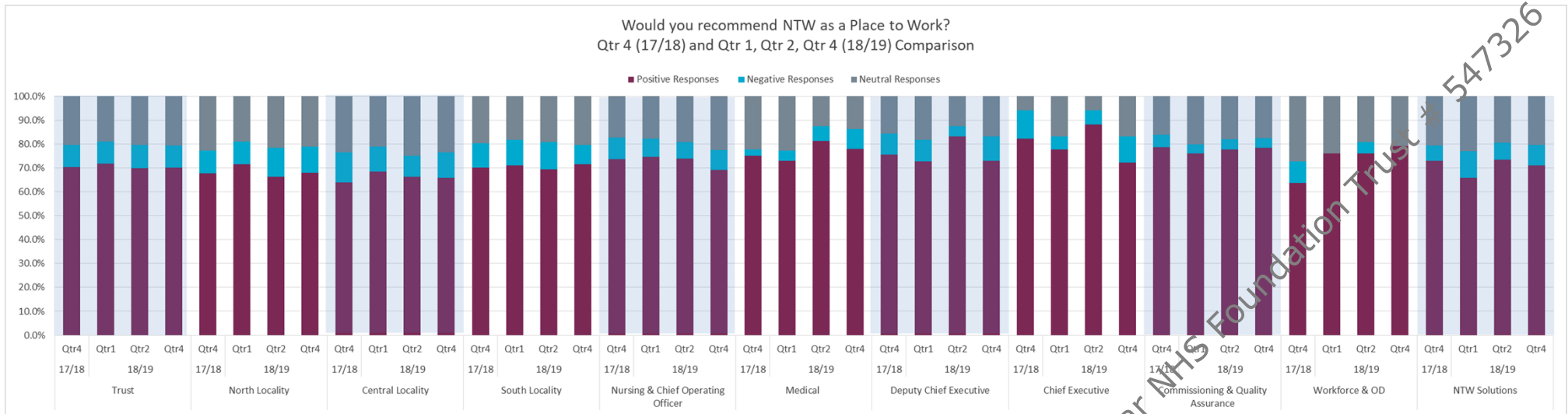
~ 4 out of 10 Directorates have seen an increase in response rates, the most significant increase in response rate was seen from Workforce & OD (from 55% to 67%).

~ 5 Directorates have seen a decrease in response rates.

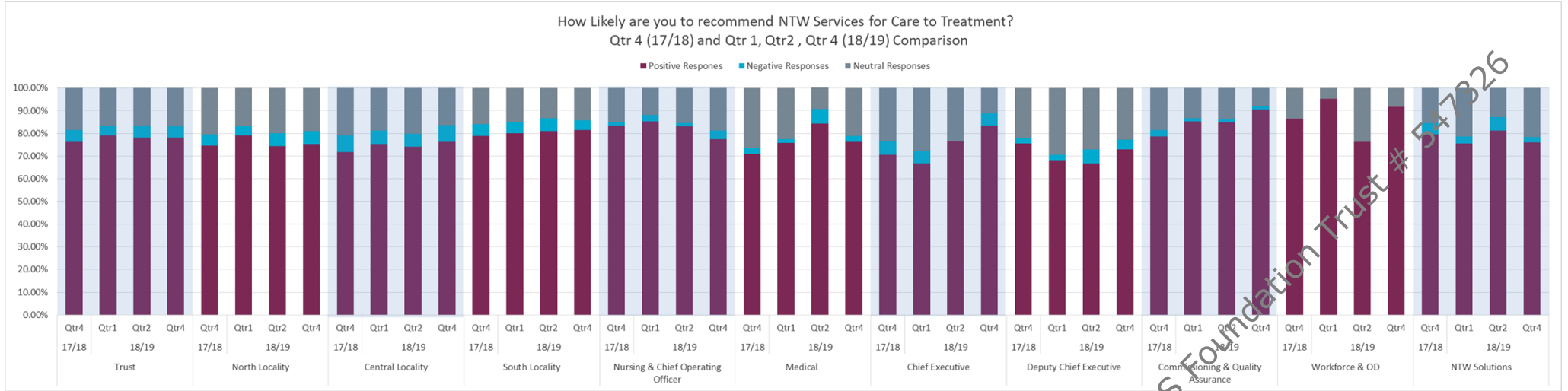
~ The 3 Clinical Directorates (North, Central, South) response rate decreased between Qtr2 – Qtr4 18/19.

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

Appendix 2



Northumberland, Tyne and Wear NHS Foundation Trust 547326
04/18/2019 14:21:55



Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

Appendix 4

North Locality - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	General	2	1.72%
Staff Feedback - Organisation Change Total		2	1.72%
Staff feedback - Patient Care	Staffing Levels	24	20.69%
	Food	2	1.72%
	Environment/ Facilities	2	1.72%
	Communication / Interaction (SU / Carer / Families)	1	0.86%
	Treatments / Pathways	1	0.86%
	Access	1	0.86%
Staff feedback - Patient Care Total		31	26.72%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	16	13.79%
	General	6	5.17%
	Case Loads / Work Load	4	3.45%
	Training & Development	3	2.59%
	Sickness Policy	2	1.72%
	Career Progression	2	1.72%
	Staff Retention	1	0.86%
	Consistency	1	0.86%
	Culture / Leadership of Management	1	0.86%
	Shift Patterns	1	0.86%
	information Technology	1	0.86%
Staff feedback - Policy and Practice Total		38	32.76%
Staff feedback - Wellbeing	Working Conditions	8	6.90%
	General	6	5.17%
	Communication	5	4.31%
	Being Listened Too	5	4.31%
	Management Support / Supervision	5	4.31%
	Stress at Work	4	3.45%
	Respect	3	2.59%
	Rewarding Environment / Value / Praise	3	2.59%
	Access to / Visibility of Management	2	1.72%
	Senior Management Structure	2	1.72%
	Morale	2	1.72%
Staff feedback - Wellbeing Total		45	33.79%
Grand Total		116	100.00%

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:53

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

Northumbria Health, Tyne and Wear NHS
04/18/2019 14:21:55

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

Appendix 5

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

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

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

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:51

Actions being taken by Group/Directorate in response to improvement suggestions raised in Qtr2 18/19

North Locality Care Group:

Our main themes looking at the results are Staffing Levels and Waiting Lists.

We are proactively and successfully reducing the number of people with sickness absence and also reducing the length of time that people are off work due to sickness. We have multiple actions in place to address this.

We have over-recruited into Nursing Assistant posts in our inpatient areas to cover gaps with regular staff to improve stability and continuity of care.

We are fully engaged with the Carter process and have embedded the principles of level loading and resource management across our inpatient areas. Work is under way in our community team to do likewise.

We continue to look to recruit qualified nurses and doctors wherever possible to fill hard to recruit to gaps and have recently taken four Fellowship Doctors which will help with this in the medium term.

Waiting list initiatives have seen timescales come down in both Adult (under 18 weeks) and Child pathways. This work continues.

Central Locality Care Group:

Work continues on the embedding of the Carter work in all areas with a Carter working group set up for the locality to support areas in embedding this work. This is looking at, from a staffing perspective, the level loading and the review of all flexible working agreements to ensure they are still meaningful for both the delivery of service and the individual's circumstances.

Workforce Plans are continually being reviewed from the completion of the two year Workforce plan. Additional post have been added to the establishment in areas in order to support with the caseloads and waiting times. Additional unqualified staff have also been recruited to the inpatients service areas to support the team. Work continues on ensuring the skill mix is right to reduce bank and agency spend and utilising alternative ways of working. The operational planning for 2019 takes into account the Workforce, Quality impact and the finances together the plan includes the trajectory of reducing agency by 10%.

Work has been ongoing with the management of sickness absence to ensure that staff feel supported to remain at work where they can to support with the staffing compliment. Local

events have taken place within areas supporting the Health and Wellbeing agenda. Staff are being trained up to deliver WRAP plans for teams.

Engagement sessions took place with teams regarding the upcoming organisational change.

Work is continuing to address waiting times and this feeds into the Trustwide work.

South Locality Care Group:

Workforce –

- There continues to be recruitment of qualified and unqualified nursing vacancies across the Locality and we continue to recruit preceptorship nurses via Trusts Central Recruitment Process.
- Workforce plans have been developed for each CBU which detail the workforce challenges within the locality, and will support future planning of recruitment to vacancies, as well as look at skill-mix across the CBUs. All CBU's are in line with 3 to 5 year Workforce Plans, Workforce Presentation delivered to all CBU's and supported by Workforce and Finance / Business Development.
- Work continues with Managers across the CBUs through supported discussions to address absence in their areas, what strategies can be used to support staff and manage absence robustly. Workforce and OD Admin Band 3 position has been appointed to. This will have a pivotal role in supporting front end sickness management. A standing operating procedure is being produced to support this work. Sickness clinics are now in place to discuss long term and short term sickness. These take place every 4 weeks with CNM / CCM / Team Managers in each CBU. Sickness cases now reviewed and escalation if required. LTS cases well supported by Workforce and managers. Hot spots are identified via monthly OMG report. Each CBU has a sickness action plan in place which is reviewed through monthly CBU meetings.
- OD interventions have been developed with areas where there have been requests to support newly formed teams, where there may be cultural or team issues. OD priorities and collection tool completed. OD interventions have been delivered in North Community Treatment Team, Learning Disabilities Community Team, Sunderland and South Tyneside Crisis Team. Further teams have requested OD support.
- The Carter Review work has been carried out across 3 CBU's with Access remaining to support this work. Further analysis is required to understand the impact of changes to flexible working arrangements across the locality and level loading.

- Staff drop in sessions and speak easy events continue to run on a rolling basis across all CBU's, addressing key themes such as health and wellbeing and staff engagement. Themes from these sessions are part of the staff survey action plans for each area, and will continue to be reviewed and updated with themes from the staff friends and family test and the annual staff survey this work remains ongoing.
- High level staff survey results have been shared with the locality. On initial analysis these results look positive for the locality and we are now supporting CBU's to break down the detail of their results and identify key actions to take forward.

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th April 2019

Title and Author of Paper: CEDAR Project – Full business case preparation and enabling works, James Duncan, Director of Finance/Deputy Chief Executive

Executive Lead: James Duncan, Director of Finance/Deputy Chief Executive

Paper for Debate, Decision or Information: Decision

Key Points to Note:

- The Trusts Operational Plan included an estimated £5.4m spend in 19/20 to progress the CEDAR project.
- This paper provides further detail on the proposed spend and asks for approval to proceed.

Risks Highlighted:

- The Trust will not be reimbursed for any of the requested expenditure if the Outline or Full business cases are not approved by NHSI or the Treasury, or if the Trust does not proceed with the scheme
- The Strategic Outline case is yet to be approved
- There is some risk associated with gaining planning approval (particularly for the proposed housing developments) and with the valuations of the land to be sold.
- The scheme is currently over budget.

Does this affect any Board Assurance Framework/Corporate Risks:

Please state Yes or No

If Yes please outline:

Equal Opportunities, Legal and Other Implications: N/a

Outcome Required / Recommendations:

The Board are asked to

- approve the expenditure identified in Table 1
- approve the signing of a Pre construction contract between the Trust and Sir Robert McAlpine of the value of £5m to prepare a Guaranteed Maximum Price (GMP) (Cost included in Table 1)
- approve the commencement of required demolition and refurbishment works at Northgate Hospital

Link to Policies and Strategies:

CEDAR Project

Full business case preparation and enabling works

Background & Purpose

In October 2018, the Trust Board approved the CEDAR Project - Strategic Outline Case paper. The Board approved the Strategic Outline Case and provided delegated authority to the CEDAR Programme Board to commence expenditure of an initial £1m on the design of the CEDAR scheme and preparation of information required for the Outline and Full business cases. The current paper considers the works still required, and expenditure needed to complete the business cases, and the enabling works required at Northgate Hospital to keep the project on target to achieve the nationally set programme completion date of April 2023.

Financial Environment

The CEDAR scheme requires Trust Board, NHSI and Treasury approval at the Strategic Outline case, Outline Business case and Full Business case stages. Currently the Trust is still waiting for approval of the submitted Strategic Outline case and has responded to a number of requests for additional information over the past few months. Approval is now expected in May/June 2019.

The preparation of the Full business case includes the need to satisfy a number of nationally set requirements. These include the demonstration of cost certainty by the preparation of a 'Guaranteed Maximum Price' (GMP) for the construction works by the Trust's construction framework partner, Sir Robert McAlpine (SRM). This paper requests approval for the Trust to enter into a pre construction contract with SRM to prepare the GMP. The GMP requires a high level of detailed design and 95% market testing of the works packages that make up the scheme. Full planning approval is required, along with a planned completion date for the main aspects of the works by April 2023. The level of information anticipated at GMP includes:

1. Substantially complete Design including:
 - a. Architectural
 - b. Building Services
 - c. Landscape
 - d. Civils and Structural
 including drawings, details, sections, specifications and reports.
2. Live BIM Model, federated from three Revit models of C&S, MEP and Architectural.
3. Programme of works and construction plan detailing phasing of the works
4. Construction Phase Health & Safety Plan, logistics plan, traffic management plan.
5. Waste management plan.
6. Transparent Quantified project providing Cost Certainty under a Guaranteed Maximum Price targeted for 95% market tested.
7. Developed Cashflow for the scheme spanning 2-3 fiscal years.
8. Procurement Strategy ready for engagement for major packages.
9. De-risked scheme following the below surveys and secondary consultants input

- a. Fire Strategy
 - b. Acoustic Strategy
 - c. Ecologist requirements
 - d. Ground Investigation and Sampling
 - e. Underground Site Utilities Map
 - f. CCTV Drainage Survey (to required)
 - g. Topographical Study
 - h. Transport Assessment and Travel plan
 - i. Life Cycle costs factored
 - j. Asbestos surveys to affected buildings
 - k. Mock up rooms
 - l. 3rd party input from NCC, Building Control and Utilities providers.
 - m. Derogations and compliance schedule
 - n. Agreed Project Risk Register
10. Input to Planning Application (and approval)
 11. Design Stage BREEAM Assessment

To achieve completion of the main works by April 2023, and taking into account the periods required for NHSI and the Treasury to approve the business cases, various enabling works are required at Northgate Hospital to ensure the main project can commence promptly after the anticipated Full business case approval. These include the demolition of a number of villas and the reconfiguration of the Medical Directorate building and Villa 9 to allow the vacation of the site for the proposed new Medium Secure unit. The Trust has undertaken substantive planning work to ensure these early works are kept to an absolute minimum, whilst still satisfying the overall programme requirements. Design and valuation work is on-going for the areas of the site proposed for disposal and development for housing.

Table 1 below highlights:

1. The costs already incurred to March 2019
2. The costs to achieve the submission of the Full Business case in April 2020
3. The costs likely to be incurred to the estimated approval date of the Full business case in July 2020
4. For completeness, the costs incurred to the full commencement of full construction on site

	SRM costs	NTW Solutions	NTW	Land sale	Total	CEDAR non bid related schemes (Hadrian, Tyne Tweed (ph 1), Bede, Ravenswood, Dryden Road, ECT)
	£k	£k	£k	£k	£k	£k
To 31st March 2019	756					
31st March 2019 to FBC submission April 2020	5063					
Sub total	5819	300	180	100	6399	
April 2020 to FBC approval July 2020	810	120	70	50		
July 2020 to Start on site October 2020	572					
Sub total	1382	120	70	50	1622	
Schemes approved						2235
Schemes awaiting approval						466
Total spend	7201	420	250	150	8021	2701
* approx slippage costs per month	350					

It should be noted that the Trust will not be reimbursed for any of this expenditure if the business cases are not approved or the Trust does not proceed with the scheme. The Trust can also terminate the works and Pre construction contract at any point if it becomes clear the risk of not getting business case approval becomes unacceptable, the scheme fails to get planning approval or the scheme becomes unaffordable for other reasons (including reduced land values).

RECOMMENDATIONS

The Board are asked to

- approve the expenditure identified in Table 1
- approve the signing of a Pre construction contract between the Trust and Sir Robert McAlpine to prepare a Guaranteed Maximum Price (GMP)
- approve the commencement of required demolition and refurbishment works at Northgate Hospital

SN 11/4/19

Northumberland, Tyne and Wear
04/18/2019 14:21:55

**CEDAR non bid
related schemes**
(Hadrian, Tyne, Tweed (ph 1),
Bede, Ravenswood, Dryden
Road, ECT

	SRM costs	NTW Solutions	NTW	Land sale	Total	
	£k	£k	£k	£k		£k
To 31st March 2019	756					
31st March 2019 to FBC submission April 2020	5063					
Sub total	5819	300	180	100	6399	
April 2020 to FBC approval July 2020	810					
July 2020 to Start on site October 2020	572	120	70	50		
Sub total	1382	120	70	50	1622	
Schemes approved						2235
Schemes awaiting approval						466
Total spend	7201	420	250	150	8021	2701
* approx slippage costs per month	350					

Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th April 2019

Title and Author of Paper:

Quarter 4 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy).
2. Finance templates are submitted to NHS Improvement on a monthly basis. This month a key data return was submitted on 15th April with a full return based on the draft accounts due for submission on 24th April. The Trust's draft Use of Resources rating is a 3 at Q4.
3. From October 2016, NHSI introduced a Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q4 the Trust is reporting it will achieve its year-end control total so this statement is not required.
4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 4 of 2018/19.
5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 4 of 2018/19.
6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 4 of 2018/2019 has been included within the report.

Risks Highlighted to Board: None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which are approved by the Director of Finance/Deputy Chief

Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly basis during the year.

To note the Quarter 4 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

Northumberland, Tyne and Wear
04/18/2019 14:21:55

BOARD OF DIRECTORS

24th April 2019

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 4 2018-19

BACKGROUND

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

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 4 of 2018-19 as segment 1 – maximum autonomy.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19
Single Oversight Framework Segment	n/a	2	1	1
Use of Resources Rating	n/a	2	1	3
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 12 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis). These figures are based on the draft annual accounts which are currently being finalised and are due for submission on 24 April 2019:-

Key Financial Targets	Year End		
	Plan	Forecast	Variance/ Rating
Monitor Risk Rating	3	3	Amber
I&E – Surplus /(Deficit)	£3.5m	£5.8m	£2.3m
FDP - Efficiency Target	£12.6m	£12.6m	£0.0m
Agency Ceiling	£8.0m	£7.6m	(£0.4m)
Cash	£19.6m	£30.3m	£10.7m
Capital Spend	£13.2m	£8.0m	(£5.2m)
Asset Sales	£0.3m	£3.6m	£3.3m

Risk Rating

Risk Ratings	Weight	Year-End	
		Plan	Risk Rating
Capital Service Capacity	20%	4	4
Liquidity	20%	1	1
I&E Margin	20%	1	1
Variance from Control Total	20%	1	1
Agency Ceiling	20%	1	1
Overall Rating		3	3

From October 2016, NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 4 2018-19. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	Month 10	Month 11	Month 12
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	3,885	3,898	3,957
Total non-medical - non-clinical substantive staff	1,585	1,591	1,589
Total medical and dental substantive staff	349	348	332
Total WTE substantive staff	5,819	5,837	5,877
Bank staff	261	271	279
Agency staff (including, agency and contract)	136	128	163
Total WTE all staff	6,215	6,236	6,319

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 4 2018-19.

Staff Group	Jan	Feb	Mar
	31/12 - 28/1	4/2 - 25/2	4/3 - 25/3
Medical	92	61	50
Nursing	25	20	20
TOTAL	117	81	70

At the end of March the Trust was paying 3 medical staff above price caps (1 consultant & 2 associate specialists).

At the end of March, the top 10 highest paid agency staff were all medics. There was 1 consultant being paid over the agency cap at £110/hour.

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	8 to 9 years	2 – 3 years	1 – 2 years
Consultant	1	3	2
AHP		1	
Qualified Nurses			3

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q4 2018-2019

Board of Directors:

- Outgoing Non-Executive Director, Miriam Harte – 31 March 2019
- Incoming Non-Executive Director, David Arthur – 14 January 2019
- Incoming Non-Executive Director, Michael Robinson – 16 January 2019

Council of Governors:

- Outgoing Governor – as at 28 February 2019
Service User Governor, Older People's Services – Marian Moore

Present vacancies

Carer Governor (Adult Services)
Service User Governor (Older People's Services)

Never Events

There were no never events reported in Quarter 3 2018 - 2019 as per the DH guidance document.

Northumberland, Tyne and Wear
04/18/2019 14:21:55

Adverse national press attention Q4 2018-19

Media Report (January – March)

March

It was reported that in the homicide case concerning Ethan Mountain, who was given a hospital order to be detained at Rampton Hospital, that an independent report been commissioned by NHS England.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly

- Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

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

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
April 2019

Northumberland, Tyne and Wear
04/18/2019 14:21:55

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 24 April 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 4 position – Use of Blanket Restrictions and Access to Nurse Call Systems
Russell Patton, Deputy Chief Operating Officer

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Two task and finish groups were established to consider these “must do” shortfalls. Work has progressed to date with no obvious risks or concerns regarding our ability to deliver the proposed changes within the agreed timescales.

Progress has been shared with the CQC at our regular engagement meetings and no concerns have been raised to date.

It is anticipated that key organisational learning will occur once the blanket restrictions process is fully embedded.

Risks Highlighted to Committee : None

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

Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability

Corporate Risk SA5.1: That we do not meet compliance and quality standards

Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: That the Board of Directors receive these action plans and note progress

Link to Policies and Strategies: CQC Fundamental Standards

Northumberland, Tyne and Wear NHS
04/18/2019 14:21:55

Use of Blanket Restrictions - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	End of Quarter 4 Position
1	Design an awareness raising and training package that focusses on the identification and management of blanket restrictions at all levels throughout the organisation.	Marc House Head of NTW Academy	End of Quarter 2 2018/19	Completed. Training package developed in line with the emerging Trust Policy on Blanket Restrictions.
2	Implement the awareness raising and training package using a broad range of methodologies (E. learning, skype, face to face, etc.).	Dave Hatley Dennis Davison Associate Directors Marc House Head of NTW Academy	Quarter 1 19/20	<p>Completed - Be-spoke training has been provided to key staff via Beachcroft.</p> <p>Completed -Training package added to the Trusts MH Legislation training module.</p> <p>Policy ratified and awareness raising training currently being cascaded via Clinical Managers – ongoing.</p> <p>Records and evidence of training provided will be held at a local level for upload onto Trust-wide dashboard if required – ongoing.</p> <p>An internal drive is being developed to host training figures and associated evidence – ongoing.</p>

Action Point	Action	Lead	Timescale	End of Quarter 4 Position
3	Develop a policy and supporting practice guidance notes to address the issues highlighted above and any other supplementary issues of note.	Tony Gray Head of Safety, Security and Resilience	Quarter 2 2018/19	Completed - Policy and associated appendices developed and ratified at Business Delivery Group.
4	Develop a management and governance escalation process to oversee blanket restrictions.	Tony Gray Head of Safety, Security and Resilience Associate Directors	Quarter 2 2018/19	Completed - Management Governance flow chart developed and added to Policy as an appendix.
5	Develop approaches and measures to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.	John Padget Suzanne Miller Associate Directors	Quarter 4 18/19	Draft Patient Information Leaflet developed and reviewed at CQC Quality Compliance Group in February 2019. Currently out for comment from service user/carers groups.
6	Agree a peer review process as a means of encouraging positive challenge and solution focussed discussions.	Lisa Long Janice Clarke Associate Directors Vicky Grieves CQC Compliance Officer	Quarter 4 18/19	Various historical audits in use across CBU's. Q4 data will be uploaded onto the Safer Care Portal. Standard peer review tool prepared.
7	Implement agreed peer review process.	Tony Gray Head of Safety, Security and Resilience Vicky Grieves CQC Compliance Officer Associate Directors	Quarter 1 19/20	Following review of Q4 base line data implement new process across all CBU's.

Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

Access to Nurse Call Systems - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress as of Quarter 4
1	Undertake a baseline position of current Trust wide nurse call systems.	Deputy Chief Operating Officer	Quarter 2 18/19	Completed
2	Agree an "optimum standard" nurse call system for the <i>acute wards for adults of working age and psychiatric intensive care units</i> that takes into account the key features of the Hospital Building Note and AIMs accreditation.	Head of Estate & Facilities Associate Nurse Directors	Quarter 2 18/19	Completed - A nurse call solution has been developed which takes into account relevant standards and seeks to replicate what has been provided on the Hopewood Park site. The system will be a nurse call point located in the vicinity of the bed head either built into it or positioned above it. The system will be infra-red radiation based, with the call point being battery operated with a key operated on/off override, when pressed the wall mounted device will send a signal to a room detector which is wired back to a master panel which will send a signal to the staff pagers and will illuminate a call light above the bedroom door.

Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

Action Point	Action	Lead	Timescale	Progress as of Quarter 4
3	Provide costings and timescales linked to the achievement of "optimum standard" within the <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 2 18/19	Completed. Costs were developed for the supply and installation of the nurse call systems. These costs were approved at Integrated Business Development Group.
4	Commence the installation of appropriate nurse call systems within the existing utilised <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 2 18/19	Commencement of the installations started in September 2018 on the Hadrian Clinic refurbishment.
5	Complete the installation of appropriate nurse call systems within the existing utilised <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 4 19/20	Work is scheduled for the remaining hospital sites.
6	Identify distance from "optimum standard" for all other inpatient core mental health services (cost, timescale and risks).	Head of Estate & Facilities	Quarter 3 18/19	Completed
7	Develop practice guidance notes for the effective use of "optimum standard" nurse call systems.	Associate Nurse Directors – Inpatients	Quarter 4 18/19	Draft developed and reviewed at CQC Quality Compliance Group February 2019. Additional work being undertaken to ensure guidance notes cover all Trust sites.
8	Work with regional and national providers to develop proposals re: appropriate/acceptable nurse call systems/standards for all other key client groups.	Deputy Chief Operating Officer	Quarter 4 18/19	These issues are being discussed at the Regional CE/DON & COO regional meeting with other provider colleagues. It is also the subject of discussion at the CQC National Co- Production meetings.

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 24 April 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 4 position – Rapid Tranquilisation
Anne Moore, Group Nurse Director - Safer Care

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Updates on progress made on the four outstanding actions:

Action point 1: The Management of Rapid Tranquillisation' Policy (NTW(C) 02 policy rewrite complete. To be presented at the Medicines Optimisation Committee on Wednesday 10th April, prior to two week consultation.

Action point 3: Trust standard for the Assessment and Management of Physical Health Policy (PGN), National Early Warning Score (NEWS2), V03 ratified with a launch date of 31st May 2019. NTW Academy to support the NEWS 2 E-learning programme from signposting to formal training and use of NEWS2 in clinical simulations

Action point 5: Development of the Talk First dashboard to report/display physical health observation currently reviewing potential of rationalising recording of physical health observations required due to rapid tranquilisation and/or seclusion. Target date amended to 31st May 2019 to allow time for this review to be completed.

Action point 8: Audit to access impact of actions registered and data collection completed in March 2019. Draft report in progress, which will be presented to the Physical Health and Wellbeing Group in May 2019.

Risks Highlighted to Committee: Not applicable

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

Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability
Corporate Risk SA5.1: That we do not meet compliance and quality standards
Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: The Board of Directors is asked to note the contents of this paper.

Link to Policies and Strategies:

- NTW (C) 02 The Management of Rapid Tranquilisation Policy
- NTW (C) 29 Trust Standard for the Assessment and Management of Physical Health Policy
- AMPH – PGN-03 National Early Warning Score (NEWS2)

Rapid Tranquillisation – Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress: End of Quarter 4 Position
1	Review 'The Management of Rapid Tranquillisation' Policy (NTW(C) 02) (review date of February 2019 to be brought forward).	Dr Berry Consultant Psychiatrist Anne Bunting Clinical Manager Ruth Ayre Pharmacy Associate Nurse Directors (Inpatient CBU) Talk First representative	End of Quarter 1 19/20	<ul style="list-style-type: none"> Policy partially reviewed in May 2018 (V04.4) items updated: <ul style="list-style-type: none"> Appendix 2, RT Monitoring Chart Inclusion of Appendix 8, Physical Monitoring Algorithm Full policy review in progress with revised target date of December 2018 to enable consideration by Medical Management Committee meeting in January 2019. <p>Update – February 2019</p> <ul style="list-style-type: none"> Policy author (RA) has all comments to support rewrite. Two elements of policy awaited to complete the revisions <ul style="list-style-type: none"> NEWS2 chart (Clinical Response to NEWS2 Trigger Thresholds) Dashboard on RIO going live. <p>Update – April 2019</p> <ul style="list-style-type: none"> Policy rewrite complete including NEWS2 monitoring charts/guidelines and updated RT treatment options <ul style="list-style-type: none"> Draft policy to be presented at Medicines Optimisation Committee on Wednesday 10th April, prior to two week consultation.

Northumberland, Tyne and Wear NHS Foundation Trust # 347326
04/18/2019 14:21:15

2	To compile the current training provision available to all professions (nursing (qualified and non-qualified, medics, AMHP) educating on physical health monitoring (inclusive of and beyond rapid tranquillisation training).	Tess Walker NTW Academy Julie Taylor Nurse Consultant	08/08/18	Complete
3	Liaise with Medical Education Department regarding the provision and arrangements of rapid tranquillisation training for junior doctors.	Dr Uri Torres Associate Medical Director	08/08/18	<p>Complete</p> <ul style="list-style-type: none"> • August Junior Doctor induction delivered RT as a face to face session combined with seclusion. (Post RT monitoring covered on pages 14, 17 & 20 of the presentation). • Training will be continued in this format in future inductions • E-Learning training package introduced March 2018: 263 Rapid Tranquillisation. Training is in line with NICE NG10, updated RT policy and following the POMH RT audit. It includes: post-RT monitoring, what to do, why, when and how. It also includes test questions. • RT Training compliance as at 12.11.2018: <ul style="list-style-type: none"> ○ North: 91.7% ○ Central: 94.6 ○ South: 89.9%

Northumberland, Tyne and Wear NHS Foundation Trust # 547326
04/18/2019 14:21:55

4	To progress with the development of National Early Warning Score (NEWS) training package.	Kevin Crompton Tess Walker NTW Academy	30/04/19	<ul style="list-style-type: none"> • Trust wide action agreed by Physical Health & Wellbeing Group in January 2018. • Draft roll out plan discussed at Resuscitation & Medical Emergency Group in August 2018. • Kevin Crompton (Lead Trainer in the Training Academy) liaising with the Royal Colleges re implementation of NEWS2 in NTW since the update in December 2017. • Trust review and proposal on the NEWS 2 to be presented to the Physical Health & Wellbeing and Resuscitation & Medical Emergency groups for their consideration in November 2018. <p>February 2019</p> <ul style="list-style-type: none"> • NEWS 2 chart (Clinical Response to NEWS2 Trigger Thresholds) awaiting sign off. • Once chart agreed, NEWS 2 implementation plan includes full training plan. • Inclusion of NEWS and NEWS2 principles currently included within the Foundation Physical Skills and Advanced Physical Skills Training <p>Update April 2019</p> <ul style="list-style-type: none"> • Trust standard for the assessment and management of physical health policy (PGN), National Early Warning Score (NEWS2), V03 ratified. <p>http://nww1.ntw.nhs.uk/services/index.php?id=5838&p=5539&sp=5540</p> <ul style="list-style-type: none"> • Proposed Trustwide launch 31st May. • Communication planning in progress, to include CAS alert. • NTW Academy to support the NEWS 2 E-learning programme from signposting to formal training and use of NEWS2 in clinical simulations via <ul style="list-style-type: none"> ○ NEWS2 intranet reference material ○ Foundations Skills Course ○ Junior Doctor Induction Programme ○ Advanced Physical Skills Course ○ PMVA Programme
---	---	--	----------	---

5	To explore developing the Talk First dashboard to report/ display physical health observation compliance post rapid tranquillisation (currently displays rapid tranquillisation occurrences).	Ron Weddle Craig Newby Patient Safety	30/04/19	<ul style="list-style-type: none"> • Additional of RT PH observation data to Talk 1st dashboard included within the Informatics Priorities for 2018/19. • Formal Informatics work plan agreed at CDT in October 2018 • Dashboard development for RT Physical Health Monitoring to start in Q3. • Allison Armstrong (Associate Director) has also undertaken a small survey with clinical staff and is collating information to aid development of data collection methodology. <p>Update – February 2019</p> <ul style="list-style-type: none"> • Dashboard system built and in test phase whilst awaiting the final NEWS2 chart design (Clinical Response to Trigger Thresholds) • Whilst some training will be required when system goes live, there are a number of staff piloting. <p>Update – April 2019</p> <ul style="list-style-type: none"> • Work to rationalise physical health observation recording in RiO has commenced on the back of user feedback and focus group. This would potentially bring together the recording of physical health monitoring linked to seclusion and/or rapid tranquilisation. • Target date extended to 31st May 2019 to allow this additional work to be undertaken
6	To develop reflective questions to elicit practices and barriers in relation to the management of rapid tranquillisation and cascade via Quality Standards meeting.	Allison Armstrong, Janice Clark and Catherine Edge	31 st August 2018	<p>Complete</p> <ul style="list-style-type: none"> • Questionnaire prepared and added to the Quality Standards meeting agenda in each locality group for feedback, August 2018

7	Cascaded good practice guidance (based on CAS alert) via Quality Standards meeting.	Allison Armstrong Associate Director Janice Clark Associate Nurse Director Catherine Edge NTW Academy	31/08/18	<p>Complete</p> <ul style="list-style-type: none"> Included within questionnaire document discussed at each Locality Care Group Quality Standards meetings August 2018.
8	Undertake audit to assess impact of actions.	TBC	End of Quarter 4 18/19	<ul style="list-style-type: none"> RT policy tool has the following standards included within the monitoring framework and are captured within the quarterly seclusion audits and reported to Locality Care Groups and BDG. <ul style="list-style-type: none"> Arrangements for post rapid tranquillisation are clearly documented on patients' records. For parenteral (IM) RT only - all seven key elements of monitoring have been conducted (BP, pulse, respiratory rate, temperature, hydration, oxygen hydration and level of consciousness. <p>Update – February 2019</p> <ul style="list-style-type: none"> Formal audit to commence in Q4 to monitor impact of actions undertaken to date. Standards and questions from the March 2018 POMH-UK (16b)ⁱ audit will be used to inform the clinical audit tool. Once implemented, the metrics on the Talk First Dashboard will provide a system to meet the need to provide ongoing assurance. <p>Update – April 2019</p> <ul style="list-style-type: none"> Clinical Audit registered, ref CA-18-0029. Data collection undertaken in March and draft report in progress. This will be presented to the Physical Health and Wellbeing Group in May.

ⁱ Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour