Board of Directors meeting held in PUBLIC

Wed 04 May 2022, 13:30 - 15:30

Via MS Teams

Agenda

1. Welcome and apologies for absence

Ken Jarrold, Chairman

2. Declaration of interests

Ken Jarrold, Chairman

3. Service user / carer / staff story

4. Minutes of the meeting held 6 April 2022

Ken Jarrold, Chairman

4. Board Public Minutes 6 April 2022.pdf (9 pages)

5. Action log and matters arising from previous meeting

Ken Jarrold, Chairman

5 BoD Action Log PUBLIC as at 4.5.22.pdf (1 pages)

6. Chairman's Update

Ken Jarrold, Chairman

7. Chief Executive's Report

James Duncan, Chief Executive

7. CEO Report May 2022 DH.pdf (8 pages)

Quality, Clinical and Patient Issues

8. Covid-19 response update

Anthony Deery, Acting Deputy Chief Nurse

8. Covid 19 Board Update - May 2022.pdf (6 pages)

9. Commissioning and quality assurance report (Month 11)

Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance

9. Monthly Commissioning Quality Assurance Report - Month 12.pdf (9 pages)

10. Service user and carer experience quarterly report

Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance

10. Service User and Carer Experience report Quarter 4 2021-22.pdf (9 pages)

11. Safer staffing levels quarterly report

Anthony Deery, Acting Deputy Chief Nurse

11. Safer Staffing Monthly Report April 2022.pdf (25 pages)

Workforce Issues

12. Workforce quarterly report

Lynne Shaw, Executive Director of Workforce and Organisational Development

12. Quarterly Workforce Report - April 2022.pdf (6 pages)

13. Raising concerns and whistleblowing annual report

Lynne Shaw, Executive Director of Workforce and Organisational Development

13. Raising Concerns Whistleblowing Report - Oct to March 2022.pdf (5 pages)

14. Equality, Diversity and Inclusion Annual Report

Lynne Shaw, Executive Director of Workforce and Organisational Development

14. EDI Annual Report 2021-22.pdf (4 pages)

15. Staff Survey Update

Lynne Shaw, Executive Director of Workforce and Organisational Development

15. Staff Survey 2021.pdf (20 pages)

Strategy, planning and partnerships

16. Integrated Care System / Integrated Care Board update

verbal update *James Duncan, Chief Executive*

Regulatory Items

17. Annual NHS Code of Governance review

Debbie Henderson, Director of Communications and Corporate Affairs

17. CNTW Code of Governance Compliance 21 - 22 - Audit Committee report.pdf (19 pages)

18. Annual Declaration of Interest and Fit and Proper Person Test review

Debbie Henderson, Director of Communications and Corporate Affairs

18a. DOI and FPPT Annual Review 2022.pdf (3 pages)
18b - DOI Directors and NEDS 2022 - Appendix 1.pdf (4 pages)
18c. DOI and FPPT Annual Review App 2.pdf (3 pages)

19. Infection Prevention and Control Board Assurance quarterly report

Anthony Deery, Acting Deputy Chief Nurse

19. IPC BAF Update - Apr 2022.pdf (5 pages)
19. BAF C1501_Infection prevention and control board assurance framework Q4 Apr 2022.pdf (18 pages)

Board Sub-Committee minutes and Governor issues for information

20. Quality and Performance Committee

Alexis Cleveland, Chair

21. Audit Committee

David Arthur, Chair

22. Resource and Business Assurance Committee

Paula Breen, Chair

23. Mental Health Legislation Committee

Michael Robinson Chair

24. Provider Collaborative Committee

Michael Robinson, Chair

25. People Committee

Brendan Hill, Deputy Chair

26. Charitable Funds Committee

Louise Nelson, Chair

27. Corporate Decisions Team

James Duncan, Chair

28. Council of Governors

Ken Jarrold, Chair

29. Any other business

Ken Jarrold, Chairman

30. Questions from the public

Ken Jarrold, Chairman

Date and time of next meeting - Wednesday 6th July, 1.30pm via MS Teams

Minutes of the Board of Directors meeting held in Public
Held on 6 April 2022 1.30pm – 3.30pm
Via Microsoft Teams

Present:
Ken Jarrold, Chairman
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Louise Nelson, Non-Executive Director
Brendan Hill, Non-Executive Director
Michael Robinson, Non-Executive Director

James Duncan, Chief Executive
Ramona Duguid, Chief Operating Officer
Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director
Gary O'Hare, Chief Nurse
Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:
Debbie Henderson, Director of Communications and Corporate Affairs
Margaret Adams, Lead Governor / Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Evelyn Bitcon, Public Governor for North Cumbria
Allan Brownrigg, Clinical Staff Governor
Daniel Cain, Non-Clinical Staff Governor
Anne Carlile, Carer Governor for Adult Services
Revell Cornell, Non-Clinical Staff Governor
Claire Keys, Clinical Staff Governor
Thomas Lewis, Medical Staff Governor
Russell Stronach, Service User Governor for Learning Disability and Autism Services
Jane Welch, Policy Advisor

1. Welcome and apologies for absence
Ken Jarrold welcomed everyone to the meeting. There were no apologies for absence received.

2. Declarations of Interest
There were no new declarations of interest to note.

3. Service User/Carer Story
Ken Jarrold extended a warm welcome and thanks to Claire Keys who attended the Board to share her story as both a service user and member of staff.

4. Minutes of the meeting held 2 March 2022
The minutes of the meeting held on 2 March 2022 were considered.

Approved:

- **The minutes of the meeting held 2 March 2022 were approved as an accurate record.**

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

Regarding action 04.08.21 (21), Ramona Duguid confirmed that the PALS North Cumbria post would be advertised imminently.

6. Chairman's update

Ken Jarrold referred to a recent report which highlighted that public confidence in the NHS was at its lowest point for many years. Ken also referred to the national NHS staff survey results, which understandably reflected a significant deterioration given the pressures upon those working within the health and care sector during the pandemic.

Ken referred to research on the increasing demand for mental health services demonstrating the profound impact of the pandemic on mental health services, noting the challenges for the Trust now and in the future. The challenging financial pressures facing the NHS to return to pre-Covid positions was also noted and Ken reminded everyone that pre-pandemic, the NHS experienced a period of low funding growth like never before.

Ken advised of the known pressures within the Trust and advised that the Board had spent a significant amount of time discussing the current position, and the actions to be taken to address key issues. He also reflected on the excellent care which continues to be delivered by colleagues across services, despite the growing challenges, and the need for the Board to provide every support to colleagues now and in the future.

Resolved:

- **The Board noted the Chairman's verbal update**

7. Chief Executive's Report

Following circulation of the report, James Duncan advised of the publication of the NHS mandate which had a key focus on recovery from the pandemic, both in terms of NHS funding and addressing waiting times and elective care. James advised that the Trust would continue to ensure it works together across the system to address the needs of the local population and the people and communities it serves.

James referred to the consultation on amendments to the NHS Long-Term Plan and advised that the Trust would be collating a response to both the NHS Mandate and Long-Term Plan amendments in due course.

James reflected on his recent schedule of visits to inpatient services and while recognising the challenges faced by colleagues, was overwhelmed with their openness, resilience, innovation, and compassion.

James took an opportunity to acknowledge the contribution made to the Trust by Joyce Pennington, Clinical Nurse Specialist with 51 years of service. Joyce established the Deaf service as part of her remarkable career with CNTW. The Board wished Joyce all the very best for the future on her recent retirement.

Brendan Hill referred to the Integrated Care System (ICS) Executive appointments and queried how the posts will operate. James advised that it was still early days in the establishment of the Integrated Care Board (ICB) but suggested that their roles would be seen as facilitating delivery at Place-level and across the system. James also noted that the ICB was now developing positively. Ken Jarrold agreed reflecting on one-to-one discussions with Sam Allen, ICS Chief Executive.

Brendan Hill referred to a report regarding the implementation of the Additional Roles Reimbursement (ARR) Scheme and asked if the roles were about expanding the capacity of Primary Care to manage issues in a more integrated way. James agreed that the roles should be seen as part of the Community Mental Health Transformation work.

Michael Robinson asked if there was further clarity about the decision-making framework at Place-level and ICB-level. James advised that the intention would be take decision-making at Place-level as far as possible using forums such as consultative committees, committees-in-common etc., to enable the ICB to make decisions informed by those who understood and worked with local communities.

Evelyn Bitcon referred to the Dream Placement for Cumbria students and asked if this was an initiative which could continue. Evelyn also asked if there was further work which could be undertaken to encourage volunteering in the Cumbria locality. Gary O'Hare advised that a significant amount of work was ongoing across all Trust localities in terms of student placements, health placements for sixth formers, and work experience placements. Gary also referred to the Trust's 5-year apprenticeship programme.

Resolved:

- **The Board received the Chief Executive's update.**

Quality, Clinical and Patient Issues

8. COVID-19 Response update

Gary O'Hare provided an update on the current position regarding the number of Covid-positive patients within the Trust, staff absence, outbreak management and the continuation of the vaccination programme for both staff and patients.

The Trust had implemented all recommendations following the publication of national guidance on Covid-testing at the end of March. It was recognised that nationally, the focus had moved from Covid response to living with Covid, with Covid-related hospital admissions continuing to reduce. The Trust will continue to receive and review national guidance and respond to the changing position as required.

8.1 COVID-19 National Inquiry Update

Gary referred to the report which provided detail on the Government Inquiry into the response to the pandemic. The report set out the Terms of Reference for the inquiry. The Trust had established a National Inquiry Working Group to monitor the Trusts response and ensure all necessary actions are taken in preparation.

In response to a query from Darren Best, it was confirmed that the timeline for the inquiry had not yet been confirmed.

Resolved:

- **The Board received the COVID-19 Response update**

9. Commissioning and Quality Assurance update (Month 11)

Lisa Quinn presented the report and confirmed that the Trust remained in Segment 1 by NHS Improvement as assessed against the Single Oversight Framework.

In terms of the financial position, The Trust remains on track for the year-end.

Lisa noted that the Trust remains slightly below the standard for compliance with Information Governance training. Trajectories had been set as part of the 2022/23 Annual Plan to achieve the standard while recognising ongoing pressures during the 2021/22 year.

Regarding inappropriate out of area placements, there were 15 people out of area reporting during February. A trajectory had been set to address inappropriate out of area placements linked to a key programme of work during 2022/23.

In Sunderland Improving Access to Psychological Therapies (IAPT) service, the percentage of patients moving to recovery had decreased slightly during the month. The North Cumbria IAPT service moving to recovery rate had increased for the month.

Lisa referred to a continued increase in access and waiting times across all services and this would be underpinned by a key programme of work as part of the 2022/23 Annual Plan.

Louise Nelson referred to Information Governance training and requested a commentary to be included in the monthly reports to support the changing position and actions to be taken. Lisa Quinn referred to the variances in comparison to Month 10 and Month 11 reports and noted that January and February reflected the significant levels of absence in the Trust which had impacted on training standards. The Quality and Performance Committee had oversight and monitoring of trends in this regard.

Darren Best advised that the increase in access and waiting times had been the subject of discussion at the Quality and Performance Committee including an important discussion on the role of CNTW as well as the role and responsibilities of the wider system. Darren also advised that the Governors' Quality Group had also received an update.

Resolved:

- **The Board received the Month 10 Commissioning and Quality Assurance update**

Workforce Issues – no issues to report

Strategy, Planning and Partnerships

10. Annual Planning 2022-2023

Lisa Quinn requested that the Board consider the Annual Plan 2022/23 in conjunction with items 11 and 12 on the agenda. Following Board input into the development of the plan, Lisa provided a detailed update on the four key elements of the plan. Our people, led by Lynne Shaw, planning for our future, led by James Duncan, improving our care, led by Ramona Duguid and delivering quality standards, led by Lisa Quinn.

Evelyn Bitcon queried what actions would be taken to facilitate the change in culture required to deliver the plan. James Duncan stated that a significant amount of work had already been undertaken in terms of organisational culture but at a fundamental level, this would be driven by our behaviours, underpinned by values, respecting one another, being open and honest, and working in collaboration.

Russell Stronach referred to page 5 of the report and queried the use of the work 'neurodiversity'. James stated that the Trust continually reflected on use of language and advised that the purpose of the reference in the context of neurodiversity and autism was to ensure that the needs of people with autism are recognised across the entirety of Trust services. It had therefore been reflected in all workstreams within the plan.

Russell referred to a report by Nick Walker and shared the link via the chat function within MS Teams.

Approved:

- **The Board approved the Annual Plan 2022/23**

11. Operational and Financial Planning update (OFP) 2022/23

Lisa Quinn presented the OFP report which reflected the activities and commitments outlined in the Annual Plan for 2022/23 discussed earlier in the meeting. Lisa noted that 2022/23 would be a transitional year for the NHS moving out of a financial regime implemented to respond to the pandemic into a one-year settlement period moving toward the transition to 'living with Covid'.

Each ICS had received a funding allocation and was asked to work with Place based partners, including CNTW to develop a financial plan to contribute to an overall balance to achieve the allocation. A significant amount of work has been undertaken across the NENC ICS to contribute to the overall position. Lisa provided a detailed update on the work undertaken by the Trust as part of the ICS-wide contribution to plans.

Work will continue throughout the year to reduce the current gap of £6.9m however in the meantime, submission of plans on 8th April was recommended.

Lisa referred to the capital position and the expectation that the Trust will exceed the capital expenditure limit relating to the CEDAR Programme. James Duncan advised that issues relating to capital expenditure were being felt by other organisations across the system and discussions were ongoing at regional and national level in this regard. James also stated that although the financial position and planning for the NHS was extraordinary, this should be understood in the context of extraordinary efforts and funding put into NHS to manage the response to the pandemic.

Michael Robinson queried the implications of breaching the capital expenditure limit. James advised that this was yet to be determined but highlighted the challenge for Providers of balancing the Covid recovery ask with looking forward to the future within a relatively strict regime for Foundation Trusts.

Ramona Duguid emphasised that this was one of the most significant financial plans Trust's have been asked to delivery for some time. In relation to spend reduction plans, there is a recognition that further work is required in terms of identifying priorities.

Paula Breen queried whether the increase in National Insurance contributions would be allocated directly to the NHS and social care. Lisa confirmed that the NENC ICS had received the final allocation for 2022/23 financial year and there would be minimal scope of additional funding.

Louise Nelson referred to fair share funding and queried the potential impact of the financial positions of other Trusts within the system. Lisa stated that all organisations had worked incredibly hard and in a collaborative way as a system to work through the allocation. There is recognition that there are parts of the system experiencing a more challenging position than others but there has been full transparency about how allocations have been managed to support everyone.

Lisa requested Board approval of the plan for submission on 8th April and requested delegated authority to Lisa and James Duncan for any further amendments to the plan prior to final submission. The Board asked that any significant amendments be communicated to the Board via email prior to submission.

Approved:

- **The Board approved the final financial planning submission due on 8th April based on the Income and Expenditure and Capital Programme included in the report, recognising delivery of financial break-even included delivery of a £24.7m reduction in planned spending levels.**
- **The Board approved the delegated responsibility to the Chief Executive and Executive Director of Finance, Commissioning and Quality Assurance to approve any changes to the Trust submission required by 19th April and before the further final submission on 28th April.**

12. Quality Account - Quality Priorities 2022/23 update

Lisa Quinn presented the report which provided detail of the agreed quality priorities for 2022/23. The report described the objectives for each quarter of the year which includes some areas of evidence of impact.

Russell Stronach referred to Quality Priority 2, improving waiting times and the proposed review of the adult autism diagnostic pathway and adults ADHD pathway. Russell suggested that given the high level of comorbidity, integration of the two pathways and including other neuro-developmental conditions. Lisa confirmed that both pathways are managed by one team within the Trust Central Locality Group and recognise the comorbidity issue. Lisa advised that this was being explored further as well as reviewing the role of partners in terms of helping and supporting in addressing waiting times.

Resolved:

- **The Board noted the Quality Priorities to be included in the 2021-22 Quality Account**
- **The Board noted all Quality Priority aims, objectives and milestones for 2022-23**

13. Nursing Strategy

Gary O'Hare presented the report and provided detail on the strategic aims of the Nursing Strategy, referring to the work undertaken to develop the nursing workforce to its full potential.

Gary provided detail on the significant work undertaken to link with schools across the region and in 2021, the CNTW Academy launched our first 5-year Registered Nurse Apprenticeship in Mental Health or Learning Disability Nursing designed to attract new NHS recruits

The Academy has developed an accredited preceptorship programme for new registrants at Level 6 and 7, the aim being to ensure that all newly qualified registered nurses achieve clinical competence and academic accreditation in their field of practice and support transition into a competent, qualified health professional role. In addition, the Academy is also currently developing an Inpatient Post Graduate Certificate for existing Registrants to commence delivery late 2022.

Gary also noted the appointment of a Professor and an Associate Professor of Nursing, in partnership with Northumbria University, to develop the nursing research culture within the Trust.

Michael Robinson referred to a presentation delivered at the Quality and Performance Committee by the Central Locality about waiting times for diagnosis in Newcastle had been reduced due to the implementation of the Nurse Practitioner role.

Brendan Hill queried the role of the trauma informed care approach to training provided by Northumbria and asked if the Trust could contribute to this. Gary stated that the Trust does undertake 'top-up' training as part of the Empower Programme.

David Arthur queried the level of engagement in the Cumbria Locality in terms of recruiting to the Apprenticeship Scheme. Gary stated that support staff and registered staff from the Cumbria locality are now on the cohort with increasing numbers coming through.

Ken Jarrold commended the appointment of the Associate Professor of Nursing who had been a great addition to the team. Ken emphasised the Nursing Strategy as fundamental to the Trust and was the most vibrant and successful Nursing Strategy to had come across.

Resolved:

- **The Board noted the Nursing Strategy update**

14. Armed Forces Update

JD referred to the report which provided a summary of the Trust's work to support the armed forces and veterans and the work of the Trusts Armed Forces and Veterans Network. In 2021, the Trust signed the Armed Forces Covenant by way of support to ensure that the Trust recognises and promotes the value of people who have served in the armed forces.

In March 2021, the Trust was accredited as a Veteran Aware NHS Trust. We have also submitted this year for reaccreditation.

James advised that the Armed Forces and Veterans Staff Network will attend a future meeting of the Board to deliver a more detailed update on their work.

Evelyn Bitcon queried whether some work could be undertaken within the third sector organisations at locality level. James noted that there was significant work being undertaken with the community and voluntary sector but would ensure that Cumbria CVS were involved.

Ken Jarrold reflected on his attendance at meetings of the Armed Forces and Veterans Staff Network noting good presentations on the impact of military conflicts and what this has meant in terms of the treatment of veterans.

Resolved:

- **The Board noted the update on Armed Forces and Veterans support**

15. Integrated Care System North East and North Cumbria update

James Duncan referred to the report which described the process currently being undertaken to develop the governance structure for the NENC Integrated Care Board noting that the Board would include representation from Mental Health.

Margaret Adams asked if an update on the development of the ICB/ICS could be provided to a future Council of Governors session.

Resolved:

- **The Board received and noted the ICS/ICB update**

Action:

- **That an update on ICS/ICB developments be provided to a future meeting of the Council of Governors**

Regulatory Items

16. Modern Slavery Act Annual Statement

Debbie Henderson referred to the report. In line with the requirements of the Modern Slavery Act 2015, the Trust is required to provide a Modern Slavery Act Statement in relation to the organisation's commitment to tackling modern slavery. The statement provides assurance to the public that all aspects of our business is transparent, particularly in relation to our supply chain and recruitment processes and reiterates the Trust's commitment to tackling modern slavery.

Debbie requested approval of the statement for subsequent publication on the Trust website.

Darren Best suggested that future statements would benefit from further assurance in relation to safeguarding measures. It was agreed to incorporate further information in relation to safeguarding and any other areas which could be impacted by modern slavery for future statements.

Resolved:

- **The Board received the Modern Slavery Statement for 2021/22 and approved the statement for publication on the Trust website**

Board sub-committee minutes and Governor issues for information

17. Quality and Performance Committee

Alexis Cleveland provided an update following the March meeting which included a detailed discussion on waiting times, actions to be taken and further work in terms of the system-wide roles and responsibilities.

An updated was received relating to the development of technology in response to the pandemic and exploring new ways of working moving forward.

Rajesh Nadkarni and Anthony Deery, Group Nurse Director delivered a presentation on seclusion with assurances being received regarding processes. The importance of analysing length of time in seclusion was emphasised.

18. Audit Committee

No meetings have taken place since the March meeting of the Board.

19. Resource and Business Assurance Committee

No meetings have taken place since the March meeting of the Board.

20. Mental Health Legislation Committee

No meetings have taken place since the March meeting of the Board.

21. Provider Collaborative Committee

Michael Robinson advised that the March meeting focused on the updated three Provider Collaborative Business Cases. Michael also noted the strong level of assurance provided by Internal Audit following a review of Provider Collaborative governance

22. People Committee

No meetings have taken place since the March meeting of the Board

23. Charitable Funds Committee

No meetings have taken place since the March meeting of the Board

24. Council of Governors issues

Following the recent Governor by-election process, Ken Jarrold was pleased to announce the appointment of two new Governors. Jane Noble as Carer Governor for Adult Services and Elizabeth Campbell as Public Governor for Sunderland.

25. Any Other Business

Gary O'Hare advised that following the retirement of Anne Moore on 31st March 2022, Gary had taken on the role of Director of Infection and Prevention Control.

26. Questions from the public

None received.

Date and time of next meeting

Wednesday, 4 May 2022, 1.30pm venue, Microsoft Teams.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting held in public

Action Log as at 5 May 2022

RED ACTIONS – Verbal updates required at the meeting
GREEN ACTIONS – Actions are on track for completion (no requirement for discussion at the meeting)

Item No.	Item	Action	By Whom	By When	Update/Comments
Actions outstanding					
04.08.21 (21)	North Cumbria PALs service	Provide an update on progress to establish a PALs service across the Trust footprint	Ramona Duguid	April 2022	Verbal progress update at April meeting
Completed Actions					
01.12.21 (5)	Committee reporting	Clarification regarding which workforce-related reports are statutory and non-statutory – to be reported into the People Committee	Lynne Shaw	March 2022	Complete – discussed at March meeting

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting
Chief Executive's Report
Wednesday 4th May 2022

Title of report	**Chief Executive's Report**
Report author(s)	**Jane Welch, Policy Advisor to the Chief Executive**
Executive Lead (if different from above)	**James Duncan, Chief Executive**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve "no health without mental health" and "joined up" services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

Management Group meetings where this item has been considered (specify date)	
Executive Team	N/A
Corporate Decisions Team (CDT)	N/A
CDT – Quality	N/A
CDT – Business	N/A
CDT – Workforce	N/A
CDT – Climate	N/A
CDT – Risk	N/A
Business Delivery Group (BDG)	N/A

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Meeting of the Board of Directors
Chief Executive's Report
Wednesday 4h May 2022

Trust Updates

Appointments to Senior Leadership Posts

Following a robust and comprehensive recruitment process I am delighted to announce the following appointments to the Trust's Senior Leadership Team:

Deputy Chief Nurse:	Anthony Deery
Deputy Director for Safer Care:	Claire Thomas
Group Nurse Director, Central Locality:	Bill Kay

Anthony, Claire and Bill are excited to take on the individual challenges and opportunities these roles will bring, and I'm sure you will join me in wishing them all every success in their new roles.

CNTW Academy Highlights

First cohort of Degree Level Nursing Apprentices graduates with 100% success rate

The cohort of 18 support staff started in January 2019 and were the pioneers of our apprenticeship pathway. A smaller cohort of 9 will graduate in August 2022. There will be a small number of graduates in 2023 (about 10) as the July 2020 intake was not possible due to initial Covid-19 challenges. However, we now have an established apprenticeship programme over 2, 3, 4 or 5 years supporting circa 150 nursing apprentices at any one time. We anticipate 30-35 graduates per year from 2024 onwards, a number which is increasing as we open up the 5-year pathway opportunities. Of note is our exceptionally small attrition rate, less than 5% which compares favourably with a national average attrition rate from universities of more than 20%.

The CNTW Accredited Preceptorship Programme begins in April 2022

Supporting accreditation at level 6 or 7 (degree or masters level), this is part of the recruitment and retention initiatives and will provide a robust and personalised approach to preceptorship across a minimum of 12 months for newly registered nurses as they take up inpatient staff nurse roles. It consists of two parts, moving from generic to specialist skills as new registrants embrace their professional roles. To the best of our knowledge there are no equivalent programmes available nationally at this level, reflecting the bespoke nature of the CNTW programme.

Creation of a Post-Graduate Certificate (PG Cert) for inpatient care

Our hope is that the creation of a PG Cert qualification for inpatient care will promote the retention of staff. Whilst the Academy Accredited Learning centre is able to accredit the level 7 qualification internally, the 12-month programme will be delivered in conjunction with a local university to support the award of a full PG Cert to enhance recognition of staff achievement. Progress has been thwarted by sickness levels both in the Trust and the university but we are expecting confirmation of the programme by late 2022.

Rapid development of Digital Learning within the Academy

We are now able to support a variety of clinical teams and departments in producing digital learning and support materials, especially in the field of support to families and carers where personal contact has not been permissible in recent times. As demand increases, so do the challenges, the main one being the current use of trust servers / infrastructure to support these developments which are not designed to support external access. Discussions are underway to find solutions and potentially have an additional 'stand-alone' server which can allow external access to the content, an essential component for service user/carer support.

Research work with partner organisations

Nicola Clibbens, Associate Professor of Nursing (joint appointment with Northumbria University) joined CNTW in January 2022. She has immersed herself in various CNTW research initiatives and is working closely with nursing and research colleagues. She will be joined next month by Prof Geoff Dickens (also from Northumbria University) who will work alongside Nicola on a part-time secondment basis into CNTW. Managed jointly between the Trust and the University, these two individuals will help shape our priorities and create nursing pathways into research at all levels to meet the needs of the organisation at clinical, operational and organisational level.

This includes the work with University of Sunderland which continues to expand on an informal basis, and a new programme of aims has just been agreed between the organisations for the coming year to take advantage of internships, joint working and innovative approaches to bringing research into the workplace.

National updates

Government launches consultation on ten-year cross-departmental mental health and wellbeing plan

The Department of Health and Social Care (DHSC) has launched a call for evidence which will inform a new ten-year, cross-departmental health and wellbeing plan. The plan aims to 'level up' mental health across the country and put mental and physical health on an equal footing. The general public, people of all ages with lived experience of mental health

conditions and those who support people with mental ill-health are urged to respond to the call for evidence which includes questions linked to five key themes:

- How can we all promote positive mental wellbeing?
- How can we all prevent the onset of mental ill-health?
- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health conditions?
- How can we all support people living with mental health conditions to live well?
- How can we all improve support for people in crisis?

Addressing inequalities will be a central aim of the plan, which will be aligned with the update to the NHS Long Term Plan and will inform ICS planning at system level. Consultation responses will also inform the development of a separate suicide prevention plan which will complement the broader mental health and wellbeing plan. The consultation discussion document outlines a bold vision for the plan:

"Continuing to grow our NHS mental health services to meet the mental health needs of more people is vital. But the scale of the challenge over the coming decade – and the size of the potential rewards for individuals, society and the economy – are vast. Simply expanding services is not the answer. We need to take a radical new, truly cross-society approach to promoting wellbeing, preventing mental health conditions, intervening earlier, improving treatment, supporting people with mental health conditions to live well and preventing suicide. We need to set a vision for change that can be 'made real' in each local area, transform lives and livelihoods and level up the country."

Watkins Review of Mental Health Nursing in England

A major review of mental health nursing has been published by Health Education England (HEE). The review was chaired by Baroness Watkins of Tavistock and established three task and finish groups: mental health nurses, clinical and policy experts, and people who have lived experience of mental illness and use of services, including patients, families and carers. The groups were asked to look at three key areas: mental health nursing and serious mental illness; children and young people's mental health; and improving population and public health outcomes. Each group identified key issues faced by the mental health nursing profession and made recommendations to overcome them. The recommendations include:

- Ensuring mental health nurses are supported and developed when transitioning from student to newly registered nurse.
- Making mental health nursing more of an attractive and accessible profession, with clear career development pathways and opportunities at all levels.

- Supporting professional development so the workforce has time and access to high quality evidence-based training so they can learn and develop their practice and clinical skills wherever they are based.
- Working closely with people who have experience of using services and giving them a say in how they are delivered.
- Identifying and promoting the core skills of mental health nurses in all practice settings and in direct response to patients' needs.
- Addressing health inequalities and improving access to services for people from all backgrounds by developing "culturally competent" practice.
- Making all mental health nursing roles representative of local populations, while valuing the strength of ethnic diversity at all career levels.
- Developing mental health nurses as clinical academics and implementation scientists in every care provider organisation in England - supporting the development of new skills with a framework for career development.

The report includes a breakdown of each recommendation into actions aligned to areas of work with a view to guiding future policy development.

Government announces additional funding to improve treatment for substance misuse issues in most deprived areas

The government has announced that local authorities in some of the most deprived areas in England will receive £300 million of additional funding over the next three years to strengthen substance misuse treatment and recovery services. Newcastle, Sunderland, Gateshead, Middlesbrough and County Durham are among the local authorities designated as 'enhanced funding areas', having been identified among the 50 areas with the highest levels of need nationally taking into account rate of drug deaths, deprivation, opiate and crack cocaine prevalence, and crime. This funding forms part of the largest ever investment in drug treatment and recovery services, with £780 million invested over three years in addition to investment in drug and alcohol treatment via the Public Health Grant.

Additional funding will also be available over the next three years to expand the individual placement and support programme to ensure every area benefits from the provision of employment support alongside treatment. Local councils and their partners have been asked to submit plans for improving their treatment and recovery systems which will be agreed with the Office for Health Improvement and Disparities over the coming months; Government will also develop a new set of local and national outcomes frameworks.

Results of survey conducted by the Royal College of Psychiatrists reveals significant discrimination on basis of gender identity and sexuality

In January 2022 the Royal College of Psychiatrists carried out a survey of 2,282 College members; around a quarter of the survey respondents identified as LGBTQ+, with most identifying as gay men, a quarter as bisexual and one in ten as lesbian. The results of the survey reveal significant levels of discrimination, with one in two psychiatrists experiencing hostility at work because of their sexuality or gender identity.

Key findings of the survey include:

- 48% of LGBTQ+ psychiatrists have been bullied, harassed or experienced microaggressions at work in the past three years.
- Microaggressions – hostile comments or behaviours – were the most common form of abuse. Of the 572 psychiatrists who identified as LGBTQ+, 41% said they had experienced microaggressions.
- Just 58% of LGBTQ+ trainees, speciality doctors and associate specialists said they 'can be their true authentic selves at work' compared with 78% of non-LGBTQ+ psychiatrists in similar roles. Among LGBTQ+ consultants the figure rises to 70% but still trails senior psychiatrists on 78%.
- Psychiatrists working in hospitals were most likely to experience workplace hostility because of their sexuality or gender identity – 52% of hospital-based LGBTQ+ psychiatrists reported bullying, harassment or micro-aggressions compared with 43% of those working in community settings.
- The survey revealed marked differences in how psychiatrists perceive their workplace depending on their sexuality, gender identity and race. LGBTQ+ psychiatrists were significantly less likely to view their 'working environment as both positive and inclusive' - 74% compared to 80% of other psychiatrists.
- Among LGBTQ+ psychiatrists from Black, Asian or other minority groups, just 58% described their working environment as 'both positive and inclusive'.
- The survey suggests most hostile incidents may go unnoticed. Among the 1,709 psychiatrists who did not identify as LGTBQ+, just 21% said they had witnessed LGBTQ+ colleagues being bullied, harassed or being the target of microaggressions.
- Most psychiatrists who experience hostility at work because of their sexuality or gender identity do not lodge a formal complaint with their employer - just 40% of LGBTQ+ psychiatrists who have experienced bullying or harassment said they had complained.
- Among those who experienced microaggressions, less than one in 10 had lodged a complaint.

- Among LGBTQ+ psychiatrists who had complained, only one in five said they were satisfied with the response.

We will continue to work with our LGBTQ+ Staff Network, and other Staff Networks to do everything we can to support our workforce and improve our approach to the equality, diversity and inclusion agenda.

International Healthcare Outcomes Index 2022

A major new comparison of global health systems places the UK second to bottom across a series of major healthcare outcomes, including life expectancy and survival rates from cancer, strokes and heart attacks. The study ranks the performance of the UK healthcare system with that of 18 comparable countries since 2000 or the earliest year for which data is available. It covers the level of health spending, overall life expectancy, the health care outcomes of the major diseases and the outcomes for treatable mortality and childbirth.

Across 16 major health care outcomes the UK comes bottom of the league four times – more than any other country – and is in the bottom three for 8 out of 16 measures. No other comparable country has such a poor record. The International Health Care Outcomes Index shows:

- The UK is 10th out of 19 comparable countries for spending on its health system as a percentage of GDP
- In 2019 the UK ranked 17th out of 19 comparable countries for life expectancy
- For strokes and heart attacks the UK has the worst survival rates of comparable countries
- Across 5 different types of cancer measured by the OECD the NHS comes 16th out of 18 comparable countries
- For treatable diseases the UK is second to bottom – 15th out of 16
- The only outcome where the UK outperforms other comparable countries is helping diabetics avoid limb amputation

Regional updates

High rates of premature mortality for people with severe mental illness in the North East

The Office for Health Improvement and Disparities (OHID) published a report examining geographical variation in premature mortality in people with severe mental illness (SMI). Premature mortality for all gender groups with SMI showed a statistically significant increase for the period 2016-18 compared to 2015-17. The report found large geographical variation with clearly higher rates of premature mortality in urban areas and in the North of England.

- 4 North East upper tier local authorities were identified as having both high SMI premature mortality and high overall premature mortality. These areas generally have among the most deprived populations in the country and also large numbers of people with SMI. The report recommends whole population action to address overall premature mortality including targeted action around SMI.

- 6 North East upper tier local authorities were identified as having high SMI premature mortality and high SMI excess premature mortality. These areas are usually more deprived but have relatively small SMI populations. High rates for both indicators indicate unmet need among adults with SMI – the report recommends targeted action for people with SMI in these areas.

- 2 North East upper tier local authorities were identified as having high SMI excess premature mortality but not among the highest SMI premature mortality. These areas mostly have populations among the most affluent in the country and have relatively small SMI populations, though this may mean people living with SMI in these areas might have more difficulty accessing services – the report recommends specific action to address this.

- South Tyneside and Middlesbrough are listed among the ten upper tier local authorities with the highest rates of Severe Mental Illness in England

James Duncan
Chief Executive

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 4th May 2022

Title of report	COVID-19 update
Report author(s)	Janet Thomson, Associate Director, Gold Command
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse / Accountable Executive Officer

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention, and resilience	X
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

Management Group meetings where this item has been considered (specify date)	
Executive Team	N/A
Corporate Decisions Team (CDT)	N/A
CDT – Quality	N/A
CDT – Business	N/A
CDT – Workforce	N/A
CDT – Climate	N/A
CDT – Risk	N/A
Business Delivery Group (BDG)	N/A

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience, and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to
N/A

Coronavirus (Covid-19)
Report for the Board of Directors meeting
Wednesday 4th May 2022

1. Executive Summary

This report provides an exception report in response to the Covid-19 pandemic since the last Trust Board. For this month the report focus is on:

- Covid-19 Prevalence, Surge and Business Continuity
- Nosocomial & Outbreak Management
- National IPC Guidance - Health and Care Settings
- Patient and Staff LFD Testing – Supply of Tests and Recording

2. COVID-19 Prevalence, Surge and Business Continuity

The report to the last Trust Board highlighted a rapid increase in cases, as easing of restrictions for the general public had progressed.

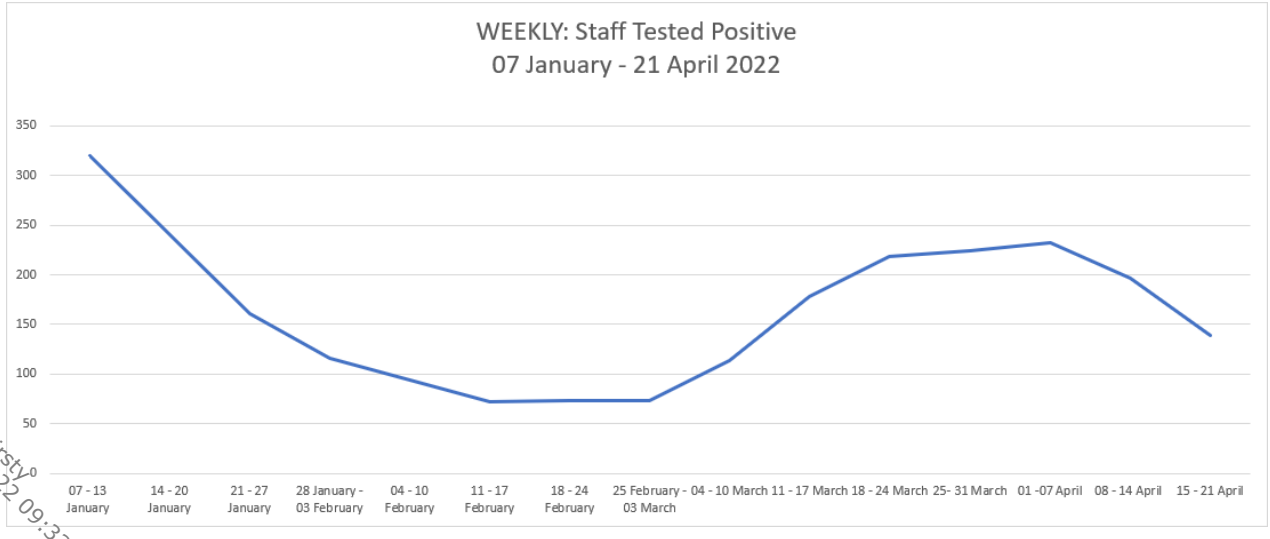
A peak of positive cases was reached nationally in early April, and this was mirrored regionally and locally in the North East and Cumbria.

National case rates appear to be decreasing across all age groups, but to be noted that accurate data is no longer available due to the reduction in testing. Future indicators under discussion. Regionally, cases are collated via the ONS survey, but data is 12 days behind real time.

Locally, areas are starting to see a decrease in Covid cases. In the North East the acute hospital cases are starting to decrease also. Critical Care bed usage for Covid cases remains low. Staff absence is decreasing including Covid related absences.

2.1 CNTW Position

During the last four weeks CNTW positive staff case rates have decreased as per chart below. Average of **19** positive cases per day in the last seven days.



- The Easter break did not see a marked increase in cases as expected. Staff positive cases appears to have reached a peak two weeks ago.

- Covid related absences have decreased and currently 210 Covid related staff absences are recorded (170 directly linked to live positive LFTs and 40 linked to ongoing Covid related absence)

3. **<u>Nosocomial and Outbreak Management and changes in guidance</u>**
National guidance states that outbreaks must be 28 days free without a further positive case linked in time and place before it can be closed. It was proposed by the DIPC and agreed by Executive Directors that CNTW would move to close outbreaks at 14 days from the last positive case, following a risk assessment of standard IPC control measures. Post outbreak debriefs still take place. The outbreaks continue to be open on the national system until 28 days.

Since the last report, the Trust has seen a significant decrease in inpatient confirmed cases, this is currently standing at nine with one active outbreak.

Eight Outbreaks remain open on the national system at the time of writing the report but seven are over 14 days and four will close at 28 days in the next week.

3.1 <u>Active Outbreaks at the time of the report</u>
Mitford: Day 12. Three staff linked to the outbreak and zero patients. The outbreak is stable and moving to a dormant position.

3.2 <u>Dormant Outbreaks:</u>
The following outbreaks are dormant, and 14 days or over. Learning debriefs are arranged prior to closing on the national system at 28 days. This is an opportunity for the Outbreak Management Group members including the clinical team, IPC, Absence Line, Facilities, Agency / Bank lead, to reflect on the root cause hypothesis and learning including patient reflections of their experience of the outbreak.

Ruskin: Day 24
Rose Lodge: Day 20
Clearbrook: Day 18
Longview: Day 22
Springrise: Day 22
Edenwood: Day 20
Oakwood: Day 27

3.3 <u>Learning/themes from Outbreak areas</u>
Each Outbreak gives us the opportunity to review with the clinical Team and Outbreak Management Group the key themes relating to practice and trust processes which can be improved or reaffirmed. A summary of the learning since the last report is included below:

- Excellent engagement with patients from Peer Support Workers who have recently been introduced to ward environments, demonstrating a positive impact on the patient experience.

- Delays in ward staff informing IPC of new symptomatic cases when in Outbreak situation. No impact on patient safety noted but a reminder to ward staff that it is important to share new information when in an Outbreak situation to ensure all parties are sited on changes and IPC advice and support can be offered as appropriate.

- Importance of MDT recognising changes in physical health, complex underlying health problems and Covid infection in patients, and the need to increase medical review and physical observations. CRIS team offered excellent clinical advice and support to ward area and robust plans in place.
- Importance of staff health and wellbeing during an Outbreak noted. An Outbreak with significant patient and staff positive cases and sadly, the death of a patient had an emotional impact on the MDT. The team manager facilitated daily debriefs and support to staff and this clearly helped staff to maintain resilience throughout.
- Communication from Ward Manager to Domestics regarding Deep Clean request at weekend delayed – resulting in a delay to ending isolations for patients. Agreed going forward that IPC will also contact Domestic Supervisor directly to arrange deep cleans.
- Clean curtains difficult to source as part of a Deep Clean. Facilities to review stock of curtains to ensure plentiful supply. This situation arose due to the number of Deep Cleans requested at any one time on a site.

3.4 North East and Cumbria
Health Protection Boards (HPBs) continue their plans to move to a 'Living with Covid' approach.

External Testing Sites for the general public have closed.

4. CNTW Infection, Prevention and Control Measures, Covid Testing & Isolation Guidance

4.1 Revised IPC Guidance in Health and Care settings

Revised National IPC guidance and NHSE/I letter received on evening of Thursday 14th April 22.

Key Changes:

- **Stepping down inpatient Covid-19 isolation precautions:**
  Inpatients with COVID-19, LFD tests can be used to reduce the isolation period from ten days to seven days. Patients should have two negative LFD tests taken 24 hours apart as well as showing clinical improvement, before being moved out of isolation before day ten. These tests can take place on any two consecutive days from day six onwards but if either of the two tests is positive, the patient must not be re-tested and must complete the full ten day isolation.

CNTW has implemented LFTs at Day 5 and 6 for positive patients and if patient is negative and well and no temperature, isolation can end before 10 days. This has progressed without issue and has had a positive impact on the patient experience.

- **Stepping down COVID-19 precautions for exposed patient contacts:**
  Inpatients who are considered contacts of SARS-CoV-2 cases are no longer required to isolate if they are asymptomatic.

It is suggested that we do continue to test (LFTs) every three days, for a period of ten days to monitor. If the patient returns a positive LFT, they will then need to isolate. Ward staff to monitor for any symptoms also.

In line with the flexibility for local risk assessment within the UK IPC Guidance, and advise from UKHSA, the following should also be noted:

- **Returning to pre-pandemic physical distancing in all areas:**
  'Including in emergency departments, ambulances, and patient transport, as well as all primary care, inpatient, and outpatient settings. This should be done in a way that maintains compliance with all relevant Health Technical Memoranda and Health Building Notes.'

The revised IPC guidance recommends ongoing IPC control measures including social distancing in health and care settings of one metre and two metre where possible indoors and where there is a known respiratory positive case. This is a reduction in inpatient areas from the previously recommended two metres to one metre. Health staff are to continue wearing surgical masks.

This recommendation is likely to be until at least May 2022.

'Recommendation for universal use of face masks for staff and face masks or coverings for all patients and visitors to remain as an IPC measure within health and care settings over the winter period. This is likely to be until at least May 2022.

Recommendation that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings.

Recommendation that physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed.'

'In health and care settings physical distancing is the recommended distance that should be maintained between staff, patients, and visitors unless mitigations are in place such as the use of PPE. WHO continues to advise that a physical distance of at least 1 metre should be maintained between and among patients, staff, and all other persons in healthcare settings.

This distance should be increased wherever feasible, especially in indoor settings.

Physical distancing is recommended to remain at 2 metres where infectious respiratory patients are cared for.'

Currently reviewing guidance in relation to changes that can be taken in clinical and non-clinical settings, following risk assessment, acknowledging Covid prevalence in the community remains high but is starting to decrease.

- **Returning to pre-pandemic cleaning protocols outside of COVID-19 areas:**

  Enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

This would see a return to normal cleaning in areas where there are no positive patients/outbreaks and would include non-clinical settings.

4.2 Changes to Testing in CNTW - Implemented on 4th April 2022

Supply of LFT's for Patients and Recording of Results:

- Ward staff have access to LFD kits via site receptions for patients.
- National reporting has changed to weekly reporting on number of patient tests rather than tests for staff.
- Monthly submissions for ongoing supplies in place.
- Patient LFT results to be recorded on the RiO Monitoring Form.

Supplies of LFT's for Staff and recording of results:

- The Government portal for ordering LFTs changed the eligibility criteria in line with new national guidance. Free LFD kits are only available to
  - Patient-facing staff who are completing asymptomatic testing twice a week.
  - NHS staff who are symptomatic
- Staff should continue to record results on the CNTW portal.

5. Moving forward

The activity currently is focused on maintaining patient safety and staff health and wellbeing whilst we learn to live with Covid. The revised national IPC Guidance signals change for clinical and non-clinical services and a further easing of restrictions in health and care settings, although as previously stated, there is currently an ongoing expectation that IPC measures remain in place in clinical areas.

6. Recommendation

The Board are asked to receive this report, noting the assurance on the measures taken to date, and significant collaborative response from the organisational teams to ensure the safe and effective delivery of care.

Janet Thomson
Associate Director, Gold Command

Allan,Kirsty
04/29/2022 09:33:59

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 4th May 2022

Title of report	**CNTW Integrated Commissioning & Quality Assurance Report**
Report author(s)	**Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Finance, Commissioning & Quality Assurance**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	25.04.2022
Corporate Decisions Team (CDT)	
CDT – Quality & Safety	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	
Financial/value for money	X	Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to

CNTW Integrated Commissioning & Quality Assurance Report
2021-22 Month 12 (March 2022)

Executive Summary

Regulatory Requirement

1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).

2 At Month 12, the Trust has a draft surplus before exceptional items of £0.2m which is £0.2m ahead of plan. Agency spend for the year is £20.2m of which £12.7m (63%) relates to nursing support staff.

3 The Data Quality Maturity Index (DQMI) score is reported at 93.0% for December which is the latest published data available. The DQMI publication includes data from a number of datasets relevant to the Trust. The DQMI score relating to the Mental Health Services Dataset (MHSDS) only is reported at 91.9% (December 2021) for CNTW.

4 Information Governance training is reported at 86.4% at the end of March 2022 against a 95% standard across CNTW services.

5 There were 234 inappropriate adult out of area bed days due to the unavailability of adult acute and adult older persons beds reported in March 2022. This related to thirteen patients.

6 In Sunderland IAPT service, percentage of clients moving to recovery has increased slightly during the month and is reported at 63.0%, 62.9% in February 2022. The North Cumbria IAPT service moving to recovery rate has decreased to 53.0% for the month, 55.1% in February. The national standard is 50%.

7 At month 12, 87.5% of referrals to Early Intervention in Psychosis (EIP) started treatment within 2 weeks of referral against a 60% standard.

8 The number of follow up contacts conducted within 72 hours of discharge from an inpatient ward is reported above the 80% standard at 93.1% across CNTW. A total of ten patients were not seen within the required timescale trust wide.

9 Referral to treatment (RTT) incomplete pathways for consultant led services waiting 18 weeks or less are reported at 100%.

10 Children and Young Peoples Eating Disorder Services waiting times are reported nationally on a quarterly basis for both routine and urgent referrals. The national standard for both is 95%. The Trusts latest reported figures are:

- Waiting times for routine referrals (seen within 4 weeks) at Quarter 4 is reported at 69.4%, (at Quarter 3, 77.8% reported nationally for CNTW against 66.4% reported for England)
- Waiting times for urgent referrals (seen within 1 week) at Quarter 4 is reported at 90.9%, one patient was not seen within the required timescale in the Quarter (at

Quarter 3, 97.3% reported nationally for CNTW against 59.0% reported for England)

11 There have been two Mental Health Act Reviewer visits since the last report to Rose Lodge and Lamesley ward. Feedback from the visits include carer engagement and involvement, environmental issues, staffing issues, delayed discharges and issues around administration and recording of medications.

The action plans relating to these visits are owned by the relevant service and the Associate Director is responsible for following up on actions until the action plan is complete through their CMT/CBU. The CQC Compliance Officer routinely receives updates on all outstanding action plans and these are collated and shared with the Mental Health Legislation Steering Group and Mental Health Legislation Committee on a quarterly basis. The Associate Director/CBU must provide evidence to the CQC Compliance Officer to support the closure of any action contained in the action plan.

The CQC Reviewer Group considers all action plans and adds in any additional overarching information where relevant prior to sign off by the Group Director/Group Nurse Director for the relevant locality group.

The themes from these visits are taken to CQC Quality Compliance Group on a monthly basis and Mental Health Legislation Steering Group and Mental Health Legislation Committee on a quarterly basis.

Contractual Requirement

1 The Trust met all local CCG's contract requirements for month 12 and Quarter 4 with the exception of:

- CPA metrics for all CCGs.
- Delayed Transfers of Care within Newcastle/Gateshead, Northumberland, South Tyneside, Sunderland and North Cumbria.
- Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in North Tyneside
- IAPT numbers entering treatment in Sunderland and North Cumbria

2 The Trust met all the requirements for month 12 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (92.6% under performance relating to 4 patients against a 100% target).

3 All CQUIN schemes for 2021/22 are suspended due to the COVID-19 pandemic.

4 The overall FFT satisfaction score for March 2022 was reported at 90.7%, this was based on the number of responses received from service users and carers who stated their overall experience with CNTW services was either good or very good. The number of Points of You survey returns received was 231, of which 62% were from service users, 19% from carers, 10% were completed on behalf of a service user and 9% did not state their person type.

Internal Reporting

1 Adult and Older Persons waiting times are reported internally and are calculated from the referral received date to the first attended direct contact, the wait calculation will reset on the first did not attend (dna) appointment, any further dna's or cancelled appointments do not stop the waiting time.

As at 31st March 2022 there were a total 4953 people waiting to access services in non-specialised adult services across CNTW of which, 188 people have waited more than 18 weeks. This is a decrease from 4992 people waiting to access non-specialised adult services last month of which 195 were reported waiting over 18 weeks.

2 CYPS waiting times from referral to treatment are reported in line with the national definition. The wait to treatment is calculated from referral received date to second contact and both contacts can be either direct (e.g. face to face, telephone) or indirect contacts (e.g. Multi-Disciplinary meeting where the service user is not present or a discussion with another care professional).

This month there has been an increase in the total number of CYP waiting more than 18 weeks to treatment, reported at 2077 as at 31st March 2022 compared to 1834 as at 28th February 2022. The number of young people waiting to access children's community services overall has increased in month 12.

3 Training topics below the required trust trajectory as at month 12 are listed below:

Training Topic	Month 12 position	Quarter 4 standard
Information Governance	86.4%	95%
PMVA Breakaway training	71.3%	85%
Mental Health Act combined	61.3%	85%
Clinical Risk and Suicide Prevention training	72.3%	85%
Clinical Supervision	77.4%	85%
Seclusion training	69.6%	85%
Rapid Tranquilisation	79.0%	85%
Safeguarding Children Level 2	77.2%	85%
Safeguarding Children Level 3 **For completion by all professionally registered clinical staff*	25.5%	85%
PMVA Basic training	38.2%	
Fire Training	82.8%	85%
Medicines Management Training	84.4%	85%
MHCT Clustering	57.2%	85%

**The Safeguarding Children Level 3 mandatory training requirements have been reviewed and updated in the month to include all professionally registered clinical staff, previously reporting professionally registered staff only.*

4 Appraisal rates are reported at 66.4% in March 2022 (67.0% last month) against an 85% standard Trustwide.

5 Clinical supervision training is reported at 77.4% for March (was 77.7% last month). The percentage of staff with a completed clinical supervision record is reported at 44.6% as at 31st March 2022. At 31st March 2022 the proportion of staff with a management supervision recorded in the last 3 months is reported at 53.2% against a recovery trajectory of 85% for Quarter 4.

6 The confirmed February 2022 sickness figure is 7.2%. This was provisionally reported as 7.44% in last month's report. The provisional March 2022 sickness figure is 8.23% which is above the 5% standard. The 12 month rolling average sickness rate has increased to 7.19% in the month.

7 The quality priorities at month 12 have been internally assessed as:

- Improving the inpatient experience and improving waiting times for referrals to multidisciplinary teams have been assessed as not achieved
- Increasing time staff are able to spend with service users and carers and Equality, Diversity & Inclusion and Human Rights have been assessed as partially achieved

Other Reporting

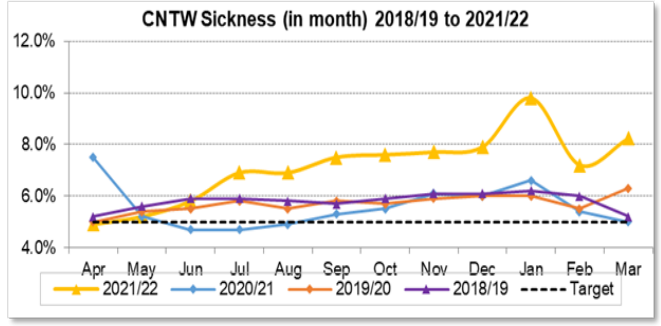
1 There are currently 16 notifications showing within the NHS Model Hospital site for the Trust.

Regulatory	**Single Oversight Framework**				
	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).		Use of Resources Score:	2
	CQC				
	Overall Rating	Number of "Must Dos"	There have been two Mental Health Act Reviewer visits since the last report to Rose Lodge and Lamesley ward. Feedback from the visits include carer engagement and involvement, environmental issues, staffing issues, delayed discharged and issues around administration and recording of medications.		
	Outstanding	45			

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	North Cumbria CCG
	94%	80%	70%	60%	70%	86%	87%	50%
	Contract Summary: Percentage of Quality Standards achieved in the quarter:							
	94%	90%	70%	70%	70%	86%	87%	50%

Contract Summary: Percentage of Quality Standards achieved in the month:										
Cirrhosis & fibrosis tests for alcohol dependant patients	Staff Flu Vaccinations	Use of specific Anxiety Disorder measures within IAPT	Routine outcome monitoring in CYPS & Perinatal MH Services	Routine outcome monitoring in Community Mental Health Services	Biopsychosocial assessment by Mental Health Liaison Services	Healthy Weight in Adult Secure Services	Achieving high quality 'formulations' for CAMHS inpatients	Mental Health for Deaf	Routine outcome monitoring in perinatal inpatient services
All CQUIN schemes are currently suspended for 2021/22									

Internal	**Accountability Framework**							
	North Locality Care Group Score: March 2022		Central Locality Care Group Score: March 2022		South Locality Care Group Score: March 2022		North Cumbria Locality Care Group Score: March 2022	
	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements

	Quality Priorities: Quarter 4 internal assessment RAG rating			
	Improving the inpatient experience	Improve waiting times for referrals to multidisciplinary teams	Increasing time staff are able to spend with service users and carers	Equality, Diversity & Inclusion and Human Rights
	Waiting Times			
	The number of people waiting more than 18 weeks to access services has increased in the month for non-specialised adult services and the number waiting for treatment has also increased. The number of young people waiting to access children's community services overall has increased in month 12. The number of young people waiting over 18 weeks has also increased. 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 Trajectory Achieved Trustwide:	Number of courses <5% below trajectory Trustwide:	Number of courses trajectory not achieved (>5% below standard):	Fire training (82.8%) and Medicine Management training (84.4%) are within 5% of the Quarter 4 standard. Safeguarding Children Level 3 (25.5%) Clinical Risk training (72.3%), Clinical Supervision training (77.4%), Safeguarding Children Level 2 (77.2%), Rapid Tranquilisation training (79.0%), PMVA basic training (38.2%), PMVA Breakaway training (71.3%), MHA combined training (61.3%), MHCT Clustering Training (57.2%), Seclusion training (69.6%) and Information Governance (86.4%) are reported at more than 5% below the Quarter 4 standard.	Appraisal rates have decreased in the month to 66.4% in March 2022 (was 67.0% last month).
	6	2	11	
	Sickness Absence:			
		The provisional "in month" sickness absence rate is above the 5% target at 8.23% for March 2022 The rolling 12 month sickness average has increased to 7.19% in the month		
Finance	At Month 12, the Trust has a draft surplus before exceptional items of £0.2m which is £0.2m ahead of plan. Agency spend for the year is £20.2m of which £12.7m (63%) relates to nursing support staff.			

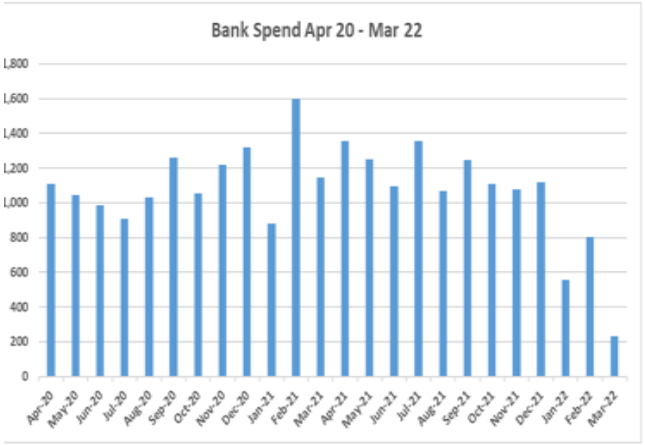
Financial Performance Dashboard

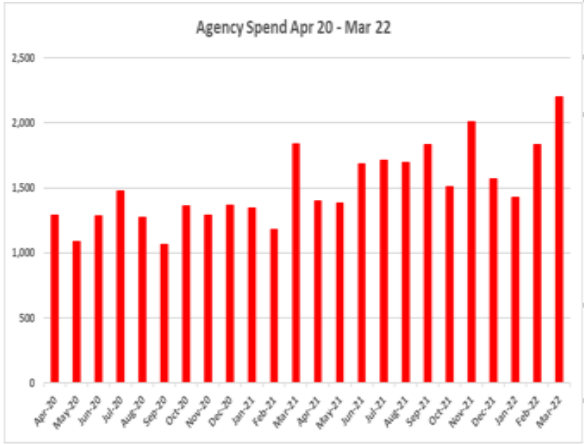
Income & Expenditure

	YTD			FORECAST		
	Plan £m	Actual £m	Variance (£)	Plan £m	Actual £m	Variance (£)
Income	495.2	535.3	(40.2)	495.2	535.3	(40.2)
Pay	(351.5)	(376.6)	25.1	(351.5)	(376.6)	25.1
Non Pay	(143.7)	(158.6)	14.8	(143.7)	(158.6)	14.8
Surplus / (Deficit)	**(0.0)**	**0.2**	**(0.2)**	**(0.0)**	**0.2**	**(0.2)**

Key Indicators

Key Indicators	Year End
Surplus/ (Deficit) before exceptional items	£0.2m
Agency Spend	£20.2m
Cash	£65.7m
Capital Spend	£37.9m





Key Issues/Risks.

- At month 12 the Trust has a £0.2m surplus which is £0.2m above plan as the Trust planned to deliver break-even in 2021/22.
- Income arrangements for H2 were a continuation of the block contracts implemented in 2020/21 in response to COVID.
- Pay costs in month 12 have remained high as overtime has continued at £1.3m in the month, Overtime has increased to £1.3m in Feb & Mar from £0.5m in Dec. The Trust offered enhanced rates for Q4 as sickness levels had increased. The enhanced rates ended at the end of March. Bank costs have reduced through Q4. Average monthly overtime & banks costs through Q3 were £1.6m and these costs have risen to £1.7m in Q4.
- Cash – £65.7m at month 12 which is more than historical cash levels (pre-COVID) due to improved working balances, capital spend being less than plan both this year and in 2020/21 and increases in provisions.
- Capital Spend - £37.9m at month 12 which is £9.3m less than plan, of which £7.4m relates to the CEDAR programme. The Trust have agreed for £8.7m of PDC for this scheme to be carried forward from 2021/22 to 2022/23.

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

	28/02/2022		07/03/2022		14/03/2022		21/03/2022		28/03/2022	
Medical	128	91	134	93	132	93	132	93	132	93
Qual Nursing	158	109	139	94	180	137	145	101	180	131
Unq Nursing	2,166	101	2,034	100	2,201	136	2,108	93	2,111	90
A&C	43		40		38		38		44	
	2,495	**301**	**2,347**	**287**	**2,551**	**366**	**2,423**	**287**	**2,467**	**314**

In March the Trust reported an average of 311 price cap breaches (93 medical, 114 qualified nursing and 104 nursing support). At the end of March 21 medics were paid over the price cap.

Risks and Mitigations associated with the report

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 12 and Quarter 4.
- The trust moved to OPEL Level 3 on the 5th January 2022, leading to a further risk to compliance against trajectories and standards. On 7th February 2022 the Trust moved back to OPEL Level 2 but the performance management of training and appraisals with the exception of PMVA remain stood down.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19.

Recommendations

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

Allan Fairlamb	Lisa Quinn
Deputy Director of Commissioning & Quality Assurance	Executive Director of Commissioning & Quality Assurance
20th April 2022	

Report to Board of Directors
Wednesday 4th May 2022

Title of report	**Service User and Carer Experience Report (Q4 2021/22)**
Report author(s)	**Paul Sams, Feedback & Outcomes Lead Commissioning & Quality Assurance**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Commissioning & Quality Assurance**

Strategic ambitions this paper supports (please check the appropriate box)

Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)		**Management Group meetings where this item has been considered (specify date)**	
Quality and Performance		Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality & Safety	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*

Equality, diversity and or disability		Reputational	X
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to

CNTW Service User and Carer Experience Summary Report

Quarter 4 2021-22

Executive Summary

During quarter 4 the Trust received 564 completed Points of You. This is comparable with the previous quarter and continues to make this way of feeding back experience the most popular way for service users and carers.

Using the feedback received effectively is a priority and a final test to a You Said – We Did poster that all teams will be able to use on a monthly basis is ready to be rolled out in the first quarter of 2022-23.

Healthwatch websites remain an underutilised way of feeding back for service users and carers. The Trust now receives an alert every time some feedback is offered through them.

Recommendations

CDT-Q is asked to:

- Note an increase in feedback for Central, North and North Cumbria localities during quarter 4, when compared with the previous quarter.
- Note Patient Advice and Liaison data was not made available in time to be included in this report and will be added as an annual report in appendix 1 of next quarter's report.
- Note mailshot offers the highest levels of Point of You feedback as a method.
- Not over 94% of people answered yes to the question 'were staff kind and caring' when completing a Points of You survey.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Service User and Carer Experience Report
Quarter 4 2021-22

Ask Section
Points of You

During Quarter 4 of 2021/22 the Trust received 564 Points of You (PoY) surveys. This is a decrease of 4 from the previous quarter, so considered as no change as it is less than 1% difference.

Table 1. PoY uptake by locality

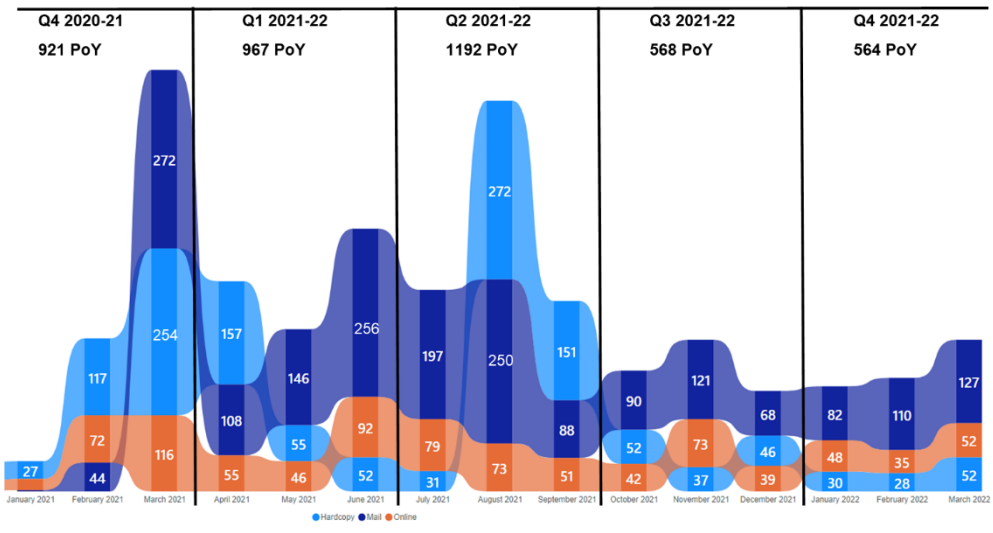
Locality	Quarter 1	Quarter 2	Quarter 3	**Quarter 4**
South	316	434	236	**204**
Central	204	312	173	**181**
North Cumbria	287	266	76	**82**
North	152	175	70	**82**
Others*	8	9	13	**15**

*Include Dietetics and North East Mental Health and Deafness Service feedback, not assigned to a locality.

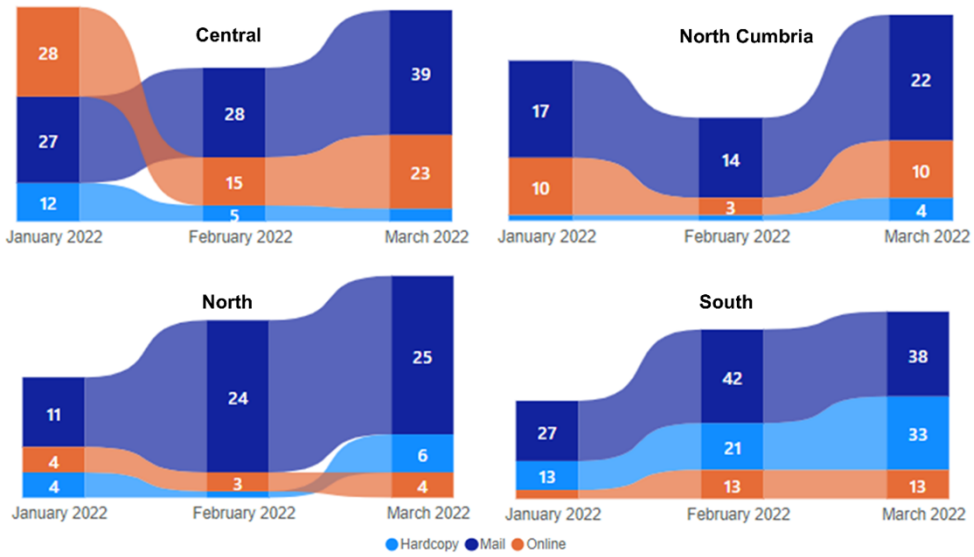
Graph 1 shows that mailshot remains the most common way people feedback their experience through PoY.

Graph 2 shows that mailshot continues to be the most common feedback mechanism with the exception of January in Central Locality when online feedback slightly outperformed mailshot.

Graph 1. Trustwide PoY received by type



Graph 2. Locality breakdown of PoY received by type



Patient Advice and Liaison Service (PALS)

77 issues have been raised with PALS over this period. This compares to 61in the previous quarter and 76 in the same quarter last year. There remains a reduction in numbers since before COVID 19, partly due to the reduction in informal contacts via community meetings and drop ins which have not taken place.

Care Group	Q4	Q1	Q2	Q3	Q4
Central Locality Care Group	17	17	15	21	**30**
South Locality Care Group	5	6	3	4	**1**
North Locality Care Group	12	14	12	4	**5**
Non Service Specific (NTW)	42	48	58	32	**41**
Total	76	85	88	61	**77**

Table 2. Inquiries to PALS

NHS.net and Care Opinion

During Quarter 4 the Trust received feedback through this platform on one occasion, this will be discussed in the 'Listen' section. A response has been offered with options for a continuing of the conversation should the person not be satisfied with the response offered.

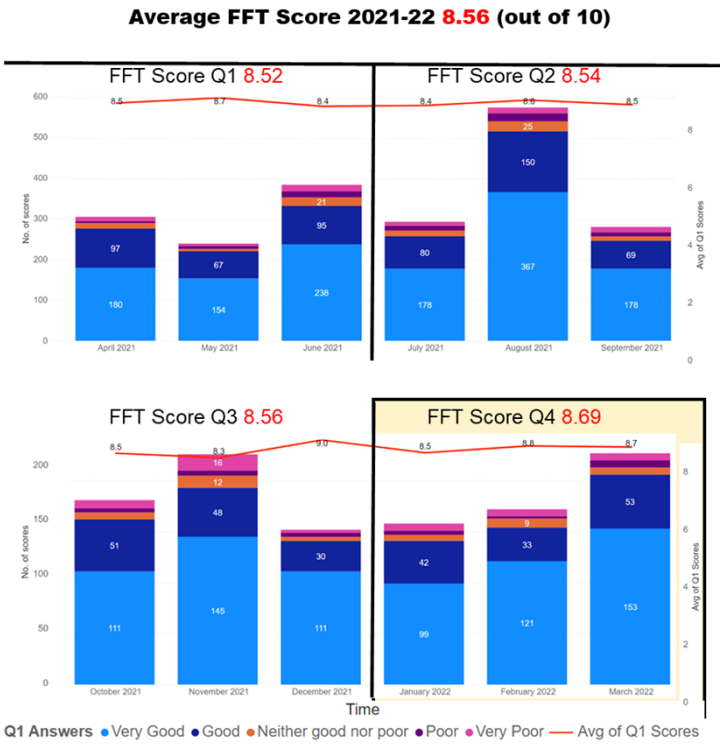
Healthwatch

Healthwatch Team	Q1 2021-22	Q2 2 2021-22	Q3 2 2021-22	Q4 2 2021-22
Cumbria	0	0	0	**0**
Gateshead	2	1	3	**1**
Middlesbrough	0	0	1	**0**
Newcastle	0	3	2	**0**
North Tyneside	0	0	0	**1**
Northumberland	0	0	0	**0**
South Tyneside	0	0	0	**0**
Sunderland	0	0	0	**0**

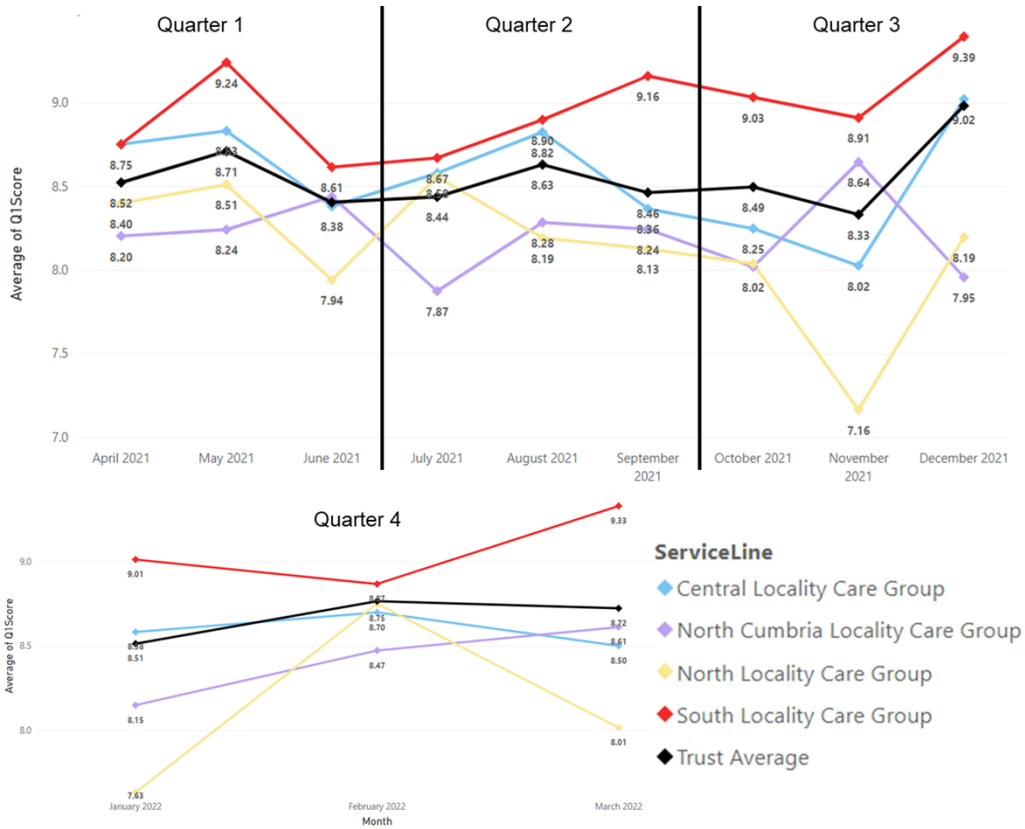
Table 3. Feedback available through individual Healthwatch webpages and email contact

Listen Section
Points of You
Quarter 4 saw the highest average FFT score (8.69 out of 10) of any quarter in 2021-22. This continued a trend of the score rising every quarter across the year. Graph 2 below shows the average score by quarter as well as the overall average for the year of 8.56 out of 10.

Graph 4 below shows that North Cumbria Locality was below the Trust average for all of quarter 4, however the locality did better its own score month on month across the quarter. North Cumbria Locality outperformed the Trust average twice during the year (June and November 2022) and the locality has been engaged in developing ways of informing service users and carers of the options to feedback their experience, particularly in the inpatient setting, with the aim of getting more feedback in the future.

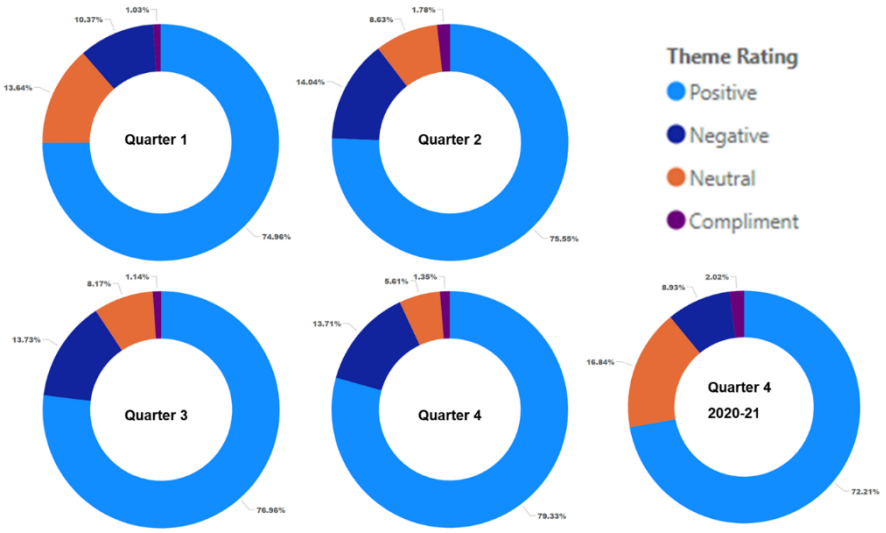


Graph 3. Average FFT score in current and previous quarters of 2021-22
*Include Dietetics and North East Mental Health and Deafness Service feedback, not assigned to a locality.



Graph 4. FFT by average score by quarter and month by locality and Trust average

Broad themes offer the opportunity to take the overall temperature of the feedback being offered. During quarter 4 the overwhelming majority of feedback (79.33%) was themed as ‘positive’. This quarter saw the highest percentage of positive feedback being offered and was almost 7% higher than the same quarter last year (see graph 5 below).



Graph 5. PoY Comments received by broad theme

*Include Dietetics and North East Mental Health and Deafness Service feedback, not assigned to a locality.

	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Theme Category	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		0.27%	1.88%	1.10%		0.44%	1.78%	3.42%		0.12%		0.70%		1.01%	1.50%	3.38%
Admissions and Discharges						0.03%		0.78%		0.06%		1.76%		0.21%		2.46%
Appointments		1.95%	7.74%	6.63%		2.01%	4.57%	5.12%		1.36%	4.65%	5.28%		1.06%	3.01%	5.23%
Clinical Treatment		0.69%	1.46%	0.83%		0.32%	1.52%	0.62%		0.25%	1.16%	0.35%		0.58%	0.75%	1.23%
Communications	16.67%	27.54%	25.10%	34.25%	22.22%	28.92%	23.60%	33.07%	29.17%	28.33%	28.49%	26.06%	15.63%	27.10%	22.56%	27.38%
Facilities		1.15%	6.49%	5.52%		1.34%	6.85%	8.23%		1.67%	12.21%	4.58%		1.81%	4.51%	12.00%
Other		0.38%	10.67%	0.28%		0.49%	20.81%	2.02%		0.62%	10.47%	0.70%		0.69%	32.33%	4.00%
Patient Care	8.33%	30.75%	34.10%	34.25%	13.58%	32.01%	31.47%	27.95%	25.00%	32.84%	27.91%	38.03%	37.50%	28.32%	18.80%	22.15%
Prescribing		0.42%	1.05%	1.10%	1.23%	0.32%	0.25%	1.71%		0.19%	2.33%	1.41%		0.27%	1.50%	1.23%
Privacy, Dignity and Wellbeing		0.19%	0.84%	0.55%		0.38%	1.02%	0.31%		0.62%		1.06%		0.37%		0.31%
Staff Numbers		0.04%	1.26%	0.83%			1.52%	2.02%		0.12%	4.07%	3.17%			1.50%	4.00%
Trust Admin/ Policies/Procedures		0.08%		0.28%		0.06%	0.25%	0.31%		0.12%		0.70%		0.16%		
Values and Behaviours	75.00%	35.94%	4.81%	8.84%	62.96%	33.17%	5.33%	6.06%	45.83%	33.40%	6.98%	10.92%	46.88%	38.04%	12.03%	11.38%
Waiting Times		0.61%	4.60%	5.52%		0.52%	1.02%	8.39%		0.31%	1.74%	5.28%		0.37%	1.50%	5.23%

Table 4. Themed comments during all quarters 2021-22

Positive themes – (see appendix 1 for examples of comments from service users and carers)
Values and behaviours is the most common positive theme for comments across all quarters of the year. This theme makes up the highest percentage in quarter 4 with 38% of positive comments being about this theme.

Negative themes
Although negatively themed comments made up less than 13% of all comments across the year, it is still important to explore what the trends of these comments are. It is also useful for the Trust, localities and individual teams to look at what is being fed back through negative comments and respond appropriately.

Communications is the most common negative theme for comments during quarter 4 with just over 27% of comments relating to this theme. Over the course of the year this theme was either the most common or second most common, with patient care being a common theme.

Patient Advice and Liaison Service (PALS)
As part of the role PALS has had a number of contacts from community patients and carers concerned about aspects of their care plan and treatment. PALS were able to liaise with relevant department and provide reassurance.

NHS.net and Care Opinion
The single occasion feedback was received through this website, an individual had discussed the overall positive experience of crisis services, the individual did question why they had not received any contact after the initial crisis. A response was offered with options to continue the conversation should they wish.

Healthwatch
Anonymous feedback was offered once through Healthwatch Gateshead and was in relation to Dryden Road Clinic (Community Treatment Team). The feedback was from someone who said a call back they were expecting did not happen until they formally complained. Unfortunately, we were only made aware this had been published during a manual search for the purposes of this report. A response from the team will be sought and offered.

The other feedback published was through Healthwatch North Tyneside and related to anonymous feedback from someone stating the agreed treatment had not been completed. This was relating to North Tyneside Community Treatment Team, the

team were offered the opportunity to respond, which they did, offering contact information to allow the person to discuss further.

Do Section:

Action	Rationale	Status
Maintain links with Healthwatch.	Healthwatch is currently an underutilised way of interacting with service users and carers. The Trust currently receives very little feedback through these websites and it is often negative in theme. Links are established with all Healthwatch teams across the Trust footprint and agreements are in place to have new feedback shared with Feedback and Outcomes Lead.	Agreements in place to receive non-published feedback with half of Healthwatches in Trust footprint. Meetings planned with others to get a similar agreement.
Develop awareness of PoY developments with staff.	Due to the new version PoY going live during the coronavirus pandemic, it has been difficult to communicate the changes with staff through the usual routes. We have embarked on awareness raising through group, service and team meetings and supported this with an infographic to explain the feedback system and a guide to using the PoY dashboard.	Awareness session continue in all localities.
Make feedback accessible to as many service users and carers as possible.	Service users and carers offer less feedback about learning disability and autism services than mental health services. It is possible that some people can't navigate our feedback processes.	Paul Sams, Feedback and Outcomes Lead Caroline Wills, Associate Director for Learning Disability and Autism as well as Fiona Regan, Carer Governor for Learning Disability Services are developing an action plan to develop strategies that make feedback more inclusive.
Develop You Said We Did (YSWD) function on the PoY dashboard.	A successful test has taken place and plans to roll out the YSWD poster and awareness is being developed.	3rd test of the system took place and roll out is ready for Quarter 1 2022-23.
Review of the letter that accompanies a mailshot PoY	Feedback from carers of two people with a learning disability have suggested the letter is difficult to access for some people.	This will be user tested in Quarter 1 2022-23 with changes incorporated as a result of feedback.
CYPS use of PoY	Mailshot has now been reintroduced to CYPS services (March 2022) and should support an increase in the opportunity for young people and their supporters to share their experience.	Mailshot now being sent out regularly. Staff awareness sessions ongoing.

Appendix 1

Some examples of positive comments from the values and behaviours theme:

'the team were excellent, very friendly, very polite, and very easy to speak to' – Memory Assessment Service Newcastle.
'made myself and my child feel at ease with the process. explained everything that was to happen prior to it happening and gave appropriate information following diagnosis' - South Tyneside and Sunderland Children and Young Peoples Service.

Patient care is the second most common positive theme across all quarters of the year. The peak quarter for this theme is quarter 3 when it accounts for almost 33% of positively themed comments.

Some examples of positive comments from the patient care theme:

'I was very nervous before my driving assessment but the staff were supportive, patient and very straightforward and clear' - North East Drive Mobility.

The 2 people that were assigned to me. I have had bad experience in the past and I didn't think I would get the support I needed. My friend contacted you on this occasion and luckily I was seen by 2 incredible nurses/support workers - Crisis Resolution and Home Treatment Sunderland.

Communications is consistently the third most common positive theme across the year. This theme peaked in quarter 2 when almost 29% of positively themed comments were relating to this theme.

An example of a positive comment from the communications theme:

'My difficulties and pros and cons of medication discussed clearly. My medication about to be modified and psychiatrist gave me very clear medication leaflets to study' - Castleside Day Hospital.

Some examples of negative comments from the communications theme:

'Don't listen, very rude - attitude very unprofessional' - Gateshead East Community Treatment Team.

'the information given was orientated to a younger clientele and did not cater for a person with dyslexia' - 136 Suite Northumberland.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 4th May 2022

Title of report	Safer Staffing Report April 2022 (February 2022 data)
Report author(s)	Anthony Deery, Deputy Chief Nurse
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	Covid19 Gold Command

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Safer Staffing Report – April 2022 (February 2022 Data)
Report to the Board of Directors
Wednesday 4th May 2022

Executive Summary

The purpose of the report is to provide assurance on the position across all inpatient wards within CNTW, in accordance with the National Quality Board (NQB) Safer Staffing requirements. The report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period of February 2022. In addition, the report includes information on Allied Health Professionals and Medical staffing.

- Staffing pressures remained a concern during February. In response Trustwide and Locality governance arrangements (Staffing Huddles) enabled the timely movement of available staff across sites and wards when required. Staffing Solutions continued to support wards with bank and agency workers, directly contacting agencies when wards identified additional pressures.
- Many Wards continued to report high levels of clinical acuity including increased physical health needs and observation levels in particular for patients requiring care in either Long Term Segregation or seclusion.
- Children and Young People's Services (CYPS) continued to have high clinical activity resulting in high levels of observation, seclusion, and segregation requirements.
- Access to 'Off-framework' agency staff was necessary due to the high demand for registered nurses. (Thornbury Nursing Services).
- Covid outbreaks were at a relatively high level during February which also placed an increase pressure on ward staffing levels.
- Wards welcomed newly qualified Nurse Preceptees in February, all of whom had qualified through the CNTW Academy nursing apprenticeship scheme, however this too required the need for dedicated support from experienced qualified preceptors.

As detailed in the previous reports, the Trust's Staffing Contingency Policy and Procedure were invoked in July 2021 and continued in place throughout February.

The staffing related activity during February is summarised as:

- Specialist Nurses and Nurse consultants continued to be included in the staffing establishments. Ward managers were included in the staffing establishments to a lesser degree than in December 2021 and January 2022.
- Corporate staff members were redeployed to the Absence Line, Senior Nurse rota and testing rota to minimise additional pressures on clinical services.
- Corporate working across Infection Prevention and Control, workforce and wellbeing teams was undertaken to support staff members back to work as soon as it was possible and safe to do so.

Information relating to wards where registered and non-registered staffing percentages for February 2022 were below 90% are included as an appendix to this report. An overview of registered and non-registered staffing against substantive and temporary components for Quarter 4 of this financial year will be provided in May's report.

To support strategic staffing developments, the Recruitment and Retention Task Force has prioritised activities falling from the Executive Director specific workstreams:

- Recruitment: Rajesh Nadkarni
- Retention: Ramona Duguid
- New Roles: Gary O'Hare
- Terms and Conditions: Lynne Shaw

Specific recruitment activity in February included:

- Band 3 recruitment continued across localities as part of the Trust's engagement in the NHS England and NHS Improvement (NHSE & NHSI) Health Care Support Worker Zero Vacancy Project, with support from Indeed, commissioned by NHSE & NHSI.
- Recruitment of International registered nurses who had made direct applications to the Trust in response to the 'rolling' band 5 advert for international nurses.

Recommendation/summary

To receive the executive summary and locality data attached noting information and assurance to manage current staffing pressures

Purpose of this report

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels.

The exception reporting is via a RAG rating that identifies the following categories:

- **Red** for any ward under 90%
- White for within range
- **Green** for wards over 120%
- Blue maximum safe staffing levels

North Cumbria Locality

North Cumbria CBU has 12 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ashby	117.83%	149.10%	119.64%	157.44%	High levels of acuity, clinical observations and continuation of long-term segregation required to maintain patients and staff safety. Current staff not at work Vacancies: 1 x Band 5 vacancies, 4 x Band 3 vacancies Maternity: 1 x Band 6 on maternity, 4 x Band 3 on maternity HR/sickness: 1 x Band 6 (not working – HR), 1 x band 6 LTA, 3 x Band 3 LTA Secondment: 1 X Band 6 secondment, 1 X Band 4 secondment
Lennox	67.09%	159.38%	105.70%	256.94%	High levels of acuity, clinical observations and continuation of long-term segregation required to maintain patients and staff safety Current staff not at work. Vacancies: 1 x Band 6 vacancies, 3 x Band 5 vacancies, 4 x Band 3 vacancies Maternity: 1 x Band 7 on maternity, 1 x Band 5 on maternity, 2 x Band 3 on maternity HR/sickness: 1 x Band 6 LTA, 1 x Band 5 LTA, 2 x Band 3 LTA Secondment: 1 x Band 3 seconded
Reburn Unit	111.11%	94.92%	110.10%	153.25%	Sickness: 1 x band 5 LTA, 4 x band 3 LTA 1 x band 3 (pregnant WFH) 1 x band 6 HR process Vacancies: 5 x band 6, 0 x band 5, 0 x band 4, 4 x band 3, 1 x band 2 Increased acuity with complex patient requiring bespoke care package and increased staffing on a night duty.
Riding Unit	92.12%	99.07%	57.51%	145.47%	Sickness: 1x Band 5 LTA, 3x Band 3 LTA 1x Band 6 working non clinically (pregnant) 1x Band 3 HR process Vacancies: 2x Band 6, 0x Band 5, 0x Band 4, 0x Band 3, 2x Band 2 Due to sickness vacancies and preceptor nurses the ward is unable to have a second qualified on night duty which is demonstrated in the 58% cover. This is backfilled with non-registered nurses to ensure safer staffing levels.
Edenwood Unit	146.59%	304.66%	154.19%	337.65%	Current establishment pressures: 1 x Band 6 Vacancy, 6 x Band 5 Preceptees – which required additional qualified support, 3 x HCA Vacancies In addition: 1 x patient in Seclusion on Hadrian 2 requiring increased resource to maintain engagement and safety: - 4 x staff for days and nights for safe seclusion entry Acorn 3 x patients: - 4 x staff days and x3 staff on nights for safer staffing (in cases of staff absence or increased acuity on Acorn, site response has been utilised for safe entry to seclusion on Hadrian 2).

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Patient was later identified for LTS within the modular building to enhance living space. Plans to staff modular building required an increase in staffing to 9 staff on days and nights (x2 qualified x7 HCA) 5:4 split between Acorn unit and modular build respectively, with qualified staff leading each team. Following patient transferring back to Hadrian 2 from the modular build staff numbers were reduced to 8 staff on days and nights (x2 qualified x6HCA). “ 10.5% sickness absence
Hadrian 2	92.73%	87.28%	92.75%	137.40%	Current safer staffing numbers are: 5,5,4 Vacancies include: 1 band 7 specialist nurse advert out, x2 band 6 clinical lead vacancies, x8 RMN vacancies, Band 5 OT and interviewing this week, Band 6 OT. High reliance on bank and agency particularly qualified. 7.5% sickness absence across both Hadrian 1 and 2
Hardian Ward	88.22%	149.28%	106.49%	187.21%	Current establishment pressures: Currently have 8 x RMN vacancies, rolling advert. X1 band 7 clinical nurse specialist post vacant as they are currently in a secondment to ward manager We have recently recruited into the band 6 OT. We have also successfully recruited into the peer support role. Due to high level of qualified vacancies, a high requirement of agency is needed. We have been trying to use regular agency qualified staff to maintain a level of continuity, but this has been difficult to secure. The nightshift is predominately agency nurses and healthcare’s although we review skill mix regularly. We are currently relying heavily on staff picking up additional shifts, and regular agency. Ward manager scaffolding cover regularly.
Oakwood Ward	64.85%	183.23%	106.49%	161.45%	Safer staffing level data evidences staffing model was maintained – 5/4/4 Staffing levels were increased over allocated days responsive to clinical need to support appointments which were at times timely ie – to facilitate hospital appointment / leave plans Management team were readily accessible to provide responsive support were required as 2nd qualified Episodic short-term sickness contributed to need for support. X4 Reasonable adjustment plans in place to support return to work needs and pregnancy Wider site support also planned for daily, facilitated on daily staffing calls, additionally Bank and Agency utilised Increase in clinical acuity necessitating for Increased within eyesight observations Sickness absence at 10.8%

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ruskin Unit	132.73%	150.54%	240.45%	211.83%	Higher staffing levels due to increased acuity in particular high patient need around mealtimes and pressure care. Long term absences have also contributed to the requirement of additional staffing. Escorts to appointments to physical health acute trusts OT and Activity facilitator have provided supported. 12.36% sickness absence
Yewdale Ward	71.52%	161.72%	77.05%	321.38%	Continued pressure has been staff absence due to COVID-19, staff being in close contact with positive COVID-19 cases, but to a lesser degree since December. We still have 1 LTS HCA off with Long Covid, 1 LTS RMN the remaining absence is short term absence. Bank continues to be used to the maximum; Agency are being used. We continue to currently have 3 Short Term contracts with Ranstad although 1 of these will be coming to an end in 4 weeks. We have agreed at a Thornbury RMN will be allocated regular shifts; it will be 4 longs days throughout the month. As a standalone unit we have required staff to be protocolled across from Carleton clinic at times to ensure safe staffing levels. We currently have the following vacancies: 7.8 x band 5, 2 x band 5 OT We have successfully recruited 1 FT RMN – awaiting a start date We have successfully recruited 1 FT RMN (Student nurse) – starting in September. We have 1 expression of interest for a Band 3 HCA to develop physical health care skills – we have 2 members of staff interested in this secondment. We have 1 expression of interest for a Band 3 HCA to work in an activity focussed role working with the existing Activity Co-Ordinator and OT's. – We have 1 member of staff so far interest in this secondment. 7.7% sickness absence
Lotus	98.71%	72.96%	110.65%	105.96%	Sickness: 2 x LTA, 1 x B6 Maternity Vacancies: 1 x B5 vacancies, 3 x B6 vacancies Non-registered day shift was under safer staffing due to sickness and vacancies. However, there was also reduced clinical activity in February and the ward was able to function with this reduction.

North Cumbria
Inpatient services continue to experience challenges when meeting safe staffing levels for both registered and non-registered staff.

Continuous staffing pressures particularly relating to registered nurses resulting in high levels of bank and agency use, however, to enhance continuity, we continue to secure a number of fixed term contracts with our agency partners.

High levels of acuity continue particularly within Hadrian and Edenwood, however there has been a reduction in February. These incidents relate to a small number of individuals with complex needs.

Edenwood has been required to source 2x teams of staff to support both the ward and the gentleman in the modular building due to clinical need. This has added pressures to qualified resources and a dependency for support with reviews from other wards.

Adult acute in particular have noted staffing pressures due the refurbishment plans and dividing a large team into two within separate buildings and high levels of vacancies.

We continue to seek opportunities to recruit to our services, however, there remains a significant challenge with recruitment into North Cumbria Inpatients with many vacancies, both qualified and unqualified, remaining unfilled due to the location. However, we have successfully recruited some international nurses who are due to stary this month and work closely with the international recruitment team to support with skill development.

We continue to have a daily staffing/sitrep meetings at 10am and 4pm attended by ward managers, CMs, AND and AD to monitor staffing across site and gain a greater understanding of projected needs for the week. Nurse consultants, Clinical Managers specialist nurses and ward managers continue to ward base to scaffold cover to wards

Rolling recruitment campaigns continue for both registered and non-registered staff across all inpatient areas. We are awaiting an update with indeed recruitment in terms of future campaigns.

Specialist CYPS
All wards continue to have high levels of clinical activity including increased observations, seclusion, and long-term segregation. This has required an increased number of staff which is reflected in the data.

Sickness levels remained above average during February within the CBU. Particularly at Ferndene. Requests for shifts to be covered by agency staff have been unfulfilled despite Specialist CYPS being prioritised by Staffing Solutions. Requests for registered nurse cover continue to be supported by Group Directors to go off framework and request cover from Thornbury Nursing agency.

A rolling advert for all vacancies within the CBU remains live. Interviews for band 5 and band 6 registered nurses took place early in February with limited success.

There are currently several staff across inpatients who are undertaking the nursing apprenticeship programme. Whilst this supports the longer-term plan it reduces the whole time equivalent of staff working on each ward.

Clinical Managers and Ward Managers continue meet each morning, Monday to Friday, to discuss staffing levels over all the CYPS inpatient wards and how we can support each ward internally in relation to safer staffing numbers and skill mix.

North Cumbria Locality Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	0	
Occupational Therapists	9	4x B5 2x B6
Dietitians	5.5	2.5
Speech and Language Therapists	4.3	0.6

Recruitment & Retention:
Recruitment remains a challenge within North Cumbria Inpatients with many vacancies, both qualified and unqualified, remaining unfilled. We continue to seek opportunities to recruit and were involved in a recruitment event in our local shopping precinct to raise awareness and talk to public about opportunities.

Rolling recruitment campaigns continue for both registered and non-registered staff across all inpatient areas and as mentioned earlier, ongoing work with NHS I and Indeed Recruitment to scaffold recruitment campaigns to make process' lean.

Other developments include the international nurse recruitment, we have our second cohort joining this month and will support through their competencies.

We continue to offer fixed term contracts within some inpatient areas within Carleton Clinic to our agency colleagues, to ensure consistency and continuity. These contracts are reviewed regularly and hopefully will have a positive effect on motivation to apply for longer term posts within the trust.

Specialist CYPS CBU:
Rolling recruitment campaigns continue for both registered and non-registered staff across all three inpatient areas.

There continues to be an ongoing challenge within Children and Young Peoples Specialist Services with Band 6 Registered Nurse vacancies which are increasing due to existing staff seeking opportunities for progression elsewhere and a number of staff due to take up positions in other services in April.

Lotus ward continues to operate on a reduced bed capacity due to outstanding vacancies and recruitment challenges

North Locality

The North CBU has 10 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	88.93%	247.91%	51.74%	167.84%	Registered nurse vacancies and covid related sickness resulted in shortfalls across all shifts. Backfilled by Agency nurses/ Community staff moved to support ward whilst in Opel 3/ Thornbury agency contract to support. Night site co-ordinators and night pool also working into numbers to support safer staffing numbers. Increased observations also are indicated for the above percentages for unregistered numbers.
Bluebell Court	116.25%	56.09%	98.63%	62.85%	Long term absence of Band 3 support workers coupled with often being often protocolled to support acuity on other wards.
Embleton	98.68%	156.13%	132.27%	219.86%	Registered nurse vacancies and sickness resulted in the day and night shortfalls. Backfills with Agency nurses/ Community staff moved to support ward whilst in Opel 3/ Thornbury agency contract to support. Night site co-ordinators and supported safer staffing numbers. Qualified gaps also covered from numbers by unregistered staff via bank, agency, and flexi pool to ensure minimum numbers on ward. Increased observations also are indicated for the above percentages for unregistered numbers.
Hauxley	100.88%	73.03%	91.21%	105.91%	Registered nurse showing low on nights due to community nurse backfill being provided who are not registered on TAER system. Increase on days reflects higher number of preceptors on ward.
Kinnersley	100.82%	155.86%	162.96%	178.22%	Registered: registered day staff protocolled to support shortages on site. Increase in registered night staff due to clinical activity/service need. Unregistered: increase due to individualised care packages
Newton	76.95%	203.75%	94.26%	225.88%	Registered: outstanding vacancies which are actively being recruited into. Unregistered: over percentage due to increased observations and care package to support long term segregation.
Warkworth	89.43%	207.80%	44.83%	209.29%	Registered gaps have been covered by unregistered staff via bank, agency, and flexi pool to ensure minimum numbers on ward. Increased observations also are indicated for the above percentages for unregistered numbers.
Woodhorn	71.23%	161.14%	73.67%	119.60%	Registered Nurse shortfall and sickness, active recruitment for outstanding vacancies, fill rate provided by staff protocolled from community, other wards on site and agency not included on TAER system for Woodhorn. Higher levels of care required due to increased observations, personal care interventions and nurse escorts necessitating higher nursing assistant numbers per shift.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Mitford	98.44%	111.44%	62.82%	102.94%	Only able to work with one qualified nurse on night duty due to Registered nurse vacancies, should be working with 2. Mitford staffing on a day shift is 3 qualified and we never meet this target due to vacancies, Registered nurse associates provide additional support.
Mitford Bungalows	72.65%	96.48%	115.54%	106.56%	Use of a bank to support registered nurse fill rate and use of ward manager in numbers due to vacancies and absence. We have recently started to use Thornbury agency also to backfill registered nurse gaps.

North Locality

There are high levels of activity across all in-patient areas experienced throughout February 2021. 3 Covid outbreaks on the St Georges Park site affecting North inpatient staff absence over the beginning of the month but showed an improving picture as the month ran on. Learning Disability and Autism reduced impacted by covid related absence. In addition, non- covid related absence across the two In- patient CBUs also showed a huge improvement. The Inpatient CBU total absence percentage has decreased from 12.88% to 8.08% and the Learning Disability and Autism CBU has decreased from 14.51% to 10.52.

Registered Nurse cover continues to be a pressure specifically within the Learning Disability and Autism CBU where Registered nurse associates support the ward in the 2nd registered nurse capacity on shift, ongoing staffing pressures across all areas to maintain safer staffing requirements. North Community and Access Registered nurses continue to support fill rate into the North inpatient CBU wards throughout February.

Twice daily staffing meetings helps address gaps in staffing numbers allowing protocolling between wards to support adequate cover across all pathways. Ward Managers and Nurse Specialists continue to be counted within the Registered Nurse numbers to ensure acceptable cover; this is not reflected within the safer staffing numbers above as TAER does not provide this function. In addition, support from community staff and agency fill rate is also not reflected for the same reason.

North Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	2.6	1
Occupational Therapists	17.8	0
Psychologists	14	1
Dietitians	0.9	1.5
Speech and Language Therapists	3.1	0.4

Recruitment & Retention:

Recruitment campaigns continue via Value Based Recruitment, Heath Care Support Worker recruitment via Indeed and international recruitment via bespoke team. All vacant posts are proactively being recruited into, adverts are live for all Registered Nurses and Unregistered Nurse posts with planned interview dates. Registered Nurse vacancies within both in-patient CBUs currently equate to 32.5 whole time equivalents and unregistered vacancies equate to 63.5 (this is inclusive of pool staff recruitment for both areas). The vacancy factor within the Autism inpatient wards is mainly Unregistered Nurses and reflects agreed care packages for national service provision. There are an additional 9 Registered Nurses waiting to start the organisation within the coming months: a combination of new staff to the trust, preceptorship nurses and international nurses.

Developments:

Both in-patient North and Autism and Learning Disability CBU's are working on strengthening staff pool resources to enable flexibility of deploying resource in the event of increased acuity and staff absence. Attracting staff via Indeed recruitment project, international recruitment and social media is a continued effort. Relationships with the strategic staffing lead continue to ensure trusted bank workers/ agencies are proactively used to ensure safer staffing is established.

Central Locality
Central Locality has 18 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	92.02%	96.69%	107.53%	83.22%	Covid related sickness. Shifts not picked up by Bank or Agency.
Akenside	75.27%	110.30%	100.54%	139.16%	1 x B5 vacancy. Intermittent absences. Band 5 phased return.
Bede – Collingwood Court	69.31%	446.29%	115.21%	456.82%	3 x qualified vacancies Intermittent qualified absence X 1 Band 6 on non-clinical duties. Qualified maternity leave Increased engagement and observations. Service user care planned for increased staffing.
Castleside	74.49%	189.25%	101.26%	302.23%	Increased engagement and observations. x 1 Band 5 Vacancy and intermittent absence.
Cuthbert	64.14%	130.22%	124.54%	148.41%	Covid related qualified sickness covered by experienced ward based unqualified staff when no qualified cover is available.
Elm House	97.01%	89.13%	92.07%	147.60%	1 x Qualified vacancy Long term B6 absence Increased engagement and observations. Band 3 intermittent absence.
Fellside	75.78%	440.46%	113.01%	286.16%	Specialist nurse vacancy- awaiting start date. Intermittent qualified absence X 1 Qualified Nurse vacancy Qualified Maternity x 1. Increased engagement and observations
Lamesley	69.79%	419.25%	104.28%	317.49%	1 x qualified working from home Qualified LTS. 1 x specialist nurse redeployed to Elm House. Band 5 and Band 6 Intermittent absence. Increased engagement and observations
Lowry	104.66%	307.15%	101.36%	284.16%	Band 5 maternity x 2. 1 x qualified vacancy Increased engagement and observations.
Oswin	103.19%	86.98%	99.04%	123.28%	Covid related sickness. Shifts not picked up by Bank or Agency.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Willow View	63.79%	143.89%	71.73%	165.67%	Long term B7 and B5 absence. Increased engagement and observations.
KDU Cheviot	53.55%	157.14%	126.44%	189.19%	Increase in registered nurse vacancy due to promotion. Short term absence of registered nurses. 2 preceptees currently aligned to Cheviot. Individual needs of complex patients requires additional 1 patient requires 3:1 engagement / observation at certain times of day to support activity participation. 1 patient requires additional unqualified staff escort outside of KDU perimeter.
KDU Hadrian	61.34%	159.57%	105.59%	102.09%	Covid related qualified sickness covered by experienced ward based unqualified staff when no qualified cover is available.
KDU Lindisfarne	66.11%	194.91%	110.94%	251.29%	Ongoing recruitment for 3 qualified staff vacancies. Pregnant registered nurse working non-clinically. Short term absence of registered staff. 2 preceptees currently aligned. Currently 1 patient in prolonged seclusion requiring staff for engagement and observation and to support access to activities outside of the seclusion suite. Unqualified staff required to ensure patients are able to access activities.
KDU Wansbeck	48.65%	179.02%	122.13%	115.66%	Registered nurse vacancy. Ongoing recruitment in place. Registered nurse on long term absence. Additional unqualified staff required to ensure complex needs of patients are met.
Tweed Unit	75.34%	154.30%	107.70%	173.21%	Qualified staff vacancies are at 9. Staffing establishment is to be reviewed due to change in service. Short-term absence of registered nurses. Band 4 employed on ward.
Tyne - LD Hospital Based Rehab	29.38%	163.44%	110.59%	394.24%	Registered Nurse vacancy. 1 registered nurse left service for promotion in Community. Registered nurse support provided by other wards. Long term absence of CTL. Part time registered nurses in establishment. Additional unqualified staff required to support patients with complex needs.
Tyne MH Low Secure	125.54%	60.77%	113.37%	44.18%	Covid related sickness. Shifts not picked up by Bank or Agency.

Central Locality

Inpatient Central CBU
Recruitment campaigns continue including B7, B6, B5 and B3- interviews in process.

Local and trust wide daily staffing huddles to review safer staffing levels, clinical need and maximise the resource.

Plans for Indeed to support with recruitment.

Local and trust wide daily staffing huddles remain in place to review safer staffing levels.

ADHD staff deployment onto wards continued during February to support staffing shortages.

Phased return of some ADHD staff to Community Teams agreed and implemented.

All wards running frequently with 1 qualified member of staff.

Pressures with band 3 staff not being filled by bank and agency.

CBU COVID Communication meetings (Mon, Wed & Fridays).

Daily CBU & locality SITREP submission.

Trust & Central CBU IMG meeting.

Secure Care CBU
Secure Care Services staffing levels continue to experience Covid-19 related absences affecting secure bed based services at Northgate. The CBU have a number of contingencies in place to ensure safer staffing:

- Ongoing daily huddle with staff protocolled once the review of ward safer staffing has taken place to bridge gaps.
- Weekend staffing position is discussed & solutions identified in advance.
- Mutual support available within wider areas of the CBU, O/T, bank and agency support sought. All outstanding shifts logged & followed up with staffing solutions
- Continued monitoring by Secure CBU of the BCP and proposal to collapse a ward to support service continuity / safety.
- CBU COVID Communication meetings (Mon, Wed & Fridays)
- Daily CBU & locality SITREP submission
- Trust & Central CBU IMG meeting

Central Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Inpatient Central CBU		
Physiotherapists	1 x WTE B7 1 x WTE B4 0.6 B6 (maternity leave)	1 x WTE B4 1 x WTE B6 (12 month maternity cover)
Occupational Therapists	11 x occupational therapists 3 x occupational therapy assistant practitioners (1 on phased return from 01.03.22) 1 x occupational therapy assistant	1x Occupational Therapy assistant practitioner appointed on 28.2.22.
Psychologists	7.8wte	
Dietitians	2.9	1.5
Speech and Language Therapists	6.9	2.0
Secure Care CBU		
Physiotherapists	1	1
Occupational Therapists	14 Qualified 10 support	3 qualified 1 support
Psychologists		1 B7 vacancy now approved by CBU for B6 trainee (to support to qualification and eligibility for B7).

Recruitment & Retention:

Inpatient Central CBU

Psychology:
1 new B5 assistant psychologist due to start on 1st March.

Occupational Therapy:
1x Occupational Therapy assistant practitioner appointed on 28.2.22. Starting date to be confirmed but may be delayed due to staffing pressures on Fellside

Developments:
Secure Care CBU have identified staff to support student and international nurse recruitment.

Bespoke recruitment arrangements have been approved for Secure Care Services.

EMDT model of ward staffing work ongoing to plan new ways of working to improve quality and reduce reliance on nursing staff within Inpatient central CBU.

Secure Services
The CBU have identified staff to support student and international nurse recruitment.
Bespoke recruitment arrangements have been approved for Secure Care Services.

South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale – Meadow View	71.10%	353.30%	173.20%	303.10%	Vacancies: 3 Band 5 Staff Nurse, 6 Band 3 Nursing Assistant. Absence: 3 Band 3 Nursing Assistants Long Term Absence, 1 Band 5 Staff Nurse Long Term Absence due to retire. Staffing usage over for unregistered nursing staff due to service users with complex needs requiring additional support with observations. Additional unregistered staff required to support transfers to Acute Trust due to level of physical need. Currently supporting the needs of a service user on enhanced engagement levels awaiting bespoke placement. Additional staff support required to meet their needs
Beadnell	96.34%	125.53%	108.25%	167.33%	Currently trialling 3 staff on nightshift to support with increased level of observations and to support needs of babies. New ward manager and clinical lead to commence 4th April 2022. Current vacancies out to advert.
Beckfield – Dene	101.00%	267.78%	120.49%	245.13%	Vacancies: 3 Band 5 Staff Nurse, 1 Band 4 Assistant Practitioner, 1 Band 3 Nursing Assistant. 1 Band 5 Staff Nurse maternity leave. Over due to increased engagement and observation levels. All shifts have been working above safer staffing numbers due to level of acuity. Continue to have 7 patients out of pathway waiting for step down and MSU beds
Bridgewell – Mill Cottage	107.52%	200.14%	102.14%	265.74%	Vacancies: 2 Band 5 Staff Nurse, 1 Band 4 Assistant Practitioner, 3 Band 3 Nursing Assistant Absence: 1 Band 5 Staff Long Term, 3 Band 3 Nursing Assistant Long Term, 1 Band 3 Nursing Assistant maternity leave Additional packages to support patient need on the ward. Large acuity at mealtimes due to SALT risks – four additional patients requires support with increased engagement and observation levels. Acuity fluctuates due to physical health needs
Brocke House	117.92%	65.11%	121.52%	257.02%	Vacancies: 1 Band 3 Nursing Assistant 1 x patient on eyesight observations without additional care package. Use of regular Band 3 & Band 5 Bank Staff due to increased observations and COVID

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Cleadon – Rosewood	82.22%	143.36%	101.84%	186.08%	Absence: 2 Band 5 Staff Nurses long term, 1 Band 4 Nursing Assistants long term, 1 Band 3 Nursing Assistant Long Term Increased temporary staff use has been observed due to an increase in engagement and observation levels. Staff absence has resulted in increased use of temporary workforce particularly as shifts are required to be covered with short notice. Staff sickness has resulted in increased use of bank and agency staff-particularly as shifts are required to be covered with short notice.
Clearbrook – Lower Willows	88.63%	282.79%	105.56%	203.35%	Vacancies: 2 Band 5 Staff Nurse recruited – to start in March 2022, 2 x Band 3 Nursing Assistants waiting clearance Increased use of bank and agency due to increased observations required to support acuity of need on the ward. In addition, there has been observed absences in relation to COVID isolation which has also impacted on staffing figures. Band 5 vacancy impacting on the clinical activity on the ward with increased use of qualified bank staff & Clinical Nurse Lead working into the numbers to support staffing
Longview – East Willows	75.88%	602.81%	106.09%	588.67%	Vacancies: 5 Band 5 Staff Nurse, 6 Band 3 Nursing Assistant, 1 Band 3 Activity Worker Absence: 1 Band 5 Staff Nurse maternity leave, 4 Band 3 Long Term Absences Over on staffing due to high clinical activity / increased observations and DToC patients requiring intensive treatment Frequently over bed occupancy due to Acute bed pressures.
Marsden	0.00%	0.00%	0.00%	0.00%	
Mowbray	86.70%	179.15%	119.13%	264.42%	Vacancies: 2 Band 5 Staff Nurse, 2 Band 4 Associate Nurse, 2 x Band 3 Nursing Assistant, 2 x Band 2 Nursing Assistant Absence: 1 Band 5 Staff Nurse long term, 2 Band 3 Nursing Assistants long term Over for non-registered due to vacancies and increased in bank and agency use due to high number of patients with complex needs on high levels of observation and engagement increase in sickness due to long term absences and several staff positive or isolating due to COVID throughout the month Over for night shift for non-registered staff due to increase in bank and agency usage due clinical acuity levels with patients on higher levels of engagement and observation levels due to complex presentations

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Under Registered day cover due to high clinical acuity levels with an increase in patients on high observation and engagement levels, sometimes difficult to obtain like for like cover
Rads at Gibside	86.07%	194.45%	106.30%	203.69%	Additional B3 required to support activity when 2 B5s not available during the day due to vacancies. Increased care needs of patients requiring 2 x staff at times / increased observations during day and overnight. B3 vacancies.
Roker	125.76%	257.55%	82.99%	442.95%	Vacancies: 1 Band 5 Staff Nurse, 3 Band 3 Nursing Assistant Absence: 1 Band 3 Nursing Assistant long term Increased bank and agency use has been observed due to an increase staff isolation with COVID. In addition staff required to support admissions using enhanced engagement and observation at the point of admission. (Isolation due to COVID). Increased level of acuity and observation levels particularly on a late shift and night duty resulting in increased use of bank staff and agency staff.
Rose Lodge	85.98%	259.66%	171.84%	390.53%	Vacancies: 4 Band 5 Staff Nurse vacancies, 1 Band 6 OT vacancy Absence: 1 Band 5 Staff Nurse maternity leave, 5 Band 3 Nursing Assistants long term absent, 1 Band 3 Nursing Assistant maternity leave, 3 Band 3 Nursing Apprentices Increased bank and agency which reflects clinical acuity of need on the ward and vacancies further impacting use of agency Increased level of need with current patient group which requires enhanced engagement and observation levels. COVID Isolations continue to impact on staff numbers resulting in an increase in Bank and Agency use
Shoredrift - Bede 1	79.53%	550.95%	45.18%	498.50%	Vacancies: 7 Band 5 Staff Nurse vacancies, 1 Band 4 Associate Nurse vacancy, 16 Band 3 Nursing Assistant vacancies Absence: 1 Band 6 Clinical Lead on maternity leave Continued high levels of need that requires an increase in engagement and observations levels, which is reflected in an increase in staffing levels required. Due to leave beds and seclusion beds being used ward is constantly above occupancy. Formula in place to meet acuity with staff intervention & numbers, and to ensure safety on the ward

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Springrise – West Willows	82.72%	437.93%	91.09%	314.29%	Vacancies: 6 Band 5 Staff Nurse, 6 Band 3 Nursing Assistant Absence: 1 Band 3 Nursing Assistant Maternity Leave, 1 Band 3 Nursing Assistant Long Term Continued high levels of need that requires an increase in engagement and observations levels. This is reflected in an increase in staffing levels required. Formula in place to meet acuity with staff intervention and numbers, and to ensure safety on the ward Long term Seclusion (due to out of pathway) that requires additional support with engagement, observation and activity plan
Walkergate Ward 2	81.55%	96.80%	99.61%	157.97%	Additional Band 3 overnight to support acuity levels. Majority of patients highly dependent and 3 requiring 1:1 eyesight observations. Band 5 supported other wards within WGP and protocolled to other wards in the Trust. LTS and STS (qualified and unqualified). Paternity leave. 2 x Band 5 vacancies.
Walkergate Ward 3	74.51%	83.04%	103.10%	106.65%	1 qualified maternity leave. High levels of LTS and STS (qualified and unqualified). Band 6 vacancy.
Walkergate Ward 4	83.20%	90.23%	100.68%	105.49%	1 x Registered nurse and 2 x non-registered nurses on non-clinical duties. 1 x maternity leave as well as LTS and STS. Staff cover from other wards and members of MDT. Qualified and unqualified vacancies.
Ward 31A	73.02%	71.78%	116.46%	139.78%	Ward manager on LTS, reduced staffing due to short term Covid related sickness and vacancies. Where clinically possible staff from Intensive Day Service have been protocolled to ward 31a to provide safe staffing levels. Current vacancies out to advert.

South Locality

Inpatient CBU:
February 2022 staffing figures continue to be impacted by the COVID-19 Omicron variant, the workforce witnessed the quicker transmission of this variant in comparison with the original virus COVID-19 and the Delta variant. There was a slight improvement in sickness figures from 15.2% previous month to 11% in February. The absence varied between wards in February the lowest being Beckfield 5.75% and the highest being Mowbray at 19.61%. Due to the levels of absence, Longview, Rose Lodge and Mowbray operated within business continuity measures during February.

The teams worked closely with IPC, occupational health, staff wellbeing services and workforce to maintain support with colleagues who are absent and facilitate return to work at the soonest opportunity.

All wards continue to support increased acuity of clinical need which requires additional staff resource to implement safe engagement and observation plans. There is pressure on the Adult Acute and PICU pathway, the adult acute pathways (particularly Male) which operated in February at maximum or above patient occupancy. Additional impact on the Male Adult Acute Wards and PICU is out of pathway patients who require increased support. The acuity and maximum occupancy is reflected in percentage of staff used to support the level of need. All wards have accessed additional staffing through bank and agency to support the outlined vacancies, absence and complexity of need. The quantity of shifts filled by bank and agency for each ward during February is summarised in the ward narrative.

Patient activity with COVID-19 increased in February, the wards experienced challenges with the Omicron variant being more transmissible than the previous variants. As a result, wards ex 6 outbreaks were declared during February, this created additional pressure and demand on staffing resources.

Vacancies across South inpatients exist, in particular registered Band 5 and unregistered Band 3 posts. All vacancies are registered on TRAC, once applications are received the process of shortlisting and interview schedules are arranged timely to support the recruitment process.

A review of workforce created an increase in Band 3 Nursing Assistant posts. This resulted in additional vacancies, these are included in the safer staffing narrative. The uplift was applied predominantly to the adult/PICU pathway and the learning disabilities assessment and treatment unit. It is anticipated with investment in substantive posts we will be able to reduce the use of the temporary workforce.

The staffing hub is daily, this is increased to twice on a Friday (AM and PM) to plan and support any weekend pressures. All ward managers attend the hubs with senior staff support and overview. The staffing hub identifies what the staffing levels are on each ward and reviews areas that have gaps to maintain safer staffing. This can involve registered nurses working on other wards to support and maintain safer staffing. Increasingly, despite attempts to level load some wards have operated with only one registered nurse, for part or all of the duty. This is due to the outlined Band 5 vacancies, increase in absence and leave. The Ward Manager role is not rostered to work in the numbers, this would only be by exception.

Trust wide Enhanced Bed Management is now operational 24hrs this has supported the pressures experienced by the Night Shift Coordinator for bed queries. The Night Shift Coordinators now have increased capacity to support the wards with the acuity of need experienced during the night.

Neurological and Specialist CBU:
All wards continue to be impacted with Covid sickness/IPC precautions. Level loading across Walkergate Park and specialist wards facilitated through daily morning huddles. All wards have had periods within the month where they have been operating within business continuity due to absence being above 20%. Numbers maintained through bank, overtime and agency and some weekend shifts also supported by Therapy staff.

Staff absence across the CBU has decreased from 10.88% in January to 8.07% in February, although inpatient sickness levels range from 8.59% (Ward 2) to 15.5% (Ward 1). Ward Managers continue to work closely with PAM, staff wellbeing services and Workforce to ensure support and facilitation of return to work at earliest opportunity.

South Locality Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Inpatient CBU		
Physiotherapists	8	0
Occupational Therapists	HWP- 14 MWM	0 1
Speech and Language Therapy	5	0
Exercise Therapy	8	1
Dietitians – Inpatients	0.9	1.5
Speech and Language Therapists – Inpatients	6.9	1.4
Neuro & Specialist CBU		
Physiotherapists	10.1 Qualified 3.41 Unqualified	1 Band 6 Mat Leave 0.6 Band 6 0.2 Band 3
Occupational Therapists	8.92 Qualified 2.08 Unqualified	1 Band 6 Mat Leave 1 Band 6 0.2 Band 3
Psychologists	6.6	1 Band 8c
Dietitians – Neuro	4.7	0.0
Speech and Language Therapists – Neuro	5.2	1.0

Recruitment & Retention:
Inpatient CBU: Recruitment campaigns are ongoing for the South Locality, with representation on the Trust-wide Values-Based Recruitment meetings. A central recruitment campaign is now in place, an internal/external advert will continue to be advertised for Registered Nurses. This process continues to draw in applicants both internal and external which is supporting some of the vacancies on the wards.

The CBU continues to work with indeed.com as part of the Healthcare support worker programme. The aim of this programme is to minimise vacancies, avoid reliance on temporary workforce and so provide greater continuity of care for patients. A monthly rolling programme with indeed is in place to support recruitment into the Band 2 and Band 3 posts.

Neuro & Specialist CBU: Recruitment continues for Band 5 nursing vacancies with rolling advert.
Band 3 recruitment being explored through Indeed campaign to run in March.
Band 6 Occupational Therapy post recruited to with start date in March

Developments:
Inpatient CBU: The CBU physical health team has been reviewed and additional posts are in place to support physical health across the wards.

Neuro & Specialist CBU: Physiotherapy WGP: Band 6s seconded into Band 7 posts to cover long term sickness and Band 7 Vacancy due to secondment of team member.

Medical Workforce Summary

On a monthly basis the Trust wide Medical Managers Meeting receives a comprehensive report on the Medical Staffing position where this is discussed and debated. A summary of these reports as below provides the Trust position by CBU for February 2022. It is anticipated that the future arrival of a number of international Doctors will help improvements through further reducing the vacancy factor Trust-wide.

Locality	CBU	2021/22 Budget	Monthly Payroll	Add PA's	Agency	Vacancies
SOUTH	Access	6.37	5.77	0.80	0.80	1.00
SOUTH	Community	35.80	30.97	1.10	0.00	-3.73
SOUTH	Inpatient	17.77	19.13	0.90	0.90	3.16
SOUTH	Specialist	24.37	21.91	0.69	1.15	-0.62
SOUTH	**Total**	**84.31**	**77.78**	**3.49**	**2.85**	**-0.19**
CENTRAL	Access	12.38	11.55	0.20	0.08	-0.55
CENTRAL	Community	35.86	31.77	1.55	2.80	0.26
CENTRAL	Inpatient	15.80	14.38	1.47	2.60	2.65
CENTRAL	Secure	12.43	13.56	0.43	0.00	1.56
CENTRAL	**Total**	**76.47**	**71.26**	**3.65**	**5.48**	**3.92**
N.CUMBRIA	Community & Access	16.94	12.79	0.68	2.00	-1.47
N.CUMBRIA	Inpatient	16.61	13.29	0.10	2.00	-1.22
N.CUMBRIA	CYPS	14.86	10.31	0.52	0.60	-3.43
N.CUMBRIA	**Total**	**48.41**	**36.39**	**1.30**	**4.60**	**-6.12**
NORTH	Access	8.56	4.96	0.21	2.25	-1.14
NORTH	Community	32.79	28.32	1.28	2.30	-0.89
NORTH	Inpatient	14.35	19.35	0.68	3.20	8.88
NORTH	LD & Autism	4.60	1.80	0.20	2.20	-0.40
NORTH	**Total**	**60.30**	**54.43**	**2.37**	**9.95**	**6.45**
TRUST	**Total**	**269.49**	**239.86**	**10.81**	**22.88**	**4.06**

Trust-wide Values-Based recruitment and retention

The Recruitment and Retention Taskforce, led by the Chief Nurse, with Executive director specific areas of leadership, is focusing on identified priorities and is supporting measures being taken to improve the staffing position. This work is supported and operationalised by the Trust-wide Values-based recruitment group. This includes Central Recruitment, International Recruitment, recruitment premia / incentives, career progression opportunities and the development of a flexi-pool for students of all professional disciplines. The priorities remain to protect inpatient staffing and to promote inpatient services as an attractive career pathway for Registered Nurses and Doctors.

Conclusion

To provide assurance on Safe Staffing Levels, a daily risk assessment takes place with respect to changing clinical need and levels of acuity, supported by ward team safety huddles. Adjustments have been made as necessary to ensure that patient safety is not compromised and that any risks are escalated appropriately. The Report also highlights the risks associated with ongoing Covid and non-Covid-related absences and the continuing vacancy factor.

Anthony Deery
Deputy Chief Nurse
April 2022

Appendix

February Data. Wards with <90% staffing levels.

North Cumbria Locality				
Ward Name	**Day Reg %**	**Day Unreg %**	**Night Reg %**	**Night Unreg %**
Lennox	71.08%			
Hadrian 2	83.58%		77.96%	
Hadrian Ward	84.29%		89.37%	
Oakwood Ward	65.33%			
Ruskin Unit	76.67%			
Yewdale Ward	72.00%			
Lotus		84.50%		
Riding Unit			58.43%	

North Locality				
Ward Name	**Day Reg %**	**Day Unreg %**	**Night Reg %**	**Night Unreg %**
Alnmouth	89.44%			
Embleton	89.24%			
Newton	89.09%		89.11%	
Woodhorn	62.69%			
Mitford Bungalows	74.99%			
Alnmouth			50.02%	
Hauxley			53.43%	
Mitford			56.78%	
Woodhorn			79.94%	
Bluebell Court				72.04%

Central Locality				
Ward Name	**Day Reg %**	**Day Unreg %**	**Night Reg %**	**Night Unreg %**
Akenside	75.27%			
Bede – Collingwood Court	69.31%			
Castleside	74.49%			
Cuthbert	64.14%			
Fellside	75.78%			
Lamesley	69.79%			
Willow View	63.79%		71.73%	
KDU Cheviot	53.55%			
KDU Hadrian	61.34%			
KDU Lindisfarne	66.11%			
KDU Wansbeck	48.65%			
Tweed Unit	75.34%			
Tyne - LD Hospital Based Rehab	29.38%			
Elm House		89.13%		
Oswin		86.98%		
Tyne MH Low Secure		60.77%		44.18%
Aidan				83.22%

South Locality				
Ward Name	**Day Reg %**	**Day Unreg %**	**Night Reg %**	**Night Unreg %**
Aldervale – Meadow View	71.10%			
Cleadon - Rosewood	82.22%			
Clearbrook – Lower Willows	88.63%			
Longview- East Willows	75.88%			
Mowbray	86.70%			
Rads at Gibside	86.07%			
Rose Lodge	85.98%			
Shoredrift - Bede 1	79.53%		45.18%	
Springrise – West Willows	82.72%			
Walkergate Ward 1	81.42%	73.75%		
Walkergate Ward 2	81.55%			
Walkergate Ward 3	74.51%	83.04%		
Walkergate Ward 4	83.20%			
Ward 31A	73.02%	71.78%		
Brooke House		65.11%		
Roker			82.99%	

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 4 May 2022

Title of report	**Quarterly Workforce Report**
Report author(s)	**Michelle Evans, Deputy Director of Workforce and OD**
Executive Lead (if different from above)	**Lynne Shaw, Executive Director of Workforce and OD**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	x

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	20.04.22
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	11.04.2022
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
CDT – Digital	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to
N/A

Quarterly Workforce Report
Wednesday 4 May 2022

Executive Summary

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017. In September 2021, the Trust Board gave approval to roll-over the current strategy for 12 months until the CNTW2030 strategy is developed and longer term national workforce strategy is in place.

Strategic Aims - Workforce

- We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do
- We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making
- We will lead and support staff to deliver high quality, safe care for all
- We will help staff to keep healthy, maximising wellbeing and prioritising absence management
- We will educate and equip staff with the necessary knowledge and skills to do their job
- We will be a progressive employer of choice with appropriate pay and reward strategies

In addition, the report also includes updates on other changes which may have an impact on the workforce such as legislation changes.

This paper includes updates on:

1. Stonewall Workplace Equality Index
2. LGBT+ History Month
3. Staff Survey
4. Quarterly People Pulse Survey
5. Health and Wellbeing
6. Financial Wellbeing
7. Better Health at Work Award
8. Digital Learning Service
9. Promoting CNTW as an Employer of Choice

In Other News:

- Mandated Covid 19 Vaccine
- Changes to NHS Pension Contribution Rates

The Board of Directors is asked to note the content of this report.

Strategic Aim 1

1. Stonewall Workplace Equality Index

The Trust submitted to the Stonewall Index at the start of October 2021. Participating employers were required to demonstrate their work in eight areas of employment policy and practice. Staff across the Trust were also invited to complete an anonymous survey about their experiences of diversity and inclusion at work. The Trust received its index score and feedback during LGBT+ history month in February 2022. The Trust now stands at 242 in the ranking, up 115 places from 357 when the index was last refreshed in 2020. In addition, the Trust received a Silver Award from Stonewall.

2. LGBT+ History Month

LGBT+ history month took place during February 2022. The LGBT+ Staff Network published information and suggestions for activities during the month that helped raise awareness of LGBT+ issues. The month-long series of events culminated on 25 February 2022 with a conference which focused on a wide range of LGBT+ issues and in addition looked at intersectionality with other protected characteristics. The conference included presentations from Lord Michael Cashman CBE and Professor Stephen Whittle OBE.

During the month the Trust issued a position statement on conversion therapy:

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust believes that sexual orientation and gender identity is not a ‘disorder’ or mental health ‘problem’ that requires change and treatment.

We will:

- Stand in solidarity with the LGBTQ+ community and support the ban on conversion therapy in the UK
- Respect the identities of those people with diverse gender and sexuality expressions
- Ensure that CNTW is a safe place for those people with diverse gender and sexuality expressions to work and receive services
- Acknowledge that all LGBTQ+ questioning individuals should be able to access therapeutic support to make sense of their emotions and identity, but also be determined that anyone accessing therapy should do so without threat or fear of being told they should change a fundamental part of themselves
- Raise awareness and provide education about the harm caused by “conversion therapy”.

Strategic Aim 2

3. Staff Survey

The results from the NHS Staff Survey were published at the end of March 2022. A change in reporting has taken place this year with the survey aligned to the People Promise. Scores relating to the seven elements of the People Promise have replaced the old theme scores (with the exception of staff engagement and morale). The survey took place during an eight-week period in Autumn 2021. Overall, 7020 members of staff were eligible to take part in the survey and 3175 staff completed the survey, giving an overall response rate of 45%. The Trust responses were above average for each of the themes.

The Trust Board will receive the results of the staff survey in the May meeting.

4. Quarterly Pulse Staff Survey

The second Quarterly Pulse Staff Survey (QSS) took place in January 2022 following a mandated requirement from NHS England and NHS Improvement to replace the Staff Friends and Family Test (FFT). Completion was via an online link which was circulated in the Trust Bulletin, Thrive Website and Trust social media pages. The response rate to the QSS was low and much lower that the response rate of the first QSS in July 2021. The reduction is believed to be due to the Trust operating in OPEL level 3 and a peak in staff absence due to the Omicron variant during the same period. Whilst acknowledging the low response rate, there is a theme running through the survey of staff feeling that workloads are too high, that staff feel overworked and exhausted. This has already been highlighted though some of our retention work. A separate report with the full results of the QSS has been submitted to the People Committee. The next QSS will run from 1-30 April 2022.

Strategic Aim 4

5. Health and Wellbeing

Initiatives to support the health and wellbeing of staff are continuing across the Trust. During March and April 2022, staff health checks have again taken place on all of our Trust sites following positive uptake and feedback from previous sessions. The uptake has been high and initial feedback is extremely favourable with staff citing them as being beneficial to supporting their health and wellbeing. Plans are in place to schedule these checks on a regular basis.

Further initiatives continue to expand based around the elements of the Trust health and wellbeing approach (Star) with newly developed sessions focussing on emotional wellbeing, physical and social wellbeing launching soon. Some of these activities are via an external provider and include earth walks and wild craft activities, the principle being similar to guided visualisation, in an external setting and in person.

The monthly menopause café also continues to take place virtually with sessions supported by Menohealth to provide support and information to attendees.

6. Financial Wellbeing

In response to staff feedback and acknowledging the financial challenges many of our staff potentially face due to the current economic climate, work is taking place to scope options to support staff with their financial wellbeing. As well as the initiatives already in place which include salary sacrifice schemes, Barclays financial education webinars, mid-career and pre-retirement workshops, the Trust is considering options to work alongside a payroll partner to offer staff ethical loans and saving schemes.

7. Better Health at Work Award

On an annual basis the Trust submits evidence to the Better Health at Work Award which recognises the efforts of employers in the North East and North Cumbria in addressing health issues within the workplace. Following the Trust's submission in November 2021, confirmation has been received that the Trust has again been awarded the Maintaining Excellence Award which has been held by the Trust for a number of years. Work is already underway to prepare for the 2022 submission.

Strategic Aim 5

8. Digital Learning Service

The Academy recently launched its Digital Learning Service. Three events were delivered in January and February 2022, generating a high-level of interest across the Trust. These were well received. The digital learning team are utilising all aspects of digital learning content with many teams including, among many things, creating content for digital books and developing digital questionnaires and polls.

Strategic Aim 6

9. Promoting CNTW as an Employer of Choice

The Academy is doing joint work with Education Partnership Northeast (comprised of Sunderland, Northumberland, and Hartlepool colleges) to promote CNTW as an employer of choice. The Trust is exploring the ways in which we can be an employer partner and signpost the students into job opportunities within CNTW, including apprenticeship opportunities such as the Registered Nurse Degree Apprenticeship. By guaranteeing an interview to students who meet the right criteria we will actively encourage students into mental health support worker roles and apprenticeships. During March 2022, the Trust took part in four information sessions with level 2 and level 3 health students and will offer further opportunities later in the year.

In other news:

Mandatory Covid 19 Vaccinations

The Government has announced a withdrawal of the legislation for Mandatory Covid-19 vaccines as a condition of employment. The Trust will continue to encourage staff to be fully vaccinated as well as promoting it throughout recruitment activity.

Changes to pension contribution rates

The Department of Health and Social Care (DHSC) has published its response to the consultation on changing member contributions. Following feedback on the timing of implementation it has been agreed to delay implementation to 1 October 2022.

The following will apply:

- Members' contribution rates will be based on the members' actual pensionable pay, using their earnings from the previous year. Many part time employees will pay a lower contribution rate as a result of this change
- The number of contribution tiers in the new structure has been reduced from seven to six, with the top rate for the highest earners also reducing from 14.5% to 12.5%. This will reduce the steepness of the tiering creating a flatter structure which is considered to be appropriate in a CARE scheme, where all members get proportional benefits
- Increased boundaries each year in line with the AFC pay award. This will reduce the likelihood of a member moving to a higher contribution tier as a direct result of a national pay award, which has previously led to a net-reduction in the individuals take home pay.

Michelle Evans
Deputy Director of Workforce and OD

Lynne Shaw
Executive Director of Workforce and OD

7 April 2022

NHS Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 4 May 2022

Title of report	**Raising Concerns and Whistleblowing Report**
Report author(s)	**Michelle Evans - Deputy Director of Workforce and OD**
Executive Lead (if different from above)	**Lynne Shaw - Executive Director of Workforce and OD**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	x

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	20.4.22
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	11.04.2022
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
CDT – Digital	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Raising Concerns and Whistleblowing Report
Board of Directors
Wednesday 4 May 2022

1. Executive Summary

The purpose of this paper is to provide a summary of whistleblowing cases/concerns raised over the period from 1 October 2021 to 31 March 2022.

The paper aims to give an overview of cases reported centrally to the Workforce Team in line with the Trust's Raising Concerns Policy. Concerns raised with the Freedom to Speak Up Guardian (FTSUG) are also included. Additional concerns are raised and dealt with informally at a local level by operational managers and these concerns are not logged centrally.

In Sir Robert Francis' Freedom to Speak Up review it stated that not all concerns raised become subject to formal investigation under Raising Concerns or Grievance Policies. This is an approach welcomed and adopted by the Trust.

During the period identified 31 issues have been raised either centrally or with the FTSUG. This is a decrease of 1 compared to the previous period. Out of the 31 concerns raised four have been categorised as 'whistleblowing'.

There has been a reduction in the number of concerns linked to policies and procedures but an increase in safety concerns.

2. Risks and mitigations associated with the report

The Trust ensures all concerns raised are reviewed robustly and where required undertakes formal investigations.

3. Summary

The Trust has had for a number of years a clear, defined process for recording cases that fall under the scope of a policy such as whistleblowing (raising concerns), disciplinary or grievance, however, there are a number of concerns raised which do not meet the Disclosure Act's definition of whistleblowing. In these instances, the Trust has developed a separate recording category called "raising concerns" for reporting purposes.

The concerns raised have emerged from different routes both internally and externally. It is anticipated that a greater number of concerns will continue to have been raised over the same period of time and have been dealt with locally at ward/department level. In addition, concerns which have been raised through the disciplinary and grievance procedures are also not included within this report. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends.

The main themes from raising concerns during this period are relatively evenly spread across the three categories of values and attitudes, policies and procedures and bullying and harassment. There has also been an increase in safety concerns.

A theme of staffing levels and morale and motivation of staff has arisen during this reporting period. This may be impacted by the significant staff absences due to the Omicron variant. It has also been noted that after having two years of the pandemic and multiple waves staff are finding the situation more difficult. In order to support staff during periods of Covid, surge daily sitreps have taken place to review staffing levels and redeploy staff as appropriate. Recruitment is ongoing to fill vacancies and the Trust has taken advantage of the streamlined NHS recruitment standards. Wellbeing and health

activities have been increased and communicated to staff. Directors and Managers have also been undertaking increased site visits to talk to staff.

In the last report it was highlighted that the Trust had launched the 'Give Respect, Get Respect' programme of work. The respectful resolution approach has been rolled out with a number of people trained in its application. The FTSUG has been promoting this approach and has utilised it effectively in resolving issues.

There are 16 cases which remain open for the period, of which 14 are being overseen by the FTSUG. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. There are also two cases which remain open centrally whilst investigations are ongoing.

Training has been ongoing for new Freedom to Speak up Champions and the network has been developed further across the organisation. The Freedom to Speak up pages have also been updated for the soon to be launched intranet.

The Raising Concerns Policy had been reviewed to include "Freedom to Speak Up" in general (which also emphasises the sharing of improvement ideas), to make the policy easier to understand for staff and to better signpost people to existing processes in the Trust. This was ready to go out to Trust consultation, however, the National Guardian's Office is developing new guidance and has requested for Trusts not to update their policies until this is published. This new guidance will be published in the spring and as requested the Trust will delay its consultation to incorporate the new guidance.

The Trust is also in the process of reviewing its fair blame paragraph which is currently in all Trust polices. This paragraph will be reworded in most policies with the exception of the incidents policy to encourage people to raise concerns freely.

The number of cases raised remains to be of an average number for a Trust of this size. The FTSUG has been allocated two days per week to dedicate to working on FTSU activity including supporting staff and raising the profile of the role. There are ongoing regular meetings with the FTSUG and the Executive Director of Workforce and Organisational Development to discuss themes and agree actions to resolve.

Michelle Evans
Deputy Director Workforce & OD

Lynne Shaw
Executive Director Workforce & OD

April 2022

Summary of Cases Logged Centrally and with FTSUG 1 October 2021 - 31 March 2022

Type of Case	Concern	Whistleblowing
Values and Attitude	7	0
Policies and procedures	7	0
Safety	7	4
Bullying and Harassment	6	0
TOTAL	27	4

Concerns Logged Centrally 1 October 2021 - 31 March 2022

Status	Date Received	Incident Summary	Concern/ Whistleblowing	Locality	Outcome
Closed	15/10/21	Values and attitudes - manager	Concern	Central - Community	Investigated - no case to answer
Closed	12/11/21	Values & attitudes - staff	Concern	North - Learning Disabilities	Investigated - no case to answer
Closed	25/11/21	Safety - staffing levels, environment	Whistleblowing	North Cumbria - Specialist CYPS	Actions being implemented by group – overseen by Group Directors
Closed	02/12/21	Safety - patient care, staffing levels, morale	Whistleblowing	South - Inpatients	Reviewed in group and concerns addressed
Closed	03/12/21	Safety - patient care - anonymous	Whistleblowing	Information not provided	Unable to investigate due to lack of information
Open	05/12/21	Safety - patient care - anonymous	Concern	Central Locality - Secure	Investigation ongoing
Closed	08/01/22	Safety - staffing levels	Whistleblowing	North Cumbria - Specialist CYPS	Actions being implemented by group – overseen by Group Directors
Open	22/01/22	Values and attitudes - staff	Concern	North - Learning Disabilities	Fact find ongoing in group

Cases Logged with FTSUG 1 October 2021 - 31 March 2022

Status	Date Received	Incident Summary	Locality	Outcome
Closed	22/10/21	Safety - patient care plan	CYPS - North Cumbria	Resolved through discussion in group
Open	15/11/21	Values and attitude - manager	Withheld by FTSUG	Investigation ongoing by Group Director
Open	22/11/21	Bullying and harassment - manager	Corporate Services	Awaiting outcome of investigation
Closed	23/11/21	Policy and procedure - investigation process	Community - Central	Supported staff member with input into investigation process

Open	02/12/21	Policy and procedure - raising concerns	Community - Central	Provided reassurance for staff member to speak honestly with Executive Directors during service visit
Closed	02/12/21	Bullying and harassment - patients family to staff	Inpatient - Central	Support proved by both Associate Director and FTSUG
Open	03/12/21	Bullying and harassment - manager	Access and Community - North Cumbria	Investigation ongoing - awaiting outcome
Closed	13/12/21	Safety - patient care plan	Inpatient - North	Discussed with group and already resolved in group
Closed	20/12/21	Values and attitudes - management	Inpatient - South	Resolved utilising the respectful resolution process
Closed	12/01/22	Bullying and harassment - manager	Inpatient - South	Resolved in group
Closed	18/01/22	Policy and procedure - mandatory vaccine	Corporate Services	Resolved by change in Government policy
Open	24/01/22	Policy and procedure - disciplinary process BAME staff	Inpatient - South	Investigation ongoing as well as cultural review on the ward
Open	03/02/22	Safety - violence and aggression against staff	Inpatient - South	Group are addressing issues
Open	22/02/22	Values and attitudes - colleagues - disability related	CYPS – North Cumbria	Group investigating concerns and providing support
Closed	23/02/22	Bullying and harassment - Manager	Withheld by FTSUG	Unable to progress further as no specific details can be ascertained
Open	08/03/22	Values and attitudes - social media posts	Inpatient South	Group investigating concerns
Open	09/03/22	Safety - staffing levels medical staff	Inpatient North	Referred to line manager
Open	09/03/22	Safety - staffing levels - nursing staff	Community Central	Group looking into issues
Closed	09/03/22	Policy and procedure - difficulty accessing systems	Inpatient North	Resolved through Associate Director
Open	15/03/22	Policy and procedure - management of meetings and rotas	Corporate Services	Raised with Service Manager
Open	16/03/22	Bullying and harassment - colleague	Corporate Services	Suggested utilising respectful resolution route to resolve - awaiting outcome
Open	29/03/22	Policy and procedures - exclusion from decision making	Access and Community – North Cumbria	Encouraged to email manager with concerns with support from FTSUG - awaiting response
Open	31/03/22	Safety - staffing levels and workflow in team	Access and Community – North Cumbria	Being investigated by Group Director

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 4 May 2022

Title of report	**Equality and Diversity Annual Report 2021-22**
Report author(s)	**Christopher Rowlands – Equality, Diversity and Inclusion Lead**
Executive Lead (if different from above)	**Lynne Shaw – Executive Director of Workforce and OD**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	✓

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	20/4/22
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	11/4/22
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
CDT – Digital	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability	✓	Reputational	
Workforce	✓	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Equality and Diversity Annual Report 2021-22
Board of Directors Meeting
Wednesday 4 May 2022

1. Executive Summary

The report highlights the work undertaken by the Trust during the third year of the Equality, Diversity and Inclusion Strategy. The report summarises the work undertaken around the following areas:

- Give Respect Get Respect
- Staff Network activities
- Workforce Race and Disability Equality Standards
- Stonewall Diversity Champions
- Data relating to EDI to meet statutory reporting requirements.

High level objectives are also included for 2022-23 with the proposed priority areas identified as:

- Making recruitment/progression more inclusive to ensure that the Trust workforce is representative of the population which it serves

    - This builds on the work already undertaken but includes further focus on improving representation of people from ethnic minority backgrounds at Agenda for Change Band 8a and above

- Implement initiatives to reduce discrimination faced by our staff and service users

- Deliver initiatives to improve staff awareness of disability issues and disability equality.

2. Risks and mitigations associated with the report

There are no specific risks associated with this report.

3. Recommendation/summary

The Board of Directors is asked to approve for publication the content of this report, so that we meet our statutory obligations under the Public Sector Equality Duties of the Equality Act 2010.

Chris Rowlands
Equality and Diversity Lead

Lynne Shaw
Executive Director of Workforce & OD

April 2022

Purpose

The general equality duty requires organisations to consider how they could positively contribute to the advancement of equality and good relations within their workforce and the communities which they serve. Compliance with the duty is a legal obligation and one of the ways in which we are required to demonstrate this is through the publication of an annual report that details our progress towards meeting equality, diversity and inclusion objectives.

The appended report covers the actions that have taken place during the period from April 2021 through to the end of March 2022 and has been presented to Executive Directors and the People Committee. The Board is asked to approve the report for publication, so that we meet our statutory requirements under the Public Sector Equality Duty of the Equality Act 2010. The key points are summarised below.

Equality and Diversity Strategy

In previous annual reports we have stated that many of the actions that we had undertaken to date were 'must do' actions to fulfil statutory requirements. For this year we have delivered on actions that were identified to develop equality, diversity and inclusion initiatives beyond those requirements. The actions of the year were once again set against operating services in a pandemic situation. This, it must be noted, has dictated some of the scope of our actions in the past year. We had hoped to develop action plans within our localities, again using EDS2. This, due to the pandemic pressures, has not developed at the pace we had planned and is something that will be of focus as we develop our new Equality Diversity and Inclusion Strategy, due Quarter 3 2022-23.

Give Respect Get Respect

Give Respect Get Respect was launched in July 2021 and underpins our Trust values. As we launched our Give Respect Get Respect programme, we made all staff aware where they can go to get help if they experience or witness discrimination. The programme was designed to build in content, materials and momentum over time with the ability to respond to topical issues. One of the issues we have focused upon in the past year is race. Roger Kline, a Research Fellow from Middlesex University has worked with us during the year on our equality, diversity and inclusion priorities. Roger facilitated some roundtable events in November to hear from staff about their experiences working in the Trust. Roger continues to work with us, using the themes from those discussions to support us to move forward on this important priority.

Staff Networks

These have grown during this reporting period. Running virtually has improved attendance and has allowed for the flexibility to hold meetings more frequently and at different times. All of the networks have developed action plans and have been supported by budgets for activities, release time for network chairs and administrative support. Network chairs met regularly with the Equality and Diversity

Lead to talk about cross cutting issues and there have been two development days with the networks and their Executive Sponsors. In addition the network chairs met with staff side to explore opportunities to collaborate effectively. We have a central fund for equality and diversity which the networks can submit bids to for initiatives that will support key work that will help address Trust-wide actions, funding that is in addition to the network budgets. Key network events included conferences to celebrate Black, Disability and LGBT History Months.

Stonewall Diversity Champions

As part of our work with Stonewall we took part in the Workplace Equality Index for the second time. Participating employers were required to demonstrate their work in eight areas of employment policy and practice. Staff from across the Trust were also invited to complete an anonymous survey about their experiences of diversity and inclusion at work. The Trust received its Index score and feedback during LGBT+ History Month in February. The Trust now stands at 242nd in the ranking, up 115 places from 357 when the index was last refreshed in 2020. In addition, the Trust received a silver award to mark its improvement from Stonewall.

Workforce Race and Disability Equality Standards

The findings from these have previously been discussed and their associated actions approved by the Board. Work to address these findings is taking place as part of the Give Respect Get Respect campaign and the inclusive recruitment work. In addition we have planned for 2022-2023 the roll out of the Respectful Resolution work. We will be collecting our latest findings for the standards during the summer and will be reporting to Board as part of the submission process.

The full report can be accessed via the following link

Christopher Rowlands

April 2022

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Report to the Board of Directors
Wednesday 4 May 2022

Title of report	**Staff Survey 2021**
Report author(s)	**Christopher Rowlands**
Executive Lead (if different from above)	**Lynne Shaw**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	✓

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	20.4.22
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	4.4.22
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
CDT – Digital	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability	✓	Reputational	
Workforce	✓	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Staff Survey 2021

Board of Directors
Wednesday 4 May 2022

1. Executive Summary

Reporting for the 2021 NHS Staff Survey is aligned to the People Promise. In this report, scores relating to the seven elements of the People Promise replace the old theme scores (with the exception of Staff Engagement and Morale which were reported on prior to 2021).

The seven People Promise elements are:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Underlying these element/theme scores are 21 sub-scores and the results of these are analysed in this report. The Trust performs above average for each of the themes, but for most of these themes our results are closer to the benchmark average, rather than the best score in the benchmark. The following scores however were the highest in the benchmark group.

- 'I would feel secure in raising concerns about unsafe clinical practice'
- 'There are opportunities for me to develop my career in this organisation'

The Board of Directors will receive a presentation of the staff survey responses at the May meeting.

2. Risks and mitigations associated with the report

The Trust's response rate for the Staff Survey this year was 45%, this was below the benchmark group's median value of 52%. It is recommended that actions are developed to improve the response rate for the 2022 survey.

There is no comparable data for the People Promise elements of the survey, however, significance testing was possible to compare 2021 scores to 2020 scores for the themes of Staff Engagement and Morale. In both cases our results were found to be significantly lower in 2021 compared to those for 2020. The score for 'There are enough staff at this organisation for me to do my job properly' has dropped 10.8% points since 2020 and is marginally below the benchmark average for this question. Actions are recommended in section 3 to address these significant changes.

3. Recommendation/summary

The Board of Directors is asked to note the results of the 2021 staff survey and support the following suggested actions:

- Work to address the response rate, with a detailed action plan to be developed to improve the response rate for the 2022 survey
- A 'Big Conversation' takes place which will present the results and look to explore how we can improve our results on staff engagement and morale and other areas highlighted in this report where there have been large changes in results between 2020 and 2021 and also where results are lower than the benchmark average
- A similar conversation takes place across the localities and corporate services to help develop local actions
- Conversations need also to consider the impact of the differing experiences of working practices as part of our response to Covid-19
- Analysis of results by protected characteristics to be presented at the Trust wide Equality, Diversity and Inclusion Steering Group and Staff Networks to be involved in the development of any actions that may be necessary to address disparities found between protected characteristics and the results for all staff
- Workforce Race Equality and Workforce Disability Equality Standard questions to be considered as part of our WRES and WDES submissions – to be presented to the People Committee in July.

Christopher Rowlands
Equality, Diversity and Inclusion Lead

Lynne Shaw
Executive Director Workforce and Organisational Development

March 2022

Staff Survey 2021

Introduction

From this year the questions in the NHS Staff Survey are aligned to the People Promise. In this report, scores relating to the seven elements of the People Promise replace the old theme scores (with the exception of Staff Engagement and Morale).

The seven People Promise elements are:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The two themes, which were also reported prior to 2021, are:

- Staff engagement
- Morale

Underlying these element/theme scores are 21 sub-scores, as follows, each calculated based on the responses to a subset of the questions mapped to the element/theme:

People Promise element/ Theme	**Sub-scores**
We are compassionate and inclusive	Compassionate culture, Compassionate leadership, Diversity and equality, Inclusion
We are recognised and rewarded	[No sub-scores]
We each have a voice that counts	Autonomy and control, Raising concerns
We are safe and healthy	Health and safety climate, Burnout, Negative experiences
We are always learning	Development, Appraisals
We work flexibly	Support for work-life balance, Flexible working
We are a team	Team working, Line management
Staff engagement (theme)	Motivation, Involvement, Advocacy
Morale (theme)	Thinking about leaving, Work pressures, Stressors

All People Promise elements, themes and associated sub-scores are scored on a 0-10 scale, where 10 is the most positive result possible.

Survey Methodology and Response Rate

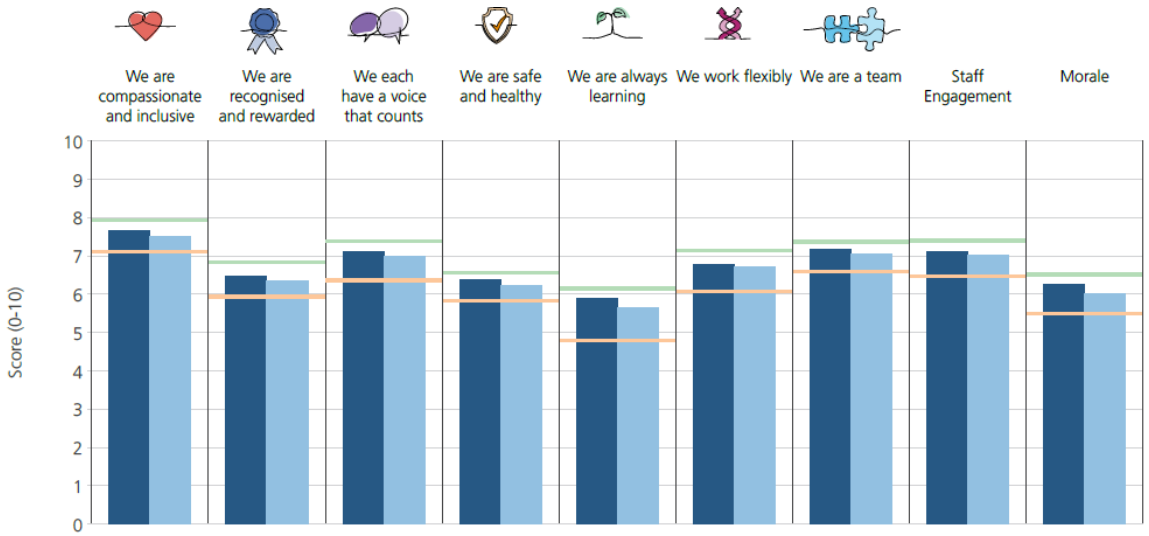
The survey opened on 30th September and closed on 26th November, an eight-week period for completion. 7020 members of staff were eligible to take part in the survey, 3175 staff completed the survey giving an overall response rate of 45%.

For 2021, we went back to a mixed delivery mode, with ward-based locality staff having the option to complete a paper copy of the survey. Of the 3175 responses received 82% were electronic and 18% were paper.

The 2021 response rate is down 5 percentage points on our response rate of 50% in 2020. The 2021 median response rate for Mental Health and Learning Disability Trusts was 52%. This is the first time in five years that we have had a below average response rate, however we have seen a drop in response rate year on year since 2018 when our response rate was 66.5% - the highest response rate in our comparator group.

Overview of Scores

The bar charts below summarise our performance against the benchmark group across the 7 themes of The People Promise and the two themes, Staff Engagement and Morale which have been carried over from the previous reporting structure. The dark blue bar shows our performance in each theme, the light blue bar the benchmark average, the green lines the best performance in the benchmark group for each theme and the light orange line the worst scores in the benchmark group for each theme.

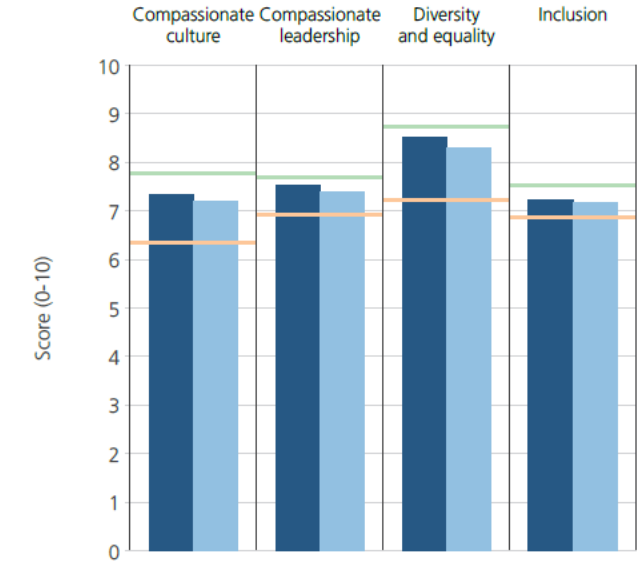


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.7	6.5	7.1	6.4	5.9	6.8	7.2	7.1	6.3
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	3,172	3,168	3,143	3,158	3,010	3,150	3,167	3,170	3,171

The Trust performed above average for each of the themes, but only just so. All scores are between 0.1 and 0.3 points better than average, with best performances compared to average for ‘we are always learning’ and ‘morale’. Looking for areas for improvement and comparing our performance to the best in theme shows that three themes, ‘we each have a voice that counts’, ‘we work flexibly’, and ‘staff engagement’ require a 0.3 point improvement to match best, the remaining themes require a 0.2 point improvement.

If we compare our results to the worst in the benchmark group, we find our scores range between 0.6 and 1.1 points better than the lowest in each benchmark group. The themes with a score of 0.6 above worst mark in the group are: ‘we are compassionate and inclusive’, ‘we are recognised and rewarded’, ‘we are safe and healthy’, ‘we are a team’ and ‘staff engagement’.

We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Best	7.8	7.7	8.7	7.5
Your org	7.3	7.5	8.5	7.2
Average	7.2	7.4	8.3	7.2
Worst	6.3	6.9	7.2	6.9
Responses	3,167	3,170	3,168	3,159

The Trust is marginally above average for the first three sub-scores and scores the average mark for inclusion. Analysis of the individual questions in the sub-scores reveals the following

Compassionate Culture

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
6a. I feel that my role makes a difference to patients / service users.	NA	86.1	87.5	90.2
21a. Care of patients / service users is my organisation's top priority.	84.1	81.5	78.5	87.5
21b. My organisation acts on concerns raised by patients / service users.	84.4	81.2	77.0	86.5
21c. I would recommend my organisation as a place to work.	70.3	64.0	63.2	73.5

21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	73.2	67.0	64.9	82.4

- A below average score for 'I feel that my role makes a difference to patients / service users'
- Deterioration in the scores of all other questions which have comparable 2020 data. Notable drops for 'I would recommend my organisation as a place to work' (6.3% points) and 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' (6.2% point). Historically we have always scored well on the 'friends and family' questions, which makes these deteriorations worthy of further exploration.

Compassionate Leadership

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
9f. My immediate manager works together with me to come to an understanding of problems.	NA	76.3	75.1	79.6
9g. My immediate manager is interested in listening to me when I describe challenges I face	NA	79.2	76.9	82.2
9h. My immediate manager cares about my concerns.	NA	78.4	76.4	80.9
9i. My immediate manager takes effective action to help me with any problems I face.	NA	74.7	72.3	77.5

- All of these questions were new, so no comparable data from 2020
- The range of between average and best scores is between 4 to 5% points
- My immediate manager cares about my concerns scores closer to the benchmark best that the other measures.

Diversity and Equality

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
15. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	65.5	66.1	58.6	69.7
16a. In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	5.3	6.1	7.4	3.3
16b. In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	5.5	5.7	7.6	4.1
18. I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	NA	75.0	72.2	82.9

- Trust is 7.5% points above average for 'Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?'
- More discrimination has been experienced from both patients/service users, their relatives or other members of the public and from a manager/team leader of other colleagues. Both of these scores are below the benchmark

average, but the increase – particularly from patients/service users is a suggested area for further work.

Inclusion

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
7h. I feel valued by my team.	NA	75.1	74.2	79.1
7i. I feel a strong personal attachment to my team.	NA	66.3	66.4	71.6
8b. The people I work with are understanding and kind to one another.	NA	78.2	76.9	83.5
8c. The people I work with are polite and treat each other with respect.	NA	78.8	78.8	84.2

- The questions that make up the inclusion sub-score were new for 2021 so there is no Trust data for comparison
- The Trust's score for 'I feel valued by my team' was marginally above the benchmark average, whereas 'I feel a strong personal attachment to my team' was marginally below the benchmark average
- The score for 8c 'The people I work with are polite …' was at the benchmark average and the score of 'The people I work with are understanding …' was above the benchmark average
- There is a considerable gap between the Trust scores and that of the benchmark best, the smallest gap to close requires an improvement of 4% points.

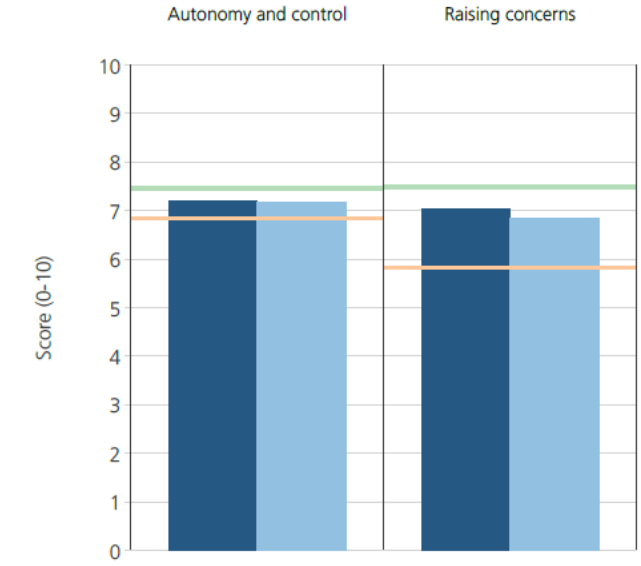
We are recognised and rewarded

We are recognised and rewarded contains no sub-scores, but the scores for the questions that contribute to this theme are

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
4a. The recognition I get for good work.	67.3	62.5	61.0	71.2
4b. The extent to which my organisation values my work.	54.5	49.8	49.1	60.1
4c. My level of pay.	45.4	42.2	37.0	49.0
8d. The people I work with show appreciation to one another.	NA	75.5	74.3	81.4
9e. My immediate manager values my work.	80.7	79.0	78.2	82.9

- The Trust scores for the questions that make up the theme 'We are recognised and rewarded' are marginally above average
- Where comparable data is available Trust scores on all of these questions have fallen since 2020 survey.

We each have a voice that counts



	Autonomy and control	Raising concerns
Best	7.5	7.5
Your org	7.2	7.0
Average	7.2	6.8
Worst	6.8	5.8
Responses	3,164	3,154

- Performance is above the benchmark average for 'We each have a voice that counts', particularly for the raising concerns sub-scores as discussed below.

Autonomy and Control

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
3a.I always know what my work responsibilities are.	84.1	84.9	84.6	87.6
3b. I am trusted to do my job	90.2	91.2	91.2	93.5
3c. There are frequent opportunities for me to show initiative in my role.	77.5	77.6	76.4	80.4
3d. I am able to make suggestions to improve the work of my team / department.	80.4	77.1	76.7	82.1
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	58.5	55.8	54.4	61.4
3f. I am able to make improvements happen in my area of work.	63.3	60.9	58.8	68.4
5b. I have a choice in deciding how to do my work.	65.1	63.0	63.6	70.9

- Marginally above average scores for all questions apart from 'I am trusted to do my job', which scores the benchmark average and 'I have a choice in deciding how to do my work', which scores marginally less than the benchmark average.

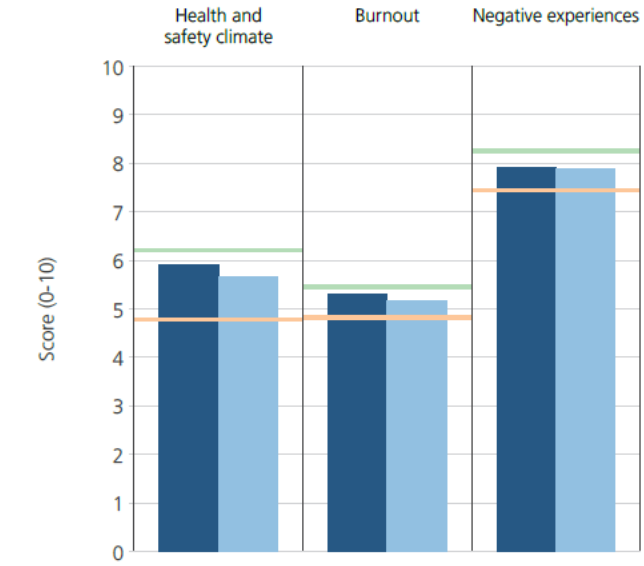
Raising Concerns

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
17a. I would feel secure raising concerns about unsafe clinical practice.	81.7	86.1	79.6	86.1

17b. I am confident that my organisation would address my concern.	69.5	69.0	64.2	79.4
21e. I feel safe to speak up about anything that concerns me in this organisation.	71.4	68.9	66.8	78.7
21f. If I spoke up about something that concerned me I am confident my organisation would address my concern.	NA	61.0	55.1	71.3

- Best score for 'I would feel secure in raising concerns about unsafe clinical practice'
- Questions in this sub-score are all typically comfortably above the bench average, apart from 'I feel safe to speak up about anything that concerns me ..', whilst above average is less than 2% points above average. Looking at the data from the previous year, it is a score that has also reduced between 2020 and 2021
- A marginal reduction between 2020 – 2021 for the question 'I am confident that my organisation would address my concern', is worth noting to ensure that we remain vigilant on maintaining good practice and performance.

We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Best	6.2	5.5	8.3
Your org	5.9	5.3	7.9
Average	5.6	5.2	7.9
Worst	4.8	4.8	7.5
Responses	3,170	3,169	3,165

- 'We are safe and healthy scores are above the benchmark average, particularly for the 'burnout' sub-scores analysed below.

Health and safety climate

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
3g. I am able to meet all the conflicting demands on my time at work.	51.3	47.7	44.9	52.5
3h. I have adequate materials, supplies and equipment to do my work.	71.0	69.6	64.0	74.9

3i. There are enough staff at this organisation for me to do my job properly	41.0	30.2	30.5	38.6
5a. I have unrealistic time pressures.	30.9	30.6	26.2	33.7
11a.My organisation takes positive action on health and well-being?	NA	67.5	63.5	75.3
13d. The last time you experienced physical violence at work, did you or a colleague report it?	95.6	96.1	89.6	96.7
14d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	69.1	66.0	60.7	67.4

- All scores are above the benchmark average except 3i ‘there are enough staff at this organisation’. Notably this has dropped 10.8% points between 2020 to 2021
- Reporting of harassment, bullying or abuse at work has decreased between 2020 and 2021– though it should be noted that the answers for 13d and 14d are close to the benchmark best scores.

Burnout

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
12a. How often, if at all, do you find your work emotionally exhausting?	NA	35.3	35.8	31.4
12b. How often, if at all, do you feel burnt out because of your work?	NA	26.5	27.7	22.1
12c. How often, if at all, does your work frustrate you?	NA	31.5	33.4	26.0
12d. How often, if at all, are you exhausted at the thought of another day/shift at work?	NA	23.0	23.8	18.7
12e. How often, if at all, do you feel worn out at the end of your working day/shift?	NA	37.7	39.7	31.5
12f. How often, if at all, do you feel that every working hour is tiring for you?	NA	14.6	15.6	11.4
12g. How often, if at all, do you not have enough energy for family and friends during leisure time?	NA	25.7	27.5	23.8

- New set of questions for 2021, so no trend data
- All questions in the burnout sub-score are better than benchmark average
- Questions 12a and 12d are closest to the benchmark average and it would be useful to explore what can be done to improve upon these scores.

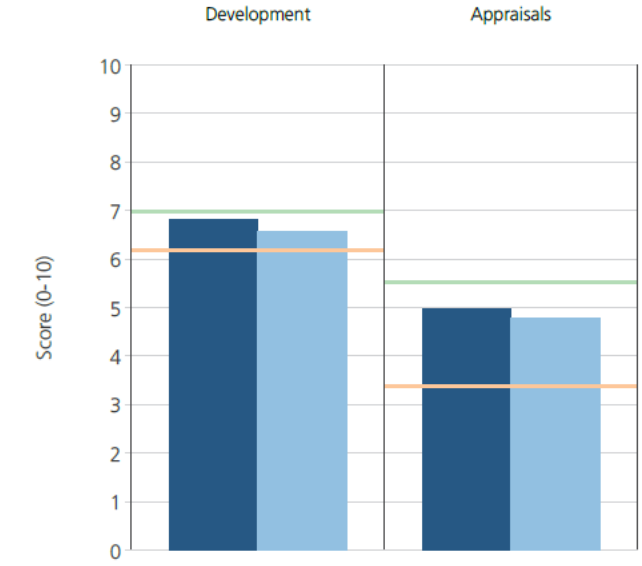
Negative experiences

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
11b. In the last 12 months have you experienced musculoskeletal (MSK) problems as a result of work activities	24.2	23.4	26.6	22.3
11c.During the last 12 months have you felt unwell as a result of work- related stress?	39.5	40.9	43.5	37.6
11d.In the last three months have you ever come to work despite not feeling well enough to perform your duties?	43.4	53.1	52.6	45.3
13a. In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?	19.1	20.9	14.3	5.2

13b. In the last 12 months how many times have you personally experienced physical violence at work from managers?	0.1	0.3	0.4	0.1
13c. In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	0.8	0.6	1.0	0.0
14a. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	28.1	28.4	27.2	15.4
14b. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?	8.0	7.0	8.9	5.8
14c. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	11.6	12.2	14.6	10.3

- For questions 11c, 11d, 13a, 13b,14a, 14b and 14c, whilst all better than their benchmark average, the performance for the Trust has deteriorated between the 2020 and 2021 staff surveys. This is most apparent in the score for 11d 'In the last three months have you ever come to work despite not feeling well enough to perform your duties', where there was a 9.7% point increase on staff saying they did so, compared with the 2020 result
- Compared with 2020, questions 11b, 13c and 14b have improved
- Whilst harassment, bullying or abuse has lowered from managers, there has been an increase in the experience of this from other colleagues compared with the result from 2020.

We are always learning



	Development	Appraisals
Best	7.0	5.5
Your org	6.8	5.0
Average	6.6	4.8
Worst	6.2	3.4
Responses	3,162	3,017

- All responses better than benchmark average
- Score for the development sub-score close to best in benchmark.

Development

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
20a. This organisation offers me challenging work.	NA	77.1	73.9	80.7
20b. There are opportunities for me to develop my career in this organisation.	NA	61.6	54.6	61.6
20c. I have opportunities to improve my knowledge and skills.	NA	74.5	72.5	78.0
20d. I feel supported to develop my potential.	NA	63.2	58.9	67.1
20e. I am able to access the right learning and development opportunities when I need to	NA	61.1	59.4	68.7

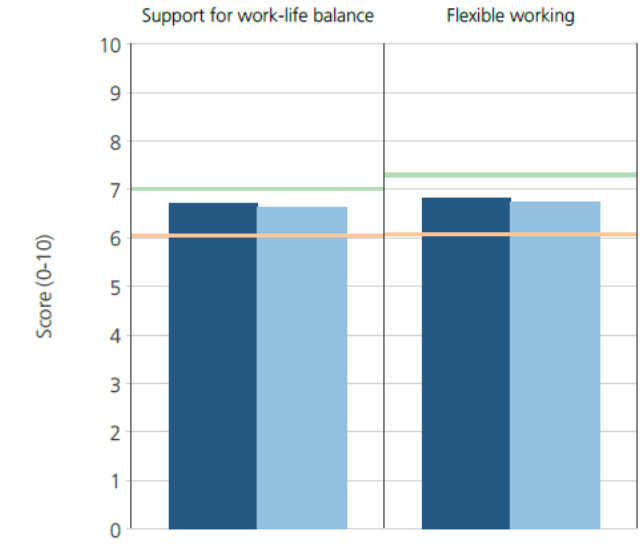
- Benchmark best for ‘there are opportunities for me to develop my career in this organisation.’

Appraisals

Question	Trust 2019 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
19a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	92.2	86.3	84.9	94.1
19b. It helped me to improve how I do my job	25.8	22.8	20.8	33.5
19c. It helped me agree clear objectives for my work.	38.9	36.3	33.1	43.1
19d. It left me feeling that my work is valued by my organisation.	34.5	31.9	33.3	43.1

- All scores for these questions have reduced since they were last asked in 2019
- The score for ‘it left me feeling that my work is valued by my organisation’, is lower than the benchmark average and it is recommended should be given further consideration.

We work flexibly



	Support for work-life balance	Flexible working
Best	7.0	7.3
Your org	6.7	6.8
Average	6.6	6.8
Worst	6.0	6.1
Responses	3,169	3,152

- All scores better than average
- Support for work-life balance sub-score closer to benchmark best.

Support for work-life balance

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
6b. My organisation is committed to helping me balance my work and home life.	NA	56.0	54.9	64.4
6c. I achieve a good balance between my work life and my home life.	NA	60.0	59.1	64.9
6d. I can approach my immediate manager to talk openly about flexible working.	NA	79.6	77.0	81.9

- Score for 6d, ‘I can approach my immediate manager …’ closest to benchmark best

Flexible working

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
6b. My organisation is committed to helping me balance my work and home life.	68.0	65.7	65.4	74.3

- Score for 2021 lower than that of 2020. Marginally above average, 8.6% points off the benchmark best.

We are a team

	Team working	Line management
Best	7.2	7.5
Your org	6.9	7.4
Average	6.9	7.3
Worst	6.5	6.7
Responses	3,167	3,172

- Scores are above average
- Scores for line management are close to benchmark best.

Team working

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
7a. The team I work in has a set of shared objectives.	78.7	77.5	75.6	84.0
7b. The team I work in often meets to discuss the team's effectiveness.	72.5	67.2	67.8	76.2
7c. I receive the respect I deserve from my colleagues at work.	78.4	78.1	75.9	80.7
7d. Team members understand each other's roles.	NA	73.5	71.3	78.1
7e. I enjoy working with the colleagues in my team.	NA	86.3	84.3	88.5
7f. My team has enough freedom in how to do its work.	NA	61.7	61.5	70.9
7g. In my team disagreements are dealt with constructively.	NA	62.6	61.0	67.9
8a. Teams within this organisation work well together to achieve their objectives.	NA	59.1	53.1	65.1

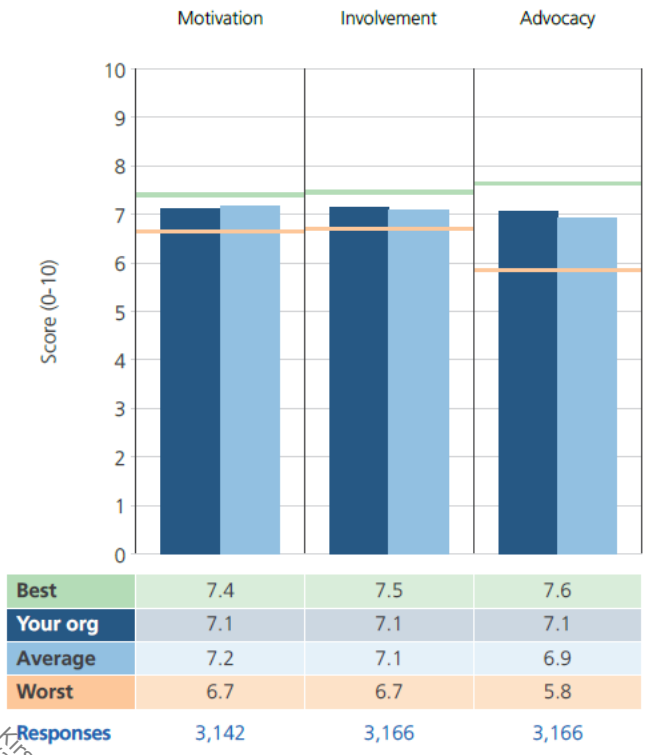
- For those scores that have 2020 data, performance against these is marginally lower and in the case of 'The team I work in often meets to discuss the team's effectiveness' is 5.3% points lower. The impact of the working practices under Covid-19 are likely to explain this reduction. It should be noted that the score for this question is below the benchmark average too
- Scores can be summed up as marginally better than the benchmark average and it is suggested that this is an area where we consider focusing attention upon.

Line management

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
9a. My immediate manager encourages me at work.	79.8	80.1	78.0	82.1
9b. My immediate manager gives me clear feedback on my work.	71.0	73.1	71.7	77.8
9c. My immediate manager asks for my opinion before making decisions that affect my work.	65.2	67.4	65.7	71.4
9d. My immediate manager takes a positive interest in my health and well-being.	79.0	79.0	77.1	82.1

- Questions 9a, 9b and 9c have seen improvements compared with 2020
- The result for 9d has stayed the same
- All questions have results that are better than the benchmark average.

Staff Engagement



	Motivation	Involvement	Advocacy
Best	7.4	7.5	7.6
Your org	7.1	7.1	7.1
Average	7.2	7.1	6.9
Worst	6.7	6.7	5.8
Responses	3,142	3,166	3,166

- The sub-score for motivation is lower than the benchmark average.

Motivation

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
2a. I look forward to going to work.	62.1	56.2	56.7	65.3
2b. I am enthusiastic about my job.	76.1	72.5	70.6	78.5
2c. Time passes quickly when I am working.	76.7	74.3	76.5	80.3

- Results for the questions that make up this sub-score are all lower this year than in 2020
- The result for 'I look forward to going to work' is marginally lower than the benchmark average. This score would require a 10% point improvement to match the benchmark best
- The result for 'Time passes quickly when I am working' is lower than the benchmark average. It will require a 2.2% point increase to match the benchmark average and a 6% point improvement to match the best.

Involvement

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
3c. There are frequent opportunities for me to show initiative in my role.	77.5	77.6	76.4	80.4
3d. I am able to make suggestions to improve the work of my team / department.	80.4	77.1	76.7	82.1
3f. I am able to make improvements happen in my area of work.	63.3	60.9	58.8	68.4

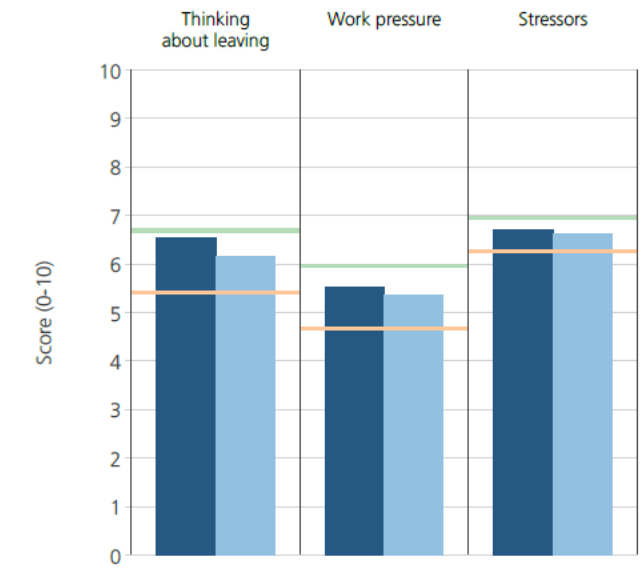
- All results are better than the benchmark average
- All results for this sub-score are lower when compared with those from 2020
- The gap between the Trust's performance and the benchmark best across these scores requires improvements that range between 4 and 10% point improvements.

Advocacy

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
21a. Care of patients / service users is my organisation's top priority.	84.1	81.5	78.5	87.5
21c. I would recommend my organisation as a place to work.	70.3	64.0	63.2	73.5
21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	73.2	67.0	64.9	82.4

- Results for all questions in this sub-score are lower for 2021 compared with 2020. The drop is particularly marked for the former 'friends and family' questions 21c and 21d. Whilst both these questions are still above their benchmark averages, historically we have performed well on these questions.

Morale



Best	6.7	6.0	6.9
Your org	6.6	5.5	6.7
Average	6.2	5.3	6.6
Worst	5.4	4.7	6.3
Responses	3,164	3,167	3,164

- Results are better than the benchmark average
- Thinking about leaving and Stressors sub-scores are close to benchmark best.

Thinking about leaving

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
22a. I often think of leaving this organisation	22.1	25.6	27.8	20.3
22b. I will probably look for a job at a new organisation in the next 12 months	14.6	16.0	21.4	13.2
22c. As soon as I can find another job, I will leave this organisation	9.2	10.2	14.4	7.5

- A higher percentage of staff are thinking about leaving the Trust compared with 2020, however the scores are still below the benchmark average for all questions.

Work pressure

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
3g. I am able to meet all the conflicting demands on my time at work.	51.3	47.7	44.9	52.5
3h. I have adequate materials, supplies and equipment to do my work.	71.0	69.6	54.0	74.9
3i. There are enough staff at this organisation for me to do my job properly.	41.0	30.2	30.5	38.6

- The score for 'There are enough staff at this organisation for me to do my job properly' has dropped 10.8% points since 2020 and is marginally below the benchmark average for this question
- The results for the other two questions that make up this sub-score have also fallen since 2020, though less marked and both are above their benchmark averages, 3h by a long margin, with a score that is much closer to the benchmark best.

Stressors

Question	Trust 2020 %	Trust 2021 %	2021 Benchmark Average %	2021 Benchmark Best %
3a.I always know what my work responsibilities are.	84.1	84.9	84.6	87.6
3e. I am involved in deciding on changes introduced that affect my work area / team / department.	58.5	55.8	54.4	61.4
5a. I (never/rarely) have unrealistic time pressures.	30.9	30.6	26.2	33.7
5b. I have a choice in deciding how to do my work.	65.1	63.0	63.6	70.9
5c. Relationships at work are strained.	55.5	53.6	53.6	61.2
7c. I receive the respect I deserve from my colleagues at work.	78.4	78.1	75.9	80.7
9a. My immediate manager encourages me at work	79.8	80.1	78.0	82.1

- Results for questions 5a, 5b and 7c have deteriorated since 2020, results for the other measures have marginally improved over the year
- The result for 'I have a choice in deciding how to do my work' is marginally below the benchmark average
- 'Relationships at work are strained', scores the benchmark average
- Other scores are better than the benchmark average.

Impact of Covid-19 Working Practices upon the Results

Results compared to all staff for each of the themes can be summarised in the following table where ↑ is a result better than the all staff result, ↓ is a result worse than the all staff result and = is a result equal to the all staff result.

Theme	Worked on Covid Ward	Redeployed	Worked from Home/Remotely
We are compassionate and inclusive	↓	↓	↑
We are recognised and rewarded	↓	=	↑
We each have a voice that counts	↓	=	↑
We are safe and healthy	↓	↓	↑
We are always learning	↓	↓	↑
We work flexibly	↓	↑	↑
We are a team	↓	=	↑
Staff Engagement	↓	=	↑
Morale	↓	↓	↑

- Staff who worked on a Covid ward scored consistently lower across all themes compared with the results for all staff
- Working from home/remotely scored consistently higher across all themes compared with the results for all staff
- Results were mixed for those who were redeployed, though the balance is still less favourable compared with the results for all staff
- It is recommended that we explore the results from these differing experiences as part of our response to this report.

Statistical Significance of the Results

There is no comparable data for the People Promise elements of the survey however significance testing was possible to compare 2021 scores to 2020 scores for the themes of Staff Engagement and Morale. In both cases our results were found to be significantly lower in 2021 compared to those for 2020.

Recommendations

- Work to address the response rate, with a detailed action plan to be developed to improve completion rates for the 2022 survey
- A 'Big Conversation' takes place which will present the results and look to explore how we can improve our results on staff engagement and morale and other areas highlighted in this report where there have been large changes in results between 2020 and 2021 and also where results are lower than the benchmark average
- A similar conversation takes place across the localities and corporate services to help develop local actions
- Conversations need also to consider the impact of the differing experiences of working practices as part of our response to Covid-19
- Analysis of results by protected characteristics to be presented at the Trust wide Equality, Diversity and Inclusion Steering Group and Staff Networks to be involved in the development of any actions that may be necessary to address disparities found between protected characteristics and the results for all staff.
- Workforce Race Equality and Workforce Disability Equality Standard questions to be considered as part of our WRES and WDES submissions – to be presented to the People Committee in July.

Report to the Board of Directors
Wednesday 4 May 2022

Title of report	**Code of Governance Compliance 2021/22**
Report author(s)	**Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary**
Executive Lead (if different from above)	**Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	14/4/22
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to
N/A

Report to Board of Directors
Wednesday 4th May 2022
Review of Compliance with the NHS Foundation Trust Code of Governance

Executive Summary

The NHS Foundation Trust Code of Governance provides guidance to Foundation Trusts (FTs) to help deliver effective corporate governance. FTs are required to report their compliance against this code each year in their Annual Report, on the basis of either compliance with the Code provisions, or, an explanation where they do not comply ('comply or explain').

NHS FTs are required to provide a specific set of disclosures to meet the requirements of the Code, which should be submitted as part of the Annual Report. This report provides detail of the assessment undertaken by the Director of Corporate Affairs and Communications on:

- Individual requirements of the Code;
- Confirmation of compliance (or an explanation of non-compliance where required);
- Evidence of compliance; and
- Clarification on reporting and disclosure requirements

The Trust remains compliant with all provisions of the code. All requirements where supporting information is required to be made available is available either on request or on the Trusts website.

Key areas for further development

Although the report confirms the Trust's compliance with the requirements of the Code of Governance, it should be noted that this does not negate the need to continually improve processes.

Some processes have been impacted by the pandemic during the previous 24 months and some key areas for further development include:

- The development of a Trust wide Communications Strategy, to be aligned to the Trust CNTW2030 work, to further embed the Trusts principles in this regard.
- Induction processes for new Non-Executive Directors specifically, one-to-one meetings with individuals and service visits.
- Annual Governor effectiveness review – to be more meaningful and seek ways to further support Governors to engage with the Trust membership and wider local communities.

Recommendation

The Board is asked to:

- Note the list of disclosures required in the Annual Report (those highlighted in green).
- Note confirmation of compliance with the requirements of the NHS Foundation Trust Code of Governance for the 2021/22 year.

Debbie Henderson
Director of Communications and Corporate Affairs / Company Secretary

Review of Compliance with the NHS Foundation Trust Code of Governance
As at 31 March 2022

Key	
Amber	Statutory provision, supersedes 'comply or explain'
Green	Requires disclosure in the Annual Report
White	Requires supporting information to be made available by request or on the Trust's website *(but does not require disclosure in the Annual Report)*

Ref	Requirement	Compliant Y/N	Evidence/explanation
Leadership			
A.1.1	The board should meet regularly to discharge its duties effectively. There should be a schedule of matters reserved for its decision, and a statement detailing the roles and responsibilities of the council of governors. It should also describe how any disagreements between the governors and the board will be resolved. The annual report should include a summary statement of how the board and governors operate; a summary of the types of decisions to be taken by each. These arrangements should be kept under review at least annually.	Y	- Schedule of meetings - Policy on engagement with the board of directors (Annual Report content
A.1.2	The annual report should identify the chair, deputy chair, CEO, SID and members of the audit and remuneration committees. It should also set out the number of meetings for each and individual attendance.	Y	- Annual Report content
A.1.3	The board should make available a statement of the Trust's objectives showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	Y	- Strategic/annual plans - Vision and values - Trust website - Annual Report content
A.1.4	The board should ensure that adequate systems and processes are maintained to measure the trust's effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	Y	- Annual Governance Statement/ Annual Report content - In-year and end of year submissions to Regulators
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate, independent advice, for example, from the internal audit function, should be commissioned by the board to provide an adequate and reliable level of assurance.	Y	- Board/Committee reporting - In-year/end of year submissions to Regulators - Annual Report content

A.1.6	The board should report on its approach to clinical governance and its plan for the improvement of clinical quality, and record where, within the structure of the organisation, consideration of clinical governance matters occurs.	Y	- Quality and Performance Committee - Clinical Audit Plan and Annual Report - Quality Report content
A.1.7	The CEO should follow the procedure set out by NHSI for advising the board and governors and for recording and submitting objections to decisions considered or taken by the board, in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.	Y	- Trust Constitution and supporting documentation (including SOs and Terms of Reference) - Annual Report content
A.1.8	The board should establish the Constitution and standards of conduct for the trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the Nolan principles.	Y	- Contracts of employment - Letters of appointment (NEDs) - Induction process (NEDs/ Governors) - Trust Constitution and supporting documentation (including SOs) - Standards for Business Conduct Policy
A.1.9	The board should operate a Code of Conduct that builds on the values of the trust and reflect high standards of probity and responsibility. The board should follow a policy of openness and transparency in its proceedings unless this is in conflict with a need to protect the wider interests of the public or the trust (including commercial-in-confidence matters) and make clear how conflicts of interest are dealt with.	Y	- As A1.8; and - Board meetings in public - Council of Governor meetings - FOI process
A.1.10	The trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, potential for liability for governors should be negligible. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service, where an indemnity or insurance policy is given, this can be detailed in the Trust's Constitution.	Y	- D&O Liability Assurance for Board members in place
A.2.1	The division of responsibilities between the chair and CEO should be clearly established, set out in writing and agreed by the board.	Y	- Role descriptions in place including division of responsibilities
A.2.2	The roles of chair and CEO must not be undertaken by the same individual.	Y	- N/A (separate roles in place)
A.3.1	The chair should meet the independence criteria. A CEO should not go on to be the chair of the same trust.	Y	- Chair appointment process - Declaration of interest process - Annual Chair/NED appraisal review

A.4.1	In consultation with the governors, the board should appoint one of the independent NEDs to be the Senior Independent Director (SID). The SID should be available to other Board members and governors if they have concerns that contact through the normal channels has failed to resolve, or for which such contact is inappropriate.	Y	- SID identified and appointed - Annual NED appraisal review - Annual Report content
A.4.2	The chair should hold meetings with the NEDs without executives present. Led by the SID, the NEDs should meet without the chair present, at least annually, to appraise the chair's performance.	Y	- Monthly Chair/NED meetings in place - Annual Chair/NED Appraisal process, supported by Lead Governor
A.4.3	Where directors have concerns that cannot be resolved about the running of the trust or a proposed action, they should ensure that concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chair for circulation to the board, if they have any such concerns.	Y	- Robust Board minutes in place and retained - To date, no such action required
A.5.1	The governors should meet sufficiently regularly to discharge its duties. Typically the governors would be expected to meet as a full council at least four times a year. Governors should make every effort to attend the meetings of the council. The trust should take appropriate steps to facilitate attendance.	Y	- Schedule of meetings in place - Attendance recorded and monitored in Annual Report - Process in place regarding non-attendance at meetings
A.5.2	The governors should not be so large as to be unwieldy. The governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly.	Y	- Annual Report content - Annual Governor Effectiveness Survey - Regular review of Constitution
A.5.3	The annual report should identify the members of the council of governors, a description of the constituency or appointing organisation, and the duration of their term. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings, and individual attendance.	Y	- Annual Report content - External website
A.5.4	The roles/responsibilities of the governors should be set out in a written document, which should explain their responsibilities towards members/stakeholders and how governors will seek their views and keep them informed.	Y	- Election documentation - Induction documentation - Trust Constitution (and supporting documents)
A.5.5	The chair is responsible for leadership of both the board and the governors and the governors should invite the CEO, as well as other executives and NEDs, as appropriate. In these meetings members of the governors may raise questions of the chair, their deputy, or any other director present about the affairs of the trust.	Y	- Minutes of meetings - CEO/Executive/NED invited to all meetings – strong representation is always ensured

A.5.6	The governors should establish a policy for engagement with the board for those circumstances when they have concerns about the performance of the board, compliance with the provider licence or other matters related to the overall wellbeing of the trust. The governors should input into the board's appointment of a senior independent director.	Y	- Included in Governors Handbook - Process in place for Governor input into SID appointment - Annual Report content
A.5.7	The governors should ensure its interaction and relationship with the board is appropriate and effective. In particular, the availability and timely communication of information, discussion and setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	Y	- Schedule of meetings, agendas, minutes and reports - Governor activity report reviewed regularly - Corporate Affairs support - Annual Governor effectiveness review - CQC Well Led Inspection (Board effectiveness review)
A.5.8	The governors should only exercise its power to remove the chair or any NED after exhausting all means of engagement with the board. The council should raise any issues with the chair with the SID in the first instance.	Y	N/A – process in place via Corporate Affairs Team/Constitution if required
A.5.9	The governors should receive other appropriate information required to enable it to discharge its duties.	Y	- Support provided by Corporate Affairs Team/ Chairman - Regular communication with Governors out-with formal meetings
A.5.10	The governors have a statutory duty to hold the NEDS To account for the performance of the board of directors.	Y	- All appropriate mechanisms in place via formal and informal meetings - Annual NED/Chair appraisal/ appointment/reappointment process - Governor attendance at Board and Board sub-committees as full members
A.5.11	The 2006 Act gives the governors a statutory requirement to receive the following documents: (a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report	Y	- Annual General Meeting/Annual Members' Meeting combined

A.5.12	The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	Y	- Available on request/website - Board minutes circulated with papers for every Council of Governors meeting
A.5.13	The governors may require directors to attend a meeting to obtain information about performance of the trust or the directors' performance of their duties, and to help the governors decide whether to propose a vote on the trust's or directors' performance.	Y	- Minutes of meetings - All meetings include performance, finance and strategic updates - CEO/Executive invited to attend all meetings – strong representation is always ensured
A.5.14	Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board takes place before considering such a referral, as it may be possible to resolve questions in this way.	Y	N/A – process in place if required
A.5.15	Governors should use their new rights From the 2012 Act to represent the interests of members/public on major decisions taken by the board. These new voting powers require: • More than half of the governors who vote to approve a change to the constitution; a significant transaction; or any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more; and • More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution.	Y	- Trust Constitution and Standing Orders - Minutes of meetings and decisions made
Effectiveness			
B.1.1	The board should identify in the annual report each NED it considers to be independent in character and judgement and whether there are relationships or circumstances which are likely to affect the director's judgement. The board should state its reasons if it determines that a director is independent despite the existence of relationships circumstances which may appear relevant to its determination in line with requirements of the Code.	Y	- Annual Report content - Declaration of interest process
B.1.2	At least half the board, excluding the chair, should comprise NEDs determined by the board to be independent	Y	- Trust Constitution - Annual Report content

B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust	Y	- Trust Constitution
B.1.4	The board should include in its annual report a description of each director's skills, expertise and experience and the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the NHS foundation trust's website.	Y	- Annual Report content - External website - Executive/NED appointment process
B.2.1	The nominations/remuneration committee(s) are responsible for the nomination of executive and NEDs. The committee(s) should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust and the skills and expertise required within the board to meet them.	Y	- Committee Terms of Reference - Minutes of meetings - Appointment processes
B.2.2	Directors and governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations.	Y	- Executive Directors/ NEDs/Governors – fully compliant / annual report complete
B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate. They should evaluate, at least annually, the balance of skills, knowledge and experience on the board and prepare a description of the role and capabilities required for appointment of both executive and NEDs, including the chair.	Y	- Committee Terms of Reference and minutes of meetings - Appointment processes - Annual appraisal process - Job descriptions in place for all Board appointments
B.2.4	The chair or an independent NED should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of NEDs and the chairman.	Y	- Terms of Reference - Minutes of meetings - Joint chair/Governor chairing responsibility for Governors' Nomination Committee
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chair and NEDs. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.	Y	- Terms of Reference - Minutes of meetings - NED/Chair appointment process - Minutes of meetings detailing recommendation to full Council

B.2.6	The nominations committee responsible for the appointment of NEDs and the chair should consist of a majority of governors and a majority governor representation on the interview panel.	Y	- Terms of Reference - Minutes of meetings - NED/Chair appointment process
B.2.7	When considering the appointment of NEDs, the governors should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Y	- Director of Corporate Affairs and Communication in attendance at all meetings - Terms of Reference
B.2.8	The annual report should describe the process followed by the governors in relation to appointments of the chair and NEDs.	Y	- Annual Report content
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Y	- Terms of Reference
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process used for board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	Y	- Terms of Reference - Annual Report content - Trust website
B.2.11	It is a requirement of the 2006 Act that the chair, the other NEDs and – except in the case of the appointment of a CEO – the CEO, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director appointments should identify suitable candidates to fill vacancies as they arise and make recommendations to the chair, other NEDs and the CEO.	Y	- Terms of Reference - Minutes of meetings - Appointment process - Trust Constitution
B.2.12	It is for the NEDs to appoint and remove the CEO. The appointment of a CEO requires the approval of the council of governors.	Y	- Terms of Reference - Minutes of meetings - Appointment Process - Trust Constitution
B.2.13	The governors are responsible at a general meeting for the appointment, re- appointment and removal of the chair and the other NEDs.	Y	- Minutes of meetings - Terms of Reference - Trust Constitution
B.3.1	For the appointment of a chair, the nominations committee should prepare a job specification defining the role/capabilities required, an assessment of the time commitment expected. A chairperson's other significant commitments should be disclosed to the governors before appointment and included in the annual report. Changes to such commitments should be	Y	- Job description and person specification in place - Appointment process - Minutes of meetings - Terms of Reference

	reported to the governors as they arise, and included in the next annual report. No individual, simultaneously whilst being a chair of a trust, should be the substantive chair of another trust.		
B.3.2	The terms and conditions of appointment of NEDs should be made available to the governors. The letter of appointment should set out the expected time commitment. NEDs should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the governors should be informed of subsequent changes.	Y	- As above - Terms of Reference - Minutes of meetings and full Governor meetings detailing ratification of appointments
B.3.3	The board should not agree to a full-time executive director taking on more than one NED directorship of a trust or another organisation of comparable size and complexity, nor the chairmanship of such an organisation.	Y	- Monitoring via the appraisal and declaration of interest process
B.4.1	The chair should ensure new directors and governors receive a tailored induction. Directors should seek out opportunities to engage with stakeholders. Directors should have access, at the trust's expense, training courses and materials consistent with their individual and collective development programme.	Y	- Induction process for all Board members and Governors in place - Ongoing Board development sessions/away days (for Directors) - Engagement sessions (Governors)
B.4.2	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	Y	- Annual appraisal review process (including PDP) - CEO appraisal by Chair - Exec appraisal by CEO - Chair appraisal by SID
B.4.3	The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	Y	- Schedule of meetings/engagement meetings - Induction process - Ongoing Corporate Affairs support - Governor activity in Annual Report
B.5.1	The board and the governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. They should agree their respective information needs with executive directors through the chair. The information for the boards should be concise, objective, accurate and timely, and accompanied by clear explanations of complex issues. The board should have access to any information about the trust that it deems necessary to discharge its duties, including access to senior management and other employees.	Y	- Agenda, minutes and reports for Board, Governor and Sub-Committee meetings - Admin control - Corporate structures in place to ensure accessibility

B.5.2	The board may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area; although they should ensure that they have sufficient information to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the trust. On occasion, NEDs may reasonably decide that external assurance is appropriate.	Y	- Board agenda, minutes and supporting papers - Board development sessions/away days for deep dives - Committee structure/Terms of Reference
B.5.3	The board should ensure that directors, especially NEDs have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of NEDs. The availability of external sources of advice should be made clear at the time of appointment.	Y	- As and when – via the CEO/Director of Corporate Affairs and Communications
B.5.4	Committees should be provided with sufficient resources to undertake their duties. The board should ensure that the governors are provided with resources to undertake its duties with such arrangements agreed in advance.	Y	- Board agenda, minutes and supporting papers - Committee structure/Terms of Reference - Corporate Affairs support
B.5.5	NEDs should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a NED of an NHS foundation trust as they would in other similar roles.	Y	- Board agenda, minutes and supporting papers - Committee structure/Terms of Reference and annual review of ToRs - Appraisal process - CQC Well Led Inspection (effectiveness)
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Y	- Governor involvement in forward planning/ quality report review - Trust's wider approach to involvement - Formal consultation exercises were required - Annual Report content
B.5.7	Where appropriate, the board should take account of the views of the governors on the forward plan in a timely manner and communicate to the governors where their views have been incorporated in the trust's plans, and, if not, the reasons for this.	Y	- Strategic/Annual Planning process - Annual Report content - Governor meetings and engagement sessions

B.5.8	The board must have regard for the views of the governors on the trust's forward plan.	Y	- Strategic/Annual Planning process - Annual Report content - Governor meetings and engagement sessions
B.6.1	The board should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chair, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the trust adopted a particular method of performance evaluation.	Y	- Board member appraisal (individual) - CQC Well Led Inspection (Board effectiveness) - Terms of reference annual review - Audit Committee Annual Report and assessment of effectiveness - Annual Report content
B.6.2	Evaluation of the board should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Y	- CQC Well Led review undertaken 2017/18 – further review pending - External review undertaken in 2021/22 by Good Governance Institute - Annual Report content (section reference to be included in the final report)
B.6.3	The SID should lead the performance evaluation of the chair, within a framework agreed by the governors and taking into account the views of directors and governors.	Y	- Terms of Reference and minutes of Nomination Committee - Annual appraisal process
B.6.4	The chair should use the performance evaluations as the basis for determining professional development programmes for NEDs.	Y	- Annual appraisal process
B.6.5	Led by the chair, the governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Y	- Annual Governor Effectiveness Review – **to note, annual review has been deferred due to Covid pressures during 2021/22**
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend meetings of the governors or has a conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent	Y	- Trust Constitution and supporting documentation - Process for removal of a Governor - Code of Conduct for Governors - Declaration of interest process for Governors

	assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.		
B.7.1	In the case of re-appointment of NEDs, the chair should confirm to the governors that following formal performance evaluation, assurance on the performance of the individual for re-appointment. Any term beyond six years (eg, two three-year terms) for a NED should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. NEDs may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the trust) but this should be subject to annual re-appointment.	Y	- Annual appraisal process - Nomination Committee Terms of Reference - Annual Report content - **Only one NED currently serving a term beyond six years (Alexis Cleveland – further 12 month appointment agreed by the Council of Governors during 2021/22**
B.7.2	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.	Y	- Election process - Trust Constitution (Model Election Rules) - Annual Report content - Trust website
B.7.3	Approval by the governors of the appointment of a CEO should be a subject of the first general meeting after the appointment by a committee of the chair and NEDs. All other executive directors should be appointed by a committee of the CEO, the chair and NEDs	Y	- Minutes of meetings - Trust Constitution - Remuneration Committee Terms of Reference
B.7.4	NEDs, including the chair should be appointed by the governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	Y	- NED appointment process - Nomination Committee Terms of Reference and minutes - Trust Constitution
B.7.5	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	Y	- Election process - Model Election Rules - Trust Constitution
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Y	- Remuneration Committee (and Terms of Reference) - Annual Report content

Accountability			
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the report, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Y	- Annual Report content - Annual Governance Statement
C.1.2	The directors should report that the trust is a going concern with supporting assumptions or qualifications as necessary.	Y	- Annual Report content - Audit Committee - Board/Audit Committee minutes
C.1.3	At least annually, the board should set out clearly its financial, quality and operating objectives for the trust and disclose sufficient information of the trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	Y	- Annual Planning process - Board Assurance Framework - Board and Committee minutes and supporting papers - Governance structure - External website
C.1.4	a) The board must notify NHSI and the governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the trust. b) The board must notify the governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the trust's financial condition; • the performance of its business; and/or • the trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the trust	Y	- Formal consultation processes where required - Minutes and reports of Board, Committee, executive and operational meetings - Minutes and reports of Governor meetings - Board Assurance Framework/Risk Management processes - Annual Report content

C.2.1	The board should maintain continuous oversight of the effectiveness of the risk management and internal control systems and should report to members and governors that they have done so in the annual report. A regular review should cover all material controls, including financial, operational and compliance controls.	Y	- Annual Governance Statement - Board Assurance Framework and Risk Management processes - Annual risk management review - Board minutes and supporting papers - Internal Audit Plan - Annual Report content
C.2.2	A trust should disclose in the annual report if it has an internal audit function, how the function is structured and what role it performs.	Y	- Internal Audit Function in place - Internal Audit Plan and regular reporting to Audit Committee - Annual Report content
C.3.1	The board should establish an audit committee composed of at least three members who are all independent NEDs. The board should satisfy itself that the membership of the committee has sufficient skills to discharge its responsibilities effectively, including at least one member with recent and relevant financial experience. The chair of the trust should not chair or be a member of the committee. He can attend meetings by invitation as appropriate.	Y	- Audit Committee agenda, minutes and reports - Terms of Reference
C.3.2	The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly.	Y	- Annual Report content - Terms of reference - Audit Committee minutes and reporting - Annual Governance Statement - External website
C.3.3	The governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the trust's internal financial reporting and internal auditing.	Y	- External Auditor appointment process in place – agreed by the full Council of Governors - Governors minutes of meetings - Audit Committee Terms of Reference
C.3.4	The audit committee should make a report to the governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	Y	- Minutes of meetings - Reports to the Council of Governors

C.3.5	If the governors do not accept the audit committee's recommendation, the board should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the governors have taken a different position.	Y	N/A – process in place if required.
C.3.6	The trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the trust. The current best practice is a 3-5 year period of appointment.	Y	- External Auditor appointment process - Minutes of meetings (Audit Committee and Council of Governors)
C.3.7	When the governors end an external auditor's appointment in disputed circumstances, the chair should write to NHS Improvement of the reasons behind the decision.	Y	N/A – process in place if required.
C.3.8	The audit committee should review arrangements that allow staff of the trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.	Y	- Raising Concerns Policy - Incident Reporting policies/process - Incident Investigation and processes for shared learning - Board minutes - Audit Committee minutes and reports (incl. Counter Fraud reports) - Audit Committee Terms of Reference
C.3.9	A separate section of the annual report should describe the work of the Audit committee in discharging its responsibilities.	Y	- Annual Report content - Audit Committee annual self-assessment and Annual Report to Board
Remuneration			
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Y	- Annual Report content – remuneration report - Remuneration Committee and Terms of Reference
D.1.2	Levels of remuneration for the chair and other NEDs should reflect the time commitment and responsibilities of their roles.	Y	- Governors' Nomination Committee Terms of Reference, minutes and supporting papers - Minutes of full Council of Governor meetings

D.1.3	Where a trust releases an executive director, for example to serve as a NED elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	Y	- Annual Report content – remuneration report - Declarations of Interest - Remuneration Committee
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	Y	- Annual Report content – remuneration report - Remuneration Committee
D.2.1	The board should establish a remuneration committee composed of NEDs which should include at least three independent NEDs. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust.	Y	- Annual Report content – remuneration report - Remuneration Committee
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	Y	- Annual Report content – remuneration report - Remuneration Committee
D.2.3	The governors should consult external professional advisers to market-test the remuneration levels of the chair and other NEDs at least once every three years and when they intend to make a material change to the remuneration of a NED.	Y	- Governors' Nomination Committee Terms of Reference and minutes - Via Director of Communications and Corporate Affairs
D.2.4	The governors are responsible for setting the remuneration of NEDs and the chair.	Y	- Governors' Nomination Committee Terms of Reference and minutes
Relationships with Stakeholders			
E.1.1	The board should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	Y	- Annual Report content - Service User and Carer Involvement Strategy

E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (eg, Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).	Y	- Via formal consultation processes when required - Annual Report content - Service User and Carer Involvement Strategy - **Trust wide Communications Strategy in development**
E.1.3	The chair should ensure that the views of governors and members are communicated to the board as a whole. The chair should discuss the affairs of the trust with governors. NEDs should be offered the opportunity to attend meetings with governors and should expect to attend them. The SID should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	Y	- Chair feedback at the Board - Chair/NED/CEO/Executive attendance at Council of Governor meetings - Corporate Affairs support - SID available to Governors
E.1.4	The board should ensure that the trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the trust's website and in the annual report.	Y	- Corporate Affairs support and ongoing engagement between Trust, Governors and members - Annual Report content - **Membership Strategy in place and under development to reflect challenges of engagement during Covid and innovative ways to engage**
E.1.5	The board should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the NEDs, develop an understanding of the views of governors and members about the trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Y	- As in E1.3 - Membership Strategy and reporting from Governors' Steering Group re: plans for engagement with members - Annual Report content
E.1.6	The board should monitor how representative the trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	Y	- Trust Constitution - Membership database/ membership Strategy and reporting to Governors' Steering Group/Council of Governors - Annual Report content
E.1.7	The board must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	Y	- Board meetings in public minutes and associated papers - Annual General meeting/Annual Members' Meeting combined - Governor meetings in public

E.1.8	The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	Y	- Annual General Meeting/Annual Members' Meeting
E.2.1	The board should be clear as to the specific third party bodies in relation to which the trust has a duty to co-operate. The board should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.	Y	- Board meeting in public minutes and associated papers
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.	Y	- Process in place for ongoing engagement with key stakeholders via corporate and quality governance structures

Report to the Board of Directors
Wednesday 4 May 2022

Title of report	**Annual Review of Directors Declaration of Interests and Care Quality Commission's Fit and Proper Persons Test 2021/22**
Report author(s)	**Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary**
Executive Lead (if different from above)	**Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)		**Management Group meetings where this item has been considered (specify date)**	
Quality and Performance		Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	x
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to
N/A

Annual Review of the Board of Directors – Declarations of Interest and Fit and Proper Person Test

1. Annual Declaration of Interests – Board of Directors

The purpose of this paper is to ensure good governance and transparency. On an annual basis, members of the Board of Directors are required to update their declarations in relation to interests held in accordance with the Trusts Standing Orders and the Standards of Business Conduct Policy.

The Policy requires that the Trust have a register of interests of the Directors and that the registers will be made available for inspection by members of the public.

The updated register for 2021-22 is included at Appendix 1 and all members of the Board have agreed for these details to be made available on the Trust's website.

These interests will also be reported in the Trust's Annual Report.

In addition, at each meeting of the Board of Directors, and its sub-committees, members are required to declare any further interests since the date of the last declaration and to notify the Chair or Company Secretary of any conflicts of interest in relation to the agenda items for discussion (for which they may need to abstain). All such declarations are recorded in the minutes.

2. Care Quality Commission – Fit and Proper Person Test Annual Review

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect on 1 April 2015. To meet the regulation, all NHS providers are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing Directors are and continue to be 'fit' as defined by the CQC. This requires a process to ensure that individuals working at Board level meet the criteria as set out in appendix 2.

The Trust Fit and Proper Persons Test procedure applies to all Board members, other senior leaders, and specialist functional leads who by the nature of their roles, are responsible for certain decisions and issues delegated by their Executive Director line manager. The following roles are subject to the test procedure:

- Director of Communications and Corporate Affairs/Company Secretary
- Directors of NTW Solutions
- Group Director for Safer Care / Director of Infection Prevention and Control
- Director of Informatics
- Director of Allied Health Professionals and Psychological Services
- Director of AuditOne
- Joint Directors of Research and Innovation
- Chief Pharmacist
- Director of Safety, Security and Innovation
- Deputy Chief Operating Officer

The board is asked to note the current position:

1. The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently as at 28th February 2022, no issues were found.
2. Additional insolvency restrictions search was conducted as at 28th February 2022 – no issues were found.
3. Companies House database of disqualified director's search was conducted as at 28th February 2022 – no issues were found.
4. All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.
5. A review of CNTW processes to assess CNTW's Fit and Proper Persons test for Directors was conducted in 2017 and was confirmed to be in line with the toolkit. The toolkit and process has not changed since this date.
6. On appointment, newly appointed Directors are subject to the provisions of the test.
7. All Directors subject to the Fit and Proper Person Test are also subject to an annual appraisal process.
8. All Director recruitment processes are made in line with the Trust approach to 'values-based recruitment'. All necessary employment checks are undertaken in line with Trust policies and recruitment processes for these posts include involvement and input from stakeholder groups and representatives.

The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Person Test.

3. Recommendation

The Board is asked to note:

- The annual register of declarations of interest and the requirement for the detail of the report to be uploaded to the Trusts website and included in the Trust Annual Report for 2021/22
- The Fit and Proper Person Test review for 2021/22.

Debbie Henderson
Director of Communications and Corporate Affairs / Company Secretary
May 2022

Declarations of Interest Register - Executive Directors & Non Executive Directors

Title	First Name	Surname	Role	Date of Notification
Mr	Ken	Jarrold	Chairman	08.04.2022
Mr	Ken	Jarrold	Chairman	08.04.2022
Mr	Ken	Jarrold	Chairman	08.04.2022
Mr	Ken	Jarrold	Chairman	08.04.2023
Mr	Ken	Jarrold	Chairman	08.04.2023
Mr	Ken	Jarrold	Chairman	08.04.2022
Mr	James	Duncan	Chief Executive Officer	30.03.2022
Mr	James	Duncan	Chief Executive Officer	30.03.2022
Mr	James	Duncan	Chief Executive Officer	30.03.2022
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	30.03.2022
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	30.03.2022
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	30.03.2022
Mrs	Lynne	Shaw	Executive Director of Workforce & OD	04.04.2022
Mrs	Lisa	Quinn	Executive Director of Finance, Commissioning & Quality Assurance	05.04.2022
Mrs	Ramona	Duiguid	Chief Operating Officer	07.04.2022
Mr	Gary	O'Hare	Chief Nurse	20.04.2022
Mr	Gary	O'Hare	Chief Nurse	20.04.2022
Mr	Micheal	Robinson	Non-Executive Director	31.03.2022
Mr	David	Arthur	Non-Executive Director	30.03.2022
Mr	David	Arthur	Non-Executive Director	30.03.2022
Mr	Darren	Best	Non-Executive Director	07.04.2022
Mr	Darren	Best	Non-Executive Director	07.04.2022

Mr	Brendan	Hill	Non-Executive Director	31.03.2022
	Paula	Breen	Non-Executive Director	11.04.2022
Ms	Paula	Breen	Non-Executive Director	11.04.2022
Ms	Alexis	Clevland	Non-Executive Director	30.03.2022
Ms	Alexis	Clevland	Non-Executive Director	30.03.2022
Ms	Alexis	Clevland	Non-Executive Director	30.03.2022
Ms	Alexis	Clevland	Non-Executive Director	30.03.2022
Ms	Louise	Nelson	Non-Executive Director	04/04/2022

Date of Publication: **May-22**

Description of Interest
Director of Other People's Shoes Ltd which provides consultancy to the NHS
Patron of the NHS Retirement Fellowship and of the Cavell Trust for Nurses
Make donations to the Labour Party
Make donations to the Guardian newspaper
Shareholder of Other people's Shoes Ltd
Member of the Labour party
Was Vice Chair of Mental Health Faculty of HFMA until 31st December 2021
Son is employed by NTW Solutions Ltd
Member of the Labour Party
Invited member of the Mental Health Economics Collaborative Steering Group, which is hosted by the Mental Health Network of NHS Confederation.
Wife is employed as a Consultant Psychologist with a clinical and management role in Tees, Esk & Wear Valley NHS Trust. Her management role is Director of Therapies for the Durham and Tees Care Group.
Undertake medicolegal private work, which could involve NHS patients.
Non- Executive Director/Governor Newcastle College
Executive Reviewer for the Care Quality Commission
Nil return
Mrs Janice O'Hare, wife of Mr Gary O'Hare, Chief Nurse, is engaged on behalf of the Trust five days per week to reduce and manage the return of Trust patients from out of area placements and manages complex case care packages. She reports to the Executive Director of Commissioning and Quality Assurance.
In the role of Chair of the newly formed CNTW branch of the NHS Retirement Fellowship
Member of the Labour Party
Chair of Trustees and Director of Percy Hedley Foundation, a charity providing education for children and adults with special needs.
Governor of Dame Allans Schools
Currently the Independent Chair for the Teesside Safeguarding Adults Board, (previously declared when I took up that post in October 2020 and on this form in 2021). The Board has senior representatives from various NHS organisations that operate in and / or provide services in the Teesside area.
Wife is a Headteacher in Middlesbrough and as such has some involvement with NHS services, mainly in the context of child safeguarding.

Blue Stone Collaborative – VCS organisation working in health and care across NENC ICS Executive Chair (interim)
Practice General Manager for Temple Sowerby Medical Practice
Head of Finance and HR for the Eden Primary Care Network and as such, involved in the authorisation of the funding expenditure and the recruitment process of the Mental Health employees (Eden PCN ARRS Funding will jointly fund staff contracted by CNTW)
Vice Chair and a Non-Executive Director at Karbon Homes. Karbon Homes is a provider of social housing has worked with CNTW supporting shared customers in the community.
Member of County Durham and Darlington NHS Foundation Trust
Member of Barnardo's children's charity
Member of the Labour Party
I am a Trustee for Carlisle Eden MIND

Appendix 2

Care Quality Commission – Fit and Proper Person Test requirement

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 5 (3) sets out the criteria that a director must meet, as follows:

(a) The individual is of good character:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- When assessing whether a person is of good character, providers must follow robust processes to make sure that they gather all available information to confirm that the person is of good character, and they must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of a person's honesty, trustworthiness, reliability and respectfulness.

- If a provider discovers information that suggests a person is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

- Where a provider considers the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available.

(b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Where providers consider that a role requires specific qualifications, they must make this clear and should only appoint those candidates who meet the required specification, including any requirements to be registered with a professional regulator.

- Providers must have appropriate processes for assessing and checking that the candidate holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leadership skills and a caring and compassionate nature) to undertake the role. These must be followed in all cases and relevant records kept.

- We expect all providers to be aware of, and follow, the various guidelines that cover value-based recruitment, appraisal and development, and disciplinary action, including dismissal for chief executives, chairs and directors, and to have implemented procedures in line with the best practice. This includes the seven principles of public life (Nolan principles).

(c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role.

- All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.

(d) The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Providers must have processes in place to assure themselves that a person has not been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement in the carrying on of a regulated activity. This includes investigating any allegation of such and making independent enquiries.

- Providers must not appoint any person who has been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity.

- A director may be implicated in a breach of a health and safety requirement or another statutory duty or contractual responsibility because of how the entire management team organised and managed its organisation's activities. In this case, providers must establish what role the director played in the breach so that they can judge whether it means they are unfit. If the evidence shows that the breach is attributable to the director's conduct, CQC would expect the provider to find that they are unfit.

- Although providers have information on when convictions, bankruptcies or similar matters are to be considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.

(e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS).

- Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.

- If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

Report to the Board of Directors
4th May 2022

Title of report	Infection Prevention Control (IPC) Board Assurance Framework
Report author(s)	Alexia Pearce, Head of Infection Prevention and Control
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse / Accountable Executive Officer

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention, and resilience	X
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

Management Group meetings where this item has been considered (specify date)	
Executive Team	N/A
Corporate Decisions Team (CDT)	N/A
CDT – Quality	N/A
CDT – Business	N/A
CDT – Workforce	N/A
CDT – Climate	N/A
CDT – Risk	N/A
Business Delivery Group (BDG)	N/A

Does the report impact on any of the following areas ***(please check the box and provide detail in the body of the report)***			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	X
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience, and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Infection Prevention and Control (IPC) Board Assurance Framework
Report for the Board of Directors meeting
4th May 2022

1. Executive Summary

The IPC Board Assurance Framework (BAF) first issued by NHSE/I in May 2020 is designed to help providers assess against the Infection Prevention and Control guidance for Covid-19 as a source of internal assurance that quality standards are being maintained. The BAF was updated on the 24th December with additional areas for compliance. It is anticipated that the BAF will be updated again to reflect the latest changes to IPC guidance recently published mid-April.

This attached report covers the Q4 period January to March 2022, during which time the Trust experienced a significant surge in Covid infections in patients admitted to our wards from the community. This activity mirrored the sudden increase in community prevalence following the relaxation of government restrictions coupled with a new variant.

During this quarter, twenty-eight Covid outbreaks were declared and reported to NHSE/I affecting patients and staff, and one outbreak affecting staff only.

From the beginning of January there had been a steady increase in the number of reported staff household cases who had tested positive and subsequent staff members who have had to self-isolate. This increase coincided with the increase in local cases in the wider community and the circulation of the new variant of Omicron BA.2 which is now the dominant strain of Covid-19 and has been identified as the most transmissible variant of the virus to date.

The tool provides assurance to the Trust Board that:

- any areas of risk are identified and show corrective actions taken in response

- organisational compliance has been systematically reviewed for other potential Nosocomial or Healthcare Acquired Infections (HCAIs).

During January to March 2022, performance against the self-assessment for the Trust has been tested via the routine review of standards in all settings.

2. Nosocomial (Healthcare Acquired Infection) Covid Infections

Nosocomial infection means “healthcare acquired”. It is important to understand whether cases of Covid-19 may have been acquired because of the healthcare we provide. This helps us to identify and test any contacts who may have been infected, prevent further spread of the virus and identify where to target our infection control interventions and clinical resources.

At the beginning of January 2022 the NHSE/I has acknowledged *‘that whilst the patient(s) has been in the care of NHS commissioned services, the patients may have been on a period of leave (authorised or not); during this leave period the patient may have been exposed to a positive contact; and*

during this leave period the patient may not have followed COVID restrictive practices at all times –mask wearing in public places, hand washing and social distancing'. Within CNTW each positive patient case is reviewed to establish their close contact information which includes escorted and unescorted leave to understand if the Covid-19 infection can be attributed to their activity when away from the ward.

During Quarter 4, January to March 2022, there has been a total of 134 cases of Covid-19 infections reported, as detailed in the table below:

First positive specimen date:	CO (Community onset)	HOiHA (Healthcare onset indeterminate healthcare association)	HOpHA (healthcare onset probable healthcare association)	HOdHA (healthcare onset definite healthcare association)
< = 2 days after admission* ?	ü 8			
3 – 7 days after admission*?		ü 8		
8-14 days after admission*?			ü 4	
15 or more days after admission*?				ü 114*

These cases have been reviewed to identify if there has been any activity when away from the ward in the wider community to determine if the positive case can be attributed to community transmission.

Root Cause Analysis has been conducted on all reported cases:

- 8 patients: following close contact information, transmission was attributed to their activities away from the ward through unescorted leave or linked to Covid-positive households/family.
- 8 patients: no clear cause determined, as no admission swab was taken, however likely to be community-acquired.
- 4 patients: no clear cause determined, insufficient swabbing information therefore most probably linked to their hospital admission.
- 114 patients were identified through surveillance screening as part of the outbreak management and were attributed to close contact with patients who were Covid-positive on admission or within 7 days of admission

Local Learning has been fed into wider IPC Assurance meetings and Lessons learnt briefings.

3. Compliance

Trust level compliance was demonstrated across all standards, with the exception of some practice issues identified from staff Close Contact Risk Assessment (CCRA). Similar issues which emerged from previous outbreak control meetings. Actions are in place to resolve the following:

- In some outbreaks, gaps in staff members compliance regarding cleaning, touchpoints, adherence to PPE and exceeding the recommended number of people in a risk assessed Covid secure environment is still being identified. Compliance and practice issues are raised at the point of CCRA and with line managers.
- Some wards have reported patient refusal for routine weekly PCR testing, staff are encouraged to repeat the offer of a routine swab and ensure refusal is documented in the patients RIO record.

4. Assurance mechanisms for the initial and new standards

In addition, actions to support assurance of the self-assessment include:

- Covid-19 Gold Command, led by the Chief Nurse has continued to operate as a hub for rapid decision making in response to guidance impacting on safe clinical practices, Covid-19 secure workplaces and relaxation of lockdown.
- The Test and Trace processes: staff absence management is a vital part of assuring staff are being assessed for close contacts and isolated accordingly.
- Reports to Covid-19 IMG by Group Nurse Director Safer Care / Director for Infection Prevention and Control (DIPC) on national and emerging IPC guidance and implications, PPE position, staff, and index case testing.
- IPC Assurance meetings during this period have changed to monthly. Membership includes DIPC / Group Nurse Director for Safer Care, Group Medical Director Safer Care, IPC Team, Locality Group Nurse Directors and Deputy Director of Communications.
- Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff continues. All results are logged via Trust portal, however as the test is not mandatory it is noted that compliance with this continues to be variable despite encouragement. Compliance with LFT testing is discussed at each outbreak meeting.
- All inpatient Covid-19 seven-day surveillance swabs are recorded on electronic patient record RIO and reported onto a centrally held database.
- All inpatient and community teams are monitoring IPC practices daily at handover using Guidelines for maintaining a Covid-19 secure and safe workplace checklist, to monitor and reinforce IPC standards.

- All clinical areas in both inpatient and community complete the updated Infection Prevention and control Covid-19 management checklist 1.4 (February 2021). Locality Group Nurse Directors review this monthly through Locality Quality & Standards meetings.

- Regular IPC/PPE communications included in the Trust-wide communications briefing, supported by guidance on the Trust intranet.
- The IPC team continues to undertake scheduled and as required Meetings with Clinical Nurse Managers, Ward Managers and clinical care groups to discuss complex cases, offer support and guidance for the practical application of 10-day isolation of patients, supported with LFT testing at Day 5 and 6 to end isolation early if negative on LFT and apyrexial. These meetings may be undertaken via Microsoft Teams.
- The IPC team undertake visits to all outbreak areas to review donning and doffing of Personal Protective Equipment and provide advice and support.
- The IPC Team has continued where possible and to minimise transmission, to make 'visit/walkabouts' to hospital and some community service sites to monitor hand washing, social distancing, advise on appropriate use of PPE.
- The IPC Team has delivered Covid-19 training via teams to clinical and non-clinical on request.
- The comprehensive roll out of Fit Testing of FFP3 masks continues to be led by the Academy Physical Health Leads to staff with support from two B3 FFP3 Mask Fit testers, including the refit of new models of mask and fit testing for PAM referrals, multiple failure referrals and those with work related difficulties.

5. <u>Conclusion</u>

The IPC standards for preventing the spread of Nosocomial Covid-19 have been implemented across localities and are continually updated via self-assessment and triangulation of relevant information.

Infection Prevention and Control
May 2022

Infection prevention and control board assurance framework

24 December 2021 Version 1.8

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have further developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with UKHSA Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022and other related infection prevention and control guidance to identify risks associated with COVID-19 and other seasonal respiratory viral infections The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors, and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, guidance on the required infection prevention and control measures has been published, this has now been updated and refined to reflect the learning from the SARS-CoV-2 and to acknowledge the threat from other respiratory viruses. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users, and staff.

This framework has been developed and updated following updates in the guidance to help providers assess themselves as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors, and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. Local risk assessments should be based on the measures as prioritised in the hierarchy of controls. In the context of SARs-CoV-2 and other seasonal respiratory viruses, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed, and mitigated effectively.

Infection prevention and control board assurance framework

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure that: • a respiratory season/winter plan is in place: ○ that includes point of care testing (POCT) methods for seasonal respiratory viruses to support patient triage/placement and safe management according to local needs, prevalence, and care services ○ to enable appropriate segregation of cases depending on the pathogen. ○ plan for and manage increasing case numbers where they occur. ○ a multidisciplinary team approach is adopted with hospital leadership, estates & facilities, IPC Teams and clinical staff to assess and plan for creation of adequate isolation rooms/units as part of the Trusts winter plan. • health and care settings continue to apply COVID-19 secure workplace requirements as far as practicable, and that any workplace risk(s) are mitigated for everyone. • Organisational /employers risk assessments in the context of managing seasonal respiratory infectious agents are: ○ based on the measures as prioritised in the hierarchy of controls. including evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new variants of concern in the local area. ○ applied in order and include elimination; substitution, engineering, administration and PPE/RPE. communicated to staff. • safe systems of working; including managing the risk associated with infectious agents through the completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems.	All admissions into the trust are screened on day1,3, and day 5 following admission and every 7days thereafter. Appropriate care plan re: isolation until result known. Documented in RIO progress notes. All CNTW patients are nursed in single rooms. All rooms covid risk assessed for maximum occupancy. Signage in place. Social distancing maintained in all areas. Natural ventilation is encouraged in all areas. Use of PPE in line with PHE and trust guidance.	Not all rooms have en suite facilities. Specific advice given on how to manage shared facilities to avoid the spread of infection.	

• if the organisation has adopted practices that differ from those recommended/stated in the national guidance a risk assessment has been completed and it has been approved through local governance procedures, for example Integrated Care Systems.
• risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with respiratory infectious agents.
• if an unacceptable risk of transmission remains following the risk assessment, the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations should be considered.
• ensure that patients are not transferred unnecessarily between care areas unless, there is a change in their infectious status, clinical need, or availability of services.
• the Trust Chief Executive, the Medical Director or the Chief Nurse has oversight of daily sitrep.in relation to COVID-19, other seasonal respiratory infections, and hospital onset cases
• there are check and challenge opportunities by the executive/senior leadership teams of IPC practice in both clinical and non-clinical areas.
• resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors).
• the application of IPC practices within this guidance is monitored, eg:
  ○ hand hygiene.
  ○ PPE donning and doffing training.
  ○ cleaning and decontamination.
• the IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board.
• the Trust Board has oversight of ongoing outbreaks and action plans.
• the Trust is not reliant on a particular mask type and ensure that a range of predominantly UK Make FFP3 masks are available to users as required.
	All national guidance reviewed by DIPC, decisions discussed and agreed via IMG.
	
	Covid secure risk assessments completed by the Safety, Security and risk Team.
	
	Considered on a case by case basis
	
	Transfers of COVID-19 positive patients is limited as much as possible.
	
	Data circulated to Executive Team IMG members daily reviewed and signed off by Gold Command led by Executive Director of Nursing and DIPC.
	
	Gold command and IMG
	
	COVID-19 resources on trust intranet, including COVID-19 support pack inpatient services.
	
	Spot check visits by IPC tea members to monitor compliance, in addition to individual case discussions.
	
	IPC BAF discussed at IPC assurance meeting. Reported to the board of directors 3 monthly.
	
	Gold command and IMG.
	
	Programme in place to fit test al staff to more than one FFP3 mask manufacturer		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that: • the Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level. • the organisation has systems and processes in place to identify and communicate changes in the functionality of areas/rooms • cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment. • increased frequency of cleaning should be incorporated into the environmental decontamination schedules for patient isolation rooms and cohort areas. • Where patients with respiratory infections are cared for : cleaning and decontamination are carried out with neutral detergent or a combined solution followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. • if an alternative disinfectant is used, the local infection prevention and control team (IPCT) are consulted on this to ensure that this is effective against enveloped viruses. • manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products. • a minimum of twice daily cleaning of: ○ patient isolation rooms. ○ cohort areas. ○ Donning & doffing areas ○ 'Frequently touched' surfaces eg, door/toilet handles, patient call bells, over bed tables and bed rails.	NTW Solutions reviewing current cleaning standards against National standards for Cleanliness. Information and cleanliness scores presented at trust IPCC meeting. Decontamination and terminal decontamination included in Trust guidance in line with PHE advice. All areas throughout the trust utilise neutral purpose detergent and chlorine-based disinfectant. Domestic staff instructed in manufacturers guidance for the dilution and contact time. Domestic staff instructed in the required standards with particular attention to bathrooms/toilets. All isolation rooms cleaned a least twice daily. Ward staff additional touch point cleaning. Ward managers advise domestic teams when to enter rooms for cleaning following patient movement or clinical interventions.	North Cumbria Locality where they provide domestic services to our premises (Yewdale) Tristel Fuse is used.	

○ where there may be higher environmental contamination rates, including: ▪ toilets/commodes particularly if patients have diarrhoea. • A terminal/deep clean of inpatient rooms is carried out: ○ following resolutions of symptoms and removal of precautions. ○ when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens); ○ following an AGP **if room vacated** (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room). • reusable non-invasive care equipment is decontaminated: ○ between each use**.** ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing, or repair equipment. • Compliance with regular cleaning regimes is monitored including that of reusable patient care equipment. • As part of the Hierarchy of controls assessment: ventilation systems, particularly in, patient care areas (natural or mechanical) meet national recommendations for minimum air changes refer to country specific guidance. In patient Care Health Building Note 04-01: Adult in-patient facilities. • the assessment is carried out in conjunction with organisational estates teams and or specialist advice from ventilation group and or the organisations, authorised engineer. • a systematic review of ventilation and risk assessment is undertaken to support location of patient care areas for respiratory pathways • where possible air is diluted by natural ventilation by opening windows and doors where appropriate • where a clinical space has very low air changes and it is not possible to increase dilution effectively, alternative technologies are considered with Estates/ventilation group.	Cleaning carried out in accordance with IPC standards and national guidance. Reusable equipment decontaminated appropriately and effectively between and after use in line with Trust policy and manufacturers instructions. Monitored via Cleanliness audits and IPC visits. Rooms in CNTW are not typically mechanically ventilated and openable windows is the only method. Risk assessments completed in clinical areas. Ventilation encouraged by opening windows. Estates involved in all discussions		

• when considering screens/partitions in reception/ waiting areas, consult with estates/facilities teams, to ensure that air flow is not affected, and cleaning schedules are in place.			
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**

Systems and process are in place to ensure that:
• arrangements for antimicrobial stewardship are maintained
• previous antimicrobial history is considered
• the use of antimicrobials is managed and monitored:
  ○ to reduce inappropriate prescribing.
  ○ to ensure patients with infections are treated promptly with correct antibiotic.
• mandatory reporting requirements are adhered to, and boards continue to maintain oversight.
• risk assessments and mitigations are in place to avoid unintended consequences from other pathogens.
	Arrangements are in place and antibiotic prescribing is monitored.
	
	Incident reports submitted where antibiotics are prescribed.
	
	Antibiotic surveillance is reported to the IPCC quarterly.		

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that: • visits from patient's relatives and/or carers (formal/informal) should be encouraged and supported whilst maintaining the safety and wellbeing of patients, staff and visitors • national guidance on visiting patients in a care setting is implemented. • restrictive visiting may be considered appropriate during outbreaks within inpatient areas This is an organisational decision following a risk assessment.	All visits are via booked sessions. Visiting guidance updated in line with new changes from 1.4.22, LFD not required prior to visit. Welfare checks must be completed prior to the visit As part of outbreak management visiting is discussed. Visits can be allowed where there are extenuating circumstances and following discussion with IPC to put standards in place.		

• there is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, wearing of facemask/face covering and physical distancing. • if visitors are attending a care area with infectious patients, they should be made aware of any infection risks and offered appropriate PPE. This would routinely be an FRSM. • visitors with respiratory symptoms should not be permitted to enter a care area. However, if the visit is considered essential for compassionate (end of life) or other care reasons (eg, parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting wherever possible. • visitors are not present during AGPs on infectious patients unless they are considered essential following a risk assessment eg, carer/parent/guardian. • Implementation of the Supporting excellence in infection prevention and control behaviors Implementation Toolkit has been adopted C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing PPE provided and designated covid risk assessed visiting rooms. Welfare checks prior to visits. Extenuating circumstances individually risk assessed by IPC and ward team. Visitors do not visit when AGPs in progress. Regular communications on personal protective behaviours in and out of work. Staff and Wellbeing resources available on trust intranet.		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that: • signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival.	Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing.		

• infection status of the patient is communicated to the receiving organization, department or transferring services, when a possible or confirmed seasonal respiratory infection needs to be transferred. • staff are aware of agreed template for screening questions to ask. • screening for COVID-19 is undertaken prior to attendance wherever possible to enable early recognition and to clinically assess patients prior to any patient attending a healthcare environment. • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19/ other respiratory infection symptoms and segregation of cases to minimise the risk of cross-infection as per national guidance. • triage is undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible. • there is evidence of compliance with routine patient testing protocols in line with trust approved hierarchies of control risk assessment and approved. • patients with suspected or confirmed respiratory infection are provided with a surgical facemask (Type II or Type IIR) to be worn in multi-bedded bays and communal areas if this can be tolerated. • patients with respiratory symptoms are assessed in a segregated area, ideally a single room, and away from other patients pending their test result. • patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting testing. • patients at risk of severe outcomes of respiratory infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare eg, priority for single room isolation and risk for their families and carers accompanying them for treatments/procedures must be considered.	Information shared between organisations as part of patient transfer. Community teams contact patients prior to the visit or appointment to establish any COVID-19 infection risks All admissions into the trust are screened on day 1,3, and day 5 following admission and every 7 days thereafter. From 1.4.22 no routine 7 day surveillance swabbing completed in line with national guidance. Appropriate care plan re: isolation until result known. Documented in RIO progress notes On admission all patients are informed of the use of masks to reduce the transmission of covid-19 and encouraged to wear them. Each patient risk assessed re ligature risks. Some patients do not wish to comply with social isolation or alternative mask use All patient nursed in single rooms	There are occasions when patients do not comply with isolation pending results	Triage via Bed Management clinical Team Staff wear full PPE at all times

• where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes. • face masks/coverings are worn by staff and patients in all health and care facilities. • where infectious respiratory patients are cared for physical distancing remains at 2 metres distance. • patients, visitors, and staff can maintain 1 metre or greater social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, eg, to protect reception staff. • patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly. • isolation, testing and instigation of contact tracing is achieved for all patients with new-onset symptoms, until proven negative. • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately. Allan Kirsty 04/29/2022 09:33:59	All patients are informed of the use of masks to reduce the transmission of covid-19 and encouraged to wear them. All staff wearing face masks Staff are aware of the need for social distancing. Use of 2m floor spacers to prompt and remind staff re need for 2m distancing. Posters are on display in all wards/departments across the Trust. Covid risk assessments completed in all areas to identify room occupancy. Perspex screens are in place in reception areas where required following covid secure risk assessments. Guidance provided to community teams reduce social distancing to 1 metre. All patients who develop symptoms are tested and isolated promptly with continued monitoring of the patient's physical health. Appropriate care plan re isolation until result known. Documented in RIO progress notes and alerts Patients who are symptomatic are isolated, if continue to display symptoms following negative result they will be retested.	This can be due to communication difficulties of sensory impairment or ligature risks of use of masks. Risk if ingestion The use of masks within some patient groups has been challenging.	**H**andovers and pre leave checklist acts as a prompt to ensure masks are available and understand the risks of community acquired infection**.**

	Reduced face-to-face appointments and increased use of technology. Staff check with the patient that they are well and symptom-free before appointment where possible to reduce risk of spread		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that: • appropriate infection prevention education is provided for staff, patients, and visitors. • training in IPC measures is provided to all staff, including: the correct use of PPE including an initial face fit test/and fit check each time when wearing a filtering face piece (FFP3) respirator and the correct technique for putting on and removing (donning/doffing) PPE safely. • all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it; • adherence to national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk. • gloves are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's. • the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a	All staff receive in-depth IPC training in induction into the trust. Visitors advised of IPC standards prior to visit as part of pre-screening check. Targeted training sessions are provided in relation to PPE use, donning/doffing. Training records are maintained by the training facilitators. Adherence to national guidance is undertaken by routine checks by Clinical nurse managers and IPC team. PPE worn in accordance with trust and national guidance. Hand towel dispensers are available in all areas and are regularly maintained.		

dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance. • staff maintaining physical and social distancing of 1 metre or greater wherever possible in the workplace • staff understand the requirements for uniform laundering where this is not provided for onsite. • all staff understand the symptoms of COVID-19 and take appropriate action if they or a member of their household display any of the symptoms (even if experiencing mild symptoms) in line with national guidance. • to monitor compliance and reporting for asymptomatic staff testing • there is a rapid and continued response to ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals). • positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported.	Communication on personal uniform laundering has been cascaded via communication briefings. All staff displaying symptoms of covid-19 are advised to contact the central Absence line with the trust for advice and access PCR via the trust based testing team. Fact find meeting to identify if two or more positive cases linked to time and place. OB management policy implemented when two or more positive cases identified.		
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure: • that clear advice is provided, and monitoring is carried out of inpatients compliance with wearing face masks (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs. • separation in space and/or time is maintained between patients with and without suspected respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid mixing of infectious and non-infectious patients. • patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 where their treatment cannot be deferred,	On admission all patients are informed of the use of masks to reduce the transmission of covid-19 and encouraged to wear them. Each patient risk assessed re ligature risks. Some patients do not wish to comply with social isolation or alternative mask use Social distancing in patient communal areas, day rooms/dining rooms.		

their care is provided from services able to operate in a way which minimise the risk of spread of the virus to other patients/individuals. • patients are appropriately placed ie, infectious patients in isolation or cohorts. • ongoing regular assessments of physical distancing and bed spacing, considering potential increases in staff to patient ratios and equipment needs (dependent on clinical care requirements). • standard infection control precautions (SIPC's) are used at point of care for patients who have been screened, triaged, and tested and have a negative result • the principles of SICPs and TBPs continued to be applied when caring for the deceased	All areas compliant facilities to support isolation/cohorting Daily review as part of the covid handover checklist. All admissions into the trust are screened on day 1,3, and day 5 following admission. IPC support and advise given on all infectious patients to clinical teams.		
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals. • patient testing for all respiratory viruses testing is undertaken promptly and in line with national guidance; • staff testing protocols are in place • there is regular monitoring and reporting of the testing turnaround times, with focus on the time taken from the patient to time result is available. • there is regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data). • screening for other potential infections takes place • that all emergency patients are tested for COVID-19 and other respiratory infections as appropriate on admission.	All Trust staff undertaking testing are appropriately trained Testing of both staff and patients is undertaken promptly (usually same day that symptoms are first noticed). Regular monitoring of testing turnaround times. All labs following letter from NHSE Mental Health to ensure rapid processing of tests for MH/LD settings. Reported daily via internal reporting mechanisms Screening takes place to rule out other infections/symptoms being displayed All patients who develop symptoms are tested and isolated promptly with		

• that those inpatients who go on to develop symptoms of respiratory infection/COVID-19 after admission are retested at the point symptoms arise. • that all emergency admissions who test negative on admission are retested for COVID-19 on day 3 of admission, and again between 5-7 days post admission. • that sites with high nosocomial rates should consider testing COVID-19 negative patients daily.	continued monitoring of the patient's physical health. Appropriate care plan re isolation until result known. Documented in RIO progress notes and alerts		
• that those being discharged to a care home are tested for COVID-19, 48 hours prior to discharge (unless they have tested positive within the previous 90 days), and result is communicated to receiving organisation prior to discharge.	Patients screened in accordance with local guidelines and IPC screening guidelines. Information shared with receiving organisation prior to discharge.		
• those patients being discharged to a care facility within their 14-day isolation period are discharged to a designated care setting, where they should complete their remaining isolation as per national guidance	Liaison with the care facility regarding isolation requirements as part of discharge planning arrangements.		
• there is an assessment of the need for a negative PCR and 3 days self-isolation before certain elective procedures on selected low risk patients who are fully vaccinated, asymptomatic, and not a contact of case suspected/confirmed case of COVID-19 within the last 10 days. Instead, these patients can take a lateral flow test (LFT) on the day of the procedure as per national guidance.	ECT patients are screened prior to each treatment		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that • the application of IPC practices are monitored and that resources are in place to implement and measure adherence to good IPC practice. This must include all care areas and all staff (permanent, agency and external contractors).	IPC Team are in daily contact with clinical areas regarding IPC processes and advising wards/teams where other infections are reported Any changes to PHE guidance communicated to staff as soon as		

• staff are supported in adhering to all IPC policies, including those for other alert organisms. • safe spaces for staff break areas/changing facilities are provided. • robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak. • all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance. • PPE stock is appropriately stored and accessible to staff who require it.	possible via the daily communications and Team meetings All waste related to suspected or confirmed COVID-19 cases is disposed of appropriately as infectious clinical waste into orange bags. Introduction of tiger waste for non-clinical areas for the disposal of face mask. Central management of PPE has been introduced to ensure adequate stock for all areas based on usage		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure that: • staff seek advice when required from their IPCT/occupational health department/GP or employer as per their local policy. • bank, agency, and locum staff follow the same deployment advice as permanent staff. • staff who are fully vaccinated against COVID-19 and are a close contact of a case of COVID-19 are enabled to return to work without the need to self-isolate (see Staff isolation: approach following updated government guidance) • staff understand and are adequately trained in safe systems of working, including donning, and doffing of PPE. • a fit testing programme is in place for those who may need to wear respiratory protection.	All staff displaying symptoms of covid-19 are advised to contact the central Absence line with the trust for advice and access PCR via the trust based testing team. Staff tested in accordance with national guidance Staff with additional needs are referred to occupational health for risk assessment Targeted training sessions are provided in relation to PPE use, donning/doffing. Training records are maintained by the training facilitators.		

• where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will:
  ○ lead on the implementation of systems to monitor for illness and absence.
  ○ facilitate access of staff to antiviral treatment where necessary and implement a vaccination programme for the healthcare workforce
  ○ lead on the implementation of systems to monitor staff illness, absence and vaccination against seasonal influenza and COVID-19
  ○ encourage staff vaccine uptake.
• staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in national guidance.
• a risk assessment is carried for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza and severe illness from COVID-19.
  ○ A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups;
  ○ that advice is available to all health and social care staff, including specific advice to those at risk from complications.
  ○ Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff.
  ○ A risk assessment is required for health and social care staff at high risk of complications, including pregnant staff.
• vaccination and testing policies are in place as advised by occupational health/public health.
• staff required to wear FFP3 reusable respirators undergo training that is compliant with HSE guidance and a record of this training is maintained and held centrally/ESR records.
• staff who carry out fit test training are trained and competent to do so.
• all staff required to wear an FFP3 respirator have been fit tested for the model being used and this should be repeated each time a different model is used.
• all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks
	Positive close contact risk assessments completed on all positive staff. Any breach in IPC standards shared with IPC team and staff members manager.
	
	All staff managed in accordance with national guidance.
	
	Risk assessments completed for all staff by line manager.
	Risk assessment includes the need for additional PPE eg FFP3 mask.
	
	Vaccination and testing in accordance with national guidance.
	
	HSE approved training session of upto 3 hours and be deemed competent by an external contractor approved in RPE training
	
	All testing done is recorded on a fit test report including those who have failed the test and those who are unsuitable for masks
	All test reports are scanned to and inputted onto ESR.		

• a record of the fit test and result is given to and kept by the trainee and centrally within the organisation. • those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators and hoods. • that where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be decontaminated and maintained according to the manufacturer's instructions. • members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm. • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health. • boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board. • consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance. • health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone. • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing. • staff who test positive have adequate information and support to aid their recovery and return to work.	The data viewed as 'live' on the FFP3 dashboard which allows locality managers / clinical leads to receive the latest mask information for their staff groups. The original report is given to the managers for record keeping and those fit tested receive a business card with their mask and details on. Those who cannot undergo a fit test will be regarded as a failed fit test. Instructed not to enter areas where FFP3 masks are recommended or undertake duties where there are potential AGP's. Managers are asked to review any employees who falls into this category The data can be viewed as 'live' on the FFP3 dashboard which allows locality managers / clinical leads to receive the latest mask information for their staff groups. Recorded on ESR. Staff teams remain on their allocated areas with minimal movement. This includes Domestic Teams. Staff are aware of the need for social distancing. Use of 2m floor spacers to prompt and remind staff re need for 2m distancing. Posters are on display in all wards/departments across the Trust. The Trust Covid19 Environmental working group has undertaken		

	environmental risk assessments and recommended modifications required trust wide. Face masks are worn by all staff in all areas. Staff absence and well-being monitored via individual team managers and centrally through the Central Absence Line. Well-being checks undertaken Information is provided to staff at point of test explaining outcome of results i.e. negative and positive including ongoing support should symptoms worsen or re-occur. Welfare calls support staff to either return or onward referral to Occupational Health		