NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Board of Directors PUBLIC Board Meeting Agenda

Board of Directors PUBLIC Board meeting **Venue: Crowne Plaza, Newcastle upon Tyne (behind Central Station)** **Those in attendance can also join via MS Teams**	**Date: Wednesday 3rd August 2022** **Time: 1:30pm– 3:30pm**

Agenda Item		Owner	
1	Welcome and Apologies for Absence	Ken Jarrold, Chairman	Verbal
2	Service User / Carer / Staff Story	Guest Speaker	Verbal
3	Declarations of Interest	Ken Jarrold, Chairman	Verbal
4	Minutes of the meeting held 6 July 2022	Ken Jarrold, Chairman	Enc
5	Action Log and Matters Arising from previous meeting	Ken Jarrold, Chairman	Enc
6	Chairman's Update	Ken Jarrold, Chairman	Verbal
7	Chief Executive Report	James Duncan, Chief Executive	Enc
Quality, Safety and patient issues			
8	Commissioning and Quality Assurance update Month 3	Lisa Quinn, Executive Finance Director / Commissioning and Quality Assurance	Enc
9	Service User and Carer Experience Report	Lisa Quinn, Executive Finance Director / Commissioning and Quality Assurance	Enc
10	Safer staffing monthly report including 6 monthly skill mix review	Gary O'Hare, Chief Nurse	Enc
Workforce issues			

11	Trust Workforce Plan	Michelle Evans, Deputy Director of Workforce and Organisational Development	Enc
12	Equality, Diversity and Inclusion including WRES	Chris Rowlands, Equality, Diversity and Inclusion Lead	Enc
13	Guardian of Safe Working House Quarter 1 Report	Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director	Enc
14	NTW Armed Forces and Veterans Staff Network and clinical services update	James Duncan, Chief Executive / David Muir, Group Director	enc
Regulatory / compliance issues			
15	CQC Action Plan update	Lisa Quinn, Executive Finance Director / Commissioning and Quality Assurance	Enc
16	Infection Prevention and Control Board Assurance Quarterly Report	Gary O'Hare, Chief Nurse	Enc
17	Infection Prevention and Control Annual Report 2021/22	Gary O'Hare, Chief Nurse	Enc
18	NHS Improvement Single Oversight Framework	Lisa Quinn, Executive Finance Director / Commissioning and Quality Assurance	Enc
19	Trust Constitution Amendment – for approval	Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary	Enc
Strategy, planning and partnerships			
20	Integrated Care System/Integrated Care Board Update	Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director	Verbal
21	North East and North Cumbria Provider Collaborative Governance (for approval)	James Duncan, Chief Executive	Enc
Committee updates			

22	**Quality and Performance Committee**	**Darren Best, Chair**	**Verbal**
23	**Audit Committee**	**David Arthur, Chair**	**Verbal**
24	**Resource and Business Assurance Committee**	**Paula Breen, Chair**	**Verbal**
25	**Mental Health Legislation Committee**	**Michael Robinson, Chair**	**Verbal**
26	**Provider Collaborative Committee**	**Michael Robinson, Chair**	**Verbal**
27	**People Committee**	**Darren Best, Chair**	**Verbal**
28	**Charitable Funds Committee**	**Louise Nelson, Chair**	**Verbal**
29	**Council of Governors' Issues**	**Ken Jarrold, Chairman**	**Verbal**
30	**Questions from the Public**	**Ken Jarrold, Chairman**	**Verbal**
31	**Any other business**	**Ken Jarrold, Chairman**	**Verbal**

Date and Time of Next Meeting: **Wednesday 5 October 2022 1:30pm – 3:30pm**
Crowne Plaza, Newcastle.

Please note, there is no meeting in September

Minutes of the Board of Directors meeting held in Public
Held on 6 July 2022 1.30pm – 3.30pm
Crowne Plaza, Newcastle and via Microsoft Teams

Present:
Darren Best, Vice-Chair/Non-Executive Director (Meeting Chair)
Ken Jarrold, Chairman *(Joined via MS Teams)*
David Arthur, Senior Independent Director/Non-Executive Director
Paula Breen, Non-Executive Director *(Joined via MS Teams)*
Louise Nelson, Non-Executive Director *(Joined via MS Teams)*
Michael Robinson, Non-Executive Director *(Joined via MS Teams)*

James Duncan, Chief Executive
Ramona Duguid, Chief Operating Officer
Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director
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/Company Secretary
Kirsty Allan, Corporate Governance Manager *(Joined via MS Teams/minute taker)*
Jayne Simpson, Corporate Governance Officer
Margaret Adams, Lead Governor and Public Governor for South Tyneside
Daniel Cain, Staff Governor, Non-Clinical
Andrew Dent, Involvement Core Business Manager *(item 3)*
Jane Noble, Carer Governor for Adult Services
Tom Rebair, Service User Governor for Adult Services
Russell Stronach, Service User Governor for Learning Disability Services *(Joined via MS Teams)*
Paul Richardson, Local Authority Governor, North Tyneside *(Joined via MS Teams)*
Allan Brownrigg, Clinical Staff Governor *(Joined via MS Teams)*
Sam Volpe, Health Reporter *(Joined via MS Teams)*
Anna Foster, Trust Strategy *(Joined via MS Teams)*
Wendy Spratt, Voluntary Services Manager
Rebecca Goodwin, Voluntary Services Co-ordinator
Richard Murt, Volunteer
Claire Thomas, Deputy Director of Safer Care

1.1 Welcome and apologies for absence
Darren Best welcomed everyone to the meeting. Apologies for absence were received from Brendan Hill, Non-Executive Director.

2. Service User/Carer Story/ Staff Story
Darren Best extended a warm welcome and thanks to Andrew Dent for sharing his personal story.

3. Minutes of the meeting held 4 May 2022
The minutes of the meeting held on 4 May 2022 were considered and approved.

Approved:

- **The minutes of the meetings held 4 May 2022 were approved as an accurate record**

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

There were no outstanding actions to report.

5. Chairman's update

Ken Jarrold had no issues to update.

6. Chief Executive's Report

James Duncan confirmed the Integrated Care Board has now commenced with the first meeting taking place on 1st July 2022, with Rajesh Nadkarni being the Mental Health representative on the Board. James referred to the imminent change in Parliament and the appointment of a new Secretary of State for Health and Social Care, the Rt Hon Steve Barclay. James confirmed the Mental Health Bill has now been published and the Trust will review the legislative process and an update will be presented to a future Board meeting. James mentioned this is a good step in the right direction to protect people's rights.

James referred to the enclosed report and highlighted the Annual Nursing Conference took place on 22nd June 2022, mentioning it was a very person-centred well organised event. Gary O'Hare mentioned the conference also welcomed the first cohort of Registered Nurse Apprentices who received CNTW Academy Nursing Badges which were designed by one of the apprentices.

James referred to the Fuller stocktake of Primary Care, recently published, that complements the community mental health framework for adults and older people published in September 2019. It sets out a plan to create teams to support physical and mental healthcare, wrapped around neighbourhoods and primary care networks.

James highlighted the Messenger report, which was published last month referring to the seven recommendations set out by the previous Secretary of State for Health and Social Care.

Resolved:

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

Quality, Clinical and Patient Issues

7. COVID-19 Response update

Gary O'Hare confirmed this will be the last report to the Board and any exceptions will be highlighted within the Chief Executive report going forward. Gary provided an update on the current position since the report was submitted. Whilst numbers reduced significantly in the month of May 2022, June 2022 is seeing an increase in both staff and patient cases with a further increase in staff sickness of 815 staff absent at the present time. There are three COVID outbreaks across the organisation with 17 patients testing Covid positive across a range of inpatient services.

Gary mentioned there are two variants becoming dominant within the UK and are driving the increase in infections, currently making up more than half of the new covid-19 cases in England. Revised IPC guidance has been implemented within the organisation on 26 April 2022 with further easing of restrictions implemented on 19th May 2022 advising clinical areas inpatient and community that they are no longer required to socially distance and removal of mask wearing was introduced in public areas, such as hospital corridors, cafes, and restaurants.

Lynne Shaw mentioned there was a set of national temporary terms and conditions, which came into place March/April 2020 and, as of yesterday, notification was received that all temporary terms and conditions are being withdrawn from 7th July 2022. Lynne clarified if a staff member tests positive for covid they would have previously received 'covid sick pay' which meant all enhancements were given but with the change, staff will now receive 'basic pay'.

Jane Noble queried if a staff member tests positive and is feeling fine, can they still come into work. Lynne Shaw clarified a staff member should not come into work if they test positive, but they do not get paid enhancements due to sick pay provisions changing.

Resolved:

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

8. Influenza Vaccination Plan including COVID-19

Gary O'Hare mentioned as social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to a level like or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantial pressures on the NHS in the coming winter months, 2022 to 2023, and the extended period for which respiratory viruses may circulate.

Influenza vaccination remains an important priority this coming autumn to reduce morbidity and mortality associated with influenza and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19 and other respiratory infections.

Gary mentioned there is a schedule of over 10,000 flu vaccines scheduled for delivery to the Trust. The vaccine will be distributed across the Trust and can be transported to community areas, adhering to the maintenance of the cold chain, in discussion with the pharmacy department. It is anticipated that the seasonal flu vaccination campaign for patients and staff will commence the week commencing 3rd October 2022, subject to delivery dates.

James Duncan noted Australia has recently had a very bad early flu season, which is usually an indicator of what may impact the UK and may mean the vaccination programme may need to come into force sooner.

Resolved:

- **The Board received and noted the Influenza Vaccination Plan including COVID-19**

9. Commissioning and Quality Assurance update (Month 2)

Lisa Quinn mentioned the report for both Board and Quality and Performance format has recently changed considering the Good Governance Institute recommendations around well-led and governance.

Lisa explained the position in relation to information governance training standards have not been met and confirmed an improvement plan will be submitted to move to an increase in standards.

Lisa provided an update on out of areas with bed days increasing in the month but remain within the Quarter 1 trajectory. Children and Young People Eating Disorders services waiting times for routine referrals at Quarter 1 reported at 47.1% against 95% standard with no urgent referrals received in this month. Contractually there are a few areas at Month 2 that remain below contract and internal standards and are highlighted within the report. Lisa confirmed the Board are aware of the pressures and the work the Trust is undertaking in these specific areas and a progress update will be provided at a future Board.

Lisa mentioned at Month 2 the Trust has a £2.3m deficit which is £0.9m above plan. The Trust is forecasting to deliver a £5.6m surplus as agreed as part of the ICS financial plan to deliver a break-even. Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.

James Duncan mentioned there are a few challenges within the report and the organisation needs to take a stocktake against the plan, but mentioned the plan was predicated on a normal pre-covid perspective. The position will be reviewed, and an update and recovery plan will be provided at October Board.

Tom Rebair asked if the Trust is still showing signs of staffing issues and asked what the reasoning was for out of area patients. Ramona Duguid explained there are some areas where the organisation does have staffing issues but is not the reason for the position of out of area placements. There are challenges from delays of transfers of care of patients awaiting discharge and transition planning, as well as challenges in the ability to look after people outside of hospital, which is putting consistent pressure on inpatient beds.

Margaret Adams asked in terms of delayed discharges whether there are any hotspots across the Trust. Ramona Duguid advised there are specific pathways for hotspot areas with the learning disability pathway particularly challenging, as quite often those discharges are complex in nature as well as the older persons pathway in North Cumbria being a specific hotspot. Adult pathway is less challenging and complex than older persons and learning disabilities however there are challenges in terms of social care provisions.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance update (Month 2)**

10. Safer Care Report

Claire Thomas attended to provide an update on the Safer Care Quarter 4 report. Claire mentioned that serious incidents are the same as Quarter 3 and are in-line with the same quarter as last year. In January, in response to OPEL Level 3, the clinical investigation team reviewed the process to try and reduce the workload within clinical teams, while ensuring

appropriate reviews, reflection and learning of incidents occurred. Claire mentioned a new process around initial 72-hour reporting, where an immediate review is undertaken to see if it requires escalation or whether there is sufficient learning within the 72-hour report. Data from qualitative questionnaires was positive and there was a 50% reduction in the need for local after-action reviews. It was agreed that the new process would be continued, and regular updates will be provided to Trust-wide Safety Team to ensure no learning opportunities are missed.

Claire mentioned the increase in MRE continues to be related to an individual patient in secure services, where MRE is being used to facilitate time out in seclusion. It was pleasing to note that year-end figures have demonstrated reductions in the overall use of MRE. There are 12 cases of Long-Term Segregation during quarter 4, 7 were existing cases and 5 commenced in Q4. In total there are 8 out of the 12 reviewed with the remainder scheduled for a review. Safeguarding and Public Protecting activity has continued at an increased rate to pre-pandemic levels and Claire mentioned the sustained increase remains consistent with findings of partners.

In relation to Infection Prevention Control (IPC) and Medical Devices, Claire explained the IPC team continue to provide refresher training and question and answers on any aspect of COVID for teams across the Trust were identified and requested. The medical devices team also continue to support, through procurement, installation, servicing and education to the localities and clinical teams during quarterly reporting.

Resolved:

- **The Board received and noted the Safer Care Quarterly Report**

Workforce Issues

11. Volunteering Strategy

Wendy Spratt, Rebecca Goodwin and Richard Mutch attended and presented to the Board the Volunteering Strategy. Richard Mutch, who has a history as a Veteran in the British Army, mentioned he has been volunteering for several years and provided the Board with an update on how positively he feels about being a volunteer with the Trust.

Wendy referred to the volunteering mission statement. Wendy mentioned volunteers play a valuable role in providing more time for our professionals to provide high-quality care they have been trained to give.

Paula Breen thanked the team for an excellent piece of work and mentioned that to retain volunteers it is crucial to understand what motivates them to volunteer to make sure we keep volunteers engaged. She highlighted that a lot of volunteers do volunteer for the recognition and the need to find ways to recognise volunteers for what they do to retain them. Wendy Spratt mentioned the recognition the Trust does give volunteers being gifts, staff awards and hampers.

Ken Jarrold mentioned an NHS organisation that has a flourishing volunteer movement is a healthy organisation, saying there is something precious about time that is freely given and benefits to the service user, carer and members of staff and benefits to the volunteer. Ken thanked Wendy and her team and all the volunteers in the fantastic work they do that makes CNTW a better place.

Michael Robinson referred to partnerships with universities and colleges and queried if there are partnership working in schools for children to be involved. Wendy Spratt explained there is work within colleges to attract 6th form students as the minimum age of volunteering is 18+.

Lisa Quinn referred to the strategy around increasing the number and diversity of volunteers by 25% in all localities and asked if the cultural diversity aspect within the volunteers is also something that has been explored in relation to the strategy. Wendy Spratt mentioned it is key to be inclusive within the strategy going forward.

Danny Cain asked about signposting volunteers into paid employment. Wendy Spratt mentioned there has been people who have come through voluntary services from IPS service who have gained experience and used that experience as part of their application to secure paid employment.

Regulatory / Compliance Issues
None to note.

Strategy, Planning and Partnerships

12. CNTW2030 Strategy update

Anna Foster provided a brief update on the development of the Trusts next strategy. Anna reminded the Board of a campaign which was launched at the last Annual Members' Meeting called CNTW2030 where an open question was asked to all stakeholders of "what matters to people" with a lot of comprehensive feedback received which was adopted into several themes. Anna mentioned the next phase of the process the Trust is looking to step away from the terminology of CNTW2030 and move to 'We are CNTW'. Anna explained the feedback received from service users and carers is to reframe what has been heard and the next stage of the process is to take the statement and test with people to see if anything can be changed, added or missed. Once the statement has been agreed this would form the guiding principles of everything we do within the new strategy.

Darren Best thanked Anna Foster for the presentation and confirmed the board of Directors did have an in-depth discussion on the strategy update last week. James Duncan mentioned this is only the beginning of conversations and will explore further throughout the summer so will have plenty of opportunities to return to this on introducing the next stage of the process.

Margaret Adams confirmed the CNTW2030 strategy will be discussed at a future Governors Engagement meeting as well as to a Service User and carer Reference Group.

Resolved:

- **The Board and received and noted CNTW2030 Strategy update**

13. Integrated Care System (ICS) / Integrated Care Board (ICB) Update

Rajesh Nadkarni provided an update from the first Integrated Care Board which took place on 1st July 2022. It was acknowledged that we are the largest ICB in the country in size of geography, population and financial. The first meeting agenda was regarding the forming of the ICB with discussions on many policies with two important papers explored which also

reflected the underpinning of how the ICB will work in relation to inequalities and engagement with communities.

Margaret Adams asked where GP practices would fit within the ICB. Rajesh Nadkarni mentioned there are two primary care representatives on the Board, one from Sunderland also the Newcastle area and mentioned they invited an expression of interest for members which was arranged via the Chair of the ICB.

Jane Noble asked if the ICB Board cover the whole of the CNTW. Rajesh Nadkarni clarified that the ICB covers the whole of the North East and North Cumbria but as part of the new NHS arrangements there will be local arrangements in place and confirmed CNTW will be involved in all local areas. Darren suggested for an update on ICB/ICS to be provided at a future Council of Governors meeting.

Resolved:

- **The Board received and noted the Integrated Care System (ICS) / Integrated Care Board (ICB) update**

Board sub-committee minutes and Governor issues for information

14. Quality and Performance Committee

Darren Best mentioned Q&P last met on 29 June 2022 which was Alexis Cleveland's last meeting and thanked Alexis for the many years of chairing the Committee. Changes to the safer staffing report, Darren mentioned work is required around training for Board members and Governors to understand the reports and there was a focussed discussion around restrictive practice. Darren mentioned the commitment around service user involvement in developing practice and the ambition at this stage to have nil tertiary restraints within the Trust being the right ambition to take.

15. Audit Committee

David Arthur mentioned the Committee met at the end of June 2022 to review the end year accounts and reporting and pleased to highlight internal audit content with the quality of the information that has been produced.

16. Resource and Business Assurance Committee

No meetings have taken place since the last Board.

17. Mental Health Legislation Committee

No meetings have taken place since the May meeting of the Board. The next meeting in June, Michael Robinson mentioned the best part of the discussion will be looking at the Mental Health Bill which was published last week and will go to Parliament in the next calendar year. Michael mentioned the Bill considers a lot of the recommendations which were taken in the White Paper on Mental Health Legislation which will mark a major change to the Mental Health Legislation regime.

18. Provider Collaborative Committee

Michael Robinson mentioned the Committee met last week where the Committee reviewed the end of the year three Specialist Provider Collaboratives and looking at the first month of the current year.

19. People Committee

Darren Best mentioned meeting on the 20 April 2022 and will remain as interim chair for the July meeting. Brendan Hill takes over as permanent chair from 1 August 2022. Darren thanked Danny Cain and Anne Carlile who met outside of the meeting to discuss the shape and direction of the committee.

20. Charitable Funds Committee

No meetings have taken place since the May Board with the next meeting due to take place on 20 July 2022.

21. Council of Governors issues

Debbie Henderson mentioned the Steering Group met on 28 June 2022 to discuss the Council of Governors agenda setting with the next meeting due to take place 14 July 2022 which will be a hybrid meeting taking place at Royal Station Hotel, Newcastle as well as the opportunity to dial in via Microsoft Teams. Debbie mentioned it would be good to meet people face to face and hoping for a good attendance.

22. Any Other Business

There were no further issues to report.

23. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 3 August 2022, 1.30pm at Crowne Plaza and via Microsoft Teams.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting held in public

Action Log as at 3 August 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					
		There are no outstanding actions to note			
Completed Actions					
		There are no complete actions since the previous meeting to note			

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting
Chief Executive's Report
Wednesday 3rd August 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 3rd August 2022

1. Trust Updates

1.1 Annual Staff Excellence Awards 2022

In May, nominations opened for our 13th annual Staff Excellence Awards. Each year the number of entries surpasses the last and this year is no exception with a record number of 886 nominations received.

Our staff excellence awards celebrate the dedication, hard work and achievements of CNTW and NTWS staff who have made a real difference to service users, carers, and work colleagues. The ceremony will be a face-to-face event on Friday 23 September at Newcastle Civic Centre, hosted by the popular Steve and Karen from Metro Radio. The awards presentation will be live streamed allowing colleagues, friends, and families to share in the excitement of the celebrations.

1.2 Peer Support Education Programme Celebration Day

I attended the celebration day for the completion of cohort 2 of the Peer Support Education Programme. This is a nationally recognised programme, which has been developed by the team internally, that enables new peer support to better understand it, to better understand themselves and their role within the organisation. It was, as expected, absolutely inspirational, with all of the cohort sharing their experience of the course, their honest reflections and their deep passion for the value of the role and what they can bring. This truly is part of the revolution that will nurture, enable, and create a thriving culture for positive change across the organisation. It was a pleasure and an honour to be part of it.

1.3 Recognition, continuity, and growth through adversity and trauma – the second Personality and Complex Trauma (PaCT) Network Conference

An excellent PaCT Conference was held in person on 20 July 2022, with around 180 people attending. Being in person felt so right for this conference and facilitated greater connection and sharing of personal stories of trauma, growth and recovery, and a chance to network with, and support, colleagues within CNTW and in our voluntary and community sector partners.

The tone and theme were one of recognition, support and growth through adversity and trauma of the last few years, including the effects of the pandemic. I shared my own thoughts and reflections on trauma, and its personal impact, along with my appreciation and tribute to those involved in services more broadly. There were several morning presentations and two parallel workshop sessions in the afternoon. Subjects included a dialogue about trauma-informed care, autism, and trauma, improving awareness and recognition of complex emotional needs in older people's services, continuing, and growing family bonds and working with personality difficulties in secure services.

The afternoon workshops continued some of these themes, but there were additional workshops on implementing Structured Clinical Management, reflections on peer support

models of recovery and support, setting a research agenda, formulating risk, working into care homes for people with learning disabilities and older people and exploring alternatives to hospital admission and crisis cafes. All workshops were well attended, with great interaction, engagement, and dialogue. Feedback from those attending was positive and illustrated how people appreciated the opportunity to connect and share ideas and thoughts about some very key issues in how we provide care and treatment across all our services.

On closing the conference, we gave our sincere thanks to all the contributors and particularly thanks were given to Stuart Mitchell's contribution to the Trust, our Consultant Clinical Psychologist and Trust Lead for Personality Disorder, and wished him well for his retirement on 31st July.

1.4 Roselodge and Learning Disability and Autism Core Service Comprehensive Inspection

On 8 July, the Care Quality Commission published their report into Learning Disability and Autism following a focused inspection at Roselodge in March 2022. A copy of the report can be found here https://api.cqc.org.uk/public/v1/reports/1d64e282-46e0-4b1f-b31d-c5316bcf9ac6?20220708070235, this inspection looked at the 'Safe' domain only and was a non-rating inspection. Since this inspection, the Care Quality Commission has conducted a Comprehensive inspection into the Learning Disability and Autism Inpatient Core Service in May 2022, highlighted the improvements the Trust had made since the focused inspection. The Trust has received the draft report for this later inspection and returned the factual accuracy form. We are expecting the comprehensive report to be published August/September and would like to bring both reports back to the Board meeting held in public together at our next meeting.

2. Regional updates

2.1 Inaugural meeting of the North East and North Cumbria Integrated Care Board

Integrated Care Systems moved to a statutory footing on the 1st July. The first meeting of the North East and North Cumbria ICS Integrated Care Board also took place on the 1st July, with the Board considering a paper which highlighted the scale of health inequalities in the North East and North Cumbria region. The paper recommended a review of the current arrangements for tackling health inequalities across the region and the formation of a multi-agency expert advisory group to drive this work forward, develop an inequalities strategy for the ICS, and oversee the delivery of local and national priorities linked to tackling inequalities.

3. National updates

3.1 LeDeR report into the avoidable deaths of people with learning disabilities

The 2021 LeDeR report, which seeks to investigate and learn from the avoidable deaths of people with a learning disability in England, was published in July. Key findings from this year's report include:

- People with a learning disability continue to have a much shorter life expectancy than the wider general public, with 6 out 10 dying before age 65, compared to 1 out of 10

for people from the general population. Those with epilepsy and from minority ethnic backgrounds were more likely to die younger.
- The most common cause of death based on death certificates during 2021 was COVID-19. The estimated excess deaths during 2021 compared to pre-pandemic years was double that of the general population. Being vaccinated reduced the likelihood of dying of COVID-19.
- Approximately half of all deaths of people with a learning disability was deemed to be avoidable, compared to less than a quarter for people from the general population.

3.2 Action plan for strengthening community support for people with a learning disability and autistic people

Government published 'Building the Right Support' which sets out an action plan and commitments aimed at strengthening community support for people with a learning disability and autistic people, and reducing reliance on mental health inpatient care. The action plan and commitments are centred around 6 themes:

- Keeping people safe and ensuring high quality health and social care
- Making it easier to leave hospital
- Living an ordinary life in the community
- A good start to life
- Working with changes to the system
- National and local accountability to deliver

The action plan builds on a range of existing evidence and work already underway, and aims to accelerate and expand progress towards long-term change for people with a learning disability and autistic people. It brings together the commitments which have been made by different organisations, building on the objectives set out in the 2015 Building the Right Support national plan and commitments made in the NHS Long Term Plan.

3.3 Health Foundation analysis of children and young people's mental health services data

The Health Foundation published a report analysing trends in the mental health of children and young people and existing pressures on services across the UK. Key findings include:

- Across the UK, the number of children and young people experiencing mental health problems is growing. Mental health services are expanding, but not fast enough to meet rising needs, leaving many children and young people with limited or no support
- Increasing use of primary care and medication for mental health issues in some areas
- Around 25% of girls and young women aged 17-22 have a probable mental health disorder, the greatest proportion of any group of children and young people
- There is a stark difference between the most deprived and least deprived areas in terms of demand for mental health support
- To inform national policy decisions and local service planning and delivery, the quality of data collection, analysis and the linkage of datasets across services and sectors need to be improved, including more regular collection of robust and granular

prevalence data, improvements in data quality for specialist services, closing of data gaps along the emergency crisis care pathway, and better linkage of data to understand experiences across care pathways
- It is also vital that data is collected on support services in schools and services funded by local government or the voluntary sector, and that these are linked to NHS data

3.4 NHS Oversight Framework 2022/23

The new 2022/23 NHS Oversight Framework was recently published at the end of June 2022. The framework describes NHS England and NHS Improvement's approach to oversight for 2022/23, one that reinforces system-led delivery of integrated care.
The approach to oversight in the framework for 2022/23 comprises of a set of around 70 indicators which cover all Trusts and the Integrated Care System as a whole. A detailed document of each of the measures was published at the end of July 2022.
Examples of the oversight indicators include:

- Overall CQC rating (provision of high-quality care)
- CQC Well – led rating
- NHS staff survey safety culture theme score
- Select Long Term Plan measures including access rates for CYPS, adults and older adults
- Inappropriate Out of Area Placements

A full list of indicators relevant to CNTW is in the Appendix.

4. And finally, six months in…

This Board effectively marks six months from me formally taking up post as Chief Executive. It has been a hectic, challenging, brilliant, inspiring time for me. By next week I will have been to all of our in-patient sites and most of our individual wards. What I have seen is loads of hard work, innovation, and dedication, and I have also felt the challenges that people have been through. I have seen that lift to some extent during the period, but we all know we have so much to do. The challenge of ensuring we have the right staff, the right teams and the right focus across our wards remains significant. But talking to the people who are receiving care in our wards, I have universally heard that staff are caring and supportive, that people feel safe, and that they value the relationships that they have with the staff of the ward. It is this time and these relationships that we need to nurture, and I know we need to actively work to ensure that staff can have the time to do the things well that are most important to the people we serve. We have a great base to build on.

Over the next period I will be making my way around our community teams. I look forward to learning more as we really start our approach to changing the way we support people across our communities in partnership with them, with GPs, local authorities, and the voluntary, community and charity sector. This will be a journey of years, but we will start with doable steps, and we will ensure that everything we do is co-produced and co-owned. This is a huge opportunity for positive change.

And lastly, I just want to pay tribute to our brilliant team of people. I have been to so many inspiring events and listened to the brilliant things that people are doing and thinking about. There are so many great ideas to harness and develop, and such a will and passion to do the right thing, always, for the people we serve.

I am looking forward to working with this brilliant team over the next six months and years.

James Duncan
Chief Executive

The NHS Oversight Framework and associated metrics.

Summary

The new 2022/23 NHS Oversight Framework was recently published at the end of June 2022. The framework describes NHS England and NHS Improvement's approach to oversight for 2022/23, one that reinforces system-led delivery of integrated care.

A briefing paper has previously been through execs to highlight the changes to the NHS Oversight Framework for 2022-23 with an expectation that the supporting metrics would follow publication in the following weeks.

The NHS SOF Measures Technical Annex was published 22nd July 2022 and outlines the metrics that will be used to monitor providers and the ICB for 2022-23.

The approach to the Oversight Framework in 2022/23 comprises a set of around 70 indicators. The Technical Annex provides the detail of the construction and purpose of each of the metrics. The detail is provided in a mostly standardised form, with slight differences for the small number of metrics which require more judgement and moderation in their construction.

The content of the Technical Annex is current at the time of publication and covers the metrics included in the National dashboard. Where an indicator is not yet available the document includes a 'placeholder' for the indicator. As indicators are developed and data becomes available, NHSE/I will update the technical annex.

The technical annex appears to include additional measures compared to 2021-22 along with additional guidance for measures that were still under development e.g., workforce and finance measures.

A summary of changes include:

- The addition of the provider 'Well-led' rating. Previously the oversight framework metrics only included providers overall CQC rating.
- A focus on specific LTP measures – CYPS mental health services access where there is 1+ contact and access to community mental health services for adults and older adults with SMI where they have received 2 or more contacts (in transformed and non-transformed systems)
- Additional staff survey measures e.g. proportion of staff who agree that their organisation acts fairly with regard to carer progression/promotion
- The addition of offer of tobacco dependence services in adult acute inpatient wards and maternity settings.

Appendix 1 lists all metrics that are relevant to CNTW – either as a whole or contributor to.

Appendix 2 contains the shortened technical construction of each of the identified measures showing the data source and frequency of reporting.

Appendix 1: List of releavnt SOF metrics to CNTW

- Achievement of Mental Health Investment Standard
- Reliance on specialist inpatient care for adults with a learning disability and/or autism
- Reliance on specialist inpatient care for under 18s with a learning disability and/or autism
- Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check
- Overall CQC rating (provision of high-quality care)
- NHS staff survey safety culture theme score
- Consistency of reporting patient safety incidents
- National Patient Safety Alerts not declared complete by deadline
- Proportion of people aged 65 and over who received a flu vaccination
- CQC well-led rating
- NHS Staff Survey compassionate leadership people promise element sub-score
- Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers
- Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues
- Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public
- NHS Staff Leaver Rate
- NHS Staff Survey Staff engagement theme score
- Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.
- IAPT access (total numbers accessing services)
- Children and young people (ages 0-17) mental health services access (number with 1+ contact)
- People with severe mental illness receiving a full annual physical health check and follow up interventions
- Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external)
- Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses

- Proportion of (a) adult acute inpatient or (b) maternity settings offering Tobacco Dependence services
- Financial Stability
- Financial Efficiency
- Finance – Agency Spend vs agency ceiling, Agency spend price cap compliance

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd August 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	27.07.2022
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	
Trust Leadership Team (CDT)	25.07.22
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:

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Board Report

2022-23 Month 3 (June 2022)

Caring | Discovering | Growing | **Together**

Executive Summary

Regulatory

- At Month 3, the Trust has a draft deficit before exceptional items of £2.6m which is £1.6m ahead of plan. Agency spend at the end of Q1 is £7.9m of which £5.4m (68%) relates to nursing support staff.
- Information Governance Training remains at 85.4% in the month - standard required 95% by 30th June 2022
- Out of area bed days have increased in the month (Total of 670 QTD) but remains within the Quarter 1 trajectory (728 Q1)
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at Quarter 1 to date is reported at 80.0% against a 95% standard).
- There have been 7 urgent referrals received in June of which none were completed within the 7 day standard. In Quarter 1 2022 there have been a total of 15 urgent referrals received, none of which have been completed within 7 days. Data quality work is currently being undertaken to review the data

Contract

- The Trust met all local CCG's contract requirements for Quarter 1 with the exception of:

  CPA metrics for all CCGs

  Delayed Transfers of Care within Newcastle/Gateshead, Northumberland, South Tyneside 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

Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have increased in the month now reported at 310 (5.9%) as at 30th June 2022
- The numbers of Children and Young people waiting over 18 weeks for treatment have increased in the month to 2148 (55.1%) as at 30th June 2022
- There are a number of training topics underperforming against the Quarter 1 trajectory
- Appraisal rates have remained at 63.8% against a Quarter 1 trajectory of 72% Trustwide
- Management supervision has decreased in the month to 54.5%, remaining under the Quarter 1 trajectory of 61%

Regulatory

Single Oversight Framework	Segment	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).
	1	Areas for improvement relate to CYPS ED waiting times and Out of Area Placements

Care Quality Commission	OUTSTANDING	A focused inspection of learning disability and autism wards took place on 16th May 2022. The Trust has received the draft findings for factual accuracy checking. The findings from the focused inspection of Rose Lodge which took place on 30th and 31st March 2022 have been published on the CQC website on 8th July 2022.

Number of visits in the last 12 months:	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
	3	0	7									

	Standard	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
DQMI Score	90%	93.1%	93.0%	91.8%									
Information Governance Training	95%	86.1%	85.4%	85.4%									
Out of Area bed days	0	155	223	292									
IAPT Recovery (Sunderland)	50%	56.4%	49.8%	56.5%									
IAPT Recovery (N.Cumbria)	50%	54.0%	52.1%	52.7%									
EIP (2 weeks to treatment)	60%	81.8%	82.5%	80.7%									
72 hour follow up	80%	90.2%	92.7%	97.0%									
Referral to treatment (RTT)		100%	100%	100%									
CYPS ED – Urgent	95%	0%	0%	0%									
CYPS ED - Routine	95%	42.9%	30.0%	80.0%									

Action being taken:	Data quality work being undertaken to investigate recent recording practices for CYPS ED urgent referrals due to the reduction in performance. A plan is being developed to ensure that the Trust will be compliant with the 95% standard for IG training by the end of August 2022.

Contract

Commissioner Contracts (CCG):	**Unmet contract requirements** **4**	The Trust's met all local CCG contract requirements with the exception of: • CPA metrics for all CCG's • DTOC – Newcastle and Gateshead, Northumberland, South Tyneside, Sunderland and North Cumbria (check) • Ethnicity recording for MHSDS – North Tyneside • IAPT numbers entering treatment – Sunderland and North Cumbria
Commissioner Contracts (NHSE):	**Unmet contract requirements** **1**	The Trust's met all NHSE contract requirements with the exception of: • Percentage of patients with a completed outcome plan (relating to 1 patient)

Contract Summaries:	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	North Cumbria CCG	Durham and Tees Valley
	94%	70%	80%	60%	70%	86%	60%	75%

CQUIN:	**Achieved**	**Part achieved**	**Not achieved**	
Q1				All CQUIN schemes have now been internally assessed as achieved at Quarter 1 2022.
Q2				
Q3				
Q4				

Friends and Family Test:	**85.1%**	The overall FFT satisfaction score for June 2022 was reported at 85.1%, 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 352, of which 64% were from service users, 25% from carers, 8% were completed on behalf of a service user and 3% did not state their person type.

Action being taken:	Localities have committed to meeting quality standards by the end of Q4 2022/23 which includes a focus on under performing contract requirements e.g. CPA metrics. Data quality reports are being developed as part of the dashboard development project and a new data quality lead will be focusing on areas of concern and delivering targeting training once in post. The CYPS mailshot of Points of You has been reinstated and has generated an increased level of feedback from Children and Young People. The online version of Point of You is being made more accessible to encourage greater feedback levels and localities will be encouraged to promote this.

Internal

Waiting Times (Adult and Older Person):	**Over 18 week waiters** **310 (5.9%)**	As at 30th June 2022 there were a total 5243 people waiting to access services in non-specialised adult services across CNTW of which, 310 people have waited more than 18 weeks. This is an increase from 5108 people waiting to access non-specialised adult services last month of which 268 were reported waiting over 18 weeks.
Waiting Times (CYPS):	**Over 18 week waiters** **2148 (55.1%)**	This month there has been an increase in the total number of CYP waiting more than 18 weeks to treatment, reported at 2148 as at 30th June 2022 compared to 2047 as at 31st May 2022. The number of young people waiting to access children's community services overall has increased in month 3.

Statutory & Essential Training:	**Standard achieved (Quarter 1 trajectory met)**			**Standard almost achieved (<5% below Quarter 1 trajectory)**			**Standard not achieved (>5% below Quarter 1 trajectory)**		
	M01	**M02**	**M03**	**M01**	**M02**	**M03**	**M01**	**M02**	**M03**
	5	7	7	3	4	3	12	11	12

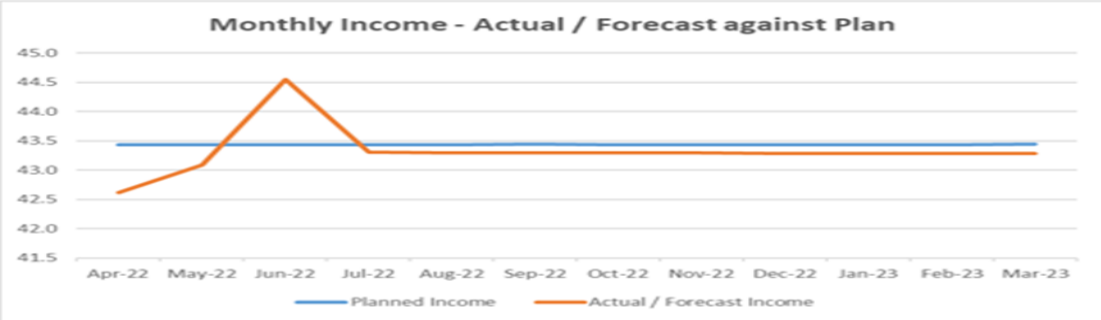
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12
Appraisals	64.8%	63.8%	63.8%									
Management Supervision	52.6%	55.2%	54.5%									
Clinical Supervision	77.5%	77.8%	77.8%									

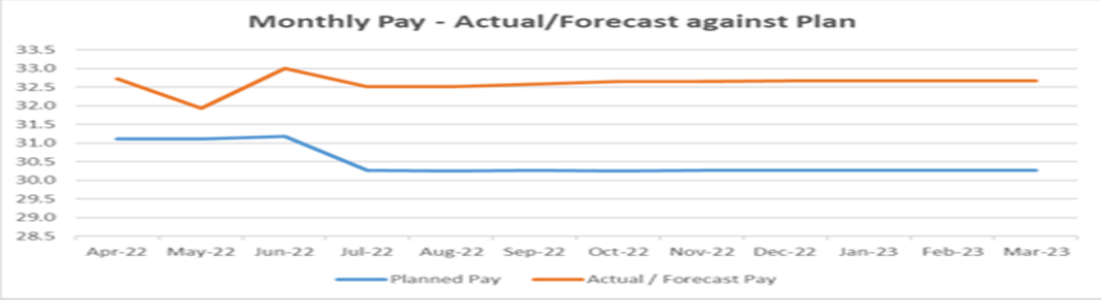
Quality Priorities:	**EDI and Human Rights**	**Supporting service users & carers to be heard**	**Improving Waiting Times**	**Improving the inpatient experience**
Q1				
Q2				
Q3				
Q4				

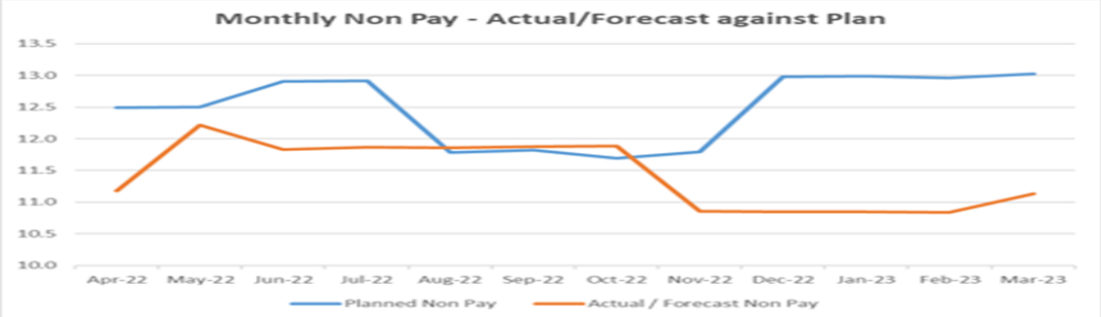
Action being taken:	Localities have developed trajectories for meeting training standards by the end of Q4 2022/23. The Access and Waiting Times group is taking on more of a performance management role and an updated reporting proforma has been developed for localities to highlight issues and provide kay actions points for areas of improvement.

Finance

Financial Performance Dashboard







Key Indicators

	Month 3							
	Year to Date			Year End without return to Pre COVID spending			Year End with planned return to COVID spending	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Actual £m	Variance £m
Income	130.3	130.3	(0.1)	521.3	521.4	0.1	520.9	(0.4)
Pay	(93.4)	(97.7)	(4.3)	(365.8)	(386.7)	(21.0)	(377.5)	(11.7)
Non Pay	(37.9)	(35.2)	2.7	(149.9)	(143.2)	6.7	(137.8)	12.1
Surplus/(deficit)	**(1.0)**	**(2.6)**	**(1.6)**	**5.6**	**(8.5)**	**(14.1)**	**5.6**	**0.0**

Key Issues/Risks.

- At month 3 the Trust has a £2.6m deficit which is £1.6m above plan, The Trust is forecasting to deliver a £5.6m surplus as agreed as part of the ICS financial plan.
- At Q1 CNTW are reporting delivery of the agreed £5.6m surplus. However, the Trust have identified a scenario based on existing trends and forecasts that could lead to a £8.5m deficit due to an increase in use of temporary staffing and no predicted change from this trend evident in the group's current forecasts.
- Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.
- Overall Trust pay costs have continued to increased through Q4 21/22 and Q1 22/23. Agency costs is Q1 are higher than planned. The plan is dependent on a drop in both staff costs to pre COVIS levels in Q2.
- Cash – £42.8m at month 3 which is £14m below plan. The Trust has a overdue £8.5m PDC drawn down expected in July and is behind the revenue plan and working balances account for cash balances being below plan at this stage. The Trust is forecasting to have the planned level of cash balances, £51.8m at the end of the financial year.
- Capital Spend - £8.5m at M3, is £4.3m under plan.

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

	06/06/2022		13/06/2022		20/06/2022		27/06/2022	
Medical	138	109	133	104	120	97	133	104
Qual Nursing	150	100	154	103	166	120	172	127
Unq Nursing	2,497	1,906	2,712	2,046	2,779	2,106	3,037	2,957
A&C	39		40		28		26	
	2,824	**2,115**	**3,039**	**2,253**	**3,093**	**2,323**	**3,368**	**3,188**

In June the Trust reported an average of 2,470 price cap breaches (104 medical, 113 qualified nursing and 2,254 nursing support). At the end of June 21 medics were paid over the price cap.

Risks and Mitigations

- 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 quarter 1.
- 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, recovery trajectories have been agreed for 2022-23 at both a Trustwide and locality level.

Recommendations

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

Allan Fairlamb

Deputy Director of Commissioning & Quality Assurance

Lisa Quinn

Executive Director of Commissioning & Quality Assurance

19th July 2022

Report to Board
Quarter 1 2022-23

Title of report	**Service User and Carer Experience Report (Q1 2022-23)**
Report author(s)	**Paul Sams, Feedback & Outcomes Lead 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	

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 1 2022-23

Executive Summary

Service users and carers shared their experience of Trust services predominantly through the Points of You survey. We received our highest levels of feedback since quarter 2 2021-22, with the majority coming through mailshot.

We experienced a reduction in satisfaction ratings in response to the Friends and Family Test question. This coincides with a reduction in positive comments. However we have seen an increase in compliments.

A 'You Said-We Did' poster was made available to all wards and teams during the quarter and is currently being communicated to support uptake. At time of writing 14 of 209 teams have created a poster. This process allows the Trust to respond effectively to service specific feedback in a timely and meaningful way.

Recommendations

Board is asked to:

- Note a 109% increase in feedback through the Points of You survey.
- Note the North locality received more feedback this quarter than any other since the current survey was introduced.
- Note that mailshot surveys account for 68% of all Points of You returns during the quarter.
- Note that hard copy surveys remain the least popular option when completing a Points of You survey. Possibly due to increases in remote consultations that have continued beyond the coronavirus pandemic.
- Note that Benton House Community Learning Disability Team have been awarded a Healthwatch Star after being nominated by a member of the public.

Service User and Carer Experience Report

Quarter 1 2022-23

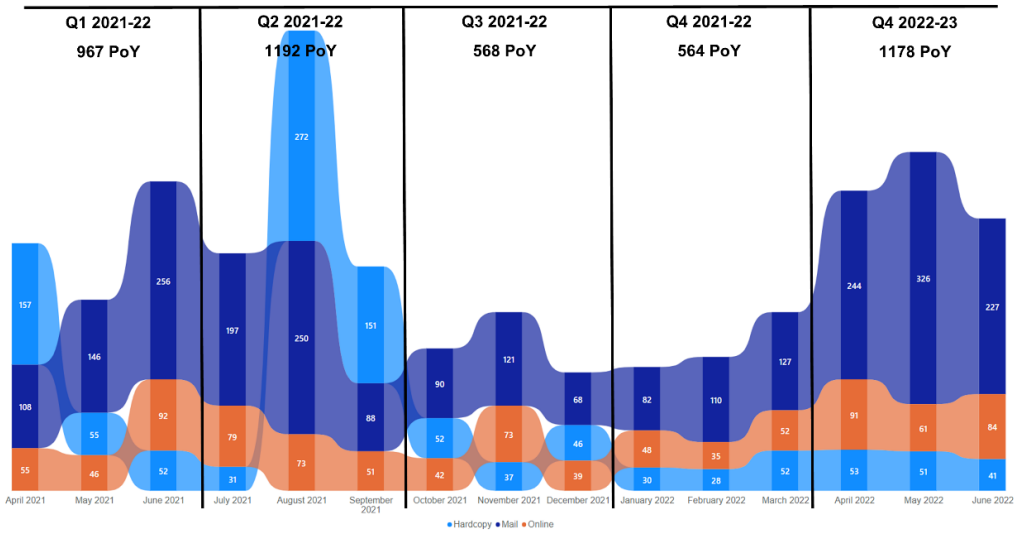
Points of You (Ask)

During quarter 1 of 2022-23 the Trust received feedback through the Points of You survey 1,178 times. This represents a 109% increase on the previous quarter, with all localities seeing an increase in feedback received.

Locality	Quarter 1 (2021-22)	Quarter 2 (2021-22)	Quarter 3 (2021-22)	Quarter 4 (2021-22)	**Quarter 1 (2022-23)**
South	316	434	236	204	**427**
Central	204	312	173	181	**306**
North Cumbria	287	266	76	82	**225**
North	152	175	70	82	**205**
Others	8	9	13	15	**15**

Table 1. PoY uptake by locality

Graph 1 below shows that mailshot remains the most popular way for service users and carers to share their experience through Points of You. Mailshot made up 68% (797) of Points of You returns during the quarter.



Graph 1. Trustwide PoY received by type

Locality	Mailshot	Online	Hard Copy
South	311	51	65
Central	182	88	36
North Cumbria	158	46	21
North	139	48	18

Table 2. Locality breakdown of PoY received by type

NHS England (NHSE) Specialist Services

Table 3 shows feedback through Points of You surveys for services commissioned by NHSE as well as their average score for the quarter.

Team	Apr-22	May-22	Jun-22	Average FFT Rating
Perinatal Inpatient (Beadnell)	1	0	0	10
Mental Health and Deafness	0	0	0	NA
Gender Dysphoria Service	0	0	0	NA
Low Secure Services (Adult)	10	1	2	7.5
Medium Secure Services (Adult)	18	7	15	9.21
CAMHS Ferndene	11	3	9	7.5
Lotus Ward	0	0	1	Not answered
CAMHS Medium Secure	1	5	6	7.5
Eating Disorders (Inpatient)	1	2	0	9.17
Eating Disorders (Day Service)	0	0	0	NA

Table 3. Points of You returns by month and average FFT rating for quarter

Patient Advice and Liaison Service (PALS)

Care Group	Q1	Q2	Q3	Q4	**Q1**
Central Locality Care Group	17	15	21	30	**26**
South Locality Care Group	6	3	4	1	**2**
North Locality Care Group	14	12	4	5	**10**
Non Service Specific (NTW)	48	58	32	41	**23**
Total	**85**	**88**	**61**	**77**	**61**

Table 4. Inquiries to PALS

NHS.net

This platform was used 4 times during the quarter. On each occasion the Trust offered a response from the team involved. This response included additional options for the person to share their experience.

Care Opinion

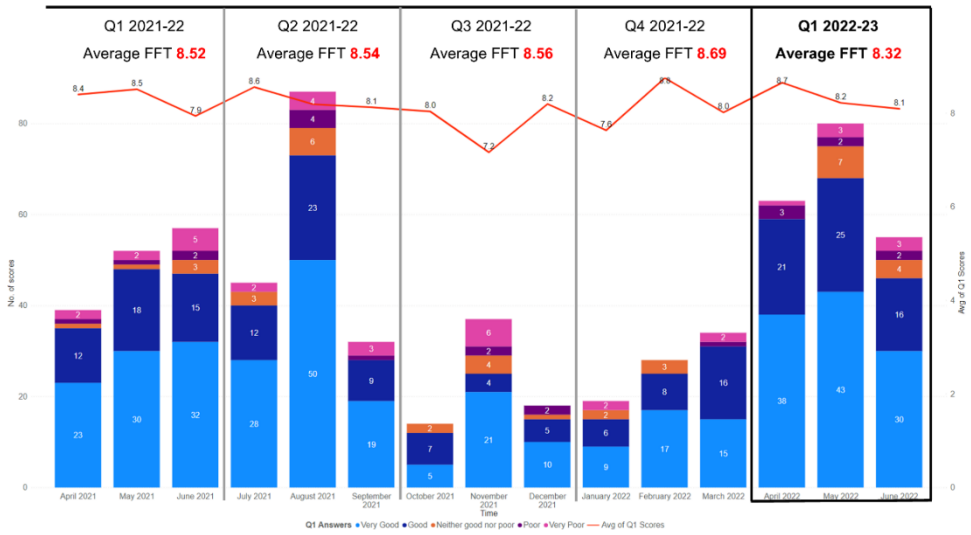
This platform was used 12 times by people sharing their story of Trust services, however this includes 9 which were uploaded from the NHS.net platform, some of which relate to comments offered during quarter 4 2021-22 that have been delayed in being uploaded.

Healthwatch

We were contacted by North Tyneside Healthwatch by email to share feedback received. A response from the team was offered.

Points of You (Listen)

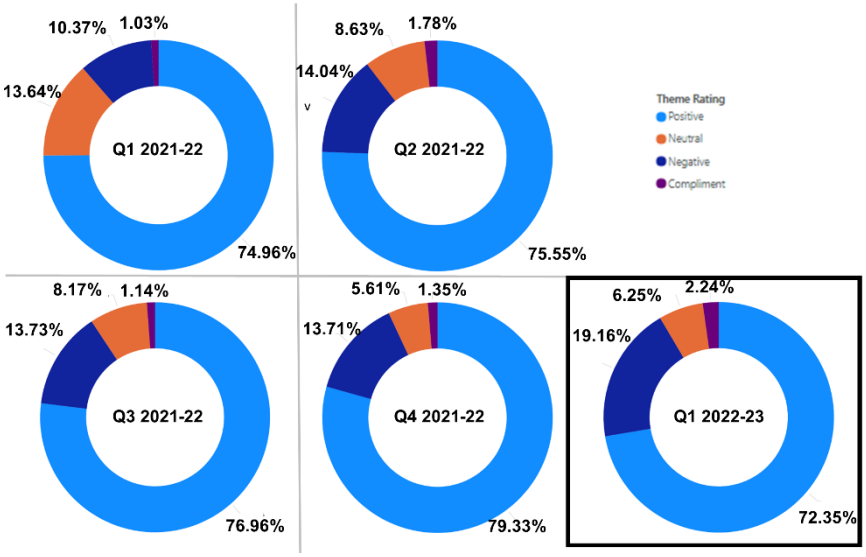
1,118 people chose to respond to the Friends and Family Test (FFT) question 'Overall, how was your experience with our service?' during the quarter. They offered a combined average score of 8.32 (out of 10).



Graph 2. Average FFT score in current and previous quarters of 2021-22

The majority of people (969 of 1,118) answered ‘good’ or ‘very good’ to the FFT question. However a small increase in the numbers of people answering ‘poor’ or ‘very poor’ (77) has led to a reduction in the average score, when compared with previous quarters.

Graph 3 shows the broad themes of comments offered through Points of You during the quarter, as well as showing the previous 4 quarters as a comparison.



Graph 3. PoY Comments received by broad theme

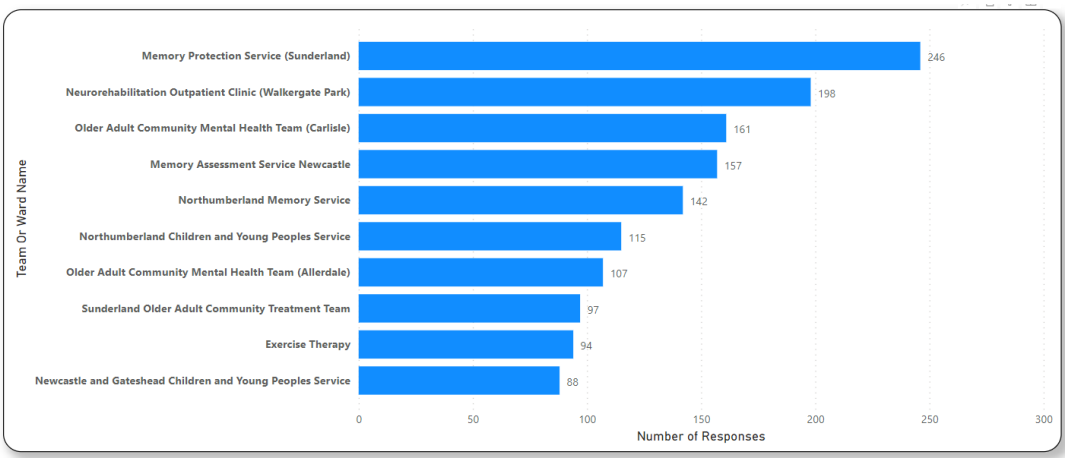
Negative comments made up over 19% of the comments offered, an increase of over 5% on any comparative quarters shown in graph. These will be explored in the ‘Negative Themes’ section.

Theme Category	Quarter 2 2021-22				Quarter 3 2021-22				Quarter 4 2021-22				**Quarter 1 2022-23**			
	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		0.44%	1.78%	3.42%		0.12%		0.70%		1.01%	1.50%	3.38%		1.11%	3.60%	3.02%
Admissions and Discharges						0.06%		1.76%		0.21%		2.46%		0.18%	1.20%	1.65%
Appointments		2.01%	4.57%	5.12%		1.36%	4.65%	5.28%		1.06%	3.01%	5.23%	1.64%	2.22%	5.71%	6.32%
Clinical Treatment		0.32%	1.52%	0.62%		0.25%	1.16%	0.35%		0.58%	0.75%	1.23%		0.59%	2.70%	1.36%
Communications	22.22%	28.92%	23.60%	33.07%	29.17%	28.33%	28.49%	26.06%	15.63%	27.10%	22.56%	27.38%	21.31%	27.95%	25.83%	33.46%
Facilities		1.34%	6.85%	8.23%		1.67%	12.21%	4.58%		1.81%	4.51%	12.00%		1.68%	6.61%	4.38%
Other		0.49%	20.81%	2.02%		0.62%	10.47%	0.70%		0.69%	32.33%	4.00%		0.13%	11.71%	0.49%
Patient Care	13.58%	32.01%	31.47%	27.95%	25.00%	32.84%	27.91%	38.03%	37.50%	28.32%	18.80%	22.15%	20.49%	31.16%	30.03%	24.71%
Prescribing	1.23%	0.32%	0.25%	1.71%		0.19%	2.33%	1.41%		0.27%	1.50%	1.23%		0.31%	0.90%	1.36%
Privacy, Dignity and Wellbeing		0.38%	1.02%	0.31%		0.62%		1.06%		0.37%		0.31%		0.70%	0.60%	1.26%
Staff Numbers			1.52%	2.02%		0.12%	4.07%	3.17%			1.50%	4.00%		0.08%	2.40%	4.18%
Trust Admin/ Policies/Procedures		0.06%	0.25%	0.31%		0.12%		0.70%		0.16%						0.49%
Values and Behaviours	62.96%	33.17%	5.33%	6.06%	45.83%	33.40%	6.98%	10.92%	46.88%	38.04%	12.03%	11.38%	56.56%	33.33%	6.61%	7.88%
Waiting Times		0.52%	1.02%	8.39%		0.31%	1.74%	5.28%		0.37%	1.50%	5.23%		0.54%	2.10%	9.44%

Table 5. Themed comments by percentage for quarters 2,3 and 4 of 2021-22 and Quarter 1 2022-23

Positive themes

Graph 5 below shows the 10 teams with the most positive comments. It is notable that 6 of the teams are older people's services. The most common positive themes of these services are 'Values and Behaviours' (314 comments), 'Communications' (290 comments) and 'Patient Care' (246 comments).



Graph 4. Teams or wards with the most positively themed comments during quarter 1 2022-23

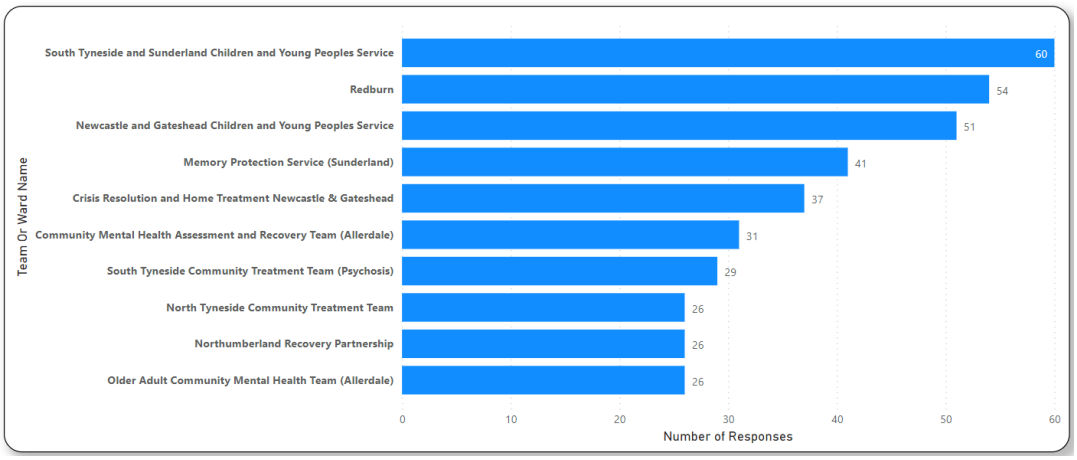
Values and Behaviours is the most common positive theme with 1,281 comments (33.33% of positive comments). This is also the most common theme for compliments with 67 this quarter (56.56% of compliments). This position has been maintained during the last 4 quarters.

Negative themes

Graph 5 shows the 10 teams with the most negatively themed comments during the quarter. It is notable that Children and Young Peoples services make up the top 3 places on the table.

See appendix 2 for examples of quotes for both positive and negative themes

There are 2 dominant negative themes. Firstly **Communications**, which has 340 comments (33.46% of all negative comments) attributed to it during the quarter. The second most common negative theme is **Patient Care** with 251 comments (24.71%).

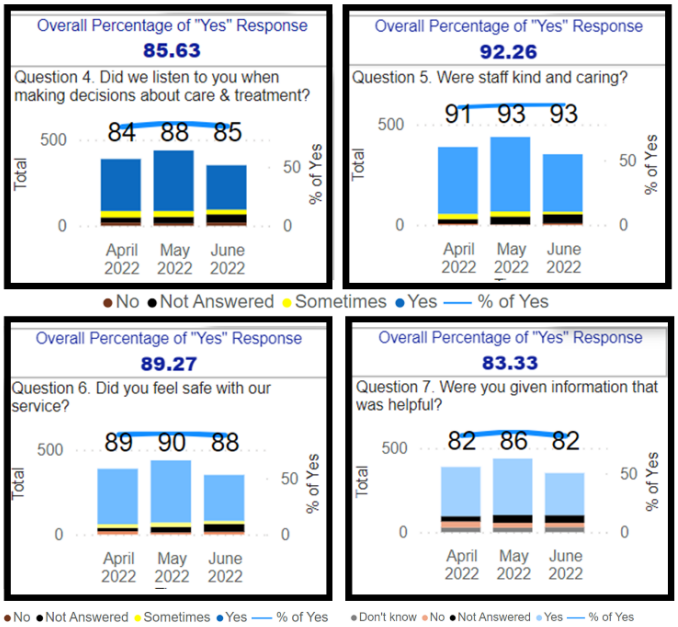


Graph 5. Teams or wards with the most negatively themed comments during quarter 1 2022-23

Satisfaction by Demographic

Young people continue to be our least satisfied service user group. When looking at sexuality gay men and women both offered a below average rating (7.5).

Mixed/Multiple ethnic groups had an average score of 10. This score was also offered by Jehovah's Witnesses and Jewish people, both of which have historically offered lower satisfaction ratings.



Graph 6. Satisfaction ratings for questions 4, 5, 6 and 7 by month and quarter

Do Section:

Action	Rationale	Status
Trust Leadership Team (TLT) have been asked to address a number of points and create	TLT includes leaders from across the Trust that have oversight of areas of improvement and good practice.	This is the first quarter this approach is being taken. An update on progress will be available in the Quarter 2 update.

action plans to chart progress.		
Delivery of awareness sessions of PoY developments with staff.	Feedback and Outcomes Lead provides regular awareness sessions through group, service and team meetings 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 cannot navigate our feedback processes.	Work is ongoing to make the Trusts feedback offer more accessible to more people.
Roll out You Said We Did (YSWD) function on the PoY dashboard.	A roll out is ongoing, supported by posts in the Bulletin.	14 Teams/Wards have created a poster using feedback collected in June 2022 (see appendix 1 for an example). Awareness of this function will continue to increase its use.
Learn and Share Together (LAST) Collaborative	Lead in the development of good practice in feedback through collaborative working with stakeholders nationally.	Bi-monthly meetings including several Trusts, self-advocacy groups, service users and carers continue to offer opportunities to develop good practice that is inclusive of people with a learning disability and autistic people within the same conversation with mental health peers.
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.	The letter will be reviewed in quarter 2 2022-23.
CYPS use of PoY	Mailshot has now been reintroduced to CYPS services	Mailshot now being sent out regularly.

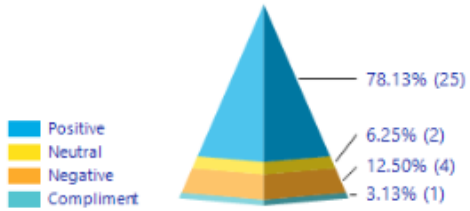
Appendix 1

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

KDU Lindisfarne

Points of You - Feedback received in June 2022

Category/Theme Rating



Thank You for Sharing Your Views

7

Times

Friends and Family Test Scores (out of 10)

9.3

You Said	We Did
Can we do some extra activity for Learning Disability Week	We had an excellent week with activities on each day to raise awareness.
Is there anything we can do to improve our feeling of safety on the ward?	We have offered the patient group alert watches to wear which when pressed alert the staff team. This increases patient safety around physical health and with any on ward issues.

Your feedback can help shape services, ask for a form or go to www.cntw.nhs.uk/poy

Caring | Discovering | Growing | **Together**

Appendix 2

Examples of the top 3 positive themes

Values and Behaviours

'To be honest I don't know what I would have done without them, thank you.' – Crisis Resolution and Home Treatment Team Northumberland.

'The video call, I was much more relaxed in my home environment and more able to voice my thoughts without being panicked and Dr Ahmed Alharoun was absolutely lovely – I looked forward to our meetings' – Centre for Specialist Psychological Therapies.

'Fay Cape is just outstanding. She goes above and beyond - she is always 3 steps ahead and knows what my daughter is going to do before she even knows herself. I cannot put into words how amazing Fay is. Professional, friendly, knowledgeable on absolutely everything! She has absolutely, without a doubt changed our lives!' – South Tyneside and Sunderland Children and Young Peoples Service.

Patient Care

'They put the service user first. A great service. Thank you. They have helped me so much, I am a husband a son and a dad because of this service.' – North Tyneside Recovery Partnership.

'They've been simply fabulous at helping maintain a positive outlook around returning to work after illness and in changing my thinking around working with my employer around my mental health.' – Individual Placement Support

'Ellie Allport has been extremely understanding and supportive. More importantly she was able to navigate the dynamics faced by separated families. She was honourable and always honest about time frames. The Crisis Team especially Karen she was so kind and understanding on the phone.' – Newcastle and Gateshead Children and Young Peoples Service.

Communications

'Everyone has always been really nice and understanding with me and not that this is really to do with my care, but I've seen some staff interact with other patients in the waiting room and they've always shown incredible interpersonal skills and patience.' – Newcastle West Community Treatment Team.

'felt I was listened to right from the moment I entered the room
Felt more reassured than I have in a long while. Whatever my outcome glad I talked to her.' – Older Adult Community Mental Health Team (Allerdale).

Examples of the top 2 negative themes

Communications

‘A recent missed appointment, again not my fault, added to my distress that I was already experiencing. My husband went into the centre telling them I was 'in a right state'. No one contacted me that day to check if I was ok or if they could help. I'm also currently pregnant and worried distress is not good for the baby.’ – North Tyneside Community Treatment Team.

‘When communication was non-existent and we were struggling to deal with our child we did not know who else to contact. This made the situation more stressful, we felt lost and alone.’ – South Tyneside and Sunderland Children and Young Peoples Service.

‘Communication needed with appointments/reviews. Nominated key member of staff from team needs to be allocated. Better communication needed.’ – Older Adult Community Mental Health Team (Allerdale).

Patient Care

‘no consistency in consultants, locums so forward strategy can be mixed.’ – West Northumberland Older Adult Team.

‘I feel that the CPNs only want to get the depot injection over with without asking how you've coped over the last fortnight since your last depot.’ – Sunderland West Community Treatment Team.

‘lack of funding (not your fault) = long waiting lists and lost my main therapist halfway through my care.’ – Northumberland Primary Mental Health Team.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd August 2022

Title of report	Safer Staffing Report Including Six Month Skill Mix Review, May 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	X
Audit Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	X
Business Delivery Group (BDG)	
Trustwide Safety Group (TSG)	
CQC Compliance Group	
Equality, Diversity & Inclusion Steering Group	
Caldicott Information Governance Group	
Clinical Records Improvement Group	

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 – including Six Month Skill Mix Review
Report to the Board of Directors
3rd August 2022 (May 2022 Data)

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 May 2022. In addition to incorporating a summary position from each Locality, alongside the narrative per ward area, this report also provides skill mix review information by Locality.

- Although the number of Covid outbreaks on wards reduced in May, staff sickness continued to be impacted by community Covid rates. This was compounded by ongoing long-term sickness and vacancy rates throughout the Trust.
- Many wards continued to report high patient acuity levels and a particularly high level and complexity of need for a small number of patients. High bed occupancy levels were experienced on all main sites and St. George's Park and Specialist CYPS reported particular staffing pressures, including those related to the effects of the ongoing registered nurse vacancy rate.
- The demand for temporary staffing, i.e. Bank and agency, remained high and use of off-framework agencies were required to help meet the required fill rates across the Trust.

The staffing-related activity during May is summarised as:

- Multidisciplinary working was maximised to meet patient needs and Nurse Consultant roles were reviewed and additional appointments were made.
- At least daily staffing meetings continued, to provide cover by moving staff members across wards to ensure 'level loading' of staff, based on skill mix requirements.
- Rolling recruitment campaigns continued for both registered and non-registered nursing staff across the Localities, including the recruitment of Internationally Educated Nurses and engagement in the NHS England Health Care Support Worker Zero Vacancy Project.

The skill mix summary by Locality reflects a holistic approach to address staffing needs, including methods employed to increase Continuous Professional Development opportunities, in order to promote retention, the enhancement of multi-disciplinary working and reviewing roles, as well as developing new roles.

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

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

Recommendation/summary

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

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	109.10%	228.64%	109.81%	252.06%	Current observation levels: 1 x Long Term Segregation (2:1), Eyesight – 1x 2:1 and 1x 1:1 Current staffing levels: Staffing establishment is diminished due to vacancies, sickness, and clinical staff on 'non-clinical' duties. Vacancies: 1x Band 6, 1x Band 5, 2x Band 3 Maternity: 2x band 3 Pregnant (non-clinical): 1x band 6, 3x band 3 Long Term Sickness: 1x Band 3 Due to the qualified nurse vacancies the ward manager and lead nurses work into the numbers to provide support.
Lennox	61.82%	189.14%	112.33%	324.20%	Current observation levels:1 x Long Term Segregation (2:1), Eyesight – 1x 2:1 Current staffing levels: Staffing establishment is diminished due to vacancies, sickness, and clinical staff on 'non-clinical' duties. Vacancies: 1x Band 6, 7x Band 3 Maternity: 1x band 5, 2x band 3 HR investigations: 1x Band 5, 1x Band 3 Secondment: 1x band 7, 1x band 6 Due to the qualified nurse vacancies the ward manager and lead nurses work into the numbers to provide support
Redburn Unit	79.73%	104.28%	84.77%	160.90%	Sickness: LTA: 2 x band 5, 4 x band 3 STA: 2 x band 5, 3 x Band 3, 1 x band 4 HR process: 1 x band 6 MAT leave: 1 x band 3 Redburn enhanced observations: 1 x 2:1, 1 x 3:1 in Long Term Segregation, 3 x 1:1 this has resulted in heavy use of bank and agency particularly on night shift.
Riding Unit	99.89%	105.70%	97.81%	148.89%	Long term sickness: 5 x Band 3 HR Process: 3 x B3 Maternity Leave: 1 x B6 1 X B6 supporting Lotus Vacancies: 4 x B6, 1 X B4, 5 X B3, 2 X B2 The ward has increased levels of observations, LTS and Seclusion activity during May.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Edenwood Unit	172.55%	338.71%	148.33%	290.81%	Nursing Vacancies (in May): No vacancies Sickness absence 8.59%, 4 x LTS (Inc 2x Support Workers, 2x registered nurses) 2x registered nurses on maternity. Some short-term absence Additional Needs: High numbers of preceptor nurses unable to work independently. 2 x seclusion incidents involving same patient. 1 x patient currently being nursed in modular build requiring full staff team including registered nurses 24/7 Increased levels of observations due to increased aggression.
Hadrian 2	74.49%	100.99%	56.68%	173.47%	Nursing Vacancies (in May): 1x band 7 specialist nurse, x2 band 6 clinical lead vacancies, x8 Registered nurse vacancies and there is rolling advert out. Sickness absence 8.4%, we have x2 HCA off on long term sick both non covid, some additional short-term absence Additional Needs: Seclusion has been in use by Edenwood and Hadrian 1. This has required additional support by Hadrian 1 to support.
Hadrian Ward	87.87%	131.61%	85.88%	149.42%	Nursing Vacancies: 12 x Band 5 Sickness absence 2.3%, 2x covid and 2 x non-covid absences Additional Needs: High incidents of self-harm requiring NCIC appointments and investigations and several incidents of V&A and self-harm with a patient dual diagnosis of LD and MH
Oakwood Ward	79.70%	214.19%	99.62%	130.53%	Nursing Vacancies (May: No Nursing Vacancies Sickness 7.62%, Increased staff sickness continues to fluctuate, X5 band 3 short term absences, X2 Long term band 3 absences, X3 Carers leave authorised, X1 Registered Nurse short term absence, X1 Registered Nurse (15 hours) commenced Career Break, X3 Reasonable adjustment plans in place to support return to work needs and pregnancy, X2 HCA restricted clinical duties Additional Needs: During the month of May safer staffing level data evidence staffing model was maintained. Staffing levels continued as 6/6/4 responsive to clinical need due to clinical acuity specific to out of pathway x2 patients with a Dementia Diagnosis Nursing needs increased x2 patient required x3 staff members to care manage nursing interventions in accordance to care planned needs. Supporting x2, 15 mins Engagement and Observations and x2 Responsive distance due the nature of patient's cognitive vulnerabilities and impact of challenging behaviour X4 Safeguarding escalations Oakwood Nursing Team facilitated 8 Hospital Appointments

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Supported patient to CIC for short stay as clinically indicated, 1;1 required responsive to clinical presentation X3 Nursing preceptors. Management team were readily accessible to provide responsive support were required as 2nd qualified. Staff sickness remained fragile for the remainder of May due to covid related infectious disease precaution Wider site support also planned for daily, facilitated on daily staffing calls, additionally Bank and Agency utilised.
Ruskin Ward	75.51%	157.85%	182.06%	161.45%	Sickness absence 11.69%, 3 x LTS Additional Needs: Numerous escorts required to CIC. Higher staffing levels due to increased acuity in particular high patient need around mealtimes and pressure care, however this reduced towards the end of the month. Less substantive staff have picked up shifts due to the end of the overtime provision for part time staff. OT & activity facilitator have supported extensively. Supernumerary staff have dropped into the numbers. Non-clinical Registered Nurse impacting support available for preceptors.
Yewdale Ward	65.32%	175.48%	57.38%	359.19%	Nursing Vacancies (in May): 0.8 RMN – We have recruited 3 x International Nurses and have 4 newly qualified due to start in Sept. – No change from last month. 1 Band 5 OT -No suitable applicants currently. Sickness absence 13.73%, 1 x LTS – BS, 1 x OT, 2 x HCA, 1 x Band 5 Additional Need: We have had an increase in D & V short term sickness which impacted on safer staffing numbers which required cover from agency/bank – some unfulfilled. This has had some adverse effects to staffing numbers at short notice. May was fairly stable on Yewdale with no enhanced observations for any long period. We have had to close the 136 on occasion due to short staffing numbers and not being able to safely staff. Left short sometimes on the ward when flexi pool allocated workers did not arrived on the ward.
Lotus	94.97%	107.05%	110.65%	179.11%	Sickness: 2 x LTA 1 x B6 Maternity 1 x B5 vacancies, 3 x B6 vacancies Registered nurse numbers are under safer staffing due to sickness and the number of vacancies. The ward manager and nurse consultant worked into the numbers to provide support. Higher acuity on a night shift resulting in staffing levels increased

North Cumbria

Inpatient services have experienced challenges when meeting safe staffing levels for both registered and non-registered staff. The Month of May data is indicative of a slightly improved picture marking the end of several COVID outbreaks site wide, prompting resource challenges.

Sickness absence is an improving picture, with reductions on all wards however sickness continues to remain above the trust wide target in all areas apart from Hadrian 1.

High levels of acuity continue particularly within Hadrian and Edenwood relating to a small number of individuals with complex needs. This has impacted on levels of safer staffing and bank and agency use remains incredibly high.

Edenwood continues to source 2x teams of staff to support both the ward and the gentleman in the modular building due to clinical need, which is contributing to staffing pressures resulting in the reliance of qualified resources and a dependency for support with reviews from other wards.

We continue to have a daily staffing/sitrep meetings at 10am and 4pm attended by ward managers, Clinical Managers, Associate Nurse Director and Associate Director to monitor staffing across site and gain a greater understanding of projected needs for the week. Staffing solutions representatives attend the 10am meeting where possible to enhance cover options in a timelier fashion thus resulting in processes becoming more lean.

Nurse consultants, Clinical Managers, specialist nurses and ward managers continue to ward base to scaffold cover to wards.

We continue to utilise an agency pool to assist with short term absence to remedy immediate deficits and support a less reactive approach. This is currently reducing need for Thornbury.

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

During the month of May, the Specialist CYPS CBU have had patients who have required periods of long-term segregation which has led to the need for increased staffing to support therapeutic engagement and observation. In addition to this there has been an increase in clinical acuity on all wards and patients with complex needs who have required enhanced levels of nursing observations.

Due to vacancies across all wards, additional staff requirements are resourced with bank and agency nurses. There continues to be challenges in securing bank staff via CNTW staffing solutions, therefore, there is continued high usage of nursing agency staff across all wards. This has included registered staff being resourced from Thornbury Nursing Services which are an agency outside of the CNTW framework. However, the use of registered agency staff has reduced in comparison to previous months.

The CBU continues to support several staff who have undertaken the nursing apprenticeship programme which impacts on the whole time equivalent of staff on each ward.

Clinical Managers, Ward Managers and Associate Directors continue to meet daily at the Staffing Huddle and there were occasions during the month of May when the group met twice daily to support mutual aid and level loading across each of the wards.

North Cumbria Locality Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	1	1 x starting 15.08.22
Occupational Therapists	7	6
Psychologists	4	1
Dietitians	5.2	2.25
Speech and Language Therapists	3.2	2.0

Recruitment & Retention:

Inpatient Services:

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 have commenced their roles and work closely with the international recruitment team to support with skill development. In addition, we have also appointed 2x physio therapists.

We have developed a staff recruitment and retention working group to explore contributing factors for retention which has prompted a number of work streams such a skills mapping exercise. We have also introduced career clinics with the academy to enable career discussions and support in development.

Specialist CYPS:

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

There have been no significant changes to the challenges Children and Young Peoples Specialist Services have with retention and recruitment of registered nurses in particularly Band 6 nurses. Band 5 vacancies are being recruited into. However, these have been offered to student nurses who will not be able to start until September 2022.

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

Six Monthly Skill Mix Review

We have recently appointed 2x physio therapists within adult inpatient services within North Cumbria due to start this month.

Speech and Language Therapy remains a challenge and we have been unsuccessful in recruiting to our posts within adult inpatients. As an interim measure we have developed a protocol with the senior SALT leads in the Northeast to enable some input and support for those requiring dysphagia input in the interim.

We do not currently have SALT provision for language and communication.

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	87.38%	367.11%	85.91%	219.38%	St George's Park night pool, agency, and staff across the site to cover registered nurse gaps on nights which is not captured on the Taer system. Additional unregistered staff have been required on days to support escorts off site, many to the acute trust. There has also been an increase in covid sickness.
Bluebell Court	88.40%	89.70%	142.84%	57.05%	Registered nurses have been protocolled to support acute services on night duty - accounting for increased registered nurse usage. Ongoing registered nurse vacancies and additional cover for X3 maternity leave
Embleton	102.45%	233.47%	81.88%	199.82%	SGP night pool, agency, and staff across the site to cover registered nurse gaps on nights which is not captured on the Taer system. Embleton have had high observations, patients in seclusion and supporting escort at acute trusts. Additional 3:1 staffing scheduled weekly to support ECT treatment.
Hauxley	102.70%	94.52%	104.64%	184.78%	Increased use of unregistered staff at night to cover escorts at acute hospital and increased observations on the ward.
Kinnersley	111.13%	158.22%	221.56%	143.39%	Kinnersley have been booking additional staff over high-pressure times Bank Holiday periods support across site which are utilised across all service areas as needed. Increased observations and sickness absence have impacted. Service capacity increase requiring 2 x Qual at night.
Newton	78.64%	235.86%	102.05%	259.43%	Newton Ward has a number of registered nurse vacancies bank and agency support has been used to increase fill rate. Currently working over numbers with Band 3 staff to support care packages and level of observations
Warkworth	65.58%	280.38%	0.00%	214.85%	SGP night pool, agency, and staff across the site to cover RMN gap on nights which is not captured on the Taer system. On days, the ward has worked below registered nurse numbers due to vacancy level and sickness due to covid. This has been backfilled with unregistered staff to cover increased observations, seclusions, and a care package for one out of pathway patient who is nursed 3:1 ratio.
Woodhorn	80.40%	251.19%	86.20%	131.74%	Registered nurse vacancies requiring cover by bank/agency and protocolled staff from other wards. Increased use of unregistered staff for observations, escorts, and personal care. IPC outbreak required increased observations.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Mitford	128.91%	126.33%	89.99%	107.08%	Use of bank and Thornbury Care registered nurses to cover qualified nurse gaps. This report is based on safer staffing rather than our current care packages which fluctuate depending on admissions. Covid outbreak also required addition staff to support adequate backfill.
Mitford Bungalows	107.62%	111.45%	103.05%	106.24%	Use of bank and Thornbury Care registered nurses to cover qualified nurse gaps. Static patient population.

North Locality

All in-patient areas continue to experience high levels of clinical activity. Reduced Covid related absence in May. IPC outbreak on the older people service at St Georges Park site. Non- covid related absence within Inpatients North CBU saw a total absence percentage of 6.90% with an improvement of 1.19%. The Learning Disability and Autism CBU saw a decrease in absence of 0.87%, falling to 9.32 within the month of May.

Each ward continues to experience significant staffing pressures particularly ensuring adequate Registered Nurse cover to meet the safer staffing requirements, St Georges have resulted in short term redeployment of staff from Rehab services to support the Acute Pathway. Within Learning Disability and Autism, they continue on occasions to work with one registered nurse per shift with support from registered nurse associates. Bank and Agency have been utilised to support fill rate. Block booking with Thornbury Care Agency have added quality support to all teams.

Twice daily staffing meetings help to identify gaps in staffing numbers allowing protocolling between wards to support adequate cover across all pathways. Ward Managers and Nurse Specialists are re-establishing roles although are frequently being 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. Services continue to experience increased levels of acuity requiring enhanced observations.

North Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	**Vacancies**
Physiotherapists	1.6 wte qualified 1 wte assistant	1 wte assistant
Occupational Therapists	10.4 wte qualified 9.6 wte assistant	No vacancies
Psychologists	6	2
Dietitians	0.5	2.1
Speech and Language Therapists	3.1	0.4

Recruitment & Retention:

Values Based Recruitment campaigns continue for all vacancies within the locality but continue to provide a challenge with poor application rates, applications from staff who do not have the right to work in the UK or staff who withdraw from scheduled interviews following shortlisting. All vacant posts are proactively being recruited into for all services within the North Locality. The vacancy factor within the Autism inpatient wards is largely Unregistered Nurses, but also has significant deficits in registered vacancies which impacts on agreed care packages for national service provision. Within Inpatients North CBU there continues to be large gaps within registered nurse provision with 20 preceptee nurses commencing employment in September.

Ongoing international recruitment is supporting cohorted fill rate within clinical areas, General nurses support fill rate of nursing vacancies but cannot work as take-charge nurses so careful consideration of allocation remains paramount.

There are great pressures of recruitment of physiotherapist within the learning disability and Autism CBU.

Developments:

Review of staff pool within St Georges Park to support day pool establishment and additional to backfill staff undertaking continued professional development.

Relationships with the strategic staffing lead and staffing solutions team remains a focus to ensure requested shifts are proactively being filled to ensure safer staffing is established.

Skill development of the workforce remains high on the agenda with planning of training needs analysis of all staff within Inpatients North to ensure staff at all levels have continuing professional development opportunities.

Bespoke local induction is being redeveloped within Autism services to meet the needs of the current service users.

North locality has supported the development of the accredited learning for the new preceptorship programme and have submitted the work required for all pathways.

Review of workforce plans within all inpatient areas to identify resource requirements.

Tupe plans and training is well under way to support Learning disability community services transfer from Northumbria Healthcare NHS trust into CNTW. Proposed date is scheduled for 1st July 2022.

Six Monthly Skills Mix Review

Workforce plans and skill mix have been subject to continuous review across all clinical areas. The skill mix within the wards is multi professional and support the wider Trust workforce plan.
The national shortage of registered nursing staff is reflected within the vacancies. Over the last six month we have focused on registered nurse retention, preparation plans for new preceptor nurses, introduction of international nurses and welcoming the first CNTW academy nurse apprentices into practice with the aim to reduce turnover.

Workforce plans have supported the roll out of additional band 7 specialist nursing roles and Band 8a Clinical Nurse specialist roles to support clinical leadership alongside the operational leadership to focus on safety, quality and continuous improvement of service user and carer experience.

In addition, there has been great focus of the workforce being enhanced by additional Occupational Therapists, Speech and Language Therapists, Exercise Therapy, Higher Psychology Assistants, Medical assistants, ward manager assistants and business support assistants who all have been integral in supporting the multidisciplinary approach and organisational initiatives. Within the last 6 months we have seen the progression of staff into a Nurse Consultant role, resulting in a nurse consultant now working across all pathways within inpatient services; Older persons, Learning Disability, Rehabilitation and Adult Acute. There has additionally been a Psychological Consultant secured qualification recently, collectively these roles have proved paramount to support development of clinical leadership, training, and developments within the teams.

All Inpatient North wards have a Peer Supporter working into the wards which has proved to be a significant benefit to the wards, supported patient and carer experience by bringing their lived experience to build therapeutic relationships. Autism services are actively recruiting into these posts.

Continued professional development continues to be a huge focus within the North locality both via CNTW academy apprenticeship programmes and additional training opportunities advertised via the trust or bespoke in house training programmes.

Central Locality

Central Locality has 18 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	82.57%	159.87%	118.69%	205.21%	Band 5 vacancies covered by regular band 3 staff when band 5 cover is not available.
Akenside	73.67%	115.61%	103.75%	117.62%	Currently have x 2 Band 5 Vacancies and awaiting clearance checks for newly appointed Band 6. All Band 3 Vacancies filled however x 3 on restricted duties or not currently available. X 1 Band 5 rotated to Castleside to support clinical need.
Bede – Collingwood Court	83.99%	344.05%	100.25%	297.75%	3 current band 5 vacancies currently being supported with x 4 qualified nurses from other wards to back fill as per rotation. Have x 4 Band 3 staff currently not available for duties. Awaiting start dates for x 4 Band 3's and have another x 3 vacancies- currently advertised.
Castleside	95.76%	163.42%	105.53%	240.93%	Currently have x 5 Band 5 Vacancies and x 3 Band 3 vacancies. High levels of Increased engagement and observations.
Cuthbert	66.43%	183.52%	102.50%	156.99%	Band 5 vacancies covered by regular band 3 staff when band 5 cover is not available.
Elm House	107.20%	93.34%	99.75%	209.54%	X 1 Band 5 Vacancy. Bank and Agency usage required for increased observations and staff LTS.
Fellside	70.54%	489.86%	102.03%	365.59%	3 x Band 5 Vacancy x 1 Band 6 currently on Maternity leave. X 1 Band 5 rotated to Bede ward to support clinical need. 8 Band 3 Vacancies requires back fill from agency and bank usage. High levels of Increased engagement and observations.
Lamesley	72.90%	415.96%	110.06%	370.40%	X 3 Band 5 Vacancies and x 3 Band 3 vacancies. Intermittent absence. High Increased engagement and observations levels requiring backfill from Bank and agency.
Lowry	89.23%	372.89%	100.67%	345.38%	Band 7 currently awaiting start date x 2 Band 5's currently on maternity leave and x 1 Band 6 rotated to Bede Ward to support clinical need. Intermittent absence. High Increased engagement and observations
Oswin	102.36%	86.07%	102.95%	114.85%	Band 3 vacancies covered by ward-based band 5s.
Willow View	81.80%	177.80%	106.21%	168.55%	1 x Band 5 Vacancy and x 3 Band 3 vacancies- currently advertised. Long-term Band 7 and Band 5 absence. Increased engagement and observations.
KDU Cheviot	83.43%	192.69%	107.05%	232.45%	Qualified staff vacancy @ 4 –rolling recruitment for band 5 staff as well as Secure Care bespoke recruitment. CTL working out of clinical area.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					1 patient requires 3:1 engagement / observation at certain times of day to support activity participation – additional funding application made. 1 patient requires additional unqualified staff escort outside of KDU perimeter. Additional unqualified staff required to meet individual needs of complex patients.
KDU Hadrian	76.74%	139.52%	108.83%	102.27%	Band 5 vacancies covered by regular band 3 staff when band 5 cover is not available.
KDU Lindisfarne	71.23%	179.30%	92.64%	229.36%	Ongoing recruitment for qualified staff vacancy @ 3. Secure Care now have Bespoke recruitment. 2 preceptees aligned to the ward. 1 registered nurse on Maternity leave. Patient in prolonged seclusion requiring additional unqualified staff for engagement / observation and to support access to activities outside of the seclusion suite.
Tweed Unit	70.53%	167.01%	122.40%	205.02%	**Tweed Unit comprises of Tweed HBR and Tweed LS.** Qualified staff vacancy @ 9. Secure Care currently have Bespoke Recruitment programme. Supporting other wards who require qualified staff – Tyne HBR. Band 4 employed on ward. Additional unqualified staff required to manage 1 specific patient.
Tyne - LD Hospital Based Rehab	35.31%	199.60%	128.19%	285.77%	Tyne currently have registered nurse vacancies-Secure Care bespoke recruitment programme in place. Both patients residing on Tyne LD currently supported in long-term segregation requiring unqualified core team to support. Each core team is overseen and supported by a qualified nurse during each span of duty 24/7
Tyne MH Low Secure	105.42%	69.71%	102.38%	54.17%	Tyne MH safer staffing figures are incorrect since split of Tyne into Tyne MH and Tyne LD. The AND is undertaking some work with the centre (Richard Shillingworth) to understand what the baseline safer staffing figures are so that future reports can be adapted to reflect a more accurate picture

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Central Locality

Inpatient Services:

- Daily staffing huddles continue to review staffing including skill mix across the wards.
- Trustwide staffing huddles have been stood down, but the dashboards are used to review mutual aid if needed.
- Redeployment of some staff to level load staffing across the 8 wards. Staffing consultation will start within the next few weeks to look at a more formal rotation programme. Once per year staff will have to opportunity to express their interest to rotate to another ward and it will also allow the CBU the opportunity to review the resource and skill mix across the wards. The rotation will be in line with preceptorship nurses starting.
- Recruitment campaigns continue although little interest in nursing positions Band 3-7. Ongoing work around the enhanced MDT and consideration of offering vacancies to other disciplines to increase the therapeutic offering on wards and reduce the temporary workforce.

Secure Care Services:

Staffing levels continue to be impacted by the combination of vacancies, particularly nursing, and sickness absence which stood at 6.47% in May.

Backfilling Band 5 Registered Nursing vacancies (44) and sickness absence with Bank staff has proved challenging with only 3.91 Whole Time Equivalent (WTE) cover this month while Bank Band 3 cover stood at 17.29 WTE and Band 3 Agency stood at 7.64 WTE.

The CBU continue to utilise the ongoing daily huddle within Secure, Central Locality and the wider Trust footprint. Substantive staff are protocolled once the review of ward safer staffing has taken place to bridge gaps. Mutual aid, bank, agency continue to be requested but with limited response due to pressures across the Trust. Anecdotally it is being reported that substantive staff who work bank shifts are choosing not to work additional shifts due to anxiety about being protocolled too wards out with the CBU.

Central Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	**Vacancies**
Inpatient Central CBU		
Physiotherapists	1xB7, 0.6B6 (mat leave), 1x B4, 0.9 B4	
Occupational Therapists	11 x occupational therapists 1x band 5 occupational therapist – temporary contract pilot post until middle of May 3 x occupational therapy assistant practitioners 1 x occupational therapy assistant	1x Occupational Therapy assistant practitioner recruited and start date 16.5.22.
Psychologists	8.8wte	1.0wte B5 Assistant Psychologist
Dietitians	2.9	2.0
Speech and Language Therapists	8.4	1.7
Secure Care CBU		
Physiotherapists	Reported via Trust wide AHP structure	
Occupational Therapists	Reported via Trust wide AHP structure	
Psychologists	13	13

Recruitment & Retention:

Inpatient Services:

Occupational Therapy

1x Occupational Therapy assistant practitioner recruited and start date 16th May 2022.
1x band 5 recruited for the Fellside ASD project. No start date yet.

Plan to review and extend length of temporary contract for band 5 occupational therapist Harriet Sorrie. Due to finish 14th May 2022.

Secure Care Services:

Psychology

The Band 6 Expression of Interest has been recruited to (using 1 vacant B7 post). This has created a Band 5 vacancy as an internal candidate was appointed.

A bespoke recruitment campaign for Secure Care is in place for all vacancies with recruitment events taking place at Morpeth Fair in June and UK Pride in Newcastle in July.

Secure Care CBU has supported International Nurse Recruitment interviews.

Developments:

Inpatient Services:

Psychology

Higher Assistant Psychology post appointed to 9-month contract for acute inpatient services.

Secure Care Services:

The Cedar Consultation for the move to the new hospital build, Sycamore, on the Northgate site is due to launch mid-summer; the planned opening is January 2023.

Six Monthly Skill Mix Review:

Inpatient Services:

- Additional SALT and OT recruited to work within staffing numbers across Castleside and Akenside.
- 2x SALT and 1x OT recruited as part of the autism sensory project on Lamesley and are working within staffing numbers.
- Redeployment of staff across the 8 wards to level load vacancies / unavailable staff and support skill mix.
- Appointed transitional discharge lead to support with any barriers to discharge, timely discharges and pathway working.
- Appointed nurse consultant into OPS June 2022.

Secure Care Services:

During this period 19 new staff recruited to Secure Care Services with 26 staff leaving the CBU and also CNTW.

A further 14 staff have retired with 7 returning through Retire and Return, two of these are now bank staff.

Sickness Absence Rates:

Dec 21	Jan 22	Feb 22	March 22	April 22	May 22
6.01%	8.50%	6.98%	7.42%	6.77%	6.47%

South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale –	65.15%	378.66%	112.23%	333.28%	Vacancies: 1 Band 5 Staff Nurse, 5 Band 3 Nursing Assistants. Absence: 2 Band 3 long term, 2 Band 3 non-clinical. Narrative: Increased staffing numbers due to high clinical activity, vacancies, increased agency use to maintain staffing numbers. Bank / Agency Requests: Bank 99, Agency 147.
Beadnell	108.93%	110.16%	106.06%	173.47%	Vacancies: X1 band 3 (awaiting start date), X2 band 5 (Due to start August/September). Sickness: X2 Q LTS, X1 Q STS, X1 unQ LTS. Due to high levels of acuity and increased observations, increased numbers required to support night duty.
Beckfield -	114.48%	257.58%	105.93%	237.03%	Vacancies: 2 Band 5 Staff Nurses, 1 Band 4 Associate Practitioner, 3 Band 3 Nursing Assistants. Absence: 1 Band 3 Maternity Leave, 3 Band 3 long term. Narrative: Eyesight observations have been increasing the amount of staff working into Beckfield. Have been as high as 17 staff per day shift due to Seclusions, patients requiring 2-person eyesight and patients on discharge pathway requiring 2 person escorts. All shifts have been working above safer staffing numbers due to level of acuity. Still have 3 patients out of pathway waiting for step down and MSU beds. Bank/Agency Requests: Bank 198, Agency 295
Bridgewell –	107.39%	196.75%	102.03%	153.04%	Vacancies: 1 Band 6 Clinical Lead, 1 Band 4 Associate Practitioner, 8 Band 3 Nursing Assistants. Absence: 2 long term. Narrative: 2 patients on 1:1 observations without additional care packages Large acuity at mealtimes due to SALT risks – 6 additional patients on within eyesight for this. Acuity fluctuates due to physical health needs Bank/Agency Requests: Bank 75, Agency 5
Brooke House	88.79%	88.62%	103.86%	201.21%	Vacancies: 0 Absence: Maternity. Narrative: Use of regular Band 3 & Band 5 Bank Staff due to increased observations & staff shortages. Bank/Agency Requests: Bank 55, Agency 11.
Clead	94.71%	151.53%	98.93%	185.38%	Vacancies: 5 Band 5 Staff Nurse.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Absence: 1 Band 6 Clinical Nurse Lead long term, 2 Band 5 Staff Nurses long term, 1 Band 6 Clinical Nurse Lead long term, 2 Band 5 Staff Nurses long term, 1 Band Assistant Practitioner long term, 1 Band 3 Peer Support Worker long term Narrative: Increased overtime, bank and agency use has been observed. Due to staff sickness. There were also some incidents of increased observations. Bank/Agency Requests: Bank 65, Agency 32.
Clearbrook –	94.85%	305.35%	99.50%	323.59%	Vacancies: 2 Band 5 Staff Nurse, 1 Band 3 Nursing Assistant. Absence: 1 Maternity Leave, 1 long term. Narrative: Increased use of bank and agency due to increased observations required to support acuity of need on the ward. 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. Bank/Agency Requests: Bank 124, Agency 191.
Longview	70.43%	699.25%	105.60%	584.95%	Vacancies: 3 Band 5 Staff Nurse, 5 Band 3 Nursing Assistant, 1 Band 3 Activity Worker. Absence: 1 Band 5 Staff Nurse maternity leave, 4 Band 3 Long Term Absences. Bank/Agency Requests: Bank 52, Agency 515.
Marsden	0.00%	0.00%	0.00%	0.00%	
Mowbray	97.14%	194.79%	106.95%	206.83%	Vacancies: 1 Band 5 Staff Nurse, 1 Band 4 Associate Practitioner, 8 Band 3 Nursing Assistants. Absence: 2 Band 5 long term, 2 Band 3 long term. Narrative: Over for non-registered day staff due to vacancies and increased in bank and agency use. High number of patients with complex needs increased engagement and observation levels. Over for night shift for non-registered staff due to clinical acuity levels with patients on higher levels of engagement and observation levels. Bank/Agency Requests: Bank 59, Agency 45
Rads at Gibside	106.67%	194.36%	105.67%	269.47%	Vacancies: x 2 band 3, x 1 band 5 Periods of staff sickness and vacant posts covered by bank/agency. Increased unregistered support needed to support increased observations for patients
Roker	116.06%	223.21%	99.85%	351.75%	Vacancies: 2 Band 6 Clinical leads, 3 Band 5 Staff Nurse, 8 Band 3 Nursing Assistants.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Absence: 2 Non-Clinical, 10 long term. Narrative: Increased bank and agency which reflects clinical acuity of need on the ward & vacancies further impacting use of agency. Increased level of need of patient group with patients being nursed on within eyesight observations on a 1-1 / 2-1 /3-1 basis. In May on average the ward used 14-14-10 to maintain clinical needs of the ward. Bank/Agency Requests: Bank 59, Agency 45.
Rose Lodge	96.15%	262.33%	199.60%	314.20%	Vacancies: 8 Band 3 Nursing Assistant. Absence: 1 Band 3 long term. Narrative: Increased level of acuity and observation levels particularly on a late shift and night duty resulting in increased use of bank staff & agency staff. Bank/Agency Requests: Bank 104, Agency 187.
Shoredrift –	81.86%	422.08%	98.63%	321.03%	Vacancies: 2 Band 4 Associate Practitioners. Absence: 1 maternity leave, 2 Band 3 long term absence. Narrative: Continued high levels of acuity and need that requires an increase in engagement & observations levels, meaning higher safe staffing levels are necessary to support to maintain ward and patient safety. Bank/Agency Requests: Bank 121, Agency 114.
Springrise –	90.46%	547.73%	102.98%	489.37%	Vacancies: 1 Band 6 Clinical Lead, 5 Band 5 Staff Nurse, Band 3 Nursing Assistants Absence: Band 3 maternity leave, Band 3 long term. Narrative: Continued high levels of need that requires an increase in engagement & observations levels. This is reflected in an increase in staffing levels required. Formula in place to meet acuity with staff intervention & numbers, and to ensure safety on the ward. Long term Seclusion (due to out of pathway) that requires additional support with engagement, observation & activity plan Bank/Agency Requests: Bank 101, Agency 386
Walkergate Ward 1	85.23%	83.09%	103.63%	90.95%	Vacancies: 4x Band 3, 1x Band 4, 2.8 Band 5 Absence: Band 5 - 1 long term sickness, 2 x Band 3 long term sick Ward under occupancy therefore staffing levels remained adequate for clinical need.
Walkergate Ward 2	65.51%	85.14%	104.11%	116.18%	Vacancies: 2x Band 5

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Absence: 2 Band 5 long term absence, 2 Band 3 long term absence, 2 band 5 short term absence, 7 Band 3 short term absence,1 Band 5, 1x Band 3 covid related absence. Ward under occupancy therefore staffing levels remained adequate for clinical need, although Band 5 support received from other wards at Walkergate Park as needed.
Walkergate Ward 3	104.17%	75.05%	105.88%	124.58%	Absence: 2 Band 5 covid absences, 1 Band 5 short term absence, 3 Band 3 Long term absence Additional Band 3 staff on night duty to support band 5 on light duties Ward under occupancy for part of month and Unreg day figures reflect changing staffing need.
Walkergate Ward 4	72.09%	100.21%	98.31%	110.72%	Vacancies: 3X Band 5, 1 x Band 6 Absence: 1 covid related absence, 1x Band 3 Long term absence Ward manager supported with direct care and staff from outpatients completed additional shifts
Ward 31A	83.88%	70.81%	101.29%	105.91%	Vacancies: 2x band 5 awaiting start dates (August/September), 1x band 3 starts July, 2x band 3 – interviews planned Reduced staffing numbers due to vacant beds and lower acuity on ward

South Locality

Inpatient CBU:

In May 2022 there was a slight reduction in sickness figures from 12.14% to 10.3%. The absence varied between wards in May the lowest being Aldervale at 5.3% and the highest being Clearbrook at 19%.

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 May 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 are 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 May is summarised in the ward narrative.

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.
The staffing hub is daily, 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.

Neuro & Specialist CBU:

All wards continue to be impacted with sickness and vacancies. Level loading across Walkergate Park and specialist wards continues to be facilitated through twice weekly huddles. Ward Manager's work into the numbers as required to meet patient need. Safe staffing numbers are maintained through bank, overtime, and agency. Physical needs of patients at Walkergate Park remain high with high levels of acuity in personal care and mobility.

Staff absence across the CBU has reduced slightly from 8.01% in April to 6.95% in May, although inpatient sickness levels range from 2.05% (Gibside) to 19.04% (Beadnell). 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
Psychologists	No data submitted	No data submitted
Speech and Language Therapy	2 WTE Band 6 3 WTE Band 5 1 WTE Band 4	1WTE Band 5 is leaving so we have their post out to advert before they have handed in their notice.

Exercise Therapy	HWP – 1xB6, 2x B5 2xB3 Rose Lodge – 1x B5	3 x FTE B3 vacancies – 1 HWP 2 Rose Lodge
Dietitians – Inpatients	0.3	2.1
Speech and Language Therapists – Inpatients	7.9	0.0
Neuro & Specialist CBU		
Physiotherapists	9.4 Qualified 3.41 Unqualified	0.8 Band 6 Mat leave 0.6 Band 6
Occupational Therapists	10.6 Qualified 2.08 Unqualified	0.7 Band 6 Mat leave
Psychologists	5.1 Qualified 1.5 Unqualified	1.0 Band 8c
Dietitians – Neuro	4.5	1.5
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 inpatient CBU have submitted Band 5 vacancies into the established international recruitment process. The majority of wards have been allocated at least one nurse from this programme pending completion of all transition requirements. The international nurses are RGN by background however all have experience with working in mental health settings. A total of 11 international nurses have been allocated to commence across the wards.

Neuro & Specialist CBU:

2x Band 6 Specialist Physiotherapists have been appointed for WGP with start date set for 1st June 2022. One of these appointments is an internal promotion and will leave a Band 5 vacancy. Therefore, further recruitment taking place.

Recruitment ongoing for Band 5 Registered Nurses and advert reviewed to target specific wards where vacancies remain. International recruitment ongoing and awaiting start dates when resettled in the area. Start dates identified for newly recruited Band 3 and Band 6 at WGP.

Retention - staff movement is to Band 6 posts into other CBU within CNTW. Additional Band 3 and 4 Nursing Apprentices supported in adult branch to support the academy and long-term recruitment plan of RGN's. Band 4 registered Nursing Associates supporting Band 5 staff with registered nurse duties.

Developments:

Inpatient CBU:

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

To support patient and carer experience the wards are reviewing the post on carer supporter and these are currently out to advert.

Neuro & Specialist CBU:
Peer support role discussed for Ward 1 and plan in place to develop job description and recruitment with locality lead.

Band 6 redeployed to Rose Lodge for a period of 3 months to support improvement plan.

Six Monthly Skill Mix Review

Inpatient CBU:
The ongoing national shortages of registered staff are reflected within the vacancies in inpatients. Over the last six month we have focused on registered nurse retention with the aim to reduce turnover. The inpatient areas reviewed exit interviews for staff moving within the Trust or leaving the Trust. A theme that staff articulate when leaving inpatients is often cited as progression to higher grade. Progression for registered staff within the ward structures can be limited with roughly 67% being Band 5, 22% Band 6 and 11% Band 7.

Workforce plans have been reviewed and new roles developed to support progression opportunities, reduce the turnover of staff, and improve the patient and carer experience. This has included the introduction of Band 7 Specialist Nurse role on the wards, this differs to the Band 7 Ward Manager and has a clinical focus on safety, quality and continuous improvement.

To support our Band 5 registered staff vacancies is the recruitment international nurses. The international nurses recruited are adult nurses by background but with special interest or previous experience within mental health or learning disabilities. In total we have 11 international nurses commencing employment on the wards across the South locality.

Another area of focus has been using different disciplines to enhance the MDT on the ward. Every time a vacancy arises there is a consideration of the clinical need, risk and any skills or competency gaps to ensure the post identified for recruitment is best fit for the ward. This has seen the skill mix being enhanced by additional Occupational Therapists, Speech and Language Therapists Exercise Therapy Higher Psychology Assistants.

We are soon to receive training and commence a pilot of an innovative, evidence based and multidisciplinary NHS safer staffing support tool. The Mental Health Optimal Staffing Tool (MHOST) calculates clinical staffing requirements in mental health wards based on patients' needs (acuity and dependency) which, together with professional judgement, guides chief nurses and ward based clinical staff in their safe staffing decisions. This will help to ensure that the wards can make evidence based decisions on safe staffing levels that support patients' needs. Helping to improve the care and outcomes for some of the most vulnerable patients, it will also help to improve the working environment.

Research suggests that between 22% and 44% of adult psychiatric inpatients also have problematic drug or alcohol use, up to half being drug dependent. This data correlated across the Adult Acute Wards and PICU, with admissions frequently having drug and/or alcohol needs. It was also highlighted in review of incidents that targeted dual diagnosis interventions would benefit this patient group. To support the patient experience and enhance the skill mix on the wards a Dual Diagnosis Nurse role has been introduced. This role works into each ward and supports with- brief interventions, harm reduction, discharge support, onward referrals, dual diagnosis training and support for patients during detox- symptoms.

We have Nurse Consultants established on the majority of areas within inpatients- older persons, learning disability and adult acute and PICU. We have a Nurse Consultant vacancy for rehabilitation and recovery, and we are due to interview candidates for this post. The Nurse Consultant role has improved patient care whilst maintaining safety, it has allowed an expert

practitioner to input and support patients, carers, and staff. The Nurse Consultants are non-medical approved clinicians or working towards this qualification. This is particularly significant in relation to the difficulties in Medical Recruitment in that their skills are complementing the wider Multidisciplinary Team.

All 12 wards within inpatients have introduced the Peer Supporter role within the ward establishment (some areas have recruited 2 Peer Supporters). This role has supported patient and carer experience through their own lived experience. They have 'been there' and moved on in their lives so they embody recovery and messages of hope. Peer Supporters have found ways out of similar crises and so bring experience and confidence to support the patients and carers on the ward. Some wards are considering additional peer supports to provide this role 7 days.
The Carer Supporter role has been recently introduced into the Adult Acute Wards and the Learning Disability and treatment Unit. This role works across the teams to support the MDT to link in a meaningful way with carers and families. This may include linking with community resources and outreaching to families in their own homes, as well as sharing information and facilitating interfaces with ward teams. They would have firm links with carer champions on each ward and support the implementation of processes and improve documentation standards.

The CBU continues to support staff in Trust initiatives to facilitate pathways into Nurse Training. Using CNTW academy to support access to service specific vocational qualifications; Foundation Degrees and access to flexibly delivered pre-registration education BSc (Hons) Mental Health Nursing. Staff have been successful in apprenticeship programmes who are supported on placement and then return as a Band 5 preceptees 'grow your own' ethos.

Neuro & Specialist CBU:
Workforce plans and skill mix continue to be reviewed within the Neuro & Specialist wards. The skill mix within the wards is multi professional and support the wider Trust workforce plan.

The ongoing national shortages of registered staff are reflected within the vacancies, although there is acknowledgement that the vacancy levels are not as significant as other CBUs. Over the last six month we have focused on registered nurse retention with the aim to reduce turnover. This has included stay interviews and highlighted among Registered General Nurses that they are concerned about CPD opportunities within a mental health trust. By working with the Academy, we have secured places for nurses to attend various courses to enhance their advanced physical health care skills, improving the experience for patients and aiding retention.

This initiative has also helped to promote our services to other RGN's looking to join the trust who may have been apprehensive about development opportunities.

The CBU has also implemented a Leadership pilot following a piece of research which identified lack of opportunity as a reason for staff leaving. As a result, more AHP's have been appointed into the Clinical Management role on a part time basis to allow them to progress via an operational management route whilst still being able to retain a clinical case load and support development of junior staff through their leadership. This continues to be reviewed and evaluated to inform next steps, but initial feedback is positive.

Alongside this, a gap was identified for nurses to progress via a clinical route rather than the traditional management route. An Advanced Clinical Nurse Practitioner has been appointed across Perinatal Services and the CBU are looking to introduce a similar role within Neuro services. The longer-term workforce plan is to build on these roles to introduce more Nurse Specialists and potentially Nurse Consultants which will also compliment the wider MDT.

On Gibside and Beadnell, a Clinical Lead role at Band 7 has been introduced with a focus on quality and safety to help enhance leadership, improve patient and carer experience as well as

reducing turnover by creating more opportunities. The pilot on Beadnell has resulted in a Nurse Specialist now being appointed and the pilot continues on Gibside.

With the development of more leadership roles, it has been important to ensure a flow of Band 5 Registered Nurses across Adult, Mental Health and Learning Disability pathways through recruitment of new staff and supporting opportunities for existing staff on the Academy's various routes into nursing. Staff have been supported to enrol on the Nursing Apprenticeship programme across both Adult and Mental Health branches. At Walkergate Park, they have also supported the relocation of some Nursing Apprentices from other parts of the organisation who have chosen the Adult branch and require the learning opportunities available there.

All of these initiatives aim to support succession planning across all professions.

Beadnell is currently the only ward with a dedicated Peer Supporter role, and this is something the CBU are actively pursuing, alongside the planned introduction of a Peer Support Supervisor (for the South Locality) to help develop the Peer Supporter roles within our inpatient services. On Beadnell this role has supported patient and carer experience through their own lived experience.

Recent CQC MHA Reviewer visits to some wards have identified a lack of activities and some wards are looking at the recruitment of Activity Coordinators to compliment ward staff.

The imminent roll out of the MHOST tool will look to contribute to the ongoing workforce planning conversation to help ensure the most appropriate skill mix going forward.

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 May 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	6.95	5.65	0.50	0.00	-0.80
SOUTH	Community	34.14	34.04	1.60	1.00	2.50
SOUTH	Inpatient	21.10	19.50	1.30	1.90	1.60
SOUTH	Specialist	26.34	23.83	1.09	1.15	-0.27
SOUTH	**Total**	**88.53**	**83.02**	**4.49**	**4.05**	**3.03**
CENTRAL	Access	11.17	11.09	0.00	0.08	0.00
CENTRAL	Community	36.56	31.41	1.95	3.20	0.00
CENTRAL	Inpatient	15.19	13.82	1.37	1.60	1.60
CENTRAL	Secure	13.37	12.64	0.73	0.00	0.00
CENTRAL	**Total**	**76.29**	**68.96**	**4.05**	**4.88**	**1.60**
N.CUMBRIA	Community & Access	16.23	14.50	0.73	1.00	0.00
N.CUMBRIA	Inpatient	19.01	15.41	0.00	1.80	-1.80
N.CUMBRIA	CYPS	11.38	10.96	0.42	0.00	0.00
N.CUMBRIA	**Total**	**46.62**	**40.87**	**1.15**	**2.80**	**-1.80**
NORTH	Access	6.76	6.40	0.11	2.25	2.00
NORTH	Community	29.32	26.74	0.98	2.20	0.60
NORTH	Inpatient	19.98	17.70	1.08	6.40	5.20
NORTH	LD & Autism	4.20	1.80	0.20	2.20	0.00
NORTH	**Total**	**60.26**	**52.64**	**2.37**	**13.05**	**7.80**
TRUST	**Total**	**271.70**	**245.49**	**12.06**	**24.78**	**10.63**

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 and Retention group. This includes Central Recruitment, International Recruitment, recruitment premia / incentives, career progression opportunities and the development of a student nursing assistant role for all professional disciplines. The priorities remain to protect in-patient staffing and to promote in-patient services as an attractive career pathway for Registered Nurses and Doctors.

Conclusion

To provide assurance on Safe Staffing Levels, ward team staffing huddles are held at least daily, to support determination of the overall Locality position. Adjustments have been made as necessary to ensure that patient safety is not compromised and that any risks are escalated appropriately.

The six monthly skill mix review demonstrates the continuous and focused work to retain staff, enhance multi-disciplinary working and develop new roles to ensure safe staffing and to promote succession planning.

Anthony Deery
Deputy Chief Nurse
July 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3 August 2022

Title of report	CNTW Workforce Plan – Update
Report author(s)	Claire Vesey, Head of Workforce Developments
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce & Organisational Development

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	
Audit Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	27.07.222
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	25.07.22
Business Delivery Group (BDG)	
Trustwide Safety Group (TSG)	
CQC Compliance Group	
Equality, Diversity & Inclusion Steering Group	
Caldicott Information Governance Group	
Clinical Records Improvement Group	

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	X	Reputational	
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

Trust Board of Directors
CNTW Workforce Plan
3 August 2022

1. Executive Summary

The *Developing Workforce Safeguards* framework came into effect in April 2019 via NHS England/NHS Improvement (NHSE/I). It sets out requirements in line with the Single Oversight Framework (SOF) and CQC fundamental standards; of which the Trust Board is required to have oversight of the Trust Workforce Plan on an annual basis. This paper sets out the updated position to the Trust Board.

The Trust has developed an internal planning approach to incorporate deliverables within the NHS Long Term Plan and People Plan which align to workforce, quality, funding and income as set out within the Trust Annual Plan. The Trust Workforce Plan is a key component of this work.

In striving to ultimately produce a strategic workforce plan, our aim is to not only think about how many staff we will need and what roles they will undertake, but to also begin to think about the diversity (including generational) of the future workforce, investment in CPD and succession planning, the health and wellbeing of our workforce, our emerging gaps and mitigations, and to subsequently inform how we engage with our workforce alongside the changing needs and requirements that emerge at regional, national and system level.

The production of a five year strategic workforce plan remains a challenge as services recover from Covid-19 and we begin to understand the impact of service delivery against increasing demands and a workforce which we acknowledge is feeling ‘burnt out’.

The development of a five year strategic workforce plan is key to sustaining and delivering future services. A sub-group of the Trust Recruitment and Retention Taskforce has been set up to specifically focus on workforce planning and skills.

Enablers which are in place to support this work include:

- Redevelopment of CNTW dashboards to support planning work.
- Submission of annual workforce projections to NHSE/I, supported by regional ICS, in line with national planning requirements (see Appendix 1 – for information only).
- Scoping of new roles and upskilling of existing roles via regional ICS and internal Workforce Planning and Skill Mix Group.
- Internal ‘bitesize’ training and awareness sessions in workforce planning/new roles/CPD funding for managers (Summer 2022).
- Roll out of ESR functionality to better understand non-mandatory training, qualifications and skills which have been undertaken by the CNTW workforce and where subsequent gaps may exist.
- Scoping and roll out of a standard and consistent approach to vacancy collation and reporting in order to identify ‘at risk’ areas and mitigations.

In terms of next steps, it is critical we move away from a short term (12 months) numbers only based workforce plan, to a five year strategic workforce plan in which we determine new roles, new ways of working, future supply pipelines, succession planning and development of career pathways.

The Trust Recruitment and Retention Taskforce will have oversight of developments supported by an ongoing skill mix review. The soon to be established *Staff Development Forum* will align workforce planning to talent management, leadership and management development.

Through the roll out and implementation of ESR, the workforce intelligence we gather will support decision making and planning; this is a critical element in the delivery of a strategic workforce plan.

At the present time we are unable to report on recruitment activity aligned to vacancies and how this meets our future workforce planning requirements. The development of ESR functionality and roll out of vacancy reporting to eventually align to recruitment (latter will be scoped over next 12 months) will significantly improve reporting and decision making based on workforce intelligence and data.

2. Risks and mitigations associated with the report

The key risk associated with this report is the workforce supply issues across specific areas of our workforce which have been documented in relevant risk registers. A number of areas of mitigation haven been put in place which are being overseen by the different workstreams of the Recruitment and Retention Taskforce.

3. Recommendation/summary

The Trust Board of Directors is asked to note the content of the Trust Workforce Plan which was submitted to NHSEI in June 2022.

Appendix 1

Trust Workforce Plan – submitted in June 2022

	Ave WTE Dec - Feb	Jun-22	Sep-22	Dec-22	Mar-23	Change to Q2
SUBSTANTIVE						
Consultant	187.34	192.17	192.15	192.16	192.16	4.83
Career/staff grade	123.25	122.99	122.99	122.99	122.99	-0.26
Trainee grade	94.81	96.13	96.13	96.13	96.13	1.32
Registered Nursing	2,212.03	2,290.04	2,289.24	2,288.65	2,288.49	78.02
AHP	398.38	426.58	430.31	429.96	429.33	28.20
Other scientific	595.22	605.55	605.55	606.09	603.90	10.33
Support to Nursing	1,664.22	1,486.07	1,486.07	1,486.86	1,486.73	-178.14
Support to AHP	116.92	126.36	126.36	126.36	126.27	9.45
Support to other scientific	104.93	107.31	107.31	107.31	106.30	2.38
NHS Infrastructure	1,965.63	1,992.33	1,988.58	1,992.47	1,992.46	26.70
Non Execs	10.03	11.61	11.61	11.61	11.61	1.58
	7,472.75	**7,457.14**	**7,456.30**	**7,460.58**	**7,456.38**	**-15.62**
BANK						
Registered Nursing	59.46	40.19	40.16	40.14	40.14	-19.27
AHP	2.50	3.48	3.51	3.51	3.50	0.98
Other scientific	5.53	3.38	3.38	3.39	3.37	-2.14
Support to Nursing	174.19	75.48	75.48	75.58	75.56	-98.71
NHS Infrastructure	12.28	13.37	13.35	13.37	13.37	1.09
	253.95	**135.90**	**135.88**	**135.98**	**135.94**	**-118.06**
AGENCY						
Consultant	11.08	11.83	11.83	11.83	11.83	0.75
Career/staff grade	16.00	12.07	12.07	12.07	12.07	-3.93
Trainee grade	0.17	0.71	0.71	0.71	0.71	0.54
Registered Nursing	35.86	14.28	14.26	14.25	14.25	-21.59
Other scientific	16.11	0.97	0.97	0.98	0.92	-15.14
Support to Nursing	310.67	157.64	157.64	157.76	157.74	-153.03
NHS Infrastructure	21.61	7.72	7.67	7.73	7.73	-13.89
	411.50	**205.22**	**205.15**	**205.34**	**205.25**	**-206.27**

The plan reflects our position to reduce reliance on bank and agency staffing, review inpatient staffing levels and skills mix and our commitment to redesign community services. There is minimal change to substantive staffing levels with the exception of a reduction in unregistered staff, highlighting the desire to move towards an increase in other clinical professions, particularly nursing and AHP and a reduction in bank and agency usage.

However, it is recognised the challenges this will present. Whilst some initiatives are in place to support this such as the newly introduced recruitment incentive, international recruitment cohorts of nursing and medics and our first ‘grow our own’ nursing cohort qualifying, there undoubtedly remains a challenge ahead to recruit into some of these posts. Work is ongoing, as part of the Trust Recruitment and Retention Taskforce, to look at the introduction of a different skill mix, new roles and working differently. Therefore, in future years forecasting we would expect to see a change in our staffing mix in order to mitigate against the emerging workforce gaps.

Name of author:	Name of Executive Lead:
Claire Vesey Head of Workforce Developments	Lynne Shaw Executive Director of Workforce and Organisational Development

16 June 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 3 August 2022

Title of report	**WRES & WDES Annual Report**
Report author(s)	**Christopher Rowlands Equality, Diversity and Inclusion Lead**
Executive Lead (if different from above)	**Lynne Shaw, Executive Director of Workforce & 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 Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	27.07.2022
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	25.07.2022
Business Delivery Group (BDG)	
Trustwide Safety Group (TSG)	
CQC Compliance Group	
Equality, Diversity & Inclusion Steering Group	
Caldicott Information Governance Group	
Clinical Records Improvement Group	

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
N/A

WRES & WDES Annual Report
Board of Directors
Wednesday 3 August 2022

1. Executive Summary

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) support positive change for existing employees and enable a more inclusive environment for BAME and Disabled people working in the NHS. We are required to report our performance on these standards yearly and to draw up plans to address disparities. The data relevant to each of the specific measurements can be accessed via this link.

2. Risks and mitigations associated with the report

There are specific risks of Race Discrimination and Disability Discrimination under the Equality Act if policies and practices are not in line with legislation. There are reputational risks to the Trust if legislation and best practice is not followed which may have a detrimental effect on attraction and retention of staff.

3. Recommendation/summary

The Board of Directors is asked to consider approval to the following.
In addition to the measures ongoing regarding inclusive recruitment and the Give Respect Get Respect work that we:

- measure progress half yearly, so that we can better assess the efficacy of actions
- ensure managers of Cultural Ambassadors and Staff Network Chairs understand the importance of this Trust-wide role and release of staff to undertake it
- monitor the ethnicity of staff raising issues that result in formal disciplinary investigations
- consider how to use non-mandatory training and CPD to improve career progression and promotion for BME staff
- review current practices to address discrimination against staff from patients and relatives
- Develop an approach for staff to demonstrate allyship with staff who identify with the protected characteristics that are supported by our existing staff networks and to extend to any future planned networks
- identify evidence-based interventions that we can implement to address staff survey disparities
- continue to improve our protected characteristics disclosure rates and run a further campaign this year
- continue to publicise the Disability passport for staff
- introduce a centralised budget for the delivery of reasonable adjustments before the end of this financial year.

Christopher Rowlands
Equality Diversity & Inclusion Lead

Lynne Shaw
Executive Director of Workforce & OD

Workforce Race Equality Standard (WRES)

The figures contained within this document are a snapshot as of 31 March 2022. It should be noted that these figures do not include NTW Solutions or Bank Staff. Later this year we will be required to submit a WRES return for Bank Staff for the first time. Please see the appendix for all WRES data tables.

(1) Percentage of staff in each of the Agenda for Change Bands 1-9 and Very Senior Managers (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff

At the audit date there were 7381 members of staff in the Trust. Of the 7381 558 (440 in 2021) were BAME staff. These staff made up 7.5% (6.25% in 2021) of our overall workforce, although it should be noted that this average is inflated by the inclusion of medical staff. If we exclude medical staff, the average is 5.4% (4.6% in 2021). Data on Ethnicity will not be available for the 2021 Census until October, the latest available Office for National Statistics population figures across the region put the BAME population at 6.4%. It is recommended that we review how representative we are as an organisation as soon as ethnicity information becomes available from the 2021 Census.

The distribution of staff across roles and agenda for change bands should help inform inclusive recruitment practices. Of 1502 staff employed in non-clinical roles only 34 – 2.3% were from a BAME background. 29 of the 34 were employed at bands 5 or below.

Of 5557 staff employed in clinical (non-medical) roles 367 (6.6%) were from a BAME background. 252 of the 367 (68.6%) were employed at bands 5 or below. For white staff 2480 of 5133 (48.3%) were employed at bands 5 or below.

Of 345 medical staff 157 (45.5%) were from a BAME background. 87 of the 157 (55.5%) employed at Consultant Grade, compared to 110 of 176 (62.5%) of White Doctors at Consultant Grade.

Aspirational (model employer) targets
These were set in late 2019 by NHS England for each NHS Trust. The Trust targets are listed below.

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity[1]	Total BME staff in AfC band by 2028 to reach equity[1]
Band 8a	5.6% (11)	**0**	9
Band 8b	0.0% (0)	**4**	4
Band 8c	2.1% (1)	**1**	2
Band 8d	0.0% (0)	**1**	1
Band 9	0.0% (0)	**0**	0
VSM	14.3% (1)	**0**	0

Our current totals across these bands are:

	Number of staff	Difference from Aspirational Target
Band 8A	13	+4
Band 8B	5	+1
Band 8C	3	+1
Band 8D	1	=
Band 9	0	=
VSM	0	=

As staffing figures currently stand the aspirational targets have been exceeded, however, it should be noted that it is felt that these figures are not aspirational enough and still need to be improved.

Recommendations

- We take positive action in line with the Equality Act to attract the BAME applicants and that we adopt those measures for progression in the Trust
- Diverse shortlisting and interviewing panels – recruiting managers need to be held accountable. Where BAME interviewees are not appointed, justification needs to be given setting out, clearly, the process followed and the reasons for not appointing the BAME candidate
- The above measures should help address the disparities, though it is also important that we measure progress on a regular basis and it is recommended that this snapshot of data is taken half yearly, so that we can better assess the efficacy of actions.

(2) Relative likelihood of staff being appointed from shortlisting across all posts (2021 figures in brackets)

- 3115 (2302) BAME applicants were shortlisted. Of those shortlisted 139 (67) were appointed.
- 5828 (8222) White applicants were shortlisted. Of those shortlisted 648 (844) were appointed.
- White job applicants are 2.5 (3.5 in 2021) times more likely to be appointed from shortlisting compared to BAME applicants.

An improvement, but one that only returns us to our pre-pandemic trend. More work is needed to reach a figure closer to 1 which would mean parity of likelihood.

Recommendations

- Positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers
- Compulsory training for all recruitment panel members following a package being developed as part of the inclusive recruitment work.

(3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

8 BAME members of staff out of 557 (1.43%) were going through a formal disciplinary process. 36 White members of staff out of 6736 (0.5%) were going through a formal process. BAME members of staff are 2.69 times more likely to be in a formal disciplinary process compared to White staff – compared to 1.5 times more likely in 2021. The performance on this metric has deteriorated despite rigorous triage of cases and a total of 19 Cultural Ambassadors now in place within the Trust. It should be noted, however, that overall numbers going through formal processes remain small.

Recommendations

It is recommended the following actions are taken:

- It is important that managers of Cultural Ambassadors and Staff Network Chairs understand the importance of this Trust-wide role and allow the release of staff to undertake the Ambassador role
- That we continue with the measures outlined in the Trust's Respect Campaign
- That we consider, following a Freedom to Speak Up case, that we move to monitor the ethnicity of staff raising issues that result in formal disciplinary investigations – though note that this might lead to a reluctance to raise legitimate concerns about staff for fear of being viewed discriminatory
- Wider implementation of the Respectful Resolution tools from A Kinder Life. This will ensure more issues are addressed at an early informal stage by giving managers the tools and confidence to engage in difficult conversations.

(4) Relative likelihood of staff accessing non-mandatory training and CPD

As was the case in 2021, due to staff not accessing non-mandatory training during the pandemic it has therefore not been possible to calculate the figure for this year. The 2020 return showed that BAME staff were 1.5 times more likely than White staff to access non-mandatory training.

Recommendation

It is recommended that the following action is taken:

- We should consider how to use non-mandatory training and CPD to improve career progression and promotion for BAME staff.

(5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

This is the first of the metrics within the Equality Standard that takes data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2021.

- 44.6% of BAME staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 35.3% in the 2020 Staff Survey

- 29.4% of White staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 30.4% in the 2020 Staff Survey.

Experience of BAME staff has deteriorated between 2020 and 2021 survey and the disparity between BAME and White staff has increased.

Recommendations

It is recommended that the following actions are taken:
- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public
- That we further develop a PGN to address discrimination against staff from patients and relatives
- Promote allyship from White Staff to provide appropriate challenge to patients, relatives or the public, when a BAME member is subject to these behaviours.

(6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- 15.5% of White Staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 15.9% in the 2020 Survey.
- 24.1% of BAME Staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 25.0% in the 2020 Survey.

There have been marginal improvements in the experience of both White and BAME staff but the disparity in experience between the two still remains.

Recommendations

It is recommended that the following actions are taken:
- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums
- That we identify evidence-based interventions that we can implement to address staff survey disparities.

(7) **Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

- 67.3% of White Staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 89.9% % in 2020
- 54.3% of BAME Staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 83.2% in 2020.

There has been a significant fall for both White and BAME staff and the disparity between them has increased.

Recommendations

It is recommended that the following actions are taken:

- A process for stretch opportunities for staff is introduced to help facilitate career progression or promotion
- That there are specific positive action initiatives to ensure that BAME staff have the skills, experience and confidence to apply for senior positions when they arise.

(8) Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

- 5.1% of White staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 5.0% in 2020.
- 14.4% of BAME staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 13.1% in 2020.

The experience of BAME staff between the 2020 and 2021 Staff Surveys slightly deteriorated, whilst that of White staff stayed almost the same.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we identify evidence-based interventions that we can implement to address staff survey disparities.

(9) Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BME staff

- The Board is less representative of the population than the overall workforce. BAME representation is at 7.1%, compared to the overall figure of 7.5% for the Trust. In the 2021 National WRES Report, the proportion of BAME Board members across the North East and Yorkshire averaged 8.2%.

Recommendation

It is recommended that the following action is taken:

- Where appropriate the recruitment practices that will be introduced as part of the ongoing review will apply to Board-level recruitment too.

Workforce Disability Equality Standard (WDES)

The figures contained within this document are a snapshot as of 31 March 2022. It should be noted that these figures do not include NTW Solutions Staff. Please see the appendix for all WDES data tables.

(1) Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (2021 figures in brackets)

- According to the information held in ESR, there are 532 (386) Disabled Staff employed by the Trust, they make up 6.6% (5.5%) of the Trust workforce. This figure is considerably lower than the figure identified through the NHS Staff Survey, where regularly up to 20% of our workforce state that they live with a long term condition. The most recent figures for the disabled population of the North East states that 22% of the population meets the criteria for disability as defined by the Equality Act. Whilst disclosure of disability has increased – 146 more disabled staff than in 2021, we still have 14.6% of staff for whom we have no data on their disability status.
- Disabled staff make up 7.0% (6.5%) of our non-clinical workforce.
- 89.7% (88%) of Disabled staff in non-clinical roles, are in roles that are Band 5 or below. This compares with 77.6% (83%) for non-disabled staff.
- Disabled staff make up 6.6% (5.3%) of our clinical workforce.
- 47.8% (52%) of Disabled staff in clinical roles are in roles that are Band 5 or below. This compares with 42.9% (49%) of the non-disabled workforce in clinical roles.
- Disabled staff are 5.5% (4.5%) of the medical workforce.
- 58.8% (61.5%) of Disabled Doctors are at Consultant grade. This compares with 61.8% (65.7%) for non-disabled Doctors at Consultant grade.

Recommendations

It is recommended that the following actions are taken:

- We have had more disclosure of disability in this reporting year, the unknown gap however only closed by 4.4% points from 19% unknown to 14.6%. We need to continue to improve our disclosure rates and will run a further campaign this year which will be backed up by information about why we collect these data and will target managers to encourage disclosure.

(2) Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

- 895 Disabled applicants were shortlisted. Of those 65 (7.2%) were appointed.
- 10756 non-disabled applicants were shortlisted. Of those 711(6.6%) were appointed.
- The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 0.91:1 This shows that the likelihood of appointment for disabled people to be appointed from shortlist is greater than for non-disabled applicants. Disabled applicants are 1.09 times more likely to be appointed compared to non-disabled shortlisted candidates.

Recommendation

It is recommended that the following action is taken:

- Ensure that the changes to recruitment practices are in line with best practice for disability as outlined by organisations such as the Business Disability Forum and the Recruitment Industry Disability Initiative (RIDI).

(3) Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

The calculation is based on a two-year rolling average. The relative likelihood has been calculated as 1.70, down from 3.72 in 2021. This means that disabled members of staff are 1.70 times more likely to enter into a formal capability process compared to non-disabled members of staff.

Recommendations

It is recommended that the following actions are taken:

- Continue to publicise the Disability passport introduced for staff in December 2020.
- A centralised budget for the delivery of reasonable adjustments to be introduced before the end of this financial year.

The following metrics take data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2021.

(4ai) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

- 34.0% of disabled staff in the 2021 survey experienced harassment, bullying or abuse from patients, relatives or the public, compared to 35.0% in 2020.
- 28.8% of non-disabled staff in the 2021 survey experienced harassment, bullying or abuse from patients, relatives or the public, the same as in 2020.

Recommendations

It is recommended that the following actions are taken:

- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- Promote allyship from non-disabled staff to provide appropriate challenge to patients, relatives or the public, when a Disabled member of staff is subject to these behaviours.

(4aii) Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

- 11.6% of Disabled staff experienced harassment, bullying or abuse from manager in the 2021 survey, compared to 13.2 in the 2020.

- 4.9% of non-disabled staff experienced harassment, bullying or abuse from manager in the 2021 survey, compared to 5.8% in the 2020.

(4aiii) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

- 15.2% of Disabled staff experienced harassment, bullying or abuse from other colleagues in the 2021 survey, compared to 17.2% in the 2020.
- 11.1% of non-disabled staff experienced harassment, bullying or abuse from other colleagues in the 2021 survey, compared to 9.5% in the 2020.

(4b) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- 66.1% of Disabled Staff said in the 2021 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 66.2% % in 2020
- 67.7% of Disabled Staff said in the 2021 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 73% in 2020.

Recommendations

It is recommended that the following actions are taken:
- We continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with our staff network and Disability-led organisations to identify evidence-based interventions that we can implement to address staff survey disparities.

(5) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

- 61.6% of Disabled Staff in the 2021 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 85.2% in 2020.
- 68.9% of non-disabled Staff in the 2021 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 91.3% in 2020

A significant drop on the figures for 2020 and similar to those in the WRES. It is therefore important that similar measures are used to address the issues for both protected characteristics.

Recommendations

It is recommended that the following actions are taken:
- A process for stretch opportunities for staff is introduced to help facilitate career progression or promotion.

- That there are specific positive action initiatives to ensure that Disabled staff have the skills, experience and confidence to apply for senior positions when they arise.

(6) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

- 18.0% of Disabled Staff in the 2021 survey felt pressure from their manager to come to work, compared with 19.4% in 2020.
- 13.5% of non-disabled staff in the 2021 survey felt pressure from their manager to come to work, compared with 13.2% in 2020.

Recommendation

It is recommended that

- That we look to best practice from Disability Confident Leaders to see if there are further measures that we can consider implementing.

(7) Percentage of staff satisfied with the extent to which their organisation values their work

- 45.5% of Disabled Staff in the 2021 survey were satisfied with the extent to which the Trust values their work, compared with 46.1% in 2020.
- 51.1% of non-disabled staff in the 2021 survey were satisfied with the extent to which the Trust values their work, compared with 57.4% in 2020.

Recommendation

It is recommended that the following actions are taken:

- The focus groups to be held with Disabled Staff this year discuss the disparities in experiences that are highlighted from Staff Survey results and seek to explore the implementation of ideas that emerge from the discussions that might address the issues.

(8) Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

- 81.3% of disabled staff stated that there had been adequate adjustments for them, compared to 84.3% in 2020.

Recommendation

It is recommended that the following actions are taken:
A centralised budget for reasonable adjustments is introduced this financial year.

(9) Staff engagement score

- There has been a 0.4 gap in this score for the past three years. In 2020, non-disabled staff scored 7.4, compared to 7.0 for Disabled Staff. In 2021, the respective figures were 7.2 and 6.8.

Recommendation

It is recommended that the following actions are taken:

- The focus groups to be held with Disabled Staff this year discuss the disparities in experiences that are highlighted from Staff Survey results and seek to explore the implementation of ideas that emerge from the discussions that might address the issues.

(10) Percentage difference between the organisation's Board voting membership and its organisation's overall workforce disaggregated

- **By voting membership of the Board**
- **By Executive membership of the Board**

- 7.1% of the Board state that they have a disability or long-term condition. This compares to 6.6% in our overall workforce.

Recommendation

It is recommended that the following action is taken:

- That recommendations for recruitment relating to Disability are where appropriate applied to Board membership.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 3 August 2022

Title of report	**Guardian of Safe Working Quarterly Report April to June 2022 – Q1**
Report author(s)	**Dr Clare McLeod, Guardian** **Dr Bruce Owen, Director of Medical Education**
Executive Lead (if different from above)	**Dr Rajesh Nadkarni, Executive Medical Director**

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 Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	27.07.2022
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	25.07.2022
Business Delivery Group (BDG)	
Trustwide Safety Group (TSG)	
CQC Compliance Group	
Equality, Diversity & Inclusion Steering Group	
Caldicott Information Governance Group	
Clinical Records Improvement Group	

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	

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

Guardian of Safe Working Quarterly Report

Board of Directors

3 August 2022

1. Executive summary

This is the Quarterly report for the period April to June 2022 for Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow Trusts to have an overview of working practices of junior doctors as well as training delivered.

The new contract is offered to new trainees' as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 160 trainee posts, we do not directly employ the majority of these trainees.

There are currently 152 trainees working into CNTW with 152 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 15 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Research/Clinical Fellows.

High level data

- Number of doctors in training (total): 152 Trainees (as at 30th June 2022)
- Number of doctors in training on 2016 TCS (total): 152 Trainees (as at 30th June 2022)
- Amount of time available in job plan for Guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity
- Admin support provided to the Guardian (if any): Ad Hoc by Med Education Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safe-working Hours: Dr Clare McLeod

2. Risks and mitigations associated with the report

- 17 Exception Reports raised during the period April to June 2022. All 17 due to hours and rest with TOIL being granted for 12, no action for 1, payment was made for 3 and 1 is yet to be responded to.
- 7 Agency Locums were booked during the period covering vacant posts.
- 188 shifts lasting between 4hrs and 12hrs were covered by internal doctors.
- On 31 occasions during the period the Emergency Rotas were implemented (either by rota collapse or training rota covering a shift).
- 5 IR1s submitted due to insufficient handover of patient information.

- 0 Fines received during the quarter due to minimum rest requirements between shifts not being met.

3. Recommendation/ summary

The Board of Directors is asked to note the content of the paper.

Dr Clare McLeod
Guardian of Safe Working for CNTW

Dr Rajesh Nadkarni
Executive Medical Director & Deputy Chief Executive

July 2022

Doctors in Training – April to June 2022

Exception reports (with regard to working hours)

		Exception Reports Received April to June 2022				
Grade	Rota	April	May	June	Total Hours & Rest	Total Education
CT1-3	St Nicholas	0	1	1	2	0
CT1-3	Hopewood Park	0	0	0	0	0
CT1-3	RVI/CAMHS	1	2	0	3	0
CT1-3	NGH/CAV	0	0	0	0	0
CT 1-3	St George's Park	0	1	0	1	0
CT 1-3	GHD/MWM	0	0	0	0	0
CT 1-3	Cumbria	1	3	1	5	0
ST4+	North of Tyne	1	2	0	3	0
ST4+	South of Tyne	0	0	0	0	0
ST4+	CYPS (NR)	1	2	0	3	0
Total		**4**	**11**	**2**	**17**	**0**

Work schedule reviews

During the period April to June 2022 there have been 17 Exception Reports submitted from Trainees. All for hours and rest; the outcome of which was that TOIL was granted for 12 cases, no action for 1 case, payment made for 3 cases and 1 case still to be responded to.

a) Locum bookings - Agency

Locum bookings (agency) by department			
Specialty	April	May	June
SNH	1	0	0
SGP	1	1	0
CAV	1	0	0
Cumbria	0	1	0
HWP	0	1	1
Total	**3**	**3**	**1**

Locum bookings (agency) by grade			
	April	May	June
F2	0	0	0
CT1-3	2	3	2
ST4+	0	0	0
Total	**2**	**3**	**2**

Locum bookings (agency) by reason			
	April	May	June
Vacancy	1	2	1
Sickness/other	1	1	1
Total	**2**	**3**	**2**

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of shifts paid at enhanced rate	Number of shifts to cover sickness	Number of shifts to cover OH Adjustments	Number of shifts to cover special leave	Number of shifts to cover a vacant post
SNH	28	**10**	17	2	0	9
SGP	14	**8**	6	0	0	8
Gateshead	5	**5**	1	0	3	1
Hopewood Park	30	**11**	9	15	0	6
RVI	19	**7**	6	7	0	6
NGH	29	**8**	12	2	0	15
Cumbria	27	**10**	12	10	0	5
North of Tyne	21	**13**	13	7	1	0
South of Tyne	13	**13**	6	4	3	0
CAMHS	2	**0**	0	0	0	2
Total	**188**	**85**	**82**	**47**	**7**	**52**

* 85 shifts were offered at an enhanced rate of £50 for 1st & £60 for 2nd oncall rotas

* 24 of the sickness cases were related to COVID/Isolation

c) Vacancies

Vacancies by month				
Area	Grade	April	May	June
SGP	CT GP F2	1 0 0	1 0 0	1 0 0
SNH	CT GP F2	2 1 0	2 1 0	2 1 0
HWP	CT GP F2	1 0 0	1 0 0	1 0 0
NGH	CT GP F2	0 0 1	0 0 1	0 0 1
MWH/GHD	CT GP F2	1 0 0	1 0 0	1 0 0
Cumbria	CT GP F2	0 0 1	0 0 1	0 0 1
TOTAL	CT GP F2	5 1 2	5 1 2	5 1 2

d) Emergency Rota Cover

Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rotas are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

Emergency Rota Cover by Trainees/Consultant*				
	Rota	April	May	June
Sickness/Other	NOT	0	0	0
	SOT	0	0	7
	SGP	0	2	1
	SNH	0	0	1
	RVI	0	0	0
	GHD/MWM	0	0	1
	Cumbria	0	0	1
	HWP	0	0	0
	NGH	0	0	0
Total		0	2	11

Please note – the 3x rota collapses at SGP were due to no one being on the 10-4 shift so the long day trainee was paid additional for covering on their own

An Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. If cover identified and filled in a timely manner there is no need for a Rota collapse.

- *The higher trainee rotas cannot be collapsed as such and cover was arranged as follows by Consultants sharing the work amongst them during the shift. The consultants were paid accordingly for this work.

e) Training Rota Cover

The training rota doctor can be asked to cover a gap in the standard rota to prevent the use of the emergency rota cover with the provision of alternative opportunities for this training.

Training Rota Cover by First on-call Trainees				
	Rota	April	May	June
Sickness/Other	NOT	0	0	0
	SOT	0	0	0
	SGP	0	0	4
	SNH	0	2	5
	RVI	0	0	2
	GHD/MWM	0	0	0
	Cumbria	0	0	0
	HWP	1	3	1
	NGH	0	0	0
Total		1	5	12

f) Fines

There were no fines issued during this quarter.

Issues Arising

The increase in number of shifts covered by internal locums due to sickness, adjustments or rota gaps has continued this quarter and with COVID it can be challenging to cover shifts due to length of sickness, periods of isolation etc. Shifts are put out as soon as possible on the notice of a gap to enable doctors to book additional shifts to cover vacancies. In Cumbria, there is only one Junior rota so there is no facility to combine with another rota and discussions are in place as to best manage gaps in this rota.

There have been 5 IR1s submitted for inadequate medical handover this quarter, a slight decrease from last quarter. This continues to be collated by Medical Education staff and the Director of Medical Education (DME) and reviewed through the GoSW forum. It is hoped that this represents a true fall in numbers and reflects improvement in practice; the GoSW has fed this back this positive progress to trainees, encouraged doctors to continue this practice which remains a priority for both patient safety and the ward doctor's workload as well checking that trainees new to the Trust are familiar with the process of completing an IR1.

The GoSW forum commenced as a hybrid model once COVID restrictions were eased and plans to continue to run this way making it more accessible for all trainees to attend.

Summary of actions in place

Work continues to increase the completeness of Exception Reporting and change the culture of under-reporting. Trainees are encouraged to complete an exception report as necessary.

We will continue to encourage trainees to report episodes of Insufficient Medical Handover and promote good practice and feedback progress to clinicians throughout the Trust.

Report to Board of Directors
3rd August 2022

Title of report	**Update on CQC Must Do Action Plans (Quarter 1)**
Report author(s)	**Vicky Wilkie, CQC Compliance and Governance Manager**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Finance, Commissioning and 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	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	27.07.22
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
People Committee	
Provider Collaborative and Lead Provider Committee	
Charitable Funds Committee	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	04.07.22 11.07.22
Trust Leadership Team (TLT)	
Business Delivery Group (BDG)	
Trust Safety Group (TSG)	

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	X	Reputational	X
Workforce	X	Environmental	X
Financial/value for money	X	Estates and facilities	X
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
SA5: The Trust will be the centre of excellence for mental health and disability. Risk 1688 Due to the compliance standards set from NHSI, CQC and legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. Risk 1691: As a result of not meeting statutory and legal requirements regarding mental health legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements.

Update on CQC Must Do Action Plans

Board of Directors

3rd August 2022

1. Executive Summary

This report provides an update on the 30 remaining areas of improvement (Must Do action plans) which were received following inspections undertaken between 2015 and 2020.

- The Trust has received the draft inspection report following the comprehensive inspection of wards for people with a learning disability and autism which commenced on 16th May 2022. The Trust has a period of 10 working days to undertake a factual accuracy check of the report and respond back to the CQC. The draft report confirms that the actions from the previous focused inspection of this core service in 2020 have been met. These related to:
    - Regulation 9 – Person centred care
    - Regulation 12 – Safe care and treatment
    - Regulation 13 – Safeguarding service users from abuse and improper treatment
    - Regulation 17 – Good governance

- This report seeks approval from the Committee that there is sufficient evidence and assurance to close 15 action plans, including those listed above relating to care plans, consent to treatment, risk assessments, staffing levels, staff engagement, bed management and that patients in seclusion and long-term segregation are safeguarded. For ease these action plans have been listed by regulatory activity as appendix 1.

- Work continues to address each of the remaining action plans specific to the North Cumbria Locality. These action plans continue to be monitored through the Locality Care Groups and Trust governance structures. Key pieces of work identified in the Quarter 1 update (appendix 2) will help to mitigate against the risks which have been raised.

- Quarterly updates on all action plans, including the monitoring of previous actions which have been closed will continue to be reported to Executive Directors, Quality and Performance Committee and Board of Directors.

2. Risks and mitigations associated with the report

The Care Quality Commission has raised all of the issues within this report as areas of concern and as such are potential risks to the Trust in relation to safe care and treatment of those who use our services and those who work for the organisation. There is a risk of non-compliance with regulatory and legal requirements and potential risk to trust reputation should we fail to achieve completion and implementation of the action plans included within this report.

3. Recommendation

The Trust are required to provide regular updates to the Care Quality Commission on progress against each of these actions and as such it is necessary for the Trust Board to have oversight of progress and be assured that these concerns are being addressed.

Board members are asked to:

- Approve the closure of 15 action plans listed in appendix 1 recognising that the Trust will continue to monitor the impact of previous actions through appendix 2.
- Note the Quarter 1 updates on all 47 CQC Must Do action plans (including impact changes for those closed).

Author:
Vicky Wilkie, CQC Compliance and Governance Manager

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

18th July 2022

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Core service, year and organisation	Must do	Evidence of Impact
Regulation 9 Person centred Care	Core service: Community LDA Year: 2015 Org: CPFT	The trust must ensure that care plans are person centred, holistic and presented in a way that meets the communication needs of people using services that follows best practice and guidance.	Complete. Evidence that dashboards are in use across the Access and Community CBU to monitor the completion of care plans, sharing of care plans and patient involvement in care plans, internal metric (155) at 91% within Community Learning Disability services. Trust-wide roll out of visual aids, standardisation of training tools across all clinical areas (inpatient, access and community) and can be accessed via Sharepoint. A separate piece of work has been initiated with making the audit tool more accessible for clinicians and moving towards an electronic audit that people can put the information into a report rule.
Regulation 9 Person centred Care	Core service: Community OP Year: 2017 Org: CPFT	The trust must ensure that all patients have comprehensive and up to date care plans and risk assessments. Care plans and risk assessments must be regularly reviewed and information must be used to inform each document.	Complete. Evidence that dashboards are in use across the Access and Community CBU to monitor the completion of care plans, sharing of care plans and patient involvement in care plans, internal metric (155) at 85% within the older person's community pathway. Trust-wide roll out of visual aids, standardisation of training tools across all clinical areas (inpatient, access and community) and can be accessed via Sharepoint. A separate piece of work has been initiated with making the audit tool more accessible for clinicians and moving towards an electronic audit that people can put the information into a report rule.
Regulation 9 Person centred Care	Core service: LDA wards Year: 2019 Org: CPFT	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.	Complete. The locality has provided multiple sources of evidence regarding activities across all inpatient wards. There is evidence of events and timetables that are appropriate for the ward type/environment. There is evidence of patient facing information and displays of the events. There is evidence of

			continuous improvements at a team level via action planning and practice has been mainstreamed within the North Cumbria Locality.
Regulation 9 Person centred Care	Core service: LDA wards Year: 2020 Org: CNTW	The trust must ensure that care plans contain the relevant supporting information, reflective of current need, regularly updated and that staff are aware of these and follow plans accordingly.	Complete. Evidence that dashboards are in use across the Trust to monitor the completion of care plans, sharing of care plans and patient involvement in care plans, internal metric at 92% Trust-wide. Trust-wide roll out of visual aids, standardisation of training tools across all clinical areas (inpatient, access and community) and can be accessed via Sharepoint. A separate piece of work has been initiated with making the audit tool more accessible for clinicians and moving towards an electronic audit that people can put the information into a report rule. During the most recent inspection of learning disability and autism wards care planning issues have not been highlighted as an area of concern and CQC found that our actions had been met.
Regulation 11 Need for Consent	Core service: Community OP Year: 2017 Org: CPFT	The trust must ensure that consent to treatment and capacity to consent is clearly documented in patient's records.	Complete. Beginning from a zero baseline on initiation of the quality improvement exercise, more than 1000 capacity to consent to treatment for memory and later life services have now been captured in the correct recording method within the RiO system. This provides evidence that capacity is now being captured as part of the assessment pathway. The group can evidence a time limited task and finish group related to this improvement work and ongoing monitoring.
Regulation 12 Safe care and treatment	Core service: Community LD Year: 2015 Org: CPFT	The trust must ensure that staff complete and record patient's risk assessments consistently evidencing contemporaneous care records for patients who use services.	Complete. There is sufficient evidence that North Cumbria has implemented a process through a robust change in culture, assurance reporting and the delivery of improvements in trajectory setting and the related quality metrics to provide a declaration that the group has reached the expected level. The group has also demonstrated that they have gone above a beyond by contributing to the long-term improvement of risk assessment across the trust by introducing a quality audit tool and two new internal dashboard quality audit metrics providing

			increased oversight of risk assessment completion for all patients following a referral to a team.
Regulation 12 Safe Care and Treatment	Core service: Community CYPS Year: 2017 Org: CPFT	The trust must ensure that care planning takes place with young people and is recorded in an accessible format that young people can understand. Care plans must be shared with young people and their carers where appropriate.	Complete. Evidence that dashboards are in use across the Access and Community CBU to monitor the completion of care plans, sharing of care plans and patient involvement in care plans, internal metric at 91% within the children and young people's community pathway. Trust-wide roll out of visual aids, standardisation of training tools across all clinical areas (inpatient, access and community) and can be accessed via Sharepoint. A separate piece of work has been initiated with making the audit tool more accessible for clinicians and moving towards an electronic audit that people can put the information into a report rule.
Regulation 12 Safe care and treatment	Core service: Community CYPS Year: 2017 Org: CPFT	The service must ensure that all young people receive a thorough risk assessment which is recorded appropriately in accordance with the trusts policies and procedures to ensure safe care and treatment.	Complete. There is sufficient evidence that North Cumbria has implemented a process through a robust change in culture, assurance reporting and the delivery of improvements in trajectory setting and the related quality metrics to provide a declaration that the group has reached the expected level. The group has also demonstrated that they have gone above a beyond by contributing to the long-term improvement of risk assessment across the trust by introducing a quality audit tool and two new internal dashboard quality audit metrics providing increased oversight of risk assessment completion for all patients following a referral to a team.
Regulation 12 Safe care and treatment	Core service: LDA wards Year: 2020 Org: CNTW	The trust must ensure that risk assessments are regularly updated to reflect current risk and needs of patients.	Complete. Through inspections and MHA reviewer visits, risk assessments on inpatient areas have not been highlighted again as an area for concern. During the most recent inspection of learning disability and autism wards risk assessments have not been highlighted as an area of concern and CQC found that our actions had been met.
Regulation 13 Safeguarding service users	Core service: LDA wards Year: 2020	The trust must ensure that the patients in long term segregation and seclusion have the appropriate	Complete. The Long-Term Segregation and Prolonged Seclusion Review Panel is in place and will continue to, review cases across the Trust on a weekly basis, provide assurance

from abuse and improper treatment	Org: CNTW	safeguards in place in accordance with the Mental Health Act Code of Practice and these are documented clearly in patients' records.	to the Board and promote learning across the Trust around this area of practice. The Empower Programme Board will coordinate all actions in relation to restrictive practices including formal membership and articulation of priorities for each of the 4 elements (HOPEs model, Positive and Safe, Human Rights and Trauma Informed approaches). This will include a review of the HOPEs roll out and plan for next steps to operationalise the training/initiative. During the most recent inspection of learning disability and autism wards concerns regarding the safeguards of people in long-term segregation or prolonged seclusion were not highlighted as an area of concern and CQC found that our actions had been met.
Regulation 17 Good Governance	Core service: Community CYPS Year: 2017 Org: CPFT	The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people referred to the service.	Complete. Evidence that practice has been mainstreamed within the North Cumbria Locality. The locality has provided evidence of adopting CNTW governance structures, evidence of actions, reports completed and sharing of information and cycle of meetings. There are standardised agendas in use in team meetings at Group level and these are replicated at CBU level. The CAMHS service is reporting significant progress to clearing the very longest waits. The CAMHS service is able to demonstrate responsive, the use of dashboards to monitor waiting times. These dashboards demonstrate low numbers of the very longest waits. The locality is able to demonstrate individual management commentary on the very longest patient waits. The locality have adopted identical systems and processes for all children and young people's services including those linked to children's learning disability and ADHD assessment services. The Locality now also monitor the wait to 3rd appointment, which gives additional insight into the CAMHS pathway waits. Where there are genuine capacity and demand issues the Group are able to demonstrate collaborative efforts with

			commissioners and partners to address patient's needs by requesting additional support. The Trust is able to evidence investment in the CAMHS pathway, both core CAMHS and CAMHS Barnardo's MyTime to address patient needs.
Regulation 17 Good Governance	Core service: MH crisis teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established to maintain the records of each patient accurately, completely and contemporaneously.	Complete. Evidence that dashboards are in use across the Access and Community CBU to monitor the completion of care plans, sharing of care plans and patient involvement in care plans, internal metric at 91% within the universal crisis pathways. Trust-wide roll out of visual aids, standardisation of training tools across all clinical areas (inpatient, access and community) and can be accessed via Sharepoint. A separate piece of work has been initiated with making the audit tool more accessible for clinicians and moving towards an electronic audit that people can put the information into a report rule.
Regulation 17 Good Governance	Core service: Adult acute wards Year: 2019 Org: CPFT	The trust must continue to look at ways of reducing out of area placements and the management of bed availability to ensure this meets the needs of people requiring the service.	Complete. Evidence that practice has been mainstreamed within the North Cumbria Locality. Since the Group joined CNTW there has been a reduction in the number of inappropriate out of area placements. During this period the Group evidenced zero out of area placements for a single month period, this does fluctuate and there are out of area placements. The bed management and oversight of these patients, including young people, and the plans for repatriation are evidenced, patient by patient. The number of out of area placements since the group joined CNTW have not reach the high previously reported. There is positive feedback from North Cumbria CCG regarding the reduction in out of area placements because of the introduction of a new bed management function and policy. Oversight of out of area activity is reported to Business Delivery Group.

			The locality has adopted the Bed Management Policy and engage in national learning opportunities.
Regulation 18 Staffing	Core service: MH crisis teams Year: 2019 Org: CPFT	The trust must ensure there is always a dedicated member of staff to observe patients in the health-based places of safety.	Complete. The locality has provided evidence of the completion and implementation of a standard operating process of the staffing of the place of safety. In addition, the night coordinator role has been implemented. There is evidence that practice has been mainstreamed within the North Cumbria Locality. The roles responsibilities are clear in relation to the staffing for the health based places of safety. The Group can demonstrate investment in related services such as Street Triage aimed at preventing S136 occurrences.
Regulation 18 Staffing	Core service: Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff working on Rowanwood feel supported, valued and respected following serious incidents beyond ward level.	Complete. The Group can demonstrate a robust leadership and decision-making process, within the Trust governance framework, to suitably assess the best interests of the PICU patient group and staff working on the ward, within the context of the number of qualified, competent, skilled and experience staff require to deliver safe care and treatment. This has result in a temporary arrangement, which is under review in balance with quality and safe expectations, this temporary arrangement provides assurance that staffing arrangements on the PICU have been addressed in the best interests of the patient group.

Appendix 2

Must Do Theme: (3) Restrictive practices, seclusion and long term segregation	**Lead: Anthony Deery, Group Director & Ron Weddle, Deputy Director – Positive and Safe**	
		Status:
LD & Autism wards Year: 2020 Org: CNTW	The trust must review and reduce the use of mechanical restraint within their learning disability services and ensure that its use is in line with best practice guidance and the appropriate authorisation and recording is in place.	Closed by Board of Directors on 4 August 2021.
Planned timescale for closure: 30 September 2022		**Status:**
LDA wards Year: 2019 Org: CPFT	The provider must ensure that all staff complete body maps and carry out and record physical observations following the use of restraint and ensure that there is a rationale recorded for any 'as required' medication being administered following the use of restraint.	Further action required to make improvements.
Planned timescale for closure: 30 September 2022		
CAMHS wards Year: 2020 Org: CNTW	The Trust must review the use of restraint and mechanical restraint in the Children and Young People's Inpatient Services. The use of mechanical restraint should be used as a last resort in line with Department of Health Positive and Proactive Care. There should be a clear debrief process for the team after an incident and for the person who has been restrained.	Further action required to make improvements.
Actions taken Trust wide during Quarter 1 22/23 (April, May & June):		
LDA wards Year: 2019 Org: CPFT	Body map audit identified poor compliance - findings taken to CQC Quality Compliance Group.	
CAMHS wards 2020	Progress work commenced to provide accurate up to date data with regards to the completion of debrief, groups will have access to performance dashboards to improve completion of same.	
Actions taken at core service level during Quarter 1 22/23 (April, May & June)		
CAMHS wards 2020	• Task and Finish Group has been set up across CAMHS wards and Cumbria inpatient CBUs. • Ward considering debrief champions on the ward to support the delivery of the training and engagement of staff.	
Planned future actions to be taken Trust wide during Quarter 2 22/23 (July, August & September):		
LD & Autism wards Year: 2019 Org: CPFT	• Task and Finish Group to be established. This will sit within the existing rapid tranquilisation group as relevant representation already attends. • Guidance to be circulated to all inpatient areas on how to complete/expectations of completion. • Re-audit in 3 months.	
Planned future actions to be taken at core service level during Quarter 2 22/23 (July, August & September):		

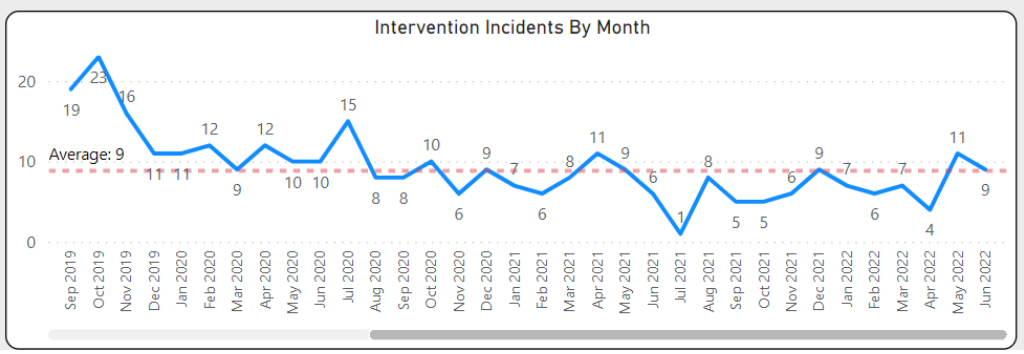
CAMHS wards Year: 2020 Org: CNTW	• Further meeting to be held with 'Debrief champions' who should now be in place in all areas to understand the barriers and why figures are not improving. • In terms of training Cumbria inpatients are about to roll-out some training for key areas which will include debrief, observations, seclusion, long term segregation. North Cumbria Locality Children and Young People's services to join roll-out which would allow more dates being made available for staff to attend. • A role specification to be provided for the 'Debrief champions' and those on the debrief rota to ensure all are aware of the expectations. • Associate Nurse Director to discuss the issue of debrief with Mitford staff to understand their improved position.

Evidence of Impact

Current episodes of LTS/Prolonged Seclusion per core service as at 30 June 2022:

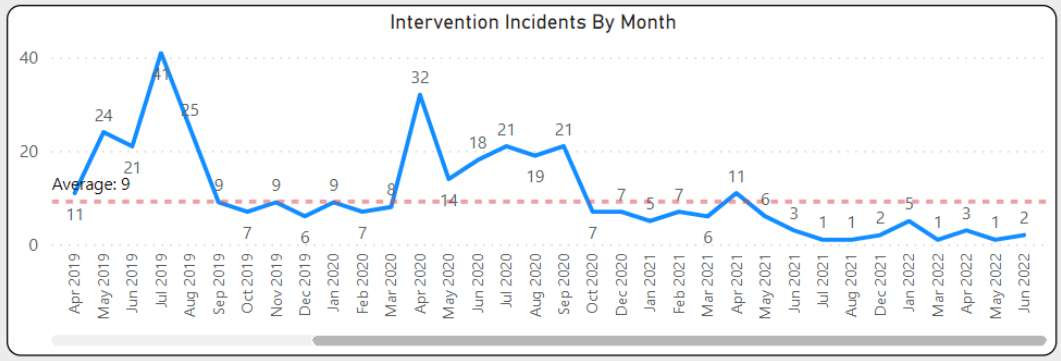
- Child and Adolescent Mental Health Wards – 4
- Wards for people with a learning disability or autism – 4
- Forensic inpatients or secure wards – 1
- Acute wards for adults of working age and PICU – 3
- Long stay rehabilitation ward for working age adults – 1

MRE use across Learning Disability and Autism wards:



The peak in MRE use during May 2022 relates to three patients on Mitford ward.

MRE use across Child and Adolescent Mental Health wards:



Compliance with staff and patient debriefs in Children and Young People's Inpatient services is as follows:

- Ashby
  In June 2022, 100% of staff debriefs were completed. 75% of patient debriefs were completed, 25% were declined by patient.

- Lennox
  In June 2022, 60% of staff debriefs were completed, 0% were declined by staff. 40% of patient debriefs were completed, 40% were declined and 20% were not offered to patient.

- Lotus
  In June 2022, 3% of staff debriefs were completed, 6% were offered but were declined by staff. 0% of patient debriefs were completed, 6% were offered but were declined by patients.

- Riding
  In June 2022, 13% of staff debriefs were completed, 0% were declined by staff. 14% of patient debriefs were completed, 26% were declined by patient or patient lacked capacity.

- Redburn
  In June 2022, 9% of staff debriefs were completed, 0% were declined by staff. 30% of patient debriefs were completed, 8% were declined by patients.

There were no restrictive practice issues identified during MHA Reviewer visits in Quarter 1.

Must Do Theme: (4) Appraisal and training	**Ramona Duguid, Chief Operating Officer Supported by: Gail Bayes, Deputy Director, CNTW Academy Development**
Planned timescale for closure: 31 March 2023	**Status: Further action required to make improvements.**
Community LD Year: 2015 Org: CPFT	The trust must ensure that all staff have an annual appraisal.
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that staff complete the mandatory training courses relevant to this service in line with trust policy to meet the trusts training compliance targets.
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that staff complete their mandatory and statutory training.
Actions taken Trust-wide during Quarter 1 22/23 (April, May & June):	
• Groups to monitor performance against agreed trajectories. • Safeguarding children and adults level 3 training has recommenced and the Academy are offering 150 places per week. • A relaxing of current Covid-19 related restrictions means that PMVA participants per course are able to increase from 8 to 12, increasing capacity.	

- Appraisal training ran throughout May and June within the region of 36 places being offered per week to support managers and supervisors to provide quality and timely appraisals.
- The Academy are supporting 80+ phlebotomy supervisors and 20+ work based phlebotomy trainers to support locally delivered phlebotomy training.
- The majority of essential training continues to be delivered by e-learning meaning there are unlimited places for staff to attend.
- Mental Health Legislation training will continue to be delivered weekly via Teams with unlimited capacity.

Planned future actions to be taken Trust-wide during Quarter 2 22/23 (July, August & September):

- Additional dates for June, July and August have been advertised for appraisal training
- Quarter 1 actions will continue as above.
- The Academy are recruiting a Lead Physical Health Skills Trainer to further support the physical health skills training agenda.

Evidence of Impact:

- The standards for the following training courses remain above standard across all groups at Quarter 1: Clinical Risk, Safeguarding Children level 3, Safeguarding Adults level 3, MHCT clustering, MCA/MHA/DOLS, PMVA basic and Information Governance.

- The standards for the following training courses remain below the planned trajectory for North group: Fire, Safeguarding Children level 2, Rapid Tranquilisation and Seclusion.

- The standards for the following training courses remain below the planned trajectory for Central group: Fire, Clinical Supervision and PMVA breakaway.

- The standards for the following training courses remain below the planned trajectory for South group: Safeguarding Adults level 2.

- The standards for the following training courses remain below the planned trajectory for North Cumbria group: Fire, Clinical Supervision, Safeguarding Children level 1 and 2, Safeguarding Adults level 1 and 2, Medicines Management, Seclusion and PMVA breakaway.

- Appraisal compliance as at 30 June 2022. Compliance has deteriorated across the groups:
  - North Cumbria Locality - 56% (March), 55% (June)
  - North Locality - 65% (March), 60% (June)
  - Central Locality - 63% (March), 58% (June)
  - South Locality - 76% (March), 75% (June)
  - Support and Corporate - 56% (March), 53% (June)

Must Do Theme: (5) Clinical supervision		**Lead: Dr Esther Cohen-Tovee, Director of AHPs & Psychological Services**
Planned timescale for closure: 31 March 2023		**Status: Further action required to make improvements.**
Community OP Year: 2017 Org: CPFT	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.	
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues its development of staff supervision and the board have clear oversight of both quantity and quality of supervision.	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff receive regular supervision.	

Actions taken Trust-wide during Quarter 1 22/23 (April, May & June):

- Groups to monitor performance against agreed trajectories.
- Clinical Supervision Oversight Group (CSOG) considered whether group supervision is an acceptable alternative to one to one supervision on an alternating basis for staff in inpatient settings.
- New build of clinical supervision recording into ESR to be considered as part of Trust ESR developments, this may allow some of the current issues with the system to be addressed.
- Actions from recent Serious Incidents to be discussed at the CSOG and the Policy and guidance strengthen if appropriate.
- Proposed redesigned clinical supervision approach for Nurse Bank to be discussed with Associate Nurse Directors.

Planned future actions to be taken Trust-wide during Quarter 2 22/23 (July, August & September):

- Groups to ensure each CBU has a Clinical Supervision Lead who is also their representative at the Trust's CSOG to ensure gaps are addressed.
- Clinical Supervision Leads and CSOG representatives also needed for Medical Directorate and Chief Nurse Directorate to support with improvements in those areas.
- Wider implementation and evaluation of use of group supervision alternating with individual supervision in inpatient settings.
- New build of clinical supervision recording into ESR to be considered as part of Trust ESR developments (not known whether this will be in Quarter 2 or later).
- Actions from Serious Incidents discussed at Business Delivery Group-Safety in March – April 2022 to be discussed at the CSOG and the Policy and guidance strengthened if appropriate. These relate to ensuring there is an opportunity for discussion of whether caseload demands are manageable and ensuring that caseload supervision takes place regularly.
- Implement changes for Nurse Bank clinical supervision recording system. Support for new approach needed through Associate Nurse Directors.

Evidence of Impact:

Current position as at 30 June 2022 (Including improvement √ or deterioration from last quarter). Performance across all of the groups and Directorates is declining.

35% North Cumbria Group 35% North Group 38% Central Group 48% South Group 43% Medical Directorate 16% Chief Nurse Directorate 53% AHP & Psychological Services 38% Pharmacy

Must Do Theme: (9) Environmental issues	**Lead: Paul McCabe, Director of Estates and Facilities & David Muir, Group Director**	
		Status:
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that the environment at Edenwood is improved including the provision of specialist furniture which meet the needs of the patient using this service.	Closed by Board of Directors on 4 November 2020.
Community OP Year: 2017 Org: CPFT	The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.	Closed by Board of Directors on 26 May 2021.
Long stay / rehab wards Year: 2015 Org: CPFT	The trust must ensure that the first floor of the building has clear lines of sight and an alarm call system that can be easily accessed to summon assistance.	Closed by Board of Directors on 4 August 2021.
OP wards Year: 2019 Org: CPFT	The provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation on Oakwood is either no longer used or a robust assessment and mitigation of risk is put in place.	Closed by Board of Directors on 3 November 2021.
Planned timescale for closure: 30 December 2022		**Status:**
Adult acute wards Year: 2019 Org: CPFT	The provider must maintain premises in good condition and suitable for the purpose for which they are being used.	To close following completion of works.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that the health-based places of safety promote the privacy and dignity of patients in Carlisle and Whitehaven. The trust must ensure they take action in response to regulatory requirements and the findings of external bodies.	To close following completion of works.
Planned actions to be undertaken during Quarter 2 22/23 (July, August & September):		
Adult acute wards & MH crisis teams	Hadrian refurbishment work continues and the planned repair work commenced on Yewdale on 28 March 2022.	

Evidence of Impact:
Completion of works.

Must Do Theme: (11) Staffing levels		**Themed Lead: Anthony Deery, Deputy Chief Nurse**
Planned timescale for closure: 30 September 2022		**Status:**
Adult acute wards Year: 2019 Org: CPFT	The trust must deploy sufficient numbers of qualified, competent, skilled and experienced staff to meet the needs of patients care and treatment.	Further action required to make improvements.
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people referred to the service.	Propose to close at Board of Directors on 3 August 2022.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure there is always a dedicated member of staff to observe patients in the health-based places of safety.	Propose to close at Board of Directors on 3 August 2022.
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.	Propose to close at Board of Directors on 3 August 2022.
Planned future actions to be taken Trust-wide during Quarter 2 22/23 (July, August & September):		
• The Trust-wide Recruitment and Retention Taskforce will continue to meet to provide oversight of the ongoing actions and to support on-going recruitment campaigns. • The Trust will continue to facilitate the transfer of international recruits (both Nurses and Doctors). • The Trust will commence a pilot of MHOST (staffing acuity tool) across inpatient wards. • The Trust will continue to support 'hot spot' areas to ensure these are supported via the staffing huddles and staffing escalation processes to ensure there are sufficient levels of staff at tall times to provide safe and effective care.		
Evidence of Impact:		
• Vacancy levels – Reduction in the number of vacancies in particular at B5 & B6 level. • Safer Staffing report – Reports will show a reduction in exceptional fill rates for qualified staff.		

Must Do Theme: (12) Physical health and Rapid tranquilisation	**Lead: David Muir, Group Director**
Planned timescale for closure: 30 September 2022	**Status: Further action required to make improvements.**
Adult acute wards Year: 2018 Org: NTW	The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation

Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff monitor patients' physical health including, following rapid tranquilisation, in accordance with national guidance, best practice and trust policy.
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure they have effective systems and processes to assess, monitor and improve care and treatment. This includes identifying, individually assessing and reviewing, blanket restrictions, clear oversight of staff supervision and ensuring all physical health monitoring is completed as required. [This must do is also linked to blanket restrictions and staff supervision]
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff review patients' observations following the use of rapid tranquilisation to comply with the provider's rapid tranquilisation policy and National Institute of Health and Care Excellence guidance.

Actions taken Trust-wide during Quarter 1 22/23 (April, May & June):

- Paper with outline process to enable agency access to RiO considered at Business Delivery Group on 12th April 2022.
- Audit findings were cascaded via CQC Inspection Steering Group, CQC Quality Compliance Group and Physical Health Care Group during Quarter 1.
- Audit data analysis and formulation of action plan completed.
- Roll out of training package, amendments to NEWS sheet in RiO and work towards establishing agency access to RiO continues throughout Quarter 1 and Quarter 2.

Planned future actions to be taken Trust-wide during Quarter 2 22/23 (July, August & September);

- Working Group will continue to meet (will be expanded to accommodate body map work).
- Clinical Effectiveness Committee approved audit results on 10th June 2022. Ongoing actions continue from previous audit CA-21-2002 as well as two new actions to be addressed.
- Current Policy indicates that both the progress notes and Rapid Tranquillisation Monitoring Form must be completed to document those occasions when complete observations cannot be completed including the reasons why. Working Group to investigate why/if this duplication is required and consider Policy review.
- Daily Rapid Tranquilisation Checklist was approved by the Rapid Tranquilisation Audit Group in January 2022 and circulated via CAS in February 2022. Inpatient areas to continue using the checklist for all Rapid Tranquilisation incidents to ensure identified actions are addressed and monitored.
- Audit findings to be cascaded though Quality Standards Groups.
- Task and Finish Group to be established for agency access.
- Push roll training programme out now that presentation is finalised (need to explore if we can record this on system for HCAs also).
- Trial amendments on NEWS on two wards.

Evidence of Impact:

Results of re-audit.

Must Do Theme: (20) Management supervision		**Lead: Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance**
Planned timescale for closure: 31 March 2023		**Status: Process in place to record, focus now on delivering in line with trajectories.**
Community OP Year: 2017 Org: CPFT	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers. [This must do is also linked to clinical supervision themes].	
Planned future actions during Quarter 2 22/23 (July, August & September):		
Monitor against agreed trajectories.		
Evidence of Impact:		
Current position as of 30 June 2022 (Including improvement √ or deterioration from last quarter): 43% Medical Directorate 43% √ Deputy CEO Directorate 32% √ Chief Nurse Directorate 32% CEO Directorate 55%: √ North Cumbria Group 52%: North Group 54%: Central Group 64%: South Group 73%: Chief Operating Officer Directorate 86%: √ Commissioning & Quality Assurance Directorate 68% Workforce Directorate 62% Provider Collaborative Directorate		

CLOSED MUST DOS:

Must Do Theme: (2) Blanket restrictions		**Lead: Karen Worton, Group Nurse Director**
		Status:
Adult Acute wards Year: 2018 Org: NTW	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.	Closed by Board of Directors on 3 November 2021.
Adult Acute wards Year: 2019 Org: CPFT	The trust must ensure that blanket restrictions are all reviewed and individually risk assessed.	
Evidence of Impact:		
A blanket restriction was identified as an issue in one MHA Reviewer visit during Quarter 1.		

Must Do Theme: (6) Risk registers		**Lead: Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance**
		Status:
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues to make progress against the trust risk register and board members and members of staff understand the process of escalating risks to the board through the board assurance framework.	Closed by Board of Directors on 5 August 2020.
Crisis MH teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established and operating effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.	
Evidence of Impact:		
• Cycle of risk register review through Trust Leadership Team • Review and update of Risk Management Strategy received by Board in November 2020. • Board Development session in February 2021 to review risks, identify any emerging risks to be added to BAF, review risk appetite categories and scoring. • Development of future Strategy proposed.		

Must Do Theme: (8) Collecting and acting on feedback from service users and carers		**Lead: Allan Fairlamb, Head of Commissioning & Quality Assurance**
		Status:
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that quality monitoring takes place to measure service performance, outcomes and progress and ensure feedback from young people and their carers is incorporated into this.	Closed by Board of Directors on 5 August 2020.
Evidence of Impact:		
Quarterly report to Board on patient feedback.		

Must Do Theme: (15) Medicines Management		**Lead: Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer**
		Status:
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all medicines used are labelled and that risk assessments are always in place for the use of sodium valproate in female patients of child bearing age.	Closed by Board of Directors on 4 August 2021.
Evidence of Impact:		
Further audit planned during Q3 2022/23.		

Must Do Theme: (16) Nurse Call Systems		**Lead: Russell Patton, Deputy Chief Operating Officer**
		Status:
Adult acute wards Year: 2018 Org: NTW	The trust must ensure patients have access to a nurse call system in the event of an emergency.	Closed by Board of Directors on 4 August 2021.
Evidence of Impact:		
Assurance of completion of work.		

Must Do Theme: (18) Section 17 Leave		**Lead: Dr Patrick Keown, Group Medical Director**
		Status:
OP wards Year: 2019 Org: CPFT	The provider must ensure that all section 17 leave forms are individually completed for each patient and show consideration of patient need and risks.	Closed by Board of Directors on 4 August 2021.
Evidence of Impact:		
• Compliance with Section 17 leave expiry dates continues to improve. • No issues were raised during MHA Reviewer visits this quarter in relation to Section 17 leave.		

Must Do Theme: (19) Clinical audits		**Lead: Dr Kedar Kale, Group Medical Director**
		Status:
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that clinical audits are effective in identifying and addressing areas of improvement within the service.	Closed by Board of Directors on 3 February 2021.
Evidence of Impact:		
• Locality and Trust-wide governance structures. • Locality cycle of meetings. • Locality tracker.		

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to Board of Directors
3rd August 2022

Title of report	Infection Prevention Control (IPC) Board Assurance Framework
Report author(s)	Liz Hanley, Associate Nurse Director Safer Care; Kelly Stoker, 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	
Audit Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Business Delivery Group (BDG)	
Trustwide Safety Group (TSG)	
CQC Compliance Group	
Equality, Diversity & Inclusion Steering Group	
Caldicott Information Governance Group	
Clinical Records Improvement Group	

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 to the Board of Directors meeting
3rd August 2022

1. Executive Summary

The Infection Prevention and Control (IPC) Board Assurance Framework (BAF), first issued by NHS England/ Improvement (NHSE/I) in May 2020, is designed to help providers assess against the IPC guidance for Covid-19 as a source of internal assurance that quality standards are being maintained. The BAF was updated in December 2021 with additional areas identified for compliance. A further updated BAF is expected, but has not yet been published.

This report covers Quarter 1, April to June 2022, during which time government restrictions were further relaxed and included:

- No longer providing free universal symptomatic and asymptomatic testing for the general public; implementation of twice weekly lateral flow antigen testing for NHS patient facing staff continued
- Removal of the health and safety requirement for every employer explicitly to consider Covid-19 in their risk assessments
- Face coverings no longer required by law for the general public.

CNTW considered all relevant guidance in Quarter 1, in conjunction with Covid incidence in both staff and patients, and agreed that the following would be implemented:

Staff Testing (with effect from 4th April 2022): Patient-facing staff were expected to continue to take regular Lateral Flow Device (LFD) tests twice weekly and, importantly, to record the results via the Trust's portal. All Trust staff were advised to ensure that they had a supply of LFD test kits, in case they became symptomatic and needed to take an LFD test in line with new guidance.

All Trust staff could continue to access LFD test kits from the online Government portal**:** https://test-for-coronavirus.service.gov.uk/order-lateral-flow-kits

Social Distancing and mask-wearing in non-clinical settings (with effect from 26th April 2022): Staff in all clinical areas (inpatients and community), including clinical offices on wards, were advised that they should maintain a one metre social distance and continue to wear masks.

All staff in non-clinical areas such as offices, meeting rooms and training venues were no longer required to socially distance and did not need to wear a mask (staff could wear masks if they wished to continue to do so, recognising that some staff members were anxious about the relaxation of control measures).

Staff accessing public communal areas, such as main hospital corridors or on-site cafés, were advised that they should continue to wear a mask and maintain a one metre distance. In cafes and break rooms, once seated to eat / drink, masks could be removed.

Social Distancing and mask-wearing (with effect from 19th May 2022):
Following the changes to mask and social distancing guidance implemented on 26th April 2022 CNTW agreed the following changes to control measures:

- Social distancing was no longer required in Inpatient and Community Clinical settings. There was no longer a requirement to wear masks or socially distance in communal public areas or in non-clinical areas.
- Masks continued to be available to staff, patients and visitors who wished to continue to wear one.

Social Distancing and mask-wearing (with effect from 13th June 2022):
Staff in clinical and community areas staff were no longer required to wear face masks, unless it was a personal choice. Fluid Resistant Surgical Masks were required to be worn as part of transmission-based precautions when:

- Caring for a suspected or confirmed Covid-19 case.
- An outbreak or cluster was declared.

Covid outbreaks
During Quarter 1, eight Covid outbreaks were declared and managed by the IPC team. This is a 72% decrease compared to Quarter 4, 2021-22. All outbreaks were reported on the NHSE/I National Outbreak Surveillance database. All patient cases were followed up and appropriate advice was given to ward staff and action taken where required.

In Quarter 1, there were a total of 58 cases of Covid-19 infections reported. This is a 43% decrease compared to quarter 4 (134 cases).

2. Nosocomial (Healthcare Acquired) Covid Infections

The relaxation in control measures, reflecting national guidance, has made it increasingly more difficult to determine whether a Covid infection is either community or Healthcare acquired. Within the Trust, an additional category of 'Cluster management' has been introduced. A cluster is defined as a detection of unexpected, unconnected cases associated with a single setting. The term is used by the United Kingdom Health Security Agency (UKHSA) and recognises that some cases and clusters of Covid-19 may not require a formal outbreak to be declared.

During Quarter 1, the process for managing positive staff and patients changed to reflect the relaxation in government restrictions. There was an increase in positive staff cases being reported, however, it was identified that their infection was not necessarily acquired through exposure at work and that they had identified other community exposures. These included social gatherings during the Jubilee celebrations, festival attendance and foreign and national travel. Therefore, the source of Covid exposure became more

difficult to identify. Furthermore, many patients within the Trust are informal; have visitors and extended leave and can, therefore, go into the community and return to the hospital setting, on numerous occasions, which increases the likelihood of them acquiring the infection in the community.

The IPC team has continued routinely to collect surveillance data on all positive staff and patients, undertaking risk assessments and taking action where indicated.

3. Compliance

Trust level compliance has continued to be demonstrated across all standards.

The IPC team continued to raise awareness that staff needed to ensure that:

- All relevant control measures were in place.
- Personal Protective Equipment (PPE) stock was readily available to all staff.
- All staff who were caring for patients or working in an area where a Covid positive patient(s) had been cared for, were Fit Tested for a Filtering Face Piece (FFP3) mask.

4. Additional assurance mechanisms

- Covid - Gold Command, led by the Chief Nurse / Director of Infection Prevention and Control has continued to operate as a hub for rapid decision making in response to guidance impacting on safe clinical practices, Covid-secure workplaces and relaxation of control measures.
- Staff absence management continues to be a vital part of ensuring staff are assessed and return to work as soon as is practicable, in line with government guidance. Decisions about return to work are jointly undertaken by the Absence line and IPC team to ensure effective risk management.
- Monthly Trustwide IPC Assurance meetings have taken place during Quarter 1.
- Implementation of twice weekly lateral flow antigen testing for Trust patient-facing staff continues. All results should be logged via the Trust portal, however as the test is not mandatory, it is noted that compliance with this continues to be variable despite encouragement. Compliance with LFD testing is discussed at each outbreak meeting.
- 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.

- The IPC team continue to undertake scheduled and as required Meetings with Clinical Nurse Managers, Ward Managers and Clinical Care Groups to discuss complex cases, cluster, and outbreak management. Support and guidance is offered for the practical application of 10-day isolation of patients, supported with LFD testing at Day 5 and 6 to end isolation early if negative on LFD and the patient is apyrexial.
- The IPC team undertakes visits to all outbreak areas to review the donning and doffing of Personal Protective Equipment and provide advice and support and education with respect to this.
- The IPC Team has delivered Covid-training to clinical and non-clinical teams on request and to reinforce safe control measures.
- The comprehensive roll out of Fit Testing of FFP3 masks continues to be led by the Trust FFP3 Mask Lead and Trainer, including the refit of new models of mask and fit testing for PAM referrals, multiple failure referrals and those with work related difficulties.

5. Conclusion

The Board Assurance framework provides assurance that:

- any areas of risk are identified and that corrective action is taken in response.
- National guidance impacting on Infection Prevention and Control standards is proactively reviewed and action taken to implement changes required across CNTW.
- organisational compliance has been systematically reviewed for other potential Nosocomial (Healthcare Acquired) Infections (HCAIs).

Infection Prevention and Control
August 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd August 2022

Title of report	Annual Report for Infection Prevention and Control 2021 – 2022
Report author(s)	Kelly Stoker, Head of Infection Prevention and Control
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	X
To achieve "no health without mental health" and "joined up" services	X	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	X
Audit Committee	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
CEDAR Programme Board	X
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	X
Business Delivery Group (BDG)	
Trustwide Safety Group (TSG)	
CQC Compliance Group	
Equality, Diversity & Inclusion Steering Group	
Caldicott Information Governance Group	
Clinical Records Improvement Group	

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	X	Reputational	
Workforce		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	

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

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

2021/22 Annual IPC Report

Cumbria Northumberland, Tyne and Wear NHS Trust

Caring | Discovering | Growing | **Together**

Contents

1.0 Introduction

The Annual Report of the Director of Infection Prevention and Control (DIPC) provides the Infection Prevention Control Committee, Quality and Performance Committee and the Trust Board with a summary of activity relating to assurance and developments which took place during 2021/22 relating to Infection Prevention and Control across the Trust. The IPC function carried out across the Trust meets statutory requirements and the Health and Social Care Act 2008. The Infection Prevention and Control team is responsible for the outline delivery of the 2021/22 Infection Prevention and Control Annual Plan.

Due to Covid-19 activity which has necessitated a significant IPC Team response to the implementation of national guidance to ensure patient and staff safety, via Gold Command Emergency Response, there has been reduced IPC activity against the planned workstreams for 2021/22.

This year has continued to pose a challenge to our team and the wider organisation in respect of its management of the SARS-CoV-2 pandemic. The team continue to embody and embrace the CNTW values, working hard to keep the patient at the centre of everything it has achieved

In addition to this annual report, the Board has been receiving a separate Covid-19 update as well as a quarterly IPC Nosocomial Infection Board Assurance Report.

1.1 Infection Prevention and Control team structure

The Infection Prevention and Control team consists of:

- Group Nurse Director, Safer Care Directorate and Director of Infection Prevention and Control (DIPC)
- Associate Director Safer Care
- Head of Infection Prevention Control
- Infection Prevention Control Lead Nurses x 2wte
- Infection Prevention Control Nurses x 2wte
- Consultant Microbiologist/Infectious Disease Consultant support is obtained by a Service Level Agreement with Northumbria Healthcare Foundation Trust.

The IPC team has good working relationships with Clinical Care Groups, Clinical Business Units (CBUs), wards and clinical teams which is vital to the success of both preventative and responsive and effective IPC measures. These working relationships have been strengthened further during the Covid 19 pandemic with the combined objective of reducing/minimising this infection whilst also providing advice and support for patient management.

The DIPC attends the Trust Board annually to present this report. Key Performance Indicators data is received by the Board on a quarterly basis in the Safer Care report or by exception.

The IPC Committee meets quarterly and is chaired by the DIPC. The IPC committee reports to Trust wide Quality and Performance group.

1.2 Microbiology Support

The Trust holds Service Level Agreements or arrangements for Microbiology services with Northumbria Healthcare NHS Trust, Newcastle Hospitals NHS Trust, Gateshead Health NHS Trust, South Tyneside and Sunderland Hospitals NHS Foundation Trusts and North Cumbria Integrated Care NHS Foundation Trust. Results are available through the electronic ICE system. The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Limited.

1.3 External Accreditation Bodies

Registration with the Care Quality Commission (CQC)

The Trust received unconditional registration to the Health and Social Care Act and Associated Code of Practice in 2008 (2015)

2.0 Infection reporting and IPC Surveillance

The data on infections is reviewed at each IPC Committee meeting and sent to the Locality Care Group Safe meetings. Incident data is shared on a monthly basis within the Safer Care monthly report to CDT-Q and quarterly report to the Trustwide Quality and Performance Committee and the Trust Board.

2.1 MRSA bacteraemia and Clostridium difficile

Any incident where a patient develops a Methicillin-Resistant Staphylococcus aureus (MRSA) bacteraemia or a Clostridium difficile toxin-positive infection isolated from a stool specimen whilst in CNTW will be investigated utilising Root Cause Analysis (RCA) methodology. The case will be reported through the IPC Committee and the Governance Subgroups and, where appropriate, through the National Reporting System.

As required, mechanisms exist to formally report data on Clostridium difficile and MRSA bacteraemia in the six-monthly performance report, which is reviewed by the Trust Board. This is supplemented by six monthly attendances at the Board by the DIPC.

Table 1:

KPI	Detail	2016 / 2017	2017 / 2018	2018 / 2019	2019 / 2020	2020 / 2021	2021 / 2022
IPC-KPI 01	Cases of MRSA bacteraemia	0	0	0	0	0	0
IPC-KPI 02	Cases of clinical clostridium difficile infections	0	1	2	0	0	5

Source: Trust records

MRSA bacteraemia

There were no cases of MRSA bacteraemia in the period 2021 / 2022.

Clostridium Difficile infection

There were five cases of Clostridium difficile infections within CNTW in 2021 / 2022. The reported clostridium difficile cases were followed up using route cause analysis and were found to be attributed to either the community or another hospital trust. IPC standards were implemented according to IPC policy.

Reported diarrhoea and and/or vomiting outbreaks

There were three outbreaks of diarrhoea and vomiting reported during 2020 / 2021, affecting patients and staff. From the clinical presentation the symptoms were suggestive of a viral cause, in absence of laboratory confirmation. Learning from these incidents highlighted that each incident was managed in a timely manner with outbreak control measures implemented effectively and resolved in the expected timescales. Infection prevention control measures such as cohorting, isolation, environmental cleaning and handwashing were effective.

2.2 IPC Dataset 2021/22

Table 2 table includes all suspected and confirmed infections reported to IPC via the electronic incident management system. All confirmed infections are followed up by the IPC team to provide the necessary support and advice on the management of the infectious patient.

Table 2:

CAUSE_1	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
IPC45 CORONA VIRUS - ADVICE		8	15	43	39	14	35	52	37	83	28	42	**396**
IPC09 Suspected/Confirmed Infection	11	12	14	16	15	8	16	14	14	16	7	12	**155**
IPC40 Urinary Tract Infection UTI	10	5	7	13	5	6	9	8	4	5	7	7	**86**
IPC23 Other	5	7	10	7	3	3	2	2	5	4	5	5	**58**
IPC41 Chest Infection	6	2	5	7	2		3	2	1	3		1	**32**
PSA35 Staff Inoculation Injury	5	3	3	1	1	2	3	3	1	2	1	3	**28**
IPC44 CORONA VIRUS _ SUSPECTED	25	1											**26**
IPC06 Dental/Oral Infection			1	3		1			1	1		1	**8**
IPC25 SEPSIS		1	1		1	1			1	1	1	1	**8**
IPC42 Legionella Water Safety Test	1	2						1				4	**8**
IPC08 Gastrointestinal Infection Bacterial	4			1	1				1				**7**
IPC13 Shingles	2				1				2				**5**
IPC02 MRSA - Infection					1			2	1				**4**
IPC07 Gastrointestinal Infection Viral	1			1							1	1	**4**
IPC18 Fungal Infection	1			1							1	1	**4**
IPC26 Clostridium Difficile GDH Positive Toxin Positive		1		1							2		**4**
IPC04 Staphylococcal Infection							1					1	**2**
IPC20 Scabies		1				1							**2**
IPC27 Clostridium Difficile GDH Positive Toxin Negative				1							1		**2**
PSA09 Patient Inoculation Injury									1			1	**2**
IPC12 Chickenpox									1				**1**
IPC16 Hepitisis - Type C							1						**1**
IPC46 CORONA VIRUS - STAFF	1												**1**
Total	**72**	**43**	**56**	**95**	**69**	**36**	**70**	**84**	**70**	**115**	**54**	**80**	**844**

2.3 Covid-19

Total number of Nosocomial (Healthcare Acquired) Infections

A total of 280 patients tested positive between April 2021 – March 2022, and each patient had a risk assessment completed to determine where they acquired Covid-19 from. Of these 280 patients, 21 were categorised as community acquired; the remaining 259 were identified as nosocomial, identified through routine surveillance screening or as a result of outbreak surveillance screening from 43 outbreaks reported affecting patients.

It is widely acknowledged that Delta, Omicron and BA.2 are highly transmissible variants which contributed to the increase in cases.

During the same reporting period, the number of Covid-19 outbreaks declared is shown in Table 3. 49 outbreaks were reported:

Table 3:

Locality	Total Number of outbreaks	Total number of workplace outbreaks
North	10	2
Central	12	1
South	16	1
North Cumbria	9	0
Corporate	2	2
Total	**49**	**6**

Online reporting of outbreaks was completed for the affected wards / departments, outbreak management meetings were held, with regular IPC reviews and each outbreak concluded with a learning debrief.

Whilst CNTW had a robust testing programme and assurance process, findings from outbreak meetings relating to the causes of the Covid-19 outbreaks are multi-factorial. Key issues relate to:

- Ventilation in some wards. Communal areas, bedrooms have no mechanical ventilation and rely on natural ventilation through the opening of windows which is not always possible in some clinical settings.
- Inconsistencies with clinical practices around PPE use, hand hygiene and cleaning of patient equipment.
- Lack of uptake by patients to wear a mask.
- Patients having unescorted leave away from the ward increasing their exposure to community transmission.
- Delay or non-compliance in routine COVID screening.

3.0 Key achievements 2021 / 2022

The rapid changes to UKHSA guidance regarding Covid-19 have continued over the course of 2021 / 2022 with significant changes being noted both nationally and locally. The team

continued to react quickly, reviewing and supporting Gold Command on any operational changes required. These processes were managed through Gold Command, the Infection Prevention and Control Assurance group meetings, and weekly communication bulletins.

The IPC team provided support to outbreak management, and advice and guidance to clinical teams for the care and management of positive patients across the Trust. Support has included visits to outbreak areas, and bespoke training to clinical teams.

IPC information packs were developed for inpatient and community services and made available via the Trust Covid-19 resources. These resources have been regularly reviewed and updated in line with changing national guidance and publication of IPC Mental Health and Learning Disability specific IPC guidance.

3.1 Infection Prevention and Control Practice Guidance notes (PGNs)

A number of PGNs have been updated this financial year in line with the three yearly Trust requirement. See appendix 1.

3.2 Seasonal Flu Vaccination Campaign

The seasonal flu vaccination campaign was launched on the 1st October 2021, with a series of clinics and peer vaccinators delivering vaccination in their localities. By the end of February 2022, 68.2% of all front-line staff had received their flu vaccine. CNTW staff continue to show year on year commitment to ensuring our patients are protected against flu.

Table 4:

Frontline Staff Group	2018/19	2019/20	2020/21	2021/22
Doctors	72%	74.2%	80.25%	69.7%
Qualified Nurses	77%	81.6%	84.62%	69.2%
All other professionally qualified staff	77%	87.9%	88.96%	78.0%
Support to clinical staff	76%	82%	83.80%	63.0%

Vaccination uptake over the last three years amongst frontline staff

As in previous years, we have offered vaccination to staff who deliver frontline care to our patients, but who are not employed by CNTW. This season a total of 4959 of frontline staff were vaccinated.

A total 427 staff were trained via e-learning from nursing and other professional groups in flu and Covid vaccination administration, to support Trustwide vaccination clinics and peer vaccination in localities.

3.3 Covid Vaccination Programme 2021/22

As part of the seasonal vaccination programme for autumn 2021/22, all staff were offered a booster Covid vaccination in line with Joint Committee on Vaccination and Immunisation (JCVI) recommendations.

The booster campaign consisted of the Pfizer vaccination, implemented with vaccination clinics which were held at St Nicholas Hospital, St Georges Park and Hopewood Park and Carleton Clinic, with the additional of support of peer vaccinators in each locality.

By the end of March 2022, a total of 89.41% of staff members had received their booster, and 95.90% had received their second dose of Covid vaccination.

3.4 Training in Infection Prevention and Control

Staff employed by CNTW must access IPC training via eLearning. The e-Learning programme is a national programme that fulfils statutory requirements. Infection Prevention and Control training is currently a requirement of induction and every three years thereafter for all staff. See appendix 2.

Bespoke sessions have been delivered via teams by the IPC team when required to groups of staff who require specialist knowledge specifically in relation to the roles that they undertake.

Training performance reports have been monitored by each locality care group via their Quality and Performance meetings, IPCC and through the CQC Compliance meetings, as well as during “mock” visits to wards and departments by service managers.

3.5 Audit

The IPC team audit areas to systematically measure the effectiveness of healthcare and service delivery against agreed standards to implement, where necessary, improvements and changes at individual, team or service level.

3.6 IPC Risk Assessments

It is a requirement that the Trust complies with the Health and Social Care Act for reducing Healthcare-Associated Infections 2008. Criterion 1 states that providers should demonstrate systems to manage and monitor the prevention and control of infection using risk assessments to consider the susceptibility of service users and any risks that their environment and other users may pose to them. Inpatient areas and community services in CNTW where physical health screening is carried out will have a risk assessment by a member of the Infection Prevention Control Team, accompanied by a senior member of the nursing team. This is an opportunity for the IPC team to observe practice and the environment to ensure practices comply with IPC PGNs and recognised national guidance.

The risk assessment was developed by combining audit tools from the Infection Control Nurses Association for Monitoring Infection Control Standards 2004 and the Infection Prevention Society Quality Improvement Tools for Mental Health 2013.

Each section has a percentage score, this indicates the level of compliance. The IPC risk assessment tool has been developed into an electronic format and the assessments will be undertaken as part of a rolling programme throughout the year. This format will allow for more detailed analysis and identifying themes, as well as decreasing the time taken to complete.

Following completion of the risk assessment, an action plan is compiled, ensuring that any comments raised in the assessment are also included. The formulation of this action plan is the responsibility of the service. The completed risk assessment is sent to the Ward Manager, Clinical Nurse Manager, and Associate Director.

Following a successful pilot of an IPC self-assessment by the ward managers using the IPC audit tool in the South Locality, in December 2020, the IPC audit tool was circulated to all other localities in Q1 2021 / 2022. See appendix 3.

3.7 Decontamination and Medical Devices

Decontamination

Contaminated equipment can lead to the spread of infection. Decontamination of equipment is reinforced during IPC training. This reminds staff of the relevance and importance that this process.

The IPC Team continue to work closely with NTW Solutions to review and keep up to date with new cleaning products, to ensure we are using the safest, most effective and value for money products.

As part of control measures for Covid-19 in accordance with national guidance relating to cleaning, increased frequencies have been implemented of the environment, including touch points.

Medical Devices

The IPC Team has previously led on Medical Device maintenance and procurement, however due to changes within the team there is now a trust designated lead for Medical Devices within Safer Care. The IPC team and the Medical Devices lead work together to ensure that all medical devices are complaint with infection control measures in relation to cleaning.

3.8 Trust Water Safety Group

The Director of Infection and Prevention Control has ensured that water safety standards have been met in 2021 / 2022.

The Trust Water Safety Group (TWSG) has met on a regular basis throughout the year. The aim of the Trustwide group is to identify, analyse and propose remedies for risks relating to water safety, including Legionella.

Key themes highlighted from the Water Safety report include:

- Audits have been completed in all sectors and audit reports received. The results were overall of a high compliance, with some minor actions noted.
- All sectors continue to make progress through the identified actions and overall compliance is high.
- Risk assessments are ongoing and 95% are in date; outstanding risk assessments are planned. Any issues associated with those assessments are either completed or in progress.

- Training has now been delivered to all members of the TWSG and further training will be booked as necessary going forward.

The focus of the group remains that multi-disciplinary management of infrastructure and services to ensure prevention of contamination, swift eradication, or control and minimisation of water borne bacteria including legionella.

3.9 Management Policies

The Trust has in place both Policies and Practice Guidance Notes, which have been reviewed and ratified this year, and along with specific Estates management procedures that encompass all issues associated with water safety.

3.10 Training

Both the Trust and NTW Solutions has continued to invest in specialist training for a wide range of staff, including, Estates Maintenance, Capital Projects, Facilities and IPC nurses, with a number undertaking the detailed ILM Responsible Person course.

3.11 Risk Assessments and Audits

The Trust is maintaining the requirement of having risk assessments in place across all premises, reviewed on a biannual basis or when major changes take place. The Trust also continues to have independent management audits carried out by external specialists in Legionella Management and Water Safety and the team is regularly complimented on their high standards and recognisable cross-disciplinary working.

3.12 Annual Cleaning Services Report

The domestic services are provided by NTW Solutions Limited which is a wholly owned subsidiary of the Trust. The cleanliness standards throughout the Trust have continued to remain consistently high, as evidenced by the monthly reports which reflect the inspections carried out during this reporting period.

There continues to be an excellent working relationship between the Facilities staff responsible for cleanliness and ward managers/nursing staff and the IPC Team. This co-operation helps to promote a team approach in maintaining high standards of cleanliness in clinical environments. It also assists in identifying at an early stage any problems, which enables them to be resolved in a timely way. Regular meetings take place between the senior Facilities Managers and the IPC Team. At these meetings any areas of concern are discussed, and actions agreed.

3.13 Cleanliness Audits

The cleanliness audits are carried out in all clinical areas monthly, and non-clinical areas less frequently, determined by the risk. Taking part in these audits are a qualified nurse, Facilities supervisor, Estates officer and also a member of IPC team, as appropriate. This approach of

having a multi-disciplinary team undertake this work enables all factors that can impact on the standards of cleanliness to be examined; it also assists in ensuring that corrective action is completed in a timely way.

During 2021 / 2022 the formal cleanliness Audits were reintroduced, after being suspended due to the Covid-19 pandemic. Throughout the pandemic, the domestic supervisors have continued to monitor cleanliness standards in their designated ward areas.

Despite a challenging couple of years during the Covid-19 pandemic, the domestic services team progressed the cleaning strategy to ensure that the Trust achieves full compliance with the new National Standards of Healthcare Cleanliness (NSoHC), before the 1st May 2022 deadline.

Most of the NSoHC migration and mandated work has been completed and is now firmly embedded. The Facilities Team has introduced Commitment to Cleanliness Charters (CtCC) in all patient and public facing areas. There are 7 mandated elements of the new standards to achieve, by the cited deadline. Cleanliness star ratings are also a new feature of the NSoHC. The star rating score enables greater transparency for the patients and public, allowing them to see the most recent cleanliness score of the area they are being treated or residing in.

Staffing

The Domestic staff teams have consistently achieved the organisation's targets for all statutory and mandatory training and JDRs. There have been some occasions when sickness has exceeded target levels, at different times of the year, however, through careful monitoring of cleanliness conditions and management of staff, this has not led to any on-going drop in standards

Patient Led Assessments of the Care Environment)

During 2021 / 2022 no PLACE visits were undertaken due to Covid-19, however organisations were encouraged to conduct PLACE Lite self-assessments; these commenced in December 2021 and are ongoing.

Summary

The IPC Team, alongside NTW Solutions Limited which provides the Estates and Facilities services to the Trust, have worked with locality care groups to ensure the safe and effective implementation of IPC measures across the Trust during the 2021 / 2022 period in line with the statutory requirements of the Health and Social Care Act 2008.

It should be noted that the Chief Nurse will incorporate the Trust's Director of Infection Prevention Control role from the 1st April 2022 and the Deputy Medical Executive Director (Patient Safety) will fulfil the Deputy Director of Infection Prevention Control role.

Appendix 1

Infection Prevention and Control Practice Guidance Notes (PGNs) updated in 2021 / 2022

Document No:	Document Name	Author	Responsible Person	POC/Co-author	Version/ Issue	Ratify Date	Issue Date	Review Date
CNTW(C)23	**Infection, Prevention and Control Policy**	Alexia Pearce	Anne Moore	**Alexia Pearce**	**V07**	**Nov-21**	**Nov-21**	**Nov-24**
IPC-PGN-04.1	Hand Hygiene and the Use of Gloves	Alexia Pearce	Anne Moore		**V05 Issue 1**	**Feb-22**	**Feb-22**	**Feb-25**
IPC-PGN-08	Isolation of infected patients in hospital	Samantha Cooke	Anne Moore	**Alexia Pearce**	**V05-Iss1**	**Jun-21**	**Jun-21**	**Jun-24**
IPC-PGN-09	Precautions to be taken after Death of an Infected Patient(known or suspected)	Samantha Cooke	Anne Moore	**Alexia Pearce**	**V05-Iss1**	**Jun-21**	**Jun-21**	**Jun-24**
IPC-PGN-10	Disinfection and Decontamination PGN and appendices	Heather Pearce	Anne Moore	**Alexia Pearce**	**V06 Issue 1**	**Jun-21**	**Jun-21**	**Jun-23**
IPC-PGN-17	Transferring Patients with known or suspected Infectious Diseases	Alexia Pearce	Anne Moore	**Alexia Pearce**	**V05-Iss1**	**Aug-21**	**Aug-21**	**Aug-24**
IPC-PGN-22	Prevention and Control of Clostridium Difficile	Alexia Pearce	Anthony Deery	**Alexia Pearce**	**V07 Issue 2**	**Jun-21**	**Jun-22**	**Jun-24**
IPC-PGN-24	Management of Parvovirus B19 in healthcare settings	Alexia Pearce	Damian Robinson	**Alexia Pearce**	**V05 Iss 1**	**Jul-21**	**Jul-21**	**Jul-24**
IPC-PGN-26	Guidance for management of patients with an influenza like illness (ILI) or confirmed influenza	Samantha Cooke	Anne Moore	**Alexia Pearce**	**V04 Issue 1**	**Apr-21**	**Apr-21**	**Apr-24**

Appendix 2

IPC Training 2021 / 2022

Executive Directorate > Business Unit	Total Staff	Training Complete	Percent Complete
North Cumbria Locality Care Group	1504	1304	86.7%
North Locality Care Group	1422	1339	94.2%
Central Locality Care Group	1655	1506	91.0%
South Locality Care Group	2046	1917	93.7%
Chief Nurse	183	159	86.9%
Chief Executive	32	26	81.3%
Deputy Chief Executive	191	178	93.2%
Medical	483	339	70.2%
Commissioning & Quality Assurance	144	144	100.0%
Workforce & Organisational Development	47	46	97.9%
NTW Solutions	717	691	96.4%
SUSPENSE	720	512	71.1%
Provider Collaboratives	13	11	84.6%
Chief Operating Officer	137	127	92.7%
Total	9294	8299	89.3%

Appendix 3 -

IPC Risk Assessment April – July 2021

Locality	Ward	Audit Score %	Compliance Rating
Central	Aidan	96	
Central	Akenside	97	
Central	Bede	94	
Central	Castleside	91	
Central	Cuthbert	95	
Central	Elm House	96	
Central	Fellside	95	
Central	KDU Cheviot	95	
Central	KDU Lindisfarne	97	
Central	KDU Wansbeck	94	
Central	Lamesley	95	
Central	Lowry	93	
Central	Oswin	100	
Central	Tweed Long stay	95	
Central	Tweed Rehab	97	
Central	Tyne MH	100	
Central	Willow View	98	
North	Alnmouth	96	
North	Bluebell Court	94	
North	Hauxley	95	
North	Kinnersley	98	
North	Mitford	93	
North	Mitford Bungalows	86	
North	Newton	98	
North	Woodhorn	96	
North Cumbria	Ashby	96	
North Cumbria	Edenwood	91	
North Cumbria	Ferndene PICU	88	
North Cumbria	Hadrian 1	91	
North Cumbria	Lennox	92	
North Cumbria	Lotus Ward	96	
North Cumbria	Oakwood Assessment Unit	95	
North Cumbria	Redburn	91	
North Cumbria	Rowanwood	88	
North Cumbria	Ruskin	95	
North Cumbria	Substance Misuse Service (Haverigg)	99	
North Cumbria	Yewdale Ward	93	

Appendix 4

Statement of Compliance with the Health and Social Care Act Code of Practice 2008

This document details how Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust will protect service users, staff and visitors from Healthcare-Acquired Infections, and comply with the Health and Social Care Act 2008 Code of Practice, for the year 2021 / 2022.

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them
Statement • The Trust IPC policy incorporates the Trust statement reflecting its commitment to prevention and control of infection amongst service users, staff and visitors. This document also outlines the collective and individual responsibility for minimising the risks of infection and provides detail of the structures and processes in place to achieve this. • The Trust has appointed a Director of Infection Prevention and Control accountable directly to the Chief Executive and Board. • Effective prevention and control of infection is secured through an IPC team, assurance framework, annual work and audit programme, and surveillance and reporting system. • The IPC team undertakes Route Cause Analyses for each case of MRSA bacteraemia and Clostridium Difficile infection identified. The results of root cause analyses, and action plans arising from them, are monitored through the quality standards meetings and the IPC Committee • Training, information and supervision is delivered to all staff through either face-to-face or e-learning. • There is an annual audit programme in place, approved by the Board, to ensure implementation of key policies and guidance. The Trust has developed an IPC specification for clinical areas, which details all the standards for IPC. Following a risk assessment, action plans for achieving compliance with the specification are developed where necessary. • IPC team produces an infection prevention and control programme which set objectives for ensuring the safety of service users, staff and visitors, and identifies priorities for action over the year. The programme also includes audits to be undertaken to assure the Trust of compliance with key IPC policies.

Criterion 2: The Trust provides and maintains a clean and appropriate environment in managed premises which facilitates the prevention and control of infection

Statement

- The Trust lead for the provision of cleaning services is the Head of NTW Solutions.
- Ward Managers are accountable for the cleanliness standards on all in-patient areas
- The Trust has a range of buildings ranging from new, purpose built facilities to old or adapted facilities.
- The NTW Solutions strategy envisages all clinical areas achieving category B standard for buildings.
- Cleaning schedules detail the standard of cleanliness required and the frequency of cleaning. Cleaning schedules comply with the National Standards of Cleanliness. All schedules have been reviewed and will be signed off by IPC and ward managers. These schedules are displayed publicly in all clinical areas.
- The cleanliness of the environment is assessed through, weekly ward checks, monthly standardised cleaning audits (SYNBIOTIX audits) and annual PLACE assessments. The results of these assessments are made available to the Groups, the IPC committee and are available on the Trust intranet.
- The Trust has issued guidance on staff dress reflecting infection prevention and control and health and safety standards and requirements, including promoting good hand hygiene practice. The guidance includes advice on the correct laundering of uniforms and clothes worn at work.
- Trust policies include Legionella control, potable water management, waste, laundry and food & nutrition.
- The Trust does not undertake sterilisation procedures for any reusable medical devices. The Trust IPC-PGN-10 outlines disinfection and decontamination procedures. Wherever possible all medical devices are single use or single named patient use only

Criterion 3: Provide suitable accurate information on infections to the service users and their visitors

Statement.

- The Trust utilises a range of written information to inform service users and carers about general principles of infection control and specific infections. These include information produced by UK Health Security Agency (UKHSA), Department of Health and Social Care and others.
- World Health Organisation 5 moments has been incorporated into hand wash guidance.
- The annual IPC report includes information on the occurrence of infections in the Trust, and the general means by which infections are controlled within the Trust. This is publicly available on the Trust internet.

- Where it has been decided not to install alcohol hand gels at the entrance to wards visitors are advised by a poster to ask staff for access to hand washing facilities.
- During an outbreak of infection specific signs are displayed at the ward entrance to inform visitors.
- Specific display stands have been displayed during the winter months to discourage anyone with flu like/respiratory illness from visiting.

Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion

Statement

- Arrangements are in place to prevent and control HCAI and demonstrate that responsibility for IPC is effectively devolved. This is detailed in the IPC policy and associated practice guidance notes. Staff have access to electronic versions of the IPC manual and core plans and advice on infection prevention and control is available from IPC services from 0900 to 1700 each day. Advice on the specific treatment of infected patients is available from local microbiology departments or the regional infectious diseases unit.
- An IPC / Link worker network has been developed with the aim of ensuring that all areas have a link worker. There is an active training and support programme in place for IPC link workers.
- The Trust has access to the electronic reporting systems of most pathology departments (ICE).
- We have robust reporting systems with other trusts.
- Outbreak communication demonstrates accurate, timely communication with other departments e.g. Facilities, Estates and other healthcare providers.

Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

Statement

- All staff, contractors and others are offered written information, induction and access to IPC advice via NTW Solutions staff.
- It is recognised that IPC is everyone's business and this responsibility is reflected in all job descriptions

Criterion 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection

Statement

- Responsibility for infection prevention and control is detailed in the Trust IPC policy and is included in the job description of all staff.
- Mandatory training is provided via e-learning every three years for all staff, both clinical and non-clinical. All new staff receive IPC training in their induction programme.
- All staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on and training and supervision in Infection Prevention & Control.
- The IPC team has robust relationships with CBU Senior nurses and NTW Solutions.
- Regular updates on the Hygiene Code are given at appropriate meetings.
- All staff have the opportunity to have a flu / covid vaccination each year. Service users in risk groups who are inpatients are offered flu vaccination.

Criterion 7: Provide or secure adequate isolation facilities.

Statement

- IPC Practice Guidance Note (IPC-PGN 08) details the procedures to be followed to isolate a patient with a known or suspected infectious disease.
- The availability of a suitable isolation area in each in-patient area is part of the IPC specification.
- Most in-patient areas in the Trust have single rooms suitable for the isolation of patients with infectious diseases. In the event of a service user requiring isolation, and that not being available on their own inpatient unit, arrangements would be made to transfer the service user to a clinical area where adequate isolation facilities are available.
- In the event of a large scale outbreak of infection then affected service users would be cohort nursed in an identified area of an in-patient ward, or the entire in-patient ward would be regarded as an isolation area.

Criterion 8: Secure adequate access to laboratory support as appropriate

Statement

- The Trust does not provide laboratory services in-house.
- The Trust holds service level agreements or arrangements for microbiology services at Northumbria Healthcare NHS Trust, Newcastle Hospitals NHS Trust, Gateshead Health NHS Trust, South Tyneside and Sunderland NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust Results are available through the electronic ICE system.

- The Trust is assured that these services operate to the standards required for accreditation by Clinical Pathology Accreditation (UK) Limited.

Criterion 9: Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.

Statement

- The IPC nurses produce a range of practice guidance notes to assist staff implement adequate measures to control the transmission of infection and manage service users with infections. This guidance forms part of the Trust Infection and Control Policy and staff are expected to follow the guidance unless there is a compelling reason not to.
- Compliance with practice guidance notes is audited through the Quality Monitoring Tool, the IPC risk assessment and the annual audit programme.
- The range of practice guidance notes covers the following topics:
- Standard infection control precautions
- Aseptic technique
- Outbreaks of communicable infections
- Isolation of service users
- Safe handling and disposal of sharps
- Prevention of occupational exposure to blood borne viruses, including prevention of sharps injuries
- Immunisation requirements of staff
- Management of occupational exposure to blood borne viruses and post exposure prophylaxis
- Closure of rooms, wards, departments and premises to new admissions
- Environmental disinfection
- Decontamination of reusable medical devices
- Antimicrobial prescribing
- Single use
- Disinfection
- Control of outbreaks and infections associated with the following specific alert organisms
    - MRSA
    - Clostridium difficile
    - Blood borne virus, including a viral haemorrhagic fever and Transmissible Spongiform Encephalopathy
    - Tuberculosis
    - Diarrhoeal infections
    - Legionella
- The following alert organisms are unlikely to be experienced within the spectrum of activity of a mental health and learning disability trust and currently the Trust does not have practice guidance notes covering these:
    - Glycopeptide Resistant Enterococci
    - Acinetobacter
    - Viral haemorrhagic fevers

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd August 2022

Title of report	**Quarter 1 update - NHS Improvement Single Oversight Framework**
Report author(s)	**Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance** **Chris Cressey, Deputy Director of Finance & Business Development**
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	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	
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	
Trust Leadership Team (TLT)	
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	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

BOARD OF DIRECTORS

3rd August 2022

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 1 2022-23

BACKGROUND

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 1 of 2022-23 as segment 1 – maximum autonomy.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19	Q1 & Q2 19-20	Q3 & Q4 19-20	Q1 – Q4 20-21	Q1 – Q4 21-22
Single Oversight Framework Segment	n/a	2	1	1	1	1	1	1
Use of Resources Rating	n/a	2	1	3	3	2	*2	*2
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Please note since Quarter 1 2020/21 the Use of Resources Rating is related to Quarter 4 2019/20 due to suspension of this rating during COVID-19.

Key Financial Targets & Issues

A summary of delivery at Month 3 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis): -

	Year to Date		
Key Financial Targets	**Plan**	**Actual**	**Variance/ Rating**
Risk Rating	n/a	n/a	n/a
I&E Surplus/(Deficit)	(£1.0m)	(£2.6m)	(£1.6m)
Agency Spend	£4.2m	£7.9m	(£3.7m)
Cash	£56.9m	£42.9m	(£14.0m)
Capital Spend	£12.9m	£8.5m	(£9.3m)
Asset Sales	£0.0m	£0.0m	(£0.0m)

Risk Rating

The interim financial arrangements put in place during COVID-19 have resulted in the suspension of the Use of Resources rating including the requirement for a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 4 2021-22 submission. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	M1	M2	M3
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	4,973	5,125	5,098
Total non-medical - non-clinical substantive staff	1,974	2,045	2,038
Total medical and dental substantive staff	421	428	567
Total WTE substantive staff	**7,368**	**7,598**	**7,703**
Bank staff	205	253	279
Agency staff (including, agency and contract)	453	479	527
Total WTE all staff	**8,026**	**8,330**	**8,509**

Agency Information

The Trust has to report to NHS Improvement on a monthly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff. However, the reporting of the top 10 highest paid and longest serving agency staff is suspended as part of the COVID-19 interim arrangements.

The table below shows the number of above price cap shifts reported during Quarter 1 2022-23.

	April	May	June
Staff Group	4/4 – 25/4	2/5 -30/5	06/6 –27/6
Medical	400	472	414
Qualified Nursing	453	547	450
Nursing Support	6,621	9,473	9,015
TOTAL	**7,474**	**10,492**	**9,879**

At the end of June the Trust was paying 21 medical staff above price caps (8 consultants, 1 associate specialist, 6 specialty doctors and 6 junior doctors). 5 of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement. The weekly average number of shifts reported over the cap for June was 104 medical shifts, 113 qualified nursing shifts and 2,254 nursing support shifts.

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however, there are specific exceptions where the Trust are required to notify NHS Improvement and specific items for information. It is these issues that are included within this report.

Board & Governor Changes Q1 2022-2023

Board of Directors:

1 Director (Alexis Cleveland) retired May 2022

Council of Governors:

Lara Ellis, Local Authority Governor, Newcastle)

Outgoing Governors:	Present vacancies
Mark Charlesworth (Neuro-Disability Services)	Service User Governor (Neuro Disability Services)
Mary Laver (Older Peoples Services)	Service User Governor (Older Peoples Services)
Alex Hay (Local Authority Governor, Newcastle)	Carer Governor (Neuro Disability Services)
	Carer Governor (Adult Services)
	Public Governor (Sunderland)

Never Events

There were no never events reported in Quarter 1 2022 - 2023 as per the DH guidance document.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly
Total number of bank shifts requested/total filled (from October 17)

Monthly
Care Hours Per Patient Day.
Estates and Facilities Costs

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

RECOMMENDATIONS

To note the information included within the report.

Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance
Chris Cressey, Deputy Director of Finance & Business Development
July 2022

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Report to the Board of Directors
3rd August 2022

Title of report	**Proposed Amendment to the CNTW Trust Constitution**
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	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	
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	
Trust Leadership Team (TLT)	
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	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to regulatory and legislative requirements.

Proposed amendment to the CNTW Trust Constitution

1. Executive summary

During the previous 12 months, the Council of Governors and Board of Directors have recognised the increased focus on autism services and the recognition of autism as a service in its own right. The Trust will be embarking on the 2022 Governor election process in October, and it is proposed that a change be made to the Trust Constitution to reflect this.

This report proposes three changes to the Constitution of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. These are detailed below:

2. Proposed changes to the Trust Constitution

2.1 Board of Directors composition (section 23 of the Constitution)

Following the recent review of Executive Director portfolios, changes within the Executive Team during 2021/22 and Non-Executive Director recruitment activity during the past 24 months, the Constitution has been amended to reflect the change in Board composition as follows:

Current provision	Proposed provision
23.2.2 – a minimum of 7 other Non-Executive Directors (excluding the Chair)	23.2.2 – a minimum of 6 other Non-Executive Directors (excluding the Chair)
23.2.3 – 7 Executive Directors	23.2.3 – 6 Executive Directors (including the Chief Executive)

2.2 The service user and carer constituency (Annex 3)

The proposed change is to separate the service user and carer roles representing 'Learning Disability and Autism', into two roles:

- Service User Governor for Learning Disabilities
- Service User Governor for Autism
- Carer Governor for Learning Disabilities
- Carer Governor for Autism

This is to reflect the Trust's increasing focus on autism as a service in its own right and ensure appropriate representation of both learning disabilities and autism.

It should be noted that regardless of designation, all Governors can actively contribute to, and be involved in discussions about any service of the Trust. Current Governors undertaking the role of Service User Governor, and Carer Governor for the Learning Disability and Autism role will not be affected by this change and will continue to serve their current term.

2.3 Appointed Governor Constituency (Annex 4)

There is a statutory requirement to ensure representation from Universities on the Council of Governors. Currently the Constitution includes representation from University of Northumbria and University of Newcastle. There is a proposed amendment to seek further representation from University of Cumbria and University of Sunderland.

3. Summary and recommendation

The Council of Governors approved the proposed amendments outlined in this report at it's meeting held 14 July 2022.

It is recognised that a further, more detailed review of the Trust Constitution should be undertaken. However, because of the establishment of Integrated Care Systems and Integrated Care Boards, national guidance is currently subject to amendment (including the Health and Social Care Act 2022, Guidance for Governors, and the NHS Code of Governance) to reflect the need of NHS Providers to work together collaboratively across the wider health and care system.

We are therefore recommending that the Board of Directors consider the initial proposed amendments to the composition of the Board of Directors and Council of Governors to enable the Governor elections to proceed this year, and recognise the further review required of the full Constitution and provisions at a later date and time.

The Board of Directors are asked to:

- Approve the amendment in relation to the composition of the Board of Directors.
- Approve the amendment to separate the one post for Learning Disabilities and Autism into two posts as follows:
    - Service User Governor for Learning Disabilities
    - Service User Governor for Autism
    - Carer Governor for Learning Disabilities
    - Carer Governor for Autism
- Approve the amendment to include the following posts for Appointed Governors.
    - University of Cumbria
    - University of Sunderland

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

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
Wednesday 3rd August 2022

Title of report	**North East and North Cumbria Provider Collaborative Governance**
Report author(s)	**James Duncan, 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	
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	
Trust Leadership Team	
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	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	X

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

North East and North Cumbria Provider Collaborative Governance

Wednesday 3rd August 2022

1. Executive Summary

National policy required that by the 1st July 2022 all NHS acute and mental health trusts are working as a provider collaborative with a requirement that they:

- Are formally convened with a focus on collaborative working to deliver local and national requirements.
- Are established as a formal entity.
- Have in place appropriate engagement and collective decision-making structures.

The intention of the legislation is that this supports closer system working and that it provides a basis for formal agreement between the Provider Collaborative and the Integrated Care Board (ICB) on jointly determined objectives and ways of working to deliver against those objectives. Within NENC the 11 Foundation Trusts agreed to work together as a provider collaborative in September 2020. Since then, the Trusts have been developing working relationships, governance arrangements and determining areas for focus in the first instance.

2. Risks and mitigations associated with the report

The proposed formal work structure and governance for the North East and North Cumbria (NENC) Provider Collaborative, setting out how the 11 NHS Foundation Trusts (the Trusts) will operate, with the creation of a Provider Leadership Board (PLB), set out in the Ambition, Operating Model and Collaboration Agreement.

There are separate arrangements for other collaboratives, such as those specifically for specialised mental health, learning disability and autism services.

The collaboration operates as a collaboration, without powers of binding decisions or delegated decision making. It is intended as a forum to develop closer effective working relationships and enable joint working across a small number of key areas of common concern and system wide impact

3. Recommendation/Summary

Being part of the eleven NENC Provider Collaborative Trust Board are asked to:

- Note the progress made on the development of the NENC Provider Collaborative

- Note and formally approve the documents setting out the Collaboration Agreement, Operating Model and Ambition.

James Duncan
Chief Executive
August 2022

NHS
North East and North Cumbria
Provider Collaborative

North East and North Cumbria Provider Collaborative Governance

Update for NHS Foundation Trust Boards

July 2022

1. Purpose

This report summarises the proposed formal work structure and governance for the North East and North Cumbria (NENC) Provider Collaborative, setting out how the 11 NHS Foundation Trusts (the Trusts) will operate, with the creation of a Provider Leadership Board (PLB), set out in the Ambition, Operating Model and Collaboration Agreement. There are separate arrangements for other collaboratives, such as those specifically for specialised mental health, learning disability and autism services.

Trust Boards are asked to note progress and confirm agreement to the proposed governance arrangements.

2. Context

National policy required that by the 1st July 2022 all NHS acute and mental health trusts are working as a provider collaborative with a requirement that they:

- Are formally convened with a focus on collaborative working to deliver local and national requirements
- Are established as a formal entity
- Have in place appropriate engagement and collective decision-making structures.

The intention of the legislation is that this supports closer system working and that it provides a basis for formal agreement between the Provider Collaborative and the Integrated Care Board (ICB) on jointly determined objectives and ways of working to deliver against those objectives.

Within NENC the 11 Foundation Trusts agreed to work together as a provider collaborative in September 2020. Since then, the Trusts have been developing working relationships, governance arrangements and determining areas for focus in the first instance. Though this work, the Provider Collaborative determined that this joint work would underpinned by four key documents:

1. A formal memorandum of agreement to be made between the Trusts, setting out how the Provider Collaborative will work, the **"Collaboration Agreement"**

2. A document setting out the aspiration and ambition that Trusts have together, as a form of prospectus, particularly designed for partners and stakeholders, in **"Our Ambition"**
3. A work programme which will need to evolve over time, setting out priorities and the mechanisms for operational delivery such as capacity, workstreams and meeting structures, the **"Operating Model"**
4. A documented agreement between the Provider Collaborative and the ICB, setting out a shared view on priorities, work areas for the Provider Collaborative to take forward on behalf of the ICB, accountabilities and resourcing, the **"Responsibility Agreement"**.

Since Summer 2021, the 11 Trusts have worked together to develop their governance model and wider approach through a series of facilitated workshops and along with specialist support from the legal firm Hill Dickinson to draft a governance structure.

3. Collaboration Agreement

The Collaborative Agreement includes as signatories all 11 Trust members of the Provider Collaborative, setting out the following key provisions:

- the overarching purpose and aims of the Collaborative and the status of the collaborative agreement;
- the proposed term of the agreement and arrangements for its regular review and updating;
- the principles of collaboration agreed between the Trusts, acknowledging each Trust's statutory duties and contractual obligations and the requirement for / ability of the Trusts to participate in other collaborative arrangements;
- the work programmes that have been agreed at the outset to be taken forward by the Collaborative and the resources the Trusts have agreed to commit (including to fund the Collaborative infrastructure (e.g. PMO)) etc;
- the governance arrangements to take forward the work programmes including the Provider Leadership Board and any sub-groups, together with terms of reference;
- a development plan setting out the key areas and priorities the Collaborative has agreed to focus on in further developing its governance and overall approach over the next 12-24 months;
- the process for resolving disagreements between the Trusts;
- the parameters of information sharing between the Trusts and dealing with conflicts of interest; and
- the process for members to terminate the arrangements, or for withdrawal of an individual Trust member and the process for admitting new members to the Collaborative.

The Collaboration Agreement sets out the governance approach, with a key vehicle for Provider Collaborative decision-making being the establishment of a 'Provider Leadership Board' (PLB). The Provider Leadership Board representation will be the Chief Executives of each of the 11 Trusts and is established as the overarching body, overseeing and directing the jointly agreed programme of work. Under this approach individual Trust boards would retain final decision-making authority with

each board giving their respective chief executive (or nominated organisational representative) delegated authority to make decisions as appropriate. Decisions would be made on a consensus basis.

A number of alternative approaches were considered that would see more formal delegation to the Provider Collaborative, but were not felt to be appropriate at this point. For reference, the key alternatives considered were Committees in Common (CiC) and Joint Committee (which are now permissible under the Health Act). In these approaches, formal decision making is delegated to organisational representatives with decisions taken in the CiC or Joint Committee binding on constituent organisations. In the provider leadership approach, final decisions rest with the individual organisations and this works on the basis that the partners trust agree formally to work together but individual trust boards retain full decision making powers.

The provider leadership model was felt to be appropriate as:

- It built from the existing model and work to date
- Allowed for a formalised decision making without becoming overly bureaucratic
- Was a flexible solution that could adjust to wider system working requirements as they evolve and emerge
- Was not restrictive, in that it would allow for growth and development into approaches which allowed for greater delegated authority, should the Trusts wish to evolve in that way over time.

The Collaboration Agreement sets out that the chair of the Provider Leadership Board would be one of the chief executives with a 24 month term of office, with a potential extension of a further 24 month term of office. The PLB Chair would be one of the two Integrated Care Board FT members and the tenure is aligned accordingly. A vice-chair would also be appointed, with the intention that the vice-chair is the successor to the chair, and a new vice-chair appointed by the Provider Leadership Board members. In January 2022, Ken Bremner was appointed as the chair and Lyn Simpson as the vice-chair.

4. Our Ambition

Our Ambition is intended to be a document that is externally facing, summarising how the Provider Collaborative seeks to deliver system priorities and how it will link, interface and work with other partners and stakeholders.

This document describes who the Provider Collaborative is, its role and what it seeks to achieve and how it will facilitate horizontal collaboration between Trusts. It highlights that the focus is at system level and therefore will complement and support work at place-level and with nested collaboratives, such as on a sub-regional basis. It recognises that there will be different partnership and collaborations at different levels in this system.

The Provider Collaborative will be one of a number of partnerships that the ICB will work with and through to deliver its overall aims and objectives. The role of the Provider Collaborative will be evolve over time in line with ICB requirements.

5. Operating Model

The Operating Model is intended to be a document that will evolve over time, setting out the key priorities for the Provider Collaborative and the way in which these will be taken forward operationally, including people, meeting and governance structures. The work programmes are structured around three broad areas of clinical, clinical support and corporate programmes, which is consistent with other, well-established provider collaboratives from around the country. The document sets out that the Provider Collaborative will have its own programmes and priorities as well as those agreed with the ICB.

The Provider Collaborative has set out to have a programme management approach with a particular focus over the next we months on:

- Clinical programmes, including
    - Elective and system recovery, reducing long waits for patients and taking forward the programme of transformation
    - Urgent and emergency care, supporting colleagues in local systems with collaborative solutions to pressures
    - Strategic approach to clinical services, tackling vulnerable services collectively such as issues with non-surgical oncology, supporting and leading clinical networks, and developing a strong model of clinical leadership
- Clinical support programmes, not least the development of the NENC Provider Collaborative Aseptics Manufacturing Hub and continuing to focus on collaborative opportunities for pathology and diagnostics
- Corporate programmes, where there are opportunities to make improvement by working together, particularly in seeking to take a more consistent, convergent approach to decisions affecting workforce and estates, while recognising the different circumstances for each organisation.

Programme reporting will be directly to the Provider Leadership Board, through Chief Executives taking on a Senior Responsible Officer role, supported by a programme management structure overseen by the Managing Director. Initial pump-priming resource to support the development of the collaborative and programme management capacity has come from NECS.

6. Integrated Care Board Working Arrangements (Responsibility Agreement)

The Collaborative Agreement, Operating Model and Our Ambition documents have been shared with the Integrated Care Board (ICB) and formally supported by the ICB Executive Team, prior to seeking final approval by FT Boards. The Provider Collaborative and the ICB are aligned on the intended priorities, governance approach and ways of working set out in these documents. However, it has not yet been possible to formally reflect this into a Responsibility Agreement, given the ICB has only been established in July 2022.

It was determined that the Collaboration Agreement, Operating Model and Our Ambition documents should be shared with Trust Boards for support and approval, whilst the Responsibility Agreement is developed. The Responsibility Agreement will be shared with Trust Boards once concluded and will document clearly shared priorities, governance, escalation, accountability and resourcing.

7. Recommendation

The FT Boards of the eleven NENC Provider Collaborative members are asked to:

- Note the progress made on the development of the NENC Provider Collaborative
- Note and formally approve the documents setting out the Collaboration Agreement, Operating Model and Our Ambition

Matt Brown

Managing Director

North East and North Cumbria Provider Collaborative

8th July 2022

Enclosures

- **Enc. A: Collaborative Agreement (MoU)**
- **Enc. B: Operating Model**
- **Enc. C: Ambitions Document**

Enclosure A

8TH JULY 2022

1. **COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST**
2. **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**
3. **GATESHEAD HEALTH NHS FOUNDATION TRUST**
4. **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**
5. **NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TUST**
6. **NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST**
7. **NORTH TEES AND HARTLEPOOL HOSPITALS NHS FOUNDATION TRUST**
8. **NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST**
9. **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST**
10. **SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST**
11. **TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST**

COLLABORATION AGREEMENT

FOR THE NORTH EAST AND NORTH CUMBRIA PROVIDER COLLABORATIVE

No	Date	Version Number	Author
1	140322	1	Hill Dickinson (EV)
2	240322	2	Hill Dickinson (EV)
3	290422	3	PvCv (NS)
4	270622	4	PvCv (NS)
5	300622	5	PvCv (NS)
6	060722	6	PvCv (MB)

Contents

Overarching Note

This Collaboration Agreement is based on a memorandum of understanding approach to provide an overarching, non-legally binding, framework for collaboration between the Trust parties.

The Agreement sets out the current purpose, objectives, and initial priorities of the Collaborative. It also sets out its initial governance structure for the Trusts to come together to make aligned decisions in specific areas. The format of the Agreement is designed to work alongside existing services contracts held by the Trusts such as the NHS Standard Contract (the Services Contract), and does not affect or override any of the current Services Contracts in any way.

Some areas of the Agreement will need significant development around the nature and function of the Collaborative over time, as outlined in the Operating Model in Schedule 4. In particular, the Integrated Care Board (ICB) and Provider Collaborative have set out the need for a Responsibility Agreement, to define agreed areas of work, accountability, escalation and resourcing. This Responsibility Agreement will set out the part that the Provider Collaborative plays in the context of the wider system and will be developed throughout the Summer of 2022, following the formal establishment of the ICB.

The Integrated Care Board Executive team has supported the content of this Collaboration Agreement.

Date: **8th July 2022**

This **Collaboration Agreement** ("**Agreement"**) is made between:

1. **County Durham and Darlington NHS Foundation Trust** of Darlington Memorial Hospital Hollyhurst Road, Darlington, County Durham, DL3 6HX;

2. **Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust** of St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne NE3 3XT;

3. **Gateshead Health NHS Foundation Trust** of Queen Elizabeth Hospital, Sheriff Hill, Gateshead NE9 6SX;

4. **The Newcastle Upon Tyne Hospitals NHS Foundation Trust** of Freeman Hospital, Freeman Road, High Heaton, Newcastle upon Tyne, NE7 7DN;

5. **North Cumbria Integrated Care NHS Foundation Trust** of NCIC Trust HQ, Pillars Building, Cumberland Infirmary, Infirmary Street, Carlisle, CA2 7HY;

6. **North East Ambulance Service NHS Foundation Trust** of Bernicia House, Goldcrest Way Newburn Riverside, Newcastle upon Tyne, NE15 8NY;

7. **North Tees and Hartlepool Hospitals NHS Foundation Trust** of Hardwick Road, Hardwick, Stockton-on-Tees TS19 8PE;

8. **Northumbria Healthcare NHS Foundation Trust** of 7, Northumbria House, Cobalt Business Park, 8 Silver Fox Way, Newcastle upon Tyne NE27 0QJ;

9. **South Tees Hospitals NHS Foundation Trust** of The James Cook University Hospital, Marton Road, Middlesbrough, Cleveland, TS4 3BW;

10. **South Tyneside and Sunderland NHS Foundation Trust** of Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP;

11. **Tees, Esk and Wear Valleys NHS Foundation Trust** of Trust Headquarters, West Park Hospital, Edward Pease Way, Darlington, Durham, DL2 2TS,

together referred to in this Agreement as the "**Trusts**" and "**Trust**" shall be construed accordingly.

BACKGROUND

1. The white paper published by the Department of Health and Social Care in February 2021[1] (the "**White Paper**") builds on the NHS Long Term Plan vision of integrated care

[1] *Integration and Innovation: working together to improve health and social care for all* (Integration and Innovation:

and sets out the key components of a statutory integrated care system ("**ICS**"). One of these components is a provider collaborative, a partnership arrangement involving two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale. The Health and Care Bill 2021 implements proposals from the White Paper with effect from 1 July 2022, including new mechanisms to enable provider NHS trusts to make joint decisions.

2. Guidance[2] states that provider collaboratives should have a shared purpose and effective decision-making arrangements to:

   (a) reduce unwarranted variation and inequality in health outcomes, access to services and experience;

   (b) improve resilience by, for example, providing mutual aid; and

   (c) ensure that specialisation and consolidation occur where this will provide better outcomes and value.

3. The Trusts have been working together informally as a provider collaborative since 2020 (the "**Collaborative"**). With the NHS North East & North Cumbria Integrated Care Board ("**ICB**") established on 1 July 2022 pursuant to the Health & Care Bill, there is a need for the Collaborative to formalise its governance arrangements and ways of working to ensure it can be proactive in setting its relationship with the ICB, and other stakeholders, moving forward.

4. Aligned to the Collaborative's agreed purpose, the Trusts have agreed to undertake several initial programmes of work that they will pursue through the Collaborative governance (see Schedule 3). The Trusts have also agreed a plan for the further development of the Collaborative from the Commencement Date, as detailed in the Operating Model in Schedule 4.

5. This Agreement provides an overarching governance framework for the Trusts to work and make decisions together on matters within the remit of the Collaborative. The framework set out is intended to enable, and not prevent, smaller groups of Trusts to come together on specific programmes of work where it makes sense for them to do so.

6. While, through this Agreement, the Trusts are documenting their agreed governance arrangements for the Collaborative as at the Commencement Date, the governance

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working together to improve health and social care for all (publishing.service.gov.uk)

[2] *Working together at scale: guidance on provider collaboratives* (NHS England, August 2021)

model is likely to evolve over time as the Trusts develop their working relationships further and as the ICB's operating model develops. A Responsibility Agreement will be developed to define the relationship between the ICB and the Collaborative. New governance mechanisms will become available when the Health & Care Bill becomes law, including the ability for the Trusts to form joint committees with each other, and with the ICB. The Collaborative will also need to evolve to be capable of receiving, delivering and providing assurance to the ICB on the exercise of any ICB functions delegated to or commissioned from the Collaborative, alongside any existing programmes agreed by the Trusts. It is therefore anticipated that this Agreement will be reviewed and updated regularly by agreement of the Trusts.

OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.

1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:

1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);

1.2.2 a reference to a "**Trust**" includes its personal representatives, successors or permitted assigns;

1.2.3 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;

1.2.4 any phrase introduced by the terms "**including**", "**include**", "**in particular**" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms; and

1.2.5 a reference to writing or written includes faxes and e-mails.

2. PURPOSE AND EFFECT OF THE AGREEMENT

2.1 The Trusts have agreed to work together to form a single voice and act in concert to bring further improvements to care in their combined areas of operation. The Trusts

wish to record the basis on which they will collaborate with each other in this Agreement and intend to act in accordance with its terms.

2.2 This Agreement sets out:

2.2.1 the agreed purpose, strategic objectives and principles of the Collaborative;

2.2.2 the initial Key Delivery Priorities for the Collaborative;

2.2.3 the governance structures the Trusts will put in place;

2.2.4 the programme management arrangements for the Collaborative;

2.2.5 the respective roles and responsibilities of the Trusts; and

2.2.6 a plan for the further development of the Collaborative for 2022/23, which the Trusts will work together to implement through this Agreement.

2.3 The Trusts agree that, notwithstanding the good faith consideration that each Trust has afforded the terms set out in this Agreement, this Agreement shall not be legally binding. The Trusts enter into this Agreement intending to honour all their obligations to each other.

3. ACTIONS TAKEN PRIOR TO AND POST THE COMMENCEMENT DATE

3.1 Each of the Trusts acknowledges and confirms that as at the date of this Agreement it has obtained all necessary authorisations to enter into this Agreement.

4. DURATION

4.1 This Agreement shall commence on the Commencement Date and will continue for the Initial Term, unless and until terminated in accordance with its terms.

4.2 On the expiry of the Initial Term this Agreement will expire automatically without notice unless, no later than 6 months before the end of the Initial Term, the Trusts agree in writing that the term of the Agreement will be extended for a further term to be agreed between the Trusts ("**Extended Term**").

4.3 The Trusts will review progress made by the Collaborative against the Key Delivery Priorities and the terms of this Agreement no later than 12 months following the Commencement Date and at such intervals thereafter as the Trusts may agree, but at least annually. The Trusts may agree to vary the Agreement to reflect developments as appropriate in accordance with Clause 16 (*Variations*).

5. THE COLLABORATIVE PURPOSE, OBJECTIVES AND PRIORITIES

5.1 The Trusts have agreed that the common purpose for the Collaborative is to bring together the Trusts in order to:

5.1.1 improve the health and wellbeing of the North East and North Cumbria population, with particular focus on improving health inequalities that exist within the region;

5.1.2 optimise the delivery, quality and efficiency of local health and care services provided by the Trusts; and

5.1.3 support the Trusts by taking the necessary collaborative, or where possible, collective, action, including mutual aid and support,

the "**Collaborative Purpose**".

5.2 The Trusts have agreed to work together to perform their obligations under this Agreement in order to achieve the Collaborative Purpose, and more specifically, have agreed the following objectives for the Collaborative:

5.2.1 development of a strategic approach to clinical services focusing on vulnerable services and a strategic response to clinical networks and associated cross system working arrangements;

5.2.2 delivery of elective recovery (covering inpatient, diagnostics and cancer) to meet or exceed national benchmarks, standards and targets;

5.2.3 delivery of urgent care standards and requirements across providers and local systems to reduce variation and improve consistency of response;

5.2.4 building capacity and capability in clinical support services to achieve appropriate infrastructure in place to deliver strategy clinical aims; and

5.2.5 establishing and delivering appropriate corporate strategies to enhance integration and tackle variation including approaches to collective planning, rationalised and aligned estates / capital processes and development of underpinning approaches to workforce,

(the "**Objectives**").

5.3 The Trusts have agreed a number of Key Delivery Priorities for 2022/23 in pursuit of the Objectives, as set out in Schedule 3. The Trusts will agree any changes to the Key Delivery Priorities during the NHS financial year 2022/23 if required, and will review and refresh the Key Delivery Priorities in any event in advance of each new NHS financial year.

5.4 Each programme of work within a Key Delivery Priority will be sponsored by a Trust Chief Executive as Senior Responsible Owner ("**SRO**"). SRO roles will be distributed across the Trust Chief Executives. Each SRO will be responsible to the Provider Leadership Board for the planning and delivery of their work programme and will be supported by the Programme Management Office.

5.5 The Trusts acknowledge and confirm that the success of the Collaborative will depend on the Trusts' ability to effectively co-ordinate and combine their expertise, workforce, and resources as providers in order to deliver the Key Delivery Priorities and achieve the Objectives.

5.6 Each Trust acknowledges that in order to achieve the Collaborative Purpose, it will need to collaborate with the other Trusts to provide mutual aid and solve challenges in line with the Collaborative Principles. Where practicable, the Trusts will work together to agree a joint plan for tackling such challenges which will also set out the agreed roles and responsibilities of each Trust.

5.7 The work of the Collaborative will be in the context of the Integrated Care System, in close partnership with the ICB, and will conducted in line with statutory and legislative requirements, such as the guidance on service change in the NHS[3].

6. THE COLLABORATIVE PRINCIPLES

6.1 The aim of this Clause 6 is to identify the high level collaborative principles which underpin how the Trusts will work together for the delivery of the Objectives and Key Delivery Priorities under this Agreement and to set out key factors for the success of the Collaborative.

6.2 The principles referred to in Clause 5.1 are that the Trusts will work together in good faith and, unless the provisions in their individual Services Contract(s) or this Agreement state otherwise, through the Collaborative the Trusts will:

6.2.1 look to provide mutual aid and support to each other in pursuit of the Collaborative Purpose and Objectives;

6.2.2 make collective decisions that speed up service changes and transformation, whilst ensuring that these are discussed with system partners, as relevant; and compliant with statutory and legislative requirements

[3] *Planning, assuring and delivering service change for patients* (NHS England, amended May 2022)

6.2.3 challenge and hold each other to account through agreed systems, processes and ways of working;

6.2.4 act collaboratively and in good faith with each other in accordance with Guidance, the Law and Good Practice to achieve national priorities and the Objectives having at all times regard to the welfare of the population of the North East and North Cumbria;

6.2.5 actively promote a culture that facilitates integrated working and empowers staff to work collaboratively with other Trust staff to deliver better outcomes for the population of the North East and North Cumbria;

6.2.6 ensure strong clinical leadership is built into the Collaborative governance and work programmes;

6.2.7 engage with and involve the population and wider stakeholders in the ICB area in relation to the work of the Collaborative, primarily through each Trust's membership of place-based partnerships within the ICB area;

6.2.8 support each other (informally and publicly) in taking decisions in the best interests of the North East and North Cumbria population;

6.2.9 take responsibility for and manage the risks in delivering the Key Delivery Priorities together as a Collaborative;

6.2.10 promote and develop a co-operative and high performing culture, and way of working across the Collaborative:

(i) that promotes and drives co-operation, innovation and continuous improvement;

(ii) where information is shared;

(iii) where communication is honest and respectful; and

(iv) which is founded upon ethical and responsible behaviour and decision making,

without losing sight of each Trust's corporate and statutory accountability;

together these are the "**Collaborative Principles**".

7. PROBLEM RESOLUTION AND ESCALATION

7.1 The Trusts agree to adopt a systematic approach to problem resolution between them on matters which relate to the Collaborative which recognises the Collaborative Principles, the Objectives and Key Delivery Priorities (set out in Clauses 5 and 6).

7.2 If a problem, issue, concern or complaint comes to the attention of a Trust in relation to the Key Delivery Priorities or any matter within the scope of this Agreement, such Trust shall notify the other Trusts and the Trusts each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion between the relevant affected Trusts.

7.3 Save as otherwise specifically provided for in this Agreement, any dispute arising between the Trusts out of or in connection with this Agreement will be resolved in accordance with Schedule 5 (*Dispute Resolution*).

7.4 If any Trust receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier) in relation to the Key Delivery Priorities or other work of the Collaborative, the Trust will liaise with the Provider Leadership Board as to the contents of any response before a response is issued.

8. OBLIGATIONS AND ROLES OF THE TRUSTS

8.1 Each Trust acknowledges and confirms that:

8.1.1 it remains responsible for performing its obligations and functions for delivery of services to the Commissioners in accordance with its Services Contract(s);

8.1.2 it will be separately and solely liable to the Commissioners for the provision of services under its own Services Contract; and

8.1.3 the intention of the Trusts is to work together with each other, and with the Commissioners, to achieve better use of resources and better outcomes for the population of the North East and North Cumbria initially in respect of the Key Delivery Priorities and to create a collaborative culture in, and between, their organisations.

8.2 Each Trust undertakes to co-operate in good faith with the others to facilitate the proper performance of this Agreement and in particular will:

8.2.1 use all reasonable endeavours to avoid unnecessary disputes and claims against any other Trust;

8.2.2 not interfere with the rights of any other Trust and its servants, agents, representatives, contractors or sub-contractors (of any tier) on its behalf in

performing its obligations under this Agreement nor in any other way hinder or prevent such other Trust or its servants, agents, representatives, or sub-contractors (of any tier) on its behalf from performing those obligations; and

8.2.3 (subject to Clause 8.3) assist the other Trusts (and their servants, agents, representatives, or sub-contractors (of any tier)) in performing those obligations so far as is reasonably practicable.

8.3 Nothing in Clause 8.2 shall:

8.3.1 interfere with the right of each of the Trusts to arrange its affairs in whatever manner it considers fit in order to perform its obligations under this Agreement in the manner in which it considers to be the most effective and efficient; or

8.3.2 oblige any Trust to incur any additional cost or expense or suffer any loss in excess of that required by its proper performance of its obligations under this Agreement.

8.4 Each of the Trusts severally undertakes that it shall:

8.4.1 subject to the provisions of this Agreement, comply with all Laws applicable to it which relate to the Key Delivery Priorities; and

8.4.2 inform the Provider Leadership Board as soon as reasonably practicable if at any time it becomes unable to meet any of its obligations and in such case inform, and keep the Provider Leadership Board informed, of any course of action to remedy the situation recommended or required by NHS England, the Secretary of State for Health and Social Care or other competent authority,

provided that, to avoid doubt, nothing in this Clause shall in any way fetter the discretion of the Trusts in fulfilling their statutory functions.

8.5 The Trusts have not agreed to share risk or reward between them under this Agreement and any future introduction of such provisions will require additional legally binding provisions to be agreed between the relevant Trusts.

9. COLLABORATIVE PROGRAMME MANAGEMENT RESOURCE

9.1 The Trusts have agreed that the Collaborative will be supported by a programme management office ("**PMO**"). The PMO will support each SRO in respect of the work programmes and Key Delivery Priorities. The initial PMO structure is set out in Schedule 4 (*Operating Model*).

9.2 For the financial year 2022/23, PMO costs will be met through a financial contribution to the Collaborative from the NHS North East Commissioning Support Unit. The Trusts acknowledge that the funding of the PMO and any other proposed supporting infrastructure for the Collaborative for NHS financial year 2023/24 and beyond will need to be discussed and agreed by the Trusts and may comprise or include financial or other resource contributions from the Trust members of the Collaborative.

10. REPORTING REQUIREMENTS

10.1 Each of the Trusts will during the Term:

10.1.1 promptly provide to the PMO or to any other Trust involved in the delivery of the Key Delivery Priorities, such information about their work in respect of such Key Delivery Priorities and such co-operation and access as the PMO or other Trust may reasonably require from time to time in line with the Collaborative Principles, provided that if the provision of such information, co-operation or access amounts to a change to this Agreement then it will need to be proposed as such to the Provider Leadership Board and the variation procedure set out in Clause 16 will apply; and

10.1.2 identify and obtain all consents necessary for the fulfilment of its obligations in respect of the Key Delivery Priorities,

limited in each case to the extent that such action does not cause a Trust to be in breach of any Law, its obligations under Clause 12 (*Information Sharing and Conflicts of Interest*) Clause 17 (*Confidentiality*) or any legally binding confidentiality obligations owed to a third party.

11. GOVERNANCE

11.1 The Trusts all agree to establish the Provider Leadership Board ("**PLB**"). For the avoidance of doubt the PLB shall not be a committee of any Trust or any combination of Trusts.

11.2 The PLB is the group responsible for leading and overseeing the Trusts' collaborative approach to the Key Delivery Priorities and working in accordance with the Collaborative Principles. The PLB may establish supporting and/or task and finish groups to take forward programmes in respect of the Key Delivery Priorities as appropriate, ensuring a strong clinical voice and involving input from a range of functions across the Trusts. The PLB will have other responsibilities as defined in its terms of reference set out in Schedule 2 (Provider Leadership Board – Terms of Reference).

11.3 The PLB will invite the Chairs of each Trust's board to a meeting of the PLB at 6 monthly intervals in order to brief the Chairs on the Collaborative's work and progress against the Objectives and Key Delivery Priorities.

11.4 The Trusts will communicate with each other clearly, directly and in a timely manner to ensure that the members of the PLB are able to make effective and timely decisions.

11.5 The Trusts will ensure appropriate attendance from their respective organisations at all meetings of the PLB and that their representatives act in accordance with the Collaborative Principles.

11.6 The Trusts acknowledge that they each participate in other collaborative arrangements outside of the Collaborative, including with other providers on a sector basis, and at place level. The Trusts will work together to ensure that the governance arrangements under this Agreement are streamlined and do not unnecessarily duplicate decision-making arrangements in other collaboratives.

12. INFORMATION SHARING AND CONFLICTS OF INTEREST

12.1 The Trusts will provide to each other all information that is reasonably required in order to deliver the Key Delivery Priorities and achieve the Objectives.

12.2 The Trusts have obligations to comply with competition law. The Trusts will therefore make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with competition law and, accordingly, the PLB will ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:

12.2.1 it is essential;

12.2.2 it is not exchanged more widely than necessary;

12.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of the Agreement; and

12.2.4 it may not be used other than to achieve the Collaborative Purpose and Objectives under this Agreement in accordance with the Collaborative Principles.

12.3 The Trusts acknowledge that it is for each Trust to decide whether information is Competition Sensitive Information but recognise that it is normally considered to include any internal commercial information which, if it is shared between Trusts who are

providers, would allow them to forecast or co-ordinate commercial strategy or behaviour in any market.

12.4 The Trusts will make sure the PLB establishes appropriate non-disclosure or confidentiality agreements between and within the Trusts so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Trusts who need to see it for the purposes of the better delivery of the Key Delivery Priorities and Objectives and for no other purpose whatsoever so that they do not breach competition law.

12.5 It is accepted that the involvement of the Trusts in this Agreement may give rise to situations where information will be generated and made available to the Trusts, which could give them an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Trust with a commercial advantage over a separate Trust). The Trusts therefore recognise the need to manage the information referred to in this Clause 12.5 in a way which maximises their opportunity to take part in competitions operated by the Commissioners by putting in place appropriate procedures, such as appropriate non-disclosure or confidentiality agreements in advance of the disclosure of information.

12.6 Where there are any Patient Safety Incidents or Information Governance Breaches relating to the Key Delivery Priorities, for example, the Trusts shall ensure that they each comply with their individual Services Contract and work collectively and share all relevant information for the purposes of any investigations and/or remedial plans to be put in place, as well as for the purposes of learning lessons in order to avoid such Patient Safety Incident or Information Governance Breach in the future.

12.7 The Trusts will:

12.7.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the delivery of the Key Delivery Priorities, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Trust or any person employed or retained by them for or in connection with the delivery of the Key Delivery Priorities or Objectives;

12.7.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Trusts) before they participate in any decision in respect of that matter; and

12.7.3 use best endeavours to ensure that their representatives on the PLB and other Collaborative governance groups also comply with the requirements of this Clause 12 when acting in connection with this Agreement.

12.8 The Trusts shall comply with their obligations under the Data Protection Legislation.

13. TERMINATION, EXCLUSION AND WITHDRAWAL

13.1 The PLB may resolve to terminate this Agreement in whole where:

13.1.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure;

13.1.2 automatically and immediately where there exists just one Trust that remains party to this Agreement; or

13.1.3 where the Trusts agree for this Agreement to be replaced by a formal legally binding agreement between them.

Exclusion

13.2 A Trust may be excluded from this Agreement on written notice from all of the remaining Trusts in the event of a material or a persistent breach of the terms of this Agreement by the relevant Trust which has not been rectified within 30 calendar days of notification issued by the remaining Trusts or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Trust.

Voluntary withdrawal of a Trust

13.3 Any Trust may withdraw from this Agreement by giving at least 60 calendar days' notice in writing to the other Trusts.

Consequences of termination / exclusion / withdrawal

13.4 Where a Trust is excluded from this Agreement, or withdraws from it, the excluded Trust shall procure that all data and other material belonging to any other Trust shall be delivered back to the relevant Trust, deleted or destroyed as soon as reasonably practicable and confirm to the remaining Trusts when this has been completed.

14. INTRODUCING NEW PROVIDERS

14.1 Additional providers may become parties to this Agreement on such terms as the Trusts will jointly agree, acting at all times in accordance with the Collaborative

Principles. Any new provider will be required to agree to the terms of this Agreement before admission.

15. CHARGES AND LIABILITIES

15.1 Except as otherwise provided, the Trusts shall each bear their own costs and expenses incurred in complying with their obligations under this Agreement, including in respect of any losses or liabilities incurred due to their own or their employees' actions.

15.2 Except as otherwise provided, no Trust intends that any other Trust shall be liable for any loss it suffers as a result of this Agreement.

16. VARIATIONS

16.1 The provisions of this Agreement may be varied at any time by a Notice of Variation signed by the Trusts in accordance with this Clause 16.

16.2 If a Trust wishes to propose a variation to this Agreement ("**Variation**"), that Trust must submit a draft notice setting out their proposals in accordance with Clause 16.3 (a "**Notice of Variation**") to the other Trusts and the Chair of the PLB to be considered at the next meeting (or when otherwise determined by the Trusts) of the PLB.

16.3 A draft Notice of Variation must set out:

16.3.1 the Variation proposed and details of the consequential amendments to be made to the provisions of this Agreement;

16.3.2 the date on which the Variation is proposed to take effect;

16.3.3 the impact of the Variation on the achievement of the Key Delivery Priorities and Objectives; and

16.3.4 any impact of the Variation on any Services Contracts.

16.4 The PLB will consider the draft Notice of Variation and either:

16.4.1 accept the draft Notice of Variation (all Trusts consenting), in which case all Trusts will sign the Notice of Variation;

16.4.2 amend the draft Notice of Variation, such that it is agreeable to all Trusts, in which case all Trusts will sign the amended Notice of Variation; or

16.4.3 not accept the draft Notice of Variation, in which case the minutes of the relevant PLB shall set out the grounds for non-acceptance.

16.5 Any Notice of Variation of this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Trusts.

17. CONFIDENTIAL INFORMATION

17.1 Each Trust shall keep in strict confidence all Confidential Information it receives from another Trust except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Trust. Each Trust shall use any Confidential Information received from another Trust solely for the purpose of delivering the Key Delivery Priorities and complying with its obligations under this Agreement in accordance with the Collaborative Principles and for no other purpose. No Trust shall use any Confidential Information received under this Agreement for any other purpose including use for their own commercial gain in services outside of the Key Delivery Priorities or to inform any competitive bid for any elements of the Key Delivery Priorities without the express written permission of the disclosing Trust.

17.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Trust or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Trust may have in respect of such Confidential Information.

17.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 17 (*Confidential Information*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.

17.4 Nothing in this Clause 17 (*Confidential Information*) will affect any of the Trusts' regulatory or statutory obligations, including but not limited to competition law.

18. INTELLECTUAL PROPERTY

18.1 In order to meet the Collaborative Purpose and Objectives each Trust grants to each of the other Trusts a fully paid up non-exclusive licence to use its existing Intellectual Property provided under this Agreement insofar as is reasonably required for the sole purpose of the fulfilment of that Trusts' respective obligations under this Agreement.

New Intellectual Property

18.2 If any Trust creates any new Intellectual Property through the operation of the Collaborative, the Trust which creates the new Intellectual Property will grant to the other Trusts a fully paid up non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Trusts' obligations under this Agreement.

19. FREEDOM OF INFORMATION

19.1 If any Trust receives a request for information relating to this Agreement or the Integrated Services under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, it shall consult with the other Trusts before responding to such request and, in particular, shall have due regard to any claim by any other Trust to this Agreement that the exemptions relating to commercial confidence and/or confidentiality apply to the information sought.

20. NOTICES

20.1 Any notice or other communication given to a Trust under or in connection with this Agreement shall be in writing addressed to that Trust at its principal place of business or such other address as that Trust may have specified to the other Trust in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.

20.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 20.1; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or, if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.

21. NO PARTNERSHIP

21.1 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Trusts, constitute any Trust the agent of another Trust, nor authorise any Trust to make or enter into any commitments for or on behalf of any other Trust except as expressly provided in this Agreement.

22. COUNTERPARTS

22.1 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Trust has executed at least one counterpart.

23. GOVERNING LAW AND JURISDICTION

23.1 This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and, subject to Clause 6, the Trusts irrevocably submit to the exclusive jurisdiction of the courts of England.

Signed by .....

for and on behalf of **COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST** [ ]

Signed by .....

for and on behalf of **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST** [ ]

Signed by .....

for and on behalf of **GATESHEAD HEALTH NHS FOUNDATION TRUST** [ ]

Signed by .....

for and on behalf of **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST** [ ]

Signed by	.....
for and on behalf of **NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST**	[ ]
Signed by	.....
for and on behalf of **NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST**	[ ]
Signed by	.....
for and on behalf of **NORTH TEES AND HARTLEPOOL HOSPITALS NHS FOUNDATION TRUST**	[ ]
Signed by	.....
for and on behalf of **NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST**	[ ]
Signed by	.....
for and on behalf of **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST**	[ ]

Signed by for and on behalf of **SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST**	..... [ ]
Signed by for and on behalf **TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST**	..... [ ]

SCHEDULE 1

Definitions and Interpretation

1 The following words and phrases have the following meanings in this Agreement:

Agreement	this collaboration agreement incorporating the Schedules
Collaborative	the provider collaborative formed by the Trusts and as detailed pursuant to this Agreement
Collaborative Principles	the collaborative principles for the Collaborative as set out in Clause 6.2
Collaborative Purpose	the common purpose for the Collaborative as set out in Clause 5.1
Commencement Date	1 April 2022
Commissioners	Pre 1 July 2022: Clinical commissioning groups in the North East and North Cumbria ICS area Post 1 July 2022: the ICB
Competition Sensitive Information	Confidential Information which is owned, produced and marked as Competition Sensitive Information by one of the Trusts and which that Trust properly considers is of such a nature that it cannot be exchanged with the other Trusts without a breach or potential breach of competition law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Trust, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions

Confidential Information	all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information;
Data Protection Legislation	all applicable Laws relating to data protection and privacy including without limitation the UK GDPR; the Data Protection Act 2018; the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426); the common law duty of confidentiality and the guidance and codes of practice issued by the Information Commissioner, relevant Government department or regulatory in relation to such applicable Laws
Dispute	any dispute arising between two or more of the Trusts in connection with this Agreement or their respective rights and obligations under it
Dispute Resolution Procedure	the procedure set out in Schedule 5 (*Dispute Resolution Procedure*) to this Agreement
Extended Term	has the meaning set out in Clause 4.2
Good Practice	has the meaning set out in the Services Contracts
Guidance	any applicable health or social care guidance, guidelines, direction or determination, framework, code of practice, standard or requirement to which the Trusts have a duty to have regard (and whether specifically mentioned in this Agreement or not), to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Trust by a Commissioner and/or any relevant regulatory body
ICB	NHS North East and North Cumbria Integrated Care Board, expected to be established on 1 July 2022
IG Guidance for Serious Incidents	NHS Digital's Checklist Guidance for Information Governance Serious Incidents Requiring Investigation June 2013,

	available at Data Security and Protection Toolkit - NHS Digital
Information Governance Breach	an information governance serious incident requiring investigation, as defined in the IG Guidance for Serious Incidents
Initial Term	3 years from the Commencement Date
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world
Key Delivery Priorities	the priorities of the Collaborative, the initial priorities being those set out in Schedule 3, as may be amended from time to time by a Notice of Variation
Law	(a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; (b) any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; (c) any applicable judgment of a relevant court of law which is a binding precedent in England; (d) Guidance; and (e) any applicable code in each case in force in England and Wales, and "Laws" shall be construed accordingly

NHS Standard Contract	the NHS Standard Contract as published by NHS England from time to time
Notice of Variation	has the meaning set out in Clause 16.2
Objectives	the objectives for the Collaborative as set out in Clause 5.2, as may be amended from time to time
Operational Days	a day other than a Saturday, Sunday or bank holiday in England
Patient Safety Incident	any unintended or unexpected incident that occurs in respect of a Service User, during and as a result of the provision of the Services, that could have led, or did lead to, harm to that Service User
Programme Management Office or PMO	the programme management office for the Collaborative, as further described in Clause 9.1 and Schedule 4 (*Operating Model*)
Operating Model	Document that describes how the Collaborative will work summarised in in Schedule 4 (*Operating Model*)
Provider Leadership Board or PLB	the group established by the Trusts pursuant to Clause 11.1, the terms of reference for which are set out in Schedule 2 (*Governance*)
Senior Responsible Owner or SRO	a Trust Chief Executive responsible for the planning and delivery of a work programme pursuant to a Key Delivery Priority
Services	the services provided, or to be provided, by a Trust to a Commissioner pursuant to its respective Services Contract which may include services which are the subject of one or more Key Delivery Priorities for the Collaborative
Services Contract	a contract entered into by one of the Commissioners and a Trust for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires
Service User	a patient or service user for whom a Commissioner has

	statutory responsibility and who receives Services under any Services Contract
Term	the Initial Term of this Agreement plus any Extended Term(s) agreed in accordance with the terms of this Agreement
UK GDPR	has the meaning given to it in section 3(1) (as supplemented by section 205(4) of the Data Protection Act 2018
Variation	a proposed variation to this Agreement, effected in accordance with Clause 16
White Paper	has the meaning set out in Background paragraph 1.

SCHEDULE 2

Governance

Terms of Reference for the Provider Leadership Board

NORTH EAST AND NORTH CUMBRIA PROVIDER COLLABORATIVE PROVIDER LEADERSHIP BOARD Terms of Reference	
Version	**1.0**
Implementation Date	**1 April 2022**
Review Date	**1 April 2023**
Approved By	**Trust boards**
Approval Date	**8 July 2022**

REVISIONS			
Date	**Section**	**Reason for Change**	**Approved By**

1.	Purpose	The purpose of the Provider Leadership Board ("PLB") is to provide strategic leadership of the North East and North Cumbria Provider Collaborative (the "Collaborative") in setting its strategic direction and

		priorities. The PLB will oversee the delivery of the Collaborative Purpose, Objectives and Key Delivery Priorities (as set out in the Agreement and Operating Model).
2.	Status and authority	The PLB is established by the Trusts, each of which remains a sovereign organisation, to provide a governance framework for the further development of collaborative working between the Trusts in line with the Collaborative Principles. The PLB is not a separate legal entity, and as such is unable to take decisions separately from the Trusts, or bind any one of them; nor can one Trust 'overrule' any other on any matter. As a result, the PLB will operate as a place for discussion of issues with the aim of reaching consensus between the Trusts to make recommendations and proposals to statutory Trust boards as necessary. The PLB will function through engagement and discussion between its members so that each of the Trusts makes a decision in respect of, and expresses its views about, each matter considered by the PLB. The decisions of the PLB will, therefore, be the decisions of the individual Trusts, the mechanism for which shall be authority delegated by the individual Trusts to their members on the PLB. Each Trust will ensure that their designated member: - is appointed to attend and represent their Trust on the PLB with such authority as is agreed to be necessary for the PLB to function effectively in discharging its responsibilities as set out in these terms of reference which is to the extent necessary, recognised in the relevant Trust's respective scheme of delegation - has equivalent delegated authority to the designated representatives of all other Trusts comprising the PLB (as confirmed in writing and agreed between the Trusts); and - understands the status of the PLB and the limits of their responsibilities and authority.
3.	Accountability	The PLB is accountable to each of the boards of the Trusts.
4.	Responsibilities	The PLB is responsible for leading the Trusts' collaborative approach to the Collaborative Objectives and Key Delivery Priorities working in

		accordance with the Collaborative Principles, in line with the terms of the Agreement. The PLB members will make decisions together at PLB meetings in respect of the Key Delivery Priorities, including in relation to recommendations from supporting/working groups as may be established by the PLB from time to time. The PLB will also be responsible for developing the Trusts' collaborative approach across the North East and North Cumbria and beyond the initial Key Delivery Priorities. When making decisions together at PLB meetings, the PLB members will act in line with the Collaborative Principles and their respective obligations under the Agreement. The PLB may establish working groups and/or task and finish groups to support its agreed functions.
5.	Membership and attendance	The PLB will include the following members: - The Chief Executive or nominated deputy from each Trust signatory to the Agreement as notified to the PLB from time to time. It is important that members or their deputies commit to attending PLB meetings. Where a member cannot attend a meeting, the member may nominate a named deputy to attend, provided that the member gives reasonable notice of the deputy attending to the chair. Deputies must be able to contribute and make decisions on behalf of the Trust they are representing. The PLB may invite others to attend, observe and/or participate in PLB meetings, as agreed by the members from time to time. Such attendees shall not participate in decision-making or count towards the quorum.
6.	Quorum	The PLB will be quorate if eight (8) of the Trust members of the PLB, one of whom is the chair, are present.
7.	Chairing arrangements	Meetings of the PLB will be chaired by a member, initially selected by a vote of attending members at the first meeting of the PLB and thereafter on an agreed schedule where the chair is rotated to each member in turn with each carrying out the role for a twenty four (24) month period, with a potential extension for a further twenty four

		months (to align with ICB representative requirements). The successor chair in line with the agreed schedule will be the vice-chair for the preceding twenty four (24)month period to their appointment as chair.
8.	Decision making	The PLB will aim to achieve consensus wherever possible. Each member of the PLB will be representing their appointing Trust and will only make decisions at the PLB in respect of their own Trust in accordance with any delegated authority. Not all decisions within the remit of the PLB will affect all of the Trusts. Where this is the case, and the members of the PLB agree which of the Trusts are affected by a decision, then the relevant decision will be taken by the members of the affected Trusts, with the aim of achieving consensus.
9.	Conduct of business	Meetings of the PLB will be held monthly or such other frequency as may be agreed between the Trusts. Meetings may be held by telephone or video conference. Members of the PLB may participate (and count towards quorum) in a face-to-face meeting via telephone or video-conference. Any member may call extraordinary meetings of the PLB at their discretion subject to providing at least five working days' notice to PLB members. Circulation of the meeting agenda and papers via email will take place at least five working days prior to the meeting from the Chair. In the event members wish to add an item to the agenda they must notify the Chair. Requests made less than 7 working days before a meeting may be included on the agenda at the discretion of the Chair. The PLB will have administrative support from the Programme Management Office of the Collaborative to: - take minutes of the meetings and keep a record of matters arising and issues to be carried forward; and - maintain a register of interests of PLB members. Draft minutes of PLB meetings will be sent to the Trust's representative members within 14 days of each meeting. Approval of the minutes of the previous meeting of the PLB will be a standing

		item on each meeting agenda. It will be the members' responsibility to disseminate minutes and notes from the PLB inside their respective Trusts.
10.	Conflicts of interest	The members of the PLB must refrain from actions that are likely to create any actual or perceived conflicts of interests. PLB members must disclose all actual, potential or perceived conflicts of interest to the Chair in advance of each meeting to enable appropriate management arrangements to be put in place and ensure that such conflicts are managed in adherence with their organisation's conflict of interest policies and statutory duties. All members are required to uphold the Nolan Principles and all other relevant NHS requirements applicable to them. If there is any conflict between these terms of reference and the Agreement, the latter will prevail.
11.	Review	These terms of reference will be reviewed on an annual basis.

SCHEDULE 3

Key Delivery Priorities for 2022/23

The Trusts have identified the initial Key Delivery Priorities for the Collaborative (as may be agreed and amended from time to time) below.

The inclusion of any additional Key Delivery Priorities under this Schedule may only be made with the mutual written consent of all the Trusts.

NENC PvCv will:

- Optimise the resource available for healthcare (by collectively organising, managing and deploying workforce where appropriate, utilising the full NHS estate to best effect, sharing risk and gains financially to deliver an overall balanced position etc)
- Standardise pathways and interventions to reduce unwarranted clinical variation, thereby achieving improved outcomes for patients and more efficient use of the capacity available
- Leverage the assets within the PC that Trusts offer to attract inward investment (e.g. AHSC, Centre for Ageing, BRC, TREE, innovation appetite and opportunity) but this needs to be part of a coherent approach playing to the academic strengths of the member Trusts
- Facilitate data sharing to enable the NHS and care resource to be targeted more closely to need; to reduce inequalities and improve the equity of patient outcomes across the ICS and to enable prediction and prevention of health and care demand.
- Support member Trusts individually in their role as anchor institutions with the PvCV acting as a bridge aid economic recovery and the prevention agenda (through providing employment opportunities, local procurement and commitment to overall NE achievement of carbon net zero)

Given this overarching approach the PvCv will operate across four strategic objectives (underpinning work for 2022-25):

<u>Clinical Programmes</u>

1. Development of strategic approach to clinical services focusing on vulnerable services and a strategic response to clinical networks and associated cross system working arrangements

2. Delivery of elective recovery (covering inpatient, diagnostics and cancer) to meet or exceed national benchmarks, standards and targets

3. Delivery urgent care standards and requirements across providers and local systems to reduce variation and improve consistency of response

<u>Clinical Support Programmes</u>

4. Building capacity and capability in clinical support services to achieve appropriate infrastructure in place to delivery strategic clinical aims

<u>Corporate Programmes</u>

5. Establish and deliver appropriate corporate strategies to enhance integration and tackle variation including approaches to collective planning, rationalised and aligned estates/capital process and development of underpinning approaches in workforce.

Provider Collaborative Development

6. To continue to build capacity and capability within and across the PvCv to meet ongoing requirements.

NENC Key Delivery Priorities for 2022/23

Key delivery priority	How will we deliver it?	Q in which it will be achieved?	How will we know it has been achieved?	Current Delivery Mechanism
Clinical Programmes				
Strategic Objective 1				
1. Strategic Approach to Clinical Services *Development of strategic approach to clinical services focusing on vulnerable services and a strategic response to clinical networks and associated cross system working arrangements*	Working with ICB to develop overarching clinical strategy/approach in line with system priorities. Focus action on agreed risk/vulnerable areas (e.g. Clinical Oncology)	Tbc	Overarching clinical aligned clinical strategy in place. Agreed action delivered for identified areas: non-surgical medical oncology revised arrangements in place with evaluation complete by q4 22/23 with view to sustainable system approach for 23/24	Range of groups support clinical strategy with ICS/B focus through Optimising Health group. Specific mechanisms targeted for work include Cancer Alliance. Clinical Networks range of responsibility/accountability arrangements linked to commissioning.
Strategic Objective 2				
2. Elective recovery *Delivery of elective recovery (covering inpatient, diagnostics and cancer) to meet or exceed national benchmarks, standards and targets*	Working through established COOs and associated mechanism formally brought under PvCv (with ICB agreement). Elective Board established	In line with national milestones	Performance in line (or exceeding) national milestones Development of elective centres, management of waiting list and associated innovations	SRO leadership from PvCv. Elective Board reporting to ICB established with operational delivery through PvCv COOs group. Requirement to establish mechanism for longer term transformation. (Note linkages to wider system groups e.g. 'Waiting Well'.
Strategic Objective 3				
3. Urgent Care *Delivery urgent care standards and requirements across providers and local systems*	Working through established locality and system groups PvCv will take overview through SRO putting in place action at system levels as necessary	In line with national milestones	Performance in line (or exceeding) national milestones	SRO lead from PvCv Established locality structure feeding through to ICP and system level group

Key delivery priority	How will we deliver it?	Q in which it will be achieved?	How will we know it has been achieved?	Current Delivery Mechanism
to reduce variation and improve consistency of response				
Clinical Support Programmes				
Strategic Objective 4: *Building capacity and capability in clinical support services to achieve appropriate infrastructure in place to delivery strategic clinical aims*				
1.Clinical Support Services – Diagnostics & Pathology	Establish working groups under auspices of agreed SRO	Tbc	Delivery in line with plans	Program developed under Optimising Health with CEO SRO leadership for specific elements
2.Clinical Support Services – Aseptics Pharmacy	Time limited project group established to lead work	Q2 – delivery of outline business case Q4 – Full service model & plan	Agreement of approach to aseptic services across provider collaborative Plan and delivery of revised (agreed) model	Project established under auspices of PvCv with SRO leadership in place
Corporate Support Programmes				
Strategic Objective 5: *Establish and deliver appropriate corporate strategies to enhance integration and tackle variation including approaches to collective planning, rationalised and aligned estates/capital process and development of underpinning approaches in workforce.*				
1.Corporate Strategy – assessment of requirements	Review of existing mechanism to establish opportunities, requirements and potential approaches with development of agreed programme	Q2 – Delivery of proposal	Establishment of work programme with clear reporting and associated requirements	Tbc
2.Corporate strategy – Estates/finance/planning	Establishment of agreed approach to capital prioritisation, finance and planning to deliver collective	As per agreed milestones	As per agreed outcomes	SRO for Capital/Estates work established, agreed planning approach for 22/23.

Key delivery priority	How will we deliver it?	Q in which it will be achieved?	How will we know it has been achieved?	Current Delivery Mechanism
	response			
Provider Collaborative Development				
1. Establish the collaborative as a vehicle for our joint work with appropriate governance, methods of working (with CEOs leading work streams) and a resource plan	Formalisation of PvCv as a Provider Leadership Forum with associated governance arrangements	Q1 22/23	Sign off by PvCv with updates agreed via constituent Trust boards	
2. Development of appropriate programme management structures and support to deliver programmes (including reporting and associated oversight)	Identification of resource needs and requirements on a rolling basis (noting some elements will link to existing programmes, require support as part of ICS changes as well as utilisation of internal resource)	Rolling implementation based on agreed programmes and support Established reporting and associated structures	Clear, accountable SRO arrangements for programmes agreed for the PvCv delivery with agreed support implemented	

SCHEDULE 4

Operating Model

The Operating Model is the overarching document that describes what the Collaborative is, its purpose and how it works. Along with the Collaborative's Ambitions document the Operating Model has two core functions/purposes to provide:

1. A summary of what the Collaborative is, how it works and its membership in order to support discussion and agreement of the role the Collaborative will play in the NENC integrated care system as well as facilitating the agreement of the specific system objectives the Collaborative will be leading on and supporting. This is detailed in the Operating Plan but also set out in the Ambitions document.
2. Detail on the mechanism and approaches the Collaborative will use describing the programmes and detailing the specific requirements for delivery.

The Operating Model recognises that the Collaborative's role within the NENC ICS has three dimensions:

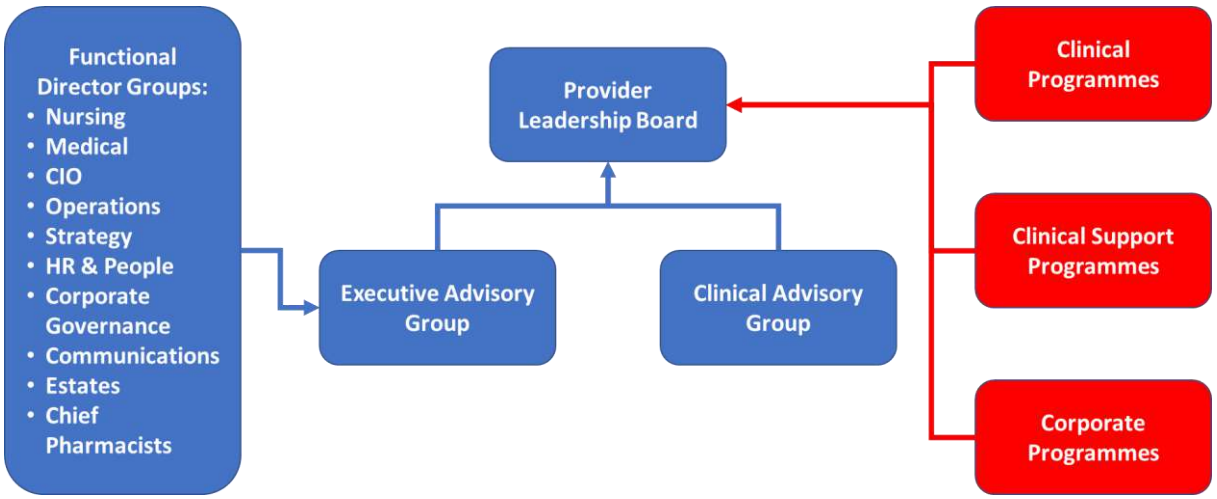
- Where the PvCv is leading on agreed objectives, with delegated authority and responsibility from the ICB
- Where the PvCv is working jointly, in partnership with ICB; working through existing mechanisms and/or groups (either leading or supporting) or as a joint committee of the ICB

It is recognised that depending on the issue, objective and requirement there may be different approaches needed for delivery

- In addition to the work to delivery ICS objectives there will be elements of the PvCv work that reflects the member's needs, requirements and priorities.

The following graphic summarises the PvCv operational model (as at April 2022), with full details found in the Operating Model and Ambitions document

Figure 1: Summary of NENC Provider Collaborative Operating Model



SCHEDULE 5

Dispute Resolution Procedure

1 Avoiding and Solving Disputes

1.1. The Trusts commit to working co-operatively to identify and resolve issues to mutual satisfaction so as to avoid so far as possible dispute or conflict in performing their obligations under this Agreement. Accordingly, the Trusts shall collaborate and resolve differences between them in accordance with Clause 7 (*Problem Resolution and Escalation*) of Agreement prior to commencing this procedure.

1.2. The Trusts believe that:

1.2.1. by focusing on the Collaborative Principles;

1.2.2. being collectively responsible for all risks; and

1.2.3. fairly sharing risk and rewards,

they will reinforce their commitment to avoiding disputes and conflicts arising out of or in connection with the Key Delivery Priorities.

1.3. The Trusts shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement (each a "**Dispute**") when it arises.

1.4. The Provider Leadership Board shall seek to resolve any Dispute to the mutual satisfaction of each of the Trusts involved in the Dispute.

1.5. The Provider Leadership Board shall deal proactively with any Dispute in accordance with the Collaborative Principles and this Agreement so as to seek to reach a unanimous decision. If the Provider Leadership Board reaches a decision that resolves, or otherwise concludes a Dispute, it will advise the Trusts involved in the Dispute of its decision by written notice.

1.6. The Trusts agree that the Provider Leadership Board may determine whatever action it believes is necessary including the following:

1.6.1. if the Provider Leadership Board cannot resolve a Dispute, it may select an independent facilitator to assist with resolving the Dispute; and

1.6.2. the independent facilitator shall:

1.6.2.1. subject to the provisions of this Agreement, be provided with any information they request about the Dispute;

1.6.2.2. assist the Provider Leadership Board to work towards a consensus decision in respect of the Dispute;

1.6.2.3. regulate their own procedure and, subject to the terms of this Agreement, the procedure of the Provider Leadership Board at such discussions;

1.6.2.4. determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and

1.6.2.5. have their costs and disbursements met by the Trusts involved in the Dispute equally or in such other proportions as the independent facilitator shall direct.

1.6.3. If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 5 and only after such further consideration again fails to resolve the Dispute, the Provider Leadership Board may decide to:

1.6.3.1. terminate the Agreement; or

1.6.3.2. agree that the Dispute need not be resolved.

ENCLOSURE B

NHS Provider Collaborative
North East and North Cumbria ICS

North East and North Cumbria
Provider Collaborative

Operating Model

May 2022

Operating Model

The eleven FTs in North East and North Cumbria (NENC) have set out how they will work together as the NENC Provider Collaborative, along with their purpose, principles and objectives in a memorandum of understanding ("Collaboration Agreement").

This document is intended to supplement the Collaboration Agreement with some more specific operational practicalities.

Provider Leadership Board

As set out in the Memorandum of Understanding, the eleven Foundation Trusts across North East and North Cumbria have agreed to establish a Provider Leadership Board (PLB), which is the group responsible for leading and overseeing the Trusts' collaborative approach to the Key Delivery Priorities and working in accordance with the Collaborative Principles.

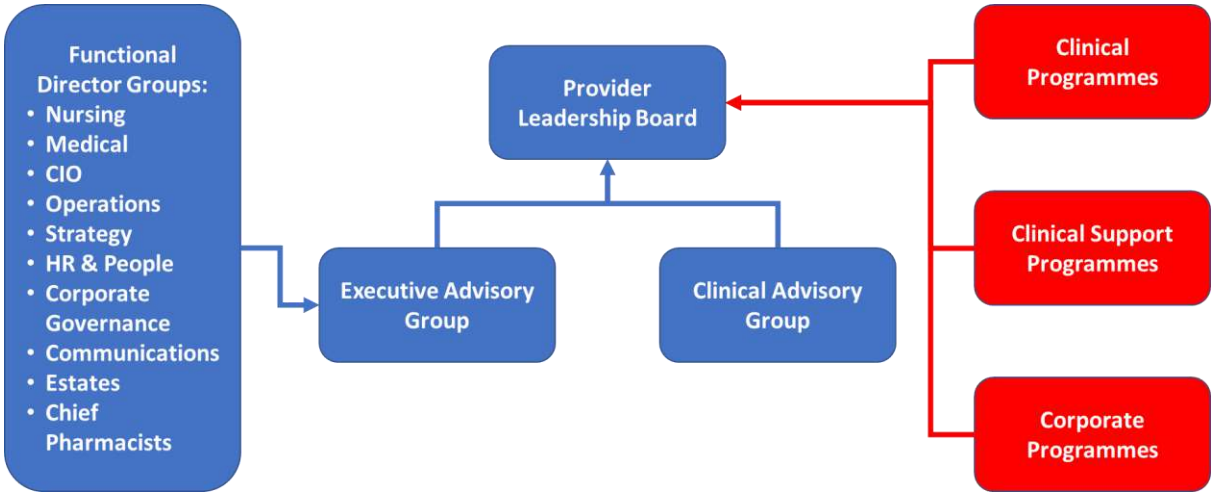
The PLB features all 11 CEOs and it is anticipated that CEOs will keep FT Boards regularly updated, supported by periodic written papers from the Provider Collaborative. The MoU sets out that Chairs of the FT Boards should be invited to meetings of the PLB at 6 monthly intervals, to discuss the work programme and progress with delivery.

The PLB may establish supporting and/or task and finish groups to take forward programmes in respect of the Key Delivery Priorities as appropriate, ensuring a strong clinical voice and involving input from a range of functions across the Trusts.

The Provider Collaborative determined that subgroups would be necessary to deliver key functions and the work programme. There is, however, a clear risk of overlap with the ICS and particularly the previous clinical advisory machinery established to support commissioning. As a consequence, this will need to be considered iteratively in the context of broader conversations with the ICB team. It was also noted that the subgroup structure should be mindful of bureaucratic burden.

For now, it is proposed that the programmes of work report directly to the Provider Leadership Board and that it is supported by an Executive Advisory Group and a Clinical Advisory Group. The Provider Leadership Board has been established, with the Executive and Clinical Advisor Groups to be put in place during Summer 2022.

In addition, the PLB will be strongly supported by nested collaboratives, such as those for mental health and at sub-regional geographies, to ensure decision making, direction and delivery take place at the right levels.



Clinical Advisory Group

The purpose of the Clinical Advisory Group is to ensure that the Provider Collaborative has strong clinical leadership and a constant focus on the key areas of collective clinical concern. The Clinical Advisory Group would draw on and provide a point of escalation for clinical networks.

Membership would need to feature clinical leads from all FTs with good medical, nursing and AHP leadership. Initial conversations with the ICB have suggested that this could be a joint body with the ICB, co-chaired by clinical leadership from within the Provider Collaborative and the ICB Medical Director, to align clinical input across the ICS. In this case, having wider clinical views, such as from general practice and community pharmacy, could support broader transformational work and enable the group to support both the Provider Collaborative and the ICB. PCN clinical leaders would be key in this.

As the ICB develops, consideration can be given as to whether it is feasible for this group to drive the strategic approach to clinical services, and the opportunity to align clinical groups generally, including the ICS Optimising Health Services Group. It should also be noted that the role and responsibility of the Provider Collaborative in the development of the ICS clinical strategy still needs to be worked through and agreed with the ICB and partners.

Executive Advisory Group

The purpose of the Executive Advisory Group is to provide a mechanism for strategic clarity across and through the Provider Collaborative FTs, making sure that a full range of functional perspectives are considered throughout the work programmes. The Executive Advisory Group will provide a sounding board and point of professional escalation for Managing Director and PMO on programmes and projects, facilitating quick access to appropriate functional expertise, in addition to being tasked with the delivery of specific projects.

This creates a mechanism to check and challenge proposals going to Provider Leadership Board, in addition to a coordinated approach to identifying risks or opportunities for collaborative work.

It is anticipated that membership of this group would be the chairs of the directors' networks, including a Director of Nursing, Medical Director, CIO, COO, Director of Finance, Director of Planning & Performance, Director of Workforce, Director of Corporate Governance, Director of Communications, Director of Estates and Chief Pharmacist.

Work Programme

Each programme of work within a Key Delivery Priority will be sponsored by a Trust Chief Executive as Senior Responsible Owner ("SRO"). SRO roles will be distributed across the Trust Chief Executives. Each SRO will be responsible to the Provider Leadership Board for the planning and delivery of their work programme and will be supported by the Programme Management Office. It is anticipated that Provider Collaborative SROs will lead some of the ICS workstreams, where appropriate.

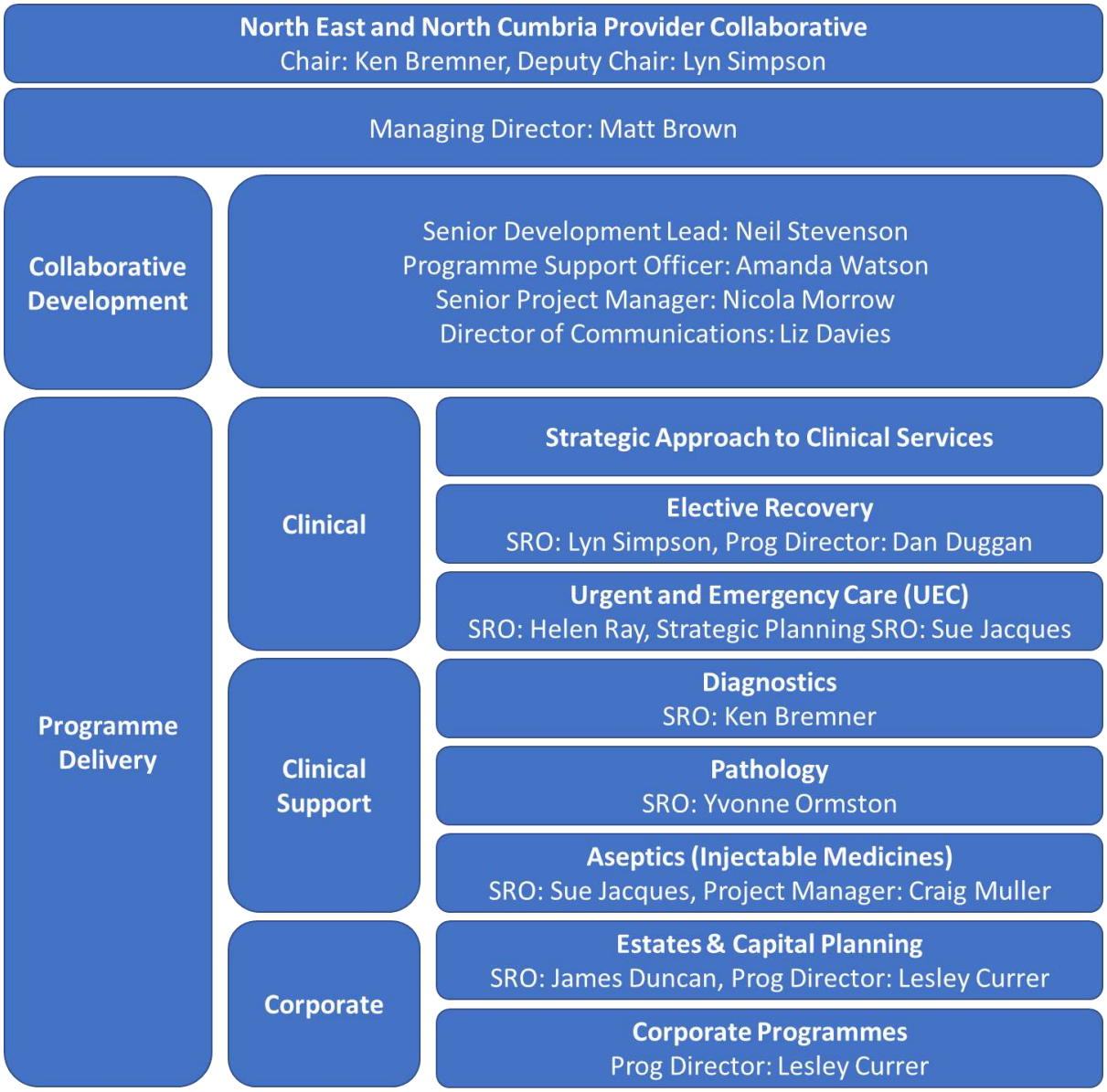
The SRO will effectively work as a Chair for the supporting programme infrastructure, with a dedicated programme management support and it is intended that there should be a designated Programme Director for each Key Delivery Priority. The Programme Director should work extremely closely with the SRO to ensure progress, direction, reporting and communication. The governance structure will be different for each Key Delivery Priority.

These teams will be supported by a general pool of project management capacity and a small core collaborative team.

Each of the five Key Delivery Priorities will report to the Provider Leadership Board on a monthly basis, using a programme highlight report, to be distributed one week before the meeting. This will focus on progress, key risks and issues for escalation. The Provider Leadership Board will ensure clear objectives and scope under each Key Delivery Priority.

The Managing Director will work closely with the SROs and Programme Directors to ensure oversight and coordination across the Key Delivery Priorities.

The following chart reflects the capacity specifically deployed by Provider Collaborative, but there are other people from the system involved in the work programmes already, such as in supporting the UEC, diagnostics and pathology ICS programmes.



Clinical Programmes – Strategic Approach to Clinical Services

It is proposed that this programme is focussed on developing a strategic approach to clinical services across North East and North Cumbria, supporting nested collaborative working. This should focus initially on tackling vulnerable services, unwarranted clinical variation and providing coordination & escalation for clinical networks. The output of this programme should be heavily informed by population health management and help guide strategic decision making on collaborative opportunities and challenges around estates, technology and workforce.

Programme infrastructure needs to be developed for this Key Delivery Priority. It is proposed that the governance for this has two forums, one clinically-led focussed on the clinical challenges and solutions through the Clinical Advisory Group, one managerially-led focussed on the corporate governance support required.

Clinical Programmes – Elective

The elective programme has a duality of focus, on the performance management aspects of elective recovery in the here and now, particularly on long waits, alongside the transformation requirements for the years ahead. In doing so, the programme seeks to tackle health inequalities, particularly of access and outcomes.

A Strategic Elective Care Board has been in established to take this work forward, with oversight of performance management, clinically-led transformation programmes, independent sector strategy, strategic productivity and collaborative opportunities (eg capitalising on GIRFT and Model Hospital) and ensuring connection to the broader programmes such as waiting well and health literacy.

Clinical Programmes – Urgent and Emergency Care

In 2022/23, the UEC Network has prioritised the long-term plan, operating guidance and national 10-point recovery plan. Specific priorities focus on UEC operating models, including community care, digital and hospital discharge.

Governance arrangements are being revised with the establishment of a UEC Board, which will provide NENC oversight, leadership on winter planning, assurance to ICB and direct connection with LADBs for place-based delivery.

Clinical Support Programmes

There are a number of key strands of work under Clinical Support programmes, particularly around diagnostics and pathology. In addition, a steering group with dedicated project management is overseeing the development of a business case for aseptics (injectable medicines) production facility for the Provider Collaborative.

The NENC Diagnostic Programme Board reports directly into the Optimising Health Services Group, then into the ICS Management Group, with a dotted line to the Provider Collaborative. The Pathology Network Board reports into the Diagnostic Programme Board.

Corporate Programmes

There are a range of active, and potential, work programmes across the Corporate Key Delivery Priority, including work on strategic planning for capital and estates. There is great potential here to make efficiencies but also to harness and maximise the many assets that exist across North East and North Cumbria. The intention is to adopt a series of evidence based programmes designed to get added value for every pound spent. These might include in the short term - redesigning and standardising care pathways, optimising sites, optimising workforce, supporting staff with cost of living pressures, adoption of innovation at pace and scale, sharing and adoption of best practice, but could also include in the longer term policies on workforce, digital innovation, back office support cost reduction, taking a rigorous approach to anchor institution development and so forth.

It is proposed that specific programme infrastructure is established for the Key Delivery Priority, with oversight, identification of opportunities and challenges through the Executive Advisory Group.

Provider Collaborative Leadership and Management Resource

The Managing Director will be accountable to the Chief Executives through the Chair of the Provider Leadership Board and will oversee the collaborative team and Programme Management Office. This team will include a secretariat function to provide administration and support across all Provider Collaborative programmes, specific programme management capacity, transformation resource, analytical capacity and communications and engagement resource. The Provider Collaborative is keen to ensure that access to, and shared leadership of, quality improvement capability.

Access to data has been determined to be a key element of being able to deliver the evidence based programmes required, in particular the use of cross system, multi sectoral data to allow benchmarking and analysis of warranted and unwarranted variation. It is anticipated that much of this will come through FTs, with analytical support from NECS and NEQOS, supported by other sources such as GIRFT and Model Hospital.

The PMO will be accountable to the Managing Director, who will have oversight across all Key Delivery Priorities.

The collaborative team will have a combination of specific staff and seconded staff, both clinical and managerial, to meet programme requirements. For the majority of collaborative programmes, the team will work with FTs to support them in delivery.

The Provider Collaborative team will need to develop over time, in line with resourcing, and alongside the Integrated Care Board (ICB).

It is expected that there will be a phased development of resources in line with increase in development and responsibilities. In the first instance, a sum of £400k has been allocated from NECS for the Provider Collaborative to draw down in 21/22, with a further £500k in 22/23.

In future years, there will need to be consideration of future funding arrangements, depending on the extent of allocated funding from either NECS or the ICB, likely to be as part of negotiation of the Responsibility Agreement. The Provider Collaborative has expressed a desire for FTs to engage collective capacity and an appetite for subscription or other contribution models.

The Development of the Provider Collaborative, including both OD and governance, will be led by the Chair and Vice-Chair. This will explicitly seek to take a strategic approach to talent management and development of a culture of collaboration.

NENC Provider Leadership Board Chair and Deputy

The Chair and Deputy Chair will act as convenors for the Collaborative, bringing together Chief Executives from the constituent FTs through the Provider Leadership Board, in line with the working arrangements set out in the Collaborative Agreement.

The Chair and Deputy will work with colleagues identifying issues for consideration and action by the Collaborative, facilitating discussion across the Collaborative to reach collective agreement on agreed action and ensuring appropriate assurance mechanisms are in place to ensure timely delivery. This will be achieved through distributed leadership, ensuring that all Chief Executives are appropriately involved in and leading Collaborative programmes. The Chair and Deputy will Provide direction, oversight and support to the Managing Director.

The position of Chair/Deputy will be elected from the constituent members and it is expected that the Chair will serve a tenure of 12-15 months. The Deputy will then step into the role of Chair, with a new Deputy nominated.

Senior Responsible Officer (SRO)

To deliver the Collaborative's work programme, a distributed leadership model will be enacted, with a Chief Executive fulfilling the Senior Responsible Officer (SRO) role in leading and facilitating delivery of agreed programmes.

The SRO will effectively act as Chair for the programme, with a designated programme director, and be responsible for ensuring that a programme or project meets its objectives and delivers the projected benefits. The SRO will act as the visible owner of the programme and the key leader in driving forward.

Managing Director

The Managing Director is responsible for leading the foundation and development of the Provider Collaborative through the establishment of governance arrangements and working infrastructure, including staffing/resourcing. The Managing Director will lead the development and delivery of the agreed work programme in line with the priorities established by the Provider Leadership Board.

The MD will ensure the leadership, development and success of the Collaborative's work programme and its contribution to the NENC ICS, coordinating the Collaborative as a membership organisation, working closely and fairly with all its constituent Trusts and ensuring it is established as a credible, robust and respected membership organisation across the North East and North Cumbria.

Programme Director

The Programme Director will work to the Programme SRO to oversee and ensure every aspect of programme delivery, from conception to implementation. Responsibilities include developing and

deploying the project team, securing appropriate resources to support delivery, developing the programme business case and milestones and ensuring that the programme meets the objectives and requirements to agreed timescales and resources. The Managing Director will have oversight of the Programme Directors.

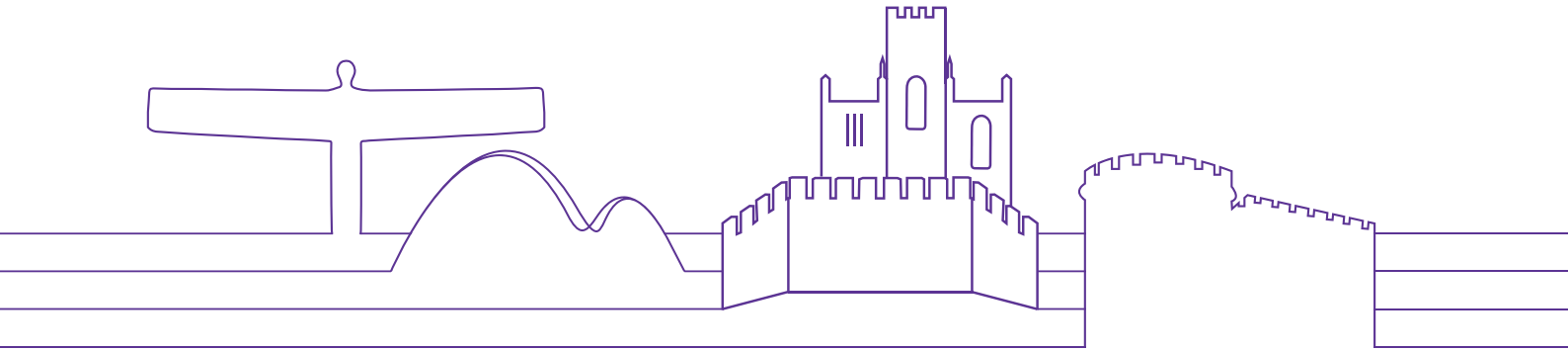
Enclosure C

North East and North Cumbria
Provider Collaborative

WORKING TOGETHER TO IMPROVE HEALTH, WEALTH AND WELLBEING

Setting out our ambitions for the future

May 2022



WHO ARE WE?

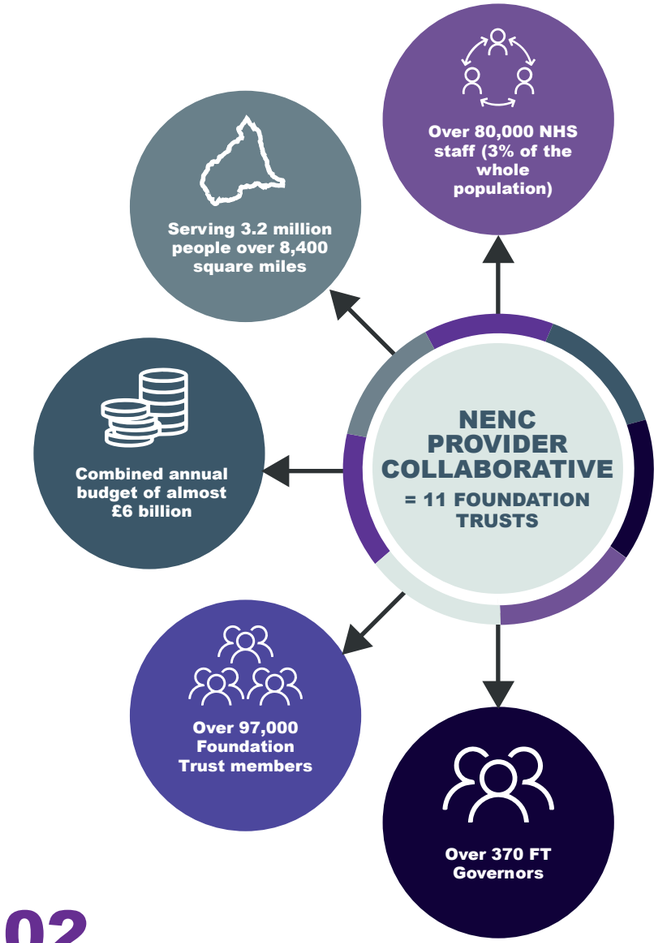
The North East and North Cumbria (NENC) Provider Collaborative is a formal partnership of all 11 NHS Foundation Trusts (FTs)* in the region. Together we cover the entire geographical footprint of the Integrated Care System and, between us, we provide the vast majority of all secondary NHS care services with millions of patient interactions every single day. This includes:

- **Community care and mental health services**
- **Acute hospital services and highly specialist care**
- **Ambulance, patient transport and emergency response services**

Our workforce is the largest in the region and we are major employers within our communities providing significant opportunities for local people. We are very proud of our strong track record, over many years, for providing some of the very best care, patient outcomes and organisational performance across the whole NHS. But we know there is more to do and especially as we recover from the impact of the pandemic.

Through the NENC Provider Collaborative our collective focus now is to ensure we consistently provide the highest quality of care right across our region and the best possible experience for our staff. Given the sheer size and scale of our organisations, we also have a significant role to play in improving the overall health, wealth and wellbeing of the local population.

OUR IMPACT



NENC Provider Collaborative Members:

- Northumbria Healthcare NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Gateshead Health NHS Foundation Trust

- South Tyneside and Sunderland NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust

- North Tees and Hartlepool NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

- North Cumbria Integrated Care NHS Foundation Trust

- North East Ambulance Service NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

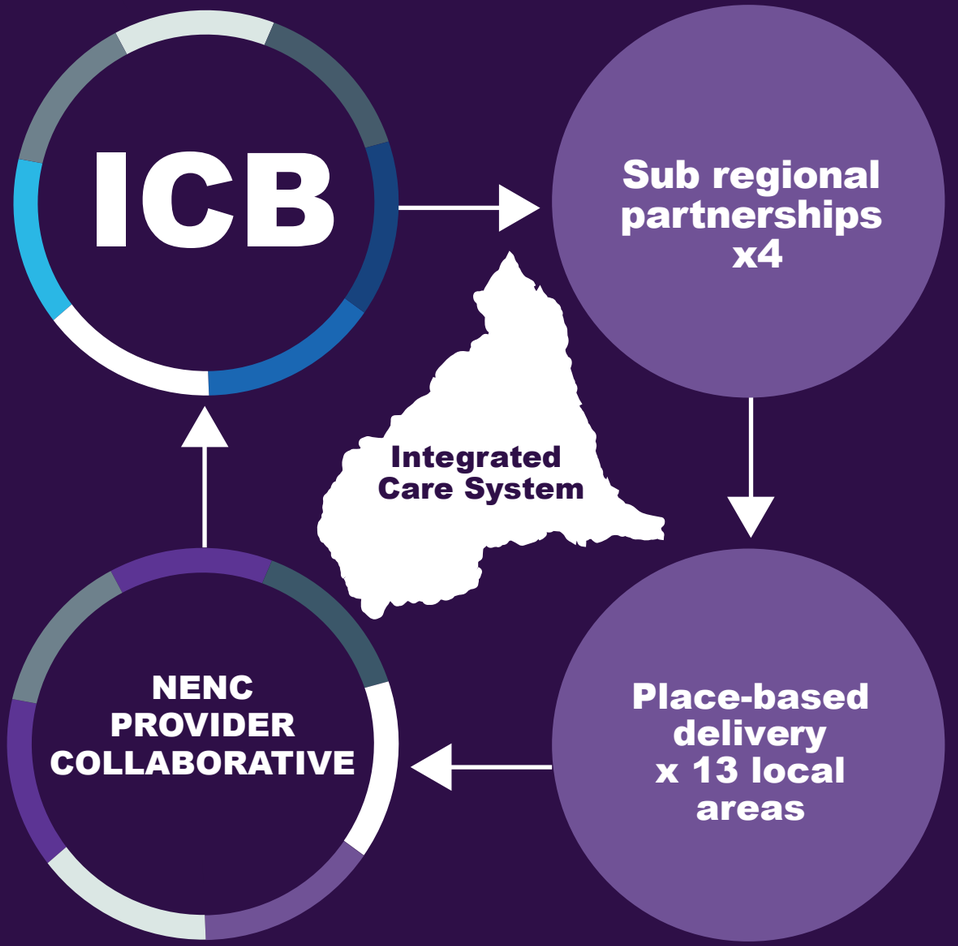
WHAT IS THE ROLE OF PROVIDER COLLABORATIVES?

Provider Collaboratives are an important part of our new system architecture. By July 2022, all NHS Foundation Trusts and NHS Trusts are expected to be part of one or more formal Provider Collaboratives, working together to agree plans for the future and deliver benefits at scale.

Our region was one of the first in England to form a Provider Collaborative ahead of national requirements. Since September 2019 all 11 of our NHS Foundation Trusts have been working together formally to discuss and address many challenges facing us all and, most importantly, to start to plan together as one for the future.

As a collective, we believe we have to continue to think differently about the way we deliver services if we want to be one step ahead and able to face the challenges, as well as the opportunities, the future presents to us.

The NENC Provider Collaborative now provides us with the formal mechanism for us to make collective decisions, to coordinate action on important issues and take forward programmes to improve health and care through collaboration. We will act on behalf of, and take decisions that represent the views of our 11 FTs collectively, rather than being a separate formal entity in our own right. We are a key component of how our new Integrated Care System will work.



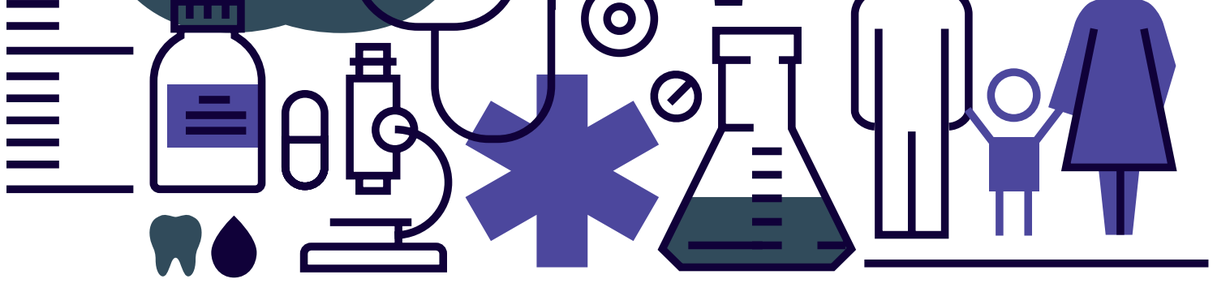
WHAT DO WE WANT TO ACHIEVE?

Our ambition as the NENC Provider Collaborative is simple:

“We want to further improve the quality of care across our Integrated Care System and use our influence to support the wider determinants of health, wealth and wellbeing across the region. We seek nothing less than for patients and the wider population within the North East and North Cumbria to have the highest possible standards of physical and mental health outcomes and positive life experiences.”

As major anchor organisations within our local communities, we recognise that we have a wider responsibility and impact across our Integrated Care System. Not only in the way we offer and deliver health and care services, but also in how we employ staff, how we procure goods and how we do business locally and achieve value for money.

As a NENC Provider Collaborative, we commit to doing all that we can to take collective action to improve health and health care services and support wider economic recovery, providing employment opportunities and local procurement.



We will work in partnership with the Integrated Care Board and share the same strategic objectives to:

Improve outcomes in population health and healthcare by focusing on improving health inequalities that exist within the region.

Tackle inequalities in outcomes, experience and access by optimising the delivery, quality and efficiency of local health and care services provided through our 11 FTs.

Enhance productivity and value for money by taking necessary collaborative. action, including mutual aid and support.

Help the NHS support broader social and economic development by providing opportunities and harnessing our collective strength to influence change.

OUR PRINCIPLES AND WAYS OF WORKING

We have ten principles which outline how we will work together. These will guide everything we do. They will help us to develop an even stronger culture of collaboration between our 11 NHS Foundation Trusts.

1.	**We will support each other and provide mutual aid in times of pressure.**
2.	**We will make shared decisions to speed up transformation and change.**
3.	**We will challenge each other and hold each other to account.**
4.	**We will always act in good faith and in the best interests of the people we serve.**
5.	**We will empower staff to work with other Trust staff to improve care.**
6.	**We will make sure there is strong clinical leadership and governance in all of our work.**
7.	**We will actively involve staff, patients, the public and wider stakeholders.**
8.	**We will show solidarity when making decisions for the local population.**
9.	**We will take responsibility for delivering on agreed priorities and manage risks together.**
10.	**We will promote a high performing culture of teamwork, innovation and continuous improvement. To do this we will share information, communicate honestly and respectfully and act ethically with responsible behaviour and decision making.**

KEY PRIORITIES

We have identified five key delivery priorities which will form the focus of our work in 2022/23 and beyond. This will be via three programmes of work:

Clinical Programmes

1. To develop a strategic approach to clinical services encompassing acute, mental health, learning disabilities and community. This will focus on vulnerable services and thinking about a strategic response to clinical networks and associated cross system working arrangements.

2. To deliver on elective recovery including all service aspects of inpatient, diagnostics and cancer care, as well as mental health and learning disabilities. Our aim is to meet or exceed national benchmarks, standards and targets.

3. To deliver urgent care standards (including ambulance standards) and requirements across all NENC providers and local systems to reduce variation and improve consistency of response.

Clinical Support Programmes

4. To build capacity and capability in clinical support services (in particular diagnostic capacity) to ensure appropriate infrastructure is in place to deliver the above clinical priorities.

Corporate Programmes

5. To support the wider ICS in sustainable transformation, establishing and delivering appropriate corporate strategies to enhance integration and tackle variation. This will include approaches to collective planning, rationalised and aligned estates/capital processes, the development of underpinning approaches in workforce and a commitment to the ICS green strategy.

WORKING AS PART OF THE WIDER ICS

In our role as the NENC Provider Collaborative we will take collective responsibility for the delivery of agreed service improvements and standards across FTS in the North East and North Cumbria. These will be agreed with the ICB.

We will facilitate horizontal collaboration between FTs, but that work will in no way reduce the primacy of place or hamper provider organisations playing full roles within their relevant place based partnerships. We recognise the crucial importance of place-based working, where our FTs work closely with local communities and partner organisations.

There will also be different collaborative arrangements (see page 12) where individual FTs will continue to work with each other on a geographical or sectoral basis All of this good work will not stop. Our role is not to cut across any of this, but to act as an enabler.

Our strength as the NENC Provider Collaborative will be through operating as a whole system collaborative when a response is best done once, together and at scale. This might be because the issue is complex, there is a need for critical mass, or requires standardisation to reduce unwarranted variation across multiple FTs.

To work effectively with the ICB we need to agree responsibilities as to how we can best contribute to the overall success of the ICS and meet the strategic objectives we all share.

We believe the NENC Provider Collaborative is best placed to lead on the priority areas identified on page 9. This includes:

- **Action to deliver recovery, specifically in tackling long waits in elective care and other services** with the development of longer term transformation solutions.
- **Addressing system level action to bring the urgent care system back to pre-pandemic levels of performance and above.**
- **Taking forward a strategic approach to clinical service development,** particularly where there are service vulnerabilities, or opportunities, that require at-scale consideration. This would include discussion and agreement around Clinical Networks and formal hosting and/or leadership arrangements.
- **Opportunities for at-scale solutions and strategic improvements to unwarranted variation or inefficiencies** within and across the 11 FTs (see page 7).

WORKING WITH HEALTH AND CARE PARTNERS

As the NENC Provider Collaborative, we are just one of a number of partnership arrangements that will work with the ICB to deliver the overall aims and objectives of the Integrated Care System. These are shown opposite.

We may interact with these other collaboratives acting as the NENC Provider Collaborative, or as individual FTs, depending on the nature of discussions taking place. However we collaborate, we want to interact and support the work of others as we collectively strive to plan, deliver and transform health and health care services for the future in our region.

DRIVING INNOVATION & IMPROVEMENT

As NENEC providers we have a high appetite for innovation and will seek a coherent approach which plays to the academic, commercial and industrial strengths of our FTs.

As part of this we will support and drive the development of research and continue our close working with vital partners. This includes working with Health Education England, education partners and professional bodies to provide high quality education and training, recruiting and retaining the workforce of today and attracting the workforce of tomorrow.

We aim to go much further than our role in directly improving health and delivering healthcare. We aim to capitalise on the substantial opportunities we have across our organisations and with our partners.

Academic Health Sciences Network	**North East Quality Observatory System**	**Biomedical Research Centre**
Academic Health Sciences Centre	**Universities of Northumbria, Newcastle, Durham, Sunderland and Teesside**	**NIHR Applied Research Collaborative**

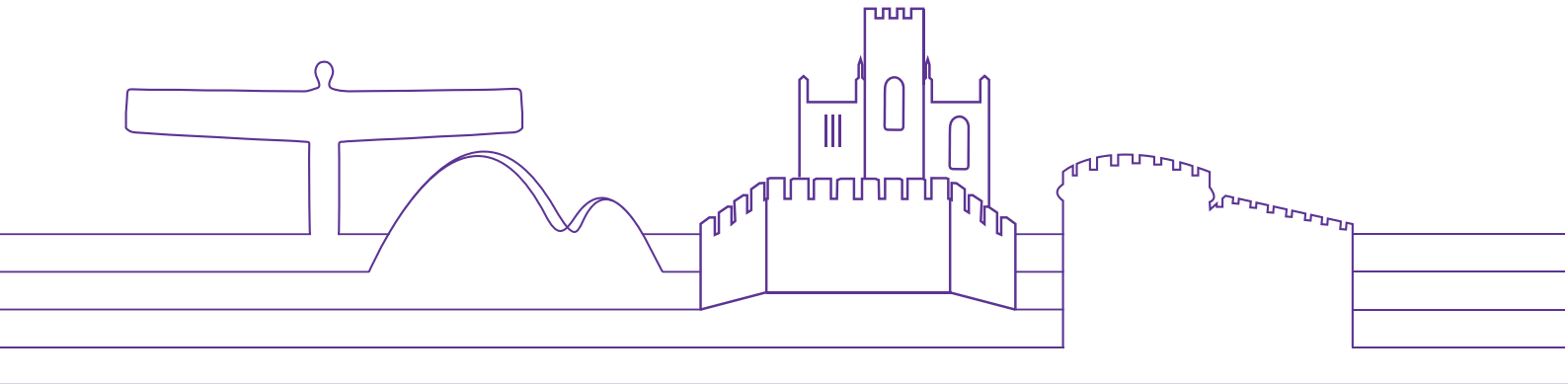
WHAT NEXT?

This document sets out our aspirations for the future and the ways of working we have developed so far as the NENC Provider Collaborative.

As work gathers pace towards our new structures and system architecture coming into place formally from July 2022, we will speak to partners about the role of the NENC Provider Collaborative and where you think we can add value to drive forward innovation and improvement.

In the coming months, we will work with the ICB to jointly agree how we can best support the delivery of ICS objectives and best use our skills and capabilities as we strive to maximise the flexibilities and freedoms of the new Health Bill when enacted. We recognise this can be achieved in several ways and we want to agree the appropriate mechanism, recognising that the basis of this working relationship will flex issue by issue.

We look forward to involving and engaging with you all along the way and building on the strengths of our relationships here in the North East and North Cumbria.



www.northeastnorthcumbria.nhs.uk/who-we-are/provider-collaborative