

# **Board of Directors PUBLIC Meeting**

1 February 2023

13:30 GMT Europe/London

Trust Board Room and via Microsoft Teams

# Agenda

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# 1. Agenda

Speaker: Ken Jarrold, Chairman

## References:

- BoD Agenda Public Feb 2023 FINAL.pdf

## Board of Directors PUBLIC Board Meeting Agenda

Board of Directors PUBLIC Board meeting Venue: Trust Board Room, St Nicholas Hospital and via MS Teams	Date: Wednesday 1st February 2023 Time: 1:30pm– 3:30pm
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Agenda Item 1		Owner	
1.1	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 7 December 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 9)	Ramona Duguid, Chief Operating Officer	Enc
9	Service User and Carer Experience Report (Q3)	Ramona Duguid, Chief Operating Officer	Enc
10	Safer staffing levels report (Q3 including 6 monthly skill mix review)	Anthony Deery, Deputy Chief Nurse	Enc
11	Safer Care Report (Q3)	Rajesh Nadkarni, Deputy Chief Executive and Medical Director	Enc



Workforce issues			
12	CNTW Self-Assessment Report and Quality Improvement Plan	Rajesh Nadkarni, Deputy Chief Executive and Medical Director	Enc
13	Guardian of safe working hours report (Q3)	Rajesh Nadkarni, Deputy Chief Executive and Medical Director	Enc
Regulatory / compliance issues			
14	National Covid Inquiry Summary Position	Anthony Deery, Deputy Chief Nurse	Enc
15	Infection Prevention Control (IPC) Board Assurance Framework	Anthony Deery, Deputy Chief Nurse	Enc
16	CQC Must Do Action Plan Update	Anthony Deery, Deputy Chief Nurse	Enc
17	Board Assurance Framework and Corporate Risk Register Update (Q3)	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
18	NHSE/I Single Oversight Framework compliance report	Ramona Duguid, Chief Operating Officer	Enc
19	Charitable Funds Committee Annual Terms of Reference review	Debbie Henderson, Director of Communications, Corporate Affairs	Enc
Strategy, planning and partnerships			
20	CNTW Strategy, National Planning Guidance, Trust and ICS response	Kevin Scollay, Executive Director of Finance	Enc
21	CNTW / Mental Health Concern – waiting list initiative	Adam Crampsie, Chief Executive of Mental Health Concern and Anna English, Central Group Director, CNTW	Pres
Committee updates			
22	Quality and Performance Committee	Darren Best, Chair	Verbal
23	Audit Committee	David Arthur, Chair	Verbal

<b>24</b>	<b>Resource and Business Assurance Committee</b>	<b>Paula Breen, Chair</b>	<b>Verbal</b>
<b>25</b>	<b>Mental Health Legislation Committee</b>	<b>Michael Robinson, Chair</b>	<b>Verbal</b>
<b>26</b>	<b>Provider Collaborative Committee</b>	<b>Michael Robinson, Chair</b>	<b>Verbal</b>
<b>27</b>	<b>People Committee</b>	<b>Brendan Hill, Chair</b>	<b>Verbal</b>
<b>28</b>	<b>Charitable Funds Committee</b>	<b>Louise Nelson, Chair</b>	<b>Verbal</b>
<b>29</b>	<b>Council of Governors' Issues</b>	<b>Ken Jarrold, Chairman</b>	<b>Verbal</b>
<b>30</b>	<b>Questions from the Public</b>	<b>Ken Jarrold, Chairman</b>	<b>Verbal</b>
<b>31</b>	<b>Any other business</b>	<b>Ken Jarrold, Chairman</b>	<b>Verbal</b>

**Date and Time of Next Meeting:**

**Wednesday 1<sup>st</sup> March 2023**

**1:30pm – 3:30pm**

**Trust Board Room, St Nicholas Hospital and via Microsoft Teams**

# 1.1 Welcome and Apologies for Absence

Speaker: Ken Jarrold, Chairman

# 2. Service User / Carer / Staff Story

Speaker: Guest Speaker

### 3. Declaration of Interest

Speaker: Ken Jarrold, Chairman

## **4. Minutes of the meeting held 7 December 2022**

Speaker: Ken Jarrold, Chairman

### References:

- 3. Mins Board PUBLIC 7 December 2022 DRAFT v3.pdf

**Minutes of the Board of Directors meeting held in Public**  
**Held on 7 December 2022 1.30pm – 3.30pm**  
**Conference Suite, St Nicholas Hospital and via MS Teams**

**Present:**

Ken Jarrold, Chairman  
David Arthur, Senior Independent Director/Non-Executive Director  
Darren Best, Vice-Chair/Non-Executive Director  
Brendan Hill, Non-Executive Director  
Louise Nelson, Non-Executive Director (*online*)

James Duncan, Chief Executive  
Ramona Duguid, Chief Operating Officer (*online*)  
Rajesh Nadkarni, Executive Medical Director, and Deputy Chief Executive  
Gary O'Hare, Chief Nurse (*online*)  
Kevin Scollay, Executive Director of Finance  
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  
Margaret Adams, Lead Governor and Public Governor for South Tyneside (*online*)  
Tom Bentley, Public Governor for Gateshead (*online*)  
Russell Stronach, Service User Governor for Learning Disabilities (*online*)  
Anne Carlile, Carer Governor for Adult Services (*online*)  
Kelly Chequer, Local Authority Governor, Sunderland City Council (*online*)  
Wendy Pattison, Local Authority Governor, Northumberland Council (*online*)  
Nick Hedley, Service User (*item 2 only*)  
Beth Allan, Involvement Facilitator (*item 2 only*)  
Dan Briggs, Peer Support Facilitator (*item 17 only*)  
Rachel Noble, Family Ambassador (*item 17 only*)  
Katie Watson, Family Ambassador (*item 17 only*)

**1. Welcome and apologies for absence**

Ken Jarrold welcomed everyone to the meeting and apologies were noted from Paula Breen, Non-Executive Director and Michael Robinson, Non-Executive Director.

**2. Declarations of interest**

There were no declarations of interest to note.

**3. Service User/Carer Story/ Staff Story**

Ken Jarrold extended a warm welcome and thanks to Nick Hedley who shared his personal story and rehabilitation journey.

**4. Minutes of the meeting held 2 November 2022**

The minutes of the meeting held on 2 November were considered and approved.

**Approved:**

- The minutes of the meetings held 2 November 2022 were approved as an accurate record

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

There were no outstanding actions to note.

## **6. Chairman's update**

Ken Jarrold noted that the Board are dedicating all Board development sessions that commence at the beginning of Board days to reviewing the Trust Recovery Plan. Ken stated that progress is being made but highlighted significant challenges ahead in relation to demand for services, recruitment and retention and the use of agency staff as well as the financial position.

Ken referred to the Secretary of State for Health and Social Care appointment of the Rt Hon Patricia Hewitt to undertake a review into the oversight and governance of Integrated Care Systems (ICSs).

## **7. Chief Executive's Report**

James Duncan noted that the Executive Team have signed a pledge developed by the Trust LGBT+ Staff Network to demonstrate the Trust's commitment to tackling all issues of transphobia, biphobia, and homophobia and to support the LGBT+ community.

James referred to the significant work which has taken place to develop a process for international recruitment. This includes the provision of high quality personal and professional support to our new international colleagues. An international conference will be taking place on 9 December.

James referred to the annual Koestler Awards, which aim to challenge negative stereotypes and help people lead more positive lives by motivating them to participate and achieve in the arts. The Koestler Awards enable people in secure services to engage in artwork with some artwork being displayed nationally.

James welcomed the CORE20PLUS5 framework for children and young people which is a national NHS England approach aiming to support the reduction of health inequalities at both national and system level. James explained the approach was initially focussed on adults but has been adapted for children and young people with access to mental health services being a core priority. The Trust will be reflecting and reviewing the framework as part of the Children and Young People's workstream.

James referred to the use of restraint on black people in mental health services drawing on NHS data, which shows figures have more than doubled in the last six years. The Trust will undertake work to analyse and understand the data. Rajesh Nadkarni noted that detention is closely monitored within the Mental Health Legislation Committee.

### **Resolved:**

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

## **Quality, Clinical and Patient Issues**

### **8. Commissioning and Quality Assurance update (Month 7)**

Ramona Duguid referred to the report and the importance of the time spent within Board Development sessions reviewing in detail the regulatory position particularly around the financial position at Month 7, including the key actions taken to reduce agency spend.

Ramona referred to improvement in out of area bed days. This remains a focus, given the challenges of patients waiting for admission. Ramona also highlighted actions taken to achieve internal standards of 18-week waits and delayed transfers of care with partners at place.

Ramona noted receipt from the national team of the 100-day challenge for discharge for mental health, which is a positive step reflecting the focus the Trust gives, but also balances the focus across the system on acute hospitals. The Trust will be adopting this approach for inpatient wards working with system partners to bring traction in addressing system challenges in terms of delayed transfers of care.



Kevin Scollay advised that the Trust continues to work to deliver the Recovery Plan focussing on the temporary staffing situation. The Trust is currently behind plan but continues to forecast a financial position of break-even at year-end.

Ken Jarrold thanked Ramona Duguid and Kevin Scollay for the update which continues to be a challenging situation for the Trust.

**Resolved:**

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

**9. Quality Account**

Ramona Duguid talked to the report, which highlights the schedule of engagement on the Trust's Quality Priorities for 2023/24. Ramona referred to aligning the safety and quality priorities for the organisation for 2023/24.

Darren Best referred to the sub-theme of negative feedback included within the report, with a proportion of people reporting not being feeling listened to. This is vitally important for inclusion in future quality priorities.

**Resolved:**

- **The Board received the Quality Account update.**

**10. Annual Plan Quarter 2 update**

Kevin Scollay introduced the report highlighting the establishment of the Staff Wellness Team which will provide a central point for the reporting and recording of absences across the Trust. The Team will also provide ongoing support to managers across the organisation.

Kevin noted that the programme for Children and Young People's services is progressing well. During the quarter the Trust has provided input into the draft North East and North Cumbria Integrated Care System strategy, enabling alignment between CNTW and ICS strategies which will be presented to the Board in Quarter 4.

**Resolved**

- **The Board received and noted the Annual Plan Quarter 2 update.**

**11. Community Mental Health Survey Results Report**

Ramona Duguid referred to the report which summarises the outcome of the NHS community mental health service user survey for 2022. The report shows key areas where the Trust remain high performing in terms of positive results but also summaries those areas where scores have slightly deteriorated and where further improvement is required. This includes ensuring people know who to contact at points of crisis and people feeling listened to, making sure there is engagement from a care and treatment perspective.

**Resolved**

- **The Board received the Community Mental Health Survey Results Report**

**12. Service User and Carer Experience Report**

Ramona Duguid referred to the report which shows some positive areas despite operational pressures across the organisation. Ramona referred to the commencement of the Trust's internal peer review process across some of the key wards and teams. The reviews have focused on feedback using the 'You Said, We Did' approach and the need to have this information much more integrated into wards areas.

**Resolved**

- **The Board received the Service User and Carer Experience Report**

**13. Waiting Times for Children and Young People**

Ramona Duguid introduced the report, which provided detail of the current position with Children and Young People referrals waiting longer than 18 weeks. Work has commenced across all localities to gain a collective understanding of actions being taken, and the expected impact, which will be reported regularly to the Quality and Performance Committee.

While the report outlines the current position and actions taken, a request for system support has also been made to review the neurodevelopmental pathway with some urgency to agree on the collective mitigations needed for children and young people and their families. This includes setting a realistic trajectory with commissioners to reduce the significant long waits for the service.

Ken Jarrold highlighted the importance of the report which identifies significant challenges particularly the neurodevelopmental pathway and noted the positive response from commissioners to support addressing these challenges.

Darren Best welcomed the regular updates to be provided to the Quality and Performance Committee as well as the system-wide focus. Darren referred to the graphs which highlight data from the past 12 months and noted the importance of seeing this in the context of the current position.

David Arthur referred to the lower numbers within Northumberland compared to other localities and asked if any learning could be taken elsewhere in the Trust. Ramona advised that Northumberland was selected as a trailblazer around four week waits for children and young people and work is currently ongoing to review the work across other localities.

Louise Nelson referred to a recent Non-Executive Director service visit to the Fairfield Centre, Carleton Clinic which included a discussion on waiting lists for children and young people and inappropriate referrals. It was felt there is a need for the Trust to liaise with and provide education and support to Primary Care through one-to-one contact to ensure referrals are appropriate. Louise noted that the service also triaged to other providers and linking with other third sector providers may be an excellent opportunity for the Trust to consider. It was also clear from the visit that the service keeps in touch with patients whilst on the waiting lists and Louise suggested that this learning should also be shared across localities.

Russell Stronach requested to be involved in the neurodevelopmental pathway work and suggested that it is questionable whether a Mental Health Trust is the correct place to deliver some services. Russell also highlighted the importance of early diagnosis of autism, ADHD, dyslexic and felt this could be a reason for long-waits for adult diagnosis.

**Resolved:**

- **The Board received and noted the Waiting Times for Children and Young People Report**

**14. Workforce Issues**

No significant issues to note.

**Regulatory / compliance issues****15. Board and Sub-Committees Terms of Reference Annual Review**

Debbie Henderson referred to the report outlining the annual review of Board and Sub-Committees Terms of Reference. Debbie confirmed there were no changes to the main delegated responsibilities to sub-committees except for amendments to membership reflecting changes to the Executive Team.

The Board Terms of Reference have been amended to reflect the new statutory functions of the ICBs and the requirement for Foundation Trusts to consider wider system-wide strategies and plans when considering organisational business and decisions. Debbie clarified that this does not change Foundation Trusts responsibilities as a statutory organisation.

**Approved:**

- **The Board approved the Board and Sub-Committees Terms of Reference**

**16. NENC Integrated Care System / Integrated Care Board update**

James Duncan noted that planning guidance would be issued nationally at the end of December 2022 and referred to the new NENC ICS governance structure including the ICB, Integrated Care Partnership (ICP) and Place based arrangements within each locality.

Ken Jarrold noted that the NENC ICB are currently facing immense challenges in terms of service demand, workforce recruitment and retention and financial performance, while at the same time navigating these challenges through a period of significant organisational change.

Ken reminded Board members that Rajesh Nadkarni was a Non-Executive Director of the NENC ICB, and Rajesh advised that there was a significant focus on health inequalities. New arrangements were being formed to bring together third sector partners and Local Authorities to address inequalities and health prevention.

**Resolved:**

- **The Board received and noted the NENC Integrated Care System / Integrated Care Board update**

**17. Family Ambassador Role**

Dan Briggs Peer Supporter for the South Locality introduced Rachel Noble and Katie Watson who had recently been appointed as Family Ambassadors as part of a national programme of appointments. Of 14 Family Ambassador appointments in the country, CNTW have appointed two which is part of a 12-month pilot programme by Health Education England with future funding to be sourced locally. The aim is to improve interaction between parents, carers and families and inpatient services, viewing parents as partners in the service provision for children and young people.

Rachel and Katie shared their personal lived experiences with the Board.

Ken Jarrold thanked Rachel and Katie for sharing their inspiring and moving experiences with the Board.

**Resolved:**

- **The Board received and noted the Family Ambassador Role**

**Board sub-committee minutes and Governor issues for information**

**18. Quality and Performance Committee**

Nothing to report.

**19. Audit Committee**

Nothing to report.

**20. Resource and Business Assurance Committee**

Nothing to report.

#### **21. Mental Health Legislation Committee**

Nothing to report.

#### **22. Provider Collaborative Committee**

Nothing to report.

#### **23. People Committee**

Nothing to report.

#### **24. Charitable Funds Committee**

Nothing to report.

#### **25. Council of Governors issues**

Ken Jarrold briefed the Board on the recent Governor Elections and noted that the results will be published on 16 December 2022. Ken noted that there will be vacancies remaining and another round of Elections will take place in January.

Ken referred to the Joint Governor and Board of Directors meeting to be held on 9 December with an important agenda focussing on workforce, wellbeing, and the current cost of living crisis. Margaret Adams noted the opportunity to meet one hour prior to the meeting to enable some informal time for Governors.

Wendy Pattison was delighted to mention a Safe Haven will be opening soon within Ashington area.

#### **26. Any Other Business**

There were no issues to note.

#### **27. Questions from the public**

There were no questions from the public.

#### **Date and time of next meeting**

Wednesday, 1 February 2023, 1:30pm at Trust Boardroom, St Nicholas Hospital and online via Microsoft Teams.

## **5. Action Log and Matters Arising from previous meeting**

Speaker: Ken Jarrold, Chairman

### References:

- 5. BoD Action Log PUBLIC as at 1 February 2023.pdf

Board of Directors Meeting held in public

Action Log as at 1 February 2023

**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			

## 6. Chairman's update

Speaker: Ken Jarrold, Chairman

# 7. Chief Executive Report

Speaker: James Duncan, Chief Executive

## References:

- 7. CEO Report to Board of Directors February 2023.pdf



**Report to the Board of Directors**  
**1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>Chief Executive's report</b>
<b>Purpose of the report</b>	<b>For information</b>
<b>Executive Lead</b>	<b>James Duncan, Chief Executive</b>
<b>Report author(s) (if different from above)</b>	<b>Jane Welch, Policy Advisor to the Chief Executive</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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**Meeting of the Board of Directors  
Chief Executive's Report  
Wednesday 1<sup>st</sup> February 2023**

## **Trust updates**

### **CNTW launches careers portal to support diversity in recruitment**

The Trust has created a new Application Support Hub to support candidates from a diverse range of backgrounds through our recruitment process. CNTW developed the hub after an internal report found white applicants were more likely to be appointed than candidates from ethnic minority backgrounds. The hub is designed to improve the experience of the CNTW recruitment process for people from a diverse range of backgrounds, including people from ethnic minority backgrounds and people with learning disabilities, though the resources may be useful for anyone interested in applying for a role at the Trust. Hosted on the CNTW website, the hub offers advice and detailed explanations of each stage of the recruitment process and was developed following an event held by the Trust to explore barriers to equality, diversity and inclusion in the recruitment process. The Trust also plans to provide individual and group sessions throughout the year to support applicants through the recruitment process and offer advice about opportunities at CNTW.

### **Street Triage Team shortlisted for national award**

A successful partnership between Cumbria Police and CNTW has been shortlisted for the NHS Collaboration Award in the 2022 Health Business Awards. The partnership, known as the Street Triage Team, sees mental health clinicians from CNTW and police officers teaming up to support people who come into contact with the police during a mental health crisis. When Cumbria Police respond to an incident, the Street Triage Team will be asked to attend if officers believe that someone involved is experiencing a mental health crisis or is in severe distress. At the scene, they can assess the person's mental state, discuss the most appropriate way to support the person and create a 'safety plan' with them. They can also refer them on to other support services if needed and perform a follow-up wellbeing check with the person 24 – 48 hours after the incident.

Between May 2021 and June 2022, the Street Triage Team in the East of Cumbria have prevented 188 unnecessary detentions (occasions when, without the Team's support, police may previously have needed to use Section 136 powers to detain somebody). Since January 2022 a second Street Triage Team has been supporting people in the West of Cumbria (including Whitehaven, Workington, Cockermouth, Keswick, and Wigton).

### **Stay Switched On campaign**

The Trust is joining health and care leaders across the region in supporting the Stay Switched On campaign, which is advising patients who need extra help to sign up to their energy supplier's priority services register. This free service helps suppliers know which customers need extra support, such as advance notice of power cuts, priority support in an emergency, or sending bills to a family member or carer. Citizens may be eligible to join the register based on their age, a disability, illness or mental health problems, communication

needs, or other circumstances including pregnancy or if they have children under the age of five. The campaign, which will continue through the rest of the winter, aims to build on work already done by councils, the NHS and voluntary sector organisations in the region.

## **National Updates**

### **2023/24 priorities and operational planning guidance**

On 23<sup>rd</sup> December NHS England published its [2023/24 priorities and operational planning guidance](#). The guidance sets out three key tasks for the NHS in the coming year: recovering core services and productivity, progressing delivery of the NHS Long Term Plan ambitions, and continuing transformation work.

In relation to mental health, the guidance sets out the following key actions:

- Continue to achieve the Mental Health Investment Standard
- Develop a workforce plan that supports achievement of the system's mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.
- Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality and outcomes data

Actions relating to care and support for people with a learning disability and autistic people include:

- Continue to improve the accuracy and expand the size of GP Learning Disability registers.
- Develop integrated workforce plans for learning disability and autism
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times

### **Guidance on the development of Joint Forward Plans for Integrated Care Boards and Trusts**

On 23<sup>rd</sup> December NHS England published [guidance](#) for Integrated Care Boards and partner Trusts and Foundation Trusts on the development of five-year joint forward plans (JFP). ICB's and their partner trusts have a duty to prepare a Joint Forward Plan before the beginning of 2023/24, though the consultation process may continue into the 2023/24 financial year with a final draft of the plan due for submission in June 2023. The draft JFP must be presented for consideration to Joint Health and Wellbeing Boards.

JFPs should describe how the ICB and partner trusts intend to meet the physical and mental health needs of their population through the provision of NHS services, and should address the four core purposes of ICSs (improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, help the NHS support broader social and economic development). ICBs and partner trusts should expect to be held to account for delivering the JFP. ICBs and Trusts must consult the public on the JFP in a proportionate way.

## **NHS England launches mental health Discharge Challenge**

NHS England launched a [Discharge Challenge](#) for mental health, which is being led by Integrated Care Boards. A letter from Claire Murdoch to launch the challenge referenced a number of initiatives systems should implement to ensure improvements in this area by March 2023. These include identifying the purpose of admission, completing care formulation and care planning at the earliest opportunity with the patient, identifying any potential barriers to discharge early on in admission, conducting daily reviews to ensure each day of care adds therapeutic benefit, holding Multi Agency Discharge Events (MADE) with key partners to review complex cases, ensuring partnership working with patients, carers and stakeholders, implementing 7-day working, identifying common issues and solutions linked to delayed discharge, giving 48 hours notice of discharge, and ensuring follow-up in the community following discharge.

## **Government announces Major Conditions Strategy**

Secretary of State for Health and Social Care Steve Barclay made a written [statement](#) on 24<sup>th</sup> January announcing that the Department for Health and Social Care (DHSC) will develop and publish a Major Conditions Strategy. The strategy will set out a policy agenda which will facilitate a shift towards integrated, whole-person care and aims to alleviate pressure on the health and care system, increase healthy life expectancy and reduce ill-health related labour market inactivity. The strategy will cover cancers, cardiovascular disease including stroke and diabetes, chronic respiratory diseases, dementia, mental ill health and musculoskeletal disorders. The statement highlights integrated working, workforce development, prevention and early intervention as key areas of focus for the strategy. An interim report on the strategy will be published in the summer, with a separate Suicide Prevention Strategy to be developed this year.

## **Rapid review into patient safety in mental health inpatient settings**

Maria Caulfield, Minister for Mental Health made a written [statement](#) on 23<sup>rd</sup> January announcing a rapid review into patient safety in mental health inpatient settings in England. The review will focus on using data and evidence to identify patient safety risks and failures in care and how this can be done more effectively. The review will be chaired by Dr. Geraldine Strathdee, the Chair of the Essex Mental Health Independent Inquiry which is looking at deaths among mental health inpatients in Essex between 2000 and 2020. Dr. Strathdee is also former National Clinical Director for Mental Health at NHS England. The review will be aligned and complementary to NHS England's three-year quality improvement programme which aims to tackle the root causes of unsafe, poor quality inpatient care in mental health, learning disability and autism settings.

The statement also included an update on the £150 million capital investment in mental health urgent and emergency care infrastructure announced as part of the 2021 Spending Review. £7 million will be used to procure up to 100 specialist mental health ambulances which will be staffed by physical and mental health staff and are aimed at reducing the number of people taken by ambulance to A&E for mental health reasons. The remaining

£143 million will be invested in developing and improving facilities to support people experiencing mental health crisis including in emergency departments, community settings and the expansion of crisis lines.

### **Letter from Rt Hon Patricia Hewitt to ICB Chairs, ICP Chairs and ICB CEOs**

The Rt Hon Patricia Hewitt has written to all ICB and ICP Chairs and ICB CEOs setting out plans for the next stage of the independent review into Integrated Care Systems. The next stage of the review will focus on five workstreams – prevention and population health management; integration and place; autonomy, accountability and regulation; productivity and finance; and digital and data. Each workstream will be led by health and care system leaders from the NHS and local government.

The letter also summarises six draft principles which have emerged from the review so far:

- Collaboration within each system as well as between systems and national bodies
- A limited number of shared priorities. The public's immediate priorities (access to primary care, urgent and emergency care, elective care and mental health services) are a central part of accountability for all ICBs and ICS partners.
- Give local leaders space and time to lead. Effective change in any system - particularly one as complex as health and care - needs consistent policy, finances, support and regulation over several years. Multi-year funding horizons, with proportionate reporting requirements, are essential.
- Systems need the right support. ICSs require bespoke support geared to the whole system and the partners within it, rather than to individual providers or sectors. Support also needs to be proportionate - less intervention for mature systems delivering results within budget; more intervention and support for systems facing greater challenges.
- Balancing freedom with accountability. It is right that with greater freedom comes robust accountability, including for financial spending and ensuring value for money.
- Enabling timely, relevant, high-quality and transparent data which is essential for integration, improvement, innovation and accountability. ICSs should focus on enabling data sharing and digital innovation that supports real-time service improvement. Effective data can also enable greater accountability, a learning culture and research.

### **NHS treating fewer patients than pre-pandemic despite increased funding and staffing levels**

A [report](#) from the Institute of Fiscal Studies examines how NHS funding, resources and treatment volumes compare with pre-pandemic levels, and explores why, despite access to more funding and more staff than the pre-pandemic period, the NHS is treating fewer patients. The report suggests that Covid may have a lasting impact on NHS performance, and that the NHS may in the future be able to treat fewer patients from a given level of resources. Other key findings include:

- Although the total number of NHS hospital beds has returned to pre-pandemic levels, the number of beds available for non-COVID activity in the third quarter of 2022 was still lower than pre-pandemic
- The NHS is struggling to discharge hospital patients when medically appropriate
- The worsening of population health, evident in the rising number of disability benefit claimants, is likely increasing the number of patients requiring complex, resource-intensive treatment
- The additional cash allocated to the NHS at the recent Autumn Statement is sufficient to offset only around half of the real-terms impact of higher inflation
- Even after adjusting for higher rates of staff sickness absences, the NHS has 8% more nurses, 9% more consultants and 15% more junior doctors than pre-pandemic. The number of nurses increased by just 3% between 2010 and 2019

### **Number of young people claiming sickness or disability benefits triples in a year with 70% experiencing mental health issues**

An [article](#) in the i newspaper references a report from the Institute of Fiscal Studies (IFS) which found that younger people out of work are disproportionately likely to be living with mental health or behavioural conditions. According to the report, the number of new disability benefit claims rose from 15,000 a month in 2021 to 30,000 a month in 2022. A doubling in the number of claimants was seen across almost every age bracket, while the number of claimants aged 16 to 19 tripled. Younger claimants were more likely to be experiencing mental ill-health, with 70% of under 22's reporting mental or behavioural disabilities, compared with 20% of those aged 55 or over. Figures also indicate that the health of the working age population has deteriorated significantly, with almost 10 per cent of adults reporting their health limits their daily activities a lot.

The article references a report by the Institute for Public Policy Research (IPPR) which found that six in ten people off work due to long-term sickness are living with a mental health problem. While older people still make up the majority of those economically inactive due to long-term sickness, the sharpest relative increases have been among those aged 25 to 34, with mental health problems the most common condition affecting people's ability to work.

The IFS warned the large and sudden increase in applications for disability benefits was likely to put pressure on the administration of the system as well as increasing spending on benefits.

## **Regional Updates**

### **North East devolution deal**

In December 2022 a new devolution [deal](#) for the North East was announced by the Secretary of State for Levelling Up, Housing and Communities. Subject to local and parliamentary approval, a new North East Combined Authority will be established with a

new mayor elected in 2024. The deal brings together South Tyneside, Gateshead, Sunderland and County Durham with Northumberland, Newcastle and North Tyneside (the three councils part of the existing North of Tyne Combined Authority which will be replaced by the new North East Combined Authority).

The devolution deal will bring an expansion of regional powers over transport policy. Other public services are not included in the deal although there is a commitment to 'consider devolving further powers' to support public service reform, including in relation to health and care. The deal mentions specific areas of work linked to place-based health and care, healthy ageing, and population health and prevention, referencing commitment from DHSC to work with the North East and North Cumbria Integrated Care Board to develop a Radical Prevention Fund to facilitate action around prevention, and use of the Dormant Assets Act to support VCSE organisations at place. Other powers set out in the deal relate to housing and skills, including £20 million for wider housing regeneration and a fully devolved adult education budget estimated to be £44m a year.

## 8. Commissioning and Quality Assurance update (Month 9)

Speaker: Ramona Duguid, Chief Operating Officer

### References:

- 8. Board front Sheet - C&QA Report.pdf
- 8. BoD- C&QA Report - December 2022.pdf



**Report to the Board of Directors**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>CNTW Integrated Commissioning &amp; Quality Assurance Report</b>
<b>Purpose of the report</b>	<b>For discussion</b>
<b>Executive Lead</b>	<b>Ramona Duguid, Chief Operating Officer</b>
<b>Report author(s) (if different from above)</b>	<b>Allan Fairlamb, Deputy Director of Commissioning &amp; Quality Assurance</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance	25.01.2023	Executive Team	
Audit		Trust Leadership Team (TLT)	23.01.2023
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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# Board Report

## 2022-23 Month 9 (December 2022)



Caring | Discovering | Growing | **Together**

# Executive Summary

## Regulatory

- At Month 9, the Trust delivered a £7.3m deficit against a planned surplus of £5.1m. Agency spend at the end of M9 is £22.5m of which £14.7m (65%) relates to nursing support staff.
- Information Governance Training has decreased to 91.0% in the month. The Trust are required to maintain 95% standard in line with trajectories.
- Out of area bed days have increased in the month 440 in the month relating to 22 patients (Total of 1178 in the quarter), the Quarter 3 trajectory cannot be achieved (184 Q3). The previously reported 328 out of area beds days reported for November have now increased to 339 due to an amendment in the data.
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at December 2022 is reported at 78.95% against a 95% standard.
- Children and Young Peoples Eating Disorder Services waiting times for urgent referrals (seen within 7 days) at December 2022 is reported at 100% against a 95% standard.

## Contract

- The Trust met all local commissioner contract requirements for month 9 and Quarter 3 with the exception of:
  - CPA metrics for all commissioners
  - Delayed Transfers of Care within Sunderland, Newcastle, Gateshead, North Cumbria in the month and quarter. North Tyneside quarter only.
  - Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in Newcastle and North Tyneside
  - IAPT numbers entering treatment in Sunderland and North Cumbria
  - EIP Referrals seen within 14 days in Gateshead
- The Trust met all the NHSE contract requirements for month 9 and the quarter with the exception of percentage of patients with a completed outcome plan (relating to 1 patient)

## Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have increased in the month, now reported at 466 (8.3%) as at 31<sup>st</sup> December 2022
- The numbers of Children and Young people waiting over 18 weeks for treatment have increased in the month to 2462 (59.4%) as at 31<sup>st</sup> December 2022
- There are a number of training topics underperforming against the Quarter 3 trajectory e.g. Clinical Risk, Clinical supervision, Safeguarding Children Level 2 and 3, Seclusion training (slide 48)
- Appraisal rates have increased to 76.2% achieving the Quarter 3 trajectory of 75% Trustwide
- Management supervision has decreased in the month to 58.6%, remaining under the Quarter 3 trajectory of 80%

# Executive Summary

## CNTW 9 key priorities summary

1	<b>Reducing Agency Spend</b>	Agency costs incurred in month 9 have decreased to £1.8m, reported at £2.2m in month 8
2	<b>Out of Area Placements</b>	Increased in month 9 to 440 bed days related to 22 individuals. Qtr 3 total of 1178 against a trajectory of 184 at the end of Qtr3.
3	<b>Zero waits for a bed</b>	Between the 6 <sup>th</sup> December 2022 and 25 <sup>th</sup> January 2023 there were an average of 9 patients on the triage board waiting for a bed. This has reduced from the week between 29 <sup>th</sup> November 2022 and 5 <sup>th</sup> December 2022 when the average was 23.
4	<b>Training standards</b>	18 training standards improved from month 8 to 9 (8 meeting Qtr 3 trajectory).  Training significantly below trajectory includes: MH Clustering, MH legislation, Seclusion, PMVA Basic, Autism Core Capabilities tier 1 & 2 and Learning Disability Tier 2. All of these courses have improved from month 8 to 9.
5	<b>Quality standards</b>	CPA Care Plans - No improvement from month 8 to 9 remain at 93.3% Trustwide Risk Assessments - Marginal improvement to 94.0% in month 9 (was 93.7% month 8) Risk and Contingency Plans - No improvement in the month remains at 89.7%
6	<b>Crisis and Home Treatment</b>	Urgent care standards regarding very urgent (1 hour) and urgent (4 hour) wait metrics have been implemented from 9th January 2023, data will be reported from month 10
7	<b>Quality Priorities for access to care and treatment (18 week waits)</b>	Adults and Older People December position - 466. All localities have seen an increase in the number of over 18 week waiters during December.  CYPS December position - 2462 - A decrease of 5 in total across the localities
8	<b>CQC Must Do's</b>	21 areas of improvement - review to be undertaken on end of year position on core must do requirements
9	<b>Financial break even</b>	At Month 9, the Trust delivered a £7.3m deficit against a planned surplus of £5.1m

# Regulatory

Single Oversight Framework	Segment	The Trust’s assigned segment under the Single Oversight Framework remains assigned as segment “1” (maximum autonomy). (Dec 22)												
	1	Areas for improvement relate to CYPS ED waiting times (for routine referrals) and Out of Area Placements. Information Governance Training has decreased to 91.0% in the month. The Trust are required to maintain 95% standard in line with trajectories.												
Care Quality Commission	OUTSTANDING		There have been no Mental Health Act Reviewer visits during December.											
Number of visits in the last 12 months:	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
	3	0	7	2	3	2	5	0	0					
		Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DQMI Score		90%	93.1%	93.0%	91.8%	93.5%	93.3%	93.0%	94.4%	93.5%	93.4%			
Information Governance Training		95% (traj 92%)	86.1%	85.4%	85.4%	86.6%	88.3%	91.4%	91.6%	91.4%	91.0%			
Out of Area bed days		0	155	241	337	301	351	750	399	339	440			
IAPT Recovery (Sunderland)		50%	56.4%	49.8%	56.5%	52.6%	56.7%	53.3%	59.1%	55.0%	48.3%			
IAPT Recovery (N.Cumbria)		50%	54.0%	52.1%	52.7%	51.4%	50.9%	60.4%	54.0%	52.8%	49.0%			
EIP (2 weeks to treatment)		60%	81.8%	82.5%	80.7%	87.5%	87.0%	80.7%	84.4%	80.0%	85.7%			
72 hour follow up		80%	90.2%	92.7%	97.0%	93.4%	91.1%	87.4%	93.5%	94.9%	93.9%			
Referral to treatment (RTT)		95%	100%	100%	100%	100%	100%	98.5%	98.6%	100%	99.4%			
CYPS ED – Urgent		95%	75%	100%	100%	100%	100%	100%	100%	100%	100%			
CYPS ED - Routine		95%	72.2%	69.6%	63.2%	69.2%	68.2%	70.8%	82.6%	70.4%	79.0%			
Action being taken:	Trajectories have been developed to ensure that the Trust will be compliant with training standards by the end of March 2023. CYPS Eating Disorder Routine referrals continue to underperform within North Cumbria CEDS team, this is due to an increase in the number of referrals received and forms part of the Service Development Improvement Plan (SDIP) with commissioners. <div>Overall page 31 of 331</div>													

## Contract

Commissioner Contracts (CCG):	Unmet contract requirements	<div>The Trust met all local commissioner contract requirements for the month and quarter with the exception of:</div> <ul style="list-style-type: none"><li>CPA metrics for all commissioners</li><li>DTOC – Sunderland, Gateshead, Newcastle and North Cumbria in the month. North Tyneside quarter only</li><li>Ethnicity recording for MHSDS – Newcastle and North Tyneside</li><li>IAPT numbers entering treatment – Sunderland and North Cumbria</li><li>EIP referrals seen within 14 days - Gateshead</li></ul>							
	5								
Commissioner Contracts (NHSE):	Unmet contract requirements	<div>The Trust met all NHSE contract requirements for the month and quarter with the exception of:</div> <ul style="list-style-type: none"><li>Percentage of patients with a completed outcome plan (relating to 1 patient)</li></ul>							
	1								
Contract Summaries:	NHS England	Northumberland	North Tyneside	Newcastle	Gateshead	South Tyneside	Sunderland	North Cumbria	Durham and Tees Valley
	94%	100%	70%	50%	60%	90%	71%	60%	75%
CQUIN:	Achieved	Part achieved	Not achieved	<div>As at December 2022 there are no identified issues relating to the Quarter 3 requirements with the exception of staff flu vaccinations (frontline staff only) currently reported at 54.4% as at 11<sup>th</sup> January 2023 (against a target of 90%).</div> <div>The latest published data within Futures NHS regarding the routine monitoring in CYP and Perinatal and Community Mental Health Teams shows achievement as at November 2022. IAPT, MH Liaison services and Cirrhosis and fibrosis tests to alcohol dependent patients are currently under internal review.</div> <div>The extra CQUIN shown in Q3 is due to the Flu vaccination CQUIN</div>					
	Q1	5							
	Q2	5							
	Q3	5	1						
	Q4								
Friends and Family Test (FFT):	89.2%	<div>The overall FFT satisfaction score for December 2022 was reported at 89.2%, 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 220, of which 64% were from service users, 24% from carers, 7% were completed on behalf of a service user and 5% did not state their person type. Of the 220 surveys received, 212 answered the FFT question.</div>							
Action being taken:	<div>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 targeted training once in post. There has been difficulty appointing to this post and options for recruitment are currently being explored.</div> <div>Overall page 32 of 331</div>								

# Internal

Waiting Times (Adult and Older Person):	Over 18 week waiters	As at 31 <sup>st</sup> December 2022 there were a total 5607 people waiting to access services in non-specialised adult services across CNTW of which, 466 people have waited more than 18 weeks to assessment. This is an decrease from 5802 people waiting to access non-specialised adult services last month of which 384 were reported waiting over 18 weeks.
	<b>466 (8.3%)</b>	

Waiting Times (CYPS):	Over 18 week waiters	This month the total number of CYP waiting more than 18 weeks to treatment has decreased, reported at 2462 as at 31 <sup>st</sup> December 2022 compared to 2467 as at 30 <sup>th</sup> November 2022. The number of young people waiting to access children's community services is reported at 4145 overall at month 9.
	<b>2462 (59.4%)</b>	

Statutory & Essential Training:	Standard achieved (Quarter 3 trajectory met)			Standard almost achieved (<5% below Quarter 3 trajectory)			Standard not achieved (>5% below Quarter 3 trajectory)		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
	9	10	12	3	5	5	11	8	6

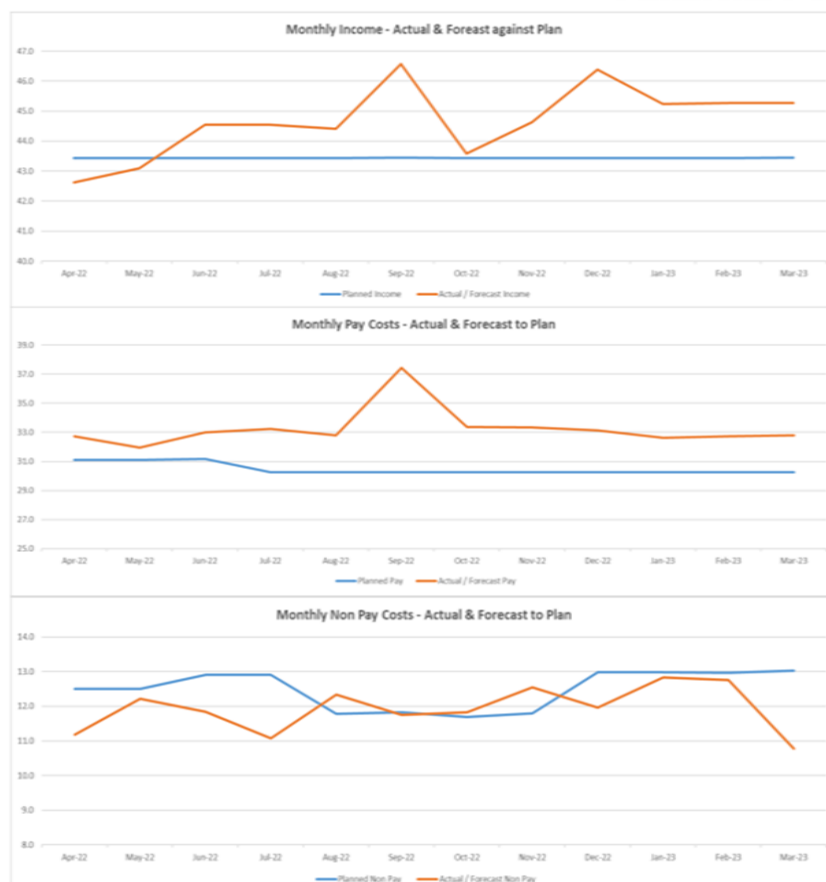
	Standard (Trajectory)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Appraisals	85% (75%)	64.8%	63.8%	63.8%	62.5%	64.9%	67.6%	69.2%	71.3%	76.2%			
Management Supervision	85% (80%)	52.6%	55.2%	54.5%	55.6%	56.9%	58.4%	58.9%	61.2%	58.6%			
Clinical Supervision	85% (83%)	77.5%	77.8%	77.8%	79.4%	79.1%	76.8%	77.5%	77.7%	78.4%			

Quality Priorities:	EDI and Human Rights		Supporting service users & carers to be heard		Improving Waiting Times				Improving the inpatient experience			
	Q1				The Trust continues to report a number of over 18 week waiters, work is ongoing within the Access & Waiting Times Group				The Trust did not meet the Quarter 1 trajectory for out of area bed days			
	Q2				The Trust continues to report an increasing number of over 18 week waiters				The Trust continue to report a high number of out of area bed days, the Quarter 2 trajectory was not achieved.			
	Q3	Further work or development is required on the Q3 requirements	The uptake of the You Said We Did posters has not been as expected		The Trust continues to report an increasing number of over 18 week waiters				There continues to be a high number of out of area bed days, the Quarter 3 trajectory was not met.			

Action being taken:	Localities have developed trajectories for meeting training standards by the end of Q4 2022/23. The Access and Waiting Times group has now changed to the Access Oversight Group and is focussing on the implementation of the new waiting times standard of 4 weeks, the monitoring and performance of the waiting times is being led within the locality groups.
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## Financial Performance Dashboard



## Key Indicators

	Month 9					
	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	390.9	400.4	9.5	521.3	535.3	14.0
Pay	(275.0)	(300.8)	(25.8)	(365.8)	(398.6)	(32.8)
Non Pay	(108.2)	(106.0)	2.2	(147.2)	(135.0)	12.2
<b>Surplus/(deficit)</b>	<b>7.8</b>	<b>(6.4)</b>	<b>(14.2)</b>	<b>8.3</b>	<b>1.7</b>	<b>(6.5)</b>
Remove gain on disposals	(2.7)	(0.9)	1.8	(2.7)	(1.7)	0.9
<b>Surplus/(deficit) for performance</b>	<b>5.1</b>	<b>(7.3)</b>	<b>(12.4)</b>	<b>5.6</b>	<b>(0.0)</b>	<b>(5.6)</b>

## Key Issues/Risks.

- At month 9 the Trust has delivered a £6.4m deficit, removing the impact of the gains on asset sales the Trust financial performance is a £7.3m deficit. This is £12.4m behind plan. The Trust planned contribution to the ICS financial plan was a £5.6m surplus, The Trust Board have approved a revised forecast at the end of the financial year to break-even.
- Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.
- Cash – £31.8m at month 9 which is £16.3m below plan. The Trust has a PDC drawn down expected of £2.6m. The change to the Trust surplus and capital programme will reduce the cash forecast for 2022/23.
- The Trust year to date position includes £1.9m pressure from the NHS pay award.
- Capital Spend - £28.0m at M9, which is £5.2m under plan. The Trust is forecasting to deliver the revised capital programme of £41.1m for 2022/23. The UEC schemes have been revised at month 9 as agreed with NHS E.
- The Trust revised plan to deliver financial break-even relies on a continued significant monthly reduction in agency costs.

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

	Oct			Nov			Dec		
	Shifts Filled by Agency	On Framework Above Price Cap	Off Framework	Shifts Filled by Agency	On Framework Above Price Cap	Off Framework	Shifts Filled by Agency	On Framework Above Price Cap	Off Framework
Medical	500	88	0	609	111	15	531	88	12
Nursing	717	311	87	713	328	67	680	312	127
Support to Nursing	5,212	443	1	5,075	334	0	4,330	151	11
Admin	56	0	0	70	0	0	53	0	0
<b>TOTAL</b>	<b>6,485</b>	<b>842</b>	<b>88</b>	<b>6,467</b>	<b>773</b>	<b>82</b>	<b>5,594</b>	<b>551</b>	<b>150</b>

In December the Trust reported 551 price cap breaches (17% of agency medical shifts, 46% of agency qualified nursing shifts and 3% of agency nursing support shifts. At the end of December, 24 out of 26 agency 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 Single Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 9 and Quarter 3.
- There is a risk that the Trust will not achieve the required uptake for the Flu CQUIN.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- 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.
- There is a risk that the Trust will not meet it's financial plan if there is continued and sustained agency use.

### Recommendations

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

Allan Fairlamb

Deputy Director of Commissioning & Quality  
Assurance

Ramona Duguid

Chief Operating Officer

18<sup>th</sup> January 2023

## 9. Service User and Carer Experience Report (Q3)

Speaker: Ramona Duguid, Chief Operating Officer

### References:

- 9. Service User and Carer Experience report Quarter 3 2022-23 Board.pdf

**Report to Board**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	CNTW Service User and Carer Experience Summary Report Quarter 3 2022-23
<b>Purpose of the report</b>	To note
<b>Executive Lead</b>	Ramona Duguid – Chief Operating Officer
<b>Report author(s) (if different from above)</b>	Paul Sams – Feedback and Outcomes Lead, Commissioning and Quality Assurance

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	25.01.2023
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	23.01.2023
Trust Safety Group (TSG)	
Other i.e. external meeting	

## **CNTW Service User and Carer Experience Summary Report**

### **Quarter 3 2022-23**

#### **Executive Summary**

The use of Points of You surveys to feedback experience has continued to increase. This is shown in a rise in use when compared with the previous quarter and comparative quarter in the previous financial year.

Trust teams remain reliant on mailshot surveys for the vast majority of feedback (57%). Hard copy surveys continue to be underutilised by services.

The Trust had its lowest Friends and Family Test (FFT) score since the introduction of the current question (September 2020) with 8.34 (out of 10), down from 8.54 last quarter.

The use of You Said – We Did posters remains low across the Trust. This process supports services to complete the ‘Listen’ and Do’ parts of the NHS England Ask-Listen-Do process, so can be considered an ongoing missed opportunity.

#### **Recommendations**

- Teams should be promoting the use of online and hardcopy surveys to reduce the reliance on mailshot surveys.
- Reported themes for negative experiences of service users and carers should be addressed at locality and service level to promote responsiveness to feedback.
- You Said – We Did posters should be produced on a monthly basis by all teams to show service users and carers their feedback is important and has been addressed.

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## Service User and Carer Experience Report

### Quarter 3 2022-23

#### Ask Section: Points of You

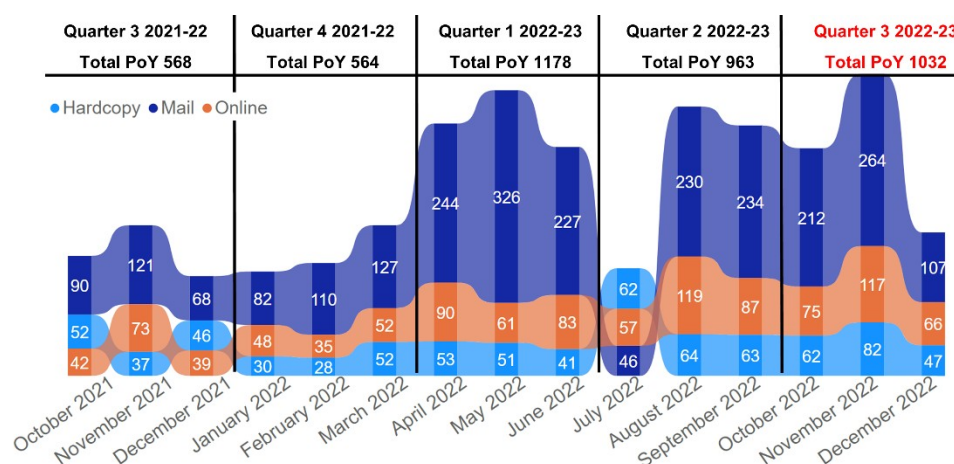
During quarter 3 of 2022-23 the Trust received feedback through the Points of You (PoY) survey 1032 times. This represents an increase of 7% on the previous quarter and a 45% increase on the same quarter last year.

Service users account for 637 (61.7%) surveys directly and further 101 (9.7%) completed on behalf of a service user. This represents an increase of 15 (1.5%) surveys on the previous quarter but is a 35% (478 surveys) increase on the same quarter last year.

Locality	Quarter 3 (2021-22)	Quarter 4 (2021-22)	Quarter 1 (2022-23)	Quarter 2 (2022-23)	Quarter 3 (2022-23)
South	236	204	427	393	377 (-4%)
Central	173	181	306	240	269 (+12%)
North Cumbria	76	82	225	142	184 (+30%)
North	70	82	205	178	183 (+3%)
Others*	13	15	15	10	19 (+90%)

Table 1. PoY uptake by locality, including % position on previous quarter

\*Include services not assigned to a locality.



Graph 1. Trustwide PoY received by type

Locality	Mailshot	Online	Hard Copy
South	193	70	114
Central	139	79	51
North Cumbria	124	48	12
North	116	51	16

Table 2. Locality breakdown of PoY received by type

## NHS England (NHSE) Specialist Services

Team	Oct-22	Nov-22	Dec-22	Average FFT Rating
Perinatal Inpatient (Beadnell)	0	1	1	10
Mental Health and Deafness	0	0	0	NA
Gender Dysphoria Service	0	0	0	NA
Low Secure Services (Adult)	2	1	2	9
Medium Secure Services (Adult)	12	12	6	8.5
CAMHS Ferndene	0	0	1	5
Lotus Ward	0	0	0	NA
CAMHS Medium Secure (Alnwood)	0	2	0	3.8
Eating Disorders (Inpatient)	1	0	0	7.5
Eating Disorders (Day Service)	0	0	1	10

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

## Patient Advice and Liaison Service (PALS)

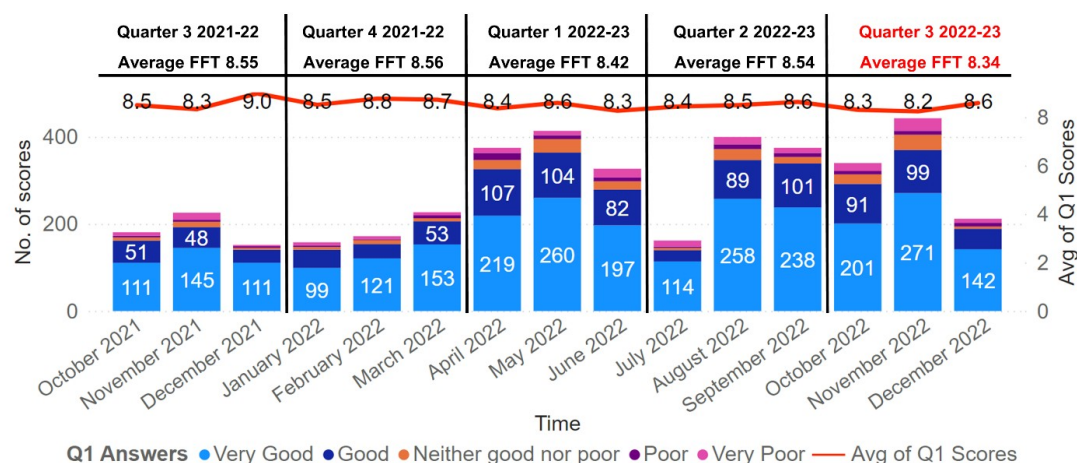
Care Group	Q3	Q4	Q1	Q2	Q3
Central Locality Care Group	21	30	26	30	<b>22</b>
South Locality Care Group	4	1	2	56	<b>45</b>
North Locality Care Group	4	5	10	12	<b>6</b>
North Cumbria Care Group	NA	NA	NA	8	<b>15</b>
Non Service Specific (CNTW)	32	41	23	102	<b>102</b>
<b>Total</b>	<b>61</b>	<b>77</b>	<b>61</b>	<b>208</b>	<b>200</b>

Table 4. Inquiries to all PALS services during quarter 3 2022-23 (in bold) and including previous 4 quarters

## NHS.net and Care Opinion and Healthwatch

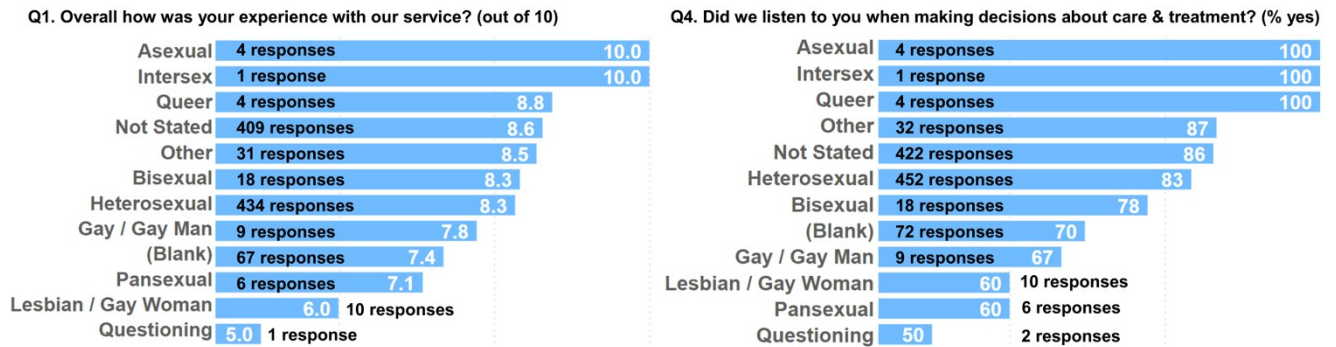
See listen section.

## Listen Section: Points of You

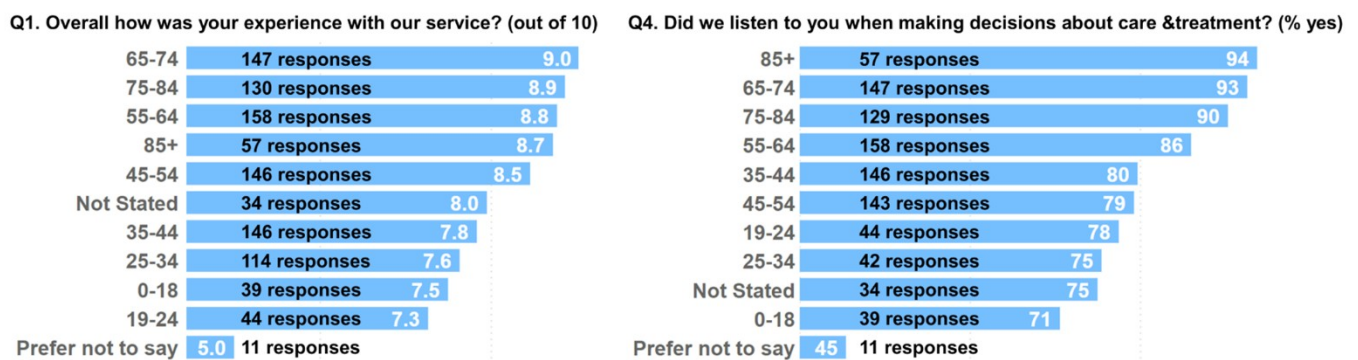


Graph 2. Average FFT score in current and previous quarters of 2022-23

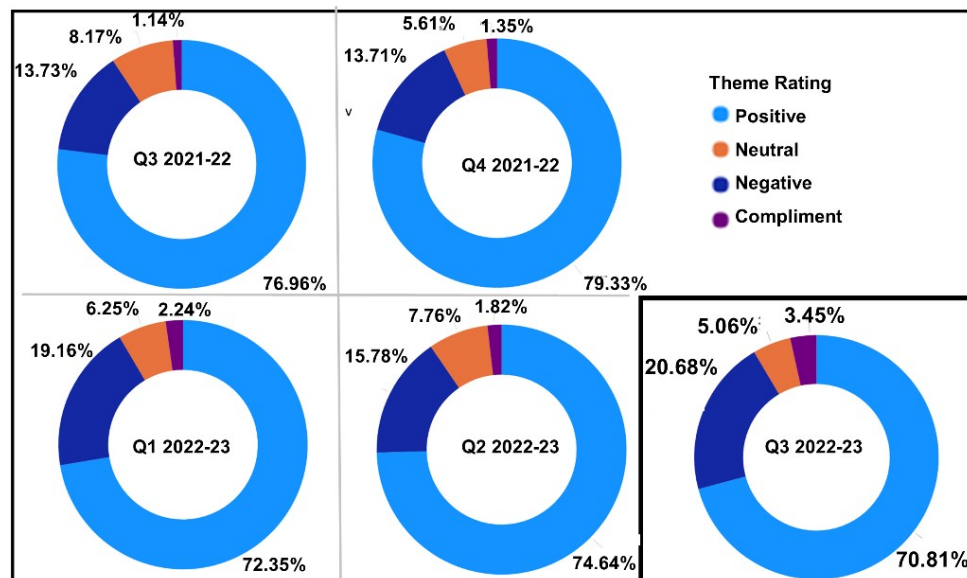
## Satisfaction by Demographic



Graph 3a & b. FFT average score and % yes to Question 4 of PoY by Sexuality



Graph 4a & b. FFT average score and % yes to Question 4 of PoY by Age



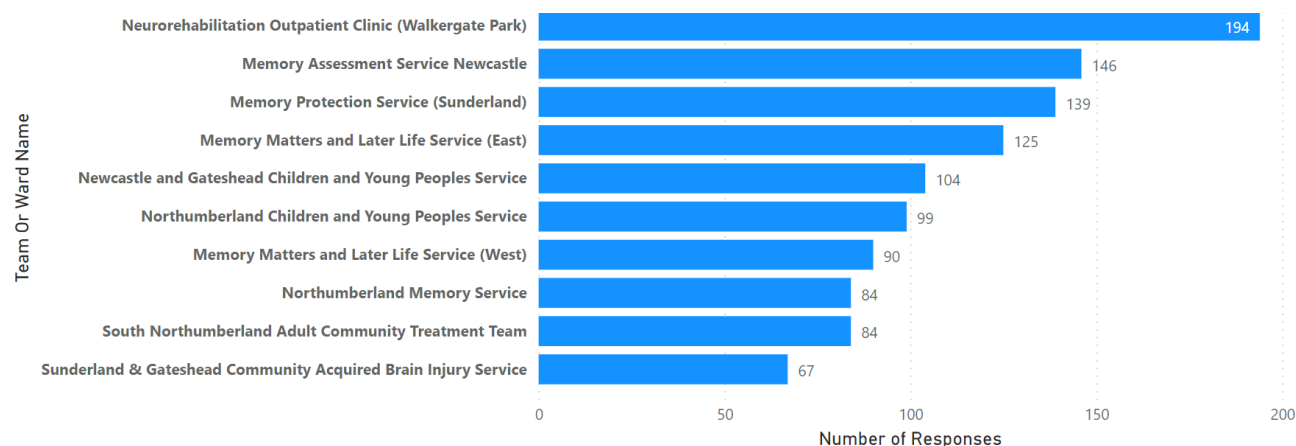
Graph 5. PoY Comments received by broad theme



	Quarter 4 2021-22				Quarter 1 2022-23				Quarter 2 2022-23				Quarter 3 2022-23			
Theme Category	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		1.01%	1.50%	3.38%		1.11%	3.60%	3.02%		0.61%	4.40%	2.04%		0.45%	1.82%	2.10%
Admissions and Discharges		0.21%		2.46%		0.18%	1.20%	1.65%		0.18%	1.17%	0.73%		0.10%		1.21%
Appointments		1.06%	3.01%	5.23%	1.64%	2.22%	5.71%	6.32%	1.25%	1.89%	5.28%	6.13%		1.66%	5.00%	5.85%
Clinical Treatment		0.58%	0.75%	1.23%		0.59%	2.70%	1.36%		0.58%	2.35%	1.17%	0.67%	0.39%	1.36%	0.44%
Communications	15.63%	27.10%	22.56%	27.38%	21.31%	27.95%	25.83%	33.46%	25.00%	29.52%	28.74%	36.35%	30.00%	35.57%	32.73%	42.27%
Facilities		1.81%	4.51%	12.00%		1.68%	6.61%	4.38%		1.04%	4.99%	4.23%	0.67%	1.20%	5.91%	5.96%
Other		0.69%	32.33%	4.00%		0.13%	11.71%	0.49%		0.43%	3.52%	0.88%		0.06%	5.45%	0.11%
Patient Care	37.50%	28.32%	18.80%	22.15%	20.49%	31.16%	30.03%	24.71%	33.75%	34.28%	31.09%	25.69%	25.33%	29.60%	33.64%	24.28%
Prescribing		0.27%	1.50%	1.23%		0.31%	0.90%	1.36%		0.30%	2.05%	1.17%		0.13%	0.91%	0.88%
Privacy, Dignity and Wellbeing		0.37%		0.31%		0.70%	0.60%	1.26%		0.88%	0.88%	0.15%	1.33%	0.16%		
Staff Numbers			1.50%	4.00%		0.08%	2.40%	4.18%		0.06%	2.64%	4.23%		0.06%	2.27%	2.54%
Trust Admin/ Policies/Procedures		0.16%						0.49%		0.21%	0.29%	0.73%		0.03%		0.33%
Values and Behaviours	46.88%	38.04%	12.03%	11.38%	56.56%	33.33%	6.61%	7.88%	40.00%	29.31%	9.38%	7.59%	42.00%	30.31%	7.73%	7.51%
Waiting Times		0.37%	1.50%	5.23%		0.54%	2.10%	9.44%		0.70%	3.23%	8.91%		0.26%	3.18%	6.51%

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

## Positive themes

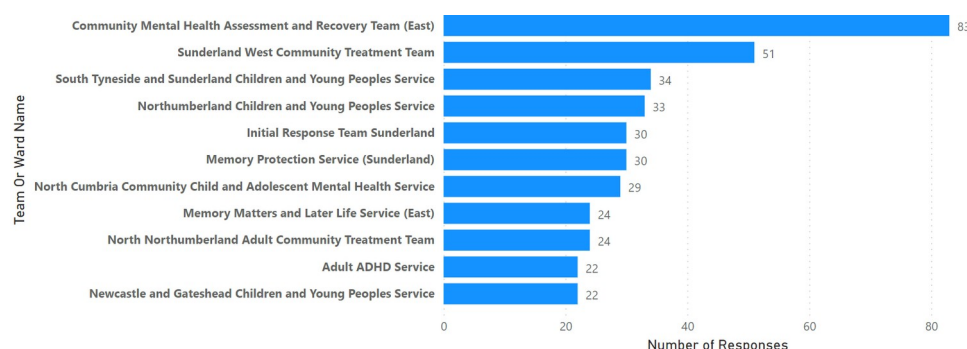


Graph 6. Teams or wards with the most positively themed comments during quarter 3 2022-23



As shown in table 6, there are 3 themes that make up the majority of positively themed comments (95.5% combined). They are Communications (35.6%), Values and Behaviours (30.3%) and Patient Care (29.6%). Below are some representative comments from these themes. See appendix 3 for examples of comments from the main themes.

## Negative Themes



Graph 7. Teams or wards with the most negatively themed comments during quarter 3 2022-23

## NHS England Specialist Services

Unfortunately only Medium Secure Adult Services had enough feedback to offer the opportunity to explore themes. Table 6 shows what the main themes are for the 30 completed surveys offered to these services during the quarter.

Category	Positive	Neutral	Negative
Admissions and Discharges			1.57%
Appointments	1.57%		
Clinical Treatment	0.79%		
Communications	16.54%	2.36%	1.57%
Facilities	2.36%	1.57%	3.15%
Other		0.79%	0.79%
Patient Care	22.05%	3.94%	3.94%
Prescribing			0.79%
Staff Numbers		0.79%	5.51%
Values and Behaviours	24.41%	4.72%	
Waiting Times			0.79%
Total	67.72%	14.17%	18.11%

Table 6. Themes of comments by percentage for quarter 3 2022-23

## Patient Advice and Liaison Service (PALS)

The PALS service was contacted 200 times during the quarter, the majority of these contacts were by phone call and in all cases service users and carers were offered support, advice or signposted when appropriate.

## NHS.net and Care Opinion

Service users and a carer chose the NHSuk (NHS.net) and Care Opinion on 4 occasions, 3 negative and 1 positive. 2 of the 3 negative experiences have been offered a response from the teams discussed in the feedback and 1 response is currently being formulated by the team.

The positive experience relates to Lotus ward and was shared by a parent of a young person. The parent shares experience of the whole team being responsive and friendly and describes them as 'the fourth emergency service'. This has been shared with the team and a response from them is being formulated.

## Healthwatch

North Tyneside Healthwatch contacted the Trust to inform us of a negative experience reported to them. The service user had not felt like their situation was not being taken seriously. The team took the opportunity to explain their processes and offer assurance that every service user is valued and taken seriously by the service.

### Do Section:

Action	Rationale	Status
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. Most recently at the CABIS away day, All locality Service User and Carer Experience Meetings and through raising awareness with Group Directors and Associate Directors.
Sharing compliments with wards and teams	As discussed in this report, there are many compliments received through feedback. Sharing this with the people involved is useful in supporting resilience of staff through	A Data Quality and Data Entry Officer now shares all compliments with the team and individuals involved at the earliest opportunity. Compliments can be viewed by any staff member on the dashboard: <a href="#">Microsoft Power BI</a>
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. The feedback poster has been refreshed to mirror the web page changes and includes a QR code to the page. (see appendix 1)
Roll out You Said We Did (YSWD) function on the PoY dashboard.	A roll out is ongoing, supported by posts in the Bulletin.	Efforts to promote the use of YSWD continue. Awareness sessions to teams and leadership meetings are planned across the Trust in the coming quarter. Recent awareness sessions at North Service User and Carer Involvement Working Group, All locality Service User and Carer Experience Meetings and raising awareness with Group Directors and Associate Directors.
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.	Ramona Duguid has now replaced Lisa Quinn as the signatory of the letter. A review of the letter content is planned within quarter 4.

### Appendix 1

KDU Cheviot - October 2022 (September feedback)

You Said	We Did
You want more staff to get out more	We have reviewed the group leave for on site leave at MDT to support patients to get off the ward more
You feel that the patients are getting on better	We introduced Cheviot Chums along with other ward groups and patients meetings and this has contributed to a better ward environment.

## Hadrian 1 – November 2022 (October feedback)

You Said	We Did
Positive (Staff Numbers) Staffing levels - more staff on ward	staff have been encouraged to spend more time on the ward floor and less time in staff areas
Positive (Staff Numbers) Staffing levels - more staff on ward	staff have been encouraged to spend more time on the ward floor and less time in staff areas
Positive (Facilities) Food special needs (culture or diet) - Food ok because I am a vegetarian get to cook and bake ward can be boring at times	Staff have tried to ensure that people with dietary restrictions are included in ward based activities with a food focus  individual activity planners were created to help ensure people have things to do whilst on the ward
I want to feed the birds	Bird food and feeder were purchased and placed outside patient windows

## KDU Lindisfarne – November 2022 (October feedback)

You Said	We Did
There are a lot of hard workers on the ward	this is really nice to hear about the staff team
More staff would be good.	the trust is always recruiting and advertising for new staff
More outings	we have a weekend outing sheet and patients are rotated on this. Named nurses arrange regular outings for all patients.
Staff are kind and listen to me	lovely to hear this positive feedback about the staff team
Sometimes noisy and other people are angry.	we have monthly patient's meetings so we will discuss the noise levels in the dayroom. Some of the patients we work with can become angry as they are unwell, but staff reassure patients they are safe.

## North Tyneside CTT – November 2022 (October feedback)

You Said	We Did
Positive (Communications) Staff/Service User - There is someone always there	We provide a 9-5 Monday to Friday service. Our clinicians aim to be flexible and collaborative with appointments and can provide links to alternate services when we are unavailable.
Positive (Values and Behaviours) General - Simply that everyone we have dealt with has been so attentive and focused. It gives us great confidence	We work as a multi disciplinary team and involve service users and carers in all our decision making and care plan formulation. We are pleased to hear that service users feel confident in our service.
Positive (Communications) Being listened to - Listening and caring were at the front of everybody we dealt with	Part of our core values is to listen to service users. This drives all the work we can achieve together. We are pleased at North Tyneside CTT that service users feel listened to.
Neutral (Facilities) Parking/Transport - A center closer to home or appointments not so far away	We are able to facilitate visits at home address subject to risk management. We have three bases at North Tyneside CTT Longbenton, North Shields and Whitley bay and we can offer appointments at these sites. This can be discussed with lead professional, care co ordinator or clinical lead.
Negative (Values and Behaviours) Helpful/Caring/Friendly - others turn a blind eye	All of our clinicians are here to listen and support. There may be times where clinicians are required to signpost to other services as they are the most appropriate service/clinician to provide the support required.  We at North Tyneside CTT are sorry that you feel this way about our service. This will be fed back to the wider team to improve communication.

## Appendix 2

# Ways to offer feedback

**NHS**  
Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

Your honest feedback, good or bad, makes sure our services are the best they can be. Feedback will never change your care in a bad way. It could lead to good changes in the future for the services we offer.

If you have any questions, comments or problems we hope that you will talk to someone who is providing your care. We understand that you might prefer to talk to someone else.

Here are some options for sharing your feedback.

If you require additional support to feedback or want advice on the best option or the experience you want to share, email **POY@cntw.nhs.uk**



**POY@cntw.nhs.uk**

This is a way of sharing your thoughts on care you received from a service or ward. This could be any type of experience, good or bad. You can ask us to let you know what happened with your feedback.

**PALS** **NHS**  
Patient Advice and Liaison  
Service

North of Tyne  
[northoftynepals.nhct.nhs.uk](mailto:northoftynepals.nhct.nhs.uk)  
0800 032 0202

South of Tyne  
[pals@cntw.nhs.uk](mailto:pals@cntw.nhs.uk)  
0800 328 4897

Provide confidential advice and support to service users, relatives and carers when you have a concern or query about care.

**NHS**  
Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

**Complaints Department**  
St. Nicholas Hospital, Gosforth,  
Newcastle, NE3 3XT  
[complaints@cntw.nhs.uk](mailto:complaints@cntw.nhs.uk)  
0191 245 6672

When you believe something went wrong, let us know. This will give us the opportunity to make sure you or someone else doesn't have the same experience.

**healthwatch**

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

The purpose of Healthwatch is to understand the needs, experiences and concerns of people who use health and social care services and speak out on your behalf.

**Care Opinion**  
What's your story?

[www.careopinion.org.uk](http://www.careopinion.org.uk)

Care Opinion is a place where you can share your experience of health or care services to help make them better for everyone.

**NHS**  
nhs.uk

<https://rb.gy/7fi7on>

NHS website where you can leave feedback on Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust services.



Caring | Discovering | Growing | **Together**

## **Examples of comments from the main positive themes**

### **Communications:**

*'With Paddy there is a lot of him just listening and reflecting back to me. Plus his session re-cap sheets are great and make me feel understood and listened to'* - South Northumberland Adult Community Treatment Team

*'I was completely in the dark as to how to best cope with my fathers illness, I was listened to fully reassured I was not alone'* - Northumberland Memory Service

*'yes I feel more confident knowing I can call anytime and knowing I'm seeing someone weekly in case my bloods are out of range'* - Adult Eating Disorder Community Team

### **Values and Behaviours**

*'My granddaughter was very nervous when we arrived, the therapist put her at ease straight away, when she came out of the room after having her meeting she seemed less anxious than she would normally be'* - South Tyneside and Sunderland Children and Young Peoples Service

*'the lady who did the assessment was very kind, sensitive and professional'* - Memory Matters and Later Life Service (West)

*'Yes! All staff are lovely, caring and show that they care about the service users health and well-being.'* - Tweed (LD Hospital Based Rehabilitation)

### **Patient Care**

*'Never felt able to trust someone in mental health services as we do Dee. Honest, real, caring, warm and approachable, nothing is ever a bother to her.'* - Individual Placement Support Employment Service

*'The team around us from CYPS are a fantastic support to our child and family, we really don't know where we would be without them. They are an amazing team. Our situation is forever evolving and they adapt quickly to meet the current needs.'* - Newcastle and Gateshead Children and Young Peoples Service

*'I was seen on time. The staff were pleasant. Knowledgeable and caring. They asked pertinent questions and gave helpful suggestions and opinions'* - Neurorehabilitation Outpatient Clinic (Walkergate Park)

## **Appendix 4**

## Examples of comments from the main negative themes

### Communication

*'Wouldn't even get back to me about the treatment I think would help me. Asked over a dozen times, multiple people.'* - Crisis Resolution and Home Treatment (West Cumbria)

*'As parents we felt we were not listened too and were not kept informed of anything.'*  
– Redburn

*'I had to remind the Department on a couple of occasions as to the need for feedback on how the meetings with my mother had gone'* - North Northumberland Older Adult Team

### Patient Care

*'No support afterwards whilst waiting for treatment. I didn't feel they would listen or take me seriously when I explicitly said I was suicidal and wanted to go through with my plan. I wouldn't trust them with anything, never mind a person's life'* - Sunderland West Community Treatment Team

*'wasn't nice, patronizing woman, didn't listen. No feedback total waste of time she said to me "if only I had a magic wand" How patronizing you'd never say that to someone with a physical illness'* - Early Intervention in Psychosis Service – Newcastle

## **10. Safer Staffing Levels Report (Q3 including 6 monthly skill mix review)**

Speaker: Anthony Deery, Deputy Chief Nurse

### References:

- 10. Safer Staffing Monthly Report inc 6 Month Skill Mix January 2023.pdf

**Report to the Board of Directors**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	Safer Staffing Report, Including Six Month Skill Mix Review - November 2022 data
<b>Purpose of the report</b>	For discussion
<b>Report author(s)</b>	Anthony Deery, Deputy Chief Nurse
<b>Executive Lead (if different from above)</b>	Gary O'Hare, Chief Nurse

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

**Board Sub-committee meetings where this item has been considered (specify date)**

Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

**Management Group meetings where this item has been considered (specify date)**

Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

**Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)**

SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.

There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).

SA4 The Trust's mental health and disability services will be sustainable and deliver real value to the people who use them.

A failure to develop flexible robust Community mental health services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4).

That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes (SA4.2)

SA6 The Trust will be regarded as a great place to work.

If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation (SA6).



## Report to the Board of Directors 1<sup>st</sup> February 2023

### Safer Staffing Report, Including Six Month Skill Mix Review (November 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 November 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.

- There was an overall reduction in staff sickness noted across the Trust in November.
- A number of patients were cared for off-pathway on adult inpatient wards, who required additional support from staff, due to a high acuity of need and the related dependency. The staffing position in Specialist Children and Young People's services improved during November, including the recruitment of two Internationally Educated nurses to Lotus ward.
- Senior nursing leadership was strengthened in North and South Localities, following recruitment to and review of Nurse Consultant roles.
- There continued to be a reduction in the use of agency staff throughout November. Bank-specific adverts for registered and unregistered roles resulted in a high number of applications.
- Localities continued with the winter vaccination programme, promoting the influenza and Covid vaccine to staff and patients within the Trust and to key partners, volunteers and healthcare students on clinical placement.

The staffing-related activity during October is summarised as:

- Daily Staffing Huddles continued to be held, ensuring that staffing issues were addressed at the earliest opportunity.
- The Student Nursing Assistant role was advertised again, to coincide with the new intake of students at local Universities.
- The first stage of implementation of the Mental Health Optimal Staffing Tool (MHOST) commenced in November, following feedback to the wards involved in the pilot stage. This involved a roll out across all older persons' wards and acute wards.
- Bespoke marketing campaigns included the development of recruitment films for Central Locality Access (Crisis) and South Locality community services.

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

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

#### Recommendation/summary

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

### **Purpose of this report**

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

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

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

**North Cumbria Locality**  
**North Cumbria CBU has 12 wards**

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ashby	78.46%	222.60%	106.08%	200.41%	Nursing Vacancies (November): 7x B3s, 1x B6 Sickness Absence reduced from 5.06% to 4.75%: X5 HCA short term absences, X1 HCA long term Absence, X2 Carers leave authorised, X1 RMN short term absence X2 Reasonable adjustment plans in place currently subject to review by Occupational Health X2 HCA restricted clinical duties due to health vulnerabilities Additional Need: Staffing levels continued as 5/5/4 responsive to clinical
Lennox	86.64%	137.19%	108.97%	277.12%	Nursing Vacancies (November): 1 x Band 6, 12 x band 3 Sickness Absence: 1 x Band 5 long term absence, 1 x Band 5 HR process, 1 x Band 3 HR process Additional Need: Safer staffing levels 6/6/5 Enhanced Observational levels: 1 x 2:1 (long term segregation), 1 X 1:1
Redburn Unit	91.24%	118.93%	53.85%	129.19%	Nursing Vacancies (November): 4 x band 6, 1 x band 2, 2 x band 3 Sickness Absence: 2 x LTA Band 3, 2 x STA Band 3, 1 x Band 6 HR process, 1 x band 3 HR process Additional Need: Safer staffing levels 10/10/8 Enhanced observation levels: 3 x 1:1, 3 intermittent Redburn continue to work with one nurse on a night shift, safer staffing is currently set at two. These shifts were back filled with non-registered nursing staff wherever possible.
Riding Unit	108.79%	111.75%	98.40%	149.15%	Nursing Vacancies (November): 2x Band 6, 2x OVER Band 5 Sickness Absence: 1x Manager Paternity leave, 1x Specialist Nurse STS, 3x Band 3 LTS HR Process: 3x Band 3 Suspended, 1x Band 3 Non-Clinical Additional Need: Safer Staffing levels Enhanced observation levels: Although Riding have had some increased observation levels they have have been able to meet their safer staffing levels the month for November.
Edenwood Unit	138.21%	225.93%	76.64%	225.88%	Nursing Vacancies (November): 0 Sickness absence slightly reduced from 6.45% to 6.02%: Band 2 – Ward Clerk, 4x Registered nurses (1x week), 2x HCA (1x Week), 1x HCA LTS Additional need: Safer Staffing requirements: 6/6/5 due to enhanced observations; 1x patient 2:1; 1x patient within eyesight due to safeguard risks
Hadrian 2	81.05%	88.78%	67.44%	145.53%	Nursing Vacancies: 6x RMN vacancies, 1x HCA Sickness absence reduced from 11.05% to 8.46%: 1x HCA LTS, 1x OT LTS, 1x Activity Facilitator Additional Need: Seclusion facility used on 2x occasions by Hadrian 1 requiring registered support on occasions for reviews in line with policy.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Hadrian Ward	88.29%	112.07%	55.02%	179.25%	<p>Staff Vacancies: 6x band 5 vacant posts, x2.3 HCA vacancies in November 22.</p> <p>International nurse commenced employment as a registered nurse (band 3 initially) 20<sup>th</sup> November.</p> <p>Further international nurse working as band 3 until she completes her OSCE.</p> <p>Sickness absence increased from 5.53% to 11.45%: Hadrian had x1 30 OTA on long term sick, X1 HCA on long term sick, X1 HCA on short term sick – 3 days, X1 HCA on short term sick - 4 days</p> <p>X1 HCA on suspended from the 8<sup>th</sup> November</p> <p>Additional Need:</p> <p>X1 patient nursed within seclusion facility on male ward with x1 staff to complete observations as per policy X5 staff to complete seclusion entries. This patient was transferred to PICU 5<sup>th</sup> December 2022. After transfer of patient to PICU staffing levels were reduced to 5 on early, 5 on late, 4 on nightshift.</p> <p>X1 Patient on the ward within eyesight with x1 member of staff, this was increased to x2 staff for long periods of time due to high violence and aggression. Multiple restraints following physical assault of both patients and staff. Staffing levels were 6 on early, 6 on late, 5 on nightshift.</p>
Oakwood Ward	80.00%	164.44%	110.04%	147.31%	<p>Nursing Vacancies (November): 0</p> <p>X1 RMN start date agreed for 19<sup>th</sup> November</p> <p>X2 RGN' s commenced Preceptorship and x2 newly qualified RMN's</p> <p>X1 RMN (15 hours) contract terminated</p> <p>Sickness Absence reduced from 5.06% to 4.75%: X5 HCA short term absences, X1 HCA long term Absence, X2 Carers leave authorised, X1 RMN short term absence</p> <p>X2 Reasonable adjustment plans in place currently subject to review by Occupational Health</p> <p>X2 HCA restricted clinical duties due to health vulnerabilities</p> <p>Additional Need:</p> <p>Staffing levels continued as 5/5/4 responsive to clinical need</p> <p>It was necessary to increase staffing to 6 for the late shift middle of November to support S17 Leave plans and Hospital appointments.</p> <p>X2 patients requiring increased Nursing care, 1x 15 mins intermittent Engagement and Observations, X2 Patients presenting with high risk of falls</p> <p>Leadership team were readily accessible to provide responsive support were required as 2<sup>nd</sup> qualified. Wider site support also planned for daily, facilitated on daily staffing calls, reduction in agency use noted.</p> <p>Team utilised full staffing resource to be included into safer staffing model where required, WM reviews and plans for this in accordance to changing clinical needs</p>

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ruskin Unit	70.70%	191.56%	170.38%	223.62%	<p>Nursing Vacancies (November): 2x band 6 vacancies, 1 HCA in recruitment process</p> <p>Sickness Absence reduced from 13.5% to 9.81%: 4x Long term absences 1x RMN, 3x HCA, 0.8WTE Band 6 short term absence, 3x Band 3 Long term absences, 5x HCA short term absences</p> <p>1x Band 5 RMN suspended, 1x Band 3 HCA suspended.</p> <p>0.6 WTE Band 3 on maternity</p> <p>1xWTE HCA reasonable adjustments into Activity facilitator role due to pregnancy risk assessment</p> <p>Additional Need:</p> <p>Working on increased staffing of 10, 10, 8 due to clinical acuity. 4 patients on enhanced observations.</p> <p>2 patients highly aggressive, high risk of harm to self and others</p> <p>1 patient risk of aggression and risk of falls</p> <p>1 patient risk of harm from putting self to floor – 3 recent hip dislocations</p> <p>2 full days of trauma informed care delivered</p> <p>PMVA full week attended by 1x staff member</p> <p>4 full days Dementia care mapping training delivered, 1x half day delivered</p>
Yewdale Ward	92.40%	153.60%	54.21%	338.60%	<p>Nursing Vacancies: 0.8 RMN – 1 Newly qualified has now passed her final assignment and has applied for her NMC PIN.</p> <p>Sickness absence reduced from 10.39% to 5.59%: 1 x RMN LTS (Deputy Ward Manager) – and will not be returning due to application to retire - ends 30<sup>th</sup> November. In addition to the above we have had several short term absences - No themes.</p> <p>Additional Need:</p> <p>November saw high acuity for short periods but generally was a fairly settled month. During this time we staffed up numbers to give support to the team and to ensure safe care given.</p> <p>As the 136 has been closed for 3 weeks due to refurb works we have not staffed up to reflect the lack of need to cover the 136.</p>
Lotus	66.49%	87.30%	87.21%	152.13%	<p>Nursing Vacancies (November): Band 6 x1, Band 4 AHP (x1)</p> <p>Sickness Absence reduced from 5.06% to 4.75%: 2 x LTS band 3, 1 x LTS band 5, 1 x STS band 6, 1 x B3 mat leave</p> <p>2 x B3 HR process.</p> <p>Additional Need: Safer Staffing levels 5/5/5</p> <p>Lotus have reduced clinical activity in November with only 4 YP on the ward. Staffing levels have been reduced to reflect this which is demonstrated in the November staffing percentages.</p>

## **North Cumbria**

### **Adult Inpatients:**

Improvement noted in some areas when maintaining safe staffing levels, however challenges remained within the acute pathway particularly Hadrian 1 and Hadrian 2.

Sickness absence increased significantly within Hadrian 1 from 5% to 11% however remaining wards noted a reduction in absence. Marked reduction on Yewdale of 5% and Ruskin 4%. We have continued to maintain safety without the need for the agency flexi pool and requested agency support as and when required.

High levels of acuity experienced in particular on Hadrian 1 involving a patient who required support within the seclusion facility within the male pathway. Due to a high number of incidents and presenting risks, transfer request made for PICU facility.

Edenwood discharge patient nursed within modular building which ended the requirement of 2x staff teams due to clinical need. This has impacted positively on staffing pressures and further stabilised the site as additional staff could be protocolled to support when needed.

We have continued to work with teams in an attempt to reduce the use of bank an agency with some progress and have forecasted for subsequent months to enable robust planning.

We continue to have a daily staffing/sitrep meetings at 10am and 4pm attended by ward managers, CMs, AND and AD to monitor staffing across site and gain a greater understanding of projected needs for the week. 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.

### **Specialist CYPS CBU:**

For November there has been improved safer staffing levels at Ferndene, this is due to a reduction of nursing observations following the discharge of some complex patients. Riding continues to have a long-term segregation and at times, some YP have required periods of seclusion to manage their safety.

Lotus has had increased sickness and staff on non-clinical duties, which has affected their safer staffing however, they have only had four patients on the ward so the need for backfill was not required.

There is no change to Alnwood clinical activity they have low levels of patients however their complex needs require additional staffing support high levels of observations due to risks. Both Lennox and Ashby have patients who are out of pathway and over 18 years old.

Daily staffing huddles are at 11am Monday to Friday with CM, AND and WM's present. This is to discuss and monitor staffing levels within our inpatient services; we look at how we can support each ward internally.

### **North Cumbria Locality Multidisciplinary Team Staffing Summary**

	<b>Staff in post</b>	<b>Vacancies</b>
<b>Dietitians</b>	5.9	1.25
<b>Speech and Language Therapists</b>	2.0	6.0

## **Recruitment & Retention:**

### **Adult Inpatients:**

We have had a number of appointments undergoing recruitment processes in preparation to commence including: 4x HCA, 1x Return to practice nurse (commencing this month – Jan), 1x band 5 OT for Yewdale, 1x band 4 (OT), 1x band 8 Clinical Nurse Specialist aligned to acute pathway.

We still progress with opportunities to enhance recruitment opportunities where possible, JT AND with ward manager from Yewdale attended the Nursing Times virtual event to discuss further international recruitment opportunities.

### **Specialist CYPS CBU:**

Our service continues to be proactive in recruitment and retention within the service, AD and AND have recently attended recruitment events in Manchester and Dublin to promote our services to the nursing students.

We have recently put out an advert for B3 Nursing assistant for both Ashby and Lennox and will be looking to interview in the New Year. Redburn is still waiting for preceptor nurses to start; there has been delays in employment checks and university qualifications. Lotus have recently recruited a B6 nurse and waiting for employment checks to be concluded.

## **Six Monthly Skill Mix Review**

### **Adult Inpatients:**

Skill mix remains an area of focus when workforce planning. North Cumbria adult inpatients have experienced challenges in recruiting registered nurses prompting several vacancies across the inpatient pathway.

Despite several recruitment campaigns, we had been unsuccessful in reducing vacancies, the rural geographical location added an additional layer of challenge.

We have worked closely with our international partnership matron to explore opportunities for international recruitment. We are working successfully with our 3<sup>rd</sup> cohort of international nurses, the first cohort have completed their preceptorships, the second cohort have completed OSCES and commencing preceptorship and the third cohort commencing OSCES. The program is working extremely well.

Speech and Language Therapy remains a challenge within North Cumbria 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.

All Inpatient wards have a Peer Supporter working into the wards which has proved to be of significant benefit, enhancing patient and carer experience. We have also introduced carer lead roles into some of our inpatient services as a pilot role to scaffold patient experience.

### **Specialist Children and Young Peoples Service:**

Wards at Ferndene and Lotus feel in a much better position than 6 months ago with staffing levels on the ward. Most vacancies are now filled, and we have recruited additional activities coordinators and peer support workers to support the YP on the wards.

Alnwood have challenges with staffing retention and have lost both registered and non-registered over the past 6 months to other services within CNTW, it has been a challenge to recruit

registered nurses into the MSU services and we have had to support them from other areas of the CBU.

Lotus has been successful in recruiting two international nurses; they are working towards their Objective Structured Clinical Examination (OSCE) and undertaking preceptorship.

The CEDAR project work continues with building work still ongoing to the new MSU. The business case for clinical model review is almost complete; it will go to the trust board in the New Year.



## 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	121.24 %	235.84%	81.58%	234.13%	Randstad Registered agency has been used at night to support take charge nurse gaps. Increase in unregistered staff to support Zonal presence on the ward due to safeguard issues for an out of pathway patient. High escorts to NSECH due to ingestion of items and attempts to end life.
Bluebell Court	111.39 %	129.22%	105.43%	76.46%	Reduction of unregistered on nights shift due to staff absence.
Ebmbleton	116.87 %	358.11%	74.21%	348.75%	3:1 unregistered staff to support out of pathway patient in long term seclusion. Increased observations due to safeguarding risks and increased assaults on staff and peers.
Hauxley	126.16 %	107.79%	82.87%	173.26%	Increased use of registered during the day to support preceptee's who cannot take charge and gaps in Nights due to sickness. Increased use in unregistered staff on night duty to support acuity levels, reduction of pool staff available on night time
Kinnersley	81.54%	168.16%	153.91%	129.16%	Reduction in registered nurses on shift to support protocolling of take charge nurses to support across site. Increase in Registered nurse son night shift to support absence. Increase in unregistered to support absence and clinical need.
Newton	95.21%	238.73%	88.04%	364.98%	Working with increased observations due to levels of acuity and safeguarding risks between 2 patients and supporting a long term segregation requiring 2:1 support. Reduction in Registered support on Nights required use of agency to support safe staffing.
Warkworth	108.55 %	372.23%	93.18%	357.58%	Working with 6 WES observations due to levels of acuity. Patient mix. 2 X 37/41 patients on WES to maintain risk management whilst awaiting forensic low secure beds.
Woodhorn	84.81%	248.31%	106.35%	166.73%	Reduction of registered staff on days due to absence. Increase in unregistered due to vacancies and clinical demand to meet patient's physical needs.
Mitford	123.48 %	114.78%	96.52%	91.56%	Increase in registered staff to support staff absence and vacancies.
Mitford Bungalows	238.46 %	103.67%	82.12%	90.22%	Increase in registered staff to support vacancies and preceptee's who cannot take charge requiring additional support each shift.

## **North Locality**

Staffing meetings continue Monday-Friday within all clinical areas; daily within Autism services and twice daily at St Georges Park to enable close monitoring of service needs, shortfalls within teams, protocoling between wards/ hospital sites to maintain safer staffing within each clinical area.

Staffing pressures for all clinical areas continue to be discussed weekly with the group directors to look at individual ward needs, ensure resources are shared with the ongoing view to continue to provide effective services whilst also focusing on the trust deliverable to reduce agency spend. Trajectories are monitored to ensure all measures are taken before agency is used, the ongoing trajectory is to end use of Thornbury by the end of December following planned preceptorship sign off of international nurses to support take charge of wards. Thornbury care continues to be block booked for x2 nurses on Newton and x1 Nurse on Mitford bungalows due to ongoing vacancies and supporting consistency within the clinical areas. Preceptee nurses commenced post in September and have robust preceptorship plans in place to aid underpinning knowledge and skill development to continue to support the reduction of agency use thus reducing financial costs whilst not compromising on safety.

Absence monitoring and wellbeing checks are high on the agenda to fully aid staff to feel supported, workforce continue to support the CBU's within the North locality to ensure accurate monitoring and timely interventions. Absence across the North locality has seen an overall decreased from 7.99% to 6.5%. North Inpatient CBU has seen a reduction of 1.54% this month with a total of 6.83%, all areas saw improvement with the exception of physiotherapy and older people services which saw a very slight increase. The Learning disability and Autism CBU also saw an improvements with a decrease of 1.26% leaving a total of 6.25%, improvements in all area with the exception of Mitford which saw a slight increase but the main impact was related to autism admin during November.

Services continue to experience increased levels of service user need and safeguarding monitoring requiring enhanced observations. Out of area pathways requiring individual packages of care continues to increase daily staffing requirements, secure care risk profile has been a significant contributor with 3 patients within the acute pathway being unable to move onto the correct service due to bed waiting lists. Complexities of these various barriers impacts significantly on staffing requirements.

### **North Locality Multi-Disciplinary Team Staffing Summary**

	<b>Staff in post</b>	<b>Vacancies</b>
<b>Physiotherapists</b>	Band 7 - 1.9 wte Band 5 - 1.0 wte Band 4 - 2.0 wte 4.9 wte	1x Band 6 24 hours starting 16 <sup>th</sup> January 2023 0.4 wte Band 6 vacant
<b>Occupational Therapists</b>	21wte	2 x B5 – international recruitment in progress
<b>Psychologists</b>	Band 7 - 1.0 wte Band 6 - 1.0 wte Band 5 - 1.0 wte Band 4 - 0.4 wte 3.4 wte	
<b>Admin</b>	13	3 x Higher Assistant Psychologists going through clearance 1 x 0.6 band 7 Art Therapist going out to advert
<b>Dietitians</b>	1.5	1.1
<b>Speech and Language Therapists</b>	4.9	1.0

### **Recruitment & Retention:**

Proactive advertising, shortlisting and interviewing continues across all areas although there has been a number of DNA at interview and withdrawal of conditional offers whilst awaiting employment checks.

Vacancies within the Learning Disability and Autism CBU sit at 8 registered nurse vacancies and 60 unregistered vacancies, bespoke adverts have been authorised to focus on the specialised area of nursing. North Inpatients CBU is a much improved picture for registered nurses with only 11.88 vacancies outstanding, although unregistered nurse recruitment continues to prove a challenge to recruit with 30 vacancies remaining although these are being supported with a very slow fill rate from central recruitment and local processes.

International nurses continue to support the Registered workforce within the North Locality, we currently have 19 International nurses all at different stages of their career; 12 nurses practicing under preceptorship, we have 3 nurses signed off preceptorship in November 22 (the first cohort to join the North) with 2 further planned for sign off in December 22. We have 3 nurses awaiting OSCE exams in December 22/ January 23 to enable NMC pin allocation and an additional 3 nurses due to start employment in the coming months. International occupational therapists have also been supported to join the North locality at SGP to enhance the therapeutic service offer. Consideration continues to be given around the allocation of General Nurses to ensure there are adequate numbers of take charge nurses within each ward.

### **Developments:**

Weekly meetings with the strategic staffing lead, staffing solutions team and clinical management continue to support monitoring of staffing need, bank nurse and agency use continue to ensure safer staffing levels in all clinical areas. The new preceptee nurses have supported a decrease in the requirement of registered nurses.

MHOST training for ward leadership teams within North inpatients was supported by the strategic staffing lead in October to allow the pilot of all inpatient wards throughout November.

Nurses of varying disciplines continue to look at creative ways to share knowledge of organisational opportunities with pupils within local high schools; they have plans to attend a vast number of local high schools in the coming months at open evenings and morning assemblies.

To showcase all roles within the mental health field some of the specialist nurses, are planning to deliver a bespoke session within one school to showcase a day in the life of a patient to showcase which professionals they could expect to come into contact with whilst promoting the varied roles within CNTW.

Part B of the accredited learning for the new preceptorship programme commenced rollout with many of the lead professional supporting the underpinning knowledge of the new nurses – this has proven a challenge over teams with limited opportunities to engage due participants having cameras off, fed back to CNTW academy may explore face to face learning to enhance the learning experiences.

### **Six Monthly Skill Mix Review:**

The national shortage of registered nursing staff continues to be reflected within the vacancies, however the commencement of preceptee nurses in September 22 made a huge improvement to all clinical areas. The locality continues to focus on retention of staff by providing a well led, robust induction to nursing which received many great reviews. The induction was a collective delivery of knowledge and role expectations being delivered to new nurses to the trust, CNTW academy

nurse apprentices and international nurses which created great opportunities for developing relationships and networking.

Workforce plans and skill mix have been subject to continuous review across all clinical areas. The skill mix within the wards are multi professional and support the wider Trust workforce plan, throughout the last 6 months each clinical area now has a Specialist nurse to work alongside the ward manager to support role modelling and skill development of the teams to enhance the therapeutic offer and support flow within services whilst also focusing on safety, quality and continuous improvement of service user and carer experience.

Senior leadership within services has also been developing with Nurse Consultant roles working within each pathway; 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.

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 managers who all have been integral in supporting the multidisciplinary approach and organisational initiatives to meet the trust outlined 9 deliverables.

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. Volunteers services have also been working into some clinical areas and the feedback has been extremely positive, exploration of this across all areas is being further explored.

Continued professional development opportunities 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.

Ongoing support for recruitment is being supported by sharing knowledge of services and roles within the mental health sector with high school pupils with a view to generate interest at a young age as often the roles have not been known.

## Central Locality

Central Locality has 18 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	86.33%	203.98%	121.11%	151.21%	Vacancies: Band 5 x 3wte, Band 3 x 5wte Sickness Absence: 1.37% ▼ Bank and Agency Use: Bank B3 – 7.16wte ▲, Agency B3 – 7.34wte ▼ Engagement & Observation: 2 x patients eyesight engagement
Akenside	98.42%	104.83%	105.80%	108.51%	Day deficit due to supporting other wards where no qualified available. Increase in unregistered due to increased observations with patients at general hospital setting
Bede – Collingwood Court	109.10%	396.96%	104.47%	302.76%	3 x staff suspended. B5 and B3 vacancies requiring backfill from Bank/agency. B6 on LT sick
Castleside	74.63%	202.16%	104.69%	253.97%	Qualified deficit on day shift either staff work with one qualified or the deficit is covered within the daily staffing meetings High band 3 use due to observations and increased clinical acuity on the ward including supervised visits, violence and aggression and personal care.
Cuthbert	57.66%	127.09%	119.48%	133.46%	Vacancies: Band 5 x 5wte, Band 3 x 2wte Sickness Absence: 0.61% ▼, Cuthbert Annexe 0% ▼ Bank and Agency Use: Bank B5 – 0.27wte ▼, Bank B3 – 3.59wte ▲, Agency B3 – 0.36wte ▼
Elm House	113.70%	95.07%	99.56%	102.47%	3x band 3's sick (total of 32 days) 1x band 5 vacancy being backfilled with band 5 bank
Fellside	91.84%	377.16%	106.05%	263.57%	4 B3s awaiting start date coming through recruitment/bank fast track option 1 B6 vacancy 1 DTOC patients requiring WES observation meaning high average observation levels 1 x B6 phased return in rehab pathway, 2 AF on Phased return 6 staff LTA/LTS including 3 Q, 3 B3 NA Patient mix and acuity causing increase in incidents, Safeguarding, planned interventions
Lamesley	79.48%	431.91%	118.05%	329.84%	x 1 Band 6 LTS on phased return. Sporadic qualified sickness. Awaiting start date for band 3's and currently running on vacancies. Vacancies requires back fill from agency and bank usage. Patient care planned for increased staffing due to complex needs. High levels of observations throughout the period of November and seclusion usage due to complexities of services users- Increased observations ++. Staff sickness absence noted.
Lowry	93.73%	413.75%	129.18%	359.54%	1x B6 transferred to Castleside

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					High levels of staff sickness 1x B3 suspended Awaiting start dates of B3 staff High levels of acuity and observation levels requiring backfill from bank and agency back fill due to increased levels of observations
Oswin	64.32%	95.71%	98.87%	100.95%	Vacancies: Band 6 x 1wte, Band 5 x 3wte, Band 3 x 3wte Sickness Absence: 9.68% ▲ Bank and Agency Use: Band 5 – 0.20wte ▲, Bank 3 - 0.22wte ▲, Agency B3 - 0.58wte ▼
Willow View	89.78%	219.21%	95.53%	182.98%	1 X Band 5 Vacancy, 1 X Band 3 Vacancy 1 x Band 3 LTS, 1X Band 5 Short term sickness, 2 x Band 3 short term sickness Increase in observation and engagement requiring bank and agency staff 1 x Patient on Leave to acute Hospital requiring daily visits x 2 and staff support x 2 per week for ECT
KDU Cheviot	56.69%	183.23%	107.61%	160.70%	Vacancies: Band 5 – 1wte Other: 1x Band 6 on maternity leave, 1x Acting CTL, 1x Band 5 Carers Leave/Long Term Absence. Sickness Absence: 13.14% ▲ Bank and Agency Use: Band 5 - 0.54 wte ▼, Band 3 - 1.42% ▼, Agency Band 3 - 0.22% ▼ Engagement & Observation: 1 patient requires unqualified staff 3:1 engagement / observation at certain times of day to support daily activity & participation. 1 patient requires additional unqualified staff escort outside of KDU perimeter.
KDU Hadrian	56.07%	131.58%	102.64%	100.31%	Vacancies: Band 5 x 3 wte Sickness Absence: 6.4% ▼ Bank and Agency Use: Agency Band 3 – 0.14wte ▲
KDU Lindisfarne	102.89%	171.49%	123.11%	235.04%	Vacancies: Band 3 x 5wte Other: 2 Preceptees 1 CTL pregnant, unable to work in clinical area. 1 registered nurse pregnant. 1 registered nurse currently on maternity leave expected to return in February 2023. Increased unregistered staff required to support delivery of patient care. Sickness Absence: 2.48% ▼ Bank and Agency Use: Band 3 – 3.28 wte ▲, Agency – 0.60 wte ▲
Tweed Unit	84.88%	181.85%	70.77%	223.21%	Vacancies: Qualified staff vacancy x 9wte

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Sickness Absence: Low Secure 4.77% ▼, HBR 8.58% ▲ Bank and Agency Use: Band 3 – 2.23 wte ▲, HBR – 0.21 wte ▼, Agency Band 3 – 0.53 wte ▲
Tyne - LD Hospital Based Rehab	29.84%	218.86%	104.30%	389.22%	Registered nurse vacancy & 1 recent retirement. 1 registered nurse moved to community post. CTL sickness. 2 patients in LTS who have identified core team to support- increased number of unqualified staff required. Sickness Absence: 8.58% ▲ Bank and Agency Use: Band 5 – 0.87 wte ►, Band 3 - 0.65 wte ►, Agency Band 3 - 0.28wte ►
Tyne MH Low Secure	116.84%	71.86%	89.66%	51.40%	Safer staffing numbers are incorrect for Tyne MH. During the split to cost centres when Tyne became Tyne MH and Tyne LD the safer staffing numbers have not been amended. Sickness Absence: 7.86 ▼ Bank/Agency Use: Band 6 – 0.07 wte ▲, Band 5 – 0.11 wte ▼, Band 3 – 0.43 wte ▼, Agency – zero ► Tyne HBR: Band 5 – 0.87 wte ▲, Band 3 – 0.65 wte ▼, Agency Band 3 - 0.28 wte ▼

## **Central Locality**

### **Inpatient Services:**

Ongoing high levels of acuity within the inpatient services inclusive of high observations, high levels of need and seclusion use. Central inpatients continue to have high levels of admissions and discharges and continue to strive to help with ongoing pressures within the pathway. There have been further issues with employee related incidents with staff placed on none clinic, suspensions or temporary alternative workplaces which is monitored with the assistance of workforce.

There has been an increase in short term sickness adding to staffing pressures.

We have 30 band 3's waiting to start which will reduce the amount of temporary workforce being used. Pressure with number of preceptors requiring experiences registered nurses to support.

3<sup>rd</sup> clinical manager now in post to allow for review and support around observations and operational pressures. Clinical Nurse Specialist starting in January (Phil Baldry) who will be supporting the Specialist Band 7 Nurses.

Nurse Consultant post to go out to advert for Acute ward leadership. Ward manager assistant posts being recruited into to aid freeing up ward manager time.

### **Central Locality Multi-Disciplinary Team Staffing Summary**

	<b>Staff in post</b>	<b>Vacancies</b>
<b>Inpatient Central CBU</b>		
<b>Physiotherapists</b>	0.6 B6 physio returning on 5/12 and working 2 days/week until New Year.	
<b>Occupational Therapists</b>	1x Band 7 Clinical Lead (secondment) 5x Band 6 Specialist OTs 3x Band 5 OTs 1x Band 5 OT (Lamesley Sensory project – not within our budget) 4x Band 4 OT Assistant Practitioners 1x Band 3 OT Assistant	1x Band 6 Specialist OT vacant. We have recruited a secondment into this post but not starting until 02.01.23 There is 1 Band 5 vacancy within the central patch but post is on hold until we know if other seconded posts within the team are permanent changes.
<b>Psychologists</b>	6.2wte (adult)	1.0wte B8c Senior Clinical Psychologist
<b>Dietitians</b>	2.2	2.5
<b>Speech and Language Therapists</b>	6.9	3.0

### **Recruitment & Retention:**

#### **Inpatient Services:**

OTs: Recruited an OT from Lamesley's Autism/ Sensory project into the Band 6 secondment post based on the acute inpatient wards.

Psychology: Vacant Consultant Clinical Psychology post has been successfully recruited to.

#### **Secure Care Services:**

An active bespoke recruitment campaign continues with progress being made with a number of posts now having confirmed of start dates. International Nurse Recruitment interviews have also taken place.



**Developments:****Inpatient Services:**

OTs: 1 x Band 6 OT will be transferring from acute inpatient services to rehab services.

**Secure Care Services:**

The Mobilisation Plan for the move to Sycamore in Spring 2023 is making progress. Staff working on the St Nicholas Hospital site have been notified that they will be moving to their equivalent ward at Sycamore.

**Six Monthly Skill Mix Review:****Inpatient Services:**

Ongoing work to level load across nursing and MDT to meet the service need is ongoing. Daily staffing huddle manages the nursing workforce on a daily basis. Ongoing work around duty rotas continue to ensure safer staffing levels are met.

**Secure Care Services:**

The skill mix in registered and unregistered nursing staff is being reviewed in line with staffing requirements for Sycamore, which will bring online an additional ward.

## South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale – Meadow View	67.51%	328.96%	102.66%	335.61%	Vacancies: 3 Band 3 Nursing Assistant, 3 Band 5 Staff Nurse Absence: 13.84% total in month, 1 Band 5 Staff Nurse long term Acuity/Activity: Staff not PMVA trained Clinical need and risk resulting in enhanced engagement and observations Escorts for medical appointments and recovery rehabilitation in the community which require staff support
Beadnell	153.72%	100.47%	106.58%	219.49%	Increase support staff on nights to accommodate changing needs of ward. Twilights in use which aligns to night shift so appears numbers are increased.
Beckfield - Dene	118.57%	289.86%	105.89%	266.55%	Vacancies: 5 Band 3 Nursing Assistants, 1 Band 5 Staff Nurse Absence: 15.93% total in month Acuity/Activity: Maximum occupancy Out of pathway patients that require secure or adult acute Staff not PMVA trained Seclusion throughout the month to support high need and risk
Bridgewell – Mill Cottage	122.66%	254.64%	101.91%	196.80%	Vacancies: 3 Band 5 Staff Nurse, 1 Band 6 Clinical Lead Absence: 8.65% total in month. Maternity leave Acuity/Activity: Enhanced engagement and observation levels required to support physical and mental health need Mealtime support is required for 6 patients due to dysphagia risks Recovery and rehabilitation in the community that requires staff escort
Brooke House	89.99%	139.69%	105.09%	208.00%	Vacancies: 1 Band 5 Staff Nurse, 1 Band 3 Nursing Assistants, 2 Band 4 Nurse Associate Nurse Practitioner Absence: 13.44% total in month Acuity/Activity: Use of temporary workforce is due to increased engagement and observation levels to meet need and risk.
Cleadon - Rosewood	105.28%	168.91%	102.20%	249.61%	Absence: 10.0 total in month Acuity/Activity: Patient requiring support with physical and mental health complexities. Due to risks associated with level of need enhanced observations or care plans for personal care which may take multiple staff per intervention have required an increase in safer staffing.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Clearbrook – Lower Willows	127.49%	341.78%	140.57%	402.92%	Vacancies: 1 Band 5 Staff Nurse, 1 Band 3 Nursing Assistants, 2 Band 4 Associate Practitioner Absence: 17.67% total in month Acuity/Activity: Maximum Occupancy Staff not PMVA trained Patients with enhanced needs requiring increased engagement and observation level. One patient is being supported out of pathway to promote recovery however requires enhanced care package (not funded). Recovery and rehabilitation in the community that requires staff escort.
Longview - East Willows	95.89%	347.04%	105.43%	212.61%	Vacancies: 8 Band 3 Nursing Assistant Absence: 7.83% total in month Acuity/Activity: Above maximum occupancy due to leave beds being used Staff not PMVA trained Delays transfers of care increasing length of stay Enhanced engagement and observation levels to support need and risk Escorts to acute hospital Escort supporting leave to facilitate recovery
Mowbray	119.85%	186.93%	104.70%	211.41%	Vacancies: 5 Band 3 Nursing Assistants, 1 Band 4 Associate Nurse Practitioners Absence: 10.4% total in month. Maternity absence Acuity/Activity: Enhanced engagement and observation levels to support need and risk. Risks pertain to both physical and mental health need.
Rads at Gibside	102.77%	184.60%	102.42%	215.05%	Unregistered staffing increased to support clinical management of detox patients overnight and increased physical care support of current cohort of patients.
Roker	90.18%	353.15%	101.10%	564.72%	Vacancies: 11 Band 3 Nursing Assistants Absence: 6.17% total in month Acuity/Activity: Maximum occupancy Increased length of stay due to complexity of behaviours that challenge Enhanced engagement and observation levels to support need some that require 2 staff to support Escort to acute Trust for physical health need Increased staff support for personal care and at mealtimes to meet dysphagia need

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Rose Lodge	84.17%	265.48%	87.26%	328.65%	Vacancies: 2 Band 6 Clinical Needs, 10 Band 3 Nursing Assistants Absence: 12.21% in total. Staff within other processes Acuity/Activity: Delayed transfers of care Staff not PMVA trained Enhanced engagement and observation levels with 1/2/3 staff support to meet need and risk
Shoredrift - Bede 1	80.62%	430.59%	102.17%	300.05%	Vacancies: 7 Band 3 Nursing Assistant Absence: 7.77% in total. Maternity absence. Acuity/Activity: Maximum occupancy Staff not PMVA trained Enhanced engagement and observation levels to support need Seclusion required at times throughout November to support need and risk Escort supporting leave to facilitate recovery
Springrise – West Willows	106.43%	421.93%	102.74%	318.01%	Vacancies: 10 Band 3 Nursing Assistant, 2 Band 4 Nursing Associate Absence: 8.37% in total Acuity/Activity: Maximum occupancy Staff not PMVA trained Enhanced engagement and observation levels to support need Seclusion required at times throughout to support need and risk Escort supporting leave to facilitate recovery
Walkergate Ward 1	71.24%	87.91%	112.89%	100.41%	Vacancies: 2 x Band 3 posts, 3.36 x Band 5, 1 x Band 4, 1 x Band 6 Absences: 1 x Band 5 long term absence, 1 x Band 3 long term absence Ward under occupancy therefore staffing levels adequate. 1 Bedroom closed due to estates issue
Walkergate Ward 2	87.30%	100.84%	104.84%	123.10%	Vacancies: 2 x Band 5 Absences: 1 X Band 5 long term absence Additional Band 3 on night duty to support ward acuity levels Support from Ward Manager and other wards where required for registered day cover
Walkergate Ward 3	88.38%	73.85%	97.07%	112.22%	Absences: 3 x Band 5 covid related absence, 2 x Band 5 Long term absence, 1 x Band 5 short term absence, 5 x Band 3 LTS Support from Ward Manager and other wards where required for registered day cover

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Walkergate Ward 4	60.19%	96.35%	102.09%	177.04%	Vacancies: 3 x Band 5 Absences: 8 x Band 5 Short term absences Additional Band 3 on night duty to support ward acuity levels 2 x eyesight observations Support from Ward Manager and other wards where required for registered day cover
Ward 31A	90.23%	70.91%	107.09%	110.03%	2 x band 5 vacancies Awaiting start date for 1 x band 3 support worker One phased return to work.

## **South Locality**

### **Inpatient CBU:**

In November 2022 overall sickness figures were 10.82% for the South inpatient CBU a further decline from last month. The absence varied between wards in November the lowest being Roker at 6.17 % and the highest being Clearbrook at 17.67%.

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 operated in November at maximum or above patient occupancy. Additional impact on the Male Adult Acute Wards and PICU is out of pathway patients who require increased support. The acuity and maximum occupancy is reflected in percentage of staff used to support the level of need. All wards have accessed additional staffing through bank and agency to support the outlined vacancies, absence, lack of PMVA training and complexity of need.

The staffing hub is daily, all ward managers attend the hubs with senior staff support and overview. The staffing hub identifies staffing levels, engagement and observations levels and total agency. This then facilitates an overall review to support areas of deficit and the temporary workforce is proportionate to meet safety. 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.

The vacancies with Registered Band 5 staff have reduced in South Inpatients, however the ward areas are supporting high numbers of preceptee nurses that remain on their preceptorship programme for 1 year. This excludes them being able to practice on their own for 1 year (being the only qualified on duty or doing night shift without an existing Band 5). The pressure for existing Band 5 having to complete additional night shifts has been flagged by wards.

### **Neuro & Specialist CBU:**

All wards continue to be impacted with sickness and vacancies. Level loading across Walkergate Park and specialist wards facilitated through twice weekly huddles. Ward Manager's work into the numbers as required to meet patient need. Numbers 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.

Increased numbers of staff have been required on Gibside to provide care for out of pathway admissions and detox admissions to support the wider system. The ward and the CBU continue to work closely with Bed Management to ensure patients are transferred to the correct pathway as soon as possible.

Staff absence across the CBU has increased very slightly from 6.88% in October to 6.96% in November, although inpatient sickness levels range from 5.17% (Ward 2) to 17.91% (Ward 3). 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**

	<b>Staff in post</b>	<b>Vacancies</b>
<b>Inpatient CBU</b>		
<b>Physiotherapists</b>	4	0
<b>Occupational Therapists</b>	14	2

<b>Psychologists</b>	<b>Adult Acute:</b> 0.6 x 8c Consultant Clinical Psychologist 2 x FTE band 5 Assistant Psychologist (PICU) 0.5 8a Psychological Therapist (leaving 31/01/2023) <b>Rehab: (4 wards)</b> 0.8 x FTE 8d Lead Consultant Psychologist 1.6 x 8a Clinical/Counselling Psychologists/Psychological Therapist (0.5 leaving 31/01/2023) 2 x FTE B5 Assistant Psychologist (ward budgets)- 1.0 leaving mid jan) <b>LD:</b> 0.6 8c Consultant Clinical Psychologist (ward budget) <b>OPS:</b> 0.6 Consultant Clinical Psychologist 1 x FTE 8b Clinical Psychologist 1 x FTE b5 Assistant Psychologist (1 FTE ward funded)	<b>Adult Acute:</b> 0.8 8c Consultant Clinical Psychologist (PICU) – interviewed and appointed candidate but awaiting start date etc (expected start date mid April) 1.0 FTE 8a (Springrise/Shoredrift) -no postholder since Jan 2022-formall vacant since April 2022 and posing significant difficulties providing cover From 1 <sup>st</sup> feb- 0.5 8a Clinical Psychologist/psychological therapist (Longview) <b>Rehab:</b> 1 x FTE 8a Clinical Psychologist/ psychological therapist (Aldervale) From mid Jan – 1 x FTE band 5 Assistant Psychologist (Clearbrook)-recruitment ongoing From 1 <sup>st</sup> feb- 0.5 8a Clinical Psychologist/psychological therapist (Clearbrook) <b>Older Peoples:</b> 0.4 x 8a (OPS inpatients) vacant since 1 <sup>st</sup> September 2022-starting to cause difficulties without post 0.5 x B5 Assistant Psychologist on maternity leave until 11/2023-no backfill and contract ends.
<b>Speech and Language Therapy</b>	B7 2WTE B6 1WTE (Successfully recruited, not yet in post) B5 2WTE B4 2WTE (1 successfully recruited, not yet in post)	B5 1WTE (will become vacant when in band 6 post – internal promotion) B6 1WTE
<b>Exercise Therapy</b>	7	0
<b>Dietitians – Inpatients</b>	1.7	1.0
<b>Speech and Language Therapists – Inpatients</b>	8.5	2.0
<b>Neuro &amp; Specialist CBU</b>		
<b>Physiotherapists</b>	9.4 qualified 3.6 unqualified	1.1 Band 6 (awaiting recruitment checks for 1.0wte)
<b>Occupational Therapists</b>	7.1 qualified 2.3 unqualified	0.8 Band 7 secondment 2.3 Band 6 (1.8wte awaiting recruitment checks) 0.4 Band 6 secondment 0.7 Band 6 mat leave

<b>Psychologists</b>	6.6	
<b>Dietitians – Neuro</b>	5.4	0.5
<b>Speech and Language Therapists – Neuro</b>	5.0	2.6

### **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 Band 5 and Nursing Assistants Band 3. 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. On Rose Lodge 2 international nurses have commenced and integrated within the team successfully. The number of Band 5 vacancies have reduced considerably due to the success of the recruitment campaigns, only vacancies in November being in Recovery and Rehabilitation.

The Nurse Consultant role is established within the different portfolios, due to staff movement a vacancy within the recovery and rehabilitation portfolio has become available. This has recently been recruited into and start date has been arranged for the candidate.

The South had representation at a recent career job fair in Middlesbrough with staff representing from wards offering insights into the vacancies available.

#### **Neuro & Specialist CBU:**

Recruitment ongoing as required. International recruitment ongoing and awaiting start dates when resettled in the area.

Band 6 Physiotherapist and Band 6 Occupational Therapists appointed to and awaiting recruitment checks prior to setting start date.

### **Developments:**

#### **Inpatient CBU:**

The CBU physical health team has been reviewed and additional posts are in place to support physical health across the wards. Carer support posts are now working onto the wards to assist carer communication and enhance the carer experience.

There has been an increase to the provision for Night Site Coordinators, this is to support satellite units in the locality to feel more supported during the night. The new provision will include 2 Night Site Coordinators on every night and the bases will be HWP and at Rose Lodge.

Additional PMVA sessions has been arranged by local trainers on site at Hopewood Park, this has included the full 5 day PMVA and 2 day updates. This is a rolling programme to offer quicker access to PMVA training supporting safer care, allowing new staff or existing staff have the skills to support patient need in the inpatient areas.

Springrise and Roker Ward, have completed the data collection for the MHOST roll out. The roll out plan to other wards is due to commence on the 7<sup>th</sup> November 2022. The locality trainers are putting on sessions to train staff to support data collection on the remaining inpatient wards. This



tool calculates clinical staffing requirements in mental health wards based on patients' needs (acuity and dependency) which, together with professional judgement, guides senior 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.

### **Neuro & Specialist CBU:**

Currently exploring the addition of Adult Nurses to Gibside and 31a after successful recruitment of Adult Nurse on Beadnell this month.

### **Six Monthly Skill Mix Review:**

#### **Inpatient CBU:**

Workforce plans and skill mix continues to be reviewed within the South inpatient wards. The skill mix within the wards is multi professional and supports the wider Trust workforce plan. The skill mix on each ward is reviewed daily at the staffing hub, this includes all ward managers and a senior member of staff facilitating discussion. This meeting brings together management information on shift patterns, annual leave, sickness absence, acuity on the ward and staff skill mix. This facilitates movement of staff between wards to ensure that the skill mix is adequate and level loaded daily across all wards.

The South inpatient CBU have observed a 50% reduction in the number of registered nurse Band 5 vacancies. This in part may be attributable to all preceptess starting within the inpatient CBUs across the Trust. Other areas of focus to reduce qualified vacancies have included inpatient CBU staff attending and promoting inpatient roles at job fairs, reviewing exit or transfer reasons, offering clearer progression pathways in inpatients for qualified staff and taking part in the international recruitment of qualified nurses.

To support reduction in qualified nurse vacancies all wards have worked with the Trust recruitment of international nurses, who are RGN by background. Some international nurses have commenced working on the Wards other are still pending clearance. The majority of wards will have at least 1 international nurse, the RGN qualification will assist the ward skill mix and parity with physical health and mental health.

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 Clinical lead Nurse Roles on the wards, this differs to the Band 7 Ward Manager and has a clinical focus on safety, quality, and continuous improvement. The Adult Acute wards have also increased the number of Band 6 Clinical Leads per ward, this offers further progression opportunities.

The Mental Health Optimal Staffing Tool has been completed on all inpatient wards. This tool calculates clinical staffing requirements in mental health wards based on patients' needs (acuity and dependency) which, together with professional judgement, guides senior 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.

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.

Within the last 6 months we have seen Nurse Consultants established on all areas within inpatients- older persons, learning disability, rehabilitation, and recovery and adult acute and PICU. This 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 wards within inpatients have introduced the Peer Supporter role within the ward establishment. This role has supported patient 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.

To build on the success of the Peer Supporters the Wards have introduced a Carer Supporter role, this role is not per ward they support 2-3 wards each. This role is to be evaluated in July 2023 and assess the impact/benefit on the carer experience.

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.

### **Neuro & Specialist CBU:**

Workforce plans and skill mix continue to be reviewed within the Neuro & Specialist wards. The skill mix within the wards are 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 CBU's. Over the last six months we have continued to focus on registered nurse retention with the aim to reduce turnover. This has included stay interviews and increased CPD opportunities, particularly for Registered General Nurses working 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 RGNs and we are exploring the introduction of Registered Adult Nurses on some of our Mental Health wards via international recruitment. A dual trained nurse is now working on Beadnell with a view to also recruiting into 31a and Gibside.

The CBU has also completed a Leadership pilot following a piece of research which identified lack of progression opportunity as a reason for staff leaving. As a result, we have just recruited a permanent AHP Clinical Manager 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 in December 2022 a similar role was introduced within Neuro services at

Walkergate Park. The role is clinically focussed and includes a training and development component to help upskill staff. 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 and provide career progression opportunities.

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.

Beadnell is currently the only ward with a dedicated Peer Supporter role and this is something the CBU are actively pursuing, alongside the introduction of a Peer Support Supervisor (for the South Locality) to help develop the Peer Supporter roles within our inpatient services.

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 November 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	7.70	6.84	0.50	0.80	0.44
SOUTH	Community	36.83	32.03	2.30	2.00	-0.50
SOUTH	Inpatient	19.35	16.60	1.30	3.40	1.95
SOUTH	Specialist	26.45	26.14	0.59	1.15	1.43
SOUTH	<b>Total</b>	<b>90.33</b>	<b>81.61</b>	<b>4.69</b>	<b>7.35</b>	<b>3.32</b>
CENTRAL	Access	14.49	10.27	0.10	0.08	-4.04
CENTRAL	Community	37.39	32.88	2.15	4.00	1.64
CENTRAL	Inpatient	15.35	14.50	1.47	1.00	1.62
CENTRAL	Secure	12.72	12.36	0.63	0.60	0.87
CENTRAL	<b>Total</b>	<b>79.95</b>	<b>70.01</b>	<b>4.35</b>	<b>5.68</b>	<b>0.09</b>
N.CUMBRIA	Community & Access	16.06	17.34	0.83	0.00	2.11
N.CUMBRIA	Inpatient	20.63	14.77	0.30	2.80	-2.76
N.CUMBRIA	CYPS	14.93	10.18	0.62	0.00	-4.13
N.CUMBRIA	<b>Total</b>	<b>51.62</b>	<b>42.29</b>	<b>1.75</b>	<b>2.80</b>	<b>-4.78</b>
NORTH	Access	8.56	5.89	0.21	1.00	-1.46
NORTH	Community	33.19	25.29	0.88	1.00	-6.02
NORTH	Inpatient	18.90	17.43	1.33	6.20	6.06
NORTH	LD & Autism	4.75	2.59	0.05	0.00	-2.11
NORTH	<b>Total</b>	<b>65.40</b>	<b>51.20</b>	<b>2.47</b>	<b>8.20</b>	<b>-3.53</b>
<b>TRUST</b>	<b>Total</b>	<b>287.30</b>	<b>245.11</b>	<b>13.26</b>	<b>24.03</b>	<b>-4.90</b>

### **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**



# 11. Safer Care Report (Q3)

Speaker: Rajesh Nadkarni, Deputy Chief Executive and Medical Director

## References:

- 11. Safer Care Report Q3.pdf

**Report to the Board of Directors**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>Safer Care Report – Quarter 3 2022/23</b>
<b>Purpose of the report</b>	<b>For information</b>
<b>Executive Lead</b>	<b>Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive</b> <b>Gary O'Hare, Chief Nurse</b>
<b>Report author(s) (if different from above)</b>	<b>Claire Thomas, Deputy Director, Safer Care</b> <b>Anthony Deery, Deputy Chief Nurse</b> <b>Dr Damian Robinson, Group Medical Director, Safer Care</b> <b>Louise Mainwaring, Business Manager, Safer Care</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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	*

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	25.01.23.
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

<p><b>Board Assurance Framework/Corporate Risk Register risks this paper relates to SA1</b></p> <p>Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.</p> <p>There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).</p> <p>SA3.2 Working with Partners there will be “No health without mental health” and services will be joined up.</p> <p>Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of mental health and disability services (SA3.2).</p> <p>SA4 The Trust’s Mental Health and Disability services will be sustainable and deliver real value to the people who use them.</p> <p>A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4).</p>
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## **Safer Care Report – Quarter 2 2022/23**

**Board of Directors**

**1<sup>st</sup> February 2023**

### **1. Executive Summary**

This is the Safer Care report for Quarter 3 2022/23. This report focusses on key metrics (such as those which are reported outside of the Trust) and now uses Statistical Process Control (SPC) charts which enable better data analysis and identification of areas that require further investigation or review. The narrative provides an analysis of the data while the 'key points' provides additional areas of note and assurance.

### **2. Risks and mitigations associated with the report**

None to note by exception.

### **3. Recommendation/summary**

Receive the paper for information only

#### **Name of Author:**

Claire Thomas, Deputy Director, Safer Care

Anthony Deery, Deputy Chief Nurse

Dr Damian Robinson, Group Medical Director, Safer Care

Louise Mainwaring, Business Manager, Safer Care

#### **Name of Executive Lead:**

Dr Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive

Gary O'Hare, Chief Nurse



Safer Care Quarterly Report  
January 2023  
Reporting Period: October to December 2022

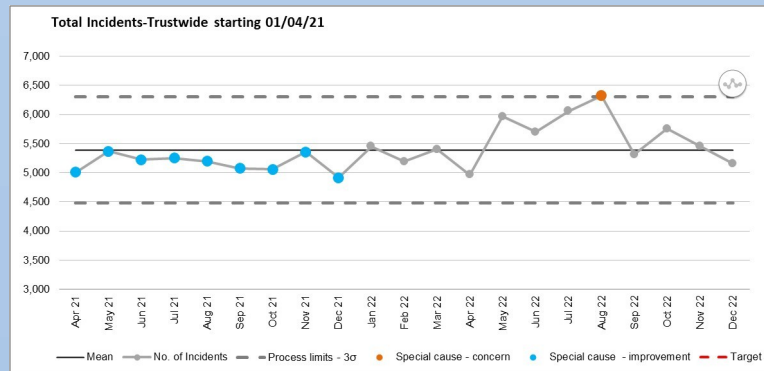


Caring | Discovering | Growing | **Together**



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## Section 1: Incidents



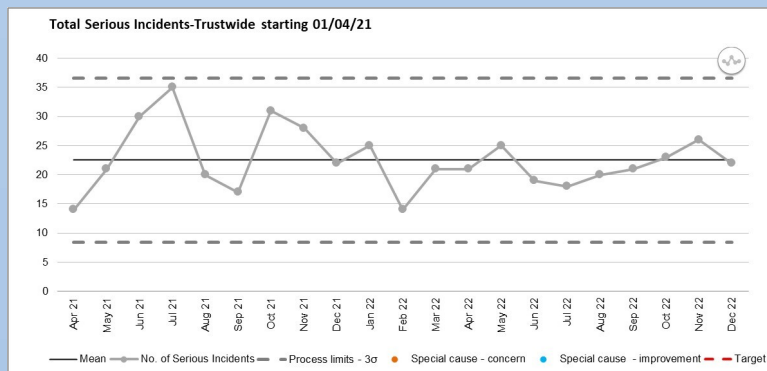
### Incidents - Key Points:

- Incidents Trustwide in line with common variation in numbers of reported incidents during quarter 3.
- At locality level, reported incidents flagged a special cause – high during the quarter in both North Cumbria and South localities. Linked to corresponding increases in Access and Community CBU (North Cumbria) and Inpatients (South).
- Further analysis indicates increase in North Cumbria Access and Community CBU is linked to increased safeguarding reporting activity as a result of focussed work to increase reporting in the locality and impact of increased awareness as the roll out of the safeguarding level 3 training progresses (see section 7).

## Patient Safety Incident Response Framework (PSIRF)

- CNTW continues to work towards implementation of the new Patient Safety Incident Response Framework (PSIRF). CNTW as an NHS Provider are required to have PSIRF in place across the organisation by September 2023.
- To date, CNTW have presented an overview of PSIRF and its organisational implications to Trust Board and to TLT. A core implementation team has been established and those staff have attended a mandatory 2-day PSIRF training event. Regular meetings of the Core group are being arranged to manage the implementation process. Awareness raising with Internal and external stakeholders has commenced and will continue and engagement events will be planned for later in the year. In addition, links have been established with the ICB lead for PSIRF. Regular progress updates will be provided within the Safer Care monthly and Quarterly reports.

## Section 2: Serious Incidents and Deaths



### SI and Deaths - Key Points:

- Serious incidents month on month during quarter 3 were in line with common variation in reported incidents.
- Total number of deaths (expected and unexpected) during quarter 3 were 484; of these 57 were deaths classified as serious incidents.
- Learning from serious incident investigations is discussed in the SI panel and at the Trustwide Safety Group (TSG) and actions agreed to address all the issues raised. In addition, all reviews with significant findings are given oversight at the executive team meeting.

	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
Deaths Reported into the LeDeR process	8	8	13	22	13
Complex Case Panel – No. Cases Heard	2	2	0	4	0
Prevention of Future Death Reports Received (Regulation 28)	0	0	1	0	0
Full StEIS Reportable Serious Incidents	23	12	19	12	9
LAAR's	45	30	43	31	44
Non StEIS Reportable Serious Incidents	4	2	4	1	5
72 Hour Reports	1	3	0	1	1
Mortality Review	28	40	20	33	19
% of Serious Incidents closed within 60 days*	80%	72%	63%	67%	52%

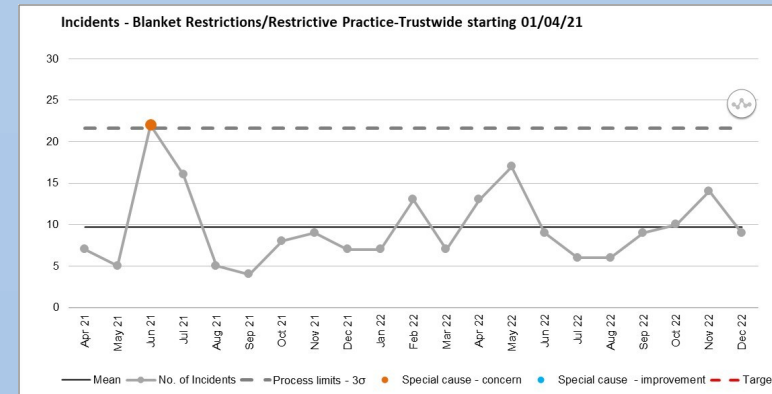
\*Due to the ongoing pressures on services making it more difficult to undertake SI investigations the National Patient Safety Team has confirmed that organisations do not have to meet the 60-day timeframe for investigations. Compliance rate is given for continuity.

## NENC Governance arrangements for the LeDeR programme

- LeDeR is the service improvement programme introduced in 2015 with the aim of reducing premature mortality in people with a learning disability. Originally known as the Learning Disability Mortality Review process, this changed in 2021 to Learning from Life and Death Reviews. The scope has been broadened to include people with a diagnosis of autism in addition to those with a learning disability.
- Formerly, the responsibility for conducting a review following a death lay with the CCGs but now lies with the ICS. With the establishment of the ICB, the regional LeDeR Steering Group has been reformed as the NENC LeDeR Governance Board which continues to meet on a monthly basis. This Board comprises key stakeholders including NHS Trusts and people with lived experience. CNTW will continue as a member of this Board. The ICB has identified David Perdue, Executive Director of Nursing as holding the key responsibility for the delivery of LeDeR across the region.
- The LeDeR Governance Board will ensure that learning is identified, shared and embedded across the NENC. It arranges an annual conference and publishes a regular bulletin shared across health and social care systems. In addition, Kings College London undertakes a national review and publishes an annual report.

## Section 3:

### Blanket Restrictions/Restrictive Practice



- At Trust level, reported blanket restriction and restrictive practice incidents have been in line with common variation in reported incidents month on month during quarter 3.
- At locality level, North locality flagged special cause – high in October and November. During October, following on from an incident where drugs were found in a takeaway on Newton ward, blanket restrictions on where those could be ordered from therefore put in place to prevent illicit drugs entering ward and to safeguard patients. During November there was a cluster of blanket restrictions relating to Mitford Unit (3&4) specifically and in relation to safeguarding of an individual.

## Section 5: Long Term Segregation and Prolonged Exclusion

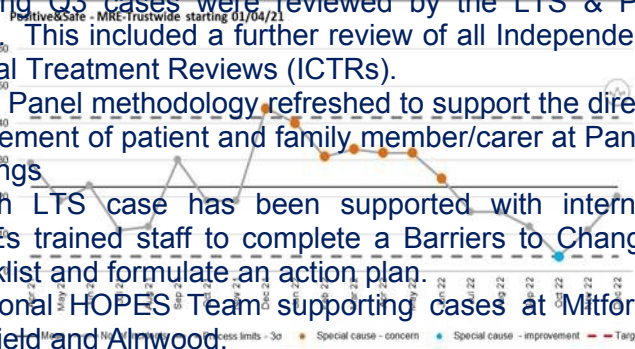
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total	Variance Oct_22	Variance Nov_22	Variance Dec_22
Report	146	114	111	115	86	131	173	126	133	176	136	585	9652			
Deaths	116	86	84	70	19	64	123	135	93	187	87	85	1234			
Seclusion	33	100	111	92	121	115	134	123	112	115	105	114	1333			
												370	5126			
												20	272			
Self-Harm	1013	954	942	1023	1123	990	1081	1325	972	1032	1091	818	12376			
VA	1549	1472	1445	1275	1523	1550	1542	1759	1437	1515	1404	1420	17891			
<b>Total</b>	<b>4175</b>	<b>3928</b>	<b>3710</b>	<b>3551</b>	<b>4205</b>	<b>4063</b>	<b>4238</b>	<b>4960</b>	<b>3860</b>	<b>3996</b>	<b>3786</b>	<b>3412</b>	<b>47884</b>			

- 9 of the patients in LTS at the end of December were in LTS at the beginning of October.
- Revised use of MRE noted, further analysis was settled period in service user presentation with the HOPES team. Although continued use of MRE may be required, it is anticipated that this will be reduced through this focused work with this service user.
- 2 cases on Tyne were due to transfer to the Enhanced Care Beds at Bothal during Q3 at which point the requirement for LTS would end. This remains outstanding and discussions are ongoing between the Trust and Commissioners to resolve this.
  - 1 nurse in LTS since 2019 at Tyne Ward
  - 1 nurse in LTS since 2020 at Tyne Ward
  - 1 nurse in LTS since 2021 - at Ferndene, CYPS
  - 1 patient admitted to Mitford in LTS from independent provider
  - 3 nurses in LTS that commenced in 2022 - 1 at Rose Lodge, 1 at Newton and 1 at Embleton wards SGP.

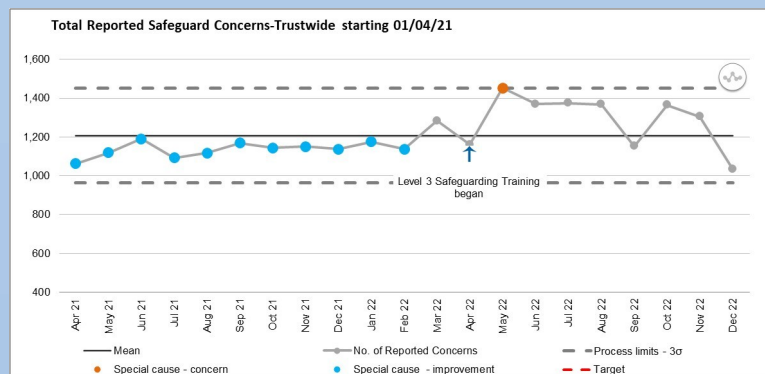
## Section 4: Positive and Safe

## LTS/PS - Key Points:

- During Q3 cases were reviewed by the LTS & PS Panel. This included a further review of all Independent Clinical Treatment Reviews (ICTRs).
- LTS Panel methodology refreshed to support the direct involvement of patient and family member/carer at Panel meetings
- Each LTS case has been supported with internal HOPES trained staff to complete a Barriers to Change Checklist and formulate an action plan.
- National HOPES Team supporting cases at Mitford, Beckfield and Alnwood.
- 2 patients in LTS at Alnwood CYPS service are now over the age of 18 and awaiting placement in age-appropriate services. LTS & PS Panel has escalated these cases to the Provider Collaborative.
- 2 cases on Tyne were due to transfer to the Enhanced Care Beds at Bothal during Q3 at which point the requirement for LTS would end. This remains outstanding and discussions are ongoing between the Trust and Commissioners to resolve this.
- Trust HOPES Lead role successfully appointed to in November.
- HOPES Training continued to be rolled out across the Trust in Q3.



## Section 6: Safeguarding and Public Protection (SAPP)



### SAPP - Key Points:

- Number of reported incidents at Trust level in line with common variation month on month during quarter 3. At locality level, North locality reported safeguarding incidents flagged as special cause – high for the period May to November 2022. Further analysis suggests this is linked to increases in staff trained at level 3 leading to more awareness and increased safeguarding reporting as a result (this has been seen in all localities but training uptake has been more sustained month on month during this period in North locality, with the locality achieving the highest compliance rate across the Trust as at the end of quarter 3, though all fell short of the 85% target – see below).

➤

- The Trust audit of the Trust Safeguarding Adults policy has been finalised and presented to CEC and Trust SAPP Group. The audit will be presented to TSG and Group Quality and Safety. The action plan is underway.

### SAPP Training

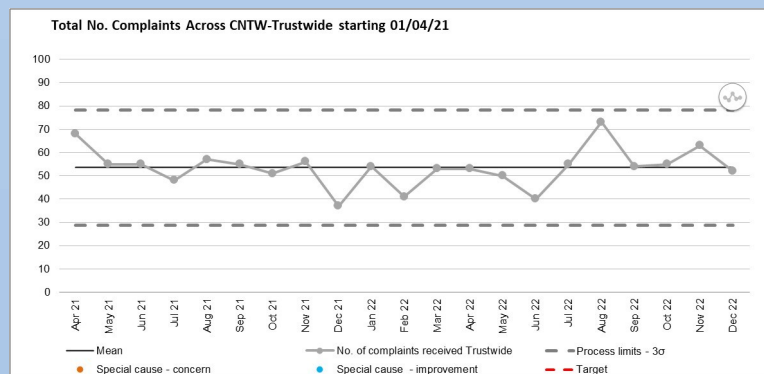
Safeguarding Level	Compliance % as at end Sep 2022 (target 85%)	Compliance % as at end Dec 2022 (target 85%)
Adults Level 1	93.8%	92.4%
Adults Level 2	80.6%	84.9%
Adults Level 3	37%	65.1%
Children Level 1	93.7%	92.3%
Children Level 2	76.1%	79.2%
Children Level 3	50.3%	70.8%

### SAPP Training - Key Points:

- Although considerable increase in training compliance at level 3 has been achieved since quarter 2, compliance has not reached the 85% target required by the end of quarter 3.
- Level 3 training sessions continue to be delivered three times a week via Teams.



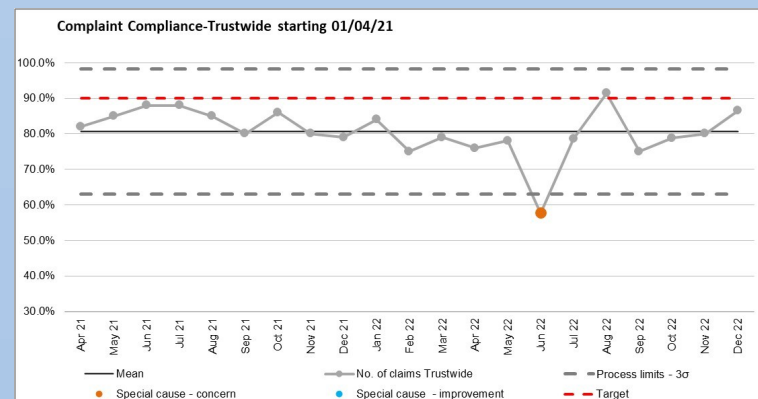
## Section 7: Complaints



### Complaints - Key Points:

- At Trust and locality level, complaints during quarter 3 remain within common variation in the number of complaints month on month.
- At CBU level, Community Central CBU continued to trigger a special cause – high during quarter 3 due to complaints received being higher than the mean for the period January to December 2022.
- Ongoing clusters of complaints linked to waiting times within the Central locality ADHD/ASD Service and also CYPS has been identified and have been key contributors to the overall number of complaints received in the CBU during this period. Both services continue to be listed on the Group Risk Register due to ongoing concerns.

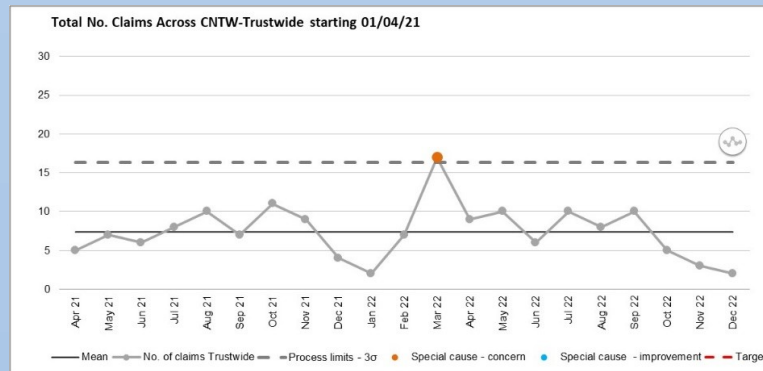
## Complaint Compliance



### Complaint Compliance – Key Points:

- Average Trustwide complaint compliance was 81.8% in quarter 3 (consistently below the target of 90%) and, month on month, in line with common variation in compliance rate. Compliance across all localities remains variable.
- A key underlying factor in the lower compliance rates seen in quarter 3 is ongoing lower capacity in the complaints team due to staff long term sickness.
- Localities have been reminded to request extensions in advance of the response date, as once that date has passed an extension cannot be granted and the complaint shows out of time which lowers the monthly compliance rate.

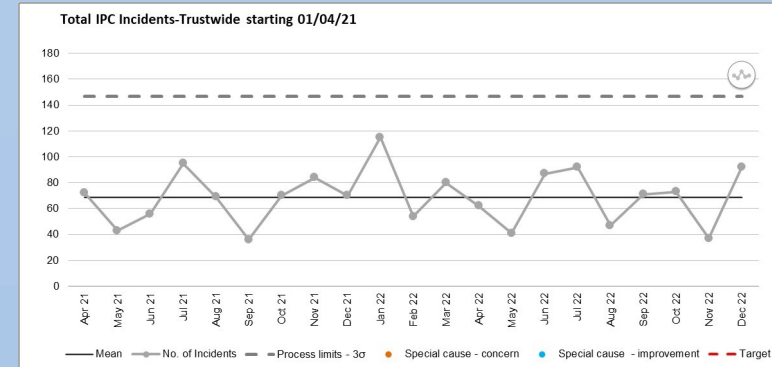
## Claims



### Claims – Key Points:

- Number of claims received during the quarter remains in line with common variation month on month. There have been no themes with regard to claims during the quarter.
- Applying the monthly claims upheld rate to an SPC chart during the quarter does not identify any special cause variation.

## Section 8: Infection Prevention and Control (IPC) and Medical Devices

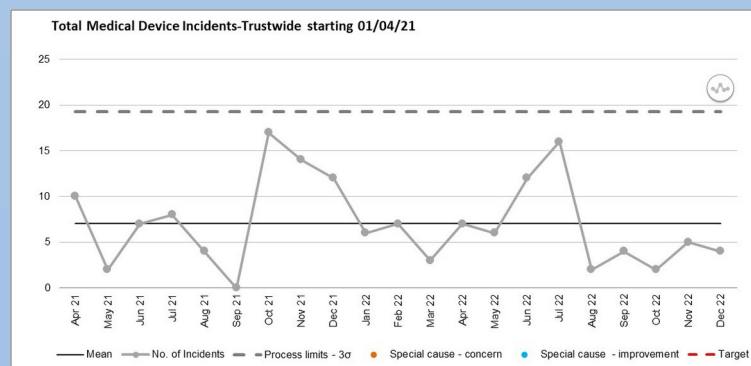


### IPC – Key Points:

- Reported IPC incidents at Trust and locality level in line with common variation during quarter 3.
- All Safeguard incident reports submitted during the quarter were followed up by the IPC Team. Telephone calls and email queries into the team are being managed by the IPC Triage system, which is working well. The Team are also reviewing open and closed IPC Incident Reports when they are sent through by the Patient Safety Team.
- Infection Prevention & Control Awareness Week took place between 16-22 October with the team manning stands at St Nicholas Hospital and St George's Park and good interest from staff and other visitors to the display.

- During Q3, the IPC Team have completed all 64 Inpatient Annual IPC Audits across the trust, with the overall Compliance score 90% or higher.
- The IPC Team held the first IPC Link Worker meeting at Walkergate Park (WGP) at the end of November. Good attendance from all wards at WGP and an IPC Link Worker presentation was delivered with a focus on hand hygiene competencies. This will be replicated throughout the Trust in the other localities.
- The IPC Team continue to work closely with the Facilities Team and Estates Team regarding IPC issues. A joint visit to the Hadrian Unit development and upgrade at the Carleton Clinic was undertaken by IPC Team and the Health & Safety / Fire Officer for Cumbria locality in early December to see the progress and highlight any potential IPC issues.

## Medical Devices



## Medical Devices – Key Points:

- There was a total of 11 medical devices incidents during quarter 3 of 2022/23. Month on month, these were in line with common variation in the number of reported incidents.
- Themes identified in reviewing these incidents highlighted the importance of ensuring that integrity and functioning checks were undertaken on all clinical Medical Devices by clinical staff and ensuring the prompt reporting to the Medical Devices Team of any identified faults or maintenance issues.
- All incidents in the quarter have been reviewed by PPE/Medical Devices Clinical Lead and all issues have subsequently been resolved, with no significant harm to patients or staff and no major disruption to Patient Care and Treatment.
- The Medical Devices Team continue to provide support, through procurement, installation, servicing and education to the localities and clinical teams during this Quarterly reporting period for all Medical Devices.
- The Medical Devices team have assisted these services with 133 Medical Device asset ID's on new device requests to supply and install: This number of acquisitions covers a broad range of Medical Devices, some replacement devices some new acquisitions, 8 disposals, during this period, and



## 12. CNTW Self-Assessment Report and Quality Improvement Plan

Speaker: Rajesh Nadkarni, Deputy Chief Executive and Medical Director

### References:

- 12. 2022 Education and Training Self-Assessment Report (SAR).pdf
- 12. Appendix 1 Self-Assessment Report (SAR) 2022.pdf
- 12. Appendix 2. HEENE Quality Grids.pdf

## Report to the Board of Directors

<b>Title of report</b>	<b>2022 Education and Training Self-Assessment Report (SAR)</b>
<b>Purpose of the report</b>	<b>Report forms part of the educational governance processes around medical and multi-professional education and training delivered within CNTW. Following board review this is reviewed by HEE NE &amp; NC against quality standards set out by the GMC and other professional bodies, and triangulated with other quality metrics to inform a view on the quality of training delivered within CNTW</b>
<b>Executive Lead</b>	<b>Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive</b>
<b>Report author(s) (if different from above)</b>	<b>Drs Bruce Owen, Prathibha Rao, Martina Esisi and Nicola Phillips. Emma Paisley, Anthony Deery, Michelle Hall, Louise Wicks and Martina Khundakar and Dr Esther Cohen-Tovee.</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance		Executive Team	
Audit		Trust Leadership Team (TLT)	28/11/22
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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## **Report to the Board of Directors**

### **1<sup>st</sup> February 2023**

#### **1. Executive Summary**

The 2022 Education and Training Self-Assessment Report (SAR) and attached Quality Improvement Plan (QIP) form an important part of the governance processes around medical and multi-professional education and training. As part of this cycle the trust is annually visited by the HEE NE&NC quality team, chaired by Prof Kumar as PG Dean. The purpose of this cycle being to quality assure the training delivered within CNTW according to the educational standards set out by the GMC and other professional bodies. At these annual visits a range of data will be triangulated to provide an overall assessment of the trust's performance, along with external local and national data this will include the trusts own self-assessment of their performance. This report outlines our assessment, and is linked to a Quality Improvement Plan which outlines measures in place and planned to improve performance.

The period being assessed is the 2021/22 academic year.

The report itself starts with an executive summary (section 1) outlining the main areas of success and challenge before providing some comment on current HEE priority areas. The main bulk of the report (section 2) then covers each of the quality standards for education and training with report by exception. The final sections cover policies and processes as well as financial accountability.

For the board's orientation I have included a copy of the quality grid provided by HEE at their last visit to the trust as this provides a helpful overview of the HEE assessment of trust performance in the year immediately preceding this report. Our own assessment is that for the reporting year overall the position remains good in relation to the quality of training. Objective evidence through training surveys suggests that the experience of junior doctors has continued to improve, with our quality measures further improving from an already high base. We have also through the trust academy implemented an accredited 12 month preceptorship programme supporting newly registered nurses.

Areas of challenge are recruitment, particularly for trainers and within North Cumbria, and with nurse students in learning disability. We have also identified the risk of wider service and financial pressures impacting training but have a number of measures in place to minimise this risk

#### **3. Risks and mitigations associated with the report**

The quality assurance process of education is key for CNTW for a number of reasons, our performance as a post graduate and undergraduate education provider impacts our wider reputation as a trust. Having good quality training is also critical to recruitment, impact patient experience and ensures a regular flow of junior doctors as well as undergraduate learners, many of whom play an important part of our service provision. There are also important financial implications relating to the educational contracts we hold with partners in education

#### **4. Recommendation/summary**

We are requesting board approval of this report, a condition of its submission to HEE.

Name of Author                      Bruce Owen, Director of Medical Education

Name of Executive Lead      Rajesh Nadkarni, Executive Medical Director / Deputy  
Chief Executive



## 2022 Education & Training Self-Assessment Report (SAR)

**Reporting Period: 1 August 2021 to 31 July 2022**

**Deadline for submission to HEE NE: 30 January 2023**

<b>Trust's name:</b>	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
<b>Trust Chief Executive's name:</b>	James Duncan
<b>Value of contract / funding with HEE:</b>	Total initial 21/22 Education Contract value Q2 Indicative: £14,683,618
<b>Director(s) / those responsible for Education (name and role):</b>	<b>Dr Bruce Owen, Director of Medical Education</b> <b>Anthony Deery, Deputy Chief Nurse</b>
<b>Name and Title of author(s):</b>	<b>Drs Bruce Owen, Prathibha Rao, Martina Esisi, Nicola Phillips and Esther Cohen-Tovee. Emma Paisley, Anthony Deery, Michelle Hall, Louise Wicks and Martina Khundakar</b>
<b>Report signed off by:</b>	<b>Trust Leadership Team 28.11.22</b>
<b>Name of Board Level Exec/Non-exec Director responsible for Education and Training:</b> <b>Board Approval Status and Date:</b>	<b>Dr Rajesh Nadkarni, Executive Medical Director and Deputy CEO</b> <b>Due at Board 01.02.23</b>

The SAR is aligned to the GMC Standards for medical education: [Promoting excellence](#), and the [HEE standards](#) which includes a sixth theme, developing a Sustainable Workforce. The SAR should be read alongside the relevant Quality Improvement Plan (QIP).

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## Section 1: Executive Summary

### 1.1 Organisation's governance for education and training

*To help outline your organisation and team, please briefly describe current structures. Please share organograms to demonstrate all professional education structures, reporting to the Trust Board and highlight changes this year. This will help us to maintain up to date key contacts.*

Within CNTW there are established educational teams leading on the delivery and quality management of both medical and multi-professional training. These teams report up within the trust through TLT (Trust Leadership Team) which the medical and multi-professional educational leads both have a seat on, and then onto the trust board, where educational agenda items feature regularly.

Within the medical education team the team manager and quality lead work alongside the DME and AMDs within medical education to review quality metrics and priorities. These are then shared with both the executive team and trust board. Following the mental health services from North Cumbria joining the trust local educational and governance structures and policies were reviewed aligning practices across the whole trust, these systems are working well and are now fully embedded.

Within the multi-professional education structure, there are similar structures with dedicated teams planning education and placements and linking into the executive team and trust board.

Attached are organisational diagrams outlining these structures and links.



### 1.2 Top three education and training successes

*This section should be used to document a high-level summary of the successes your organisation is most proud of achieving during the reporting period. Please list any successes/good practice items that you would like to highlight to HEE. These may include trust wide initiatives as well as departmental / unit examples. Any items listed here will potentially be considered for sharing across the region. It can cover what was implemented and why, profession(s) it related to, benefits and impact, lessons learned and a contact for further information.*

Description of Success	Domain(s)	Standard(s)
<p>1. Continuing to prioritise education and support to students, trainees and trainers during a period of pandemic recovery and significant recruitment, clinical and financial pressures. While this is a broad success, it captures what we are most proud of.</p> <p>As a trust that prioritises training and education we have within PG medical training been able to ensure high levels of trainer and trainee support, improving our trainee and</p>	1,3,4 and 5	All, but particularly 1.1

<p>trainer development programmes and enhancing out of hours work through the development of an out of hours rota with a focus on training. The details of the different elements of this are captured later in the report under the PG medical good practice items. The success of this work is evidence though our good performance in the GMC trainee (scores further increased from high base to a point that now lead the way regionally, within the best performing region) and trainer surveys (having ranked 1<sup>st</sup> nationally last year, we have continued to score well). Within multi-professional education this focus on education has allowed an expansion of the Practice Education team. This has allowed practice facilitators and educational support nurses to work directly with clinical services to develop learning environments and support students and supervisors.</p>		
<p>2. Enhancing educational governance processes through an enhanced trainer appraisal process.</p> <p>We have developed and implemented an enhanced trainer appraisal where all post-graduate trainers across the trust have an individual meeting with our quality lead and either the DME or AMD on a three yearly rolling basis. During this meeting trainers are provided with detailed, anonymised feedback about their performance as a trainer, supplemented with post specific quality metrics. As part of this an educational focussed PDP is developed. This process feeds into the ongoing annual appraisal process, where educational roles are also reviewed.</p>	2	2.6
<p>3. The Trust Training Academy have developed an accredited 12 month preceptorship programme in line with Health Education England guidance and the newly emerging National Preceptorship Framework (NHSE/NHSI). Aligned to the Trust career development programme it is designed to ensure that we have the right number of nurses with the rights skills in the right place at the right time. The Programme focuses on a common approach to preceptorship for all services across the Trust to support newly registered nurses in their first year. Combining generic, speciality specific and post graduate elements This is currently being rolled out and will in due course encompass other Professional Registrants for example AHP.</p>	5	5.2

## 1.3 Top three education and training challenges or prominent issues

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.*

Description of challenges	Domain(s)	Standard(s)
<p>1. Recruitment of trainers to support training</p> <p>2021 RCPsych data from a national census highlights an increasing problem with the recruitment of psychiatrists; data shows only 76% of consultant and 70% SAS doctor posts are currently filled nationally, with significant variation across regions and specialities. This places significant pressure on both training and service capacity. Vacancy rates within CNTW compare favourably to this national picture however we have significant variation according to job type and location. Particular challenges for us are the region of N Cumbria and inpatient adult and LD services. As a trust we have a number of strategies including the use of overseas recruitment, a successful CESR Fellowship programme (recently expanded from 5 to 10 Fellows) and the development of innovative new roles including the medical assistant role. These strategies have helped us ensure we are able to continue to expand our training post numbers and our current priority is to expand our higher training posts in North Cumbria.</p>	6	6.1, 6.2, 6.3
<p>2. We have seen a 30% reduction in September nursing cohort which it is hoped will not be a long-term trend. There is growing concern at the sustainability of Learning Disability numbers. Sunderland HEI have decided not to offer a learning disability BSc this year due to insufficient take up (although they will support RNDA programme) and the numbers across all HEI are small. This will have impact on Trust workforce profile, and we are collaborating with HEE and HEI's across the region to find solutions, including targeting via Trust RNDA programme.</p>	6	6.1, 6.2, 6.3
<p>3. Impact of wider service recruitment and financial pressures</p> <p>While we have identified as a success our continued prioritisation and delivery of high quality training despite a range of pressures, we are aware that the current service and financial pressures have the potential to adversely impact training experience. We have a number of protective factors in place to mitigate against this, not least close working relationships and good communication between operational services and education teams and transparent financial governance of training monies, ring fenced for training.</p>	1, 3, 4 & 6	

## Section 2: Statements of assurance & exception reporting to standards

### 2.1 Multi-professional

#### 2.1.1 Assurance statement & exception reporting against HEE quality domains & standards

##### a) Programme's assurance summary

Please ensure column 1 boxes are checked for **all multi-professional programmes within your organisation** which you are reporting and declaring assurance for. Please select whether you are meeting all standards for these by checking the appropriate box in columns 3-5.

Please ensure you tick the left column for every programme you host and declare against that programme in the options to the right.

Programme	Meeting ALL requirements	Some PARTIALLY met	Some NOT met
<b>Allied Health Professionals</b>			
<input checked="" type="checkbox"/> Art Therapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Dietician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Drama Therapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Music Therapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Occupational Therapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Operating Department Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orthoptist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Optometrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physiotherapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Podiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prosthetist/Orthotist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Radiographer - Diagnostic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Radiographer - Therapeutic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speech & Language Therapist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ambulance Service Team</b>			
<input type="checkbox"/> Emergency Medical Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental Team</b>			
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental Technician & Clinical Dental Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orthodontic Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Informatics</b>			
<input type="checkbox"/> Clinical Informatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Libraries & Knowledge Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthcare Sciences</b>			
<input type="checkbox"/> Clinical Bioinformatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Informatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Analytical Toxicology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinical Biochemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinical Immunogenetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Histocompatibility & Immunogenetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Molecular Pathology of Acquired Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Molecular Pathology of Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reproductive Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Virology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clinical Biomedical Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clinical Pharmaceutical Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medical Physics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rehabilitation Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Renal Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physiological Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cardiac physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Critical Care Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Gastrointestinal & Urological Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neurophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ophthalmic & Vision Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respiratory & Sleep Physiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Vascular Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Associate Professions</b>				
<input type="checkbox"/>	Advanced Critical Care Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Advance Clinical Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Anaesthesia Associate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physician Associate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surgical Care Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nursing &amp; Midwifery</b>				
<input type="checkbox"/>	Adult Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Children's Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Learning Disability Nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Mental Health Nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Midwife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Nursing Associate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Specialist community public health nursing (SCPHN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pharmacy</b>				
<input checked="" type="checkbox"/>	Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Pharmacy Technician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychological professions</b>				
<input checked="" type="checkbox"/>	Clinical Psychologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Counselling Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Education Mental Health Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	High Intensity Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Psychological Wellbeing Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Psychotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## b) Programme declarations by requirement

Using the intelligence gained through your governance structures, please consider all themes, standards and requirements in the table below and declare all programmes and posts where standards and requirements are met, partially or not met. Please ensure that any areas highlighted as partially or not met are listed in your organisation's Quality Improvement Plan (QIP).

### Illustrative example of how to complete the declaration

Domain 1 Quality Standards	Met	Partially met	Not met
1.1 The learning environment is one in which education and training is valued and championed.	All Met		
Domain 5 Quality Standards	Met	Partially met	Not met
5.1 Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	All Met, with the exception of those programme listed in partially met/not met	Adult Nursing – some issues with curriculum coverage during C19. See QIP for plan.	

### Declaration for completion

Domain 1 Learning environment and culture			
Domain 1 Quality Standards	Met <i>If all professions in scope meet the standard, please state 'All'</i>  <i>If not all professions meet the standard please state: 'All professions meet the standard with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list profession(s) partially meeting the standard</i>  <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list profession(s) not meeting the standard</i>  <i>Please ensure all items declared as not met are added to the QIP</i>
1.1) The learning environment is one in which education and training is valued and championed.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.2) The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.3) The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.	Nursing Yes Pharmacy Yes AHP Yes	Psychological Services some staff have experienced racism in some settings which may affect learners	
1.4) There is a culture of continuous learning, where giving and receiving	Nursing Yes Pharmacy Yes		



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constructive feedback is encouraged and routine.	AHP Yes Psychological Services Yes		
1.5) Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.6) The environment is one that ensures the safety of all staff, including learners on placement.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.7) All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.8) The environment is sensitive to both the diversity of learners and the population the organisation serves.	Nursing Yes Pharmacy Yes AHP Yes	Psychological Services Work in progress across the organisation, area for ongoing improvement	
1.9) There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.10) There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
1.11) The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.	Nursing Yes AHP Yes Psychological Services Yes	Pharmacy Access at present is limited as trainee pharmacists not CNTW employees and pharmacy undergraduates only attending for 5 mornings. Going forward next year with CNTW having their own trainee pharmacists in post and an increase in student placements IT/kit/read only access to notes	



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		will be established to ensure learners have appropriate and relevant IT access	
1.12) The learning environment promotes multi-professional learning opportunities	Nursing Yes Pharmacy Yes AHP yes Psychological Services Yes		
1.13) The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
<b>Domain 2 Educational governance and commitment to quality</b>			
<b>Domain 2 Quality Standards</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
2.1) There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes	Psychological Services No senior funded educational leadership roles for psychological professions	
2.2) There is active engagement and ownership of EDI in education and training at a senior level.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
2.3) The governance arrangements promote fairness in education and training and challenge discrimination.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
2.4) Education and training issues are fed into, considered and represented at the most senior level of decision making	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
2.5) The provider can demonstrate how educational resources (including financial) are allocated and used.	Nursing Yes Pharmacy Yes AHP Yes	Psychological Services Need to clarify placement tariff funding received p.a. for Psychological Professions and utilise in a more targeted way	
2.6) Educational governance arrangements enable organisational self-assessment of performance against	Nursing Yes Pharmacy Yes AHP Yes Psychological		

## Health Education England

the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.	Services Yes		
2.7) There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.	Nursing Yes Pharmacy Yes AHP Yes	Psychological Services This is challenging in relation to Newcastle D Clin Psy programme due to relationship issues and lack of shared approach to partnership working	
2.8) Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
<b>Domain 3 Developing and supporting learners</b>			
<b>Domain 3 Quality Standards</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
3.1) Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.2) There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.3) The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.	Nursing Yes Pharmacy Yes AHP Yes		
3.4) Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.	Nursing Yes Pharmacy Yes AHP Yes		
3.5) Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.6) Learners receive the educational supervision and support to be able to	Nursing Yes Pharmacy Yes		

## Health Education England

demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.	AHP Yes Psychological Services Yes		
3.7) Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.8) Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.9) Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.10) Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
3.11) Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.	Nursing Yes Pharmacy N/A AHP Yes Psychological Services Yes		
<b>Domain 4 Developing and supporting supervisors</b>			
<b>Domain 4 Quality Standards</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
4.1) Supervisors can easily access resources to support their physical and mental health and wellbeing	Nursing yes Pharmacy Yes AHP Yes Psychological Services Yes		
4.2) Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
4.3) Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
4.4) Clinical Supervisors understand the scope of practice and expected competence of those they are	Nursing Yes Pharmacy Yes AHP Yes Psychological		

supervising.			
	Services Yes		
4.5) Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.	Nursing Yes Pharmacy Yes AHP Yes	Psychological Services Our qualified staff provide clinical supervision to learners but there is no funded educational supervisor role	
4.6) Clinical supervisors are supported to understand the education, training and any other support needs of their learners.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
4.7) Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
<b>Domain 5 Delivering programmes and curricula</b>			
<b>Domain 5 Quality Standards</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
5.1) Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
5.2) Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.	Nursing Yes Pharmacy Yes AHP Yes	Psychological Services Lack of joined up approach to ensuring placements cover key competencies for working with specific clinical population groups	
5.3) Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.	Nursing yes Pharmacy Yes AHP Yes Psychological Services Yes		

## Health Education England

5.4) Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.	Nursing yes Pharmacy Yes AHP Yes Psychological Services Yes		
5.5) The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
5.6) Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
<b>Domain 6 Developing a sustainable workforce</b>			
<b>Domain 6 Quality Standards</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
6.1) Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
6.2) There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
6.3) The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
6.4) Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner	Nursing Yes Pharmacy Yes AHP Yes Psychological Services Yes		
<b>HEE NE Specific Question related to Workforce</b>			

**Please identify any areas you feel you are short on, i.e. the number of students you wish to train in partnership with HEI's, that you would like to increase to meet your long-term workforce need:**

We have seen a 30% reduction in September cohort which it is hoped will not be a long-term trend. There is growing concern at the sustainability of Learning Disability numbers. Sunderland HEI have decided not to offer a learning disability BSc this year due to insufficient take up (although they will support RNDA programme) and the numbers across all HEI are small. This will have impact on Trust workforce profile, and we are collaborating with HEE and HEI's across the region to find solutions, including targeting via Trust RNDA programme.

## Pharmacy

HEE are requesting an increased expansion of student placement numbers for 2023/24 however we are limited due to the numbers of pharmacy staff we employ in comparison to the larger acute trusts in the region. In addition our geographical spread means we are required to work with more than HEI.

## AHP

Trust-wide lead for Arts Psychotherapies has carried out scoping exercise for HEE in relation to an Arts Psychotherapy apprenticeship to increase numbers across the region. We have staff on OT and soon to be on Dietetic apprenticeships in an attempt to grow our own workforce in areas where it is more difficult to recruit e.g. Secure Care. We are involved in international recruitment of OTs as the number of applicants to band 5 posts is dropping and attrition in this cohort nationally is high in the first two years post registration. Some geographical locations such as rural North Cumbria and some bandings e.g. band 6 neuro OTs are difficult to recruit to. Recruitment of mental health/learning disability physios can be difficult. There is evidence that students return as registered healthcare professionals. We will continue to work closely with our Higher Education Institutions to ensure workforce supply meets demand.

## Psychological Services

Need for HIT (High intensity Therapists) expansion, recognising shortage of good candidates  
Need for more Clinical Psychologists, recognising there has been an increase in training numbers and this takes time to work through.

**Please identify any departments or services who are struggling to deliver curriculum due to workforce shortages e.g., due to a lack of supervision for a programme:**

## Nursing

Although some services because of the way they are staffed cannot fulfil the practice assessor function they do take students on a spoke placement. In addition we are working with HEE to fund peripatetic practice assessors who could fulfil this function and increase placement capacity.

## Pharmacy

Staffing and recruitment at our Cumbria site has remained an ongoing challenge and has limited us in terms of offering a training post based at that site given the lack of staff available at that site to provide supervision and support of trainee pharmacists.

## Psychological Services

Concern that placements are being diluted e.g. for working with older adults.

## Declaration of assurance (Multi-professional section approval)

*Sign off from the nominated person, on behalf of the executive team.*

**Name and Role:**

Michelle Hall, Senior Nurse

**Date:**

17.11.22

## 2.1.2 Multi-professional good practice items

*Please list any good practice items that you would like to highlight to HEE. These may include trust wide initiatives as well as departmental / unit examples You do not need to duplicate items from the successes section of the SAR (section 1). Any items listed here will potentially be considered for sharing across the region. It can cover what was implemented and why, profession(s) it related to, benefits and impact, lessons learned and a contact for further information.*



Description of Success	Domain(s)	Standard(s)
<p><b>Nursing</b></p> <p>1. Changed the online corporate induction to a face to face and more in depth and personal introduction to the trust. We have done this to better prepare students for life in a mental health trust – and hopefully help to reduce attrition.</p> <p>2. The registered nurse degree apprentice programme employs education support nurses to specifically assist our apprentices with pastoral/educational/placement issues</p> <p>Nursing.</p> <p>3. Simulation training (COTEPS) was used for a cohort of nursing students as they were unable to access clinical placements for 3 weeks because of very high volume of nursing students on placement at once. Had the total amount of students been on placement at the same time it would have overwhelmed the clinical services. This is in context of high absence/vacancy rates and very high numbers of students last year, who all follow an academic timetable. Experts within the trust delivered a 3-week programme of online education relating to their field of expertise.</p> <p>4. The practice education team delivered a significant amount of practice assessor and practice supervisor training trust wide. We've tripled the amount of trained PA/PS's in the trust as a result. Consequently, this has increased placement capacity. NMC requirements are for registrants to share their knowledge with learners. This was incredibly well received and elements of it are being used in a revamped student trust induction.</p> <p>5. The CNTW academy registered nurse degree apprenticeship programme is proving successful, and we have had our first 'home grown' registrants take up employment in the trust. Apprentices are employees of the trust and have the option of a 2/3/4/5-year programme.</p>	Nursing	Quality

<p><b>Pharmacy</b></p> <p>1. Rotational pharmacist placements in mental health now established with 3 local acute trusts – NHFT, NuTH, STSFT increasing exposure to mental health for early careers pharmacists. This has resulted in recruitment opportunities for our department which has helped with our workforce planning. It also ensures early careers pharmacists in the region are upskilled in mental health and medicines optimisation of psychotropics and assuring parity of esteem for our service users. This also increases our collaborative links with our acute trust partners in ensuring system wide working.</p> <p>2. Shared learning sessions are well established with our local acute trust partners. These are now shared with NHFT, NuTH and more recently Cumbria primary care networks. This again ensures we are working across the NE and NC region in assuring pharmacy staff have the opportunity to upskill in medicines optimisation in mental health and also offers collaboration and increased learning opportunities between organisations and the opportunity for our staff to engage in CPD sessions. This improves communication across organisations and also helping to endorse the “working as one” model previously promoted to ensure parity of esteem for mental health patients.</p> <p>3. Early stage discussions around the possibility of a “shared post” with colleagues in primary care in Cumbria. After regional discussions it became apparent that regardless of sector workforce issues in the Cumbria region posed a big threat in terms of recruitment of staff. We decided to work together as a region as opposed to at organisational level</p> <p>4. Collaboration of consultant psychiatrists, pharmacists from CNTW and TEVV to establish a “safe prescribing in mental health” module – supported by the School of Psychiatry, HEE NE/NC. This was a good example of inter-organisational and inter-professional working to create some learning opportunities in the region for core trainees in psychiatry and non-medical prescribing in some of the key issues around safe prescribing in line with incident reports submitted to the organisation around prescribing.</p> <p>5. Establishment of the apprenticeship post for pre-registration pharmacy technicians has ensured we can offer an increase in training places and the ability to “grow our own” staff. The apprenticeship model has worked well in terms of blended learning and providing the learners with an in depth knowledge of pharmacy practice through the learning activities on the job.</p>	<p>6</p> <p>1, 3, 6</p> <p>6</p> <p>1</p> <p>6</p>	<p>6.2, 6.3, 6.4</p> <p>1.13, 3.2, 6.3</p> <p>6.1, 6.2, 6.3, 6.4</p> <p>1.1, 1.12, 1.13</p> <p>6.1, 6.2</p>
<p><b>AHP</b></p>		



<p>In conjunction with Higher Education Institutions in the North East and Cumbria the Trust has been able to establish new placements for AHP students. This includes an innovative placement between Tyne and Wear Museums and the Occupational Therapy inpatient Services in Newcastle upon Tyne. The placement was very well evaluated and there are plans to develop this further into a multi-professional placement with OT and Physio students. The CNTW Practice Education Team identified leadership opportunities in the staff wellbeing hub. The service is for all employees in the organisation across the North East and North Cumbria. The project has recently commenced and will be reviewed in partnership with Northumbria University. The Practice Education Team has also identified a new role emerging placement opportunity with the Individual Placement Support Service in CNTW. IPS provides employment support to service users who access mental health services. The clinical education of AHP students will be provided by registered health care professionals in the IPS team. Placement opportunities will commence in January 2023.</p> <p>2. Long arm supervision</p> <p>Staff continue to offer creative ways to support clinical education of students on placement. This includes the use of technology. The Trust has offered long-arm supervision for an extensive period with students both within the organisation and those who are involved in partnership projects.</p> <p>3. Collaboration</p> <p>The Practice Education Team continues to collaborate with Nursing to develop a combined training package for Nurse Assessors/Supervisors and AHPs. This has been helpful for all staff to gain an understanding of the professional requirements for each discipline and how we can support all students in their clinical education.</p> <p>The Trust has provided induction training for AHP and Nursing students in preparation for clinical education. Training packages have been developed collaboratively with other provider organisations and delivered at local Higher Educational Institutions. The training material has been well received by students and helps prepare them for placement.</p> <p>CNTW continues to collaborate with Higher Education Institutions including secondments of educators to the teaching team and honorary contracts of teaching staff into CNTW clinical teams to support staff development across the system, improve quality of teaching and improve patient care.</p> <p>4. Strong regional AHP links</p> <p>CNTW continues to build strong regional links with our partners in the system. This includes engagement with the Allied Health Professions Faculty and Allied Health Professions Council. From</p>		
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<p>a clinical education perspective key outputs include; equitable allocation of AHP students across the system, new links with practice education team leads across provider organisations, development of more robust preceptorship programmes and delivering training to AHP students across the North East and North Cumbria in preparation for clinical placement.</p> <p>CNTW Deputy Director of AHPs and Psychological Services leads on a placement innovation group. The group meets frequently and exchanges expertise to maximise placement capacity and quality.</p> <p>CNTW frequently engages with the Enhancing Education Learning Environment Team; the Trust is looking to pilot new Virtual Reality Technology to maximise the learning opportunities to AHP and Nursing Students receiving education with the Trust.</p> <p><b>Psychological Services</b></p> <ol style="list-style-type: none"> <li>1. Widening access to psychological professions careers – HEE funded cohorts of paid work experience</li> <li>2. Anti-racism training developed and offered to trainee PWPs, trainee HITs and trainee Clinical Psychologists in N Cumbria IAPT, EDI developed in our work with trainee Clinical Psychologists trustwide</li> <li>3. Developments of understanding and adjustment to placements for trainees with disabilities, neuro-divergence &amp; neurodiversity</li> </ol>		
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## 2.1.3 Multi-professional challenges / important issues that HEE should be aware of

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).*

Description of challenges	Domain(s)	Standard(s)
<p><b>Nursing</b></p> <p>Workforce issues remain a challenge. This impacts on the availability of placements available but we must recognise that colleagues are working under significant pressure and potentially can't offer the full range of training opportunities that they would like to</p>	Workforce	6.1, 6.2, 6.3

<p><b>Pharmacy</b></p> <p>1. Workforce issues around staffing in the Cumbria region and difficulty into recruiting into posts in the region</p> <p>2. CNTW to host trainee pharmacists and provide a training program for two proposed trainee pharmacists in 2023/2024. New training program required to be developed and established and a need to ensure designated supervisors are adequately trained and supported to deliver the supervision and mentorship required for the trainees. Training plan will need to ensure required learning outcomes as outlined by GPhC are achieved.</p> <p>3. Increased pressure from HEE/local HEIs to rapidly expand the number of student placements offered to pharmacy students</p> <p>4. Challenge for pre-registration pharmacy technicians in completing pharmacy dispensary work when there is no in house dispensary on our Cumbria site resulting in staff travelling over to our Newcastle site for this learning.</p>	<p>6</p> <p>1,3,4</p> <p>1,3,4,5,6</p> <p>3</p>	<p>6.1, 6.2, 6.3</p> <p>All standards within the domains</p> <p>1.11, 3.9, 4.3, 4.5, 4.6, 5.1, 5.2, 5.4, 5.6, 6.1, 6.2, 6.3</p> <p>3.4, 3.5</p>
<p>1. Capacity_Across the North East and North Cumbria organisations and teams are working collaboratively to understand capacity and how we can meet increased demand. Several solutions have been explored, including equitable allocation of students across the CNTW AHP workforce, ensuring there is a clear expectation all staff have a professional responsibility to be involved in student learning. This has been effective in other provider organisations. The coaching model of education remains a consistent model to provide education to multiple students in differing areas.</p> <p>2. Equitable allocation of students across the system-Higher Education Institutions across the North East and North Cumbria are seeking additional placements within CNTW in response to increased numbers of student places as new courses, such as apprenticeships, ae developed. Through working collaboratively, we are identifying strategies to enable fair allocation of students to the organisation. At a local level there are inconsistencies across placement offers between services. We will engage with those areas to improve opportunities for all students joining the Trust in their clinical education.</p> <p>3. Technology and software</p> <p>Higher Education Institutions are offering a diverse range of clinical courses including accelerated programmes and apprenticeships. An increase in students leads to an increase in placements which require having infrastructure and technology/equipment in place to support learning. There are additional considerations in relation to technology: ARC will soon host all Higher Education Institutions on one platform which may improve functionality, however clinicians often don't understand the software and as a result can avoid accessing the system, which has important placement information. The Trust is working</p>		

<p>collaboratively with the Higher Education Institutions to offer training to all staff which will improve clinician uptake and accuracy of clinical data and capacity.</p> <p>4. Coronavirus</p> <p>Covid-19 impacted on service delivery and systems were developed to reconfigure how we communicated. CNTW utilised technology to maintain contact via virtual platforms such as Microsoft Teams. Although face to face contact remained in some clinical settings, some services adopted a hybrid stance using <i>One Consultation</i> to reach service users. Covid and the transition to remote working has had an impact on the way education and training are delivered. Some clinical teams had difficulties responding to the change and in working creatively to meet the competencies set out by HEIs and professional bodies.</p> <p><b>Psychological Services</b></p> <p>Partnership working with local HEI re placement and competency issues (Clinical Psychology)</p>		
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## 2.2 Postgraduate medical

### 2.2.1 Organisation assurance statement and exception reporting against the GMC quality themes (GMC Promoting Excellence), standards and requirements and the HEE domain 6 standards

#### a) Programmes assurance summary

Please ensure column 1 boxes are checked for **all programmes within your organisation** which you are reporting and declaring assurance for. Please select whether you are meeting all requirements for the programmes you are reporting for by checking the appropriate box in columns 3-5. Please ensure you tick the left column for every programme you host and declare against that programme in the options to the right.

Provided in organisation	Programme	Meeting ALL requirements	Some PARTIALLY met	Some NOT Met
<b>School of Acute Specialties</b>				
<input type="checkbox"/>	Acute Care Common Stem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pre-Hospital Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental Programme</b>				
<input type="checkbox"/>	Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Restorative Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oral Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Special Care Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dental Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anaesthesia &amp; ICM</b>				
<input type="checkbox"/>	Anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Core Anaesthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intensive Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foundation Programme</b>				

<input type="checkbox"/>	Foundation Year 1 Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	O&G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Foundation Year 2 Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	O&G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General Practice</b>				
<input type="checkbox"/>	General Practice Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	O&G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Laboratory Medicine</b>				
<input type="checkbox"/>	Chemical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Forensic Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Histopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medical Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neuropathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric & Perinatal Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Virology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chemical Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medicine</b>				
<input type="checkbox"/>	Acute Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stroke Medicine			
<input type="checkbox"/>	Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clinical Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clinical & Medical Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clinical Neurophysiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Clinical Pharmacology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Core Medical Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Elderly Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Endocrinology & Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatology			
<input type="checkbox"/>	General Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Genito-Urinary Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Internal Medicine Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Metabolic Medicine			
<input type="checkbox"/>	Medical Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Occupational Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Palliative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Renal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rehabilitation Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respiratory Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Obstetrics &amp; Gynaecology</b>				
<input type="checkbox"/>	Community Sexual & Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obstetrics & Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gynaecological Oncology			
<input type="checkbox"/>	Maternal & Fetal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reproductive Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Urogynaecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Genitourinary Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ophthalmology</b>				
<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medical Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Paediatrics</b>				
<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Child Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Community Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neonatal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Diabetes & Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Intensive Care Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Gastroenterology, Hepatology & Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neurodisability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respiratory Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychiatry</b>				
<input checked="" type="checkbox"/>	Adult Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Child & Adolescent Mental Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Forensic Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	General Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Liaison Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Rehabilitation Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Substance Misuse Psychiatry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Learning Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Old Age Psychiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Public Health</b>				
<input checked="" type="checkbox"/>	Public Health Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology</b>				
<input type="checkbox"/>	Clinical Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Interventional Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Surgery</b>				
<input type="checkbox"/>	Cardio-thoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Core Surgical Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oral & Maxillo-Facial Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Paediatric Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Trauma & Orthopaedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## b) Programme declarations by requirement

Using the intelligence gained through your governance structures, please consider all of the themes requirements in the table below and declare all programmes and posts where requirements are met, partially or not met. Please ensure that any areas highlighted as partially or not met are listed in your organisation's Quality Improvement Plan (QIP).

## Illustrative example of how to complete the declaration

Domain 1 Quality Requirements	Met	Partially met	Not met
R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.	All Met		
R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.	All met, except for those programmes listed as partially / not met	Trauma and Orthopaedics, Urology	Core Surgical Training, General Surgery, ENT, Plastics, (Significant challenges detailed within the QIP).

## Declaration for completion

Theme 1 Learning environment and culture			
Standards			
S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.			
S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.			
Theme 1 Quality Requirements	Met <i>If all posts/programmes in scope meet the requirement, please state 'All'</i>  <i>If not all posts/programmes meet the requirement, please state: 'All posts/programmes meet the requirement with exception of those listed in partially met and/or not met box'</i>	Partially met <i>Please list post(s)/ programme(s) partially meeting the requirement</i>  <i>Please ensure all items declared as partially met are added to the QIP</i>	Not met <i>Please list post(s)/ programme(s) not meeting the requirement</i>  <i>Please ensure all items declared as not met are added to the QIP</i>
R1.1 Organisations* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences	All		



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R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.	All		
R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.	All		
R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.	All		
R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.	All		
R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.	All		
R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.	All		
R1.8 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.	All		
R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.	All		
R1.10 Organisations must have a reliable way of	All		

identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.			
R1.11 Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. <sup>5</sup> Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	All		
R1.12 Organisations must design rotas to: <b>a</b> make sure doctors in training have appropriate clinical supervision <b>b</b> support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK <b>c</b> provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme <b>d</b> give doctors in training access to educational supervisors <b>e</b> minimise the adverse effects of fatigue and workload.	All		
R1.13 Organisations must make sure learners have an induction in preparation for each placement that clearly sets out: <b>a</b> their duties and supervision arrangements <b>b</b> their role in the team <b>c</b> how to gain support from senior colleagues <b>d</b> the clinical or medical guidelines and workplace policies they must follow <b>e</b> how to access clinical and learning resources. As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.		Partial: Core psychiatry and GP based on MWM site not having local induction delivered as well as we would like, something we are currently reviewing	
R1.14 Handover* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.	All		
R1.15 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	All		
R1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety.	All		
R1.17 Organisations must support every learner	All		



to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.			
R1.18 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.	All		
R1.19 Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.	All		
R1.20 Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.	All		
R1.21 Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.	All		
R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.	All		
<b>Theme 2 Educational governance and leadership</b> <b>Standards</b> S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.  S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.  S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.			
<b>Theme 2 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
R2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.	All		
R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.	All		
R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners,	All		

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educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.			
R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.	All		
R2.5 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.	All		
R2.6 Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.	All		
R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.	All		
R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities. This is to identify risk, improve quality locally and more widely, and to identify good practice.	All		
R2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.	All		
R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.	All		
R2.11 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.	All		
R2.12 Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.	All		
<b>R2.13 (Not Applicable to Postgraduate Medical)</b>			

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R2.14 Organisations must make sure that each doctor in training has access to a named clinical supervisor who oversees the doctor's clinical work throughout a placement. The clinical supervisor leads on reviewing the doctor's clinical or medical practice throughout a placement, and contributes to the educational supervisor's report on whether the doctor should progress to the next stage of their training.	All		
R2.15 Organisations must make sure that each doctor in training has access to a named educational supervisor who is responsible for the overall supervision and management of a doctor's educational progress during a placement or a series of placements. The educational supervisor regularly meets with the doctor in training to help plan their training, review progress and achieve agreed learning outcomes. The educational supervisor is responsible for the educational agreement, and for bringing together all relevant evidence to form a summative judgement about progression at the end of the placement or a series of placements.	All		
R2.16 Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.	All		
R2.17 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.	All		
R2.18 Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.	All		
R2.19 Organisations must have systems to make sure that education and training comply with all relevant legislation.	All		

R2.20 Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.	All		
<b>Theme 3 Supporting learners</b> <b>Standards</b> S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.			
<b>Theme 3 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
R3.1 Learners must be supported to meet professional standards, as set out in <i>Good medical practice</i> and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.	All		
R3.2 Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: <b>a</b> confidential counselling services <b>b</b> careers advice and support <b>c</b> occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.	All		
R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.	All		
R3.4 Organisations must make reasonable adjustments for disabled learners, in line with the <i>Equality Act 2010</i> . <sup>*</sup> Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.	All		
R3.5 Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.	All		
R3.6 When learners progress from medical school to foundation training they must be supported by a period of shadowing† that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.	All		
R3.7 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.	All		

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R3.8 Doctors in training must have information about academic opportunities in their programme or specialty and be supported to pursue an academic career if they have the appropriate skills and aptitudes and are inclined to do so.	All		
<b>R3.9 (Not Applicable to Postgraduate Medical)</b>			
R3.10 Doctors in training must have access to systems and information to support less than full-time training.	All		
R3.11 Doctors in training must have appropriate support on returning to a programme following a career break.	All		
R3.12 Doctors in training must be able to take study leave appropriate to their curriculum or training programme, to the maximum time permitted in their terms and conditions of service.	All		
R3.13 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.	All		
R3.14 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.	All		
R3.15 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.	All		
R3.16 Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.	All		
<b>Theme 4 Supporting educators Standards</b> S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.  S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.			
<b>Theme 4 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.	All		
R4.2 Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.	All		

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R4.3 Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.	All		
R4.4 Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.	All		
R4.5 Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.	All		
R4.6 Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.	All		
<b>Theme 5 Delivering and implementing curricula and assessments Standards</b> <i>S5.1 (Not Applicable to Postgraduate Medical)</i>  S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.			
<b>Theme 5 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
<i>R5.1 to R5.6 (Not Applicable to Postgraduate Medical)</i>			
R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.	All		
R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.	All		



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<p>R5.9 Postgraduate training programmes must give doctors in training:</p> <p><b>a</b> training posts that deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p><b>b</b> sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p><b>c</b> an educational induction to make sure they understand their curriculum and how their post or clinical placement fits within the programme</p> <p><b>d</b> the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation</p> <p><b>e</b> the opportunity to work and learn with other members on the team to support interprofessional multidisciplinary working</p> <p><b>f</b> regular, useful meetings with their clinical and educational supervisors</p> <p><b>g</b> placements that are long enough to allow them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress</p> <p><b>h</b> a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.</p>	All		
R5.10 Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.	All		
R5.11 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.	All		
R5.12 Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the <i>Equality Act 2010</i> , although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.	All		

HEE Domain 6 Developing a sustainable workforce ( <a href="#">HEE Quality Framework</a> )			
Domain 6 Quality Standards	Met	Partially met	Not met
6.1) Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All		
6.2) There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	All		
6.3) The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	All		
6.4) Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner	All		
6.5) Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All		
<p><b>Please identify any areas you feel you are short on workforce in training that you would like to increase to meet your long-term workforce need:</b></p> <p>Foundation doctors Core and speciality trainees, particularly speciality trainees in adult and psychiatry of old age</p>			
<p><b>Please identify any departments or services who are struggling to deliver curriculum due to workforce shortages e.g., due to a lack of supervisors for a programme:</b></p> <p>We have had a particular challenge in delivering psychotherapy competencies due to a combination of factors creating a simultaneous increase in demand and reduced ability to meet this demand. Factors in this were a significant bulge in CT3 trainees due to end training in Aug 2023 and the covid19 pandemic meaning for a period we were, in accordance with RCPsych guidance unable to deliver psychotherapy training. We have, worked closely with our psychotherapy lead to resolve this situation through broadening the range of options available to trainees and increasing supervision capacity. This has worked well and we are now on track to ensure no trainee needs their training extended due to being unable to complete their psychotherapy training.</p> <p>In N Cumbria our broader consultant recruitment has placed challenges on training capacity which remains fragile but we have been and continue to be able to expand our training capacity and are keen to now expand our higher training within this locality</p>			
<p><b>Declaration of assurance (Postgraduate medical section approval)</b> <i>Sign off from the nominated person, on behalf of the executive team.</i></p>			
<b>Name and role:</b>	Dr Rajesh Nadkarni, Executive Medical Director and Deputy CEO		
<b>Date:</b>			

## 2.1.2 Postgraduate medical good practice items



Please list any good practice items that you would like to highlight to HEE. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1). Any items listed here will potentially be considered for sharing across the region. It can cover what was implemented and why, profession(s) it related to, benefits and impact, lessons learned and a contact for further information.

Description of Good Practice Items	Domain(s)	Standard(s)
<p>1. Training on managing discrimination in the workplace.</p> <p>Following some work with postgraduate medical doctors in training we have developed a simulation based training programme delivered to all doctors in training to help people better understand discrimination and how to manage this. This is being evaluated currently and once this is completed we aim to expand this more widely across the trust. The feedback has been very positive and this, along with training for trainers on discrimination has helped improve awareness of and support for trainees with the management of this important issue.</p> <p>Drs Lachlan Fotheringham, Okaimame Oyakhirome, Rosalind Oliphant, Bruce Owen and Prathibha Rao</p>	3	3.3
<p>2. Training on professionalism within medicine</p> <p>In response to feedback from trainers we have developed our training for trainers around the topic of assessing professionalism and managing situations where professional standards are not being met. This has been built into our Faculty Development Programme and has been the focus of our annual medical education conference.</p> <p>Dr Bruce Owen, Emma Paisley</p>	4	4.3, 4.5
<p>3. Development and expansion of Medical Assistant role.</p> <p>Within CNTW the role of Medical Assistant has been developed, piloted and following evaluation now expanded across the trust. This has become an important element of our workforce plan, increasing patient contact by over 20%, improving the quality of documentation and being highly valued by medical and MDT staff as well as patients. The curriculum for the role with mental health services has recently been accredited and we now have 16 medical assistants working across the trust with 12 more being recruited for training in 2023.</p> <p>Dr Bruce Owen, Dr Foteini Papouli and Rachel Bryce</p>	6	6.3
<p>4. Simulation</p> <p>After a hiatus due to COVID, this has now resumed with regular sessions delivered for core (emergency psychiatry scenarios) and higher trainees (tribunal training and report writing). There has been an addition of faculty member to the simulation lead, bringing the number of simulation leads to 1.4 WTE. We are in the process of developing a Digital simulation script for higher trainees with the aim of this being ready to be used early next year.</p> <p>Dr Prathibha Rao, Val Tippins, Claire Mcloughlin, Richard Lamph, Rachel Sercombe, Emma Paisley, Francesca Hewitt</p>	1	1.20
<p>5. CASC (Clinical assessment of skill and applied</p>	1	1.12,1.18,1.19

<p>knowledge- Royal College) preparation</p> <p>We have had a higher number of core trainees taking up CASC exam this year. We have stepped up the support for exam preparations with additional session delivered twice this year rather than annually as was before. Feedback from trainees has been extremely positive and this has been well received</p> <p>Dr Prathibha Rao, Lachlan Fotheringham, Isobel Cane, Rachel Sercombe, Francesca Hewitt, Karen Peverell, Leona Fairhurst</p>		
<p>6. Serious Incident- trainee support programme</p> <p>The training day of the programme is now well embedded and continues to receive excellent feedback. We have now added a peer support group to this programme and are piloting this over the next 6 months to a year.</p> <p>Dr Prathibha Rao, Dr Jennifer Harris, Emma Paisley</p>	1	1.4
<p>7. Postgraduate/locality weekly teaching</p> <p>Following on from a trainee survey that favoured resumption of face to face teaching (from online on MS TEAMS), weekly teaching sessions have now resumed face to face, with hybrid options offered to a small group of trainees who are geographically distant or for trainers. This change did come with some initial challenges, but is now getting embedded well and will be continued into the next term</p> <p>Dr Prathibha Rao, Rachel Sercombe, Francesca Hewitt, Isobel Cane, all College Tutors</p>	1	1.12
<p>8. Trainer appraisal</p> <p>We have introduced a 3 year cycle of trainer appraisal system, with facilitates a reflective discussion on their role as a trainer with evidence gathered from anonymised trainee feedback collected over this period, relevant training courses attended with the aim of supporting development of personal development plans in the role of a trainer. We have commenced this for core trainers and GP trainers this year, prioritising those who are close to their revalidation and aim to develop a similar system for all trainers in the trust in due course. Trainers have appreciated and engaged well in this process.</p> <p>Emma Paisley, Dr Bruce Owen, Dr Prathibha Rao, Dr Lisa Insole</p>	4	4.1- 4.4

## 2.2.3 Postgraduate medical challenges / important issues that HEE should be aware of

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1).*

Description of challenges	HEE/GMC Domain(s)	HEE/GMC Standard(s)
<p>Recruitment across the trust, particularly within Cumbria</p> <p>Higher training in Cumbria, over the time mental health services have been delivered jointly across the NE and N. Cumbria we have had only one higher trainee posted to work in North Cumbria. We have been working with the schools and TPDs and the locality to look at how we can develop a more sustainable higher training</p>	6.3	

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<p>within North Cumbria and are proposing this been done though linking in with CESR training posts. We have a cohort of core trainees who wish to complete higher training in Cumbria and being able to support this we see as key in our wider workforce goals.</p>		
<p><b>Psychotherapy</b> This has continued to be a challenge this year due to issues of additional resource needs created by the increased intake of core trainees in 2020 and reduced cases due to backlog of COVID. A number of strategies have tried with variable success, such as increasing supervisor capacity, obtaining suitable cases via a research project within Regional Affective Disorders Service (CAPE study), exploring alternative psychotherapy models (Interpersonal Psychotherapy)- all of which seem to have yielded some success and all trainees allocated to supervision group in line to potentially achieve required competencies within the remaining training period. This will need to be closely monitored however. Dr Lucy Buckley, Dr Bruce Owen, Dr Prathibha Rao</p>	1	1.7
<p><b>Monkwearmouth site</b> This has been a red outlier on the recent GMC survey. This is due to historical issues around admin support for physical health clinic in community placements which has been flagged with the service and management. A variety of factors also would have contributed to dissatisfaction with old age psychiatry inpatient posts at Monkwearmouth Hospital. All of these are now resolved and satisfaction has improved. This will continue to be monitored closely.</p>	2	2.3

## 2.3. Undergraduate medical

### 2.3.1 Organisation assurance statement and exception reporting against the GMC quality themes, standards and requirements and the HEE domain 6 standards

Using the intelligence gained through your governance structures, please consider all themes, standards and requirements in the table below and declare all programmes and posts where standards and requirements are met, partially or not met. Please consider both placement and departments as well as trust wide policy, approach and ability to meet the standards and requirements in Promoting Excellence. Please ensure that any areas highlighted as partially or not met are listed in your organisation's Quality Improvement Plan (QIP).

Note that where both Newcastle and Sunderland University students are hosted by the Trust please detail if any declaration(s), successes or challenges relate to either or both Medical Schools.

Note that Newcastle University will continue to gather information ahead of their joint Foundation / Undergraduate Visit to inform the agenda and discussion. That information can then be used to inform the completion of the Undergraduate section of the SAR and statements of assurance.

### Illustrative example of how to complete the declaration

Theme 1 Quality Requirements	Met	Partially met	Not met
R1.10 Organisations must have a reliable way of identifying learners at different stages of education and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.		All partially met – there is a Trust roll-out of lanyards, supported by posters and infographics.	
R1.20 Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.	All met with the exception of those listed in partially met / not met	Acute Medicine (detail in QIP)	Paediatrics (detail in QIP)

### Declaration for Completion

Theme 1 Learning Environment and Culture Standards			
<p>S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p>S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</p>			
Theme 1 Quality Requirements	Met	Partially met	Not met
R1.1 Organisations* must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences	All		

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R1.2 Organisations must investigate and take appropriate action locally to make sure concerns are properly dealt with. Concerns affecting the safety of patients or learners must be addressed immediately and effectively.	All		
R1.3 Organisations must demonstrate a culture that investigates and learns from mistakes and reflects on incidents and near misses. Learning will be facilitated through effective reporting mechanisms, feedback and local clinical governance activities.	All		
R1.4 Organisations must demonstrate a learning environment and culture that supports learners to be open and honest with patients when things go wrong – known as their professional duty of candour – and help them to develop the skills to communicate with tact, sensitivity and empathy.	All		
R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and on education and training.	All		
R1.6 Organisations must make sure that learners know about the local processes for educational and clinical governance and local protocols for clinical activities. They must make sure learners know what to do if they have concerns about the quality of care, and they should encourage learners to engage with these processes.	All		
R1.7 Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.	All		
R1.8 Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor. Foundation doctors must at all times have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.	All		
R1.9 Learners' responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of clinical supervision.	All		
R1.10 Organisations must have a reliable way of identifying learners at different stages of education	All		

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and training, and make sure all staff members take account of this, so that learners are not expected to work beyond their competence.			
R1.11 Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with General Medical Council (GMC) guidance on consent. <sup>5</sup> Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	All		
R1.12 Organisations must design rotas to: <b>a</b> make sure doctors in training have appropriate clinical supervision <b>b</b> support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors working in the UK <b>c</b> provide learning opportunities that allow doctors in training to meet the requirements of their curriculum and training programme <b>d</b> give doctors in training access to educational supervisors <b>e</b> minimise the adverse effects of fatigue and workload.	All – with the implementation of the 5 <sup>th</sup> year Assistantship for Newcastle MBBS teaching programme, students have a designated supervisor including for out of hours		
R1.13 Organisations must make sure learners have an induction in preparation for each placement that clearly sets out: <b>a</b> their duties and supervision arrangements <b>b</b> their role in the team <b>c</b> how to gain support from senior colleagues <b>d</b> the clinical or medical guidelines and workplace policies they must follow <b>e</b> how to access clinical and learning resources. As part of the process, learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.	All – all students receive a comprehensive induction at the start of their placement in addition to a local team induction for the 5 <sup>th</sup> year Assistantship students as part of delivering the Newcastle University MBBS curriculum		
R1.14 Handover* of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.	All		
R1.15 Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	All		
R1.16 Doctors in training must have protected time for learning while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum. In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient	All – students have timetabled self-directed learning sessions to support their learning		



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safety.			
R1.17 Organisations must support every learner to be an effective member of the multiprofessional team by promoting a culture of learning and collaboration between specialties and professions.	All		
R1.18 Organisations must make sure that assessment is valued and that learners and educators are given adequate time and resources to complete the assessments required by the curriculum.	All – students have end of placement formative assessments and educators are supported with training on how to provide feedback.		
R1.19 Organisations must have the capacity, resources and facilities* to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.		Partially met – there is an improvement in teaching spaces in relation to student capacity following the opening of the new medical education centre. However, ongoing review and development of existing education facilities in view of implementation of Sunderland medical school curriculum in September 2022 and implementation of ICCP in Cumbria.	
R1.20 Learners must have access to technology enhanced and simulation-based learning opportunities within their training programme as required by their curriculum.	All		
R1.21 Organisations must make sure learners are able to meet with their educational supervisor or, in the case of medical students, their personal adviser as frequently as required by their curriculum or training programme.	All		
R1.22 Organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service.	All		
<b>Theme 2 Educational governance and leadership</b> <b>Standards</b> S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when			

standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

Theme 2 Quality Requirements	Met	Partially met	Not met
R2.1 Organisations must have effective, transparent and clearly understood educational governance systems and processes to manage or control the quality of medical education and training.	All		
R2.2 Organisations must clearly demonstrate accountability for educational governance in the organisation at board level or equivalent. The governing body must be able to show they are meeting the standards for the quality of medical education and training within their organisation and responding appropriately to concerns.	All		
R2.3 Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public, and employers. This is particularly important when services are being redesigned.	All		
R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training.	All		
R2.5 Organisations must evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.	All		
R2.6 Medical schools, postgraduate deaneries and LETBs must have agreements with LEPs to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.	All		
R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.	All		
R2.8 Organisations must share and report information about quality management and quality control of education and training with other bodies that have educational governance responsibilities.	All		



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This is to identify risk, improve quality locally and more widely, and to identify good practice.			
R2.9 Organisations must collect, manage and share all necessary data and reports to meet GMC approval requirements.	All		
R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.		Partially met – all specified education roles such as Undergraduate Lead, LEP lead, SSC lead have dedicated Programmed Activities. Clinical teachers have the role of teaching within their job plan as part of SPA time but there is not an agreed tariff of time. We have been able to clearly align the money with the student activity ensuring this supports teaching however we would like this to be more explicit within job plans. We are piloting a model with Sunderland University and if this evaluates well will work with colleagues in clinical services and the Trust's finance team to replicate this approach for Newcastle students.	
R2.11 Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture.	All		
R2.12 Organisations must have systems to manage learners' progression, with input from a range of people, to inform decisions about their progression.	All		
R2.13 Medical schools must have one or more doctors at the school who oversee medical students'	All		

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educational progression. They must have one or more doctors at each LEP who coordinate training of medical students, supervise their activities, and make sure these activities are of educational value.			
R2.14 and R2.15	<i>(Not Applicable to Undergraduate Medical)</i>		
R2.16 Organisations must have systems and processes to identify, support and manage learners when there are concerns about a learner's professionalism, progress, performance, health or conduct that may affect a learner's wellbeing or patient safety.	All		
R2.17 Organisations must have a process for sharing information between all relevant organisations whenever they identify safety, wellbeing or fitness to practise concerns about a learner, particularly when a learner is progressing to the next stage of training.	All		
R2.18 Medical schools (and the universities of which they are a part) must have a process to make sure that only those medical students who are fit to practise as doctors are permitted to graduate with a primary medical qualification. Medical students who do not meet the outcomes for graduates or who are not fit to practise must not be allowed to graduate with a medical degree or continue on a medical programme. Universities must make sure that their regulations allow compliance by medical schools with GMC requirements with respect to primary medical qualifications. Medical schools must investigate and take action when there are concerns about the fitness to practise of medical students, in line with GMC guidance. Doctors in training who do not satisfactorily complete a programme for provisionally registered doctors must not be signed off to apply for full registration with the GMC.	All		
R2.19 Organisations must have systems to make sure that education and training comply with all relevant legislation.	All		
R2.20 Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent.	All		
<b>Theme 3 Supporting learners Standards</b> S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.			
<b>Theme 3 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
R3.1 Learners must be supported to meet professional standards, as set out in <i>Good medical practice</i> and other standards and guidance that uphold the medical profession. Learners must have a clear way to raise ethical concerns.	All		
R3.2 Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including: <b>a</b> confidential counselling services <b>b</b> careers advice and support	All		

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c occupational health services. Learners must be encouraged to take responsibility for looking after their own health and wellbeing.			
R3.3 Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.	All		
R3.4 Organisations must make reasonable adjustments for disabled learners, in line with the <i>Equality Act 2010</i> . Organisations must make sure learners have access to information about reasonable adjustments, with named contacts.	All		
R3.5 Learners must receive information and support to help them move between different stages of education and training. The needs of disabled learners must be considered, especially when they are moving from medical school to postgraduate training, and on clinical placements.	All		
R3.6 When learners progress from medical school to foundation training they must be supported by a period of shadowing† that is separate from, and follows, the student assistantship. This should take place as close to the point of employment as possible, ideally in the same placement that the medical student will start work as a doctor. Shadowing should allow the learner to become familiar with their new working environment and involve tasks in which the learner can use their knowledge, skills and capabilities in the working environment they will join, including out of hours.	All		
R3.7 Learners must receive timely and accurate information about their curriculum, assessment and clinical placements.	All		
R3.8	<i>(Not Applicable to Undergraduate Medical)</i>		
R3.9	<i>(Not Applicable for trust response)</i>		
R3.10 to R3.12	<i>(Not Applicable to Undergraduate Medical)</i>		
R3.13 Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act on it. Feedback should come from educators, other doctors, health and social care professionals and, where possible, patients, families and carers.	All		
R3.14 Learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome these concerns and, if needed, given advice on alternative career options.	All		
R3.15 Learners must not progress if they fail to meet the required learning outcomes for graduates or approved postgraduate curricula.	All		
R3.16 Medical students who are not able to complete a medical qualification or to achieve the learning outcomes required for graduates must be given advice on alternative career	All		

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options, including pathways to gain a qualification if this is appropriate. Doctors in training who are not able to complete their training pathway should be given career advice.			
<b>Theme 4 Supporting educators</b> <b>Standards</b> S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.  S4.2 Educators receive the support, resources and time to meet their education and training responsibilities			
<b>Theme 4 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
R4.1 Educators must be selected against suitable criteria and receive an appropriate induction to their role, access to appropriately funded professional development and training for their role, and an appraisal against their educational responsibilities.	All		
R4.2 Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.	All		
R4.3 Educators must have access to appropriately funded resources they need to meet the requirements of the training programme or curriculum.	All		
R4.4 Organisations must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.	All		
R4.5 Organisations must support educators to liaise with each other to make sure they have a consistent approach to education and training, both locally and across specialties and professions.	All		
R4.6 Trainers in the four specific roles must be developed and supported, as set out in GMC requirements for recognising and approving trainers.	All		
<b>Theme 5 Delivering and implementing curricula and assessments</b> <b>Standards</b> S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.  S5.2 (Not Applicable to Undergraduate Medical)			
<b>Theme 5 Quality Requirements</b>	<b>Met</b>	<b>Partially met</b>	<b>Not met</b>
R5.1 Medical school curricula must be planned and show how students can meet the outcomes for graduates across the whole programme.	All		
R5.2 The development of medical school curricula must be informed by medical students, doctors in training, educators, employers, other health and social care professionals and patients, families and carers.	All		
R5.3 Medical school curricula must give medical students: a early contact with patients that increases in	All		

<p>duration and responsibility as students progress through the programme</p> <p><b>b</b> experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor</p> <p><b>c</b> the opportunity to support and follow patients through their care pathway</p> <p><b>d</b> the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics</p> <p><b>e</b> learning opportunities that integrate basic and clinical science, enabling them to link theory and practice</p> <p><b>f</b> the opportunity to choose areas they are interested in studying while demonstrating the learning outcomes required for graduates</p> <p><b>g</b> learning opportunities enabling them to develop generic professional capabilities</p> <p><b>h</b> at least one student assistantship during which they assist a doctor in training with defined duties under appropriate supervision, and lasting long enough to enable the medical student to become part of the team. The student assistantship must help prepare the student to start working as a foundation doctor and must include exposure to out-of-hours on-call work.</p>			
<p>R5.4 Medical school programmes must give medical students:</p> <p><b>a</b> sufficient practical experience to achieve the learning outcomes required for graduates</p> <p><b>b</b> an educational induction to make sure they understand the curriculum and how their placement fits within the programme</p> <p><b>c</b> the opportunity to develop their clinical, medical and practical skills and generic professional capabilities through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation</p> <p><b>d</b> experiential learning in clinical settings, both real and simulated, that increases in complexity in line with the curriculum</p> <p><b>e</b> the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working</p> <p><b>f</b> placements that enable them to become members of the multidisciplinary team, and to allow team members to make reliable judgements about their abilities, performance and progress.</p>	All		
<p>R5.5 Medical schools must assess medical students against the learning outcomes required for graduates at appropriate points. Medical schools must be sure that medical students can meet all the outcomes before graduation. Medical schools must not grant dispensation to students from meeting the standards</p>	All		

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of competence required for graduates.			
R5.6 Medical schools must set fair, reliable and valid assessments that allow them to decide whether medical students have achieved the learning outcomes required for graduates.	All		
R5.7 Assessments must be mapped to the curriculum and appropriately sequenced to match progression through the education and training pathway.	All		
R5.8 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the medical student's performance and being able to justify their decision.	All		
R5.9	<i>(Not Applicable to Undergraduate Medical)</i>		
R5.10 Assessments must be mapped to the requirements of the approved curriculum and appropriately sequenced to match doctors' progression through their education and training.	All		
R5.11 Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.	All		
R5.12 Organisations must make reasonable adjustments to help disabled learners meet the standards of competence in line with the <i>Equality Act 2010</i> , although the standards of competence themselves cannot be changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered.	All		
<b>HEE Domain 6 Developing a sustainable workforce</b> <i>(HEE Quality Framework)</i>			
<b>Domain 6 Quality Standards</b>	<b>Met</b> <i>If all placements in scope meet the standard, please state 'All'</i>  <i>If not all placements meet the standard please state: 'All placements meet the standard with exception of</i>	<b>Partially met</b> <i>Please list placements partially meeting the standard</i>  <i>Please ensure all items declared as partially met are added to the QIP</i>	<b>Not met</b> <i>Please list placements not meeting the standard</i>  <i>Please ensure all items declared as not met are added to the QIP</i>



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	<i>those listed in partially met and/or not met box'</i>		
6.1) Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All		
6.2) There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.	All		
6.3) The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.	All		
6.4) Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner	All		
6.5) Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.	All		
<b>Declaration of assurance (undergraduate medical section approval)</b> <i>Sign off from the nominated person, on behalf of the executive team.</i>			
<b>Name and role:</b> <b>Date:</b>	Dr Martina Esisi, Course Director and Associate Medical Director Undergraduate		

### 2.3.2 Undergraduate Medical Good Practice Items

*Please list any good practice items that you would like to highlight to HEE. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1). Any items listed here will potentially be considered for sharing across the region. It can cover what was implemented and why, profession(s) it related to, benefits and impact, lessons learned and a contact for further information.*

Description of Item	HEE /GMC Domain(s)	HEE / GMC Standard(s)
1. North East Specialty Training teaching competency framework – development of model to provide a more robust framework for specialist trainees in Psychiatry to achieve their teaching competencies in line with RCPsych curriculum requirements. The framework will guide the trainees growth and development by providing links with teaching theory, opportunity for observed teaching and guided reflection. This both supports delivery of undergraduate education now and in the future	Theme 4 – Supporting Educators Standards	R4.1, R4.3, 4.5, R5.8

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2. In house Teaching Fellow Induction – introduction of comprehensive induction package which includes overview of the programme, MBBS curriculum and training packages (formative assessments, simulation and debrief) in addition to trust and University induction.	Theme 4 – Supporting Educators Standards	R4.3, R4.5
3. Teaching Fellow annual project presentations – opportunity for teaching fellows to present their work at the end of the year to teaching faculty. This includes projects relevant to undergraduate teaching (audit, quality improvement project, teaching resource development).	Theme 4 – Supporting Educators Standards	R4.5
4. Local Handbook for the Assistantship – developed for the next academic year to help guide students during their Assistantship in Mental Health with CNTW.	Theme 3 – Supporting Learners Standards	R3.1, R3.2, R3.5
5. Improving contact and communication with clinicians and educators – e.g. Undergraduate Update at Trust wide Postgraduate Teaching session and Faculty Development session – provides an opportunity to feedback to clinicians and educators and seek their views on outcome of student evaluation and challenges they may face.	Theme 4 – Supporting Educators Standards	R4.2, R 4.4, R4.5, R4.6
6. Innovative placement model developed for curriculum delivery for Sunderland University medical students so that the students are placed with undergraduate block leads (who deliver all taught sessions and clinical placement requirements), supported by 2PAs.	Theme 4 – Supporting Educators Standards	R4.2, R4.3

### 2.3.3 Undergraduate Medical Challenges / important issues that HEE should be aware of

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1).*

Description of Challenge	HEE /GMC Domain(s)	HEE / GMC Standard(s)
1. Sunderland Medical School – implementation of the Sunderland Medical School curriculum for the Fourth Year students commenced in September 2022. Planning has taken into consideration the challenges with student numbers (overall clinical placement capacity within the Trust), accommodation and the employment of teaching and administrative staff.	Theme 2 – Educational Governance and Leadership Standards Theme 3 – Supporting Learners Standards, Theme 4 –	R2.1, 2.4, 2.5, R3.2, 3.5, R4.1, 4.2



	Supporting Educators Standards	
2. Cumbria – issues with availability of clinical placement areas (inpatient), supervision in clinical areas and ongoing challenge with recruiting medical workforce. Anticipated challenges with increased student numbers and implementation of the ICCP in January 2023, however appointment of a teaching fellow to work into Cumbria and a plan to spread resources from the NE will help address this. There is ongoing review of accommodation requirement at the Education Centre.	Theme 4 – Supporting Educators Standards	R4.2, R4.3, R4.4
3. Covid-19 pandemic – there have been challenges with the pandemic over the last academic year. This includes impact of clinical pressures on educators, new ways of working including remotely, limited face to face patient contact for students particularly in the community. However, this has improved with the lifting of restrictions.	Theme 2 – Educational Governance and Leaderships Standards Theme 4 – Supporting Educators Standards	R2.1, R2.3, R4.2

## Section 3: Organisational policies and processes in support of delivery of the HEE/GMC Quality Standards and Requirements.

*Please copy this section from your last year's SAR and highlight any changes and updates. Please list policies and processes and provide a brief narrative how the policy helps the organisation to meet the domains and standards. Add as many rows as required. Please advise which domains and standards are being supported by the policy. Please note, we do not require copies of documents. Please do not embed documents or insert links. If required, the quality team will request a copy by exception. Please advise if you have made a reference to a policy/process in other section(s) of the SAR.*

Description of supporting information	HEE/GMC Domain(s)	HEE/GMC Standard(s)	Please advise if document referenced in the SAR e.g. SAR, section 1.4 and 2.1.1
"Positive and Safe" Recognition, Prevention and Management of Violence and Aggression Policy CNTW(C)16	1	1.1	
Appraisal, Staff, Policy CNTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Appraisal-Staff-Training-Develop Need Analysis Process PGN - SA-PGN-01 - CNTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Research Governance Policy - CNTW(O)47	1	1.2	
Equality, Diversity and Human Rights Policy - CNTW(O)	1	1.2	
Revalidation, Nursing, Triennial review - Appraisal PGN - SA-PGN-03 - CNTW(HR)09	1 4	1.2 4.1/4.3./4.4	
Induction Policy - CNTW(HR)01	1	1.2	
Dignity and Respect at Work Policy - CNTW(HR)08	1	1.2	
Research Governance Policy - CNTW(O)47	1	1.3	
Learning Lessons - Incident PGN - IP-PGN-05 - CNTW(O)05	1	1.3/1.5	
Audit, Internal, Policy - CNTW(O)25	1	1.3/1.5	
After Action Review (AAR) - Incident PGN - IP-PGN-03 - CNTW(O)05	1	1.3/1.5	
Promoting Engagement with SU's Policy - V03.2 - Issued Dec 17 - CNTW(C)	1	1.4/1.5	
07Promoting Engagement-CYP-PGN-V02 - Issued Dec 17 - PE-PGN-01 - CNTW(C)07	1.	1.4/1.5	
Equality, Diversity and Human Rights Policy - CNTW(O)42	2	2.4	
Equality, Diversity and Human Rights-Impact Assessment PGN - EHDR-PGN-01 -	2	2.4	

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CNTW(O)42			
Safeguarding CNTW(C)24 V04.1	2	2.5	
Adults at Risk and Raising Concerns Policy - CNTW(HR)06	2	2.5	
Safeguarding Children CNTW(C)04 V04.2	2	2.5	
Supporting Staff Involvement in an Incident PGN- IP-PGN-08 - CNTW(O)05	2	2.5	
Induction Policy - CNTW(HR)01	3	3.1/3.2/3.3./3.4/3.5	
Clinical Supervision and Peer Review Policy CNTW(C)31 V05	3	3.1/3.2/3.3./3.4/3.5	
Raising Concerns Policy - CNTW (HR) 06	3	3.1/3.2/3.3./3.4/3.5	
Induction Arrangements for Student Nurses - I-PGN-03 - CNTW(HR)01	3	3.1/3.2/3.3./3.4/3.5	
Study Leave Policy - CNTW(HR)23	4	4.1/4.3./4.4	
Whistleblowing policy (CNTW (HR) 06)	1	1.1	
Supervision of Medical Trainees (Appendix 8 Clinical Supervision Policy CNTW © 31 V06.2	1	1.10	
Continuing Professional Development, Study Leave PGN - SL-PGN-01 - CNTW (HR)23	4	4.1/4.3./4.4	
IP PGN - 08 (Incident policy) Supporting staff involved in an incident V04.			
IP-PGN-06 Part of CNTW(O)05 - Incident Policy			
Clinical Risk Strategy VO1.2 Positive and Safe	1	1.1	
Dignity in Care Policy CNTW(C)40	1	1.1	✓

## Section 4: Financial Accountability Report

### 4.1. Details of Education Contract funding

In this section please describe how the trust has planned and utilised the HEE funding received. Please consider each contract heading. Figures based on Q2 indicative figures.

Useful links:

- [The Government's Education and training tariff guidance and prices for 2022 to 2023 financial year](#)
- [NHS Education Contract 2021-2024](#)

HEE Category	Clinical Group	Cost Category	Sum of Total £	Trust Response
Education Support	Other	Educators	117,125	
Future Workforce	Non Medical	Other	540,887	
Future Workforce	Non Medical	Placement - Non Tariff	363,269	
Future Workforce	Non Medical	Placement - Tariff	1,701,157	
Future Workforce	Non Medical	Salary Support - Non Tariff	2,795,273	
Future Workforce	Postgraduate Medical & Dental	Placement - Tariff	1,640,160	<p>Within CNTW money provided to support medical training is ring-fenced and added to from the trust central funds to form a dedicated Doctors in Training budget. The budget holder for this is the DME which ensures these funds are used to support training and allows a trust-wide flexibility and has been critical in increasing recruitment. Over the reporting year costs in addition to trainee salaries include:</p> <p>Consultant time for leadership roles in PG education including DME, AMD and Tutors – 23 sessions - £280K</p> <p>Supervisor time – 140 x 0.5 sessions - £840K</p> <p>Non-medical clinical</p>

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				<p>education salary - £45K</p> <p>Non pay teaching costs £190K</p> <p>Administrative costs:</p> <p>Pay - £170K</p> <p>Non-pay £44K</p> <p>Estates: £154K</p> <p>Total - £1,723,000.</p>
<b>Future Workforce</b>	Postgraduate Medical & Dental	Salary Support - Tariff	3,142,391	Contributes to salary costs
<b>Future Workforce</b>	Undergraduate Medical & Dental	Placement - Tariff	1,935,218	<p>As with PG training money UG training budgets are managed within the medical education department. Over the reporting year costs in addition to trainee salaries include:</p> <p>Consultant time for leadership roles in UG education including DME, AMD and Tutors - 14 sessions - £168K</p> <p>Teaching Fellow salaries - £540K</p> <p>Non-medical clinical education salary - £45K</p> <p>Non pay teaching costs £59K</p> <p>Administrative costs:</p> <p>Pay - £122K</p> <p>Non-pay £44K</p> <p>Estates: £154K</p> <p>Placement supervisors: £803,218 - here funds do follow students and linked into services where students taught according to amount of time teaching but not job planned as clearly as we would like</p>
<b>National Activities</b>	Other	Other	1,273,072	
<b>Workforce Development</b>	(blank)	Other	1,062,653	
<b>Workforce</b>	(blank)	Salary Support -		

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Development		Non Tariff	170,916	
Total Sum			14,683,618	

### 4.2. Additional Detail on Spend to support education and training and National Contracting Questions

As discussed at the 2022 Annual Deans Quality Meeting, where we confirmed that we would work with every organisation to ensure the NHS education contract detail was aligned to self-assessment we have included some brief additional questions below. To assist in completing a national return on your behalf we have included below some of the questions that the national team would like to gather. We have incorporated these questions to reduce the need for any additional reporting.

National Contracting Question	Detail
Please provide: <ul style="list-style-type: none"> <li>A medical and multi-professional education team organogram reflecting the delivery and management of training</li> <li>The breakdown of total spend on the medical and multi-professional education staffing budget e.g. DME and team and multi-professional lead and team</li> <li>The breakdown of total spend on educational facilities including estates</li> </ul>	Please include: Total number of clinical sessions DME and team =37 AFC Staff = 17.6 WTE Multi-professional lead(s) = Departmental level leads = Number of supervisors in receipt of job planned time for education 140 Number of PAs allocated for educational supervision = 0.5 PA per trainee for first trainee then 0.25 for additional trainees
<ul style="list-style-type: none"> <li>Are there any third-party contract provider(s) delivering the education contracts?</li> </ul>	No
<ul style="list-style-type: none"> <li>Have there been any breaches in relation to the NHS contract including for any sub-contracts?</li> </ul>	No
<ul style="list-style-type: none"> <li>Have there been any Health and Safety breaches that involve a learner?</li> </ul>	No

## 4.3. Additional in year funding already provided

*In this section please list any additional funding received from HEE, for example any regional or national funding received outside of the Education Contract payments. Please state the amount received, provide a high-level description of what this additional funding is for and please describe how the trust has utilised this funding.*

Funding Amount	High level description	Please describe how the trust has used this funding including any impact and considerations for future work
£70,000	Training recovery funding	Funding applied for and granted to support covid19 recovery. Monies used to support additional employment of psychotherapy supervisor time to manage backlog of CT3 trainees needing long case supervision, and provision of laptops for trainees to support remote learning

## 4.4. Description of use of Workforce Development Funding 2022/23

*Please provide a description of use of funding (aligned to investment themes).*

*This follows the workforce development funding awarded in 2022 and the bidding process alongside the guidance issued in April 2022.*


Questions	Trust's answer
Total Workforce Development Funding	£45,450
Description of priority areas and detail of bid (investment theme and funding type e.g. Continuing Workforce Development courses or Workforce Development alignment)	Bids primarily based on workforce transformation and extension of roles particularly focused on psychological therapies and non-medical prescribing
Alignment to and impact on Quality including challenges and strategy outlined within the SAR	

## 4.5. Use of funding to support Staff and Specialty Doctors (SAS) Faculty development

*Please provide answers to the following questions. You may wish to include funding details, as required.*

Questions	Trust's answer
Number of SAS doctors within the trust	85
Total SAS funding received	£26,000
Is the SAS funding ring-fenced to support SAS doctors only? (Y/N)	Yes
Please describe the process by which the development needs of SAS doctors within your organisation were individually and collectively identified.  Using funding allocated for SAS development; How were priorities decided?	Several years ago, it was agreed by the SAS group that the money would be used to facilitate whole group SAS CPD sessions (our 4x yearly SAS Forum).  We have a regular business meetings at each SAS Forum and discuss collectively the needs of the group and CPD topics we can include at future

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Any ongoing plans or initiatives to respond to the <a href="#">GMC SAS/LED survey findings?</a>	<p>meetings that will benefit as many of the group as possible. For this reason, we tend to focus on generic topics rather than anything too specific to particular subspecialties. The forum over the reporting year has returned to face to face meetings which while increasing costs has been well received.</p> <p>SAS Charter has been implemented in the trust. SAS/LED findings have been circulated, but no specific actions taken. Any local issues regarding SAS can be discussed in SAS Business meeting, SAS doctors are also represented at LNC</p>	
SAS nominated lead within the trust	<b>Dr Marcin Ostrowski</b>	
Please provide a description of how the Trust makes decisions about the allocation of funding (1-5 below)		
	<b>Spending</b>	<b>Detail</b>
1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)		 SAS Doctors Study Leave 01.08.2021-31.
2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)		SAS Doctor Forums 21.10.21 – No costs involved 20.01.22 – No costs involved 28.04.22 - £450 Lucy Harrison Mindfulness Coach 19.07.22 – Dedici £1375 Catering £140
3. Payment for SAS tutors/leads sessions		1PA
4. Administrative costs to support SAS tutors		0.5 of band 3 admin support
5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)		£2827.19 book order



## Appendix 1 - Equality Diversity and Inclusion

Equality, Diversity and Inclusion is one of HEENE's priority areas with an increasing focus for the year ahead. We continue this approach following the questions we asked in last years self-assessment report where we captured initial responses of a broad description of initiatives.

Here, we are seeking more detail - information and examples of work and initiatives that help meet regulatory standards relating to EDI. The overall aim is to allow us to form a regional view of initiatives, challenges and themes as well as good practice which we hope to share wider, both locally and nationally. This will also help inform HEE local and national strategies for EDI.

This work aligns to our [local initiatives](#) and the HEE Deans' Equality, Diversity and Inclusion Annual Report which can be [found here](#).

- Please provide a summary of challenges and initiatives from an EDI perspective which might have an impact on learners.  
*This might include education and training challenges with an EDI theme, as well as wider provider challenges and work streams. Examples include EDS2, WRES, and initiatives to improve diversity of staff progression and participation.*

We are aware that a number of our staff face discrimination within a work setting and have a trust strategy with clear outcomes and that is reviewed regularly. In relation to trainees, we have been over the last three years doing a focussed piece of work looking at junior doctors' experience of discrimination within the workplace and have identified particular groups (IMG doctors and female doctors) at particular high risk of facing this. As a result we have developed a training programme, noted above in the section on good practice, and are in the process of evaluating this using a qualitative analysis approach. In addition to this we monitor our educational faculty in relation to protective characteristics where available to be aware if our leader in education and training are representative of the wider group they serve.

Work on inclusive recruitment is taking place to address issues particularly seen within this WRES. The implementation group for Inclusive Recruitment has been meeting fortnightly throughout the quarter and has progressed over a third of the recommendations from the Task and Finish Group's work from last year.

## Health Education England

	<p>Changes have been made to the recruitment pack for candidates and within the next few weeks a resource portal of information for people interested in working for the Trust will go live on the Trust's website within a dedicated career's section. The next steps for this work will involve a review of the training for interview panel members. Once reviewed there will be an expectation that everyone who is part of an interview panel will need to take this training, regardless of whether they have previously completed the existing course.</p> <p>We have continued to implement the inclusive recruitment measures and have worked on a 'Recruitment Hub' that will be launched in Quarter 3.</p> <p>Respectful Resolution – a series of resources to enable staff to have difficult conversations is being rolled out throughout the Trust. Trainers have been trained in the provisions and their training is being rolled from Quarters 3 and 4 this year.</p>
<ul style="list-style-type: none"> <li>• HEE NE are aiming to produce a winter/spring 2023 annual report and are inviting any good practice or initiatives you would like to share with an EDI theme.</li> </ul>	<p>Please see item 1 in section 2.1.2.</p> <p>Work around inclusive recruitment and Cultural Ambassadors.</p>
<ul style="list-style-type: none"> <li>• Please provide any examples around induction that focuses on international learners receiving bespoke or enhanced induction.</li> </ul>	<p>We have used a variety of bespoke training sessions to support doctors in their first post in NHS. In addition to regular weekly clinical supervision, they are allocated an appraiser within the first few weeks of starting employment, and a meeting booked with the appraiser to address their learning objectives and developmental needs. They are offered a separate session within Educational Induction Day, to meet with them as a group and if required individually to explore how they are settling in, encourage them to maintain a portfolio and address any areas of needs. As a result of these systems, we have been able to identify and offer additional support, in the form of access to phlebotomy clinics, physical health clinics- to refresh their physical health skills. Bespoke training has been offered by trust IT team to help with RIO system and pharmacy, all of which trainees have found beneficial. The AMD has met clinical supervisor and the trainee regularly when</p>

additional training needs identified with review of support systems.

Cumbria Northumberland Tyne and Wear NHS Foundation Trust recruits overseas doctors and nurses to various Mental Health, Specialist and learning disability units around the North East and Cumbria. We pride ourselves in delivering a quality relocation support package. We support each individual and take into account all requirements in making sure the transition to the UK is as seamless and as stress free as possible.

We ensure any family who may be relocating with candidates to the UK are included every step of the way and consider the individual needs of each family. We support candidates by securing accommodation in readiness for arrival which will be furnished and equipped with all the household items that they will need to settle into their new environment and new life.

We take care of all the practical but very important aspects and make sure they are in place before individuals take up their clinical duties, i.e., collection of BRP (biometric residence permits), opening bank accounts, registration with a GP, any essential equipment is available to carry out clinical duties. Links are made with the clinical teams in preparation and the local induction is supported.

The Senior Team is dedicated to supporting individuals throughout their journey and will maintain regular contact to address all questions and concerns. Pastoral support

## Health Education England

	<p>begins at the start of the new recruit's journey and extends throughout the complete journey.</p> <p>To support our new international nurses, the Clinical Nurse Educator has designed and delivered a structured programme to support development and coach the nurses to successfully complete Part Two of the NMC Competency Test, otherwise known as the Objective Structured Clinical Examination (OSCE). Nurses work towards either RN1: Adult Health or RN3: Mental Health NMC PIN and are supported by the IRRS team until they are full-fledged Band 5 registered nurses completing their Preceptorship.</p> <p>We can safely say that we hold hands on each step of the journey for our international colleagues to begin a new life in the UK and at CNTW.</p>
<ul style="list-style-type: none"> <li>• Please provide initiatives that are in place, with an EDI theme, that are in response to the pandemic and its impact on any competence or confidence gaps, stress, and supported return to training themes, or responding to inequalities.</li> </ul>	<p>Staff Wellbeing Hub hosted by CNTW was launched as a response to the Pandemic. So far this has supported a total of 7826 members of health and social care staff through the hub team, wellbeing offers and our funding for developments in hospital trusts. The Hub clinicians have provided free and confidential psychological support and therapy to 1,625 individual staff members, who have between them received 6,778 sessions.</p> <p>The number of staff seeking support is consistently growing month by month with over 120 staff members self-referring to the Hub Team for direct support and therapy in the month of August this year. Staff members have accessed the Hub for support with challenges at work and at home, and the two most common reasons have been experiences of distress (including stress,</p>

## Health Education England

	<p>burnout, anxiety and low mood), and relationship issues.</p> <p>When staff members seek support from the Hub they ask them to rate their main problems and their main goals. They are able to show that staff members experience clinically and significant improvement in these key outcomes because of their support and therapy. Qualitative feedback has also been outstanding with 100% of staff feeling they were listened to and supported, 100% of staff reporting they had a way forward and 100% of staff stating their needs were met.</p>
<ul style="list-style-type: none"> <li>Please provide details of EDI lead(s) and groups or networks that are open to learners.</li> </ul>	<p>All of our Staff Networks are open to learners within the Trust. They are our Cultural Diversity Network, Disabled Staff Network, LGBTQ+ Network, Mind Health and Wellbeing Network and Armed Forces and Veterans Network. EDI Lead for the Trust is <a href="mailto:chris.rowlands@cntw.nhs.uk">chris.rowlands@cntw.nhs.uk</a></p>

LEP	Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust							Last HEE review	Jan-21	
								Last LEP review		
Quality Information	Finance HEE Educational Contract	HEE Overall ISF Level	Regulator/System Ratings				National Survey Data			
	£7,447,710	0	CQC Domains	CQC Ratings	NHSI Segment Rating	QSG Monitoring	Date	GMC NTS Trainee	GMC NTS Trainer	HEE NETS
			Safe	G	1	Routine	Jul-21	Jul-21	Nov-21	
			Effective	O			UK Rank	47/230	1/225	
			Caring	O			HEE Rank	45/209	1/205	96/192
			Responsive	O						
Well Led	O									
Services		CQC Current View	HEE Current View							
		Rating July 2018	1 Learning Environment & Culture	2 Educational Governance & Leadership	3 Supporting & Empowering Learners	4 Supporting & Empowering Educators	5 Delivering Curricula & Assessments	6 Developing a Sustainable Workforce	Comments	
Trust Overall		Outstanding	0	1	0(*)	0(*)	0	0	3: Year on year ranking in trainee NTS 4: Year on year ranking in trainer NTS	2: Governance of system & post changes
Adults of Working Age	Good	0	2	0	0(*)	2	0	F1 Psychiatry 1, 2 Trainers 1,4,5	Hadrians Clinic Carlisle 2,5 Lack of consultants for ES and curriculum delivery  CPT? 5 Trainee Prog - 5 - cc,fb  General? 5 Trainee post - 5 - ae,cc,fb	
	Outstanding	0	1	0	0(*)	1	0		CAMHS? 2,5 Trainee Post - 2 - cs, l. 5 CC, os	
	Outstanding	0	0	0	0	0	0			
	Good	0	0	0	0(*)	0	0	Trainers 1,4,5		
	Good	0	0	0	0	0	0			
	Outstanding	0	0	0	0	0	0			
	Outstanding	0	0	0	0	0	0			
Learning Disability	Outstanding	0	0	0	0	0	0			

## 13. Guardian of Safe working hours report (Q3)

Speaker: Rajesh Nadkarni, Deputy Chief Executive and Medical Director

This will be a late paper

References:

- 13. Annual Report on Safe Working Hours - January to December 2022.pdf

**Report to the Board of Directors  
Wednesday 1 February 2023**

<b>Title of report</b>	<b>Annual Report on Safe Working Hours: Doctors in Training – January to December 2022</b>
<b>Purpose of the report</b>	<b>For information</b>
<b>Executive Lead</b>	<b>Dr Rajesh Nadkarni, Executive Medical Director</b>
<b>Report author(s) (if different from above)</b>	<b>Dr Clare McLeod, Guardian of Safe Working</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance		Executive Team	
Audit		Trust Leadership Team (TLT)	23.01.23
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee	25.01.23	Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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**Report to the Board of Directors  
Wednesday 1 February 2023**

**Annual Report on Safe Working Hours:  
Doctors in Training – January to December 2022**

**1. Executive summary**

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

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

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement are on the New 2016 Terms and Conditions of Service. There are currently 150 trainees working into CNTW with 150 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 11 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Clinical/Research Fellows.

**High level data**

- Number of doctors in training (total): 150 Trainees (January 2023)
- Number of doctors in training on 2016 TCS (total): 150 Trainees (January 2023)
- 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 Medical Education Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safeworking: Dr Clare McLeod

**2. Risks and mitigations associated with the report**

- 57 Exception Reports raised during the year
- 20 Agency Locums booked during the period covering vacant posts and sickness
- 892 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 112 occasions during the period the Emergency Rotas were implemented
- 22 IR1s submitted due to insufficient handover of patient information

## Exception reports (with regard to working hours)

Exception Reports Received							
Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
CT1-3	Gateshead/MWH	0	3	0	1	4	0
CT1-3	St George's Park	1	1	2	2	6	0
CT1-3	NGH	0	0	1	0	1	0
CT1-3	RVI	3	3	5	1	12	0
CT1-3	St Nicholas	2	0	0	2	4	0
CT1-3	Hopewood Park	0	0	2	0	2	0
CT1-3	Cumbria	5	5	2	6	18	0
ST4+	North of Tyne	3	0	1	0	4	0
ST4+	South of Tyne	0	0	0	0	0	0
ST4+	CAMHS	3	0	0	3	5	1
<b>Total</b>		<b>17</b>	<b>12</b>	<b>13</b>	<b>15</b>	<b>56</b>	<b>1</b>

## Work schedule reviews

During the year there have been 57 Exception Reports submitted from Trainees: 56 for hours and rest and 1 for education throughout 2022; the outcome of which was that TOIL was granted for 42 cases, 3 cases were no action required, payment was made on 12 occasions and 0 were not agreed.

### a) Locum bookings - Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
SNH	1	0	1	0
SGP	2	2	0	5
CAV	1	0	0	3
Cumbria	1	0	0	9
HWP	2	2	3	0
GHD/MWM	0	0	0	2
<b>Total</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>19</b>

Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2	0	0	0	3
CT1-3	7	4	4	16
ST4+	0	0	0	0
<b>Total</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>19</b>

Locum bookings (agency) by reason				
	Q1	Q2	Q3	Q4
Vacancy	4	4	3	19
Sickness/other	3	0	1	0
<b>Total</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>19</b>

## b) Locum work carried out by trainees

Area	Number of shifts worked Q1	Number of shifts worked Q2	Number of shifts worked Q3	Number of shifts worked Q4	Total for Year 2022
SNH	28	32	34	34	128
SGP	14	29	38	25	106
Gateshead/MWH	5	19	23	29	76
Hopewood Park	30	50	34	20	134
RVI	19	27	28	19	93
CAV	29	24	26	20	99
Cumbria	27	13	21	36	97
North of Tyne	21	13	5	28	67
South of Tyne	13	41	15	15	84
CAMHs	2	0	0	6	8
<b>Total</b>	<b>188</b>	<b>248</b>	<b>224</b>	<b>232</b>	<b>892</b>

\* 469 shifts were offered at an enhanced rate of £50 for 1<sup>st</sup> & £60 for 2<sup>nd</sup> On-call rotas

## c) Vacancies

Vacancies by month					
Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	0	0	0	0
	GP	0	0	0	0
	FY2	3	3	2	2
SNH	CT	6	2	3	2
	GP	3	1	0	2
SGP	CT	3	3	1	3
	GP	0	0	0	0
Hopewood Park	CT	3	5	4	2
	GP	0	4	0	2
	FY2	0	0	0	3
Gateshead/MWH	CT	3	1	0	1
	GP	0	0	0	0
	FY2	0	0	0	0
Cumbria	CT	0	0	0	2
	GP	0	0	0	0
	FY2	3	1	1	0
<b>Total</b>		<b>24</b>	<b>20</b>	<b>11</b>	<b>19</b>

To note these training gaps have been filled by Teaching/Research/Clinical Fellows appointments

## d) Emergency Rota Cover

Emergency Rota Cover by Trainees			
Q1	Q2	Q3	Q4
13	19	9	20

### 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	Q1	Q2	Q3	Q4
SGP	4	4	9	4
SNH	7	6	2	1
RVI	2	2	1	0
GHD/MWM	0	1	0	0
Cumbria	0	0	0	0
HWP	4	5	4	0
NGH	0	0	0	0
<b>Total</b>	<b>17</b>	<b>18</b>	<b>16</b>	<b>5</b>

### f) Fines

There were 0 fines during the last year due to minimum rest requirements between shifts not being met due to finishing twilight/weekend shifts late.

#### Issues Arising:

The numbers of Exception Reports have slightly decreased from 67 reported in 2021 to 57 reported in 2022.

For 2022, the majority of Exception Reports were closed mainly with TOIL given to 42 trainees and payment made for 12 cases.

There have been 22 IR1s submitted for Insufficient Medical Handover in 2022. In 2021, there were 46 IR1s which represents a significant decrease.

There was a decrease in the number of times Emergency Rota cover was used, from 71 in 2021 to 61 in 2022.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased from 694 in 2021 to 892 in 2022. The increase in vacant shifts was due to increased levels of sickness, occupational health adjustments and pregnancy/maternity leave.

#### Actions Taken to Resolve These Issues:

##### Exception Reporting

For this year the majority of Exception Reports in the Trust have been closed with Time Off in Lieu (TOIL) for 42 cases. A proportion of the Exception Reports which had to be closed by payment was due to trainees having to use the Exception Reporting for travel time from West Cumbria to the Carleton Clinic where there is an agreement with the LET for remuneration rather than TOIL.

The profile of Exception Reporting continues to be raised and encouraged at induction, the GoSW forum with trainees. Screen shots of the documentation are shared at induction and via email.

### Medical Handover

The number of IR1s submitted for Insufficient Medical Handover at admission has decreased from the numbers in 2021 which is encouraging. These reports continue to be reviewed and followed up by the Director of Medical Education and collated to share with staff throughout the Trust. They are discussed at every GoSW forum, in addition to being shared specifically with clinical staff most involved in admissions to hospital.

The importance of medical handover will remain a priority to be discussed at induction and in the forums mentioned and continue to be monitored accordingly; we hope that this slight fall in numbers represents the beginning of a sustained change.

### Emergency Rota

There has been a substantial increase in the need for the Emergency Cover Rota in 2022. This arrangement is necessary if there is a rota gap that, despite the efforts of Medical Staffing, is not filled by 3pm. There are monitoring procedures in place on each occasion that the emergency rota is necessary to ensure there is no compromise to patient care. The number of times that this provision is necessary is discussed and monitored through the GoSW forum; it can be a concern to trainees with the need to work in less familiar sites and the increase in workload.

### **3. Recommendation / Summary**

The number of Exception Reports has remained stable with the majority closed through TOIL. Work will continue to increase the level of completeness of reporting.

It is encouraging to see a substantial fall in the number of reports of Insufficient Medical Handover which will continue to be encouraged and the completeness of handover promoted in a variety of forums.

There has been an increase in the number of occasions where the emergency cover rota was necessary. This will continue to be monitored and reviewed to include the impact of the new training rota.

COVID has been an exceptional challenge. It is encouraging how the trainees supported each other to volunteer to provide locum cover for the additional rota to manage the increase in work intensity and to cover shifts which were vacant due to COVID related absence.

The People Committee is asked to note the content of the report.

Dr Clare McLeod  
Guardian of Safe Working

Dr Rajesh Nadkarni  
Executive Medical Director

**3 January 2023**

# 14. National Covid Inquiry Summary position

Speaker: Anthony Deery, Deputy Chief Nurse

## References:

- 14. Covid Narrative Report 2020 - 2022 (Trust Board Feb 2023).pdf
- 14. Covid Board Session National Inquiry Jan 2023 - Appendix 1 - 2022-11-28 - M3 letter\_questionnaire fo
- 14. Covid Board Session National Inquiry Jan 2023 - Appendix 2 - NHS Trusts response to Annex A questi

**Report to the Board of Directors**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>COVID Pandemic Narrative Report – March 2020 to December 2022</b>
<b>Purpose of the report</b>	<b>For information</b>
<b>Executive Lead</b>	<b>Gary O’Hare, Chief Nurse</b>
<b>Report author(s) (if different from above)</b>	<b>Anne Moore, Associate Director, Trust Covid National Inquiry Lead</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
Work with service users and carers to provide excellent care and health and wellbeing		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	X	The Trust to be regarded as a great place to work	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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## COVID Pandemic Narrative Report March 2020 to December 2022

### **Introduction**

2020 saw the emergence of a global pandemic caused by a new novel respiratory infection notably Coronavirus – COVID-19, an event which has been unprecedented in the lifetime of staff, patients, and families within CNTW and the NHS. During that time there were four significant peaks of COVID-19 infection, each impacted on how we lived our lives during lockdown restrictions and delivered services and over time adjusting to living with COVID-19.

Since the beginning of the pandemic, government and scientific advice changed often daily with the specific objective of combatting the virus with a focus on minimising transmission. The main messages were to continue to promote lockdown measures and promote social distancing so that the NHS may continue to work, save lives, and keep everyone safe, including the patients we care for. Our priority was to ensure Infection Prevention and Control measures were in place to protect patients and staff during the response.

In addition, we also supported the Integrated NE&C System in response to pressures in other sectors as the pandemic highlighted the opportunity to deliver services differently, work differently and speed up collaborative responses.

During 2020/2022 the Trust managed these circumstances under Surge Emergency Planning and Emergency Infection Prevention Control measures. The Gold Command Team structure was led by the Executive Director of Nursing and Operations and the Trust Director of Infection Prevention and Control. This process ensured that we have been able to provide continuous daily updates to our workforce on the key issues and decisions relating to COVID-19. As well as deliver a robust response to:

- Infection Prevention and Control and PPE Measures
- Outbreak Management
- Communications
- Situation reporting and Quality Standards
- Service change processes
- Virology Screening and Testing
- COVID-19 Vaccination
- Impact on Workforce and health and wellbeing
- Learning and sharing
- Restoration and recovery
- Supporting the ICS System response

### **Infection Prevention and Control measures**

As the understanding of COVID-19 developed, guidance on required infection prevention and control measures were published, updated, and refined by Public Health England to reflect the learning. This continuous process allowed CNTW to respond in an evidence-based way to maintain the safety of patients, services users, and staff.

This enabled and supported rapid responses to:



- changing National or MHLDA specific IPC guidance
- targeted support / to clinical teams such as cohorting, isolation, management of violence & aggression and restraint, complex cases, and review of environmental concerns
- distribution, supply, and use of PPE
- implementation of patient and staff testing for COVID-19
- confirmation of CNTW Aerosol Generating Procedures and Fit testing of staff for FFP3 masks

### **Personal Protective Equipment (PPE)**

The Trust worked closely with NHSE/I regarding the supply and safe use of NHS PPE. Given the national pressures on PPE availability, supply and distribution, the National Supply and Distribution Resource Team was established to co-ordinate the limited and specific range of items separately to the usual NHS Supply Chain. The intention was to support rapid and equitable daily supply, based on daily stocktakes. In practice this process was a major challenge for CNTW along with many other organisations to secure the required and sustained availability of PPE and was escalated via daily and organisational sitreps. The supply situation improved after 6 months

As a result, requests for mutual aid were significant with daily escalations for gloves, aprons and masks. There have been no instances where staff have not had the required PPE or been in a position where re-use has been required. The IPC Team worked daily with multi professional clinical leads to ensure PPE was worn correctly to ensure safe practice for both staff and patients.

### **Test and Trace**

The Trust became responsible for implementing a Test and Trace system in August 2020 for both positive patients and staff to isolate, manage outbreaks and prevent further nosocomial spread. This is another example of unique development and has been achieved using a dedicated team of Senior Nurses working with the IPC team and Absence line.

### **Outbreak management**

Whilst not new to the Trust i.e., Flu and CDifficile infections, outbreaks were very rare prior to COVID-19. The Trust developed an enhanced outbreak management process which ensured that all outbreaks were managed and had a robust action plan in place, overseen by the Director of Infection Prevention Control (DIPC), Gold Command and Locality leadership team. Learning regarding IPC practice and staff and patients' behaviours was shared through the outbreak de-brief meetings and the Trustwide IPC meetings. This was a major focus of activity to ensure further transmission was prevented.

### **COVID-19 situation reporting and quality standards – Daily SitRep reporting**

All trusts were required to submit information summarising staff absence, bed availability and numbers of COVID-19 positive patients to NHS Digital every day. A specific mental health and learning disabilities submission was put in place, allowing the data to be split between mental health and learning disability services.

A suite of management information tools was rapidly developed within CNTW, to provide timely, accurate information to brief the Incident Management Group, Gold Command and inform decision making. Examples of these included:

- A daily slide pack summarising patient, staff and activity data and trends
- A real time staff absence dashboard available to all managers
- A variety of automated reports & dashboards to support gold command

Quality standards across the organisation continued to be monitored via the daily dashboards and a weekly update provided to senior managers, as well as sharing updates with commissioners and regulators on the Trust's COVID-19 incident response.

### **Patient Admissions and discharge PCR screening**

The Trust commenced patient admission and discharge screening early in the pandemic, which was a completely new development. Screening on admission has enabled wards to manage the patient as a presumptive positive case, putting isolation measures in place utilising effective PPE pending result. Discharge screening supported transfers into Care Homes and other hospital and home situations where other vulnerable or shielding individuals may reside, thus supporting the proactive public health approach to reducing potential transmission.

### **Managing staff absence during COVID-19**

Since the start of the pandemic, the Trust experienced significant staff absence, including those staff who were required to shield because of being clinically extremely vulnerable. To support the proactive management of COVID-19 related staff absence, very early in March 2020 the Central Absence Reporting line was established to manage the reporting of all staff absence across the Trust. It was resourced using senior workforce leads and senior clinical managers from across the Trust providing a consistent approach to managing sickness providing clinical advice and regular welfare calls. The absence line operated seven days per week, between the hours of 7.00 a.m. and 8.00 p.m.

### **Staff Testing**

On 29<sup>th</sup> March 2020, NHSE/I issued correspondence confirming that testing capacity for NHS staff was at last increasing. CNTW took a bold step and decided to initiate our own approach to testing staff supported by the Regional Testing Cell in collaboration with Queen Elizabeth Hospital.

Working in conjunction with the Central Absence Line the PCR testing of symptomatic staff and household members. This proactive approach resulted in setting up three CNTW testing sites at Carleton Clinic, St Nicholas Hospital and Hopewood Park. In addition, we also recognised the difficulty in accessing but also the debilitating nature of COVID19 and simultaneously supported staff and household members by operating mobile testing units for those staff unable to travel. Appointments are booked through the Central Absence line for staff and household members, Senior clinical staff then contact the staff or household member with results.

To support patient pathways and system testing capacity CNTW also offered this service to partner organisations to support the testing of symptomatic key workers including care home staff.

Following government direction Antibody Testing was also offered to all staff and we quickly stood up Antibody testing clinics with trained staff Trustwide.

### **Service Change Process during the COVID-19 Pandemic**

The Trust continued to receive national guidance on managing capacity and demand within inpatient and community mental health, learning disabilities and autism services. The safety and well-being of service users continued to be our priority and decisions were taken to safely augment service delivery using other modalities e.g., reducing face to face appointments to minimise the potential of any infection. Telephone appointments were also offered for assessments, reviews, and consultation.

As the pandemic began to unfold it was evident that services would need to change quickly to comply with the new government guidelines and restrictions. It was essential that a clear governance process was embedded to ensure that any changes to services were reviewed, agreed, and communicated to service users, carers, staff, partners, and regulators so there was clear understanding of the impact not only for patient safety and experience but for access to Mental Health and Learning Disability services within CNTW.

A Service Change Panel was convened with Executive level oversight and services were asked to complete a service change request form which highlighted the key quality impacts of the change, including safety, risk, staffing changes and potential impact to other services including Primary Care and other key stakeholders. This information would then be utilised to inform commissioners and other key partners and ensure a clear governance and audit process was embedded.

As the pandemic surge began to ease i.e., peak and trough it became clear that we would need to begin to stand up services, understanding that these would need to be delivered following the government restrictions, but also recognising in some cases the changes to services may have had a positive impact to patient care and experience. It was essential not to lose that learning and return to previous ways of working, the agreed governance process for change requests was utilised again to reinstate and re-establish services that had changed.

### **Impact on workforce**

We supported our workforce to ensure a balance between sustaining our services and supporting those members of staff who may be living with someone who may be symptomatic, or indeed may be symptomatic themselves. The organisation was able to take advantage of the national initiatives and subsequently supporting frontline services by:

- Expediting the process for NHS recruitment to get staff quickly into post by reducing the employment check process
- Redeployment of corporate staff and staff working from to support front line services

- Letter to those who have left the NHS over past three years requesting them to consider returning to work
- Deploying third year student nurses in funded band 4 posts working with close supervision and registering onto the Nurse Bank. This experience has been very positively received by both students and clinical teams

### **Psychological wellbeing of Staff**

The Trust took a whole system approach to supporting psychological wellbeing of staff and service users in the COVID-19 pandemic acute and recovery phases. Drawing on guidance and learning from the psycho-social impact of mass trauma events to inform an effective support system. Significant resources for our own staff and we also offered to the ICS and Care Home sectors.

### **COVID-19 Vaccination**

In December 2020 we moved forward with the Government's plans to vaccinate Healthcare staff and patients with the COVID-19 Vaccination. The first programme commenced mid-December in conjunction with NCIC who supported the administration of the Pfizer vaccination for CNTW's North Cumbria staff, alongside their own staff.

We then rolled out our own vaccination programme from the 8<sup>th</sup> January 2021, using the Oxford Astra Zeneca Vaccine. This commenced with a one site administration clinic at St Nicholas hospital and quickly moved to a three-site model at St George's Hospital and Hopewood Park.

In addition, the Trust also commenced vaccination of those patients in our hospital beds and at risk in the community.

### **Communications**

The Communications Team played an integral part in Gold Command in ensuring the timely distribution of guidance and important updates to support staff understanding of the Trust's emergency planning and pandemic response, issuing daily email updates to all staff across the Trust with additional measures in place to ensure that messages are disseminated by Line Managers and team to those staff who do not frequently access emails. Communications included NTW Solutions Limited. Executive Live events were screened weekly enabling the Executive Team to engage with staff across the organisation on issues of concern as well as share good practice.

### **2021 – Moving into year two of the Pandemic**

Whilst all the processes and foundations described above had been introduced at an astounding rate, the next 12 months proved to be more challenging as the government attempted to ease restrictions. The surge in cases across communities including staff and their families, and the emergence of new variants compounded pressures on systems, and the country as a whole's ability to deliver services. The chronological summary below demonstrates the key milestones and impacts how the Trust responded.

#### **March 2021:**

- 19 outbreaks since December 2020.

- Introduced Patient swabbing on day 1, 3, 5 & 7.
- Revised guidance re: people who are CEV. Risk Assessments in place and prioritised for vaccinations in CNTW.

#### **April 2021:**

- Significant reduction in community prevalence noted across North East and Cumbria.
- Bede admission model 'stepped down'.
- CEV staff who had been shielding returned to work from end March.

#### **May 2021:**

- Variant of Concern spreading across UK – Indian variant later known as Delta.
- CNTW invited to be involved in Operation Eagle – cross partnership surge testing.
- From 17<sup>th</sup> May 2021 the Government progressed with the Step 3 Road Map easing of restrictions.

#### **July 2021:**

- Surge in Delta cases in UK.
- CNTW had not had an outbreak for 84 days and zero patient cases. However, rise in staff cases.
- On 21<sup>st</sup> June 2021 the Government decided not to lift all restrictions and put the date back to 19<sup>th</sup> July 2021.
- CNTW Working Safely Group starting to look at hybrid working model for returning more staff into the workplace safely.

#### **August 2021:**

- LA7 – Enhanced Response Status due to large number of cases across population in NE&C.
- Immense pressure across the system – acute hospitals, NEAS, A&E etc.
- IMG reinstated in CNTW – redeployment of staff to clinical areas.
- In response to the surge in staff absence the Government and Public Health England updated their guidance week commencing 19<sup>th</sup> July 2021 on self-isolation for health and care staff.
- CNTW reviewed close contact protocol.
- Care Home Death Report received highlighting significant national learning.

#### **September 2021:**

- From 11<sup>th</sup> November 2021, anyone working or volunteering in a care home needed to be fully vaccinated against coronavirus (COVID-19), unless exempt. This applied to professionals and tradespeople including volunteers and students.
- Our winter vaccination campaign launched on Monday 27<sup>th</sup> September 2021, and we were co-administering COVID-19 booster and flu vaccines. Once again, we delivered this with a Team across the organisation supported by Estates and Informatics.

#### **October 2021:**

- In accordance with new guidance regarding health and social care staff, on a case by case basis, IMG agreed on the advice of the DIPC, to return **all staff** to

work who have been identified as a close contact where the close contact is a non-household member.

- A national consultation was underway to seek views regarding mandatory Covid vaccinations for all health and social care staff to ensure maximum herd immunity.

### **November 2021:**

- Increase in cases driven by school children transmission.
- A review took place on 13<sup>th</sup> October 2021 with all Directors of Infection Prevention Control (DIPCs) across the NE&C regarding business critical services returning at day six following a negative PCR on day five with daily LFDs.
- CNTW Protocol and Risk assessment was amended to reflect eligible staff groups, i.e., Nursing and Medical / AHP and areas for potential redeployment vulnerability / high risk patient.
- In non-clinical settings where a two metre distance can be achieved, and good ventilation, staff could now begin to remove their masks whilst seated in the office and replace when moving around and in corridors.
- To reduce the distance from two metres to one metre in clinical settings with IPC measures in place. Mask wearing to continue
- The Department of Health and Social Care (DHSC) formally announced on the 9<sup>th</sup> November 2021 that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1<sup>st</sup> April 2022.

### **December 2021:**

- System pressures continue. Increase in cases nationally.
- The UKHSA notified organisations that the country was moving rapidly to a Level 4 National Incident based on South East rates of the new Omicron variant.
- Massive increase in cases in the week prior to Christmas and New Year, linked to close contact and social gatherings across the communities in the NE&C.
- CNTW moved to OPEL level 3.
- Additional PCR testing and IPC measures.

### **January 2022:**

The overall prevalence rates across our footprint remain equivalent to the position in January 2021. The North East continues to have high rates week ending 9<sup>th</sup> January and remains at risk of further surge activity as the move to Plan A and removing restrictions from Plan B at the end of January.

### **February & March 2022:**

Over the next month the situation changed significantly, with reduced cases, a move back to government's Plan A, and the Trust position improving back down to OPEL Level 2.

### Prime Minister Announcement – 21<sup>st</sup> February 2022 – Living with Covid

The details included in the Living with Covid Plan outline several important changes for the public below:

- Changes to the guidance around mask-wearing for CNTW staff in non-clinical areas and continued support social distancing in community/outpatient settings with patients. IPC measures i.e., Hands, Face, Space, are always in place.

- Testing - In light of the current prevalence rate across the Trust inpatients and staff and pending changes in national guidance, there are a number of interim local options outlined below proposed by the DIPC and agreed by the Executive Team week commencing 21<sup>st</sup> February 2022.
- CNTW were involved with the national reference group shaping the guidance outlining the plans for ongoing planning and assessment compliance with the plan was submitted to NHSEI by 14<sup>th</sup> March 2022.
- Mandatory Vaccinations: The legal requirement for health and social care staff to be double jabbed was removed from 15<sup>th</sup> March 2022.

#### **April to May 2022:**

- Reduction in both staff and patient confirmed cases, and there was a move back to government's Plan A, and the Trust position improving back down to OPEL Level 2.
- Introduction of LFD Testing with Inpatients - this was approved for day 5/6, i.e. risk assessed, and if two consecutive negative tests and no symptoms the patient can come out of isolation.
- Testing changes for staff and Patients in CNTW.
- Revised National IPC guidance and NHSE/I letter received on evening of Thursday 14<sup>th</sup> April 2022 - Stepping down inpatient Covid-19 isolation precautions; Stepping down COVID-19 precautions for exposed patient contacts
- Change to Testing in CNTW – implemented 4th April
- National Inquiry: Chair of the UK Covid-19 Inquiry, Baroness Hallett wrote to the Prime Minister on 12th May 2022 with revised Terms of Reference recommendations following a four week consultation.

#### **June & July 2022:**

- Universal Mask Wearing: further National Health and Care setting guidance was received from the Chief Medical Officer in June 2022 advising that staff in clinical and community areas were no longer required to wear face masks unless this is a personal choice. Fluid resistant surgical masks (FRSM) must be worn as part of transmission based precaution PPE requirements when caring for a suspected or confirmed Covid-19 case, or Outbreak or Cluster is declared.
- Local Risk Assessment is advised to determine the use of FRSM in clinical areas. This was implemented in CNTW from 13<sup>th</sup> June 2022.
- The CNTW Homeworking and Hybrid Working Frameworks were approved by Executive Directors. The Working Safely Group was stood down at this time but can be stood up again when required.
- National Inquiry: On Thursday 21<sup>st</sup> July 2022, Baroness Hallett officially launched the Covid-19 Public Inquiry and opened its first investigation on how well prepared the UK was for a pandemic. The investigation will take a modular approach and Module 1 has been officially launched.

#### **August 2022:**

- Covid Alert level reduced from level 3 to 2: the Department of Health and Social Care issued a notice on 31<sup>st</sup> August 2022, and based on UKHSA advice, the UK Chief Medical Officers and NHS England National Director recommended to ministers that the Covid alert level moved from level 3 to level 2.
- From 31<sup>st</sup> August, patient facing staff are no longer required to undertake asymptomatic (LFD) testing twice a week



- Joint Committee on Vaccination and Immunisation (JCVI) Statement on Covid-19 autumn 2022 vaccination booster and flu programme: **18<sup>th</sup> August 2022**. The staff vaccination programme will start week beginning 10<sup>th</sup> October 2022 (vaccinators will be offered the vaccine from 26<sup>th</sup> September 2022).

### **Trustwide Key lessons learnt in response to the Covid Pandemic and application for the future**

#### **Success and Learning**

The Trust could not have achieved the swift response, the innovation and ability to maintain a fleet of foot response to an ever changing landscape without the collective efforts of each department in corporate and operational services working to protect patients and staff and to ensure Infection Prevention and Control was everybody's business.

The aim was to reduce COVID-19 Prevalence, preventing nosocomial infections and outbreaks and prevent unnecessary harm. We undertook regular lessons learnt and patient experience surveys after the different phases of the pandemic as well as learning from every outbreak and reported these through Board reports.

We reflected on the leadership, culture, and innovation, and as a result several new developments are now built into our day-to-day practices or could be stepped up again if required.

The pandemic enabled us to use real time learning and look long term at innovation in both clinical practice and support systems, capturing emerging new models of care delivery for core Mental Health and Learning and Physical Disabilities as well as changes to corporate support functions.

Some of the innovations were immediate i.e., within days / weeks of the national pandemic being declared and were critical to the success of the response. These included:

- The Gold Command Major incident response hub remained in place albeit most recently in a virtual capacity. This was necessary due to the huge swings in surge activity linked to easing restrictions of lockdown and increased surge in cases. This has informed our Emergency Planning for incident management going forward.
- A Single Point of Access Staff Absence Line – for absence recording for both Covid and Non-covid absence. This provided us with real time data on staff absence and safe staffing levels for business continuity, as well as managing staff health and wellbeing and later became a trigger for initiating our in house IPC / Test and Trace Team. This service has continued.
- Dedicated Staff PCR Testing Units were set up within 2 weeks in collaboration with the Laboratories at Queen Elizabeth Hospital, Gateshead. Based on 3 drive-through sites across the Trust and included a Mobile Team for staff who were symptomatic and too unwell to travel to our drive through by car – our aim was for staff and their households to be swiftly tested and safely back to work. This was unusual in most Mental Health and Learning Disability (MHLDA) trusts. The



learning showed how we were able to galvanise support from neighbouring trusts, work collaboratively and quickly skill staff up to undertake new roles.

- Informatics Team - rolled out IT kit for remote working, this enabled all staff to access MS Teams to reduce need for face-to-face meetings and reduce transmission risk and alternatives to patient facing consultations. This is now standard use reducing travel time thus increasing Time to Care for busy clinical staff.
- PPE Team was created to source and manage supplies, implement a rolling plan for FFP3 Risk assessment and fit testing. This was a national issue, but particularly relevant for MHLDA organisations who were perceived not to need PPE in the same way as acute trusts did.
- NTW Solutions Estates and Facilities teams – worked with clinical and support services to ensure workplaces and patient areas had Covid Secure Risk Assessments, enhanced cleaning, outbreak support, and where possible improved ventilation. This partnership demonstrated how all our corporate functions make a difference to patients and staff and they felt valued.
- As innovation in Vaccination became clear we pushed to be one of the first Covid Vaccination Hospital Hubs. This enabled our staff and patients to be vaccinated very early when NHS staff became eligible – there was an amazing corporate response to ensure vaccination centres were available in each of the 4 localities across the Trust geography. Staffed by our own trained staff and pharmacists, we were a trailblazer and uptake was extremely high. This showed that with strong clinical leadership the Physical Health needs of patients and staff continued to be a priority.
- To ensure staffing numbers were protected clinical staff who were in corporate and support service roles, with an active clinical registration, were redeployed to clinical areas and new developments such as those above. We learnt that staff were flexible provided they had the right level of support, and keen to work in new areas. We also personally approached our recently retired staff who returned to work via the Bank arrangements, and some have continued.
- Staff Psychological Health and Wellbeing Service established – whilst this was set up to support in-house as well as external partner offer to staff experiencing the impacts of lockdown, family and friend bereavement, isolation and loneliness, global impacts on their psychological wellbeing, it has continued to be provided to assist in preventing long term sickness absence and support staff back to work in addition to Occupational Health.

From a patient perspective we introduced measures specifically to tackle some of the imposed restrictions. For example:

- Lockdown Separation from families was a significant impact – Assisted phone calls to family members, staff contacted family to provide reassurance especially for those patients with cognitive or social communication difficulties who were unable to speak to family directly. We have continued with this proactive approach.
- Visiting – initially stopped in line with National IPC guidance, but once we had PCR / LFT testing in place for patients and visitors, plus bookable visiting slots

and dedicated visiting rooms we were able to open this up to all patients and relatives and manage this safely. This continues today.

- 10 day Isolation for positive cases during outbreaks was very hard for patients and their contacts but we developed inpatient activity packs, strengthened 1:1 therapeutic engagement, self-care routines, zoning and cohorting.
- Ward based pastoral effort – Staff and Patients together – worked with new rules and restrictions. Lots of reassurance and support given. Banded together, a real sense of community and a renewed focus on Physical Health risks and not just mental health needs.
- Community based patients need regular face to face contact – it became apparent that telephony was not the answer for all as the safety and environment at home needed to be observed and assessed for risk of increased harm i.e. Safeguarding, domestic violence, self-harm, and MH deterioration were an increased risk.
- Shielding for Clinically Extremely Vulnerable (CEV) patients in community and on wards – having a Physical health risk on top of a mental health or learning disability condition wasn't fully understood when the national CEV guidance was written. Hence trying to shield for weeks was tough. Peer Support was highly valued, and we continue to expand our Peer Support programme.
- Patients stated that they thought staff did the best they could during such a challenging time. They understood the difficulties of the situation and thanked staff for the support. They felt supported, cared for and safe.

### **How the healthcare systems operated and worked effectively**

During the pandemic we were an active member of the NE&C NHSEI Regional Strategic Health Board (now ICS) set up to assess and manage system pressures. This Board focused on the whole system pressures, mutual aid and supportive developments i.e. Across Acute trusts, General Practice, Ambulance Services, Mental Health and Learning Disability, Care Homes and Prisons in the region. The North East health care system has a strong history of working collaboratively over many years and this was strongly evidenced throughout the pandemic too.

We worked with our 8 respective Local Authority Health Protection Boards to understand local population epidemiology, trends, surge and testing capacity. Relationships quickly forged with those Public Health teams to provide assurance our outbreak control processes were effectively managed internally within the Trust.

CNTW supported Care Homes and provided Psychological Health and Wellbeing support to staff in neighbouring Trusts who were dealing with the impacts of sudden increased mortality, this was greatly welcomed

### **Any adverse effects on services provided by the Trust**

We operated a service change process which enabled scrutiny and executive decisions to modify how services would be offered especially in community settings.

As a result of lockdown and social distancing we moved to non-face to face appointments where appropriate. Home visits didn't universally stop, but if a telephone appointment or zoom call could be enabled this was preferred. Group

work was reduced in clinic sessions to limit patients coming together and social distancing meant that clinic settings were unable to accommodate the same throughput whilst enabling safe flow of patients and staff.

As a result, community services were expected to keep in touch with patients / families / carers in between appointments to ensure no deterioration in condition.

We did not see an increase in referrals into the service, or adverse incidents with existing patients registered with us. However, as the pandemic continued there has been an increase in new referrals to the services.

Some delayed discharges into Care Homes due to outbreaks or guidance changes created pressures on beds for new MHLDA admissions.

From a staffing perspective, the plan we put in place was constantly evolving however what we couldn't control was the mutation and new variants of concern then resulting in period of increased surge and this was particularly challenging in 2021. Following easing of lockdown restrictions, there was evidence of household and community transmission. The main cause had been social gatherings, little attention to social distancing or Infection Prevention Control (IPC) measures such as handwashing, ventilation and increases in those who remained unvaccinated.

Throughout the pandemic we have experienced surges in staff absence which has required very careful management and redeployment and use of agency support, including the knock effect on morale of staff continuing to work.

### **How particular groups of your organisation's local population, Patients and staff were adversely affected**

As per the summary above the government and NHSE response appeared to be very much focused on the acute trusts who were initially dealing with an overwhelming onslaught of acutely unwell patients, unable to be maintained at home, and sadly increased mortality. The guidance was not written for the full range of NHS delivery e.g. MHLDA, primary care and care homes and the complex and varying cognitive abilities of patients to comply with restrictions set for the general public.

It is to be noted that not all patients in NHS MHLDA trusts are detained under the Mental Health Act, which meant that isolating / lockdown was at times difficult to enforce with voluntary patients. This did lead to an increased risk of verbal and physical violence and aggression towards staff or increased risks of patient self-harm which needed to be managed very carefully. The support from our Positive and Safe Team helped areas improve their approaches to de-escalation.

In addition, Prison health and the unique relationship with NHS Trusts wasn't fully reflected in government guidance. Often guidance would apply to Trusts, and not to Home Office / HM Prisons and vis a vis. When patients were transferring between establishments as part of the custodial sentencing, staff and patients were often very confused about the variation in approaches, which led to tension at the interface. This required respective Directors of Infection Control and Operational managers to

work together to resolve differences and push back up the line to assist policy makers.

Care Home guidance was also not consistent with NHS when staff were visiting i.e., LFT Testing and evidence prior to entry into Elderly Mentally Ill registered care homes. This often led to delays in staff gaining access for important therapeutic or clinical assessments. However, over time local work with Directors of Public Health and Local Authority commissioners helped to improve and better understand this situation.

### **Conclusion**

It would be fair to expect that this narrative report of the pandemic to date is lengthy and wide ranging. It is an attempt to capture the speed at which the Trust was responding at pace to a global Major Incident. Clearly it is impossible to include all aspects of day to day performance and operational surge management actions and responses. This is a document designed to summarise the innovation, response, and commitment of our staff to continue to deliver safe and effective care for our patients whilst they too as individuals and their families had to live with uncertainty and restrictions at a time when there were many unknowns.

This document may be used as part of the National Covid 19 Public Inquiry; however, it may never be requested and will then serve as a record for the Trust of a significant and unprecedented time in the history of the NHS

The Trust Board is asked to receive the report for information

**Anne Moore**  
**Associate Director – Trust Covid National Inquiry Lead**  
**January 2023**

FAO: Chief Executive

28 November 2022

Dear Madam or Sir

**Module 3 of the UK Covid-19 Public Inquiry (“the Inquiry”)  
Request for initial information from your organisation**

I am writing on behalf of The Rt. Hon Baroness Heather Hallett DBE PC, the Chair of the Inquiry, in my capacity as the Module Lead Solicitor for Module 3.

As you may know, the [Inquiry](#) was established on 28 June 2022 to examine the UK’s response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future.

**Module 3**

Module 3 of the Inquiry will examine the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. Further information about what the Inquiry will consider in Module 3 is set out in the provisional outline of scope, which can be found [here](#). Please do read this carefully and in full, but by way of summary, Module 3 will cover the following topics:

- The healthcare consequences of how the UK governments and the public responded to the pandemic.
- The capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic.
- Primary, secondary and tertiary healthcare sectors and services and people’s experience of healthcare during the Covid-19 pandemic, including through illustrative accounts.
- Healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module.

The Inquiry opened Module 3 on 8 November 2022. In relation to Module 3, [the Chair of the Inquiry has said](#):

*“The pandemic had an unprecedented impact on health systems across the UK. The Inquiry will investigate and analyse the healthcare decisions made during the pandemic, the reasons for them and their impact, so that lessons can be learned and recommendations made for the future...”*

## **How your organisation can help the Inquiry - information gathering**

The Inquiry has identified around 450 organisations across the UK that are likely to have important healthcare-related information to share with it in relation to Module 3 specifically, including organisations such as yours. We are keen to hear from these organisations at an early stage of our work on this Module, so that we may consider issues they raise at this early stage while progressing the investigation. It is for this reason I am now writing to you.

I set out at **Annex A** some brief, high-level questions that will assist us with this task. To assist you in providing your answer to these questions, I enclose a Word form for you to complete.

This is not a formal request for information and we are not asking you or your organisation to provide evidence or a witness statement - it is simply an information-gathering exercise. I hope your organisation will feel able to respond, but if it does not wish to do so, please let me know so that we can update our records. If you or your organisation only feel able to answer some of the questions only, that is also fine. It may be that I contact your organisation again in due course to ask for further information in a more formal way.

Any response you do provide to this letter is intended to be for the Inquiry's information only. We are therefore unlikely to be able to address any substantive questions you raise about the scope of Module 3 or any other areas of the Inquiry's work. We are, however, very happy to help with any practical queries you may have about responding to the questions.

It is not the Inquiry's intention to share any response you provide to this letter outside of the Inquiry. If it does become necessary to share your response, we will contact you first.

## **Next Steps**

Once your response to the questions in Annex A is ready, please return it to me by email to [solicitors@coronavirus.inquiry.uk](mailto:solicitors@coronavirus.inquiry.uk). Please include the reference number in the heading of this letter in the email subject of any correspondence relating to this request. This is to ensure it is forwarded to me without delay.

If you would prefer to provide your response by secure email please let me know and I will provide details of how you can do this. Please identify any matters that you consider to be particularly sensitive when providing your response.

The Chair intends to conduct the Inquiry as quickly and efficiently as possible and welcomes the assistance of all individuals and organisations with her task. Therefore, if you wish to provide a response to the questionnaire, please ensure this is returned to the Inquiry **by 10am on Monday 19 December 2022**.

**In summary**

- 1. Please respond to the Annex A questionnaire by completing the form enclosed with this letter.**
- 2. Please make sure you include the name of your organisation in your response.**
- 3. Please send it to [solicitors@covid19.public-inquiry-uk](mailto:solicitors@covid19.public-inquiry-uk) and include 'M3' in the subject line.**
- 4. Please acknowledge receipt of this correspondence and confirm the best email address for us to contact you at going forward.**

If you have any questions concerning the above, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Abigail Scholefield', with a stylized, cursive script.

Abigail Scholefield

Module 3 Lead Solicitor

[solicitors@covid19.public-inquiry.uk](mailto:solicitors@covid19.public-inquiry.uk)

## Annex A

### Questionnaire

#### UK COVID-19 Inquiry: Module 3 - Request for information

*The Inquiry would encourage those responding to these questions to read the [provisional outline of scope](#) in full so that they may identify any relevant areas in which they can provide information.*

*At this initial stage, please limit your response to all of the questions below to no more than **2000 words in total** - we are looking for an overview only at this stage to help us decide whether we need to make a supplementary request for more detailed information .*

*Please note that the Inquiry is unable to consider individual cases of harm or death in detail. However, you may wish to provide anonymous examples in order to illustrate any wider systemic issues that you consider to be relevant.*

In relation to the [provisional outline of scope for Module 3](#), please provide the following:

1. A brief overview of your organisation's function and role in relation to healthcare services and systems in the area in which you are based, and specifically in relation to the Covid-19 pandemic (for example if that function or role developed or changed).
2. Specifically in relation to your organisation's role or function delivering and/or arranging for healthcare services (point 1 above) in your area, what your organisation considers to be the key issues relevant to the matters set out in the [provisional outline of scope for Module 3](#). This could include, but is not limited to:
  - A. Responses to the pandemic - what went well and what did not go so well, and what you are most proud of;
  - B. Examples of how the particular healthcare systems your organisation operated in worked effectively and efficiently;
  - C. Examples of how the particular healthcare services your organisation delivered and/or arranged for were adversely affected; and
  - D. How particular groups of your organisation's local population, patients or staff were adversely affected.
3. Following on from the previous question, a brief summary of any key lessons learned that your organisation identified in relation to its responses to the Covid-19 pandemic, including the impact on healthcare services you operate and healthcare systems your organisation operated within, and how any lessons might apply in the future. Please tailor your response to the matters set out in the [provisional outline of scope for Module 3](#). *If the overall word limit of 2000 words is constraining for this question and being brief would not support our understanding, please use up to by no more than a*



*further 2000 words on this particular question. Alternatively, you may wish to provide existing lessons learned reports/papers that your organisation has compiled.*

4. A **list** of key documents or categories of documents that your organisation has produced which you consider to be most relevant to points 1-3 above and the [provisional outline of scope for Module 3](#). Please provide a brief description of the document/categories of documents and the reasons why you consider them to be particularly relevant. *For example, these could be Incident Team meeting action logs, Executive/Board minutes and reports, Serious Incident Reports, papers relating to key internal policy and/or procedure changes etc. We are not asking for day to day types of documentation relating to treatment of patients such as patient records, theatre lists or staff rotas as we know these will exist. We also do not need published guidance from public bodies such as PHE (now UKSHA) or NHS England.*
5. A **list** of any key articles or reports your organisation has published or contributed to, and/or evidence it has given in public regarding the matters set out in the [provisional outline of scope for Module 3](#).

*Please note that we are **not** requesting copies of the documents at points 4-5 at this stage. However, it would assist the Inquiry if you could provide hyperlinks for those documents that are publicly available.*

6. Any other points that you wish to raise in relation to the issues identified in the [provisional outline of scope for Module 3](#) that your organisation considers would assist the Inquiry to understand those issues more effectively.



**FREEPOST**

UK Covid-19 Public Inquiry

**Form to be completed in response to Annex A questionnaire**

**UK COVID-19 Inquiry: Module 3 - Request for information**

*Please provide your organisation's answers to the questions set out in Annex A, below.  
Please limit the response to all questions to no more than 2000 words in total if possible.*

**Name of organisation completing this questionnaire:**

**Cumbria, Northumberland Tyne and Wear, NHS Foundation Trust**

**Question 1**

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest mental health and disability Trusts in England. We serve a population of approximately 1.7 million, covering Cumbria, Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland, a geographic area of approximately 4,800 square miles, with a budget of over £500 million. We employ over 8,000 staff. We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland.

The Trust cares for complex and vulnerable patients who have both mental health, learning disabilities and complex physical health risks. We provide Psychiatric Intensive Care, Planned and Specialist Care Services across inpatient and community settings for both children and adults with mental health, learning disability, Autism (MHLDA) and physical disabilities. We also deliver several regional and nationally specialised commissioned health services. We also work closely with the Home Office and a number of HMP establishments to meet the MH/LDA needs of both specialist forensic inpatient and community patients.

We are partners in the North East and North Cumbria Integrated Care System (ICS), and have a long history of working collaboratively across the region. We also work in partnership with 8 Local Authorities and therefore 8 Health Protection Boards. These partnerships proved critical to supporting the major incident and system response to local populations to try and prevent surge in cases impacting on the ability of the Trust and local NE&C NHS Trusts, Primary care and Care homes to provide safe staffing and quality of care.

Northumberland, Tyne and Wear NHS Foundation Trust has been rated Outstanding by the Care Quality Commission (CQC).

## Question 2A

### Response to the pandemic

Despite limited information on the potential speed, mode of transmission and threat to life in the UK as a result of the emerging pandemic, the Trust proactively invoked its Major Incident Response in March 2020 in line with EPRR preparation plans. Note at this stage all planning was based on Influenza Pandemic plans, not a new unknown novel virus

The objectives for the Trust were to ensure:

- Safety First – prevent harm to patients and staff
  - Prevent Nosocomial (Hospital Acquired) Infection
  - Business Continuity and Surge Plans – stabilisation and preservation of all staff and services
  - Support the System (ICS)
- Whilst there were no cases in the Trust affecting patients or staff at that time, there was early recognition by the Executive Team and Trust Board supported by the Director of Infection Prevention and Control that this was an Infection Control crisis. It was not going to only affect acute trusts, and our patient population was vulnerable and at risk.
  - The virus was indiscriminate and would affect every health care setting and local populations which included both staff and patients. The risks of transmission in and out of any healthcare setting including MHLDA Trusts would need to be robustly managed to prevent infection of patients and staff and potential deterioration in physical health, resulting in death or serious harm.
  - Major Incident Emergency Response and Recovery Hub was established – principles of command, control and co-ordination, setting up of Loggists / decision logs and daily dashboards.
  - Gold Command Hub – Executive Lead was the Chief Nurse / COO, delegated to DIPC with a clear structure and guidance. The team included IPC Team, Performance and Governance, Transformation and Safety leads, Facilities, Estates and Informatics. It was essential to draw on a range of expertise and collective leadership.
  - Accountability and Responsibility – Daily Covid 19 Incident Management Group was established which included Executive Team, Operational and Corporate Directors – Gold and Silver command working collectively daily and reporting assurance to the Trust Board of Directors.
  - Organisational message and cultural expectation was articulated that ‘we were all in this together’.
  - The set up and approach was to be ‘Fleet of Foot’ ...ie needed to take decisive action based on emerging information, knowing that expediency is essential.

- Whilst seeking to reassure staff and patients / families, we were also transparent that we didn't know all the answers.
- We worked closely throughout the pandemic with all our Clinical Commissioning Groups and the CQC Regulator regarding assurances of business continuity and patient experience.
- Learning and sharing – we established Executive led Senior Managers Meeting, Daily Communications bulletins for cascade, Live Chief Exec and Executive communication sessions open to all staff, IPC Assurance meeting for all senior clinical leads.
- Despite these additional communication processes, the biggest challenge for the Trust was ensuring there was a standardised approach to the plethora of emerging National IPC guidance and to ensure the understanding of over 8000 staff who were not from a Physical Health background. Guidance was issued daily or more frequently by PHE / Govt and NHS England, requiring rapid interpretation for the needs of our organisation, then communicating changes to all staff re practice. As a result, communication and daily guidance was at times saturating, however staff were supported to ensure clarity and purpose.

#### **Infection Prevention and Control – Everyone's responsibility**

- Basic infection control measures stepped up in all settings i.e. wards, out-patients, clinics, offices – Environmental cleaning, Hands, Face, Space, ventilation – It worked...!!
- IPC Team had limited capacity – this was bolstered by additional Clinical and Non-clinical Senior Nurses and administration support.
- Board IPC Assurance – daily meetings with DIPC, IPC Team, locality care groups.
- Introduced Surveillance Patient testing and isolation – all new admissions and transfers from care homes / hospital / prison settings and thus increased early indication of potential external transmission.
- Trust responsibility for Test and Trace and Outbreak management was an intensive process – new responsibility as PHE transferred to Trusts in June 20.
- Learning from outbreaks and close contacts – informed guidance and reinforced IPC practices to keep staff and patients safe.
- Personal Protective Equipment PPE supplies – were initially targeted at acute trusts / ITU – sourcing became a full time job for our Safer Care and Supplies Team often via mutual aid and then distribute to individual areas across our geography. Once the NHS Central supplies recognised through intensive lobbying that we needed masks, gloves and aprons for our staff and patients too then the supply improved.

## Question 2B

### **How the healthcare systems operated and worked effectively**

- During the pandemic we were an active member of the NE&C NHSEI Regional Strategic Health Board (now ICS) set up to assess and manage system pressures. This Board focused on the whole system pressures, mutual aid and supportive developments i.e. Across Acute trusts, General Practice, Ambulance Services, Mental Health and Learning Disability, Care Homes and Prisons in the region. The North East health care system has a strong history of working collaboratively over many years and this was strongly evidenced throughout the pandemic too.
- We worked with our 8 respective Local Authority Health Protection Boards to understand local population epidemiology, trends, surge and testing capacity. Relationships quickly forged with those Public Health teams to provide assurance our outbreak control processes were effectively managed internally within the Trust.
- CNTW supported Care Homes and provided Psychological Health and Wellbeing support to staff in neighbouring Trusts who were dealing with the impacts of sudden increased mortality, this was greatly welcomed.

## Question 2C

### **Any adverse effects on services provided by the Trust**

- We operated a service change process which enabled scrutiny and executive decisions to modify how services would be offered especially in community settings.
- As a result of lockdown and social distancing we moved to non-face to face appointments where appropriate. Home visits didn't universally stop, but if a telephone appointment or zoom call could be enabled this was preferred. Group work was reduced in clinic sessions to limit patients coming together and social distancing meant that clinic settings were unable to accommodate the same throughput whilst enabling safe flow of patients and staff.
- As a result community services were expected to keep in touch with patients / families / carers in between appointments to ensure no deterioration in condition.
- We did not see an increase in referrals into the service, or adverse incidents with existing patients registered with us. However, as the pandemic continued there has been an increase in new referrals to the services.

- Some delayed discharges into Care Homes due to outbreaks or guidance changes created pressures on beds for new MHLDA admissions.
- From a staffing perspective, the plan we put in place was constantly evolving however what we couldn't control was the mutation and new variants of concern then resulting in period of increased surge and this was particularly challenging in 2021. Following easing of lockdown restrictions, there was evidence of household and community transmission. The main cause had been social gatherings, little attention to social distancing or Infection Prevention Control (IPC) measures such as handwashing, ventilation and increases in those who remained unvaccinated.
- Throughout the pandemic we have experienced surges in staff absence which has required very careful management and redeployment and use of agency support, including the knock effect on morale of staff continuing to work.

## Question 2D

### **How particular groups of your organisation's local population, Patients and staff were adversely affected**

- As per the comments above the government and NHSE response appeared to be very much focused on the acute trusts who were initially dealing with an overwhelming onslaught of acutely unwell patients, unable to be maintained at home, and sadly increased mortality. The guidance was not written for the full range of NHS delivery e.g. MHLDA, primary care and care homes and the complex and varying cognitive abilities of patients to comply with restrictions set for general public.
- It is to be noted that not all patients in NHS MHLDA trusts are detained under the Mental Health Act, which meant that isolating / lockdown was at times difficult to enforce with voluntary patients. This did lead to an increased risk of verbal and physical violence and aggression towards staff or increased risks of patient self-harm which needed to be managed very carefully. The support from our Positive and Safe Team helped areas improve their approaches to de-escalation.
- In addition, Prison health and the unique relationship with NHS Trusts wasn't fully reflected in government guidance. Often guidance would apply to Trusts, and not to Home Office / HM Prisons and vis a vis. When patients were transferring between establishments as part of the custodial sentencing, staff and patients were often very confused about the variation in approaches, which led to tension at the interface. This required respective Directors of Infection Control and Operational managers to work together to resolve differences and push back up the line to assist policy makers.

- Care Home guidance was also not consistent with NHS when staff were visiting i.e. LFT Testing and evidence prior to entry into Elderly Mentally Ill registered care homes. This often led to delays in staff gaining access for important therapeutic or clinical assessments. However, over time local work with Directors of Public Health and Local Authority commissioners helped to improve and better understand this situation.

### Question 3

#### **Trust wide Key lessons learnt in response to the Covid Pandemic and application for the future**

The aim was to reduce COVID-19 Prevalence, preventing nosocomial infections and outbreaks and prevent unnecessary harm. We undertook regular lessons learnt and patient experience surveys after the different phases of the pandemic as well as learning from every outbreak and reported these through Board reports.

We reflected on the leadership, culture and innovation, and as a result a number of new developments are now built into our day-to-day practices or could be stepped up again if required.

The pandemic enabled us to use the real time learning and look long term at innovation in both clinical practice and support systems, capturing emerging new models of care delivery for core Mental Health and Learning and Physical Disabilities as well as changes to corporate support functions.

Some of the innovations were immediate i.e. within days / weeks of the national pandemic being declared, and were critical to the success of the response. These included:

- The Gold Command Major incident response hub remained in place albeit most recently in a virtual capacity. This was necessary due to the huge swings in surge activity linked to easing restrictions of lockdown and increased surge in cases. This has informed our Emergency Planning for incident management going forward.
- A Single Point of Access Staff Absence Line – for absence recording for both Covid and Non covid absence. This provided us with real time data on staff absence and safe staffing levels for business continuity, as well as managing staff health and wellbeing and later became a trigger for initiating our in house IPC / Test and Trace Team. This service has continued
- Dedicated Staff PCR Testing Units were set up within 2 weeks in collaboration with the Laboratories at Queen Elizabeth Hospital, Gateshead. Based on 3 drive-through sites



across the Trust and included a Mobile Team for staff who were symptomatic and too unwell to travel to our drive through by car – our aim was for staff and their households to be swiftly tested and safely back to work. This was unusual in most Mental Health and Learning Disability (MHLDA) trusts. The learning showed how we were able to galvanise support from neighbouring trusts, work collaboratively and quickly skill staff up to undertake new roles.

- Informatics Team - rolled out IT kit for remote working, this enabled all staff to access MS Teams to reduce need for face-to-face meetings and reduce transmission risk and alternatives to patient facing consultations. This is now standard use reducing travel time thus increasing Time to Care for busy clinical staff.
- PPE Team was created to source and manage supplies, implement a rolling plan for FFP3 Risk assessment and fit testing. This was a national issue, but particularly relevant for MHLDA organisations who were perceived not to need PPE in the same way as acute trusts did.
- NTW Solutions Estates and Facilities teams – worked with clinical and support services to ensure workplaces and patient areas had Covid Secure Risk Assessments, enhanced cleaning, outbreak support, and where possible improved ventilation. This partnership demonstrated how all our corporate functions make a difference to patients and staff and they felt valued.
- As innovation in Vaccination became clear we pushed to be one of the first Covid Vaccination Hospital Hubs. This enabled our staff and patients to be vaccinated very early when NHS staff became eligible – there was an amazing corporate response to ensure vaccination centres were available in each of the 4 localities across the Trust geography. Staffed by our own trained staff and pharmacists, we were a trailblazer and uptake was extremely high. This showed that with strong clinical leadership the Physical Health needs of patients and staff continued to be a priority.
- To ensure staffing numbers were protected clinical staff who were in corporate and support service roles, with an active clinical registration were redeployed to clinical areas and new developments such as those above. We learnt that staff were flexible provided they had the right level of support, and keen to work in new areas. We also personally approached our recently retired staff who returned to work via the Bank arrangements, and some have continued.
- Staff Psychological Health and Wellbeing Service established – whilst this was set up to support in-house as well as external partner offer to staff experiencing the impacts of lockdown, family and friend bereavement, isolation and loneliness, global impacts on their psychological wellbeing, it has continued to be provided to assist in preventing long term sickness absence and support staff back to work in addition to Occupational Health.



From a patient perspective we introduced measures specifically to tackle some of the imposed restrictions. For example:

- Lockdown Separation from families was a significant impact – Assisted phone calls to family members, staff contacted family to provide reassurance especially for those patients with cognitive or social communication difficulties who were unable to speak to family directly. We have continued with this proactive approach.
- Visiting – initially stopped in line with National IPC guidance, but once we had PCR / LFT testing in place for patients and visitors, plus bookable visiting slots and dedicated visiting rooms we were able to open this up to all patients and relatives, and manage this safely. This continues today.
- 10 day Isolation for positive cases during outbreaks was very hard for patients and their contacts but we developed inpatient activity packs, strengthened 1:1 therapeutic engagement, self-care routines, zoning and cohorting.
- Ward based pastoral effort – Staff and Patients together – worked with new rules and restrictions. Lots of reassurance and support given. Banded together, a real sense of community and a renewed focus on Physical Health risks and not just mental health needs.
- Community based patients need regular face to face contact – it became apparent that telephony was not the answer for all as the safety and environment at home needed to be observed and assessed for risk of increased harm i.e. Safeguarding, domestic violence, self-harm, and MH deterioration were an increased risk.
- Shielding for Clinically Extremely Vulnerable (CEV) patients in community and on wards – having a Physical health risk on top of a mental health or learning disability condition wasn't fully understood when the national CEV guidance was written. Hence trying to shield for weeks was tough. Peer Support was highly valued, and we continue to expand our Peer Support programme.
- Inpatients stated that they thought staff did the best they could during such a challenging time. They understood the difficulties of the situation and thanked staff for the support. They felt supported, cared for and safe.

**Question 4 (Please note you are not limited to the number of rows set out below)**

Categories of document or key document produced by your organisation including document title and date (with link if publicly available)	Brief description	Why it is particularly relevant
Monthly Public Trust Board Covid Report  <a href="#">Trust Board Papers</a>	2020- 2022	Briefings to the board and public summarises the Trust response to the surge in activity nationally, locally across the footprint of the Trust / System and also how the trust gives assurance of the Gold Command Pandemic response in line with emerging national guidance / central direction

**Question 5 (Please note you are not limited to the number of rows set out below)**

Document title and date (with link if publicly available)	Brief description	Why it is particularly relevant

**Question 6**

Thank you for the opportunity to reflect the experience of a Mental Health and Disabilities NHS Trust.

We appreciate this is purely a snapshot in your information gathering, but we hope it gives the National Inquiry Team a flavour of the challenges and learning for a major non-acute health provider during a global event, the impact on patients, families and staff and our rapid response as it unfolded.

- **Thank you for providing your response! The Inquiry is grateful for the information you have provided. Please ensure you include your organisation's name at the top of the response and send it to [solicitors@covid-19.public-inquiry.uk](mailto:solicitors@covid-19.public-inquiry.uk)**

# 15. Infection Prevention Control (IPC) Board Assurance Framework

Speaker: Anthony Deery, Deputy Chief Nurse

## References:

- 15. IPC BAF - February 2023 Board.pdf

**Report to the Board of Directors**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	Infection Prevention Control (IPC) Board Assurance Framework
<b>Purpose of the report</b>	For assurance
<b>Executive Lead</b>	Gary O'Hare, Chief Nurse / Accountable Executive Officer
<b>Report author(s) (if different from above)</b>	Liz Hanley, Associate Director Nursing and Quality; Kelly Stoker, Head of Infection Prevention and Control

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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**Infection Prevention and Control (IPC) Board Assurance Framework  
Report to the Board of Directors meeting  
Wednesday 1<sup>st</sup> February 2023**

**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 IPC, as a source of internal assurance that quality standards are being maintained. The BAF was updated in December 2022 and a further updated BAF is expected, with a focus on incorporating respiratory illness into wider IPC assurance.

This report covers Quarter 3 (October to December) 2022.

**2. Covid-19**

On 30<sup>th</sup> December 2022 ((the final date of daily reporting for December), there were four active outbreaks across the Trust:

- North Cumbria Locality: Yewdale
  - North Locality: Hauxley
  - Central Locality: Bede
  - South Locality: Roker
- There were 13 patients positive for Covid-19 and in isolation across the Trust.
  - 52 staff members were absent due to Covid-19.

**3. Nosocomial (Healthcare Acquired) Infections**

On 30<sup>th</sup> December 2022, the Trust Influenza position for positive cases in isolation across the Trust was two patients. There were no other incidents of nosocomial infection or outbreaks in Quarter 3.

Learning/themes from Outbreak areas

Each Outbreak gives us the opportunity to review the key themes relating to practice and Trust processes that can be improved or reaffirmed. A summary of the learning since the last report is included below:

- Reaffirming that patients are only tested if they become symptomatic via PCR rather than LFT.
- Evidence of embedded learning in clinical service areas following previous outbreaks and good IPC practice has been noted.
- Staff engagement and good working relationships between the IPC team and ward staff has been noted. Staff members are informing the IPC team when patients are out of isolation, affording the IPC team the opportunity to ensure all cleaning measures have been completed and to address any outstanding issues.

#### 4. **Seasonal influenza and Covid-19 vaccination**

It has been confirmed nationally that a Covid-19 vaccine should be offered to:

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care staff.
- All adults 50 years of age and over.
- Persons aged 5 to 49 years in a clinical risk group.
- Persons aged 5 to 49 years who are household contacts of people who are immunosuppressed.
- Persons aged 16 to 49 years who are carers.
- People on General Practitioner Learning Disability Registers.

With reference to Influenza ('flu), the national influenza immunisation programme 2022/23 is available [here](#). Influenza vaccination remains an important priority this 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.

The seasonal staff and inpatient vaccination programme was in progress throughout Quarter 3 and into January 2023. Inpatient and staff Covid vaccination commenced at the end of September and Influenza vaccination commenced on 10<sup>th</sup> October 2022. The Covid-19 booster vaccine and influenza vaccine are being offered to all inpatients and staff, including the employees of commissioned services and key partners, regular agency workers, volunteers and health and care students on placement in the Trust during the vaccination programme. Information to promote accessing vaccinations outside of the Trust has also been provided to these groups.

For staff, the model of vaccination incorporates Locality clinics, peer vaccination and roving vaccination.

The following vaccines are in use in the autumn Covid-19 booster campaign:

- Moderna (Spikevax bivalent Booster): for use in adults
- Pfizer (Comirnaty bivalent Booster): for use in adults for the autumn booster only and preferred for children 12 to 18 for the autumn booster
- Pfizer Comirnaty 10: for children aged 5 to 11 years for the autumn booster and for children aged 5 to 11 years who still require primary vaccination.
- Pfizer Comirnaty 30: vaccine is used for adults or children aged 12 to 17 years who still require a primary course of Covid vaccination only. This vaccine can be used for the autumn booster in this age group if Pfizer bivalent is not available

The Quadrivalent Influenza vaccine is being used in the Influenza vaccination programme, with the relevant options for people under 65 years old, people over 65 years old, those who are vegetarian or vegan and people with egg sensitivity. The nasal spray Influenza vaccine will be used for the majority of children and young people from 2 to 18 years old.

The uptake of vaccination by inpatients, staff and CNTW partners eligible for the staff vaccination programme has been, and continues to be, closely monitored through internal dashboards and the National Immunisation and Vaccination System (NIVS). The number of vaccination clinics reduced in December, with an increased focus on the roving vaccination model. Potential barriers to uptake have been identified and are reviewed at weekly strategic and operational meetings, where measures to address them are shared across the Trust. Barriers to vaccination include vaccine fatigue, vaccine hesitancy and concerns about experiencing potential side effects of vaccination, particularly when Covid and Influenza vaccinations are given at the same time. Although Vaccination as a Condition of Deployment (VCOD) is no longer policy for the NHS, this is still in the recent memory of staff and may be having an impact on vaccine uptake.

Targeted work has been progressed in January 2023 to promote winter vaccination, with a particular focus on the effects of Influenza.

**5. Inoculation and sharps injuries**

There were no inoculation and sharps injuries recorded in Quarter 3.

**6. Compliance**

Trust level compliance has continued to be demonstrated across all IPC standards. The IPC team continued to raise awareness that staff needed to ensure that:

- All relevant IPC 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.

**7. Additional assurance mechanisms**

- Monthly Trustwide IPC Assurance meetings were scheduled to take place during Quarter 3. The meeting arranged for December 2022 was stood down, as it fell in the Christmas holiday period, but the meeting action log was reviewed so that the related actions were progressed and IPC assurance work continued, led by the IPC team. The Trust IPC Committee met in October 2022.
- 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.
- The IPC team continues to undertake scheduled and as required Meetings with Clinical Nurse Managers, Ward Managers and Clinical Care Groups

to discuss complex cases, cluster, and outbreak management. Support and guidance are 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 afebrile.

- The IPC team provides comprehensive support and advice to all outbreak areas to review the appropriate use of Personal Protective Equipment and outbreak control measures, as agreed.
- Multi-disciplinary IPC audits are being reintroduced to clinical areas.
- Planned IPC awareness-raising, for example relating to the importance of handwashing and the appropriate use of disposable gloves, is scheduled in readiness for winter.
- 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.

## **8. 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 (HCIs).

**Infection Prevention and Control  
February 2023**



# 16. CQC Must Do Action Plan update

Speaker: Anthony Deery, Deputy Chief Nurse

verbal update

References:

- 16. CQC Must Do Action Plans - final.pdf

**Report to Board of Directors**  
**1<sup>st</sup> February 2023**

<b>Title of report</b>	Update on CQC Must Do Action Plans (Quarter 3)
<b>Purpose of the report</b>	For decision and assurance
<b>Report author(s)</b>	Vicky Wilkie, CQC Compliance and Governance Manager
<b>Executive Lead (if different from above)</b>	Gary O'Hare, Chief Nurse

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance	25/01/23	Executive Team	16/01/23
Audit		Trust Leadership Team (TLT)	
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
<p>SA1 Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing.</p> <p>Risk 1683 There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).</p> <p>SA5 The Trust Will Be The Centre Of Excellence For Mental Health And Disability.</p> <p>Risk 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements (SA5).</p> <p>SA4 The Trust's Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Us Them.</p> <p>Risk 1836 A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4).</p>

## Update on CQC Must Do Action Plans

### Board of Directors

*1<sup>st</sup> February 2023*

## 1. Executive Summary

This report provides an update on the 21 remaining areas of improvement (Must Do action plans) which were received following inspections undertaken between 2015 and 2022.

- Through this report the Board are asked to extend further the action plans relating to environments in North Cumbria and Central Localities, staffing and physical health/rapid tranquilisation issues as further improvements are required.
- Work continues to address each of the remaining action plans. These action plans continue to be monitored through the Locality Care Groups and Trust governance structures. Key pieces of work identified in the Quarter 3 update (appendix 1) will help to mitigate against the risks which have been raised.
- The work around personalisation of care planning to continue due to the repeated concerns and internal intelligence received during Quarter 2 and 3 (see page 23 for further assurances around those actions).
- 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 date extensions for the action plans related to environments, staffing and physical health/rapid tranquilisation.

- Note the Quarter 4 updates on all 54 CQC Must Do action plans (including impact changes for those closed).

**Author:**

Vicky Wilkie, CQC Compliance and Governance Manager

**Executive Lead:**

Gary O'Hare, Chief Nurse

19<sup>th</sup> January 2023

Must Do Theme: (3) Restrictive practices, seclusion and long term segregation		Lead: Anthony Deery, Deputy Chief Nurse and Locality Group Directors
		Status:
LDA wards Year: 2022 Org: CNTW	One person had restrictions in place including long term seclusion and no access to their personal belongings which was not based on current risks. There were no plans to end the restrictions.	Action plan closed as patient transferred to a different hospital on 18 August 2022.
Planned timescale for closure: 31 March 2023		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.
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.
LDA wards Year: 2022 Org: CNTW	There was a high use of prone restraint.	Further action required to make improvements.
Planned timescale for closure: 31 March 2023 (30 April 2023)		
LDA wards Year: 2022 Org: CNTW	People in seclusion on Lindisfarne ward did not have privacy and dignity because staff who were not providing direct care entered the seclusion area regularly.	Further action required to make improvements.
Actions taken at Trust-wide level 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	<ul style="list-style-type: none"><li>Progress work commenced to provide accurate up to date data with regards to the completion of debrief.</li><li>Groups to have access to performance dashboards to improve completion of same.</li></ul>	
Actions taken at core service level during Quarter 1 22/23 (April, May & June)		
CAMHS wards 2020	<ul style="list-style-type: none"><li>Task and Finish Group has been set up across CAMHS wards and Cumbria inpatient CBUs.</li><li>Ward considered debrief champions to support the delivery of the training and engagement of staff.</li><li>Development of debrief dashboard commenced.</li></ul>	
Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &		

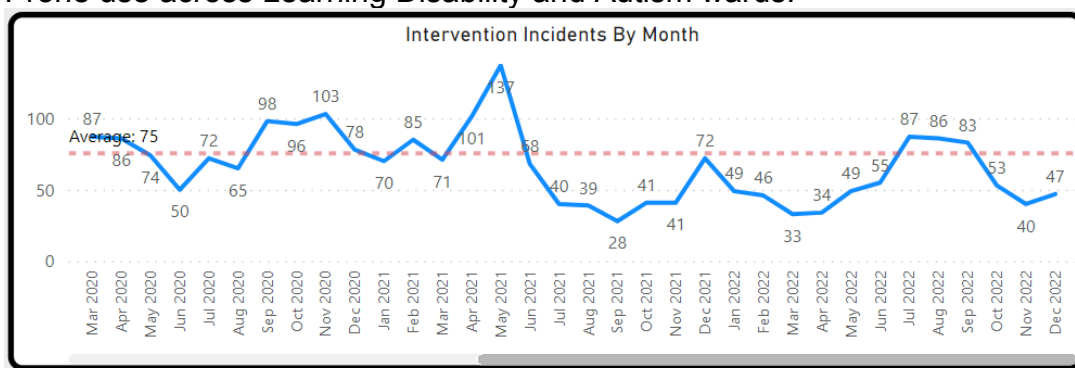
<b>September):</b>	
LDA wards Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>Task and Finish Group established. This will sit within the existing Rapid Tranquilisation Group as relevant representation already attends.</li> <li>Guidance to be circulated to all inpatient areas on how to complete/expectations of completion.</li> <li>Re-audit due in 3 months.</li> </ul>
<b>Actions taken at core service level during Quarter 2 22/23 (July, August &amp; September):</b>	
CAMHS wards Year: 2020 Org: CNTW	<ul style="list-style-type: none"> <li>Further meeting held with 'Debrief champions' to understand the barriers and why figures are not improving.</li> <li>In terms of training Cumbria inpatients have rolled out some training for key areas which will include debrief, observations, seclusion, long term segregation. North Cumbria Locality Children and Young People's services have joined roll out of training.</li> <li>A role specification provided to the 'Debrief champions' and those on the debrief rota to ensure all are aware of the expectations.</li> <li>Associate Nurse Director to discuss the issue of debrief with Mitford staff to understand their improved position.</li> </ul>
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>Patients will be supported to access seclusion for short term use, if this needs to be extended this will be discussed at the first multi-disciplinary team and re-location considered.</li> <li>Secure CBU has a Seclusion Use Contingency Plan that enables decision making regarding availability of seclusion suites, updated daily.</li> <li>Adherence to Trust Seclusion policy regarding engagement, observation and patient engagement/needs outlined in care plan and review process.</li> <li>HOPE's Training and Barriers to Change (BCC) training and model in place.</li> </ul>
<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>	
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>All wards have an agreed Restrictive Intervention Reduction Plan in place.</li> <li>All ward staff have been reminded that debriefs are to be undertaken following each incident of prone restraint.</li> <li>Locality Directors to review incidents of prone restraint using Talk 1st data.</li> <li>A Trust-wide Task and Finish Group to be established by the end of Quarter 2 with a specific focus on reducing the use of prone restraint.</li> <li>Weekly report on the use of prone restraint to be taken to Trust-wide Safety Group.</li> </ul>
<b>Actions taken at Trust-wide level during Quarter 3 22/23 (October, November &amp; December):</b>	
LDA wards Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>Body Map Audit CA-21-0019 completed (all wards 10% of all restraints minimum 5 to a maximum of 20). Performance is well below standard at only 9% had a body map uploaded following</li> </ul>

	<p>an incident and only 22% had physical health checks done after the same. In the small % that did have a body map, 84% of these did not document any injuries or marks.</p> <ul style="list-style-type: none"> <li>Findings reported to June CQC Quality Compliance Group and Clinical Effectiveness Committee in July.</li> <li>Body Map Meeting established to consider audit findings (extension of Rapid Tranquilisation Group) to put some focus on this area.</li> <li>Body Map is now live on RiO.</li> <li>Briefings delivered to promote via Intranet e.g. Bulletin, Safer care Bulletin, and also presentation to Groups to be made. Information on body mapping shared in Bulletin on 18<sup>th</sup> October. Areas addressed: Seni's Law, Trust Policy, need to produce body map and reasons why, results of previous audit, reminder that body maps now on RiO and where to find them.</li> <li>CAS safety alert circulated as reminder also and consideration to be given to other modes of briefing such as 7 minute type.</li> <li>Re-audit planned in 3 months.</li> <li>Future work to examine potential areas of duplication and further RiO work as well as examining potential policy discrepancies between MRE PGN and Restraint Policy.</li> </ul>
<p>CYPS wards Year: 2020 Org: CNTW</p>	<ul style="list-style-type: none"> <li>CBU De-brief focus group arranged to share good practice at Alnwood (achieved 100%) with the other wards at Ferndene and Lotus ward.</li> <li>Daily management checks completed by ward manager or identified lead to ensure debriefs are being completed and recorded correctly.</li> </ul>
<p>LDA wards Year: 2022 Org: CNTW</p>	<ul style="list-style-type: none"> <li>New build will be operational circa March 2023.</li> <li>Continued roll out of training and awareness regarding HOPEs model.</li> </ul>
<p>LDA wards Year: 2022 Org: CNTW</p>	<ul style="list-style-type: none"> <li>By November 2022 the Trust will have in place a process to regularly undertake full After Action Reviews on a random sample of incidents resulting in the use of prone restraint. The learning from which will be fed back to the teams involved and the wider Trust to further inform Restrictive Intervention Reduction Plans. This process will be monitored through the Trust-wide Safety Group with the aim to reduce the use of prone restraint across the organisation and specifically in learning disability and autism inpatient services.</li> <li>Debrief incident data to be included in the roll out of the Trust-wide dashboard.</li> </ul>
<p><b>Planned actions to be taken Trust-wide during Quarter 4 22/23 (January, February &amp; March):</b></p>	
<p>LDA wards Year: 2019 Org: CPFT</p>	<ul style="list-style-type: none"> <li>There is some continued work to do on the Body map form e.g. conditional logic has been added to the reason for mapping. If falls, accident or assault is selected then it will ask for the incident number which has been made a mandatory field and linked to safeguard. Also, if PMVA is selected the type of restraint will be prompted. PMVA holds have been added which now line up with the incident reporting system.</li> <li>Going forward evidence from Groups is being sought that body</li> </ul>

	<p>mapping work/audit has been taken to the Quality Standards meetings.</p> <ul style="list-style-type: none"> <li>• Awaiting further update from Safer Care regarding IR1 form prompting for body mapping when Rapid Tranquilisation intervention has occurred.</li> <li>• Re-audit to commence during Quarter 4.</li> </ul>
<p>CYPS wards Year: 2020 Org: CNTW</p>	<ul style="list-style-type: none"> <li>• Monthly de-brief meetings set up, all ward managers and clinical managers attend and will be expanded out to the full multi-disciplinary team.</li> <li>• All wards are now using an end of day debrief form which will capture the smaller incidents, more significant incidents such as PMVA / MRE / Seclusion / assaults and will be picked up by the staff member allocated on the de-brief rota. Team files with documentation and the rota set up.</li> <li>• Next de-brief meeting for multi-disciplinary team to attend and buy in to the new debrief rota.</li> </ul>
<p>LDA wards Year: 2022 Org: CNTW</p>	<ul style="list-style-type: none"> <li>• There has been some slippage with the opening of Sycamore. New build will be operational by 30 April 2023.</li> <li>• Continue to roll out of training and awareness regarding HOPE's model.</li> </ul>
<p>LDA wards Year: 2022 Org: CNTW</p>	<ul style="list-style-type: none"> <li>• Safety Pods deployed across LDA wards.</li> <li>• HOPEs targeted support provided to Mitford and Rose Lodge.</li> <li>• National HOPEs team support to Mitford.</li> <li>• Positive and Safe Team working closely with PMVA team to enhance the use of Safety Pods.</li> <li>• Ongoing monitoring and support provided by Positive and Safe team.</li> </ul>

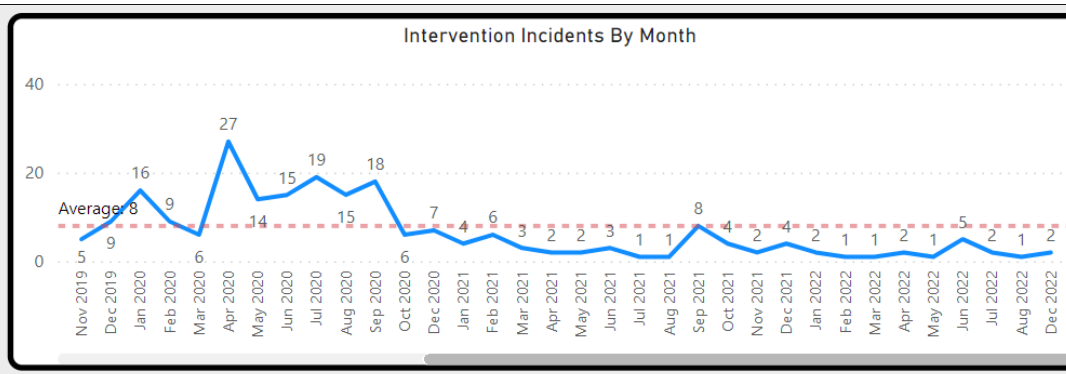
### Evidence of Impact

Prone use across Learning Disability and Autism wards:



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 November 2022, 100% of staff and patient debriefs were completed.
- **Lennox**  
In November 2022, 100% of staff debriefs were completed. 92% patient debriefs were completed, 8% were offered but declined by patients.
- **Lotus**  
In December 2022, 12% of staff debriefs were completed, 88% were not completed. 6% of patient debriefs were declined by patients, 94% were not completed.
- **Riding**  
In December 2022, 58% of staff debriefs were completed, 42% were not completed. 14% of patient debriefs were completed, 13% lacked capacity, 9% were offered but were declined by patients, 64% were not completed.
- **Redburn**  
In December 2022, 44% of staff debriefs were completed, 56% were not completed. 27% of patient debriefs were completed, 49% lacked capacity, 9% were offered but were declined by patients, 15% were not completed.

There were no restrictive practice issues identified during MHA Reviewer visits during this quarter.

<b>Must Do Theme: (4) Appraisal and training</b>		<b>Ramona Duguid, Chief Operating Officer</b> <b>Supported by: Gail Bayes, Deputy Director, CNTW Academy Development</b>
<b>Planned timescale for closure: 31 March 2023</b>		<b>Status: Further action required to make improvements.</b>
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.	
LDA wards	The provider must ensure that staff complete their mandatory and	

Year: 2019 Org: CPFT	statutory training.
LDA wards Year: 2022 Org: CNTW	Staff did not receive training in learning disabilities or autism.
<b>Actions taken at Trust-wide level during Quarter 1 22/23 (April, May &amp; June):</b>	
<ul style="list-style-type: none"> <li>• Groups to monitor performance against agreed trajectories.</li> <li>• Safeguarding children and adults level 3 training has recommenced and the Academy are offering 150 places per week.</li> <li>• A relaxing of current Covid-19 related restrictions means that PMVA participants per course are able to increase from 8 to 12, increasing capacity.</li> <li>• 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.</li> <li>• The Academy are supporting 80+ phlebotomy supervisors and 20+ work based phlebotomy trainers to support locally delivered phlebotomy training.</li> <li>• The majority of essential training continues to be delivered by e-learning meaning there are unlimited places for staff to attend.</li> <li>• Mental Health Legislation training will continue to be delivered weekly via Teams with unlimited capacity.</li> </ul>	
<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>	
<ul style="list-style-type: none"> <li>• Groups to continue to monitor performance against agreed trajectories.</li> <li>• Additional dates for June, July and August were advertised for appraisal training</li> <li>• Quarter 1 actions will continue as above.</li> <li>• The Academy are recruiting a Lead Physical Health Skills Trainer to further support the physical health skills training agenda.</li> </ul>	
<b>Actions taken at Trust-wide level during Quarter 3 22/23 (October, November &amp; December):</b>	
<ul style="list-style-type: none"> <li>• Groups to monitor performance against agreed trajectories.</li> <li>• Following the addition of extra appraisal courses in Quarter 1 further sessions will be provided in Quarter 3 to meet demand.</li> <li>• Physical Health Skills Lead trainer has commenced with the Academy and additional resuscitation and phlebotomy courses have been offered.</li> <li>• The Academy has recruited an additional PMVA tutor to increase availability of courses it is envisaged they will start in November 2022.</li> </ul>	
<b>Actions taken at core service level during Quarter 2 22/23 (July, August &amp; September):</b>	
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>• Autism Core Capabilities and Learning Disability training now captured on Trust dashboard.</li> <li>• Training sessions have been set up and learning disability and autism inpatient areas will be given priority in the first instance to ensure high levels of compliance.</li> <li>• Conversations have also commenced in terms of how best to ensure that colleagues who work in the Trust via an agency can also access this training to ensure greater team ownership of the issues.</li> <li>• Training provision and compliance will be monitored throughout Quarter 3 to ensure that all trajectories (85% compliance by Quarter 4) are achieved.</li> </ul>

<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>	
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>• Further training dates have been organised during October (x10 Learning Disability Awareness session) and November (x14 Autism Core Capabilities training sessions).</li> <li>• Consider and agree approaches to ensure agency staff also undertake this training.</li> </ul>
<b>Planned actions to be taken Trust-wide during Quarter 4 22/23 (January, February &amp; March):</b>	
<ul style="list-style-type: none"> <li>• Continue to monitor compliance against planned training and appraisal trajectories.</li> <li>• Significant numbers of physical health skills training have been added to the Academy portfolio.</li> <li>• Additional PMVA tutor has joined the team and a Tutor Course is running from January which will give us an additional 12 tutors in clinical areas.</li> </ul>	
<b>Planned actions to be taken Trust-wide during Quarter 4 22/23 (January, February &amp; March):</b>	
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>• Continue to monitor compliance against the Learning Disability and Autism training programme for the specified wards and review progress against proposed trajectories and support innovative solutions where required.</li> <li>• Promote Learning Disability and Autism training programme within mainstream Adult Acute wards this quarter.</li> <li>• Work with staff agency providers to ensure that there is adequate provision of an acceptable Learning Disability and Autism training package for all agency staff.</li> </ul>
<b>Evidence of Impact:</b>	
<ul style="list-style-type: none"> <li>• Autism Core Capabilities training compliance: <ul style="list-style-type: none"> <li>○ North Cumbria Locality – 55% (September), 67% (December)</li> <li>○ North Locality – 2.7% (September), 41% (December)</li> <li>○ Central Locality – 40% (September), 66% (December)</li> <li>○ South Locality – 43% (September), 66% (December)</li> </ul> </li> <li>• Learning Disability Awareness training compliance: <ul style="list-style-type: none"> <li>○ North Cumbria Locality – 16% (September), 42% (December)</li> <li>○ North Locality – 16% (September), 45% (December)</li> <li>○ Central Locality – 46% (September), 74% (December)</li> <li>○ South Locality – 45% (September), 74% (December)</li> </ul> </li> <li>• The following training courses have met the agreed trajectories for Quarter 3: Fire, Health and Safety, Moving and Handling, Safeguarding Children Level 1, Safeguarding Children Level 3, Safeguarding Adults Level 1, Safeguarding Adults Level 3, Equality and Diversity, Hand Hygiene, Rapid Tranquilisation and Information Governance.</li> <li>• The following agreed trajectories for Quarter 3 have not been met in the North Cumbria Locality: Clinical Risk, Clinical Supervision Safeguarding Children Level 2, Safeguarding Adults Level 2, Medicines Management, MHCT Clustering, MHA/MCA/DOLS Combined, Seclusion and PMVA Breakaway.</li> <li>• The following agreed trajectories for Quarter 3 have not been met in the North</li> </ul>	

Locality: Clinical Supervision, Safeguarding Children Level 2, MHCT Clustering, MHA/MCA/DOLS Combined, Seclusion and PMVA Basic.

- The following agreed trajectories for Quarter 3 have not been met in the Central Locality: Clinical Supervision, MHCT Clustering, MHA/MCA/DOLS Combined and PMVA Breakaway.
- The following agreed trajectories for Quarter 3 have not been met in the South Locality: MHCT Clustering, MHA/MCA/DOLS Combined and PMVA Basic.
- Compliance against the agreed Quarter 3 trajectories has improved across most groups. The agreed trajectory was met in the South Locality Group.
  - North Cumbria Locality - 57% (September), 74% (December)
  - North Locality - 65% (September), 72% (December)
  - Central Locality - 64% (September), 73% (December)
  - South Locality - 74% (September), 81% (December)
  - Support and Corporate - 61% (September), 68% (December)

<b>Must Do Theme: (5) Clinical supervision</b>		<b>Lead: Dr Esther Cohen-Tovee, Director of AHPs &amp; Psychological Services</b>
<b>Planned timescale for closure: 31 March 2023</b>		<b>Status: Further action required to make improvements.</b>
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.	
LDA wards Year: 2019 Org: CPFT	The provider must ensure that all staff receive regular supervision.	
<b>Actions taken at Trust-wide level during Quarter 1 22/23 (April, May &amp; June):</b>		
<ul style="list-style-type: none"><li>• Groups to monitor performance against agreed trajectories.</li><li>• 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.</li><li>• 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.</li><li>• Actions from recent Serious Incidents to be discussed at the CSOG and the Policy and guidance strengthen if appropriate.</li><li>• Proposed redesigned clinical supervision approach for nurse bank to be discussed with Associate Nurse Directors (ANDs).</li></ul>		
<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>		
<ul style="list-style-type: none"><li>• 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.</li><li>• Clinical Supervision leads and CSOG representatives also needed for medical directorate and chief nurse directorate to support with improvements in those areas.</li></ul>		

<p>Representatives have been requested and nomination received for chief nurse directorate.</p> <ul style="list-style-type: none"> <li>• Wider implementation and evaluation of use of group supervision alternating with individual supervision in inpatient settings. Inpatient CBUs have been asked to trial this approach and feedback is awaited.</li> <li>• New build of clinical supervision recording into ESR to be considered as part of Trust ESR developments. Initial scoping meeting has taken place, including highlighting areas for improvement.</li> <li>• 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. This has been discussed at CSOG and policy amendments agreed, guidance from Trust IAPT services regarding caseload supervision is being reviewed to support this. Feedback was due at Trust Safety Group in September but this was postponed to November.</li> <li>• Implement changes for nurse bank clinical supervision recording system. Support for new approach needed through ANDs. Changes to the system have been implemented.</li> <li>• Informatics have highlighted queries arising regarding change of supervisor when line manager has changed, when staff member becomes bank only etc. Meeting has taken place to discuss these and options for system improvement. System improvements have been approved for implementation by CSOG Chair.</li> </ul>
<p><b>Actions taken at Trust-wide level during Quarter 3 22/23 (October, November &amp; December);</b></p> <ul style="list-style-type: none"> <li>• CSOG Chair raised at CQC Quality Compliance Group the need to address gaps in CBU representation. This has been completed and new representatives have been identified where required.</li> <li>• CSOG Chair followed up requests for clinical supervision lead and CSOG representative for medical directorate to support with improvements in those areas. Dr Hermarette Van Ben Bergh has been nominated.</li> <li>• Evaluation of use of group supervision alternating with individual supervision in inpatient settings has been completed, conclusion is that these sessions are valuable but are not an adequate replacement for one-to-one clinical supervision.</li> <li>• Support work on new build of clinical supervision recording in ESR continues however risks have been identified and escalated to Deputy Chief Nurse.</li> <li>• Policy amendment regarded caseload supervision and addition of guidance regarding good practice in caseload supervision and how to record this on RiO - proposed approach was presented at Trust Safety Group in November and supported, Policy amendments to be drafted in January 2023.</li> <li>• Produce communications regarding clinical supervision recording system changes and ensure FAQs are updated to be consistent – on hold pending ESR project issues being resolved.</li> </ul>
<p><b>Planned actions to be taken Trust-wide during Quarter 4 22/23 (January, February &amp; March):</b></p> <ul style="list-style-type: none"> <li>• Full Clinical Supervision Policy review including amendments and guidance regarding caseload supervision and how to record this on RiO.</li> <li>• Continue to engage in ESR recording project, may need to escalate risks to Business Delivery Group/Executive Directors.</li> <li>• Increase focus on quality and seek views from staff through survey/audit. Develop further guidance focused on quality.</li> </ul>

- Continue to share good practice across CBUs through CSOG.
- Prepare for re-audit of clinical supervision implementation.

#### **Evidence of Impact:**

Current position as at 31 December 2022 (Including improvement ✓ or deterioration from last quarter). Performance across all of the groups and Directorates is declining.

43% North Cumbria Group (Quarter 3 trajectory is 73%)

42% North Group (Quarter 3 trajectory is 77%)

43% Central Group (Quarter 3 trajectory is 80%)

56% South Group (Quarter 3 trajectory is 80%)

The Quarter 3 trajectory for the following support and corporate departments is 83%

36% Medical Directorate

6% Chief Nurse Directorate

62% ✓ Chief Operating Officer and Centralised AHP Services

40% Pharmacy

<b>Must Do Theme: (9) Environmental issues</b>		<b>Lead: Russell Patton, Deputy Chief Operating Officer, Paul McCabe, Director of Estates and Facilities &amp; Locality Group Directors</b>
		<b>Status:</b>
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.
<b>Planned timescale for closure: 30 December 2022 (31 August 2023)</b>		<b>Status:</b>
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.
<b>Planned timescale for closure: 30 December 2022 (28 February 2023)</b>		<b>Status:</b>
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.	To close following completion of works.

	The trust must ensure they take action in response to regulatory requirements and the findings of external bodies.	
<b>Planned timescale for closure: 31 March 2023</b>		<b>Status:</b>
LDA wards Year: 2022 Org: CNTW	There were issues with the environments on some of the wards.	To close following completion of works.
LDA wards Year: 2022 Org: CNTW	There was no nurse call alarm system on Cheviot, Lindisfarne, Tyne or Tweed wards.	To close following completion of works.
LDA wards Year: 2022 Org: CNTW	Three seclusion rooms did not meet the requirements which meant they were not fit for purpose.	To close following completion of works.
<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>		
Adult acute wards & MH crisis teams	Hadrian refurbishment work continued during Quarter 2 in addition to the planned repair work on Yewdale on 28 March 2022.	
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"><li>Significant level of engagement between senior operational managers and colleagues within NTW Solutions to address the identified environmental shortfalls.</li><li>A list of issues has been compiled and outstanding actions are being addressed within each area.</li><li>Progress against this work is considered on a fortnightly basis at the Learning Disability and Autism CQC Sub-group.</li><li>Progress will also be triangulated by considering the outcomes of the PLACE assessments which will commence during Quarter 3.</li></ul>	
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"><li>A full review of the Trust's nurse call systems has been undertaken.</li><li>For the small number of clinical areas that do not have integrated nurse call systems mitigation and assurances have been identified for each clinical area. This will be kept under regular review. Costings have been sourced for potential retro fits for each ward.</li></ul>	
LDA wards Year: 2022 Org: CNTW	<b>KDU:</b> Patients will be supported to access seclusion for short term use, if this needs to be extended this will be discussed at the first MDT and re-location considered. Secure CBU has a Seclusion Use Contingency Plan that enables decision making regarding availability of seclusion suites, updated daily.  <b>Tweed:</b> The policy requires staff to continually observe patients in seclusion, the preferred option is in person therefore staff will physically be present therefore, CCTV screen is not utilised on a regular basis. The viewing screen enables staff to view one or both suites therefore the relevant screen will be viewed and the other switched off to maintain privacy.	
<b>Actions taken at Trust-wide level during Quarter 3 22/23 (October, November &amp; December):</b>		
Adult acute wards & MH crisis teams	<b>Yewdale:</b> Work has begun that will see the ward refurbished one bedroom at a time. This takes one bedroom per week. Work is progressing on time following some initial delays. This work will include	

	<p>136 remedial works also. Outdoor space/courtyard will also have some work done by utilising charitable donation received some time ago and currently held in the SHINE fund.</p> <p><b>Hadrian:</b> Work continues on Hadrian refit. There are some complications being explored currently related to escalation of capital expenditure costs related to this work. This has been discussed at Executive Director meeting. Proposal was to refurbish entire 20 bed ward. Discussion around splitting ward into two 10 bed areas however escalating capital causes have indicated that a pause at 10 beds will be instigated whilst ongoing plans are revisited. Therefore Rowanwood will remain as a 10 bed acute ward for now. Further paper for Executive Directors is being prepared exploring the wider opportunities for Hadrian.</p>
LDA wards Year: 2022 Org: CNTW	<p>Completion of works to address environmental shortfalls during Quarter 3 and Quarter 4.</p> <ul style="list-style-type: none"> <li>Plans are being drawn up to look the feasibility of installing nurse call alarms systems across wards in the Trust that do not currently have them.</li> <li>Full programme of work will be developed and implemented according to clinical priorities.</li> </ul> <p><b>Tweed:</b> Request made to estates to re-locate the screens so that if the scenario of both suites having to be viewed privacy can be maintained. Estates have attended and reviewed the area.</p> <p><b>KDU:</b> New build will be operational circa March 2023.</p>
<b>Planned actions to be at Trust-wide during Quarter 4 22/23 (January, February &amp; March):</b>	
Adult acute wards Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>Hadrian works on the bedrooms will be completed and handed over in January 2023.</li> <li>The 2<sup>nd</sup> stage of work will then begin on the other half of the ward (functional areas like reception, office, and patient social and therapeutic spaces).</li> <li>Given the extent of these works Rowanwood will remain as a 10 bed acute ward for now.</li> </ul>
MH crisis teams Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>Refurbishment of bedrooms has been completed at Yewdale. This includes further work on a bedroom that suffered a leak having already been refurbished.</li> <li>The work on the 136 suite whilst largely completed remains unfinished as there are a few fixtures that estates are waiting to be delivered. The 136 suite is useable.</li> <li>Discussions have happened about the out-door space and quotes received with regard pressure wash, out-door beds being lowered, cladding and different fills.</li> </ul>
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>Continue to cross reference the available information obtained from PLACE visits, CERAs, MHA Reviewer visits, Peer Review visits to ensure that clinical environments are making a positive contribution towards care delivery.</li> <li>A base line assessment of any outstanding issues will be collated and highlighted for capital expenditure as we move into 2023/24.</li> </ul>



LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>• Prioritisation of these clinical areas and implementation plan taking into account re-provision and or retro fit has been developed.</li> <li>• Support the installation of agreed priority areas during Quarter 4 including Learning Disability and Autism wards and Older People's wards.</li> <li>• Continue to work with estates colleagues on dates and key milestones for 2023/24.</li> </ul>
LDA wards Year: 2022 Org: CNTW	<p><b>Tweed:</b></p> <ul style="list-style-type: none"> <li>• The viewing screen enables staff to view one or both suites therefore the relevant screen will be viewed and the other switched off to maintain privacy.</li> <li>• Service have explored alternative viewing point for the CCTV monitor.</li> <li>• Relocation of screens to be completed.</li> </ul> <p><b>KDU:</b> New build will be operational by 30 April 2023.</p>
<b>Evidence of Impact:</b>	
Trust Seclusion Policy (engagement and observation, reviews and decision making with patient views regarding care plan) Seclusion Contingency Plan Individualised Care Plan Completion of works	

<b>Must Do Theme: (11) Staffing levels</b>		<b>Themed Lead: Anthony Deery, Deputy Chief Nurse and Locality Group Directors</b>
<b>Planned timescale for closure: 31 March 2023</b>		<b>Status:</b>
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.	Closed by 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.	Closed by Board of Directors on 3 August 2022.
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.	Closed by Board of Directors on 3 August 2022.
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.
Rose Lodge Year: 2022 Org: CNTW	The service must ensure that the ward has enough suitably trained and qualified staff on each shift.	Further action required to make improvements.
<b>Planned timescale for closure: 31 October 2022 (30 April 2023)</b>		<b>Status:</b>
LDA wards Year: 2022 Org: CNTW	Cheviot ward did not have enough staff on shifts to meet the staffing requirements for enhanced observations.	Further action required to make improvements.
<b>Actions taken at a Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>		

<ul style="list-style-type: none"> <li>• 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.</li> <li>• The Trust will continue to facilitate the transfer of international recruits (both Nurses and Doctors).</li> <li>• The Trust will commence a pilot of MHOST (staffing acuity tool) across inpatient wards.</li> <li>• 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.</li> </ul>	
<b>Actions taken at core service level during Quarter 2 22/23 (July, August &amp; September):</b>	
Adult acute wards Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>• Rowanwood remains closed.</li> <li>• Hadrian 1 and 2 with decant to Rowanwood.</li> <li>• Continued recruitment of 10 x Band 5 / 6 and 7 x Band 3 at offer stage.</li> <li>• Attendance at Recruitment Fair in Glasgow (RCN Nursing).</li> <li>• Attendance at Recruitment event (Nursing Times)</li> <li>• Attendance at virtual recruitment event 10/12/22.</li> <li>• Attendance at Medical Conference with recruitment stand in Edinburgh (Medical).</li> <li>• Trust-wide Agency Control Meeting in Trust established.</li> <li>• Continued participation in Trust-wide Recruitment and Retention task force.</li> <li>• Cohort 1 International Nurses preceptorship complete.</li> <li>• Cohort 2 International Nurses moving to preceptorship.</li> </ul>
Rose Lodge Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>• Training compliance has increased with mandatory training and additional training across all areas. The improvement is reflected on the dashboards and locally held registers on the ward.</li> <li>• A clear supervision structure is visible with a contingency provision for unplanned leave within the supervision contract. This will ensure that timely supervision is provided, facilitating an opportunity to reflect on practice with the intention of learning, developing practice and providing high quality, safe care to patients.</li> <li>• Recruitment campaigns for Band 6, Band 5 and Band 3 are included in a rolling advert within the CBU these are advertised via NHS Jobs. The successful recruitment has taken place and the following staff are now in post. <ul style="list-style-type: none"> <li>○ Band 7 Occupational Therapist</li> <li>○ Band 7 Speech and Language Assistant</li> <li>○ Band 4 Occupational Therapy Assistant</li> <li>○ Band 4 Carer supporter</li> <li>○ Band 7 Night shift Coordinator</li> <li>○ Band 4 development posts</li> <li>○ Band 4 Carer Supporter</li> </ul> </li> </ul> <p>The following posts have been recruited into and are awaiting a start date and induction process</p> <ul style="list-style-type: none"> <li>○ Band 6 Occupational Therapist</li> <li>○ Band 4 Speech and Language Assistant</li> </ul>

	<ul style="list-style-type: none"> <li>○ Band 3 Exercise Therapist</li> <li>○ Band 3 Activity Co-ordinator</li> <li>• Rotation of staff took place to allow staff that have worked at Rose Lodge for a long time to change their base and work on alternative wards. The rotation addressed staff symptoms of emotional/physical exhaustion and feelings of reduction in job satisfaction (professional inefficacy). The rotation supported individual staff wellbeing and prevented the impact of 'staff burnout' on the wider community and Rose Lodge patients, carers and staff.</li> <li>• Shift pattern reviews continue within the clinical leadership team and aim to facilitate leadership across 7 days to support care coordination and consistency of care with care plans.</li> <li>• The Operational Support Manager has now been in post for a month, this has facilitated coordination of workforce support allowing the Ward Manager to focus on areas that impact the wider ward patient/carer experience.</li> <li>• Rose Lodge have a staff induction package in place for all new staff, this has been sustained for the last three months. This allows new staff to be supernumerary for their first full week at Rose Lodge, observing how care needs are met for individual patients and time to look through the care records, care plans, risk assessments and life histories. The induction allows greater depth of understanding and awareness of processes at Rose Lodge- staff attack system, body worn videos, clinical meeting and attendance in these to see how the flow of communication takes place.</li> </ul>
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>• Rota outlines funded establishment and staff requirements linked to individual engagement and observation care plans and the enhanced staff ratio.</li> <li>• Support given to Ward Manager to enable articulation of funded establishment, safer staffing and enhanced staffing.</li> <li>• Daily staff huddles take place to review staff allocation to address shortfalls.</li> <li>• Weekly review of agency use.</li> <li>• Review of enhanced care requirements at MDT.</li> <li>• Staff allocation sheet.</li> <li>• Planned Section 17 Leave on patients individualised activity planner.</li> </ul>
<b>Actions taken at core service level during Quarter 3 22/23 (October, November &amp; December):</b>	
Adult acute wards Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>• Rowanwood will remain closed.</li> <li>• Hadrian 1 and 2 with decant to Rowanwood will continue.</li> <li>• Cohort 3 International nurses pending start dates x 6 in December/January.</li> <li>• Other preceptees starting following graduation in September.</li> <li>• Further attendance at Recruitment fairs in Manchester and Dublin.</li> <li>• Continued attendance by locality at Trust-wide Agency Control Meeting.</li> <li>• Continued participation in Trust-wide Recruitment and Retention</li> </ul>

	<ul style="list-style-type: none"> <li>Task Force.</li> <li>MHOST to be embedded.</li> </ul>
Rose Lodge Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>Those actions listed in the Quarter 2 update in relation to training and recruitment continued to be implemented and embedded in the service. These actions and the full improvement plan continue to be monitored via the Quality Improvement Group on a weekly basis.</li> <li>Training based on percentage compliance via the dashboards remains low in some areas. A training plan is in place to address however increase in compliance is slower due to volume of staff and new starters.</li> <li>Continue with recruitment campaigns to fill the Band 3 Nursing Assistant posts with a total of 15 vacancies remaining.</li> </ul>
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>Continue with actions listed in Quarter 2 update.</li> <li>Define patient need linked to care/observation and risk plans.</li> <li>Continued staff recruitment.</li> </ul>
<b>Planned actions to be taken at core service level during Quarter 4 22/23 (January, February &amp; March):</b>	
Adult acute wards Year: 2019 Org: CPFT	<ul style="list-style-type: none"> <li>Rowanwood will remain closed.</li> <li>Hadrian 1 and 2 with decant to Rowanwood will continue.</li> <li>Cohort 3 International nurses have started.</li> <li>Ongoing recruitment and further attendance at Recruitment fairs will be planned,</li> <li>There will be some joint work with other NHS providers in Cumbria with regards recruitment.</li> <li>Continued attendance by locality at Trust-wide Agency Control Meeting. Agency reduction plans will continue.</li> <li>Continued participation in Trust-wide Recruitment and Retention Task Force.</li> <li>MHOST work will be ongoing.</li> <li>Cumbria recruitment ideas have need reviewed by Executive Directors and those that are possible will be discussed at first Locality Workforce meeting in 2023 to be operationalised.</li> </ul>
Rose Lodge Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>A bespoke recruitment campaign with current staff featured within a video to be completed in January 2023.</li> <li>Links with local universities established to support with the recruitment of Band 5 nurses.</li> </ul>
LDA wards Year: 2022 Org: CNTW	<ul style="list-style-type: none"> <li>Continue with actions provided in Quarter 2 and 3 updates.</li> <li>Define patient need linked to care/observation and risk plans.</li> <li>Continued staff recruitment.</li> <li>Staff to be identified for allocation to Alwinton (Cheviot, Lindisfarne equivalent in new MSU).</li> </ul>
<b>Evidence of Impact:</b>	
<ul style="list-style-type: none"> <li>Vacancy levels – reduction in the number of vacancies in particular at B3, B5 and B6 level.</li> <li>Safer Staffing reports will show a reduction in exceptional fill rates for qualified staff.</li> <li>Allocation sheet.</li> <li>Daily huddle minutes</li> <li>Activity planner.</li> <li>Improved mandatory training compliance.</li> </ul>	

- Improved appraisal compliance.
- Improved supervision compliance.

<b>Must Do Theme: (12) Physical health and Rapid tranquilisation</b>		<b>Lead: David Muir, Group Director</b>
<b>Planned timescale for closure: 31 December 2022 (30 June 2023)</b>		<b>Status: Further action required to make improvements.</b>
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]	
LDA 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.	
<b>Actions taken at a Trust-wide level during Quarter 1 22/23 (April, May &amp; June):</b>		
<ul style="list-style-type: none"><li>• Paper with outline process to enable agency access to RiO considered at Business Delivery Group on 12 April 2022.</li><li>• Audit findings were cascaded via CQC Inspection Steering Group, CQC Quality Compliance Group and Physical Health Care Group during Quarter 1.</li><li>• Audit data analysis and formulation of action plan completed.</li><li>• 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.</li></ul>		
<b>Actions taken at a Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>		
<ul style="list-style-type: none"><li>• Working Group expanded to accommodate body map work.</li><li>• Clinical Effectiveness Committee approved audit results on 10 June 2022. Ongoing actions continue from previous audit CA-21-2002 as well as two new actions to be addressed.</li><li>• Daily Rapid Tranquilisation Checklist was approved by the Rapid Tranquilisation Audit Group in January 2022 and circulated via CAS safety alert in February 2022. Inpatient areas to continue using the checklist for all Rapid Tranquilisation incidents to ensure identified actions are addressed and monitored.</li><li>• Audit findings have been cascaded though Quality Standards Groups and CQC Quality Compliance Group.</li><li>• Task and Finish Group established for agency access.</li><li>• Training package complete and is being rolled out by localities.</li><li>• Wards identified to trial amendments on NEWS on two wards.</li></ul>		
<b>Actions taken at a Trust-wide level during Quarter 3 22/23 (October, November &amp; December):</b>		

- Working Group continued to meet during Quarter.
- Task and Finish Group for agency access work has been completed and reported back to Business Delivery Group and proposals have been accepted. Meeting will reconvene in New Year to operationalise.
- Locality roll out of training package continued during Quarter.
- 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. Policy review planned for 2023,
- Agree scope for next audit. Audit data collection completed during quarter.
- NEWS/Rapid Tranquilisation trial has been completed and rolled out.

**Planned actions to be taken Trust-wide during Quarter 4 22/23 (January, February & March):**

- Continued monitoring via Localities of the Rapid Tranquilisation monitoring form.
- Ongoing rollout of training across Localities to ensure compliance increases.
- Discussion with the Academy with regards holding the records of the training compliance.
- All adult wards now live with the Rapid Tranquilisation NEWS form. This will need continued monitoring to ensure embedded and for any further glitches to worked through by digital/informatics,
- PEWS to added onto RiO.
- Complete Rapid Tranquilisation audit and work through returns with feedback to Clinical Effectiveness Committee in April 2023.
- Rapid Tranquilisation Policy review.
- Agency access work completed and fed back to Business Delivery Group and accepted. There will be a focus in Quality Standard Groups to operationalise changes.

**Evidence of Impact:**

Findings from re-audit and NEWS/Rapid Tranquilisation trial during Quarter 3.

<b>Must Do Theme: (20) Management supervision</b>		<b>Lead: Lynne Shaw, Executive Director of Workforce and Organisational Development</b>
<b>Planned timescale for closure: 31 March 2023</b>		<b>Status: Process in place to record, focus now on delivering in line with trajectories.</b>
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].	
<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>		
Monitor against agreed trajectories.		
<b>Actions taken at Trust-wide level during Quarter 3 22/23 (October, November &amp; December):</b>		
Monitor against agreed trajectories.		
<b>Planned future actions at Trust-wide level during Quarter 4 22/23 (January, February &amp; March):</b>		
Continue to monitor against agreed trajectories.		

**Evidence of Impact:**

Current position as of 9 January 2023 (Including improvement ✓ or deterioration from last quarter):

58% North Cumbria Group (Quarter 3 trajectory is 73%)

54% North Group (Quarter 3 trajectory is 75%)

56% Central Group (Quarter 3 trajectory is 80%)

75% South Group (Quarter 3 trajectory is 85%)

The Quarter 3 trajectory for the following support and corporate departments is 85%

39% ✓ Chief Nurse Directorate

40% ✓ CEO Directorate

42% ✓ Deputy CEO Directorate

53% Medical Directorate

77% Commissioning & Quality Assurance Directorate

93% ✓ Provider Collaborative Directorate

73% ✓ Workforce Directorate

69% ✓ Chief Operating Officer Directorate

## CLOSED MUST DOS:

Must Do Theme: (1) Personalisation of care plans		Lead: Chloe Mann, Group Nurse Director
		Status:
Community LD 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.	Closed by Board of Directors on 3 August 2022.
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.	
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.	
Trust-wide	The work around personalisation of care planning to continue due to the repeated concerns and internal intelligence received during Quarter 3.	
<b>Actions taken at Trust-wide level during Quarter 2 22/23 (July, August &amp; September):</b>		
<ul style="list-style-type: none"><li>An electronic audit tool has been developed to make the audit tool more accessible for clinicians.</li><li>Completion of Trust-wide audit focusing on personalised care planning.</li></ul>		
<b>Actions taken at Trust-wide level during Quarter 3 22/23 (October, November &amp; December):</b>		
<ul style="list-style-type: none"><li>Full audit undertaken in September 2022 using the new personalised care plan audit of all services.</li><li>Data cleanse completed in October/November 2022.</li><li>Data analyses completed in November/December 2022.</li><li>Focus group with services users and carers from involvement bank to feedback themes which did not score well took place on 14 December 2022.</li><li>Continued to promote personalised care planning approach.</li></ul>		
<b>Planned future actions to be taken at Trust-wide level during Quarter 4 22/23 (January, February &amp; March):</b>		
<ul style="list-style-type: none"><li>Meeting to devise action plans with locality leads scheduled for 10 January 2023.</li><li>Full audit report due for sign off at Clinical Effectiveness Committee in March 2023.</li><li>Continue to roll out personalised care planning training for those staff members who have not yet received the training.</li><li>Specific Locality/CBU actions have been identified as follows: <u>Neuro &amp; Specialist and Community South CBUs</u><ul style="list-style-type: none"><li>Monthly care plan audits using personalised care plan audit tool and results discussed in supervision. Themes discussed in team meetings.</li><li>Training on local induction to cascade to new staff.</li><li>Regular discussion at local CQC meeting.</li><li>Programme of CQC peer reviews covering care plan audit.</li></ul></li></ul>		



#### North Inpatient CBU

- Weekly care plan audits/evaluations completed by band 6 staff and feedback to registered mental health nurses directly to support enhancing and developing their care plans. This is also addressed in monthly clinical supervision.
- Care plan clinics scheduled each Wednesday afternoon. These are run by specialist nurses and nurse consultants.
- On Alnmouth there has been some focused work around the band 7 socialist nurse working on all initial care plans with the patients during the 1st senior review after admission and then involving named nurses so they can have a hands-on coaching experience from more senior staff. Project is in its very early stages and awaiting evaluation.

#### Central Inpatient CBU

- Weekly completion of care plan audits.
- Lamesley completing a piece of work using a multi-disciplinary team approach to care planning with the support of the innovations team. Awaiting evaluation of project.
- Developed a proforma and guide for formulation of care plans to help aid teams to meet the necessary requirements.
- Regular discussion at Locality Quality Standards and CBU Quality Standards meetings.

#### Specialist Children and Young Peoples CBU

- Continue to deliver Trust's care planning training package.
- Service has developed a booklet for named nurses to complete with patients from admission and throughout their hospital stay. This allows staff to seek information from patients to develop collaborative care plans.
- Staff work with young people to ensure that care plans are service user friendly and are adapted for those with any communication difficulties.
- Clinical nurse leads are responsible for completing audits on care plans however, a specialist nurse on Riding ward completes a separate audit each month to pick up any other actions and these are discussed with staff during supervision.

#### South Inpatient CBU

- Care plans are audited/quality reviewed each month and care plan/named nurse data is discussed with named nurse in clinical supervision. The data is also collated at ward level with regards to themes and discussed within the teams.
- A yearly peer review audit is carried out and the results are collated into a CBU report.
- In addition, if any issues are raised outside of this by internal or external scrutiny this would prompt a review. This in recent months has consisted of local after action reviews, serious incidents, peer review visits, quality network visits, MHA reviewer visits, CQC inspection, ICB reviews, local authority/internal safeguarding, police and solicitors.
- Clinical managers review care plan themes as part of ward manager supervision.
- Personalised care plan audits and themes are a standard agenda item in quarterly inpatient clinical standards.
- Personalised care plan training was cascaded to all wards, with the recording to start with giving a good summary and introduction.
- Personalised care plan training was on the preceptee locality induction and

<p>evaluated with both the standardised package and animation.</p> <ul style="list-style-type: none"> <li>○ Live audits that are ongoing and discussed in Quality Standards meetings.</li> </ul> <p><u>North Cumbria Inpatient CBU</u></p> <ul style="list-style-type: none"> <li>○ Inpatient Matron and Clinical Nurse Specialist share complete overview of care planning.</li> <li>○ Each ward has a Care Plan Champion (Specialist Nurse/Band 6 Clinical Lead) responsible for auditing and additional work around quality improvement (currently awaiting Academy to confirm Train the Trainer dates).</li> <li>○ 10 care plans are audited monthly using Trust-wide audit tool, results are fed back to named nurse via clinical supervision facilitated by Specialist Nurse/Clinical Leads.</li> <li>○ Results of monthly audits are collated per ward and shared for quality assurance and against CQC Inspection statements at monthly clinical huddle.</li> <li>○ All clinical staff encouraged to attend care plan monthly training facilitated by Nurse Consultants (Register in place for compliance).</li> <li>○ Preceptee's receiving care plan training as standardised in new Preceptorship Accreditation Programme.</li> </ul>
<b>Evidence of Impact:</b>
<ul style="list-style-type: none"> <li>• Findings from re-audit.</li> <li>• The metric for the number of current service users who have discussed their care plan remains similar to the Quarter 2 position: <ul style="list-style-type: none"> <li>○ North Cumbria Locality – 84% (September), 88% (December)</li> <li>○ North Locality – 96% (September), 97% (December)</li> <li>○ Central Locality – 92% (September), 93% (December)</li> <li>○ South Locality – 93% (September), 93% (December)</li> </ul> </li> <li>• Care planning issues were identified in all 5 visits undertaken during Quarter 3.</li> </ul>

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:		
One blanket restriction was identified during a MHA reviewer visit this quarter.		

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	Closed by Board of Directors on 5 August

	assurance framework.	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.	
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"><li>• Cycle of risk register review through Trust Leadership Team.</li><li>• Review and update of Risk Management Strategy received by Board in November 2020.</li><li>• Board Development session in February 2021 to review risks, identify any emerging risks to be added to BAF, review risk appetite categories and scoring.</li><li>• Development of future Strategy proposed.</li><li>• Risk Management Strategy to be taken to February Board meeting.</li></ul>		

<b>Must Do Theme: (7) Documentation of Consent and Capacity</b>		<b>Lead: Bruce Owen</b>
		<b>Status:</b>
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.	Closed by Board of Directors on 3 August 2022.
<b>Evidence of Impact:</b>		
One issue was identified during a MHA reviewer visit this quarter.		

<b>Must Do Theme: (8) Collecting and acting on feedback from service users and carers</b>		<b>Lead: Allan Fairlamb, Head of Commissioning &amp; Quality Assurance</b>
		<b>Status:</b>
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.
<b>Evidence of Impact:</b>		
Quarterly report to Board on patient feedback.		

<b>Must Do Theme: (10) Risk assessment and record management</b>		<b>Lead: David Muir, Group Director</b>
		<b>Status:</b>
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.	Closed by Board of Directors on 3 August 2022.
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.	
MH crisis teams	The trust must ensure systems and processes are established to maintain the records of each patient	

Year: 2019 Org: CPFT	accurately, completely and contemporaneously.	
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>CPA service users with a risk assessment undertaken/reviewed in the last 12 months at Quarter 3: <ul style="list-style-type: none"> <li>North Cumbria Locality – 54% (September), 90% (December)</li> <li>North Locality – 94% (September), 97% (December)</li> <li>Central Locality – 90% (September), 95% (December)</li> <li>South Locality – 93% (September), 97% (December)</li> </ul> </li> <li>Service users with identified risks who have at least a 12 monthly crisis and contingency plan at Quarter 3: <ul style="list-style-type: none"> <li>North Cumbria Locality – 85% (September), 83% (December)</li> <li>North Locality – 93% (September), 94% (December)</li> <li>Central Locality – 92% (September), 92% (December)</li> <li>South Locality – 95% (September), 94% (December)</li> </ul> </li> <li>Clinical risk and suicide prevention training standards at Quarter 3: <ul style="list-style-type: none"> <li>North Cumbria Locality – 67% (September), 77% (December)</li> <li>North Locality – 70% (September), 80% (December)</li> <li>Central Locality – 67% (September), 79% (December)</li> <li>South Locality – 72% (September), 83% (December)</li> </ul> </li> </ul>		
No concerns have been identified from MHA reviewer visits undertaken this quarter.		

<b>Must Do Theme: (14) Staff engagement</b>		<b>Lead: Elaine Fletcher, Group Nurse Director</b>
		<b>Status:</b>
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.	Closed by Board of Directors on 3 August 2022.
<b>Evidence of Impact:</b>		
Results of re-audit during Quarter 3 2022/23.		

<b>Must Do Theme: (15) Medicines Management</b>		<b>Lead: Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer</b>
		<b>Status:</b>
LDA 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.
<b>Evidence of Impact:</b>		
Results of re-audit during Quarter 3 2022/23.		

<b>Must Do Theme: (16) Nurse Call</b>	<b>Lead: Russell Patton, Deputy Chief</b>
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Systems		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.
<b>Evidence of Impact:</b>		
Assurance of completion of work.		

Must Do Theme: (17) Bed Management		Lead: Andy Airey, Group Director
		Status:
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.	Closed by Board of Directors on 3 August 2022.
<b>Evidence of Impact:</b>		
<p>The number of OAP days during Quarter 3 has decreased to 1,330 relating to 54 patients.</p> <ul style="list-style-type: none"> <li>• Sunderland – 235 (September), 217 (December)</li> <li>• South Tyneside – 178 (September), 41 (December)</li> <li>• Newcastle Gateshead – 479 (September), 410 (December)</li> <li>• Northumberland – 295 (September), 281 (December)</li> <li>• North Tyneside – 158 (September), 28 (December)</li> <li>• North Cumbria – 415 (September), 353 (December)</li> </ul>		

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.
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>• Compliance with Section 17 leave expiry dates continues to improve.</li> <li>• One issue was raised during a MHA reviewer visit undertaken this quarter.</li> </ul>		

Must Do Theme: (19) Clinical audits		Lead: Dr Kedar Kale, Group Medical Director
		Status:
LDA 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.
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>• Locality and Trust-wide governance structures.</li> <li>• Locality cycle of meetings.</li> <li>• Locality tracker.</li> </ul>		



# 17. Board Assurance Framework and Corporate Risk Register update (Q3)

Speaker: Debbie Henderson, Director of Communications and Corporate Affairs

verbal update

References:

- 17a. BoD - BAF-Risk Report - Q3 22-23 DH cover report FINAL.pdf
- 17b. BoD BAF - Appendix 1 Risk Appetite.pdf
- 17c. BoD BAF - Appendix 2 BAF-CRR Risk Register Q3 22-23.pdf
- 17d. BoD BAF - Appendix 3 TW Risk Report - Q3 22-23.pdf
- 17e. BoD BAF - Appendix 4 - TW RM Internal Audit - Q3 22-23.pdf
- 17f. BoD BAF - Appendix 5 - TW RM Clinical Audit - Q3 22-23.pdf
- 17g. BoD BAF - Appendix 6 - BAF Risk changes 2022-2023.pdf

## Report to the Board of Directors Meeting

**Wednesday 1 February 2023**

<b>Title of report</b>	Board Assurance Framework (BAF) Exception Report
<b>Purpose of the report</b>	For information, discussion, and assurance
<b>Executive Lead</b>	Debbie Henderson, Director of Communications and Corporate Affairs
<b>Report author(s) (if different from above)</b>	Yvonne Newby, Risk Management Lead

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	×
Audit	×
Mental Health Legislation	×
People Committee	×
Resource and Business Assurance	×
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	×

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
<b>Mental Health Legislation Sub Committee</b> <b>SA5</b> The Trust Will Be The Centre Of Excellence For Mental Health And Disability <b>Risk 1691</b> 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. SA5.



Board Assurance Framework/Corporate Risk Register risks this paper relates to
<p><b>Quality and Performance Sub Committee</b></p> <p><b>SA1</b> Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing.</p> <p><b>Risk 1683</b> There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands. SA1.4</p> <p><b>SA5</b> The Trust Will Be The Centre Of Excellence For Mental Health And Disability.</p> <p><b>Risk 1688</b> Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. SA5</p> <p><b>SA4</b> The Trust's Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Use Them.</p> <p><b>Risk 1836</b> A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. (SA4)</p>

Board Assurance Framework/Corporate Risk Register risks this paper relates to
<p><b>Resource and Business Assurance Sub Committee</b></p> <p><b>SA6</b> The Trust Will Be Regarded As A Great Place To Work.</p> <p><b>SA1</b> Working together with service users and carers we will provide excellent care Supporting people on their personal journey to wellbeing.</p> <p><b>Risk 1680</b> If the Trust were to acquire service level and additional geographical areas this could have a detrimental impact on CNTW as an organisation. SA1.10</p> <p><b>SA4</b> The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.</p> <p><b>Risk 1687:</b> That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme. SA4.2</p> <p><b>SA1</b> Working together with service users and carers we will provide excellent care Supporting people on their personal journey to wellbeing.</p> <p><b>Risk 1762</b> Restrictions in Capital expenditure due to national limits and the Trusts own cash availability may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1)</p> <p><b>SA4</b> The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.</p> <p><b>Risk 1853</b> The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4)</p>

Board Assurance Framework/Corporate Risk Register risks this paper relates to
<p><b>Provider Collaborative Sub Committee</b></p> <p><b>SA4</b> The Trust's Mental Health And Disability Services Will Be Sustainable And deliver Real Value To The People Who Use Them.</p> <p><b>Risk 1831</b> Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users SA4</p> <p><b>SA3</b> Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be</p>

“Joined Up”.

**SA2** With People Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.

**Risk 2041:** Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. SA3.2

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

**People Committee**

**SA5** The Trust Will Be The Centre Of Excellence For Mental Health And Disability

**SA6** The Trust Will Be Regarded As A Great Place To Work.

**Risks 1694**

Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high-class services. (SA5.9) & (SA6)

**SA2** With People, Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.

**SA.4** The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them

**Risk 1852**

There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) & (SA4)

## Report to the Board of Directors Meeting Wednesday 1 February 2023

### Board Assurance Framework and Corporate Risk Register

#### 1. Executive Summary

The Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF.
- A detailed description of any changes made to the BAF.
- A detailed description of any BAF reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1**.
- A copy of the BAF is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks exceeding the risk appetite, held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at end of December 2022 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level.
- A copy of Internal Audit Plan 2022/2023 as **appendix 4**.
- A copy of Clinical Audit Plan 2022/2023 as **appendix 5**.
- A copy of BAF risk register for 2022/2023 as **appendix 6**.

#### 2. Key issues, significant risks, and mitigations

As mentioned in the Quarter 2 report there is still an increase in risks being reported in Appendix 3 of this report. This is due to Web Risk being implemented at this level in line with our Risk Management Strategy. Training has been provided to support roll out at Ward and Department level. A report has been created which informs the Risk Management Lead of any new risks which have been added to the Web Risk Register within the last 7 days. This enables any quality issues to be identified and amended immediately. Six monthly Quality Risk Reports are being provided to each Locality to assist with quality issues associated with existing risks. The Group level/Corporate Risks that exceed the risk appetite will be reported in Appendix 3. Any risk exceeding the risk appetite at CBU level (Community, Inpatient, Access and Specialist Services) will be recorded as follows: -

- Risk Numbers
- Appetite Category
- When Risks were last reviewed within Trust Leadership Team (TLT)
- When Risks will next be reviewed within Trust Leadership Team (TLT)

With the increase of risks now being recorded on the Web Risk System it would not be practicable to include them individually in this report. If any Board Member would like a detailed account of any risk listed in the report at CBU level or has any queries concerning a risk, please do not hesitate to contact the Risk Management Lead.

### **3. Recommendation/summary**

#### **Recommendation**

The Trust Board are asked to:

- Note the changes and approve the BAF.
- Retrospectively approve the transfer of risks outlined in 1.5 from Lisa Quinn to Kevin Scollay, Executive Director of Finance.
- Note the three risks with a residual risk score of 20 (detail provided in section 1.6)
- Note the request for a Board-level of the Board Assurance Framework in the coming months (detail provided in section 1.6)
- Note the summary of risks exceeding the risk appetite in the Locality Care Groups/Corporate Directorate risk registers.
- Provide any comments of feedback.

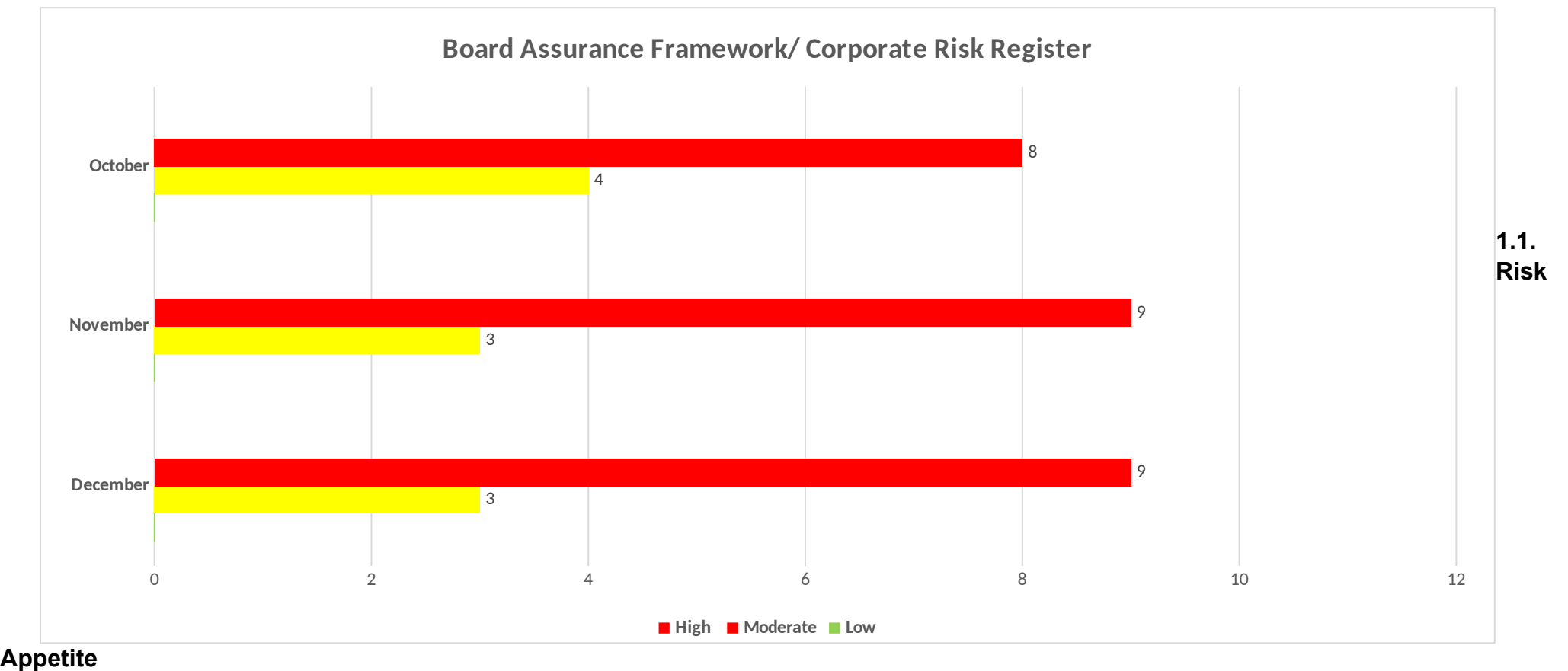
Executive Lead: Debbie Henderson, Director of Communications and Corporate Affairs

Report author: Yvonne Newby, Risk Management Lead

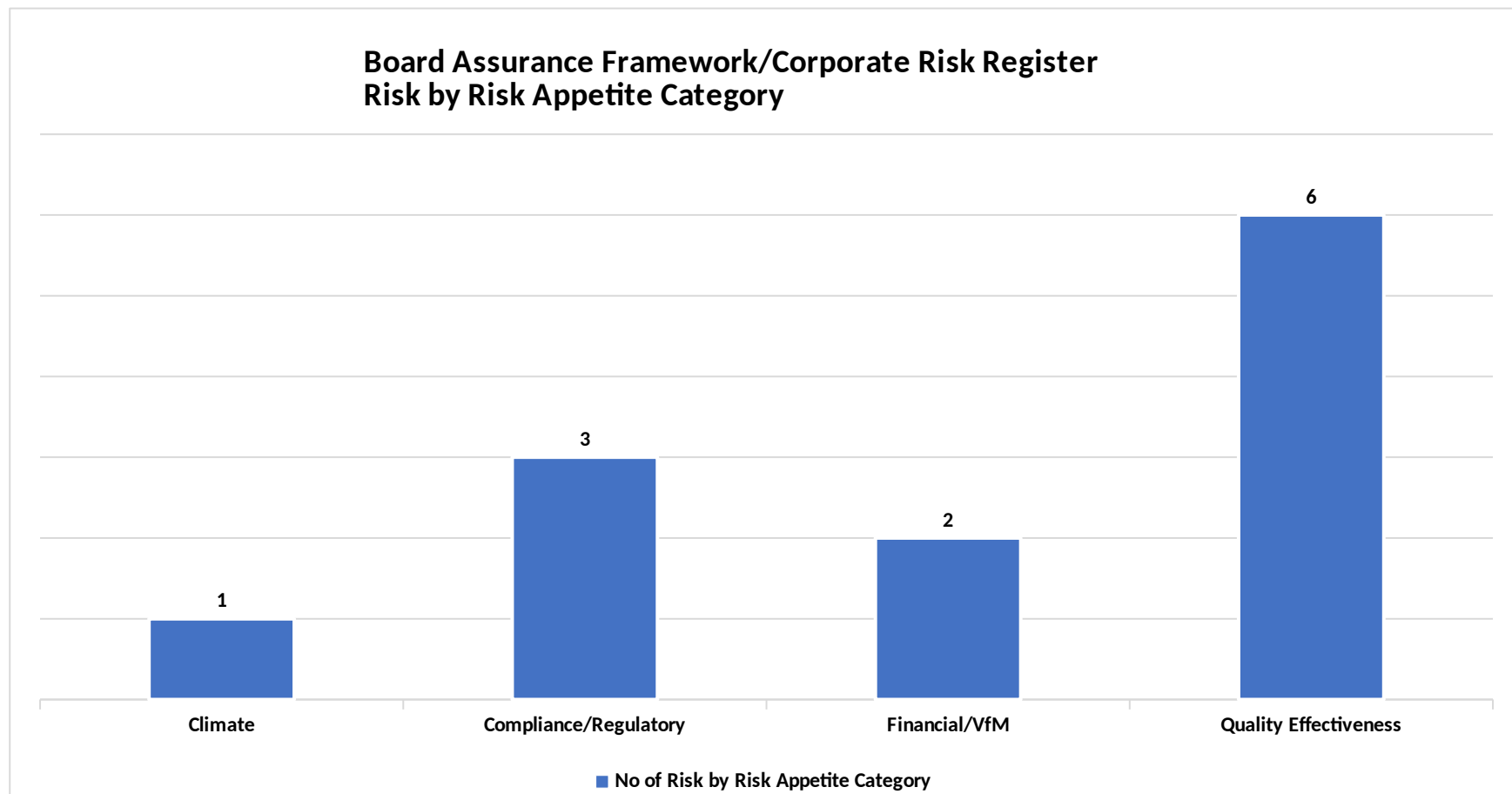
Date: 26 January 2023

1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at end of December 2022. In Quarter 3 there are 12 risks on the BAF.

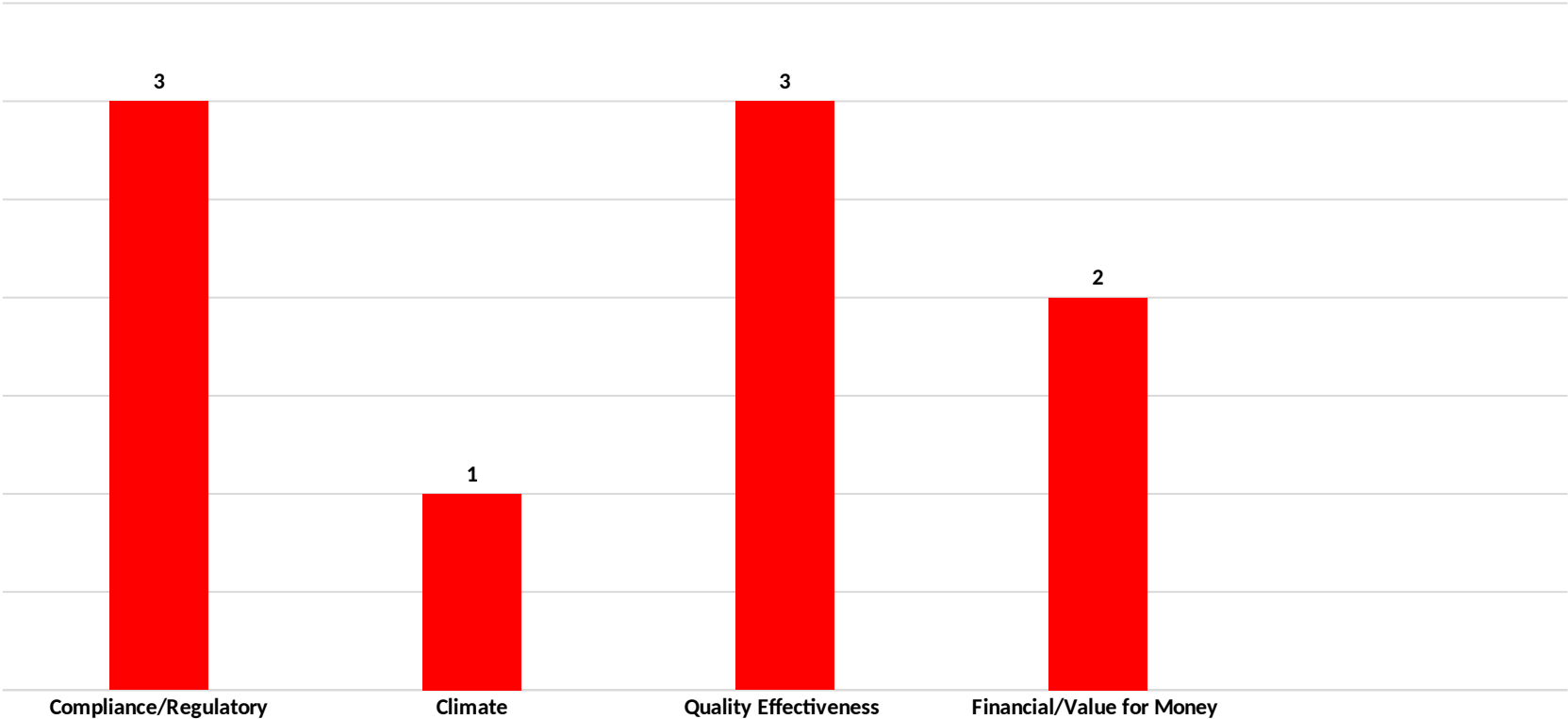


Risk appetite was implemented throughout the Board Assurance Framework in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (6) which is defined as risks that may compromise the delivery of outcomes.



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 12 risks on the BAF and 9 risks which have exceeded a risk appetite tolerance. The table below shows all BAF/CRR risks which have exceeded the risk appetite in Q3.

**Board Assurance Framework/Corporate Risk Register Risks which have exceeded the Risk Appetite**

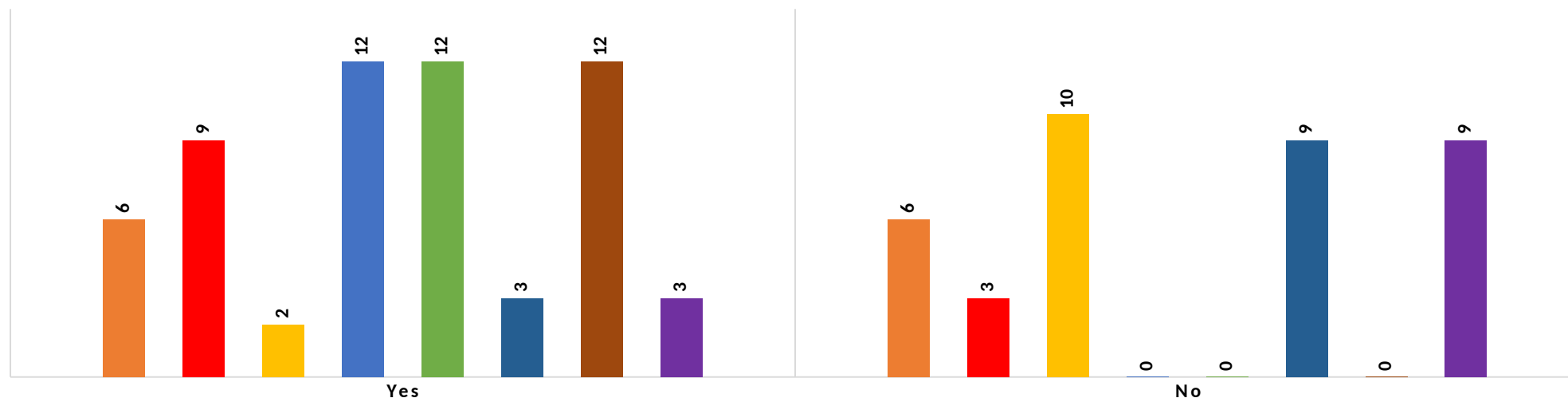


**1.2. Amendments to BAF**

The chart below gives a breakdown of the changes to BAF risk register in Q3.

## Changes to BAF risks for Q3 - 2022-23

■ Changes to risks i.e. Description, Ownership ■ Risks exceeded a risk appetite ■ Risk scores changed  
■ Risk actions progressed ■ Actions have a timescale ■ New Assurances added  
■ Risks reviewed in a timely manner ■ Risks already within appetite or have date to be mitigated.



A detailed description of each BAF risk which has **exceeded a risk appetite** can be found below. Action plans are in place to ensure these risks are managed effectively.

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1691 SA5	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. SA5 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	Rajesh Nadkarni	Compliance/Regulatory 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
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1683 SA1	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands. SA1 Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing.	Ramona Duguid	Quality Effectiveness 6-10 Residual score 16
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Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1688 SA5	Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. SA5 The Trust will be the centre of excellence for Mental Health and Disability	Kevin Scollay	Quality Effectiveness 6-10 Residual score 20

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1836 SA4	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them	Ramona Duguid	Quality Effectiveness 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1680 SA6 & SA1	If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. SA6 & SA1.10 SA6 The Trust will Be Regarded As A Great Place To Work. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	Kevin Scollay	Compliance/Regulatory 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1687	That we do not manage our resources effectively in the transition from COVID	Kevin Scollay	Financial/Value for

SA4	planning to ongoing sustainability and delivery of our key programmes. SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them		Money 12-16 Residual score 20
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Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1853 SA4	The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. SA4 The Trust's Mental Health and Disability Services Will Be Sustainable and Deliver Real Value to the People Who Use Them.	James Duncan	Climate & Ecological Sustainability 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1694 SA5 & SA6	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high-class services. SA5 The Trust will be the centre of excellence for Mental Health and Disability SA6 The Trust Will Be Regarded As a Great Place to Work	Ramona Duguid	Quality Effectiveness 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1762 SA1	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	Kevin Scollay	Financial/Value for Money 12-16 Residual score 20

A detailed description of each BAF risk which are **within a risk appetite** can be found below. Action plans are in place to ensure these risks are managed effectively.

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1852 SA2 & SA4	<p>There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients.</p> <p>SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention and Resilience.</p> <p>SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.</p>	Gary O'Hare	<p>Quality Effectiveness 6-10</p> <p>Residual score 8</p>

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1831 SA4	<p>Due to the failure of third-party providers, there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users.</p> <p>SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.</p>	Kevin Scollay	<p>Quality Effectiveness 6-10</p> <p>Residual score 9</p>

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
2041 SA3 & SA2	<p>Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services</p> <p>SA3.2 Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up".</p> <p>SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention And Resilience.</p>	Kevin Scollay	<p>Quality Effectiveness 6-10</p> <p>Residual score 8</p>

### 1.3. Risk Escalations to the BAF/CRR

There have been no risks escalated to the BAF in the quarter.

#### 1.4. Risks to be de-escalated

There have been no risks de-escalated to the BAF in the quarter.

#### 1.5. Transfer of BAF risk responsible officer

Board of Directors are asked to approve the following changes to the risks listed below. The risks sat with the Executive Director of Commissioning & Quality Assurance have been migrated over to the **Executive Director of Finance, Kevin Scollay**, from the 3 November 2022.

- 1680 If the Trust were to acquire service level and additional geographical areas this could have a detrimental impact on CNTW as an organisation
- 1687 That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme
- 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements
- 1762 Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments
- 1831 Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users
- 2041 Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services

#### 1.6 Items for Board escalation and emerging issues

Following discussion and review of the current BAF risks through the Board Sub-Committee structures in January, the Board should note that three risks are currently exceeding the Trust Risk Appetite at a score of 20 as follows:

1688	Due to the compliance standards set from NHI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements
1687	That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes

1762	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments
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The Quality and Performance Committee supported consideration of an additional risk relating to the risk of the impact of national media coverage and regulatory action on mental health and disability services across the country, and the associated risks to access to services because of damage to public confidence. The Audit Committee also supported consideration of an additional risk in relation to the Trust's governance framework given the current internal governance review and changes to national regulation relating to governance.

A discussion took place regarding the need to undertake a Board-level review of the Board Assurance Framework in its entirety to sense check the current risks in terms of the changing internal and external NHS landscape, the appropriateness and relevance of the current risk descriptors and associate levels of assurance and any gaps in the identification of Board level risks for the organisation. It is proposed that the Board allocate dedicated time at a future Board development session to undertake this review.

### **1.7. Risk Management Internal Audit**

AuditOne will be commencing an audit of CNTW Risk Management and BAF in February 2023. The review last year provided good assurance, and for risk management, they provided assurance on the roll out of the Safeguarding Web Risk Reporting System to wards and departments. Risk Management Lead and Director of Communications and Corporate Affairs will be meeting with AuditOne in January 2023, to establish what assurance we would like on risk management for this review.

### Select a risk appetite category based on the impact of your identified risk

<b>Risk Appetite Statement</b>		
<p>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners. As such, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust will not accept risks that materially provide a negative impact on quality (safety, experience and effectiveness).</p> <p>However, CNTW has a greater appetite to take considered risks in terms of their impact on organisational issues. CNTW has a greater appetite to pursue Commercial opportunities, partnerships, clinical innovation, Financial/Value for Money and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated and/or it is in the best interests of the population we serve.</p>		
<b>Category</b>	<b>Risk Appetite</b>	<b>Risk Appetite Score</b>
Clinical Innovation	CNTW has a <b>MODERATE</b> risk appetite for Clinical Innovation that does not compromise quality of care.	<b>12-16</b>
Commercial	CNTW has a <b>HIGH</b> risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	<b>20-25</b>
Compliance/Regulatory	CNTW has a <b>LOW</b> risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	<b>6-10</b>
Financial/Value for money	CNTW has a <b>MODERATE</b> risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	<b>12-16</b>
Partnerships, including new system working (ICS, ICP and PLACE)	CNTW has a <b>HIGH</b> risk appetite for partnerships which may support and benefit the people we serve.	<b>20-25</b>
Reputation	CNTW has a <b>MODERATE</b> risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	<b>12-16</b>
Quality Effectiveness	CNTW has a <b>LOW</b> risk appetite for risk that may compromise the delivery of outcomes for our service users.	<b>6-10</b>
Quality Experience	CNTW has a <b>LOW</b> risk appetite for risks that may affect the experience of our service users.	<b>6-10</b>
Quality Safety	CNTW has a <b>LOW</b> risk appetite for risks that may compromise safety.	<b>6-10</b>
Climate and Ecological Sustainability	CNTW has a <b>LOW</b> risk appetite for risks that may result in the harming of the environment which could lead to harm to the health and safety of the service users, carers and staff and the population we serve	<b>6-10</b>

# **BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER 2022-2023 Quarter 3**



## BAF Report



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

<b>Risk Description:</b> 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. SA5  SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	<b>Risk Rating:</b> Risk on identification (29/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<b>Likelihood</b> 3 3 2	<b>Impact</b> 4 4 4	<b>Score</b> 12 12 8	<b>Rating</b> Moderate Moderate Low (Yellow) Breach
		Compliance/Regulatory			
<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk)</b>			
1 Integrated Governance Framework	1 Independent review of governance	● Final Internal Audit report CNTW-2021-22/02 Governance Arrangements LTSP - Assurance rating - Reasonable some moderate remedial action required.			
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW181957 Compliance review of MHA Rights - Good Level - Feb 19	● Improvement review of MHA Training: Q1 - Q4 22/23 Updated figures from Training Dashboard -  Q1 22/23 - 56.3% snapshot Q2 22/23 - 60.1% snapshot Q3 22/23 - 65.7% snapshot			
3 Decision making framework	3 Decision making framework document				
4 Performance review/integrated performance reports	4 Reports to Board and sub committees				
5 Mental health legislation committee	5 Minutes of mental health legislation committee				
6 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	6 MHL Group papers and updates				
7 CQC MHA Reviewer session delivered at learning and development group in November 2018	7 Minutes and papers from Learning and Development Group	● Awaiting the Government response to the consultation to then know what changes will take effect within the Mental Health Legislation			
8 Internal Audit 18/19	8 NTW 2018/19/57 Compliance Review of MHA - Patient Rights. Good.				



## BAF Report

	NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial
2 Effectiveness of reporting on themes from MHA Reviewer visits	2 Mental Health Legislation Steering Group. CQC compliance Group will now review themes and this will be carried out monthly.
3 Regular review and monitoring of CQC themes raised with Groups at the Mental Health Steering Group and BDG	3 Mental Health Legislation Steering Group. CQC compliance Group will now review themes and this will be carried out monthly.
4 Mental Health Act Reform Consultation ended on 21 April and CNTW submitted their response to the proposed changes on 20 April 2021 to the Government	4 The Government published the response to Reforming the MHA in July 2021. Currently no implementation date and most likely a few years off due to Covid.
5 Working Task Sub Group to monitor remote assessments and support the digitalisation of the MHA -	5 Reported and monitored by IMG and BDG
6 At a glance boards.	6 Report will be used to monitor compliance with consent to treatment provisions within part 4a of the MHA.
7 Internal Audit CNTW 2021- 22/07 Performance Management report (SA5)	7 CNTW 2021- 22/07 Performance Management Report (SA5)
8 Supreme Court ruling in the MM case in 2018. Ability to discharge detained patients (managed by LD Clinical Services)	8 The High Court decision made on 09.11.21. Provides a legal mechanism to enable capable restricted patients who need to be deprived of their liberty in the community, to live in the community on extended section 17 leave even if

**Review/Comments:**






06/01/2023 - Yvonne Newby  
Q3 snapshot figure added.

**Review/Comments**

18.08.22 – Yvonne Newby  
Reviewed today. Actions 8248 completed and closed, 1155 and 5553 updated and new target dates set.

**Quality & Performance Committee**

## BAF Report

<b>Risk Description:</b>  There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands. SA1.4  SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	<b>Risk Rating:</b>  Risk on identification (15/03/2018):  Residual Risk (with current controls in place):  Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><th>Likelihood</th><th>Impact</th><th>Score</th><th>Rating</th></tr><tr><td>4</td><td>4</td><td>16</td><td>Moderate</td></tr><tr><td>4</td><td>4</td><td>16</td><td>Moderate</td></tr><tr><td>1</td><td>4</td><td>4</td><td>Very Low</td></tr><tr><td colspan="3">Quality Effectiveness</td><td>Breach</td></tr></table>	Likelihood	Impact	Score	Rating	4	4	16	Moderate	4	4	16	Moderate	1	4	4	Very Low	Quality Effectiveness			Breach
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Quality Effectiveness			Breach																			
<b>Controls &amp; Mitigation</b> <b>(what are we currently doing about the risk)</b>	<b>Assurances/ Evidence</b> <b>(how do we know we are making an impact)</b>	<b>Gaps in Controls</b> <b>(Further actions to achieve target risk)</b>																				
1 UEC and IP Programme of work refreshed and updated for 2022/23 deliverables	1 Monthly updates to BDG	 Staffing shortages continue to be challenging in key areas, thus impacting on consistent core MDT within ward teams.																				
2 Monthly BDG discussion on delivery and impact of UEC and IP programme	2 Daily admissions/patient flow dashboard now live	 Bed occupancy remains high with significant DTOC in older persons and learning disabilities.																				
3 Ward Manager forum established.	3 Improvement outcomes dashboard drafted to support impact of work.	 Crisis team capacity and input to look at overall alternatives to admission.																				
4 Inpatient essential staffing review commenced.	4 Report when review completed.	 Admission and Discharge policy drafted but not yet launched.																				
5 Daily safe staffing huddles in place	5 Emails detailing staffing issues.	 Regularly monitor bed availability, consider use of decant beds as a contingency, further work on the bed census to timely discharge. Where appropriate the greater use of rehabilitation beds																				
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report																					
7 Locality daily patient flow meetings remain in place with morning report out for all patients waiting for admission.	7 Emails																					

## BAF Report



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

1 Review of quality flags daily to prioritise clinical need.	1 Emails	to free up acute beds.
2 Weekly patient tracker meetings in place	2 Patient tracker	
3 Weekly DTOC and increased capacity for discharge implemented.	3 DTOC Report	

**Ref:** 1683v.27

**Risk Owner:** Ramona Duguid

**Next Review Date:** 31/03/2023

### Review/Comments:

30/12/2022 - Yvonne Newby  
Reviewed today. Actions updated and new target dates set.



## BAF Report

<b>Risk Description:</b> Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. SA 5  SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	<b>Risk Rating:</b> Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><th>Likelihood</th><th>Impact</th><th>Score</th><th>Rating</th></tr><tr><td>3</td><td>5</td><td>15</td><td>Moderate</td></tr><tr><td>4</td><td>5</td><td>20</td><td>High (Red)</td></tr><tr><td>1</td><td>5</td><td>5</td><td>Very Low</td></tr><tr><td colspan="3">Compliance/Regulatory</td><td>Breach</td></tr></table>	Likelihood	Impact	Score	Rating	3	5	15	Moderate	4	5	20	High (Red)	1	5	5	Very Low	Compliance/Regulatory			Breach
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<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk)</b>																				
1 Integrated Governance Framework	1 Independent review of Governance - amber/green rating	CA-22-079.01 Medication Summaries and Discharge Letters - moderate risk rating so the re-audit is due in Q3 2023/24 Dr Jonathan Richardson target date 31.12.22																				
2 Trust policies and procedures	2 Compliance with policy and procedures	Final report for audit CA-21-0036: Healthcare Records QMT audit. Minor areas of concerns.																				
3 Compliance with NICE	3 Internal Audit - rolling programme	CA-21-0002: Physical Health Monitoring following Rapid Tranquillisation moderate risk - areas of concern																				
4 CQC Compliance Group and Compliance Steering Group - re-started fortnightly	4 Reports and updates to board sub committees	CA-21-0001: Allied Health Professional (AHP) Continuing Professional Development (CPD) Audit 2021																				
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	CA-21-0023: The safe use of opiates within CNTW (PPT- PGN-18)																				
6 Accountability Framework - Quarterly meetings	6 Accountability Framework document																					
7 Regulatory framework of CQC NHSI	7 NTW18-19 - 19/05 CQC Internal Audit (well-led) - Process Substantial Assurance																					
8 Agreement of Quality Priorities	8 Monitored via reports/updates																					

## BAF Report

1 Monitoring of MHA Reviewer Visit actions and themes	1 MHA Reviewer Visit Database	● Monitor recovery plan through monthly Board development sessions next meeting 01.02.23.
2 Clinical Audit Report - CA-21-0010 Long-Term Segregation 2020-2021.	2 Clinical Audit final report - 10 September 2021	● Monitor recovery plan through monthly Board development sessions next meeting 01.03.23
3 CNTW 2021-22/07 Performance Management and Reporting internal audit. Substantial assurance	3 Final internal audit report CNTW 2021-22/07 - 6 December 2021.	● Final Report CA-20-006 (NCAP EIP) Actions identified in Clinical Audit report. CA-21-0031 NCAP EIP Re-Audit 2021-2022 low risk rating.
4 Clinical Audit Report CA - 18-0003 Clinical Supervision Audit. Good Practice	4 Clinical Audit final report - 1 April 2021	● Quarter 3 update against the annual plan, Trust Leadership Team (TLT).
5 Recovery Plan including a half year review.	5 Copy of recovery Plan	● CA-22-064.01 Adherence to ECTAS Standards on Time to Reorientation Post-ECT - moderate areas of concern.
		● To agree with Executives how this risk is realigned.
		● CA-21-0020: NICE (Implementation) QS95 & CG185 Psychological Therapy for Use with Bipolar Affective Disorder (BPAD) in a Large NHS Mental Health: Children & Young People's Services ONLY
		● Quarterly Review of compliance against standards through accountability framework - Quarter 3
		● Quarterly Review of compliance against standards through accountability framework - Quarter 4

Ref: 1688v.58

Risk Owner: Kevin Scollay

Next Review Date: 06/01/2023

### Review/Comments:

06/12/2022 - Kevin Scollay

Reviewed today. Actions 8242, 9318 and 9369 completed and closed. Action 9663 updated and new target date set.



## BAF Report

<b>Risk Description:</b> A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. (SA4)  SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them	<b>Risk Rating:</b> Risk on identification (01/06/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):	<b>Likelihood</b> 3 3 1	<b>Impact</b> 4 4 4	<b>Score</b> 12 12 4	<b>Rating</b> Moderate Moderate Very Low
	<b>Risk Appetite (the amount of Risk NTW will accept)</b>	Quality Effectiveness			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Trust oversight meeting in place to support mental health community transformation in line with NHS LTP.	1 Investment plans in place and agreed across local systems.	● System re-organisation and development of place based teams whilst achieving core offer across all of CNTW community services.
2 Locality leadership meetings with system partners established across place.	2 Increase in additional roles across PCNs and regular reporting into BDG on governance framework for new roles.	● Ability to balance recruitment to new roles whilst not destabilising core services.
3 PCN recruitment and additional roles in progress.	3 Report on access and waiting times challenges to BDG.	● Staff fragility and shortages within community teams affecting ability to invest in new roles and meet demand for existing care co-ordination.
4 Waiting times for community access reviewed monthly with focus on long waiters and challenged pathways in place.	4 Commissioning and QA report to Q&P.	● Ability to engage with other parts of the system to achieve LTP goals
5 Clinical Audit CA-19-0033 Caseload Management - Central Locality. Good Practice	5 Clinical Audit final report.	● Delivery of new access standards for community care.
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report	● Maturity of PCN and secondary care relationships.
7 BDG realigned to provide monthly oversight of CMHT	7 Commissioning and QA report to BDG and TLT.	● CA-22-071: Progress Note Framework Audit -

## BAF Report



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

delivery.	ARRS and Primary care governance framework to support current and new roles.	Moderate Concerns re-audit is due in Q3 23-24
2 CMHT deliverables for 22/23 realigned and updated to focus on core community model, delivering CPA changes and primary care interface & relationships.	2 CMHT deliverables for 22/23	

**Ref:** 1836v.19

**Risk Owner:** Ramona Duguid

**Next Review Date:** 31/03/2023

### Review/Comments:

30/12/2022 - Ramona Duguid  
Reviewed today. Actions updated and new target dates set. Action 8240 completed and closed.



## BAF Report



<b>Risk Description:</b> If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. SA6 & SA1.10  SA6 The Trust will Be Regarded As A Great Place To Work. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	<b>Risk Rating:</b> Risk on identification (09/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><th>Likelihood</th><th>Impact</th><th>Score</th><th>Rating</th></tr><tr><td>4</td><td>4</td><td>16</td><td>Moderate</td></tr><tr><td>3</td><td>4</td><td>12</td><td>Moderate</td></tr><tr><td>2</td><td>4</td><td>8</td><td>Low (Yellow)</td></tr><tr><td colspan="3">Compliance/Regulatory</td><td>Breach</td></tr></table>	Likelihood	Impact	Score	Rating	4	4	16	Moderate	3	4	12	Moderate	2	4	8	Low (Yellow)	Compliance/Regulatory			Breach
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<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk)</b>																				
1 Joint Programme Board	1 Minutes of meetings	🟢 Review CQC improvement requirements through Board on a Quarterly basis Q4 due 03.05.23.																				
2 Due Diligence	2 Due Diligence report	🟢 Achievement of North Cumbria CQC must do improvement areas Q3.																				
3 Exec Leadership	3 Identified Exec Lead	🟢 Review CQC improvement requirements through Board on a Quarterly basis Q3 due 01.02.23.																				
4 Specific Capacity Identified	4 Identified CNTW Team	🟢 Achievement of North Cumbria CQC must do improvement areas Q4.																				
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	🟢 Agree Estates Strategy for North Cumbria																				
6 Secured workforce to deliver services	6 Identified staff																					
7 Implementation plan developed	7 Implementation planning paper																					
8 Contract agreed and completed	8 Contract report- Reviewed RBAC																					
9 Monthly Implementation Group Chaired by Gary O'Hare	9 Minutes and reports from meeting																					
Maintain oversight during the establishment of Lotus Ward	Closed Trust Board																					

## BAF Report

1 North Cumbria 2 years on Presentation, presented to Council of Governors 25.11.21	1 Copy of presentation	
2 Pressures on Systems across the whole organisation presentation to the Board 23.11.21	2 Copy of presentation.	

**Ref:** 1680v.56

**Risk Owner:** Kevin Scollay

**Next Review Date:** 06/01/2023

**Review/Comments:**

06/12/2022 - Kevin Scollay  
Reviewed today. Action 6903 completed and closed.

## BAF Report

<b>Risk Description:</b> That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes. SA4.2  SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	<b>Risk Rating:</b> Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><td><b>Likelihood</b></td><td><b>Impact</b></td><td><b>Score</b></td><td><b>Rating</b></td></tr><tr><td>3</td><td>5</td><td>15</td><td>Moderate</td></tr><tr><td>4</td><td>5</td><td>20</td><td>High (Red)</td></tr><tr><td>2</td><td>5</td><td>10</td><td>Low (Yellow)</td></tr></table> Financial/Value For Money	<b>Likelihood</b>	<b>Impact</b>	<b>Score</b>	<b>Rating</b>	3	5	15	Moderate	4	5	20	High (Red)	2	5	10	Low (Yellow)	<table><tr><td><b>Breach</b></td></tr></table>	<b>Breach</b>
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<b>Breach</b>																				

<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk)</b>
1 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	● Monitor recovery plan through monthly Board development sessions next meeting 01.03.23
2 Annual Financial Plan 22/23	2 Annual Financial Plan 22/23 submitted	● Monitor recovery plan through monthly Board development sessions next meeting 01.02.23.
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure ,NTW 1718 39 Cashier	● To review impact and need of weekly agency reporting ahead of the end of March 2023.
4 Quality Goals and Quality Account	4 External audit of Quality Account	● To develop plans to reduce agency spend to 1 million a month by 31.03.23. Including Board report 29.11.22.
5 Accountability Framework	5 Accountability Framework Reports	
6 Quarterly review of financial delivery	6 Quarterly review delivered at RBAC	
7 Programme agreed for capacity to care and Trust Innovations capacity expanded	7 Capacity to care programme, report to BDG and Trust Leadership Team(TLT)	
8 Going Concern Report	8 Going Concern Report - Audit Committee April 2022	

## BAF Report

1 NTW 18/19 Internal Audit	1 NTW 1819 25 Single Oversight Framework, Substantial, April 2019 NTW 1819 37 Procurement: Good, July 2019 NTW 1819 38 Compliance Review of Key Financial Systems: Good, May 2019 NTW 18/19 43 Risk based audit of charitable funds - Substantial, August 2018 NTW18/19 41 Risk based audit payroll - Substantial, November 2018 NTW18/19 40 Central arrangements managing patient monies - Substantial, February 2019
2 Quarterly Reporting of operational plan to Trust Leadership Team(TLT) for August 2021 onwards	2 Trust Leadership Team(TLT) papers re quarterly reporting
3 Internal Audit of CNTW Key Finance Systems (202122 03).	3 Final report dated 20.07.22 good level of assurance.
4 Recovery Plan went to October Board including a half year review.	4 Copy of Recovery Plan

**Ref:** 1687v.41

**Risk Owner:** Kevin Scollay

**Next Review Date:** 06/01/2023

### Review/Comments:

06/12/2022 - Kevin Scollay

Reviewed today. Action 9660 updated and new target date set.



## BAF Report

<b>Risk Description:</b> Restrictions in Capital expenditure due to national limits and the Trusts own cash availability may lead to increasing risk of harm to patients when continuing to use sub optimal environments (SA1)  SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	<b>Risk Rating:</b> Risk on identification (07/11/2019): Residual Risk (with current controls in place): Target Risk (after improved controls): <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><th>Likelihood</th><th>Impact</th><th>Score</th><th>Rating</th></tr><tr><td>3</td><td>5</td><td>15</td><td>Moderate</td></tr><tr><td>4</td><td>5</td><td>20</td><td>High (Red)</td></tr><tr><td>1</td><td>5</td><td>5</td><td>Very Low</td></tr><tr><td colspan="3">Financial/Value For Money</td><td>Breach</td></tr></table>	Likelihood	Impact	Score	Rating	3	5	15	Moderate	4	5	20	High (Red)	1	5	5	Very Low	Financial/Value For Money			Breach
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<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk)</b>																				
1 Financial planning budgets	1 Reported and in minutes of Trust Leadership Team(TLT) and RBAC	🟢 Monitor recovery plan through monthly Board development sessions next meeting 01.02.23.																				
2 Working capital management	2 Reported through and in minutes of Trust Leadership Team(TLT) and RBAC	🟢 Monitor recovery plan through monthly Board development sessions next meeting 01.03.23																				
3 Going Concerns Reporting	3 Discussed and in minutes of Audit Committee	🟢 Capital Strategy for Cumbria to be developed, to be incorporated into ICS strategy prioritisation for national capital funding																				
4 OBC approved nationally - CEDAR business case including inherent improvement to revenue position	4 Agreement of long term plan as part of CEDAR OBC - Approved by the Board (minutes)	🟢 Developing strategic outline cases for LD assessment and treatment services, North Cumbria Inpatients and Older Adults Inpatients Newcastle and North Tyneside																				
5 CEDAR Programme Board established with key partners	5 Minutes of CEDAR Programme Board																					
6 Business case approved interim solutions for WAA, Newcastle and Gateshead - Building programme in place	6 Business Case document																					
7 Operational mitigations: Additional staffing at Rose Lodge. Interim funding for North Cumbria. Integrated Care Facility	7 Minutes of Trust Leadership Team(TLT) meeting																					

## BAF Report

in Newcastle		
2 ICS support nationally and funding identified	2 ICS bid document	
3 Asset sales now identified	3 Standard reporting at Trust Leadership Team(TLT) and RBAC	
4 CEDAR Business Case FBC - bridging loan agreed	4 CEDAR Business Case	
5 Capital Plan for 21/22 agreed by the Board as part of the Annual Financial Plan	5 Board papers and Capital Plan	
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report	

**Ref:** 1762v.23

**Risk Owner:** Kevin Scollay










**Next Review Date:** 29/01/2023

### Review/Comments:

06/12/2022 - Kevin Scollay

Reviewed today. Action 5551 and 5552 updated and new target dates set. Action 9377 completed and closed.

## BAF Report

<b>Risk Description:</b>  The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4)  SA4 The Trust's Mental Health and Disability Services Will Be Sustainable and Deliver Real Value to the People Who Use Them.	<b>Risk Rating:</b>  Risk on identification (24/09/2020):  Residual Risk (with current controls in place):  Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><th>Likelihood</th><th>Impact</th><th>Score</th><th>Rating</th></tr><tr><td>4</td><td>4</td><td>16</td><td>Moderate</td></tr><tr><td>3</td><td>4</td><td>12</td><td>Moderate</td></tr><tr><td>2</td><td>4</td><td>8</td><td>Low (Yellow)</td></tr><tr><td colspan="3">Climate &amp; Ecological Sustainability</td><td>Breach</td></tr></table>	Likelihood	Impact	Score	Rating	4	4	16	Moderate	3	4	12	Moderate	2	4	8	Low (Yellow)	Climate & Ecological Sustainability			Breach
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 Progressing a staff engagement programme.																						

## BAF Report

**Ref:** 1853v.18

**Risk Owner:** James Duncan

**Next Review Date:** 31/01/2023

**Review/Comments:**

29/12/2022 - Yvonne Newby

This review will take place in January 2023 now as still waiting for refreshed Green Plan.



## BAF Report



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

<b>Risk Description:</b> Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) & SA6  SA5 The Trust will be the centre of excellence for Mental Health and Disability SA6 The Trust Will Be Regarded As a Great Place to Work	<b>Risk Rating:</b> Risk on identification (06/11/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<b>Likelihood</b> 4 3 2	<b>Impact</b> 4 4 4	<b>Score</b> 16 12 8	<b>Rating</b> Moderate Moderate Low (Yellow)  Breach
<b>Controls &amp; Mitigation</b> <b>(what are we currently doing about the risk)</b>	<b>Assurances/ Evidence</b> <b>(how do we know we are making an impact)</b>	<b>Gaps in Controls</b> <b>(Further actions to achieve target risk)</b>			
1 Workforce strategy	1 Delivery of workforce strategy	● Ongoing central recruitment and apprenticeships scheme for nursing.			
2 RPIW Medical Recruitment	2 RPIW Medical Recruitment outcomes papers	● Risk to be discussed at the Medics Meeting and actions to be updated re: medical staffing			
3 NTW International recruitment competency process	3 NTW International recruitment competency documents	● Executive Awareness of International recruitment through Medical Director, Trust aware for medical recruitment as a whole through medical managers			
4 OPEL Framework	4 OPEL Framework Documents				
5 MDT Collegiate Leadership Team in place	5 MDT Leadership advice and support available				
6 All seven fellowship international recruits arrived into the Trust in December 2018	6 All still in post and deployed across the Trust				
7 The medical recruitment functions have been moved to the medical staffing team	7 The medical staffing team manage the medical recruitment function				
8 Medical Induction Programme	8 Delivery of medical induction programme				

## BAF Report

1 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults  
Audit. Good Practice

1 Clinical Audit final report

**Ref:** 1694v.27



**Risk Owner:** Ramona Duguid

**Next Review Date:** 31/03/2023

### Review/Comments:

30/12/2022 - Yvonne Newby  
Reviewed today. Action 8246 completed and closed. Actions updated and new target dates set.

## BAF Report

<b>Risk Description:</b>  There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2)  SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention and Resilience. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.	<b>Risk Rating:</b>  Risk on identification (21/09/2020):  Residual Risk (with current controls in place):  Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<table><tr><th>Likelihood</th><th>Impact</th><th>Score</th><th>Rating</th></tr><tr><td>3</td><td>4</td><td>12</td><td>Moderate</td></tr><tr><td>2</td><td>4</td><td>8</td><td>Low (Yellow)</td></tr><tr><td>1</td><td>4</td><td>4</td><td>Very Low</td></tr><tr><td colspan="3">Quality Effectiveness</td><td>Within Risk Appetite</td></tr></table>	Likelihood	Impact	Score	Rating	3	4	12	Moderate	2	4	8	Low (Yellow)	1	4	4	Very Low	Quality Effectiveness			Within Risk Appetite
Likelihood	Impact	Score	Rating																			
3	4	12	Moderate																			
2	4	8	Low (Yellow)																			
1	4	4	Very Low																			
Quality Effectiveness			Within Risk Appetite																			
<b>Controls &amp; Mitigation</b> <b>(what are we currently doing about the risk)</b>	<b>Assurances/ Evidence</b> <b>(how do we know we are making an impact)</b>	<b>Gaps in Controls</b> <b>(Further actions to achieve target risk)</b>																				
1 IPC Board Assurance Framework	1 Infection Prevention and Control (IPC) Board Assurance Framework Board of Directors Meeting	 Preparations are in place to work with COVID																				
2 Gold Command	2 Operational Services	 COVID now monitored through IPC processes, and any escalation will go from Head of IPC to Deputy Chief Nurse / Chief Nurse.																				
3 Measures in place for Emergency Opel Planning - Workforce and Services	3 Open and Closed Trust Board Monthly Reporting																					
4 Vaccination roll out	4 Open and Closed Trust Board Monthly Reporting																					
5 COVID 19 IMG's will now flex between daily and twice weekly.	5 Notes of meetings																					

## BAF Report

1 Booster vaccination rollout.	1 Open and Closed Trust Board Monthly Reporting
2 Weekly briefing COVID report to Executive team and BDG.	2 Minutes from meeting.
3 Absence line approved to manage all absence including any related to pandemics.	3 Weekly absence data.

**Ref:** 1852v.13

**Risk Owner:** Gary O'Hare

**Next Review Date:** 31/03/2023

### Review/Comments:


21/12/2022 - Antony Gray

Reviewed today. Actions updated and new target dates set. Controls to stay in place until the normal end of flu planning season / winter at end of March 2023.



# BAF Report



<b>Risk Description:</b> Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users SA4  SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	<b>Risk Rating:</b> Risk on identification (01/06/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):  <b>Risk Appetite (the amount of Risk NTW will accept)</b>	<b>Likelihood</b> 4 3 1	<b>Impact</b> 3 3 3	<b>Score</b> 12 9 3	<b>Rating</b> Moderate Low (Yellow) Very Low  Within Risk Appetite
		Quality Effectiveness			
<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk)</b>			
1 Sign Subcontracts	1 To complete	 Lead Provider Contract for Sunderland IAPT Service needs to be agreed.			
2 Clear Service Specifications	2 To complete				
3 Contract monitoring meetings	3 Minutes of Contract monitoring meetings				
4 Governance Arrangement through to Board - New Sub Committee of the Board established to monitor Lead Provider Collaborative.	4 Board approved Governance arrangements				
5 Internal Audit NTW1718/22	5 Risk Based Audit of Commissioning Income Contracts and Monitoring Arrangements 16 January 2018				
6 Provider Collaborative Lead Provider Committee	6 Provider Collaborative Reporting				
7 CNTW 202122/13 -Internal Audit Advisory Review - Provider Collaborative.	7 Final Report Internal Audit Advisory Review - Provider Collaborative.				

## BAF Report



Ref: 1831v.27

Risk Owner: Kevin Scollay

Next review Date: 04/01/2023

### Review/Comments:

06/12/2022 - Kevin Scollay

Reviewed today. Action 6909 completed. Kevin to get in touch with Lisa Quinn to see if this risk can now be closed or if more actions need to be added.

## BAF Report



Ref: 2041v.13

Risk Owner: Kevin Scollay

**Review/Comments:**

06/12/2022 – Kevin Scollay

Reviewed today. Action completed and closed

Next review Date: 04/01/2023

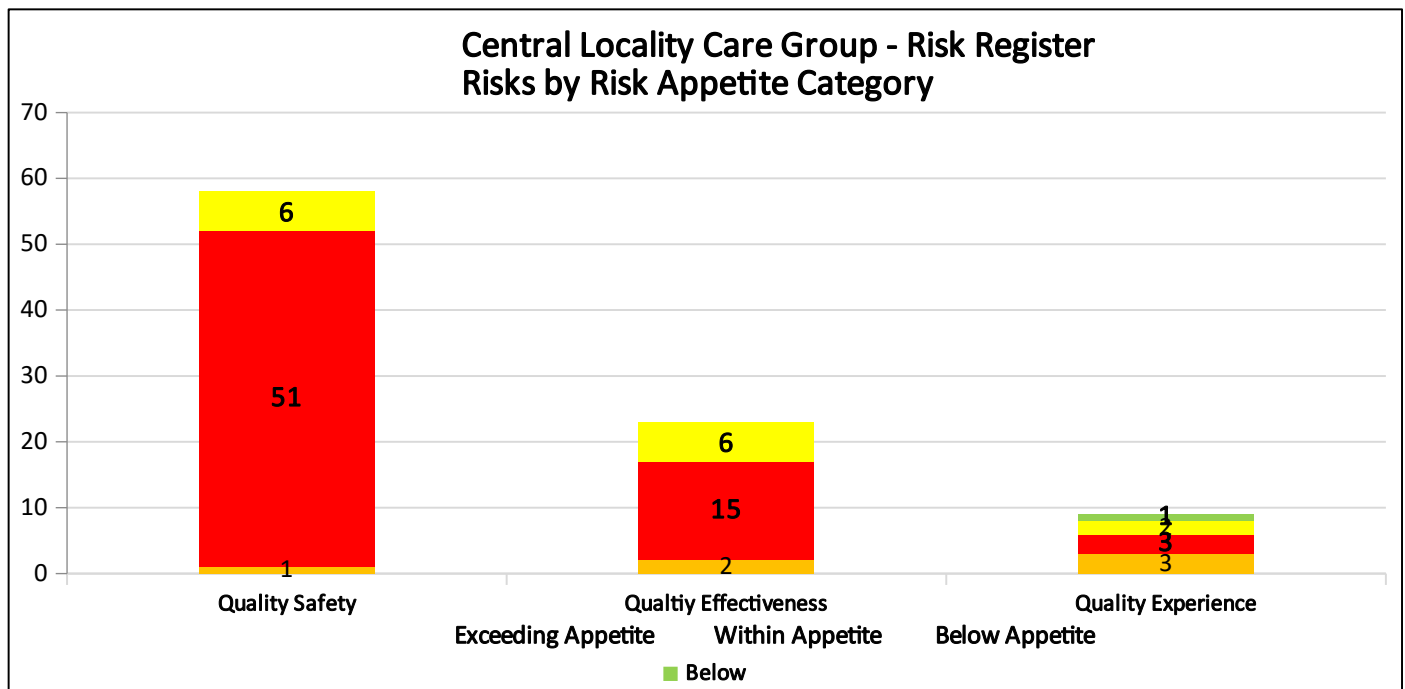
## Appendix 3

### Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

The below charts show a summary of the number of risks by risk appetite category held by each Locality Care Group (Group Locality Risk Register) and Executive Corporate risk registers. Safeguard Web Risk Management and Risk appetite has been fully implemented throughout the group risk registers/executive corporate risk registers and risk continue to be monitored at the Trust Leadership Team (TLT) meeting bi-monthly.

#### Clinical Groups

##### 1.0 Central Locality Care Group




In total as at end of December 2023 Central Locality Care Group hold 83 risks, 69 risks have exceeded the risk appetite, 13 are within the appetite and 1 risk is below the appetite. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 7 risks on the Central Corporate Group risk register. Below are the 5 risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1513	Access and Waiting times within the ADHD and ASD Service The service is commissioned as an Adult Neuro-disability service and provides an autism diagnosis service and ADHD diagnosis and treatment monitoring service across the six	Quality Effectiveness (6-10)	15	3	5	Anna English



	trust localities. Agreed service specification is not available and the baseline for expected demand at the time of commissioning is therefore unclear. Weekly activity reports are provided for both ADHD and ASD services. The weekly activity reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussions regarding capacity and demand have taken place with commissioners, however, no further investment has been confirmed to date. This poses a potential impact on service delivery and the effectiveness of treatment.					
1665	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Central Locality Care Group. This poses a potential impact on service delivery and the effectiveness of treatment.	Quality Effectiveness (6-10)	12  20 	4  4	3  5	Anna English  <b>Residual Score increased in Q3</b>
1737	Access and Waiting Times within CYPs Community Services - Significant work has been undertaken with regard to waiting times within this service however there remains a significant issue in regard to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.	Quality Effectiveness (6-10)	16	4	4	Anna English
1830	Numerous incidents of environmental damage have occurred within the seclusion suites in the Secure Care CBU. The environmental damage impacts on the locking mechanism as well as the fabric of the seclusion room. There is a potential risk to patient safety if staff cannot enter the seclusion room and also a potential risk of escape and injury if staff cannot safely exit seclusion and lock the door behind them.	Quality Safety (6-10)	12	4	3	Anna English
2297	Gateshead CTT are working with	Quality	16	4	4	Anna

	very low numbers of qualified staff. The impact of this is compromising the safety of staff and patients, also effecting the provision of care to patients and the wellbeing of staff. This is likely to happen with a major impact of services if it were to happen.	Safety (6-10)				English
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## 1.2 Central Locality Corporate Business Units

The four CBU's within the Central Locality currently hold a total of 76 risks. 64 of those risks have exceeded a risk appetite, 11 are within and 1 risk is below the appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 24 October 2022. These risks will be reviewed again within this meeting on the 26 June 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

## 1.3 Community Central CBU

There are 17 risks for Community Central CBU. There are 15 risks which have exceeded the risk appetite, 2 risks within the risk appetite. and no risks are below. The Appetite Categories for the 15 risks exceeding the appetite are 8 within Quality Safety, 6 within Quality Effectiveness and 1 within Quality Experience.

## 1.4 Inpatient Central CBU

Inpatient Central CBU has 22 risks. There are 20 risks which have exceeded the risk appetite, 2 risks within the risk appetite. and no risks are below. The Appetite Categories for the 20 risks exceeding the appetite are 18 within Quality Safety, and 2 within Quality Effectiveness.

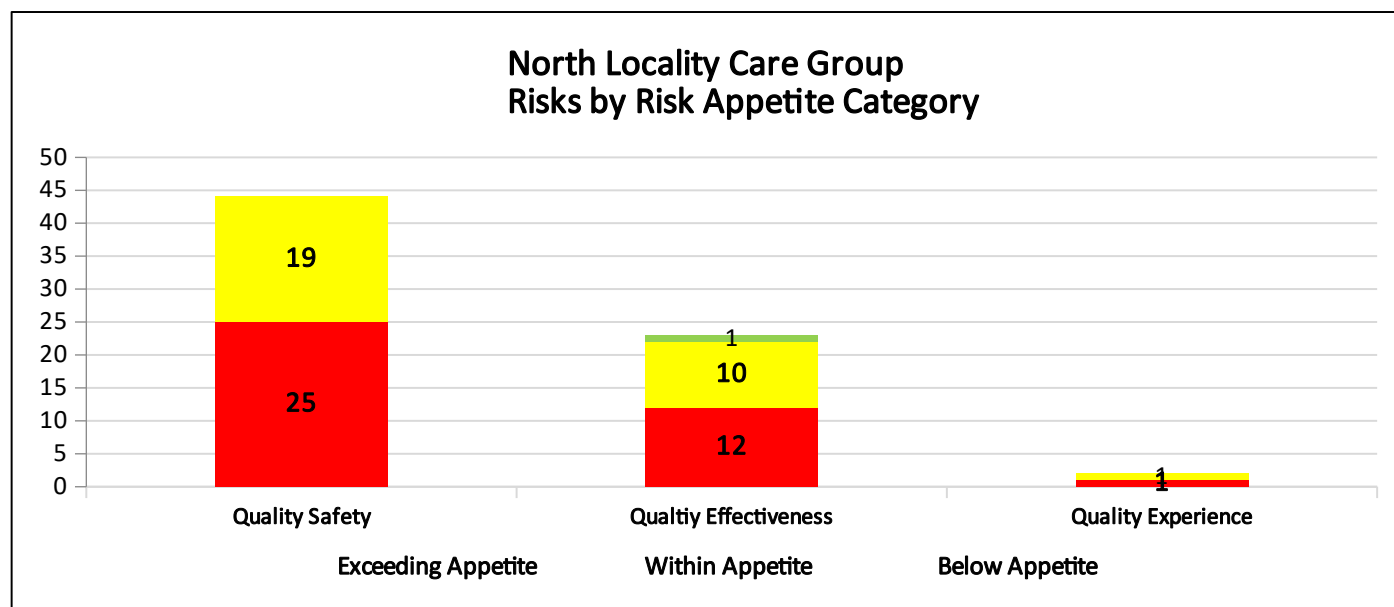
## 1.5 Secure Care Services CBU

There are 32 risks for Secure Care Services CBU. There are 29 risks which have exceeded the risk appetite, 3 risks within the risk appetite. and no risks are below. The Appetite Categories for the 29 risks exceeding the appetite are 24 within Quality Safety, 6 within Quality Effectiveness and 2 within Quality Experience.

## 1.6 Access Central CBU

Access Central CBU currently holds 8 risks. 1 risk exceeds the risk appetite and 5 risk are within the risk appetite and 1 risk is below the appetite. The Appetite Category for the 1 risk exceeding the appetite is within Quality Experience.

## 2.0 North Locality Care Group



North Locality Care Group as at end of December 2022 hold 69 risks, 38 risks which have exceeded the risk appetite, 30 risks within the risk appetite, and 1 below the appetite and. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the North Corporate Group risk register. 1 risk is within the risk appetite and 5 risks are exceeding the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1176	Significant staffing pressures due to vacancies and difficulties recruiting and retaining permanent medical, qualified nursing, SALT staff within the North Locality.	Quality Effectiveness (6-10)	20	4	5	Sarah Brown
1198	Sickness absence levels continue to be monitored formally through the Locality LMG.	Quality Effectiveness (6-10)	12	4	3	Sheree McCartney
1287	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (6-10)	16	4	4	Sarah Brown
1809	CCTV coverage within St Georges Park site is extremely limited, the system is over 15years old and of poor quality. The wards only have coverage at the door entry system and	Quality Safety (6-10)	12	4	3	Chloe Mann

	does not cover reception and admin areas. The lack of/poor provision makes SGP an outlier within the Trust in terms of security and compromised patient safety.					
1910	Risk of harm to patients and members of the public due to the public toilet near the reception at St Georges Park not being anti ligature.	Quality Safety (6-10)	12	4	3	Chloe Mann

## 2.1 North Locality Corporate Business Units

The four CBU's within the North Locality currently hold a total of 63 risks. 33 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on the 24 April 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

## 2.2 Community North CBU

Community North CBU is currently holding 20 risks. 13 risks are exceeding risk appetite, 7 risks are within the risk appetite and no risks are below the appetite. The Appetite Categories for the 13 risks exceeding the appetite are 8 within Quality Safety, 4 within Quality Effectiveness and 1 within Quality Experience.

## 2.3 Inpatient North CBU

Inpatient North CBU is currently holding 23 risks. 8 risks are exceeding risk appetite, 15 risks are within risk appetite. and there are no risks below the appetite. The Appetite Categories for the 8 risks exceeding the appetite are all within Quality Safety.

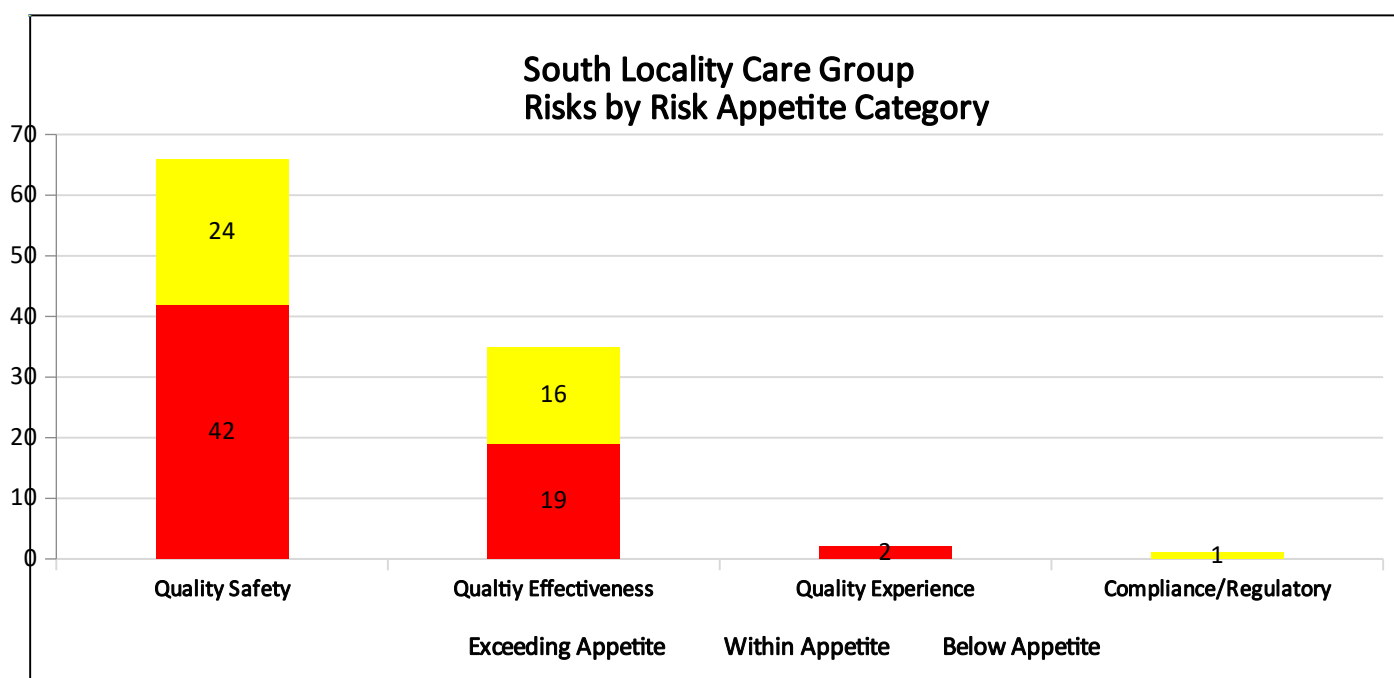
## 2.4 Access North CBU

Access North CBU is currently holding 7 risks, 6 risks are exceeding risk appetite, 1 risk is within risk appetite and 0 risks are below the appetite. The Appetite Categories for the 6 risks exceeding the appetite are 5 within Quality Safety and 1 within Quality Effectiveness.

## 2.4 Learning Disabilities & Autism CBU

Learning Disabilities & Autism CBU is currently holding 13 risks. 6 risks are exceeding risk appetite, 6 risks are within the risk appetite. and 1 is below the risk appetite. The Appetite Categories for the 6 risks exceeding the appetite are 1 within Quality Safety, 5 within Quality Effectiveness.

## 3.0 South Locality Care Group



In total as at end of December 2022 the South Locality Care Group hold 104 risks, 63 risks have exceeded the risk appetite, 41 risks are within the risk appetite and 0 risks are below the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 7 risks on the South Corporate Group risk register – 7 risks have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
857	Due to the Internal en-suite doors it has been identified that there is a potential ligature risk following incidents across the Group and this could cause harm to our patients.	Quality Safety (6-10)	15	5	3	Andy Airey
1160	There are pressures on staffing due to vacancies particularly Community CBU and RGN's at Walkergate Park which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Andy Airey
1279	Sickness absence levels are currently above the trust standard therefore there is a risk to the impact and quality of care that is delivered to our service users.	Quality Safety (6-10)	12	4	3	Andy Airey
1288	Medication page's on RiO are not being kept up to date as per CNTW policy. Information transferred to the MHDS may	Quality Safety (6-10)	12	4	3	Andy Airey

	not be accurate.					
1497	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality Group. Whilst recruitment has improved, there are ongoing pressures due to remote working during COVID and the impact of the Devon ruling regarding MHA assessments.	Quality Experience (6-10)	12	4	3	Elizabeth Davis
1769	Lack of formal commissioned pathways for inpatient detox into the Acute Trusts resulting in delays to patient care and potential deterioration in health	Quality Safety (6-10)	12	3	4	Andy Airey
2132	There are currently no staff in date with training in the use of MRE/ERB within South Inpatient CBU. Patient may require this intervention and staff are not competent to apply the use of MRE/ERB which may result in harm to either patient or staff member.	Quality Safety (6-10)	12	4	3	Andy Airey

### 3.1 South Locality Corporate Business Units

The four CBU's within the South Locality currently hold a total of 97 risks. 56 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 24 October 2022. These risks will be reviewed again within this meeting on the 22 August 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

### 3.2 Community South CBU

Community South CBU is currently holding 36 risks. 23 risks which has exceeded the risk appetite, 13 risks within the risk appetite, and there are no risks below the appetite. The Appetite Categories for the 21 risks exceeding the appetite 15 are within Quality Safety, 8 within Quality Effectiveness.

### 3.3 Inpatient South CBU

Inpatient South CBU is currently holding 34 risks. 19 risks are exceeding the risk appetite, 15 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 19 risks exceeding the appetite are 15 within Quality Safety, 3 within Quality Effectiveness and 1 within Quality Experience.

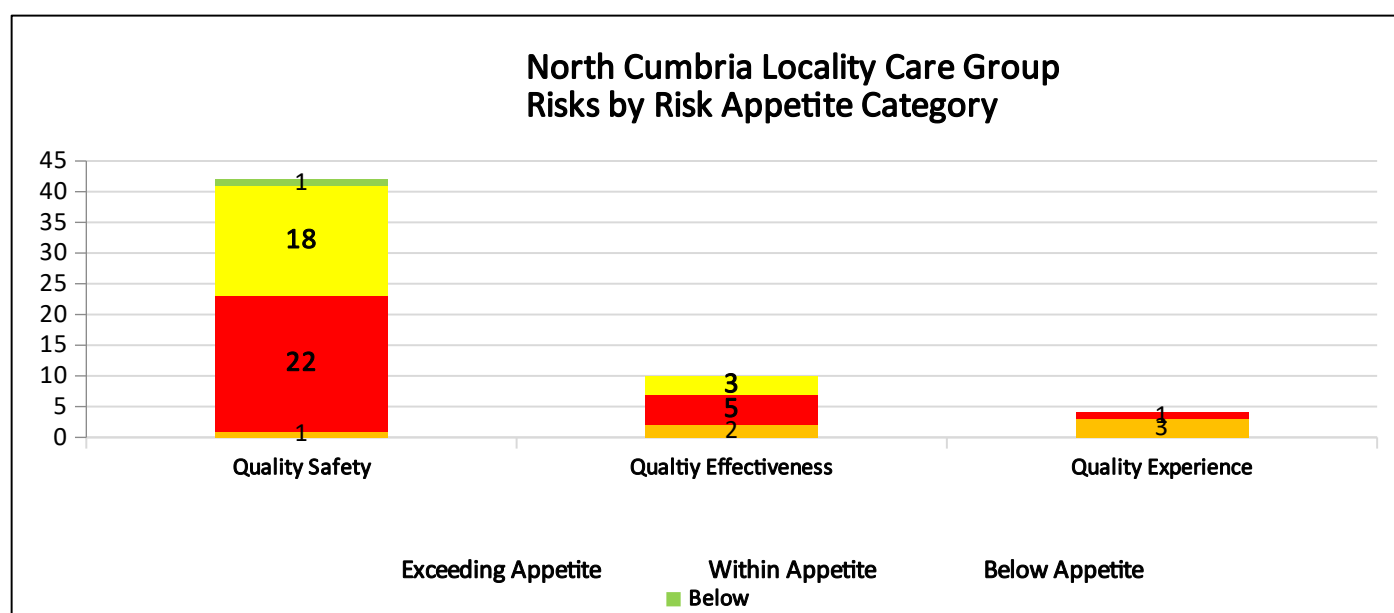
### 3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 22 risks. 9 risks are exceeding the risk appetite 13 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 9 risks exceeding the appetite are 2 within Quality Safety and 7 within Quality Effectiveness.

### 3.5 Access South CBU

Access South CBU is currently holding 5 risks. 5 risks are exceeding the appetite and there are no risks within or below the appetite. The Appetite Categories for the 5 risks exceeding the appetite are within Quality Safety.

## 4.0 North Cumbria Locality Care Group



In total as at end of December 2022 the North Cumbria Locality Care Group hold 57 risks, 33 risks which have exceeded the risk appetite, 23 risks are within the risk appetite and 1 risk is below the risk appetite. All risks are being managed within the North Cumbria Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 4 risks on the North Cumbria Corporate Group risk register. 2 risks have exceeded the risk appetite, 2 risks are within the risk appetite, and 0 risks are below the appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1799	Due to upcoming retirement and departure of several medical staff, there is a risk that there will not be a sufficient level of consultant cover across many services in North Cumbria. If not addressed services will struggle to operate at a level	Quality Safety (6-10)	16	4	4	Stuart Beatson
			12	4	3	<b>Residual Score decreased in Q3</b>

	which is safe and/or timely in order to meet patient need.					
1946	Due to the number of nursing vacancies across the three CBU's i.e., Specialist CYPS, Inpatients and Access and Community, there is a risk that staffing levels could reduce to levels which would compromise patient care and quality.	Quality Safety (6-10)	16	4	4	David Muir

#### 4.1 North Cumbria Locality Corporate Business Units

The 3 CBU's within the North Cumbria Locality currently hold a total of 53 risks. 30 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on 20 February 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

#### 4.2 Community/ Access North Cumbria CBU

Community/ Access North Cumbria CBU currently hold 24 risks. 16 risks are exceeding the risk appetite, 8 risks are within the risk appetite. and 0 risks are below the appetite. The Appetite Categories for the 16 risks exceeding the appetite are 11 within Quality Safety, 4 within Quality Effectiveness and 1 is within Quality Experience.

#### 4.3 Inpatient North Cumbria CBU

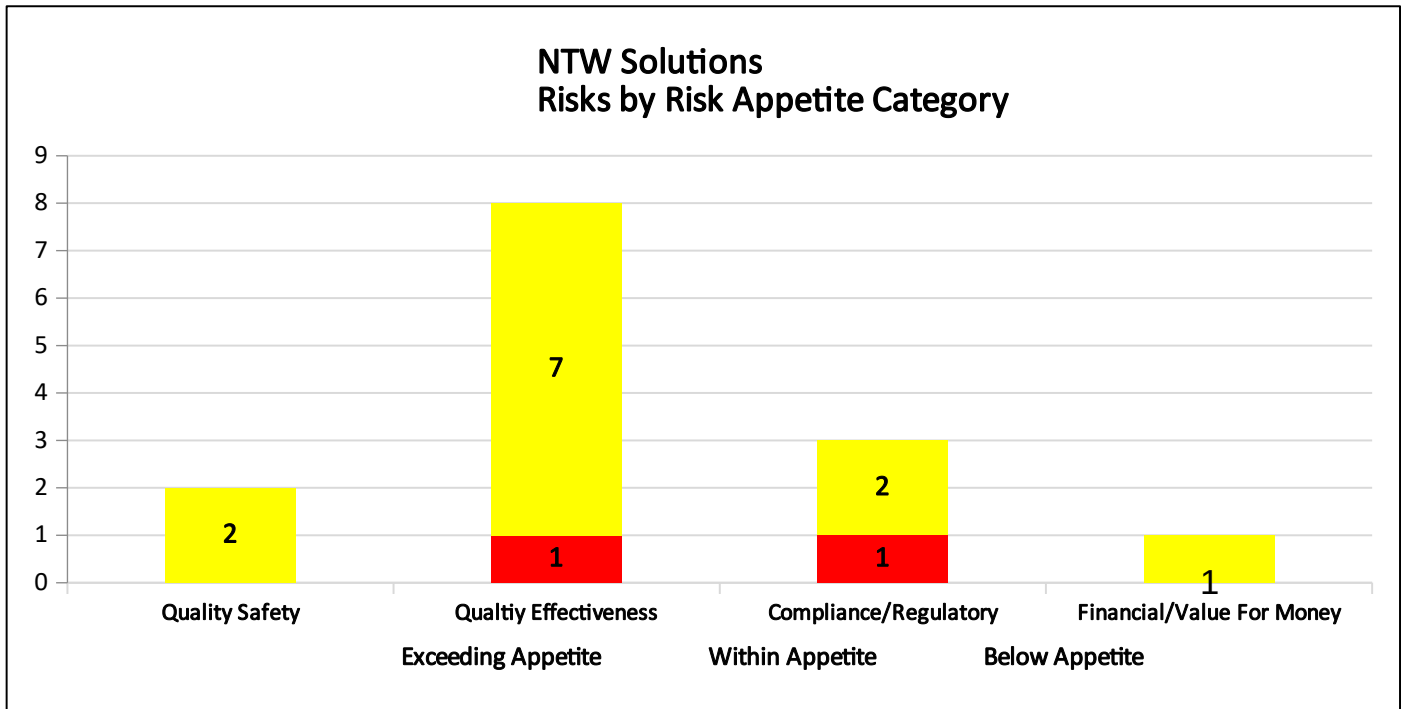
Inpatient North Cumbria CBU is currently holding 13 risks. 7 risks are exceeding the risk appetite, 5 risks are within the risk appetite. and 1 risk is below the appetite. The Appetite Categories for the 7 risks exceeding the appetite are 6 within Quality Safety, 1 within Quality Effectiveness.

#### 4.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 16 risks, 7 risks are exceeding the risk appetite, 9 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 7 risks exceeding the appetite 5 are within Quality Safety, 1 is within Quality Effectiveness and 1 is within Quality Experience.

#### 5.0 NTW Solutions





In total as at end of December 2022 the NTW Solutions holds 14 risks. 2 risks have exceeded the risk appetite, 12 risks within the risk appetite and there are no risks below the risk appetite. All risks are being managed within the NTW Solutions and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the NTW Solutions Corporate risk register. 1 risk has exceeded the risk appetite, 5 risks are within the risk appetite and there are no risks below the risk appetite.

Below is the risks which has exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
2286	Due to national issues impacting the pool of individuals available and changing mindset following COVID, the Company is experiencing increased difficulties recruiting and retaining its workforce. This is now a company wide issue impacting several services. Inability to fill posts could result in a negative impact on the quality of services delivered.	Quality Effectiveness (6-10)	12	4	3	Tracey Sopp

## 5.1 NTW Solutions Divisions

The 4 Divisions within the NTW Solutions currently hold a total of 8 risks. 1 risk has exceeded the risk appetite, 7 risks are within the risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on 26 June 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

## 5.2 NTW Solutions Transactional Services

NTW Solutions Transactional Services currently hold 3 risks. 3 risks are within the risk appetite and no risks have exceeded the risk appetite and there are no risks below the risk appetite.

## 5.3 NTW Solutions Estates and Facilities

NTW Solutions Estates and Facilities currently hold 3 risks. 1 risk is exceeding the risk appetite, 2 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 1 risk exceeding the appetite is 1 within Compliance/Regulatory.

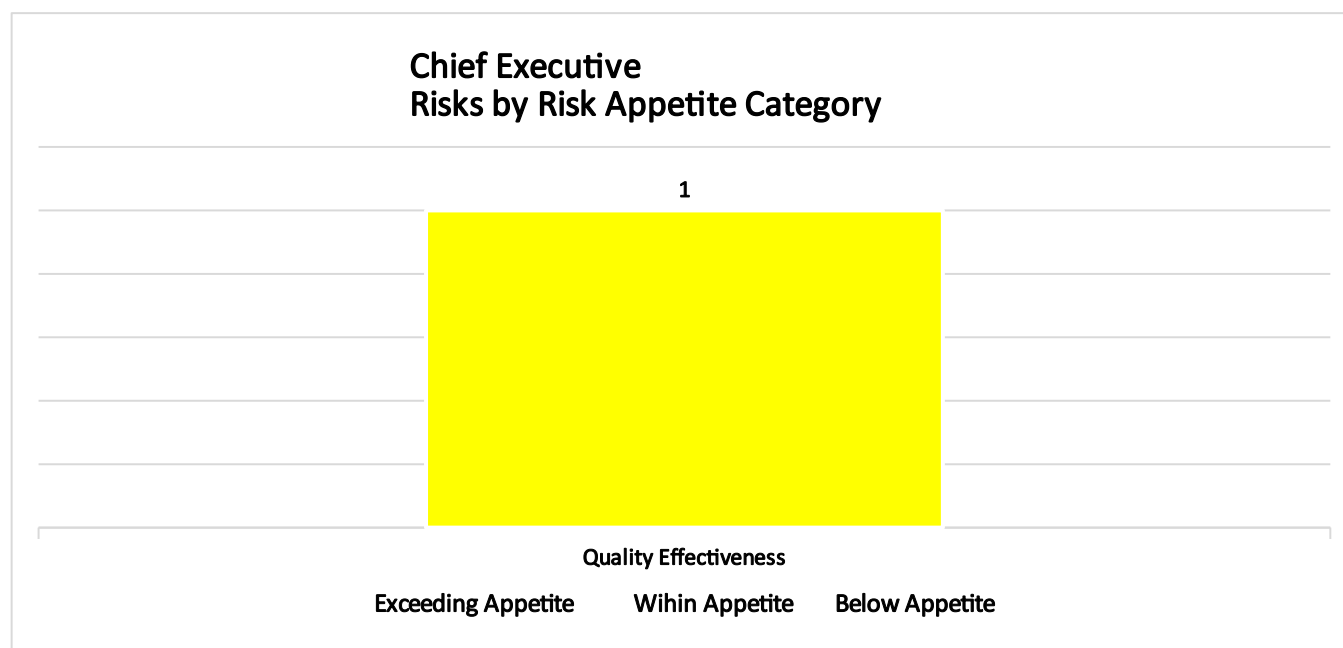
## 5.4 Estates and Facilities

Estates and Facilities currently holds 1 risk. This risk is within the risk appetite.

## 5.5 Pharmacy (NTW Solutions)

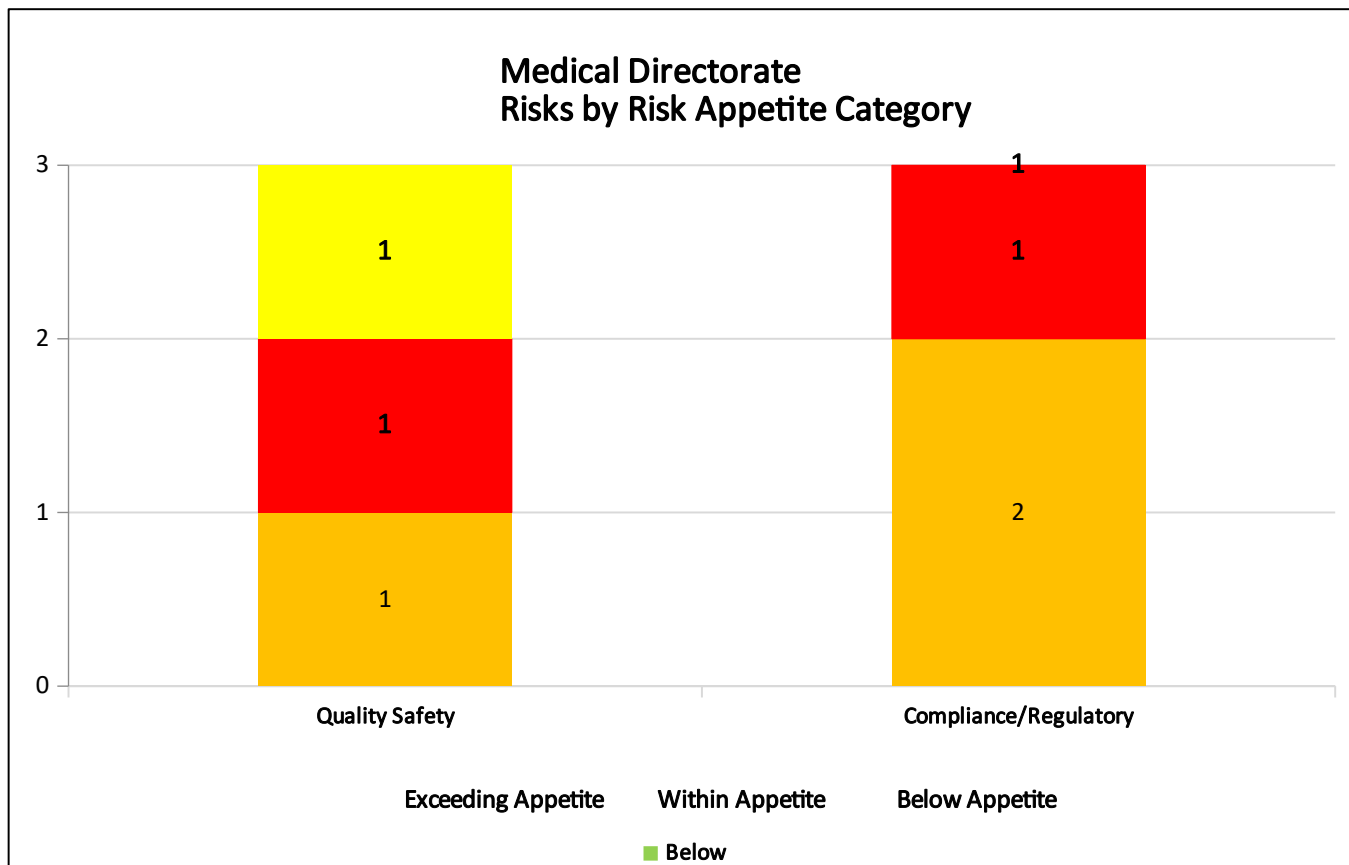
Pharmacy currently holds 1 risk. This risk is within the risk appetite.

## 6.0 Executive Corporate




The Chief Executive as at end of December 2022 holds 1 risk. 1 risk is within the risk appetite. All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.

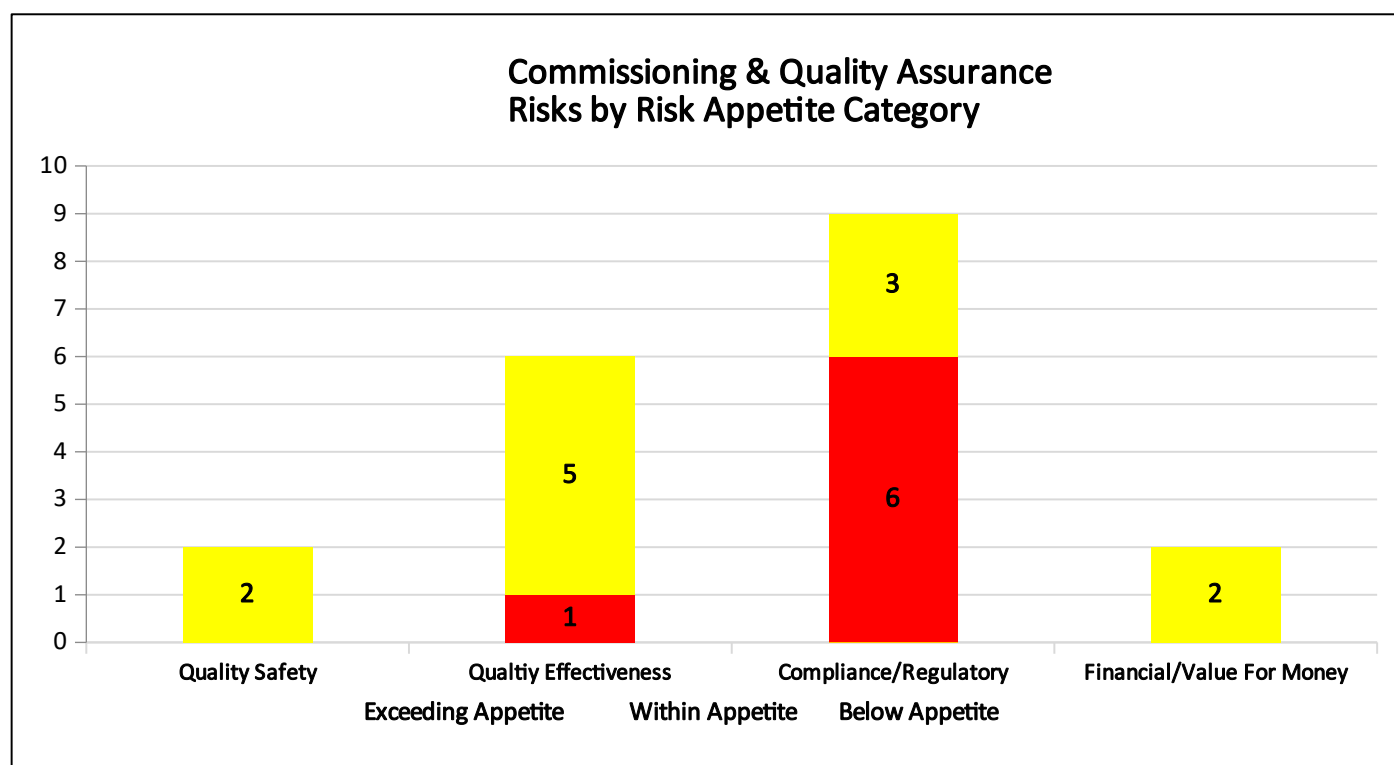
## 7.0 Corporate Medical Directorate



The Executive Medical Director as at end of December 2022 holds 4 risks, 2 risks are exceeding the risk appetite and 2 risks are within the risk appetite. Information in relation to breached risks are given below. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
2048	There is a risk of unauthorised access or data breach resulting in Trust data being accessible by a third party, either accidentally through misconfiguration of the system, or deliberate act (eg. hacking) exploiting any weaknesses in the system design.	Compliance/Regulatory (6-10)	15	5	3	Simon Walker
1768	Disruption to supply of medicines, compounded by further shortages resulting from a no-deal EU exit and COVID-19 pandemic	Quality Safety (6-10)	8 12 	4 4	2 3	Timothy Donaldson  <b>Residual Score increased in Q3</b>

## 8.0 Commissioning and Quality Assurance



The Executive Director of Commissioning and Quality Assurance as at end of December 2022 holds 19 risks, 7 risks which have exceeded a risk appetite and 12 risks within the risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

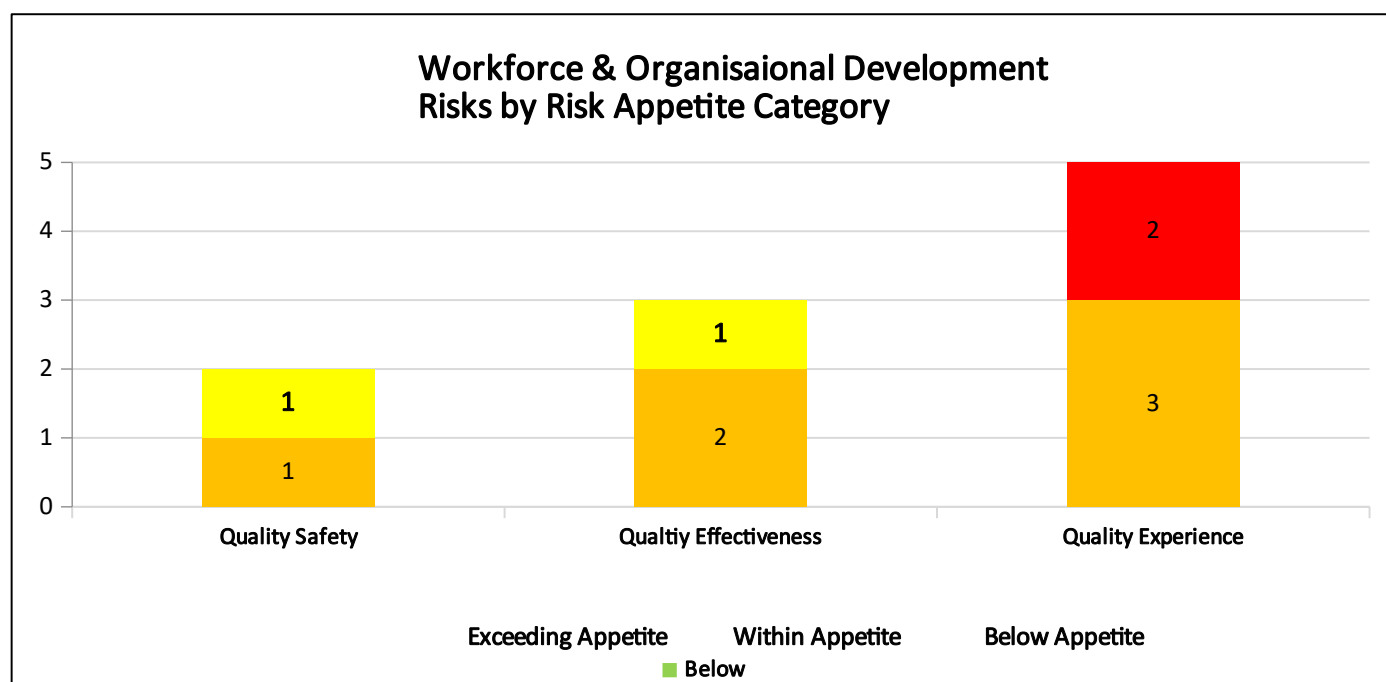
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1172	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/Regulatory (6-10)	12	4	3	Jon Gair
1576	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations. This is likely to be via data sharing methods such as unencrypted USB drives, e-mail or personal cloud storage facilities (such as drop box, google drive, personal one drive etc)	Compliance/Regulatory (6-10)	15	5	3	Jon Gair
1655	Subject Access Requests:	Compliance/	12	4	3	Angela

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	There is a risk of non-compliance with the reduced time frame (1 month). In the absence of electronic systems, the task is labour intensive and wholly reliant on human resource. Therefore, increasing the risk of not meeting the legislation timeframe and error during the process which in turn breaches confidentiality or serious harm.	Regulatory (6-10)				Fail
1719	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server and SQL database, currently running Sharepoint service for Informatics staff.	Compliance/Regulatory (6-10)	12	4	3	Jon Gair
2210	The Electronic Prescribing Disaster Recovery (EPDR) solution provides a live copy of electronic prescribing data & allergy information which is accessible to RiO users via a desktop icon which is used during planned or unplanned RiO downtime. The EPDR audit trail data has previously been transferred for monitoring through the Enhanced Audit System which is used by the IG dept to monitor inappropriate access to data. Due to limitations with EPDR the audit trail extracts from EPDR are not functioning	Compliance/Regulatory (6-10)	12	4	3	Gillian Sanderson

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	and audit trail data directly within EPDR is also not accessible. There is currently a risk of inappropriate access to EDPR data which will not be picked up as monitoring is currently not possible					
2257	The Trust is entering into multi agency working with many different organisations across different sectors (eg Third sector) as a result we are at risk of not involving/ making all staff groups aware at the earliest opportunity of new developments and relationships so that we can support them adequately and ensure the correct systems and governance is set up to support them. This is likely to happen and would have a major impact if it were to happen.	Compliance/ Regulatory (6-10)	12	4	3	Gillian Keane
2264	Risk in relation to access to digital systems and services at Monkwearmouth Hospital. Demolition and redevelopment work in the middle of the Monkwearmouth site is going to increase the risk of accidental damage to cabling which bridges the buildings between the North and South of the campus site. This cabling is currently critical to carry data/voice network traffic across the site. Disruption to this cabling could affect access to clinical systems such as RiO and other digital dependencies such as telephones/printers etc. This work is expected over a period of many months with existing infrastructure needing to be maintained	Quality Effectiveness (6-10)	12	4	3	Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	during this time.					

## 9.0 Workforce and Organisational Development

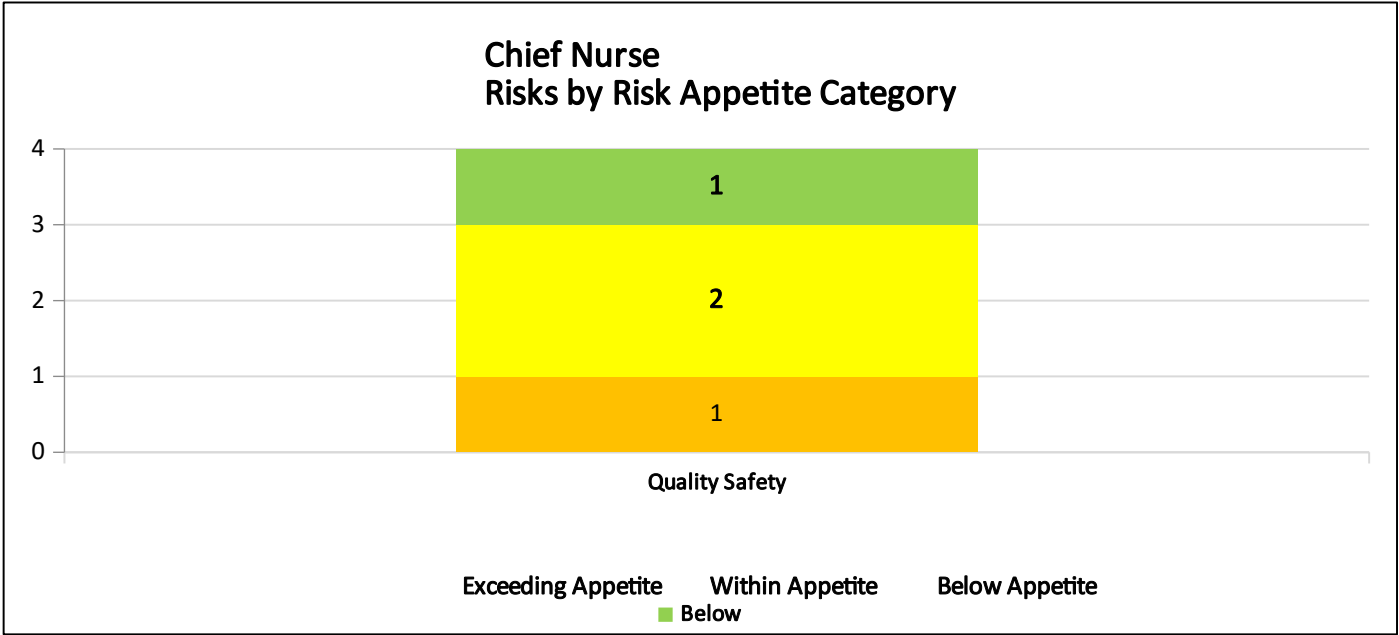


The Executive Director of Workforce and Organisational Development as at end of December 2022 holds 4 risks. There are 2 risks exceeding the risk appetite and 2 risks that are within the risk appetite. No risks to escalate to the BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1715	Sickness absence continues to remain above trust target of 5%. Reduced staff available resulting in increased use of temporary staff having both impact on quality of consistency in care and financial impact	Quality Experience (6-10)	12	3	4	Michelle Evans
2133	Due to staffing shortage, there is reduced capacity for the Staff Psychological Centre to provide support and treatment to Trust staff in a timely manner. This is resulting in delays to both Triage and treatment with a waiting list now in operation. In some cases, this may result in staff	Quality Experience (6-10)	15	3	5	Michelle Evans

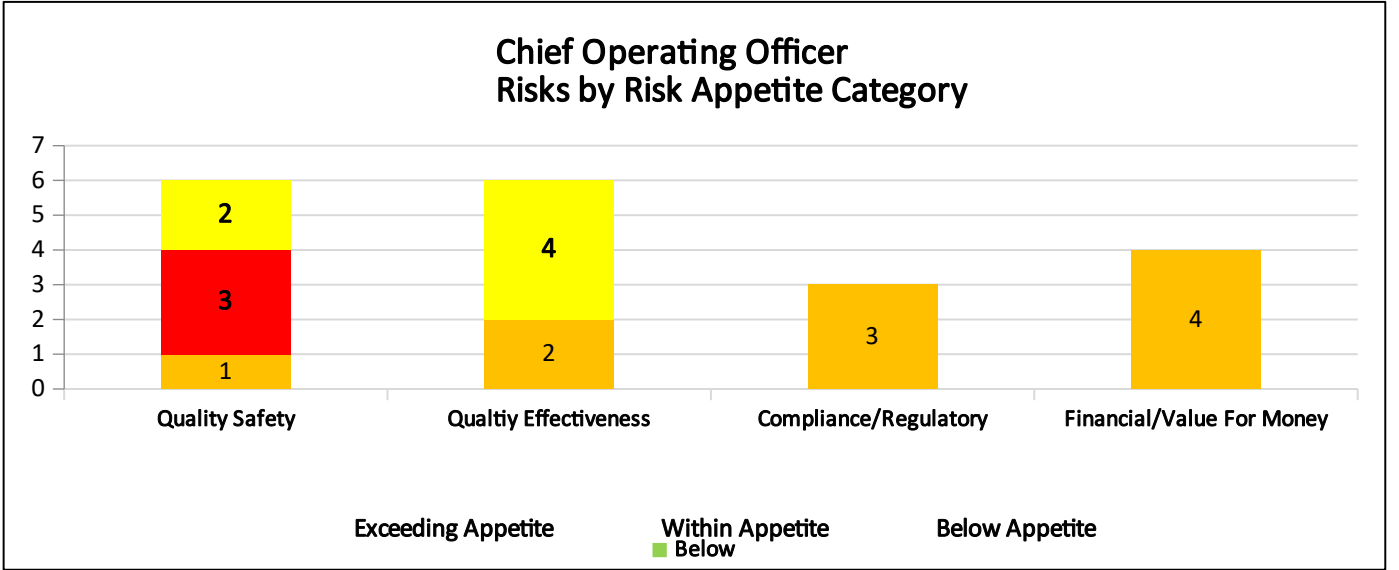
	remaining absent from work for longer.					
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### 10.0 Chief Nurse



The Chief Nurse as at end of December 2022 holds 3 risks. 2 risks are within the risk appetite and 1 risk is below the appetite. All risks are being managed within Chief Nurse Directorate and there have been no requests to escalate to BAF/CRR have been received.

### 11.0 Chief Operating Officer



The Chief Operating Officer as at end of December 2022 holds 9 risks. 3 risks exceed the risk appetite, 6 are within the risk appetite. All risks are being managed within Chief Operating Officer



Directorate and there have been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1220	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Ramona Duguid
1611	It is important to identify patients who have a swallowing difficulty and the risk it poses. Patients who have a swallowing risk require appropriate assessment and for staff to recognise the potential risk of dysphagia therefore accessing and referring to the SALT team. The impact of this risk is on patient safety.	Quality Safety (6-10)	15	5	3	Ramona Duguid
2122	Increased referrals has seen an increase in unsafe caseloads for dietetic staff and an increased risk of urgent patients not being seen within agreed time frame leading to refeeding syndrome and harm. The impact is that we are not responsive to our patients to meet their needs fully.	Quality Safety (6-10)	12	4	3	Gillian Senior

### 13. Emerging Risks

There are no new emerging risks in the Locality Care Groups and Executive Corporate risk registers that are not mentioned in the report.

**Yvonne Newby**  
**Risk Management Lead**  
**18 January 2023**

## All Internal Audits scheduled for 2022/2023

Internal Audit 2022/2023					
	2022/2023				
	Q1	Q2	Q3	Q4	BAF/Directorate Ref
<b>Governance, Risk and Performance</b>					
Risk Management & Board Assurance Framework				*	BAF
Management of Service Level Agreements					
<b>Finance, Contracting &amp; Capital</b>					
Key Finance Systems			*		BAF 1687 SA4
<b>Human Resources &amp; Workforce</b>					
Pre- Employment Checks					
Appraisal					
<b>Technology Risk Assurance: IM&amp;T &amp; Information Governance</b>					
Data Security & Protection Toolkit – Final Assessment June 2022 Submission					
Data Security & Protection Toolkit – Interim Assessment June 2023 Submission					
Digitising Medical Records - Project Controls					
Cyber Security: Penetration Testing (external facing network devices)					
St Nicholas Hospital Data Centre Security					
RiO Upgrade – Pre-Upgrade project and implementation controls					
RiO Upgrade – Post-Upgrade implementation review					
VMWare and Storage Area Network (SAN) security and management controls					
<b>Data Quality</b>					
Performance Management & Reporting					
<b>Quality &amp; Clinical Governance</b>					
Engagement and Observation - Policy Compliance – CNTW(C)19					
<b>Follow Up Audits</b>					
All final audit reports issued with an assurance level of 'Reasonable' and 'Limited' will be followed up (once management have confirmed that all recommendations have been implemented). Furthermore, a year end exercise will be undertaken to review the status of all high-graded recommendations raised during the year.					
<b>Audit Management</b>					
<ul style="list-style-type: none"> <li>• Annual Planning</li> <li>• Audit Committee Reporting &amp; Attendance</li> <li>• Head of Internal Audit Annual Report &amp; Opinion</li> <li>• Management &amp; External Audit Liaison</li> </ul>					

Review Area - Additional Assurances and Advisory	2022/2023				BAF/Directorate Ref
	Q1	Q2	Q3	Q4	

<b>Governance, Risk and Performance</b>					
COVID 19 Response				*	BAF 1687 - SA4 BAF 1852 - SA2, SA4
Body Worn Cameras					
Staff Attack Pagers					
<b>Finance, Contracting &amp; Capital</b>					
No PO No Pay					
Business change				*	DIR 1864
IFRS 16 Lease Accounting					
<b>Human Resources &amp; Workforce</b>					
Bank & Agency - Costs					
Bank & Agency - Pre-Employment Screening & Local Onboarding Process					
CNTW 202122 05 International Recruitment - Final report 31.05.22 - reasonable assurance rating. Action Plan ongoing	*				BAF 1694 - SA5
<b>Quality &amp; Clinical Governance</b>					
Clinical Risk Assessment & Management Plan					
Mental Health Act - Policy & Overarching PGNs				*	BAF 1691 - SA5
CNTW 2021-22/02 Governance Arrangements LTSP (Final Report - reasonable assurance)			*		BAF 1691 - SA5
Mental Health Act - Delegation of Statutory Functions				*	BAF 1691 - SA5
Clinical Risk Assessment					
<b>Technology Risk Assurance: IM&amp;T &amp; Information Governance</b>					
Allocate System Pre-implementation project and security controls					
Electronic Prescribing & Medicines Administration (EPMA) Disaster Recovery Controls					
Freedom of Information Compliance					
Omnicell System Security & Management Controls					
<b>NWT Solutions</b>					
DSP Toolkit	*				DIR 1637 - SA5
Rostering and Overtime					
Cleanliness Standards					
ERIC (Estates Returns Information Collection) and PAM (Premises Assurance Model)					
SLA (Service Level Agreement) - KPIs					
Catering Services					

Clinical Audit Plan					
Review Area	2022/2023				
	Q1	Q2	Q3	Q4	BAF/SA/Directorate (DIR) Ref
<b>Must Do Clinical Audits - Re audit</b>					
CA-19-0002- Seclusion Annual audit 21-22	*				BAF Risk 1694 SA 5
CA-19-0003 - Seclusion Annual audit 21-22		*			BAF Risk 1694 SA 5
CA-19-0004 - Seclusion Annual audit 21-22			*		BAF Risk 1694 SA 5
CA-19-0005 - Seclusion Annual audit 21-22				*	BAF Risk 1694 SA 5
CA-21-0011 - Annual Seclusion - Minor areas of concern					BAF Risk 1694 SA 5
CA-18-0029 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-19-0027 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0001 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0002 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0039 - Physical Health Monitoring following Rapid Tranquilisation - Commencing in Jan 22				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-15-0054 - Nutrition policy audit - Partially Compliant			*		
CA-16-0047 - Nutrition policy audit - Significant Assurance			*		
CA-17-0002 - Nutrition policy audit - Significant Assurance with issues of note			*		
CA-18-0004 - Nutrition policy audit - Good Practice			*		
CA-19-0032 - Nutrition policy audit - Good Practice			*		
CA-21-0012 - Nutrition policy audit - Ongoing			*		DIR Risk 1611
CA-18-0026 - Medicines Reconciliation - Excellen Practice in some areas and non compliant in certain areas.			*		DIR Risk 1288
CA-20-0021 - Medicines Reconciliation -Minor areas of concern with a moderate risk			*		DIR Risk 1288
CA-20-0005 - Prescribing Observatory for Mental Health (POMH-UK) Topic 20b The quality of Valproate - Areas of Concern Highest Risk:20 (High)			*		DIR Risk 1220
<b>Must Do Clinical Audits - NEW</b>					
Prescribing Observatory for Mental Health (POMH-UK) Topic 21a Use of Melatonin	*				
Respiratory Audits (British Thoracic Society)	*				
<b>Should Do Clinical Audits</b>					
<b>Trust Priority Re Audit</b>					
CA-21-0026 - Naso Gastric Tube Feeding Audit		*			
CA-21-0029 - Monitoring of Prolactin in Patients Prescribed Antipsychotic Medications and the Management of Raised Prolactin Levels in Rehabilitation Wards - CA-19-0030 Areas of Concern / Moderate Risk	*				
CA-21-0035 - CYPs CPA Care and Treatment Audit - CA-19-0009: Areas of Concern	*				
CA-21-0037 - Medical Clinicians Completing Independent MDT Seclusion Reviews	*				BAF Risk 1688 SA5 DIR Risk 1637

Medicines Management Re Audit					
CA-19-0017 - Safe Prescribing and administration of insulin - Areas of Concern	*				
CA-19-0019 - Management of Acute Alcohol withdrawal in adults - Minor Areas of Concern			*		
CA-19-0028 - Drug Allergies - Excellent Practice					
CA-18-0021 - Benzodiazepine and Z-drug Prescribing (PPT-PGN-21) - Non compliance with areas of concern	*				
CA-21-0023 - The safe use of opiates within CNTW (PGN-PPT-PGN 18)- Areas of Concern				*	
CA-21-0033 - The use of zuclopenthixol acetate (Accuphase) within CNTW - Re-audit (PPT-PGN- 27) - CA-17-0013: Limited assurance - CA-20-0015: Areas of concern	*				
CA-21-0034 - High Dose and Combined antipsychotics Trustwide audit - CA-20-0013: Minor areas of concern	*				
CA-21-0040 - Safe Prescribing of Valproate (PPT-PGN-25 - Baseline audit but to note CA-20-0005		*			DIR Risk 1220
Medicines Management <b>NEW</b>					
The monitoring of lithium in the community		*			
The monitoring of lithium in the inpatient setting		*			
Evaluation of the use of botulinum toxin within CNTW			*		
To evaluate the prevalence and significance of monitoring prolactin levels in patients on antipsychotics		*			
Evaluate the use of rapid tranquilisation in CYPSS				*	
High Dose and Combined antipsychotics Trust wide audit					
Safe Prescribing of Valproate (PPT-PGN-25)					
Trust Wide Re Audit					
CA-18-0022 - Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21) - Areas of Concern				*	
CA-20-0031 - Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21) - Minor Areas of Concern (Moderate Risk)				*	
CA-21-0010 - Long Term Segregation - Good Practice				*	
CA-19-0035 - Safeguarding Adults at Risk - Good Practice				*	
CA-20-0025 Time to re-orientation following ECT - Minor areas of concern		*			
CA-20-0024 - Weight management when prescribing antipsychotics - Trust wide - Areas of concern	*				
CA-20-0027 Transition Referrals to the Adult ADHD team via CYPSS Minor areas of concern with a moderate risk			*		
CA-18-0013 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of concern				*	
CA-20-0026 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of concern with a moderate risk				*	
Trust Wide <b>NEW</b>					
Under 18's being held in a section 136 suite	*				

<b>NICE (Implementation) Re Audit</b>					
CA-15-0002 - NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Adult and CYPs Services) - Compliant with this section			*		
CA-19-0008 - NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Adult and CYPs Services) - Areas of concern medium risk			*		
CA-21-0020: NICE (Implementation) QS95 & CG185 Psychological Therapy for Use with Bipolar Affective Disorder (BPAD) in a Large NHS Mental Health: Children & Young People's Services ONLY - Sample size too small			*		BAF Risk 1688 SA5 DIR Risk 1637
<b>NICE (Implementation) NEW</b>					
Audit of Delirium Checklist as part of implementation audit for NICE CG103 Delirium	*				
<b>Trust Priorities Audits (identified by the Localities)</b>					
<b>North Locality</b>					
CA-21-0004 - Patient Debrief Post Tertiary Intervention Joint Audit Inpatient CBU & Learning Disabilities & Autism CBU - <b>To commence March 2022 completion date yet to be finalised.</b>					BAF Risk 1688 SA5 DIR Risk 1637
Clinical Standards Review	*				BAF Risk 1688 SA5 DIR Risk 1637
<b>South Locality</b>					
CA-21-0028 - An audit to assess Physical Health Monitoring compliance with CNTW(C) 29	*				BAF Risk 1688 SA5
<b>Central Locality</b>					
None					
<b>North Cumbria Locality NEW</b>					
Dentistry			*		
Risk (Post FACE)	*				
<b>North Cumbria Locality Re Audit</b>					
CA-21-0006 - Co-production: Formulation, Care Plan, Safety Plan, GTKY, Training - NC Inpatient CBU		*			
CA-21-0007 - Re-audit of anticholinergic burden in patients referred to the Old Age Psychiatry Department with memory impairment - NC Community & Access CBU		*			
<b>CBU Priorities</b>					
<b>North Community NEW</b>					
Progress Note framework	*				BAF Risk 1688 SA5 DIR Risk 1637
Care Planning including relapse/contingency planning (personalised/collaborative)		*			BAF Risk 1688 SA5 DIR Risk 1637
Recording of supervision in clinical records			*		BAF Risk 1688 SA5 DIR Risk 1637
FACE risk profile, FACE FAQs				*	
<b>North Inpatient and Learning Disabilities &amp; Autism</b>					
None					

<b>North Cumbria Inpatient</b>					
None					
<b>North Cumbria Access &amp; Community NEW</b>					
Individual Recovery Outcome Counter (iRoc)	*				
<b>Specialist Children's &amp; Young People's Services NEW</b>					
Child Leave Arrangements		*			
<b>South Inpatient NEW</b>					
Risk assessment and crisis and contingency management plans			*		
<b>South Community Re Audit</b>					
CA-20-0028: Core Assessment audit within South Tyneside CTT - Areas of concern with a moderate risk					
<b>South Access</b>					
None					
<b>South Neuro and Specialist Services</b>					
None					
<b>Ongoing Audits from the 21-22 Programme</b>					
CA-18-0025 - National Audit of Inpatient Falls (NAIF) Continuous Audit - Connected to audits CA-19-0037 & CA-20-0029 relating to	*				
CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3 - CA1-18-0001 Position Statement Stage 2 Not Applicable in MH.		*			
CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20 - Connected to the audits CA-19-0025 & CA-20-0029 relating to facilities.	*				
CA-20-0016 National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services - Added to 20-21 Clinical Audit Plan on 06/10/2020. Original start date was January 21. Deferred to 21-22 due to national amendment to timescale in September 21 due to COVID-19			*		
CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Audit 20-21 - Connected to the following audits CA-19-0037 & CA-20-0025 to facilities:	*				
CA-21-0014 - Prescribing Observatory for Mental Health (POMH-UK) Topic 1h & 3e Prescribing high dose and combined antipsychotics - CA-17-0008: Low risk CA-17-0020: Low risk	*				
CA-21-0015 - Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-audit: Prescribing antidepressants for depression in adults - CA-19-0018: Moderate risk			*		
CA-21-0016 - Prescribing Observatory for Mental Health (POMH-UK) Topic 14c Prescribing for substance misuse alcohol detoxification - CA-15-0115: High risk CA-19-0019: Low risk	*				
CA-21-0027 National Audit of Inpatient Falls - Bed Rail Audit 21-22 Connected to the following audits relating to facilities: CA-19-0037 CA-20-0029 - Developed as part of: CA-18-0025				*	
CA-21-0031 Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of Clozapine - Relates to NCAP Process: CA-17-0017 Core Audit CA-18-0014 EIP Spotlight Audit (1) CA-19-0010 EIP Spotlight Audit (2) CA-20-0006 EIP Spotlight Audit (3)				*	



Board Assurance FrameWork 2022-2023															
BAF Dashboard 2022 - 2023															
Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores					Expected date risk to be mitigated and brought within the risk category appetite.	Gaps in Controls within Q3		
							Q1	Q2	Q3	Q4	Target Score		Open Actions	Added Actions	Closed Actions
SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	1683	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands. (SA1.4)	Ramona Duguid	Q&P	Quarterly	Quality Effectiveness (6-10)	16 ↔	16 ↔	16 ↔		4	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	0	0
	1762	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1)	Kevin Scollay	RABC	Quarterly	Fiancial/Value for Money (12-16)	15 ↔	15 ↔	20 ↑		5	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	5	4
SA.2 With People, Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.	1852	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) and (SA4)	Gary O'Hare	Peoples Committee	Quarterly	Quality Effectiveness (6-10)	8 ↔	8 ↔	8 ↔		4	This risk is already within the risk category appetite.	2	0	0
SA.3 Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up	2041	Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. (SA3.2) and (SA2)	Kevin Scollay	Provider Collaborative	Monthly	Quality Effectiveness (6-10)	12 ↔	12 ↔	8 ↓		8	This risk is now within risk category appetite.	3	0	1



Board Assurance Framework 2022-2023															
BAF Dashboard 2022 - 2023															
Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores					Expected date risk to be mitigated and brought within the risk category appetite.	Gaps in Controls within Q1		
							Q1	Q2	Q3	Q4	Target Score		Open Actions	Added Actions	Closed Actions
SA.4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	1831	Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users (SA4)	Kevin Scollay	Provider Collaborative	Monthly	Quality Effectiveness (6-10)	9 	9 	9 		3	This risk is already within the risk category appetite.	1	0	1
	1836	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. (SA4)	Ramona Duguid	Q&P	Quarterly	Quality Effectiveness (6-10)	12 	12 	12 		4	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	7	1	1
	1853	The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4)	James Duncan	RBAC	Quarterly	Climate & Ecological Sustainability (6-10)	12 	12 	12 		8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	0	0
	1687	That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme. (SA4.2)	Kevin Scollay	RBAC	Quarterly	Financial/Value for Money (12-16)	15 	20 	20 		10	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	6	3

**Board Assurance Framework 2022-2023**
**BAF Dashboard 2022 - 2023**

Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores					Expected date risk to be mitigated and brought within the risk category appetite.	Gaps in Controls within Q1		
							Q1	Q2	Q3	Q4	Target Score		Open Actions	Added Actions	Closed Actions

SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	1688	Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. (SA 5)	Kevin Scollay	Q&P	Monthly	Compliance/ Regulatory (6-10)	15 ↔	20 ↑	20 ↔		5	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	16	8	7
	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. (SA5)	Rajesh Nadkarni	MHL Group	Quarterly	Compliance/ Regulatory (6-10)	12 ↔	12 ↔	12 ↔		8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	1	0
	1694	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) and (SA6)	Ramona Duguid	Peoples Committee	Quarterly	Compliance/ Regulatory (6-10)	12 ↔	12 ↔	12 ↔		8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	0	1
SA.6 The Trust Will Be Regarded As A Great Place To Work.	1680	If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. (SA6) and (SA1.10)	Kevin Scollay	RBAC	Monthly	Compliance/ Regulatory (6-10)	12 ↔	12 ↔	12 ↔		8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	0	4

	Below Tolerated Risk Score		
	Within Tolerated Risk Score		
	Breaching Tolerated Risk Score		

## 18. NHSE/I Single Oversight Framework compliance report

Speaker: Ramona Duguid, Chief Operating Officer

### References:

- 18. BoD - NHS Improvement System Oversight Framework - Quarter 3 2022-23.pdf

**Report to the Board of Directors  
Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>Quarter 3 update - NHS Improvement System Oversight Framework</b>
<b>Purpose of the report</b>	<b>To note</b>
<b>Executive Lead</b>	<b>Ramona Duguid, Chief Operating Officer</b>
<b>Report author(s) (if different from above)</b>	<b>Allan Fairlamb, Deputy Director of Commissioning &amp; Quality Assurance Chris Cressey, Deputy Director of Finance &amp; Business Development</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance		Executive Team	
Audit		Trust Leadership Team (TLT)	
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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## BOARD OF DIRECTORS

Wednesday 1<sup>st</sup> February 2023

### 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 2 2022-23.

#### BACKGROUND

NHS Improvement using the System Oversight Framework have assessed the Trust for Quarter 3 of 2022-23 as segment 1 – maximum autonomy. At Month 9 the Trust has agreed with the Trust Board and ICS to revise the financial outturn for the year end to breakeven from a 5.6m surplus. This may impact on the level of autonomy in future quarters.

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 9 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): -



Key Financial Targets	Year to Date		
	Plan	Actual	Variance/ Rating
Risk Rating	n/a	n/a	n/a
I&E Surplus/(Deficit)	£5.1m	(£7.3m)	(£12.4m)
Agency Spend	£9.2m	£22.5m	(£13.3m)
Cash	£48.1m	£31.8m	(£16.3m)
Capital Spend	£33.2m	£28.0m	(£5.2m)
Asset Sales	£3.2m	£1.1m	(£2.1m)

### **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 3 2022-23. Workforce returns are submitted to NHSI monthly.

Summary Staff WTE	Oct	Nov	Dec
	Actual WTE	Actual WTE	Actual WTE
Non-medical Clinical	5,281.82	5,348.59	5,350.64
Non-medical Non-Clinical	2,088.42	2,108.92	2,119.15
Medical & Dental	435.15	435.85	431.98
<b>Total WTE Substantive</b>	<b>7,805.39</b>	<b>7,893.36</b>	<b>7,901.77</b>
Bank	241.81	249.07	249.99
Agency	481.69	436.21	450.28
<b>Total WTE all staff</b>	<b>8,528.89</b>	<b>8,578.64</b>	<b>8,602.04</b>

### **Agency Information**

The Trust must report agency shift numbers to NHS Improvement on a monthly basis. The table below shows the number of agency shifts, the number above price cap and the number of off-framework shifts reported during Quarter 3 2022-23. The Trusts level of agency use at Quarter 3 and forecast for year end is in breach of the allocated ICB agency cap.

	October			November			December		
	Agency shifts filled	Above price cap	Off Frame-work	Agency shifts filled	Above price cap	Off Frame-work	Agency shifts filled	Above price cap	Off Frame-work
Medical	500	88	0	609	111	15	531	88	12
Nursing	717	311	87	713	328	67	680	312	127
Support to Nursing	5,212	443	1	5,075	334	0	4,330	151	11
Admin	56	0	0	70	0	0	53	0	0
<b>TOTAL</b>	<b>6,485</b>	<b>842</b>	<b>88</b>	<b>6,467</b>	<b>773</b>	<b>82</b>	<b>5,594</b>	<b>551</b>	<b>150</b>

At the end of December, the Trust was paying 24 medical staff above price caps and 8 of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement.

## 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 Q3 2022-2023**

#### Board of Directors:

Lisa Quinn, Executive Director of Commissioning & Quality Assurance and Finance has retired.

Kevin Scollay, Executive Director of Finance joined the organisation.

#### Council of Governors:

Caleb Carter West - Service user Governor Neuro-disability service

Russell Stronach moved from LD Governor to Autism services

Jessica Juchau-Scott - Carer Governor Older Peoples services

Jamie Rickleton - Gateshead Public Governor

Mary Laver - North Tyneside Public Governor

Ian Palmer - Shadow Governor South Tyneside

Jodine Milne-Reader - Public Governor Sunderland

Emma Silver-Price - Non-Clinical Staff Governor

Doreen Chananda - Clinical Staff Governor

#### Outgoing Governors:

Tom Bentley - Gateshead Public Governor

Cath Hepburn - North Tyneside Public Governor

Allan Brownrigg - Clinical Governor

Revell Cornell – Non-Clinical Staff Governor

Mohammed Rahman - Clinical Staff Governor

#### Present vacancies

Carer – Neuro Disability service

Carer – Autism service

Local Authority Cumbria

Staff Clinical

### **Never Events**

There were no never events reported in Quarter 3 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

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

#### Carter Review

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

## **RECOMMENDATIONS**

To note the information included within the report.

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

# 19. Charitable Funds Committee Annual Terms of Reference review

Speaker: Debbie Henderson, Director of Communications and Corporate Affairs

## References:

- 19. Charitable Funds Committee ToR January 2023.pdf

**Report to the Board of Directors**  
**Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>Charitable Funds Committee Terms of Reference</b>
<b>Purpose of the report</b>	<b>For information, assurance</b>
<b>Executive Lead</b>	<b>Kevin Scollay, Executive Director of Finance</b>
<b>Report author(s) (if different from above)</b>	<b>Debbie Henderson, Director of Communications and Corporate Affairs</b>

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Mental Health Legislation	<input type="checkbox"/>
People Committee	<input type="checkbox"/>
Resource and Business Assurance	<input type="checkbox"/>
Charitable Funds Committee	<input checked="" type="checkbox"/>
Provider Collaborative, Lead Provider Committee	<input type="checkbox"/>

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	<input type="checkbox"/>
Trust Leadership Team (TLT)	<input type="checkbox"/>
Trust Safety Group (TSG)	<input type="checkbox"/>
Other i.e. external meeting	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
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## Charitable Funds Committee Terms of Reference

<b>Committee Name:</b>	Charitable Funds Committee
<b>Committee Type:</b>	Statutory Sub Committee of the Corporate Trustee ( <i>CNTW Board of Directors</i> )
<b>Timing &amp; Frequency:</b>	Meetings will be held quarterly, however meetings can be held more frequently as required by the Chair
<b>Committee Secretary:</b>	Corporate Governance Manager
<b>Reporting Arrangements:</b>	The Committee will report into the Corporate Trustee (CNTW Board) on a quarterly basis.
<b>Membership</b>	
<b>Chair:</b>	Non-Executive Director
<b>Deputy Chair:</b>	Non-Executive Director
<b>Members:</b>	Executive Director of Finance Chief Nurse Patients Finance and Cashiers Manager Head of Accounting and Processing Director of Communications and Corporate Affairs Marketing Manager Governor representative x 2
<b>In Attendance:</b>	Other Trust representatives may be invited to attend at the request of the Chair
<b>Quorum:</b>	Four members to include: <ul style="list-style-type: none"> <li>- At least one Non-Executive Director (including the Chair)</li> <li>- At least one Executive Director</li> </ul> <p>Decisions will be made by a majority vote. In circumstances where the vote is tied, the Chair of the meeting will have a second and casting vote.</p>
<b>Deputies:</b>	The Vice-Chair to deputise for Trust Chair but no deputies are permitted for Non-Executive Directors.
<b>Purpose</b>	
<p>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Charity is registered with the Charity Commission with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust as the Corporate Trustee (as a unitary Board of Directors).</p> <p>The aim of the Charitable Funds Committee is to undertake the routine management of the Charity, in accordance with the Trust's Scheme of Delegation, and to give additional assurance to the</p>	

Corporate Trustee that the Trust's charitable activities are within the law and regulations set by the Charity Commission for England and Wales. It does not remove from the Corporate Trustee the overall responsibility for stewardship of Charitable Funds but provides a forum for a more detailed consideration and management of all charitable activity within the Trust.

### **Scope and duties**

Specific duties of the Charitable Funds Committee include:

- The day-to-day management of the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Charity (CNTW Charity) on behalf of the Corporate Trustee.
- Ensure the Charity complies with current legislation and regulation.
- Review new legislation, regulation and guidance and its impact on the Charity, making recommendations to the Corporate Trustee if changes in practice or policy is required.
- Review and approve any returns and information required to be submitted by legislation to the regulator, the Department of Health or the Charity Commission.
- Oversee the implementation, update and maintenance of procedures and policies required to ensure the efficient and effective operation of the Charity and in accordance with Charity Commission guidance.
- Develop an overarching Charity Strategy and supporting plans including setting spending targets, budgets, fundraising and investment, ensuring plans are in line with the objectives of the Charity.
- Ensure a robust governance framework is in place to support the day to day management of the Charity, delivery of the Charity strategy and compliance with associated policies and procedures.
- Seek assurance that investments are in compliance with the Charity's investment policy and make recommendations to the Corporate Trustee if changes are proposed.
- Determine the management arrangements for the Charity's investments and review performance regularly against agreed benchmarks;
- Review the policy for expenditure of funds including the use of investment gains;
- To approve all individual charitable fund expenditure and proposals for expenditure. The Committee has authority to seek approval via email with ratification of all decisions at the next meeting;
- Review individual fund balances within the overall charitable funds on a regular basis, seek expenditure plans from individual fund holders and oversee expenditure against the charitable funds in accordance with the Scheme of Delegation;
- Agree guidance and procedures for the fund holders and ensure they are publicised to those who need to be aware of them;

- Receive and review the Annual Accounts and Annual Reports for the Charity and submit them to the Corporate Trustee for approval;
- Review and act on any internal and/or external audit recommendations;
- Encourage a culture of fund raising within the Trust, raise the profile of the Charity and monitor progress of the Charity Strategy;
- Receive regular reports on the performance of fundraising activities for the Charity;
- Approve the policy and standards around promotion of the Charity on behalf of the Corporate Trustee to ensure that material does not endanger the Charity's reputation.

### **Authority**

The Committee is authorised by the Corporate Trustee. Decision making is in line with the delegated authority outlined in these terms of reference.

In line with the Scheme of Delegation, any requests for disbursement of monies from general funds, and disbursement from individual funds of more than £1000 will require approval by Committee members. Approval can be sought via email. Approval can only be deemed valid via agreement of the majority of Committee members (including a minimum of one Non-Executive Director and one Executive Director).

The Patient Finance and Cashiers Manager may in exceptional circumstances only approve disbursements of monies up to £500 from general funds. In such instances, the Committee should be contacted in advance of such disbursement.

The Committee shall have the authority to seek external legal advice or other independent professional advice on request by the Chair.

The Committee can establish and approve terms of reference for such sub-committees, groups or task and finish groups as it believes are necessary to fulfil its terms of reference.

### **Reporting**

A Chair's report following each meeting will be submitted to the Corporate Trustee. Where a significant risk emerges either through a report or through discussion at the meeting, this will be reported to the Corporate Trustee by the Committee Chair.

### **Links to other sub-committees/forums**

Reports directly to the Corporate Trustee

### **Review**

**Date of current review: January 2023**

**Date of previous review: April 2022**



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## 20. CNTW Strategy, National Planning Guidance, Trust and ICS Response

Speaker: Kevin Scollay, Executive Director of Finance

### References:

- 20. 2023-02-01Planning Paper.pdf

**Report for The Board of Directors  
Wednesday 1<sup>st</sup> February 2023**

<b>Title of report</b>	<b>National Planning Guidance, Trust and ICS response</b>
<b>Report author(s)</b>	<b>Kevin Scollay – Executive Director of Finance</b>
<b>Executive Lead (if different from above)</b>	<b>Kevin Scollay – Executive Director of Finance</b>

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>			
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	X
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
Quality and Performance		Trust Executives	
Audit		Trust Leadership Team	
Mental Health Legislation		Business Delivery Group (BDG)	
Remuneration Committee			
Resource and Business Assurance			
Charitable Funds Committee			
CEDAR Programme Board			
Other/external (please specify)			

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	
Workforce		Environmental	
Financial/value for money	x	Estates and facilities	
Commercial	x	Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	
<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>			

**Report Title – North East & Cumbria ICS Limited Liability Partnership  
Wednesday 1<sup>st</sup> February 2023**

**1. Overview of the Guidance**

On 23 December 2022, NHS England published the 2023 priorities and operational planning guidance.

Over the following weeks a suite of other documents has been published in support of the 2023/24 planning round.

This guidance outlines priorities for the NHS for the coming year. This guidance recognises the pressures being felt across the entire health system and responds accordingly by emphasising 3 overarching priorities for the entire system;

1. Recovering core services and productivity
2. Continue to make progress against the NHS long term plan
3. Continuing to transform the NHS for the future

The guidance clearly places the need to improve our Urgent and Emergency Care System through improved ambulance response times and A&E waiting times, whilst improving access to both Elective Care and Primary Care Services are emphasised through tackling waiting lists and access to General Practice.

Mental Health Services and Services for people with a learning disability and autistic people all remain a key focus through progress against the ambitions outlined in the NHS Long Term Plan and the Mental Health Investment Standard is retained to support ongoing improvements in these services.

Workforce planning at system level is emphasised and ICS partners are expected to work closely to understand and outline how the ambition outlined in the guidance will be delivered across all services, including mental health.

Systems are expected to work closely in the development of Integrated Care Partnership Strategies whilst also maturing existing ways of working such as provider collaboratives and place-based partnerships.

**2. ICS and Trust Response**

As a full and active member of the North East and North Cumbria ICS, the Trust is currently working closely with system partners to respond to the ambition outlined in the guidance.

As our relationships continue to mature in the ICS, our ways of working continue to evolve. The ICB have facilitated the establishment of new system wide groups around Mental Health, Learning Disabilities and services for people with Autism, which seek to

establish system wide priorities, co-ordinate planning at place level and ensure planning and contracting process are integrated and joined up.

Internally, the Trust is feeding into this process by joining up internal teams through a newly established contracting group, ensuring that operational and corporate functions work in concert to support the overall process.

An outline timetable has been put forwards by the ICB, which is outlined below, and the Trust will work collectively with partners to produce plans in line with national expectations, although it should be noted that some of the deadlines are significantly challenging.

- NENC ICB guidance & templates for place and thematic Plans: w/c 16 Jan
- Provider level draft templates 9 February (TBC)
- Operational & Finance Plan draft 23 February (TBC)
- ICB Board 28 March
- Operational Plan submission and draft Joint forward plan 30 March
- Contracts signed 30 March
- Joint forward plan consultation April – mid June
- Publish joint forward plan 30 June

### **3. Recommendation/Summary**

1. The Board of Directors are asked to note the publication of the guidance and the work to date on the ICS, ICB and Trust responses.

## **21. CNTW / Mental Health Concern - waiting list initiative**

Speaker: Adam Crampsie, Chief Executive of Mental Health Concern and Anna English, Central Group Director, CNTW

## 22. Quality and Performance Committee

Speaker: Darren Best, Chair

## 23. Audit Committee

Speaker: David Arthur, Chair



## **24. Resource and Business Assurance Committee**

Speaker: Paula Breen, Chair

## **25. Mental Health Legislation Committee**

Speaker: Michael Robinson, Chair

## 26. Provider Collaborative Committee

Speaker: Michael Robinson, Chair

## 27. People Committee

Speaker: Brendan Hill, Chair

## 28. Charitable Funds Committee

Speaker: Louise Nelson, Chair

## 29. Council of Governors' Issues

Speaker: Ken Jarrold, Chairman

## 30. Questions from the Public

Speaker: Ken Jarrold, Chairman

## 31. Any Other Business

Speaker: Ken Jarrold, Chairman



## **32. Date and Time of Next Meeting**

Wednesday 1st March 2023

1:30 - 3:30pm

Trust Board Room, St Nicholas Hospital and Microsoft Teams