

Board of Directors Meeting (PUBLIC)

06 November 2019, 13:30 to 15:30
Board Room, St Nicholas Hospital, Gosforth, NE3 3XT.


Agenda

- 1**
Service User/Carer Experience
Verbal/Information
Ken Jarrold, Chairman
- 2**
Apologies
- 3**
Declarations of Interest
Verbal/Information
Ken Jarrold, Chairman
- 4**
Minutes of the previous meeting held Wednesday 2 October 2019
Decision
Ken Jarrold, Chairman
-  04. Board of Directors minutes 2 October 2019 IN PUBLIC JL LS.pdf (9 pages)
- 5**
Action list and matters arising not included on the agenda
Discussion
Ken Jarrold, Chairman
-  05 - BoD public Action Log as at November 2019.pdf (1 pages)
- 6**
Chair's Remarks
Verbal/Information
Ken Jarrold, Chairman
- 7**
Chief Executive's Report
Information
John Lawlor, Chief Executive
-  07. CEO Report Nov 19.pdf (7 pages)
-  07.1 CEO Report Appendix.pdf (6 pages)
- Quality, Clinical and Patient Issues**
- 8**
Service User and Carer Experience Report (Q2)
Discussion
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
- 8.1**
Version 1 - New proposed report
-  08.1.1 BoD - Service User and Carer Experience Report Q2 201920 Short version....pdf (1 pages)
-  08.1.2 Service user and carer experience Report -

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8.2

Version 2 - Original report


 08.2 BoD - Service User and Carer Experience Report Q2 201920.pdf (27 pages)

9

Commissioning and Quality Assurance Report (Month 6)

Decision

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

 09. BoD Monthly Commissioning Quality Assurance Report - Month 6.pdf (8 pages)


10

Guardian of Safe Working Hours Report (Q2)

Discussion

Rajesh Nadkarni, Executive Medical Director

 10. GoSW Report frontcover.pdf (2 pages)


 10.1 Quarterly Report GoSW July to September 2019 v1.pdf (5 pages)

11

Safer Care Report (Q2)

Discussion

Gary O'Hare, Executive Director of Nursing/Chief Operating Officer

 11. Safer Care Q2 Report (October 2019) - FINAL.pdf (13 pages)


Workforce

12

Staff Friends and Family Report (Q2)

Discussion

Lynne Shaw, Acting Executive Director of Workforce and Organisational Development


 12. BoD Staff Friends and Family Test Qtr2 (2019-20) V1.0.pdf (30 pages)

13

Freedom to Speak up Report (6 month)

Discussion

Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

 13. Raising Concerns and Whistleblowing Update - Apr-Sept 2019.pdf (7 pages)

14

Fit and Proper Persons Test

Discussion

Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

 14. FPPT - Board November 2019.pdf (6 pages)

Regulatory


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15 CQC Must Do Action Plans


Discussion

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance


15.1 Use of Blanket Restrictions (Q2)

 15.1 BoD CQC Action Plans Blanket Restrictions -
Quarter 2 position.pdf (3 pages)

15.2 Access to Nurse Call Systems (Q2)

 15.2 BoD CQC Action Plans Nurse Call Systems -
Quarter 2 position.pdf (3 pages)


15.3 Rapid Tranquilisation (Q2)


 15.3 BoD CQC Action Plans Rapid Tranquilisation -
Quarter 2 position.pdf (6 pages)


16 Board Assurance Framework / Corporate Risk Register (Q2)


Discussion

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance

 16.1 BoD - Trust-Wide Risk Management Report Oct
2019.pdf (8 pages)

 16.2 BoD - Trust-Wide Risk Management Report -
Appendix 1.pdf (1 pages)

 16.3 BoD - Trust-Wide Risk Management Report -
Appendix 2.pdf (22 pages)

 16.4 BoD - Trust-Wide Risk Management Report -
Appendix 3.pdf (22 pages)

17 Quarterly Report to NHS Improvement and Submissions

Discussion

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance

 17. BoD Quarterly Report on NHS Improvement
(Single Oversight Framework) Q2pdf (6 pages)

18 Terms of Reference Charitable Funds Committee and Corporate Decisions Team

Decision

Debbie Henderson, Deputy Director of
Communications and Corporate Affairs

 19. CDT ToR Annual Review 2019.pdf (4 pages)

Minutes/Papers for Information

19 Committee updates

Verbal/Information

Non-Executive Directors

20 Council of Governors' Issues

Verbal/Information

Ken Jarrold, Chairman

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21
Any other Business

Ken Jarrold, Chairman

22
Questions from the Public

Discussion

Ken Jarrold, Chairman

Date, time and place of next meeting:

23
Wednesday, 4 December 2019, 1:30 pm to 3:30 pm, Board Room, St Nicholas Hospital.

Information

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**Minutes of the meeting of the Board of Directors held in public
Held on 2 October 2019, 1.30pm – 3.30pm
In Training Room 4, Hopewood Park, Waterworks Road, Ryhope, Sunderland,
SR2 0NB**

Present:

Ken Jarrold, Chair
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Dr Leslie Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director
John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Executive Director of Workforce and Organisational Development

Governors in attendance:

Margaret Adams, Public Governor
Bob Waddell, Staff Governor

In attendance:

Dr Frauke Boddy, Consultant Psychiatrist (Item 11 Health Education England: Education and Training Self-Assessment)
Dr Prathibha Rao, Consultant Psychiatrist (Item 11 Health Education England: Education and Training Self-Assessment)
Dr Damian Robinson, Group Medical Director Safer Care (Item 8 Smoke Free)
Jennifer Cribbes, Corporate Affairs Manager

1. Service User/Carer Experience

A special welcome was extended to Chris Colclough who was in attendance to share her personal experience. Chris shared her experience and highlighted the value and importance of support and recovery colleges.

Ken Jarrold thanked Chris for sharing her story which was very insightful and valuable. Rajesh Nadkarni raised a question in relation to support received from employers and how CNTW could support staff in work. Chris explained that it was important to have an individual at work who you can trust and confide in.

In response to a question raised by Les Boobis in relation to the decision to have a private consultation rather than wait for an NHS appointment, Chris explained that it was due to the waiting time involved at that particular time to access NHS services.

Ken further thanked Chris for sharing her story with the Board.

2. Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance. A special welcome was extended to new Non-Executive Directors, Paula Breen and Darren Best. Apologies had been received from Debbie Henderson, Deputy Director of Communications and Corporate Affairs.

3. Declarations of Interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 4th September 2019

The minutes of the meeting held on 4th September 2019 were considered. Lynne Shaw requested an addition to the sentence 'Three members of the Trust's BAME workforce were trained as Cultural Ambassadors with the aim of helping ensure fairness in how BAME staff and students are treated.' To read '*Three members of the Trust's BAME workforce were trained as Cultural Ambassadors with the aim of helping ensure fairness in how BAME staff and students are treated when going through a disciplinary process*'

The minutes as amended were agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 3rd July 2019 were agreed as an accurate record**

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

Action List

04.09.19 (13) ICS MoU

John Lawlor provided an update in relation to the action and made the Board aware that the ICS is now making progress. It was explained that further detail will be provided at a future Board Development Meeting.

07.08.19 (15) IPC Annual Report

Gary O'Hare provided an update in relation to IPC training compliance for Medical Staff. Gary made the Board aware that the Group Directors and Associate Medical Directors are working with staff to ensure compliance. Furthermore, Gary explained that medical staff were also receiving reminders to complete training when they are receiving their flu vaccine.

Matters arising

John Lawlor referred to item 10 of the previous minutes, Research and Development Annual Report 2018/19, and made the Board aware that the Applied Research Collaboration successfully went live on 1 October 2019.

6. Chair's remarks

Ken Jarrold provided a verbal update and reminded the Board of the upcoming Research and Development conference.

Ken referred to a number of topics within the agenda including the Workforce Strategy, Investors in People accreditation, Occupational Health Service and Medical Education and Training self-assessment. Ken highlighted that each of the items is an indication of how CNTW values its staff.

Resolved:

- **The Board noted the Chair's remarks**

7. Chief Executive's report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates.

John commenced by welcoming North Cumbria to the Trust and made the Board aware that it was the first Board of Directors meeting as Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. John thanked all the teams across NTW and CPFT who have been involved in making the transfer of services a success.

Lynne Shaw spoke to the Occupational Health Provision section of the report and explained that a three-year contract had been awarded to People Asset Management (PAM).

John highlighted the section of the report 'Cumbria Partnership NHS FT CQC Inspection' and advised that the full CQC report can be accessed via a link included in the Chief Executive's Report.

Finally, John advised that West Lane Hospital in Middlesbrough had transferred their last patient to Ferndene and was now formally closed.

Resolved:

- **The Board received the Chief Executive's report**

8. Smoke Free update

Damian Robinson spoke to the enclosed report to update the Board on phase 2 implementation of smoke free sites. Damian referred to the Board Development meeting held earlier that morning in which a detailed presentation was delivered to

update the Board on changes to the Trust's Smoke Free Policy. It was explained that the changes had been implemented from 1 October 2019.

In response to a question raised by Les Boobis in relation to e-cigarettes, Damian explained that if World Health Organisation (WHO) guidance on the use of e-cigarettes changes, the Trust will react accordingly.

Resolved:

- **The Board received the Smoke Free update**

Quality, Clinical and Patient Issues

9. Commissioning and Quality Assurance Report

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for August 2019 (month 5) to update the Board on issues arising in the month and progress against quality standards.

Lisa commenced by highlighting that the Trust had received one Mental Health Act reviewer visit report relating to Oswin (Forensic) ward since the last meeting. Lisa explained that there were actions which had been resolved since the last visit report and actions which remain unresolved from a previous visit. The Board were made aware that the unresolved actions would be reviewed at the Business Delivery Group meeting on Friday.

Lisa further highlighted that there had been a small improvement in the number of people waiting over 18 weeks to access non-specialised adult services and a significant decrease had been achieved in the number of Children and Young People waiting over 18 weeks for access to services in the Newcastle and Gateshead area.

James Duncan spoke to the finance section of the report and confirmed that the Trust was broadly on track with the plan. However, it was explained that the Trust's agency spend was currently above plan due to pressure on some services. James advised that an analysis was currently being conducted to understand the position further.

Lisa Quinn made the Board aware of some data quality issues as a result of the transfer of services from North Cumbria. Lisa explained that discussions had taken place with NHS Improvement and Clinical Commissioning Groups in relation to the issues and a period of 6 months had been agreed to resolve the problems. Lisa advised that future reports would contain a description of the quality issue and a starting point (on transfer) would be added to enable improvement to be measured.

In response to a question raised by Alexis Cleveland relating to comparing data across the Trust, it was agreed that the Quality and Performance Committee would review ways of reporting to ensure performance is measured wherever possible.

In response to a question raised by Ken Jarrold, Lisa Quinn and James Duncan explained that the Model Hospital was a benchmarking site where Trusts can

compare data. It was agreed that the Model Hospital would be presented at a future Board Development Meeting.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report**

Action:

- **Board to receive a presentation on the Model Hospital at a future Board Development Meeting.**

10. Local Clinical Excellence Awards 2018 Report

Rajesh Nadkarni spoke to the enclosed report and explained that new guidance issued by NHS Employers and the British Medical Association requires the Board of Directors to consider the Local Clinical Excellence Awards Annual Report prior to it being published on the Trust website.

Rajesh highlighted small errors in the report and explained that the figure for BAME eligible consultants was actually all eligible consultants. Rajesh highlighted the improvement in data relating to gender and explained that more female consultants had applied for a clinical excellence award during 2018 and subsequently received one.

John Lawlor made the Board aware that the Clinical Excellence Awards process would be slightly delayed in 2019 due to a change in how points are awarded. It was explained that it would now be a 2 stage process.

In response to a question raised by Lisa Quinn, Rajesh confirmed that a data cleanse would be conducted where information was missing to ensure that all future records are accurate.

Resolved:

- **The Board approved the Local Clinical Excellence Awards 2018 Report**

11. Health Education England: Education and Training Self-Assessment

Ken Jarrold welcomed Dr Boddy and Dr Rao who were in attendance to speak to the enclosed report.

Dr Boddy and Dr Rao reminded the Board of the purpose of the report which provided a year end summary of the education and training provided to doctors in training and the process of evaluation against a set of standards.

It was explained that the Trust had received excellent feedback from both trainees and trainers within the Trust. A brief overview of the national rankings was provided in which it was confirmed that the Trust had improved from the previous year.

Dr Boddy explained current challenges relating to accommodation compounded by increasing student numbers, recruitment of trainers and changes to the curriculum which involves a review of all teaching practice and content.

In response to a question raised by Lisa Quinn relating to the lack of accommodation within the Newcastle and Gateshead areas, Dr Rao explained that solutions were being explored which included reorganising timetables and improving student spaces.

In response to a question raised by Darren Best relating to funding, a discussion took place relating to how all the funding had to be fully accounted for and how funding is used which included paying salaries, supporting services and developing doctors. Darren Best referred to the section of the report that stated that historically SAS development money is spent on the group and questioned if this had been reviewed during the year. Dr Rao confirmed that each of the SAS Doctors agree the SAS spend on an annual basis. Rajesh Nadkarni further supported this and explained that the funding was spent on the SAS group and on development for individual SAS Doctors.

Ken Jarrold thanked both Dr Boddy and Dr Rao.

Resolved:

- **The Board received the Health Education England: Education and Training Self-Assessment report**

12. Quarterly Visit Feedback Themes Q1 and Q2

Gary O'Hare presented the report to update the Board on visits that had been undertaken by senior leaders during the Q1 and Q2 period. Gary explained that there had been a number of visits undertaken as a result of other activities including the preparation for the transfer of services from Cumbria.

Ken Jarrold highlighted the services visits that had not been included in the report such as the Executive Directors Services visits in Cumbria and Non-Executive Director services visits. It was suggested that all visits could be incorporated into future reports.

Resolved:

- **The Board received and noted the Quarterly Visit Feedback Themes Q1 and Q2 report**

Workforce

13. Workforce Strategy Update

Lynne Shaw spoke to the enclosed Workforce Strategy Update Report and reminded the Board that the strategy had been formally approved by the Board in June 2015 and refreshed in March 2017 due to changes in the external environment.

Lynne provided detail in relation to progress made with the Equality and Diversity Strategy, introduction of Cultural Ambassadors and becoming a Stonewall diversity champion.

It was further explained that all clinical areas now have a workforce plan which is aimed at aligning the workforce, activity and financial plans for their own specific area.

Lynne provided additional information in respect of the Collective Leadership Programme, her involvement in the regional 'Great Place to Work' initiative, launch of Neyber which will provide financial support to staff, commencement of in-house Nursing Degree training, Investors in People award and development of the Appraisal and Pay Progression policy.

Peter Studd queried the position in relation to the roll out of ESR self-service and the appraisal process. Lynne advised that the roll out of ESR self-service had commenced and confirmed that currently all staff have employee limited access which allows them to view pay related documentation and complete statutory and mandatory training. Lynne advised that the staff who have transferred from Cumbria already have manager self-service as they used it prior to transfer and explained that discussions are ongoing in relation to rolling this out to all managers in the Trust.

In relation to the Appraisal process, Lynne explained that the Appraisal and Pay Progression policy had been drafted. She further explained that an engagement process will be conducted to ensure the documentation is shared widely before it is finalised and consulted upon. Lynne agreed to ensure the Board were kept up to date with any significant developments.

Resolved:

- **The Board received and noted the Workforce Strategy Update.**

Strategy and partnerships

14. Cumbria

John Lawlor provided a verbal update in relation to the transfer of services from North Cumbria and confirmed that the transfer took place as planned on the 1 October 2019.

John explained that Executive Directors had a programme in place to visit all the services in Cumbria and it was confirmed that a number of visits had already been undertaken. Feedback from the visits were said to have been, in general, extremely positive.

It was further explained that a training programme had been ongoing over recent weeks which had also been positively received by staff transferring to CNTW.

John Lawlor and Ken Jarrold thanked all the teams across NTW and CPFT who have been involved in making the transfer of services a success. A special thank you was extended to Gary O'Hare for his role in supporting the successful transfer and to other Board members involved with the development of the transfer arrangements.

Resolved:

- **The Board received and noted the Cumbria update**

15. Integrated Care System Mental Health Workstream

John Lawlor provided a verbal update and reminded the Board of the purpose of the Integrated Care System, Mental Health Workstream and organisations involved.

James Duncan explained that the Trust was working hard to ensure the inclusion of Mental Health services in the North East and North Cumbria draft ICS plan. A brief discussion took place relating to engagement with service users and carers and how they can be involved.

Les Boobis referred to the Council of Governors Quality Meeting which received presentations from each of the local Recovery Colleges and highlighted that there was no robust funding model in place. Les questioned if the ICS could recognise the value of the recovery colleges and subsequently support their funding.

James Duncan confirmed that there was not an agreed funding model in place and explained that a celebration event could be planned for Recovery Colleges to celebrate their success and share learning.

Margaret Adams raised that the presentations delivered to the Governors Quality Group highlighted that there are risks in existence as some Recovery Colleges are not as well developed and therefore, we are at risk of losing them.

Discussion took place relating to the development of recovery colleges and potential of securing ICS funding to support them.

Ken Jarrold praised the work and value of the Recovery Colleges.

Resolved:

- **16. The Board received and noted the Integrated Care System Mental Health Workstream update**

Minutes/papers for information:

17. Committee updates

There was nothing to update from Committees.

18. Council of Governor issues

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Ken Jarrold informed the Board that the Council of Governors had received an excellent presentation on the Service User and Carer Strategy at their last meeting held in public. It was explained that the meeting had been very successful.

The Board were further made aware that Debbie Henderson was in the process of organising a joint meeting where a small number of CNTW Governors and Cumbria Integrated Care Governors would be in attendance.

Ken referred to the Trust's Membership events which were said to be very successful. Alexis Cleveland supported this and commented on the success of the virtual reality session which allowed attendees to experience the new technology.

Margaret Adams made the Board aware that the topic for the next Membership event was Older People's Services and advised that it was taking place the next day, 3 October, at Monkwearmouth Hospital.

19. Any Other business

There was no other business to discuss.

20. Questions from the public

There were no questions from members of the public.

Date and time of next meeting: Wednesday, 4 November 2019, 11:30am to 12:30pm, Board Room, St Nicholas Hospital, Gosforth, NE3 3XT

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Board of Directors Meeting held in public

Action Sheet as at 6 November 2019

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
04.09.19 (13)	ICS MoU	Discuss at system-level the issues relating to drug related deaths and the impact on population health	John Lawlor	November 2019	Verbal update to be provided at the November meeting
07.08.19 (19)	Safer Staffing Levels incl 6 monthly skill mix review	A revised paper to include an MDT approach to safer staffing including agency medical locums to be presented to a future Board meeting	Gary O'Hare/Rajesh Nadkarni	November 2019	On track for submission to November meeting
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Debbie Henderson	November 2019	To be included in the Board Report style guide currently under development
22.05.19 (10)	Committee Terms of Reference	ToR's for Corporate Decisions Team and Charitable Funds Committee to be submitted to the October meeting	Debbie Henderson	November 2019	Submission to November meeting following meeting of the CFC in October
04/09/19 (15)	Draft Long Term Implementation Plan	Long Term Plan submission to be presented to the October meeting of the Board	James Duncan	November 2019	Deferred to November Board
Completed Actions					
07.08.19 (15)	IPC Annual Report 18/19	Clarify IPC training compliance for Medical Staff	Gary O'Hare	October 2019	Verbal update to provided at the October meeting
02.10.19 (9)	Model Hospital	Board to receive a presentation on the Model Hospital at a future meeting	Lisa Quinn	November 2019	Model Hospital Presentation added to the list of Board Development Topics

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 6 November 2019

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Trust updates

1. Service Transfer Update
2. Staff Survey
3. Investors in People (IIP)
4. Royal College of Psychiatry Mental Health Trust Engagement Event
5. Transcultural Continuous Professional Development (CPD) Event
6. Research and Development Conference
7. Psychiatry Update Continuous Professional Development (CPD) Event

Regional updates

8. Integrated Care System (ICS)/Long Term Planning
9. North Cumbria Health and Care Leadership Arrangements

National updates

10. Update from the Labour Party Conference
11. NHS Providers Campaign: Re-build our NHS
12. Nuffield Trust Article

Outcome required: For information

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Chief Executive's Report

6 November 2019

Trust updates

1. Service Transfer Update

On 1st October we welcomed our colleagues from North Cumbria and I wanted to take the opportunity to acknowledge the hard work, dedication and commitment of all teams from all of our localities and corporate functions who were involved in making the transfer of services a success. We are still working hard to address some outstanding IT issues but despite that, we are continuing to deliver high quality care across our patch.

2. Staff Survey

The 2019 NHS Staff Survey has been launched. At the time of writing, 33% of the workforce have completed their staff survey and we continue to encourage everyone to take an opportunity to feedback on their experiences of working at the Trust so that we can continue to make CNTW the best place to work. The survey will close at the end of November.

3. Investors in People (IIP)

The IIP Standard is recognised worldwide to reflect the very best in people management excellence. Underpinning the Standard is the IIP Framework which can be used to facilitate on-going development of people management. The Trust has held IIP accreditation since 2010 and was re-assessed against the latest version of the Standard during September 2019. The assessment included an initial exploratory analysis of the Trust, individual and group interviews, and an analysis of evidence gathered through a review of specific documentation.

I am pleased to say that we have maintained our IIP standard and strengths identified as part of the assessment against the 'developed' level of the IIP Framework include: clarity on the Trust's purpose, vision and strategic objectives and people's ability to demonstrate these; a structured cascade system/devolved leadership model; good communication of core values which are integrated into practices such as recruitment, induction/on-boarding and appraisal; clarity around individual expectations and understanding of their own personal contribution on Trust performance; evidence that line managers have supportive, developmental conversations with staff as part of supervision and appraisal; and the wide range of benefits available to the workforce. The assessors also identified a number of areas which went beyond the level required for assessment.

A number of recommendations were highlighted including: improving the effectiveness of some line managers to ensure people are consistently supported, further embedding practices to reward and celebrate individual and team achievements in non-financial ways; capture more evaluative data to help identify opportunities for continuous improvement i.e., impact of the work on equality and inclusion. Work has already commenced in these areas and a 12-month review will take place on 24th September 2020.

4. Royal College of Psychiatry Mental Health Trust Engagement Event

The College held an event on 10 October 2019 inviting Chief Executives and Medical Directors of Mental Health Provider Trusts. Dr Rajesh Nadkarni attended the event and was involved in discussions around the implementation of the NHS Long Term Plan, developing integrated care in practice, harnessing digital and technological

advances to improve outcomes for people with mental illness and looking at solutions to build up the psychiatric workforce.

The event was attended by Simon Stevens (NHS Chief Executive), Claire Murdoch CBE (National Director for Mental Health), and Dr Kevin Cleary, (new Deputy Chief Executive for Hospitals and Lead for Mental Health at the Care Quality Commission).

5. Transcultural Continuous Professional Development (CPD) Event

The first Transcultural CPD Event was held on 24 October 2019 and attended by nearly 60 delegates in Newcastle. Its aim was to improve understanding of how culture, race, gender, and allied factors affect the presentation of patients, their outcomes and how they underpin practice for professionals. The attendees were a mix of internal and external Consultant Psychiatrists, GPs, Higher Trainees, Nurse Practitioners and Social Workers from the two Mental Health Trusts within the region, St. Oswald's Hospice and General Practice. The event included lectures from Dr Shahid Latif (Chair of the Transcultural Specialist Interest Group, Royal College of Psychiatrists), Dr Samia Latif (Co-Chair, BAME Network, Public Health England) and Sue Palmer-Holland (Head of Innovation and Research at Northamptonshire NHS Foundation Trust). The event included lectures and workshops including contributions from service users with lived experiences. The group also tested out a qualitative tool from Northamptonshire NHS FT which measured an organisations' cultural competence, maturity and practices.

Initial analysis of the feedback suggested that the attendees found the day enjoyable, increased their awareness and understanding of how pertinent the issues are to their professional practice. We have also made links between our Equality and Diversity Lead and those in Northamptonshire to further develop our Equality and Diversity agenda.

6. Research and Development Conference

The 9th Annual Research and Development Conference was held on 16th October 2019 and attended by over 200 delegates including our Chairman, Ken Jarrold CBE. The conference focussed on the range of research happening within the Trust including talks by the Director of the Applied Research Collaboration (Eileen Kaner), Professor John O'Brien of Cambridge University and the number one ranked academic in Lewy Body Dementia.

There was a wide variety of talks and presentations from Psychologists, AHPs, Psychiatrists, Nurses and Academic Researchers on topics such as virtual reality therapy, drama therapy, mood app development, family therapy and game theory. There was also an innovative "Lightening Talk" section which enabled some rising nursing stars of the future to promote their dissertation research. The conference was a huge success, involving all disciplines and services users, confirming the scale and depth of research activity happening within the organisation, helping to promote and embed research and development into practice.

7. Psychiatry Update Continuous Professional Development (CPD) Event

The Psychiatry Update Day planned by professionals in the region, took place in Cumbria on the 10 October 2019. The agenda featured updates on psychosis, depression, risk assessment and management, gender identity and personality disorder pathways. 72 delegates including a mixture of Consultants, Nurse Practitioners, Junior Doctors, and Practice Pharmacists from CNTW, TEWV and Primary Care in Cumbria attended the event. A significant number of GPs also attended the event and provided a valuable opportunity for real engagement and

networking. Feedback from the day was very positive with delegates feeling they had benefitted from significant learning on interesting topics with the opportunity to network with colleagues across various CNTW sites and primary care.

Regional updates

8. Integrated Care System (ICS)/Long Term Planning

The North East and North Cumbria is developing its strategy for the implementation of the NHS Long Term Plan over the next five years. This will bring together planning at place (Local Authority Level), Integrated Care Partnership (ICP) and Integrated Care System Level (ICS). The draft document reaffirms the ICS commitment to five core workstreams, which are:

- Population Health and Prevention
- Optimising Health Services (clinical standards and sustainability)
- Digital Transformation
- Workforce Transformation
- Mental Health and Learning Disabilities

Each organisation and system has submitted draft plans to support this submission, with a final version due to be submitted by the end of November. This will be considered by the Board at its December meeting.

As part of this work our Integrated Care System has agreed an ambition to be “England’s Greenest Region”. A work stream to support this ambition has been set up under the Sponsorship of Dame Jackie Daniel, Chief Executive of the Newcastle Upon Tyne Hospitals NHS Foundation Trust. Our Trust is fully engaged in the development of this work and further updates will be brought to the Board in the coming months.

The Trust has commenced work on its detailed long term planning in the light of national, ICS and ICP planning and the board will continue to be engaged in this work over the coming months. The Trust will be looking to take this work forward to support the submission of its operational plan, which is due by the end of March 2020.

9. North Cumbria Health and Care Leadership Arrangements

In 2018, North Cumbria was one of the 14 national Integrated Care Systems (ICS) and in June 2019 became part of the broader ICS in the North East to become North East and North Cumbria ICS. On 1 October 2019 Cumbria Partnership NHS FT (CPFT) and North Cumbria University Hospitals NHS FT (NCUH) merged to create North Cumbria Integrated Care NHS FT (NCIC). During this time, a lot of progress has been made to provide more joined up care for the region, including the transfer of mental health and learning disability services to CNTW.

Stephen Eames, Chief Executive of CPFT, NCUH and the newly formed NCIC will take up post as Executive Lead for the North Cumbria ICS two days per week while spending the other three days per week in the same role with Humber, Coast and Vale Health and Care Partnership. This means that NCIC will shortly commence a recruitment process for a new Chief Executive allowing a clear focus on improving patient outcomes and driving the Trust forward as a great place to work.

The Board would like to take an opportunity to congratulate Stephen on his new opportunity and wish him well for the future.

National updates

10. National Review into the Quality of Children's Inpatient Services

NHS England has set up an independent Panel to review the quality of inpatient mental health, learning disabilities and autism services for children and young people, amid growing safety concerns nationally. John Lawlor has been invited to Chair the Panel which will be given the task of proposing rapid improvements in existing services, examining approaches to complex issues such as inappropriate care, out of area placements, length of stays and oversee the development of genuine alternatives to care, closer to home.

11. CQC State of Health and Adult Social Care in England 2018/19 Report

The Care Quality Commission has published its Annual Report on the NHS and social care, looking at trends in quality, sharing examples of good practice and highlighting key areas for improvement. The report highlights that overall quality of care has improved slightly from last year. When people receive care it is mostly good quality but people often struggle to get access to the care they need when they need it, impacting on their experience of care provided.

It was noted that emergency attendance and admissions continues to rise year on year impacting on access to non-urgent services and access and staffing are presenting challenges across all settings with particular problems experienced in some areas of the country.

There is a particular focus on mental health and learning disability services. The CQC note that while the overall picture remains relatively stable there has been a deterioration across specialist inpatient services. The report also notes that too many people with mental health or learning disability needs are supported by staff without the necessary skills, training, experience or support. In particular the CQC notes that this reflects the national shortage of nurses in these areas. Concerns are raised about the sustainability of adult social care services with providers continuing to exit the market.

The report calls for actions in the following areas: more and better services in the community; innovation in technology; workforce and models of care; system-wide action on workforce planning; and long term sustainable funding for adult social care. The report can be found on the CQC website.

12. The Queens Speech

The Queen's Speech delivered on 14th October set out the priorities for the current Government which outlined some of the priorities as set out for health and care, albeit since the speech, an early general election on 12 December has been announced.

Two Bills were introduced directly relating to health and social care (the Health Service Safety Investigations Bill and The Medicines and Medical Devices Bill), with the possibility of two more on the NHS Long Term Plan and the long awaited bill on adult social care.

The Health Service Safety Investigation Bill will set up the Health Services Investigations Body which is intended to be the world's first body charged with independence and powered to investigate incidents that occurs during the provision

of NHS services that have, or may have, implications for the safety of patients. This body will have powers to investigate incidents confidentially (the bill would prohibit the disclosure of information held by the body, to encourage candour); it would improve the quality and effectiveness of local investigations by setting national standards and acting as an advisory service; and it would amend the Coroners and Justice Act 2009 to give English NHS bodies the power to appoint Medical Examiners, while also placing a duty on the Secretary of State to ensure that enough Medical Examiners are appointed in England.

The Medicines and Medical Devices Bill would include the following:

- Replicating powers currently enshrined in EU Law
- Making it simpler for NHS Hospitals to manufacture and trial innovative medicines and diagnostic devices
- Enabling the UK to be a world leader in the licensing and regulation of innovative medicines and devices, and
- Ensuring the government can update legislation relating to medicines and medical devices in response to patient concerns and as the future global relationship of the UK in these areas is developed

In addition the government plans to implement NHS England's proposals for legislative change to support the delivery of the Long Term Plan. This will lead to detailed proposals being brought forward, in turn, leading to the development of draft legislation. And finally the government plans to bring forward proposals to reform adult social care in England to include a 2% precept to enable councils to access a further £500m for social care, and bringing forward substantive proposals on social care reform.

14. Quarter 1 NHS Financial Performance

NHS England and NHS Improvement (NHSE/I) published their financial report for the first quarter of 2019/20 on 22nd October. This was significantly later than previous practice and also included significantly less analysis. This has been raised as an issue of concern by NHS Providers.

In summary, the quarter 1 revenue position across the NHS was broadly in line with plan, with a forecast overspend of £84m. The commissioning sector was reporting an adverse year to date variance to plan of £39m, with pressures across 35 CCGs who are reporting year to date positions worse than plan. CCG forecasts currently assume that any overspends will be recovered by the end of the financial year and that the sector will deliver a year end surplus of £196m.

The provider sector is £26m underspent against plan, recording an overall deficit of £840m at this stage of the year, broadly in line with last years. There are 20 Trusts reporting a financial position that is worse than plan including Provider Sustainability Funding (PSF), compared to 61 last year. If PSF is excluded, the number of Trusts reporting a year to date overspend reduces to 18, with four Trusts forecast to overspend at the end of the year (at the same time last year this was 25 and four respectively). The provider sector as a whole is forecasting to finish the year slightly ahead of plan with a £280m deficit.

15. New NHS Financial Architecture

As the Board are aware NHSE/I have been looking to develop a revised financial architecture for the NHS, with the intention to move away from control totals and the use of PSF as an incentive for delivery to a system where over time Trusts are

expected to deliver a balanced plan and have freedom to set any surplus requirements according to their individual need. Trusts in deficit will receive Financial Recovery Funding and will agree a trajectory to achieve financial balance independent of any external support. Trusts have now been issued with what are now called Long Term Plan Trajectories, alongside with expected call on Financial Recovery Funding. Our Trust Long Term Plan Trajectory is in line with the plan we have submitted and as a Trust in surplus, we will not receive additional financial support or incentives. However, in 2020/21, all Trusts that plan for break-even or better will receive a one off payment equivalent to 0.5% of turnover, and we would expect to receive this. This one off payment is available to all Trusts in the first year that they break-even following this financial re-set. An NHS Providers commentary on these changes is attached in the appendix to the report.

Cumbria, Northumberland Tyne and Wear
11/01/2019 12:18:39

To all Chairs, CEOs and Directors

Future Financial Architecture, System planning and FRF allocations

Dear Colleague,

As you know, NHS England/Improvement (NHSE/I) have been working to develop the NHS's future financial architecture. We have contributed to this work on behalf of members. Given the first results of this work have just circulated, we wanted to set out our understanding and view of what's been developed and the influencing work we have been doing.

Context

In the long term plan (LTP) NHSE/I committed to delivering a series of government set financial objectives to improve frontline NHS finances including:

- Continuing to balance the NHS national and aggregate provider/commissioner positions;
- Reducing the aggregate provider sector deficit each year, with the provider sector achieving overall balance by 2020/21; and
- Reducing the number of trusts in deficit year on year with every NHS organisation in balance by 2023/24. NHSE/I's initial aim is to more than halve the number of trusts in deficit this year, from 107 in 2018/19 to around 50 in 2019/20.

To support delivery of these objectives, NHSE/I is creating a new financial architecture. This reshapes financial support for the provider sector, moving from centrally set control totals and a provider sustainability fund (PSF) available to all trusts, to a financial recovery fund (FRF), targeted at trusts with deficits. The basic underlying NHSE/I aim is to:

- Set a more realistic financial task for providers, with a more deliverable efficiency requirement, enabling most trusts to deliver a surplus without central financial support;
- Move away from a centrally set control total regime to one where trusts in surplus set and deliver their own year end financial position – so that trusts in surplus explicitly get greater regulatory freedom;
- Over time, concentrate central financial support on trusts and systems in deficit to support their return to surplus. Support will be allocated in return for agreement of a financial recovery plan and at least a 0.5% higher level of efficiency saving delivery; and

- Over time, lower the amount of central financial support and enable appropriate delivery of recurrent efficiency savings to help providers return to financial balance.

NHSE/I's January 2019 board allocated future central provider financial support as follows:

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Provider Sustainability Fund (PSF)	£2.45bn	£1.25bn	0	0	0	0
Financial Recovery Fund (FRF)	0	£1.048bn	£2.048bn	£2.048bn	£2.048bn	£1.949bn
Marginal Rate Emerg. Tariff (MRET)	0	£442m	£442m	£442m	£442m	£442m
TOTAL	£2.45bn	£2.74bn	£2.49bn	£2.49bn	£2.49bn	£2.39bn

Although these top level principles were set out in the LTP, more work was needed to finalise details of how the new financial architecture would operate in practice including:

- How quickly to shift from a PSF regime, with financial support available to all, to an FRF regime with financial support concentrated on those in deficit;
- Which trusts would be able to access FRF support, to what extent and how the linked financial recovery plans and any other requirements for FRF access will work;
- More broadly, how future financial accountability and management will work, given the transition to a four tier structure of national NHSE/I, stronger NHSE/I regions, STPs/ICs and individual providers/CCGs.

NHSE/I identified 2019/20 as a year of transition with a more reasonable financial task set for providers. This was delivered through a lower efficiency target, rebalancing the system by moving away from reliance on centrally-held risk reserves. Extra support for acute trusts was provided through compensation for the impact of the Marginal Rate Emergency Tariff (MRET). The 2020/21 PSF was reduced by £1.2bn, with £1 billion transferred into urgent and emergency care prices and £200m transferred to the new FRF, which totalled £1.048bn.

Future financial architecture review work over the last two months

Julian Kelly, NHSE/I's chief financial officer, and his team have been leading a process over the last two months to design the new financial architecture for 2020/21 to 2023/24. They have been consulting widely. For example, they created a working group of providers, commissioners and system leaders which we have sat on. They have also gathered wider views, such as via the King's Fund and directly from NHS Providers and the Shelford Group.

The work has sought to balance a number of requirements:

- The urgent need for greater clarity on future finances to enable the creation of effective four year strategic system plans, with the deadline for first drafts already passed;

- Balancing risks between moving too quickly to concentrate future financial support on trusts in deficit and tipping trusts only just in surplus back into deficit;
- Ensuring incentives work effectively across all types of trust – that all trusts are incentivised to maximise their financial position, the regulatory freedoms from returning to surplus are clear and management failure is not inappropriately rewarded;
- Delivery of overall provider sector financial balance given current dependence on, partially control total driven, trust level surpluses to offset deficits;
- In setting each qualifying trust’s FRF allocation, assessing how much bespoke identification of each trust’s position is needed versus use of a national formula; and
- How, given the move towards system working, the need to bring organisations into balance interacts with efforts to balance local systems.

There are, understandably, different perspectives on these issues. Trusts in deficit and trusts in surplus, for example, are likely to have different views on the speed of shift from PSF to FRF. The impact of these issues may also play out differently for different sectors, across acute, community, mental health and ambulance providers. While PSF was available to all organisations in all sectors, FRF will only be available to trusts in deficit.

Future financial architecture – initial outputs

NHSE/I has now issued each STP/ICS and constituent provider/CCG with a deficit reduction trajectory for each year between 2020/21 and 2023/24, set at a level and improvement rate that they believe is reasonably deliverable. They are also issuing FRF allocations by each year, making it clear that from 2020/21 FRF support will only be available to trusts in deficit. In addition, a “transitional reward payment” has been announced, worth 0.5% of turnover and available to trusts which are able to maintain breakeven or surplus positions – details are set out in the NHSE/I letter. We understand, if required, this will be funded separately, in addition to the existing amount set aside for the FRF.

NHS Providers influencing work over the last two months

Trusts will have different interests depending on their financial position but we have been pushing for solutions that support the sector, and the diverse range of trusts within it, as a whole. Our main arguments have been as follows.

- 1 The current planning process is proving very difficult as a range of key, national level, elements have been missing, including the future financial architecture. NHSE/I should calibrate their expectations of how good the first draft plans, which have now been submitted, can be.
- 2 The work on future financial architecture must be fully co-created with the sector.
- 3 The needs of all types of trusts, and each individual trust, need to be carefully considered:

- While the acute sector may contain by far the highest proportion of trusts in deficit, it is vital to ensure the financial success and sustainability of the mental health, community and ambulance sectors and to address funding requirements for specialised services;
 - Particular groups of trusts are also likely to have particular needs. We have, for example, worked with a group of multi-site district general hospital and small rural acute trusts in deficit, at their request, to highlight the particular issues they face;
 - In determining individual trust FRF allocations, NHSE/I needs to ensure that trusts have the ability to discuss proposed allocations, for instance if trusts think they are dramatically wrong or are creating an undeliverable task. This is particularly important since they set the individual trust level financial task for the next four years. We need to avoid the “That’s it, take it or leave it” approach adopted in relation to control totals. Clearly this needs to be done without creating a free for all negotiation or creating incentives for trusts to try to game the system, given that there is a fixed pot of financial support, creating a zero sum game if any trust wants to change its agreed FRF allocation. How this might work in practice, and the governance around any such discussions or decisions, has not yet been set out.
- 4 Given the complexity and importance of these issues, clarity and frequency of NHSE/I communications on what they are doing, and why, is key. NHSE/I should be over- rather than under-communicating here. “Showing the workings” of any centrally determined figures is important.
 - 5 Given the growing importance of NHSE/I regions, appropriate consistency between regions is important. Full explanation and opportunity for debate is needed if individual regions take individual approaches – for example creating regional risk reserves.
 - 6 We have also flagged that we are concerned about any move from managing finances at individual provider level to local system level. We recognise that some advanced ICSs are ready to move in this direction and they should be supported to move voluntarily in this direction as fast as they are able. But, in many systems, trying to force this move too quickly is likely to cause confusion and increase risk. Formal legal and accounting officer accountability for provider finances lie with a unitary trust board and the trust chief executive and it would be wrong to blur these without an approach that has been co-created and agreed with the sector.
 - 7 If local systems and regions are to be the setting for discussions about adjusting initial, centrally created, deficit reduction trajectories and FRF allocations, there is a need for realism about their present capability and capacity to perform this task. NHSE/I need to work with the sector to identify what support, resource and system or process is needed to enable meaningful and effective discussions of this type.

NHS Providers view on the approach adopted

We welcome the degree of consultation on the overall approach and NHSE/I’s desire to understand the perspectives of different types of trust. We welcome the clarity that is brought by having indicative figures.

While we recognise NHSE/I's desire to avoid opening a negotiating free for all, it is difficult to determine how much room there now is for providers to discuss and debate their deficit reduction trajectories and FRF allocations if they believe they are dramatically wrong. This feels particularly important given that these allocations have been made via central formula, with some regional input, rather than a bespoke identification of each trust's needs. While the recent NHSE/I letter does include an appendix breaking down the various factors underpinning a trust's recovery trajectory, such as MRET funding, efficiency and other impacts, it is not clear that this will result in a trajectory that providers and local systems agree is achievable. We'd like to hear your feedback on how this progresses.

The decision to create a reward fund for trusts who achieve a balanced position or better will be welcomed by members who had been concerned about the impact of losing PSF, as it mitigates the 'cliff edge' effect of moving to an FRF-only world in a single year.

We were unaware that the FRF would be available to CCGs as well as providers. We understand this will be funded by rolling in the existing commissioner sustainability fund, and will want to see sufficient resources made available to providers. We also think that the move to system financial management underpinning the approach here needs further collaborative discussion and work. We're also keen to understand the basis of, and rationale for, the regional risk reserves that some regions are now creating and whether this is being done consistently or not.

In short, this was always going to be a difficult process given the competing interests involved. It's definitely a good and important step forward to get some indicative figures. But we need your feedback on whether you think what's being asked for is deliverable and whether you get sufficient scope to discuss that ask if it's impossible to deliver. This is clearly a new process, with new bodies such as local systems and NHSE/I regions involved, so we will need to develop clear, new governance accordingly. It is critical that the right governance framework is put in place to enable the new architecture to work effectively and to set out clear lines of accountability.

Capital

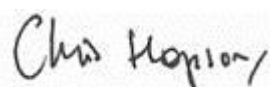
It is worth adding that we continue to push hard on capital issues. You will have seen the launch of our "Rebuild the NHS, creating a 21st century healthcare system" campaign. There has been good and welcome progress on hospital rebuilds and reversing the proposed 2019/20 20% cut in capital spend. But these announcements have been piecemeal and the overall strategic context is missing. There are also very obvious gaps – we will be pointing this weekend, for example, to the complete absence of longer term investment in mental health estate in the most recent high-profile announcement. We are also arguing that capital investment is often the key to delivering maximum value out of revenue funding, and that it is very difficult for local systems to create meaningful four year strategic plans without knowing how much capital will be available and how it will be allocated.

There is promising collaborative work under way to design a new capital prioritisation and allocation system, to which we are contributing. The latest letter on the future financial architecture includes an

explicit mention of the Department of Health and Social Care's Health Infrastructure Plan (HIP), published on 30 September. Our briefing on the plan can be found [here](#). Broadly, we welcome the government's acknowledgement of the need for a new capital settlement for the NHS but are concerned a lot of detail and gaps remain to be filled.

We hope you find this letter/briefing helpful. Your feedback would, as ever, be very useful. Please email David Williams, our senior policy adviser, on david.williams@nhsproviders.org.

Yours sincerely,

A handwritten signature in black ink that reads "Chris Hopson".

Chris Hopson
Chief Executive

A handwritten signature in black ink that reads "Saffron Cordery".

Saffron Cordery
Deputy Chief Executive

Cumbria, Northumberland Tyne and Wear
11/01/2019 12:18:39

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

Meeting Date: 6th November 2019

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 2 2019/20 – Allan Fairlamb, Commissioning & Quality Assurance Manager

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The overall Friends and Family Test recommend score for the Quarter has increased slightly, with an overall score of 89% in quarter 2 2019/20, 88% in quarter 1 2019/20 and 87% in quarter 4 2018/19.
2. The monthly results for quarter 2 were: July 89%, August 90% and September 89%.
3. There is variation between localities with higher results in South at 92%, Central at 88% and North at 85% for the quarter.
4. The volumes of responses in quarter 2 were down 5% on quarter 1.
5. Demographic analysis shows higher satisfaction in older age groups.
6. This report covers pre-October 2019 services only.

Risks Highlighted: n/a

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

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information

Link to Policies and Strategies: n/a

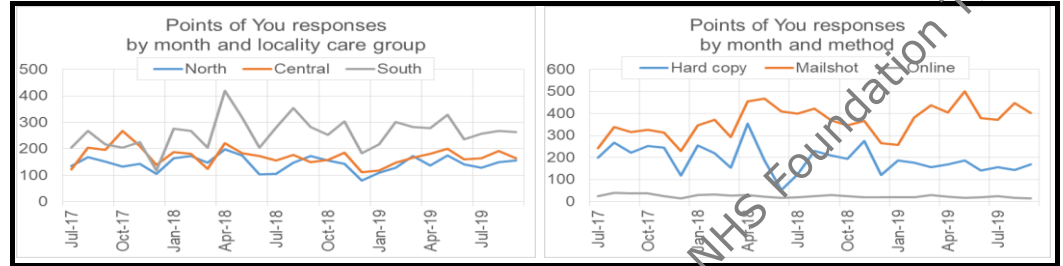
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CNTW Service User and Carer Experience Summary Report

Reporting period: Q2 2019/20

Points of You - Responses and Uptake

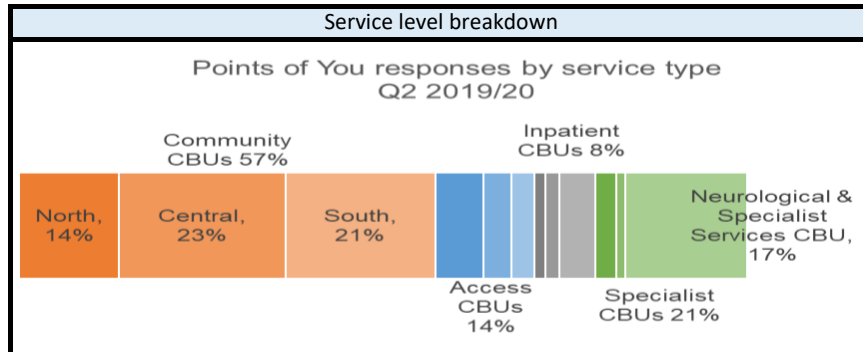
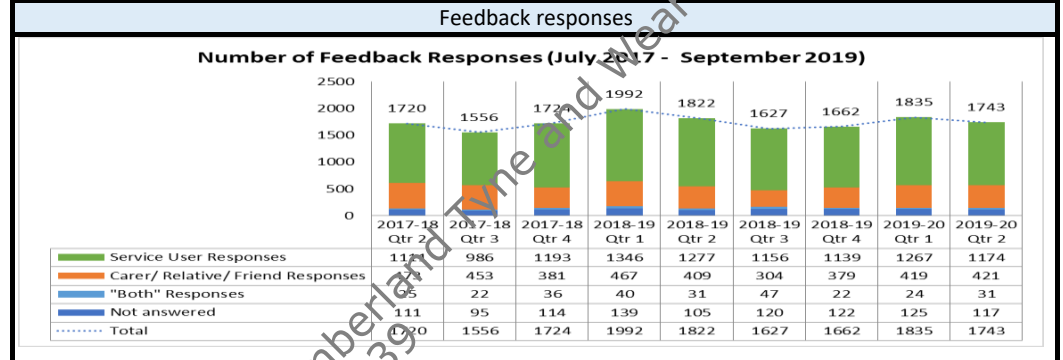
	Number of surveys distributed			
	Number of responses	1743	↓5%	
	North Locality	Response + %	↓4%	
	Central Locality	Response + %	↓4%	
	South Locality	Response + %	↓7%	
	Response by:	Mailshot	Number	70%
		Online	Number	3%
Hardcopy		Number	27%	



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

Trust overall score	89%	↑ Compared to last quarter
Previous quarter	88%	
National Average	89%	↔ Compared nationally (August 19)

Note that a total of 65 services received recommend scores of 100% in the period (accounting for 26% of the responses received). There also remains a large number of services with very low or no responses and work is ongoing to increase engagement with the points of you process in these teams.



Other key points relating to response volumes this quarter include:

- Nearly half of all responses continue to be from the South locality.
- There is still low uptake of the Points of You survey in many inpatient areas, possibly reflecting the use of other feedback mechanisms used such as community meetings.

Top 3 services with the highest response rates were:

- Memory Protection Service (122)
- Newcastle & Gateshead Children and Young Peoples Service (100)
- Memory Assessment Service - Newcastle (73)

Points of You - Experience Analysis

PoY Experience Analysis (Q1 2019/20)

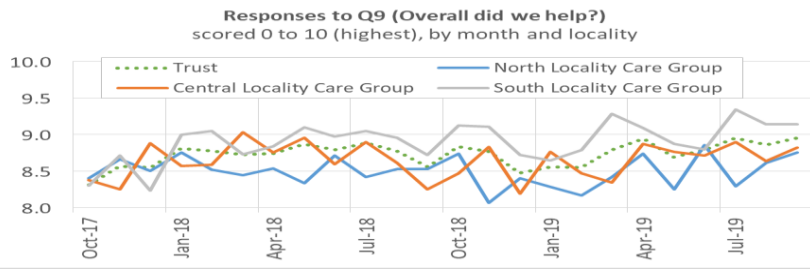
Top 3 scoring questions

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

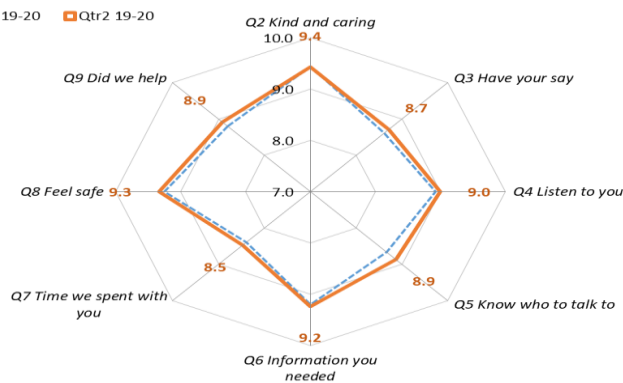
Lowest Scored question

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

Overall did we help?



Points of You Analysis of Responses (score out of ten)

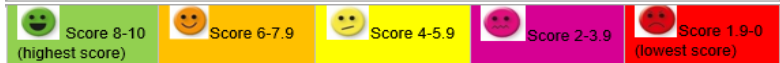


- Compared with last quarter, there has been little change in total scores achieved
- The South locality received a higher volumes of responses than the other localities. North was the only locality to receive fewer responses.
- The South locality generally scores higher than the other localities
- Variation between localities may relate to differences in the type of services provided.

Average score per question by core service (and percentage of detained OBDs during Qtr1)

	Number of Responses Qtr2 (Qtr1)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help	% of bed-days that are detained during Qtr
Trust	1,743 (1,834)	9.4 ↔	8.7 ↑0.1	9.0 ↑0.1	8.9 ↑0.2	9.2 ↔	8.5 ↑0.1	9.3 ↑0.1	8.9 ↑0.1	
Neuro Rehab Inpatients (Acute Medicine)	26 (29)	9.8 ↑0.2	9.2 ↑0.6	9.7 ↑1.6	8.8 ↓0.5	10.0 ↑0.7	9.2 ↑1.3	9.9 ↑0.6	9.8 ↑1.1	19%
Neuro Rehab Outpatients (Acute Outpatients)	195 (211)	9.9 ↔	9.5 ↑0.1	9.6 ↑0.1	9.8 ↑0.3	9.9 ↑0.2	9.3 ↑0.2	9.9 ↑0.1	9.7 ↑0.2	
Community mental health services for people with learning disabilities or autism	55 (59)	9.4 ↓0.2	8.5 ↓0.1	9.1 ↑0.2	8.4 ↓0.6	9.4 ↑0.1	8.3 ↔	9.2 ↓0.1	9.2 ↑0.1	
Community-based mental health services for adults of working age	329 (358)	9.3 ↑0.3	8.5 ↑0.5	8.8 ↑0.3	8.6 ↑0.7	9.0 ↑0.3	8.1 ↑0.3	9.1 ↑0.4	8.5 ↑0.4	
Community-based mental health services for older people	433 (466)	9.7 ↓0.1	8.8 ↓0.1	9.3 ↔	8.7 ↓0.1	9.4 ↓0.3	8.8 ↔	9.5 ↔	9.4 ↑0.2	
Mental health crisis services and health-based places of safety	87 (76)	8.8 ↓0.1	7.9 ↓0.4	8.5 ↑0.1	8.2 ↑0.8	8.2 ↑0.1	8.0 ↑0.1	8.6 ↑0.1	8.3 ↑0.2	
Acute wards for adults of working age and psychiatric intensive care units	49 (55)	8.1 ↓1.1	6.9 ↓0.4	7.2 ↓0.5	8.3 ↑0.5	8.0 ↓1.2	7.1 ↑0.1	7.8 ↓0.4	7.3 ↓1.1	81%
Child and adolescent mental health wards	17 (18)	8.8 ↑0.2	7.0 ↓1.3	7.8 ↓1	8.2 ↓1.2	9.4 ↓0.6	7.6 ↓1	8.8 ↓0.6	7.8 ↓0.8	93%
Forensic inpatient/secure ward	5 (10)	6.7 ↓1.3	4.2 ↓2.3	5.8 ↓0.7	10.0 ↑2	6.7 ↓1.3	3.8 ↓4	4.2 ↓3.3	6.7 ↓0.5	100%
Long stay/rehabilitation mental health wards for working age adults	12 (11)	9.2 ↑0.1	8.5 ↑1.5	8.8 ↑0.8	10.0 ↔	10.0 ↑0.9	8.0 ↑0.3	9.3 ↑0.2	9.1 ↑1.4	88%
Wards for older people with mental health problems	26 (22)	9.8 ↔	7.8 ↓0.5	8.2 ↓0.3	8.8 ↓0.3	8.8 ↓0.3	8.5 ↓0.8	9.0 ↓0.6	9.8 ↓0.2	89%
Wards for people with learning disabilities or autism	4 (11)	10.0 ↑1.2	6.7 ↓0.4	7.5 ↓0.3	10.0 ↑3	10.0 ↑3	10.0 ↑1.1	10.0 ↑2.5	10.0 ↑2	100%
Children and Young Peoples' Community Mental Health Services	227 (212)	9.3 ↑0.1	8.8 ↑0.3	8.9 ↔	8.8 ↑0.3	8.9 ↑0.2	8.1 ↑0.1	9.6 ↑0.1	8.2 ↑0.1	
Substance Misuse	113 (120)	9.2 ↓0.1	8.8 ↔	8.9 ↓0.2	9.2 ↑0.1	9.6 ↑0.3	8.7 ↑0.3	9.3 ↔	9.1 ↑0.1	
Other	165 (176)	9.5 ↓0.1	9.0 ↔	9.1 ↔	9.1 ↓0.2	9.4 ↓0.2	8.6 ↓0.3	9.3 ↔	9.1 ↓0.2	30%

Key:





↑ Score has improved (compared to last quarter)


↓ Score has deteriorated (compared to last quarter)


547326

PoY Patient Demographics (Q2 2019/20)

	Respondent	% Respondents	FFT recommend score (Q1) %
	Service user / Patient	67	89
	Carer/Relative/friend	24	88
	Both	2	93
	Not Answered	7	90

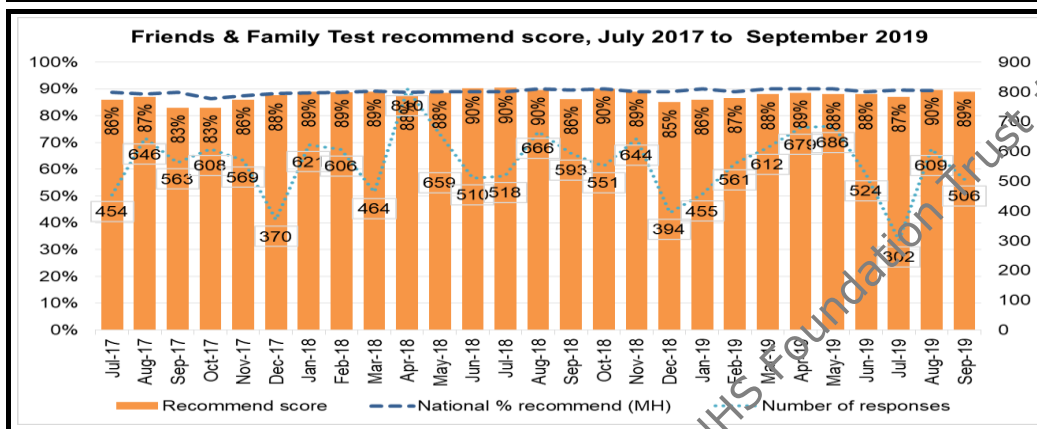
	Gender	% Respondents	FFT recommend score (Q1) %
	Male	42	89
	Female	54	90
	Other	0.5	80
	Not Answered	3.5	77

	Ethnic Group	% Respondents	FFT recommend score (Q1) %
	Asian / Asian British	1	84
	Black / African/ Caribbean / Black British	1	100
	Mixed / Multiple ethnic	1	83
	Other ethnic group	1	87
	White	90	90
Not Answered	6	80	

	Age group	% Respondents	FFT recommend score (Q1) %
	0-18	6	89
	19-24	2	89
	25-34	9	88
	35-44	12	83
	45-54	17	86
	55-64	16	91
	65-74	14	94
	75-84	11	96
	85+	5	95
Not Answered	7	79	

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

Would you recommend our services?



Themed Comments

Common theme categories (change on previous qtr)	Negative themes		Positive themes		Total Themes	
	number	change	number	change	number	change
Values and Behaviours	35	-8	845	-74	892	-85
Patient Care	107	-23	619	-61	783	-114
Communications	52	-8	179	-1	244	-11
Facilities	27	+4	79	+3	118	0
Appointments	14	-9	19	-15	39	-28
Waiting Times	35	-1	10	-1	54	+7
Total	328	-58	1997	-250	2461	-350

A total of 2,461 themed comments were received during Quarter 2, 1,997 (81%) of these were judged as positive/ complimentary

Values and Behaviours accounted for 42% of all positive comments

The 328 negative comments received were categorised across a much broader number of themes. Negative comments mainly focused on waiting times and communication

Gender Dysphoria Survey

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

During Quarter 2 2019/20 the Northern Region Gender Dysphoria Service received 52 surveys (data for July and August 2019). All responses were positive (rating extremely likely or likely) for 9 out of the 9 questions.

Compliments and Thank Yous

During Quarter 2, 143 thank yous and compliments were received via Points of You and from other routes (including Chatterbox). There were 60 compliments received during Quarter 1.

NHS website, Care Opinion & Healthwatch reviews

The three main websites for service users and carers to leave feedback are the NHS website (previously known as NHS Choices), Care Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside and South Tyneside).

Hospital Site	Star Ratings for Q2
NTW (total for Trust)	★★★★★
Benton View	★★★★★
Berwick upon Tweed	★★★★★
Campus for Ageing and Vitality	★
Dryden Road Clinic	★★★★★
Longbenton	★
Molineux Street	★★★
Ravenswood Clinic	
Unknown	★★

During Quarter 2 2019/20 the Trust received 14 comments through these sites (8 comments were positive and 6 negative). This volume of feedback is similar to previous quarters and the proportion of positive feedback is variable.

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

Meeting Date: 6th November 2019

Title and Author of Paper: Service User and Carer Experience Summary Report - Quarter 2 2019/20 – Alison Paxton, Commissioning & Quality Assurance Manager

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The overall Friends and Family Test recommend score for the Quarter has increased slightly, with an overall score of 89% in quarter 2 2019/20, 88% in quarter 1 2019/20 and 87% in quarter 4 2018/19.
2. The monthly results for quarter 2 were: July 89%, August 90% and September 89%.
3. There is variation between localities with higher results in South at 92%, Central at 88% and North at 85% for the quarter.
4. The volumes of responses in quarter 2 were down 5% on quarter 1.
5. Demographic analysis shows higher satisfaction in older age groups.
6. This report covers pre-October 2019 services only.

Risks Highlighted: n/a

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

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information

Link to Policies and Strategies: n/a

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Service User and Carer Experience

Quarter 2 2019/20 Update

Executive Summary:

The Trust continues to use the Points of You survey across the organisation to seek feedback on the experience of service users and carers. In the quarter we received 1,700 survey returns, of which 74% were from service users and 26% from carers. The volume of responses was a reduction of 5% compared to the previous quarter with reductions in all localities.

The Friends and Family Test is incorporated into the Points of You survey. The “would recommend” score for CNTW this quarter increased by 1% to 89% which is slightly below the national average of 90%.

Trust wide, most feedback received is positive (question scores are all more than eight of ten and 81% of comments received are positive).

The South locality continues to receive the most responses, and most positive question scores (see table 2 on page 7). North locality had a deterioration on the satisfaction score on the last quarter but this has still improved on quarter 1, although this remains lower scoring than the other two localities which have seen improvements in the latest quarter. (see also table 3 page 10)

An analysis of FFT recommend scores by demographic factors has been undertaken (see pages 14-15). This shows higher satisfaction in older age groups and lower satisfaction among people not completing the demographics questions. The 19/20 Quality Priority on Equality Diversity and Inclusion seeks to look at these issues further.

An analysis of the final question on the Points of You survey, (Did we help?) may also indicate more positive experiences. Further analysis of comments received for this service identifies themes (page 13-14) of values and behaviours, patient care and communication.

The mailshot remains the predominant feedback mechanism, with use of the online survey remaining low. Most feedback received relates to mainstream community and access services (nearly 70%), reflecting the Trust’s balance of care between inpatient and community based care. However, feedback received from inpatient areas remains lower than expected, perhaps due to the use of other feedback mechanisms in place locally, such as community meetings.

Full details of the small number of published comments made about trust services and responses provided on social media has been included within this report at Appendix 2.

1. Purpose and Background

This report provides a summary of the Quarter 2 2019/20 service user and carer experience feedback received across the Trust.

The Trust is committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. The information included in this paper outlines the Quarter 2 position on the following:

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

2. Recent local and national developments

Friends and Family Test development project

NHS England is carrying out a project¹ to improve some areas of the way the Friends and Family Test operates, and has undertaken interviews with providers, commissioners and other stakeholders. The project has provided recommendations as below:

From 1st April 2020 changes to the Friends and Family Test question will be implemented. This is following extensive consultation and research. Revised guidance will be published in September 2019 along with supporting website content.

The changes to the FFT are about helping services and commissioners to use this as more than a quantitative measure of collection and move towards more active use of feedback, alongside other patient experience data, to drive quality improvements.

It is envisaged the change to the question will be implemented from 1st April 2020 and will ask "Overall, how was your experience of our service?" There will be six new response options and this will be linked to the type of setting the service user is providing feedback for e.g. inpatient, recent appointment.

*"Thinking about [setting]...
Overall, how was your experience of our service?"*

And the response scale to use is:

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know

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

Planned dashboard developments 2019

Dashboard developments being undertaken remain:

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

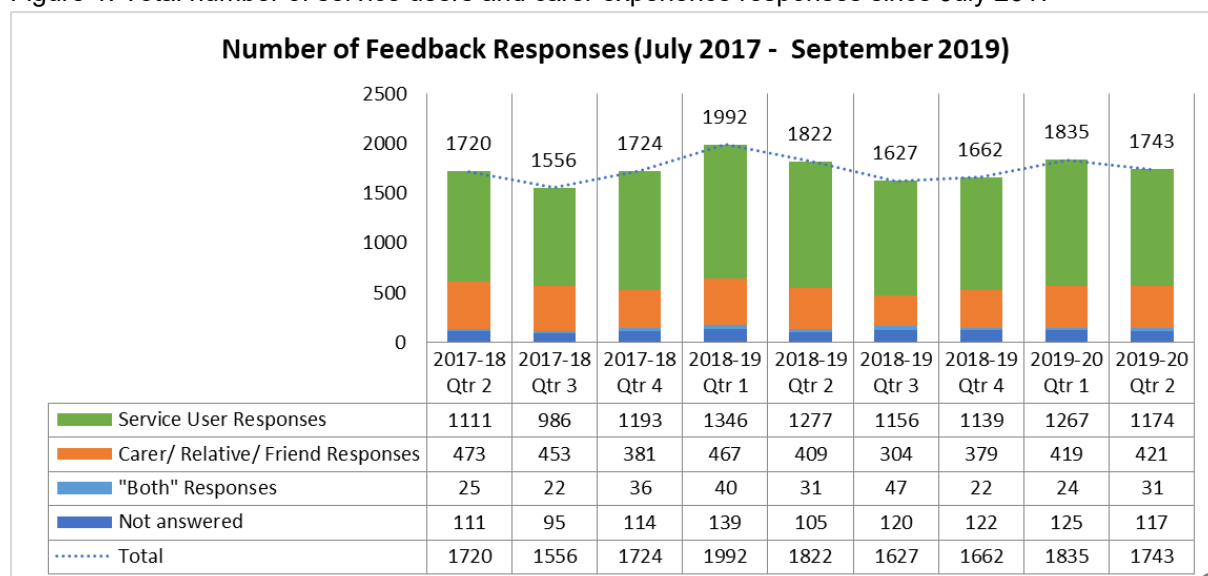
Realist Evaluation of the use of Patient Experience Data to Improve the Quality of inpatient Mental Health Care (EURIPIDES)

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

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

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

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



The volume of Points of You responses received (incorporating the Friends and Family Test) decreased in the quarter by 5% to 1,743. The decrease is across all localities, North locality (-4%), Central localities (-4%), and South locality (-7%). Other key points relating to response volumes this quarter include:

- Nearly half of all responses continue to be from the South locality.
- The automated mailshot remains the predominant method of completion at 70%, with the proportion of feedback received via the hard copies of Points of You circulated by wards and teams seen in the previous quarter being sustained at 27%.

- Uptake of the online version of Points of You remains low at 3%.
- The proportion of feedback received in relation to mainstream community and access CBU's, remains high at 57% (the same as last quarter) reflecting the Trusts balance of care between inpatient and community care.
- Feedback from the Neurological & Specialist Services CBU accounts for 17% of feedback received in the quarter. This CBU is managed by the South locality.
- There is still low uptake of the Points of You survey in many inpatient areas, possibly reflecting the use of other feedback mechanisms used such as community meetings.

Figure 2 Points of You responses by locality and method July 2017 to September 2019

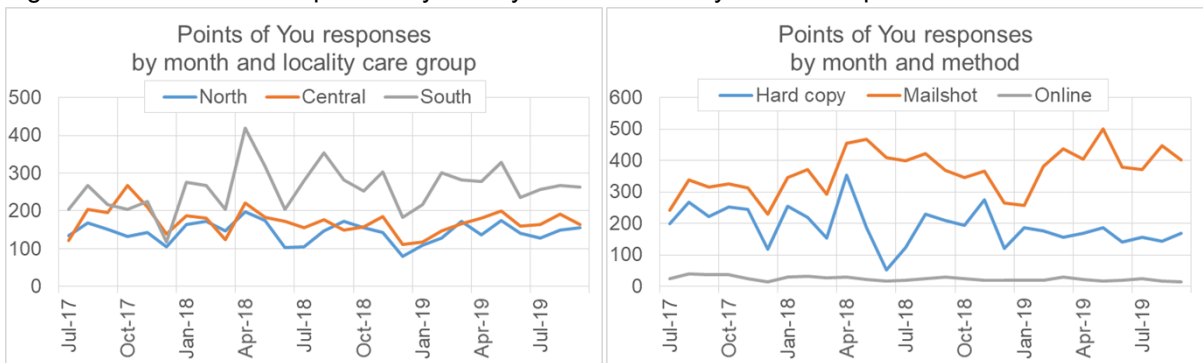
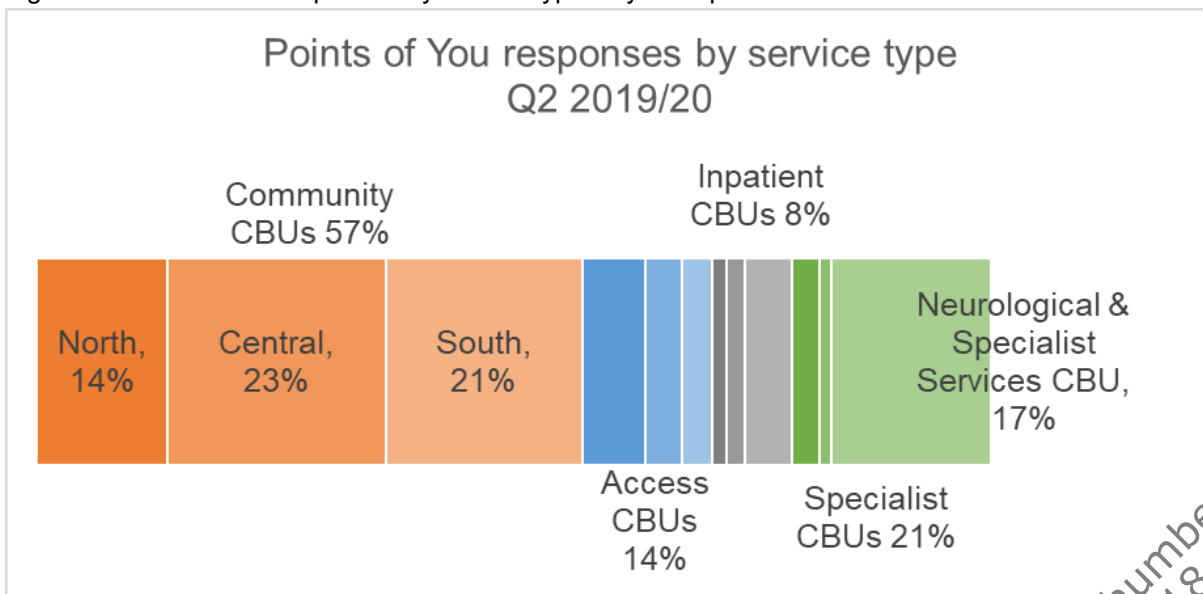


Figure 3 Points of You responses by service type July to September 2019



The ten services with the highest response volumes in the quarter (representing 38% of feedback received) were

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Table 1 Top 10 Points of You responses by service July to September 2019

Team	CBU	Q1 Responses
Memory Protection Service	Community South CBU	122
Newcastle and Gateshead Children and Young Peoples Service	Community Central CBU	100
Memory Assessment Service Newcastle	Community Central CBU	73
Newcastle Older Peoples Community Treatment Teams	Community Central CBU	60
North East Drive Mobility	Neurological & Specialist Services CBU	58
Outpatient and Community Rehabilitation Clinic	Neurological & Specialist Services CBU	58
Northumberland Children and Young Peoples Service	Community North CBU	54
South Tyneside and Sunderland Children and Young Peoples Service	Community South CBU	50
Exercise Therapy	Inpatients South CBU	45
Sunderland Older Adult Community Treatment Team	Community South CBU	44

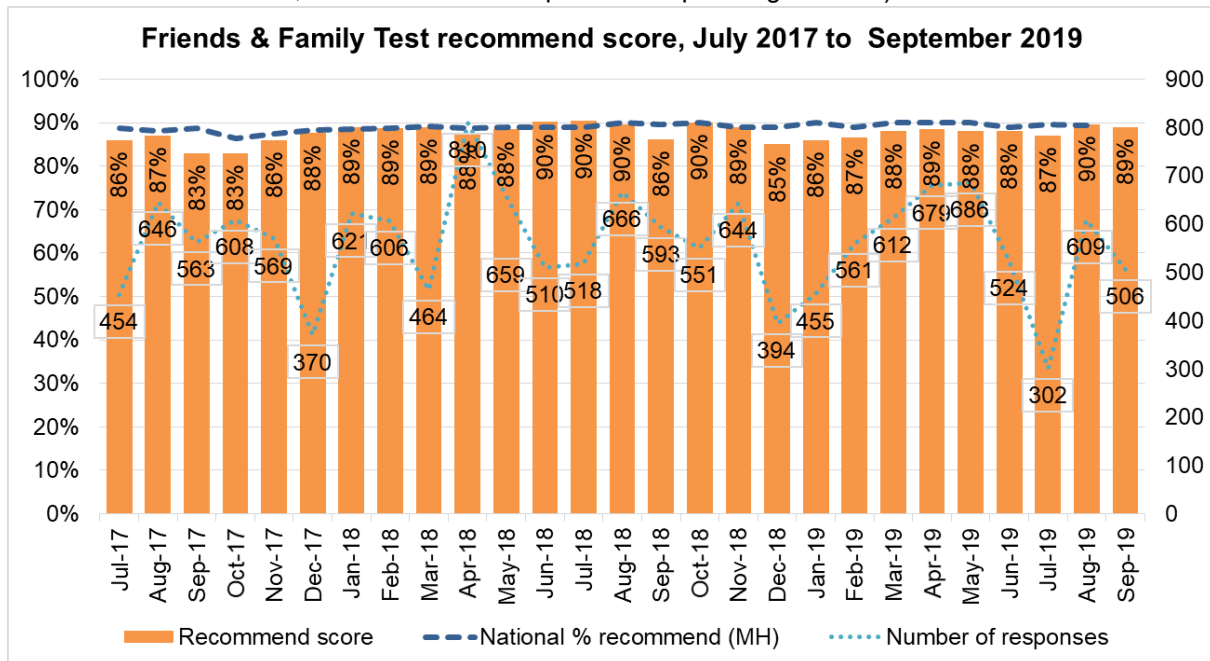
4. NHS Friends & Family Test Quarter 2 2019/20

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

The Trust's overall FFT average recommend score for Quarter 2 has slightly increased to 89%, compared with 88% in quarter 1. This is around the same as the most recent published average for providers of mental health services, which was 89% in August 2019.

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Figure 4: CNTW Friends & Family Test responses and recommend score Quarter 2 2017/18 to Quarter 2 2019/20. (NB the national average recommend score resides around 89-90% – indicated by the thick blue dotted line, this national data is published up to August 2019)



The CNTW FFT recommend score fluctuates by month, and there has been an improvement in score to 90% in August 2019, from 85% in December 2018. The decrease was most evident in the Central and North localities, as shown in table 2.

Note that a total of 65 services received recommend scores of 100% in the period (accounting for 26% of the responses received). There also remains a large number of services with very low or no responses, and work is ongoing to increase engagement with the points of you process in these teams.

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

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

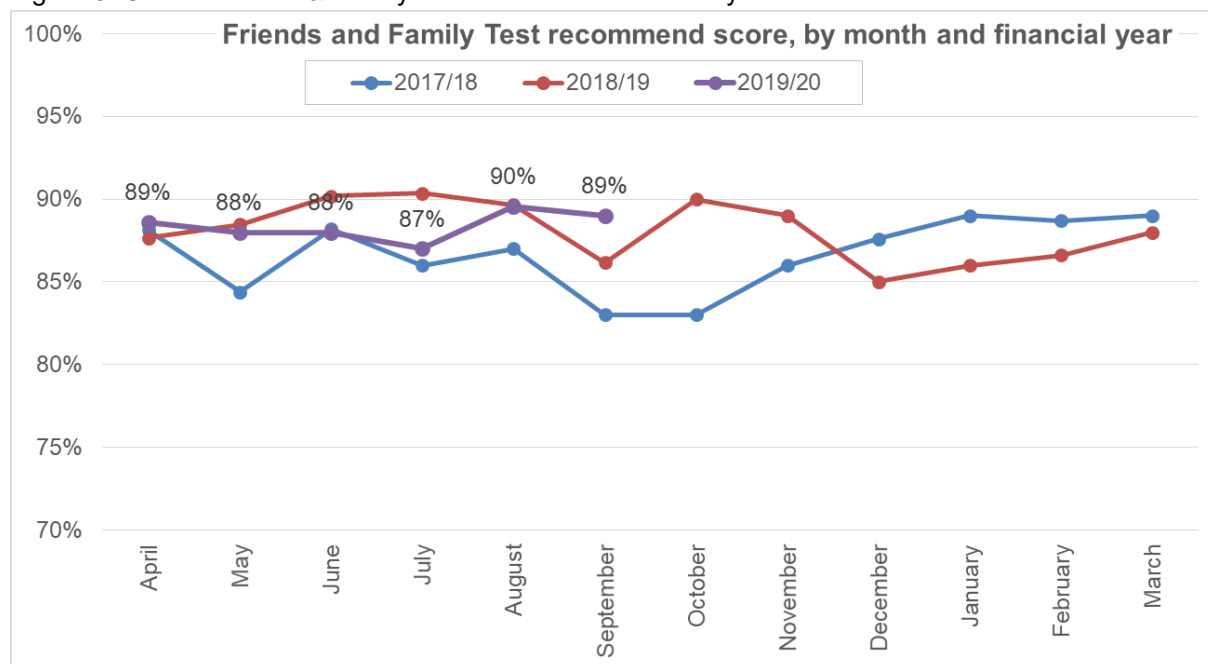


Table 2 FFT responses and results by locality group

	Number of FFT Responses* Quarter 2 19/20	Quarter 2 % would recommend	Number of FFT Responses * Quarter 1 19/20	Quarter 1 % would recommend	Number of FFT Responses * Quarter 4 18/19	Quarter 4 % would recommend	Number of FFT Responses * Quarter 3 18/19	Quarter 3 % would recommend
Trust	1,707	89%	1,791	88%	1,628	87%	1,587	88%
North Locality Group	420	85%	443	86%	404	82%	420	84%
Central Locality Group	512	88%	525	87%	418	86%	443	86%
South Locality Group	772	92%	821	90%	786	90%	722	92%

(excluding not answered)

NB – 3 responses not mapped to a locality for Quarter 1, 2 responses not mapped to a locality for Quarter 1, 20 responses for Quarter 4, 2 responses for Quarter 3

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

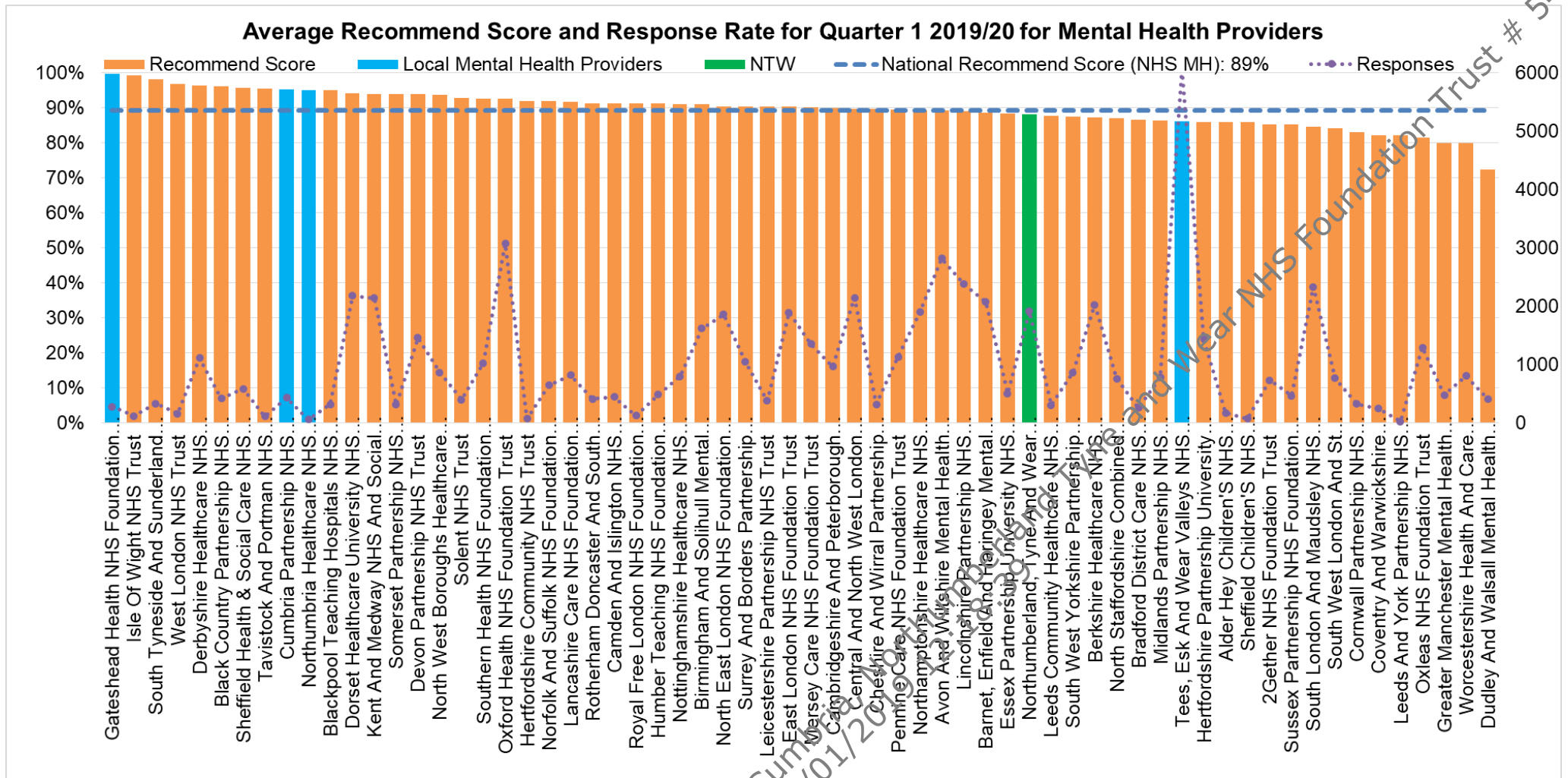
The FFT recommend score ranges from 86% in the north locality to 90% in the south locality. The south locality has a higher volume of responses, which is partly attributable to neuro rehabilitation services.

5. Benchmarking Friends and Family Test Recommend Scores

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

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

Figure 6: Average recommend score and response rate for Qtr4 2018/19 (latest available data) for providers of mental health services:



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6. Points of You Experience Analysis Quarter 1 2019/20

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

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

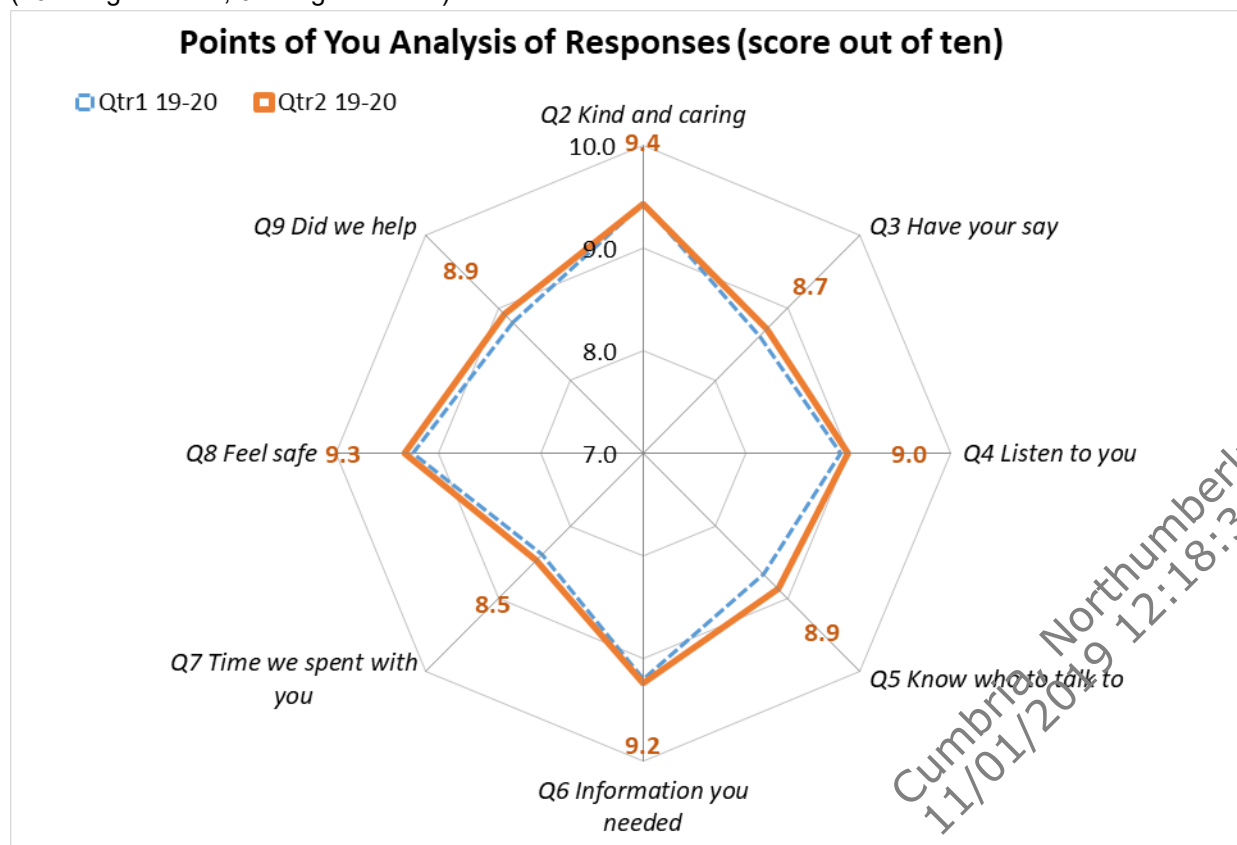
Each of the 8 questions (excluding the Friends and Family Test question) in the Points of You survey results in a score out of ten and Figure 7 below illustrates the average score received for each question trustwide during Quarter 1. The main change in trustwide results from the previous quarter was the increase in score for question 5 (Know who to talk to).

The highest scoring questions remain:

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

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

Figure 7: Average score for questions 2-9 for all Trust services for Quarter 2 2019/20 compared with Qtr1
(10 being the best, 0 being the worst)



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

- The South locality received a higher volumes of responses than the other localities, but saw the largest decrease in volume on responses
- The South locality generally scores higher than the other localities, and saw largest increase in scores for question 5, 6 and 9
- The lowest scoring question at locality level is question 7 “were you happy with how much time we spent with you?”, with the North locality continuing to show the lowest score for this question.
- Variation between localities may relate to differences in the type of services provided.

Table 3 Analysis of Quarter 2 2019/20 PoY scores by locality across all questions

	Number of Responses Qtr2 (Qtr1)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	1,743 (1,834)	9.4 ↔	8.7 ↑0.1	9.0 ↑0.1	8.9 ↑0.2	9.2 ↔	8.5 ↑0.1	9.3 ↑0.1	8.9 ↑0.1
North Locality Care Group	432 (450)	9.2 ↓0.1	8.4 ↓0.1	8.7 ↓0.1	8.5 ↓0.1	9.0 ↓0.2	8.2 ↑0.1	9.2 ↔	8.6 ↔
Central Locality Care Group	519 (539)	9.4 ↔	8.6 ↑0.1	9.0 ↑0.1	8.7 ↑0.1	9.0 ↓0.1	8.4 ↑0.1	9.3 ↔	8.8 ↔
South Locality Care Group	789 (843)	9.6 ↑0.1	8.9 ↑0.2	9.2 ↑0.2	9.2 ↑0.4	9.6 ↑0.4	8.7 ↑0.1	9.4 ↑0.1	9.2 ↑0.3

Note: 3 responses were unable to be assigned to a locality care group

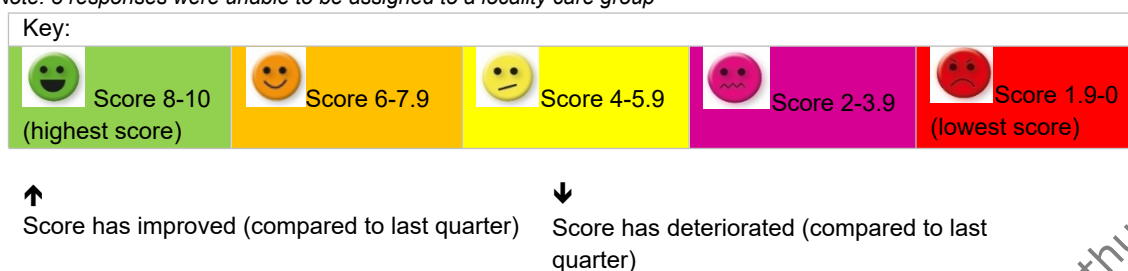


Figure 8 below shows responses over time, broken down by locality, to the question “Overall did we help?”

This shows:

- A slowly improving trend over this calendar year.

- A large amount of variability on a monthly basis.

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

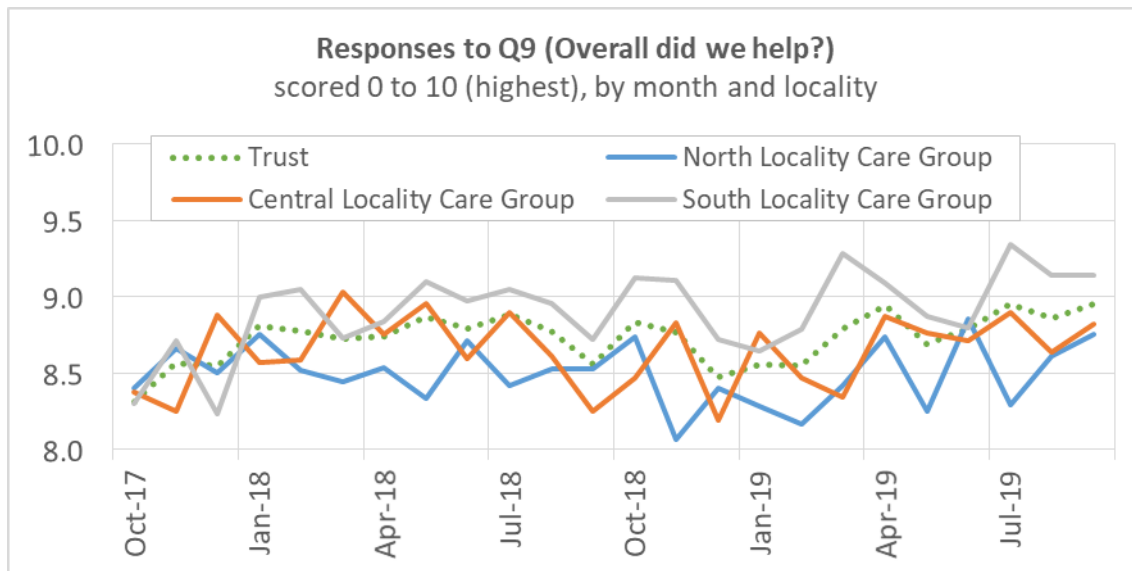


Table 4 overleaf shows a breakdown of responses at question level, displayed by CQC core service groupings. This analysis highlights:

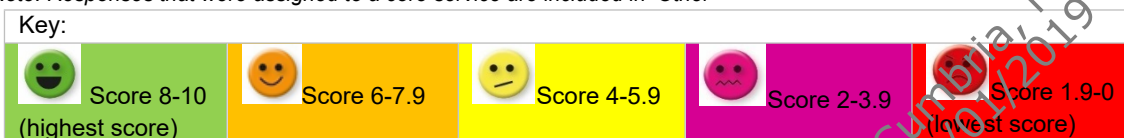
- Forensic wards receive the lowest set of scores (based on 7 responses).
- Question 7 “were you happy with how much time we spent with you?” receives lower scores across a range of core services
- Forensic inpatient and Children and Young Peoples Community Services received the lowest score (7.5 and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

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Table 4: Average score per question by core service (and percentage of detained OBDs during Qtr1)

	Number of Responses Qtr2 (Qtr1)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help	% of bed-days that are detained during Qtr
Trust	1,743 (1,834)	9.4 ↔	8.7 ↑0.1	9.0 ↑0.1	8.9 ↑0.2	9.2 ↔	8.5 ↑0.1	9.3 ↑0.1	8.9 ↑0.1	
Neuro Rehab Inpatients (Acute Medicine)	26 (29)	9.8 ↑0.2	9.2 ↑0.6	9.7 ↑1.6	8.8 ↓0.5	10.0 ↑0.7	9.2 ↑1.3	9.9 ↑0.6	9.8 ↑1.1	19%
Neuro Rehab Outpatients (Acute Outpatients)	195 (211)	9.9 ↔	9.5 ↑0.1	9.6 ↑0.1	9.8 ↑0.3	9.9 ↑0.2	9.3 ↑0.2	9.9 ↑0.1	9.7 ↑0.2	
Community mental health services for people with learning disabilities or autism	55 (59)	9.4 ↓0.2	8.5 ↓0.1	9.1 ↑0.2	8.4 ↓0.6	9.4 ↑0.1	8.3 ↔	9.2 ↓0.1	9.2 ↑0.1	
Community-based mental health services for adults of working age	329 (358)	9.3 ↑0.3	8.5 ↑0.5	8.8 ↑0.3	8.6 ↑0.7	9.0 ↑0.3	8.1 ↑0.3	9.1 ↑0.4	8.5 ↑0.4	
Community-based mental health services for older people	433 (466)	9.7 ↓0.1	8.8 ↓0.1	9.3 ↔	8.7 ↓0.1	9.4 ↓0.3	8.8 ↔	9.5 ↔	9.4 ↑0.2	
Mental health crisis services and health-based places of safety	87 (76)	8.8 ↓0.1	7.9 ↓0.4	8.5 ↑0.1	8.2 ↑0.8	8.2 ↑0.1	8.0 ↑0.1	8.6 ↑0.1	8.3 ↑0.2	
Acute wards for adults of working age and psychiatric intensive care units	49 (55)	8.1 ↓1.1	6.9 ↓0.4	7.2 ↓0.5	8.3 ↑0.5	8.0 ↓1.2	7.1 ↑0.1	7.8 ↓0.4	7.3 ↓1.1	81%
Child and adolescent mental health wards	17 (18)	8.8 ↑0.2	7.0 ↓1.3	7.8 ↓1	8.2 ↓1.2	9.4 ↓0.6	7.6 ↓1	8.8 ↓0.6	7.8 ↓0.8	93%
Forensic inpatient/secure ward	5 (10)	6.7 ↓1.3	4.2 ↓2.3	5.8 ↓0.7	10.0 ↑2	6.7 ↓1.3	3.8 ↓4	4.2 ↓3.3	6.7 ↓0.5	100%
Long stay/rehabilitation mental health wards for working age adults	12 (11)	9.2 ↑0.1	8.5 ↑1.5	8.8 ↑0.8	10.0 ↔	10.0 ↑0.9	8.0 ↑0.3	9.3 ↑0.2	9.1 ↑1.4	88%
Wards for older people with mental health problems	26 (22)	9.8 ↔	7.8 ↓0.5	8.2 ↓0.3	8.8 ↓0.3	8.8 ↓0.3	8.5 ↓0.8	9.0 ↓0.6	9.8 ↓0.2	89%
Wards for people with learning disabilities or autism	4 (11)	10.0 ↑1.2	6.7 ↓0.4	7.5 ↓0.3	10.0 ↑3	10.0 ↑3	10.0 ↑1.1	10.0 ↑2.5	10.0 ↑2	100%
Children and Young Peoples Community Mental Health Services	227 (212)	9.3 ↑0.1	8.8 ↑0.3	8.9 ↔	8.8 ↑0.3	8.9 ↑0.2	8.1 ↑0.1	9.6 ↑0.1	8.2 ↑0.1	
Substance Misuse	113 (120)	9.2 ↓0.1	8.8 ↔	8.9 ↓0.2	9.2 ↑0.1	9.6 ↑0.3	8.7 ↑0.3	9.3 ↔	9.1 ↑0.1	
Other	165 (176)	9.5 ↓0.1	9.0 ↔	9.1 ↔	9.1 ↓0.2	9.4 ↓0.2	8.6 ↓0.3	9.3 ↔	9.1 ↓0.2	30%

Note. Responses that were assigned to a core service are included in 'Other'



Score has improved (compared to last quarter)



Score has deteriorated (compared to last quarter)

When comparing Quarter 2 question scores to the previous quarter, some core services have seen an improvement in the majority of the question scores:

- Community-based mental health services for adults of working age saw increases in all 8 questions.
- Long stay/rehabilitation mental health wards for working age adults, Children and Young Peoples Community Mental Health Services, Neuro Rehab Inpatients and Outpatients saw increases in 7 out of 8 questions.

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

- Child and adolescent mental health wards, Forensic inpatient/secure ward saw reductions and Wards for older people with mental health problems saw decreases in 7 out of 8 questions (all based on fewer than 30 responses in the quarter)

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

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

Table 5: Prevalent themes from comments (question 10) – Quarter 2 2019/20, with change on the previous quarter:

Common theme categories (change on previous qtr)	Negative themes		Positive themes		Total Themes	
	number	change	number	change	number	change
Values and Behaviours	35	-8	845	-74	892	-85
Patient Care	107	-23	619	-61	783	-114
Communications	52	-8	179	-1	244	-11
Facilities	27	+4	79	+3	118	0
Appointments	14	-9	19	-15	39	-28
Waiting Times	35	-1	10	-1	54	+7
Total	328	-58	1997	-250	2461	-350

Please note a total of 9 neutral comments were received regarding waiting times

Positive Themes (A total of 2,461 themed comments were received during Quarter 2, 1,997 (81%) of these were judged as positive/ complimentary)

Values and Behaviours accounted for 42% of all positive comments, there was a decrease in the number of positive comments across all the main categories apart from Facilities.

Examples of positive comments received:

"The physio was not only very efficient and professional , but caring and personable."

"The service, has given me stability and is gradually helping me get a routine."

"Under my child's particular circumstances the team deal with great swiftness to see my child and put lots of difference services in play to meet my child's needs."

Negative Themes:

The 328 negative comments received were categorised across a much broader number of themes. Examples of negative comments are given below.

"I feel I was patronised and casually dismissed from the opportunity to be given any further practical help."

"More communication is needed between service and service users / carers , find myself being the all to chase and call. Not a fantastic duty of care overall. As mentioned understand services are stretched. not a good experience for younger patients."

"Still waiting a long time between appointments and waited for 1 year and a half for the first appointment and still waiting on a diagnosis for my child."

7. Points of You Response Demographics

For the following categories below, the percentage of Points of You respondents who selected and identified the following options is shown, including the percentage who didn't answer. Also shown for each option in each characteristic is the percentage who would recommend the service to their friends and family, as recorded in question 1 of the survey. As shown in table 2, the trust recommend score for the quarter was **89%**.

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

Table 6: Points of You reponses by respondent category – Quarter 2 2019/20

Respondent	% of responses	FFT recommend score (question 1)
Service User/Patient	67%	89%
Carer/Relative/Friend	24%	88%
Both	2%	93%
<i>Not Answered</i>	7%	90%

Table 7: Points of You reponses by gender – Quarter 2 2019/20

Gender	% of responses	FFT recommend score (question 1)
Male	42%	89%
Female	54%	90%
Other	0.4%	80%
<i>Not Answered</i>	3.6%	77%

The percentage of respondents who would recommend our service to friends or family if they needed similar care or treatment is lower in people not answering the gender demographics question compared to all responses for the trust, with a difference beyond what could be expected by chance alone. 5 responses were from people giving their gender as other.

Table 8: Points of You responses by ethnic group – Quarter 2 2019/20

Ethnic group	% of responses	FFT recommend score (question 1)
Asian/Asian British	1%	84%
Black/African/Caribbean/Black British	1%	100%
Mixed/Multiple ethnic groups	1%	83%
Other ethnic group	1%	87%
White	90%	90%
Not Answered	6%	80%

The results for the Black ethnic group's category (all of whom would recommend) is based on 20 responses.

Table 9: Points of You responses by age group – Quarter 2 2019/20

Age group	% of responses	FFT recommend score (question 1)
0-18	6%	89%
19-24	2%	89%
25-34	9%	88%
35-44	12%	83%
45-54	17%	86%
55-64	16%	91%
65-74	14%	94%
75-84	11%	96%
85+	5%	95%
Not Answered	7%	79%

We see the increase in reported satisfaction with age, as measured by the friends and family test question. The 65-74, 75-84 and 85+ years groups are higher than the trust recommend rate, where this would not be expected by change alone, with lower than expected recommend rates for the 35-44 age bands.

8. Gender Dysphoria Survey - Responses and Analysis

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

During Quarter 2 2019/20 the Northern Region Gender Dysphoria Service received 52 surveys (data for July and August 2019). Most responses were positive (rating extremely likely or likely) for 9 out of the 9 questions. Most responses were positive, with responses by question listed below:

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Question	% (Strongly) Agree	% (Strongly) Disagree
1. Likely to recommend this clinic to friends and family	94%	4%
2. Admin Staff were pleasant and Respectful	98%	
3. Clinician was pleasant and respectful	100%	
4. I feel listened to	100%	
5. I feel involved in my treatment	100%	
6. I have confidence in the abilities of my clinician	98%	
7. Information was understandable	98%	2%
8. Questions were answered	96%	
9. Given opportunity to discuss treatment	100%	

Note, respondents can score each question Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree.

9. NHS website, Care Opinion & Healthwatch reviews for quarter 2 2019/20

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

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

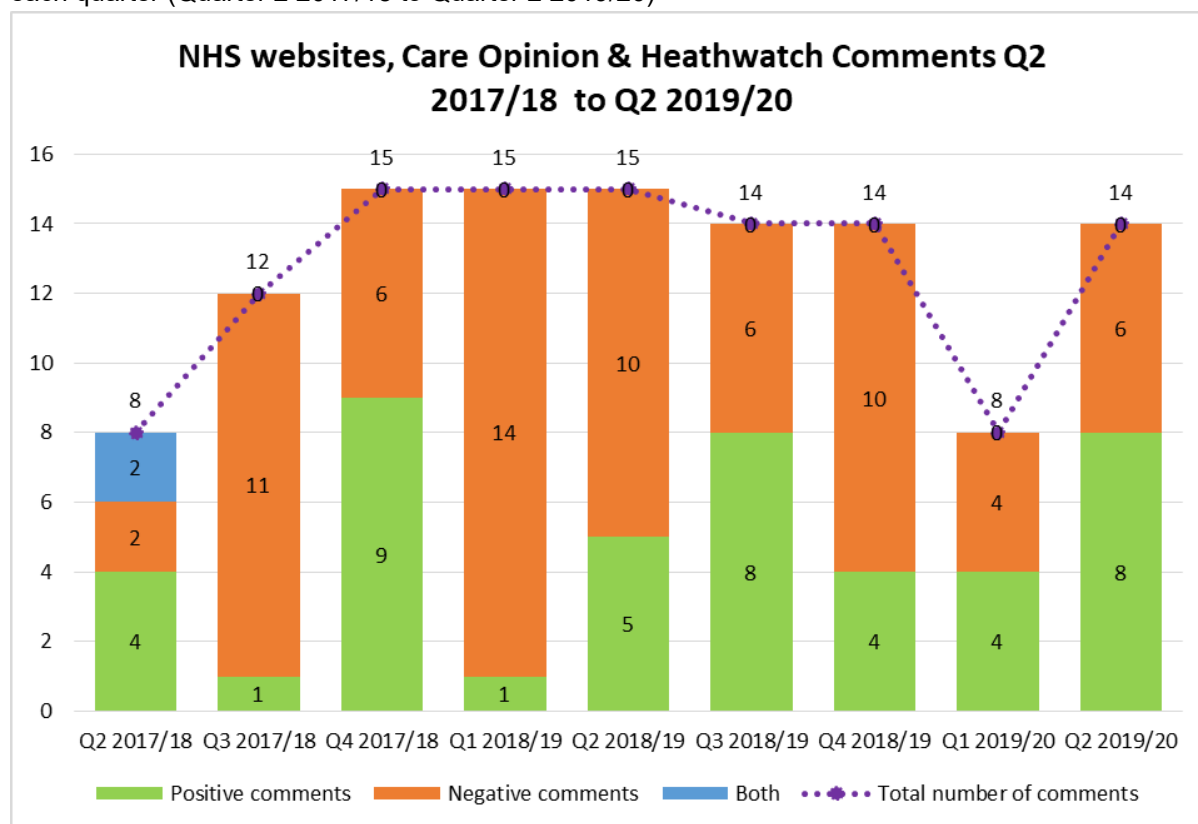
Hospital Site	Star Ratings for Q2
CNTW (total for Trust)	
Benton View	
Berwick upon Tweed	
Campus for Ageing and Vitality	
Dryden Road Clinic	
Longbenton	
Molineux Street	
Ravenswood Clinic	
Unknown	

During Quarter 2 2019/20 the Trust received 14 comments through these sites. This volume of feedback is similar to previous quarters and the proportion of positive feedback is variable.

Figure 9 below shows the number of comments posted feedback sites from July to September 2019.

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Figure 9 – Number of comments published on the NHS website, Care Opinion & Healthwatch sites each quarter (Quarter 2 2017/18 to Quarter 2 2019/20)



10. Compliments and Thank Yous – Quarter 2 2019/20

During Quarter 2, 143 thank yous and compliments were received via Points of You and from other routes (including Chatterbox). There were 60 compliments received during quarter 2 2019/20.

11. Recommendations

The Corporate Decisions Team Quality Sub Group are asked to note the information included within this report.

Andy Carroll
Senior Information Analyst
Commissioning & Quality Assurance Team
October 2019

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Points of You Format

Points of You Survey format:



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

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

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

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

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

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

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

Can you tell us why you gave that response?

2. How kind and caring were staff to you?

Very A little bit Not very Don't know

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

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

4. Did we listen to you?

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

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

Yes No

6. Were you given the information you needed?

Yes No

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

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

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

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

9. Overall did we help?

A lot A little bit Not much Don't know

Reviews made on the NHS website, Care Opinion & Healthwatch in quarter 2 2019/20

Reviewed on 21 July 2019 (1 star, Lowry Ward, Campus for Ageing and Vitality)

Hadrian clinic the Lowry ward

First of all one member of staff was being really nasty to me and stood there laughing at me when I had another mental breakdown and she was saying how pathetic I am and on the other hand another member of staff was doing the same and I didn't get any respect from them or help to deal with my mental health at all.

[our response]

I would like to thank you for taking the time to provide feedback in relation to the services that you received whilst on Lowry Ward. I am very sorry to hear that you had a poor experience whilst using this service. We would welcome the opportunity to discuss this with you individually in more detail, please contact Harry Cape, Clinical Nurse Manager on 01912456693 to arrange a convenient time.

Alternatively you could contact Patient Advice and Liaison Service on Tel: 0800 032 0202 who could raise these issues on your behalf or if you would prefer, to raise a formal complaint you can contact us:

- In writing by letter: The Complaints Department, St Nicholas Hospital, Gosforth, Newcastle upon Tyne, NE3 3XT
- By email to: complaints@CNTW.nhs.uk

Reviewed on 16 July 2019 (5 stars, EIP Team, Benton View)

Mental health

I was involved with this service from last year .The offices were at 1 benton view in newcastle and i found everyone to be kind,polite and very friendly.can i just say thank you and best wishes to everybody.love john duncan

Thank you John for taking the time to provide feedback about the team at Benton View. It is always a pleasure to hear when services users have had a positive experience and we have passed your comments onto the clinical team. May we wish you all the best for the future.

Kind Regards

Anna Williams, Associate Director, Community Central CBU

7 July 2019 (4 stars, IAPT Sunderland)

Very Caring and Patient listeners

I have been receiving therapy from my therapist for a few sessions now, i have found that the therapists are very patient and great listeners no matter how difficult i feel i am being she always tries to put me at ease, which is very difficult when dealing with myself. They will always make sure you are fully aware of any process they wish to take before they do it and ask for your permission to share information.

Thank you for your feedback, it is very much appreciated. We continually strive to provide high quality care, and we are pleased to hear that you are satisfied with the services we are providing.

We wish you well in your ongoing recovery.

22 July 2019 (1 star, CTT - North Tyneside West, Longbenton)

Rating: 1 star - terrible

Summary: Don't listen. No continuity

Comments: Treatment agreed in one meeting with CPN and Doctor, then following meeting everything is turned upside down and treatment is withdrawn by second Doctor.

Thank you for contacting us in relation to your concern. I am sorry that your experience with the service has been less than satisfactory. In order that we can address the issues that you raise, please can I ask you to contact the service direct and asked to speak with the Pathway Manager Melanie Galston or be directed the Clinical Manager Dave Timlin who would be happy to discuss your individual situation with you. Both can be contacted by ringing the Oxford Centre on 0191 220 5750

The Trust is grateful for any feedback that it receives from those that access the services so I would like to thank you again for bringing this issue to our attention and hopefully we will be able to move forward with you with a positive outcome.

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1 July 2019 (Crisis Team, Ravenswood Clinic)

not star rated

I was told no one would be talking to me from now on so pointless ringing up. I was also told I wasn't in a crisis when I feel like I am. I have also been using the crisis team in the past, had treatment and also been advised by a doctor to ring.

On behalf of Northumberland Tyne and Wear NHS trust and Newcastle and Gateshead Crisis team, I wish to apologise. The crisis team is open to anyone that requires our assistance when they feel that they are in a crisis. We operate 24 hours per day 7 days a week. I wish to apologise that someone was informed they were not in crisis. I will be addressing all the comments with the team to ensure this does not happen again. Please contact me on 0191 8148899 and we can discuss your concerns in further detail.

7 July 2019 (Project Answer, North Tyneside Recovery Partnership)

not star rated

Opiate addiction from prescription painkillers

First of all I would like to thank all the staff from the bottom of my heart for all the care, attention and professional expertise in helping me overcome my addiction. Staff are very professional, experienced, kind and always there to talk and help, there are experienced in medical detox and have great counselling skills either one to one or group work. There is no judgement and you are involved with all decisions made about your care. The dedicated staff have helped me so much over the past year to overcome this terrible affliction and are there to help others. It's been the hardest thing I've ever had to do however with all your help you made me the man I used to be before addiction took over. My daughter has her father back I am happy and healthy. I was so close to falling off that last step, it would have caused a massive ripple effect through my family and you all have stopped that. Thank you so much for everything

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31 July 2019 (CMHT/Crisis Teams)

not star rated

No one is helping me

Cmht and crisis teams are not helping me with my mental illness. In the community I have no help support cpn or even a care plan for my mental illness the two teams know my mental illness and symptoms but I still get nothing from them other than your not open to them or then you are so they can't even make up their minds. That is what my review is about.

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

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

With kind regards
Julie Robson
Corporate and Quality Governance Manager

5 August 2019 (5 stars, Gateshead CTT, Dryden Road Clinic)

I came here for depression

Thanks to the wonderful help here I found out I suffered from schizotypal and have since made extremely great strides in recovery. Thank you to the doctor

Visited in September 2017. Posted on 05 August 2019

Dear Richard, I would like to thank you for taking the time to offer this positive feedback for the team at Dryden Road Clinic. We very much appreciate it and will share with the staff.

Anna Williams
Associate Director, Community Central Corporate Business Unit

1 star, Molineux Street

No words to. Describe how bad it is.

Didn't receive first apparant letter. Had an appointment which I couldn't attend due to physical health which should have been passed on. Didn't want to go back to the service as I've been let down three times before. Never going 6back.now in hospital due to suicidal thoughts. Was told just to ring crisis team. Place is a joke.

Visited in August 2019. Posted on 05 August 2019

I am sorry to hear of your negative experience at Molineux. We endeavour to learn from all comments received and would be happy to discuss this in further detail with you so that we can improve experiences for those people who use our services. I will ask the clinical manager to look into this in more detail and with your permission feed back to you directly, alternatively you could contact Helen Robinson, Acting Community Clinical Manager on 0191 287 5300.

With kind regards

Anna Williams, Associate Director, Community Central Corporate Business Unit

1 star

Inadequate care

Give an account of the experience you are commenting on, and give your opinion about it in your own words. The more detail you can give, the more useful your review will be. If you write a review, you will need to add a title (above) as well. Thank you for taking the time to review honestly and responsibly.

. My ears need syringing , because they are blocked. When I asked for an appointment for this procedure, I was informed it is no longer carried out at the practice and I must do it myself using a rubber bulbous object. I tried, but it didn't work. When I returned to the practice to say that, I was told I would have to have it carried out privately. Furthermore, when I first asked at the pharmacy based in the practice, they didn't even know about it ! They advised I ask the pharmacy nearby . How and why should I be expected to pay for such treatment privately when I know in The Midlands and London it is an nhs procedure; or, should I accept deafness for nhs neglect in nhs Northumberland?

Visited in July 2019. Posted on 03 August 2019

Dear Roy, Northumberland, Tyne and Wear NHS Foundation Trust have received a notification of your comment on NHS Choices. We would like to let you know that we believe you have incorrectly put this review down against our organisation as we do not provide this type of service. I am sure that the service this review is about would very much welcome your feedback and would encourage you to re-post your comment. With very kind regards

5 stars, Dryden Road Clinic (Community Treatment Team)

I am really pleased with my cpn .

Really pleased with the amount of support my cpn has put in for myself.

Visited in September 2019. Posted on 16 September 2019

Dear Rebecca, I would like to thank you for taking the time to offer this positive feedback for the team at Dryden Road Clinic. We very much appreciate it and will share with the staff.

Anna Williams

Associate Director, Community Central Corporate Business Unit

1 star, Oxford Centre

Not responded to at time of report

Total disregard of issues

I was referred by my doctor for bpd assessment and has been a onging problem since the age of 9, I have had numerous counselling sessions, been palmed of with medication for anxiety and depression, I am not depressed, I have made several attempts of suicide resulting in hospitalization I have numerous symptoms n find life very difficult mentally and emotionally, but apparently I am fine... must be true? I recieved a letter back without even any form of contacting me or asking for other information regarding it telling me they advise therapy!! And advised two of the previous places I had been now if they had even acknowledged any of my symptoms and how I am not improving they would know this, so apparently if your asking for help or u have no clue of who u are dont go here or ask to be refered here the receptionist is rude and speaks over and down to you and I would genuinely recommend finding other ways to cope or develop your own strategies cause apparently mental health in adults has no relevance you will be directed to a counsellor giving more medication for issues you dont have to stablise you for a while but no long term help. Thanks again for absolutely nothing

Visited in September 2019. Posted on 18 September 2019

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5 stars, Molineux Street

Mrs Nellis gave Molineux Street a rating of 5 stars

Amazing service and lovely staffing thanks.

The team has always been great with my issues probably because I don't abuse the system, I only use it when I have tried to deal with it myself then get help. I get a discharge date but I'm usually ok before date is up and I'm honest and speak up.

But when I'm down I'm down, not getting dressed and so on.

The doctor and staff are amazing with me, use the service correctly and you will get either better or as good as it will get.

Thanks to all the staff at the molineux center.

Visited in June 2019. Posted on 16 September 2019

Dear Mrs Nellis, I would like to thank you for taking the time to offer this positive feedback for the team at Molineux. We very much appreciate it and will share with the staff.

Anna Williams

Associate Director, Community Central Corporate Business Unit

5 stars, Anderson Court, Berwick upon Tweed

Not responded to at time of report

Caring & Professional Home Visits

Having been referred to the Memory Clinic of Anderson Court at Berwick Upon Tweed I was visited at home by the CPN who made a perfect report of my situation & mental state. Later I received regular visits from the Clinical Psychologist who was also very helpful. I would like to have named those I have great praise for but a note on this review form said names would not be published. At present, the support of Anderson Court is still ongoing which I'm hoping I can continue to rely upon.

Visited in August 2019. Posted on 09 September 2019

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 6th November 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 6 September 2019) – Alison Paxton, Commissioning & Quality Assurance Manager

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

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

1. This report provides an update of Commissioning & Quality Assurance issues as at 30th September 2019. Please note this report does not relate to North Cumbria services.
2. The number of people waiting more than 18 weeks to access services has decreased this month in non-specialised adult services but increased within children's community services in Newcastle / Gateshead.
3. The Trustwide appraisal figure has increased to 84.2% this month from 80.1%, however is still below the Trust standard. Areas for improvement relate mainly to corporate functions which have committed to reaching the standard by the end of November.
4. There have been six Mental Health Act reviewer visit reports received since the last report relating to Mitford and Mitford Bungalows (LD/Autism wards), Akenside (Older Peoples ward), Newton (Rehab ward), Redburn (CAMHS ward) and Gibside (Regional Affective Disorder Service). There were actions which had been resolved along with actions which remain unresolved from previous visits.
5. The confirmed August 2019 sickness figure is 5.5%. The provisional September 2019 sickness figure is 5.75%. The 12 month rolling average sickness rate has decreased to 5.65% in the month.
6. Out of area treatment bed days have increased in the month with 154 reported in September 2019.
7. There has been an increase in the number of clusters undertaken at review in September 2019 and this is now reported above standard at 85.6%.
8. The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported at 98.2%. This is reported above standard. Two patients were not seen in the required timescale trustwide.
9. The service user and carer FFT recommend score is at 88% this month which is below the national average which is reported at 90%.

Risks Highlighted: waiting times, sickness and out of area treatments

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

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

Link to Policies and Strategies: NHS Improvement – Single Oversight Framework, 2019/20 NHS Standard Contract, 2019/20 Planning Guidance and standard contract, 2019/20 Accountability Framework

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Executive Summary:

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There have been six Mental Health Act reviewer visit reports received since the last report relating to:
 - Mitford (LD/Autism Ward), one unresolved issue remains from a previous visit relating to the RC not feeding back the outcome of a SOAD visit to the patient.
 - Mitford Bungalows (LD/Autism Ward), three unresolved issues remain from a previous visit relating to a blanket restriction which was in place to revisit patients' rights each month. Nowhere to place clothes or towels within the shared bathroom in one bungalow and the length of care plans which were not user friendly.
 - Akenside (Older Peoples ward), three unresolved issues remain from a previous visit relating to planned date for revisiting patient's rights. Only one shower in the female-only area. Ligature risks on the wards and staff unable to locate a ligature risk assessment. Staff not wearing alarms and patient involvement in care plans.
 - Newton (Rehab Ward), five unresolved issues remain from a previous visit relating to planned dates for repeating patients' rights, nowhere in bathroom for towels or clothes to be put when bathing, issues with the completion of assessments of capacity to consent to treatment, a T2 consent to treatment certificate and a section 17 leave authorisation was not updated when their leave was suspended.
 - Redburn (CAMHS Ward) two unresolved issues remain from a previous visit relating to care plans were not appropriate for patients and the ward had blanket restrictions regarding access to hot drinks and the en suite shower doors being locked in the open position.
 - Gibside (Regional Affective Disorder Service) one unresolved issue remains from a previous visit relating to the seclusion clock showing the incorrect time.
3. The Trust did not meet all local CCG's contract requirements for month 6. The areas of underperformance relate to CPA metrics within Newcastle / Gateshead, South Tyneside, Durham & Tees and North Cumbria CCG's. Seven day follow up was not met within North Tyneside, overall the target was achieved trustwide. The numbers entering treatment within the IAPT service was not achieved in Sunderland however Sunderland IAPT service users moving to recovery rate was 55.8% for the month which is above the 50% standard.
4. The Trust did not meet the requirements for month 6 and Quarter 2 within the NHS England contract. The underperformance relates to completed outcome plans and the number of current service users with a completed HONOS secure recorded.
5. All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 2 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS), healthy weight in adult secure services and the use of specific

anxiety disorder measures in IAPT which have been rated as amber due to identified risks.

6. The number of people waiting over 18 weeks to access services has decreased this month in non-specialised adult services from 55 to 30. Within children's community services there has been an increase in those waiting over 18 weeks in Newcastle/Gateshead, this remains in line with the trajectory.
7. Training rates have continued to see most courses above the required standard. There is one course more than 5% below the required standard which is PMVA Basic Training (79.4% was 77.7% last month).
8. Reported appraisal rates have not been achieved this month and are reported at 84.2% Trustwide against an 85% standard.
9. Clinical supervision is reported at 84.6% for September against an 85% standard.
10. The confirmed August 2019 sickness figure is 5.50%. This was provisionally reported as 5.65% in last month's report. The provisional September 2019 sickness figure is 5.75%. The 12 month rolling average sickness rate has decreased to 5.65% in the month.
11. At Month 6 the Trust has a surplus of £1.6m which is £2.7m ahead of plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total. Agency spend is £3.8m which is £0.6m above Trust planned spend and £0.2m below the trajectory of our NHSI allocated agency ceiling of £7.9m. The Trust's finance and use of resources score is currently 3 and the forecast year-end risk rating is 2.

Other issues to note:

- There are currently 18 notifications showing within the NHS Model Hospital site for the Trust and there has been one **new compartment** (e.g. corporate services, clinical services) added in relation to inpatients. Model hospital shows areas of unwarranted variation within the trust against national average as well as peer group average.
- The numbers entering treatment for Sunderland IAPT service has not been achieved in month 6. 588 patients have entered treatment in the month against a target of 691.
- The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported at 98.2% which is reported above standard. Two patients were not seen within the required timescale trustwide.
- The number of follow up contacts conducted within 72 hours of discharge is reported at 92.0% for September 2019. This will be monitored against an 80% standard from Quarter 3.
- There were 154 out of area bed days reported in September 2019 relating to ten patients. This is a significant increase in the month.
- The service user and carer FFT recommend score is at 88% this month which is below the national average of 90%.

- There has been an increase in the number of clusters undertaken at review in September 2019 and is reported above standard at 85.6% against an 85% standard.
- The latest published Data Quality Maturity Index Score relates to June 2019 and is reported at 91.0% which is an increase from 85.2% in May 2019. Work continues to review this data internally.

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Commissioning and Quality Assurance Summary Dashboard – September 2019

Regulatory	Single Oversight Framework							
1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).						Use of Resources Score:	2
CQC								
Overall Rating	Number of "Must Dos"	There have been six Mental Health Act reviewer visit reports received since the last report relating to Mitford and Mitford Bungalows (LD/Autism Wards), Akenside (Older Peoples Ward), Newton (Rehab Ward), Redburn (CAMHS Ward) and Gibside (Regional Affective Disorder Ward). There were a number of actions which had been resolved along with actions which remain unresolved from previous visits across all wards.						
Outstanding	3							
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:							
NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	North Cumbria CCG	
87.5%	100%	90%	90%	80%	93%	75%	62%	
Contract Summary: Percentage of Quality Standards achieved in the quarter:								
87.5%	100%	90%	80%	80%	93%	75%	62%	
CQUIN - Quarter 2 internal assessment RAG rating:								
Staff Flu Vaccinations	Alcohol and Tobacco Brief Advice	72 hour Follow Up Post Discharge	Improving Data Quality Reporting/ Interventions	Use of specific Anxiety Disorder measures within IAPT	Healthy Weight in Secure Services	CAMHS Tier 4 Staff Training Needs	Local Neuro-rehabilitation Inpatient Training	Mental Health for Deaf
All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 2 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS), use of Anxiety Disorder measures within IAPT and Healthy Weight in Secure Services which have been rated as amber. The use of Anxiety Disorder measures CQUIN has been rated as red due to changes in national criteria.								
Internal	Accountability Framework							
North Locality Care Group Score: September 2019		Central Locality Care Group Score: September 2019			South Locality Care Group Score: September 2019			
4	The group is below standard in relation to CPP metrics	4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements		

Quality Priorities: Quarter 2 internal assessment RAG rating

Improving the inpatient experience	Improve Waiting times for referrals to multidisciplinary teams	Equality, Diversity and Inclusion	Evaluating the impact of staff sickness on Quality
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Waiting Times

The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has also decreased in month 6. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

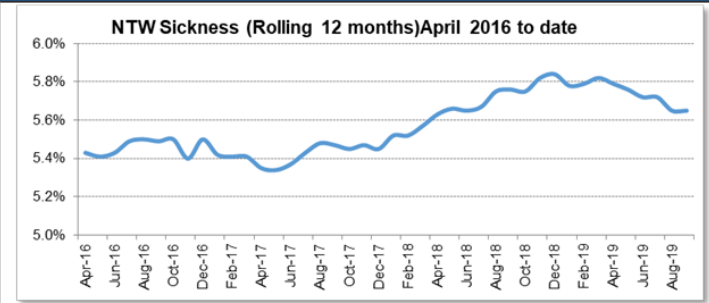
Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):
13	4	1

Information Governance (91.3%), MHA Combined training (82.5%) Clinical Risk training (83.8%) and Clinical supervision training (84.6%) are within 5% of the required standard. PMVA basic training (72.4%) remains at more than 5% below the standard.

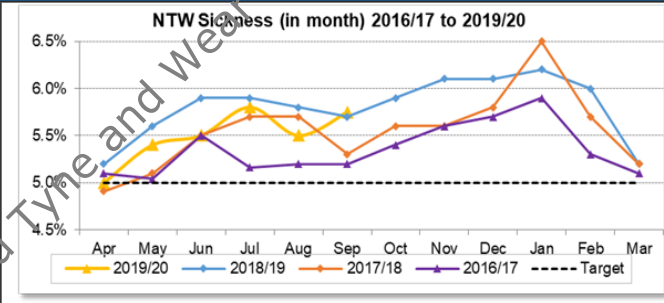
Appraisals:
Appraisal rates have increased to 84.2% in September 19 (was 80.1% last month).

Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 5.75% for September 2019

The rolling 12 month sickness average has remained at 5.65% in the month



Finance

At Month 6, the Trust has a surplus of £1.6m which is £2.7m ahead of plan. The Trust is ahead of plan due to income being higher than plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total.

Agency spend is £3.8m which is £0.6m above Trust planned spend and £0.2m below the trajectory of our NHSI allocated agency ceiling of £7.9m. Forecast agency spend is £7.3m. The Trust’s finance and use of resources score is currently a 3 and the forecast year-end risk rating is a 2.

Financial Performance Dashboard

NTW Income & Expenditure

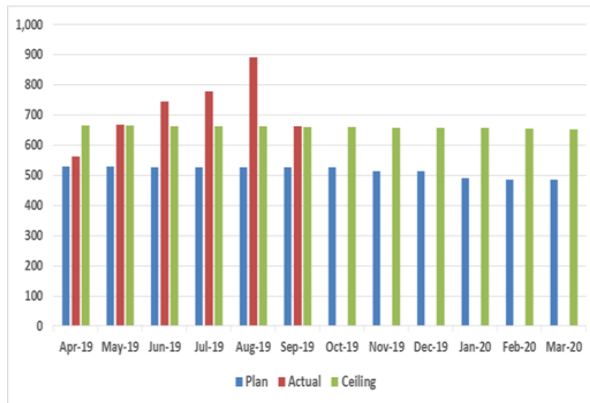
	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income	166.8	166.7	0.1
Pay	(132.4)	(132.5)	0.1
Non Pay	(35.5)	(32.6)	(2.9)
Surplus/(Deficit)	(1.1)	1.6	(2.7)

Control Totals

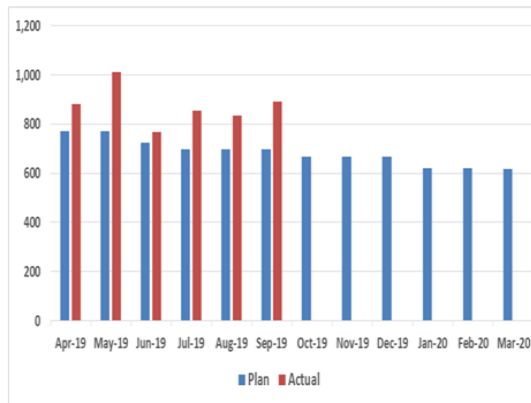
	YTD Budget £m	YTD Actual £m	YTD Variance £m
North	11.4	12.1	(0.7)
Central	9.0	10.1	(1.1)
South	14.3	14.6	(0.3)
Central Depts	(35.8)	(35.2)	(0.6)
Surplus/(Deficit)	(1.1)	1.6	(2.7)

Key Indicators	Current	Fore-cast
Risk Rating	3	2
Agency Spend	£3.8m	£7.3m
FDP Delivery	£4.1m	£10.4m
Cash	£25.7m	£18.4m
Capital Spend	£5.2m	£12.4m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £1.6m surplus at Month 6 which is £2.7m ahead of plan. This is due to income being above plan.
- Control Total – The Trust is forecasting delivery of its £2.6m Control Total.
- Risk Rating – The Use of Resources rating is a 3 at Month 6 and the forecast year-end rating is a 2.
- Pay costs are £0.1m above plan at Month 6. Bank and agency costs need to reduce to get back in line with plan.
- Agency Spend – Agency ceiling is £7.9m and Trust planned spend is £6.2m in 19/20. Spend at Month 6 is £3.8m which is £0.6m above plan and £0.2m below the ceiling trajectory. Forecast agency spend is £7.0m.
- Financial Delivery Plan - Savings of £4.1m have been achieved at Month 6 which is in line with plan.
- Cash – £25.7m at Month 6 which is £11.1m above plan.
- Capital Spend - £5.2m at Month 6 which is £1.0m below plan.

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

	02/09/2019		09/09/2019		16/09/2019		23/09/2019		30/09/2019	
Medical	88	20	94	20	98	20	98	20	101	20
Qual Nursing	88	5	89	5	90	5	90	5	93	5
Unq Nursing	744		806		554		796		794	
A&C	107		86		92		103		100	
Total	1,027	25	1,075	25	834	25	1,087	25	1,088	25

In September the Trust reported an average of 25 price cap breaches (20 medical and 5 qualified nursing). At the end of September 4 medics were paid over the price cap.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 6 November 2019

Title and Author of Paper:

Quarterly Report on Safe Working Hours (July to September 2019) : Dr Clare McLeod (Trust Guardian)

Executive Lead: Dr Rajesh Nadkarni, Executive Medical Director

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The New TCS for trainees in Psychiatry came into force in February 2017
- Quarter reported on is July to September 2019
- Guardian is nationally and locally linked with other Trust Guardians
- Establishment of Junior Doctors Guardian of Safeworking Forum (which includes representative from BMA & LNC Chair)
- Increase in Trainees moving to 2016 Terms & Conditions of Service
- Decrease in number of exception reports from 31 between April and June to 11 for this quarter.

Risks Highlighted to Board :

- 3 Agency Locums booked during the period covering vacant posts and sickness.
- 158 shifts lasting between 4hrs and 12hrs were covered in the 3mth period by internal doctors covering sickness/vacancies/adjustments due to health.
- On 28 occasions during the period the Emergency Rotas were implemented in comparison to once during the last period.
- Having adopted the Fatigue and Facilities Charter, the trust has been awarded £60,833.33 to improve the working lives of Junior Doctors. A working group has been convened for this.

Does this affect any Board Assurance Framework/Corporate Risks?

Please state: **No**

If Yes please outline

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Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

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QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING – July to September 2019

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from the 2nd August 2017 are now on the New 2016 Terms and Conditions of Service. There are currently 127 trainees working into CNTW with 117 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 22 trainees employed directly by CNTW working as Trust Grade Doctors and Teaching Fellows. (Total 149).

Introduction

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

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

High level data

Number of doctors in training (total): 127 Trainees (Jul to Sept)

Number of doctors in training on 2016 TCS (total): 117 Trainees (Jul to Sept)

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

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

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

Trust Guardian of Safe Working: Dr Clare McLeod

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Exception reports (with regard to working hours)

Grade	Rota	Exception Reports Received July to September				
		Jul	Aug	Sept	Total Hours & Rest	Total Education
CT1-3	St Nicholas					
CT1-3	St George's Park	4	1	3	8	
CT1-3	RVI/CAMHS					
CT1-3	NGH/CAV			1	1	
CT1-3	Gateshead		1	1	2	
ST4+	North of Tyne					
Total		4	2	5	11	0

Work schedule reviews

During the last quarter there have been 11 Exception Reports submitted from Trainees in respect to exceeding Hours & Rest (9 of which have been agreed and closed). TOIL was granted for 7 cases, 2 were granted payment for additional hours worked. 2 reports remain open waiting for an outcome. The exceeded hours ranged from a minimum of 45 minutes to a maximum of 2 hours. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by department				
Specialty	Jul	Aug	Sept	Total
Neuro Rehab	0	0	0	0
Hopwood Park	0	0	0	0
Gateshead	0	0	0	0
NGH	0	0	0	0
RVI	0	0	0	0
SNH	0	0	0	0
CAMHS	0	0	0	0
LD	0	0	0	0
SGP	0	1	0	1
South of Tyne	0	0	0	0
North of Tyne	0	0	2	2
Total	0	1	2	3

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Locum bookings (agency) by grade				
	Jul	Aug	Sept	Total
F2	0	0	0	0
CT1-3	0	0	0	0
ST4+	0	1	2	3
Total	0	1	2	3

Locum bookings (agency) by reason				
	Jul	Aug	Sept	Total
Vacancy	0	0	0	0
Sickness/other	0	1	2	3
Total	0	1	2	3

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of hours worked	Number of hours to cover sickness+	Number of hours to cover OH Adjustments	Number of hours to cover special leave	Number of hours to cover a vacant post
SNH	13	132	40	92	0	0
SGP	47	460	144	104	52	160
Gateshead	26	232	32	128	4	68
Crisis	2	8	0	4	0	4
Hopewood Park	15	132	20	16	24	72
RVI	18	144	96	0	0	48
NGH	9	68	36	0	24	8
North of Tyne	11	100	44	56	0	0
South of Tyne	17	196	48	64	84	0
CAMHS	0	0	0	0	0	0
Total	158	1472	460	464	188	360

c) **Vacancies**

Vacancies by month						
Area	Grade	Jul	Aug	Sept		
NGH/CAV	F2	0	1	1		
SNH	CT	3	2	2		
	GP	1	0	0		
SGP	CT	7	7	7		
	GP	0	0	0		
RVI	CT	1	0	0		
	GP	0	1	1		
HWP	CT	3	4	4		
	GP	0	1	1		
	F2	0	0	0		
Gateshead	CT	3	2	2		
	GP	1	0	0		
	F2	0	1	1		
Total		19	19	19		

*These vacancies have been backfilled with Trust Grade Appointments

d) Emergency Rota Cover

Emergency Rota Cover by Trainees				
	Rota	Jul	Aug	Sept
Vacancy	RVI	1	1	0
Sickness/Other	NOT	0	1	3
	SOT	2	0	2
	SGP	6	0	3
	RVI	1	1	0
	GHD/MWM	1	0	0
	Crisis	2	0	0
	HWP	1	0	0
	NGH	3	0	0
Total	28	17	3	8

e) Fines

There were no fines in the last quarter.

Qualitative information:

Numbers of Exception Reports remain steady with continued efforts to raise the profile at Junior Doctor Forums, Induction and site visits to coincide with Teaching.

Issues Arising:

The majority of Exception Reports raised by trainees in CNTW are closed by Time off In Lieu (TOIL); the majority this quarter (seven of the nine) were closed with TOIL, with two granted payment for the extra hours worked.

The number of IR1s submitted for Insufficient Medical handover when a patient is admitted to hospital continues to be monitored.

The BMAs Fatigue and Facilities Charter which outlines steps to promote better working conditions for doctors to reduce fatigue, improve safety and provide more efficient care has been adopted by the Trust. The Trust has been awarded £60,833.33 having adopted the charter which is specifically to improve the working lives of junior doctors. A working group has been set up to plan how best to allocate these funds with the next meeting scheduled for 8th November.

There are now an additional twenty trainees in the Trust who are based in Cumbria with the Trust merge at the beginning of October.

Actions taken to resolve issues:

The profile of Exception reporting continues to be raised through the Junior Doctors Forum, at Induction for new doctors and at visits to meet trainees. The Guardian of Safe Working and the Medical Staffing team met with trainees at HWP on 11th July, SGP on 9th September and CAV on 17th October.

The increase in the number of ERs in the previous quarter was in part due to workload in two particular posts, which have now been managed and are continuing to be

monitored. It is encouraging that there have been no further ERs from these posts and is a positive outcome for the ER process.

The Director of Medical Education continues to review, follow up and summarise the IR1s for Insufficient Medical Handover, with this collated information discussed at the forum and shared with clinicians in the Trust.

A working group has been convened to consider how best to use the £60,833.33 the Trust has been awarded having adopted the charter. The next meeting is arranged for 8th November. The priorities are to improve rest facilities for junior doctors and to plan how best to use these funds across the Trust sites.

The Director of Medical Education, representative from medical staffing and the GoSW have arranged to meet with the Cumbria trainees on 20th November in Carlisle.

The GoSW will continue to ensure that information relating to the importance of taking breaks is conveyed at each Trust Induction and at meetings with trainees as well as safe travelling between Trust sites and parking.

Summary

The profile of ER continues to be raised and discussed as a positive process that can contribute to improvements both in working conditions and in safety. The increase in numbers of ER in the quarter April-June was due in part to the workload in two particular posts; this has not continued into this quarter due to these issues in those posts being addressed.

Episodes of Insufficient Handover continue to be reported and monitored and will continue to be reviewed through the forum.

The Trust has been awarded £60,833.33 having adopted the BMA Fatigue and Facilities Charter; this is specifically to improve the working lives of our trainees and a working group has been set up to plan how best this should be allocated.

There is a meeting arranged in November with the trainees based in Cumbria.

Dr Clare McLeod
Trust Guardian of Safe Working

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Board of Directors Meeting

Meeting Date: 6th November 2019

Title and Author of Paper: Safer Care Q2 Report
Jan Grey, Associate Director Safer Care, Damian Robinson, Group Medical Director Safer Care

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

This is the second edition of a significantly revised Safer Care report. This version is shorter, focussed on key metrics (such as those which are reported outside of the Trust), and more visual in format. The narrative "points of note" provide an analysis of the data while also highlighting other key points the Board needs to be aware of.

This version contains less raw data than the previous report. Additional data can be provided on request. The Board is requested to reflect on the report and advise if they would like to see additional sections or data routinely included in future versions.

From 1st October 2019 data will be collected from additional services in the North Cumbria locality.

Risks Highlighted to Board :

Over the last year the Investigation Team has seen an unprecedented increase in the number of Serious incidents which have coincided with a number of changes to personnel and recruitment of new Investigation Officers. This has led to some delays in commencing investigations. This has been reflected in requests for extensions of the investigation timescale which have been agreed with the Commissioners on a case by case basis. Currently the 60 day timescale continues to be breached in some cases; however, the timescale of the breaches is reducing and we expect this to continue as a result of recent recruitment. Performance in meeting the timescales is being reported to BDG Safety on a weekly basis

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **Yes** or **No**
If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required: For information and assurance

Link to Policies and Strategies:

Safer Care Report – Quarter 2 October 2019 Reporting Period: July to September 19



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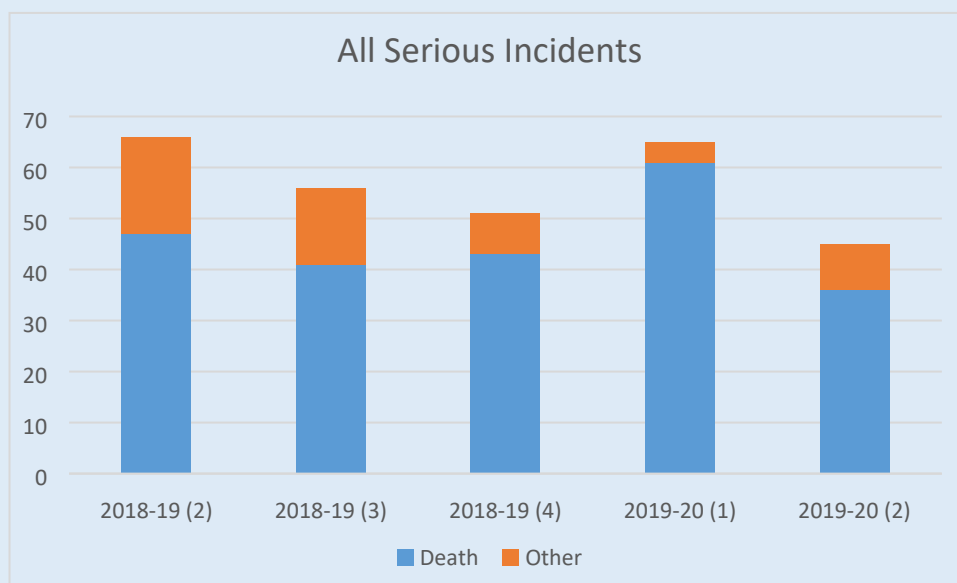
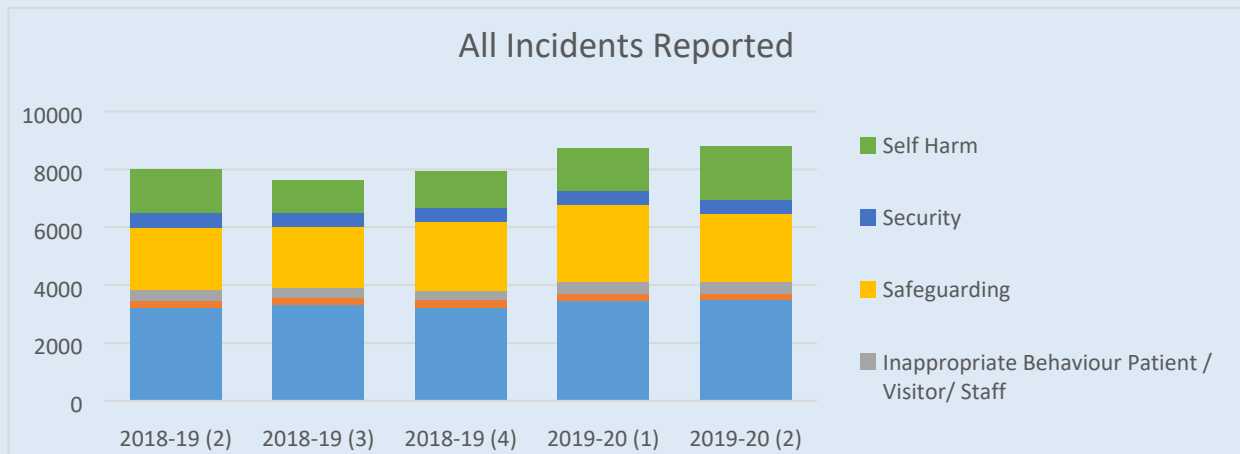
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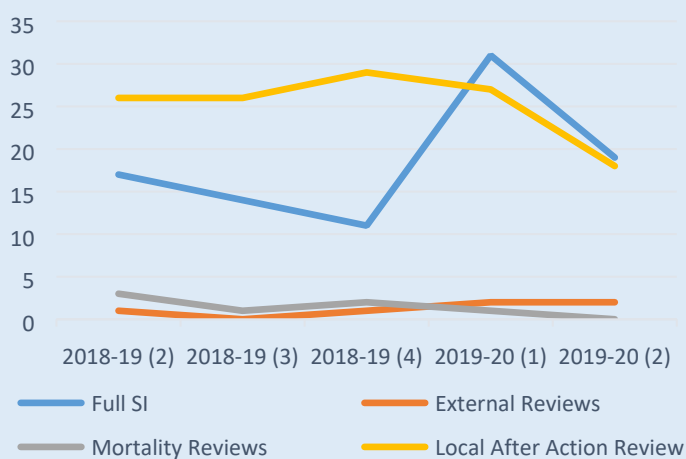
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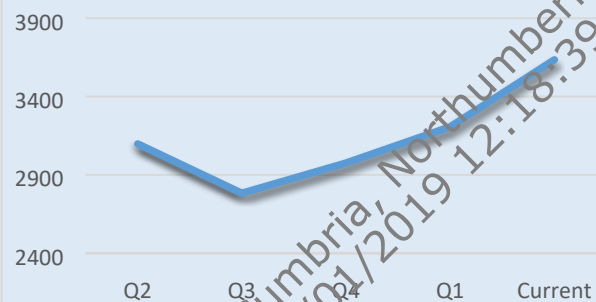
Section 1: Incidents, Serious Incidents and Deaths.



Investigations and reviews of deaths



NRLS Reports



Points of note:

Deaths

The number of deaths reported have seen a slight decrease in this quarter compared to the previous 12 months.

Incidents meeting the threshold for Mortality Review have continued to decline this quarter, following NTW's adoption of the Royal Collage of Psychiatrists Mortality Review Tool. This has altered the criteria for review of natural cause deaths in line with Mental Health and Disability patient needs.

Deaths reported to LeDeR for investigation have continued to decline. There is no rationale for this at this point in time, but would fit with the above description of peaks and troughs with activity.

Incidents, Thematic reviews and learning

In Q4 moving into Q1 there was a noticeable spike in activity. However moving into Q2 there has been a decline in both SI and Local After Action Reviews. There was no identifiable reason for this decline, but peaks and troughs in activity are not uncommon.

Two further homicides have occurred this quarter whereby an NTW service user has been charged as the alleged perpetrator. Both are subject to full NTW Serious Incident Reviews with external independent Investigation Officers leading the reviews. Three previous homicides have been confirmed as fitting the criteria for Independent Investigation by NHS England.

A Thematic Review of Community Treatment Team Serious Incidents was carried out and presented at BDG Safety in August. The review noted the correlation of deaths relating to drug and alcohol, patients not engaging/receiving Addiction Services, with recurrent findings about the lack of use of the Addictions AUDIT tool. Further work is underway around this finding.

From a learning perspective an example is included. The Serious Incident Review Panel considered the death of a patient who in the days prior to the incident had come into contact with the Trust Criminal Justice and Liaison Services. A plan had been formulated for Crisis Services to assess following the subsequent release from custody. The investigation highlighted several significant concerns including:

- missed opportunities to have carried out early Crisis Team assessment on initial release from custody
- Response to the service user's mother raising further concern about presentation.
- The service user died before the crisis assessment was completed.

The panel concluded that the death was more likely than not to have been due to problems in the care provided to the patient. A comprehensive learning action plan has been developed to address these issues.

Over the last year the Investigation Team has seen an unprecedented increase in the number of Serious incidents which have coincided with a number of changes to personnel and recruitment of new Investigation Officers. This has led to some delays in commencing investigations. This has been reflected in requests for extensions of the investigation timescale which have been agreed with the Commissioners on a case by case basis. Currently the 60 day timescale continues to be breached in some cases; however, the timescale of the breaches is reducing and we expect this to continue as a result of recent recruitment. Performance in meeting the timescales is being reported to BDG Safety on a weekly basis

Section 2: Positive and Safe Care

	2015/16	2016/17	2017/18	2018/19	2019/20	Year-end forecast
Restraint	8782	7905	8004	6740	4258	+20.73%
Prone restraint	3198	2393	2084	1969	1438	+33.56%
Seclusion	2006	1410	1214	1282	788	+17.46%
Assaults on Staff	3715	3815	3759	3085	1908	+18.19%
Mechanical Restraint Use	371	433	141	294	333	+116.45%
Self-Harming Behaviour	4555	6370	4898	4998	3486	+33.29%
Violence and Aggression	12543	12303	13413	12859	7213	+7.19%

Points of Note:

Increases in data and forecast position are currently being analysed and although initial analysis suggests a small number of patients in certain areas are creating the trends in activity related to violence and aggression. Further work is underway to identify differences between like for like services where incident data is significantly different. Significant trends in these metrics are currently identified in CYPs and Autism services.

Initial phase of safety huddles is complete and has been well received by both staff and patients, the wards involved have decided to continue with safety huddles and others have indicated they would like to introduce them. Our Service User Project Coordinator is currently looking at activity figures to measure the impact of the initiative, and the second phase of the 'Safety Huddle' initiative is currently being rolled out.

Initial discussions have taken place with colleagues in Cumbria with regards to establishing the positive and safe strategy and Talk 1st initiative. There is a lot of enthusiasm to take this forward. The Positive and Safe team have attended the recent Cumbrian induction days.

The Sleep Well project will now go to the Trust board following a successful pilot for consideration to be adopted trust wide. The initiative has been nominated for a national award for Positive Practice in Mental Health.

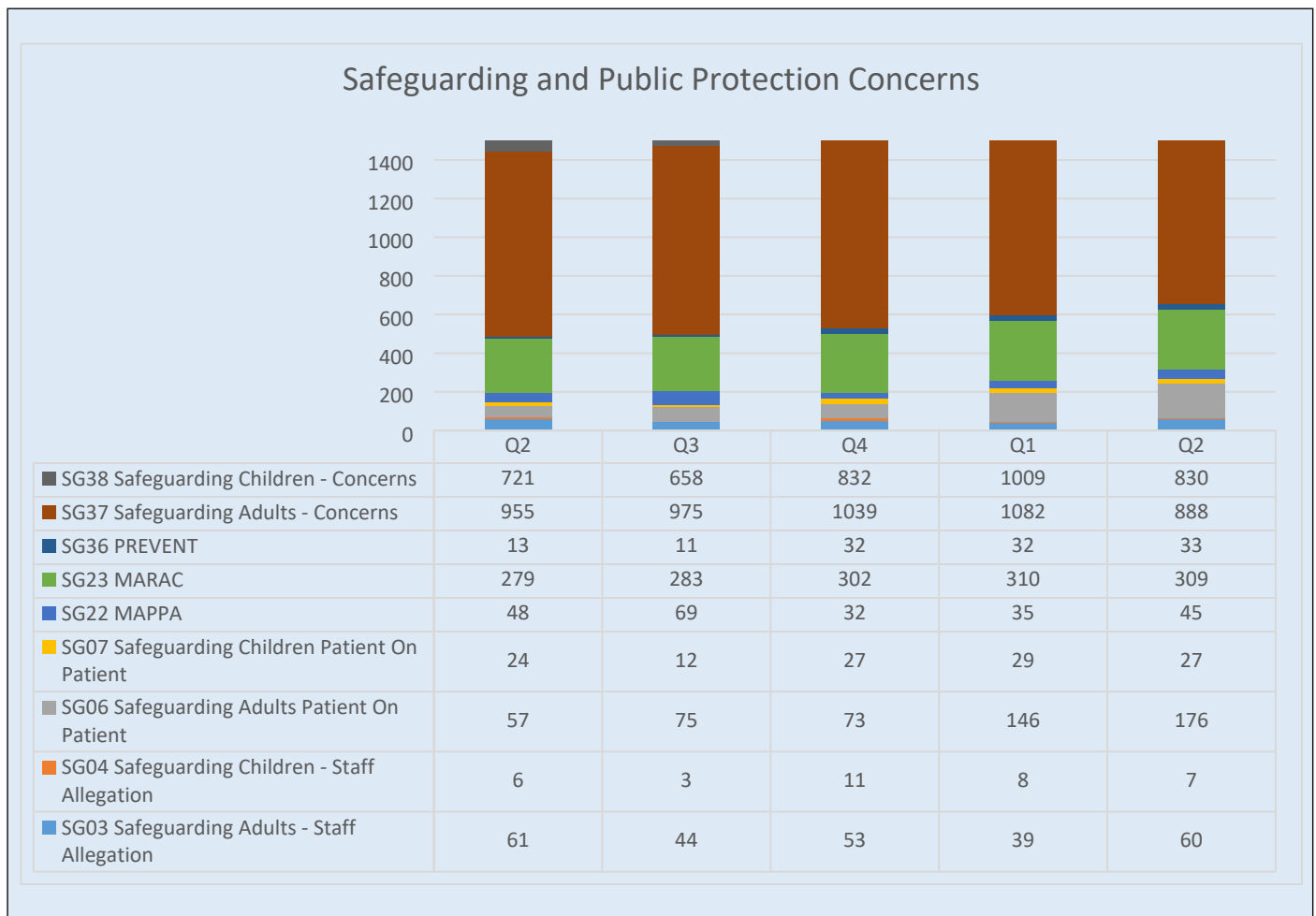
The positive and safe team will be presenting a number of papers in Oslo at the international Managing Violence and Aggression Conference this month.

We have continued to contribute to national expert reference groups, including the Restraint Reduction Network, and are close to completion of government supported guidance on restraint reduction strategies.

Dr Reid has developed an early model of a working artificial intelligence program that aims to predict categories of patient outcome. This was developed in restrictive custody settings and awaits peer review but has potential cross applications to waiting list management, predicting injuries and other related matters.

We are close to service evaluation ethics permission for a study called PERCEIVE, a study of employments status, and protected characteristics, to understand if we have patterns of assault against certain worker groups. This has been very well supported by the Caldicott, legal and E&D teams.

Section 3: Safeguarding & Public Protection



Points of note:

Safeguarding Activity remains consistent with previous Quarterly reports. However highlights include an increase in this quarter of staff allegations of a safeguarding nature. Assurance is given that patients are appropriately safeguarded and each incident is subject to full investigation.

The SAPP team have commenced the review of the triage system monitoring the immediate actions taken to safeguard the situation by staff raising the concern. This is providing an insight into the type of concerns requiring the triage worker to offer advice and support and those concerns that staff/teams are routinely safeguarding.

The processes for MARAC, MAPP and Safeguarding in Cumbria Locality were put in place with multi-agency partners in preparedness for Cumbria services transfer. The team have also welcomed a Cumbria based SAPP Practitioner, a SAPP Development Officer, SAPP Case Review Officer, and SAPP Administrator.

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Section 4: Infection Prevention Control & Medical Devices

Note: Quarter 1 and Quarter 2 safer care reports will not include information pertaining to Influenza vaccination targets and uptake. Vaccinations will only be received into the organisation at the end of Quarter 2 (September 30th). Quarters 3 and 4 will contain influenza information.

MRSA bacteraemia 0 (target 0)	C. difficile infection 0 (target 0)	Medical devices incidents 18
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Points to note:

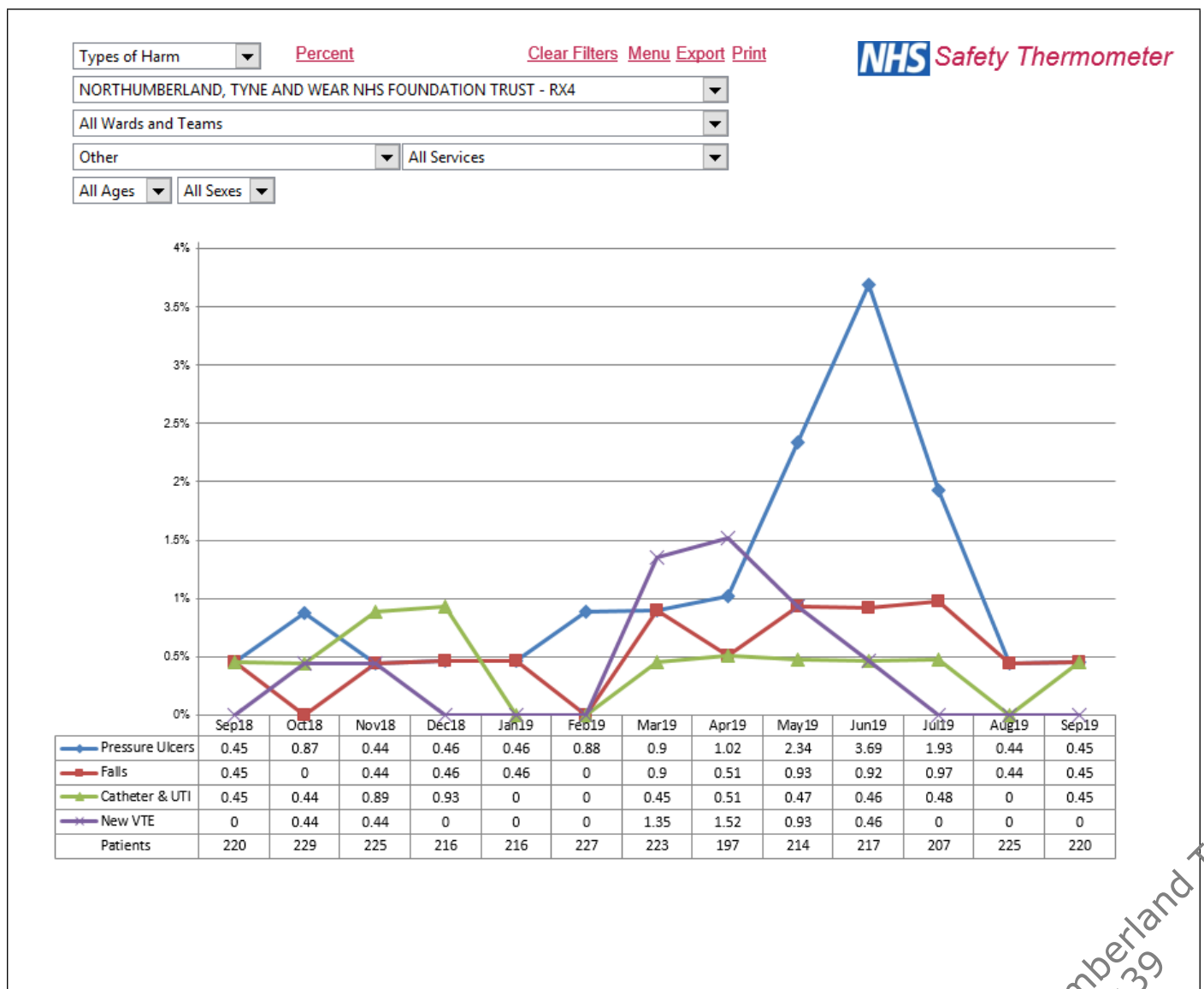
- No harm resulted from the 18 medical devices incidents and all issues have subsequently been resolved.
- All reported incidents are reviewed by IPC. Appropriate advice and support are provided and monitoring of physical health reinforced.
- The IPC and TVN Matrons have been working with peers in North Cumbria to ensure the smooth transition of Medical Devices; routine reporting of incidents; and preparation for flu campaign 2019.
- The IPC team has visited all of the wards at Carlton Clinic to familiarise themselves with the clinical teams and environment.
- There have been 20 training sessions delivered resulting in 170 peer vaccinators being trained and signing up to a Patient Group Directive to enable delivery of flu vaccines to staff and patients.
- The 19/20 flu vaccination campaign will commence 01/10/2019 and data will be reported in future reports.

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Section 5: Harm Free Care - Safety Thermometer / Mental Health Safety Thermometer.

The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTE Venous Thrombus Embolism.

Data are collected through a point of care survey on a single day each month on 100% of patients. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.



Point of Note:

Data related to both pressure ulcer and VTE are monitored across the Trust via safety thermometer but also reviewed daily via the Tissue Viability team who support, treat and where appropriate investigate all suspected and confirmed incidents. This includes completion of After Action Reviews (AAR's) for all confirmed DVT / PE and Category 3 or 4 Pressure ulcers.

There were no reported incidents of confirmed DVT / PE within NTW In-patient areas during the quarter. It is worth noting that following bespoke training with some of our addiction service

providers several community acquired DVT have been identified during outpatient reviews, referred for urgent medical review and treated successfully.

Although safety thermometer takes a snapshot of incidents during a given month the Tissue Viability Nurse team monitor incidents daily and report compliance with baseline risk assessments back to the Clinical managers and CBU's on a monthly basis, working with teams where increased incident may be identified – this includes bespoke training and or investigations.

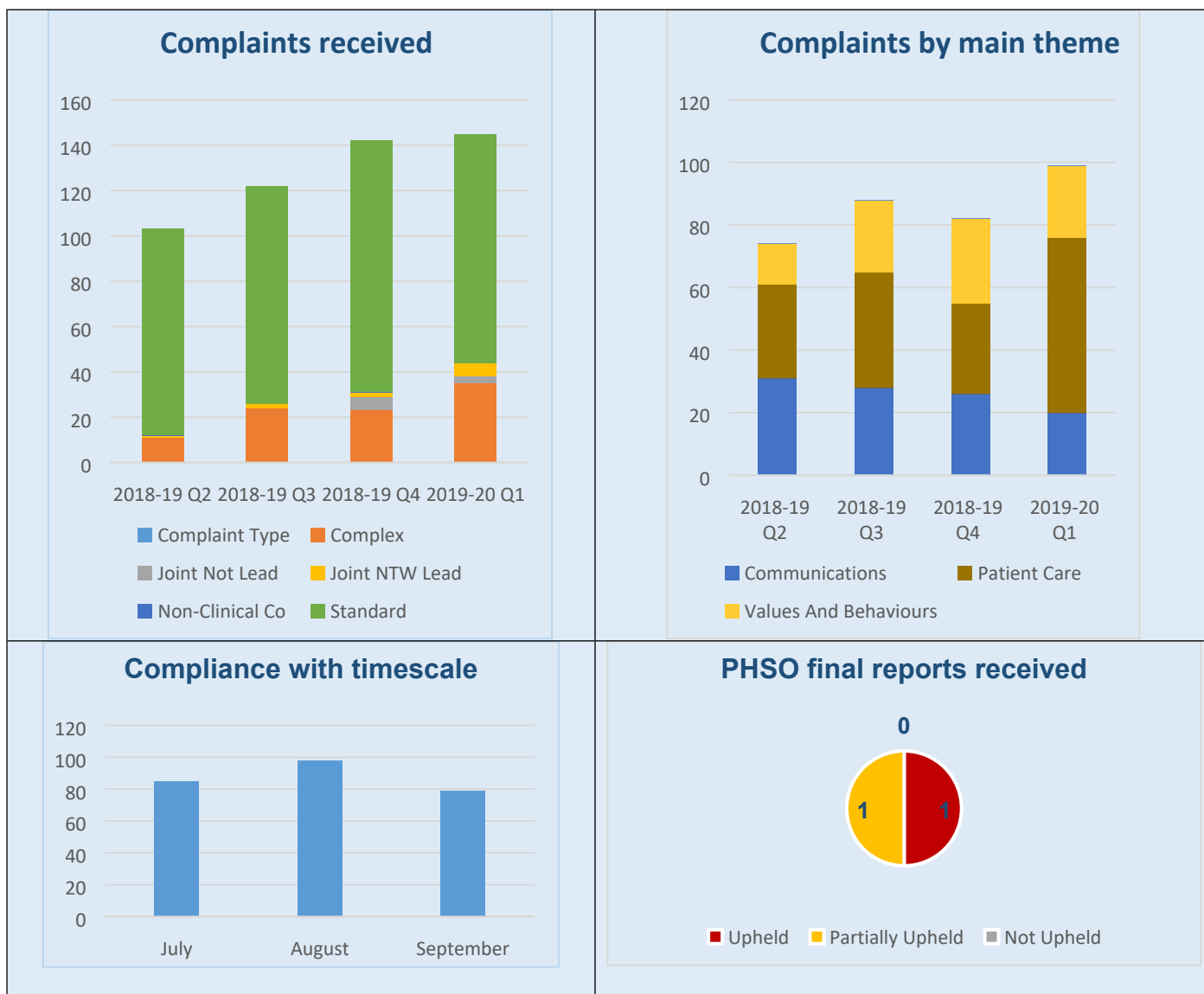
NHSI Category	July	Aug	Sept
Category 1	1	0	0
Category 2	3	2	5
Category 3	0	0	0
Category 4	0	0	0
Deep Tissue Injury	0	0	0
Unstageable	1*	0	0
Moisture Associated Skin Damage		2	2
Device Related Pressure Ulcer	1	0	0
Medical Device Related Pressure Ulcer	0	0	0
Total:	6*	4	7

* = Reported Unstageable PU assessed and confirmed as bruise not pressure related

As a Trust we continue to have clients develop pressure damage due to a range of both avoidable and unavoidable factors but these are promptly and effectively managed with no recorded incidents of Category 3 or 4 pressure ulcers.

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Section 6: Complaints Reporting & Management



Points to note:

Complaints have increased slightly again this quarter in comparison to quarter 1. Most complaints continue to be triaged as standard which leads to a swifter response for the complainant.

The themes of complaints remain very much the same across the quarters with the top three category types consistently coming out as values and behaviours; communication; and patient care. However, complaints are very individual and the category patient care may cover numerous issues or concerns.

For the period July to September 2019, South Locality Care Group had the highest percentage of complaints at 37%; followed by Central Locality Care Group at 36% and North Locality Care Group at 27%.

In September 2019, there was an even spread of complaints received across the three locality care groups; Central Locality Care Group had the highest number of complaints received at 36% followed by South Locality Care Group at 33% and North Locality Care Group with 31%

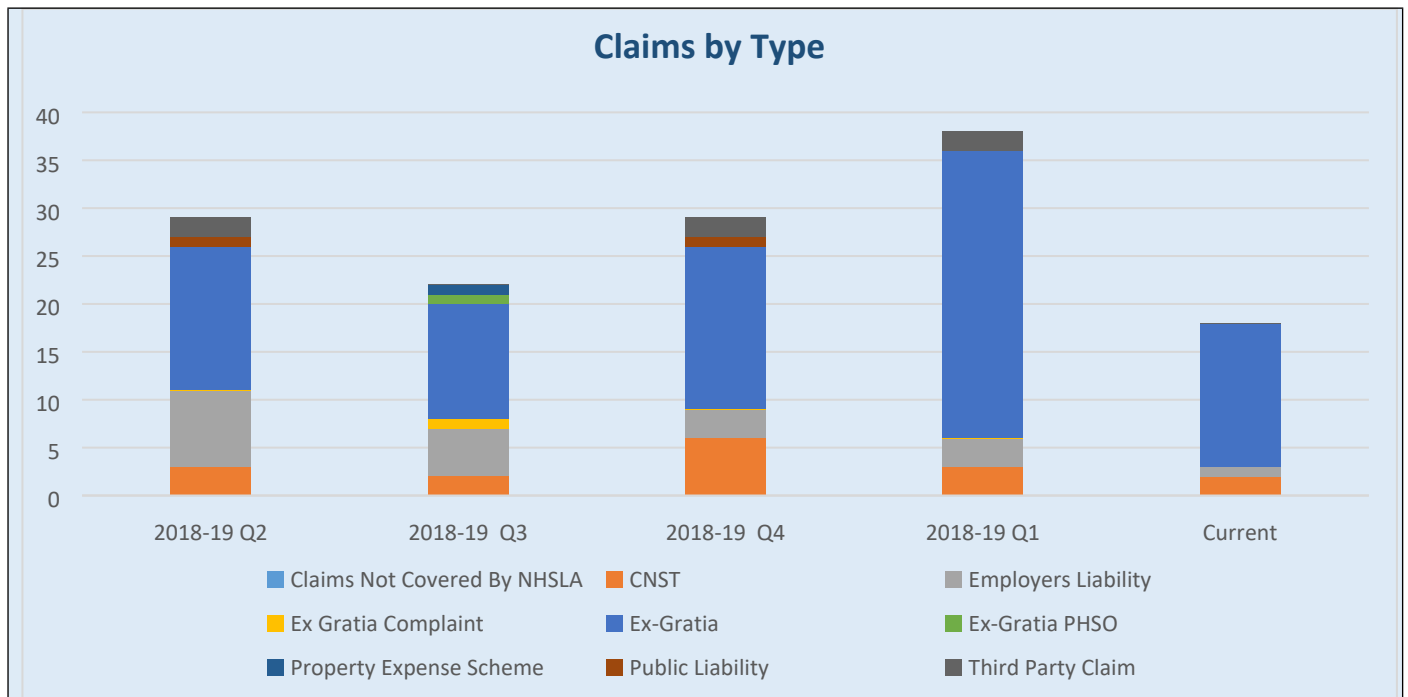
Compliance with timescale dropped in September 2019, although it is noted that compliance in August 2019 was unusually high. Due to re-organisation and recruitment in the complaints team, the team have not been able to follow up the completion of complaint responses as assertively as usual. The team have recently appointed into two vacancies and are currently introducing additional support into the Directorate to address this

Parliamentary and Health Service Ombudsman – Current Position

North Locality Care Group (7)	1 Intention to investigate
	6 preliminary enquiries
Central Locality Care Group (7)	2 requests for health records
	3 preliminary enquiries
	1 final report received
South Locality Care Group (8)	1 request for further information
	2 requests for records
	1 draft report received – partially upheld

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Section 7: Claims



Points to note:

Claims received in quarter 2 have decreased in comparison to quarter 1 due to a reduction in employer liability claims. The reason for this is not known.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 6 th November 2019
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Title and Author of Paper:

Staff Friends and Family Test Update Quarter Two 2019/20 Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Executive Lead:

Lynne Shaw, Acting Executive Director of Workforce & OD Lisa Quinn, Executive Director of Commissioning and Quality Assurance
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Paper for Debate, Decision or Information: Information

Key Points to Note:

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| <ul style="list-style-type: none"> • The analysis and data included in the report does not include the recent transfer of North Cumbria services • This paper includes the results of the Qtr2 19/20 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via a CNTW Login. • Response rates this quarter have not changed, remaining at 51%. • There was no change in positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” remaining at 69%. • There was no change in positive responses to the question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” remaining at 76%. |
|---|

Risks Highlighted: N/A

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

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required / Recommendations: For information and action

Link to Policies and Strategies: Workforce & OD Strategy

Staff Friends and Family Test (FFT) update Quarter Two 2019/20

1. Executive Summary

1. The proportion of staff recommending the organisation to friends and family as a place to work:
 - a. Remains at 69%.
 - b. Remains higher than the most recently published national average and sector average of 66%.
 - c. Medical and Dental staff, Administrative and Clerical, Allied Health Professional and Additional Professional Scientific and Technical are the staff groups most likely to recommend the organisation as a place to work, while the staff group least likely to recommend are Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery Registered.
 - d. The Directorates most likely to recommend CNTW as a place to work are Workforce and OD, Medical Directorate, Chief Executive Office. The directorates least likely to recommend continue to be North and Central Locality Groups.
 - e. The Directorate with the biggest change in the quarter was Workforce and OD with an increase from 74% to 83%.

2. The proportion of staff recommending the organisation to friends and family if they needed care and treatment:
 - a. Remains at 76%.
 - b. Is below the most recently published national average of 81%, and equal to the sector average of 76%.
 - c. Allied Health Professionals, Admin and Clerical and Medical and Dental Staff Groups are those most likely to recommend CNTW for care and treatment, while the Staff Group least likely to recommend is Additional Clinical Services. However, all staff groups decreased this quarter with the exception of Allied Health Professionals and Additional Professional Scientific and Technical which both increased. Nursing and Midwifery remain static.
 - d. The Directorates with the biggest change in the quarter are the Deputy Chief Executive Directorate increasing from 73% to 78%, Nursing & Chief Operating Officer increasing from 77% to 82% and Chief Executive decreasing from 83% to 69%.

3. The response rate in the period remained at 51% (those presented with FFT questions when logging onto the Trust network). 3,110 staff responded during the period.

4. Analysis of the respondents suggests that the proportion of respondees by Staff Group is broadly in line with the Trust staff demographic, with the exception of Estates and Ancillary staff – this may be reflective of lower access to the Trust network by employees within this staff group.
5. A total of 939 comments and suggestions from staff have also been collected and analysed. The key themes identified for both questions continue to be staffing levels and waiting times.

2. Introduction

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

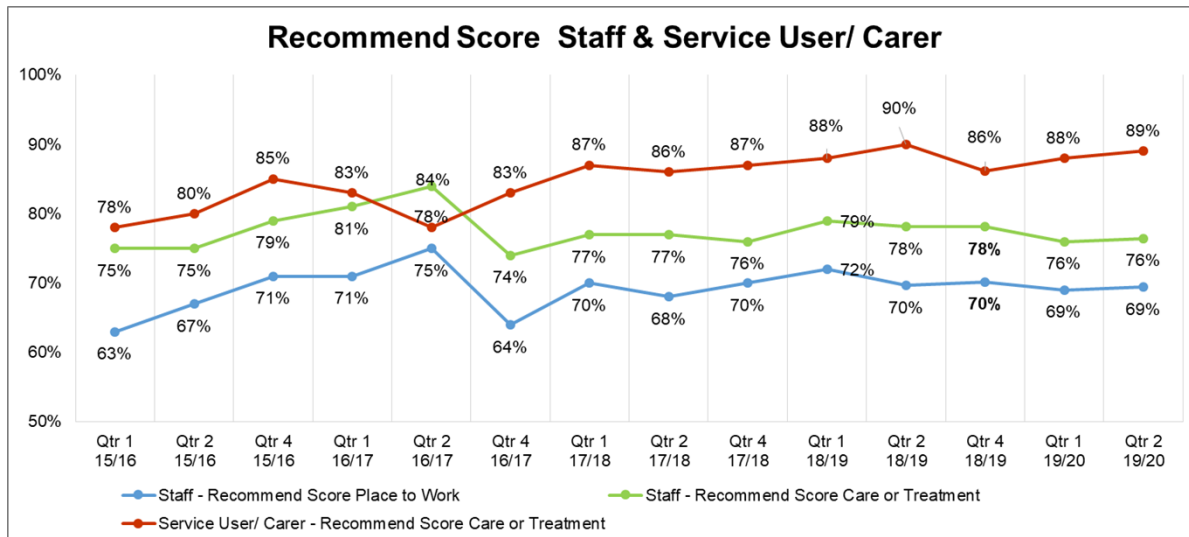
1. **How likely are you to recommend the organisation to friends and family as a place to work? ('work' question)**
2. **How likely are you to recommend our services to friends and family if they needed care and treatment? ('care' question)**

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

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

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

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

3. National Benchmarking Data - Update Quarter 2 – 2019/20

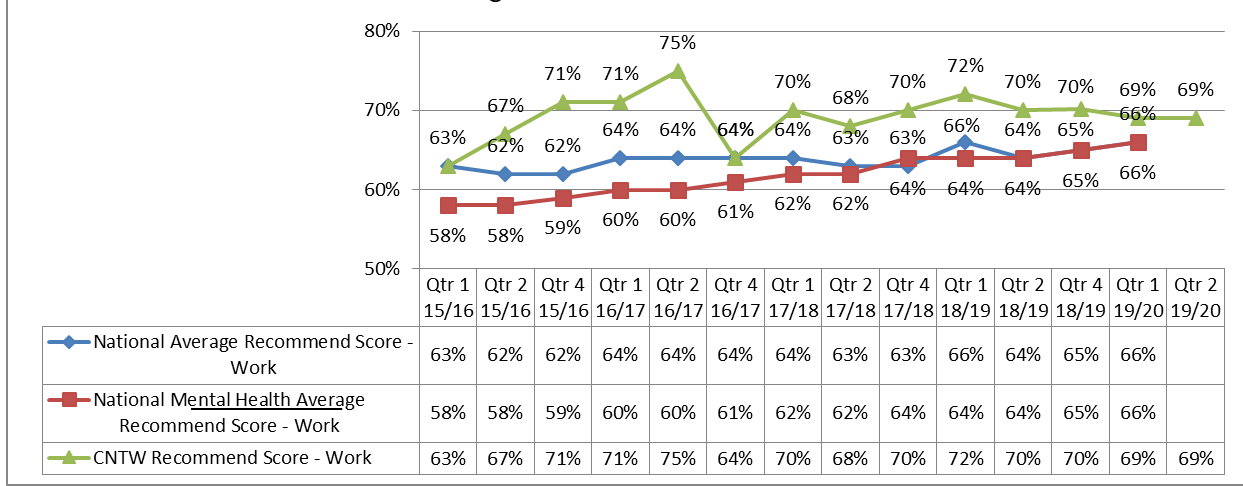
The table below shows the responses to the Staff FFT questions from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust in comparison to the National and Local Area responses for Qtr1 19/20 published NHS England Staff FFT.

	Total Response	HSCIC Workforce Headcount	Work		Care	
			Recommend	Not Recommend	Recommend	Not Recommend
National	155,626	1,169,652	66%	16%	81%	6%
NHS England Cumbria & North East	10,250	79,468	70%	12%	81%	5%
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	3,245	5,703	69%	10%	76%	5%
Tees, Esk and Wear Valleys NHS Foundation Trust	1,955	6,707	71%	14%	80%	6%

N.B. Qtr 2 19/20 data is due be published 21st November 2019

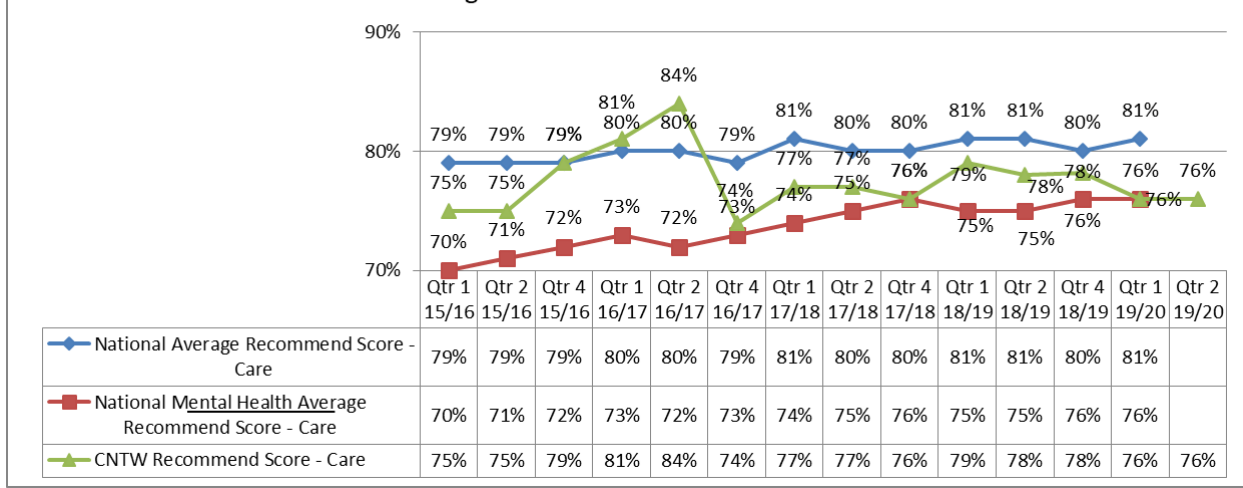
It can be seen that in Qtr4 18/19 the Trust was above the national average for the percentage of staff who would recommend the Trust as a place to work and below the national average for those who would recommend the Trust for care and treatment. If the national position remains unchanged from Qtr1 19/20 to Qtr2 19/20, at 66% the most recent (Qtr2 19/20) results CNTW will be above the national average for recommending the Trust as a place to work, and at 76% be below the national average of 81% for recommending the organisation for care and treatment.

National Benchmarking - Staff FFT Recommend Score Place to Work



The above graph illustrates that the Trust has been above or equal to the national average, and above the sector average since Qtr1 15/16 for the percentage of staff who would recommend the Trust as a place to work.

National Benchmarking - Staff FFT Recommend Score Care or Treatment



As illustrated above the Trust has been above or equal to the sector average since Qtr1 15/16 for the percentage of staff who would recommend the Trust as a place for care and treatment, however during Q1 19/20 the CNTW recommended score dropped slightly to 76% this remains unchanged for Q2 19/20 meaning the trust continues to be in line with the sector average.

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4. Results for Quarter 2 - 2019/20

4.1 Response rates

The Trust response rate was 51%, receiving a total of 3,110 responses. The lowest response rate of those staff was from Medical Directorate (48%) and the highest response rate was from Chief Executive Office (78%). Appendix 1 shows the response rates by Group/Directorate over time.

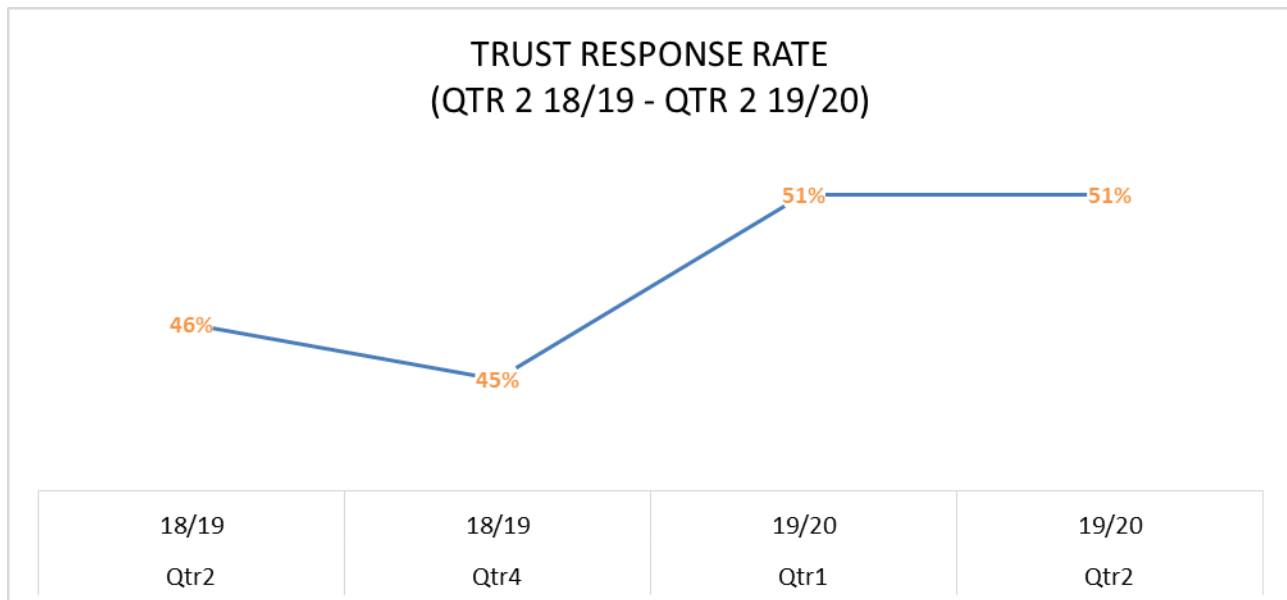


Table 1 – Response rates by Group/Directorate

Response rate – proportion of responses of those offered the Staff FFT through their CNTW login	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20
Trust	46%	45% ↓	51% ↑	51% ↔
North Locality Group	49%	47% ↓	53% ↑	50% ↓
Central Locality Group	48%	47% ↓	53% ↑	52% ↓
South Locality Group	51%	48% ↓	54% ↑	53% ↓
Deputy Chief Executive	48%	48% ↔	57% ↑	53% ↓
Nursing & Chief Operating Officer	61%	65% ↑	67% ↑	68% ↑
Medical	53%	44% ↓	46% ↑	48% ↑
Commissioning & Quality Assurance	60%	59% ↓	69% ↑	60% ↓
Workforce & OD	55%	67% ↑	68% ↑	74% ↑
Chief Executive	81%	82% ↑	81% ↓	78% ↓
NTW Solutions	44%	49% ↑	58% ↑	55% ↓

Table 2 – Breakdown by staff group of those who responded in Qtr2

Breakdown by staff group - proportion of responses of those offered the Staff FFT through their CNTW login	Response Breakdown				Proportion of Staff Group (source: ESR)
	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	
Add Prof Scientific and Technical	6.40%	6.44%	6.40%	6.62%	5.80%
Additional Clinical Services	24.39%	23.20%	24.00%	23.72%	26.87%
Administrative and Clerical	21.13%	23.86%	21.72%	22.41%	20.16%
Allied Health Professionals	5.21%	5.75%	5.60%	5.36%	5.12%
Estates and Ancillary	2.10%	1.98%	2.34%	2.12%	7.63%
Medical and Dental	3.99%	4.76%	4.68%	4.98%	4.18%
Nursing and Midwifery	28.96%	30.88%	30.20%	29.29%	30.23%
Other	7.80%	3.13%	5.06%	5.50%	N/A
Total	100%	100%	100%	100%	100%

N.B the Trust total includes staff “other” within the breakdown of staff group. These staff have an CNTW login but are not held on ESR e.g agency staff.

4.2 Responses by answer options and recommend score

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

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

Table 3 – Responses by Answer for Question 1

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 2 18/19	Qtr4 18/19	Qtr1 19/20	Qtr2 19/20	
Extremely Likely	24%	24%	25%	26% ↑	Although the Qtr2 19/20 positive responses (or recommend score) has seen no movement during the quarter at 69% the score still remains in line with the trusts score for the last 2 years where it has consistently hovered at 70% other than in Q1 18/19 where it was 72%.
Likely	46%	46%	44%	44% ↔	
Total Recommend	70%	70%	69%	69% ↔	
Neither	18%	18%	18%	17% ↓	Neither, unlikely, extremely unlikely and don't know has seen little to no change in percentage from Q2 18/19 to date.
Unlikely	6%	6%	6%	7% ↑	
Extremely Unlikely	3%	4%	5%	4% ↓	
Don't Know	2%	2%	2%	3% ↑	

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

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

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

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	There has been a decrease in recommend score across 1 of the 3 locality groups (North) which fell by 2% however South Locality remained at 66%, there was 2% increase in recommend score in Central Locality to 68%. The majority of the Corporate Directorates have all seen their recommend score either increase or remain the same, most notably Deputy Chief Executive score decreased however this score is susceptible to fluctuations due to the number of staff across the directorate.
Trust	70%	70%↔	69%↓	69% ↔	
North Locality Group	66%	68% ↑	66% ↓	64% ↓	
Central Locality Group	66%	66%↔	66%↔	68% ↑	
South Locality Group	70%	72% ↑	70% ↓	70% ↔	
Deputy Chief Executive	83%	73% ↓	82% ↑	69% ↓	
Nursing & Chief Operating Officer	74%	69% ↓	69% ↔	72% ↑	
Medical	81%	78% ↓	79% ↑	80% ↑	
Commissioning and Quality Assurance	78%	78% ↔	77% ↓	77% ↔	
Workforce & OD	76%	79% ↑	74% ↓	83% ↑	
Chief Executive	88%	72% ↓	77% ↑	79% ↑	
NTW Solutions	73%	71% ↓	71%↔	69% ↓	

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

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

Question 1 - How likely are you to recommend the organisation to friends and family as a place to work?	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	Comparing the recommend scores for each Staff Group across the year there is slight movement for each which is to be expected however the AHP and Estates Staff Group have seen some fluctuating percentages.
Trust	70%	70% ↔	69% ↓	69% ↔	
Add Prof Scientific and Technical	70%	71%↑	70%↓	69%↓	
Additional Clinical Services	65%	65%↔	62%↓	62%↔	
Administrative and Clerical	76%	73%↓	73%↔	73%↔	

Allied Health Professionals	74%	71% ↓	73% ↑	77% ↑
Estates and Ancillary	72%	66% ↓	68% ↑	61% ↓
Medical and Dental	77%	76% ↓	78% ↑	75% ↓
Nursing and Midwifery	67%	69% ↑	68% ↓	69% ↑

Appendix 2 illustrates the percentage of staff who would recommend, not recommend (rating extremely unlikely or unlikely) and those who are unsure (rating either neither or don't know) to question 1 by Group/Directorate over time (Qtr2 18/19 to Qtr2 19/20).

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

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

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

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	
Extremely Likely	28%	29% ↑	29% ↔	29% ↔	While comparing the Qtr2 percentages with last year (Qtr2 18/19), there has been an overall decrease across the year in the recommend score (positive responses) for this question (from 78% to 76%). This appears to be the result of a slight increase in negative responses during the same period as well as a 3% increase across the year from staff responding 'Neither likely nor Unlikely'
Likely	50%	49% ↓	48% ↓	48% ↔	
Total Recommend	78%	78% ↔	76% ↓	76% ↔	
Neither	14%	14% ↔	15% ↑	17% ↑	
Unlikely	4%	3% ↓	3% ↔	4% ↑	
Extremely Unlikely	2%	2% ↔	2% ↔	3% ↑	
Don't Know	3%	3% ↔	3% ↔	3% ↔	

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

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

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	
Trust	78%	78% ↔	76% ↓	76% ↔	Overall the recommend score (positive responses) remained at 76% during the quarter. The most notable decrease in the recommend score is across NTW Solutions with a decrease of 8%. The 3 clinical groups have seen no change to
North Locality Group	74%	75% ↑	72% ↓	72% ↔	
Central Locality Group	74%	76% ↑	75% ↓	75% ↔	
South Locality Group	81%	81% ↔	78% ↓	78% ↔	

Deputy Chief Executive	67%	73%↑	78%↑	75% ↓	their recommend score. There were notable increases in recommend score across Workforce & OD.
Nursing & Chief Operating Officer	83%	77%↓	82%↑	81% ↓	
Medical	84%	76%↓	79%↑	81% ↑	
Commissioning and Quality Assurance	85%	91% ↑	86% ↓	85% ↓	
Workforce & OD	76%	92% ↑	89% ↓	93% ↑	
Chief Executive	76%	83% ↑	69% ↓	64% ↓	
NTW Solutions	81%	76% ↓	80% ↑	72% ↓	

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

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

Question 2 - How likely are you to recommend our services to friends and family if they needed care or treatment?	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	Comparing the recommend scores in Qtr2 18/19 with Qtr2 19/20 there has been little to no change across the majority of staff group. There has been a steady decline in recommend score within the Additional Clinical Services staff group. Another notable change is within the Estates staff group their recommend score has remained consistent across the year until a 9% decrease in score during the last quarter.
Trust	78%	78% ↔	76% ↓	76% ↔	
Add Prof Scientific and Technical	77%	79% ↑	75% ↓	76% ↑	
Additional Clinical Services	73%	71% ↓	68% ↓	66% ↓	
Administrative and Clerical	82%	82% ↔	82% ↔	81% ↓	
Allied Health Professionals	85%	86% ↑	83% ↓	86% ↑	
Estates and Ancillary	78%	78% ↔	76% ↓	67% ↓	
Medical and Dental	78%	82% ↑	80% ↓	79% ↓	
Nursing and Midwifery	77%	78% ↑	77% ↓	77% ↔	

Appendix 3 illustrates the percentage of staff who would recommend, not recommend and those who are unsure to Question 2 by Group/Directorate over time (Qtr1 18/19 to Qtr1 19/20).

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4.3 Results by Thematic Analysis

Staff also have the opportunity to provide comments in response to the following questions:

1. Please suggest any improvements to make CNTW a better place to work.
2. Please suggest any changes CNTW can make to improve the care or treatment offered.

Table 9 is the number of free text comments made.

Table 9 – Number of Free Text Comments and Response Rate

	Question 1 – ‘Work’ question		Question 2 – ‘Care’ question	
	No of free text comments	% of respondents	No of free text comments	% of respondents
Qtr 2 19/20	503	16%	436	14%

30% of the staff who responded also made further suggestions as to how CNTW can make improvements, this is a decrease of 2% in the quarter compared to quarter 1.

Several repeating themes emerged during Qtr1 and this thematic analysis is shown in tables 10 (‘Work’ question) and 11 (‘Care’ question) by Locality/Group

Table 10 – Top 3 themes per category for Question 1 (find full list in Appendix 4) by Locality/Group

North Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	34	25.76%
	Environment/ Facilities	7	5.30%
	Parking / Transport	2	1.52%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	10	7.58%
	Training & Development	8	6.06%
	Information Technology	5	3.79%
Staff feedback - Wellbeing	General	11	8.33%
	Respect	6	4.55%
	Working Conditions	6	4.55%

Central Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	31	25.20%
	Environment/ Facilities	9	7.32%
	Parking / Transport	4	3.25%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	7	5.69%
	Information Technology	4	3.25%

	Sickness Policy	4	3.25%
Staff feedback - Wellbeing	General	8	6.50%
	Respect	5	4.07%
	Rewarding Environment / Value / Praise	5	4.07%

South Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	33	21.71%
	Environment/ Facilities	5	3.29%
	Activities	2	1.32%
Staff feedback - Policy and Practice	Training & Development	11	7.24%
	Pay and Conditions (includes flexible working)	9	5.92%
	Case Loads / Work Load	9	5.92%
Staff feedback - Wellbeing	Management Support / Supervision	10	6.58%
	Working Conditions	6	3.95%
	Communication	5	3.29%

Support & Corporate - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	11	17.46%
	Environment/ Facilities	7	11.11%
	Parking / Transport	3	4.76%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	3	4.76%
	Training & Development	3	4.76%
	Recruitment & induction	3	4.76%
Staff feedback - Wellbeing	General	6	9.52%
	Bullying and Harassment	4	6.35%
	Management Support / Supervision	3	4.76%

NTW Solutions - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	Organisational Change	1	10.00%
Staff feedback - Patient Care	Staffing Levels	1	10.00%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	2	20.00%
	Training & Development	1	10.00%
Staff feedback - Wellbeing	General	2	20.00%
	Communication	1	10.00%
	Politics	1	10.00%
	Manager's Knowledge	1	10.00%

Table 11 – Top 3 themes per category for Question 2 (find full list in Appendix 5) per Group

North Locality Care Group - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	54	46.55%
	Waiting Times	7	6.03%
	Treatments / Pathways	5	4.31%
Staff feedback - Policy and Practice	Training & Development	8	6.90%
	General	3	2.59%
	Information Technology	2	1.72%
Staff feedback - Wellbeing	Being Listened To	3	2.59%
	General	2	1.72%
	Management Support / Supervision	2	1.72%

Central Locality Care Group - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	39	35.45%
	Waiting Times	9	8.18%
	Patient Care	7	6.36%
Staff feedback - Policy and Practice	Information Technology	4	3.64%
	Staff Retention	2	1.82%
	Training & Development	2	1.82%
Staff feedback - Wellbeing	Administrative Process	6	5.45%
	Senior Management Structure	3	2.73%
	General	3	2.73%

South Locality Care Group - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	42	29.17%
	Waiting Times	34	23.61%
	Patient Care	9	6.25%
Staff feedback - Policy and Practice	General	8	5.56%
	Case Loads / Work Load	4	2.78%
	Recruitment & induction	3	2.08%
Staff feedback - Wellbeing	Senior Management Structure	3	2.08%
	Administrative Process	2	1.39%
	Being Listened To	2	1.39%

Support & Corporate - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	16	33.33%
	Waiting Times	7	14.58%
	Access	6	12.50%
Staff feedback - Policy and Practice	Staff Retention	2	4.17%
	General	2	4.17%
	Training & Development	1	2.08%
Staff feedback - Wellbeing	Engagement	1	2.08%
	Manager's Knowledge	1	2.08%
	General	1	2.08%

NTW Solutions - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Access	1	12.50%
	Smoking Ban	1	12.50%
	Privacy & Dignity	1	12.50%
Staff feedback - Wellbeing	General	1	12.50%

From the thematic analysis, it is evident that 'Patient Care - Staffing Levels' is the most prevalent theme for each Group, for both questions (table 10 and 11).

In relation to Question 1, 'Patient Care – Staffing Levels' and 'Patient Care – Environment/Facilities' emerged as the repeating themes for all Localities. Staffing Levels was also the main theme for Support and Corporate Directorates.

'Policy and Practice - Pay and Conditions (includes flexible working)' were common themes from North and Central Localities, whereas 'Training and Development' was the most prevalent theme from South Locality.

'Wellbeing – Bullying and Harassment' was a prevalent theme across the support and corporate directorate.

'Policy and Practice – Pay and Conditions (includes flexible working)' was the main theme from NTW Solutions.

Comments across all areas includes: career progression, more staff, staff retention increased pay, more shift and working hours flexibility and improved working conditions.

In relation to Question 2 'Patient Care - Staffing Levels' and 'Patient Care - Waiting times' and 'Patient Care' were identified as the most prevalent themes across all three localities. Although these themes highlight areas for improvement, these themes do not make staff less likely to recommend the Trust to family or friends for treatment i.e. all three Groups 'Waiting times' emerged as a negative, the average recommend score across the Groups was 75% would still recommend the Trust as a place for treatment.

'Patient Care – Waiting Times' and 'Staffing Levels' were also the main themes identified by Support and Corporate Directorates, whilst 'waiting times' was one of the main themes identified by NTW Solutions.

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

Included below are examples of improvement comments received by staff in Qtr2 (who identified they were happy for their comments to be published).

Improvements to make CNTW a better place to work:

"NTW has been perhaps the best organisation that I have ever worked in. I have always felt it has an open, honest thinking culture that is supportive of its employees, and one that encourages professional development of the workforce"

"Improve opportunities for career progression."

"Inadequate staffing levels impact on leave / time off, morale, overwork / stress levels etc. Better inductions on wards ."

"Increased staffing, staff to be more thought of at lower levels i.e. nursing assistants when injured or hurt by patients we are human and not just a number, more support after incidents, stress levels are high due to increased incidents"

"Gym access for staff at Walkergate Park"

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

"Stop putting answerphone messages on main phone lines telling patients their call cannot be answered as we are busy taking other calls and to hang up and ring in again later. Sometimes it may have taken a lot of courage to pick up the phone to make that call then patients are treated as though they don't count and instructing people to hang up and ring back is unacceptable for a mental health trust - maybe this could be too late! CYPS at Benton House is an example of where this happens very frequently."

"Develop a culture of consistency, so there is a form of flow in relation to patient transition, from acute back into the community. So many professionals enter their journey with the patient having to establish new relationships time and time again."

"Technology - bringing NTW into the future to enable service users to use devices whilst in or visiting NTW services."

"More open days for Carers and families in-patients or other services"

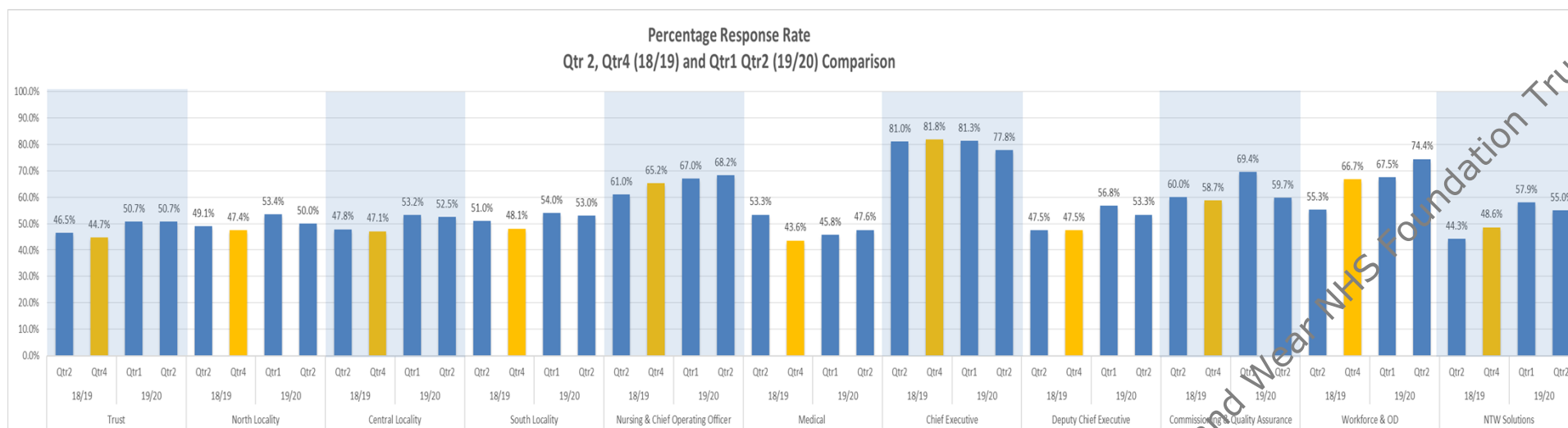
"Further investment in community pathways as wards close in order to cope with the increasing acuity in community teams"

5. Conclusion

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

Lisa Quinn, Executive Director of Commissioning and Quality Assurance
October 2019

Response Rates



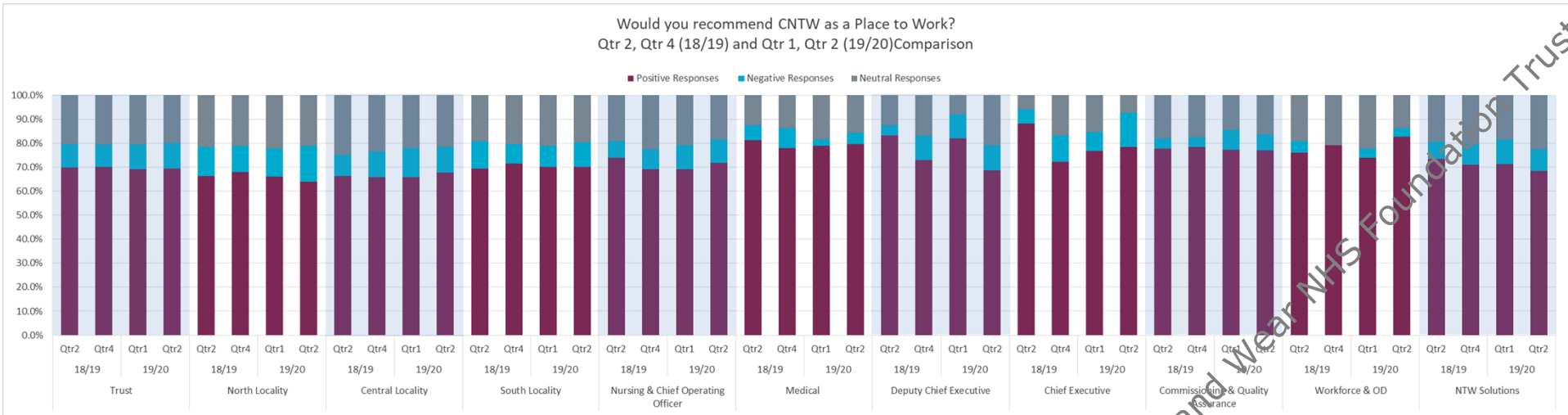
Response rate	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	Qtr 2 19/20 number of responses
Trust	46%	45%	51%	51%	3,110
Deputy Chief Executive	48%	48%	57%	53%	48
Nursing & Chief Operating Officer	61%	65%	67%	68%	131
Medical	53%	44%	46%	48%	128
Commissioning and Quality Assurance	60%	59%	69%	60%	74
Workforce & OD	55%	67%	68%	74%	29
Chief Executive	81%	82%	81%	78%	14
NTW Solutions	44%	49%	58%	55%	143
North Locality Group	49%	47%	53%	50%	718
Central Locality Group	48%	47%	53%	52%	704
South Locality Group	51%	48%	54%	53%	854

NB the Staff FFT questionnaire is not asked in Qtr3 due to the staff survey being

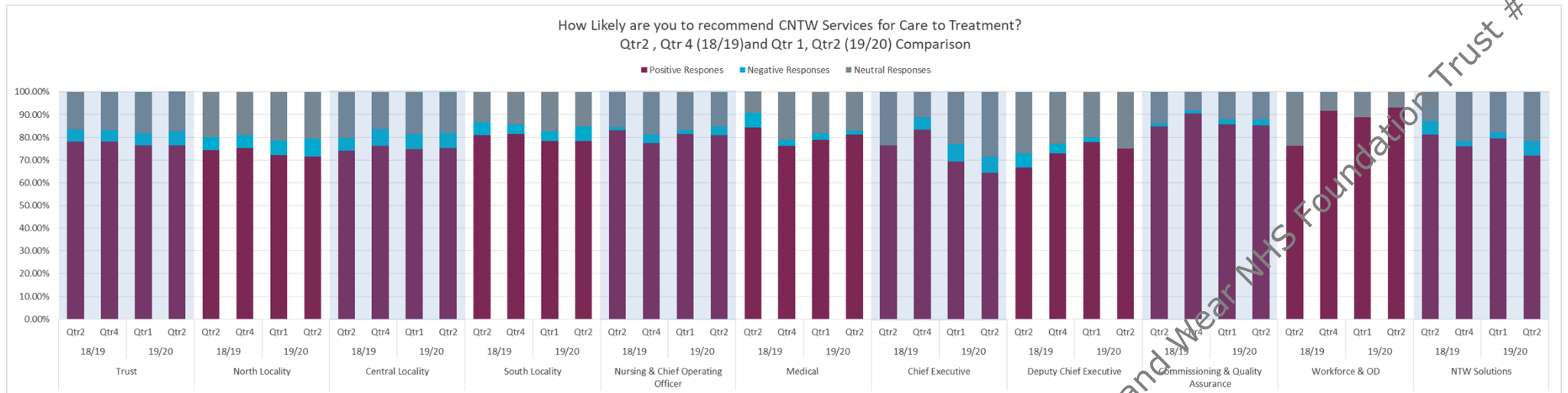
- In Qtr2 response rates have remained at 51% there has been fewer respondents than Qtr1 (135 fewer respondents). However there was 263 fewer staff asked to complete the questionnaire.
- 3 out of 10 Directorates have seen an increase in response rates, the most significant increase in response rate was seen from Workforce and OD (from 68% to 74%).
- 7 Directorate has seen a decrease in response rates.
- The 3 Clinical Directorates (North, Central, South) response rates decreased between Qtr2 19/20 – Qtr2 19/20.

undertaken.

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Appendix 4

North Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	34	25.76%
	Environment/ Facilities	7	5.30%
	Parking / Transport	2	1.52%
	Patient Care	1	0.76%
	Communication / Interaction (SU / Carer / Families)	1	0.76%
	Access	1	0.76%
	More Beds	1	0.76%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	10	7.58%
	Training & Development	8	6.06%
	Information Technology	5	3.79%
	Career Progression	5	3.79%
	Case Loads / Work Load	3	2.27%
	General	3	2.27%
	Bureaucracy	2	1.52%
	Staff Retention	2	1.52%
	Culture / Leadership of Management	2	1.52%
	Shift Patterns	1	0.76%
	Available Resources	1	0.76%
	Consistency	1	0.76%
	Recruitment & induction	1	0.76%
Staff feedback - Wellbeing	General	11	8.33%
	Respect	6	4.55%
	Working Conditions	6	4.55%
	Being Listened To	3	2.27%
	Communication	3	2.27%
	Senior Management Structure	2	1.52%
	Rewarding Environment / Value / Praise	2	1.52%
	Management Support / Supervision	2	1.52%
	Stress at Work	1	0.76%
	Administrative Process	1	0.76%
	Well-being Support (Classes)	1	0.76%
	Engagement	1	0.76%
	Bullying and Harassment	1	0.76%
	Access to / Visibility of Management	1	0.76%
Grand Total		132	100.00%

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Central Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	31	25.20%
	Environment/ Facilities	9	7.32%
	Parking / Transport	4	3.25%
	Equipment	1	0.81%
	Food	1	0.81%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	7	5.69%
	Information Technology	4	3.25%
	Sickness Policy	4	3.25%
	Bureaucracy	4	3.25%
	Culture / Leadership of Management	4	3.25%
	Career Progression	3	2.44%
	Shift Patterns	3	2.44%
	Case Loads / Work Load	3	2.44%
	Use of Time	2	1.63%
	Training & Development	2	1.63%
	Consistency	2	1.63%
	General	2	1.63%
	Recruitment & induction	1	0.81%
	Available Resources	1	0.81%
Staff feedback - Wellbeing	General	8	6.50%
	Respect	5	4.07%
	Rewarding Environment / Value / Praise	5	4.07%
	Management Support / Supervision	4	3.25%
	Communication	4	3.25%
	Being Listened To	3	2.44%
	Administrative Process	3	2.44%
	Working Conditions	2	1.63%
Access to / Visibility of Management	1	0.81%	
Grand Total		123	100.00%

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South Locality Care Group - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	33	21.71%
	Environment/ Facilities	5	3.29%
	Activities	2	1.32%
	Localised Services	1	0.66%
	Staff Attitude	1	0.66%
	Waiting Times	1	0.66%
	Smoking Ban	1	0.66%
	Parking / Transport	1	0.66%
Staff feedback - Policy and Practice	Training & Development	11	7.24%
	Pay and Conditions (includes flexible working)	9	5.92%
	Case Loads / Work Load	9	5.92%
	Career Progression	6	3.95%
	Recruitment & induction	5	3.29%
	Sickness Policy	4	2.63%
	General	4	2.63%
	Bureaucracy	3	1.97%
	Staff Retention	2	1.32%
	Shift Patterns	2	1.32%
	Consistency	1	0.66%
	Available Resources	1	0.66%
	Use of Time	1	0.66%
	Culture / Leadership of Management	1	0.66%
Staff feedback - Wellbeing	Management Support / Supervision	10	6.58%
	Working Conditions	6	3.95%
	Communication	5	3.29%
	Administrative Process	5	3.29%
	General	4	2.63%
	Rewarding Environment / Value / Praise	3	1.97%
	Being Listened To	3	1.97%
	Respect	3	1.97%
	Stress at Work	2	1.32%
	Well-being Support (Classes)	2	1.32%
	Senior Management Structure	2	1.32%
	Engagement	1	0.66%
	Politics	1	0.66%
	Morale	1	0.66%
Grand Total		152	100.00%

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Support & Corporate - Work Question			
Work Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	11	17.46%
	Environment/ Facilities	7	11.11%
	Parking / Transport	3	4.76%
	Activities	2	3.17%
	Waiting Times	1	1.59%
	More Beds	1	1.59%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	3	4.76%
	Training & Development	3	4.76%
	Recruitment & induction	3	4.76%
	Culture / Leadership of Management	2	3.17%
	General	2	3.17%
	Information Technology	2	3.17%
	Career Progression	1	1.59%
	Shift Patterns	1	1.59%
Staff feedback - Wellbeing	General	6	9.52%
	Bullying and Harassment	4	6.35%
	Management Support / Supervision	3	4.76%
	Communication	2	3.17%
	Politics	1	1.59%
	Working Conditions	1	1.59%
	Rewarding Environment / Value / Praise	1	1.59%
	Being Listened To	1	1.59%
	Access to / Visibility of Management	1	1.59%
	Administrative Process	1	1.59%
Grand Total		63	100.00%

NTW Solutions - Work Question			
Work Category	Theme	Total	% of Responses
Staff Feedback - Organisation Change	Organisational Change	1	10.00%
Staff feedback - Patient Care	Staffing Levels	1	10.00%
Staff feedback - Policy and Practice	Pay and Conditions (includes flexible working)	2	20.00%
	Training & Development	1	10.00%
Staff feedback - Wellbeing	General	2	20.00%
	Communication	1	10.00%
	Politics	1	10.00%
	Manager's Knowledge	1	10.00%
Grand Total		10	100.00%

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Appendix 5

North Locality Care Group - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	54	46.55%
	Waiting Times	7	6.03%
	Treatments / Pathways	5	4.31%
	More Beds	4	3.45%
	Environment/ Facilities	4	3.45%
	Communication / Interaction (SU / Carer / Families)	2	1.72%
	Localised Services	2	1.72%
	Access	1	0.86%
	Patient Care	1	0.86%
	Equipment	1	0.86%
Staff feedback - Policy and Practice	Training & Development	8	6.90%
	General	3	2.59%
	Information Technology	2	1.72%
	Recruitment & induction	2	1.72%
	Available Resources	2	1.72%
	Service Collaboration	2	1.72%
	Case Loads / Work Load	1	0.86%
	Career Progression	1	0.86%
	Bureaucracy	1	0.86%
	Consistency	1	0.86%
	Culture / Leadership of Management	1	0.86%
Staff feedback - Wellbeing	Being Listened To	3	2.59%
	General	2	1.72%
	Management Support / Supervision	2	1.72%
	Rewarding Environment / Value / Praise	2	1.72%
	Bullying and Harassment	1	0.86%
	Engagement	1	0.86%
Grand Total		116	100.00%

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Central Locality Care Group - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	39	35.45%
	Waiting Times	9	8.18%
	Patient Care	7	6.36%
	Service Gaps	4	3.64%
	Communication / Interaction (SU / Carer / Families)	3	2.73%
	Environment/ Facilities	3	2.73%
	Access	3	2.73%
	More Beds	3	2.73%
	Treatments / Pathways	2	1.82%
	Appointments	2	1.82%
	Localised Services	1	0.91%
	Parking / Transport	1	0.91%
	Staff feedback - Policy and Practice	Information Technology	4
Staff Retention		2	1.82%
Training & Development		2	1.82%
General		2	1.82%
Available Resources		2	1.82%
Case Loads / Work Load		1	0.91%
Service Collaboration		1	0.91%
Career Progression		1	0.91%
Recruitment & induction		1	0.91%
Pay and Conditions (includes flexible working)		1	0.91%
Staff feedback - Wellbeing	Administrative Process	6	5.45%
	Senior Management Structure	3	2.73%
	General	3	2.73%
	Engagement	1	0.91%
	Rewarding Environment / Value / Praise	1	0.91%
	Being Listened To	1	0.91%
	Respect	1	0.91%
Grand Total		110	100.00%

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South Locality Care Group - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	42	29.17%
	Waiting Times	34	23.61%
	Patient Care	9	6.25%
	Access	7	4.86%
	Treatments / Pathways	3	2.08%
	Communication / Interaction (SU / Carer / Families)	2	1.39%
	Localised Services	2	1.39%
	Service Gaps	2	1.39%
	Staff Attitude	1	0.69%
	Parking / Transport	1	0.69%
	Involvement & Collaboration (Carer / Families)	1	0.69%
	Smoking Ban	1	0.69%
Staff feedback - Policy and Practice	General	8	5.56%
	Case Loads / Work Load	4	2.78%
	Recruitment & induction	3	2.08%
	Training & Development	3	2.08%
	Service Collaboration	2	1.39%
	Available Resources	2	1.39%
	Information Technology	2	1.39%
	Consistency	1	0.69%
	Use of Time	1	0.69%
	Staff Retention	1	0.69%
	Pay and Conditions (includes flexible working)	1	0.69%
Staff feedback - Wellbeing	Senior Management Structure	3	2.08%
	Administrative Process	2	1.39%
	Being Listened To	2	1.39%
	Management Support / Supervision	1	0.69%
	Respect	1	0.69%
	Engagement	1	0.69%
	General	1	0.69%
Grand Total		144	100.00%

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Support & Corporate - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Staffing Levels	16	33.33%
	Waiting Times	7	14.58%
	Access	6	12.50%
	Communication / Interaction (SU / Carer / Families)	4	8.33%
	Treatments / Pathways	3	6.25%
	Environment/ Facilities	1	2.08%
	Parking / Transport	1	2.08%
Staff feedback - Policy and Practice	Staff Retention	2	4.17%
	General	2	4.17%
	Training & Development	1	2.08%
	Culture / Leadership of Management	1	2.08%
	Recruitment & induction	1	2.08%
Staff feedback - Wellbeing	Engagement	1	2.08%
	Manager's Knowledge	1	2.08%
	General	1	2.08%
Grand Total		48	100.00%

NTW Solutions - Care Question			
Treatment Category	Theme	Total	% of Responses
Staff feedback - Patient Care	Access	1	12.50%
	Smoking Ban	1	12.50%
	Privacy & Dignity	1	12.50%
	Environment/ Facilities	1	12.50%
	Waiting Times	1	12.50%
	Parking / Transport	1	12.50%
	Patient Care	1	12.50%
Staff feedback - Wellbeing	General	1	12.50%
Grand Total		8	100.00%

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Actions being taken by Group/Directorate in response to improvement suggestions raised in Qtr1 19/20

North Locality Care Group:

We are successfully reducing the number of people we have on sick leave and also reducing the length of time that people are off sick; we are consistently tracking below the previous year's figures in terms of in month sickness percentages and the number of staff on long term sick. We have multiple actions in place to help further improve in this area.

We have over-recruited into Nursing Assistant posts in our Inpatient areas to cover gaps with regular staff to improve stability and continuity of care.

We are fully engaged with the Carter process and have embedded the principles of level loading and resource management. We continue to offer flexible working opportunities where service need allows it.

We continue to look to recruit qualified nurses and doctors wherever possible to fill hard to recruit to gaps, proactively encourage retire and returns and have three Fellowship Doctors in post which will help with this in the medium term.

Central Locality Care Group:

The Friends and Family Test in Central continues to focus on areas around staffing, staff wellbeing and environments. We have seen an increase in sickness absence over the summer months and also an increase in clinical demand/activity. Correlation is ongoing looking at various workforce metrics ensuring triangulation of the information available of which friends and family test is one. As previously stated work continues on the embedding of the Carter work in all areas, the level loading and the ongoing review of flexible working agreements to ensure they are still meaningful for both the delivery of service and the individual's circumstances.

The Central locality away day focused on Staff wellbeing which was solution focused on how we support our staff and healthy leadership. Central also led the Trust wide Nursing forum which had a focused session on wellbeing and resilience. The session also took some time to look at mindfulness. This was something that those attending could then take back into teams.

The basis of the five year Workforce Plan which has been previously submitted is now one of the streams linked as part of the Long Term Plan work where CBU's are aligning the outcomes in the Long Term Plan with activity to enhance the future modelling of the workforce for example looking at skill mix and utilising alternative ways of working. The locality is also involved in a systems leadership cohort led by Newcastle Hospital which is already reaping outcomes around our staff enhancing their skills by spending time on acute wards which is something that has been asked for within inpatient services.

The locality continues to carry out a number of staff engagement events due to the change within the services linked to the cedar project and also changes within community services accommodation.

South Locality Care Group:

Workforce Planning

Continues to be an ongoing discussion within CBU's, the plans remain live documents enabling response to service need.

Interim People Plan

Discussions are ongoing within locality. A collection tool has been circulated and one of the 5 themes will be explored each month evidencing work within locality against the themes within the plan.

Long Term Plan

A number of sessions have gone ahead to respond to the Long Term Plan. A development session was held in August to explore the locality's response to the plan. Further Trust wide sessions have been planned. The South Locality have engaged with all of these discussions.

Workforce and OD Triage Model

The model has now been in place from 1st July 2019. The model will primarily support the focus on sickness absence and provide an operational framework to deliver the HR Agenda within locality and CBU. The model provides regular contact with professional advice and guidance from the Workforce and OD Team. As part of the model there will be front end sickness absence reporting as an enabler to achieve the Occupational Health referral timeframe with the ultimate aim of achieving quicker returns to work. The model will continue and will be evaluated at the appropriate time.

OD interventions

OD interventions have been delivered in the Perinatal CMHT, Access CBU have designed monthly development sessions. Workforce have delivered bespoke sessions on the following topics:

- Model referrals to Occupational Health
- Flexible Working
- Sickness Absence Management
- Probationary Periods

The strategic action plan is ongoing for Walkergate Park in response to recent cultural issues being raised.

Design and Contract meetings have taken place with Community CYPS and Community Adult pathways for Sunderland and South Tyneside.

Within Community Adult Pathway a 6 month development plan has been agreed, covering collective leadership, roles and responsibilities, Leadership and Management, Myers Briggs bespoke workshop, time out for reflection plus the offer of 360 appraisal for the leadership team.

Within CYPS Community a bespoke Myers Briggs session has been arranged with the Leadership Team following the closure of consultation which involves the re-alignment of leadership roles in-line with the service provision. In addition two team development sessions are in discussion one for Sunderland Team and one for South Tyneside Team these events are likely to go ahead in December 2019.

Staff drop in sessions and speak easy events

These events continue to run on a rolling basis across all CBU's, addressing key themes such as health and wellbeing and staff engagement. Themes from these sessions are part of the staff survey action plans for each area, and will continue to be reviewed and updated with themes from the staff friends and family test and the annual staff survey this work remains ongoing.

Support & Corporate:

Supporting managers through implementation of key policy areas, such as flexible working and managing sickness absence, remains a key focus for Corporate Services. A review of the current processes is underway with a view to setting up regular triage meetings with all Corporate areas to offer further support to managers. Work is ongoing to identify areas that may need additional support and guidance around processes. A reduction in sickness absence has already been realised and it is hoped that providing further Workforce support will result in further reduction and employees feeling well supported.

Support is ongoing with the workforce team for early support and intervention regarding sickness absence, particularly in ensuring occupational health referrals are made early and effectively.

Health and wellbeing has become a focus for the team. The Workforce and OD Advisor is to undergo training to become a health advocate. Information around the health advocate role is being circulated around Corporate Services and support is being offered to encourage a variety of employees to take up this opportunity. This will allow a variety of supportive options for staff and provide opportunities for education in maintaining healthy lifestyles.

Engagement events are ongoing with safer care, Audit one and the CEO's Office. Wider work involving the facilitation of speak easy events will continue to address themes identified in the 2018 staff survey and friends and family test results.

One of the aims of the Triage sessions, once implemented, will be to offer OD support to teams who require support through change or new ways of working.

NTW Solutions:

NTW Solutions aims to be a great place to work, this is one of our five strategic aims.

Staff drop in sessions continue to run on a monthly basis across the company addressing key themes such as values, health and wellbeing and staff engagement. It gives staff the opportunity to receive information in relation to things that are happening company-wide but also local to them

This year we have identified four key themes from the staff survey. They are Great Place to Work, Communication, Health and Wellbeing and Feeling Valued.

The Company's Senior Team are planning visits to all the services in the company. This is to improve their understanding of the services we provide and to have the opportunity to engage with staff they would not normally have the opportunity to meet with.

One of the things staff told us was that having to change to Solutions terms and conditions was a barrier to progression and promotion, when we looked into this the loss of access to the NHS Pension scheme was the main issue.

On the back of this the Company Board made the decision that staff who had TUPE transferred into the company who apply for a transfer or promotion can retain access to the NHS pension.

We are committed to look at all the issues that get in the way of this being a great place to work and want to work with staff and staff-side to make this a great place to work.

Proactive work is ongoing with managers and staff in relation to the importance of wellbeing and a variety of information has been circulated to staff, particularly in relation to supporting mental health at work

Regular contact is maintained with managers to support and implement the policy to establish consistency and fairness of application as much as possible.

This includes support at long term sickness meetings which take place approximately every four weeks and monitoring short term sickness to ensure that referrals are made in a timely fashion with the aim of reducing the likelihood of it becoming long term sickness.

A two day management course is being rolled out on a monthly basis and it is mandatory that all managers and supervisors attend the course. It can also be attended by staff aspiring to become managers or supervisors.

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Board of Directors Meeting

Meeting Date: 6 November 2019

Title and Author of Paper: Whistleblowing/Raising Concerns Update – Michelle Evans, Acting Deputy Director of Workforce and OD

Executive Lead: Lynne Shaw, Acting Executive Director of Workforce and OD

Paper for Debate, Decision or Information: Information

Key Points to Note:

The paper outlines the whistleblowing/concerns raised and logged by the central Workforce team between April 2019 and Sept 2019.

- 2 cases reported – both categorised as raising a concern

In addition, a further 42 cases have been raised with the Freedom to Speak Up Guardian during the same period. In a number of cases more than one person raised the concern. For reporting purposes with the National Guardian's Office these are now logged as individual cases. In total 25 separate concerns were raised with the FTSUG.

The overall figure for the 6 months ending 30 Sept 2019 has increased by 25 cases from the previous report. This increase is mainly due to the separate logging of cases raised by multiple staff.

Out of the total 44 cases 22 have been closed.

The main theme of raising concerns is linked to staff attitudes, in particular supervisory and managerial behaviours. All concerns were looked into on an individual basis through the most appropriate routes. Actions taken forward include informal action e.g. discussion between individuals involved, through to more formal action such as the creation of development plans or disciplinary investigations.

The Freedom to Speak up Guardian continues to utilise 2 days protected time to fulfil the role. Recruiting and training of FTSU Champions continues and additional focus will be placed into the Cumbria locality.

The Trust has recently been awarded with the FTSUG Index award for the top rated Mental Health Trust where staff feel able to speak up. The FTSUG and non-executive Director Les Boobis were presented with the award by Matt Hancock.

Risks Highlighted to Board:

No current risks highlighted.

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No NO
If Yes please outline

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Equal Opportunities, Legal and Other Implications:
Various employment legislation.

Outcome Required: Information

Link to Policies and Strategies:
Trust strategy, strategic ambition six – ‘A Great Place to Work’
Workforce strategy
Raising Concerns policy

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Whistleblowing/Raising Concerns Update

April 2019 – September 2019

Purpose

The purpose of this paper is to provide the Trust Board of Directors with a summary of whistleblowing cases/concerns raised over the period April 2019 – September 2019.

Background

The paper aims to give an overview of cases reported centrally to the Workforce team as requested by the Trust's Raising Concerns Policy. Concerns raised with the Freedom to Speak Up Guardian are also included. Additional concerns are raised and dealt with at an informal, local level by operational managers.

Not all matters raised become subject to formal investigation under Raising Concerns or Grievance policies, an approach which was welcomed by Sir Robert Francis in his Freedom to Speak up Review.

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

Concerns Raised

This report serves to provide information on all concerns raised between 1 April 2019 and 30 September 2019. The concerns have emerged from different routes. It is anticipated that a greater number of concerns will continue to have been raised over the same period of time but have not been of a significant nature and therefore dealt with locally at ward/department level. In addition concerns will have been raised through the Disciplinary and Grievance procedures which are not included within this report. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends. The main theme of concerns within this report is attitude of staff towards each other. The Trust is committed to demonstrating the Trust values and as such ensures all concerns regarding attitudes are looked into and dealt with as appropriate. In some cases this may mean disciplinary investigation and in other less serious cases there may be a need for development of staff.

Further work will be undertaken regarding developing a flag system to identify where issues have been raised under the disciplinary and grievance policy if these could also be constituted as a raising concern or whistleblowing within the definitions.

During the period identified 44 issues have been raised in total centrally and with the FTSU Guardian and these have been categorised as "concerns". This is an increase of 25 within the previous period.

There is a new reporting mechanism in place nationally to log all concerns individually where a number of people have raised a concern. Therefore a total of 27 concerns were raised which equates to 44 cases due to multiple individuals reporting the same concern.

There are 21 cases still open from this period all of which are those being overseen by the FTSU Guardian. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. There appears

to be a theme emerging regarding staff attitudes and concerns with the application of management processes. In particular a link to the management of the sickness absence policy. There has been an increased focus on the support provided to staff who are absent from work. The policy is in the process of being reviewed with the involvement of staff side.

Of the cases raised centrally one of the cases was anonymous in nature.

The number of cases raised remains to be of an average number for a Trust of this size.

The FTSU Guardian has now been allocated 2 days per week to dedicate to working on FTSU activity including supporting staff and raising the profile of the role.

Michelle Evans
Acting Deputy Director Workforce and OD

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Summary of Concerns Raised Centrally and FTSU 1 April 2019 – 30 September 2019

Type of Concern		Place	
Policies & procedures	19	Hopewood Park	15
Attitudes & values	20	St Nicholas Hospital	6
Patient safety	2	Ferndene	2
Staffing levels	1	Northgate	2
Other	2	St George's Park	2
		Campus for Ageing & Vitality	1
		Rose Lodge	1
		RVI	1
		Tranwell Unit	1
		Walkergate Park	1
		Corporate	12

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Concern's logged Centrally April 2019 - September 2019

Status	Date Received	Incident Summary	Locality	Outcome
Closed	18/06/19	Policies, procedures and processes Management application of processes	NTWS	Additional training provided to managers
Closed	09/07/19	Bullying and harassment	NTWS	Resolved utilising informal process

Freedom to Speak Up Guardian Concerns April 2019 – Sept 2019

Status	Date Received	Incident Summary	Locality	Outcome
Ongoing	01/04/19	Policies, procedures and processes Recruitment	Corporate	Waiting for further information from individual
Closed	01/04/19	Bullying and harassment Relationship differences	CYPS inpatient	Resolved utilising process
Ongoing	05/04/19	Policies, procedures and processes Shift allocation	South inpatient 6 individuals	Receiving report of investigation on 23/10/19.
Closed	26/04/19	Attitudes and behaviours Management styles	Corporate 3 individuals	Resolved utilising informal meeting and discussion
Closed	02/05/19	Attitudes and behaviours Patient interaction	Central inpatient	Discussion with Manager and issue addressed.
Closed	01/05/19	Other: Alleged detriment	Corporate	Reviewed and FTSUG determined no detriment for raising concerns.
Not pursued	01/05/19	Policies, procedures and processes Recruitment	Corporate	Concern raised by someone outside the Trust who then didn't get in contact to explore further. No action possible.
Ongoing	03/05/19	Patient Safety Discharge process	North Community	Raised with Safer care team to review. Awaiting report.
Closed	26/05/19	Other: concern about management. Probationary period	Corporate	Reviewed and due process followed
Ongoing	03/06/19	Policies, procedures and processes Pay arrears	CYPS inpatient	Being undertaken as part of formal process with support from union. Asked to be kept informed of outcome.
Closed	21/06/19	Policies, procedures and processes	South inpatient	FTSUG met with HR/Capsticks and manager and determined

		Unfair treatment due to speaking up		good management practices has been followed
Ongoing	24/06/19	Attitudes and behaviours Management styles	NTW Solutions	Formal process ongoing. Awaiting report.
Closed	27/06/19	Policies, procedures and processes Pensions	Corporate	Provided support re process. FTSUG met with her and determined that she had referred her case to the Ombudsman as required.
Ongoing	03/07/19	Policies, procedures and processes Delay in formal process	North inpatient	Formal process being undertaken providing support.
Ongoing	12/07/19	Policies, procedures and processes Flexible working	South inpatient	Being reviewed as per formal process. Awaiting result of HR investigation.
Closed	17/07/19	Patient safety Clinical practice	South community	Investigation found no concerns surrounding clinical practice, but some learning outcomes around procedure.
Ongoing	25/07/19	Policies, procedures and processes Shift allocation	Corporate 2 individuals	Met with manager to determine resolution.
Ongoing	15/08/19	Policies, procedures and processes Absence management	South inpatient	Formal process being followed providing support re implementation of process.
Closed	15/08/19	Staffing levels	Central community	Reviewed and confirmed no safety issues.
Ongoing	29/08/19	Attitudes and behaviours Manager attitude	Corporate 3 individuals	Formal process on going
Closed	04/09/19	Policies, procedures and processes Delays in formal process	South inpatient 6 individuals	Linked to formal process being undertaken. Confirmed required actions and discussed case with Acting Executive Director of workforce and OD.
Ongoing	04/09/19	Policies, procedures and processes Reasonable adjustments	North inpatient	Monitoring the application of process to ensure followed
Closed	18/09/19	Policies, procedures and processes Absence Management	Central inpatient	Provided advise to individual regarding how to approach with manager
Ongoing	20/09/19	Policies, procedures and processes Unfair treatment due to speaking up	Central inpatient	Informed verbally of outcome of satisfactory process but awaiting final report
Ongoing	21/09/19	Attitudes and behaviours	Secure Care Services	Initial meeting yet to take place.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 6 November 2019

Title and Author of Paper:

Care Quality Commission's Fit and Proper Persons Test – Update Paper

Jennifer Cribbes, Corporate Affairs Manager

Lead: Lynne Shaw, Acting Executive Director of Workforce and OD

Paper for Debate, Decision or Information: Information

Key Points to Note:

This paper provides an update to the Trust Board regarding the ongoing work and Trust's position in relation to the CQC's Fit and Proper Persons (FPP) Test.

Checks on all individuals subject to a Fit and Proper Persons Test were undertaken in September 2019:

- The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently 2 – 6 September 2019 - no issues were found.
- Additional insolvency restrictions search was conducted on 3 October 2019 – no issues were found.
- Companies House database of disqualified director's search was conducted on 2 - 6 September 2019 – no issues were found.
- All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.

Risks Highlighted to Board :

The Fit and Proper Persons Test is a requirement of the Care Quality Commission.

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required: The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Persons Test

Link to Policies and Strategies: Trust Fit and Proper Persons Procedure

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors' Meeting, 6 November 2019

Fit and Proper Persons Test update

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect on 1 April 2015. The regulation was a direct response to failings at Winterbourne View Hospital and the Francis Inquiry report.

To meet the regulation, all NHS providers are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing directors are and continue to be 'fit' as defined by the CQC. This requires a process to ensure that individuals working at board level meet the criteria as set out in appendix 1.

The NTW Fit and Proper Persons Test procedure was approved by the Board on the 25 November 2015. It was further agreed that the 'Test' would apply to all Board members and the specialist functional leads who by the nature of their roles are responsible for certain issues over and above the responsibilities of their Executive Director line manager. The list was most recently reviewed in 2018. The following roles are subject to the test procedure:

- Directors of NTW Solutions
- Director of Informatics
- Chief Pharmacist
- Joint Directors of Research and Innovation
- Group Nurse Director, Safer Care (Director of Infection Prevention and Control)
- Director of Allied Health Professionals and Psychological Services
- Managing Director of Audit One
- Deputy Director, Communications and Corporate Relations (Board Secretary)
- Deputy Director, NTW Academy
- Deputy Chief Operating Officer

Following the Kark review of the fit and proper persons test (6 February 2019, updated 21 March 2019), 7 recommendations were presented to improve the fit and proper persons test procedure. The recommendations to be considered included:

- Developing competencies for Directors
- Making a central database of directors' qualifications, training and appraisals
- Expanding the definition of serious misconduct.

The recommendations are currently being considered as part of the wider workforce review led by NHS Improvement. Therefore, the Trust is currently awaiting further guidance as to how the Fit and Proper Persons Test should be applied.

The board is asked to note the current position:

- The Insolvency and Bankruptcy Register England and Wales (IBR) search was conducted most recently 2 - 6 September 2019, no issues were found.
- Additional insolvency restrictions search was conducted on 3 October 2019 – no issues were found.

- Companies House database of disqualified director's search was conducted on 2 - 6 September 2019– no issues were found.
- All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.
- A review of NTW processes to assess NTW's Fit and Proper Persons test for Directors was conducted in 2017 and was confirmed to be in line with the toolkit.
- On appointment, newly appointed Directors are subject to the provisions of the test.

This process enables the Trust to demonstrate reasonable checks have been undertaken as required by CQC regulation 5: Fit and Proper Persons Test Directors.

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

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Appendix 1

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

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

(a) the individual is of good character,

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

- When assessing whether a person is of good character, providers must follow robust processes to make sure that they gather all available information to confirm that the person is of good character, and they must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of a person's honesty, trustworthiness, reliability and respectfulness.
- If a provider discovers information that suggests a person is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.
- Where a provider considers the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available.

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

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

- Where providers consider that a role requires specific qualifications, they must make this clear and should only appoint those candidates who meet the required specification, including any requirements to be registered with a professional regulator.
- Providers must have appropriate processes for assessing and checking that the candidate holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leadership skills and a caring and compassionate nature) to undertake the role. These must be followed in all cases and relevant records kept.
- We expect all providers to be aware of, and follow, the various guidelines that cover value-based recruitment, appraisal and development, and disciplinary action, including dismissal for chief executives, chairs and directors, and to have implemented procedures in line with the best practice. This includes the seven principles of public life (Nolan principles).

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

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

- This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role.
- All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.

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

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

- Providers must have processes in place to assure themselves that a person has not been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement in the carrying on of a regulated activity. This includes investigating any allegation of such and making independent enquiries.
- Providers must not appoint any person who has been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity.
- A director may be implicated in a breach of a health and safety requirement or another statutory duty or contractual responsibility because of how the entire management team organised and managed its organisation's activities. In this case, providers must establish what role the director played in the breach so that they can judge whether it means they are unfit. If the evidence shows that the breach is attributable to the director's conduct, CQC would expect the provider to find that they are unfit.
- Although providers have information on when convictions, bankruptcies or similar matters are to be considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.

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

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

- A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS).
- Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.
- If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

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CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 6 November 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 2 position – Use of Blanket Restrictions

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Update on progress made on one of the three outstanding actions since the last Board meeting:

Action point 6: Complete: Blanket restriction peer review process as a means of encouraging positive challenge and solution focussed discussions has been revised and circulated to ward managers via a CAS Alert. Peer reviews will be undertaken during Quarter 3 and evaluated during Quarter 4.

Risks Highlighted to Board: None

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

If Yes please outline

- Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability
- Corporate Risk SA5.1: That we do not meet compliance and quality standards
- Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: That the Board receive these action plans and note progress

Link to Policies and Strategies: CQC Fundamental Standards

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Use of Blanket Restrictions - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	End of Quarter 2 Position
1	Design an awareness raising and training package that focusses on the identification and management of blanket restrictions at all levels throughout the organisation.	Marc House Head of NTW Academy	End of Quarter 2 2018/19	Completed. Training package developed in line with the emerging Trust Policy on Blanket Restrictions.
2	Implement the awareness raising and training package using a broad range of methodologies (E. learning, skype, face to face, etc.).	Dave Hately Dennis Davison Associate Directors Marc House Head of NTW Academy	Quarter 1 2019/20	<p>Completed. Be-spoke training has been provided to key staff via Beachcroft.</p> <p>Completed. Training package added to the Trusts MH Legislation training module. Policy ratified and awareness raising training currently being cascaded via Clinical Managers – ongoing.</p> <p>Records and evidence of training provided will be held at a local level for upload onto Trust-wide dashboard if required – ongoing.</p> <p>An internal drive is being developed to host training figures and associated evidence – ongoing.</p> <p>Blanket Restriction training compliance as at 23.10.19 North Locality – 679 staff trained Central Locality – 765 staff trained South Locality – 698 staff trained</p>

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Action Point	Action	Lead	Timescale	End of Quarter 2 Position
3	Develop a policy and supporting practice guidance notes to address the issues highlighted above and any other supplementary issues of note.	Tony Gray Head of Safety, Security and Resilience	Quarter 2 2018/19	Completed. Policy and associated appendices developed and ratified at Business Delivery Group.
4	Develop a management and governance escalation process to oversee blanket restrictions.	Tony Gray Head of Safety, Security and Resilience Associate Directors	Quarter 2 2018/19	Completed. Management Governance flow chart developed and added to Policy as an appendix.
5	Develop approaches and measures to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.	Suzanne Miller Associate Directors	Quarter 2 2019/20	Draft Patient Information Leaflet developed and reviewed at CQC Quality Compliance Group in February 2019. Comments have been received from service user/carers groups and leaflet contents are to be reviewed again during Quarter 3.
6	Agree a peer review process as a means of encouraging positive challenge and solution focussed discussions.	Lisa Long Janice Clarke Associate Directors Vicky Grieves CQC Compliance Officer	Quarter 4 2018/19	Complete. Process and paperwork for peer reviews was approved at CQC Quality Compliance Group in July 2019 and has since been circulated to all wards via a CAS alert.
7	Implement and audit peer review process.	Tony Gray Head of Safety, Security and Resilience Vicky Grieves CQC Compliance Officer Associate Directors	Quarter 2 2019/20	Results of peer review audit to be reviewed during Quarter 4.

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 6 November 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 2 position - Access to Nurse Call Systems

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Update on progress made on one of the three outstanding actions since the last Board meeting:

Action point 5: Complete. Work has been completed at St George's Park, Bede Ward at St Nicholas Hospital and the three wards at Hadrian Clinic. The proposed nurse call system for the two wards on the Tranwell Unit are no longer required as a result of the move out of that ward in October 2019.

Risks Highlighted to Board: None

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

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: That the Board receive these action plans and note progress.

Link to Policies and Strategies: CQC Fundamental Standards

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Access to Nurse Call Systems - Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress as of Quarter 2
1	Undertake a baseline position of current Trust wide nurse call systems.	Deputy Chief Operating Officer	Quarter 2 18/19	Completed
2	Agree an "optimum standard" nurse call system for the <i>acute wards for adults of working age and psychiatric intensive care units</i> that takes into account the key features of the Hospital Building Note and AIMS accreditation.	Head of Estate & Facilities Associate Nurse Directors	Quarter 2 18/19	Completed. A nurse call solution has been developed which takes into account relevant standards and seeks to replicate what has been provided on the Hopewood Park site. The system will be a nurse call point located in the vicinity of the bed head either built into it or positioned above it. The system will be infra-red radiation based, with the call point being battery operated with a key operated on/off override, when pressed the wall mounted device will send a signal to a room detector which is wired back to a master panel which will send a signal to the staff pagers and will illuminate a call light above the bedroom door.
3	Provide costings and timescales linked to the achievement of "optimum standard" within the <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 2 18/19	Completed. Costs were developed for the supply and installation of the nurse call systems. These costs were approved at Integrated Business Development Group.

4	Commence the installation of appropriate nurse call systems within the existing utilised <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 2 18/19	Commencement of the installations started in September 2018 on the Hadrian Clinic refurbishment with two of the three wards now completed with the remaining ward scheduled for July 19.
5	Complete the installation of appropriate nurse call systems within the existing utilised <i>acute wards for adults of working age and psychiatric intensive care units</i> .	Head of Estate & Facilities	Quarter 4 19/20	Complete. Work has been completed at St Georges Park, Bede Ward at St Nicholas Hospital and the three wards at Hadrian Clinic. The proposed nurse call system for the two wards on the Tranwell unit are no longer required as a result of the move out of that ward in October 2019.
6	Identify distance from “optimum standard” for all other inpatient core mental health services (cost, timescale and risks).	Head of Estate & Facilities	Quarter 3 18/19	Completed.
7	Develop practice guidance notes for the effective use of “optimum standard” nurse call systems.	Associate Nurse Directors – Inpatients Head of Safety, Security and Resilience	Quarter 4 18/19	Draft developed and reviewed at CQC Quality Compliance Group in February 2019. Additional work being undertaken to ensure guidance notes cover all Trust sites during 19/20 Quarter 3.
8	Work with regional and national providers to develop proposals re: appropriate/acceptable nurse call systems/standards for all other key client groups.	Deputy Chief Operating Officer	Quarter 4 18/19	These issues are being discussed at the Regional CE/DON & COO regional meeting with other provider colleagues. It is also the subject of discussion at the CQC National Co-Production meetings.

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 6 November 2019

Title and Author of Paper:

CQC Must Do Action Plan Quarter 2 position - Rapid Tranquilisation

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality and Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

Updates on progress made on the four outstanding actions:

Action point 1: Complete: The Management of Rapid Tranquillisation' Policy NTW(C) 02 was ratified in July 2019. A document summarising the amendments has also been published and circulated via an internal CAS alert.

Action point 5: A new landing page has been created on the Talk First Intranet site, however at present progress has been halted due to resource constraints in IT.

Risks Highlighted to Board: Not applicable

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

- Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability.
- Corporate Risk SA5.1: That we do not meet compliance and quality standards
- Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: The Board is asked to note the contents of this paper.

Link to Policies and Strategies:

- NTW (C) 02 The Management of Rapid Tranquilisation Policy
- NTW (C) 29 Trust Standard for the Assessment and Management of Physical Health Policy
- AMPH – PGN-03 National Early Warning Score (NEWS2)

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Rapid Tranquillisation – Internal Action Plan Summary

Action Point	Action	Lead	Timescale	Progress: End of Quarter 2
1	Review 'The Management of Rapid Tranquillisation' Policy (NTW(C) 02) (review date of February 2019 to be brought forward).	Dr Berry Consultant Psychiatrist Anne Bunting Clinical Manager Ruth Ayre Pharmacy Associate Nurse Directors (Inpatient CBU) Talk First representative	End of Quarter 1 19/20	<p>Update – October 2019.</p> <p>Action Complete</p> <ul style="list-style-type: none"> • Policy Ratified July 2019 • A document summarising the amendments has also been published and circulated 24th July via an internal CAS alert reference NTW/INT/2019/105. • The Rapid Tranquillisation eLearning module has also been updated to reflect the updated policy and submitted to IT to be uploaded.
2	To compile the current training provision available to all professions (nursing (qualified and non-qualified, medics, AMHP) educating on physical health monitoring (inclusive of and beyond rapid tranquillisation training).	Tess Walker NTW Academy Julie Taylor Nurse Consultant	08/08/18	Complete

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Action Point	Action	Lead	Timescale	Progress: End of Quarter 2
3	Liaise with Medical Education Department regarding the provision and arrangements of rapid tranquillisation training for junior doctors.	Dr Uri Torres Associate Medical Director	08/08/18	<p>Complete</p> <ul style="list-style-type: none"> • August Junior Doctor induction delivered RT as a face to face session combined with seclusion. (Post RT monitoring covered on pages 14, 17 & 20 of the presentation). • Training will be continued in this format in future inductions • E-Learning training package introduced March 2018: 263 Rapid Tranquillisation. Training is in line with NICE NG10, updated RT policy and following the POMH RT audit. It includes: post-RT monitoring, what to do, why, when and how. It also includes test questions. • RT Training compliance as at 12.11.2018: <ul style="list-style-type: none"> ○ North: 91.7% ○ Central: 94.6 ○ South: 89.9%
4	To progress with the development of National Early Warning Score (NEWS) training package.	Kevin Crompton Tess Walker NTW Academy	30/04/19	<p>Complete</p> <ul style="list-style-type: none"> • NEWS-2 launched within the Trust 17th June 2019 via Trust wide CAS alert NTW/INT/2019/97 • NTW Academy has created a dedicated intranet Sharepoint location for NEWS-2 training and support material. • It is now mandatory for all nurses that perform and record physical observations to complete the national e-Learning Programme where they will receive certification and automatic registration. • All medics that are not clinically and operationally familiar with NEWS-2 must also complete the e-learning programme, access the supporting training videos and documentation. • The NTW academy will promote the NEWS-2 in all relevant training programmes and provide on-going clinical advice and guidance.

Action Point	Action	Lead	Timescale	Progress: End of Quarter 2
				<ul style="list-style-type: none"> • Training to be monitored via locality nurse management structure with assurance given to Locality Care Groups
5	To explore developing the Talk First dashboard to report/ display physical health observation compliance post rapid tranquillisation (currently displays rapid tranquillisation occurrences).	Ron Weddle Craig Newby Patient Safety	30/04/19	<ul style="list-style-type: none"> • Additional of RT PH observation data to Talk 1st dashboard included within the Informatics Priorities for 2018/19. • Formal Informatics work plan agreed at CDT in October 2018 • Dashboard development for RT Physical Health Monitoring to start in Q3. • Allison Armstrong (Associate Director) has also undertaken a small survey with clinical staff and is collating information to aid development of data collection methodology. <p>Update – February 2019</p> <ul style="list-style-type: none"> • Dashboard system built and in test phase whilst awaiting the final NEWS2 chart design (Clinical Response to Trigger Thresholds) • Whilst some training will be required when system goes live, there are a number of staff piloting. <p>Update – April 2019</p> <ul style="list-style-type: none"> • Work to rationalise physical health observation recording in RiO has commenced on the back of user feedback and focus group. This would potentially bring together the recording of physical health monitoring linked to seclusion and/or rapid tranquilisation. • Target date extended to 31st May 2019 to allow this additional work to be undertaken <p>Update – July 2019</p> <ul style="list-style-type: none"> • All user email circulated 8th July 2019 to highlight introduction of NEWS2 monitoring form. The completion of this phase of work allows physical health observation post rapid tranquilisation information to be captured for the new Talk 1st Dashboard.

Action Point	Action	Lead	Timescale	Progress: End of Quarter 2
				<ul style="list-style-type: none"> Safety and Security team currently working with IT to roll out the new Talk 1st landing page to give access to this data. Once RT policy has been ratified a further CAS alert will be circulated. <p>Update – October 2019.</p> <ul style="list-style-type: none"> The Talk 1st landing page has been amended to improve accessibility and also provides links to the two proposed reports – Rapid Tranquilisation (Trust View) and Rapid Tranquilisation (Client View). Information circulated via an internal CAS alert NTW/INT/2019/101 19th July 2019 Further development of the dashboard has been placed on hold to enable IT developers focused time in relation to the merge with CPFT.
6	To develop reflective questions to elicit practices and barriers in relation to the management of rapid tranquillisation and cascade via Quality Standards meeting.	Allison Armstrong, Janice Clark and Catherine Edge	31/08/18	<p>Complete</p> <ul style="list-style-type: none"> Questionnaire prepared and added to the Quality Standards meeting agenda in each locality group for feedback, August 2018
7	Cascaded good practice guidance (based on CAS alert) via Quality Standards	Allison Armstrong Associate Director Janice Clark	31/08/18	<p>Complete</p> <ul style="list-style-type: none"> Included within questionnaire document discussed at each Locality Care Group Quality Standards meetings August 2018.

Action Point	Action	Lead	Timescale	Progress: End of Quarter 2
	meeting.	Associate Nurse Director Catherine Edge NTW Academy		
8	Undertake audit to assess impact of actions.	TBC	End of Quarter 4 18/19	<p>Complete</p> <ul style="list-style-type: none"> • Draft Clinical Audit report completed. The conclusion, based on the work undertaken, is that there are areas of concern that require remedial action. Formal action plan prepared including agreed re-audit date. • Keys risks identified: <ul style="list-style-type: none"> ○ Following initial monitoring further physical observations should be recorded at least every hour or at intervals agreed by a multi-disciplinary team, until the patient becomes alert again/ there are no concerns about their physical health. ○ More frequent and intensive monitoring should be undertaken for those patients with an identified clinical risk. • Clinical Managers contacted where findings identified within their remit for immediate action. • Draft Clinical Audit report presented and approved at Physical Health and Wellbeing Group on 2nd May 2019, Clinical Effectiveness Committee on 12th June 2019 and BDG Safety 12th July 2019. • Finalised report to be distributed week commencing 15th July 2019. • Monitoring for completion of action plan and re-audit will follow standard Clinical Audit assurance process.

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

Meeting Date: Board of Directors Meeting, 6 November 2019

Title and Author of Paper: Board Assurance Framework (BAF) and Corporate Risk Register (CRR) – Lindsay Hamberg, Risk Management Lead

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Pg.1 There are currently 10 risks held on the BAF.

Pg.2 Quality Effectiveness remains the highest risk appetite category on the BAF/CRR.

Pg.2 There are currently 7 risks which have exceeded a risk appetite on the BAF.

Pg.4 Amendments have been made to 10 risks.

Pg.5 No risks have been escalated in the Quarter.

Pg.5 There is one risk currently being de-escalated to the Commissioning & Quality Assurance Risk Register in the Quarter, risk ref: SA4.1.

A copy of the Trusts Risk Appetite table is attached as **appendix 1**

A copy of the BAF/CRR is included as **appendix 2**.

Appendix 3 gives a summary of both the overall number and grade of risks 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 September 2019 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risks are held at the appropriate level.

Risks Highlighted: As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?

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

Equal Opportunities, Legal and Other Implications:

Addressed in Board Assurance Framework and Corporate Risk Register

Outcome Required: To note Board Assurance Framework and Corporate Risk Register and Groups/Corporate Risks.

Link to Policies and Strategies:

Risk Management Strategy and Risk Management Policy

Board Assurance Framework and Corporate Risk Register

Purpose

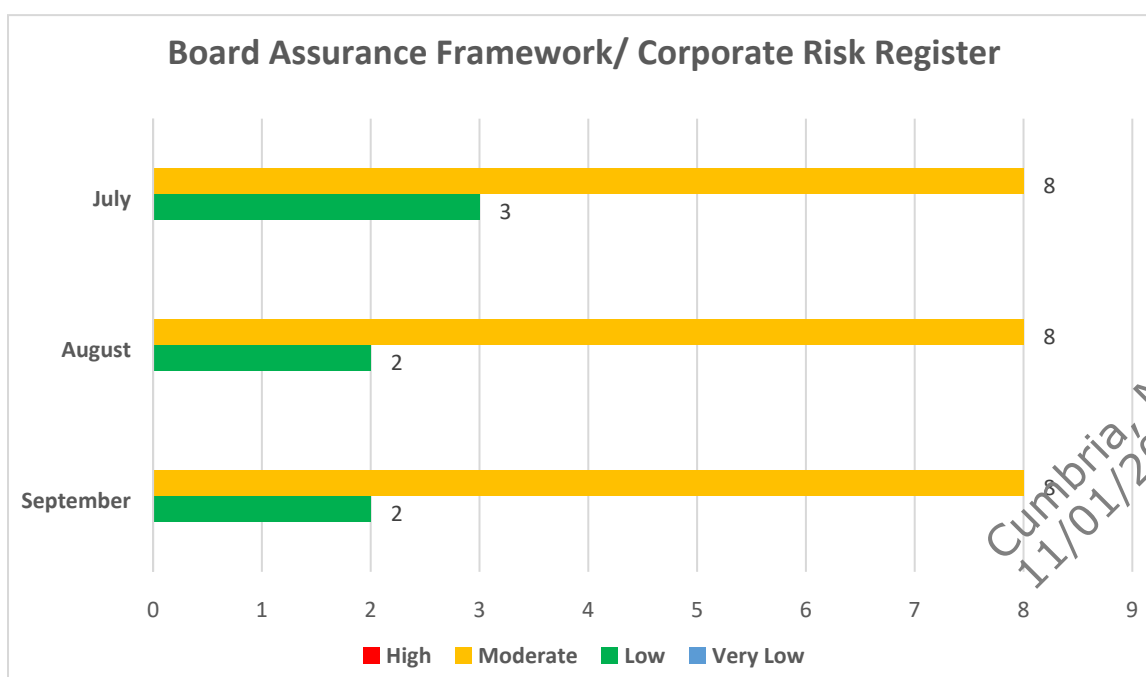
The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1**.
- A copy of the BAF/CRR is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks 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 October 2019 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..

1.0 Board Assurance Framework and Corporate Risk Register

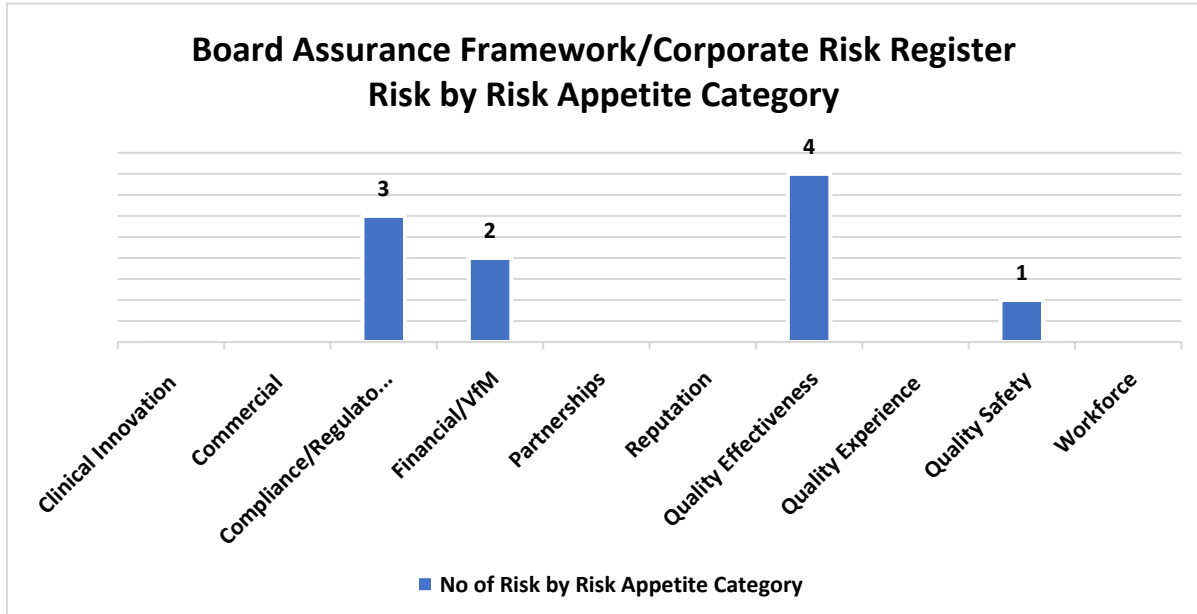
The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at October 2019. In the quarter there are 11 risks, reduced to 10 at the end of July on the BAF/CRR.



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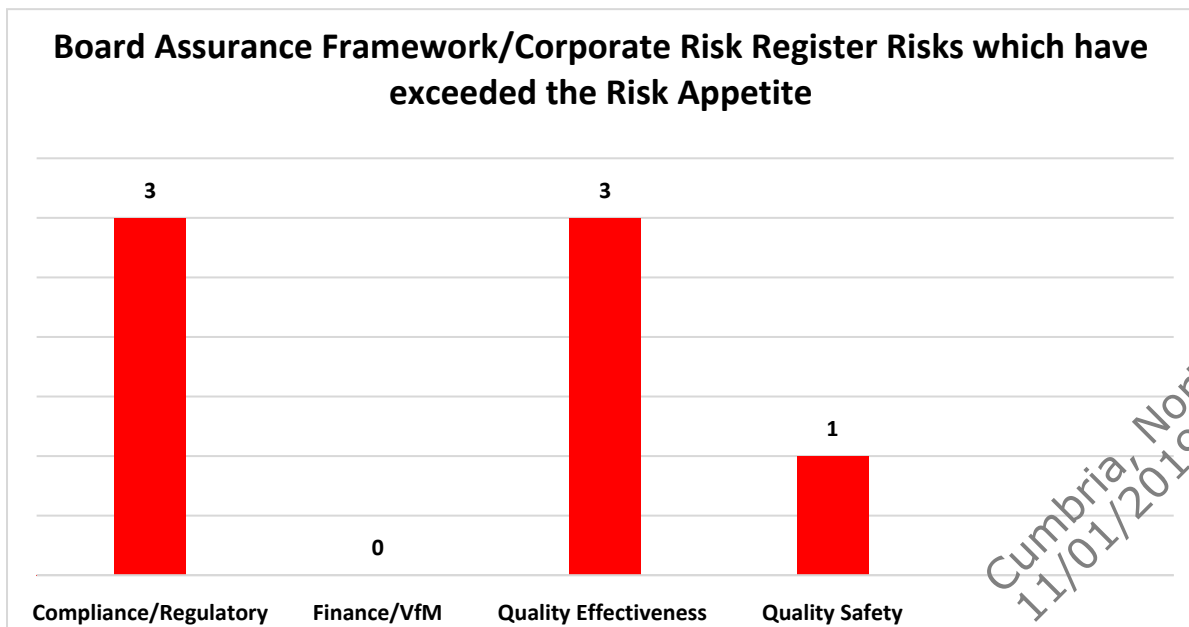
1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (4) 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 7 risks which have exceeded a risk appetite tolerance.

The table below shows all BAF/CRR risks which have exceeded a risk appetite tolerance.



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A detailed description of each BAF/CRR risk which has exceeded a risk appetite can be found below. Action plans are in place to ensure these risks are managed effectively:

Risk Reference	Risk Description	Risk Appetite	Risk Score	Executive Lead
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation.	Compliance/ Regulatory (6-10)	3x4 = 12	Lisa Quinn
SA1.4	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Quality Effectiveness (6-10)	4x4 = 16	Gary O'Hare
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Quality Effectiveness (6-10)	3x4 = 12	John Lawlor
SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	Compliance/ Regulator (6-10)	3x5 = 15	Lisa Quinn
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Compliance/ Regulator (6-10)	3x4 = 12	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments. safe, effective, high class services.	Quality Safety (1-5)	2x5 = 10	Gary O'Hare
SA5.9	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	Quality Effectiveness (3x4)	3x4 = 12	Gary O'Hare

	provide safe, effective, high class services			
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1.2. Amendments

Following review of the BAF/CRR with each lead Executive Director/Directors, the following amendments have been made:

Risk Ref	Risk description	Amendment	Executive Lead
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation.	New action to include securing workforce to deliver services. Completed actions for securing workforce to deliver services and robust implementation plans developed. Controls with assurances added for the completed actions.	Lisa Quinn
SA1.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	No amendments made in this quarter.	James Duncan
SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	Actions updated re agreeing governance arrangements for lead provider models action due date moved from September to October. Completed action has moved to Controls with assurances re: move towards lead/prime provider models and alliance contracts.	Lisa Quinn
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Actions due dates were reviewed and updated for completion on 29 November 2019.	John Lawlor
SA4.1	That we have significant loss of income through competition, choice and national policy including the possibility of losing large services and localities.	Residual risk score to I4xL3 and target risk to I4xL2.	Lisa Quinn
SA4.2	That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP	Actions on risk register have been linked with actions from the Internal Audits 18/19.	James Duncan

SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	Actions relating to other risks have now been matched to risk. Action re internal audit NTW 18/19 55 has been updated to state that action is under review and a meeting to be convened with the appropriate professionals.	Lisa Quinn
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Risk 1691 (SA5.2) has remained mostly the same in terms of actions and scoring, however it is worth noting that the Mental Health Legislation training as of October 2019 seen an increase to 83.3%. The Internal Audit 18/19 58 related risk action has been updated and the due date for completion is 15 October 2019. The action 'responsiveness to new Mental Health Legislation' has been completed and moved to controls with assurances and reporting will be via Liberty of Safeguard Protection consultation 2020.	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Cross checked risk with internal audit actions and aligned.	Lisa Quinn
SA5.9	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.	Completed action re the update in relation to central recruitment, apprenticeships and a trip to recruit doctors and nurses in NTW and Cumbria as of 1 October 2019.	Gary O'Hare

1.3. Risk Escalations to the BAF/CRR

There have been no risks escalated to the BAF/CRR in the quarter.

1.4. Risks to be de-escalated.

Risk 1686 (SA4.1) has been de-escalated from the BAF/CRR in the quarter.

1.5. Emerging Risks.

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1.6. Recommendation

The Trust Board are asked to:

- Note the changes and approve the BAF/CRR.
- Note the risks which have exceeded a risk appetite.
- Note any risk escalations.
- Note the summary of risks in the Locality Care Groups/corporate Directorate risk registers.
- Provide any comments of feedback.

Lindsay Hamberg
Risk Management Lead
October 2019

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Internal Audit Plan					
Review Area	2019/2020				
	Q1	Q2	Q3	Q4	BAF/CRR Ref
GOVERNANCE					
Head of Audit Opinion				*	
Third Party Assurance				*	
Openness and Honesty/Duty of Candour		*			
Business Continuity Planning/ Integrated Emergency Management				*	SA5.5
RISK MANAGEMENT					
Risk Management				*	SA5.5
FINANCIAL					
Key Financial Systems (including Pay Expenditure, Financial Reporting & Budgetary Control, Financial Accounting & General Ledger, Accounts Payable, Accounts Receivable and Bank & Treasury Management)	*	*	*	*	SA4.2
Lease Cars	*				
KEY BUSINESS SYSTEMS					
Data Quality and Performance					
Performance Management and Reporting (rolling programme)		*	*		SA5.3
Contractual & Legal					
Contract Management (PFI, Subsidiary, Other)		*			SA4.1
Tendering for Services				*	SA4.1
Insurance Arrangements					
Capital and Asset Management					
Development, Procurement and Implementation of Capital Funded Projects				*	SA1.2
Workforce					
Recruitment & Selection (incl. pre-employment & DBS checks)		*			
Absence Management		*			
Employee Appraisal		*			
Education and Learning			*		
Equality and Diversity				*	
Disciplinary & Grievance		*			
Time Attendance and eRostering			*		SA5.3
NTW Academy Governance Arrangements				*	
KEY CLINICAL SYSTEMS					
Records Management		*			
Central Alert System	*				SA5.5
Safeguarding Arrangements	*	*			
Medical Devices Management	*				SA5.5
Mental Health Act (Rolling Programme) - Previous coverage includes: Tribunal Reports, CTO, Patients' Rights, DoLs, S17 Leave & S136 Place of Safety		*			SA5.2
Health & Safety	*				SA5.5
TECHNOLOGY RISK ASSURANCE					
IM&T					
Data Security & Protection Toolkit (formerly IGT)				*	SA1.7
IM&T Risk Management			*		SA1.7
Cyber Security and Network Infrastructure (specific areas to be included in operational plans each year)					
Network Continuous Testing: Server Operational Management	*		*		SA1.7
Penetration Test			*		SA1.7
Active Directory Privileged User Management	*				SA1.7
Network Perimeter Security: Firewall Configuration & Management		*			SA1.7
VMWare Security & Configuration Controls			*		SA1.7
Web Filtering and Monitoring (IT Security)				*	SA1.7
Clinical and Operational System Reviews – Trust's key systems list (provide assurance over the confidentiality, integrity and availability of information processed by clinical and operational systems) – system audited determined in each year in agreement with organisation management					
Ascribe Pharmacy System IT General Controls		*			SA1.7
Backtraq FM System IT General Controls				*	SA1.7
Digital Dictation System IT General Controls				*	SA1.7

Risk Appetite

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

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

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



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NHS Foundation Trust

BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

2019/2020

1.0 Risks aligned to Mental Health Legislation Committee

Risk Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not meet statutory and legal requirements in relation to Mental Health Legislation SA5.2	Risk on identification (29/10/2018):	3	4	12	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4		Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory			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 Integrated Governance Framework	1 Independent review of governance	<ul style="list-style-type: none"> ● Prompts for consent to treatment to be included on the 10 do list on RiO - NTW 1819 58 ● Improvement review of MHA Training - 77.8%. June 2019 80% Oct 2019 83.3% ● To monitor the effectiveness of process for monitoring and reporting on themes from MHA Reviewer visits ● linked to Internal audit 18/19 58 - MCA Policy to be amended to include guidance for the completion of the local form parts A, B & C re capacity assessment ● Linked to internal audit 18/19 58 - Guidance on the completion of the Local Form to be added to the Form on RiO and Awareness session for RCs to be facilitated on updated local form 			
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW1617 33 MHA section 17 - good level of assurance NTW1718 42 MHA Statutory Function - Good Level of Assurance NTW181957 Compliance review of MHA Rights Good Level - Feb 19				
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 Process for 135/136 legislation with external stakeholders	6 135/136 action plan complete				
7 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	7 MHL Group papers and updates				

Risk Report

1 CQC MHA Reviewer session delivered at learning and development group in November 2018	1 Minutes and papers from Learning and Development Group
2 Internal Audit 18/19	2 NTW 2018/19/57 Compliance Review of MHA - Patient Rights. Good. NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial
3 Responsiveness to new Mental Health Legislation	3 Minutes of MHL meetings Reporting re: Liberty Safeguard Protection Consultation 2020

Ref: 1691v.13

Risk Owner: Rajesh Nadkarni

Next Review Date: 04/11/2019

Review/Comments:

03/10/2019 - Rajesh Nadkarni

Risk Reviewed and action re policy updated - MHL training figures updated

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2.0 Risks aligned to the Quality and Performance Committee

Risk Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands. SA1.4	Risk on identification (15/03/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	4	4	16	Moderate
	Target Risk (after improved controls):	1	4	4	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	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 Integrated Governance Framework	1 Operational plan reviewed by NHSI Independent review of governance - amber/green rating External audit of quality account	● Complete Access and Waiting Times Standard Group work plan - Update required from Anna Easter
2 Performance review monitoring and reporting incl compliance with standards, indicators and CQUIN.	2 Reports to CDTQ, Q&P and QRG's External audit of quality account	● Internal Audit 18/19 - updating
3 Operational and clinical policies and procedures	3 Compliance with policies and procedures	
4 Annual quality account	4 External audit of quality account	
5 CQC compliance group	5 Minutes of meeting CQC rated outstanding	
6 Trust-wide access and waiting times standard group established	6 Minutes of access and waiting times meeting	
7 Waiting times dashboard developed	7 Monitoring of the waiting times dashboard	
8 Creating capacity to care workstreams are established	8 Monthly updates to BDG	

1 Monitoring and delivery of operational plan 18/19	1 Operational Plan Report 18/19	
2 Delivery of 5-year Trust strategy 17/22 and supporting strategies	2 Trust Strategy report 17/22	

Ref: 1683v.6

Risk Owner: Gary O'Hare

Next Review Date: 17/10/2019

Review/Comments:

19/07/2019 - Gary O'Hare

The risk has been reviewed and actions updated

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Risk Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not meet and maintain our compliance standards including NHSI, CQC and legislation. SA 5.1	Risk on identification (15/03/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	1	5	5	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory			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 Integrated Governance Framework	1 Independent review of Governance - amber/green rating	● NTW18/1955 action - A task and finish group to be established to identify a process which routinely cross check RiO and Safeguard records
2 Trust policies and procedures	2 Compliance with policy and procedures	● NTW17/1843 action - Employee information. Once pilot is completed to be rolled out for Trust employee records
3 Compliance with NICE	3 CQC MHA Visits and completed action plans NTW 1718 09 CQC Process - Substantial Assurance NTW 17/18 13 NICE Good - August 2018	● Review North Cumbria CQC, regulatory actions and agree plan and implement. - March 2020
4 CQC Compliance Group - Review of Compliance	4 Reports and updates to board sub committees	● NTW 1819 54 - Local Level Clinical Audit: Trust Clinical Audit policy outlining the requirements projects that will follow the clinical audit process and the projects that will follow the rapid quality improvement process. This will address all the concerns in this report - September 2019
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	● Data Quality 6 month Plan for North Cumbria - March 20
6 Accountability Framework	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	

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Risk Report

1 NTW Internal Audit 17/18	1 NTW17/1813 NICE - Good, August 18 - Actions complete NTW17/18 11 Data Quality - Good, August 18 - Actions complete NTW17/1843 Records Management - Reasonable
2 NTW Internal Audit 18/19	2 NTW 18/1955 Risk Based Audit - Mortality - Good, February 19

Ref: 1688v.19

Risk Owner: Lisa Quinn

Next Review Date: 09/11/2019

Review/Comments:

10/10/2019 - Lisa Quinn
Risk reviewed and actions updated

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Risk Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments. (SA5.5)	Risk on identification (29/10/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	2	5	10	Low (Yellow)
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
Risk Appetite (the amount of Risk NTW will accept)		Quality Safety			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 Integrated Governance Framework	1 Annual review of Governance framework	● Outcome and completion of deciding together
2 Trust policy and procedure	2 Policy monitoring framework including auditable standards, KPI and annual review.	● Delivery of OP Interim Plan
3 Reporting and monitoring of complaints, litigation and incidents etc.	3 Safety report to board sub committees and board	● Identification of supervision capacity
4 National reports on quality and safety	4 Performance report to Q&P	● Internal Audit 1819: Clarity and revision of policy and guidance on incident reporting and investigation.
5 The medical devices management actions have now been completed and are managed effectively	5 Devices appropriately managed and audited	● Internal Audit 1819/06 Complaints Action Planning: To review the time period for response and acknowledgement and if this should be done post triage once it has been assessed and confirmed as a complaint
6 Internal Audit 17/18	6 NTW171805 BCP - Good, July 18 Actions complete NTW171823 Capital Planning - Good, July 18 Actions complete NTW171841 Bare Below Elbow - Reasonable, July 18 Actions complete NTW171844 Medical Devices - Reasonable, Aug	● NTW 1819 54 LLCA: Trust Clinical Audit policy which outlines the requirements projects that will follow the clinical audit process and the projects that will follow the rapid quality improvement process. This will address all the concerns in this

	18 Actions complete	report - September 2019
2 Internal Audit 18/19	<p>2 NTW 1819/06 Risk Based Audit of Complaints Action Planning (Locality Care Groups) NTW181924 NHS PAM - Good, Dec 18, Actions complete NTW 1819 32 Fire Safety - Substantial, March 19 NTW 1819 62 H&S Management - Good, May 2019 NTW181964 Advisory Review Action Planning SI, March 19 Actions complete NTW181947 Medical revalidation, Substantial, September 18, Actions complete NTW181932 Fire Safety, Substantial, March 19, Action complete NTW181956 Non Serious Incident Management, April 19, Good, Actions in Gaps in control</p>	<p>● NTW 1819 62 H&S Management : Health & Safety Policy and Risk Management Policy to be adjusted to be closer aligned, acknowledging the electronic risk assessment developments in Safeguard.</p> <p>● NTW 1819 62 - H&S Management: Once all Health & Safety risk assessments are completed on the electronic risk management system in Safeguard, they are then viewable to the Trust's Health & Safety Lead for assessment and sharing with the Trust's Health & Safety Group.</p> <p>● NTW 1819 62 - H&S Management: CERA assessments are shared with specific In-patient Ward Managers for action and discussion within their CBU. Any risks which can't be mitigated are entered onto the Trust's Risk Management System. These risks can be centrally viewed. An overview of CERA actions will be maintained and shared with the CQC group to compare against Environmental concerns identified independently by the CQC on their inspections.</p>

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Risk Report

Ref: 1692 v.9

Risk Owner: Gary O'Hare

Next Review Date: 28/10/2019

Review/Comments:

30/07/2019 - Lindsay Hamberg

Internal Audit

NTW 1819/06 Complaints Action Planning into actions and controls

NTW 1819 32 Fire Safety - control

NTW 1819 54 LLCA - action added re: New Policy

NTW 1819 62 H&S Management - actions added

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Risk Report

Risk Description: 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)	Risk Rating: Risk on identification (06/11/2018):	Likelihood	Impact	Score	Rating
	Residual Risk (with current controls in place):	4	4	16	Moderate
	Target Risk (after improved controls):	3	4	12	Moderate
	Risk Appetite (the amount of Risk NTW will accept)	2	4	8	Low (Yellow)
				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 Workforce strategy	1 Delivery of workforce strategy	● Ongoing central recruitment and apprenticeships scheme for nursing ● Complete International Recruitment Campaign - Quarterly updates.
2 RPIW Medical Recruitment	2 RPIW Medical Recruitment outcomes papers	
3 NTW International recruitment competency process	3 NTW International recruitment competency documents	
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	

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Ref: 1694 v.7

Risk Owner: Gary O'Hare

Next Review Date: 13/10/2019

Review/Comments:

15/07/2019 - Gary O'Hare

Gary has reviewed the risk this morning and has updated the actions - adding an update in relation to central recruitment, apprenticeships and a trip to recruit DPs and Nurses

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3.0 Risks aligned to the Resource and Business Assurance Committee

Risk Report



Risk Description: If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation. SA1.10	Risk Rating: Risk on identification (09/10/2018):	Likelihood	Impact	Score	Rating
	Residual Risk (with current controls in place):	4	4	16	Moderate
	Target Risk (after improved controls):	3	4	12	Moderate
	Risk Appetite (the amount of Risk NTW will accept)	2	4	8	Low (Yellow)
		Compliance/Regulatory			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 Joint Programme Board	1 Minutes of meetings	● Agreed contract
2 Due Diligence	2 Due Diligence report	● Ongoing dialogue with Trust Board Monthly
3 Exec Leadership	3 Identified Exec Lead	● Develop and Implement first 100 day plan - Jan 20
4 Specific Capacity Identified	4 Identified NTW Team	● Develop report mechanism to segregate the data quality areas relating to North Cumbria
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	
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	

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Risk Report

Ref: 1680v.12

Risk Owner: Lisa Quinn

Next Review Date: 09/11/2019

Review/Comments:

10/10/2019 - Lisa Quinn

Risk has been reviewed and actions have been updated. Control added re written contract

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Risk Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Restrictions of Capital Funding nationally and lack of flexibility on PFI leading to failure to meet our aim to achieve first class environments to support care and increasing risk of harm to patients through continuing to use sub optimal environments. SA1.2	Risk on identification (15/03/2017):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	1	5	5	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For Money			Within Risk Appetite

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 CEDAR Programme Board established with Key Partners	1 Minutes of CEDAR Programme Board	<ul style="list-style-type: none"> ● Updated Estate Strategy as part of 5 year Trust Strategy to be presented to Board November 2019 ● Further Review required of Capital Planning for Cumbria Services.
2 CEDAR Programme Board Delivery	2 CEDAR Documents NTW 1718 23 Capital Planning	
3 CERA Programmes	3 CERA Documents	
4 Business Case approved for interim solution for WAA and Newcastle/Gateshead - Building programme in place	4 Business Case Document	
5 ICS - supported nationally and funding identified	5 ICS - bid document	
6 CEDAR Business case process in place	6 business case cycle for board meetings	
7 Asset Sales now Identified	7 Standard reporting through CDT-B and RABAC	

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Ref: 1681v.7

Risk Owner: James Duncan

Next Review Date: 29/11/2019

Review/Comments:

12/08/2019 - James Duncan
Reviewed - no change

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Risk Report

Risk Description: That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services. SA1.3	Risk Rating: Risk on identification (15/03/2018):	Likelihood	Impact	Score	Rating
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	1	4	4	Very Low
		Quality Effectiveness			Within Risk Appetite
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 Integrated Governance Framework	1 Independent review of governance- amber/green rating.	● Progress provider collaborative models - November 2019			
2 Agreed contracts signed and framework in place for managing change	2 Contract monitoring and contract change	● Agree Governance arrangements for Lead provider models - November 2019			
3 Locality Partnership arrangements	3 Updates from Locality Partnership meetings				
4 Well Led Action Plan Complete	4 Well Led Action Plan document				
5 All CCG Contracts Agreed	5 Contract documentation				
6 Lead/ prime provider models and alliance contracts	6 Provider models and alliance contract documentation				

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Risk Report

Ref: 1682v.7

Risk Owner: Lisa Quinn

Next Review Date: 04/12/2019

Review/Comments:

05/09/2019 - Lisa Quinn

Risk has been reviewed today and actions have been updated - control added re lead provider models and alliance contracts

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Risk Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services. SA3.2	Risk on identification (15/03/2018):	4	5	20	High (Red)
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4		Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	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 Executive and Group leadership embedded in each CCG/LA area to ensure MH and disability services are sustainable	1 Successfully influenced service models across a number of localities	<ul style="list-style-type: none"> ● Finalise the implementation plan for ICP MH workstream ● ICP leadership arrangements to be confirmed ● To be the lead/prime provider for MH and disabilities across the NTW Footprint. ● Delivery of NCM business Strategy
2 Leadership of ICS MH workstream	2 Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. Regular updates/monitoring of ICS via Exec/CDT/Board. Papers from MH ICS workstream	
3 Involvement in DTD programme for OP and acute MH services	3 Regular updates via Execs/CDT/Board	
4 Member of Gateshead care partnership	4 Regular updates via Execs/CDT/Board	
5 Member of Exec group for MCP in Sunderland	5 regular updates via Execs/CDT/Board	
6 Member of the ICS Health Strategy Group	6 Regular updates via Execs/CDT/Board	
7 Member of North and Central ICP's	7 Regular updates via Execs/CDT/Board	
8 Member of Northumberland Transformation Board	8 Regular updates via Execs/CDT/Board	

1 Member of the Newcastle Joint Exec Group

1 Regular updates via Execs/CDT/Board

Ref: 1685v.7

Risk Owner: John Lawlor

Next Review Date: 02/11/2019

Review/Comments:

19/08/2019 - John Lawlor
Risk has been reviewed and action due dates have been updated

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Risk Report

Risk Description: That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP SA4.2	Risk Rating: Risk on identification (15/03/2018):	Likelihood	Impact	Score	Rating
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	3	5	15	Moderate
	Risk Appetite (the amount of Risk NTW will accept)	2	5	10	Low (Yellow)
		Financial/Value For Money			Within Risk Appetite

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 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	● 5 year plan to be approved by the Board in September 2019
2 Financial Strategy/FDP	2 Operational Plan 19/20 submitted	● Routine reporting against delivery of operational plan to be incorporated into CDT-B from June 2019 and to Board from July 2019
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure ,NTW 1718 39 Cashier	● NTW 1819 37 Procurement: Full review and update of all key documents: ~ Contracts SOP's; ~ Materials Management SOP's; ~ Purchasing SOP's;
4 Quality Goals and Quality Account	4 External audit of Quality Account	● NTW 1819 37 Procurement: Framework providers undertake continual financial assessments and notify framework users of issues.
5 Accountability Framework	5 Accountability Framework Reports	● NTW 1819 37 Procurement: Supplies Dept to critique thresholds and requester's budgets and project approvals have been secured by the requester before appropriate market engagement
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 CDT-B	
8 Going Concern Report	8 Going Concern Report Audit Committee April 2019	

<p>1 NTW 18/19 Internal Audit</p>	<p>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</p>	<p>is executed.</p> <ul style="list-style-type: none"> ● NTW 1819 37 Procurement: Ensure evaluation criteria's are included in all tender exercises that go through OJEU or G-Cloud protocols. ● NTW 1819 37 procurement: All contract owners to critique, data cleanse, update and maintain Contracts Register. ● NTW 1819 38: Key Finance Systems - Finance Policies are currently being reviewed for changes to due Trust, Company and Group impact including NTW(O)74. ● NTW 1819 38 - Key Financial Systems: Policy to be reviewed and amended following Trust, Company Group changes as referred to in point 1.4.
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Ref: 1687v.9

Risk Owner: James Duncan

Next Review Date: 02/11/2019

Review/Comments:

03/10/2019 - James Duncan
 Risk reviewed - no change - awaiting update for the actions

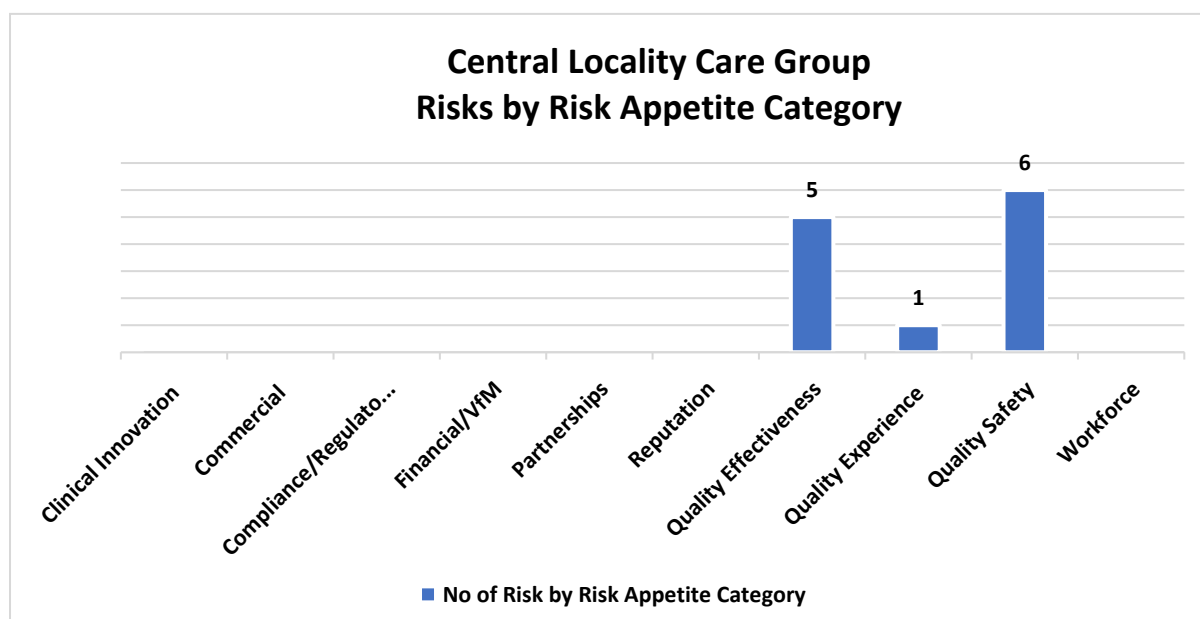
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2.0. Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

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 CDT Risk Management Sub Group monthly.

2 Clinical Groups

2.1 Central Locality Care Group



In total as at October 2019 Central Locality Care Group hold 12 risks, 12 risks which have exceeded the risk 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 6 risks on the Central Corporate Group risk register. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1038v.12	Medication page's on RiO are not being kept up to date as per NTW policy. Information transferred to the MHDS may not be accurate	Quality Safety (1-5)	16	4	4	Karen Worton
1513v.13	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	Quality Effectiveness (6-10)	15	3	5	Karen Worton

	<p>treatment monitoring service across the six 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</p>					
1545v.13	<p>Potential ligature risks identified within Central Locality Care Group wards during the CERA process during 2017-18. See attached</p>	Quality Safety (1-5)	15	5	3	Karen Worton
1665v.7	<p>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</p>	Quality Effectiveness (6-10)	16	4	4	Karen Worton
1736.v2	<p>Sickness absence within the Group has risen in July to 5.3%, with overall Group and three Clinical Business Units above the Trust target of 5%. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.</p>	Quality Effectiveness (6-10)	12	4	3	Karen Worton
1737v.3	<p>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 regards to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users. Data presented to Quality Standards August 2019. Current patients 3354 Waiting Assessment Start: Accepted 458 / not yet accepted 7 / total percentage 14% Waiting Treatment Start 292, 9% In treatment 2597,</p>	Quality Effectiveness (6-10)	12	4	3	Karen Worton

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77% Of those waiting: Average wait to assessment, 8 weeks Average wait to treatment, 11 weeks Waiting >18 weeks to treatment 115 (reduction of over 200 from last month)						
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2.1.1 Central Locality Corporate Business Units

The four CBU's within the central locality currently hold a total of 6 risks.

2.1.2 Community Central CBU

Community Central CBU has 3 risks which have exceeded risk appetite and are listed below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1284v.17	Following an internal audit there is a risk around the monitoring arrangements for lone working which could result in reduced compliance and staff safety issues	Quality Safety (1-5)	15	5	3	Anna Williams
1457v.23	Increased demand has seen an increase in waiting times, leading to a significant delay in assessment and treatment across the CBU. An increase demand for secondary care mental health has seen an increase in waiting times and assessment in treatment across Central Community CBU. The impact is we're not as responsive to our client group as we would like to be	Quality Effectiveness (6-10)	12	4	3	Anna Williams
1673v.9	There is a safety and security risk due to the current CAV environment and as such we to ensure Community staff have processes in place to support their safety	Quality Safety (1-5)	12	4	3	Anna Williams

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2.1.3 Inpatient Central CBU

Inpatient Central CBU has 2 risks which have exceeded risk appetite and are listed below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1739v.1	Bed Pressure across NTW require that on occasions that Adult Acute pathway patients may be admitted to rehabilitation wards. The wards environment is less suited to manage risk from self-harm, should this be a clinical feature of those patients admitted.	Quality Safety (1-5)	16	4	4	Allison Armstrong
1733v.5	Patient safety risk on Fellside ward, regarding a combination of factors. Fellside is a 20 bedded ward which is the largest in the Trust, has capacity of 143%, there has been a recent SI and near miss. Doctors in training have been withdrawn from the ward as has CESR Fellowship training. There has been a spike in medication incidents as well as ward based incidents. Turnover of staff has been high over the last 3 years including senior level staff. Clinical turnover creates pressure within the team to maintain the necessary standards of admission and discharge. There are plans for this ward to relocate and reduce beds by 4. Bed reduction and patient safety issues described are 2 distinctly separate things	Quality Safety (1-5)	12	4	3	Karen Worton

2.1.4 Secure Care Services CBU

Secure Care Services CBU has 0 risks.

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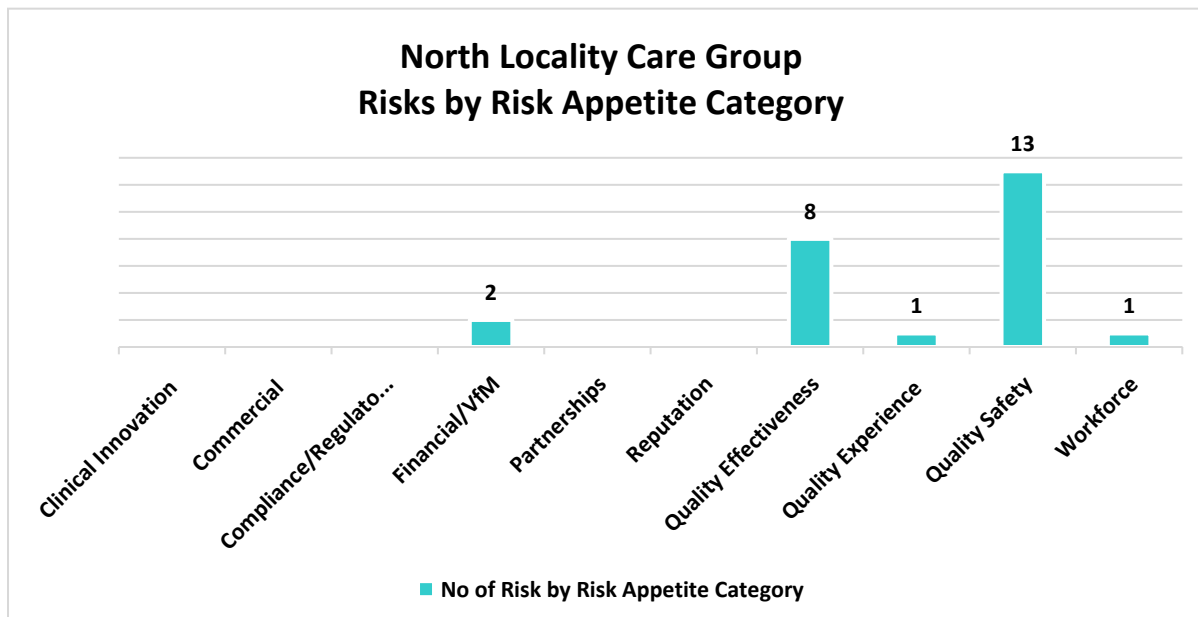
2.1.5 Access Central CBU

Access Central CBU currently holds 1 risk which have exceeded risk appetite and are listed below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1308v.4	Environmental issues identified for S136 suites SNH via CQC inspection and Royal College that are not able to be met within the current footprint and would require significant investment to meet standards. No private room for assessment, no shower facility, private space for physical examinations and no sleeping facilities. Risk impact: to patient experience whilst in the suite. Additional risk impact linked to compliance which was previously held on Executive operational risk register	Quality Experience (6-10)	12	4	3	Fiona Kilburn

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2.2 North Locality Care Group



North Locality Care Group as at October 2019 hold 25 risks, 6 risks within the risk appetite and 19 risks which have exceeded the risk appetite. 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. 3 risks within the risk appetite and 3 risks 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
1176v.32	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Adult Inpatient, North Locality	Quality Effectiveness (6-10)	16	4	4	Kedar Kale
1287v.16	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 (1-5)	16	4	4	Kedar Kale
1291v.7	Internal doors have been identified as a potential ligature risk following incidents within the Trust and the variation of anti-ligature FFE within our wards and sites	Quality Safety (1-5)	15	5	3	Tim Docking

2.2.1 North Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 19 risks.

2.2.2 Community North CBU

Community North CBU is currently holding 3 risks – 3 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1336v.6	The WAA and LD services have experienced significant pressures as a result of difficulties in recruiting substantive Consultant Psychiatrists over the last 12 months. The WAA teams have 1 of 4 substantive medics and no substantive medic in Berwick. In LD we have no substantive consultants. The gaps have been covered where possible with locum capacity but this adds to the financial pressure and impacts on waiting times, psychiatric outpatient diagnosis and reviews resulting in increased complaints from service users and GP referrers	Quality Effectiveness (6-10)	12	4	3	Jose Robe
1347v.5	Increased burden of physical health investigations for those service users who are prescribed antipsychotic medication alongside general physical health awareness monitoring across all conditions. This is required despite the lack of additional resources to deliver this. In addition some team areas have lack of skilled practitioners to deliver the wide range of health interventions or have access to fit for purpose treatment rooms. This has a wider impact on clinical capacity in the west and north of the county. This is also an issue in North Tyneside	Quality Effectiveness (6-10)	12	3	4	Jose Robe
1369v.7	Whitley bay, North Shields, Long Benton CMHTs merged into North Tyneside east CMHT in October 2012. However the service continues to operate across 2 sites. Until finalisation of estates plan contingency is required to prevent risk to service	Quality Effectiveness (6-10)	15	3	5	Jose Robe

	continuity and equity across both sites					
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2.2.3 Inpatient North CBU

Inpatient North CBU is currently holding 6 risks. 2 is within risk appetite and 4 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1191v.33	Risk of harm to patients due to variation of anti-ligature FFE within wards	Quality Safety (1-5)	8	4	2	David Hatley
1392v.19	Patients smoking on wards and on site	Quality Safety (1-5)	12	4	3	David Hatley
1642v.14	At times, there is a delay in response, or the alarm system across the St George's Park site does not show exact location where alarm was activated, leading to potential delay in response team attending	Quality Safety (1-5)	15	3	5	David Hatley
1730v.3	Bed Pressures. Allocation of red and amber leave beds when admitting onto. Acute wards has resulted in increasing numbers of patients being accommodated on Rehab wards for varying periods of time. No opportunity to plan appropriately when moving patients from controlled environments to less secure ones. Issues with AC responsibilities, care, staff, environment and risk management and effective communication to patients	Quality Safety (1-5)	12	3	4	David Hatley

2.2.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 7 risks – 7 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1612v.12	<p>The clinical environment of Alnwood (CAMHS MSU) has been identified as being inappropriate to provide safe, effective, responsive, caring and well led services to the young people who are patients there. In 2016 the CQC assessment of NTW identified that in the long term CAMHS MSU Services needed to be reprovided in a more appropriate clinical environment.</p> <p>The limitations of the building at Alnwood have been identified by staff and young people as leading to boredom, frustration and increased levels of stress and aggression by young people towards others and themselves.</p>	Quality Safety (1-5)	12	4	3	Lisa Long
1613v.14	<p>Young people with autism (with or without an LD) who require bespoke environments when admitted to Hospital. Providing these bespoke environments has an impact on the environmental and staffing resources of teams that can negatively impact on the patient experience and the ability of the ward to facilitate future admissions.</p> <p>Environmental issues may also lead to increased levels of violence and aggression, and deliberate self harm.</p>	Quality Safety (1-5)	12	4	3	Lisa Long
1644v.11	<p>Limited availability (and uptake) of appropriate training in providing care for young people with eating disorders /difficulties / disorder eating can potentially lead to less than optimum care being provided to such patients at Ferndene. There is also a risk that due to a lack of training staff may be unable to identify physical symptoms, resulting in a patient becoming very unwell. This could lead to increased but avoidable visits to acute</p>	Quality Safety (1-5)	12	4	3	Lisa Long

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	hospitals (RVI / Sunderland Royal) or increased placements at out of area Specialist Eating Disorder Units (SEDU).					
1704v.7	Clinical services within CAMHS at Cumbria are increasingly being reported as being under-resourced due to ongoing staff recruitment issues. These have been noted on an individual case basis, particularly in regards to planning robust discharge arrangements for children and young people from Cumbria. There is a risk that due to these service issues, young people from Cumbria are / have:- 1) admitted inappropriately 2) inappropriate discharge arrangements / delayed discharge	Quality Safety (1-5)	16	4	4	Lisa Long
1725v.2	Environment at PICU (Ferndene) is limited in terms of accessibility to therapeutic space for young people, access to seclusion facilities and appropriate staff meeting areas / clinical rooms. These limitations present a risk in our ability to admit patients, impacts on existing patient care and raises a potential risk of having to send patients out of area due to the environment.	Quality Safety (1-5)	6	4	3	Jane Robb
1734v.2	Reduced capacity within the NTW and TEWV footprint due to the closure of Newberry and suspension of admissions to TEWV SEDU and LSU Units. This has resulted in increased pressure to admit to the Ferndene site from NHSE. This could result in NTW young people being admitted out of the NTW area which potentially could impact on their experience, mental health and also their length of hospital stay	Quality Safety (1-5)	16	4	4	Ian Twizell
1735v.2	No dedicated Consultant Psychiatrist time in to ICTS in Newcastle and Gateshead. The team were receiving 2 PAs from CYPS consultants but this	Quality Effectiveness (6-10)	12	4	3	Lisa Rippon

	<p>has been withdrawn due to long term sickness within the CYPS service. As a result Newcastle and Gateshead ICTS are unable to provide consultant psychiatry input in to care and treatment other than from the on call/duty psychiatry rota. The impact of this may be that a young person may not get a full MDT approach to care and treatment. This could impact on patient experience and effectiveness.</p>					
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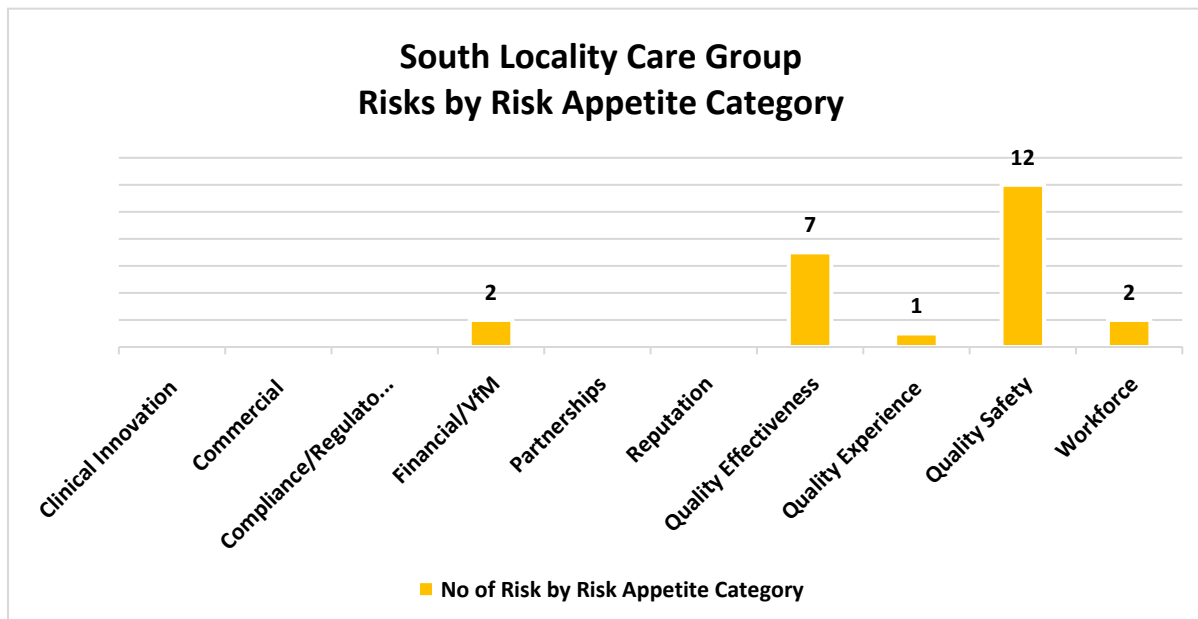
2.2.5 Access North CBU

Access North CBU is currently holding 3 risks – 1 is within risk appetite and 2 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1701v.6	<p>Environments in both Greenacres and Sextant House are not fit for purpose and pose a number of safety for both Service Users and staff. No high risk rooms or anti barricade doors. Inadequate staff attack system and CCTV. Greenacres require controlled access point to Interview rooms. Windows require strengthening.</p>	Quality Safety (1-5)	16	4	4	Rebecca Campbell
1738v.1	Pressure being experienced with regard to staffing levels within NRTP Partnership	Quality Effectiveness (6-10)	16	4	4	Rebecca Campbell

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2.3 South Locality Care Group



In total as at October 2019 the South Locality Care Group hold 24 risks, 2 risks lower than the risk appetite, 9 risks within the risk appetite and 13 risks which have exceeded 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 10 risks on the South Corporate Group risk register – 2 Risks below the risk appetite, 1 risk within the risk appetite and 7 risks that that 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
1084v.19	The Personality Disorder Hub team are based at Benfield House at Walkergate Park and have been allocated desk space for up to 8 people. At present the room is being used by up to 23 members of the team. Stress risk assessment carried out by the team demonstrate that the accomodation is not a conducive environment (cramped space and lack of privacy) which could result in high levels of staff sickness.	Quality Safety (1-5)	6	2	3	Sarah Rushbrooke
1160v.7	There are pressures on staffing due to vacancies particularly in CYPS, MH, RGN's WGP which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	9	Sarah Rushbrooke

1288.v13	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 (1-5)	16	4	4	Sarah Rushbrooke
1397v.19	Gibside ward currently unable to open windows within bedroom areas due to the ward being a former forensic ward. Windows are fixed closed units. This is impacting on the patients experience of the environment. Issues raised by patients within the community meeting.	Quality Safety (1-5)	16	4	4	Sarah Rushbrooke
1497.v12	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality Group	Quality Experience (6-10)	16	4	4	Sarah Rushbrooke
1670.v4	Year on Year increasing demand has led to significant numbers of children and young people waiting for treatment.	Quality Safety (1-5)	12	4	3	Sarah Rushbrooke
857v.15	Internal doors have been identified as a potential ligature risk following incidents across the Group.	Quality Safety (1-5)	10	2	5	Sarah Rushbrooke

2.3.1 South Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 14 risks.

2.3.2 Community South CBU

Community South CBU is currently holding 1 risk which is within the risk appetite.

2.3.3 Inpatient South CBU

Inpatient South CBU is currently holding 4 risks, 1 risk is within the risk appetite and 3 risks are exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1388v.13	Trust sites smoke free; risks with service users secreting cigarettes and lighters, smoking in bedrooms and on site. Increase of fire risks on some wards.	Quality Safety (1-5)	12	3	4	Denise Pickersgill

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	Related incidents of aggression when service users are asked not to smoke Service users leaving the ward more regularly to have cigarettes; at times staff encountering difficulty adhering to access, egress and engagement policy - potential risk to service users					
1601.v8	Capacity issues in SALT mean that communication assessments are no longer able to be picked up by the team. Dysphagia referrals and assessment are prioritised but the response times to referrals can fall below standard Dysphagia training is mandatory for all clinical staff and there is also a capacity issue associated with this. Unable to recruit in to the 0.5 post at Rose Lodge.	Quality Safety (1-5)	8	4	2	Denise Pickersgill
1720v.4	Risk of increased bed pressures within the South adult pathway. (Acute and Rehabilitation) as a result of bed reductions in the Northumberland and Central Localities. Risk of an increase in admissions from other localities and over spill in to other pathways such as PICU and Older Persons.	Quality Effectiveness (6-10)	12	4	3	Denise Pickersgill

2.3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 9 risks, 6 risks are within the risk appetite and 3 risks are exceeding the risk appetite. Information in relation to these risks is given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1432v.3	Inability to source a lone worker device for deaf support worker. Usual processes for escalation can not be followed, company unable to provide and alternative solution.	Quality Safety (1-5)	6	3	2	Elaine Fletcher

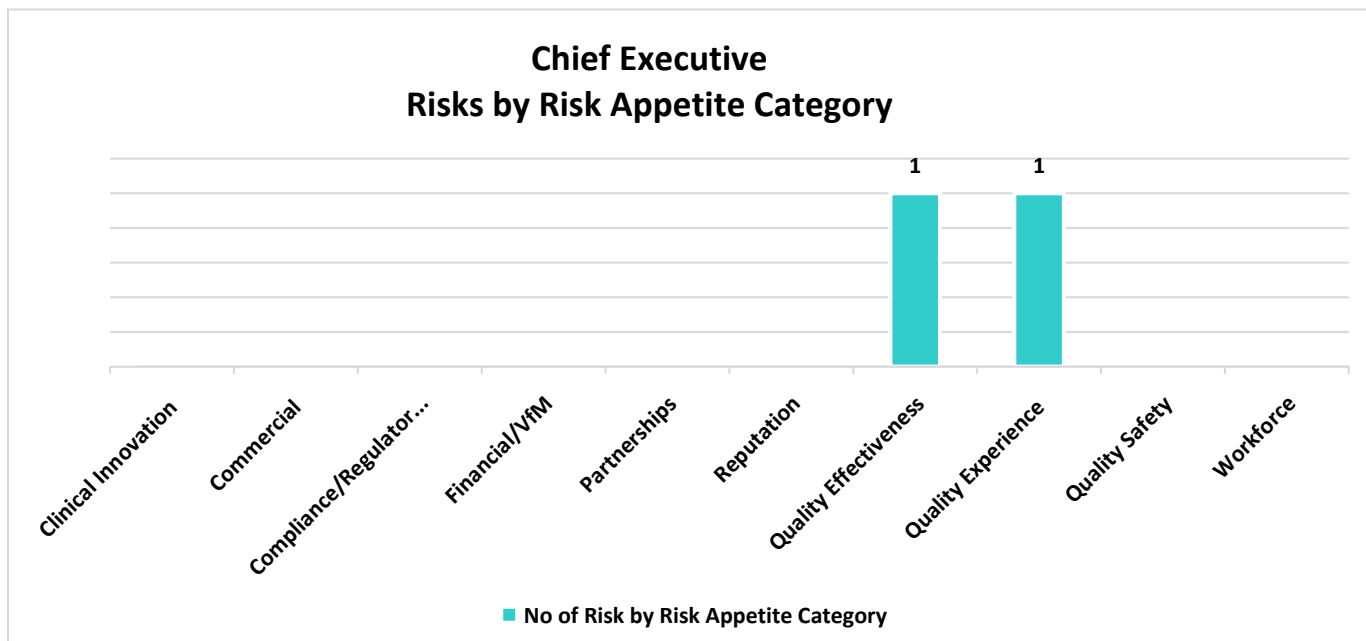
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1641v.6	Community Acquired Brain Injury Service (CABIS) - CCG have given the Trust notice of reduced funding for 2018/19 resulting in a revision of the service.	Quality Safety (1-5)	12	3	4	Elaine Fletcher
1660v.13	Benfield House houses several services with varying needs and at times insufficient space to provide quality experience for patients. This can impact the therapeutic alliance between patients and clinicians where there is a lack of space and privacy to engage and concentrate during therapeutic conversations. This can increase the likelihood of mistakes being made it can also change the risk signature of some patients which can directly impact on their safety.	Quality Safety (1-5)	15	5	3	Elaine Fletcher

2.3.5 Access South CBU

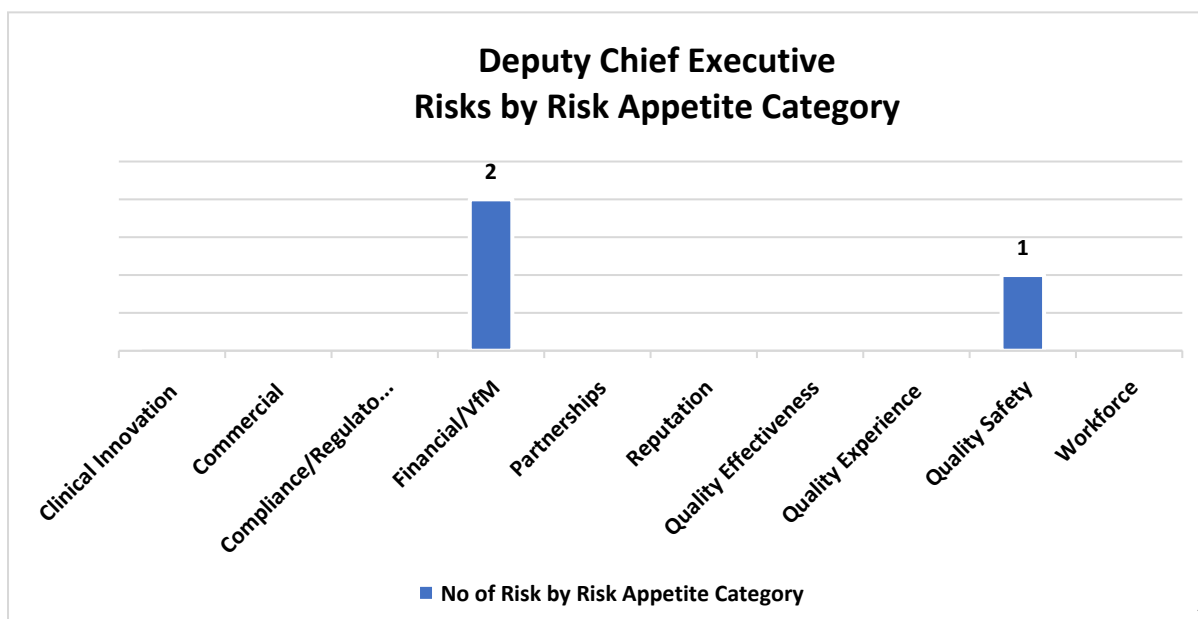
Access South CBU has 0 risks.

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3. Executive Corporate.



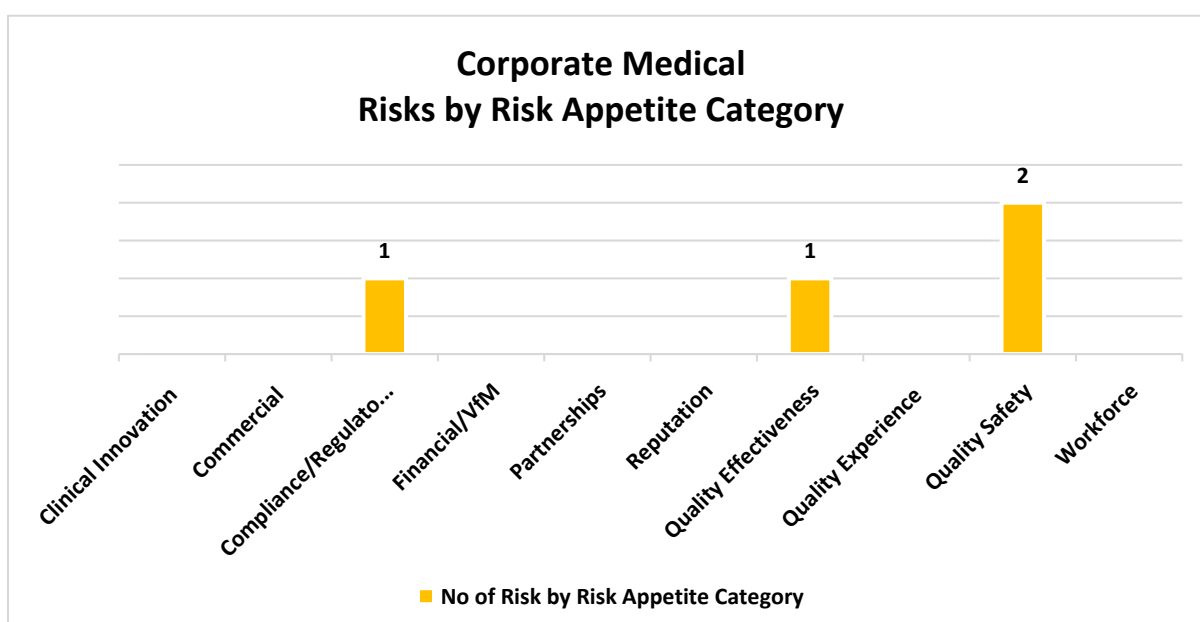
The Chief Executive as at October 2019 hold 2 risks, both risks are within the risk appetite. No risks have exceeded a risk appetite. All risks are being managed within the Chief Executive’s Office and no requests to escalate to BAF/CRR have been received.



The Deputy Chief Executive as at October 2019 holds 3 risks, 1 risk lower than the risk appetite, 1 risk within the risk appetite and 1 risk which have exceeded a risk appetite. All risks are being managed within the Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

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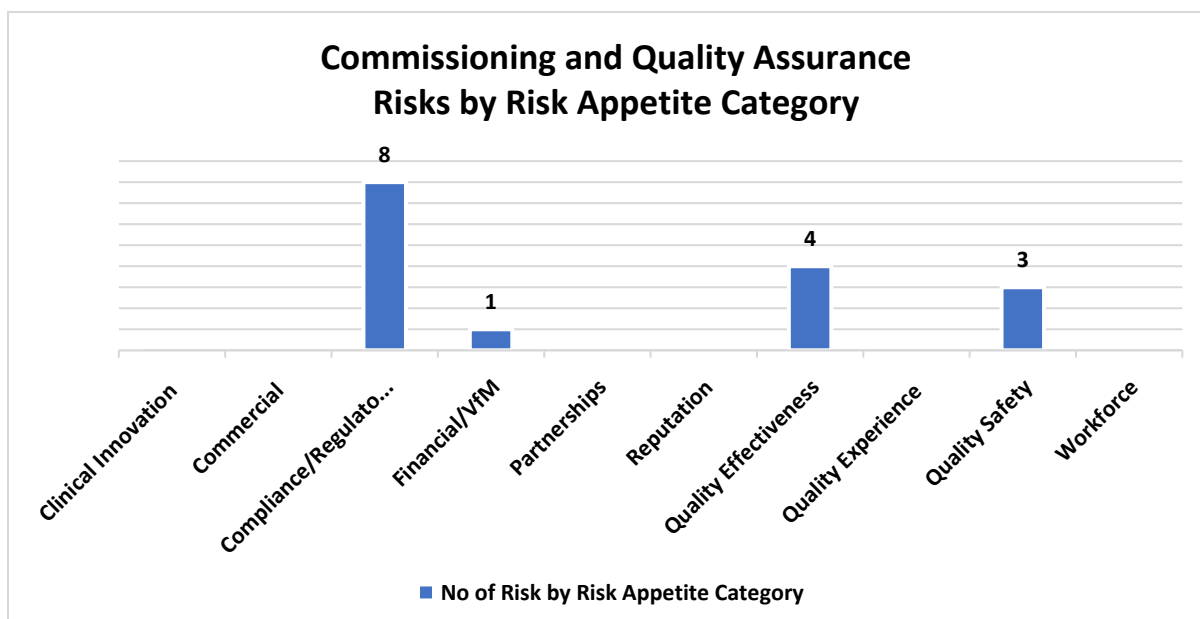
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1506.v6	That there is lack of investment in backlog maintenance of buildings, leading to health and safety risks and risks of non-compliance with regulatory requirements and not meeting essential accommodation standards.	Quality Safety (1-5)	9	3	3	James Duncan



The Executive Medical Director as at October 2019 holds 4 risks, 1 risk within the risk appetite and 3 risks which have exceeded a risk appetite. All risks are being managed within the Medical 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
1205 v 7	Occasional delays seen by CQC allocation of SOADs. This delay has an impact when consultants need a second opinion if they want to provide ECT treatment as part of a treatment pathway. This has left patients in acute wards without treatment and has been highlighted in a SI review. History Concerns raised in relation to SOAD allocation raised by Psychiatric Liaison Team in Sunderland and	Quality Safety (1-5)	9	3	3	Rajesh Nadkarni

	added to their service line risk register. Discussed at DMG 28/11/2016 and 23/1/2017. Escalated to the DMG Risk Register. All risks scored initially uploaded onto Safeguard as per the PLT scores.					
1651 v 17	The Falsified Medicines Directive is due to come in to effect in Feb 19. There is a risk the Trust will not be able to meet these requirements. Meeting the directive will require additional funding for hardware and software as well as support from IT for implementation.	Compliance/ Regulator (6-10)	15	5	3	Timothy Donaldson
500 v 19	Reliant on paper systems increasing risk of prescribing and admin errors.	Quality Safety (1-5)	9	3	3	Claire Thomas



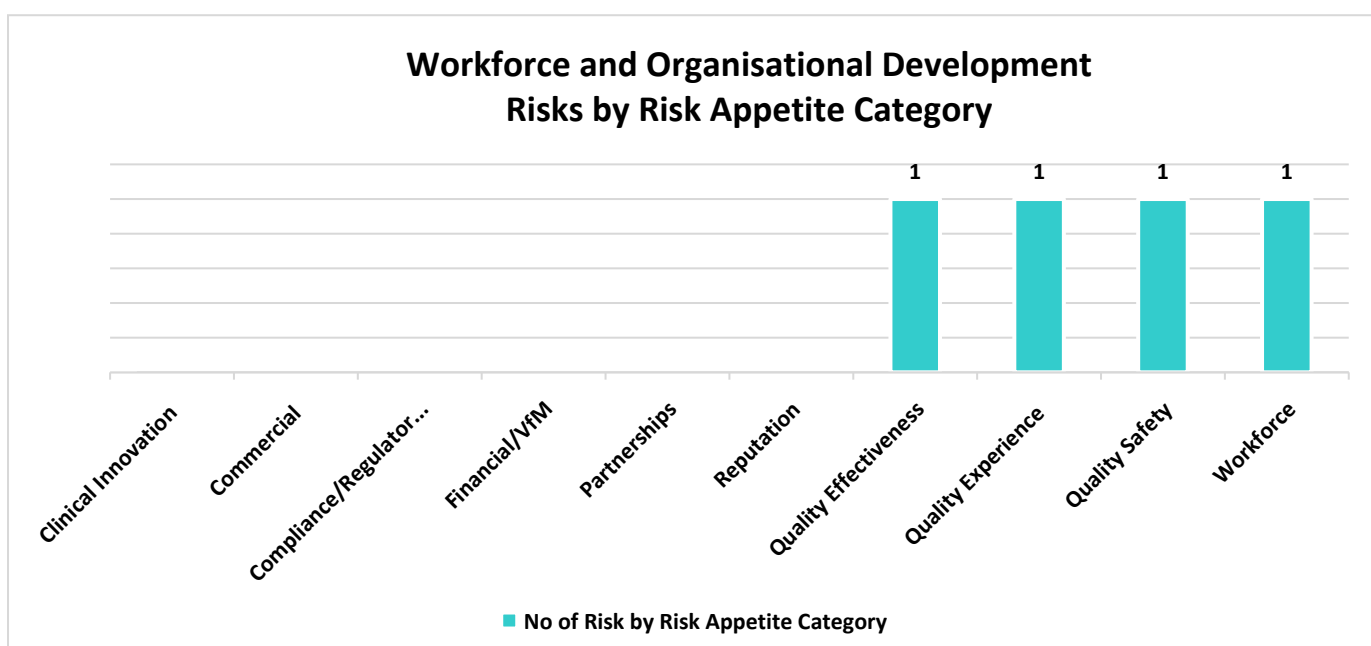
The Executive Director of Commissioning and Quality Assurance as at October 2019 holds 16 risks, 9 risks within the risk appetite and 7 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	L	Owner
1172v.15	Increased risk of security threats coupled with increasing type and range of device access to the	Compliance/ Regulatory (6-10)	12	4	3 Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	network linked to technology developments increasing attack vectors and increased sophistication of exploits.					
1576v.8	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations	Compliance/Regulatory (6-10)	15	5	3	Jon Gair
1636v.10	That we do not further develop integrated information systems across partner organisations.	Quality Safety (1-5)	8	4	2	Darren McKenna
1637v.13	That we misreport compliance and quality standards through data quality errors.	Compliance/Regulatory	12	4	3	Lisa Quinn
1655v.13	GDPR - Subject Access Requests: There is a risk of non-compliance with the reduced time frame The volume of requests for access to information (staff and service users) is likely to rise by 25-40% % and there are current pressures on this process	Compliance/Regulatory (6-10)	12	4	3	Angela Fail
1664v.13	SLAM system fails to work. The system needs updating to the latest version and currently this is not possible as the server does not have capacity to allow the latest update. As a consequence of not being on the latest version of SLAM, the manufacturer will not support the current system. SLAM is a stand alone system which is used to monitor contract activity and income from commissioners	Compliance/Regulatory (6-10)	12	4	3	Lesley Willoughby
1719v.4	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	Compliance/Regulatory (6-10)	12	4	3	Jon Gair

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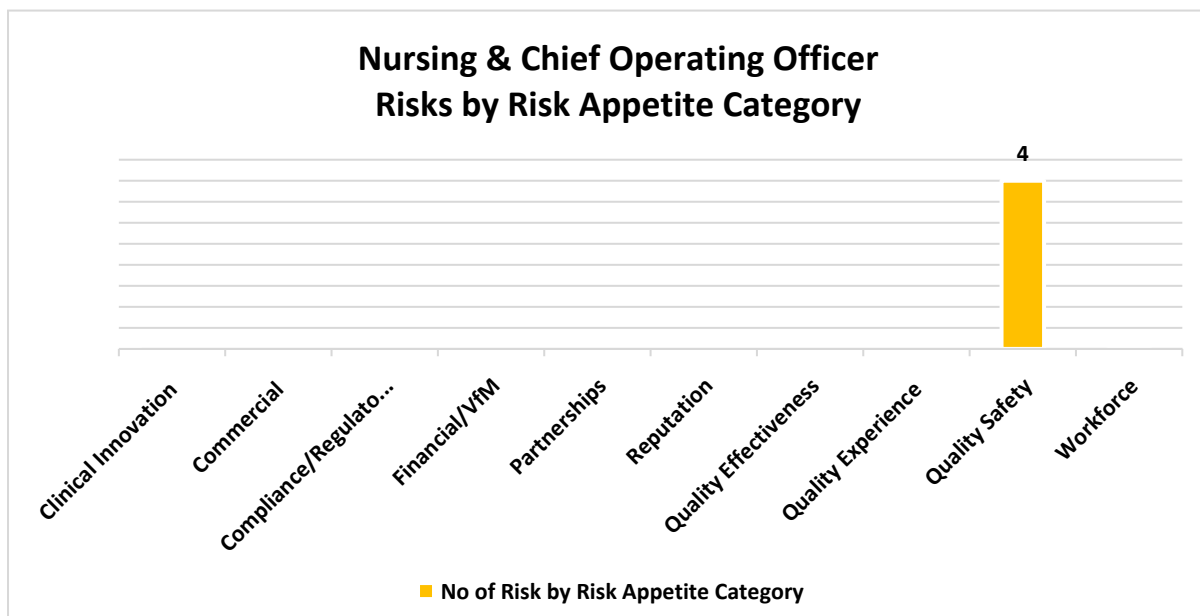
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server and SQL database, currently running Sharepoint service for Informatics staff.					



The Executive Director of Workforce and Organisational Development as at October 2019 holds 4 risks. 1 risk lower than the risk appetite, 1 risk is within the risk appetite and 2 risks which breach the risk appetite. No risks to escalate to the BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1626v.4	Due to weakness in the current self-declaration process there are high numbers of outstanding DBS and self-declarations which could result in failure to comply with internal standards.	Quality Safety (1-5)	9	3	3	Lynne Shaw
1715v.2	Sickness absence continues to remain above trust target of 5%. Reduced staff available	Quality Experience (6-10)	12	3	4	Michelle Evans

	resulting in increased use of temporary staff having both impact on quality of consistency in care and financial impact					
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The Nursing & Chief Operating Officer as at October 2019 holds 4 risks which exceed the risk appetite. All risks are being managed within Nursing & Chief Operating Officer Directorate and there has 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
1220v.15	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	Gary O'Hare
1611v.12	Due to increasing demand there is a need for increased numbers of dysphagia Qualified SALTs which could impact on patient safety and our ability to provide specialist care.	Quality Safety (1-5)	15	5	3	Gary O'Hare

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
576v.13	The provision of safe and effective care within inpatient wards on non NTW sites (Tranwell/Hadrian) is compromised due to the location of the facilities resulting in little direct control over environmental and safety issues eg clinical layout, two storey buildings, appropriate/ timely maintenance.	Quality Safety (1-5)	15	5	3	Gary O'Hare
628v.12	Risk of fire resulting from service user smoking in contravention of the Trustwide Smoke Free Policy resulting in damage to buildings and/or loss of life.	Quality Safety (1-5)	10	5	2	Gary O'Hare

3. Emerging Risks

There are no emerging risks.

Lindsay Hamberg
Risk Management Lead
October 2019

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 6th November 2019

Title and Author of Paper:

Quarter 2 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Dave Rycroft, Deputy Director of Finance & Business Development

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy).
2. Finance templates are submitted to NHS Improvement on a monthly basis. The Trust's Use of Resources rating is a 3 at Q2.
3. From October 2016, NHSI have required a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q2 the Trust is reporting it will achieve its year-end control total so this statement is not required.
4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 2 of 2019/20.
5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 2 of 2019/20.
6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 2 of 2019/20 has been included within the report.

Risks Highlighted to Board: None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which are approved by the Director of Finance/Deputy Chief Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly

basis during the year.

To note the Quarter 2 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

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BOARD OF DIRECTORS

6th November 2019

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 2 2019-20

BACKGROUND

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

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 2 of 2019-20 as segment 1 – maximum autonomy.

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

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

Key Financial Targets & Issues

A summary of delivery at Month 6 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			Year End		
	Plan	Actual	Variance/ Rating	Plan	Forecast	Variance/ Rating
Monitor Risk Rating	3	3	Amber	2	2	Yellow
I&E – Surplus /(Deficit)	(£1.1m)	£1.6m	£2.7m	£2.6m	£2.6m	£0.0m
FDP - Efficiency Target	£4.1m	£4.1m	£0.0m	£10.4m	£10.4m	£0.0m
Agency Ceiling	£4.0m	£3.8m	(£0.2m)	£7.9m	£7.3m	(£0.6m)
Cash	£14.6m	£25.7m	(£11.1m)	£18.4m	£18.4m	£0.0m
Capital Spend	£6.2m	£5.2m	(£1.0m)	£12.4m	£12.4m	£0.0m
Asset Sales	£0.0m	£0.1m	£0.1m	£2.6m	£2.6m	£0.0m

Risk Rating

Risk Ratings	Weight	Year to Date		Year-End	
		Plan	Risk Rating	Plan	Risk Rating
Capital Service Capacity	20%	4	4	3	3
Liquidity	20%	1	1	1	1
I&E Margin	20%	3	2	2	2
Variance from Control Total	20%	1	1	1	1
Agency Ceiling	20%	1	1	1	1
Overall Rating		3	3	2	2

From October 2016, NHSI have required a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 2 2019-20. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	M4	M5	M6
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	3,919	3,909	3,895
Total non-medical - non-clinical substantive staff	1,587	1,596	1,601
Total medical and dental substantive staff	344	346	359
Total WTE substantive staff	5,850	5,851	5,855
Bank staff	266	275	279
Agency staff (including, agency and contract)	215	210	211
Total WTE all staff	6,331	6,336	6,345

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 2 2019-20.

Staff Group	July	Aug	Sept
	1/7 - 29/7	5/8 - 26/8	2/9 - 30/9
Medical	160	93	100
Nursing	25	20	25
TOTAL	185	113	125

At the end of September, the Trust was paying 4 medical staff above price caps (1 consultant, 1 associate specialist, and 2 speciality doctors).

At the end of September, the top 10 highest paid agency staff were all medics (8 consultants, 1 specialty doctor & 1 associate specialist). There were no agency consultants being paid over £100/hour.

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	9 to 10 years	5 to 6 years	3 to 4 years	2 to 3 years
Consultant	1		3	1
Associate Specialist				1
Speciality Doctor		1		
AHP			1	
Qualified Nurses				2

GOVERNANCE

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

Board & Governor Changes Q4 2018-2019

Board of Directors:

- Outgoing Non-Executive Director, Miriam Harte – 31 March 2019
- Incoming Non-Executive Director, David Arthur – 14 January 2019
- Incoming Non-Executive Director, Michael Robinson – 16 January 2019

Council of Governors:

- Outgoing Governor – as at 28 February 2019
Service User Governor, Older People's Services – Marian Moore

Present vacancies

Carer Governor (Adult Services)
Service User Governor (Older People's Services)

Never Events

There were no never events reported in Quarter 3 2018 - 2019 as per the DH guidance document.

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Adverse national press attention Q2 2019-20

Media Report (July - September)

July

'Teen death could have been foreseen' – Report in the Northern Echo about the case of Taylor Williams who died at Aycliffe children's home and was being supported by the Trust's forensic mental health team.

August

No adverse media

September

No adverse media

Other items for consideration

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

Weekly

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

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

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

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
October 2019

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Board of Directors Meeting

Meeting Date: 6 November 2019
Title and Author of Paper: Corporate Decisions Team Terms of Reference Annual Review 2019 Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Executive Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Paper for Debate, Decision or Information: Decision
Key Points to Note: <ul style="list-style-type: none">The Corporate Decisions Team meeting Terms of Reference was reviewed on the 7 May 2019 at the Corporate Decisions Team meeting.
Risks Highlighted to Board : No additional risks.
Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No : Yes If Yes please outline Assurance in relation to Corporate Governance.
Equal Opportunities, Legal and Other Implications: None
Outcome Required: Approval of the Terms of Reference for the Corporate Decisions Team Meeting
Link to Policies and Strategies: Corporate Governance and Annual Governance Statement

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Terms of Reference

Committee/Group Name: Corporate Decisions Team (CDT)

Committee/Group Type: Decision Making

Timing & Frequency: CDT Business Meeting second Monday of month (moving to third Monday of each month from July 2019)

Personal Assistant to Committee/Group: Administration Officer, Chief Executive's Office

Reporting Arrangements: Minutes to Trust Board

Membership:

Chair: Chief Executive

Deputy Chair: Nominated Executive Director

Members:

- Executive Directors (5)
- Locality Group Directors (9) – will become 12 with the inclusion of North Cumbria Locality Group Directors
- Group Nurse Director of Safer Care
- Group Medical Director of Safer Care
- Director of R and D, Innovation and Clinical Effectiveness
- Managing Director of NTW Solutions
- Clinical Director of AHP and Psychological Services
- Chief Pharmacist
- Director of Medical Education*
- Director of Informatics
- Chief Clinical Information Officer*
- Director of Transformations, NTW Innovations

In Attendance: *Full members but open to attend as Agenda dictates

Deputy Director, Corporate Relations and Communications

Quorum: Chair, Deputy Chair, 2 Executive Directors, 1 representative from each group

Deputies: By agreement with the Chief Executive

Purpose:

The Corporate Decisions Team is responsible for:

- Supporting the Board of Directors in the development of the Trust's Strategy, supporting Strategies and Operational Plans.
- The co-ordination, oversight and delivery of the Trust's Strategy, supporting Strategies and Operational Plans and for managing the risks associated with the delivery of these through the implementation of the Trust's risk and control framework – monitored through CDT- Risk with minutes to CDT.
- Making decisions according to the authority delegated to the Corporate Decisions Team, as agreed within the Decision Making Framework, or where appropriate making recommendations to the Board of Directors in line with the Trust's vision, values and Strategic Ambitions.
- Ensuring that effective arrangements are in place to develop and manage partnerships and stakeholder relationships and engagement.
- Ensuring that the needs of service users and carers are paramount and inform all discussions and decisions of the CDT.
- Sharing good practice, promoting improvement and ensuring CDT members are aware of policy, national guidance and local developments.
- To oversee and secure the trust's influence and involvement at neighbourhood, Local Authority, ICP and ICS system-level working in the best interests of our service users and carers, and local people more generally.

Authority:

To act on behalf of the Board making decisions, according to the authority delegated within the Decision Making Framework, or where appropriate to recommend decisions to the Board of Directors in line with the Trust's vision, values and Strategic Ambitions.

Deliverables:**Strategy, Planning and Partnerships**

- Collective understanding of strategic challenges, opportunities and agreement on actions.
- Development of draft Operational Plans, including Financial, Workforce and Estates and Facilities Plans, on behalf of the Board of Directors, with recommendations for consideration by the Board of Directors - monitored through CDT- Business with minutes to CDT.
- Horizon Scanning and Intelligence, including national/local policy developments and operational/strategic partnerships, their impact on the Trust and its services, strategic and operational risks and mitigations.

Standards and Assurance

- Oversight of the delivery of the Trust's Strategy, key supporting Strategies, Operational Plans and Financial, Workforce and Estates and Facilities Plans, including action plans, risks and mitigation, reporting to the Board as appropriate – monitored through formal sub groups of CDT with minutes received routinely

- Oversight of Trust standards and assurance (including Patient Safety, Integrated Commissioning and Assurance Reports and Service User and Staff experience), action plans, risks and mitigations, reporting to the Board as appropriate - monitored through CDT- Quality with minutes to CDT.
- Oversight of Board Assurance Framework, Corporate Risk Register and Group/Directorate Risk Registers with assurance provided to the Board sub Committees and Board of Directors with regard to risks and mitigations - monitored through CDT- Risk with minutes to CDT.

Communication, Engagement and Involvement

- Agreement regarding key messages, communication, involvement and engagement programmes including those with staff (e.g. Speak Easy) and key stakeholders.

Decision Making

- Decision making, in line with the authority delegated to the Corporate Decisions Team within the Decision Making Framework, where appropriate making recommendations to the Board of Directors in respect of decisions reserved to the Board.

Monthly Development Session

- “Deep dives” into key strategic issues with the attendees to include other staff (e.g. at CBU level and Deputies plus “Heads of” from Corporate functions) to participate and promote collective leadership.
- Each meeting will set aside time to focus on a key development, policy change or other key topic area ensuring messages/improvement activity and good practice is shared (this time at each meeting is open to wider Business Delivery Group members)

Sub Groups:

Business Delivery Group
 Business Delivery Group - Safety
 CDT- Quality
 CDT - Workforce
 CDT- Risk
 CDT - Business
 CQC Quality Compliance Group
 Learning and Improving Group

Review:

Date of Last Review: May 2019

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