

Board of Directors Meeting (Public)

04 December 2019, 13:30 to 15:30
The Board Room, St Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT

Agenda

1. **Service User/Carer Experience**
2. **Apologies**

Verbal/Information
Ken Jarrold, Chairman
3. **Declarations of Interest**

Verbal/Information
Ken Jarrold, Chairman
4. **Minutes of the previous meeting held Wednesday, 6 November 2019**

Decision
Ken Jarrold, Chairman
-  item 04. BoD mins 06.11.19 public.pdf (12 pages)
5. **Action list and matters arising not included on the agenda**

Discussion
Ken Jarrold, Chairman
-  Item 05. BoD Action Log as at 4.12.19.pdf (2 pages)
6. **Chairman's Remarks**

Verbal/Information
Ken Jarrold, Chairman
7. **Chief Executive's Report**

Information
John Lawlor, Chief Executive
-  item 07a. CEO Report Dec 19.pdf (6 pages)
-  item 07b. CEO Report Dec 19 Appendix.pdf (2 pages)
- Quality, Clinical and Patient Issues**
8. **Commissioning and Quality Assurance Report (Month 7)**

Decision
Lisa Quinn, Executive Director of Commissioning and Quality Assurance and James Durcan, Deputy Chief Executive / Executive Director of Finance
-  item 08. Commissioning and Quality Assurance Report.pdf (9 pages)
9. **Safer Staffing Levels Update**

Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
-  item 09. Safer Staffing Levels Quarterly Update.pdf (14 pages)

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Workforce

10. Workforce Directorate Quarterly update

Discussion

Lynne Shaw, Acting Executive Director
of Workforce and Organisational
Development



item 10. Quarterly Workforce Report.pdf

(6 pages)

11. Workforce Strategic Planning Update

Discussion

Lynne Shaw, Acting Executive Director
of Workforce and Organisational
Development



item 11. Strategic Workforce Planning Update.pdf

(3 pages)

Strategy and Policy

12. Equality and Diversity Strategy update

Discussion

Lynne Shaw, Acting Executive Director
of Workforce and Organisational
Development



item 12. E+D Strategy Update.pdf

(6 pages)

Regulatory

13. Charity Annual Report and Accounts 2018/19 for Approval

Decision

Les Boobis, Non-Executive Director /
Chair of the Charitable Funds
Committee and James Duncan, Deputy
Chief Executive / Executive Director of
Finance



item 13a. Charity Annual Report and Accounts
2018-19.pdf

(1 pages)



item 13b. Charity Annual Report and Accounts
2018-19.pdf

(37 pages)

14. Treasury Policy for Approval

Decision

James Duncan, Deputy Chief Executive
/ Executive Director of Finance



item 14. Treasury Policy Nov 19.pdf

(17 pages)

Minutes/Papers for Information

15. Committee updates

Verbal/Information

Non-Executive Directors

16. Council of Governors' Issues

Verbal/Information

Ken Jarrold, Chairman

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17. Any other Business

Ken Jarrold, Chairman

18. Questions from the Public

Discussion

Ken Jarrold, Chairman

Date, time and place of next meeting:

19. Wednesday, 5 February 2020, 1:30 pm to 3:30 pm, Room 1 & 2,
Ferndene.

Information

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**Minutes of the meeting of the Board of Directors held in public
Held on 6 November 2019, 1.30pm – 3.30pm
In Boardroom, St Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT**

Present:

Ken Jarrold, Chairman
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, Acting Executive Director of Workforce and Organisational Development

In attendance:

Neil Cockling, Chaplaincy Team Leader/Freedom to Speak up Guardian (*for item 13 only*)
Allan Fairlamb, Head of Commissioning and Quality Assurance (*deputising for Lisa Quinn, Executive Director of Commissioning and Quality Assurance*)
Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Fiona Regan, Carer Governor for Learning Disabilities (observer)
Damian Robinson, Group Director for Safer Care (*item 11 only*)

1. Service User/Carer Experience

A special welcome was extended to a service user who was in attendance to share his personal journey from his admission to the Royal Victoria Infirmary, his transfer to, and stay in, Walkergate Park Hospital, through to discharge home. He shared with the Board the positive aspects of his journey including the care and dedication of the staff in Walkergate Park, and suggested areas for improvement in terms of use of facilities and how to enhance further patient centred approaches to care.

Ken Jarrold thanked him for sharing his story and Gary O'Hare suggested that he continues to share his experience and work with the Walkergate Park Service User Forum to help improve services moving forward.

2. Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance. Apologies had been received from David Arthur, Non-Executive Director and Lisa Quinn, Executive Director of Commissioning and Quality Assurance.

3. Declarations of Interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 2nd October 2019

The minutes of the meeting held on 2nd October 2019 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 2nd October 2019 were agreed as an accurate record**

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

With regard to action 04.09.19 (13) John Lawlor confirmed that following discussions at regional level, issues relating to drug related deaths and drug and alcohol services will be incorporated into the ICS Mental Health Workstream. It was agreed the action could be closed.

With regard to action 07.08.19 (19) Gary O'Hare asked that the Safer Staffing Levels revised paper be submitted to the December meeting of the Board.

With regard to action 04.09.19 (15), the Long Term Plan submission had been submitted to the closed meeting of the November Board. It was agreed the action could be closed.

6. Chairman's remarks

Ken Jarrold had no specific updates for the Board.

7. Chief Executive's report

John Lawlor presented his report and provided an update following the transfer of mental health and learning disability services from CPFT on 1st October. He acknowledged the hard work and dedication of the teams involved in the transfer despite some outstanding IT issues which remained. Despite this, the services were continuing to deliver high quality care across the patch.

43% of the workforce had completed the staff survey to date, an increase of 10% since writing the report. The survey closes at the end of November and teams continue to be encouraged to provide open and honest feedback.

John made reference to the Investors in People (IIP) Standard detailed in the body of the report and noted that the Trust had held IIP accreditation since 2010 and following re-assessment in September 2019, continued to maintain the IIP 'developed' standard. Although the full report highlighted many strengths in terms of management and leadership within the Trust some recommendations were made to improve this even further.

Ken Jarrold congratulated the teams and requested that the recommendations and associated actions be submitted to a future Board meeting for information and discussion.

John referred to the first Transcultural CPD Event which was held on 24 October 2019 and which provided an opportunity to discuss the extent to which the Trust supports staff networks and leaders to be the best they can be. The event was aimed at improving understanding of how culture, race, gender, and allied factors affect the presentation of patients, their outcomes and how they underpin practice for professionals. The event was attended by Northamptonshire NHS Foundation Trust who have undertaken exceptional work relating to the equality and diversity agenda and the Trust have made a link to learn from this going forward.

The Trust has continued to work with colleagues within the North East and North Cumbria ICS to develop its strategy for the implementation of the NHS Long Term Plan over the next five years. As part of this work, the Trust has started to develop its detailed long term plan. Final planning documents are due to be submitted to NHS England/NHS Improvement by the end of March 2020.

John referred to the ICS's ambition to be "England's Greenest Region" and briefed the Board on the work stream to support this led by Dame Jackie Daniel, Chief Executive of the Newcastle Upon Tyne Hospitals NHS Foundation Trust. CNTW is fully engaged in the development of this work and further updates will be brought to the Board in the coming months.

With regard to changes in the North Cumbria Health and Care leadership arrangements, John noted Stephen Eames, Chief Executive of CPFT, NCUH and the newly formed NCIC, would be taking 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. The Board congratulated Stephen on his new opportunity and wished him well for the future.

John referred to the CQC Annual Report on the NHS and Social Care which provided detail on trends in quality, sharing examples of good practice and highlighting key areas for improvement. John noted that the report highlights particular concerns around quality of inpatient mental health and learning disability services leading to the range of ongoing independent reviews commissioned across the country.

Resolved:

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

Action:

- **The recommendations and associated actions following the Investors in People Standard assessment to be submitted to a future Board meeting**

Quality, Clinical and Patient Issues

8. Service User and Carer Experience Report (Q2 – including proposed new format)

Allan Fairlamb presented the report and made reference to the new format for future reports which was supported by James Duncan as a good concise and readable document. Allan reported the overall Friends and Family Test recommend score for quarter 2 as 89% in comparison with 88% for quarter 1 and 87% in quarter 4 for 2018/19. Allan reported a lower volume of responses for the quarter. It was noted that there had been a reduction in resource within the team during June/July which may have impacted on the ability to input data into the system.

A total of 65 services received recommend scores of 100% in the period, accounting for 26% of the responses received and older people services tend to report higher satisfaction rates. Allan noted a higher number of response rates in the South locality and advised that an action plan was in place to increase response rates for the North locality.

It is envisaged that a change to the Friends and Family Test question will be implemented from 1st April 2020 to focus on experience of service provision. This will include six new response options linked to the type of setting in which care has been provided.

With regard to some questions not being responded to, as Chair of the Quality and Performance Committee, Alexis Cleveland noted that the Committee has been exploring this including the Committee's approach to deep dives where necessary.

Peter Studd queried why scores remained low in comparison to other Trusts. John Lawlor advised that the benchmarking includes Trusts which provide a limited range of mental health services i.e., Gateshead NHSFT and Northumbria Healthcare NHSFT, but with the caveat of the Trust still needing to address issues which have been identified through the feedback. James Duncan queried the value of this and suggested a discussion with the Service User and Carer Reference Group to inform any action planning.

Allan advised the Board that there remained 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.

Fiona Regan made reference to page 12 of the report and the low number of responses from people with a Learning Disability and/or Autism. John confirmed that the services historically generated low response rates and agreed that further discussions were needed to think about different approaches to seeking feedback.

Resolved:

- **The Board received the Service User and Carer Experience Report for Quarter 2 and welcomed the new format for future reporting**

9. Commissioning and Quality Assurance Report (Month 6)

Allan Fairlamb presented the report for month 6 which provided an update on issues arising in the month and progress against quality standards. Allan noted that as the report covers pre-October activity, it did not include North Cumbria services, with the exception of training figures.

It was noted that the number of people waiting more than 18 weeks to access services had decreased this month in non-specialised adult services but increased within children's community services in Newcastle / Gateshead.

The confirmed August 2019 sickness figure for the Trust was 5.5% with the provisional figure for September 2019 as 5.75%. The 12 month rolling average sickness rate had decreased to 5.65% in the month.

The Board noted six Mental Health Act reviewer visit reports received during the period and Allan emphasised the need to focus on the number of actions unresolved from previous visits.

Allan stated that the Trust did not meet the CCG's contract requirement for the number of people entering treatment for Sunderland IAPT for September, however Sunderland IAPT service users moving to recovery rate was 55.8%, above the 50% standard.

Training rates continued to see most courses above the required standard. PMVA Basic Training was more than 5% below the required standard. Lynne Shaw suggested that the low compliance rates in some areas were attributed to data recording and mapping issues following the transfer of staff from North Cumbria services and work was ongoing to rectify this. Compliance for corporate services also remained low but there was a commitment to increase compliance levels by the end of November.

Of the nine CQUIN schemes, Allan advised that two had been identified as partly achieved with one forecasted not to be achieved due to changes in national guidance.

With regard to finance, as at Month 6, James Duncan confirmed a surplus of £1.6m, £2.7m ahead of plan. The forecast surplus was £2.6m which included £2.6m of Provider Sustainability Funding (PSF) which remained in line with the Trusts control total. Agency spend was £3.8m which was £0.6m above Trust planned spend and £0.2m below the trajectory of our NHSI allocated agency ceiling of £7.9m.

John Lawlor advised that although the report suggested that the Trust were continuing to perform well on issues of quality, care and finance, performance should be seen in the context of the significant levels of pressure within the system. John referred to recent visits to services and observing high levels of stress and pressure on the workforce. John also referred to the quarter 2 Accountability Framework meetings for the four localities to hear about the challenges faced by teams within the organisation. The Executive Team are exploring further ways to support staff and their health and wellbeing.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for Month 6**

10. Guardian of Safe Working Hours Report (Q2)

Rajesh Nadkarni referred to the quarter 2 report and made particular reference to the commencement of training for 20 additional trainees from within the North Cumbria locality. As a result of the Trust adopting the Fatigue and Facilities Charter, the Trust was awarded £60k to improve the lives of junior doctors out of working hours. An update on implementation of the improvements will be provided in future reports.

Resolved:

- **The Board received and noted the Guardian of Safe Working Hours Report for quarter 2**

11. Safer Care Report (Q2)

Damian Robinson presented the report and noted an unprecedented increase in the number of serious incidents during quarter 4 2018/19 and quarter 1 2019/20 however a reduction has been noted in quarter 2. It was noted that there had been a number of resource pressures within the team which had resulted in some delays in commencing investigations and requests for extensions of the investigation timescale, 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 breaches is reducing and this was expected to continue as a result of recent recruitment.

With regard to positive and safe care, Damian advised Board members that discussions were taking place to roll-out the Positive and Safe Care Strategy and Talk 1st initiative in the North Cumbria locality.

Damian confirmed that there had been no statutory reportable infections during the period and noted that Trust's Flu campaign had been launched and would be included in the next report.

In terms of harm free care, there was an increase in the number of Pressure Ulcers in June and Damian reassured Board members that the high numbers related to eight patients.

The number of complaints received had increased slightly during quarter 2, reflecting the ease of access for raising issues via email. There have been no change in the themes of complaints, but Damian advised the Board that achieving timescales had been challenging due to the resourcing issues within the team. It was also noted that North Cumbria locality figures would be included from quarter 3.

John Lawlor referred to page 6 of the report and the forecast for a significant growth in restraint and seclusion and asked for some assurance regarding the reasons behind the forecasted increase. Damian suggested that the figures reflect

forecasted activity based on a small number of service users with complex needs. John referred to the national review of all Trusts providing mental health and learning disability services and suggested that the Board would benefit from further understanding of the forecast and analysis.

Gary O'Hare referred to a significant increase in the number of admissions to learning disability services during 2019/20 and the impact of the issues highlighted in independent sector services. Damian agreed to review the data and analysis relating to forecasted activity for restraint and seclusion for a future Board meeting.

Rajesh Nadkarni stated that discussions had taken place at CDT-Quality regarding the increase in use of mechanical restraint. Anthony Deery, Group Director for South Locality is leading a group to commence a 'deep dive'.

Fiona Regan suggested that while the report highlights the impact of the independent sector, it should be acknowledged that these patients have been subject to levels of mistreatment and as a Trust, CNTW should do everything it can to prevent such treatment in the future. Alexis Cleveland referred to the proactive work of the Talk 1st tool which aims to reduce the use of restraint and work with the service users on how they would like their care and treatment to be delivered.

Les Boobis referred to discussions regarding the increase in the use of restraint at the Quality and Performance Committee and a service user who requires restraint due to their complex needs twice daily. Gary O'Hare noted the challenges for clinical teams when delivering patient centred care and balancing the need to use restraint with transferring patients out of area away from their families and support systems. He also emphasised the Trust's approach in being open and transparent with service users and carers when making such decisions.

Resolved:

- **The Board received and noted the Safer Care Report for quarter 2**

Action:

- **Provide an analysis of the forecasted data relating to restraint and seclusion to a future Board meeting**

Workforce

12. Staff Friends and Family Report (Q2)

Lynne Shaw presented the quarter 2 report and noted that information relating to the North Cumbria locality will be provided in future reports.

Peter Studd referred to page 15 of the report and the free-text comments relating to the impact of automated messages on people who contact services and asked that this be explored further.

Resolved:

- **The Board received and noted the Staff Friends and Family Report for quarter 2**

Action:

- **Explore possible recommendations to address the issue relating to the potential impact of automated messages on people who contact services by telephone**

13. Freedom to Speak Up Report (bi-annual report)

Neil Cockling presented the report and noted that two concerns had been raised centrally between April and September 2019. In addition, a further 25 separate concerns had been raised with himself as the Freedom to Speak up Guardian (FTSUG).

The main theme of raising concerns was linked to staff attitudes, in particular supervisory and managerial behaviours and Neil provided an overview of the Trust process for managing concerns.

Neil noted that four members of staff in the North Cumbria locality were in the process of undertaking training to be a FTSU Champion and AuditOne had commenced an internal audit of the FTSU process.

John Lawlor noted that nationally some Trusts have low levels of reporting and highlighted the need to ensure the Trust promotes the service, FTSUG Guardian and Champion roles as far as possible, particularly at Community Business Unit level.

Peter Studd referred to the theme of attitudes and behaviours of line managers and noted that NTW Solutions Limited are implementing a mandatory two-day supervision course to help improve skills for issues such as having difficult conversations etc. Neil Cockling advised that discussions have taken place to incorporate 'soft skills' into the Trust's general management course.

Following a query from Michael Robinson regarding the two central concerns detailed in the report, Lynne Shaw stated that the Trust's commissions the services of Capsticks LLP for Employee Relations issues and advised that some issues are raised via the Trust's Grievance Policy and are logged centrally. It was also recognised that there will be issues which are raised and resolved at a local level which would not be included in the figures.

Les Boobis reflected on his attendance at the national FTSU event in London and stated that some Trusts had developed a FTSU Strategy. Lynne Shaw agreed that the previous decision not to implement a formal strategy should be reviewed and an update would be provided as part of the bi-monthly report.

Resolved:

- **The Board received and noted the Bi-annual Freedom to Speak Up Report**

Action:

- **Explore the value of developing a Trust Freedom to Speak Up Strategy**

14. Fit and Proper Persons Test Annual Assurance Update

Lynne Shaw referred to the paper confirming that all appropriate checks have been made to ensure ongoing compliance with the CQC's Fit and Proper Persons Test (FPPT). The review applies to all Board members and 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 as outlined in the report.

Resolved:

- **The Board received and noted the Fit and Proper Persons Test Annual Assurance Update**

Regulatory

15. Care Quality Commission 'Must Do' Action Plan Update

Allan Fairlamb provided an update on progress made on the three outstanding actions relating to: use of blanket restrictions; access to nurse call systems; and rapid tranquilisations.

A blanket restriction peer review process has been implemented as a means of encouraging positive challenge and solution focussed discussions. Peer reviews will be undertaken during quarter 3 and evaluated during quarter 4.

With regard to nurse call systems, Allan confirmed that 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.

The Management of Rapid Tranquillisation' Policy was ratified in July 2019. A document summarising the amendments has also been published and circulated via an internal CAS alert. A new landing page has been created on the Talk 1st Intranet site, however at present progress has been halted due to resource constraints within the IT team.

Gary O'Hare made reference to the CQC report following their inspection of services at Cumbria Partnership NHS Foundation Trust, prior to the transfer of services on 1st October and agreed to provide a report on the relevant actions relating to mental health and learning disability services to a future Board meeting.

Resolved:

- **The Board received and noted the CQC 'Must Do' Action Plan Update**

Action:

- **Report to be submitted to a future Board meeting on the action and recommendations following the CQC inspection undertaken prior to 1st October 2019 on CPFT services**

16. Board Assurance Framework / Corporate Risk Register (Q2)

Allan Fairlamb referred to the Board Assurance Framework and Corporate Risk Register update for quarter 2 and confirmed that all risks had been reviewed through the appropriate governance routes and received by groups and sub-committees.

As of 30th September 2019, no further risks had been escalated to either the BAF or CRR and the report provided assurance that risks continued to be managed and mitigated robustly.

Resolved:

- **The Board received and noted the Board Assurance Framework/Corporate Risk Register for quarter 2**

17. Quarterly Report to NHS Improvement and Associated Submissions

Allan Fairlamb referred to the report which provided an oversight of the information shared with NHS Improvement, associated information relating to Board and Governor changes and any adverse national media coverage during quarter 2.

Resolved:

- **The Board received and noted the Quarterly Report to NHS Improvement and Associated Submissions**

18. Terms of Reference Charitable Funds Committee and Corporate Decisions Team

Debbie Henderson presented the Terms of Reference for Corporate Decisions Team for approval and referred to minor amendments made.

Debbie referred to a discussion at the October meeting of the Charitable Funds Committee and advised that a further review of the Committee Terms of Reference and governance arrangements would be undertaken over the coming months. The Terms of Reference for the Charitable Funds Committee would be submitted to the February 2020 Board meeting for approval.

Approved:

- **The Board approved the Terms of Reference for the Corporate Decisions Team**

Action:

- **Submit revised Terms of Reference for Charitable Funds Committee to the February Board meeting for approval**

Minutes/papers for information:**19. Committee updates**

There was nothing to update from Committees.

20. Council of Governor issues

Ken Jarrold referred to the October Governor Engagement meeting and insightful biographical presentations delivered by Darren Best and Lisa Quinn. Ken also reflected on the venue as a potential venue for future Board Away Days.

Ken provided an update on the recent Governor elections and provided the Board with an update on those Governors who had been elected unopposed. He took an opportunity to congratulate existing Governors, Colin Browne, Margaret Adams, Cath Hepburn, who would be returning for another term. Elections will be held for the Gateshead Public Governor constituency.

Ken noted that no nominations were received for the public and staff posts for the Cumbria locality, however, potential candidates for both posts have come forward following the extended deadline for nominations through informal discussions and Ken will explore this further to ensure the North Cumbria locality continued to have representation on the Council of Governors.

21. Any Other business

There was no other business to discuss.

22. Questions from the public

Fiona Regan asked for the Trust's response to the current national crisis relating to Assessment and Treatment Units for children and young people (CYP) and people with Learning Disabilities and/or Autism.

John Lawlor agreed that action needs to be taken at both a regional and national level. Nationally, a review of CYP services, learning disability and Autism services will be undertaken and a Task Force Panel has now been established. From a regional perspective, Gary O'Hare and John Lawlor have been, and continue to be, involved in a number of meetings to discuss actions to improve the quality of services in the region.

John noted that there is good understanding of the issues at system and pathway level, particularly with regard to the number of beds available as well as where services are not of sufficient quality. This has been reflected in the recent closure of some services in the region. Unfortunately, this has had an impact on in terms of additional pressure within services delivered by the Trust.

From an inpatient perspective, John referred to the national focus via the Transforming Care agenda to close beds and the challenges in terms of the agenda being hospital-focused and how providers and partners can work together to discharge patients safely through the services and back into the community. It is envisaged that the national review will help resolve some of these issues.

Fiona Regan asked about the possibility of convening a 'special' meeting involving all partners in the region to discuss this further. John advised that there are a number of discussions taking place internally which also involve advocacy groups but supported the idea of exploring the benefit of having providers, commissioners, local authorities and third sector organisations meeting collectively, but added that clarity would need to be given as to what the desired outcomes of such a meeting would be.

Fiona referred to the Board Assurance Framework and asked what plans were in place to mitigate the risks to the Trust as a result of the transfer of services from CPFT. In terms of capacity on local teams, John confirmed that the services in North Cumbria had been transferred unchanged and reflected a new locality for the Trust with services and workforce to support these services already in place. The risks related to the capacity of the executive team and senior leaders and this is under continual review by the Executive Team and Non-Executive Directors.

Alexis Cleveland referred to Fiona's earlier question and suggested that the transfer of services from North Cumbria would help support children and young people in the region. The risks largely related to the deployment of resources and ensuring a robust management structure and framework, and this is under continual review as part of the Trusts governance processes.

Date and time of next meeting: Wednesday, 4 December 2019, 1:30pm to 3:30pm, Board Room, St Nicholas Hospital, Gosforth, NE3 3XT

Cumbria, Northumberland Tyne and Wear
12/02/2019 11:25:48

Board of Directors Meeting held in public

Action Sheet as at 4 December 2019

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval	Debbie Henderson	December 2019	Board Report style guide to be shared with Board members once complete (to include assurance map for agenda items)
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	January 2020	CFC ToR to be submitted to January meeting
06.11.19 (7)	Chief Executive's Report	Recommendations/actions following the IIP assessment to be submitted to a future Board meeting	Lynne Shaw	Date TBC	Date to be clarified
06.11.19 (11)	Safer Care Report	Provide an analysis of the forecasted data relating to restraint and seclusion to a future Board meeting	Gary O'Hare/ Damian Robinson	Date TBC	Date to be clarified
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	February 2019	On track for submission to February meeting
06.11.19 (12)	Staff Friends and Family Test	Explore possible actions to address potential impact of automated messages on people who contact services by telephone	Lynne Shaw	February 2020	Date to be clarified
06.11.19 (13)	Freedom to Speak Up Report	Explore the value of developing a Trust Freedom to Speak Up Strategy	Lynne Shaw	February 2020	N/A

Item No.	Subject	Action	By Whom	By When	Update/Comments
06.11.19 (15)	CQC Must Do action plan update	Actions/recommendations following the CQC inspection undertaken prior to 1st October 2019 on CPFT services to be submitted to a future board meeting	Gary O'Hare	February 2020	N/A
06.11.19 (18)	Terms of Reference	Submit revised Terms of Reference for Charitable Funds Committee to the February Board meeting for approval	Debbie Henderson	February 2020	N/A
Completed Actions					
		There are no completed actions to note			

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12/02/2019 11:25:48

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 4 December 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: <u>Trust updates</u> <ol style="list-style-type: none">1. Visit to Trieste2. Staff Excellence Awards and Staff Recognition Scheme3. Flu Campaign Update <u>Regional updates</u> <ol style="list-style-type: none">4. Integrated Care System (ICS) / Integrated Care Partnerships (ICPs) <u>National updates</u> <ol style="list-style-type: none">5. General Election Guidance6. 100,000 People To Be Given Personal Health Budgets7. Reducing Single Use Plastics in the NHS8. Tariff Engagement Document 2020/219. NHS Driving the Nation's Health and Wealth10. The Mental Health Economics Collaborative11. Joint Committee on Human Rights – The detention of young people with learning disabilities and/or autism
Outcome required: For information

Cumbria, Northumberland Tyne and
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Chief Executive's Report

4 December 2019

Trust updates

1. Visit to Trieste

The Trieste health system is a World Health Organisation (WHO) exemplar site and a small number of colleagues from the Trust and partner organisations went out to learn and understand how the system works. While it is impossible to understand how a system works in three days, all who undertook the visit were struck by its emphasis on rights, respect and responsibility and less so on risk and restriction. While this culture and approach has developed over forty years, those who visited believe we have much to learn.

Over the coming months we will be holding a number of conversations across the Trust, its partners and with the WHO to take forward our thinking. A discussion on the experience will be brought to a future Board development session.

2. Staff Excellence Awards and Staff Recognition Scheme

Our Annual Staff Excellence Awards celebrate the dedication, hard work and achievements of CNTW and NTW Solutions staff members who've made a real difference to service users, carers or work colleagues. Nominations for the awards were launched at the end of October and closed on 29th November and at the time of writing, 220 nominations have been received for 19 categories.

The Annual Staff Excellence Awards are an excellent opportunity to thank staff but we want to do more to recognise our staff and volunteers for all the day to day hard work that they do providing vital services, care and support to those who need it. We have therefore launched a brand new staff recognition scheme. This is a peer to peer scheme (not management led) and is a chance for all staff and volunteers to nominate another colleague they think deserves recognition.

The scheme is open all year round, every day and those staff who have been recognised by their colleague(s) will receive a personalised thank you card, designed by our service users. The scheme was launched on 5th November and there have been 50 nominations so far.

3. Flu Campaign Update

The 2019/20 Flu Vaccination campaign began on 1st October and despite some initial issues created by staggered national supply of vaccinations across three scheduled batches, the uptake has been steady. The Infection Prevention and Control Team and 167 Flu Vaccinators have worked very closely with the Pharmacy Team to ensure the vaccines have been accessible and clinics maximised. There have been a couple of occasions where this did impact on supplies at some clinics, however staff have been flexible and targeted at the earliest opportunity.

The aim is for 80% performance of front line staff uptake by the end of the flu season. This is a trust priority to ensure CQUIN target and stretch of previous targets of 75%. Currently performance is at 53.4% of frontline staff compared to 57.4% at the same time last year, this includes an additional 900 staff from the North Cumbria locality.

The refreshed Flu campaign and the use of 'superheroes' to highlight the need to 'fight against flu' has been successful and has had a particular focus on 'joining the fight' and encouraging staff to have their vaccine.

There has been a notable rise in flu activity in the North East region despite reported flu cases nationally being below expected limits for the season. Patient vaccination is continuing for new admissions and those within at risk groups. There has been one confirmed case on Akenside Ward following the patient transfer from NUTH. The patient who had refused vaccination. The staff vaccination rate on Akenside was already at 90% and no other patients have become symptomatic. All protective measures were put in place to minimise cross infection. The patient has since been discharged well. Information will continue to be shared with staff as part of the communications plan.

Regional updates

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

The ICS response to the Long Term Plan is at final drafting stage. Initially the plans were due for publication at the end of November but this has been delayed due to the General Election. It is now expected that publication will occur late December or early January, although this remains to be confirmed.

As discussed last month at the Board, further editing has been undertaken to better reflect the work of the mental health work stream and the importance of promoting and enabling good mental health for the population of the North East and North Cumbria. It is now expected that the final ICS plan will be brought to the Board in the New Year.

Work continues on the governance arrangements for the ICS and discussions with commissioners have taken place to further strengthen their representation and link into the mental health work stream.

As previously discussed at the Board, locality groups and clinical business units are currently developing their response to the Long Term Plan as part of the process of developing Strategic Delivery Plans which will be discussed with the Board in the New Year.

National updates

5. General Election Guidance

Simon Stevens, NHS Chief Executive issued the General Election Guidance for the NHS on 5th November. The guidance is in effect from 6th November until Friday 13th December, or the date at which a new Government is formed. The principles underpinning the guidance are that:

- the day to day operations of the NHS must continue unimpeded;
- as always, the NHS must act and be seen to act with political impartiality; and its resources must not be used for party political purposes; and
- during the election period, democratic debates between candidates and parties should not be overshadowed by public controversy originating from NHS bodies themselves.

6. 100,000 People To Be Given Personal Health Budgets

From 2nd December, everyone eligible for an NHS wheelchair and people who require aftercare services under section 117 of the Mental Health Act will have access to a personal health budget. Section 117 applies mainly to people who have been detained in hospital and who have ongoing mental health needs following discharge. The budget for this is held and managed through CCGs and covers healthcare, social care and employment services, supported accommodation and services to meet social, cultural and spiritual needs arising from or related to the person's mental health condition.

Personal Health budgets are planned and agreed between individuals and clinicians, giving people greater choice, flexibility and control over their care and support.

Currently over 70,000 benefit from access to a personal health budgets, with the intention of supporting people with complex needs to stay healthy and independent for longer. As part of the NHS Long Term Plan, the health system is intended to increase so that up to 200,000 people are in receipt of such a budget by 2024.

7. Reducing Single Use Plastics in the NHS

The Trust has signed up to the NHS Plastic Reduction Pledge. Between 2013 and 2018 NHS services across England used more than 600 million disposable cups and millions of other disposable cutlery pieces, as well as many other avoidable single-use clinical and non-clinical plastic items. By signing up to the pledge we have committed to:

- By April 2020, no longer purchase single-use plastic stirrers and straws, except where a person has specific need, in line with the government consultation;
- By April 2021, no longer purchase single-use plastic cutlery, palates or single-use cups made of expanded polystyrene or oxo-degradable plastics; and
- By April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages-including covers and lids.

8. Tariff Engagement Document 2020/21

The tariff engagement document is produced annually through NHS England / NHS Improvement (NHSE/I) and sets out proposals for pricing across the NHS for each year. The document considers the pricing methodology to be adopted, which varies depending on the type of service provided. It is recognised that with the development of Integrated Care Systems, the pricing policy is going through a process of changes, as the NHS moves from a competitive approach to one built on collaboration and partnership. Therefore, as with last year, and pending more fundamental changes to pricing arrangements, the tariff document focuses only on a single year. For 2020/21 NHSE/I want to ensure that changes to the tariff:

- support more effective resource and capacity planning;
- give shared incentives to commissioners and providers;
- fairly reflect the costs incurred by efficient providers; and
- minimise transactional burdens

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Last year a blended payment approach was introduced for mental health and urgent and emergency care. This was meant to include a fixed element based on an agreed activity forecast, an element to account for variance from plan and the ability to develop payments linked to outcomes. It is now proposed to extend this approach to outpatients, maternity and adult critical care.

For the first time it is proposed that NHSE/I introduce a requirements for all NHS providers and commissioners to have a meaningful system collaboration and financial management agreement to set out principles and behaviours expected, and the process for dispute resolution.

A range of service specific tariff changes are proposed but broadly the intent is to continue with the assumptions built into the 2019/20 document to prevent system upheaval. At this stage the Trust has no significant concerns about the proposals.

9. NHS driving the nation's health and wealth

The infographic attached as Appendix A, demonstrates the importance of the NHS, the scale and scope of its work. It shows how the NHS is an anchor institution in every local community, playing a fundamental role in our health and supporting communities and the nation's economic growth and productivity.

10. The Mental Health Economics Collaborative

This national group, hosted by the Mental Health Network of the NHS Confederation, oversaw the publication of 'A new approach to complex needs Primary Care Psychological Medicine'. This refers to the economic evaluation of the Primary Care Mental Health Service in Nottinghamshire, detailing the economic impact and benefits on other parts of the system, for example acute hospitals.

The group has representation from the Confederation, Centre for Mental Health, London School of Economics, with clinical representation from Dr Rajesh Nadkarni, Executive Medical Director at CNTW, and Helen Greatorex, Chief Executive at Kent and Medway NHS and Social Care Partnership Trust.

To access the report please follow this link:

<https://www.nhsconfed.org/resources/2019/09/primary-care-psychological-medicine-mhec-report>

11. Joint Committee on Human Rights – The detention of young people with learning disabilities and/or autism

The Joint Committee on Human Rights (JCHR) published a report entitled "The detention of young people with learning disabilities and/or autism" in November available at <https://publications.parliament.uk/pa/jt201920/jtselect/jtrights/121/121.pdf> The report considered the issue of inappropriate or long-term placements of children and young people with learning disabilities and/or autism in mental health hospitals and the threat that such placements pose to their human rights.

The report detailed the terrible suffering caused to young people in certain mental health hospitals and the anguish this causes for their distraught families. We are already aware of several recent documentaries have exposed taunting and abuse in mental health hospitals including Whorlton Hall. The JCHR said trust had been lost in the system and the regulator stated that there were 2,250 people with learning

disabilities and/or autism in hospital at the end of September 2019. Over half of those have been there for over two years in total, and 660 were under 24 years old.

The current situation is viewed by the Committee as unacceptable and the JCHR have set out a series of simple practical and legislative changes that are urgently needed:

- The establishment of a Number 10 Unit with cabinet level leadership, to urgently drive forward reform and safeguard the human rights of young people with learning disabilities and/or autism.
- Families of those with learning disabilities and/or autism must be recognised as human rights defenders.
- The creation of legal duties on Clinical Commissioning Groups and local authorities to ensure the right services are available in the community.
- Narrowing of the Mental Health Act criteria to avoid inappropriate detention.
- Substantive reform of the Care Quality Commission's approach and processes which should include: unannounced inspections taking place at weekends and in the late evening; and where appropriate, the use of covert surveillance methods to better inform inspection judgements.

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The NHS is an anchor institution in every local community, playing a fundamental role in our health and the nation's economic growth and productivity



The NHS in England

- Provides care free at the point of need for **56 million citizens**
- Creates jobs for **1.25 million people**, making it the country's largest employer



The NHS plays a central role in maintaining the global competitiveness of the UK's life sciences sector, which alone:

- Generates **£70 billion** a year
- Provides **240,000** UK jobs

The NHS delivers world class services and will be a key driver of the UK's future prosperity

The NHS is an international leader

- The Commonwealth Fund ranks the NHS as **the world's best healthcare system**, ahead of comparable systems on measures including care process and equity
- The NHS provides **good value for money** – the UK spends \$3,406 per person on healthcare each year compared to \$4,361 in France and \$4,920 in Germany



Providing comprehensive care to millions

- In the last year trusts:
 - managed **22 million A&E attendances** and over 112 million outpatient appointments
 - provided **71 million** community services contacts
- In July 2019, trusts:
 - provided services for **1.4 million people** in contact with mental health and learning disabilities services
- NHS national **waiting times targets for mental health services** have been in place since 2014 and as of 2019, a specialist psychiatric liaison service now operates in every major A&E in the country



With a strong track record of improving quality of care and supporting global competitiveness

- Given the right resources, trusts have shown that they can make



huge gains in improving care quality and outcomes, including heart attack and

cancer survival rates, and reducing infections



- The NHS is **a world leading research organisation, with billions invested** in NHS research every year – the service has been **at the forefront of key medical breakthroughs**, such as pioneering the first heart, lung and liver transplants, introducing CT scans and the 100,000 genomes project – it has also helped make the UK a global hub for the medicines and health technologies industries, stimulating economic growth and opportunity



- The NHS is **primed to pioneer and capitalise on innovation**, particularly in artificial intelligence and digital technology, through its world class universities, the unique patient datasets it generates as a universal service and England's network of 15 Academic Health Science Networks



All statistics and references available on our website

The NHS is changing

Our population is ageing, demand for health and social care services is increasing and innovative technology is creating opportunities for better, more personalised care and support. Consequently, patients, service users and the public now need and expect different things from the health service. In response, the NHS is transforming to provide care that is closer to home where possible, better joined up across community, primary, secondary and social care services and more responsive to individual needs.

To build a 21st century NHS, we need the right people equipped with the modern facilities and technologies that they need to deliver high quality, safe patient care, and investment in the multiple different services that support individuals to live well in their communities. The NHS needs:



People

Staff are the bedrock of the NHS. With **over 100,000 vacancies** in the health

service however, recruiting and retaining the right people is the number one challenge facing NHS providers today. Growing the future NHS workforce can be supported by:

- A major **increase in funding** to train up thousands more people with the right skills
- Focusing nationally and locally on culture, **making the NHS a great place to work** for staff at all levels
- A **flexible immigration system** that ensures the NHS can continue recruit all the staff that local services, now and in the future



A structural and technological upgrade

The NHS can only be as good as its facilities, equipment and technology allows. With a **repairs backlog of £6bn**, plans already underway to **transform** how local health and care services work together and new technologies presenting a huge opportunity to improve patient experience and outcomes, the **NHS estate, equipment and technological capability need an urgent upgrade**. We welcome the renewed political attention on NHS capital funding but a much broader approach is now needed, including:

- A sweeping **capital investment programme** that brings NHS buildings, equipment and technology up to a 21st century standards
- A **digital strategy** that supports the NHS to improve how it delivers care and ensures patients get the maximum benefit from digital technology



Locally-led services

Greater **collaboration between health and social care organisations in local communities** presents an exciting opportunity to improve care and support for patients and service users. Getting this right will rely on:

- Holding trusts and local systems to account through proportionate and efficient regulation
- Balancing central support for **closer working between health and social care services** against the freedom of local health and care organisations to make decisions in the best interests of their communities
- Maintaining good governance practices as local health and care systems evolve, with any changes to law to be developed together with the NHS



Whole-system investment

Currently, some of the key opportunities to improve care quality and population health outcomes fall outside of the NHS's core budget. They include:

- Sufficient funding for **public health and prevention**
- Improving public health by tackling it not only in health but all related policy areas, including housing, transport and employment
- Designing and rolling out a **fair, long-term funding model for social care**

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 4th December 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 7 October 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 31st October 2019. Please note this report contains both North Cumbria and Pre 1st October Services data where reporting is available.
2. Pre 1st October services - The number of people waiting more than 18 weeks to access services has remained static this month in non-specialised adult services but increased within children's community services in all areas.
3. The Trustwide appraisal figure has decreased to 84.1% this month from 84.2%, and is still below the Trust standard. This figure does not include North Cumbria Services.
4. There have been nine Mental Health Act reviewer visit reports received since the last report relating to Embleton, Lowry, Yewdale and Springrise (Acute wards for adults of working age), Mowbray and Castleside (Older Peoples ward), Lindisfarne (LD/Autism wards), Lennox (Medium Secure CAMHS ward) and Beckfield (Psychiatric Intensive Care Unit) There were actions which had been resolved along with actions which remain unresolved from previous visits.
5. The confirmed September 2019 sickness figure is 5.80%. The provisional October 2019 sickness figure is 5.71%. The 12 month rolling average sickness rate has decreased to 5.64% in the month. The October figures relate to CNTW.
6. Out of area treatment bed days have increased in the month with a total of 198 reported across CNTW for October 2019. This now includes North Cumbria.
7. There has been an increase in the number of clusters undertaken at review in October 2019 and this remains above standard at 86.0%. This data excludes North Cumbria services.
8. The number of follow up contacts conducted within 7 days of discharge has decreased in the month and is reported trustwide at 93.0%. Pre 1st October services introduced new methodology from October reporting the data in line with Mental Health Services Dataset (MHSDS) requirements. A total of 12 patients across CNTW were not seen in the required timescale trustwide. For pre 1st October services there were 9 patients not followed up which included 5 out of area patients and 4 patients who were not followed up as 1 patient was reported as a missing person, 2 patients did not attend and 1 patient refused to be seen. Within North Cumbria 3 patients were not followed up, this related to 1 patient being out of area, 1 related to a data quality issue and 1 patient did not attend for their follow up appointment.

9. The number of follow up contacts conducted within 72 hours is reported at 85.5% across CNTW. A total of 25 patients were not followed up within the timescale. Within North Cumbria 12 patients (70%) were not followed up and within pre 1st October services 13 patients were not seen within the required timescale. North Cumbria have not been monitoring this indicator until October 2019. Work is required to improve assurance in North Cumbria so clinicians understand the process and patients are seen within the timescale. For Pre 1st October services 7 patients were out of area, 3 patients were transferred to North Cumbria ward (unable to transfer to a CNTW ward due to impending RiO data migration) and 3 clients failed to be seen within the timescale.
10. The service user and carer FFT recommend score is at 88% this month which is just below the national average. This data excludes North Cumbria Services.

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

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

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

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

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1. Executive Summary:

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There are currently 19 notifications showing within the NHS Model Hospital site for the Trust and there has been one new notifications have been added in relation to sickness for nursing and health visiting staff and food costs within Estates and Facilities.
- 3 There have been nine Mental Health Act reviewer visit reports received since the last report relating to:
 - Embleton (Adult Acute Ward), three partially unresolved issues remain from a previous visit relating to patients not being aware of the IMHA or their role, delays in a patient receiving a planned Mental Health Act assessment whilst supported within the community and families not being involved in the best interest decision making process.
 - Lowry (Adult Acute Ward), five unresolved issues remain from a previous visit relating to further issues with assessments of capacity to consent to treatment, Section 17 leave remained authorised on the electronic system although the responsible clinician had suspended the leave due to a change in the patients presentation. Individual information leaflets stated they were available in other languages and following the last visit there was a plan to display a trust poster regarding this information. The poster was not present. There was no information on display regarding religious support for patients. There were further issues with patient's involvement in their care plans.
 - Mowbray (Older Peoples ward), two unresolved issues remain from a previous visit relating to the Responsible Clinician responsible for prescribing treatment had not assessed an assessment of the patients capacity to consent to treatment and whether they were able and did not consent. Prescribed medication was not always authorised by an appropriate authorisation.
 - Lindisfarne (Learning Disability or autism ward), six unresolved issues remain from a previous visit relating to patients who no longer required a medium secure setting remain on the ward due to unavailability of an alternative setting. The seclusion ward had no blind, no de-escalation area, other patients had to be transferred to another ward should the seclusion room be required, mechanical restraint was used to move the patients to seclusion. Staff were exploring options to meet the secluded patient's needs, however at the time of the visit this remained unclear how the patients needs could be best met.
 - Lennox (Medium Secure CAMHS Ward) two unresolved issues remain from a previous visit relating to care plans containing standard statements and referred to Mental Health Act Commission rather than CQC. Authorisation forms were not with prescription charts.
 - Beckfield (Psychiatric Intensive Care Unit, PICU) three unresolved issues remain from a previous visit relating to risk assessment not being updated following an incident. Authorisation charts were not with prescription charts and patients who did not require PICU were admitted to the ward or were delayed being transferred out.

- Castleside (Older Persons ward) three unresolved issues remain from a previous visit relating to records not always being accurate regarding information given to patients as required by Section 132. The RC did not always record if the patient had capacity and consented to medicines for mental health. Authorisation forms were not located with prescription charts.
 - Yewdale (Adult Acute ward) four unresolved issues remain from a previous visit relating to no information for non-detained patients on how they could leave the ward. Some records were incomplete regarding informing patients of their rights. Patients did not have keys to their rooms and there was a lack of activities on the ward for the patients.
 - Springrise (Adult acute ward) six unresolved issues remain from a previous visit relating to staff not giving patients information as required by Section 132 at appropriate times or set review dates. Televisions were not working properly. Care plans did not include patient's thoughts and the quality was mixed with limited reviews or changes during the patient's admission. The RC had not recorded an assessment of the patient's capacity to consent for medication, T2 authorisation forms were not completed in line with the Code of Practice guidance. Authorisation forms were not with the prescription charts.
- 4 There have been three Commissioner Quality Assurance visit reports received during the month in relation to Lennox (Medium Secure CAMHS Learning Disability ward), Stephenson and Fraser (CAMHS Learning Disability wards)
 - 5 We did not meet all local CCG's contract requirements for month 7 for Pre 1st October services. The areas of underperformance continue to relate to CPA metrics, seven day follow up and in Sunderland IAPT numbers entering treatment.
 - 6 Sunderland IAPT service has reported a decrease in relation to those moving to recovery which has been reported at 52.8% for the month remaining above the 50% standard.
 - 7 North Cumbria IAPT service has reported 48.2% for October 2019 in relation to those moving to recovery which is reported below the 50% standard.
 - 8 The numbers entering treatment for Sunderland IAPT service has not been achieved in month seven. 585 patients have entered treatment in the month against a target of 691.
 - 9 A Commissioning update has been provided by individual Locality Care Groups excluding North Cumbria services
 - 10 The number of follow up contacts conducted within 7 days of discharge has decreased in the month and is reported trustwide at 93.0%. Pre 1st October services introduced new methodology from 1st October reporting the data in line with Mental Health Services Dataset (MHSDS) requirements. A total of 12 patients across CNTW were not seen in the required timescale trustwide. For pre 1st October services there were 9 patients not followed up which included 5 out of area patients and 4 patients who were not followed up as 1 patient was reported as a missing person, 2 patients did not attend and 1 patient refused to be seen. Within North Cumbria 3 patients were not followed up,

this related to 1 patient being out of area, 1 related to a data quality issue and 1 patient did not attend for their follow up appointment.

- 11 The number of follow up contacts conducted within 72 hours of discharge is reported at 85.5% across CNTW. A total of 25 patients were not followed up within the timescale. Within North Cumbria 12 patients (70%) were not followed up and within pre 1st October services 13 patients were not seen within the required timescale. North Cumbria have not been monitoring this indicator until October 2019. Work is required to improve assurance in North Cumbria so clinicians understand the process and patients are seen within the timescale. Within Pre 1st October services 7 patients were out of area, 3 patients were transferred to North Cumbria ward (unable to transfer on RiO from a pre 1st October ward to a North Cumbria ward due to the RiO data migration) and 3 clients failed to be seen within the timescale.
- 12 All of the CQUIN scheme requirements have been internally forecast to be achieved at month 7 with the exception of improving data submitted to the Mental Health Services Dataset (MHSDS) and healthy weight in adult secure services which have been rated as amber.
- 13 At Month 7 the Trust has a surplus of £1.9m which is £2.6m 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 £5.1m which is £0.5m above the trajectory of our NHSI allocated agency ceiling of £7.9m. However this includes £0.3m spend re North Cumbria and the agency ceiling was set for CNTW. Forecast agency spend is £9.9m including £2.0m re North Cumbria. The Trust's finance and use of resources score is currently 2 and the forecast year-end risk rating is 2
- 14 The number of people waiting more than 18 weeks to access services has remained static this month in non-specialised adult services at 30. This data relates to Pre 1st October services only.
- 15 There were a total of 198 out of area bed days reported in October 2019 relating to fourteen patients across CNTW services. This related to 143 days for Pre 1st October services and 55 days for North Cumbria services. The planned trajectory has been amended in line with the long term plan information submitted to NHSE.
- 16 Reported appraisal rates have not been achieved this month and are reported at 84.1% Trustwide against an 85% standard which is a decrease from 84.2% last month. This data excludes North Cumbria services
- 17 Clinical supervision training is reported at 81.7% for October against an 85% standard. This data excludes North Cumbria services.
- 18 The confirmed September 2019 sickness figure is 5.80%. This was provisionally reported as 5.75% in last month's report, highlighting an ongoing issue with delayed recording. The provisional October 2019 sickness figure is 5.71%. The 12 month rolling average sickness rate has decreased to 5.64% in the month. The data for October includes North Cumbria services whose reported in month sickness was 3.62%
- 19 The training data includes North Cumbria services where available. There has been no significant changes to training data reported for pre 1st October services.

- 20 Information Governance training is reported at 89.9% at the end of October 2019 against a 95% standard across CNTW services.
- 21 Doctors in training figures have been collated electronically this month and are currently under review.
- 22 The service user and carer FFT recommend score is at 88% this month which is just below the national average of 89%.
- 23 There has been an increase in the number of clusters undertaken at review in October 2019 and is reported above standard at 86.0% against an 85% standard. This data excludes North Cumbria services.
- 24 The latest published Data Quality Maturity Index Score (DQMI) relates to July 2019 and is reported at 93.8% which is an increase from 91.0% in June 2019. The national average for July is reported at 85.4%. This data relates to pre 1st October services only. Work continues to review this data internally.

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Cumbria, Northumbria, Darlington and West of Yorkshire NHS Foundation Trust # 547326				
SOF:	1	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).		
Waiting Times	<ul style="list-style-type: none"> The total number of people waiting across adult services for treatment has increased in the month (excluding gender dysphoria, adult autism diagnosis etc), the number waiting over 18 weeks for first contact has remained static in the month at 30. (excludes North Cumbria Services) Waiting times to treatment for children and young people have increased in all areas this month. 			
Quality Priorities:	Quarter 3 forecast achieved: 2	Quarter 3 forecast part achieved: 2	Quarter 3 forecast not achieved: 0	In total there are four quality priorities identified for 2019-2020 and for quarter 3 Equality, Diversity and Inclusion and evaluating the impact of staff sickness on quality have been internally forecast to be achieved. Waiting times and improving the inpatient experience have been internally forecast as amber.
CQUIN:	Quarter 3 forecast achieved: 7	Quarter 3 forecast part achieved: 2	Quarter 3 forecast not achieved: 0	There are a total of nine CQUIN schemes in 2019-20 across local CCGs and NHS England commissioned services. All but two have been internally forecast to be achieved at quarter 3. There are risks to delivery of the CQUIN focusing on improving data submitted to MHSDS and healthy weight in adult secure services.
Workforce:	Statutory & Essential Training:			Appraisals:
	Standard Achieved Trustwide: 11	Performance <5% below standard Trustwide: 4	Standard not achieved (>5% below standard): 4	MHA Combined training (83.7%), Clinical Risk training (84.3%), Dual Diagnosis training (78.1%) and Clinical supervision training (81.7%) are within 5% of the required standard. Information Governance (89.9%), PMVA basic training (75.5%), MHCT Clustering Training (67.3%) and Fire training (76.9%) remain at more than 5% below the standard.
	Sickness Absence:			Appraisal rates have decreased to 84.1% in October 19 (was 84.2% last month). Excludes North Cumbria services
	<p style="text-align: center;">CNTW Sickness (Rolling 12 months) April 2016 to date</p>	<p>The provisional "in month" sickness absence rate is above the 5% target at 5.71% for October 2019.</p> <p>The rolling 12 month sickness average has decreased to 5.64% in the month</p>		<p style="text-align: center;">CNTW Sickness (in month) 2016/17 to 2019/20</p>

Finance:	<p>At Month 7, the Trust has a surplus of £1.9m which is £2.6m 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.</p> <p>Agency spend is £5.1m which is £0.5m above the trajectory of our NHSI allocated agency ceiling of £7.9m. However this includes £0.3m spend re North Cumbria and the agency ceiling was set for CNTW. Forecast agency spend is £9.9m including £2.0m re North Cumbria. The Trust's finance and use of resources score is currently a 2 and the forecast year-end risk rating is also a 2.</p>							
Contract Summaries:	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	87% of metrics achieved in month 7	90% of metrics achieved in month 7	90% of metrics achieved in month 7	80% of metrics achieved in month 7	90% of metrics achieved in month 7	93% of metrics achieved in month 7	75% of metrics achieved in month 7	75% of metrics achieved in month 7
This relates to Pre 1 st October Services only								
The areas of under performance in the month continue to relate mainly to CPA metrics, IAPT numbers entering treatment and seven day follow up in line with previous months								

Financial Performance Dashboard

CNTW Income & Expenditure

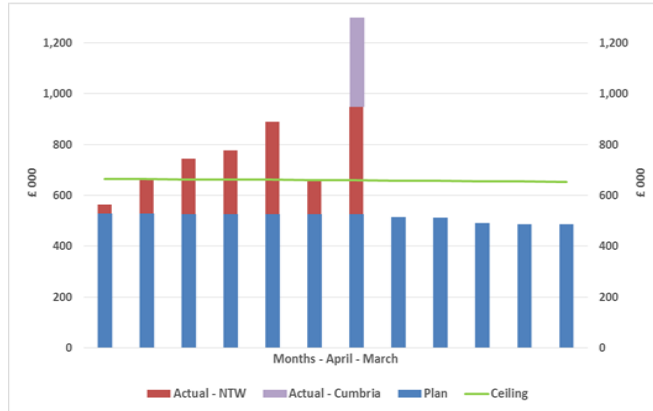
	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income	198.8	198.6	0.2
Pay	(158.0)	(157.9)	(0.1)
Non Pay	(41.5)	(38.8)	(2.7)
Surplus/(Deficit)	(0.7)	1.9	(2.6)

Control Totals

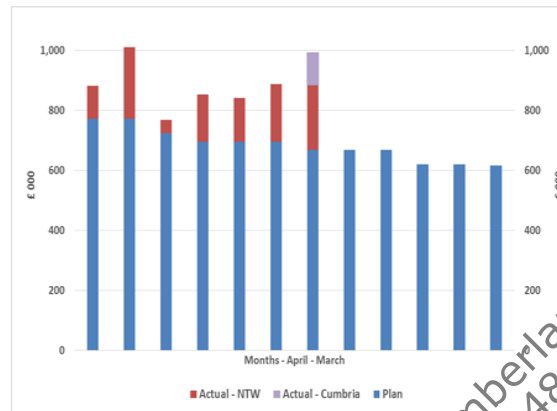
	YTD Budget £m	YTD Actual £m	YTD Variance £m
North	13.4	14.0	(0.6)
Central	11.0	11.8	(0.8)
South	17.1	17.7	(0.6)
North Cumbria	1.0	1.1	(0.1)
Central Depts	(43.2)	(42.7)	(0.5)
Surplus/(Deficit)	(0.7)	1.9	(2.6)

Key Indicators	Current	Forecast
Risk Rating	2	2
Agency Spend	£5.1m	£9.9m
FDP Delivery	£5.1m	£10.4m
Cash	£26.8m	£18.4m
Capital Spend	£5.8m	£12.4m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £1.9m surplus at Mth 7 which is £2.6m 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 2 at Month 7 and the forecast year-end rating is also a 2.
- Pay costs are £0.1m below plan at Month 7. Bank and agency costs need to reduce to get back in line with plan.
- Agency Spend - Agency ceiling is £7.9m in 19/20. Spend at Month 7 is £5.1m (including £0.3m re North Cumbria) which is £0.5m above the ceiling trajectory. Forecast agency spend is £9.9m (including £0.3m re Cumbria).
- Financial Delivery Plan - Savings of £5.1m have been achieved at Month 7 which is in line with plan.
- Cash - £26.8m at Month 7 which is £10.5m above plan.
- Capital Spend - £5.8m at Month 7 which is £1.4m below plan.

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

	07/10/2019		14/10/2019		21/10/2019		28/10/2019	
Medical	101	46	126	54	116	54	116	55
Qual Nursing	92	5	100	5	203	5	203	5
Unq Nursing	809		797		807		820	
A&C	101		101		110		103	
Total	1,103	51	1,124	59	1,236	59	1,242	60

In October the Trust reported an average of 57 price cap breaches (52 medical and 5 qualified nursing). At the end of October 12 medics were paid over the price cap.

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors

Meeting Date: 4th December 2019

Title and Author of Paper: Safer Staffing Quarterly Report
Anne Moore, Group Nurse Director, Safer Care Directorate

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

The following report includes the exception data and analysis of all wards against Trust agreed Safer Staffing levels for the period July to September 2019 (Quarter 2)

The review of NHSI Workforce Standards is reflected in the narrative in support of the Board requirements to publish Safer Staffing Trust wide. Actions regarding utilisation of resources in line with the Carter Action plans per locality are monitored via the Trust wide Strategic Staffing Group, and there is more information available to facilitate a broader narrative regarding any areas out with the tolerance levels

The Strategic Staffing Group has previously considered the limitations of the staffing data requirements as historically, the data does not capture where staff are moved between wards short term for a span of duty or where staff are providing high levels of observation to mental health or learning disability patients who are currently inpatients in Acute Hospital Care. Therefore the narrative highlights the reasons for the variance in more detail and includes these elements.

Since the last Trust Board report, workforce plans and skill mix have continued to be reviewed and are subject to close monitoring and scrutiny, taking into account demographic profiles, investment, service developments and transformation. Most importantly within inpatient areas across the Trust, changes in clinical need and acuity influence safe staffing levels are assessed on a daily basis.

Emerging hot spots within the organisation are a combination of external system pressures to meet the safer staffing levels, the use bank and agency has increased to support release of home grown staff on the Nursing Apprenticeship Programme which reduces the hours worked on the wards, newly qualified nurse preceptorship, in addition to covering current qualified vacancies. However the Trust is continuing with open adverts, weekly short listing and interviews to fill vacancies at a more responsive rate. This is having a positive impact during the quarter on Central locality group reporting a significant increase in filled posts, alongside South Locality care group. The hotspot remains in the North locality specifically at SGP as a result of Band 5 nurses achieving promotion. As a result the recruitment process has been augmented with targeted advertising in local journals, media, leaflet drops with housing and council developments and open days

The report provides information on both day and night staffing usage across all inpatient wards in the old NTW footprint. For figures outwith tolerance levels a narrative is provided to provide the underpinning rationale for these changes. The next report to Board will include the new locality of Cumbria and reflect CNTW as a whole

Future reports will also include Medical and Allied Health Professional overviews of staffing, noting that these clinical staff groups are not subject to an E-Rostering system currently, and therefore a manual systems of staff allocation and support to wards and Teams is being developed

The analysis confirms there were no instances of harm attributed to variance in safer staffing levels in this reporting period.

Risks Highlighted to Committee : None

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

Equal Opportunities, Legal and Other Implications: N/A

1. Background

All NHS Trusts are required to publish information about the number of Registered Nurses and Non-Registered Health Support Workers on duty per shift on their inpatient wards.

This initiative followed the “Francis Report” in relation to Mid Staffs which called for more openness and transparency in the health service and is in accordance with guidance issued by NHS England and the Care Quality Commission.

Full details are reported to public meetings of our Board of Directors and made accessible to the public via NHS Choices and CNTW websites. The Trust is also required to display information to service users and visitors in our wards that shows the planned and actual staffing available on each shift.

2. Purpose of this report

The purpose of the report is to provide assurance on the current position across all inpatient wards within CNTW in accordance with the National Quality Board (NQB) Safer Staffing requirements. In addition the NHSI publication of 2018 builds on the NQB guidance and recommended that the Workforce Standards are continually reviewed in the context of the Safer Staffing returns.

Detailed internal oversight and scrutiny is in place to ensure safer staffing levels are in place and appropriate action is taken where necessary.

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels. The exception reporting is via a RAG rating that identifies the following categories:

- red for any ward under 90%
- white for within range
- green for wards over 120%

3. Data Limitations – Staff redeployment between wards

In line with NHS Workforce Standards, Carter recommendations, to ensure efficient use of resources, inpatient services on specific sites work collaboratively via ‘Daily Huddle’ meetings to utilise the available staffing resource fully. However as previously outlined the report does not capture short term temporary resource movement as the TAeR E-Rostering system cannot be adjusted for any movement less than one week duration.

4. Reporting Process

The report is produced by the Safer Care Directorate on behalf of the Trust Board, Business Delivery Group and Collective Business Units. Information is retrieved via the Time and Attendance system (TAeR) and is supplied to NHSE via the Unify Report.

To help to improve the narrative around exception reporting, acuity levels and dependency information is captured via a monthly return from each locality/CBU.

5. Safer Staffing Exceptions

The tables below provide information on all wards across the Trust. Where wards show staffing levels which are either higher or lower than the planned staffing, a narrative rationale is provided for this. As part of the ongoing scrutiny process, each month wards from each CBU that appear in the exception tables are highlighted which enables us to provide a more detailed narrative and feedback from wards on the rationale for the variance.

South Locality

The South CBU has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale	79.47%	214.31%	126.82%	156.38%	<p>Under: 1 x B5 vacancy. 1 x support worker possibly moving to Brooke House as part of rotation and 1 support worker being redeployed to community within next couple of weeks.</p> <p>Over: Nightshift due to increase in observations. Some bank and agency used on days due to short term sickness. Staffing increased to 6 throughout the day and 4 during the night. Service Spec has been completed requesting extra staffing budget for complex needs patient in long-term segregation. Eyesight observations fluctuate throughout the day. 2 Patients are on eyesight during mealtimes and 1 patient observations staffing level increases to 3 when out of Long Term Segregation.</p>
Beadnell	88.88%	76.85%	106.46%	156.53%	<p>Under: x 3 Staff nurses on maternity leave.</p> <p>Over: Non-qualified staff due to qualified nurse shortage and bank/agency use to cover.</p> <p>1 x Nursery nurse on long term sick.</p>
Beckfield	76.91%	158.67%	99.38%	107.64%	<p>Under: Due to vacancies</p> <p>Over: Due to vacancies and high levels of clinical activity.</p>
Bridgewell	72.14%	186.12%	105.43%	105.43%	<p>Under: 1 x B5 vacancy. Acuity of Patients on ward fluctuates due to physical health and a 1:1 due to challenging behaviour and safeguarding issues.</p>
Brooke House	79.06%	114.26%	123.00%	94.88%	<p>Over: 2.4 x B3 / 0.6 x B5 Brooke House budget pay for the Hopewood Park physical health team which is 1 x B5 and 1 x B3</p>
Cleadon	114.72%	120.25%	125.39%	212.84%	<p>Over: Acuity of need and high observation levels, with a number of patients requiring WES observations. Increased activity has been observed on the ward overnight with a high number of patients admitted at this time which is increasing the clinical need. Increased support required to meet patient need.</p>

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Clearbrook	100.60%	224.56%	104.05%	178.10%	<p>Over: 2 x B5 / 1 x B6 / 5 x B3 vacancies. 1 x B5 Long term sick. 1 x B3 Non-clinical duties. Package of care for 1 patient on ward which means 1 additional member of staff required for all shifts. High clinical activity for month of October meaning between 1-4 eye sights at all times.</p>
Longview	89.40%	132.67%	98.40%	112.40%	<p>Over: Due to leave beds being used. Under: Due to one unfilled vacancy & one unfilled vacancy (Peer Support Worker).</p>
Marsden	148.39%	128.29%	131.05%	130.61%	<p>Over: Sickness improving. 6, 6, 4 Budget. Present numbers 6, 7, 5 due to increase in observations. Earlier this month needed 8, 9, 6 where 3 extra 1:1 observations were in place.</p>
Mowbray	106.03%	149.65%	124.64%	211.69%	<p>Over: Registered day cover due increase in patients on high observation and engagement levels. 2 x B5 long term sick & 1 x B6 clinical team short term sick. 2 x B3 / 2 x B2 vacancies. 1 x patient at the acute hospital requiring nursing support. 1 Patient on the ward has been on end of life care plan. Increase in bank and agency use due to high number of patients with complex needs on high levels of observation and engagement.</p>
Gibside	77.26%	192.49%	105.51%	109.50%	<p>Under: B5 bank nurses used for night shift due to 2 x B5 under accomplished. 2 x B5 posts have been filled with preceptorship nurses who began Trust induction mid-September. 2 x B3 on long term sick.</p>
Roker	108.71%	82.39%	110.44%	142.78%	<p>Under: Due to vacancies and sickness. Over: Due to clinical need observation levels.</p>
Rose Lodge	91.66%	271.67%	47.79%	333.25%	<p>Under: Working under establishment, with a new model for qualified night shift having tested out through pilot Over: Working over establishment due to high levels of observations due to complexities of service users.</p>
Shoredrift	81.29%	242.37%	98.52%	212.56%	<p>Under: Qualified vacancies covered with staff from other wards or bank qualified staff. Experienced support staff and assistant practitioners are booked if unable to be covered with qualified bank staff. Over: Acuity of need observation levels.</p>
Springrise	69.78%	178.28%	109.42%	115.02%	<p>Under: 2 x B5 and 1 x B3 vacancies. Over: Some bank and agency used on days and nights due to short and long term sickness. At times due to acuity on the ward staffing has needed to be increased.</p>

Walkergate Ward 1	80.98%	80.71%	106.82%	104.79%	<p>Under: 1 x B4 undertaking nursing degree apprenticeship, 1 x B3 undertaking Nursing Associate course supporting release for University & placement. Bank and agency used as sickness remains high, 1 x B5 10 days short term sickness, 1 x B5 long term sickness, 3 x B3 long term sickness and 1 x B3 8 days short term sickness. 1 x B5 phased return to work. 1 x B3 Maternity leave. 1 x Band 3 Paternity leave. 1 x Preceptor Nurse unable to take charge of ward. High nursing acuity, x 4 level 5 for the majority of the month with 4 patients observed within eyesight and frequent patient escorts.</p>
Walkergate Ward 2	79.81%	89.47%	106.03%	141.66%	<p>Under: x 2 Full time B3 undertaking nursing degree apprenticeship, 1 x B4 on Long term sick 1 x Band 3 on Long term sick Some staff supporting wards in WPH Over: Extra member of staff on night duty to support challenging behaviour around personal care.</p>
Walkergate Ward 3	85.49%	78.85%	106.56%	174.40%	<p>Under: 1 WTE B5 maternity leave, 1 WTE B3 light duties. High acuity and escort requirements Staff movement 30 hr band 3 to ward 1 Vacancies: 1 x WTE B5 1 x WTE B3 2 x WTE B2 3 International recruitment staff. Ensuring appropriate skill mix at all times. 1 x B5 short term sickness 2 x B3 Long term sickness 1 x B3 short term sickness Over 3 x patients requiring eyesight observations reduced as soon as safe to do so.</p>

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Walkergate Ward 4	62.52%	93.36%	97.54%	161.56%	<p>Under: 1 x B3 working within STARRT but still on ward Taer. 1 x B6 on maternity 1 x B5 on maternity 1 x B3 Maternity 1 x B3 short term sickness 1 x Band 5 training for 2 days 2 x Staff nurses preceptor</p> <p>Over: Eyesight observations.</p>
Ward 31a	84.46%	92.26%	100.41%	103.86%	<p>Due to specific needs of the ward patient group does not fully fit into acuity classification system, above statistics are we feel are best suited. E.g. meal supervision, shower supervision etc. All patients are currently on short periods of escorted leave throughout the day, which is unable to be captured fully using this tool.</p> <p>Under: 1 x Qualified nurse on maternity leave. 1 x Vacant qualified post 1 x Qualified staff on preceptorship 1 x Pending start date for support workers</p>

South Locality

Newly appointed preceptees will have commenced their posts midway through September – 12 x Band 5s however a number of wards are still carrying Band 5 vacancies, and a smaller number of Band 2/3 vacancies.

As part of the locality recruitment – these are on a rolling advert and monthly interviews. Inpatients have a significant loss of Band 5 qualified nurses to other non-inpatient services across the Trust and locality.

There are additional requirement of some of our Inpatients with complex needs and some of which remain out of pathway. One requires a service specification related to the CTR process which requires additional staffing.

There are a high number of service users with complex needs and risks requiring increased levels of intervention and engagement and observations both for physical health needs and SALT as well as mental health acuity. Some of these individuals are out of pathway, particularly in PICU – Beckfield.

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North Locality

The North CBU has 13 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	68.66%	167.25%	109.55%	127.87%	2 vacant posts – 1 qualified 1 support worker retired 3 x Long term sick – qualified nurses (work related stress) 1 x Long term sick – support worker. Increase in support workers to fill gaps in staffing numbers required to meet clinical need, also to backfill into qualified gaps. Acuity fluctuating 1x Patient requiring 1:1 for the duration of the month. High level of general hospital escorts – day appointments with 2x staff.
Ashby	89.43%	230.71%	130.82%	274.86%	Over on unregistered staff due to long term segregation and increased observation levels. Staffing on day and night shift remain increased to reflect high acuity levels, increase in self-harm, assaults towards staff, damage to property and targeting of staff requiring movement between night and dayshift. Ongoing segregation and peer to peer risks resulting in safeguarding alerts and separation plans implemented meaning increase in staffing required to ensure safeguarding advice is upheld and followed.
Embleton	98.94%	200.79%	107.30%	201.46%	1 x Long term segregation (Patient with Autism out of pathway) – 2:1 staffing ratio 24 hours per day, 7 days per week. 1 x Long term sickness (Band 3) 1 x Maternity leave (Band 5) Short term sickness (Band 3) Increase in eye sight observations and acuity on the ward. 1:1 Longer term hospital escort for medical treatment and ECT (Mainly band 3 escort but at times band 5 escorting). 4 x Patients with Dysphagia care plans in place, 3 require 1:1 at mealtimes, 1 requires constant eyesight to prevent choking through accessing unsuitable food which is available via other means, other than hospital mealtimes. Embleton support other wards with qualified staff support which require band 3 backfill. Ward Manager working into the numbers often due to enable other wards to be supported with qualified staff.

					Difficulty in accessing PICU beds requiring increased nurse resource to manage and care for patients awaiting PICU bed
Fraser	119.33%	114.45%	116.42%	206.05%	Clinical acuity /challenging behaviours mix of patients (MH and LD) 2 x young people in long term segregation. A number of young people on 2:1 observations Sec 17 leave YP requires registered nurse escort sickness x3 1 staff suspended 3 x Band 3 vacancies
Hauxley	84.83%	81.22%	101.02%	160.52%	Reduced bed occupancy. Multiple physical health assessments at acute hospitals with constant escort required. Increase in Sickness absence. Staff working non-clinically during safeguarding and investigation process. Difficulty in securing bank and agency cover due to poor fill rate Ward Manager, Clinical Lead and Activity Coordinator are consistently included in staffing numbers. Clinical Nurse Manager working clinically on a regular basis to support the ward.
Kinnersley	115.72%	227.30%	194.24%	105.64%	Unregistered figures high due to increased staffing for care packages. Increase clinical activity and escorts required have increased significantly since merge with Bluebell. Increased number of staff being protocolled across site due to staff shortages. Fill rate from bank and agency does not meet demand. 1 x 1:1 E/S throughout September 1 x Qualified long term sick 2 x Unregistered long term sickness. 4 x band 5 Vacancy 2 x band 6 vacancy.

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Lennox	92.43%	210.00%	120.48%	302.87%	X2 support workers on long term sick. X1 qualified and x1 support worker on phased return/light duties following injury and medical treatment (non-work related) therefore unable to count in the numbers. High use of bank/agency due to several vacancies and newly appointed staff still going through checks/induction etc. X3 preceptor nurses unable to work isolated so to allow this resource to be spread across shifts (rather than them working together). Clinical activity of 1 young person at night requiring additional night duty resource also.
Newton	104.79%	161.26%	103.29%	168.75%	Increase in staffing to provide an individual care package.
Redburn YPU	107.57%	122.09%	149.44%	204.40%	Closure of West lane site has resulted in a number of admissions to Ferndene. Redburn YPU is now the sole Tier 4 service in Cumbria and North East England. 1 x Staff on maternity leave 2 x B5 vacancies 3 x B3 vacancies Sickness x6 1 staff suspended ongoing investigation 1 b6 on b5 duties high acuity –Ligaturing, head banging 1:1 observations 2 Eating Disorder pts 1 x LTS 1 term time contract PICU High Acuity – ligaturing/head banging 3 Young People on 1:1 observations for 24 hour period Sickness x 2 3x B3 vacancies 1 term time contract
Stephenson House	151.47%	121.12%	164.96%	137.62%	Stephenson is now the sole Tier 4 LSU in Cumbria and North East England. Stephenson has three young people from TEWV All patients require 2:1 observations (1 in Long Term Segregation) 1 x Staff pregnant and on restricted duties. 3 x sickness High levels of acuity due to peer mix 2 x B6 vacancies 3 x B3 vacancies

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Warkworth	76.36%	185.40%	108.77%	131.64%	<p>Qualified % due to other wards providing qualified cover which is not captured on TEAR,</p> <p>Increase support worker and required to back fill qualified vacancies.</p> <p>Increase in acuity which require a staffing resource and an increase in short term sickness</p> <p>1 X out of pathway patient (Autism) continuous 1:1.</p> <p>Increase in observation levels required to manage 4 x patients where Safeguarding Issues between these patients are resulting in peer to peer risks, increased incidents.</p>
Woodhorn	83.56%	191.74%	103.03%	107.85%	<p>Higher than usual short term sickness and maternity leave cover for qualified staff</p> <p>Throughout month acuity level has remained high with between 3/5 patients on eyesight observations.</p> <p>Numerous NSECH admissions.</p> <p>High levels of assistance required for personal care.</p> <p>Under for registered staff due to high number of vacancies of 5 x B5, 1 x B6 staff with many gaps remaining unfilled by bank and agency.</p> <p>Two staff currently on extended phased return to work on non-clinical duties.</p>
Mitford	177.85%	156.01%	131.30%	135.30%	<p>Increase in staffing percentages due to care packages.</p> <p>Recruitment continues to fill vacancies for care packages.</p> <p>Vacancies for unregistered staff interviewed VBR secured 10 posts however due to recent admissions and pending admissions further recruitment of B3 urgently required.</p>

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North Locality

The wards within the North Locality Care Group have a higher admission and discharge rate than the other two localities. This means that there is high demand on staff resource due to the acute nature of individual presentation on admission. Some patients have required PICU bed but no bed available on PICU so admitted to acute ward. Safe management of seclusion / segregation and increased levels of observations due to risk of harm to self or others adds to demand on resource. This is a feature across most clinical areas.

The response to the closure of beds at West Lane Hospital has increased pressure upon staffing resource within Specialist CYPS Service Ferndene. In particular those with Eating disorder and the associated nursing observation and intervention.

Clinical Nurse Managers and Ward Managers meet daily in the 'huddle' to reflect on staffing resources across services. Decisions are made to relocate nursing resources from one ward to another, source pool nurses, bank nurses or agency to meet demand. The reasons for the demand are articulated against each ward. These reasons can occur at very short notice, for instance due to admissions and change in presentation, so there is some reliance on pool and bank being able to respond at short notice to sustain the numbers to meet the need. As a Trust the demand on Bank and Agency has increased resulting in a reduction in fill rate for shifts. This is mitigated by the diversion of activity worker, ward manager, clinical nurse manager time being allocated to support the ward areas.

Older people's wards in the North Locality require high levels of nursing support to enable the needs of those who require increased levels of assistance with personal care as well as increased observation due to risk of falls and/or other physical frailties.

Safeguarding measures are increasingly required across CYPS, Older Peoples and Adult which includes include increased observations to protect patients from risk of patient to patient harm. This is particularly, evident over lengthy periods, in CYPS Service.

Where patients require acute intervention or regular attendance for follow up related to physical health care needs, nursing escorts are required to accompany the patient to the acute hospital for the duration of their appointment or their stay. This is required to support the patient and reduce risk, which impacts on the total resource available for any span of duty.

There has been an increase in clinical need relating to Dysphagia, all patients with this need have care plans in place necessitating the 1:1 observation/supervision during mealtimes. With one requiring constant eyesight at all times.

There have been a number of Band 5 nurses successful in securing posts elsewhere in the Trust so their release has to be facilitated which can result in an increase in pressure until posts are filled again.

There are a number of preceptorship nurses who have just completed their 6 month preceptorship period and we are welcoming more preceptorship nurses this month.

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Central Locality

Central have 16 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	81.64%	150.61%	110.35%	101.74%	Over – The increase in unregistered staff is due to high clinical activity and observations. Under – Qualified staff are under due to x 1 vacancy and periods of short term sickness.
Akenside	86.37%	81.23%	97.53%	106.25%	Under – 2 x B5 vacancies. 1 x B5 long term sick, 1 x B3 long term sick & 2 B3 vacancies.
Castleside	85.81%	122.99%	103.19%	126.36%	Over – Increase in clinical acuity on the ward and eyesight observations Under – 2 Band 5 vacancies and a member of staff on Maternity leave
Collingwood Court	81.78%	192.23%	59.88%	180.72%	Over – High levels of acuity 1 x long term eyesight due to access to drugs 1 x eyesight due to physical health and deterioration in mental state Under - 2 x Band 3 long term sick 1 x Band 5 vacant post 1 x Maternity leave
Cuthbert	80.50%	113.98%	109.27%	103.57%	Under – Qualified staff are under due to x 1 long term sick x 1 vacancy and short term sickness.
Elm House	80.35%	82.80%	102.70%	102.15%	Under – Vacant posts and sickness
Fellside	95.19%	206.85%	150.23%	210.29%	Over - Increased clinical activity and observation levels resulting in increased staffing levels/ sickness
Lamesley	99.93%	181.38%	104.35%	157.44%	Over - Clinical activity
Lowry	95.02%	206.10%	101.80%	210.53%	Over - Significant clinical activity and Increased longer term observations
Oswin	96.31%	165.13%	128.22%	200.94%	Over – The increase qualified staffing is due to increased clinical activity and increased observations. Both supported by unqualified staff.
Willow View	93.29%	140.23%	102.90%	77.60%	Over - Increase in clinical observations – 1 x Eyesight Under – 1 x Support Worker on long term sick leave. 1 Staff member on maternity leave 1 vacant post
KDU Cheviot	53.99%	166.75%	110.74%	195.64%	Over – Unqualified staff required to support 2 patients in seclusion suites from the KDU

KDU Lindisfarne	99.98%	157.41%	144.63%	266.10%	Over - Clinical acuity with complex patients, one patient requires 3:1 staff ratio, another patient requires 2:1 staffing. 2 Staff required to support a patient currently being nursed within the acute care Trust. Under - Registered nurse staff sickness and vacancy.
KDU Wansbeck	94.42%	165.44%	129.80%	159.79%	Over - Additional unqualified staff to support clinical areas across Secure Care Learning disability services.
Tweed Unit	89.01%	175.25%	107.48%	178.68%	Over - Additional unqualified staff required to support clinical acuity and patients with complex needs and to due to registered nurse sickness. Under - Registered nurse sickness and vacancy.
Tyne Unit	62.14%	42.66%	203.67%	149.07%	Under - Tyne unit has been monitored as a whole unit this is being split into Tyne Mental Health and Tyne Learning Disability Rehabilitation which would then show the levels accurately. Tyne Mental Health is 12 bedded Tyne Learning Disability Rehabilitation is a 6 bedded unit with a patient also in long term seclusion. The increase in unqualified is due to levels of observations on the Learning Disability Rehabilitation unit. Both units work on a minimum of one qualified nurse during the day and one qualified nurse on each unit at night. The safer staffing numbers have been merged.

Central Locality

Secure Care Mental Health

The pressures currently on the Mental Health units are an increase in clinical activity as patient flow increases. Increased acuity levels as patients are admitted requiring increased observations above general. Oswin have a patient in long term segregation with two staff and Aidan have one patient in long term seclusion. To meet the safer staffing levels the use bank and agency has increased to support six staff on the Nursing Apprenticeship Programme which reduces the hours worked on the wards, in addition to current qualified vacancies.

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6. Recruitment update

In response to emerging vacancies and hot spots within the organisation resulting from external system pressures, the Trust is continuing with open adverts and weekly short listing and interviews to fill vacancies at a more responsive rate. This is having a positive impact on Central locality group reporting a significant increase in filled posts, alongside South Locality care group. The hotspot remains in the North locality specifically at SGP as a result of Band 5 nurses achieving promotion. As a result the recruitment process has been augmented with targeted advertising in local journals, media, leaflet drops with housing and council developments and open days.

7. Retention Strategy

Progress against the staff retention action plan and turnover rates continue to be monitored. Progress against the actions is reported monthly to the Strategic Staffing Group including implantation of the 'Stay interviews' and confirmation that the 'Internal move' pilot is ready to roll out aiming to provide greater support to staff.

8. Conclusion

The Quarterly report demonstrates that Daily risk assessment take place according to changing clinical need and levels of acuity. Adjustments to staffing levels are made as necessary to ensure that patient safety is not compromised. The report highlights the significant collaborative work undertaken between wards on the respective sites to ensure staffing resources are used effectively, reducing the need for temporary staff in line with the Carter Action plan. There were no incidents of harm in the quarter attributed to staffing levels.

Anne Moore, Group Nurse Director
November 2019

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 4 December 2019	
Title and Author of Paper: Workforce Quarterly Update – Michelle Evans, Acting Deputy Director of Workforce and OD	
Executive Lead: Lynne Shaw, Acting Executive Director of Workforce & OD	
Paper for Debate, Decision or Information: Information	
Key Points to Note:	
WORKFORCE STRATEGIC AIMS:	✓
We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do	✓
We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making	✓
We will lead and support staff to deliver high quality, safe care for all	✓
We will help staff to keep healthy, maximising wellbeing and prioritising absence management	✓
We will educate and equip staff with the necessary knowledge and skills to do their job	✓
We will be a progressive employer of choice with appropriate pay and reward strategies	✓
<p>The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017. This paper includes updates on:</p> <ol style="list-style-type: none"> 1. National BAME Health and Care Awards 2. Staff Survey 2019 3. International Recruitment 4. Collective Leadership 5. Talent Management 6. Wellbeing and Health Campaigns 7. Occupational Health Contract 8. Dying to Work Charter 9. CPD Events 10. Apprenticeship Update 11. Coaching Network 12. Recognition Scheme 13. Living Wage 	
Risks Highlighted: N/A	
Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No No	
Equal Opportunities, Legal and Other Implications: Various aspects of Employment Law	
Outcome Required: Information Only	
Link to Policies and Strategies: Workforce Strategy	

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Workforce Quarterly Report

4 December 2019

Strategic Aim 1

1. National BAME Health and Care Awards

The Trust was shortlisted in the BAME (Black, Asian, Minority, and Ethnic) Health and Care Awards. The submission focussed on the post of Senior Nurse, International Recruitment and Resettlement and the work undertaken to support international staff not only to settle into their new work roles but also life in a new country and a new community.

The awards recognise achievement by BAME staff and improved services for BAME communities. The awards also recognise achievement in areas of multiple discrimination that are often marginalised. There was a lot of excellent competition for the award and unfortunately the Trust did not win but it was a fantastic achievement to be shortlisted.

Strategic Aim 2

2. Staff Survey 2019

The staff survey was launched in September and will close on 29 November 2019. As at 25 November the response rate was 56%. The survey this year has not included north Cumbria colleagues as they were issued with the survey pre transfer as part of Cumbria Partnerships NHS Foundation Trust. It is anticipated the results will be available in late December/early January 2020.

Strategic Aim 3

3. International Recruitment

The next international recruitment round is underway. Candidates who have applied to the Trust have been invited to attend interviews at St Nicholas Hospital or in India, depending on accessibility.

There were interviews for 13 candidates (fellows) on Friday 15 November 2019. Candidates arrived on Thursday 14 November for a meet and greet, welcome to the Trust briefing and a session with existing fellow doctors to share experiences. This was then followed by a visit to St Georges Park to visit the following areas: CMHT, Crisis Team, Woodhorn Ward, Inpatient Dementia Service and Acute Adult Admission/Treatment and Psychiatric Intensive Care. Interviews will take place in India from the 8 December to 15 December 2019. Over 100 doctors and nurses will be interviewed to cover vacancies across CNTW.

4. Collective Leadership

A new collective leadership development programme has been launched - Becoming and being managers, leaders and enablers: making teams work. This programme is aimed at Band 6 and Band 7 staff across clinical and corporate services.

The programme has been designed and developed following a series of focus groups. A pilot programme has commenced and a delivery plan is being developed which will, in part, help to develop and support a pool of facilitators. The Trust was able to obtain time limited funding from the NHS Leadership Academy to support the roll out of the programme, which is planned to be delivered for all staff, over a two year period. The goal is to support the cultural direction of travel within the Trust, to one which embraces collective leadership as a way of devolving responsibility and accountability to teams. Team leaders and managers are critical enablers to making this approach work.

Over the next five months the Trust will host an assessment centre for potential facilitators and offer two 3 day facilitator development programmes, as well as running two additional pilot programmes. When advertised, the first pilot programme 'sold out' its 20 places in 30 minutes and developed a waiting list of some 60 names within a couple of hours.

Each pilot programme lasts for six months, and comprises of six half day workshops, with the end product being a series of group presentations.

5. Talent Management

The Trust has developed a CNTW approach to Talent Management which is supported by the Executive Director Team, Senior Managers and staff.

The first stage of this will be to develop a management and leadership career pathway. A pilot has been developed to specifically focus upon those members of staff who are ready (or will be ready within the next 12 months) to step into an Associate Director level post. Applications were invited from both Locality and Corporate Services staff and shortlisting took place on 19 November 2019. The pilot will commence in January/February 2020 and will comprise practical and theoretical learning, the latter of which will be delivered as a MBA utilising Levy monies. Support for practical placements, mentors, project work and stretch roles continue to be sought from services to facilitate the practical elements of the programme.

Over the next few weeks and months, work will be undertaken to develop Talent Management Pools and a talent management forum. The CNTW Appraisal policy will soon be out for consultation and this will include the 'talent management conversation'.

Strategic Aim 4

6. Health and Wellbeing Campaigns

Health and Wellbeing Advocates – The Trust has secured 20 places for Health and Wellbeing advocate training. These have been allocated across all localities, corporate services and staff side, resulting in a waiting list of participants. The training will take place on 6 December 2019 and further training is being planned to expand the network. The role of the advocate will be to signpost, support, promote and share information relating to health and wellbeing within their teams. It is also envisaged they will support the roll out of various health and wellbeing campaigns within services. We want to increase this network significantly and the Workforce Developments Team will be engaging with stakeholders over the coming weeks to discuss the ongoing support which will be needed by the advocates.

September 2019 – Vascular Disease Awareness Campaign

The campaign took place across seven main Trust sites, sharing promotional material and raising awareness about Vascular Disease.

September 2019 – Know your Numbers

The Health and Wellbeing team supported third sector colleagues in the delivery of Over 40's Health Checks. Advice was offered to colleagues by Wellbeing Practitioner/Specialists around Blood Pressure, Weight, BMI and the benefits of healthy eating.

October 2019 – Menopause Support Group

This self-facilitating support group has been established and is a forum for staff to discuss aspects of menopause and support one another. Eighteen people attended the group and we are looking at the feasibility of setting up a closed Facebook Page and accessing a Menopause Awareness Training Workshop.

7. Occupational Health Contract

The Trust recently undertook a tender exercise to procure Occupational Health services. People Asset Management (PAM) were successful as part of the exercise and work is ongoing with the current provider Team Prevent to ensure a smooth transition of services. The Trust will continue to offer staff a wide range of occupational health support including Physician appointments, Employee Assistance Programme and physiotherapy. In addition to this the Trust will also be providing an in-house psychological services team to support staff who require psychological intervention. The in-house team will also help to signpost staff to other services and provide help and guidance. The service will commence 1 December 2019.

8. Dying to Work Charter

The Trust has agreed to sign up to the TUC Dying to Work Charter which is a campaign seeking to protect those workers who are diagnosed with a terminal illness who wish to remain in employment. The charter is best practise guidance for managing terminal illness in the workplace and whilst it is already something the Trust practices, it is a public commitment to support, protect and guide staff who have a terminal illness. The Trust will be working with staff side to develop a charter which will be communicated internally and externally.

Strategic Aim 5

9. CPD Events April – Aug 2019

The Medical Development Team aims to provide high quality, informative and educational CPD events to medical colleagues and other professions, both internally and externally to the Trust. Through attending CPD events, medical colleagues are able to gather evidence of ongoing CPD for their appraisal and revalidation. The CPD programme has expanded over the last 12 months with positive feedback received from events. Over the last quarter the following sessions have been delivered:

ECG Event - 10 September 2019

ECT Event - 16 September 2019

Transcultural Awareness - 24 October 2019
Learning Disabilities Awareness - 7 November 2019

A total of 237 delegates attended these events. Delegates were multi professional and some events included primary and secondary care delegates.

Feedback for all events was very positive with delegates requesting a repeat of some of the sessions. An ongoing programme of CPD is in place.

10. Apprenticeships Update

Following interviews in October a further 30 candidates were successful in gaining a place in the next cohort for the registered nurse degree apprenticeship (RNDA) which will begin with Sunderland University in January 2020. This brings the number to 84 nurse degree apprentices who will be on the programme.

The Trust is celebrating the first of its staff members to successfully achieve the Level 3 Senior Support Worker qualification. The Trust was one of the first organisations in the country to offer this new apprenticeship standard in mental healthcare when it first became available in early 2018 and we are one of the first employers in England to have someone complete this apprenticeship.

The apprenticeship forms part of the pathway for employees to apply for a place on the nurse degree apprenticeship (RNDA) programme.

11. Coaching Network

Support has been given to expand the coaching network and nominations have been put forward across a range of services. Training for participants will take place in January 2020 and the network will meet regularly to support one another and evaluate themes. The Trust Coach and Developments Manager is currently undertaking a qualification in Coaching Supervision and therefore supervision will be offered to all participants (partially via NELA) to ensure appropriate support around coaching practice. The provision of coaching is a key supporting tool in the roll out of talent management.

Strategic Aim 6

12. Recognition Scheme

Following the success of the Annual Staff Excellence Awards it has been recognised that although the annual awards provide an excellent and welcome opportunity to acknowledge and thank staff for their dedication and commitment, it only applies to around 5% of the workforce each year. Unlike many schemes in the private sector, the Trust cannot offer people bonuses or lavish gifts, but we can say 'thank you' to each other and recognise the exceptional contribution everyone makes.

With this in mind, we wanted to do more to recognise our staff and volunteers for all the hard work that they do providing vital services, care and support to those who need it and on 5 November, we launched the Staff Recognition Scheme. This is a peer to peer scheme giving people an opportunity to nominate a fellow employee who they think deserves recognition, no matter how big or small.

Any member of staff or volunteer can nominate any other member of staff, volunteer or team who works at CNTW who they think should be recognised for going above and beyond, making a difference, going the extra mile or just being a true inspiration. Nominations are open all year round and open to all staff. People can nominate by completing a simple form with a paragraph or two saying why they are nominating.

Everyone nominated will receive a thank you card with their personalised message inside. Thank you cards are also designed by our service users. The scheme is open to all staff, in all localities including NTW Solutions Limited.

13. Living Wage

Living Wage week took place on 11-17 November 2019, an annual celebration of the real living wage movement.

The living wage is independently calculated based on what employees and their families need financially to live – this means it is higher than the government living wage. Employers choose to pay it voluntarily and we are proud to say the Trust is one of over 5,000 UK businesses who are signed up to the movement.

Since the campaign began in 2001, more than £1 billion in extra wages have been delivered to workers, lifting 200,000 people out of in-work poverty. The Trust are pleased to support the Living Wage campaign.

Michelle Evans
Acting Deputy Director of Workforce and OD

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: Wednesday 4 th December 2019
Title and Author of Paper: Update on Strategic Workforce Planning – Claire Vesey, Head of Workforce Developments
Executive Lead: , Lynne Shaw, Acting Executive Director of Workforce and OD
Paper for Debate, Decision or Information: Information
<p>Key Points to Note:</p> <p>The following paper sets out work which has been undertaken to date with regards to the production of five year Trust Strategic Workforce Plan(s), including external and internal requirements. To note:</p> <ul style="list-style-type: none"> • Throughout May 2019 each of the former NTW locality groups undertook a five year workforce planning exercise to better understand the needs of the future workforce. • The Trust has developed an internal planning approach to incorporate deliverables within the Long Term Plan and Mental Health Implementation plan, of which workforce planning is part of. Localities will be ‘refreshing’ their five year workforce plans as part of the CNTW planning approach. Corporate Directorates will be contributing to this work. • In addition, Health Education England (HEE) required all NHS Provider organisations to project their funded workforce to the Integrated Care System in October 2019. • NHSI ‘Developing Workforce Safeguards’ (https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf) was published in October 2018 (and came into effect in April 2019) and sets out requirements in line with the Single Oversight Framework and CQC fundamental standards; of which the Trust Board are required to have oversight of the Trust Workforce Plan on an annual basis.
Risks Highlighted to Board: N/A
Does this affect any Board Assurance Framework/Corporate Risks: No
Equal Opportunities, Legal and Other Implications: N/A
<p>Outcome Required / Recommendations:</p> <p>Ongoing support to incorporate workforce planning into the Trustwide planning approach.</p>
<p>Link to Policies and Strategies:</p> <p>Trust wide Workforce Strategy 2017 – 2022. NHS Long Term Plan Five Year Forward View for Mental Health. HEE Mental Health Workforce Plan: Stepping Forward to 2020/21 Developing Workforce Safeguards 2018 – NHSI Trustwide Clinical Strategies</p>

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Progress to Date on Strategic Workforce Planning

1. Overview and Workforce Projections

The clinical localities have undertaken a workforce planning exercise to identify what their future workforce requirements would look like. This required them to not only consider WTE numbers, but also skill mix, succession planning, retention and development of the workforce.

However, the release of the Long Term Plan in January 2019 and the subsequent Mental Health Implementation plan, means that the impact of these standards upon service delivery is still being scoped and understood, of which the implications on workforce planning through skill mix change and management of resources is significant. Therefore, in order to take forward this work in a cohesive manner, the Trust has developed a 'CNTW planning approach' which will see the deliverables within the long term plan identified at CBU, locality and Trust level, and the subsequent alignment of activity, workforce and finance to achieve these. As a result of this work, the locality workforce plans will be refreshed and the development of corporate plans will commence.

In addition to this, Health Education England (HEE) released the *eWorkforce Tool* (online Collective Forecast Demand Template) towards the end of August 2019. The tool was designed to enable aggregation of current and projected funded workforce to the Integrated Care System in order to present the regional and national workforce position.

Therefore, for the purpose of the HEE submission, and whilst the Trust internal approach to planning is still being developed, it was agreed that our current workforce projections will reflect a baseline position whilst work is being undertaken to better understand the impact of current and future activity (aligned to the LTP) upon the workforce. The following figures were submitted to HEE, in which workforce projections remain mainly static across the five year period:

Table 1 - Summary of Projections (from 2020 includes Cumbria):

Staffing Categories	Baseline				Forecast				
	ESR SIP	Staff In Post	SIP Diff	Establishment	Establishment				
	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 20	31st Mar 21	31st Mar 22	31st Mar 23	31st Mar 24
Medical & Dental	259.65	257.55	- 2.10	343.60	387.40	387.40	387.40	387.40	387.40
Registered Nursing, Midwifery and Health visiting staff	1,819.65	1,810.23	- 9.42	2,049.20	2,325.21	2,325.21	2,325.21	2,325.21	2,325.21
Allied Health Professionals	277.05	277.55	0.50	278.45	322.16	322.16	322.16	322.16	322.16
Other Scientific, Therapeutic and Technical Staff	325.62	329.51	3.89	315.28	393.96	400.28	401.23	414.89	423.29
Support to Clinical staff	1,608.43	1,556.85	- 51.58	1,699.33	1,965.26	1,968.49	1,970.37	1,974.44	1,976.73
NHS Infrastructure and Clinical Support	1,528.67	1,538.18	9.51	1,434.68	1,660.77	1,660.77	1,660.77	1,660.77	1,660.77
All NHS Staff	5819.07	5769.87	-49.20	6120.54	7054.76	7064.20	7073.14	7084.87	7095.56

Table 2 – Apprenticeship Projections (Counted separately from the main analysis and from 2020 includes Cumbria):

Staffing Categories	Occupation Codes	Baseline				Forecast				
		ESR SIP	Staff In Post	SIP Diff	Establishment	Establishment				
		31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 19	31st Mar 20	31st Mar 21	31st Mar 22	31st Mar 23	31st Mar 24
Apprentices and Other Additional Specialist Workforce Groups		0.00	95.87	95.87	88.00	128.00	163.00	169.00	164.00	164.00
Apprentices (counted separately from the main analysis)		0.00	63.87	63.87	56.00	96.00	131.00	132.00	127.00	127.00
Apprentices in Nursing & Midwifery		0.00	34.00	34.00	34.00	74.00	109.00	110.00	105.00	105.00
Apprentices to Support to Clinical Staff		0.00	9.00	9.00	7.00	7.00	7.00	7.00	7.00	7.00
Apprentices to NHS Infrastructure Support		0.00	20.87	20.87	15.00	15.00	15.00	15.00	15.00	15.00
Other Additional Specialist Groups (counted separately from the main analysis)		0.00	32.00	32.00	32.00	32.00	32.00	37.00	37.00	37.00
IAPT Practitioners*		0.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
of which high intensity		0.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00
Advanced Clinical Practitioners		0.00	0.00	0.00	0.00	0.00	0.00	5.00	5.00	5.00

(These are also counted in other staff groups if they are substantively employed and undertaking apprenticeship through the levy)

2.0 The Next Steps in Strategic Workforce Planning

Timescales are being agreed (as part of the Trust internal approach to planning) as to when a refresh of clinical locality workforce plans will take place. It is imperative that within these plans we begin to understand and see changes across future skill mix, understand training priorities and identify workforce risks and mitigations as part of our long term plans. In addition, work needs to commence across corporate directorates to understand the impact of clinical workforce plans upon corporate delivery.

In line with the ‘Developing Workforce Safeguards’ guidance, an update on workforce plans and future projections will be brought to the Trust Board on an annual basis.

The Trust Board is asked to provide ongoing support for the development of workforce plans which are aligned to activity and finance and reflect the impact of the LTP, Mental Health Investment Standard and ICS funding upon services. Whilst these plans are currently emerging, it is anticipated they will support the Trust in meeting the expectations of its future workforce and the delivery of safe, quality care.

Claire Vesey
Head of Workforce Developments

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 4 December 2019
Title and Author of Paper: Equality and Diversity Strategy Update Christopher Rowlands, Equality & Diversity Lead
Executive Lead: Lynne Shaw, Acting Executive Director Workforce and Organisational Development
Paper for Debate, Decision or Information: Information
Key Points to Note: <ol style="list-style-type: none">1. We have improved governance and assurance on E&D in 2019.2. We have achieved the must do actions for 2019 and have made progress on actions across all four strategic objectives – though see points 4 and 5 for areas that require prioritised work.3. We are making progress on engaging with the communities that we serve.4. Recite me has helped our provision of accessible information, we need to continue this work and extend to assessing the cultural competence of that information.5. We need to work to accelerate the implementation of the Sexual Orientation Monitoring Information Standard as a priority in early 2020.6. We need to sustain and develop work we have started on a representative and supported workforce – of particular note is the need to work towards making ESR as accurate as possible.7. We await the benchmark assessment from Stonewall for the Workplace Equality Index which will inform workforce actions for 2020.8. A number of 2020 actions are likely to focus on region wide work.
Risks Highlighted to Board : None
Does this affect any Board Assurance Framework/Corporate Risks? Please state No If Yes please outline
Equal Opportunities, Legal and Other Implications: Meets EDS2, WRES and WDES requirements from NHS England.
Outcome Required: to receive the update and provide feedback
Link to Policies and Strategies: Equality Diversity and Inclusion Strategy 2018-2022

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Equality and Diversity Strategy Update

1.1 This paper outlines the progress that has been made since our Strategy was approved by Trust Board in November 2018. The detailed actions for the first year of the strategy largely consisted of 'must do' actions to fulfil our statutory duties. In many ways these have 'set the stall' for future years of this strategy by putting mechanisms in place around key issues – for example the Accessible Information Standard and the Workforce Disability Equality Standard. What follows are highlights of work to date and towards the end of the paper discussion of how the strategy will develop over its remaining three years and an outline of our initial plans for 2020.

2 Improvements to Equality and Diversity assurance

2.1 To coincide with the launch of the new strategy we took the opportunity to rethink how we provide assurance on Equality, Diversity and Inclusion issues within the Trust. We recognised that our previous group provided good assurance around workforce issues but needed better representation regarding issues around service representation. To achieve this we looked at the Terms of Reference and membership of the group and gained service delivery representatives from each of the localities in which we deliver services. Introductory workshops to relaunch to Steering Group took place in February and April and from April the meeting has held monthly rather than bi-monthly. We also changed the chair of meeting. Previously the meeting had been chaired by the Equality and Diversity Lead, but now the lead acts as an advisor to the group and the localities and the Steering Group is now jointly chaired by the Acting Executive Director of Workforce and Organisational Development and the Group Director of our South Locality. At each meeting progress against the Strategy Action Plans is monitored and issues that need to be raised are escalated through the Trust's Business Delivery Group and the Corporate Decisions Team Workforce Group. These changes are providing far more effective assurance on delivery of our action plans, escalation of issues that need further discussion happens more easily, debate about service delivery issues, rather than just workforce issues is happening and the move to a monthly basis has ensured that the agenda maintains momentum.

2.2 Since April 2019 we have had Equality Diversity and Inclusion as a quality priority closely aligned to the Equality, Diversity & Inclusion Strategy. This was developed in conjunction with stakeholders (including staff), locality groups and the Equality & Diversity Lead at engagement events in December 2018 and April 2019. A key strand of this is that removing the barriers that people with protected characteristics face in accessing our services, we will improve the quality of care for all. A lot of this work to date has been to provide localities with baseline information and a database to improve community engagement on equality issues. This is enabling our locality groups to establish local needs before deciding what actions are necessary to meet them. Progress against the quality priority is being monitored monthly at the Trust Equality, Diversity & Inclusion Steering Group.

3 Update on actions

3.1 We aligned our Trust-wide equality, diversity and inclusion objectives for the next 12-18 months to the four EDS2 goals. Better health outcomes for our service users, improved patient access and experience, a representative and supported workforce and inclusive leadership. This paper can only give a flavour of the actions taken to date though further information can be provided as necessary.

Better health outcomes for our service users

3.2 In the action plans we stated that we wished to grow our network of links with local BAME communities that will enable us to work together to better understand and provide for the health needs of those communities. A baseline of E&D information has been shared with the locality groups and we have a searchable database of local third sector voluntary and other groups and this information has also been shared. Conversations are now taking place with localities to use this information alongside EDS2 to develop action plans and to develop those links and raise awareness amongst teams. The E&D lead has liaised with HAREF, (the Health and Race Equality Forum) in Newcastle and from this HAREF will be delivering cultural competency sessions in the New Year to staff working in Newcastle teams. This will increase confidence in the services from the communities that we serve.

3.3 We also looked to implement the Sexual Orientation Monitoring Information Standards this year. This standard provides the categories for recording sexual orientation but does not mandate collection. It is seen as good practice and where there is a requirement to collect such data it is important that the categories in the standard are used as current best practice. Despite good initial progress there has been slippage as we have worked through what changes may be required to RiO. It is recommended that this is made a matter of priority for the early months of 2020.

Improved patient access and experience

3.4 We stated at the start of the year that we would research the software package 'Recite Me' that works with existing websites to make them more accessible. After undertaking the research the Trust implemented Recite Me in autumn 2019. The cloud-based assistive technology allows web visitors to customise digital content so that they can consume it in ways that works for them. Examples being, the colour contrasts on the website can be altered to make the site more accessible for people with a visual impairment or dyslexia, patient information leaflets can be read out by the package. This development coupled with the work we are doing to make BSL interpretation available on line for crisis teams is helping us to meet the requirements of the Accessible Information Standard. The Steering Group continues to monitor the implementation of the standard and this will be supplemented early in 2020 with the ratification of an Accessible Information Standards policy.

3.5 The E&D lead has worked with members of the Trans community to start to develop a policy to inform the Trust's delivery of services and HR functions. A policy has been drafted and will be out for wider discussion at the beginning of 2020.

A representative and supported workforce

3.6 As part of our Workforce Race Equality Standard actions in 2018 we identified the need to aim to better engage with the BAME population and promote employment opportunities in the region. Discussions with Equality and Diversity Leads at a regional level established that this was an action that appeared as a priority for a number of Trusts. In December 2018 a group of us met for the first time to plan a recruitment event. The event took place at the end of April 2019.

Gateshead Health NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust, NHS Leadership Academy North East, North East Ambulance Service NHS Foundation Trust, Northumberland Tyne and Wear NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust came together to hold a recruitment event designed to attract black, Asian and minority ethnic people to work for the NHS, the first of its kind in the region. The BAME Recruitment Event took place on the 27th April at the Royal Victoria Infirmary, Newcastle.

The day offered:

- the chance to meet people from each organisation,
- an outline of NHS employee benefits,
- an introduction to job roles in the NHS,
- interview skills and application processes, and
- job matching.

3.7 We created a bespoke 8 minute film showing the NHS as the Employer of Choice and five separate 2 minute snapshots for use on Twitter, Facebook and other social media. We created bespoke publicity material aimed at attracting our BAME community, engaged effectively and we achieved a successful outcome with over 400 attendees on the day.

3.8 Perhaps of greatest value we engaged with our BAME staff to ensure they were part of the event and promotional material and sought volunteers to be available on the day. This enabled additional engagement with those attending, encouraged staff to talk openly about what it's like to work for the NHS providing credibility but we also benefited from having attendees who had additional language skills available on the day.

3.9 We collated a list of people that expressed an interest in the Trust on the day with their email contact details which the Transactional HR team are following up. The event providers all pledged to follow up all contacts were made. A number of people made requests for information about particular pathways, apprenticeships were the most common on the day and we have since received applications for posts with the Trust as a result of the event. The event will take place annually and plans are being made for a similar event to attract disabled people to consider a career in the NHS. At the December Steering Group we are undertaking a thorough analysis of recruitment by protected characteristic.

3.10 In August we reported on the metrics for the Workforce Disability Equality Standard for the first time. Key pieces of work for this will be to use the Staff Survey metrics as a starting point for a focus group for disabled staff in the Trust to examine and suggest actions to address the issues that the metrics from the staff survey

raise. Initial issues around reasonable adjustments and sickness have been raised through the staff networks and these will be explored at a wider level. Related to this the Staff Network has developed a proposal for addressing the provision of reasonable adjustments in the Trust and a key action for 2020 will be to seek to implement that proposal. The E&D lead is also chairing an NHS Employers Group looking at the implementation of the WDES and will use best practice from that and regionally with a Great Place to Work to inform our actions in the coming year.

3.11 An area where we still need to improve our approach and delivery is on improving the level of information that we have on ESR for protected characteristics. This is particularly evident for disability where we know that around 1000 staff in the 2018 Staff Survey stated that they had a condition that can be classed as a disability, whereas ESR states that the figure is a quarter of that. We are planning a number of weekly questions to address this and will be taking a plan to address this to the Steering Group in December. It is hoped that this, along with the adoption of resources being produced by NHS Employers which will be released early next year will help our disclosure rates. We need to develop a clear message of why it is important and also a culture where people feel comfortable and safe to disclose information.

Inclusive leadership

3.12 As one of our first actions at the start of 2019 we signed a three year agreement to be Diversity Champions with Stonewall. The Diversity Champions programme is the leading employers' programme for ensuring all LGBT staff are accepted without exception in the workplace. Stonewall work with over 750 organisations, all of whom share a core belief in the power of a workplace that is truly equal. As part of our work with Stonewall we submitted evidence for their Workplace Equality Index in September, we expect the results from this in January. These will provide us with a good assessment of our performance in this area and identify our areas for improvement in 2020. We will also be able to benchmark our policies, procedures and practices to ensure that they are LGBT+ inclusive and friendly. This work complements that of our LGBT+ Staff Network who this year have developed and rolled out an LGBT+ awareness half-day training programme and LGBT+ Allies Training. In addition to this our LGBT+ Staff Network have been present at Pride Festivals providing health information throughout the region we serve in 2019.

4 Next steps

4.1 We will engage in consultation with all of our stakeholders (employees, patients, local interest groups, governors, trust members and any other interested parties.) to set and review our future actions using EDS2. In addition to these Trust-wide objectives our operational localities and corporate departments will be using EDS2 to set local objectives towards improving equality, diversity, and inclusion for those we serve and to make the Trust a great place to work. Part of this consultation will involve the relaunch of staff networks, focus groups with BAME and Disabled staff and locality based E&D Speak Easy events.

4.2 A Task and Finish Group is being set up to establish reverse mentoring in the Trust and we will be looking for volunteers from the staff networks to join this and in addition for potential mentors from our networks.

4.3 In July members of our BAME staff trained to be Cultural Ambassadors. The programme involved a three-day training course for volunteers to increase their knowledge and understanding of relevant legislation and topics, including the Equalities Act, cultural intelligence, unconscious bias and influencing skills. Our next steps are to complete the roll out of this work and seek to engage further volunteers to be trained as ambassadors. We will promote this work as part of our Nursing Conference in March which will have a cultural theme.

4.4 The Trust has recently secured funding from the North East Leadership Academy for ICS wide Equality Diversity and Inclusion work through a Great Place to Work. The funding is to deliver two important pieces of work that will realise local benefits as well as regional. The funding will deliver two events in the spring that will focus on:

- Making Staff Networks in the region an effective resource for promoting Equality Diversity and Inclusion
- Conference promoting engagement with Equality Diversity and Inclusion for Senior Staff in the North East.

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

Christopher Rowlands
December 2019

Cumbria, Northumberland Tyne and Wear
12/02/2019 11:25:48

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 4 th December 2019
Title and Author of Paper: Northumberland Tyne and Wear NHS Foundation Trust Charity: Annual Report and accounts for the year ended March 31, 2019 Les Boobis, Independent Non-Executive Director, Chair of the Charitable Funds Committee
Executive Lead: None
Paper for Debate, Decision or Information: Approval and information
Key Points to Note: <p>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is the corporate trustee of the charity. As such, all members of the Board are trustees of the charity. The Board has delegated responsibility for the day-to-day management of the Charity's funds to the Charitable Funds sub-committee (the 'Committee').</p> <p>However, the Board retains responsibility to consider and approve the annual report and accounts of the Charity. The report and accounts for the year ended March 31, 2019 are attached.</p> <p>The report and accounts has been considered by the Charity Committee on 30th October and has also been considered by the Audit Committee on the same day, who agreed to recommend the report and accounts to the Board for approval.</p> <p>An independent review of the report and accounts has been undertaken by Mazars who have indicated to the Audit Committee that there were no matters arising from that review that they wished to bring to the attention of the Committee.</p> <p>It should be noted that the name of the Charity has now been amended to the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Charity following the decisions reached at the October 2019 meeting.</p>
Risks Highlighted to Board: None
Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No No
Equal Opportunities, Legal and Other Implications: None
Outcome Required: Board approval of the Charitable Funds Annual Report and Accounts for the year ended 31 st March 2019 and to receive the annual report of the Chairman of the Charitable Funds sub-committee
Link to Policies and Strategies: None



Northumberland,
Tyne and Wear
NHS Foundation Trust

Annual Report

Northumberland, Tyne and Wear NHS Foundation Trust Charity

Registered Charity Number - 1165788

Year ending
31 March 2019



Cumbria, Northumberland Tyne and Wear
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Cumbria, Northumberland Tyne and Wear
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Foreword

Cumbria, Northumberland Tyne and
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The Board of Directors of Northumberland, Tyne and Wear NHS Foundation Trust as Corporate Trustee presents the Charitable Funds Annual Report together with the Financial Statements for the year ended 31 March 2019.

The Charity's annual report and accounts for the year ended 31 March 2019 have been prepared by the Corporate Trustee in accordance with Part 8 of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2008. The Charity's report and accounts include all the separately established funds for which the Northumberland, Tyne and Wear NHS Foundation Trust is sole beneficiary.

The Charity has a Corporate Trustee: the Northumberland Tyne and Wear NHS Foundation Trust. The members of the NHS Trust Board of Directors who served during the financial year were as follows:

Ken Jarrold
Chair

John Lawlor
Chief Executive

James Duncan
Executive Director of Finance
and Deputy Chief Executive

Dr Rajesh Nadkarni
Executive Medical Director

Gary O'Hare
Executive Director of Nursing
and Operations

Lisa Quinn
Executive Director of Commissioning
and Quality Assurance

Lisa Crichton-Jones
Executive Director of Workforce
and Organisational
Development (up to 01/06/18)

Lynne Shaw
Executive Director of Workforce
and Organisational
Development (from 01/06/18)

Martin Cocker
Non-Executive Director
(up to 31/12/18)

Alexis Cleveland
Non-Executive Director

Ruth Thompson
Non-Executive Director
(up to 31/12/18)

Dr Les Boobis
Non-Executive Director

Peter Studd
Non-Executive Director

Miriam Harte
Non-Executive Director

David Arthur
Non-Executive Director
(from 14/01/19)

Michael Robinson
Non-Executive Director
(from 16/01/19)

The Charitable Funds are registered with the Charity Commission (no. 1165788) in accordance with the Charities Act 2011.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Reference and administrative details

Northumberland, Tyne and Wear NHS Foundation Trust Charity, registered Charity Number 1165788, is constituted of 82 individual funds as at 31 March 2019. The notes to the accounts distinguish the types of fund held and disclose separately all material funds.

Charitable funds received by the charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 2006, and these funds are held on Trust by the corporate body.

Trustee

Northumberland, Tyne and Wear NHS Foundation Trust is constituted as the sole Corporate Trustee of the Charity and its charitable funds governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

All members of the Board of Directors of Northumberland, Tyne and Wear NHS Foundation Trust are the Trustee within charitable law and as such are required to ensure that any funds donated to the Trust for charitable purposes are used for the purposes for which they were given, that funds are managed appropriately and that balances are invested wisely.

The Board of Directors has devolved responsibility for the on-going management of funds to a sub-committee of the Board of Directors whose meetings are governed by the Trust's Standing Orders and whose financial transactions must comply with the Trust's Standing Financial Instructions. A Non-Executive director chairs the Charitable Funds Sub Committee and its other members comprise the Executive Directors of the Trust. Trustees and members of the Charitable Funds Sub-Committee during 2018/19 were as follows:

Chair Members

Chair	Martin Cocker	Non-Executive Director (chair up to 31/12/18)
Acting Chair	Miriam Harte	Non-Executive Director (chair 01/01/19 to 31/03/19)
Chair	Leslie Boobis	Non-Executive Director (chair from 01/04/19)
Members	James Duncan	Executive Director of Finance and Deputy Chief Executive
	Gary O'Hare	Executive Director of Nursing and Operations
	Lisa Quinn	Executive Director of Commissioning and Quality Assurance
	Alexis Cleveland	Non-Executive Director
	Fiona Grant	Governor

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Principal office

The principal office for the Charity is:

Northumberland, Tyne and Wear NHS Foundation Trust Charity
C/o Northumberland, Tyne and Wear NHS Foundation Trust
St Nicholas Hospital
Jubilee Road
Gosforth
NE3 3XT

Principal professional advisers

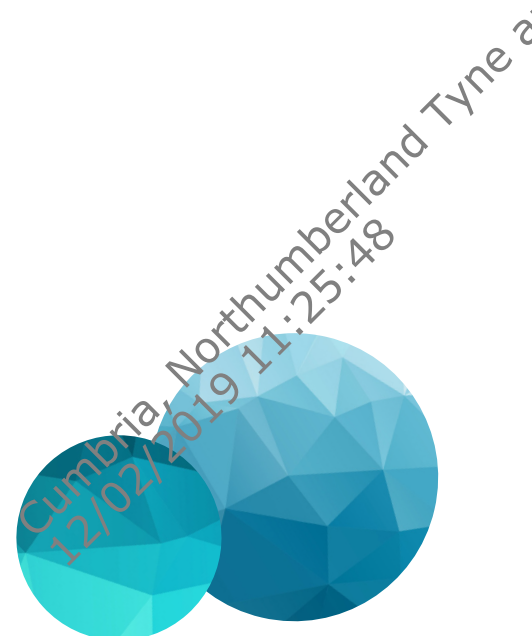
Bankers:
Lloyds Banking Group
4th Floor
102 Grey Street
Newcastle upon Tyne
NE1 6AG

Independent examiners

Mazars LLP
Salvus House
Aykley Heads
Durham
DH1 5TS

Solicitors

Withers LLP
16 Old Bailey
London
EC4M 7EG



Structure, governance and management

The Northumberland, Tyne and Wear NHS Foundation Trust Charity was established by Trust deed and is registered with the Charity Commission (charity number 1165788). The charity's funds were established using the model declaration of trust.

As a body we are a member of the Association of NHS Charities.

All trust funds are registered with the Charity Commission. The Charitable Funds (the Charity) of Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) comprise a range of funds under one umbrella registration. Funds are held relevant to individual wards and departments and by specific purpose within those areas. These funds are, within certain delegated limits, available for the staff to expend on items appropriate to the fund concerned in line with the financial procedures laid down from time to time.

Large donations, often received by virtue of a legacy, are managed directly by the Charitable Funds Sub Committee which ensures that the wishes of the donor are met and that expenditures are not at variance to the Trust's own activities and that, where relevant, investment in new equipment or services is sustainable and supported in future years.

Non-Executive Members of the Board of Directors are appointed by the Council of Governors and Executive Members of the Board are subject to recruitment by the Board of Directors. Members of the Board of Directors and the Charitable Funds Sub-Committee are not individual Trustees under Charity Law but act as agents on behalf of the corporate Trustee.

All members of the Board of Directors have a responsibility to adhere to the NHS Foundation Trust Code of Governance.

The Executive Director of Finance and Deputy Chief Executive have a responsibility to highlight to members of the Charitable Funds Committee any changes to charity law and updates from the Charity Commission. These items are circulated to all members and included as an agenda item for the next meeting as they occur.

Acting for the Corporate Trustee the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. Details of the Trustee's responsibilities are provided in the statement accompanying the attached accounts for the year.

The Trustee is responsible for preparing the Trustee's Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust
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The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period.

In preparing these financial statements, the Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP);
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008. The Trustee is also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out within the annual report have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee, and those with delegated responsibility

Chairman Date

Executive Director Date

The accounting records and the day to day administration of the funds are dealt with by the Finance Department, NTW Solutions located at Northumberland, Tyne and Wear NHS Foundation Trust, St Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Consolidation of accounts with Northumberland, Tyne and Wear NHS Foundation Trust

In accordance with NHS Improvement's Annual Reporting Manual 2018-19 and the Department of Health Group Accounting Manual (DH GAM), where an NHS Foundation Trust is the corporate Trustee to an NHS Charitable Fund, the NHS Foundation Trust was required to consider whether the accounts of that charitable fund represent a subsidiary. This is likely to be the case where the NHS Foundation Trust both:

- has control over the NHS Charitable Fund, i.e.
 - controls the majority of the voting rights in the entity;
 - has the power to govern the financial and operating policies of the entity; and
 - has the power to appoint or remove directors at meetings of the board and;
- benefits from the NHS Charitable Fund.

Based upon the above it was considered Northumberland, Tyne and Wear NHS Foundation Trust Charitable Funds represented a subsidiary of Northumberland, Tyne and Wear NHS Foundation Trust.

The Trust has prepared consolidated group financial statements for 2018/19 for the Trust and its subsidiaries including the Northumberland, Tyne and Wear NHS Foundation Trust Charity.

Risk management

The Trustee, in reviewing risks appropriate to the charitable activities, places reliance upon the risk management review carried out by Northumberland, Tyne and Wear NHS Foundation Trust and the overall internal control arrangements within the Trust.

The Trust's internal auditors include Charitable Funds in their annual plans and their findings, which include an assessment of risk, are reported to the Trustee via the Trust's Audit Committee.

Partnership working and networks

Northumberland, Tyne and Wear NHS Foundation Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. By working in partnership with the Trust the charitable funds are used to best effect. When deciding upon the most beneficial way to use charitable funds the Corporate Trustee has regard to the main activities, objectives, strategies and plans of the Trust.

Public benefit statement

Public benefit, as defined by the Charities Act 2011. The Trustees can report that the two key principles that underpin 'public benefit' have been met:

- there is always an identifiable benefit or benefits and these are apparent from the contents of the Annual Report and are all related to the aims of the charities; and
- there is a benefit to the public or a section of the public. The beneficiaries are appropriate as laid down by the aims of the various charities and there are no unreasonable restrictions. It is recognised that the Trustee exercises a discretion in deciding upon who will benefit from the charities but that this is permissible under the aims and objects of the charities concerned and the beneficiaries constitute a 'section of the public' and therefore this is a reasonable exercise of that discretion. The aims and objects of the Charity are contained in the charity's Scheme. The Trustee confirms that they:
 - o ensure that they pursue the aims and objects of the various charities for the public benefit, as defined by the Charities Act 2011;
 - o have proper regard to the guidance published by the Charity Commission in respect of the subject of public benefit; and
 - o confirm that this Annual Report provides sufficient information as to the ways in which the public benefit is achieved.

Independent Examination

The Charity's Trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 and that an independent examination is required as a lower-income charity. An independent examination has been carried out by Mazars LLP for the financial statements for 2018/19.



Objectives and Activities

The Charity's purpose is as follows:

“The funds held can be used for any charitable purposes relating to the general or specific purposes of Northumberland, Tyne and Wear NHS Foundation Trust or purposes relating to the National Health Service.”

Typically the purpose of the funds is to benefit the public through its support for current and former service users of the Northumberland, Tyne and Wear NHS Foundation Trust. The funds provide items of comfort for patients or therapeutic activities beyond the normal levels expected for patient welfare and amenities. The funds held relevant to individual wards and departments are often raised by the staff and friends or are from small donations given by patients and relatives in gratitude for the care they have received. These funds are available for the staff to expend on items appropriate to the fund concerned in line with the financial procedures laid down from time to time.

The largest bid for the year was £180,000 which helped to develop and support the Recovery colleges in Northumberland, Newcastle, Gateshead and South Tyneside and Sunderland localities.

Alwood Unit, St Nicholas Hospital received support of £11,700 to develop an opportunities programme over the summer of 2018. The garden at Alwood had been placed “out of bounds” in early 2018 due to on-going problems. Work from Estates and Contractors made the garden accessible again. Through service user meetings “keeping it real” and Community group meetings, young service users expressed a hope and momentum to create more vocational activity opportunities and enjoy the outside area with new outdoor furniture and features. Young service users requested to take responsibility and an active approach towards the design and layout of the Garden.

Grange Day Unit at Monkwearmouth hospital received funding of £24,685 from the SHINE fund to develop a “Dementia Friendly Outdoor space”. Existing concrete paving was replaced by rubberised asphalt, well designed paths with handrails to help people find their way around where installed. The innovative new courtyard space has been specifically designed to dementia-friendly principles to provide a safe, stimulating and enjoyable outdoor space to be enjoyed by all service users as well as their families. Staff and patients are hoping for good weather to be able to enjoy this space this year.

Several wards have benefited from the purchase of new TV's, activity equipment such as sewing machines, fishing gear, games consoles, Karaoke machines and gardening items. Patients have enjoyed yoga sessions, music events and trips to Beamish and Christmas celebrations all funded by Charitable monies.

There was one new fund opened in the year related to a bequest. The Charitable funds Committee continued with its policy of rationalisation of the funds held on Trust to promote clarity of purpose and by actively publicising the availability of all legacies to ensure expenditure to date as appropriate.

A review of our finance, achievements and performance

Total incoming resources amounted to £69,721. There was one legacy fund included in incoming resources within the year amounting to £7,328. The charity continues to rely on donations, legacies and investment income as the main sources of income. Income comprised: funds raised by staff, relatives, friends and other donations £52,057, legacies £7,328 and investment income £10,336.

Of the total expenditure of £209,095, charitable expenditure for patient welfare and amenities was £198,560, costs of generating voluntary income was £1,364 and governance costs were £9,171.

The net assets of the Charitable Funds as at 31 March 2019 were £1,274,766. Further details are provided in the annual accounts and notes.

Reserves policy

The policy of the Trustee is to spend charitable funds and not allow funds to accumulate. The policy states that fund holders need to balance the interests of present and future beneficiaries of the fund. Expenditure plans should ideally aim to spend a minimum target of 10% of the fund per annum and raise funds equal to 10% of income per annum.

The Trustee considers that it should be the aim to hold sufficient reserves to be able to provide funds to meet charitable expenditure as it is incurred and to review the position on an annual basis. Access to the funds is encouraged so that cash is used often to provide benefits to the current and former service users of the Northumberland, Tyne and Wear NHS Foundation Trust. It has not yet been considered necessary to hold a set amount in reserves as in many instances the minimum spend targets are not yet being met.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Plans for future periods

The Trustee reviews the spending priorities for each fund quarterly at the Charitable Funds Sub-Committee meetings and fund holders are regularly notified of balances.

Charitable fund activity will be consistent with the Trust's business plan and be set against identified corporate objectives.

Future plans for the coming year include the appointment of a Fundraiser for the Charity.

Going concern

The Charity's Trustee has a reasonable expectation that the Charity has adequate fund balances to continue in operational existence for the foreseeable future.

This expectation is based upon fund balances as at the 31st March 2019 of £1,274,766 with minimal future liabilities and commitments.



Cumbria, Northumberland Tyne and Wear
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A big thank you!

On behalf of the staff and patients who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank all patients, relatives and staff who have made charitable donations.



Cumbria, Northumberland Tyne and
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Annual Accounts 2018-19

The annual accounts for the Charitable Funds are published on the Trust's Intranet site. Further copies can be obtained from Mr James Duncan at the Principal Office

Les Boobis
Non-Executive Director

James Duncan
Executive Director of Finance
and Deputy Chief Executive

Chair - Charitable Funds Sub-Committee
Signed on behalf of the Corporate Trustee

Charitable Funds Sub-Committee
Signed on behalf of the Corporate Trustee

Date:

Cumbria, Northumberland Tyne and Wear
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Cumbria, Northumberland Tyne and
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Independent examiner's report to the Trustee of Northumberland, Tyne and Wear NHS Foundation Trust Charity

I report on the financial statements of the Charity for the year ended 31 March 2019, which are set out on pages 24 to 36.

Respective responsibilities of trustees and examiner

The charity's trustee is responsible for the preparation of the financial statements. The charity's trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the financial statements under section 145 of the 2011 Act;
- follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- state whether particular matters have come to my attention.

This report, including my statement, has been prepared for and only for the charity's trustee as a body. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustee as a body for my examination work, for this report, or for the statements I have made.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the financial statements presented with those records. It also includes consideration of any unusual items or disclosures in the financial statements, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the financial statements present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, which is complete, no matters have come to my attention which give me reasonable cause to believe that in any material respect:

- accounting records were not kept in respect of Northumberland, Tyne and Wear NHS Foundation Trust Charity in accordance with section 130 of the 2011 Act; or
- the financial statements do not accord with those records; or
- the financial statements do not comply with the applicable requirements concerning the form and content of financial statements set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the financial statements give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.



Name: Cameron Waddell (CPFA)

for and on behalf of Mazars LLP

Relevant professional qualification or body: CIPFA

Address: Salvus House, Aykley Heads, Durham DH1 5TS

Date: 2 October 2019

Cumbria, Northumberland Tyne and Wear
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Fundraising news

RECOVERY

The largest bid for the year was £180,000 which helped to develop and support the Recovery colleges in Northumberland, Newcastle, Gateshead and South Tyneside and Sunderland localities.

Beadnell Mother and Baby Unit

SHINE Fund monies were used to purchase garden furniture for the Beadnell Mother and Baby Unit. The furniture has enhanced the outside environment for patients and their babies making it a nice space to enjoy the summer months.



Alnmouth Ward

SHINE Funds were used to help purchase various sensory equipment for Alnmouth Ward at St. George's Park which has provided huge therapeutic benefits to all patients.

A table tennis table and other exercise equipment has also been purchased which has increased patient mood as well as encouraging improved mobilisation.

Walkergate Park

A former patient of Walkergate Park held a fundraising night and raised an amazing £1,000 for the SHINE Charity and service users at Walkergate Park.

Gazebo

Patients were asked what they would like to see the money used for and it was decided that a gazebo would be purchased. The gazebo enables patients and their families to spend more time outdoors, have a break away from the ward environment, and enjoy the gardens and fresh air.

Pop up shop

With the help of SHINE Fund monies a pop up shop was created for service users to help run as well as being able to buy from. With not many shops locally, this meant that service users were able to purchase items such as shampoo, shower gel etc without having to wait for visitors to bring these items in for them. This was a great initiative that allowed patients to set personal goals to aid their recovery such as cash handling and communication skills. The monies from the shop were reinvested back into purchasing items and any surplus given back to the SHINE Fund.



Halloween party

Walkergate Park held a Halloween party for friends and family of service users. Money from the SHINE Fund was used to purchase soft drinks, snacks and hot dogs for the family event.

The party was a huge success allowing service users to enjoy a celebratory event with family and friends away from the ward environment.

Great North Run 2018



Our 2018 Great North Runners who raised a fantastic £2723.29 for the SHINE fund.
Well done everyone!

Summer Fayres

Hopwood Park and Walkergate Park both held summer fayres and raised £403.66 and £1089.80 respectively.
Thank you!



Cumbria, Northumberland and Tyne & Wear
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Alnwood Garden

The garden facilities at Alnwood Unit were fully redeveloped in summer and autumn 2018, with new features including outdoor furniture, garden walls decorated in bright colours, improved sitting areas and new horticultural beds. The renovation was made possible thanks to funding from the SHINE fund.



Patients have enjoyed yoga sessions, music events and trips to Beamish and Christmas celebrations all funded by Charitable monies.



Several wards have benefited from the purchase of new TVs, activity equipment such as sewing machines, fishing gear, games consoles, Karaoke machines and gardening items.

Cumbria Northumberland Tyne and Wear
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Annual Accounts

Cumbria, Northumberland Tyne and Wear
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Statement of financial activities

	Note	2018/19			2017/18		
		Unrestricted Funds	Restricted Funds	Total 2018/19	Unrestricted Funds	Restricted Funds	Total 2017/18
		£000	£000	£000	£000	£000	£000
INCOMING RESOURCES							
Incoming resources from generated funds							
Income from donations and legacies							
Donations		42	0	42	21	1	22
Legacies		0	7	7	0	3	3
Sub total income from donations and legacies	3.1	42	7	49	21	4	25
Other trading activities	3.2	10	0	10	3	0	3
Income from investments	3.3	10	0	10	8	0	8
Other income	3.4	0	0	0	3	0	3
TOTAL INCOME FROM CHARITABLE ACTIVITIES		62	7	69	35	4	39
EXPENDITURE ON CHARITABLE ACTIVITIES							
Expenditure on raising funds	4.1	(1)	0	(1)	(2)	0	(2)
Expenditure on charitable activities	4.2	(204)	(3)	(207)	(104)	0	(104)
TOTAL EXPENDITURE ON CHARITABLE ACTIVITIES		(205)	(3)	(208)	(106)	0	(106)
Net income/(expenditure)		(143)	4	(139)	(71)	4	(67)
Transfers between funds		0	0	0	0	0	0
NET (Outgoing) Resources		(143)	4	(139)	(71)	4	(67)
Other recognised gains/ (losses)							
Gains/(losses) on revaluation and disposal of investment assets		0	0	0	0	0	0
NET MOVEMENT IN FUNDS	5	(143)	4	(139)	(71)	4	(67)
Fund balances brought forward		1,374	40	1,414	1,445	36	1,481
Funds transferred in from other NHS Charities due to reorganisation		0	0	0		0	0
FUND BALANCES CARRIED FORWARD	9	1,231	44	1,275	1,374	40	1,414

Balance sheet

	2018/19				2017/18		
	Note	Unrestricted Funds	Restricted Funds	Total 2018/19	Unrestricted Funds	Restricted Funds	Total 2017/18
		£000	£000	£000	£000	£000	£000
CURRENT ASSETS							
Short term investments and deposits	6	450	0	450	450	0	450
Debtors		2	0	2			
Cash at bank and in hand	7	791	44	835	935	40	975
TOTAL CURRENT ASSETS		1,243	44	1,287	1,385	40	1,425
CURRENT LIABILITIES							
Payables	8	12	0	12	11	0	11
TOTAL CURRENT LIABILITIES		12	0	12	11	0	11
TOTAL CURRENT ASSETS LESS CURRENT LIABILITIES		1,231	44	1,275	1,374	40	1,414
TOTAL NET ASSETS		1,231	44	1,275	1,374	40	1,414
FUNDS OF THE CHARITY							
Restricted		0	44	44	0	40	40
Unrestricted		1,231	0	1,231	1,374	0	1,374
TOTAL FUNDS	9	1,231	44	1,275	1,374	40	1,414

The financial statements were approved by the Board on
by:

and signed on its behalf

John Lawlor
Chief Executive

Cumbria, Northumberland Tyne and Wear
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Notes to the accounts

1. Accounting Policies

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at their fair value.

The Northumberland Tyne and Wear NHS Foundation Trust Charity is a public benefit entity.

The financial statements have been prepared in accordance with the Statement of Recommended Accounting Practice: Accounting and Reporting by Charities (SORP) Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view.' This departure has involved following Accounting and reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities : Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustee considers that there are no material uncertainties about the Northumberland Tyne and Wear NHS Foundation Trust Charity's ability to continue as a going concern. There are no material uncertainties or key risks affecting the current year's accounts.

1.1 Funds structure

The Northumberland Tyne and Wear NHS Charity is a UK Charity registered with the Charity Commission (charity number 1165788). The Charity was formally established on 1st April 2016.

The Northumberland Tyne and Wear NHS Foundation Trust Charity has both restricted and unrestricted funds but has no endowment funds. The charity has specific funds for certain service areas which have specific objectives and purposes and are classified as unrestricted designated funds. If a general donation is made and no specific area is identified then the monies are paid into the the SHINE Fund which is used for the general benefit of services users and former service users of the Northumberland Tyne and Wear NHS Foundation Trust at the discretion of the Trustees. The major funds are disclosed in note 9.

1.2 Incoming resources

All incoming resources are recognised once the charity has entitlement to the resources, it is probable that the resources will be received and the monetary value of the incoming resources can be measured with sufficient reliability.

Where there are terms and conditions attached to the incoming resources, particularly grants, then these terms and conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms and conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown in the balance sheet as deferred income.

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Notes to the accounts (continued)

1.2.1 Legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

1.3 Resources Expended and Irrecoverable VAT

All expenditure has been accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

1.3.1 Expenditure on Raising Funds

Expenditure on raising funds are those costs attributable to generating income for the charity, other than those costs incurred in under expenditure on charitable activities. These costs include expenses for fundraising activities.

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1.3.2 Expenditure on Charitable Activities

Expenditure on charitable activities comprise all the costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 4.

Governance costs are also included within Expenditure on Charitable Activities comprising recharges of appropriate apportions of the funds administration costs from the Northumberland, Tyne and Wear NHS Foundation Trust, plus internal audit and independent examination fees, system costs and legal and professional charges.

1.4 Receivables

Receivables are amounts owed to the charity. They are measured on the basis of their recoverable amount.

1.4 Cash and Cash Equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in less than 90 day notice interest bearing savings accounts.

1.5 Payables

Payables are amounts owed by the charity. They are measured at the amounts that the charity must pay to settle the debt.

1.6 Realised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value (or date of purchase if later).

1.7 Pensions

The charity does not employ any staff and does not make contributions to a pension scheme.

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2. Related Party Transactions

Northumberland Tyne and Wear NHS Foundation Trust patients are the main beneficiaries of the charity and the Trust (including its subsidiary NTW Solutions Ltd) is a related party by virtue of being corporate trustee of the charity. As the Northumberland Tyne and Wear NHS Foundation Trust has been determined to have control over the charity and are the main beneficiaries, the Northumberland Tyne and Wear NHS Foundation Trust is the controlling parent of the Charity as a subsidiary. The charity has provided funding to the Trust for approved expenditure made on behalf of the charity. During the current financial year this funding amounted to £194,000 for patients welfare and amenities.

The Northumberland Tyne and Wear NHS Foundation Trust is a provider of mental health and disability services in the Northumberland Tyne and Wear regions. The registered address for the Trust is St Nicholas Hospital, Jubilee road, Gosforth, Tyne and Wear NE3 3XT.

The charity has no employees. Compensation was paid to the Northumberland Tyne and Wear NHS Foundation Trust of £4,652 for key personnel to provide administration and accounting services. There was £nil remuneration or expenses paid directly to trustees or staff employed by the Northumberland Tyne and Wear NHS Foundation Trust.

During the year no members with delegated responsibility for the Trustee, or parties related to them has undertaken any material transactions with the Northumberland, Tyne and Wear NHS Foundation Trust Charity.

Northumberland, Tyne and Wear NHS Foundation Trust is the sole corporate trustee of the charity. Delegated responsibility of the the Trustee is applied to executive and non-executive members of Northumberland, Tyne and Wear NHS Foundation Trust Board (names listed below).

Ken Jarrod	-	Chair
John Lawlor	-	Chief Executive
James Duncan	-	Executive Director of Finance and Deputy Chief Executive
Dr Rajesh Nadkarni	-	Executive Medical Director
Gary O'Hare	-	Executive Director of Nursing and Operations
Lisa Quinn	-	Executive Director of Commissioning and Quality Assurance
Lisa Crichton-Jones	-	Executive Director of Workforce and Organisational Development (up to 1/06/18)
Lynne Shaw	-	Acting Executive Director of Workforce and Organisational Development (from 1/06/18)
Martin Cocker	-	Non-Executive Director (up to 31/12/18)
Alexis Cleveland	-	Non-Executive Director
Ruth Thompson	-	Non-Executive Director (up to 31/12/18)
Dr Les Boobis	-	Non-Executive Director
Peter Studd	-	Non-Executive Director
Miriam Harte	-	Non-Executive Director
David Arthur	-	Non-Executive Director (from 14/01/19)
Michael Robinson	-	Non-Executive Director (from 16/01/19)

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3. Incoming resources

	Note	2018/19			2017/18		
		Unrestricted Funds	Restricted Income Funds	Total	Unrestricted Funds	Restricted Income Funds	Total
		£000	£000	£000	£000	£000	£000
INCOME FROM DONATIONS AND LEGACIES							
Public donations		37	0	37	18	1	19
Electronically received donations		1	0	1	3	0	3
Corporate donations		4	0	4	0	0	0
Legacies		0	7	7	0	3	3
TOTAL INCOME FROM DONATIONS AND LEGACIES	3.1	42	7	49	21	4	25
OTHER TRADING ACTIVITIES							
Fund raising income		8	0	8	2	0	2
Collections		2	0	2	1	0	1
Lotteries		0	0	0	0	0	0
TOTAL OTHER TRADING ACTIVITIES	3.2	10	0	10	3	0	3
INCOME FROM INVESTMENTS							
Bank interest received		10	0	10	8	0	8
TOTAL INCOME FROM INVESTMENTS	3.3	10	0	10	8	0	8
OTHER INCOME							
Other income received		0	0	0	3	0	3
TOTAL OTHER INCOME	3.4	0	0	0	3	0	3
TOTAL INCOMING RESOURCES		62	7	69	35	4	39

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4. Expenditure on charitable activities

	Note	2018/19			2017/18		
		Unrestricted Funds	Restricted Income Funds (14)	Total	Unrestricted Funds	Restricted Income Funds (14)	Total
		£000	£000	£000	£000	£000	£000
EXPENDITURE ON RAISING FUNDS							
Event Costs		1	0	1	2	0	2
TOTAL EXPENDITURE ON RAISING FUNDS	4.1	1	0	1	2	0	2
EXPENDITURE ON CHARITABLE ACTIVITIES							
Activities in furtherance of the charities objectives							
Patients' Welfare and Amenities		191	3	194	98	0	98
Capital: Equipment		4	0	4	0	0	0
TOTAL EXPENDITURE ON ACTIVITIES IN FURTHERANCE OF THE CHARITIES OBJECTIVES		195	3	198	98	0	98
GOVERNANCE COSTS							
Independent Examiners Fee		1	0	1	1	0	1
Legal and Set Up Fees		0	0	0		0	0
System Set Up and Maintenance Costs		0	0	0	1	0	1
Administration Costs		8	0	8	4		4
TOTAL GOVERNANCE COSTS		9	0	9	6	0	6
TOTAL EXPENDITURE ON CHARITABLE ACTIVITIES	4.2	204	3	207	104	0	104

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5. Changes in resources available for charity use

	Note	2018/19			2017/18		
		Unrestricted Funds	Restricted Funds	Total	Unrestricted Funds	Restricted Funds	Total
		£000	£000	£000	£000	£000	£000
Net movement in funds for the year before transfers	5	(143)	4	(139)	(85)	4	(81)
Funds transferred in from other NHS Charities due to reorganisation		-	-	0	0	0	0
NET INCREASE IN FUNDS FOR THE YEAR		(143)	4	(139)	(85)	4	(81)

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6. Current asset investments

	2018/19	2017/18
	£000	£000
Short term deposits	450	450
TOTAL CURRENT ASSET INVESTMENTS	450	450

7. Cash and cash equivalents

	2018/19	2017/18
	£000	£000
Bank current account	835	975
TOTAL CASH AND CASH EQUIVALENTS	835	975

8. Payables

	2018/19	2017/18
	£000	£000
Accruals	12	11
TOTAL PAYABLES FALLING DUE WITHIN ONE YEAR	12	11

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9. Details of material funds

9.1 Restricted funds

2018/19						
	Fund balances 1st April 2018	Incoming resources	Resources expended		Transfers from other NHS Charities	Fund balances 31st March 2019
			Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000	£000
Tranwell restricted fund	23	0	0	0	0	23
St Nicholas Hospital restricted fund	14	0	0	0	0	14
Ferndene restricted fund	3	0	0	0	0	3
Northgate - George Bright Legacy	0	7	(3)	0	0	4
TOTALS	40	7	(3)	0	0	44

2017/18						
	Fund balances 1st April 2017	Incoming resources	Resources expended		Transfers from other NHS Charities	Fund balances 31st March 2018
			Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000	£000
Tranwell restricted fund	22	1	0	0	0	23
St Nicholas Hospital restricted fund	14	0	0	0	0	14
Ferndene restricted fund	0	3				3
TOTALS	36	4	0	0	0	40

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9.2 Unrestricted funds


2018/19						
	Fund balances 1st April 2018 restated	Incoming resources	Resources expended		Transfers from other NHS Charities	Fund balances 31st March 2019
			Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000	£000
SHINE Fund	1,056	19	(262)	0	0	813
Castleside Ward fund	43	0	(2)	0	0	41
Aldervale Ward fund	40	3	(6)	0	0	37
Woodhorn fund	17	0	(1)	0	0	16
Huntingtons Disease fund	17	2	0	0	0	19
Centre for Elderly fund	14	0	0	0	0	14
Richardson Eating Disorders fund	12	0	(1)	0	0	11
Claremont House Psychology fund	10	0	0	0	0	10
Others (72 Funds)	165	218	(113)	0	0	270
TOTALS	1,374	242	(385)	0	0	1,231

The SHINE Fund is the only material fund held by the Northumberland, Tyne and Wear NHS Foundation Trust Charity and this fund is a general fund relating to the current and former service users of the Trust. This fund is accessed on the basis of bids approved and there are no restrictions or planned usage of this fund identified at the 31 March 2019.

The opening fund balance figures were restated due to split between funds being incorrect last year, although this did not affect the total.

2017/18						
	Fund balances 1st April 2017	Incoming resources	Resources expended		Transfers from other NHS Charities	Fund balances 31st March 2018
			Activities undertaken directly	Support costs		
	£000	£000	£000	£000	£000	£000
SHINE Fund	1,092	26	(52)	(6)	0	1,060
Aldervale Ward fund	59	1	(15)	(1)	0	44
Castleside Ward fund	46	1	(6)	0	0	41
Centre for Elderly fund	18	0	(1)	0	0	17
Claremont House Psychology fund	17	0	0	0	0	17
Woodhorn fund	15	0	(1)	0	0	14
Huntingtons Disease fund	12	3	(3)	0	0	12
Richardson Eating Disorders fund	13	0	(3)	0	0	10
Others (71 Funds)	173	7	(21)	0	0	159
Totals	1,445	38	(102)	(7)	0	1,374

The SHINE Fund is the only material fund held by the Northumberland, Tyne and Wear NHS Foundation Trust Charity and this fund is a general fund relating to the current and former service users of the Trust. This fund is accessed on the basis of bids approved and there are no restrictions or planned usage of this fund identified at the 31 March 2018.



This report is available on request in other formats; we will do our best to provide a version of this report in a format that meets your needs.

**For other versions please telephone
0191 246 6977 or email us at
qualityassurance@cntw.nhs.uk**

Copies of the Annual Report can be obtained from
our website www.cntw.nhs.uk

If you have any feedback or suggestions on how we could
improve our annual report, please do let us know by calling
0191 246 7238.

Copies can be obtained by contacting:

Marketing Department
St. Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT
Tel: 0191 246 7238

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: December 4 th , 2019
Title and Author of Paper: Treasury Policy, Dave Rycroft Deputy Director of Finance and Business Development
Executive Lead: James Duncan, Director of Finance /Deputy Chief Executive
Paper for Debate, Decision or Information: Decision
Key Points to Note: <ul style="list-style-type: none">• The draft Treasury Policy was discussed at the Resource & Business Assurance Committee on 30th October 2019 and a recommendation was made for the Trust Board to approve the draft policy attached in appendix 1 which includes a summary of the draft changes made.• Approval of the Treasury Policy is a decision reserved to the Trust Board.• The Trust pays a dividend payment of 3.5% to the Department of Health and Social Care on average net relevant assets less average cash balances held in Government Banking Service (GBS) accounts. As interest rates available from investments with the selected safe harbour institutions are significantly below the dividend calculation rate of 3.5%, it has been more cost effective since April 2013 to retain surplus cash balances in the National Loans Fund Temporary Deposit account (0.70% October 19) or in the Government Banking Service account (0.64%).• It is unlikely in the foreseeable future that interest rates will rise above 3.5%. This will result in cash being retained in the GBS account or invested into the National Loans Temporary Deposit account when the rates are higher where a rate of interest will be achieved in addition to the 3.5% dividend relief rate.• Investment tactics are therefore extremely low risk for the foreseeable future but the policy has the flexibility built in should there be a significant change in interest rates. <p><i>Changes to the policy since the last review are highlighted in yellow for ease of reference</i></p>
Risks Highlighted to Board: None
Does this affect any Board Assurance Framework/Corporate Risks? Please state Yes or No If Yes please outline No
Equal Opportunities, Legal and Other Implications: None
Outcome Required: Board approval of the draft Treasury Policy
Link to Policies and Strategies: Standing Financial Instructions

Document Title	Trust Treasury Policy			
Reference Number	CNTW(O)74			
Lead Officer	Deputy Chief Executive / Executive Director of Finance			
Author(s)	Deputy Director of Finance & Business Development			
Ratified by	Trust Board			
Date ratified	XX 2019			
Implementation Date	XX 2019			
Date of full implementation	XX 2019			
Review Date	XX 2022			
Version number	V02			
Review and Amendment Log	Version	Type of Change	Date	Description of Change
	V01	New	Feb 2014	New Documentation
	V02	Review	XX 2018	Review & Change of Author

This Policy supersedes the following Policy which must now be destroyed:

Document Number	Title
CNTW(F)15-01	Treasury Policy

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Treasury Policy

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1 Introduction

1.1 Treasury Management generally refers to the set of policies, strategies and transactions that an organisation adopts and implements to manage its cash resources, to raise finance at acceptable cost and risk, and to reduce interest rate, foreign exchange and commodity price risks. As well as, the conduct of relationships with financial stakeholders (mainly banks).

1.2 This Treasury Management Policy has been written in line with the principles of 'Managing Operating Cash in NHS Foundation Trusts' published by Monitor in December, 2005, which states

'Under section 17 of the Health and Social Care Act (Community Health and Standards) NHS Foundation Trusts have wide discretion to invest money (other than money held by them as a trustee) for the purposes of, or in connection with, their functions. While this freedom offers a greater opportunity to improve patient care, it should be managed carefully to avoid financial and / or reputational risks'.

<https://www.gov.uk/government/publications/nhs-foundation-trusts-managing-operating-cash>

1.3 This Policy is designed to set out the appropriate levels of short to medium term investments to ensure ongoing liquidity while maintaining a competitive rate of interest for the Trust.

2 Purpose

2.1 Scope of the Treasury Function

The objectives of the treasury function are to support the Trust's operations by:

- Ensuring a competitive rate of return on surplus funds within the Trust's low 'safe harbour' risk profile
- Ensuring the availability of cash to meet operational requirements
- Ensuring the availability of flexible, competitively priced funding at all times
- Monitoring the Trust's exposure to interest rate and foreign exchange risk
- Ensuring compliance with all the Trust's banking covenants

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2.2 Current Position

- 2.2.1 At present, the Trust has two main operational bank accounts. The principal accounts are held with Royal Bank of Scotland which receives the majority of Trust income and processes the majority of the Trust's payments. It is the net balance of this account which counts as funds held in the Government bank account. A commercial account with Lloyds is used for some income and minor banking facilities and small value faster payments. At October 2019, funds held in the Government bank accounts (net balances) receive a rate of 0.64% and the Lloyds account receives a rate of interest of 0.70%.
- 2.2.2 On an annual basis, the Trust pays a dividend payment of 3.5% to the Department of Health (DH) on average net relevant assets less cash held in Government Banking Service (GBS) Accounts. Prior to the 2013 / 14 financial year, the cash balances held at 1st April and 31st March only were included in the calculation. From 1st April, 2013, average cash balances have been used for the dividend calculation. This is based on daily cash balances held in GBS accounts (including the National Loans Fund Temporary Deposit Account).
- 2.2.3 Where interest rates available from investments are significantly below the dividend calculation rate, which is currently 3.5%, it is more cost effective to retain cash balances in the National Loans Fund Temporary Deposit Account, where rates are currently in the region of 0.70% (October 2019) or in the GBS account where a rate of interest is earned of 0.64% in addition to the 3.5% PDC benefit.
- 2.2.4 Where interest rates available from investments exceed the cost benefit of retaining cash balances in GBS accounts including the National Loans Fund Temporary Deposit Account, then investments should be made.

2.3 Treasury Controls

- 2.3.1 The wide range of complex financial instruments available to companies can significantly reduce financial risk when used wisely. Equally they can lead to financial distress when used unwisely.
- 2.3.2 The following treasury controls proposed in this document are designed to ensure the Trust's treasury activities are undertaken in a controlled and properly reported manner.
- 2.3.3 The key components of the overall treasury-operating environment include:
- Clearly defined roles and responsibilities, as laid out in section 3
 - Regular reporting of treasury activities
 - Controls on who can operate bank accounts and authorisation limits
 - Segregation of duties across the treasury function
 - Limits on where and the value of cash that can be placed, as detailed in section 5.3.7

2.4 In Summary

2.4.1 Treasury management is the efficient management of liquidity and financial risks in a business and the actions to manage these risks will vary as their nature changes over time.

2.4.2 This policy is designed to provide a clearly defined risk management framework for those responsible for treasury operations.

3 Duties, Accountability and Responsibilities

3.1 Trust Board

Decisions reserved to the Board include:

- Approval of banking arrangements for;
 - The appointment of bankers
 - The opening and closing of bank accounts
 - Working capital facilities
- Approval of the Treasury Policy which includes;
 - Agreeing a list of permitted institutions where the Trust can invest temporary cash surpluses
 - Setting investment limits
 - Setting permitted investment types

3.2 Resource and Business Assurance Committee (RABAC)

3.2.1 Monitor's guidance recommends the setting up of an Investment Committee to report to the Board. Given the scope of the Trust's current treasury function the Director of Finance considers this responsibility is suitable for the Resource and Business Assurance Committee. The responsibilities of the Resource and Business Assurance Committee in relation to treasury management are:

- Ensure the Trust's investment and borrowing strategy retains a low (safe harbour) risk profile
- Approve investments in accordance with the Treasury Policy and monitor performance
- Monitor compliance with Treasury Policies and Procedures

3.3 Director of Finance

3.3.1 The Director of Finance or nominated deputy will be responsible for:

- Approving cash management systems
- Ensuring approved bank mandates are in place for all accounts and that they are updated regularly for any changes in signatories and authority levels

- Liaising with the Deputy Director of Finance & Business Development and the Director of Finance NTW Solutions Ltd to discuss issues and consider any points that should be brought to the attention of the RABAC

3.4 Deputy Director of Finance & Business Development

3.4.1 The Deputy Director of Finance & Business Development will be responsible for:

- Defining the Trust's treasury approach for approval by the RABAC
- Reporting on treasury activities on an accurate and timely basis
- Managing key banking relationships
- Managing treasury activities within agreed policies and procedures
- Maintaining accurate and timely accounting records of treasury activities

4 Definition of Terms

Term	Definition
The Trust	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Stakeholder	A person or group with a direct interest, involvement, or investment in the policy. For example, employees, service users and / or carers, ethnic groups, local authorities
The Board	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Board
RABAC	Resource and Business Assurance Committee
NHS Improvement	A non-departmental public body established in 2004: the sector regulator of NHS-funded Health Care Services
Fitch Moody's Standard and Poor's	Leading recognised industry rating agencies
Safe harbour	An investment which is considered sufficiently safe that it does not require an individual review or a report to NHS Improvement

5 Procedure / Process

Key Treasury Functions including Risks.

5.1 Borrowing

5.1.1 The principle role of the treasury management function is to maintain liquidity, and ensure a competitive return on surplus funds while maintaining a low risk profile. For example, all surplus funds will be invested in recognised 'safe harbour' investments with a maturity date of no more than twelve months.

- 5.1.2 The key-funding objective is to ensure the Trust has sufficient liquidity to cover its business cash-flows, and provide reasonable flexibility for seasonal cash-flow fluctuations and capital expenditure.
- 5.1.3 The Trust maintains a risk averse stance to borrowing and therefore:
- Requires approval from the Board of Directors before obtaining any proposed borrowing facilities
 - Forbids entrance into trading positions or purely speculative trading
 - Recognises in principle the ongoing need to have available funds in place to cover existing business cash flows and to provide reasonable headroom for seasonal cash-flow fluctuations, capital expenditure programmes and acquisition financing
 - Forbids pre financing in anticipation of potential projects
- 5.1.4 The Finance Department also holds for safekeeping the Bank Mandates and other authorised signatory schedules.
- 5.1.5 CNTW will review its cash requirements and any application for an overdraft facility or for additional borrowing will be made by the Director of Finance subject to the Trust's Policies and Procedures which comply with the instructions issued by the independent regulator.
- 5.1.6 CNTW will adopt a risk averse attitude to borrowing, preferring to use existing business cash-flows to provide the headroom required.
- 5.1.7 CNTW will not allow its authorised assets to be used for secured loans.
- 5.1.8 All short term borrowings will be kept to the minimum period possible with any short term borrowings greater than one month being authorised by the Director of Finance.
- 5.1.9 All long term borrowings must be consistent with the plans outlined in the Trust's Business Plan.

5.2 Safe Harbour (Investments)

- 5.2.1 Monitor's guidance strongly recommends trusts only invest in safe harbour investments. The guidance defines a safe harbour as:
- 5.2.2 Securities, that are considered sufficiently safe and liquid to be in the 'safe harbour', meet all of the following criteria:
- Meet permitted rating requirement issued by a recognised rating agency
 - Are held at a permitted institution
 - Have a defined maximum maturity date

- Are denominated in sterling with any payments or repayments for the investment repayable in sterling
- Pay interest at a fixed, floating or discount rate; and
- Are within the preferred concentration limit

5.2.3 These investments include deposits into the National Loans Fund Temporary Borrowing Facility, money market deposits, money market funds, government and local authority bonds and debt obligations, certificates of deposit, and sterling commercial paper.

5.2.4 Safe harbour means that NHS Foundation Trust Boards do not need to undertake an individual investment review for these investments nor will NHS Improvement require a report on them as part of its risk assessment process, since they are deemed to have sufficiently low risk.

5.2.5 It is recommended that the Trust should not invest outside of safe harbours.

5.3 Investments / Deposits

5.3.1 All cash balances should remain in a comparatively liquid form. Therefore investments / deposits will fall into two categories 'short term' - overnight up to but not exceeding three months and 'short to medium term' - between three months and twelve months.

5.3.2 At all times there must be enough cash available to meet operational requirements.

5.3.3 Cash deposits should only be placed with institutions, in line with deposit limits agreed by the Board and based on recognised industry ratings.

5.3.4 The three leading recognised industry rating agencies are Moody's, Standard and Poor's (S and P) and Fitch. The ratings hierarchies used by each agency to rate the security of institutions are as follows:

	Moody's	Standard and Poor's	Fitch
Long Term Deposits	AAA to C (1 – 3)	AAA to D (+ or -)	AAA to D (+ or -)
Short Term Deposits	P-1 P-2 P-3	A-1 to D (+ or -)	F1 to D (+ or -)

5.4 Moody's

5.4.1 Long-term ratings – 'AAA' rated are judged to be of highest quality and are subject to very low credit risk. The modifiers '1', '2' and '3' are appended to denote relative ranking within major ranking categories. Modifier '1' is the higher end of the rating category, '2' indicates a mid-range ranking and '3' a lower end rating. Speculative issues are rated Ba1 to C.

5.4.2 Short-term ratings – Prime ‘P-1’ have a superior ability to repay short-term obligations.

5.5 Standard and Poor’s

5.5.1 Long-term ratings – ‘AAA’ rated has extremely strong capacity to meet its financial commitments. ‘AA’ rated has a very strong capacity and ‘A’ rated has a strong capacity to meet their financial commitments. + and – indicate where within the category the indicator is placed.

5.5.2 Short-term ratings - ‘A-1’ is rated in the highest category by Standard & Poor. Within this category, certain obligators are designated with a + sign. This indicates that the obligator’s capacity to meet these obligations is extremely strong. The modifiers ‘+’ or ‘-’ may be appended to a rating to denote relative status within the major rating category.

5.6 Fitch

5.6.1 Long-term ratings – ‘AAA’ ratings imply very high credit quality and very low credit risk. They indicate very strong capacity for payment of financial commitments. This capacity is not significantly vulnerable to foreseeable events. The modifiers ‘+’ or ‘-’ may be appended to a rating to denote relative status within major rating categories.

5.6.2 Short-term ratings – ‘F1’ is the highest quality rating. Strongest capacity for timely payment of financial commitments.

5.7 Investments / deposits will be limited as follows:

5.7.1 The National Loans Fund (NLF) Temporary Deposit Facility (TDF) is operated by the Exchequer Funds and Accounts Team (EFA) of HM Treasury and exists to enable UK Government bodies (including NHS Foundation Trusts) to invest surplus funds arising from operating activities and earn a market rate of interest while avoiding the risks of commercial banks and keeping the funds within the Government Banking Service (GBS).

5.7.2 The minimum deposit will be £1,000,000 or such other figure as HM Treasury may from time to time agree. Deposits above the threshold may be made in round thousands, and may be accepted for any period from seven days to six months. In all cases, the period of the deposit must be agreed at the time HM Treasury agrees to accept the deposit.

5.7.3 Deposits are processed in accordance with the Guidance for the National Loans Fund Temporary Borrowing Facility.

5.7.4 Short Term Deposits:

- Minimum rating required – Moody’s ‘P-2’, S&P ‘A-2’ or Fitch ‘F2’
 - Maximum deposit with any single institution up to one month - £10m

- Maximum deposit with any single institution between one and up to three months - £8m
- More cash will be available, especially mid-month for short term deposit. Daily deposits and instant access arrangements are unlimited

5.7.5 Short to Medium Term Deposits:

- Minimum rating required - Moody's 'A', S&P 'A' or Fitch 'A'
 - Maximum deposit with any single institution between three and up to six months - £6m
 - Maximum deposit with any single institution between six and up to twelve months - £5m

5.7.6 Concentration Limit:

- In addition to above threshold limits, for all deposits other than daily deposits:
- No more than 50% of total cash held may be invested on a fixed term basis with a single institution, for example, if total cash to be deposited was £10m – a maximum of £5m can be placed with a single institution for any deposit other than an overnight deposit. Instant access or daily deposits are excluded from this arrangement.

5.8 Authorisation Level for Investments

5.8.1 Investments will require authorisation as follows:

Investment	Authorisation Required
Daily investments/Instant Access investments and Deposits into the National Loans Fund Temporary Borrowing Facility (NLF 1 week investments only)	Associate Director of Finance & Business Development
Investments up to 1 month and less than £2m	Associate Director of Finance & Business Development
Investments up to 1 month and in excess of £2m	Deputy Director of Finance
Investments up to 3 months	Director of Finance
Investments over 3 months	Resource & Business Assurance Committee

5.9 Selected Institutions

5.9.1 Permitted institutions as laid out in Monitor's guidance are:

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- Institutions that have been granted permission, or any European institution that has been granted a passport, by the Financial Services Authority to do business with UK institutions; and
- The UK Government or an executive agency of the UK Government that is legally and constitutionally part of any department of the UK Government, including the UK Debt Management Agency Deposit Facility

5.9.2 It is proposed that the Trust has a panel of the following UK banking institutions:

5.9.2.1 The current ratings as at **October 19** are as follows:

	Moody's S – M		Standard and Poor's S – MS		Fitch S – MS	
Lloyds TSB	Aa3	P-1	A	A-1	A+	F1
Barclays Bank	A1	P-1	A	A-1	A+	F1
HSBC Bank	Aa3	P-1	AA-	A-1+	AA-	F1+
Royal Bank of Scotland Nat West	A3	P-2	BBB+	A-2	BBB+	A2
Santander UK	Aa3	P-1	A	A-1	A+	F1

Key: S – Short
MS – Medium Short

5.9.3 Where investments are actively taking place, ratings will be reviewed on a six month basis by the Patients Finance and Cashiers Manager, or if adverse information becomes available.

5.9.4 Adverse ratings will be reported and the policy amended where appropriate (by approval from the Director of Finance and subsequent **RABAC** approval).

5.9.5 The investment mandate form at Appendix 1, approved by the Chief Executive, is required to be in place for all counterparties.

5.10 System Controls

5.10.1 The Finance function must follow the controls below when placing investments:

- The investment must not exceed the maximum limits set above.
- Investments must be direct and not through a third party.
- The counterparty will always be selected by a competitive tendering process involving two simultaneous competitive quotations obtained by telephone.

Where not practicable, the counterparty will be selected by reference to the results of recent competitive tenders. A log should be maintained to record the rates on offer from counterparties. However, they are meaningless on their own and are only useful if compared to rates of other counterparties requested at the same time.

- The main risk relates to the potential failure of the investment body. This can be partly offset by diversifying the investments to spread the risk in accordance with the limits set above.
- The deposit transaction will be processed by the Central Cashiers Co-Ordinator (cover arrangements include the Patients Finance and Cashiers Team Leader). Authorisation of the transfer of funds will apply in accordance with the Trust's bank mandates. Authorisation must be independent of the member of staff processing the transfer.
- A written confirmation will be produced by the Trust for all investments and withdrawals. This confirmation is prepared by the Chief Cashier or Patients Finance and Cashiers Manager, and is e-mailed to the Deputy Director of Finance and the Associate Director of Finance & Business Development for approval on the day the investment is placed. On receipt of the investment, the relevant bank will confirm receipt / withdrawal by e-mail or letter if the investment is placed with the National Loan fund.
- A Monthly reconciliation is independently undertaken by the Transactional Services Manager (Finance) and Bank statements and Investment Register are checked.

5.10.2 The overall objective of the controls set out below is to ensure treasury activities are undertaken in a controlled manner, thereby ensuring that the Trust is not exposed to undue operational risks. In particular:

- Segregation of Duties is specified between those who deal, those who initiate and those who authorise transactions
- All transactions are recorded and supported by an instruction / confirmation
- All payment instructions / confirmations will be processed in accordance with approved bank mandates
- Mandates will be reviewed regularly and sent to all counterparties

5.11 Undertaking Investment Transactions

5.11.1 Officers authorised to transfer monies between the banks are:

- Deputy Director of Finance & Business Development
- Associate Director of Finance & Business Development
- Senior Business Intelligence Accountant
- Head of Management Accounts

5.11.2 All transfers from Royal Bank of Scotland, or between different banks, must be approved by at least one of these officers.

- 5.11.3 The Patients Finance and Cashiers Team Leader or Central Cashiering Co-ordinator or nominated deputy must prepare the transfer for authorisation.
- 5.11.4 A register will be maintained of all deposits including columns for date, counterparty, amount, rate, term, date out and maturity date and interest earned.
- 5.11.5 Independent reconciliations are carried out by the Financial Accounting Function.

5.12 Foreign Exchange Management

- 5.12.1 The Trust will not seek to cover any foreign exchange risk. This is due to the low volume and value of the Trust's foreign exchange exposure, and will be re-evaluated if trading becomes more significant.

5.13 Bank Relationships and Cash Management

- 5.13.1 The Trust's approach is to develop long-term relationships with a core group of quality banks. The benefit of relationship banks is to establish a high degree of confidence and commitment between the parties so that banks are prepared to meet borrowing requirements at crucial times, and at short notice.

- 5.13.2 The development and maintenance of strong banking relationships is an important factor in the Trust's Cash Management Policy. The provision of efficient cash management systems throughout the Trust ensures that banking requirements are serviced at optimal cost. This section details the Trust's objectives in these areas of treasury management.

- To ensure the cost paid for banking services is competitive
- Minimise the cost of borrowing and maximise the return on cash surpluses within the 'low (safe harbour) risk' policy by maintaining efficient cash management procedures within the Trust
- To develop and maintain strong relationships with a number of key banks
- To monitor and ensure compliance with banking covenants

- 5.13.3 The **Director of Finance of NTW Solutions Ltd** will manage all banking relationships across different banking services via a SLA to achieve the optimum benefit to the Trust.

- 5.13.4 The **Director of Finance of NTW Solutions Ltd** will regularly meet with all relationship banks to discuss any new or improved products of potential interest to the Trust.

- 5.13.5 **The commercial banking arrangements for the Trust are mainly with the Government Banking Service (GBS). The commercial banking arrangements of the whole NHS are managed by GBS and are subject to the usual tendering regulations. The latest tendering process was held in early 2015 and the contract was awarded for 7 years.**

The Trust holds other current accounts for transactions which are unable to be managed through the GBS account or where funds need to be held separately to the Trust, such as monies held on behalf of patients. For these current accounts, there is one provider and periodic tendering exercises take place to ensure best value is achieved for commercial banking services within the selected institutions detailed in section 5.9.

5.14 Reporting

5.14.1 The regular reporting of treasury activities is crucial in allowing all relevant parties to be aware of transactions undertaken, appreciate the Trust's financial position and assess the on-going appropriateness of treasury objectives. The following reports are produced to meet these criteria.

5.15 Daily / Weekly Movement Reports

5.15.1 To be prepared by the Central Cashiering Co-Ordinator or Patients Finance and Cashiers Team Leader. To detail balances held and payments to / receipts from the main operational account as well as the forecast closing positions in all bank accounts.

5.15.2 This is used by the Patients Finance and Cashiers Manager and the **Director of Finance of NTW Solutions Ltd via a SLA**, to ensure the Trust has sufficient liquidity to cover its business cash-flows and to ensure a competitive rate of return by not carrying excess funds in the operational (lower interest) accounts. It also assists in deciding when fund transfers are needed for operation requirements and a tool for investments.

5.15.3 Circulation: Available on 'H' Drive (Finance Drive) on an on-going basis.

5.16 Monthly Finance Reports

5.16.1 A high level cash report is included in the monthly finance report which includes the current cash position, details investments or deposits in the National Loans Fund Temporary Borrowing Facility and includes performance against plan and amendments to the cash forecast for the financial year.

5.16.2 The report identifies RAG rated variances against plan and identifies any key risks.

5.16.3 Circulation: Director of Finance, **RABAC** and Trust Board.

5.17 NHS Improvement Monthly Report

5.17.1 This return is a requirement of NHS Improvement to assess the financial risk of each Foundation Trust. It includes a full Balance Sheet, Income and Expenditure Account, and Cash-Flow Statement; planned, actual, and variance. A commentary is also required to explain any significant variances from plan.

5.17.2 It calculates various ratios such as liquidity, return on assets, to assess the Trust's risk rating.

5.17.3 Circulation: Director of Finance, NHS Improvement.

6 Identification of Stakeholders

6.1 This is an existing Policy under review with only minor changes that only relate to the operational procedures for a small number of staff. As the Policy does not relate to operational and / or clinical practice, the Policy does not require full consultation. In accordance with Standing Financial Instructions, the Treasury Policy must be approved by the Trust Board.

7 Training

7.1 Bespoke training will be provided to staff in key roles in the Finance Department.

7.2 Necessary training requirements, together with relevant staff groups have been referenced in Appendix B.

8 Implementation

8.1 The main change in this policy relates to reformatting in line with the requirements of CNTW(O)01, Trust Policy for the Development and Management of Procedural Documents. Other changes from the previous version, CNTW(F)15-01, are updates in line with operational practice changes and as such implementation is not anticipated to be complex. It is considered that a target date of **xx 2019** is achievable for the contents to be implemented across the Trust.

9 Fair Blame

9.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

10 Fraud, Bribery and Corruption

10.1 The Trust is absolutely committed to maintaining an honest, open and well intentioned atmosphere and to the elimination of fraud and corruption within the Trust.

10.2 If staff knowingly provide false information within the Treasury Management System this may result in disciplinary action and staff may be liable for prosecution and civil recovery proceedings. In addition information within the Treasury System will be disclosed to and by the Trust and NHS Protect for the purpose of verification and for investigation, prevention, detection and prosecution of fraud.

10.3 Any suspected cases of fraud and corruption will be referred immediately to the Trust's Local Counter Fraud Specialist and investigated in accordance with Trust Policy CNTW(023) Fraud, Bribery and Corruption Policy and Response Plan.

10.4 Advice and guidance can be obtained from the Trust's Counter Fraud Specialist.

11 Monitoring

11.1 In order to fully realise the benefits of the Treasury Policy, and to ensure it remains up-to-date in order to meet relevant standards and guidance, it will be reviewed not less than three yearly to reflect any changes in the Trust's operations.

11.2 The Trust's Treasury Procedures will be subject to periodic review by both the Internal and External Auditors as part of their audit undertakings and any significant deviations from agreed policies and procedures will be reported, where appropriate, to the Audit Committee, RABAC or Trust Board.

11.3 Compliance against policy will be monitored through the monthly finance report, within the Integrated Performance Report which includes details of performance in relation to investments, cash balances and interest received, against plan.

11.4 Key elements that require monitoring and / or audit are referenced in Appendix C of this policy.

12 Associated Documents

- CNTW(O)01 – Development and Management of Procedural Documents
- CNTW(O)23 – Fraud, Bribery and Corruption Policy

13 References

13.1 The following resources, policies and associated guidance were used to formulate this Policy:

Reference	Details
Managing Operating Cash in NHS Foundation Trust	Published by Monitor in December 2005
Section 17 of the Health and Social Care Act	Community Health and Standards for NHS Foundation Trusts
Single Oversight Framework	Published by NHS Improvement in August, 2017