Board of Directors Meeting (PUBLIC)

29 May 2020, 13:00 to 15:00
Board Room, St Nicholas Hospital, Gosforth, NE3 3XT

Agenda

1. Service User / Carer Story

BOY – WE WILL youth mental health campaign Ewanrigg

2. Welcome and Apologies for absence

Ken Jarrold, Chairman

3. Declarations of Interest

Ken Jarrold, Chairman

4. Minutes of the previous meeting held Wednesday, 4 March 2020

Ken Jarrold, Chairman

📄 04. 4 March 2020 PUBLIC Board minutes APPROVED.pdf   (12 pages)

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

Ken Jarrold, Chairman

📄 05. BoD Action Log PUBLIC as at 29.05.20.pdf   (2 pages)

6. Chairman's Remarks

Ken Jarrold, Chairman

7. Chief Executive's Report

John Lawlor, Chief Executive

Quality, Clinical and Patient Issues

8. Response to COVID-19

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

📄 08. COVID Board Report - 29 May AM revised.pdf   (12 pages)

📄 08.1 Appendix A - Mental Health Priorities Q1 2021_COVID.pdf   (13 pages)

📄 08.2 Appendix B - Urgent NHS mental health telephone lines.pdf   (6 pages)

📄 08.2 Appendix C - Second phase of NHS response to Covid-19.pdf   (9 pages)

9. IPC Board Assurance Framework

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

📄 09a IPC - Board Assurance Framework - REVISED 27.5.20.pdf   (21 pages)

📄 09b C0542_IPC Management checklist_v1.2 (003)J.pdf   (5 pages)

10. Support for BAME colleagues

Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

Report May 20.pdf

19. **Board Assurance Framework (BAF) Corporate Risk Register (CRR) Exception Report**

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

📄 19. BoD - Trust-Wide Risk Management Report April 2020 AFa.pdf (8 pages)

20. **NHS Improvement Single Oversight Framework**

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

📄 20. BoD - Quarter 4 update - NHS Improvement Single Oversight Framework.pdf (5 pages)

21. **CQC 'Must Do Actions'**

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

📄 21. BoD - Q4 Must Do Update on Action Plans (LQ).pdf (3 pages)

Minutes/Papers for Information

22. **Committee Updates**

Verbal/Information

Non-Executive Directors

23. **Council of Governors' Issues**

Verbal/Information

Ken Jarrold, Chairman

24. **Any other Business**

Ken Jarrold, Chairman

25. **Questions from the Public**

Ken Jarrold, Chairman

Date, time and place of next meeting:

26. **Tuesday, 23 June 2020, 1.30pm, Microsoft Teams**

Minutes of the meeting of the Board of Directors held in public
Held on 4 March 2020, 1.30pm – 3.30pm
In Conference Room, Northgate

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

Governors in attendance:
Denise Porter, Voluntary Sector Governor
Anne Carlile, Carer Governor
Revell Cornell, Staff Governor
Bob Waddell, Staff Governor
Evelyn Bitcon, Shadow Governor

In attendance:
Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Jennifer Cribbes, Corporate Affairs Manager
Chris Rowlands, Equality and Diversity Lead
Dr Sharma, Consultant Psychiatrist, Specialist Children & Young Peoples Services
CBU

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to Dr Sharma from the Specialist Adolescent Mood
Disorder Service and parents of services users who were in attendance to share an
overview of the service and their experiences.

Dr Sharma commenced by providing an overview of the services and showed a
video developed by service users regarding their transition from the Children and
Young People's Service to Adult Services.

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Parent Carers in attendance shared their personal journeys and experiences of their children's transition from Children and Young People's Services into Adult Services. Issues highlighted included the number of times their child had to share their story with healthcare professionals, difficulty in accessing services, the referral process, medication, lack of support and awareness from GPs, lack of parent and carer involvement due to data protection law and reliance on Crisis Services. Potential solutions and wishes were shared which included an umbrella service that looked after individuals from birth to natural death, a Child and Adolescent Mental Health Service for young people to the age of 25, easy access to services at a time of need and parent involvement.

Finally, Dr Sharma spoke to a presentation and provided an overview of current issues and solutions.

Ken Jarrold expressed his thanks to all involved for sharing their story.

Alexis Cleveland referred to conversations in a Board meeting held earlier that morning in relation to integrated care and highlighted the need to influence commissioners and partners so that services are not automatically transitioned at the age of 18. Alexis raised the importance of commissioners and providers listening to the people who are using the services when redesigning pathways.

James Duncan thanked everyone in attendance for sharing their story and their honesty. James referred to the gaps in the services that had been shared and explained that the Trust would consider and take action to make improvements.

Gary O'Hare explained that the transition between services had been reviewed in the past. However, he acknowledged that the pathway is still not correct. Gary highlighted the need to remodel services to care for young people up to the age of 25.

In response to a question raised by Rajesh Nadkarni, Dr Sharma explained that the experiences are not unique to CNTW and confirmed that similar practice is experienced nationally.

Gary O'Hare highlighted that not every young person will need to be in services until the age of 25 and some will be able to transition at 18 with the support of Children and Young People's services alongside for a period of maybe 6 months during the transition. Gary raised the importance of listening to the young people and their families when planning a transition between services.

Lisa Quinn apologised for the negative experiences that they had faced and explained that the Trust can take action and make improvements in the areas identified. Lisa explained that similar experiences in relation to service transition had occurred within Eating Disorder Services. Lisa advised that there is now a national mandate for change and explained that services will be reviewed and improved to meet the needs of those we serve.

John Lawlor further apologised for the negative experiences they have had and advised that there is currently a national focus on transition between services and

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pathways. John explained that parent champions are currently being recruited to participate in the national work and invited those in attendance to join the group.

Paula Breen referred to their contact with GP services and apologised for their experience. Paula explained that GPs have targets to meet in relation to mental health care and highlighted that there may be an opportunity to work alongside Primary Care Networks to improve the position.

Darren Best thanked those for sharing their story which was said to be very emotion provoking. Darren raised the need for service providers and commissioners to think differently when designing services ensuring that services meet the needs of the service users. Darren requested that the matter be dealt with urgently and kept under review by the Board.

Ken Jarrold again thanked everyone for attending and sharing their stories and acknowledged that the information shared would be taken very seriously and carefully considered.

Ken reiterated the offer that John made to those in attendance to become involved with national work on service redesign.

Finally, Ken thanked Dr Sharma for the invite to attend the next event held by the Specialist Adolescent Mood Disorder Service in May.

2. Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance.

There were no apologies for absence.

3. Declarations of Interest

There were no additional conflicts of interest declared for the meeting.

4. Minutes of the meeting held 5 February 2020

The minutes of the meeting held on 5 February 2020 were considered and agreed as an accurate record of the meeting.

> **Approved:**
> - **The minutes of the meeting held 5 February were agreed as an accurate record**

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

06.11.19 (13) Freedom to Speak Up Report
Lynne Shaw provided a verbal update and explained that during the previous month, she had met with Les Boobis, Non-Executive Director Lead for Freedom to Speak Up and Neil Cockling, Freedom to Speak Up Guardian to explore the value of

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developing a Freedom to Speak Up Strategy. Lynne advised that they have agreed to develop a short strategy that includes the Trust's aim and vision. Lynne explained that the draft strategy will be presented to the Board at the meeting in May.

06.11.19 (12) Staff Friends and Family Test
Gary O'Hare provided a verbal update and advised that work was ongoing to explore the impact that automated messages potentially have on people who contact services by telephone. Gary agreed to update the Board at the meeting in May.

Matters Arising

There were no matters arising.

6. Chairman's remarks

Ken Jarrold explained that there were no new updates for the Board as current issues had been shared at meetings held earlier that morning or are on this agenda as a separate item.

7. Chief Executive's report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. Further information was provided on the Annual Staff Excellence Awards, visit from the French Embassy and recently published Marmot Report.

John explained that the French Embassy had visited Hopewood Park on the 21st February and were particularly impressed with the work conducted by the Trust to develop roles for non-medics. John further highlighted that the Trust had found the work they do through their delivery units extremely interesting. It was confirmed that the Trust would continue to develop an ongoing relationship with the French Embassy.

John referred to the section of the report on the Marmot Report and explained that the report findings have highlighted health inequalities in the North East of England. The Board agreed that the findings of the Marmot Report should be discussed in detail at a future Board Development meeting.

Gary O'Hare referred to the current Coronavirus outbreak and explained that a letter from NHS Emergency Preparedness and a briefing had been shared with the Board. Gary explained that there are daily calls taking place at a regional level to monitor the situation and that the Trust is ensuring it is compliant with a number of areas as stated within the letter. Gary advised that a detailed update will be provided to the Board at the next meeting.

In response to a question raised by Peter Studd, Bob Waddell explained that the NHS have been directed to not stock pile any supplies and that NHS Supply Chain will be monitoring this. Bob confirmed that there is currently no problem with access to stock. Bob further explained that the Trusts Supplies Team is looking at ways to monitor the use of internal current stock from the central stores. David Arthur raised the importance of keeping stock levels under review.

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Gary O'Hare made the Board aware that a number of Trust staff had been identified to deliver some home testing.

Finally, John Lawlor made the Board aware that the Trust had held a larger Leadership event the day prior with a number of staff across the Trust in attendance. John explained that the event provided the opportunity for staff to reflect on current and future challenges and opportunities. It was explained that personal, Board and Organisational actions were developed. John explained that the event had been very well received. John further extended a thank you to Ken Tooze, Consultant for supporting the event and the organisation development of the Trust over the last few years. John explained that it will be the last event that Ken Tooze will support the Trust with as he is retiring at the end of the month.

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

Action

- **Board to hold a Development Meeting on the Marmot Report**
- **Board to receive a paper at the next meeting on the Coronavirus outbreak.**

Strategy and Policy

8. Climate Emergency Declaration for approval

James Duncan spoke to the enclosed report that requests the Board's approval to declare a climate and ecological emergency. James referred to a detailed presentation delivered at a previous Board of Directors development meeting and explained that the Trust has recognised the need to make the declaration and has subsequently set up a sub group of the Corporate Decisions Team to focus on Climate. James referred to the statement enclosed and asked for the Board's approval to make the declaration, embed clinical and ecological considerations into all decision making and add climate emergency to the Trust's Board Assurance Framework and Corporate Risk Register.

Alexis Cleveland referred to the aspiration that the Trust had set to deliver net zero carbon emissions by 2040 and asked if that was soon enough. In response, James Duncan explained that 2040 had been selected as other organisations in the region had also chosen 2040. Furthermore, the Trust wanted the aspiration to be achievable.

Peter Studd, Non-Executive Director and Chair of the Resource and Business Assurance Committee confirmed that he was happy for the committee to be responsible for work conducted in association with the Climate Emergency. Peter further stated that a programme structure and plan would be required to drive the work as well as a dedicated member of staff and detailed communication plan on climate issues. James supported Peter's view and explained that climate and

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ecological issues need to be embedded into everything the Trust does. James further explained that the Trust can support climate change work by educating staff who can make changes in their personal lives and also influence friends and family to become more environmentally friendly.

Darren Best stated that he fully supported the activity in becoming more environmentally friendly and reducing carbon emissions. However, was uncertain if the word 'emergency' was the correct word to use in this situation.

Rajesh Nadkarni referred to the words emergency and declaration and explained that the words are synonymous with the way young people feel. Therefore, if we do not use those words, it will give out the message that we are not taking the situation seriously when the reality is that we are taking it very seriously.

David Arthur expanded on the power of influence that the Trust has and explained that our vision and expectations should be communicated with our partners and supply chain to ensure they share the same vision.

James Duncan made the Board aware that climate change is a priority of the Integrated Care System and that it is important to use the words 'Climate Emergency Declaration' as it demonstrates solidarity with our partners.

Les Boobis made the Board aware that he had recently returned from Antarctica and had witnessed first-hand the devastating effect on our planet. Les explained that we have to act now and explained that young people are really concerned about the climate which is in turn, provoking anxiety.

Ken Jarrold summed up the conversation and provided assurance that the climate emergency declaration would not impact on the Trusts focus on other high priority areas such as care provision and access to services. Ken confirmed that the Board approved the declaration and recognised that the words used are to show solidarity and support. It was agreed that the Resource and Business Assurance Committee would be the responsible sub-committee of the Board and keep the Climate Change work under review.

Approved:

- The Board approved the proposed statement to declare a climate and ecological emergency.

Resolved:

- The Board agreed to consider the social and environmental impact of decisions.

- The Board agreed to pursue opportunities to demonstrate strong leadership and use the organisation's influence to promote sustainability.

- The Board agreed that the Resource and Business Assurance Committee will be the responsible Board Sub-Committee.

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> - The Board agreed to add a risk to the Board Assurance Framework/Corporate Risk Register (as appropriate) highlighting the risks to CNTW generated by climate and ecological change.

Regulatory

9. CEDAR Programme Board Terms of Reference for approval

Peter Studd spoke to the enclosed CEDAR Programme Terms of Reference and advised that amendments had been made to reflect the requirements of the Outline Business Case and refine the membership to ensure key individuals are included. Peter further made the Board aware that there had been no changes to the previously agreed delegated authority.

Alexis Cleveland questioned if a specific reference to the Climate Emergency declaration should be included within the Terms of Reference.

Peter Studd made the Board aware that the social and environmental impact had been fully considered throughout the planning and design stage of the CEDAR Programme.

James Duncan further confirmed that the CEDAR Board and Corporate Decisions Team Climate Group were fully focused on supporting the climate and ecological issues. It was agreed that reference to the Climate Emergency Declaration would be added to the Terms of Reference.

> **Approved:**
> - Subject to the inclusion of reference to the Climate Emergency Declaration, The Board approved the CEDAR Board Terms of Reference

10. CEDAR Project – Outline Business Case update

James Duncan provided a verbal update to the CEDAR Outline Business Case that had been approved by the Board on the 5 February 2020. James explained that an error had been identified in the Outline Business Case on page 110, as it had stated that 'The asset will be owned by the Trust's subsidiary company NTW Solutions which forms part of the Trust's Group accounts.' James confirmed that this is incorrect and should have been removed from the OBC. Instead, the Outline Business Case should have stated that 'The impacts on the balance sheet are an increase in building and equipment assets as a result of this capital project sitting on the Trust's balance sheet as the assets will be owned by the Trust.'

> **Approved:**
> - The Board approved the amendment to correct the Outline Business Case.

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Quality, Clinical and Patient Issues

11. Commissioning and Quality Assurance Report (Month 10)

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for January 2020 (month 10) to update the Board on issues arising in the month and progress against quality standards.

Lisa referred to a section of the report that provided detail in relation to the five Mental Health Act reviewer visit reports received since the last report. Further detail was provided in relation to the actions unresolved from previous visits. Lisa explained that the Mental Health Legislation Committee would review the issues raised and processes to provide assurance.

Lisa referred to section 6 of the report on waiting times and highlighted that a small improvement had been made since the previous month. Lisa explained that there is still a lot of work that will be conducted to reduce the current waiting times.

Lisa further referred to section 7 of the report on training standards and highlighted that the Trust had still not achieved the 75% standard.

Finally Lisa brought the Board's attention to the out of area bed days reported in January. Lisa explained that there had been a small improvement in the number of inappropriate days during the month.

James Duncan spoke to the finance section of the report and confirmed that he is confident that the Trust will deliver on plan at the end of the financial year in line with the control total.

In response to a question raised by Peter Studd in relation to agency spend, James Duncan explained that the increase in agency spend is a result of the current pressure across the whole of the system. James further explained that a significant amount of work had been completed to use alternative staff resources. Without this, the agency spend would have been even higher. Gary O'Hare supported James' explanation and further affirmed that the current pressure and lack of qualified staff was an ongoing issue. Gary referred to a recent recruitment event in Cumbria and advised that approximately 33 nursing staff had been appointed, 8 of which were qualified. Gary explained that as a result of this, there will be a reduction in future in the use of agency staff.

Peter Studd referred to the Mental Health Review visits and highlighted the unresolved actions that were remaining from previous visits. Peter raised concerns in relation to the actions having not been addressed and requested that the Board receive feedback to confirm that actions following Mental Health Review visits have been resolved.

In response to a question raised by Les Boobis in relation to the trajectory figure for agency spend, James Duncan confirmed that the trajectory had not changed following the transfer of services from North Cumbria.

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Gary O'Hare referred to the waiting times for Children and Young People's Services and explained that further focused work would be conducted in Sunderland to understand the figures. Gary further explained that there were a significant amount of referrals received from the Sunderland area in comparison to other areas covered by the Trust. Lisa Quinn advised that she had shared this information with the ICS Clinical Lead and would send a briefing to the Board on this matter.

Ken Jarrold summed up the conversation and noted the pressure on beds, waiting times and staff.

Resolved:
- The Board received and noted the Commissioning and Quality Assurance Report for Month 10

Action:
- Lisa Quinn to share a briefing to the Board on waiting times for Children and Young People's Services in Sunderland.
- Board to receive feedback to provide assurance that actions arising from Mental Health Review visits have been resolved.

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12. Controlled Drugs Annual Report

Dr Rajesh Nadkarni spoke to the enclosed Controlled Drugs and Accountable Officers Annual Report 2018/19 to update the Board on the developments in the management of controlled drugs during 2018/19, including the Trust's position in relation to compliance with statutory guidance and legislation.

Alexis Cleveland advised that the Trust's Quality and Performance Committee had received regular updates and assurance from Tim Donaldson, Chief Pharmacist and Controlled Drugs Accountable Officer during the year.

Resolved:
- The Board received and noted that the requirements of the regulations concerning the safe and secure management and use of controlled drugs were met during the year

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Workforce

13. Workforce Report

Lynne Shaw spoke to the enclosed Workforce Report to update the Board on key work and developments across the Trust.

Lynne referred to the section of the report on the Registered Nurse Degree and highlighted that there are now a total of 79 staff completing the Registered Nurse Degree Apprenticeship. Lynne explained that these staff will become qualified in the next 3 to 4 years.

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Lynne explained that the Trust is aware that a number of senior staff could possibly retire in the near future. In line with our Talent Management framework 12 candidate commenced a Senior Leader Apprenticeship (level 7 Masters) in January.

Lynne further referred to the recent Partnership Day and explained that the event was attended by regional trade union officials, staff side colleagues, Executive Directors, Locality Directors/Associate Directors and workforce staff. Lynne explained that the event had been very positive and reflected on the partnership work over the past year and looked how the partnerships could be further developed in the future. Lynne advised that joint areas of work to focus on during 2020 had also been agreed. Lynne further advised that the Trust had also signed the Dying to Work Charter which demonstrates the Trust's commitment to working with Unions to support staff with a terminal illness.

Peter Studd referred to a recent article that stated that some NHS Trusts had failed to spend the apprenticeship levy and asked about the Trust's position in relation to this. Gary O'Hare confirmed that CNTW had spent all of the apprenticeship levy money.

Ken Jarrold referred to item 7 of the report on the 'Internal Moves Pilot'. It was explained that the pilot involves allowing staff to move to a new area of the Trust in which they would like to work without the necessity of going through a formal process. It was further explained that the purpose is to retain highly skilled staff and support them with future career aspirations and development.

> **Resolved:**
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> - The Board received and noted the Workforce Quarterly Update Report

14. Staff Survey

Chris Rowlands delivered a presentation to update the Board on the results of the 2019 NHS Staff Survey. Chris explained that the results had been themed and further detail was presented on the national staff survey results and Trust staff survey results. Further detail was provided on specific themes including areas of decline, improvement and areas that had remained the same. Chris explained that the results will be analysed further and an update of the Trustwide actions will be presented at a future Board meeting.

Alexis Cleveland raised concerns in relation to the response rate which had reduced in comparison to the previous year. A number of potential reasons were considered including a change in delivery method in some areas who had changed from paper surveys to electronic versions, a slightly shorter period to complete the survey and it coinciding with one of the busiest clinical periods for the Trust.

Paula Breen referred to the downward trend in health and wellbeing scores and highlighted that she was aware that organisations in other sectors nationally had also seen a reduction in health and wellbeing scores. Therefore, a national trend may be emerging that is not unique to the NHS.

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In response to a question raised by Les Boobis relating to the national range for scores, Chris advised that further analysis will be completed and included in the information presented at a future Board meeting.

Lisa explained that the staff survey data can be analysed in detail by each area and as a result of this, when reviewing her own area, it is understood that the reduction in completion rates were a result of the significant pressure that her team were under during that period.

Lynne made the Board aware of the next steps which include reviewing the priority areas. Lynne further highlighted that although there are small improvements in some areas such as management support, bullying and harassment, these are still areas that the Trust feels are a priority and will continue to work on to improve further. Lynne provided an example of current work ongoing to look at equality and diversity in the recruitment process and staff internally promoted.

David Arthur referred to the separate sub-groups in the Trust for each of the protected characteristics and asked if it would be better to join the groups to look at human rights as a whole as it is recognised that separate groups can also create barriers. Lynne acknowledged David's view and explained that the groups had designed the format and set themselves up and are self-regulated. Therefore, this would need to be considered during any review of the networks.

Ken Jarrold summed up the conversation and it was agreed that the Board would receive further information on response rates, national range and protected characteristics at a future meeting.

Resolved:
- The Board received and noted the Staff Survey Results

Action:
- Board to receive further detailed analysis on the staff survey results at a future meeting

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Minutes/papers for information:

15. Committee updates

There were no further updates from Committees that required escalation to the Board.

16. Council of Governor issues

There were no Council of Governor issues.

17. Any Other business

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Ken Jarrold referred to the service user and carer presentation at the beginning of the meeting and explained that it had been a very impactful presentation that would need to be reflected on and carefully considered.

Anne Carlile added that the experiences shared were familiar and that the transition from children and young people's services to adult services were a concern for NHS services nationally.

Les Boobis referred to the Trust moving to an episodic care model and shared concerns that more people may be discharged from services and find it difficult to regain access to services if they relapse.

Ken Jarrold further highlighted issues with the language used in the NHS specifically the word discharge which can result in individuals feeling abandoned.

Evelyn Bitcon made the Board aware that issues relating to transition from services and parental access to their child's health information had been problematic for a number of years. Evelyn raised the complexity of cases where an individual has a diagnosis of autism or learning disability with a mental health condition on top.

Ken Jarrold highlighted that a well-cared for service user may access a few hours of a healthcare worker's time, whereas the carers role is 24 hours per day 7 days per week.

Anne Carlile referred to the Service User and Carer forum supported by the Trust and how it can provide a level of support to all carers.

There was no other business to discuss.

18. Questions from the public

There were no questions from members of the public in attendance.

Date and time of next meeting: Wednesday, 1 April 2020, 1:30pm to 3:30pm, Conference Room, Ferndene.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Item No.	Subject	Action	By Whom	By When	Update/Comments
		Actions outstanding			
01.04.20 (8)	Transfer between Children and Young Peoples services	Improve the transition between Children and Young Peoples services and Adult services	All	June 2020	
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	Gary O'Hare	May 2020 Deferred re COVID	
06.11.19 (13)	Freedom to Speak Up Report	Draft Freedom to Speak Up Strategy to be presented to the Board	Lynne Shaw	Deferred re COVID	
06.11.19 (7)	Chief Executive's Report	Recommendations/actions following the IIP assessment to be submitted to a future Board meeting	Lynne Shaw	April 2020 Deferred re COVID	
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	April 2020 Deferred re COVID	
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	Revised date May 2020 Deferred re COVID	On track for submission to May 2020 Board meeting. Verbal assurance provided to the February meeting
05.02.20 (9)	Commissioning and Quality Assurance Report	Board to receive further detail on the increase to staff sickness levels	Lynne Shaw	May 2020 Deferred re COVID	

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Item No.	Subject	Action	By Whom	By When	Update/Comments
04.03.20 (7)	Chief Executives Report / Marmot Report	Board to hold a Development Session to review the findings in the Marmot Report	John Lawlor	June 2020 Deferred re COVID	
04.03.20 (14)	Staff Survey Results	Board to receive further analysis of the staff survey results at a future meeting	Lynne Shaw	May 2020 Deferred re COVID	
04.03.20 (11)	Commissioning and Quality Assurance Report	Board to receive feedback to provide assurance that actions arising from Mental Health Review visits have been resolved.	Lisa Quinn	May 2020 Deferred re COVID	
04.03.20 (11)	Commissioning and Quality Assurance Report	Board to receive a briefing on waiting times for Children and Young People's Services in Sunderland.	Lisa Quinn	May 2020 Deferred re COVID	

Completed Actions					

Report to the Board of Directors
29 May 2020

Title of report	COVID-19 update
Report author(s)	Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer/Emergency Planning Executive Lead

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

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

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*				
Equality, diversity and or disability		Reputational		X
Workforce	x	Environmental		
Financial/value for money		Estates and facilities		
Commercial		Compliance/Regulatory		X
Quality, safety, experience and effectiveness	x	Service user, carer and stakeholder involvement		X
Board Assurance Framework/Corporate Risk Register risks this paper relates to				
N/A				

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Coronavirus (COVID-19)
Report for the Board of Directors meeting
29th May 2020

1.   **Executive Summary**

This report provides an overview of actions and activity in response to the COVID-19 pandemic since the last Trust Board. The Trust is managing these circumstances under Surge Emergency Planning and Emergency Infection Prevention Control measures through the Gold Command structure. This process has ensured that we have been able to provide continuous daily updates to our workforce on the key issues and decisions relating to COVID-19.

Our priority has been to ensure we continue to provide safe, effective care and treatment to our patients, and to ensure any control measure protect patients and staff during the response. As an organisation we have also supported the Integrated NE&C System in response to pressures in other sectors. The Pandemic system approach has also highlighted the opportunity to deliver services differently, work differently and speed up collaborative responses.

It is important to note that the response and assurances have continued to be delivered at pace, not only in response to the multiple changes in guidance and its relevance for CNTW, but to ensure a prompt system response.

This report provides assurance to the Board of Directors on the actions taken by the Trust to ensure business continuity and the delivery of safe care and support for our service users, carers, local communities and staff.

2.   **National update**

Since the beginning of the pandemic, government and scientific advice has changed, often daily, with the specific objective of combatting the virus with a focus on minimising transmission. The main message via the daily ministerial updates has been to continue to promote lockdown measures and promote social distancing so that the NHS may continue to work, save lives and keep everyone safe, including the patients we care for.

This has affected every individual in the country in terms of how they work, live, socialise, travel, engage with their loved ones and has, and clearly will, impact on their health and wellbeing. We are starting to see the psychological effects of these measures and have been instrumental in supporting the system to ensure emotional health and wellbeing actions are built on.

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3. **CNTW Update**

As part of the emergency planning arrangements, we have continued with a 'Gold Command' based in St Nicholas Hospital led by Gary O'Hare, Executive Director of Nursing and Chief Operating Officer and lead for Emergency Planning.   Gold Command is supported by:

- COVID-19 Incident Management Group (comprised of Group directors, director leads from corporate and support services) – daily meetings now alternate days;
- COVID-19 Operational Teams – daily calls
- COVID-19 ICS-wide calls service specific (i.e., communications, workforce, CEO, Executives) to ensure we're sharing practice and approaches across the wider system where appropriate to do so

This process has ensured business continuity and a rapid response to a changing national picture. To demonstrate actions taken by the structure above and to provide overall assurance the report includes key areas of update. These are:

- Infection Prevention and Control and PPE Measures
- Situation reporting and Quality Standards
- Service change processes
- Virology Screening and Testing
- Impact on Workforce
- Communications

4. **Infection Prevention and Control measures and Personal Protective Equipment (PPE)**

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

In addition to daily IMG briefings via the DIPC, Daily IPC Meetings have been held with the DIPC, IPC team, Safer Care leads for PPE, Communications lead and Group Nurse Directors from each locality.

This has enabled and supported rapid responses to:

- changing National or MHLDA specific IPC guidance,
- targeted support / to clinical teams such as cohorting, isolation, management of V&A and restraint, complex cases and review of environmental concerns

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- distribution, supply and use of PPE
- implementation of Patient and staff testing for COVID-19
- confirmation of CNTW Aerosol Generating Procedures and Fit testing of staff for FFP3 masks

All PHE guidance has been updated on IPC and PPE for all health and care settings. This guidance will be made available via the Trust's COVID-19 Daily Communications bulletin as well as direct engagement using Teams.

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

As a result, requests for mutual aid have been significant and daily escalations for gloves, aprons and masks continues. The procurement of items from local companies has assisted with supply. There have been no instances where staff have not had the required PPE or been in a position where re-use has been required. The IPC Team works daily with multi professional clinical leads to ensure PPE is worn correctly to ensure safe practice for both staff and patients.

5. **Clinical Ethical Forum COVID-19**

The Clinical Ethical Forum was established within the first few weeks of the COVID-19 pandemic to assist with clinical decision making within services. Membership of the group includes executive directors, clinicians and subject matter experts. The group is chaired by Dr Rajesh Nadkarni, Executive Medical Director.

Over the past few weeks topics discussed at the forum;

- The ethical implications of the disparity between national guidance in relation to resuscitation between the Resus Council and Public Health England.
- Ethical implications of delaying diagnosis in dementia patients due to lack of imaging.
- Ethical implications of the Corona Virus Act in relation to restraint within mental health settings.
- Ethical considerations in virtual (remote) patient consultations.
- Ethical aspects of publishing details of patients or staff members who have died following COVID infections.

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Following discussions at the Clinical Ethical Forum a range of actions have emerged including additional guidance supporting decision making in services and establishment of task and finish groups to develop guidance in areas which was previously lacking.

6.   COVID19 situation reporting and quality standards

Patient specific COVID19 activity
Since 22 March when the first CNTW inpatient received a positive test result, CNTW has reported a total of 104 patients with COVID-19. The majority (94) of these cases have since recovered, and 74 of these patients remain in CNTW inpatient care. *(nb all figures are as at 19th May 2020).*

A further 119 patients have received negative test results, to date, 40 of these tests were as a result of admission and discharge screening, and the remainder were symptomatic inpatients.

Sadly, ten patients with positive COVID-19 test results, many of whom were on end of life pathways, have died. Three of the deaths occurred in acute trusts, and seven on Ruskin and Woodhorn Older People's wards.

All deaths in CNTW beds have been reported via the national system, and are included in the national deaths reported data, which now displays deaths of mental health and learning disability patients.

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

A separate daily data collection has also been implemented, providing a service-level summary of cases and bed availability for specialised inpatient services commissioned by NHS England. To date, CNTW has not had any reported positive cases in any of these services.

Other national data collection requirements include staff testing numbers and PPE stocktake data.

There are several published datasets and analytical tools which provide helpful summaries and benchmarking comparisons, these are provided via NHS Digital and NHS England/Improvement.

A suite of management information tools has been rapidly developed within CNTW, to provide timely, accurate information to brief the Incident Management Group, Gold Command and inform decision making.

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Examples of these are:

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

Quality standards across the organisation have continued to be monitored via the daily dashboards and a weekly update provided to senior managers. The Executive Director of Commissioning & Quality Assurance has been regularly sharing updates with commissioners and regulators on the Trust's COVID-19 incident response.

7. **Patient and Staff Testing**

Patients Admission and discharge screening
The Trust commenced patient admission and discharge screening on the 28th April. Screening on admission has enabled wards to manage the patient as a presumptive positive case, putting isolation measures in place utilising effective PPE pending result. Patient results are usually received back within 24 hrs and depending on the results manage the care and treatment of the patient within the ward effectively

Discharge screening has supported transfers into Care Homes and other hospital and home situations where other vulnerable or shielding individuals may reside. This is supporting the proactive public health approach to potential transmission

Managing staff absence during COVID-19
Since the start of the pandemic, the Trust experienced significant staff absence (including those staff who are shielding) with a peak in April and a decreasing trend since then, with current absence due to COVID-19 at 32% of total staff absences, which is lower than the average for similar Trusts in the region.

To support the proactive management of COVID-19 related staff absence, from 16th March the Central Absence Reporting line was established to manage the reporting of **all** staff absence across the Trust. It is resourced using senior workforce leads and senior clinical managers from across the Trust providing a consistent approach to managing sickness whilst also supporting staff providing clinical advice and regular welfare calls.

The absence line is operating seven days per week, between the hours of 7am – 8pm and has to date taken over 7,000 calls.

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Total Inbound Calls into Central Absence Line
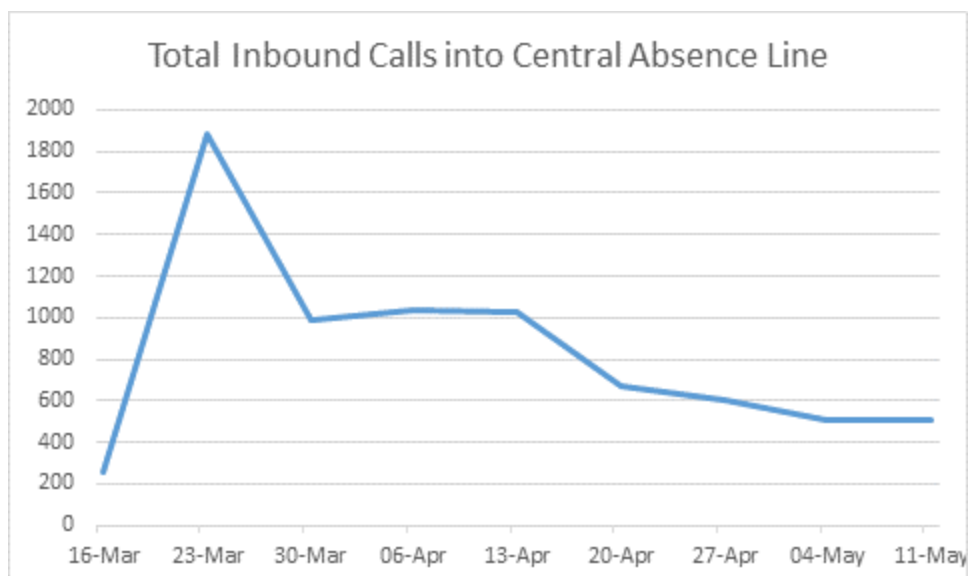
Staff Testing

On 29th March, NHSE/I issued correspondence confirming that testing capacity for NHS staff was increasing. A testing programme to support staff to be at work will begin this week with a view to expanding testing to cover as many staff as possible, as quickly as possible. CNTW took a bold step and decided to initial our own approach to testing staff supported by the Regional Testing Cell in collaboration with Queen Elizabeth Hospital.

Working in conjunction with the Central Absence Line the testing of symptomatic staff and household members (index case) has since then been taking place across all our localities. This proactive approach has resulted in setting up three CNTW testing sites at Carleton Clinic, St Nicholas Hospital and Hopewood Park. In addition, we also recognised the difficulty in accessing but also the debilitating nature of COVID-19 and simultaneously supported staff and household members by operating mobile testing units for those staff unable to travel. To date we have tested over 750 staff and household members.

Appointments for testing are booked through the Central Absence line who also receive the results for staff and household members from the laboratory usually within 24 hours. Senior clinical staff then contact the staff or household member's directly providing results as well as offering support and reassurance.

CNTW Staff / Household Member Testing				
	Positive		**Negative**	
Staff / Household member	197	26%	558	74%

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

Contact Tracing and Antibody Testing plans are due to be announced this week and our testing capability in the form of trained available staff has been organised to enable flexible responses to the next steps once announced

8. **Service Change Process during the COVID-19 Pandemic**

The Trust has continued to receive national guidance on managing capacity and demand within inpatient and community mental health, learning disabilities and autism services.

The safety and well-being of our service users continues to be our priority and we took decisions to safely augment service delivery using other modalities e.g. reducing face to face appointments to minimise the potential of any infection. We also offer telephone appointments for assessments, reviews and consultation.

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

A Service Change Panel was convened which included the Medical Director, Executive Director of Nursing and Chief Operating Officer, Deputy Chief Operating Officer & Group Director supported by Commissioning and Quality Assurance.

Services were asked to complete a service change request form which highlighted the key quality impacts of the change, including safety, risk, staffing changes and potential impact to other services including Primary Care and other key stakeholders. The services were assessed and challenged to ensure the quality impacts were understood and an agreement for timescales and review were determined. This information would then be utilised to inform commissioners and other key partners and ensure a clear governance and audit process was embedded.

As the pandemic surge began to ease it has become clear that we would need to begin to stand up services, understanding that these would need to be delivered following the government restrictions, but also recognising in some cases the changes to services may have had a positive impact to patient care and experience. It was essential not to lose that learning and

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return to pervious ways of working, the agreed governance process for change requests was utilised again to reinstate and re-establish services that had changed.

9. Impact on workforce

We are supporting our workforce to ensure a balance between sustaining our services and supporting those members of staff who may be living with someone who may be symptomatic, or indeed may be symptomatic themselves.

The organisation was able to take advantage of the national initiatives and subsequently supporting frontline services by:

- Expediting the process for NHS recruitment to get staff quickly into post by reducing the employment check process
- Redeployment of corporate staff and staff working from to support front line services
- Letter to those who have left the NHS over past three years requesting them to consider returning to work
- Deploying 3rd year student nurses in funded band 4 posts working with close supervision and registering onto the Nurse Bank. This experience has been very positively received by both students and clinical teams

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

These processes are being revisited in line of the declining position of positive community transmission nationally and consideration of stepping up services

10. COVID actions in relation to Black Asian and Minority Ethnic patients and staff

There is evidence and growing concerns about the disproportionate impact of COVID-19 on BAME NHS staff mirroring the impact on BAME general population in the UK whereby COVID-19 presentation has necessitated significant need for critical care support and/or resulting in a higher proportion of COVID deaths

The Trust has recently written to our BAME colleagues advising them of a number of initiatives we are putting in place over the coming weeks to support their health, wellbeing and safety and to ensure that they are safe and supported during this difficult time.

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As part of this we took the decision to include BAME colleagues into the vulnerable and 'at risk' group and are asking managers to have conversations with all BAME colleagues as they would for all colleagues who fall within the vulnerable group.

We have **further** updated our risk assessment and guidance to support managers with these conversations to ensure they understand the concerns and needs of our BAME colleagues and their families. Managers are having conversations with each individual member of their BAME staff group and ensure the completion of the associated risk assessment takes place as a matter of priority. Where necessary, Occupational Health referrals will be made.

Staff who are involved in CPR and emergency responses are being Fit Tested to use FFP3 masks to minimise the risk of transmission during these events

11.   Vitamin D

To prevent vitamin D deficiency in all adults, particularly in people at higher risk of developing vitamin D deficiency i.e. BAME groups, shielding patients or those unable to access regular safe sun exposure, a CAS Alert has been issued to support prescribing advice for inpatient and community patients

Staff who are at higher risk of vitamin D deficiency, including BAME/shielding staff, and who have concerns have been advised to consult with their GP to discuss screening for vitamin D deficiency. The Trust is also currently in discussion with its occupational health providers about whether they are able to offer this service.

12.   Communications

From week commencing 16th March the COVID19 Gold Command Team have been issuing daily email updates to all staff across the Trust (with additional measures in place to ensure that messages are disseminated by Line Managers and teams to those staff who do not frequently access emails). Communications have included NTW Solutions Limited. Live events have also been screened weekly enabling the Executive Team to engage with staff across the organisation on issues of concern as well as share good practice.

We have developed a dedicated page on our intranet to support our staff during this difficult time. Members of our workforce are having to work differently including: working from home, often on their own in their household, working in different localities and departments, and some moving from non-clinical to clinical settings and acknowledging the impact of this on our workforce, we have developed a weekly Staff Wellbeing Bulletin (AWISH) containing details of all emotional, psychological and wellbeing support for staff.

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It goes without saying that the information available in the public domain and the support for people while self-isolating, social distancing and dealing with personal impact of COVID-19 has been and still is overwhelming. We have worked hard during the period to ensure the information and support we provide is up to date, understandable and more importantly reliable.

A dedicated COVID19 page on the Trust's website has been developed containing up to date information, guidance, advice and support for service users, carers and the general public and we are continually developing this as we go.

We have also worked closely with the North East and North Cumbria Zero Suicide Alliance and Every Life Matters, a charity based in Cumbria to develop a booklet on how to look after ourselves during the pandemic. The booklet has been delivered to every household across the North East and North Cumbria region and has been very well received.

Since the beginning of the pandemic we have also seen evidence of the positive impact of collaboration and partnership working across the system and this has included the establishment of the 111 Mental Health Support Service and the launch of the Trust's whole system offer of access to psychological wellbeing support to health and care staff across the whole system (including GP's, nursing homes, social care, acute providers, ambulance service and our third sector partners).

13.   The Next Phase

Whilst this paper covers the Trust response to the COVID-19 pandemic, the organisation is now moving into the "next phase" which will be led by John Lawlor, Chief Executive, who will provide updates on progress to the June and July Board of Directors.

Attached to this paper are three appendices which set the direction for Mental Health services in response to the COVID19 pandemic:

-   Appendix A: Mental Health Priorities Letter – 26th March 2020
-   Appendix B: COVID-19: Immediate establishment of 24/7 urgent NHS mental health telephone support, advice and triage letter – 3rd April 2020
-   Appendix C: Second phase of NHS response to Covid-19 – 29th April 2020

Recommendation

The Board are asked to receive this report for assurance on the measures taken to date

Gary O'Hare

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**Executive Director of Nursing and Chief Operating Officer
Emergency Preparedness, Resilience and Report Lead**

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Claire Murdoch
National Mental Health Director
NHS England & NHS Improvement

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To:
NHSE/I Regional Directors
NHSE/I Mental Health SROs
NHSE/I Regional Directors of Specialised Commissioning
NHSE/I Directors, Improvement Directorate
NHSE/I Mental Health Regional Leads

26 March 2020

Dear colleagues,

I would firstly like to express my enormous thanks and gratitude for the incredible work you and your teams are doing, in response to COVID-19. I have worked in the NHS for 37 years and I have never seen such a concerted effort to tackle such a challenging and uncertain situation of this scale. The resilience and leadership of health system leaders such as yourselves has been truly inspiring, with credit to you and your teams. Times like this, while challenging, remind us all of our shared passion to deliver the best possible care we can, to those most in need.

I write to you to set out the arrangements for the Mental Health Transformation Programme delivery for Q1 2020/21, in the context of the rapidly increasing COVID-19 pandemic.

Our priority is to support mental health services to operate as effectively as possible, ensuring that those seeking and needing mental health treatment receive the care that they need, and that doctors, nurses and non-clinical professionals and staff are supported during this time. As we rapidly find and adjust to new ways of working, I would encourage you to maximise opportunities to use digital technologies, to support your staff and services.

It is inevitable that there will be increases in demand for mental health services in the round over the coming months, especially community and crisis mental health services for children and young people, adults and older adults. The COVID-19 pandemic will also have an impact on inpatient mental health services, not just on how they operate, but possible increased demand for more intensive mental health care. The need to continue to view our patients as whole people, and addressing

NHS England and NHS Improvement

both their physical and mental health needs, irrespective of setting is even more important in the COVID-19 context.

I am impressed by the rapid actions and measures systems are taking in response to the situation. These have included discharging patients (where it is safe to do so) to increase bed capacity, rapidly setting up Mental Health A&Es and ensuring staff are quickly set-up for remote working wherever possible.

The Mental Health team has now had four webinars on COVID-19. These are weekly webinars attended by colleagues across the country, including partners from the independent and voluntary sectors, and provide updates on national initiatives to support COVID-19 planning and response. Further guidance and supporting information for mental health service providers will be available on the NHS England and NHS Improvement website (https://www.england.nhs.uk/coronavirus/) and I urge you to visit this page often.

On 17 March, Simon Stevens and Amanda Pritchard wrote to system leaders with important actions for every part of the NHS to put in place, building on multiple actions already in train. This included maximising staff availability and deferring 2020/21 Operational Planning, until further effect.

In line with this and with immediate effect, unless otherwise stated in the Appendix to this letter, all Mental Health Transformation Programme assurance and additional or bespoke reporting requirements over and above routine data collections to the MHSDS and IAPT Datasets, are paused temporarily until further notice. As per steer from COO's office, it is our expectation that routine national data collections will continue, as this data is essential in understanding system pressures during this period.

We have reviewed the planned 2020/21 programme of work and outlined key areas for systems to focus on in Q1 2020/21 (see Appendix 1 for full list). This has been done in the context of COVID-19 and changing priorities, and in line with the NHS-wide steer to release capacity. We would expect prioritisation of services to be determined locally, however the principles set out in the recently published guidance on managing capacity and demand (attached for reference) and table in Appendix 1 may be a useful framework or guide. Any decisions around service prioritisation should be agreed with local Gold Command sign off. Please note, this letter does not seek to direct systems on any aspect of clinical practice.

With regards to investment, NHSE/I remain committed to transforming and improving mental health services and funding will be available to support that in line with the Mental Health Investment Standard. We recognise the importance of continuing to make Mental Health transformation funding available, particularly for crisis and community services where we expect significant increases in service demand across the country in response to COVID-19. Each programme is reviewing its process for transformation funding with a view to simplifying and expediting the process in Q1 2020/21. We recognise the importance of reducing burden on the system at this critical time. Additional programme-specific information will be shared by national and regional teams in the coming days.

Nationally and regionally, all Mental Health staff are prioritising COVID-19 support. Any remaining time will be committed to the continuation of existing mental health Long Term Plan work to ensure that we are prepared to return to business as usual when possible. This is an approach that we expect you will want to replicate locally – COVID-19 being the clear immediate priority, with any staff not required for COVID-19 undertaking their usual activity in support of our important work to transform mental health care.

I hope this letter provides reassurance and clarity around priorities for the upcoming quarter. During these times of uncertainty and challenge, it gives me comfort to know that Mental Health services will ultimately benefit from us working together and pulling in the same direction. I am pleased to see initiatives which would have previously taken months and years to come together, now taking days. Further, I am heartened by the closer working relationships we are forging with voluntary sector partners to provide the best possible care we can for communities across the country. If you have queries on any of the content of this letter or if there is anything we may have missed, please reach out to england.mentalhealthpmo@nhs.net.

Kind regards,

Claire

Claire Murdoch
National Mental Health Director
NHS England and NHS Improvement

Appendix 1: Mental Health 2020/21 LTP Programme – immediate priorities and next steps

The table below outlines the Mental Health Transformation Programme activity and confirms the position and suggested focus for Q1 2020 on delivery milestones, submission deadlines and reporting requirements.

The below table represents the position as of 26 March 2020. Due to a rapidly changing situation and uncertainty about future impact, it is possible that the contents of this table will be revised and re-issued. In all cases, national, regional and local activity should continue where possible, providing it does not impact whatsoever on COVID-19 planning or response.

Policy area	2020/21 Original deliverable as stated in the MH Implementation Plan	Immediate Q1 focus and adapting in context of COVID-19	Activities to consider slowing or deferring to later in 2020/21
Children and Young Peoples' (CYP) Community & Crisis	70,000 additional CYP aged under 18 accessing NHS-funded services 73,000 additional CYP aged 0-25 accessing NHS-funded services 35% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions	• Continue delivering CYP community services. Consider increasing use of digital, non-face to face assessment and treatment where possible. • Review CYP Crisis response. Consider extending operation hours of CYP crisis service (where not 24/7) by combining with adult crisis services, and expand additional crisis support e.g.: crisis cafes, crisis houses, peer support through VCSE and or LAs if available. • Waiting Time Initiatives funded by National Transformation funding should continue but can be revised to support COVID -19 response. • Continue to submit CYP access data to MHSDS.	• Further expansion of face to face CYP community service offer. • Planning for the development of 24/7 intensive home treatment services where not in place. • Where areas are working as part of the CYP four week waiting time pilot, consider pausing pilot activity. The national team have indicated that monitoring returns are on hold until further notice.
MHSTs	MHSTs established in selected areas	• Continue training the new recruits identified in 19/20 to continue expansion of MHST workforce. Regions to conclude 2020/21 site selection already in progress where possible. • The delivery model for established MHSTs should be reviewed in light of school closures to allow greater use of digital access, provide wider geographic coverage to those schools that remain open and/or to support wider CYP MH community services.	

		• Given the current uncertainty, consideration will be made nationally (with HEE) of options to defer the recruitment and implementation of new MHSTs in2020/21 trainees, whilst planning and recognising the need to rapidly recruit in future.	
CYP Eating Disorders	Achieve 95% CYP Eating Disorder Standard	• Continue to deliver CYP Eating Disorder services. Consider increasing use of digital, non-face to face assessment and treatment where possible. • Note COVID-19 risk in continued monitoring given the risk to those with higher level needs and consequential physical frailty.	• Eating Disorder waiting time data submissions to SDCS will be optional.
Perinatal	At least 47,000 women in total accessing specialist community Perinatal Mental Health (PMH) services	• Continue delivering PMH services to meet the needs of women and families experiencing moderate/severe complex mental illnesses in the perinatal period, and prepare for possible increase in demand. • Consider increasing use of digital, non-face to face assessment and treatment where possible. • Continue to submit PMH access data to MHSDS. • Continue to support staff with appropriate skills/training for this cohort as far as possible, including considering skills in other community MH services that may be supporting women and families.	
	Flexible Ambition by 2023/24: Implementing assessment of partners of women accessing specialist community care for their mental health and signposting to support as required	• Local decision to pause if work not already underway.	• Planning for and implementation of LTP flexible ambitions where work has not already begun, noting future planning may need to consider additional spike in demand.
	Flexible Ambition by 2023/24: Specialist community care from pre-conception to 24 months in place with increased availability of evidence-based psychological therapies	• Local decision to pause if work not already underway.	• Planning for workforce training/CPD implications and potential need for rapid period of activity and skills development.

IAPT	A total of 1.5m adults and older adults accessing treatment All areas to have an IAPT-Long Term Conditions (LTC) service in place	• Continue delivering IAPT and IAPT LTC services. • Prepare for increased demand due to COVID-19; both immediate and into the future; likely to come in waves with different focuses, e.g. impact of self-isolation, PTSD, bereavement trauma.	• Development and assurance of new IAPT LTC provision. Services will need to make provision for those with an LTC given their physical vulnerability to COVID and the added MH implications of this, but service development and integration with PH pathways will be challenging at this time.
		• Continue to grow the IAPT workforce which will be required to deal with MH implications of COVID. Proceed with recruitment of trainees as planned, providing permanent and not 1 year contracts, to ensure trainee pipeline is delivered. Consider working at system level to facilitate this. • Deploy digital solutions where appropriate e.g. video interviews. Guidance to be circulated imminently. • Whilst ordinarily CCGs would confirm 40% funding for trainees in 2020/21 and clarify the trainee numbers needed, HEE have been instructed to commission training spaces based on target numbers for 2020/21 of expansion and replacement trainees, as previously provided to regions.	• Other modalities training for existing staff.
	Meet IAPT referral to treatment time and recovery standards	• Monitor rather than assure performance via IAPT Dataset; implement online completion of outcome measures by patients.	• Assurance of performance against these standards.
Liaison Mental Health	100% STP coverage of Liaison Mental Health teams meeting the needs of all ages 50% of Liaison Mental Health Teams achieving 'core 24' standard	• Proceed at current pace.	• Assurance of transformation funds and implementation. • Commissioning and running new national survey. • Commencing next phase of data quality improvement programme. .

Adult community crisis care	100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice	• Establish 24/7 open access urgent and emergency MH services as priority. • There will be a very light touch assurance process to assure these have been established with more details to follow.	• Routine assurance of transformation funds and implementation. • Commencing next phase of data quality improvement programme.
		• Establishment of service finder for urgent mental health services on NHS.UK to be confirmed within 2 weeks.	
Crisis alternatives	Flexible Ambition by 2023/24: Invest in crisis alternatives	• If needed, urgent mapping of voluntary sector-provided telephone support services, and mobilisation of additional capacity.	• Development of communities of practice to share best practise and inform further development of LTP services. • Allocation processes for transformation funds for 2021/22.
Ambulance and mental health	Flexible Ambition by 2023/24: Improve mental health response provided by the ambulance service	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	• Monitoring CCG funding flows to ambulance services. • Issuing case studies and further guidance on good practice. • Implementing a training and education programme for the ambulance workforce. • Establishing consistent data collections and KPIs for ambulance services. • Procuring new MH ambulance vehicles.
NHS 111 and MH	Flexible Ambition by 2023/24: Access via NHS 111 to urgent mental health care	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	• Regional roadshows to engage and support development of specification. • Issuing new specification and tracking progress.
Clinical review of standards	Introduce access and waiting times for urgent and emergency mental health [following the Clinical Review of Standards]	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	• Receiving all evaluations and data by end April 2020, recommending new standards and commencing shadow implementation year of new standards.

OAPs	Eliminate OAPs for adult acute care		• Bespoke data collection on OAPs. • Monthly assurance of category 1 systems and establishment of regional support offer.
Acute therapeutic including 72hr follow up standard	Flexible Ambition by 2023/24: Improving therapeutic support in adult mental health inpatient care	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow. • In the current context, it will be more important than ever to ensure people have timely follow up when discharged from inpatient care - so all services should prioritise this function	• Developing best practice guides, webinar and trust support, to help them to deliver trauma-informed, strengths-based and person-centred care. • Formal reporting against the new 72hr follow up standard until further notice. • Developing DTOC technical guidance and best practice guidance to help support mental health trusts to better report and manage their DTOCs.
Community SMI for Adults and Older Adults	Stabilise and bolster community mental health services for adults and older adults	• Invest 2020/21 CCG baseline funding uplifts to recruit staff and stabilise/ bolster core community mental health teams. • New staff should be deployed as part of Community Mental Health Team (CMHT) responses to COVID-19-related demand. • Maximise opportunities of working with the VCSE and drawing on lived experience practitioners to respond to COVID-19-related demand. • Maximise use of digital, non-face to face assessment and treatment where possible.	
	Fixed Ambition by 2023/24: 370,000 people receiving care in new models of integrated primary and community care for people with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)	• Continue to support improvements in care for 'personality disorder' through CCG baseline funding or transformation funding (where available). • Continue to support improvements in care for people with mental health rehabilitation needs' through CCG baseline funding or transformation funding (where available). • Continue to support expansion of adult eating disorder services through CCG baseline funding, provider collaboratives and / or early implementer sites where transformation funding is available for this purpose.	• Where necessary, extend timelines for local demand mapping for psychological therapy for SMI courses. • For early integrated model implementers: Defer all programme activities (assurance; implementation support offer including webinars, action learning sets; evaluation) in Q1. National and regional teams will begin to allocate 2020/21 transformation funding to nominated CCGs as previously agreed from June, unless otherwise advised by CCG.

		• Continue to provide psychological therapy interventions via digital channels for people with SMI (for example CBTp, Family Intervention, DBT, SCM, MBT). • Continue programme management activities for sites if implementation of new models is operationally viable. • Where implementation is not viable, pause mobilisation of new models, redeploy existing and newly-recruited staff, and repurpose new VCSE contracts to respond remotely to COVID-19-related demand. • For non-early implementer sites: Pause system-wide planning ahead of 2021/22 fair share transformation funding process.	• For non-early integrated model implementers: National and regional teams will defer 2021/22 transformation funding process timelines.
Community MH (incl. EIP, IPS & physical health)	A total of 280,000 people with SMI will receive a physical health check	• Confirm local arrangements for delivery of PH SMI checks in current context – national steer to follow. • Where data automatically flows from primary and secondary care to CCGs and is not burdensome to collect please submit; manual data collection that impacts on COVID-19 planning and response can be de-prioritised or a nil-response submitted (data completeness issues will be flagged in future publications).	• Reporting of physical health SMI recovery planning and assurance process.
	A total of 20,000 people will have access to Individual Placement and Support services	• Expected service shift towards supporting clients with job retention and job loss. • Continue to utilise 2020/21 transformation (Wave 1/2) and CCG baseline funding. • Continue to flow MHSDS data on IPS referrals and access where possible and not burdensome.	• Assurance of IPS access against LTP ambitions. • All fidelity reviews.
	The 60% Early Intervention in Psychosis (EIP) access standard will be maintained and 60% of services will achieve Level 3 NICE concordance	• Ensure EIP services maximise use of digital channels to support continuity of care where possible. • Continue to flow MHSDS data on two-week wait element of the standard where possible.	• Assurance and monitoring of 2 week wait performance. • Further guidance on measurement of the NICE-concordant element of the standard will be provided at a later date.

Dementia	Maintain diagnosis rate at 2/3rds	• Monitor rather than assure performance. • Particular consideration for the needs of older adults given the impact of COVID-19 on this patient group.	• National support offer.
Suicide Reduction & Bereavement	Targeted investment to areas in line with the activity and actions agreed in local suicide prevention plans.	• · Finalise suicide prevention transformation funding for Wave 1, 2 and 3 for 2020/21, to ensure funding continues to flow to services, public health teams and VCS. Assurance will be light touch and is expected to create no additional burden. • Multi agency suicide plans should be reviewed in light of current mental health risks during COVID outbreak and what interventions are feasible in context of social distancing and isolation. .	• Assurance of transformation funding by STPs and regions (for all waves).
	40% of STPs providing suicide bereavement support services	• Finalise suicide bereavement transformation funding for Wave 1 and 2 for 2020/21, to ensure funding continues to flow to services, public health teams and VCS. Assurance will be light touch and is expected to create no additional burden.	• Assurance of transformation funding by STPs and regions (for all waves).
Finance	All CCGs are required to meet the MHIS	• All CCGs are required to meet the MHIS.	
Data *(repeated in specific programme lines)*	National datasets: - Mental Health Services Data Set (MHSDS) - Access Improving Access to Psychological Therapies (IAPT)	• All providers to continue to submit data to MHSDS and IAPT datasets. This should include registering for SDCS Cloud account, and submitting during the multiple submission window if needed (guidance to follow). Further guidance on IAPT dataset changes to follow • Providers to continue following any Data Quality Improvement Plans with Commissioners, if in place, and any specific data quality improvement activities planned for Q1.	• All providers to continue to work towards SNOMED CT compliance, Data Quality Maturity Index scores of 95%, and implementation of PLICs system. • Engagement and input on future dataset changes, as part of the agreed annual consultation process, to be slowed or deferred to later in the year.
	Bespoke data collection: Out of Area Placements (OAPs)		• Bespoke data collection on OAPs.
	Bespoke data collection: CYP eating disorders	• Data submissions to continue where doing so does not impact on COVID-19 planning and response.	

	Bespoke data collection: physical health checks for people with severe mental illness	• Where data automatically flows from primary and secondary care to CCGs and is not burdensome to collect please submit; manual data collection that impacts on COVID-19 planning and response can be de-prioritised or a nil-response submitted (data completeness issues will be flagged in future publications).	
Digital	Every person with diagnosed mental health problems will be able to access their care plans All community staff will have access to mobile digital services Local NHS.uk service directory includes crisis services	• Digital solutions could help to support services to provide continuity of care and maximise resources at a time when both patients and staff are unable to come to appointments or working remotely. Further guidance will be made available shortly.	
Workforce	Deliver against mental health workforce expansion as set out in the HEE workforce plan, supported by STP-level plans	• NHS England and NHS Improvement are working with HEE to update workforce requirements in light of COVID-19 response.	• The 5 year workforce collection template process.
Rough Sleeping	At least 10 areas with new mental health provision for rough sleepers	• Ensure any rough sleepers being rapidly rehoused have access to mental health support.	• 2020/21 allocation of transformation funding.
Problem Gambling	Total 3 new NHS clinics for specialist problem gambling treatment	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	
Secure care	Trial new models of care within the secure care pathways in selected areas	• Delay Specialist Community Forensic Team implementation unless decided locally to continue, and utilise Specialist Community Forensic Team staff as needed locally. Women's pilots - only continue with implementing model if required locally.	• Programme activities (WebEx, learning sets, review cycle).
Provider Collaboratives	All appropriate specialised mental health services, and LD & Autism services, to be managed through NHS-led Provider Collaboratives, becoming a vehicle for rolling-	• Fast Track Provider Collaboratives to act as Provider Collaboratives, working collaboratively with regional colleagues to manage specialised mental health services.	• Transfer of budget, contracting and quality assurance responsibilities will be delayed until October 2020 earliest. Providers in the "Development" and "Further Development" timelines are suspended pending review.

	out specialist community forensic care		

Appendix 2: Directory of guidance

Due to the rapidly changing situation, guidance is being regularly developed and updated based on need and emerging evidence. The following list outlines key guidance for mental health services as of 26 March 2020. Please regularly revisit these sources for further updates and for new guidance.

Guidance: managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages

Letter: responding to COVID-19: Mental health, learning disabilities and autism

NHS England and NHS Improvement

Publications approval reference: 001559

To:

Mental health trust CEOs

CCG and STP MH leads via regional teams

Claire
Murdoch
National Mental Health Director
NHS England and NHS Improvement

3 April 2020

Dear Colleague,

COVID-19: Immediate establishment of 24/7 urgent NHS mental health telephone support, advice and triage

I would firstly like to express my enormous gratitude for the incredible work you and your teams are doing in response to COVID-19. I am now writing to confirm the request to establish 24/7 urgent NHS mental health telephone support, advice and triage as a priority in the coming week.

A rapid audit of mental health provider websites in mid-March showed that just over half of mental health trusts did not at that time have a public-facing 24/7 telephone number for access to urgent mental health support. Of those that did, some were difficult to find, and even more pressingly, a number of websites were directing people to NHS 111, A&E and 999 as the local default option for urgent mental health support.[1] It is of course more important than ever that we are not diverting people to these services, when their needs could be met by mental health services and that we provide unequivocal clarity to the public in every part of the country on how to access specialist urgent mental health support.

We are aware that even since our audit two weeks ago, a number of mental health providers have moved at pace to establish 24/7 crisis lines, and hard work is ongoing across the country on this. We are now formally requesting all mental health trusts to expedite the ambition to have a 24/7, single point of access for urgent mental support that is available to the public. This was originally expected to be delivered by March 2021 as part of the Long Term Plan for mental health and we are now asking it is delivered within the next week as a priority ahead of the peak of the COVID-19 pandemic. We are also asking that children and young people (CYP) and their parents/carers also have access to it, either through an all ages or a dedicated CYP access point.

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[1] The results of the audit can be found on NHS Future Collaboration Platform Covid-19 mental health and LD response cell workspace.

NHS England and NHS Improvement

Next steps

All mental health trusts, working alongside CCGs and STPs are being asked to urgently take the following actions, and to confirm **by close of 10 April** that they have been completed:

1. Establish 24/7 open access telephone lines for urgent NHS mental health support, advice and triage, and through which people of all ages can access the NHS urgent mental health pathway/further support if needed (see more detail in annex A);

2. Ensure that the 24/7 open access crisis line telephone number(s) and contact details are available to the public, clearly on the website, alongside:
   a. specific numbers for children and young people if different
   b. consideration as to how these are accessible to people with a learning disability and/or autism
   c. any contact details for other support, such as psychological wellbeing services, IAPT, self-help support and local voluntary sector helplines along with the needs that these services can meet.

3. Ensure all efforts are being made to divert people away from A&E where possible:
   a. ensure your trust's website and literature no longer direct people to A&E, 999 or 111 as the default (apart from where it is part of a properly resourced and planned urgent MH pathway that sits within or via NHS 111)
   b. ensure information is provided on the website as to when A&E/999 is appropriate – ie where people require serious or life-threatening immediate emergency mental or physical health assistance. When people have emergency co-morbid physical and mental health needs (such as someone who has taken an overdose), then A&E is the appropriate place to meet both their emergency physical and mental health needs.

4. Where services are already established, consider what additional capacity might be required and redeployed not just to the urgent telephone access function, but also to other services that can provide follow-up care for all ages, such as urgent face-to-face assessment, intensive home treatment and routine community mental health teams, as well as local voluntary, community and local authority services.

5. Provide information in the attached brief proforma at **Annex B** confirming the key actions above have been carried out.

Further guidance is provided in Annex A below, and there are case studies and resources on NHS Future Collaboration Platform Covid-19 mental health and LD response cell workspace.

You will of course be aware that some A&Es are already near-full with COVID-19 patients, making it an environment that carries risks for all people. As we consider the imperative to divert people from A&E where possible, I know that many providers are moving at pace to establish all-age consolidated 'mental health emergency departments' away from A&E, while maintaining a front-door triage presence in A&E to ensure that people who do need care from acute trusts, receive it. In this context, psychiatric liaison presence on inpatient wards in general hospitals remains important and should be maintained. [2] The national team will seek to gather and share learning about these new configurations as quickly as possible.

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[2] RCPsych guidance on liaison psychiatry during Covid-19 https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services-covid-19-guidance-for-clinicians

Finally, I want to reiterate how much I have been humbled by the work and commitment of colleagues in mental health services all over the country in recent weeks. You have made huge changes, in what in normal circumstances would have been impossible timeframes, and have done so in the most collective and supportive spirit. It is truly a privilege to work alongside you to serve our patients and the public at this time, more than ever.

Claire Murdoch

National Mental Health Director
NHS England and NHS Improvement

Annexes:

Annex A: (below) further considerations in establishing 24/7 open access services

Annex B: (accompanying attachment - short proforma to return by close of 10 April)

Annex A: further considerations in establishing 24/7 open access services

1. **Key service principles**

- In providing an open access service, there **should be no restrictions on who can refer, and mental health crisis should be self-defined.** If people or families feel the need to access urgent mental health support, those needs should be listened to. The level of response needed following triage will vary, but all presentations should be taken seriously.
- Other agencies such as police, ambulance, local authorities and others are able to access the NHS urgent mental health support. **It may be helpful to have a separate number for access for other professionals.**
- For incoming new referrals, a substantial proportion of needs for support, advice and triage in the open access 24/7 function will be able to be met on the phone or face to face through a video consultation. However, the function must include the ability to carry out rapid age-appropriate face-to-face urgent assessment in person when needed, and staff should be suitably equipped to do so, including an appropriate response and adjustments for CYP and those with learning disabilities and/or autism.
- Patients on existing caseloads of community and home treatment services should be reviewed at least weekly (or in line with your local COVID-19 response arrangements) to identify who can benefit from video or telephone support, who can be supported by voluntary sector partners and who requires face-to-face contact in person and to ensure that staff are able to carry out urgent face to face assessments when needed.

Ensuring an age-appropriate response

- In responding to presentations from CYP or older adults, this should ideally be done by professionals with competency in meeting those age-specific needs. However, where access to specialist professionals is a challenge, it may be beneficial for CYP or older adult teams to provide training to other staff in CYP or older adult-specific considerations in the context of providing telephone support, advice, triage and urgent response.

- It may be beneficial to agree protocols whereby specialists are easily accessible to provide support and advice to staff who may be working beyond their usual competency.

- Where there are separate teams/services for different age groups, these should be displayed clearly on the trust website. Where services for CYP are provided by other organisations, please ensure you engage with these organisations and signpost appropriately on your website.

Ensuring equity in access to those with mental health needs and co-occurring conditions such as learning disability or autism

- While open access urgent mental health services may not be able to provide specialist support for the person's range of needs, they must not reject calls from people calling with mental health needs just because they have other conditions – eg learning disability, autism, dementia, substance use problems.

- While the onward care might require further specialist support, immediate urgent mental health response should be provided when people present with mental health needs.

- Consider offering different modes of access/reasonable adjustments: for example some people with autism may prefer to contact via email to telephone, some people may prefer a chat function, or some older adults may be less familiar with video technology.

2. **Potential options for increasing capacity to deliver video/telephone support**

- Given the likely increased demand on crisis services, some options for additional capacity in telephone and video support services pending recruitment of extra staff, could be to:

  - redeploy staff from other services with reduced activity or that are deemed less essential during the COVID-19 period to support the potential increased demand on telephone (for both urgent and routine community services)

  - ask qualified staff who are well, but self-isolating, to carry out telephone and video support, eg providing call-backs to people or routine community contacts

  - consider whether reservists or retired mental health staff are willing to support

  - Where bespoke CYP crisis services are in place but not currently operating 24/7, consider establishing a combined support offer with adult services to cover the 24/7 period

  - mental health support teams that are usually based in schools could provide specific support for calls being received from CYP with moderate needs, thereby freeing up urgent services as far as possible to meet more acute urgent needs.

- The Government has just announced a significant investment in a national and local voluntary sector mental health helpline service in response to COVID-19. As these services are put in place, we encourage local NHS mental health trusts to work together with these services to provide a complementary and integrated offer to your local population that can meet the range of presenting mental health needs. These should be supplementary to, not instead of NHS-provided urgent 24/7 point of access, which will have qualified clinicians, access to patient records, and ability to facilitate access to the local urgent, acute and routine mental health services.

3. **Funding**

- All areas have had funding confirmed for open access urgent mental health services for adults and older adults through transformation fund plans.

- However, where additional costs of accelerating implementation, extending to CYP and/or additional capacity needed (including for voluntary sector partners) due to COVID-19, these should be logged in the returns and recorded on the relevant cost centre as per the letter from Simon Stevens and Amanda Pritchard to the NHS on 17 March 2020 which set out more detail on the financial regime under COVID-19.

- This confirmed that specific financial guidance on how to estimate, report against, and be reimbursed for additional costs is being issued soon. The Chancellor of the Exchequer said in Parliament that, "Whatever extra resources our NHS needs to cope with coronavirus – it will get". Therefore, financial constraints must not and will not stand in the way of taking immediate and necessary action – whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.

- You will have received a number of communications from colleagues in NHSX and national digital programmes about access to hardware and software to enable online video consultations and other digital technologies.

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4. **NHS.UK website – crisis service postcode finder**

NHSE/I together with NHS Digital are working at pace to place contact details from all Trust websites, onto a national service finder for urgent mental health support, allowing people to find local details for urgent mental health support through a postcode search on the NHS.UK website. This has the potential to bring a dramatic improvement to the clarity nationally in how people are able to access urgent mental health support, ending a long-standing problem of people not knowing where to turn when experiencing a mental health crisis.

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From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

29 April 2020

Dear Colleague,

IMPORTANT - FOR ACTION - SECOND PHASE OF NHS RESPONSE TO COVID19

We are writing to thank you and your teams for everything you have achieved and are doing in securing the remarkable NHS response to the greatest global health emergency in our history.

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Then in the light of the latest SAGE advice and Government decisions, on 17th March we wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

This has enabled us in the space of the past six weeks to go from looking after zero such patients to caring for 19,000 confirmed Covid19-positive inpatients per day, many of whom have needed rapidly expanded critical care support. Alongside this, the majority of patients the Health Service has continued to look after have been receiving care for other important health conditions. Despite real concern going in to the pandemic – following difficult international experience – every coronavirus patient needing hospital care, including ventilation, has been able to receive it.

This has largely been possible as a result of the unparalleled commitment and flexibility of NHS staff, combined with the public's 'social distancing' which remains in

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place to cut the spread of the virus. We have also been greatly strengthened by over 10,000 returning health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early; 607,000 NHS volunteers; and the work of our partners in local government, social care, the military, the voluntary sector, hospices, and the private sector.

Sadly coronavirus looks set to be with the us for some time to come, so we will need continuing vigilance. We are, however, now coming through this peak of hospitalisations, as seen by the drop of nearly 5,000 in the daily number of confirmed Covid19-positive patients in hospitals across England over the past fortnight.

Patients with confirmed Covid19 in hospital beds, England
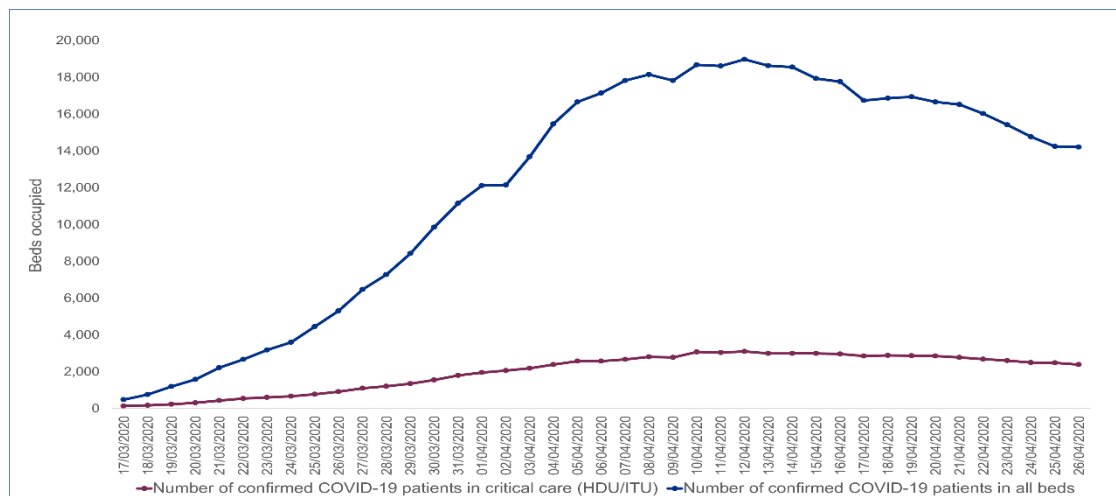
As the Prime Minister set out on Monday, we are therefore now entering the second phase in the NHS's response. We continue to be in a Level 4 National Incident with all the altered operating disciplines that requires. NHS organisations therefore need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The purpose of this letter is to set out the broad operating environment and approach that we will all be working within over the coming weeks.

Based on advice from SAGE, we still expect to be looking after several thousand **Covid19-positive patients**, though hopefully with continuing weekly decreases. This means:

- Ongoing and consistent application of PHE/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

- In response to the global shortage, DHSC and the Cabinet Office together with BEIS (for UK manufacture) and DIT (for international suppliers) continue to expand the sourcing and procurement of HSE/PHE-recommended PPE for the NHS, social care and other affected sectors of the UK economy, but it is likely that current Covid-specific logistics and distribution arrangements will need to continue for the time being.

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- Increased lab capacity now enables testing of all non-elective inpatients at point of admission, the introduction of pre-admission testing of all elective patients, testing prior to discharge to a care home, as well as expanded testing for staff. The corollary is the operational importance of fast turnaround times for test result reporting.

The pressure on many of **our staff** will remain unprecedented, and they will need enhanced and active support from their NHS employers to ensure their wellbeing and safety.

- Increased testing capacity means that we will now be able to extend the offer of regular testing to asymptomatic staff, guided by PHE and clinical advice. This approach is being piloted in a number of acute, community and mental health providers this week, which will inform further roll out from next week.

- As set out in our letter of 17th March, NHS organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters.

- Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.

- Now more than ever a safety and learning culture is vital. All our staff should feel able to raise concerns safely. Local Freedom to Speak Up Guardians are able to provide guidance and support with this for any concerned member of staff. As we know, diverse and inclusive teams make better decisions, including in the Covid19 response.

- Employers are also asked to complete the process of employment offers, induction and any necessary top-up training within the next fortnight for all prospective 'returners' who have been notified to them.

We are going to see increased demand for Covid19 aftercare and support in **community health services, primary care, and mental health.** Community health services will need to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing health support. High priority actions for mental health providers in this next phase are set out in the Annex. General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.

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Given the scale of the challenges they face, we must also continue to partner with **local authorities** and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in **social care**, including care homes. This includes:

- Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid19; care homes can also check that these tests have been carried out.

- Under the direction of the LRF, local authority public health departments and CCG infection control nurses can help 'train the trainers' in care homes about PHE's recommended approach to infection prevention and control - particularly focusing on those care homes that lack the infrastructure of the bigger regional and national chains.

- To further support care homes, the NHS will bring forward from October to May 2020 the national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service. Further detail will be set out shortly.

- Opportunities to support care homes should also be provided to younger health professional 'returnees' and public volunteers who have offered to help (subject to appropriate personal risk assessment, as described above).

As also seen in a number of other countries, **emergency activity** has sharply reduced in recent weeks. Last week emergency hospital admissions were at 63% of their level in the same week last year. This is likely due to a combination of: a) changed healthcare seeking behaviour by patients, b) reductions in the incidence of some health problems such as major trauma and road traffic accidents, c) clinical judgements about the balance of risk between care in different settings, and d) some NHS care being provided through alternative access routes (eg ambulance 'see and treat', online appointments).

There is therefore considerable uncertainty as to the timing and extent of the likely rebound in emergency demand. To the extent it happens, non-elective patients will potentially reoccupy tens of thousands of hospital beds which have not had to be used for that purpose over the past month or so.

This means we need to retain our demonstrated ability to quickly repurpose and **'surge' capacity** locally and regionally, should it be needed again. It will also be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line - including access to independent hospitals and Nightingale hospitals. The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals. Independent hospitals and diagnostics should be used for the remainder of the current contract which runs to the end of June. Please also start now to build a plan for each STP/ICS for the service type and activity volumes that you think could be needed beyond the end of June, which can inform discussions during May about possible contract extensions with the independent sector.

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Over the next six weeks and beyond we have the opportunity to begin to release and redeploy some of the treatment capacity that could have been needed while the number of Covid19 patients was rising so sharply.

This means we are now asking all NHS local systems and organisations working with regional colleagues fully to step up **non-Covid19 urgent services** as soon as possible over the next six weeks, including those set out in the Annex. This needs to be a safe restart with full attention to infection prevention and control as the guiding principle.

In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some **routine non-urgent elective care**. Provisional plans will need to factor-in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies. We will continue to provide new ventilators to trusts over the coming weeks so as to sustain critical care 'surge' capacity should it again be needed in future, while progressively returning operating theatres and recovery suites to their normal use.
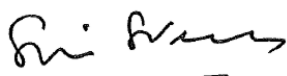
We should also take this opportunity to **'lock in' beneficial changes** that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

In terms of wider action that will also be underway, DHSC will be designing and establishing its new 'Test, Track & Trace' service. The leadership and resourcing of local authority public health departments will be vital. Trusts and primary care networks should continue to support clinicians to enrol patients in the three major phase III clinical trials now underway across the NHS, initially testing ten potential Covid19 treatments. In addition, at least 112 Covid19 vaccines are currently in development globally. We also expect an expanded winter flu vaccination campaign alongside a school immunisation 'catch up programme'.

Looking forward, at the right time and following decision by Government, we will then need to move into the NHS's phase three 'recovery' period for the balance of the 2020/21 financial year, and we will write further at that point.

In the meantime, please accept our personal thanks and support for the extraordinary way in which you and your staff have risen to this unprecedented global health challenge.

With best wishes,

Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX

ACTIONS RECOMMENDED FOR URGENT CLINICAL SERVICES OVER THE NEXT SIX WEEKS

Urgent and routine surgery and care

- Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.
- Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.
- Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.
- Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity. The Royal College of Surgeons has produced helpful advice on surgical prioritisation available at: (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf)
- In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.
- Solid organ transplant services should continue to operate in conjunction with the clinical guidance developed and published by NHS Blood and Transplant.
- Where additional capacity is available, restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.
- All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.

Cancer

- Providers have previously been asked to maintain access to essential cancer surgery and other treatment throughout the Covid19 pandemic, in line with guidance from the Academy of Medical Royal Colleges and the NHS (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf and https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf). An exception has been where clinicians consider that for an individual patient the risk of the procedure at the current time outweighs the benefit to the patient.

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- Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer SROs must now provide assurance that these arrangements are in place everywhere.
- Referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in Covid19 protected hubs/environments.
- High priority BMT and CAR-T procedures should be able to continue, where critical care capacity is available.

Cardiovascular Disease, Heart Attacks and Stroke

- Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroradiology for mechanical thrombectomy.
- Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.
- Primary care clinicians to continue to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.
- Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.

Maternity

- Providers to make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care.
- Ensure obstetric units have appropriate staffing levels including anaesthetic cover.

Primary Care

- Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.
- Complete work on implementing digital and video consultations, so that all patients and practices can benefit.
- Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In

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particular, proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to Covid19, ensure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.

- To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual 'care home round' of residents needing clinical support.
- Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.
- Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

Community Services

- Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Includes daily reviews of all patients in a hospital bed on the Hospital Discharge List; prompt and safe discharges when clinically and in line with infection control requirements with the planning of ongoing care needs arranged in people's own homes; and making full use of available hospice care.
- Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.
- Essential community health services must continue to be provided, with other services phased back in wherever local capacity is available. Prioritise home visits where there is a child safeguarding concern.

Mental Health and Learning Disability/ Autism services

- Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.
- For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.
- Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school.
- Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.
- Annual health checks for people with a learning disability should continue to be completed.
- Ensure enhanced psychological support is available for all NHS staff who need it.
- Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.

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- Care (Education) and Treatment Reviews should continue, using online/digital approaches.

Screening and Immunisations

- Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes.
- Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.
- Antenatal and Newborn Screening Services must be maintained because this is a time critical service.
- Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.

Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care

- In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.
- Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this should be coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral if their primary care service can access specialist advice (usually via phone, video too).
- All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments - providing patients the means of self-accessing services if required.

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Report to the Board of Directors
29th May 2020

Title of report	IPC Board Assurance Framework
Report author(s)	Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer/Emergency Planning Executive Lead

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

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

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

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

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

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

N/A

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Infection Prevention and Control (IPC) Board Assurance Framework
Trust Board Meeting
29th May 2020

1.   Executive Summary

As the understanding of COVID-19 has developed, guidance on required IPC measures has been published, updated and refined by PHE to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

The Assurance framework is designed to help providers assess themselves against the guidance as a source of internal   assurance that quality standards are being maintained. It is also intended to identify any areas of risk and show the corrective actions taken in response. The tool also provides assurance to trust boards that organisational compliance has been systematically reviewed for other potential HAI's.

2.   Risk Assessment

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

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

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

3.   Inclusion of self-assessment against additional standards

NHSE/I produced additional standards for IPC which were released on Friday 22 May 2020. Further specific Mental Health, Learning Disability and Autism (MHLDA)

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Standards are also being developed by NHSE/I and once received these will be incorporated and a revised assessment will be brought to the Board at a later date.

The new standards include processes which are new and therefore cannot at this stage confirm 100% assurance. These measures will be introduced over the coming weeks. For Example

- Contact Tracing of positive patients is a nationally led process and won't be introduced until June 2020
- Social distancing measures in clinical areas is maintained where possible, however further work is underway to utilise available space where possible e.g. during ward handover and undertaking ward-based MDTs
- Trust wide Environmental Group is proposing supportive measures to ensure Health and Safety at work e.g. social distancing, use of office space, staggering shifts/breaks, meanwhile communicating that where possible, staff who can work from home, should continue to do so.

It is proposed that an updated IPC assurance is returned to the June Board meeting to provide further assurance.

4.   Assurance mechanisms for the initial and new standards

In summary, the actions to support assurance reflected in the self-assessment during the COVID19 Pandemic have included:

- Daily reports to Covid19 IMG by Group Nurse Director Safer Care/DIPC on national and emerging IPC guidance and implications, PPE position, staff and index case testing;
- Daily IPC meetings. Membership includes Director for Infection Prevention and Control (DIPC)/Group Nurse Director for Safer Care, Group Medical Director Safer Care, IPC Team, Locality Group Nurse Directors and Deputy Director of Communications;
- Daily IPC Agenda. Action focused with the purpose to ensure rapid assessment of the actions required to implement national clinical guidance e.g. Patient cohorting, implementing staff testing, process for daily stocktake of and guidance on the use of PPE, Aerosol Generating Procedures, admission and discharge screening, cleaning regimes and waste management;
- Group Nurse Directors feed into daily SITREP meetings at locality level to ensure actions are being implemented. Any issues identified are escalated to national level;
- Daily IPC/PPE Communications brief – separate to the Daily COVID-19 communications aimed at exclusive route and reference for IPC/PPE messages- backed up with guidance on the intranet;
- IPC team have throughout the Pandemic undertaken scheduled and adhoc 'Teams' Meetings with Clinical Nurse Managers, Ward Managers and clinical care groups to discuss complex cases, practical application of 7 and 14 day isolation, restraint and management of violence and aggression;

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- IPC Team 'visit/walkabouts' to hospital and some community service sites enabling switch over of recalled eyewear, spot check PPE, advise on inappropriate use then reinforced in daily communications brief;
- IPC Team have held sessions with NTW Solutions Domestic Supervisors and domestic/facilities staff at ward and service level in addition to ward-based sessions; led by ward managers;
- Comprehensive roll out of Fit Testing of FFP3 masks has been led by IPC Team and Academy Physical Health Leads to staff and has also enabled clarification of understanding on safe IPC practices and updated IPC guidance;
- Staff Testing Training has been delivered by a combination of DIPC/CNTW Academy Physical Health Trainers;
- Public Health Team members including DIPC/ IPC/Tissue Viability have led the daily co-ordination of the Staff and Index Case Testing Teams with responsibility to observe IPC practice and induct new trainees during testing sessions; and
- LNC/Staff Side weekly meetings- IPC items have been used to support actions required to support practice as well

3.   Conclusion

Board Members should note that the self-assessment confirms that Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is compliant with all standards, with the exception of the items summarised in sections 5 and 7. This relates to limited isolation facilities at Hadrian clinic for presumptive positive patients awaiting admission screening test results and the lack of current PHE guidance in relation to Contact Tracing. However, mitigation is described following the decision to admit directly to Bede ward pending COVID-19 Screening results.

The Board are asked to agree to a further updated assurance framework to be submitted to the June meeting of the Board of Directors to provide further assurance.

Anne Moore
Group Nurse Director Safer Care, Director of Infection Prevention and Control.
May 2020

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Infection Prevention and Control board assurance framework – completed May 2020

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes • patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission • compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	All admissions into the Trust are screened and managed appropriately. Appropriate care plan re isolation until result known. Documented in Rio progress notes and alerts. Community teams contact patients prior to visit to establish any COVID-19 infection risks. Transfer of COVID-19 positive patients is limited as much as possible.		

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• patients and staff are protected with PPE, as per the PHE national guidance	Trust PPE guidance reflects the guidance issued nationally by PHE.		
• national IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	Daily communications released to update staff around any changes to national IPC guidance. Weekly meeting with clinical teams via 'Teams' to provide an update in guidance and application at clinical level. Spot check visits by IPC team members in addition to individual case discussions		
• changes to PHE guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Daily contact with DIPC/Gold Command to discuss any changes in guidance. Discussed with Executive Team at daily Incident Management Team. Board members receive daily communications updates		
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	Risks added to Trust risk register as appropriate.		
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Staff continue to report infections via the web-based incident reporting system. IPC policies and advice provided.		

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2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	All ward staff appropriately trained and upskilled to manage COVID-19 patients Where clinically/IPC required, cohort areas/wards introduced across the Trust		
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	All domestic staff have thorough Trust IPC induction and targeted training sessions in relation to the management of COVID-19. Domestic supervisors and support staff link in and meet with IPC team on a regular basis.		
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	Decontamination and terminal decontamination included in Trust guidance in line with PHE advice. Specific poster produced for domestic staff and Q&A via NTW solutions		
• increased frequency, at least twice daily, of cleaning in areas that have higher	All areas throughout the Trust utilising Chlor-Clean as a precautionary measure. All isolation	North Cumbria locality using Tristel-Fuse as per NCIC products	

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environmental contamination rates as set out in the PHE and other national guidance	areas decontaminated at least once daily.		
• Attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas	Domestic staff are instructed in the required standards and pay particular attention to cleaning of toilets/ bathrooms		
• Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	All areas throughout the Trust utilise neutral purpose detergent and chlor-clean (a chlorine based disinfectant) Staff have training and guidance on using this		
• Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/	Domestic staff have been made aware of the importance of following manufacturers guidance in use of all cleaning / disinfect products		

disinfectant solutions/products as per national guidance: • 'frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids	Cleaning and decontamination will increase to the twice daily standard		
• electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	Staff working with keyboards, desk tops etc are aware of increased frequency of cleaning for these areas.		
• rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)	Ward managers advise domestic teams when top enter rooms for cleaning following patient movement or clinical interventions		
• linen from possible and confirmed COVID-19 patients is managed in line	All linen from possible/confirmed COVID-19 patients managed as		

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with PHE and other [national guidance](#) and the appropriate precautions are taken	infectious linen and disposed of/laundered appropriately.		
• single use items are used where possible and according to Single Use Policy	Single use items used throughout the Trust in accordance with Single Use Policy		
• reusable equipment is appropriately decontaminated in line with local and PHE and other [national policy](#)	Reusable equipment is decontaminated appropriately and effectively after use in line with Trust policy		
• <mark>review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission</mark>	<mark>This standard is Rooms in CNTW are not typically mechanically ventilated and openable windows is the only method.</mark>		

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in assurance**	**Mitigating actions**
Systems and process are in place to ensure:			

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	Incident reports submitted where antibiotics are prescribed		
• arrangements around antimicrobial stewardship are maintained			
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	Antibiotic surveillance is reported into the IPCC on a quarterly basis		

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
• implementation of national guidance on visiting patients in a care setting	In line with national guidance, visiting has been temporarily suspended across the Trust with the exception of patients requiring End of Life Care and Children. However all requests are considered on a case by case basis		
• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where	Access is restricted to core team members where COVID-19 positive patients is suspected/ confirmed		

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appropriate with restricted access			
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	COVID-19 resource pages available on the intranet including easy read and specifically designed resources for patients with a Learning disability		
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Documented on Patient Electronic Record ie RiO - evidenced that this is communicated on patient transfer		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure: • Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of	Triage via Bed Management Clinical Team. Asymptomatic Patients are also routinely tested on admission Asymptomatic patients are now tested on admission. Patients with possible or confirmed COVID-19 are isolate from non-COVID-19 patients		

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cross-infection as per national guidance			
• <mark>mask usage is emphasized for suspected individuals</mark>			
• <mark>ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff</mark>			
• <mark>for patients with new-onset symptoms, it is important to achieve isolation and instigation of contract tracing as soon as possible</mark>	Contact tracing not yet in place	Awaiting PHE guidance for local implementation	
• patients with suspected COVID-19 are tested promptly	All patients who develop symptoms are tested and isolated promptly with continued monitoring of the patient's physical health		
• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	Patients who are symptomatic are isolated, if continue to display symptoms following negative result they will be retested		
• patients that attend for routine appointments who display symptoms of	Reduced face-to-face appointments and increased use of technology. Staff check with the patient that they		

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COVID-19 are managed appropriately	are well and symptom-free before appointment where possible to reduce risk of spread		

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure: • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it • a record of staff training is maintained • appropriate arrangements are in place that any reuse of PPE in line with the CAS	All staff receive in-depth IPC training on induction into the Trust. Targeted training sessions across all sites in the Trust in relation to PPE (appropriate use/donning and doffing). As above Training records are maintained by training facilitators Trust not currently advocating re-use of PPE however fully aware of		

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alert is properly monitored and managed	the CAS Alert describing potential options if supply interrupted		
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Incident reporting system is in place to report any PPE related concerns		
• adherence to PHE national guidance on the use of PPE is regularly audited	Adherence to PHE National Guidance is undertaken via Routine checks by Clinical Nurse Managers, and IPC Team		
• staff regularly undertake hand hygiene and observe standard infection control precautions	All inpatient staff across the Trust undertake hand hygiene competency assessments/IPC on an annual basis. Hand washing is promoted as a core message via Daily communications and posters in every ward/department across the Trust		
• Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash	Hand towel dispensers are available in all areas and are regularly maintained.		

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Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
contamination, as per national guidance			
• Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas	Hand hygiene posters are readily available and clearly displayed in all prominent areas.		
• staff understand the requirements for uniform laundering where this is not provided for on site	Communications on personal Uniform laundering has been issued via Daily Communications briefings		
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms	All staff displaying symptoms of COVID-19 are contacting the Central Absence Reporting Centre within the Trust for advice and to access Trust based Testing Team for themselves and family members.		

7. Provide or secure adequate isolation facilities

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure: • patients with suspected or confirmed COVID-19 are	As above, all areas compliant facilities to support		Designation of Bede Ward for admission screening and if negative transfer. If positive the patient will

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where possible isolated in appropriate facilities or designated areas where appropriate	isolation/cohorting with the exception of Hadrian Clinic	Hadrian Clinic difficult to isolate due to layout (no en-suite facilities).	remain and be cared for via isolation on Bede Ward
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Compliance in line with PHE guidance		
• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	No change in usual management of these infections		

8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals	All Trust staff undertaking testing are appropriately trained		

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• patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance	Testing of both staff and patients is undertaken promptly (usually same day that symptoms are first noticed).		
• screening for other potential infections takes place	Screening takes place to rule out other infections/symptoms being displayed		

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

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure that:			
• staff are supported in adhering to all IPC policies, including those for other alert organisms	IPC Team are in daily contact with clinical areas regarding IPC processes and advising wards/teams where other infections are reported		
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	Any changes to PHE guidance communicated to staff as soon as possible via the daily communications and Team meetings		
• all clinical waste related to confirmed or suspected COVID-19 cases is	All waste related to suspected or confirmed COVID-19 cases is disposed of appropriately as		

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
handled, stored and managed in accordance with current PHE [national guidance](#)	infectious clinical waste into orange bags		
• PPE stock is appropriately stored and accessible to staff who require it	Central management of PPE has been introduced to ensure adequate stock for all areas based on usage		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Staff in 'at risk' groups identified and supported appropriately, including the completion of individual risk assessments		
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	All staff that are required to wear FFP masks undergo fit-testing by an appropriately trained individual. Training is recorded		

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• Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	Staff teams remain on their allocated areas with minimal movement. This includes Domestic Teams.		
• All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas	Staff are aware of the need for social distancing. Work is underway to ensure there are 2m floor spacers to prompt and remind staff re need for 2m distancing. Posters are on display in al wards/departments across the Trust.		
• Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas	The Trust Covid19 Environmental working group is assessing the modifications required trustwide		
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	Staff absence and well-being monitored via individual team managers and centrally through the Central Absence Line. Well-being checks undertaken		

• staff that test positive have adequate information and support to aid their recovery and return to work	Information is provided to staff at point of test explaining outcome of results ie negative and positive including ongoing support should symptoms worsen or re-occur. Welfare calls support staff to either return or onward referral to Occupational Health		

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Infection prevention and control COVID-19 management checklist, version 1.2 (22 May 2020)

<mark>Updates since version 1, published 4 May 2020, are highlighted in yellow</mark>

Refer to [COVID-19: infection prevention and control (IPC) - GOV.UK](#)

This tool is designed to be an 'aide memoire' that COVID-19 guidance is being implemented appropriately within the healthcare setting
Standard Infection Control Precautions   Apply to **all staff,** in **all care settings**, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.   **Patients, staff** and **visitors** are encouraged to minimise COVID-19 transmission through: • Good hand hygiene and respiratory hygiene   • Social distancing wherever possible   <mark>In addition, all staff are requested to:</mark>   • <mark>Adhere to social distancing, particularly when not wearing PPE/when in non-clinical areas eg during work breaks and in communal areas.</mark>   • <mark>Stagger breaks to limit the density of staff in any one specific area(s).</mark>   Domestic staff are now staying on the ward for their break and do not mix in the communal area as they did in the past.

Patient placement/assessment of risk/cohort area	Comments/notes
Emergency department, <mark>admission and waiting areas</mark> Patients are triaged rapidly <mark>to segregate</mark> and maintain separation in space and/or time between possible and confirmed COVID-19 patients <mark>and non-COVID-19 patients</mark>. <mark>Suspected cases are asked to wear a face mask.</mark> <mark>There is physical separation of reception staff eg perspex screens.</mark> **On admission** Possible cases (awaiting lab confirmation) and confirmed cases are isolated in a single room with clinical wash hand basin and en-suite facilities. If single rooms are in short supply, priority is given to patients who have excessive cough and sputum production. Single rooms in non-COVID-19 areas are reserved for patients requiring isolation for other (non-influenza-like illness) reasons. Prioritising of patients for isolation other than suspected or confirmed COVID-19 patients is decided locally, based on patient need and local resources.	

Possible cases (awaiting lab confirmation) should be cohorted separately (ideally in single rooms) until confirmed.	
Patients with new onset symptoms are isolated immediately and contacts traced.	
Cohort areas are established for multiple cases of confirmed COVID-19, ideally in a designated, self-contained area.	
Patients should be separated by at least 2 metres and privacy curtains/screens used between bed spaces to minimise opportunities for close contact.	
The segregated area is not being used as a thoroughfare by other patients, visitors or staff.	
Doors to isolation/cohort rooms/areas are closed and signage is clear.	
Patient placement is reviewed daily as the care pathway changes.	
Staff cohorting	
Dedicated teams of staff are assigned to care for patients in isolation/cohort rooms/areas for their entire shift.	
There is consistency in staff allocation, reducing movement of staff and the crossover of care pathways between planned and elective care pathways and urgent and emergency care pathways; reducing movement of staff between different areas.	
Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout inpatient stay.	
Personal protective equipment (PPE)	
General ward	
All staff working in designated COVID-19 areas routinely wear fluid resistant surgical masks (FRSM).	
Staff providing direct care within 2 metres of a possible/confirmed case are wearing disposable aprons, gloves, FRSM and eye/face protection, when in the patients' immediate care environment. Link to PPE table.	
High risk areas	
A filtering facepiece (FFP) respirator and need for gown/coveralls is risk assessed. Link to PPE tables and AGP's list	
Where an aerosoal generating procedure (AGP) is a single procedure, PPE is single use.	

Infection prevention and control COVID-19 management checklist, Version 1.2 (22 May 2020)

PPE must be: • Available at point of use and stored in a clean dry area. **All staff (clinical and non-clinical):** • are trained in putting on and removing PPE. • know what PPE they should wear for each setting and context. • have access to the PPE that protects them for the appropriate setting and context. • perform hand hygiene following removal of PPE. **Single/sessional use** Gloves and aprons are single use as per standard infection control precautions (SICPs), with disposal after each patient contact, task or procedure. Respiratory and eye/facial protection may be used for a session of work. Gown/coverall may be worn for a session of work in high risk areas.	
Surgical facemasks All possible/confirmed inpatients wear a surgical facemask (if tolerated and does not compromise clinical care).	
Safe management of care equipment	
Single-use items are in use where possible. Dedicated, reusable, non-invasive care equipment is in use and decontaminated between each use and prior to use on another patient. See Routine decontamination of reusable non-invasive patient care equipment flowchart. Fans that re-circulate the air are not in use.	
Decontamination of the care environment	
Domestic teams are assigned to COVID-19 cohort area/wards. All areas are free from non-essential items and equipment.	
Isolation room/cohort area (cleaning of isolation areas is undertaken separately to the cleaning of other clinical areas.)	

There is at least **twice daily** decontamination of the patient isolation room/cohort area, toilet and bathroom and staff areas, including areas where PPE is removed.	
Manufacturers' guidance and contact times for cleaning and dininfection products are followed.	
There is decontamination of '**Frequently touched'** surfaces at least twice daily and when they are known to be contaminated with secretions/blood/bodily fluids. Frequently touched surfaces include:	
• Toilets and commodes (particularly if patients have diarrhoea).	
• Door/toilet handles, locker tops, over bed tables, bed rails, desktops and electronic equipment – eg mobile phones, desk phones and other communication devices, tablets, keyboards; particularly where these are used by used by many people.	
• Rooms once vacated by staff following AGP (clearance times in isolation room 10-12 ACH wait minimum 20 minutes or single room with 6 ACH wait minimum of 1hr).	
'Terminal' decontamination is undertaken following transfer, discharge, or once the patient(s) is no longer considered infectious.	
Communal cleaning trollies are not taken into patient rooms.	
Hand hygiene	
Staff undertake hand hygiene as per WHO 5 moments, using either an alcohol-based hand rub (ABHR) or soap and water.	
Hands are dried with soft absorbent, disposable paper towels from a dispenser are available for use to dry hands, located close to handwash sinks and beyond risk of splash contamination.	
How to wash and dry hands posters are clearly displayed in all public toilets and staff areas.	
Staff are aware of the importance of skin care.	
Movement restrictions/transfer/discharge	
Moving patients within hospital Patients with possible/confirmed COVID are not moved to other wards/departments unless for essential care. If necessary: • Staff at the receiving destination are informed that the patient has possible or confirmed COVID-19. • Patient is wearing a surgical face mask during transportation. • Patients are taken straight to and returned from clinical departments. • If possible, patients are placed at the end of clinical lists.	

Infection prevention and control COVID-19 management checklist, Version 1.2 (22 May 2020)

Waste	
Disposal and transport of all waste related to possible/confirmed cases is classified as Category B clinical waste (orange bag).	
Linen	
All linen is managed as 'infectious' linen. Disposable gloves and apron are worn when handling infectious linen. All linen is handled inside the patient room/cohort area. A laundry receptacle is available as close as possible to the point of use for immediate linen deposit. All linen bags/receptacles are tagged with ward/care area and date. All used/infectious linen is stored in a designated area whilst awaiting collection.	
Respiratory hygiene	
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag. Symptomatic patients may wear a surgical face mask if tolerated: • In common waiting areas. • During transportation. • In clinical areas. A surgical face mask should not be worn by patients if there is potential for their clinical care to be compromised.	
Visitors	
Signage regarding any visitor restrictions is clearly visible.	

Infection prevention and control COVID-19 management checklist, Version 1.2 (22 May 2020)

Board of Directors
Friday 29 May 2020

Title of report	COVID-19 – Trust approach to support Black, Asian and Minority Ethnic Staff
Report author(s)	Lynne Shaw, Acting Executive Director of Workforce & OD
Executive Lead (if different from above)	As above

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

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

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

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

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

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

COVID 19 - Trust Approach to Support Black, Asian and Minority Ethnic Staff
Board of Directors
Friday 29 May 2020

1.   Executive Summary

This paper provides the Trust Board of Directors with an update on the Trust approach to supporting Black, Asian and Minority Ethnic (BAME) staff across the Trust (including bank staff, agency workers and contractors).

This follows recent widespread reports that there is evidence of a wide disparity in deaths from COVID-19 amongst BAME people compared to white health and care workers in the United Kingdom (around 2/3rds of healthcare staff who have died are from a BAME background whereas they make up around 20% of the overall workforce).

The table below highlights details of deaths from COVID-19 in health and social care staff groups which was published in the Health Service Journal on 22 April 2020.

Age, gender and ethnicity of those who died from COVID-19 in health and social care staff groups.				
	Nursing and Midwifery	Healthcare support workers	Doctors and dentists	Other staff
Number	35	27	19	25
Age; yrs. median (IQR [range])	51 (46-57 [23-70])	54 (42-64 [21-84])	62 (54-76 [36-79])	51 (34-58 [29-65])
Male %	39	22	94	55
BAME %	71	56	94	29
*BAME Workforce %	20	17	44	-
*For comparison, the approximate % of BAME in the NHS workforce is included in the final row.				

This disproportionate death rate is also reflected in the general population in the UK where it has been found that after taking into account age, measures of self-reported health and disability, and other socio-demographic characteristics, black and people of Bangladeshi and Pakistani origin were still almost twice as likely as white people to die a COVID-19 related death.

These figures have understandably led to widespread fear, anxiety and grief amongst BAME staff and their communities, with calls for urgent measures to protect them against the higher COVID-19 risk.

There are also strong signals that existing inequalities and inequities experienced by BAME healthcare staff are being amplified by the crisis.   This has led to a reversal of the previous decision to suspend the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data collection process for 2020 due to COVID-19.

2. Risks and mitigations associated with the report

Similar to the concerns raised nationally amongst BAME staff and their communities, many concerns are being raised from our own staff. Supporting the health and wellbeing of this staff group is a priority for the Trust and a number of measures have been put in place for staff, bank and agency workers and contractors at this time.

These are summarised below:

- Letter to BAME employees, bank staff and agency workers outlining various measures to support health and wellbeing
- Inclusion of BAME colleagues into the vulnerable and at risk group
- Risk Assessments rolled out for all BAME employees, bank staff, agency workers and contractors
- Priority group for FFP3 fit testing (if appropriate)
- Priority group when asymptomatic testing is rolled out
- Fortnightly Staff Network Meetings (attendance has increased significantly)
- Increased release time for BAME network chairs for the next four months to provide additional support to BAME colleagues
- Regular discussions with the British Medical Association, Unison and Royal College of Nursing
- Exploring priority wellness coaching from the in-house psychological services team
- Consideration of other ideas and initiatives from staff to support the workforce.

3. Summary

It is clear from the widespread reports that the BAME population is disproportionately affected by COVID-19. The Trust sees this as a priority and Rajesh Nadkarni (Executive Medical Director) and Lynne Shaw (Acting Executive Director of Workforce and OD) are leading a number of workstreams to support the health and wellbeing of BAME staff.

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

Lynne Shaw
Acting Executive Director of Workforce and OD

Report to the Board of Directors
29th May 2020

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

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

Board Sub-committee meetings where this item has been considered (specify date)		**Management Group meetings where this item has been considered (specify date)**	
Quality and Performance	29.01.20 (month 9 update)	Executive Team	27.04.20
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	Cancelled 27.04.20
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

CNTW Integrated Commissioning & Quality Assurance Report

2019-20 Month 12 (March 2020)

Executive Summary

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

2   There has been two Mental Health Act reviewer visit report received since the last report relating to the following:

- Fraser (Child and adolescent mental health ward), three unresolved issues remain from a previous visit relating to the outdoor space being locked, patients had no bedroom keys or lockable space of their own and care plans did not always include patients views.

- Tyne (Learning Disability Rehabilitation ward), two unresolved issues remain from a previous visit relating to patients not being given their rights in line with the Code of Practice or the patient's care plan and the seclusion room had no blind at the window.

3.   The Trust met all local CCG's contract requirements for month 12 and Quarter 4 with the exception of:
- CPA metrics within North Tyneside, Newcastle Gateshead, Durham & Tees and North Cumbria CCG's.
- 7 day follow up in North Tyneside (94.7% in month 12 but achieved for Quarter 4) and North Cumbria (90%).
- Numbers entering treatment within Sunderland IAPT service (565 patients entered treatment against a target of 779)
- MHSDS valid ethnicity in North Tyneside (89.6%) and North Cumbria (84.7%)
- Delayed transfers of care within Durham and Tees (12.4%) and North Cumbria (16.5%)

4.   The Trust met all the requirements for month 12 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.2%), 6 month crisis and contingency plan (99.0%) and Safeguarding Adults Level 1 training (83.5%).

5   All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 4 with the exception of improving data submitted to the Mental Health Services Dataset (MHSDS), alcohol and tobacco brief advice and local neuro-rehabilitation inpatient training which have been rated as amber.

6   There are 61 people waiting more than 18 weeks to access services this month in non-specialised adult services. There are 58 for pre 1st October services (39 reported last month), and 3 in North Cumbria (3 reported last month). Within children's community

services there are currently 410 children and young people waiting more than 18 weeks to treatment in pre 1st October services (522 reported last month) and 109 children and young people in North Cumbria waiting over 18 weeks to treatment (91 reported last month) . Due to COVID-19 there has been a change in practice for services where they may be undertaking indirect appointments opposed to face to face. This will lead to an increase in the numbers waiting due to the Trust's methodology for calculating waiting times

7   Training topics below the required trust standard as at month 12 are listed below, a number of these are anticipated to improve in line with the North Cumbria data quality improvement plan:

Fire (80.7%)	Medicines Management (82.0%)
Information Governance (84.7%)	PMVA basic training (65.8%)
PMVA breakaway training (75.2%)	Mental Health Act combined (66.7%)
MHCT Clustering (61.6%)	Clinical Risk (71.8%)
Clinical Supervision (72.5%)	Seclusion training (82.2%)

8   Appraisal rates currently stand at 72.6% Trust wide against an 85% standard which is a decrease from last month (76.4%).

9   Clinical supervision training is reported at 72.5% for March (was 73.8% last month) against an 85% standard

13. The confirmed February 2020 sickness figure is 5.5%. This was provisionally reported as 5.39% in last month's report. The provisional March 2020 sickness figure is 6.48%. The 12 month rolling average sickness rate has increased to 5.77% in the month. The data for March includes North Cumbria services whose reported in month sickness was 5.10%, an increase from 4.78% last month.

14. At Month 12 the Trust has a draft surplus before exceptional items of £3.5m. This includes recently allocated national funding support for MH Trusts of £1.6m. The draft surplus before this funding, exceptional items and other technical adjustments is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) and is in line with the control total. Agency spend for the year is £11.7m excluding costs in North Cumbria spend is £1.7 m above the NHSI allocated agency ceiling of £7.9m which was set for Pre 1st October services. The Trust's draft year-end finance and use of resources score is a 2

Other issues to note:

- There are currently 21 notifications showing within the NHS Model Hospital site for the Trust.

- The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported trust wide above standard at 95.4%.

- The number of follow up contacts conducted within 72 hours is reported above standard at 90.8% across CNTW.

- There were a total of 136 inappropriate out of area bed days reported in March 2020 relating to seven patients who were placed out of area. This related to 105 inappropriate days for Pre 1st October services and 31 inappropriate days for North Cumbria services. This compares with 118 inappropriate bed days in February.

- The service user and carer FFT recommend score is reported at 86% this month (89% last month), which is below the national average. A decision was taken by Gold Command at the end of March 2020 relating to the suspension of the Points of You mailshot due to COVID-19.

Regulatory	Single Oversight Framework							
	1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).				Use of Resources Score:	2
	CQC							
	Overall Rating	Number of "Must Dos"	There have been two Mental Health Act reviewer visit reports received since the last report relating to: • Fraser (Child and adolescent mental health ward), three unresolved issues remain from a previous visit relating to the outdoor space being locked, patients had no bedroom keys or lockable space of their own and care plans did not always include patients views. • Tyne (Learning Disability Rehabilitation ward), two unresolved issues remain from a previous visit relating to patients not being given their rights in line with the Code of Practice or the patient's care plan and the seclusion room had no blind at the window					
	Outstanding	3						

Contract

Contract Summary: Percentage of Quality Standards achieved in the month:							
NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	North Cumbria CCG
81%	100%	70%	90%	100%	93%	50%	40%

Contract Summary: Percentage of Quality Standards achieved in the quarter:							
81%	100%	80%	90%	100%	93%	40%	30%

CQUIN - Quarter 4 internal assessment RAG rating:								
Staff Flu Vaccinations	Alcohol and Tobacco Brief Advice	72 hour Follow Up Post Discharge	Improving Data Quality Reporting/ Interventions	Use of specific Anxiety Disorder measures within IAPT	Healthy Weight in Secure Services	CAMHS Tier 4 Staff Training Needs	Local Neuro-rehabilitation Inpatient Training	Mental Health for Deaf

All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 4 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS), Alcohol and Tobacco Brief Advice and Local Neuro-rehabilitation Inpatient Training which have been rated as amber.

Internal — Accountability Framework

North Locality Care Group Score: March 2020		Central Locality Care Group Score: March 2020		South Locality Care Group Score: March 2020		North Cumbria Locality Care Group Score: March 2020	
4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements

Quality Priorities: Quarter 2 internal assessment RAG rating

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

Waiting Times

The number of people waiting more than 18 weeks to access services has increased in the month for non-specialised adult services. The number of young people waiting to access children's community services has decreased in month 12. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Fire training (80.7%), Seclusion training (82.2%) and Medicines Management training (82.0%), are within 5% of the required standard. Information Governance (84.7%), PMVA basic training (65.8%), PMVA Breakaway training (75.2%), MHA combined training (66.7%), MHCT Clustering Training (61.6%), Clinical Risk training (71.8%) and Clinical Supervision training (72.5%) are reported at more than 5% below the standard.	Appraisals:
7	3	7		Appraisal rates have decreased to 72.6% in March 20 (was 76.4% last month).

Sickness Absence:

The provisional "in month" sickness absence rate is above the 5% target at 6.48% for March 2020

The rolling 12 month sickness average has increased to 5.77% in the month
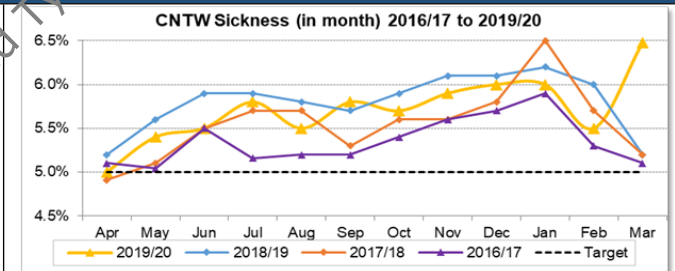
Finance

At Month 12, the Trust has a draft surplus before exceptional items of £3.5m. This includes recently allocated national funding support for MH trusts of £1.6m. The draft surplus before this funding, exceptional items and other technical adjustments is £2.6m. This includes £2.6m of Provider Sustainability Funding (PSF) and is in line with the control total.

Agency spend for the year is £11.7m. Excluding costs in Cumbria spend is £1.7m above the NHSI allocated agency ceiling of £7.9m which was set for NTW services. The Trust's draft year-end finance and use of resources score is a 2.

Financial Performance Dashboard

CNTW Income & Expenditure

	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income	376.0	378.9	(2.9)
Pay	(298.7)	(299.9)	1.2
Non Pay	(73.8)	(75.5)	1.7
Surplus/(Deficit) before exceptional items	3.5	3.5	(0.0)

*

Control Totals

	YTD Budget £m	YTD Actual £m	YTD Variance £m
North	23.6	23.4	0.2
Central	19.9	20.4	(0.5)
South	29.9	30.4	(0.5)
North Cumbria	6.0	6.8	(0.8)
Central Depts	(75.9)	(77.5)	1.6
Surplus/(Deficit)*	3.5	3.5	(0.0)

Key Indicators	Year-End
Surplus	£3.5m
Risk Rating	2
Agency Spend	£11.7m
FDP Delivery	£10.4m
Cash	£31.3m
Capital Spend	£11.6m

Agency Spend
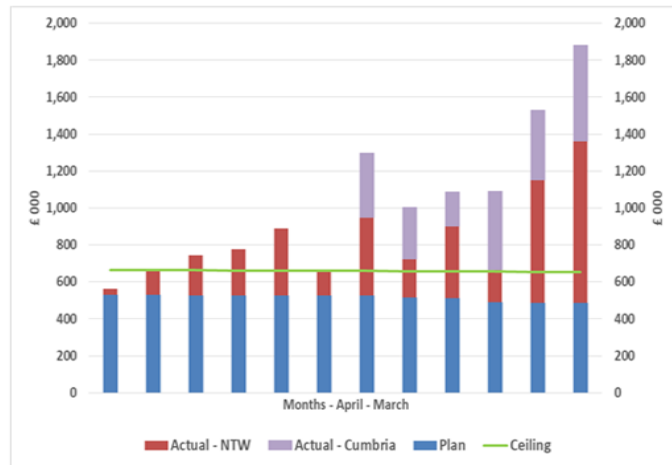
Bank Spend
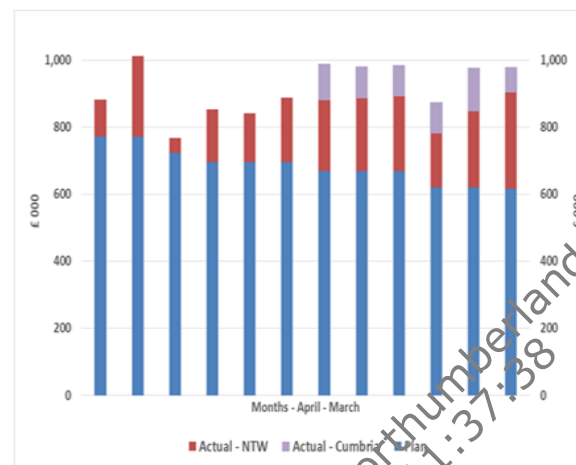
Key Issues/Risks

- Surplus/Deficit - £3.5m before exceptional items. After excluded items the surplus is in line with the Trust's Control Total for 2019/20 of £2.6m.
- Risk Rating – The Use of Resources rating for at the end of 2019/20 is a 2.
- Pay costs are £1.2m above plan at Month 12. This has been offset by income being above plan.
- Agency Spend – Spend at Month 12 is £11.7m (incl £2.1m re North Cumbria). Pre 1.10.19 services spend is £1.7m above the agency ceiling of £7.9m in 19/20 for pre 1.10.19 services.
- Financial Delivery Plan - Savings of £10.4m have been achieved at Month 12 which is in line with plan.
- Cash – £31.3m at Month 12 which is £12.9m above plan.
- Capital Spend - £11.6m at Month 12 which is £0.8m below plan.

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

	02/03/2020		09/03/2020		16/03/2020		23/03/2020	
Medical	115	54	120	59	126	65	117	56
Qual Nursing	242	19	254	28	241	18	233	7
Unq Nursing	1,044	27	1,088	43	1,209	49	1,302	33
A&C	129		117		121		85	
	1,530	100	1,579	130	1,697	132	1,737	96

In March the Trust reported an average of 115 price cap breaches (59 medical, 18 qualified nursing and 38 unqualified). At the end of March 11 medics were paid over the price cap.

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Risks and Mitigations associated with the report

- There is a risk of non compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning contract requirements at Quarter 4. The areas of underperformance relate to NHS England, Newcastle Gateshead, North Tyneside, Sunderland, Durham and Tees and North Cumbria CCGs
- There is a risk that the Trust will only receive part payment regarding the CQUIN improving data submitted to the Mental Health Services dataset (MHSDS). There are plans in place to capture the new data items as required but this will involve changes made to recording practices which require communication and roll out across all services.
- Sickness remains above the 5% standard
- There continue to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities
- The Trust continues to see a high number of out of area bed days
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- We anticipate an impact on both quality and training standards as a consequence of responding to COVID-19.

Recommendations

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

Anna Foster   Lisa Quinn

Deputy Director of Commissioning &   Executive Director of Commissioning &
Quality Assurance   Quality Assurance

21st March 2020

Report to the Board of Directors
29th May 2020

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

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

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	18.05.20
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	18.05.20 Cancelled
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

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

CNTW Integrated Commissioning & Quality Assurance Report

2020-21 Month 1 (April 2020)

Executive Summary

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

2   There have been no Mental Health Act reviewer visit reports received since the last report. Temporary agreed processes is now place whereby future monitoring visits will take place remotely.

3.   The Trust met all local CCG's contract requirements for month 1 with the exception of:
   - CPA metrics within Newcastle Gateshead, Durham & Tees and North Cumbria CCG's.
   - Numbers entering treatment within Sunderland IAPT service (299 patients entered treatment against a target of 779)
   - Early Intervention in Psychosis percentage of patients seen within 14 days in North Cumbria CCG
   - MHSDS Valid ethnicity completed in North Tyneside, Durham & Tees and North Cumbria CCG's

4.   The Trust met all the requirements for month 1 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.3%), CPA risk assessment (99.2%) and six month crisis and contingency plan (96.3%).

5   All of the CQUIN schemes are currently suspended until further notice due to the COVID-19 pandemic

6   There are 54 people waiting more than 18 weeks to access services this month in non-specialised adult services (61 reported last month). Within children's community services there are currently 489 children and young people waiting more than 18 weeks to treatment (519 reported last month).

7   Training topics below the required trust standard as at month 1 are listed below, a number of these are anticipated to improve in line with the North Cumbria data quality improvement plan:

Fire (75.8%)	Medicines Management (81.4%)
Information Governance (81.6%)	PMVA basic training (57.9%)
PMVA breakaway training (69.6%)	Mental Health Act combined (64.3%)
MHCT Clustering (60.6%)	Clinical Risk (69.5%)
Clinical Supervision (70.5%)	Seclusion training (81.1%)
Safeguarding Adults (84.8%)	Tranquilisation training (84.0%)

8   Appraisal rates currently stand at 67.5% Trust wide against an 85% standard which is a decrease from last month (72.6%).

9   Clinical supervision training is reported at 70.5% for April (was 72.5% last month) against an 85% standard

13. The confirmed March 2020 sickness figure is 6.3%. This was provisionally reported as 6.48% in last month's report. The provisional April 2020 sickness figure is 7.88%. The 12 month rolling average sickness rate has increased to 6.0% in the month

14. At Month 1 the Trust has a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19. Agency spend in Month 1 is £1.3m.

Other issues to note:

- There are currently 21 notifications showing within the NHS Model Hospital site for the Trust.

- The number of follow up contacts conducted within 72 hours of discharge has increased in the month and is reported trust wide above standard at 92.9%.

- There were a total of 88 inappropriate out of area bed days reported in April 2020 relating to eight patients who were placed out of area. This compares with 136 inappropriate bed days in March

- There is no reported service user and carer FFT recommend score following the suspension of the Points of You mailshot in March by Gold Command due to COVID-19. The distribution for the revised Points of You questionnaire has commenced within inpatient services.

Regulatory	Single Oversight Framework				
	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).		Use of Resources Score:	2
	CQC				
	Overall Rating	Number of "Must Dos"	There have been no Mental Health Act reviewer visit reports received since the last report. There are temporary agreed processes in place whereby future monitoring visits will take place remotely		
	Outstanding	3			

Contract	Contract Summary: Percentage of Quality Standards achieved in the month:							
	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	North Cumbria CCG
	81%	100%	90%	90%	100%	93%	37%	40%

CQUIN - Quarter 1 internal assessment RAG rating:

Cirrhosis & fibrosis tests for alcohol dependant patients	Staff Flu Vaccinations	Use of specific Anxiety Disorder measures within IAPT	Routine outcome monitoring in CYPS & Perinatal MH Services	Routine outcome monitoring in Community Mental Health Services	Biopsychosocial assessment by Mental Health Liaison Services	Healthy Weight in Adult Secure Services	Achieving high quality 'formulations' for CAMHS inpatients	Mental Health for Deaf	Routine outcome monitoring in perinatal inpatient services

All of the CQUIN schemes are currently suspended until further notice due to the COVID-19 pandemic

Internal	Accountability Framework						
	North Locality Care Group Score: April 2020		Central Locality Care Group Score: April 2020		South Locality Care Group Score: April 2020		North Cumbria Locality Care Group Score: April 2020
	4	The group is below standard in relation to CPP metrics	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to CPP metrics

Quality Priorities: Quarter 1 internal assessment RAG rating

Improving the inpatient experience	Improve Waiting times for referrals to multidisciplinary teams	Equality, Diversity & Inclusion and Human Rights

Waiting Times
The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children's community services has also decreased in month 1. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce	Statutory & Essential Training:				Appraisals:
	Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Safeguarding Adults (84.8%), Seclusion training (81.1%), Rapid Tranquilisation training (84.0%) and Medicines Management training (81.4%), are within 5% of the required standard. Information Governance (81.6%), PMVA basic training (57.9%), PMVA Breakaway training (69.6%), MHA combined training (64.3%), MHCT Clustering Training (60.6%), Clinical Risk training (69.5%), Fire training (75.8%) and Clinical Supervision training (70.5%) are reported at more than 5% below the standard.	Appraisal rates have decreased to 67.5% in April 20 (was 72.6% last month).
	5	4	8		
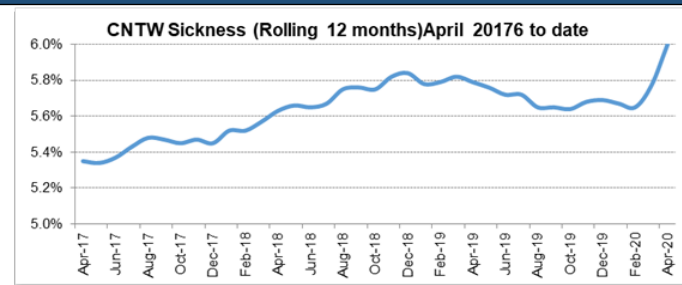
	Sickness Absence:

The provisional "in month" sickness absence rate is above the 5% target at 7.88% for April 2020

The rolling 12 month sickness average has increased to 6.0% in the month
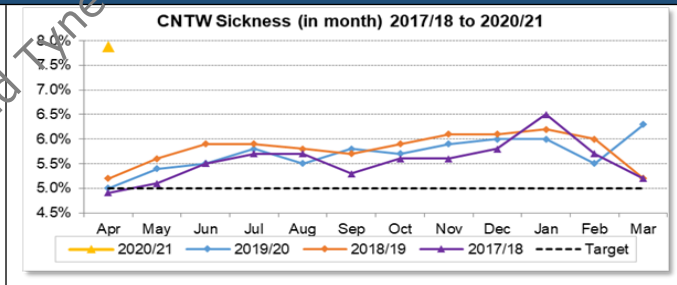
Finance	At Month 1, the Trust has a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19. Agency spend in Month 1 is £1.3m.

Financial Performance Dashboard

CNTW Income & Expenditure

	Month 1 Plan £m	Month 1 Actual £m	Month 1 Variance £m
Income	33.2	33.9	0.7
Pay	(26.7)	(27.1)	(0.5)
Non Pay	(6.5)	(6.7)	(0.2)
Surplus / (Deficit)	**0.0**	**0.0**	**0.0**

CNTW Key Indicators

Key Indicators	Year-End
Surplus	£0.0m
Agency Spend	£1.3m
Cash	£58.5m
Capital Spend	£1m

Agency Spend Nov 19 - Apr 20

Bank Spend Nov 19 - Apr 20
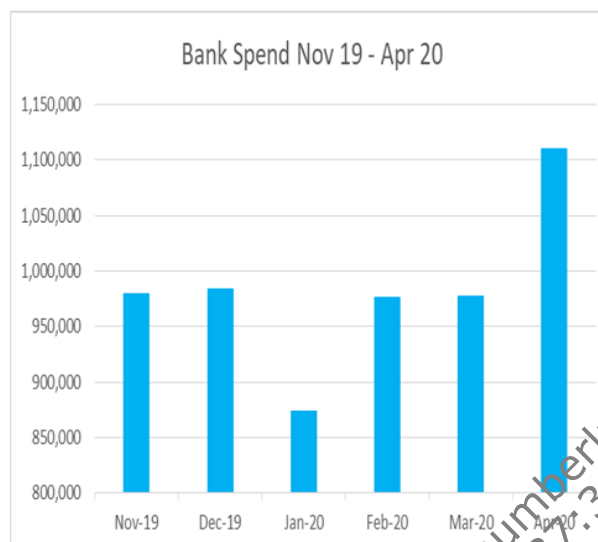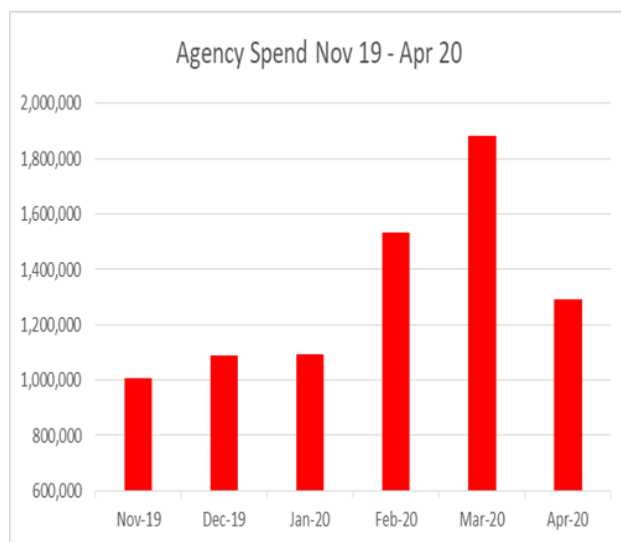
Key Issues/Risks

- In line the with NHS response to the COVID-19 pandemic the Trust is delivering a break-even financial position at month 1.
- Pay costs have increased across bank and overtime as a result of the staffing levels required to respond to the pandemic.
- Non Pay costs have seen increases in clinical and general supplies.
- The Trust has incurred £0.7m additional costs due to COVID-19 in Month 1 which is covered by a top-up payment.
- Cash – £58.5m at Month 1 which is higher than normal due to early payment of Month 2 income.
- Capital Spend - £1m at Month 1 which is in line with plan.

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

	30/03/2020		06/04/2020		13/04/2020		20/04/2020		27/04/2020	
Medical	122	61	123	61	127	64	127	64	176	64
Qual Nursing	231	7	231	8	255	22	219	8	211	9
Unq Nursing	1,060	33	968	10	948	27	977		768	5
A&C	79		61		59		59		73	
	1,492	101	1,383	79	1,389	113	1,382	74	1,178	78

In April the Trust reported an average of 89 price cap breaches (63 medical, 11 qualified nursing and 15 unqualified). At the end of April 13 medics were paid over the price cap.

Risks and Mitigations associated with the report

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all CCG's during the month, therefore there is a risk in relation to meeting contract requirements at Quarter 1. The areas of underperformance relate to NHS England, North Tyneside, Sunderland, Durham and Tees and North Cumbria CCGs.
- Sickness remains above the 5% standard
- There continue to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities
- The Trust continues to see a high number of out of area bed days
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19.

Recommendations

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

Anna Foster	Lisa Quinn
Deputy Director of Commissioning & Quality Assurance	Executive Director of Commissioning & Quality Assurance

14th April 2020

Report to Board of Directors
29 May 2020

Title of report	Quarterly Report on Safe Working Hours: Doctors in Training – January to March 2020
Report author(s)	Dr Clare McLeod – Guardian of Safe Working Hours
Executive Lead	Dr Rajesh Nadkarni – Executive Medical Director

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	13/05/20	Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
No

Quarterly Report on Safe Working Hours:
Doctors in Training – January to March 2020

1. Executive summary

This is the Quarterly Board report for January to March 2020 on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

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

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2nd August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 135 trainees working into CNTW with 123 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 16 trainees employed directly by NTW working as Trust Grade Doctors or Teaching Fellows. (Total 15)1. WEF 1st October 2019 North Cumbria Trainees have been added to the Report.

High level data

Number of doctors in training (total): 135 Trainees (at December 2019)

Number of doctors in training on 2016 TCS (total): 123 Trainees (December 2019)

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

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

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

Trust Guardian of Safeworking Hours: Dr Clare McLeod

2. Risks and mitigations associated with the report

- 12 Exception Reports raised during the period Jan to Mar with TOIL being granted for 9, all due to hours and rest. Payment was made to 3 trainees.
- 2 Agency Locums booked during the period covering vacant posts
- 123 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 18 occasions during the period the Emergency Rotas were implemented
- 10 IR1s submitted due to insufficient handover of patient information
- 3 Fines received during the quarter due to minimum rest requirements between shifts not being met

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Exception reports (with regard to working hours)

Grade	Rota	Exception Reports Received January to March 2020				
		Jan	Feb	Mar	Total Hours & Rest	Total Education
CT1-3	St Nicholas	1	0	0	1	0
CT1-3	Hopewood Park	0	1	3	4	0
CT1-3	RVI/CAMHS	0	1	0	1	0
CT1-3	NGH/CAV	1	0	0	1	0
CT 1-3	St George's Park	0	0	0	0	0
CT 1-3	GHD/MWM	0	0	0	0	0
CT 1-3	Cumbria	0	2	0	2	0
ST4+	North of Tyne	0	1	0	1	0
ST4+	South of Tyne	0	1	1	2	0
Total		2	6	4	12	0

Work schedule reviews

During the period Jan to Mar 2020 there have been 12 Exception Reports submitted from Trainees all for hours and rest; the outcome of which was that TOIL was granted for 9 cases and payment was made on 3 occasions. 0 cases remain open. Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings - Agency

Locum bookings (agency) by department				
Specialty	Jan	Feb	Mar	
Hopewood Park	2	2	1	
Gateshead				
NGH				
RVI				
SNH				
CAMHS				
LD				
SGP				
Cumbria				
South of Tyne				
North of Tyne				
Total	2	2	1	

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Locum bookings (agency) by grade				
	Jan	Feb	Mar	
F2	1	1	1	
CT1-3	1	1		
ST4+				
Total	2	2	1	
Locum bookings (agency) by reason				
	Jan	Feb	Mar	
Vacancy	2	2	1	
Sickness/other				
Total	2	2	1	

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of hours worked	Number of hours to cover sickness	Number of hours to cover OH Adjustments	Number of hours to cover special leave	Number of hours to cover a vacant post
SNH	31	291.75	205.5	8.5	0	77.75
SGP	18	132	17	28.75	4.25	82
Gateshead	14	139.5	12.75	28.75	49	49
Hopewood Park	9	94.25	4.25	24.5	0	65.5
RVI	5	45.25	24.5	8.5	12.25	0
NGH	19	176.75	107	16.5	53.25	0
Cumbria	2	13	0	0	0	13
North of Tyne	9	78.25	4.25	74	0	0
South of Tyne	16	140	37.25	98.5	4.25	0
CAMHS	0	0	0	0	0	0
Total	123	1,110.75	412.5	288	123	287.25

c) Vacancies

Vacancies by month					
Area	Grade	Jan	Feb	Mar	
NGH/CAV	CT GP	2	2	2	
SNH	CT GP	2	2	2	
SGP	CT GP	10	10	10	
RVI	CT GP	1	1	1	
Cumbria	CT GP		2	2	
Hopewood Park	CT GP	4 2	4 2	4 2	

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TOTAL	CT GP	19 2	21 2	21 2	

To note the majority of these training gaps have been filled by Teaching/Research Fellows & LAS appointments. There are currently 5 posts unfilled.

d) Emergency Rota Cover

Emergency Rota Cover by Trainees				
	Rota	Jan	Feb	Mar
Vacancy	SGP	1	0	0
	HWP	0	1	0
Sickness/Other	NOT	0	0	1
	SOT	0	0	0
	SGP	0	0	0
	SNH	0	0	1
	RVI	2	0	0
	GHD/MWM	1	6	1
	Cumbria	0	0	0
	HWP	2	0	1
	NGH	0	0	1
Total	18	6	7	5

e) Fines

There were 3 fines during the quarter issued due to minimum rest requirements between shifts not being met due to finishing twilight/weekend shifts late.

Issues Arising

The intensity of work over weekends and bank holiday days has increased on the inpatient wards due to COVID-19. To manage this increase in intensity, an additional rota has been introduced to cover 10am until 4 pm on weekend days and bank holidays. Trainees have volunteered to cover this rota to cover CAV, HWP, SGP and Cumbria and are being re-numerated at locum rates. The rota has been fully staffed from the Easter weekend (April 10th) until 31st May. Trainees have welcomed this additional support at this time.

There have been 12 exception reports submitted in the three months January to March 2020. This is an increase from the same period in 2019 when 4 exception reports were submitted, so although this remains lower than expected is more representative. The majority were closed with Time off In Lieu with three as payment which is similar to previously in CNTW. It is encouraging that three ERs were submitted by higher trainees, given that we have received so few from higher trainees (as is the case in all Trusts).

There were three fines over this quarter, all for less than the minimum rest between shifts. Two were the result of Mental Health Act assessments which were started during twilight or weekend day shifts and resulted in late finishes for the higher trainees. Of note, there had also been one internal locum twilight shift which also due to a Mental Health Act assessment finished late; this was managed by additional locum payment to the trainee. There is guidance about when to start a Mental Health

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Act assessment to allow it to be completed without impacting on finish time and adequate rest, but this can be difficult as the duration of these assessments is variable and can be, especially with the organisation and documentation, time consuming. It is helpful to have this raised through ERs so that it can be reviewed through the GoSW forum on 7th May to look towards what can be put in place to make this less likely to recur. How best to spend of the fine money will be considered through the GoSW forum.

There have been 10 IR1s submitted for inadequate medical handover this quarter, which is the same number as the same period in 2019, but lower than the average number per quarter last year. This continues to be collated by Medical Education staff and the DME and reviewed through the GoSW forum.

The Trust was awarded £84,166.33 (£60,833.33 from 'old NTW' and £23,333 from North Cumbria) following the adoption of the BMAs Fatigue and Facilities charter, to be spent to improve the working lives of junior doctors. This money has largely been spent with the new equipment being stored ready to be delivered once the COVID restrictions are lifted. Similarly, in Cumbria, the junior doctor on-call facilities are to move so the new equipment is being stored until the new accommodation is ready. The new equipment is to improve all the on-call facilities in the Trust so that they are all of the same standard and similarly equipped. The equipment purchased includes chair-beds, televisions, lap-tops, docking stations, game-machines, gym equipment (for sites where there is not already a gym), pool tables, coffee machines, fridges, kettles as well as supplies of coffee, tea and hot chocolate. In Cumbria, we have purchased a table and a set of chairs for meetings in the new mess facility. There is a surplus, which we have assurance that this can be used in the new financial year given that this is actively being allocated, with the plan to purchase sleep-pods which would be especially helpful to have a power-nap before driving home after a night-shift. We are awaiting decisions re sizes of the different sleep-pods available and to ensure these fit adequately in the on-call rooms.

The GoSW forum on 7th May will take place via Microsoft Teams.

The GoSW with staff from medical staffing has been visiting trainees at times to coincide with training opportunities to review issues arising, raise the profile of ERs and medical handover. Due to COVID-19 the meetings arranged for March and April were cancelled with the plan to arrange the next meetings via Teams, rather than wait for the restrictions to be lifted given the likely duration of this situation.

Summary

An additional temporary rota is in place to support trainees and manage the increased workload over weekend and bank holiday days. This is fully staffed until the end of May and appreciated by trainees.

The GoSW forum will take place on 7th May via Teams with the same move to virtual meetings with trainees across Trust sites.

Work continues to increase the completeness of Exception Reporting and change the culture of under-reporting. It is encouraging to have three ERs from higher trainees in this quarter. There were three fines in this quarter due to inadequate amount of rest between shifts.

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

The process of allocating the funds from the BMA Fatigue and Facilities charter is almost complete, with most of the new equipment purchased and awaiting delivery once the COVID-19 restriction are eased.

3.   Recommendation

Receive the paper for information only.

Author: Dr Clare McLeod - Guardian of Safe Working for CNTW
Executive Lead: Dr Rajesh Nadkarni – Executive Medical Director

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Trust Board
29 May 2020

Title of report	Safer Staffing Quarterly Report
Report author(s)	Anne Moore, Group Nurse Director, Safer Care Directorate
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)	Covid19 Gold Command and IMG	Business Delivery Group (BDG)	

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

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

Safer Staffing Quarter 4 Update Report
Trust Board Meeting
29 May 2020

Executive Summary

The following report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period April 2020, however, the Board should note that analysis and detailed variations are not covered here in the usual way. The period covered includes the response to the Covid19 Pandemic and as a result, the impact on staffing levels was significantly altered and not able to be reflected accurately by TAER.

Despite the challenges of Covid19 it was agreed that the plan for recruitment to the Trust should continue where safe to do so using alternative assessment methods underpinned by values-based recruitment. This has been led in parallel by the Central Recruitment Team and we can report all vacant Band 3 posts in the previously reported hotspot in the North locality have been filled. In addition, student nurse recruitment is looking extremely positive following the proactive engagement of third years into paid posts at band 4 during the pandemic.

Risks and mitigations associated with the report

The Board should note that the attached locality Safer Staffing returns do not accurately reflect the situation during the Covid19 Pandemic as described above and the limitations of TAER. However, the Board should be assured that the daily scrutiny at CBU, Group and Executive level has ensured the safe provision of services to patients

Recommendation/summary

The Board is asked to receive the executive summary and locality data attached for information and assurance

Name of author:
Anne Moore, Group Nurse Director, Safer Care

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

May 2020

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1.   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.

The following report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period April 2020. However, the Board should note that analysis and detailed variations are not covered here in the usual way. The period covered includes the response to the Covid19 Pandemic and as a result, the impact on staffing levels was significantly altered and not able to be reflected accurately by TAER system

The variation was due to several factors including:

- Staff absence as a consequence of Covid19 or related Infection

- Staff absence (working from home) due to extremely vulnerable group and shielding

- Staff absence (working from home) due to shielding others

- Temporary redeployment of corporate clinical staff

- Movement of final year Student Nurses and Medical Students onto substantive contracts ahead of qualifying in partnership with HEE/NMC/GMC

- Services were also subject to modification and change as a result of patient confirmed Covid19 cases whereby necessitating changes in bed occupancy to create options for cohorting to prevent the transmission of infection and to support patients who required self-isolation/Social Distancing.

- All service changes have been subject to scrutiny via the Incident Management Group established under the auspices of Covid19 Gold Command. The IMG membership includes Gold Command, Executive Directors and nominated Group Director.

Staffing levels, risks and mitigation have been monitored at service, CBU and Group level via Daily Sitrep meetings. This has resulted in the generation of a daily Sitrep submitted into Covid19 Gold Command. The risks, mitigations and escalations are discussed and agreed for inclusion in daily returns to NHSE/I. There have been no incidents of harm reported during the period relating to safe staffing levels during the Covid19 period to date

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

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

NB: the Board should note this is not an accurate reflection of Safe Staffing recording due to the significant manual adjustments which would have been required to TAER to reflect the position described above. However for completeness the raw data is included.

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North Cumbria Locality
North Cumbria CBU has 6 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Overall Day Coverage	Overall Night Coverage
Edenwood Unit	158.82%	390.68%	171.75%	243.97%	100.00%	100.00%
Hadrian Ward	103.98%	146.71%	166.60%	128.81%	100.00%	100.00%
Oakwood Ward	61.12%	141.08%	120.23%	113.36%	100.00%	100.00%
Rowanwood	80.90%	174.62%	105.74%	263.52%	100.00%	100.00%
Ruskin Unit	98.88%	193.12%	128.03%	147.81%	100.00%	100.00%
Yewdale Ward	81.50%	100.47%	101.65%	97.67%	90.99%	99.66%

North Locality
The North CBU has 13 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Overall Day Coverage	Overall Night Coverage
Alnmouth	90.64%	292.94%	72.34%	236.37%	100.00%	100.00%
Ashby	75.99%	212.22%	93.81%	222.06%	100.00%	100.00%
Embleton	95.46%	236.98%	96.76%	162.42%	100.00%	100.00%
Fraser	94.45%	135.75%	100.92%	196.85%	100.00%	100.00%
Hauxley	72.04%	97.23%	105.75%	104.35%	84.63%	100.00%
Kinnersley	146.94%	308.48%	231.53%	242.71%	100.00%	100.00%
Lennox	108.77%	214.34%	116.63%	270.69%	100.00%	100.00%
Newton	94.01%	182.08%	97.75%	209.65%	100.00%	100.00%
Redburn YPU	94.32%	168.76%	136.16%	157.73%	100.00%	100.00%
Stephenson House	126.13%	122.96%	174.05%	141.01%	100.00%	100.00%
Warkworth	56.11%	251.62%	93.40%	194.03%	100.00%	100.00%
Woodhorn	68.39%	246.23%	92.82%	142.23%	100.00%	100.00%
Mitford	152.01%	152.15%	106.06%	139.56%	100.00%	100.00%

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Central Locality
Central Locality has 16 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Overall Day Coverage	Overall Night Coverage
Aidan	89.12%	140.54%	98.70%	143.05%	100.00%	100.00%
Akenside	63.74%	90.06%	93.15%	111.03%	76.90%	100.00%
Collingwood Court	95.64%	233.27%	106.08%	224.12%	100.00%	100.00%
Castleside	72.47%	125.95%	117.67%	124.43%	99.21%	100.00%
Cuthbert	86.31%	77.34%	102.61%	97.48%	81.82%	100.00%
Elm House	73.46%	94.14%	94.12%	183.95%	83.80%	100.00%
Fellside	86.74%	277.48%	106.87%	218.45%	100.00%	100.00%
Lamesley	100.93%	146.20%	107.77%	115.47%	100.00%	100.00%
Lowry	82.93%	199.33%	119.10%	169.35%	100.00%	100.00%
Oswin	95.93%	96.25%	105.37%	103.15%	96.09%	100.00%
Willow View	78.01%	125.30%	105.89%	52.90%	100.00%	79.39%
KDU Cheviot	93.33%	199.32%	109.89%	220.60%	100.00%	100.00%
KDU Lindisfarne	99.53%	182.65%	111.58%	220.20%	100.00%	100.00%
KDU Wansbeck	77.55%	186.95%	111.21%	160.62%	100.00%	100.00%
Tweed Unit	92.14%	171.16%	106.10%	233.70%	100.00%	100.00%
Tyne Unit	61.74%	47.85%	181.69%	126.51%	54.80%	100.00%

South Locality
The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Overall Day Coverage	Overall Night Coverage
Aldervale	83.67%	268.22%	115.92%	221.60%	100.00%	100.00%
Beadnell	106.35%	73.11%	109.67%	172.05%	89.73%	100.00%
Beckfield	74.67%	252.39%	92.68%	225.21%	100.00%	100.00%
Bridgewell	91.58%	152.54%	119.28%	132.63%	100.00%	100.00%
Brooke House	78.30%	94.09%	120.58%	109.82%	86.19%	100.00%
Cleadon	127.70%	126.52%	103.75%	155.42%	100.00%	100.00%
Clearbrook	86.46%	294.08%	120.14%	231.52%	100.00%	100.00%
Longview	90.78%	170.32%	125.83%	130.83%	100.00%	100.00%
Marsden	17.41%	23.72%	41.47%	24.07%	20.56%	32.??%
Mowbray	98.39%	138.22%	86.69%	143.34%	100.00%	100.00%
Gibside	67.55%	188.41%	91.84%	102.93%	100.00%	97.38%
Roker	108.06%	138.87%	100.82%	181.65%	100.00%	100.00%
Rose Lodge	99.28%	262.57%	124.70%	298.81%	100.00%	100.00%
Shoredrift	65.74%	291.27%	122.43%	238.48%	100.00%	100.00%
Springrise	59.90%	496.99%	108.68%	360.26%	100.00%	100.00%
Walkergate Wd 1	91.62%	78.61%	105.25%	95.42%	85.11%	100.00%
Walkergate Wd 2	70.91%	91.69%	105.06%	124.18%	81.30%	100.00%
Walkergate Wd 3	95.73%	72.80%	105.56%	109.54%	84.27%	100.00%
Walkergate Wd 4	79.96%	75.17%	105.03%	146.40%	77.56%	100.00%
Ward 31A	81.90%	90.09%	101.87%	99.66%	86.00%	100.00%

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Trust wide value based recruitment and retention

Recruitment update
Despite the challenges of Covid19 it was agreed that the plan for recruitment to the Trust should continue to be priortitised, where safe to do so using alternative assessment methods underpinned by values-based recruitment. This has been led in parallel to managing the major incident by the Central Recruitment Team and we can report all vacant Band 3 posts in the previously reported hotspot in the North locality have been filled. In addition, student nurse recruitment is looking extremely positive for September qualifiers following the proactive engagement of third year students into paid posts at band 4 during the pandemic

Retention Strategy
It is important given the challenges that staff have overcome in augmenting delivery of care to patients at home and in hospital that we take time to recognise the positive response. During the pandemic the pilot projects i.e. Stay Interviews have been put on hold but will resume as the Trust moves into restoration. The importance of staff health and wellbeing, and safe working practices will continue to be a priority as we continue to engage staff in preparation for a second surge of Covid19, increase in Mental Health referrals and prepare our plans for Winter and Flu season.

Conclusion

Daily risk assessment takes place according to changing clinical need and levels of acuity. Adjustments have been made as necessary to ensure that patient safety is not compromised. The report highlights the significant collaborative work undertaken during Covid19 Pandemic to ensure staffing levels remained safe.

Anne Moore, Group Nurse Director
May 2020

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Trust Board
29 May 2020

Title of report	Safer Care Report – Quarter 4
Report author(s)	Jan Grey, Associate Director, Safer Care Dr Damian Robinson, Group Medical Director, Safer Care Paul Stevens, Safer Care Business Support Officer
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	13/05/2020	Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

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1. Executive Summary

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

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

2. Risks and mitigations associated with the report

The Trust has received one Regulation 28 Prevention of Future Deaths Reports in this quarter. This relates to a case that was open to the Crisis Team and the Coroner was concerned that the family were not involved in the risk assessment and safety plan. The Trust were disappointed on receipt of this and have responded accordingly outlining again the involvement and the role of the Crisis Team.

3. Recommendation/summary

Receive the paper for information only

Name of authors:
Jan Grey, Associate Director, Safer Care
Dr Damian Robinson, Group Medical Director, Safer Care
Paul Stevens, Safer Care Business Support Officer

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

5 May 2020

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Safer Care Report – Quarter 4
April 2020
Reporting Period: January to March 2020

Caring | Discovering | Growing **Together**

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CONTENTS

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Section 1: Incidents, Serious Incidents and Deaths.

All Incidents Reported

Legend:
- Self Harm
- Security
- Safeguarding
- Inappropriate Behaviour Patient / Visitor/ Staff
- Death
- Aggression And Violence

All Serious Incidents

Legend: Death, Other

Investigations and Reviews Of Death

Legend: Full SI, External Reviews, Mortality Reviews, LAAR

NRLS Reports

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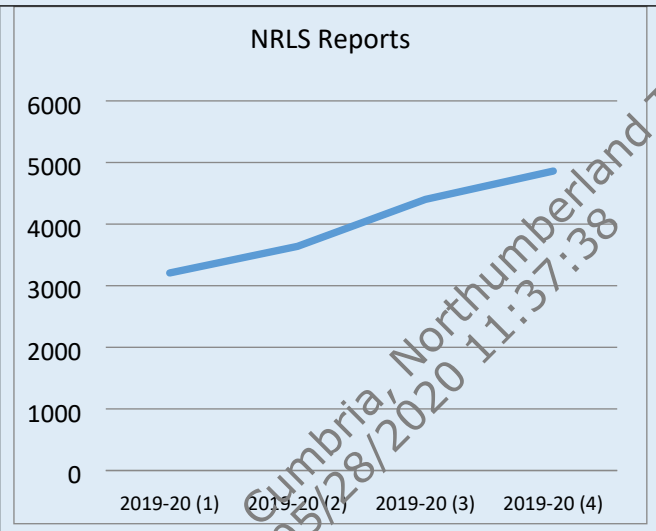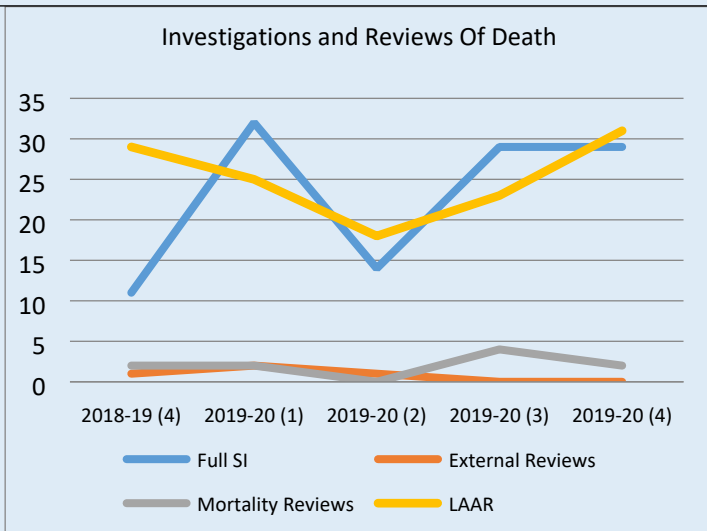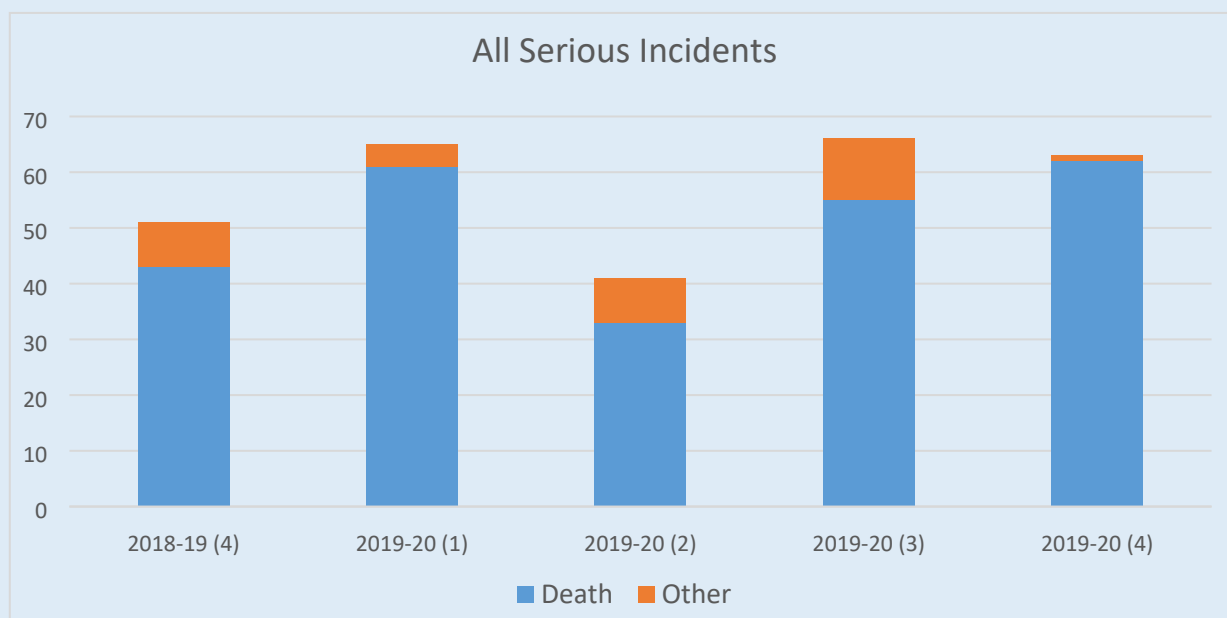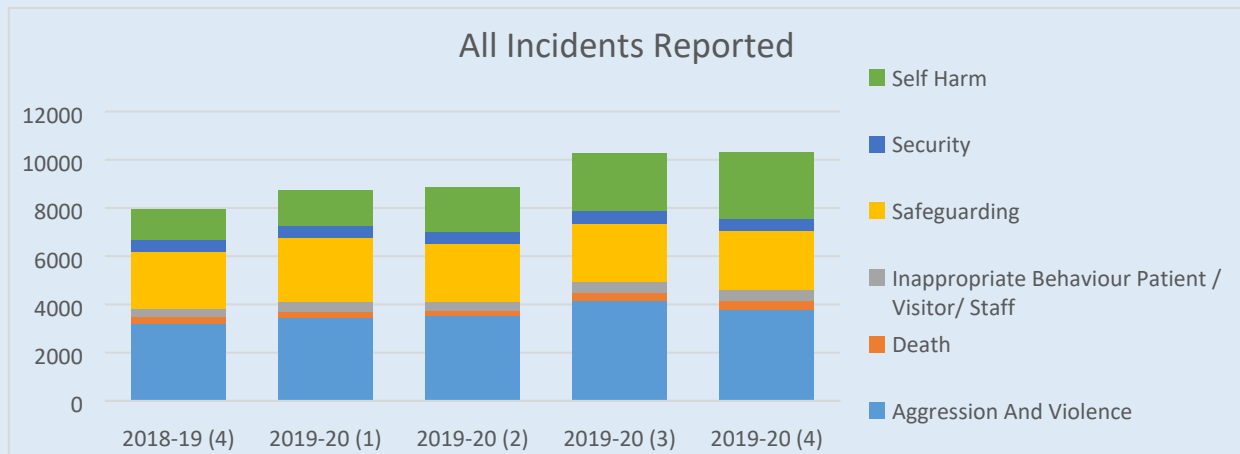
Points of note:

Incidents

From 1st October 2019 data has been collected from additional services in the North Cumbria locality. This has resulted in an overall increase in activity and reporting which will continue to be monitored to establish a baseline within the additional services. The increase in the number of incidents in the main categories remains proportionate across the categories.

Deaths

The number of deaths reported have seen a further increase in this quarter compared to the previous quarter which also identified an increase from the previous quarter. Deaths are evenly distributed across the Trust.

Incidents meeting the threshold for Mortality Review are in keeping with previous quarters following CNTW's adoption of the Royal Collage of Psychiatrists Mortality Review Tool. Ten cases have been reviewed this quarter.

Eight deaths have been reported to LeDeR for investigation this quarter.

Two complex cases have been heard at the Complex Case Panel this quarter.

The Trust has received one Regulation 28 Prevention of Future Deaths Reports in this quarter. This relates to a case that was open to the Crisis Team and the Coroner was concerned that the family were not involved in the risk assessment and safety plan. The Trust were disappointed on receipt of this and have responded accordingly outlining again the involvement and the role of the Crisis Team.

Learning from Incidents

Forty serious incidents were reviewed at the Serious Incident Panel in this quarter, this included two homicides and a Never Event.

Never Event (wrong route of administration of prescribed medication)

The Never Event incident highlighted significant findings / learning that was felt to be contributory to the incident. The investigation identified deficiencies in the training provided to newly qualify nursing staff regarding the administration of parenteral medicines, leading to gaps in their knowledge around risk and to competency and confidence issues. As a result changes have been made to ensure these gaps are covered in conjunction with the training academy.

The first homicide incident highlighted the following significant findings:

- That responsibilities across treatment pathways relating to dual diagnosis were not clear. There was no dual diagnosis care plan developed at the point of hospital discharge inclusive of lead responsibilities.

- The inpatient pathway did not provide clear accountability and delivery of a robust pathway leading to discharge (inclusive of active carer involvement).

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- There was limited compliance to the requirements of the process of CPA within inpatients and the community settings. Furthermore, the engagement and DNA policies were not followed.

The second homicide reviewed identified similar findings:

- The inpatient pathway did not provide clear accountability and delivery of a robust pathway leading to discharge and active follow up post discharge (inclusive of active carer involvement).

- Discharge from Community follow up taken prematurely without multi-disciplinary discussion.

- Re-assessment was not comprehensive, which didn't then take into account the dynamic nature of mental illness.

Additional learning identified covers findings and learning related to:

The use of the AUDIT (Alcohol Use Disorder Identification Test) Tool

Several incidents reviewed identified that clinical teams including Addiction services were not utilising this tool. Initially this was being reported as a documentation issue, however this is not the case this tool should be used to identify current alcohol use which may lead to an intervention that supports the pathway for the patient's care and treatment. This has identified the need for further training which has previously been provided and refresher / update training. This has linked to work done and to be presented at the Learning and Improvement Group by Addiction Services.

<u>Documentation and Record Keeping</u>

In several of the cases reviewed at panel record keeping did not meet the expected standard and included:

- Core documentation not being completed and or updated in line with policy expectation.
- Progress note entries being made retrospectively outside of expected time scales (72hrs).
- Medication and sensitivities screen was not updated to reflect current prescribing.
- Getting to know you documentation was not completed as expected.
- Naloxone was dispensed but records did not highlight this.
- Consent not recorded.
- Rationales for treatment care planning decisions not always clearly documented.
- Progress notes not validated.

<u>Risk Assessment</u>

Underscoring of risk using both GRIST and FACE tools
Risk management plans not linking to risk assessment/identified risks

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Section 2: Positive and Safe Care

Positive and Safe Care

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total	Trend
Restraint	731	621	572	699	763	700	897	967	855	850	816	847	9318	
Prone	207	189	156	265	297	243	272	219	216	209	187	182	2642	
Seclusion	132	136	142	136	103	98	122	108	109	110	109	91	1396	
Assaults on Staff	339	303	288	314	326	314	380	413	356	374	292	335	4034	
MRE	38	55	43	81	61	44	61	49	42	49	46	28	597	
Self Harm	365	525	565	565	619	670	749	849	798	1016	918	819	8458	
VA	1253	1126	1082	1169	1203	1141	1426	1434	1299	1321	1215	1253	14922	
Total	3065	2955	2848	3229	3372	3210	3907	4039	3675	3929	3583	3555	41367	

Points to note:

Oxehealth digital care assistant

Progress has slowed due to IT priorities in relation to COVID, the positive and safe team are continuing to progress the initiative where possible.

Safety Pod

Unfortunately the planned presentation to BDG had to be cancelled, the safety pods continue to be used to good effect and the evaluation has proven positive. Roll out of safety pods across the Trust will be recommended following the earliest possible presentation at BDG.

Positive and safe Care masters

In conjunction with CNTW academy and TEWV the team are developing a masters level course which is planned to commence in September.

Cohorts and Clinics

Due to COVID -19 face to face work has been cancelled however teams are continuing to receive support via skype and telephonically, action plans continue to be monitored and developed. The team did however manage to facilitate a training day for all of the inpatient Cumbria teams in March.

Mental Health Units Use of force Act

The use of force act requires all patients where appropriate receive information with regards to the use of force (restrictive interventions) whilst they are inpatient, the team are developing such a leaflet which will be available in a pilot version soon.

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Section 3: Safeguarding & Public Protection

Safeguarding and Public Protection Concerns

	2018-19 (4)	2019-20 (1)	2019-20 (2)	2019-20 (3)	2019-20 (4)
■ SG38 Safeguarding Children - Concerns	832	1009	834	853	789
■ SG37 Safeguarding Adults - Concerns	1039	1082	892	1090	1098
■ SG36 PREVENT	32	32	33	44	77
■ SG23 MARAC	303	310	332	217	259
■ SG22 MAPPA	32	35	45	33	38
■ SG07 Safeguarding Children Patient On Patient	27	29	27	24	24
■ SG06 Safeguarding Adults Patient On Patient	73	146	176	140	136
■ SG04 Safeguarding Children - Staff Allegation	11	8	7	9	7
■ SG03 Safeguarding Adults - Staff Allegation	53	39	60	51	46

Points of note:

Safeguarding Activity remains consistent with previous Quarterly reports. Assurance is given that patients are appropriately safeguarded and each incident is subject to full investigation.

Covid 19 has placed added pressure upon our service that currently we are able to meet and continue to support the demand. We are continuing to run with our usually complement of staff, although one has now left, and we are recruiting into that post at pace, and we are also working with our partner agencies to recruit into a Northumberland and Sunderland MASH jobs, which is an exciting development.

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

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Section 4: Infection Prevention Control & Medical Devices

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	**0** (target 0)	**7**

Points to note:

- No harm to patients resulted from the 7 medical devices incidents and all issues have subsequently been resolved.

A summary of the incidents include: a delay in a clinic whilst waiting for the company to repair a Yumizen machine. Pharmacy continue to monitor and liaise with the company; a delayed response from a company relating to a hired piece of equipment; staff having identified that the service may need to purchase more equipment to meet demand.

- The requirement for a new ECT machine at SGP continues to be monitored by the service and reported to the Medical Devices Management group.

- All reported incidents are reviewed by IPC. Appropriate advice and support are provided and monitoring of physical health reinforced.

A new Trust standard ECG machine has been agreed following the current model no longer being manufactured.

- The 19/20 flu vaccination campaign commenced 01/10/2019 and was completed at the end of February. The focus of the campaign is to protect our staff and patients from a preventable infection. The CQUINN target this year is a vaccination rate of 80% this was achieved with the final uptake being 82.2%
- Vaccination uptake rates are submitted regionally and nationally due to all non-essential meeting being cancelled due to the COVID 19 pandemic a questionnaire was circulated to all of the vaccinators with a return of 26%. This will help inform the 20/21 campaign. The CQUINN target has been set at 90% uptake.

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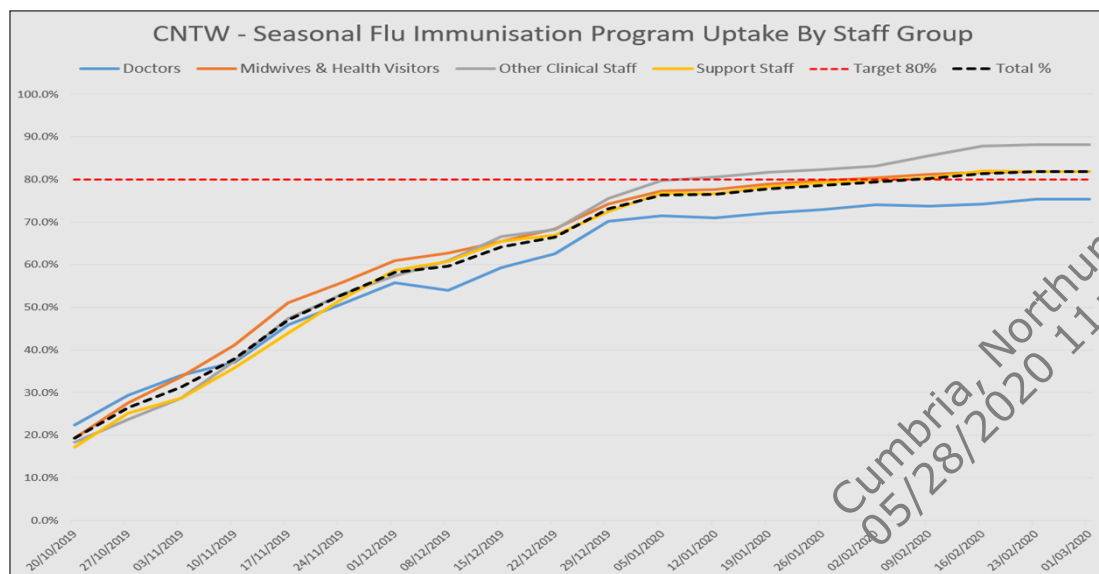
Section 5: Harm Free Care - Safety Thermometer / Mental Health Safety Thermometer.

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

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

Number of Patients with Each Type Of Harm

	Mar19	Apr19	May19	Jun19	Jul19	Aug19	Sep19	Oct19	Nov19	Dec19	Jan20	Feb20	Mar20
Pressure Ulcers	2	2	5	8	4	1	1	1	2	1	3	1	2
Falls	2	1	2	2	2	1	1	0	1	1	1	1	1
Catheter & UTI	1	1	1	1	1	0	1	2	2	0	0	0	0
New VTE	3	3	2	1	0	0	0	0	1	0	0	0	1
Patients	223	197	214	217	207	225	220	222	217	210	205	211	201
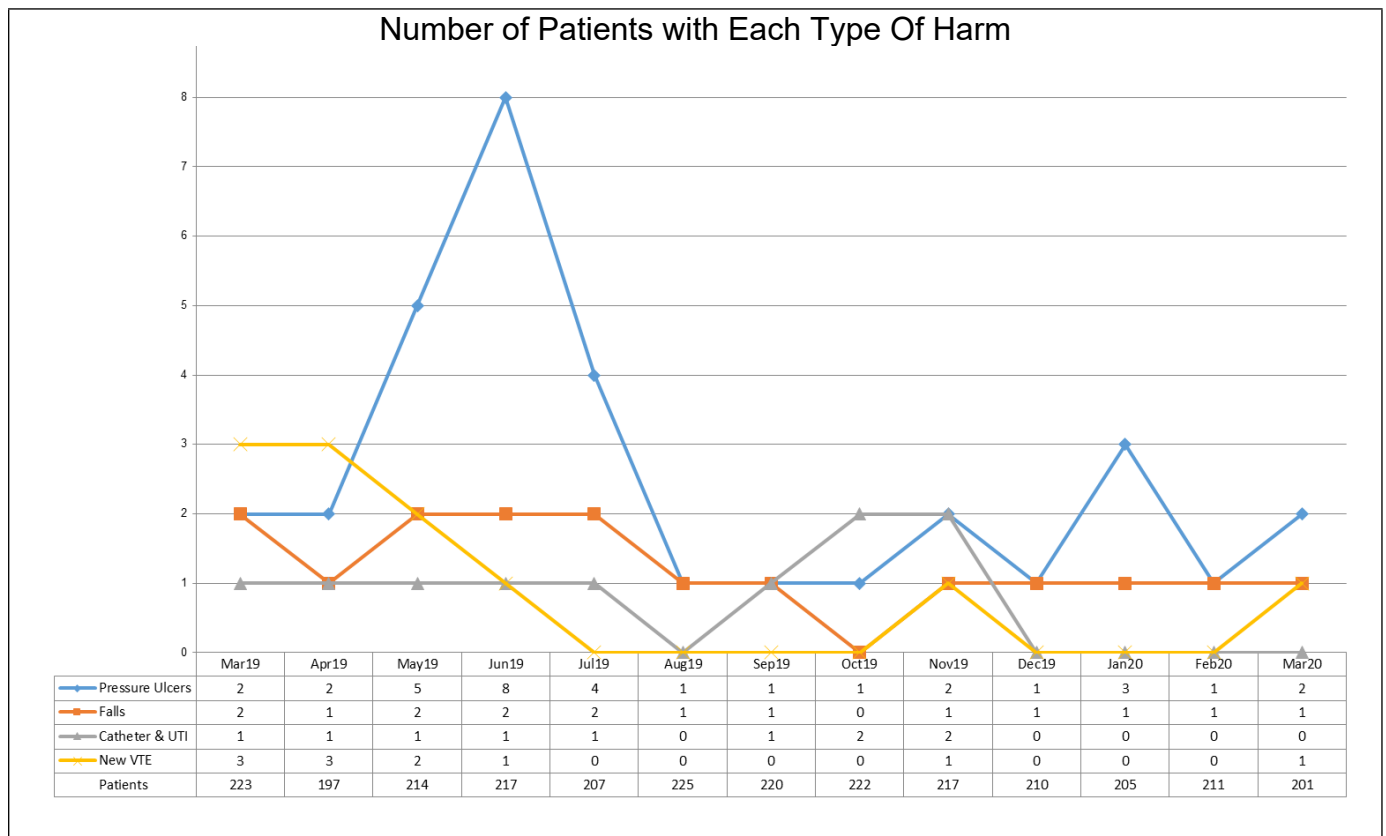
Point of Note:

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

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Braden and VTE Risk Assessment compliance

The Trustwide lead continues to collate the monthly trust wide compliance with the two main risk assessments, this is reported back to CNM's for local review and action. Continued training and bespoke sessions are offered to support clinical areas where there has been a deterioration in performance. Overall the Trust still struggles to achieve over 80% compliance despite these measures (ideally a 100% compliance should be achieved).

Braden	Risk Assessment completed within 24 hrs of admission	VTE	Risk Assessment completed within 24 hours of admission
Jan	72%	Jan	67%
Feb	76%	Feb	77%
March	80%	March	77%

*Note: Overall in the last quarter there has been an improvement in performance against National guidance despite the impact of recent events

- Braden increased performance to last quarter = 10% overall
- VTE increased performance to last quarter = 13% overall

VTE (DVT / Pulmonary Embolism)
One confirmed PE reported in the period (March 2020)

1) Reported Mowbray Ward (Monkwearmouth) After Action review completed for confirmed PE, staff did an excellent job of identifying initial symptoms, expedited referral and diagnosis and also appropriate prophylaxis.

Lessons learnt from events is shared both locally and via the Trust Learning and Improvement Group so that best practice can be disseminated.

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

	Jan	Feb	Mar
Category 1	3	3	3
Category 2	5	1	3
Category 3*	0	0	0
Category 4*	0	0	0
Suspected Deep Tissue Injury [DTI]	1	0	2
Moisture Associated Skin Damage [MASD]	6	1	0
Device Related Pressure Ulcer	0	0	0
Medical Device Related Pressure Ulcer	0	1*	0
Unstageable	0	0	1
Total:	15	6	9

As a Trust we continue to have clients develop pressure damage due to a range of both avoidable and unavoidable factors but these are promptly and effectively managed.

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Section 6: Complaints Reporting & Management

Complaints received

Legend: Complaint Type, Complex, Joint Not Lead, Joint NTW Lead, Non-Clinical Co, Standard

X-axis: 2019-20 Q1, 2019-20 Q2, 2019-20 Q3, 2019-20 Q4

Complaints by Main Theme

Legend: Communications, Patient Care, Values And Behaviours

X-axis: 2019-20 Q1, 2019-20 Q2, 2019-20 Q3, 2019-20 Q4

Compliance Within Timescale - %

X-axis: Jan, Feb, March

PHSO Final Reports Received

0 in Reporting Period

The three main themes remain consistent, although the categories for patient care and values and behaviours have decreased and communication has increased in comparison to Quarter 3.

Patient care includes complaints which cover a whole range of issues which cannot be separated out and are categorised overall as issues relating to patient care.

Parliamentary and Health Service Ombudsman – Current Position

North Locality Care Group (4)	2 Preliminary enquiry
	1 Intention to investigate
	1 Notification of Judicial Review – CNTW deemed to be an interested party
Central Locality Care Group (3)	1 Intention to investigate
	2 Preliminary enquiry
South Locality Care Group (4)	4 Preliminary enquiry
North Cumbria Locality Care Group (1)	1 Request for records

TO NOTE: As of 27 March 2020, the PHSO are not reviewing any new complaints due to the current COVID-19 situation and ongoing pressure on front line services.

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Section 7: Claims received

Claims by Type
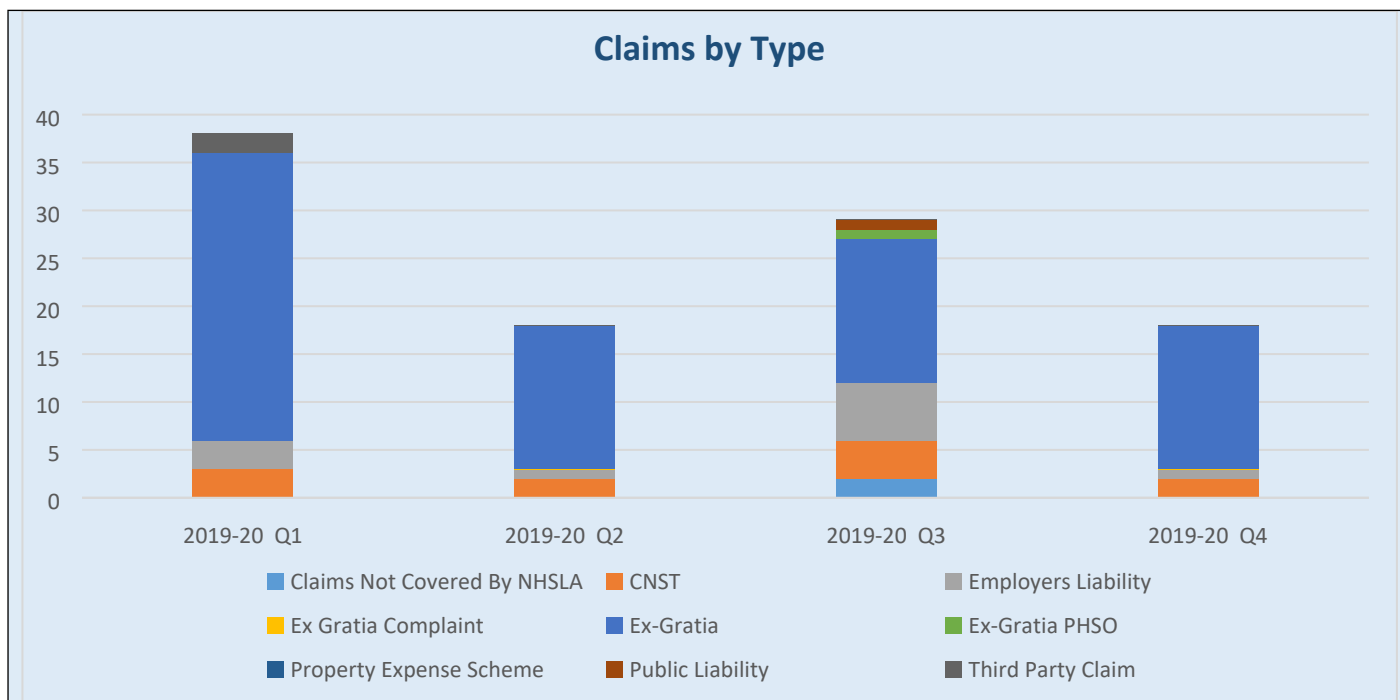
Points to note:

The highest number of claims received relate to ex-gratia claims received from staff and patients. The majority are received from inpatient services for lost/damaged patient property or damage to staff property following assault or involvement in PMVA including spectacle damage.

Current claims are based on all claims open and ongoing on the system that were received during Quarter 4 (33 in total). The Trust however has a total of 74 open and ongoing claims as at 31 March 2020, explained as follows:

Claim Type	Number
Clinical Negligence / Potential Clinical Negligence	22
Employer Liability NHS Resolution	22
Ex Gratia	10
Public Liability	8
Employer Liability Commercial Insurers NTW Solutions	7
Claims Not Covered by NHS Resolution	3
Property Expenses Scheme	1
Third Party Claim	1
Total	**74**

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Report to the Board of Directors
29th May 2020

Title of report	Staff Friends and Family Test Summary Quarter Four 2019/20
Report author(s)	Ross Phillips, Senior Information Analyst
Executive Lead (if different from above)	Lynne Shaw, Acting Executive Director of Workforce & OD Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	27/04/2020
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	Cancelled 27/04/2020
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	Cancelled 27/04/2020
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

Page 1 of 2

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

CNTW Staff Friends and Family Summary Report

Reporting period:	Q4 2019/20

Staff FFT - Responses and Uptake

Number of surveys distributed	7,638	
Number of responses	3,695	
Trust	Response - %	↓3%
North Locality	Response - %	↓2%
North Cumbria Locality		New
Central Locality	Response %	↔0%
South Locality	Response - %	↓1%
Deputy Chief Executive	Response %	↔0%
Nursing & Chief Operating Officer	Response - %	↓5%
Medical	Response - %	↓1%
Commissioning & Quality Assurance	Response - %	↓2%
Workforce & OD	Response - %	↓7%
Chief Executive	Response - %	↓3%
NTW Solutions	Response - %	↓2%

Feedback responses

Number of Responses (January 2019 - March 2020)

	Qtr 4 18/19	Qtr1	Qtr2 19/20	Qtr4
North Locality	707	783	718	743
North Cumbria Locality				323
Central Locality	690	742	704	732
South Locality	810	889	854	888
Nursing & Chief Operating Officer	133	130	131	150
Medical	109	114	128	143
Chief Executive	18	13	14	18
Deputy Chief Executive	48	50	48	62
Commissioning & Quality Assurance	74	84	74	83
Workforce & OD	24	27	29	30
NTW Solutions	138	157	143	152

The Staff Friends and Family Test (FFT) asks respondents 'How likely are you to recommend the organisation to friends and family as a place to work?'

Trust overall score	70%	↑ Compared to last quarter
Previous quarter	69%	
National MH Average	66%	↔ Compared to last quarter (Sept 19)
National Average	66%	↔ Compared to last quarter (Sept 19)

Note that a total of 7 Executive Directorate's received recommend scores of 70% or above in the period (accounting for 33% of the responses received).

The Staff Friends and Family Test (FFT) asks respondents 'How likely are you to recommend our services to friends and family if they needed care and treatment?'

Trust overall score	76%	↔ Compared to last quarter
Previous quarter	76%	
National MH Average	76%	↔ Compared to last quarter (Sept 19)
National Average	81%	↔ Compared to last quarter (Sept 19)

Note that a total of 6 Executive Directorate received recommend scores of 76% or above in the period (accounting for 29% of the responses received).
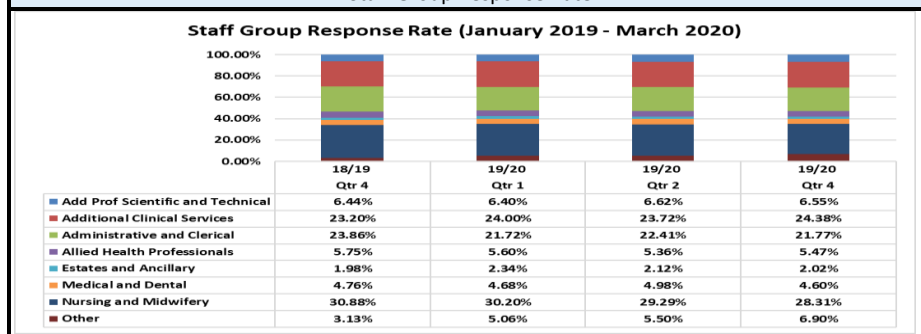
Please note the Staff FFT is not completed during Q3 due to Staff Survey

Other key points relating to response volumes this quarter include:
- Central and South Locality received the highest response rate 52% across clinical areas.
- North Cumbria Locality received the lowest response rate of 45% (323) across the trust.

Top 3 directorates with the highest response rates were:
- Chief Executive 75% (18)
- Workforce & OD 67% (30)
- Nursing & Chief Operating Officer 63% (150)

Staff Group Response Rate

Staff Group Response Rate (January 2019 - March 2020)

	18/19 Qtr 4	19/20 Qtr 1	19/20 Qtr 2	19/20 Qtr 4
Add Prof Scientific and Technical	6.44%	6.40%	6.62%	6.55%
Additional Clinical Services	23.20%	24.00%	23.72%	24.38%
Administrative and Clerical	23.86%	21.72%	22.41%	21.77%
Allied Health Professionals	5.75%	5.60%	5.36%	5.47%
Estates and Ancillary	1.98%	2.34%	2.12%	2.02%
Medical and Dental	4.76%	4.68%	4.98%	4.60%
Nursing and Midwifery	30.88%	30.20%	29.29%	28.31%
Other	3.13%	5.06%	5.50%	6.90%

Would you recommend the Trust as a place to work?	Would you recommend the Trust for Treatment?

National Benchmarking - Staff FFT Recommend Score Place to Work

	Qtr 1 15/16	Qtr 2 15/16	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	Qtr 4 19/20
CNTW Recommend Score - Work	63%	67%	71%	71%	75%	64%	70%	68%	70%	72%	70%	70%	69%	69%	70%
National Average Recommend Score - Work	63%	62%	62%	64%	64%	64%	64%	63%	63%	66%	64%	65%	66%	66%	
National Mental Health Average Recommend Score - Work	58%	58%	59%	60%	60%	61%	62%	62%	64%	64%	64%	65%	66%	66%	

National Benchmarking - Staff FFT Recommend Score Care or Treatment

	Qtr 1 15/16	Qtr 2 15/16	Qtr 4 15/16	Qtr 1 16/17	Qtr 2 16/17	Qtr 4 16/17	Qtr 1 17/18	Qtr 2 17/18	Qtr 4 17/18	Qtr 1 18/19	Qtr 2 18/19	Qtr 4 18/19	Qtr 1 19/20	Qtr 2 19/20	Qtr 4 19/20
CNTW Recommend Score - Care	75%	75%	79%	81%	84%	74%	77%	77%	79%	78%	78%	76%	76%	76%	
National Average Recommend Score - Care	79%	79%	79%	80%	80%	79%	81%	80%	80%	81%	81%	80%	81%	81%	
National Mental Health Average Recommend Score - Care	70%	71%	72%	73%	72%	73%	74%	75%	76%	75%	75%	76%	76%	76%	
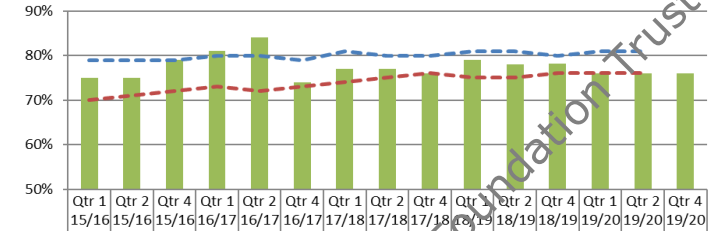
Recommend the Trust as a place to work - The Trust continues to be above the national and sector average recommended score which was 66% in Qt2 19/20

Recommend the Trust for care or treatment - The Trust is currently equal to the current sector average of 76% however remains below the national average of 81%

Would you recommend the Trust as a place to work?

Would You Recommend CNTW as a Place to Work?
Qtr 4 (18/19) and Qtr 1, Qtr 2, Qtr 4 (19/20) Comparison

Would you recommend the Trust for Treatment?

How Likely are Staff to Recommend CNTW Services for Care to Treatment?
Qtr 4 (18/19) and Qtr 1, Qtr2, Qtr 4 (19/20) Comparison

■ Positive Respones   ■ Negative Responses   ■ Neutral Responses
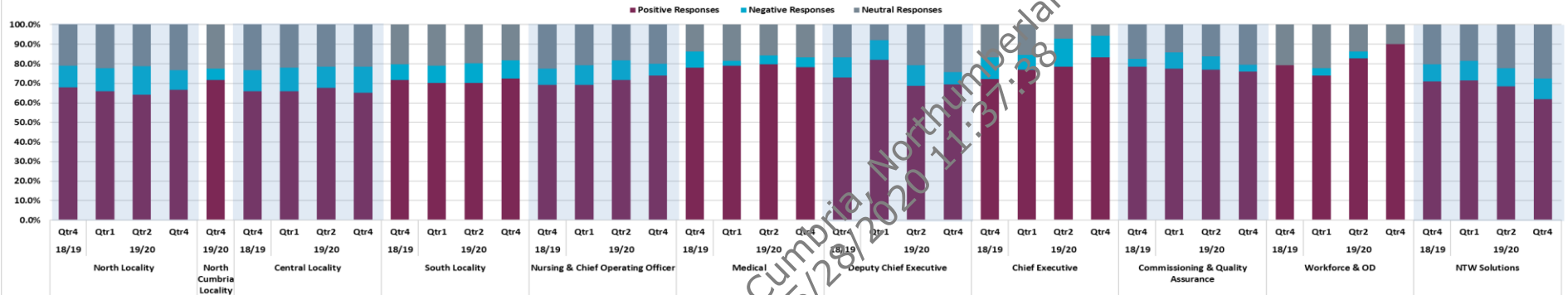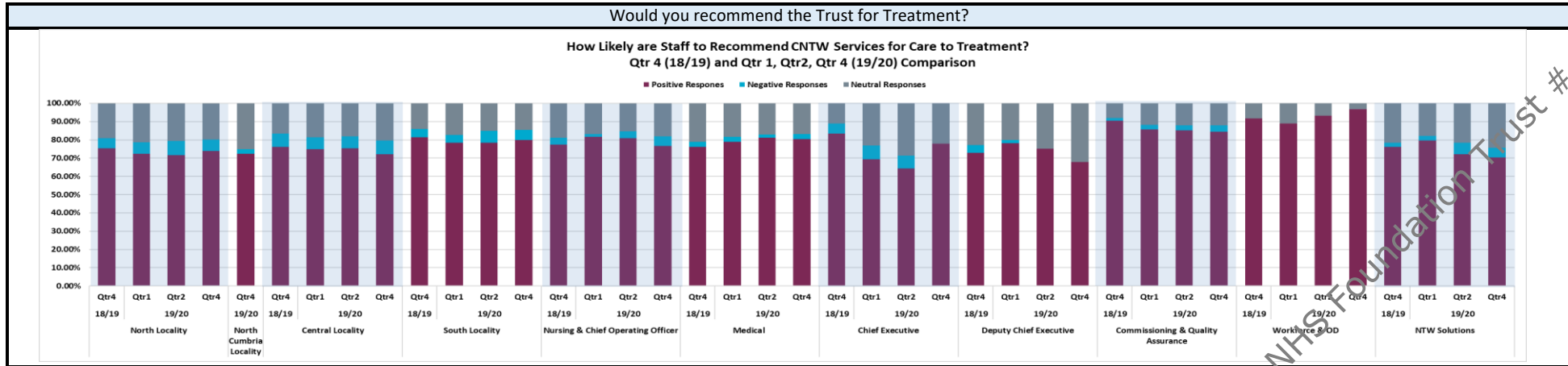
Themed Work Comments

Theme Category	Total Responses	% of Responses
Staff Feedback - Policy and Practice	218	38.65%
Staff Feedback - Wellbeing	176	31.21%
Staff Feedback - Patient Care	158	28.01%
Staff Feedback - Organisation change	12	2.13%
Grand Total	**564**	**100.00%**

Key Points:

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

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

'Wellbeing – Stress at work' was a prevalent theme across the Support and Corporate Directorate.

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

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

Themed Treatment Comments

Theme Category	Total Responses	% of Responses
Staff Feedback - Patient Care	358	71.60%
Staff Feedback - Policy and Practice	106	21.20%
Staff Feedback - Wellbeing	30	6.00%
Staff Feedback - Organisation change	6	1.20%
Grand Total	**500**	**100.00%**

Key Points:

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

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

Board of Directors
Friday 29 May 2020

Title of report	Freedom to Speak Up Vision and Strategy
Report author(s)	Neil Cockling, Freedom to Speak Up Guardian Les Boobis, Non-Executive Director Lynne Shaw, Acting Executive Director of Workforce & OD
Executive Lead (if different from above)	Lynne Shaw, Acting Executive Director of Workforce & OD

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	13.5.2020	Executive Team	11.5.2020
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)	TUMF 19.5.2020	Business Delivery Group (BDG)	

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

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

Freedom to Speak Up Vision and Strategy
Board of Directors
Friday 29 May 2020

1.   Executive Summary

The attached paper highlights the Freedom to Speak up vision and strategy developed in line with recommendations from the National Freedom to Speak Up Office. The document outlines the vision for the Trust and the actions to be taken to deliver the vision. Outcomes and measures are outlined along with how this will be measured.

2. Risks and mitigations associated with the report

No risks / mitigations have been identified with the paper.

3. Recommendation/summary

The Board of Directors is asked to consider and approve the content of the document.

Neil Cockling   Les Boobis   Lynne Shaw
Freedom to Speak Up Guardian   Non Executive Director   Acting Executive
                                                             Director of Workforce and OD

19 May 2020

Freedom to Speak Up
Vision and Strategy

Caring | Discovering | Growing | **Together**

Freedom to Speak Up Vision and Strategy

Purpose

Sir Robert Francis' 'Freedom to Speak Up' review in February 2015 highlighted the need for the creation of the National Guardian and Freedom to Speak Up (FTSU) Guardians at every Trust in England as a 'vital step towards developing the right culture and environment for speaking up'. This document sets out the Trust's Freedom to Speak Up vision and strategy.

This document should be read alongside the Trust's Raising Concerns (Whistleblowing) Policy which will be reviewed as required to continue to meet national guidance and best practice.

Our Vision

We are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff, students, trainees, bank/agency workers, volunteers and contractors feel safe and confident to speak out and raise concerns. Our Board and senior leadership team will support this agenda by:

- modelling the behaviours to promote a positive culture in the organisation;
- providing the resources required to deliver an effective Freedom to Speak Up function; and
- having oversight to ensure the policy and procedures are being effectively implemented.

Our FTSU Guardian and other champions have a key role in:

- helping to raise the profile of raising concerns in our organisation;
- providing confidential advice and support to those who speak out and raise concerns about patient safety;
- providing confidential advice and support in relation to the way an individual's concern has been handled.

The Trust is fully engaged with the National Guardian's Office and the local network of Freedom to Speak Up Guardians in our region to learn and share best practice.

Our Strategy

The Trust will take the following actions to deliver this vision:

- implement separate policies, which clearly differentiate between a grievance and raising a (whistleblowing) concern;
- increase effective awareness training for all those who work into the organisation so they are clear about what concerns they can raise and how to raise them;
- aim to protect those who raise concerns to ensure they are supported and do not experience detriment as a result of raising concerns;
- ensure managers are clear about their roles and responsibilities when handling concerns and are supported to do so effectively;

- provide regular communications to all staff (including those permanently employed on a full-time/part-time basis, temporary/contracted workers and volunteers) to raise the profile and understanding of our raising concerns (whistleblowing) arrangements;
- recognise and thank those who bring concerns to the attention of the Trust;
- communicate key findings to staff and the Board about the level and type of concerns raised and any resultant actions taken, as is appropriate under the scope of confidentiality;
- share good practice and learning from concerns raised with the Board and staff through a variety of fora, with the key aim of fostering openness and transparency, such as, the Learning and Improvement Group/Business Delivery Group, newsletters, staff briefings, team meetings and the intranet; and
- actively seek the opinion of staff to assess that they are aware of, and are confident in, using Freedom to Speak Up processes and use this feedback to ensure our arrangements are improved based on staff experiences and learning.

Outcomes and Measures

1. Annual staff survey results.
2. Regular review of referrals with other functions involved in the process such as the Capsticks HR Advisory Service, Workforce team and Local Counter Fraud Specialist.
3. Number of channels available for staff to raise concerns including champions and other internal and external routes eg, trade union colleagues.
4. Six-monthly FTSU updates for all staff via communication team and intranet.
5. Evidence that investigations are evidence based and led by someone suitably independent in the organisation, producing a report which focuses on learning lessons and improving care.
6. High level findings provided to the Trust board and policy reviewed and improved.

Monitoring

A Freedom to Speak Up report will be presented to the Board every six months by the Freedom to Speak Up Guardian and the Executive Lead for Raising Concerns which will include:

- An assessment of the Trust's Raising Concern (Whistleblowing) Policy;
- An overview of the cases reported and the themes identified;
- Assessment of the cases reported in terms of protected characteristics;
- Benchmarking;
- Any improvements to be made.

Compliance with the Raising Concerns policy will also be monitored as part of the internal audit process.

This Vision and Strategy will be reviewed on a 12 month basis.
The next review date is: May 2021

Neil Cockling   **Les Boobis**   **Lynne Shaw**
Freedom to Speak Up Guardian   **Non Executive Director**   **Acting Executive**
                                                      Director of workforce and OD

Board of Directors
Friday 29 May 2020

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

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

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	13.05.2020	Executive Team	11.05.2020
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

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

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Whistleblowing/Raising Concerns Update Report

Board of Directors
Friday 29 May 2020

1. Executive Summary

The purpose of this paper is to provide the Board of Directors with a summary of whistleblowing cases/concerns raised over the period October 2019 – March 2020.

The paper aims to give an overview of cases reported centrally to the Workforce team as requested by the Trust's Raising Concerns Policy. Concerns raised with the Freedom to Speak Up Guardian are also included. Additional concerns are raised and dealt with at an informal, local level by operational managers. These concerns are not logged centrally.

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

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

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

During the period identified 25 issues have been raised in total centrally and with the FTSU Guardian. This is a decrease of two in the previous period. All concerns raised through the FTSUG have been logged as "concerns" and three of the centrally raised concerns fall within the definition of whistleblowing.

There is a new reporting mechanism in place nationally to log all concerns individually where a number of people have raised a concern. Therefore a total of 20 concerns were raised with the FTSUG which equates to 45 people.

2. Risks and mitigations associated with the report

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

The main theme from raising concerns links to attitudes and values. The Trust is undertaking a number of different actions linked to this as part of its approach to being a Great Place to Work. The Trust is also working with staff networks to understand the issues faced by staff with protected characteristics.

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There have been concerns raised by staff regarding the attitudes and values of individuals in partner organisations and the Trust is addressing these concerns with these organisations in a positive and constructive manner to ensure relationships are maintained.

3. Summary

During the period identified 25 issues have been raised in total centrally and with the FTSU Guardian. Of these 22 have been categorised as concerns and three as whistleblowing.

There are 12 cases still open from this period all of which are those being overseen by the FTSU Guardian. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. There have been a number of staff who have raised concerns to the FTSUG in relation to people who are not employed by the Trust but work in partnership with the Trust. The concerns are being addressed directly with the partner organisations.

The number of cases raised remains to be of an average number for a Trust of this size. The FTSU Guardian has now been allocated 2 days per week to dedicate to working on FTSU activity including supporting staff and raising the profile of the role. There is ongoing regular meetings with the FTSUG and the Executive Director of Workforce and OD to discuss themes and agree actions to resolve.

Michelle Evans
Acting Deputy Director Workforce & OD

Lynne Shaw
Acting Executive Director Workforce & OD

7 May 2020

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Concerns Logged both centrally and with FTSUG October 2019 – March 2020

Type of Concern	
Attitudes and values	7
Policies and procedures	5
Staffing levels	2
Patient safety	3
Bullying and Harassment	4
Other	4
TOTAL	25

Concern's logged Centrally

Status	Date Received	Incident Summary	Locality	Outcome
Closed	21/11/19	Patient safety – attitude to patient	Central locality-inpatients	Individual performance plan
Closed	26/11/19	Bullying and harassment	North locality - CYPS	No case to answer
Closed	01/02/20	Drug issue	North locality - CYPS	No case to answer
Closed	20/02/20	Patient safety – inappropriate PMVA	North locality - CYPS	No case no answer
Open	05/03/20	Policies, procedures and processes Management application of processes	Corporate services	Investigation ongoing

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Concerns logged with FTSUG October 2019-March 2020

Status	Date Received	Incident Summary	Locality	Outcome
Open	02/10/19	Bullying and harassment	Corporate Services raised by 4 individuals	Investigation ongoing
Closed	10/10/19	Bullying and harassment	Corporate Services raised by 2 individuals	Grievances not upheld
Closed	14/10/19	Staffing levels	Central locality - Secure	Investigation in group no further action needed.
Open	15/10/19	Attitudes and values - Management styles	Central locality - community. Raised by 3 individuals	Investigation ongoing – Covid19 has caused delay
Closed	17/10/19	Attitudes and values - Management styles	South locality - Community	Support provided to manager from Trust ED&I Lead
Open	17/10/19	Policies and procedures Disciplinary and grievance timescales	Corporate Services	Being addressed in liaison with Capsticks and Workforce Director – actions developed to address concerns
Closed	23/10/19	Attitudes and values Management styles	South Locality - Inpatients raised by 5 individuals	Resolved within group
Open	24/10/19	Attitudes and values Management styles	Corporate Services raised by 8 individuals	Being resolved via meetings with manager and individuals to improve communication.
Open	13/12/19	Design of patient data system	North Locality - Community	Patient data system has been updated – awaiting feedback
Open	10/11/19	Attitudes and values of	External Partners Raised by 7	Concern regarding behaviour of partner organisation.

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		external partner	individuals	Ongoing work with partners, but delayed due to Covid-19.
Closed	28/11/19	Accommodation issues at Carleton Clinic	Corporate Services	Accommodation being reviewed across the Carlton Clinic
Open	13/12/19	Policies and procedures - recruitment	Corporate Services	Being investigated
Closed	10/01/20	Accommodation	North Locality - Community	Adjustments made
Open	27/01/20	Attitudes and values – management styles	Central Locality - Inpatient

3 individuals | Investigation taking place. |
Open	31/01/20	Policies and procedures – career progression	Corporate services	Workforce planning being looked at by manager
Open	05/02/20	Staffing levels	North Locality - Community services.	Group informed and investigation ongoing
Closed	18/02/20	Attitudes and values - Racism	External partner	The perpetrator was not employed by the Trust. It was raised with their manager and being resolved with partner resolved with support offered.
Open	22/02/20	Bullying and harassment - manager	North Locality - Community services	Investigation ongoing
Open	04/03/20	Patient safety – concern over treatment	Corporate Services	Being investigated by the Clinical Business Unit. Not yet obtained update due to Covid-19
Open	20/03/20	Policies and procedures – staff consultation	South Locality - Inpatients	Investigation delayed due to Covid-19

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting on 29 May 2020

Title of report	Exceptions Report: Annual Review of Board Assurance Framework/ Corporate Risk Register and Risk Appetite Framework
Report author(s)	Lindsay Hamberg, Risk Management Lead.
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)			Management Group meetings where this item has been considered (specify date)	
Quality and Performance			Executive Team	
Audit	22 April 2020		Corporate Decisions Team (CDT)	
Mental Health Legislation			CDT – Quality	
Remuneration Committee			CDT – Business	
Resource and Business Assurance			CDT – Workforce	
Charitable Funds Committee			CDT – Climate	
CEDAR Programme Board			CDT – Risk	
Other/external (please specify)			Business Delivery Group (BDG)	

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

0

Board Assurance Framework and Corporate Risk Register

Introduction

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust acknowledges that the services it provides and the way it provides these services, carries with it unavoidable and inherent risk. The identification and recognition of these risks together with the proactive management, mitigation and (where possible) elimination of these risks is essential for the efficient and effective delivery of safe and high-quality services.

The Board with the support of its committees have a key role in ensuring a robust risk management system is effectively maintained and to lead on a culture whereby risk management is embedded across the Trust through its strategy and plans, setting out its risk appetite and priorities in respect of the mitigation of risk when delivering a safe high-quality service.

Throughout March and April every year the Board of Directors carry out a comprehensive review of the current Board Assurance Framework/Corporate Risk Register (BAF/CRR) and Risk Appetite Framework:

1. To ensure that risks held on the BAF are relevant and reflect the key strategic risks to delivering the Trust's Strategic Ambitions.

2. To support the updated and new risks added to ensure the delivery of the Trust's Strategic ambitions.

3. To review the updated risk appetite framework and ensure the changes and level of risk taken by the organisation for each key risk appetite category is appropriate.

1

2.0   Board Assurance Framework/Corporate Risk Register 2020/2021

At the Board of Directors in March 2020 a review of the BAF took place. It was agreed that the following changes will be made:

2.1   Risk 1762 SA1 risk description to be amended as stated below:

Risk Ref	Risk Description	Amendment	Executive Lead
SA1 Risk 1762	Due to restrictions in capital funding there is a risk of significant reduction in cash reserves which could lead to a limited funding source	Due to restrictions in capital funding there is a risk of significant reduction in cash reserves	James Duncan

2.2.   It was agreed that 2 risks were broadly the same and can be combined:

Risk Ref	Risk Description	Feedback	Executive Lead
Risk 1681	Restrictions of Capital Funding nationally and lack of flexibility on PFI leading to failure to meet our aim to achieve first class environments to support care and increasing risk of harm to patients through continuing to use sub optimal environments	Broadly the same issue and could be combined.	James Duncan
Risk 1692	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.		Gary O'Hare

2.3   There were 3 BAF risks identified where the risk descriptions were too broad and required a more specific description. A meeting has been arranged with the Executive Leads to define in more detail the risk descriptions:

Risk Ref	Risk Description	Feedback	Executive Lead
Risk 1687	That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP	Very broad and could be refined to be more specific around the actual risk.	James Duncan
Risk 1688	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.		Lisa Quinn
Risk 1691	That we do not meet statutory and legal requirements in relation to Mental Health Legislation		Rajesh Nadkarni

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2.4 **It was agreed that the following risks will be added to the BAF. A summary of the risks is outlined below, however more specific risk descriptions will be sought following the meeting with the relevant Executive Leads identified.**

Risk Ref	Risk Description	New risks that has been agreed	Executive Lead
To be generated once added to Web Risk	To define each new risk with the identified Executive Director/ risk owner	<u>Define Risk</u> The failure of third-party providers may place pressures on CNTW which we may not be able to manage effectively without impacting on the quality of care to existing service users.	Lisa Quinn
		<u>Define Risk in terms of any future pandemic and risk to service users, carers and staff</u> 1. Immediate risk to service users and carers arising from coronavirus. 2. Where/how are major incidents like current crisis covered off.	Gary O'Hare
		<u>Define Risk – more detail required in the risk description</u> Risk to service users and staff from community delivery model becoming increasingly stretched.	James Duncan

3.0 Risk Appetite Framework 2020/2021

The Board of Directors agreed that the Risk appetite framework is to be updated. The Quality Safety category risk appetite score has been amended from Very Low 1-5 to Low 6-10 which will make it consistent with effectiveness and practice. It was further agreed that a new category will be added on Climate and Ecological Sustainability (Appendix 1). At the Audit Committee it was agreed to the removal of the wording in the risk appetite framework in relation to the transfer of service from North Cumbria.

4.0 Recommendations

The Trust Board are asked:

1. To note the changes and ensure that risks held on the BAF are relevant and reflect the key strategic risks to delivering the Trust's Strategic Ambitions.

2. To review the updated risk appetite framework and ensure the changes and level of risk taken by the organisation for each key risk appetite category is appropriate and to agree the removal of the wording in the risk appetite framework in relation to the transfer of service from North Cumbria.

Name and title of author:	Name and tile of Executive Lead:
Lindsay Hamberg Risk Management Lead	Lisa Quinn Executive Director of Commissioning and Quality Assurance

5 May 2020

Appendix 1

Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	CNTW has a **MODERATE** risk appetite for Clinical Innovation that does not compromise quality of care.	**12-16**
Commercial	CNTW has a **HIGH** risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	**20-25**
Compliance/Regulatory	CNTW has a **LOW** risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	**6-10**
Financial/Value for money	CNTW has a **MODERATE** risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	**12-16**
Partnerships, including new system working (ICS, ICP and PLACE)	CNTW has a **HIGH** risk appetite for partnerships which may support and benefit the people we serve.	**20-25**
Reputation	CNTW has a **MODERATE** risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	**12-16**
Quality Effectiveness	CNTW has a **LOW** risk appetite for risk that may compromise the delivery of outcomes for our service users.	**6-10**
Quality Experience	CNTW has a **LOW** risk appetite for risks that may affect the experience of our service users.	**6-10**
Quality Safety	CNTW has a **LOW** risk appetite for risks that may compromise safety.	**6-10**
Workforce	CNTW has a **MODERATE** risk appetite for actions and decisions taken in relation to workforce.	**12-16**
Climate and Ecological Sustainability	CNTW has a **LOW** risk appetite for risks that may result in the harming of the environment which could lead to the health and safety of the service users, carers and staff	**6-10**

Proposed removal of the following statement

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

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

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting on 29 May 2020

Title of report	Board Assurance Framework (BAF) Corporate Risk Register (CRR) Exception Report
Report author(s)	Lindsay Hamberg, Risk Management Lead.
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

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

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

Board Assurance Framework and Corporate Risk Register

Purpose

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

This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1.**
- A copy of the BAF/CRR is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at March 2020. There have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level.

The paper for Quarter 4, 2019/20 includes North Cumbria Locality.

1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at end of March 2020. In quarter 4 there are 11 risks on the BAF/CRR.

1
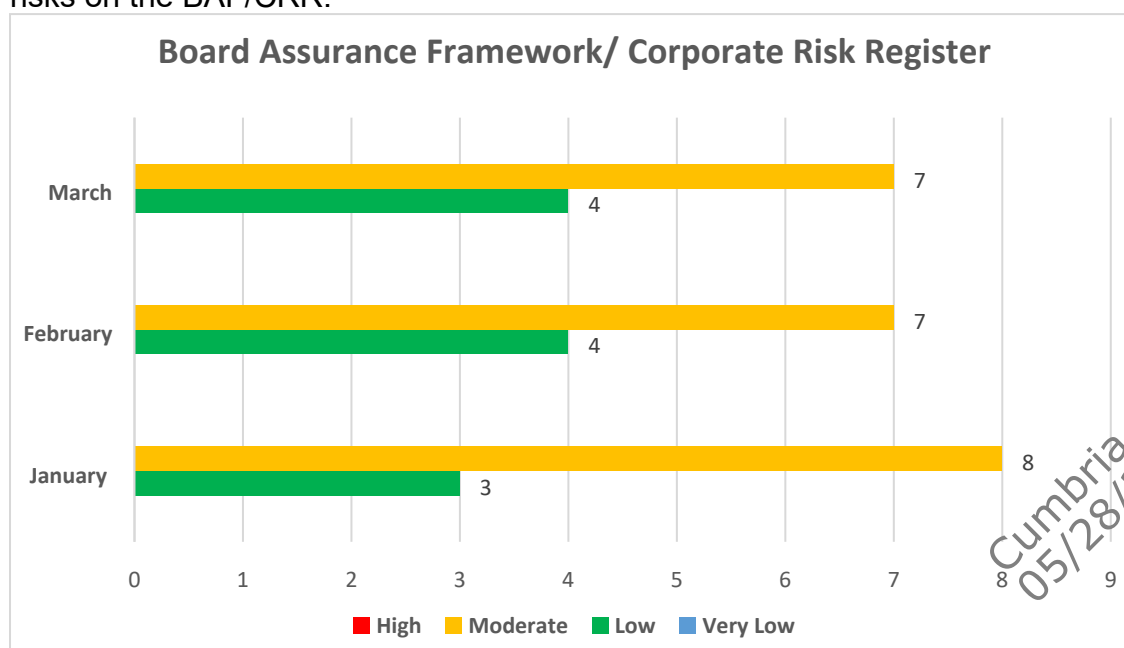
1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (4) which is defined as risks that may compromise the delivery of outcomes.

Board Assurance Framework/Corporate Risk Register Risk by Risk Appetite Category

Category	No of Risk
Clinical Innovation	
Commercial	
Compliance/Regulato...	3
Financial/VfM	3
Partnerships	
Reputation	
Quality Effectiveness	4
Quality Experience	
Quality Safety	1
Workforce	

■ No of Risk by Risk Appetite Category
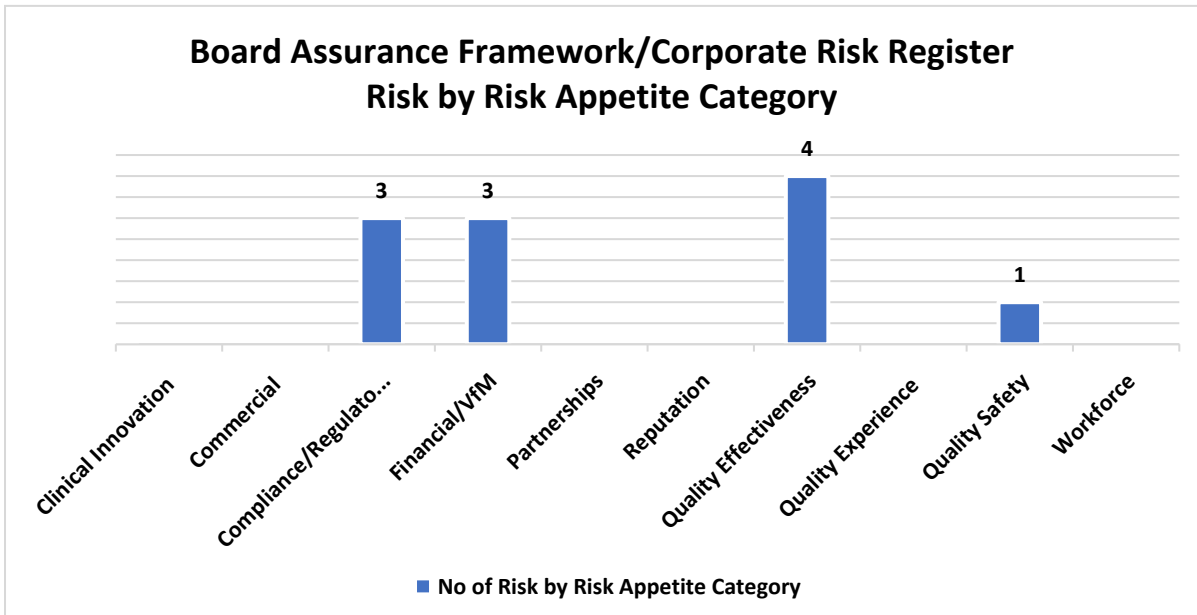
Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 11 risks on the BAF/CRR and 7 risks have exceeded a risk appetite tolerance.

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

Board Assurance Framework/Corporate Risk Register Risks which have exceeded the Risk Appetite

Category	Value
Compliance/Regulatory	3
Finance/VfM	0
Quality Effectiveness	2
Quality Safety	1

2
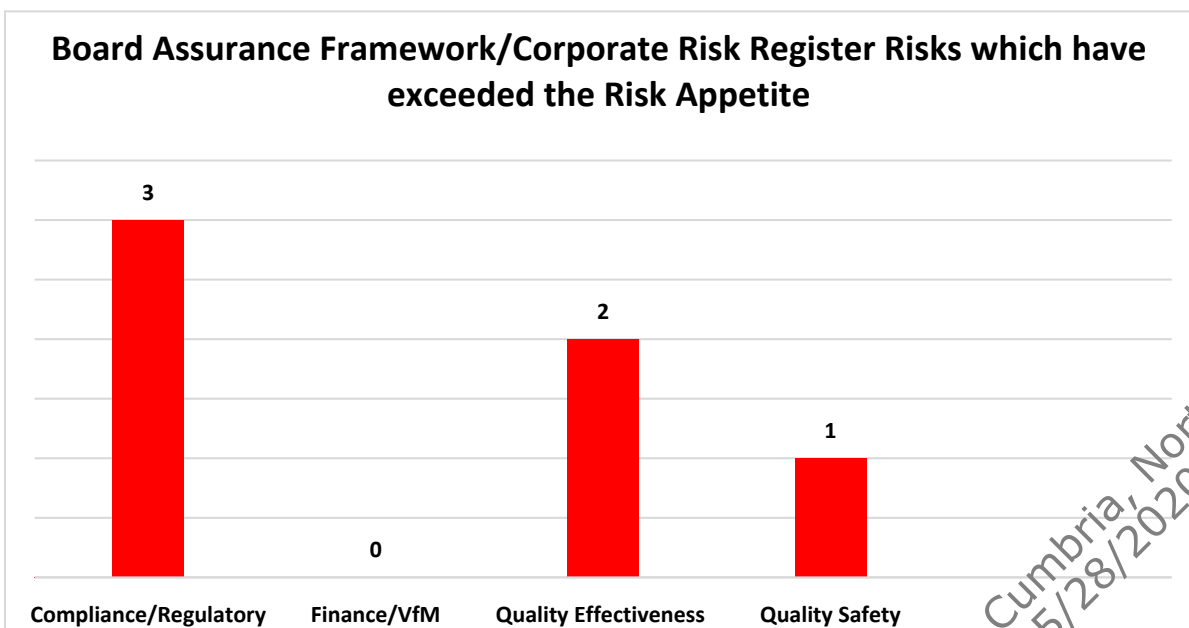
A detailed description of each BAF/CRR risk which has exceeded a risk appetite can be found below. Action plans are in place to ensure these risks are managed effectively:

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

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1.2. Amendments

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

Risk Ref	Risk description	Amendment	Executive Lead
1680 SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on CNTW as an organisation.	Actions that have been added as follows: 1. Conduct a review of the first 6 months transition re: North Cumbria. 2. Develop proposal for Board to consider the impact of additional CAMHS inpatient provision. 3. Agree communication strategy for additional CAMHS Inpatient provision. There has been one action completed regarding the proposal to increase CAMHS beds.	Lisa Quinn
1681 SA1.2	Restrictions of Capital Funding nationally and lack of flexibility on PFI leading to failure to meet our aim to achieve first class environments to support care and increasing risk of harm to patients through continuing to use sub optimal environments.	There has been a change in scoring from 3 to 2 likelihood, (I)5 x (L)2 = 10	James Duncan
1682 SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	No change.	Lisa Quinn
1683 SA1.4	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	1 action complete in relation to the risk being reviewed at BDG and Q&P – moved to control with assurances	Gary O'Hare
1762 SA1.	Due to restrictions in capital funding there is a risk of significant reduction in cash reserves which could lead to a limited funding source.	Two actions are complete. 1. Approval of CEDAR business case now added to control with assurances and 2. Access clarity on national cash balance both completed on 5 March 2020	James Duncan
1685 SA3.2	Inability to control regional issues including the	Action regarding the lead/prime provider for MH and disabilities	John Lawlor

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		across the CNTW footprint has been updated to read to ensure CNTW are fully engaged. Core partnerships in place and based across the locality. The ICP leadership arrangements actions was completed on 28 February 2020 along with the action re Core partnerships in place and based across the locality which was completed on 31 March 2020. A change in scoring 3 to 2 likelihood, (I) 4 x (L) 2 = 8	
1687 SA4.2	That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP	2 actions complete linked to internal audit NTW 1819 37: Procurement on 13 January 2020	James Duncan
1688 SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	1 action complete regarding the review of North Cumbria CQC, regulatory actions and plan 31 March 2020	Lisa Quinn
1691 SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	There are two new actions that have been added 1. To respond effectively to any proposed new Mental Health Legislation and 2. Review the monitoring of CQC themes raised with Groups at the Mental Health Steering Group. Two actions have been updated in relation to 1. MHA Training figures and 2. Prompts for consent to treatment on RiO and one action has been completed regarding the reporting on themes from MHA reviewer visits. There has been one control added with assurance: The effectiveness of reporting on themes from MHA Reviewer visits – Mental Health Steering Group	Rajesh Nadkarni
1692 SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Updated 3 actions with progress to internal audit NTW 1819 62 Management	Gary O'Hare
1694 SA5.9	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to	Updated 3 actions with progress in relation to International Recruitment campaign, 7 fellowship recruits and medical	Gary O'Hare

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	support clinical areas could result in the inability to provide safe, effective, high class services.	managers and updated target dates	

1.3. Risk Escalations to the BAF/CRR

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

1.4. Risks to be de-escalated.

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

1.5. Emerging Risks.

1.6. Recommendation

The Trust Board are asked to:

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

Lindsay Hamberg
Risk Management Lead
9 April 2020

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

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Report to the Board of Directors
29th May 2020

Title of report	Quarter 4 update - NHS Improvement Single Oversight Framework
Report author(s)	Anna Foster, Deputy Director of Commissioning & Quality Assurance Dave Rycroft, Deputy Director of Finance & Business Development
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning & Quality Assurance

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

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

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

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

BOARD OF DIRECTORS

29th May 2020

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 4 2019-20

BACKGROUND

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 4 of 2019-20 as segment 1 – maximum autonomy.

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

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

Key Financial Targets & Issues

A summary of delivery at Month 12 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

Key Financial Targets	Year End		
	Plan	Forecast	Variance/ Rating
Monitor Risk Rating	2	2	Yellow
Control Total / Adjusted I&E Surplus excluding exceptional items	£2.6m	£2.6m	£0.0m
FDP - Efficiency Target	£10.4m	£10.4m	£0.0m
Agency Ceiling * / (Total Agency Spend)	£7.9m	£9.6m (£11.7m)	£1.7m
Cash	£18.4m	£31.3m	£12.9m
Capital Spend	£12.4m	£11.6m	(£0.8m)
Asset Sales	£2.6m	£0.2m	(£2.4m)

*The agency ceiling was set for NTW services. Total agency spend including Cumbria Services is shown in brackets

Risk Rating

Risk Ratings	Weight	Year-End Plan	Year-End Risk Rating
Capital Service Capacity	20%	3	3
Liquidity	20%	1	1
I&E Margin	20%	2	2
Variance from Control Total	20%	1	1
Agency Ceiling	20%	1	3
Overall Rating		**2**	**2**

From October 2016, NHSI have required a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 4 2019-20. Workforce returns are submitted to NHSI on a monthly basis. North Cumbria services transferred into CNTW on 1st October.

SUMMARY STAFF WTE DETAIL	M10 Actual WTE	M11 Actual WTE	M12 Actual WTE
Total non-medical - clinical substantive staff	4,579	4,600	4,634
Total non-medical - non-clinical substantive staff	1,790	1,795	1,810
Total medical and dental substantive staff	383	399	395
Total WTE substantive staff	**6,752**	**6,794**	**6,839**
Bank staff	250	288	302
Agency staff (including, agency and contract)	238	303	334
Total WTE all staff	**7,240**	**7,385**	**7,475**

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 4 2019-20.

Staff Group	Jan 6/1 – 2/2	Feb 3/2 – 1/3	Mar 2/3 - 30/12
Medical	229	220	234
Nursing	125	219	224
TOTAL	**354**	**439**	**458**

At the end of March the Trust was paying 11 medical staff above price caps (5 consultants, 3 associate specialists, 2 speciality doctors and 1 junior doctor). Three of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement. The Trust are paying for qualified and unqualified nursing shifts above cap in the North Cumbria Locality. The Trust did not report the top 10 highest paid agency staff or the top 10 longest serving agency staff at the end of March as this reporting requirement has been paused in response to COVID-19.

GOVERNANCE

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

Board & Governor Changes Q4 2019-2020

Board of Directors:

No Change

Council of Governors:

No change

Outgoing Governors:	Present vacancies
Nil	Carer Governor (Adult Services)
	Service User Governor (Adult Services)

Never Events

Never Event (wrong route of administration of prescribed medication) - administered 2.5mg morphine oral suspension via subcutaneous route, and not the injectable preparation. This incident occurred on 27 October 2019 and was reviewed by serious incident panel on 23rd January 2020.

The Never Event incident highlighted significant findings/learning that was felt to be contributory to the incident. The investigation identified deficiencies in the training provided to newly qualify nursing staff regarding the administration of parenteral medicines, leading to gaps in their knowledge around risk and to competency and confidence issues. As a result changes have been made to ensure these gaps are covered in conjunction with the training academy.

Adverse national press attention Q4 2019-20

Media Report (October - December)

January 2020

BBC Online – 9th January
'Transgender people face NHS waiting list hell' – a report on waiting lists at NHS gender identity clinics in England, includes waiting list lengths from a number of Trusts.

March 2020
Private Eye – 6ᵗʰ March
Tess Ward unfair dismissal – A mental health trust has been ordered to pay more than £120,000 to an occupational therapist who was unfairly sacked because of her disabilities.

Sunday Sun – 22ⁿᵈ March
Ethan Mountain's mother claims Odessa Carey's family might have been spared their grief if lessons has been learned from mistakes in her son's care.

Other items for consideration

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

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

Monthly
- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually
- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

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

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
May 2020

Report to the Board of Directors
29th May 2020

Title of report	Update on Must Do Action Plans
Report author(s)	Anna Foster, Deputy Director of Commissioning and Quality Assurance
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	13/05/2020	Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

SA5.1 That we do not meet and maintain our compliance standards including NHSI, CQC and legislation

SA5.2 That we do not meet statutory and legal requirements in relation to Mental Health Legislation

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Update on Must Do Action Plans

Board of Directors

29th May 2020, 1.30pm

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1. Executive Summary

This report provides an update on the three areas of improvement (Must Do Action Plans) which were received following the 2018 inspection. All areas of improvement were found in acute wards for adults of working age and psychiatric intensive care units.

On 1st October 2019 there were nine core services transferred from North Cumbria. During inspections which were undertaken in 2015, 2017 and 2019 all of these core services were visited. A number of areas of improvement were identified, 38 of which were significant issues and were raised as Must Do Action Plans. The Board of Directors were informed of these action plans at the April Board meeting and therefore updates on these action plans will be provided within the next quarterly report.

2. High level summary of actions

Progress updates on the three Must Do Action Plans are as follows:

a) Blanket restrictions

- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.

- The trust should ensure that there are robust systems in place to record and review restrictive practices for trustwide and ward level blanket restrictions and ensure that restrictions are removed as soon as practicable.

The action plan for this must do is almost complete. There is one outstanding action which relates to the amendment of the Trust Policy to make the process for reporting blanket restrictions more explicit, clarifies the frequency of blanket restriction audits and includes the creation of a local blanket restriction register for wards to review. The Policy will be considered at the next CQC Compliance Group to ensure care groups are sited on key changes made to the Policy prior to it going out for final consultation.

Blanket restrictions continue to be raised as issues during Mental Health Act Reviewer visits. These findings will continue to be monitored on a quarterly basis and considered at the CQC Compliance Group and CQC Inspection Steering Group.

b) Access to nurse call alarm systems

The trust must ensure patients have access to a nurse call system in the event of an emergency.

The action plan for this must do is almost complete. There is one outstanding action which relates to the development of a Practice Guidance Note (PGN) for all types of Nurse Call systems. The Nurse Call PGN went through formal approval via the Trusts agreed process at BDG and is with the care groups for implementation. The PGN is scheduled to be considered at the next CQC Compliance Group to gain assurances that the work has been completed and any key learning points noted for further action or support.

<div align="right">2</div>

c) Rapid tranquilisation
The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation

The action plan for this must do is almost complete. The Clinical Audit was repeated as planned and is currently in the review stage. Once reviewed, the draft report will go to the Physical Health and Wellbeing Group to agree actions based on the findings. The Safety and Security teams are currently working with IT to roll out the new Talk 1st landing page to give access to this data alongside other dashboard indicators.

3. Recommendation/summary

Receive the paper for information only.

Name of author:
Anna Foster, Deputy Director of Commissioning and Quality Assurance

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

7 May 2020

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