


# Board of Directors Meeting (PUBLIC)

23 June 2020, 13:30 to 15:30  
Microsoft Teams


## Agenda

1. **BAME Staff Network**
2. **Welcome and Apologies for absence**  
Ken Jarrold, Chairman
3. **Declarations of Interest**  
Ken Jarrold, Chairman
4. **Minutes of the previous meeting held Wednesday, 29 May 2020**  
Ken Jarrold, Chairman  
 04. 29 May 2020 DRAFT PUBLIC Board minutes KJ FINAL.pdf (17 pages)
5. **Action list and matters arising not included on the agenda**  
Ken Jarrold, Chairman  
 05. BoD Action Log PUBLIC as at 23.06.20.pdf (3 pages)
6. **Chairman's Remarks**  
Ken Jarrold, Chairman
7. **Chief Executive's Report**  
John Lawlor, Chief Executive  
 07. CEO Report 23 June 2020.pdf (4 pages)

## 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 - FINAL.pdf (11 pages)
9. **Commissioning and Quality Assurance Report (Month 2)**  
Lisa Quinn, Executive Director of Commissioning and Quality Assurance and James Duncan, Deputy Chief Executive / Executive Director of Finance  
 09. BoD - Monthly Commissioning Quality Assurance Report - Month 2 (LQ).pdf (8 pages)

## Regulatory

10. **Board Self-Certification to NHS Improvement (Condition FT4(8))**  
Lisa Quinn, Executive Director of Commissioning and Quality Assurance  
 10. BoD - FT4 - Corporate Governance Statement - Self Declaration.pdf (14 pages)

Cumbria, Northumberland, Tyne and Wear  
06/10/2020 12:52:11

**11. Board Self Certifications G6(8) CoS7(3)**

Lisa Quinn, Executive Director of  
Commissioning and Quality Assurance



11. BoD - G6 and CoS7 - Compliance with Licence  
Declaration - June 20.pdf

(14 pages)

**12. Provider Licence Self-Certification Annual Board Statement -  
Training of Governors**

Debbie Henderson, Deputy Director of  
Communications and Corporate Affairs



12. Provider Licence Self-Certification FT4(8)  
Governors Training.pdf

(4 pages)

**Annual Reports**

**13. Positive and Safe Annual Report**

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



13. a Positive & Safe Annual Report (front  
sheet).pdf

(2 pages)



13. bPositive & Safe Annual Report.pdf

(66 pages)

**Minutes/Papers for Information**

**14. Committee Updates**

Verbal/Information  
Non-Executive Directors

**15. Council of Governors' Issues**

Verbal/Information  
Ken Jarrold, Chairman

**16. Any other Business**

Ken Jarrold, Chairman

**17. Questions from the Public**

Ken Jarrold, Chairman

**Date, time and place of next meeting:**

**18. Wednesday, 5 August 2020, 1.30 pm Venue TBC**

Cumbria, Northumberland Tyne & Wear  
06/18/2020 12:52:11

**Minutes of the meeting of the Board of Directors held in public  
on 29 May 2020, 1.00pm – 3.00pm  
Microsoft Teams Meeting**

**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:**

Margaret Adams, Public Governor  
Tom Bentley, Public Governor  
Janice Santos, Carer Governor  
Fiona Regan, 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  
Kate Bradley, Shadow Non-Executive Director

**1. Welcome and Introduction**

Ken Jarrold opened the meeting and welcomed those in attendance.

**2. Apologies for absence:**

There were no apologies for absence.

**3. Declarations of Interest**

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

Cumbria, Northumberland Tyne and Wear  
06/18/2020 12:52:11

#### **4. Minutes of the meeting held 4 March 2020**

The minutes of the meeting held on 4 March 2020 were considered and agreed as an accurate record of the meeting.

##### **Approved:**

- **The minutes of the meeting held 4 March 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 Strategy**

Lynne Shaw advised that the Board would receive the Freedom to Speak up Strategy at this meeting, item 16 on the agenda.

##### **Matters Arising**

There were no matters arising.

#### **6. Chairman's remarks**

Ken Jarrold commenced and explained that he wanted to share the following thoughts with all individuals in attendance:

We are living in the midst of an extraordinary time. It is a very challenging time for us as individuals, for service users and carers, for staff, the organisation and the wider population. As individuals, all of us are different and in different situations. However, we are all experiencing disorientation, loss of contact with work colleagues, family and friends and the normal variety of everyday life. I am very conscious that as an individual I am in a very fortunate position of not having been ill, not having anyone close to me ill, not having lost anyone close to me, no financial worries, a comfortable home with outside space with easy access to a park, no young children or physically disabled people to care for, having work that I can do that is time consuming and satisfying, interests also including reading research but even with all of those things in my favour I have not found it easy to maintain morale and focus and I can only imagine what life is like for people directly affected by illness or loss, financial worries, loss of employment, crowded housing with no outside space and young children or people with physical or mental health issues to care for and my heart goes out to everybody who finds themselves in any of those circumstances. I think it is easy to forget how challenging this current situation is for individuals.

For many service users and carers, life must be extremely difficult with increased loneliness, financial difficulties, a lack of face to face contact, support and activities. I am incredibly proud of the high standard of communication and support provided to service users and carers by Debbie, Adele, the Communications Team, Alane, the Patient and Carer Involvement Team working with ReCoCo and other Recovery Colleges and other partners. It has been a remarkable effort and I am very grateful for it and I am sure it has helped to some extent.

For staff, it has been a very challenging time; there must have been a great deal of fear and anxiety about their own safety and welfare particularly for some groups such as our BAME colleagues about the use and availability of Personal Protective clothing, new methods of working, remote contact when we have been used to face to face contact with service users, carers and each other, and the loss of one of our colleagues must have caused great sadness and further anxiety.

From what I know, the organisation has coped very well with strong clear leadership and support to staff, communications have been excellent, the challenge to the organisation is likely to be even greater in the next few months and years as the impact of the situation on the wider population becomes clear. That is not to say of course that there are not many lessons to be learned and we are already conscious of many of those and we will be sharing those lessons with you both in terms of reviewing what we have learned and what we have done so far and preparing for the next phase.

In many ways my biggest worry is about the wider population and the challenges they have been facing. There is already increased evidence of increased demand for mental health services resulting from anxiety and depression, social isolation due to lockdown, financial difficulties to domestic and child abuse, alcoholism, drugs and gambling. It is impossible to know how great the increase in demand will be. However, given that we were already struggling with referrals and waiting times before COVID-19, any significant increase in demand will be very challenging for us. These are unprecedented times impacting on us as individuals, on service users and carers, on staff, on the organisation and on the wider population.

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

John Lawlor provided a verbal update to keep the Board informed on current issues.

John commenced by providing an update on planning and referred to a letter from Simon Stevens, Chief Executive Officer of the NHS. The letter had requested NHS Trusts to continue responding to the COVID-19 pandemic whilst also reintroducing services. It was explained that there are concerns in relation to the winter period due to the potential impact of 'Flu and COVID-19 which will have the greatest impact on Acute and Ambulance Trusts. However, John advised that in relation to Mental Health services, the main challenge will be having the capacity to respond to the COVID-19 pandemic's impact on mental health whilst also delivering the Mental Health 5 year Forward View standards. John advised that a report will be provided at a future Board of Directors meeting in relation to the planning arrangements and future strategy.

John further advised that the CQC had published a report the previous day in relation to three of the Trust's Learning Disability inpatient services that had been inspected in March 2020. It was explained that a number of areas of non-compliance had been found. Therefore, resulting in those individual services having gone down from an 'outstanding' rating to a 'good' rating including a 'requires improvement' rating for safety. John advised that the Trust had already commenced implementing the action to ensure that the findings are dealt with.

Ken Jarrold thanked John for the update and advised that the CQC report had been very disappointing. However, the Trust would accept the findings within the report and be determined to correct all of the issues raised.

**Resolved:**

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

**Action:**

- **The Board to receive a report on planning arrangements and future strategy.**

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

### **8. Response to COVID-19**

Gary O'Hare spoke to the enclosed report, 'Response to COVID-19' and provided a detailed update in relation to each section of the report.

Further information was provided in relation to the national guidance. Gary explained that there had been a significant amount of national guidance which had been reviewed daily, interpreted and communicated. Gary advised that as part of the emergency planning arrangements, the Trust had set up a Gold Command in the early stages of the COVID-19 Pandemic, to manage the guidance and operations in relation to COVID work and that this had been running 7 days per week. Gary explained that the receipt of guidance had increased over the last 48 hours in relation to Test, Track and Trace.

The Board was made aware of the daily SitRep reporting requirements to multiple organisations, including the ICS regional office, NHS Digital and NHS England and Improvement. The reporting was said to include information on staff absence, bed availability, number of COVID-19 Positive patients, staff testing numbers and PPE stocktake data.

Gary referred to section 3 of the report, which detailed the arrangements for Gold Command and it was explained that the structure had ensured business continuity and a rapid response to a changing national picture.

The Board was made aware that Personal, Protective Equipment (PPE) had been a challenge. However, there had been no instances where staff did not have the required PPE or had been in a position where re-use of PPE had been required. Gary explained that the PPE was now being delivered via a push system where items are being provided, rather than a pull system where items required are ordered. It was further explained that organisations throughout the ICS have supported each other by maintaining a system of mutual aid.

Gary advised that CNTW had reported a total of 104 patients with COVID-19 and that the majority of these cases have since recovered. However, sadly, 10 patients with positive COVID-19 test results, many of whom were on end of life pathways, had died. Furthermore, tragically, one member of staff had died. The Board was

made aware that the Trust's current position was that no patients are COVID-19 positive.

The Board was made aware that the Trust had made a decision early at the beginning of the pandemic to conduct its own staff swab testing which has supported staff to return to work. Furthermore, testing had been offered to the wider system including to Care Homes and Acute Care Trusts. Gary advised that there are ongoing negotiations being conducted with local Acute Care Trusts to understand how CNTW can support them with pre-screening patients prior to elective surgery.

It was stated that antibody testing would be commencing in the near future and that a structure was in place to commence testing on those most vulnerable in the first instance, including staff from a BAME background.

The Board was made aware that there had been a lot of support put in place to manage staff sickness levels. It was explained that the staff sickness level peaked in April and that staff sickness has continually decreased since then. Furthermore, the level of staff sickness was lower than the average for similar Trusts in the region.

Gary referred to section 8 of the report, 'Service Change Process during the COVID-19 Pandemic' and advised that to maintain the safety and well-being of our service users, the Trust had decided to change some service delivery, such as using virtual meetings rather than having face to face appointments for assessments, reviews and consultations. It was explained that the Trust was now looking at ways to safely reintroduce some face to face appointments in a way that maintains social distancing.

Finally, Gary advised that managing communications had been a phenomenal task and that the guidance received had been turned around quickly by the communications team and shared with staff. It was explained that good feedback had been received from staff in relation to the communications that they had received.

Gary referred to section 13 of the report, 'Next Phase' and advised that the appendices to the enclosed report provided further detail in relation to how the Trust will be working going forward.

Rajesh Nadkarni spoke to the Clinical Ethical Forum section of the report and explained that the Clinical Ethical Forum was established within the first few weeks of the COVID-19 pandemic, to assist with clinical decision making within services. Rajesh advised that the members of the group included executive directors, clinicians and subject matter experts. Rajesh provided a practical example of an ethical consideration made by the group which related to the ethical implications of delaying diagnosis in dementia patients due to a lack of imaging.

Rajesh referred to current evidence and concerns in relation to the disproportionate impact of COVID-19 on BAME staff. The evidence which shows that those from a BAME background are more likely to require critical care support and/or sadly die, in comparison to those from other backgrounds. In a response to this, the Trust has written to every member of staff from a BAME background to advise them on

initiatives that are being putting in place to support their health, wellbeing and safety during this difficult time.

In response to a question raised by Paula Breen, Gary O'Hare explained that it is likely that the Trust will offer a mix of face to face appointments with appropriate social distancing/PPE and virtual appointments going forward.

Rajesh Nadkarni advised that the remote consultation technology had been a great asset and had helped a lot of people during the current pandemic. However, some people require face to face contact. Therefore, a set of principles must be established and a number of issues considered prior to deciding the right approach to take going forward. Gary advised that the Trust also must consider the staff and explained that current ways of working had resulted in staff having back to back virtual meetings with no time in between for thinking, reflection or to make notes.

Peter Studd thanked everyone for the huge effort and congratulated everyone involved. Peter referred to the 10 patients who had died (7 within the Trust and 3 in Acute Care) and questioned how the Trust had decided which patients would be cared for by the Trust and which patients would be transferred to Acute Care Hospitals. Gary advised that the 3 patients that were transferred to the Acute Care Trusts required ventilation. Gary further highlighted that a number of the patients who sadly died had been on the end of life pathway. Therefore, it was important that they received the best care within the Trust to ensure dignity at the end of life. Gary further advised that every patient referred to the acute hospitals had been accepted.

Rajesh Nadkarni made the Board aware that early in the pandemic the Trust had set up a physical health ward and a team of doctors, nurses and pharmacists with the right skills to care for people with physical health needs.

John Lawlor advised that there had been a lot of controversy relating to people who had died from COVID-19 in Mental Health Trusts, due to a perception that they may have not received the correct care. However, the majority of those who had died had been on an end of life pathway and it was not appropriate to transfer them to an acute care setting. It was also explained that the Trust is able to provide oxygen but not ventilation.

In response to a question raised by Les Boobis regarding patients transferred to care homes, Gary advised that patients had been discharged from the Trust into care homes. However, as the Trust had testing in place very quickly, patients had been tested prior to discharge.

Les Boobis further questioned if the Trust was aware of any patients who had been discharged to a care home who had developed COVID 19 at a later stage. John Lawlor advised that there had been no systematic data collected to measure that situation.

Ken Jarrold summed up the conversation and expressed thanks to Gary O'Hare, members of Gold Command and every member of staff who had contributed to the COVID-19 work. Ken expressed his condolences to all who had lost someone as a result of the pandemic. Ken explained that he had asked Debbie Henderson to draft a letter to staff to thanks to staff for all they had done and to offer condolences to



members of staff who have sadly lost someone due to the pandemic. It was explained that the letter will be included within the weekly staff bulletin.

Ken further advised that due to the unprecedented nature of the pandemic, there will be lessons to learn and that the Board would be keen to receive the lessons learned reports at future Board meetings.

Finally, Ken highlighted the new challenges ahead as a result of new ways of working and new design of service provision in the future.

**Resolved:**

- **The Board received the Response to COVID-19**

**Action:**

- **Letter of condolences to be added to the staff bulletin.**

## **9. IPC Board Assurance Framework**

Gary O'Hare spoke to the enclosed IPC Board Assurance Framework and advised that the framework had been developed to help providers assess themselves against the Public Health England Infection Prevention and Control Guidance and identify any areas of risk.

Gary made the Board aware that the report provided details on the Trust's current compliance and noted that an amended version of the report had been circulated earlier in the week to provide the Board with up to date information.

Lisa Quinn advised that the Trust had been requested to submit the minute for this item and related items later that day.

**Resolved:**

- **The Board received and noted the IPC Board Assurance Framework and Trust's current compliance with the standards.**

**Action**

- **The Board to receive a further paper on IPC Board Assurance Framework in June.**

## **Strategy and Policy**

### **10. Support For BAME Colleagues Report**

Lynne Shaw spoke to the enclosed report to update the Board on the Trust approach to supporting Black, Asian and Minority Ethnic (BAME) staff across the Trust (including bank staff, agency workers and contractors).

Lynne referred to the report and advised that it had been prepared to demonstrate the early statistics in terms of deaths amongst BAME people from COVID-19, in comparison to white health and care workers in the United Kingdom. Lynne

explained that around a third of the healthcare workforce who have died are from a BAME background whereas they make up only approximately 20% of the overall workforce.

Furthermore, Lynne advised that in early April, a decision had been made to stand down the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data collection process for 2020 due to COVID-19. However, due to the inequalities realised, the Trust had received notification that the data collection had been reintroduced. Therefore, the Trust is collecting the data for 2020.

John Lawlor highlighted that over 60 people from the BAME community had joined the recent BAME Staff Network meeting. It was explained that feedback from the group had been positive in terms of the support provided by the Trust. However, it was explained that the Trust would like to provide further support.

Ken Jarrold summed up the topic and stated that although there is a great deal of sadness due to the impact on, and death of, staff from a BAME background, it is hoped that it provides the impetus to drive the Trust's priority in relation to improving equality and diversity.

**Resolved:**

- **The Board received the Support for BAME Colleagues Report.**

## **11. Commissioning and Quality Assurance Report (Month 12 and 1)**

Lisa Quinn spoke to the Integrated Commissioning and Quality Assurance Report for March and April 2020 (month 12 and 1) to update the Board on issues arising and progress made against the quality standards. Lisa advised that there had been a small deterioration in the CPA metrics for the majority of CCG areas. However, it was stated that the biggest impact had been in relation to the number of referrals received into our services which had subsequently impacted on people entering treatment in areas such as IAPT. Lisa advised that as a consequence, the reduction has had an impact on some of the Trust's quality standards.

Lisa advised that the Month 12 report had been reviewed by the Trust's Quality and Assurance Committee and questions had been raised in relation to the training metrics due to a reduction in month 12 and month 1. Lisa advised that of the 32 training standards currently in place, 18 of the standards had had a deterioration in compliance as a consequence of the transfer of services from North Cumbria. Furthermore, in addition to this, a further 12 training standards have had a reduction in compliance over the last 2 months.

Lisa advised that in relation to appraisals, there had been a steady decline in compliance over the last two months with the Trust's current position being 67.5% compliant. It was advised that the Trust was in the process of reinstating appraisals and training throughout June. Therefore, it is hoped that the position will improve.

James Duncan spoke to the finance section of the report and made the Board aware that the position at month 12 was that the Trust had a draft surplus before exceptional

items of £3.5m which included the recently allocated national funding support for Mental Health Trusts of £1.6m. James further explained that at Month 1, the Trust was at a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19.

In response to a question raised by Michael Robinson in relation to waiting time methodology, Lisa explained that the methodology for waiting times for Children's Services is nationally mandated. Whereas the Trust's methodology is used for waiting times for Adult's Services, due to the absence of national methodology.

Peter Studd referred to the section of the report on bank and agency spend and questioned if the staff bank that had been set up at the beginning of the COVID-19 pandemic would be sustainable going forward and result in the Trust having a long term reduction in costly agency spend that is offset by an increase in less costly bank staff spend. Peter further referred to the speed in which the staff bank had been set up and asked if the Trust could continue to introduce change so quickly in the future. Gary advised that many things had changed rapidly in response to the COVID19 pandemic and that new ways of working will be considered and continued where possible. However, Gary highlighted that some staff were redeployed from community based services which were not included within the report.

John Lawlor made the Board aware that the occupancy on the wards had also been lower than normal during the COVID-19 pandemic. Therefore, as a result of the lower occupancy there may have been a reduced need for the use of bank and agency staff which will be a contributing factor to the reduce in agency spend.

In response to a question raised by David Arthur in relation to the failure to achieve the commissioning targets, James Duncan advised that in terms of the financial arrangements, block contracts would continue until the 31 October 2020. James further advised that it is expected that planning guidance will be received in the coming months that will provide further information.

**Resolved:**

- **The Board received the Commissioning and Quality Assurance Reports for month 12 and 1.**

## **12. Safe Working Hours (Q4)**

Rajesh Nadkarni spoke to the report to update the Board on safe working hours of Junior Doctors, January to March 2020.

Rajesh brought the Board's attention to page 5 of the report that provided detailed information on the additional Junior Doctor rota that had been put in place due to the increased intensity of work on the inpatient wards due to COVID-19.

**Resolved:**

- **The Board received the Safe Working Hours Report (Q4)**

### 13. Safer Staffing Levels (Q4)

Gary O'Hare spoke to the safer staffing report to provide assurance on the current position across all inpatient wards in accordance with the National Quality Board (NQB) Safer Staffing requirements. Gary highlighted that the report included the exception data of all wards against the Trust's agreed Safer Staffing levels for the period of April 2020.

Gary highlighted that despite the challenges of the COVID-19 pandemic, the Trust has continued to recruit staff to vacant positions by using assessment methods underpinned by values-based recruitment. As a result of this, all vacant Band 3 posts in the North locality had been filled.

John Lawlor brought the Board's attention to the staffing level on Edenwood Ward and highlighted that the staffing levels were required for one patient.

#### **Resolved:**

- **The Board received the Safer Staffing Levels (Q4) Report.**

### 14. Safer Care Report (Q4)

Gary O'Hare spoke to the report to update the Board and provided further detail in relation to incidents, deaths and complex cases.

Gary advised that in terms of incidents, from 1<sup>st</sup> October 2019 data had been collected from additional services in the North Cumbria locality. Therefore, this had resulted in an overall increase in activity and reporting.

Gary referred to page 5 of the report and highlighted that there had been a further increase in deaths during the period and that two of the complex cases had been heard at panel.

It was also explained that the Trust had received a regulation 28 report in which a response had been sent to the coroner.

Gary advised that there had been a never event as a result of wrong route of administration of prescribed medication. It was explained that following a review, it was highlighted that there was a deficiency in the training provided to newly qualified nursing staff. It was explained that as a result, changes to the training had been made.

Les Boobis referred to the Trust's performance on Positive and Safe and asked if a statement should be added to the Trust's Quality Account document to reflect the current position. Lisa Quinn advised that the Quality Account covered a specific period. However, Lisa stated that she would conduct further analysis on the current positive and safe data and provide Les with the information.

Ken Jarrold referred to pages 6 and 7 of the report on homicide reviews and highlighted the importance of focusing on the themes that had arisen from the reviews due to them being recurring themes in the Trust.

**Resolved:**

- **The Board received the Safer Care Report (Q4)**

**Action:**

- **A further analysis of the positive and safe data to be provided to Les Boobis, Non-Executive Director.**

## **Workforce**

### **15. Staff Friends and Family Report (Q4)**

Lynne Shaw spoke to the report to update the Board in relation to the staff friends and family feedback received during the Q4 period.

Lynne referred to the graph within the report and advised that 70% of staff had reported that they would recommend the organisation to friends and family as a place to work. Lynne explained that this had been the highest number of responses received, an increase from the previous quarter and was higher than the national average.

Lynne further advised that 76% of staff had reported that they would recommend the Trust's services to friends or family if they needed care or treatment which was the same result as the previous quarter.

Lynne brought the Board's attention to the final page of the report that detailed the themed responses and advised that in terms of staff recommending the Trust as a place to work, the main themes arising were staffing levels, environment and facilities, pay conditions including working hours. It was further highlighted that wellbeing and stress at work was prevalent within corporate and support areas. Lynne further advised that in terms of recommending the Trust's services to friends or family if they needed care or treatment, the main themes for improvement included waiting times and staffing levels.

**Resolved:**

- **The Board received the Staff Friends and Family Report (Q4)**

### **16. Freedom to Speak Up Vision and Strategy**

Lynne Shaw spoke to the enclosed Freedom to Speak Up Vision and Strategy report and explained that the strategy had been developed in collaboration with Les Boobis, Non-Executive Director Lead for Freedom to Speak up and Neil Cockling, Freedom to Speak Up Guardian. Lynne further advised that the Vision and Strategy is in line with recommendations from the National Freedom to Speak Up Office.

Lynne referred to the section of the report that detailed the vision for the Trust, the actions to be taken to deliver the vision, outcomes and measures, are outlined along with how this will be measured.

**Resolved:**

- **The Board received and approved the Freedom to Speak Up Vision and Strategy**

## **17. Freedom to Speak Up (6 Month update)**

Lynne Shaw spoke to the enclosed Whistleblowing/Concerns Raised report to update the Board on issues raised and logged by the workforce team between October 2019 and March 2020. Lynne explained that 25 cases had been reported in total during the period in which the main themes related to attitudes and values.

It was also highlighted that a number of staff had raised concerns in relation to people who are not employed by the Trust but work in partnership with the Trust. Therefore, these concerns are being addressed directly with the partner organisations.

Les Boobis advised that a number of detailed discussions had taken place to develop the strategy and ensure it was concise and useful. In relation to the report, it was explained that the Board now receive a report on a 6 monthly basis and the Board were made aware that Les in his capacity as Non-Executive Lead for Freedom to Speak Up, meets with the Trust's Freedom to Speak Guardian on a regular basis. Les further advised that he was aware of some of the concerns that had been raised in relation to staff within partner organisations and they had been challenging to deal with due to not being directly involved. However, it was explained that they were being managed well by the Freedom to Speak Up Guardian.

In response to a question raised by Paula Breen, Lynne advised that a few of the concerns related to Trust processes such as disciplinary or grievance processes.

In response to a question raised by Michael Robinson, Lynne agreed to indicate which concerns had been whistleblowing and those that had been raised as concerns, in reports going forward.

Fiona Regan questioned if the Trust had a similar function in place to allow service user and carers the same opportunity to raise concerns. Gary O'Hare advised that any concerns from Service Users or Carers would be managed through the Trust's complaints process.

Fiona Regan further questioned if the Trust had a strategy in place to introduce a similar function to allow Service Users and Carers to raise concerns without having to go through a formal complaints process. Gary O'Hare agreed to meet with Fiona Regan to discuss the processes further.

Les Boobis advised that the Freedom to Speak Up strategy was introduced as it had been a recommendation made within the Francis Report: Review into the failing of Mid-Staffordshire Hospitals. Les further explained that it was a process to allow staff to raise concerns as staff are unable to make a complaint through a Trust's complaints process.

John Lawlor advised that he was happy to look at introducing alternative methods to make it easier for Service Users and Carers to raise concerns.

Alexis Cleveland advised that she was in support of introducing a process in which Service Users could raise concerns as an alternative to the formal complaints process.

John further advised that the Patient Advice and Liaison service had been introduced as a less formal way of allowing Service Users and Carers to raise concerns without going through the formal complaints process.

Ken Jarrold requested that the Board receive an update from the Patient Advice and Liaison service at a future meeting.

Alexis Cleveland supported the receipt of an update from the Patient Advice and Liaison service and requested that work is conducted following this to review equality of treatment of staff in comparison to Service Users.

Gary advised that a report will be presented at a future Board meeting detailing the process for complaints, concerns and compliments.

Janice Santos stated that sometimes raising a formal complaint can be difficult for people. However, developing a process whereby people can raise small concerns could be beneficial as they can be resolved and potentially prevent larger issues from occurring. John advised that approximately 3 years ago the complaints process had been changed to allow as many complaints as possible to be dealt with informally at a local level and the more significant complaints could be subjected to a full investigation.

Evelyn Bitcon endorsed the introduction of a new process and explained that concerns are sometimes a result of a lack of understanding or communication and if work could be done around the triangle of care, it could eliminate some of the time-consuming unnecessary complaints.

Ken Jarrold summed up the conversation and advised that the Board would receive a report at a suitable time in the future in relation to complaints, concerns and compliments and the Board would receive a report on the Patient and Advice and Liaison Service.

**Resolved:**

- **The Board received the Freedom to Speak Up (6 Month update)**

**Action:**

- **Future Freedom to Speak Up Reports to detail which concerns had been raised as whistle blowing and which had been raised as concerns.**

- **Board to receive a report on how the Trust deals with complaints, concerns and compliments.**
- **Board to receive a report and update on the work of the Patient Advice and Liaison Service.**
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## **Regulatory**

### **18. Annual Review of Board Assurance Framework / Corporate Risk Register (CRR) Exception Report**

Lisa Quinn spoke to the enclosed report, Annual Review of Board Assurance Framework/Corporate Risk register and Risk Appetite and reminded the Board of the review which had taken place at the meeting in March 2020 in which a number of changes had been requested. Lisa advised that the changes had now been incorporated as detailed within the report.

#### **Resolved:**

- **The Board received the Annual Review of Board Assurance Framework / Corporate Risk Register (CRR) Exception Report**

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

Lisa Quinn spoke to the enclosed Board Assurance Framework and Corporate Risk Register update for the quarter 4 period. Lisa advised that the Board had reviewed the report in the closed Board of Directors Meeting in April and was being presented to this meeting for the purpose of transparency.

#### **Resolved:**

- **The Board received the Board Assurance Framework (BAF) Corporate Risk Register (CRR)**

### **20. NHS Improvement Single Oversight Framework**

Lisa Quinn referred to the enclosed report to highlight to the Board the information submitted to external regulators for the quarter 4 period. Lisa advised that all items had been discussed separately within the Board agenda.

#### **Resolved:**

- **The Board received and noted the NHS Improvement Single Oversight Framework**



## 21. CQC Must Do Actions

Lisa Quinn spoke to the enclosed report to update the Board on the Trust Must Do Action Plans. Lisa reminded the Board of the report presented at a previous Board of Directors meeting in which 38 Must Do Actions that were associated with the services that had transferred from North Cumbria had been accepted, resulting in a total of 41 Must Do Actions.

Lisa further highlighted that as a result of the recent CQC Inspection of three of the Trust's Learning Disability inpatient services in March 2020, a further five Must Do Actions had been received and will be incorporated into future reports.

### **Resolved:**

- **The Board received the CQC Must Do Actions**

### **Minutes/papers for information:**

## 22. Committee updates

Alexis Cleveland, Chair of the Quality and Performance Committee, made the Board aware that the Committee would now be meeting 8 times per year. This is to enable the committee to take 6 monthly updates from each of the localities.

David Arthur, Chair of the Audit Committee, made the Board aware that the internal audit function had been stepped down for the Q1 period. It was explained that this was to allow Trust staff to concentrate on responding to the COVID-19 pandemic and to allow audit staff to be redeployed to support front line services. It was explained that to date, it is not expected that this will impact on the Head of Internal Opinion for the Trust. However, should this position continue, there may be an issue in 2020/21.

Peter Studd, Chair of NTW Solutions Ltd, made the Board aware that NTW Solutions had been heavily involved in the creation of the North East Nightingale Hospital. Peter explained that approximately 35 NTW Solutions members of staff were currently employed at the hospital. It was explained that although the hospital did not currently have any patients, there was a lot of ongoing maintenance required such as daily water flushing and cleaning. Peter commended all those who had been involved for their hard work. Peter further explained that approximately 30 NHS Executive Directors had visited the Nightingale hospital to understand potential uses should it not be used for COVID-19 patients.

John Lawlor advised that in addition to the Nightingale Hospitals, there potentially could be Mary Seacole Centres introduced for patients' rehabilitation. These would be created to ensure that the Healthcare system flows better.

Michael Robinson, Chair of the Mental Health Legislation Committee, explained that the Committee had been focusing on the impact of the legal guidance published on the 19 May 2020, on the impact of COVID-19 on the use of the Mental Health Act.

Michael advised that the Committee will present a paper to the Board in the near future detailing the Trust's approach to the new guidance.

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

**Resolved:**

- **The Board received the update from Committees**

### **23. Council of Governor issues**

Ken Jarrold provided an update on Governor Issues and advised that the Governors Steering Group had met once virtually and another meeting was due to take place the following week. The Board was made aware that the Steering Group would be considering Governor Meetings going forward.

There were no further Council of Governor issues.

**Resolved:**

- **The Board received the update on Council of Governor Issues**

### **24. Any Other business**

Gary O'Hare referred to the commencement of Test, Track and Trace in England and advised that the Trust was awaiting national guidance.

Fiona Regan referred to the section within the Safer Care Report that detailed the rise in incidents for people with Autism and questioned if there was an opportunity to review the strategies used in staff training as the issue appears to be recurrent. Gary advised that we could look into the training.

Fiona Regan further asked if the Trust collects data on the use of Positive Behaviour Support. Gary advised that the Trust does not usually collect data on Positive Behaviour Support separately. However, a check will be made with the RIO system to understand if a report is possible and will be included as a method of sharing positive experience across the organisation. Fiona advised that it would be very interesting to understand how Positive Behaviour Support is used across the organisation and how it is promoted to staff. Gary advised the CNTW provides a lot of the training on Positive Behaviour Support to other organisations and suggested conducting an audit of the use of Positive Behaviour Support.

Debbie Henderson highlighted that the following week was volunteers' week and asked individuals to contact her should they have a story to share.

There being no further business to discuss, Ken Jarrold closed the meeting and thanked everyone for their contribution.

**Resolved:**

- The Trust to explore including data in relation to Positive Behaviour Support within future Safer Care reports.

**25. Questions from the public**

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

**Date and time of next meeting:** Tuesday, 23 June 2020, 1:30pm to 3:30pm, Microsoft Teams.

Cumbria, Northumberland Tyne and Wear  
06/18/2020 12:52:11

Board of Directors Meeting held in public

Action Log as at 23 June 2020

Item No.	Subject	Action	By Whom	By When	Update/Comments
<b>Actions outstanding</b>					
29.05.20 (7)	Planning Arrangements and Strategy	The Board to receive a report on planning arrangements and future strategy.	John Lawlor / James Duncan	June 2020	
29.05.20 (8)	Response to COVID-19	Letter of condolences to be included in the staff bulletin	Debbie Henderson	June 2020	
29.05.20 (9)	IPC Board Assurance Framework	The Board to receive a further paper on IPC Board Assurance Framework in June.	Gary O'Hare	June 2020	
29.05.20 (14)	Safer Care Report	A further analysis of the positive and safe data to be provided to Les Boobis, Non-Executive Director	Lisa Quinn	June 2020	
29.05.20 (24)	Safer Care Report	The Trust to explore including data in relation to Positive Behaviour Support within future Safer Care reports.	Gary O'Hare	September 2020	
29.05.20 (17)	Freedom to Speak Up	Future Freedom to Speak Up Reports to detail which concerns had been raised as whistle blowing and which had been raised as concerns.	Lynne Shaw	December 2020	
29.05.20 (17)	Freedom to Speak Up	Board to receive a report on how the Trust deals with complaints, concerns and compliments.	Gary O'Hare	September 2020	

Item No.	Subject	Action	By Whom	By When	Update/Comments
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 (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	
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	

Item No.	Subject	Action	By Whom	By When	Update/Comments
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					
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	

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# Northumberland, Tyne and Wear NHS Foundation Trust

## Board of Directors Meeting

**Meeting Date:** 23 June 2020

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

**Paper for Debate, Decision or Information:** Information

### Key Points to Note:

#### Trust updates

Our Response to the Corona Virus Pandemic

#### Regional updates

CEDAR

Newcastle Collaborative

#### National updates

Getting the NHS back on track – planning for the next phase of COVID19

NHS Planning Guidance 2020/21

NHS Providers Briefing on the New Normal

**Outcome required:** For information

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# Chief Executive's Report

23 June 2020

## Trust updates

### **Our Response to the Corona Virus Pandemic**

The Trust has been able to deliver our response to the pandemic through robust emergency planning systems and a fantastic response from our services and staff. We have ensured PPE availability to our staff, comprehensive staff absence line's, as well as antigen and antibody testing.

We have begun to review what worked well in our response and what worked less well. We have sought feedback to support the review from service users and carers and staff. Our aim is to use the outcome of this review to help shape our planning with for the remainder of 2020/21 as well as over the next three years.

## Regional updates

### **CEDAR**

Progress continues on the development of our major capital scheme known as the CEDAR Project. Planning permission has now been received for all building developments, along with outline planning permission for the proposed housing development on the Northgate site. The Trust has received confirmation that it will be exempt from paying Public Dividend capital on the development while it is under construction, saving the Trust over £2m per year. The Trust has agreed with the building contractor, Sir Robert McAlpine that the construction costs will not exceed £72.6m, which is within 1% of the proposed capital costs at OBC stage.

A final Guaranteed Maximum Price will be signed off in July. The Trust has determined not to progress with the sale of surplus land on the Northgate site at this stage due to market conditions arising from COVID. This is not on the critical path for a further two years. The draft Full Business Case has now been submitted for review by NHS England/ Improvement, the Department of Health and Social Care and Treasury. It is expected that the Final Business Case following review will be brought to the Board for final sign off in September, when we will also be hoping for national approval.

### **Newcastle Collaborative**

Partners across Newcastle have been working for some time on collaborative arrangements to improve the health and wellbeing of the people of Newcastle. This partnership involves all statutory NHS bodies in the system, Primary Care Networks, Voluntary and Charitable Sector representation, and the local authority. Work is now underway to formalise this arrangement within an alliance agreement, which will be brought to the Board in draft for sign off in the coming months.

One of the core programmes of co-production is in the area of positive mental health and a partnership of CNTW, Local Authority, PCNs, ReCoCo and the Voluntary and Charitable sector has been formed with the intention of developing new integrated community models of care. This has formed the subject of a bid to the Kings Fund and we await the result of our application.



## **National updates**

### **Getting the NHS back on track – Planning for the Next Phase of COVID19**

The NHS Confederation has recently published a helpful document which you can find it [here](#). It describes some of the issues to be addressed by national and local health and care bodies as we establish a 'new normal'.

### **NHS Planning Guidance 2020/21**

We are clearly managing in unprecedented times and the Government response to the current COVID Crisis has been significant. As previously discussed at the Board the NHS is effectively operating under emergency arrangements, with funding allocated on block contracts directly for NHSI/E, for the period up to 31st July 2020. Planning and financial guidance for the rest of the 2020/21 year was expected by early June but this has now been delayed to July. This will set out how the NHS will operate, how it will be funded and what service expectations will be in place for the rest of the current year to March 2021. To prepare for this, work is ongoing across the Integrated Care System and Integrated Care Partnerships to review requirements, priorities and resource needs for this period. Associated with this CNTW are undertaking a review of the expectation of the Trust.

We currently expect that block contracting will continue for the rest of the year, and are looking to ensure that for us this reflects both underlying delivery but also stepping up service in line with the long term plan and requirements arising from COVID, linked to the Mental Health Investment Standard and National Mental Health Transformation Funding.

Across the Trust we are also re-commencing development of our long term planning, in the light of COVID, and managing the next phase through the current year. A paper encapsulating all of these issues will be brought to the next Board meeting.

### **NHS Providers Briefing on the New Normal**

This briefing sets out the complexities NHS trusts will face in reintroducing more services safely alongside the sustained, continuing, risk presented by COVID-19.

The NHS has successfully navigated the first peak of coronavirus and coped well with the demand created by the virus. By focusing on working with local partners to create additional capacity, trusts were able to manage the influx of COVID-19 patients.

However, trusts need realism and robust prioritisation about what can be delivered in what timescales, and a coordinated national effort to ensure they have the right national framework and support in place to deliver the complex task of returning to more normal service provision in the presence of coronavirus, and retaining the ability to respond quickly to any future outbreaks of COVID-19.

In this briefing, NHS Providers consider five questions that the NHS must consider going forward:

1. What impact will this have on trusts and patients?
2. What are trusts doing to make more care available now?
3. What will trusts have to deliver in this next phase of the NHS response to coronavirus?
4. What constraints do trusts face in continuing to provide non-COVID care?
5. What do trusts need to rise to the challenge?

Trusts will do all they can to restart services as quickly as possible. They'll seek to solve every problem they encounter as they've consistently done so far. They will build on the innovations they've developed over the last two months. However, the briefing suggests we need an honest and open debate on priorities and how quickly we can restart all NHS services. You can read the briefing [here](#)

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**Report to the Board of Directors  
June 2020**

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

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>		<b>Management Group meetings where this item has been considered (specify date)</b>	
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

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	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
<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>			
N/A			

**Coronavirus (COVID-19)**  
**Report for the Board of Directors meeting**  
**June 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. Since the last Board meeting there has been a reduction in new positive cases of COVID-19 both nationally and regionally. As a result, the message via the daily ministerial briefings has been to start to slowly release lockdown measures and begin to reinvigorate the economy. This has been enabled by the assurance of COVID-19 Secure environments, including still promoting social distancing, the use of face coverings and face masks and effective hand hygiene

**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) –meetings now twice weekly;
- 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
- Antibody and Virology Screening and Testing
- Test and Trace
- Impact on Workforce
- Communications

#### Non-Executive Director visit to Gold Command

Darren Best, Non-Executive Director has visited Gold Command since the last Board of Directors meeting. Darren joined the Incident Management Group (IMG) and then spent time with members of Gold Command in a round table discussion.

The team welcomed his feedback and reflections as well as some helpful suggestions going forward.

#### **4. Quality and Performance**

Overall the rate of transmission rate for COVID-19 continues to drop. In May 74 patient screenings took place, 71 were diagnosed as negative, two were positive and one did not have their result recorded.

Reasons for testing were as follows:

- Screening on admission - 38
- Pre-discharge screening - 18
- Patient symptomatic – 13
- No reason provided - 5

These cases will be subject to Test and Trace as outlined further down in the report.

## 5. Infection Prevention and Control measures and Personal Protective Equipment (PPE)

Last month, the Board received the first Nosocomial Infections (health care acquired infection) IPC Board Assurance for COVID-19. Since then each locality has been assessing against the standards to provide continuous assurance the baseline standards are at the required level and escalation of any non-compliance. An update report will be received for July board meeting including any instances of Nosocomial Infections.

As the understanding of COVID-19 has developed, guidance on essential infection prevention and control measures has been published, updated and refined by Public Health England.

The DIPC has continued to provide assurance via scheduled briefings at the IMG, including implementation of any changes in guidance

IPC Assurance Meetings are now held three times per week led by the DIPC, and include IPC team, Safer Care lead for PPE, Communications lead and Group Nurse Directors from each locality.

This approach 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
- distribution, supply and use of PPE including the use of face masks in all inpatient areas ahead of the Government guidance on facemask use in all hospital settings
- implementation of Patient and Staff virology and Antibody testing programme for COVID-19
- Fit testing of staff for FFP3 masks for AGPs and BAME staff following risk assessments

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

### Personal Protective Equipment

The Trust has been working closely with NHSE/I regarding the supply and safe use of NHS PPE. Since the last board, there has been a slight improvement in the availability of PPE, however never more than 7 days stock held centrally for some items.

As a result, requests for mutual aid have been significant and daily escalations e.g. for gloves, aprons and masks continues. This continues to be escalated via daily and organisational sitreps.

It has been necessary to provide additional dedicated Senior Nurse and Administration capacity to work in partnership with NTW Solutions and tightly manage the daily ward and team stocktake and PPE distribution. This arrangement will continue for at least the next 6 months until the situation regarding PPE becomes clearer.

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.

## **6. Patient and Staff Testing**

### National testing strategy

The government's testing strategy is framed around five pillars:

- Pillar 1: Scaling up NHS swab testing for those with a medical need and where possible, the most critical key workers.
- Pillar 2: Mass-swab testing for critical key workers in the NHS, social Care and other sectors (including symptomatic children of critical key workers)
- Pillar 3: Mass-antibody testing to help determine if people have immunity to coronavirus.
- Pillar 4: Surveillance testing to learn more about the disease and help develop new tests and treatments.
- Pillar 5: Spearheading a Diagnostic National Effort to build a mass testing capacity at a completely new scale.

CNTW has implemented systems for 4 pillars including;

- Virology swabbing of Patients on admission, discharge and transfer
- Virology swabbing of staff and household members
- Virology swabbing for Key workers outside CNTW via NECs
- Virology swabbing Pilot with NUTH for pre-elective admission patients
- Antibody/Serology testing for all staff and patients
- Test and Trace processes for our staff and In-patient contacts

### Patients Admission and discharge screening

The Trust commenced patient admission and discharge screening on the 28<sup>th</sup> 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

### Staff Testing

We continue to run a dedicated Testing Team for virology swabbing to symptomatic staff and household index cases 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 been taking place across all our localities. The number of symptomatic individuals is much lower than when the services were set up and is delivered primarily as a mobile service currently. However, we have a flexible model which allows the standing up of testing sites at Carleton Clinic, St Nicholas Hospital and Hopewood Park if required. To date we have tested over 950 staff and household members since March.

CNTW Staff / Household Member Testing				
Staff / Household member	Positive		Negative	
	199	23%	734	77%

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 and a 4 week pilot commencing this month with NuTH to test pre-elective hospital admissions for tertiary services, who live in rural settings and are too unwell to travel 72 hrs prior to surgery.

### Test and Trace

Since the last Board meeting the National Test and Trace processes have begun to emerge, led locally by the Regional Health Protection Teams (HPT) PHE NE & Cumbria. Processes are still evolving at the time of reporting, however in summary:

- Lab Confirmed cases in Health, Care Homes and Prisons will be traced via HPT CNTW will be notified of positive cases of staff
- Will include patients who are tested during CNTW hospital stay i.e. any positive admission/discharge/transfer screening samples
- Individual staff members will be contacted by CNTW and if had contact in the 48 hrs prior to the positive case becoming symptomatic and no use of face mask and other PPE, will be instructed to self-isolate for 14 days.
- CNTW will then identify contacts both staff and patients due to interface with health care along the pathway. HPT will follow up community contacts
- recall of contacts looking for clusters/outbreaks



Test and Trace has been discussed fully in IMG and systems are in place to respond to a potential patient safety risk and risk to business continuity of the workforce if significant numbers of staff are instructed to leave work at any time.

### Antibody Testing

The intention of testing is to improve the understanding and data on COVID-19 as part of a national surveillance programme. It is important to note that a positive test result for antibodies does not currently mean that the person being tested is immune to COVID-19.

There is also no firm evidence that the presence of antibodies means someone cannot be re-infected with the virus or will not pass it on to someone else. If someone tests positive, they still need to follow social distancing measures and appropriate use of PPE.

CNTW launched Antibody Testing at the beginning of June with a plan to offer to all staff and test as many within six weeks. There has been a phenomenal response from our clinical teams to release staff to perform the phlebotomy tests across each locality prioritising inpatients and community frontline staff, BAME staff and domestics, porters and facilities staff. This is being rolled out next to corporate staff.

To date 4737 test results have been received with a positive return rate of 14.7%.

Patients who are already having blood taken as part of other tests will be asked whether they would like an antibody test. This will be based on clinical judgement and with patients who have capacity.

Data on the number of positive and negative cases will be reported to PHE.

## **7. 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 29% 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, the Central Absence Reporting line was established in March to manage the reporting of **all** staff absence across the Trust. It is continuing to be 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. From 11<sup>th</sup> June it now includes support to the Contact Tracing function required following Test and Trace.

The absence line is operating seven days per week, between the hours of 7am – 8pm.

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

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.

The safety and well-being of our service users and staff 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 surge has begun 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. The agreed governance process for change requests has continued to be utilised to reinstate and re-establish services that had changed.

The Service Change Panel includes the Medical Director, Executive Director of Nursing and Chief Operating Officer, Deputy Chief Operating Officer & Group Directors, Directors and Deputy Directors from all corporate services.

Services complete a service change request form which highlights the key quality impacts of the change, including safety, risk, staffing changes and potential impact to other services including Primary Care and other key stakeholders. This will also include the risk assessment process to ensure 'COVID-19 Secure Environments'.

The services are challenged to ensure the quality impacts are understood and an agreement for timescales and review determined. This information is then utilised to inform commissioners and other key partners and ensure a clear governance and audit process embedded.

## **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.

## 10. Working safely at CNTW – being COVID-19 Secure

Considering the COVID-19 pandemic we all understand how important it is that we can all work safely within the workplace to ensure the health and wellbeing of our patients and staff.

As a result of the current pandemic and following government guidelines, many of our offices and accommodation were vacated, closed or saw a change of use to support patient care. Many staff have moved away from the traditional office space and are now working at home. Following the government's recent announcement regarding the easing of lockdown restrictions, a series of guidance measures have now been published to ensure that where organisations are returning, they do so in a safe and consistent manner.

This guide outlines how to socially distance at work and if appropriate safely return to a CNTW office and how we will support staff to do this.

Information has been collated from both national guidance and from working with CNTW staff to seek an understanding of what staff will require to support social distancing measures. It has been informed by the **Government Guidance: Working Safely during Covid-19 in offices and contact centres.**

The guidance alongside the risk assessment will be undertaken by the manager or head of service. When considering if staff should return to work it should be remembered that the key principle during this pandemic is:

'Everyone should work from home, unless they cannot work from home safely. Consider who is required to be in the workplace such as those staff with critical patient facing and operational roles.'

Following the Secretary of State for Health's announcement on 5 June 2020, by 15 June 2020:

- hospitals should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate
- in all settings that are unable to be delivered as COVID-19 secure, all hospital staff (both in clinical and non-clinical roles), when not otherwise required to use personal protective equipment, should wear a facemask; worn to prevent the spread of infection from the wearer\*
- visitors and outpatients to hospital settings should wear a form of face covering for the same reason, to prevent the spread of infection from the wearer

\*The recommendation is for a Type I or Type II facemask worn to prevent the spread of infection from the wearer. If Type IIR facemasks are more readily available, and there are no local supply issues for their use as personal protective equipment, then these can be used as an alternative to Type I or Type II masks.

The extended use of face masks does not remove the need for other key bundles of measures to reduce the risk of transmission of Covid-19, including social/physical distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. Reliance on individual (as opposed to bundles of) measures to reduce the risk of virus transmission is not sufficient.

For each office or building we are completing a simple assessment which will help to identify what needs to be put in place to protect our employees, staff, visitors and contractors from potential exposure to COVID-19. The risk assessments should be stored locally by the assessing manager and compliance agreed by the risk assessment assurance team who will issue the assurance certificate and should then be displayed.

A further update will be provided to the Board in August.

#### **11. COVID actions in relation to Black Asian and Minority Ethnic patients and staff**

Following the report to the Board in May we have continued to focus on the needs of our staff and patients who are in the BAME population where there is evidence and growing concerns about the disproportionate impact of COVID-19.

The Trust wrote to our BAME colleagues advising them of several initiatives we are putting in place to support their health, wellbeing and safety and to ensure that they are safe and supported during this difficult time.

As part of our decision to include BAME colleagues in the vulnerable and 'at risk' group managers have had conversations with all BAME colleagues as they would for all colleagues who fall within the vulnerable group.

In addition to the updated risk assessment, a Decision Aid has been produced to support managers with these conversations to ensure they understand the concerns and needs of our BAME colleagues and their families. At the time of reporting 81% of risk assessments were completed and further Decision Aid reviews were being conducted to support conversations with each individual member of their BAME staff group. Prioritisation for Antibody testing Fit Testing for FFP3 masks and required PPE is taking place.

The Trust's BAME staff network has grown from strength to strength over recent weeks and members of the network are actively involved in the ongoing work to support this staff group.

## **12. Communications**

From week commencing 16<sup>th</sup> March the COVID-19 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 team 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. A COVID-19 staff survey has also been undertaken and results demonstrate good levels of support and some areas of learning which is currently being distilled

From a communications perspective, there remain challenges with regard to the support provided to Trusts from a national level in terms of consultation with providers in a timely way to assist in the interpretation of Government messages. This has been particularly noted with regard to recent directive for all NHS staff to wear face masks. These challenges and gaps in consultation have been escalated to NHS England/Improvement.

Having said that, we continue to provide as much clarity as possible to our staff, visitors and service users in terms of the impact of COVID-19 and the Trust's response to it.

The Executive team continue to hold weekly Question and Answer sessions via "Teams Live Events" which continue to be well received by staff.

## **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 regular updates on progress to the Board of Directors.

## **Recommendation**

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

**Anne Moore**  
**Group Nurse Director Safer Care, DIPC**

Cumbria, Northumberland Tyne and Wear  
06/18/2020 12:52:11

Report to the Board of Directors  
23<sup>rd</sup> June 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)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	22.06.20
Corporate Decisions Team (CDT)	
CDT – Quality	22.06.20
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
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# **CNTW Integrated Commissioning & Quality Assurance Report**

## **2020-21 Month 2 (May 2020)**

### **Executive Summary**

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 Following a break in Mental Health Act Reviewer visits due to COVID-19, virtual monitoring visits have now commenced. The monitoring process includes interviews with Ward Manager/Clinical Lead, service users and carers and IMHA representatives. There have been six Mental Health Act reviewer visit reports received this month highlighting a number of issues:

#### **Cheviot (Secure Forensic Ward)**

- Concern regarding patients being nursed within the seclusion room.
- A patient's right to be treated with dignity and respect when isolating due to COVID-19.
- A complex case review was due to take place for a patients being nursed in seclusion but there was no understanding when this would occur.
- Decisions regarding the stopping around a patient's reintegration plan which had been made at Director level following an aggressive outburst and incident.
- Advocacy Service were concerned regarding patients being able to have private conversations due to restrictions on patient's use of computers.
- A relative expressed concern that the patient needed to pay for staffs meals during Section 17 leave.

#### **Stephenson (Child and Adolescent Mental Health Ward)**

- Relatives were informed they could not visit the ward.
- Section 17 leave had been suspended.
- Patients described being bored over weekends.

#### **Hauxley (Ward for Older people with Mental Health problems)**

- Some patients did not feel they were treated with respect.
- The ward had no visiting policy in place due to COVID-19.

#### **Ruskin (Ward for Older people with Mental Health problems)**

- Visiting on the ward had been suspended due to COVID-19.
- Some relatives raised there was no clear plan regarding the patients being given the opportunity to speak with their relatives.
- Patients described being bored although staff advised there were a range of activities on the ward.
- No assurance that all eligible patients with family involvement were referred to the IMHA.
- Difficulties were described in accessing placements to meet certain patient's needs, particularly those who required behavioural support within a future placement.

#### Brooke House (Long Stay/Rehabilitation Mental Health Ward for Working Age Adults)

- Patients were not allowed to go on Section 17 leave within the local area.
- Patients were unable to see family or friends and there were difficulties when patients used the phone or electronic tablet to make contact with family.

#### Clearbrook (Long Stay/Rehabilitation Mental Health Ward for Working Age Adults)

- Not all patients were registered with a GP.
- Section 17 leave decisions were not taken on an individual basis.
- Patients were unhappy with limited access to areas within the ward and courtyard.
- Patients reported being bored.
- Issues around discharge pathways leading to difficulties finding appropriate support packages in a timely manner.

3. The Trust met all local CCG's contract requirements for month 2 with the exception of:
  - CPA metrics within Newcastle Gateshead, Durham & Tees and North Cumbria CCG's.
  - Numbers entering treatment within Sunderland IAPT service (310 patients entered treatment against a target of 779)
  - Referral to Treatment incomplete referrals waiting less than 18 weeks within Northumberland, Newcastle Gateshead and South Tyneside CCG's
  - MHSDS Valid ethnicity completed in North Tyneside and North Cumbria CCG's
4. The Trust met all the requirements for month 2 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.2%), Safeguarding Adults Level 1 Training (82.2% in the month against an 85% standard) and Referral to Treatment incomplete referrals waiting less than 18 weeks (88.0% in the month against an 95% standard).
- 5 All of the CQUIN schemes are currently suspended until further notice due to the COVID-19 pandemic
- 6 There are 78 people waiting more than 18 weeks to access services this month in non-specialised adult services (54 reported last month). Within children's community services there are currently 370 children and young people waiting more than 18 weeks to treatment (489 reported last month).
- 7 Training topics below the required trust standard as at month 2 are listed below, a number of these are anticipated to improve in line with the North Cumbria data quality improvement plan:

Fire (73.9%)	Medicines Management (82.8%)
Information Governance (81.8%)	PMVA basic training (48.5%)
PMVA breakaway training (64.1%)	Mental Health Act combined (60.1%)
MHCT Clustering (61.3%)	Clinical Risk (69.7%)
Clinical Supervision (69.9%)	Seclusion training (77.3%)



Safeguarding Adults (84.1%)	Moving and Handling training (84.3%)
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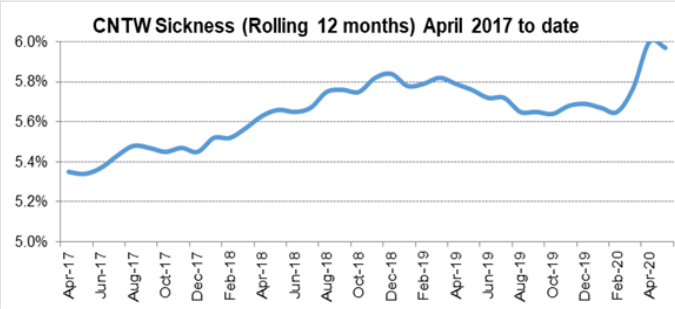
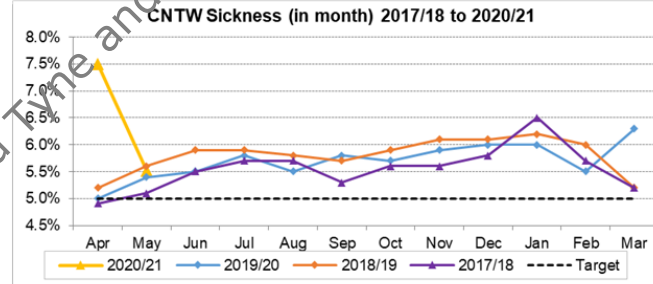
- 8 Appraisal rates currently stand at 67.0% Trust wide against an 85% standard which is a decrease from last month (67.5%).
- 9 Clinical supervision training is reported at 69.9% for May (was 70.5% last month) against an 85% standard
- 10 The confirmed April 2020 sickness figure is 7.5%. This was provisionally reported as 7.88% in last month's report. The provisional May 2020 sickness figure is 5.52%. The 12 month rolling average sickness rate has decreased to 5.97% in the month.
- 11 At Month 2 the Trust has a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19. Additional costs due to COVID-19 in April and May were £1.3m. Agency spend at Month 2 is £2.4m.

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 95.5%.
- There were a total of 9 inappropriate out of area bed days reported in May 2020 relating to one patient who was placed out of area. This compares with 88 inappropriate bed days in April
- 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.

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Regulatory	Single Oversight Framework									
	1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:	2	
	CQC									
	Overall Rating	Number of "Must Dos"		There have been six Mental Health Act reviewer visit reports received since the last report. The visits have now commenced virtually with the process including interviews with Ward Managers/Clinical Leads, service users and carers and IMHA representatives						
	Outstanding	45								
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%	90%	90%	70%	90%	93%	50%	50%		
	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: May 2020		Central Locality Care Group Score: May 2020		South Locality Care Group Score: May 2020		North Cumbria Locality Care Group Score: May 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 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 2. 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 (84.1%), Moving and Handling training (84.3%) and Medicines Management training (82.8%), are within 5% of the required standard. Information Governance (81.8%), PMVA basic training (48.5%), PMVA Breakaway training (64.1%), MHA combined training (60.1%), MHCT Clustering Training (61.3%), Clinical Risk training (69.7%), Fire training (73.9%), Seclusion training (77.3%) and Clinical Supervision training (69.9%) are reported at more than 5% below the standard.	Appraisal rates have decreased to 67.0% in May 20 (was 67.5% last month).
	5	3	9		
	Sickness Absence:				
Finance			<p>The provisional “in month” sickness absence rate is above the 5% target at 5.52% for May 2020</p> <p>The rolling 12 month sickness average has decreased to 5.97% in the month</p>		
	At Month 2, the Trust has a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19. Additional costs due to COVID-19 in April and May were £1.3m. Agency spend at Month 2 is £2.4m.				

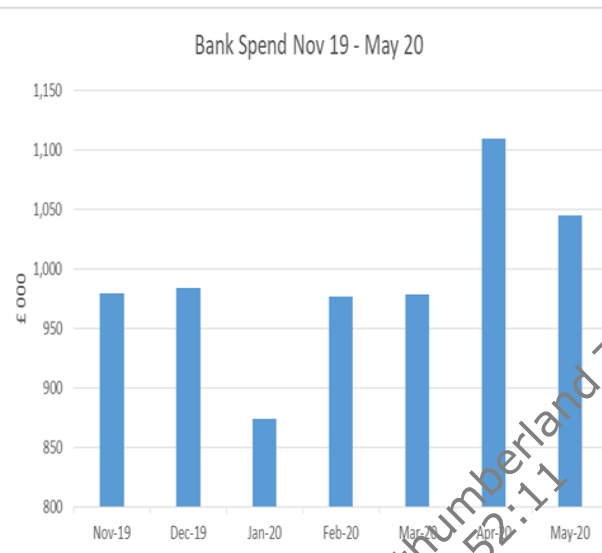
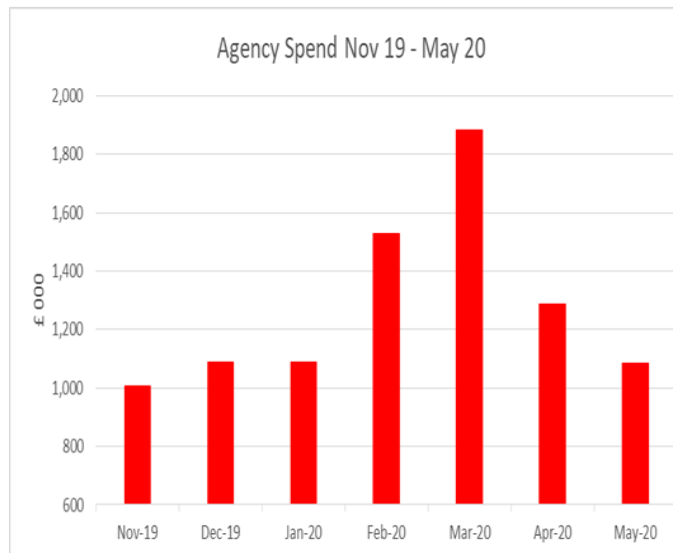
## Financial Performance Dashboard

### CNTW Income & Expenditure

	Month 2 Plan £m	Month 2 Actual £m	Month 2 Variance £m
Income	67.2	68.4	1.3
Pay	(53.8)	(54.7)	(0.9)
Non Pay	(13.4)	(13.8)	(0.4)
<b>Surplus / (Deficit)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### CNTW Key Indicators

Key Indicators	Year-End
Surplus	£0.0m
Agency Spend	£2.4m
Cash	£58.6m
Capital Spend	£1.3m



### 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 2.
- Pay costs have increased. Substantive costs have increased from month 1 due to the costs of students supporting services through the pandemic. Bank and overtime costs remain high but have decreased compared to month 1.
- Non Pay costs have increased in month 2 due to costs of the regional suicide prevention booklet.
- The Trust has incurred £0.6m additional costs due to COVID-19 in Month 2 which is covered by a top-up payment. Reductions in spend on both Travel and Drugs have helped offset the size of the top-up payment.
- Cash – £58.6m at Month 2 which is higher than normal due to early payment of Month 3 income.
- Capital Spend - £1.3m at Month 2 which is £0.3m less than plan.

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

	04/05/2020		11/05/2020		18/05/2020		25/05/2020	
Medical	126	64	127	64	126	64	126	64
Qual Nursing	208	89	209	38	209	73	212	83
Unq Nursing	697	51	623	12	614	49	734	64
A&C	50		54		54		41	
<b>Total</b>	<b>1,081</b>	<b>204</b>	<b>1,013</b>	<b>114</b>	<b>1,003</b>	<b>186</b>	<b>1,118</b>	<b>211</b>

In May the Trust reported an average of 179 price cap breaches (64 medical, 71 qualified nursing and 44 unqualified). At the end of May 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 local CCG's and NHS England during the month, therefore there is a risk in relation to meeting contract requirements at Quarter 1.
- 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 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

11<sup>th</sup> June 2020

Cumbria, Northumberland Tyne and Wear  
06/18/2020 12:52:11

Report to the Board of Directors  
23<sup>rd</sup> June 2020

Title of report	NHS Foundation Trust Self Certification Requirements - Condition FT4(8) – the Trust has complied with required governance standards and objectives
Report author(s)	Julie Robson, Corporate and Quality Governance Manager
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	x
To achieve “no health without mental health” and “joined up” services	x	Sustainable mental health and disability services delivering real value	x
To be a centre of excellence for mental health and disability	x	The Trust to be regarded as a great place to work	x

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

Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

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

Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

**Board Assurance Framework/Corporate Risk Register risks this paper relates to – non compliance with regulatory requirements**

## **NHS Foundation Trust Self Certification Requirements**

### **Background**

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following declaration:-

- Condition FT4(8) – the Trust has complied with required governance standards and objectives.

The aim of the self-certification is for Trust Boards to carry out assessment that they are in compliance with the relevant requirements. There is no set approach to meeting these standards and objectives but we expect any compliant approach to involve effective board and committee structures, reporting lines and performance and risk management systems.

To comply with the timescales for self-certification prescribed by NHS Improvement the Board must sign off the declarations no later than 30 June 2020 and ensure that the declaration in relation to condition FT4(8) is published on the Trust website.

The Trust are not required to return the completed self-certifications or templates to NHS Improvement unless requested to do so.

NHS Improvement will retain the option each year of contacting a select number of NHS trusts and foundation trusts to ask for evidence that they have self-certified, either by providing the completed or relevant board minutes and papers recording sign-off.

This paper provides evidence to support compliance with the requirements of the declaration.

It is recommended that the Board declares compliance with the above declaration.

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## Condition FT4 Corporate Governance Statement

Providers must certify compliance with required Foundation Trust Governance Standards and Objectives which would be reasonably regarded as appropriate for a supplier of healthcare services to the NHS.

The Trust is required to agree a corporate governance statement, by and on behalf of the Board, confirming compliance with this condition as at the date of the statement, and anticipated compliance for the next financial year, specifying any identified risks to compliance and any actions proposed to manage such risks. This declaration must be published on the Trusts website.

**The Board is required to respond either “confirmed” or “not confirmed”, and report risks and mitigating actions, for each of the following statements:-**

1. *The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.*
2. *The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.*
3. *The Board is satisfied that the Licensee has established and implements:*
  - *Effective Board and committee structures;*
  - *Clear responsibilities for its Board, for committees reporting to the Board, and for staff reporting to the Board and those committees;*
  - *Clear reporting lines and accountabilities throughout its organisation.*
4. *The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:*
  - *To ensure compliance with the Licensees duty to operate efficiently, economically and effectively;*
  - *For timely and effective scrutiny and oversight by the Board of the Licensees operations;*
  - *To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;*
  - *For effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensees ability to continue as a going concern);*
  - *To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision making;*
  - *To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;*
  - *To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal, and where appropriate, external, assurance on such plans and their delivery; and*



- *To ensure compliance with all applicable legal requirements.*
5. *The Board is satisfied that the systems and/or processes referred to in 4 (above) should include, but not be restricted to systems and/or processes to ensure:*
- *That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;*
  - *That the Board's planning and decision making processes take timely and appropriate account of quality of care considerations;*
  - *The collection of accurate, comprehensive, timely and up to date information on quality of care;*
  - *That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;*
  - *That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders, and takes into account as appropriate views and information from these sources; and*
  - *That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.*
6. *The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of its NHS Provider Licence.*

**It is recommended that the Board respond “confirmed” to each of the above statements.**

**Evidence to support this position is provided in appendix 1.**

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## Appendix 1

No.	Required Governance Standards and Objectives	NTW Evidence
1.	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	<p>The Trust's governance arrangements take into account the Integrated Governance Handbook (DOH 2006). A self-assessment of the Trust's leadership and governance arrangements was undertaken in January 2019 and an internal audit provided substantial assurance in relation to this self-assessment. This process will be undertaken on an annual basis.</p> <p>A number of Standing Committees of the Board, chaired by non-Executive Directors, support governance within the Trust:</p> <ul style="list-style-type: none"> <li>• Audit Committee;</li> <li>• Remuneration Committee;</li> <li>• Mental Health Legislation Committee;</li> <li>• Quality and Performance Committee;</li> <li>• Resource and Business Assurance Committee.</li> </ul> <p>The Terms of Reference for the Board, its Committees and the Corporate Decisions Team are reviewed on an annual basis. The Annual Governance Statement 2019/20 has been reviewed, approved and audited in line with NHS improvement requirements.</p> <p>The Trust was rated as "outstanding" in relation to the "Well Led" key question by the Care Quality Commission following a core service with well led inspection in May 2018.</p> <p>The Head of Internal Audit Opinion for year ending 31st March 2020 is "From my review of your systems of internal control and reports issued to date, my overall opinion is that good assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives."</p>
2.	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	<p>Specific examples of where the Board of Directors has regard to good corporate governance as recommended or required by NHS Improvement include the following:</p> <ul style="list-style-type: none"> <li>• Maintenance and review of Assurance Framework and Corporate Risk Register. Quarterly Board Assurance Framework reports are received by Trust Board with an</li> </ul>

No.	Required Governance Standards and Objectives	NTW Evidence
		<p>annual review of the Board Assurance Framework and Risk Appetite taking place at Board Development sessions.</p> <ul style="list-style-type: none"> <li>• Following a self-assessment of the Trust's leadership and governance arrangements against the CQC well led framework and subsequent internal audit providing substantial assurance an action plan has been developed to address the issues raised.</li> <li>• The Board receive updates against the requirements of NHS Improvement's Single Oversight Framework on a monthly basis through the Commissioning and Quality Assurance monthly report. The Trust Board also receives on a quarterly basis an NHS Improvement summary report.</li> <li>• Development of the annual Quality Account and Quality Priorities, in consultation with stakeholders, and the publication of the Quality Account;</li> <li>• The compilation of this self-assessment to inform the Board's decision relating to their confirmation in respect of: <ul style="list-style-type: none"> <li>- Compliance with the governance condition at the date of the statement; and</li> <li>- Forward compliance with the governance condition for the current financial year, specifying (i) any risks to compliance and (ii) any actions proposed to manage some risks.</li> </ul> </li> </ul>
3.	<p>The Board is satisfied that the Licensee has established and implements:</p> <ul style="list-style-type: none"> <li>- Effective Board and committee structures;</li> <li>- Clear responsibilities for its Board, for committees reporting to the Board, and for staff reporting to the Board and those committees;</li> <li>- Clear reporting lines and accountabilities throughout its organisation.</li> </ul>	<p>The Trust is headed by an effective and experienced Board of Directors which is collectively responsible for the performance of the Trust. As evidenced in Board minutes, Board Development Sessions, Committee minutes, Strategic Planning Self-Assessment, the self-assessment of leadership and governance and the substantial assurance given by internal audit and the CQC well led rating of "outstanding" and overall Trust rating of "outstanding", the Board provides effective leadership, constructive challenge and helps develop proposals on strategy.</p> <p>The Trust's governance arrangements ensure a clear division of responsibilities between the chairing of the Board of Directors and the Council of Governors, and the executive responsibility for the running of the Trust's affairs. The Council of Governors hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.</p>

No.	Required Governance Standards and Objectives	NTW Evidence
		<p>A number of Standing Committees of the Board support governance within the Trust as described in section 1 above. The Standing Committees ensure effective governance for the major operational and strategic processes and systems of the Trust, and also provide assurance that risk is effectively managed. The Board and each Standing Committee self-assess performance against their Terms of Reference annually.</p> <p>The Audit Committee reviewed the Annual Governance Statement 2019/20 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting in June 2020, following a review by the Trust's External Auditors, as a part of the statutory audit.</p>
4.	<p>The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> <li>- To ensure compliance with the Licensees duty to operate efficiently, economically and effectively;</li> <li>- For timely and effective scrutiny and oversight by the Board of the Licensees operations;</li> <li>- To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</li> <li>- For effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the</li> </ul>	<p>The Trust has systems and processes in place through the Trust's Governance and Performance Management/Reporting arrangements to ensure ongoing compliance with the Trust's licence conditions and related obligations.</p> <p>The Commissioning &amp; Quality Assurance Report, which is reviewed at each meeting by the Board of Directors, highlights Trust and Group/Directorate Performance across a range of quality metrics and also acts as a reference document to the Board of Directors, describing the full range of quality assurance requirements. This includes self-assessment against the NHS Improvement Single Oversight Framework requirements and the Trust has consistently maintained a satisfactory level of financial performance as evidenced by monthly submissions to NHS Improvement.</p> <p>The annual review of Terms of Reference process ensures that the Trust has effective processes in place to identify risks and potential issues including those relating to compliance with the Trust's duty to comply with its Licence and puts in place action plans to address these. Delivery of action plans are monitored and progress reported to sub Committees of the Trust Board and the Board of Directors.</p> <p>The Board of Directors also review a comprehensive range of reports relating to quality, clinical, patient and staff issues including emerging themes, action plans, progress against action plans being monitored and reported upon.</p>

No.	Required Governance Standards and Objectives	NTW Evidence
	<p>Licenses ability to continue as a going concern);</p> <ul style="list-style-type: none"> <li>- To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision making;</li> <li>- To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</li> <li>- To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal, and where appropriate, external, assurance on such plans and their delivery; and</li> <li>- To ensure compliance with all applicable legal requirements.</li> </ul>	<p>An Accountability Framework is in place and includes quarterly Accountability Framework Meetings, providing an opportunity for Operational Groups/Directorates to present to the Executive Directors their contribution and delivery of the Trust's strategy and operational performance (historic and forward plan). The Executive Directors are able to confirm and challenge the work of the Groups/Directorates.</p> <p>The Board has an Assurance Framework and Corporate Risk Register which is taken at Board on a quarterly basis.</p> <p>Structures and systems are in place to support the delivery of integrated risk management, across the organisation. The Foundation Trust has a Board of Directors approved Risk Management Strategy in place.</p> <p>Committees of the Board of Directors are in place both to ensure effective governance for the major operational and strategic processes and systems of the Foundation Trust, and also to provide assurance that risk is effectively managed. Operations for the Foundation Trust are managed through an organisational structure, with operations divided into four Groups (each of which has two or four clinical business units), and each has governance structures in place for quality and performance and operational management. Risk registers are maintained and reviewed by each Group and reviewed through Trust-wide governance structures.</p> <p>The Committees of the Board of Directors are required to consider the risks pertaining to their areas of responsibility by reviewing the management of Corporate and Group risks; reviewing Board Assurance Framework to ensure that effective controls are in place to manage corporate risks and to report any significant risk management and assurance issues to the Board of Directors.</p> <p>The Corporate Decisions Team and its Risk Management Sub-Group also undertake this review from an operational perspective to ensure that risks are recorded effectively and consistently and that controls in place are appropriate to the level of risk.</p>

No.	Required Governance Standards and Objectives	NTW Evidence
		<p>The Audit Committee considers the systems and processes in place to maintain and update the Assurance Framework, it considers the effectiveness and completeness of assurances and that documented controls are in place and functioning effectively.</p> <p>The Mental Health Legislation Committee has delegated powers to ensure that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.</p> <p>The Quality and Performance Committee has responsibility for overseeing the Foundation Trust's performance against all aspects of quality and performance, clinical audit and research.</p> <p>The risk register is supported and fed by quality issues captured in the Group registers. Each Group has their own Risk Register, which are reviewed by the Group Quality Standards Meetings. The Corporate Decisions Team Risk sub group receives the Group risks and there is a risk escalation process in place.</p> <p>The Board of Directors receive minutes from the standing/sub committees of the Board and the Chairs of the Committees highlight to the Board of Directors any specific issues arising.</p> <p>The Annual Governance Statement includes the Trust's principal risks and key controls, as reported in the Board Assurance Framework and Corporate Risk Register.</p> <p>The Trust's Risk Management Strategy 2017 – 2022 was approved by the Trust Board in May 2017.</p> <p>In light of the national pandemic, the DSPT submission has been moved from 31st March 2020 to 30 September 2020.</p> <p>The Trust's Operational Plan has been reviewed and accepted by NHS Improvement</p>

No.	Required Governance Standards and Objectives	NTW Evidence
		<p>In April 2019 the Audit Committee recommended that the Trust should be considered as a going concern and that the year-end accounts should be prepared on that basis.</p> <p>The Audit Committee reviewed the Annual Governance Statement 2019/20 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting in June 2020, following a review by the Trust's External Auditors, as a part of the statutory audit.</p> <p>The Trust has systems and processes in place through the Trust's Governance and Performance Management/Reporting arrangements to ensure ongoing compliance with healthcare standards. The Board of Directors responsibilities include ensuring the quality and safety of healthcare services, education, training and research and applying principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies together with ensuring compliance with the Trust's Licence, its constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations.</p> <p>The Standing Committees of the Board of Directors ensure effective governance for the major operational and strategic processes and systems of the Trust, and also provide assurance that risk, including that relating to non-compliance with healthcare standards is effectively managed.</p> <p>The annual review of Board &amp; Standing Committees Terms of Reference ensures that the Trust has effective processes in place to identify risks and potential issues including those relating to compliance with healthcare standards including those standards specified by the Secretary of State, the Care Quality Commission, NHS England, commissioners and statutory regulators of health care professionals.</p> <p>The Corporate Decisions Team is responsible for the management of the achievement of the Trust's objectives agreed with the Board of Directors. The Team is also responsible for operational management, through the Trust's Executive Directors and the delivery of the</p>

No.	Required Governance Standards and Objectives	NTW Evidence
		<p>Trusts objectives and national standards and for managing the risks associated with the delivery of these objectives through the Trust's risk and control framework.</p> <p>The Trust wide CQC Quality Compliance Group has a broad membership from operational and corporate Groups and Directorates it has responsibility for the ongoing preparation, monitoring and review of actions linked to Fundamental Standards. This Group informs the Corporate Decisions Team of performance against agreed action plans formulated following CQC comprehensive inspections.</p> <p>The Board of Directors receive and review minutes and papers from the Board sub Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. The Board of Directors receives a quarterly safer care report which includes (the quarter 4 report includes annual reviews):-</p> <p>Incident Reporting and Management</p> <ul style="list-style-type: none"> <li>• Serious Incidents</li> <li>• Learning From Deaths</li> <li>• Incident Reporting</li> <li>• Positive and Safe Care</li> <li>• Central Alert System – exception report</li> <li>• Safeguarding and Public Protection</li> <li>• Infection Prevention, Control and Medical Devices/Clinical Equipment</li> <li>• Harm Free Care (Safety Thermometer)</li> <li>• Updates from Trustwide Learning and Improvement Group</li> </ul> <p>Complaints Reporting and Management</p> <ul style="list-style-type: none"> <li>• Complaints Received</li> <li>• Complaints Relating to Deaths</li> <li>• Public Health Service Ombudsman</li> </ul> <p>Claims Reporting</p> <ul style="list-style-type: none"> <li>• Claims Received</li> </ul>



No.	Required Governance Standards and Objectives	NTW Evidence
		<p>This enables the Board of Directors to assess, understand and identify lessons learnt, addressing any current or future risks to quality and non-compliance with healthcare standards.</p> <p>The Trust has a comprehensive set of Policies, Procedures and Practice Guidance Notes relating to effective financial decision making, management and control supported by effective processes to ensure they are kept up to date. The Trust's financial decision making, management and control is the subject of scrutiny through the Internal and External Audit process. Audits which provide a limited level of assurance are reported through the Executive Directors Meeting.</p> <p>The standing Agendas for Board of Director meetings, Corporate Decisions Team meetings and Standing Committees of the Board of Directors together with the support arrangements (relating to the issue of papers and production of minutes) are structured to ensure that there is a systematic and timely dissemination of accurate, comprehensive, timely and up to date information for Board of Directors and Committee decision making.</p> <p>The Board of Directors receive and review the Commissioning &amp; Quality Assurance Report, safety reports and other specific reports and updates on performance, clinical, quality and patient issues, strategy, partnerships, staff issues and regulatory issues. The Board of Directors also receives and reviews minutes and papers from the Standing Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. The Chairs of the Standing Committees highlight to the Board of Directors any specific issues arising.</p> <p>The Trust has an Annual Planning and Business Cycle in place and, as a part of this, the Board of Directors review progress on the delivery and development of its Strategic/Operational Plans.</p> <p>The systems and processes described above also ensure ongoing compliance with legal requirements.</p>

No.	Required Governance Standards and Objectives	NTW Evidence
		<p>The Board reviewed in June 2020 evidence relating to the systems in place to ensure compliance with its licence conditions and related conditions and agreed to confirm to NHS Improvement that: In the financial year 2019-2020 all such precautions were taken in order to comply with the Trust's provider licence, any requirements imposed on it under the NHS Acts and have also had regard to the NHS Constitution; The Board declares that the Trust continues to meet the criteria for holding the licence.</p>
5.	<p>The Board is satisfied that the systems and/or processes referred to in 4 (above) should include, but not be restricted to systems and/or processes to ensure:</p> <ul style="list-style-type: none"> <li>- That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</li> <li>- That the Board's planning and decision making processes take timely and appropriate account of quality of care considerations;</li> <li>- The collection of accurate, comprehensive, timely and up to date information on quality of care;</li> <li>- That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</li> <li>- That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders, and takes into account as appropriate views and information from these sources; and</li> <li>- That there is clear accountability for quality of care throughout the Licensee</li> </ul>	<p>The Trust undertook a self-assessment of leadership and governance using the CQC's well led framework during December 2018 - January 2019 which indicated compliance with each of the key questions. An internal audit was undertaken to review the self-assessment providing substantial assurance.</p> <p>The completed quarterly self-assessment was presented to Board of Directors in January 2019, and included evidence that;</p> <ul style="list-style-type: none"> <li>• The Board has the necessary leadership, skills and knowledge to ensure delivery of the quality agenda.</li> <li>• How quality drives the Trust's strategy;</li> <li>• That there are clear roles and accountabilities in relation to quality governance;</li> <li>• That there are clearly defined, well understood processes for escalating and resolving issues and managing performance;</li> <li>• That appropriate quality information is analysed and challenged;</li> <li>• That the Board is assured of the robustness of the quality information;</li> <li>• That quality information is being used effectively.</li> <li>• That the Board actively engages patients, staff and other key stakeholders on quality.</li> </ul> <p>An action plan has been produced to address the areas for consideration this will be monitored through Trusts Governance Structures.</p>

No.	Required Governance Standards and Objectives	NTW Evidence
	including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	
6.	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of its NHS Provider Licence.	<p>A formal, rigorous and transparent procedure is followed for the appointment of new Directors to the Board. The Council of Governors has established a Nominations Committee and its membership and terms of reference are prescribed by the Trust's Constitution. Its role is to make recommendations to the full Council of Governors on the appointment of the Chair and Non-Executive Directors together with the associated remuneration, allowances and other terms and conditions.</p> <p>When considering the appointment of Non-Executive Directors the Council of Governors take into account the views of the Board of Directors on the qualifications, skills and experienced required for each position - this was demonstrated in 2019-2020 via the recruitment of two new Non-Executive Directors. The Trust has a planned programme in place with regard to the review/reappointment of those Non-Executive Directors whose term of office is up for review.</p> <p>All Directors receive appropriate induction on joining the Board of Directors and the Board participates in an annual Board Development Programme.</p> <p>Robust processes are in place for the annual appraisal of the Board of Directors. The Chair leads the Non-Executive Directors in their appraisals and the Chief Executive for the Executive Directors. The Chief Executive is appraised by the Chair. The Senior Independent Director leads on the Chair's appraisal.</p> <p>The Trust undertakes on an annual basis a fit and proper persons test review.</p> <p>There are robust arrangements in place in relation to workforce planning, recruitment, staff appraisals and disciplinary processes.</p>

Report to the Board of Directors  
23<sup>rd</sup> June 2020

Title of report	NHS Foundation Trust Self Certification Requirements - Condition G6(3) and Condition CoS7(3)
Report author(s)	Julie Robson, Corporate and Quality Governance Manager
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	x
To achieve "no health without mental health" and "joined up" services	x	Sustainable mental health and disability services delivering real value	x
To be a centre of excellence for mental health and disability	x	The Trust to be regarded as a great place to work	x

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

Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

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

Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

**Board Assurance Framework/Corporate Risk Register risks this paper relates to – non compliance with regulatory requirements**

# NHS FOUNDATION TRUST SELF CERTIFICATION REQUIREMENTS

## BACKGROUND

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following two declarations:

- Condition G6(3) – the Trust has complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution) (see appendix 1)
- Condition CoS7(3) – the Trust has the required resources available to provide services if providing commissioner requested services (see appendix 2)

The aim of the self-certification is for Trust Boards to carry out assurance that they are in compliance with these conditions, and have taken into account the views of governors. There is no set assurance process prescribed by NHS Improvement, however suggested templates have been provided to facilitate Board sign off.

To comply with the timescales for self-certification prescribed by NHS Improvement, the Board must sign off the declarations no later than 30 June 2020.

NHS Improvement will be conducting an audit of selected Trusts to ask for evidence of self-certification.

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## General Condition G6 – Systems for Compliance with Licence Conditions

The Board is asked to respond “confirmed” or “not confirmed” to the following statement:

“Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.”

**It is recommended that the Board confirms the above statement**, due to the following evidence:

### 1. External assurance:

- No concerns raised by NHS Improvement
- CQC registration and “Outstanding” overall and well-led ratings
- Assurance from External Auditors in relation to:
  - Annual Governance Statements
  - Annual Accounts

### 2. Assurance from the Trust’s Internal Audit programme on relevant topics:

The Head of Internal Audit Opinion for year ending 31<sup>st</sup> March 2020 is “From my review of your systems of internal control and reports issued to date, my overall opinion is that good assurance can be given that there is a generally sound system of internal control, designed to meet the organisation’s objectives.”

The following audits have been received during 2019/2020 (this is reflective of the Head of Internal Audit Opinion report taken at Audit Committee 17<sup>th</sup> June 2020).

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
<b>Core Coverage</b>				
Key Financial Controls for: <ul style="list-style-type: none"> <li>• Reporting &amp; Budgetary Control</li> <li>• Financial Accounting/General Ledger</li> <li>• Accounts Payable</li> <li>• Accounts Receivable</li> </ul>				

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
<ul style="list-style-type: none"> <li>Bank and Treasury Management</li> <li>Pay Expenditure</li> </ul>				
TRA – Network Continuous Testing – Server Operational Management (Q2)				
TRA – Network Continuous Testing – Server Operational Management (Q4)				
Central Alert System				
Time, Attendance and eRostering – Safe Staffing	Draft			
Risk Management and Board Assurance Framework	Draft			
Performance Management and Reporting	Draft			
Disciplinary and Grievance				
Safeguarding Arrangements				
TRA – IT Security Management		Draft		
TRA – Active Directory Privileged User Management		Draft		
Data Security and Protection Toolkit		Draft		
Contract Management				
Disclosure and Barring Service			Draft	
Data Migration Consultancy	No assurance level allocated. This was real time assurance of the effectiveness of the testing procedures to check that the data migration method would move all the clinical data successfully before the actual migration of all RiO data in November 2020.			
Pre-employment Checks – North Cumbria Staff Transfer (Draft)	<p>Advisory review therefore no assurance level. The review was to ensure that adequate progress had been made to address gaps in pre-employment information received for TUPE'd staff in relation to right to work, professional registration and Disclosure &amp; Barring Service (DBS) checks. We also looked at the process for identifying gaps in statutory and mandatory information, including staff appraisals. Recommendations were made around:</p> <ul style="list-style-type: none"> <li>Accuracy of reported data.</li> <li>Staff have the correct level of DBS for their role.</li> <li>Pre-employment checks fully completed for bank staff to ensure that individuals meet the preconditions of their role.</li> </ul>			

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
	<ul style="list-style-type: none"><li>• Checking of all medical staff files for evidence of pre-employment checks and where gaps are identified, appropriate action to be taken to address these.</li><li>• Deadlines to be reviewed and re-set for staff to have Statutory and Mandatory training and appraisals up to date.</li></ul>			
Additional Assurance Coverage				
Health and Safety				
TRA – IM&T Risk Management	Draft			
Data Security and Protection Toolkit - NTWS	Draft			
Management of Lease Car Arrangements				
TRA – Penetration Testing				
Risk Management and Board Assurance Framework – NTWS		Draft		
Mental Health Act – Holding Powers		Draft		
Absence Management				
Management of Medical Devices				
Totals	10	9	3	1

There were 11 audits deferred by the client with Audit Committee approval. These were due to the capacity and availability of client staff, and the integration of working practices due to the transfer of mental health services from North Cumbria to CNTW pre and post 1<sup>st</sup> October 2019.

There have been 7 audits cancelled as a result of the coronavirus pandemic due to being unable to access CNTW staff and information that would be available to us in normal operating circumstances.

There are 3 audits currently at fieldwork stage which will be concluded to final report with some limitations applied due to the unavailability of information and access to front line staff during the coronavirus pandemic.

### 3. Relevant papers presented to the Board of Directors (a copy of the Trust Governance Structure is attached as appendix 1)

#### a. Quality, Clinical and Patient Issues

##### Monthly Reporting

Commissioning and Quality Assurance Report

##### Quarterly Reporting

Service Visit Feedback – Themes

Service User and Carer Experience Report



Safer Care Report  
Safer Staffing Levels  
Guardian of Safe Working

### **Six Monthly Reporting**

Safe Working Hours  
Six Monthly Skill Mix Review  
Safeguarding Board Updates (Adults and Children)  
Learning and Improving from Activity (6 monthly report)  
Infection, Prevention and Control Report  
Emergency Planning and Resilience Report

### **Annual Reporting**

Safeguarding and Public Protection Annual Report  
Fire Response  
Safer Care Annual Report  
Positive and Safe Annual Report  
Seasonal Flu Vaccination Plan  
Flu Assurance Report  
Pharmacy and Medicines Optimisation Report  
Controlled Drugs Accountable Officer Annual Report  
Community Mental Health Survey  
First Tier Tribunal Report  
Infection, Prevention and Control Annual Report and Plan  
Emergency Planning and Resilience Assurance Annual Report  
Security Management Annual Report  
Safer Staffing Annual Report  
Research and Development Annual Report  
No Waste Report  
Quality Priorities  
Contract Outcomes and Commissioning Developments

### **Closed Board**

Serious Case Reviews, Safeguarding Adult Reviews etc  
Independent Inquiries  
MHL Committee Panel Members Annual Report

## **b. Workforce Issues**

### **Quarterly Reporting**

Workforce Directorate Quarterly Update  
Staff Friends and Family report

### **Six Monthly**

Whistle Blowing/Raising Concerns (including Freedom to Speak up Guardian Update)

### **Annual Reporting**

Fit and Proper Persons Test Update  
EDS 2/WRES Updates  
Freedom to Speak up Self-assessment

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National Staff Survey Results  
Medical Revalidation Annual Report  
Annual Deanery Monitoring Report  
Equality and Diversity Strategy  
Gender Pay Gap

**Closed Board**

Employment Tribunal Update  
Sickness Absence Update

**c. Regulatory**

**Quarterly Reporting**

Quarterly NHSI Report  
Board Assurance Framework and Corporate Risk Register  
CQC Action Plans

**Annual Reporting**

Operational Plan and approval of budgets  
Self-Assessment of Leadership and Governance (using CQC Well Led Framework) and internal audit providing substantial assurance  
Review of Board and Committee Terms of Reference  
Board Self Certifications to NHS Improvement  
Annual Accounts and Management Rep Letter  
Annual Report  
Annual Quality Account  
Annual Audit Committee Report  
Annual Governance Statement  
NHS Improvement Agency Expenditure Board of Directors Self Certification Checklist  
Charity Committee Annual Report and Accounts  
Independent Review of the Mental Health Act

**Closed Board**

Operational Plans and Budgets  
Financial Report

**d. Strategy and Partnerships**

**Reports received as required**

CEDAR Programme Updates  
Gateshead Health and Care Partnership Update  
Delivering Transforming Care in CYPS  
NHS Long Term Plan  
All Together Better Alliance Executive  
Applied Research Collaborative  
2018 Education and Training self-assessment report  
Cumbria Updates  
Citizen Tyne and Wear MH Commission  
Psychological Services Strategy Review  
Nursing Strategy 2019 – 2024  
Cyber Security

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**Closed Board**

Delivering Transforming Care in CYPS – Closure of LD Beds  
Cumbria Business Case

**e. Trust Board Development Sessions/Away Days**

Over the past twelve months the following development sessions/Away Days have taken place with the Trust Board.

Date	Subject
23 April 2019 (Away Day)	NTW A Journey in Leadership using Empathy Creating capacity and making a difference to support Children and Young Peoples Mental Health Services
22 May 2019	Staff Survey What are Primary Care Networks
25 June 2019 (Away Day)	Working with the ICS and new system infrastructure Effective Board Reporting Key Learning Disability Documents
03 July 2019	Service User and Carer Involvement Strategy Lone Working – Body Worn Cameras – National Incident Reporting System
07 August 2019	Out of Area and Out of Locality Inpatient Analysis Staff Retention
04 September 2019	Drug-Related Death NTW Addictions Response NTW Solutions Limited 2018/19 Annual Report
02 October 2019	Physical Health Presentation
22 October 2019 (Away Day)	Long Term Plan NTW Climate Emergency Presentation
06 November 2019	Care-Environment Development and Re-provision (CEDAR) Primary Care Strategy
09 January 2020 (Away Day)	National Context and Long Term Plan; How leadership and management in the health and social care is changing
05 February 2020	Care vs Control Our reflections on Trieste
04 March 2020	NTW Solutions Strategy Development Implementing a system by default approach

**4. Relevant papers presented to Trust Board standing committees for consideration:****a. Quality & Performance Committee**

Each Meeting

- Safer Staffing Exception Report

- Commissioning and Quality Assurance Report
- Sub Group/Quality Standard Group Minutes and Exception Report from Chair to highlight any concerns/risks/mitigations/timescales
  - Quality Standard Groups x4
  - Caldicott Information Group
  - Clinical Effectiveness Committee
  - Emergency Preparedness, Resilience and Response Group
  - Health, Safety and Security Group
  - Infection, Prevention and Control Committee
  - Medicines Optimisation Committee
  - Patient and Carer Involvement and Experience Group
  - Physical Health and Wellbeing Group
  - Positive and Safe Group
  - Council of Governors Quality Group
  - Research and Development Group
  - Safeguarding and Public Protection Group

#### Quarterly Reporting

- Risk Management Highlight Report
- Safer Care Report
- Service User and Carer Experience
- Patient and Clinician Reported Outcome Measures
- Guardian of Safe Working Hours Report
- Update on CQC Must Do Action Plans
- Staff Friends and Family Test Update

#### Twice Annually

- North Locality Care Group Quality & Performance Report
- Central Locality Care Group Quality & Performance Report
- South Locality Care Group Quality & Performance Report
- North Cumbria Care Group Quality & Performance Report
- Medicines Optimisation
- Safer Staffing Skill Mix Review Report
- Controlled Drugs-Management and Use
- CQC Compliance and Inspection reports
- Clinical Audit
- NICE Guidance
- Patient and Carer Involvement Report
- Caldicott and Health Informatics
- Development of Quality Account and Quality Priorities

#### Annual Reporting

- Safer Care (includes Director Infection Prevention and Control, Safeguarding and Public Protection)
- Director Emergency Preparedness, Resilience and Response
- Annual Security Management Report
- Positive and Safe Annual Report
- Capsticks Year End Report

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- Safe Working Hours Report
- Research and Development
- Eliminating Mixed Sex Accommodation
- Committee annual assessment of effectiveness and review of terms of reference

Quality Focus Sessions – at each meeting there is a quality focus presentation, over the past year the following sessions have taken place:-

- Waiting times
- CQC Must Do Action Plan Updates
- Use of MRE Trustwide Waiting Times
- Carter Review Pharmacy Update

## **b. Resource & Business Assurance Committee**

Each Meeting

- Finance and Business Development - financial position, risks, efficiency plans, capital spend and asset sales, strategic partnerships and tenders
- Income and Commissioning Report - commissioning and income risks
- Capital programme report - report on risks only - project board highlight reports for information – risks to be highlighted in report
- Workforce and OD - strategy and risks, recruitment and retention, management capacity, skills and knowledge, employment
- Informatics Report
- Sub Group minutes
  - Capital project boards
  - Corporate Decision Team - Business
  - Sustainability, Waste and Transport Group

Quarterly Reporting

- Risk exception report

Six monthly

- Utility and Cost Report

Annual Reporting

- Budget Setting Process
- Operational/Annual Plan
- Estates Return Information Collection (ERIC)
- Premises Assurance Model (PAM)
- Sustainability
- Insurance
- Review of Terms of Reference
- Assessment of Committee

## **c. Mental Health Legislation Committee**

Each Meeting

- Panel Member update

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- Workforce Report
- Mental Health Legislation Steering Group Report
- Mental Health Legislation Steering Group minutes
- Mental Health Legislation Activity Report – which includes inpatient activity, new sections, Mental Health Tribunals, Hospital Manager hearings, DoLS, Monitoring of mental health act local forms for detained and CTO patients and monitoring of the mental health act.
- MHL Related Policy Report
- Monitoring the Mental Health Act – Locality updates
- CQC MHA Reviewer Visit Reports
- Law and Practice – New Reports/Guidance

#### Quarterly Reporting

- Risk exception reporting

#### Annual Reporting

- Panel Member Annual Report
- Review of ToR MHLC
- Review of Performance against ToR
- Review of Delegation of Statutory Functions

#### **d. Audit Committee**

- Quality Account Preparation 18/19 and Quality Priority setting 19/20
- Quality Account 18/19
- Annual Accounts 18/19
- Annual Governance Statement 18/19
- External Audit review of annual documentation listed above
- Head of Internal Audit Opinion
- A progress update is received from Internal Audit at each meeting
- Board Assurance Framework and Corporate Risk Register is received quarterly.
- Going Concern Report
- Review of Terms of Reference for Audit Committee is undertaken on an annual basis
- Review of Performance against Terms of Reference is undertaken on an annual basis

5. The Risk Management Strategy 2017 – 2022 was approved by Trust Board in May 2017, the Board Assurance Framework and Corporate Risk Register is reviewed on a quarterly basis by Audit Committee and received by Trust Board quarterly.
6. Comprehensive evidence has also been provided to the Trust Board in previous years and there has not been any material events in 2019/20 that have impacted upon the Trust's ability to state compliance with the above requirements.

## Continuity of Services Condition 7 – Availability of Resources (Commissioner Requested Services only)

The Board is asked to respond “confirmed” to one of the following three options:  
Either (*recommended*):

“After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.”

Or:

“After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.”

Or:

“In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.”

Note that “required resources to continue to provide commissioner requested services” covers management, financial and staff resources, plus facilities and physical assets.

**It is recommended that the Board confirms the first statement above** (*After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate*) due to the following evidence:

- a) Board approval of the 2019-20 budget and operational plans in March 2019
- b) External assurance from external auditors in relation to annual accounts, financial systems and processes as shown above
- c) Assurance from the Trust’s internal audit programme in relation to financial systems and processes as shown above
- d) Safer Staffing updates presented regularly to the Trust Board
- e) Other relevant papers presented to the Trust Board as shown above
- f) Relevant papers presented to the Resource & Business Assurance Committee shown above
- g) There has not been any material events in 2018/19 that have impacted upon the Trust’s ability to state compliance with the above requirements.

The Board is required to provide a statement of the main factors taken into account when making this declaration. **It is recommended that the evidence shown above be provided to NHS Improvement to meet this purpose.**

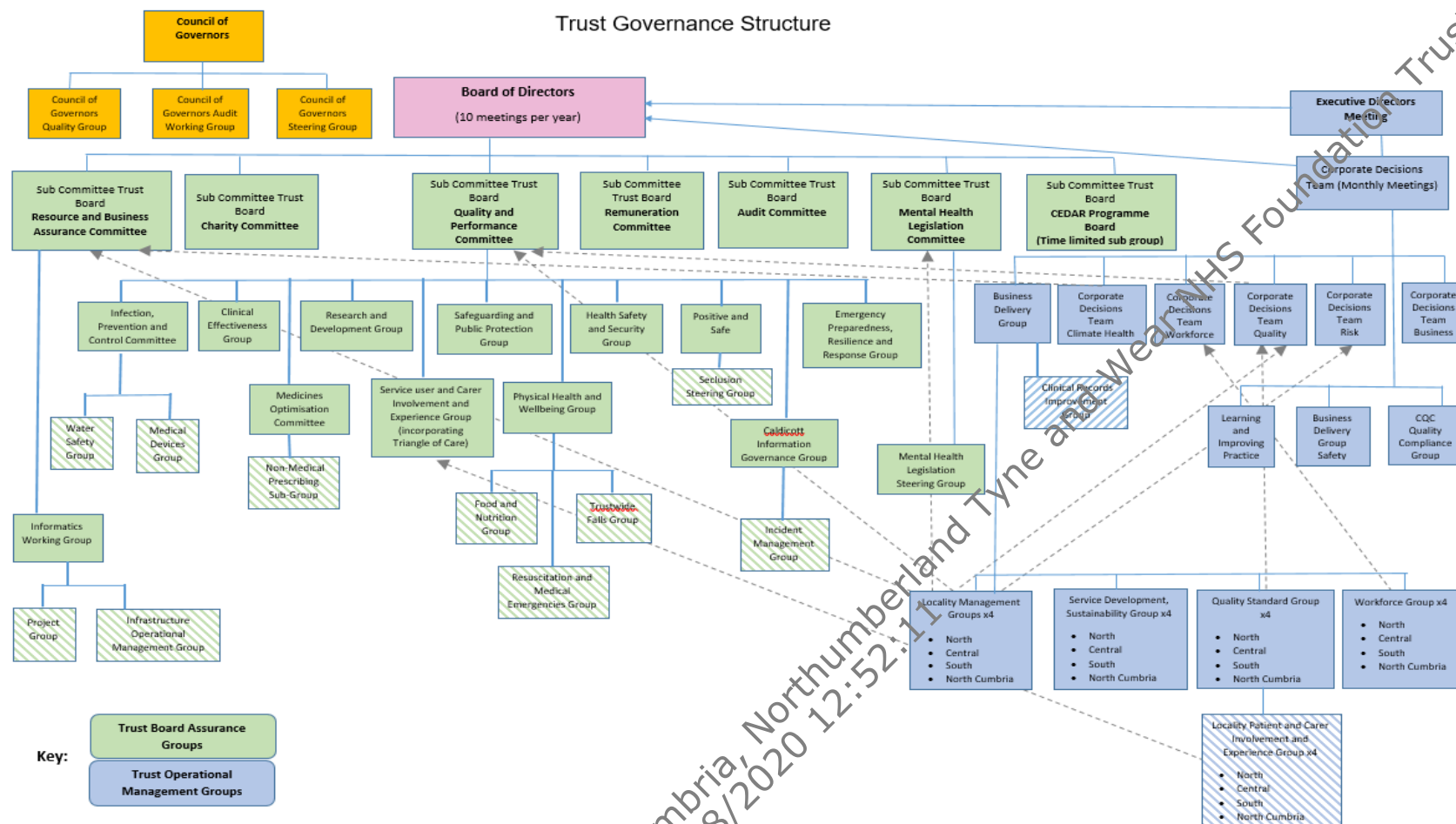
## **Governors' views**

It is a requirement that Trust Boards should take the views of Governors into account when agreeing the declarations included within this report. Much of the evidence presented above has been presented to Governors throughout 2016-17 through formal Council of Governors meetings, through engagement sessions and through other Governor meetings such as the Governors Quality Group. Governors have also attended (as observers) Trust Board and standing committees, and also participated in PLACE visits and other visits to Trust services. Through all of these measures, Governors have considered the evidence provided therefore **it is recommended that the Board declare that the above decisions have been made with regard to the views of the Governors.**

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## Appendix 3



Trust Governance Structures Jan 20 v2.8

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

<b>Title of report</b>	Provider Licence Self-Certification FT4(8) Annual Board Statement - Training of Governors
<b>Report author(s)</b>	Debbie Henderson, Deputy Director of Communications and Corporate Affairs
<b>Executive Lead (if different from above)</b>	Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability	X	Reputational	X
Workforce		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 and Corporate Risk Register

### Purpose

The Board of Directors is required to sign a Board Statement, having regard to the views of the Governors, confirming that during the financial year recently ended (2019/20) the Trust has provided the necessary training to its Governors to ensure they are equipped with the skills and knowledge they need to undertake their role. The statement has to be submitted by the end of June.

The paper attached summarises the evidence to support the completion of the Statement by the Board of Directors.

The contents of the report was sent to the Council of Governors by e-mail on the 20 May 2020 for approval. This approach was taken due to the cancellation of the full Council of Governors' meeting in May as a result of the COVID-19 pandemic. This paper was approved by 19 Governors in total which has exceeded the requirement for quoracy. No Governor was opposed to the approval of this paper. However, following the receipt of comments from Fiona Regan, Carer Governor, a minor change has been made to the report to clarify that formal Governor 1-1 meetings with the Chairman take place with all Governors on induction. A further question was raised relating to the availability of Governor visits to particular services. In order to maintain the independence of Governors we make every effort to ensure Governors visit services with which they have no personal experience of treatment and care. This supports the Governor to maintain the integrity of their role as a Governor, while allowing any personal issues relating to care and treatment to be raised in their experience as a service user or carer.

The Council of Governors, confirmed that they are happy to recommend to the Board of Directors, completion of the Board Statement confirming that the Trust provided the necessary training to its Governors during 2019/20.

### Training of Governors Statement

**The Board is satisfied that during the financial year most recently ended (2019/20) the Trust has provided the necessary training to its Governors, as required in section 151 (5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.**

### Evidence:

The Trust's Council of Governors includes both elected and appointed governors. The Trust values their role and is committed to ensuring they are equipped with the skills and knowledge they need to undertake their role through the provision of appropriate training and development.

This includes:

- An induction programme for newly appointed Governors;

- An Individual meeting with the Chair, on appointment to identify their areas of particular interest and existing skills; furthermore, on request, the Chair is available for meetings with Governors throughout the year.
- The provision of a Governor Handbook, including (i) general and Trust information and signposting to other resources, e.g. the Trust Constitution, Monitor's Code of Governance, etc, (ii) Council of Governors role and signposting to other information, e.g. Monitor's reference guide on governors' statutory duties, Council of Governors' committees' and groups' terms of reference, and (iii) Board of Directors' information, e.g. Board terms of reference, Trust governance arrangements, etc. The handbook is issued to governors on induction and involves an overview of the contents;
- Council of Governors' engagement sessions on specific / pertinent issues, were held during 2019/20 and focused of the following topics
  - East London Foundation Trust shared learning
  - CEDAR Programme update (Care Environment Development and Re-provision)
  - Health Literacy
  - Neurological Services update
  - A Year Ahead
- Presentations and facilitated discussions at the Council of Governor Meetings on specific subjects, these included;
  - North Cumbria update
  - Annual Plan and Finance update
  - Research and Development
  - Quality Priorities
  - Quality Account
  - Staff Survey update
  - NTW Solutions update
  - Trust constitution
  - Service User and Carer Involvement Strategy
  - Recovery Colleges update
  - Membership strategy
- Involvement in Council of Governors' Committees and Working Groups enabling them to gain specific skills and knowledge, these include the Nominations Committee and Quality Sub-Group;
- All Trust committees have Governor Representatives who contribute to the meetings and ask questions. The representatives then provide feedback at the Council of Governors meetings held in public; to improve the flow of information and provide assurance;
- Attendance at key Trust Events, e.g. 'Quality Priorities Event' , Collective Leadership Events and Annual Members Meeting to learn more about the Trust;
- Visits to wards and departments, conducting Patient-led assessments of the care environment (PLACE)

- Governors from East London Foundation Trust (ELFT) attended the Council of Governors Engagement meeting in April 2019 to share their journey in relation to introducing their people participation team and improving governor involvement.
- Providing management briefings out with Council of Governors meetings, e.g. weekly communications briefing to keep governors up to date with Trust activity, opportunities for training, media interest; development and involvement where appropriate.
- Governors have attended NHS Providers Governor Workshops, including Effective Chairing for Governors and Member and Public Engagement;
- Providing external information and guidance, e.g. from the CQC, foundation trust network etc.

The Council of Governors meetings for 2019/20 were as follows:

- 14 May 2019
- 10 September 2019
- 7 November 2019
- 11 March 2020

The Council of Governor' Engagement Sessions for 2019/20 were as follows:

- 4 April 2019
- 4 June 2019
- 10 October 2019
- 11 February 2020

The steering group has the opportunity to discuss and agree the agendas for both formal meetings and engagement sessions, and all governors are invited to suggest topics for future development opportunities.

Signed on behalf of the Board of Directors, and having regard to the views of the Governors.

Signature

Name

Capacity

Date

Signature

Name

Capacity

Date

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**Report to the Board of Directors  
23<sup>rd</sup> June 2020**

<b>Title of report</b>	Positive and Safe Annual report
<b>Report author(s)</b>	Rebecca Trevarrow; Rod Bowles; Dr Keith Reid; Paul Sams; Ron Weddle
<b>Executive Lead (if different from above)</b>	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

<b>Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)</b>			
Equality, diversity and or disability		Reputational	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

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

**Positive & Safe Annual Report  
Board of Directors  
23<sup>rd</sup> June 2020**

**1. Executive Summary**

The Positive and Safe Annual report outlines the work undertaken across the Trust to reduce the use of restrictive interventions.

The report highlights and analyses key trends noted within the years 2019-2020.

The Positive and Safe Care team request the board consider/ review the programme to date and support the ongoing implementation and development of the Trust's Positive and Safe restrictive interventions reduction programme.

Name of author: Ron Weddle  
Job title: Deputy Director, Positive and Safe Care

Name of Executive Lead: Gary O'Hare  
Job title: Executive Director of Nursing & Chief Operating Officer

Cumbria, Northumberland Tyne and Wear  
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# Positive and Safe Care Annual Report 2020



Our front cover was designed by a service user from Tyne  
Hospital Rehabilitation at Northgate Hospital in Morpeth

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## Forward to the annual Positive and Safe Care report 2019-20

This report advises and encourages the trust in restraint reduction, and the foreword is written at a crossroads. Writing this in April 2020, recovering from COVID, I hope that when you read it, we will be emerging from the worst healthcare crisis in living memory. What we do with this new beginning? I would like to briefly share some advice on how to spend a career, from around the turn of the century.

Firstly, the career advisor laid out a choice, between “centres of excellence”, where you’ll be at the cutting edge, versus “places which have challenges”, where one can prove oneself. CNTW this year has been both a centre of excellence and a place to prove ourselves. In last year’s report for 2018-19, we proudly showed that we had reduced the most intense and invasive forms of restraint by around two fifths over three years. We showed this did not lead to increases in assault against staff, in fact this came down by a fifth. We have written national policy documents, consulted with governments, and are seen as leaders in the field. But, in 2019-20, many of those same metrics are worse. We think that there are clear reasons for the worsening and we always retain hope

Secondly, when you care about something, identify the “most important person” in the organisation you want to work in, who gets up in the morning caring about it. Everyone in CNTW is invested in reducing restraint. Legislation places duties on the organisation, in the form of Senri’s law. CNTW staff feature heavily in national work to reduce restraint. Talk 1<sup>st</sup>, where wards discuss restraint reduction, continues to be a productive, moving experience, and we now have regular patient and carer attendance and patients taking on lead positions. Perhaps they are the most “important” people with an interest. Our new restraint reduction strategy attempts to embed patients in all decision making to a greater and greater extent, and has completed a favourable consultation.

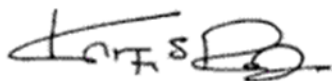
CNTW are uniquely trusted to heal those who have been most mistreated by life, and, sadly, by institutions. In encouraging staff and patients, we explain that many of our challenges this year arise from this. Tragically, at the start of this year, it happened again. We took patients from services that closed, and our restraint figures rose. I see care for people who are rescued from other services as a special, demanding, feature of our trust’s duties. The thing that makes us trustworthy is using primary and secondary interventions to avoid tertiary interventions. This means we use standard good care, and support those at risk of restraint, in an individualised way, to avoid the use of force. Comparable organisations have had worse problems.

Looking at the career advice again, now that I am committed to this outstanding, challenged, organisation, I now see the advice depends on choice. You must choose how and where you work. The new strategy applauds the efforts of the “wards” and “board” and now refocuses on the crucial layer of choosers in between. These are the Locality and CBU leadership teams, who serve patients and staff by choosing strategies, allocating resources, and managing external relationships. Their choices are immensely important. Over the coming months, we will be helping those teams by supplying facts, analysis and options to help them divert resources to the ways of working that reduce restraint most. Our skills with data in CNTW mean that we are uniquely placed to do this.

By doing so, and continuing to engage staff at Talk 1<sup>st</sup>, and maintaining innovations, we can reach a “new normal”, where the restraint figures once again stabilise, hopefully at an even lower level than before. To get there we need you, the reader, to decide to use your resources to reduce restraint. When you commission we ask you to set a tone where services trust each other and share information. If you direct a service, choose to spend resource on primary and secondary interventions. In particular we need Speech and Language Therapy, expert formulation, Peer Support, and induction of new staff. We must have safe, modern, practical hardware of tertiary intervention – seclusion rooms, safety pods, training in alternative injection sites.

When you manage wards we ask you to protect Safety Huddles, Debriefs, structured activity and Safe Wards interventions. When you are leading a restraint, we ask you to “PAUSE”. Perhaps it can be avoided. Junior staff find this brave de-escalation inspiring. When you nurse, we ask you to include and support the agency workers and doctors, who may be new to the ward, and perhaps from a different background to you. When you are the new doctor or agency nurse asked to physically or chemically restrain - and many of us have been - ask the team to tell you the the patient’s formulation and advanced plans for challenging behaviour, before prescribing injections or “doing obs”.

And if you are a patient who is taking the steps towards a happier, healthier, safer life with us, we hope that you can work with us, and get involved in restraint reduction too. We commend this report to you all and thank you for your continued efforts in the crucial task of reducing violence, and fostering human rights.



**Dr Keith Reid, Associate Medical Director, Positive and Safe Care**

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## The slipstream: publications and national policy work

Positive and Safe care includes innovation. Here is a page sharing some highlights of that work for this year, up to the point of works that are in press or published. Citations are available on request. National policy development is a collaborative process and we have been aided by colleagues in the trust and elsewhere. We sit on the national Restraint Reduction Network Steering Group with governmental, social care and other stakeholders and have had a particular interest in strategic advice and service user involvement. As part of this we helped write:

- Towards Safer Services the strategic guide for providers on restraint reduction
- The National Training Standards for reducing restraint.

We published five peer-reviewed papers at a recent international conference in Oslo in November. These described our positive restraint reduction data over 2015-19; a flowchart summarising good practice written with NEQOS (North East Quality Observatory Service); a pilot project for staff resilience and mindfulness hinting at effect on violence against staff; an analysis of leave patterns and incidents against staff; and a novel statistical program analysing patients potentially influencing each other's incidents. A sixth similar paper is in press showing the importance of Positive Behavioural Support in CNTWs efforts to reduce restraint. We also helped to analyse and direct several smaller projects in the trust, taught trainee doctors about mental health law and audit, and seeded statistical and coding clubs for medical trainees. Our team members are invited to teach and speak at national conferences.

We were expert consultees for other work:

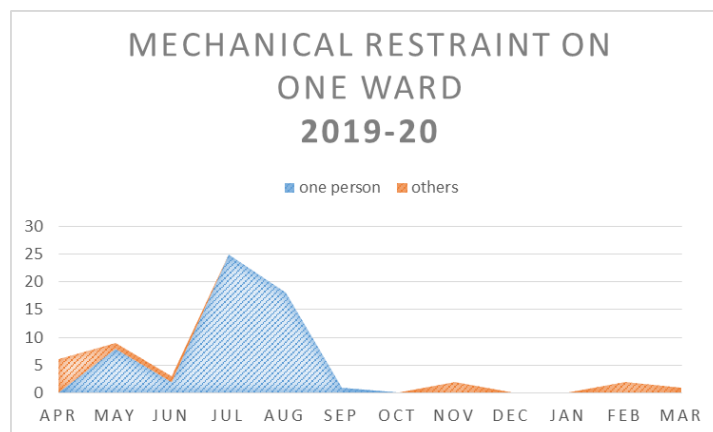
- DELPHI, a study of Safewards in secure environments
- The Ministerial Review of long term segregation
- CQC reviews of restrictive practice
- CQC implementation of a minimum data set for restraint
- NAPICU, the National Association of Psychiatric Intensive Care Units' guidance on managing acutely disturbed behaviour in the context of COVID

We hope to be able to share next year

- KASSANDRA an exciting artificial intelligence project to predict behaviours and outcomes in advance, first applied to appointment non-attendance
- PERCEIVE an analysis of patterns of bank and agency staff involvement in incidents seen through the lens of team diversity and clinical experience
- SNAP a project using neural networks and game theory to model nurse and patient behaviour safely
- Analyses of the effects of Safety Huddles

## On the importance of exceptional cases in restraint

This brief report exemplifies, in an anonymous way, the importance of single cases. Yearly trust trends in restraint are influenced by “public health level” factors, like training, employment markets, or legislation. At ward level, experts following Safewards and map conflict onto “staff team”, “physical environment”, and so on. Problems are sensitive to managerial strategies and leaders try to influence them, perhaps reducing restraint at that level. A different challenge is a small number of people who require very specialist care. This person required regular life-saving treatment at a centre nearby, daily, using mechanical restraint. The person is recovered. The graph below shows how much of the mechanical restraint on their CNTW ward was due to that care.



For context, consider that our Locality Groups are sized like small trusts. This person’s care used more mechanical restraint in July, than the next Locality Group. Our 2-3 month period of mechanical restraint with the person was about 10% of the CNTW annual total. CNTW are predisposed to need to provide such care, because we are national specialists.

Rare, intense care, often arises for young people, out-of-area, or with developmental conditions, or waiting for high secure; or who cannot access services due to closure and pathway transformation; and combinations of these. They are disproportionately affected by trauma. Youth and developmental conditions are found in about a tenth of our inpatients and about half of our incidents. The staff who provide the care also experience trauma and require support. We present an analysis of the effect of closures elsewhere, in another section. Wherever they are from, using our national networks and supportive commissioning, we must recognise the critical few and change services around them.

We innovate, make care as brief and “least restrictive” as possible, and help them recover. In this case many agencies were involved and the family were supportive of the interventions. We must not use “exceptionality” to explain all restraint. Blame cultures lead to this: managers blame staff, who pass it on to patients. We hope Talk 1st, which supports and empowers people, stops such cruel and wrong explanations. It reminds us that all wards care for people outside their comfort zone.

## A duty to see clearly: description for 2019-20 of nine long term outcomes

### Introduction

We ask the reader to consider these figures as carefully and honestly as we have tried to be in writing them. They are nine outcomes we set to assess our strategy in advising the trust. In the first three years they demonstrated success. We reduced restraint in general especially our most restrictive interventions and reduced assaults on staff. We did this by focussing on good care and helping those at risk. Good general care is primary intervention and then focussed support is secondary intervention. If absolutely necessary, as a last result we use tertiary interventions, such as the six overlapping measures here, always with a focus on reducing tertiary use. Candidly, overall figures for 2019-20 contained disappointments that were misleading, which we describe here.

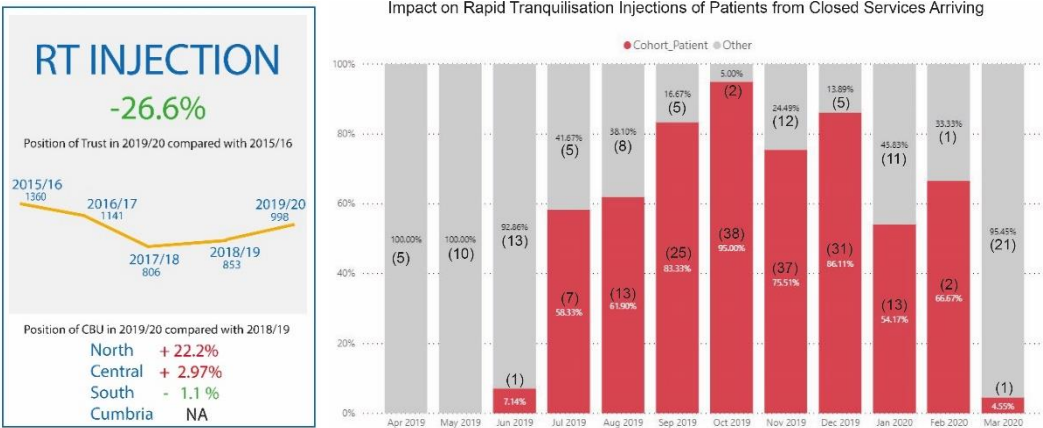
The figures for 2019-20 cannot assess strategy since 2015-16. Like-for-like comparison for assessment would restrict itself to NTW services without “new duties”. Nevertheless we still reduced prone restraint, reduced injected medication during incidents, and reduction seclusion, without that fair adjustment. Allowing for new duties shows that over the strategy we also reduced restraint generally, and reduced assaults on staff. Mechanical restraint increased but we understand why. All three of self-harm, non-contact aggression, and oral medication during incidents increased, but could increase under a working restraint strategy which moves conflict away from contact aggression and injections.

The new duties were two. Firstly, partnership with North Cumbria brought positive realignment of mental health care but simply made us bigger, and increased our count that way. Secondly there were events which we carefully call “incomer” care. Here, we provided care after other providers had to stop and “we” took “their” patients. Thirteen patients came from closed services. Incomers were vulnerable people, with features similar to people already over-represented in restraint per capita. So, in general, in previous years, people on our wards which used PBS were a tenth of patients, but provided about half of incidents. “Incomer” people came to these PBS-using wards. Many were traumatised, as documented in national media, impairing CNTW’s default approach of engagement and trust.

Using restraint figures in a competitive way is dangerous. It erodes morale, pushes negativity down to the vulnerable, creates dishonesty, and reduces sharing of good practice. Putting that to one side, we must state that we are carrying much of the national burden of restraint for the reasons above. Once we allow for these, a picture emerges which is a helpful basis for strategic decisions. We need better communication, information and retention of skills to reduce restraint, and innovation. We as a team will help directors prioritise restraint reduction.

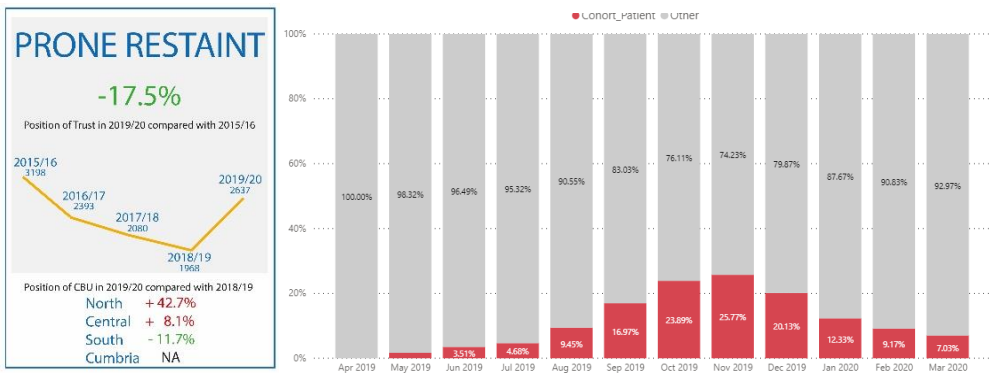
Rapid Tranquilisation Injections

Newcomer patients dominate this graph in a sobering way. They are in red in all graphs. They are not North Cumbrian. New duties added 219 incidents; but like-for-like care saw a reduction of -42.7% against 2015-16; -8.7% year on year. Note the parallel pattern of injection and prone restraint, this can only be broken with alternative injection sites. Alternative sites means ‘in the arm’, not the gluteus, which requires a face down prone position for mechanical reasons. We are improving our use of alternative sites.



Prone Restraint

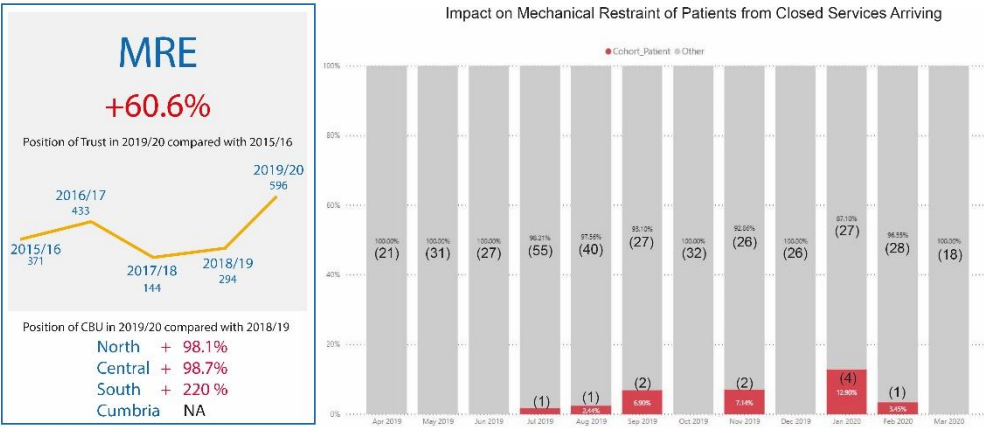
Incomers provided 215, partnership provided 14, a low figure which at face value the wider trust could learn from. The like-for-like decrease since 2015-16 is -24.7%.



Prone restraint, while a focus of discussion for some, is not universally seen as worse than alternatives by all service users, and there is no evidence that prone is more physically dangerous. Organisational factors such as reporting, injection technique and alternative technologies are important in the analysis of our reduction and the low rates in North Cumbria. Innovations include the introduction of “safety pods” which are secure soft seats. Note the peak and ebb of the incomers’ prone restraint.

Mechanical Restraint Equipment

Mechanical Restraint Equipment is a set of two or three fabric bands with handles designed to safely take people to seclusion. This increased so we have thought about how to reduce it. Newcomers did not greatly increase in MRE. Legally mandated increases in training may have made MRE more of an option in staff’s minds, this training effect is shown in the literature.



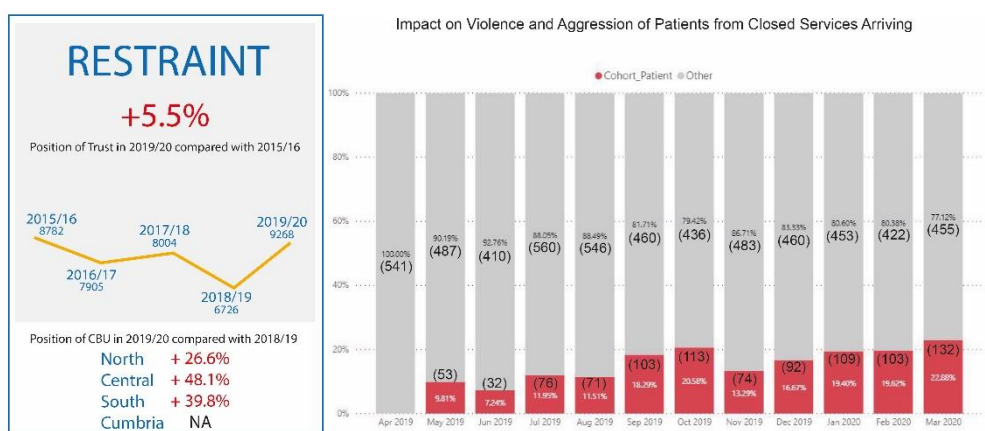
Not all MRE is used to get people into seclusion. It is used for secluded service users in medium secure, awaiting High Secure for weeks, to have regular planned time out of seclusion, walking and engaging with arms secured. This occurred in 2015-16 with CQC and commissioner support, and was attempted for a patient from North Cumbria who awaits High Secure this year. Another use case, not amenable to restraint reduction, can be life-saving treatment, see the individual report on that in another section. Documented dangerous ways to avoid MRE, which we must avoid, include use of non-standard equipment such as furniture, seclusion of people in bedrooms, over-use of sedation, and prolonged manual restraint. These carry real risks of death.

Our team’s plan is to reduce the need for seclusions and to use other technologies. MRE has been a focus in restraint reduction locally, frequently reviewed, at a senior level with external and carer input. All use is signed off by directors. To mitigate the risks of a central ban, we are proposing that some services consider a commitment not to use MRE. This would have to be carefully planned.

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## Restraint

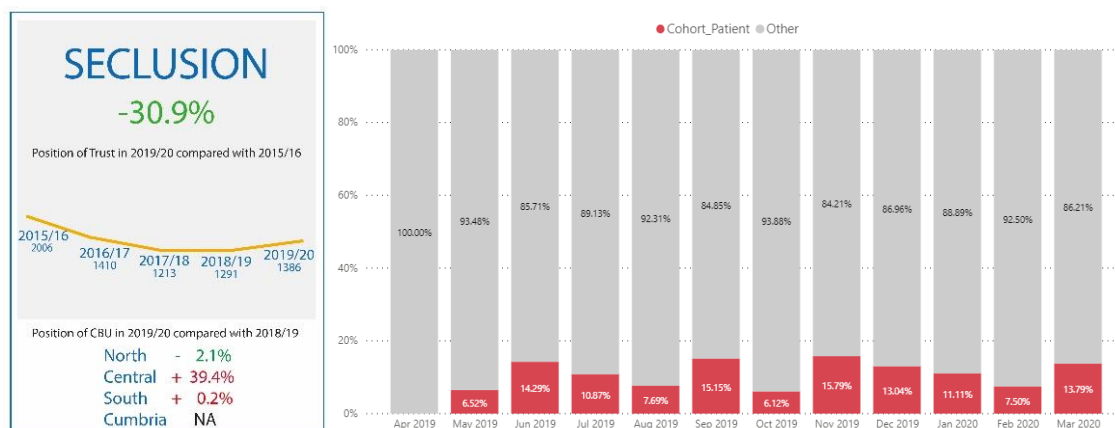
This came down by 16.4% on a like-for-like basis after allowance for 1923 restraints from new duties.



A large but unquantifiable part of the residual restraint figure is a legally mandated change to the reporting of gentle redirection of confused people in our older adult services. This must be reported as “restraint”, which follows the letter of the law. For many, this is not intuitively similar to restraint grounded in conflict and has been questioned by the CQC and Royal College of Psychiatrists.

## Seclusion

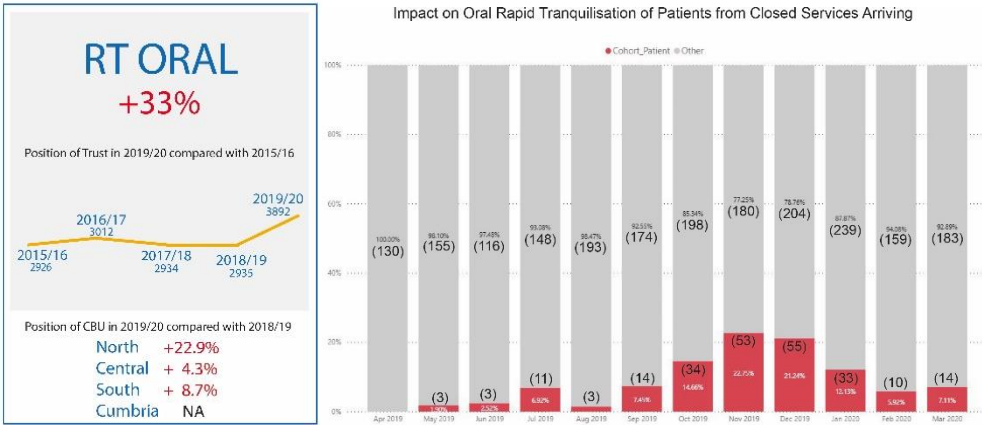
Like-for-like seclusion is 1326, down 33.9% since 2015-16.



Note that these count “incidents” not “hours” of seclusion and so one man waiting for high secure with a learning disability from North Cumbria, remains in long term seclusion counted as one event. North Cumbria as a group have very low rates of seclusion, so we are working to understand and share good practice and reporting cultures. Partnership provided only 13 events. Incomers provided 47 but had high total hours of seclusion. There is a possibility that new duties actually reduced the like-for-like ability to seclude from time to time, as there were some days when seclusion from new duties saturated local seclusion facilities. Closure of seclusion facilities can lead to unsafe seclusion in bedrooms. We are building a second seclusion room in North Cumbria.



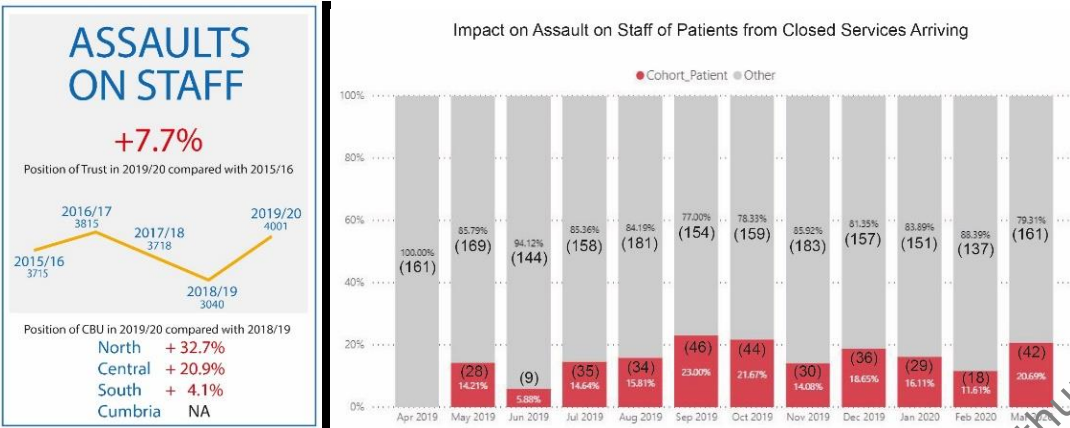
Rapid Tranquilisation Oral



We will not expand on the increase in oral medication other than to say that it is a less restrictive intervention than injection, which decreased. Care was probably converted from injection to oral medication, which is good. Patients often seek oral prn medication to reduce acute distress.

Assaults on staff

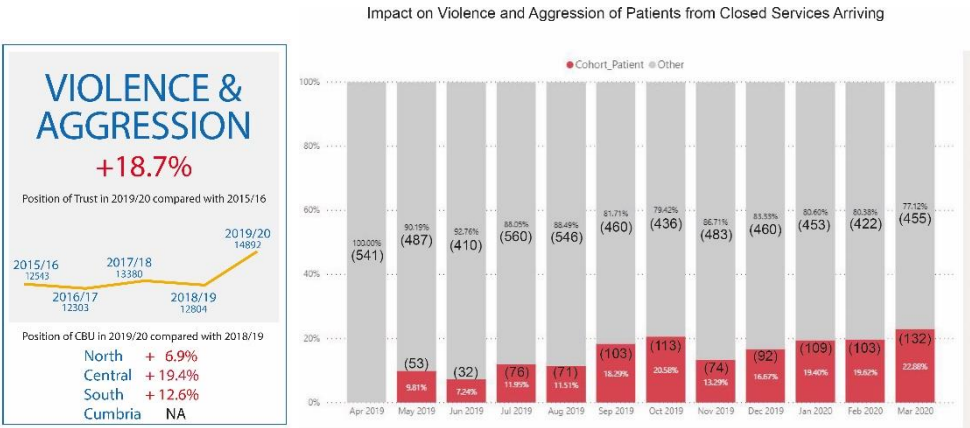
These are actual contact assault events, from technical assault by “any contact” up to serious harm. After new duties this is “7.7% better” not “7.7% worse”. The identical digits are a coincidence. Partnership added 219 assaults on staff and incomer patients contributed 351 assaults. We bear in mind that the unadjusted assaults still did happen, to our staff, while they were fulfilling increased duties. Serious harm is very rare, but psychological trauma can occur and we are using supervision, resilience training, debrief, occupational health, wobble rooms for COVID, Talk 1<sup>st</sup> itself, and safety huddles to try to help.



We think that trauma, communication problems and neurodiversity amongst incomers reduced the initial effectiveness of primary and secondary interventions which are our main approach. We have skills for these especially on specialist units, where some incomers then tended to be referred, after initial reception to more general receiving wards.

Violence and Aggression

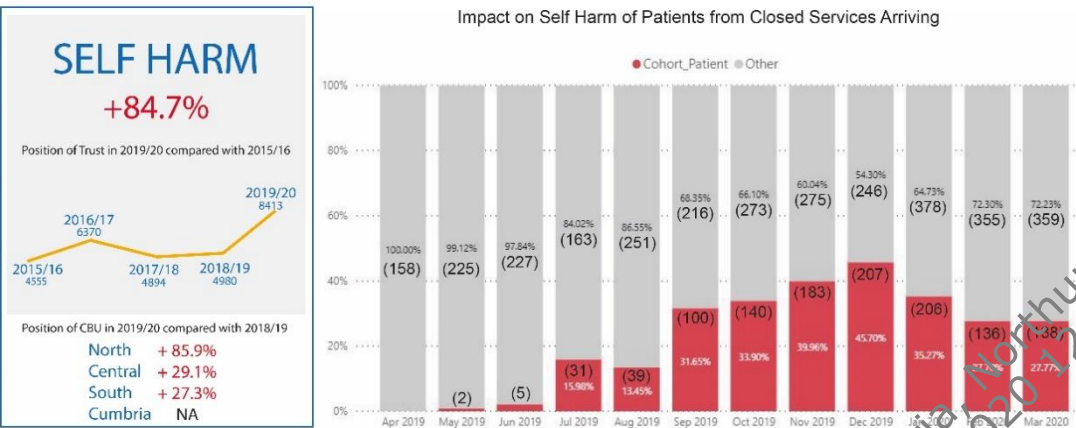
Please note that in everyday clinical usage most relevant services prefer the term “behaviour that challenges” whereas “violence and aggression” is a legally mandated term from government for reporting. This figure includes simple shouting. The like-for-like increase is +6.9%. Plainly put, we think that we are moving distressed people from physical to verbal expression.



At face value the figures increased from 12,453 in 2015-16 to 14,892 in 2019-20. The increase to consider therefore is 2,439 incidents. The majority of these, being 1,581, were new duties. Note that the increase in violence including shouting is in the opposite direction from actual contact violence. Violence and aggression includes assaults against staff and others. Given the choice of “assaults against staff” and “violence and aggression” the latter is least bad.

Self-Harm

This year’s overall self-harm figure faces several important limitations. The like-for-like change is about an increase of a half.



Then, within the like-for-like figure, 1618 are community reports, about a third. These cannot be said to part of restrictive inpatient practice. We did not separate this issue out in the first years of our reporting so we have no comparative figures. Self-harm is not very amenable to restraint reduction.

Sadly, people harm themselves in ways which are not related to conflict or restraint. Even in good years, when we reduce other outcomes, we do not reduce greatly incidents of self-harm by restraint reduction.

Less restraint can mean more self-harm. In inpatient services, the interaction between self-harm and challenging behaviour is complex. We often face a dilemma of whether to restrain someone, who does something voluntarily, which appears to us to be harmful. Behaviours can include skin picking, head banging, poking themselves in sensitive areas, and similar behaviours.

### **What is left in the like-for-like analysis?**

We have presented many figures. We conclude with a brief thematic review. Many of these issues are challenges that we feel can best be helped by supporting Locality Groups and the CBUs (services) that comprise them.

Patients care about restraint reduction, and in our experience are realistic about restrictions. The focus should shift from consultation, to patients actually doing real things to help. It helps mental health of the helper and taps patient resource. Equally, patients doing work need certain supports, which should be helped by the recent engagement strategy. The positive and safe team are active in this sphere.

There are a series of staff factors that can reduce restraint and yet which are currently difficult. These include handover, cover, staffing, and a higher rate of through-put from recently qualified staff to community jobs. We suggest that patients and staff who have shown they are “good at” restraint reduction should be supported to keep an advisory role when they move on. Drug use on wards and other systemic factors must be managed by the leadership of these services. This is why, having engaged with ward and board in the first four years, we are focussing on support for the CBUs and groups in the year 2020-21, and continuing to innovate.

Finally, pathways for two groups of people who are “out of pathway” contribute to restraint. Firstly, some people waiting for higher levels of security, beyond our control, are secluded to prevent a risk of grave harm. Their care is expensive and highly governed. Services are left to depend on productive director links with other providers, creative problem solving from clinical staff, pastoral support, and treatment until they are better or the bed comes up. Secondly there is the complex topic of care for people with neurodiversity. Some, due to specialist waiting lists, are sectioned to general adult wards when they are at their most distressed. It is very difficult for even the best busy general adult psychiatric wards to provide stability, adapted communication, sensory consideration and other bespoke interventions. When any of these are not optimal, challenging behaviour can quickly begin. Wards need help with Speech and Language Therapy, Trauma Informed Care, Positive Behavioural Support, Sensory Awareness and structured activity.



The sleep well pilot project has now concluded with very favourable results. A protocol has been developed to enable other wards to embark on their sleep well journey, Teams have shown great enthusiasm to embed this within their own areas.

### **Academic and research update on Sleep Well**

The work within the Sleep Well project has provided a valuable starting point to measure the impact of the ward environment and the nursing observations on sleep and the impact of a range of measures to improve sleep.

Horne S et al in 2018 measured light and noise levels during the day and night on three separate in-patient wards, alongside subjective and objective measures of sleep disturbance. The Sleep Well pilot then developed a safe, protected sleep protocol and evaluated the impact on ward incidents, in-patient and staff feedback and hypnotic prescribing. The analysis by Novak et al is in press. Reviewers praised the project and highlighted the need for further work in the area, recognising the importance of sleep as a tool for recovery in those with severe mental health problems. Further analysis of the understanding of sleep and causes of sleep disturbance amongst ward prescribers was undertaken by Mr Alastair Paterson (supervised Dr K Anderson, Dr S Watson, Prof J Ling) with funding from AHSN. This led to a 9 minute teaching video now freely available to all CNTW staff. This data is in preparation for publication.

This work was Highly Commended as a quality improvement in the National Positive Practice Awards in 2019. The data was presented at the North East and North Yorkshire Restraint Reduction Network conference, November 2019 to over 300 mental health professionals by Dr Kirstie Anderson. The president of the Royal College of Psychiatrists, Professor Wendy Burn has supported the work and raised it within the college risk management committee.

For the future, a grant application will be submitted to the NIHR Research for Patient Benefit scheme to fund a larger evaluation of the impact on sleep, length of in-patient stay and specific measures that have most impact on sleep on the wards.

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## Body Worn Cameras



**A photograph of a Body Worn Camera to scale**

Body Worn Cameras (BWCs) have proven to be useful in reducing violence and aggression against staff, whilst they are somewhat new in mental health settings, use is widespread in other healthcare and public facing settings.

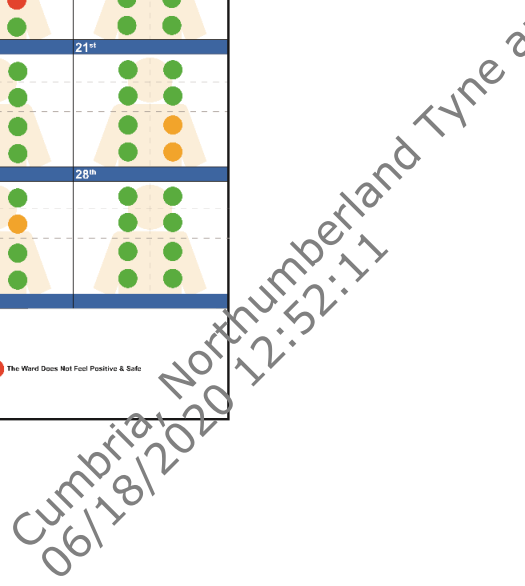
Three wards took part in an eight month pilot of BWCs: Beckfield, Rose Lodge and Alnmouth, supported by standard operating procedures and Information Governance requirements. The BWC proved to be popular with staff and patients. The majority of Staff reported feeling safer when wearing the equipment and managers reported much quicker resolution of potential safeguarding issues, minimising the time it took to resolve issues, and avoiding distressing and costly staff movement as a result.

The Trust has supported the roll out across inpatient services, CNTW have engaged a supplier and the Positive and Safe team will be rolling out BWCs throughout 2020.

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Safety Huddles are an opportunity for staff and patients to assess how positive and safe the ward feels at points during the day and night. They are an opportunity for everyone to have a voice and importantly to address any situations that are developing.



## Use of sensory strategies

Over the last year we have continued to see the expansion of sensory strategies as a way of supporting people in distress and meeting their wellbeing needs. This has included the addition of Rebecca Trevarrow to the positive and safe care team. As an Occupational Therapist and Sensory Practitioner she brings a different perspective to the team and a wealth of experience using meaningful activity and sensory strategies to manage emotional distress.

A sensory awareness training package was developed this year by the Sensory Clinical Interest Group. This is being rolled out to teams by our network of sensory trained clinicians. The aim is for all clinicians and service users to have an understanding of the role of sensory input in managing our emotions. There are a lot of simple but effective strategies we can use to support people in distress when we understand their individual needs.

The training is very well received and generates very positive feedback with clear improvement in self measurement scales around competence and confidence to utilise sensory strategies. The word cloud is generated from the narrative on the feedback forms.

Chill Out Rooms continue to be available on the majority of our wards. Wards in North Cumbria are identifying spaces for their rooms and beginning to order resources with training due to be rolled out shortly. Our Chill Out Rooms support service users, carers and staff by providing a sanctuary where there is more control over the environment in terms of lights, sounds and so on. They are multi-sensory areas aimed at supporting relaxation, emotional regulation and a sense of well-being.

As well as the basic awareness training package, a sensory session was delivered at the second Talk 1<sup>st</sup> masterclass which ran in February. There have also been opportunities to share the good work we are doing at external conferences.

It is clear from the feedback given at cohorts that sensory strategies are becoming embedded across a wide range of services. They continue to be a valued contribution to reducing restrictive practice through effectively supporting people in distress and meeting their wellbeing needs.

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## Training in the Prevention and Management of Violence and Aggression

Phil Trueman, senior trainer

The Academy and Positive and Safe Team continue to work closely. This includes developing theoretical packages, input into tutor training, and supporting initiatives to reduce or minimise restraint and other restrictive interventions. The Academy continues to deliver the mandatory training in Prevention and Management of Violence and Aggression (PMVA). This follows the previous year's structure of a basic course with an annual update and breakaway training for those staff who have clinical contact but are not ward based.

The majority of the training is provided by clinically based tutors who deliver a set amount each year. This allows not only the delivery of the programme but also to support local initiatives and provide "live" support to areas that need it.

Clinically based tutors have also been invaluable in the introduction of the Safety Pods pilot project. Rather than deliver the training on mandatory PMVA updates the decision was taken to train staff locally using tutors from those specific areas. This allowed the conversations to be about patients in the environments they would be supported in.

Achieving compliance with the Restraint Reduction Network standards for training has been a major focus for the Academy. This will be ongoing over the course of the year and is mandatory for those commissioning services for mental health and learning disabilities. The aim is to improve and achieve accreditation with the RRN, to the benefit of all.

The standards focus on initial or basic training for new staff. Currently our updates have a theory package that changes every year. Following guidance, around conflict resolution training, allows us to alter the theory package and focus on something specific each year. We are currently delivering conflict resolution but from September we will focus on sensory awareness and de-escalation. The following September will see the focus on Trauma Informed Care. This enables change and ensures best practise is adopted and shared.

All our PMVA courses contain an element of life support. With the basic and update courses having Immediate Life Support. We continually review and strive to improve training to improve outcomes and increase competence in the staff we train. The mode of delivery on update courses is now simulation based supported by debrief. It is hoped that the evidence base of better learning outcomes from this form of delivery will give our in-patient staff teams a better skill set to deal with the challenges around managing acute physical health deterioration.



## Alternative Injection Sites

Dorsogluteal injections are in the back of the muscles we usually sit on. This often means postures that many people would prefer not to be in, such as face down, i.e., prone. TEWV have had a significant decrease in their use of dorsogluteal injections. The majority of their intramuscular injections are now in the deltoid muscle, where a sergeant's stripes go on their arm. Staff from TEWV kindly delivered a training session for CNTW staff on alternative injection sites.

As a trust, we should focus on avoiding the dorsogluteal injection site as a first option and promote the use of the deltoid site when possible, including during situations of seclusion/restraint. In turn, this aims to reduce the use of prone restraint.

Currently we are planning some training sessions for all inpatient qualified nurses in the use of alternative injection sites, including lateral thigh and ventrogluteal (hip) sites. For information, including the benefits of using alternative sites to dorsogluteal, there is a PGN available as well as some easy-read slides explaining the techniques and which commonly used medications can be administered into each site.

## Safety Pods

The Safety Pod is a piece of equipment that has been specifically designed for physical intervention and restraint with the aim of being less intrusive and overall reducing the amount and length of time spent in ground restraint. The safety pod allows the patient to receive an individualised response in terms of head and neck support, spinal alignment and seating angle.



The safety pod has benefits not only as a tertiary intervention but a primary and secondary intervention too. Our patients and staff have given positive feedback in its use throughout all types of intervention.

## **Interview with a service user ward lead for Talk 1<sup>st</sup>**

Dr Keith Reid met up with *Chris* who is a ward service user Talk 1<sup>st</sup> lead

**KR: How are you?**

*Chris: It's been hard because I've lost my routine during COVID. Maybe things can get back to normal soon.*

**What do you think about Talk 1<sup>st</sup>?**

*It gives us activities to do, it keeps us busy. That keeps us well and it helps reduce the violence. It gives patients a voice. Before it could be like staff saying, do this, do that, but now I have more of a voice.*

**Is it okay to put in the interview that you have needed some help with dyslexia while you've done the Talk 1<sup>st</sup> work?**

*Yes, it might encourage other people, if I can do it.*

**What was the best thing you did?**

*I like the art on the walls, that's been good. And on the afternoon we have a social, that's good.*

**Has anything been hard?**

*We need to sort out the pictures of staff with their names and what they like. I was going to put mine up and had that I support Celtic, and people sort of made fun of it, "how come, you're not Scottish", and I said, "Well, it's my second team".*

**Well, that's what it's about, knowing each other.**

*I was really proud when I spoke at the Talk 1<sup>st</sup> meeting, I felt a relief after it. I find the graphs a bit confusing but I can learn about that.*

**I asked Paul (Sams, service user project coordinator), what to ask, and he said: "If you felt like an equal when you have been doing the Talk 1<sup>st</sup> work"?**

*Yeah, that's it, that's really important. Definitely.*

**How do you see the role of service users in CNTW over the next two years?**

*I'd like it if some could come back and tell their story, share the good advice. It would give some hope.*

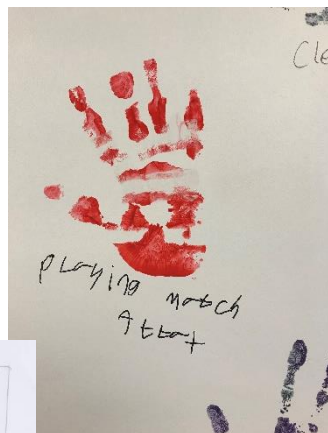
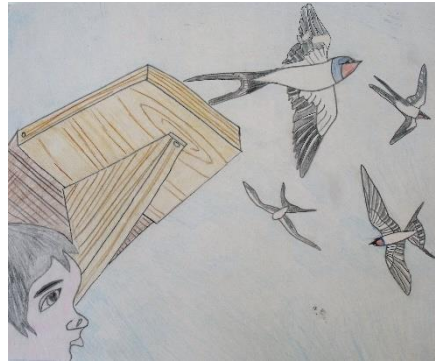
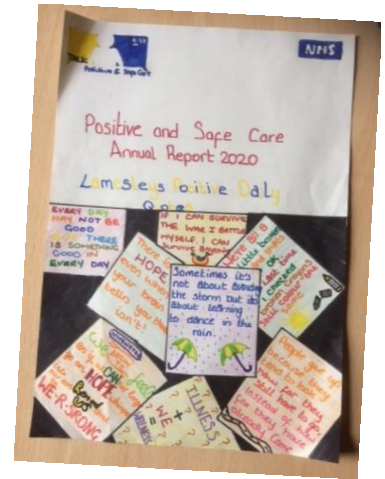
**Yes, I think staff who are good at Talk 1<sup>st</sup> on wards should keep in touch when they leave. Would you like to come back, or keep in touch somehow?**

*Yes that would be great.*

**Thanks. Anything else we need to know?**

*No that's great.*

Patients designed some front covers for our annual report.





## Feedback from Localities



All CNTW wards have attained the Full Monty Award, this is a wonderful achievement. This is only awarded when the ward fulfil all 75 of the 'ideas' as first developed by Marion Janner OBE.

**Many thanks to all patients and staff who have contributed to this year's annual report.**

### Central

#### Bede

2019 has been a year of change, we moved from the Hadrian Clinic to St Nicholas Hospital; although it took a while to settle in, the new environment and improved space has been a positive change for both patients and staff.

We have re-visited all of our Safeward interventions since our move and have co-produced a temporary whiteboard Tree of Hope as we found that this was easier to keep updated. Positive Words are facilitated in a more meaningful way by providing our patients with tokens at the week end with their positive words on for that week. Staff continue to be very creative in their approach to providing activities for the patients.



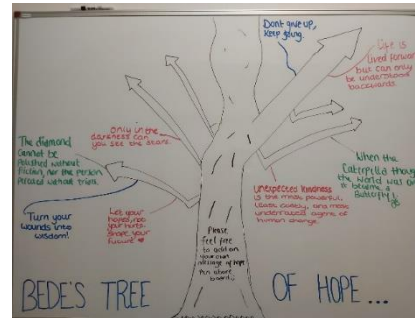
We have had our first talk 1<sup>st</sup> patient lead, who was integral in facilitating and promoting activities on the ward and encouraging and prompting staff and patients to take part. He created the wards own Talk 1<sup>st</sup> activities board which was updated every morning. He also helped to facilitate a bake sale and several ward bike challenges.

Following discharge a fellow patient continued with some of the talk 1<sup>st</sup> responsibilities and has devised a patient questionnaire that looks at peer experience on the ward. It asks if patients feel comfortable engaging with staff, are kept up to date with their care plans, activities, and their overall experience.

The ward received a lovely letter from a patient's mum and she requested us to share this:

"My son was brought into Bede unit following concerns about his safety at home.

On admission he was assessed and had ongoing support from staff on the ward, immediate input from psychiatric doctors and psychologists. The service provided a homely safe atmosphere where I felt my son felt safe and supported, on several occasions on speaking with staff they always gave reassurance to my son and to myself, offered me support and asked if I needed to talk about how I was feeling. The food offered was outstanding, room warm, facilities excellent, continuous support put into place on discharge. On reviewing this service, I would commend all the staff as outstanding regarding care, compassion, recognising mental health needs and acting on to provide safe care and treatment”.



## Willow View

These are some examples of what we are doing to ensure that we work collaboratively with our patients and carers.

## Community meetings

- Held weekly with all patients invited to attend
- Agenda agreed by patients
- Review of mutual expectations which is devised and agreed by patients

## Carers group

- Held monthly – All carers are invited by key nurse verbally and an invite letter is also sent out
- Group is led by the carers champion but agenda is driven by carers
- Outside agency's/professionals have previously been invited to speak at the group at the request of carers
- Regular Attendance by leadership team members at the group

## Patients and Carers involved in ward based activities

- Monthly music in hospitals group which patients and carers are invited to and regularly attend
- Weekly walking group which is led by patients
- Other ward bases events include religious celebrations, sports days, themed nights (Identified by and arranged with patients) carers are invited to and regularly attend

## Mutual Help Group

- Weekly mutual help group facilitated by patients
- Groups run successfully every week with excellent attendance
- Carers had requested to attend the mutual help meeting on the ward. This had been agreed by patients and it had been a great success.
- Carers to be invited on a monthly basis if agreed by patients.
- A recently discharged patient continues to attend the Mutual help group and facilitate

## Other

- Discharged patient has been involved in delivering talk 1<sup>st</sup> masterclass and spoke at the North East and North Yorkshire Restraint Reduction Network Conference on the 13th November at the Stadium of Light
- A range of Christmas themed activities which were open to both staff and carers in the lead up to and over the festive period ( please see attached)

**Refurbished Meetings Room at Willow View.** Room has no natural light, was dark and uninviting. New inexpensive mural purchased from Amazon, installed by our painters & decorators. Plastic chair-guard installed by joiners. Chairs, coffee table and computer desk obtained free via Warp-it. The response from visitors has been most favourable!



Recently refurbished beach courtyard in female garden at Willow View. Hard landscaping completed by Northern Bear Building Services, financed by DMG Electrical Services. Asda Gosforth donated the accessories.

## **Ferndene**

The four wards at Ferndene have all previously completed their Star Wards and achieved the Full Monty and CAMHeleon awards. All wards have worked through the Safe Wards initiatives and these are now embedded in everyday practice with evidence collected of their practice.

The Talk 1<sup>st</sup> Support Group set up across Ferndene and Alnwood from March 2017 is still active and meets bi-monthly, Restrictive Practice Group, alternating with the Talk 1<sup>st</sup> support Group meetings. Talk 1<sup>st</sup> and Restrictive Practice champions have been identified on each ward giving opportunities for sharing good practice but also challenging practice where needed. Young people have also been consulted about their view of restrictions and these addressed via the group.

### **Sensory and Communication**

Ferndene SALT and OT staff have been working with other Trust staff to develop an updated version of the theory based mandatory PMVA training.

### **Occupational Therapy**

Occupational Therapists continue to support the de-escalation pathway. Calm Boxes and Sensory Ladders are regularly developed to meet a young person's need. Safe and meaningful activities are utilised as a means of distraction and self-soothing; as well as used in compliance testing for long periods of seclusion.

OTs continue to utilise the ward 'Quiet Space' – and use sounds, visuals, projections and the SenSit chair, as part of scheduled routines within the timetable.

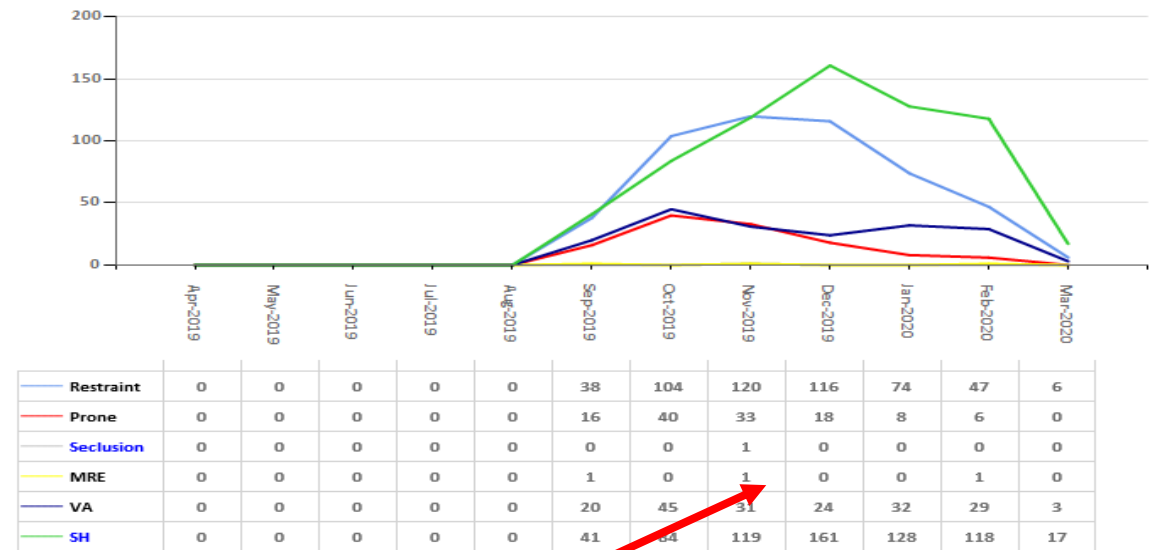
### **Safety Pod Pilot**

Stephenson ward have been part of a small group of inpatient areas within CNTW who piloted the 'Safety Pods'.

When a patient requires restraint the safety pod allows for more effective, quality and uninterrupted de-escalation process. This is opposed to potentially having to transfer a person from 'A to B' or from one position to another. The safety pod can be taken to the patient instead of the patient needing to be transferred somewhere else. When a patient has to be transferred location or from one position de-escalation is often disjointed and 'stop – start'. Whereas with the safety pod the patient can be held safely and securely while supporting staff deescalate in a continuous and effective manner.

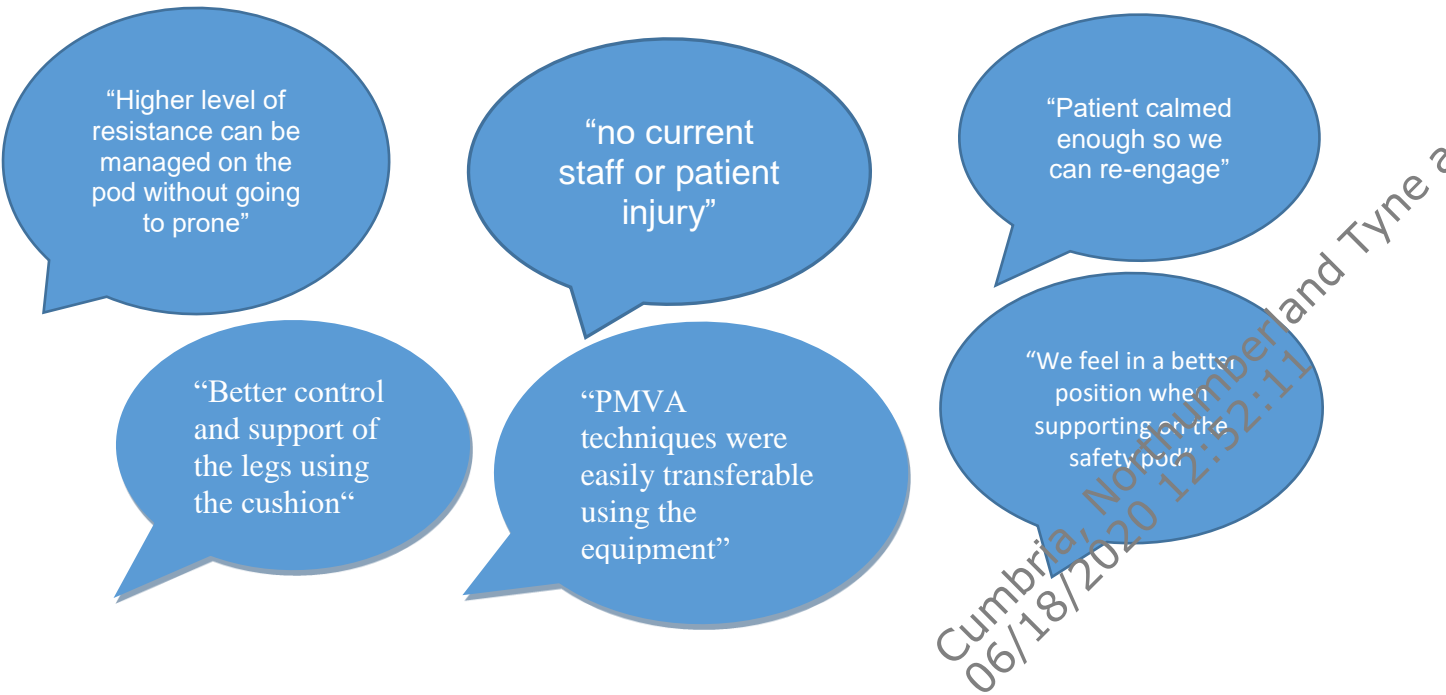
Talk 1<sup>st</sup> Data

Below is an example of how the safety pod has helped reduced the amount of prone restraint for one particular patient.



The safety pod was introduced towards the end of November and as you can see prone restraint nearly halved the next month and significantly reduced the months after, whereas overall restraint remained high.

Staff Feedback from Debriefs





## Fraser Reducing Restrictive Practice

Fraser had been selected to be involved in a 2 year National project designed by the Royal College of Psychiatrists to support the strategy of reducing emergency interventions (P.M.V.A. Rapid Tranquilisation and Seclusion). There are a number of varying services throughout the country who have been invited to participate.

The Reducing Restrictive Practice (RRP) collaborative is part of a wider Mental Health Safety Improvement Programme (MHSIP) which was established by NHS Improvement (NHSI) in partnership with the Care Quality Commission (CQC) in response to a request made by the Secretary of State.

The aim of the RRP is to reduce restrictive practice (measured by number of restraints, seclusions and rapid tranquilisations) by 33% in the wards that are selected to take part.

Fraser's participation within the RRP programme focussed on many change Ideas, as a team we initially looked at making significant changes to the functioning off the ward, however it was smaller change ideas that were most effective.

These team inspired ideas allowed us to reach our objectives to reduce practices around the usage of PMVA, Seclusion and PRN medication by 33%, however throughout our journey, our results would fluctuate and we note several months when restrictions were reduced by 100%.

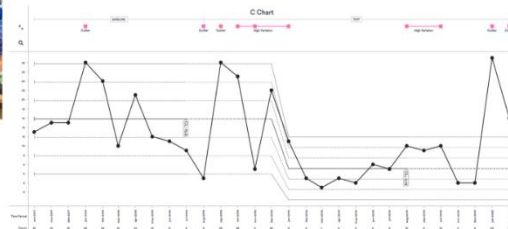
The idea with the biggest impact involved prioritising attendance with our non-qualified staff to our individualised patient core groups. This approach allowed those staff who work directly with our young people the most, to inform and shape care plans based on their observations and reflections. As a result; we gained a greater consistent approach tailored to individual's needs that aided the reduction in incidents.

All restrictions including (Seclusion, PMVA and PRN medication) were recorded on a safety cross, which allowed staff to look for themes and patterns in presentation. If appropriate the team would enhance preferred activities around those difficult times as a preventative/primary measure.

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## Reducing Restrictive Practice QI Collaborative

Reflecting on our project



### Change ideas we have tested include:

- Menstrual Recording – Using safety cross data we were able to establish a pattern of incidents at particular times of the month for a particular young person. We implemented menstrual recording charts in attempts to predict changes in presentation and implement strategies to reduce incidents. **This was successful!**

- Vehicle Availability – By increasing the pool of vehicles available to each ward within the hospital, patients now have the opportunity to utilise these to meet their needs in terms of appointments and social integration as well as Section 7 leave or home visits. **This was successful!**

- Open Office Door – To enable more consistency and availability of staff, we implemented an open office door ethos for both the Nursing Office and the Managers Office. This visual cue enabled patients to know when staff were available and when they were not. Patients feedback was that they preferred the open door as they knew if they could or couldn't interrupt. **This was successful!**

### What our patients, staff and carers say

Feedback about the project has been predominantly positive. The project team has been transparent with everyone involved in patient care on Fraser House and have negotiated and taken on board all ideas and feedback.

Patients have enjoyed being empowered in the changes on the ward, as have the Nursing Assistants who have driven all of the change ideas amazingly

The Project Team within Fraser House would like to thank all of the RRP team who have been an immense support throughout the project! You have supported us to make a huge difference to our patient experience and we will be forever grateful!

### Changes we have seen on the ward

The culture within the ward has changed a lot during the project. Nursing Assistants have been given autonomy within their role to implement changes in liaison with management rather than the other way around. There has been a significant reduction in restrictive practices, only seeing increases during complex admissions including those of patients with Eating Disorders who require physical interventions for nutritional intake via NG tube and/or until initial assessments have been completed. In general, Fraser House excels itself on being a "homely" atmosphere. Staff work in a very relaxed manner with patients whilst maintaining professionalism at all times. Patients are encouraged to support staff with day to day tasks as a way of breaking down barriers between roles. Though we have no patients within the clinical area who were here from the start of the project, integration between peer groups has enabled the ethos of patients creating change ideas to remain pertinent to the culture of the ward. Due to recent changes within the trust, Ferndene Hospital has been impacted greatly. Due to the autonomy being given to floor staff, moral has remained stable. Staff feel empowered within their role and their confidence has grown as a whole which positively impacts the patients.

### Looking to the future

Moving forward, Fraser House will keep the culture it has embodied within the ward, floor staff and patients will continue to be promoted to identify and establish changes throughout the ward. They will be the key indicators as to whether things are "working" or "not working." Fraser will continue to monitor incidents of restrictive interventions in a similar way to the safety cross. We have dates arranged to share our experience of the project throughout our trust, providing advice and guidance to ward who wish to implement similar changes.

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## Secure Mental Health Inpatient Services



We have had a busy 2019/2020 in secure mental health inpatient services. We have continued to develop our Talk 1<sup>st</sup> strategies collaboratively with patients across all four inpatient wards, Oswin, Cuthbert, Aidan and Tyne Mental Health. This year has seen us continue to implement Safe Wards and Star Wards Initiatives as well as develop our own service specific interventions.

Service user involvement and co-production has been a real priority for the service and we made great strides in that regard. We have been able to bring patient representatives to cohorts allowing their voices and unique perspective to be shared with other teams.

### Events and charity work

Patients love to celebrate. They also feel passionate about giving back to the community. We have had many patient led events and activities on the wards that celebrate things like Christmas and Remembrance Day. A collaborative approach ensures that patient's views and wishes are at the forefront of these initiatives. Patients nearly always want to make sure that they can raise money for good causes as well as enjoy themselves.



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"LEST WE FORGET, REMEMBERING AND HONOURING OUR FALLEN HEROES" Today Oswin staff and patients paid their respects, Thank you to Margy lee hand making these beautiful poppies, all donations to help the heroes!



## Leaves and Activities

At regular ward and service level talk 1<sup>st</sup> meetings, patients identify the things that they enjoy. Working with our patients and outside organisations and businesses, through co-production we look for new and exciting ways to keep our patients engaged with their recovery.

What else you gonna do on a wet and windy Sunday....ten pin bowling and a spot of lunch for Tyne MH and our weekly Out and About Group. Cheap tickets and plenty competitiveness enjoyed by all 🍷



Tyne Low Secure's weekly Out and About Group continued today with a trip to watch Blyth Spartans vs Hereford followed by fish and chips down the coast. 10 patients and 3 staff but sadly only one goal 🍷



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## Sharing Best Practice

Whether it is presenting ideas at the North East and North Yorkshire Restraint Reduction Conference or the Royal College of Psychiatry, Secure Mental Health is committed to sharing best practice and learning from others.



## Cuthbert



Patient reps have attended and contributed to regional and national conferences.

Throughout the year we have held regular events across the clinic including B Fest in the summer and visits from the Northumberland Husky and Malamute friends in the winter. These visits were popular with patients and staff alike. We have had quarterly carer social events for patients, staff and carers and continue to update carers via the quarterly newsletter also.

On-ward activities have increased at 'quieter' times, for example weekends due to patient feedback. These include baking and gardening. As well as developing skills the home baking is going down a storm! It brings the social element of 'cake and a cuppa' as a weekend treat.



A lot of intensive work has gone into making the ward courtyard pleasant and patients and staff have worked alongside each other to clear weeds etc. and prep the area for planting.

Our Occupational Therapist made contact with a local B&Q who kindly donated a large number of plants and flowers and a lot of this work remains underway.

This gives a positive focus at a difficult time and helps us to create beautiful space we can all unwind in and be proud of.

Prior to the Coronavirus lockdown, more group outings were happening at the weekends including a trip to Northumberland Zoo. These have a very positive response and we look forwards to reintroduce these group items later in the year if possible.

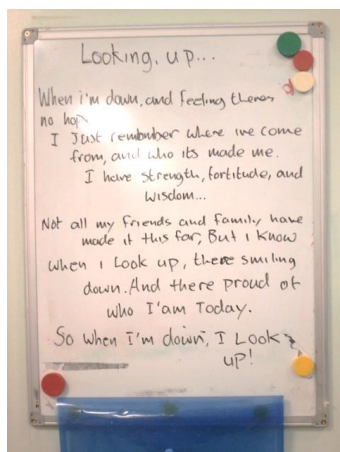


The Out and About group has continued, with the men working together to decide on destinations for this. Activities have included bowling, cinema trips, a gamers lounge, walks at the beach and meals out.

When the weather was finer we were working with the community forensic team on an allotment in the West End of Newcastle. The men have worked really hard to fix up raised beds, paint sheds and weed the area ready for this year.

A community football group has commenced – participating in the weekly Newcastle United Foundation Mental Health football group. The men who attend are really enjoying the activity and hoping to continue this on discharge.

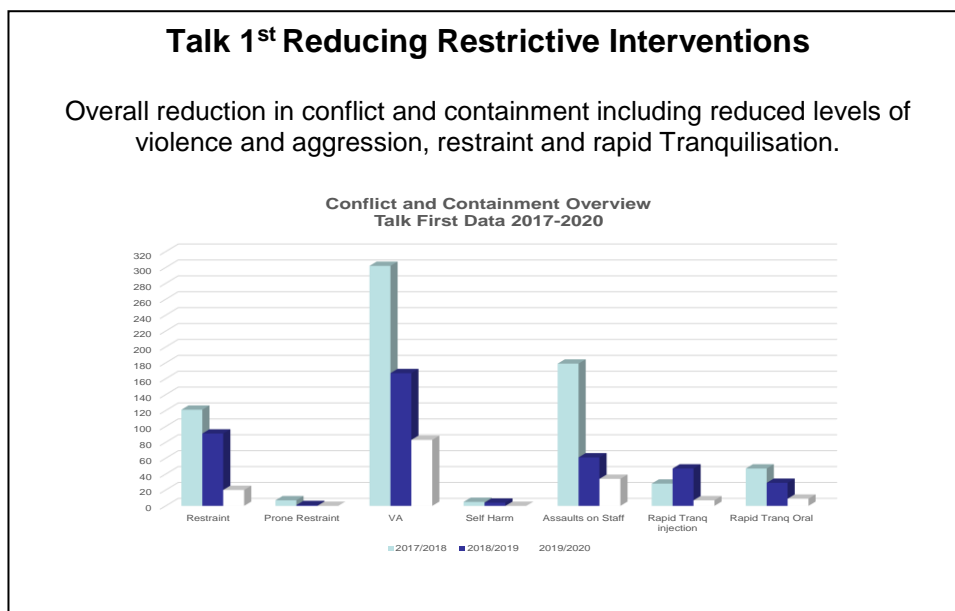
One of our patients recently began a peer mentoring course via the clinic.





## Castleside

Has seen a significant reduction in the reporting of restrictive interventions in comparison to previous years. The team have embraced new ways of working to enhance patient, visitor and staff experience and outcomes.



There have been a number of developments and service improvements which have supported this work.

- Communication and Interaction Training (CAIT) has been delivered to all staff. A 'Verbal Judo' video was produced on the ward and workshops / bitesize training sessions are needs led and offered regularly with communication leads. CAIT has also been well received by carer and care homes and has been fundamental in supporting safe discharge.
- Delivery of weekly reflective sessions with a focus on support, care planning and interventions. Talk 1<sup>st</sup> data is used to review restrictive interventions and incident reports supporting with care planning and debrief. Safewards interventions such as calm down methods, talk down tips and reassurance also support and influence this meeting.
- Review of the formulation process and have supported staff with developing specific needs led care plans alongside Newcastle Formulation, ensuring richer more informed person centred care plans with ongoing monitoring.
- Completed the installation of bespoke artwork on the walls named 'The North Eastern Way', the murals are to be used with patients as an aid to interaction or distraction when a patient may be coming distressed, also used as a valuable aid for stimulation and reminiscence.



- The staff have worked hard to improve the ward environment making it more dementia friendly – we have created a relaxation space, improved the activity room now known as ‘Castleside Café’, providing a warm and friendly space for patients, visitors and staff to use. We have created a physio space and have purchased a recumbent bike for patients to use.
- Community meetings / Mutual Help meetings embrace the community culture and aids the gathering of feedback to inform improvements on the ward.



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## North Cumbria

### Rowanwood

#### Christmas Competition

December 2019 saw our annual Inter-ward mince pie competition with entries submitted by our patients from across our inpatient wards. Enthusiasm and the competition was high. Staff and patients enjoyed sampling some home-made baking and time chatting together while our esteemed judges set to work to make the difficult decision. Huge congratulations to our Rowanwood participants who took first place this year with their elaborative and tasty entry. A fantastic effort by all, thank you.



#### Creativity and Collaboration

Chinese New Year was celebrated within Rowanwood PICU in style this year. Our talented activity coordinator and patients created this fantastic display within the ward. Time was spent translating all staff's and patient's names for all to learn and see. The evening was finished off with homemade Chinese cooking, enjoyed by all together.



#### Sharing important messages

This display was created on Rowanwood to support with questions raised at our regular mutual help meeting. Ensuring information is readable and understandable is vital for supporting our patient group. This fitted really well and demonstrated our mutual expectations within the ward, listening, respecting and supporting each other.

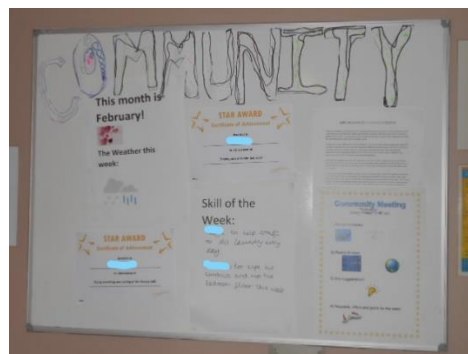
## Hadrian

The Hadrian Unit's Pop up café successfully launched. This monthly event is supported by staff and patients bringing together skill building, leisure and social activities. Featured was our Valentine's themed event. The pop up café is a monthly event within the ward, however we are looking at plans for this to widen to other inpatient services too. Feedback from all in attendance has been very positive and we have also received thanks from visitors and community staff who were been able to join us for these events.



## Edenwood

Have re-introduced their community meetings, adapting it to the needs of the patients. This includes easy-read weather forecasts, discussion on the events of the month e.g. Mother's Day chat for March, Skills of the Week and Star Awards. The patients also got involved in creating the new 'Community Meetings Board' taking ownership and showing pride.



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## Oakwood

Staff and patients worked together to create some delicious baking as part of the McMillan coffee morning, raising over £80 for such a fantastic cause. The fundraising effort continued and saw the annual garden day raise over £60 for garden funds. An afternoon in the outdoors was enjoyed by all and there was even some dancing and jiving to be seen.



## Ruskin

Ruskin held its summer garden games afternoon. The event was extremely well attended by patients, families and carers. Lots of fun and prizes were shared as well as important time spent together.

Ruskin also welcomed some furry four legged visitors to the ward. The magic of pet therapy shared an increase in social interaction, reduction in anxiety and distress and left a lasting sense of calm on the ward.



## Yewdale

Have devised a fun keep fit project. This included a circuits format with individual stations such as steps and other exercises to music. Group encouragement supported all participants to achieve their goals. 'Not only are we keeping fit, we are having fun and socialising too'.





## Feedback from North Localities

Secure Care Learning Disabilities is based on the Northgate Hospital Site. It provides therapeutic interventions to gentlemen who require care in Medium, Low and Hospital-based rehabilitation services.

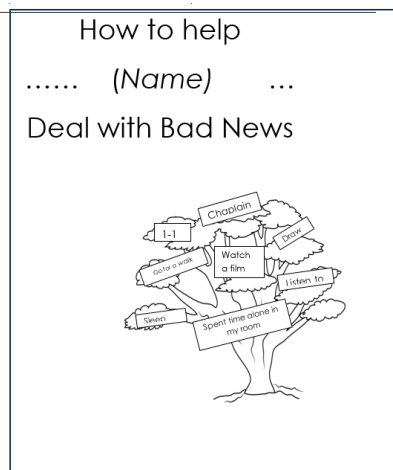
The Kenneth Day Unit (MSU) comprises of 3 wards, Lindisfarne, Cheviot and Wansbeck. Tweed provides Low Secure and hospital rehabilitation services, whilst Tyne also has a clinical area providing hospital based rehabilitation services for those gentlemen who may have additional physical health needs. As well as applying a multi-disciplinary approach, we have TAS (therapeutic activity services), Recovery College and for those people within a discharge pathway SOTT/CTT.

### Cheviot

Here are some of the Safewards initiatives that the ward have embedded:

#### Bad News Mitigation

One of the initiatives that has worked well on Cheviot is Bad New Mitigation. We discussed with all the patients about how they wanted to be supported when receiving bad news ie extra 1-1 support, time in room, listen to music etc and then incorporated their responses on a visual 'Tree' that staff has access to and refer to when delivering bad news.



#### Positive Words

Cheviot's positivity tree was created by using an existing tree within Cheviot's courtyard.

Woodwork dept. within the therapy activity service created small wooden plaques to put a messages onto. These were then tied to the trees with ribbon.



#### Soft Words

Messages and hints are displayed around the ward office which gives the staff ideas and prompts that they can use to support them when dealing with confrontation and help build and maintain therapeutic relationships

Clear Mutual Expectations

On Cheviot the patients agreed the name for mutual agreements would be 'shared standards'. They discussed and developed the agreements collaboratively with each other and the staff team during a patients meeting so that everyone had clear explanation of what is expected in regards to behaviour and staff can also use these to provide a consistent approach.

A pictorial approach was also used with SALT input to support those with communication difficulties to understand the information.

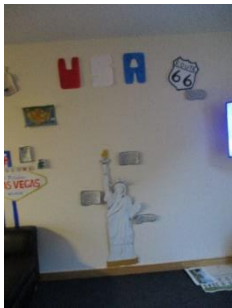


Cheviot Activities

Cheviot have commenced a topic month based on a country theme. Throughout the month we incorporate the themed month into activities that we do, then finish with a Celebration of the country. Here are some examples:

America

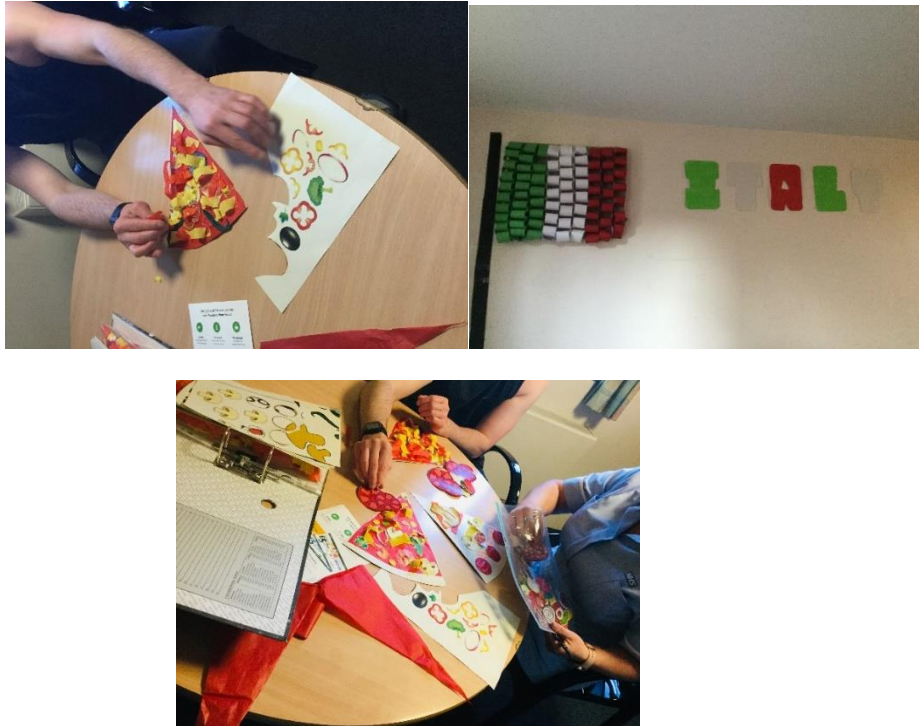
Activities included a 'walk along route 66' where patients collated there daily steps to determine how far along route 66 they could get. The patients also used the Kit computer and library time to research different topics around the theme.



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## Italy

Activities have included learning Italian numbers and making pizzas with their favourite toppings

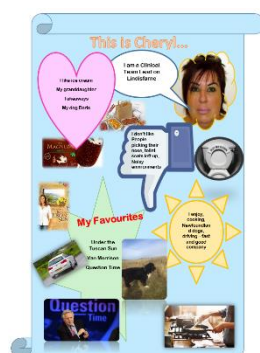
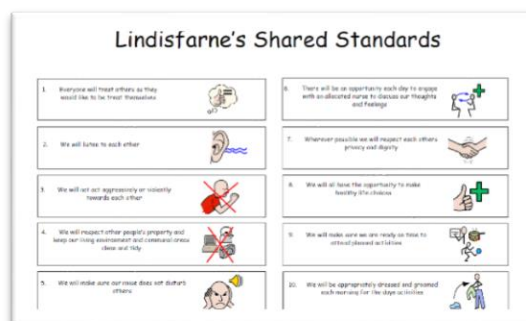


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## Lindisfarne

We have continued to embed and develop interventions we have had in place for some time now including:

**Clear Mutual Expectations** – we call these are Shared Standards. We review these regularly together at our ward meetings to make sure that they are still relevant.



**Know Each Other** – this is something we have developed and shared significantly since we first initiated it. We now have a much more service-user friendly, fun format. In addition to our Know Each Other file on the ward, we have shared these with people who come onto the unit by placing a copy within our control room area. Everyone has enjoyed learning fun facts about each other.

## Patient and Carer information packs and video tour of unit and hospital



Within secure care all visits take place outside of the clinical area for the purpose of safety, security and confidentiality, so there are no opportunities for relatives to see where their family member is living.

Following this we discussed with other patients how they felt prior to coming into secure care. The main theme was fear and worry about what to expect. Using these various experiences and discussion we developed our patient and carer's information packs and took it one step further and with the help of the communications department created a video tour of the ward unit and the hospital.

## Positive Words

With our service user's agreement a 'positivity box' was implemented to gather positive comments from service users and staff. Our lead prompts people each day to put in a positive comment about someone or something. These are then opened as part of the Mutual Help Group each week.

The aim is to make individuals feel valued and appreciated and create a positive therapeutic environment which promotes recovery and interaction by helping people notice the positive aspects of each other.







### Reassurance – Daily Joint Reflection

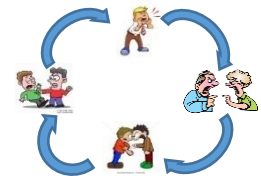
This is a way of reflecting together each day, It also offers service users and staff some insight into how each other are feeling.

We have allocated a member of staff on the office whiteboard to carry out the daily reflection and encourage one of the service users to help them facilitate this.



### Bad News Mitigation

We have developed our own template which is clear and easy to use and informs staff how to deliver bad news to individuals. A copy of this is held within their health and recovery portfolio.



We developed a daily clinical handover front sheet which included questions for the ward staff team to try and identify:

- Who was likely to receive bad news that day
- Who was likely to be unhappy about their care that day
- What general challenges the team might face today.
- We then discuss together how we can manage this.

Doing this raises awareness of the concept of delivering bad news to an individual based on their choices and preferences.



### Talk Down – Mood Board and Talk Down Tips

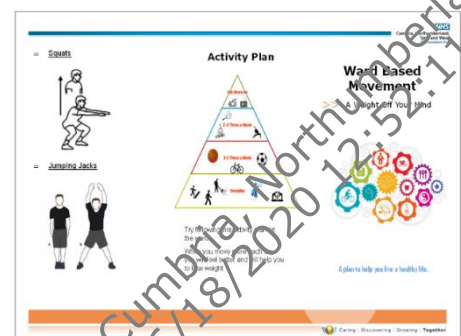
Our mood board is displayed in the communal area. We wanted this to help capture how were all feeling (patients and staff) at different times throughout the day.

We could utilise information from this to help us better understand the impact of situations and events which occur as part of daily life on the ward. We can then consider introducing other interventions to improve how people feel – or put in more interventions which we know people respond well to.



### Star Wards & Providing Meaningful Ward-based Activity

We achieved the Full Monty award. Some of the things we have done to encourage activity are: Boredom Buster - this is a file containing lots of suggestions for activities, A Weight off Your Mind leaflet – Lindisfarne patients worked together with staff to plan and design a leaflet that promotes exercise as a way to lose weight as well as feel better and gives lots of handy hints and plans for things people can do on the ward to stay active.



Project of the Month – decided by patients at MHG. All patients are involved and the theme runs through the entire month of activities- examples include, Chinese New Year, Flags of the World, Halloween, The Five Senses.



### **Tweed low secure and Tweed/Tyne hospital based rehabilitation**

We all attained the Full Monty award and we continue to RAG rate ourselves in order to maintain this. There are three patient talk 1st reps, dashboard data is reviewed at clinical and business meetings and it is included within the patient's CPA presentation.

### **Mutual help brunch**

The wards hold Mutual help brunches where staff and patients meet monthly to review dashboard data also as a group. Patients and staff work together to identify future ward and off ward activities.



### **Daily Reflection**

As a team we reflect daily and support the patients to do this also, staff and patients complete a sheet at the end of the day. The reflection sheet has four areas to reflect on and there is an easy read version for the patients. This data is also reviewed at the mutual help brunch where we identify trends and address any issues that arise.

### Home cooked food

We do not have cooking facilities in flat 1 and 2, so we have purchased various cooking appliances such as soup makers, George Foreman grills, smoothie makers, and mini ovens. This has allowed the patients to be able to make healthy fake a way's.



### Tree of positivity

Patients and staff worked together to create a positive message discharge tree. Patients requested that the tree be displayed in the meeting room, they thought the positive messages would be inspiring to new admissions and for patients who were feeling low in their meetings.



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## Wansbeck house, Kenneth Day unit

## Wansbeck in bloom

One of the Gentleman has taken the lead on improving the look of the courtyard. This has involved spending time designing a sign out of stones, which he and his peers found when out on group walks in the grounds. Additionally they picked flowers and planted these in the courtyard and raised beds.



## Clear Mutual Expectations

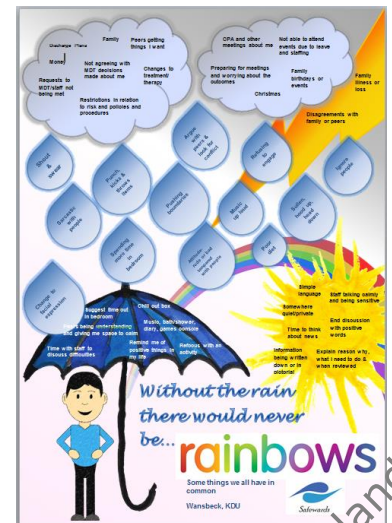
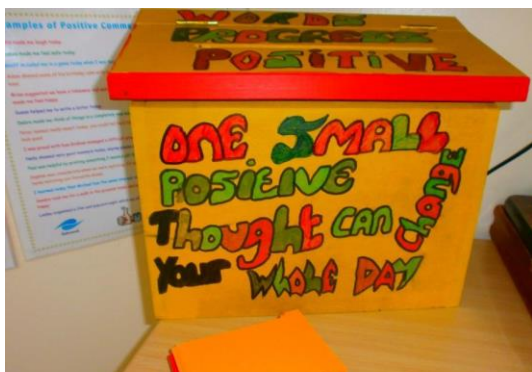
Clear mutual expectations have been coproduced by the patients and staff on the ward. The patients have designed a poster to display these in the day room.

## Positive messages

The ward has a positivity box which was designed by one of the patients. Staff and patients add in positive comments which are read out in a community meeting twice a week.

## Bad News Mitigation

The team have worked collaboratively with all of our patients to identify situations which may cause them to feel upset, anxious or annoyed. The information gathered was then presented in a pictorial format to make it easier for patients to understand the process. Each patient has a copy of their own individual plan and they are reviewed and updated regularly.



## Discharge Messages

The entrance to Wansbeck House has a wonderful piece of art displaying the River Wansbeck which was created collectively by the patients in their weekly 'Say Group'. This displays discharged messages of hope from patients who have left and reflection on their time spent living on the ward. The aim is for anyone being newly admitted to see the positive work that the team have done for others as well as reduce their anxieties and give the hope for their own future.

## Walking Challenges

Walking groups have been a great way to bring the patients together socially as well as encouraging some healthy competition to see who can 'get the most steps in'. In the lead up to Christmas, patients and staff engaged in a challenge where we walked collectively from Northgate Hospital to Lapland in 10 weeks, which was a total of 2,004 miles.



## Focus on the Whole Person

A holistic approach to care is paramount within our service to maintain the health and well-being of all the patients. We have gradually introduced patient lead circuit training and step classes as well as regular sessions in the multi-gym and these are having a positive effect on everyone's mood and engagement. Another thing we are encouraging is positive social engagement relating to topics of interest to the patients. We have introduced a Conversation Café where all staff on duty and patients leave the ward environment and engage socially over coffee, cake and a game of pool.



## Autism Services



Everyone has worked hard to embed the principles of Talk 1<sup>st</sup>. This has included incorporating the underlying components into service induction training, promoting staff access to dashboards to help inform care planning, creating *pro formas* to improve record keeping, which helps to support the promotion of positive words, and embedding Bad News Mitigation into PBS planning. The regular visits from the therapy ponies and dogs has been very well received. Holding themed events throughout the year has encouraged carer involvement which is often difficult to plan as we provide a national service. The service integrates well with the community with the local pantomime society delivering an Autism friendly Christmas show. Themed calendar dates are utilised as focused engagement events throughout the year, these include the Chinese new year, Valentine's Day, Easter, Halloween, Bonfire night, Christmas and the New Year celebrations.

### Mitford Bungalows

The past year has been a challenging time with some complex care but Mitford Bungalow staff continue to drive the talk 1<sup>st</sup> principles. The team have developed their outdoor space to create bespoke sensory areas for service users, this is where the Tree of Hope is planted and the service users help maintain it. Pride is taken to provide 'See Me' booklets as an ongoing feature to share the progress of service users - utilising pictures and words to promote expression along with scrap books of all engagement in activities to share with their families.

We have supported the pilot of the safety Pod which has been very effective in providing effective de-escalation and aiding with communication as well as Makaton can be utilised at the same time. The safety Pod's personalised feature has been effective in acceptance into the environment and can be used in future transitions.

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## Mitford

The past year has generated some fantastic collaborative work on Mitford to support the Positive and Safe initiatives, utilising Talk 1<sup>st</sup> principles to be creative in therapeutic activities.

These included charity walks and car washes at the request of service users, development and publishing of poetry to mark a service user's journey throughout services, supporting a service users self-expression through music by playing in a band at scheduled events.

Mitford have been involved in the pilot of the safety huddles to embed ward safety based on immediate problem solving. Mitford have also piloted the use of the safety Pod which has helped meet the sensory needs for our service users. Thus supporting a rapid reduction in levels of anxiety, which in turn has supported restraint reduction and decreased health related risks.

Pictorial care planning has been embedded and All About Me booklets redesigned to promote positive interactions based on individual interest.



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## Adult Inpatient Services

### Embleton

Is a male acute admission ward based at St Georges Park and 2019 has been a really exciting year for us. We have had a busy time in relation to high numbers of violence and aggression, restraint, and seclusions at the beginning of the year. However we must acknowledge the hard work that has gone into providing individualised specialist nursing care, alongside the initiation of long term segregation (on an acute ward!) which has significantly reduced the numbers of violence and aggression. We were lucky enough to be part of the pilot for “Safety Huddles”, this allowed staff and patients to monitor the “temperature” of the ward. More recently we have also been part of the Safety Pod pilot, this is to be used as a way to reduce prone restraint and encourage communication and verbal de-escalation techniques.

We have recently gained a second activity worker this has enabled us to have 7 day cover for activity workers, there have been many new groups set up over the year alongside established groups and initiatives which continue to be part of the daily routine. These include; the Mutual Help meeting, the Community Meeting, the Buddy system, Star of the week and more recently the start of a Social Lunch.

We have achieved the “Full Monty” we continue to strive toward promoting patient activity and wellbeing. We now have 3 volunteers who work regularly into our ward providing us invaluable skills and experience.

On reflection the one of the greatest achievement of 2019 has to be the informal conversations and discussion which represent a change in culture, a change in attitudes, an environment open to change which is woven with talk first initiatives, ideas and discussions.



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## Newton

Talk 1<sup>st</sup> is firmly embedded within the team –

- Social lunch- continues to be positively received and this is a protected time for staff & patients to come together to share informal discussions and work as a team to plan and prepare the meal each week.
- Positive words – these are incorporated into the daily reviews.
- We have a positive words book which we ask patients, staff and carers to contribute to and comments are read out within the mutual help meetings.
- We also have a staff positive words board in the main office where staff can share their positive thoughts about the day.
- Sleep Well- Newton has been part of the pilot for sleep well. This was well received by patients, carers and staff and continues to be established following the end of pilot. It is discussed with new staff as part of induction to the ward.

Other things we have done –

- We have the full Monty
- There is a well-being clinic each week which is a drop in format – we have a nurse, ward doctor and pharmacist in the clinic to meet with patients and they review the patient's physical health, medication queries/side effects etc – this is also open to carers and they are made aware of this in an invitation letter on admission.
- The patients have devised recovery footprints which have descriptions of things that have helped them – these are displayed around the ward.
- Bike for Health- we have secured funding from Shine for the next 12 months giving patients the opportunity to engage in vocational and physical health and well-being activities.
- Music man- Tim Hutchinson attends the ward x 2 weekly and provides individual sessions with the patients. This has been well received by the patient group and we have seen improvements to individual's levels of motivation, interest and engagement.
- Carer drop in sessions- SGP offer a monthly drop in sessions for carers and families. This is facilitated by the carer champions and there has been a regular attendance and positive feedback from the attendees. Information and an invite is sent via the post to all carers and discussed during weekly carer contacts.

## **Alnwood**

Incidents have reduced following the Christmas period and we have facilitated engagement sessions / away days which incorporate themes around resilience and well-being. We have also re introduced local Speak Easy events which were well received last year.

We have continued to facilitate regular carer open days which have ensured that relationships between families, young people and staff remain robust and transparent. We have introduced a social work assistant whose primary role is to maintain links with families directly, this role has proved to be very effective in ensuring families are engaged and involved.

We continue to assess for and identify any blanket restrictions and encourage young people to identify these also. We continue to reduce restrictive practice and pilots such as the Safety Pod have been well received by staff and young people.

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## Feedback from South Localities

We are proud to outline exciting advances in our Talk 1st journey for Older Person's South Inpatients.

### Marsden

Throughout the course of the past year, Marsden's team has made significant efforts to best use data in the prescribing of care.

We initially used basic quantitative data to identify hot spots or times each day where incidents of violence and aggression were most prevalent. Interventions and activity measures were placed in the 10-11, 4-6, and 830-10 periods of the day. These primarily were enhancing the number of staff at given times, or rather distributing them differently to ensure patient need was met. Design for activity was made for the week. This has included visits of Pets as therapy dogs, a weekly service with Martin our Chaplin, coffee mornings, karaoke afternoons, Shetland ponies, decorating the ward, and movie evenings.



Secondly, analysis of incidents on a more individualised basis were factored into Friday ward rounds. The prn use for the week, ABC charts, frequency charts were all recorded and added to the *pro forma* discussed with the MDT.

Weekly formulations with the carers or family were arranged on weekly basis, and were used to produce and inform the positive behavioural support plans. Where possible interventions within PBS plans were used instead of relying on medication, and some excellent results seen.

Thirdly, the same methodology was used, monitoring incidence nature and prevalence of behaviour, whilst incrementally reducing anti-psychotic medication. Successfully 7 patients were able to have this type medication removed from their prescriptions.

Marsden have used safety huddles three times per day to ask staff, carers and patients the question, has it been positive and safe? Again, the data has allowed systems to evolve, highlighting where the hot spots were and how we can best facilitate support and change.

The ward has achieved a lot over the last 12 months. Our efforts have always been to offer choice, activity, engagement, and occupation, involvement to carers, patients and staff. The analysis of incident data, prn, antipsychotic prescribing is shared with next of kin. Open conversations are had on daily basis relating to use of positive behavioural support and the interventions being trialled or applied.

Two of our patient's wives have attended our cohort reviews, one of whom felt compelled to apply for a post within the trust following her experience of care for her husband. She was successful in her interview.

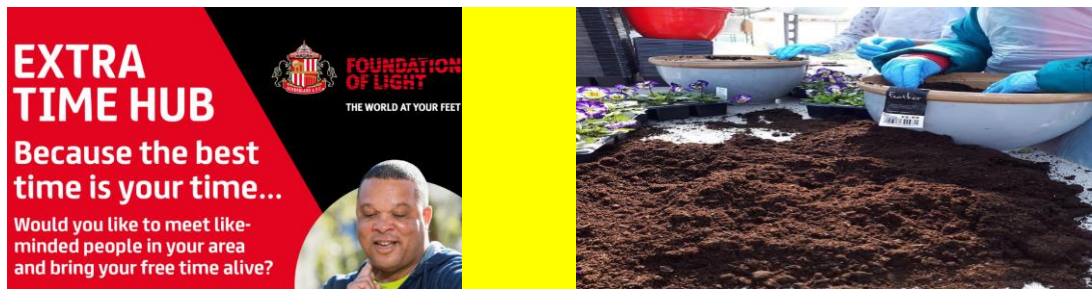
A nice note to end with, the creation of boxes of love, a gesture, a token of acknowledgement of family member's situation, enduring a period of high stress of bereavement, of major life change. Contents of the boxes include, a candle, carer's cards, and supportive messages and chocolate. These were so well received that the BBC ran a segment on both their website and Look North covering what family members thought of these gifts and how it helped them through their journey.



Marsden have since been nominated for the staff awards, Service User and Carer Involvement Award.

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## Cleadon Ward



A WRAP group is established on the ward, led by the MDT and supported by our peer supporter. Within this group there has been a focus on crisis planning and self-soothing methods. The patients have been supported to formulate a hope box.



## Roker

The Newcastle Model / formulation plays a very significant and important role within the Roker Team. Carers are invited to attend the ward on a weekly basis to meet with their named nurse, nursing and Behavioural Support staff to formulate the model. This gives a holistic view of the patients prior to illness and currently. This aids the transition in the community giving future carers an insight and management of any problems they may encounter.

We have received positive feedback from care homes in relation to the formulation/Newcastle Model.

Over the past year Roker has held many activities and events. Our gentlemen have enjoyed walking groups, visits to The National Glass Centre and Orchard Cottage at Beamish. They have participated in pancake making, afternoon tea with entertainment, gardening group, taster sessions, food from around the world, tea at two, church service, tai chi, meditation, movie evenings, coffee morning and designing the ward.

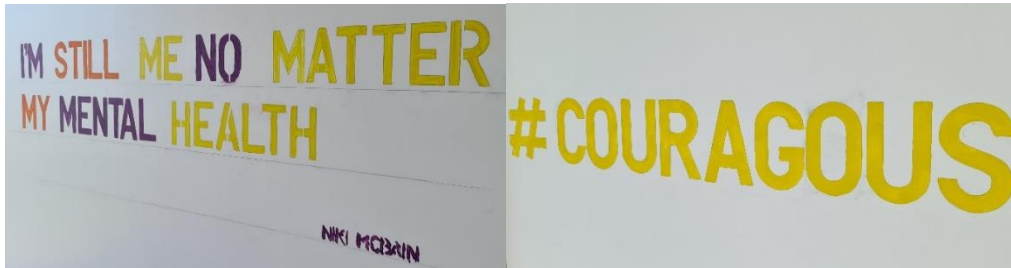
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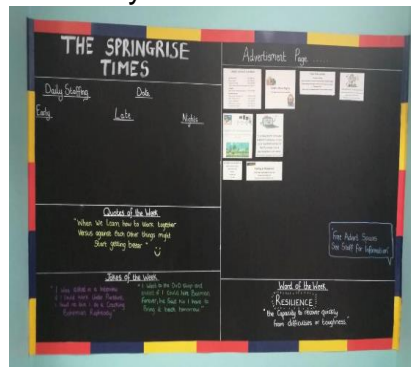
## Hopewood Park and Brooke House

### Springrise

This year we have focused the majority of our Talk First initiatives on the environment. Patients and staff have enjoyed painting positive messages throughout the ward.



We have also created a large chalk board where we list activities, write jokes, word of the week and quotes of the day as well as an area for adverts to be placed.



In the dining area we have our ward WRAP as well as our Daily Check In poster where patients can report how they are feeling on a regular basis. This has been found to be particularly useful to those persons who state they do not like to bother staff.

Our activity room work commenced in 2018 and got finished this time last year. The theme was football related and incorporated a 'Recovery Goal'. This has been a marvellous success and the room is now well used, particularly since new equipment was introduced (XBOX, large television, music equipment).



In the air lock and family room we have our Know Each Other posters. Service users have indicated that they like how it reminds them that we are just people also with similar interests that can help create areas of discussion.

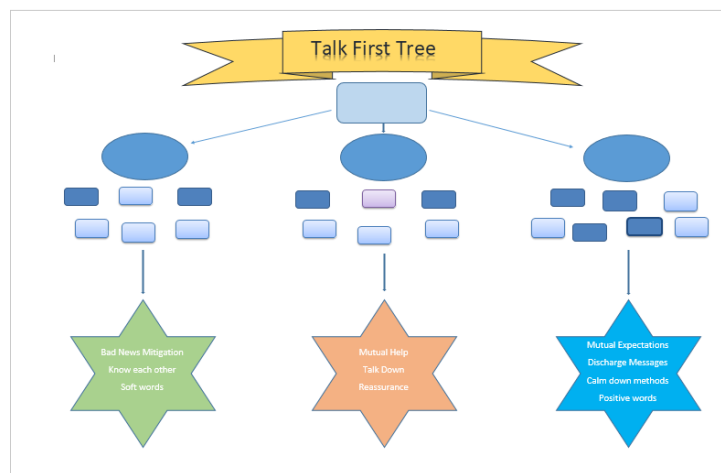
As well as the environment we have had many fun trips off the ward including frequent trips to Beamish and to the Stadium of Light. The ward often goes to the beach and our weekly bowling and cinema groups have continued right through until the 'Lock Down'.

The data is reviewed through staff meetings and individual supervision and from these discussions "safety clinics" were created to support staff. These are enhanced level de-briefs led by PMVA tutors and involve taking a greater look at skill development incorporating Talk first interventions.



## Shoredrift

We continue to promote various interventions in the ward to improve therapeutic relationships and reduce incidents and restrictive interventions. The team take pride in providing excellent care and reducing periods of agitation and distress for those who we care for. In order to promote a full team approach we developed a 'Talk First Tree' which has the ward split into small teams and includes all of the Safe Wards interventions. It encourages all of the team to get involved and make suggestions on the area that their 'team' have been allocated. We also included 'Talk First training' into our supervision sessions and ensure it is discussed regularly as part of our team meetings so that new members of the team can become familiar and involved in what's going on and what we hope to develop for the ward.



We have our 'know each other' display on the inside of the airlock doors this large area is filled with, who the team are so that patients can understand a little more about who's caring for them. This has often triggered conversation topics between staff and patients and it appears to improve the therapeutic relationship.



## Interventions

We have continued to expand our mutual help meetings and have invited carers to join us on the last meeting of the month. We continue to use the 'star of the week' within these meetings and display within communal areas. Patients seem to have a keen interest in this and show appreciation for those who they feel have been helpful – both staff and peers.



There has been ongoing work with sleep well and staff have promoted a good sleep pattern for the patients. They have also considered noise levels in the evening, discouraging caffeinated drinks, offering hot chocolate, and provided softer lighting etc.

We have developed the ward journal for patients and is at hand within communal areas for easy access.



There is continued work surrounding WRAP planning on the ward the psychologist and OT continue weekly wrap planning groups.

We continue to do work surrounding calm down methods to be incorporating more reflection of incidents using the positive practice process and tertiary care planning.

## Longview

Continue to promote the importance of creating a safe and therapeutic environment for our staff and patients. We work collectively with our patients to review interventions through our debrief process to help improve our therapeutic relationships and reduce incidents and restrictive practices. We have fortnightly ward based Talk 1<sup>st</sup> meetings to ensure we are keeping Talk 1<sup>st</sup> high on our team agenda. We utilise ward meetings, formulation sessions and reflective practice to discuss Talk 1<sup>st</sup> data. It helps us to identify patterns or themes in some of our hotspot areas including violence and aggression and self-harm and review our primary and secondary interventions. We continue to be huge advocates of Safety Huddles and are keen to share the positive impact the Safety Huddles have on the Longview community.



We have work in collaboration with patients and carers to develop patient 'Safety Plans'. This is an extension of our inpatient risk management plan and it helps us to work together to look at guidance and advise based on patient preference around how to support a person when they are in crisis.

The plans have been well received by patients and carers as it help them to develop insight and understand how they want to be supported during difficult times. This is further supported by our WRAP group led by psychology and OT whereby we build upon safety plans when working towards discharge.



We have a timetable of social and therapeutic activities that we review regularly with patients to ensure there is activities enjoyed by all. This included gardening, edible art groups and pamper sessions. We have introduced weekly ward based Pilates sessions and a monthly out and about group to promote health and wellbeing. Staff and patients also enjoy weekly themed nights, coffee mornings and movie evenings. Over the last few months we have introduced a monthly family and carer's event. Sessions have included afternoon tea, bingo and various other social events. Finally, we have worked hard to soften the clinical environment making the lounge areas and chill out rooms more comfortable and built up our sensory equipment. Going forward we are keen to focus on implementing more sensory interventions and relaxation sessions. We look forward to seeing our progress in the months to come!!

## Bridgewell

The ward continues with our weekly community meeting to receive feedback from patients and carers regarding activities. A timetable is formulated from our patient group wishes.

The ward continues to do a monthly bulletin, during the past year the ward has held many activities and events. Our gentlemen have enjoyed walking groups, visits to the national glass centre and Orchard Cottage at Beamish. They have participated in a gardening group, food taster sessions, food from around the world, tea 4 two, church services, movie evenings and coffee mornings. The patients have also utilised exercise therapy and have formulated an activity timetable which is reviewed and updated on a weekly basis to reflect the changing needs of the patient group.

We have an identified activity co-ordinator who will facilitate activities improving the daily experiences and treatment outcomes for patients.

This includes support to access the recovery college and other community groups which assist in the recovery processes allowing patients to maintain links with the local community during their hospital admission. His also supports continued attendance at sessions following discharge, reducing social isolation and promoting inclusion, independence and health and wellbeing.

We use regular ward meetings to discuss data from Talk First. This gives staff the opportunity to discuss hot spots, violence and aggression and preventative methods using talk first and chill out equipment.

We initially utilised basic quantitative data to identify hot spots or times each day where incidents of violence and aggression were most prevalent.

Interventions, measures were placed around meal times at the following times 12-13hrs, 16-17hrs and 20-21hrs periods of the day, these times were primary enhanced with a number of staff to ensure that meal times ran smoothly. This also making sure that patients with risk assessments around choking were observed (SALT care plans in place) and to ensure all patients needs were met.

## Aldervale

The team utilise their data and feedback from patients to formulate an activity timetable, which is updated on a daily basis using the "Aldervale News" chalk board. This has been positively received by the patients. It includes daily news, sports updates, riddles, positive quotes of the day and a joke of the day.

The ward created a mental health check-In board this is has helped the patients to express how they are felling by posting a sticky note next to the coloured heart which represents how they are currently feeling.



The patients have weekly outings to the cinema, bowling and dog walking (at a local cat and dog centre) and a monthly trip to a different place of choice.

Other activities include promoting daily fitness on the ward using 'Joe Wicks' fitness videos via the YouTube stream, Nintendo Wii 'Just Dance', which has been very popular! Also aerobics in the garden, football and table tennis. We have been running regular mindfulness sessions using sensory lights and room fragrances to create a calm and relaxed atmosphere. There are a variety of options to help support the patient's faith beliefs. The weekly music and karaoke group continue to be well received.



Our newest ward project is the garden. Patients have participated in maintaining the wellbeing of the garden by replanting flower beds and adding wildlife facts in the area.



## Brooke House

- Incidents remain at 0 since the beginning of August. Staff continue to review and monitor this. Although we have had 1 incident; staff worked well as a team with our MDT and Community professionals.
- Staff have updated all patient's information boards, with new colour schemes.
- We have started to revamp the steps to recovery board making it more of a "Road Trip" visual board, so patients can 'visualise' where they have been/come from and where they are at the moment in their own recovery journey.
- Health promotion boards are updated every month, last month was Oral hygiene month.
- The male and female areas have health promotion information boards with relevant leaflets and posters.



**Community Meetings & Mutual help** - Patients currently facilitate this.



## Beckfield

Areas of focus: Key Nurse 1:1 sessions have been more productive and we have been making sure staff are allocated the time to complete these. We have devised a plan which will help structure the 1:1 sessions so that the sessions are more productive. This will help with informing the MDT and help build the relationships required to best support the individual service users as well as staff getting a better understanding of the service user. This again will feed back to the MDT and used in formulation and group supervision

Peer Supporter and Activity worker: An activity worker started at the beginning of April. We have been in the process of assisting our peer supporter to settle into the ward. He attends all the strategy meetings, formulation meetings and group supervision and advises the team on his thoughts and discussions with the service users. This input has proved to be invaluable and assisting the team gain a better understanding of our service users.

Our peer supporter joined our activity coordinator who started at the beginning of April and the OT. This combination is a tremendous asset to the team as they provide comprehensive input to the assessment and formulation of plans and activities for our patients. There are current discussions to add another Peer supporter to help increase these resources to provide input covering seven days a week.

Activities: We increased the amount of activities on the ward. The Chaplain provides multi faith services to assist our patient's spiritual needs



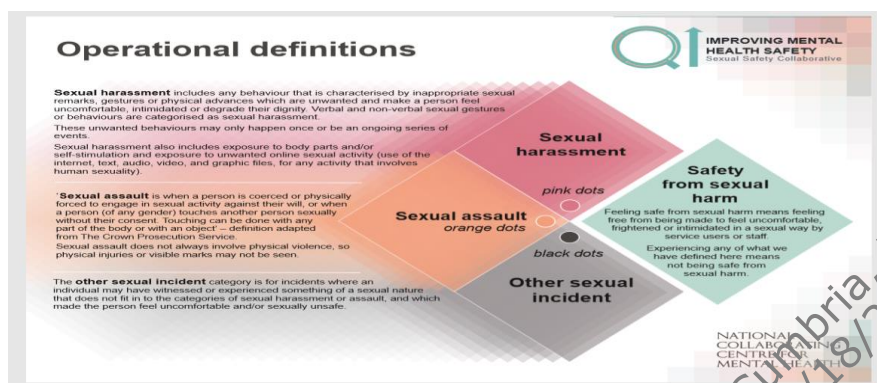
## Clearbrook

Our social inclusion work, led by OT Sharon saw a number of events taking place in the local area. Patients and staff on Clearbrook have attended the remembrance services at St Paul's Church in Ryhope, participated in the 'race for life' and local art exhibitions at Sunderland Winter Gardens as well accessing local horse stables, recovery colleges and the Ryhope Ramble walking group.

One of the biggest pieces of work undertaken over the past twelve months has been the commencement of a national Quality Improvement initiative, being a part of a National Sexual Safety Collaborative - a piece of work led by the Royal College of Psychiatrists and Clearbrook was the only ward within CNTW taking part.

The team have really embraced this piece of work which aims to develop some operational guidance to promote sexual safety within inpatient environments with a focus on engagement with patients and service user representation throughout the process.

The work to date has included: the development of a ward charter, quantitative data analysis in relation to feeling safe on the ward, being able to talk about sexual safety on the ward, and the use of a safety cross, as a means of gauging how safe people feel on the ward, before the work was unfortunately paused due to the COVID-19 pandemic.



## Community Services South Locality Positive and Safe Care

**NHS**  
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### Reasons to adopt the strategy

Positive and Safe Care is relevant to all clinical settings across the organisation aimed at cultivating change to prevent and reduce incidents of aggression and violence. It's relevance within the community setting is to support the development of therapeutic relationships and safe working practices for staff, patients and carers. Ultimately creating a culture of care and recovery.

### What we did:

- A positive and safe launch event was held for community services within the south locality with support from the Trust Wide Leads.
- Representatives who would take a lead attended from all teams across the CBU.
- We looked at the success of inpatient services and considered how we could transfer the learning and good practice to the community.
- Looked at individual community team data in relation to incidents and ways these could be improved.
- Identified good practice that was already in place.
- Looked at how specific examples of Safe Wards and Star Wards could be applied or adapted.
- Each team identified at least one initiative or intervention to implement in their clinical area.
- A South Community CBU Positive and Safe Forum developed.
- This enabled the sharing of good practice, concerns and developments, provided support and a forum for sharing and discussion, encouraged honesty and openness about interventions and areas for improvement.



### How else we support Positive and Safe Care

#### Embed Positive and Safe within our Infrastructure

Team meetings - Service Developments - Appraisals - Clinical Practice - Electronic Reporting System - Dashboards - Lone Worker Devices - Post Incident Review - Staff Wellbeing Initiatives.

#### Clinical Support and Supervision

Caseload Supervision - Clinical Supervision (specialist) - Care programme Approach Meetings - MDT Pathway meetings - Difficult Case Reviews - Complex Case Panels.

#### Staff Training

PMVA - Breakaway - Clinical risk, suicide prevention and harm to others - Positive Behavioural Support - Formulation - Care Planning - Carer Awareness - Dual Diagnosis.

#### Serious Incidents and After Action Review Process

Action Plans and recommendations from serious incidents and Local After Action Reviews will be reviewed upon completion. These will feed into the Lessons Learnt forum. Any identified themes will feed into the CMT to identify if any further action is required.

#### Lessons Learnt

The development of a bi-monthly Lessons Learnt forum facilitated by the Nurse Consultant, an opportunity to reflect and learn from incidents and where Trust Wide relevant information is shared with representatives from Community services and cascaded into clinical teams.

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### Examples of Good Practice across the Locality



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Artwork from a patient from Stephenson

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