

Board of Directors Meeting (PUBLIC)

Wed 26 May 2021, 13:30 - 15:30

Via Microsoft Teams

Agenda

Please note this meeting will be Recorded

1. Welcome and apologies for absence

Ken Jarrold, Chairman

2. Service User / Carer Story

3. Minutes of the meeting held 7 April 2021

Ken Jarrold, Chairman

 3. Board PUBLIC minutes 07.04.21 FINAL.pdf (7 pages)

4. Action Log and Matters Arising not included on the agenda

Ken Jarrold, Chairman

 4. BoD Action Log PUBLIC as at 26.05.21.pdf (1 pages)

5. Chairman's Update

Ken Jarrold, Chairman

6. Chief Executive's Report

John Lawlor, Chief Executive

 6. CEO Report May.pdf (5 pages)

 6. CEO Report Appendix 1 Queens speech-nhs-providers-on-the-day-briefing-may-2021.pdf (6 pages)

Quality, Clinical and Patient Issues

7. Commissioning and Quality Assurance Update Quarter 4

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

 7. Monthly Commissioning Quality Assurance Report - Month 12 Updated with trajectories VLQ V2.pdf (12 pages)

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8. Service User and Carer Experience Report Quarter 4

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

📄 8. Service User and Carer Experience Report Q4 2020-21.pdf (8 pages)

9. Covid-19 Response Update

Gary O'Hare, Chief Nurse

📄 9. Covid 19 Update (May 2021).pdf (5 pages)

10. Safer Staffing Levels Quarter 4

Gary O'Hare, Chief Nurse

📄 10. Safer Staffing Report - February 2020 data.pdf (20 pages)

11. Safer Care Report Quarter 4

Rajesh Nadkarni, Executive Medical Director and Damian Robinson, Group Medical Director Safer Care

📄 11. Safer Care Report Q4 26.05.21..pdf (13 pages)

12. Infection, Prevention and Control Assurance Report

Gary O'Hare, Chief Nurse

📄 12. IPC - Board Assurance Framework -Q4 end March for May Board 2021 FINAL.pdf (28 pages)

13. Service Visit Feedback

Board members

Strategy and Partnerships

14. Refresh of CNTW Strategy

James Duncan, Deputy Chief Executive/Executive Director of Finance and Anna Foster, Trust Lead for Strategy and Sustainability

15. Children and Adolescent Mental Health Services Update

Gary O'Hare, Chief Nurse

📄 15. West Lane Board Update May 2021.pdf (6 pages)

Workforce Issues

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16. Workforce Report Quarter 4

Lynne Shaw, Executive Director of Workforce and Organisational Development

- 16. Quarterly Workforce Report - May 2021.pdf (7 pages)

17. Staff Friends and Family Test Quarter 4

Lynne Shaw, Executive Director of Workforce and Organisational Development

- 17. Staff Friends and Family Test Summary Qtr4 (2020-21) Front Sheet.pdf (2 pages)
- 17. BoD Qtr4 (2020-21) Staff FFT Summary Report v1.1.pdf (3 pages)

18. Raising Concerns and Whistleblowing Report update

Lynne Shaw, Executive Director Workforce and Organisational Development

- 18. Raising Concerns Whistleblowing Report - Oct 20 to Mar 21 v2.pdf (6 pages)

Regulatory

19. Board Assurance Framework & Corporate Risk Register Quarter 4

Lisa Quinn, Executive Director Commissioning and Quality Assurance

- 19. Trustwide Risk Management Report April 21.pdf (9 pages)
- 19. Trust-wide Risk Management Report - Appendix 1.pdf (1 pages)
- 19. BAF Risk Register Q4 - Appendix 2.pdf (30 pages)
- 19. Trust-Wide Risk Management Report - Appendix 3 April 21.pdf (25 pages)

20. NHSE/I Single Oversight Framework Compliance Report Quarter 4

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

- 20. NHS Improvement Single Oversight Framework - Quarter 4 2020-21.pdf (4 pages)

21. CQC Must Do Action Plan update Quarter 4

Lisa Quinn, Executive Director Commissioning and Quality Assurance

- 21. CQC Must Do Action Plans Q4 Update V4 11.05.21 Revised following E...pdf (26 pages)

22. Annual Review of Directors Declaration of Interests

Debbie Henderson, Director of Communications and Corporate Affairs

- 22. DOI Board Report Annual Review 2021.pdf (6 pages)

23. Modern Slavery Act Statement

Debbie Henderson, Director of Communications and Corporate Affairs

- 23. Modern Slavery Statement May 2021.pdf (4 pages)

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Minutes / Papers For Information and Items

24. Committee Updates

Non-Executive Directors

24.1. Quality and Performance Committee

Alexis Cleveland, Chair

24.2. Audit Committee

David Arthur, Chair

24.3. Resource Business and Assurance Committee

Peter Studd, Chair

24.4. Mental Health Legislation Committee

Michael Robinson, Chair

24.5. Provider Collaborative Committee

Michael Robinson, Chair

24.6. CEDAR Programme Board

Peter Studd, Chair

24.7. Charitable Funds Committee (as Corporate Trustees)

Les Boobis, Chair

25. Council of Governors' Issues

Ken Jarrold, Chairman

26. Any other Business

Ken Jarrold, Chairman

27. Questions from the Public

Ken Jarrold, Chairman

28. Date and Time of Next Meeting

Wednesday 7th July 2021, 1.30pm – 3.30pm Via Microsoft Teams

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**Minutes of the Board of Directors meeting held in Public
Held on 7 April 2020 1.30pm – 3.30pm
Via Microsoft Teams**

Present:

Ken Jarrold, Chairman
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Les 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
Ramona Duguid, Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary
Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)
Jayne Simpson, Corporate Affairs Officer
Fiona Grant, Lead Governor/Service User Governor for Adult Services
Anne Carlile, Carer Governor for Adult Services
Fiona Regan, Carer Governor for Learning Disabilities and Autism
Margaret Adams, Deputy Lead Governor/Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Bob Waddell, Staff Governor – Non-clinical
Stephen Blair, Public Governor for Newcastle
Revell Cornell, Staff Governor – Non-clinical
Uma Geethanath, Staff Governor - Medical
Kim Holt, University of Northumbria Governor
Paul Richardson, Local Authority Governor, North Tyneside
Evelyn Bitcon, Public Governor, Cumbria
Bill Scott, Public Governor, Northumberland
Allan Brownrigg, Staff Governor – Clinical
Colin Browne, Carer Governor for Older Peoples Services
Kelly Chequer, Local Authority Governor, Sunderland City Council
Wilf Flynn, Local Authority Governor, South Tyneside Council
Tom Rebar, Service User Governor, Adult Services
Felicity Mendelson, Local Authority Governor, Newcastle City Council
Anne Moore, Group Nurse Director Safer Care and Deputy Director of Nursing
David Muir, Group Director – North Cumbria Locality (*Item 12 only*)
Chris Rowlands, Equality and Diversity Lead (*Item 11 only*)

1. Service User story

Ken Jarrold extended a warm welcome and thanks to Chris Reader, Involvement Coordinator who attended the Board to share his story including his personal journey, achievements, and challenges on his journey to recovery.

2. Welcome and apologies for absence

Ken Jarrold welcomed Ramona Duguid who officially joined the Trust as Chief Operating Officer on 6th April 2021.

3. Declarations of interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 3 March 2021

The minutes of the meeting held 3 March 2021 were considered.

Approved:

- **The minutes of the meeting held 3 March 2021 were approved as an accurate record**

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

Nothing to note.

6. Chairman's Remarks

Ken Jarrold referred to a very valuable Board Development Session which took place to discuss the next six months and noted a number of challenges including managing the impact of, and recovery from, COVID-19, future planning, NHS finances, regulatory changes, ICS future working, and Community Transformation. Ken emphasised the next 6 – 12 months will be an extremely busy and demanding time for all and explained the need to give priority to sharing information and updating one another as well ensuring enough time is given for reflection and supporting one another.

Resolved:

- **The Board noted the Chairman's verbal update.**

7. Chief Executive's Report

John Lawlor referred to the report and highlighted the Long Service Recognition for staff and volunteers. This process acknowledged those members of staff who have reached 25, 30, 35, 40 years NHS service and those who reached such milestones were provided with a token of appreciation including a gift hamper, pin badge and certificate.

John mentioned in-line with Government Guidance the Trust had been instructed to hold one-to-one discussions with members of staff who were yet to receive the COVID-19 vaccine, to promote the benefits of the vaccine and support people who still have concerns.

John referred to the annual review of Investors in People and the agreement that an exercise be carried out aimed at understanding the degree to which the services in Cumbria had been successfully integrated into the organisation. The feedback from the review was very positive

and concluded that the services in the North Cumbria locality were well integrated into CNTW.

John referred to the Children and Adolescent Mental Health Services (CAMHS) virtual stakeholder event which took place on 29 March 2021. The session was attended by a wide range of stakeholders including commissioners, local authority colleagues, local councillors, Directors of children services, Healthwatch, Police colleagues, staff from CNTW and TEWV, NHS England / Improvement as well as family members with experience of using the CAMHS services.

Resolved:

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

Quality, Clinical and Patient Issues

8. Covid-19 Response update

Anne Moore referred to an improving position in relation to the prevalence of COVID-19 both nationally and regionally. Anne highlighted that there currently no outbreaks across the Trust and continuation of lessons learnt and reviewing all root cause analyses of outbreaks continued. Anne advised that the Trust continued to provide testing in-line with the Government's testing strategy.

Anne referred to the roll out of asymptomatic Lateral Flow Device (LFD) testing kits to those staff that have signed up to the twice weekly arrangements. Anne noted that although LFD tests are not mandatory, the Trust continues to encourage everyone to use these as an important tool to help fight against the spread of COVID-19.

The vaccination programme continues to run at pace with over 40% of staff vaccinated with their second dose with a significant number of patients receiving the second dose of vaccines whilst in our care. Plans are also in place working with Primary Care Networks to ensure those patients who have received first dose vaccines in the community by other organisations, receive their second dose when admitted to CNTW.

Resolved:

- **The Board received the COVID-19 Response update report.**

9. Commissioning and Quality Assurance Report (Month 11)

Lisa Quinn presented the report and highlighted two Mental Health Act Reviewer inspections which took place during the period. The highlights of the visits were detailed in the report. Lisa brought to the Boards attention an increase in access waiting times in adults and the increasing waits in children services. In relation to training, appraisal or other internal standards, discussions were taking place with Group localities who were finalising trajectories. Further information would be provided in the May report.

It was noted that whilst the Trust had high occupancy rates within inpatient wards the Trust reported no out of area bed placements as of 31 March 2021.

Michael Robinson referred to the Mental Health Act White Paper and noted a general extension of the role of the Independent Mental Health Advocate (IMHA) being proposed and an increase in the professional standards required.

James Duncan provided an update on the Trust financial position and noted at Month 11, the Trust reported a £1.2m surplus, £2.1m better than the Month 7-12 plan. James explained the Trust planned £2.2m deficit which was a result of a shortfall in income and an increase in the annual leave provision. The Trust had received funding to cover the income shortfall and the forecast now reported a £1.5m deficit which related to a higher annual leave figure. James informed the Trust had incurred £0.6m additional costs due to COVID-19 in Month 11 and had incurred £6.6m of Operational COVID costs up to Month 11.

Resolved:

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

10. Guardian of Safe Working Reports (Q2 and Q3)

Rajesh Nadkarni spoke to the report and highlighted the number of exception reports relating to working beyond contracted time for junior doctors which had remained static, despite the pressures and challenges of the pandemic. Junior doctors remain passionate and committed to ongoing training and development. Rajesh commended the clinical workforce including junior doctors who had been exemplary in their commitment, hard work and innovation during the past year.

Ken Jarrold joined Rajesh in commending the workforce and expressed his gratitude to those involved in supporting junior doctors during the pandemic.

Resolved:

- **The Board received Guardian of Safe Working Reports (Q2 and Q3).**

Workforce

11. NHS Staff Survey 2020 Results

Lynne Shaw introduced Chris Rowlands to provide an update on the outcome of the 2020 Staff Survey results and noted that due to the pandemic, the survey had been undertaken online. Chris Rowlands presented the Staff Survey results, the detail of which were provided in the report.

Resolved:

- **The Board received and noted the NHS Staff Survey 2020 Results Report and Presentation.**

Strategy and Partnerships

12. Children, Adolescent Mental Health Service update

David Muir referred to the report and work continuing towards opening Lotus Ward at Acklam Road Hospital in April with a view to admitting patients in May.

On the 29 March 2021 a virtual event was held with a wide range of attendees including impacted families, staff from both TEWV and CNTW, Local Authorities, commissioners, and local councillors. The session involved a presentation, question and answer session and a virtual tour of the ward.

David briefed the Board on progress across multiple areas including operational management and safety, communications and engagement, estates and informatics and workforce planning.

David confirmed arrangements were being finalised as part of the wider testing period before the admission of patients including a 'staff live-in' for a 48-hour period to test the environment and systems.

Ken Jarrold thanked everyone involved in the programme recognising the continuing challenges particularly in terms of recruitment.

Resolved:

13. The Board received Children, Adolescent Mental Health Service Report.

14. Budget Planning 2021/22

James Duncan provided an update with regard to Budget Planning for 2021/22 and noted the move to a fundamental approach to resource planning, moving away from historical budgets, and focusing on current resources linking to activity and quality as well as workforce planning.

James referred to the National Planning Guidance and the agreed overall financial settlement for the NHS for the first half of the year including additional funding relating to the pandemic. The financial settlement for months 7-12 would be agreed once greater certainty at a national level is available. In addition, £1.5bn funding has been allocated for elective recovery, mental health, and workforce development with an allocation of £500m of the £1.5b for mental health.

Systems are being asked to develop fully triangulated plans across activity, workforce and finance for the first half of the year only. For mental health investment, plans will be required for the full year.

James provided a detailed update on the funding requirements for 2021/22 including: requirements of Clinical Commissioning Groups (CCGs) in terms of the Mental Health Investment Standard (MHIS); Service Development Funding (SDF) in line with the Implementation Plan; additional funding from the spending review to accelerate recovery from COVID 19; and Mental Health Support Hubs.

James provided detail of the timelines for submissions of plans and noted the delivery of the Trust's Financial Planning and Budgetary arrangements for 2021/22 will be a three-stage process. The process of finalising the capital plan submission due on the 12th April had commenced and capital spend for 21/22 was currently estimated to be approximately £47m. James advised that capital planning would require tight controls over the coming year, through the allocation of capital spending limits to the Integrated Care System. It had now been agreed how these allocations will be shared across Trusts.

Resolved:

- **The Board received and noted the Budget Planning 2021/22 Report.**

Regulatory

15. NHS Improvement Code of Governance

Debbie Henderson advised in-line with annual NHS Annual Reporting requirements, the Trust was required to provide assurance to the Board of its compliance with the NHS Foundation Trust Code of Governance. Debbie provided detail of the statements which would be highlighted within the Annual Report.

Following a query from David Arthur, Debbie noted that although an external independent review of governance had not yet been undertaken, the Trust had been subject to other external reviews including CQC.

The Board acknowledged the Trusts compliance with the requirements of the Code.

Resolved:

- **The Board received and noted NHS Improvement Code of Governance Report.**

Minutes/papers for information

16. Committee updates

19.1 Quality and Performance Committee

Alexis Cleveland referred to an update received at the Committee confirming the roll-out of the Omnicell cabinets to improve the control of drugs and had already been used to improve the governance and assurance around control of drugs.

Alexis Cleveland referred to the attendance of CQC representatives at the most recent meeting. An update was provided on the use of MRE at Ferndene and Alwood which highlighted the reduction in use from October 2020. There was also a review of the actions to be taken and priority areas to support post-Covid recovery.

Ken Jarrold mentioned for those in attendance who are not familiar with the Omnicell cabinets, a short induction could be arranged.

19.2 Audit Committee

Nothing to report.

19.3 Resource and Business Assurance Committee

Nothing to report.

19.5 Mental Health Legislation Committee

Michael Robinson informed the draft Trust response to the Mental Health Act White Paper would be circulated to members of the Board and Governors for comment prior to submission ahead of the 21 April deadline.

19.6 Provider Collaborative Committee and Terms of Reference

Michael Robinson referred to the first meeting of the Committee and confirmed Governor representatives on the Committee as Cath Hepburn, Public Governor for North Tyneside and Fiona Regan, Carer Governor for Learning Disabilities and Autism.

Approved:

- **The Board approved the Terms of Reference for the Provider Collaborative Sub-Committee of the Board.**

19.6 CEDAR Programme Board

Nothing to report.

19.7 Charitable Funds Committee

Nothing to report.

20 Council of Governors issues

Ken Jarrold referred to a forthcoming meeting of the Governors' Steering Group at which careful consideration would be given to ensuring Governors are informed of the plans to address issues raised by the BAME Network.

A meeting of the Governors' Nominations Committee was scheduled to take place to discuss the process for the appointment and re-appointment of Non-Executive Directors.

Ken referred to the induction events for new Governors and advised that the Team will continue to work with the new Governors as they come to understand the Trust better.

Ken congratulated Anne Carlile on her recent re-election as a member of the national NHS Providers Governors' Advisory Committee (GAC). Of 58 candidates, eight were elected and only two re-elected.

21 Any Other Business

None to note.

22 Questions from the public

None to note.

Date and time of next meeting

Wednesday, 26 May 2021, 1.30pm via Microsoft Teams

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Board of Directors Meeting held in public

Action Log as at 26 May 2021

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
06.11.19 (12) 02.09.20 (5)	Staff Friends and Family Test	Agreed that actions to address potential impact of automated messages on people who contact services by telephone to be included in the Reset and Redesign of services work.	Gary O'Hare	May 2020 August 2020 December 2020 February 2021 March 2021 May 2021	Update to be provided in line with the Reset and Redesign work and staff friends and family test. Added to 26 May 2021 Board Agenda.
05.08.20 (07)	Chief Executive's Report	Update on Trieste to be provided to a future Board development session	James Duncan	June 2021	Complete – Board development topic for June meeting
Completed Actions					
02.09.20 (13)	Quarterly Workforce Report	Details of the allocation and placement of overseas staff to be circulated to the Board	Rajesh Nadkarni	October November December 2020 February 2021	Complete
02.12.20 (10)	Commissioning and Quality Assurance Report	After Action Review associated with the Mental Health Act visits to be circulated to Board members for information	Lisa Quinn	February 2021 March 2021	Complete – included in March Board report
03.02.21 (18)	CQC Strategy for 2021 and beyond	Questions to be considered through the Quality and Performance Committee	Lisa Quinn	March 2021	Complete – included on February Q&P meeting for discussion

**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting
26 May 2021**

Title of report	Chief Executive' Report
Report author(s)	John Lawlor, Chief Executive
Executive Lead	John Lawlor, Chief Executive

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

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

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

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Trust updates

- **Lotus Ward**

I am pleased to inform the Board of the official opening of Lotus Ward on 10/05/2021, with two patients admitted into the ward in the first week. The plan remains to increase occupancy incrementally, based on confidence of the ward team and staffing ratios to meet the acuity and patient case mix.

Significant stakeholder engagement as well as service user and carer involvement has taken place, including visits from impact families to Lotus Ward. It is likely that the multi-agency joint steering group will be stood down within the next month following the opening and the full integration of the ward into the Specialist Children and Young People Clinical Business Unit. However, as part of our ongoing commitment to ensure open communication with our stakeholders we will be looking to organise a post opening/review events at 3 and 6 months to update on progress and the experience of patients, carers and also our staff team.

- **COVID-19**

Board members will note there is a separate COVID-19 Board update report and IPC Board Assurance report on the agenda, however, since the last meeting it is pleasing to report that community prevalence of COVID-19 across the CNTW footprint has continued to decrease and on the day of submission of this report (19th May 2021) there has not been a COVID-19 outbreak in CNTW for 43 days. There has been only one COVID-19 positive patient case and no positive staff members isolating since the last meeting of the Board. The positive patient was transferred from a care home setting and therefore not Hospital Acquired.

Whilst the situation remains fluid as we move cautiously through the steps to ease lockdown restrictions it is important to note that COVID is still circulating in the North East. Of note the Board should be aware that the current variant of concern known as the Indian variant (B.1.617.2) is spreading throughout the UK and numbers are relatively low in the North East. NHS Test and Trace is providing additional testing and genomic sequencing in targeted areas. At the time of report there has been a reported outbreak at a bar in North Tyneside where staff from CNTW had frequented. Our instructions to access PCR testing were directed through Gold Command as usual, all tests returned negative results.

As we move through Step3 of the Roadmap we have communicated across the Trust that we are taking a cautious approach and noted that PHE and NHSEI have not advised NHS organisations to make any changes to IPC standards for staff and patients within a health care setting, and staff will therefore need to continue to wear a mask and socially distance alongside hand hygiene and good ventilation when indoors.

- **Investors In People (IIP)**

A review of the Trust's IIP accreditation took place earlier this year in line with the national standard. Confirmation was received on 17 May 2021 that accreditation has now been extended to cover Cumbria as well as the former NTW localities. The reviewer noted that the Cumbria services are extremely well integrated into the rest of the Trust and highlighted a strong cultural fit between Cumbria and NTW which enabled a smoother transition. Through evidence gathered via interviews and focus groups, the reviewer was also able to report that the consultation and communication undertaken with staff was effective and that integration activities are continuing through the period of the pandemic.

A further, more detailed review will take place later in 2021.

- **Support to overseas staff affected by the Pandemic with families in India**

Dr Rajesh Nadkarni, Executive Medical Director extended his personal and Trust support to our overseas staff, and invited suggestions for any assistance or help. A range of suggestions was circulated, and the Trust has supported the development of reflective / faith groups for staff, emotional well-being sessions for staff and families at the British High Commission in India and London allocating 25 oxygen convertors for transport to India.

The Trust is also in the process of organising ongoing continuing support for British High Commission Staff and families in London whilst the pandemic crisis is ongoing in India.

- **Equality, Diversity and Inclusion Priorities 2021/22**

Over the past three months the Trust has considered several key areas of work in line with the Equality, Diversity and Inclusion agenda. Following engagement with Staff Networks, Staff Side and Managers at all levels across the Trust, the Workforce Committee agreed the following three priority area for 2021/22:

- 1) Making recruitment more inclusive

A four-day improvement workshop was held in January/February 2021 involving staff network members, workforce staff and appointing managers. The group looked at all aspects of the current recruitment process to identify areas where a more inclusive approach could be taken. The workshop reported back to Executive Directors at the end of March where 100+ recommendations were presented.

A task and finish group has been set up to consider and implement the recommendations. The first meeting will be held on 25 May 2021 and it is anticipated that the work will be completed by December 2021.

- 2) Challenging Discrimination (including racism)

In response to an increasing number of staff raising concerns in this area, a “Respect” campaign will commence in June 2021. One element of this campaign will be challenging discrimination (including racism). A number of actions have been identified including: Collective Promise / pledge to BAME staff; introduction of allies/champions in partnership with Show Racism the Red Card; video messages; posters; wallet cards; visibility at Trust sites; and working with specific staff groups.

This will be an ongoing campaign starting in June 2021 with regular evaluation of the measures put in place.

- 3) Reviewing the Disciplinary and Grievance processes (particularly in response to disproportionately higher numbers of BAME staff who experience formal investigation)

Work has already commenced in this area, but additional focus will be given during 2021 including: further review of the investigation triage processes; raising the awareness of the Cultural Ambassador programme; increasing the number of Cultural Ambassadors; reviewing all cases involving BAME staff; ensuring lessons are learnt from cases and learning is disseminated across the Trust.

A number of additional actions have also been identified and these will be monitored through the Equality, Diversity and Inclusion Steering Group and reported through Trust Board as appropriate.

- **CNTWClimate Health Green Plan 2021-2026**

The [CNTWClimateHealth Green Plan 2021-2026](#), approved by the Trust Board in December 2020; was formally launched on Earth Day, 22 April 2021 at a presentation attended by 70 colleagues. As the full document is available on the CNTW website, it attracted scrutiny by the sector and several positive comments were received on social media commending the Green Plan’s detail and ambition.

A collaborative staff engagement event also took place for colleagues to discuss the potential role of “CNTWClimateHealth Champion”, which was also well attended. It was collectively agreed that as climate change is everyone’s business, the term “champion” was not appropriate, and the concept reworked into a “CNTWClimateHealth community” alongside a set of guiding principles. A series of lunchtime discussion sessions based on the seven Green Plan ambitions was subsequently launched, to facilitate conversations and share ideas about how people can reduce their environmental impact in their day-to-day work lives.

Regional updates

- **ICS System Planning**

In line with national guidance, and in the context of continuing management of the COVID-19 pandemic, the Trust has been working with health partners across the North East and North Cumbria Integrated Care System (ICS) to develop financial and delivery plans for the first half of the financial year. As previously reported to the Board, arrangements put in place for the second half of 2020/21 have been continued into the first half of 2021/22. This means that the Trust has a nationally agreed block allocation, which is supplemented by system funding, which is distributed in agreement with health partners. These arrangements and associated funding are only in place for the first half of the year, as discussions continue between the NHS and Treasury about the longer-term response and sustainability.

The Trust has worked with the North Integrated Care Partnership (ICP) for the purpose of financial planning and agreed a system plan, which was submitted on 6th May. Within this the Trust is confirming that it will break even in the first half of the year, with the support of £9.5m in system funding to support ongoing COVID costs. The North ICP is planning a surplus overall of just over £2m to contribute to a plan for the ICS as a whole to balance income with costs. Work is ongoing to develop planning for the second half of the year, given the risks inherent in the lack of certainty regarding funding streams post September.

In addition, additional allocations for mental health have been issued for the full year, and the Trust has been working with partners across the ICS to develop a plan for this investment across the whole year, to enable an effective response to the impact of COVID on the mental health and wellbeing of our population, and to ensure ongoing delivery against the Long-Term Plan for Mental Health. These plans have been collectively agreed and submitted, and as part of these the Trust will receive around £19m in additional funding (although the details of some of this still need to be agreed) associated with clear priorities for delivery. We are now working with Commissioning colleagues and other partners to ensure this funding is available to the system as quickly as possible.

Finally, the Trust are submitting a more detailed organisational plan, in line with these wider agreements. An operational plan, outlining how we will deliver against these plans, in a challenging transitional year as we start to emerge for the immediate COVID crisis, will be brought to the Board in July.

National update

- **Queen's Speech**

The Queens Speech on 11th May outlined the Governments legislative programme for the coming year. NHS Provider's On the Day Briefing, which once again provides a very useful summary of the key issues impacting on Health and Social Care. As expected, the Speech outlined that a new Health and Care Bill will be brought forward, and again, as expected, this contains no significant surprises following the earlier White Paper.

The speech set out the process by which Integrated Care Systems would be formally established, new powers of direction for the Secretary of State, action on obesity and placing the HealthCare Safety Investigation Branch on a statutory footing.

The Speech also heralded the expected reforms to the Mental Health Act. Perhaps the most disappointing Omission was for any concrete plans for legislative proposals around the reform of Social Care. This remains a significant concern, exacerbated by the evident inequalities that have been thrust into the spotlight because of the COVID pandemic. A range of other issues were announced, which have relevance to the Trust and the Health and Care Sector which are well summarised in the attached briefing attached as *Appendix 1*.

- **Place-based working**

In April 2021, the Kings Fund published a helpful report on their research into developing placed based partnerships. The research reviewed existing evidence and experience on place-based working, explored the development of place-based partnerships within three systems and undertook

targeted engagement with local leaders from ICSs, local authorities and voluntary and community sector organisations.

In summary the report recognises that places vary widely in their scale and nature, reflecting differences in local geographies, populations, organisational contexts, and historical relationships. It seeks to support local implementation by exploring key functions of these partnerships and identifying principles to guide their development.

Eight principles to guide the development of place-based partnerships were set out in the report:

- Start from purpose, with a shared local vision
- Build a new relationship with communities
- Invest in building multi-agency partnerships
- Build up from what already exists locally
- Focus on relationships between systems, places and neighbourhoods
- Nurture joined-up resource management
- Strengthen the role of providers at place
- Embed effective place-based leadership

Discussions have started with the executive and group directors in how we adopt these principles and apply these as a framework in developing our placed based and community transformation work programmes. The full report can be accessed by clicking [here](#).

John Lawlor
Chief Executive
April 2021

Cumbria, Northumberland Tyne and Wear
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The Queen's Speech, May 2021

The Queen outlined the government's priorities for the year ahead, highlighting 30 laws that the government intends to pass in the coming year.

Health and care was at the heart of this Queen's Speech, saying that it "sets out how we will beat COVID-19 and back the NHS". Alongside the wide-ranging Health and Care Bill, the government has announced plans to continue to support the vaccine roll out, provide additional funding for the NHS, focus on prevention and reform the Mental Health Act. There was a renewed commitment to bring forward "proposals on social care reform", however there was no detail on what these proposals would entail.

This briefing contains an overview of key announcements relevant to health and social care, including the Health and Care Bill, along with a summary of other legislation and policies of interest.

Health and social care focused announcements

The government set out health and care as national priorities as it seeks to "deliver a national recovery from the pandemic". The Health and Care Bill was announced alongside new measures on prevention and improving mental health.

The government also committed to continuing the vaccination programme as the way out of the COVID-19 pandemic, with planning underway for a potential booster campaign later this year. The government reiterated its intention to give additional funding to the NHS for the COVID-19 response and recovery, with £63 billion in 2020/21 and £29 billion in 2021/22. There will also be £325 million new investment in diagnostics equipment to improve clinical outcomes.

The government renewed its commitment to bring forward proposals on social care reform later this year as it continues to engage with partners on improving the social care system, although as yet there is no detail on what the proposed reforms will be.

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Health and Care Bill

The government will “bring forward legislation to empower the NHS to innovate and embrace technology. Patients will receive more tailored and preventative care, closer to home.”

The purpose of the Bill as described in the Queen’s Speech, is to:

- Lay the foundations for a more integrated, efficient, and accountable health and care system.
- Give the NHS and local authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer, and more independent lives.

The main elements of the Bill highlighted were:

- Driving integration of health and care through the delivery of an Integrated Care System in every part of the country.
- Ensuring NHS England, in a new combined form, is accountable to government, Parliament and taxpayers while maintaining the NHS' clinical and day-to-day operational independence.
- Banning junk food adverts pre-9pm watershed on TV and a total ban online.
- Putting the Healthcare Safety Investigation Branch on a statutory footing to deliver a fully independent national body to investigate healthcare incidents, with the right powers to investigate the most serious patient safety risks to support system learning.

NHS Providers has undertaken significant engagement with the Department of Health and Social Care, and with NHS England and NHS Improvement, on the development of the proposals. We have also provided both written and oral evidence to the Health and Social Care Select Committee inquiry into the government’s White Paper. In developing our positioning, we have drawn on the views and expertise of members. Further resources including our full positions, can be found below:

- *Integration and innovation* white paper proposals and NHS Providers’ views:
<https://nhsproviders.org/resource-library/briefings/on-the-day-briefing-the-department-for-health-and-social-cares-legislative-proposals-for-a-health-and-care-bill>
 - Written submission to the Health and Social Care Select committee:
<https://committees.parliament.uk/writtenevidence/23179/pdf/>
 - Oral evidence to the Health and Social Care Select committee:
<https://committees.parliament.uk/oralevidence/1783/pdf/>
 - Letter to the Health and Social Care Select Committee:
<https://committees.parliament.uk/writtenevidence/25881/pdf/>
- Blog in the Health Service Journal: <https://www.hsj.co.uk/policy-and-regulation/five-priority-areas-for-scrutiny-in-the-forthcoming-health-bill/7029925.article>

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Prevention

The government will bring forward measures “to support the health and wellbeing of the nation, including to tackle obesity...”

The new Office for Health Promotion will work across the government to improve health, with a focus on delivering greater action on prevention. This includes:

- Action on obesity, including requiring large out-of-home sector businesses with 250 or more employees to calorie label the food they sell, and banning junk food adverts before 9pm on television and a total ban online.
- New air quality targets in the Environment Bill, with a focus on reducing public health impacts of air pollution.
- Additional funding for the ‘Quit for Covid’ campaign to encourage people to stop smoking.

Mental Health Act Reform

The government will bring forward measures “to support the health and wellbeing of the nation, including to...improve mental health.”

NHS Providers has **responded** to the Department of Health and Social Care’s consultation on the government’s Reforming the Mental Health Act 1983 White Paper, which was published in January 2021. We look forward to supporting subsequent stages of the Act’s reform in the months ahead.

Further policies and bills of interest

Commission on Race and Ethnic Disparities

The government will bring forward measures “to address racial and ethnic disparities...”

The Independent Commission on Race and Ethnic Disparities was established in 2020 and **reported** on 31 March 2021, “concluding that while racism clearly exists, the reasons behind disparities are complex, and often as much to do with social class, family structure and geography”

The government is now considering the Commission’s findings and recommendations in detail, assessing their implications on future government policy, and will respond in due course.

Developing the life sciences sector

The government “will build on the success of the vaccination programme to lead the world in life sciences, pioneering new treatments against diseases like cancer...”

The government has committed to strengthening the UK Life Sciences sector and aims to:

- Discover the treatments for diseases such as cancer, Alzheimer’s and heart disease.
- Deliver improved outcomes for patients across the UK and tackle health inequality.
- Bolster health resilience to ensure the UK is best prepared for any future healthcare challenges.
- Partner with industry, the NHS and academia to ensure the UK leads in science innovation in industries including genomics, early-stage diagnosis, and digital health.

The government published [Our Plan for Growth](#) on 3 March 2021. In it, the government committed to creating the most advanced genomic healthcare system in the world. A new life sciences strategy is expected this summer.

New plan for immigration legislation

The government will bring forward measures “to establish a fairer immigration system that strengthens the United Kingdom’s borders...”

The purpose of this Bill is to support the delivery of the new plan for immigration which seeks to support those in need of asylum and deters illegal entry. The Bill will correct historical anomalies in British nationality law which have prevented individuals from registering for or gaining British citizenship.

Dissolution and Calling of Parliament Bill

The government “will strengthen and renew democracy and the constitution. Legislation will be introduced to...restore the balance of power between the executive, legislature and the courts.”

The purpose of the bill is to repeal the Fixed-term Parliaments Act 2011. This would allow the government of the day to seek a fresh democratic mandate from the British public when it is needed.

Procurement Bill

We understand that reform of procurement in the NHS will be impacted predominantly by the Health and Social Care Bill which seeks to reduce the use of competition within new Integrated Care Systems. However public sector procurement is also subject to much broader reform under a new procurement Bill. The purpose of this Bill is to:

- Reform the UK's public procurement regime, making it quicker, simpler and better able to meet the country's needs while remaining compliant with international obligations. This will replace the current regime which was largely transposed from EU procurement directives.
- Make public procurement more accessible for new entrants such as small businesses and voluntary, charitable and social enterprises to compete for and win public contracts.

The main elements of the Bill are:

- Enshrining in law the principles of public procurement such as: value for money, public benefit, transparency, integrity, fair treatment of suppliers and non-discrimination.
- Overhauling complex and inflexible procurement procedures and replacing them with three simple, modern procedures, allowing the public sector more scope to negotiate with potential suppliers to deliver innovative new solutions.
- Introducing procurement processes that allow contracting authorities to buy at pace, for serious situations that are declared a crisis, with strengthened safeguards for transparency.
- Reforming the process for challenging procurement decisions to speed up the review system.

Professional Qualifications Bill

The purpose of the Bill is to:

- Create a new framework to recognise professional qualifications from across the world to ensure the UK can access professionals in areas of a workforce shortage. This will replace the interim system that gives preference to professional qualifications from the EU, Switzerland, Norway, Iceland and Liechtenstein.
- Enable the government to provide UK regulators with a consistent set of powers to enter into agreements with regulators overseas to recognise professional qualifications.

NHS Providers press statement

Responding to proposals in the Queen's Speech today, the chief executive of NHS Providers, Chris Hopson said:

"The Health and Care Bill announced in the Queen's Speech today sets out the biggest reforms to the NHS in nearly a decade, laying the foundations to improve health outcomes by joining up NHS, social care and public health services at a local level.

"Trust leaders broadly welcome the direction of the bill, but there are several areas where we will be seeking further clarity, reassurances and safeguards. First, trusts want to ensure their operational

independence, and that of the wider NHS, is protected. Second, they want to be in the driving seat when it comes to making changes to local services to improve care and keep patients safe. Third, they'll want to ensure there is no confusion or overlap between what they and the new Integrated Care Systems do. Trust leaders also want reassurances they won't be inappropriately instructed to restrict their spending on new equipment and buildings, risking quality of care.

"It's also vital that the bill puts a proper, funded, long term NHS workforce plan in place. This is all the more important given the sheer scale of the challenge facing the NHS in the years ahead, such as clearing the backlog of care.

"We are pleased the government has committed to providing more funding today to help the NHS recover and transform in the years ahead.

"Just £1bn in non-recurrent funding has been promised to the NHS to date to help clear the backlog for non-urgent operations, alongside £325m for diagnostics equipment. As a bare minimum, we need at least three years' extra dedicated funding, on top of what was promised in the May government's settlement and the money that's already been set aside for extra Covid costs.

"While the government outlined its agenda for NHS reform today, it's deeply disappointing that the Queen's Speech has once again failed to deliver a detailed plan which sets out the radical change we need on social care. The Prime Minister made a personal commitment to fix social care once and for all. He must now be true to his word."

Useful links

[Transcript of the Queen's Speech](#)

[Accompanying briefing documents](#)

[Transcript of Commons debate](#)

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Report to the Board of Directors
26th May 2021

Title of report	CNTW Integrated Commissioning & Quality Assurance Report
Report author(s)	Allan Fairlamb, Head 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	12.05.21
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	26.04.21
Corporate Decisions Team (CDT)	
CDT – Quality	26.04.21
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

CNTW Integrated Commissioning & Quality Assurance Report 2020-21 Month 12 (March 2021)

Executive Summary

1. The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
2. There have been seven remote Mental Health Act Reviewer visits - Environmental issues linked to privacy and dignity were identified in five of the wards visited (Acorn, Akenside, Ferndene PICU, Hadrian and Lowry) and in some cases had been raised previously during their last visit.
 - Patients did not have access to a bedroom key – this issue has now been identified on 7 wards across the Trust.
 - Acorn ward's facilities were not fully suited to the patient group as the ward had previously been used as a rehabilitation setting.
 - On Akenside ward there was no shower available to male patients.
 - Ferndene PICU had no doors on the en-suite rooms.
 - Yewdale ward did not have good facilities - there was no gym, computer or occupational therapy kitchen on ward.
 - Hadrian ward have 18 specific action points relating to their environment

The action plans relating to these visits are owned by the relevant service and the Associate Director is responsible for following up on actions until the action plan is complete through their CMT/CBU. The CQC Compliance Officer routinely receives updates on all outstanding action plans and these are collated and shared with the Mental Health Legislation Steering Group and Mental Health Legislation Committee on a quarterly basis. The Associate Director/CBU must provide evidence to the CQC Compliance Officer to support the closure of any action contained in the action plan. The CQC Reviewer Group considers all action plans and adds in any additional overarching information where relevant prior to sign off by the Group Director/Group Nurse Director for the relevant locality group.

The themes from these visits are taken to BDG on a monthly basis and Mental Health Legislation Steering Group and Mental Health Legislation Committee on a quarterly basis.

3. The Trust met all local CCG's contract requirements for month 12 and quarter 4 with the exception of:
 - CPA metrics for all CCG's with the exception of Northumberland and South Tyneside.
 - Numbers entering treatment within Sunderland IAPT service (557 patients entered treatment against a target of 810) and North Cumbria (408 patients entered treatment against a target of 605).
 - Delayed Transfers of Care within Durham, Darlington and Tees and North Cumbria.

- 4 The Trust met all the requirements for month 12 and quarter 4 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (96.7% against a 100% target).
- 5 All CQUIN schemes for 2020/21 have been suspended due to the COVID-19 pandemic.
- 6 There are 72 people waiting more than 18 weeks to access services this month in non-specialised adult services (70 reported last month). Within children's community services there are currently 605 children and young people waiting more than 18 weeks to treatment (545 reported last month).
- 7 Training topics below the required trust standard as at month 12 are listed below:

Fire (83.0%)	Medicines Management (83.9%)
Information Governance (82.2%)	PMVA basic training (24.3%)
PMVA breakaway training (69.3%)	Mental Health Act combined (65.2%)
MHCT Clustering (59.1%)	Clinical Risk (81.0%)
Clinical Supervision (76.6%)	Seclusion training (67.1%)
Rapid Tranquilisation (77.8%)	Clinical Supervision recorded (47.9%)
Management Supervision recorded (46.2%)	

- 8 Appraisal rates currently stand at 75.8% Trust wide against an 85% standard which is an increase from last month (75.4%).
- 9 Clinical supervision training is reported at 76.6% for March (was 76.8% last month) against an 85% standard. The percentage of staff with a completed clinical supervision record is reported at 47.9% as at 9th April 2021. At 31st March 2021 the proportion of staff with a management supervision recorded in the last 3 months is reported at 46.2% against an 85%.
- 10 The confirmed February 2021 sickness figure is 5.4%. This was provisionally reported as 5.44% in last month's report. The provisional March 2021 sickness figure is 5.13% which is above the 5% standard. The 12 month rolling average sickness rate has decreased to 5.56% in the month.
- 11 At Month 12, the Trust has a draft surplus before exceptional items of £53k which is £2.2m ahead of the Trust's revised plan for the year. In line with the financial arrangements put in place in response to COVID-19 the Trust was breakeven at the end of September. Additional costs due to COVID-19 for the year were £6.9m. Agency spend for the year is £15.8m of which £7.4m (47%) relates to nursing support staff.

Other issues to note:

- There are currently 18 notifications showing within the NHS Model Hospital site for the Trust.
- The number of follow up contacts conducted within 72 hours of discharge has decreased in the month and is reported trust wide at 94.4% which is above the 80% standard. (was 95.5% last month).
- There were no inappropriate adult out of area bed days reported in March 2021. This remains in line with February.
- During March 2021 the Trust received 603 Points of You survey returns, of which 66% were from service users, 22% from carers, 8% were completed on behalf of a service user and 4% did not state the person type. Of the 603 responses 568 answered the FFT question with 89% of service users and carers stating their overall experience with CNTW services was either good or very good.

2020-21 Reporting of Quality Standards, Training & Appraisals during pandemic

The Trust experienced constant pressure maintaining services throughout the pandemic. During this period, whilst reporting continued, best endeavours were made against Trust standards. Standard compliance was not a requirement through 2020-21 and external monitoring ceased on most standards.

2021-22 Reporting of Quality Standards, Training & Appraisals during pandemic

During April, each of the locality groups and corporate services have been setting out their recovery trajectories for none compliance against standards. These trajectories show how the groups will progress towards meeting and maintaining each of the standards which will be monitored on a quarterly basis through the Accountability Framework and through to the Board in this report.

Training trajectories have been set whilst taking a number of considerations into account such as:

- Availability of face to face training e.g. PMVA
- Ability for teams to release staff to take part in or deliver training e.g. PMVA
- Staff leave – taking carried forward annual leave as covid restriction ease
- Trainee rotations – drop in LET doctor and doctors in training training standards when new rotations are taken on

Please see Appendix 1 for Training and Quality Trajectories for 2021 – 2022.

From Month 01 the Board report will monitor against the agreed trajectories rather than the overall standard.

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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		There have been seven Mental Health Act reviewer visit reports received since the last report. The visits continue virtually with the process including interviews with Ward Managers/Clinical Leads, service users and carers and IMHA representatives						
	Overall Rating	Number of "Must Dos"							
	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	
	94%	100%	80%	90%	90%	86%	62%	58%	
	Percentage of Quality Standards achieved in the quarter:								
	94%	100%	80%	90%	100%	86%	62%	58%	
	CQUIN - Suspended								
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 CQUIN schemes are currently suspended for 2020/21									
Internal	Accountability Framework								
	North Locality Care Group Score: March 2021		Central Locality Care Group Score: March 2021		South Locality Care Group Score: March 2021		North Cumbria Locality Care Group Score: March 2021		
	4	The group is below standard in relation to CPP metrics and training requirements		4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements	

Quality Priorities: Quarter 4 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 increased in month 12. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:

6

Number of courses <5% below standard Trustwide:

3

Number of courses Standard not achieved (>5% below standard):

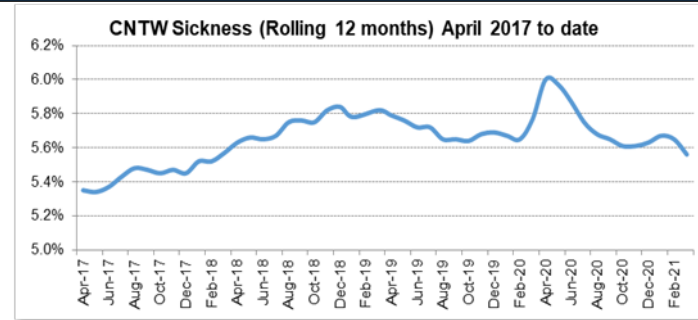
10

Fire training (83.0%), Clinical Risk training (81.0%) and Medicines Management training (83.9%), are within 5% of the required standard. Rapid Tranquilisation training (77.8%) Information Governance (82.2%), PMVA basic training (24.3%), PMVA Breakaway training (69.3%), MHA combined training (65.2%), MHCT Clustering Training (59.1%), Seclusion training (67.1%), Clinical Supervision training (76.6%), Record of Management Supervision recorded (46.2%) and Record of Clinical Supervision recorded (47.9%) are reported at more than 5% below the standard.

Appraisals:

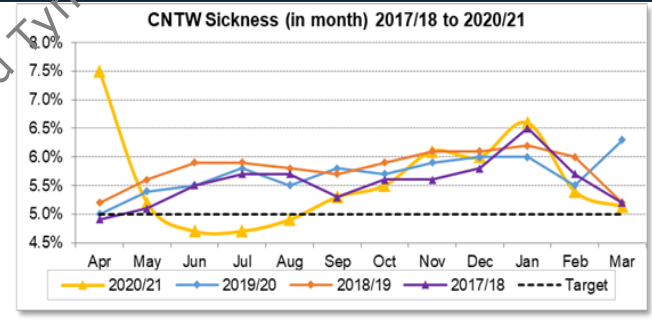
Appraisal rates have increased to 75.8% in March 2021 (was 75.4% last month).

Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 5.13% for March 2021

The rolling 12 month sickness average has decreased to 5.56% in the month



Finance

At Month 12, the Trust has a draft surplus before exceptional items of £53k which is £2.2m ahead of the Trust’s revised plan for the year. In line with the financial arrangements put in place in response to COVID-19 the Trust was breakeven at the end of September. Additional costs due to COVID-19 for the year were £6.9m. Agency spend for the year is £15.8m of which £7.4m (47%) relates to nursing support staff.

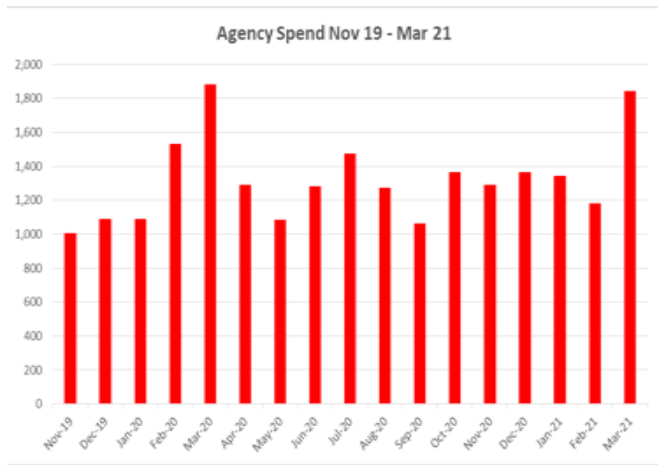
Financial Performance Dashboard

Income & Expenditure

	Plan £m	Actual £m	Variance £m
Income	414.7	453.2	38.5
Pay	(332.9)	(351.6)	(18.7)
Non Pay	(84.0)	(101.6)	(17.6)
	(2.2)	0.0	2.2

Key Indicators

Key Indicators	Year End
Surplus/ (Deficit) before exceptional items	£0.0m
Agency Spend	£15.8m
Cash	£62.1m
Capital Spend	£19.0m



Key Issues/Risks

- At month 12 the Trust has delivered a financial performance position of break-even. (£53k surplus before exceptional items)
- The Trust planned £2.2m deficit was as a result of a shortfall in income (£1.4m) and an increase in the annual leave accrual (£0.8m). The Trust has received funding to cover the actual income shortfall (£1.2m) and the actual increase in the annual leave accrual (£2.8m)
- Trust pay costs have been high this year due to the pandemic including ongoing additional staff costs to cover sickness and delivering vaccines to staff. This has been offset by additional income.
- The Trust has incurred £6.9m of Operational COVID costs up to month 12. The Trust is also incurring the costs of additional services developed to support the pandemic.
- Cash – £62.1m at month 12 which is £28.3m, above plan due to improved working balances, capital spend being less than plan and increases in provisions.
- Capital Spend - £19.0m at month 12 which is £6.0m less than plan.

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

	01/03/2021		08/03/2021		15/03/2021		22/03/2021		29/03/2021	
Medical	95	31	95	31	95	31	95	31	95	31
Qual Nursing	207	131	201	196	215	209	204	194	181	177
Unq Nursing	1,400	61	1,395	71	1,384	86	1,534	88	1,397	69
A&C	65		61		59		69		48	
	1,767	223	1,752	298	1,753	326	1,902	313	1,721	277

In March the Trust reported an average of 287 price cap breaches (31 medical, 181 qualified nursing and 75 nursing support). At the end of March 7 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 at quarter 4.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- 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 and approved the 2021-22 Standards Trajectories.

Allan Fairlamb

Head of Commissioning & Quality Assurance

15th April 2021

Lisa Quinn

Executive Director of Commissioning & Quality Assurance

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Training Trajectories 2021-2022

Metric ID - Training Name	Standard	Q1						Q2					
		North	Central	South	N.Cumbria	Corporate	Trust Trajectory	North	Central	South	N.Cumbria	Corporate	Trust Trajectory
3001 - Clinical Risk and Suicide Prevention Training	85%	85%	85%	85%	85%	70%	85%	85%	85%	85%	85%	75%	85%
3002 - Clinical Supervision	85%	85%	80%	85%	75%	80%	83%	85%	82%	85%	77%	85%	84%
3004 - Equality & Diversity Introduction	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3006 - Fire	85%	85%	85%	85%	85%	80%	85%	85%	85%	85%	85%	85%	85%
3008 - Health & Safety	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3015 - Infection Prevention & Control - Inoculation Incidents – Hand Hygiene	85%	85%	85%	85%	85%	83%	85%	85%	85%	85%	85%	84%	85%
3018 - Medicines Management Training	85%	85%	85%	85%	83%	70%	85%	85%	85%	85%	84%	75%	85%
3019 - Moving & Handling Awareness Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3022 - PMVA Basic	85%	50%	28%	35%	50%	50%	43%	60%	38%	50%	65%	65%	56%
3023 - Rapid Tranquilisation Training	85%	85%	85%	85%	85%	80%	85%	85%	85%	85%	85%	85%	85%
3026 - Safeguarding Adults Level 1	85%	85%	85%	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%
3027 - Safeguarding Children Level 1	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3030 - Information Governance (Data Security Awareness)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
3042 - Seclusion Training	85%	85%	85%	85%	80%	75%	83%	85%	85%	85%	82%	85%	85%
3043 - PMVA Breakaway	85%	85%	71%	85%	75%	65%	80%	85%	78%	85%	77%	75%	82%
3046 - Safeguarding Children Level 3	85%	85%	80%	85%	80%	75%	82%	85%	85%	85%	82%	85%	84%
3047 - Safeguarding Children Level 2	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3075 - MHA MCA DoLS Combined	85%	80%	75%	80%	65%	60%	79%	85%	78%	85%	75%	63%	83%
3501 - Complete JDR's	85%	85%	71%	80%	76%	73%	77%	85%	75%	85%	80%	77%	80%
3514 - Proportion of staff with management supervision recorded in the past 3 months	85%	70%	65%	70%	85%	65%	71%	80%	85%	80%	85%	75%	81%

Shaded trajectories are where standard is already met or exceeded.

PMVA Basic trajectories are currently under review and will be updated as soon as possible.

Metric ID - Training Name	Q3						Q4					
	North	Central	South	N.Cumbria	Corporate	Trust Trajectory	North	Central	South	N.Cumbria	Corporate	Trust Trajectory
3001 - Clinical Risk and Suicide Prevention Training	85%	85%	85%	85%	80%	85%	85%	85%	85%	85%	85%	85%
3002 - Clinical Supervision	85%	83%	85%	82%	85%	85%	85%	85%	85%	85%	90%	85%
3004 - Equality & Diversity Introduction	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3006 - Fire	85%	85%	85%	85%	90%	85%	85%	85%	85%	85%	90%	85%
3008 - Health & Safety	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3015 - Infection Prevention & Control - Inoculation Incidents – Hand Hygiene	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	88%	85%
3018 - Medicines Management Training	85%	85%	85%	84%	80%	85%	85%	85%	85%	85%	85%	85%
3019 - Moving & Handling Awareness Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3022 - PMVA Basic	70%	50%	65%	75%	65%	66%	85%	60%	85%	80%	75%	78%
3023 - Rapid Tranquilisation Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3026 - Safeguarding Adults Level 1	85%	85%	85%	85%	90%	85%	85%	85%	85%	85%	90%	85%
3027 - Safeguarding Children Level 1	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3030 - Information Governance (Data Security Awareness)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
3042 - Seclusion Training	85%	85%	85%	84%	85%	85%	85%	85%	85%	85%	85%	85%
3043 - PMVA Breakaway	85%	85%	85%	82%	75%	85%	85%	85%	85%	85%	85%	85%
3046 - Safeguarding Children Level 3	85%	85%	85%	84%	85%	85%	85%	85%	85%	85%	85%	85%
3047 - Safeguarding Children Level 2	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3075 - MHA MCA DoLS Combined	85%	82%	85%	85%	70%	85%	85%	85%	85%	85%	85%	85%
3501 - Complete JDR's	85%	78%	85%	85%	80%	83%	85%	80%	85%	85%	85%	85%
3514 - Proportion of staff with management supervision recorded in the past 3 months	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

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Quality Trajectories 2021-2022

Metric ID - Quality	Standard	Q1					Q2				
		North	Central	South	N.Cumbria	Aggregate	North	Central	South	N.Cumbria	Aggregate
155 Care Plans Discussed	95%	95%	93%	92%	84%	91%	95%	95%	95%	85%	93%
156 Current Service users clustered within threshold (previous 2 reviews)	85%	80%	85%	80%	58%	76%	83%	85%	83%	65%	79%
157 Current service users clustered within review threshold	85%	80%	84%	80%	71%	79%	83%	85%	83%	73%	81%
11 % of service users with a record of CPA/non CPA status	95%	85%	94%	85%	68%	83%	90%	95%	90%	75%	88%
34 Current service users on CPA reviewed in last 12 months	95%	97%	95%	97%	95%	96%	97%	95%	97%	95%	96%
401 CPA reviews where cluster performed +3/-3 days either side of CPA review	85%	80%	79%	80%	68%	77%	83%	81%	83%	75%	81%
984 Current service users with valid ethnicity	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
1427 Number of Service Users on the EIP caseload Screen Using the LESTER tool	90%	90%	90%	90%	68%	85%	90%	90%	90%	75%	86%
298 DTOC	<7.5%				13%	13%				13%	13%
101 Risk Assessments	95%	95%	95%	95%	65%	88%	95%	95%	95%	75%	90%

Metric ID - Quality	Standard	Q3					Q4				
		North	Central	South	N.Cumbria	Aggregate	North	Central	South	N.Cumbria	Aggregate
155 Care Plans Discussed	95%	95%	95%	95%	90%	94%	95%	95%	95%	95%	95%
156 Current Service users clustered within threshold (previous 2 reviews)	85%	85%	85%	85%	75%	83%	85%	85%	85%	85%	85%
157 Current service users clustered within review threshold	85%	85%	85%	85%	75%	83%	85%	85%	85%	85%	85%
11 % of service users with a record of CPA/non CPA status	95%	95%	95%	95%	85%	93%	95%	95%	95%	95%	95%
34 Current service users on CPA reviewed in last 12 months	95%	97%	95%	97%	95%	96%	97%	95%	97%	95%	96%
401 CPA reviews where cluster performed +3/-3 days either side of CPA review	85%	85%	83%	85%	85%	85%	85%	85%	85%	85%	85%
984 Current service users with valid ethnicity	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
1427 Number of Service Users on the EIP caseload Screen Using the LESTER tool	90%	90%	90%	90%	85%	89%	90%	90%	90%	90%	90%
298 DTOC	<7.5%				13%	13%				13%	13%
101 Risk Assessments	95%	95%	95%	95%	85%	93%	95%	95%	95%	95%	95%

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Report to Board
May 26th 2021

Title of report	Service User and Carer Experience Report (Q4 2020/21)
Report author(s)	Paul Sams, Experience & Effectiveness Officer 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	

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	26/04/2021
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		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

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

CNTW Service User and Carer Experience Summary Report

Quarter 4 2020-21

Executive Summary

This report discusses feedback received by CNTW from service users/patients and carers through available internal and external options available during quarter 4 of 2020-21.

1. The Trust is now receiving good levels of service user/patient and carer feedback through Points of You after recommencement of mail out survey. Leading to a 421% increase when compared with quarter 3.
2. Points of You can now be completed online, this has been used as an option regularly by service users/patients and carers.
3. Trustwide average FFT score for quarter 4 is 8.58 (out of 10).
4. CNTW is leading in the creation of a national collaborative that will share and develop good practice in the collection and use of service user/patient and carer feedback.

Recommendations

- 107 of our 215 services have received feedback in reference to being kind and caring. This is something that should be recognised during a particularly difficult working environment that staff find themselves in due to the restrictions Covid has placed on us all and the impact that has on the service we deliver.
- All teams should regularly interrogate their PoY data using the dashboard, now that increased levels of feedback are being received. Good practice would be to look at the service in comparison with the Trust averages for satisfaction as well as responding to individual concerns and compliments.

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Points of You (PoY) Uptake

During quarter 4 the Trust received 921 completed Points of You (PoY) surveys, a 421% increase on the 216 received in quarter 3 of this year. 612 have been completed by a service user or patient, with a further 203 being completed on behalf of a service user/patient. 68 have been completed by a carer/relative/friend and 38 people chose not to specify which category they are from.

Locality	Total PoY responses
South	351
Central	236
North Cumbria	209
North	125

Table 1. PoY uptake by locality

All localities have seen an increase in feedback received during this quarter. The South locality continues to receive the most feedback and the North locality continues to receive the least feedback.

Key Points Relating to Feedback

- The south locality has received the most feedback, this has translated into the most positively themed feedback and least negatively themed feedback.
- Central locality have seen a fivefold increase in feedback when compared with last quarter.
- Localities and the Trust are now receiving good levels of feedback since mail out survey were restarted, allowing for future indepth analysis to be presented and reacted to on a local and Trustwide level.

	Positive %	Negative %	Neutral %	Compliment %
North Cumbria	66	14	19	2
South	77	6	16	1
North	72	12	12	4
Central	72	8	18	3

Table 2. Themed feedback by percentage of total per locality (rounded to nearest number)

Table 3 shows that when PoY is completed on behalf of a service user, the feedback is more positive in theme. Although this anomaly is significant enough to discuss, it should also be noted that this feedback makes up 7% (68 of 921 PoY) of all feedback received during the quarter.

	Positive %	Negative %	Neutral %	Compliment %
Service User/Patient	71	9	18	2
Carer/Relative/Friend	74	11	15	1
On behalf of Service User/Patient	83	2	13	2

Table 3. Themed feedback by group breakdown (rounded to nearest whole number)

Friends and Family Test (FFT) Summary

Question 1 of Points of You is the national Friends and Family Test (FFT) question 'Overall, how was your experience of our service?' and the responses given form an overall FFT score. This score is calculated by assigning a score to each option, (V.Good = 10, Good 7.5

etc, this is then divided by the number of responses (excluding not answered) to give a score).

	Average FFT Score for Quarter (out of 10)	Total number of responses
Trustwide	8.58	921
South	8.93	351
Central	8.73	236
North Cumbria	8.73	209
North	7.75	125

Table 4. FFT average score by locality for Quarter 4 2020-21

Although there has been a marked increase in the levels of feedback received through PoY, the FFT score has remained almost identical when compared with quarter 3 of this year. This is reassuring as the Trust supports more service users and carers to share their experience of the services we deliver.

CNTW is still currently unable to benchmark itself against other mental health Trusts nationally as NHSE are in a test phase of collecting FFT scores since the previous standing down of monthly data submissions and the change to the new FFT question. The Trust are contributing data to the ongoing test so will be able to meet national requirements when it restarts.

Points of You Experience Analysis

Top 3 Questions by Score

1. Where staff kind and caring? – Question 5 of PoY form

The Trust average score for this question in quarter 4 is 86%. This is the percentage of people who answered yes to this question and it remains the highest average for the questions asked since the PoY format changed in September 2020. This is 1% lower than the previous quarter.

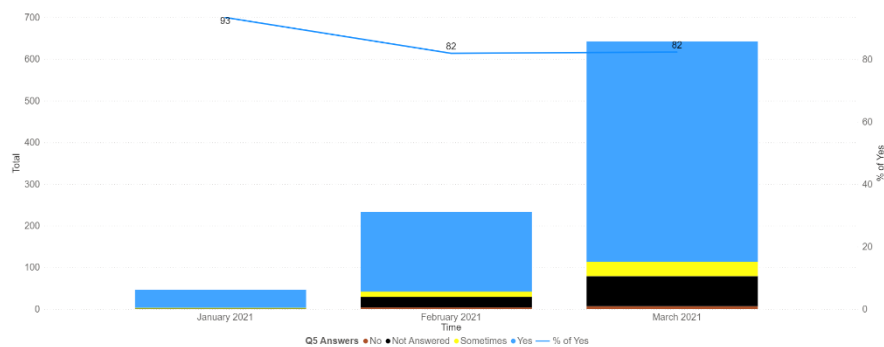


Table 5. Responses to PoY question 5 'Were staff kind and caring?'

83% (763) of those who answered 'yes' to question 5, 511 came directly from service users/patients and a further 60 on behalf of this group. The main positive themes from this group are in three categories; Values and Beliefs, Patient Care and Communications.

Within the 'Values and Beliefs' theme, staff being kind, helpful and friendly was most commonly discussed by service users/patients. Almost half (245 of 511) of individual

respondants in this group chose to comment specifically on this topic. It is interesting to note that 107 of our 215 services have received feedback in reference to being kind and caring.

2. Did you feel safe with our service? – Question 6 of PoY form

The Trust average for the question ‘Did you feel safe with our service?’ in quarter 4 was 81% (748). This is the percentage of people who answered ‘yes’ to this question. 499 of these responses came from service users/patients themselves, with a further 61 being offered on behalf of service users/patients. This a 5% reduction in people feeling safe when compared with quarter 3, with a note that levels of feedback are significantly higher in this quarter so some fluctuation on previous quarters can be expected.

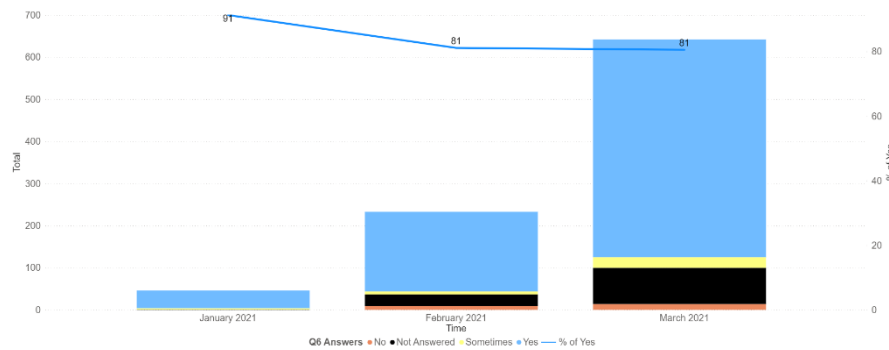


Table 6. Responses to PoY question 6 ‘Did you feel safe with our service?’

23 (1% of 921) people responded ‘no’ to this question, an increase of 11 (6% of 213) on the previous quarter, however as noted with previous analysis, feedback levels are significantly higher this quarter. It can therefore be said that feedback suggests patients have felt safer with our services when compared with last quarter. The main theme around not feeling safe is having a ‘negative experience’. When looking at the comments relating to these negative experiences, there are several examples of individuals feeling unsafe around other ‘unwell’ individuals in ward environments and two examples of multiple forms being completed by the same person.

3. Were you given information that was helpful? – Question 7 on PoY form

80% (719 responses) of those responding through PoY answered ‘yes’ to this question. Service users/patients or those filling in a form on behalf of a service user/patient offered 75% of the ‘yes’ responses. When looking at the main reasons for this response, availability of information was a common theme.

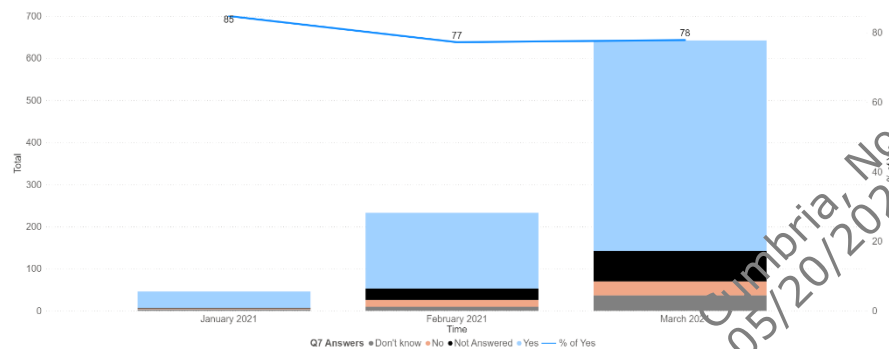


Table 7. Responses to PoY Question 7 ‘Were you given information that was helpful?’

51 (5.5%) PoY forms answered 'no' to this question. They mostly came from service users/patients with 37 individual 'no' responses. Within this group, quality and availability of information were the most common reason for a 'no' response, this is echoed by the 11 carers, relatives and friends that responded 'no' to this question. The majority of these responses relate to community teams, with no single team standing out with the levels of 'no' responses.

Feedback Demographics

The demographic section of the PoY form is optional but everyone completing as PoY survey has the opportunity to complete this section.

Thematic review of demographics allows the Trust to capitalise on good practice when it is evident in satisfaction ratings for some groups, as well as identifying groups with low satisfaction ratings to address this in a timely manner.

Age

Table 8 below shows different age groups in order of FFT satisfaction (high to low). It is notable that young people (0-18) have offered very little feedback in comparison to other age groups. This is due to a different system being in place to make sure young people or their carers get mail to the appropriate address. Mail out survey to young people will recommence in the coming weeks.

Age	Average FFT Score (out of 10)	Number of Surveys
75-84	9.1	143
35-44	9.1	102
45-54	9	103
65-74	9	119
85+	8.9	82
19-24	8.9	44
55-64	8.8	139
0-18	8.7	23
25-34	8.1	98
25-34	7.4	22
Not Stated	7.3	38
Blank	5	8

Table 8. FFT Score by stated age group of respondent

It is notable that the 19-24 age group is underrepresented in feedback received through PoY, with this group making up less than 5% (44) of all feedback received during the quarter. This compares with the group receiving around 8% (697) of all PoY being offered through mailshot during the quarter.

Ethnicity

Table 9 below shows the identified ethnicity of individuals feeding back their experience through PoY. 4 service users who identify as 'other ethnic group' offered an FFT score of 10, suggesting their experience was 'very good'. These positive responses relate to four different teams, three community mental health and one inpatient team.

Ethnicity	Average FFT Score (out of 10)	Number of Surveys
Other ethnic group	10	4
Black/African/Caribbean/Black British	9.1	12
White	8.8	804
Asian/Asian British	8.5	16
Blank	8.4	22
Mixed/Multiple ethnic groups	8	13
Not stated	7.5	37
Prefer not to say	6.5	13

Table 9. FFT score by stated ethnicity of 7espondent

Faith

People identifying as Christian are the single biggest represented group, accounting for 36% (329) of all feedback received, offering an average FFT score of 8.7 for the quarter which is the same as the average for all feedback received through PoY over the same period.

Faith	Average FFT Score (out of 10)	Number of Surveys
Buddhism	10	2
Paganism	10	2
Judaism	10	1
Shinto	10	1
Taoism	10	1
Hinduism	9.3	6
Other	8.9	214
Atheism	8.7	41
Christianity	8.7	329
Not Stated	8.7	268
Islam	8.5	8
Jehovah's Witnesses	8	5
Blank	7.9	30
Humanism	7.9	5
Spiritualism	7.5	4
Rastafari	7.5	1
Sikhism	5	3

Table 10. FFT score by stated faith of respondent

Sexual Orientation

Orientation	Average FFT Score (out of 10)	Number of Surveys
Pansexual	10	1
Queer	10	1
Lesbian	9.6	8
Other	9.3	93
Gay/Gay Man	9.2	4
Bisexual	9	20
Not stated	8.8	325
Heterosexual	8.6	440
Blank	7.7	18
Questioning	7.5	1
Asexual	5.9	10

Table 11. FFT score by stated sexual orientation of respondent

During the quarter most feedback was received by individuals identifying as heterosexual, with an average FFT score of 8.6 (out of 10) from this group, this is slightly lower than the Trust average of 8.7 but not significantly lower. 76% (336) of feedback within this group was from service users/patients or on their behalf, with 72% of this feedback being positive in theme and 8% being negative in theme.

Themed Comments

It should be noted in this section that one form can contain multiple themed comments, including positive, negative, neutral or compliments. A PoY form could contain multiples of any of these theme groups. The 921 completed PoY feedback forms contained 3,123 comments.

Positive (2255)	Negative (279)	Neutral (526)	Compliment (63)
Values and Behaviours (802)	Communications (96)	Patient Care (175)	Values and Behaviours (39)
Patient Care (719)	Patient Care (90)	Communications (161)	Communications (15)
Communications (600)	Values and Behaviours (29)	Values and Behaviours (51)	Patient Care (9)

Table 12. Themed comments contained on PoY feedback forms

Recent, local and national developments

CNTW leading with two other Trusts is setting up the National Understanding Patient And Carer Experience Data (NUPACED) collaborative. The collaborative have their inaugural event on May 18th via Teams, with the aim of developing good practice around patient and carer experience data and how this data is absorbed on a local and national platform, by sharing experience.

Feedback on external websites

During quarter 4 the Trust received feedback on the NHS.uk platform three times. All of this feedback was relaying a negative experience and all feedback was responded to by the appropriate team, offering contact to explore and resolve each situation.

All feedback received was also shared on the Care Opinion platform along with the responses from the appropriate people within Trust. On this platform the Trust received an additional two sets of feedback. Again both relayed a negative experience of specific services and both received an empathetic response that offered the opportunity for resolution.

Patient Advice and Liaison Service (PALS)

During January PALS received 7 inquiries, of these 5 have been closed to the satisfaction of the inquirer with 2 outstanding.

During February PALS received 9 inquiries, of these 8 have been closed to the satisfaction of the inquirer with 1 inquiry outstanding.

During March PALS received 10 inquiries, all of these have been closed to the satisfaction of the inquirer.

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**Report to the Board of Directors
26th May 2021**

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

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	N/A	Executive Team	N/A
Audit	N/A	Corporate Decisions Team (CDT)	N/A
Mental Health Legislation	N/A	CDT – Quality	N/A
Remuneration Committee	N/A	CDT – Business	N/A
Resource and Business Assurance	N/A	CDT – Workforce	N/A
Charitable Funds Committee	N/A	CDT – Climate	N/A
CEDAR Programme Board	N/A	CDT – Risk	N/A
Other/external (please specify)	N/A	Business Delivery Group (BDG)	N/A
Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability		Reputational	X
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X
Board Assurance Framework/Corporate Risk Register risks this paper relates to			
N/A			

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**Coronavirus (COVID-19)
Report for the Board of Directors meeting
26th May 2021**

1. Executive Summary

This report provides an exception report in response to the COVID-19 pandemic since the last Trust Board. For this month the report includes three areas:

- Prevalence & Outbreak Management
- Patient & Staff Testing & Vaccinations
- Road Map Step 3 – Easing of Restrictions and Living with Covid

2. Trust COVID-19 Prevalence & Outbreak management

Community prevalence of COVID-19 has continued to decrease across the Cumbria, Northumberland, Tyne and Wear (CNTW) footprint and there are currently zero patient cases and one staff member isolating as a result of a positive COVID-19 test result.

On the day of submission of this report (18th May 2021) there has not been an outbreak for 43 days.

Variants of Concern: the variant of concern known as the Indian variant (B.1.617.2) is spreading throughout the UK although numbers are relatively low. NHS Test and Trace is providing additional testing and genomic sequencing in targeted areas within the Blackburn and Hackney areas.

There are some cases in the North East and these are being closely monitored by Public Health and Local Authorities. Currently the variant has not caused severe illness in the region but appears to be highly infectious. Health Protection Boards are supporting a cautious approach as the easing of restrictions progresses and there are plans to accelerate the vaccination programme for second doses and the under 40 age group.

The Infection Prevention & Control (IPC) team continue to offer advice and support to staff and IPC standards relating to Hands, Face, Space and Fresh Air are reinforced via daily Comms and the Managers meeting.

CNTW was invited to be involved in the Operation Eagle Surge testing exercise, to review systems and processes in place across the six Local Authority areas (Northumberland, Newcastle, North Tyneside, South Tyneside, Sunderland and Gateshead) should there be a need to surge test in the area. A particular focus was on cross boundary surge testing.

3. Patient and Staff Testing & Vaccinations

Our testing strategy continues to swab patients on days 1, 3, 5 and 7 for new admissions and every seven days thereafter. This enables early indication of positive PCR and isolation and care plans reflecting IPC management to avoid transmission to other patients.

Asymptomatic Staff Testing

It is expected that all staff sign up to using the Lateral Flow Device (LFD) testing kits and test twice weekly. As previously reported, it is now a requirement that staff visiting Care Homes must provide a negative test result within the previous 72 hours. If staff cannot provide this it is expected that they do a LFD test on site prior to entering the Home although this is discouraged as routine practice as it results in a delayed appointment.

Managers have access to dashboard information now and can readily see which staff have signed up for a LFD testing kit and when they last logged their result. All staff are required to have a one to one with their manager to discuss the importance of LFD testing and logging results twice weekly as testing will become increasingly important as the easing of restrictions progresses. Staff take up of LFDs and the logging of results will be monitored closely by locality groups.

COVID-19 Vaccination Staff, Patients and Clinical Partners

The Trust has continued with its vaccination programme. This has been a successful programme using a three-site model from St Nicholas Hospital, St George's Park and Hopewood Park. Staff in Cumbria were also able to access vaccines from North Cumbria Integrated Care (NCIC) centres and then bespoke CNTW clinics. The CNTW clinics offering first and second doses will continue until the end of June. To date, 90% of staff have been vaccinated. After this staff will continue to be able to access vaccines through the NHS national booking service.

A learning review of the CNTW vaccine programme is planned in June to ensure that any learning can be embedded in the planning for any further booster programmes likely to commence in the Autumn.

The Trust continues to offer the vaccine to all inpatients in line with the Joint Committee on Vaccinations and Immunisations (JCVI) guidance. For those in the community, processes are in place to support patients i.e. community mental health and learning disability teams to access their vaccine either via Primary Care Networks (PCNs) or in some circumstances, via the community mental health teams. Targeted vaccination clinics for Addictions services patients are operating in each locality, with the exception of South locality which is under review due to change in service provider.

Appendix 1 provides a breakdown of the vaccination numbers per group.

4. Road Map Step 3 – Easing of Restrictions and Living with Covid

From 17th May 2021 the Government progressed with the Step 3 Road Map easing of restrictions. A communication was shared on 15th May 2021 in relation to changes for CNTW and further Comms and FAQs during week of 17th May 2021.

PHE and NHSEI have not advised NHS organisations to make any changes to IPC standards for staff and patients within a health care setting, and staff will therefore need to continue to wear a mask and socially distance alongside hand hygiene and good ventilation when indoors.

Outdoors, staff no longer need to wear a mask if alone or with a colleague and can maintain a two metre distance. This is in relation to non-clinical activity only.

Whilst lockdown easing is welcome news, CNTW is taking a cautious approach to the easing of restrictions given more people will be mixing indoors and outdoors and the risk of increased exposure to the virus and variant B.1.617.2, which is proving to be highly infectious.

Staff are reminded that our patients remain vulnerable due to mental health and disabilities and are asked to exercise caution and consider the risks in relation to close contact with friends and family to keep our patients, visitors and colleagues safe.

Travel:

From 17 May, a traffic light system will replace the current blanket ban on non-essential foreign travel with countries classed as Red, Amber or Green. If staff choose to travel abroad to a country which is rated as Red or Amber, they will be required to self-isolate for 10 days on return to the UK. The 10-day self-isolation period must be taken as either additional annual leave, or unpaid leave unless it is possible for staff to work from home for the self-isolation period.

Staff have been reminded that the virus can spread rapidly, which we continue to see in other parts of the world and the Government advice is still to avoid international travel and encourage everyone to think carefully, and responsibly before deciding to travel.

5. Recommendation

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

Anne Moore
Group Nurse Director, DIPC

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CNTW COVID-19 Trust Summary

COVID Positive – Patients and Staff

Current positive patients: 0
43 Days since last positive patient
 Staff PCR+ result: **352 (352)** since 1st Dec
 LFT – **173 (172)** positive results (includes 2 results that cannot be logged on the system)
26 (26) returned a negative PCR result (15.0%)

Staff Absence

Total staff absent: **428 (428)**
29 (29) COVID related – **9 (9)** due to COVID+ test (31.0%)

COVID-19 Outbreaks

Outbreaks by Locality	Open	Closed	Total
North Cumbria	0	8	8
North	0	8	8
Central	0	7	7
South	0	15	15
Total	0	38	38

Figures below relate to the whole of each outbreak and are not current positive staff/patients

Live Outbreaks	Day	Staff	Patients
No current outbreaks - 42			
Days since last outbreak			

COVID Vaccinations

Total Current Patients: 681 (over 18)
 Fully vaccinated (2 doses): **240 (35.2%)**
 Partially Vaccinated (1 dose): **489 (71.8%)**
 Patients refused: **94 (13.8%)**
 Medically unable: **4 (0.6%)**

Total Staff: 8832

Fully vaccinated (2 doses): **6972 (78.9%)**
 Partially Vaccinated (1 dose): **7818 (88.5%)**
 Unable to receive – **153 (1.7%)**

Clinical Partners:

Fully vaccinated (2 doses): **1361 (84.7% of 1607)**
 Partially Vaccinated (1 dose): **1607**

**Report to the Board of Directors
26 May 2021**

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

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	<input checked="" type="checkbox"/>

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	12/05/2021
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	Covid19 Gold Command and IMG

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	26/04/2021
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	<input checked="" type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	<input checked="" type="checkbox"/>
Quality, safety, experience and effectiveness	<input checked="" type="checkbox"/>	Service user, carer and stakeholder involvement	

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

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**Report to the Board of Directors
Safer Staffing Quarterly Report
26 May 2021**

Executive Summary

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

The following report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period February 2021. The period covered includes the response to the Covid19 Pandemic.

Despite the challenges of Covid19 it was agreed that the plan for recruitment to the Trust should continue where safe to do so using alternative assessment methods underpinned by values-based recruitment. This has been led in parallel by the Central Recruitment Team.

The report also includes information on Allied Health Professionals and Medical staffing as separate sections.

Members are asked to note that the Project Board for eRostering inaugural meeting took place on 5th May 2021 with the aim that the new system will provide a wider range of reports to clinical services and Trust Board, to support Safe Staffing levels. Further detail will follow in future reports.

Risks and mitigations associated with the report

The group should note that the daily scrutiny at Clinical Business Unit (CBU), Group and Executive and Gold Command levels has ensured the safe provision of services to patients.

Recommendation/summary

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

Purpose of this report

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

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

Cumbria, Northumberland and Tyne and Wear
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North Cumbria Locality

North Cumbria CBU has 11 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ashby	72.94%	256.71%	87.49%	247.97%	<p>2 Registered staff removed from clinical duties. 1 Registered nurse on sick leave. 2 Registered nurses on maternity leave. Overuse of unregistered staff due to long term segregation and increased observation levels. Increase of non-registered staffing via Bank/Agency to support backfill of vacancies. These support day and night shift increased to reflect high acuity levels, increase in self-harm, assaults towards staff, damage to property. Continued ongoing segregation /high observation levels.</p>
Fraser	54.56%	167.68%	100.00%	263.12%	<p>Band 6 on non-clinical duties. Band 5 on phased return and non-clinical duties. 2 Preceptor Nurse 4 Qualified Vacancies 1 Band 6 vacancy Staff deployed to support neighbouring wards. High levels of observations and acuity on wards</p>
Lennox	76.62%	238.85%	126.09%	398.34%	<p>1 Qualified nurse on long term sick leave. 2 Qualified nurses on maternity leave. 1 Qualified nurse working from home. 5 Support Workers off sick - x3 short term and x2 long term. 1 Support Worker working non-clinically due to pregnancy. High level of Bank staff backfilling registered vacancies/sickness. High staffing levels on night duty due to acuity requiring increased observations. Long term segregation ongoing and requiring increased staff levels to deliver an individual care plan.</p>
Redburn	87.94%	198.45%	134.14%	214.72%	<p>There has been an increase in Band 3 staff on Redburn due to clinical activity, seclusions and increased eyesight observations. Unfilled qualified shifts are also backfilled with Band 3 nurses to ensure safer staffing levels on the ward. Redburn and PICU qualified nurses cover the night POC's annual leave, this will increase the night duty qualified percentage number. COVID 19 – Some staff have required to self-isolate due to close contact / symptomatic. Staff who are Clinically Extremely Vulnerable are working from home or in non-clinical roles.</p>

					There is a number of qualified nursing vacancies on Redburn. The ward is predominantly working on 1 qualified nurse per shift rather than 2, this is backfilled with Band 3 nurses to ensure safer staffing levels.
Stephenson	108.35%	168.46%	146.85%	164.63%	1 Band 3 Clinically Extremely Vulnerable – unable to work from home. 1 Band 4 non-clinical duties. 1 Band 5 non-clinical duties. 8 Band 3 vacancies. 2 Band 5 vacancies. 2 Preceptor Nurses. Increase in incident data due to new admission and deterioration of current patient. Due to 2 long term segregations requiring high levels of support/increased observation levels.
Edenwood	111.84%	230.16%	99.40%	213.92%	Increased staffing to 6 Days / 5 nights - due to certain patients' care packages and presentation of violence and aggression. Also with Covid-19, being able to access breaks safely for staff
Hadrian	86.12%	166.37%	119.80%	211.07%	Due to high acuity on Hadrian, agreement implemented to increase staffing levels to 6 staff (early and late shift) and 5 staff (nightshift) to allow for safe and effective care and intervention. Bank and Agency staff utilisation increased during periods of increased observation levels on the ward during February, as well as supporting with annual leave and absence cover. Staffing vacancies not yet filled to capacity which continues to have an impact on staffing levels. Optimising full workforce resources where possible – shift cover gained from Ward Manager, Clinical Leads, Deputy Ward Manager and Occupational Therapy staff however not always possible due to the impact this can have on their roles, duties and responsibilities. 2 Clinically Extremely Vulnerable staff members required to shield throughout February 1 Clinical Lead working from home following risk assessment. 2 Registered staff on maternity leave.
Oakwood	79.33%	180.00%	136.91%	163.53%	During the month of February Oakwood managing challenges following a declared COVID 19 outbreak in January - which had an extended impact on the workforce Increased staff absences including phased return to work arrangements (9 staff members). 3 Health Care Assistants 2 Health Care Assistants 3 Registered nurses 1 Assistant Psychologist. Clinical Lead homeworking following risk assessment. Continued increase in Bank/Agency, accessible site support facilitated by daily staffing calls. Increased staffing levels clinically necessary due to client group complex needs, increased observations, subject to review.

					<p>Oakwood facilitating out of pathway admissions – necessary due to out of area bed pressures in county impacting on Care Home.</p> <p>Safer staffing levels were maintained despite the presenting challenges, optimising full workforce resources – including Ward Manager / Nurse Consultant / Occupational Therapist prioritising clinical duties.</p>
Rowanwood	72.00%	146.19%	104.07%	202.56%	<p>Rowanwood currently have 8 Band 5 vacancies.</p> <p>Band 6 nurse on sick leave.</p> <p>2 Band 3 Health Care Assistants on long term sick leave.</p> <p>PICU currently has high levels of acuity and due to bed pressures some patients have been admitted out of pathway which has required high levels of enhanced engagement observation. Currently utilising high usage of Bank/Agency to fill these gaps.</p> <p>During the month there were 4 shifts with 1 registered nurse, however they were supported by either the Ward Manager, Nurse Consultant, senior Occupational Therapist or Point of Contact.</p> <p>Band 7 Clinical Nurse Specialist has been appointed.</p> <p>Daily staffing calls and support from Associate Directors take place to review staffing levels.</p>
Ruskin	79.33%	137.14%	190.15%	121.01%	<p>Increased staffing numbers due to acuity on the unit.</p> <p>High use of Agency and Bank registered nurses due to vacancies.</p> <p>High use of Bank Health Care Assistants due to sickness and increased enhanced observations.</p>
Yewdale	78.00%	120.38%	94.39%	233.72%	<p>Due to non-Covid related sickness, self-isolation, Covid-19 related sickness and high levels of acuity on the ward there has been a need to utilise Bank/Agency.</p> <p>Where necessary the Crisis Team have supported staffing when Bank/Agency have not been obtained.</p> <p>3 Band 5 registered Mental Health Nurse vacancies are on a rolling advertisement.</p> <p>1 Band 4 Assistant Practitioner at interview stage.</p> <p>2 Band 5 Occupational Therapy posts recently appointed into.</p> <p>1 Peer Support worker vacancy and 1 Band 6 Clinical Lead vacancy advertised.</p>

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North Cumbria

All wards have been challenged through the month of February and have required an increase in staff to support therapeutic activity and safer staffing. Covid-19 continues to provide challenges with further national lockdown measures requiring some staff to shield. Again during February there was a significant increase in Covid-19 cases across the whole of Cumbria and Specialist Children and Young Peoples Services, which impacted staffing. Oakwood, Yewdale and Hadrian were dealing with Covid-19 outbreaks which significantly impacted staffing due to staff isolating and an increase in clinical demand. Clinical acuity has been high on all wards with this being reflected in the increased number of staff required to support patients. Short term contracts for Agency staff were offered to support with the qualified staff deficiency and extensions to those Health Care Assistants on fixed term contracts to March 2021.

With high levels of vacancies, sickness and maternity leave on the wards, several temporary posts remain in place to backfill the shortfall by fixed term contracts being offered to provide consistency to the wards. Several Preceptorship Nurses and the Inpatient Nurse Consultants have been working within the wards. Skill mix/leadership within all the wards has continued during this period resulting in some of the substantive registered staff being redeployed to other wards to be able to supervise the Preceptors. There continues to be ongoing discussions with Staffing Solutions in regards to nurse Bank support in order to reduce Agency requests, however for North Cumbria this continues to be challenging.

North Cumbria Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	0	0
Occupational Therapists	13	0
Psychologists	2.4	0.4
Dietitians	3.08	1.45
Speech and Language Therapists	5.43	1.10

Recruitment & Retention:

Within North Cumbria Clinical Business Unit we are meeting three times per week to review staffing due to the continuing pressures within Children and Young Peoples Services. We are working closely with CNTW Marketing team to promote vacancies via all social media -Twitter/ Facebook, and online recruitment agencies with a radio campaign being arranged. All posts continue to be advertised on a rolling advert.

Recruitment campaigns continue to be ongoing with recruitment into North Cumbria Inpatients, Community & Access Clinical Business Unit remaining a challenge with many vacancies, both qualified and unqualified, remaining unfilled due to the location of the county. Applications for vacancies do not attract large numbers and vacant community posts typically entice Band 5 & 6 nurses away from the inpatient setting. Furthermore, sitting on the borders of Scotland we may lose potential interested parties due to recent announcements by the Scottish Government regarding pay. There are also nearby private mental health facilities offering significant salary increases for Band 5 and 6 staff nurses.

The Children and Young Peoples Services Recruitment campaigns continue to be an ongoing challenge with Specialist Services, with a high number of registered nurse vacancies. Applications for registered vacancies continue to increase and this month we have further Band 5/6 nurses moving into vacant Community posts. As a result of the challenges we are facing, we are also in the process of advertising for Nursing Associate Posts. We have seen a high interest within these posts and have interviews planned over the coming months.

Following a recent campaign, the Children and Young Peoples Services have been successful in gaining a number of non-registered staff who are currently going through the recruitment process.

We have appointed 3 Band 7 Nurse Specialists into posts for Rowanwood, Hadrian and Yewdale to provide development pathways but also to bolster clinical expertise within the wards and provide supervision and containment of the staff to ensure the wards become a good place to work. All vacant posts continue to be advertised on a rolling advert and weekly meetings continue to take place to consider creative ways of managing the overall qualified nursing shortage.

Our International Nurses have taken up their posts on the Carleton Clinic site in Edenwood, Oakwood and Ruskin. They have all settled in well and are awaiting their OSCE exams to enable them to fully register with the Nursing and Midwifery Council.

Developments:

By enhancing the clinical leadership within the wards, it is hoped that this will provide containment and support in the challenging ward environment. A review of the skill-mix on the wards is being undertaken with consideration being given to utilise other disciplines to support safer staffing. Some wards are undergoing operational development work.

A North Cumbria and Specialist Children and Young Peoples Services virtual recruitment event will be undertaken with staff interviews talking about the opportunities available in Cumbria forming part of the advertisement campaign.

Within Children and Young Peoples Services the service continues to work with marketing colleagues and are looking at expanding both the current wards video tour and recruitment video by adding personal statements from staff highlighting role of Band 5/6 registered nurses and including non-registered staff within Children and Young Peoples Services to promote via social media etc.

As part of longer-term recruitment within CYPS service are also in discussion and working with CNTW Training Academy and University of Northumbria to support registered Sick Children Nursing (RSCN) students undertaking placements within our wards. The Locality have three third year RSCN students via Covid placement. Feedback from the students are that these are proving to be positive learning environments.

Children and Young Peoples Services are due to host two 'Eventbrite Recruitment Events' via Teams, with the focus on registered nurse vacancies across Inpatient services. Children and Young Peoples Services staff will be available online to talk about their role and personal experiences. Children and Young Peoples Services are also undertaking a review of the staffing model in line with the imminent end of Phase 1 Cedar leading the current four wards at Ferndene merging into integrated models within two wards.

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North Locality

The North CBU has 8 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	74.53%	230.31%	60.15%	165.69%	Nursing Assistants backfilling staff nurse deficits. Ward managers working into numbers. Staffing numbers have been increased across each shift. 5 Band 5 vacancies. Any additional Band 3s are shared at staffing meeting but not reflected on TAeR so will always appear over the numbers.
Embleton	66.69%	227.45%	101.77%	162.07%	High acuity & observations requiring male only staff. 5 Band 5 vacancies. Any additional Band 3s are shared at staffing meeting.
Hauxley	63.56%	131.26%	73.49%	228.06%	High levels of sickness and Covid-19 outbreak leading to Band 5 pressure.
Kinnersley	168.79%	284.81%	279.65%	242.52%	Staffing levels are met and the ward frequently assist in protocolling staff across site which is not captured via TAeR.
Newton	79.47%	191.40%	104.48%	208.46%	Increased staffing due to complex patient with Autism requiring 2:1 intervention. Covid-19 absence which has been backfilled by Nursing Assistants. During the month of February the ward have seen an increase in illicit substance use which has seen a rise in patients requiring higher observation levels to monitor their physical health post ingestion of substances.
Warkworth	74.22%	237.80%	105.63%	190.33%	High acuity & observations. 4 Band 5 vacancies. Any additional Band 3s are shared at staffing meeting.
Woodhorn	64.45%	236.43%	65.01%	158.20%	High levels of eyesight observations including 1 patient supported in long term Segregation. 3 x Band 5 sickness/ clinically extremely vulnerable and 3 x Band 5 vacancies.
Mitford	103.30%	171.65%	106.05%	148.95%	Ward has increased numbers due to high level of care packages. Clinical need requires at present the registered nurse allocated to day shift leaving at times one allocated registered nurse on night duty.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust # 549848
05/20/2021 14:59:10

North Locality

The North Locality has 11 inpatient wards, for this report both Mitford and Mitford Bungalows are reported jointly, and Bluebell Court requires adding into the summary.

COVID-19 continued to pose challenges to all wards throughout the month of February 2021 with the extended national guidelines requiring the clinically extremely vulnerable to work in different ways e.g., home based working or non-clinical areas. This impacted on the registered nurse compliment throughout the locality as we supported registered nurses to move around localities and base wards to ensure safer staffing numbers. Back-filling gaps in staffing with unregistered staff has eased some of the clinical pressure but has been with non-regular staff which can pose its own challenges in line with continuity of care.

All wards continue to see high levels of acuity with a particular pressure point being our acute admission pathways (both male and female) and this is further reflected in the number of service users on enhanced levels of engagement and observation. The increased levels of acuity continue to be mitigated by daily staffing safety huddles and the deployment of Carter Pool staff according to risk level and acuity. This is overseen by the Senior Clinical Leadership Team.

Hauxley ward experienced a COVID -19 outbreak following a patient being transferred from an acute hospital with an unknown COVID-19 positive status. This had a significant impact of staffing due to staff isolating and an increase in clinical demand due to a number of patients becoming positive with COVID-19; thankfully all patients within this particularly vulnerable group made a full recovery.

North Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	3	0
Occupational Therapists	13	0
Dietitians	2.8	0.5
Speech and Language Therapists	0.75	1.1
Psychologists	7.5	2

Recruitment & Retention:

North Inpatient wards will be well represented at Trust Central recruitment process for all bands of the nursing workforce (inclusive of student nurses). Student nurse recruitment at cohort qualification is reduced for the year 2021 with just one intake in autumn 2021 from the 3 local Universities. Representation has been provided from the North Clinical Business Units to support the process and to be available to discuss the wide range of opportunities that are accessible to newly qualified nurses. The Associate Nurse Director is present in reflective supervision days to promote the North as a great place to work.

The North Locality recruitment drive is currently underway with a social media video campaign promoting the North's inpatient areas (and opportunities more broadly for Allied Health Professional's). April 2021 will see an interactive, online jobs fayre for the North to be facilitated and hosted by nursing colleagues from the North Locality. This is advertised nationally via social media by colleagues within Communications and key nursing personnel from the locality. The North has one international recruit signposted to the older people's pathway we are awaiting further information details regarding

Use of Band 4 Nursing Associates and Apprenticeships to supplement Band 5s as a short to medium term measure for registered nurse vacancies. A targeted piece of work by the academy and the North Locality is taking place to encourage existing nursing Assistants to apply for the

registered Nurse Degree Apprenticeship; it will focus upon feedback from our existing workforce who have highlighted issues from clinical practice.

Rolling adverts are in place for Autism posts for both registered and unregistered nurse posts and the service is recruiting for an Autism staffing pool to replicate the Carter Pool which has demonstrated much success at St George's Park Hospital.

All wards have Band 5 vacancies and preceptors have been allocated. Adverts are out for all available posts however there are increasing pressures within each pathway and a total of 27 registered nurse vacancies within the locality. Two Consultant Psychologist posts are currently advertised, and interviews are planned for April 2021. There is an unfilled vacancy for a highly specialist Speech and Language Therapist for the Autism Service that will require advertising.

Developments:

The North is committed to a model of Enhanced Multi-Disciplinary Team (EMDT) working. As part of this Nurse Consultants offer approved clinician cover and senior nurse leadership, one of the Nurse Consultants has submitted a portfolio and is awaiting feedback to secure Approved Clinician status. To ensure that there is a pathway for future development and succession planning of Nurse Consultants, each pathway will include a Specialist Nurse (Band 7) and Clinical Nurse Specialist (Band 8a). This is already in place in the acute pathway, and we have adverts out for our Rehabilitation and Older Persons pathway.

Enhancing the clinical leadership within our Autism Wards is of high priority, it is hoped that this will provide positive role modelling and support in the challenging ward environment. The Locality have successfully recruited into an additional two nurse specialist roles, one Ward Manager role and the second Clinical Manager role is being advertised for a substantive position. There are early signs that the desired effect is being achieved with a modest increase in satisfaction from our Nursing Assistant workforce.

Cumbria, Northumberland Tyne and Wear
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Central Locality

Central Locality has 17 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	74.00%	119.79%	103.97%	182.78%	Increased unqualified night duty due to clinical activity and seclusion.
Akenside	60.80%	113.25%	101.56%	129.31%	1 Qualified redeployed to Castleside & 1 qualified redeployed to Hadrian Clinic to support safer staffing across the Clinical Business Unit. Intermittent qualified absence. Increase in eyesight observations resulting in additional support staff.
Bede	77.47%	412.50%	120.17%	303.51%	Qualified sickness x2 resulting in lower than safer staffing numbers
Castleside	72.85%	213.71%	115.56%	283.06%	1 Band 3 Clinically Extremely Vulnerable – not at work. 1 Band 5 sickness. 1 Band 5 on maternity leave. 1 Band 6 on maternity leave. Increase in observations due to clinical activity and also isolation monitoring periods for new admissions, which has required the use of Bank/Agency staff. High level of acuity on the ward. 2 Band 3 vacancies and 1 Band 5 vacancy.
Cuthbert	47.85%	140.91%	103.84%	151.15%	Maternity leave, vacancies and sickness are supported by unqualified staff who also cover the Annexe.
Elm House	67.50%	96.75%	102.93%	113.12%	Qualified understaffed due to 1 long term sickness and 1 maternity leave. 1 x Band 3 vacancy awaiting start date.
Fellside	62.15%	289.93%	71.62%	177.59%	Increase in Band 5 Bank and overtime cover due to current vacancies and a noted increase in staff sickness. 3 Long term qualified nurse absences in February and Covid-19 related absences also. Increase unregistered staff usage via Bank and Agency due to staff sickness - some Covid-19 related for isolation purposes, current vacancies and increase in nursing observation levels. 2 Staff currently working from home due to Covid-19 risk assessments - requiring backfill of posts on the ward. Increased observation levels due to seclusion requirement and eyesight observation levels due to risk.
Lamesley	48.16%	260.62%	102.92%	179.63%	2 Qualified staff members on long term sick.
Lowry	88.63%	328.09%	107.79%	268.06%	2 Band 3 on non-clinical duties. 1 Band 3 Clinically Extremely Vulnerable – not at work. 1 Band 5 sickness.

					1 Band 5 working from home. Increase in observations due to clinical activity and also isolation monitoring periods for new admissions, this has required the use of Bank/Agency staff.
Oswin	85.55%	142.96%	114.40%	73.65%	Qualified staffing vacancies ongoing and recruitment in place. Increased unqualified to support also increased clinical activity. Increased qualified staff at night as preceptors shadow night qualified staff as part of their progression to sign off. Therefore, reduced unqualified staff required at night over this period.
Willow View	75.02%	177.75%	109.23%	159.91%	1 Band 5 Clinically Extremely Vulnerable - working from home. 2 Band 3 long term sickness. 1 Band 3 short term sickness. Increase in observation and engagement requiring Bank and Agency staff.
KDU Cheviot	75.37%	183.78%	107.28%	170.48%	Registered nurse vacancy – Secure Care to have bespoke recruitment. Patient in seclusion requires additional staffing for observations. Patient requires additional staffing for engagement and observation due to risk and need.
KDU Lindisfarne	74.94%	208.42%	108.79%	218.39%	Registered nurse vacancy – Secure Care to have bespoke recruitment. Registered nurse on maternity leave. Patient in prolonged seclusion requiring unqualified staff for additional engagement /observation and activities. Patient requires additional unqualified staff for engagement/observation due to individual need and risk.
KDU Wansbeck	78.65%	179.89%	114.22%	165.97%	Registered nurse currently on maternity leave Registered nurse vacancy – Secure Care to have bespoke recruitment. Patient requires additional unqualified staff for additional engagement and observations due to risk/individual need.
Tweed Unit	103.17%	223.37%	108.55%	289.33%	Tweed establishment increased as has rehabilitation service within same building. Additional unqualified staff required for patient managed via enhanced care package.
Tyne Unit - LD	55.66%	333.24%	111.40%	442.04%	Registered nurse vacancy. Patient currently managed in long-term segregation requiring additional unqualified staff.
Tyne Unit - MH	73.80%	67.33%	103.51%	39.81%	Tyne Mental Health staff support the Learning Disability annexe of the ward with both registered and unqualified staff. However the safer staffing return does not reflect the equal balance of working across both services within the same building.

Cumbria North Cumbria and West Merseyside and Wear NHS Foundation Trust # 549848
05/20/2024 14:19:10

Central Locality

All the wards in the Central Clinical Business Unit experienced qualified staffing pressures over the month through a combination of qualified staffing vacancies and short term Covid-19 related absences. There are also 4 long term absences and staff isolating/not at work due to shielding and pregnancy.

High levels of clinical activity have resulted in significant numbers of staff involved in patient engagement and observation.

Daily staffing huddles have been established for some time and a locality-based huddle with Adult and Adolescent Forensic has also been established

Central Locality Multi-Disciplinary Team Staffing Summary

	Staff in post		Vacancies	
	Inpatients	Secure Care	Inpatients	Secure Care
Physiotherapists	4	1	0	0
Occupational Therapists	8	20	1	5
Psychologists	2.7	21	1	0
Speech & Language	3.91	1	1	0.5
Dietician	26.34	1	1	4.2

Recruitment & Retention:

A band 5/6 nursing recruitment campaign is planned for early April 2021. The Psychology post has been filled and awaiting clearances. The Occupational Therapy post has been shortlisted and interviews are planned for April 2021.

Developments:

Establishment of locality Staffing Huddles (see above).

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South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale	115.00%	201.43%	90.37%	210.85%	4 Band 5 Staff nurse vacancies. 1 Band 3 Nursing Assistant long term absence. 1 Band 6 Clinical Lead Clinically Extremely Vulnerable. Staffing usage over due to complex needs requiring support with engagement and observation, this increases the staff resource. Currently supporting the needs of a service user in long term segregation (awaiting bespoke placement). Additional staff support is required to meet their needs.
Beadnell	104.44%	121.73%	104.08%	316.05%	2 Staff nurses on maternity leave and 1 long term sickness. Nursery nurses working twilights which is logged as night shift contributing to higher figure. Extra observations required for complex patient 1-1 day and night.
Beckfield	60.85%	217.47%	94.46%	187.57%	1 Band 6 Clinical Team Lead vacancy. 4 Band 5 Staff Nurse vacancies. 4 Band 3 Nursing Assistant vacancies. 2 Band 5 Staff Nurse long term absences. 1 Band 3 Nursing Assistant long term absence. At present engagement and observation levels fluctuate, based on service user need. Currently supporting the needs of a service user in long term seclusion (awaiting bespoke placement). Additional staff support is required to meet their needs.
Bridgewell	82.26%	237.48%	105.43%	301.22%	2 Band 5 Staff Nurse vacancies. 1 Band 3 Nursing Assistant long term absence. 1 Band 3 Nursing Assistant Clinically Extremely Vulnerable. Staffing levels over due to acuity of need. To support individual levels of need additional support is required to maintain engagement and observation levels.
Brooke House	64.77%	83.77%	75.91%	101.99%	1 Band 5 Staff Nurse vacancy. 1 Band 3 Nursing Assistant long term absence. 1 Band 5 Staff Nurse on maternity leave. 1 Band 3 Nursing Assistant Clinically Extremely Vulnerable.
Cleadon	108.38%	122.22%	101.55%	167.55%	1 Band 6 Clinical Team Lead vacancy. 1 Band 3 Nursing Assistant long term absence. 1 Band 5 Staff Nurse Clinically Extremely Vulnerable. 1 Band 3 Nursing Assistant shielding - Clinically Extremely Vulnerable. To support COVID isolation on admission an increase in engagement and observation levels have been implemented.

					Unplanned staff absence has resulted in increased use of bank and agency staff -particularly as shifts are required to be covered with short notice.
Clearbrook	85.44%	286.98%	53.48%	188.51%	1 Band 5 Staff Nurse vacancy. 1 Band 3 Nursing Assistant vacancy. 1 Band 3 Nursing Assistant long term absence. 2 Band 3 Nursing Assistants and 1 Band 4 on maternity leave. 1 Band 5 Staff Nurse Clinically Extremely Vulnerable. 1 Band 3 Nursing Assistant going through alternative employment process. The ward support bespoke packages of care requiring additional staff for all shifts. Service user with bespoke care plan. During February increase in short term absences related to Covid-19.
Longview	97.20%	260.79%	101.66%	167.55%	1 Band 5 Staff Nurse vacancy. 1 Band 3 Nursing Assistant long term absence. 1 Band 6 Clinical Team Lead Clinically Extremely Vulnerable. Bed occupancy at capacity and over during February 2021. The ward are supporting the Bede Model which has maintained the ward at full capacity. Support around engagement and observation has increased to support Covid-19 isolation.
Marsden	0.00%	0.00%	0.00%	0.00%	N/A
Mowbray	75.42%	172.08%	80.55%	257.37%	2 Band 5 Staff Nurse vacancies. 1 Band 3 Nursing Assistant long term absence. 1 Band 5 Staff Nurse on maternity leave. Due to vacancies and maternity leave Ward Manager included in staffing numbers to ensure that there are 2 registered nurses on duty. High levels of engagement & observations for service users who have complex presentations. Additional use of Bank, experienced Band 3 Nursing Assistants staff to support Band 5 vacancies where unable to fill with Bank/overtime.
Gibside	75.60%	458.36%	98.22%	476.36%	1 Band 5 vacancy. 2 Band 5 maternity leave. 1 Band 3 currently in re-deployment process. 1 Band 3 on non-clinical duties. High patient observations (2x 2:1 eyesight) requiring additional Bank and Agency staff.
Roker	105.83%	149.88%	88.68%	202.39%	2 Band 5 vacancies. 1 Band 6 vacancy. 1 Band 5 Staff Nurse long term absence. 2 Band 3 Nursing Assistant long term absence. 1 Band 3 Nursing Assistant Clinically Extremely Vulnerable. Due to an increase in admissions & the need for within eyesight observation levels at the point of admission. (Isolation due to Covid-19.) Increased observation levels particularly on a late shift and night duty.

Rose Lodge	93.58%	262.65%	217.03%	335.10%	<p>1 Band 6 Clinical Team Lead long term sick. 2 Band 5 Staff Nurse long term sick. 2 Band 3 Nursing Assistants long term sick. 1 Band 6 Clinical Team Lead Clinically Extremely Vulnerable. 1 Band 5 Staff Nurse Clinically Extremely Vulnerable. Staffing over to support an increase of engagement and observations in line with personal behaviour support plans. Engagement and observation increased to maintain and support Covid-19 isolation has an increase on staffing resource. Currently supporting the needs of a service user in long term segregation. Additional staff support is required to meet their needs. To support Rose Lodge as a standalone unit 2 qualified staff (Band 5 Staff Nurse) are allocated on night duty.</p>
Shoredrift	89.64%	463.66%	101.76%	348.28%	<p>1 Band 3 Nursing Assistant vacancy. High levels of need that requires an increase in engagement and observations levels. Currently supporting the needs of a service user in long term seclusion.</p>
Springrise	80.41%	347.34%	102.82%	269.25%	<p>3 Band 5 Staff Nurse vacancies. 2 Band 3 Nursing Assistant vacancies. 1 Band 4 working into Physical Health Team. Ward is currently supporting high levels of need that requires an increase in engagement & observations levels. Currently supporting the needs of a service user in long term seclusion.</p>
Walkergate Ward 1	84.44%	75.83%	103.84%	87.93%	<p>Band 5 vacancies and qualified staff sickness and 1 Clinically Extremely Vulnerable staff member. Ward not at full capacity with empty beds throughout February, staffing levels reflective of this.</p>
Walkergate Ward 2	80.92%	95.41%	106.34%	142.58%	<p>2 Band 5 long term absence. 2 Band 5 maternity leave. Unregistered night duty over due to level acuity on ward.</p>
Walkergate Ward 3	95.71%	74.89%	106.76%	148.24%	<p>Unregistered staff sickness and Clinically Extremely Vulnerable. Band 2 vacancies awaiting start dates. Night unregistered increased to support 1:1 observations.</p>
Walkergate Ward 4	77.98%	110.59%	91.93%	218.82%	<p>3 Band 5 maternity leave & 1 Clinically Extremely Vulnerable. Night duty unregistered over establishment due to levels of acuity of ward.</p>
Ward 31A	90.00%	86.29%	99.48%	104.05%	<p>B5 vacancies. Band 3 sickness. Night unregistered increased to support 1:1 observations.</p>

Cumbria, North Merland Tyne and Wear NHS Foundation Trust # 549848
05/20/2022 19:30

South Locality

All wards continue to support increased acuity of need which requires additional staff resource to implement safe engagement and observation plans. The majority of wards throughout February operated at maximum patient occupancy. The acuity and maximum occupancy are reflected in percentage of staff used to support the level of need.

The pressures that Ward areas face with COVID -19 continue, this impacts the support required to maintain COVID -19 secure practice and environments. In February Longview Ward had a declared COVID -19 outbreak, this was well managed by the ward and did not impact staffing absence levels. However, it did require additional staff to support a cohort model of confirmed patient cases and close contacts on the ward.

Vacancies across South Locality Inpatients exist, in particular qualified Band 5 vacancies on the Hopewood Park site. A bi-weekly manager's hub is currently in place to level load and review areas that have gaps to maintain safer staffing.

Staff absence was 7.55% in February for South Locality Inpatients which was a slight increase from the previous month. Ward Managers are working with People Asset Management and Workforce to maintain support with colleagues who are absent and facilitate return to work at soonest opportunity.

Neuro & Specialist

Most wards continue to operate at maximum capacity in relation to patient numbers. Patient acuity remains high and as a result additional unqualified staff are rostered to support engagement and observations, particularly at night and this is reflected in the data. Daily huddle in place across Clinical Business Unit to support skill mix and level loading, which is led by Clinical Nurse Managers who also discuss safer staffing at weekly Ward Managers meeting to look at data. Managers continue to proactively manage sickness with the support of Workforce Department.

South Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	WGP Wards 11.2 Qualified 3.2 Unqualified South Inpatients 7.22	No vacancies 1 Maternity leave 0
Occupational Therapists	WGP 9.4 Qualified 3.3 Unqualified Ward 31A 0.9 Qualified Gibside 1 Qualified South Inpatients 13.8	No vacancies 1
Psychologists	WGP 3.8 Qualified 1.0 Band 4 Beadnell 0.2 Band 7 REDS/Ward 31A 1.0 Band 8d 1.0 Band 8a (non-substantive)	0.5 Band 7/8a development post appointed to, awaiting start date. 0.5 Band 6 0.4 Start date February 2021. No vacancies.

	1.0 Band 7 1.0 Band 4 South Inpatients 4.6	REDS posts are under discussion because the current arrangements are not permanent. Band 8d 10 sessions Rehabilitation Band 8a 10 sessions Adult Band 7/8a 10 sessions Older Peoples Services Band 8b 10 sessions Rose Lodge
Dietitians	6.06	0.50
Speech and Language Therapists	15.50	2.80

Recruitment & Retention

Recruitment campaigns continue to be ongoing for recruitment into the South Locality.

South Locality are combining opportunities to take part in a virtual recruitment campaign. This is scheduled to take place virtually via Teams on 18th and 25th of March 2021. This will be an opportunity for South Locality to attract new staff and promote a diverse range of specialities that we have to offer potential future employees.

To support retention, we are reviewing workforce plans to look at opportunities for different roles to fill vacancies that would equally support patient care and experience. The wards are also looking at different models to offer increased progression opportunities.

A 12-month temporary/secondment Band 8b Senior Clinical Psychologist post based at Rose Lodge has been advertised.

Neuro & Specialist

There are vacancies across the wards at all Bands which are progressing via recruitment. Several vacancies now filled across Clinical Business Unit but awaiting start/release dates, often from elsewhere in CNTW. A virtual recruitment event took place across the South Locality.

Developments

The Clinical Band 7 role is now in place on 3 wards, and it is hoped that this role will support progression planning, retention of staff and patient/carer experience.

The 10 session Band 8d Trust Lead for Rehabilitation Psychology advert closes in March 2021.

Neuro & Specialist

Discussions taking place around historic safer staffing numbers and how reflective they are of current service needs. Plan to review establishments with Finance/AD's.

Medical Workforce Summary

On a monthly basis the Trustwide Medical Managers Meeting receives a comprehensive report on the Medical Staffing position where this is discussed and debated. A summary of these reports as below provides the Trust position by CBU for February 2021. It is anticipated that the future arrival of a number of international Doctors will help improvements through further reducing the vacancy factor Trustwide.

Locality	CBU	2020/21 Budget	Monthly Payroll	Add PA's	Agency	Vacancies
SOUTH	Access	8.14	7.19	0.90	0.00	-0.05
SOUTH	Community	28.02	36.38	1.03	0.00	9.39
SOUTH	Inpatient	18.91	16.40	0.80	1.40	-0.31
SOUTH	Specialist	26.87	23.59	0.29	0.05	-2.94
SOUTH	Total	81.94	83.56	3.02	1.45	6.09
CENTRAL	Access	12.15	8.90	0.20	0.28	-2.77
CENTRAL	Community	33.08	33.75	1.13	2.70	4.50
CENTRAL	Inpatient	10.92	12.49	0.10	2.06	3.73
CENTRAL	Secure	14.46	12.14	0.10	0.00	-2.22
CENTRAL	Total	70.61	67.28	1.53	5.04	3.24
N.CUMBRIA	Community & Access	19.54	14.70	0.79	1.00	-3.05
N.CUMBRIA	Inpatient	17.81	18.44	0.00	2.60	3.23
N.CUMBRIA	CYPS	13.96	10.05	0.49	0.00	-3.42
N.CUMBRIA	Total	51.31	43.19	1.28	3.60	-3.24
NORTH	Access	8.36	6.45	0.30	0.00	-1.61
NORTH	Community	31.74	26.34	1.63	3.30	-0.47
NORTH	Inpatient	13.40	13.85	0.78	4.00	5.23
NORTH	LD & Autism	4.60	1.60	0.10	2.20	-0.70
NORTH	Total	58.10	48.24	2.81	9.50	2.45
TRUST	Total	261.96	242.27	8.64	19.59	8.54

Trustwide value based recruitment and retention

Recruitment Update

Despite the challenges of COVID-19 the agreed plan for recruitment to the Trust through substantive and bank and agency staff has continued to be prioritised, where safe to do so using alternative assessment methods underpinned by values-based recruitment. Bespoke recruitment campaigns have been successful. The recruitment activity has been led in parallel to managing the impact of the pandemic by the Central Recruitment Team and we can report significant progress on qualified, unqualified and bank vacancies. From an assurance perspective even though much recruitment has been done through virtual means, fidelity to the values-based recruitment process has been maintained.

PMVA training has continued with increased pace to support new starters which has increased training compliance month on month. This is supported by COVID-19 testing prior to commencement and models for increasing capacity to deliver PMVA to support recruitment have been developed.

International recruitment - Doctor and Nurse new starters have arrived throughout the last quarter and have undertaken COVID-19 quarantine and commenced induction. Relocation has been primarily in Cumbria. A focussed quality session will take place at the Trust Quality and Performance Group outlining progress and future developments.

Newly qualified nurses that graduated in September 2020 were recruited in the Autumn and commenced in January 2021. All new starters have also been offered bank contracts.

COVID -19 has also provided an opportunity to offer final year students a temporary contract at Band 4 to provide support to those areas impacted by COVID -19 pressures. This has enhanced current staffing levels with temporary staff and has also encouraged students to increase their experiences in clinical practice.

The Trust have a number of home-grown apprentices who are due to graduate and will begin to fill the qualified vacancy gaps.

Retention Update

Safe Staffing levels during the pandemic have continued to be a major focus, but particularly the measures to support staff to continue to see the value in the work they do during a very challenging time.

Staff remain buoyant and hopeful that the pandemic is being controlled but recognise that we will be living with COVID for some time to come. In order to retain staff the Trust and local managers provide a number of support initiatives in place which have been previously referenced. However, we haven't lost sight of the recruitment and retention issues prior to the COVID pandemic such as hard to recruit to specialties, retirement profile of current staffing continued drive to recruit and retain staff. Our work with local schools and universities remains a priority as well as promoting CNTW as a 'Great Place To Work' across the national and international platforms.

In addition, a dedicated development session is due to take place on 29th April 2021 to take stock of all nurse recruitment activities and explore new initiatives.

Conclusion

To provide assurance on Safe Staffing Levels, daily risk assessment takes place according to changing clinical need and levels of acuity supported by ward team safety huddles and sitrep meetings. Adjustments have been made as necessary to ensure that patient safety is not compromised and any risks escalated. The report highlights the significant collaborative work undertaken during the COVID -19 pandemic to ensure staffing levels remain safe and that staff continue to feel well supported in the face of this continued period of challenge and adversity.

Anne Moore, Group Nurse Director
May 2021

Cumbria, Northumberland Tyne and Wear
05/20/2021 14:19:10

Report to the Board of Directors
26th May 2021

Title of report	Safer Care Report – Quarter 4
Report author(s)	Claire Thomas, Associate Director, Safer Care Dr Damian Robinson, Group Medical Director, Safer Care Anne Moore, Group Nurse Director, Safer Care Paul Stevens, Safer Care Business & Policies Manager
Executive Lead (if different from above)	Rajesh Nadkarni, Executive Medical Director

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	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	12.05.2021.
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	26.04.21.
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		Environmental	X
Financial/value for money		Estates and facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	x	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to
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Safer Care Report – Quarter 4

Trust Board

26th May 2021

1. Executive Summary

The report summarises the Safer Care activity data for Q4.

Learning and key themes are summarised within the report sections.

By exception, Members should note there is a notable increase in Addiction service deaths in this quarter and all have been subject to Local After Action Reviews. No direct contributory factors have been identified linking issues with care and treatment to the deaths.

2. Risks and mitigations associated with the report

None to note by exception.

3. Recommendation/Summary

Receive the paper for information only.

Name of author:

Claire Thomas, Associate Director, Safer Care
Dr Damian Robinson, Group Medical Director, Safer Care
Anne Moore, Group Nurse Director Safer Care
Paul Stevens, Safer Care Business & Policies Manager

Name of Executive Lead:

Rajesh Nadkarni, Executive Medical Director

Cumbria, Northumberland Tyne and Wear
05/20/2021 14:19:10



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Safer Care Report – Quarter 4

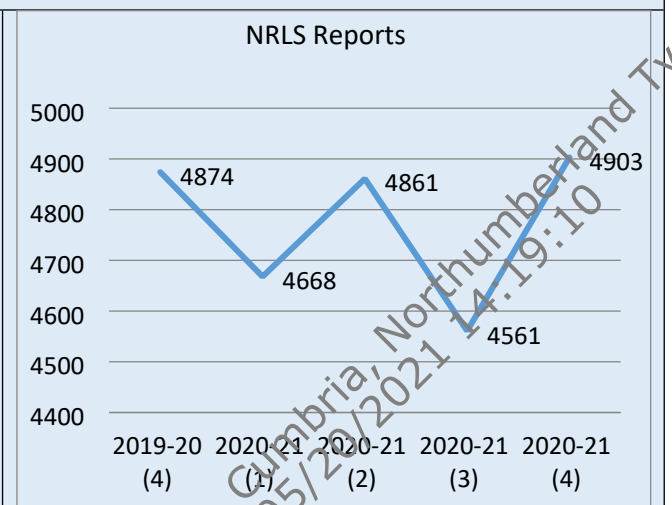
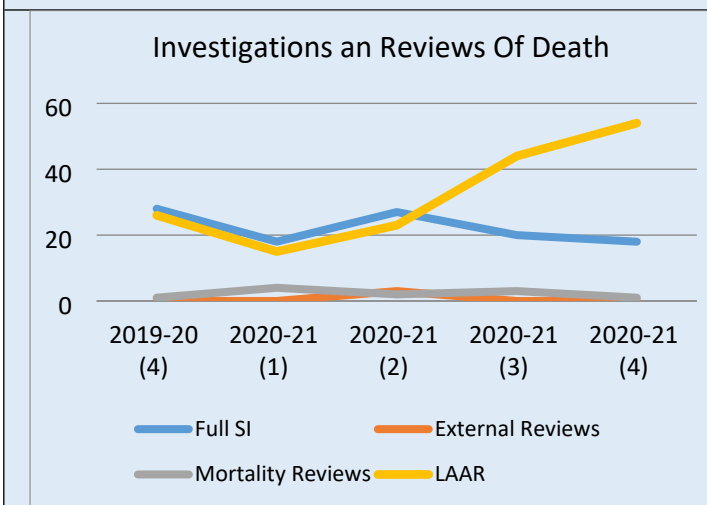
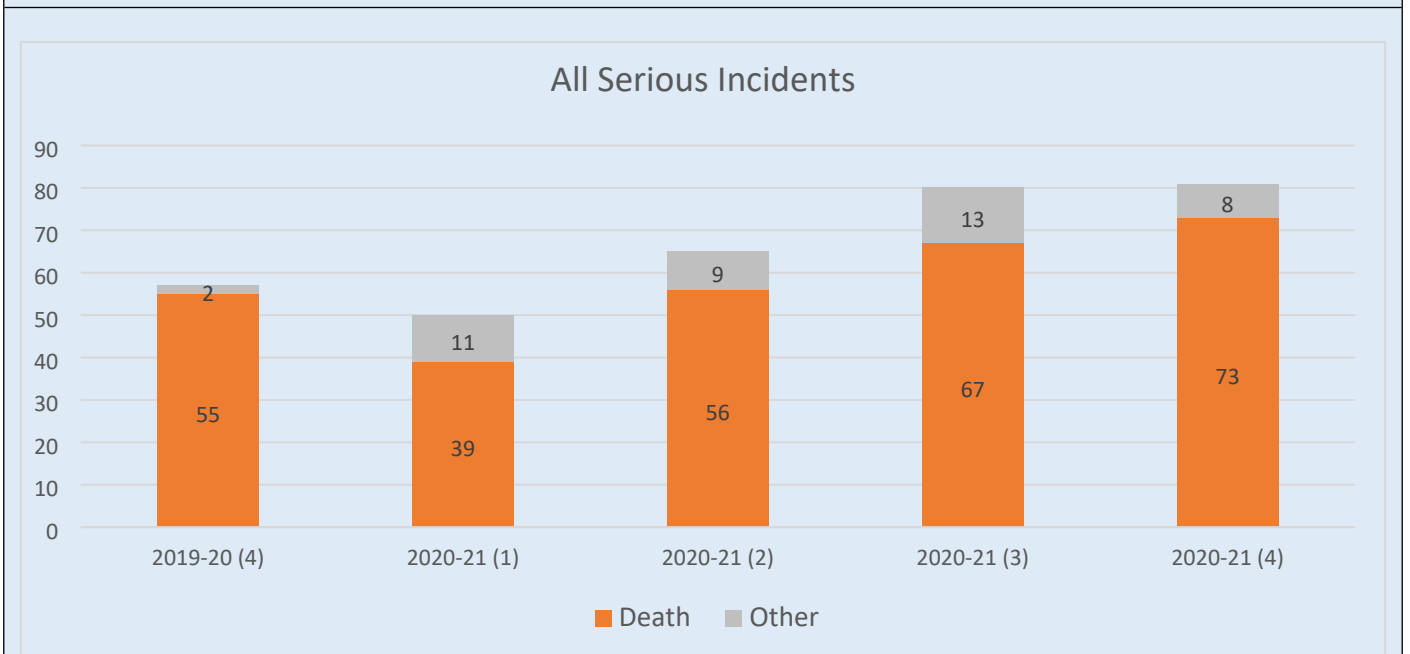
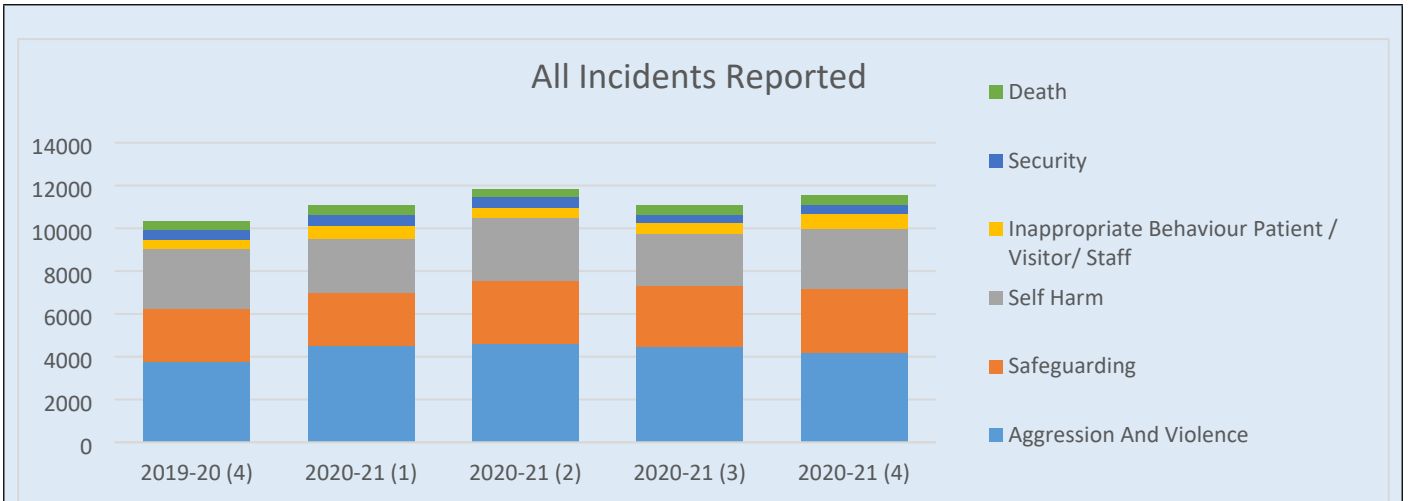
April 2021

Reporting Period: January to March 2021



Caring | Discovering | Growing | **Together**

Section 1: Incidents, Serious Incidents and Deaths.



Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
05/20/2021 14:19:10

All incidents

All incidents this quarter total 11578 an increase of 501 from previous quarter total of 11,077.

Deaths

The number of total deaths reported in this quarter is 464 which is comparable with the previous quarter (3) total of 430. This maintains the increase observed following quarter 2. These figures include all natural cause deaths reported and these figures also include patients who may not have been in direct receipt of CNTW services at the time of death.

Reviews of deaths

The steep increase in Local After Action reviews (LAAR) highlighted by the yellow line in the graph above mirrors an increase in addictions deaths from quarter 2 onwards. Addictions deaths where alcohol or drug misuse is the likely cause are reviewed as LAAR's.

Quarter 2 = 19 addictions deaths

Quarter 3 = 31 addictions deaths

Quarter 4 = 43 addictions deaths

The rise in addictions deaths across this and previous quarters is consistent with the increase in addictions deaths seen nationally, the North East is not an outlier. The increase in overall numbers of addiction deaths has seen a significant rise in deaths related to alcohol use. CNTW has continued to provide face to face contact for this service user group throughout the pandemic but notes that other providers have not.

In Quarters 1 and 2 none of the addictions deaths reviewed as LAARs highlighted deaths as a result of Covid, but several have been identified in reviews completed in quarters 3 and 4. It may be that further deaths linked to Covid are seen moving forwards owing to the associated physical health conditions often seen in the addictions service user population.

LAAR's completed since quarter 2 have not identified any direct contributory factors linking issues with care and treatment to deaths. Additional learning has continued to highlight issues with completion of core documentation and communication. High turnovers of addictions staff during the pandemic period have made addressing and embedding this learning challenging, however new approaches to meet this challenge have been implemented and learning is being shared via several mechanisms including: lessons learned briefing papers, face to face briefing events, and case studies.

Serious Incidents

The number of unexpected deaths reported (73) is an increase from 67 in the previous quarter. The total number of serious incidents 81 is comparable with the previous quarter (80).

Incidents meeting the threshold for mortality review are in keeping with previous quarters following CNTW's adoption of the Royal College of Psychiatrists Mortality Review Tool.

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

2 complex cases were heard at the Complex Case Panel this quarter.

Regulation 28

0 regulation 28's received by the Trust this quarter

Covid Related inpatient deaths

In quarter 4, 0 inpatient deaths have been recorded as Covid-19 related.

Learning from Incidents

Despite restrictions related to the COVID-19 pandemic the serious incident review panel has continued to sit and review cases on a weekly basis. Appropriate adjustments have been made taking into account social distancing and the virtual participation of panel members and clinical teams via Microsoft Teams has been employed.

Incidents that occurred and being investigated post the initial national lock down (24 March 2020) have been subject to an additional term of reference to address the challenges of clinical care during the pandemic “Consider and comment on any changes to care, treatment and risk management that occurred as a result of the COVID–19 pandemic, how these changes were managed and what if any impact these changes were felt to have had on the incident under review”. To date the panel and investigations have identified robust, clinically indicated and documented decisions in relation to this.

15 serious incidents were reviewed at the Serious Incident Panel in this quarter. Of the 15 reviewed, 4 incidents were noted to have significant findings relating to care and treatment that had the potential to cause harm. However on review it was felt there was no direct causal link. These 4 cases were from the North (1), North Cumbria (1) and Central (2) Locality Care Groups.

North Locality

The 1st incident related to North inpatient CBU and involved an unexpected death of a service user who was on an extended period of leave with another provider in preparation for discharge, cause of death in this case is not currently confirmed. At the time the incident occurred the service user had been reported as absent without leave by the other care provider. The review of the incident identified the following significant learning points:

- 3 x weekly reviews were documented within the services users record, but the standard of documentation was poor entries were cut and pasted from previous entries and at times contained inaccurate and out of date information.
- Other areas of the electronic record also highlighted poor record keeping, the review found that interventions that were reported to have taken place were not documented.

North Cumbria Locality

This incident occurred in Quarter 3 and was highlighted as a Never Event, it was heard at panel this quarter. It involved an unexpected death on a CNTW inpatient unit in North Cumbria Locality. The incident involved the use of ligature attached to a collapsible shower curtain rail. The rail did not collapse during the incident and so met the criteria for a ‘Never Event’. The Serious Incident investigation highlighted several significant findings:

- The formal assessment, care planning, risk assessment and progress note documentation were not completed to the expected standard as described within CNTW Policy
- The friction or O ring distortion type release method anti-ligature shower curtain rail product as found in Bedroom 3 did not prevent the patient from using this equipment as a ligature point.
- There was a delay in requesting the emergency resuscitation (2222) response team.

Central Locality

The 1st Central incident related to Central Community CBU. A service user was found deceased at home. While possible overdose is suspected cause of death is not currently known. The review of the incident identified the following significant learning points:

- A discharge from the Community Treatment Team’s Step Up function occurred after one failed contact following a referral for increased support; with no further contact deemed required until the next scheduled appointment (which at the time had not been arranged). The review highlighted that documentation around this decision did not reflect discussions held regarding discharge and risk management. The review noted that further attempted contact should have occurred as the service user had expressed increased anxiety and suicidal ideation in relation to their social and financial situation, whilst their Care Co-ordinator was absent through sickness.

Central Locality

The 2nd case that identified significant learning in the Central locality was also an unexpected death. The case related to the death of a service user in Access CBU, the service user was receiving home-based treatment via the Crisis Team. The death occurred as a result of a fall from a local bridge. The review highlighted the following significant findings:

- There was a failure to formulate the signs and symptoms of perturbation which would have informed the assessment of risk and treatment plan.

- The Core documentation was not completed to the expected standard including Telephone Triage, FACE Risk Assessment, AUDIT, Getting to Know You and Consent as well as incomplete and invalidated notes.

Additional learning identified at panel review this quarter included:

Record Keeping was not always completed as expected

- Notes were not validated
- Cluster was not updated.
- Web based reporting did not always occur in relation to risk information being obtained
- Getting to Know You documentation was not completed
- MDT discussion was not always captured accurately in the electronic records.
- Attempts at engagement not always documented within records as per expectation.

Physical Health Monitoring: In one case not all physical health monitoring was completed as expected in line with policy for prescribing antipsychotic medication in relation to HDAT.

In another case prescription of medications was not clarified prior to prison release.

Carer Communication: Following a self-harm incident a medical admission ensued during which time the service user was seen by PLT and CRHT services. During the medical admission a further attempted self-harm incident was reported. This information was not shared with the carer at the commencement of CRHT home based treatment, when the medical admission ended.

In another case family were not involved in discharge planning from inpatient admission.

Transitions: In one case there was a delay in a Care Coordinator making initial contact with a service user following allocation to their case load from the waiting list.

In another case follow up from Care Coordinator post prison release did not take place as expected.

In one case a referral to addictions services by inpatient services prior to a discharge was discussed but not actioned as expected.

Care delivery: One review highlighted that the Turning Point element of NRP appeared for a time to have taken a blanket approach to not offering Face to Face contact in relation to Covid 19.

Blanket Restriction / Restrictive Practice Reported

Blanket Restrictions & Restrictive Practice													
CAUSE_1	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Blanket Restriction													
North Locality Care Group		2		4	1	1	2	1		3	1	2	17
South Locality Care Group	3	2	1	2	3		1	2	1	1		1	17
Central Locality Care Group			1	1			1						3
North Cumbria Locality Care Group					1				2				3
Total	3	4	2	7	5	1	4	3	3	4	1	3	40
Restrictive Practice													
North Locality Care Group	1			2					3	4	2		14
Central Locality Care Group	1			1			2				1		8
South Locality Care Group			1		1	1	1	1		1			6
Total	2		1	3	1	1	3	1	3	5			28
Total	5	4	3	10	6	2	7	4	6	9	8		68

A Change to incident reporting options re: Blanket Restrictions/ Restrictive Practice occurred during the previous quarter. The web-based incident form now allows staff to differentiate between Blanket Restrictions and Restrictive Practice. The available options are:

- BR01 Blanket Restriction
- BR02 Restrictive Practice

All incidents reported under these categories are reviewed monthly by the Clinical Incident leads to ensure the correct cause groups are being used and where necessary altered appropriately.

In this quarter a total of 21 incidents were reported. 8 Related to blanket restrictions and 13 related to restrictive practice.

Of the 13 restrictive practice incidents all relate to CNTW inpatient services and were spread across South, Central and North Localities.

Of the 8 blanket restrictions reported, all relate to CNTW inpatient services and were split between South and North Localities. 6 of these blanket restrictions related to short term management of clinical risks. One related to the management of risks relating to COVID 19 risk and allowing improved IPC management. The other related to restrictions put in place short term to reduce risk while waiting for infrastructure to be mended.

Learning and Improvement Webinar series

Following a review of the functioning of the learning and improvement group, this has now been replaced by an ongoing series of lunchtime learning and improvement webinars to encourage participation from a wider audience of front line and corporate staff. Topics covered in the last three months included:

- Primary Care Integration Clinic Evaluation
- Model of Care Design, Secure Learning Disability Service
- Barriers and Facilitators to Primary Care Access for Autistic People
- Rehydration Stations
- Living with Dementia and COVID
- Communication Needs within a MH Population
- SALT Role in reducing restrictive interventions incorporating HOPE Model

Section 2: Positive and Safe Care

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Trend
Restraint	1064	1137	886	929	866	1023	906	813	945	850	815	911	8569	
Prone	277	225	170	183	207	322	261	231	220	191	207	204	2096	
Seclusion	127	139	126	134	125	126	105	106	108	112	144	148	1096	
Assaults on Staff	367	501	393	449	441	471	401	492	440	370	332	308	3955	
MRE	55	40	36	66	44	43	32	26	25	26	22	25	367	
Self Harm	867	838	820	1053	939	948	802	764	829	898	823	1050	7860	
VA	1335	1634	1541	1515	1508	1598	1443	1560	1450	1402	1368	1397	13584	
Total	4092	4514	3972	4329	4130	4531	3950	3992	4017	3849	3711	4043	37527	

Points of note:

All previously mentioned positive and safe work streams are ongoing the following is an update from the last report:

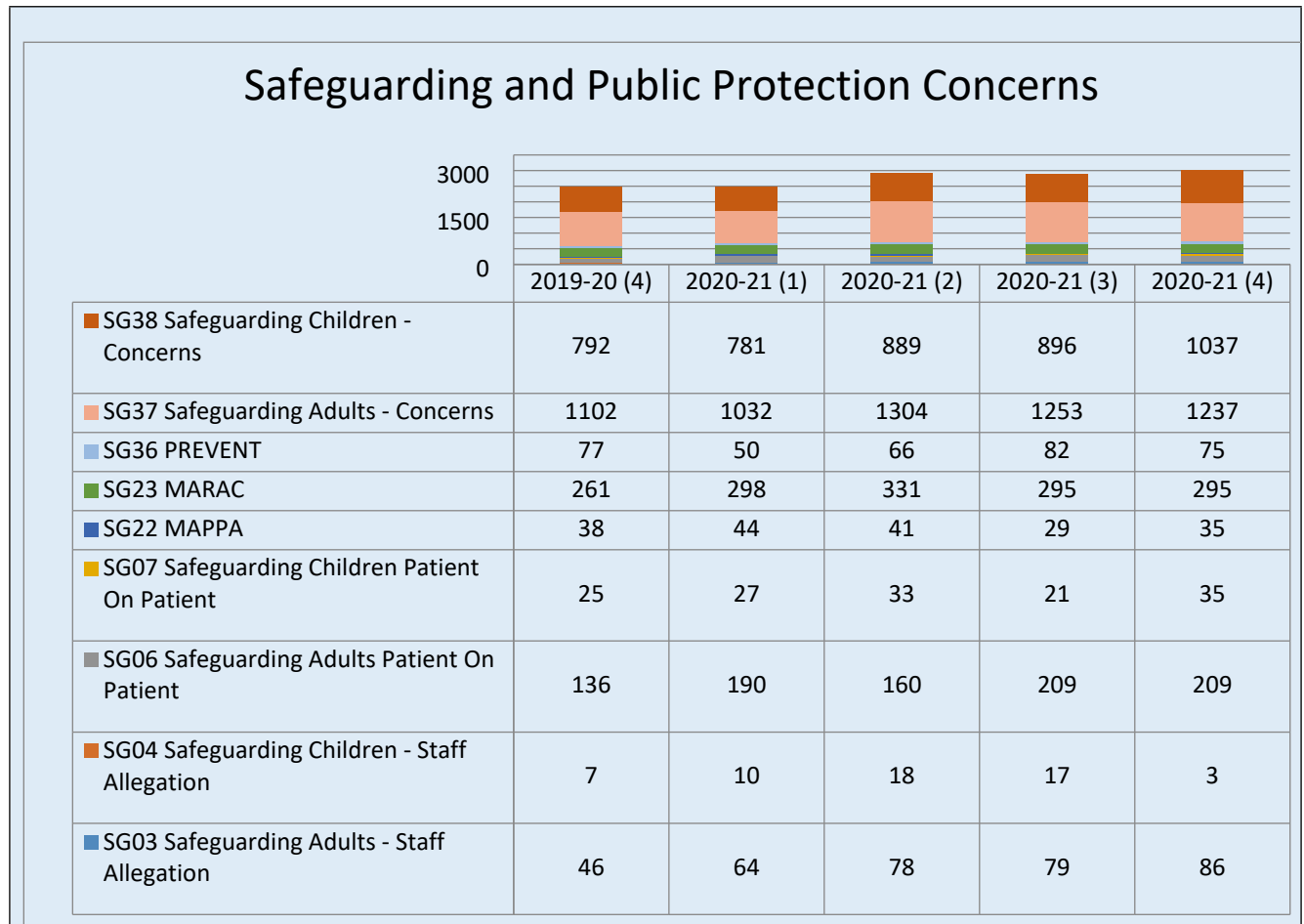
The installation of the Oxehhealth system is complete and functional across the three pilot wards within Hopewood Park, apart from 2 seclusion areas which have been occupied for some time, a fourth ward has also been equipped, Lotus ward the Trusts new CYPS facility based in Middlesbrough.

The team have provided two days training to Lotus ward as part of a comprehensive induction package. The team have formulated a Talk 1st plan and will be joining the cohort programme.

The annual report is currently being written by the team it is expected to be available in July.

The use of Safety Pods is being piloted within OPS Castleside and Woodhorn wards, an evaluation will be undertaken following the six-week pilot. when was this started and when will it report out?

Section 3: Safeguarding & Public Protection



Points of note

Safeguarding activity reporting remains consistent with previous quarterly reports. Assurance is given that patients are appropriately safeguarded, and each incident is subject to full review. There is evidence that some of the concerns raised are complex in nature that could be attributed to Covid 19 restrictions within both inpatient and community services. The SAPP team have continued to provide support in unprecedented circumstances to services in order to keep people safe with multi agency working being provided differently e.g., reduced home visiting. The domestic abuse multi agency meetings have continued to meet as routine however it is anticipated that domestic abuse concerns will increase once the public have more face-to-face contacts across all agencies following lockdown easing. Information has been provided to all staff in relation to domestic abuse risks due to COVID restrictions.

Sunderland CCG have since the last meeting agreed to one-year full time funding of a MASH worker and will review recurring funds in September 2021. The Northumberland post is substantive Both have received good feedback.

An additional SAPP practitioner supporting the South Locality and Lotus ward is in post. This has also released additional time to support the increased PREVENT workload.

Section 4: Infection Prevention Control & Medical Devices

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	2 (target 0)	18

Points of note:

- The IPC team continue to provide support and advice to the localities and clinical teams for the management of COVID-19 in line with changing national guidance, service changes and the implementation of Test & Trace.
- The IPC team works alongside the Trust Central Absence Line and Test & Trace function, this has been supported by additional Senior Nurse 2x 0.5wte. There continues to be an IPC on call provision to respond to the current COVID-19 pandemic. There has been a reduction in Covid19 activity, and this enabled the IPC Team to undertake targeted and spot check visits to clinical services in line with Board Assurance for Reducing Nosocomial infection.
- The IPC Team have continued to provide refresher training and Q & A's on any aspect of Infection Prevention and Control measures including COVID for teams across the Trust where identified or requested.
- During Q4 we have seen a continued reduction in the number of outbreaks across the Trust (both inpatient and community-based services) this is in line with a continued reduction in community prevalence.

Medical devices

- No harm to patients resulted from the reported medical devices incidents and all issues have subsequently been resolved. We should still have a summary of the types of incidents as this is a significant number and doesn't give full assurance?

Flu vaccination

- The 2020/21 Flu Campaign concluded in February during Q4 with a total HCW uptake of 83.51%. A Lessons Learned flu session took place on 22nd March 2021 feedback and suggestions will be used to support developments for the Autumn 21/22 joint Flu and Covid Booster campaign.

Covid Incident Reporting- Legacy Activity

Following a review of the incident system it is to be noted that at the beginning of the pandemic in response to the influx of queries requiring IPC advice/ action there were four reporting categories set up to capture IPC activity on the Safeguard system. The incidents were captured for:

- Suspected cases
- Confirmed cases
- Advice provided
- Staff related enquiries.

Over the last 12 months, the Trust developed in-house bespoke systems for the recording and reporting of covid-19 related data which capture this IPC activity and replaces the original reports. Therefore, from April 2021 the cause 1 options will not be available for selection when an incident is entered. The exception to this is IPC45 Corona Virus Advice which will remain active in order to collate IPC advice given activity in relation to Covid 19.

Covid-19 Cause_1s	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
IPC43 CORONA VIRUS- CONFIRMED	107	15	5	3	0	14	55	56	30	86	20	6	397
IPC44 CORONA VIRUS_ SUSPECTED	139	31	35	28	39	63	63	72	50	88	55	42	715
IPC45 CORONA VIRUS - ADVICE	12	18	14	12	15	17	31	21	5	6	1	5	161
IPC46 CORONA VIRUS - STAFF	54	6	6	0	0	7	7	16	6	7	4	1	114
Grand Total	312	70	60	43	54	101	156	165	95	197	80	54	1387

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

Points of Note:

- All data collection for the 'classic' Safety Thermometer and the 'next generation' Safety Thermometers ceased in March 2020. Data related to both pressure ulcers and VTE continue to be monitored daily via the Tissue Viability team reviewing all incident reports pertaining to VTE or pressure damage. The team ensures correct identification and follow up are in place and support the investigation of all suspected and confirmed incidents. This includes completion of After Action Reviews (AAR's) for all confirmed DVT / PE and Category 3 or 4 Pressure ulcers. Data below for Q4. There were no areas of concern identified

DVT / PE within in-patient areas.

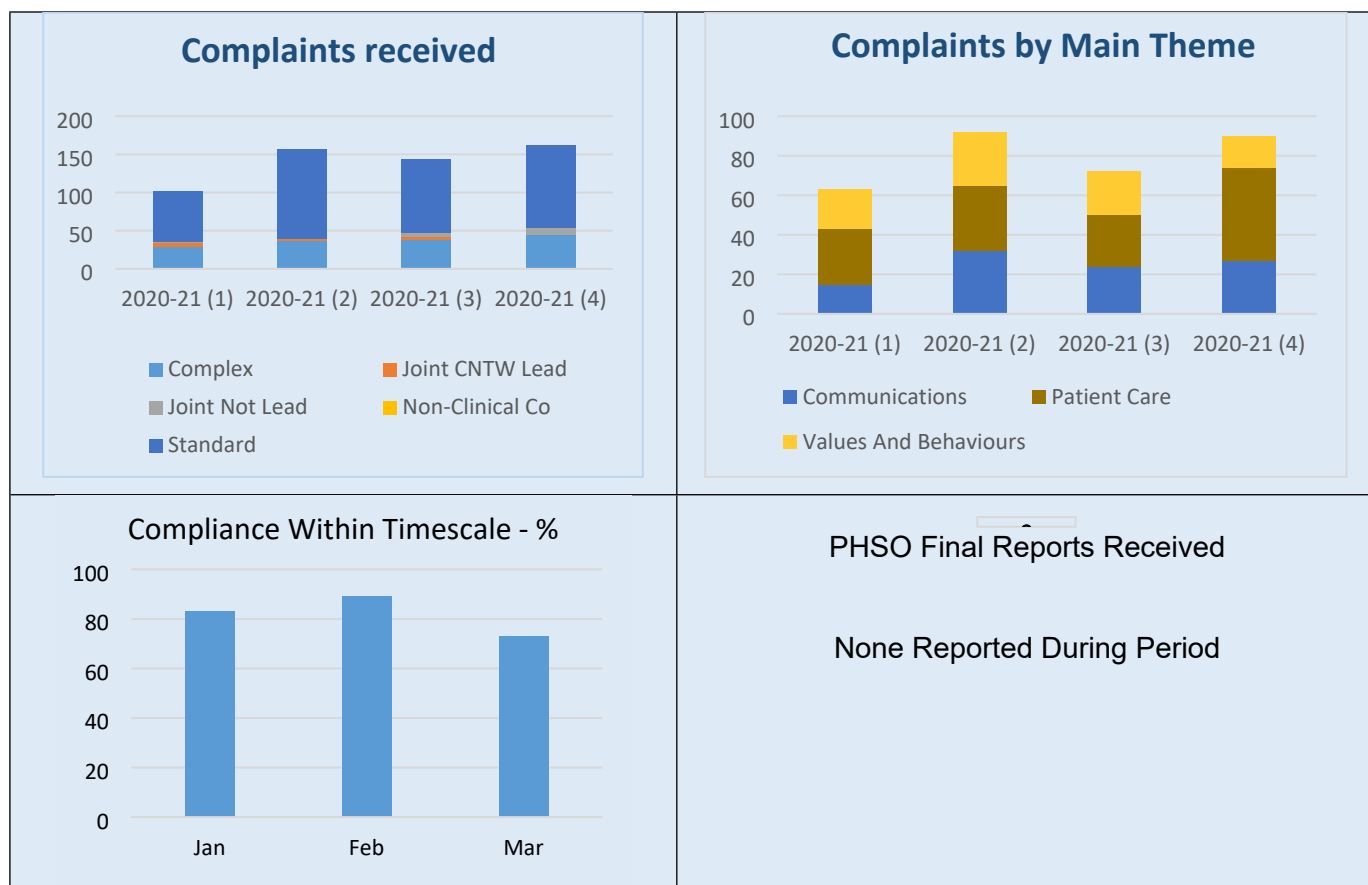
VTE events	Jan	Feb	March
Deep Vein Thrombosis (DVT)	0	1	1
Pulmonary Embolism (PE)	1	0	0
Total:	1	1	1

Pressure ulcers within in-patient areas.

NHSI Category	Jan	Feb	March
Category 1	6	2	1
Category 2	6	5	5
Category 3	0	0	0
Category 4	0	0	0
Deep Tissue Injury	2	1	0
Unstageable	2	1	0
Moisture Associated Skin Damage	1	3	2
Device Related Pressure Ulcer	1	3	0
Medical Device Related Pressure Ulcer	0	1	0
Total:	18	16	8

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Section 6: Complaints Reporting & Management

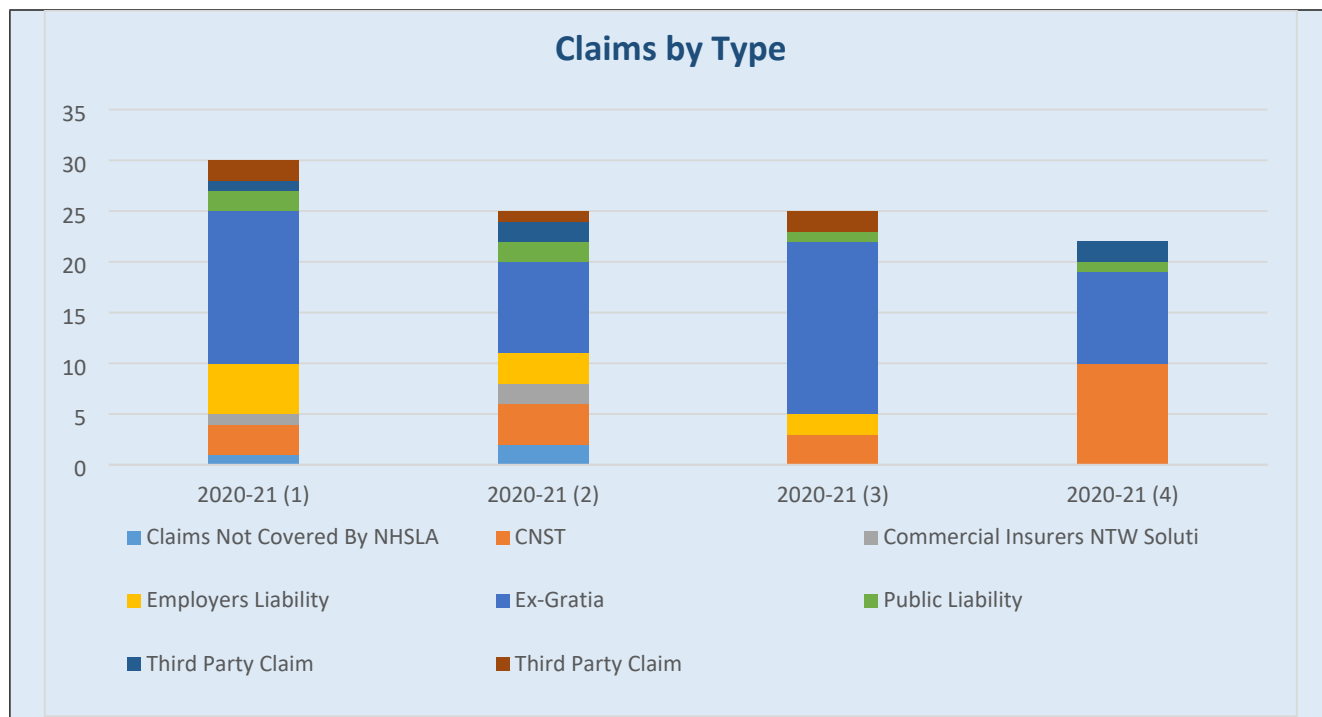


Points of note:

- Complaints have increased by 14% in comparison to Quarter 3.
- The three main themes remain consistent, and the patient care and communication categories have increased in comparison to Quarter 3. The values and behaviours category has decreased by 17%. Patient care includes complaints which cover a whole range of issues which cannot be separated out and are categorised overall as issues relating to patient care.
- During the Quarter 4 period January to March 2021, the number of complaints received by the Trust which are about or mention coronavirus/COVID 19 was 19, an increase of 32% from Quarter 3. The majority of these relate to changes to practices and processes during lockdown and general heightened anxiety around lockdown. One complaint related to a patient with a disability unable to use a lift due to COVID restrictions. Investigation highlighted that the one-way system in place prevented the use of the lift if entering the building through a certain door and this was subsequently amended. Another raised an issue around the use of the track and trace app on an inpatient ward when it should have been disabled by staff and patients
- Parliamentary and Health Service Ombudsman**

North Locality Care Group (8)	5 Preliminary enquiry
	2 Intention to investigate
	1 Notification of Judicial Review – CNTW deemed to be an interested party
Central Locality Care Group (3)	1 Intention to investigate
	2 Preliminary enquiry
South Locality Care Group (5)	5 Preliminary enquiry
North Cumbria Locality Care Group (4)	3 Request for records
	1 Preliminary enquiry

Section 7: Claims Received



Points of note:

- The highest number of claims received in Quarter 4 relate to claims/potential claims for clinical negligence received from patients or their relatives.
- 22 new claims were received during Quarter 4 which is a slight decrease in comparison to Quarter 3.
- The Trust has a total of 59 open and ongoing claims as at 31 March 2021, broken down as follows:

Claim Type	Number
Clinical Negligence / Potential Clinical Negligence	28
Employer Liability NHS Resolution	12
Public Liability	7
Employer Liability Commercial Insurers NTW Solutions	7
Ex Gratia	3
Third Party Claim	1
Claims Not Covered by NHS Resolution	1
Total	59

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**Report to the Board of Directors
26 May 2021**

Title of report		IPC Board Assurance Framework	
Report author(s)		Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control	
Executive Lead (if different from above)		Gary O'Hare, Chief Nurse	
Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	
Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	31,7,20
Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability		Reputational	X
Workforce	x	Environmental	X
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	x	Service user, carer and stakeholder involvement	X
Board Assurance Framework/Corporate Risk Register risks this paper relates to			
N/A			

Infection Prevention and Control (IPC) Board Assurance Framework

1. Executive Summary

The IPC Board Assurance Framework issued by NHSEI in May 2020 is designed to help providers assess against the Infection Prevention and Control guidance for Covid19 as a source of internal assurance that quality standards are being maintained.

This report covers the Q4 period January to March 2021, during which the Trust experienced a significant decline in Covid infections in patients admitted to our wards from the community as well as a reduction in staff and household cases. This reduction was in line with trust wide IPC controls, national lockdown measures and national vaccination programmes aimed at reducing transmission.

The tool provides assurance to Trust boards that:

- any areas of risk are identified and show corrective actions taken in response
- organisational compliance has been systematically reviewed for other potential Nosocomial or Hospital Acquired Infections (HAI's).

Since the last Board meeting, the tool has been updated to reflect new emerging evidence and national guidance, the assessment has been completed against the updated version 1.5 (Feb 2021) as highlighted in the appendices. It is important to highlight to the board in section 1 there are 3 new standards directly requesting Trust Board member assurance. These are:

- **Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner.** -This action has been delegated to Executive Director of Nursing and DIPC via Gold Command arrangements throughout the pandemic.
- **This Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board-** The BAF has been submitted for Board scrutiny 3 monthly since May 2020.
- **Ensure Trust Board has oversight of ongoing outbreaks and action plans-** The monthly Covid Update to the Board has provided details of outbreaks and learning.
- **There are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas** - Executive level and senior manager and IPC walk arounds/spot-checks are a regular feature of Board level assurance.

During January to March 2021 performance against the self-assessment for the Trust has been tested via:

- the routine review of standards in all settings

- via the seventeen Covid-19 outbreaks which have been managed since the last report.
- The tool has been used as a framework to manage Outbreak Control Meetings, identifying the Root Cause and actions to prevent further transmission

2. Compliance

Trust level compliance was demonstrated across all standards, except for the items summarised below which emerged following outbreaks. Actions are in place to resolve these:

- Some gaps in staff compliance regarding cleaning, touchpoints, PPE, car sharing and exceeding Covid secure environments. Actions to resolve these have been taken at each area and lessons learnt have been shared across the organisation.
- Wearing of face masks by patients to help reduce the transmission of Covid-19 positive areas continues to be risk assessed on a case-by-case basis considering communication challenges, ability to comply with social distancing and ligature risk from mask types.
- Staff are wearing face masks in all clinical and non-clinical settings irrespective of the 2-metre distance

3. Assurance mechanisms for the initial and new standards

In addition, actions to support assurance of the self-assessment include:

- Covid19-Gold Command, led by the Executive Director of Nursing and Chief Operating Officer has continued to operate as a hub for rapid decision making in response to guidance impacting on safe clinical practices, Covid-19 secure workplaces and relaxation of lockdown.
- The Test and Trace processes, staff absence management, is a vital part of assuring staff are being assessed for close contacts and isolated accordingly.
- Reports to Covid-19 IMG by Group Nurse Director Safer Care / Director for Infection Prevention and Control (DIPC) on national and emerging IPC guidance and implications, PPE position, staff, and index case testing. These meetings have moved from daily to twice weekly over the period.
- IPC Assurance meetings fortnightly. Membership includes DIPC / Group Nurse Director for Safer Care, Group Medical Director Safer Care, IPC Team, Locality Group Nurse Directors and Deputy Director of Communications.
- Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff. All results logged via trust portal.
- All inpatient Covid-19 seven-day surveillance swabs are recorded on electronic patient record RIO and reported onto a centrally held database.

- All inpatient and community teams are monitoring IPC practices daily at handover using: Guidelines for maintaining a Covid-19 secure and safe workplace checklist, to monitor and reinforce IPC standards.
- Lessons learnt from peer support feedback on patients experience when outbreaks of Covid-19 have occurred on their wards.
- Development of Covid-19 support packs for Inpatient and Community teams, available on the Covid resources page on the trust intranet.
- All clinical areas in both inpatient and community have completed the Infection prevention and control Covid-19 management checklist, version 1.3 (Dec 2020). Locality Group Nurse Directors and review monthly through Locality Quality & Standards meetings. An updated version of the IPC Covid-19 management checklist 1.4 (February 2021) has been circulated for all localities to complete.
- Regular IPC/PPE communications included in the trust wide communications briefing, supported by guidance on the trust intranet.
- IPC team have continued throughout this period to undertake scheduled and adhoc 'Teams' Meetings with Clinical Nurse Managers, Ward Managers and clinical care groups to discuss complex cases, offer support and guidance for the practical application of 14-day of patients.
- IPC Team have continued where possible and to minimise transmission, to make 'visit/walkabouts' to hospital and some community service sites to monitor hand washing, social distancing, advise on appropriate use of PPE.
- IPC Team have delivered Covid-19 training via teams to clinical and non-clinical on request or as part of learning from outbreaks.
- The comprehensive roll out of Fit Testing of FFP3 masks continues to be led by the Academy Physical Health Leads to staff, including the refit of new models of mask and fit testing for PAM referrals, multiple failure referrals and those with work related difficulties.

4. **Conclusion**

The IPC standards for preventing the spread of Nosocomial Covid-19 have been implemented across localities and are continually updated via self-assessment and triangulation.

Anne Moore
Group Nurse Director Safer Care, Director of Infection Prevention and Control.
April 2021

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Infection Prevention and Control board assurance framework – completed April 2021

New standards highlighted in Yellow

V1.5

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes there are pathways in place which support minimal or avoid patient bed/ward transfers for duration of admission unless clinically imperative that on occasions when it is necessary to cohort COVID or non-COVID patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per guidance. 	<p>All admissions into the Trust are screened on day 1, 3 and day 5 following admission and then at 7-day intervals thereafter. Appropriate care plan re isolation until result known. Documented in Rio progress notes and alerts.</p> <p>Community teams contact patients prior to visit to establish any COVID-19 infection risks.</p> <p>Transfer of COVID-19 positive patients is limited as much as clinically possible</p> <p>Discharge and transfer guidance has been developed with Bed Management team notifying referrers and on discharge to are homes or other settings of covid status</p>	<p>None</p> <p>Clinically dependent</p>	<p>If the patient's mental health or disability diagnosis is a priority, then this is risk assessed and measures</p>

<ul style="list-style-type: none"> • monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice <ul style="list-style-type: none"> ○ staff adherence to hand hygiene? ○ staff social distancing across the workplace ○ staff adherence to wearing fluid resistant surgical facemasks (FRSM) in: <ul style="list-style-type: none"> a) clinical b) non-clinical setting • monitoring of staff compliance with wearing appropriate PPE, within the clinical setting <p>consider implementing the role of PPE guardians/safety champions to embed and encourage best practice</p> <ul style="list-style-type: none"> • implementation of twice weekly lateral flow antigen testing for NHS patient facing staff, which include organisational systems in place to monitor results and staff test and trace • additional targeted testing of all NHS staff, if your trust has if your trust has a high nosocomial rate, as recommended by your local 	<p>Inpatient and community team handover checklist: Guidelines for maintaining a Covid-19 secure and safe workplace: to monitor and reinforce IPC standards.</p> <p>Trust PPE guidance reflects the guidance issued nationally by PHE. Regular communications are released to update staff around any changes to national IPC guidance.</p> <p>LFT testing available for all patient facing staff. Staff are provided with kits, and required to undertake LFT twice a week. All results logged via trust portal.</p> <p>As part of Outbreak control management and investigation of</p>		
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<p>and regional infection prevention and control/Public Health team.</p> <ul style="list-style-type: none"> • training in IPC standard infection control and transmission-based precautions are provided to all staff • IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training • all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance • there are visual reminders displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance both in and out of the workplace • national IPC national guidance is regularly checked for updates and any changes are effectively 	<p>cause of nosocomial spread testing of staff maybe requested.</p> <p>Mandatory IPC training available via ESR. Bespoke sessions available on request.</p> <p>Spot checks visits by IPC team members to monitor compliance, in addition to individual case discussions.</p> <p>Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing</p> <p>Regular communication briefings to provide an update in guidance and application to all staff groups.</p>		
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<p>communicated to staff in a timely way</p> <ul style="list-style-type: none"> • changes to national guidance are brought to the attention of boards and any risks and mitigating actions are highlighted • risks are reflected in risk registers and the board assurance framework where appropriate • robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens • that Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner. • This Board Assurance Framework is reviewed, and evidence of assessments are 	<p>Daily contact with DIPC/Gold command to discuss any changes in guidance. Discussed with Executive via IMG. Board members receive regular communications updates.</p> <p>Risks added to Trust risk register as appropriate.</p> <p>Staff continue to report infections via the web-based incident reporting system. IPC policies and advice provided.</p> <p>Data circulated to Executive Team IMG members daily reviewed and signed off by Gold Command led by Executive Director of Nursing and DIPC. include</p> <p>Reported to the board of Directors 3 monthly.</p> <p>Gold command and IMG</p>		
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<p>made available and discussed at Trust board</p> <ul style="list-style-type: none"> ensure Trust Board has oversight of ongoing outbreaks and action plans there are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas 			
<p>2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas 	<p>All ward staff appropriately trained and upskilled to manage COVID-19 patients Where clinically/IPC required cohort areas/wards introduced across the Trust</p> <p>All domestic staff have thorough Trust IPC induction and targeted training sessions in relation to the management of COVID-19.</p>		

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<ul style="list-style-type: none"> decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance Assurance processes are in place for monitoring and sign off terminal cleans as part of outbreak management increased frequency at least twice daily of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses. manufacturers' guidance and recommended product 'contact time' must be followed for all 	<p>Domestic supervisors and support staff link in and meet with IPC team on a regular basis.</p> <p>Decontamination and terminal decontamination included in Trust guidance in line with PHE advice.</p> <p>Domestic staff are instructed in the required standards and pay particular attention to cleaning of toilets/ bathrooms. All isolation areas decontaminated at least twice daily.</p> <p>All areas throughout the Trust utilise neutral purpose detergent and chlor-clean (a chlorine based disinfectant) Staff have training and guidance on using this.</p> <p>Domestic staff have been made aware of the importance of following manufacturers guidance in use of all cleaning / disinfect products</p>	<p>North Cumbria locality using Tristel-Fuse as per NCIC products</p>	
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<p>cleaning/disinfectant solutions/products as per national guidance</p> <ul style="list-style-type: none"> • ‘frequently touched’ surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails should be decontaminated more than twice daily and when known to be contaminated with secretions, excretions, or body fluids • electronic equipment e.g. mobile phones, desk phones, tablets, desktops & keyboards should be cleaned a minimum of twice daily • rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily) • linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken • single use items are used where possible and according to single use policy 	<p>Cleaning and decontamination will increase to the twice daily standard</p> <p>Staff working with keyboards, desktops etc. are aware of increased frequency of cleaning for these areas.</p> <p>Ward managers advise domestic teams when to enter rooms for cleaning following patient movement or clinical interventions</p> <p>All linen from possible/confirmed COVID-19 patients managed as infectious linen and disposed of/laundered appropriately.</p> <p>Single use items used throughout the Trust in accordance with Single Use Policy</p>	<p>Several outbreaks in on clinical areas have specifically highlighted the risk of transmission from shared equipment, keypads on entry to sites, and office spaces</p> <p>Actions include Covid checklist at handover, and start of day, covid champions and personal responsibility reiterated i.e. ‘if you touch it, clean it,’</p>	
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<ul style="list-style-type: none"> reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air monitor adherence environmental decontamination with actions in place to mitigate any identified risk monitor adherence to the decontamination of shared equipment with actions in place to mitigate any identified risk 	<p>Reusable equipment is decontaminated appropriately and effectively after use in line with Trust policy</p> <p>Rooms in CNTW are not typically mechanically ventilated and openable windows is the only method.</p>	<p>All staff have been advised to maintain open windows and where possible doors to maintain air flow and reduce build-up of aerosols in both patient and non-clinical settings</p>	
<p>3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>Systems and process are in place to ensure:</p>			

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<ul style="list-style-type: none"> • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<p>Arrangements are in place and prescribing is monitored. In addition, Incident reports submitted where antibiotics are prescribed</p> <p>Antibiotic surveillance is reported into the IPCC on a quarterly basis</p>		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • implementation of national guidance on visiting patients in a care setting • areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate with restricted access • information and guidance on COVID-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or 	<p>In line with national guidance, visiting was suspended across the Trust except for patients requiring End of Life Care and Children.</p> <p>Access is restricted to core team members where COVID-19 positive patients is suspected/ confirmed</p> <p>COVID-19 resource pages available on the intranet including easy read and specifically designed resources for patients with a Learning disability</p> <p>Documented on Patient Electronic Record i.e. RiO - evidenced that this is communicated on patient transfer.</p>		<p>All visitors are via booked sessions, with welfare checks prior to visit, and PPE provided. Where we have large patient outbreak areas then plans for visiting will be reviewed via the DIPC and Executive Director for Nursing and Operations</p>

<p>confirmed COVID-19 patient needs to be moved</p> <ul style="list-style-type: none"> there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice 	<p>Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing.</p>		
<p>5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> screening and triaging of all patients as per IPC and NICE Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from Non COVID 19 cases to minimise the risk of cross-infection as per national guidance 	<p>All admissions into the Trust are screened on day 1, 3 and day 5 following admission and at 7 day intervals thereafter, and managed appropriately. Appropriate care plan re isolation until result known. Documented in RIO progress notes and alerts</p> <p>Patients with possible or confirmed COVID-19 are isolated from non COVID-19 patients</p>	<p>There are occasions when patients do not wish to comply with social isolation pending results</p>	<p>Triage via Bed Management Clinical Team.</p> <p>Staff wear full PPE at all times.</p>

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<ul style="list-style-type: none"> • staff are aware of agreed template for triage questions to ask • triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible • face coverings are used by all outpatients and visitors • face masks are available for all patients and they are always advised to wear them • provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients (particularly when moving around the ward) if this can be tolerated and does not compromise their clinical care • monitoring of Inpatients compliance with wearing face masks particularly when moving around the ward (if clinically ok to do so) • ideally segregation should be with separate spaces, but there is 	<p>IPC screening guidance for inpatient and community teams.</p> <p>As part of booking arrangements for appointments/visiting face coverings are advised.</p> <p>On admission patients are informed of the use of masks to reduce the transmission of covid-19. Each patient risk assessed re ligature risks.</p> <p>Some patients do not wish to comply with social isolation or alternative mask use</p> <p>Perspex screens are being placed insitu in reception areas where</p>	<p>This can be due to communication difficulties of sensory impairment or risks of ligature use of masks</p>	
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<p>potential to use screens, e.g. to protect reception staff.</p> <ul style="list-style-type: none"> to ensure 2 metre social & physical distancing in all patient care areas for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly there is evidence of compliance with routine patient testing protocols in line with Key actions: infection prevention and control and testing document patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately 	<p>required following covid secure risk assesments</p> <p>All patients who develop symptoms are tested and isolated promptly with continued monitoring of the patient's physical health. Appropriate care plan re isolation until result known. Documented in Rio progress notes and alerts</p> <p>Patients who are symptomatic are isolated, if continue to display symptoms following negative result they will be retested.</p> <p>All patient testing record on RIO</p> <p>Reduced face-to-face appointments and increased use of technology. Staff check with the patient that they are well and symptom-free before appointment where possible to reduce risk of spread</p>		
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6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

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Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas • all staff (clinical and non- clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe • all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it • a record of staff training is maintained • adherence to PHE national guidance on the use of PPE is regularly 	<p>Positive patients nursed in designated areas of wards in single rooms or cohorted areas. Clear signage of PPE requirements at entrances to wards.</p> <p>All staff receive in-depth IPC training on induction into the Trust. Targeted training sessions across all sites in the Trust in relation to PPE (appropriate use/donning and doffing)</p> <p>Training records are maintained by training facilitators</p> <p>Incident reporting system is in place to report any PPE related concerns</p>		

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<p>audited with actions in place to mitigate any identified risk</p> <ul style="list-style-type: none"> • hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as: <ul style="list-style-type: none"> ○ hand hygiene facilities including instructional posters ○ good respiratory hygiene measures ○ staff maintain physical distancing of 2 metres wherever possible in the workplace unless wearing PPE as part of direct care ○ staff maintain social distancing (2m+) when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace ○ frequent decontamination of equipment and environment in both clinical and non-clinical areas ○ clear visually displayed advice on use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patient facing areas 	<p>Adherence to PHE National Guidance is undertaken via Routine checks by Clinical Nurse Managers, and IPC Team</p> <p>All inpatient staff across the Trust undertake hand hygiene competency assessments/IPC on an annual basis. Hand washing is promoted as via trust wide communications and posters in every ward/department across the Trust</p> <p>Inpatient and community team handover checklist: Guidelines for maintaining a Covid-19 secure and safe workplace: to monitor and reinforce IPC standards. This includes wearing of PPE, decontamination of equipment and car sharing.</p>		
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<ul style="list-style-type: none"> • staff regularly undertake hand hygiene and observe standard infection control precautions • the use of hand dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance • Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE national guidance if they or a member of their household display any of the symptoms • a rapid and continued response through ongoing surveillance of rates 	<p>All inpatient staff across the Trust undertake hand hygiene competency assessments/IPC on an annual basis</p> <p>Hand towel dispensers are available in all areas and are regularly maintained.</p> <p>Hand hygiene posters are readily available and clearly displayed in all prominent areas.</p> <p>Communications on personal Uniform laundering has been issued via Daily Communications briefings</p> <p>All staff displaying symptoms of COVID-19 are contacting the Central Absence Reporting Centre within the Trust for advice and to access Trust based Testing Team for themselves and family members.</p> <p>Monitored via DIPC/ Gold command and IPC</p>		
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<p>of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals)</p> <ul style="list-style-type: none"> positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported. robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of outbreak meetings. 	<p>Fact find meetings to identify if two or more positive cases linked in time and place.</p> <p>OB management policy implemented when two or more positive cases linked.</p>		
<p>7. Provide or secure adequate isolation facilities</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff 	<p>As above, all areas compliant facilities to support isolation/cohorting with the exception of Hadrian Clinic</p>	<p>Hadrian Clinic difficult to isolate due to layout (no en-suite facilities).</p>	<p>Patients now admitted direct to Hadrian. Allocated toilet facilities designated to patients isolating,</p>

<ul style="list-style-type: none"> • areas/wards are clearly signposted, using physical barriers as appropriate patients/individuals and staff understand the different risk areas • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate • areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>Compliance in line with PHE guidance</p> <p>All areas compliant facilities to support isolation/cohorting</p> <p>No change in usual management of these infections</p>		<p>including cleaning of high touch points on the advise of IPC</p>
<p>8. Secure adequate access to laboratory support as appropriate</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>There are systems and processes in place to ensure:</p> <ul style="list-style-type: none"> • testing is undertaken by competent and trained individuals 	<p>All Trust staff undertaking testing are appropriately trained</p>		

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<ul style="list-style-type: none"> • patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance • regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available • regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data) • screening for other potential infections takes place • that all emergency patients are tested for COVID-19 on admission. • that those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the point symptoms arise. • that those emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission. 	<p>Testing of both staff and patients is undertaken promptly (usually same day that symptoms are first noticed).</p> <p>Regular monitoring of testing turnaround times. All labs following letter from NHSE Mental Health to ensure rapid processing of tests for MH/LD settings.</p> <p>Reported daily via internal reporting mechanisms</p> <p>Screening takes place to rule out other infections/symptoms being displayed</p> <p>All patients who develop symptoms are tested and isolated promptly with continued monitoring of the patient's physical health. Appropriate care plan re isolation until result known. Documented in Rio progress notes and alerts</p>		
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<ul style="list-style-type: none"> • that sites with high nosocomial rates should consider testing COVID negative patients daily. • that those being discharged to a care home are being tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organisation prior to discharge • that those being discharged to a care facility within their 14 day isolation period should be discharged to a designated care setting, where they should complete their remaining isolation. • that all Elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission. 	<p>All patients screened on day 1, 3 and day 5 and at 7 day intervals thereafter in accordance with national guidance.</p> <p>Patients screened in accordance with local guidelines and IPC screening guidelines. Information shared with receiving organisation prior to discharge.</p> <p>Liaison with the care facility regarding isolation requirements as part of discharge planning arrangements.</p> <p>ECT patients are screened prior to each treatment</p>		
<p>9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>Systems and processes are in place to ensure that:</p>			

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<ul style="list-style-type: none"> • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance • PPE stock is appropriately stored and accessible to staff who require it 	<p>IPC Team are in daily contact with clinical areas regarding IPC processes and advising wards/teams where other infections are reported</p> <p>Any changes to PHE guidance communicated to staff as soon as possible via the daily communications and Team meetings</p> <p>All waste related to suspected or confirmed COVID-19 cases is disposed of appropriately as infectious clinical waste into orange bags. Introduction of tiger waste for non-clinical areas for the disposal of face mask.</p> <p>Central management of PPE has been introduced to ensure adequate stock for all areas based on usage</p>		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> • staff in 'at-risk' groups are identified and managed appropriately including 	<p>Staff in 'at risk' groups identified and supported appropriately, including the</p>		

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<p>ensuring their physical and psychological wellbeing is supported</p> <ul style="list-style-type: none"> • that risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic and pregnant staff • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained and held centrally. • staff who carry out fit test training are trained and competent to do so • all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used 	<p>completion of individual risk assessments</p> <p>As identified by risk assessment, all staff that are required to wear FFP3 masks undergo fit-testing by an appropriately trained individual. Training is recorded</p> <p>HSE approved training session of upto 3 hours and be deemed competent by an external contractor approved in RPE training</p> <p>All testing done is recorded on a fit test report including those who have failed the test and those who are unsuitable for masks All test reports are scanned to and inputted onto ESR.</p> <p>The data viewed as 'live' on the FFP3 dashboard which allows locality managers / clinical leads to receive the latest mask information for their staff groups.</p>		
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<ul style="list-style-type: none"> • a record of the fit test and result is given to and kept by the trainee and centrally within the organisation • for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods • for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health • following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal 	<p>The original report is given to the managers for record keeping and those fit tested receive a business card with their mask and details on.</p> <p>Those who cannot undergo a fit test will be regarded as a failed fit test. Instructed not to enter areas where FFP3 masks are recommended or undertake duties where there are potential AGP's. Managers are asked to review any employees who falls into this category</p>		
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<p>record and Occupational health service record</p> <ul style="list-style-type: none"> boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance all staff should adhere to national guidance on social distancing (2 metres) if not wearing a facemask and in non-clinical areas health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone 	<p>The data can be viewed as 'live' on the FFP3 dashboard which allows locality managers / clinical leads to receive the latest mask information for their staff groups. Recorded on ESR.</p> <p>Staff teams remain on their allocated areas with minimal movement. This includes Domestic Teams.</p> <p>Staff are aware of the need for social distancing. Use of 2m floor spacers to prompt and remind staff re need for 2m distancing. Posters are on display in all wards/departments across the Trust.</p> <p>The Trust Covid19 Environmental working group has undertaken environmental risk assessments and recommended modifications required trust wide.</p> <p>Face masks are worn by all staff in all areas.</p>		
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<ul style="list-style-type: none"> • staff are aware of the need to wear facemask when moving through COVID-19 secure areas. • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff who test positive have adequate information and support to aid their recovery and return to work 	<p>Staff absence and well-being monitored via individual team managers and centrally through the Central Absence Line. Well-being checks undertaken</p> <p>Information is provided to staff at point of test explaining outcome of results i.e. negative and positive including ongoing support should symptoms worsen or re-occur. Welfare calls support staff to either return or onward referral to Occupational Health.</p>		
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**Report to the Board of Directors
26th May 2021**

Title of report	Children and Young Peoples Inpatient Services, West Lane Hospital: Board Briefing Paper
Report author(s)	David Muir, Group Director & Elaine Fletcher – Group Nurse Director, North Cumbria Locality
Executive Lead (if different from above)	Gary O’Hare, Chief Nurse

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

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
BAF - Risk Number 1680 - Compliance and Regulatory

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Children and Young Peoples Inpatient Services, West Lane Hospital: Board Briefing paper 26th May 2021

Introduction

This brief paper follows on from last month's Board update paper and outlines continued progress in relation to establishing services at West Lane Hospital.

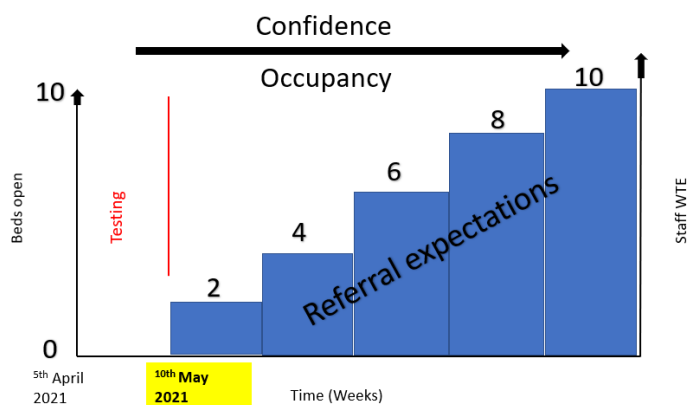
West Lane closed following regulatory action in 2019 and a formal request to take over the running of inpatient services at West Lane was made to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). In the first instance, this comprises a General Adolescent Unit of 10 beds.

Progress to Date

Opening

We have agreed an opening date of the 10th May 2021 and we admitted our first patient that day and have another planned admission later that week. Our first patient was repatriated to Teesside from our Ferndene site. Our intention to open was communicated in advance to NHSE / I via their Chief Nurse for the North East and Yorkshire. The plan remains to incrementally occupy and this will be determined by staffing numbers, ongoing demand, and confidence in the Ward team. It should be noted that there is significant pressure across the country for CAMHS inpatient beds. This is graphically represented in Figure 1 which has been updated to accommodate the new date for opening.

Figure 1.



Communications and Service User / Carer Involvement

Over the last month we have had visits from impacted families to Lotus Ward. We recognise the difficulties faced by families returning to the hospital site. All were complementary with regards the changes to the environment and the recruitment processes adopted.

In addition, we have had media coverage from both BBC and ITV, local news. Gary O'Hare, Chief Nurse, has conducted pieces to camera for both. On both occasions'

senior members of the North Cumbria Locality Care Group have spent time with the journalists and shown them around the ward describing the facilities and safety measures in place. In addition, a stakeholder brief has been updated by our Communication Team colleagues and circulated.

North Cumbria Group Directors and other senior staff have been asked to give some information about themselves such as interests and hobbies for the Wards 'Talk First, Getting to Know You' process and file.

Operational Management and Safety

This workstream, as per previous updates, continues to influence the direction of all the other workstreams and is currently engaged in several areas of work, particularly estates and workforce.

Over the last month, we have continued a significant on-site presence from clinical and senior managers at both Associate and Group Director level. This has enabled direct engagement with the estate and facilities team who have been working there as well as providing ongoing familiarisation with the environment. This has also provided opportunities for Directors and Associate Directors to meet with the new clinical team.

Final checks were made during the week of the 4th of May 2021. This included a 24 hour (overnight) live in staff experience to check out the environment and systems installed.

As we have reported before a range of work to date has been completed; Policy, procedures and risk assessments (clinical, environmental, operational and Covid-19), full plug-in to all CNTW safer-care, governance, health and safety structures, safeguarding links with local teams, Tissue viability / Infection Control link up, education provider in place, River Tees Multi Academy Trust, Omnicell cabinet installed, Oxehealth¹ patient safety system agreed and installed.

Final arrangements for point of contact cover from South Locality Point of Contact have been completed. Information has been pulled together in a pack for use by Senior Managers and Directors on call.

Workforce

In short, recruitment continues. We have at times experienced high number of withdrawals and DNAs (for registered nurses) and so not all posts have been appointed to in previous recruitment campaigns. Adverts remain open and further interviews are scheduled for the first in April. We have an experienced Ward Manager in place who has transferred from our existing CYPS inpatient services on a temporary basis to firmly establish the service. In addition, contingency arrangements have now been put in place and three Registered staff will join the Ward from the South Locality.

¹ www.oxehealth.com – allows the remote monitoring of vital signs to enable less intrusive monitoring of patients on observation. Currently installed in Hopewood Park and many other mental health facilities across the country.

Medical recruitment remains a challenge with a lack of suitable applicants received for all posts. Consequently, a consultant from the Ferndene has agreed to cover with additional input from one of the Clinical Business Units (CBUs) a specialist community service consultant. Backfill arrangements are now in place with the appointment of a staff grade locum to backfill sessions at Ferndene. Final checks are also being conducted for the appointment of a locum staff grade for Lotus.

This work has progressed well with wider induction training ongoing whilst we awaited our first patient. Scenarios have been developed to use in our testing period. These have included several clinical and environmental scenarios designed to explore with staff “actions on” in the event of issues arising such as a clinical incident e.g. self-harm or an environmental issue e.g. failure of telephony.

Estates (Facilities) / Informatics

Estates and Informatics groups continue to have links with colleagues in Tees, Esk & Wear Valley NHS Foundation Trust (TEWV). Contracts for estates and facilities support are being finalised. As previously indicated, the main elements of necessary building and decorative work has been completed. This has included installation of anti-barricade safety doors, anti-ligature en-suite doors bathroom and a nurse-call, the replacement of sanitary ware, a seclusion upgrade, as well as internal decoration of the ward and several administrative areas. The Ward staff team are now in the process of making the Ward more homely with the addition of artwork.

As previously mentioned, Informatics have worked closely with estates and operational managers to ensure that the installation of computer hardware on site is completed. This has included the installation of an ‘at a glance patient status’ board in the Nurse Station, computers, and photocopier / printers. In addition, several Amazon Fire Tablets have been purchased for use on the Ward.

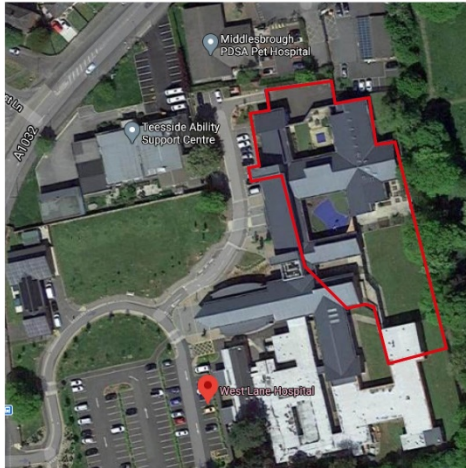
Various items have been ordered and items are now being delivered. This has included curtains, furniture, and bedding etc which have now been installed. Photographs in Figure 2 shows an example of a bedroom and a lounge area.

The photograph in Figure 3 by way of the red outline gives an approximation of the size of the Ward and the space accessible.

Figure 2.



Figure 3.



Commissioning and Regulation

As part of the application process a range of documents have been submitted to the CQC e.g. Business Continuity Plan, Clinical Environmental Risk Assessment (CERA), Risk Register. In addition, the CQC have also both physically visited the site to review it and conducted a Key Lines of Enquiry (KLOE) discussion. Both went well and the CQC registration is now in place. NHSE / I have also visited the site as part of their service validation assessment process. As part of this process the Trust conducted a self-assessment against the General Adolescent Service specification. NSHE & I have indicated that they are satisfied with work to date, therefore the Ward can be designated for the purpose of the care and treatment of children and young people.

As indicated previously, agreement has also been reached with our Commissioning and Quality Assurance colleagues with regards the income level for the Ward as well. The figure of £3.5m has been agreed pending final sign off at both Corporate Decisions Team – Business (CDT-B) and the NCM / Provider Collaborative Board. A revised retrospective business case will return to CDT Business on the 17th May following initial discussions at CDT B on the 19th April. The business case was heard at the Provider Collaborative Commissioning Group meeting on the 7th May 2021, where it was well received and approved to pass to the Provider Collaborative Board on the 21st May 2021 for final approvals. As part of onward agreement, there will be reviews of staffing and skill mix at the 6- and 12-month points after opening. Figure 4 is illustrative.

Figure 4.



Programme Approach, Governance and Risk

The frequency of Multi Agency Joint Steering Group continues to meet monthly, however, it is likely that this will be stood down within the next month following the opening and the full integration of the ward and its operation into the Specialist Children and Young People Clinical Business Unit. However, as part of our ongoing commitment we will be looking to organise further post opening stakeholder events at 3 and 6 months to update on progress of Lotus. A 6-month initial evaluation report will also be produced.

Recommendation

1. Note the contents of this paper.
2. Advise on further detail or supplementary information required at this stage.

David Muir
Group Director
North Cumbria Locality Care Group

Elaine Fletcher
Group Nurse Director
North Cumbria Locality Care Group

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**Report to the Board of Directors
26 May 2021**

Title of report	Quarterly Workforce Report
Report author(s)	Michelle Evans, Deputy Director of Workforce and OD
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce and OD

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

Board Sub-committee meetings where this item has been considered (specify date)	
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	17.05.2021
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	
Workforce	X	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

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

**Report to the Board of Directors
Quarterly Workforce Report
26 May 2021**

Executive Summary

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017.

Strategic Aims - Workforce

- We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do
- We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making
- We will lead and support staff to deliver high quality, safe care for all
- We will help staff to keep healthy, maximising wellbeing and prioritising absence management
- We will educate and equip staff with the necessary knowledge and skills to do their job
- We will be a progressive employer of choice with appropriate pay and reward strategies

In addition, the report also includes updates on other changes which may have an impact on the workforce such as legislation changes.

This paper includes updates on:

1. Inclusive Recruitment Workshop
2. Network of Networks Event
3. Inclusive (Reverse) Mentoring
4. Veteran Aware Accreditation
5. The Improvement Collaborative (TIC)
6. Investors in People
7. Mindful Employer
8. Health and Wellbeing
9. Better Health at Work Award
10. Policy Update
11. Parent and Carer Focus Groups
12. SAS Contract Reform
13. Collective Leadership and Management Development Programme
14. Apprenticeship Update
15. Staff Benefits / Vivup

In Other News

- Holiday Pay Flowers and others V East of England Ambulance Service

The Board is asked to note the content of this report.

Cumbria, Northumberland Tyne and Wear
05/20/2021 14:19:10

Strategic Aim 1

1. Inclusive Recruitment Workshop

As part of the Trust's commitment to progressing the Equality, Diversity and Inclusion (EDI) agenda, in January 2021 a group of representatives from the Staff Networks and wider Trust held a 4 day workshop to review the recruitment process and identify any barriers to recruitment (both internal and external to the Trust) and develop recommendations to reduce those barriers. The findings and recommendations were fed back to Executive Directors on 31 March 2021.

A Task and Finish group has been formed to consider and implement the suggested recommendations with a deadline of end December 2021. This work, which forms one of three EDI priorities this year, will be monitored through the Trust Equality, Diversity and Inclusion Steering Group and the impact evaluated as part of the ongoing review of metrics.

2. Networks of Networks Event

An event took place in March 2021 for Network Chairs, Executive Sponsors and other key individuals to discuss progress to date and consider the next steps for Staff Networks in the Trust. The event set out to:

- Share stories, experiences, ambitions, priorities and achievements to date and for the future
- Ensure that ambitions, priorities and plans underpin the continuous development of the organisation, including delivery of the NHS People Plan actions, Organisational Improvement Plan and Involvement and Engagement Plan and more generally our regulatory requirements, for example the NHS Workforce Race Equality Scheme
- Be clear and able to measure the value the Networks bring to staff, service users and the organisation as a whole
- Explore opportunities to combine efforts and work together for the benefit of all – “stronger together”
- Be clear on roles, responsibilities and expectations.

It was a positive event and a useful foundation for further work taking place in June.

3. Inclusive (Reverse) Mentoring

The principles around introducing Inclusive Mentoring were agreed as part of our Equality, Diversity and Inclusion Strategy and after significant research, development work and engagement, an Inclusive Mentoring pilot will be launched in June 2021.

Inclusive Mentoring supports organisations and leaders in demonstrating their commitment to their workforce and is proven to be an effective way to build genuine awareness of the barriers faced by employees and, further, evidence suggests that successful implementation of Inclusive Mentoring improves the experience and engagement of staff and is an aide to retention.

The pilot will focus on better understanding barriers faced by staff with protected characteristics and a number of Trust Board members will be mentored by members of a Trust Staff Network. The pilot will be evaluated and, if successful, rolled out more widely across the Trust.

4. Veteran Aware Accreditation

As part of its commitment to support the Armed Forces, the Trust has been successful in its application for accreditation to be named a Veteran Aware Trust in recognition of the commitment to improving NHS care for veterans, reservists, members of the armed forces and their families.

The accreditation, from the Veterans Covenant Healthcare Alliance (VCHA), acknowledges the Trust's commitment to a number of key pledges, including:

- Ensuring that the Armed Forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant
- Training relevant staff on veteran-specific culture or needs
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them
- Supporting the Armed Forces as an employer

CNTW is now one of 68 members of the VCHA and is part of a growing number of NHS Trusts gaining this accolade.

Strategic Aim 2

5. The Improvement Collaborative

Following the second launch of The Improvement Collaborative (TIC) in May, the first launch being held in November 2020 amidst the Covid pandemic, around 200 colleagues have engaged or expressed interest in becoming involved in TIC.

The Trust is already experiencing the benefit of TIC as Associates engage in work they would not normally be involved in, bringing different voices, experiences, skills and perspectives to Trust development work.

To date TIC colleagues have supported a number of improvement workstreams such as the review of recruitment processes, development of a new intranet site, development of workforce dashboards and the development, implementation and roll out of the new Collective Leadership and Management Development Programme.

Recently colleagues engaged in a BIG Staff Survey Conversation and committed to helping the Trust increase participation through promoting the value of the survey, involving staff in decisions that affect them and the job that they do and in raising the visibility of action taken in response to previous years feedback.

Following the second launch we will now work with The Centre for Public Impact, on a time limited basis, to develop communities of practice and to help ensure improvement work happens as near to delivery of patient care/service delivery as possible.

Going forward TIC will be a key contributor to the review of Trust Strategy and to our Long Term Plan and Community Mental Health Transformation work.

6. Extension of Investors in People (IIP) Accreditation to cover Cumbria

Following a recent annual review of the Trust's current IIP accreditation (which covers only the former NTW organisation), formal notification has now been received that sufficient progress has been made to extend accreditation across the full Trust. Of particular note is the view that North Cumbria region are now extremely well integrated with the rest of the Trust with specific mention of the strong degree of cultural fit between the integrated services and (the former) NTW and how this has enabled a smoother transition.

A more extensive review will take place next Autumn in line with the accreditation standard.

Strategic Aim 4

7. Mindful Employer

The Trust has once again renewed its commitment to the Mindful Employer charter which recognises employers who are positive about mental health and creating better mental health in the workplace. The charter includes the following pledges:

- To provide non-judgemental and proactive support to staff experiencing mental ill-health

- To not make assumptions about a person with a mental health condition and their ability to work
- To be positive and enabling towards all employees and applicants with a mental health condition
- To support line managers in managing mental health in the workplace
- To ensure they are fair in the recruitment of new staff in accordance with the Equality Act (2010)

8. Health and Wellbeing

Following the publication of the NHS People Plan in 2020, the roll out of wellbeing conversations will take place from May 2021. Engagement and feedback from staff from a range of disciplines across the Trust has been sought on the development of the template documents and has been key to helping shape the final version of the conversation tool. Colleagues in Communications are involved in supporting the Workforce Development Team to deliver the key message to staff on the importance of the wellbeing conversation using resources provided by NHSE/I to begin to embed them across the Trust.

Wellbeing conversations are a key element of our health and wellbeing plans to retain and support staff at work.

9. Better Health at Work Award

Following confirmation in November 2020 that the Trust had received the Maintaining Excellence Award from Better Health at Work North East, members of the Workforce Development Team attended a virtual award ceremony on 23 March 2021. The Trust has achieved and maintained 'Maintaining Excellence' standard for a number of years, which is the highest standard of the award.

This year the award noted campaigns such as Dry January and Movember, as well as longer term projects such as free yoga classes, A Weight Off Your Mind and the provision of information and support around Coronavirus.

The Trust has continued to train Health Champions and now has more than 40 staff members able to undertake the role. The Health Champions help to signpost staff to health and wellbeing information, as well as supporting and promoting the Trust's health and wellbeing calendar of events and helping the Workforce team understand the needs of staff at a local level.

10. Policy Update

To support the work across the Trust with the management of sickness absence and the staff health and wellbeing agenda, a revised and refreshed Sickness Absence Policy was implemented on 1 April 2021. The changes reflected feedback via a focus group made up of staff from various disciplines, staff networks, and Staff Side colleagues. Manager's sessions to promote the new policy and introduce the changes were led by the Locality Workforce Teams and took place via Microsoft Teams throughout April 2021 with more scheduled for May 2021.

An updated Appraisal Policy was also implemented from 1 April 2021 and introduced the concept of the Career Conversation, which is part of the Trust Talent Management Approach, as well as ensuring via the appraisal process, that staff have been offered at least one Wellbeing Conversation within the previous 12 months. Managers sessions to introduce the changes were led by CNW Training Academy and supported by the Workforce Development Team and took place via Microsoft Teams in April 2021.

11. Parent and Carer Focus Groups

In response to staff feedback, Parent and Carer Focus Groups have been established to identify how the organisation could further support staff who are parents, carers or both. Four sessions have taken place to date and the initial focus of the groups has been on flexible working. The groups are also exploring the development of an "Employee Passport" to replace the current Carers passport attached to the flexible working policy. Other areas may present themselves as the work continues and links have been made to the staff networks.

A focus group is to be arranged to look at flexible working with departmental managers to consider the challenges that they face regarding flexible working and how they deal with requests.

12. SAS Contract Reform

In January 2021 an agreement was reached which covers a three-year agreement from 1 April 2021 to 31 March 2024 for a reformed Speciality Doctor contract and a new Specialist contract. In March 2021, the British Medical Association (BMA) members voted in favour of the new contracts and it has now been approved.

The new contracts will apply to new staff to the SAS grades from 1 April 2021. Current SAS doctors employed on national terms and conditions of service will be given the option to transfer to the equivalent revised terms and conditions or remain on current terms and conditions.

Key changes:

- A reformed Speciality Doctor pay structure which moves from an 11-point scale to a 5 point scale. This will enable the SAS doctors access the top of the scale more quickly.
- Increased on call payment
- Pay progression system to be implemented from 2023
- Introduction of a Specialist Grade to provide more opportunity for experienced doctors.

The Trust is currently working through the changes providing current SAS doctors with the option of moving to the new contract.

Strategic Aim 5

13. Collective Leadership and Management Development Programme

Following months of stakeholder engagement and co-production the first programme launched on 14 May 2021.

With an emphasis on developing a “leader in every seat”, around 200 staff and service users came together to explore the world we live and work in, our ambitions, values and expectations, our personal contribution and how we can collaborate and better support one another for the good of the organisation and the people we serve (collective leadership).

Staff will move through four modules dependent on role and/or identified development needs and service users and carers will (optional) step onto the Trust Service User/Carer Leadership Development Programme.

This is a unique programme, designed by us for us and it will be a significant contributor to the continuous improvement of the organisation through the further embedding of collective leadership and our devolved model of leadership.

14. Apprenticeship Update

This quarter the Apprenticeship Team has continued to provide development opportunities, both to external and internal staff.

The Trust has publicised both the Level 2 Healthcare Support Worker Apprenticeship and the Level 3 Senior Healthcare Support Worker Apprenticeship and details of nominees who are supported by their manager have been shared with our training provider.

This supports staff to meet the entry criteria to apply for the Registered Nurse Degree Apprenticeship (RNDA). A further round of recruitment for the RNDA programme is taking place with Sunderland University later this month; we have the largest cohort of RNDA apprentices in the region.

The Trust has also held interviews via Teams with external candidates for the Customer Service apprenticeships. This included recruiting apprentices for clinical admin services in Cumbria who will form part of the first cohort of these apprentices in that region.

Strategic Aim 6

15. Staff Benefits / Vivup

The Vivup platform provides a portal that is fully customisable to enable the Trust to promote local offers and discounts as well as deliver messages and information to staff in the portal landing page. Current messages include: promotion of the NHS People Pulse, promotion of Staff Networks and updates on the Armed Forces Covenant as well as information on the Covid 19 Vaccination programme. The Workforce Development Team engage with internal colleagues and colleagues from NTW Solutions in order to fully utilise the platform to share information with staff, utilising promotional space opportunities where appropriate.

Employees will be able to access Gym Memberships from 26 April 2021 and travel and leisure discounts from 17 May 2021. The launch of these salary sacrifice schemes were originally postponed due to the Covid-19 pandemic and their availability will be linked to the roadmap set out by the Government and may be subject to change.

In other news:

Holiday Pay Flowers and others V East of England Ambulance Service

A decision of the Employment Appeal Tribunal (EAT) in *Flowers and others v East of England Ambulance Trust*. The EAT ruled that the claimants were entitled to have both non-guaranteed and voluntary overtime taken into account for the purposes of calculating their statutory and contractual holiday pay.

Pay during annual leave will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Pay is calculated on the basis of what the individual would have received had he/she been at work.'

The national discussions that have taken place now clarify how NHS employers should interpret section 13.9 of the NHS terms and conditions of service. It is now accepted that employers should include regularly worked overtime and additional standard hours in the calculation of pay when staff are on annual leave.

The Trust is in the process of making the payments.

Michelle Evans
Deputy Director of Workforce and OD

Lynne Shaw
Executive Director of Workforce & OD

May 2021

Cumbria, Northumberland Tyne and Wear
05/20/2021 14:19:10

Report to the Board of Directors
26 May 2021

Title of report	Staff Friends and Family Test Summary Quarter Four 2020/21
Report author(s)	Ross Phillips, Senior Information Analyst
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce & OD Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	12/05/21
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	26/04/21
CDT – Business	
CDT – Workforce	19/04/21
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	x
Financial/value for money		Estates and facilities	x
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness	x	Service user, Carer and Stakeholder Involvement	x

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

Key Points to Note:

- Please note the Staff Friends and Family Test questions were not requested for completion by staff during quarter one 20/21 due to COVID-19 pandemic
- This paper includes the results of the quarter four 20/21 Staff Friends and Family Test Survey administered to all staff accessing the Trust network via a CNTW Login.
- The Trust response rate this quarter was 44% which is a minimal decrease compared to quarter two 20/21 of 47%.
- There was an increase in positive responses to the question “How likely are you to recommend the organisation to friends and family as a place to work?” increasing to 76% from 74% in quarter two 20/21.
- There was an increase in positive responses to the question, “How likely are you to recommend our services to friends and family if they needed care or treatment?” increasing to 80% from 79% in quarter two 20/21.

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CNTW Staff Friends and Family Summary Report

Reporting period: Q4 20/21

Staff FFT - Responses and Uptake			
Number of surveys distributed	8 990		
Number of responses	3 999		
Trust	Response - %		↓3%
North Locality	Response - %		↑4%
North Cumbria Locality	Response %		↓6%
Central Locality	Response %		↓2%
South Locality	Response - %		↓1%
Deputy Chief Executive	Response %		↑5%
Nursing & Chief Operating Officer	Response - %		↓7%
Medical	Response - %		↓2%
Commissioning & Quality Assurance	Response - %		↓2%
Workforce & OD	Response - %		↔ 0%
Chief Executive	Response - %		↑13%
NTW Solutions	Response - %		↓1%

Feedback responses				
Number of Responses (July 2019 - March 2021)				
	Qtr2	19/20	Qtr4	20/21
North Locality	718	743	791	630
North Cumbria Locality	323	323	376	523
Central Locality	704	732	759	767
South Locality	854	888	854	894
Nursing & Chief Operating Officer	131	150	124	180
Medical	128	143	160	167
Chief Executive	14	18	16	20
Deputy Chief Executive	48	62	62	71
Commissioning & Quality Assurance	74	83	84	81
Workforce & OD	29	30	32	32
NTW Solutions	143	152	195	199

The Staff Friends and Family Test (FFT) asks respondents 'How likely are you to recommend the

Trust overall score	76%	↑ Compared to last quarter
Previous quarter	74%	
National MH Average	66%	↔ Compared to quarter 2 19/20 (Sept 19)
National Average	66%	↔ Compared to quarter 2 19/20 (Sept 19)

Note that a total of 6 Executive Directorate's received recommend scores of 76% or above in the

Staff Group Response Rate				
Staff Group Response Rate (July 2019 - March 2021)				
	19/20	19/20	20/21	20/21
	Qtr. 2	Qtr. 4	Qtr. 2	Qtr. 4
Add Prof Scientific and Technical	6.62%	6.55%	6.44%	6.60%
Additional Clinical Services	23.72%	24.38%	25.62%	25.60%
Administrative and Clerical	22.41%	21.77%	20.88%	21.00%
Allied Health Professionals	5.36%	5.47%	5.66%	5.05%
Estates and Ancillary	2.12%	2.02%	2.88%	3.00%
Medical and Dental	4.98%	4.60%	4.71%	5.10%
Nursing and Midwifery	29.29%	28.31%	26.85%	26.48%
Other	5.50%	6.90%	6.96%	7.17%

The Staff Friends and Family Test (FFT) asks respondents 'How likely are you to recommend

Trust overall score	80%	↑ Compared to last quarter
Previous quarter	79%	
National MH Average	76%	↔ Compared to quarter 2 19/20 (Sept 19)
National Average	81%	↔ Compared to quarter 2 19/20 (Sept 19)

Note that a total of 7 Executive Directorate received recommend scores of 80% or above in the

Please note the Staff FFT questions were not requested for completion by staff during Q1 20/21 due to the COVID-19 pandemic. It is also not completed during Q3 due to the Staff Survey.

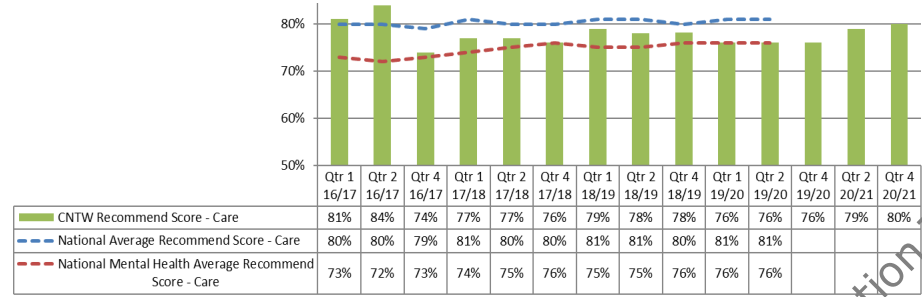
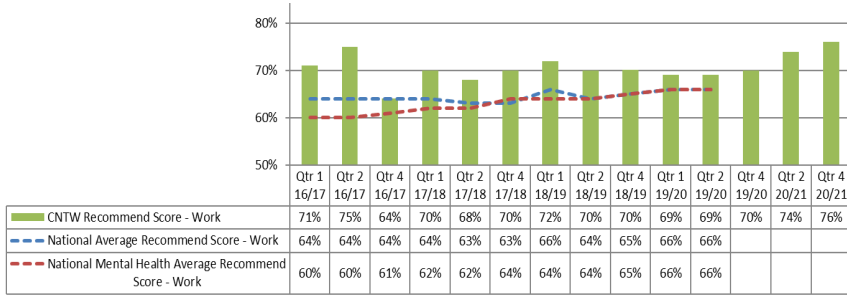
Other key points relating to response volumes this quarter include:

- North Locality (51%) received the highest response rate across clinical areas .
- North Cumbria Locality received the lowest response rate of 41% (523) across the trust.

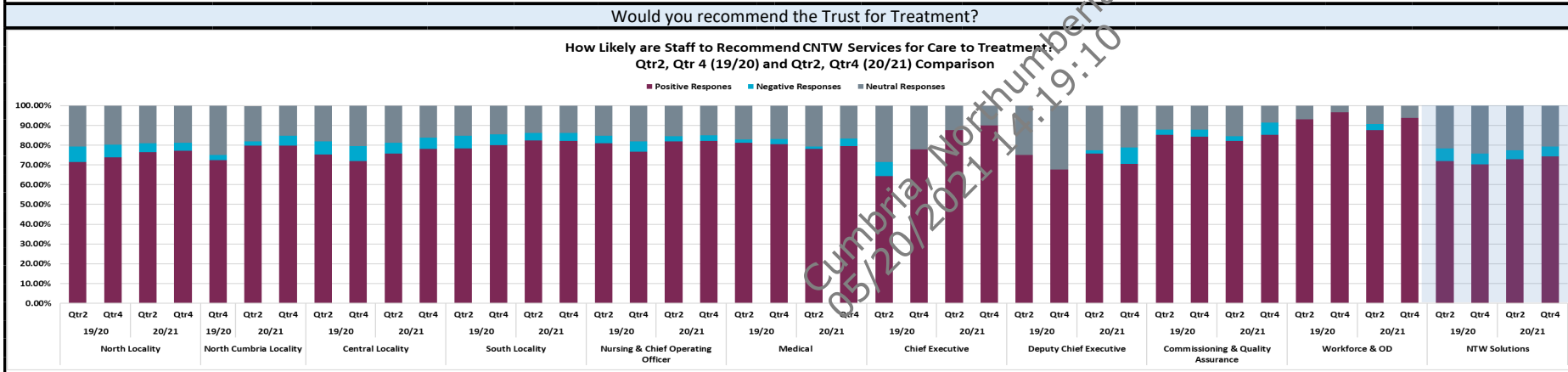
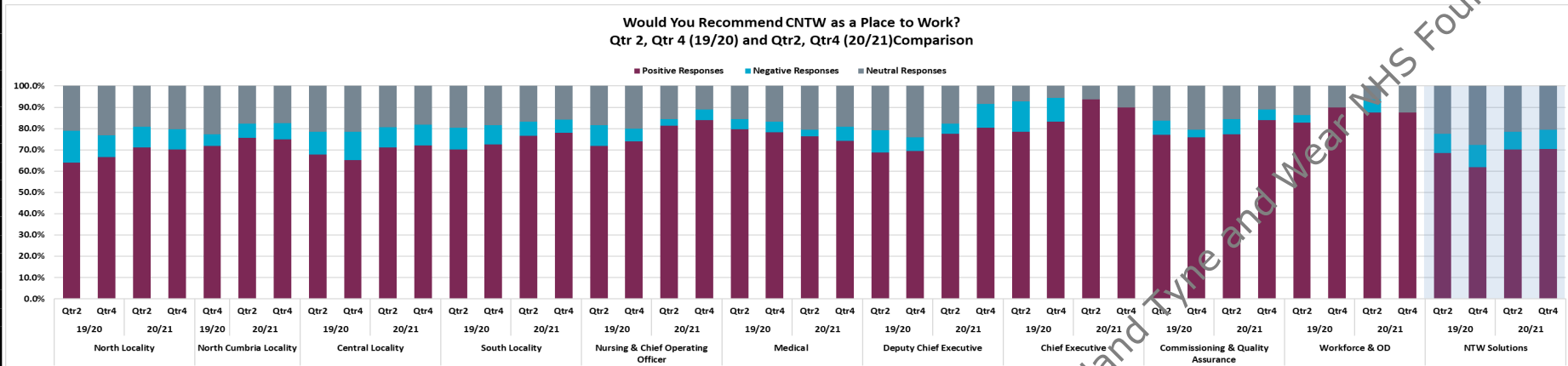
Top 4 with the highest response rates were:

- Chief Executive 83% (20)
- Workforce & OD 70% (32)
- Nursing & Chief Operating Officer 53% (180)
- Commissioning & Quality Assurance 53% (81)

Staff FFT - Analysis	
Would you recommend the Trust as a place to work?	Would you recommend the Trust for Treatment?
National Benchmarking - Staff FFT Recommend Score Place to Work	National Benchmarking - Staff FFT Recommend Score Care or Treatment
90%	90%



Please note: the Qtr 4 19/20 national data is yet to be published we believe this delay may be attributed to the COVID-19 pandemic. FET was suspended nationally in Qtr 1 20/21 but optional for Trusts. Would you recommend the Trust as a place to work?



Themed Work Comments

Work Category	Total	% of Responses
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Themed Treatment Comments

Treatment Category	Total	% of Responses
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Staff feedback - Patient Care	169	34.10%
Staff feedback - Policy and Practice	168	33.85%
Staff feedback - Wellbeing	149	30.06%
Staff Feedback - Organisation Change	10	1.99%
Grand Total	496	100.00%

Key Points:

Staff feedback - Patient Care	274	68.16%
Staff feedback - Policy and Practice	96	23.90%
Staff feedback - Wellbeing	31	7.70%
Staff Feedback - Organisation Change	1	0.24%
Grand Total	402	100.00%

Key Points:

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
05/20/2021 14:19:10

Report to the Board of Directors Wednesday 26 May 2021

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	12.05.2021
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	19.04.2021
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	<input type="checkbox"/>	Reputational
Workforce	X	Environmental
Financial/value for money	<input type="checkbox"/>	Estates and facilities
Commercial	<input type="checkbox"/>	Compliance/Regulatory
Quality, safety, experience and effectiveness	<input type="checkbox"/>	Service user, carer and stakeholder involvement

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

Raising Concerns and Whistleblowing Report
Trust Board of Directors
Wednesday 26 May 2021

1. Executive Summary

The purpose of this paper is to provide a summary of whistleblowing cases/concerns raised over the period from October 2020 to March 2021.

The paper aims to give an overview of cases reported centrally to the Workforce Team in line with the Trust's Raising Concerns Policy. Concerns raised with the Freedom to Speak Up (FTSU) Guardian are also included. Additional concerns are raised and dealt with informally at a local level by operational managers and these concerns are not logged centrally.

In Sir Robert Francis' Freedom to Speak Up review it stated that not all concerns raised become subject to formal investigation under Raising Concerns or Grievance Policies. This is an approach welcomed and adopted by the Trust.

During the period identified, 40 issues have been raised either centrally or with the FTSU Guardian. This is an increase of 4 compared to the previous period. Out of the 40 concerns raised no concern has been categorised as 'whistleblowing'.

There has been a reduction in the number of concerns linked to Covid-19 and Bullying and Harassment. However, there has been an increase in concerns raised regarding safety and policy and procedures.

2. Risks and mitigations associated with the report

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

3. Summary

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

The concerns raised have emerged from different routes both internally and externally. It is anticipated that a greater number of concerns will continue to have been raised over the same period of time and have been dealt with locally at ward/department level. In addition, concerns which have been raised through the disciplinary and grievance procedures are also not included within this report. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends.

The main themes from raising concerns during this period link to policies and procedures and safety.

The concerns linked to safety have been predominantly around staffing levels. It has been confirmed that safer staffing levels have been maintained but it is acknowledged that in some areas there has been higher use of temporary staffing which can sometimes put additional pressure on substantive staff if the temporary staff are not familiar with the service area. The

Trust has addressed concerns regarding staffing. In addition to utilising temporary staff to cover short term needs there has also been a number of recruitment campaigns to recruit to vacancies. Where safety concerns have been raised with the FTSU Guardian, staff have been encouraged to discuss with their manager and also to raise as an incident where appropriate.

A regular theme, which has seen a significant increase during this period relates to policies and procedures. These concerns are predominantly linked to the application and understanding of workforce procedures. There is no particular theme around one workforce policy, however, a number of people have sought support from the FTSU Guardian when they have been undergoing internal investigation processes. The FTSU Guardian has reviewed the process and provided reassurance that the correct process has been adhered to.

There are 12 cases which remain open for the period. Ten of those are being overseen by the FTSU Guardian. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. There are also two cases which remain open centrally whilst investigations are ongoing.

Two training sessions have been held over the past six months to develop new FTSU Champions.

The Raising Concerns Policy is being reviewed to include "Freedom to Speak Up" in general (which also emphasises the sharing of improvement ideas), to make the policy easier to understand for staff and to better signpost people to existing processes in the Trust. A full consultation will be undertaken in developing the policy.

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

Michelle Evans
Deputy Director Workforce & OD

Lynne Shaw
Executive Director Workforce & OD

15 April 2021

Cumbria, Northumberland Tyne and Wear
05/20/2021 14:19:10

Summary of Cases Logged Centrally and with FTSU Guardian October 2020 – March 2021

Type of Case	Concern	Whistleblowing
Covid 19	3	0
Values and Attitude	4	0
Policies and procedures	19	0
Safety	9	0
Bullying and Harassment	5	0
TOTAL	40	0

Concerns logged Centrally October 2020 – March 2021

Status	Date Received	Incident Summary	Concern/ Whistleblowing	Locality	Outcome
Closed	16/10/20	Policy and procedures – investigation process	Concern	South Locality - Specialist	Investigation completed and appropriate action taken
Closed	23/10/20	Policy and procedures – medication process	Concern	Central Locality - Community	Investigation undertaken and resolved locally
Closed	24/12/20	Policy and procedures and Bullying and Harassment	Concern	Corporate Services	Investigated and no case to answer
Open	25/02/21	Values and attitude	Concern	Central Locality - Community	Investigation ongoing
Open	22/2/21	Values and attitude	Concern	Corporate Services	Investigation ongoing

Cases logged with FTSU Guardian October 2020 – March 2021

Status	Date Received	Incident Summary	Locality	Outcome
Closed	06/10/20	Policy and procedure - pay	North Locality - Inpatients	Clarification sought and correct procedure has been followed
Closed	07/10/20	Attitudes and Values – manager	Central Locality - Inpatients	Signposted employee to correct Trust procedure
Closed	09/10/20	Covid 19 - lack of social distancing and incorrect use of PPE	North Cumbria Locality - Inpatients	Investigation undertaken and identified staff were employed by NCIC and not CNTW. Raised with NCIC.
Closed	12/10/20	Policy and procedure – internal investigation process	Corporate Services	Investigation found correct process has been followed
Closed	15/10/20	Bullying and Harassment - colleague	Corporate Services	Resolved through an informal mediation

Closed	21/10/20	Policy and procedure - flexible working policy	Corporate Services	Investigation found policy implemented correctly
Closed	22/10/20	Policy and procedure – change in management structure	Corporate Services	Raised with Director of service and confirmed changes will be subject to implementation review
Closed	23/10/20	Safety - staffing levels	North Cumbria Locality - Inpatients	Investigated and found safer staffing levels are maintained however recruitment is also ongoing to reduce the use of temporary staffing
Closed	26/10/20	Bullying and Harassment – race related	Corporate Services	Signposted the member of staff to use the grievance procedure.
Closed	27/10/20	Policy and procedure - patient care plan	North Cumbria Locality - Inpatients	Advised to discuss with manager and resolved through discussion with MDT
Closed	03/11/20	Policy and Procedure - access to systems	Corporate Services	Escalated and resolved so now have access to systems
Closed	05/11/20	Policy and procedure – incorrect use of staff bulletin board	Corporate services	Resolved with communications team
Closed	06/11/20	Covid 19 – Trust communications brusque	Corporate Services	Reviewed with Communications and Director of operations and deemed communication was appropriate
Closed	12/11/20	Safety – incidents and restraint	North Locality - Inpatients	Resolved at local level with manager
Closed	18/11/20	Bullying and Harassment – manager	Corporate Services	Investigated and confirmed grievance procedure has been followed
Closed	11/12/20	Covid 19 – PPE and lack of social distancing	Central Locality - Community	Resolved locally
Closed	13/12/20	Safety - incidents and restraint	North Locality - Inpatients	Resolved at a local level with manager
Closed	15/12/20	Policy and procedure – redeployment	North Locality - Inpatients	Resolved locally
Closed	21/12/20	Safety - staffing levels	North Locality - Inpatients	Investigated and confirmed safe staffing levels maintained and ongoing recruitment
Open	19/01/21	Policy and procedure – Concern raised about internal investigation	Corporate Services	Support being offered and will review when investigation concluded.
Closed	20/01/21	Values and attitudes – management practice	Unknown	Anonymous telephone call to FTSU Guardian of Northumbria Healthcare. Contact details of CNTW FTSU Guardian shared. No contact had been made into the Trust.
Closed	21/01/21	Policy and procedure - redeployment	North Locality - Inpatients	Resolved at a local level

Open	21/01/21	Policy and procedure – Absence Management	North locality - Inpatients	Investigated and appropriate action had been taken. The absence management policy has also been recently reviewed
Closed	22/01/21	Policy and procedure – nurse apprenticeship	North Cumbria - Inpatients	Resolved locally and additional support provided to the apprentice
Open	09/02/21	Safety – conduct of staff on ward	North Locality - Inpatients	Fact find being undertaken
Open	18/02/21	Safety - staff safety	North Locality - Inpatients	Fact find being undertaken
Open	08/03/21	Policy and procedure – Communications International Women’s Day was not marked on the day by the Trust	Corporate Services	Requested individual provides a list of dates to communications they think need to be considered by the Trust
Open	18/03/21	Safety – seclusion process	North Locality - Inpatients	Provided individual with new process and asked for suggestions on how it can be improved further
Open	18/03/21	Bullying and Harassment - manager	Corporate Services	Fact find being undertaken
Closed	19/03/21	Policy and Procedure - parking	North Locality - Inpatients	Provided staff with information about the parking rules and passed contact details of the parking company to individual
Open	26/03/21	Safety – staffing levels	South Locality - Community	Investigated and identified a number of vacancies have arisen which are currently in the recruitment process
Closed	26/03/21	Safety – medication	South Locality - Community	Investigation ongoing
Closed	26/03/21	Policy and Procedure - Training	Trustwide	Suggested the individual discuss the issue with their team.
Open	26/03/21	Policy and procedure – staff engagement	South Locality - Community	Suggested the individual liaise with Group directors to identify when there will be Speak Easy session
Open	28/03/21	Policy and procedure – Fair Blame paragraph in policies	Trustwide	Under investigation

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**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting on Wednesday 26 May 2021**

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	12 May 21
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	X	Estates and facilities	X
Commercial	X	Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

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Board Assurance Framework and Corporate Risk Register

Purpose

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

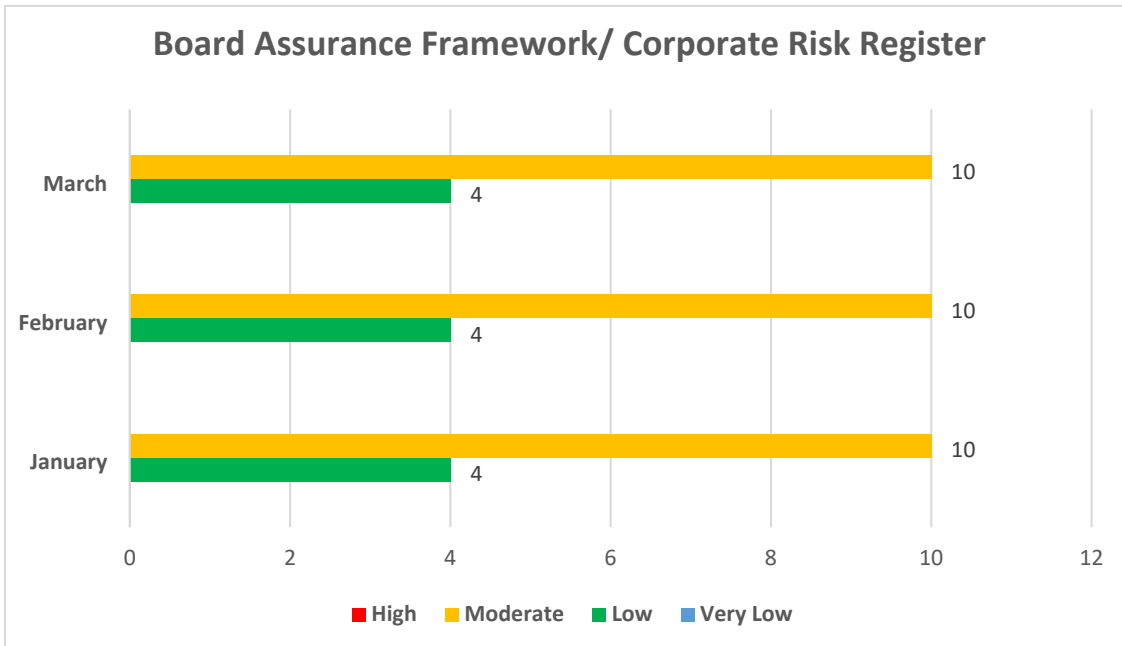
This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1**.
- A copy of the BAF/CRR is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at end of March 2021 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level..

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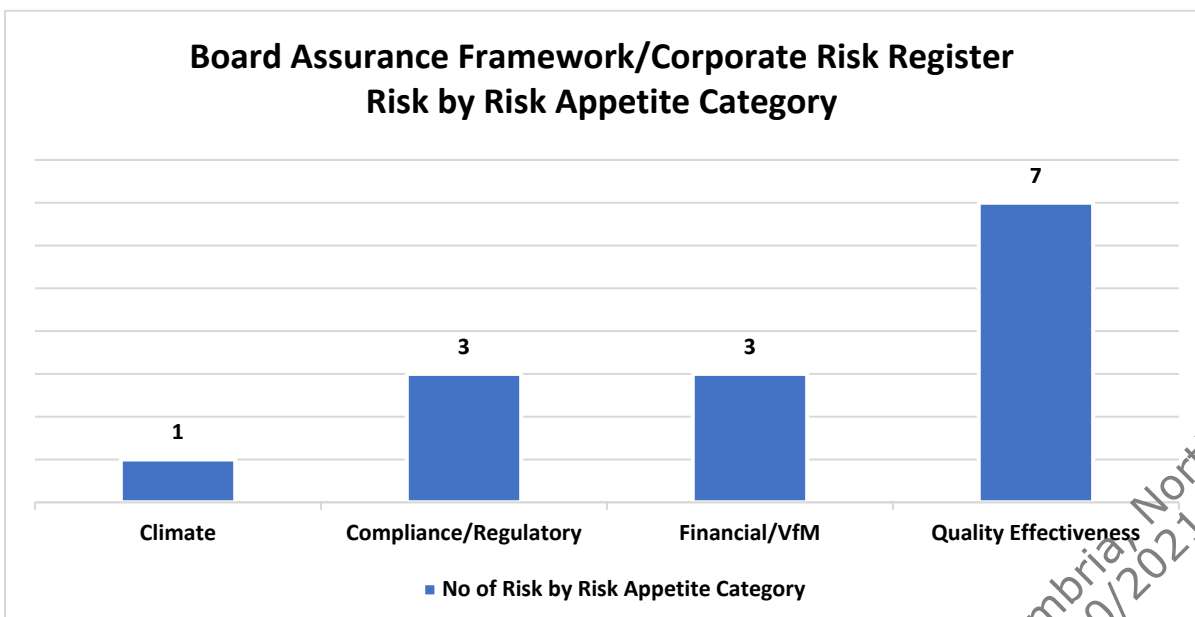
1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at end of March 2021. In quarter 4 there are 14 risks on the BAF/CRR.



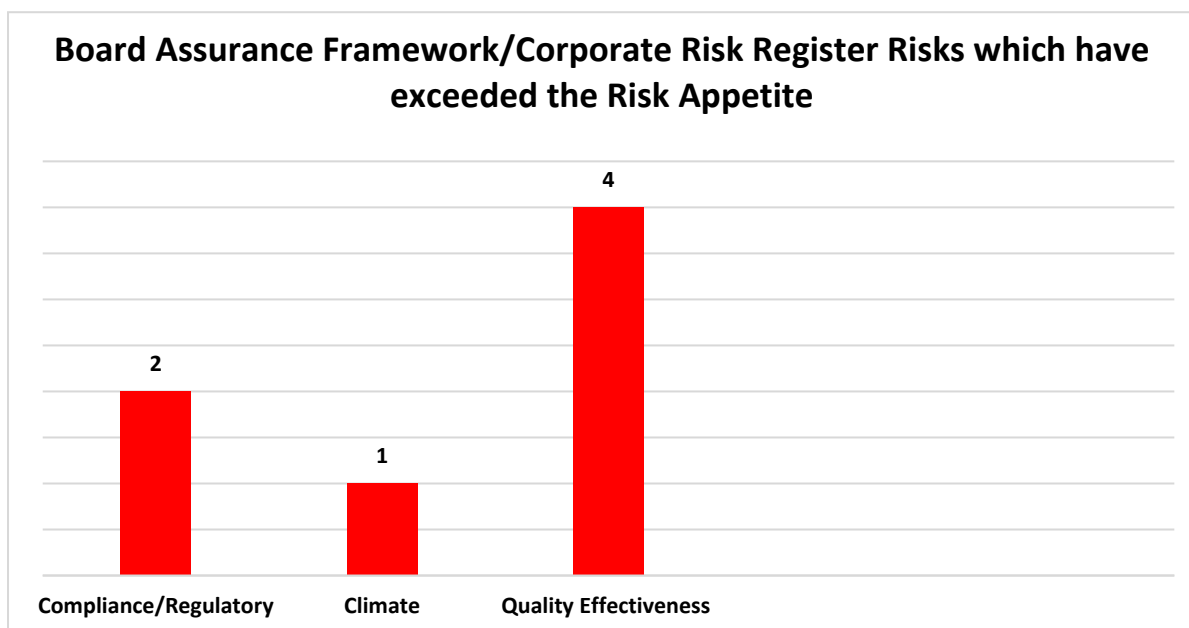
1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (7) which is defined as risks that may compromise the delivery of outcomes.



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 14 risks on the BAF/CRR and 7 risks which have exceeded a risk appetite tolerance.

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



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

Risk Reference	Risk Description	Risk Appetite	Risk Score	Executive Lead
1680v.30 SA1	If the Trust were to acquire additional geographical areas this could have a detrimental impact on CNTW as an organisation.	Compliance/ Regulatory (6-10)	3x4 = 12	Lisa Quinn
1683v.16 SA1	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Quality Effectiveness (6-10)	4x4 = 16	Gary O'Hare
1685v.19	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and Disability Services	Quality Effectiveness (6-10)	3x4 = 12	Lisa Quinn

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1691v.25 SA5	As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements.	Compliance/ Regulator (6-10)	3x4 = 12	Rajesh Nadkarni
1694v.14 SA5	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services	Quality Effectiveness (6-10)	3x4 = 12	Gary O'Hare
1836v.6 SA4	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm.	Quality Effectiveness	3x4 = 12	Gary O'Hare
1853v.4 SA4	Due to the effects of global warming there is a risk to human health and the environment caused by carbon omissions impacting on current and future generations. The delivery of the Green Plan is paramount to reduce the impact of climate change.	Climate & Ecological Sustainability	3x4 = 12	James Duncan

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1.2. Amendments to BAF

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

Risk Ref	Risk description	Amendment	Executive Lead
1680 SA1	If the Trust were to acquire additional geographical areas this could have a detrimental impact on CNTW as an organisation.	One action completed and closed	Lisa Quinn
1682 SA1	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	Risk target action date updated	Lisa Quinn
1683 SA1	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Action progress re: access and waiting times has been updated. Moved to quarterly review	Gary O'Hare
1685 SA3	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	One risk action completed and closed on 4 February 202. 2 new actions added. Risk score has changed from (I) 4 (L) 2 = 8 to (I) 4 (L) 3 = 12	Lisa Quinn
1687 SA4	Failure to deliver strategic financial and ongoing productivity improvements at a group and corporate trust level, leading to long term financial instability, reporting of losses and potential external intervention.	Risk reviewed - The Trust continues to deliver its financial objectives. The NHS has relied on top-up funding to deliver financially in 2020/21, which has included an acknowledgement that productivity savings will not be delivered through 2020/21. Financial arrangements are not known beyond Q1 2021/22	James Duncan
1688 SA5	Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements.	No changes in Q4	Lisa Quinn
1691 SA5	As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory	Action target dates have been updated. Risk action closed as completed 2 March 2021	Rajesh Nadkarni

	requirements.		
1694 SA5	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Progress within the actions and target dates have been updated	Gary O'Hare
1762 SA1	Due to restrictions in capital funding there is increasing reliance on Trust cash to deliver capital programmes, which over the medium term could lead to a risk of significant reduction in cash reserves, and reliance on short term borrowing	Action and progress within action has been updated. Risk reviewed - Risk reviewed: The Trust's financial planning incorporate the impacts of all plans on the cash balances held. The availability of capital funding across the ICS will determine the developments the Trust can progress	James Duncan
1819 SA1	Due to restrictions of capital funding nationally and lack of flexibility on PFI, failure to meet our aim to achieve first class environments in all areas of the Trust. Particular risk in North Cumbria and at Rose Lodge, which could result in risk of harm to patients	Risk has been reviewed. The availability of capital funding across the ICS will determine the developments the Trust can progress	James Duncan
1831 SA4	Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users	Action target date updated	Lisa Quinn
1836 SA4	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm.	Progress within the action. Risk moved to quarterly review	Gary O'Hare
1852 SA4	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients.	Action and progress within the action updated	Gary O'Hare
1853 SA5	Due to the effects of global warming there is a risk to human health and the environment	Risk action and control with assurance added. One risk action completed and closed	James Duncan

	<p>caused by carbon omissions impacting on current and future generations. The delivery of the Green Plan is paramount to reduce the impact of climate change.</p>		
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1.3. Risk Escalations to the BAF/CRR

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

1.4. Risks to be de-escalated

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

1.5. Current BAF and Emerging Risks

The Risk Management Lead has met with the Risk Owners and made the relevant changes to the current BAF risks following the Board Development Day in February 2021. The updated risks will be presented in the Quarter 1 2021/2022 reporting. There are new emerging risks that were discussed at the Board Development Day. The Risk Management Lead has noted that the emerging risks are to be deferred until the review of the Trust’s overarching strategic ambitions is undertaken and will report to Board once this has been completed.

1.6. Update to Risk Appetite Framework

Following the Trust Board Development Day in February 2021 the Risk Appetite Statement has been updated and the Workforce Risk Appetite Category has been removed. (Appendix 2).

1.7. Recommendation

The Trust Board are asked to:

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

Lindsay Hamberg
Risk Management Lead
27 April 2021

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Internal Audit Plan					
Review Area	2020/2021				
	Q1	Q2	Q3	Q4	BAF/CRR Ref
Governance, Risk and Performance					
Risk Management & Board Assurance Framework				*	All
Organisation Strategy					5.5 - 1692
Self Care Adherence with Policies & Procedures					
Managing Conflicts of Interest					
Information Sharing					
Business Plans					
Lone Working					
Policy & Procedure Framework					
Finance, Contracting & Capital					
NHS-Led Provider Collaborative					
Reference Costs					
Patients Monies and Belongings - North Cumbria					
Cashiering Services - North Cumbria					
Procurement					
Key Finance Systems					4.2 - 1687
Human Resources & Workforce					
Psychiatry Fellowship Programme					
Disciplinary & Grievance					
Managing Sickness Absence					
Annual Performance Appraisal					
Clinical Supervision					
Employment Checks					
Data Quality					
Performance Management & Reporting					
Delivering the Data Quality Improvement Plan					
Quality Account (testing undertaken on behalf of External Audit)				*	
IM&T Systems & Projects					
Firewall Security & Management Controls					
UK CRIS System IT General Controls					
Safeguard System IT General Controls					
Network Devices Security & Management Controls					
Patient Network Security Controls					
Data Centre Physical & Environmental Security					
OmniCell System IT General Controls Audit					
Cyber Security - Server Operational Management					
Information Governance					
DSP Toolkit				*	
Quality & Clinical Governance					
Mental Health Act - Tribunal Reports					5.2 - 1691
Mental Health Act - Renewal of Detention /CTO					5.2 - 1691
Clinical Assurance					
Infection, Prevention and Control (IPC)					
Medication Discharge Summaries & Discharge Letters					5.5 - 1692
Follow Up Audits					
Management of Medical Devices					5.5 - 1692
<p>Internal Audit Plan 20-21. As we are in unprecedented times with the Covid-19 pandemic, a decision was made by the Audit Consortium to suspend internal audit activity for quarter 1, with internal audit staff redeployed to support our members front-line services.</p> <p>Prior to re-commencing the internal audit work in quarter 2, we met with the Execs to undertake a formal review of the plan and where appropriate re-prioritise audits with the Trust, the outcome of which was the removal of the following audits:</p> <ul style="list-style-type: none"> •Organisational Strategy •Safer Care Policy Adherence •Information Sharing •Business Plans •NHS Led Provider Collaborative •Reference Costs •Disciplinary and Grievance •Annual Performance Appraisal •Sickness Absence Management 					

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Select a risk appetite category based on the impact of your identified risk

<u>Risk Appetite Statement</u>		
<p>Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners. As such, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust will not accept risks that materially provide a negative impact on quality (safety, experience and effectiveness).</p> <p>However, CNTW has a greater appetite to take considered risks in terms of their impact on organisational issues. CNTW has a greater appetite to pursue Commercial opportunities, partnerships, clinical innovation, Financial/Value for Money and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated and/or it is in the best interests of the population we serve.</p>		
Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	CNTW has a MODERATE risk appetite for Clinical Innovation that does not compromise quality of care.	12-16
Commercial	CNTW has a HIGH risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	20-25
Compliance/Regulatory	CNTW has a LOW risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	6-10
Financial/Value for money	CNTW has a MODERATE risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	12-16
Partnerships, including new system working (ICS, ICP and PLACE)	CNTW has a HIGH risk appetite for partnerships which may support and benefit the people we serve.	20-25
Reputation	CNTW has a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	12-16
Quality Effectiveness	CNTW has a LOW risk appetite for risk that may compromise the delivery of outcomes for our service users.	6-10
Quality Experience	CNTW has a LOW risk appetite for risks that may affect the experience of our service users.	6-10
Quality Safety	CNTW has a LOW risk appetite for risks that may compromise safety.	6-10
Climate and Ecological Sustainability	CNTW has a LOW risk appetite for risks that may result in the harming of the environment which could lead to harm to the health and safety of the service users, carers and staff and the population we serve	6-10



BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER 2020-2021 Quarter 4

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
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Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements. SA5 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	Risk Rating: Risk on identification (29/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 3 2	Impact 4 4 4	Score 12 12 8	Rating Moderate Moderate Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory		Breach	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of governance	● Prompts for consent to treatment to be included on the to do list on RiO - NTW 1819 58: Plan to use the at a glance board
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW1617 33 MHA section 17 - good level of assurance NTW1718 42 MHA Statutory Function - Good Level of Assurance NTW181957 Compliance review of MHA Rights - Good Level - Feb 19	● Improvement review of MHA Training: (Feb 2021 63.6%) (Oct 2020 62.9%) (Jun 2020 62.6%)
3 Decision making framework	3 Decision making framework document	● Working Task Sub Group to monitor remote assessments and support the digitalisation of the MHA - Reported and monitored by IMG and BDG - ongoing
4 Performance review/integrated performance reports	4 Reports to Board and sub committees	● Manage the implications of MM Case - Impact on the ability to discharge detained patients (managed by LD Clinical Services)
5 Mental health legislation committee	5 Minutes of mental health legislation committee	
6 Process for 135/136 legislation with external stakeholders	6 135/136 action plan complete	

Risk Report

1 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	1 MHL Group papers and updates
2 CQC MHA Reviewer session delivered at learning and development group in November 2018	2 Minutes and papers from Learning and Development Group
3 Internal Audit 18/19	3 NTW 2018/19/57 Compliance Review of MHA - Patient Rights. Good. NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial
4 Effectiveness of reporting on themes from MHA Reviewer visits	4 Mental Health Steering Group
5 Legal Guidance for MH & LD during the Corona Pandemic	5 Regular updates to the Board - Board Minutes
6 CNTW Internal Audit 19 20	6 CNTW 19 20-29 MHA - Holding Powers - Good Assurance
7 Regular review and monitoring of CQC themes raised with Groups at the Mental Health Steering Group and BDG	7 Reporting and minutes of meetings

Ref: 1691v.25

Risk Owner: Rajesh Nadkarni

Next Review Date: 31/05/2021

Review/Comments:

02/03/2021 - Sandra Ayre
 Risk has been reviewed and actions updated

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Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands. SA1.4 SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 4 4 1	Impact 4 4 4	Score 16 16 4	Rating Moderate Moderate Very Low Breach
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Operational plan reviewed by NHSI Independent review of governance - amber/green rating External audit of quality account	● Complete Access and Waiting Times Standard Group action plan - This is ongoing
2 Performance review monitoring and reporting incl compliance with standards, indicators and CQUIN.	2 Reports to CDTQ, Q&P and QRGs External audit of quality account	
3 Operational and clinical policies and procedures	3 Compliance with policies and procedures	
4 Annual quality account	4 External audit of quality account	
5 CQC compliance group	5 Minutes of meeting CQC rated outstanding	

Risk Report

1 Trust-wide access and waiting times standard group established	1 Minutes of access and waiting times meeting
2 Waiting times dashboard developed	2 Monitoring of the waiting times dashboard
3 Urgent and Emergency Care Review Group	3 Monthly updates to BDG
4 Monitoring and delivery of operational plan 18/19	4 Operational Plan Report 18/19
5 Delivery of 5-year Trust strategy 17/22 and supporting strategies	5 Trust Strategy report 17/22
6 Regular Reviews & Discussions at BDG and Q&P	6 Minutes of meetings
7 Established focused pathway review meetings (weekly) looking at Adults, Older People and Children's services with a focus on service flow and efficiency	7 Notes of meetings

Ref: 1683v.16

Risk Owner: Gary O'Hare

Next Review Date: 31/05/2021


Review/Comments:

25/02/2021 - Russell Patton
Risk has been reviewed - To be reviewed quarterly

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust 549848
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Risk Report

Risk Description: Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. SA 5 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	<table border="1"> <thead> <tr> <th>Likelihood</th> <th>Impact</th> <th>Score</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>5</td> <td>15</td> <td>Moderate</td> </tr> <tr> <td>2</td> <td>5</td> <td>10</td> <td>Low (Yellow)</td> </tr> <tr> <td>1</td> <td>5</td> <td>5</td> <td>Very Low</td> </tr> </tbody> </table>	Likelihood	Impact	Score	Rating	3	5	15	Moderate	2	5	10	Low (Yellow)	1	5	5	Very Low
	Likelihood	Impact	Score	Rating														
3	5	15	Moderate															
2	5	10	Low (Yellow)															
1	5	5	Very Low															
Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory	Within Risk Appetite																

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of Governance - amber/green rating	 Quarterly Review of compliance against standards through accountability framework
2 Trust policies and procedures	2 Compliance with policy and procedures	
3 Compliance with NICE	3 CQC MHA Visits and completed action plans NTW 1718 09 CQC Process - Substantial Assurance NTW 17/18 13 NICE Good - August 2018	
4 CQC Compliance Group and Compliance Steering Group - re-started fortnightly	4 Reports and updates to board sub committees	
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	
6 Accountability Framework - Quarterly meetings	6 Accountability Framework document	

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

1 Regulatory framework of CQC NHSI	1 NTW18-19 - 19/05 CQC Internal Audit (well-led) - Process Substantial Assurance
2 Agreement of Quality Priorities	2 Monitored via reports/updates
3 NTW Internal Audit 20-21	3 Risk Based Audit of Performance Management & Reporting

Ref: 1688v.33

Risk Owner: Lisa Quinn

Next Review Date: 05/05/2021

Review/Comments:

04/02/2021 - Lisa Quinn

Risk has been reviewed today - there is no change.

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05/20/2021 14:19:10

Risk Report

Risk Description: Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) SA5 The Trust will be the centre of excellence for Mental Health and Disability	Risk Rating: Risk on identification (06/11/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	<table border="1"> <thead> <tr> <th>Likelihood</th> <th>Impact</th> <th>Score</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>4</td> <td>16</td> <td>Moderate</td> </tr> <tr> <td>3</td> <td>4</td> <td>12</td> <td>Moderate</td> </tr> <tr> <td>2</td> <td>4</td> <td>8</td> <td>Low (Yellow)</td> </tr> </tbody> </table>	Likelihood	Impact	Score	Rating	4	4	16	Moderate	3	4	12	Moderate	2	4	8	Low (Yellow)
	Likelihood	Impact	Score	Rating														
4	4	16	Moderate															
3	4	12	Moderate															
2	4	8	Low (Yellow)															
Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness	Breach																

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Workforce strategy	1 Delivery of workforce strategy	● Executive Awareness of International recruitment through Medical Director, Trust aware for medical recruitment as a whole through medical managers
2 RPIW Medical Recruitment	2 RPIW Medical Recruitment outcomes papers	● Monitor 7 fellowship recruits still on placement - updated that they are enjoying their placements, gaining education and training experience
3 NTW International recruitment competency process	3 NTW International recruitment competency documents	● Ongoing central recruitment and apprenticeships scheme for nursing
4 OPEL Framework	4 OPEL Framework Documents	● Complete International Recruitment Campaign - Quarterly updates.
5 MDT Collegiate Leadership Team in place	5 MDT Leadership advice and support available	
6 All seven fellowship international recruits arrived into the Trust in December 2018	6 All still in post and deployed across the Trust	
7 The medical recruitment functions have been moved to the medical staffing team	7 The medical staffing team manage the medical recruitment function	
8 Medical Induction Programme	8 Delivery of medical induction programme	

Risk Report

Ref: 1694v.14

Risk Owner: Gary O'Hare

Next Review Date: 12/04/2021


Review/Comments:

12/01/2021 - Paul Stevens
Updates Provided by CT and BD

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust 549848
05/20/2021 14:19:10

Risk Report

Risk Description: Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users SA4 SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	Risk Rating: Risk on identification (01/06/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 3 1	Impact 3 3 3	Score 9 9 3	Rating Low (Yellow) Low (Yellow) Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Sign Subcontracts	1 To complete	 Review whole risk as an action in line with new sub-committee of Board for new provider collaborative
2 Clear Service Specifications	2 To complete	
3 Contract monitoring meetings	3 Minutes of Contract monitoring meetings	
4 Governance Arrangements through to Board	4 Board approved Governance arrangements	
5 Internal Audit NTW1718/22	5 Risk Based Audit of Commissioning Income Contracts and Monitoring Arrangements 16 January 2018	

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust 549848
 05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Ref: 1831v.9

Risk Owner: Lisa Quinn

Next Review Date: 01/04/2021

Review/Comments:

22/03/2021 - Lindsay Hamberg
Board reviewing BAF risks

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust #549848
05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. (SA4) SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them	Risk Rating: Risk on identification (01/06/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 3 1	Impact 4 4 4	Score 12 12 4	Rating Moderate Moderate Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness	Breach		

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Access and Waiting Times Group	1 Monitor and manage waiting times - recommend what can change - minutes of meetings	The organisation is currently developing a set of proposals that will support the implementation of the Community Mental Health Framework. This will be undertaken with key partners and stakeholders to ensure that the "Desired Future State" has buy in at a local level but also meets the needs of the organisation in terms of outcomes, standards and principles.
2 Weekly and Quarterly reporting - Accountability meetings	2 Minutes of meetings	
3 Complaints and Incidents reporting	3 Safeguarding system - reporting	
4 Working together with partner organisations	4 New Community Framework/ New approaches documents	
5 Next phase and Long Term Plan	5 Next phase and Long Term Plan Reports	

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust #549848
05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Ref: 1836v.6

Risk Owner: Gary O'Hare

Next Review Date: 25/05/2021

Review/Comments:

25/02/2021 - Russell Patton

Risk has been reviewed - moved to quarterly review

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA4) SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them	Risk Rating: Risk on identification (21/09/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 2 1	Impact 4 4 4	Score 12 8 4	Rating Moderate Low (Yellow) Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 IPC Board Assurance Framework	1 Infection Prevention and Control (IPC) Board Assurance Framework Board of Directors Meeting	● Preparing for increase of wave 3 of COVID 19
2 Gold Command	2 Operational Services	
3 Twice weekly Gold Command IMG's	3 Notes of meetings	

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Ref: 1852v.3

Risk Owner: Gary O'Hare

Next Review Date: 27/04/2021

Review/Comments:

27/01/2021 - Russell Patton

Risk has been reviewed today. Action updated to Wave 3 and progress updated within action

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust #549848
05/20/2021 14:19:10

Risk Report

Risk Description: Due to the effects of global warming there is a risk to human health and the environment caused by carbon omissions impacting on current and future generations. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA5) SA5 The Trust will be the centre of excellence for Mental Health and Disability	Risk Rating: Risk on identification (24/09/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):	<table border="1"> <thead> <tr> <th>Likelihood</th> <th>Impact</th> <th>Score</th> <th>Rating</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>4</td> <td>16</td> <td>Moderate</td> </tr> <tr> <td>3</td> <td>4</td> <td>12</td> <td>Moderate</td> </tr> <tr> <td>2</td> <td>4</td> <td>8</td> <td>Low (Yellow)</td> </tr> </tbody> </table>	Likelihood	Impact	Score	Rating	4	4	16	Moderate	3	4	12	Moderate	2	4	8	Low (Yellow)	Risk Appetite (the amount of Risk NTW will accept) Climate & Ecological Sustainability Breach
	Likelihood	Impact	Score	Rating															
4	4	16	Moderate																
3	4	12	Moderate																
2	4	8	Low (Yellow)																
<table border="1"> <thead> <tr> <th>Controls & Mitigation (what are we currently doing about the risk)</th> <th>Assurances/ Evidence (how do we know we are making an impact)</th> <th>Gaps in Controls (Further actions to achieve target risk)</th> </tr> </thead> <tbody> <tr> <td>1 Commitment of CNTW - Declared Climate Emergency</td> <td>1 Emergency Declaration Programme</td> <td>● Progressing a staff engagement programme</td> </tr> <tr> <td>2 Plan to reduce carbon omission to net zero by 2040</td> <td>2 Minutes of CDT-C</td> <td>● To establish the climate health steering group</td> </tr> <tr> <td>3 CDT-Climate meeting - bi-monthly</td> <td>3 Minutes of meetings</td> <td>● business case process are being revised the impact of decision making on community and climate issues is being included to ensure there is as much emphasis given to the climate implications as quality, workforce and financial implications.</td> </tr> <tr> <td>4 The Trust has approved a Green Plan and acknowledged the climate emergency.</td> <td>4 Green Plan report</td> <td></td> </tr> </tbody> </table>	Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)	1 Commitment of CNTW - Declared Climate Emergency	1 Emergency Declaration Programme	● Progressing a staff engagement programme	2 Plan to reduce carbon omission to net zero by 2040	2 Minutes of CDT-C	● To establish the climate health steering group	3 CDT-Climate meeting - bi-monthly	3 Minutes of meetings	● business case process are being revised the impact of decision making on community and climate issues is being included to ensure there is as much emphasis given to the climate implications as quality, workforce and financial implications.	4 The Trust has approved a Green Plan and acknowledged the climate emergency.	4 Green Plan report					
Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)																	
1 Commitment of CNTW - Declared Climate Emergency	1 Emergency Declaration Programme	● Progressing a staff engagement programme																	
2 Plan to reduce carbon omission to net zero by 2040	2 Minutes of CDT-C	● To establish the climate health steering group																	
3 CDT-Climate meeting - bi-monthly	3 Minutes of meetings	● business case process are being revised the impact of decision making on community and climate issues is being included to ensure there is as much emphasis given to the climate implications as quality, workforce and financial implications.																	
4 The Trust has approved a Green Plan and acknowledged the climate emergency.	4 Green Plan report																		

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
 05/20/2021 14:19:10 #549848

Risk Report

Ref: 1853v.4

Risk Owner: James Duncan

Next Review Date: 12/05/2021

Review/Comments:

11/02/2021 - James Duncan

Risk has been reviewed today - Control with Assurance added. Action added

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust #549848
05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
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NHS Foundation Trust

Risk Description: If the Trust were to acquire additional geographical areas this could have a detrimental impact on CNTW as an organisation. SA1.10 SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	Risk Rating: Risk on identification (09/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 4 3 2	Impact 4 4 4	Score 16 12 8	Rating Moderate Moderate Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory		Breach	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Joint Programme Board	1 Minutes of meetings	● Review CQC improvement requirements through Board on a Quarterly basis
2 Due Diligence	2 Due Diligence report	● UPDATED: Agree contract for additional CAMHS inpatient provision 2021 to 2022
3 Exec Leadership	3 Identified Exec Lead	● Agree action plan to address the concerns relating to the last focused inspection for CYPS
4 Specific Capacity Identified	4 Identified CNTW Team	
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	
6 Secured workforce to deliver services	6 Identified staff	
7 Implementation plan developed	7 Implementation planning paper	
8 Contract agreed and completed	8 Contract report- Reviewed RBAC	
9 Monthly Implementation Group Chaired by Gary O'Hare	9 Minutes and reports from meeting	
Maintain oversight for West Lane	Closed Trust Board	

Risk Report

Ref: 1680v.30

Risk Owner: Lisa Quinn

Next Review Date: 01/04/2021

Review/Comments:

22/03/2021 - Lindsay Hamberg
Board reviewing BAF risks

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust 1549848
05/20/2021 14:19:10

Risk Report

Risk Description: That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services. SA1.3 SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): Risk Appetite (the amount of Risk NTW will accept)	Likelihood 3 2 1	Impact 4 4 4	Score 12 8 4	Rating Moderate Low (Yellow) Very Low Within Risk Appetite
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Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of governance- amber/green rating.	Review whole risk as an action in line with new sub-committee of Board for new provider collaborative
2 Agreed contracts signed and framework in place for managing change	2 Contract monitoring and contract change	
3 Locality Partnership arrangements	3 Updates from Locality Partnership meetings	
4 Well Led Action Plan Complete	4 Well Led Action Plan document	
5 All CCG Contracts Agreed	5 Contract documentation	
6 Lead/ prime provider models and alliance contracts	6 Provider models and alliance contract documentation	

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Ref: 1682v.15

Risk Owner: Lisa Quinn

Next Review Date: 05/05/2021

Review/Comments:

04/02/2021 - Lisa Quinn

Risk reviewed today - action target date updated

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
05/20/2021 14:19:10

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services. SA3.2 SA3 Working with partners there will be 'no health without mental health' and services will be 'joined up'.	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 4 3 2	Impact 5 4 4	Score 20 12 8	Rating High (Red) Moderate Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness		Breach	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Executive and Group leadership embedded in each CCG/LA area to ensure MH and disability services are sustainable	1 Successfully influenced service models across a number of localities	● Establish Provider Collaborative Specialised Services
2 Leadership of ICS MH workstream	2 Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. Regular updates/monitoring of ICS via Exec/CDT/Board. Papers from MH ICS workstream	● Work with ICS on agreeing a Provider Collaborative Model for Mental Health and Learning Disabilities
3 Involvement in DTD programme for OP and acute MH services	3 Regular updates via Execs/CDT/Board	
4 Member of Gateshead care partnership	4 Regular updates via Execs/CDT/Board	
5 Member of Exec group for MCP in Sunderland	5 regular updates via Execs/CDT/Board	
6 Member of the ICS Health Strategy Group	6 Regular updates via Execs/CDT/Board	
7 Member of North and Central ICP's	7 Regular updates via Execs/CDT/Board	

Risk Report



Cumbria, Northumberland,
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NHS Foundation Trust

1 Member of Northumberland Transformation Board	1 Regular updates via Execs/CDT/Board
2 Member of the Newcastle Joint Exec Group	2 Regular updates via Execs/CDT/Board
3 Provider Collaborative arrangements approved by Trust and partner organisations	3 Newly established Provider Collaborative sub-committee of the Board to commence January 2021 PC model of assurance

Ref: 1685v.19

Risk Owner: Lisa Quinn

Next Review Date: 21/04/2021

Review/Comments:

22/03/2021 - Lindsay Hamberg
Board reviewing BAF risks

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
05/20/2021 14:19:10

Risk Report

Risk Description: Failure to deliver strategic financial and ongoing productivity improvements at a group and corporate trust level, leading to long term financial instability, reporting of losses and potential external intervention. SA4.2 SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 3 2	Impact 5 5 5	Score 15 15 10	Rating Moderate Moderate Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For Money			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	● One year plan to be approved by the Board March 2021 with long term strategy presented by october 21
2 Financial Strategy/FDP	2 Operational Plan 19/20 submitted	● Routine reporting against delivery of operational plan to be incorporated into CDT-B from June 2020. Review of resource planning underway to be completed by December and presented to cdt b in December and rabac January 21. Revised reporting to board from may 21
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure ,NTW 1718 39 Cashier	● Trust working in interim financial regime through COVID-long term implications to be assessed within long term strategy
4 Quality Goals and Quality Account	4 External audit of Quality Account	
5 Accountability Framework	5 Accountability Framework Reports	
6 Quarterly review of financial delivery	6 Quarterly review delivered at RBAC	
7 Programme agreed for capacity to care and Trust Innovations capacity expanded	7 Capacity to care programme Report to BDG and CDT-B	
8 Going Concern Report	8 Going Concern Report - Audit Committee April	

Risk Report

<p>2 NTW 18/19 Internal Audit</p>	<p>2019</p> <p>2 NTW 1819 25 Single Oversight Framework, Substantial, April 2019 NTW 1819 37 Procurement: Good, July 2019 NTW 1819 38 Compliance Review of Key Financial Systems: Good, May 2019 NTW 18/19 43 Risk based audit of charitable funds - Substantial, August 2018 NTW18/19 41 Risk based audit payroll - Substantial, November 2018 NTW18/19 40 Central arrangements managing patient monies - Substantial, February 2019</p>	
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Ref: 1687v.23

Risk Owner: James Duncan

Next Review Date: 21/04/2021

Review/Comments:

22/03/2021 - Lindsay Hamberg
 Board - Reviewing risk description

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
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Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: Due to restrictions in capital funding there is increasing reliance on Trust cash to deliver capital programmes, which over the medium term could lead to a risk of significant reduction in cash reserves, and reliance on short term borrowing (SA1) SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	Risk Rating: Risk on identification (07/11/2019):	Likelihood	Impact	Score	Rating
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	3	5	15	Moderate
	Risk Appetite (the amount of Risk NTW will accept)	1	5	5	Very Low
	Financial/Value For Money				Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Financial planning budgets	1 Reported and in minutes of CDT-B and RBAC	● Capital and estates strategy to be updated during 2021/22 alongside financial strategy. Single year plan now expected for 21/22 with longer term planning to be developed through 21/22 due to impact of covid. Updated strategy to be presented to Board October 2021 ● CEDAR FBC -bridging loan under consideration to give cash headroom.
2 Working capital management	2 Reported through and in minutes of CDT-B and RBAC	
3 Going Concerns Reporting	3 Discussed and in minutes of Audit Committee	
4 OBC approved nationally - CEDAR business case including inherent improvement to revenue position	4 Agreement of long term plan as part of CEDAR OBC - Approved by the Board (minutes)	

Risk Report

Ref: 1762v.9

Risk Owner: James Duncan

Next Review Date: 12/05/2021

Review/Comments:

11/02/2021 - James Duncan

Risk reviewed: The Trust's financial planning incorporate the impacts of all plans on the cash balances held. The availability of capital funding across the ICS will determine the developments the Trust can progress.

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Risk Report



Cumbria, Northumberland,
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NHS Foundation Trust

Risk Description: Due to restrictions of capital funding nationally and lack of flexibility on PFI, failure to meet our aim to achieve first class environments in all areas of the Trust. Particular risk in North Cumbria and at Rose Lodge, which could result in risk of harm to patients (SA1) SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	Risk Rating: Risk on identification (26/05/2020): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 5 4 2	Impact 3 4 4	Score 15 16 8	Rating Moderate Moderate Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For Money	Within Risk Appetite		

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 CEDAR Programme Board established with key partners	1 Minutes of the CEDAR Programme Board	<ul style="list-style-type: none"> ● Updated Estate Strategy as part of 5 year Trust Strategy to be presented to Board October 2021 ● Capital Strategy for Cumbria to be developed, to be incorporated into ICS strategy prioritisation for national capital funding ● Lack of national capital allocation and process to access capital funding leading to significant parts of developing capital programme having no funding source. National clarification now expected in long term capital settlement - delayed-further update on national capital position expected by December 20-long term settlement may not be made until
2 CEDAR Programme Board Delivery	2 CEDAR Documents	
3 CERA Programmes	3 CERA Documents	
4 Business Care approved for interim solutions for WAA and Newcastle/ Gateshead Building Programme in place	4 Business Case Document	
5 ICS - support nationally and funding identified	5 ICS bid document	
6 CEDAR Business Care Process in place	6 Business case cycle for Board meetings	
7 Asset sales now identified	7 Standard reporting COI B and RBAC	

Risk Report

autumn 2021

Ref: 1819v.7

Risk Owner: James Duncan

Next Review Date: 21/04/2021

Review/Comments:

22/03/2021 - Lindsay Hamberg
Board reviewing risk description

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 549848
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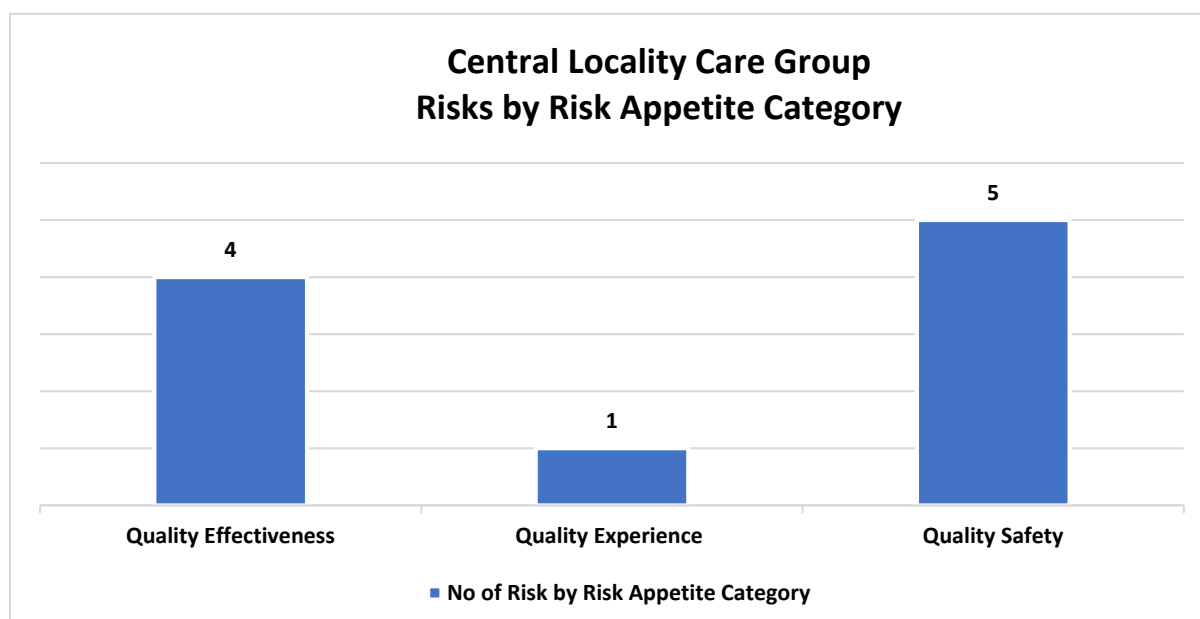
Appendix 3

Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

The below charts show a summary of the number of risks by risk appetite category held by each Locality Care Group (Group Locality Risk Register) and Executive Corporate risk registers. Safeguard Web Risk Management and Risk appetite has been fully implemented throughout the group risk registers/executive corporate risk registers and risk continue to be monitored at the CDT Risk Management Sub-Group monthly.

Clinical Groups

1.0 Central Locality Care Group



In total as at end of March 2021 Central Locality Care Group hold 10 risks, 10 risks have exceeded the risk appetite. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 7 risks on the Central Corporate Group risk register. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1038v.21	Medication information not accurately recorded at discharge and discharge summaries not issued in a timely manner. There is a potential risk of harm to service users if medication information is incorrectly communicated to GPs or the receipt of that information is delayed.	Quality Safety (6-10)	12	4	3	Karen Worton

1284v.26	Following an internal audit there is a risk around the monitoring arrangements for lone working which could result in reduced compliance and staff safety issues.	Quality Safety (6-10)	15	5	3	Karen Worton
1513v.20	Access and Waiting times within the ADHD and ASD Service. The service is commissioned as an Adult Neuro-disability service and provides an autism diagnosis service and ADHD diagnosis and treatment monitoring service across the six trust localities. Agreed service specification is not available and the baseline for expected demand at the time of commissioning is therefore unclear. Weekly activity reports are provided for both ADHD and ASD services. The weekly activity reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussions regarding capacity and demand have taken place with commissioners, however, no further investment has been confirmed to date. This poses a potential impact on service delivery and the effectiveness of treatment.	Quality Effectiveness (6-10)	15	3	5	Karen Worton
1665v.15	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Central Locality Care Group. This poses a potential impact on service delivery and the effectiveness of treatment.	Quality Effectiveness (6-10)	16	4	4	Karen Worton
1737v.10	Access and Waiting Times within CYPs Community Services - Significant work has been undertaken with regard to waiting times within this service however there remains a significant issue in regard to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.	Quality Effectiveness (6-10)	12	4	3	Karen Worton
1763v.11	Current staffing pressures within the Secure Care service currently being experienced due to each of the secure care learning disability	Quality Safety (6-10)	15	5	3	Karen Worton

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	wards having at least 1 complex patient who requires the support of additional staff resource. This poses a potential impact in the effectiveness of treatment and the safety of patients, staff and visitors					
1830v.5	Numerous incidents of environmental damage have occurred within the seclusion suites in the Secure Care CBU. The environmental damage impacts on the locking mechanism as well as the fabric of the seclusion room. There is a potential risk to patient safety if staff cannot enter the seclusion room and also a potential risk of escape and injury if staff cannot safely exit seclusion and lock the door behind them.	Quality Safety (6-10)	12	4	3	Karen Worton

1.2 Central Locality Corporate Business Units

The four CBU's within the central locality currently hold a total of 3 risks.

1.3 Community Central CBU

There are no risks for Community Central CBU.

1.4 Inpatient Central CBU

Inpatient Central CBU has 2 risks exceeding the risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1839v.10	Senior Medical workforce recruitment - Currently vacancy with no success for several months to be able to replace the retiring consultant with a substantive permanent post holder. Leaving the vacancy as such with no cover would have meant Almost certain high risk in domains of effectiveness, service user experience, safety, possible breach of standards around MH Act and training requirements for junior doctors. This was unacceptable. Currently being mitigated through cover but this opens up risks in area of staff health and	Quality Safety (6-10)	12	4	3	David Hatley

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	wellbeing and this needs to be recognised, with potential mitigations in future of international recruitment, Non Medical AC/RC development and acting up of SpRs.					
1875v.5	Due to ongoing staffing pressures within the CBU, wards are at times working below safer staffing levels. There are times where wards have been required to work with 1 qualified staff member per shift. Due to high levels of clinical activity there has also been an increase in using agency staff.	Quality Effectiveness (6-10)	12	4	3	David Hately

1.5 Secure Care Services CBU

There are no risks for Secure Care Services CBU.

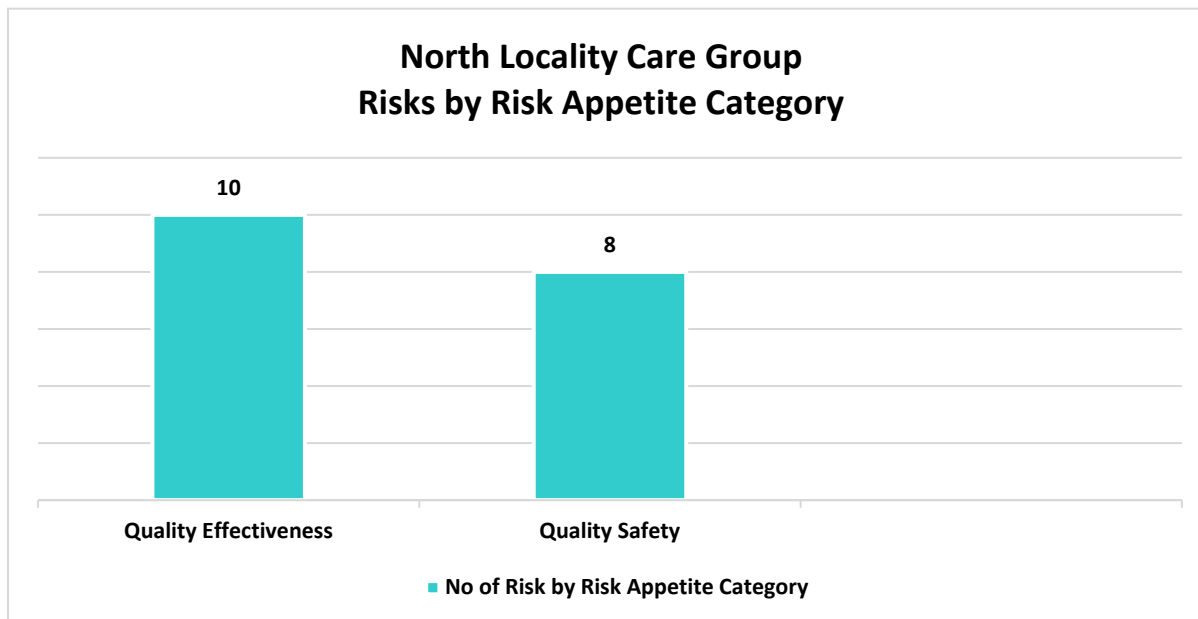
1.6 Access Central CBU

Access Central CBU currently holds 1 risk which has exceeded risk appetite and is below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1308v.8	Environmental issues identified for S136 suites SNH via CQC inspection and Royal College that are not able to be met within the current footprint and would require significant investment to meet standards. No private room for assessment, no shower facility, private space for physical examinations and no sleeping facilities. Risk impact: to patient experience whilst in the suite. Additional risk impact linked to compliance which was previously held on Executive operational risk register	Quality Experience (6-10)	12	4	3	Rachael Winter

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2.0 North Locality Care Group



North Locality Care Group as at end of March 2021 hold 18 risks, 10 risks within the risk appetite and 8 risks which have exceeded the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 4 risks on the North Corporate Group risk register. 4 risks are exceeding the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1176v.54	Significant staffing pressures due to vacancies and difficulties recruiting and retaining permanent medical, qualified nursing, SALT staff within the North Locality. January 2021 update Inpatients: Qualified Nurses (long term issue) Inpatients: Clinical Manager Cover (Short to mid term issue) Inpatients: Medical staffing reliance on Agency Consultant Psychiatrists in 2 out of 8 wards Community: Medical staffing continuing dependence on 2 Agency Locum Consultant Psychiatrists Community: Difficulty recruiting Care Co-ordinators risk of increased waiting times Operational Risk - significant impact on the continuity of care.	Quality Effectiveness (6-10)	20	4	5	Kedar Kale

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1198v.43	Sickness absence levels continue to be monitored formally through the Locality LMG.	Quality Effectiveness (6-10)	12	4	3	Vida Morris
1287v.34	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (6-10)	16	4	4	Kedar Kale
1809v.11	CCTV coverage within St Georges Park site is extremely limited, the system is over 15years old and of poor quality. The wards only have coverage at the door entry system and does not cover reception and admin areas. The lack of/poor provision makes SGP an outlier within the Trust in terms of security and compromised patient safety.	Quality Safety (6-10)	16	4	4	Pam Travers

2.1 North Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 14 risks.

2.2 Community North CBU

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

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1347v.11	Increased burden of physical health investigations for those service users who are prescribed antipsychotic medication alongside general physical health awareness monitoring across all conditions. This is required despite the lack of additional resources to deliver this. In addition, some team areas have lack of skilled practitioners to deliver the wide range of health interventions or have access to fit for purpose treatment rooms. This has a wider impact on clinical capacity in the west and north of the county. This is also an issue in North Tyneside	Quality Effectiveness (6-10)	12	3	4	Rebecca Campbell

2.3 Inpatient North CBU

Inpatient North CBU is currently holding 5 risks. 4 risks are within risk appetite and 1 risk is exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1392v.22	Patients smoking on wards and on site	Quality Safety (6-10)	12	4	3	William Kay

2.4 Access North CBU

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

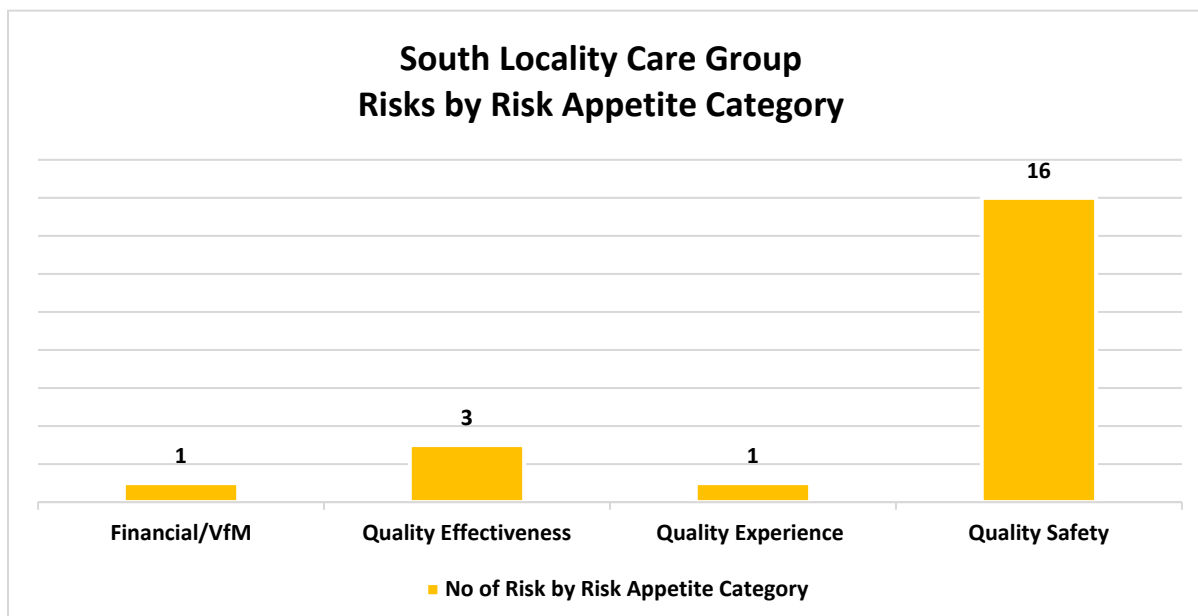
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1701v.24	Environments in both Greenacres and Sextant House are not fit for purpose and pose a number of safety concerns for both Service Users and staff. No high risk rooms or anti barricade doors. Inadequate staff attack system and CCTV. Greenacres require controlled access point to Interview rooms. Windows require strengthening.	Quality Safety (6-10)	12	4	3	Chloe Mann
1861v.3	Due to long term sickness and vacancies in the team there is an increased pressure on existing staff to meet the needs of the service. The impact of this is potential staff burnout, a potential for a delay in response times for assessment and appointments for service users.	Quality Effectiveness (6-10)	12	3	4	Chloe Mann

2.4 Learning Disabilities & Autism CBU

Learning Disabilities & Autism CBU is currently holding 4 risks – 4 risks are within risk appetite.

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3.0 South Locality Care Group



In total as at end of March 2021 the South Locality Care Group hold 21 risks, 2 risks lower than the risk appetite, 7 risks within the risk appetite and 12 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 7 risks on the South Corporate Group risk register – 1 risk within the risk appetite and 6 risks that that have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1160v.19	There are pressures on staffing due to vacancies particularly Community CBU and RGN's at Walkergate Park which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Andy Airey
1279v.19	Sickness absence levels are currently above the trust standard therefore there is a risk to the impact and quality of care that is delivered to our service users.	Quality Safety (6-10)	12	4	3	Andy Airey
1288v.26	Medication page's on RiO are not being kept up to date as per CNTW policy. Information transferred to the MHDS may not be accurate.	Quality Safety (6-10)	16	4	4	Andy Airey
1497.v20	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality	Quality Experience (6-10)	16	4	4	Andy Airey

	Group. Whilst recruitment has improved, there are ongoing pressures due to remote working during COVID and the impact of the Devon ruling regarding MHA assessments.					
1769v.8	Lack of formal commissioned pathways for inpatient detox into the Acute Trusts resulting in delays to patient care and potential deterioration in health	Quality Safety (6-10)	12	3	4	Andy Airey
1866v.3	No communication from CGL regarding their operational model, mobilisation plan or timescales. Workforce unsettled due to lack of communication from CGL and therefore, looking for other employment. The service would find it difficult to backfill posts due to the transfer (TUPE) leaving the service unsafe. Limited time to transfer patient data to new provider safely - continuity of service and safety of service users would be compromised.	Quality Safety (6-10)	15	5	3	Andy Airey

3.1 South Locality Corporate Business Units

The four CBU's within the South locality currently hold a total of 14 risks.

3.2 Community South CBU

Community South CBU is currently holding 4 risks. 2 risk within the risk appetite and 2 risks which has exceeded the risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1833v.4	Blood results not recorded in Physical Health Form in RiO from Emis. This would lead to Patient information not being updated on RiO and will mean information does not pull through electronically to a discharge letter. Non-compliant with KPI	Quality Safety (6-10)	15	3	5	Suzanne Miller
1880v.1	EIP service is under significant pressure due to vacancies / sick leave / maternity leave, which is compromising the safe delivery of patient assessments and care.	Quality Safety (6-10)	12	4	3	Suzanne Miller

3.3 Inpatient South CBU

Inpatient South CBU is currently holding 3 risks, 1 risk is below the risk appetite and 2 risks are exceeding the risk appetite. Information in relation to the breach risks are given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1388v.25	Trust sites smoke free; risks with service users secreting cigarettes and lighters, smoking in bedrooms and on site. Increase of fire risks on some wards. Related incidents of aggression when service users are asked not to smoke Service users leaving the ward more regularly to have cigarettes; at times staff encountering difficulty adhering to access, egress and engagement policy - potential risk to service users	Quality Safety (6-10)	12	3	4	Denise Pickersgill
1720v.14	Risk of increased bed pressures within the South adult pathway. (Acute and Rehabilitation) as a result of bed reductions in the Northumberland and Central Localities. Risk of an increase in admissions from other localities and over spill in to other pathways such as PICU and Older Persons.	Quality Effectiveness (6-10)	12	4	3	Denise Pickersgill

3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 6 risks, 1 risk is below the risk appetite, 3 risks are within the risk appetite and 2 risks are exceeding the risk appetite. Information in relation to breached risks are given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1660v.32	Benfield House houses several services with varying needs and at times insufficient space to provide quality experience for patients. This can impact the therapeutic alliance between patients and clinicians where there is a lack of space	Quality Safety (6-10)	12	4	3	Andrew McMinn

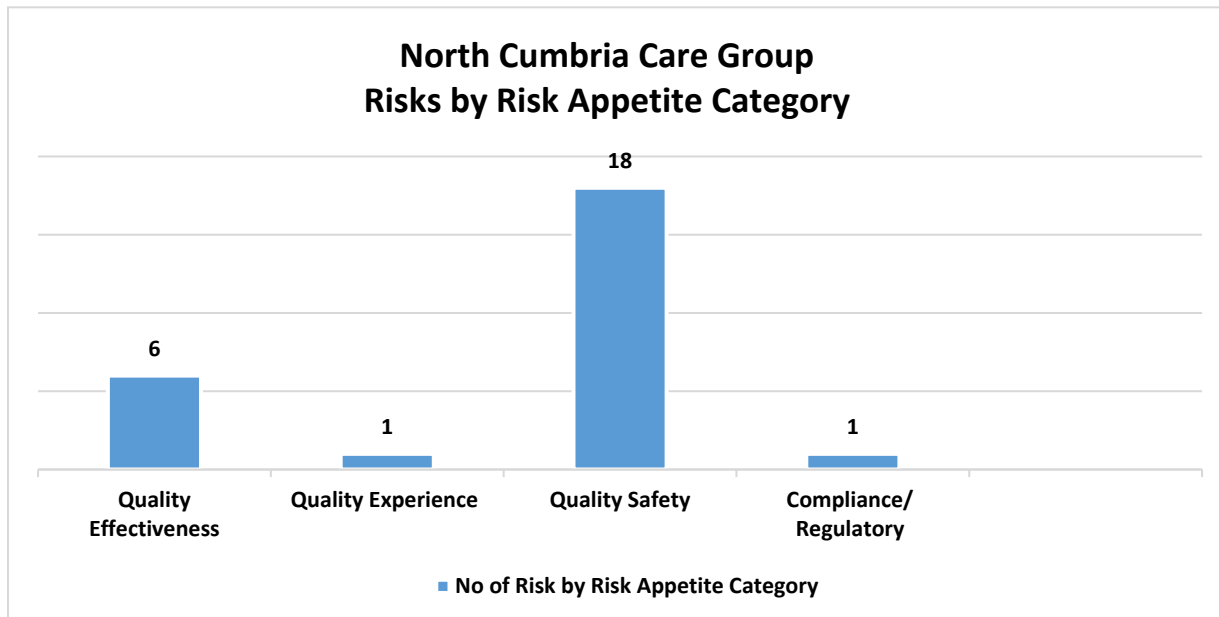
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	and privacy to engage and concentrate during therapeutic conversations. This can increase the likelihood of mistakes being made it can also change the risk signature of some patients which can directly impact on their safety.					
1822v.7	Lengthy waits increase the distress caused by Gender Dysphoria leading to potential deterioration and impacting on the patients wellbeing.	Quality Safety (6-10)	12	4	3	Andrew McMin

3.5 Access South CBU

Access South CBU is currently holding 1 risk, 1 risk is within the risk appetite

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4.0 North Cumbria Locality Care Group



In total as at end of March 2021 the North Cumbria Locality Care Group hold 26 risks, 8 risks within the risk appetite and 18 risks which have exceeded the risk appetite and one below the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the North Cumbria Corporate Group risk register. 2 risks are within the risk appetite and 4 risks that that have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1799v.12	Due to upcoming retirement and departure of several medical staff, there is a risk that there will not be a sufficient level of consultant cover across many services in North Cumbria. If not addressed services will struggle to operate at a level which is safe and/or timely in order to meet patient need.	Quality Safety (6-10)	12	4	3	Stuart Beatson
1800v.11	Because there could be staff identified as lone workers who have not yet received lone worker device training, there is a risk that staff involved in a potentially harmful incident cannot contact their colleagues for help quickly. Risk of personal harm, delayed response to an emergency.	Quality Safety (6-10)	12	4	3	David Muir

1837v.8	Whilst the Oakwood Ward is used in its current state, patient dignity is effected and it is not possible for the Trust to meet demand in relation to a CQC must do action, namely, "the provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation on both is either no longer used or a robust assessment and mitigation of risk is put in place".	Quality Experience (6-10)	12	3	4	David Muir
1859v.4	Due to difficulties in getting partner organisations to engage in undertaking COVID secure risk assessments where use of sites is shared, there is a risk that assessments undertaken by CNTW only are not comprehensive and/or understood by partner organisations. This could lead to sites being used in a way which is not COVID secure.	Quality Safety (6-10)	15	5	3	David Muir

4.1 North Cumbria Locality Corporate Business Units

The 3 CBU's within the North Cumbria locality currently hold a total of 20 risks.

4.2 Community/ Access North Cumbria CBU

Community/ Access North Cumbria CBU currently hold 10 risks, 5 risks are within the risk appetite and 5 risks are exceeding risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1789v.5	Due to an inability to recruit clinical staff and unable to deliver on the contract requirements there is a potential risk that we are unable to meet the demands of the service which may impact on individuals and family having to wait and additional pressure to staff to manage workload and services. There is also an impact on Mental Health and	Quality Safety (6-10)	12	3	4	Jean Hamilton

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	Social Care whilst awaiting diagnosis.					
1803v.1	136 suites: serious injury to staff; physical damage to 136 suite and Trust property; can restrict use of other areas of hospital; risk of harm to other patients and members of public; damage to 136 suite may result in it being unusable for a period of time; risk to other patients due to depleted staffing whilst assisting incidences in the 136 suites; Risk to Trust of possible claims and litigation also cost of repairing damaged property	Quality Safety (6-10)	15	5	3	David Storm
1876v.3	Qualified staffing levels reduced due to members of the team leaving. Only two members of the team left who are qualified to administer Methadone over 7 day service. There is a risk of service disruption. This may impact on the provision of the 7 day per week service.	Quality Safety (6-10)	16	4	4	June Begg
1881v.2	The Perinatal service was initially commissioned to receive 10 referrals per month; the service is now 49.1% above what the service was commissioned to achieve. There is a risk of causing a delay in assessment and treatment in high risk Mother's. The impact of this would be non-timely intervention and treatment.	Quality Effectiveness (6-10)	15	3	5	June Begg
1883v.1	Lack of bookable rooms in the Workington area in which to see patients on a 1:1 basis, and no rooms for group activity. There is a risk that this will cause a delay in appointments. This may impact on the timeliness of appointments and may increase risks to patient safety.	Quality Effectiveness (6-10)	16	4	4	June Begg

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4.3 Inpatient North Cumbria CBU

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

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1801v.3	There is a risk that the current qualified vacancy rate is impacting across the inpatient units. This would lead to an impact on the use of agency staff being used.	Quality Effectiveness (6-10)	12	3	4	Andrea Cox
1873v.2	Recent incidents in which a patient was able to create a ligature point from the corner of the sliding windows in the bedroom. This could have proved fatal if patient wasn't found during a period of observations. All windows are fitted to this standard on the war and operate in the same way.	Quality Safety (6-10)	20	5	4	Jayne Richardson
1877v.3	There is a risk across our inpatient services due to the number of different anti barricade systems that we have across and within Cumbria Locality Inpatient settings. This leads to a high risk for patient safety if there are potential delays to access from staff responding to incidents.	Quality Safety (6-10)	15	5	3	Hannah Lurz

4.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 7 risks – 1 risk is within the risk appetite and 6 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1612v.21	The clinical environment of Alnwood (CAMHS MSU) has been identified as being inappropriate to provide safe, effective, responsive, caring and well led services to the young people who are patients there.	Quality Safety (6-10)	12	4	3	Jill Stewart

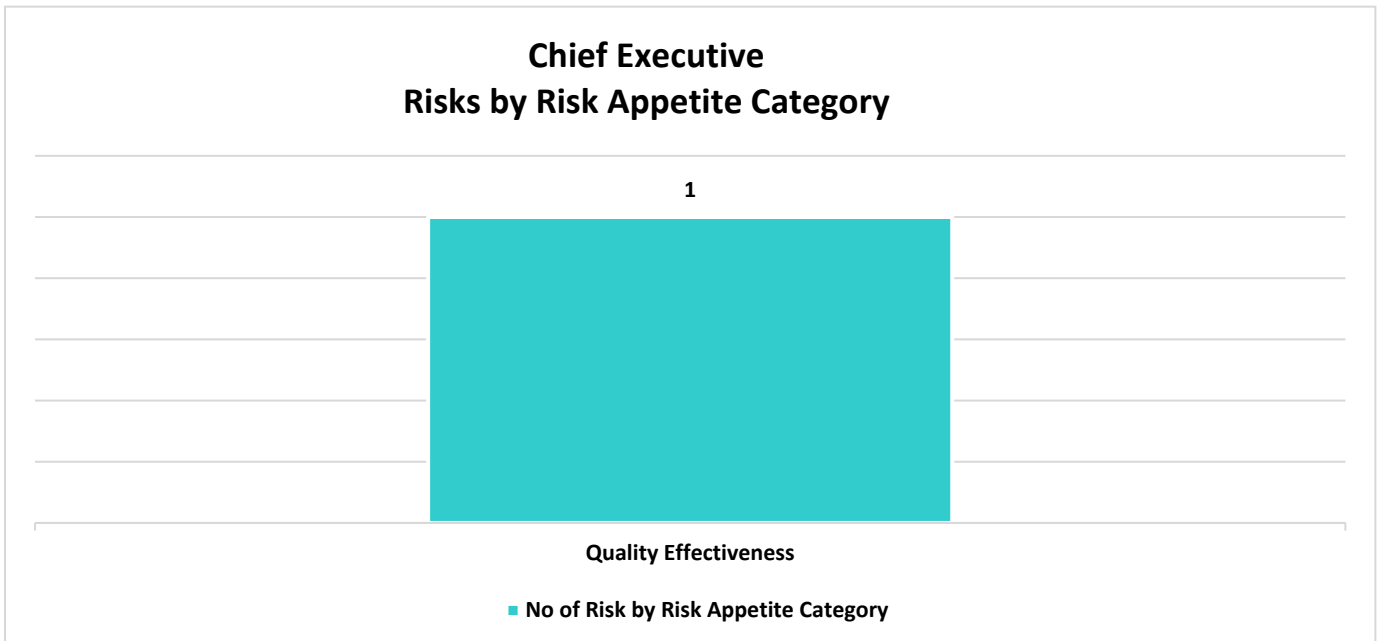
1613v.23	<p>Young people with autism (with or without an LD) who require bespoke environments when admitted to Hospital. Providing these bespoke environments has an impact on the environmental and staffing resources of teams that can negatively impact on the patient experience and the ability of the ward to facilitate future admissions.</p> <p>Environmental issues may also lead to increased levels of violence and aggression, and deliberate self harm.</p>	Quality Safety (6-10)	12	4	3	Jill Stewart
1725v.7	<p>Environment at PICU (Ferndene) is limited in terms of accessibility to therapeutic space for young people, access to seclusion facilities and appropriate staff meeting areas / clinical rooms. These limitations present a risk in our ability to admit patients, impacts on existing patient care and raises a potential risk of having to send patients out of area due to the environment.</p>	Quality Effectiveness (6-10)	12	4	3	Jill Stewart
1734v.10	<p>Reduced capacity within the NTW and TEWV footprint due to the closure of Newberry and suspension of admissions to TEWV SEDU and LSU Units. This has resulted in increased pressure to admit to the Ferndene site from NHSE. This could result in NTW young people being admitted out of the NTW area which potentially could impact on their experience, mental health and also their length of hospital stay</p>	Quality Safety (6-10)	12	4	3	Jill Stewart
1798v8	<p>Based upon reported incidents from Aycliffe Secure Centre it has transpired that there are cultural differences and opinions of LADO (Local Authority Designated Officer) referral thresholds. There is also a lack of clarity as to how Local Authority management within Aycliffe have been addressing</p>	Quality Safety (6-10)	12	4	3	Jill Stewart

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	the concerns which have been reported.					
1882v.1	Because of a number of vacancies across wards within the specialist CYPS CBU, there is a risk that staffing levels cannot be maintained to a desirable level. This could impact ward ability to continually provide a safe and effective service to patients.	Quality Safety (6-10)	12	4	3	Jill Stewart

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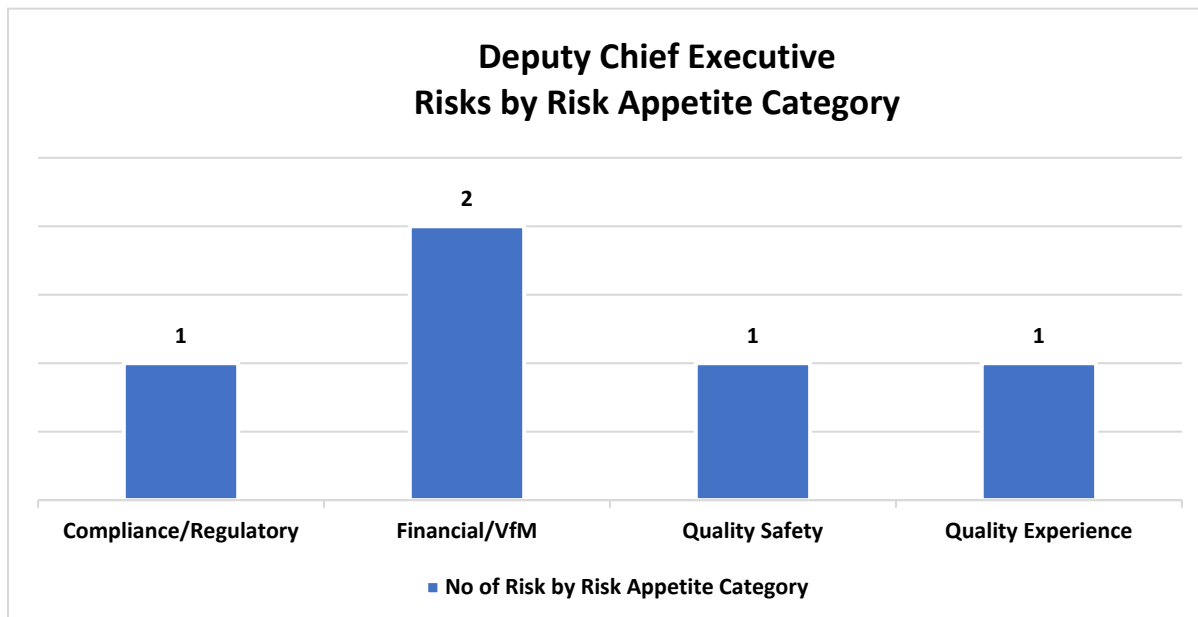
5.0 Executive Corporate



The Chief Executive as at end of March 2021 holds 1 risk. 1 risk is within the risk appetite All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.

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6.0 Deputy Chief Executive

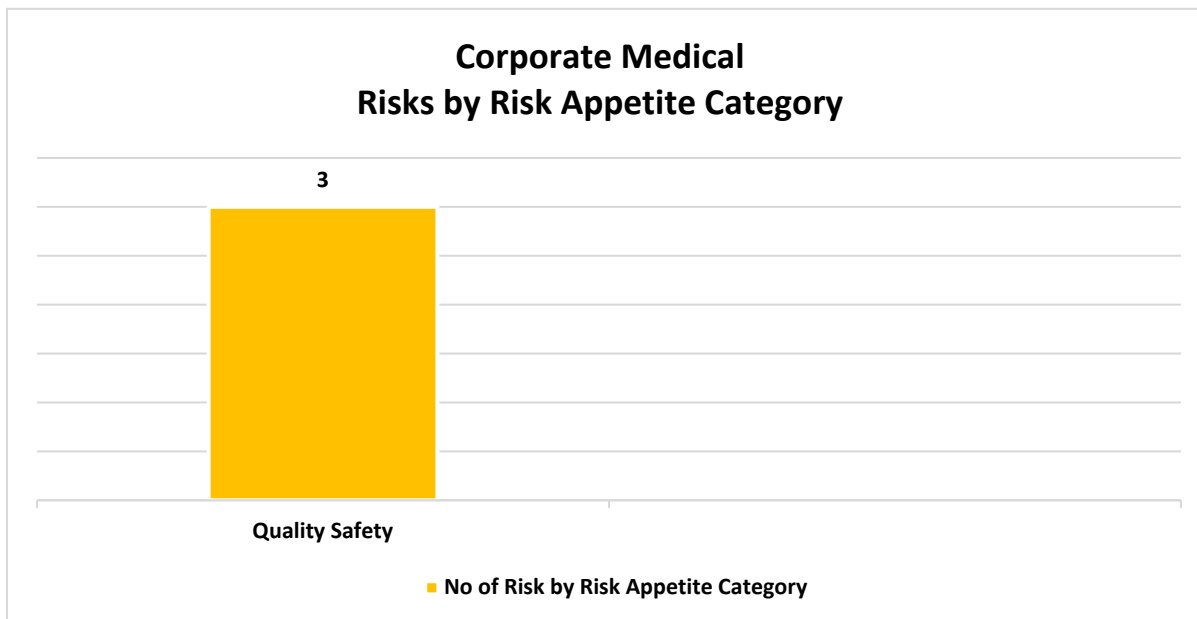


The Deputy Chief Executive as at end of March 2021 holds 5 risks, 1 risk lower than the risk appetite, 3 risks within the risk appetite and 1 risk exceeding the risk appetite. All risks are being managed within the Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1741v.1	There are a number of specialist systems within the Finance service where there are only one or two people can access or process financial information, Cost Master, TAER, and Oracle - Budgets. There is a risk that if specific staff were unavailable then there are core tasks that would not be able to be completed. That would risk delivery of the Trust's financial reporting.	Quality Experience (6-10)	12	4	3	Chris Cressey

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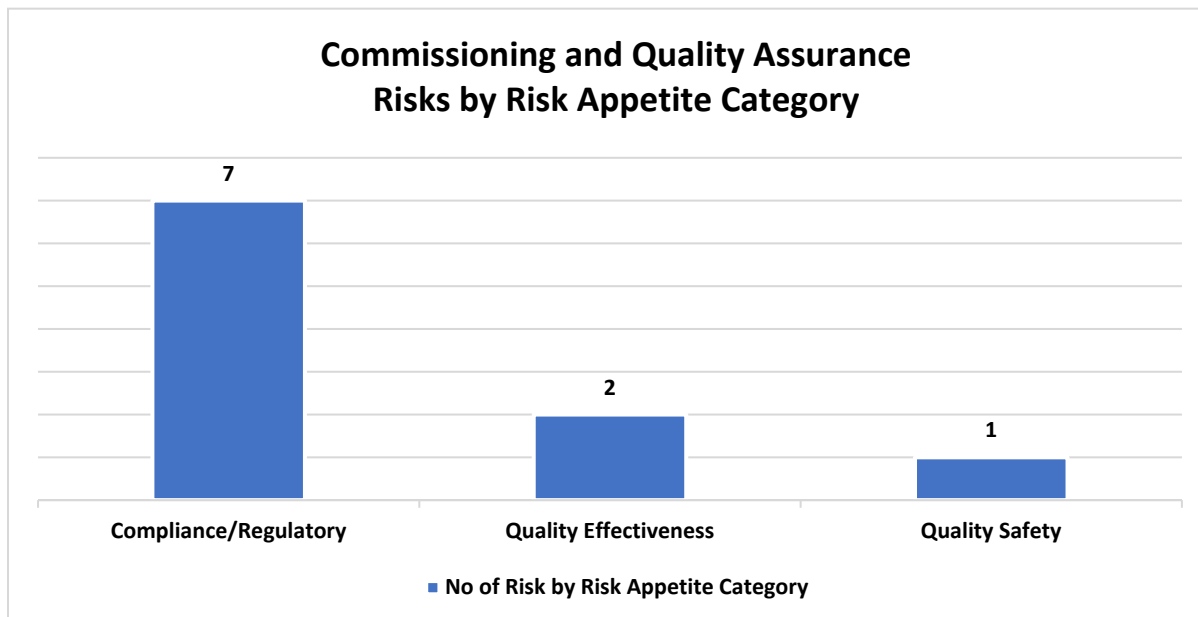
7.0 Corporate Medical



The Executive Medical Director as at end of March 2021 holds 3 risks, 3 risk are within the risk appetite. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received.

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8.0 Commissioning and Quality Assurance



The Executive Director of Commissioning and Quality Assurance as at end of March 2021 holds 10 risks, 5 risks within the risk appetite and 5 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1172 v.24	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/Regulatory (6-10)	12	4	3	Jon Gair
1576 v.13	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations. This is likely to be via data sharing methods such as unencrypted USB drives, e-mail or personal cloud storage facilities (such as dropbox, google drive, personal onedrive etc)	Compliance/Regulatory (6-10)	15	5	3	Jon Gair
1655 v.20	Subject Access Requests: There is a risk of non-compliance with the reduced time frame (1 month). In the absence of electronic systems, the task is labour	Compliance/Regulatory (6-10)	12	3	4	Angela Fail

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	intensive and wholly reliant on human resource. Therefore, increasing the risk of not meeting the legislation timeframe and error during the process which in turn breaches confidentiality or serious harm.					
1719 v.13	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server and SQL database, currently running Sharepoint service for Informatics staff.	Compliance/ Regulatory (6-10)	12	4	3	Jon Gair
1755v.11	The Trust has agreed to continue using the Galatean Risk and Safety Technology (GRIST) clinical risk assessment tool across the North Cumbria services as part of the RiO and IAPTus clinical record. This system was originally procured via Cumbria Partnerships a number of years ago and the following risks have been identified on assessment by CNTW informatics staff :-- No formal contractual arrangement is in place with the supplier so no service level agreement availability which could impact on accessibility to the system. Cont.. on Web Risk	Compliance/ Regulatory (6-10)	16	4	4	Jon Gair

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9.0 Workforce and Organisational Development

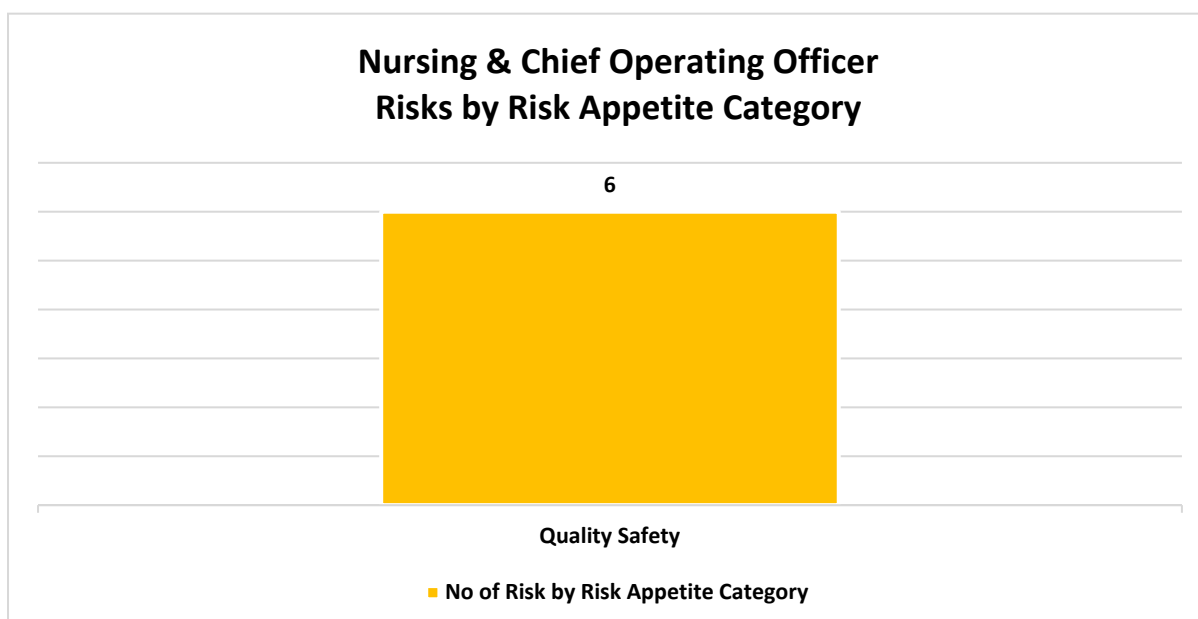


The Executive Director of Workforce and Organisational Development as at end of March 2021 holds 3 risks. There are 2 risks that are within the risk appetite and 1 risk exceeding the risk appetite. No risks to escalate to the BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1715v.9	Sickness absence continues to remain above trust target of 5%. Reduced staff available resulting in increased use of temporary staff having both impact on quality of consistency in care and financial impact	Quality Experience (6-10)	12	3	4	Michelle Evans

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10.0 Nursing & Chief Operating Officer



The Nursing & Chief Operating Officer as at end of March 2021 holds 6 risks. 2 risks are within the risk appetite and 4 risks which exceed the risk appetite. All risks are being managed within Nursing & Chief Operating Officer Directorate and there have been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1220v.24	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Gary O'Hare
1611v.20	It is important to identify patients who have a swallowing difficulty and the risk it poses. Patients who have a swallowing risk require appropriate assessment and for staff to recognise the potential risk off dysphagia therefore accessing and referring to the SALT team. The impact of this risk is on patient safety.	Quality Safety (6-10)	15	5	3	Gary O'Hare
1758v.11	Due to several incidents occurring whereby, patients have been able to remove light	Quality Safety (6-10)	15	5	3	Russell Patton

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	fittings and gain access to a wire in the seclusion room and in a number of ward areas a ligature risk has been identified. The potential risk could result in serious harm to the patient					
1821 v.7	Due to several incidents occurring whereby, patients have been able to insert knotted items into plug holes in sinks, fill with water causing the knot to swell and anchor into position, a ligature risk has been identified. The potential risk could result in serious harm to the patient	Quality Safety (6-10)	15	5	3	Russell Patton

12. Emerging Risks

There are no new emerging risks in the Locality Care Groups and Executive Corporate risk registers that are not mentioned in the report.

Lindsay Hamberg
Risk Management Lead
27 April 2021

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**Report to the Board of Directors
26th May 2021**

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

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

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

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

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		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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**Quarterly Report – Oversight of Information Submitted to External Regulators
26th May 2021**

1. Purpose

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 4 2020-21

2. Background

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 4 of 2020-21 as segment 1 – maximum autonomy.

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

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19	Q1 & Q2 19-20	Q3 & Q4 19-20	Q1 – Q4 20-21
Single Oversight Framework Segment	n/a	2	1	1	1	1	1
Use of Resources Rating	n/a	2	1	3	3	2	*2
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a	n/a	n/a	n/a

*Please note the Quarter 1 - 4 2020/21 Use of Resources Rating is related to Quarter 4 2019/20 due to suspension of this rating during COVID-19.

3. Key Financial Targets & Issues

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

Key Financial Targets	Year to Date		
	Plan	Actual	Variance/ Rating
Risk Rating	n/a	n/a	n/a
I&E Surplus/(Deficit)	(£2.2m)	£0.0m	(£2.2m)
FDP - Efficiency Target	n/a	n/a	n/a
Agency Ceiling / Agency Spend	n/a	£15.8m	n/a
Cash	£33.8m	£62.1m	£28.3m
Capital Spend	£25.0m	£19.0m	(£6.0m)
Asset Sales	£0.0m	£0.0m	£0.0m

4. Risk Rating

The interim financial arrangements put in place during COVID-19 have resulted in the suspension of the Use of Resources rating including the requirement for a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position.

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5. Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 4 2020-21. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	M10	M11	M12
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	4,760	4,833	4,879
Total non-medical - non-clinical substantive staff	1,899	1,921	1,934
Total medical and dental substantive staff	396	409	400
Total WTE substantive staff	7,055	7,164	7,213
Bank staff	313	391	376
Agency staff (including, agency and contract)	313	389	341
Total WTE all staff	7,681	7,944	7,930

6. Agency Information

The Trust must report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff. However, the reporting of the top 10 highest paid and longest serving agency staff is suspended as part of the COVID-19 interim arrangements.

The table below shows the number of above price cap shifts reported during Quarter 4 2020-21.

Staff Group	January	February	March
	4/1 – 31/1	1/2 – 22/2	1/3 – 4/4
Medical	173	152	155
Nursing	800	755	1,282
TOTAL	973	907	1,437

At the end of March, the Trust was paying 7 medical staff above price caps (3 consultants, 2 associate specialists and 2 junior doctors). Two of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement. The weekly average of shifts reported over the cap for March was 31 medical shifts, 181 qualified nursing shifts and 75 nursing support shifts.

7. Governance

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

7.1 Board of Directors and Council of Governor Changes Q4 2020-2021

Board of Directors:

No change

Council of Governors:

No change

Outgoing Governors:

Present vacancies

Nil

Carer Governor (Neuro-disability Services)

7.2 Never Events

There were no never events reported in Quarter 4 2020 - 2021 as per the DH guidance document.

8. Other items for Consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly

- Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

**Allan Fairlamb, Head of Commissioning & Quality Assurance &
Dave Rycroft, Deputy Director of Finance & Business Development
April 2021**

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**Report to Board of Directors
26th May 2021**

Title of report	Update on CQC Must Do Action Plans (Quarter 4)
Report author(s)	Vicky Grieves, CQC Compliance Officer
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	12/05/2021
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	10/05/2021
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	X	Estates and facilities	X
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness	X	Service user, carer and stakeholder involvement	X

Board Assurance Framework/Corporate Risk Register risks this paper relates to
SA5: The Trust will be the centre of excellence for mental health and disability. Risk 1688 Due to the compliance standards set from NHSI, CQC and legislation there is a risk that we do not meet and maintain standards which could compromise the Trust’s statutory duties and regulatory requirements. Risk 1691: As a result of not meeting statutory and legal requirements regarding mental health legislation this may compromise the Trust’s compliance with statutory duties and regulatory requirements.

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Update on CQC Must Do Action Plans

Board of Directors

26th May 2021

1. Executive Summary

This report provides an update on the 35 remaining areas of improvement (Must Do action plans) which were received following inspections undertaken during 2015, 2017, 2018, 2019 and 2020. Between August and January 2021 the Board of Directors agreed to close 12 of the 46 areas of improvement identified from these inspections.

At the Board of Directors meeting in February the Board approved the formal action plan following the focused inspection of child and adolescent mental health wards.

Action plans specific to the North Cumbria Locality and those relating to the 2020 focused inspections (wards for people with learning disabilities or autism and child and adolescent mental health wards) continue to be monitored through the Locality Care Groups and Trust governance structures.

The report seeks approval from the Board of Directors that there is sufficient evidence and assurance to close one action plan listed as **appendix 1** relating to community premises and maintenance of medical equipment within the North Cumbria Locality.

The action plans that were due to be completed by 31 December 2020 have been extended by the Board to 30 June 2021. Through this quarterly update the Board are asked to extend further those must do action plans that relate to quality and training standards to ensure alignment with the trajectories presented to the Board at its May meeting. Work continues to address each of the remaining action plans and the key pieces of work identified in the Quarter 4 update (**appendix 2**) will help to mitigate against the risks which have been raised.

Quarterly updates on all action plans will continue to be reported to the Executive Directors, Corporate Decisions Team – Quality Sub Group, Quality and Performance Committee and Board of Directors.

2. Risks and mitigations associated with the report

The Care Quality Commission has raised all of the issues within this report as areas of concern and as such are potential risks to the Trust in relation to safe care and treatment of those who use our services and those who work for the organisation. There is a risk of non-compliance with regulatory and legal

requirements and potential risk to trust reputation should we fail to achieve completion and implementation of the action plans included within this report.

3. Recommendation

The Trust are required to provide regular updates to the Care Quality Commission on progress against each of these actions and as such it is necessary for the Trust Board to have oversight of progress and be assured that these concerns are being addressed.

The Board are asked to:

- Approve the closure of the action plan listed in appendix 1 recognising the Trust will continue to monitor the impact of previous actions through appendix 2.
- Note the Quarter 4 updates on all 46 CQC must do action plans (including impact changes for those closed) listed within appendix 2.
- Approve the date extension for must dos associated with quality and training standards.

Author:

Vicky Grieves, CQC Compliance Officer

Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

14 May 2021

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Regulated activity(ies)	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 - Premises and Equipment How the regulation was not being met: The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>Undertake a review of premises across North Cumbria Locality.</p> <p>Community services were expected to move into Lillyhall by October 2020. This move was delayed for a number of reasons which related to the physical condition of the building and this work was undertaken by the landlord prior to occupation.</p> <p>Receive assurances in relation to maintenance of medical equipment.</p>	
Who is responsible for the action?	Paul McCabe, Director of Estates and Facilities Claire Thomas, Associate Director – Safer Care
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Fit for purpose premises any residual issues are appraised and risk assessed.	
Who is responsible?	David Muir, Group Nurse Director
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	30 th April 2021
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
Risk to staff and patients.	
Recommendation	
<p>Complete. Brookside and Park Lane refurbishment work has been carried out along with the creation of a patient toilet at Portland Square. Additional space identified at Lillyhall to relieve overcrowding at Whitehaven. Lillyhall has now been occupied.</p> <p>Undertaking the maintenance of medical devices to ensure correct operation across North Cumbria Community and Inpatient services, is performed under a SLA with North Cumbria Integrated Care and University Hospitals Morecambe Bay. This SLA includes dinamaps, ECG machines, suction units, defibrillators, thermometers and INR machines. Other types of equipment such as scales, treatment couches, patient lifting equipment, hospital beds, drug fridges have separate contracts also managed through the Cumbrian Estates department for their 6 monthly or annual maintenance checks depending on the manufacturers guidance. A recent report provided to CNTW via the Clinical Lead for PPE/Medical Devices within Safer Care includes assurances of checks being undertaken at Portland Square the main Community site in Carlisle.</p>	

Must Do Theme: (1) Personalisation of care plans	Lead: Vida Morris, Group Nurse Director
Planned timescale for closure: 31 March 2022	
Community LD Year: 2015 Org: CPFT	The trust must ensure that care plans are person-centred, holistic and presented in a way that meets the communication needs of people using services that follows best practice and guidance.
Community OP Year: 2017 Org: CPFT	The trust must ensure that all patients have comprehensive and up to date care plans and risk assessments. Care plans and risk assessments must be regularly reviewed, and information must be used to inform each document.
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that care planning takes place with young people and is recorded in an accessible format that young people can understand. Care plans must be shared with young people and their carers where appropriate.
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that care plans contain the relevant supporting information, reflective of current need, regularly updated and that staff are aware of these and follow plans accordingly.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
<ul style="list-style-type: none"> • Roll out of visual materials i.e. posters and booklet. • Completion of training materials to roll out. The first phase has been completed and a framework for the package agreed. Clinicians have been invited to contribute to this and intent to develop a standardised package which will then have standardised pathway specific adaptations as well as adding in interactive features including videos, role play and practice examples. • Audit to be undertaken. 	
The above actions have rolled over to Quarter 1.	
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):	
<ul style="list-style-type: none"> • Roll out of visual materials i.e. posters and booklet – expected completion end of May 2021. • Completion of training materials to roll out – expected completion end of June 2021. • Audit to be revisited pre and post new training materials to demonstrate any changes in practice. 	
Evidence of Impact:	
The metric for the number of current service users who have discussed their care plan has improved during Quarter 4:	
<ul style="list-style-type: none"> • North Cumbria Locality – 80% (December), 82% (March) • North Locality – 94% (December), 93% (March) • Central Locality – 92% (December), 92% (March) • South Locality – 89% (December), 89% (March) 	
Care planning was identified as an issue in 2 of the 12 wards visited by MHA Reviewers during Quarter 4.	
Status:	
Ongoing further action required to make improvements.	

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Must Do Theme: (2) Blanket restrictions		Lead: Karen Worton, Group Nurse Director
Planned timescale for closure: 30 June 2021		
Adult Acute wards Year: 2018 Org: NTW	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.	
Adult Acute wards Year: 2019 Org: CPFT	The trust must ensure that blanket restrictions are all reviewed and individually risk assessed.	
Actions taken at core service level during Quarter 4 20/21 (January, February & March):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
<ul style="list-style-type: none"> • Policy ratification communicated via Trust Policy Bulletin. • A sample audit of restrictions with reason care plans was completed for Secure Care Learning Disabilities Services. Where in place there was evidence of personalisation with no blanket restrictions. 		
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):		
<ul style="list-style-type: none"> • Blanket Restriction risk registers to be held on Safer Care Intranet page. • Reintroduction of peer review process (maintaining IPC standards) when COVID-19 restrictions allow increased footfall across wards. 		
Evidence of Impact:		
Blanket restrictions were identified in 3 of the 12 wards visited by MHA Reviewers during Quarter 4. Examples of the type of blanket restrictions were: <ul style="list-style-type: none"> • Issues with search policy • Lack of facilities to communicate with family members • Use of plastic cutlery • Remote control for the television only being available to staff 		
Status:		
Ongoing further action required to make improvements.		

Must Do Theme: (3) Restrictive practices, seclusion and long term segregation		Lead: Ron Weddle, Deputy Director – Positive and Safe
Planned timescale for closure: 30 June 2021		
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff complete body maps and carry out and record physical observations following the use of restraint and ensure that there is a rationale recorded for any 'as required' medication being administered following the use of restraint.	
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that the patients in long term segregation and seclusion have the appropriate safeguards in place in accordance with the Mental Health Act Code of Practice and these are documented clearly in patients' records	
LD & Autism wards Year: 2020 Org: CNTW	The trust must review and reduce the use of mechanical restraint within their learning disability services and ensure that its use is in line with best practice guidance and the appropriate authorisation and recording is in place	
Planned timescale for closure: 31 December 2021		
CAMHS wards Year: 2020 Org: CNTW	The Trust must review the use of restraint and mechanical restraint in the Children and Young People's Inpatient Services. The use of mechanical restraint should be used as a last resort in line with	

	Department of Health Positive and Proactive Care. There should be a clear debrief process for the team after an incident and for the person who has been restrained.
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
LD and Autism wards 2019	<ul style="list-style-type: none"> • North Cumbria Locality completed an audit in February 2021 measuring against <i>'Restraint reduction policy - a policy to meet the requirement of Seni's law'</i>. A total of 144 restraint incidents were reviewed over the past year to investigate if there was a corresponding entry on RiO which detailed the body map. The body map must detail the holds and any markings or injuries. Recommendations from audit include: <ul style="list-style-type: none"> – All staff reminded of the current policy – All wards to ensure the correct version of the body map is used to ensure consistency of information detailed – Further work to be completed to identify if the body map could be available as part of RiO rather than ward staff having to upload a separate document – A smaller monthly audit to be implemented on selected cases to monitor change with a further full audit to be repeated in 3 months • Audit to be repeated during Quarter 1. • Consider during Quarter 1 whether audit should be carried out Trust-wide.
LD and Autism wards 2020	<ul style="list-style-type: none"> • 7 cases were reviewed during August – November 2020 by a panel of clinicians and subject matter experts chaired by Medical Director. The panel made recommendations to enhance the quality of care including termination of restrictive conditions such as LTS or seclusion where appropriate. The results of these reviews were feedback in a meeting with the CQC. • Trust-wide recommendations were made in relation to specific core training such as human rights, trauma based care and HOPES model. • Recommendations were also made for oversight and governance in relation to the management of these cases. These recommendations will now be delivered to a newly established programme Board which will be jointly chaired by the Medical Director and Chief Nurse. • In March 2021 the Trust established a Long Term Segregation and Prolonged Seclusion Review Panel. The panel has oversight of all episodes of LTS and Prolonged Seclusion in the Trust and the review process will provide support to clinical teams, service users, families and carers and assurance to the Trust Board. The panel will also escalate cases where required with the newly established Clinical Ethical Group of the Trust. • Develop a training programme that is sustainable and scalable. CNTW Training Academy will be liaising with Mersey Care NHS Foundation Trust to develop a “train the trainer” programme that will enable us to progress the understanding and implementation of this model to a broader cohort of clinical staff. A clear expectation being that we will develop metrics and patient outcomes that can demonstrate positive progress over time. • Efforts have been made to reduce levels of MRE use within the Trust. This has included changes in policy to ensure the use of

	<p>MRE is never unplanned and authorisation of any planned use is from a Director.</p> <ul style="list-style-type: none"> • There has been a specific focus on supporting wards to implement safer ways of engaging in tertiary interventions when episodes of violence and aggression or self-harm make this this level of intervention proportionate to ensure the safety of the patient or others. • Progress update on the Out of Sight, Who Cares? Report was considered at the February QRG by our commissioners and continues to be monitored through Trust governance structures. • Safety Pods have been introduced to 30 wards across the Trust. The use of Safety Pods within older people's services is being piloted on Castleside and Woodhorn wards and an evaluation will be undertaken following the six week pilot. • The installation of the Oxehealth system is complete and functional across the three pilot wards within Hopewood Park (Longview, Beckfield and Shoredrift), apart from 2 seclusion areas which have been occupied for some time. A fourth ward has also been equipped, Lotus ward the Trust's new CYPS facility based in Middlesbrough.
CAMHS wards 2020	<ul style="list-style-type: none"> • All inpatient areas completed a baseline audit to measure compliance against policy with debrief post any tertiary intervention and MRE. Audit carried out included both staff and patient debrief. Percentage of compliance varied across all ward environments ranging from 7%– 57%. Higher percentages were where MRE had been used i.e. more likely to be a debrief post MRE. Some fundamental issues regarding lack of understanding between post incident support and debrief and interpretation of policy identified. • Trust-wide working group established to consider outcomes of debrief audits to inform CBU action plans to improve compliance with policy. • First meeting took place on 23 February 2021 and was attended by all localities with Associate Nurse Director's leading within own localities in developing a Trust wide response. Focus of the working group centred on: <ul style="list-style-type: none"> – Knowledge of policy – Education and training needs for staff carrying out debrief / Post incident support – RiO documentation (storage and completion) – Debrief documentation that is attached to policy – Learning from CYPS – Formulation and care planning i.e. how good quality debrief supports formulation / care planning
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
CAMHS wards 2020	<ul style="list-style-type: none"> • Task and Finish Group reviewed restraint data to better understand initial hypotheses for increases and involve the wider MDT to provide a narrative around the clinical presentations and interventions used within the service. • Ward Managers discussed report with staff to be clear about the expectations to review and reduce the use of mechanical restraint.

	<ul style="list-style-type: none"> • Ward Managers contacted all family members to seek feedback in regards to restraint and the findings of the report. • Group Directors and Ward Managers reviewed Talk 1st data to highlight themes and trends. • All use of mechanical restraint agreed and regularly scrutinised at Group Director level. All use of mechanical restraint are reviewed at After Action Reviews which are attended by a Group Director, to offer challenge and scrutiny.
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June)	
LD and Autism wards 2019	<ul style="list-style-type: none"> • Further work to be completed to identify if the body map could be available as part of RiO rather than ward staff having to upload a separate document • A smaller monthly audit to be implemented on selected cases to monitor change with a further full audit to be repeated in 3 months. • Consider during Quarter 1 whether audit should be carried out Trust-wide.
LD and Autism wards 2019	<ul style="list-style-type: none"> • The newly established Empower Programme Board will coordinate all actions in relation to restrictive practices. • The formal membership and articulation of priorities for each of the 4 elements (HOPEs model, Positive and Safe, Human Rights and Trauma Informed approaches) will be developed during Quarter 1. • Areas which are already contributing to reducing restrictive practices are elaborated below: <ul style="list-style-type: none"> – Continue to establish and embed the LTS panels and review its impact on restrictive practices within the Trust. – Embed the Clinical Ethical Group and disseminate any Trust-wide learning. – Further embedding of Safety Pods. – Continue to roll out PAUSE training at Trust induction during Quarter 1 and 2. – Continue to offer Post Graduate Certificate in Reducing Restrictive Interventions which is a joint development by CNTW, TEWV and Cumbria University – current cohort of staff are due to qualify in September 2021 and the next course is already significantly over subscribed.
CAMHS wards 2020	<ul style="list-style-type: none"> • Review of policy – format of debrief / post incident support to be altered to reduce to four questions (Is everyone safe, what happened, what went well, what do we need to do differently or what did we learn). • Short training package to support delivery of policy. • Formal audit tool to monitor standards. • RiO – support to link debrief into case note / progress notes.
Planned future actions to be taken at core service level during Quarter 1 21/22 (April, May & June):	
CAMHS wards 2020	<ul style="list-style-type: none"> • All staff to be trained in the CNTW Empower Programme which brings together initiatives such as Positive and Safe, Human Rights, Trauma Informed Care and HOPEs Model and will ensure the roll-out of this methodology across all Children and Young People's services.

- All staff will have the opportunity to attend the Tier 4 CAMHS accredited training at the level appropriate to their banding and experience.
- Individualised care plans to be reviewed and discussed in a multi-disciplinary meeting; this includes patient and carer involvement, and will be evidenced and audited.
- Clinical Lead Nurse to provide scrutiny and case load supervision to improve compliance with safeguards and embed review process.
- CBU will continue to review the de-brief process and ensure a robust de-brief happens after each incident of restraint, for both staff and young person involved. Clinical Nurse Managers to review the debrief process with a view to ensuring the full post incident review process happens after every incident.
- Clinical Nurse Managers will continue to carry out audits of all post incident debriefs and review the quality and frequency to ensure that these occur after every incident and that the standards are always as we would expect.

Evidence of Impact:

- Current episodes of Long Term Segregation/Prolonged Seclusion per core service:
 - Child and Adolescent Mental Health Wards – 3
 - Wards for people with a learning disability or autism – 3
 - Forensic inpatients or secure wards – 1
 - Acute wards for adults of working age and PICU – 3
 - Long stay rehabilitation ward for working age adults – 1
- MRE usage per ward (Ward for people with a learning disability or autism and Child and adolescent mental health wards:

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Number of unique service users
Wards for people with a learning disability or autism													
Edenwood	0	0	0	0	0	0	0	0	0	0	0	0	0
Miford Bungalows	0	0	1	1	0	0	0	0	0	0	0	0	1
Miford	11	9	9	11	8	8	5	6	8	7	6	7	3
Rose Lodge	1	1	0	3	0	0	4	0	1	0	0	1	4
Tweed (LD Hospital based rehab)	0	0	0	0	0	0	0	0	0	0	0	0	0
Tyne (LD Long term conditions)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	10	10	15	8	8	9	6	9	7	6	8	

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Number of unique service users
Child and adolescent mental health wards													
Ashby	2	4	2	0	5	1	0	0	0	0	4	3	3
Lennox	1	1	2	4	2	5	0	0	0	1	1	4	5
Ferndene PICU	0	1	1	5	0	3	0	0	1	0	2	2	7
Fraser	10	6	7	7	10	2	0	0	0	1	1	0	
Redburn	14	3	4	3	6	7	7	0	4	3	1	0	11
Stephenson	7	3	4	2	1	4	0	0	2	0	2	2	
Total	34	18	20	21	24	22	7	0	7	5	11	11	

Status:

Ongoing further action required to make improvements.

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Must Do Theme: (4) Appraisal and training		Lead: Marc House, Head of CNTW Academy
Planned timescale for closure: 31 March 2022		
Community LD Year: 2015 Org: CPFT	The trust must ensure that all staff have an annual appraisal.	
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that staff complete the mandatory training courses relevant to this service in line with trust policy to meet the trusts training compliance targets.	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that staff complete their mandatory and statutory training.	
Actions taken at core service level during Quarter 4 20/21 (January, February & March):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
Community LD	Consultation of New Appraisal Policy took place in January 2021 however rollout was deferred until April 2021.	
Community CYPS	Essential training to continue to be made available via e-learning and Teams where e-learning isn't available or appropriate. Support continues to be offered where staff have difficulties accessing courses and weekly updates on any known issues are shared with staff across the localities.	
LD & Autism wards		
Planned future actions to be taken Trust-wide Quarter 1 21/22 (April, May & June):		
<ul style="list-style-type: none"> Rollout for the New Appraisal Policy and training package developed. The Academy will continue to offer relevant and sufficient training places to meet the targets required and support staff to access e-learning. Training continues to be offered via Teams where face to face is currently not viable due to current restrictions on work practices. 		
Evidence of Impact:		
<ul style="list-style-type: none"> The standards for the following training courses have improved across the groups during Quarter 4: Fire, Health and Safety, Moving and Handling, Clinical Risk, Safeguarding Adults, Equality and Diversity, Medicines Management, Rapid Tranquilisation. The standards for the following training courses have deteriorated across all groups during Quarter 4: Clinical Supervision, MHCT Clustering, MCA/MHA/DOLS Combined, Seclusion, PMVA Basic, PMVA Breakaway, Information Governance The standards for the following training courses remain below standard in the North Cumbria Locality: <ul style="list-style-type: none"> Clinical Risk – 65.5% (December), 68.5% (March) Medicines Management – 75.8% (December), 74.4% (March) Appraisal compliance has deteriorated during Quarter 4: <ul style="list-style-type: none"> North Cumbria Locality - 75.1% (December), 72.2% (March) North Locality - 78% (December), 77.4% (March) Central Locality - 74.2% (December), 72.3% (March) South Locality - 85.4% (December), 83.9% (March) Support and Corporate - 81.5% (December), 64.8% (March) 		
Status:		
Ongoing further action required to make improvements.		

Must Do Theme: (5) Clinical supervision		Lead: Dr Esther Cohen-Tovee, Director of AHPs & Psychological Services
Planned timescale for closure: 31 March 2022		
Community OP Year: 2017 Org: CPFT	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.	
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues its development of staff supervision and the board have clear oversight of both quantity and quality of supervision.	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff receive regular supervision.	
Actions taken at core service level during Quarter 4 20/21 (January, February & March):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
<ul style="list-style-type: none"> • Audit report and recommendations completed and approved at CSOG (Clinical Supervision Oversight Group) on 25/03/21. • Recommendations for further improvements arising from Trust-wide audit shared with CBUs via CBU CSOG representatives for action. • These recommendations include that clinical supervision dashboard reports for all services are regularly reviewed at CBU meetings; to be implemented by 01/07/21. • Audit recommendations regarding increasing the emphasis of the clinical supervisor's responsibility to record the date and the duration of clinical supervision on the online recording system, within both clinical supervision full day and update training was completed in March 2021. • 2020 Clinical audit data regarding quality of clinical supervision and the supervisory relationship were very positive. • Clinical Audit report and recommendations submitted for the Trust Clinical Effectiveness Committee agenda for 06/04/21. • Quarter 4 clinical supervision figures have been escalated to CSOG CBU representatives for action ahead of the finalising of the audit report and recommendations. The audit report provided a more positive picture with 89% of staff confirming that a record was kept of the dates and durations of their supervision sessions, however the sample size is smaller with 30.1% eligible staff participating in the audit. 		
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):		
<p>Implementation of audit recommendations as follows by 01/07/21:</p> <ul style="list-style-type: none"> • Targeted dissemination of the audit results and report regarding the clinical supervisor recording the date and duration of clinical supervision using the online recording system (CSOG Chair and CBU CSOG representatives). • Operational services implement regular monitoring of recording of clinical supervision through dashboard reports, and support clinicians to meet Trust standards regarding recording dates and duration of clinical supervision (CBUs and relevant corporate services leads). • Update for the Board if considered appropriate e.g. via Trust Quality and Performance Committee meeting. 		

Evidence of Impact:
Clinical supervision figures have improved during Quarter 4: <ul style="list-style-type: none"> • North Cumbria Locality – 42% (December), 46% (March) • North Locality – 40% (December), 45.2% (March) • Central Locality – 38% (December), 50.9% (March) • South Locality – 50% (December), 56.1% (March)
Status:
Ongoing further action required to make improvements.

Must Do Theme: (7) Documentation of consent to medical treatment	Lead: Dr Patrick Keown, Group Medical Director
Planned timescale for closure: 30 June 2021	
Community OP Year: 2017 Org: CPFT	The trust must ensure that consent to treatment and capacity to consent is clearly documented in patient's records.
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
Data received with regard to capacity to consent (initiation and review of antipsychotics) to be circulated to Locality Leads for Older People's Services with a request that this is reviewed and narrative provided with regard to how this is will be addressed. Analysis to be undertaken to see if it can be established the reasons for differences in recording across the localities. Action above is on-going and planned work is discussed in below.	
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):	
<ul style="list-style-type: none"> • To undertake analysis of the data and information received as above and information to be taken for discussion at the Older Persons Strategic Clinical Network. • To request updated data with regard to capacity to consent (initiation and review of antipsychotics) to provide comparison • To review consent to treatment/capacity to consent within wider services across CNTW. • Consent and Capacity to continue to be monitored via the MHL Steering Group. 	
Evidence of Impact:	
There has been significant improvement in Quarter 4 for the metric within North Cumbria, Central and South Localities with a slight deterioration within North Locality (service users who had a discussion recorded at the point of their detention). <ul style="list-style-type: none"> • North Cumbria Locality – 33% (December), 58% (March) • North Locality – 60% (December), 56% (March) • Central Locality – 58% (December), 65% (March) • South Locality – 64% (December), 76% (March) 	
Status:	
Ongoing further action required to make improvements.	

Must Do Theme: (9) Environmental issues	Lead: Paul McCabe, Director of Estates and Facilities Claire Thomas, Associate Director – Safer Care
Planned timescale for closure: 30 June 2021	
Long stay / rehab wards Year: 2015 Org: CPFT	The trust must ensure that the first floor of the building has clear lines of sight and an alarm call system that can be easily accessed to summon assistance.

Adult acute wards Year: 2019 Org: CPFT	The provider must maintain premises in good condition and suitable for the purpose for which they are being used.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that the health-based places of safety promote the privacy and dignity of patients in Carlisle and Whitehaven. The trust must ensure they take action in response to regulatory requirements and the findings of external bodies.
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that the environment at Edenwood is improved including the provision of specialist furniture which meet the needs of the patient using this service
OP wards Year: 2019 Org: CPFT	The provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation on Oakwood is either no longer used or a robust assessment and mitigation of risk is put in place.
Planned timescale for closure: 30 April 2021	
Community OP Year: 2017 Org: CPFT	The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.
Actions taken at core service level during Quarter 4 20/21 (January, February & March);	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
Long stay / rehab wards	Approval has been given to ensure the following wards have nurse call systems. The timing of the work will partly be dependent on COVID-19 restrictions. <ul style="list-style-type: none"> • Hadrian • Edenwood • Rowanwood • Yewdale (West Cumberland)
Adult acute wards	<ul style="list-style-type: none"> • Completion of assessment of anti-ligature en-suite door and put in place recommendations subject to financial approval. • Currently the Yewdale ward has had the en-suite door curtain rails replaced and standardised, this is an interim position and if the "saloon" style doors are approved then wards in Cumbria will be fitted with this type.
MH crisis teams	The service to submit to CDT-Business the business case for the place of safety works at Whitehaven.
OP wards	Work on Oakwood was delayed due to COVID-19, work will commence at the end of January 2021, complete by March/April 2021.
Community OP	<ul style="list-style-type: none"> • Brookside and Park Lane refurbishment work has been carried out along with the creation of a Patient Toilet at Portland Square. Lillyhall has now been occupied. • Assurances received from Cumbria Estates regarding the maintenance of medical equipment.
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):	
Long stay / rehab wards	Nurse call system installations are well under way for Hadrian and Rowanwood wards and will be completed in April 2021. Edenwood is being used as a decant and so a Nurse Call system is not required at this point. Yewdale ward has a system fitted.

Adult acute wards	Work has been done in conjunction with the supplier of the anti-ligature door (Safehinge primera) as there was a concern regarding the bottom bracket. The issue has been resolved and a recommendation will be made on this product that it is suitable to install. The roll-out will be determined across the Trust on a prioritised basis (as determined by the Environmental Safety Group). Yewdale ward will be considered in the prioritisation.
MH crisis teams	Awaiting the formulation of the business case by the service.
OP wards	The Oakwood scheme has started and is due for completion mid-June 2021.
Evidence of Impact:	
To further develop the evidence of impact.	
Status:	
Adult acute wards	Ongoing further action required to make improvements.
MH crisis teams	
Long stay / rehab wards	
OP wards	
Community OP	Propose to close action at Board of Directors on 26 May 2021.
LD & Autism wards	Closed at Board of Directors on 4 November 2020.

Must Do Theme: (10) Risk assessment and record management		Lead: Andy Airey, Group Director
Planned timescale for closure: 31 March 2022		
Community LD Year: 2015 Org: CPFT	The trust must ensure that staff complete and record patient's risk assessments consistently evidencing contemporaneous care records for patients who use services.	
Community CYPS Year: 2017 Org: CPFT	The service must ensure that all young people receive a thorough risk assessment which is recorded appropriately in accordance with the trusts policies and procedures to ensure safe care and treatment.	
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established to maintain the records of each patient accurately, completely and contemporaneously.	
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that risk assessments are regularly updated to reflect current risk and needs of patients.	
Actions taken at core service level during Quarter 4 20/21 (January, February & March);		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
<ul style="list-style-type: none"> To continue to raise these issues through the relevant Trust-wide forums i.e. Trust-wide Record Keeping Group and Risk Clinical Reference Group. To continue to monitor compliance with the metrics below for improvement. 		
Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):		
<ul style="list-style-type: none"> Update from the Risk Clinical Reference Group taken at BDG Safety February 2021. A further discussion to take place, but looking to support an 18 – 24 month project that would not just be able changing the risk tools, but also looking at culture. North Cumbria have a programme in place for FACE Risk Assessment Tool to go live from 4 May 2021 with an action plan for key objectives such as training, communications etc to be in completed prior to this date. 		

- To continue to monitor compliance with the metrics below for improvement. The data below shows that North Cumbria continues to make improvements with regards to compliance with all other localities maintaining achievement of Trust set targets.

Evidence of Impact:

CPA service users with a risk assessment undertaken/reviewed in the last 12 months at Quarter 4:

- North Cumbria Locality – 28% (December), 29% (March) FACE risk assessment only (GRIST) not pulling through information
- North Locality – 98% (December), 97% (March)
- Central Locality – 97% (December), 96% (March)
- South Locality – 98% (December), 98% (March)

Service users with identified risks who have at least a 12 monthly crisis and contingency plan at Quarter 4:

- North Cumbria Locality – 94% (December), 95% (March)
- North Locality – 96% (December), 95% (March)
- Central Locality – 97% (December), 95% (March)
- South Locality – 97% (December), 98% (March)

Clinical risk and suicide prevention training standards at Quarter 4:

- North Cumbria Locality – 66% (December), 68% (March)
- North Locality – 86% (December), 87% (March)
- Central Locality – 85% (December), 86% (March)
- South Locality – 86% (December), 87% (March)

Status:

Ongoing further action required to make improvements.

Must Do Theme: (12) Physical health and Rapid tranquilisation		Lead: Anne Moore, Group Nurse Director and David Muir, Group Director
Planned timescale for closure: 30 June 2021		
Adult acute wards Year: 2018 Org: NTW	The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation	
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff monitor patients' physical health including, following rapid tranquilisation, in accordance with national guidance, best practice and trust policy.	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff review patients' observations following the use of rapid tranquilisation to comply with the provider's rapid tranquilisation policy and National Institute of Health and Care Excellence guidance.	
Actions taken at core service level during Quarter 4 20/21 (April, May & June):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
<ul style="list-style-type: none"> • RT audit tool has been reviewed by R Ayre and R Jordan. • Small audit across all four localities to assess compliance by medical staff has been registered with Clinical Audit. R Jordan shared the audit tool we used in November 2019 (as the new tool for the 2021 audit had not been developed on-line at the time of the request) and offered to collate the results. No further update at present. • Article written for Trust Bulletin (19 January 2021) and Safer Care Bulletin (February 2021). Infographics poster now part of CNTW(C) 02 RT Policy (Appendix 4) by RA. 		

Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):
<ul style="list-style-type: none"> • Awaiting go-ahead from IMG for audit work to resume (on-hold since January 2021 due to pandemic pressures). • Re-audit still planned for April 2021 using March 2021 data if go-ahead given to resume audit work. • Further meeting of sub-group will be reconvened in Quarter 1.
Evidence of Impact:
Results of re-audit.
Status:
Ongoing further action required to make improvements.

Must Do Theme: (14) Staff engagement	Lead: Elaine Fletcher, Group Nurse Director
Planned timescale for closure: 30 June 2021	
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff working on Rowanwood feel supported, valued and respected following serious incidents beyond ward level.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
The planned facilitated listening and learning event with the ward team did not take place in January as a result of COVID-19 pressures within the locality.	
Planned future actions during Quarter 1 21/22 (April, May & June):	
<ul style="list-style-type: none"> • Facilitated feedback session to be arranged with the staff on Rowanwood to discuss the theming from the Stress Risk Assessment. • Further sessions will be arranged and will cover the following: <ul style="list-style-type: none"> - Introduction to the programme, vision, values and agreed team charter/compact. - Session for staff to Identify areas of improvement and outline next steps. - Set up follow up sessions for improvement projects. - A date has been arranged for the relevant staff to meet in April to agree dates for the planned sessions. 	
Evidence of Impact:	
Baseline survey results.	
Status:	
Ongoing further action required to make improvements.	

Must Do Theme: (15) Medicines Management	Lead: Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer
Planned timescale for closure: 30 June 2021	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all medicines used are labelled and that risk assessments are always in place for the use of sodium valproate in female patients of child bearing age.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
All four locality CBUs have created valproate action plans on the back of presentation of interim POMH-UK data at BDG-Safety meeting 11 December 2020. Action plans continue to be monitored by BDG-Safety through to completion and include the following initiatives: <ul style="list-style-type: none"> • Remaining 49% (n=118) of women and girls of childbearing age, as identified by pharmacy colleagues, are being reviewed for compliance with the valproate PPP 	

- North Cumbria locality have tasked a Nurse Consultant with undertaking all appointments and ensuring valproate PPP reviews are completed
- CCGs have been approached to provide contemporaneous lists of patients whom are prescribed valproate for a mental health indication to enable cross-referencing with SNOMED-CT report
- Local databases have been created and accessible on shared drives by Nurse Consultants
- A standard letter addressed to all specialist prescribers has been circulated setting out specific responsibilities with deadline for action of end February 2021
- Masterclass training sessions have been authored and arranged by pharmacy colleagues in association with CNTW Academy. Classes underway March 2021
- Creation of a RiO 'virtual team' has been considered to overcome metric methodology implications (open referrals) of eligible patients who have been discharged
- Amber shared care status of valproate in women and girls of childbearing age has been proposed at the NoT Formulary Subcommittee with Medicines Guidance and Use Group (MGUG) beginning work on this initiative. Proposal discussed at SoT Area Prescribing Committee
- Trust notified by NHSE&I National Director of Patient Safety that a recently established Valproate Safety Implementation Group (VSIG) will drive forward work to reduce harm from valproate
- PPT-PGN-25 Safe Prescribing of Valproate currently undergoing routine scheduled review by pharmacy; summary process flowchart to be incorporated to assist prescribers
- Development of a Valproate Documentation section on RiO (under Service Specific Files> Physical Treatment) which will include electronic versions of side effect rating scales and hyperlinks to the Valproate PPP material

Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):

- Presentation of BDG paper to MOC in Quarter 1 21/22.
- Presentation of POMH Topic 20a Trust report to MOC once received from POMH in Quarter 1 2021/22.
- Receipt of POMH-UK Topic 20a Trust report and interpretation of findings by pharmacy colleagues.
- Complete review of remaining women and girls of childbearing age as identified in BDG-Safety paper December 2020.
- Contemporaneous CCG patient lists to be compared to SNOMED-CT report to establish if any patients have been overlooked.
- Further investigation of an IT solution to identify annual Valproate PPP review (for all patients including those open to referral only) and alert prescribers.
- Locality SOPs to be drafted to detail process/roles/responsibilities going forward.

Evidence of Impact:

- Raised awareness of prescribing standards contained within PPT-PGN-25
- Accurate completion of SNOMED-CT alert on RiO will create contemporaneous register of females of childbearing age who are receiving valproate within CNTW services.
- Compliance against PPT-PGN-25 standards will ensure annual risk assessment documentation is copied to the patient's GP and next appointment diarised.

Status:

Ongoing further action required to make improvements.

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Must Do Theme: (16) Nurse Call Systems		Lead: Russell Patton, Deputy Chief Operating Officer
Planned timescale for closure: 30 June 2021		
Adult acute wards Year: 2018 Org: NTW	The trust must ensure patients have access to a nurse call system in the event of an emergency.	
Actions taken at core service level during Quarter 3 20/21 (October, November & December)		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 3 20/21 (October, November & December):		
Following discussion with the Locality Group Nurse Directors a phased implementation of the nurse call systems will take place over the coming year subject to priorities identified on the capital programme. At the November CDT-B this approach was agreed. The provision of nurse call systems into facilities at North Cumbria (Hadrian, Edenwood, Rowanwood and Yewdale) and Gibside ward, St Nicholas Hospital, Newcastle was deemed to be the priority.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
Installation of nurse call systems has been completed for the following wards:		
<ul style="list-style-type: none"> • Hadrian, Carlton Clinic • Rowanwood, Carlton Clinic • Yewdale Ward, West Cumberland Hospital • Gibside, St Nicholas Hospital 		
Edenwood is currently being utilised as decant office accommodation. Prior to any inpatient occupancy a nurse call system will be fitted.		
Planned future actions during Quarter 1 21/22 (April, May & June):		
Further conversations between NTW Solutions and the clinical service areas will take place during Quarter 1 to agree priorities and next steps linked to the available capital budget for 2021/22.		
Evidence of Impact:		
Assurance of completion of work		
Status:		
Ongoing further action required to make improvements.		

Must Do Theme: (18) Section 17 Leave		Lead: Dr Patrick Keown, Group Medical Director
Planned timescale for closure: 30 June 2021		
OP wards Year: 2019 Org: CPFT	The provider must ensure that all section 17 leave forms are individually completed for each patient and show consideration of patient need and risks.	
Actions taken at core service level during Quarter 4 20/21 (January, February & March):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):		
<ul style="list-style-type: none"> • Audits have been evaluated and results showed that compliance was good or adequate in all cases. • The recommendations of the task and finish group following the findings from the data (i.e. compliance poor if falls on bank holiday or weekends) were shared by CBU representatives within their respective localities – to continue to monitor compliance with S17 leave through the Mental Health Legislation Steering Group • Small group met to discuss accompanied and escorted leave and to review the leave policy. The guidance was circulated by the CBU representatives. 		

- Work remains on-going with RiO team to look at the possibility of setting up an alert system to assist with compliance.

Planned future actions during Quarter 1 21/22 (April, May & June):

- To continue to monitor the section 17 data available as it appears there is still an increase in non-compliance during holiday periods.
- It was agreed to share again the recommendation for expiry dates for S17 leave forms to be mid-week days avoid weekends and Mondays; avoid end of the month; avoid settings forms to expire during annual leave; use day of the week when there is regular RC input; use at a glance board.
- Also to share again with RC's in each CBU the guidance produced on escorted and accompanied leave and the need for each patient to have an individualised section 17 leave form.

Evidence of Impact:

Evaluation of audit results.

Section 17 compliance data below:-

Current patients with expired section 17 leave form								
Month	North Cumbria		North		Central		South	
	Inpatient CBU	CYPS Inpatient CBU	Inpatient CBU	CYPS Inpatient CBU	Inpatient CBU	Secure Care Services CBU	Inpatient CBU	Specialist and Neuro CBU
Jun-20	12		17	3	8	4	8	0
Jul-20	34		27	3	9	1	13	3
Aug-20	29		10	3	9	1	23	1
Sep-20	21		11	13	18	5	24	0
Oct-20	5		3	4	4	4	9	0
Nov-20	25		7	17	38	9	38	8
Dec-20	42	8	9		37	7	20	5
Jan-21	13	4	3		50	7	7	1
Feb-21	29	2	4		24	1	11	0
Mar-21	11	6	10		33	5	27	0
Apr-21	3	3	10		21	2	17	0

Status:

On-going to continue to monitor and embed the recommendations within teams.

Must Do Theme: (20) Management supervision

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

Planned timescale for closure: 31 December 2021

Community OP
Year: 2017
Org: CPFT
The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.

Actions taken at core service level during Quarter 3 20/21 (October, November & December)

As per Trust-wide response.

Actions taken Trust-wide during Quarter 3 20/21 (October, November & December):

- Communicate to staff the new system and process (through October).
- Start reporting against the 85% standard (October onwards).
- Agree a timescale for full compliance across the Trust.
- PGN has been ratified by BDG.

Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):

Continue to monitor compliance although not applying standard in Quarter 4 due to wave 3 of pandemic. Each area will continue to make incremental improvement.

Planned future actions to be taken Trust-wide during Quarter 1 21/22 (April, May & June):

- Agree in year trajectories to achieve 85% standard.
- Monitor improvement in line with agreed trajectories.

Evidence of Impact:

The proportion of staff with a management supervision recorded in the past 3 months has improved during Quarter 4:

- North Cumbria Locality – 51% (December), 50.2% (March)
- North Locality – 40% (December), 42.4% (March)
- Central Locality – 40% (December), 42.5% (March)
- South Locality – 45% (December), 54.4% (March)
- Support & Corporate – 44.7% (March)

Status:

Process in place to record now actions are to focus recording in the first instance and then compliance.

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Must Do Theme: (6) Risk registers		Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues to make progress against the trust risk register and board members and members of staff understand the process of escalating risks to the board through the board assurance framework.	
Crisis MH teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established and operating effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.	
Actions taken at core service level during Quarter 1 20/21 (April, May & June):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):		
Trust-wide	Following the CQC inspection there were identified weakness in the approach to risk escalation, risk management and assurance within CPFT. Following the transfer of services, the North Cumbria Locality adopts and implements fully the Risk Management Policy. Evidence that risk register is effectively reviewed and managed in line with the Trust Policy and that there is evidence of a clear link between the register and the Board Assurance Framework.	
MH crisis teams	The North Cumbria Locality has provided evidence of adopting CNTW governance structures, evidence of actions, reports completed and sharing of information and cycle of meetings. The CNTW board reported provides evidence of communication processes from Ward to Board. There are standardised agendas in use in team meetings at Group level and these are replicated at CBU level.	
Planned future actions:		
No further action required.		
Evidence of Impact:		
<ul style="list-style-type: none"> • Cycle of risk register review through CDT-R. • Review and update of Risk Management Strategy received by Board in November 2020. • Board Development session in February 2021 to review risks, identify any emerging risks to be added to BAF, review risk appetite categories and scoring. • Development of future Strategy proposed. 		
Status:		
Closed by Board of Directors on 5 August 2020.		

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Must Do Theme: (8) Collecting and acting on feedback from service users and carers		Lead: Allan Fairlamb, Head of Commissioning & Quality Assurance
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that quality monitoring takes place to measure service performance, outcomes and progress and ensure feedback from young people and their carers is incorporated into this.	
Actions taken at core service level during Quarter 1 20/21 (April, May & June):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):		
The Access and Community CBU has provided evidence patient and carer involvement via a locality 'Together' meeting. The North Cumbria Locality is undertaking work to understand the involvement of carers 'Getting to Know You' process. There is evidence that practice has been mainstreamed within the North Cumbria Locality.		
Planned future actions:		
No further action required.		
Evidence of Impact:		
Quarterly report to Board on patient feedback		
Status:		
Closed by Board of Directors on 5 August 2020.		

Must Do Theme: (11) Staffing levels		Lead: Anne Moore, Group Nurse Director
Planned timescale for closure: 30 September 2020		
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people referred to the service.	
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure there is always a dedicated member of staff to observe patients in the health-based places of safety.	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.	
Planned timescale for closure: 31 December 2020		
Adult acute wards Year: 2019 Org: CPFT	The trust must deploy sufficient numbers of qualified, competent, skilled and experienced staff to meet the needs of patients care and treatment.	
Actions taken Trust wide in Quarter 1 20/21 (April, May & June)		
Community CYPS	The North Cumbria Locality has medical vacancies within the CAMHS team, the locality has embedded new roles such as nurse prescribers to support the functioning of the team. The service can demonstrate minimal waits to treatment.	
Adult acute wards	The North Cumbria Locality can demonstrate a robust approach to ward shift staffing and reporting of breaches. It is acknowledged there is a shortage of substantive staff for all shift, however the ward can evidence how these shifts are covered by a mix of overtime, bank and agency. The ward is able to clearly articulate how many breaches against it set staffing and can demonstrate ward to board reporting.	
MH crisis teams	The North Cumbria Locality has provided evidence of the completion and implementation of a standard operating process of the staffing	

	of the place of safety at Carlton Clinic and Yewdale. In addition, the night co-ordinator role has been implemented. There is evidence that the SOP has been agreed at CBU and Group level.
LD & Autism wards	The North Cumbria Locality has provided multiple sources of evidence regarding activities across all inpatient wards. There is evidence of events and timetables that are appropriate for the ward type/environment. There is evidence of patient facing information and displays of the events. There is evidence of continuous improvements at a team level via action planning.
Actions taken at core service in Quarter 1 20/21 (April, May & June)	
As per Trust-wide response.	
Actions taken Trust wide in Quarter 2 20/21 (July, August & September)	
Community CYPS	The North Cumbria Locality have adopted identical systems and processes for all CYP services including those linked to children learning disabilities and ADHD assessment service. The Locality now also monitors the wait to 3rd appointment, which gives additional insight into the CAMHS pathway waits. The locality will continue with the Central Values Based Recruitment for both community and adult services and continue with ongoing recruitment. Currently reviewing the possibility of further nurse consultant appointments e.g. liaison and crisis. From a medical perspective we will be settling in our international medical recruits. New Consultant Psychiatrist has been appointed to Rowanwood.
Adult acute wards	
MH crisis teams	No further action required.
LD & Autism wards	No further action required.
Evidence of Impact:	
<ul style="list-style-type: none"> • Reduction in CYPS waiting times. • Vacancy levels. 	
Status:	
Community CYPS	Closed by Board of Directors on 4 November 2020.
Adult acute wards	Closed by Board of Directors on 4 November 2020.
MH crisis teams	Closed by Board of Directors on 5 August 2020.
LD & Autism wards	Closed by Board of Directors on 5 August 2020.

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Must Do Theme: (13) Governance		Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Planned timescale for closure: 30 September 2020		
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it reviews and improves its governance systems at a service level to ensure they effectively assess, monitor and improve care and treatment.	
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that systems and processes are established and operating effectively to assess monitor and improve the quality and safety of services.	
Actions taken at core service level during Quarter 1 20/21 (April, May & June):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):		
Trust-wide	Following the CQC inspection there were identified weakness in the approach to governance within the CPFT model. Following the transfer of services, the North Cumbria Locality adopts and implements fully the governance structures within CNTW.	
MH crisis teams	North Cumbria Locality adopted the governance arrangements of CNTW from 1 October 2019.	
Actions taken Trust-wide during Quarter 2 20/21 (July, August & September):		
Trust-wide	No further action required.	
MH crisis teams	The North Cumbria Access and Community CBU can now demonstrate that Crisis teams have named representative at the CBU meetings. The CBU meeting follows a repeating pattern each month, the agenda cover operational, patient involvement, quality and service sustainability. These agenda have been imported from other localities and the meetings are support by the latest information from trust dashboards The CBU has provided the latest agendas as evidence.	
Evidence of Impact:		
<ul style="list-style-type: none"> Trust-wide governance structures. Agreed terms of reference and policies in place. 		
Status:		
Trust-wide	Closed by Board of Directors on 5 August 2020.	
MH crisis teams	Closed by Board of Directors on 4 November 2020.	

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Must Do Theme: (17) Bed Management		Lead: Andy Airey, Group Director
Adult acute wards Year: 2019 Org: CPFT	The trust must continue to look at ways of reducing out of area placements and the management of bed availability to ensure this meets the needs of people requiring the service.	
Actions taken at core Service in Quarter 1 20/21 (April, May & June)		
As per Trust-wide response.		
Actions taken Trust wide in Quarter 1 20/21 (April, May & June)		
Implemented new process and policy which has led to positive feedback from North Cumbria CCG regarding the reduction in out of area placements as a result of the introduction of a new bed management function and policy.		
Planned future actions:		
No further action required.		
Evidence of Impact:		
The number of OAP days during Quarter 4 has decreased from 161 in Quarter 3 to 42 in Quarter 4. <ul style="list-style-type: none"> • Newcastle Gateshead – 28 (Quarter 4) • North Tyneside – 7 (Quarter 4) • Northumberland – 7 (Quarter 4) 		
Status:		
Closed at Board of Directors on 5 August 2020.		

Must Do Theme: (19) Clinical audits		Lead: Dr Kedar Kale, Group Medical Director
Planned timescale for closure: 31 December 2020		
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that clinical audits are effective in identifying and addressing areas of improvement within the service.	
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):		
The North Cumbria locality can demonstrate it has embedded the Trust-wide approach to clinical audit and re-audit. The trust overall has a significant amount of evidence regarding a robust approach to clinical audit.		
Actions taken at core service level during Quarter 1 20/21 (April, May & June):		
As per Trust-wide response.		
Actions taken Trust-wide during Quarter 2 20/21 (July, August & September):		
The North Cumbria locality has significant evidence of audit, action plan and re audit. The Trust has significant evidence of audit process up to committee stage.		
Actions taken during Quarter 3 20/21 (October, November & December):		
<ul style="list-style-type: none"> • A tracker has been created which will allow the locality to manage the oversight of audit actions that are applicable to the locality. Tracker was discussed and agreed at North Locality Operational Management Group on 1 December 2020. • The tracker will be maintained by the Nurse Manager for Quality who started on 14 December 2020. 		
Evidence of Impact:		
<ul style="list-style-type: none"> • Locality and Trust-wide governance structures. • Locality cycle of meetings. • Locality tracker. 		
Status:		
Closed at Board of Directors on 3 February 2021.		

**Report to the meeting of the Board of Directors
26th May 2021**

Title of report	Annual Review of Bord of Directors Declarations of Interest
Report author(s)	Debbie Henderson, Director of Communications and Corporate Affairs
Board Lead	N/A

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Mental Health Legislation	<input type="checkbox"/>
Remuneration Committee	<input type="checkbox"/>
Resource and Business Assurance	<input type="checkbox"/>
Charitable Funds Committee	<input type="checkbox"/>
CEDAR Programme Board	<input type="checkbox"/>
Other/external (please specify): Council of Governors General meeting	<input type="checkbox"/>

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

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	<input type="checkbox"/>	Reputational	<input type="checkbox"/>
Workforce	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Financial/value for money	<input type="checkbox"/>	Estates and facilities	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Compliance/Regulatory	<input checked="" type="checkbox"/>
Quality, safety, experience and effectiveness	<input type="checkbox"/>	Service user, carer and stakeholder involvement	<input type="checkbox"/>

Board Assurance Framework/Corporate Risk Register risks this paper relates to: N/A – statutory requirement
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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Annual Review of the Board of Directors – Declarations of Interest

1. Executive Summary

The purpose of this paper is to ensure good governance and transparency. On an annual basis, members of the Board of Directors are required to update their declarations in relation to interests held in accordance with the Trusts Standing Orders and the Standards of Business Conduct Policy.

The Policy requires that the Trust have a register of interests of the Directors and that the registers will be made available for inspection by members of the public.

The updated register for 2020-21 is included at Appendix 1 and all members of the Board have agreed for these details to be made available on the Trust's website.

These interests will also be reported in the Trust's Annual Report.

In addition, at each meeting of the Board of Directors, and its sub-committees, members are required to declare any further interests since the date of the last declaration and to notify the Chair or Company Secretary of any conflicts of interest in relation to the agenda items for discussion (for which they may need to abstain). All such declarations are recorded in the minutes.

2. Recommendation

The Board of Directors are asked to receive and note the report including the requirement for the detail of the report to be uploaded to the Trusts website.

Debbie Henderson
Director of Communications and Corporate Affairs

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Declarations of Interest Register - Board of Directors

Title	First Name	Surname	Role	Date of Notification	Description of Interest
	David	Arthur	Non-Executive Director	19/04/2021	Trustee and Director of Mental Health Concern, a mental health charity.
	David	Arthur	Non-Executive Director	19/04/2021	Trustee and Director of Percy Hedley Foundation, a charity providing education for children and adults with special needs.
	Darren	Best	Non-Executive Director	19/04/2021	Chair for the Teesside Safeguarding Adults Board,
	Darren	Best	Non-Executive Director	19/04/2021	Wife is a Headteacher in Middlesbrough and as such has some involvement with NHS services, mainly in the context of child safeguarding
	Paula	Breen	Non-Executive Director	19/04/2021	Nothing to declare
Dr	Les	Boobis	Non-Executive Director	21/01/2021	Nothing to declare
	Alexis	Cleveland	Non-Executive Director	19/04/2021	Non-Executive Director at Karbon Homes.
	Alexis	Cleveland	Non-Executive Director	19/04/2021	Member of County Durham and Darlington NHS Foundation Trust
	Alexis	Cleveland	Non-Executive Director	19/04/2021	Member of Barnardo's children's charity
	Alexis	Cleveland	Non-Executive Director	19/04/2021	Member of the Labour Party

	James	Duncan	Deputy Chief Executive / Executive Director of Finance	21/04/2021	Vice Chair of Mental Health Faculty of HFMA
	James	Duncan	Deputy Chief Executive / Executive Director of Finance	21/04/2021	Brother-in-Law is partner in Womble Bond Dickinson LLP
	James	Duncan	Deputy Chief Executive / Executive Director of Finance	21/04/2021	Son is employed by NTW Solutions Ltd
	Ken	Jarrold	Chair	19/04/2021	Director of Other People's Shoes Ltd which provides consultancy to the NHS
	Ken	Jarrold	Chair	19/04/2021	Director of Other People's Shoes Ltd and do consultancy work with the NHS
	Ken	Jarrold	Chair	19/04/2021	Shareholder of Other People's Shoes Ltd
	Ken	Jarrold	Chair	19/04/2021	Patron of the NHS Retirement Fellowship and of the Cavell Trust for Nurses.
	Ken	Jarrold	Chair	19/04/2021	Member of the Labour party
	John	Lawlor	Chief Executive	26/04/2021	Wife is employed by CNTW as an Associate Director
	John	Lawlor	Chief Executive	26/04/2021	Board Member of North East/North Cumbria AHSN
	John	Lawlor	Chief Executive	26/04/2021	Chair of North East/North Cumbria Leadership Academy Partnership Board
	John	Lawlor	Chief Executive	26/04/2021	Trustee of Think Ahead Social Care Charity

	John	Lawlor	Chief Executive	26/04/2021	Chair of NHSE Independent Panel to improving the quality on in-patient children and adolescent mental Health, LD and Autism Services
Dr	Rajesh	Nadkarni	Executive Medical Director	26/042/021	Invited member of the Mental Health Economics Collaborative Steering Group, which is hosted by the Mental Health Network of NHS Confederation.
Dr	Rajesh	Nadkarni	Executive Medical Director	26/042/021	Wife is employed as a Consultant Psychologist with a clinical and management role in Tees, Esk & Wear Valley NHS Trust.
Dr	Rajesh	Nadkarni	Executive Medical Director	26/042/021	I do undertake medicolegal private work, which could involve NHS patients.
	Gary	O'Hare	Executive Director of Nursing and Chief Operating Officer	23/04/2021	Wife is engaged on behalf of the Trust five days per week to reduce and manage the return of Trust patients from out of area placements and manages complex case care packages. She reports to the Executive Director of Commissioning and Quality Assurance.
	Lisa	Quinn	Executive Director of Commissioning and Quality Assurance	22/04/2021	Executive Reviewer for the Care Quality Commission
	Michael	Robinson	Non-Executive Director	20/04/2021	Member of the Labour Party
	Lynne	Shaw	Acting Director of Workforce and OD	28/04/2021	Non-Executive Director/Governor Newcastle College.
	Peter	Studd	Non-Executive Director	22/04/2021	Chair and Non-Exec Director of NTW Solutions Ltd, a wholly owned subsidiary of CNTW group.

	Peter	Studd	Non-Executive Director	22/04/2021	Son works in Procurement for NHS Digital in Leeds
	Peter	Studd	Non-Executive Director	22/04/2021	Daughter-in-Law is a midwife at Royal United Hospitals Bath NHS FT
	Peter	Studd	Non-Executive Director	22/04/2021	Governor of Middlesbrough College
	Note:				
	<ul style="list-style-type: none"> The full description of each interest type is given in the Declaration of Personal Interests form Details of interests must be entered as submitted on the Declaration form including "Nil Returns" Changes of interest should be recorded as notified The Register should be refreshed annually in November The Register should be a record of interests over time and additional lines should be inserted as required 				

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**Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting
26 May 2021**

Title of report	Modern Slavery Statement 2020/21
Report author(s)	Debbie Henderson, Director of Communication and Corporate Affairs
Executive Lead	John Lawlor, Chief Executive

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

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

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

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Modern Slavery Statement

1. Executive Summary

Every organisation with a turnover of £36m+ has to produce a Modern Slavery Statement and prominently display it on its website. This is a legal requirement from the Modern Slavery Act 2015.

The Trusts statement has been updated for the end of the financial year 2020/21 in line with the statutory requirements and has been approved by the Board of NTW Solutions Limited at its meeting on 16 March 2021. It is also displayed on the NTW Solutions Limited Website.

The statement provides assurance to the public that all aspects of our business is transparent, particularly in relation to our supply chain and recruitment processes and reiterates the Trust's commitment to tackling modern slavery.

2. Recommendation

The Board of Directors are asked to approve the organisations Modern Slavery Statement provided in Appendix A for the financial year 2020/21 for uploading to the Trusts website.

Debbie Henderson
Director of Communications and Corporate Affairs/Company Secretary
May 2021

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Modern Slavery Statement 2020/21

Modern Slavery Statement

Due to the scope of our business Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) recognises that we may be at risk of Modern Slavery (slavery, servitude, forced labour and human trafficking). The following statement has been published in accordance with the Modern Slavery Act 2015 and sets out the steps that will be taken by CNTW during the financial year to the end of March 2022 to prevent modern slavery and human trafficking in its business and supply chains.

Our Organisation

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is a specialist provider of mental health and disability services within the UK.

Our Commitment

CNTW condemns slavery of all forms and is fully committed to working with suppliers within our supply chain to support the human rights and welfare of the employees working alongside CNTW. We expect organisations with whom we do business to adopt and enforce policies that comply with this legislation; and would immediately seek to terminate our relationship with a supplier where evidence of a failure to comply with our policies was discovered.

CNTW is committed to ensuring that those involved within the supply chain of our business operations are working of their own free volition, in the delivery of high quality services to all customers through a skilled and experienced workforce. CNTW will endeavour to make a conscious effort to monitor operations to ensure no individual is taken advantage of. It is the intention of CNTW to train relevant staff to recognise and report instances where the freedom of an individual is questioned.

Policies and Procedures.

Our policies and procedures demonstrate our commitment to acting ethically and with integrity in all our business relationships and to implementing and enforcing effective systems and controls to ensure slavery and human trafficking is not taking place anywhere in our supply chains.

CNTW complies with external policies and processes for safe recruitment and where necessary relevant employment checks will be conducted.

The approach for internal recruitment follows robust processes which are in line with UK Employment Laws including 'right to work' document checks and contracts of employment. Our Pay structure is from national collective agreements and is based on equal pay principles.

All policies and procedures are developed alongside the relevant subject matter expert and signed off at an appropriate level within the Organisation.

Due Diligence

As part of our efforts to monitor and reduce the risk of slavery and human trafficking occurring within our supply chain, we have taken steps to enable us to: -

- Establish and assess areas of potential risk in our business and supply chain
- Monitor potential risk area in our business and supply chains
- Reduce the risk of slavery and human trafficking occurring in our business and supply chains through the expectation that each entity in the supply chain, at least adopt 'one-up' due diligence on the next link in the chain as it is not practical for us to have a direct relationship with all links in the supply chain.
- Provide adequate protection for whistle-blowers.

Most of our purchases are against existing supply contracts or frameworks which have been negotiated under the NHS Standard Terms and Conditions of contract which have the requirement for Suppliers to have suitable anti-slavery and human trafficking policies and processes to be in place.

We understand that our biggest exposure to Modern Slavery is within the recruitment process and undertake to raise awareness within the business in order to identify any potential situations from the first instance.

Due diligence is expected throughout the whole recruitment process and throughout the workers employment within the business. Procedures are reviewed to eliminate risk and gain compliance across all business locations.

Training and Awareness

All new internal employees must attend a local inductions session which will provide information on the organisation, our values, policies and procedures and include information on Modern Slavery.

Existing staff will be made aware of Modern Slavery through local briefings planned through the year.

Our Procurement and Logistics service employ Chartered Procurement & Supply Professionals who are qualified as Fellows and Members of the Chartered Institute of Procurement and Supply who have passed the Ethical Procurement and Supply Final Test which is attached to this Professional Registration.

Overview

CNTW are committed to ensuring we operate towards the best practices at all times. By implementing and continually reviewing checks which minimise the risk of any form of modern slavery taking place within our operations, we are able to support the relevant government authorities in reporting any identified situations, and as such protect our business, our clients businesses and first and foremost, our workers.

John Lawlor

Chief Executive on behalf of the Board of Directors

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

May 2021

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