

Board of Directors Meeting (PUBLIC)

Wed 01 September 2021, 13:30 - 15:30

Via MS Teams

Agenda

Please note this meeting will be recorded

1. Welcome and apologies for absence

Ken Jarrold, Chairman


2. Declarations of Interest

Ken Jarrold, Chairman

3. Service User / Carer / Staff Story

4. Minutes of the meeting held 4 August 2021

Ken Jarrold, Chairman

 4. Board Public mins 04.08.21.pdf (11 pages)

5. Action log and matters arising from previous meeting

Ken Jarrold, Chairman

 5.0 BoD Action Log PUBLIC as at 01.09.21.pdf (2 pages)

5.1. Out of Area Placements Briefing

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

 5.1 OAP Board briefing 190821.pdf (2 pages)

6. Chair's Update

Ken Jarrold, Chairman

7. Chief Executive's Report

James Duncan, Deputy Chief Executive and Executive Director of Finance

 7. CEO Report September.pdf (5 pages)

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Quality, Clinical and Patient Issues

8. COVID-19 Response Update

Gary O'Hare, Chief Nurse

 8. COVID update Board Report - Sept 2021.pdf (6 pages)

9. Commissioning and Quality Assurance Update

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

 9. Commissioning Quality Assurance Report - Month 4.pdf (12 pages)

10. Annual Flu Plan Update

Gary O'Hare, Chief Nurse

 10. Annual Flu Plan 2021 22 final.pdf (13 pages)

Strategy and Partnerships

11. CNTW Workforce Strategy

Lynne Shaw, Executive Director of Workforce and Organisational Development

 11. Workforce Strategy Roll-Over.pdf (2 pages)

12. Annual Plan - Quarter 1 Update

James Duncan, Deputy Chief Executive and Executive Director of Finance/Ramona Duguid, Chief Operating Officer

 12. Annual Plan 21-22 Board Quarter 1 update Sep 21 v1.0.pdf (9 pages)

Workforce Issues


13. Quarterly Workforce Report (Q1)

Lynne Shaw, Executive Director of Workforce and Organisational Development

 13. Quarterly Workforce Report - Sept 2021.pdf (7 pages)

14. Guardian of Safe Working Hours (Q1)

Rajesh Nadkarni, Medical Director / Lynne Shaw, Executive Director of Workforce and Organisational Development

 14. Safer Working Hours Quarter 1 Apr to Jun 21 QP Report.pdf (6 pages)

15. Clinical Excellence Awards Report

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16. Workforce Race Equality Standards, Workforce Disability Equality Standards and Disparity Ratios Update

Lynne Shaw, Executive Director of Workforce and Organisational Development

16a. WRES and WDES report for Trust Board September 2021 final.pdf (12 pages)

16b. WRES and WDES report for Trust Board September 2021 Appendices.pdf (11 pages)

Regulatory Items

17. CNTW Disciplinary Policy

Lynne Shaw, Executive Director of Workforce and Organisational Development

17. Disciplinary policy final- Sept 2021.pdf (3 pages)

Board Sub-Committee minutes and Governor issues for information

18. Quality and Performance Committee

Alexis Cleveland, Chair

19. Audit Committee

David Arthur, Chair

20. Resource Business and Assurance Committee

Peter Studd, Chair

21. Mental Health Legislation Committee

Michael Robinson, Chair

22. Provider Collaborative Committee

Michael Robinson, Chair

23. CEDAR Programme Board

Peter Studd, Chair

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24. Charitable Funds Committee

Paula Breen, Chair

25. Council of Governor Issues

Ken Jarrold, Chairman

26. Any other business

Ken Jarrold, Chairman

27. Questions from the public

Ken Jarrold, Chairman

Date and time of next meeting - 6 October 2021, 1.30pm, Via MS Teams

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**Minutes of the Board of Directors meeting held in Public
Held on 4 August 2021 1.30pm – 3.30pm
Via Microsoft Teams**

Present:

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

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary
Chris Cressey, Associate Director of Finance
Anne Moore, Director of Infection Prevention and Control/Group Director for Safer Care (*for item 11*)
Tony Gray, Head of Safety, Security and Resilience (*for item 13*)
Beth Allan, Patient and Carer Involvement Lead
Allan Brownrigg, Staff Governor - clinical
Revell Cornell, Staff Governor – non-clinical
Fiona Grant, Lead Governor/Service User Governor for Adult Services
Kim Holt, Northumbria University Appointed Governor
Margaret Adams, Deputy Lead Governor/Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Tom Rebar, Service User Governor for Adult Services
Bob Waddell, Staff Governor – non-clinical
Denise Porter, Appointed Governor for Voluntary and Community Sector
Evelyn Bitcon, Public Governor for North Cumbria

1. Welcome, apologies for absence and Declarations of Interest

Ken Jarrold welcomed everyone to the meeting.

Apologies for absence were received from James Duncan, Deputy Chief Executive/Executive Director of Finance and Rajesh Nadkarni, Medical Director.

There were no new declarations of interest to note.

2. Service User/Carer Story

Ken Jarrold extended a warm welcome and thanks to Anita Kniveton who attended the Board to share her story as a carer.

3. Minutes of the meeting held 7 July 2021

The minutes of the meeting held on 7 July 2021 were considered.

Approved:

- **The minutes of the meeting held 7 July 2021 were approved as an accurate record.**

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

There were no outstanding actions to note.

5. Chairman's Remarks

Ken Jarrold noted that the Trust continues to experience significant staffing pressures due to various issues including challenges in relation to recruitment and retention and the impact of the pandemic and the various national notifications asking people to self-isolate. Gary O'Hare will provide an update on actions being taken under item 12. Ken also acknowledged the pressures for the workforce on top of their already heroic efforts in their response to the pandemic.

Ken Jarrold congratulated Amanda Pritchard on her appointment as Chief Executive of NHS England/Improvement (NHSE/I) recognising Amanda's long career in the health service and close personal connections to the North East.

Resolved:

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

6. Chief Executive's Report

John Lawlor was pleased to confirm that the Trust was recently awarded a silver award under the Ministry of Defence' Employer Recognition Scheme in recognition of the Trust's support to the Armed Forces.

Despite the challenges of the pandemic, John reported that the Northumberland and North Tyneside Crisis Team have been recognised for their high standards of care and treatment under the Royal College of Psychiatry's Home Treatment Accreditation Scheme (HTAS).

John referred to the Government's response to the consultation on the reform of the Mental Health Act. John referred to challenges in the implementation of some of the proposals, particularly maintaining the balance between keeping patients as safe as possible, while maintaining and protecting human rights.

As Chair of the Trust Mental Health Legislation Committee, Michael Robinson noted that a discussion took place on the Government's response to the White Paper at the July meeting and referenced issues for clarity around the definition of some key terms including 'therapeutic benefits' and 'substantial risk of significant harm'. Michael acknowledged that whilst the Act is important, other issues including alternative support available for people with mental health issues also needs to be considered in order to meet the rising levels of demand for mental health services.

Resolved:

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

Quality, Clinical and Patient Issues

7. COVID-19 Response update

Gary O'Hare noted the increase in staff absence and the Trust was currently managing one outbreak within the North locality. The Trust currently has four COVID19-positive patients within Trust services and staff continue to take twice-weekly Lateral Flow Device testing. 90% of staff have now received first and second doses of the vaccine and the programme for inpatient vaccinations continues.

Gary made reference to the Trust's approach to responding to the national NHS Test and Trace Programme and the significant impact of both Test and Trace and the NHS App in terms of guidance relating to the requirement to self-isolate.

The Trust have implemented actions to manage the surge and respond to the adverse impact of the various notifications advising people to self-isolate. Gary described the Trust's approach on the actions taken in relation to the NHS App proximity alert and the NHS Test and Trace App described in the report. Actions taken have also been included within Trust business continuity plans.

The impact following the lifting of restrictions on 19 July was yet to be seen and the COVID19 Incident Management Group meetings have been re-established to monitor this carefully. Other actions taken to manage the surge included the standing down of non-essential meetings. It was also noted that despite the lifting of restrictions nationally for the general public, there were no changes to restrictions within NHS settings.

Gary advised of the challenges during the summer period for staff working in hot conditions and advised that work was ongoing to explore options for air conditioning units deemed to be compliant for use during the pandemic.

Darren Best referred to work to support staff during the hot weather during the pandemic and a discussion at the Resource and Business Assurance Committee on climate change and the long-term actions required. Darren queried the role of the Local Resilience Forum (LRF) in terms of the impact on other public services. Gary acknowledged that the national notifications had had a significant impact on all organisations and their ability to resource services adequately and confirmed that the Trust and other organisations receive support through the LRF.

Darren referred to vaccines and asked if any progress had been made with regard to the COVID19 booster and the link to the Flu vaccination programme. Gary referred to the likelihood of the booster programme commencing around October time with the current thinking being that both COVID19 and Flu vaccines be given at the same time. An update would be provided to the Board once clarity on the programmes is received.

Darren queried the Trust's approach to working from home versus being at work in terms of the impact on health and wellbeing. Gary advised that the Trust were currently operating with a hybrid-model agreeing that for some people, it is more beneficial for them to be at work. A Working Safely Group was in place to define the hybrid-model moving into the future.

Resolved:

- **The Board received and noted the COVID-19 Response update**

8. Commissioning and Quality Assurance update (Month 3)

Lisa Quinn provided an update on the position as at Month 3 (end of quarter 1) and referred to the Mental Health Act reviewer visits with nine visits undertaken within the quarter. Four key themes had been identified: human rights, Section 17 leave, consent to treatment and pathway delays. With regard to pathway delays, further work had commenced with regard to understanding and escalating delays within pathways, particularly in some specialist areas.

In terms of clinical standards, Lisa reported an improved position with regard to access within the adult and older persons' main pathways, also noting that there has been a further deterioration in the children and young people's pathway, particularly within Newcastle/Gateshead. Further work is ongoing within this area with commissioning colleagues and Lisa noted the increase in referrals.

With regard to training standards and appraisals, Lisa reminded Board members of the move back to level 2 of the Operational Pressures Escalation Levels Framework (OPEL) due to COVID19 pressures and advised that while the report provided performance against the trajectories set, a decision was made recently to postpone training and appraisal requirements recognising the pressures on services. Staff were being asked to make best endeavours to complete training and appraisals in the meantime, subject to operational pressures.

Chris Cressey provided an update on financial performance noting a £200k surplus at the end of quarter 1. The Trust continued to forecast a breakeven position at end of the first six months of the financial year. Block income arrangements remain in place and Chris stated that although it was envisaged these arrangements would remain in place for the remainder of the year, confirmation had not yet been received.

Ken Jarrold commended colleagues acknowledging that despite the pressures of the pandemic, performance was being maintained in most areas across the Trust.

Resolved:

- **The Board received the Month 3 Commissioning and Quality Assurance update**

9. Service User and Carer Experience Report (Q1)

Lisa Quinn presented the report noting the revised format in response to feedback from service users. There continues to be an increase in feedback from service users and carers with a promising score in response to the 'friends and family' question. The team have also received and responded to feedback from service users and carers regarding the accessibility of the online survey.

Lisa referred to some positive themes which included values and behaviours and patient care, with the two key negative themes relating to communications and general care.

Lisa discussed the section relating to the outcome of feedback and noted that this section was still developing to improve reporting on how feedback is used to improve services. The aim was to ensure that feedback can be used better at a more local level in the Trust and the team were encouraging a similar approach to feedback from local services and communities.

Ken Jarrold commended the report and on behalf of the Board, asked Lisa to express its thanks to Paul Sams, Feedback and Outcomes Lead for his efforts in improving the report and information provided to the Board.

Resolved:

- **The Board received the Service User and Carer Experience Report (Q1)**

10. Quality Priorities 2021/22 (Q1) Report

Lisa Quinn reminded Board members of the decision to carry forward three quality priorities from 2020/21: improving inpatient experience; improving waiting times; and clinical effectiveness and referred to the new quality priority agreed for this year following feedback from Governors, service users and carers: “increasing time staff have with service users and carers”. It was recognised that as a new quality priority this was in the early stages of development.

Lisa reported that there were currently no inappropriate out of area placements and teams continued to review average bed occupancy and the number of service users travelling more than 50 miles from home for their treatment. Despite the strong performance in these areas, due to the current operational pressures, Lisa briefed the Board on the current risk in relation to maintaining the position relating to out of area placements.

Peter Studd referred to quality priority 2, improving waiting times, noting the number of people waiting more than 18 weeks for their first contact had decreased but the overall number of people waiting had increased. Lisa advised that there was no available national definition for waiting times. The Trust monitor initial contact/acceptance into services, followed by waiting times from initial contact to receiving treatment. Lisa agreed to provide additional narrative in future reports to provide more clarity.

Evelyn Bitcon asked what the criteria was for an ‘out of area placement’. Lisa provided detail of the technical definition. If a service user is placed out of the CNTW footprint because of bed pressures in CNTW, they would be deemed to be an ‘inappropriate’ out of area placement. If a service user is placed within the CNTW footprint due to an inability to be placed close to their own home, this would not be classified as an ‘inappropriate’ out of area placement. Lisa offered to produce a brief to help understanding of definitions in relation to out of area placements.

Evelyn Biton referred to a recent Governors meeting at which a discussion took place regarding work to explore what services were not being provided within the North Cumbria locality. Ken Jarrold agreed that it would be useful for the Board and Governors to receive information about the services which are provided in each of the Trust localities.

Ramona referred to access and waiting times and suggested that the Board spend some time at a future away day looking at issues including access, waiting times, pathway management and service models in the context of the Trust’s service delivery programme.

Resolved:

- **The Board received the Quality Priorities 2021/22 (Q1) report**

Action:

- **Provide a brief to clarify the definition of appropriate and inappropriate out of area placements**
- **An update to be provided to the Board and Governors clarifying the services provided within each of the Trust four localities**
- **Additional narrative to be provided within the Quarter 2 report clarifying the Trust's approach to monitoring waiting times given the absence of a national definition**

11. Annual Infection and Prevention Report 2020-2021

Gary O'Hare introduced the report and commended the work of the Infection Prevention and Control Team (IPC) and Anne Moore as Director of Infection Prevention and Control and her role as Director lead for COVID19 Gold Command during the pandemic.

Anne Moore presented the report and noted that the report had been reviewed in detail at the July meeting of the Quality and Performance Committee and noted the report reflected a particularly unusual year for the Trust and the team in terms of the focus on the response to the pandemic. Anne emphasised the importance for the Board to receive assurance with regard to the measures implemented to prevent, reduce and manage all forms of infections.

All priorities have been delivered with the exception of planned audit activity and some specific staff training due to other pressures.

Anne made reference to health care acquired infections, noting that these related to the COVID19 pandemic. The report provided assurance in relation to guidance issued throughout the year, the methodology for reviewing guidance and how guidance was implemented, and compliance assured.

Anne noted that plans had commenced to launch the seasonal flu campaign which again saw an increase in uptake for the 2020/21 year.

Resolved:

- **The Board received the Annual Infection and Prevention Report 2020/21**

11.1 Infection Prevention Board Assurance Framework

Anne Moore presented the quarterly report which provided assurance to the Board that there have been no breaches of standards in relation to the IPC measures in place in response to the pandemic. Anne noted that the reporting tool had been updated to reflect assurances in relation to: ventilation and risk assessments; maintaining social distancing with patients, visitors and staff; cleaning regimes in line with national cleanliness standards; roll out of the supporting excellent toolkit; and wearing of face masks where possible by patients.

Paula Breen expressed thanks and appreciation to the IPC Team for their ability to deliver business as usual activity whilst responding to the pandemic.

Peter Studd thanked the team in terms of maintaining standards around IPC and delivering the Flu and COVID19 vaccine programmes. Peter also took an opportunity to commend the work of the domestic staff during what has been a significantly challenging period.

As Chair of the Quality and Performance Committee, Alexis Cleveland referred to the stepping down of some clinical audit work and reassured the Board that the Committee also reviewed the Clinical Audit Report and were satisfied with the process for prioritisation within the audit programme.

Resolved:

- **The Board received the Infection Prevention Board Assurance Framework**

12. Safer Staffing Levels Q1 including 6 monthly skill mix review

Gary O'Hare presented the report noting that a detailed discussion had taken place at the July meeting of the Quality and Performance Committee and acknowledged the challenges during May in terms of the availability of qualified nurses which was supplemented by unqualified staff, including from substantive, bank and agency staff.

Given the staffing challenges at the current time, Gary delivered a presentation on the focus on medical and nursing recruitment and retention and actions to address issues including the impact of COVID19 and the increasing pressures in terms of the number of vacancies across the Trust.

Ken Jarrold thanked Gary for the update and acknowledged the progress being made in terms of nursing and medical recruitment. Ken recognised the significant challenges related to staffing shortages and referenced the recent difficult decision by the Board to temporarily close Rowanwood Ward due to the level of qualified nursing vacancies.

Ramona Duguid provided a detailed update on the rationale of the Board's recent decision to temporarily close Rowanwood Ward, Carlisle. Ramona emphasised the importance of working closely with commissioning colleagues in terms of timescales and assurances needed to manage the safe transition of patients currently within Rowanwood Ward as well as supporting staff currently working on the Ward.

Alexis Cleveland recognised the difficult decision of the Board and thanked the Executive Team for acting swiftly to keep patients safe.

Resolved:

- **The Board received the Safer Staffing Levels Q1 Report including 6 monthly skill mix review**

13. Safety and Security Management Annual Report 2020/21

Gary O'Hare thanked Tony Gray and the team for their hard work and dedication throughout the year. Tony Gray presented the report and referred to Lone Working and the innovative practice taken to import digital data from devices into the Trust's internal systems. This has improved the Trust's ability to use data and information in real time. The Trust are also using this as income generation by providing the service to other providers and reinvesting income into frontline care.

Tony referred to the new violence reduction and prevention standard issued by NHSE in 2020 and noted that the Trust was taking an ICS approach recognising that the approach to managing and responding to violence and aggression was different for some services including mental health and learning disability services and the ambulance service.

Tony briefed the Board on the Trust narcotics dog handlers and the work to reduce the risk of substance misuse on inpatient wards and provided an update in relation to a personal story of a service user and the therapeutic benefits of the service.

Ken Jarrold commended the work of the team and the innovative work being undertaken by the Trust in terms of safety and security processes and the ability to safeguard our service users and workforce.

Denise Porter congratulated the team on the work to improve the use of lone working devices and body worn cameras and referenced the research which demonstrates the positive impact in de-escalating and decreasing levels of violence.

Resolved:

- **The Board received the Safety and Security Management Annual Report 2020/21**

Strategy and Partnerships

14. Children, Adolescent Mental Health update

Ramona Duguid provided an update following the reopening of Lotus Ward in May. Services are currently being provided to five patients and work remains ongoing with regard to staffing and recruitment.

It was agreed that a formal review of progress would be undertaken in September including a stakeholder event to provide an update on progress and discuss any lessons learnt in terms of the medium to longer term. An update will be provided to the Board at the October or November meeting subject to timescales of the stakeholder event.

John Lawlor referred to his role as Chair of the North East and Yorkshire Children and Young People's Group and noted the relatively low numbers of children and young people across Cumbria and the NE who are receiving treatment out of area, despite the closure of two wards across the region. John acknowledged the impact of the new care models work in the region which has resulted in a lower level of demand for eating disorder beds.

Resolved:

- **The Board received the Children and Adolescent Mental Health update**

Workforce Issues

15. Staff, Friends and Family Report (Q1)

Lynne Shaw referred to the report and noted that from July 2021, the staff friends and family test was replaced by the quarterly staff survey. The annual staff survey will remain.

Resolved:

- **The Board received the Staff Friends and Family Report (Q1)**

Regulatory

16. CQC Action Plan Update

Lisa Quinn presented the report and referred to a number of requests for approval from the Board. The Board were asked to agree: the closure of five must do actions based on sufficient evidence now being available; to re-open the staffing pressures must do action in recognition of the significant staffing pressures previously discussed in the meeting particularly for crisis and inpatient areas; and to extend some must do action timescales highlighted in the report given the operational current pressures. Lisa noted that the proposals were supported by the Quality and Performance Committee at the July meeting.

Paula Breen queried the appropriateness of reopening the staffing pressures must do action given there had previously been sufficient evidence to close the action. Lisa advised that staffing has previously been highlighted as an area of concern in some core services and noted that further improvement actions were required in this area to ensure a sustainable staffing model going forward. It was agreed that it would reflect good governance to re-open the action given the current risks in relation to staffing pressures.

As Chair of the Quality and Performance Committee, Alexis Cleveland provided assurance to the Board that the Committee were satisfied on all proposals outlined in the report.

Resolved:

- **Board received the CQC Action Plan Update**

Approved:

The Board approved:

- **The closure of the five must do actions outlined in the report based on sufficient evidence now being available**
- **The recommendation to re-open the staffing pressures must do action in recognition of the significant staffing pressures**
- **The proposals to extend some must do action timescales highlighted in the report given the operational current pressures**

17. Board Assurance Framework and Corporate Risk Register

Lisa Quinn presented the report and noted that the reports had been submitted to the Board sub-committees. Lisa highlighted the proposed changes relating to the realignment of the Provider Collaborative sub-committee noting the proposal to combine two risks and open a third risk associated with that Committee.

Resolved:

- **Board received and noted the amendments to the Board Assurance Framework and Corporate Risk Register**

18. NHSE/I Single Oversight Framework Compliance Report

Lisa Quinn referred to the report and noted there were no significant issues to report.

Resolved:

- **Board received the NHSE/I Single Oversight Framework Compliance Report**

Minutes/papers for information and items Committee updates

19. Committee updates

Ken Jarrold noted that many issues discussed by Committees had been discussed under other agenda items at the meeting.

19.1 Quality and Performance Committee

Alexis Cleveland provided an update following the meeting held 28 July which included a presentation from the North Cumbria locality which included a discussion regarding work to review the services which are provided in the Cumbria and other localities.

19.2 Audit Committee

David Arthur provided an update following the meeting held 28 July. The Committee received the External Audit report for NTW Solutions 2020/21 accounts which were formally approved by the NTW Solutions Board at its meeting held 3 August.

David also noted that the Committee received the first of a new report from Auditors on value for money and confirmed that there was now no requirement for Auditors to report on value for money as part of their Annual Audit opinion. A separate report is submitted to the Committee on any significant issues of concern. David confirmed that a clean report was submitted and there were no issues of concern highlighted.

19.3 Resource and Business Assurance Committee

Peter Studd advised that there were no significant issues to report.

19.4 Mental Health Legislation Committee

Michael Robinson provided an update following the meeting held 28 July which included updates on the outcome and learning from CQC Mental Health Act Reviewer visits and future of panel membership, including ensuring BAME representation.

19.5 Provider Collaborative Committee and Terms of Reference

Michael Robinson advised that there had been no meetings since the last Board update.

19.6 CEDAR Programme Board

Peter Studd confirmed that the Northgate development remained on track against the plan however Ferndene was forecasting a six-week delay. Both developments remained on track with respect to performance against financial plans and all risks associated with the programme were being monitored carefully.

Peter referred to the document 'It's not rocket science' a report on experiences of people with autism in terms of the environment where care and treatment is delivered. The team were using the recommendations from the report to inform the design of the build.

19.7 Charitable Funds Committee

Paula Breen advised that the July meeting had been stood down due to operational pressures but reassured the Board and Trustees that the Casanova investment continues to perform well. Paula also confirmed that the Fundraiser Post had now been advertised.

20 Council of Governors issues

Ken Jarrold provided an update on the Non-Executive Director interviews and thanked everyone involved in the process. The recommendations regarding Non-Executive Director appointments would be considered at a meeting of the Council of Governors scheduled to take place on 11th August.

Ken referred to the monthly membership newsletters which have been in place since December 2020 and was pleased that members were now receiving regular updates on Trust developments, including signposting on where to receive support. Ken encouraged anyone who does not have access to the newsletters to contact Debbie Henderson to be included on the mailing lists.

Ken referred to the recent meeting of Governors' Quality Group and highlighted the important role of the group in terms of receiving assurance and the level of influence it has in terms of ensuring the Board and operational teams remain sighted on the important issues for service users and carers. Ken thanked Margaret Adams for her contribution as Chair of the Group.

21 Any Other Business

Evelyn Bitcon referred to the Trust's Carers' Charter and queried its effectiveness, its reach and methodology used in terms of monitoring and evaluation. Ken Jarrold agreed that it was an important question and suggested that a more detailed response be provided to the next meeting. Margaret Adams advised that the Charter was monitored via Carer Conferences, however this was postponed due to COVID19 and suggested that this could be re-established as part of the national recovery from the pandemic.

Evelyn also asked for an update with regard to the development of a PALs service for the North Cumbria locality. Again, Ken asked that an update be provided to the next meeting of the Board.

Action:

- An update to be provided with regard to the Carers' Charter in terms of effectiveness, reach, monitoring and evaluation
- An update to be provided with regard to the development of a PALs service in the North Cumbria locality

Ken Jarrold thanked Debbie Henderson for her outstanding work during the pandemic in terms of her contribution to the response to the pandemic while maintaining business as usual and providing support to the Board and Council of Governors.

22 Questions from the public

None to note.

Date and time of next meeting

Wednesday, 1 September 2021, 1.30pm via Microsoft Teams

Board of Directors Meeting held in public

Action Log as at 1 September 2021

RED ACTIONS – Verbal updates required at the meeting

GREEN ACTIONS – Actions are on track for completion (no requirement for discussion at the meeting)

| Item No. | Subject | Action | By Whom | By When | Update/Comments |
|----------------------------|---|--|--------------------------------|---------------|-----------------|
| Actions outstanding | | | | | |
| 04.08.21 (21) | Carers' Charter | Update on the effectiveness, reach, monitoring and evaluation of the Carers' Charter | James Duncan | October 2021 | On track |
| 04.08.21 (21) | North Cumbria PALs service | Provide an update on progress to establish a PALs service in the North Cumbria locality | James Duncan/ Ramona Duguid | October 2021 | On track |
| 26.05.21 (5) | Access to support and services by telephone | As part of the Community Transformation work, undertake a review of telephonic access points into the Trust to incorporate issues identified in complaints/feedback from service users | Ramona Duguid | October 2021 | On track |
| 04.08.21 (10) | Quality priorities 2021/22 | Discuss at a future Board Away Day the wider issues impacting on the service development programme going forward | Ramona Duguid | November | On track |
| 04.08.21 (10) | Quality priorities 2021/22 | Additional narrative to be provided in the Q2 report clarifying the approach to monitoring waiting times given the absence of a national definition | Lisa Quinn | November | On track |
| 04.08.21 (10) | Quality priorities 2021/22 | Provide an update to the Board and Governors clarifying the services provided within each of the Trust four localities | Ramona Duguid | November 2021 | On track |

| Item No. | Subject | Action | By Whom | By When | Update/Comments |
|-------------------|-------------------------------|--|------------|----------------|---|
| Completed Actions | | | | | |
| 04.08.21 (10) | Quality Priorities 2021/22 | Provide a brief to clarify the definition of out of area placements | Lisa Quinn | September 2021 | Complete – briefing included under matters arising |

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 697856
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WHAT IS AN ACUTE OAP?

Definitions as per National Guidance / National Data Collection

[Out of area placements in mental health services for adults in acute inpatient care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/out-of-area-placements-in-mental-health-services-for-adults-in-acute-inpatient-care)

An Out of Area Placement (OAP) for acute mental health in-patient care is a person with assessed acute mental health needs who requires adult mental health acute inpatient care who is admitted to a unit that does not form part of their usual local network of services.

By this we mean an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service, and where the person cannot be visited regularly by their care co-ordinator to ensure continuity of care and effective discharge planning.

Inappropriate OAPs (unavailable beds)

An inappropriate OAP is an out of area placement that is solely or primarily necessitated because of the unavailability of a local acute bed within CNTW. Within CNTW we have taken the approach that care co-ordinators can work across the whole of the CNTW footprint and so we have never counted out of locality placements as out of area placements as we are following the continuity of care principles.

Appropriate OAPs

Placements outside of CNTW may be considered appropriate when:

- the person becomes acutely unwell when they are away from home (in such circumstances, the admitting provider should work with the person's home team to facilitate repatriation to local services as soon as this is safe and clinically appropriate)
- there are safeguarding reasons such as gang related issues, violence and domestic abuse
- the person is a member of the local service's staff or has had contact with the service in the course of their employment
- there are offending restrictions
- the decision to treat out of area is the individual's choice e.g. where a patient is not from the local area but wants to be near their family and networks

An appropriate OAP can become inappropriate when an individual who has become acutely unwell whilst away from home has been admitted to a bed in another organisation but cannot be repatriated into CNTW due to unavailability of beds.

Flexible/ Interim Approach to Managing OAPs

Guidance shared in April 2021 indicated that whilst ideally, people should be admitted to their home provider, where this isn't possible, consideration should be given to local and regional collaboration (ie across the ICS) to mitigate against the negative impact of spot-purchased OAPs i.e. applying the continuity principles* to allow for shared pathways of care (mutual-aid arrangements / robust contracts with local ISPs). Where it can be demonstrated that continuity of care is robust, then local areas can choose not to report the admission to another provider as an inappropriate OAP, however, they must be fully assured locally that the care pathway is not compromising patient experience or outcomes.

CNTW have not used this approach to date.

Cumbria, Northumberland Tyne and Wear
08/27/2021 10:15:57

**Board of Directors Meeting
1 September 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 | | | |

Trust updates

1. CNTW Annual Staff Excellence Awards

As an organisation we have thought long and hard about the benefits and risks associated with proceeding with our annual staff awards event, and have decided that we will go ahead with a face to face ceremony on Friday 3 September.

We have recognised the significant challenges faced by our workforce over the last 18 months and they have worked incredibly hard in extremely difficult circumstances. They deserve to have their achievements celebrated and we hope that the event will provide an enjoyable evening for everyone involved. Given legal restrictions have now been lifted and gatherings are now permitted we will be implementing additional Infection, Prevention and Control measures for the event.

Our staff awards will also be live streamed which means each and every one of us can join together, whether that be virtually or in person, to celebrate the many achievements of our people and teams after the most difficult period in our history.

I am so pleased to be able to share this news and Ken Jarrold, our chairman, and I are looking forward to celebrating the well-deserved success of our workforce.

2. HSJ Awards

Teams across our Trust have been shortlisted this year for the following HSJ awards:

- Mental Health Innovation of the Year Award – Delirium Liaison Pathway
- Health and Local Government Partnership Award – Collaborative Newcastle
- Connecting Services and Information Award and Provider Collaboration of the Year Award – Great North Care Record
- NHS Communications Initiative of the Year – NENC Suicide Prevention Network, improving access and information to services and support

The number of nominations shortlisted based on collaborative working of organisations across the sector for the benefit of service users and the public is outstanding. Alongside celebrating our workforce as part of our internal Annual Staff Excellence Awards to be recognised at a national level is a testament to the ongoing provision of services despite the challenges of the pandemic.

Well done to the staff and teams from the Trust and our partner organisations. We wish you the best of luck.

3. Care Pathway Enhancement clinics (CaPE)

The Care Pathway Enhancement (CaPE) clinics are a new development which represents collaborative working and models future integrated care system (ICS) developments. The CaPE clinics will be staffed by international fellows, higher trainees in psychiatry and non-medical prescribers who will be supervised by RADS' clinical academics (Regional Affective Disorders Service).

Patients will be referred by primary care practitioners and will be offered a structured clinical assessment and the formation of a biopsychosocial management plan over two virtual or face to face meetings. Patients will continue to be actively linked with primary care but their assessment and management will be informed by secondary care expertise and treatment options.

The CapE clinics will contribute to the professional development of international fellows and trainees through the use of structured clinical assessments with an emphasis on the use of rating scales and formal diagnostic interviews and the generation of step wide, RADS supported, management plans. Furthermore, the clinics will support the Trust's research ambition and help meet the challenges set out in Best Research for Best Health: The Next Chapter (published June 2021) which highlights that research has a fundamental role to play in helping to reduce the disparities that exist in health outcomes caused by socio-economic factors, geography, age and ethnicity.

It states that research needs to be practically and meaningfully embedded as part of the experience of patients whether to improve clinical outcomes, public health or social care and should be conducted with patients and citizens in the communities and geographies most affected. The CaPE clinics will be research aware and will help patients access appropriate clinical research studies. They will also improve the research knowledge, understanding and involvement of our trainees. The CaPE clinics are supported financially for two years by the North East and North Cumbria Clinical Research Network and demonstrate not only how boundaries between primary and secondary care can be blurred but also how health care and clinical research can be 'hand in glove'.

Regional updates

4. Development of Integrated Care Systems

During August three more key pieces of guidance have been issued to inform and guide the development of integrated care systems. These include:

- Interim Guidance on the function and governance of Integrated Care Boards
- The HR Framework for developing Integrated Care Boards
- Guidance on the ICS People Function
- Working Together at Scale: Guidance on Provider Collaboratives

These are key documents informing the rapid development of the ICS as a statutory function and will be considered by the Board in more detail at a future development session. Meanwhile, discussions continue across the North East and North Cumbria about the development of our local ICS. Proposals are being considered for governance and financial arrangements, and the process for recruiting the Chief Executive for the system has commenced.

5. Call for Expressions of Interest for the New Hospital Programme

The Board are aware that our CEDAR scheme was chosen as one of the forty schemes put forward in the New Hospitals Programme, part of the wider Health Infrastructure Plan. A call has gone out for Expressions of Interest for the next eight schemes to be considered as part of this programme. The demand against these will be significant, and there are strict criteria to be followed for schemes to be eligible. The schemes should be:

- A whole new hospital site on a new site or current NHS land.
- A major new clinical building on an existing site or a new wing of an existing hospital (provided it contains a whole clinical service, such as maternity or children's services).

- A major refurbishment and alteration including major or visible changes to the external structure.

The ICS Provider Collaborative has agreed to collectively review and agree the submissions to be made by the North East and North Cumbria, and these will be considered at a meeting on 6th September, with a submission deadline of 9th September. CNTW has asked for our North Cumbria scheme, with a headline capital value of £43m to be considered in this process.

It should be noted that the total value of schemes being considered for submission from the ICS total £1.1bn. In the current 40 hospitals programme the North East and Yorkshire has the lowest total of approved schemes, with four currently approved schemes (including the CEDAR scheme) with a total value of £726m.

National updates

6. Reaching the Tipping Point: Children's and Young People's Mental Health

A report has been produced by the NHS Confederation Mental Health Network highlighting the significant increases in demand for mental health support for children and young people across all services. It reports that there is mounting concern that the mental health system for children and young people in England is reaching tipping point, with the COVID19 pandemic having exacerbated existing challenges, including mental health inequalities. The report considers what impact the pandemic has had on children and young people's mental health, the services that support them, and how local systems are working in new ways to confront the issues before them. The key points in the reports are:

- There are significant increases in demand for mental health support for children and young people across all services – from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers - but also pressures on acute trusts and local authorities. As many as 1.5 million children and young people may need new or additional mental health support as a result of the pandemic. This figure could be even higher when considering unmet need.
- In particular, demand for support for eating disorders has risen dramatically over the course of the last year. The number of young people completing an urgent or routine pathway for eating disorders has increased by 104 per cent between quarter four in 2019/20 and quarter four in 2020/21.
- Further funding is required to address the increase in demand and to continue the transformation of services and support for children and young people, especially support in schools and other educational settings.
- This needs to include a greater focus on early intervention and addressing the social determinants of mental health. While there is intense pressure on beds now, priority must be given to preventative and early intervention services over the medium-to-long term.
- Funding alone will not address the problems. It is essential that we address chronic staffing shortages and challenges, including investment in more children and young people's mental health specialists as well as training and education of the wider workforce.
- Children and young people's mental health must be a priority for Integrated Care Systems (ICS). They need to focus on addressing the fragmentation of children and young people's mental health services that many people experience and improve access to both early intervention and specialist mental health services.

7. Understanding the MH Clinical support workforce-A report by the Nuffield Trust

The Nuffield Trust has produced a report considering the NHS clinical support workforce, frontline staff who – while typically not registered professionals – deliver the bulk of hands-on care. They are particularly important to mental health services, which are severely understaffed and under-resourced while demand grows at a worrying rate: the NHS in England has committed to improving mental health provision by providing services to two million more people in need of care by 2023/24, and policy documents show there is an estimated need for more than 6,000 more mental health clinical support staff by the same point in time.

This report explores the roles, responsibilities, and diversity of mental health clinical support staff, looks at the number and distribution of this vital workforce and discusses how their recruitment, career progression and retention might be improved. Some key statistics highlighted in the report are:

- 41,000 clinical support workers work in mental health services.
- There was an 8% fall in the number of mental health clinical support staff between January 2010 and January 2020.
- There are 96 unique job titles within the electronic staff records of mental health clinical support staff.
- 27% of mental health clinical support staff are 45- to 54-years-olds, compared with 21% for the working-age population as a whole.
- 27% of support staff working in mental health services are male, compared with just 17% of non-mental health support staff.
- There is twice the level of Black/Black British representation in the mental health support workforce (14%) compared with non-mental health support staff (6%) and all NHS staff (6%).
- £23,189 was the average gross salary for full-time clinical support staff in the 12-month period ending June 2020.
- There was a 6% level of reported sickness absence across the clinical support workforce in hospital and community services in June 2020, compared with 5% for nurses.
- 93% of those who were mental health support workers or health care assistants in June 2019 and who were employed in the NHS the following year remained in the same role, with just 1% moving into trainee nursing associate roles.

This is a vitally important but often overlooked part of our workforce and the findings of the report will be useful to consider in the development of our future workforce strategy.

John Lawlor
Chief Executive
September 2021

Cumbria, Northumberland Tyne and Wear
08/27/2021 10:15:57

**Report to the Board of Directors
September 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 | | | |

Coronavirus (COVID19)
Report for the Board of Directors meeting
1st September 21

1. Executive Summary

This report provides an exception report in response to the COVID19 pandemic since the last Trust Board. For this month the report focus is on 5 areas:

- Covid19 Prevalence, Surge and Business Continuity
- Nosocomial & Outbreak Management
- Vaccination Booster Programme
- Updated PHE guidance on NHS staff and student self-isolation and return to work following COVID19 contact
- Vaccination of people working or deployed in care homes:

2. Trust COVID19 Prevalence

Since the last report to Board, the North East and Cumbria (NE&C) region has seen a significant reduction in cases across all localities. Local rates per 100,000 at the time of the report (21.08.21) show the decrease in cases. (data in brackets from previous monthly report).

- | | |
|--------------------------------|------------------------------|
| • Newcastle 283.9 (890.3) | Gateshead 291.7 (963.6) |
| • South Tyneside 293.8 (1,192) | Sunderland 239 (1,117) |
| • North Tyneside 323.2 (788.3) | Northumberland 283.5 (727.6) |
| • Cumbria 280.7 (663.8) | |

Whilst cases appear to be levelling off, the situation remains very volatile as restrictions are eased. Whilst predominantly younger members of the population are testing positive, in some localities there has been a slight increase in cases in the 60-70 year age group.

In addition, testing has reduced which is largely attributed to the change of guidance for non-NHS and care staff i.e., to not isolate close contacts of household and non-household positive cases and school closures.

Localities are preparing for schools reopening in September and anticipate an increase of positive cases. It is however not planned for whole classes to have to self-isolate as we have previously seen where there is one positive case.

3 Surge and Business Continuity

NE&C hospitals have seen a decrease in hospital admissions although the reduction isn't as marked in comparison to overall case numbers decreasing. The whole system e.g., Acute medical admissions, Emergency Departments, Primary Care, Ambulance services and Mental Health and Disability providers continue to experience immense pressure due to a combination of non-covid presentations and demand on services, coupled with the impact of staff absence. Acute hospital COVID19 admissions are seeing an increase in patients who have been fully vaccinated requiring ITU and HDU beds and oxygen support.

The Trust's COVID19 IMG continues to meet twice a week led by the Chief Nurse.

Calls to the absence line have reduced during August and have stabilised. Covid related absence including isolations have reduced and are at a similar rate to February 2021. However, non- covid related absence has increased and is similar to the January 2021 position.

- At the time of this report, we continue at Opel level 2 because of Covid, non-covid absence and vacancies
- Additional targeted support for emotional health and wellbeing for staff is in place
- Due to increased pressure in clinical services, the decision taken to stand down non-essential meetings to free up capacity has been further reviewed
- Recruitment activity to support vacancies continues to be prioritised

4. Updated PHE guidance on NHS staff and student self-isolation and return to work following COVID-19 contact.

The last report outlined our response to guidance which enabled Trusts to return health and care staff from isolation to work if a close contact identified by the NHS Test and Trace App. This was agreed on a case-by-case basis to potentially return, inpatient medical staff including junior doctors and registered nursing staff only, to areas where there are significant patient safety concerns. On call medical support to inpatients being one of the critical areas. Approval following robust risk assessment is signed off by the DIPC/Executive lead. This protocol was extended to include Crisis and Liaison staff. During the last month 58 staff who met the criteria above have been returned to work via robust risk assessment

On 16th August the government issued further guidance for the general population enabling anyone to return to work if identified as a close contact, this includes positive household and non-household contacts.

However, the guidance issued specifically aimed at Health and Social Care staff is unclear and requires further conversation. There is contradictory guidance regarding household and non-household members and further clarity required re: the term 'highly vulnerable'. The DIPC's in the region have escalated the issue asking for clarity.

The COVID19 IMG have agreed to wait for further clarity before implementing changes across the Trust. Currently however, if a staff member is identified as a close contact, they will not return to the workplace but can continue to work from home if the role allows. The individual will not be required to isolate for the 10 days at home.

IMG will review the position as further information and clarity is shared.

5. Nosocomial Infections (Hospital Acquired) & Outbreak Management

Since the last meeting, the Kinnersley Outbreak was closed due to no further positive staff or patient cases within a 28-day period linked to the outbreak. However there have been a further 4 Outbreaks declared during August.

- **Mowbray Ward:** Declared on 9 August 2021. Five positive patients and eight positive staff linked to positive Index Case admitted from SRH who had close contact with the patients prior to positive result being confirmed on transfer. The ward was originally cohorted and five patients subsequently tested positive. The five cases are reported as nosocomial (hospital acquired) cases A root cause

analysis has been undertaken to establish the transmission to both patients and staff. It has been noted the nature of the patients who have dementia are extremely tactile which increases the risk of contact transfer of the virus.

- **CNTW Mobile Testing Team:** Declared on 12th August 2021. Three staff from the Mobile Testing Team have tested positive. Initial Root Cause Analysis has identified practice concerns regarding donning and doffing PPE and waste management. Actions are in place to prevent further re-occurrence
- **SNH Switchboard:** Declared on 18th August 2021. The Switchboard at St Nicholas Hospital has two positive staff cases and six staff have isolated as a result of close contact. The team is small, and this had had a significant impact requiring an urgent response to train staff to operate switchboard functions. Poor compliance of IPC and PPE identified, and a robust action plan is in place to address the shortfalls in this area.
- **Lotus Ward:** Declared on 19th August 2021. Lotus currently has four patients on the ward and one patient is Covid positive. Three staff have also tested positive and a further three staff are isolating as a result of being a close contact. A root cause analysis is underway and initial findings have identified a staff member became symptomatic whilst at work, enhanced PPE/ IPC practice issues whilst staff were supporting the patient at the Acute. This is a small clinical team and staffing has been a challenge.

Learning from the outbreaks indicates staff are not always wearing masks in shared offices and maximum occupancy of rooms is not adhered to. Using the available ventilation is also a common theme as is a drop in standards of donning / doffing appropriately and safe disposal of used PPE. In addition to current daily handover and covid checklists an updated presentation is being prepared by the IPC team for services (Clinical & Corporate) to cascade via Team briefings.

6. COVID19 Vaccination Programme

New admissions to the Trust continue to be supported by clinical teams to access covid vaccinations from local vaccination services. There are discussions with local systems to explore how to enhance access, for example the vaccine bus visiting hospital sites.

Since the last meeting the JCVI have issued interim guidance (final guidance expected before September) with plans for a covid vaccination booster campaign starting in September 2021. It will be delivered in two stages – offering a third dose COVID-19 vaccine (at least 6 months after second dose). Interim guidance advises that where possible this can be co-administered with a flu vaccine however the flu vaccination roll out must not be delayed waiting for covid vaccination.

Stage 1 – as soon as possible from September 2021:

- Immunosuppressed (over 16 years)
- Residents in older adult care homes
- All adults aged over 70 years
- Clinically extremely vulnerable (over 16 years)
- Frontline health and social care workers

Stage 2 – as soon as practicable after stage 1 with equal emphasis on the deployment of the flu vaccine where eligible:

- All adults aged over 50 years
- influenza or COVID-19 at-risk groups (16-49 years)
- Adult household contacts of immunosuppressed individuals

Until the final guidance is published it is not clear on what covid vaccine will be used for the booster programme. We have reviewed the requirements for all vaccines available and have incorporated these into planning.

Planning is ongoing to develop plans for staff and patients incorporating learning from the Trust 20/21 flu campaign and the covid vaccines earlier this year. For staff, four clinic areas have been identified:

- Keswick House, SNH
- Druridge ward, SGP
- Meadowview, HWP
- Edenwood, Carleton clinic

High volume, seven-day vaccine clinics will enable the vaccination of staff at the earliest opportunity. The national guidance advises planning for the co-administration of flu and covid vaccine where possible. This will be the preferred delivery model in the clinics. However, the availability of the flu vaccine will be a significant determining factor in the co-administration of vaccines in the clinics. Flu vaccines have been ordered and will be delivered to the Trust in four stages from mid-September until mid-November. This is not unique to our Trust and is the same for other providers and GP practices.

The model for patient vaccinations will be determined by the vaccine choice due to constraints around movement and administration of the vaccine. Work has started to identify patients in stage 1. Flu vaccination for all eligible inpatients will be prioritised as soon as it arrives in the Trust.

7. Vaccination of people working or deployed in care homes:

From 11 November 2021, anyone working or volunteering in a care home will need to be fully vaccinated against coronavirus (COVID-19), unless exempt. This applies to professionals and tradespeople including volunteers and students.

- Exemptions include medical reasons, emergency care, urgent maintenance work, friends / family and those under 18yrs
- First dose will need to be arranged by 16th September to enable those individuals to be fully vaccinated by 11th November
- Staff will be asked to provide proof that they are fully vaccinated (NHS App, NHS website – NHS.uk, NHS Covid Pass Letter)
- Exemption for medical reasons – will need to have a ‘clinically approved exemption via GP’

Across clinical services in the Trust the following actions have been agreed:

- Review staff vaccination status via Dashboard to identify staff who haven't been fully vaccinated
- Identify staff working in Older Adult & Learning Disability Teams and Crisis/Liaison Teams regularly access Care Homes. Expected that Supported Living Accommodation will also be included so will apply to all pathways
- Groups to understand the impact of staff member not being vaccinated and ability to carry out their role
- On an individual basis – managers to explore reasons why vaccination hasn't been completed and support staff to book a vaccination via the national booking system or local pop-up sites if staff agreeable.
- May need to consider redeployment if role requires staff to access Care Homes and staff haven't been fully vaccinated

8. Recommendation

The Board are asked to receive this report, noting the increase in covid related activity and assurance on the measures taken to date.

Anne Moore

Group Nurse Director Safer Care, Director of Infection Prevention and Control

Cumbria, Northumberland Tyne and Wear
08/27/2021 10:15:57

**Report to the Board of Directors
1st September 2021**

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

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

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

| Management Group meetings where this item has been considered (specify date) | |
|---|------------|
| Executive Team | 23.08.2021 |
| 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 | | 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

2021-22 Month 4 (July 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 four Mental Health Act Reviewer visits – Castleside, Tyne (Mental Health Low Secure), Clearbrook and Bridgewell during July. Feedback from the visits that have taken place include; staffing issues impacting on leave, therapeutic interventions/activities and issues with care plans.

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 4 with the exception of:
 - CPA metrics for all CCG's with the exception of Newcastle Gateshead, South Tyneside, Durham, Darlington and Tees and North Cumbria.
 - Numbers entering treatment within Sunderland IAPT service (559 patients entered treatment against a target of 810) and North Cumbria (385 patients entered treatment against a target of 605).
 - Delayed Transfers of Care within South Tyneside, Durham, Darlington and Tees and North Cumbria.
- 4 The Trust met all the requirements for month 4 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.3% against a 100% target).
- 5 All CQUIN schemes for 2021/22 have been suspended until Quarter 3 2021-22 due to the COVID-19 pandemic.
- 6 There are 19 people waiting more than 18 weeks to access services this month in non-specialised adult services (19 reported last month). Within children's community services there are currently 824 children and young people waiting more than 18 weeks to treatment (752 reported last month).

7 Training topics below the required trust trajectory as at month 4 are listed below:

| Training Topic | Month 4 position | Quarter 2 trajectory | Quarter 2 standard |
|---|------------------|----------------------|--------------------|
| Information Governance | 91.4% | 95% | |
| PMVA Breakaway training | 75.3% | 82% | |
| Mental Health Act combined | 61.9% | 83% | |
| Clinical Risk and Suicide Prevention training | 82.6% | 85% | |
| Clinical Supervision | 80.1% | 84% | |
| Seclusion training | 70.6% | 85% | |
| Rapid Tranquilisation | 78.8% | 85% | |
| Safeguarding Children Level 2 | 84.2% | 85% | |
| Safeguarding Children Level 3 | 76.6% | 84% | |
| PMVA Basic training | 41.7% | Under review | |
| Fire Training | 83.8% | 85% | |
| MHCT Clustering | 61.7% | | 85% |

8 Appraisal rates are reported at 75.4% in July 2021 (77.1% last month), the recovery trajectory for Quarter 2 is 80% Trustwide

9 The percentage of staff with a completed clinical supervision record is reported at 47.9% as at 31st July 2021. At 31st July 2021 the proportion of staff with a management supervision recorded in the last 3 months is reported at 55.7% against a recovery trajectory of 81% for Quarter 2 2021.

10 The confirmed June 2021 sickness figure is 5.8%. This was provisionally reported as 5.87% in last month's report. The provisional July 2021 sickness figure is 6.95% which is above the 5% standard. The 12 month rolling average sickness rate has increased to 5.66% in the month.

11 At Month 4, the Trust has a surplus of £0.2m which is slightly below plan. Agency spend at month 4 is £6.2m of which £3.7m (59%) relates to nursing support staff.

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08/27/2021 10:15:57

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 93.7% which is above the 80% standard. (was 94.0% last month).
- There were 6 inappropriate adult out of area bed days reported in July 2021 due to the unavailability of adult acute beds. This related to two patients, one patient was admitted appropriately whilst away from home but was then subsequently classed as inappropriate when they were unable to be transferred back to CNTW.
- During July 2021 the Trust received 307 Points of You survey returns, of which 68% were from service users, 18% from carers, 9% were completed on behalf of a service user and 5% did not state the person type. Of the 307 responses 294 answered the FFT question with 84% of service users and carers stating their overall experience with CNTW services was either good or very good.

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

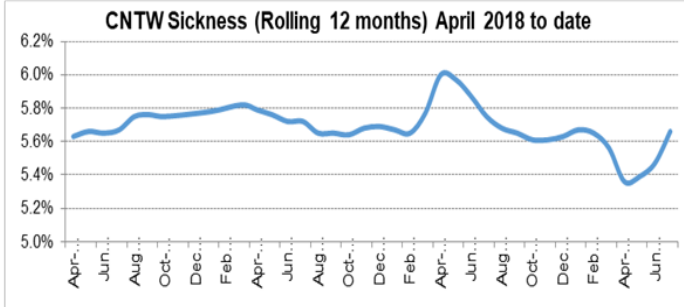
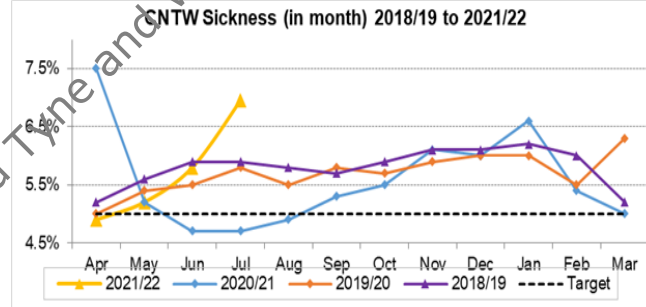
- Availability of face to face training e.g. PMVA
- Ability for teams to release staff to take part in or deliver training e.g. PMVA
- Staff leave – taking carried forward annual leave as covid restrictions ease
- Trainee rotations – drop in LET doctor and doctors in training training standards when 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. Please note, however the Trust moved to OPEL Level 2 on the 14th July which led to the suspension of all training and non-essential meetings due to staff shortages.

Cumbria, Northumberland and Tyne and Wear
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| | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|------------------------|--|--|--|
| Regulatory | Single Oversight Framework | | | | | | | | | | | | | | | | | | | |
| | 1 | | The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). | | | | | | Use of Resources Score: | | 2 | | | | | | | | | |
| | CQC | | | | | | | | | | | | | | | | | | | |
| | Overall Rating | | Number of "Must Dos" | | There have been four Mental Health Act reviewer visit reports received since the last report. The visits continue both virtually and online with the process including interviews with Ward Managers/Clinical Leads, service users and carers and IMHA representatives | | | | | | | | | | | | | | | |
| | Outstanding | | 45 | | | | | | | | | | | | | | | | | |
| Contract | Contract Summary: Percentage of Quality Standards achieved in the month: | | | | | | | | | | | | | | | | | | | |
| | NHS England | | Northumberland CCG | | North Tyneside CCG | | Newcastle / Gateshead CCG | | South Tyneside CCG | | Sunderland CCG | | Durham, Darlington & Tees CCGs | | North Cumbria CCG | | | | | |
| | 94% | | 100% | | 80% | | 90% | | 80% | | 86% | | 75% | | 50% | | | | | |
| | Contract Summary: Percentage of Quality Standards achieved in the month: | | | | | | | | | | | | | | | | | | | |
| | 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 2021/22 until Quarter 3 | | | | | | | | | | | | | | | | | | | |
| Internal | Accountability Framework | | | | | | | | | | | | | | | | | | | |
| | North Locality Care Group Score: July 2021 | | | | Central Locality Care Group Score: July 2021 | | | | South Locality Care Group Score: July 2021 | | | | North Cumbria Locality Care Group Score: July 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 | | 4 | | The group is below standard in relation to a number of internal requirements | | | | | |
| | Quality Priorities: Month 4 internal assessment RAG rating | | | | | | | | | | | | | | | | | | | |
| Improving the inpatient experience | | | | Improve waiting times for referrals to multidisciplinary teams | | | | Increasing time staff are able to spend with service users and carers | | | | Equality, Diversity & Inclusion and Human Rights | | | | | | | | |

| | | | | | |
|---|--|---|---|---|--|
| Waiting Times | | | | | |
| The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has increased in month 4. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team. | | | | | |
| Workforce | Statutory & Essential Training: | | | | Appraisals: |
| | Number of courses Trajectory Achieved Trustwide: | Number of courses <5% below trajectory Trustwide: | Number of courses trajectory not achieved (>5% below standard): | Fire training (83.8%), Clinical Risk training (82.6%), Clinical Supervision training (80.1%), Safeguarding Children Level 2 (84.2%) and Information Governance (91.4%) are within 5% of the Quarter 2 trajectory. Rapid Tranquilisation training (78.8%), PMVA basic training (41.7%), PMVA Breakaway training (75.3%), MHA combined training (61.9%), MHCV Clustering Training (61.7%), Seclusion training (70.6%) and Safeguarding Children Level 3 (76.6%), are reported at more than 5% below the Quarter 2 trajectory. | Appraisal rates have decreased in the month to 75.4% in July 2021 (was 77.1% last month). |
| | 7 | 5 | 7 | | |
| | Sickness Absence: | | | | |
|  | | | | | <p>The provisional “in month” sickness absence rate is above the 5% target at 6.95% for July 2021</p> <p>The rolling 12 month sickness average has increased to 5.66% in the month</p> |
|  | | | | | |
| Finance | At Month 4, the Trust has a surplus of £0.2m which is slightly below plan. Agency spend at Month 4 is £6.2m of which £3.7m (59%) relates to nursing support staff. | | | | |

Financial Performance Dashboard

Income & Expenditure

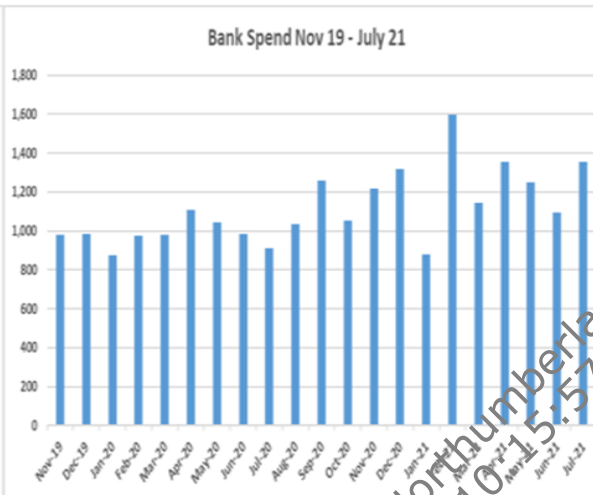
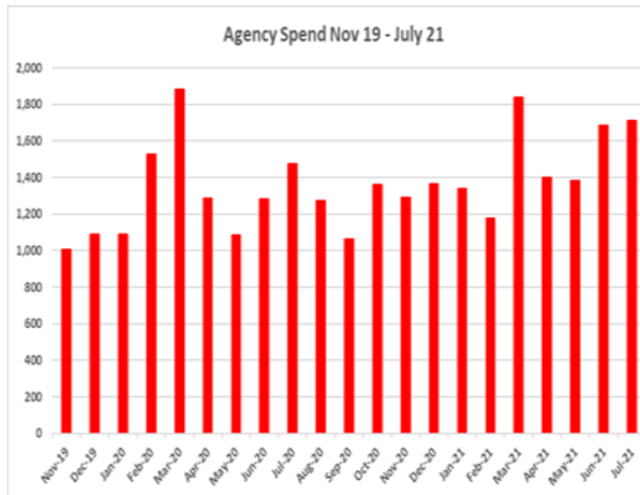
| | Plan £m | Actual £m | Variance (£) |
|----------------------------|------------|--------------|-----------------|
| Income | 161.8 | 161.6 | 0.2 |
| Pay | (115.1) | (115.3) | 0.2 |
| Non Pay | (46.4) | (46.1) | (0.3) |
| Surplus / (Deficit) | 0.3 | 0.2 | 0.1 |

Key Indicators

| Key Indicators | Year To Date |
|--------------------|-----------------|
| Surplus/ (Deficit) | £0.2m |
| Agency Spend | £6.2m |
| Cash | £63.8m |
| Capital Spend | £10.0m |

Key Issues/Risks

- At month 4 the Trust has delivered a £0.2m surplus.
- Income arrangements are a continuation of the block contracts implemented in 2020/21 in response to COVID. These arrangements will continue for at least the first 6 months of the year (H1).
- The Trust has agreed to deliver break-even at the end of H1 as part of the North ICP/ICS financial plan.
- The Trust has agreed the MHIS funding for 2020/21 and 2021/22 together with investment from the Service Development Fund and Spending Review funding provided for Mental Health.
- The Trust is the Provider Collaborative lead for the North East & Cumbria for Specialist CYPs services and Adult Secure services. As a result the Trust will manage an additional £53m income and expenditure in 2021/22.
- Cash – £63.8m at month 3 which is more than historical cash levels (pre-COVID) due to improved working balances, capital spend being less than plan in 2020/21 and increases in provisions.
- Capital Spend - £10.0m at month 4 which is £4.4m less than plan.



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

| | 05/07/2021 | | 12/07/2021 | | 19/07/2021 | | 26/07/2021 | |
|--------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|
| Medical | 91 | 36 | 91 | 36 | 91 | 36 | 91 | 36 |
| Qual Nursing | 192 | 181 | 198 | 186 | 180 | 170 | 184 | 173 |
| Unq Nursing | 1,705 | 98 | 1,835 | 101 | 1,740 | 92 | 1,783 | 92 |
| A&C | 63 | | 86 | | 91 | | 76 | |
| Total | 2,051 | 315 | 2,210 | 323 | 2,102 | 298 | 2,134 | 301 |

In July the Trust reported an average of 309 price cap breaches (36 medical, 178 qualified nursing and 96 nursing support). At the end of July 9 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 month 4 and has moved back to OPEL Level 2 on the 14th July 2021, leading to a further risk to compliance against trajectories and standards.
- 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

Allan Fairlamb

Deputy Director of Commissioning &
Quality Assurance

17th August 2021

Lisa Quinn

Executive Director of Commissioning &
Quality Assurance

Cumbria, Northumberland Tyne & Wear
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Training Trajectories 2021-2022 – Appendix 1

| 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% | 25% | 50% | 50% | 42% | 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% | 76% | 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% |

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% |

Report to the Board of Directors

| | |
|---|---|
| Title of report | Seasonal Flu Vaccination Plan 2021/22 |
| Report author(s) | Anne Moore Group Nurse Director Safer Care, DIPC |
| Executive Lead (if different from above) | Gary O'Hare, Executive Director of Nursing and Chief Operating Officer |

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

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

| Does the report impact on any of the following areas (please check the box and provide detail in the body of the report) | | | |
|---|---|---|---|
| Equality, diversity and or disability | | 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 | | | |
| | | | |

Seasonal Flu Vaccination Plan 2021/22

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Seasonal Flu Vaccination Plan 2021/22

1. Purpose

This plan sets out the Cumbria, Northumberland Tyne and Wear (CNTW) strategic approach to the delivery of seasonal influenza vaccination to both patients and staff.

The plan is not intended to provide clinical guidance on seasonal flu vaccine. Guidance for the management of patients with an influenza like illness or confirmed influenza is set out in IPC- PGN- 26, (part of CNTW (C) 23 Infection Prevention and Control Policy).

The plan below is in line with the Trust Board assurance checklist as per Appendix 1 which needs to be completed by December 21

2. Seasonal Influenza (Flu) Vaccination Programme 2021/22

As a result of non-pharmaceutical interventions in place for COVID-19 (such as mask wearing, physical and social distancing and restricted international travel), influenza activity levels were extremely low globally in 2020 to 2021. Therefore, a lower level of population immunity against influenza is expected in 2021 to 2022. Due to the relaxation of COVID-19 guidelines across the country and the return of social mixing and social contact, it is expected that this winter 2021 to 2022 flu levels will return towards pre-pandemic norms. It will also be the first winter in the UK when seasonal influenza will co-circulate alongside COVID-19.

The national flu immunisation programme 2021/22 available at <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter>

Following last years expanded influenza vaccination programme, it has been agreed nationally to continue the extended offer of vaccination to 50 - 64-year-olds for 2021/22 to increase protection across this age group.

Influenza vaccination is therefore an important priority this coming autumn to reduce morbidity and mortality associated with influenza and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of COVID-19.

3. Covid-19 Booster vaccination Programme 2021/22

The Joint Committee on vaccination and immunisation (JCVI) have issued interim advice to plan to offer Covid-19 booster vaccines from September 2021 to prolong the protection that vaccines provide in those who are most vulnerable to serious COVID-19 ahead of the winter months. The 2-stage programme would take place alongside the annual flu vaccination programme.

The final advice will be published before September and will take into account the latest epidemiological situation, additional scientific data from trials, real-time surveillance of the effectiveness of the vaccines over time and emerging variants. The final advice could change from the interim advice as further data is analysed.

The planning of the Trust flu vaccination programme has therefore also incorporated planning for covid boosters. Until the final guidance is published many of the operational and clinical logistics for the booster programme are unclear. National guidance has suggested that we should plan for a co-ordinated vaccine programme where staff / patients could receive a flu and covid vaccination in the same session. A draft Booster implementation plan has been provided to NHSEI and will be shared with the board once the programme is confirmed. Meanwhile, waiting for confirmation of the booster programme should not delay the Trust flu vaccination programme.

3.1 Reflections on Seasonal Flu Vaccination 2020/21

The 2020/21 seasonal flu vaccination campaign was the most successful to date with 84% of frontline clinical staff choosing to be vaccinated, this represented a 2% increase from the previous year.

| 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---------|---------|---------|---------|---------|---------|---------|
| 62.4% | 63.6% | 64.4% | 73.5% | 76.5% | 82% | 84% |

Due to the pandemic restrictions the flu programme used local vaccinators across the Trust to deliver vaccinations in wards and teams as an alternative to the drop-in clinic model that had been used in previous years.

In 2020/21:

1. We continued to achieve a year-on-year increase in vaccination uptake rates in front line staff.
2. We vaccinated 5,218 CNTW staff and 433 non CNTW staff who have contact with our patients.
3. We trained 175 clinical staff to be vaccinators across the Trust.
4. Patients who were 65 years and over were offered the adjuvanted trivalent vaccine.

We held a virtual learning lessons session to reflect on the flu vaccination programme 2020/21. This identified the following learning:

- Improving systems for recording vaccinator training
- Developing recording systems for patient vaccinations
- Improved stock management processes
- Fridge / cold chain management

In June 2021 we also held a virtual learning lessons session for the covid vaccination programme. The learning from both sessions has been reflected upon and where appropriate actioned in the planning for the flu and covid booster vaccination programme 21/22.

3.2 Vaccine Mobilisation Group

For 2021/22 the seasonal flu group has been changed to incorporate the covid vaccination into one Vaccine mobilisation group. The purpose of this group is to:

- Produce an effective flu vaccination delivery programme to protect patients, staff and visitors
- Produce an effective covid booster vaccination delivery programme to protect patients, staff and visitors
- Ensure that all patients in clinical risk groups are identified and offered flu / covid vaccine

The group has DIPC leadership, with a multi-disciplinary team of clinical and non-clinical staff delivering the campaign at local level.

Meeting dates for the group reflect the activity required as the flu season approaches, although additional meetings may be required to suit the needs of the programme.

The group reports into the Infection Prevention and Control Committee, the Physical Health and Wellbeing Group and Business Delivery Group to give assurance to the Clinical Commissioning Groups (CCGs) in respect of winter planning.

3.3 Influenza Vaccines 2021/22

The Trust has placed orders with Sanofi for the quadrivalent vaccine (QIVe) to be offered to both inpatients and staff.

Patients who are 65 years old and over will receive the adjuvanted quadrivalent vaccine (aQIV) as recommended. The vaccine has a higher immunogenicity and effectiveness than the non-adjuvanted vaccine and is regarded as the best option for this age group.

We can also obtain, cell-grown quadrivalent vaccine (QIVc) suitable for those patients and staff who are unable to have the standard egg-based vaccine due to allergy. Also, the Live attenuated influenza vaccine (LAIV) which is a nasal spray used for children and young people. These vaccines will be ordered in small numbers and available through pharmacy.

3.4 Flu Vaccine Delivery

Vaccine delivery schedule into the Trust is as follows, although the dates are subject to change according to the supplier.

| Date Expected | Total | Cumulative Total |
|----------------------|--------------|-------------------------|
| W/C 10/09/21 | 3006 | 3006 |
| W/C 17/09/21 | 2097 | 5103 |
| W/C 15/10/21 | 1150 | 6253 |
| W/C 12/11/21 | 3748 | 1001 |

The vaccine will be distributed across the Trust and can be transported to community areas adhering to the maintenance of the cold chain in discussion with the pharmacy department.

It is anticipated that the seasonal flu vaccination campaign for patients and staff will commence week commencing 13th September 2021. This is subject to delivery dates as stated above.

3.5 Patient Vaccination

To ensure the health and well-being of our patients, influenza vaccine is offered throughout the flu season to ensure protection against the common circulating flu strains.

Wards will be reminded to review all patients who are in the clinical risk groups and offer flu vaccination to both current inpatients and new admissions throughout the flu season. It is also an opportunity to ensure that patients are also protected against pneumococcal infection where indicated.

Consent will always be obtained prior to vaccination. For further information staff are advised to refer to CNTW (C) (05) - Consent to Examination or Treatment Policy.

Community teams and day units across the Trust are encouraged to promote influenza and covid vaccination to patients who they have contact with and are in the clinical risk groups. Where appropriate they can support patients to access local vaccination services in primary care. Where patients may not engage with primary care services vaccination can be offered by clinical teams.

3.7 Flu Vaccination of Health Care Workers

The Health and Social Care Act 2008 states that all health organisations should ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care. (Department of Health [DH] 2008).

The purpose of vaccination of health care workers is:

- To protect clinical risk groups in whom, flu vaccination may not offer complete protection and thereby reducing the rates of flu like illness, hospitalisation and mortality.
- To protect the health care worker and their family
- To ensure business continuity by reducing sickness leave.

The table below shows the uptake rates of the front-line clinical workers in CNTW in 2020/21

| Category | % flu vaccination uptake |
|---|--------------------------|
| Doctors | 80.2% |
| Qualified nurses | 84.5% |
| All other professionally qualified clinical staff | 89.3% |
| Support to clinical staff | 81.8% |

National guidance requires that Organisations should vaccinate all frontline health and social care staff. However, the intention of our Trust programme is to also offer vaccination to all staff.

To identify front line health care workers in our Trust, the table below outlines the front-line staff groups. This list is not exhaustive, and each post should be assessed in accordance with ESR and clinical activity.

| Staff Group | Description |
|---|--|
| Doctor | All grades of hospital, community and public health doctor. |
| Qualified Nurse | Qualified nursing staff, working on hospital sites and community services. Includes nurse consultants, nurse managers and bank nurses but not student nurses. |
| Other Professionally Qualified This comprises : <ul style="list-style-type: none"> • Qualified scientific and therapeutic & technical staff • Qualified allied health professionals • Other qualified ST&T | Qualified allied health professionals (AHPs): <ul style="list-style-type: none"> • Chiropodists/podiatrists • Dieticians • Occupational therapists • Physiotherapists • Art/music/drama therapists • Speech & language therapists. Other qualified health professionals: <ul style="list-style-type: none"> • Pharmacists • Psychologists Qualified ambulance staff <ul style="list-style-type: none"> • Ambulance paramedics, technicians, emergency care practitioners. |
| Support to Clinical Staff This comprises : <ul style="list-style-type: none"> • Support to doctors and nurses • Support to ST & T • Support to ambulance staff | Nursing assistants/auxiliaries, nursery nurses, health care assistants and support staff in nursing areas. Also includes clerical & administrative staff and maintenance & works staff working specifically in clinical areas, for example medical secretaries and medical records officers. Also includes porters and similar roles provides support to inpatient areas. |

3.8 Peer Vaccinators

In 2020/21, 349 registered staff from community teams, pharmacy, nurse directors and medical staff undertook training to be able to vaccinate all CNTW staff. This is a substantial increase from those in previous years due to the need to change the model of delivery from a centralised clinic model to a more localised one which required more vaccinators. However, it was reflected in the lessons learned sessions that many vaccinators who had undertaken the training but did not significantly contribute to the vaccine programme. For 21/22 the list of vaccinators has been reviewed. Due to staffing constraints across the Trust, we are also looking at how other professionally registered and non-registered staff can support the vaccination programme. The national protocol defines the roles and tasks that can be undertaken by different staff and the training required for each step.

Vaccinator training is via eLearning packages and competency-based assessment. Vaccinators are required to have completed basic/intermediate life support and anaphylaxis training.

3.9 National Protocol for Administration of vaccines

A National Protocol is expected to be published to support the flu vaccination programme. This allows for vaccinations for all staff (CNTW and NTW Solutions) and patients to be given by a wider range of staff under the supervision of a registered nurse, doctor or pharmacist. Where possible we plan to use national protocols for our flu vaccinations as this would support a wider skill mix in the vaccine clinics.

3.10 Vaccination Clinics

The covid vaccination programme delivered in CNTW earlier in 2021 used high-capacity clinics across the Trust footprint at SNH, HWP and SGP. This model achieved high vaccination rates over a short time, staff in the clinics felt supported and there was good feedback from staff who were vaccinated. In planning for flu and covid boosters the clinic model is the preferred option for delivery. Four clinics have been identified – Keswick House at SNH, Druridge ward at SGP, Meadowview at HWP and Edenwood at the Carleton clinic.

The vaccine clinics will be utilised for both vaccinations where possible offering vaccination with flu and covid in the same appointment. However due to the logistics of the flu vaccine delivery, localities are also developing flu plans which will also use local delivery systems that have been used effectively in previous years.

In recognising the importance of accessibility to vaccination to all frontline healthcare workers in both the NHS and other organisations, CNTW will be offering vaccination to all staff working within, or into CNTW.

4. Data Collection

All vaccinations will be recording on the National Immunisation and vaccination System (NIVS) which is a digital solution used to capture COVID vaccination information for both patients and health and social care workers within hospital hubs. This information is then sent automatically to update individual GP records with the vaccination details.

4.1 External reporting

As in previous years, vaccination of front-line health care workers will be reported through the ImmForm website. Uptake data information for healthcare workers will be collected on immunisations given from September 2021 to the end of February 2022 (final data collected in March 2021). It is anticipated that further reporting through the regional and national systems may be required.

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4.2 Internal reporting

Internal dashboards will be developed and regularly updated with staff and patient vaccination information. Regular reports will be produced for trust senior managers across all services will assist with identifying areas of poor vaccination uptake in front line health care workers and for clinical teams to support vaccination of inpatients.

5. Communication

The Communications Team are key members to the success of the seasonal flu campaign and the communication plan informs the delivery of information delivered Trust wide.

We continue to recognise the importance of effective communication throughout the campaign in dispelling myths and in delivering important messages. Key messages will start with a phased approach in the Trust Bulletin, followed by more frequent key messages as the flu season approaches. The dedicated flu page on the Trust intranet is instrumental in relaying key messages, clinic dates and myth busters. All CNTW staff have access to Twitter and internal messaging through Chatterbox.

The dedicated flu fighter e-mail address (flufighter@cntw.nhs.uk) is used as a point of contact for all vaccination queries and is promoted through the vaccination training, staff bulletin and e-mails. This is monitored by the Infection Prevention and Control Team.

Following the positive reviews from staff of the “real life” personal stories posters, these will continue into the 2021/22 campaign to raise awareness of the importance of vaccination to protect people in clinical risk groups.

Engagement with patients and carers in the flu campaign remains a key priority to both encourage and support patients to make an informed choice about the importance of vaccination. Community teams have the responsibility to facilitate patients attending the GP for vaccination where appropriate highlighting to carers the availability of a free flu vaccine by the GP surgery.

Inpatient staff are encouraged to use carer/patient meetings as an opportunity to discuss the importance of flu vaccination especially in clinical risk groups.

6. Reviewing and monitoring

The national target for frontline healthcare worker vaccination is a 100% offer with an ambition of an 85% uptake. Our commitment is to continue to increase vaccination uptake rates year on year across the Trust. Whilst this will be challenging, we will continue to:

- Work closely with clinical teams to ensure patients are offered and supported to be vaccinated.
- Support carers to ensure they make the right decisions in encouraging their relatives to be vaccinated.
- Provide clinical staff with current information regarding vaccination, including myth busting and common questions through both electronic and paper communications.

- Ensure that all patients and staff across CNTW have access to vaccination to assist with the promotion of health and wellbeing.
- Continue to provide information trust wide around the benefits of flu vaccination
- Undertake weekly internal reporting of vaccination uptake rates in front line health care workers to address areas within the Trust where there is poor vaccination uptake.
- Work with NHS colleagues to give assurances in our winter preparedness.
- Respond to and share lessons learnt both internally and externally

7. Conclusion

The Board are asked to endorse the Flu plan for 2021/22

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Appendix 1

Department of Health and Social Care and PHE- Flu Letter: Healthcare worker flu vaccination best practice management checklist

For Public Assurance by Trust Board by December 21

| A A Committed Leadership | Comments |
|---|----------|
| A1 Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers. | |
| A2 Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers. | |
| A3 Board receive an evaluation of the flu programme 2020 to 2021, including data, successes, challenges and lessons learnt. | |
| A4 Agree on board champion for flu campaign. | |
| A5 All board members receive flu vaccination and publicise this. | |
| A6 Flu team formed with representatives from all directorates, staff groups and trade union representatives. | |
| A7 Flu team meet regularly from September 2021 | |
| | |
| B Communications Plan | |
| B1 Rationale for the flu vaccination programme and facts to be published-sponsored by senior clinical leaders and trade unions. | |
| B2 Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper | |
| B3 Board and senior managers having their vaccinations to be publicised. | |
| B4 Flu vaccination programme and access to vaccination and induction programmes. | |
| B5 Programme to be publicised on screensavers, posters and social media. | |
| B6 Weekly feedback on percentage uptake for directorates, teams and professional groups. | |
| | |
| C Flexible accessibility | |
| C1 Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered. | |
| C2 Schedule for easy access drop in clinics agree. | |
| C3 Schedule for 24 hour mobile vaccinations to be agreed. | |
| | |
| D Incentives | |
| D1 Board to agree on incentives and how to publicise this. | |
| D2 Success to be celebrated weekly | |

References

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Report to the Board of Directors
Wednesday 1 September 2021

| | |
|---|---|
| Title of report | Trust Workforce Strategy |
| Report author(s) | Lynne Shaw, Executive Director of Workforce and OD |
| Executive Lead (if different from above) | As above |

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

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

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

| Does the report impact on any of the following areas (please check the box and provide detail in the body of the report) | | | |
|---|---|---|--|
| Equality, diversity and or disability | X | Reputational | |
| 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 |
| |

**CNTW Workforce Strategy
Board of Directors Meeting
Wednesday 1 September 2021**

1. Executive Summary

The Trust Workforce Strategy was ratified by the Trust Board of Directors in summer 2015 and refreshed in March 2017. It is built around six strategic aims:

- We will develop a representative workforce which delivers excellence in patient care, is recovery focused 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

Progress against the actions of the Workforce Strategy have been monitored at Corporate Decisions Team – Workforce with updates at the Trust Board of Directors annually. Topic specific updates have also been provided on a regular basis.

Additionally, The NHS People Plan 2020/21 was published in July 2020 and an assessment was made against the actions within the plan. This was discussed at the Board of Directors meeting in September 2020 and updated in July 2021. Nationally, the actions within the plan have been rolled over to 2021/22 with the intention that a more strategic, longer term NHS People Plan will be in place for 2022/23.

The development of the Trust strategy has been paused due to Covid-19 and the Workforce Strategy is a key enabler to this strategy. It is recommended that the current Workforce Strategy is rolled over for 12 months until the Trust Strategy is developed and a longer term national workforce strategy is in place.

The current Workforce Strategy can be accessed [here](#).

2. Risks and mitigations associated with the report

There are no specific risks associated with this report.

3. Recommendation/summary

The Trust Board of Directors is asked to approve the roll-over of the Workforce Strategy for a period of 12 months. The NHS People Plan actions and other local actions will continue to be progressed during this period.

Lynne Shaw
Executive Director of Workforce & OD

August 2021

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**Report to the Board of Directors
1 September 2021**

| | |
|---|---|
| Title of report | Annual Plan 2021-22 Quarter One Update |
| Report author(s) | Anna Foster Trust Lead for Strategy and Sustainability |
| Executive Lead (if different from above) | James Duncan, Deputy Chief Executive and Executive Director of Finance, Ramona Duguid, Chief Operating Officer |

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

| Board Sub-committee meetings where this item has been considered (specify date) | |
|--|--|
| 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) | x |
| CDT – Quality | |
| CDT – Business | |
| CDT – Workforce | |
| CDT – Climate | |
| CDT – Risk | |
| Business Delivery Group (BDG) | x |

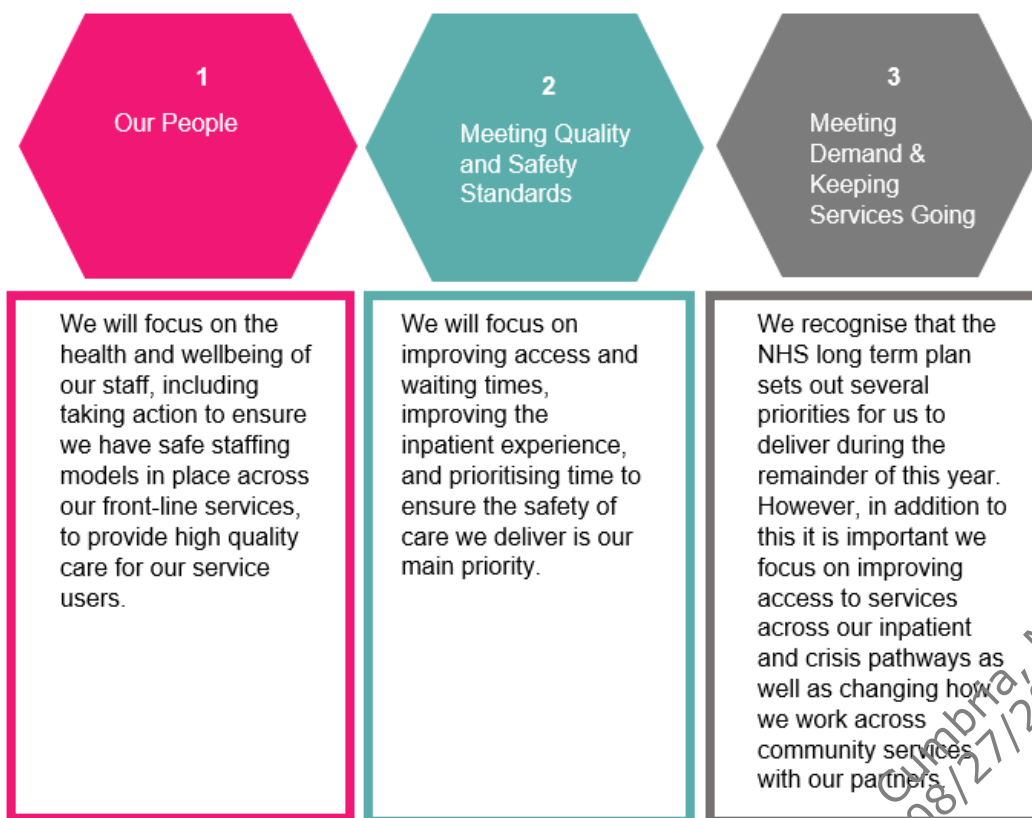
| Does the report impact on any of the following areas (please check the box and provide detail in the body of the report) | | | |
|---|---|---|---|
| Equality, diversity and or disability | x | Reputational | x |
| Workforce | x | Environmental | x |
| Financial/value for money | x | Estates and facilities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

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

Annual Plan 2021-22 Quarter 1 Update

Introduction:

1. This paper provides the Trust Board with an update of progress against the CNTW 2021-22 Annual Plan, which was approved by the Board in July 2021.
2. This transitional plan seeks to develop the organisation from a position of sustained COVID19 crisis management, learning from the pandemic and restablisising our core services, and this report is structured in accordance with the three CNTW Annual Plan 2021-22 priorities: 1) Our People, 2) Quality Standards and Safety, and 3) Service Demand and Delivery.
3. **Note that there has been a significant 'surge' in COVID19 infection and isolation in summer 2021** which has impacted the delivery of the annual plan and Q1 reporting processes. Further information will be provided in the quarter two update.
4. The graphic below shows the summarised version of the CNTW 21-22 Annual Plan:



Reporting and Monitoring Progress Against the Trust wide 2021-22 Annual Plan:

5. The purpose of the annual plan in 21-22 is to set-out the organisation's transition from a position of sustained COVID19 crisis management to one of living with COVID and achieving financial sustainability, learning from the pandemic and restabilising core services. The plan identifies three priorities: 1) Our People, 2) Quality Standards and Safety, and 3) Service Demand and Delivery.
6. This report provides the impact of the delivery plan by measuring quarterly progress against the annual plan deliverables. Please see Appendices for detailed updates.
7. The highest priority in quarter one was safer staffing and a focus on recruitment and retention, due to staffing pressures and high occupancy rates within inpatient wards.
8. Appendix 1 provides an update against each of the commitments in the Annual Plan, as at 30 June 2021.
9. Appendix 2 provides, where available, an update of progress made towards Long Term Plan deliverables.
10. **All information contained within this report has been provided to Board via alternative reports. This paper services as a consolidating position and evidence of progress against the Annual Plan.**
11. This report consolidates and complements routine governance reporting such as the Accountability Framework, Quality Priorities updates, Commissioning & Quality Assurance reports, Safer Care updates etc.
12. The position is fluid and emergent, due to uncertainty of 1) COVID outbreaks, 2) funding from October 2021 onwards, and 3) ongoing Long Term Plan discussions with commissioners.

Recommendations:

13. That the Trust Board note progress made against the CNTW 2021/22 Annual Plan as at 30 June 2021.
14. That the Trust Board notes the impact of and response to staffing pressures and patient occupancy levels/acuity on inpatient wards during the period.

James Duncan
Deputy Chief Executive &
Executive Director of Finance

Ramona Duguid
Chief Operating Officer

August 2021

Appendix 1: Reporting Progress Against the Annual Plan - Quarter One 2021-22

| Trust Wide Priority: | Objective: | Monitoring progress – Source Data | Quarter 1 Progress/Commentary: |
|--|-------------------------------------|------------------------------------|--|
| 1. Our People We will focus on the health and wellbeing of our staff, including taking action to ensure we have safe staffing models in place across our front-line services, in order to provide high quality care for our service users. | 1.1 Wellbeing | TBD | Measures of progress against this objective are provided via other Board reports. Appropriate reporting metrics will be included in future reports. |
| | 1.2 Equality, Diversity & Inclusion | Quality Priority Q1 Update | See 2.3 commentary. |
| | 1.3 Safer staffing | Safer Care - Safer Staffing Report | <p>In quarter one there were a significant number of areas of high acuity and staffing pressures, including increased staffing absence due to household close contact isolation following the lifting of COVID restrictions. Areas requiring additional support included Carleton Clinic in Cumbria and St George's Park.</p> <p>All areas have managed their staffing levels to safe levels by utilising additional bank and agency alongside daily huddles and resource allocation, with daily scrutiny across CBU, Group and Executive and Gold Command levels to ensure the safe provision of services to patients. The planned replacement e-rostering system will greatly enhance data available to support staffing analysis.</p> <p>The Trust Chief Nurse is leading work to prioritise recruitment, retention, and resource staffing into hotspot areas.</p> |
| | 1.4 Working safely with COVID | IMG papers | <p>As at 28 June 2021, 85% of CNTW staff were fully vaccinated and 88.6% partially vaccinated against coronavirus.</p> <p>Staff absence due to COVID and non-COVID reasons was low at the start of the quarter but climbed throughout the period April to June. As at 28 June, staff COVID19 cases were increasing and there were 95 staff absent due to COVID19 infection, symptoms or contact isolation, 19 of whom had received a positive PCR test result.</p> |

| Trust Wide Priority: | Objective: | Monitoring progress – Source Data | Quarter 1 Progress/Commentary: |
|--|---|-----------------------------------|---|
| 2. Quality Standards and Safety We will focus on improving access and waiting times, improving the inpatient experience, and prioritising time to ensure the safety of care we deliver is our main priority. | 2.1 Improving the Inpatient Experience | Quality Priority Q1 Update | During quarter 1 the average occupancy level across the Trust's adult acute wards was 98%, a rise compared to that of Quarter 4 2020/21 (96%). Adult acute inpatient services experienced significant pressures during 2020/21 and continue to do so in 2021/22. Within the older adult wards, the average bed occupancy against operational beds was 90%. There were zero inappropriate out of area treatment beddays in the quarter. |
| | 2.2 Improving Waiting Times | Quality Priority Q1 Update | During the quarter: <ol style="list-style-type: none"> 1. The number of people waiting more than 18 weeks to access adult and older people's mental health services improved in the quarter from 72 to 19. 2. The number of people waiting more than 18 weeks for treatment by adult and older people's mental health services to start improved from 938 to 752. 3. Waiting times to access Children and Young People's Services (CYPS) vary across the Trust footprint, with significant numbers of families waiting more than 18 weeks for treatment in Newcastle/Gateshead and South Tyneside. 4. Waiting times remain challenged across Gender Dysphoria, Adult Attention Deficit and Hyperactivity Disorder (ADHD) and Adult Autism Spectrum Disorder (ASD) services. |
| | 2.3 Equality, Diversity, Inclusion and Human Rights | Quality Priority Q1 Update | During Quarter 1 the inclusiveness of the recruitment/progression processes have been reviewed by a working group. This group, which reports to the Equality, Diversity and Inclusion Steering Group has identified six workstreams with implementation of actions on target to be delivered by December 2021. The RESPECT campaign launched during the quarter as part of the workstream to tackle discrimination, along with the commencement of Show Racism the Red Card training in South locality. A review of staff disability data recording was completed and in quarter 2 staff with no disability information recorded will be invited to update their own records. |

| | | | |
|--|---|--|---|
| | 2.4 Increasing time spent with service users and carers | Quality Priority Q1 Update | <p>This quality priority has four elements;</p> <ol style="list-style-type: none"> 1. Promote person-centred care (face to face/telephone contact/zoom or Teams contacts) 2. Identify and remove tasks that can be removed, that do not add value to the service user or carer experience. 3. Develop and deliver Quality Improvement (QI) plan through task and finish groups. 4. Monitor feedback from service users and carers. <p>During Quarter 1, a lead for the project was identified and an action plan developed.</p> |
| | 2.5 Meeting other quality and regulatory standards | Q1 Accountability Framework / Q1 C&QA report | <p>During April, each of the locality groups and corporate services set their recovery trajectories for non-compliance against standards. These trajectories show how the groups will progress towards meeting and maintaining each of the standards which are be monitored on a quarterly basis through the Accountability Framework. There has been continued improvement throughout quarter one to meet the set trajectories within the localities.</p> <p>Note that in quarter 2 (14th July), the Trust moved to OPEL Level 2 triggering the suspension of all training and non-essential meetings due to staff shortages.</p> |
| | 2.6 Continue to improve safety | Safer Care Q1 Report & Talk First Update | Comprehensive update provided within Safer Care Quarter One report. |
| | 2.7 Continue to embed learning to improve safety | Safer Care Q1 report | |
| | 2.8 Delivering care safely with COVID19 | IMG Papers | <p>There were no reported COVID19 outbreaks reported across CNTW in quarter one, and zero COVID19 positive cases among inpatients for most of the quarter.</p> <p>As at 28 June 2021, 56% of eligible adult inpatients were fully vaccinated, and 73% partially vaccinated.</p> |

| Trust Wide Priority: | Objective: | Monitoring progress – Source Data | Quarter 1 Progress/Commentary: |
|---|---|--|--|
| 3. Service Demand and Delivery We recognise that the NHS long term plan sets out several priorities for us to deliver during the remainder of this year. However, in addition to this it is important we focus on improving access to services across our inpatient and crisis pathways as well as changing how | 3.1 Managing demand for inpatient beds & improving the emergency admission process | Project Update via Trust Innovations | Work began during the Trust's Urgent and Emergency Review Programme in early 2020, which is now being incorporated into these streams. A detailed review of acute beds was carried out in June 2021, with actions fed back to senior management and the programme group - plans being developed from those, in parallel to repeating the exercise in Older Adults and Rehab. Programme and project approaches previously undertaken were reviewed in Quarter 1, to align with the emerging Delivery Plan approach, with clinical leadership and programme management resource assigned. Baselining of crisis services was undertaken, with action plans agreed with each of the 5 teams. Covid surge has slowed progress into Quarter 2. |
| | 3.2 Maximising the effectiveness of the crisis pathway | Project Update via Trust Innovations | |
| | 3.3 Supporting place-based working to develop and improve community services | Project Update via Trust Innovations | Clinical leadership and programme management resource has been assigned, which draws together the conversations in the 7 place-based groups, to give a single CNTW view. Progress in Quarter 1 is variable, with Sunderland most notably moving at pace into Task and Finish groups and a co-production approach which includes clinical leads from all relevant CNTW services. Conversations in the other localities are at an earlier stage, in scoping out their approach, the givens for this financial year, and agreeing Terms of Reference. |
| | 3.4 Review the complex learning disabilities and/or autism assessment and treatment pathway | Project Update via Trust Innovations | Quarter 1 has focussed on consolidating views on existing programmes and projects and agreeing priorities for the year which consider national drivers. Clinical leadership and programme management resource have been assigned, and programme planning begun. |
| | 3.5 Reduce long waits to access services for children and young people & continue work on transitions | Project Update via Trust Innovations (see also 2.2) | Quarter 1 has focussed on consolidating views on existing programmes and projects and agreeing priorities for the year which consider national drivers. Clinical leadership and programme management resource have been assigned, and programme planning begun. |

| Trust Wide Priority: | Objective: | Monitoring progress – Source Data | Quarter 1 Progress/Commentary: |
|--|--|-----------------------------------|--|
| we work across community services with our partners. | 3.6 Adapting services to support LTP | Q1 Accountability Framework | See Table 3 below which sets out commissioner expectations and progress relating to investment against the Long Term Plan deliverables. |
| | 3.7 Achieving Financial Sustainability | Q1 Finance Report (RABAC) | <p>The Trust agreed to deliver a break-even position for H1. The funding arrangements for H1 are a continuation of the block contracts in place through 2020/21 with an increase for inflation of 0.5%. The Trust has delivered a £0.2m surplus at month 3 and is forecasting to break-even at the end of H1. The funding for the second half of the year remains uncertain and expenditure remains elevated due to COVID19 (estimated Q1 COVID-related additional costs = £1.8m).</p> <p>The Trust has agreed additional investment of £17.2m (with a further £2.2m notionally allocated to the Trust and still under discussion). The income and expenditure relating to this investment is included in the Trust's H1 plan and will support agreed service developments implemented in 2020/21. Work is ongoing to ensure the costs of services supported by investment match the level of funding provided. Work is ongoing in those areas with increased costs but no additional funding, to establish if resources will be re-directed or costs will be managed to pre-COVID levels.</p> <p>Given the current uncertainty within the system, there is a risk of a financial gap.</p> |

Appendix 2 Performance Against Long Term Plan Activity and Performance

Metrics *new or adjusted metrics for 21-22

| Long Term Plan Metrics | Standard | Q1/June 21 CNTW | Data Source: |
|---|-----------------------------------|---|----------------|
| 1. IAPT Roll-Out* | TBD | TBD | |
| 2. IAPT recovery rate | 50% | Sunderland: 56.2% (June 21) North Cumbria: 46.7% (June 21) | C&QA Report m3 |
| 3. IAPT waiting times | 95% seen within 18 weeks | Sunderland: 100% (June 21) North Cumbria: 100% (June 21) | C&QA Report m3 |
| | 75% seen within 6 weeks | Sunderland: 99.8% (June 21) North Cumbria: 100% (June 21) | C&QA Report m3 |
| 4. IAPT in-treatment pathway waits | TBD | TBD | |
| 5. Implementation of IAPT - Long Term Condition pathways | TBD | TBD | |
| 6. Estimated diagnosis rate for people with dementia | TBD | TBD | |
| 7. Improve access to Children and Young People's Mental Health Services* | TBD | TBD | |
| 8. Waiting times for Routine Referrals to Children and Young People Eating Disorder Services | 95% seen within 4 weeks (routine) | Q1 87.0% (not achieved) | C&QA Report m3 |
| 9. Waiting times for Urgent Referrals to Children and Young People Eating Disorder Services | 95% seen within 1 week (urgent) | Q1 87.5% (not achieved) | C&QA Report m3 |
| 10. People with severe mental illness receiving a full annual physical health check and follow up interventions | TBD | TBD | |
| 11. Number of people accessing Individual Placement and Support | TBD | TBD | |
| 12. Access to community mental health services for adults and older adults with severe mental illnesses* | TBD | TBD | |
| 13. Inappropriate adult acute mental health Out of Area Placement (OAP) bed days | Target = zero | Achieved | C&QA Report m3 |
| 14. Inpatient admissions for people who have had no previous contact with community mental health services* | TBD | TBD | |
| 15. Adult mental health inpatients receiving a follow up within 72hrs of discharge | 80% | 94% | C&QA Report m3 |
| 16. Reducing long length of stay for adults and older adults in acute inpatient services* | TBD | TBD | |
| 17. Number of women accessing specialist community perinatal mental health services | TBD | TBD | |
| 18. Mental Health Services Dataset - Data Quality Maturity Index Score | 95% | 93.8% (March 21) | C&QA Report m3 |

**Report to the Board of Directors
Wednesday 1 September 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 | |
| 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 |

**Board of Directors
Quarterly Workforce Report
Wednesday 1 September 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. Race Equality Matters
2. The Improvement Collaborative (TIC)
3. Respect Campaign
4. Staff Survey
5. Quarterly Staff Survey
6. Wellbeing Conversations and Appraisal Update
7. Continuous Professional Development Funding
8. Wellbeing Day
9. Wellbeing Campaigns and Champions
10. CNTW Development Framework
11. Apprenticeship Update

In Other News

- National Pay Award

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

Cumbria, Northumberland Tyne & Wear
08/27/2021 10:15:57

Strategic Aim 1

1. Race Equality Matters

The Trust has registered with [Race Equality Matters](#). The organisation has an ambition to be a UK wide collaboration of thousands of organisations and millions of employees creating change to achieve Race Equality in our workplaces. Race Equality Matters proactively promotes useful intelligence to create solutions and works with collaborating organisations, networks, individuals and experts to implement changes that promote race equality. The initiative promotes a number of solutions that the Trust is invited to participate in:

- Race Equality Week - a UK-wide initiative uniting thousands of organisations and individuals to address race equality barriers in the workplace. More than 2000 organisations took part in the first Race Equality Week in February 2021. The week has the emphasis of driving meaningful actions that have been co-created with those with lived experience. Race Equality Week in 2022 will take place between 7-13 February and the Trust will participate in activities during that week.
- The [Tea Break](#) solution enables courageous conversations. Evidence shows that within the hour, what colleagues are thinking and how they are feeling will become apparent. This gives the organisation and its senior management insights and the opportunity to address concerns and issues that are being shared.
- Getting someone's name right makes them feel accepted, included and that they belong. Race Equality Matters has created a [guide](#) to help us to achieve this.
- [Safe Space](#) will provide a protected environment to enable brave conversations, which may otherwise be avoided as too uncomfortable, in order to generate action-focussed, meaningful and tailored outcomes, driven by the people they matter to.
- The Big Promise is a commitment to action not just words and takes place during Race Equality Week. Individuals and / or organisations make a public commitment, which is measurable and to which they will be held accountable, to create a positive change. Choice is from seven meaningful actions each devised to form a bridge between lived experience, investment and decision making.
- The [virtual badge](#) campaign enables individuals and organisations to publicly share their support for race equality throughout Race Equality Week and beyond.

Initiatives promoted by Race Equality Matters fit nicely into areas of work included in the Equality, Diversity and Inclusion Action Plan including one of our Trust priority areas, tackling discrimination.

Strategic Aim 2

2. The Improvement Collaborative (TIC)

TIC Associates continue to support organisational improvement through engagement in development work such as review of recruitment practices, development of the Intranet and dashboards, development, delivery and evaluation of the new Collective Leadership and Management Development Programme, participation in Staff Survey work and more latterly shaping and oversight of the recently launched Respect Campaign.

We have also developed a partnership with The Centre for Public Impact who will help us develop and embed TIC and more broadly, learning, sharing and improvement and experimentation principles and approaches across the organisation. Delayed by Covid, it is now anticipated that will work will commence in the autumn.

3. Respect Campaign

The Trust is committed to actively addressing issues of inappropriate behaviour, including discrimination of all kinds.

The Respect Campaign was launched in July to eradicate / minimise inappropriate behaviour. The campaign aligns the Trust values and behaviours with a focus on building collective leadership, a Learning Organisation ethos and improved psychological safety and engagement and involvement.

A small Stakeholder Group has been established with a brief to oversee, inform, shape our approach. Key to cultural change will be the launch and introduction of a respectful resolution tool to help teams and individuals have constructive conversations - to call out inappropriate behaviour and nip things in the bud. A stakeholder event to launch the tool is planned for early September 2021 and over 80 staff from across all bands, disciplines etc have been personally invited to attend by the Executive Director of Workforce and Organisational Development.

4. Staff Survey

Two engagement events were held in April and May 2021 to start a different conversation about the annual Staff Survey.

A BIG Conversation was held with The Improvement Collaborative (TIC) on the 27 April 2021 to reflect on what our staff are telling us (the key themes) through the survey results and other feedback and to sense check how it feels here right now. The Group also explored how TIC can help raise the level of engagement in the survey going forward, both in respect of increasing the response rate and engaging colleagues in associated improvement work.

A second event was held to enable leadership teams to come together to consider the importance of the Staff Survey and to review feedback received during the 2020 Survey and from the Collaborative BIG Conversation. The group also considered what staff are telling us (including trends and themes) and discussed the most impactful improvements we can make to improve the working lives of staff and the experience of staff and service users and carers - *Great Place to Work and Receive Care*.

The recommendations will be taken forward as the Trust continues to prepare for the next annual staff survey which is anticipated will launch end of September 2021. The Trust is yet to receive confirmation of the launch date.

5. Quarterly Staff Survey

In addition to the annual staff survey and in line with the NHS People Plan, the Trust has a mandated requirement to undertake a Quarterly Staff Survey, intended to be a quick 'pulse' survey of the workforce.

Quarterly Staff Surveys must take place in the first month of every quarter (January, April and July) with the exception of quarter three when the annual national staff survey will still take place. There has been a phased introduction of the Quarterly Staff Survey and from July 2021, all provider organisations are required to implement this. The Trust continues to use NHS People Pulse to meet the requirements of the Quarterly Staff Survey which is the favoured method of NHSE/I. The Workforce Development Team has worked in collaboration

with the Communications Team to promote the Quarterly Staff Survey and ensure the message is received by staff using various methods. The Trust has the option to develop its own Quarterly Staff Survey and discussions are taking place as to whether this will be the direction of travel for the Trust in preparation for January 2022.

The results of the first Quarterly Staff Survey are anticipated early in September.

6. Wellbeing Conversations and Appraisal Update

Following the publication of the NHS People Plan in 2020, the roll out of wellbeing conversations became a requirement of the Trust and commenced in May 2021. Engagement and feedback from staff from a range of disciplines across the Trust was sought on the development of the template documents and has been key to helping shape the final version of the conversation tool. The Wellbeing Conversation Toolkit, which has been designed by the Workforce Development Team and is specific to our Trust, was launched via a number of forums and featured a promotional short video from NHSE/I.

Wellbeing conversations also feature in newly launched Appraisal training as an enabler to career conversations and the forming of talent pools as set out within the Trust Talent Management Approach. Following the policy update in April 2021, Appraisal Policy training continues to be delivered via Microsoft Teams with further sessions planned for late September 2021. An e-learning package is to be scoped in the Autumn of 2021 in collaboration with CNTW Academy.

Strategic Aim 3

7. Continuous Professional Development Funding

Funding has been secured to support 3 key areas of workforce development, aligned to the NHS People Plan and Organisational Improvement Plan ambitions: -

- growing and strengthening (accredited) coaching capacity and capability
- leadership development for staff with a disability, and,
- development of a bespoke programme for staff who identify as having a protected characteristic to help them be ready for their next career steps.

It is intended that the development programmes are established before the financial year end.

Strategic Aim 4

8. Wellbeing Day

On 1 July 2021 the Workforce Development Team ran a virtual wellbeing day. The day consisted of nine sessions hosted on MS Teams, including opening and closing sessions by Executive Directors and sleep, career, psychological and physical and mental wellbeing sessions ran by a mix of internal and external experts. The most popular session, *Brain Break Battery Charger*, had 143 live attendees.

The events hosted by internal colleagues were recorded and are now available on YouTube for those that were unable to attend the live sessions.

A feedback survey was issued after the event and feedback was overwhelmingly positive, with 97% of responses rating the event they attended as either good or very good. It is planned to run another similar event during the first week of December 2021.

9. Wellbeing Campaigns and Champions

In May 2021, the Trust launched the Menopause Café, along with menopause awareness training delivered to line managers. The feedback from both has been very positive with café attendees stating that they feel much less alone and more informed and empowered. The cafés are due to continue on a monthly basis due to popular demand and feedback. Additional line manager training has been scheduled for October in line with Menopause Awareness Day.

A Strava group was created to support staff taking part in the couch to 5k training. This will be run again in future months to promote physical wellbeing.

The Live Well Work Well newsletter continues to be published monthly with editions focusing on health checks, physical health and financial wellbeing.

Work continues to build our network of health champions and create a more cohesive community, with the formation of a closed Facebook group and Microsoft Teams channel. Further work will take place in the coming months to improve promotion and engagement of the health champions.

Strategic Aim 5

10. CNTW Development Framework

In June 2021, the Trust introduced the CNTW Development framework providing staff with a one stop shop for all available workforce development (CPD) and a loose career pathway for leadership and management development (underpinning our approach to Talent Management). Further promotion via The Bulletin and Intranet Homepage is planned, however, feedback so far is exceptionally positive and it has generated several requests from staff for information, advice and guidance and support generally and several staff are participating in career coaching and mentoring.

11. Apprenticeship Update

Customer Service Apprenticeship

The Trust is pleased to announce the success of the Customer Service Apprenticeship Scheme. 100% of apprentices have successfully completed their programme with a first-time pass with 85% having achieved a Distinction. This figure is well above the national average; data from the Department of Education shows that the overall pass rate for apprentices was 64.2% in 2019/20 and the rate for business admin, which includes customer service, was 54%. Additionally, Government data show only 29% of those who pass nationally gain a Distinction. These apprenticeship achievements result in long term employment opportunities with 87% staying on in jobs within CNTW.

Registered Nurse Degree Apprenticeship

The Registered Nurse Degree Apprenticeship is a five year programme offered in conjunction with training partner University of Sunderland (UoS). The advert for the next cohort of participants closed on 28 May 2021 and the Trust had over 280 applicants. CNTW are the first Trust in the region, and we believe nationally, to offer a mental health and learning disability nurse degree apprenticeship to aspiring nurses. Successful applicants had to meet

the minimum entry requirements of the Nursing and Midwifery Council (NMC) of 112 UCAS points, one of which is in a health related subject. Interviews for the 56 shortlisted candidates were held over three days, with a panel comprised of Trust staff and UoS representatives. The Trust has 25 places on this cohort. In October 2021, successful applicants will begin three months of paid employment with CNTW prior to the commencement of the apprenticeship programme to gain practical work experience and real life hands on experience of nursing. They will then be enrolled onto the apprenticeship in January 2022. In order to capitalise on the interest from the high number of applicants all those who applied, but were not shortlisted, will be sent information on the next advert for Band 2/Band3 healthcare roles within CNTW.

This new cohort will result in the Trust having 143 people on the apprenticeship programme.

In other news:

National Pay Award

The government has accepted the Pay Review Bodies' recommendations of a 3% pay award uplift for NHS staff. This includes all staff on agenda for change terms and conditions (with the exception of Very Senior Managers) and Doctors and Dentists, apart from those on multi-year pay deals.

The award will be backdated to 1 April 2021. The increase including any backdated pay will be paid in September for staff on agenda for change. Further details have yet to be received on payment dates for those on Doctors and Dentists terms and conditions.

Michelle Evans
Deputy Director of Workforce and OD

Lynne Shaw
Executive Director of Workforce and OD

August 2021

Cumbria, Northumberland Tyne and Wear
08/27/2021 10:15:57

**Report to the Trust Board of Directors
Wednesday 1 September 2021**

| | |
|-------------------------|---|
| Title of report | Quarterly Report on Safe Working Hours: Doctors in Training – April to June 2021 |
| Report author(s) | Dr Clare McLeod – Guardian of Safe Working Hours Becky Diah, Head of Medical Recruitment and Education |
| Executive Lead | Dr Rajesh Nadkarni – Executive Medical Director |

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

| Board Sub-committee meetings where this item has been considered (specify date) | |
|--|------------|
| Quality and Performance | 28/07/2021 |
| 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 | 28.07.2021 |
| 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 | X | Environmental | |
| Financial/value for money | X | Estates and facilities | |
| Commercial | | Compliance/Regulatory | X |
| Quality, safety, experience and effectiveness | X | Service user, carer and stakeholder involvement | |

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

Quarterly Report on Safe Working Hours: Doctors in Training – April to June 2021

1. Executive summary

This is the Quarterly Board report for the period April to June 2021 on Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow trusts to have an overview of working practices of junior doctors as well as training delivered.

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

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2nd August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 150 trainees working into CNTW with 150 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 10 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Research/Clinical Fellows.

High level data

Number of doctors in training (total): 160 Trainees (as at June 2021)

Number of doctors in training on 2016 TCS (total): 150 Trainees (as at June 2021)

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

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

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

Trust Guardian of Safeworking Hours: Dr Clare McLeod

2. Risks and mitigations associated with the report

- 24 Exception Reports raised during the period April to June due to hours and rest with TOIL being granted for 7, payment for 16 and 1 no action
- 2 Agency Locums booked during the period covering vacant posts
- 189 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 16 occasions during the period the Emergency Rotas were implemented (either by rota collapse or training rota covering a shift)
- 12 IR1s submitted due to insufficient handover of patient information
- 0 Fines received during the quarter due to minimum rest requirements between shifts not being met

Exception reports (with regard to working hours)

| Grade | Rota | Exception Reports Received April to June 2021 | | | | |
|--------------|------------------|---|----------|----------|--------------------|-----------------|
| | | April | May | June | Total Hours & Rest | Total Education |
| CT1-3 | St Nicholas | | | | | |
| CT1-3 | Hopewood Park | | | | | |
| CT1-3 | RVI/CAMHS | | | | | |
| CT1-3 | NGH/CAV | | | | | |
| CT 1-3 | St George's Park | | | | | |
| CT 1-3 | GHD/MWM | 7 | 6 | 6 | 19 | 1 |
| CT 1-3 | Cumbria | | | | | |
| ST4+ | North of Tyne | | | 2 | 2 | |
| ST4+ | South of Tyne | 2 | | | 2 | |
| Total | | 9 | 6 | 8 | 23 | 1 |

Work schedule reviews

During the period April to June 2021 there have been 24 Exception Reports submitted from Trainees all for hours and rest; the outcome of which was that TOIL was granted for all 7 cases, payment made for 16* cases and 1 case with no action.

*There is an agreement to pay travel for trainees when starting early/finishing late for travel between Whitehaven & Carleton Clinic for Teaching & Out of Hours work. Some payments for last quarter were processed during this quarter.

Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings - Agency

| Locum bookings (agency) by department | | | |
|---------------------------------------|-------|-----|------|
| Specialty | April | May | June |
| Hopewood Park | | | |
| Gateshead | | | |
| NGH | | | |
| RVI | | | |
| SNH | 1 | 1 | 1 |
| CAMHS | | | |
| LD | | | |
| SGP | 1 | 1 | |
| Cumbria | | | |

| | | | |
|-----------------------------------|----------|----------|----------|
| South of Tyne | | | |
| North of Tyne | | | |
| Total | 2 | 2 | 2 |
| Locum bookings (agency) by grade | | | |
| | April | May | June |
| F2 | | | |
| CT1-3 | 2 | 2 | 2 |
| ST4+ | | | |
| Total | 2 | 2 | 2 |
| Locum bookings (agency) by reason | | | |
| | April | May | June |
| Vacancy | 2 | 2 | 2 |
| Sickness/other | | | |
| Total | 2 | 2 | 2 |

b) Locum work carried out by trainees

| Area | Number of shifts worked | Number of hours worked | Number of hours to cover sickness | Number of hours to cover OH Adjustments | Number of hours to cover special leave | Number of hours to cover a vacant post |
|---------------|-------------------------|------------------------|-----------------------------------|---|--|--|
| SNH | 40 | 358 | 130.1 | 44.75 | 0 | 183.15 |
| SGP | 30 | 284.5 | 97.50 | 117.65 | 32.6 | 36.75 |
| Gateshead | 1 | 4.15 | 0 | 0 | 4.15 | 0 |
| Hopewood Park | 21 | 199.15 | 40.6 | 40.9 | 0 | 117.65 |
| RVI | 67 | 597.75 | 113.8 | 150.5 | 24.3 | 309.1 |
| NGH | 2 | 8.3 | 4.15 | 0 | 4.15 | 0 |
| Cumbria | 4 | 40.6 | 28.45 | 12.15 | 0 | 0 |
| North of Tyne | 21 | 223.15 | 56.9 | 0 | 0 | 166.25 |
| South of Tyne | 3 | 12.45 | 8.3 | 0 | 0 | 4.15 |
| CAMHS | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 189 | 1728.05 | 479.8 | 365.95 | 65.2 | 817.05 |

c) Vacancies

| Vacancies by month | | | | | |
|--------------------|----------------|-------|-----|------|--|
| Area | Grade | April | May | June | |
| NGH/CAV | CT GP F2 | 2 | | | |
| SNH | CT GP F2 | 2 | | | |
| SGP | CT | | | | |

| | | | | | |
|---------------|----------------|---|---|---|--|
| | GP F2 | | | | |
| RVI | CT GP F2 | | | | |
| Cumbria | CT GP F2 | | 2 | 2 | |
| Hopewood Park | CT GP F2 | | | | |
| TOTAL | CT GP F2 | 4 | 2 | 2 | |

There are currently 0 posts unfilled. Majority of these training gaps have been filled by Teaching/Research & Clinical Fellows & LAS appointments.

d) Emergency Rota Cover

| Emergency Rota Cover by Trainees | | | | |
|----------------------------------|---------|-------|-----|------|
| | Rota | April | May | June |
| Sickness/Other | NOT | 0 | 0 | 3 |
| | SOT | 0 | 0 | 0 |
| | SGP | 1 | 0 | 0 |
| | SNH | 1 | 0 | 5 |
| | RVI | 0 | 1 | 1 |
| | GHD/MWM | 0 | 0 | 1 |
| | Cumbria | 0 | 0 | 1 |
| | HWP | 1 | 0 | 1 |
| | NGH | 0 | 0 | 0 |
| Total | | 3 | 1 | 12 |

An Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. If cover is identified and filled in a timely manner there is no need for a Rota collapse.

e) Fines

There were no fines issued during this quarter.

Issues Arising

There has been an increase in the number of shifts covered by internal locums due to absences linked to sickness, adjustments or rota gaps. Due to Covid it has become extremely challenging to cover shifts due to length of sickness, isolation etc. Discussions around sickness cover happen in different forums. Shifts are put out well in advance (depending on when we are made aware of the gap) to enable doctors book additional shifts to cover vacancies. However in some instances due to the nature of the absence very little notice is given.

There have been 24 exception reports submitted in the three months April to June 2021. This is an increase from the same period in 2020 when 14 exception reports were submitted. This is due to increased workload, pressures of Covid on staff / workforce.

There have been 12 IR1s submitted for inadequate medical handover this quarter, a slight decrease from last quarter. This continues to be collated by Medical Education staff and the Director of Medical Education (DME) and reviewed through the GoSW forum.

The GoSW forum continued to take place throughout the COVID restrictions, but as with other meetings took place via TEAMS. Attendance has been maintained and increased with this and may need to consider a combination of face to face and teams sessions once restrictions are eased.

Summary of actions in place

An additional temporary rota is in place to support trainees and manage the increased workload over weekend and bank holiday days. This is now gradually being phased out but will continue at SGP due to intensity of workload.

Work continues to increase the completeness of Exception Reporting and change the culture of under-reporting. Trainees are encouraged to complete an exception report as necessary.

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

3. Recommendation

Receive the paper for information only.

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

Cumbria, Northumberland Tyne and Wear
08/27/2021 10:15:57

**Report to the Trust Board of Directors
Wednesday 1 September 2021**

| | |
|---|--|
| Title of report | Local Clinical Excellence Awards 2020 Round Report |
| Report author(s) | Becky Dioh, Head of Medical Recruitment and Education |
| 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 | | 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 | 28.07.2021 |
| 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 | |
| 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 |
| |

Local Clinical Excellence Awards 2020 Round Report

1. Introduction

New guidance was issued by NHS Employers/BMA on the Local Clinical Excellence Awards Process for the period 2018-2021 in July 2018, Part 5 of the guidance states that an Annual Report must be produced for consideration by the Board and LNC before being published on the Trust Intranet. This is the third year of awards within the new guidance.

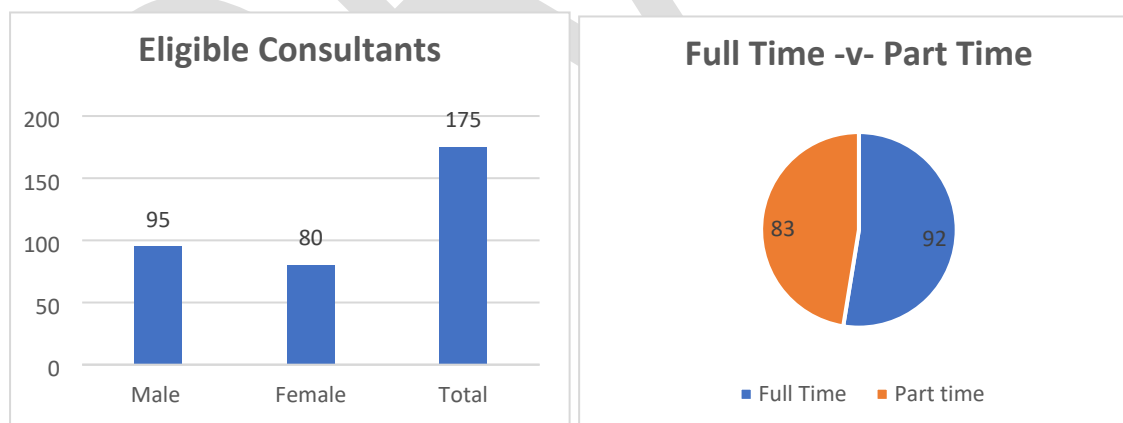
2. Background

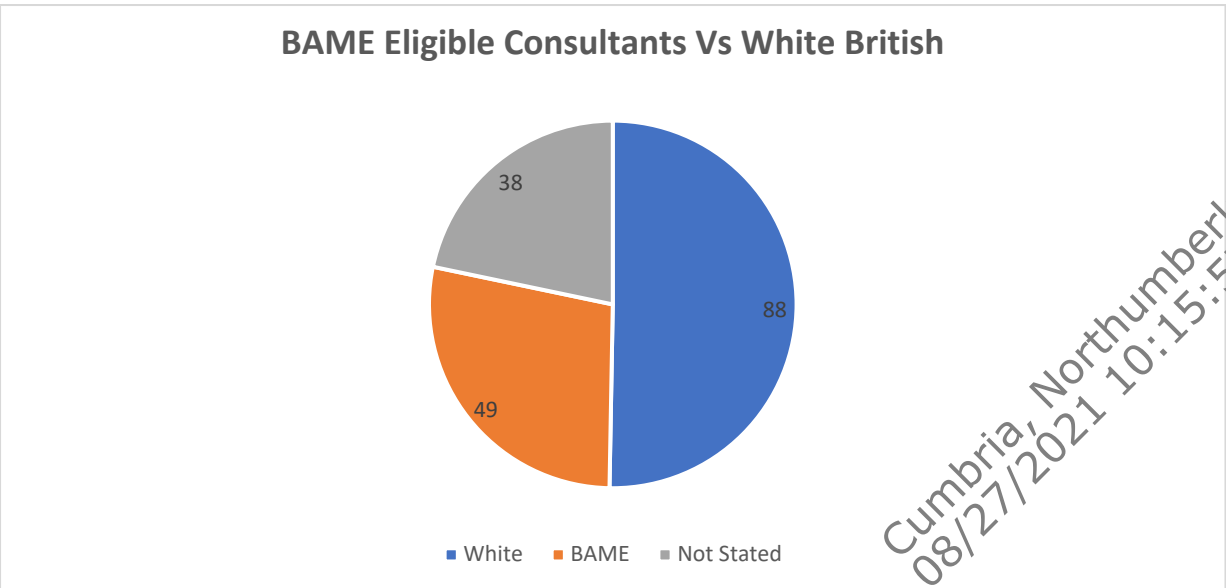
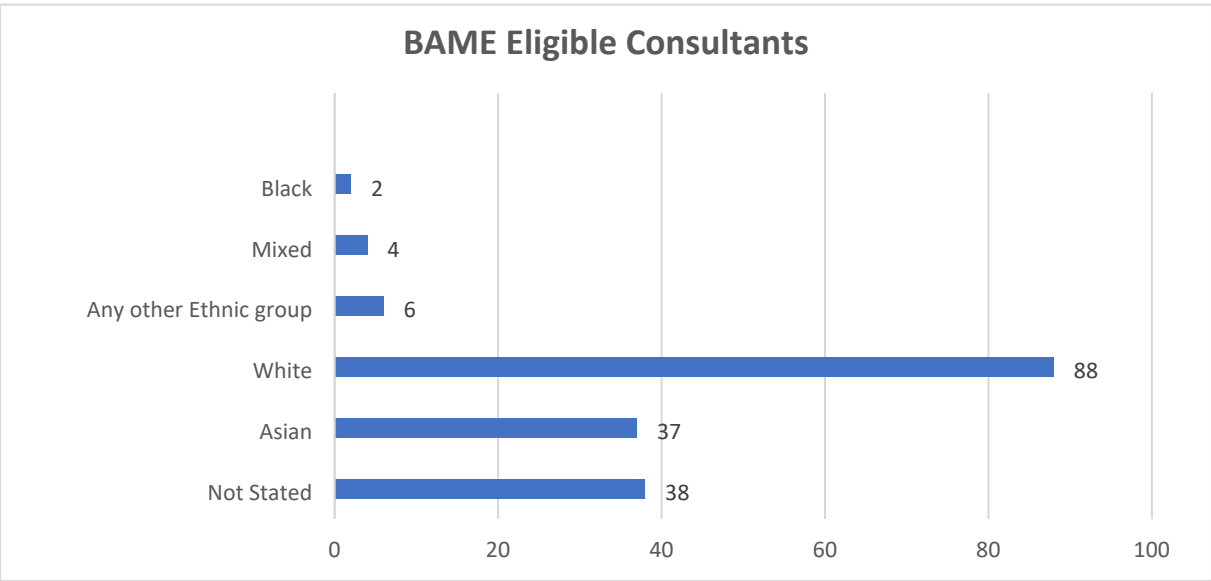
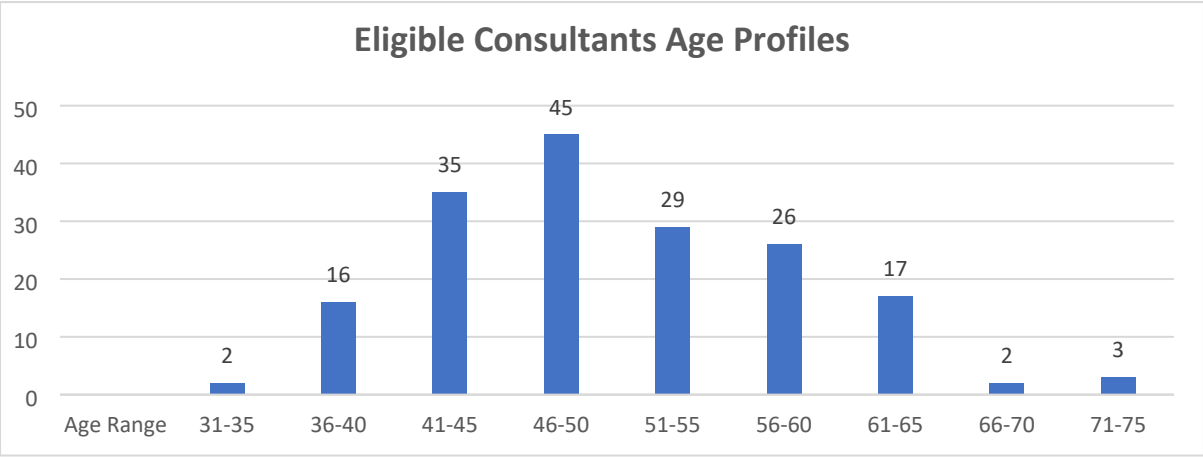
The 2020/21 Local Clinical Excellence Awards round has been halted as a result of the COVID-19 pandemic, with the award money due to be distributed equally among eligible Consultants. This will enable clinicians and managers to focus on immediate priorities.

To comply with national guidance, the existing funding (including any money rolled over from the last two years) will be redistributed equally among eligible Consultants for the 2020 award round as a one-off, non-consolidated payment, non-pensionable payment in place of normal Local Clinical Excellence Awards rounds.

3. Report Demographics for 2020

- a) The number of consultants eligible for Consideration from a total workforce of 191 is 175. This figure includes consultant retire and return.





Cumbria, Northumberland Tyne and Wear
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Local Clinical Excellence Awards were payable on 1st April 2020 and at that time there were 175 eligible Consultants working within CNTW. This number includes the retire and returns. The total number of Consultants eligible for equal distributions is 175.

The 2020 Ratio would be: $175 \times 0.424 \times £3,092 = £229,426$

Total Investment Ratio

2018 Round = £144,768 – all awards issued remain in payment

2019 Round = £132,956 – all awards issued remain in payment

North Cumbria – as the awards were only issued for 2 years there is a value of £12,064 to be added to the 2020 Round for allocation

2020 Round = £241,490 including N Cumbria roll over.

4. Compliance Statement

As Chair of the local Clinical Excellence Awards Committee, I can confirm that due process and the appropriate mechanisms were in place for the equal distribution of CEA funds amongst eligible consultants.

Print Name: John Lawlor

Date: 1 September 2021

Signed:



Cumbria, Northumberland Tyne and Wear
08/27/2021 10:15:57

**Report to the Board of Directors
1 September 2021**

| | |
|---|--|
| Title of report | Workforce Race Equality Standard and Workforce Disability Equality Standard (includes disparity ratios) |
| Report author(s) | Christopher Rowlands, Equality and Diversity Lead |
| 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) | | Management Group meetings where this item has been considered (specify date) | |
|--|--|---|---------|
| Quality and Performance | | Executive Team | 23.8.21 |
| Audit | | Corporate Decisions Team (CDT) | |
| Mental Health Legislation | | CDT – Quality | |
| Remuneration Committee | | CDT – Business | |
| Resource and Business Assurance | | CDT – Workforce | |
| Charitable Funds Committee | | CDT – Climate | |
| CEDAR Programme Board | | CDT – Risk | |
| Other/external (please specify) | | Business Delivery Group (BDG) | |

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

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

Workforce Race Equality Standard and Workforce Disability Equality Standard
Trust Board of Directors
1 September 2021

1. Executive Summary

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) support positive change for existing employees and enable a more inclusive environment for BAME and Disabled people working in the NHS. We are required to report our performance on these standards annually and to draw up plans to address disparities.

Further WRES and WDES data is shown in Appendices 1 and 2 respectively.

2. Risks and mitigations associated with the report

There are specific risks of Race Discrimination and Disability Discrimination under the Equality Act if policies and practices are not in line with legislation. There are reputational risks to the Trust if legislation and best practice is not followed which may have a detrimental effect on attraction and retention of staff.

3. Recommendation/summary

The Board of Directors is asked to note the content of the report and approve the recommendations within each section. This is in addition to the completion of the agreed Equality, Diversity and Inclusion Action Plan for 2021/22 which includes specific actions covering three priority areas: Inclusive recruitment, tackling discrimination and Improving Disciplinary practices.

Christopher Rowlands
Equality, Diversity and Inclusion Lead

Lynne Shaw
Executive Director Workforce and
Organisational Development

August 2021

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
08/27/2021 10:15:57

Workforce Race Equality Standard (WRES)

The figures contained within this document are a snapshot as of 31 March 2021 and as such reflect the significant amount of work that has been undertaken over the past year to reduce the unknown ethnicity figures for our staff. It should be noted that this report does not include NTW Solutions. Please see Appendix 1 for WRES data tables.

(1) Percentage of staff in each of the Agenda for Change Bands 1-9 and Very Senior Managers (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff. (2020 figures in brackets)

At the audit date there were 440 (315) BAME staff employed by the Trust. These staff made up 6.25% (5%) of our overall workforce. If we exclude medical staff the figure is 4.6% (3.5%). The latest available Office for National Statistics population figures across the region put the BAME population at 6.4%. Whilst this suggests that broadly our workforce is representative of the population, it points to a workforce that is not evenly distributed across medical, clinical and non-clinical roles and from analysis of the Race Disparity Ratios (RDR), there are disparities between White and BAME staff across Agenda for Change bands.

Race Disparity Ratios (RDR) have been introduced by the national Workforce Race Equality Standard (WRES) team to indicate the differences in progression between white people and those from an ethnic minority background through Agenda for Change bands of each NHS organisation.

The Race Disparity Ratio is presented at three tiers –

- Bands 5 and below ('lower')
- Bands 6 and 7 ('middle')
- Bands 8a and above ('upper')

The RDR for all staff has been calculated using March 2021 ESR data. The RDR for all staff in CNTW are

| | |
|-----------------------------------|------|
| Disparity ratio - lower to middle | 1.64 |
| Disparity ratio - middle to upper | 0.91 |
| Disparity ratio - lower to upper | 1.49 |

and for nursing staff

| | |
|-----------------------------------|------|
| Disparity ratio - lower to middle | 3.29 |
| Disparity ratio - middle to upper | 2.28 |
| Disparity ratio - lower to upper | 7.50 |

These disparity ratios are to be interpreted as follows:

A figure close to 1 indicates less disparity between White and BAME employees. NHS England state that RDR is to be used as a guide to progress being made to

address the Trust's WRES Aspirational Goals. It is calculated if Trusts get RDR measures of 1.5 they will be on course to meet their Aspirational Goals targets set for 2028. Our overall figures indicate that we will meet the targets set by NHS England for 2028, but for nursing staff it suggests that we have work to do to address recruitment and progression. White nursing staff are 3.29 times more likely to progress from low to middle bands compared to BAME nursing staff. For progression from middle to higher White nursing staff are 2.28 times more likely to progress. White nursing staff entering the Trust at the lower bands are 7.5 times more likely than BAME nursing staff to progress to bands 8a or above.

Aspirational (model employer) targets

These were set for each Trust in late 2019 by NHS England in respect of Agenda for Change bands. Our targets are listed below.

| | Proportion of BME workforce (n) | Additional BME recruitment over the next 10 years to reach equity ¹ | Total BME staff in AfC band by 2028 to reach equity ¹ |
|---------|---------------------------------|--|--|
| Band 8a | 5.6% (11) | 0 | 9 |
| Band 8b | 0.0% (0) | 4 | 4 |
| Band 8c | 2.1% (1) | 1 | 2 |
| Band 8d | 0.0% (0) | 1 | 1 |
| Band 9 | 0.0% (0) | 0 | 0 |
| VSM | 14.3% (1) | 0 | 0 |

Our current totals across these bands are

| | |
|---------|----|
| Band 8a | 11 |
| Band 8b | 5 |
| Band 8c | 1 |
| Band 8d | 1 |
| Band 9 | 0 |
| VSM | 0 |

According to these data we are achieving beyond the target for Bands 8a/8b and the only band where we are below our target is 8c.

Recommendations

It is recommended that the following actions are taken:

- Our current review of recruitment procedures uses the Race Disparity Ratio information to help target actions.
- We ensure that the recruitment review recommendations include a suite of actions to take positive action in line with the Equality Act to attract BAME applicants and that we adopt those measures for progression in the Trust.
- Diverse shortlisting and interviewing panels with justification set out by panels where BAME staff are not appointed.

(2) Relative likelihood of staff being appointed from shortlisting across all posts (2020 figures in brackets)

- 2302 (1072) BAME applicants were shortlisted. Of those shortlisted 67 (70) were appointed.
- 8222 (5354) White applicants were shortlisted. Of those shortlisted 844 (1018) were appointed.
- White job applicants are 3.5 (2.9) times more likely to be appointed from shortlisting compared to BAME applicants.

Recommendations

It is recommended the following actions are taken:

- Implement recommendations of the review of our recruitment practices in line with NHS People Plan to ensure that staffing reflects the diversity of the community and regional and national labour markets.
- Positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers.

(3) Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

In 2020, a BAME member of staff was 2.5 times more likely to enter the formal disciplinary process compared to a White member of staff. The figure for 2021 is 1.5. There are two likely factors for this improvement. The first is the introduction in March 2020 of an amended triage process of all fact find investigations. Two Executive Directors triage each case and challenge the recommendations from the locality/group in terms of progressing the case. This has seen an overall improvement on all cases over the past year with a reduction to 27% of cases going formal.

In addition, the Cultural Ambassador role was introduced in Spring 2020 and the introduction of this role is likely to have had a positive impact on the above figures.

Recommendations

It is recommended that the following actions are taken:

- In addition to the 9 staff who are already trained as Cultural Ambassadors, a further cohort to be trained this year - including medical staff.
- Further communication and awareness raising of the Cultural Ambassador role across the Trust.

(4) Relative likelihood of staff accessing non-mandatory training and CPD

The data for this period shows that only two members of White staff have accessed non-mandatory training. It has therefore not been possible to calculate the figure for this year. The 2020 return showed that BAME staff were 1.5 times more likely than White staff to access non-mandatory training.

Recommendation

It is recommended that the following action is taken:

- Consideration to be given to how we use non-mandatory training and CPD to improve career progression and promotion for BAME staff.

(5) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

This is the first of the metrics with the Equality Standard that takes data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2020.

- 35.3% of BAME staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 39.2% in 2019.
- 30.4% of White staff said that they had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This compares to 34.2% in 2019.

It is pleasing to see that figures have reduced between the 2019 and 2020 surveys. However, the gap between White and BAME staff experience remains and needs to be addressed.

Recommendations

It is recommended that the following actions are taken:

- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- Promote allyship from White staff to provide appropriate challenge to patients, relatives or the public, when a BAME member of staff is subject to these behaviours.

(6) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

There has been a slight widening of the gap between White and BAME Staff.

- 15.9% of White staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 16.2% in 2019.
- 25.0% of BAME staff stated that they had experienced harassment, bullying or abuse in the last 12 months. This compares to 24% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with Professor Kline to identify evidence-based interventions that we can implement to address disparities.

(7) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

Results for both White and BAME staff reduced between 2019 and 2020. The gap between White and BAME staff has stayed broadly the same.

- 89.9% of White staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 90.6% in 2019.
- 83.2% of BAME staff believed that the organisation provides equal opportunities for career progression or promotion, compared to 83.5% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That the issue of career progression is addressed as part of the measures of the recruitment work that is taking place and due to report out at the end of 2021. This work will need to address the disparity ratios discussed earlier in this paper.
- That there are specific positive action initiatives to ensure that BAME staff have the skills, experience and confidence to apply for senior positions when they arise.

(8) Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

Both groups experienced an increase between 2019 and 2020. The gap has widened for BAME Staff.

- 5.0% of White staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 4.8% in 2019.
- 13.1% of BAME staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months, compared to 8.9% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with Professor Kline to identify evidence-based interventions that we can implement to address disparities.

(9) Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BAME staff

The Board is more representative of the population than the overall workforce. BAME representation is at 7.1%, compared to the overall figure of 6.2% for the Trust. In the 2020 National WRES Report, the proportion of BAME Board members across the North East averaged 6.0%.

Recommendation

It is recommended that the following action is taken:

- Where appropriate, the recruitment practices that will be introduced as part of the ongoing review will apply to Board-level recruitment too.

Workforce Disability Equality Standard (WDES)

Please see Appendix 2 for WDES data tables.

(1) Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce (2020 figures in brackets)

According to the information held in ESR, there are 386 (341) Disabled staff employed by the Trust, they make up 5.5% (5%) of the Trust workforce. This figure is considerably lower than the figure identified through the NHS Staff Survey, where regularly up to 20% of our workforce state that they live with a long-term condition. The most recent figures for the disabled population of the North East states that 22% of the population meets the criteria for disability as defined by the Equality Act.

- Disabled staff make up 6.5% (5.9%) of our non-clinical workforce.
- 88% (80%) of Disabled staff in non-clinical roles, are in roles that are Band 5 or below. This compares with 83% (81%) for non-disabled staff.
- Disabled staff make up 5.3% (4.9%) of our clinical workforce.
- 52% (55%) of Disabled staff in clinical roles, are in roles that are Band 5 or below. This compares with 49% (51%) of the non-disabled workforce in clinical roles.
- 5.4% (4%) of Disabled staff in clinical roles are employed in Bands 8a-d. This compares with 8% - same as 2020, of non-disabled staff.
- Disabled staff are 4.5% (3.5%) of the medical workforce.
- 61.5% (55%) of Disabled Doctors are at Consultant grade. This compares with 65.7% (60%) for non-disabled Doctors at Consultant grade.

Recommendations

It is recommended that the following actions are taken:

- We continue with the current data cleansing exercise by writing to all staff whose disability status is unknown and update the information in the system. We will run this report again later in the autumn. Improvements in this data are an important baseline for the recruitment measures that we will be implementing.
- That we apply the Race Disparity Ratio methodology to our disability figures once our data has been updated.

(2) Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

- 13 Disabled applicants were shortlisted. Of those 11 (85%) were appointed.
- 253 non-disabled applicants were shortlisted. Of those 84 (33%) were appointed.
- The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 0.39:1 This shows that the likelihood of appointment for disabled people to be appointed from shortlist is greater than for non-disabled applicants.

It should be noted that the result for last year showed parity for disabled and non-disabled recruitment.

Recommendation

It is recommended that the following action is taken:

- Ensure that the changes to recruitment practices are in line with best practice for disability.

(3) Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

The calculation is based on a two-year rolling average. The relative likelihood has been calculated as 3.72, meaning that disabled members of staff are 3.72 times more likely to enter into a formal capability process compared to non-disabled members of staff.

Recommendations

It is recommended that the following actions are taken:

- A deep dive of all of these cases takes place to establish the reasons and whether anything by way of reasonable adjustment would have averted them and act where findings suggest they are required.
- Continue to publicise the Disability passport introduced for staff in December 2020.
- A coordinated approach to the delivery of reasonable adjustments to be introduced before the end of this financial year.

The following metrics take data from the NHS Staff Survey. We therefore need to be aware that these figures were compiled from the survey that took place in Autumn 2020.

(4ai) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

- 35.0% of disabled staff in the 2020 survey experienced harassment, bullying or abuse from patients, relatives or the public, compared to 39.7% in 2019.
- 28.8% of non-disabled staff in the 2020 survey experienced harassment, bullying or abuse from patients, relatives or the public, compared to 32.3% in 2019.

We have seen improvements for both disabled and non-disabled staff, but the gap remains to be closed for disabled staff.

Recommendations

It is recommended that the following actions are taken:

- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- Promote allyship from non-disabled staff to provide appropriate challenge to patients, relatives or the public, when a Disabled member of staff is subject to these behaviours.

(4aii) Percentage of staff experiencing harassment, bullying or abuse from their manager in last 12 months

- 13.2% of Disabled staff experienced harassment, bullying or abuse from their manager in the 2020 survey, compared to 11.8% in 2019.
- 5.8% of non-disabled staff experienced harassment, bullying or abuse from their manager in the 2020 survey, compared to 5.5% in 2019.

(4a) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

- 17.2% of Disabled staff experienced harassment, bullying or abuse from other colleagues in the 2020 survey, compared to 18.2% in 2019.
- 9.5% of non-disabled staff experienced harassment, bullying or abuse from other colleagues in the 2020 survey, compared to 9.7% in 2019.

(4b) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

- 66.2% of Disabled staff said in the 2020 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 65.5% in 2019.
- 73% of non-disabled staff said in the 2020 survey that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, compared with 74.3% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with our staff network and disability-led organisations to identify evidence-based interventions that we can implement to address staff survey disparities.

(5) Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

- 85.2% of Disabled staff in the 2020 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 85.9% in 2019.
- 91.3% of non-disabled staff in the 2020 survey believe that the Trust provides equal opportunities for career progression or promotion, compared to 91.6% in 2019.

Recommendations

It is recommended that the following actions are taken:

- That career progression is addressed as part of the measures of the recruitment work that is taking place and due to report out at the end of 2021.

- That there are specific positive action initiatives to ensure that disabled staff have the skills, experience and confidence to apply for senior positions when they arise.
- (6) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties**
- 19.4% of Disabled staff in the 2020 survey felt pressure from their manager to come to work, compared with 23% in 2019.
 - 13.2% of non-disabled staff in the 2020 survey felt pressure from their manager to come to work, compared with 12.5% in 2019.

There has been an improvement in this metric. Earlier this year the sickness policy which was revised in consultation with the Disabled Staff Network was introduced. The measures contained in the policy are designed to address the issue of pressure that staff may have felt under.

Recommendation

It is recommended that the following actions are taken:

- We review this metric upon receipt of the 2021 Staff Survey results to assess the impact of the revised policy.
- That we look to best practice from Disability Confident Leaders to see if there are further measures that we can consider implementing.

(7) Percentage of staff satisfied with the extent to which their organisation values their work

- 46.1% of Disabled staff in the 2020 survey were satisfied with the extent to which the Trust values their work, compared with 43.4% in 2019.
- 57.4% of non-disabled staff in the 2020 survey were satisfied with the extent to which the Trust values their work, compared with 55.4% in 2019.

Recommendation

It is recommended that the following action is taken:

- Focus groups are held with Disabled staff to discuss disparities in experiences that are highlighted from Staff Survey results.
- (8) Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work**
- 84.3% of disabled staff stated that there had been adequate adjustments for them, compared to 83.1% in 2019.

It is anticipated that this will improve following the introduction of the centralised provision of reasonable adjustments.

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(9) Staff engagement score

- There has been a 0.4 gap in this score for the past two years. In 2020 non-disabled staff scored 7.4, compared to 7.0 for Disabled staff. In 2019 the respective figures were 7.2 and 6.8.

Overall engagement has improved but there is a gap in experience.

Recommendation

It is recommended that the following action is taken:

- Focus groups are held with Disabled staff to discuss disparities in experiences that are highlighted from Staff Survey results.

(10) Percentage difference between the organisation's Board voting membership and its organisation's overall workforce disaggregated

- **By voting membership of the Board**
- **By Executive membership of the Board**
- 23% of the Board state that they have a disability or long-term condition. This compares to 5.5% in our overall workforce
- 20% of the Executive membership are disabled.

Recommendation

It is recommended that the following action is taken:

- That recommendations for recruitment relating to Disability are, where appropriate, applied to Board membership.

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Appendix 1 - WRES data collection 2021

Indicator 1 – Percentage of staff in AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce.

| 2021 | | | | | |
|--|-----------|-------|-----|------------------------|-------|
| | Measure | White | BME | Ethnicity Unknown/Null | Notes |
| 1a) Non Clinical Staff | | | | | |
| Under Band 1 | Headcount | 24 | 1 | 1 | |
| Bands 1 | Headcount | 3 | 0 | 0 | |
| Bands 2 | Headcount | 246 | 5 | 3 | |
| Bands 3 | Headcount | 419 | 7 | 6 | |
| Bands 4 | Headcount | 294 | 6 | 6 | |
| Bands 5 | Headcount | 136 | 6 | 3 | |
| Bands 6 | Headcount | 103 | 0 | 3 | |
| Bands 7 | Headcount | 69 | 0 | 5 | |
| Bands 8a | Headcount | 32 | 0 | 0 | |
| Bands 8b | Headcount | 33 | 1 | 1 | |
| Bands 8c | Headcount | 2 | 0 | 0 | |
| Bands 8d | Headcount | 0 | 0 | 1 | |
| Bands 9 | Headcount | 2 | 0 | 0 | |
| VSM | Headcount | 4 | 0 | 0 | |
| 1b) Clinical Workforce of which Non Medical | | | | | |
| Under Band 1 | Headcount | 0 | 0 | 0 | |
| Bands 1 | Headcount | 1 | 0 | 0 | |
| Bands 2 | Headcount | 13 | 3 | 1 | |
| Bands 3 | Headcount | 1487 | 113 | 21 | |
| Bands 4 | Headcount | 333 | 6 | 1 | |
| Bands 5 | Headcount | 664 | 66 | 10 | |
| Bands 6 | Headcount | 1393 | 56 | 33 | |
| Bands 7 | Headcount | 680 | 20 | 9 | |
| Bands 8a | Headcount | 205 | 11 | 4 | |
| Bands 8b | Headcount | 93 | 4 | 1 | |
| Bands 8c | Headcount | 57 | 1 | 1 | |
| Bands 8d | Headcount | 22 | 1 | 0 | |
| Bands 9 | Headcount | 1 | 0 | 0 | |
| VSM | Headcount | 1 | 0 | 0 | |
| Of which Medical & Dental | | | | | |
| Consultants | Headcount | 111 | 84 | 0 | |
| of which Senior medical manager | Headcount | 1 | 2 | 0 | |
| Non-Consultants career grade | Headcount | 28 | 42 | 1 | |
| Trainee grades | Headcount | 12 | 2 | | |
| Other | Headcount | 10 | 3 | | |

Indicator 2 – Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

| 2021 | | | | | |
|--|-----------------|--------|-------|------------------------|-------|
| | Measure | White | BME | Ethnicity Unknown/Null | Notes |
| Number of shortlisted applicants | Headcount | 8222 | 2302 | 146 | |
| Number appointed from shortlisting | Headcount | 844 | 67 | 80 | |
| Relative likelihood of appointment from shortlisting | Auto-Calculated | 10.27% | 2.91% | 54.79% | |
| Relative likelihood of White staff being appointed from shortlisting compared to BME staff | Auto-Calculated | 3.53 | | | |

Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note:

This indicator will be based on data from a two-year rolling average of the current year and the previous year.

| 2021 | | | | | |
|---|-----------------|-------|-------|------------------------|-------|
| | Measure | White | BME | Ethnicity Unknown/Null | Notes |
| Number of staff in workforce | Auto-Calculated | 6478 | 438 | 115 | |
| Number of staff entering the formal disciplinary process | Headcount | 58 | 6 | 1 | |
| Likelihood of staff entering the formal capability process | Auto-Calculated | 0.90% | 1.37% | 0.87% | |
| Relative likelihood of BME staff entering the formal capability process compared to White staff | Auto-Calculated | | 1.53 | | |

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

| 2021 | | | | | |
|---|-----------------|-------|-------|------------------------|-------|
| | Measure | White | BME | Ethnicity Unknown/Null | Notes |
| Number of staff in workforce | Auto-Calculated | 6478 | 438 | 115 | |
| Number of staff accessing non-mandatory training and CPD | Headcount | 2 | 0 | 0 | |
| Likelihood of staff accessing non-mandatory training and CPD | Auto-Calculated | 0.03% | 0.00% | 0.00% | |
| Relative likelihood of White staff accessing non-mandatory training compared to BME staff | Auto-Calculated | | | | |

Indicator 5 - 2020 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

| | 2017 | 2018 | 2019 | 2020 |
|-----------------------|-------|-------|-------|-------|
| White: CNTW NHS Trust | 36.4% | 37.7% | 34.2% | 30.4% |
| BME: CNTW NHS Trust | 44.6% | 43.6% | 39.2% | 35.3% |
| White: Average | 28.1% | 27.8% | 27.6% | 25.4% |
| BME: Average | 33.4% | 33.3% | 35.5% | 32.1% |
| White: Responses | 3,225 | 3,386 | 2,774 | 3,164 |
| BME: Responses | 139 | 133 | 125 | 167 |

Indicator 6 - 2020 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

| | 2017 | 2018 | 2019 | 2020 |
|-----------------------|-------|-------|-------|-------|
| White: CNTW NHS Trust | 15.4% | 15.5% | 16.2% | 15.9% |
| BME: CNTW NHS Trust | 24.3% | 22.6% | 24.0% | 25.0% |
| White: Average | 20.4% | 21.2% | 20.6% | 19.6% |
| BME: Average | 23.8% | 27.1% | 24.8% | 25.0% |
| White: Responses | 3,226 | 3,381 | 2,773 | 3,172 |
| BME: Responses | 140 | 133 | 125 | 168 |

Indicator 7 - 2020 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

| | 2017 | 2018 | 2019 | 2020 |
|-----------------------|-------|-------|-------|-------|
| White: CNTW NHS Trust | 92.7% | 92.5% | 90.6% | 89.9% |
| BME: CNTW NHS Trust | 81.1% | 84.1% | 83.5% | 83.2% |
| White: Average | 87.4% | 86.9% | 87.1% | 89.2% |
| BME: Average | 76.6% | 72.4% | 72.4% | 72.7% |
| White: Responses | 2,416 | 2,482 | 2,044 | 2,379 |
| BME: Responses | 95 | 88 | 85 | 101 |

Indicator 8 – 2020 NHS Staff Survey Results > WRES > Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

| | 2017 | 2018 | 2019 | 2020 |
|-----------------------|-------|-------|-------|-------|
| White: CNTW NHS Trust | 4.6% | 4.8% | 4.8% | 5.0% |
| BME: CNTW NHS Trust | 8.8% | 12.1% | 8.9% | 13.1% |
| White: Average | 6.1% | 5.9% | 5.8% | 5.6% |
| BME: Average | 13.0% | 13.6% | 13.4% | 15.1% |
| White: Responses | 3,233 | 3,363 | 2,754 | 3,168 |
| BME: Responses | 137 | 132 | 123 | 168 |

Indicator 9 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

Note: Only voting members of the Board should be included when considering this indicator

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| 2021 | | | | | |
|--|-----------------|--------|-------|---------------------------|-------|
| | Measure | White | BME | Ethnicity Unknown/Null | Notes |
| Total Board members | Headcount | 13 | 1 | 0 | |
| <i>of which: Voting Board members</i> | Headcount | 13 | 1 | 0 | |
| <i>: Non Voting Board members</i> | Auto-Calculated | 0 | 0 | 0 | |
| <i>Total Board members</i> | Auto-Calculated | 13 | 1 | 0 | |
| <i>of which: Exec Board members</i> | Headcount | 5 | 1 | 0 | |
| <i>: Non Executive Board members</i> | Auto-Calculated | 8 | 0 | 0 | |
| <i>Number of staff in overall workforce</i> | Auto-Calculated | 6478 | 438 | 115 | |
| <i>Total Board members - % by Ethnicity</i> | Auto-Calculated | 92.9% | 7.1% | 0.0% | |
| <i>Voting Board Member - % by Ethnicity</i> | Auto-Calculated | 92.9% | 7.1% | 0.0% | |
| <i>Non Voting Board Member - % by Ethnicity</i> | Auto-Calculated | | | | |
| <i>Executive Board Member - % by Ethnicity</i> | Auto-Calculated | 83.3% | 16.7% | 0.0% | |
| <i>Non Executive Board Member - % by Ethnicity</i> | Auto-Calculated | 100.0% | 0.0% | 0.0% | |
| <i>Overall workforce - % by Ethnicity</i> | Auto-Calculated | 92.1% | 6.2% | 1.6% | |
| <i>Difference (Total Board - Overall workforce)</i> | Auto-Calculated | 0.7% | 0.9% | -1.6% | |

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Appendix 2 -
WDES Data
Collection 2021

Indicator 1 -
Percentage of staff
in AfC paybands or
medical and dental
subgroups and very
senior managers
(including
Executive Board
members)
compared with the
percentage of staff
in the overall
workforce.

| | | Snapshot of data as at 31st MARCH 2021 | | | | | | | Notes |
|---|-----------------|--|------------|--------------------|----------------|----------------------------|-----------------|---------|-------|
| | | Disabled staff | | Non-disabled staff | | Disability Unknown or Null | | Overall | |
| | Measure | # Disabled | % Disabled | # Non-disabled | % Non-disabled | # Unknown /Null | % Unknown /Null | Total | |
| 1a) Non Clinical Staff | | | | | | | | | |
| Under Band 1 | Headcount | 3 | 11.5% | 20 | 76.9% | 3 | 11.5% | 26 | |
| Bands 1 | Headcount | 0 | 0.0% | 2 | 66.7% | 1 | 33.3% | 3 | |
| Bands 2 | Headcount | 16 | 6.3% | 189 | 74.4% | 49 | 19.3% | 254 | |
| Bands 3 | Headcount | 26 | 6.0% | 345 | 79.9% | 61 | 14.1% | 432 | |
| Bands 4 | Headcount | 25 | 8.2% | 235 | 76.8% | 46 | 15.0% | 306 | |
| Bands 5 | Headcount | 12 | 8.3% | 108 | 74.5% | 25 | 17.2% | 145 | |
| Bands 6 | Headcount | 5 | 4.7% | 75 | 70.8% | 26 | 24.5% | 106 | |
| Bands 7 | Headcount | 1 | 1.4% | 56 | 75.7% | 17 | 23.0% | 74 | |
| Bands 8a | Headcount | 4 | 12.5% | 20 | 62.5% | 8 | 25.0% | 32 | |
| Bands 8b | Headcount | 0 | 0.0% | 26 | 74.3% | 9 | 25.7% | 35 | |
| Bands 8c | Headcount | 0 | 0.0% | 2 | 100.0% | 0 | 0.0% | 2 | |
| Bands 8d | Headcount | 0 | 0.0% | 0 | 0.0% | 1 | 100.0% | 1 | |
| Bands 9 | Headcount | 0 | 0.0% | 0 | 0.0% | 2 | 100.0% | 2 | |
| VSM | Headcount | 1 | 25.0% | 2 | 50.0% | 1 | 25.0% | 4 | |
| Other (e.g. Bank or Agency) Please specify in notes. | Headcount | 0 | | 0 | | 0 | | 0 | |
| Cluster 1: AfC Bands <1 to 4 | Auto-Calculated | 70 | 6.9% | 791 | 77.5% | 160 | 15.7% | 1021 | |
| Cluster 2: AfC bands 5 to 7 | Auto-Calculated | 18 | 5.5% | 239 | 73.5% | 68 | 20.9% | 325 | |
| Cluster 3: AfC bands 8a and 8b | Auto-Calculated | 4 | 6.0% | 46 | 68.7% | 17 | 25.4% | 67 | |
| Cluster 4: AfC bands 8c to VSM | Auto-Calculated | 1 | 11.1% | 4 | 44.4% | 4 | 44.4% | 9 | |
| Total Non-Clinical | Auto-Calculated | 93 | 6.5% | 1080 | 75.9% | 249 | 17.5% | 1422 | |
| 1b) Clinical Staff | | | | | | | | | |
| Under Band 1 | Headcount | 0 | | 0 | | 0 | | 0 | |
| Bands 1 | Headcount | 1 | 100.00% | 0 | 0.00% | 0 | 0.00% | 1 | |
| Bands 2 | Headcount | 4 | 23.53% | 13 | 64.71% | 2 | 11.76% | 17 | |
| Bands 3 | Headcount | 79 | 4.87% | 1151 | 71.01% | 391 | 24.12% | 1621 | |
| Bands 4 | Headcount | 15 | 4.41% | 245 | 72.06% | 80 | 23.53% | 340 | |
| Bands 5 | Headcount | 46 | 5.22% | 550 | 74.32% | 144 | 19.46% | 740 | |
| Bands 6 | Headcount | 89 | 6.01% | 1171 | 79.01% | 222 | 14.98% | 1482 | |
| Bands 7 | Headcount | 31 | 4.37% | 558 | 78.70% | 120 | 16.93% | 709 | |
| Bands 8a | Headcount | 9 | 4.09% | 181 | 82.27% | 30 | 13.64% | 220 | |
| Bands 8b | Headcount | 1 | 1.02% | 86 | 87.76% | 11 | 11.22% | 98 | |
| Bands 8c | Headcount | 3 | 5.08% | 43 | 72.88% | 13 | 22.03% | 59 | |
| Bands 8d | Headcount | 0 | 8.70% | 16 | 69.57% | 5 | 21.74% | 23 | |
| Bands 9 | Headcount | 0 | 0.00% | 1 | 100.00% | 0 | 0.00% | 1 | |
| VSM | Headcount | 0 | 0.00% | 1 | 100.00% | 0 | 0.00% | 1 | |
| Other (e.g. Bank or Agency) Please specify in notes. | Headcount | 0 | | 0 | | 0 | | 0 | |
| Cluster 1: AfC Bands <1 to 4 | Auto-Calculated | 99 | 5.0% | 1407 | 71.1% | 473 | 23.9% | 1979 | |
| Cluster 2: AfC bands 5 to 7 | Auto-Calculated | 166 | 5.7% | 2279 | 77.8% | 486 | 16.6% | 2931 | |
| Cluster 3: AfC bands 8a and 8b | Auto-Calculated | 10 | 3.1% | 267 | 84.0% | 41 | 12.9% | 318 | |
| Cluster 4: AfC bands 8c to VSM | Auto-Calculated | 5 | 6.0% | 61 | 72.6% | 18 | 21.4% | 84 | |
| Total Non-Clinical | Auto-Calculated | 280 | 5.3% | 4014 | 75.6% | 1018 | 19.2% | 5312 | |
| Medical & Dental Staff, Consultants | Headcount | 8 | 4.10% | 117 | 60.00% | 70 | 35.90% | 195 | |
| Medical & Dental Staff, Non-Consultants career grade | Headcount | 5 | 6.67% | 49 | 65.33% | 21 | 28.00% | 75 | |
| Medical & Dental Staff, Medical and dental trainee grades | Headcount | 0 | 0.00% | 12 | 75.00% | 4 | 25.00% | 16 | |
| Total Medical and Dental | Auto-Calculated | 13 | 4.55% | 178 | 62.24% | 95 | 33.22% | 286 | |
| Number of staff in workforce | Auto-Calculated | 386 | 5.50% | 5272 | 75.10% | 1362 | 19.40% | 7020 | |

Indicator 2- Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

| | | Snapshot of data as at 31st MARCH 2021 | | | | | | | Notes |
|--|-----------------|--|------------|--------------------|----------------|----------------------------|-----------------|---------|--|
| | | Disabled staff | | Non-disabled staff | | Disability Unknown or Null | | Overall | |
| | Measure | # Disabled | % Disabled | # Non-disabled | % Non-disabled | # Unknown /Null | % Unknown /Null | Total | |
| Number of shortlisted applicants | Headcount | 13 | | 253 | | 33 | | | |
| Number appointed from shortlisting | Headcount | 11 | | 84 | | 22 | | | |
| Likelihood of shortlisting/appointed | Auto-Calculated | 0.85 | | 0.33 | | 0.67 | | | |
| Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff | Auto-Calculated | 0.39 | | | | | | | A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting. |

Indicator 3 - Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Note: This Metric will be based on data from a two-year rolling average of the current year and the previous year (April 2019 to March 2020 and April 2020 to March 2021).

| | | Snapshot of data as at 31st MARCH 2021 | | | | | | | Notes |
|--|-----------------|--|------------|--------------------|----------------|----------------------------|-----------------|---------|---|
| | | Disabled staff | | Non-disabled staff | | Disability Unknown or Null | | Overall | |
| | Measure | # Disabled | % Disabled | # Non-disabled | % Non-disabled | # Unknown /Null | % Unknown /Null | Total | |
| Average number of staff entering the formal capability process over the last 2 years. (i.e. Total divided by 2.) | Headcount | 4.5 | | 16.5 | | 6 | | | |
| Likelihood of staff entering the formal capability process | Auto-Calculated | 0.01 | | 0.00 | | 0.00 | | | |
| Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff | Auto-Calculated | 3.72 | | | | | | | A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process. |

Indicator 4a i - 2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 39.8% | 39.7% | 35.0% |
| Staff without a LTC or illness: CNTW NHS Trust | 37.3% | 32.3% | 28.8% |
| Staff with a LTC or illness: Average | 35.4% | 35.0% | 31.8% |
| Staff without a LTC or illness: Average | 26.6% | 27.0% | 24.7% |
| Staff with a LTC or illness: Responses | 960 | 809 | 971 |
| Staff without a LTC or illness: Responses | 2,584 | 2,104 | 2,374 |

Indicator 4a ii - 2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 9.6% | 11.8% | 13.2% |
| Staff without a LTC or illness: CNTW NHS Trust | 5.6% | 5.5% | 5.8% |
| Staff with a LTC or illness: Average | 17.6% | 16.8% | 15.2% |
| Staff without a LTC or illness: Average | 9.4% | 9.1% | 8.5% |
| Staff with a LTC or illness: Responses | 955 | 805 | 970 |
| Staff without a LTC or illness: Responses | 2,570 | 2,091 | 2,364 |

Indicator 4a iii - 2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 16.6% | 18.2% | 17.2% |
| Staff without a LTC or illness: CNTW NHS Trust | 10.6% | 9.7% | 9.5% |
| Staff with a LTC or illness: Average | 23.2% | 22.8% | 21.3% |
| Staff without a LTC or illness: Average | 14.2% | 13.7% | 13.0% |
| Staff with a LTC or illness: Responses | 947 | 804 | 955 |
| Staff without a LTC or illness: Responses | 2,548 | 2,071 | 2,347 |

Indicator 4b - 2020 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 70.6% | 65.5% | 66.2% |
| Staff without a LTC or illness: CNTW NHS Trust | 74.4% | 74.3% | 73.0% |
| Staff with a LTC or illness: Average | 56.1% | 57.4% | 58.8% |
| Staff without a LTC or illness: Average | 57.5% | 59.3% | 60.8% |
| Staff with a LTC or illness: Responses | 422 | 357 | 417 |
| Staff without a LTC or illness: Responses | 949 | 721 | 749 |

Indicator 5 – 2020 NHS Staff Survey Results > WDES > Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 89.1% | 85.9% | 85.2% |
| Staff without a LTC or illness: CNTW NHS Trust | 93.1% | 91.6% | 91.3% |
| Staff with a LTC or illness: Average | 78.5% | 79.3% | 81.6% |
| Staff without a LTC or illness: Average | 86.4% | 86.9% | 88.5% |
| Staff with a LTC or illness: Responses | 659 | 555 | 705 |
| Staff without a LTC or illness: Responses | 1,921 | 1,580 | 1,784 |

Indicator 6 - 2020 NHS Staff Survey Results > WDES > Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 21.8% | 23.0% | 19.4% |
| Staff without a LTC or illness: CNTW NHS Trust | 12.7% | 12.5% | 13.2% |
| Staff with a LTC or illness: Average | 26.2% | 23.9% | 24.1% |
| Staff without a LTC or illness: Average | 16.4% | 14.5% | 16.6% |
| Staff with a LTC or illness: Responses | 682 | 586 | 583 |
| Staff without a LTC or illness: Responses | 1,267 | 990 | 886 |

Indicator 7- 2020 NHS Staff Survey Results > WDES > Percentage of staff satisfied with the extent to which their organisation values their work

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 43.2% | 43.4% | 46.1% |
| Staff without a LTC or illness: CNTW NHS Trust | 54.0% | 55.3% | 57.4% |
| Staff with a LTC or illness: Average | 38.6% | 41.7% | 44.6% |
| Staff without a LTC or illness: Average | 50.6% | 52.9% | 55.2% |
| Staff with a LTC or illness: Responses | 957 | 811 | 975 |
| Staff without a LTC or illness: Responses | 2,580 | 2,101 | 2,369 |

Indicator 8 - 2020 NHS Staff Survey Results > WDES > Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: CNTW NHS Trust | 83.0% | 83.1% | 84.3% |
| Staff with a LTC or illness: Average | 77.3% | 76.9% | 81.4% |
| Staff with a LTC or illness: Responses | 618 | 522 | 616 |

Indicator 9 - 2020 NHS Staff Survey Results > WDES > Staff engagement score (0-10)

| | 2018 | 2019 | 2020 |
|--|------|------|------|
| CNTW NHS Trust average | 7.1 | 7.1 | 7.3 |
| Staff with a LTC or illness: CNTW NHS Trust | 6.8 | 6.8 | 7.0 |
| Staff without a LTC or illness: CNTW NHS Trust | 7.2 | 7.2 | 7.4 |
| Staff with a LTC or illness: Average | 6.7 | 6.8 | 6.8 |
| Staff without a LTC or illness: Average | 7.1 | 7.2 | 7.3 |

| | | | |
|---|-------|-------|-------|
| Organisation Responses | 3,607 | 2,995 | 3,400 |
| Staff with a LTC or illness: Responses | 964 | 817 | 978 |
| Staff without a LTC or illness: Responses | 2,599 | 2,122 | 2,391 |

Indicator 10 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

- By Voting membership of the Board
- By Executive membership of the Board

This is a snapshot as of 31st March 2021.

| | Disabled | | Non-Disabled | | Unknown | | Total |
|---|----------|------------|--------------|------------|---------|------------|-------|
| Total Board members | 3 | 23.0 8% | 6 | 46.1 5% | 4 | 30.7 7% | 13 |
| Voting Board members | 3 | 23.0 8% | 6 | 46.1 5% | 4 | 30.7 7% | 13 |
| Non Voting Board members | 0 | | 0 | | 0 | | 0 |
| Exec Board members | 1 | 20.0 0% | 4 | 80.0 0% | 0 | 0.00 % | 5 |
| Non Executive Board members | 2 | 25.0 0% | 2 | 25.0 0% | 4 | 50.0 0% | 8 |
| Difference (Total Board - Overall workforce) | | 18% | | - 29% | | 11% | |
| Difference (Voting membership - Overall Workforce) | | 18% | | - 29% | | 11% | |
| Difference (Executive membership - Overall Workforce) | | 15% | | 5% | | - 19% | |

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**Report to the Board of Directors
1 September 2021**

| | |
|---|---|
| Title of report | Trust Disciplinary Policy |
| 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 | |
| CDT – Climate | |
| CDT – Risk | |
| Business Delivery Group (BDG) | 24.8.21 |

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

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

**Trust Disciplinary Policy
Board of Directors Meeting
1 September 2020**

1. Executive Summary

In July 2019, the Board of Directors received a paper on Improving People Practices which outlined a national requirement for all Trusts to review their current disciplinary processes to take into account a number of recommendations identified during an independent review which was commissioned following the sad death of Amin Abdullah in 2016. His death followed a protracted disciplinary procedure whilst working at a London NHS Trust.

The National NHS Improving People Practices advisory group made the following recommendations:

- 1) NHS Trusts should improve their processes and decision-making in respect of investigations and disciplinary hearings, as follows:
 - a. The development and application of local procedures are informed and underpinned by current best practice and should take every measure to ensure complete independence and objectivity at each stage of the procedure
 - b. Apply rigorous decision-making methodology consistent with the application of 'just culture' principles
 - c. Implement a common management framework for handling concerns relating to NHS staff regardless of profession, role or type of NHS organisation they work for.
- 2) People are fully supported and resources appropriately committed to ensure the professional conduct of investigation and disciplinary processes, as follows:
 - a. Ensuring people are appropriately trained and competent
 - b. Allocating sufficient time and resources
 - c. Following a rigorous process in deciding to apply suspensions
 - d. Protecting the health and well-being of staff involved in disciplinary processes
- 3) Investigation and disciplinary processes should be open to improved scrutiny through sharing of appropriate information and proactive reporting of progress as follows:
 - a. Using latest research; sharing relevant information with other NHS organisations via appropriate communications routes; and collating and reporting data for board scrutiny.
- 4) Guidance relating to the investigation and disciplinary process is up to date and fit for purpose.
- 5) Pending the acceptance and implementation of these recommendations, the Advisory Group recommends that interim guidance is developed in partnership with trades union bodies, through the Social Partnership Forum, that sets out NHS England's and NHS Improvement's expectations of employers regarding their conduct in applying and managing local investigations and disciplinary procedures. NHS England and NHS Improvement should further consider how they should provide oversight of adherence to the interim guidance.

The Trust was already following most of the recommendations but a further review took place with members of Business Delivery Group and an action plan was developed and implemented to further strengthen the current processes. This included the introduction of a new triage process in March 2020, more structured support for staff who are under investigation as part of a process, clearer terms of reference at the start of investigations and the development of suspension and non-clinical duties processes to ensure that decision-making was more robust.

Following this initial request, NHS England and NHS Improvement have subsequently asked all NHS organisations to review their Disciplinary policies and ensure they are discussed at a Public Board.

In accordance with the Trust policy review cycle, the Disciplinary policy was reviewed, updated and underwent considerable engagement and consultation exercises including involvement from staff side and staff networks. The formal consultation concluded in August.

The policy has now been ratified and is submitted to the Board of Directors for information.

2. Risks and mitigations associated with the report

The revised policy has been developed in line with best practice and the recommendation from the Improving People Practices advisory board have been considered. Additional monitoring processes have been included to ensure compliance.

3. Recommendation/summary

The Board of Directors is asked to note the content of this report. The policy is available for all staff and the public to review via the Trust website.

[Link to Policy and Appendices](#)

Michelle Evans
Deputy Director Workforce and OD

Lynne Shaw
Executive Director Workforce and OD

20 August 2021

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