Board of Directors Meeting (PUBLIC)

Wed 03 November 2021, 13:30 - 15:30

Crown Plaza, Newcastle Central

Agenda

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 6 October 2021

Ken Jarrold, Chairman

4. Board Public mins 06.10.21.pdf (9 pages)

5. Action log and matters arising from previous meeting

Ken Jarrold, Chairman

5 BoD Action Log PUBLIC as at 06.10.21.pdf (1 pages)

6. Chairman's Report

Ken Jarrold, Chairman

7. Chief Executive's Report

verbal update *John Lawlor, Chief Executive*

6. CEO Report November.pdf (7 pages)
6.1 CEO Report Appendix A - NHSP briefing.pdf (10 pages)
6.2 CEO Report Appendix B - NHSP briefing.pdf (14 pages)

Quality, Clinical and Patient Issues

8. COVID-19 Response Update

Gary O'Hare, Chief Nurse

8. COVID update - November 2021 (FINAL).pdf (6 pages)

9. Commissioning and Quality Assurance Report (Month 6)

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

09. Monthly Commissioning Quality Assurance Report - Month 6.pdf (12 pages)

10. Safer Care Report (Q2)

Rajesh Nadkarni, Medical Director

10. Safer Care Q2 Report (Oct_2021) - FINAL.pdf (16 pages)

11. Service User and Carer Experience Report (Q2)

Lisa Quinn, Executive Director Commissioning and Quality Assurance

11. Service User and Carer Experience Report - Quarter 2 2021-22.pdf (8 pages)

12. Safer Staffing Levels Q2

Gary O'Hare, Chief Nurse

12. Safer Staffing Report October 2021 - Trust Board (03.11.21).pdf (25 pages)

13. Winter Planning update

Ramona Duguid, Chief Operating Officer

13. Winter Preparedness and Funding Update Nov 21 RD.pdf (7 pages)

Workforce Issues

14. Quarterly Staff Survey Report

Presentation *Lynne Shaw, Executive Director of Workforce and Organisational Development*

14. Quarterly Staff Survey Results - Oct 2021.pdf (11 pages)

15. Guardian of Safe Working Report (Q2)

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

15. GoSW Board Report Q2 Jul to Sept 2021.pdf (7 pages)

16. Raising Concerns Update

Lynne Shaw, Executive Director of Workforce and Organisational Development

16. Raising Concerns Whistleblowing Report - Apr to Sep 21.pdf (6 pages)

17. CNTW Academy Annual Report 2020/21

Gail Bayes, Deputy Director, CNTW Academy Development

17. Academy Annual Report (September 2021).pdf (10 pages)

Strategy and Partnerships

18. Provider Collaborative Development in the North East and North Cumbria - an update for Foundation Trust Boards

John Lawlor, Chief Executive

18.0 NENC Report for Boards cover sheet.pdf (1 pages)
18. NENC Report for Boards Draft v3 (12.7.21).pdf (4 pages)

Regulatory Items

19. CQC Action Plan update

Lisa Quinn, Executive Director Commissioning and Quality Assurance

19. CQC Must Do Action Plans Q2 Update Final.pdf (37 pages)

20. Board Assurance Framework / Corporate Risk Register update (Q2)

Lisa Quinn, Executive Director Commissioning and Quality Assurance

20 i. Trustwide Risk Management Report - Oct 21.pdf (10 pages)
20 ii. Appendix 1 - Trust-wide Risk Management Appetite Report - Oct 21.pdf (1 pages)
20 iii. Appendix 2 BAF-CRR Risk Register Q2.pdf (25 pages)
20 iv. Appendix 3 Trust-Wide Risk Management Report - Oct 21.pdf (19 pages)
20 v. Appendix 4 - Trust-wide Risk Managment Internal Audit - Oct 21.pdf (2 pages)
20 vi. Appendix 5 - Turst-wide Risk Managerment Clinical Audit - Oct 21.pdf (3 pages)

21. NHSE / I Single Oversight Framework Compliance Report

Lisa Quinn, Executive Director Commissioning and Quality Assurance

21. NHS Improvement Single Oversight Framework - Quarter 2 2021.pdf (4 pages)

22. Infection Prevention Control (IPC) Board Assurance Framework

Gary O'Hare, Chief Nurse

22. IPC - Board Assurance Framework -Q2 (October 2021) - FINAL.pdf (25 pages)

23. Annual Plan 2021-22 Quarter 2 update

Ramona Duguid, Chief Operating Officer

23. Annual Plan 21-22 Board Quarter 2 update Nov 21 FINAL.pdf (16 pages)

Board Sub-Committee minutes and Governor issues for information

24. Quality and Performance Committee

Alexis Cleveland, Chair

25. Audit Committee

David Arthur, Chair

26. Resource Business and Assurance Committee

Peter Studd, Chair

27. Mental Health Legislation Committee

Michael Robinson, Chair

28. Provider Collaborative Committee

Michael Robinson, Chair

29. CEDAR Programme Board

Peter Studd, Chair

30. Charitable Funds Committee

Paula Breen, Chair

31. Council of Governor issues

Ken Jarrold, Chairman

32. Any Other Business

Ken Jarrold, Chairman

33. Questions from the public

Ken Jarrold, Chairman

Date and time of next meeting - 1 December 2021, 1.30pm - 3.30pm
Crown Plaza, Newcastle Central

Minutes of the Board of Directors meeting held in Public
Held on 6 October 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
Louise Nelson, Non-Executive Director
Brendan Hill, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director

John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Director of Finance
Rajesh Nadkarni, Executive Medical Director
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:
Margaret Adams, Public Governor for South Tyneside / Deputy Lead Governor
Evelyn Bitcon, Public Governor for North Cumbria
Russell Bowman, Service User Governor for Neuro-disabilities
Allan Brownrigg, Staff Governor - clinical
Anne Carlile, Carer Governor for Adult Services
Revell Cornell, Staff Governor – non-clinical
Eilish Gilvarry, Deputy Medical Director *(for item 14)*
Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary
Sunil Nodiyal, Consultant Psychiatrist *(for item 14)*
Bruce Owen, Director of Medical Education *(for item 12)*
Paul Richardson, Appointed Governor for North Tyneside Council
Damian Robinson, Group Medical Director for Safer Care *(for items 10 and 11)*
Terry Stones, Service User *(for item 3)*
Louise Swash, Patient and Carer Involvement Facilitator *(for item 3)*
Hermarette Van Den Bergh, Consultant Psychiatrist *(for item 14)*

1. Welcome, apologies for absence and Declarations of Interest
Ken Jarrold welcomed everyone to the meeting. No apologies for absence were received.

2. Declarations of interest
There were no new declarations of interest to note.

3. Service User/Carer Story
Ken Jarrold extended a warm welcome and thanks to Terry Stones who attended the Board to share his story.

4. Minutes of the meeting held 1 September 2021

The minutes of the meeting held on 1 September 2021 were considered.

Approved:

- **The minutes of the meeting held 1 September 2021 were approved as an accurate record.**

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

There were no outstanding actions to note.

Ramona Duguid provided an update in relation to action 26.05.21 (5) access to support and services by telephone and advised that an exercise has been carried out to gather data associated with access points into services. Further work is being undertaken to look at the assurance provided by the data sources and how these can be used in a meaningful way.

A review has also been undertaken about switchboards and high-volume areas to explore a more focused piece of work. The information gathered to date has been shared with Peter Studd, Non-Executive Director to discuss next steps. The outcome of this work will be reported into the Quality and Performance Committee and will link into the ongoing work around crisis pathways. Peter Studd advised that the work to date had been useful in clarifying the challenges around use of data. It was agreed to remove the action from the action log.

Regarding action 04.08.21 (21) North Cumbria PALS service, James Duncan advised that work was being undertaken to ensure consistent provision of PALs services across the whole Trust footprint. Services are currently provided via a Consortium arrangement, and this is currently under review with a view to ensuring services are in place from April 2022.

Regarding action 04.08.21 (21) Carers' Charter, James Duncan suggested that the Trust commence a wider review involving the establishment of a working group to align it to the wider Trust strategy review. It was agreed to remove the action from the action log.

6. Chairman's Remarks

Ken Jarrold referred to the decision taken by John Lawlor to retire from his role as Chief Executive of the Trust as of 31 January 2022.

Ken said on behalf of the Board, acknowledging that John would be the first to agree, that many of the things that make the Trust so special have been developed by thousands of colleagues over many years. However, it was John who brought all those wonderful things together to make the Trust an Outstanding Trust. John has inspired service users, carers, colleagues, and partners by his openness about his own mental health issues, his humanity, commitment, and dignity at times of trouble. Ken stated that John was one of the best Chief Executives in the NHS and has made a much-valued wider contribution in the region and at national level. John will be remembered and missed as a leader, manager, colleague, and friend.

Ken noted that working with John had been one of the greatest privileges of his working life and invited Board members to join him in wishing John, and his family the very best for the future.

Resolved:

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

7. Chief Executive's Report

John Lawlor provided an update on Integrated Care System (ICS) developments and work which had commenced to agree the governance arrangements for the new Integrated Care Board (ICB) which will come into place in April 2022. An ICS Design Group has been established comprised of Chief Executives from Provider organisations, Local Authorities, Commissioners and other partner agencies. Governance structures and proposals are starting to develop with a view to undertaking an engagement exercise across the system during November.

John also advised that the recruitment process had commenced to appoint a Chief Executive of the ICB with interviews taking place on 15 October.

John referred to the launch of the Trust's programme of events to raise awareness of the enormous contribution black communities make to our society during October's Black History Month. Black History Month aims to promote knowledge of black history, culture, and heritage. It works to honour the often-unheralded accomplishments of black people throughout history and share their positive contributions to society. Black History Month is just the beginning of this, and working with our BAME Staff Network, the Trust will continue to raise awareness of the importance of everyone doing everything they can to tackling racism among our staff, service users, carers, and families as well as our local communities.

Trust booster vaccination clinics commenced last week in four locations across the Trust and John noted that clinics were administering the Covid-19 booster vaccine to eligible staff. Those staff attending the clinics are also offered the opportunity to receive their flu vaccination at the same appointment. Clinics will run for four-week period from 27 September to the 22 October, with further clinics in November and December for those who become eligible during that period.

John reflected on the first face to face Annual Members' Meeting since the pandemic began held on Wednesday 22 September. This year's theme was 'we're all in it together' recognising the importance role of our third sector colleagues and volunteers in meeting the many challenges ahead for mental health and disability services. Almost 80 people attended the face to face with a further 40 joining on-line for our live stream of the event. On behalf of the Board and Council of Governor, John thanked those staff, service users and carers who took the time to attend the event.

Resolved:

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

Quality, Clinical and Patient Issues

8. COVID-19 Response update

Gary O'Hare provided an update on the Trust's response to the pandemic noting that the Trust currently reported no Covid-positive patients. Only one outbreak was currently being managed across the Trust.

The Trust's winter vaccination campaign launched on 27 September with the Trust co-administering Covid-19 booster and flu vaccines.

Nationally, data shows that most infections were being seen in people within the 12 – 18 age group suggesting the link to the re-opening of schools and education.

Gary referred to the disbanding of Public Health England which would be replaced by the UK Health Security Agency.

The North East and North Cumbria hospitals continues to see an increasing number of people who have been double vaccinated being admitted to hospital. The whole system is experiencing immense pressure due to a combination of factors including Covid, non-Covid presentations, demand on services, and the impact of staff absences.

Internally, the Trust has stood down the Covid-Incident Management Group (IMG) meetings acknowledging the changing position to Covid impacting primarily on operational delivery. Covid discussions and oversight will be monitored weekly at Executive Director meetings and Business Delivery Group meetings, comprised of all Group and Corporate Leads as well as the Executive Team.

The Working Safely Group has been re-established to pull together the Trust's model of safe working moving forward. Monthly meetings to prepare for the national enquiry into the Covid-19 pandemic have also been established.

Resolved:

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

9. Commissioning and Quality Assurance update (Month 5)

Lisa Quinn provided an update on the position as at Month 5 and referred to the unannounced focused visit to Hopewood Park took place during August to monitor the use of the Mental Health Act and compliance with the Code of Practice for patients nursed in prolonged seclusion or long-term segregation. Issues highlighted from the visits related to discharge planning, record keeping and timeliness of capacity reviews regarding medication.

In relation to access, the Trust continues to maintain a strong position for adult and older people's services, but extreme pressure is being experienced within the children and young people's pathway. At the time of reporting, there has been an increase of 20% since September of patients waiting 18 weeks or more for their treatment.

Regarding out of area placements, Lisa noted 31 inappropriate adult out of area bed days due to the unavailability of adult acute and adult older persons beds reported in August 2021. This related to three patients, two patients requiring an adult acute bed were admitted appropriately whilst away from home but were then subsequently classed as inappropriate when they were unable to be transferred back to the Trust.

During April, each of the locality groups and corporate services have been setting out their recovery trajectories for non-compliance against standards. These trajectories show how the groups will progress towards meeting and maintaining each of the standards to be monitored on a quarterly basis through the Accountability Framework. Reporting and monitoring against trajectories will recommence from October.

James Duncan provided an overview of the Trust's financial position at Month 5, confirming a surplus of £0.3m, £0.2m ahead of plan. Agency spend at month 5 was £7.9m of which £4.7m (60%) related to nursing support staff. James advised that the challenges relating to workforce pressures has been discussed in detail with both the Board of Directors and Council of Governors.

In response to a query from Michael Robinson about patients in prolonged seclusion or long-term segregation, Lisa advised that plans were being developed to support onward placements but discussed the challenges in terms of the suitability of environments currently being utilised and efforts made to create the best environment possible while waiting for transfer. Lisa emphasised the need to ensure that the Trust is providing the best care possible in the least restrictive way while waiting for transfer. John Lawlor noted that discussions had taken place at Executive Director meetings about the impact of demand growth, the report on mental health demand within children and young people's services and other pressures within the system. Despite all actions being taken the impact of the inability to discharge patients is now approaching a critical point.

Resolved:

- **The Board received the Month 5 Commissioning and Quality Assurance update**

10. Safeguarding Annual Report 2020/21

Damian Robinson presented the Safeguarding Annual Report 2020/21 referring to the developed of strong relationships with the Cumbria Safeguarding Board. The Trust has maintained compliance above the Safeguarding and Public Protection Training Target of 85% and has continued to prioritise the PREVENT Agenda, exceeding the training target of 90%.

There has been a significant increase in safeguarding concerns of 12.9% reported during the year. This increase in concerns has been attributable to a greater awareness in staff recognising vulnerabilities through training, societal changes and increased deprivation, changes to early help and support, an increase in prevalence of mental health in children and young people and high levels of domestic abuse incidents across all localities.

Damian referred to also provided an update on the work of the Clinical Police Liaison Lead which has included building relationships with the Cumbria Constabulary and Cleveland Police in relation to CNTW Services in Middlesbrough.

The Board received information on case reviews and the impact of the pandemic on safeguarding activity.

Evelyn Bitcon referred to adverse childhood experience and where this fits into outcomes for safeguarding. Damian Robinson referred to the focus on education programmes for nursing and medical staff. Rajesh Nadkarni referred to the recognition that some solutions to managing are not always related to therapy but are about wider societal issues i.e., housing support, education and agreed that further work was required to coordinate this in multiagency terms which was reflected in the work toward integrated care and system wide approaches to care and treatment.

Resolved:

- **The Board received the Safeguarding Annual Report 2020/21**

11. Safer Care Annual Report 2020/21

Damian Robinson presented the Annual Report 2020/21 highlighting the shift in focus for the year due to the pandemic. In terms of investigations, Damian noted the National Patient Safety Strategy which will change how the Trust identifies, responds to, and learns from investigations. To ensure robust oversight of this, the Trust has in place Patient Safety Specialists.

Patient safety priorities have been developed in collaboration with the Mental Health Safety Improvement Programme: reducing restrictive practice; suicide prevention; sexual safety in inpatient wards; preventing choking incidents; and medication safety.

Resolved:

- **The Board received the Safer Care Annual Report 2020/21**

12. Annual Deanery Quality Meeting Report

Bruce Owen presented the Health Education England NE and NC Annual Quality Report 2021 which provided a summary of the education and training currently provided. Whilst training cycle for the year provided less training related data due to the pandemic, the Board commended the positive feedback from learners and recognition of the excellent support provided by the Trust during what has been one of the most challenging times for the NHS.

Resolved:

- **The Board received the Annual Deanery Quality Meeting report**

Workforce Issues

13. Workforce updates (Equality, Diversity - Health and Well-Being)

Lynne Shaw delivered a presentation on developments relating to the equality, diversity, and inclusion (EDI) agenda. Lynne referred to actions take date including commencement of the inclusive recruitment workstream; launch of the Trust's 'Give Respect, Get Respect' campaign; the Trust's anti-racism campaign; Executive led site visits to meet staff; Hate Crime Awareness Champions; and commissioning of Roger Kline to work with the Trust on the EDI agenda.

Lynne also provided an update on work to improve the Trust's wellbeing offer for staff which included the launch of the Trust's THRIVE website.

Alexis Cleveland commended the work undertaken to date and asked how success would be measured. Lynne advised that some areas would be easier to monitor and report for example, the impact of changes to the Disciplinary Policy, sickness absence rates and improvements via the quarterly and annual staff surveys but noted the importance of awareness of softer intelligence including feedback from Staff Networks and staff side, feedback from the range of engagement platforms and culture across the organisation.

Approved:

- **The Board noted the workforce update in relation to Equality, Diversity, Inclusion and Health and Wellbeing**

14. Annual Report for Medical Appraisal / Revalidation 2020-21

Eilish Gilvarry presented the annual submission of medical appraisal and revalidation. Despite the NHS England/NHS Improvement (NHSE/I) guidance confirmed that appraisals were not statutorily required due to the impact of the pandemic, compliance for appraisals of 100% for 2020/21 except for those who were exempt or had agreed deferral dates.

Again, the General Medical Council (GMC) advised that people could revalidate, only if they chose to do so. Despite this, 31 doctors were recommended for Revalidation with one being deferred, one on hold and two being revalidated early.

The Board commended the dedication of doctors across the Trust in continuing to undertake appraisals and revalidation, highlighting this as a clear example of strong engagement within the medical workforce.

Approved:

- **The Board approved the Annual Report for Medical Appraisal / Revalidation 2020-21 and the delegated authority to John Lawlor, Chief Executive to sign the Statement of Compliance**

Strategy and Partnerships

15. Integrated Care System (ICS) Developments

This item was discussed as part of the Chief Executive's Report.

Resolved:

- **The Board received the update on ICS developments**

Regulatory items

16. Emergency Preparedness, Resilience and Response Annual Report 2020/21

Gary O'Hare presented the report and provided an update on the activity of Emergency Preparedness, Resilience and Response (EPRR) during 2020/21. This report also included the NHS England Core Standards Assessment for 2020/21, which forms part of forward plan for the Trust's EPRR systems and ensuring the Trust is prepared to respond to all planned and unplanned events.

Gary thanked the EPRR team for their hard work throughout the year, including their role in supporting the Trust's response to the pandemic.

Resolved:

- **The Board received the Emergency Preparedness, Resilience and Response Annual Report 2020/21**

Board sub-committee minutes and Governor issues for information

17. Quality and Performance Committee

Darren Best provided an update from the recent meeting held. The Central Locality provided an update including reference to an increase in satisfaction rates from service users and carers. The locality raised concern regarding staffing levels and sickness absence linked to work relate stress and anxiety.

As part of the Commissioning and Quality Assurance report a discussion took place regarding the increase in waiting times for Children and Young People (CYP). Darren noted that a request was made to receive exception reports on CYPs waiting times ensuring an appropriate level of focus was given to this considering the recent significant increase.

The meeting also focused on the work of the Recruitment and Retention Taskforce and acknowledged the inclusion of the impact the work of the taskforce was having on gaps within the workforce.

18. Audit Committee

No meetings had been held since the last update to the Board.

19. Resource and Business Assurance Committee

No meetings had been held since the last update to the Board.

20. Mental Health Legislation Committee

No meetings had been held since the last update to the Board.

21. Provider Collaborative Committee and Terms of Reference

Michael Robinson advised that a discussion took place to implement an Involvement Group to ensure service user and carer involvement is a key part of progress and development.

22. CEDAR Programme Board

Peter Studd advised of a recent site visit and encouraged other Board members to visit to see first-hand the developments on the Northgate site.

Peter referred to a significant level of interest in the land sale.

Board members were asked to recognise the high level of pressure within the construction industry at present, caused by the previously discussed supply chain and inflationary issues in the industry, as well as the revised working practices and staffing issues created by Covid-19. This was adding to the significant pressures on the Cedar Programme and construction teams, as they strive to continue to keep the programme on track. James Duncan advised that a meeting had taken place with the SRM senior team to address and offer support to some of the challenges. This level of regular oversight would be maintained given the level of risk associated with the team.

23. Charitable Funds Committee

No meetings had been held since the last update to the Board.

24. Council of Governors issues

Ken Jarrold referred to the current recruitment process for the Trust Non-Executive Director post and NTW Solutions Chair post.

The Lead Governor process continues, and a report of the outcome and recommendation will be presented to the November meeting of the Council of Governors

Evelyn Bitcon referred to the ICS developments earlier in the meeting and asked if opportunities for learning for Governors collectively across the system could be explored further to ensure parity of esteem for mental health and disabilities. Ken Jarrold reassured Governors and member that parity of esteem remained on the agenda from an ICS perspective via the ICS Mental Health workstream but agreed to ensure this continues in terms of allocation of resource and in promoting the interests of our service users and carers. Ken and Debbie will ensure the issue regarding opportunities for collaborative learning for Governors is raised in the appropriate forums.

25. Any Other Business

Ken Jarrold advised that the team were exploring the possibility of reverting back to face-to-face meetings for the Council of Governors and Board of Directors from November, along with an option to join the meeting virtually.

26. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 3 November 2021, 1.30pm venue TBC

Board of Directors Meeting held in public

Action Log as at 3 November 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.	Agenda item	Action	By Whom	By When	Update/Comments
Actions outstanding					
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	December 2021	On track – agenda item for the Joint Council of Governors and Board of Directors meeting
01.09.21 (13)	Quarterly workforce report	Themes from exit interviews to be included in future reports	Lynne Shaw	December 2021	On track
04.08.21 (21)	North Cumbria PALs service	Provide an update on progress to establish a PALs service across the Trust footprint	James Duncan	April 2022	On track
Completed Actions					

Board of Directors Meeting
Chief Executive Report
3 November 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)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

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

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

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

Board of Directors Meeting
Chief Executive Report
3 November 2021

Trust updates

Black History Month

Following the Trust's month-long programme of events to raise awareness of the enormous contribution black communities make to our society during October's Black History Month, the programme culminated in a virtual event held on 28th October, led by the BAME Staff Network, where members of staff from across the Trust heard from a range of inspirational speakers. The recording of the session is available on the Trust's website where you can hear from: Jenni Douglas-Todd, Director of Equality and Inclusion for NHS England and Improvement; Dr Suman Fernando, Emeritus Professor and Consultant Psychiatrist and Author; and Dr Neslyn Watson-Druee CBE, business psychologist, executive coach and renowned international speaker.

We recognise that issues of discrimination and ensuring support to our staff, patients and communities is an ongoing commitment and the Trust will continue to raise awareness of the importance of everyone doing everything they can to tackle racism among our staff, service users, carers, and families as well as our local communities.

Post Graduate Certificate / Advanced Diploma in Leading Positive Behavioural Support in Organisations

In 2019, the Trust was awarded Health Education England (HEE) CPD funding for a group of 30 qualified staff to complete a Post Graduate Certificate / Advanced Diploma in leading Positive Behavioural Support (PBS) in organisations. The course was run from Northumbria University with 30 colleagues from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) also in attendance.

Despite a cyber-attack at the University and the global pandemic, 27 out of 30 Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) practitioners completed the course and will graduate in December 2021. This means that they are now qualified PBS practitioners in all adult and the majority of child learning disability community treatment teams across CNTW. A celebration event to show case the high quality of work completed is scheduled to take place in January 2022.

PBS is a values-based approach that seeks to enhance the system of support around a vulnerable person. As such, it complements other Trust initiatives aimed at promoting patient safety, reducing restrictive practice and promoting staff wellbeing.

CNTW has already made a huge contribution to the development of PBS across the UK, regionally and locally. Next steps are to continue to invest in our workforce by bringing this course and others aimed at unqualified staff under the auspices of the CNTW Academy and develop a sustainable delivery plan.

Peer Support Education Programme Cohort 1: celebration day

On 20th October, peer supporters who had developed and experienced the first Peer Support Education Programme celebrated their success on completion of the project. This was run as a national pilot following a bidding process, and the CNTW version was developed entirely in house, by Peer Supporters, for Peer Supporters.

The involvement Team have developed, through hard work, innovation, and a bit of feeling their way through it, a truly excellent programme, and the event was truly inspirational. We heard how the cohort had grown and developed over the course of the programme, and how they had developed a real and lasting network to support each other in the amazing and vital work that they do. There was so much for us to learn from their work, both in developing the ongoing programme for Peer Support Workers, but also how we can learn, support, motivate and support each other in delivering truly great care and support.

I would like to say a huge thanks the Involvement Team and all the Peer Support Workers involved for their great work.

Operational delivery highlights

As part of the priorities we set for 2021/22 work is progressing with the groups on addressing the urgent care demand pressures across our adult acute pathway, including opportunities to work with partners at a place based level to address the challenges in supporting people to be discharged timely from hospital care.

Development of schemes to support winter pressures is also taking place with partners, which may inlcude piloting alternative schemes with other sectors this winter to support the urgent health and social care needs across communities.

A review of the current position with the community mental health transformation requirements is planned for early November with CDT, which will include an update on where the respective placed based plans are across the system.

In addition to the CEDAR programme, work is progressing with the capital development at the Carleton Clinic site in terms of commencing the Hadrian Unit refurbishment works and also the upgrade to Monkwearmouth Hospital.

Regional updates

Third Joint Reducing Restrictive Interventions Conference

The third joint Reducing Restrictive Interventions Conference took place on Friday the 15th October 2021. This was facilitated jointly by TEWV and CNTW under the auspices of the North East and North Yorkshire Restraint Reduction Network.

This conference was held via MS Teams and the day commenced with an opening address by Gary O'Hare, Chief Nurse, CNTW and Anne Marshall, Deputy Director of Nursing, TEWV. They both sincerely thanked the service users, carers, and staff from both Trusts for their resilience, caring, compassion and sheer hard work during these unprecedented and austere times. They described some of the important national drivers and forthcoming events regarding reducing restrictive interventions.

The main Keynote session of the morning was Reducing Long-Term Segregation, The HOPE(s) Approach delivered by Dr Jennifer Kilcoyne Clinical Director for the Centre of Perfect Care, Mersey Care and the Director for the National HOPE(s) NHSE Collaborative, together with Danny Angus, the Associate Director for the National HOPE(s) NHSE Collaborative. They described the aetiology behind the HOPEs Model and included video footage of service users who described their experiences of long-term segregation. The remainder of the day also included:

- Presentations from people with lived experience of restrictive practice
- An update on the Post Graduate Certificate (PG Cert) in Reducing Restrictive Interventions. The PG Cert is delivered in partnership with TEWV and is accredited through the University of Cumbria.
- Presentations from student projects from the first cohort
- Presentation of the Gary O'Hare Award to Jane Rogers for her project to reduce the use of PRN ('when required') medication on an older adult organic ward.

The delegates posted incredibly positive feedback at the end of the day. Paul Johnson, Health Programme Lead from the Academic Health Science Network for the North East and North Cumbria described the conference as being 'brilliant' and said how much he had enjoyed the day.

Regional British Medical Association GP – Local Medical Committee

With Rajesh Nadkarni, Medical Director and Ramona Duguid, Chief Operating Officer, I attended the regional North East and North Cumbria Local Medical Committee (LMC) on 6th October 2021. The focus of the meeting was to discuss the findings of the GP survey into mental health services within the region. Feedback for older people's services was good, and adequate for crisis mental health services. Several issues were identified in relation to accessing services with regards to community mental health and children and young people's mental health services.

There was a general discussion about the pressures within primary care and mental health services in relation to demand for services and workforce capacity. A discussion ensued about actions being taken by the Trust in relation to engagement with primary care, and how this would be incorporated in future within the community mental health transformation framework.

We agreed to continue giving due care and scrutiny to this issue and attend future LMC regional meetings as required.

National updates

Better Together: a public health model for mentally healthier integrated care systems (ICS's)

The Centre for Mental Health has published a new policy briefing to support Integrated Care Systems to ensure better conditions for mental health.

Covering the whole of England, 42 Integrated Care Systems bring all NHS organisations and upper tier Local Authorities in a geographical area together to plan health and care. From April 2022 these systems will become statutory organisations with duties set out in the Health and Care Bill currently progressing through parliament. Integrated Care Systems can improve the mental health of their local communities by:

- Linking meaningfully with communities and councils
- Getting Living Wage Foundation accreditation
- Supporting social value procurement – buying more goods and services locally and from at-risk groups
- Improving the physical environment including access to genuinely affordable housing, active travel, and green spaces, like parks
- Screening for social needs, like poverty, and ensuring excellent socially prescribed support

- Assessing and reducing health inequalities, including the physical health outcomes of people with mental ill health
- Tackling discrimination
- Providing mentally healthier working conditions for health and care workers
- Delivering parity between mental and physical health services
- Supporting the delivery of the Patient and Carer Race Equality Framework
- Ensuring continuity of care for those leaving the criminal justice system.

The policy briefing is available here

Mental Health of Children and Young People in England, 2021

On 30 September, NHS Digital published a report examining the mental health of 6 to 23-year-olds living in England in 2021 which described their experiences of family life, education, and services during the Covid-19 pandemic. Comparisons are made with 2017 and 2020, where possible, to monitor changes over time. The key findings of the report highlight:

- Rates of probable mental disorder increased between 2017 and 2021; in 6 to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19-year-olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.
- Looking at individual-level change, 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
- The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11 to 16-year-olds and from 44.6% to 58.2% in 17 to 19-year-olds.
- In 2021, problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6 to 10-year-olds, over a third (38.4%) of 11 to 16-year-olds, and over half (57.1%) of 17 to 23-year-olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).
- Overall, 10.6% of 6- to 16-year-olds missed more than 15 days of school during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).
- The proportion of 6 to 16-year-olds with a laptop or tablet they could work on at home, increased from 89.0% in 2020 to 94.4% in 2021. The proportion receiving regular support from school or college also increased, from 73.7% in 2020 to 79.9% in 2021

The report provides a stark insight into the impact of the pandemic on the mental wellbeing of children and young people across the country. The full report is available here.

Overview of the 2021 party conferences and the recent Government reshuffle

NHS Providers have published a briefing on the 2021 political party conferences which have taken place against a backdrop of rising energy prices, a shortage of HGV drivers and the planned removal of the £20 uplift to universal credit, as well as the ongoing pandemic, as key national concerns. The briefing (appendix A) provides an overview of the key announcements at each conference, as well as setting out the new ministerial portfolios at the Department of Health and Social Care following the government's September reshuffle.

Briefing on the Care Quality Commission (CQC) draft strategy for 2021 and beyond

The CQC is approaching the completion of its 2016-2021 strategy, and on 1st October, published a draft strategy for 2021 and beyond for discussion ahead of the formal consultation period. In the draft strategy, the CQC sets out how it plans to develop its approach in line with a changing health and care landscape taking into account the context and learning from the pandemic, the development of system working and greater use of digital technologies. CQC has identified a need to transform and ensure its regulatory model is relevant and fit for purpose in an evolving system.

NHS Providers have published a briefing (Appendix B) summarising the main points set out in the draft strategy document along with their views. The Trust will be providing feedback to NHS Providers on draft strategy as part of this important engagement period before CQC opens a statutory consultation on its plans early next year for roll out from April 2022.

ICS Development: New statutory and policy requirements for NHS provider organisations

The Health and Care Bill is progressing through Parliament and intends to implement a new legal framework built around newly established Integrated Care Boards (ICBs). This framework includes the management of NHS resources by ICBs and changes for NHS Trusts and Foundation Trusts that are planned to take effect from 1st April 2022. Guidance on this has recently been published. Key points to note are as follows:

- Subject to legislation, NHS England/NHS Improvement (NHSE/I) will make funding allocations to ICBs from 1 April 2022, including the budgets for services currently commissioned by Clinical Commissioning Groups (CCGs), general practice and, where agreed with NHSE/I, other primary care services. Any additional costs of establishing ICBs and implementing legislative reform will need to be managed within existing budgets. Systems will have the flexibility to establish arrangements for the allocation of NHS resources to 'place'.
- Many providers will deliver services for, and receive income from, multiple ICBs. NHSE/I expects these providers to be a formal partner of multiple ICBs but intends to fully map each provider's revenue resources to only one ICB for the purpose of nationally assessing system balance. The final approach for capital resources will be agreed as part of a separate review into operational capital.
- NHSE/I identifies two key actions for system leaders:
    - identify the financial arrangements they will put in place to support collaboration between partners and
    - establish the necessary financial governance and processes to provide assurance on sound management of NHS resources.
- Model terms of reference for the Audit Committee and Remuneration Committee have been published alongside the guidance, and an ICB financial governance and reporting guide is expected to follow soon. Final policy decisions on the NHS financial framework will be confirmed alongside the 2022/23 NHS operational planning and contracting guidance.
- Most existing powers and duties of NHS Trusts and Foundation Trusts will stay the same, but there will be a new statutory duty for Trusts and the ICB to ensure that they are collectively responsible for not consuming more than their fair share of allocated NHS resources.

The relationships between provider organisations and the ICB will be complex, with several inter-related roles including stakeholder, formal partner, joint accountability for financial delivery, and board member (through provider representation on the ICB Board). These

changes represent a significant change to the way the NHS system works, and in the way NHS Foundation Trusts can operate.

The Trust will actively engage as these proposals are enacted across the North East and North Cumbria ICS, but fully recognises the challenges of implementing such fundamental change across the NHS system as we emerge from the pandemic.

Autumn Budget and Spending Review 2021

Chancellor Rishi Sunak delivered his Autumn Budget and Comprehensive Spending Review on 27th October. Much of the speech had been briefed in advance, including the announcement of £5.9bn extra, on top of funding previously announced for the next three years, to enable capital spending to support elective recovery and improve digital technology.

The overall economic position was better than previously reported with higher growth and lower unemployment, as well as a reduction in the expected long term harmful economic impact of the pandemic. This offered the Chancellor the opportunity for further investment

The Department of Health and Social Care will see funding increase from £147.1bn to £177.4bn in 2024/25, an average yearly increase of 4.1%. This is broadly in-line with the long term historical average growth. Within this the NHSE/I budget will grow by a slightly lower 3.8% a year. These funding increases are supported by the new 1.25% Health and Social Care Levy first announced in September that is expected to raise £13bn a year for Health and Social Care. The funding includes £8bn over the next three years to address the long waiting lists that have accumulated through the pandemic, £9.6bn to address the ongoing response to the pandemic, and funding, as yet unspecified to support education, training and expansion in the supply of the NHS workforce.

The capital budget will grow from £9.4bn to £11.2bn, an increase of 3.8% a year. This will include the £5.9bn over three years to invest in diagnostic services, surgical hubs and the use of digital technology to help address the long backlog in people waiting for care. There is also a £150m capital fund to invest in mental health facilities linked to A&E and to enhance patient safety in mental health units.

Local Government will receive a 3% increase in core funding as well as £4.8bn of new grant funding for all services. There was no ring-fenced amount for social care within these figures.

Among other measures £500m over three years was announced to support the early years of a child life, and the wider public sector pay freeze was lifted.

To view the on the day briefing from NHS Providers please click here

John Lawlor
Chief Executive
November 2021

Overview of the 2021 party conferences and the recent government reshuffle

The 2021 political party conferences took place against a backdrop of rising energy prices, a shortage of HGV drivers and the planned removal of the £20 uplift to universal credit, as well as the ongoing COVID-19 pandemic, as key national concerns. Labour used conference this year to highlight this looming 'cost of living crisis' but also to focus on internal party reforms. The Conservative conference contained few policy announcements, with the expectation that these would be forthcoming in the Comprehensive Spending Review, due to be delivered on 27 October. The Liberal Democrats opted to hold their conference virtually, fresh from their victory in the Chesham and Amersham by-election, and focused on education, unveiling a new flagship policy of £200 voucher for each child.

This briefing gives an overview of the key announcements at each conference, as well as setting out the new ministerial portfolios at the Department of Health and Social Care following the government's September reshuffle.

Key policy announcements at the Party Conferences

Conservative party conference

Health and care speech

In his speech to conference, health and social care secretary Sajid Javid announced his three priorities:

1. COVID-19 – "getting us, and keeping us, out of the pandemic"
2. Recovery – tackling the care backlog
3. Reform – of health and social care systems for the long term

He also promised that the government "will continue to prioritise funding for the NHS in the wake of this global pandemic".

A review of leadership and management in health and social care was also announced, which will be led by General Sir Gordon Messenger, former vice chief of the defence staff, and trust chair Dame Linda Pollard. NHS Providers' statement in response is available on our website.

Other key speeches and announcements

In his speech to conference, Prime Minister Boris Johnson:

- Thanked those who had been involved in the vaccine rollout and all NHS staff, saying that it is was due to the speed of the rollout of the vaccination programme that has allowed the UK to have one of the most open economies and societies during this pandemic.
- He said the NHS now has the challenge of tackling the backlog, and it must be understood that waiting lists will go up before they come down.
- He set out the government's priority of reforming social care through the creation of the new Health and Care Levy. He said new technology will also be introduced to reform social care, including a new integrated patient record database shared between the NHS and social care to allow for a single set of NHS records.

In his speech to conference, chancellor Rishi Sunak announced:

- An extension of the 'Plan for Jobs' – this includes the 'Youth Offer', the Job Entry Targeted Support scheme, and Apprenticeship Incentives.
- The creation of 2,000 AI scholarships and an increase in the number of Turing AI World-Leading Research Fellows.

Labour party conference

Health and care announcements

In his speech to conference, shadow health and care secretary Jonathan Ashworth said the next Labour government would "rebuild our NHS" and set out the party's commitments to:

- bring waiting times down
- transform cancer care
- improve access to doctors' appointments
- tackle health inequalities and "help people stay well from the moment they enter this world to their very final breaths"
- fix social care with a plan as far reaching as Nye Bevan's plan for the NHS, integrating social care and the NHS.

Other key speeches and announcements

In his first in-person speech to conference, leader of the opposition Sir Keir Starmer focused on the concerns of voters, covering issues such as education to crime and the cost of living. He set out his path into politics and shared details about his upbringing. On health and social care he announced:

- The intention to shift the priority in the NHS away from emergency care, towards prevention.
- A focus on mental health, guaranteeing that support will be available in less than a month and announcing the recruitment of 8,500 more mental health professionals

Saffron Cordery, NHS Providers deputy chief executive, took part in a round table discussion jointly hosted by the New Statesman and the Northern Health Science Alliance. The discussion focused on regional inequalities in the provision of health generally, including mental health, and the subsequent impact on life chances, employment and economic productivity. Other attendees included Dr Rosena Allin-Khan MP, shadow minister for mental health, and Mark Rowland, chief executive of the Mental Health Foundation.

Liberal Democrat party conference

Health and care announcements

The Liberal Democrat conference took place virtually. In his speech to conference, Liberal Democrat Leader Ed Davey committed to solving the social care workforce crisis and giving people their own care budget to give "people control over the care they get, control over who is the carer [and] control over when they get the care".

Government reshuffle

The Prime Minister carried out a Cabinet reshuffle in September. Sajid Javid remained in post, having replaced Matt Hancock in June. Among the changes were the appointment of Michael Gove as secretary of state for the renamed Department for Levelling Up, Housing and Communities. Nadine Dorries was promoted from health minister to culture secretary, Dominic Raab moved from foreign secretary to justice secretary and deputy prime minister, replaced by Liz Truss as foreign secretary. Gavin Williamson lost his government position and was replaced by Nadhim Zahawi, former vaccines minister, as education secretary.

Changes at the Department of Health and Social Care

Sajid Javid and health minister Edward Argar remained in post and are now joined by four new health ministers. NHS Providers has written to the new ministers, and we will seek to build relationships with each, alongside our ongoing regular contact with Sajid Javid and Edward Argar. The full ministerial team and responsibilities are listed below.

The Rt Hon Sajid Javid MP

Secretary of State for Health and Social Care

Conservative MP for Bromsgrove, first elected in 2010, re-elected in 2019 with a majority of 23,106.

Portfolio

The Secretary of State for Health and Social Care has overall responsibility for the business and policies of the department, including financial control; oversight of all NHS delivery and performance; mental health and championing patient safety.

Parliamentary Career

- Secretary of State for Health and Social Care (June 2021-)
- Chancellor of the Exchequer (2019-20)
- Home Secretary (2018-19)
- Secretary of State for Housing, Communities and Local Government (2018)
- Secretary of State for Communities and Local Government (2016-18)
- Secretary of State for Business, Innovation and Skills (2015-16)
- Secretary of State for Culture, Media and Sport (2014-15)
- Minister for Equality (2014)
- Financial Secretary (HM Treasury) (2013-14)
- Economic Secretary (HM Treasury) (2012-13)
- Member of the Public Accounts Committee (2012-13)
- Member of the Work and Pensions Committee (2010)

Biography

- Following the resignation of Matt Hancock, Javid took over as Secretary of State for Health and Social Care in June 2021. When appointed, he vowed to "do everything I can to deliver for the people of this great country", adding that getting out of the pandemic was his most immediate priority.
- Sajid Javid began his ministerial career with roles in the Treasury, before becoming the first cabinet minister of Asian descent when he was appointed Culture, Media and Sport Secretary in 2014.
- Javid ran for the Conservative leadership election in 2019, finishing in fourth place. He was subsequently appointed Chancellor of the Exchequer.

- Javid backed the Remain campaign in 2016 but has since altered his Brexit beliefs by adopting a more hard-line approach to the EU during negotiations.
- Before becoming an MP, Javid had an 18-year City career where he rose to become a board member of Deutsche Bank International before he left the bank in 2009 to pursue a career in politics.
- After graduating from Exeter University, Javid worked at Chase Manhattan Bank in New York City and also relocated to Singapore for a period of time while working for Deutsche Bank.

Edward Argar MP

Minister of State (Minister for Health)

Conservative MP for Charnwood since 2015, re-elected in 2019 with a majority of 22,397.

Portfolio

The Minister of State for Health is responsible for leading on NHS operational performance, NHS workforce, Long Term Plan Bill, finance, efficiency and commercial, NHS capital, land and estates, transformation, NHS England mandate, devolved administrations, Crown Dependencies and Overseas Territories, secondary legislation, departmental management, EU future relationship and trade, and sponsorship of: NHSE, NHSI and HEE.

Parliamentary career

- Minister for Health (Sept 2019-)
- Parliamentary Under Secretary of State for Victims, Youth and Family Justice (2018-2019)
- PPS to Amber Rudd, Secretary of State for the Home Department and Minister for Women and Equalities (2018)
- PPS to Sir Patrick McLoughlin MP (2017-2018)
- Chancellor of the Duchy of Lancaster (2017-2018)
- Conservative Party Chairman (2017-2018)
- PPS to Nick Gibb, Minister for School Standards (2016-2017)
- Member of Procedure Committee (2015-2016)

Biography

- Edward Argar became Minister for Health at DHSC in September 2019; he previously held a junior role at the Ministry of Justice.
- Argar supported Sajid Javid and the Boris Johnson in the 2019 Conservative leadership election and backed Remain in the 2016 EU referendum.

- Argar served on Westminster Council between 2006 and his election to Parliament.
- After university Argar spent four years working as a Political Adviser to the then Shadow Foreign Secretary focusing on Middle East policy. After that, Argar worked for private sector businesses including Hedra, Serco and Mouchel in management consultancy and communications jobs.

Gillian Keegan MP

Minister of State (Minister for Care and Mental Health)

Conservative MP for Chichester since 2017, with a majority of 21,490

Portfolio

The Minister of State for Care and Mental Health is responsible for leading on adult social care, health and care integration, dementia, disabilities and long-term conditions, NHS Continuing Healthcare, mental health, suicide prevention and crisis prevention, offender health, vulnerable groups, women's health strategy and bereavement.

Parliamentary career

- Minister for Care and Mental Health (Sept 2021-)
- Parliamentary Under Secretary of State in the Department for Education (2020-21)
- PPS to Matt Hancock, Secretary of State for Health and Social Care (2019-20)
- Member of Draft Domestic Abuse Bill (Joint) Committee (2019)
- PPS to Gavin Williamson then to Penny Mordaunt, Secretary of State for Defence (2018-19)
- PPS to the Ministerial Team, HM Treasury (2018)
- Member of Public Accounts Committee (2017-18)

Biography

- Gillian Keegan unsuccessfully contested the constituency of St Helens South and Whiston in the 2015 general election. In the 2017 general election, Keegan was elected as MP for Chichester.
- Keegan was a member of the Board of Governors of Western Sussex Hospitals NHS Foundation Trust from 2015 to 2017.
- Keegan left school aged 16 to work as an apprentice in a car factory. She was then sponsored to study a degree in Business Studies at Liverpool John Moores University. Keegan later went on to have a business career working at Delco Electronics, MasterCard International, Amadeus IT Group and Travelport.

Maggie Throup MP

Parliamentary Under Secretary of State (Minister for Vaccines and Public Health)

Conservative MP for Erewash since 2015, with a majority of 10,606

Portfolio

The Minister for Vaccines and Public Health is responsible for leading on COVID-19 vaccines, health improvement, levelling up, prevention, immunisation and screening, UK Health Security Agency (UKHSA), abortion, global health security, lead minister for crisis response and sponsorship of PHE (until Oct 2021), FSA, UKHSA.

Parliamentary career

- Minister for Vaccines and Public Health (Sept 2021-)
- Member of Health and Care Bill Committee (2021)
- Lord Commissioner of HM Treasury (Government Whip) (2019-20)
- PPS to Matt Hancock, Secretary of State for Health and Social Care (2019)
- PPS to the Ministerial Team, Department of Health and Social Care (2018-19)
- Member of Health and Social Care Committee (2017-2018)
- Member of Health and Social Care Committee (2015-17)
- Member of Scottish Affairs Committee (2015-16)

Biography

- Maggie Throup stood unsuccessfully as the Conservative candidate for Colne Valley in the 2005 general election and she subsequently contested the constituency of Solihull in the 2010 general election, but lost to the Liberal Democrat candidate Lorley Burt. In the 2015 general election, Throup was elected as MP for Erewash.
- Throup voted to Remain in the EU but has since committed to supporting the withdrawal process.
- Throup is a founding member of the Obesity Empowerment Network, and she chairs the APPG on Adult and Childhood Obesity. Throup is also passionate about widening the use of diagnostic testing in order to reduce the amount of antibiotics that are wrongly prescribed.
- Throup's political career started with her involvement in an eight-year community campaign to save greenbelt land that John Prescott had given approval to build on; she has since led a number of similar campaigns.
- Throup studied Biology at Manchester University, then worked as a medical laboratory scientist in Calderdale Health Authority and later moved into medical diagnostics sales and marketing.

- Throup is a keen cyclist and is a qualified leader for a project aimed at encouraging women to cycle.

Lord Kamall

Parliamentary Under Secretary of State (Minister for Technology, Innovation and Life Sciences)

Conservative, Life Peer since 2021

Portfolio

The Minister for Technology, Innovation and Life Sciences is responsible for leading on life sciences, medicines, research, international diplomacy and relations, data and technology, NHS security management, including cyber security, and sponsorship of MHRA, NICE, HRA and NHSBSA.

Political career

- Minister for Technology, Innovation and Life Sciences (Sept 2021-)
- Member of COVID-19 Committee (2021)
- Conservative MEP for London (2005-19)

Biography

- Lord Syed Kamall was elected as MEP in 2005 and was a member of the Economic and Monetary Affairs, Legal Affairs and International Trade committees. Kamall was Conservative MEP for London until 2019.
- Lord Kamall was the Leader of the Conservative Party in the European Parliament from 2013 to 2014 and Co-Chair of the European Conservatives and Reformists from 2014 to 2019.
- Lord Kamall voted to leave in the 2016 EU membership referendum.
- Lord Kamall is Professor of Politics and International Relations at St Mary's University, Twickenham, and Academic & Research Director at the Institute of Economic Affairs. He has also contributed to the free market public policy think tank The Cobden Centre.
- Lord Kamall started his career as an IT business systems analyst for NatWest Overseas Department. He was a Management Fellow at the University of Bath School of Management, Management Research Fellow at Leeds University Business School, Associate Director/Consultant at Omega Partners, and a Consultant at SSK Consulting.

Maria Caulfield MP

Parliamentary Under Secretary of State (Minister for Patient Safety and Primary Care)

Conservative MP for Lewes since 2015, re-elected in 2019 with a majority of 2,457

Portfolio

The Minister for Patient Safety and Primary Care is responsible for leading on primary care, community health, major diseases, rare diseases and long COVID, patient safety, maternity care, inquiries, patient experience, cosmetic regulation, gender identify services, blood transplants and organ donation, fertility and embryology, and sponsorship of: NHS Resolution, CQC, NHS Blood and Transplant, Human Tissue Authority and Human Fertilisation and Embryology Authority.

Parliamentary career

- Minister for Patient Safety and Primary Care (Sept 2021-)
- Assistant Whip (2019-21)
- PPS to Grant Shapps, Secretary of State for Transport (2019)
- Member of Statutory Instruments (Select Committee) (2019)
- Member of Statutory Instruments (Joint Committee) (2019)
- Member of Northern Ireland Affairs Committee (2017-18)
- Vice Chair of the Conservative Party for Women (2018-19)
- Member of Northern Ireland Affairs Committee (2018-19)
- Government Apprenticeship Ambassador (2017-18)
- Member of Northern Ireland Affairs Committee (2017-18)
- Member of Committee on the Future Relationship with the European Union (2016-17)
- Member of Women and Equalities Committee (2015-17)

Biography

- At the 2010 general election Maria Caulfield unsuccessfully stood in the Caerphilly constituency, a safe Labour seat. In the 2015 general election, Caulfield defeated the incumbent Liberal Democrat MP Norman Baker and was elected MP for Lewes.

- In the 2019 government reshuffle Maria Caulfield was appointed as an Assistant Government Whip, focusing on the work of the Departments for Culture and International Trade, while also looking after the welfare of a group of MPs.
- Caulfield voted to leave during the 2016 EU membership referendum. In 2018, Caulfield resigned as Vice Chair of the Conservative Party in protest at Theresa May's then Brexit strategy.
- Caulfield was elected member of the Brighton and Hove City Council in 2007. She served in the cabinet of the then Conservative authority between 2007 and 2011, and held the Housing Portfolio.
- Caulfield joined the NHS upon leaving school and specialised in cancer treatment. Caulfield is an ambassador for Breast Cancer Now.

1 October 2020

on the day BRIEFING

NHS Providers

Publication of CQC's draft strategy for discussion and evaluation of healthcare services well-led framework

Introduction

CQC's draft strategy for discussion

The Care Quality Commission (CQC) is approaching the completion of its 2016-2021 strategy, and has today published a draft strategy for 2021 and beyond. In the draft, CQC sets out how it plans to develop its approach in line with a changing health and care landscape taking into account the context and learning fromCOVID-19, the development of system working and greater use of digital technologies. CQC has identified a need to transform and ensure its regulatory model is relevant and fit for purpose in an evolving system.

This briefing summarises the main points set out in the draft strategy document and NHS Providers view. We would greatly appreciate your feedback on the document and our proposed response in this important engagement period before CQC opens a statutory consultation on its plans early next year for roll out from April 2021.

Evaluation of healthcare services well-led framework

The University of Manchester alliance Manchester business school has published an evaluation of the health care services well led framework, in partnership with Deloitte. The review, commissioned by the NHS national improvement and leadership development board, examines the contribution made by the well-led framework (WLF) to assessing, supporting and improving NHS leadership, including CQC's well led inspection regime, developmental well-led reviews, and the use of the framework by organisations to support improvement.

CQC's draft strategy for discussion

Key points

- The draft strategy identifies four key areas of focus, which set out how CQC plans to change its approach to regulation. A common thread runs throughout of reviewing health and care systems and how they're working together to reduce health inequalities.
- There will be an increased focus on people's experience of care, with a stronger emphasis on gathering the public's feedback in accessible ways, and using that feedback as part of CQC's overall insight into quality of care, and as part of the rating and published information about services that CQC holds.
- CQC will provide a clearer definition of what 'good' and 'outstanding' care looks like, based on what people say matters to them, which is accessible to everybody and underpins CQC's assessments of services. They will also seek to embed a clear and consistent definition of quality across all services to ensure consistency of approach across the organisation.
- It will not be possible to achieve a rating of 'good' or 'outstanding' without evidence of encouraging and enabling people to speak up, and acting upon their feedback. This will apply both to providers and to CQC's view of how systems are listening to their local communities.
- The strategy describes an intention to take a more dynamic approach to regulation, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously. Local reams will have a more regular view of the services they manage and ratings will be updated more regularly.
- CQC will work with providers and other regulators to coordinate data collections, reducing duplication and workload and only asking for information they cannot get elsewhere. They will explore how to improve digital interfaces with services to make it easier for providers to submit data.
- Providers will be expected to work towards an ambition of zero avoidable harm, and CQC will drive providers to develop strong safety cultures, collaborating with others to develop a consistent definition and language for safety. CQC will intervene more rapidly where they identify a risk of poor or closed cultures developing.
- CQC will explore the option of supporting improvement alliances across a broad spectrum of providers, to make direct, tailored, hands-on support available when it is needed. They will seek to maintain collaborative relationships with providers to help them find their own route to improvement, pointing them to sources of guidance and best practice rather than 'telling them what to do', enabling CQC to support services without compromising their core regulatory role.

- As well as assessing individual services, CQC will assess how systems in local areas work, focusing on how they perform against the evidence of what matters to people and the outcomes for people in a community. They will hold local care systems to account for the quality of care in their area, and call out issues in services and systems as well as highlighting good practice. As part of this CQC will consider it unacceptable for providers not to collaborate as part of the system.

Four key areas of focus

The strategy identifies four key areas of focus, which set out how CQC plans to change its approach to regulation. Throughout the four themes, a common thread focuses on their ambition to understand how health and care systems are working together to reduce inequalities.

People

"We want to be an advocate for change, ensuring our regulation is driven by what people expect and need from services, rather than how providers want to deliver them. We want to regulate to improve people's experience so they move easily between different services".

The draft strategy describes an ambition to regulate according to how people experience services, with a closer focus on people's experience and outcomes of care. They will also seek to ensure information they collect will enable people to make decisions about their care and empower them to drive change. CQC identifies a number of key actions to meet this ambition:

- Developing their capacity and capability to both enable people to share their experiences – including a focus on those most at risk of poor outcomes – and make best use of feedback such as analysing people's feedback so as to quickly identify changes in quality of care.
- Building systems that enable CQC to track people's experience and prioritise this throughout regulatory experience, while being clear about the value and weighting given to this information alongside other evidence.
- Being clearer about people's experiences in published information about quality, and how it has been acted upon. This will also include closing the loop on feedback by providing a clear response explaining how they have acted upon it.
- It will not be possible to achieve a rating of good or outstanding without evidence of best practice in encouraging and enabling people to speak up, and acting upon it. This will also be a focus when looking at how systems are listening to their local communities.

- Proactively raising awareness of CQC and their role as a regulator, investing in the most effective ways of raising public awareness among different population groups and being clearer about standards people can expect from their health and care services.
- Providing a clearer definition of what good and outstanding care looks like, based on what people say matters to them, which is accessible to everybody and underpins CQC's assessments of services. They will change the outputs they produce and how information is provided so that it is more relevant, up to date and meaningful for people using services.

Smart

"We want to be smarter in how we regulate, with an ambition to provide an up to date, consistent and accurate picture of the quality of care in a service and in a local area."

The draft strategy describes an intention to take a more dynamic approach to regulating, including moving away from periodic inspections of services, and instead harnessing information from multiple sources on a more continuous basis to assess quality and update ratings. CQC sets out an ambition to make it easier for services to work with them through open, ongoing and constructive relationships based on trust and a common drive to improve care. This will include coordinating the flow of data, both in and out of CQC, to reduce duplication and burden on providers – collecting information once and using it many times. Key changes include:

- Taking a more dynamic approach to regulation, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously. Local reams will have a more regular view of the services they manage.
- Continuing to use inspections when appropriate, in response to risk, when specific information is needed, and as part of checks on the reliability of their view of quality.
- Making ratings more dynamic and updating them more often, using a combination of targeted inspections, national and local data and insight from their relationships with providers.
- Using their regulatory powers in a smarter, more proportionate way, so that they take the right action at the right time. This will be supported by technology, so that they are ready to act quickly in a more targeted way.
- Developing ongoing, collaborative relationships with providers, built on openness and trust, to enable effective and proportionate regulation and focus more closely where care needs to improve.
- Working with providers and other regulators to coordinate data collections, reducing duplication and workload and only asking for information they cannot get elsewhere. They will explore how to improve digital interfaces with services to make it easier for providers to submit data.

- Making their regulatory activity more proportionate and consistent, through their improved understanding of quality and performance and regular contact with providers and spending more time analysing and monitoring data, rather than through inspection activity.
- Evolving ratings, ensuring they not only provide an up to date view of quality but ensuring they also reflect how people experience care
- Moving away from long reports written after inspections to providing information and data products targeted to an audience and easier for the public to understand.

Safe

"We want all services to promote strong safety cultures. This includes transparency and openness that takes learning seriously – both when things go right and when things go wrong, with an overall vision and philosophy of achieving zero avoidable harm".

CQC describes a series of changes to drive providers to see safety as a top priority, with staff at all levels across the system reporting with confidence, learning and working to improve. They intend to secure a consistent definition and language to talk about safety across all sectors, and commit to enforcing standards of safety more proactively so that services focus on protecting people and their human rights. They will be quicker to intervene where there is a risk of harm due to unsafe, toxic cultures. Key changes include:

- Driving providers to develop strong safety cultures, collaborating with others to develop a consistent definition and language for safety, which provides absolute clarity about what is meant by safety, so providers know what to expect from regulation.
- Expecting providers to have safety as a top priority with an ambition of zero avoidable harm, and honest, open and blame-free reporting with learning and improving a fundamental part of everyone's role. They will support this by developing opportunities to share learning, including exemplary practices or the changes and improvements made as a result of regulatory action.
- Focusing on areas where the greatest safety risks arise including where there is a risk of closed cultures developing. They will look at how services go about improving safety, encouraging a focus on culture as well as processes, and at the interface of services as people move between them.
- Intervening more quickly to assure themselves that services are focusing on protecting people before they experience poor care and avoidable harm, and acting quickly where improvement takes too long or services are unable to identify systemic issues in their own organisational culture.
- Increasing their safety expertise and expecting services to do the same, using training and insight to ensure staff are familiar with the most up-to-date safety concepts, and how system design can

influence safety practice. They will challenge and highlight provider and system failures, and support services to learn and improve.

Improve

"We want to play a much more active role to ensure services improve"

In this theme CQC sets out how it intends to ensure equal and consistent access to improvement support for all health and social care services, through the establishment of an improvement alliance with key partners from across all sectors. This will enable access to shared learning, information, advice and support, empowering services to help themselves while retaining their own core regulatory role. Key changes include:

- Exploring the option of establishing an improvement alliance across a broad spectrum of providers, to make direct, tailored, hands-on support available when it is needed.
- Developing collaborative relationships with providers to help them find their own route to improvement, pointing them to sources of guidance, best practice and other organisations, rather than 'telling them what to do', enabling CQC to support services without compromising their core regulatory role.
- Encouraging sustained improvement in quality, through improved clarity on the standards they expect. They will set a higher bar for what they expect of 'good' services to match public expectations.
- Supporting ongoing improvement using their independent voice to share good practice and the conditions that drive improvement, through events, workshops, reports, guidance, resources and frameworks. They will play a role in coordinating improvement activity and support services to work together to target and accelerate change, and offer benchmarking data and analysis to enable self-assessment.
- Being proactive in understanding changes on the horizon and working with health and care services to develop ways of regulating innovations and new technology effectively, including mitigating risks of technology creating or exacerbating inequalities in care.

Assessing systems

CQC has set out an ambition to adapt its approach in the context of accelerated system working, and to use its influence to look at how different parts of the health and care system work together to provide joined up care, and tackle inequalities.

The draft strategy describes many actions as set out above which apply to both individual services and to local systems, signalling an intention to explore numerous metrics and indicators at both provider and at the system level. CQC does not yet set out in detail how this will be achieved. However, they describe how they will seek to ensure services in local areas are working together to improve outcomes:

- As well as assessing individual services, CQC will assess how systems in local areas work, focusing on how they perform against the evidence of what matters to people and the outcomes for people in a community.
- CQC will hold local care systems to account for the quality of care in their area, and call out issues in services and systems as well as highlighting good practice. Likewise, CQC will consider it 'unacceptable for providers not to work [as part of the system.]'
- As part of their approach to regulating services, they will look at how they work with other services in the system, and with local people and communities, as part of their improvement.

Where there is unwarranted variation and inequalities in health and care, this will be identified and called out, and CQC sets out an intention to support systems to understand the needs of their populations, including those facing barriers to accessing care or those at risk of poorer outcomes. They will also work with other agencies, the voluntary sector, system partners and other regulators to develop a shared understanding of the factors that influence inequalities.

NHS Providers view

We welcome the publication of this draft strategy, and the opportunity to engage with CQC's proposals prior to the statutory consultation period early next year.

We fully support CQC's intentions to take a more proportionate and risk-based approach to regulation, and to minimise burden where possible, supporting trusts to drive their own improvement. Trusts will also welcome the proposed move towards a more flexible, 'real-time' approach, based on developing constructive relationships with their local CQC teams, and less reliance on resource intensive, 'set piece' inspections, although there will be a need to understand what fewer inspections means for those trusts keen to improve their ratings or to exit special measures for example.

Trust leaders will also welcome CQC's intention to develop a regulatory model which is more responsive to how individual organisations operate within the context of system working. There seems to us to be an important opportunity for better alignment of a new regulatory model between

CQC and NHS England and NHS Improvement (NHSE/I) as they similarly seek to develop their approach to system oversight to a similar timeframe for roll out from April. We would be keen to understand how the proposed frameworks from both national bodies will complement each other, and support the delivery of proportionate, risk-based regulation.

The renewed focus on system working within the CQC's draft strategy marks an important step change in their proposed approach, building on their experience of developing system reviews and most recently, reviews of provider collaboration. We understand the regulator may now be seeking some amendment to its current powers in legislation next year (potentially in the NHS Bill already expected) to allow it to take better account of performance and quality across a system footprint. We look forward to understanding more of the detail about how the balance between regulating providers, and using information at a system level, will look. As system partnerships are comprised of a number of statutory and voluntary sector organisations, it will be important to accurately describe their role and contribution. It will also be important to ensure data is gathered and aggregated in a way that provides clear insights into how quality and outcomes are defined across a system. The draft strategy document raises questions about what, if any, legislative change CQC may seek to underpin its new approach, how quality across a system footprint might be regulated and how providers will be held to account for performance across a system.

These proposals suggest the potential for an important step change in CQC's approach. We look forward to working with CQC to understand what these changes to the overall model of inspections, insight and ratings will means for trusts' relationship with the regulator, and welcome the opportunity to engage further with CQC as the strategy develops.

Evaluation of healthcare services well-led framework

Summary of recommendations

- Organise the well-led framework (WLF) under two broad headings: 'Governance and processes', and 'Culture and leadership', to prompt a more equitable focus across the two areas.
- Refine the culture and leadership elements of the WLF to include more detail on the measure and prompts for assessing culture, how the focus on quality and other types of improvement work will be assessed, and assessing capacity, capability, empowerment and development of middle managers.
- Expand and consolidate documentation available around the WLF to include further examples of good and outstanding practice for each CQC key line of enquiry (KLOE), with case studies. This should be aimed at encouraging shared learning and providing more stretch for higher performing organisations.
- Use peer reviewers more inclusively and sustainably, ensuring that further training and support is provided to those in these roles.
- Vary the frequency and focus of inspections according to: significant changes to the composition of the board and leadership teams; indicators of changes to staff experience such as through freedom to speak up guardians or the staff survey results; quality metrics like never events and incident reporting.
- Clarify the purpose and interconnectivity between the various applications of the WLF (including self-assessments, developmental reviews and inspections).
- Consolidate, clarify, and expand guidance on system leadership to include as a minimum:
  - A definition of what is meant by a system, and attributes of effective leadership of a system
  - Expectations regarding prevention, population health and working with the wider determinants of health
  - Evidence based hallmarks of effective system leadership
  - How regulators will encourage system working through inspections processes, including consideration of the local operating context.
- Encourage the use of the WLF for, and by, CCGs and ICSs to promote a single definition of high-quality leadership
- Ensure that the application of the WLF takes into account both the leadership of individual organisations and the extent to which leaders of an organisation effectively operate and input across the broader system. Consider whether it is appropriate to award a rating of 'outstanding' to

a provider where there is little evidence of positive and collaborative relationships in the local system.

- Apply reviews of the WLF to system oversight and regulatory bodies, with key findings made publicly available.

Scope and methodology of the evaluation

The evaluation was based on a number of key questions, shaped after input from a broad range of stakeholders:

- How does the framework operate to ensure that organisations and services are well led?
- What are the improvements happening as a result of it?
- How relevant are the key lines of inquiry?
- How useful and helpful are the well-led CQC inspections?
- How useful and helpful are the developmental reviews?
- How is the framework applied to the wider health and care system?
- How can the framework be developed to meet the needs of systems leadership?

The review was carried out via discussions with representatives from national bodies and provider organisations, analysis of existing literature, a survey of providers and clinical commissioners, and a series of focus groups and workshops.

Findings of the review

The content of the well led framework

The evaluation found that the WLF is clear about what a well-led organisation looks like and covers most aspects for managing healthcare, underpinned by the correct principles and KLOEs. It also found that trust leaders find it useful to have a framework which outlines expectations around governance and leadership, and as a model for self-assessment.

The review suggests that a standardised model is not always appropriate given the diversity of different providers' scale, context and performance, and that some KLOEs are more important than others.

Providers also felt that the content of the framework could more easily facilitate greater challenge and stretch for stable and high performing organisations; whether through the indication of evidence of levels of good, excellent and exemplary practices, rather than lines of enquiry that seek binary assurance. Organisations with lower ratings expressed an appetite for more tangible and real world examples of good practice to support improvement.

The review identified a series of areas warranting greater emphasis:

- Medical and clinical engagement, including the extent to which clinical leaders are engaged in shaping the quality of services
- Emphasis on patient involvement, including levels of engagement such as consultation vs. co-production
- The role and contribution of middle managers and their development and succession planning.
- Staff experience and how this should be measures
- Equality, diversity and inclusion and the requirements of the workforce race equality standard, and insights into the experiences of Black, Asian and minority ethnic (BAME) staff, patients and carer groups.
- Innovation and creativity, including clear guidance on what works in this area and the culture required to support innovation and continuous quality improvement.

The review found that the framework is strong on technical matters such as governance and process, but recognises a need to refine and strengthen content around culture and leadership considering the increased emphasis on both in national policy, and a general need to keep pace with changing priorities.

Recommendations

In relation to the content of the WLF, the evaluation recommends:

- Organising the WLF under two broad headings: 'Governance and processes', and 'Culture and leadership', to prompt a more equitable focus across the two areas.
- Refinement of the culture and leadership elements of the WLF to include more detail on the measure and prompts for assessing culture, how the focus on quality and other types of improvement work will be assessed, and assessing capacity, capability, empowerment and development of middle managers.
- Expand and consolidate documentation available around the WLF to include further examples of good and outstanding practice for each KLOE, with case studies. This should be aimed at encouraging shared learning and providing more stretch for higher performing organisations.

Application of the WLF

The review found that both providers and regulators broadly agree that the framework has provided a useful tool for leaders to make improvements in governance and leadership. The framework adds value post-inspection, and as part of a wider continuous improvement process, rather than an end in itself. Providers were clear that having a framework and associated inspection regime has led to improvements in governance, and the clarity of guidance including expectations in relation to systems, structures and processes are clearly defined, and the review recommends that this be retained in future iterations of the framework.

An emphasis on culture and leadership throughout inspections was an area requiring a more consistent approach and described feedback from CQC that they continue to have some difficulty in assessing culture as an intangible entity. Providers also pointed out less scrutiny of culture during inspections, and a need for increased capability to assess this area within the CQC.

The existence of the WLF as a rating system which is backed by a regulator with authority to influence organisations and the people working within them can expedite change where required. However the review cites an unintended consequence of this approach generating a fear of the inspection process, and the reputational impact on leaders' career in the event of a poor rating. The review describes a strongly held belief among trusts that this context deters future leaders due to concerns over being held responsible for entrenched, long-standing and system-wide issues, and that the most challenged organisations are unable to attract high-performing leaders.

Inspections were seen to add more value when there was a positive history between the trust and the CQC and where there was an open relationship with regular dialogue. However the review describes a view among providers that there is a lack of support from oversight and regulatory bodies, and in this context providers interviewed felt that an annual well-led assessment is inappropriate as it does not provide adequate time for improvements to embed, and that inspections could be more tailored to take into account provider context and specific areas of risk.

Recommendations

In relation to the application of the WLF, the evaluation recommends:

- Using peer reviewers more inclusively and sustainable, ensuring that further training and support is provided to those in these roles.

- Varying the frequency and focus of inspections according to: significant changes to the composition of the board and leadership teams; indicators of changes to staff experience such as through freedom to speak up guardians or the staff survey results; quality metrics like never events and incident reporting.
- Clarifying the purpose and interconnectivity between the various applications of the WLF (including self-assessments, developmental reviews and inspections).

Future of the WLF

The WLF forms part of a complex regulatory and policy landscape. The evaluation found that there were opportunities to improve leadership across the healthcare system through a broader application of the WLF, to address a need for a single definition of high-quality leadership and support the delivery of system-wide objectives. There was also agreement that the whole of the NHS needed to adopt the WLF, including regulators and oversight bodies.

However the current application of the WLF is seen in the evaluation to be at odds with the national strategic direction of travel towards system working and leadership, with limited examples of the impact of the WLF at a system level. National targets and standards designed for individual providers can conflict with those which would benefit a system. However the review identified a potential for the framework to be used as a tool to promote a shared definition of high quality leadership, by extending its scope to CCGs and ICSs. There was a view that a more explicit consideration of a trusts' operating environment would move the inspection lens towards a wider system focus, and that looking solely at organisations does not enable the framework to capture reasons for particular areas of underperformance.

Recommendations

- Consolidate, clarify, and expand guidance on system leadership to include as a minimum:
  - A definition of what is meant by a system, and attributes of effective leadership of a system
  - Expectations regarding prevention, population health and working with the wider determinants of health
  - Evidence based hallmarks of effective system leadership
  - How regulators will encourage system working through inspections processes, including consideration of the local operating context.
- Encourage the use of the WLF for and by CCGs and ICSs to promote a single definition of high quality leadership.

- Ensure that the application of the WLF takes into account both the leadership of individual organisations and the extent to which leaders of an organisation effectively operate and input across the broader system. Consider whether it is appropriate to award a rating of Outstanding to a provider where there is little evidence of positive and collaborative relationships in the local system.
- Apply reviews of the WLF to system oversight and regulatory bodies, with key findings made publicly available.

NHS Providers view

We welcome the publication of this independent evaluation of the well-led framework which is useful and has been long awaited. The evaluation confirms that there is intrinsic value in the WLF, and identifies a number of key areas where its value and impact could be maximised. We appreciate the opportunity to have contributed to the review.

The review echoes our concerns about the national circumstances in which the framework operates, including a relentless pressure on services, finances and increasing workforce shortages.

We support the recommendations of the review, which found that the impact and value of the WLF can be maximised through an improved balance of emphasis on culture and leadership as well as governance and process. Trusts would also welcome a greater focus on ensuring local circumstances can be taken into account as part of well-led assessments, given the complex pressures facing the provider sector and their partners in local systems. We look forward to working with CQC as it acts on the learning from this evaluation in refreshing its regulatory model from April 2021.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd November 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)	
Quality and Performance	N/A
Audit	N/A
Mental Health Legislation	N/A
Remuneration Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
CEDAR Programme Board	N/A
Other/external (please specify)	N/A

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

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability		Reputational	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 (COVID-19)
Report for the Board of Directors meeting
3rd November 2021

1. Executive Summary

This report provides an exception report in response to the COVID-19 pandemic since the last Trust Board. For this month the report focus is on:

- Covid – 19 Prevalence, Surge and Business Continuity
- Updated PHE guidance on NHS staff and student self-isolation and return to work following COVID-19 contact.
- Living with Covid – Working Safely and IPC Guidance
- Nosocomial & Outbreak Management
- Vaccination Booster Programme and Flu Vaccinations

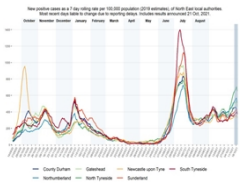
2. Local / Trust COVID-19 Prevalence

During October covid cases across the North East & Cumbria (NE&C) region have increased. Local rates per 100,000 at the time of this report (22nd October 2021) shows that cases continue to be relatively high and are increasing which mirrors the national picture. However, Cumbria has seen a reduction in cases in the last seven days. North East rates continue to be high in England.

(Data in brackets is from previous monthly report).
(% data indicates increase or decrease in last 7 days)

- **Newcastle 352.0** ↑ 12.7% (312.2)
- **South Tyneside 371.9** ↑ 4.3% (327.5)
- **North Tyneside 663.6%** ↑ 34.6% (378.7)
- **Cumbria 532.0** ↓ 11.4% (401.6)

Gateshead 517 ↑38.8% (311.5)
Sunderland 405.6 ↑ 12.3% (282.2)
Northumberland 543 ↑ 20.5% (325.5)
Middlesbrough 396.4 ↑ 15.9% (364.5)



The increase in cases is driven by school children in the main and in particular secondary school age and primary school age. Most areas are also reporting an increase in cases in the over 60 years age group and case rates of this age group are being closely monitored by Health Protection Boards locally.

Sunderland Health Protection Board is strongly supporting the reintroduction of mask wearing in public places and working from home to reduce risks. Other LAs supporting also and support from local Directors of Public Health.

3. Surge and Business Continuity

NE&C hospitals are seeing an increase in hospital admissions although patients admitted to ITU remain relatively low, as do mortality rates which are below or similar to average for this time of year.

The whole system e.g., Acute medical admissions, Emergency Departments, Primary Care, North East Ambulance Service (NEAS) 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.

Since the last monthly report the Incident Management Group (IMG) has been stood down although we remain at Opel level 2 based on Covid, non-Covid absence and vacancies impacting on business continuity across several service areas. As business continuity is not solely related to Covid 19 activity, this will be managed going forward via Business Delivery Group (BDG) whilst continuing close working with Gold Command.

Daily call volume into the absence line has continued to be high. Call volume increased in October relating to child household contacts and staff returning from travel abroad. Most staff returning from travel abroad have been able to return to work and complete daily LFD tests.

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

The last report outlined our response to guidance which enabled Trusts to return Health staff from isolation to work if a close contact identified by the NHS Test and Trace App. This applies to people who have been double vaccinated.

Since this protocol was introduced on 13th September 2021 staff are now returning safely back to work within 48 to 72 hours and this has significantly increased the number of staff available for work. The DIPC will continue to review the position.

5. Close Contacts of Household positive Proposal for CNTW

Our Trust position has been operating in line with the Instruction from the Chief Nursing Officer / Chief Medical Officer (CNO / CMO) implemented on the 16th August 2021 that contacts with a household positive do not return into the workplace for ten days.

- A review took place on 13th October 2021 with all Directors of Infection Prevention Control (DIPCs) across the NE&C regarding business critical

services returning at day six following a negative PCR on day five with daily LFDs.

- There has been a mixed response i.e. only Newcastle Hospitals Trust (NuTh), North Cumbria Integrated Care Trust (NCIC) and North Tees had so far returned staff in this category. Risk remains high as it was reported that some staff had gone on to test positive. Concerns expressed that any lapse in IPC measures could lead to increased transmission.

- Following an urgent situation in Haverigg Prison the Executive Group / BDG supported the decision to test out returning a staff member back to maintain a business critical service. This was subject to scrutiny and daily review with a clear action plan for testing and limiting contact with staff and patients. Public Health England (PHE) North West fully supported the proposal

- As a result of this learning, the Executive Group has recommended a change in CNTW process be introduced on a case by case basis with risk assessment and review processes signed off by DIPC. Close monitoring will be undertaken and any increase in cases will stop the process

- Protocol and Risk assessment has been amended to reflect eligible staff groups, i.e. Nursing and Medical / AHP and areas for potential redeployment vulnerability /high risk patient

- The North East and Cumbria PHE / Health Protection Boards have been verbally briefed of CNTW intention and will review the protocol. Given rising case numbers in our region, they have expressed concern and asked that the process must be very tightly scrutinised, and risk assessed on a case by case basis. In particular emphasis on maximum restrictions and adherence to PPE linked to close contact with other staff / patients to prevent hospital acquired transmission and outbreaks

6. <u>National UK Health Security Agency (UKHSA) guidance for Acute Trusts and Primary Care</u>

Following National UKHSA guidance issued for acute trusts and now primary care to ensure one metre distance in clinical areas increasing where feasible to two metres, the DIPC and Executive Team have reviewed the potential for introduction in CNTW, i.e.:

- Reducing social distance from two metre to one metre in non-clinical environments, ensuring that face masks are worn at all times.

- Where two metre distance can be achieved, and good ventilation, staff can remove their masks whilst sitting at their desks and replace when moving around the office and corridors.

A phased approach has been agreed as follows:

- In <u>non-clinical settings</u> where a two metre distance can be achieved, and good ventilation, staff can remove their masks whilst seated in the office and replace when moving around and in corridors.

- To reduce the distance from two metres to one metre in clinical settings with IPC measures in place.
- To continue to support 'on site' meetings and implementation of removal of mask wearing where a two metre distance can be achieved and replace masks when moving around and in corridors.
- Training / Events – 'off site' Covid secure measures to be encouraged, risk assess venue, aim to socially distance and encourage staff to wear face coverings if prefer, negative LFD

7. Learning from Covid 19- Hybrid Model - office working

The pandemic has provided a unique opportunity to review how the Trust has adapted traditional ways of working to new models and as such reflected on what could be adopted in the longer term irrespective of Covid. A Briefing Paper proposing model(s) of office working in non clinical (corporate) teams based on a blend of home and office working has been produced for organisational consideration. This is based on learning to date and aims to optimise the benefits gained for individuals and the organisation.

The model(s) will incorporate implications for Terms and Conditions that will need to be considered. A mapping exercise of space availability is being undertaken to understand what space is currently occupied by clinical services as a result of temporary changes during the pandemic alongside an understanding of the needs of the services potentially implementing the hybrid model(s).

8. Staff only and Nosocomial Infections (Hospital Acquired) & Outbreak Management

Since the last report five outbreaks were closed.

CNTW currently has three outbreaks.

Nosocomial Spread outbreaks

Clearbrook: Outbreak declared on 20th October 2021. Three patients and one staff are positive. The ward has cohorted and is closed to admissions. No IPC breaches identified.

Newton: Outbreak declared on 22nd October 2021. Three patients identified as positive. Possible source of transmission linked to external visitor / interpreter and close contact with patients who have engaged in community football and unescorted leave into areas of high community prevalence. Still in fact find Stage at time of the report.

Staff only outbreaks

Northumberland CRHT: Outbreak declared on 14th October 2021. Two staff are identified as positive in the outbreak and two staff are isolating as a result of being a close contact. Staff did not wear masks whilst making phone calls during a car share and both staff sat in front of car. One of the staff worked whilst symptomatic which later resulted in positive PCR result.

9. Covid 19 Vaccination Booster Programme

Our winter vaccination campaign launched on Monday 27th September 2021, co-administering COVID-19 booster and flu vaccines. All fully vaccinated CNTW and NTW Solutions staff who are eligible for COVID boosters have been invited to book. The response has been encouraging and in the four week period vaccinations for the covid booster are at 53% and flu at 40%.

As staff become eligible for the COVID-19 booster (which becomes due six months after the date of their second COVID-19 vaccine dose), they will be sent an email and Text asking them to book a clinic slot. Further 'mop-up' clinics will be delivered in late November/early December.

Patient uptake

Covid Boosters for patients commenced week of 18th October 2021. Each Locality has been co-ordinating the vaccinations of patients supported by pharmacy staff at the end of the staff vaccination clinics. It is important to note the Pfizer vaccine is more fragile and needs to be reconstituted on each site prior to transfer. Ward staff have been reminded to ensure patients are prescribed and consent / capacity assessment completed in advance of the vaccination. It has been agreed that wards will identify eligible patients for a Tuesday and Thursday to ensure vaccine supply is maximised and roving vaccinator and pharmacy staffing is planned to avoid waste and unnecessary draw on staff from clinical pharmacy teams.

Covid vaccine

Data for patient vaccination is fluid due to turnover of admissions in some of our settings. Many inpatients have not had a completed two doses in the community / GP therefore they are not all eligible for the booster as yet. Roving vaccination staff are currently vaccinating for first, second and third (if Clinically Extremely Vulnerable / Immunosuppressed) and where up to date their booster.

Flu vaccination for inpatients who are eligible stands at 42.6%.

10. 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
Director of Infection Prevention and Control, Group Nurse Director Safer Care

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd November 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	27.10.2021
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	01.11.2021
Corporate Decisions Team (CDT)	
CDT – Quality & Safety	25.10.2021
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	X

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

CNTW Integrated Commissioning & Quality Assurance Report 2021-22 Month 6 (September 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 three Mental Health Act Reviewer visits – Oswin, Cleadon and Lotus during September 2021. Feedback from the visits include; reviews of capacity regarding medication not being completed at appropriate times, the impact of ward moves on patients and the pathway process.

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 6 and Quarter 2 with the exception of:

- CPA metrics for Newcastle Gateshead and North Cumbria CCGs.
- Numbers entering treatment within Sunderland IAPT service (630 patients entered treatment against a target of 810) and North Cumbria (400 patients entered treatment against a target of 605).
- Delayed Transfers of Care within South Tyneside, Sunderland, Durham, Darlington and Tees and North Cumbria.

4 The Trust met all the requirements for month 6 and Quarter 2 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (96.6% against a 100% target).

5 All CQUIN schemes for 2021/22 are suspended due to the COVID-19 pandemic.

6 There are 49 people waiting more than 18 weeks to access services this month in non-specialised adult services (53 reported last month). Within children's community services there are currently 1152 children and young people waiting more than 18 weeks to treatment (991 reported last month).

7 Training topics below the required trust trajectory as at month 6 are listed below:

Training Topic	Month 6 position	Quarter 2 trajectory	Quarter 2 standard
Information Governance	88.9%	95%	
PMVA Breakaway training	75.3%	82%	
Mental Health Act combined	64.1%	83%	
Clinical Risk and Suicide Prevention training	80.3%	85%	
Clinical Supervision	77.7%	84%	
Seclusion training	69.1%	85%	
Rapid Tranquilisation	77.8%	85%	
Safeguarding Children Level 2	81.3%	85%	
Safeguarding Children Level 3	76.9%	84%	
PMVA Basic training	44.2%	Under review	
Fire Training	82.3%	85%	
Medicines Management	84.3%	85%	
MHCT Clustering	59.7%		85%

8 Appraisal rates are reported at 71.0% in September 2021 (73.7% 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 45.7% as at 30th September 2021. At 30th September 2021 the proportion of staff with a management supervision recorded in the last 3 months is reported at 52.6% against a recovery trajectory of 81% for Quarter 2 2021.

10 The confirmed August 2021 sickness figure is 6.9%. This was provisionally reported as 7.01% in last month's report. September 2021 sickness figure is 7.71% which is above the 5% standard. The 12 month rolling average sickness rate has increased to 6.03% in the month.

11 At Month 6, the Trust has a surplus of £0.2m which is £0.2m ahead of plan. Agency spend at Month 6 is £9.7m of which £6.0m (62%) relates to nursing support staff.

Other issues to note:

- There are currently 17 notifications showing within the NHS Model Hospital site for the Trust.
- The number of follow up contacts conducted within 72 hours of discharge has increased in the month and is reported trust wide at 96.0% which is above the 80% standard. (was 95.3% last month).
- There were 77 inappropriate adult out of area bed days due to the unavailability of adult acute and adult older persons beds reported in September 2021. This related to five patients. One adult acute patient was admitted appropriately whilst away from home.
- During September 2021 the Trust received 292 Points of You survey returns, of which 78% were from service users, 14% from carers, 6% were completed on behalf of a service user and 2% did not state the person type. Of the 292 responses 283 answered the FFT question with 87% 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, the Trust will recommence managing against the trajectories from 1st October 2021 (Quarter 3) which have now been reviewed for recovery post COVID within the Locality Care Groups and have been updated for Quarter 3 and 4.

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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 three Mental Health Act Reviewer visits – Oswin, Cleadon and Lotus during September 2021. Feedback from the visits include; reviews of capacity regarding medication not being completed at appropriate times, the impact of ward moves on patients and the pathway process.						
	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%	100%	90%	90%	86%	87%	50%	
	Percentage of Quality Standards achieved in the Quarter:								
	94%	100%	100%	90%	90%	86%	87%	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								
Internal	**Accountability Framework**								
	North Locality Care Group Score: September 2021		Central Locality Care Group Score: September 2021		South Locality Care Group Score: September 2021		North Cumbria Locality Care Group Score: September 2021		
	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	
	Quality Priorities: 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 however the total number waiting for treatment has increased. The number of young people waiting to access children's community services overall has decreased in month 6. The number of young people waiting over 18 weeks has increased. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

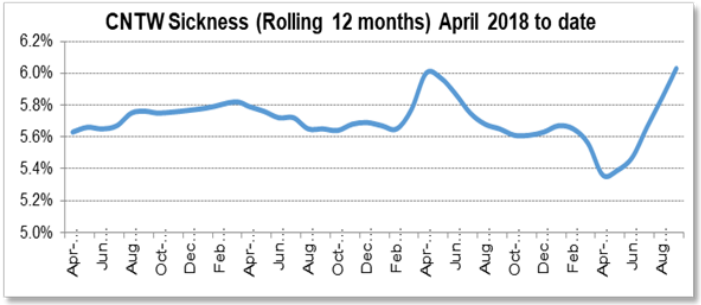
Number of courses Trajectory Achieved Trustwide:	Number of courses <5% below trajectory Trustwide:	Number of courses trajectory not achieved (>5% below standard):
6	4	9

Fire training (82.3%), Clinical Risk training (80.3%), Safeguarding Children Level 2 (81.3%) and Medicines Management training (84.3%) are within 5% of the Quarter 2 trajectory. Rapid Tranquilisation training (77.8%), PMVA basic training (44.2%), PMVA Breakaway training (75.3%), MHA combined training (64.1%), MHCT Clustering Training (59.7%), Seclusion training (69.1%) Clinical Supervision training (77.7%), Information Governance (88.9%) and Safeguarding Children Level 3 (76.9%), are reported at more than 5% below the Quarter 2 trajectory.

Appraisals:

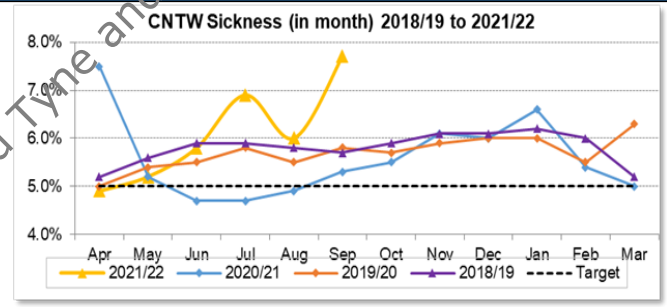
Appraisal rates have decreased in the month to 71.0% in September 2021 (was 73.7% last month).

Sickness Absence:



The provisional "in month" sickness absence rate is above the 5% target at 7.71% for September 2021

The rolling 12 month sickness average has increased to 6.03% in the month



Finance

At Month 6, the Trust has a surplus of £0.2m which is £0.2m ahead of plan. Agency spend at Month 6 is £9.7m of which £6.0m (62%) relates to nursing support staff.

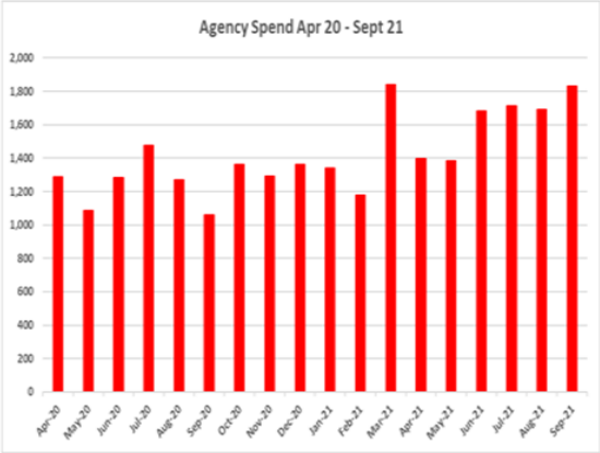
Financial Performance Dashboard

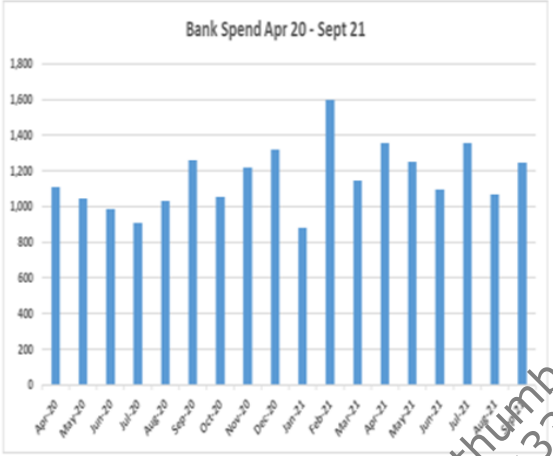
Income & Expenditure

	Plan £m	Actual £m	Variance (£)
Income	242.4	247.3	(4.9)
Pay	(172.8)	(177.8)	5.0
Non Pay	(69.6)	(69.3)	(0.3)
Surplus / (Deficit)	**0.0**	**0.2**	**(0.2)**

Key Indicators

Key Indicators	Year To Date
Surplus/ (Deficit)	£0.2m
Agency Spend	£9.7m
Cash	£67.7m
Capital Spend	£16.1m





Key Issues/Risks

- At month 6 the Trust has a £0.2m surplus against a plan to deliver break-even at the end of H1 as part of the North ICP/ICS financial plan.
- The month 6 position includes the 3% 21/22 pay award and back pay from April.
- Income arrangements are a continuation of the block contracts implemented in 2020/21 in response to COVID. These arrangements will continue for the rest of the year.
- 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 – £67.7m at month 6 which is more than historical cash levels (pre-COVID) due to improved working balances, capital spend being less than plan in 2020/21 and this year and increases in provisions.
- Capital Spend - £16.1m at month 6 which is £7.5m less than plan.

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

	06/09/2021		13/09/2021		20/09/2021		27/09/2021	
Medical	113	67	111	73	111	73	106	68
Qual Nursing	180	175	175	175	163	153	180	175
Unq Nursing	1,708	90	1,730	95	1,595	141	1,553	89
A&C	63		43		46		63	
	2,064	**332**	**2,059**	**343**	**1,915**	**367**	**1,902**	**332**

In September the Trust reported an average of 344 price cap breaches (70 medical, 170 qualified nursing and 104 nursing support). At the end of September 15 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 6 and Quarter 2 and 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	Lisa Quinn
Deputy Director of Commissioning & Quality Assurance	Executive Director of Commissioning & Quality Assurance
18th October 2021	

Training Trajectories 2021-2022 – Appendix 1

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

Shaded trajectories are where standard is already met or exceeded.
PMVA Basic trajectories are currently under review and will be updated as soon as possible.

Metric ID - Training Name	Standard	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%	75%	80%	84%	85%	85%	85%	85%	85%	85%
3002 - Clinical Supervision	85%	85%	83%	85%	72%	85%	83%	85%	85%	85%	85%	85%	85%
3004 - Equality & Diversity Introduction	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3006 - Fire	85%	85%	85%	85%	82%	85%	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%	85%	85%	85%	85%	85%	85%	85%	85%
3018 - Medicines Management Training	85%	85%	85%	85%	78%	80%	84%	85%	85%	85%	85%	85%	85%
3019 - Moving & Handling Awareness Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3022 - PMVA Basic	85%	72%	50%	60%	50%	65%	61%	80%	60%	70%	60%	65%	68%
3023 - Rapid Tranquilisation Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3026 - Safeguarding Adults Level 1	85%	85%	85%	85%	85%	85%	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%	85%	95%	94%	95%	95%	95%	95%	95%	95%
3042 - Seclusion Training	85%	85%	85%	85%	75%	85%	84%	85%	85%	85%	85%	85%	85%
3043 - PMVA Breakaway	85%	83%	82%	85%	80%	75%	83%	85%	85%	85%	85%	85%	85%
3046 - Safeguarding Children Level 3	85%	85%	85%	85%	73%	85%	80%	85%	85%	85%	85%	85%	85%
3047 - Safeguarding Children Level 2	85%	85%	85%	85%	75%	85%	84%	85%	85%	85%	85%	85%	85%
3075 - MHA MCA DoLS Combined	85%	74%	82%	80%	60%	70%	75%	82%	85%	85%	85%	85%	85%
3501 - Complete JDR's	85%	77%	78%	85%	73%	80%	80%	85%	80%	85%	85%	85%	85%
3514 - Proportion of staff with management supervision recorded in the past 3 months	85%	76%	85%	85%	55%	85%	79%	85%	85%	85%	85%	85%	85%
1933 Percentage of employees with up to date Clinical Supervision records	85%	69%	60%	70%	50%	85%	70%	85%	80%	85%	85%	85%	84%
Dysphagia Awareness	85%	80%	85%	85%	72%	85%	83%	85%	85%	85%	85%	85%	85%
3089 - Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	85%	85%	70%	70%	50%	75%	80%	85%	85%	85%	85%	85%	85%
3092 - Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	85%					85%	85%					85%	85%
3093 - Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	85%	72%	45%	65%	58%	75%	63%	80%	55%	70%	85%	85%	75%
3094 - Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	85%			85%	58%		64%			85%	60%		67%

The yellow shaded trajectories reflect where the standard has been reviewed during September 2021.
The grey shaded boxes indicate where the metric is not applicable.

Quality Trajectories 2021-2022

		Q1					Q2				
Metric ID - Quality	Standard	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%

		Q3					Q4				
Metric ID - Quality	**Standard**	**North**	**Central**	**South**	**N.Cumbria**	**Aggregate**	**North**	**Central**	**South**	**N.Cumbria**	**Aggregate**
155 Care Plans Discussed	95%	94%	93%	95%	83%	91%	94%	95%	95%	90%	94%
156 Current Service users clustered within threshold (previous 2 reviews)	85%	85%	85%	80%	63%	78%	85%	85%	85%	65%	80%
157 Current service users clustered within review threshold	85%	85%	85%	80%	74%	81%	85%	85%	85%	80%	84%
11 % of service users with a record of CPA/non CPA status	95%	93%	95%	85%	74%	87%	94%	95%	95%	80%	91%
34 Current service users on CPA reviewed in last 12 months	95%	95%	95%	95%	80%	91%	95%	95%	95%	95%	95%
401 CPA reviews where cluster performed +3/-3 days either side of CPA review	85%	78%	83%	80%	49%	73%	85%	85%	85%	50%	76%
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%	75%	86%	90%	90%	90%	80%	88%
298 DTOC	<7.5%				12%	12%				12%	12%
101 Risk Assessments	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
102 Crisis Plans	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
1085 Current Service Users with Identified Risks who have a 6 Monthly Crisis and Contingency Plan - NHS England Services only	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1402 Number of CYPS (AMS) Service Users with a recorded CGAS on entry to service and discharge (Planned discharges only)	80%	80%	80%	80%	85%	81%	80%	80%	80%	85%	81%
1403 Number of CYPS (AMS) Device Users with a recorded Honosca on entry to service and discharge (Planned discharges only)	80%	80%	80%	80%	50%	73%	80%	80%	80%	85%	81%
1409 Number of CYPS (AMS) Device Users with a recorded GBO on entry to service and discharge (Planned discharges only)	80%	80%	80%	80%	50%	73%	80%	80%	80%	85%	81%

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd November 2021

Title of report	**Safer Care Report – Quarter 2 (2021/22)**
Report author(s)	**Claire Thomas, Associate Director, Safer Care** **Dr Damian Robinson, Group Medical Director, Safer Care** **Paul Stevens, Business Support Manager - Safety & Innovations**
Executive Lead (if different from above)	**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	X	Work together to promote prevention, early intervention and resilience	X
To achieve "no health without mental health" and "joined up" services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

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

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

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

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

Safer Care Report – Quarter 2
Report to the Board of Directors
3rd November 2021

1. Executive Summary

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

2. Risks and mitigations associated with the report

None to note by exception.

3. Recommendation/summary

Receive the paper for information only

Name of author:
Claire Thomas, Associate Director, Safer Care
Dr Damian Robinson, Group Medical Director, Safer Care
Paul Stevens, Business Support Manager – Safety & Innovations

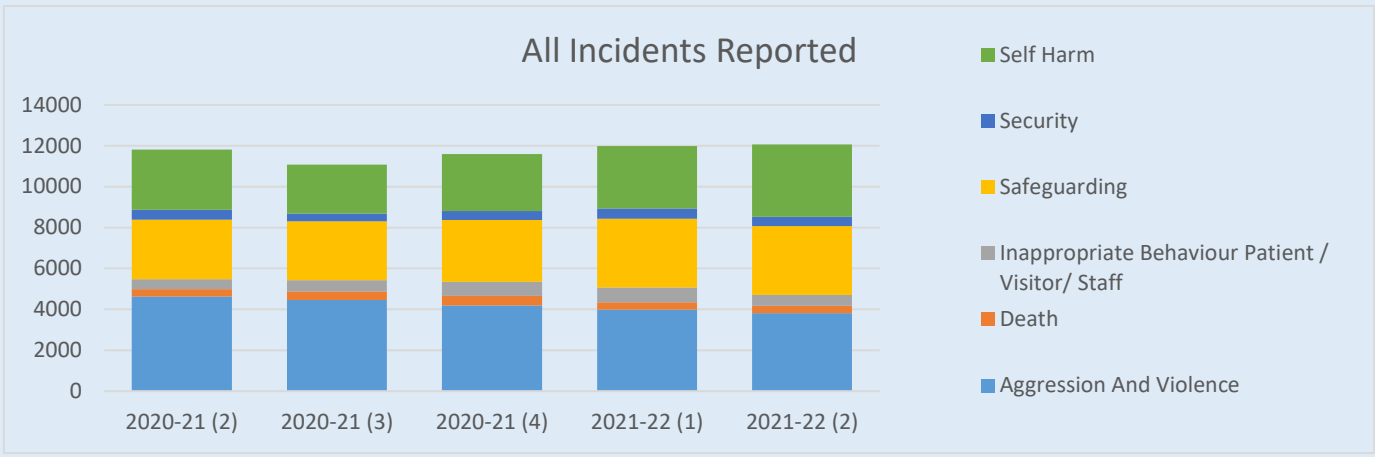
Name of Executive Lead:
Dr Rajesh Nadkarni

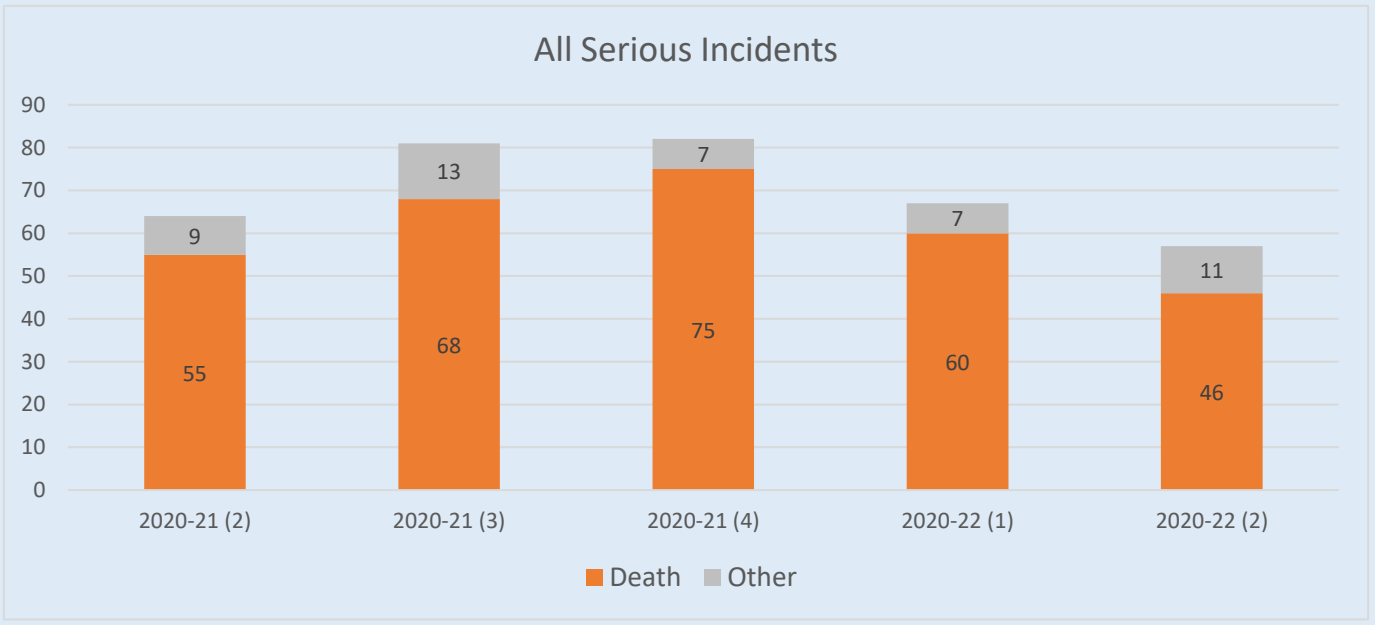
NHS
Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

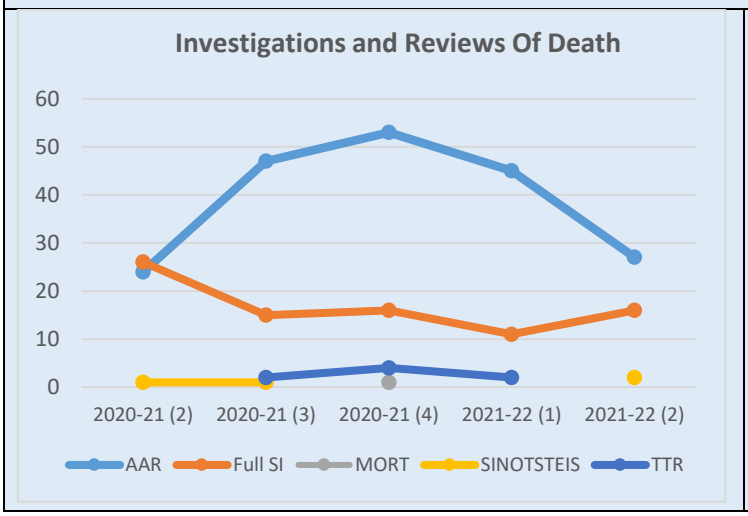
Safer Care Report – Quarter 2
Reporting Period: July to September 2021

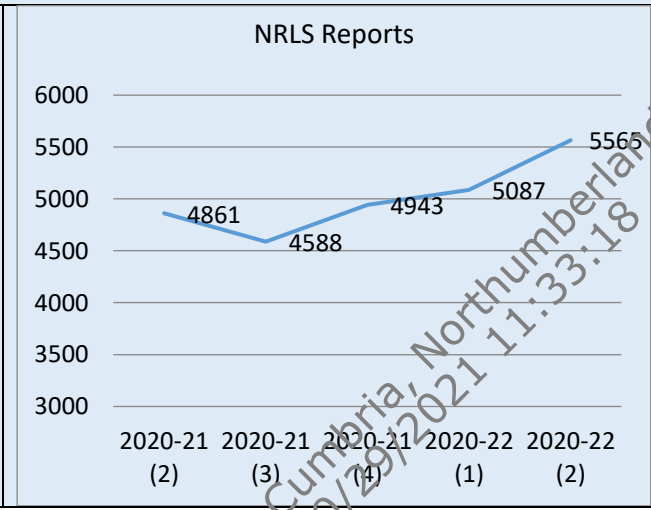
Caring | Discovering | Growing | Together

Section 1: Incidents, Serious Incidents and Deaths.









All incidents
All incidents this quarter total 12067. This is an increase of 81 when compared to the previous quarter (11986). The number of deaths reported in quarter 2 increased slightly from 351 (Q1) to 358 Reported safeguarding incidents increasd by 485 from 3057 in quarter 1 to 3542.

Deaths
The number of total deaths reported in this quarter was 358 which is increase of 7 compared with quarter 1 though the number classed as serious incidents reduced (see below) These figures include all natural cause deaths reported and these figuers also include patients who may not have been in direct reciept of CNTW services at the time of death.

Reviews of deaths
This table captures all levels of internal review related to deaths**.** Full serious incident investigations that are STEIS reported, Local After Action Reviews (AAR), Mortality reviews (MORT in graph) and Table Top Reviews (TTR in graph).

The spike in the number of after action reviews seen in the previous quarters was explained by an increase in deaths related to addictions which was in keeping with the national reported picure. The subsequent decrease in this level of review can again be linked with a reduction in addiction related deaths meeting the criteria for review. (Q2:19; Q3: 31; Q4:43; Q1:28 Q2; 16)

This quarter is the first whole quarter of data available following the change of provider of addictions services in South Locality, however this has not had a significant impact on serious incident activity in Q2. South locality had 12 serious incidents reported in Quarter 1 (2 of which were addictions deaths) and have had 14 incidents reported in Q2.

Serious Incidents
The number of unexpected deaths reported was 46 which is a decrease from the previous quarter figure of 60. All have been identified and allocated a level of review. In addition other incidents this quarter recoded as serious incidnts relate to the foloiwng incident catagories.

- 2 relate to a safeguarding incident
- 8 relate to incidents of self harm

LeDeR
13 deaths were reported into the LeDeR process in Q2. The Patient Safety team is discussing with the regional LeDeR leads how we can bring early learning back into the Trust as the CCGs develop revised processes for undertaking the reviews

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

Regulation 28
No regulation 28s were received by the Trust this quarter.

Covid Related inpatient deaths
In Q2, one inpatient death related to potential hospital acquired COVID infection was reported. The death occurred in August at Sunderland Royal Hospital after the service user had become unwell on an older persons ward. A Local After Action Review is underway.

Learning from Incidents presented to the serious incident review panel in quarter 1
Despite restrictions related to the COVID-19 pandemic the serious incident review panel has continued to sit and review cases on a weekly basis. Appropriate adjustments have made taking

into account social distancing and the virtual participation of panel members and clinical teams via Microsoft Teams has been employed.

Incidents investigated post the initial national lock down have been subject to an additional term of reference to address the challenges of clinical care during the pandemic "*Consider and comment on any changes to care, treatment and risk management that occurred as a result of the COVID–19 pandemic, how these changes were managed and what if any impact these changes were felt to have had on the incident under review".*

20 serious incidents were reviewed at the Serious Incident Panel in this quarter. Of the 20 reviewed, 7 incidents were noted to have signicant findings relating to care and treatment that had the potential to cause harm, although none were felt to have been directly contributory to the incidents being reviewed. These 7 cases were from the North (2), North Cumbria (2) South (2) and Central (1) Locality Care Groups. Details of these 7 incidents are highlighted below. All findings have been discussed in the relevant SUI panel and at BDG safety meetings and actions have been agreed to address the issues raised

North Locality
Incident involved the death via hanging of a service user open to the CRHT and in receipt of home based treatment. The review identified the following:

It was clear that alcohol use was a feature of the service user's presentation and their mental health deteriorated as a consequence. Engagement with the Universal Crisis Team fluctuated and deteriorated when intoxicated. The service did not evidence robustly how risks were appraised and treatment plan outcomes were measured or reviewed at the end of June, beginning of July 2021, following a recent discharge from inpatient services.

North Locality
Incident involved the death via suspected intentional overdose of a service user open to the CTT. The review identified the following:

That following medical review by the Consultant Psychiatrist where changes to medication were agreed a letter outlining the review was not sent to the GP and so medication changes were not actioned.

North Cumbria Locality
Incident involved a fractured neck of femur on Ruskin Ward.

The finding related to an issue with wards alarm system and not to a care or treatment issue. The alarms that alert staff when a service user gets out of bed do not operate effectively if several alerts occur simultaneously.

North Cumbria Locality
Incident involved a service user who died following a fall / jump from a local bridge. The service user was open to the CMHART (Allerdale).

The finding related to an issue with management of what appeared to be management of escalating risk. The review highlighted that: Risk factors, triggers and escalators were clearly identified; however the risk management plan lacked any specific detail about the actions that would mitigate risks. The risk of suicide was classified as low even though the service user did disclose on a number of occasions that they were having thoughts of suicide. There was no specific safety plan for suicidal thoughts i.e. details of things that the service user could do when they were having these thoughts other than to contact services.

Central Locality
The incident involved the management of deteriorating physical health issues apparently linked to injuries sustained by a service user as a result of behaviour driven by psychotic presentation. Findings highlighted that

- Advice from Tissue Viability was not incorporated into the patient's care plan or risk assessment and there is no evidence that advice was followed by ward staff.
- On several occasions signs of physical deterioration were not identified and escalated for medical assessment.
- Progress notes were not completed in accordance with the standards described within Record Keeping Standards – V04 (Part of CNTW (O) 09 Management of Records.
- There was no documentary evidence of observations being carried out to the standard described within CNTW(C) 19 Engagement and Observation Policy.
- Staffing shortfall in substantive staff coupled with unprecedented service delivery challenges in the context of COVID 19 pandemic lead to an increasing over reliance on bank, pool and agency staff and restricted the ability of the ward to respond to short notice staff absence having an overall negative impact on the ward's ability to deliver safe and effective services.

South Locality
Incident involved a fractured neck of femur on Cleadon Ward

The review highlighted that post fall the patient informed staff that they were not initially in pain but felt that their leg was twisted and that they could not move it. Expected protocol is that where a fracture is suspected an emergency ambulance is immediately called. However in this case staff requested a medical review.

South Locality
The incident involved the death of a service user by hanging who was open to the CTT and ADHD service.

- The review highlighted that Clinical teams involved did not consider the need to arrange a cross service or multi-teams meeting to support effective collaborative working between CNTW professionals despite the escalating risk behaviours being demonstrated by the service user.
- Safeguarding processes were not adhered to resulting in missed opportunities for clinicians to receive formal supervision from the Safeguarding Adult Public Protection Team.
- Multi-agency Risk Assessment Conferences (MARAC) were not considered even though there was significant concerns relating to the risk of harm and homicide.

Additional learning is summarised in the appendix.

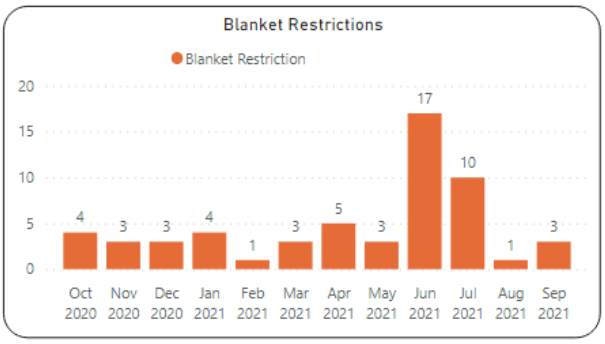
Blanket Restriction / Restrictive Practice Reported

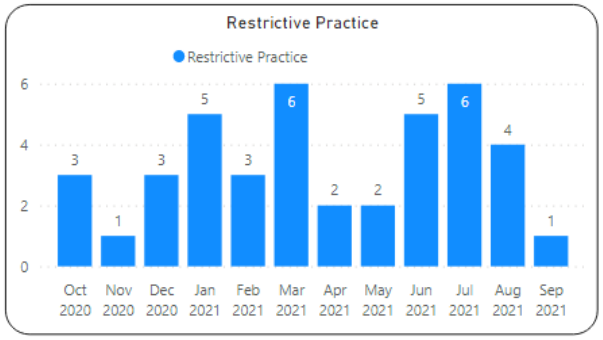
Blanket Restrictions

CAUSE_1	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Total
Blanket Restriction													
South Locality Care Group	1	2	1	1		1	2		10	6			24
North Locality Care Group	2	1		3	1	2	2	2	6	2		1	23
North Cumbria Locality Care Group			2				1			1			6
Central Locality Care Group	1							1	1	1			4
Total	**4**	**3**	**3**	**4**	**1**	**3**	**5**	**3**	**17**	**10**		**3**	**57**
Total	**4**	**3**	**3**	**4**	**1**	**3**	**5**	**3**	**17**	**10**		**3**	**57**

Restrictive Practice

CAUSE_1	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Total
Restrictive Practice													
North Locality Care Group			3	4	2	2		1		2	3		17
South Locality Care Group	1	1		1		1	1		4	2	1		12
Central Locality Care Group	2				1	3		1	1	2		1	11
North Cumbria Locality Care Group							1						1
Total	3	1	3	5	3	6	2	2	5	6	4	1	41
Total	3	1	3	5	3	6	2	2	5	6	4	1	41





The Cause Group Blanket Restrictions/Restrictive Practice are broken down into: BR01 Blanket Restriction and BR02 Restrictive Practice. In this quarter a total of 25 incidents were reported - a decrease of 9 from the previous quarter. 14 related to blanket restrictions (⇩12) and 11 (⇧3) related to restrictive practice.

All 11 restrictive practice incidents related to CNTW inpatient services and were spread across all Localities. The restrictions were in place to ensure individual patient safety.

All 14 blanket restrictions related to CNTW inpatient services spread across South, Central and North Localities. All but 2 of these restrictions related to locked doors. The reasoning varied but all related to ensuring the safety of patients on the wards. There was a much higher proportion of incidents reported overall in July compared to the other months, although this was less than those reported in June 2021 and no specific themes were noted around the increased reporting.

The 2 wards with the highest reporting of both restrictive practice and blanket restrictions were Mitford (7) and Beckfield (6).

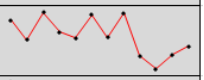
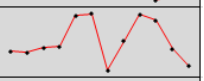
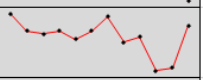
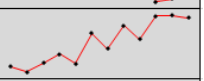
Long Term Segregation and Prolonged Seclusion

In March 2021 the Trust established a Long Term Segregation and Prolonged Seclusion Review Panel (LTS&PSRP). The panel has oversight of all episodes of LTS and prolonged seclusion in the Trust and its purpose is to scrutinise each case to ensure decisions follow adhere to legal requirements, national guidance, Trust policy, and most importantly the person's human rights. It is designed to provide support to the clinical teams and assurance to the Trust Board. The Panel's composition is multi-disciplinary, chaired by a Group Nurse Director and meets weekly.

- Long Term Segregation - Out of a total of 15 cases, 14 were reviewed by the Panel. One new case is still to be reviewed at the time of this report. 6 cases were ended during this period while 8 cases continue (4 in secure CYPS, 2 in adult secure service and 2 in learning disability and autism services).

- Prolonged Seclusion - There were 19 cases of Prolonged Seclusion during this period (the definition of Prolonged Seclusion is an episode that exceeds 48 hours). 11 cases were ended during this period while 8 cases continued at the time of this report, (6 in the adult acute pathway and 2 in LD and autism service). 4 cases have been reviewed by the Panel and the remaining 4 scheduled for review.

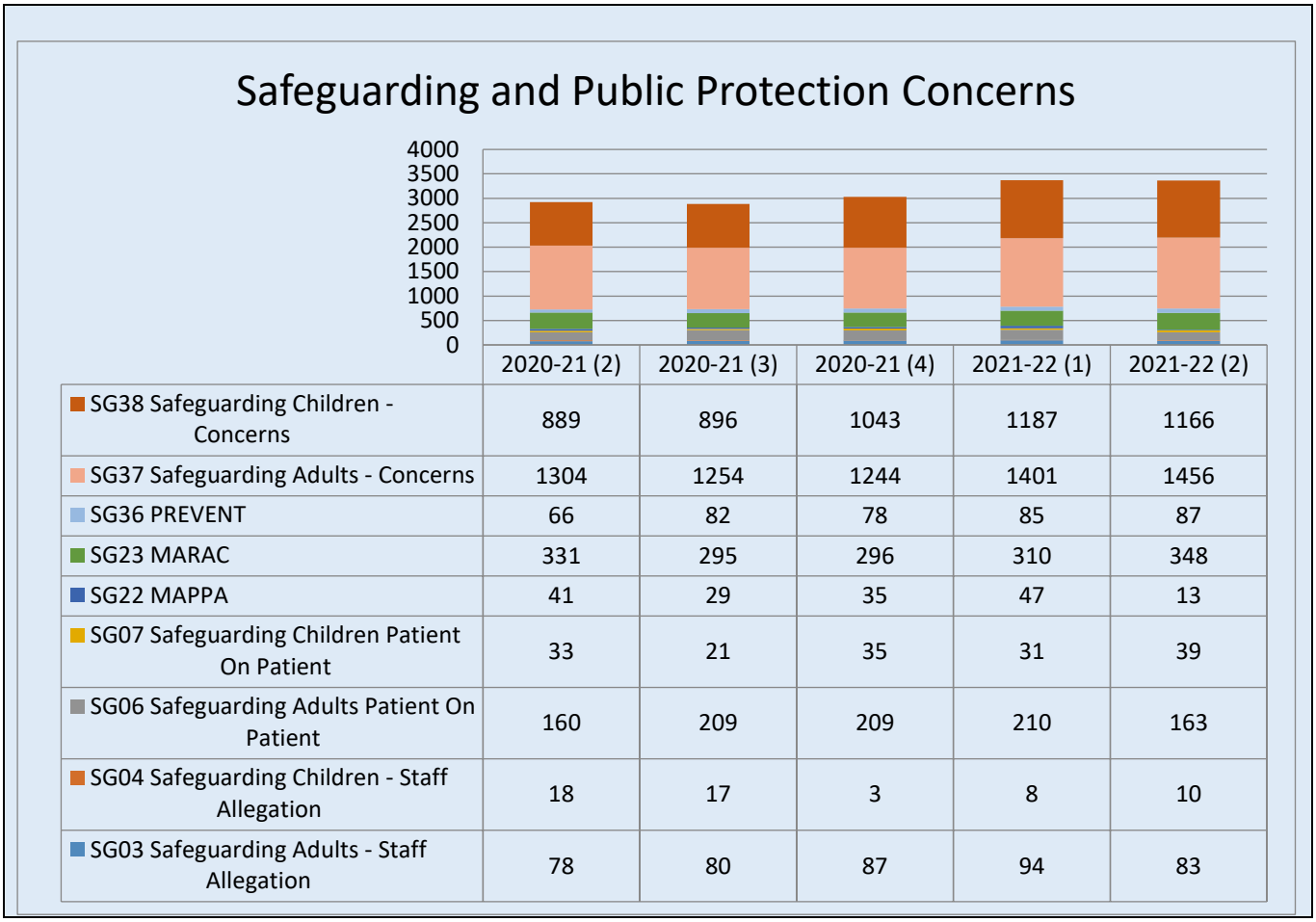
Section 2: Positive and Safe Care

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	Trend
Restraint	906	813	945	851	823	932	826	942	738	676	743	783	7776	
Prone	261	231	220	191	210	206	191	254	154	86	99	128	1918	
Seclusion	107	106	110	111	139	141	90	116	140	135	109	94	1060	
Assaults on Staff	401	492	440	370	337	380	363	379	411	341	368	326	3573	
MRE	32	26	25	26	23	26	31	22	24	12	13	28	235	
Self Harm	802	764	829	898	823	1052	936	1112	1009	1184	1189	1169	8225	
VA	1444	1560	1451	1402	1368	1422	1308	1380	1301	1241	1290	1277	12636	
Total	3953	3992	4020	3849	3723	4159	3745	4205	3777	3675	3811	3805	35423	

Points of note:

- Pressures in staffing have prevented some wards from attending recent cohorts, the positive and safe team are monitoring the situation and reporting to group directors accordingly.
- All previously mentioned work streams are ongoing
- PAUSE training is now available to all teams across the trust several ward training sessions have been planned.
- PG certificate in reducing restrictive interventions has commenced its second cohort of staff.
- The annual RRI joint conference with TEWV will take place on the 15th of October over 150 applications have been received.
- A revised positive and safe strategy will be going to board in November 2021
- Forecast data at Trust level remains broadly positive for 21/22 though is currently predicting rises in the use of rapid tranquilisation and self-harm at trust level.
- Reducing restrictive practice in in-patient settings is a national priority in the mental health safety improvement programme

Section 3: Safeguarding & Public Protection



	2020-21 (2)	2020-21 (3)	2020-21 (4)	2021-22 (1)	2021-22 (2)
SG38 Safeguarding Children - Concerns	889	896	1043	1187	1166
SG37 Safeguarding Adults - Concerns	1304	1254	1244	1401	1456
SG36 PREVENT	66	82	78	85	87
SG23 MARAC	331	295	296	310	348
SG22 MAPPA	41	29	35	47	13
SG07 Safeguarding Children Patient On Patient	33	21	35	31	39
SG06 Safeguarding Adults Patient On Patient	160	209	209	210	163
SG04 Safeguarding Children - Staff Allegation	18	17	3	8	10
SG03 Safeguarding Adults - Staff Allegation	78	80	87	94	83

Points of note:

- Safeguarding and Public Protection (SAPP) activity has continued to increase in Q2 with emotional harm being the most frequently report type of adult and child concern. As in Q1 partners also continue to see an increase in SAPP activity
- Safeguarding Adults patient on patient allegations of abuse numbers vary in response to patient acuity.
- Safeguarding children concerns are predominantly related to emotional harm, continuing to reflect impact parental mental health and children and young people needing support with their mental health, and negative coping strategies.
- MARAC incidents are predominantly physical harm and risk of serious harm or homicide evident in cases discussed. MARAC continue to be held weekly across all 7 LA's requiring input from CNTW SAPP team.
- The reduction in MAPPA activity is potentially related to data input. Risk to others is now captured under Safeguarding Adult concern with the relevant type of risk, e.g, risk of harm with weapons.

Section 4: Infection Prevention Control & Medical Devices

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	**0 (target 0)**	**12**

Points of note:

- The IPC Team have continued to provide refresher training and Q & A's on any aspect of COVID for teams across the Trust where identified or requested.
- There have been 2 reported COVID-19 outbreaks in Q2.
- There has been no reported hospital attributed cases of MRSA bacteraemia or C. difficile infection in Q2 but there were 3 cases of C. difficile infection noted which were community acquired

Section 5: Harm Free Care - DVT / PE within in-patient areas.

VTE events	Jul	Aug	Sept
Deep Vein Thrombosis (DVT)	0	0	0
Pulmonary Embolism (PE)	0	0	0

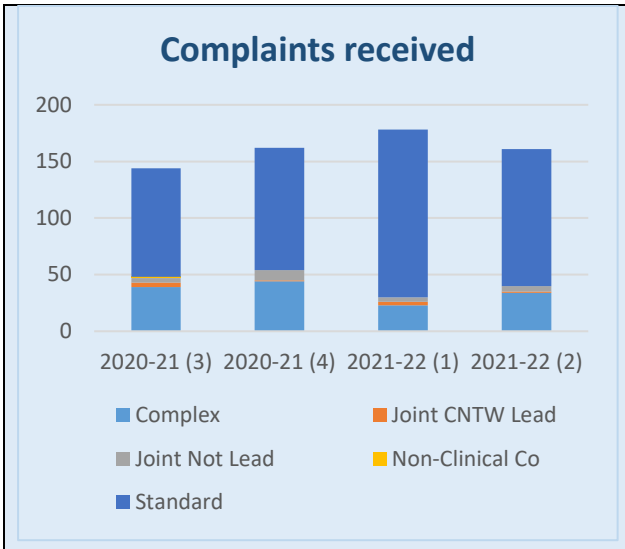
Pressure ulcers within in-patient areas.

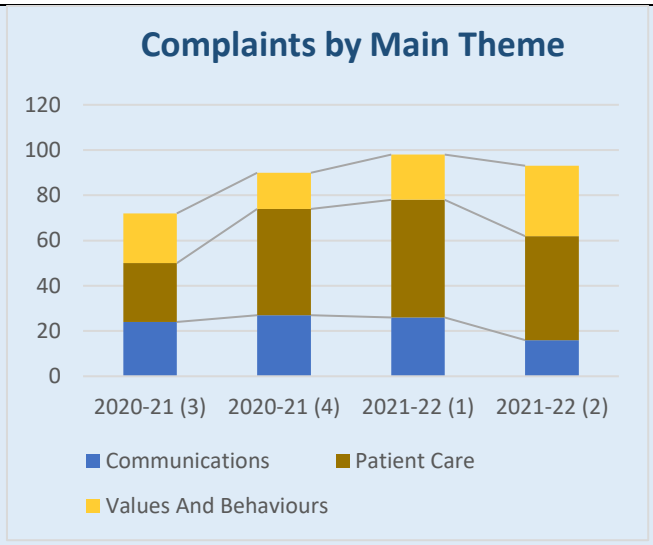
NHSI Category	Jul	Aug	Sept
Category 1	1	1	0
Category 2	1	5	3
Category 3	0	0	0
Category 4	0	0	0
Deep Tissue Injury	1*	0	0
Unstageable	0	0	0
Moisture Associated Skin Damage	2	2	1
Device Related Pressure Ulcer	0	0	0
Medical Device Related Pressure Ulcer	0	0	0

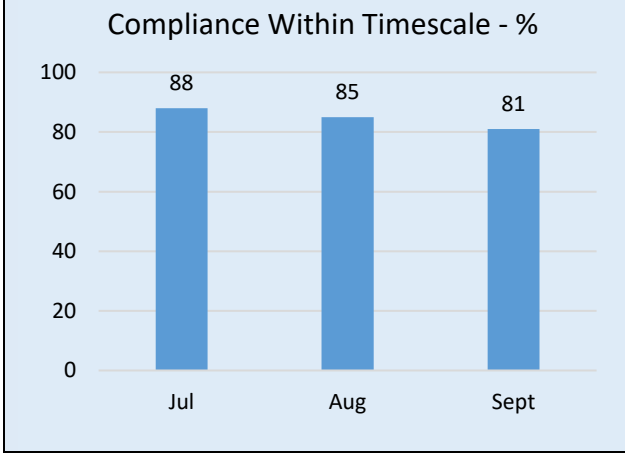
Points of Note:

- Data related to both pressure ulcers and VTE continue to be monitored the Trust daily via the Tissue Viability team reviewing all incident reports pertaining to VTE or pressure damage. This includes completion of After Action Reviews (AAR's) for all confirmed DVT / PE and Category 3 or 4 Pressure ulcers.

Section 6: Complaints Reporting & Management







PHSO Final Reports Received

None Reported In Period

Points of note:

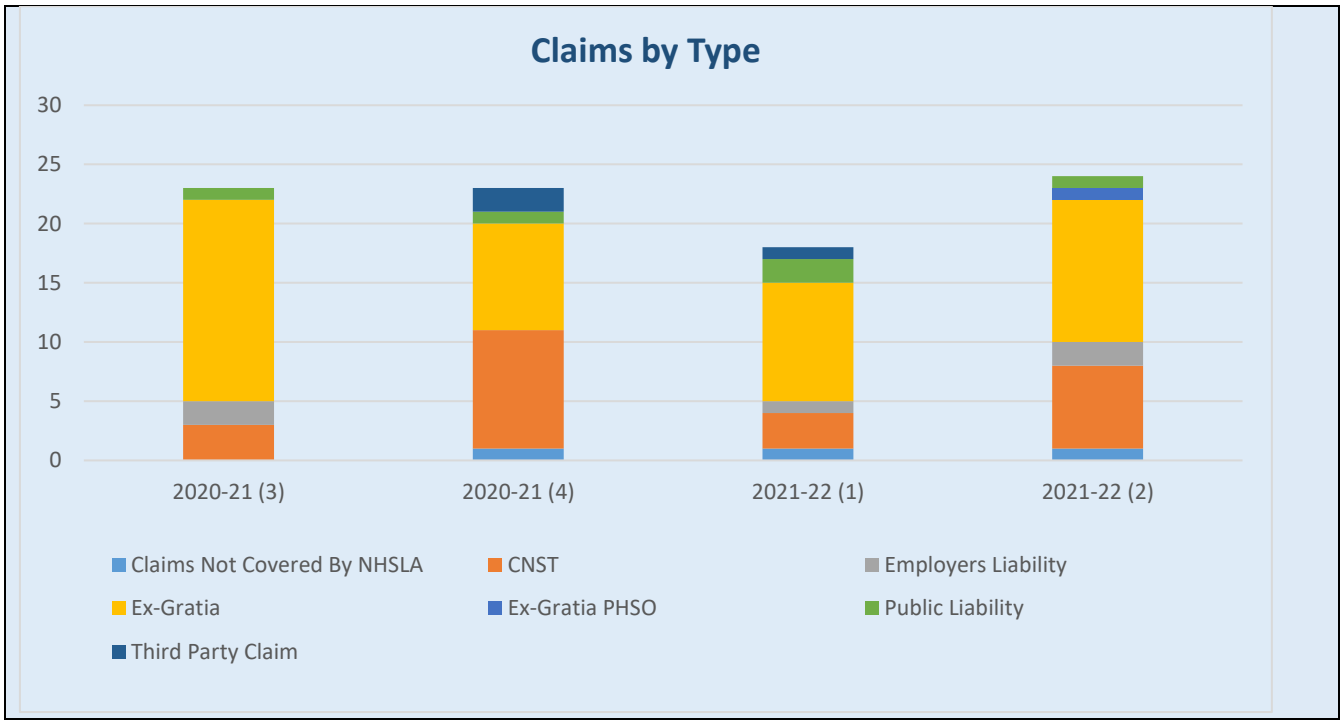
- Complaints have decreased by 8% in comparison to Q1.
- The three main themes remain consistent. Values and behaviours category has increased in comparison to Q1 but patient care and communication have decreased. Patient care includes complaints which cover a whole range of issues which cannot be separated out and are categorised overall as issues relating to patient care.
- During the Q2 period, the number of complaints received by the Trust which were about or mentioned coronavirus/COVID was 11, a decrease from 24 in Q1. While several remain open and ongoing, of the complaints closed only one was partially upheld and this was not in relation to the COVID element.

Parliamentary and Health Service Ombudsman

North Locality Care Group (10)	3 Preliminary enquiry
	2 Intention to investigate
	1 Notification of Judicial Review – CNTW deemed to be an interested party
	2 Draft reports received
	2 Requests for information
Central Locality Care Group (4)	1 Intention to investigate

	2 Preliminary enquiry
	1 Request for records
South Locality Care Group (9)	2 Preliminary enquiry
	6 Request for records
	1 Intention to Investigate
North Cumbria Locality Care Group (5)	3 Request for records
	2 Preliminary enquiry

Section 7: Claims Received



Points of note:

- 24 new claims were received during Q2 which is a 25% increase in comparison to Q1.
- The highest number of claims received relate to ex-gratia claims, this is the same number of ex-gratia claims as the previous quarter and ordinarily it is the highest claim category quarter to quarter. The previous quarter saw an increase in claims related to alledged clinical negligence, hower this quarter has seen this category decline to fall in line with previous quarters.

APPENDIX: Additional learning identified at panel review this quarter – unless otherwise noted, each relates to a single case review.

One case involving a fractured neck of femur noted that falls training within the team was to be revisited with an emphasis on post falls management in relation to pain relief. The same case identified a number of areas of good practice.

In another case related to fractured neck of femur it was noted that the Clinical team did not follow good practice in relation to actions to be taken following a fall within the Falls Policy, again it was indicated that falls training was to be revisited within the team and learning shared in the Trust falls group.

In one case there was a lack of awareness about the role and function of the community forensic team and how they could have supported the ward in the assessment of the Service User and the management / formulation of risks.

One case highlighted that safety planning had not taken place in collaboration with the service user as would be expected. In the same case it did not appear that the service user and carer were given the option of a face to face medical review and consultation occurred online.

During a period of staff absence waiting list contact with a service user was not carried out, as would be expected.

The clinical team and SI panel reflected post incident that interventions focused on anxiety management stress and risk; however interventions could have been supplemented with depression management techniques. In addition it was noted that whilst risk was reviewed on every contact it focused on direct suicidal ideation and did not always consider other risk factors, such as agitation and anxiety.

A gap between the issuing of a service users prescriptions was highlighted by the review.

The service user involved in one of the reviews was open to the CMHART due to their eligibility for section 117 aftercare only. There was no evidenced plan of care to suggest they required secondary mental health input at this time, however they had remained under the team for yearly reviews as they were receiving Adult Social Care input for housing. Whilst this was not felt to be contributory to the incident, or a significant finding, this agreement stems from the historical CPFT policies prior to the merge with NTW trust, and due to this there is no clear rationale for this individual being open to the team other than for s117 reviews.

One case highlighted an issue within the ADHD service whereby demand for the service and the expanding caseload is outpacing resource and capacity leading to difficulty in ADHD clinicians being able to fully fulfil the Lead professional role outlined within the CPA policy. This finding was taken to BDG safe for discussion. Service model review has been indicated and the findings of the review will be taken back to BDG safe.

In one case Crisis clinicians acknowledged that at the last contact the risk formulation focused on the current and immediate presenting risk which informed the plan of care. Risk assessments and formulations should take into consideration the wider context/ historical risk profile and presentation.

- **Communication**

Although outpatient medical recommendation forms were dispatched following medical review, the GP was not informed in writing about the review, including rationale for future treatment, physical health monitoring, and risk assessment was not dispatched in a timely manner.

There had been a miscommunication between CNTW inpatient staff and a colleague in the radiography department at the local acute hospital. Following a completed scan, staff were advised to return the patient 'to the ward'. The Radiographer had meant that the patient should return to the acute medical ward to await the scan results but staff had misinterpreted this and had returned to the CNTW inpatient unit. No harm occurred as a result.

Verbal information was provided to the service user about the service and what to expect; however this was not followed up with written information as the team were in the process of developing new information leaflets for service users and carers at the time.

The services involved post incident informed the parent but not the organisation who had parental responsibility for the service user.

One case that highlighted a need for uniformity in CNTW Safeguarding processes around feedback mechanisms following Safeguarding incident reporting.

- **Record Keeping**

The standard of documentation by Psychiatric Liaison Team did not reflect the level of assessment and input given.

There was no formal inpatient Care plan document outlining the interventions, and goals for the service user whilst on the ward, prior to the incident under review.

The Service Users diagnosis was not recorded as expected within the electronic record.

Incident reporting was not completed as necessary.

There was evidence of documentation not being completed as expected or information of work being completed by staff not being evidenced in the electronic record. This included the MDT daily review documentation.

Some core documentation paperwork was not completed as expected including the AUDIT tool and care plan. Notes were not completed following the standard note template.

Information within the GRiST risk assessment / management plan was limited and did not adequately describe specific interventions required in order to help mitigate known risks. In addition there was some instances where notes did not clearly capture discussion and clinical decision making about a possible admission to hospital.

Client contacts were not updated to reflect next of kin details and some areas of documentation did not meet the standard expected.

The care plan and risk assessment were not reviewed or updated as would be expected.

There was a risk assessment and a specific leave risk management plan in place but no specific risk management plan around leave to access DBT, it was following a DBT session that an AWOL occurred resulting in a fall from height (near miss).

In several cases core documentation fell below expected standards.

Two different FACE risk assessments were in use as a result of the service users being seen by different services including the addictions service.

A safeguarding incident did not result in submission of a web based incident form as expected

- **Equipment / Environment**

The service user (informal) was able to bring 2 packets of paracetamol into the ward without anyone being aware of this, they later took an overdose of these tablets.

One review related to a fall highlighted that a significant number of patients were identified as a falls risk within the ward. The review recommended that **a** review of current laminated concrete flooring be undertaken to consider if there are appropriate alternatives (Dementia friendly) i.e. cushioned laminate flooring to prevent further injury post fall.

In one case involving the unexpected death of a service user within secure inpatient services the review of CCTV footage highlighted that the date and time stamps on the footage had become significantly out of sync (8 hours).

Report to Board
3rd November 2021

Title of report	**Service User and Carer Experience Report (Q2 2021/22)**
Report author(s)	**Paul Sams, Feedback & Outcomes Lead Commissioning & Quality Assurance**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Commissioning & Quality Assurance**

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

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

Board Sub-committee meetings where this item has been considered (specify date)		**Management Group meetings where this item has been considered (specify date)**	
Quality and Performance	27.10.2021	Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality & Safety	25.10.2021
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

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

CNTW Service User and Carer Experience Summary Report

Quarter 2 2021-22

Executive Summary

This report discusses feedback received by CNTW from service users/patients and carers through available internal and external options during quarter 2 of 2021-22.

Recommendations

The Board is asked to:

- Note an overall increase of feedback received through Points of You.
- Note Service users/patients increased their share of the total feedback offered through Points of You, making up 73% of the total (68% in previous quarter).
- Note Carers/relatives/friends decreased their total contribution of the feedback received through Points of You with 16% (20% in previous quarter).
- Note 12 teams have received good levels of feedback, their processes could be adopted and adapted to suit services with little or no feedback through Points of You.
- Compliments through Points of You increased from 1% in quarter 1 to 2% of the total comments received in quarter 2.
- Note although feedback remains low from Healthwatch, agreements are being developed to receive unpublished feedback relating to the Trust.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Service User and Carer Experience Report

Quarter 2 2021-22

This report will follow the principles of Ask-Listen-Do. This is an NHS England initiative that's supports provider organisations to learn and improve through the experiences of service users and carers.

Ask Section:
This section includes an overview of levels of feedback, including some comparison with the previous quarter.

Points of You
During Quarter 2 of 2021/22 the Trust received 1193 Points of You (PoY) surveys. This is an increase of 23% on the previous quarter.

Table 1. PoY uptake by locality

Locality	Total PoY responses
South	434
Central	312
North Cumbria	266
North	175
Others*	9

Patient Advice and Liaison Service (PALS)
Table 2. Contacts with PALS from service users and carers by locality
Information collated by North of Tyne PALS.

Care Group	Q1 2021/22	Q2 2021/22
Central Locality	17	16
South Locality	6	3
North Locality	14	13
Non-Service Specific (NTW)	48	57
Total	**85**	**88**

NHS.net
During Quarter 2 the Trust received feedback through this platform on 6 occasions. All of these were offered a response and options to discuss further. When individual teams were mentioned, the team was contacted and offered the opportunity to

respond, on all occasions this opportunity was taken and a personalised response was offered to the specific feedback shared.

Care Opinion
All feedback visible on the Care Opinion website is feedback received through the NHS.net website, as such, all discussion of this feedback will be done once in the 'Listen' section under the NHS.net heading.

Healthwatch
Feedback through the eight Healthwatches within the Trust geographical footprint remains low, however there have been efforts made to build a working relationship based around engagement with the public.

Table 3. Feedback available through individual Healthwatch webpages

Name	Times feedback offered during Quarter 1 2020/21	Times feedback offered during Quarter 2 2021/22
Healthwatch Cumbria	0	0
Healthwatch Gateshead	2	1
Healthwatch Middlesbrough	0	0
Healthwatch Newcastle	0	3
Healthwatch North Tyneside	0	0
Healthwatch Northumberland	0	0
Healthwatch South Tyneside	0	0
Healthwatch Sunderland	0	0

Listen Section:
Points of You
This section will discuss what is being said when people are feeding back their experience of Trust services and what the Friends and Family Test (FFT) score is. This section will also look at themes from the comments received as well as explore responses by demographics.

Table 4 Average FFT score in current and previous quarter

	Average FFT Score for Quarter (out of 10) Quarter 1 2021/22	Average FFT Score for Quarter (out of 10) Quarter 2 2021/22	Total number of responses Quarter 2 2021/22
Trustwide	*8.52*	8.53	1193
South	*8.80*	8.90	434
Central	*8.63*	8.65	312
North Cumbria	*8.32*	8.12	266
North	*8.26*	8.28	175

Figure 2 shows the average score for each month to question 1 of the PoY survey, both from a Trustwide and locality position. Question 1 is the FFT question 'Overall, how was your experience of our service?'.

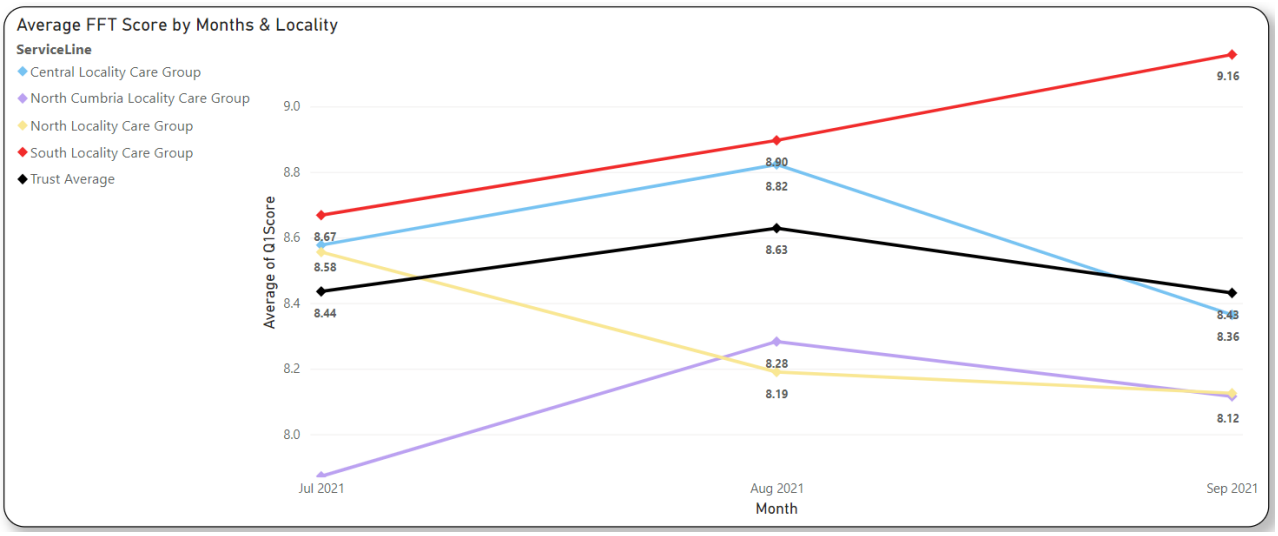


Figure 2. FFT by average score and response type

Table 5. PoY Comments received by broad theme

	Positive	Neutral	Negative	Compliment
Trustwide	3439	393	645	81
Central	901	101	157	25
North	518	60	112	15
North Cumbria	679	84	184	11
South	1329	139	169	27
Others	32	9	23	3

Table 5 shows that during the quarter 75% (3439) of all comments received were positive in theme, this is the same as the previous quarter. 14% (645) were negative in theme, this is a 4% increase when compared with the previous quarter. Compliments increased to 2% (81) from 1% in the previous quarter.

Table 6. Themed comments during quarter 2 2021/22

Category	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		15	7	22
Admissions and Discharges		1		5
Appointments		69	18	33
Clinical Treatment		11	6	4
Communications	18	995	93	213
Facilities		46	27	53
Other		17	81	13
Patient Care	11	1101	124	181
Prescribing	1	11	1	11
Privacy, Dignity and Wellbeing		13	4	2
Staff Numbers			6	13
Trust Admin/ Policies/Procedures		2	1	2
Values and Behaviours	51	1140	21	39
Waiting Times		18	4	54
Total	**81**	**3439**	**393**	**645**

An example of a positive comment from Values and Behaviours:
'I have given this answer because without the help from the whole team my life wouldn't be where I am today. The support and help of each and everyone of the team I deal with has been amazing, couldn't fault any of them' Early Intervention in Psychosis, Gateshead.

An example of a positive comment from Patient Care:
'Staff are very good. Wife has made miraculous progress with treatment' Castleside Day Hospital.

An example of a positive comment from Communications:
'I felt listened to and the service was very helpful' Newcastle Community Learning Disability Team.

An example of a negative comment from Communications:
'Depends on who answers the phone, sometimes my experience is good other times I feel spoken down to' Newcastle North and East Community Treatment Team.

An example of a negative comment from Patient Care:
'Stop passing people to different therapists it is annoying' Community Child and Adolescent Mental Health Service, East Cumbria.

Table 7. Average FFT score by sexuality

Sexual Orientation	Average FFT Score	Number of Surveys
Queer	5	2
Blank	7.3	14
Lesbian/Gay Woman	8	22
Gay/Gay Man	8.5	15
Other	8.5	25
Not Stated	8.5	478
Bisexual	8.5	32
Heterosexual	8.6	593
Pansexual	8.8	4
Asexual	9.2	6
Questioning	10	2

The highest scores came from people stating their sexualities as asexual and questioning, with scores of 9.2 and 10 respectively, however it should be noted that both groups combined account for 8 PoY (0.67%).

The lowest scores came from people identifying as queer, offering an FFT score of 5. Again it should be noted that this score comes from 2 PoY and include a 7.5 score for 'Good' as a response to the FFT question and a 2.5 score for 'Poor' from another individual.

Table 8. Average FFT score by religion

Religion	Average FFT Score	Number of Surveys
Mormonism	6.3	2
Blank	7.3	15
Jehovah's Witnesses	7.5	4
Judaism	7.5	1
Spiritualism	7.5	7
Atheism	7.8	66
Islam	7.9	6
Buddhism	8.3	6
Not Stated	8.4	395

Other	8.6	131
Christianity	8.7	549
Humanism	9.4	4
Baha'i	10	1
Paganism	10	5
Rastafari	10	1

The feedback from people who chose Christian as their religion resulted in 2,182 comments being offered. Of these 75% were positive in theme, 9% were themed as negative, 9% as neutral in theme and 2% as compliments either for an individual or service.

Table 9. Average FFT score by age

Age	Average FFT Score	Number of Surveys
Prefer not to say	5.6	9
0 to 18	6.6	43
19 to 24	7.6	60
Not Stated	7.7	53
45 to 54	8.4	140
25 to 34	8.5	106
55 to 64	8.6	192
85+	8.7	97
35 to 44	8.9	141
75 to 84	8.9	166
65 to 74	8.9	182
Blank	9.4	4

Younger people continue to offer the lowest FFT score. The groups 0-18 and 19-24 offer a combined FFT score of 7.1 from 103 PoY feedback forms submitted, this is lower than the 7.4 offered by the same group in quarter 1 which was offered by 85 PoY returned by the same groups.

Patient Advice and Liaison Service

Of the 32 service specific inquiries recorded through PALS, 11 inquiries relate to communications as a theme. When looking at the individual inquiries there is no clear theme connecting them, they appear to be individual issues that PALS have supported the inquirer to get an outcome for.

The next biggest theme is care and treatment, with 8 inquiries. These inquiries are either people expressing dissatisfaction at the service they have received or dissatisfaction that a service is not offering them support.

NHS.net and Care Opinion

As discussed in the previous section, this platform was used 6 times during the quarter by people wishing to offer feedback on their experience. All of the feedback could be considered negative, three respondents shared their dissatisfaction with the length of time they are waiting to be seen beyond assessment.

Healthwatch

The positive themes recorded relate to 'treatment and care effectiveness' and 'staff attitude', both combined make up 26% of comments recorded. Negative themes

include ‘staff attitude’ ‘access to services’ and ‘staffing levels’ with these making up 74% of recorded comments. As this relates to 4 people it is difficult to draw any thematic conclusions however as more data like this is made available there could be more opportunity to theme this type of information in future reports.

Do Section:

Action	Rationale	Status
Produce accessible films to explain PoY to Service Users/Carers/Staff.	Feedback suggests that understanding of PoY and the system is increasing with awareness resources and training.	Timeline agreed with communications and last development of dialogue being done finished in October 2021
Support accessibility for people with a learning disability and autistic people to feedback.	It is noted that very little feedback was being offered for learning disability and autism services, this is being addressed through collaboration with self-advocates.	Awareness of the new PoY survey has been offered to learning disability and autism teams. This has increased feedback levels.
Develop feedback landing page.	Currently the page is heavily weighted towards complaints. Efforts to make all feedback options clear and in one place are needed.	Landing page design agreed. Content being developed.
Develop links with Healthwatch.	Healthwatch is currently an underutilised way of interacting with service users and carers. The Trust currently receives very little feedback through these websites and it is often negative in theme.	Agreements in place to receive non-published feedback with half of Healthwatches in Trust footprint.
Develop awareness of PoY developments with staff.	We have embarked on awareness raising through group, service and team meetings and supported this with an infographic to explain the feedback system and a guide to using the PoY dashboard.	Quarter 2 has seen an increase in awareness sessions with more planned
Make feedback accessible to as many service users and carers as possible.	Service users and carers offer less feedback about learning disability and autism services than mental health services. It is possible that some people can’t navigate our feedback processes.	developing an action plan to develop strategies that make feedback more inclusive.
Support teams to share what changes have been made as a result of feedback through You Said We Did (YSWD) function on the PoY dashboard	Teams will all have the ability to create a monthly poster that is populated with comments offered through feedback. There is a free text section to share what has happened as a result.	10 teams have been taking part in a pre-rollout test of the system. Feedback will be absorbed and changes made if necessary to support a successful rollout.
Learn and Share Together (LAST) Collaborative	Lead in the development of good practice in feedback through collaborative working with stakeholders nationally.	Bi-monthly meetings continue being led by the Trust.

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Report to the Board of Directors
3rd November 2021

Title of report	Safer Staffing Report – August 2021 data
Report author(s)	Anne Moore Group Nurse Director Safer Care, DIPC
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	27.10.21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	Covid19 Gold Command

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	25.10.21
CDT – Business	
CDT – Workforce	15.11.21
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

Safer Staffing Report
Report to the Board of Directors
3rd November 2021 (August Data)

Executive Summary

The purpose of the report is to provide assurance on the current position across all inpatient wards within CNTW in accordance with the National Quality Board (NQB) Safer Staffing requirements. The following report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period of August 2021. The report includes information on Allied Health Professionals and Medical staffing.

The period of June to August 2021 was characterised by a challenging staffing position as a result of peak annual leave and sickness, both Covid and non-Covid-related. The latter was further compounded by the impact of isolation requirements and the overall position required an increase in staff to support therapeutic activity and safer staffing. The report provides a summary position from each locality alongside the narrative per ward area.

As detailed in the previous report, due to this exceptional pressure compounded by vacancies, Covid and non-Covid related absence, and a significant number of staff members having to isolate due to close contact with someone who had tested positive for Covid-19, the Trust's Staffing Contingency Policy and Procedure were invoked in July 2021 and continued in place throughout August. This was supported by the implementation of Covid-19 response meetings, chaired by the Chief Nurse, three times weekly from the middle of July.

In addition, vacancies and maternity leave continued to contribute to challenging staffing levels, with the Carleton Clinic in Cumbria, Children and Young People's Services and St George's Park identified as areas requiring additional support. With respect to the Carleton Clinic, Rowanwood ward was closed at the end of August to ensure safe staffing levels across all remaining operational services.

It should be noted that daily scrutiny is in place at CBU, Group and Executive and Gold Command levels to ensure the safe provision of services to patients including:

- Skill mix and leadership within all the wards during this period, resulting in some of the substantive registered staff being redeployed to other wards to be able to supervise preceptees.
- Corporate staff members continued to be redeployed into clinical areas to support safe staffing levels during August and Internationally recruited nurses also took up positions at the Carleton Clinic in August.
- A risk assessment process was also introduced in August to allow doctors and registered nurses who have had close contact with someone who has tested positive for Covid-19 to return to work ahead of the self-isolation period.
- The Staffing Solutions team has worked to maximise the capacity of bank and agency resource to address temporary staffing needs. It should be noted that the availability of bank and agency workers was also affected by sickness and isolation requirements during the period June to August 2021. The Chief Nurse and the Chief Operating Officer alongside Group Directors have developed and implemented an additional escalation process to support decisions on escalation and redeployment alongside the priority activity for increased recruitment, retention, and resource staffing into 'hotspot' areas.
- Plans for new Nursing Registrants and their preceptorship have been developed with a focus on appointments to areas with the highest acuity and challenging staffing position.

To strategically support the developments the Recruitment and Retention Task Force has prioritised activities falling from the Executive Director specific workstreams:

- Recruitment – Rajesh Nadkarni
- Retention – Ramona Duguid
- New Roles – Gary O'Hare
- Terms and Conditions – Lynne Shaw

Recommendation/summary

To receive the executive summary and locality data attached noting information and assurance to manage current staffing pressures

Purpose of this report

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels.

The exception reporting is via a RAG rating that identifies the following categories:

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

North Cumbria Locality

North Cumbria CBU has 11 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ashby	78.42%	236.48%	112.33%	223.66%	Overuse of non-registered staff due to long term segregation and increased observation levels. Staffing on day and night shift increased to reflect high acuity levels, increase in self-harm, assaults towards staff, damage to property and targeting of staff requiring movement between night and dayshift. Continuation of long-term segregation to maintain patient and others safety. Peer to peer risks resulting in safeguarding alerts 2 x registered staff going through HR process 1 x registered nurse long term sick leave 1 x registered nurse maternity leave Court order to admit a patient. NHSE financing x4 agency staff to support due to lack of capacity within Ashby staffing compliment at present.
Fraser	55.71%	137.35%	61.22%	187.32%	Under on registered staff. Band 6 on non-clinical duties following occupational health advice 3 x preceptor nurses 2 x qualified Vacancies 1 x band 6 vacancy There are high levels of increased observations and acuity.
Lennox	77.45%	264.52%	52.93%	476.59%	High levels of observations on a night duty due to several patients' self-harm risk. Increased observations x 2 days a week to escort patient to ECT treatment (requires 2 additional shifts per treatment) Increased staffing pressure due to sickness absence, staff undergoing disciplinary investigation and increased levels of clinical activity and acuity. X5 support worker vacancies. X1 band 6 vacancy
Redburn	53.30%	214.41%	112.66%	240.44%	Over on Unregistered staff: there has been a need to increase staffing on Redburn due to clinical activity, seclusions and increased eyesight observations at mealtimes to support YP with an eating disorder diagnosis. Unfilled registered nurse shifts are also backfilled with Band 3 nurses to ensure safer staffing levels on the ward.

					The Redburn and PICU qualified nurses who cover the night POC's have been called in to support qualified cover across the site. Under: The ward is required to function on one qualified nurse per shift rather than two due to shortage, this is backfilled with Band 3 nurses to ensure safer staffing levels. Although this strategy has proved challenging to achieve due to an increase in absence and vacancy numbers.
Stephenson	66.96%	166.66%	36.50%	236.59%	Under on registered staff due to 3 x staff on maternity leave 8 x band 3 vacancies 2 x band 5 vacancies 2 x preceptor nurses requiring who additional support. High levels of acuity including 1 x Long-term segregation requiring high levels of support. Staffing remains pressured due to vacancies and sickness absence.
Edenwood	131.37%	215.05%	70.26%	296.66%	Enhanced care packages 1 x patient remains on 1:1 at all times due to safeguarding risk from self and from others. 1 x patient remains on 2:1 at all times, this is due to unpredictability and serve challenging behaviour resulting in prolonged restraint. Also targeting the environment Days= 6 Nights=6
Hadrian	99.00%	170.62%	175.19%	333.20%	Vacancies: RMN x6, HCA x5, 1 band 6, admin band 4 vacancies. There have been high levels of patient acuity with patient on enhanced observations.
Oakwood	76.10%	147.96%	106.49%	145.99%	Numbers for Oakwood this month were based on a 5-5-4 model (5 staff morning shift, 5 staff late shift and 4 staff night shift). Higher staffing levels were required as 2 patients required Level 3 Observations to mitigate choking/aspiration risk when eating; unfortunately there is no Speech and Language Therapist to provide the necessary assessment for this patient due to vacancy and inability to source agency. Long-term sick (LTS): 2x Band 3s (1x full-time, 1x part-time); 1x Band 4; 1x Administrator (Long-Covid) all with no return-to-work date; 1x Band 5. Total number of Band 5s: 11. Number of part-time Band 5s: 6. 1 Band 5 currently due to begin maternity leave. Nursing vacancies: 4 Total number of Band 4s: 2 (1x on secondment for Nurse training; 1x shared with Ruskin Unit) Total number HCAs: 12 (1x Band 3 on Nurse Apprenticeship training). HCA vacancies: 2.6
Rowanwood	38.35%	67.53%	63.78%	97.35%	N/A

Ruskin	104.87%	160.86%	184.24%	195.69%	High use of agency and bank HCA 's due to acuity and high level of enhanced engagement and observations International Nurses: 4 – all have PIN from NMC now, commencing 12 months preceptorship.
Yewdale	78.50%	131.44%	86.89%	255.21%	Numbers below safer staffing requirement due to sickness absence at short notice and gaps unable to be filled by bank or agency. Annual Leave season. We have 1 LTS HCA off with Long Covid that is adding pressure to staffing numbers. Bank continues to be used to the maximum, and we have 1 new Bank HCA Starting in Sept. Agency are being used and are trying to cover wherever possible unfortunately the Agency use has grew over this month due to safer staffing number have been increased to support Enhanced Observations and to support the 136. We continue to currently have 2 Short Term contracts with Ranstad. We have been using Guidance and Clibate on nights. vacancies:- 1 x Band 6 Clinical Lead – have interviewed and are offering 2 secondment opportunities. One to start soon the other to start in Sept 21. 3 x band 3 HCA – interviewed. We are appointing 7.6 WTE - this will alleviate some of the staff pressures.. Some of these new staff will be starting in Sept which will alleviate staffing pressures. 2.8 band 5 RMN – on rolling advert – was 9 applications all were rejected 1 x Band 3 Peer Support now recruited to – still going through HR process Band 3 who has successful applied for the Trainee Nursing Associate Roll – due to start in Sept 1x RMN returning from MAT leave in Sept taking up a secondment opportunity as a Band 6 on the ward.
Lotus	53.05%	77.28%	112.53%	86.27%	Figures are misrepresented due to occupancy levels. Lotus is an 8 bedded unit. 5 beds are occupied. Day Shift – 2 Qualified, 5 HCA, 7 Total Night Shift – 2 Qualified, 3 HCA 5 Total 5 x reg nurse vacancies. Staff absence both COVID and non-covid related. The ward has experienced an outbreak and not all staff who have been isolated or are confirmed positive cases have returned.

North Cumbria

Inpatient CBU
Inpatient wards continue to face significant challenges in meeting Safer Staffing numbers for both registered and non-registered staff.

Rowanwood Ward was closed during the month of August after all efforts to staff the ward safely were exhausted. Rowanwood staff were redeployed to support other inpatient wards.

The staffing required to meet safety and therapeutic activity remains high due to clinical acuity on all wards. This is reflected by the increasing number of staff required to support patients. The daily staffing call to review staffing across the locality and level load agency continues.

Oakwood and Edenwood have welcomed registered nurses via the CNTW international recruitment campaign. Those nurses are now in post, have their NMC PINs and have commenced preceptorship.

Due to high levels of vacancies, sickness and maternity leave on the wards, several temporary posts remain in place to backfill the shortfall by fixed term contracts being offered to provide consistency to the wards. Several preceptorship nurses, inpatient nurse consultants and clinical managers have been working within the wards.

Specialist CYPS CBU
In the month of August Specialist CYPS wards continued to see significant pressures in relation to Registered Nurse vacancies. There have been unsuccessful attempts to recruit registered nurses and existing registered staff have given notice of their intention to leave following success at interview for roles both within and outside of the organisation.

In an attempt to support staffing numbers there was a campaign for band 3 nursing assistants which attracted a high number of applications. This campaign was in addition to rolling adverts for vacancies across all areas and bespoke recruitment campaigns for registered nurses which continue.

In relation to sickness absence, there was a reduced number of staff absent due to COVID-19 infection or the requirement to follow national guidance on isolation. However, there was a rise in the number of staff absent due to stress and anxiety.

There continues to be staff absent from clinical duties pending disciplinary investigation outcome and there has been staff temporarily moved to non-clinical duties while a fact find is carried out. Planned annual leave over August has further impacted staffing numbers.

Ashby ward were instructed via a court order to admit a patient requiring a significant level of support. NHSE have a contract with ‘Prometheus’ agency to provide staff to support the Ashby nursing team due to current staffing challenges. There are four Prometheus agency staff working on Ashby per shift. This has presented a number of challenges including PMVA training induction and governance arrangements, which at times has created additional pressure on Ashby staff.

Clinical acuity remains high within all wards including long term segregations which reflect high level of observation levels. As a result of this wards continue to use high levels of bank and agency to support the shortfall. There continues to be reported difficulty in securing agency staff despite support from Staffing Solutions who are offering shifts to all agencies at the point they are entered onto the request system.

North Cumbria Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	2.8	1
Occupational Therapists	13	2.3
Psychologists	4	1
Dietitians	4.15	1.6
Speech and Language Therapists	3.2	1.6

Recruitment & Retention:
Inpatient CBU: There remains a significant challenge with recruitment into North Cumbria Inpatients with many vacancies, both qualified and unqualified, remaining unfilled due to the location.

Applications for vacancies do not attract large numbers and vacant community posts typically entice Band 5 and 6 nurses away from the inpatient setting.

Private mental health facilities offering significant salary increases for Band 5 and 6 staff nurses and an increased pay rate across the Scottish border also impact on recruitment.

All vacant posts continue to be advertised on a rolling advert and weekly meetings continue to take place to consider creative ways of managing the overall qualified nursing shortage.

Specialist CYPS CBU: 164 applications were received for band 3 nursing assistant posts at Alnwood and Ferndene. 91 were shortlisted and offered interviews, panel interviews took place in August with support from staff in Central Locality. 22 candidates were appointed.

Rolling recruitment campaigns continue for both registered and non-registered staff across all three inpatient areas.

There continues to be an ongoing challenge within Children and Young Peoples Specialist Services with Band 5 Registered Nurse vacancies which are increasing due to existing staff seeking opportunities for progression elsewhere.

Lotus ward continues to operate on a reduced bed capacity due to outstanding vacancies and recruitment challenges.

North Locality

The North CBU has 10 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	78.84%	280.94%	116.19%	205.79%	Registered Nurse vacancies and Registered nurse sickness and absence has contributed to reduction in safer staffing levels. Registered Nurse gaps filled by support across site at daily staffing meeting (Carter Meeting / Staffing Huddle) Unregistered Nurse numbers are over, due to backfilling Registered Nurse gaps. Registered Nurse percentage is showing as within limits on night duty due to new preceptor working at night to understand the role in preparation for taking charge independently.
Bluebell Court	93.24%	98.24%	102.37%	69.60%	Bluebell Court are established for a 15 bedded ward within their safer staffing, although currently working with 13 patients which means they are working at a reduced staffing establishment on a day-by-day basis. Their night shift Registered Nurse is part filled with Bank Nurses rather than substantive Nurses. There are plans to increase beds on 1st October 2021 which will provide a more accurate staffing percentage.
Embleton	74.27%	283.86%	48.33%	207.79%	Registered Nurse vacancies are documented and the ward is expecting two Preceptors to commence with the team in October 2021. Registered Nurse sickness at night has occurred due to covid absence and isolating due to family close contact. Registered Nurse gaps at night are supported by night pool Registered Nurse – there is no means of this information pulling through on the TAER system. High levels of Unregistered Nurses who are supporting the Registered Nurse gaps. Throughout August there have been two extra beds open in the swing zone equating to 21 beds. High levels of male only interactions from a safety perspective so extra staff sourced to support this.
Hauxley	54.30%	125.07%	90.49%	108.29%	Hauxley has temporarily got high Registered Staff Nurse vacancies due to International Nurses on the ward awaiting NMC registration exams and also Registered Nurse sickness. Gaps are regularly filled with their Ward Manager or other Registered Nurses from across St Georges Park site, this is not captured within the TAER system. Significant engagement and observation levels for physical health reasons remains an ongoing clinical pressure

Kinnersley	166.96%	266.39%	205.81%	221.84%	Review of the staffing indicates that there are not shifts where Kinnersley are over their numbers to such an extent that percentages would be over safer staffing levels. Registered Nurse vacancies have increased and the ward is using bank Registered Nurses to cover and a number of shifts working below their numbers. Unregistered Nurses being used from Bank and Agency to support Registered Nurse gaps.
Newton	79.27%	214.16%	63.38%	232.30%	Currently supporting a long-term seclusion, this additional support requires an additional two staff per shift to support the patient's needs. Increase in acuity due to peak in substance use which has had to be managed within enhanced observations. There has been long term sickness which has required Registered Nurse cover.
Warkworth	39.66%	259.57%	69.41%	188.59%	Significant Registered Nurse vacancies and long term sickness including covid absence and isolation. High level of acuity around enhanced engagement and observation and seclusion on and off site. Unregistered Nurse numbers increased to support Registered Nurse gaps. Night pool Registered Nurse supporting some nights which does not show on TAER.
Woodhorn	56.47%	198.57%	74.99%	121.89%	Significant Registered Nurse shortages which are covered with Ward Manager, Bank Nurses and assistance from other wards across St George's Park site. Significant percentage of shifts whereby only one Registered Nurse is on duty due to vacancies and staff absence. Increase in Unqualified Nursing use due to acuity of patient's needs and to provide backfill to support Registered Nursing gaps. Additional clinical support can be accessed via POC and/or Night Co-ordinators. High use of eyesight observations for ongoing clinical needs of patients due to challenging behaviours increases need for higher staffing numbers of Unregistered Nurses.
Mitford	84.19%	160.34%	80.20%	147.12%	Safer staffing percentages are not split within this report however the team do receive more accurate percentages within graph form. Mitford and Mitford Bungalows are two separate clinical areas / wards. **Mitford**: A proportion of Unregistered Nurse vacancies have been filled and applicants are awaiting pre-employment checks in the coming weeks to support fill rate. Ongoing use of Bank and Agency to ensure staffing numbers remain safe. Additional staffing of both Registered and Unregistered Nurses to back fill staff not trained in PMVA **Mitford Bungalows:** Ongoing use of Bank to support vacancies. Unregistered Nurses employed, awaiting pre-employment checks to support fill rate. Agency not utilised for support.

North Locality

All inpatient areas continue to experience high levels of activity throughout August 2021. The two Inpatient CBUs continue to experience high levels of non-Covid-19 related absence. The Inpatient CBU total absence percentage has remained relatively static reducing very slightly from 9.89% to 9.58% within month and the Learning Disability and Autism CBU rising from 11.29% to 12.54%. The overall absence for both of the Inpatient CBU's for August is 11.01%.

Each ward continues to experience significant staffing pressures particularly when ensuring sufficient Registered Nurse cover to meet the safer staffing requirements. There have been increased occasions where wards have been working with one qualified nurse per shift due to the marked increase in staff being required to self-isolate following close contact with a Covid 19 positive case. Out of Hours it is also noted that this has impacted on Night Coordinators and the Point of Contact on call.

Gaps in numbers are addressed by moving staff around sites to facilitate both patient and staff needs and forecasting the week ahead in an attempt to maintain safer staffing levels. The use of Carter meetings / Staffing Huddles supports this risk assessed approach though whilst this approach is helpful in allocating skill mix it is not without issues that arise from lack of consistency of Registered Staff. Ward Managers and Nurse Specialists have routinely been counted within the Registered Nurse numbers to maximise Registered Nurse numbers across all shift patterns, this is not reflected within the safer staffing numbers above as TAER does not provide this function. The numbers within the Unregistered Staff lines reflect the need to backfill Registered Nurse numbers therefore appear significantly higher than established numbers per shift.

High levels of need and acuity across all pathways continued throughout August 2021 and additional staff resource to implement safe engagement and observation plans, transfers to acute hospital and facilitation of Section 17 Leave has been essential. There is ongoing pressure within the Older Peoples and Acute Pathways with high bed occupancy and significant numbers of enhanced engagement and observations relating to safeguarding and frailty issues. During August there have been increased levels of violence and aggression and falls risk, this coupled with the Registered Nurse vacancies has exacerbated a very challenging clinical picture. It is noted that within the month of August 2021 Warkworth has seen a 20% drop in Registered Nurse cover within the day, Registered Nurse usage reducing from 59.41% to 39.66% and our older peoples wards, Hauxley and Woodhorn at 54% and 56% respectively. Hauxley moved into Business Continuity Planning to mitigate risks associated with low numbers of all nursing staff and support was provided centrally by one additional Registered Nurse.

North Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Physiotherapists	3.6	0
Occupational Therapists	16.8	1
Psychologists	12	3
Dietitians	1.3	0.9
Speech and Language Therapists	2.7	1.0

Recruitment & Retention:
Recruitment campaigns are ongoing via Values Based Recruitment, with representation on the Trust Value-Based Recruitment Meetings. All vacant posts are proactively being recruited into with interviews taking place for all bands of nursing staff. Adverts are live for Specialist Nursing posts, Registered Nurses and Unregistered Nurses with planned interview dates. Registered Nurse vacancies within both inpatient CBUs currently equate to 27 whole time equivalents. The majority of these are within the inpatient wards at St George's Park. The vacancy factor within the Autism inpatient wards is mainly Unregistered Nurses and reflect increased care packages.

Developments:
Both Inpatient North and Autism and Learning Disability CBU's are working on strengthening flexi-pool resources to enable staff to be more easily deployed in the event of increased acuity and absence. Also combining what are currently separate day and night pools allows for review of skill mix (to increase the Registered Nurse establishment) and improve staff wellbeing and support mechanisms for this important and flexible staff group. The number of Unregistered Nurses look significantly inflated in month however reflects this development.

Central Locality

Central Locality has 17 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	74.05%	135.16%	66.21%	141.26%	1 X Band 5 vacancy 1 new preceptor started in September High clinical activity including use of seclusion accounts for increased unqualified cover
Akenside	59.07%	134.38%	92.09%	116.81%	2 x Band 5 Qualified vacancy Intermittent Band 5 short term absence and Band 3 1 Long Term Sick Band 5 Qualified protocolled across CBU Increased levels of engagement and observations
Bede	55.76%	376.66%	88.06%	356.49%	Qualified vacancies Intermittent qualified absence Band 3 maternity leave Intermittent Band 3 absence Increased acuity with complex patient requiring bespoke care package Increased levels of engagement and observations
Castleside	57.15%	152.31%	105.03%	154.67%	Qualified vacancies 1 x Band 5 maternity leave 1 x Band 5 long term absence Intermittent Band 3 short term absence Intermittent Infection precaution absences Qualified sickness absence ++ protocolled across CBU Increase engagement and observations and acute hospital admissions to be staffed
Cuthbert	61.95%	146.04%	100.08%	155.39%	Qualified staff vacancies Band 5 x 3 have now been recruited, all preceptors due to start September. 1 registered nurse on maternity leave 1 x Band 5 long term absence. Unqualified staff are on the Cuthbert safer staffing who also cover the Annexe which will show an increase on the staffing of unqualified staff.

Elm House	81.65%	108.45%	103.45%	109.73%	1 x Band 6 long term absence. Intermittent Band 3 and Band 5 absence Qualified protocolled across CBU
Fellside	67.20%	318.52%	95.55%	180.78%	1 x Band 7 Vacancy X 3 Band 6 Vacancy X 1 Band 5 Maternity Leave X 2 Band 3 Vacancy Increased Qualified absence over august period. Intermittent band 3 and Qualified absence due to general sickness and isolation. X4 patient's not lone working requiring extra staffing.
Lamesley	74.06%	456.65%	114.37%	372.42%	Qualified Vacancy 1 x Band 5 long term absence Intermittent Qualified absence 2 x Band 3 long term absence Intermittent Band 3 absence Increased acuity with complex patient requiring bespoke care package and increased staffing x 2 person observations. Increase engagement and observations and use of seclusion.
Lowry	81.93%	242.29%	100.80%	179.72%	Qualified Vacancy Intermittent qualified absence Intermittent Band 3 absence Increased acuity Qualified protocolled across CBU Increase engagement and observations
Oswin	54.75%	118.20%	102.91%	88.69%	2 x Band 5 maternity leave, returning September
Willow View	77.02%	163.11%	95.78%	172.76%	Increased engagement and observations Intermittent qualified absence Intermittent Band 3 absence
KDU Cheviot	49.82%	152.46%	100.02%	163.15%	Short-term absence of registered nurses. Band 5 vacancy remains - rolling recruitment programme. Awaiting start date of external registered nurse. Annual staff leave has commenced. Therapeutic / complex needs of individual patients require unqualified staff required to support daily activities / engagement and observation.

KDU Lindisfarne	45.92%	176.09%	109.72%	220.44%	Long term absence of Clinical Team Lead Short term absence of qualified staff. Registered nurse vacancy remains. Additional unqualified staff required to support delivery of activities and ensure appropriate engagement and observation. Annual staff leave has commenced.
KDU Wansbeck	81.23%	191.85%	89.27%	162.90%	Band 5 long-term absence and short term absence. Staff leave. Additional unqualified staff in place to support therapeutic activities for patients. 2 patients require additional staffing to support therapeutic engagement / observation and effective risk management. Qualified staff redeployed to other wards to support.
Tweed Unit	89.99%	215.15%	108.31%	298.56%	Band 5 short term and long term absence. Staff annual leave. Band 4 based on Tweed. Qualified staff redeployed to other wards to support 3 distinct areas defined within Tweed. Low secure and locked rehabilitation with agreed staffing establishments. 1 patient in long-term segregation requiring staff for daily activities, ward and community based. 1 patient requires 2:1 engagement and observation. Patients require nursing support / supervision to ensure effective engagement / observation and therapeutic activities.
Tyne Unit – LD	48.73%	305.54%	108.01%	452.65%	Adult nurse and 2 registered LD nurses work part-time. 1 patient residing in long-term segregation requires additional nursing support to access community activities. Staff leave has commenced.
Tyne Unit – MH	74.30%	63.66%	107.31%	39.89%	Currently have registered nurse vacancy which is out for recruitment. 1 registered nurse released to Cheviot KDU. No unqualified staff vacancy but there seems to remain a discrepancy with the Tyne MH and Tyne LD Band 3 figures.

Central Locality

All Central Inpatient and Secure Care wards continue to experience significant staffing pressures in particular covering qualified shifts to the safer staffing requirements. Most services have been operating on one qualified nurse per shift due to a combination of absence, annual leave and vacancies. This has also impacted Night Coordinators and the Point of Contact.

Sickness absence increased within Inpatient Central CBU rising from 8.01% in July to 8.53% in August. Sickness is primarily related to Covid infections, isolations and the wellbeing impact upon the workforce. Across the locality, we have also seen a sustained increase in the number of non Covid related short term absences.

Ward activity and acuity remained high throughout August in both older adults (OPS) and acute services. High observation levels within Older Peoples Services and acute have required additional unregistered resource. This tends to be provided via overtime, bank and agency usage. Registered nurse cover continues to be at a premium with most wards working with a single registered nurse per shift.

Staff qualifying in September have been allocated to post and the preceptorship programme will begin in October

Safer staffing levels are reviewed at least daily across all wards including skill and gender mix, activity and forecasting the week ahead to maintain safer staffing levels and ensure resource is deployed where available to areas of greatest need. Following daily huddles within each CBU, Inpatient and Secure work closely together to support the wider huddle process in the locality and provide mutual aid across Inpatient and Secure wards. Support provided to North Cumbria via the Ensuring Operational Delivery meetings in relation to a service user who required direct face to face 24/7 support during inpatient treatment at the RVI, Newcastle.

We continue to carry a number of vacancies and continue to maximise recruitment opportunities where possible

As agreed at Covid19 IMG, some activities have been stood down to ensure teams can focus on providing safe services. This has seen an impact upon proposed training recovery trajectories.

Central Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	**Vacancies**
Inpatients		
Physiotherapists	1 WTE B7 physio 0.6 WTE B6 physio (non patient contact presently due to 28 weeks pregnant) 1 WTE B4 assistant practitioner	
Occupational Therapists	1x band 7 7x band 6 3x band 5 4x band 4 1x band 3 Not all staff work full time, some only part-time.	
Psychologists	4.2	4.0

Secure Care		
Physiotherapists	2	0
Occupational Therapists	21	5
Psychologists	16 (12 Qualified)	2 Qualified
Physiotherapists	3	1

	Staff in post	Vacancies
Dietitians	3.5	0.0
Speech and Language Therapists	4.7	3.8

Recruitment & Retention:

Inpatient Central CBU: We continue to carry a number of vacancies across our Inpatient CBU despite attempts to recruit. Staff qualifying in September have been allocated to post and the preceptorship programme will begin in October to include a mandatory 2 x day per month training / support / supervision / wellbeing and completion of competencies to take the pressure off individual wards and enhance the experience of the newly qualified staff.

Psychology**:** We have recruited into two Band 5 Assistant Psychology posts, a Band 8a Clinical Psychology post for Rehabilitation and Neuropsychology and an 8b Clinical Psychology post for acute inpatient services.

There was no interest in the Band 7 Counselling/Clinical psychology post which went out to advert for older adult inpatient services. This has been re-advertised as a Band 8a Clinical Psychology post for older adult inpatient services.

Secure Care CBU: We have a number of qualified nurses across the Secure Care CBU that have been successful in obtaining posts in other parts of the Trust, negotiation regarding release dates is ongoing but will create an additional pressure to the services.

Recruitment is ongoing however minimal gains are established despite the continued engagement and efforts required to interview and be part of the recruitment process.

Psychology: 1 Band 7 / 0.8 Band 8a recently advertised without success, this is being re-advertised. Further vacancies are likely due to members of staff leaving but this is included in workforce planning for CEDAR developments.

1 0.8 wte Band 8a currently due for interview on 6th October 2021.
1 Band 7 new starter due on 1st October 2021 (included in figs above).

SALT**:** Band 5 moving on, replacement recruited to limit gap. Assistant long term sick not returning to Northgate, not able to recruit until they have found another post / moved on.

Occupational Therapy: Apprenticeship programme for three Occupational Therapists will start within the locality on 4th September 2021.

South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale	43.74%	267.37%	85.02%	208.95%	1 Band 5 Staff Nurse vacancy 7x Band 3 Nursing Assistant vacancies 6 x Band 3 Long Term Absence 1 x Band 5 Long Term Absence Staffing usage over due to complex needs requiring increased engagement and observations Currently supporting the needs of a service user in long term segregation (awaiting bespoke placement). Additional staff support required to meet their needs Filled bank shifts August – 83 Filled agency shifts August– 74
Beadnell	84.91%	87.66%	106.94%	184.04%	
Beckfield	50.41%	252.10%	122.83%	185.07%	1 Band 5 Staff Nurse vacancy 1x Band 4 Assistant Practitioner vacancy 19x Band 3 Nursing Assistant vacancies 2x Band 2 Health Care Assistant vacancies 1x Band 7 Ward Manager planned long term absent 1x Band 5 Staff Nurse maternity leave 1x Band 6 acting up in to Band 7 Ward Manager Post At present engagement and observation levels fluctuate based on service user need. This is reflected in the use of temporary workforce Out of pathway patient being supported on PICU whilst awaiting Forensic LD pathway Two patients awaiting secure services Filled bank shifts August – 171 Filled agency shifts August – 200
Bridgewell	97.53%	208.87%	81.67%	270.07%	1 Band 5 Staff Nurse vacancy 3 x Band 3 Nursing Assistant vacancies Patients on enhanced packages of care with no additional resource attached Specific needs around dysphagia increases staff resource at mealtimes. Filled bank shifts August– 208 Filled agency shifts August– 60

Brooke House	70.42%	74.43%	116.68%	106.06%	No current vacancies 1 Band 5 Staff Nurse maternity leave 1 Band 3 working into Physical Health Team Filled bank shifts August – 44 Filled agency shifts August – 0
Cleadon	94.81%	121.95%	95.54%	164.91%	1 Band 3 Nursing Assistant Vacancy 1 Band 5 Staff Nurse long term absent 1 Band 3 Peer Support Worker long term absent 2 Band 3 Nursing Assistant long term absent Acuity of need high this due to physical health, mental health and safeguarding needs. Engagement and observation levels are adjusted to support the above need. Additional staff required to support and maintain patients engagement and observation levels at the acute Trust Filled bank shifts August – 13 Filled agency shifts August – 22
Clearbrook	83.46%	216.06%	54.93%	183.16%	1 Band 5 Staff Nurse vacancy 2x Band 3 Nursing Assistant vacancy 1 Band 3 Nursing Assistant long term absent 1 Band 4 Associate Nurse and 1 Band 3 Nursing Assistant on maternity leave 1 Band 5 Staff Nurse working staff nurse from home due to CEV 1 Band 3 Nursing Assistant going through alternative employment process Increase in staff having to COVID isolate impacting on staffing numbers Increased engagement and observations levels required to support acuity of need. This is reflected in the use of temporary workforce. Filled bank shifts August – 120 Filled agency shifts August – 56
Longview	57.38%	507.66%	115.63%	352.09%	2x Band 5 Staff Nurse vacancies 10x Nursing Assistant vacancies 1 x Band 3 Long Term Absence Significantly over with unqualified staff, this is due to the acuity of need. Engagement and observation levels are increased to support. Filled bank shifts August – 92 Filled agency shifts August – 285
Marsden	0.00%	0.00%	0.00%	0.00%	

Mowbray	71.97%	255.82%	94.73%	412.34%	2x Band 5 Staff Nurse vacancies 1x Band 4 Associate Nurse vacancy 3x Band 3 Nursing Assistant vacancies 2x Band 2 Healthcare Assistant vacancies 1 Band 5 Staff Nurse long term absent 2x Band 3 Nursing Assistants long term absent Due to vacancies the Band 6 Clinical Nurse Leads are predominantly supporting staffing numbers to ensure that there are two registered nurses on duty High levels of engagement & observations for service users who have complex presentations Additional use of bank, experienced Band 3 nursing assistants staff to support Band 5 vacancies where unable to fill with overtime/temporary workforce Filled bank shifts August – 97 Filled agency shifts August – 270
Gibside	80.73%	210.43%	105.76%	198.06%	1x band 5 maternity 1x band 3 Long Term Sick Band 5 vacancies Using band 5 and band 3 bank to cover shifts
Roker	105.83%	191.17%	55.89%	328.89%	
Rose Lodge	77.95%	283.41%	231.77%	354.09%	
Shoredrift	50.91%	476.74%	95.22%	326.53%	
Springrise	41.81%	351.21%	51.41%	269.29%	
Walkergate Ward 1	68.18%	77.20%	101.13%	77.88%	3 x qualified staff vacancies 3 x unregistered staff vacancies 4 x staff isolations covid related (outbreak on ward) 3 x long term sick unregistered Ward under occupancy, engagement and observation supported within staffing levels 14 unfilled bank shifts

Walkergate Ward 2	59.75%	89.94%	108.25%	124.92%	2 x qualified staff vacancies 3 x Band 5 long term sick, 1 x Band 3 long term sickness Staffing unregistered over on night duty to support engagement and observation levels 16 unfilled bank shifts
Walkergate Ward 3	79.44%	69.15%	101.69%	129.57%	1 x qualified short term sick 6 x unqualified short term sick, 3 x long term sick unqualified Unregistered staffing over on night duty to support observation and engagement. 19 unfilled bank requests
Walkergate Ward 4	53.63%	105.67%	87.28%	165.37%	5 x qualified vacancies 1 x qualified covid isolation 1 x qualified long term sick 3 x qualified short term sick staffing levels supported by ward 3 for qualified staff. Unregistered staffing over on night duty to support observation and engagement.
Ward 31A	96.09%	64.38%	103.28%	103.91%	Long term sickness of B3s impacting on levels as some shifts unfilled.

South Locality

In-patient CBU:
All wards continue to support increased acuity of clinical need which requires additional staff resource to implement safe engagement and observation plans. There is pressure on the Adult Acute and PICU pathway, the adult acute pathways (particularly Male) operated in August at maximum or above patient occupancy. The acuity and maximum occupancy is reflected in percentage of staff used to support the level of need. All wards have accessed additional staffing through bank and agency to support the outlined vacancies, absence and complexity of need. The quantity of shifts filled by bank and agency for each ward during August is summarised in the ward narrative.

Vacancies across South inpatients exist, in particular registered Band 5 and unregistered Band 3 posts. All vacancies are registered on TRAC, once applications are received the process of shortlisting and interview schedules are arranged timely to support the recruitment process.

A review of workforce created an increase in Band 3 Nursing Assistant posts. This resulted in additional vacancies, these are included in the safer staffing narrative. The uplift was applied predominantly to the adult/PICU pathway and the learning disabilities assessment and treatment unit. It is anticipated with investment in substantive posts we will be able to reduce the use of the temporary workforce.

The staffing hub continues daily, all ward managers attend with senior staff support and overview. The staffing hub identifies what the staffing levels are on each ward and reviews areas that have gaps to maintain safer staffing. This can involve registered nurses working on other wards to support and maintain safer staffing. Increasingly, despite attempts to level load some wards have operated with only one registered nurse, for part or all of the duty. This is due to the outlined Band 5 vacancies, increase in absence and leave.

Staff absence showed a slight improvement in August reducing to 9.37% in comparison 10.41% in July. The teams recognise this is still above average, the managers work closely with occupational health, staff wellbeing services and workforce to maintain support with colleagues who are absent, and facilitate return to work at the soonest opportunity.

Neuro & Specialist CBU:
Clinical pressures remain high across inpatient services combined with the associated challenges of Covid-19. All wards have accessed additional staffing through bank and agency and this is coordinated through daily staffing huddles. This ensures all clinical and staffing pressures are highlighted and problem solved at a local level where possible. Community based services join if they require mutual support.

All wards have struggled with registered nurse cover and this is reflected in the data. Walkergate Park wards have maintained 2 registered nurses on every shift however Gibside, 31a and Beadnell have had periods of time when only 1 registered nurse has been on shift with overall numbers maintained with Band 3 support. Ward Managers and Clinical Educator have on occasion, worked in the numbers to maintain safety.

Staff absence across the CBU has increased from 8.57% in July to 8.78% in August, although inpatient sickness levels range from 7.17% (Ward 1) to 15.65% (Ward 4). Ward managers continue to work closely with PAM, staff wellbeing services and Workforce to ensure support and facilitation of return to work at earliest opportunity.

South Locality Multi-Disciplinary Team Staffing Summary

Inpatient CBU:

	Staff in post	Vacancies
Inpatient CBU		
Physiotherapists	8	0
Occupational Therapists	19	0
Psychologists	6	7 (although recruitment has taken place awaiting starting in post)
Speech and Language Therapy	4.2	3
Secure Care		
Physiotherapists	12.5	0
Occupational Therapists	14.2	0
Psychologists	7	0.2
Dietitians – Neuro		
Dietitians – Inpatients		
Speech and Language Therapists – Neuro		
Speech and Language Therapists - Inpatients		

Recruitment & Retention:

Inpatient CBU: Recruitment campaigns are ongoing for the South Locality, with representation on the Trust-wide Values-Based Recruitment meetings. A central advert for Band 3 Nursing Assistants recently closed with 60 candidates indicating a preference for South. Local Ward Mangers chaired panels and allocated successful candidates.

The September 2021 allocation of student nurse qualifiers was held on the 25th May, all locality leads were in attendance. The students were offered their identified preference as stated during interview. In total 13 student nurse qualifiers were allocated to commence in September subject to passing their final placements and academic work. The wards are cautiously optimistic that this will support the Band 5 deficit within the wards.

Following discussions in the Trust-wide Values-Based Recruitment meeting a central recruitment campaign will be launched for Registered Nurses. The South locality advert was developed and went live at the end of August.

Neuro & Specialist CBU: Recruitment campaigns continue across Neuro & Specialist for all disciplines. A bespoke CBU advert is out for Band 5 registered nurse across all inpatient wards.

Qualified RGN staff vacancies remain difficult to fill with minimal candidates eligible for shortlisting, therefore further advertisement required. Ward 1 awaiting 3 staff start dates, Ward 2 awaiting 1 staff start date. No patterns noted in terms of retention.

Developments:

Inpatient CBU: Workforce plans within all wards are being reviewed to support the development of our workforce. New opportunities have been developed with consideration on what will add the greatest value to enhance the experience of patients and carers. In some areas this includes

looking at additional resources in existing provision, in particular exercise therapy, psychology, occupational therapy and speech and language therapy. We are also reviewing with the enhanced provision, can specialities operate over 7 days not just Mon-Fri 9-5.

Neuro & Specialist CBU: Band 3 nurses supported to complete nursing associate and nursing degrees. Band 2 nurses mapped across to Band 3 following approved process.

Medical Workforce Summary

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

Locality	CBU	2021/22 Budget	Monthly Payroll	Add PA's	Agency	Vacancies
SOUTH	Access	6.37	1.99	0.80	2.00	-1.58
SOUTH	Community	35.80	32.42	1.03	0.00	-2.35
SOUTH	Inpatient	18.17	16.85	0.90	3.60	3.18
SOUTH	Specialist	24.22	22.59	0.29	0.85	-0.49
SOUTH	**Total**	**84.56**	**73.85**	**3.02**	**6.45**	**-1.24**
CENTRAL	Access	13.28	12.98	0.20	0.08	-0.02
CENTRAL	Community	33.82	31.46	1.95	1.50	1.09
CENTRAL	Inpatient	12.80	11.75	0.97	1.28	1.20
CENTRAL	Secure	11.39	11.42	0.43	0.10	0.56
CENTRAL	**Total**	**71.29**	**67.61**	**3.55**	**2.96**	**2.83**
N.CUMBRIA	Community & Access	17.34	15.14	0.57	2.00	0.37
N.CUMBRIA	Inpatient	16.61	14.26	0.23	2.50	0.38
N.CUMBRIA	CYPS	13.16	10.22	0.62	0.60	-1.72
N.CUMBRIA	**Total**	**47.11**	**39.62**	**1.42**	**5.10**	**-0.97**
NORTH	Access	8.56	5.57	0.01	0.00	-2.98
NORTH	Community	33.02	23.47	1.28	3.30	-4.97
NORTH	Inpatient	14.35	13.70	0.88	5.00	5.23
NORTH	LD & Autism	4.60	1.80	0.10	2.20	-0.50
NORTH	**Total**	**60.53**	**44.54**	**2.27**	**10.50**	**-3.22**
TRUST	**Total**	**263.49**	**225.62**	**10.26**	**25.01**	**-2.60**

Trust-wide Values-Based recruitment and retention

The Recruitment and Retention Taskforce, led by the Chief Nurse, with Executive director specific areas of leadership, is focusing on identified priorities and is supporting measures being taken to improve the staffing position. This work is supported and operationalised by the Trust-wide Values-based recruitment group. This includes Central Recruitment, International Recruitment, recruitment premia / incentives, career progression opportunities and the development of a flexi-pool for students of all professional disciplines. A formal internal rotation/ transfer process has also been introduced across the Trust. The priorities remain to protect inpatient staffing and to promote inpatient services as an attractive career pathway for Registered Nurses and Doctors.

Conclusion

To provide assurance on Safe Staffing Levels, a daily risk assessment takes place with respect to changing clinical need and levels of acuity, supported by ward team safety huddles and sitrep meetings. Adjustments have been made as necessary to ensure that patient safety is not compromised and that any risks are escalated appropriately. The report highlights the significant collaborative work undertaken during the Covid-19 pandemic to ensure staffing levels remain safe during a further surge in Covid-related pressure. This was supported by the Covid-19 response meetings and related decisions and action plan from mid-July. The Report also highlights the risks associated with ongoing Covid and non-Covid-related absences and the continuing vacancy factor.

Anne Moore, Group Nurse Director, Safer Care
October 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd November 2021

Title of report	**Winter Preparedness and Funding Update**
Report author(s)	**Stewart Gee – Director of Safety, Security and Resilience and Trust Innovations**
Executive Lead (if different from above)	**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)	
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

Winter Preparedness and Funding Update
Board of Directors
3 November 2021

1. PURPOSE

The purpose of this report is to update Board members on the following material points in the context of winter preparedness.

- Current position of winter planning across the NHS and the implications for the Trust in responding to these requirements.
- Clarification on funding position across the Trust and respective localities.
- Outline of the key schemes being developed and or actively implemented with partners.
- Confirmation that governance arrangements are in place to respond to system requirements for reporting and escalation.

2. INTRODUCTION

NHS Improvement issued an update to Winter Preparedness on 25th October 2021 in relation to the plans in place at a national level and how these will support system resilience across individual Integrated Care Systems and partners across health and social care.

Similar to last winter, it is expected that the internal arrangements for winter planning consider effects of winter, in line with living with covid, and offset by any positives seen with the vaccination programme.

Planning guidance issued in September concentrates on three areas of focus for the NHS within the Urgent and Emergency Care pathway as follows:

- Reducing the number and duration of ambulance to hospital handover delays within the system – keeping ambulances on the road is key to ensuring that patients needing an urgent 999 response are seen within the national ambulance response standards.

- Eliminating 12-hour waits in emergency departments (EDs) – flow out of EDs ensures that expert clinical resource can be directed to those most in need.

- Ensuring safe and timely discharge of those patients without clinical criteria to reside in an acute hospital, especially individuals on Pathway 0. This should be done in partnership with system colleagues, including community and social care, to ensure a focus on Pathway 1-3 discharges.

Whilst these national plans and situation reports are aimed at acute and ambulance Trusts, mental health organisations, through their system support contribute to the urgent care pathway as well as supporting flow across the system through timely admission and discharge.

Throughout winter 21/22 will we be managing the additional pressure of the pandemic, with the organisation still experiencing high covid related sickness creating additional pressure in the delivery of operational services.

We will also be required to maintain our robust approach to test and trace with additional teams providing testing through mobile units and drive through as we continue to safeguard both our staff and patients from exposure to infection.

We will also be continuing to provide staff, patients and partners with both booster and flu injections over the coming months

3. WINTER FUNDING BACKGROUND

In **November 2020** NHS England announced that an additional £50 million was being allocated in year to support mental health patients over winter. This funding was to be utilised to improve the patient journey through inpatient services and ensure that those who were ready to leave inpatient facilities had the correct levels of support in the community.

3.1 National Process

In 2020/21 National guidance suggested that the expectation was for funding to go directly to mental health providers via a nominated CCG per ICS. Mental health trusts could agree for the funding to remain with/be transferred to a CCG or Local Authority if they were better placed to quickly commission support to deliver on its intended purpose.

Funding was allocated to the ICS's on a fair shares basis based on mental health weighted allocations.

Funding allocated to the North East and North Cumbria ICS was as follows:

CCG	Mental Health Weighted Allocation
NHS South Tyneside CCG	165,516
NHS Sunderland CCG	268,278
NHS Newcastle Gateshead CCG	528,653
NHS North Tyneside CCG	195,321
NHS Northumberland CCG	282,281
NHS North Cumbria CCG	271,206
Total	**1,711,255**

3.2 CNTW Process

The Trust's Heads of Commissioning & Quality Assurance were asked to coordinate place-based discussions and agree appropriate use of the funding. It was subsequently agreed that funding for CNTW led initiatives would flow directly to CNTW with the remaining allocation going to each CCG for onward allocation. This decision was taken due to the limited resource in CNTW to write and manage all of the contracts with relevant partners. CCGs were better positioned to do this.

3.3 2021/22 Winter Funding current position

In early August 2021 we were approached by NHS England and asked to participate in a discussion as to what initiatives we would potentially like to put in place for 21/22.

It was confirmed that the likely focus would be on initiatives that would support a reduction in pressures in the Emergency Departments. Prior to the meeting, feedback was obtained from the four Locality Care Groups with three main areas of concern being identified:

- High levels of activity within the Emergency Departments, resulting in an increase in 12 hour waits.
- Continued and excessive use of out of area beds and increased occupancy and acuity levels on inpatient units.
- No noticeable increase in patient discharges following an increase in service funding.

Throughout September and October 21, we have been in regular contact with the national team to gather intelligence relating to funding, timings, or themes, to allow us to develop plans in preparation of funding being confirmed.

Allocation of funding has now been agreed, with the Government allocating further non recurrent funding for the remainder of 21/22 to mental health services to support discharge and urgent / acute system pressures.

Nationally mental health services will receive a further £48m for H2 of 21/22, comprised of:

- £29m for discharge
- £19m for seasonal pressures

3.4 Priorities and principles for use of funding

The two funding streams are to be used jointly to address pressures in urgent and emergency mental health pathways ensuring that patients with urgent and acute mental health needs can access high quality, evidence-based care promptly.

Initiatives developed will focus on supporting people with mental health needs to:

- Increase the number of people who are supported to stay well at home or in the community, and preventing people's needs escalating to the point of crisis or admission.

- Reduce the number of people attending A&E or experiencing long waits where avoidable.

- Reduce the number of people who are sent out of area or experience delays to inpatient mental health admission.

- Reduce the number of people experiencing very long length of stay in psychiatric wards, and to support more people to recover at home or in the community.

- When people dial 999 to provide rapid mental health support to ambulance or police services to prevent people experiencing unnecessary conveyance/ waits in ambulance services, or in police.

Funding is ringfenced to support people with mental health needs of all ages and should not be withheld or diverted to other system pressures. It is expected to be released to NHS providers of mental health services in the main although it is recognised that some of the initiatives, will involve joint delivery with acute, 999, local authority and VCS partners.

NHSE/I are supporting a permissive approach and encouraging organisations to work collaboratively with LAs and VSCE to use funding flexibly across health, housing, police, VCS, public health and social care to rapidly put in place what people need without delay with operational freedom afforded to providers.

4. WINTER FUNDING PROPOSALS 2021/22 – CURRENT POSITION

The following section includes a small selection of proposed initiatives currently being developed by the groups working in collaboration with our partner organisations.

4.1 Central Locality

Given the current staffing challenges we face across the trust, Central group have also considered what **system wide support** is available, and the locality are scoping out options, with other partners – specifically looking at any barriers to discharge:

- from a **Local Authorities** perspective - resource allocation to help support housing applications / benefit claim form completion /etc
- from a **Housing** perspective – funding could be allocated to help clean / decorate patients housing before they were discharged to help overcome the burden / resistance of the patient going home
- from a **Community teams** perspective - additional agency staff to support our community teams to help patients after discharge

There was a recent virtual presentation from Home Group, where proposals were presented to colleagues within CNTW to help support Hospital Discharges, this was on the back of an initiative they implemented in Teesside last year, which apparently saw average lengths of stay reduce by 70 days.

4.2 North Cumbria Locality

- Developing a Street Triage extension to include West Cumbria building upon the success of the East pilot
- Extending the current arrangement, we have with Richard Fellowship who accept referrals from our crisis teams to support home treatment patients in the last two weeks of their treatment
- Developing a domestic / social support fund that could assist patients to buy essentials supporting and maintain discharge back into the community
- Developing an initiative that will allow mental health practitioners to work with NWAS in dedicated mental health response ambulances improving the CNTW / NWAS pathway

4.3 North Locality

- Transitional Discharge Team to have access to funds which can be accessed to support any barriers to discharge in terms of purchasing assets e.g., food/electric/white goods/ carpet etc
- Funding to extend Northumberland Community Engagement Team to operate to March 23
- Carers support – looking at funding third sector providers to put something in place to support carers to aim to prevent home situations breaking down.

4.4 South Locality

- Review current delayed discharges on IP wards - where patients are a delayed discharge due to issues in their home or requiring furniture etc. use funding to support this.
- Increase resource to bolster discharge facilitation and reduce length of stay by utilising consistent bank and agency staff (OT, SALT) to support discharge from IP wards. This will be a collaborative pathway between IP and Crisis Home Based Treatment, supporting more timely discharges from hospital.
- Provide Delirium pathway for Sunderland and South Tyneside to support discharge from Acute wards and provide home support to prevent further admission. Enhance the current PLT resource to provide pathway
- Staff awareness and knowledge of autism to enable teams to support patients with autism more holistically to enhance care and treatment plans.

5. FUNDING ALLOCATION

The national funding for H2 has been allocated to ICSs on a fair share basis. The allocation to the North East & Cumbria ICS is summarised in the table below, it is expected that the totals will be allocated to CCGs on a fair share basis.

	Additional discharge allocation (£29m) £'000	**Additional winter allocation (£19m) £'000**	**Q3 & 4 Allocation £'000**
Cumbria & North East - North STP	584	383	966
Cumbria & North East - Central STP	554	363	917
Cumbria & North East - South STP	401	263	664
Cumbria & North East - Cumbria STP	157	103	260
	1,696	**1,111**	**2,806**

6. GOVERNANCE AND REPORTING

The standard governance and reporting framework is in place in terms of the Operational Pressures Escalation Levels (OPEL) framework and ICS wide reporting requirements.

The alignment of the covid response arrangements will also remain in place across the Trust alongside the standard operational escalation processes, in order to respond appropriately to any escalation or changes to service continuity, which may be required over winter. This includes the development of the staffing escalation processes which have been developed during September to support any assessments needed to service continuity requirements to ensure safe provision of services.

7. CONCLUSION AND NEXT STEPS

The Trust will continue to work with CCGs and placed based partners in the coming weeks to agree the areas where this funding can make the most significant impact on the current pressures in the system. The Trust received significant investment in 2021/22 in access and community services and is working hard to recruit the appropriate staff to deliver on these investments.

The staffing pressures we have identified across the Trust will be a factor in the schemes we can support. It is important that funding is prioritised in the areas and organisations where additional health and care workforce will be crucial to support our communities this winter. This will include where funding could support alternatives across the community and voluntary care sector.

Further updates on agreed initiatives and progress will be provided to the board as part of the regular reporting on winter expenditure and impact.

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Trust Board of Directors' Meeting
Wednesday 3 November 2021

Title of report	**Quarterly Staff Survey (QSS) Results Q2 – Incorporating Staff FFT**
Report author(s)	**Kim Carter, Senior Workforce Developments Manager** **Allan Fairlamb, Acting Deputy Director of Commissioning and Quality Assurance**
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	27.10.21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	18.10.21
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

Trust Board of Directors' Meeting
Quarterly Staff Survey Results – Q2
3 November 2021

1. Executive Summary

The purpose of this paper is to provide the Trust Board of Directors with the results of the first Quarterly Staff Survey (QSS) which took place in July 2021 following a mandated requirement from NHS England and NHS Improvement (NHSE/I).

The QSS survey opened on 1 July 2021 and closed on 2 August 2021. Completion was via an online link which was circulated via the Trust Bulletin and all user emails. Promotion of the QSS also appeared on the Trust Intranet page, the landing page of the Vivup portal and Health Champions and Staff Networks were used to spread the word.

The QSS, which replaced the Staff Friends and Family Test (FFT), asked 9 key engagement themed questions taken from the Annual Staff Survey as well as questions related to a specific topic. For July 2021, the topical questions related to health and wellbeing.

There were a total of 1151 responses (16.4%*) to the survey which is a higher response rate than has been seen for previous People Pulse Surveys. A joint Communications Plan for the QSS and National Staff Survey has been developed moving forward.

The top three staff groups, based on number of responses, were:

- Nursing and Midwifery (264 responses – *3.7%)
- Clerical and Administrative (242 responses – *3.4%)
- Allied Health Professionals (124 responses – *1.7%).

Respondents were asked about their ethnicity. Responses were as follows:

- 924 (*13.2%) declared their ethnicity as White British
- 16 (*0.2%) declared their ethnicity was mixed
- 11 (*0.16%) declared their ethnicity as Asian or Asian British
- 54 (*0.8%) respondents chose not to disclose their ethnicity

Other ethnic groups are unreportable due to there being less than 11 respondents.

(* based upon the Trust headcount excluding NTW Solutions)

The data taken from the NHSE/I dashboard tells us that from those who responded:

- Our staff feel valued and supported, they feel able to have a work/life balance and have confidence in local leaders. In comparison to other NHS organisations who also use People Pulse, our response to this question was better than the average. However, our staff tell us that having greater flexibility to their working schedule/pattern would make the biggest difference to them at work.

- Our staff feel less anxious and more motivated. In comparison to other NHS organisations who also use People Pulse, our response to this question was better than the average.

- Our staff report that they do not have concerns around childcare provision – this response is on a par with other NHS organisations. This is also the case for financial wellbeing.

- Our staff are most concerned about the health of their close family members, closely followed by their ability to see friends and family during the pandemic.

- When asked what feedback they would like to give leaders in response to the Coronavirus pandemic, our staff said they would like to see an improvement in the safety guidelines and an improvement in guideline enforcement.

- Of the FFT questions incorporated into the survey, 57.4% of respondents said they would recommend CNTW as a place to work which is 3.3% higher in comparison to other NHS organisations, and 62.8% of respondents said they would recommend CNTW to a friend or relative who needed treatment which is 2.7% lower than other NHS organisations.

Feedback from the QSS has been themed by the Commissioning and Quality Assurance team using the analytical data provided to the organisation via dashboards compiled by NHSE/I. The results have been categorised into positive, negative and neutral responses. Data displaying the themed results is attached as an appendix to this paper. To summarise the results, the top three themes in terms of overall response rate were:

- Communication – 111 responses
- Pay and conditions (including flexible working) – 38 responses
- Management support/supervision – 28 responses

The top three themes where the responses were perceived as negative were:

- Communication – 64 responses
- Pay and conditions (including flexible working) – 21 responses
- Consistency – 21 responses

The top three themes where the responses were perceived as positive were:

- Communication – 44 responses
- Pay and conditions (including flexible working) – 16 responses
- Culture of leadership and management – 14 responses

The results demonstrate a divided view from our staff who perceive elements of our communication approach, pay and conditions to be equally supportive and detrimental.

There was a ‘general’ theme which scored higher overall, however responses were quite vague and not able to be specifically categorised.

It is acknowledged the information from this survey will need to be triangulated with other staff engagement tools including the NHS Staff Survey.

NTW Solutions notified the Trust that they did not wish to take part in the QSS. However, due to the completion of the survey being via an online link it is difficult to prevent NTW Solutions staff from completing the survey should they so wish. Data from the staff group results does not suggest that there have been many responses from NTW Solutions staff.

2. Risks and mitigations associated with the report

Completion of the QSS is a requirement of NHSE/I. By undertaking a high quality QSS and understanding the needs of our staff we have the opportunity to improve areas of our staff experience such as supporting health and wellbeing and increased retention of our workforce.

3. Recommendation/summary

The Trust Board of Directors is asked to note the feedback to the QSS.

Kim Carter
Senior Workforce Development Manager

Appendix 1

Detailed Results of the Quarterly Staff Survey (QSS) – July 2021

Introduction

The first Quarterly Staff Survey (QSS) was launched in July 2021 for a month long period. As well as incorporating the Staff FFT questions, the QSS also asked nine engagement themed questions from the Annual Staff Survey and themed questions on a specific topic. For July 2021 these topical questions focussed on health and wellbeing.

1151 (16.4%*) responses were received from CNTW staff.

The results are displayed as 7 categories:

- colleague feedback
- colleague mood
- colleague concerns
- practical support
- feedback to leaders
- engagement
- heat maps

The Commissioning and Quality Assurance Team have themed the results from the NHSE/I dashboards into the following categories:

- staff attitude
- general
- rewarding environment/value/praise
- communication
- patient care
- being listened to
- caseloads/workload
- culture/leadership of management
- transparency
- pay and conditions (includes flexible working)
- available resources
- consistency
- management support/supervision
- information technology
- engagement
- stress at work
- use of bank/agency staff
- morale
- sickness policy
- working conditions
- parking/transport
- localised services
- service collaboration
- staffing levels
- staff retention
- bullying and harassment

- managers knowledge
- equipment
- raising concerns
- environment/facilities
- respect
- administrative process
- job security
- recruitment and induction
- bureaucracy
- training and development

Results and Themes

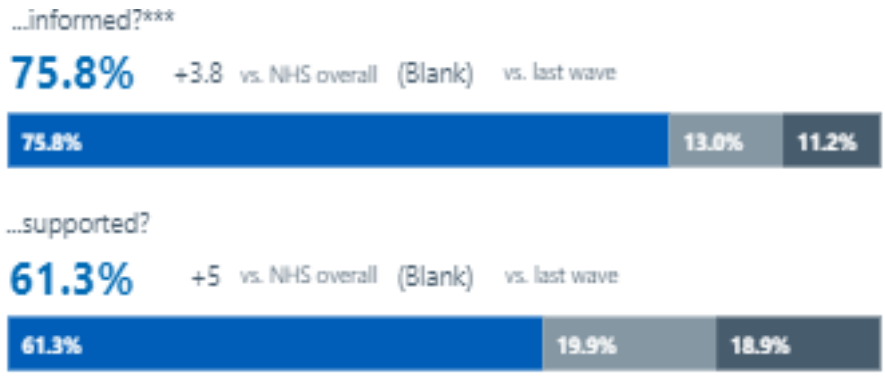
Guidance on this report

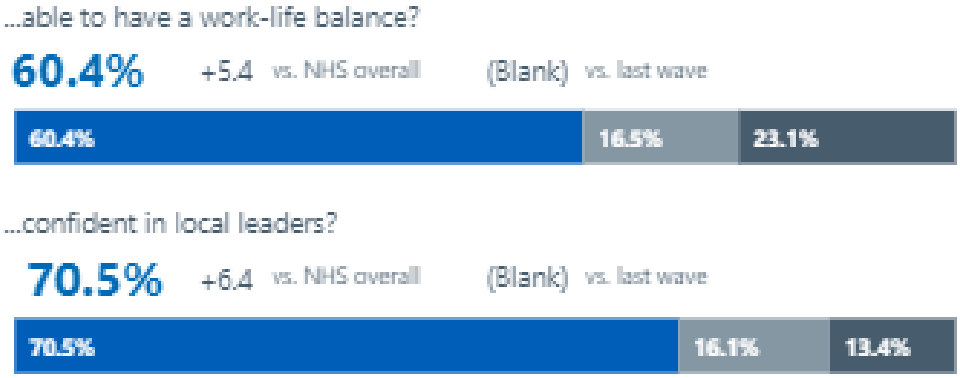
When considering the responses for the organisation, the following colour key has been used:

- responses in light blue represent the proportion of positive responses, i.e. the proportion of staff who selected “strongly agree” or “agree”
- responses in light grey represent the proportion of neutral responses, i.e. the number proportion of staff who selected “neither agree nor disagree”
- responses in dark grey represent the proportion of negative responses, i.e. proportion of staff who selected “disagree” or “strongly disagree”

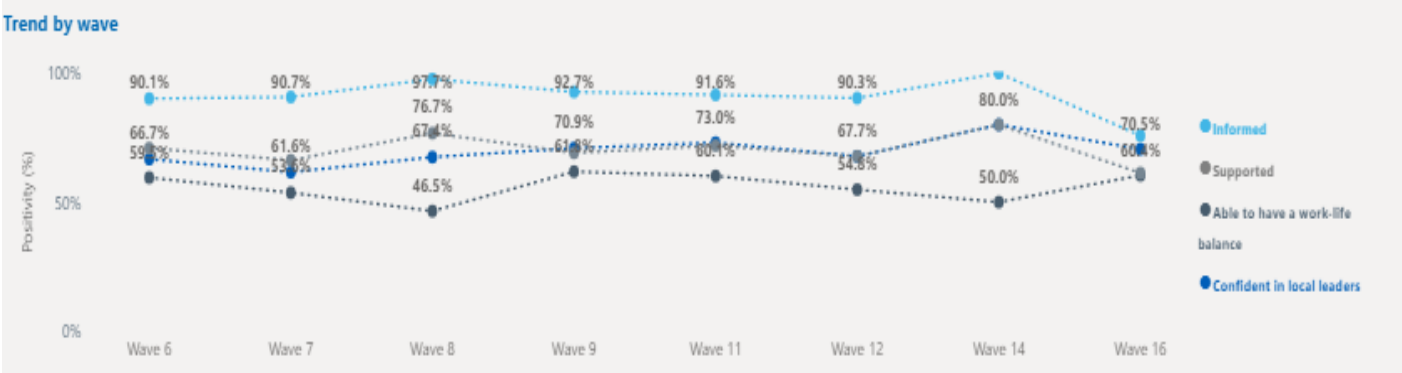
Colleague Feedback

This section shows whether our staff feel that the organisation is keeping them informed about important changes taking place at work, that the organisation is proactively supporting health and wellbeing, are able to balance work and their personal life in a way that works and whether they have confidence in the approach that leaders within the organisation are taking to manage the impact of the coronavirus pandemic. It also shows how our results compare to other NHS organisations who have opted to use People Pulse for their QSS. Overall, this section shows a good response for CNTW and consideration should be given as to how we maintain some of the work that has been undertaken recently in these areas.



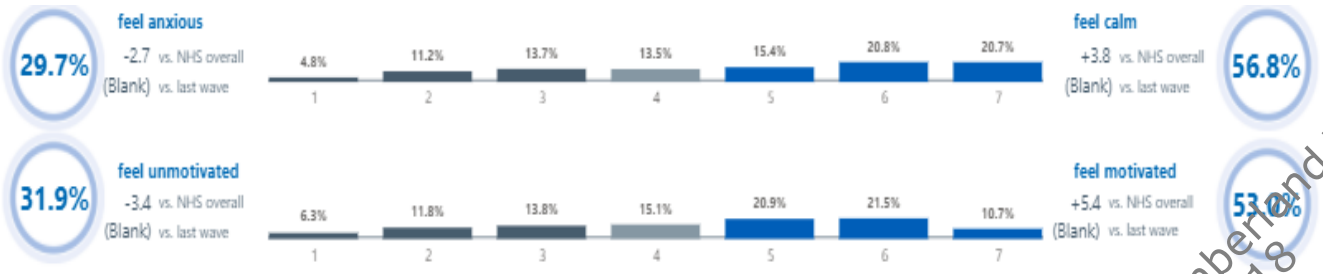


As these questions have been asked consistently during previous People Pulse surveys we have been able to compare data from previous results. Wave 16 shows the results of the QSS in July 2021, wave 14 shows results from May 2021, wave 12 shows results from March 2021 and so on. In previous waves where there have been less responses we were unable to obtain data which is why there are some gaps.

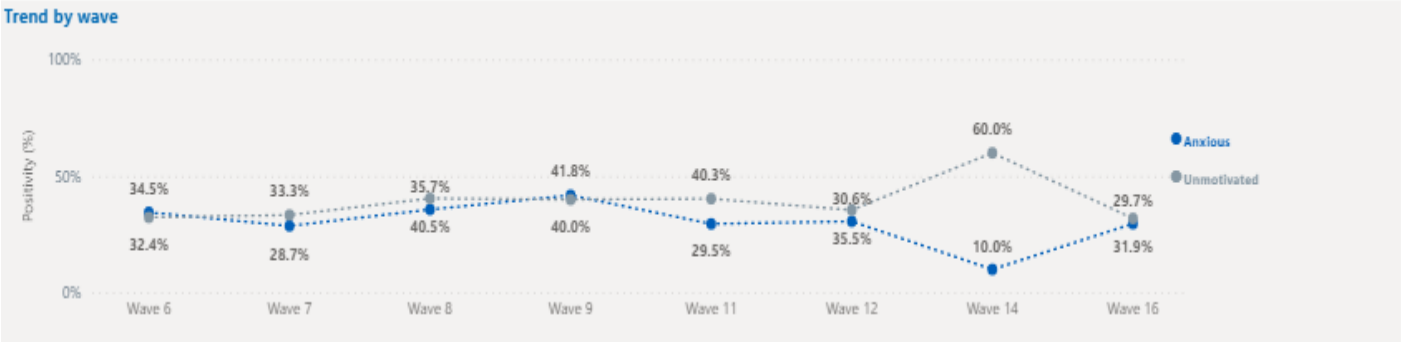


Colleague Mood

In this section staff were asked how anxious or un-motivated they felt. This section also shows us how our results compare to other NHS organisations using People Pulse. The results show us that overall, the majority of respondents do not feel anxious and feel motived.

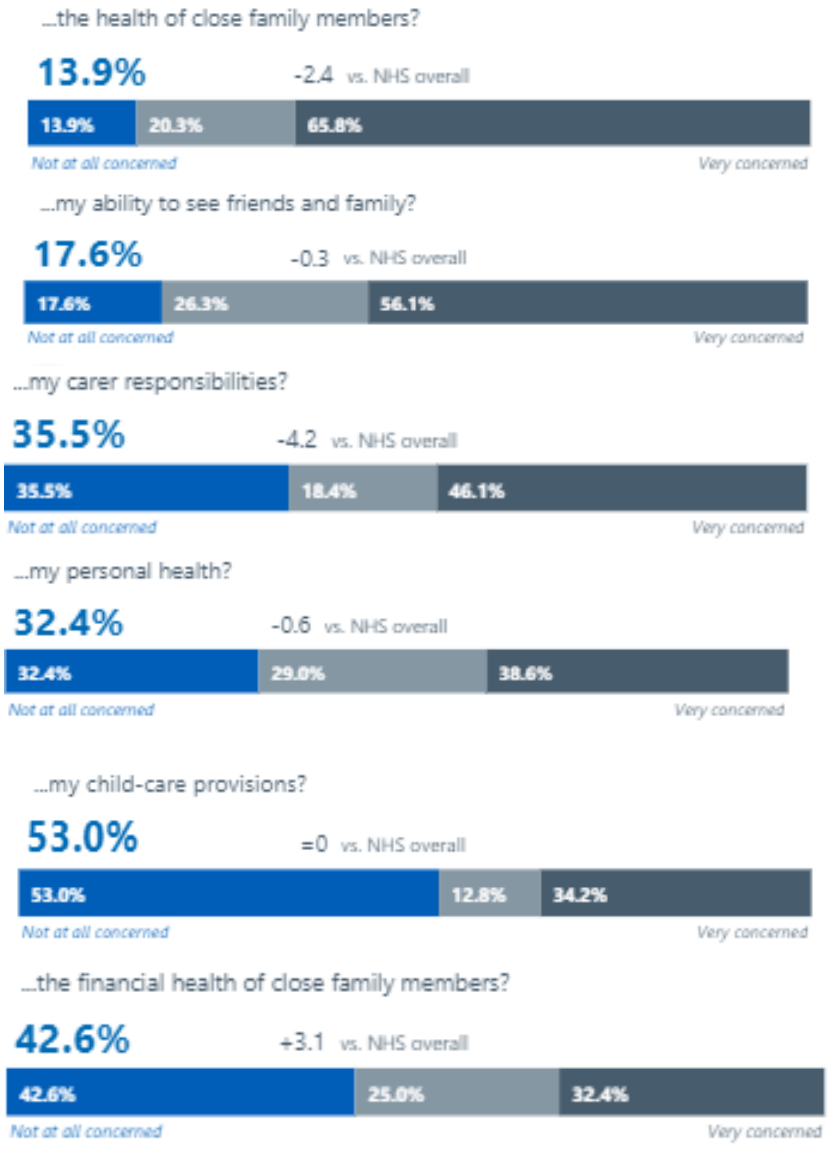


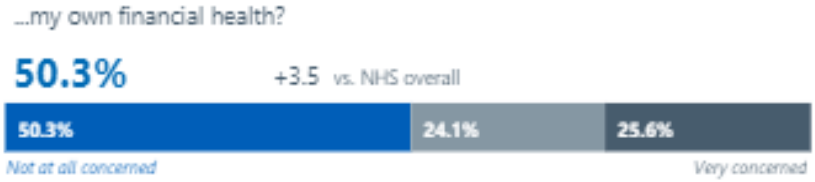
These questions have been asked in previous People Pulse surveys in the same way as the above question. Comparator data for each wave for which we have received a result is below.



Colleague Concerns

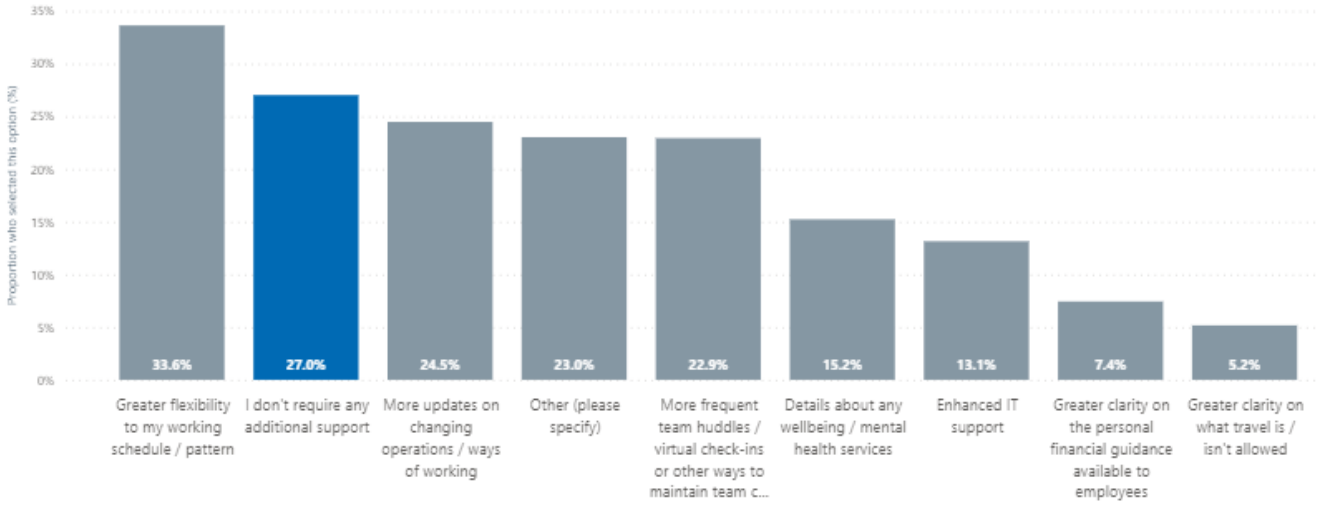
The next set of results show the concerns of our staff and will provide us with suggestions on how we can make improvements to support staff, improve staff experience and retain staff. Staff were asked how concerned they were about the impact of the Coronavirus pandemic on a range of areas. This shows us that staff are most concerned about the health of their close family members although a significant number of respondents remain concerned about a wide variety of factors affected by the pandemic. In this section we can also see how our results compare to that of other NHS organisations using the People Pulse survey. The results below are shown in order as to what concerns our staff the most.





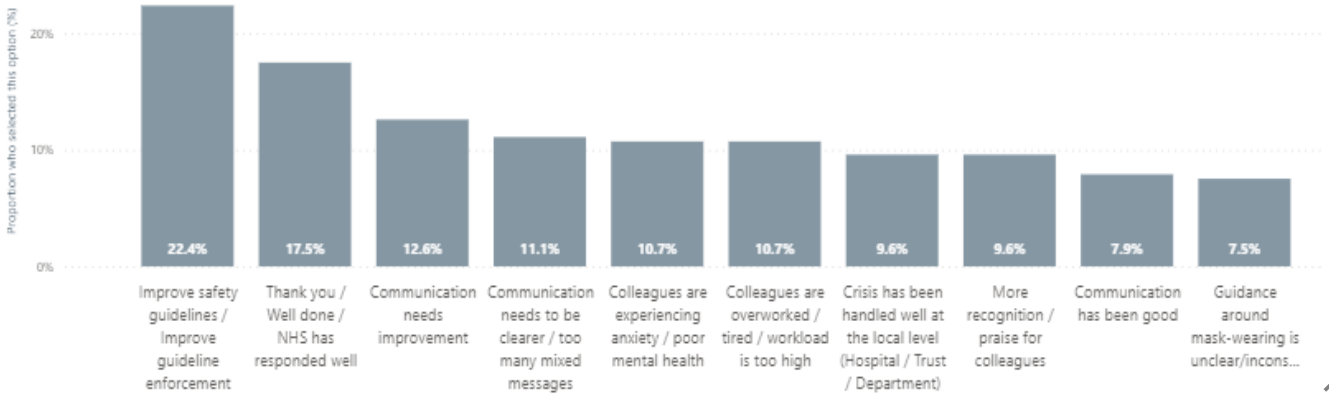
Practical support wanted by colleagues

Staff were asked at this time, what would make the biggest difference to help you at work.



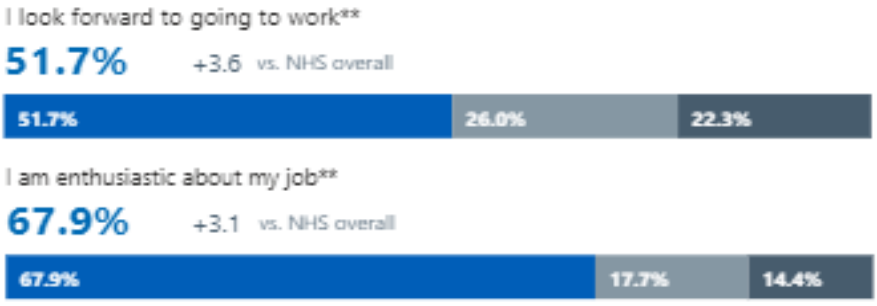
Feedback to leaders

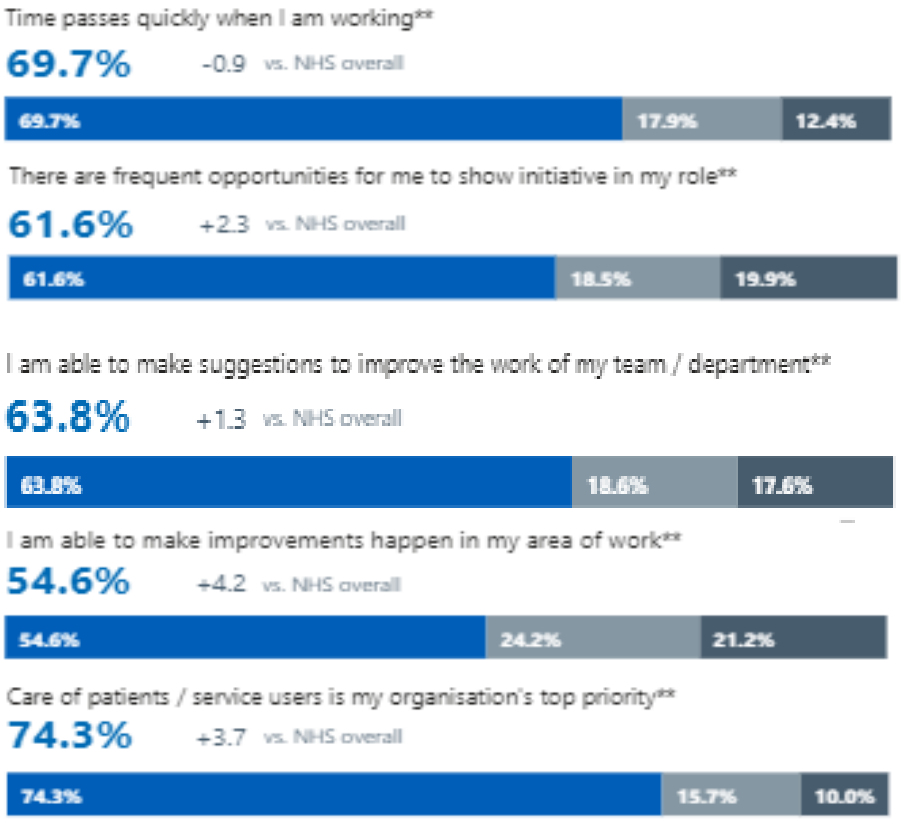
Staff were asked 'what one piece of feedback about the NHS response to the coronavirus pandemic would you like to share with your senior local or national NHS leadership team?'



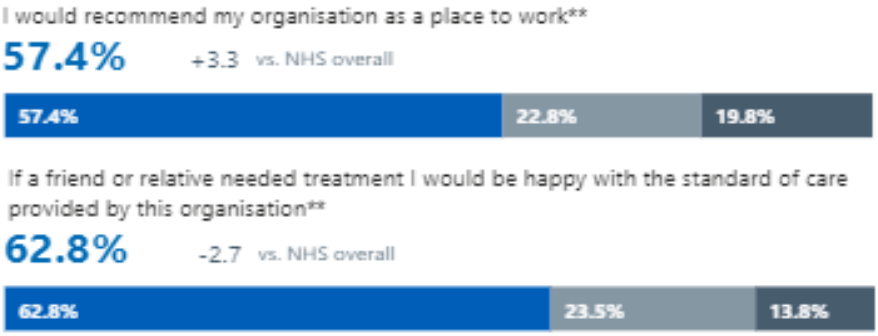
Engagement

Questions in this section are the engagement theme questions taken from the annual Staff Survey as well as the staff FFT questions.





The results to the staff FFT questions are shown below. Overall, staff would recommend CNTW as a place to work and places us higher than other NHS organisations using People Pulse. Results for recommending services to a friend or relative are positive, however, we are lower than other NHS organisations using People Pulse.



Heatmaps

In this section we are able to compare our results to that of the average NHS results overall. It does not break the data down into sectors as the FFT and Annual Staff Survey does.

Group	Question	Positivity (%)	vs. NHS overall
Colleague feedback	I feel able to balance my work and my personal life in a way that works	60.4%	+5.4
	I feel confident in the approach that leaders in my organisation are taking to manage the impact of the coronavirus	70.5%	+6.4
	My organisation is keeping me informed about important changes taking place at work	75.8%	+3.8
	My organisation is proactively supporting my health and wellbeing	61.3%	+5
Colleague mood	Overall, how anxious did you feel yesterday?	56.8%	+3.8
	Overall, how motivated did you feel yesterday?	53.0%	+5.4
Practical support	Details about any wellbeing / mental health services	15.2%	-1.9
	Enhanced IT support	13.1%	-14.7
	Greater clarity on the personal financial guidance available to employees	7.4%	-0.9
	Greater clarity on what travel is / isn't allowed	5.2%	+0.1
	Greater flexibility to my working schedule / pattern	33.6%	+0.4
	I don't require any additional support	27.0%	+9.1
	More frequent team huddles / virtual check-ins or other ways to maintain team connection	22.9%	-4.9
	More updates on changing operations / ways of working	24.5%	-5.1
	Other (please specify)	23.0%	+0.8

Conclusion and Recommendations

The results of the QSS reflect the staff mood during the month of July 2021. While results under some sections, such as 'colleague feedback', are largely positive there remains some areas of focus for the organisation:

- Flexibility and flexibility within patterns of work

This has already been highlighted through some of our retention work and is also aligned to the organisation's retention priorities and NHS People Plan priorities. Triangulation of these results could be used alongside qualitative data taken from the parents and carer focus groups that have been taking place.

- Communication

Feedback on communication is mixed through the QSS. While this appears to be working well in some areas it appears not to be in others. This theme could be picked up further as we start to utilise QSS more and understand the data and could weave into the QSS and National Staff Survey communications plan and engagement plan. It could also be reflective of the current climate of increased home working for our staff so we may need to consider how involved our staff are with what is happening within the organisation.

- 'colleague mood'

Whilst just over half the respondents say they feel calm and motived there are still a number of staff who report feeling anxious and unmotivated. We need to understand what further support staff need around this and continue to build in that support moving forward. The National Staff Survey and further QSS surveys will give us comparator data to work with.

Kim Carter
Senior Workforce Development Manager
16 October 2021

Report to the Board of Directors
3rd November 2021

Title of report	**Guardian of Safe Working Quarterly Report – July to September 2021**
Report author(s)	**Dr Clare McLeod, Guardian** **Dr Bruce Owen, Director of Medical Education**
Executive Lead (if different from above)	**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	27/10/21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
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
N/A

Quarterly Report on Safe Working Hours: Doctors in Training – July to September 2021

1. Executive summary

This is the Quarterly Board report for the period July to September 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 Sept 2021)

Number of doctors in training on 2016 TCS (total): 150 Trainees (as at Sept 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 Safe-working Hours: Dr Clare McLeod

2. Risks and mitigations associated with the report

- 2 Exception Reports raised during the period July to Sept due to hours and rest with TOIL being granted for 1 and no action for the other 1
- 3 Agency Locums were booked during the period covering vacant posts
- 189 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 23 occasions during the period the Emergency Rotas were implemented (either by rota collapse or training rota covering a shift)
- 7 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)

		Exception Reports Received April to June 2021				
Grade	Rota	July	Aug	Sept	Total Hours & Rest	Total Education
CT1-3	St Nicholas	0	0	0	0	0
CT1-3	Hopewood Park	0	0	0	0	0
CT1-3	RVI/CAMHS	0	0	0	0	0
CT1-3	NGH/CAV	0	0	0	0	0
CT 1-3	St George's Park	0	0	0	0	0
CT 1-3	GHD/MWM	0	0	1	1	0
CT 1-3	Cumbria	0	0	0	0	0
ST4+	North of Tyne	0	0	0	0	0
ST4+	South of Tyne	0	0	0	0	0
ST4+	CYPS (NR)	0	0	1	1	0
Total		**0**	**0**	**2**	**2**	**0**

Work schedule reviews

During the period July to Sept 2021 there have been 2 Exception Reports submitted from Trainees all for hours and rest; the outcome of which was that TOIL was granted for all 1 case and 1 case with no action.

a) Locum bookings - Agency

Locum bookings (agency) by department			
Specialty	July	Aug	Sept
Gateshead/MWH	0	1	1
NGH	0	1	1
SGP	0	1	1
Total	**0**	**3**	**3**

Locum bookings (agency) by grade			
	July	Aug	Sept
F2	0	2	2
CT1-3	0	1	1
ST4+	0	0	0
Total	**0**	**3**	**3**

Locum bookings (agency) by reason			
	July	Aug	Sept
Vacancy	0	3	3
Sickness/other	0	0	0
Total	**0**	**3**	**3**

b) Locum work carried out by trainees

Area	Number of shifts worked	Number of shifts paid at enhanced rate	Number of shifts to cover sickness	Number of shifts to cover OH Adjustments	Number of shifts to cover special leave	Number of shifts to cover a vacant post
SNH	26	2	8	8	0	10
SGP	12	3	8	4	0	0
Gateshead	41	4	5	17	2	17
Hopewood Park	28	1	14	7	0	7
RVI	25	0	9	10	0	6
NGH	4	0	4	0	0	0
Cumbria	15	7	7	6	2	0
North of Tyne	12	0	4	0	8	0
South of Tyne	22	1	9	9	4	0
CAMHS	4	0	3	1	0	0
Total	**189***	**18**	**71****	**62**	**16**	**40**

*19 shifts were offered at an enhanced rate of £50 for 1st & £52 for 2nd oncall rotas

**35 of the sickness cases were related to COVID/Isolation

c) Vacancies

Vacancies by month					
Area	Grade	July	Aug	Sept	
NGH/CAV	CT GP F2		 1	 1	
SGP	CT GP F2		1	1	
Monkwearmouth	CT GP F2		1	1	
Cumbria	CT GP F2		1	1	
Hopewood Park	CT GP F2		 2	 2	
TOTAL	CT GP F2		3 3	3 3	

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 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.

Emergency Rota Cover by Trainees/Consultant*				
	Rota	July	Aug	Sept
Sickness/Other	NOT	3*	0	2*
	SOT	0	0	2*
	SGP	0	0	0
	SNH	0	0	0
	RVI	0	4	0
	GHD/MWM	2	2	0
	Cumbria	0	0	4*
	HWP	1	0	0
	NGH	0	0	0
Total		6	6	8

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

- *The higher trainee rotas cannot be collapsed as such and cover was arranged as follows:
- NOT – 2 x night shifts – agency locums currently working within the Trust were sourced for July and 1 Twilight shift Dr Owen covered. In Sept there were 2 Twilight shifts where consultants agreed to cover.
- SOT 2 twilight shifts were covered by Consultants.
- Cumbria – 4 nights were covered by Consultants due to difficulty in finding cover for the Junior Rota.

e) Training Rota Cover

The training rota doctor can be asked to cover a gap in the standard rota to prevent the use of the emergency rota cover with the provision of alternative opportunities for this training.

Training Rota Cover by First on-call Trainees				
	Rota	July	Aug	Sept
Sickness/Other	NOT	N/A	N/A	N/A
	SOT	N/A	N/A	N/A
	SGP	0	0	0
	SNH	0	0	0
	RVI	1	0	0
	GHD/MWM	0	1	1
	Cumbria	N/A	N/A	N/A
	HWP	1	0	0
	NGH	0	3	0

Total		2	4	1

f) Fines

There were no fines issued during this quarter. The fine money held by the GoSW has been spent on biscuits and tea/coffee/hot chocolate for on-call rooms after discussion and agreement at the GoSW forum in September.

Issues Arising

The increase in number of shifts covered by internal locums due to sickness, adjustments or rota gaps has continued this quarter and with COVID it can be challenging to cover shifts due to length of sickness, periods of isolation etc. Shifts are put out as soon as possible on the notice of a gap to enable doctors to book additional shifts to cover vacancies. In Cumbria, there is only one Junior rota so there is no facility to combine with another rota and discussions are in place as to best manage gaps in this rota.

There have been 2 exception reports submitted in the three months July to September 2021. This figure is very low in comparison to previous quarters (January-March 20, April-June 23) and the same quarter in 2020 (28 ER). To ensure trainees know how to exception report and all have the relevant log on details, further guidance and encouragement to submit exception reports where appropriate has been issued from the Guardian in September.

There have been 7 IR1s submitted for inadequate medical handover this quarter, a slight decrease from last quarter and much lower than the same quarter in 2020 when there were 34 IR1s submitted. This continues to be collated by Medical Education staff and the Director of Medical Education (DME) and reviewed through the GoSW forum. It is hoped that this represents a true fall in numbers and reflects improvement in practice; the GoSW has fed this back this positive progress to trainees, encouraged doctors to continue this practice which remains a priority for both patient safety and the ward doctors workload as well checking that trainees new to the Trust are familiar with the process of complete an IR1.

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

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
October 2021

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Trust Board of Directors' Meeting
Wednesday 3 November 2021

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

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		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	27.10.21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	18.10.2021
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

Raising Concerns and Whistleblowing Report
Trust Board of Directors' Meeting
Wednesday 3 November 2021

1. Executive Summary

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

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

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

During the period identified, 32 issues have been raised either centrally or with the FTSU Guardian. This is a decrease of eight compared to the previous period. Out of the 32 concerns raised no concern has been categorised as 'whistleblowing'.

There has been a reduction in the number of concerns across all categories with the exception of values and attitudes.

2. Risks and mitigations associated with the report

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

3. Summary

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

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

The main themes from raising concerns during this period link to policies and procedures, values and attitudes.

A theme has emerged in the policy and procedure category. This is linked to the application of the grievance and disciplinary policies. The concerns were predominantly about communication and whether the process was being adhered to. The investigation processes are still ongoing in most cases therefore it has been difficult to provide feedback or review findings. The Trust continues to make improvements in its employee relations processes, one of which is to ensure regular communication and support is provided to those involved. This includes managing expectations so staff understand, that in some cases, processes can take time and they may not receive the level of feedback they would wish due to confidentiality issues.

The Trust has also commenced the 'Give Respect Get Respect' campaign and development sessions have commenced. The FTSU Guardian is fully involved in this campaign and has already begun to direct people to the campaign to help resolve issues.

There are 14 cases which remain open for the period. Eleven of those are being overseen by the FTSU Guardian. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. There are also three cases which remain open centrally whilst investigations are ongoing.

A further training session has been scheduled in October which will see 28 new Freedom to Speak Up Champions trained. Additional work has also been undertaken to encourage staff from a Black, Asian and Minority Ethnic (BAME) background to become champions and once completed BAME staff will represent 7% of all Champions.

The Raising Concerns policy had been reviewed to include "Freedom to Speak Up" in general (which also emphasises the sharing of improvement ideas), to make the policy easier to understand for staff and to better signpost people to existing processes in the Trust. This was ready to go out to Trust consultation, however, the National Guardian's Office is developing new guidance and has requested that Trusts do not update their policies until this is published. The Trust will delay its consultation to incorporate the new guidance.

Following the retirement of Les Boobis earlier this year, Paula Breen is now the Non-Executive Director link with the Freedom to Speak Up Guardian and will oversee work in this area.

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

Michelle Evans
Deputy Director Workforce & OD

Lynne Shaw
Executive Director Workforce & OD

October 2021

Summary of Cases Logged Centrally and with FTSUG April - September 2021

Type of Case	Concern	Whistleblowing
Covid 19	1	0
Values and Attitude	7	0
Policies and procedures	17	0
Safety	3	0
Bullying and Harassment	4	0
TOTAL	32	0

Concerns logged Centrally April - September 2021

Status	Date Received	Incident Summary	Concern/ Whistleblowing	Locality	Outcome
Open	20/05/2021	Values and attitude	Concern	Central locality	Linked to ongoing investigation
Closed	09/06/2021	Values and attitudes – manager to staff	Concern	North Locality	Investigation undertaken and no case found
Open	15/09/2021	Values and Attitudes – sexism in workplace	Concern	South Locality	Investigation ongoing
Open	22/09/2021	Values and attitude – toxic culture	Concern	South Locality	Investigation ongoing

Cases logged with FTSUG April – September 2021

Status	Date Received	Incident Summary	Locality	Outcome
Closed	12/04/21	Policies and Procedures- Raising concerns policy	Corporate Services	Discussed with Executive Director of workforce and a reminder of policy shared
Closed	20/04/21	Safety – staff safety due to patient presentation	Central Locality Inpatients	Group already aware and steps in place to support both staff and management
Closed	20/04/21	Policies and procedures – incorrect pay	Central Locality Inpatients	Resolved through discussions with workforce
Closed	26/04/21	Safety – staff safety due to patient presentation	North Locality Inpatients	Discussed with Group Nurse Director and steps in place to support both staff and management
Closed	27/04/21	Safety- staffing levels and skill mix	South Locality Community	Identified there was a temporary reduction in staff and skill mix had been adjusted accordingly. Recruitment also underway
Closed	27/04/21	Communication – concern regarding	South Locality Community	Staff member misunderstood session thinking it was a Q&A

		question unanswered in Q&A session		session. Now offered a response
Closed	07/05/21	Values and attitudes – towards patient	North Locality Inpatients	Reviewed locally and actions put in place
Open	07/05/21	Policies and procedures – grievance process, delay in receiving feedback	North Locality Inpatients	Liaising with investigation team to ascertain where there has been a breakdown of communication
Closed	17/05/21	Policies and procedures – investigation, delay in receiving feedback	Corporate Services	Updated that investigation has not yet concluded and feedback to be provided once complete
Open	11/05/21	Bullying and Harassment - manager	Central Locality Community	Case being investigated
Closed	17/05/21	Values and Attitudes – management style	North Cumbria Locality Community	Investigation found no case to answer
Closed	27/05/21	Policies and procedures – investigation process	North Cumbria Locality Community	Investigation ongoing and informed outcome would be determined following investigation
Closed	07/06/21	Policies and procedures – investigation process	North Cumbria Locality Community	Investigation ongoing and informed outcome would be determined following investigation
Closed	11/06/21	Policies and procedures – investigation process	North Cumbria Locality Community	Investigation ongoing and informed outcome would be determined following investigation
Open	17/06/21	Policies and procedures – investigation process, being treated differently due to ethnicity	Corporate Services	Investigation ongoing and informed outcome would be determined following investigation
Closed	21/06/21	Bullying and harassment - Manager	Corporate Services	Investigation concluded and appropriate action taken
Open	06/07/21	Policies and procedures – disagreement on outcome of process	North Locality Community	Outcome being reviewed and further work being undertaken
Open	08/07/21	Policies and procedures – investigation process	North Locality Inpatients	Investigation ongoing and informed outcome would be determined following investigation
Open	19/07/21	Bullying and Harassment manager	Corporate Services	Linked to performance management. Discussed respect framework to both individuals
Open	22/07/21	Policies and procedures – clinical process, difference of opinion	Central Locality Inpatients	Encouraged to discuss with MDT
Closed	23/07/21	Policies and procedures – investigation process	North Locality Inpatients	Discussed with Group Nurse Director and resolved

Closed	04/08/21	Values and attitudes - Inappropriate 'banter'	Corporate Services	Discussion between manager and employee resolved
Open	19/08/21	Covid -19 – risk assessments	North Cumbria Locality Community	Being reviewed by Group Nurse Director
Open	09/09/21	Bullying and Harassment	Corporate services	Gathering information to support
Closed	10/09/21	Policy and procedure – career break	North Cumbria Locality Inpatients	Policy was being followed but after discussion additional allowances were agreed
Open	17/09/21	Policy and procedure – Communication with new manager following investigation	Corporate services	Discussed with Executive Director of Workforce to identify where to process has not worked
Closed	17/09/21	Policy and procedure - removal from bank work	Corporate Services	Ascertained a robust procedure had been followed
Open	17/09/21	Policy and procedure – Allegation of interference in investigation procedure	Corporate Services	The investigation is ongoing and outcome will determine if it has been sufficiently robust

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Report to the Board of Directors
3 November 2021

Title of report	**CNTW Academy 2nd Annual Report**
Report author(s)	**Gail Bayes, Deputy Director, Academy Development**
Executive Lead (if different from above)	**Gary O'Hare, Chief Nurse**

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

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	18.10.21
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	Scheduled 26.10.21

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
none

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

CNTW Academy
2nd Annual Report – September 2020 to September 2021
Report for the Board of Directors Meeting
3rd November 2021

Executive Summary

Following on from the inaugural Academy annual report in September 2020, this report articulates the considerable progress made against plan to maintain, enhance, modernise, adapt and develop the services offered by the Academy across the Trust.

Main Body of the Report

Change of governance arrangements – impact of Covid 19
Up to October 2020, the governance framework was via an Academy Board, chaired by the Executive Director of Nursing and Chief Operating Officer (Exec DoN and COO), and was accountable through that role to Trust Board (via Business Delivery Group or Corporate Decisions Team as appropriate).

As 2020 progressed into 2021, it became apparent that the rate of change, and the ongoing implications of working alongside Covid 19 restrictions, did not lend itself to the previous Academy Board arrangements. The October 2020 planned Academy Board was unable to take place and, with the support of the Executive DoN and COO, it was agreed to hold the February 2021 planned Board as a wider conversation, across the Groups and Corporate Services, to look at how best to maintain development, and exchange ideas and needs, whilst minimising additional structures.

It was agreed to absorb the governance of the Academy into existing Trust frameworks, with regular updates at CDT-W and BDG and to have 'Academy Conversations' via Teams, three times a year instead, thus opening out the information sharing and discussions, and reducing the need for additional formal meetings.

To date, this has worked well.

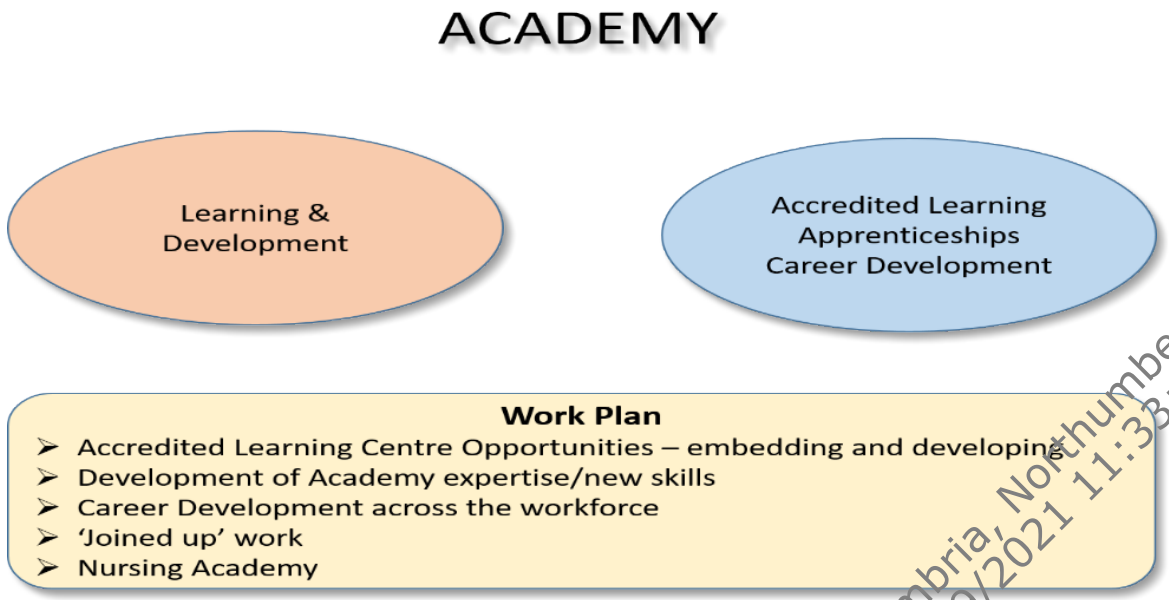
Brief recap – a summary of the 2020/21 work plan and outline achievement (from first annual report September 2020)

	Broadly achieved
Expansion of apprenticeship and other development opportunities ***across the organisation for all levels and disciplines of staff*** as informed by work-force plans.	Yes
Continued development of the Nursing Academy, introduction of the right numbers and types of roles required, as informed by work-force plans.	Yes

Continued work with colleges and Higher Education Institutions (HEIs) to expand the Continuing Workforce / Professional Development (CWD / CPD) opportunities available to our staff using blended models of learning to meet work-force needs.	Yes
Development of plans for CNTW to have its own Professor(s) of Nursing to support professional credibility.	Yes
Development of e-learning – this was a planned initiative which has significantly increased in speed and capacity to support the covid19-imposed distance learning.	Yes
Development of plans to explore taking school leavers as five-year degree level nursing apprentices, planning ahead for the predicted tapering of internal support staff ready for, and wishing to develop, professional careers. There is an aim to pilot this in 2021.	Yes
Development of new levels of working relationships with HEIs to create CNTW-led Post Graduate Certificates (PGCert) at Masters level 7, at circa 30% cost of a traditional PG Cert.	Yes
Development of an Accredited Learning Centre as part of the CNTW Academy. This is a relatively new concept (in the NHS) which allows an organisation to provide a blended model of accredited learning and development opportunities to its staff through a range of options	Yes

Progress and achievements 2020/21

As originally planned, the Academy does not have a strategy of its own, nor should it. The Academy has an organic work-plan to serve the overarching Trust Strategy, and its Workforce and Professional Strategies.



The Academy has two main components:

1. Learning and Development

Unlike a traditional Training Department, the Academy has moved away from offering a list of available training to the various Trust staff groups (akin to the old training brochures with which you may be familiar) to being more of a bespoke provider of learning opportunities to individuals and teams which support workforce development plans.

All statutory and mandatory training requirements are aligned to individual staff via their personal dashboards and are predominantly available via e-learning where appropriate. This model lends itself well to baseline requirements for operational functioning of the Trust at a basic minimum level. Where individuals and teams require something more, to meet workforce development needs and aspirations, the Academy offers a range of opportunities at accredited and non-accredited levels, many of which are work-based learning in nature and can be adapted to suit the needs of individual departments and functions.

2. Accredited Learning, Apprenticeships and Career Development

In late August 2020, CNTW Academy became an Accredited Learning Centre (ALC) in its own right. This means it is quality assured to offer modules of learning at academic levels 3 to 7, and our staff who successfully complete these modules gain an academic accreditation which is recognisable and transferrable outside the organisation.

We are accredited by One Awards which meets all the Quality Assurance Agency standards in the same manner as colleges and universities across the UK. As such, our governance and academic standards are rigorously monitored and annually appraised.

The status of ALC allows us to develop bespoke, accredited modules which meet service need competency, can be delivered at various levels of academic attainment to reflect the breadth and diversity of the workforce, and can give staff a real sense of achievement and aid with retention issues. Alongside apprenticeship opportunities and career development pathways, CNTW now has a range of options available for all staff.

This range starts at Level 2 functional skills in Maths and English, rising up through levels 3, 4 and 5 to foundation degree level, and then moving into level 6 (first level degree) and level 7 (masters level). Most of the opportunities are available to both clinical and non-clinical staff members and teams.

A link to explain levels of academic achievement can be accessed here
https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels

Apprenticeships are a key focus in the Academy and across the Trust. In September 2021 the organisation had 464 apprentices enrolled onto a variety of Apprenticeship standards, making up 3.22% of our total workforce, which exceeds the public sector target of 2.3%. CNTW is one of only two Trusts in the region that have consistently met the Government's annual target of supporting a minimum of 2.3% of the workforce in an apprenticeship role.

With the increase year on year of apprenticeship enrolments CNTW is currently spending 85% of its available Levy, with plans to break even by the end of the 2021/22 financial year. As apprentices begin and end their programmes, the Levy spend will fluctuate over the year and show an over/under spend month on month. Once we spend 100% of our Levy the Trust will be expected to pay 5% of the training costs for every apprentice enrolled from that point.

- Example 1 - if we spend our Levy before the end of December 2021 we would need to consider costs incurred between January-March 2022.

- Example 2- the cost for each TNA (Trainee Nursing Associate) enrolment is £15,000 - with a 5% charge there would be a cost of £750 per learner once the Levy amount is spent.

Career Development opportunities are many and varied. Gone are the days where there is only one route to a goal. Our small but knowledgeable careers development team are able to assist individuals who may lack basic entry qualifications and/or are not aware of the qualifications and experiences they already have which may help to progress in a chosen career pathway. Others simply feel ready for a change and have no idea what they might want to do. Apprenticeship developments feature heavily throughout the Academy conversations concerning individual and team developments.

Apprenticeships are not the only answer, nor are they always the appropriate answer and the team will advise and assist individuals to find a route that's best for them. There are no stupid questions, and there is no obligation to follow up a particular suggested route but once a conversation has happened, many staff members rediscover a passion for learning and advancement at their own pace and blossom into avid students.

The Academy work plan, a dynamic and moveable plan which frequently adjusts to meet the needs of the trust, remains the central focus of Academy development. It currently consists of the following main areas

1. Accredited Learning Centre opportunities – embedding and developing
2. Development of Academy Expertise/Skills in New Areas
3. Career development opportunities across the workforce
4. Joined up work
5. Nursing Academy

1. <u>Accredited Learning Centre (ALC)</u>

In August 2020 CNTW Academy was successful in achieving Accredited Learning Centre status with One Awards. This allows the ALC to award credits at certain levels of study and it can accredit 'academic equivalence' which may also be accepted by HEIs (Higher Education Institutions) as academic awards, and as access to programmes with awards. This was done to provide a blended model of accredited learning and development opportunities to our staff through a range of options. The ALC does not provide *standardised* packages of learning and development; they are all uniquely prepared to meet the needs of the Trust.

The accredited learning centre offers a range of learning opportunities to CNTW staff that meet the continuing professional development needs of staff (in both clinical and non-clinical roles) to develop practice / services, lifelong learning and professional expertise.

Opportunities have been co-created in a priority order to meet the dynamic workforce requirements of CNTW NHS Trust.

Example A

Children and Young People (CYP) - Foundation key competence delivered in cohorts throughout the year

- Course for registrants at level 6 (degree level) with registrant competence portfolio.
- Courses for support staff at level 4 (certificate level) 5 (diploma level) 6 (degree level) with support staff competence portfolio.

- Courses validated/approved by One Awards.
- Successful students achieve 30 academic credits at the appropriate level.

These programmes have now being running for 12 months with our first successful cohort being certificated in early 2021 and the second cohort expecting their certificates from One Awards in autumn 2021. Other cohorts are underway and planned into 2022.

In response to feedback from the CYPS team the Academy has also developed a L3 "Preparation for Academic Accreditation of CPD" for those staff who are not quite ready for learning at L4.

Initially developed for CYP staff, this will become a generic module applicable to non-patient facing roles.

Example B
Academic Development and Achievement for Continuous Professional Development in Health Professional Roles (level 6, 20 credits) - was developed for staff who had been out of academic study for over 3 years but who were applying for programmes with a University that required proof of recent study. This was first used with a cohort of Advanced Clinical Practitioners (ACP) and was formally accepted as evidence or prior achievement by the University.

Although originally written with clinical staff in mind, this can be accessed by any staff member wishing to re-join a pathway of study at level 6 and will be developed using interchangeable language/areas of work in the near future.

Example C
Post Graduate Certificate Patient Safety and Quality Improvement in Reducing Restrictive Interventions. (Level 7)
Although the ALC can accredit programmes of learning at level 7 (Masters' level), the Academy took the decision that all Masters' level academic courses would be 'validated' in partnership with an HEI, giving due respect and recognition to the higher achievement.

This first example is via the University of Cumbria. The specific HEI for any validation and accreditation will be determined by the Academy and ALC, taking into account the specialist area of practice, the capacity at a given time and the partnership developments with a number of HEI partners.

There are future plans to develop a suite of (PG certs) using a similar framework.

The priorities for development within the ALC continue to be 'governed' by the Trust needs via Professional Clinical Strategies, and Workforce Development Strategies.

CNTW Academy's Accredited Learning Centre, approved to design, deliver and assess academic courses, is unique in its approach.

1. <u>Development of Academy Expertise/Skills in New Areas</u>

Conditions over the past year or more have meant that the Academy has had to develop a range of new skills and new ways of working.

Although the Team were already trialling remote learning via Skype, the restrictions placed upon face to face training have meant the Academy staff have had to quickly adapt to delivering traditional face to face training via Microsoft Teams. This has proved to be extremely successful in terms of allowing staff to access training traditionally provided in a

classroom from their computer, tablet or even phone. Courses delivered in this way have included clinical supervision, mental health legislation and physical health skills amongst others.

The Academy has also invested in the development of a digital offer with the creation of CNTW Academy Digital. This new development has given us the capacity to create professional, bespoke e-learning content that has supported the organisation with new training opportunities including Trust induction and dementia training.

The dementia e-learning package is currently being considered by a number of external organisations. The Academy Team is currently exploring the use of Virtual Reality to further grow our digital offer and provide immersive learning experiences for our staff. The Academy has supported the Trust's recruitment and retention aspirations and talent management work by supporting a cohort of staff to complete a senior leaders' MBA with the University of Sunderland (due to complete in early 2022). Further opportunities are being considered, including development of a specialist work experience co-ordinator to support with recruitment and retention and widening participation with our local communities.

2. Career and personal development opportunities across the workforce

Functional skills (entry level maths and English, accepted as equivalent to GCSE grade C pre 2021, and more recently to GCSE grade 4+) form part of all apprenticeship standards.

Some apprenticeships, such as nursing, require these qualifications to be achieved prior to enrolment and some include them within the apprenticeship training. We work with candidates from the outset to identify the requirement.

It is important to recognise that functional skills are available to any member of staff who wishes to develop, not just those pursuing an apprenticeship, although the majority go on to access further learning.

Many people have not kept a record of past Maths and English achievements and, without this evidence, no apprenticeship can be achieved. Others may have missed out on gaining Maths and English at school and are now looking to achieve for their own development or as part of a career development pathway.

We have had many candidates who have now achieved their Maths and/or English functional skills at Level 2, and some have achieved a more basic introductory maths or English qualification at level 1.

In the last 3 years we have had the following achievements:

- English L2 – 103
- Maths L2 – 120
- L1 English – 40
- L1 Maths – 55

For some, the qualifications themselves were the aim, for others they were the stepping stone to achieve a variety of additional qualifications. Examples include level 2 customer service, level 3 healthcare, level 4 IT, level 5 leadership, level 6 chartered management and level 6 nursing up to level 7 (Masters level) in advanced clinical practice or senior leadership.

Across the Trust, we are slowly establishing career development pathway routes for a range of staff, not to dictate a pathway, but to illustrate how different pathways may bend, turn, twist and merge to get to any particular place. Within the nursing pathway, we have established a

route whereby an individual joining us as a support worker or apprentice with no experience can follow a range of paths up to Nurse Consultant and Director levels.

We did not, until recently, have an option to explore an academic route into research or professorial level roles. In June 2021, CNTW made a joint appointment with Northumbria University for an Associate Professor (AP) of Nursing to begin to fill that gap. The new AP will start with us in January 2022 and will be instrumental in helping develop and establish the nursing research framework within CNTW, and act as role model and mentor to like-minded individuals who wish to develop along that pathway.

Additionally, we are working with the University of Sunderland to develop a more informal framework of inter-agency collaboration to give clinicians who are interested in research some taster sessions to see if this route is for them or not. Although in the early stages of development, we have several small joint ventures underway with the appropriate guidance and support of CNTW Research Department. We aim to provide portfolio development opportunities as building blocks to an academic career.

3. Joined up work

Whilst CNTW is one Trust, it is recognised that each locality has different needs. Since the merger in 2019, when we became CNTW, the Academy has worked with colleagues in Cumbria to create equitable opportunity for development and learning. Customer Service apprenticeships are now happening in that region and, as those individuals have approached the six-month point on programme, the first one of that cohort has been 'matched' into a Band 2 job opportunity. This process to transition apprentices into jobs within CNTW was featured as a Case Study with the Skills for Health national agency. We have established college links in Cumbria to offer Functional Skills within that region too and continue to explore opportunities to support workforce initiatives.

The Academy Team has worked closely with Health Education England and this year represents year two of three where there has been significant investment relating to continuing professional and workforce development. The Academy has worked closely with colleagues in the four localities to identify appropriate educational opportunities and channel these in to Health Education England to attract appropriate funding. At the time of writing over £600,000 has been allocated to support external educational opportunities including Cognitive Behavioural Therapy (CBT) for Psychosis, Family Interventions with Dementia, Postvention Training and Support (response following suicide), and EMDR (Eye Movement Desensitization and reprocessing) amongst over 100 others.

4. Nursing Academy

In January 2019 we began the journey of producing our own registered nurses by developing our existing support staff via a degree level apprenticeship route. We anticipated supporting circa 30 apprentices per year. Given the large numbers of high quality support workers already working within CNTW, we adopted a 'can do' attitude, reflected in the higher numbers we supported to enrol.

Degree Level Nursing Apprenticeships (DLNA) in numbers. January 2019 – July 2021

- *127 apprentices enrolled on programme*.
  The first cohort of 19 apprentices is due to graduate in January 2022 and thereafter at a steady pace as we have completed the loop of the 'roll-on, roll-off' three or four year programmes.

- *Attrition rate of 4 (representing 3%)*
  Our 3% attrition rate compares very favourably with national university attrition rates of up to 25%.

- *'Paused' from programme – average of 5 at any one time*
  Our average of 5 individuals who are 'paused' represents a variety of reasons (long term sickness, maternity leave, bereavement or just 'life getting in the way'). We are mostly able to support these individuals through a difficult period of time and help them back onto the academic ladder at the appropriate point to continue their studies. At the beginning of the venture, in addition to university and work place learning support, we invested strongly in day to day Trust support and we believe we have offered something unique and valuable to our existing staff.

  Without this support, we strongly believe our attrition rate would be much higher.

An *additional* new pathway into nursing.

We will continue to offer opportunities for our existing staff but ***in addition***, January 2022 sees the first cohort of brand new staff joining the organisation on a 5-year apprenticeship programme. It is our apprenticeship-offer alternative to a traditional 3-year University programme and supports a longer programme whilst supporting the individual to grow into CNTW's culture and values, and contribute to the workforce as they learn. It is the first of its kind for mental health and learning disability nursing. There was huge interest in our advert (200 applicants) and we are expecting 21 brand new apprentice nurses in our first cohort in January 2022. Unsuccessful applicants have been introduced to CNTW's routes of entry as support staff.

Apprenticeships in other Professions and other nursing apprenticeships
Whilst the large number of DLNAs on programme is attention-grabbing, it is important to also note the small but steady flow of apprentices studying to Nursing Associate Level 5. CNTW had only 2 cohorts pre pandemic of Trainee Nursing Associate. We are about to start one with the University of Cumbria in September 2021 (7 apprentices) and another in January 2022 (Plan for a cohort of 15 with Teesside University).

Heath and Social Care apprenticeships for our support staff at levels 2 and 3 remain popular and we currently have 101 staff studying on this programme.

At the masters' level end of academia, we have three small cohorts of Advanced Clinical Practitioner apprentices in place who will typically graduate into senior clinical posts. A fourth cohort is planned to begin in early 2022 as the first cohort graduates in February 2022, with some of those staff having already secured Nurse Consultant posts.

In Occupational Therapy (OT) and Social Work (SW) there have been two recent development which reflect a true example of Clinical Business Units (CBUs) using apprenticeships to support bespoke work-force plans, supported only by the Academy in accessing the levy funding. Although small in numbers, there are two OT support staff and one SW assistant embarking on their apprenticeship pathways to professional registration.

2021/22 Work-plan
There are numerous specific developments within the work-plan to achieve progress against the identified work-streams in the coming 12 months. Highlights include

- Consolidation of recent developments at the core of Trust learning such as Teams teaching and e-packages

- Development of more advanced technology such as virtual reality and simulation
- Further development of Accredited Learning Modules
- Realignment and redevelopment of existing Academy staff and skills to new roles, and developments in new areas
- Expansion of the Nursing Academy pathways

Risks and mitigations associated with the report

Key risk 1 - Sustainability of the current services whilst developing support staff to degree level nursing and other professions. This is managed through continuous work-force discussions and is informed by Trust, Group and CBU work-force plans. This remains an on-going but managed risk.

Key risk 2 - Maintaining credibility and reputation as we develop the Accredited Learning Centre status and deliver our programmes. CNTW now has three part-time experienced academic staff working into the Academy to provide the necessary academic governance. The plan is to also develop more skills by 'growing our own' though a series of initiatives over the next 2 - 3 years. In the meantime, this key risk is mitigated by our dedicated part-time staff who share a portfolio of roles and support the Academy around academic governance to take a prudent approach regarding capacity and how fast we develop. This is both safe and cost effective.

Both risks are rated 'low' and are managed within the Academy, with escalation via CDT W if necessary.

Recommendation/summary

The report summarises the achievements and continued development of CNTW Academy in the past 12 months. It outlines the work-plan for the coming 12 months and beyond to further develop the Academy, allowing CNTW to offer more diversity in its approach to learning through a variety of bespoke and blended methods at all levels, to meet the work-force needs of the organisation, and the needs of the work-force, whilst remaining sustainable.

Trust Board is asked to

- Accept the report for information
- Support the direction of further development, accepting the dynamic nature of progression and the need to develop organically as organisational need dictates.

Name of author: Gail Bayes, Deputy Director, Academy Development

Name of Executive Lead: Gary O'Hare, Chief Nurse

Date of writing: September 2021

Report to the Board of Directors/XXXX Committee *(delete as appropriate)*
Date of meeting

Title of report	**Provider Collaborative Development in the North East and North Cumbria: an update for Foundation Trust Boards**
Report author(s)	**North East and North Cumbria Integrated Care System Leads**
Executive Lead (if different from above)	**John Lawlor, Chief Executive**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	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		The Trust to be regarded as a great place to work	

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
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		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	X
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to
Risk that the inability to influence the changing NHS structural architecture could lead to adverse impacts on clinical care that could affect the sustainability of mental health and disability services.

Provider Collaborative Development in the North East and North Cumbria: An Update for Foundation Trust Boards

1. Purpose

1.1. This report is for information, intending to provide Boards a brief overview of the evolving work of the North East North Cumbria (NENC) Provider Collaborative (PvCv), setting out the policy requirements, action taken to date and next steps. No decision is required now however further information will follow over the period September to December when it is likely that Boards will be asked to formally consider working and governance arrangements.

2. Provider Collaboratives – the Policy Context

2.1. PvCvs are key to the new working arrangements as set out in the Long Term Plan with additional detail provided in December's 'Integrating care: Next steps to building strong and effective integrated care systems across England.' This established that:

i. PvCv are partnerships involving two or more trusts working across multiple places at an appropriate scale to maximise delivery in line with the strategic priorities of the ICSs of which the individual providers are members;
ii. PvCv are a core element of how ICSs will deliver their priorities for their populations;
iii. The partnerships will all be underpinned by effective governance and decision-making arrangements. Some will involve contracting arrangements and/or shared leadership;
iv. PvCv should be set by its members (who remain ultimately accountable for delivery) with the objective of delivering the identified benefits of collaboration in line with ICS plans and priorities;
v. PvCv will need to be a delivery vehicle for ICS programmes and priorities that require providers to work at scale.

2.2. The formal requirements are that all acute and mental health trusts are to be part of at least one 'horizontal' collaborative (in addition to work done 'vertically' at local authority place) by July 2021 and that they are fully operational from 1st April 2022. Ambulance Trusts are not required to be part of a PvCv, however it is recognised that it would be good practice if they are.

2.3. Detailed guidance on the national expectations for PvCvs is due shortly, but has been widely trailed. The guidance will likely state that a PvCv must be formal in nature – i.e. have a defined governance model – but specifics are likely to not be prescriptive, with PvCvs given the freedom and flexibility to respond to local circumstances and requirements..

2.4. The nationally expected capabilities and the benefits of this collective approach are set out below.

Required Capabilities	Benefits of Scale
• Enact mutual aid and support arrangements between partners • Make collective decisions that speed up service changes/transformation • Challenge and hold each other to account through agreed systems, processes and ways of working, for example open-book approaches to finance and planning • Agree a common purpose supported by a set of programmes that are delivered on behalf of all collaborative partners and the system • Work with clinical networks and clinical leaders to agree proposals and implement resulting changes • Drive shared definitions of best practice and the application of a common quality improvement methodology	• Reductions in unwarranted variation in clinical practice and outcomes to improve quality • Reductions in health inequalities, including fairer and more equitable access to services across the footprint • More efficient and effective corporate and clinical support services providing better services and better able to manage demand and capacity • Alleviation of workforce pressures and better development of staff and leadership talent enabling improved staff experience and retention • Greater resilience, for example in ensuring patient safety through improved access, new ways of working and better deployment of staff in hard-to-recruit specialities • Transformation at scale across care pathways through rapid spread of successful innovation

2.5. It is recognised that the formation of formal PvCvs will require constituent Foundation Trusts to agree governance arrangements. PvCvs across the country are developing Memoranda of Understanding (MOU) to govern how the PvCv will work, including how joint decisions will be made where these are needed. While the proposed Health and Care Bill does not change the standalone responsibilities of Foundation Trusts, it is expected that increasingly working on a system basis will require formation of joint decision making structures.

3. Formation of the NENC PvCv and work to date

3.1. NHS providers in the North East have a long history of collaboration on various issues. Building on this, the NENC PvCv of all 11 Trusts in the region formally came together in September 2020 with the establishment of a Chief Executive's group jointly chaired by Lyn Simpson and Jackie Daniel. It has been meeting monthly to develop its workplan and consider how it can respond to the challenges in the health system.

3.2. The Collaborative is aiming to:

i. Improve the health and wellbeing of the North East and North Cumbria, with particular focus on improving health inequalities that exist within the region; and whilst more immediately:
ii. Optimise the delivery, quality and efficiency of local health and care services provided by its members;
iii. Support providers and CEOs by taking the necessary collaborative or, where possible, collective, action, including mutual aid and support.

3.3. Since its formation, the Collaborative has led work including:

- The NENC elective recovery programme - with Chief Operating Officers from all Trusts meeting weekly to ensure joint delivery;
- Whole pathway mental health working – with CNTW and TEWV continuing to develop their joint work in leading commissioning of specialist mental health services, and sharing their learning with the wider collaborative;
- Agreement of a combined provider capital programme for 21/22, and the development of an emerging framework in which to make future capital decisions.

3.4. The future work programme of the Collaborative is in development, with joint work on Urgent & Emergency Care, Clinical Networks, Clinical Services Strategy, Digital and Workforce anticipated in future months.

4. Future development and nature of the Collaborative

4.1. Since September, the Chief Executives of the 11 Trusts have also spent time developing a joint understanding and agreement about the nature and future vision for the Collaborative. This has included dedicated development time facilitated by Mike Farrar, with further such development sessions planned for coming months.

4.2. The NENC PvCv is one of 15 PvCvs across the North of England and is a 'whole system' collaborative in which all 11 NHS Trusts - acute/community, mental health and ambulance - are members. This inclusivity is an active choice and differs from the model adopted in many parts of the country which sees Trusts from the same sector form their own separate collaborative (e.g. acute Trusts in a separate collaborative to mental health Trusts). The NENC approach recognises that there is strength in combining the experience and knowledge from organisations in different settings, with the opportunity to share learning and create joint responses to the issues faced by all.

4.3. As well as operating at scale across the entirety of NENC, it is also envisaged that 'nested collaboratives' within the overall PvCv will operate under its umbrella when this makes sense to do so, for example on sub-regional or specialist service configuration issues. This builds on historic collaborative arrangements in place across the region. Nested collaboratives are likely to include:

- Mental Health Trusts: CNTW, TEWV
- North Acute Providers: NuTH, QE, Northumbria, North Cumbria
- Central Acute Providers: STSFT, CDDFT
- South Acute Providers: North Tees & Hartlepool, South Tees

4.4. It is recognised that NENC Trusts may also have cause to participate in other, wider collaboratives and groupings. For example NEAS will continue to play an active role in the Association of Ambulance Chief Executives (AACE) that brings the UK's ambulance Trusts together.

4.5. The PvCv expects to be an important and enduring part of the NENC health system – acting as a key delivery partner for the ICS for specified priorities. It is envisaged that in time a 'responsibility agreement' would be negotiated between the ICS and the PvCv which outlines these responsibilities and the resources needed to discharge them.

4.6. The PvCv CEOs have discussed how they will build the collective capacity and capability of the PvCv to meet local and national requirements. Resourcing for the PvCv currently comes through a small amount of time-limited support from NECS, which allows the Collaborative to put in place the necessary cross organisational structures to support delivery. As a first step in enhancing its joint capability, the PvCv has agreed to appoint a Managing Director who will be accountable to the Chief Executive's group and will put in place the necessary programme management structures for future delivery. Recruitment to this key position will start soon, with a hope the post will be filled from October 2021.

4.7. The PvCv is developing four key documents to underpin its work.

- Prospectus: the overarching document that describes what the Collaborative is, its purpose and how it works;
- Work Plan: an evolving document that sets out operational, strategic and developmental areas of work;
- Memorandum of Understanding (PvCv Constitution): detail of the Collaborative's governance agreement between its members;
- Responsibility Agreement: agreement between the Collaborative and ICS to lead key delivery areas.

4.8. The development of the Collaborative's approach, resourcing and key documents will take place on an ongoing basis, with regular updates brought back to Trust Boards and specific Board agreement sought where necessary – for example on joint governance arrangements. The aim is for the Provider Collaborative to be formally constituted well in advance of the April 2022 'go live' date for the ICS, so it is ready to accept delegated responsibilities through a 'responsibility agreement' with the ICS from that date.

5. Recommendations

5.1. The Board is asked to note the update about the development of the NENC Provider Collaborative;

5.2. The Board is asked to provide feedback to the Chief Executive on any key areas of focus it would wish to see considered or clarified in advance of taking decisions on future joint PvCv governance later in the year.

Report to Board of Directors
3rd November 2021

Title of report	**Update on CQC Must Do Action Plans (Quarter 2)**
Report author(s)	**Vicky Wilkie, CQC Compliance and Governance Manager**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Commissioning and Quality Assurance**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	27/10/21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	01/11/21
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
SA5: The Trust will be the centre of excellence for mental health and disability. Risk 1688 Due to the compliance standards set from NHSI, CQC and legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. Risk 1691: As a result of not meeting statutory and legal requirements regarding mental health legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements.

Update on CQC Must Do Action Plans

Board of Directors

3rd November 2021

1. Executive Summary

This report provides an update on the 33 remaining areas of improvement (Must Do action plans) which were received following inspections undertaken during 2015, 2017, 2018, 2019 and 2020. Between August 2020 and August 2021 the Board of Directors agreed to close 18 of the 47 areas of improvement identified from these inspections.

- On 14th July 2021 the Trust returned to Opel level 2 due to staffing pressures therefore the Trust agreed to re-open all 4 Must Do action plans relating to staffing levels.

- This report seeks approval from the Board of Directors that there is sufficient evidence and assurance to close three action plans listed as **appendix 1** relating to blanket restrictions and a specific action plan for Oakwood ward.

- At its August meeting the Board of Directors agreed to extend further the deadlines for those Must Do action plans that relate to quality and training standards to ensure alignment with the trajectories. When the Trust returned to Opel 2, all training and appraisals were paused due to current staffing pressures. From 1 October 2021 (Quarter 3) the Trust began to monitor all quality and training standards against the agreed trajectories set by the Locality Care Groups.

- Through the quarterly update the Board are asked to extend further those Must Do action plans relating to restrictive practice, seclusion and long term segregation, environmental issues, staffing levels, physical health and rapid tranquilisation and staff engagement to enable further assurances to be gained that there has been an improvement.

- Work continues to address each of the remaining action plans specific to the North Cumbria Locality and those relating to the 2020 focused inspections (wards for people with learning disabilities or autism and child and adolescent mental health wards). These action plans continue to be monitored through the Locality Care Groups and Trust governance structures. Key pieces of work identified in the Quarter 2 update (**appendix 2**) will help to mitigate against the risks which have been raised.

- Quarterly updates on all action plans will continue to be reported to the Executive Directors, Corporate Decisions Team – Quality Sub Group, Quality and Performance Committee and Board of Directors.

2. Risks and mitigations associated with the report

The Care Quality Commission has raised all of the issues within this report as areas of concern and as such are potential risks to the Trust in relation to safe care and treatment of those who use our services and those who work for the organisation. There is a risk of non-compliance with regulatory and legal requirements and potential risk to trust reputation should we fail to achieve completion and implementation of the action plans included within this report.

3. Recommendation

The Trust are required to provide regular updates to the Care Quality Commission on progress against each of these actions and as such it is necessary for the Trust Board to have oversight of progress and be assured that these concerns are being addressed.

The Board are asked to:

- Approve the closure of one action plan listed in appendix 1 recognising the Trust will continue to monitor the impact of previous actions through appendix 2.
- Approve the date extension for must dos relating to restrictive practice, seclusion and long term segregation, environmental issues, staffing levels, physical health and rapid tranquilisation and staff engagement.
- Note the Quarter 2 updates on all 47 CQC must do action plans (including impact changes for those closed) listed within appendix 2.

Author:
Vicky Wilkie, CQC Compliance and Governance Manager

Executive Lead:
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

21st October 2021

Regulated activity(ies)	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	**Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment**
	How the regulation was not being met:
	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The following actions will be developed with a purpose of reducing the application of blanket restrictions, but when they are required there will be appropriate management and governance systems in place to ensure their review, consideration and ideally removal.

Training
To design an awareness raising and training package that focusses on the identification and management of blanket restrictions at all levels throughout the organisation.

Implement an awareness raising and training package using a broad range of methodologies (e-learning, skype, face to face, cascade etc.).

Reporting
Develop a management and governance escalation process to oversee blanket restrictions.

Culture
Develop approaches and measures to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.

Develop and introduce a peer review audit process as a means of encouraging positive challenge and solution focussed discussions.

Policy
A policy and supporting practice guidance notes will be developed to address the issues highlighted above and any other supplementary issues of note.

Who is responsible for the action?	Chief Operating Officer Themed Lead: Karen Worton, Group Nurse Director

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The implementation of a policy and associated practice guidance notes will provide evidence in the form of web based information, local registers, training registers and the key escalation points that will demonstrate implementation at all levels.

A review of ward based community meetings minutes will confirm that discussions linked to blanket restrictions have taken place with service users.

Peer review audits will be undertaken and will provide evidence of:

a) the consideration of blanket restrictions
b) the implementation of blanket restrictions
c) the escalation and de-escalation processes applied

Who is responsible?	Chief Operating Officer
What resources (if any) are needed to implement the change(s) and are these resources available?	
The introduction of these actions will not place unnecessary burden on the organisation from a financial or HR perspective.	
Date actions will be completed:	30 September 2021
Recommendation:	
Complete and remaining actions to be taken forward during Quarter 3 and 4 by Project Team. • Central, North, and Neuro Peer Reviews complete. The other services are progressing although requests for extensions are expected due to the COVID-19 surge during Quarter 2. • Blanket Restriction Register dashboard is still under review in relation to location and ownership as there is a requirement for this to be a live and dynamic database. • Blanket Restriction Awareness Programme training being piloted within the Central Locality Care Group. To be evaluated and cascaded Trust-wide. • Policy to be refreshed to include introduction of dashboard reporting.	

Regulated activity(ies)	**Regulation**
Assessment or medical treatment for persons detained **under the Mental Health Act 1983** **Treatment of disease, disorder or injury**	**Regulation 17 HSCA (RA) Regulations 2014 Good Governance**
	How the regulation was not being met:
	The trust must ensure they have effective systems and processes to assess, monitor and improve care and treatment. This includes identifying, individually assessing and reviewing, blanket restrictions, clear oversight of staff supervision and ensuring all physical health monitoring is completed as required.
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
The North Cumbria Locality will adopt the policies and procedures of CNTW.	
Who is responsible for the action?	Elaine Fletcher, Group Nurse Director Themed Lead: Karen Worton, Group Nurse Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Through trust processes of monitoring clinical supervision, blanket restrictions and physical health monitoring.	
Who is responsible?	Elaine Fletcher, Group Nurse Director Themed Lead: Karen Worton, Group Nurse Director
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	30 September 2021

Recommendation:
Complete and remaining actions to be taken forward during Quarter 3 and 4 by Project Team. • Central, North, and Neuro Peer Reviews complete. The other services are progressing although requests for extensions are expected due to the COVID-19 surge during Quarter 2. • Blanket Restriction Register dashboard is still under review in relation to location and ownership as there is a requirement for this to be a live and dynamic database. • Blanket Restriction Awareness Programme training being piloted within the Central Locality Care Group. To be evaluated and cascaded Trust-wide. • Policy to be refreshed to include introduction of dashboard reporting.

Regulated activity(ies)	Regulation
Assessment or medical treatment for persons detained **under the Mental Health Act 1983** **Treatment of disease, disorder or injury**	**Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect**
	How the regulation was not being met:
	The provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation is either no longer used or a robust assessment and mitigation of risk is put in place.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
During the last inspection, plans for the relocation of the wards had been agreed, the plans had been delayed and it was unclear when the move would take place. The North Cumbria Locality will review the use of dormitory style accommodation on Oakwood to ensure it is either no longer used or robust assessment and mitigation of risk is established.	
Who is responsible for the action?	David Muir, Group Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Full and robust risk assessment must be completed regarding Oakwood or evidence of the locality leadership progress re elimination of dormitory style accommodation.	
Who is responsible?	David Muir, Group Director
What resources (if any) are needed to implement the change(s) and are these resources available?	
Possible capital funding.	
Date actions will be completed:	30 July 2021
Recommendation:	
The Oakwood scheme completed and patients returned to ward on 25 August 2021.	

Must Do Theme: (1) Personalisation of care plans	**Lead: Vida Morris, Group Nurse Director**
Planned timescale for closure: 31 March 2022	
Community LD Year: 2015 Org: CPFT	The trust must ensure that care plans are person-centred, holistic and presented in a way that meets the communication needs of people using services that follows best practice and guidance.
Community OP Year: 2017 Org: CPFT	The trust must ensure that all patients have comprehensive and up to date care plans and risk assessments. Care plans and risk assessments must be regularly reviewed, and information must be used to inform each document.
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that care planning takes place with young people and is recorded in an accessible format that young people can understand. Care plans must be shared with young people and their carers where appropriate.
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that care plans contain the relevant supporting information, reflective of current need, regularly updated and that staff are aware of these and follow plans accordingly.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
• Roll out of visual materials i.e. posters and booklet. • Completion of training materials to roll out. The first phase has been completed and a framework for the package agreed. Clinicians have been invited to contribute to this and intent to develop a standardised package which will then have standardised pathway specific adaptations as well as adding in interactive features including videos, role play and practice examples. • Audit to be undertaken.	
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
• Roll out of visual materials i.e. posters and booklet. • Roll out of training materials commenced in June 2021. • Audit to be revisited pre and post new training materials to demonstrate any changes in practice. Audit commenced for pre training materials on 21/06/21 Trust-wide. • Train the trainers session completed.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
• Animations to support training completed and placed on share point. • Posters for clinical areas complete and awaiting printing. • Training roll out within priority areas (Learning Disability / Autism / CYPS) continues – stalled due to surge activity. To broaden to all clinical areas (Inpatient, Community, Access). • Training audit completed end of September / early October 2021.	
Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):	
• Posters to be distributed when received from printers. • Completion of training in all areas. • Evaluation of training tools. • End of Quarter 3 – project close and CBU / Locality Care Groups to monitor compliance with training and quality of care planning within local Quality Standards meetings during Quarter 4.	
Evidence of Impact:	
The metric for the number of current service users who have discussed their care plan remains unchanged from the Quarter 2 position: • North Cumbria Locality – 82% (June), 82% (September)	

• North Locality – 94% (June), 94% (September) • Central Locality –93% (June), 93% (September) • South Locality – 89% (June), 89% (September) Care planning was identified as an issue in 3 of the 11 wards visited by MHA Reviewers during Quarter 2.
Status:
Ongoing further action required to make improvements.

Must Do Theme: (2) Blanket restrictions	**Lead: Karen Worton, Group Nurse Director**
Planned timescale for closure: 30 September 2021	
Adult Acute wards Year: 2018 Org: NTW	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
Adult Acute wards Year: 2019 Org: CPFT	The trust must ensure that blanket restrictions are all reviewed and individually risk assessed.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
• Policy ratification communicated via Trust Policy Bulletin. • A sample audit of restrictions with reason care plans was completed for Secure Care Learning Disabilities Services. Where in place there was evidence of personalisation with no blanket restrictions.	
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
• Blanket Restriction Registers to be held on Safer Care Intranet page. • Reintroduction of Peer Review process (maintaining IPC standards) when COVID-19 restrictions allow increased footfall across wards. • A snap shot review of Blanket Restriction Registers was completed for compliance with policy and CQC MHA Review Visit findings. • Monitoring of Blanket Restrictions and Restrictive Practice Incident Reporting ensures use of correct cause category BR01 or BR02.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
• A Blanket Restriction Register Dashboard is being created by Safer Care Team by end of July 2021. Wards will complete a monthly online submission form which will include the incident reporting number. • Peer Reviews have recommenced and will be completed by end of September 2021. The Peer Review schedule is now held centrally by the CQC Compliance Officer. • Agree standardised approach to Blanket Restriction Induction Training at a local level with CNTW Academy. • Policy to be refreshed to include introduction of dashboard reporting.	
Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):	
Project Team to continue to meet during Quarter 3 and 4 to progress with the above pieces of work.	
Evidence of Impact:	
No blanket restrictions were identified from MHA Reviewer visits during Quarter 2.	
Status:	
Propose to close action at Board of Directors on 3 November 2021.	

Must Do Theme: (3) Restrictive practices, seclusion and long term segregation	Lead: Anthony Deery, Group Director & Ron Weddle, Deputy Director – Positive and Safe
Planned timescale for closure: 30 September 2021 (31 December 2021)	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff complete body maps and carry out and record physical observations following the use of restraint and ensure that there is a rationale recorded for any 'as required' medication being administered following the use of restraint.
Planned timescale for closure: 30 September 2021 (31 December 2021)	
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that the patients in long term segregation and seclusion have the appropriate safeguards in place in accordance with the Mental Health Act Code of Practice and these are documented clearly in patients' records
Planned timescale for closure: 30 June 2021	
LD & Autism wards Year: 2020 Org: CNTW	The trust must review and reduce the use of mechanical restraint within their learning disability services and ensure that its use is in line with best practice guidance and the appropriate authorisation and recording is in place
Planned timescale for closure: 31 December 2021	
CAMHS wards Year: 2020 Org: CNTW	The Trust must review the use of restraint and mechanical restraint in the Children and Young People's Inpatient Services. The use of mechanical restraint should be used as a last resort in line with Department of Health Positive and Proactive Care. There should be a clear debrief process for the team after an incident and for the person who has been restrained.
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
LD and Autism wards 2019	• North Cumbria Locality completed an audit in February 2021 measuring against *'Restraint reduction policy - a policy to meet the requirement of Seni's law'*. A total of 144 restraint incidents were reviewed over the past year to investigate if there was a corresponding entry on RiO which detailed the body map. The body map must detail the holds and any markings or injuries. Recommendations from audit include: – All staff reminded of the current policy – All wards to ensure the correct version of the body map is used to ensure consistency of information detailed – Further work to be completed to identify if the body map could be available as part of RiO rather than ward staff having to upload a separate document – A smaller monthly audit to be implemented on selected cases to monitor change with a further full audit to be repeated in 3 months • Audit to be repeated during Quarter 1. • Consider during Quarter 1 whether audit should be carried out Trust-wide.
LD and Autism wards 2020	• 7 cases were reviewed during August – November 2020 by a panel of clinicians and subject matter experts chaired by Medical Director. The panel made recommendations to enhance the quality of care including termination of restrictive conditions such as LTS or seclusion where appropriate. The results of these reviews were feedback in a meeting with the CQC. • Trust-wide recommendations were made in relation to specific core training such as human rights, trauma based care and HOPES model.

	• Recommendations were also made for oversight and governance in relation to the management of these cases. These recommendations will now be delivered to a newly established programme Board which will be jointly chaired by the Medical Director and Chief Nurse. • In March 2021 the Trust established a Long Term Segregation and Prolonged Seclusion Review Panel. The panel has oversight of all episodes of LTS and Prolonged Seclusion in the Trust and the review process will provide support to clinical teams, service users, families and carers and assurance to the Trust Board. The panel will also escalate cases where required with the newly established Clinical Ethical Group of the Trust. • Develop a training programme that is sustainable and scalable. CNTW Training Academy will be liaising with Mersey Care NHS Foundation Trust to develop a "train the trainer" programme that will enable us to progress the understanding and implementation of this model to a broader cohort of clinical staff. A clear expectation being that we will develop metrics and patient outcomes that can demonstrate positive progress over time. • Efforts have been made to reduce levels of MRE use within the Trust. This has included changes in policy to ensure the use of MRE is never unplanned and authorisation of any planned use is from a Director. • There has been a specific focus on supporting wards to implement safer ways of engaging in tertiary interventions when episodes of violence and aggression or self-harm make this this level of intervention proportionate to ensure the safety of the patient or others. • Progress update on the Out of Sight, Who Cares? Report was considered at the February QRG by our commissioners and continues to be monitored through Trust governance structures. • Safety Pods have been introduced to 30 wards across the Trust. The use of Safety Pods within older people's services is being piloted on Castleside and Woodhorn wards and an evaluation will be undertaken following the six week pilot. • The installation of the Oxehealth system is complete and functional across the three pilot wards within Hopewood Park (Longview, Beckfield and Shoredrift), apart from 2 seclusion areas which have been occupied for some time. A fourth ward has also been equipped, Lotus ward the Trust's new CYPS facility based in Middlesbrough.
CAMHS wards 2020	• All inpatient areas completed a baseline audit to measure compliance against policy with debrief post any tertiary intervention and MRE. Audit carried out included both staff and patient debrief. Percentage of compliance varied across all ward environments ranging from 7%– 57%. Higher percentages were where MRE had been used i.e. more likely to be a debrief post MRE. Some fundamental issues regarding lack of understanding between post incident support and debrief and interpretation of policy identified. • Trust-wide working group established to consider outcomes of debrief audits to inform CBU action plans to improve compliance with policy.

	• First meeting took place on 23 February 2021 and was attended by all localities with Associate Nurse Director's leading within own localities in developing a Trust wide response. Focus of the working group centred on: – Knowledge of policy – Education and training needs for staff carrying out debrief / Post incident support – RiO documentation (storage and completion) – Debrief documentation that is attached to policy – Learning from CYPS – Formulation and care planning i.e. how good quality debrief supports formulation / care planning
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
CAMHS wards 2020	• Task and Finish Group reviewed restraint data to better understand initial hypotheses for increases and involve the wider MDT to provide a narrative around the clinical presentations and interventions used within the service. • Ward Managers discussed report with staff to be clear about the expectations to review and reduce the use of mechanical restraint. • Ward Managers contacted all family members to seek feedback in regards to restraint and the findings of the report. • Group Directors and Ward Managers reviewed Talk 1st data to highlight themes and trends. • All use of mechanical restraint agreed and regularly scrutinised at Group Director level. All use of mechanical restraint are reviewed at After Action Reviews which are attended by a Group Director, to offer challenge and scrutiny.
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
LD and Autism wards 2019	• Further work to be completed to identify if the body map could be available as part of RiO rather than ward staff having to upload a separate document • A smaller monthly audit to be implemented on selected cases to monitor change with a further full audit to be repeated in 3 months. • Consider during Quarter 1 whether audit should be carried out Trust-wide.
LD and Autism wards 2019	• The newly established Empower Programme Board will coordinate all actions in relation to restrictive practices. • The formal membership and articulation of priorities for each of the 4 elements (HOPEs model, Positive and Safe, Human Rights and Trauma Informed approaches) to be developed during Quarter 1 and Quarter 2. • Areas which are already contributing to reducing restrictive practices are elaborated below: – Continue to establish and embed the LTS and Prolonged Seclusion panels and review its impact on restrictive practices within the Trust. – Embed the Clinical Ethical Group and disseminate any Trust-wide learning. – Further embedding of Safety Pods. – Continue to roll out PAUSE training at Trust induction during Quarter 1 and 2.

	– Continue to offer Post Graduate Certificate in Reducing Restrictive Interventions which is a joint development by CNTW, TEWV and Cumbria University – current cohort of staff qualified in September 2021 and the next course is already significantly over subscribed.
CAMHS wards 2020	• Review of policy – format of debrief/post incident support to be altered to reduce to four questions (Is everyone safe, what happened, what went well, what do we need to do differently or what did we learn). Completed with Trust-wide representation. • Short training session to be incorporated into supervision agenda to ensure application of policy. • Formal audit tool and baseline assessment completed. • RiO – support to link debrief into case note / progress notes – action to be carried forward into Quarter 2 and 3.
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
LD and Autism wards 2019	• A scoping meeting to be held with identified lead to review audit tool and timescale for rolling out Audit Trust-wide. • Communication to all staff regarding the Policy, reinforcing the need for body maps after each incident of restraint. • North Cumbria has implemented a draft Audit, the first results have been completed and shared with teams and these have been reviewed within the CBU's. • Audit Tool has been agreed and communication developed to help the localities understand what needs to be recorded.
LD and Autism wards 2020	• The Long Term Segregation and Prolonged Seclusion Review Panel is in place and will continue to, review cases across the Trust on a weekly basis, provide assurance to the Board and promote learning across the Trust around this area of practice. • With the exception of Mitford within autism services, MRE continues to reduce within learning disability pathways across the Trust. • The first meeting of the Empower Board was held on 20 July 2021 where updates were received from the four work stream areas including Long Term Segregation, Positive and Safe, Human Rights and Trauma Informed Approaches. • Plans have been identified to progress each of the priorities in the work stream areas. • Trust Innovation will be liaising with the work stream sponsors to project manage the programme.
CAMHS wards 2020	• Amendments to Policy and new templates to be submitted and agreed by Policy owner. • Supervision crib sheet re carrying out debrief to be agreed and circulated. • Pictorial debrief to be included within appendix. • Audit to be carried out to measure fidelity to Policy.
Actions taken at core service level during Quarter 1 21/22 (April, May & June):	
CAMHS wards 2020	• All staff to be trained in the CNTW Empower Programme which brings together initiatives such as Positive and Safe, Human Rights, Trauma Informed Care and HOPEs Model and will ensure the roll-out of this methodology across all Children and Young People's services. Three staff members have enrolled for HOPEs training, one at each CYPS inpatient site. Training begins week commencing 28/06/21.

	• Individualised care plans continue to be reviewed and discussed in multi-disciplinary meetings; this includes patient and carer involvement, and will be evidenced and audited. • Clinical Lead Nurse continues to provide scrutiny and case load supervision to improve compliance with safeguards and embed review process. • CBU continue to review the de-brief process to ensure a robust de-brief happens after each incident of restraint, for both staff and young person involved. Clinical Nurse Managers to review the debrief process with a view to ensuring the full post incident review process happens after every incident.
Actions taken at core level during Quarter 2 21/22 (July, August & September)	
CAMHS wards 2020	• Identified staff will attend HOPEs training. • The training programme for the CAMHS accredited training continues and a programme for staff attending has been agreed. The next cohort of CYPS accredited training to start in August 2021. • A process was implemented following the inspection where it was agreed that an After Action Review would take place after each MRE incident. At a recent review it was recognised that there were issues around the operational implementation and monitoring of the process. A robust process will be implemented and monitored through CBU and locality Quality Standards meeting. • Clinical Nurse Managers continue to carry out audits of all post incident debriefs and review the quality and frequency to ensure that these occur after every incident and that the standards are always as we would expect. Where debrief is declined by the patient there is an attempt to engage the patient in an informal discussion and reflection on the incident by nursing staff. • On occasions where staff decline de-brief this is addressed as part of clinical supervision to encourage engagement and also provide the opportunity for staff to have an informal debrief through discussion with their supervisor. • Debrief processes require further embedding and from July 2021 incidents and debriefs are to be reviewed monthly as part of the CYPS operational and governance meetings and presented quarterly to the locality Quality and Safety meeting.
Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):	
LD and Autism wards 2019	• Body map documentation to be added onto RiO during Quarter 3. • Audit Tool has been agreed and initial Audit will be carried out in October/November 2021.
LD and Autism wards 2020	• All Long Term Segregation and Prolonged Seclusion patients across the Trust have been reviewed by the review panel. The panel will continue to review cases across the Trust on a weekly basis. • Work continue with the Empower Programme which is being supported by NTW Innovations. • Review/revision of the Trusts Seclusion Policy is taking place
CAMHS wards 2020	Restrictive practices, MRE: • During Quarter 3 HOPEs training will continue to be rolled out. • The Empower Board, jointly led by Dr Rajesh Nadkarni and Gary O'Hare, is established on a monthly basis. Work stream Leads and

	locality representatives are coming together to collaboratively discuss areas of focus, and streamline the interfaces of the Empower initiatives, forming under the work streams of Positive and Safe, Trauma Informed Care, HOPEs, and Human Rights. Progressively, all leads are now confirming a set of priorities, which form into plans on rolling out the Trust-wide approaches in the coming months, some in the form of pilot schemes. Incident debriefs: • Post incident support work completed. • Further work required on audit tool to be used – working group to be scheduled to include locality representatives. • Further working group to be scheduled to work on training needs for staff group to be confident in facilitating high quality debrief. • Policy to be ratified.
CAMHS wards 2020	• MRE continues to be monitored weekly by the Clinical Manager for Quality. There had been a reduction in MRE use until September 2021 when MRE increased due to the patient group at Alnwood at the moment. • Work has commenced locally in relation to debriefs to understand figures and recording processes in place.

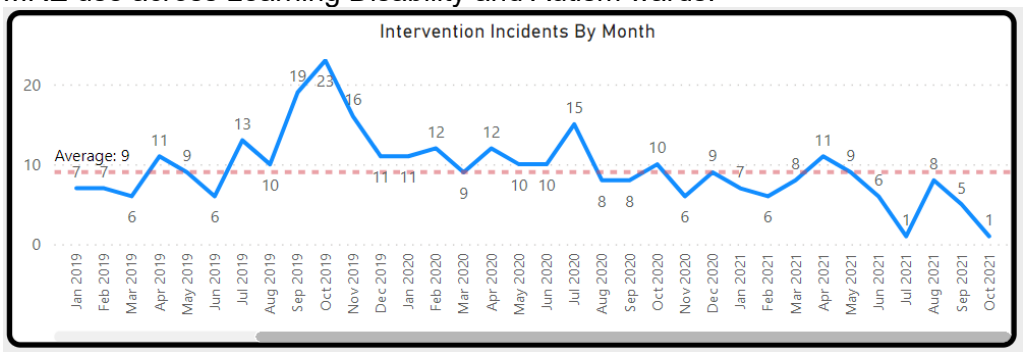
Evidence of Impact:

Focused MHA Reviewer visit to Hopewood Park. Feedback from these visits included; poor discharge planning, poor record keeping and capacity reviews regarding medication were not completed at appropriate times.

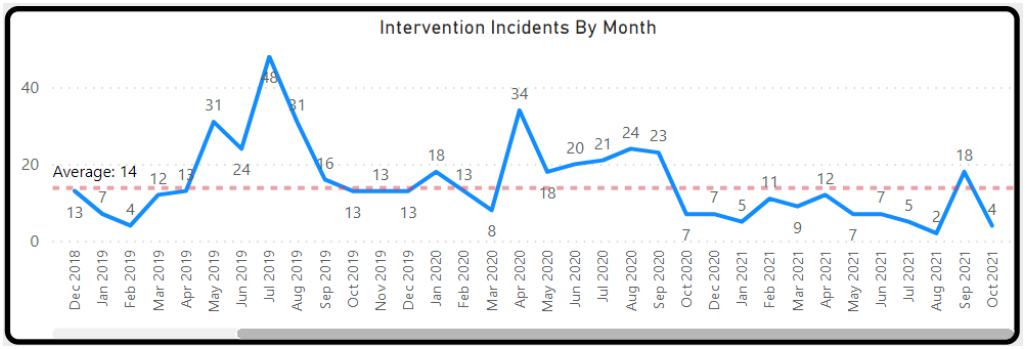
Current episodes of Long Term Segregation/Prolonged Seclusion per core service:

- Child and Adolescent Mental Health Wards – 4
- Wards for people with a learning disability or autism – 4
- Forensic inpatients or secure wards – 1
- Acute wards for adults of working age and PICU – 4
- Long stay rehabilitation ward for working age adults – 1

MRE use across Learning Disability and Autism wards:



MRE use across Child and Adolescent Mental Health wards:



Compliance with staff and patient debriefs in Children and Young People's Inpatient services is as follows:

- Ashby
  In August 2021, 11% of staff debriefs were completed. A further 33% were offered but were declined. 0% of young person debriefs were completed. A further 11% were offered but declined. September data was not available as Alnwood has temporarily been without Assistant Psychology cover.

- Lennox
  In August 2021, 23% of staff debriefs were completed. A further 9% were offered but were declined. 21% of young person debriefs were completed. A further 6% were offered but declined. September data was not available as Alnwood has temporarily been without Assistant Psychology cover.

- Fraser
  In September 2021, 54% of staff debriefs were completed and 17% of young person debriefs were completed. 0% were declined by staff and patients.

- Stephenson
  In September 2021, 15% of staff debriefs were completed and 71% of young person debriefs were completed. 0% were declined by staff and patients.

- Redburn
  In September 2021, 100% of staff debriefs were completed. All young person debriefs were declined.

- Redburn PICU
  In August 2021, 50% of staff debriefs were completed. 37% of young person debriefs were completed. 25% were declined by staff and patients. September data was not available.

- Lotus
  In September 2021, 18% of staff debriefs were completed. 0% of young person debriefs were completed. 0% were declined by staff and patients.

Restrictive practice/debrief compliance was identified as an issue during the MHA Reviewer visit to Lotus ward during Quarter 2.

Status:	
LD & Autism wards Year: 2019 Org: CPFT	It is requested that an extension be given to 31 December 2021 for this Must Do action plan so an initial audit can be carried out during Quarter 3.

LD & Autism wards Year: 2020 Org: CNTW	Closed by Board of Directors on 4 August 2021.
LD & Autism wards Year: 2020 Org: CNTW	It is requested that an extension to given to 31 December 2021 for this Must Do action plan to allow further improvements in relation to Long Term Segregation and Seclusion safeguards.
CAMHS wards 2020	Further action required to make improvements in relation to MRE use and improve incident debrief compliance.

Must Do Theme: (4) Appraisal and training	**Ramona Duguid, Chief Operating Officer Supported by: Marc House, Head of CNTW Academy**
Planned timescale for closure: 31 March 2022	
Community LD Year: 2015 Org: CPFT	The trust must ensure that all staff have an annual appraisal.
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that staff complete the mandatory training courses relevant to this service in line with trust policy to meet the trusts training compliance targets.
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that staff complete their mandatory and statutory training.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
Community LD	Consultation of New Appraisal Policy took place in January 2021 however rollout was deferred until April 2021.
Community CYPS LD & Autism wards	Essential training to continue to be made available via e-learning and Teams where e-learning isn't available or appropriate. Support continues to be offered where staff have difficulties accessing courses and weekly updates on any known issues are shared with staff across the localities.
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
• Rollout for the New Appraisal Policy and training package developed. • The Academy will continue to offer relevant and sufficient training places to meet the targets required and support staff to access e-learning. • Training continues to be offered via Teams where face to face is currently not viable due to current restrictions on work practices.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
• During 21/22 there has been a concerted effort throughout the organisation in both clinical and non-clinical service areas to ensure high levels of training compliance within the mandatory training fields with a particular focus given to achieving the Information Governance compliance level of 95% by the end of June 2021 (this has been achieved). In addition, we are producing a report from the dashboard which confirms monthly those staff who will be non-compliant in their Information Governance training, this will allow for ongoing monitoring rather than a once a year annual focus. • Having reviewed the current Accountability Frameworks along with the training dashboards it has been agreed that the following areas will have a particular focus during Quarter 2: Appraisals, Fire, Safeguarding Children level 3, Mental Health Act / Mental Capacity Act / DOLs. • Every week bespoke data will be obtained on these four priorities and considered by a representative group from clinical, corporate, and training departments. Progress	

against these training requirements will be shared with the responsible Directors on a regular basis. On the 14th July 2021 the Trust returned to Opel 2 and all training and appraisal were paused due to current staffing pressure.

Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):

Localities continue to adjust their trajectories in line with their progress.

Evidence of Impact:

- The standards for the following training courses remain above standard across all groups during Quarter 2:
  Health and Safety, Moving and Handling, Safeguarding Children (level 1), Safeguarding Adults, Equality and Diversity, Hand Hygiene

- The standards for the following training courses remain below standard across the groups during Quarter 2:
  MCA/MHA/DOLS Combined, Seclusion, PMVA Basic and Breakaway, Information Governance

- Fire, Clinical Risk, Medicines Management, Rapid Tranquilisation training compliance has deteriorated across the North Cumbria group.

- Clinical Supervision, Safeguarding Children (level 3) training compliance has deteriorated across all groups with the exception of the South group.

- Safeguarding (level 2) training compliance has deteriorated within the North Cumbria and North groups.

- MHCT Clustering training compliance has deteriorated across all groups with the exception of the North group.

- Appraisal compliance has deteriorated across the North Cumbria, North, Central groups and Support and Corporate Directorates during Quarter 2:
  - North Cumbria Locality - 70.3% (June), 65% (September)
  - North Locality - 76.8% (June), 68% (September)
  - Central Locality - 75.1% (June), 71% (September)
  - South Locality - 85% (June), 80.6% (September)
  - Support and Corporate - 67% (June), 61% (September)

Status:

Ongoing further action required to make improvements.

Must Do Theme: (5) Clinical supervision	Lead: Dr Esther Cohen-Tovee, Director of AHPs & Psychological Services
Planned timescale for closure: 31 March 2022	
Community OP Year: 2017 Org: CPFT	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues its development of staff supervision and the board have clear oversight of both quantity and quality of supervision.
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff receive regular supervision.

Actions taken at core service level during Quarter 4 20/21 (January, February & March):

As per Trust-wide response.

Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):

- Audit report and recommendations completed and approved at CSOG (Clinical Supervision Oversight Group) on 25/03/21.
- Recommendations for further improvements arising from Trust-wide audit shared with CBUs via CBU CSOG representatives for action.
- These recommendations include that clinical supervision dashboard reports for all services are regularly reviewed at CBU meetings; to be implemented by 01/07/21.
- Audit recommendations regarding increasing the emphasis of the clinical supervisor's responsibility to record the date and the duration of clinical supervision on the online recording system, within both clinical supervision full day and update training was completed in March 2021.
- 2020 Clinical audit data regarding quality of clinical supervision and the supervisory relationship were very positive.
- Clinical Audit report and recommendations submitted for the Trust Clinical Effectiveness Committee agenda for 06/04/21.
- Quarter 4 clinical supervision figures have been escalated to CSOG CBU representatives for action ahead of the finalising of the audit report and recommendations. The audit report provided a more positive picture with 89% of staff confirming that a record was kept of the dates and durations of their supervision sessions, however the sample size is smaller with 30.1% eligible staff participating in the audit.

Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):

- Targeted dissemination of the audit results and report regarding the clinical supervisor recording the date and duration of clinical supervision using the online recording system (CSOG Chair and CBU CSOG representatives).
    - Audit report has been shared at BDG.
    - Communication for all clinical staff and managers was sent out in the Trust Bulletin on 29/06/21.
    - CBU representatives not in attendance at CSOG have been prompted to respond with an update and to confirm they were still the representative for their CBU.
- Operational services implement regular monitoring of recording of clinical supervision through dashboard reports, and support clinicians to meet Trust standards regarding recording dates and duration of clinical supervision (CBUs and relevant corporate services leads).
    - Some (but not all) CBU representatives have confirmed this is in place. Two CBUs have set up specific groups to monitor and lead on this. Staffing solutions are monitoring and have set up group supervision sessions to increase access to clinical supervision.

- The 2020/21 Trust-wide Clinical Supervision audit report and recommendations have been approved at Trust Quality and Performance Committee.
- In addition to the above, system changes have been agreed to make recording and compliance easier for qualified bank only staff.
- The possibility of reliance on paper records in some areas has been identified. Communications in the Bulletin on 29/06/21 emphasised paper records can no longer be used, and any services using paper records must fully utilise the online recording system by 01/08/21.

Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):

- Training video produced in August and made available to facilitate and support use of the online recording system via a 7 minute briefing presented to Trust Managers meeting on 19 August 2021 and subsequently circulated to all Trust Managers.
- Revised user guide and FAQs was also produced and circulated through the 7 minute briefing described above.
- CSOG discussed ways in which the system could be simplified, if acceptable in terms of governance. It was noted by the CSOG that the system that is in place is in fact simple and easy to use, and the view of the group was it would be more desirable to add additional detail. It was not thought that the system could be simplified while retaining the essential governance requirements and it was hoped that the additional supporting materials would support improved adherence and data quality.

Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):

- CBUs and Corporate clinical areas to continue to monitor their clinical supervision data on a regular basis and identify any teams or areas that may need support to improve adherence to policy and recording.
- 7 Minute briefing re clinical supervision recording to be shared with all staff through Safer Care Bulletin.
- CSOG representatives to work with colleagues on culture change where needed to support behaviour change to prioritise both the implementation of clinical supervision and its recording as per policy.

Evidence of Impact:

Current position as of 30 September 2021(Including improvement √ or deterioration from last quarter):

32%: Medical Directorate
21%: √ Chief Nurse Directorate
39%: North Cumbria Group
37%: North Group
50%: Central Group
55%: South Group
59% AHP & Psychological Services
51% Pharmacy

Status:

Ongoing further action required to make improvements.

Must Do Theme: (7) Documentation of consent to medical treatment	**Lead: Dr Patrick Keown, Group Medical Director**
Planned timescale for closure: 30 October 2021 (30 December 2021)	
Community OP Year: 2017 Org: CPFT	The trust must ensure that consent to treatment and capacity to consent is clearly documented in patient's records.
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
Data received with regard to capacity to consent (initiation and review of antipsychotics) to be circulated to Locality Leads for Older People's Services with a request that this is reviewed and narrative provided with regard to how this is will be addressed. Analysis to be undertaken to see if it can be established the reasons for differences in recording across the localities. Action above is on-going and planned work is discussed in below.	
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
• To undertake analysis of the data and information received as above and information to be taken for discussion at the Older Persons Strategic Clinical Network. • To request updated data with regard to capacity to consent (initiation and review of antipsychotics) to provide comparison • To review consent to treatment/capacity to consent within wider services across CNTW. • Consent and Capacity to continue to be monitored via the MHL Steering Group.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
• Work has been paused due to COVID-19 response.	
Planned future Trust-wide actions to be undertaken during Quarter 3 21/22 (October, November & December):	
• To review within a task and finish group the various places on RiO that this information can be recorded and along with the RiO team explore whether there is another option for recording of consent to treatment and capacity to consent. • Within the task and finish group explore the contents of the consent to examination or treatment policy to establish whether this is being followed. Policy includes consent forms for completion including for those patients who lack capacity. • To establish if by using CRIS (Clinical Record Interactive System) we could extract data with regard to this issue from progress notes or other areas of the electronic record. • To undertake a mini audit of notes in Older People's community teams to assess compliance. • Internal audit scheduled to look at the initiation of antipsychotic medication for symptoms or behaviours related to dementia. To identify a lead to assist with this audit.	
Evidence of Impact:	
For the metric 916 – service users who had a discussion recorded at the point of their detention, there has been an improvement during Quarter 2 within North Cumbria and South localities. In North and Central localities there has been a deterioration of compliance. • North Cumbria Locality – 60% (June), 70% (September) • North Locality – 74% (June), 63% (September) • Central Locality – 59% (June), 44% (September) • South Locality – 72% (June), 79% (September) Issues with consenting to medical treatment was identified as an issue in 8 of the 11 wards visited by MHA Reviewers during Quarter 2.	

Status:
Further action required to make improvements. It is requested that an extension be given to 31 December 2021 for this Must Do action plan to enable further assurances to be gained that there has been an improvement.

Must Do Theme: (9) Environmental issues	**Lead:** **Paul McCabe, Director of Estates and Facilities & David Muir, Group Director**
Planned timescale for closure: 30 June 2021	
Long stay / rehab wards Year: 2015 Org: CPFT	The trust must ensure that the first floor of the building has clear lines of sight and an alarm call system that can be easily accessed to summon assistance.
Planned timescale for closure: 30 September 2021 (30 June 2022)	
Adult acute wards Year: 2019 Org: CPFT	The provider must maintain premises in good condition and suitable for the purpose for which they are being used.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that the health-based places of safety promote the privacy and dignity of patients in Carlisle and Whitehaven. The trust must ensure they take action in response to regulatory requirements and the findings of external bodies.
Planned timescale for closure: 30 July 2021	
OP wards Year: 2019 Org: CPFT	The provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation on Oakwood is either no longer used or a robust assessment and mitigation of risk is put in place.
Planned timescale for closure: 30 June 2021	
Community OP Year: 2017 Org: CPFT	The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.
Planned timescale for closure: 30 April 2021	
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that the environment at Edenwood is improved including the provision of specialist furniture which meet the needs of the patient using this service
Actions taken at core service level during Quarter 4 20/21 (January, February & March);	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
Long stay / rehab wards	Approval has been given to ensure the following wards have nurse call systems. The timing of the work will partly be dependent on COVID-19 restrictions. • Hadrian • Edenwood • Rowanwood • Yewdale (West Cumberland)
Adult acute wards	• Completion of assessment of anti-ligature en-suite door and put in place recommendations subject to financial approval. • Currently the Yewdale ward has had the en-suite door curtain rails replaced and standardised, this is an interim

	position and if the “saloon” style doors are approved then wards in Cumbria will be fitted with this type.
MH crisis teams	The service to submit to CDT-Business the business case for the place of safety works at Whitehaven.
OP wards	Work on Oakwood was delayed due to COVID-19, work will commence at the end of January 2021, complete by March/April 2021.
Community OP	• Brookside and Park Lane refurbishment work has been carried out along with the creation of a Patient Toilet at Portland Square. Lillyhall has now been occupied. • Assurances received from Cumbria Estates regarding the maintenance of medical equipment.
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
Long stay / rehab wards	Nurse call system installations are well under way for Hadrian and Rowanwood wards and will be completed in April 2021. Edenwood is being used as a decant and so a Nurse Call system is not required at this point. Yewdale ward has a system fitted.
Adult acute wards	Work has been done in conjunction with the supplier of the anti-ligature door (Safehinge primera) as there was a concern regarding the bottom bracket. The issue has been resolved and a recommendation will be made on this product that it is suitable to install. The roll-out will be determined across the Trust on a prioritised basis (as determined by the Environmental Safety Group). Yewdale ward will be considered in the prioritisation.
MH crisis teams	Consideration being given to centralisation of 136 Suites into Carlton Clinic site. Various repairs have been done to suite in Whitehaven.
OP wards	The Oakwood scheme has started and is due for completion mid-June 2021.
Actions taken during Quarter 2 21/22 (July, August & September):	
Long stay / rehab wards	There is a different patient group utilising this ward since the original inspection was undertaken. There were two issues, line of sight and nurse call, the line of sight is mitigated by strategically placed mirrors and a nurse call system is in place.
Adult acute wards	Hadrian Business Case submitted to CDT-B and accepted. Estates and operational planning underway, work to begin in September 2021. Yewdale condition is being reviewed by estates in liaison with NCIC estates.
MH crisis teams	Plan was submitted to Clinical Environmental Safety Group. However, as work is above £25k then project should be support by a business case via CDT-B.
OP wards	The Oakwood scheme completed and patients returned to ward on 25 August 2021.
Planned actions to be undertaken during Quarter 3 21/22 (October, November & December):	
Adult acute wards	<u>Hadrian</u> • Completion of enabling works • Ensuring staff numbers sufficient • Decant if above parameters met Mid October - Mid November

	Operational planning work has continued with further papers x2 being submitted to Executive Directors meeting and Business Delivery Group for approval of decant options. Decision made to support 2x 10 bed decants. Decision is that old Ruskin and Rowanwood will be used. Next stage of planning is agreeing the staff numbers against the proposed model. CERA assessment of old Ruskin has been complete and a further meeting is planned to review impact. <u>Yewdale</u> Work on Yewdale not progressing and there appears to be a range of outstanding areas to address. These are being followed up by Director of Estates and Facilities with NCIC colleagues.
MH crisis teams	Business case to be submitted fully, scheme of works devised with operational plan to support.
Evidence of Impact:	
To further develop the evidence of impact.	
Status:	
Adult acute wards MH crisis teams	Further action required to make improvements. It is requested that an extension be given to 30 June 2022 for this Must Do action to enable works to be carried out which may take several months.
OP wards	Propose to close action at Board of Directors on 3 November 2021.
Community OP	Closed by Board of Directors on 26 May 2021.
LD & Autism wards	Closed by Board of Directors on 4 November 2020.
Long stay / rehab wards	Closed by Board of Directors on 4 August 2021.

Must Do Theme: (10) Risk assessment and record management	**Lead: David Muir, Group Director & Elaine Fletcher, Group Nurse Director**
Planned timescale for closure: 31 March 2022	
Community LD Year: 2015 Org: CPFT	The trust must ensure that staff complete and record patient's risk assessments consistently evidencing contemporaneous care records for patients who use services.
Community CYPS Year: 2017 Org: CPFT	The service must ensure that all young people receive a thorough risk assessment which is recorded appropriately in accordance with the trusts policies and procedures to ensure safe care and treatment.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established to maintain the records of each patient accurately, completely and contemporaneously.
LD & Autism wards Year: 2020 Org: CNTW	The trust must ensure that risk assessments are regularly updated to reflect current risk and needs of patients.
Actions taken at core service level during Quarter 4 20/21 (January, February & March);	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
• To continue to raise these issues through the relevant Trust-wide forums i.e. Trust-wide Record Keeping Group and Risk Clinical Reference Group. • To continue to monitor compliance with the metrics below for improvement.	
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	

- Update from the Risk Clinical Reference Group taken at BDG Safety February 2021. A further discussion to take place, but looking to support an 18 – 24 month project that would not just be able changing the risk tools, but also looking at culture.
- To continue to monitor compliance with the metrics below for improvement.
- FACE Risk Assessment Tool now live in North Cumbria the first metric below shows that this information is now pulling through and North Cumbria is now 91% compliant. There are no issues with compliance within any of the localities with regard to these metrics as at June 2021.
- Regular Audits of information continue to take place across the Trust, which monitors compliance with the issues raised.

Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):

- The transition of GRIST to FACE has now been completed and the project group was closed at the locality Quality Standards group held on 07/09/2021.
- During the project, both parts of the FACE training was implemented.
- All of the GRIST data has now been successfully migrated onto RiO and the testing of this is almost complete.

Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):

- Ongoing mandatory training will be monitored by the individual line managers.
- To ensure the FACE documents are being completed in a timely manner since the go live date, a process of monitoring is to be completed using data provided by the Commissioning and Quality Assurance team on a weekly basis. The Clinical Manager for Quality will be responsible for monitoring the completion rates of FACE documents along with data regarding risk assessments completed within a 12-month period. This will be shared with the Clinical Managers on a weekly basis.
- A compliance audit will be commenced in September 2021 with data being collated monthly. The purpose of this is audit is to review the completion of the FACE documents ensuring all the relevant sections have information within them. A tool has been produced for each of the different versions of the FACE document.
- A quality audit will commence in November/December 2021 and the purpose of this audit will be to review the quality of the completed FACE documents. The audit tool for this is still to be finalised.

Evidence of Impact:

CPA service users with a risk assessment undertaken/reviewed in the last 12 months at Quarter 2:

- North Cumbria Locality – 29% (March) FACE risk assessment only (GRIST) not pulling through information, 91% (June), 90% (September)
- North Locality – 98% (June), 98% (September)
- Central Locality – 98% (June), 97% (September)
- South Locality – 98% (June), 98% (September

Service users with identified risks who have at least a 12 monthly crisis and contingency plan at Quarter 2:

- North Cumbria Locality – 91% (June), 89% (September)
- North Locality – 94% (June), 95% (September)
- Central Locality – 95% (June), 94% (September)
- South Locality – 96% (June), 96% (September)

Clinical risk and suicide prevention training standards at Quarter 2:

- North Cumbria Locality – 71% (June), 70% (September)
- North Locality – 88% (June), 85% (September)
- Central Locality – 88% (June), 86% (September)
- South Locality – 89% (June), 86% (September)

One issue was identified (out of 11 MHA Reviewer visits) in relation to the completion of risk assessments during Quarter 2.
Status:
Continue to monitor rollout of transition from GRIST to FACE which started on 19th July 2021.

Must Do Theme: (11) Staffing levels	**Lead: Anne Moore, Group Nurse Director**
Planned timescale for closure: 30 September 2021 (30 March 2022)	
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people referred to the service.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure there is always a dedicated member of staff to observe patients in the health-based places of safety.
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.
Adult acute wards Year: 2019 Org: CPFT	The trust must deploy sufficient numbers of qualified, competent, skilled and experienced staff to meet the needs of patients care and treatment.
Actions taken Trust wide in Quarter 1 20/21 (April, May & June)	
Community CYPS	The North Cumbria Locality has medical vacancies within the CAMHS team, the locality has embedded new roles such as nurse prescribers to support the functioning of the team. The service can demonstrate minimal waits to treatment.
Adult acute wards	The North Cumbria Locality can demonstrate a robust approach to ward shift staffing and reporting of breaches. It is acknowledged there is a shortage of substantive staff for all shift, however the ward can evidence how these shifts are covered by a mix of overtime, bank and agency. The ward is able to clearly articulate how many breaches against it set staffing and can demonstrate ward to board reporting.
MH crisis teams	The North Cumbria Locality has provided evidence of the completion and implementation of a standard operating process of the staffing of the place of safety at Carlton Clinic and Yewdale. In addition, the night co-ordinator role has been implemented. There is evidence that the SOP has been agreed at CBU and Group level.
LD & Autism wards	The North Cumbria Locality has provided multiple sources of evidence regarding activities across all inpatient wards. There is evidence of events and timetables that are appropriate for the ward type/environment. There is evidence of patient facing information and displays of the events. There is evidence of continuous improvements at a team level via action planning.
Actions taken at core service in Quarter 1 20/21 (April, May & June)	
As per Trust-wide response.	
Actions taken Trust wide in Quarter 2 20/21 (July, August & September)	
Community CYPS Adult acute wards	• The North Cumbria Locality have adopted identical systems and processes for all CYP services including those linked to children learning disabilities and ADHD assessment service. The Locality now also monitors the wait to 3rd appointment, which gives additional insight into the CAMHS pathway waits. • The locality will continue with the Central Values Based Recruitment for both community and adult services and continue

	with ongoing recruitment. Currently reviewing the possibly of further nurse consultant appointments e.g. liaison and crisis. From a medical perspective we will be settling in our international medical recruits. • New Consultant Psychiatrist has been appointed to Rowanwood.
MH crisis teams	No further action required.
LD & Autism wards	No further action required.

Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):

- During Quarter 2 the Trust experienced significant staffing pressures. These pressures are a result of unprecedented levels of staff absence (Covid staff sickness, Covid related self-isolations and non-Covid staff sickness), a high level of staff vacancies, increased patient acuity and bed pressures across the system. The Gold Command reconvened from mid-July 2021 and is closely monitoring these staffing pressures.
- A Trust-wide Recruitment and Retention Taskforce has been established to support and monitor the position. Actions include:
  - Deployment of Business Continuity Plans to maintain safe staffing.
  - Redeployment of staff based on clinical risk and pressures. Including inter-locality support.
  - Collaborative working with our partners across health and social care.
  - Crisis and ICTS teams proactively working into patients' homes and acute Trusts via liaison to keep people safe and support in the community. Avoiding the need for unnecessary admissions.
  - Non-essential activities have been stood down (training, corporate and external meetings). Recruitment and retention is currently the number one priority.
  - Focus on recruiting to vacant positions via central values-based recruitment.
  - Contacting retired staff with a view to returning.
  - Following recent national guidance on returning isolating staff to work with robust risk assessment and with approval from the DIPC.
  - Redeployment of corporate staff to support operational service delivery.
  - Adjustment of risk registers to reflect current position relating to staffing.
  - Daily operational monitoring through sitreps at Locality level.
  - Exploring the potential in relation to incentivising recruitment within the Trust.
  - Offering Bank staff substantive contracts.
  - Offering part-time staff additional hours.
  - Offering Retire and Return staff additional hours due to current pension rules.
  - Ensuring that all staff due to retire are offered the opportunity to return.

Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):

- The Trust-wide Recruitment and Retention Taskforce is currently meeting fortnightly for oversight of the ongoing actions, as detailed above in the Quarter 2 update.
- As a result of the relaxation of Covid travel restrictions, the Trust has re-established facilitating the transfer of international recruits (both Nurses and Doctors).

Evidence of Impact:

- CYPS waiting times.
- Vacancy levels.
- Safer Staffing reports.

Status:

Community CYPS	Action plans reopened as further action required to make improvements.
Adult acute wards	
MH crisis teams	
LD & Autism wards	

Must Do Theme: (12) Physical health and Rapid tranquilisation	Lead: Anne Moore, Group Nurse Director and David Muir, Group Director
Planned timescale for closure: 30 September 2021 (31 December 2021)	
Adult acute wards Year: 2018 Org: NTW	The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff monitor patients' physical health including, following rapid tranquilisation, in accordance with national guidance, best practice and trust policy.
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure they have effective systems and processes to assess, monitor and improve care and treatment. This includes identifying, individually assessing and reviewing, blanket restrictions, clear oversight of staff supervision and ensuring all physical health monitoring is completed as required. [This must do is also linked to blanket restrictions and staff supervision]
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all staff review patients' observations following the use of rapid tranquilisation to comply with the provider's rapid tranquilisation policy and National Institute of Health and Care Excellence guidance.
Actions taken at core service level during Quarter 4 20/21 (April, May & June):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
• RT audit tool has been reviewed by R Ayre and R Jordan. • Small audit across all four localities to assess compliance by medical staff has been registered with Clinical Audit. R Jordan shared the audit tool we used in November 2019 (as the new tool for the 2021 audit had not been developed on-line at the time of the request) and offered to collate the results. No further update at present. • Article written for Trust Bulletin (19 January 2021) and Safer Care Bulletin (February 2021). Infographics poster now part of CNTW(C) 02 RT Policy (Appendix 4)	
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
• Confirmation given by IMG for audit work to resume (on-hold since January 2021 due to pandemic pressures). • Re-audit registered and underway using May data. • Audit results to be considered at next sub group meeting on 28/06/21.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
• The Clinical Audit results were reviewed by a small working group. There were some delays because of the return to restricted working with the return of COVID-19 over last couple of months. The Clinical Audit report gave limited assurance that physical health monitoring following intramuscular rapid tranquilisation medication is completed consistently across the Trust. The results indicated that improvements were still required in a number of areas. • Revisit training needs - policy states that the monitoring needs to be documented on NEWS2 / PEWS and RT monitoring chart. Last policy review it was only required to record electronically on RiO then NEWS2 chart was introduced but then direction came from Clinical Audit, IT and Safer Care that it was required to duplicate the information on the RT monitoring chart on RiO as this would inform Talk First dashboards, allowing wards to monitor. This is causing confusion. Also issues with temporary staff having the right permissions to be able to input information. Revisiting the training needs will be carried forward into Quarter 3.	

Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):
• Cascade audit results via Business Delivery Group, CQC Inspection Steering Group and Compliance Groups, Physical Health Care Group, Group Quality Standard meetings. • A working group with wider representation from all localities to take actions forward has been established and meets fortnightly. • Review RiO / NEWS2 to see if recording can be simplified. • Establish if Oxeheath wards have better data input and compliance. • Establish if reminders can be put into the RT form on EPMA. • CBUs to establish if what checks are being carried out by Nurse in Charge and supervision arrangements for RT to be covered in this. • Agency access to RiO to be confirmed. • Approve the audit/audit action plan for circulation/dissemination. • Rapid tranquillisation learning package and pull relevant sections into power point for delivering to HCA's on the wards who may be tasked with undertaking observations. • Plan next audit.
Evidence of Impact:
Results of re-audit.
Status:
It is requested that an extension be given to 31 December 2021 for this Must Do action plan to enable further actions to be carried out and re-audit to take place.

Must Do Theme: (14) Staff engagement	**Lead: Elaine Fletcher, Group Nurse Director**
Planned timescale for closure: 30 September 2021 (30 June 2022)	
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff working on Rowanwood feel supported, valued and respected following serious incidents beyond ward level.
Actions taken at core service level during Quarter 4 20/21 (January, February & March);	
The planned facilitated listening and learning event with the ward team did not take place in January as a result of COVID-19 pressures within the locality.	
Actions taken during Quarter 1 21/22 (April, May & June):	
• Facilitated feedback session to be arranged with the staff on Rowanwood to discuss the theming from the Stress Risk Assessment. • Further sessions will be arranged and will cover the following: - Introduction to the programme, vision, values and agreed team charter/compact. - Session for staff to Identify areas of improvement and outline next steps. - Set up follow up sessions for improvement projects. - A date has been arranged for the relevant staff to meet in April to agree dates for the planned sessions.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
• Due to the delay since the initial introduction of this process 2 listening events are to be arranged, one of these took place in June and a further event is to be arranged during July 2021. The sessions have been structured and allow questions and answers. • Further focused development sessions will take place thereafter where the team will start setting the scene for the vision and values which will form part of the ward charter. • 2 half day sessions to be planned in September which will bring all the information together from the structured development sessions and will use these to complete the charter. On-going support will be offered from the innovations team.	

Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):
This ward has now been closed on a temporary basis. Actions will be reviewed prior to re-opening of ward.
Evidence of Impact:
Baseline survey results.
Status:
It is requested that an extension be given to 30 June 2022 for this Must Do action plan.

Must Do Theme: (20) Management supervision	**Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance**
Planned timescale for closure: 31 December 2021	
Community OP Year: 2017 Org: CPFT	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.
Actions taken at core service level during Quarter 3 20/21 (October, November & December	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 3 20/21 (October, November & December):	
• Communicate to staff the new system and process (through October). • Start reporting against the 85% standard (October onwards). • Agree a timescale for full compliance across the Trust. • PGN has been ratified by BDG.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	
Continue to monitor compliance although not applying standard in Quarter 4 due to wave 3 of pandemic. Each area will continue to make incremental improvement.	
Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):	
• Trajectories in place across all groups and corporate services. • Managed actioned taken to achieve trajectories.	
Actions taken Trust-wide during Quarter 2 21/22 (July, August & September):	
Due to the impact of Covid the Trust moved back to Opel Level 2 during this period and paused non mandatory activities including achieving standard for Management Supervision.	
Planned future actions to be taken Trust-wide during Quarter 3 21/22 (October, November & December):	
On 1st October 2021 it is planned to reintroduce non mandatory activities including improving compliance with management supervision. Each management area has been asked to review their trajectories to achieve the 85% standard. These will be discussed at the Board in its October meeting. Following agreement of trajectories, we will reintroduce performance monitoring of agree trajectories.	
Evidence of Impact:	
Current Position as of 30 September 2021 (Including improvement √ or deterioration from last quarter): 34%: √ Medical Directorate 30%: Deputy CEO Directorate 31%: Chief Nurse Directorate 61%: √ CEO Directorate 44%: North Cumbria Group 52%: North Group 55%: √ Central Group 71%: √ Provider Collaborative Directorate 63%: √ South Group	

66%: Chief Operating Officer Directorate 77%: Workforce Directorate 70% AHP and Psychological Services Areas achieving full standard of 85%: 85%: Commissioning & Quality Assurance Directorate
Status:
Process in place to record, focus now on delivering in line with trajectories.

Must Do Theme: (6) Risk registers	Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues to make progress against the trust risk register and board members and members of staff understand the process of escalating risks to the board through the board assurance framework.
Crisis MH teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established and operating effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.
Actions taken at core service level during Quarter 1 20/21 (April, May & June):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):	
Trust-wide	Following the CQC inspection there were identified weakness in the approach to risk escalation, risk management and assurance within CPFT. Following the transfer of services, the North Cumbria Locality adopts and implements fully the Risk Management Policy. Evidence that risk register is effectively reviewed and managed in line with the Trust Policy and that there is evidence of a clear link between the register and the Board Assurance Framework.
MH crisis teams	The North Cumbria Locality has provided evidence of adopting CNTW governance structures, evidence of actions, reports completed and sharing of information and cycle of meetings. The CNTW board reported provides evidence of communication processes from Ward to Board. There are standardised agendas in use in team meetings at Group level and these are replicated at CBU level.
Planned future actions:	
No further action required.	
Evidence of Impact:	
• Cycle of risk register review through CDT-R. • Review and update of Risk Management Strategy received by Board in November 2020. • Board Development session in February 2021 to review risks, identify any emerging risks to be added to BAF, review risk appetite categories and scoring. • Development of future Strategy proposed.	
Status:	
Closed by Board of Directors on 5 August 2020.	

Must Do Theme: (8) Collecting and acting on feedback from service users and carers	Lead: Allan Fairlamb, Head of Commissioning & Quality Assurance
Community CYPS Year: 2017 Org: CPFT	The trust must ensure that quality monitoring takes place to measure service performance, outcomes and progress and ensure feedback from young people and their carers is incorporated into this.
Actions taken at core service level during Quarter 1 20/21 (April, May & June):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):	
The Access and Community CBU has provided evidence patient and carer involvement via a locality 'Together' meeting. The North Cumbria Locality is undertaking work to understand the involvement of carers 'Getting to Know You' process. There is evidence that practice has been mainstreamed within the North Cumbria Locality.	
Planned future actions:	
No further action required.	

Evidence of Impact:
Quarterly report to Board on patient feedback
Status:
Closed by Board of Directors on 5 August 2020.

Must Do Theme: (13) Governance	**Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance**
Planned timescale for closure: 30 September 2020	
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it reviews and improves its governance systems at a service level to ensure they effectively assess, monitor and improve care and treatment.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that systems and processes are established and operating effectively to assess monitor and improve the quality and safety of services.
Actions taken at core service level during Quarter 1 20/21 (April, May & June):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):	
Trust-wide	Following the CQC inspection there were identified weakness in the approach to governance within the CPFT model. Following the transfer of services, the North Cumbria Locality adopts and implements fully the governance structures within CNTW.
MH crisis teams	North Cumbria Locality adopted the governance arrangements of CNTW from 1 October 2019.
Actions taken Trust-wide during Quarter 2 20/21 (July, August & September):	
Trust-wide	No further action required.
MH crisis teams	The North Cumbria Access and Community CBU can now demonstrate that Crisis teams have named representative at the CBU meetings. The CBU meeting follows a repeating pattern each month, the agenda cover operational, patient involvement, quality and service sustainability. These agenda have been imported from other localities and the meetings are support by the latest information from trust dashboards The CBU has provided the latest agendas as evidence.
Evidence of Impact:	
• Trust-wide governance structures. • Agreed terms of reference and policies in place.	
Status:	
Trust-wide	Closed by Board of Directors on 5 August 2020.
MH crisis teams	Closed by Board of Directors on 4 November 2020.

Must Do Theme: (15) Medicines Management	**Lead: Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer**
Planned timescale for closure: 30 June 2021	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that all medicines used are labelled and that risk assessments are always in place for the use of sodium valproate in female patients of child bearing age.
Actions taken at core service level during Quarter 4 20/21 (January, February & March):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):	

All four locality CBUs have created valproate action plans on the back of presentation of interim POMH-UK data at BDG-Safety meeting 11 December 2020. Action plans continue to be monitored by BDG-Safety through to completion and include the following initiatives:

- Remaining 49% (n=118) of women and girls of childbearing age, as identified by pharmacy colleagues, are being reviewed for compliance with the valproate PPP
- North Cumbria locality have tasked a Nurse Consultant with undertaking all appointments and ensuring valproate PPP reviews are completed
- CCGs have been approached to provide contemporaneous lists of patients whom are prescribed valproate for a mental health indication to enable cross-referencing with SNOMED-CT report
- Local databases have been created and accessible on shared drives by Nurse Consultants
- A standard letter addressed to all specialist prescribers has been circulated setting out specific responsibilities with deadline for action of end February 2021
- Masterclass training sessions have been authored and arranged by pharmacy colleagues in association with CNTW Academy. Classes underway March 2021
- Creation of a RiO 'virtual team' has been considered to overcome metric methodology implications (open referrals) of eligible patients who have been discharged
- Amber shared care status of valproate in women and girls of childbearing age has been proposed at the NoT Formulary Subcommittee with Medicines Guidance and Use Group (MGUG) beginning work on this initiative. Proposal discussed at SoT Area Prescribing Committee
- Trust notified by NHSE&I National Director of Patient Safety that a recently established Valproate Safety Implementation Group (VSIG) will drive forward work to reduce harm from valproate
- PPT-PGN-25 Safe Prescribing of Valproate currently undergoing routine scheduled review by pharmacy; summary process flowchart to be incorporated to assist prescribers
- Development of a Valproate Documentation section on RiO (under Service Specific Files> Physical Treatment) which will include electronic versions of side effect rating scales and hyperlinks to the Valproate PPP material

Actions taken Trust-wide during Quarter 1 21/22 (April, May & June):

- Presentation of BDG paper to MOC in Quarter 1 21/22.
  Local findings from additional questions added to POMH Topic 20a audit, presented to May 2021 MOC meeting
- Presentation of POMH Topic 20a Trust report to MOC once received from POMH in Quarter 1 2021/22.
  Completed May 21; presentation of findings to MOC and Valproate Oversight Group.
- Receipt of POMH-UK Topic 20a Trust report and interpretation of findings by pharmacy colleagues.
  Completed May 21; presentation of findings to MOC and Valproate Oversight Group.
- Complete review of remaining women and girls of childbearing age as identified in BDG-Safety paper December 2020.
  Completed June 21. All localities are reporting that WGOCP identified as eligible for PPP (from the original n=242 cases appearing in the BDG-S paper December 2020). have been identified and reviewed. Some areas still working to ensure that all those not eligible for PPP have documentation updated to reflect this.
- Contemporaneous CCG patient lists to be compared to SNOMED-CT report to establish if any patients have been overlooked.
  Update by locality:
  North – CCG lists requested and obtained from North Tyneside (none received from Northumberland); comparison to original n=242 cases identified within CNTW is underway.

Central – Newcastle/Gateshead CCGs approached for lists; CCGs completed their own review in April 2021 and are hesitant about providing further lists due to additional administrative burden. CCGs have confidence in existing process (quarterly review by Pharmicus) to ensure all WGOCP are re-referred back to CNTW as per requirements of valproate PPP.
South – Pharmicus carrying out similar work in Sunderland and South Tyneside
North Cumbria - 39 GP Practices approached for data; to date all but 7 practices have submitted a return. Escalated the non-returns within the local CCG. Lists currently being compared.
Action transferred to Valproate Oversight Group – suggest closure

- Further investigation of an IT solution to identify annual Valproate PPP review (for all patients including those open to referral only) and alert prescribers. Action likely to be affected by national Shared Care Protocol – patients not to be discharged in interim (Internal CAS alert CNTW/INT/2021/010).
  Action transferred to Valproate Oversight Group – suggest closure
- Locality SOPs to be drafted to detail process/roles/responsibilities going forward. PPT-PGN-25 currently being reviewed with process flowchart; SOPs unlikely to be needed.

Planned future actions:

None, remaining actions transferred to Valproate Oversight Group for oversight and embedding of standards contained within PPT-PGN-25.

Evidence of Impact:

- Raised awareness of prescribing standards contained within PPT-PGN-25. Presentation of interim POMH-UK findings at BDG-Safety in December 2020, resulting locality action plans and establishment of the Valproate Oversight Group (VOG) have all raised awareness of prescribing standards contained within PPT-PGN-25. Valproate Masterclasses undertaken by pharmacy colleagues have reached 172 staff as of 27 April 2021. Further regular six-monthly Masterclasses to be arranged to engage new medics joining the Trust (VOG action plan).
- Accurate completion of SNOMED-CT alert on RiO will create contemporaneous register of females of childbearing age who are receiving valproate within CNTW services.
  Quarterly SNOMED-CT reports continue to be produced and circulated to locality valproate leads for comparison against locally held patient lists. Business as usual.
- Compliance against PPT-PGN-25 standards will ensure annual risk assessment documentation is copied to the patient's GP and next appointment diarised.
  Q4 2021/22 Clinical Audit to be undertaken to review compliance against PPT-PGN-25 standards. Results to be fed back to MOC, VOG and BDG-S

Status:

Closed by Board of Directors on 4 August 2021.

Must Do Theme: (16) Nurse Call Systems	**Lead: Russell Patton, Deputy Chief Operating Officer**
Planned timescale for closure: 30 June 2021	
Adult acute wards Year: 2018 Org: NTW	The trust must ensure patients have access to a nurse call system in the event of an emergency.
Actions taken at core service level during Quarter 3 20/21 (October, November & December	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 3 20/21 (October, November & December):	
Following discussion with the Locality Group Nurse Directors a phased implementation of the nurse call systems will take place over the coming year subject to priorities identified on the capital programme. At the November CDT-Business this approach was agreed.	

The provision of nurse call systems into facilities at North Cumbria (Hadrian, Edenwood, Rowanwood and Yewdale) and Gibside ward, St Nicholas Hospital, Newcastle was deemed to be the priority.
Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):

• Installation of nurse call systems has been completed for the following wards:
  o Hadrian, Carlton Clinic
  o Rowanwood, Carlton Clinic
  o Yewdale Ward, West Cumberland Hospital
  o Gibside, St Nicholas Hospital
• Edenwood is currently being utilised as decant office accommodation. Prior to any inpatient occupancy a nurse call system will be fitted.

Actions taken Trust-wide during Quarter 1 21/22 (April, May & June)
• Installation of nurse call systems have been completed across all acute wards for adults of working age and PICU across the CNTW patch. • Further conversations between NTW Solutions and other clinical service areas will take place during Quarter 2 and 3 to agree priorities and next steps linked to the available capital budget for 2021/22.
Planned future actions:
No further action required.
Evidence of Impact:
Assurance of completion of work.
Status:
Closed by Board of Directors on 4 August 2021.

Must Do Theme: (17) Bed Management	**Lead: Andy Airey, Group Director**
Adult acute wards Year: 2019 Org: CPFT	The trust must continue to look at ways of reducing out of area placements and the management of bed availability to ensure this meets the needs of people requiring the service.
Actions taken at core Service in Quarter 1 20/21 (April, May & June)	
As per Trust-wide response.	
Actions taken Trust wide in Quarter 1 20/21 (April, May & June)	
Implemented new process and policy which has led to positive feedback from North Cumbria CCG regarding the reduction in out of area placements as a result of the introduction of a new bed management function and policy.	
Planned future actions:	
No further action required.	
Evidence of Impact:	
The number of OAP days during Quarter 2 has increased from 68 to 141 (27 of which were appropriate). • Newcastle Gateshead – 68 (Quarter 2) • North Tyneside – 13 (Quarter 2) • South Tyneside – 13 (Quarter 2) • North Cumbria – 52 (Quarter 2)	
Status:	
Closed by Board of Directors on 5 August 2020.	

Must Do Theme: (18) Section 17 Leave	Lead: Dr Patrick Keown, Group Medical Director
Planned timescale for closure: 30 June 2021	
OP wards Year: 2019 Org: CPFT	The provider must ensure that all section 17 leave forms are individually completed for each patient and show consideration of patient need and risks.

Actions taken at core service level during Quarter 4 20/21 (January, February & March):

As per Trust-wide response.

Actions taken Trust-wide during Quarter 4 20/21 (January, February & March):

- Audits have been evaluated and results showed that compliance was good or adequate in all cases.
- The recommendations of the task and finish group following the findings from the data (i.e. compliance poor if falls on bank holiday or weekends) were shared by CBU representatives within their respective localities – to continue to monitor compliance with section 17 leave through the Mental Health Legislation Steering Group.
- Small group met to discuss accompanied and escorted leave and to review the leave policy. The guidance was circulated by the CBU representatives.
- Work remains on-going with RiO team to look at the possibility of setting up an alert system to assist with compliance.

Actions take Trust-wide during Quarter 1 21/22 (April, May & June):

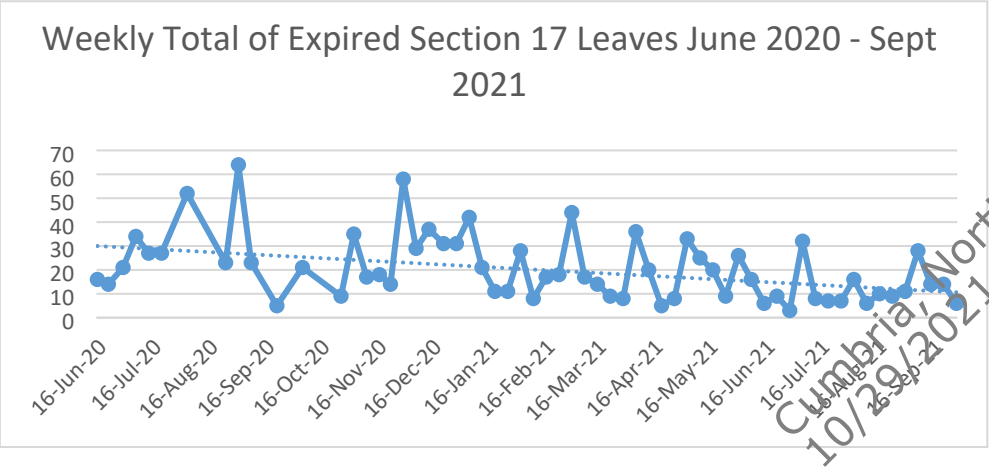
- Monitoring of section 17 data continues as there has been a noted increase in non-compliance during holiday periods.
- Share again the recommendation for expiry dates for section 17 leave forms to be mid-week days avoid weekends and Mondays; avoid end of the month; avoid settings forms to expire during annual leave; use day of the week when there is regular Responsible Clinician input; use at a glance board.
- Share again with Responsible Clinician's in each CBU the guidance produced on escorted and accompanied leave and the need for each patient to have an individualised section 17 leave form.

Planned future actions:

- Monitoring of section 17 data continues. This will be on-going through the Mental Health Legislation Group and the weekly reports which are sent out to all wards.
- Information was shared with relevant individuals as discussed in points 2 and 3 above.

Evidence of Impact:

Section 17 compliance data below. The graph shows that non-compliance with section 17 leave forms continues on a downward trend from an average of 30 per week to under 20 per week.



Issues with Section 17 leave was identified as an issue in 3 of the 11 wards visited by MHA Reviewers during Quarter 2.
Status:
Closed by Board of Directors on 4 August 2021.

Must Do Theme: (19) Clinical audits	**Lead: Dr Kedar Kale, Group Medical Director**
Planned timescale for closure: 31 December 2020	
LD & Autism wards Year: 2019 Org: CPFT	The provider must ensure that clinical audits are effective in identifying and addressing areas of improvement within the service.
Actions taken Trust-wide during Quarter 1 20/21 (April, May & June):	
The North Cumbria locality can demonstrate it has embedded the Trust-wide approach to clinical audit and re-audit. The trust overall has a significant amount of evidence regarding a robust approach to clinical audit.	
Actions taken at core service level during Quarter 1 20/21 (April, May & June):	
As per Trust-wide response.	
Actions taken Trust-wide during Quarter 2 20/21 (July, August & September):	
The North Cumbria locality has significant evidence of audit, action plan and re audit. The Trust has significant evidence of audit process up to committee stage.	
Actions taken during Quarter 3 20/21 (October, November & December):	
• A tracker has been created which will allow the locality to manage the oversight of audit actions that are applicable to the locality. Tracker was discussed and agreed at North Locality Operational Management Group on 1 December 2020. • The tracker will be maintained by the Nurse Manager for Quality who started on 14 December 2020.	
Evidence of Impact:	
• Locality and Trust-wide governance structures. • Locality cycle of meetings. • Locality tracker.	
Status:	
Closed by Board of Directors on 3 February 2021.	

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting on Wednesday 3 November 2021

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	27 October 21
Audit	27 October 21
Mental Health Legislation	27 October 21
Remuneration Committee	
Resource and Business Assurance	27 October 21
Charitable Funds Committee	
CEDAR Programme Board	
Provider Collaborative Committee	29 September 2021

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
Mental Health Legislation Sub Committee **SA5** The Trust Will Be The Centre Of Excellence For Mental Health And Disability **Risk 1691** As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements. SA5.
Board Assurance Framework/Corporate Risk Register risks this paper relates to
Quality and Performance Sub Committee **SA1** Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing. **Risk 1683** There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands. SA1.4 **SA5** The Trust Will Be The Centre Of Excellence For Mental Health And Disability. **Risk 1688** Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. SA5 **SA5** The Trust Will Be The Centre Of Excellence For Mental Health And Disability. **Risk 1694** Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) **SA4** The Trust's Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Us Them. **Risk 1836** A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. (SA4) **SA4** The Trust's Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Us Them. **Risk 1852** There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA4)
Board Assurance Framework/Corporate Risk Register risks this paper relates to
Resource and Business Assurance Sub Committee **SA1** Working together with service users and carers we will provide excellent care Supporting people on their personal journey to wellbeing. **Risk 1680** If the Trust were to acquire service level and additional geographical areas this could have a detrimental impact on CNTW as an organisation. SA1.10 **SA4** The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them. **Risk 1687**: That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme. SA4.2 **SA1** Working together with service users and carers we will provide excellent care Supporting people on their personal journey to wellbeing. **Risk 1762** Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1). **SA4** The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them. **Risk 1853** The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4)
Board Assurance Framework/Corporate Risk Register risks this paper relates to
Provider Collaborative Sub Committee **SA4** The Trust's Mental Health And disability Services Will Be Sustainable And deliver Real Value To The People Who Use Them.

Risk 1831 Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users SA4
SA3 Working With Partners There Will Be “No Health Without Mental Health” And Services Will Be “Joined Up”.
Risk 2041: Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. SA3.2

Board Assurance Framework and Corporate Risk Register

Purpose

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

This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1.**
- A copy of the BAF/CRR is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at end of September 2021 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level.
- A copy of Internal Audit Plan 2021/2022 as **appendix 4**.
- A copy of Clinical Audit Plan 2021/2022 as **appendix 5.**

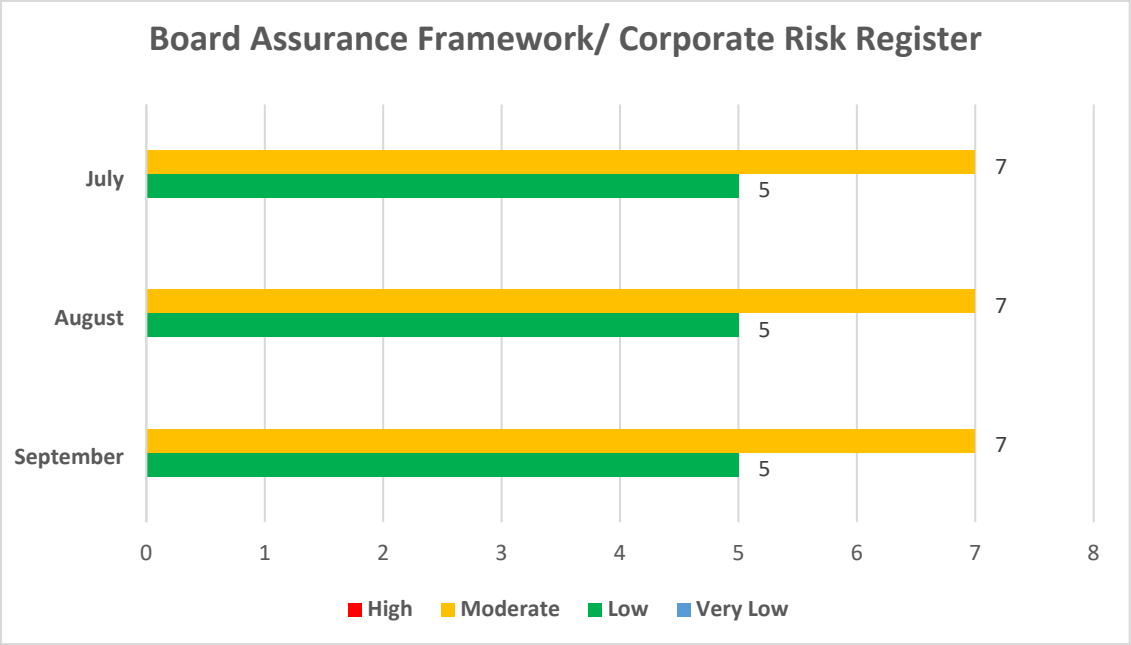
Please note the increase in risks being reported in Appendix 3 of this report. This is due to Web Risk being implement at this level in line with our Risk Management Strategy. Training has been provided to support rolled out at Ward and Department level. A report has been created which informs the Risk Management Lead of any new risks which have been added to Web Risk Register within the last 7 days. This enables any quality issues to be identified and amended immediately. Six monthly Quality Risk Reports are being provided to each Locality to assist with quality issues with existing risks. The Group level/Corporate Risks that exceed the risk appetite will be reported in Appendix 3 as in previous reports. Any risk exceeding the risk appetite at CBU level (Community, Inpatient. Access and Specialist Services) will be recorded as follows: -

- *Risk Numbers*
- *Appetite Category*
- *When Risks was last reviewed with CDT-R meeting*
- *When Risks will next be reviewed within CDT-R meeting*

With the significant increase of risks now being recorded on the Web Risk System it would be not be practicable to include them individually in this report. If any Board Member would like a detailed account of any risk listed in the report at CBU level or has any queries concerning a risk please do not hesitate to contact the Risk Management Lead.

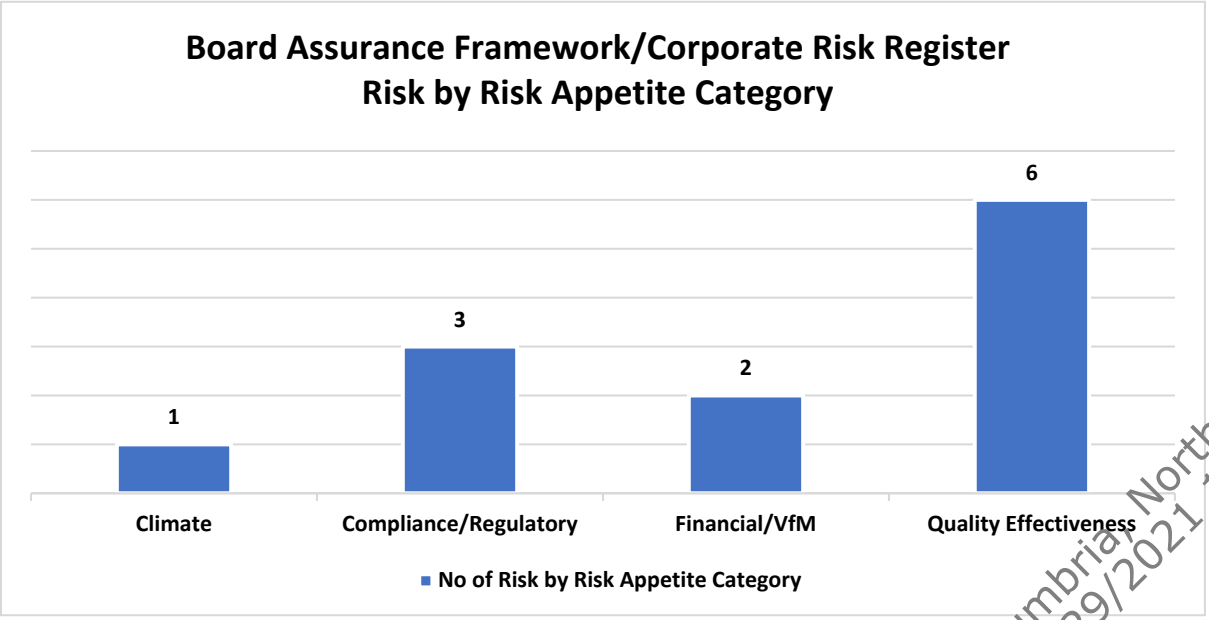
1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at end of September 2021. In quarter 2 there are 12 risks on the BAF/CRR.



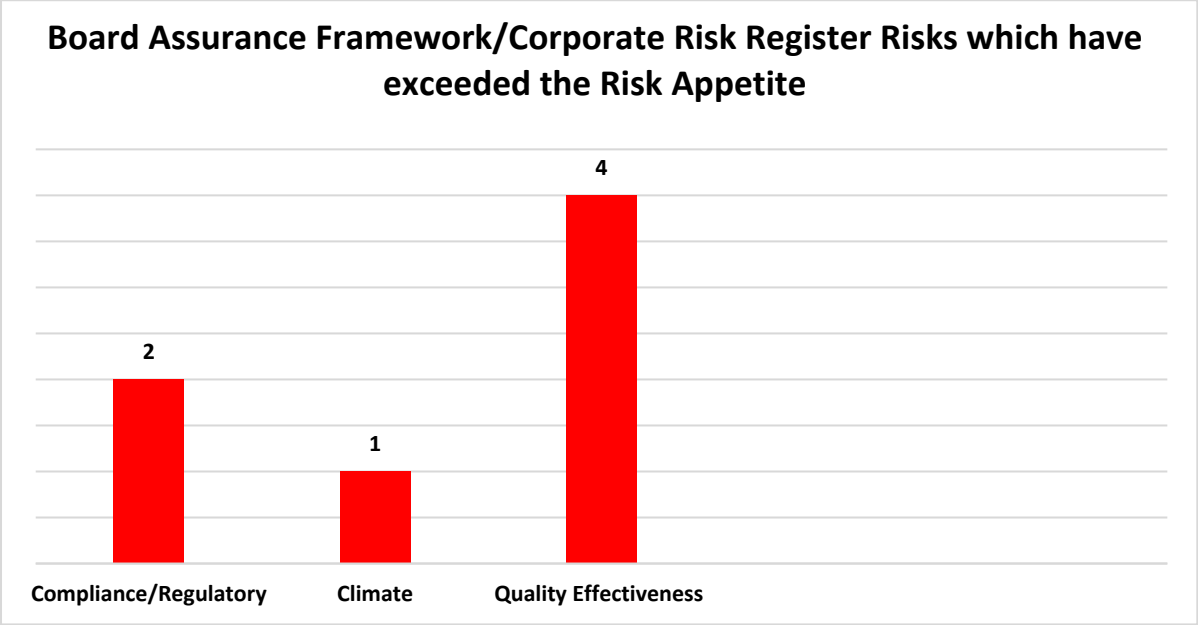
1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (6) which is defined as risks that may compromise the delivery of outcomes.



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 12 risks on the BAF/CRR and 7 risks which have exceeded a risk appetite tolerance.

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



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

Risk Reference	Risk Description	Risk Appetite	Risk Score	Executive Lead
1680v.39 SA1	If the Trust were to acquire service level and additional geographical areas this could have a detrimental impact on CNTW as an organisation.	Compliance/ Regulatory (6-10)	3x4 = 12	Lisa Quinn
1683v.21 SA1	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands.	Quality Effectiveness (6-10)	4x4 = 16	Ramona Duguid
1691v.29 SA5	As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory	Compliance/ Regulator (6-10)	3x4 = 12	Rajesh Nadkarni

	duties and regulatory requirements.			
1694v.17 SA5	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Quality Effectiveness (6-10)	3x4 = 12	Ramona Duguid
1836v.10 SA4	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm.	Quality Effectiveness	3x4 = 12	Ramona Duguid
1853v.9 SA4	The climate and ecological change is effecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change.	Climate & Ecological Sustainability	3x4 = 12	James Duncan
2041v.1 SA3	Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services.	Quality Effectiveness	3x4 = 12	Lisa Quinn

1.2. Amendments to BAF

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

Risk Ref	Risk description	Amendment	Executive Lead
1680 SA1	If the Trust were to acquire service level and additional geographical areas this could have a detrimental impact on CNTW as an organisation.	Three actions completed. 2 new actions added. One control amended to Lotus Ward.	Lisa Quinn
1683 SA1	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands.	One action updated and a new target date set.	Ramona Duguid
1687 SA4	That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme.	Two actions closed and one moved to control. One control and assurance added.	James Duncan
1688 SA5	Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements.	One Action closed and moved to control. Two new actions added	Lisa Quinn
1691 SA5	As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements.	One action added and one action completed. Actions updated. New control and assurance added.	Rajesh Nadkarni
1694 SA5	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	Actions updated and new target dates set.	Ramona Duguid
1762 SA1	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments.	One action completed and moved to control. One new action added. One action target date updated.	James Duncan

1831 SA4	Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users	One new control added. One action closed. One new action added	Lisa Quinn
1836 SA4	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm.	One action updated.	Ramona Duguid
1852 SA4	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients.	Two controls added. One Action closed and one action added.	Gary O'Hare
1853 SA5	The climate and ecological change is effecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change.	One control amended. One action closed. One new action added.	James Duncan
2041 SA3	Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services.	Risk 1682 and 1685 have now been merged. This new risk has now been created to combine both risks. Five new controls and assurances. Three new actions.	Lisa Quinn

1.3. Risk Escalations to the BAF/CRR

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

1.4. Risks to be de-escalated

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

1.5. Current BAF and Emerging Risks

As agreed in the previous meeting Risks 1682 and 1685 have been closed and a new risk has been created to combine both risks. New risk number is 2041.

1.6. Recommendation

The Trust Board are asked to:

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

Yvonne Newby
Risk Management Lead
11 October 2021

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

Risk Appetite Statement

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners. As such, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust will not accept risks that materially provide a negative impact on quality (safety, experience and effectiveness).

However, CNTW has a greater appetite to take considered risks in terms of their impact on organisational issues. CNTW has a greater appetite to pursue Commercial opportunities, partnerships, clinical innovation, Financial/Value for Money and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated and/or it is in the best interests of the population we serve.

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

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Appendix 2

BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER 2021-2022 Quarter 2

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of governance	Improvement review of MHA Training: ((April 2021 Q1 64.6%) (July 2021 61.9%) (Aug 2021 62.8%) (Sept 2021 63.6%)
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW181957 Compliance review of MHA Rights - Good Level - Feb 19	Manage the implications of MM Case - Impact on the ability to discharge detained patients (managed by LD Clinical Services)
3 Decision making framework	3 Decision making framework document	Awaiting the Government response to the consultation to then know what changes will take effect within the Mental Health Legislation
4 Performance review/integrated performance reports	4 Reports to Board and sub committees	
5 Mental health legislation committee	5 Minutes of mental health legislation committee	
6 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	6 MHL Group papers and updates	
7 CQC MHA Reviewer session delivered at learning and development group in November 2018	7 Minutes and papers from Learning and Development Group	
8 Internal Audit 18/19	8 NTW 2018/19/57 Compliance Review of MHA -	

			Patient Rights. Good. NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial	
2	Effectiveness of reporting on themes from MHA Reviewer visits	2	Mental Health Legislation Steering Group. CQC compliance Group will now review themes and this will be carried out monthly.	
3	Regular review and monitoring of CQC themes raised with Groups at the Mental Health Steering Group and BDG	3	Mental Health Legislation Steering Group. CQC compliance Group will now review themes and this will be carried out monthly.	
4	Mental Health Act Reform Consultation ended on 21 April and CNTW submitted their response to the proposed changes on 20 April 2021 to the Government	4	The Government published the response to Reforming the MHA in July 2021. Currently no implementation date and most likely a few years off due to Covid.	
5	Working Task Sub Group to monitor remote assessments and support the digitalisation of the MHA -	5	Reported and monitored by IMG and BDG.	
6	At a glance boards.	6	Report will be used to monitor compliance with consent to treatment provisions within part 4a of the MHA.	

Ref: 1691v.29

Risk Owner: Rajesh Nadkarni

Next Review Date: 28/12/2021

Review/Comments:

27/09/2021 - Yvonne Newby
Reviewed today and updated accordingly with Dr Nadkarni and Andrew Hope.

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1 Urgent and Emergency Care Review Group	1 Monthly updates to BDG	Regularly monitor bed availability, consider use of decant beds as a contingency, further work on the bed census to timely discharge. Where appropriate the greater use of rehabilitation beds to free up acute beds.
2 Regular Reviews & Discussions at BDG and Q&P	2 Minutes of meetings	
3 Established focused pathway review meetings (weekly) looking at Adults, Older People and Children's services with a focus on service flow and efficiency	3 Notes of meetings	
4 The organisations Quality Priorities has given prominence to effective bed utilisation recognising the quality and safety aspects and its direct impact on service users.	4 Weekly reviews of bed utilisation for adults and older peoples. Quarterly reviews of the Quality Priority milestones. Regular reviews of the bed model in terms of capacity. Service user and carer feedback	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1 Bed Management Admission Policy Purposeful Admissions Form 72-hour Inpatient reviews Utilization of anticipated discharge date	1 Compliance with policies and procedures Use of Discharge Facilitators	

Ref: 1683v.21

Risk Owner: Ramona Duguid

Next Review Date: 31/12/2021

Review/Comments:

23/09/2021 - Ramona Duguid
Risk reviewed today. Action updated.

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Access and Waiting Times Group	1 Monthly meeting with supportive clinical specialism subgroups focussing on patient tracker, movement through the pathway, skills and competencies and Long-Term Plan requirements.	The organisation is working with key partners to develop robust flexible and sustainable models at a "place" based level to address the mental health demands of local communities. Transformation funds have been secured at an ICS level via a bidding process and work has commenced on the development of models based on the 5 principles of the Re-think guidance, for example developments in Personality Disorders, Eating Disorders and SMI Rehabilitation.
2 Locality Q & S meetings. Trust wide Q & P Locality Accountability Framework meetings	2 Minutes of meetings	
3 Complaints and Incidents reporting	3 Safeguarding system reporting	
4 Review of waiting times performance data (weekly)	4 Report via the Quality Assurance exception report considered at BDG.	
5 Developing innovative models for consideration by the CMHT Leadership Groups linked to the Long-Term Plan	5 Monthly Primary Care/AARs report, considered at BDG.	

deliverables.	Leadership Meeting minutes Associated business cases	

Ref: 1836v.10

Risk Owner: Ramona Duguid

Next Review Date: 29/12/2021

Review/Comments:

23/09/2021 - Ramona Duguid
Risk has been reviewed today.

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 IPC Board Assurance Framework	1 Infection Prevention and Control (IPC) Board Assurance Framework Board of Directors Meeting	Preparations are in place to work with COVID
2 Gold Command	2 Operational Services	
3 Twice weekly Gold Command IMG's	3 Notes of meetings	
4 Measures in place for Emergency Opel Planning - Workforce and Services	4 Open and Closed Trust Board Monthly Reporting	
5 Vaccination roll out	5 Open and Closed Trust Board Monthly Reporting	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1852 v.7

Risk Owner: Gary O'Hare

Next Review Date: 30/11/2021

Review/Comments:

17/08/2021 - Lindsay Hamberg
Risk Reviewed today - Controls added, one action closed and one action added

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of Governance - amber/green rating	Quarter 2 update against the annual plan
2 Trust policies and procedures	2 Compliance with policy and procedures	Quarterly Review of compliance against standards through accountability framework - Quarter 2
3 Compliance with NICE	3 Internal Audit - rolling programme	
4 CQC Compliance Group and Compliance Steering Group - re-started fortnightly	4 Reports and updates to board sub committees	
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	
6 Accountability Framework - Quarterly meetings	6 Accountability Framework document	
7 Regulatory framework of CQC NHSI	7 NTW18-19 - 19/05 CQC Internal Audit (well-led) - Process Substantial Assurance	
8 Agreement of Quality Priorities	8 Monitored via reports/updates	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1 NTW Internal Audit 20-21	1 Risk Based Audit of Performance Management & Reporting	
2 Monitoring of MHA Reviewer Visit actions and themes	2 MHA Reviewer Visit Database	

Ref: 1688v.36

Risk Owner: Lisa Quinn

Next Review Date: 01/12/2021

Review/Comments:

02/09/2021 - Lisa Quinn
Risk has been reviewed to day. Status remains the same.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

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

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

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1694v.17

Risk Owner: Ramona Duguid

Next Review Date: 31/12/2021

Review/Comments:

23/09/2021 - Ramona Duguid
Reviewed today. Actions updated.

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Joint Programme Board	1 Minutes of meetings	Achievement of North Cumbria CQC must do improvement areas
2 Due Diligence	2 Due Diligence report	Review CQC improvement requirements through Board on a Quarterly basis Q2 due 3 November
3 Exec Leadership	3 Identified Exec Lead	Agree Estates Strategy for North Cumbria
4 Specific Capacity Identified	4 Identified CNTW Team	
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	
6 Secured workforce to deliver services	6 Identified staff	
7 Implementation plan developed	7 Implementation planning paper	
8 Contract agreed and completed	8 Contract report- Reviewed RBAC	
9 Monthly Implementation Group Chaired by Gary O'Hare	9 Minutes and reports from meeting	
Maintain oversight during the establishment of Lotus Ward	Closed Trust Board	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1680v.39

Risk Owner: Lisa Quinn

Next Review Date: 05/10/2021

Review/Comments:

02/09/2021 - Lisa Quinn
Status remains the same since last review.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1)	Risk on identification (07/11/2019):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	1	5	5	Very Low
SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	**Risk Appetite (the amount of Risk NTW will accept)**	Financial/Value For Money			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Financial planning budgets	1 Reported and in minutes of CDT-B and RBAC	5 year Estates Strategy to be presented to the Board March 22
2 Working capital management	2 Reported through and in minutes of CDT-B and RBAC	Developing strategic outline cases for LD assessment and treatment services, North Cumbria Inpatients and Older Adults Inpatients Newcastle and North Tyneside
3 Going Concerns Reporting	3 Discussed and in minutes of Audit Committee	Capital Strategy for Cumbria to be developed, to be incorporated into ICS strategy prioritisation for national capital funding
4 OBC approved nationally - CEDAR business case including inherent improvement to revenue position	4 Agreement of long term plan as part of CEDAR OBC - Approved by the Board (minutes)	
5 CEDAR Programme Board established with key partners	5 Minutes of CEDAR Programme Board	
6 Business case approved interim solutions for WAA, Newcastle and Gateshead - Building programme in place	6 Business Case document	
7 Operational mitigations: Additional staffing at Rose Lodge. Interim funding for North Cumbria. Integrated Care Facility in Newcastle	7 Minutes of CDT-B meeting	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1 ICS support nationally and funding identified	1 ICS bid document	
2 Asset sales now identified	2 Standard reporting at CDT-B and RBAC	
3 CEDAR Business Case FBC - bridging loan agreed	3 CEDAR Business Case	
4 Capital Plan for 21/22 agreed by the Board as part of the Annual Financial Plan	4 Board papers and Capital Plan	

Ref: 1762v.12

Risk Owner: James Duncan

Next Review Date: 31/03/2022

Review/Comments:

14/09/2021 - James Duncan
Risk has been reviewed today. 1 Action target date updated to March 2022.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme. SA4.2	Risk on identification (15/03/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	3	5	15	Moderate
	Target Risk (after improved controls):	2	5	10	Low (Yellow)
SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	**Risk Appetite (the amount of Risk NTW will accept)**	Financial/Value For Money			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	Long term financial strategy to be presented to the Board March 22
2 Annual Financial Plan 21/22	2 Annual Financial Plan 21/22 submitted	Trust working in interim financial regime through COVID-long term implications to be assessed within long term strategy
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure ,NTW 1718 39 Cashier	
4 Quality Goals and Quality Account	4 External audit of Quality Account	
5 Accountability Framework	5 Accountability Framework Reports	
6 Quarterly review of financial delivery	6 Quarterly review delivered at RBAC	
7 Programme agreed for capacity to care and Trust Innovations capacity expanded	7 Capacity to care programme, report to BDG and CDT-B	
8 Going Concern Report	8 Going Concern Report - Audit Committee April 2019	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1 NTW 18/19 Internal Audit	1 NTW 1819 25 Single Oversight Framework, Substantial, April 2019 NTW 1819 37 Procurement: Good, July 2019 NTW 1819 38 Compliance Review of Key Financial Systems: Good, May 2019 NTW 18/19 43 Risk based audit of charitable funds - Substantial, August 2018 NTW18/19 41 Risk based audit payroll - Substantial, November 2018 NTW18/19 40 Central arrangements managing patient monies - Substantial, February 2019	
2 Quarterly Reporting of operational plan to CDT for August 2021 onwards	2 CDT papers re quarterly reporting	

Ref: 1687v.27

Risk Owner: James Duncan

Next Review Date: 31/03/2022

Review/Comments:

14/09/2021 - James Duncan
Risk has been reviewed today. No updates since last review.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4) SA5 The Trust will be the centre of excellence for Mental Health and Disability	Risk on identification (24/09/2020):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Climate & Ecological Sustainability			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Commitment of CNTW - Declared Climate Emergency	1 CNTW Climate Health Programme	Develop a training resource to incorporate climate, ecological and social business into a business case
2 Plan to reduce carbon omission to net zero by 2040. Opportunities for decarbonisation funding actively sought.	2 Minutes of CDT-C	Progressing a staff engagement programme
3 CDT-Climate meeting - monthly	3 CDT-D Minutes of meetings	Meet the requirements of the NHS Net zero plan. reporting to CDT-C
4 The Board approved Green Plan has annual objectives which are monitored via CDT-C and RBAC.	4 CDT-C minutes	Routine reporting of carbon intensive activity, sustainable transport measures and single use plastic is underdeveloped.

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1853 v.9

Risk Owner: James Duncan

Next Review Date: 31/12/2021

Review/Comments:

23/09/2021 - James Duncan
Risk has been reviewed controls added and actions updated.

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. SA3.2	Risk on identification (21/09/2021):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Quality	Effectiveness		Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Executive and Group leadership embedded at place.	1 Part of Place Based Leadership Models influencing models of care.	Develop a PC for MHLDA across ICS footprint.
2 Leadership of ICS MH Workstream.	2 Regular updates to Execs, CDT and Board	Agree Sunderland IAPT LP Model.
3 Membership of other ICS workstreams (LD, Acute pathways).	3 Regular updates to Execs, CDT and Board	Look to increase LP models across Trust footprint.
4 Partnership in place across ICS for MHLDA Specialised Services.	4 PB Papers and PC Committee oversight	
5 Lead Provider Models for pathways e.g. CYPS, IAPT, Veterans, Substance Misuse.	5 PB Papers and PC Committee oversight.	

Ref: 2041v.1

Risk Owner: Lisa Quinn

Next Review Date: 21/11/2021

Review/Comments:

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Sign Subcontracts	1 To complete	1 Monitor contracts for all sub-contracts for lead provider models
2 Clear Service Specifications	2 To complete	
3 Contract monitoring meetings	3 Minutes of Contract monitoring meetings	
4 Governance Arrangement through to Board - New Sub Committee of the Board established to monitor Lead Provider Collaborative.	4 Board approved Governance arrangements	
5 Internal Audit NTW1718/22	5 Risk Based Audit of Commissioning Income Contracts and Monitoring Arrangements 16 January 2018	
6 Provider Collaborative Lead Provider Committee	6 Provider Collaborative Reporting	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 1831v.15

Risk Owner: Lisa Quinn

Next Review Date: 02/10/2021

Review/Comments:

02/09/2021 - Lisa Quinn
Control 4 update. Email sent to Gillian Keane to enquire if there has been another Risk Based Audit of Commissioning Income Contracts and Monitoring Arrangements been completed since the 16 January 2018. Reply from Gillian there has not been another Audit since 16.01.18.

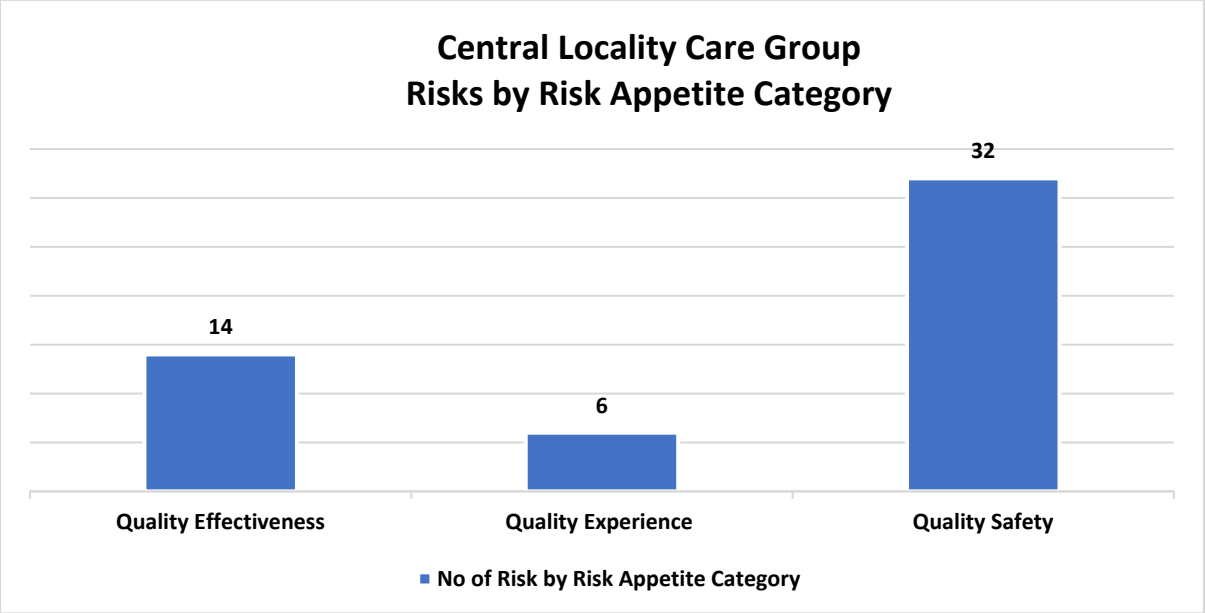
Appendix 3

Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

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

Clinical Groups

1.0 Central Locality Care Group



In total as at end of September 2021 Central Locality Care Group hold 52 risks, 42 risks have exceeded the risk appetite. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 8 risks on the Central Corporate Group risk register. Below are the 8 risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1038v.23	Medication information not accurately recorded at discharge and discharge summaries not issued in a timely manner. There is a potential risk of harm to service users if medication information is incorrectly communicated to GPs or the receipt of that information is delayed.	Quality Safety (6-10)	12	4	3	Karen Worton

1284v.27	Following an internal audit there is a risk around the monitoring arrangements for lone working which could result in reduced compliance and staff safety issues.	Quality Safety (6-10)	15	5	3	Karen Worton
1513v.20	Access and Waiting times within the ADHD and ASD Service The service is commissioned as an Adult Neuro-disability service and provides an autism diagnosis service and ADHD diagnosis and treatment monitoring service across the six trust localities. Agreed service specification is not available and the baseline for expected demand at the time of commissioning is therefore unclear. Weekly activity reports are provided for both ADHD and ASD services. The weekly activity reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussions regarding capacity and demand have taken place with commissioners, however, no further investment has been confirmed to date. This poses a potential impact on service delivery and the effectiveness of treatment.	Quality Effectiveness (6-10)	15	3	5	Karen Worton
1665v.15	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Central Locality Care Group. This poses a potential impact on service delivery and the effectiveness of treatment.	Quality Effectiveness (6-10)	16	4	4	Karen Worton
1737v.10	Access and Waiting Times within CYPS Community Services - Significant work has been undertaken with regard to waiting times within this service however there remains a significant issue in regards to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.	Quality Effectiveness (6-10)	12	4	3	Karen Worton
1763v.12	Current staffing pressures within the Secure Care service	Quality Safety (6-10)	15	5	3	Karen Worton

	currently being experienced due to each of the secure care learning disability wards having at least 1 complex patient who requires the support of additional staff resource. This poses a potential impact in the effectiveness of treatment and the safety of patients, staff and visitors					
1830v.6	Numerous incidents of environmental damage have occurred within the seclusion suites in the Secure Care CBU. The environmental damage impacts on the locking mechanism as well as the fabric of the seclusion room. There is a potential risk to patient safety if staff cannot enter the seclusion room and also a potential risk of escape and injury if staff cannot safely exit seclusion and lock the door behind them.	Quality Safety (6-10)	12	4	3	Karen Worton
2050v.1	There has been a significant increase in referrals for the ADHD service from all the six trust localities. There are currently over 4000 patients open to the ADHD team. The teams are underfunded, to manage the increase in demand. Clinicians are now struggling to manage the high volume of patients, and provide a Lead professional role, in all areas of the pathway. This includes providing a Duty system that can respond to all patients on the waiting list and in the Monitoring pathway. This includes managing general enquires, crisis support, signposting, Safeguarding and general mental health/ welfare advice. No discharge pathway out of CNTW.	Quality Effectiveness (6-10)	15	5	3	Anna Williams

1.2 Central Locality Corporate Business Units

The four CBU's within the Central Locality currently hold a total of 44 risks. 34 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the CDT-R meeting held on the 26th October 2020. These risk will be reviewed again at the CDT-R meeting to be held on the 28th February 2022. (Please note CDT-R meetings were stood down for a time in 2021 due to recommence 25th October 21)

1.3 Community Central CBU

There are 20 risks for Community Central CB. There are 7 risks are within the risk appetite. 13 risks have exceeded a risk appetite. The Appetite Categories for the 13 risks exceeding the appetite are 5 within Quality Safety, 7 within Quality Effectiveness and 1 within Quality Experience.

1.4 Inpatient Central CBU

Inpatient Central CBU has 19 risk. There is 1 risk within the risk appetite. 18 risks have exceeded a risk appetite. The Appetite Categories for the 18 risks exceeding the appetite are 15 within Quality Safety, 1 within Quality Effectiveness and 2 within Quality Experience.

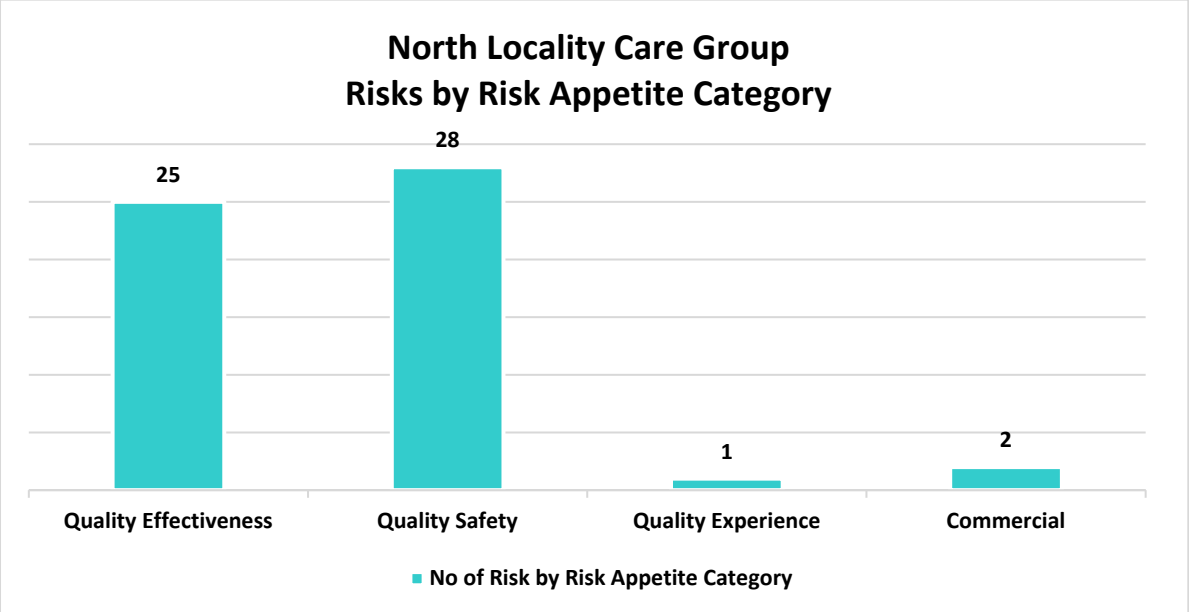
1.5 Secure Care Services CBU

There are 3 risks for Secure Care Services CBU. 1 risk is within the risk appetite. 2 risks have exceeded a risk appetite. The Appetite Categories for the 2 risks exceeding the appetite are both within Quality Safety.

1.6 Access Central CBU

Access Central CBU currently holds 2 risk. There is 1 risk within the risk appetite and 1 which has exceeded the risk appetite. The Appetite Category for the 1 risk exceeding the appetite is within Quality Safety.

2.0 North Locality Care Group



North Locality Care Group as at end of September 2021 hold 56 risks, 27 risks within the risk appetite and 25 risks which have exceeded the risk appetite 4 are below the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the North Corporate Group risk register. 1 risk is within the risk appetite and 5 risks are exceeding the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1176v.65	Significant staffing pressures due to vacancies and difficulties recruiting and retaining permanent medical, qualified nursing, SALT staff within the North Locality.	Quality Effectiveness (6-10)	20	4	5	Kedar Kale
1198v.47	Sickness absence levels continue to be monitored formally through the Locality LMG.	Quality Effectiveness (6-10)	12	4	3	Vida Morris
1287v.37	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (6-10)	16	4	4	Kedar Kale
1809v.17	CCTV coverage within St Georges Park site is extremely limited, the system is over 15years old and of poor quality. The wards only have coverage at the door entry system and	Quality Safety (6-10)	16	4	4	Pam Travers

	does not cover reception and admin areas. The lack of/poor provision makes SGP an outlier within the Trust in terms of security and compromised patient safety.					
1910v.5	Risk of harm to patients and members of the public due to the public toilet near the reception at St Georges Park not being anti ligature.	Quality Safety (6-10)	12	4	3	Pam Travers

2.1 North Locality Corporate Business Units

The four CBU's within the North Locality currently hold a total of 50 risks. 21 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the CDT-R meeting held on the 28th September 2020. These risk will be reviewed again at the CDT-R meeting to be held on the 31st January 2022. (Please note CDT-R meetings were stood down for a time in 2021 due to recommence 25th October 21)

2.2 Community North CBU

Community North CBU is currently holding 15 risks. 5 risks are within the risk appetite and 10 risks are exceeding risk appetite. The Appetite Categories for the 10 risks exceeding the appetite are 4 within Quality Safety, 4 within Quality Effectiveness and 2 within Commercial.

2.3 Inpatient North CBU

Inpatient North CBU is currently holding 15 risks. 10 risks are within risk appetite. 4 risk are exceeding risk appetite and 1 risk is below the appetite. The Appetite Categories for the 4 risks exceeding the appetite are all within Quality Safety.

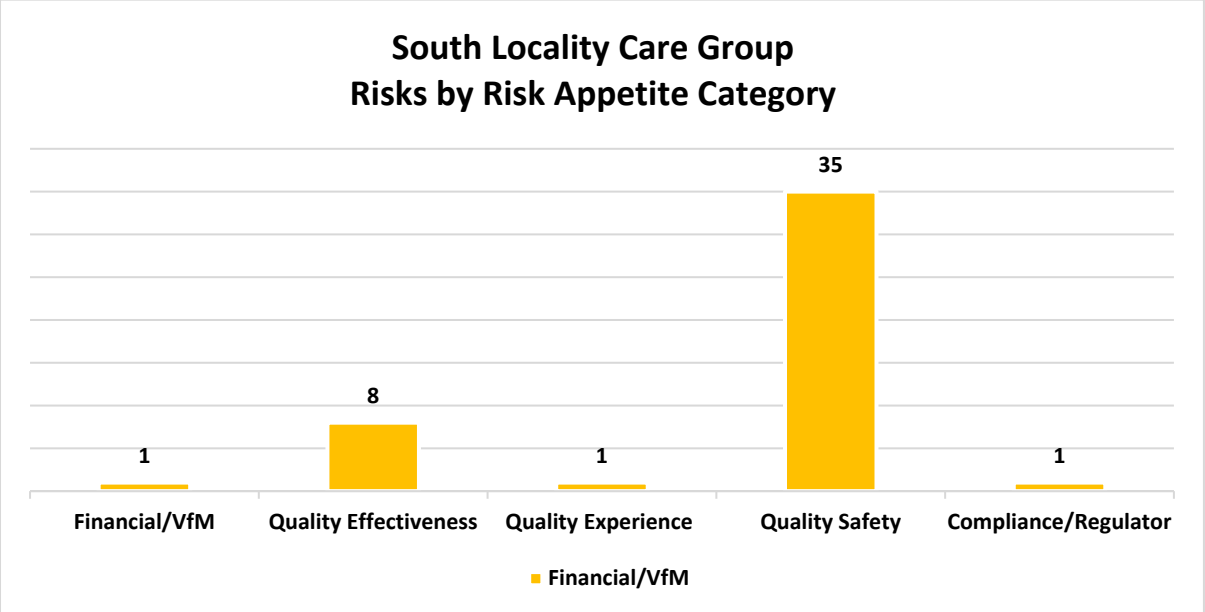
2.4 Access North CBU

Access North CBU is currently holding 3 risks – 1 risk is within risk appetite and 1 risks are exceeding risk appetite and 1 risk is below the appetite. The Appetite Categories for the risk exceeding the appetite is within Quality Safety

2.4 Learning Disabilities & Autism CBU

Learning Disabilities & Autism CBU is currently holding 17 risks. 10 risks are within the risk appetite. 6 risks are exceeding risk appetite and 1 is below the risk appetite. The Appetite Categories for the 6 risks exceeding the appetite are 1 within Quality Safety, 5 within Quality Effectiveness.

3.0 South Locality Care Group



In total as at end of September 2021 the South Locality Care Group hold 46 risks, 1 risk is lower than the risk appetite, 23 risks within the risk appetite and 22 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the South Corporate Group risk register – 6 risks have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
857v.30	Due to the Internal en-suite doors it has been identified that there is a potential ligature risk following incidents across the Group and this could cause harm to our patients.	Quality Safety (6-10)	16	4	4	Andy Airey
1160v.23	There are pressures on staffing due to vacancies particularly Community CBU and RGN's at Walkergate Park which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Andy Airey
1279v.23	Sickness absence levels are currently above the trust standard therefore there is a risk to the impact and quality of care that is delivered to our service users.	Quality Safety (6-10)	12	4	3	Andy Airey
1288v.35	Medication page's on RiO are not being kept up to date as per CNTW policy. Information	Quality Safety (6-10)	16	4	4	Andy Airey

	transferred to the MHDS may not be accurate.					
1497.v22	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality Group. Whilst recruitment has improved, there are ongoing pressures due to remote working during COVID and the impact of the Devon ruling regarding MHA assessments.	Quality Experience (6-10)	16	4	4	Andy Airey
1769v.13	Lack of formal commissioned pathways for inpatient detox into the Acute Trusts resulting in delays to patient care and potential deterioration in health	Quality Safety (6-10)	12	3	4	Andy Airey

3.1 South Locality Corporate Business Units

The four CBU's within the South Locality currently hold a total of 40 risks. 16 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the CDT-R meeting held on the 27th July 2020. These risk will be reviewed again at the CDT-R meeting to be held on the 22nd November 2021. (Please note CDT-R meetings were stood down for a time in 2021 due to recommence 25th October 21)

3.2 Community South CBU

Community South CBU is currently holding 4 risks. 2 risk within the risk appetite and 2 risks which has exceeded the risk appetite. The Appetite Categories for the 2 risks exceeding the appetite are both within Quality Safety.

3.3 Inpatient South CBU

Inpatient South CBU is currently holding 20 risks. 9 risks are within the risk appetite 1 risk is below the risk appetite. 10 risks are exceeding the risk appetite. The Appetite Categories for the 10 risks exceeding the appetite are 9 within Quality Safety, 1 within Quality Effectiveness.

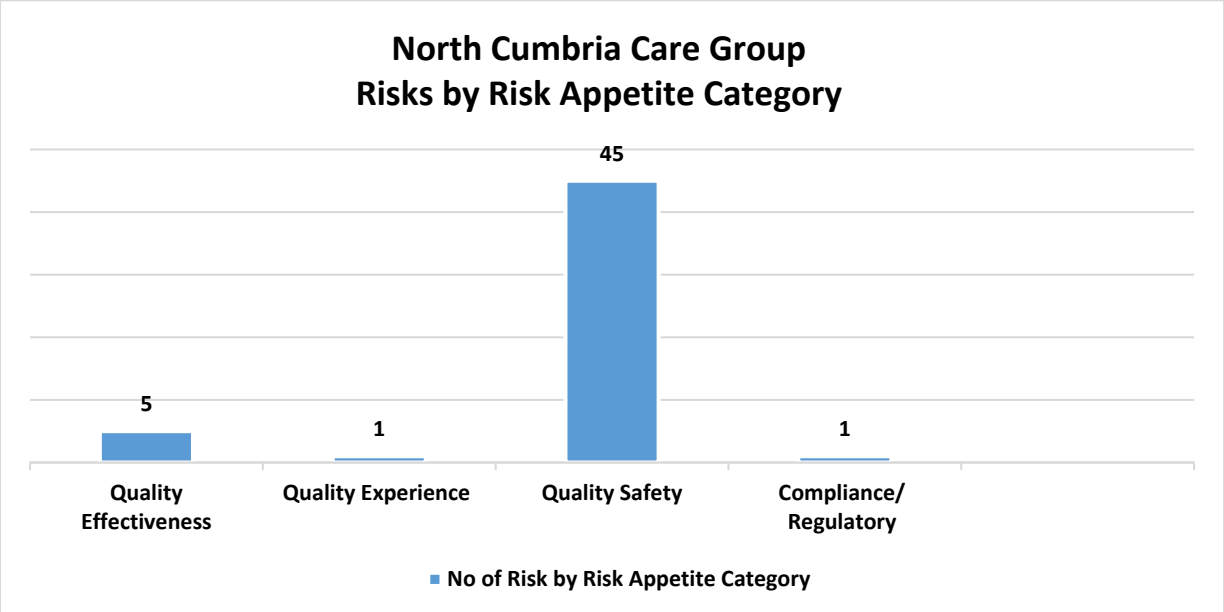
3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 16 risks, 0 risks are below the risk appetite, 12 risks are within the risk appetite and 4 risks are exceeding the risk appetite. The Appetite Categories for the 4 risks exceeding the appetite are all within Quality Safety.

3.5 Access South CBU

Access South CBU is currently holding 0 risks.

4.0 North Cumbria Locality Care Group



In total as at end of September 2021 the North Cumbria Locality Care Group hold 52 risks, 5 risks within the risk appetite and 12 risks which have exceeded the risk appetite and one below the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the North Cumbria Corporate Group risk register. 3 risks are within the risk appetite and 3 risks have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1799v.15	Due to upcoming retirement and departure of several medical staff, there is a risk that there will not be a sufficient level of consultant cover across many services in North Cumbria. If not addressed services will struggle to operate at a level which is safe and/or timely in order to meet patient need.	Quality Safety (6-10)	12	4	3	Stuart Beatson
1801v.5	There is a risk that the current qualified vacancy rate is impacting across the inpatient units. This would lead to an impact on the use of agency staff being used.	Quality Effectiveness (6-10)	12	4	3	David Muir
1946v.3	Due to the number of nursing vacancies across the three CBU's i.e. Specialist CYPS, Inpatients and Access and Community, there is a risk that staffing levels could reduce to	Quality Safety (6-10)	12	4	4	David Muir

	levels which would compromise patient care and quality.					

4.1 North Cumbria Locality Corporate Business Units

The 3 CBU's within the North Cumbria Locality currently hold a total of 46 risks. 28 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the CDT-R meeting held on the 28th June 2021. These risk will be reviewed again at the CDT-R meeting to be held on the 25th April 2022. (Please note CDT-R meetings were stood down for a time in 2021 due to recommence 25th October 21)

4.2 Community/ Access North Cumbria CBU

Community/ Access North Cumbria CBU currently hold 15 risks. 0 risks are below the risk appetite, 6 risks are within the risk appetite and 9 risks are exceeding the risk appetite. The Appetite Categories for the 9 risks exceeding the appetite are 7 within Quality Safety, 1 within Quality Effectiveness and 1 within Quality Experience.

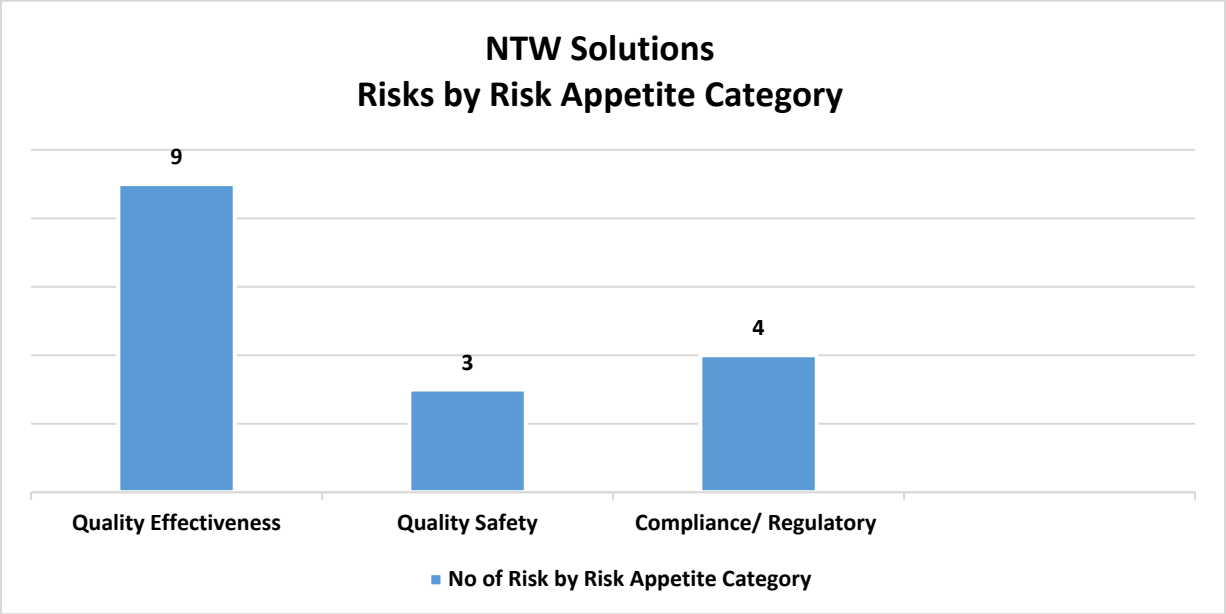
4.3 Inpatient North Cumbria CBU

Inpatient North Cumbria CBU is currently holding 8 risks. 0 risks are below the risk appetite, 3 risks are within the risk appetite and 5 risks are exceeding the risk appetite. The Appetite Categories for the 5 risks exceeding the appetite all are within Quality Safety.

4.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 23 risks, 1 risk is below the risk appetite, 8 risks are within the risk appetite and 14 risks are exceeding the risk appetite. The Appetite Categories for the 9 risks exceeding the appetite are 12 within Quality Safety and 2 within Quality Effectiveness.

5.0 NTW Solutions



In total as at end of September 2021 the NTW Solutions hold 16 risks. 14 risks within the risk appetite and 2 risks have exceeded the risk appetite and there are no risks below the risk appetite. All risks are being managed within the NTW Solutions and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the NTW Solutions Corporate risk register. All 6 risks are within the risk appetite.

5.1 NTW Solutions Divisions

The 3 Divisions within the NTW Solutions currently hold a total of 10 risks. 8 risk are within the risk appetite and 2 risks have exceeded a risk appetite. The risks in this locality were last reviewed in the CDT-R meeting held on the 27th July 2020. These risk will be reviewed again at the CDT-R meeting to be held on the 22nd November 2021. (Please note CDT-R meetings were stood down for a time in 2021 due to recommence 25th October 21)

5.2 NTW Solutions Transactional Services

NTW Solutions Transactional Services currently hold 5 risks. 0 risks are below the risk appetite, 5 risks are within the risk appetite and 0 risks are exceeding the risk appetite.

5.3 NTW Solutions Estates and Facilities

NTW Solutions Estates and Facilities currently hold 4 risks. 0 risks are below the risk appetite, 2 risks are within the risk appetite and 2 risks are exceeding the risk appetite. The Appetite Categories for the 2 risks exceeding the appetite are 1 within Quality Effectiveness and 1 within Compliance/Regulator.

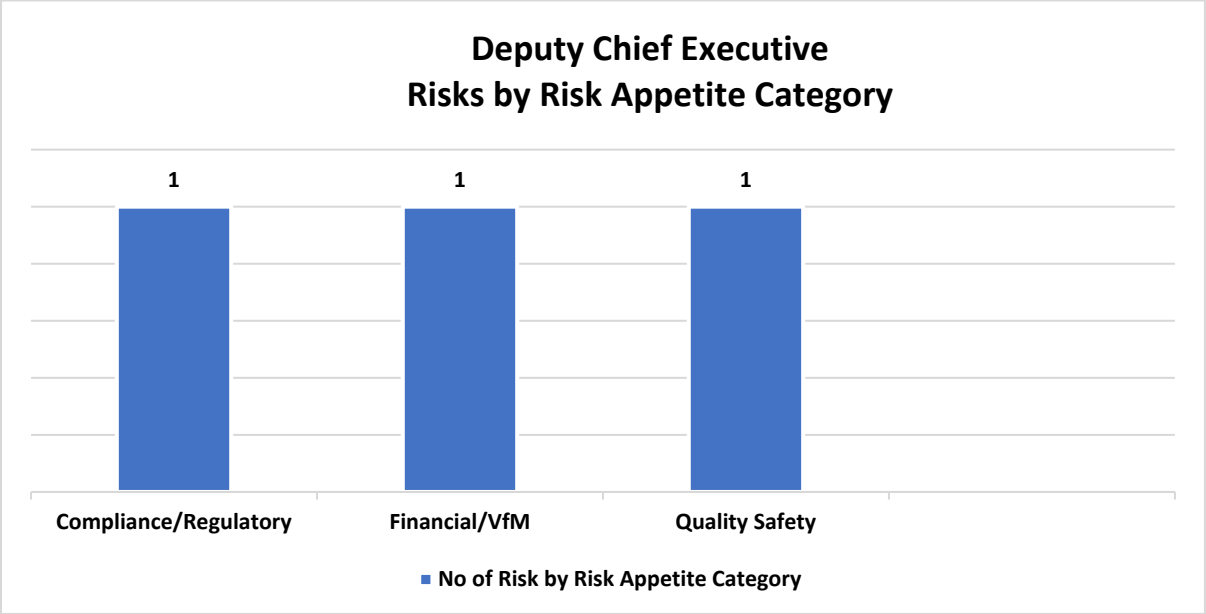
5.4 Estates and Facilities

Estates and Facilities currently hold 1 risk. This risk is within the risk appetite.

6.0 Executive Corporate

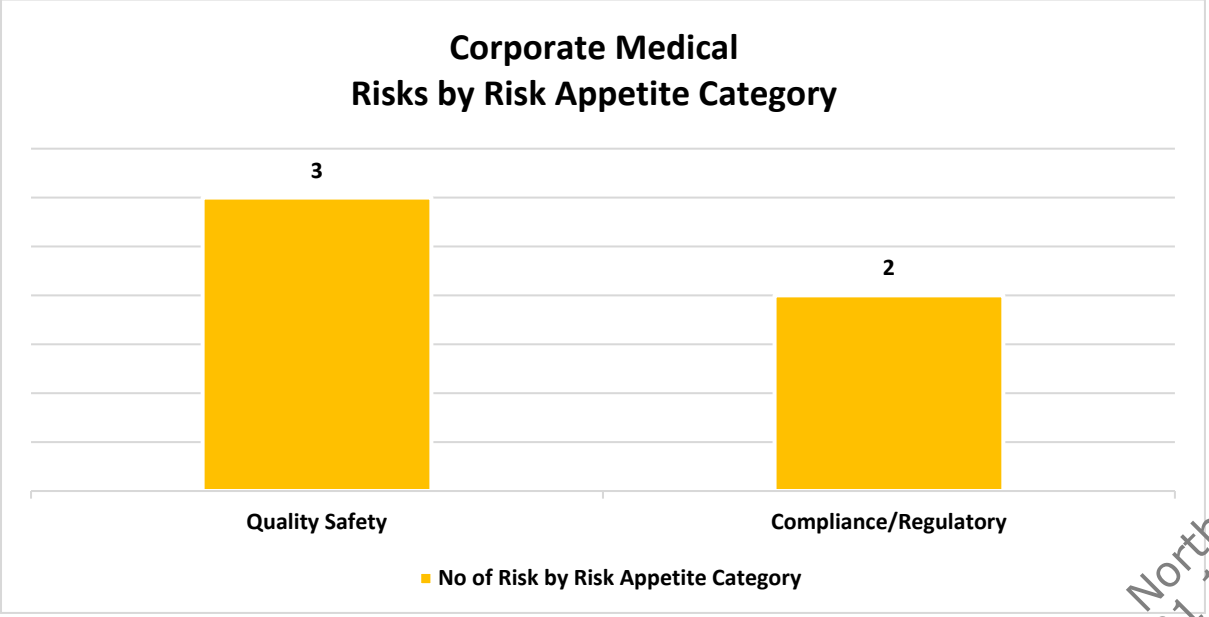
The Chief Executive as at end of September 2021 holds 1 risk. 1 risk is within the risk appetite. All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.

7.0 Deputy Chief Executive



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

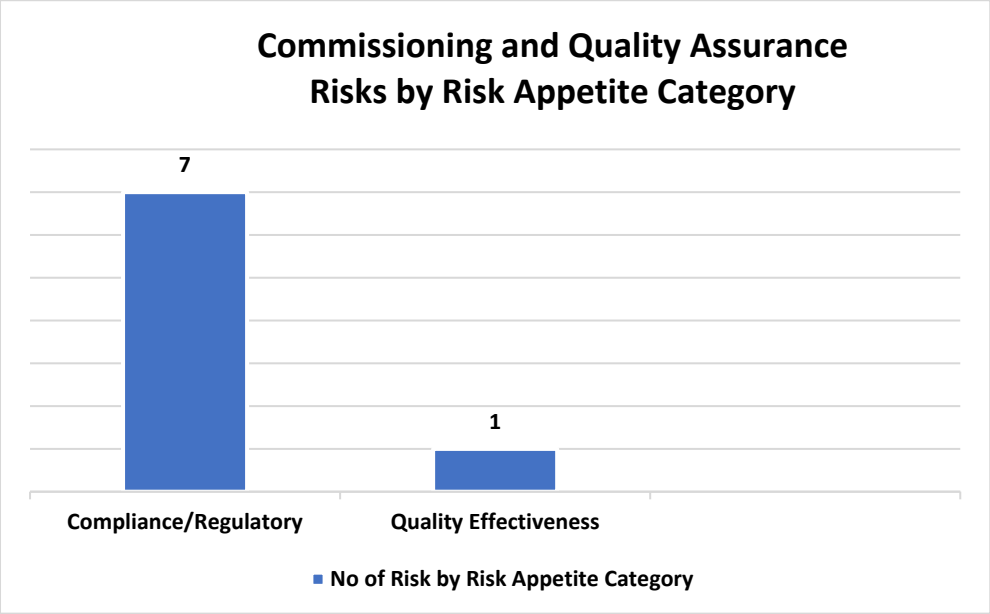
8.0 Corporate Medical



The Executive Medical Director as at end of September 2021 holds 5 risks, 4 risk are within the risk appetite and 1 risk is exceeding the risk appetite. Information in relation to breached risks are given below. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
2048v.1	There is a risk of unauthorised access or data breach resulting in Trust data being accessible by a third party, either accidentally through misconfiguration of the system, or deliberate act (eg. hacking) exploiting any weaknesses in the system design.	Compliance/Regulatory (6-10)	15	5	3	Simon Douglas

9.0 Commissioning and Quality Assurance



The Executive Director of Commissioning and Quality Assurance as at end of September 2021 holds 8 risks, 3 risks within the risk appetite and 5 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1172v.26	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/ Regulatory (6-10)	12	4	3	Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1576v.14	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations. This is likely to be via data sharing methods such as unencrypted USB drives, e-mail or personal cloud storage facilities (such as drop box, google drive, personal one drive etc)	Compliance/ Regulatory (6-10)	15	5	3	Jon Gair
1655v.22	Subject Access Requests: There is a risk of non-compliance with the reduced time frame (1 month). In the absence of electronic systems, the task is labour intensive and wholly reliant on human resource. Therefore, increasing the risk of not meeting the legislation timeframe and error during the process which in turn breaches confidentiality or serious harm.	Compliance/ Regulatory (6-10)	12	3	4	Angela Faill
1719v.14	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server and SQL database, currently running Sharepoint service for Informatics staff.	Compliance/ Regulatory (6-10)	12	4	3	Jon Gair
1755v.13	The Trust has agreed to continue using the Galatean Risk and Safety Technology (GRIST) clinical risk assessment tool across the North Cumbria services as part of the RiO and IAPTus clinical record. This	Compliance/ Regulatory (6-10)	16	4	4	Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	system was originally procured via Cumbria Partnerships a number of years ago and the following risks have been identified on assessment by CNTW informatics staff :-- No formal contractual arrangement is in place with the supplier so no service level agreement availability which could impact on accessibility to the system. Cont.. on Web Risk					

10.0 Workforce and Organisational Development

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

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

11.0 Chief Nurse

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

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1758v.13	Due to several incidents occurring whereby, patients have been able to remove light fittings and gain access to a wire in the seclusion room and in a number of ward areas a ligature risk has been identified. The potential risk could result in serious harm to the patient	Quality Safety (6-10)	15	5	3	Stewart Gee
1821v.9	Due to several incidents occurring whereby, patients have been able to insert knotted items into plug holes in sinks, fill with water causing the knot to swell and anchor into position, a ligature risk has been identified. The potential risk could result in serious harm to the patient	Quality Safety (6-10)	15	5	3	Stewart Gee

12.0 Chief Operating Officer

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

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1220v.28	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Ramona Duguid
1611v.25	It is important to identify patients who have a swallowing difficulty and the risk it poses. Patients who have a swallowing risk require appropriate assessment and for staff to recognise the potential risk off dysphagia therefore accessing and referring to the SALT team. The impact of this risk is on patient safety.	Quality Safety (6-10)	15	5	3	Ramona Duguid

13. Emerging Risks

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

Yvonne Newby
Risk Management Lead
11 October 2021

Appendix 4

Internal Audit Plan					
	2021/2022				
	Q1	Q2	Q3	Q4	BAF/CRR/SA Ref
Governance, Risk and Performance					
Risk Management & Board Assurance Framework				*	BAF
Governance Arrangements Ethical Committee and Long-Term Segregation and Prolonged Seclusion Review Panel			*		N/A
Finance, Contracting & Capital					
Key Finance Systems			*		BAF
Pre- Employment Checks	*				N/A
International Recruitement		*			BAF
IM&T Systems & Projects					
Data Centre Security		*			N/A
Servelec Contract Management			*		BAF
Patient Network Security			*		N/A
Safeguard System Security				*	N/A
Penetration Test - BigHand System		*			N/A
Information Governance					
DSP Toolkit - Follow up	*				BAF
DSP Toolkit 2022 Submission				*	BAF
Data Quality					
Performance Management & Reporting		*			BAF
Quality & Clinical Governance					
Consent to Examination or Treatment	*				BAF
Follow Up Audits					
All final audit reports issued with an assurance level of 'Reasonable' and 'Limited' will be followed up (once management have confirmed that all recommendations have been implemented). Furthermore, a year end exercise will be undertaken to review the status of all high-graded recommendations raised during the year.					
Audit Management					
•Annual Planning •Audit Committee Reporting & Attendance •Head of Internal Audit Annual Report & Opinion •Management & External Audit Liaison					

Review Area - Additional Assurances and Advisory	2021/2022				
	Q1	Q2	Q3	Q4	BAF/CRR/SA Ref
Governance, Risk and Performance					
Lone Working				*	N/A
COVID 19 Response		*			N/A
Finance, Contracting & Capital					
Financial Control		*			BAF
Business change				*	N/A
NHS-Led Provider Collaorative			*		BAF
Human Resources & Workforce					
Personal Staff Attack Alarms	*				N/A
eRoster				*	N/A
Data Quality					
Delivering the Data Quality Improvement Plan		*			N/A
Quality & Clinical Governance					
Mental Health Act - Renewal of Detention/CTO		*			BAF
Serious Incident - Action Planning	*				BAF
Complaints Action Planning	*				BAF
Clinical Risk Assessment				*	N/A
IM&T Systems & Projects					
Health Information Exchange (contingency)				*	BAF
Cumbria Records Scanning Project Review			*		N/A
NWT Solutions					
DSP Toolkit	*			*	N/A
Rostering and Overtime			*		N/A
Security		*			N/A
Right to Work and DBS	*				N/A

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Appendix 5

Clinical Audit Plan					
	2021/2022				
Review Area	**Q1**	**Q2**	**Q3**	**Q4**	**BAF/CRR/SA/ Ref**
Must Do Clinical Audits - Re audit					
CA-21-0011 - Annual Seclusion Audit 20-21	*				BAF - 1694v.17 (SA.5)
CA-18-0003 - Clinical Supervision Audit	*				BAF - 1688v.34 (SA.5)
CA-20-0005 - POMH-UK Topic 20a: Improving the quality of valproate prescribing in adult mental health services					N/A
Physical Health Monitoring following Rapid Tranquilisation	*				N/A
Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Prescribing antidepressants for depression in adults		*			N/A
CA-19-0034: Medication Summaries and Discharge Letters		*			N/A
Nutrition policy audit			*		N/A
Prescribing Observatory for Mental Health (POMH-UK) Topic 1h & 3e Prescribing high dose and combined antipsychotics				*	N/A
Should Do Clinical Audits					
Medicines Management					
The safe use of opiates within CNTW (PGN-PPT-PGN 18)	*				N/A
The use of zuclopenthixol acetate (Accuphase) within CNTW – Re-audit (PPT-PGN- 27)			*		N/A
CA-19-0017 - Safe Prescribing and administration of insulin					N/A
CA-19-0033 - Caseload Management - Central Locality		*			BAF 1836 v.7 (SA.4)
CA-19-0035 - Trust wide Safeguarding Adults Audit		*			BAF 1683v.19 (SA.1.4) BAF 1762v.12 (SA.1) BAF 1836v.8 (SA.4) BAF 1694v.16 (SA.5)
CA-20-0014 - Benzodiazepine and Z-drug Prescribing (PPT-PGN-21) re-audit		*			
CA-20-0022 - Consultant review on admission audit		*			
CA-20-0025 - Adherence to ECTAS Standards on Time to Reorientation (TTR) Post-ECT		*			
CA-21-0010 - Long-term Segregation - (Annual Report 2020 to 2021)		*			BAF 1688v.34 (SA.5)
High Dose and Combined antipsychotics Trust wide audit				*	N/A
Safe Prescribing of Valproate (PPT-PGN-25)				*	BAF
CA-20-0021 Medicines Reconciliation	May-21				N/A
Trust Wide					
NICE COVID-19 Rapid Guidelines, including Rapid Evidence Summaries Review 21-22.	*				BAF
Monitoring of Prolactin in Patients Prescribed Antipsychotic Medications and the Management of Raised Prolactin Levels in Rehabilitation Wards			*		N/A
To determine compliance with fasting guidelines in patients undergoing ECT treatment in CNTW NHS Foundation Trust.			*		N/A
CA-20-0024 A Weight Off Your Mind group audit – Weight management when prescribing antipsychotics	May-21				N/A
CA-20-0025 Time to re-orientation following ECT	May-21				N/A
CA-20-0027 Transition Referrals to the Adult ADHD team via CYPS		Jul-21			N/A
CA-20-0030 Prescribing Valproate in Child-Bearing Women in Under 18s		Aug-21			N/A
CA-20-0031 Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21)	May-21				N/A

NICE (Implementation)					
Sepsis: Audit of Compliance to Trust and NICE Guidance.	*				BAF
NG87 ADHD in Adult ADHD Services				*	BAF
TA 217 Memantine Prescribing in NTW against NICE Guidelines Re-Audit			*		BAF
QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Re-Audit)			*		BAF
CG103: Audit of Clinical Practice against Delirium Standards: Re-Audit			*		BAF
NICE NG134: Depression in CYPS Re-Audit (CA-19-0022 & CA-19-0023 Combined)	*			*	BAF
CYPSS CPA Care and Treatment audit				*	N/A
Clustering			*		N/A
CA-20-0003 Caseload Management				*	BAF
Trust Priotires Audits by Localities					
North Locality					
Clinical Standards Review * Specific information will be provided at scoping meeting to complete registration form				*	BAF
South Locality					
CA-20-0022 Consultant review audit	May-21				N/A
CA-20-0028 Core Assessment audit within South Tyneside CTT	May-21				N/A
Central Locality					
CA-20-0012 Clinical Audit of Unallocated Cases awaiting Treatment					N/A
North Cumbria Locality					
CA-20-0018 Care Co-ordination Audit – North Cumbria Children & Young People's Services Re-audit	May-21				BAF - 1836v.8 (SA.4)
CA-20-0019 Risk Formulation	Jun-21				N/A
CA-20-0020 Care Planning	May-21				BAF 1836v.8 (SA.4)
CBU Priorities					
North Community					
Audit of over BNF Limits (to take place for assurance)		*			BAF
North Inpatient and Learning DiBAFbilities & Autism					
Audit on patient debrief post tertiary intervention in Inpatient & Learning Disability & Autism North	*				BAF
North Cumbria Inpatient					
Co-production: Formulation, Care Plan, Safety Plan, GTKY, Training	*				BAF
North Cumbria Access & Community					
Re-audit of anticholinergic burden in patients referred to the Old Age Psychiatry Department with memory impairment		*			BAF
Re-audit of Care Planning Audit - North Cumbria			*		BAF 1836v.8 (SA.4)
Re-audit of Risk Formulation Audit - North Cumbria				*	BAF
South Inpatient					
An audit to assess Physical Health Monitoring compliance with CNTW(C) 29		*			N/A
South Community					
CA-21-0021: Getting to Know You Process and recording within Adult Services	*				N/A
South Access					
Demobilisation of Wear Recovery audit	*				BAF

Ongoing Audits from the 20-21 Programme					
CA-18-0025 National Audit of Inpatient Falls (NAIF) Continuous Audit					N/A
CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20				*	N/A
CA-19-0010 National Clinical Audit of Psychosis (NCAP) Spotlight Audit 2: EIP Re-Audit 19-20		Aug-21			N/A
CA-20-0006 National Clinical Audit of Psychosis (NCAP) Re-Audit of EIP Services 20-21		Jul-22			N/A
CA-20-0023 National Clinical Audit of Psychosis (NCAP) Spotlight Audit 20-21 Physical Health & Employment	Fed 22				N/A
CA-20-0002 NICE QS188 Coexisting Severe Mental Illness & Substance Misuse		Jul-21			N/A
CA-20-0005 Prescribing Observatory for Mental Health (POMH-UK): Topic 20a: Prescribing Valproate		Jul-21			N/A
CA-20-0026 Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of Clozapine	Jan-22				N/A
CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20		Jun-21			N/A
NICE Implementation					
CA-19-0022Re-Audit NICE (Implementation) NICE CG28: Depression in CYPS	May-21				BAF
Deferred Audits from the 20-21 Programme					
CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3	*				N/A
Care Coordination					N/A
CA-20-0011 Lower Urinary Tract Infections: audit of compliance to Trust and NICE guidance				*	N/A
CA-20-0016 National Audit of Dementia – Spotlight Audit: Community- Based Memory Clinical Services	*				N/A
Care Planning and personalisation of care planning.					N/A
Re-audit Prescribing Observatory for Mental Health (POMH-UK) POMH 14c Alcohol detoxification	*				N/A
CA-19-0024 NICE (Implementation) Ante & Postnatal Mental Health incorporating Contraception (CG192 & QS129)	*				BAF
NICE (Implementation) QS95 & CG185 Bipolar Disorder in Adults and the Provision of Psychological Therapies			*		BAF

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3rd November 2021

Title of report	**Quarter 2 update - NHS Improvement Single Oversight Framework**
Report author(s)	**Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance** **Dave Rycroft, Deputy Director of Finance & Business Development**
Executive Lead (if different from above)	**Lisa Quinn, Executive Director of Commissioning & Quality Assurance**

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

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

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

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

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

BOARD OF DIRECTORS

3rd November 2021

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 2 2021-22

BACKGROUND

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 2 of 2021-22 as segment 1 – maximum autonomy.

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

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19	Q1 & Q2 19-20	Q3 & Q4 19-20	Q1 – Q4 20-21	Q1 & Q2 21-22
Single Oversight Framework Segment	n/a	2	1	1	1	1	1	1
Use of Resources Rating	n/a	2	1	3	3	2	*2	*2
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Key Financial Targets & Issues

A summary of delivery at Month 6 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

	Year to Date		
Key Financial Targets	**Plan**	**Actual**	**Variance/ Rating**
Risk Rating	n/a	n/a	n/a
I&E Surplus/(Deficit)	£0.0m	£0.2m	£0.2m
FDP - Efficiency Target	n/a	n/a	n/a
Agency Ceiling / Agency Spend	n/a	£9.7m	n/a
Cash	£52.3m	£67.7m	£15.4m
Capital Spend	£23.6m	£16.1m	(£7.5m)
Asset Sales	£4.0m	£0.0m	(£4.0m)

Risk Rating

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

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 2 2021-22. Workforce returns are submitted to NHSI on a monthly basis.

SUMMARY STAFF WTE DETAIL	M4	M5	M6
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	4,826	4,841	4,875
Total non-medical - non-clinical substantive staff	1,953	1,959	1,936
Total medical and dental substantive staff	400	393	394
Total WTE substantive staff	**7,179**	**7,193**	**7,205**
Bank staff	319	320	332
Agency staff (including, agency and contract)	415	390	369
Total WTE all staff	**7,913**	**7,903**	**7,906**

Agency Information

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

The table below shows the number of above price cap shifts reported during Quarter 2 2021-22.

	July	August	September
Staff Group	5/7 – 1/8	2/8 –5/9	6/9 – 3/10
Medical	144	217	281
Qualified Nursing	710	844	678
Nursing Support	383	453	415
TOTAL	**1,237**	**1,514**	**1,374**

At the end of September the Trust was paying 15 medical staff above price caps (6 consultants, 2 associate specialists 1 specialty doctor and 6 junior doctors). 2 of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement. The weekly average number of shifts reported over the cap for September was 70 medical shifts, 170 qualified nursing shifts and 104 nursing support shifts.

GOVERNANCE

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

Board & Governor Changes Q2 2021-2022

Board of Directors:

No Change

Council of Governors:

No change

Outgoing Governors: Present vacancies

Nil

Never Events

There were no never events reported in Quarter 2 2021 - 2022 as per the DH guidance document.

Other items for consideration

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

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

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

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

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

RECOMMENDATIONS

To note the information included within the report.

Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
October 2021

Report to the Board of Directors
3rd November 2021

Title of report	IPC Board Assurance Framework				
Report author(s)	Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control				
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse				
Strategic ambitions this paper supports (please check the appropriate box)					
Work with service users and carers to provide excellent care and health and wellbeing		x	Work together to promote prevention, early intervention and resilience		X
To achieve "no health without mental health" and "joined up" services			Sustainable mental health and disability services delivering real value		
To be a centre of excellence for mental health and disability			The Trust to be regarded as a great place to work		
Board Sub-committee meetings where this item has been considered (specify date)			**Management Group meetings where this item has been considered (specify date)**		
Quality and Performance			Executive Team		
Audit			Corporate Decisions Team (CDT)		
Mental Health Legislation			CDT – Quality		
Remuneration Committee			CDT – Business		
Resource and Business Assurance			CDT – Workforce		
Charitable Funds Committee			CDT – Climate		
CEDAR Programme Board			CDT – Risk		
Other/external (please specify) IPC Committee	August 21		Business Delivery Group (BDG)		
Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*					
Equality, diversity and or disability			Reputational		X
Workforce	x		Environmental		X
Financial/value for money			Estates and facilities		
Commercial			Compliance/Regulatory		X
Quality, safety, experience and effectiveness	x		Service user, carer and stakeholder involvement		X
Board Assurance Framework/Corporate Risk Register risks this paper relates to					
N/A					

Infection Prevention and Control (IPC) Board Assurance Framework
Trust Board Meeting
3rd November 2021

1. Executive Summary

The IPC Board Assurance Framework issued by NHSEI in May 2020 is designed to help providers assess against the Infection Prevention and Control guidance for Covid-19 as a source of internal assurance that quality standards are being maintained.

This report covers the Q2 period July to September 2021, during which time the Trust experienced a significant surge in Covid infections in patients admitted to our wards from the community, this activity mirrored the sudden increase in community prevalence following the relaxation of government restrictions.

During this quarter, six Covid outbreaks were declared and reported to NHSEI affecting patients and staff, and four outbreaks affecting staff only.

From the beginning of June there had been a steady increase in the number of reported staff household cases who had tested positive and subsequent staff who have had to self-isolate. This increase coincided with the increase in local cases in the community and the easing of national lockdown measures.

The tool provides assurance to Trust Boards that

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

During July to September 2021 performance against the self-assessment for the Trust has been tested via the routine review of standards in all settings.

2. Nosocomial (Healthcare Acquired Infection) Covid Infections

Nosocomial infection means "healthcare acquired". It is important to understand whether cases of Covid-19 may have been acquired because of the healthcare we provide. This helps us to identify and test any contacts who may have been infected, prevent further spread of the virus and identify where to target our infection control and clinical resources.

During Quarter 2, July to September 2021, there have been a total of 27 cases of Covid-19 infections reported, see table:

First positive specimen date:	CO (Community onset)	HOiHA (Healthcare onset indeterminate healthcare association)	HOpHA (healthcare onset probable healthcare association)	HOdHA (healthcare onset definite healthcare association)
< = 2 days after admission* ?	ü 3			
3 – 7 days after admission*?		ü 2		
8-14 days after admission*?			ü 1	
15 or more days after admission*?				ü 21

Out of the 27 reported nosocomial cases, Root Cause Analysis has been conducted on all cases:

- 5 patients were linked to positive cases in their households/families or another acute hospital setting prior to admission/transfer
- 1 was unable to be linked to community transmission and likely to be a local transmission
- 18 were identified through surveillance screening as part of the outbreak management and were caused as a result of close contact with patients who were positive on admission or within 7 days of admission

Local Learning has been fed into wider IPC Assurance meetings and Lessons learnt briefings

3. <u>Compliance</u>

Trust level compliance was demonstrated across all standards, except for practice issues identified from staff Close Contact Risk Assessment (CCRA), similar issues which emerged from previous outbreak control meetings. Actions are in place to resolve these:

- Continuing to see in some outbreaks, gaps in staff compliance regarding cleaning, touchpoints, adherence to PPE, car sharing and exceeding Covid secure environments. Compliance and practice issues are raised at the point of CCRA and with line managers.
- Some wards have reported patient refusal for routine weekly PCR testing. Patients who have access to unescorted leave pose a risk when returning to the ward and has resulted in Nosocomial spread.
- Wearing of face masks by patients to help reduce the transmission of Covid-19 positive areas continues to be risk assessed on a case-by-case basis considering communication challenges, ability to comply with social distancing and ligature risk from mask types.

4. Assurance mechanisms for the initial and new standards

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

- Covid-19 Gold Command, led by the Executive Director of Nursing and Chief Operating Officer has continued to operate as a hub for rapid decision making in response to guidance impacting on safe clinical practices, Covid-19 secure workplaces and relaxation of lockdown.
- The Test and Trace processes, staff absence management, is a vital part of assuring staff are being assessed for close contacts and isolated accordingly.
- Reports to Covid-19 IMG by Group Nurse Director Safer Care / Director for Infection Prevention and Control (DIPC) on national and emerging IPC guidance and implications, PPE position, staff, and index case testing. These meetings had been stood down as reported in the previous quarterly report but as a result of the surge in activity and business continuity impact of staff absence these were reinstated in July 2021.
- IPC Assurance meetings fortnightly have continued. Membership includes DIPC / Group Nurse Director for Safer Care, Group Medical Director Safer Care, IPC Team, Locality Group Nurse Directors and Deputy Director of Communications.
- Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff continues. All results logged via Trust portal, however as the test is not mandatory it is noted that compliance with this continues to be variable despite encouragement.
- All inpatient Covid-19 seven day surveillance swabs are recorded on electronic patient record RIO and reported onto a centrally held database.
- All inpatient and community teams are monitoring IPC practices daily at handover using Guidelines for maintaining a Covid-19 secure and safe workplace checklist, to monitor and reinforce IPC standards.
- All clinical areas in both inpatient and community complete the updated Infection prevention and control Covid-19 management checklist 1.4 (February 2021). Locality Group Nurse Directors review monthly through Locality Quality & Standards meetings.
- Regular IPC/PPE communications included in the Trustwide communications briefing, supported by guidance on the Trust intranet.
- The IPC team have developed a short five minute presentation for all team leads to share with their teams to raise awareness of social distancing, mask wearing and reporting symptoms. This was circulated via the communications brief.
- Implementation of Step 4 CNTW Roadmap which outlined the activities that our patients could participate in internally and externally to the Trust, and the relevant IPC advice for staff supporting patients to participate in these activities.

- Successful pilot of clear facemasks within the Deaf Services to identify suitability to aid communication needs and maintenance safe practice. Clear facemasks are now available for clinical teams to use with patients with communication difficulties following a risk assessment.
- IPC team continue to undertake scheduled and adhoc 'Teams' Meetings with Clinical Nurse Managers, Ward Managers and clinical care groups to discuss complex cases, offer support and guidance for the practical application of 14-day isolation of patients.
- IPC Team have continued where possible and to minimise transmission, to make 'visit/walkabouts' to hospital and some community service sites to monitor hand washing, social distancing, advise on appropriate use of PPE.
- IPC Team have delivered Covid-19 training via teams to clinical and non-clinical on request.
- The comprehensive roll out of Fit Testing of FFP3 masks continues to be led by the Academy Physical Health Leads to staff, including the refit of new models of mask and fit testing for PAM referrals, multiple failure referrals and those with work related difficulties.

5. Conclusion

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

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

Infection Prevention and Control board assurance framework

v1.6 June 2021

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions

Systems and processes are in place to ensure:
• local risk assessments are based on the measures as prioritised in the hierarchy of controls. The risk assessment needs to be documented and communicated to staff;
• the documented risk assessment includes:
  ○ a review of the effectiveness of the ventilation in the area;
  ○ operational capacity;
  ○ prevalence of infection/variants of concern in the local area.
• triaging and SARS-CoV-2 testing is undertaken for all patients either at point of admission or as soon as possible/practical following admission across all the pathways;
• when an unacceptable risk of transmission remains following the risk assessment, consideration to the extended use of Respiratory Protective Equipment RPE for patient care in specific situations should be given;
	All admissions into the Trust are screened on day 1, 3 and day 5 following admission and then at 7-day intervals thereafter.
	
	Appropriate care plan re isolation until result known. Documented in RIO progress notes and alerts.
	
	Community teams contact patients prior to visit to establish any COVID-19 infection risks.
	
	Use of PPE in line with PHE and trust guidance.
		Some wards have reported patient refusal for routine weekly PCR testing	Additional vigilance for symptom presentation, encouragement of face masks, hand washing and social distancing

• there are pathways in place which support minimal or avoid patient bed/ward transfers for the duration of admission unless clinically imperative;
• that on occasions when it is necessary to cohort COVID-19 or non-COVID-19 patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per national guidance;
• resources are in place to enable compliance and monitoring of IPC practice including:
  ○ staff adherence to hand hygiene;
  ○ patients, visitors and staff are able to maintain 2 metre social & physical distancing in all patient care areas, unless staff are providing clinical/personal care and are wearing appropriate PPE;
  ○ staff adherence to wearing fluid resistant surgical facemasks (FRSM) in:
  ▪ a) clinical;
  ▪ b) non-clinical setting;
  ○ monitoring of staff compliance with wearing appropriate PPE, within the clinical setting;
• that the role of PPE guardians/safety champions to embed and encourage best practice has been considered;
• that twice weekly lateral flow antigen testing for NHS patient facing staff has been implemented and that organisational systems are in place to monitor results and staff test and trace;
	Transfer of COVID-19 positive patients is limited as much as clinically possible
	
	Discharge and transfer guidance has been developed with Bed Management team notifying referrers and on discharge to are homes or other settings of covid status
	
	Visitors are advised of PPE requirements and social distancing prior to visit.
	
	Inpatient and community team handover checklist: Guidelines for maintaining a Covid-19 secure and safe workplace: to monitor and reinforce IPC standards.
	
	Trust PPE guidance reflects the guidance issued nationally by PHE. Regular communications are released to update staff around any changes to national IPC guidance.
	
	LFT testing available for all patient facing staff. Staff obtain kits form the national portal for delivery to their home address and are required to undertake LFT twice a
		Clinically dependant	If the patient's mental health or disability diagnosis is a priority, risk assessed and IPC measures in place.
			
			Regular monitor for any gaps in assurance and to highlight any positive practice that is new to services. It is important to note that gaps in assurance is not dependant on the completion of the form and that any new concerns and risks are escalated as they occur allowing for timely resolution.

• additional targeted testing of all NHS staff, if your location/site has a high nosocomial rate, as recommended by your local and regional Infection Prevention and Control/Public Health team;
• training in IPC standard infection control and transmission-based precautions is provided to all staff;
• IPC measures in relation to COVID-19 are included in all staff Induction and mandatory training;
• all staff (clinical and non-clinical) are trained in:
  ○ putting on and removing PPE;
  ○ what PPE they should wear for each setting and context;
• all staff (clinical and non-clinical) have access to the PPE that protects them for the appropriate setting and context as per national guidance;
• there are visual reminders displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance both in and out of the workplace;
• IPC national guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way;
• changes to national guidance are brought to the attention of boards and any risks and mitigating actions are highlighted;
	week. All results logged via trust portal.
	As part of Outbreak control management and investigation of cause of nosocomial spread testing of staff maybe requested.
	
	Mandatory IPC training available via ESR. Bespoke sessions available on request.
	
	IPC Covid-19 bitesize presentation cascaded to all teams via communications.
	
	Spot checks visits by IPC team members to monitor compliance, in addition to individual case discussions.
	
	Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing
	
	Regular communication briefings to provide an update in guidance and application to all staff groups.
	
	Daily contact with DIPC/Gold command to discuss any changes in guidance. Discussed with Executive via IMG. Board members receive regular communications updates.		

• risks are reflected in risk registers and the board assurance framework where appropriate; • robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens; • the Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily data submissions via the daily nosocomial sitrep; • the IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board; • the Trust Board has oversight of ongoing outbreaks and action plans; • there are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas.	Risks added to Trust risk register as appropriate. Staff continue to report infections via the web-based incident reporting system. IPC policies and advice provided. Data circulated to Executive Team IMG members daily reviewed and signed off by Gold Command led by Executive Director of Nursing and DIPC. include IPC BAF discussed at IPC assurance meeting. Reported to the board of Directors 3 monthly. Gold command and IMG		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure: • designated nursing/medical teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas; • designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas; • decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance; • assurance processes are in place for the monitoring and sign off following terminal cleans as part of outbreak management and actions are in place to mitigate any identified risk; • cleaning and decontamination is carried out with neutral detergent followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses; • manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products as per national guidance; • a minimum of twice daily cleaning of:	All ward staff appropriately trained and upskilled to manage COVID-19 patients Where clinically/IPC required, cohort areas/wards introduced across the Trust All domestic staff have thorough Trust IPC induction and targeted training sessions in relation to the management of COVID-19. Decontamination and terminal decontamination included in Trust guidance in line with PHE advice. Domestic supervisors and support staff link in and meet with IPC team on a regular basis. All areas throughout the Trust utilise neutral purpose detergent and chlor-clean (a chlorine-based disinfectant) Staff have training and guidance on using this. Domestic staff have been made aware of the importance of following manufacturers guidance in use of all cleaning / disinfect products	North Cumbria locality using Tristel Fuse as per NCIC products. Currently being reviewed due to change in provider of cleaning.	

○ areas that have higher environmental contamination rates as set out in the PHE and other national guidance; ○ 'frequently touched' surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails; ○ electronic equipment e.g. mobile phones, desk phones, tablets, desktops & keyboards; ○ rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods immediately after PPE removal by groups of staff; • reusable non-invasive care equipment is decontaminated: ○ between each use ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing or repair equipment; • linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken; • single use items are used where possible and according to single use policy;	Domestic staff are instructed in the required standards and pay particular attention to cleaning of toilets/ bathrooms. All isolation areas decontaminated at least twice daily. Staff working with keyboards, desktops etc. are aware of increased frequency of cleaning for these areas. Ward managers advise domestic teams when to enter rooms for cleaning following patient movement or clinical interventions Reusable equipment is decontaminated appropriately and effectively after use in line with Trust Decontamination PGN and Medical Devices policy All linen from possible/confirmed COVID-19 patients managed as infectious linen and disposed of/laundered appropriately. Single use items used throughout the Trust in accordance with Single Use Policy	Identified from outbreaks and CCRA risk of transmission from shared electronic equipment. Included in handover Covid checklist. Personal responsibility 'if you touch it, clean it'	

• reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance and that actions in place to mitigate any identified risk; • cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment; • where possible ventilation is maximised by opening windows where possible to assist the dilution of air.	Reusable equipment decontaminated appropriately and effectively after use in line with Trust policy. Cleaning standards monitored by facilities NTW solutions. Rooms in CNTW are not typically mechanically ventilated and openable windows is the only method. Risk assessments completed in clinical areas.	Team office at Hartside does not have windows that can be opened to allow for airflow. This has been raised NTW Solutions (Estates), alternative accommodation is being sought adaptations to windows enabling air flow being considered.	
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements for antimicrobial stewardship are maintained • mandatory reporting requirements is adhered to and boards continue to maintain oversight	Arrangements are in place and prescribing is monitored. In addition, Incident reports submitted where antibiotics are prescribed Antibiotic surveillance is reported into the IPCC on a quarterly basis		

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.			
• **Key lines of enquiry**	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • national guidance on visiting patients in a care setting is implemented; • areas where suspected or confirmed COVID-19 patients are being treated have appropriate signage and have restricted access; information and guidance on COVID-19 is available on all trust websites with easy read versions; • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved; • there is clearly displayed, written information available to prompt patients' visitors and staff to comply with hands, face and space advice. • Implementation of the Supporting excellence in infection prevention and control behaviours Implementation Toolkit has been considered C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	All visits are via booked sessions. Welfare checks completed prior to visit. PPE provided. Designated covid risk assessed visiting rooms. Access is restricted to core team members where COVID-19 positive patients is suspected/ confirmed. COVID-19 resource pages available on the intranet including easy read and specifically designed resources for patients with a Learning disability Documented on Patient Electronic Record i.e. RiO - evidenced that this is communicated on patient transfer. Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing. Regular communications on personal protective behaviours **in** and out of work. Staff and Wellbeing resources available on trust intranet.		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • screening and triaging of all patients as per IPC and NICE guidance within all health and other care facilities is undertaken to enable early recognition of COVID-19 cases; • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate from non Covid-19 cases to minimise the risk of cross-infection as per national guidance; • staff are aware of agreed template for triage questions to ask; • triage is undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible; • face coverings are used by all outpatients and visitors;	All admissions into the Trust are screened on day 1, 3 and day 5 following admission and at 7 day intervals thereafter, and managed appropriately. Appropriate care plan re isolation until result known. Documented in RIO progress notes and alerts. IPC support to clinical staff to support patients to talk through practical ways of how a patient with significant cognitive impairment and who had been diagnosed with covid-19 could be sensitively and compassionately supported whilst in their bedroom Patients with possible or confirmed COVID-19 are isolated from non-COVID-19 patients. IPC screening guidance for inpatient and community teams. As part of booking arrangements for appointments/visiting face coverings are advised.	There are occasions when patients do not comply with isolation pending results. Compliance with screening at the agreed day 1, 3, 5 and 7 has not been consistently completed this is in part due to patient refusal and follow up scheduling. Some inpatient sites are configured with patient bays with a small number of single rooms available. Priority would be given to CEV patients.	Triage via Bed Management clinical team Staff wear full PPE at all times. Daily reviews have been a successful mode of ensuring compliance and regular review of screening coupled with robust reviewing of data sent on a daily basis that acts as prompt for areas where standards require support in completion.

• individuals who are clinically extremely vulnerable from COVID-19 receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g. priority for single room isolation;	Identified as part of admission process if clinically extremely vulnerable, additional measures included in care plan. Inpatients nursed in single rooms.		
• clear advice on the use of face masks is provided to patients and all inpatients are encouraged and supported to use surgical facemasks (particularly when moving around the ward) providing it is tolerated and is not detrimental to their (physical or mental) care needs;	On admission patients are informed of the use of masks to reduce the transmission of covid-19 and encouraged to wear them. Each patient risk assessed re ligature risks.	This can be due to communication difficulties of sensory impairment or ligature risks of use of masks. The use of masks within some patient groups has been challenging.	Handovers and the pre leave checklist acts as a prompt to ensure masks are available and understand the risks of community acquired infection
• monitoring of Inpatients compliance with wearing face masks (particularly when moving around the ward) providing it is tolerated and is not detrimental to their (physical or mental) care needs;	Some patients do not wish to comply with social isolation or alternative mask use		
• patients, visitors and staff are able to maintain 2 metre social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, e.g. to protect reception staff.	Covid risk assessments completed in all areas to identify room occupancy. Perspex screens are in place in reception areas where required following covid secure risk assessments		
• isolation, testing and instigation of contact tracing is achieved for patients with new-onset symptoms, until proven negative;	All patients who develop symptoms are tested and isolated promptly with continued monitoring of the patient's physical health.		

• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly; • there is evidence of compliance with routine patient testing protocols in line with Key actions: infection prevention and control and testing document; • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately.	Appropriate care plan re isolation until result known. Documented in Rio progress notes and alerts Patients who are symptomatic are isolated, if continue to display symptoms following negative result they will be retested. All patient testing recorded on RIO Reduced face-to-face appointments and increased use of technology. Staff check with the patient that they are well and symptom-free before appointment where possible to reduce risk of spread		

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • patient pathways and staff flow are separated to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas;	Positive patients nursed in designated areas of wards in single rooms or cohorted areas. Clear signage of PPE requirements at entrances to wards. Donning and doffing stations available within clinical areas.		South Locality do not have separate entrance and exits to wards to facilitate a one way system.

• all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other national guidance to ensure their personal safety and working environment is safe; • all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it; • a record of staff training is maintained; • adherence to PHE national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk; • hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as: o hand hygiene facilities including instructional posters; o good respiratory hygiene measures; o staff maintaining physical and social distancing of 2 metres wherever possible in the workplace unless wearing PPE as part of direct care;	All staff receive in-depth IPC training on induction into the Trust. Targeted training sessions across all sites in the Trust in relation to PPE (appropriate use/donning and doffing). IPC Covid-19 bitesize presentation cascaded to all teams via communications. Training records are maintained by training facilitators Incident reporting system is in place to report any PPE related concerns. Adherence to PHE National Guidance is undertaken via Routine checks by Clinical Nurse Managers, and IPC Team All inpatient staff across the Trust undertake hand hygiene competency assessments/IPC on an annual basis. Hand washing is promoted as via trust wide communications and posters in every ward/department across the Trust Inpatient and community team handover checklist: Guidelines for maintaining a Covid-19 secure and safe workplace: to monitor and		PPE provided in all entrances to ward areas, including handwashing facilities. This allows staff to don and doff new PPE upon entry and exit

○ staff are maintaining physical and social distancing of 2 metres when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace; ○ frequent decontamination of equipment and environment in both clinical and non-clinical areas; ○ clear visually displayed advice on use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patient facing areas. • staff regularly undertake hand hygiene and observe standard infection control precautions; • the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance; • guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff areas; • staff understand the requirements for uniform laundering where this is not provided for onsite; • all staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE and other national guidance if they or a member of their household display any of the symptoms;	reinforce IPC standards. This includes wearing of PPE, decontamination of equipment and car sharing. Signage available at all sites reminding the use of Face masks/face coverings and maintaining social distancing All inpatient staff across the Trust undertake hand hygiene competency assessments/IPC on an annual basis Hand towel dispensers are available in all areas and are regularly maintained. Hand hygiene posters are readily available and clearly displayed in all prominent areas. Communications on personal Uniform laundering has been issued via Daily Communications briefings All staff displaying symptoms of COVID-19 are contacting the Central Absence Line within the Trust for advice and to access Trust		

• a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals); • positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported; • robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of outbreak meetings.	based Testing Team for themselves and family members. Monitored via DIPC/ Gold command and IPC Fact find meetings to identify if two or more positive cases linked in time and place. OB management policy implemented when two or more positive cases linked.		

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff; • areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas; • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate;	As above, all areas compliant with facilities to support isolation/cohorting with the exception of Hadrian Clinic and Brooke House Compliance in line with PHE guidance	Hadrian Clinic difficult to isolate due to the ward layout (no ensuite facilities) No ensuite facilities available at Brooke House	Designated toilet facilities for patients isolating on Hadrian clinic. Frequent cleaning of high points in these areas. In the event of a COVID positive patient, facilities would be identified only for use of COVID positive.

• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance; • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement.	All areas compliant facilities to support isolation/cohorting No change in usual management of these infections. All patients managed in accordance with relevant trust PGN		Cleaning schedule would be increased
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals; • patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance; • regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available; • regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data);	All Trust staff undertaking testing are appropriately trained Testing of both staff and patients is undertaken promptly (usually same day that symptoms are first noticed). Regular monitoring of testing turnaround times. All labs following letter from NHSE Mental Health to ensure rapid processing of tests for MH/LD settings. Reported daily via internal reporting mechanisms		

• screening for other potential infections takes place; • that all emergency patients are tested for COVID-19 on admission; • that those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the point symptoms arise; • that emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission; • that sites with high nosocomial rates should consider testing COVID negative patients daily; • that those being discharged to a care home are tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organisation prior to discharge; • that patients being discharged to a care facility within their 14 day isolation period are discharged to a designated care setting, where they should complete their remaining isolation;	Screening takes place to rule out other infections/symptoms being displayed All patients who develop symptoms are tested and isolated promptly with continued monitoring of the patient's physical health. Appropriate care plan re isolation until result known. Documented in RIO progress notes and alerts All patients screened on day 1, 3 and day 5 and at 7 day intervals thereafter in accordance with national guidance. Patients screened in accordance with local guidelines and IPC screening guidelines. Information shared with receiving organisation prior to discharge. Liaison with the care facility regarding isolation requirements as part of discharge planning arrangements		

• that all Elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission.	ECT patients are screened prior to each treatment		

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

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • staff are supported in adhering to all IPC policies, including those for other alert organisms;	IPC Team are in daily contact with clinical areas regarding IPC processes and advising wards/teams where other infections are reported		
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff;	Any changes to PHE guidance communicated to staff as soon as possible via the daily communications and Team meetings		
• all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance;	All waste related to suspected or confirmed COVID-19 cases is disposed of appropriately as infectious clinical waste into orange bags. Introduction of tiger waste for non-clinical areas for the disposal of face mask.	North Cumbria, some clinical areas have no access to lidded clinical waste bins for safe disposal of waste	Clinical waste bins on order. Orange clinical waste bags used, waste still disposed of into the correct waste stream.
• PPE stock is appropriately stored and accessible to staff who require it.	Central management of PPE has been introduced to ensure adequate stock for all areas based on usage		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported; • that risk assessments are undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic and pregnant staff; • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained and held centrally; • staff who carry out fit test training are trained and competent to do so; • all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used; • a record of the fit test and result is given to and kept by the trainee and centrally within the organisation; • those who fail a fit test, there is a record given to and held by trainee and centrally within the	Staff in 'at risk' groups identified and supported appropriately, including the completion of individual risk assessments As identified by risk assessment, all staff that are required to wear FFP3 masks undergo fit-testing by an appropriately trained individual. Training is recorded HSE approved training session of upto 3 hours and be deemed competent by an external contractor approved in RPE training All testing done is recorded on a fit test report including those who have failed the test and those who are unsuitable for masks All test reports are scanned to and inputted onto ESR. The data viewed as 'live' on the FFP3 dashboard which allows locality managers / clinical leads to receive the latest mask information for their staff groups.		

organisation of repeated testing on alternative respirators and hoods; • members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm; • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health; • following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record; • boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board; • consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance;	The original report is given to the managers for record keeping and those fit tested receive a business card with their mask and details on. Those who cannot undergo a fit test will be regarded as a failed fit test. Instructed not to enter areas where FFP3 masks are recommended or undertake duties where there are potential AGP's. Managers are asked to review any employees who falls into this category The data can be viewed as 'live' on the FFP3 dashboard which allows locality managers / clinical leads to receive the latest mask information for their staff groups. Recorded on ESR. Staff teams remain on their allocated areas with minimal movement. This includes Domestic Teams. Staff are aware of the need for social distancing. Use of 2m floor		

• all staff to adhere to national guidance and are able to maintain 2 metre social & physical distancing in all patient care areas if not wearing a facemask and in non-clinical areas; • health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone; • staff are aware of the need to wear facemask when moving through COVID-19 secure areas; • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing; • staff who test positive have adequate information and support to aid their recovery and return to work.	spacers to prompt and remind staff re need for 2m distancing. Posters are on display in all wards/departments across the Trust. The Trust Covid19 Environmental working group has undertaken environmental risk assessments and recommended modifications required trust wide. Face masks are worn by all staff in all areas. Staff absence and well-being monitored via individual team managers and centrally through the Central Absence Line. Well-being checks undertaken Information is provided to staff at point of test explaining outcome of results i.e. negative and positive including ongoing support should symptoms worsen or re-occur. Welfare calls support staff to either return or onward referral to Occupational Health.		

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
3 November 2021

Title of report	**Annual Plan 2021-22 Quarter Two 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

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Annual Plan 2021-22 Quarter 2 Update

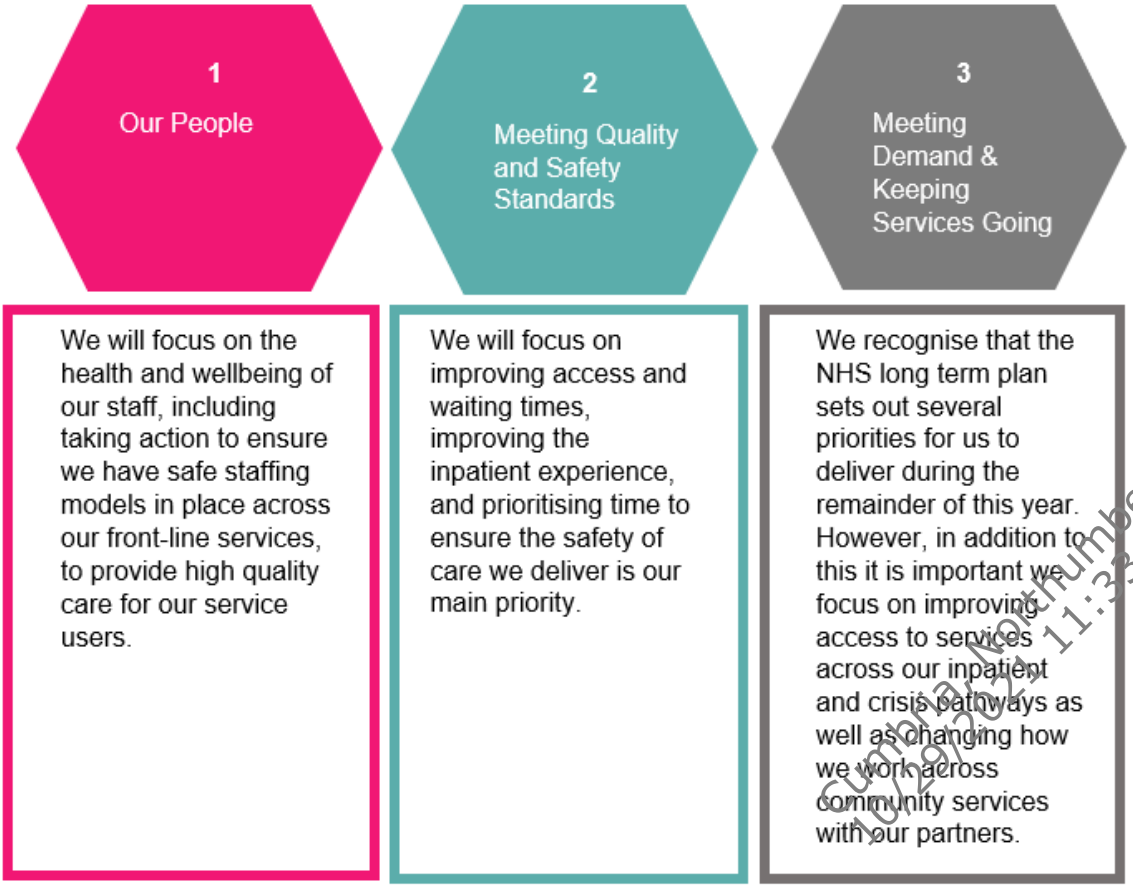
1. Introduction

1.1 This paper provides the Trust Board with an update of progress against the CNTW 2021-22 Annual Plan as at the end of quarter 2.

1.2 This transitional plan seeks to develop the organisation from a position of sustained COVID19 crisis management, learning from the pandemic and restabilising 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.

1.3 Delivery against the Annual Plan is impacted by variable operating conditions and system uncertainties.

1.4 The graphic below shows the summarised version of the CNTW 21-22 Annual Plan which identified three priorities:



2. Key exceptions to highlight against delivery during quarter 2

2.1 Detailed updates against delivery of the priorities set for the year are outlined in Appendices 1-4.

2.2 Quarter Two presented difficult operating conditions due to the impact of a surge in COVID infections exacerbating existing staffing pressures – requiring enhanced management focus on managing COVID alongside the ongoing safer staffing and recruitment and retention activity.

2.3 In recognition of current service delivery challenges, a review of the planned deliverables in Section 3 of the Annual Plan has been led by the Chief Operating Officer to rationalise the plan by focussing on the critical service deliverables within each priority area (Further detail in Appendix 3). As the priority areas themselves within the Annual Plan remain unchanged, and the amendments relate to underpinning delivery plans, the Trust Board are asked to note rather than approve the review.

2.4 Despite the service delivery challenges, there has been some key areas of focus during quarter two which are summarised below:

- Safer staffing and the development of the Recruitment and Retention Taskforce.
- Acute inpatient and urgent care pathway pressures.
- Delays in transfers of care and supporting people being cared for out of pathway.
- Access and waiting times for treatment, particularly children and young people.
- Reviewing the position against the national community mental health transformation deliverables.
- Ongoing work on our equality, diversity and inclusion agenda.
- Continued focus on patient safety and quality of care.

2.5 Appendix 1-3 provides an update against each of the commitments in the Annual Plan. Appendix 4 provides, where available, an update of progress made towards Long Term Plan deliverables.

2.6 This report consolidates and complements routine governance reporting such as the Accountability Framework, Quality Priorities updates, Commissioning & Quality Assurance reports, Safer Care updates etc.

3. Recommendations:

The Board of Directors is asked to:

a) Note the prioritisation of critical service delivery tasks detailed in Appendix 3.
b) Note the progress made in quarter two against the CNTW 2021/22 Annual Plan despite the ongoing operational challenges faced during the quarter.

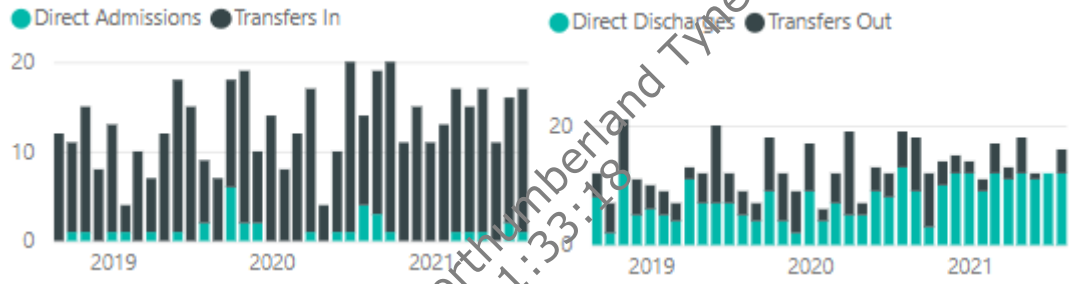
James Duncan
Deputy Chief Executive &
Executive Director of Finance
October 2021

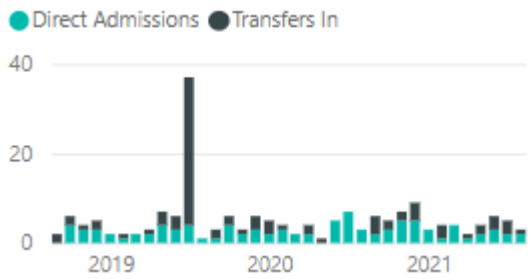
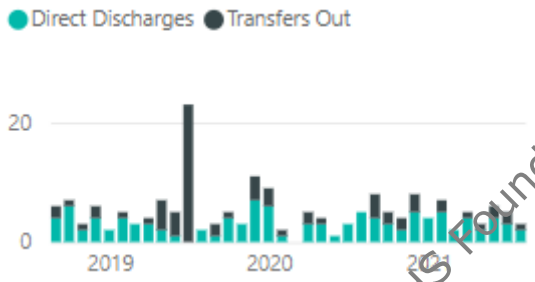
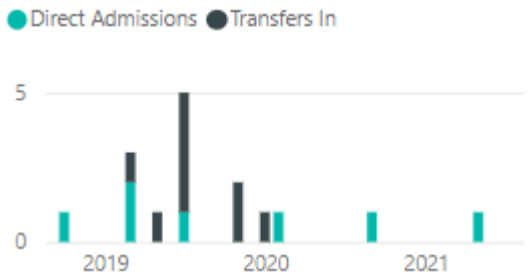
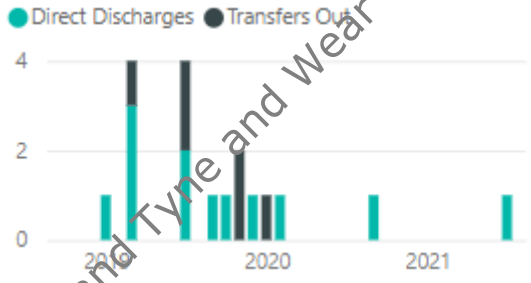
Ramona Duguid
Chief Operating Officer

Appendix 1: Reporting Progress Against the Annual Plan "Our People" Quarter Two 2021-22

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 2 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		Measures of progress against this objective are provided via other Board reports.
	1.2 Equality, Diversity & Inclusion	Quality Priority Q2 Update	See 2.3 commentary.
	1.3 Safer staffing	Safer Care - Safer Staffing Report	Quarter two was characterised by a challenging staffing position as a result of peak annual leave and sickness, both Covid and non-Covid-related. The latter was further compounded by the impact of vacancies, isolation requirements and the overall position required an increase in staff to support therapeutic activity and safer staffing. The Trust's Staffing Contingency Policy and Procedure were invoked in July 2021 and continued in place throughout the quarter. This was supported by the implementation of Covid-19 response meetings, chaired by the Chief Nurse, three times weekly from the middle of July, continuing until September. Daily scrutiny is in place at CBU, Group and Executive and Gold Command levels to ensure the safe provision of services to patients. The Recruitment and Retention Task Force has prioritised activities as follows: • Recruitment – Rajesh Nadkarni • Retention – Ramona Duguid • New Roles – Gary O'Hare • Terms and Conditions – Lynne Shaw
	1.4 Working safely with COVID	IMG papers	As at the end of September 2021, 90% of CNTW staff were fully vaccinated and 93% partially vaccinated against coronavirus. The booster vaccination programme commenced in early October 2021. Staff absence due to COVID and non-COVID reasons was high during the quarter. As at 30 September, there were 171 staff absent from duty (was 95 at 30 June) due to COVID19 infection symptoms or contact isolation, 36% of whom had received a positive PCR test result (20% as at 30 June).

Appendix 2: Reporting Progress Against the Annual Plan "Quality Standards and Safety" Quarter Two 2021-22

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 Q2 Update	After maintaining a position of zero in quarter one, during quarter 2 there were 114 inappropriate out of area bed days (48 of these related to one individual). There is a plan in place to eliminate this activity by 31 March 2022 however this will be a challenge due to continued service pressures and the temporary closure of beds for refurbishment purposes. Trustwide, the average Length of Stay including overnight leave (as at end August 2021) was 6971 days. This compares to 7316 Q2 2020/21 and 8440 Q4 2019/20. The longest lengths of stay relate to: Secure wards - average LoS 2821 days (Aug 21), 1430 (Sept 2020) Learning disability CBU – average LoS 1610 days (July 2021), 1316 (Sept 2020) Long stay/Rehabilitation – average LoS 1851 days (Aug 2021), 2106 (Sept 2020) For long stay/rehabilitation: 

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 1 Progress/Commentary:
			For secure: Spike in mid 2019 was due to changes with Tyne and Tweed and movement of patients on RiO.   Learning disability wards CBU (Mitford and Mitford Bungalows):  
	2.2 Improving Waiting Times	Quality Priority Q2 Update	During the quarter: 1. The quarter one improvement in the number of people waiting more than 18 weeks to access adult and older people's mental health services was not maintained, with a deterioration from 19 to 49 by 30 September. The main pressure points are within South locality specifically with PCP Sunderland West (13), PCP South Tyneside Community Team (5), PCP Sunderland South (3) and Regional Disabilities (3) teams having the majority of the over 18 week waits. (49% of all over 18-week waiters)

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 1 Progress/Commentary:
			2. **The number of people waiting more than 18 weeks** for treatment by adult and older people's mental health services increased to March 2021 levels (from 752 to 964 – 619 adult, 345 Older adult). **The majority of over 18 week waits for treatment sit within Sunderland and North Cumbria** with 480 adults and 167 older adults (68.2% of the over 18-week waiters) • Position as at Q2 2020/21 – 703 (366 Adult, 337 Older adults) • Position as at April 2020/21 – 1,182 (730 Adult, 452 Older adults) 3. Waiting times to access Children and Young People's Services (CYPS) at 30 September varied across the Trust footprint, with significant numbers of families waiting more than **18 weeks for treatment in Newcastle/Gateshead** and none waiting more than 12 weeks in Northumberland. There were 795 CYP waiting more than 18 weeks for treatment in Newcastle and Gateshead, 91 in Sunderland, 118 in South Tyneside, 147 across the multiple services in North Cumbria. Position as at Q2 2020/21 – 249 Newcastle Gateshead, 0 Northumberland, 35 Sunderland, 13 South Tyneside and 62 across North Cumbria Services. Note that Sunderland and South Tyneside split into two teams Mid-August 2020. 4. **Waiting times remain challenged across Gender Dysphoria and Adult Autism Spectrum Disorder Diagnosis (ASD)** services however after a continuing trend of monthly increases, during September there has been some improvement in the number of people waiting to access the Adult Attention Deficit and Hyperactivity Disorder Diagnosis service (ADHD)

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 1 Progress/Commentary:
	2.3 Equality, Diversity, Inclusion and Human Rights	Quality Priority Q2 Update	During Quarter 2 work has continued on inclusive recruitment and progression with final recommendations planned to be presented to Board during Quarter 3. The Respect Campaign has gathered momentum during this quarter. A Respectful Resolution workshop took place, followed by a Train the Trainer event to equip staff with the skills necessary to adopt a respectful resolution approach to difficult conversations. Following the quarter one review of staff disability data, individuals with no disability status in their employment record were contacted resulting in an additional 70 staff (to date) now identified as disabled.
	2.4 Increasing time spent with service users and carers	Quality Priority Q2 Update	This quality priority has four elements; 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. During Quarter 2, a baseline methodology was developed to understand the current position and inform the development of a staff engagement tool in quarter 3. This activity will be undertaken sensitively, balancing the current work pressures with benefits of ongoing quality improvement projects.
	2.5 Meeting other quality and regulatory standards	Q2 Accountability Framework / Q2 C&QA report	Quarter two achievement of the improvement trajectories agreed in quarter one were discussed with each locality group in Accountability Framework meetings held in late October. These focussed on: 1) Delivery against the LTP expectations: • A risk based assessment of year end position, including an assessment of trajectory impact and financial slippage on the 21/22 deliverables

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 1 Progress/Commentary:
			• Update on place based community transformation position 2) Discussion of support needs for the following pressure areas • Mental Health inpatient pathways and Out of Area bed days • Access, particularly in services for Children and Young People, Gender Dysphoria, Adult Autism Diagnosis and Adult Attention Deficit Hyperactivity Disorder • Learning Disability and Autism Trajectory delivery
	2.6 Continue to improve safety	Safer Care Q2 Report & Talk First Update	• Comprehensive update provided within Safer Care Quarter Two report. • Development of the safety priorities with the safer care and group director team has commenced during the quarter.
	2.7 Continue to embed learning to improve safety	Safer Care Q2 report	
	2.8 Delivering care safely with COVID19	IMG Papers	There were nine reported COVID19 outbreaks reported across CNTW in quarter two, and a number of COVID19 positive cases among inpatients for most of the quarter, peaking at ten in the middle of August 2021. By comparison, there were very few COVID19 positive cases among inpatients in quarter one. As at the end of September 2021, 52% of eligible adult inpatients were fully vaccinated, and 64% partially vaccinated.

Appendix 3: Reporting Progress Against the Annual Plan "Service Demand and Delivery" Quarter Two 2021-22

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 2 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 we work	3.1 Managing demand for inpatient beds & improving the emergency admission process	Business Delivery Group Sep 21	A workshop was held on Friday 8th October focusing on the 'Interface Between Acute Adult Inpatient Wards and Crisis Teams' with bed management and community colleagues in attendance. The goal was to create proposals for enhancing flow through the adult acute inpatient pathway. The event was well attended with 76 members of staff joining with clinicians from inpatients, community and crisis teams, as well as operational and bed management colleagues. The first part of the meeting focused on the current position in terms of admissions over the last six months, the findings of the acute adult bed census, and an update on the latest crisis team proposals. A number of outputs were agreed at the workshop to be taken forward trust wide as well as locality specific priorities, namely linked to: • Crisis alternatives and interface with acute inpatient ward areas (as well as NHS 11 and 999 services) • Standardisation of admission and discharge processes • Management of patient flow and 'purpose of admission' • Allocation of roles and tasks to focus on delays in discharge • Complex discharge management Further analysis on length of stay and delayed transfers of care is being undertaken recognising the Trust is seeing an increase in its DTOC position. Q2 DTOC position was 6.1% against the <7% standard. Areas exceeding the 7% standards included South Inpatients (7%), Cumbria inpatients (13%) and Learning Disabilities and Autism (26%) CBU's Q2 2020/21 DTOC position was 3.0% against the <7% standard Areas exceeding the 7% standard included Learning Disabilities and Autism (11%) and Cumbria inpatients (12%) CBU's

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 2 Progress/Commentary:
across community services with our partners.			Q4 2019/20 DTOC position was 4% against the <7% standard. Areas exceeding the 7% standards included Cumbria Inpatients (18%) CBU
	3.2 Maximising the effectiveness of the crisis pathway	Business Delivery Group Sep 21	In addition to the above workshop held on 08/10 there are a number of priority areas of work which have been identified to support maximising the effectiveness of the crisis pathway: Agreed priority tasks: • Review Mental Health Act assessment process • Interface with acute inpatient areas • System review of s117, housing and social care assessment processes • Supporting complex presentations • Enhance medication titration in community settings • Development of crisis provision for Children and Young People • Demand and capacity modelling (including interface with other services such as PLT)
	3.3 Supporting place-based working to develop and improve community services	Business Delivery Group Sep 21	A review of the current position of the locality teams in relation to community mental health transformation took place at the BDG away day in September. A follow up session is planned with CDT in November. Whilst there are a number of priorities partners have identified at a placed based level, the focus for Q3 and 4 will be the engagement of the primary and secondary care teams on the development of integrated models of care and relationship building. Progress is being made with recruitment to the addition primary care roles. In addition to this there are some key areas of work which have been prioritised in relation to supporting the work on community services: Agreed Priority Tasks: • Developing clozapine initiation in the community, including EIP services • Developing pathways for managing complex and emotional needs • Reviewing CPA approaches and implementing new guidance

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 2 Progress/Commentary:
	3.4 Review the complex learning disabilities and/or autism assessment and treatment pathway	Business Delivery Group Sep 21	The work being led by commissioners on the inpatient assessment and treatment pathway remains a key priority for the Trust in relation to the implications which may need to be considered when this work has concluded. There are a number of additional areas of work which have been prioritised for this year: Agreed Priority Tasks: • Developing an internal support register and associated specialist support team for those patients who are described as out of pathway and require additional support and skills, and/or who are at risk of LTS/seclusion. • Continuing to strengthen and improve partnership interfaces and the impacts on current pathways, including delays to transfers between services/providers, particularly for complex patients. • Developing internal advocacy/co-production support functions across all themes. • Developing forensic step down/least restrictive options.
	3.5 Reduce long waits to access services for children & young people & continue work on transitions	Business Delivery Group Sep 21 (see also 2.2)	The main priority area which has been focussed on during Q2 is the access and waiting times for children and young people. There are a number of additional areas of work which have been prioritised. Agreed Priority Tasks: • Continuing to develop children and young people's crisis response services • Building on the work to improve Neurodevelopmental pathways • Improving access to digital enablers such as websites and apps • Continuing to improve approaches to transitions, including development of a service for 18-25s
	3.6 Adapting services to support LTP	Q2 Accountability Framework	See Appendix 4 which sets out commissioner expectations and progress relating to investment against the Long Term Plan deliverables.

Trust Wide Priority:	Objective:	Monitoring progress – Source Data	Quarter 2 Progress/Commentary:
	3.7 Achieving Financial Sustainability	Q2 Finance Report (RABAC)	The Trust incurred pandemic-related increased spending of £3.8m in the first half of this financial year and has received temporary funding to support delivery of a breakeven financial position. Overall substantive staff numbers have increased by 400 WTE compared to pre-pandemic levels alongside an increase in temporary staffing, and COVID measures continue to affect services. The H2 planning guidance advises there will be a continuation of block income arrangements to March 22, following which contracts will be re-introduced for 2022/23. System funding to cover COVID and top-up will continue for H2, but will be reduced. The Trust is currently working with ICP and ICS colleagues to agree funding levels for H2 and there is a risk of a future financial gap.

Appendix 4 Long Term Plan Measures and Progress Update

Long Term Plan Metrics	Standard	Q2/September 21 CNTW	Data Source:	Commissioner Funding, Expectations and Risks identified.
1. IAPT Access Rate	TBC	TBC		Funded posts have been filled in North Cumbria however the access standard will not be achieved at current referral rates. Recruitment to posts in Sunderland has been impacted by delays in agreeing the business case therefore the delivery of standards is unlikely to be achieved in-year.
2. IAPT recovery rate	50%	Sunderland: 53.8% (Sept 21) North Cumbria: 54.7% (Sept 21)	C&QA Report m6	
3. IAPT waiting times	95% seen within 18 weeks	Sunderland: 100% (Sept 21) North Cumbria: 100% (Sept 21)	C&QA Report m6	
	75% seen within 6 weeks	Sunderland: 99.7% (Sept 21) North Cumbria: 100% (Sept 21)	C&QA Report m6	
4. IAPT in-treatment pathway waits	<10%	18% Cumbria 3.2% Sunderland	Published data	
5. Implementation of IAPT - Long Term Condition pathways	TBD	No – Cumbria Yes – Sunderland		
6. Estimated diagnosis rate for people with dementia	66.7%	60.3% Northumberland 60.4% North Tyneside 56.2% North Cumbria 70.8% Newcastle/Gateshead 62.0% Sunderland 64.7% South Tyneside	Published data at place level	The diagnosis rates are not expected to recover to the expected standard this year due to system pressures.
7. Improve access to Children and Young People's Mental Health Services		16,775 no. of CYP accessing having at least 1 contact	Trust Published data	Funding discussions with commissioners continue and where agreed, recruitment into newly funded posts is ongoing. Staff retention in some areas is being affected by private sector recruitment. Partnerships with the third sector to support waiting times are being explored in some areas.

Long Term Plan Metrics	Standard	Q2/September 21 CNTW	Data Source:	Commissioner Funding, Expectations and Risks identified.
8. Waiting times for Routine Referrals to Children and Young People Eating Disorder Services	95% seen within 4 weeks (routine)	Q2 83.3% (not achieved)	C&QA Report m6	The Provider Collaborative are supporting these services ICS wide and some CCG have funded new posts, which are not yet filled. Demand has increased during the pandemic.
9. Waiting times for Urgent Referrals to Children and Young People Eating Disorder Services	95% seen within 1 week (urgent)	Q2 not achieved	C&QA Report m6	
10. People with severe mental illness receiving a full annual physical health check and follow up interventions	60%	National position – 27.1% 31.4% Northumberland 36.9% North Tyneside 22.4% North Cumbria 30.6% Newcastle/Gateshead 41.3% Sunderland 69.3% South Tyneside	Published data	Some funding has been agreed, dependent on model agreed per CCG. Recruitment is ongoing, demand is being evaluated and the target monitored at system level – risk of non-achievement.
11. Number of people accessing Individual Placement and Support	32,000 nationally	40 Trust position	Published data	Some finding agreed however this does not support full delivery of the access standard. Recruitment plans are in place and standard is expected to be achieved in 22/23 in some areas.
12. Access to community mental health services for adults and older adults with severe mental illnesses	TBD	22,450 Trust position 3690 Northumberland 1520 North Tyneside 5015 North Cumbria 5210 Newcastle/Gateshead 4625 Sunderland 2565 South Tyneside	Published Data	The Community Mental Health Transformation programme is managed by PLACE partnerships, with varying progress across the seven areas served by CNTW.

Long Term Plan Metrics	Standard	Q2/September 21 CNTW	Data Source:	Commissioner Funding, Expectations and Risks identified.
13. Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Target = zero	77 not achieved	C&QA Report m6	See section 3.1 in Appendix 3.
14. Inpatient admissions for people who have had no previous contact with community mental health services	16.3% national mean	14% Northumberland 6.0% North Cumbria 17% Newcastle Gateshead 11% Sunderland	Published data	
15. Adult mental health inpatients receiving a follow up within 72hrs of discharge	80%	95.0%	C&QA Report m6	
16. Reducing long length of stay for adults and older adults in acute inpatient services	8.0% Adult 10.75% Older adult	5.4% adult, 10.0% OA Northumberland 7.6% adult, 11.9% OA North Cumbria 6.8% adult, 7.2% OA Newcastle/Gateshead 7.1% adult, 10.9% OA Sunderland 11.1% adult South Tyneside	Published data	
17. Number of women accessing specialist community perinatal mental health services	8.6% live births	7.0% Northumberland 4.9% North Tyneside Published data 4.9% North Cumbria 4.9% Newcastle/Gateshead 4.2% Sunderland 3.9% South Tyneside		Recruitment is taking place however there is a risk to delivery of the standard in-year.
18. Mental Health Services Dataset - Data Quality Maturity Index Score	95%	93.0% (June 21)	C&QA Report m6	