Board of Directors PUBLIC Meeting

2 November 2022
13:30 GMT Europe/London

St Nicholas House, Conference Suite and via Microsoft Teams

Agenda

1. Agenda

Speaker: Ken Jarrold, Chairman

References:

- BoD Agenda Public November DRAFT (001).pdf

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Board of Directors PUBLIC Board Meeting Agenda

Board of Directors PUBLIC Board meeting **Venue: Conference Suite, St Nicholas House and via MS Teams**	**Date: Wednesday 2nd November 2022** **Time: 1:30pm– 3:30pm**

Agenda Item 1		Owner	
1.1	Welcome and Apologies for Absence	Ken Jarrold, Chairman	verbal
2	Service User / Carer / Staff Story	Guest Speaker	verbal
3	Declarations of Interest	Ken Jarrold, Chairman	verbal
4	Minutes of the meeting held 5 October 2022	Ken Jarrold, Chairman	enc
5	Action Log and Matters Arising from previous meeting	Ken Jarrold, Chairman	enc
6	Chairman's Update	Ken Jarrold, Chairman	verbal
7	Chief Executive Report	James Duncan, Chief Executive	enc
Quality, Safety and patient issues			
8	Commissioning and Quality Assurance update (Month 7)	Lisa Quinn, Executive Director of Finance, Commissioning Quality Assurance	enc
9	Safer Staffing Levels (Q2) Report	Gary O'Hare, Chief Nurse	enc
10	Safer Care (Q2) Report	Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive	enc
11	Safety, Security and resilience report	Gary O'Hare, Chief Nurse	Enc

12	Winter Planning Report	Ramona Duguid, Chief Operating Officer	enc
13	Panorama Programme – Trust response	James Duncan, Chief Executive	Enc
14	Infection Prevention Control Board Assurance Framework	Gary O'Hare, Chief Nurse	Enc
Workforce issues			
15	Staff, Friends and Family Report (Q2)	Lisa Quinn, Executive Director of Finance, Commissioning Quality Assurance	enc
16	Guardian of Safe Working (Q2) Report	Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive	enc
17	Raising Concerns Report	Lynne Shaw, Executive Director of Workforce and OD	Enc
18	CNTW Academy Annual Report	Gary O'Hare, Chief Nurse	enc
Regulatory / compliance issues			
19	CQC Action Plan update	Lisa Quinn, Executive Director of Finance, Commissioning Quality Assurance	enc
20	Board Assurance Framework and Corporate Risk Register	Lisa Quinn, Executive Director of Finance, Commissioning Quality Assurance	enc
21	NHSE/I Single Oversight Framework Compliance Report	Lisa Quinn, Executive Director of Finance, Commissioning Quality Assurance	enc
Strategy, planning and partnerships			
22	Integrated Care System / Integrated Care Board update	James Duncan, Chief Executive	Enc

Committee updates			
23	Quality and Performance Committee	Darren Best, Chair	Verbal
24	Audit Committee	David Arthur, Chair	Verbal
25	Resource and Business Assurance Committee	Paula Breen, Chair	Verbal
26	Mental Health Legislation Committee	Michael Robinson, Chair	Verbal
27	Provider Collaborative Committee	Michael Robinson, Chair	Verbal
28	People Committee	Brendan Hill, Chair	Verbal
29	Charitable Funds Committee	Louise Nelson, Chair	Verbal
30	Council of Governors' Issues	Ken Jarrold, Chairman	Verbal
31	Questions from the Public	Ken Jarrold, Chairman	Verbal
32	Any other business	Ken Jarrold, Chairman	Verbal
Date and Time of Next Meeting:	**Wednesday 7th December 2022 1:30pm – 3:30pm Venue TBC**		

1.1 Welcome and Apologies for Absence

Speaker: Ken Jarrold, Chairman

2. Service User / Carer / Staff Story

Speaker: Guest Speaker

3. Declaration of Interest

Speaker: Ken Jarrold, Chairman

4. Minutes of the meeting held 5 October 2022

Speaker: Ken Jarrold, Chairman

References:

- 3. Mins Board PUBLIC 5 October 2022 DRAFT (003).pdf

Minutes of the Board of Directors meeting held in Public
Held on 5 October 2022 1.30pm – 3.30pm
Crowne Plaza, Newcastle and via Microsoft Teams

Present:
Ken Jarrold, Chairman
David Arthur, Senior Independent Director/Non-Executive Director
Darren Best, Vice-Chair/Non-Executive Director
Brendan Hill, Non-Executive Director
Louise Nelson, Non-Executive Director
Michael Robinson, Non-Executive Director

James Duncan, Chief Executive
Rajesh Nadkarni, Executive Medical Director, and Deputy Chief Executive
Lynne Shaw, Executive Director of Workforce and Organisational Development
Ramona Duguid, Chief Operating Officer
Chris Cressey, Deputy Director of Finance & Business Development *(Deputising for Lisa Quinn)*
Anthony Deery, Deputy Chief Nurse *(Deputising for Gary O'Hare)*

In attendance:
Margaret Adams, Lead Governor and South Tyneside Public Governor (online)
Tom Bentley, Public Governor for Gateshead (online)
Allan Brownrigg, Clinical Governor (online)
Danny Cain, Non-Clinical Staff Governor
Janine Fish, Patient and Carer Involvement Facilitator *(patient story)*
Eilish Gilvarry, Deputy Medical Director *(Item 13)* (online)
Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary
David Muir, Group Nurse Director *(Item 13) (online)*
Jane Noble, Carer Governor for Adult Services
Margaret Orange, Associate Director, Addictions Governance *(Item 13) (online)*
Wendy Pattison, Local Authority Governor, Northumberland Council (online)
Tom Rebair, Service User Governor for Adult Services
Jacqui Rodgers, Governor, Newcastle University (online)
Kelly Simpson, patient story
Russell Stronach, Service User Governor for Learning Disabilities and Autism (online)
Claire Thomas, Deputy Director Safer Care *(Item 11)*
Jack Wilson, Membership and Engagement Officer

1. Welcome and apologies for absence

Ken Jarrold welcomed everyone to the meeting. Apologies for absence were received from Gary O'Hare, Chief Nurse and Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance and Paula Breen, Non-Executive Director

2. Declarations of interest

Rajesh Nadkarni confirmed his role as a Partner Member of the North East and North Cumbria Integrated Care Board (NENC ICB) and member of the ICB Quality and Safety Committee.

3. Service User/Carer Story/ Staff Story

Ken Jarrold extended a warm welcome and thanks to Kelly for sharing her personal story.

4. Minutes of the meeting held 6 July 2022

The minutes of the meeting held on 3 August 2022 were considered and approved.

Approved:

- **The minutes of the meetings held 3 August 2022 were approved as an accurate record**

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

There were no outstanding actions to note.

6. Chairman's update

Ken Jarrold noted that the Trust will be exploring the issue of rising living costs and the impact on service users and staff.

With regard to the development of the NENC ICB, Ken reported continued progress with partnership arrangements beginning to form, bringing promise for the future.

7. Chief Executive's Report

James Duncan referred to the staff excellence awards being a fantastic event celebrating all the remarkable achievements across the organisation to improve the lives of those we serve.

James noted the Peer Support and Involvement Conference which took place on 19th September which celebrated the work that has been achieved over the last three years including the delivery of the Together Strategy and the role of peer support across the organisation.

James referred to the training session held on 28th September which focused on the importance of challenging Ableism. The event was attended by over 200 members of staff and extended thanks to the Staff Disability Network for highlighting such an important issue.

James referred to the Northern Health Alliance report which finds that people in the North of England experienced significantly worse mental health outcomes compared to those living elsewhere in the country during the course of the pandemic.

Regarding the developing NENC Integrated Care System (ICS), James advised that place-based Directors were now in post across all local authority areas representing a positive step in the delivery of services across the NENC footprint.

Resolved:

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

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance update

Ramona Duguid referred to the report which confirmed an increase in compliance with Information Governance Training, an improved position regarding out of area placements and

waiting times for Children and Young People Eating Disorders Services for routine referrals. Ramona noted challenges in access waiting times noting that a significant amount of work was taking place to understand how to improve on the current trajectories.

Regarding the financial position, Chris Cressey noted that the Trust has a £3.1m deficit position, £3.8m behind plan. The Trust is forecasting to deliver a £5.6m surplus as agreed as part of the ICS financial plan. Delivery of the Trust financial plan is dependent on a reduction in temporary staff costs.

Ken Jarrold referred to the report acknowledging some areas of improvement but noted that there remained a significant financial challenge ahead for the Trust and the wider system.

Resolved:

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

9. COVID / National Enquiry update

Anthony Deery stated that the national enquiry commenced on 21st July 2022 with the investigation taking a modular approach. Detail of the three modules are highlighted within the report.

Resolved:

- **The Board received the COVID / National Enquiry update**

Workforce issues

10. Annual Medical Revalidation Report 2021/22

Rajesh Nadkarni referred to the report which forms part of the statutory annual submission to NHS England, requiring Board approval. The report highlighted compliance for medical appraisals at 100% for 2021/22. Rajesh noted the action to refresh the focus wellbeing in line with the recommendations highlighted in the Fair to Refer Report.

Ken Jarrold highlighted the importance of the process and acknowledged the assurance provided within the report.

Approved:

- **The Board received and approved the Annual Medical Revalidation Report 2021/22 with agreement for James Duncan to sign the statement of compliance on behalf of the Board.**

Regulatory / compliance issues

11. Annual Safeguarding Report 2021/22

Claire Thomas presented the Annual Safeguarding Report 2021/22 noting the action taken to review capacity and revise processes and approaches to ensure levels of demand can be met whilst maintaining quality of care.

Safeguarding activity continues to increase in volume and complexity, with the increase being consistent with other agencies across the system. Claire provided detail on activity relating to

safeguarding children that has been a key driver in the overall increase in activity and complexity. The report provided assurance that the Trust is fulfilling its safeguarding responsibilities.

Ken Jarrold mentioned some worrying and unsurprising increases in demand given the social and economic situation.

Darren Best acknowledged the increase in activity noting the number of Safeguarding Boards within the Trusts footprint and the added complexity in terms of differences in policies and procedures. Darren emphasised the importance of ensuring appropriate capacity, ability to managing risk, and the added complexity of the topic for such a large organisation operating across so many Safeguarding Boards.

Brendan Hill thanked Claire Thomas for the report being a great use of Statistical Process Charts (SPC) charts in supporting Non-Executive Directors to understand key issues and trends.

David Arthur referred to Safeguarding Children Level 3 training reported as below the 85% target and asked how compliance will be met. Claire advised that a trajectory was in place to introduce Safeguarding Level 3 training which has been impacted by the pandemic. Delivery of training commenced in April 2022 via face-to-face sessions and places have been increased per session with a target of achieving the trajectory by end of December 2022.

Resolved:

- **The Board received and noted the Annual Safeguarding Report 2021/22**

12. Annual Plan Q1

Ramona Duguid referred to the Annual Plan Quarter 1 report which provided an update of progress against the Trust 2022-23 Annual Plan priorities.

Resolved:

- **The Board received and noted the Annual Plan Quarter 1**

13. Addictions five-point plan update

Margaret Orange delivered a presentation following the review of addiction services and the Trust's approach to future service delivery and noted a rise of 20% in alcohol specific cause of deaths. This was also linked to social deprivation and is in-line with issues of inequalities within the North East of England.

Margaret provided a detailed overview of the three-year thematic review which was undertaken between 2019-2022 of all deaths in addiction services including the learning, after action reviews and serious incident investigations and advised once the review is completed it will be presented as a full report.

Margaret referred to Dame Carol Blacks report which focused on the impact of a decade of funding cuts alongside workforce challenges and an expectation of an increase in caseloads on average of 60-80%. Margaret referred to opportunities in terms of increasing staffing levels, reviewing staff skills to incorporate physical health, and attracting a more diverse workforce.

Ken Jarrold welcomed the change of policy and referred to the previous attitudes of not treating addiction until mental health is stabilised. Such attitudes remain deeply ingrained and Ken asked how difficult it will be to change this in practice. Margaret advised that a system was now in place where issues of addiction will be escalated if they cannot be addressed at a local level and emphasised the importance of raising awareness of and embedding the policy.

Eilish Gilvarry informed the Board of a new consultant following the recommendation made within the Dame Carol Black report. Addictions services is working with the NENC ICS on alcohol prevention, including allocation of funding from Health Education North East (HENE) to support the development of education across the NENC ICS in terms of management of drugs and alcohol. The service is also part of the community mental health transformation work to ensure improvements in the integration of addiction into other services.

David Muir also referred to work to address cultural issues associated with addiction and working with the Communications Team and Peer Supporters.

Danny Cain referred to funding for Newcastle alcohol and drug addiction services and hoped in the future it would be expanded to other areas across the NENC. Danny also highlighted the importance of 'Making Every Contact Count'.

Jane Noble referred to training for new nurses and asked if there would be an opportunity to train people on the new policy that has been developed for addiction services. Margaret advised that the strategic clinical networks would be best placed to be involved in this and a further area of review is the generic training for brief interventions for addictions.

Brendan Hill noted only three issues have been escalated to Margaret which demonstrates the potential for continuing change. Brendan referred to the cost-of-living crisis and suggested that training outside of the specialism may also add value to support people not working within the service to deal with issues in a more skilled way.

Ken Jarrold thanked the team on behalf of the Board for an interesting and important update.

Resolved:

- **The Board received the Guardian of Safe Working Quarter 1 report**

14. Integrated Care System/ Integrated Care Board update

James Duncan informed the Board of some key appointments being made across the NENC ICB including the appointment of Place-based Directors. The role of the ICB and role of the Integrated Care Partnerships (ICPs) are becoming clearer including clarity on the role of place, the role of Foundation Trusts and the role of the ICB and how they interrelate. The ICB are currently developing the strategy for the NENC ICS which is due for publication in December 2022.

James noted the development of a post of Director of Transformation for Mental Health, Learning Disability and Autism, with Kate O'Brien being appointed into the position.

Ken Jarrold recognised the challenges for the ICS/ICB in terms of their establishment at a very challenging time for health and care services. Ken reassured the Board that the Trust

was making every effort to contribute to its development with relationships with Place Directors being critical to its success.

Resolved:

- **The Board noted the Integrated Care System/ Integrated Care Board update**

Board sub-committee minutes and Governor issues for information

15. Quality and Performance Committee

Darren Best provided an update following the meeting held on 28th September which included an update on control drugs management, serious case reviews and independent investigations. There was a focussed discussion on access and waiting times.

16. Audit Committee

There have been no meetings since the previous Board meeting.

17. Resource and Business Assurance Committee

There have been no meetings since the previous Board meeting.

18. Mental Health Legislation Committee

There have been no meetings since the previous Board meeting.

19. Provider Collaborative Committee

Michael Robinson provided an update following the meeting held on 28th September which included confirmation that the Trust did not inherit into the organisation any employees when they were Tupe'd across.

20. People Committee

There have been no meetings since the previous Board meeting.

21. Charitable Funds Committee

There have been no meetings since the previous Board meeting.

22. Council of Governors issues

Ken Jarrold briefed the Board on the forthcoming Governor Elections.

Ken welcomed Tom Rebair, Service User Governor for Adult Services and Victoria Bullerwell, non-clinical Staff Governor to the Governors' Steering Group.

Ken advised that Sam Allen, NENC ICB Chief Executive can no longer attend the October meeting of the Council of Governors. This will provide an opportunity for the Board to brief Governors on current issues including the Trust Recovery Plan.

23. Any Other Business

Wendy Pattison, Appointed Governor for Northumberland County Council has organised a summit on 6th October 2022 regarding domestic abuse and extended an invitation to the Board of Directors and Council of Governors.

Debbie Henderson stated that the Trust will be celebrating World Mental Health Day on 10th October with an on-line event planned from 3pm – 5pm. Guest speakers include Sam Allen, NENC ICB Chief Executive and the boxer Frank Bruno.

Jane Noble highlighted FREED, an organisation for people with an eating disorder between the ages of 16-25 years and asked to highlight the service on the Trust website.

24. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 2 November 2022, 1:30pm at Royal Station Hotel and online via Microsoft Teams.

5. Action Log and Matters Arising from previous meeting

Speaker: Ken Jarrold, Chairman

References:

- 5. BoD Action Log PUBLIC as at 05.10.2022.pdf

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting held in public

Action Log as at 2 November 2022

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.	Item	Action	By Whom	By When	Update/Comments
Actions outstanding					
		There are no outstanding actions to note			
Completed Actions					
		There are no complete actions since the previous meeting to note			

6. Chairman's update

Speaker: Ken Jarrold, Chairman

7. Chief Executive Report

Speaker: James Duncan, Chief Executive

References:

- 7. CEO Report to Board of Directors November 2022.pdf

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors
2nd November 2022

Title of report	**Chief Executive's report**
Purpose of the report	**For information**
Executive Lead	**James Duncan, Chief Executive**
Report author(s) (if different from above)	**Jane Welch, Policy Advisor to the 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	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

Meeting of the Board of Directors
Chief Executive's Report
Wednesday 2nd November 2022

Trust Updates

CNTW signs up to the Equally Well Charter

The Trust has signed up to the Equally Well UK Charter, a group of over 70 organisations who are working together to improve the physical health of people with mental illness. The aim of the Equally Well collaboration is to reduce the life expectancy gap between people living with mental illness and the general population. The Trust is already acting on this pledge through the delivery of key initiatives including our Physical Health and Wellbeing Group, Public Health and Lifestyles Group, Food and Nutrition Group, and A Weight Off Your Mind – a regional programme for tackling unhealthy weight in people experiencing mental illness. Our newly launched QUIT Team is providing tobacco dependency treatment and support to service users across the Trust, helping people to quit smoking for good and reap the health and wellbeing benefits of that effort. The Trust has also appointed a Physical Health and Wellbeing Lead to act as ambassador for this work and help us to address key priorities.

Biomedical Research Centre funding award

The Department of Health & Social Care has awarded Newcastle's Biomedical Research Centre £23.1m of funding for world-leading research in ageing and multiple long-term conditions. The investment from the National Institute of Health and Care Research (NIHR) will support a five-year programme delivered by Newcastle Hospitals, Newcastle University and CNTW to better understand and treat a range of conditions for patients in the UK and beyond. This new funding award marks the first time the Trust has joined the BRC as a formal partner. The investment will support research over the next five years in areas such as dementia and mental health and will provide opportunities for a diverse range of professionals to undertake research, including allied health professionals as well as doctors and nurses. The funding award is part of a £790 million investment in NHS research and Newcastle is among 20 NHS and University partnerships across England to have been awarded funding to translate scientific discoveries into new treatments, diagnostic tests and medical technologies for patients. BRCs are partnerships between healthcare professionals and academics in the country's leading NHS trusts and universities.

Industrial action

NHS trade unions are currently conducting either an indicative or statutory ballot to assess the level of support of their membership for strike action and action short of full strike action as a result of the 2022/23 pay award.

- Royal College of Nursing (RCN) - statutory ballot commenced on 6 October 2022 and closes 2 November 2022. The earliest date for action will be 18 November 2022

- Unison – a statutory ballot opens on 27 October 2022 and closes on 25 November 2022
- Chartered Society of Physiotherapy – a decision has been taken to move to a statutory ballot. No date has been announced yet but expected to be November
- GMB – the closing date of consultative ballot was 27 September 2022 (though some ballots extended into October). To date no decision has been communicated but confirmation has been received that 11 Ambulance Trusts have moved to statutory ballot
- Unite – consultative ballot extended to end September 2022. No decision has yet been communicated. Ambulance Trusts, NHS Scotland and NHS Wales have taken decision to move to statutory ballot and it is expected that England will follow suit
- British Medical Association – Junior Doctor Committee has confirmed they have entered a trade dispute and are seeking approval from the BMA council to move to a statutory ballot from 9 January 2023.

A group has been set up internally to oversee any potential action.

NHS Pastoral Care Award

The International Recruitment Relocation and Support team has been successful in achieving the NHS Pastoral Care Quality Award (International nurses and midwives) on behalf of CNTW. CNTW is the first Mental Health and Learning Disability Trust in the country to have been successful with respect to this. The award was launched in March 2022 and aims to standardise the quality and delivery of pastoral care for internationally educated nurses and midwives across England, to ensure that they receive high-quality pastoral support.

It is also an opportunity for Trusts to recognise their work in international recruitment and demonstrate their commitment to staff wellbeing, both to potential and existing employees. The required standards for best practice in pastoral care have been developed with regional and Trust international recruitment leads and international nursing and midwifery associations.

Once achieved, Trusts will be reassessed against the standards every two years.

Covid Update

From a national perspective 54,914 people tested positive (in the seven day period up to and including the 15th October 2022), a decrease of 7,720 (down 12.3%). In healthcare settings 7,809 patients were admitted to hospital in England (for the seven days up to and including 17th October 2022), a decrease of 389 (down 4.7%). The number of deaths within 28 days of a positive test in England increased by 786 (for the seven days up to and including 15th October 2022), an increase of 786 (up 3.8%).

At the time of the last update (October 2022 Trust Board) the Trust had three Outbreaks: Roker, Cleadon and KDU Hadrian which have all subsequently closed. During October there have been a further five outbreaks, four of which have closed: Castleside, Mowbray, Beckfield and Clearbrook. One outbreak remains open: Cuthbert Ward. The Trust Outbreaks reported have been well managed by ward staff with no or very limited onward transmission, either via person to person or by environmental contamination. The early detection of cases, i.e. staff testing when patients develop symptoms in a timely manner or on admission screen is allowing staff to implement the appropriate control measures and arrange the cleaning regimes to be undertaken promptly and effectively.

As of 25th October 2022, 60 staff members are absent due to Covid.

National HOPE(S) team visit to CNTW

Dr Jennifer Kilcoyne and Danny Angus, Director and Associate Director for the National HOPE(S) NHSE Collaborative visited the trust on the 20th & 21st October.

HOPE(S) is the national clinical model for children, autistic adults and adults with a learning disability who are in Long Term Segregation (LTS). We asked them to support us to provide reflections on several of our services (Mitford, Rose Lodge and Tyne ward) where individuals are supported in LTS. They were also asked to support us to think about newer models of care that are being designed (Enhanced care area and Ferndene) and help us to consider cases where the LTS definition was unclear.

Jennifer and Danny challenged us to consider our use of mechanical restraint (MRE) with autistic people and people with a learning disability and our sensory environments in Mitford Bungalows in particular. They acted as a critical friend providing feedback on out LTS panel process and praising the trust's commitment to embedding HOPE(S) as a clinical model.

Digital Voice Projects

Our Occupational Therapy team (North Inpatient) recently supported a project by Digital Voice, a North East social enterprise. They worked with some of the patients from various wards at St. George's Park, teaching them how to create drawings on iPads. They also ran a programme working with our Peer Support Workers to tell stories about their experiences through animation, which is called DigitalMe.

On Monday 17th October we held an exhibition of the work, including a screening of the video produced by our Peer Support Workers. It was a very moving screening, and inspired with messages of hope for service users to draw on. The Mayor of Morpeth presented certificates to those that participated in both projects.

Psychological Professions Conference

Our first face to face CNTW Psychological Professions day conference since 2019 took place on 19 October at the Royal Station Hotel in Newcastle, with over 100 attendees. The

event was chaired by Dr Esther Cohen-Tovee, Director of AHPs & Psychological Services, with facilitation by Psychological Services Associate Directors. The programme was wide ranging, including sessions on Trauma Informed Approaches, the Trieste model & service transformation, service developments for neuro-divergent service users, and increasing diversity in the psychological professions. A very powerful Schwartz Round reflecting on the emotional impacts before, during and after the pandemic was led and facilitated by two Psychological Services members of the Schwartz team. Finally, a workshop session took place with James Duncan and Dr Rajesh Nadkarni, focused on the transformation agenda & system level changes: valuing psychological services and ensuring psychological thinking is at the heart of decision making and future models of care. The workshop outputs were collated and will provide the basis for further discussion and the development of action plans.

Regional updates

Newcastle and Gateshead Councils awarded funding for research into the wider determinants of health

£50m has been awarded across 13 local authorities including Newcastle City Council and Gateshead Council to establish Health Determinants Research Collaborations (HDRCs) which will bring together experts and academics to address knowledge gaps in local areas. The HDRCs will pioneer high-quality 'home grown' research which improves understanding of how local factors impact inequalities in health outcomes. HDRCs will be partnerships between local authorities and universities and will support the development of better data and evidence to inform local decision-making which impacts population health. Health Determinants Research Collaboratives mark the first time local government has received funding to lead research into the wider determinants of health. The HDRC funding will be overseen by the National Institute of Health Research (NIHR).

TEWV publish draft 5-year strategy

Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) have published a draft strategy titled 'Our Journey to Change' which sets out where the Trust wants to be in five years' time. The development of the strategy has been informed by TEWV's 'Big Conversation', the Trust's biggest-ever listening exercise which saw 2,500 people take part. The strategy sets out three overarching goals for the organisation:

- To co-create a great experience for our patients, carers and families.
- To co-create a great experience for our colleagues
- To be a great partner

It also sets out five 'journeys' that include specific goals and commitments which will support the delivery of the wider strategic goals:

- Clinical – how we will provide high quality, safe, kind, effective and personalised clinical care to the people we support
- Quality – how we will make our services safer and improve patient experience through evidence-based care

- Cocreation – how we will seek out and act upon the voices of the people we work with to improve care
- Infrastructure – how the places we work, such as our hospitals and offices, the equipment we use, the information we gather and the systems and processes we put in place will support excellent patient care
- People – how we will ensure everyone who works and volunteers with us has a great experience, whether they're permanent employees, people working as bank staff or through an agency, students or volunteers

More information about each of the journeys is available via the TEWV website where you can also give feedback about each of the journeys which make up the draft strategy via an online form.

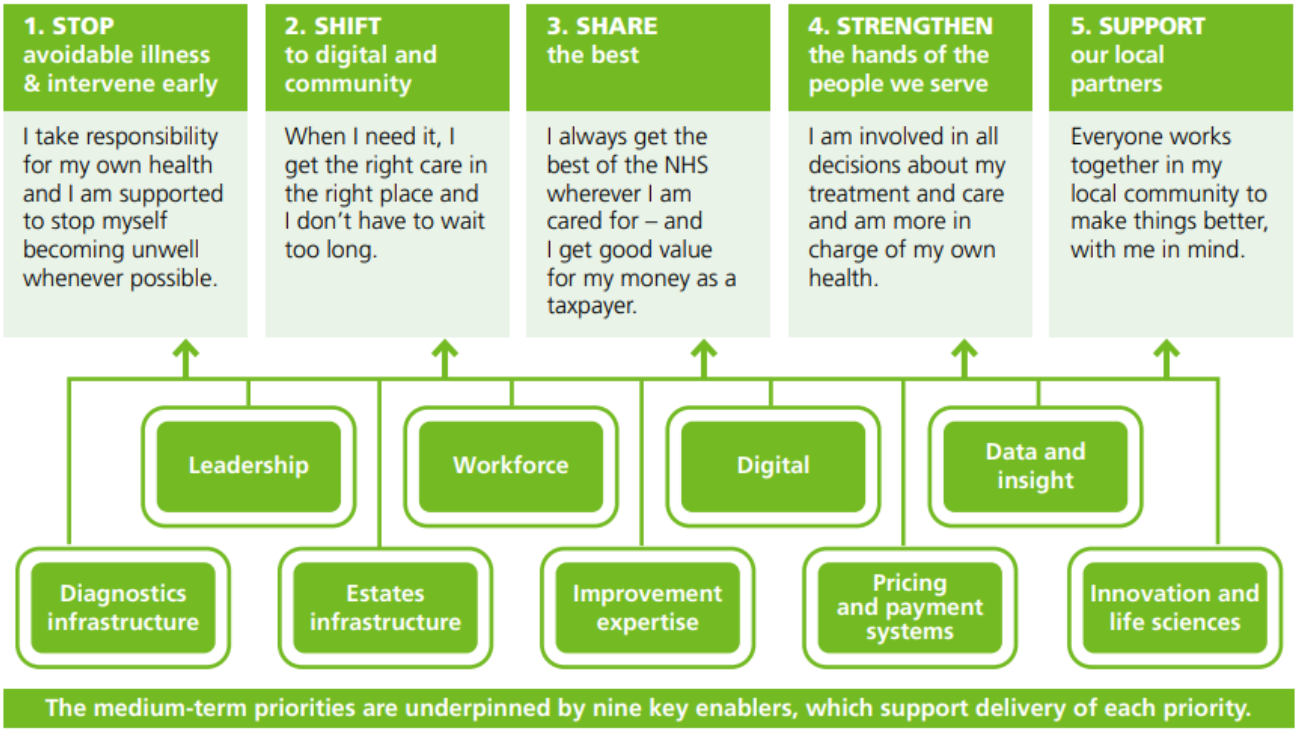
National updates

National Mental Health Director orders safety review of all providers in wake of Panorama investigation

Claire Murdoch, National Mental Health Director at NHS England, has ordered a national safety review of all mental health, learning disability and autism providers following the broadcast of a Panorama programme which revealed patients being mistreated at the Edenfield Centre, a secure unit in Greater Manchester. Murdoch stressed that an 'it could happen here' mindset must be central to national and local approaches and urged trust boards to conduct urgent safeguarding reviews to identify any issues requiring immediate action, including freedom to speak up arrangements, complaints, and care and treatment reviews. Murdoch also urged trusts to question whether their assessments of services and culture are sufficiently robust and how effectively they are responding to patient feedback. Murdoch suggested that planned reviews of restrictive interventions and long-term seclusion would be prioritised, and that NHSE is considering additional action which could be taken as part of its planned inpatient quality programme, work around workforce supply, and with regulators.

NHS England publishes Operating Framework

NHS England has published its Operating Framework which sets out how it will work and the organisation's purpose, areas of value, leadership behaviours and accountabilities, medium-term priorities and longer-term aims. The changes to NHSE's Operating Framework are described as part of a 'cultural reset for the NHS, to reflect the change to system-based approaches to improvement and stronger partnership working'. The Operating Framework describes five medium-term transformational priorities:



The Operating Framework clarifies the responsibilities and accountabilities of NHS Providers, Integrated Care Boards and NHSE – ICBs will provide 'first line oversight' and support for providers' performance and contribution to system plans, though NHSE will lead on support for organisations in segments 3 and 4 of the Oversight Framework as well direct oversight of organisations in other segments by exception and generally via agreement with the ICB. The Operating Framework also sets out a common framework for how NHSE will approach change programmes.

NHS England publishes winter resilience plans

NHS England has written to NHS leaders to set out plans for maintaining operational resilience over winter. Key actions include:

1. Better community support – reducing pressures on general practice and social care and reducing admissions to hospital by:
    - Putting in place a community-based falls response service in all systems for people who have fallen at home including care homes
    - Maximising the use of virtual wards, and actively considering establishing an Acute Respiratory Infection (ARI) hub to support same day assessment
    - Providing additional support for care homes through reducing unwarranted variation in ambulance conveyance rates
2. Maximise bed capacity and support ambulance services by utilising all physical and virtual ward capacity to increase resilience and reduce delays elsewhere in the system, including:
    - Supporting delivery of additional beds including previously moth-balled beds

- All systems setting up a 24/7 System Control Centre to support system oversight and decision making based on demand and capacity across sites and settings
- Ensuring all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene (staff may be employed on a rotational or joint basis with mental health trusts). This should prevent unnecessary mental health-related trips to A&E and ensure people in mental health crisis receive the right support – further guidance is expected on this shortly

3. Ensure timely discharge and support people to leave hospital when clinically appropriate

In addition to the deployment of mental health professionals 24/7 within ambulance services, specific actions linked to mental health include continued investment in training the health workforce in acute settings to manage mental health need (including paediatric acute) and work to support children and young people with mental health needs within acute paediatric settings. The letter highlights mental health as a particular challenge in relation to urgent and emergency care and delayed discharge and underlines the importance of continued investment in crisis alternatives, community transformation, primary care, and acute liaison.

Other areas where the letter suggests targeted action should be taken include reviewing compliance with UKHSA infection prevention and control guidance and promoting staff vaccination against COVID-19 and flu. NHS England will work with Integrated Care Boards to ensure oversight arrangements and related support are focused on winter resilience and elective recovery.

Mental Health Nurse's Handbook

NHS England published the Mental Health Nurse's Handbook, a resource for mental health nurses to guide their preceptorship and supervision conversations, focusing on some key areas of practice. In their foreword the Chief Nursing Officer recognises that mental health nursing requires leadership at every level - including system working, addressing health inequalities, leading service transformation, educating, developing, recruiting and retaining staff, research, and quality improvement to inform practice. The unique nature of mental health nursing means it is an emotionally demanding but rewarding career choice requiring exceptional dedication.

The Handbook serves as a practical guide to support preceptorship and supervision conversations for newly qualified nurses. It has been co-produced with service users and carers and is a wider resource for mental health nurses to ensure we are delivering continuous high quality professional practice.

The handbook focuses on the following 5 key areas:

- Purposeful: Clarity between the nurse and service-user about the intention and focus of the relationship.

- Connectedness: An ability to listen, empathise with and validate the person's experience and feelings.
- Facilitation: The mental health nurse can make things happen with and on behalf of the service-user.
- Supportive: Being emotionally attuned with the patient's experience, encouraging, and providing a message of hope.
- Influential: Inspiring and capable of helping a service-user work towards and make positive change.

We are currently reviewing the CNTW Nurse Preceptorship Programme with the Mental Health Nurse's Handbook and will refresh and update as necessary.

NHS Providers survey highlights impact of cost-of-living crisis

NHS Providers published the results of a survey of NHS Trusts, highlighting the impact of the cost-of-living crisis on Trusts and local communities. Key findings include:

- 61% of Trusts reported a rise in staff sickness absence linked to mental health
- Trusts report staff struggling to afford to come to work, with 71% describing this as having a significant or severe impact on their Trust
- 68% of Trusts report a significant or severe impact from staff leaving the Trust for other sectors, such as hospitality or retail
- 95% of Trust leaders said that the cost of living had either significantly or severely worsened health inequalities in their local area
- 72% say they have seen an increase in mental health presentations due to stress, debt and poverty
- Some Trust leaders expressed concern about maintaining initiatives to support staff given pressure on existing NHS budgets and a lack of central support or funding

Research finds every £1 invested in the NHS creates £4 of economic growth

Research commissioned by NHS Confederation into the impact of investment in the health service on economic growth was published this week. Key findings include:

- Growth in healthcare investment has a clear relationship with economic growth
- For each £1 spent per head on the NHS, there is a corresponding return on investment of £4
- In the most deprived areas, the NHS workforce accounts for quadruple the level of economic output than in the least deprived areas
- Increasing spending on the NHS results in a healthier population with higher levels of workforce participation, based on evidence that:
    - Long term illness is linked to employment, median income and economic output (GVA) per person

- Long term sickness levels have risen steadily in the UK and have not returned to pre-covid levels, resulting in a cumulative total of 2.46 million working-aged adults off work due to long-term illness (this trend began in 2019, and has not been seen in other European and OECD countries where the numbers of people outside the workforce is on a downward trend)
- Investing in the NHS has potential to support the population to improve health. Investing in the primary care workforce is linked to reduced A&E attendances and non-elective admissions, both of which are signals of ill health and in turn influence workforce participation (For every GP added to the workforce, there is a decrease of 98 A&E attendances locally, and a decrease of 10 long-duration non-elective inpatient stays)

- Spending on the NHS should be regarded as an investment not a cost, as improving population health can drive higher levels of economic growth across the country

8. Commissioning and Quality Assurance update (Month 7)

Speaker: Lisa Quinn, Executive Director Finance, Commissioning and Quality Assurance

References:

- 8. Board front Sheet - C&QA Report.pdf
- 8. CQA - Board Report - September 2022.pdf

Report to the Board of Directors
2nd November 2022

Title of report	**CNTW Integrated Commissioning & Quality Assurance Report**
Purpose of the report	**For discussion**
Executive Lead	**Lisa Quinn, Executive Director of Finance, Commissioning & Quality Assurance**
Report author(s) (if different from above)	**Allan Fairlamb, Deputy 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	26.10.22
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	24.10.22
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board Report

2022-23 Month 6 (September 2022)

Caring | Discovering | Growing | **Together**

Executive Summary

Regulatory

- At Month 6 the Trust has delivered a £5.7m deficit which is £7.7m behind plan. The Trust planned contribution to the ICS financial plan was is a £5.6m surplus. Discussions at the Trust Board and with the ICS have agreed to revise the Trust forecast at the end of the financial year to break-even. Agency spend at the end of Month 6 is £16.5m of which £11.3m (69%) relates to nursing support staff.
- Information Governance Training has increased to 91.4% in the month. The Trust are required to maintain 95% standard in line with trajectories. The Trust were able to submit 95% compliance to the NHS Digital Data Security and Protection Toolkit (DSPT) as part of our recovery action plan following non-compliance for the June 2022 requirement (based on staffing position as at June 2022).
- Out of area bed days have increased in the month (Total of 1402 in the quarter), the Quarter 2 trajectory has not been achieved (399 Q2)
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at September 2022 is reported at 70.83% against a 95% standard.
- Children and Young Peoples Eating Disorder Services waiting times for urgent referrals (seen within 7 days) at September 2022 is reported at 100% against a 95% standard.

Contract

- The Trust met all local commissioner contract requirements for month 6 with the exception of:

  CPA metrics for all commissioners with the exception of Sunderland

  Delayed Transfers of Care within Sunderland, North Tyneside, Northumberland, Gateshead, North Cumbria.

  72 hour follow up within Newcastle and Gateshead

  Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in North Tyneside

  IAPT numbers entering treatment in Sunderland and North Cumbria

Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have decreased in the month, now reported at 350 (6.2%) as at 30th September 2022
- The numbers of Children and Young people waiting over 18 weeks for treatment have increased in the month to 2279 (57.2%) as at 30th September 2022
- There are a number of training topics underperforming against the Quarter 2 trajectory
- Appraisal rates have increased to 67.6% against a Quarter 2 trajectory of 77% Trustwide
- Management supervision has increased in the month to 58.4%, remaining under the Quarter 2 trajectory of 71%

Regulatory

Single Oversight Framework	Segment	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). (Sept 22)
	1	Areas for improvement relate to CYPS ED waiting times and Out of Area Placements. Information Governance Training has increased to 91.4% in the month. The Trust are required to maintain 95% standard in line with trajectories. The Trust were able to submit 95% compliance to the NHS Digital Data Security and Protection Toolkit (DSPT) as part of our recovery action plan following non-compliance for the June 2022 requirement (based on staffing position as at June 2022).
Care Quality Commission	OUTSTANDING	The focussed inspection update will be provided within a separate Quarter 2 report to Board

Number of visits in the last 12 months:	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
	3	0	7	2	3	2						

	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DQMI Score	90%	93.1%	93.0%	91.8%	93.5%	93.3%	93.0%						
Information Governance Training	95%	86.1%	85.4%	85.4%	86.6%	88.3%	91.4%						
Out of Area bed days	0	155	241	337	301	351	750						
IAPT Recovery (Sunderland)	50%	56.4%	49.8%	56.5%	52.6%	56.7%	53.3%						
IAPT Recovery (N.Cumbria)	50%	54.0%	52.1%	52.7%	51.4%	50.9%	60.4%						
EIP (2 weeks to treatment)	60%	81.8%	82.5%	80.7%	87.5%	87.0%	80.65%						
72 hour follow up	80%	90.2%	92.7%	97.0%	93.4%	91.1%	87.41%						
Referral to treatment (RTT)	100%	100%	100%	100%	100%	100%	98.5%						
CYPS ED – Urgent	95%	75%	100%	100%	100%	100%	100%						
CYPS ED - Routine	95%	72.2%	69.6%	63.2%	69.2%	68.2%	70.83%						

Action being taken:	Trajectories have been developed to ensure that the Trust will be compliant with training standards by the end of March 2023. CYPS Eating Disorder Routine referrals continue to underperform within North Cumbria CEDS team, this is due to an increase in the number of referrals received and forms part of the Service Development Improvement Plan (SDIP) with commissioners.

Contract

Commissioner Contracts (CCG):	**Unmet contract requirements** **5**	The Trust's met all local commissioner contract requirements for the month with the exception of: • CPA metrics for all commissioners with the exception of Sunderland • DTOC – Sunderland, Northumberland, North Tyneside, Gateshead and North Cumbria • Ethnicity recording for MHSDS – North Tyneside • 72 hour follow up – Newcastle and Gateshead • IAPT numbers entering treatment – Sunderland and North Cumbria
Commissioner Contracts (NHSE):	**Unmet contract requirements** **0**	The Trust met all NHSE contract requirements for month 6

Contract Summaries:	NHS England	Northumberland	North Tyneside	Newcastle	Gateshead	South Tyneside	Sunderland	North Cumbria	Durham and Tees Valley
	94%	80%	70%	60%	60%	80%	86%	50%	75%

CQUIN:	**Achieved**	**Part achieved**	**Not achieved**	
Q1	6			As at Quarter 2 all CQUINS have been internally assessed as achieving the Quarter 2 requirements.
QTD	6			
Q3				
Q4				

Friends and Family Test (FFT):	**90.4%**	The overall FFT satisfaction score for September 2022 was reported at 90.4%, this was based on the number of responses received from service users and carers who stated their overall experience with CNTW services was either good or very good. The number of Points of You survey returns received was 384, of which 63% were from service users, 24% from carers, 10% were completed on behalf of a service user and 3% did not state their person type. Of the 384 surveys received, 375 answered the FFT question.

Action being taken:	Localities have committed to meeting quality standards by the end of Q4 2022/23 which includes a focus on under performing contract requirements e.g. CPA metrics. Data quality reports are being developed as part of the dashboard development project and a new data quality lead will be focusing on areas of concern and delivering targeted training once in post. The online version of Points of You is being made more accessible to encourage greater feedback levels and localities will be encouraged to promote this.

Internal

Waiting Times (Adult and Older Person):	**Over 18 week waiters** **350 (6.2%)**	As at 30th September 2022 there were a total 5689 people waiting to access services in non-specialised adult services across CNTW of which, 350 people have waited more than 18 weeks. This is a decrease from 5796 people waiting to access non-specialised adult services last month of which 357 were reported waiting over 18 weeks.
Waiting Times (CYPS):	**Over 18 week waiters** **2279 (57.2%)**	This month the total number of CYP waiting more than 18 weeks to treatment has increased, reported at 2279 as at 30th September 2022 compared to 2272 as at 31st August 2022. The number of young people waiting to access children's community services is reported at 3986 overall at month 6.

Statutory & Essential Training:	**Standard achieved (Quarter 2 trajectory met)**			**Standard almost achieved (<5% below Quarter 2 trajectory)**			**Standard not achieved (>5% below Quarter 2 trajectory)**		
	Jul	**Aug**	**Sept**	**Jul**	**Aug**	**Sept**	**Jul**	**Aug**	**Sept**
	7	6	6	2	3	3	12	12	14

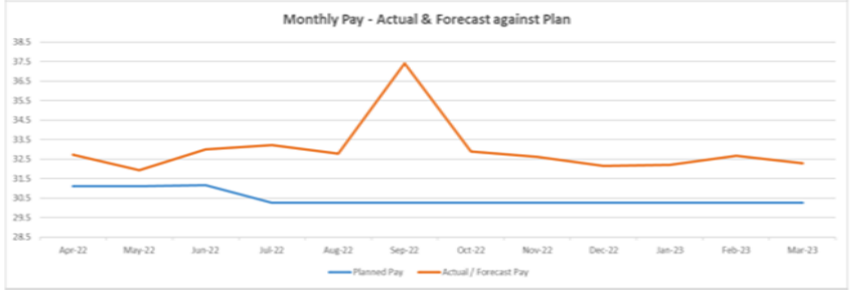
	Standard (Trajectory)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Appraisals	85% (77%)	64.8%	63.8%	63.8%	62.5%	64.9%	67.6%						
Management Supervision	85% (71%)	52.6%	55.2%	54.5%	55.6%	56.9%	58.4%						
Clinical Supervision	85% (77%)	77.5%	77.8%	77.8%	79.4%	79.1%	76.8%						

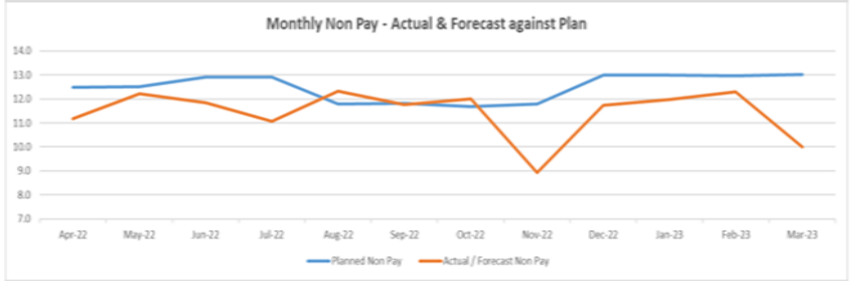
Quality Priorities:		**EDI and Human Rights**	**Supporting service users & carers to be heard**	**Improving Waiting Times**	**Improving the inpatient experience**
	Q1			The Trust continues to report a number of over 18 week waiters, work is ongoing within the Access & Waiting Times Group	The Trust did not meet the Quarter 1 trajectory for out of area bed days
	Q2			The Trust continues to report an increasing number of over 18 week waiters	The Trust continue to report a number of out of area bed days, the Quarter 2 trajectory cannot be achieved.

Action being taken:	Localities have developed trajectories for meeting training standards by the end of Q4 2022/23. The Access and Waiting Times group has taken on more of a performance management role and an updated reporting proforma has been developed for localities to highlight issues and provide key action points for areas of improvement. Localities provide monthly updates on key deliverables and issues.

Finance

Financial Performance Dashboard





Key Indicators

	Month 6					
	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	260.6	265.8	5.2	521.3	534.1	12.8
Pay	(184.2)	(201.1)	(16.9)	(365.8)	(395.9)	(30.1)
Non Pay	(74.4)	(70.4)	4.0	(149.9)	(138.2)	11.7
Surplus/(deficit)	**2.0**	**(5.7)**	**(7.7)**	**5.6**	**0.0**	**(5.6)**

Key Issues/Risks.

- At month 6 the Trust has delivered a £5.7m deficit which is £7.7m behind plan. The Trust planned contribution to the ICS financial plan was is a £5.6m surplus. Discussions at the Trust Board and with the ICS have agreed to revise the Trust forecast at the end of the financial year to break-even.
- Overall Trust pay costs have steadily continued to increase from Q4 21/22 through 22/23. Agency costs are higher than planned. The Trust original plan was dependent on a drop in staff costs to pre COVID levels in Q2. The Trust plan to continue to reduce agency costs to deliver financial break-even.
- Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.
- Cash – £45.4m at month 6 which is £5.4m below plan. The Trust has a PDC drawn down expected of £2.6m. The change to the Trust surplus and capital programme will reduce the cash forecast for 2022/23.
- Capital Spend - £17.0m at M6, which is £9.1m under plan. The Trust Board agreed a revised capital programme of £42.3m for 2022/23, the Trust is forecasting delivery of the revised capital plan.

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

	05/09/2022		12/09/2022		19/09/2022		26/09/2022	
Medical	120	107	124	112	119	107	124	112
Qual Nursing	188	133	319	150	226	168	232	176
Unq Nursing	2,778	2,175	2,515	1,974	2,683	2,176	2,513	2,056
A&C	22		25		21		12	
	3,108	**2,415**	**2,983**	**2,236**	**3,049**	**2,451**	**2,881**	**2,344**

In September the Trust reported an average of 2,362 price cap breaches (110 medical, 157 qualified nursing and 2,095 nursing support). At the end of September, 22 out of 25 agency medics were paid over the price cap.

Risks and Mitigations

- 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.
- 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, recovery trajectories have been agreed for 2022-23 at both a Trustwide and locality level.
- There is a risk that the Trust will not meet it's financial plan if there is continued and sustained agency use.

Recommendations

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

Allan Fairlamb

Deputy Director of Commissioning & Quality Assurance

Lisa Quinn

Executive Director of Finance and Commissioning & Quality Assurance

18th October 2022

9. Safer Staffing Levels (Q2) Report

Speaker: Gary O'Hare, Chief Nurse

References:

- 9. Safer Staffing Report October 2022 - November Trust Board.pdf

Report to the Board of Directors
2nd November 2022

Title of report	Safer Staffing Report, August 2022 data
Purpose of the report	For discussion
Report author(s)	Anthony Deery, Deputy Chief Nurse
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	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

SA1: Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.
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).

SA4: The Trust's mental health and disability services will be sustainable and deliver real value to the people who use them.
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).
That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes (SA4.2)

SA6: The Trust will be regarded as a great place to work.
If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation (SA6).

Report to the Board of Directors
2nd November 2022

Safer Staffing Report (August 2022 Data)

Executive Summary

The purpose of the report is to provide assurance on the position across all inpatient wards within CNTW, in accordance with the National Quality Board (NQB) Safer Staffing requirements. The report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period of August 2022.

- In August, the number of staff members who tested positive for Covid-19 decreased by 57% compared with the number in July. Staffing levels continued to be impacted by overall sickness levels, vacancies and the peak annual leave period.
- All localities continued to report a high level of acuity and complexity of need for a significant number of patients across inpatient units, compounded by high bed occupancy levels.
- The demand for temporary staffing via bank and agency arrangements reduced during August.
- Specialist Children and Young Peoples Services continued to report a high level of patient acuity and dependency and pressures resulting from supporting children and young people who required seclusion.
- Nurse consultants and specialist nurses worked into inpatient rotas when needed throughout August and Extended Multidisciplinary Team Working was maintained.

The staffing-related activity during August is summarised as:

- At least daily staffing meetings continued, to provide cover by moving staff members across wards to ensure 'level loading' of staff, based on skill mix requirements, with involvement and support from Staffing Solutions (temporary staffing).
- Rolling recruitment campaigns continued for both registered and non-registered nursing staff across the Localities, including the recruitment of Internationally Educated Nurses (four Internationally Educated Nurses took up post in the Trust in August). A Trust-wide campaign to recruit Healthcare Assistants for in-patient units commenced in August, supported by social media and inclusion in North East Jobs.
- NHS England funding to support the development of Internationally Educated Nurses was secured.
- Recruitment of new Registrants was undertaken, in preparation for their qualifying in September 2022.
- Recruitment marketing activity was undertaken to promote opportunities in Children and Adolescent Mental Health Services (CAMHS).
- Training to support the pilot phase of the implementation of the Mental Health Optimal Staffing Tool was undertaken in August (the pilot phase commenced at the end of August). Current reporting is of Care Hours Per Patient Day (CHPPD) supported by narrative and informed by professional judgement. Safer Staffing Tools, such as MHOST, have been developed to provide a defined measure of patient acuity and dependency.

To support strategic staffing 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 12 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ashby	78.16%	369.41%	108.70%	367.23%	Current observation levels: Long Term Segregation – 1x 2:1, Eyesight – 1x 2:1 & 1x 1:1 Current staffing levels: Staffing establishment is diminished due to vacancies, sickness, maternity and staff suspended. Also numbers have been affected by annual leave over the summer Vacancies: 1x Band 6, 1x Band 5, 2x Band 3 Maternity: 1x band 6, 5x band 3 Seconded to another service: 1x band 6 HR investigations: 1x Band 3 Long Term Sickness: 1x Band 3 Due to the qualified nurse vacancies the ward manager and lead nurses work into the numbers to provide support.
Lennox	61.91%	146.23%	108.94%	275.08%	Current observation levels: Long Term Segregation – 1x 2:1, Eyesight observation – 1x 1:1 Current staffing levels: Staffing establishment is diminished due to vacancies, sickness, maternity and staff suspended. Also numbers have been affected by annual leave over the summer. Vacancies: 2x Band 6, 6x Band 3 Maternity: 1x band 5, 2x band 3 HR investigations: 2x Band 5, 1x Band 3 Secondment to another service: 1x band 7, 4x band 3 The qualified nurse vacancies is having a significant impact on days shift. The ward manager and lead nurses work into the numbers to provide support.
Redburn Unit	81.25%	99.54%	57.61%	124.83%	Redburn continue to have low levels of registered nurses available in August due to HR process and several vacancies. They are working with one nurse on a night shift, safer staffing is currently set at two. These have been back filled with non-registered nursing staff. Ward manager and Specialist nurse support lower safer staffing levels through the day to support deficits. Several of the Nursing assistants within Redburn unit are completing their nurse training which contributes to deficits on the ward when they are on university placements Current vacancies: 5 x band 6, 8 x band 3, 1 x band 2 1 x B6 HR process.
Riding Unit	84.31%	106.72%	56.11%	204.65%	The Riding have not been able to work to registered safer staffing for the month of August. This is due to vacancies and staff sickness. Ward manager and specialist nurse has been working into the staffing numbers to support deficits on days and nights. Riding night shift registered nurse levels are set at two however, they have only been able to work with one in

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					August. These have been backfilled with non-registered nurses. Riding continue to be clinically busy with higher levels of observations, this has increased the usage of non-registered staff. Continued high level use of agency, however this is reviewed daily within the staffing huddles. A pool of agency staff is also used to create consistency and continuity of care. Vacancies: 4x Band 6, 2x Band 5 (awaiting preceptor nurses to start), 3x Band 3, 2x Band 3 Sickness: 2x B3 LTS, 1x B3 STS Workforce: 2x B3 Suspended
Edenwood Unit	154.90%	417.56%	128.81%	417.67%	Nursing Vacancies: 2x Band 6, 6x Band 3 Staff Absence: Increased to 14.47%, 2x B3 LTS, 3x B5 LTS, 1x B3 STS Additional Need: 1 x seclusion incident 1 x patient currently being nursed in modular build requiring a separate team including registered nurses 24/7 Increased levels of observations due to increased aggression leading to 2x patients being on 2:1 enhanced observation and engagement.
Hadrian 2	87.23%	116.99%	130.53%	235.30%	Nursing Vacancies: 1x Band 7 Specialist Nurse, 9x Band 5 Staff Absence: Increased to 9.6%, 2x B3 LTS, 1x B3 STS Additional Need: Seclusion has been in used by another ward, input and support at times required from Hadrian to support with reviews.
Hadrian Ward	85.96%	106.63%	68.70%	170.03%	Nursing Vacancies: 3x Band 5 (awaiting preceptor nurses to start), 3x Band 3, 2x Band 3 Sickness Absence: Increased to 12.62% Additional Need This month has seen a significant drop in observation levels following the discharge of a patient who had been out of pathway. At times there have been high levels of acuity, however these have been managed within numbers for the most part and staff working 9-5 have been absorbed into the staffing when required. Staffing levels have fallen to 5 staff on the early, 5 staff on the late and 4 staff on nightshift. Staffing increased to 6, 6 and 5 for 24hours as we had a hospital escort at CIC.
Oakwood Ward	65.32%	187.53%	103.05%	158.01%	Nursing Vacancies: 2x Band 5 (awaiting preceptor nurses to start) Sickness absence: Increased to 12.49%, X6 HCA short term absences, X1 Long term HCA absences, X5 RMN short term absence X1 Carers leave authorised Workforce: X2 Reasonable adjustment plans in place currently subject to review by Occupational Health, X2 HCA restricted clinical duties due to health vulnerabilities

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Additional Need: X2 patients requiring increased Nursing care Supporting x1 15 mins intermittent Engagement and Observations and x2 within eyesight and responsive distance due the nature of patients cognitive vulnerabilities and impact of challenging behaviour Ward staff supporting x2 section 17 care planned needs in addition to home leave plans (due to limited community support services) Oakwood staff required to support x2 patient through A&E process necessitating for 1:1 support Oakwood Nursing Team facilitated Hospital / follow up Appointments X3 Nursing preceptors requiring support Management team were readily accessible to provide responsive support were required as 2nd qualified Covid Outbreak declared 1st week in August, contributing to significant impact on sickness data
Ruskin Unit	76.10%	142.37%	168.32%	170.61%	Vacancies: 1x Band 5, 1x Band 4 Sickness absence: Increased to 15.61%, 4 x LTS, One LTA absence on phased return on night shifts. Short term sickness of B5 night nurse & suspension of another B5 night nurse caused increase of agency nurse requirements Workforce: 1x B5 Suspended Additional Need: Numerous escorts required to CIC. Generally reduced acuity. Less substantive staff have picked up shifts due to the end of the overtime provision for part time staff. OT & activity facilitator have supported. Supernumerary staff have dropped into the numbers. Investigation leading to the suspension of 3 x HCA on nights therefore increase requirement for agency HCA cover. Increased annual leave over the summer and pre-agreed leave prior to international nurse rotation left greater nursing cover deficit. Regular HCA staff on days moved to nights to provide some continuity of care.
Yewdale Ward	59.93%	229.16%	54.10%	456.86%	Vacancies: None Outstanding Sickness Absence: Increased to 9.71% Additional Need:

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Enhanced observations required for those with high-risk behaviours. Requirement to staff 136 which impacted on staffing requirements. Left short sometimes on the ward when Flexi pool allocated worker do not arrived on the ward for either they have stayed on Carleton Clinic and have been used by other wards or have not turned in for shift.
Lotus	70.16%	109.93%	110.65%	217.55%	Lotus continues to have some registered nurse vacancies in August however some of the successful candidates in recent recruitment have started. Ward Manager and Nurse consultant support on days when the numbers are lower. Current Vacancies: X 2 Band 6, X 3 Band 3's Sickness: X 2 Band 3 LTS, X 2 Band 3 STS

North Cumbria

Adult Inpatients:

Inpatient services have experienced significant challenges when meeting safe staffing levels for both registered and non-registered staff in the month of August.

Sickness absence increased across all inpatient areas causing significant challenges, primarily due to Covid outbreaks within 3 areas; Hadrian 2, Ruskin and Oakwood. With a 5% increase in absence on Hadrian 2, and 2% increase in absence on Oakwood.

High levels of acuity continue particularly on Edenwood and Hadrian 1 with a high number of incidents, particularly pertaining to individuals requiring high levels of observations to manage risks. This has impacted on levels of safer staffing and bank and agency use remains incredibly high.

Edenwood continues to source 2x teams of staff to support both the ward and the gentleman in the modular building due to clinical need, which is contributing to staffing pressures resulting in the reliance of qualified resources and a dependency for support with reviews from other wards.

We continue to have a daily staffing/sitrep meetings at 10am and 4pm attended by ward managers, CMs, AND and AD to monitor staffing across site and gain a greater understanding of projected needs for the week. Staffing solutions representatives attend the 10am meeting where possible to enhance cover options in a timelier fashion thus resulting in processes becoming more lean.

Nurse consultants, clinical managers specialist nurses and ward managers continue to ward base to scaffold cover to wards.

We continue to utilise an agency pool to assist with short term absence to remedy immediate deficits and support a less reactive approach. This is currently reducing need for Thornbury agency cover.

Rolling recruitment campaigns continue for both registered and non-registered staff across all inpatient areas. We are awaiting an update with indeed recruitment in terms of future campaigns.

Specialist CYPS CBU:

Throughout August all Specialist CYPS wards have continued to see significant pressures in relation to meeting the Safer Staffing requirements for Registered Nurse cover. This is due to a combination of sickness absence and vacancies.

In addition, there are staff who are absent from clinical duties due to occupational health advice / recommendation, pregnancy risk assessment, maternity leave, HR disciplinary process and fact find creating further pressure.

There are rolling adverts for vacancies across all areas and bespoke recruitment campaigns continue.

Clinical acuity remains high within all wards including long term segregations which are reflected in high observation levels. As a result, wards continue to use bank and agency to support the shortfall, however there has been a reduction in comparison to previous months.

Ferndene and Lotus remain clinically busy sites and have complex young people who require increased nursing observations. Riding ward continues to have a long-term segregation and at times some young people have required periods of seclusion to manage their safety. Additional

staff is sourced via the bank and the agency staffing pool system. This is reviewed daily at the staffing huddle which is attended by Ward Managers, Clinical Managers and Associate Directors.

North Cumbria Locality Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Dietitians	5.9	1.75
Speech and Language Therapists	3.2	4.3

Recruitment & Retention:

Adult Inpatients:

Speech and Language Therapy remains a challenge within North Cumbria and we have been unsuccessful in recruiting to our posts within adult inpatients. As an interim measure we have developed a protocol with the senior SALT leads in the Northeast to enable some input and support for those requiring dysphagia input in the interim.

We do not currently have SALT provision for language and communication.

We continue to support our 3 cohorts of international nurses, the first cohort have completed their preceptorships, the second cohort have completed their Objective Structured Clinical Examination (OSCE) and commencing preceptorship and the third cohort is commencing OSCE preparation. The program is working extremely well

Specialist CYPS CBU:

Rolling recruitment campaigns continue for both registered and non-registered staff across all inpatient areas to fill current vacancies. There continues to be an ongoing challenge within Children and Young Peoples Specialist Services with Registered Nurse vacancies. Recruitment campaigns continue on social media and recruitment engagement events are planned in Manchester and Dublin during October.

Several newly qualified nurses have been successful at interview and have been allocated to Alnwood, Ferndene and Lotus with start dates estimated from September onwards.

The Band 6 recruitment campaign that took place in July resulted in the recruitment of three band 6 nurses. They are waiting for employment clearances and then start dates will be arranged.

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	121.33 %	255.77%	93.21%	274.05%	There are 4 staff on long term absence requiring back fill. Increase in unregistered staff due to high levels of observation due to required to support admission to primary care hospital NSECH. Additional fluctuating observations required for 3 patients.
Bluebell Court	111.03 %	107.78%	102.03%	71.61%	Long term sickness of unregistered staff on night duty has reduced staffing levels.
Embleton	115.89 %	335.27%	146.59%	316.65%	Acuity of patients requiring seclusion (x3, 1 off site) and increased eyesight observations to ensure safety has significantly increased unregistered nursing requirements. 3 staff have also been working in non-clinical duties.
Hauxley	107.82 %	66.56%	107.57%	111.89%	Unregistered nurses during day have been lower due to long term sickness. Support has been sought from other clinical areas on site via the daily carter meeting to ensure safer staffing in maintained but is not reflected on Taer.
Kinnersley	87.29%	158.82%	168.56%	117.88%	Registered nurse shortfalls due to vacancies and compassionate leave. Sickness within unregistered staff and protocols to support other wards is reflective of the figures. Night staff regular safe staffing is1 registered night shift and 1 registered twilight which has not been exceeded showing inaccuracies in the data.
Newton	69.03%	248.92%	117.07%	286.90%	Newton Ward has a number of Registered nurse vacancies. Agency support and protocolling from other wards may not accurately reflect within TaER. Increase in unregistered staff is reflective of 3:1 care packages and level of observations on the ward.
Warkworth	108.99 %	330.54%	91.82%	298.51%	Significant acuity requiring additional unregistered staff to ensure safety; 3:1 long term segregation patient out of pathway, 1:1 due to fire risk,1:1 37/41 patient 2:1 male only support in addition there was a small number with covid absence
Woodhorn	95.48%	244.58%	103.00%	176.78%	Unregistered nurses on both day and night shift were significantly higher than safer staffing levels due to the level of observations for frailty and falls risks. Several escorts to acute hospitals requiring escorts.
Mitford	117.55 %	114.42%	117.31%	88.74%	RN numbers low on a night shift to support the daily needs of the ward (Safer staffing identifies 2 but is currently running with 1 on most shifts). Significant registered nurse vacancies within the ward, safer staffing data is not reflective and being explored.
Mitford Bungalows	146.12 %	86.45%	73.80%	83.44%	Night shift shortfall in registered nurses reflects current vacancy requirements, Agency supports the fill rate but may not be reflected fully in TaER.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					A spike in unregistered sickness and current vacancies reflects the data.

North Locality

High levels of clinical activity continue to be experienced within all in-patient areas. Significantly reduced Covid related absence in August. Non- covid related absence within the North locality saw improvements across all inpatient areas throughout August; improvement of 0.26% within North Inpatient CBU and an improvement of 0.99% within the Learning Disability and Autism CBU.

Each ward continues to experience enormous staffing pressures particularly ensuring adequate registered nurse cover to meet the safer staffing requirements whilst monitoring the use of agency registered nurse cover to ensure safer staffing levels are maintained. Specialist nurses across St Georges Park continue to be protocolled to support Newton to assist adequate leadership cover pending the start of the new ward manager in September. Within Autism services they continue on occasions to work with one registered nurse per shift with support from registered nurse associates. Bank and Agency have been utilised to support fill rate in all areas. Block booking with Thornbury Care Agency have added quality support to all teams, options from alternative agencies to provide registered nurses is a continually improving picture to support reduction of Thornbury Care use.

Twice daily staffing meetings continue to help to identify gaps in staffing numbers allowing protocolling between wards/ hospital sites to support adequate cover. Protocolling of staff is difficult to be reflected within TAeR which adds to some of the inconsistencies within figures. Woodhorn ward leaders have been trained in the new MHOST tool to pilot across September. Services continue to experience increased levels of acuity requiring enhanced observations, out of area pathways and secure care risk profile has been a significant contributor.

North Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	**Vacancies**
Physiotherapists	3.6 inc PTa	1x Band 4 awaiting clearances 1x Band 6 22.5 hours awaiting clearances 0.4 wte Band 6 vacant
Occupational Therapists	21	2 x B5
Psychologists	6	2
Dietitians	1.4	1.2
Speech and Language Therapists	2.1	1.6

Recruitment & Retention:

All vacant posts are proactively being recruited into for all services within the North Locality, there have been a number of vacancies recruited into although many vacancies remain across all pathways.

North inpatients vacancies are a slowly improving picture with many recruited staff planned to commence employment in September. However, the vacancy factor within the Autism inpatient wards is largely unregistered nurses, but also has significant deficits in registered nurse vacancies which impacts on agreed care packages for national service provision – bespoke recruitment continues for the specialist area of care.

There have been a number of international nurses who have joined the teams within the North over recent months with more pending start dates across September and October. General Nurses support fill rate of nursing vacancies but cannot work as take-charge nurses so careful consideration of allocation remains paramount.

There is great pressures of recruitment of a physiotherapist and dietician within the learning disability and Autism CBU.

Peer support workers are now recruited into all clinical areas within the North Inpatient CBU, plans underway for recruitment within Learning Disability and Autism CBU.

Developments:
Review of staff pool within St Georges Park to support day pool establishment and additional to backfill staff undertaking continued professional development, ongoing recruitment to fill vacancies. Pool team lead has been liaising with local schools to showcase the varied roles within CNTW, plans to attend open evenings with support from CNTW academy.

Ongoing support from the Strategic Staffing Lead and Staffing Solutions team remains a focus to ensure requested shifts are proactively being filled to ensure safer staffing is established whilst balancing agency use and weekly meetings to set projections.

A one week induction programme has been devised for all preceptee nurses and international nurses joining our services in a bid to create networking, provide support and adequate training for all with the view to improve the induction experience in turn supporting retention.

North locality have supported the development of Part B of the accredited learning for the new preceptorship programme and have submitted the work required for all pathways, with the view to support the study days across October/November, this has taken an exceptional amount of time to plan and prepare on top of an already busy clinical schedule for the senior staff involved.

Central Locality

Central Locality has 18 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	64.45%	196.10%	108.26%	217.78%	Vacancies: 1 x B6, 4 x B5, 3 x B3 Sickness Absence 5.05% ▲ Bank Use: B5 0.03wte ▼, B3 6.79 wte ▼, B2 0.20 wte ► Agency Use: B3 9.33 wte ▼ Engagement, Observation and Escort: 3 x within eyesight 2 staff Talk1st Incident Data: Violence & Aggression x 17 ►, Restraint x 9 ▲(Transport x 1), MRE x 1 ▲ (Transport), Seclusion x 4 ▲
Akenside	61.72%	118.04%	104.76%	111.36%	Currently have Band 5 Vacancies. All Band 3 Vacancies filled. Noted sickness.
Bede – Collingwood Court	73.66%	479.27%	98.72%	340.23%	Ongoing recruitment plans in situ. New starters have commenced posts. Still awaiting band 3 new starters. Running on band 5 vacancies. Awaiting start dates for x 3 band 5's- Back fill required from other inpatient wards. New preceptors due to start in September. X 1 Band 6 on restricted duties and x 3 Band 3s. High levels of acuity and observation levels requiring backfill from bank and agency- patient with complex needs requiring increased support.
Castleside	71.79%	163.87%	94.14%	194.20%	Currently have x 4 Band 5 vacancies and awaiting start dates for x 2. Awaiting start dates band 3's. Qualified nurse and Band 3's on LTS- meetings in situ. Bespoke Band 5 recruitment to be advertised. High levels of Increased engagement and observations requiring agency and bank usage.
Cuthbert	60.26%	148.55%	99.91%	176.92%	Vacancies (Includes Annexe): 1 x B6, 5 x B5, 3 x B3 Sickness Absence: 3.75% ▼, Annexe – 6.9% ▼, 1 x B5 Long Term Absence, 1 x B3 non-clinical pregnancy related Bank Use: B5 0.40 ▲, B3 3.01 wte ▼ Agency Use: B3 1.0 wte ▲ Talk1st Incident Data: None
Elm House	77.83%	91.08%	103.46%	160.70%	X 1 Band 5 Vacancy- awaiting start date for preceptor in September. Bank and Agency usage required for increased observations on an evening due to patient with complex care plan and increased support required.
Fellside	77.43%	556.58%	112.87%	379.19%	Awaiting start dates for x 2 band 5's, x 1 Band 5 on restricted duties and not available. Awaiting start date for band 3's and currently running on vacancies. Vacancies requires back fill from agency and bank usage. Patient care planned for increased staffing due to complex needs. High levels of observations throughout the

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					period of august and seclusion usage due to complexities of services users.
Lamesley	84.88%	513.57%	105.10%	440.03%	Awaiting start dates x 3 Band 5's currently have x 2 band 6 vacancies. Currently running on 3 vacancies. X 1 band 3's on LTS. High levels of acuity and observation levels requiring backfill from bank and agency.
Lowry	82.23%	350.74%	106.87%	252.21%	2 Band 5's currently on maternity leave and x 1 Band 6 rotated to Bede Ward to support clinical need. Current vacancies for band 5's and 3's- recruitment plans in situ. Intermittent absence-sickness. High Increased engagement and observations throughout this period requiring extra support via bank and agency usage.
Oswin	76.60%	106.34%	96.24%	106.07%	Vacancies: 5 x B5, 1 x B3 Sickness Absence 0.00% ▼ Bank Use: B3 0.10 ▲ Agency Use: B3 0.83% ▲ Talk1st Incident Data: Violence & Aggression x 25 ▲, Self-Harm x 5 ▲
Willow View	75.48%	188.83%	95.68%	143.43%	1 x Band 5 Vacancy and sickness absence noted. Long-term Band 7 absence. Increased engagement and observations requiring backfill.
KDU Cheviot	70.43%	177.44%	111.49%	233.65%	Vacancies: 5 x B5 Sickness Absence 10.48% ▲ Bank Use: B5 0.78 wte▲, B3 2.82 wte▲ Agency Use: 1.70% wte ▲ Engagement, Observation and Escort: 1 x 3:1 staffing (risk), 1 x 1:1 staffing (risk) Talk1st Incidents Data: Violence & Aggression x 4 ▼, Self-Harm x 1 ►, Seclusion x 3 ▲, Restraint x 2 ▲, Prone x 1 ▲
KDU Hadrian	89.19%	116.87%	103.32%	100.78%	Vacancies: 2 x B5 Sickness Absence: 2.10% ▼ Bank Use: 0% ▼ Agency Use: 0% ▼ Enhanced Engagement, Observation and Escort: 1 x patient 3:1, 1 x patient 1:1 Talk1st Incident Data: None
KDU Lindisfarne	85.04%	162.30%	88.31%	222.24%	Vacancies: 5 x B5 Sickness Absence: 7.42% ▲, 1 x B6 non-clinical pregnancy related, 1x B3 long term sickness Bank Use: B5 0.32% ▲, B3 3.66% ▲ Agency Use: B3 1.49% ▲ Enhanced Engagement, Observation and Escort: 7 x 2:1 staffing in communal areas

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					(risk), 2 x 1:1 in communal areas (risk) Talk1st Incident Data: Violence & Aggression x 14 ▲, Self-Harm x 4 ▼, Seclusion x 2▲, Restraint x 4 ▲, Prone x 1 ▲
Tweed – LD Low Secure	94.09%	154.11%	83.16%	212.69%	Vacancies: 3 x B5 Sickness Absence: 3.79% ▼ Tweed HBR – 8.03% ▲ Bank: B5 0.28 wte▲(HBR 1.09% ▲), B3 1.49 wte ▼(HBR 0.48% ▲) Agency: B3 0.15 wte ▼ (HBR 0% ►) Enhanced Engagement, Observation and Escort: 1 x 2:1 in communal (risk), 1x intermittent (health) Talk1st Incident Data: Violence & Aggression x 8 ▼, Self-Harm x 2 ▼, Restraint x 1 ▼
Tyne - LD Hospital Based Rehab	28.17%	190.65%	113.45%	393.73%	Vacancies: 3 x B5 Sickness Absence 9.43% ▲ Bank Use: B5 1.49 wte ▲, B3 0.48 wte ▼ Agency Use: 0% ▼ Enhanced Engagement, Observation and Escort: 1 x within eyesight (risk), 1 x within eyesight (health) Talk1st Incident Data: Violence and Aggression x 6 ▼
Tyne MH Low Secure	110.43%	56.23%	100.28%	50.64%	Vacancies: 2 x B5 Sickness Absence: 8.65% ▲ Bank Use: B3 0.31 wte ▲ Agency Use: 0% ► Enhanced Engagement, Observation and Escort: 1x patient eyesight, 1x patient eyesight Talk1st Incident Data: Violence and Aggression x 8 ▲, Seclusion x 1 ►, Restraint x 1 ▲, Prone x1 ▲, MRE x 1 ▲

Central Locality

Inpatient Services:

Ongoing recruitment into posts is going well, we have continued plans for ongoing recruitment for all bands of nursing staff on the wards. We continue with the Extended Multidisciplinary Team proposal work.

We are hoping to do some bespoke band 6 recruitment for our inpatient Cognitive ward.

Third Clinical manager post approved.

Flexi pool recruitment to commence.

Secure Care Services:

Clinical acuity remains high across a number of the wards evidenced by the Talk1st incident data in the table above. This often requires an increase in nursing to facilitate engagement and observation requirement. In early August a patient was discharged from Lindisfarne to Rampton which required a four staff required for escort comprising of 1 Clinical Team Lead and three Nursing Assistants.

Across the mental health wards (Aidan, Cuthbert, Oswin, Hadrian, and Tyne Mental Health) there were 2 x Band 6 Clinical Team Lead, 18 x Band 5 Staff Nurse and 7 x Band 3 Nursing Assistant vacancies, some of these positions have been recruited to and are awaiting start dates.

There were no Band 3 Nursing Assistant and 20 x Band 5 Staff Nurse vacancies across the learning disability wards (Cheviot, Lindisfarne, Tweed Low Secure, Tweed Hospital Based Rehabilitation and Tyne Learning Disabilities Long Term Conditions).
In total the CBU has 43 vacancies across the nursing line.

The overall sickness absence decreased across the wards in August to 6.55% (July 6.8%); this equates to 922.75 Full Time Equivalent absence days (6.15wte)

The whole time equivalent (wte) bank use across all wards was 13.78 wte of which 0.58 wte is a planned retire and return; 3.96 wte were Band 5 with the remainder being Band 3.

The whole time equivalent agency staff use across all wards was 3.34 wte: all of which were Band 3 Nursing Assistants.

Summary whole time equivalent:

B6 Vacancies	B5 Vacancies	B3 Vacancies	Sickness Absence	**Total**	Bank B5 use	Bank B3 use	Agency B3 use	**Total**
2	34	7	6.15	49.15	3.96	9.24	3.34	16.54

The total whole time equivalent of nursing vacancies and sickness absence during August has reduced by 9.25wte and bank and agency reduced by 26.75wte compared with July data.

Central Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Inpatient Central CBU		
Physiotherapists	1x band7 0.9 band 4 0.6 band 6 (mat leave)	Looking to recruit additional 1x band 4 and 1x band 5
Occupational Therapists	1x band 7 clinical lead 6x band 6 specialist occupational therapists 3x band 5 occupational therapists. 1x band 5 occupational therapist (not doing the traditional occupational therapy role) – temporary contract pilot post until end of March 2023 1x band 5 occupational therapist working onto Lamesley in the Autism Sensory Project. (budget is not within the occupational therapy budget) 4 x occupational therapy assistant practitioners 1 x occupational therapy assistant	1x band 5 vacancy. Out to advert and closes on 30.9.22. 1x band 3 from rehab on LTS.
Psychologists	5.2wte (adult) 2.4 wte (OPS)	1.0wte B5 Assistant Psychologist 1.0wte B8a Senior Clinical Psychologist
Dietitians	3.0	2.0
Speech and Language Therapists	8.7	2.0

Recruitment & Retention:

Inpatient Services:

Psychology: 8b left post. After being unable to recruit at 8b CBU decided post would be advertised as an 8a post, unfortunately there were no applications for this either. Recruited to a Higher Assistant Psychology post.

Occupational Therapy: 1x band 5 vacancy. Out to advert and closes on 30.9.22.

Secure Care Services:

An active bespoke recruitment campaign continues and the CBU have also supported international nurse recruitment.

Developments:

Secure Care Services:

A consultation for those staff directly affected by the proposed changes in the Care, Environment, Development and Re-Provision (CEDAR) project in the co-location and integration of Adult Secure Care Services at Sycamore, Northgate Park commenced on 8 August 2022 and is expected to end on 21 September 2022.

South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale – Meadow View	66.44%	297.69%	98.72%	264.92%	Vacancies: 2 Band 3 Nursing Assistants, 2 Band 5 Staff Nurse Absence: 12.34% Acuity/Activity: Long Term Segregation Staff not PMVA trained Clinical need and risk resulting in enhanced engagement and observations Escorts for medical appointments and recovery rehabilitation in the community which require staff support Temporary workforce total shifts worked: Bank Q33 Unqualified 97, Agency Unqualified 125
Beadnell	112.12%	137.90%	99.17%	228.87%	Eyesight observations on ward and supporting someone at the acute hospital accounts for increase in unregistered. 1 x Band 5 post and 2 x Band 3 vacancies. These have now been recruited into, one has start date for October and awaiting clearances for one.
Beckfield - Dene	94.97%	303.81%	132.01%	270.03%	Vacancies: 1 Band 3 Nursing Assistant, 1 Band 5 Staff Nurse Absence: 7.11% Acuity/Activity: Maximum occupancy Out of pathway patients that require secure or adult acute Staff not PMVA trained Long term seclusion limited onward pathway options Seclusion throughout the month to support high need and risk High levels of enhanced observation to support need and risk- reflected in total amount of temporary workforce used Temporary workforce total shifts worked: Bank Q 25 Unqualified 201, Agency Unqualified 414
Bridgwell – Mill Cottage	92.21%	217.44%	102.03%	199.02%	Vacancies: 1 Band 5 Staff Nurse, 1 Band 4 Associate Practitioner, 3 Nursing Assistants Absence: 19.27% Acuity/Activity: Mealtime support is required for 6 patients due to dysphagia risks Recovery and rehabilitation in the community that requires staff escort Temporary workforce total shifts worked: Bank Q 11 Unqualified 93, Agency 58

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Brooke House	81.71%	117.85%	105.46%	211.96%	Vacancies: 2 Band 3 Nursing Assistants, 2 Band 4 Nursing Associates, 1 Band 5 Staff Nurse Absence: 8.51% Acuity/Activity: Use of temporary workforce is due to increased engagement and observation levels to meet need and risk. Noted increase of need on Brooke House to support flow on adult wards and HDUs. Temporary workforce total shifts worked: Bank Q19 Unqualified 64, Agency 39
Cleadon - Rosewood	83.44%	176.52%	100.23%	213.47%	Vacancies: No Vacancies Absence: 20.63% Acuity/Activity: Staff not PMVA trained Delays transfers of care increasing length of stay Enhanced engagement and observation levels to support need and risk Escorts to acute hospital due to physical health need Temporary workforce total shifts worked: Bank Q 9 Unqualified 66, Agency Unqualified 78
Cleabrook – Lower Willows	116.07%	390.42%	102.63%	431.11%	Vacancies: 2 Band 3 Nursing Assistants, 2 Band 4 Nursing Associates, 5 Band 5 Staff Nurses Absence: 6.48% Acuity/Activity: Staff not PMVA trained Patients with enhanced needs requiring increased engagement and observation level. One patient is being supported out of pathway to promote recovery however requires enhanced care package (not funded). Recovery and rehabilitation in the community that requires staff escort. Temporary workforce total shifts worked: Bank Q 50 Unqualified 136, Agency Unqualified 304
Longview – East Willows	77.74%	484.52%	108.83%	339.13%	Vacancies: 8 Nursing Assistants Absence: 16.35% Acuity/Activity: Above maximum occupancy due to leave beds being used Staff not PMVA trained Delays transfers of care increasing length of stay Enhanced engagement and observation levels to support need and risk Escorts to acute hospital

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Escort supporting leave to facilitate recovery Temporary workforce total shifts worked: Bank Q 6 Unqualified 64, Agency Unqualified 187
Mowbray	85.09%	182.10%	104.12%	227.45%	Vacancies: 5 Band 3 Nursing Assistants, 2 band 4 Nursing Associates, 1 Band 5 staff Nurse Absence: 18.44% Acuity/Activity: Enhanced engagement and observation levels to support need and risk Escorts to acute hospital Temporary workforce total shifts worked: Bank Q 18 Unqualified 87, Agency Unqualified 37
Rads at Gibside	100.91%	220.17%	102.89%	155.84%	Vacancies: 1x band 6 OT, 1x band 5, 1x band 3 Increase in unregistered staffing predominantly days although also nights to support increased engagement and observations, particularly with out of pathway admissions.
Roker	117.60%	316.47%	102.93%	505.20%	Vacancies: 10 Band 3 Nursing Assistants Absence: 14.10% Acuity/Activity: Maximum occupancy Increased length of stay due to complexity of behaviours that challenge Enhanced engagement and observation levels to support need some that require 2 staff to support Escort to acute Trust for physical health need Increased staff support for personal care and at mealtimes to meet dysphagia need Temporary workforce total shifts worked: Bank Q 22 Unqualified 144, Agency Unqualified 393
Rose Lodge	69.06%	235.80%	97.96%	325.07%	Vacancies: 10 Band 3 Nursing Assistants, 2 Band 6 Clinical Lead Absence: 15.5% Acuity/Activity: Delayed transfers of care Staff not PMVA trained Enhanced engagement and observation levels with 1/2/3 staff support to meet need and risk Temporary workforce total shifts worked: Bank Q 22 Unqualified 70, Agency Unqualified 281

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Shoredrift – Bede 1	66.27%	410.47%	102.12%	327.76%	Vacancies: 9 Band 3 Nursing Assistants Absence: 6.3% Acuity/Activity: Maximum occupancy Staff not PMVA trained Enhanced engagement and observation levels to support need Seclusion required at times throughout August to support need and risk Escort supporting leave to facilitate recovery Temporary workforce total shifts worked: Bank Q 2 Unqualified 86, Agency Unqualified 90
Springrise – West Willlows	79.60%	389.00%	98.62%	275.47%	Vacancies: 10 Band 3 Nursing Assistants, 2 Band 4 Associate Practitioners Absence: 12.7% Acuity/Activity: Maximum occupancy Staff not PMVA trained Enhanced engagement and observation levels to support need Seclusion required at times throughout August to support need and risk Escort supporting leave to facilitate recovery Temporary workforce total shifts worked: Bank Q15 Unqualified 136, Agency Unqualified 90
Walkergate Ward 1	68.47%	91.81%	103.74%	81.95%	Vacancies: 2 x Band 3 posts, 3 x Band 5, 1 x Band 6 Absences: 2 x Band 5 Long term sick, 1 X Band 5 short term sick, 1 x Band 5 nonclinical duties Ward not always at full capacity during month
Walkergate Ward 2	69.13%	106.95%	99.43%	148.26%	Vacancies: 2 x Band 5 Absences: 2 X Band 5 long term absence, 1 x Band 3 long term absence Ward under occupancy therefore staffing levels remained adequate for clinical need. Band 5 support from other wards at Walkergate Park. Ward manager works into staffing numbers as required. Additional Band 3 on night duty to support ward acuity levels
Walkergate Ward 3	91.68%	67.74%	103.51%	114.11%	Absence: 5 x Band 3 LTS Ward under occupancy at times due to weekend leave Band 3 support from other wards at Walkergate park as required as part of level loading
Walkergate Ward 4	60.16%	99.32%	104.07%	192.67%	Vacancies: 3 x Band 5 Additional Band 3 on night duty to support ward acuity levels 3 x eyesight's

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Band 5 vacancies and absence accounts for shortfall of registered cover. Ward Manager worked into numbers and support from other WGP wards as required
Ward 31A	92.84%	116.33%	108.27%	225.82%	Increased beds to 6 from August requiring additional staff. Increased observations and support to one individual, particularly overnight who was admitted in August. Awaiting start date for 2 x band 5's and 2 x band 3's.

South Locality

Inpatient CBU:

In August 2022 the overall sickness figure was 9.98% for the South inpatient CBU. The absence varied between wards in August the lowest being Shoredrift at 4% and the highest being Mowbray at 17.50%.

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 which operated in August at maximum or above patient occupancy. Additional impact on the Male Adult Acute Wards and PICU is out of pathway patients who require increased support. 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, lack of PMVA training 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 unregistered Band 3 posts. The recruitment focus on qualified staff, and all preceptees commencing within inpatients has resulted in lower vacancy position for qualified staff across the 12 wards.

The staffing hub is daily, all ward managers attend the hubs with senior staff support and overview. The staffing hub identifies staffing levels, engagement and observations levels and total agency. This then facilitates an overall review to support areas of deficit and the temporary workforce is proportionate to meet safety. 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. The Ward Manager role is not rostered to work in the numbers, this would only be by exception.

Neuro & Specialist CBU:

All wards continue to be impacted with sickness and vacancies. Level loading across Walkergate Park and specialist wards facilitated through twice weekly huddles. Ward managers work into the numbers as required to meet patient need. Numbers maintained through bank, overtime, and agency. Physical needs of patients at Walkergate Park remain high with high levels of acuity in personal care and mobility.

Increased numbers of staff have been required on Gibside to provide care for out of pathway admissions and support the wider system. The ward and the CBU continue to work closely with Bed Management to ensure patients are transferred to the correct pathway as soon as possible.

Staff absence across the CBU has decreased considerably from 7.46% in July to 5.72% in August, although inpatient sickness levels range from 2.36% (Gibside) to 13.26% (Ward 1). 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 Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Inpatient CBU		
Physiotherapists	4	0
Occupational Therapists	15	1 x Band 4 1 x 3 due to start
Psychologists	0.5 x FTE 8b Clinical Psychologist (PICU) (due to	1 x FTE 8b Clinical Psychologist (PICU) (0.6 ward budget, 0.4

	leave approx. start December 22 0.5 band 5 Assistant Psychologist **Male acute (2 wards):** 0.4 8c Consultant Clinical Psychologist covering 1 x FTE B5 Assistant Psychologist (ward budget) **Female acute (2 wards):** 0.2 8c Consultant Clinical Psychologist (usually 0.6 but 0.4 currently covering male acute) 0.5 8a Psychological Therapist 0.5 x B5 Assistant Psychologist (ward budget) **Rehab (5 wards):** 1 x FTE 8d Lead Consultant Psychologist 1.6 x 8a Clinical/Counselling Psychologists/Psychological Therapist 1 x FTE B5 Assistant Psychologist (ward budgets) **LD:** 0.6 8c Consultant Clinical Psychologist (ward budget) **OPS:** 0.4 Consultant Clinical Psychologist (additional 0.2 currently covering rehab as RC and 0.2 used to fund AD role) 1 x FTE 8b Clinical Psychologist 1.5 b5 Assistant Psychologist (1 FTE ward funded, 0.5 psychologist budget)	psychology budget)- will pose significant difficulties to service delivery once existing postholder for 0.5 of the post leaves as already causing problems since other 0.5 postholder left in September 2022 1 x FTE 8a Clinical Psychologist (male acute over two wards)- vacant since February 2022 and posing significant difficulties providing cover 0.4 x 8a (OPS inpatients) vacant since 1st September 2022-starting to cause difficulties without post
Speech and Language Therapy	B7 2WTE B6 1WTE (Successfully recruited, not yet in post) B5 2WTE B4 2WTE (1 successfully recruited, not yet in post)	B5 1WTE (will become vacant when in band 6 post – internal promotion) B6 1WTE
Exercise Therapy	6	1
Dietitians – Inpatients	1.6	1.1
Speech and Language Therapists – Inpatients	1.6	1.1
Neuro & Specialist CBU		
Physiotherapists	9.5 qualified 3.4 unqualified	1 band 5 appointed awaiting start date
Occupational Therapists	9.6 qualified 2.08 unqualified	0.7 band 6 mat leave 1 band 6
Psychologists	5.5	1.0
Dietitians – Neuro	5.4	1.5
Speech and Language Therapists – Neuro	5.6	2.0

Recruitment & Retention:

Inpatient CBU:

Recruitment campaigns are ongoing for the South Locality, with representation on the Trust-wide Values-Based Recruitment meetings. A central recruitment campaign is now in place, an internal/external advert will continue to be advertised for Registered Nurses Band 5 and Nursing Assistants Band 3. This process continues to draw in applicants both internal and external which is supporting some of the vacancies on the wards.

The inpatient CBU have submitted Band 5 vacancies into the established international recruitment process. The majority of wards have been allocated at least one nurse from this programme pending completion of all transition requirements. The international nurses are RGN by background however all have experience with working in mental health settings. On Rose Lodge, 2 international nurses have commenced and integrated within the team successfully.

The Nurse Consultant role is established within the different portfolios, due to staff movement a vacancy within the recovery and rehabilitation portfolio has become available. This is currently out to advert.

To build and support succession planning, the Older Persons portfolio is recruiting an advanced Clinical Nurse Specialist to work alongside the current Nurse Consultant. This will allow continuation of this role and develop a practitioner ready to progress into a Nurse Consultant post.

Neuro & Specialist CBU:
Recruitment ongoing for Band 5 via CBU advert. Advert reviewed to target specific wards with shortfalls. International recruitment ongoing and awaiting start dates when resettled in the area. Band 3 and Band 5 start dates in place.

Developments:
The CBU physical health team has been reviewed and additional posts are in place to support physical health across the wards.

Carer support posts are now working onto the wards to assist carer communication and enhance the carer experience.

There has been an increase to the provision for Night Site Coordinators, this is to support satellite units in the locality to feel more supported during the night. The new provision will include 2 Night Site Coordinators on every night and the bases will be HWP and at Rose Lodge.

Additional PMVA sessions has been arranged by local trainers on site at Hopewood Park, this has included the full 5 day PMVA and 2 day updates. This is a rolling programme to offer quicker access to PMVA training supporting safer care, allowing new staff or existing staff have the skills to support patient need in the inpatient areas.

Staff have been identified to attend the Mental Health Optimal Staffing Tool (MHOST) training. This tool calculates clinical staffing requirements in mental health wards based on patients' needs (acuity and dependency) which, together with professional judgement, guides senior nurses and ward based clinical staff in their safe staffing decisions. This will help to ensure that the wards can make evidence based decisions on safe staffing levels that support patients' needs. Helping to improve the care and outcomes for some of the most vulnerable patients, it will also help to improve the working environment. The two wards identified to pilot the MHOST are Springrise and Roker Ward, the team will work closely with both wards to provide training and offer support.

Request made to revert back to individual ward adverts as unable to make current advert specific enough for each specialism/location and number of applicants has been low. Supported by GND and awaiting feedback.

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 2022. 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	7.70	5.84	0.50	1.80	0.44
SOUTH	Community	35.43	33.44	2.10	1.00	1.11
SOUTH	Inpatient	19.35	18.55	1.40	3.90	4.50
SOUTH	Specialist	26.45	25.28	0.29	1.65	0.77
SOUTH	**Total**	**88.93**	**83.11**	**4.29**	**8.35**	**6.82**
CENTRAL	Access	14.49	10.64	0.00	0.08	-3.77
CENTRAL	Community	37.39	31.53	2.05	2.80	-1.01
CENTRAL	Inpatient	15.35	13.73	1.77	1.00	1.15
CENTRAL	Secure	12.62	12.46	1.33	0.00	1.17
CENTRAL	**Total**	**79.85**	**68.36**	**5.15**	**3.88**	**-2.46**
N.CUMBRIA	Community & Access	16.06	15.82	0.83	0.00	0.59
N.CUMBRIA	Inpatient	20.63	15.25	0.10	1.80	-3.48
N.CUMBRIA	CYPS	14.83	9.83	0.62	0.00	-4.38
N.CUMBRIA	**Total**	**51.52**	**40.90**	**1.55**	**1.80**	**-7.27**
NORTH	Access	8.56	6.81	0.21	2.25	0.71
NORTH	Community	33.19	25.62	0.98	1.00	-5.59
NORTH	Inpatient	20.90	18.44	1.53	6.20	5.27
NORTH	LD & Autism	4.75	2.45	0.05	2.20	-0.05
NORTH	**Total**	**67.40**	**53.32**	**2.77**	**11.65**	**0.34**
TRUST	**Total**	**287.70**	**245.69**	**13.76**	**25.68**	**-2.57**

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 and Retention group. This includes Central Recruitment, International Recruitment, recruitment premia / incentives, career progression opportunities and the development of a student nursing assistant role for all professional disciplines. The priorities remain to protect in-patient staffing and to promote in-patient services as an attractive career pathway for Registered Nurses and Doctors.

Conclusion

To provide assurance on Safe Staffing Levels, ward team staffing huddles are held at least daily, to support determination of the overall Locality position. Adjustments have been made as necessary to ensure that patient safety is not compromised and that any risks are escalated appropriately.

Anthony Deery
Deputy Chief Nurse
October 2022

10. Safer Care (Q2) Report

Speaker: Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive

References:

- 10. Safer Care Q2 Report 2022 23.pdf

Report to the Board of Directors
2nd November 2022

Title of report	**Safer Care Report – Quarter 2, 2022/23**
Purpose of the report	**For information**
Executive Lead	**Dr Rajesh Nadkarni, Executive Medical Director / Deputy CEO** **Gary O'Hare, Chief Nurse**
Report author(s) (if different from above)	**Claire Thomas, Deputy Director of Safer Care** **Anthony Deery, Deputy Chief Nurse** **Dr Damian Robinson, Group Medical Director, Safer Care** **Louise Mainwaring, Business Manager, Safer Care**

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	26.10.22.
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

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

SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.

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).

SA3.2 Working with Partners there will be "No health without mental health" and services will be joined up.

Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of mental health and disability services (SA3.2).

SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.

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).

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Safer Care Report – Quarter 2 2022/23

Board of Directors

2 November 2022

1. Executive Summary

This is the Safer Care report for Quarter 2 2022/23. This report focusses on key metrics (such as those which are reported outside of the Trust) and now uses Statistical Process Control (SPC) charts which enable better data analysis and identification of areas that require further investigation or review. The narrative provides an analysis of the data while the 'key points' provides additional areas of note and assurance.

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, Deputy Director, Safer Care

Anthony Deery, Deputy Chief Nurse

Dr Damian Robinson, Group Medical Director, Safer Care

Louise Mainwaring, Business Manager, Safer Care

Name of Executive Lead:

Dr Rajesh Nadkarni, Executive Medical Director / Deputy CEO

Gary O'Hare, Chief Nurse

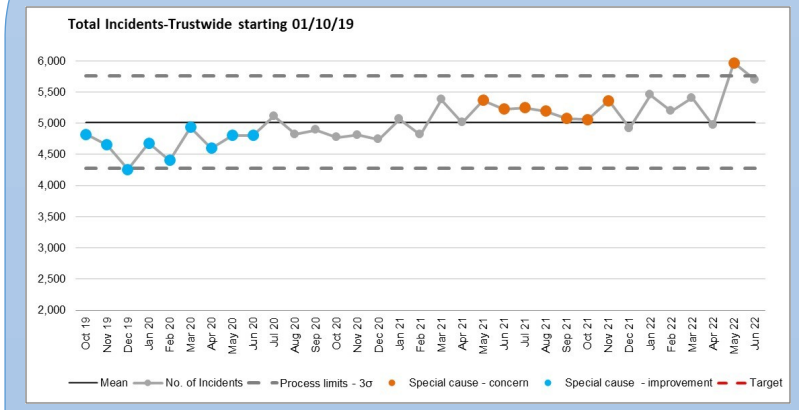
NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Safer Care Quarterly Report

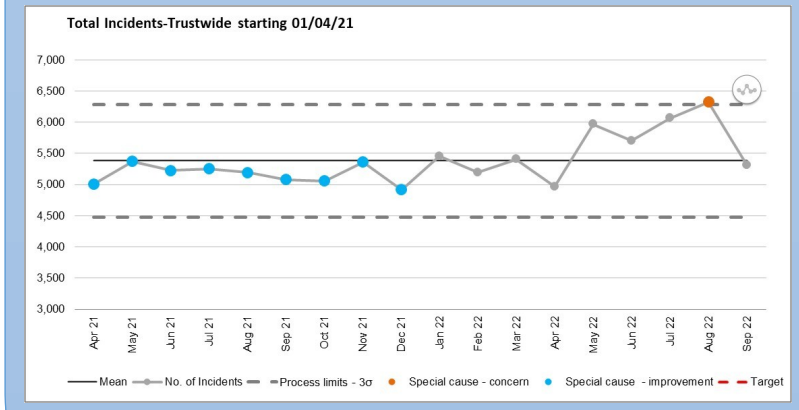
October 2022

Reporting Period: July to September 2022

Section 1: Incidents



Incidents - Chart 1



Incidents – Chart 2

Incidents - Key Points:

- Significant increase in incidents reported between May and November 2021 (Chart 1). Key driver was a corresponding significant increase in safeguarding incidents (in line with the national trend and this increase in activity being the accepted 'new normal' going forward (see Section 5). Incidents therefore plotted over a shorter timescale (Chart 2) to reflect this.

- Special cause – high triggered in August due to the number of reported incidents being higher than the upper process limit (Chart 2).

- Underpinning this for the month were safeguarding, aggression and violence and inappropriate behaviour (patient/visitor/staff) incidents, which all correspondingly triggered a special cause – high due to reported incidents being close to or above the upper process limit in August.

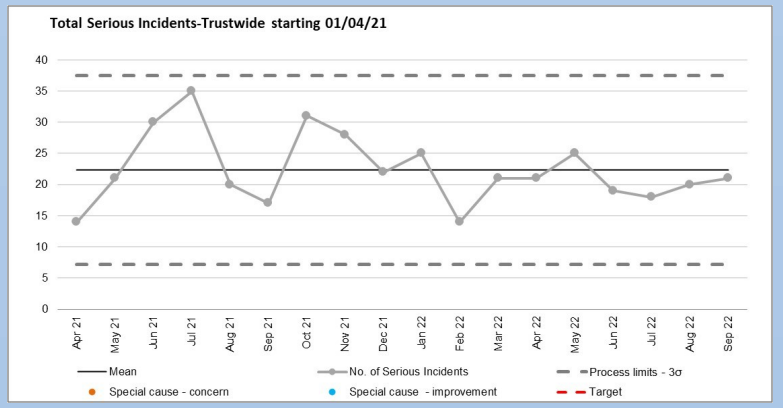
Incidents – Learning from Patient Safety Events (LFPSE)

- During quarter 2 (17th September) the form linking the Trust's incident management system to the national reporting and learning system 'Learning from Patient Safety Events' (LFPSE) went live.

- LFPSE is overseen and managed by NHS England and connects to all incident systems in NHS contracted organisations. At the point an incident is reported via the Trust's we based form, information is automatically transferred to LFPSE at the same time it reports across the Trust to Managers, Associate Directors and subject experts for any incident that includes a patient or could impact on patient care.

- Once fully implemented nationally (March 2023), the system will replace the National Reporting and Learning System (NRLS) and Serious Incident (STEIS) systems and allow for enhanced, timely reporting and learning across all healthcare settings.

Section 2: Serious Incidents and Deaths



SIs and Deaths - Key Points:

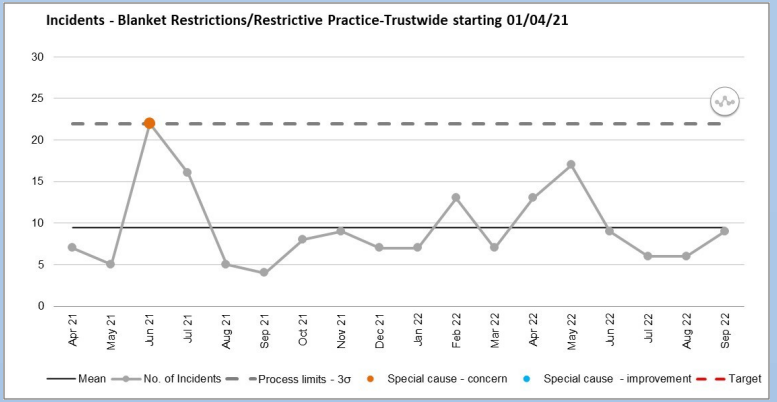
- Serious incidents month on month during quarter 2 were in line with common variation in reported incidents.
- Total number of deaths during quarter 2 were 318; of these 48 were deaths classified as serious incidents.
- Learning from serious incident investigations is discussed in the SUI panel and at the Trustwide Safety Group (TSG) and actions agreed to address all the issues raised. In addition, all reviews with significant findings are given oversight at the executive team meeting. There were 22 incidents heard at panel during quarter 2 resulting in 116 actions, 24 of which were significant findings.

	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23
Deaths Reported into the LeDeR process	13	8	8	13	22
Complex Case Panel – No. Cases Heard	2	2	2	0	4
Prevention of Future Death Reports Received (Regulation 28)	0	0	0	1	0
Full StEIS Reportable Serious Incidents	16	23	12	19	12
LAAR's	27	45	30	43	31
Non StEIS Reportable Serious Incidents	2	4	2	4	1
72 Hour Reports	0	1	3	0	1
Mortality Review	0	28	40	20	33
% of Serious Incidents closed within 60 days*	100 %	80%	72%	63%	67%

**Due to the ongoing pressures on services making it more difficult to undertake SI investigations the National Patient Safety Team has confirmed that organisations do not have to meet the 60-day timeframe for investigations. Compliance rate is given for continuity.*

Section 3:

Blanket Restrictions/Restrictive Practice



- At Trust level, reported blanket restriction and restrictive practice incidents have been in line with common variation in reported incidents month on month during quarter 2.
- The same is also true for those reported incidents at locality level.

Section 4: Positive and Safe

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total	Variance Jul_22	Variance Aug_22	Variance Sep_22
Restraint	647	797	723	884	814	680	655	873	837	878	1156	774	9718			
Prone	85	104	118	108	86	84	111	119	94	122	135	107	1273			
Seclusion	86	88	83	88	100	114	92	121	115	134	127	118	1266			
Assaults on Staff	350	412	436	491	461	412	363	414	452	465	446	354	5056			
MRE	19	20	44	40	31	33	32	32	25	16	16	12	320			
Self Harm	1001	1003	818	1015	964	942	1023	1123	990	1081	1325	952	12237			
VA	1275	1448	1439	1549	1472	1445	1275	1523	1550	1542	1759	1414	17691			
Total	3463	3872	3661	4175	3872	3661	4175	3928	3710	3551	4205	4063	46336			

Positive and Safe – Key Points:

- Incidents relating to restraint and violence and agression triggered special cause – high due to reported incidents being out with the upper process limit in August.
- Special causes correspondingly triggered in August in relation to violence and aggression and restraint (as well as self-harm at the CBU and Ward level) within specialist children and adolescent mental health services and in particular The Riding, Redburn and Lotus Wards. Incidents occurred in relation to a small number of young people with particular presenting needs and in order to maintain safety for the individual, for example, high levels of restraint on Lotus Ward in August 2022 relate in part to a young person who frequently engages in risky behaviours and self harm. Restraint therefore used to prevent self harm.

Section 5: Long Term Segregation and Prolonged Exclusion

The number of patients in long term seclusion (LTS) and prolonged seclusion (PS) during quarter 2 are shown in the table below:

	Jul	Aug	Sept
Long Term Seclusion	12	10	10
Prolonged Seclusion	13	9	8

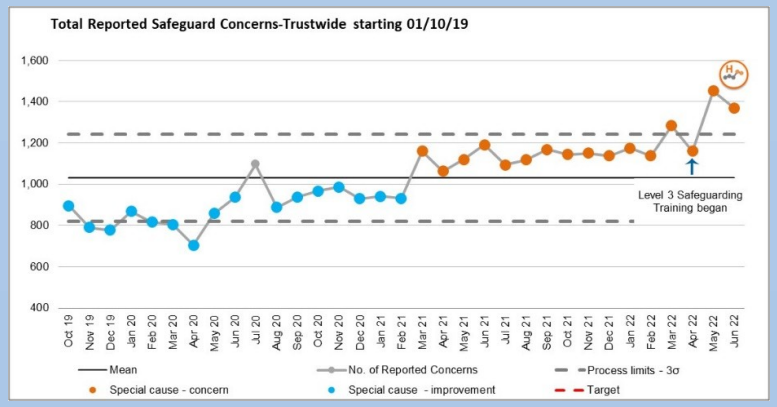
8 of the patients in LTS at the end of September were in LTS in July.

- 2 have been nursed in LTS since 2018 - *1 at Alnwood, CYPS and 1 at Mitford
- 2 have been nursed in LTS since 2019 - 1 at Tyne Ward, Northgate and 1 at Alnwood, CYPS
- 1 has been nursed at Tyne Ward since 2020
- 1 has been nursed in LTS since 2021 - at Ferndene, CYPS
- 2 have been nursed in LTS commencing 2022 - 1 at Rose Lodge and 1 at Newton Ward, SGP.

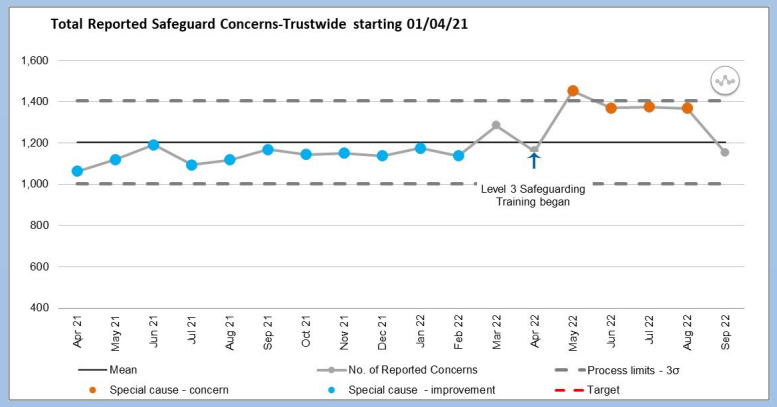
LTS/PS - Key Points:

- During Q2 cases were reviewed by the LTS & PS Panel. This included a review of all Independent Clinical Treatment Reviews (ICTRs).
- Each case has been supported with HOPEs trained staff to complete a Barriers to Change Checklist and formulate an action plan.
- 2 patients in LTS at Alnwood CYPS service are now over the age of 18 and awaiting placement in age-appropriate services. LTS &PS Panel has escalated these cases to the Provider Collaborative.
- 5 of the 10 cases at the end of September are Delayed Transfers of Care. Each of these have been escalated to commissioners.
- An additional 2 of the 10 are awaiting internal transfer to Belsay Ward at Northgate Hospital. The timeframe for this is end of October 2022.
- Roll out of HOPES training in line with the National Programme commenced during quarter 2 and has now been provided at the Nurse Leadership Forum, Medical Staff CPD Forum, Trustwide Managers Meeting, Trustwide HOPES awareness training events.
- A HOPES Trust Lead role has been created and recruitment is in progress

Section 6: Safeguarding and Public Protection (SAPP)



SAPP – Chart 1



SAPP – Chart 2

SAPP - Key Points:

- Significant increase in safeguarding activity seen throughout 2021/22 and in to the first quarter of 2022/23 (Chart 1). As a result, the timeframe of the SPC charts for SAPP was shortened in acknowledgement of this increase in activity being the accepted 'new normal' going forward (Chart 2).
- The further increase in safeguarding activity seen from May 2022 onwards (Chart 2) is therefore *in addition* to the significant increase in activity already seen prior to that.
- Particular increase in safeguarding activity seen in North Cumbria between January and September 2022 – this is a positive outcome of ongoing work to increase reporting activity in the locality.
- Safeguarding incidents resulting in moderate harm have been higher than usual during quarter 2 however these increases have in part been driven by a review of level of harm data quality in relation to MARAC incidents in particular and how this is assigned within the Safeguarding and Public Protection (SAPP) team. Nevertheless, SAPP practitioners do continue to report greater levels of complexity of cases coming through in general, which may also be reflected in the levels of harm seen.

SAPP – Key Points:

- Safeguarding children concerns related to self-harm activity has shown an increase during quarter 2 however this is due to changes in the way the SAPP Team classify incidents where there are concerns regarding the self-harm of a child or the impact on a child of parental mental health following a self-harm incident. This change has been made to better reflect the nature of the safeguarding concern and not 'lose' the self-harm element of the incident.

- Cumbria locality are now required to support 3 MARAC per week. This is due to the planned changes to the Local Government arrangements in Cumbria. Due to current capacity research will be provided with attendance by exception.

- The Trust audit of the Trust Safeguarding Adults policy has been finalised and will be reviewed and discussed at the next Trust SAPP group.

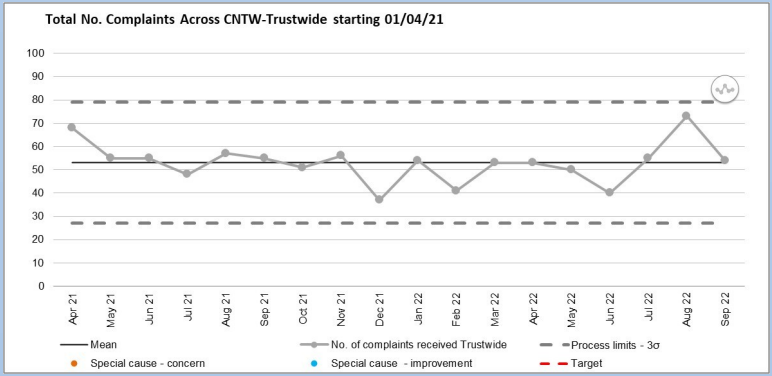
SAPP Training

Safeguarding Level	Compliance % as at end Jun 2022 *(target 85%)*	Compliance % as at end Sep 2022 *(target 85%)*
Adults Level 1	92.1%	93.8%
Adults Level 2	79.8%	80.6%
Adults Level 3	20.8%	37%
Children Level 1	92.4%	93.7%
Children Level 2	74.4%	76.1%
Children Level 3	36.6%	50.3%

SAPP Training - Key Points:

- Working towards a trajectory of at least 85% of all registered staff to have completed the Safeguarding Children and Adults level 3 Training by the end of quarter 3 in order for the Trust to ensure the Trust delivers on the assurance provided to the ICB in relation to training compliance at this level.
- Level 3 training places have recently been increased to 240 places per week to ensure sufficient capacity in order to achieve this target and Localities have been requested to ensure that staff book and *attend* these sessions to ensure this can be met.

Section 7: Complaints



Key Points - Complaints:

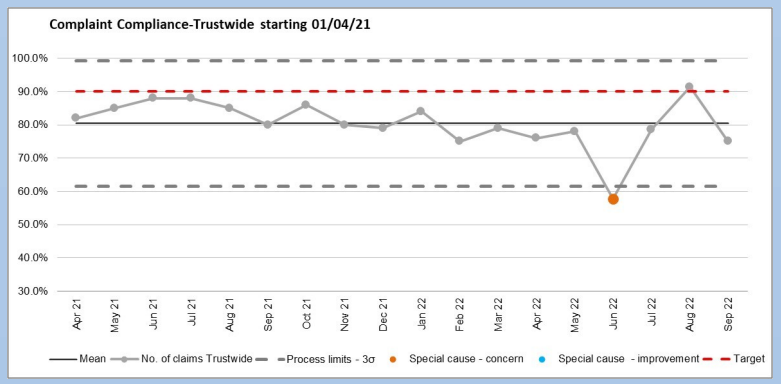
- Complaints during quarter 2 remain within common variation in the number of complaints month on month.

- Complaints flagged as special cause – high in Central locality in August. Correspondingly a cluster of complaints relating to secure services CBU also flagged as special cause – high; accounting for 29% of the total complaints received by Central in that month.

Key Points – Complaints:

- Of the 9 complaints received in August in particular within Secure Care Services, six were withdrawn (in four of these cases this was due to the issues identified being addressed and actioned locally on the Ward and a further two were withdrawn at the request of the complaint but no further reason given). A further two were closed but not upheld and another complaint closed and partially upheld (with action plan ongoing in relation to the aspects upheld, relating to leave and leave planning).
- Community Central CBU also triggered a special cause – high during quarter 2 due to complaints received being higher than the mean and this has now been consistently the case for the period January to September.
- A particular cluster of complaints linked to waiting times within the Central locality ADHD/ASD Service and also CYPS has been identified and have been key contributors to the overall number of complaints received in the CBU during this period. Both services are listed on the Group Risk Register due to ongoing concerns.
- Training on empathy, apologies and quality in complaint responses has been developed by the complaints team and has now been delivered to the Associate Directors.

Complaint Compliance



Key Points – Complaint Compliance:

- Average Trustwide complaint compliance was 81.7% in quarter 2; an improvement on 70.6% in quarter 1 but remains below the 90% target. A key underlying factor in the lower compliance rates seen overall in quarter 1 was lower capacity in the complaints team due to staff sickness. However, during August a newly recruited complaints team member started carrying their own caseload following a period of induction, providing additional capacity in the team and greater ability to follow up non-compliance within the localities as a result. Nevertheless, continued long term sickness in the team does mean that available resources are still under establishment overall.

- North Cumbria triggered a special cause – low during July and August (due to being part of a run of eight consecutive months where compliance was significantly lower).

- Underlying factors were identified as being linked to the fact that there is a number of new investigating officers in the locality (who may require more support or take a little longer than more experienced IOs and some of whom have identified training needs that the locality is working to address) and appropriate requests for extensions not being submitted in some cases (again linking to training needs for some new IOs). For August in particular, the cumulative impact of delays in July also had a knock-on impact to delays into August. The locality has been working through these factors with an improved rate seen in September (100% compliance).

Section 8: Public Health and Wellbeing

Health Screening – Key Points:

- Identified need to provide an opportunity for long-stay inpatients (>180 days) to engage with national screening programmes to reduce the health inequalities by missing these opportunities in the community. The Trust's Public Health Team are working collaboratively with NHS England/relevant screening teams to enable access to these programmes by developing new pathways.
- Bowel cancer screening has been the first pathway to be developed with initial roll out to Northumberland and Tyne & Wear inpatients; North Cumbria patients will be included later due to differences in screening hubs.
- Testing kits have been delivered to eligible patients since August and results from early screening kits have started to be received. To date, 67 patients have met the criteria and 45 (67%) were due bowel cancer screening and were sent testing kits. Of these, 4 have declined screening, a further 4 accepted and 37 pending updates. One positive result has been returned to a patient; they are now being supported by the ward staff and specialist screening nurses to undergo further tests.
- The Breast Screening Programme pathway is expected to launch in October 2022 across all localities with long-stay female patients between the ages of 50-70 being eligible.
- Work is currently underway on further pathways for the Abdominal Aortic Aneurysm Programme, Cervical Screening Programme, Diabetic Eye Screening Programme, and Targeted Lung Health Checks.

QUIT Team

Total Referrals Apr-Sep 2022	Total First Attended Contact Apr-Sep 2022	Tobacco Care Plan outcome at 28 days
219	149	CO confirmed quit: 2 Self-Reported (only) quit: 1 No record: 216

- The Trust's QUIT team officially went live in July 2022 following the launch events and cover all localities in the Trust.
- Workflow now established meaning referrals are automatically generated to the team when an inpatient is admitted.
- Work ongoing to ensure underlying reasons for any drop out and outcome at 28 days are recorded wherever possible
-

QUIT Team – Key Points:

- Challenges remain in breaches in the smoke free policy across the Trust patients The team have been working to gain staff support and build confidence in the enforcement of a smoke free policy and have identified the need for further training, which the team are developing.
- The team are also reviewing the E-cigarette policy to promote vaping as an effective aid to helping people to quit smoking or abstaining from smoking whilst in hospital.
- So far, the team have had three quitters. Feedback from patients and staff includes:

"Thank you for your ongoing support. The service you provide is very much needed and making a positive difference". ***Staff***

"To think I smoked 60 a day and now I have none, you have done a grand job thank you for your help, I would never have thought I could be where I am now" ***Patient JJ***

Tissue Viability – Key Points:

- Recent roll out of new diagnostic tool (MESI) is resulting in more successful and timely diagnosis of arterial disease enabling more patients to benefit from leg assessments with enhanced treatment and outcomes as a result.
- Moisture Associated Skin Damage (MASD) Guidance and pathway has been developed drawing on evidence base and best practice. The team plan to trial this at CAV before rolling out across the Trust; the new guidance and pathway will support earlier identification, standardise care and treatment, leading to better outcomes for patients.
- The team are also working to develop pathways including burns and plastics. They also continue to develop links with Acute Trusts to enhance shared care in management of patients within CNTW. This has upskilled the team and allowed for the provision of in-house care for more complex patients that would have been previously transferred out of the Trust.
- The team are delivering a variety of training and education to support staff across the Trust
- Work is ongoing to develop a Trustwide link nurse programme identifying staff from the Wards to be a link between the Tissue Viability Nurses and the Ward through teaching and seminars.

11. Safety, Security and Resilience Report

Speaker: Gary O'Hare, Chief Nurse

References:

- 11. Safety Security and Resilience Annual Report - 2021 - 2022 Board Report Nov 22.pdf

Report to the Board of Directors

Wednesday 2nd November 2022

Title of report	**Safety, Security and Resilience Annual Report – 2021 / 2022**
Purpose of the report	**For information and assurance in relation to Emergency, Preparedness, Resilience and Response – Core Standards**
Executive Lead	**Gary O'Hare – Chief Nurse**
Report author(s) (if different from above)	**Tony Gray – Associate Director of Safety, Security and Resilience**

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	Oct 22
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

1. Executive Summary

In previous years we have produced 2 separate annual reports to cover the portfolio of Health, Safety and Security, as well as a separate annual report for Emergency, Preparedness, Resilience and Response, this is the first combined annual report, which will also include the Trusts compliance with NHS England's Core Standards submission.

Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust is committed to the delivery of an environment for those who use or work in the Trust that is properly safe and secure so that the highest possible standard of clinical care can be made available to patients. Safety , Security and aspects of Emergency , Preparedness , Resilience and Response (EPRR) affects everyone who works for or uses the NHS. The safety and security of staff, patients, carers and assets is a priority of the organisation within the development and delivery of health services.

The Health and Social Care Act 2022 requires all NHS organisations to plan for, and respond to a wide range of incidents that could impact on health or patient care. This includes significant incidents or emergencies such as prolonged periods of pressure on services, extreme weather conditions, infectious disease outbreaks or a major transport accident. The programme is referred to as (EPRR).

Core Standards and supporting guidance from NHS England set out the parameters for Trusts to adhere to in relation to Emergency Preparedness. The Trust is also required by the Health and Social Care Act to have plans in place for dealing with emergencies.

The Civil Contingencies Act 2004 (CCA) provides the framework for emergency preparedness in the UK. Although Mental Health Trusts do not currently have statutory obligations under the CCA, the Department of Health and NHS England require all NHS providers to adhere to the principles of the Act.

The Trust has in place an Accountable Emergency Officer, this role is undertaken by the Chief Nurse. This role was supported by the Deputy Chief Operating Officer in his capacity as Director of EPRR, this function transferred following the Executive portfolio changes in March 21, and now sits with the Director of Safety and Innovations.

All of those working within the Trust also have a responsibility to be aware of these issues and to assist in preventing safety, security or resilience related incidents or losses. Reductions in losses and incidents relating to violence, theft or damage will lead to more resources being freed up for the delivery of patient care and contribute to creating and maintaining an environment where all staff, patients and visitors feel safe and secure.

The purpose of this report is to provide information and assurance of the controls currently in place to create a pro-security culture across the Trust, as well as informing of the work currently being carried out across the organisation to improve safety and security arrangements.

2. Background

Safety, Security and Resilience from April 2021 has been overseen by the Safety , Security and Resilience Team which was created following the re-alignment of Executive Director portfolios at the beginning of the financial year. The Chief Nurse has this corporate responsibility at board level.

The portfolio of the team covers the following corporate responsibilities.

Health and Safety

- Workplace Safety
- Clinical Environmental Risk Assessment
- Work with clinical teams to find safety solutions to reduce harm
- Safe Work Equipment
- Control of Substances Hazardous to Health (COSHH)
- Display Screen Equipment Guidance
- Health and Safety Inspections in partnership with staff-side
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Maintaining and updating policies to ensure they comply with national guidance and legislation
- COVID Secure Workplace Risk Assessments (in line with current national guidance)
- Development, Management and performance of the Trust's Incident Reporting System (Safeguard)

Security Management

- Overseeing the Security Strategy of the Trust
- Monitoring Security Contracts
- Monitoring the Secure Transport Contracts
- Setting standards of CCTV and ensuring compliance / supporting clinical services with CCTV Evidence
- Management of the Lone Working System within the Trust
- Management of Body Worn Cameras within in-patient services.

Emergency Preparedness, Resilience and Response

- Planning, reviewing and implementing Emergency Planning arrangements
- Reviewing and updating guidance in respect of Heatwave Planning
- Reviewing and updating guidance in respect of The Cold Weather Plan
- Working in partnership with NHS England / Improvement regional and national EPRR Teams

3. Current position and review of the year

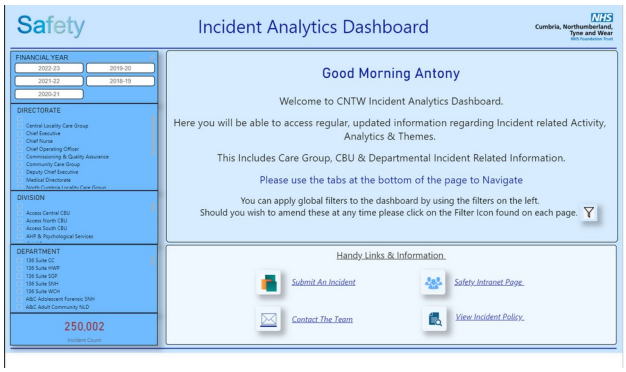
Incident Reporting

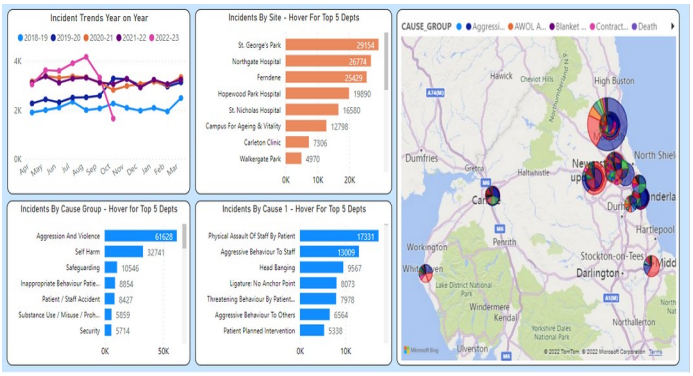
The Trust's incident reporting system is the foundation of activity that drives improvement and learning across the organisation, and the team oversees the Trust's Local Risk Management Software – Ulysses (Safeguard system). The system is used to record, report and manage the Trust's serious incident, incident and Reporting of Injuries , Diseases and Dangerous Occurrences Regulations 2013 activity, the latter specifically to the Health and Safety Executive.

Over the last few years, the Trust has been a pilot organisation for Mental Health and Learning Disability organisations to support and deliver the new Learning From Patient Safety Events system , this system will replace two national outdated information systems the National Reporting and Learning Service and the Strategic Executive Information System (STEIS) which are both over 20 years old. This project has been delayed nationally due to the impacts of the pandemic, however there is now an expectation that all NHS contracted organisations will connect to LFPSE by March 2023. The Trust was the first Mental Health and Learning Disability Trust to go live in England and connected to the system and went live in September 2022 as part for the Trust plans for the World Health Organisation's - World Patient Safety Day.

Effectively this is a significant cultural change to incident reporting and now when a clinician or operational member of staff reports an incident that involves a patient through the Trust system , which notifies, managers, associate directors and subject experts within the Trust, it also automatically sends the incident into the national system, which gives a live view to those that are connected to our system and have access based on levels of responsibility, within the Integrated Care System (ICS), the Care Quality Commission (CQC) and NHS England Patient Safety Team allowing for an improved understanding of the Trust's activity and effectively a live view of the incidents we have and the risks we carry as a Trust. It is expected that this system will develop and improve over time. At the time the Trust connected there were only 6 other NHS organisations connected, so it will be expected that we share our learning with others as we progress.

Over the last year the team has developed a number of dashboards to support clinical / operational services as well as corporate teams to review, research and reflect on the incident activity we are exposed to as a Trust. These give a live view of activity and can be used to review activity by individual patients, services, hospital sites, trends of incident types, and aid in planning and review of Trust services, they are accessible to all Directors, Associate Directors, Managers and Corporate subject experts.





A number of tailored dashboards have also been designed to support subject expert teams with the following activity.

- Medication Incidents – Pharmacy Teams
- Serious Incidents – Safer Care Team

- Safeguarding Incidents – Safeguarding Team
- Aggression and Violence / restrictive intervention Incidents and activity – Positive and Safe Team / Staff Side.
- Mortality Dashboard to review and learn from deaths – Safer Care Team
- Bed Capacity and Triage – Bed Management Team and Associate Directors.
- In-Patient Staffing Dashboard – Associate Directors , Point of Contact, Managers

Lone Working

Health care workers have long been identified as a high risk group when considering lone working. Issues identified in high profile incidents emphasise the scale of the risk faced by mental health care staff on a daily basis.

Lone workers face environmental risks and are increasingly exposed to incidents with regards to assaults, aggression, abuse and harassment. Most often, these incidents occur one to one situations with no other evidence available to support taking action against alleged offenders. This can result in a reluctance by lone workers to report incidents that occur, leading to a feeling that nothing can be done to protect them or deal with the problems they face. Lone workers, by the nature of their work, can feel isolated or unsupported, simply by the very fact that they do not work in an environment surrounded by their colleagues or others.

As per previous years, we have had number of genuine red alerts, which continue to be dealt with in an effective and safe manner. In some of these cases police assistance has been required and rapid response was provided.

The Trust, has a robust contract and system provision in place to protect its lone working staff.

The provision predominantly comes in the form of an ID badge holder, however, the Trust have also recently implemented the provision of Pulse devices which is provided for staff who have physical difficulties in operating the ID badge. The Pulse device is also currently being utilised in some reception areas that have been identified as being at risk. All identified staff receive comprehensive training on the purpose and correct use of the device.

The system was originally commissioned as part of a centrally funded Department of Health initiative in 2009, and the Trust has maintained the system ever since, and now operates over 3,000 devices for community and at risk staff.

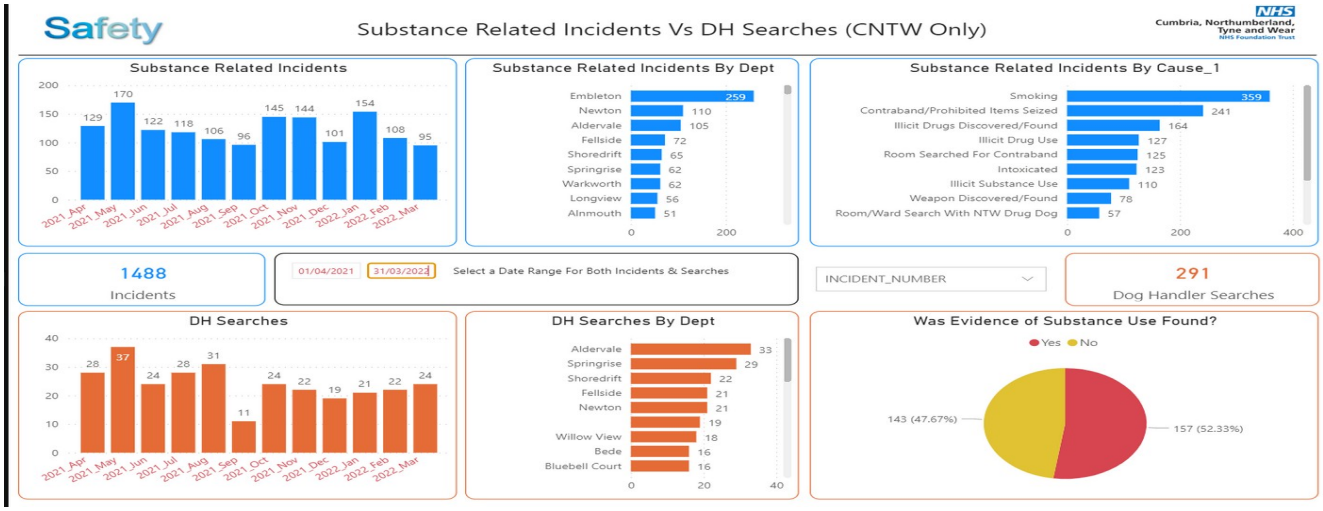
It is acknowledged that as one of the biggest users of this system nationally, there will always be opportunities for improvement of usage. Cumbria, Northumberland, Tyne & Wear NHS

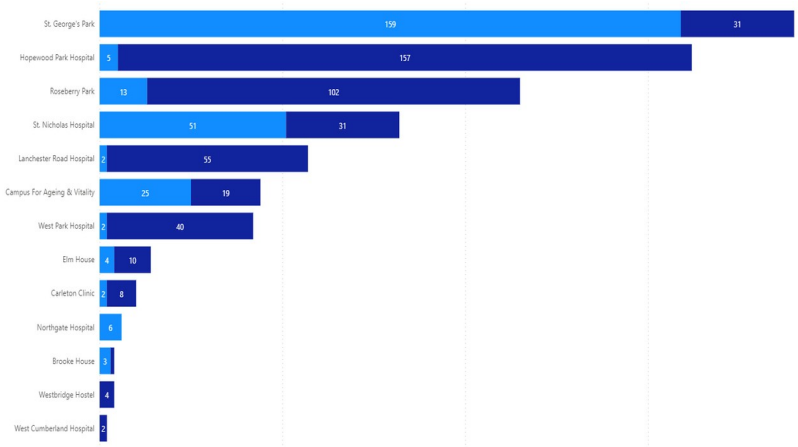
Foundation Trust has worked with Reliance Protect over the last couple of years to develop an in-house performance dashboard integrated into the Trust's care group hierarchy and Electronic Staff Record data. This allows managers of services to review the performance of their local lone working system. Whilst we have had the system for over 18 months, it is acknowledged that with the turnaround of managers across varying services and the movement of staff across teams, maintenance of the system is paramount. In the last year we have processed over 1,000 of the 3,000 devices due to internal staff movement. Training and education continue and will be strengthened to ensure managers are supported, and fully understand their responsibility in line with Trust policy.

As part of the development with our supplier to develop the system further we have signed a 5 year agreement for the supply of the system to support staff with a number of improvements built into it , at much better financial benefit to the Trust , and a standardisation to the latest technology for all lone workers.

Tackling Illicit Drug Use / Narcotics Search Dogs

The use of illicit drugs continues to be a problem in some inpatient settings. A number of serious incidents have occurred relating directly to consumption of illicit substances both on the ward and following an episode of leave, media reports and national research have continued to highlight the problem the North East is facing. The Trust isn't an outlier in this, and the Trust continues to support a Service Level Agreement to provide a service in partnership with Tees, Esk and Wear Valley NHS Foundation Trust. We have 2 Search Dog Handlers and Search dogs working across the whole North East and North Cumbria ICS and working closely with respective Police Forces that cover the geographical locations, to identify trends and report activity, sharing intelligence of vehicles that come onto Hospital sites and known sellers of illicit substances. In order to understand activity we have integrated our internal systems to provide up to information in relation to the activity that we experience across the Trust and the ICS. Below is a representative sample of the information we have and can share with our Police colleagues.





Both search dog handlers and their dogs carry out pro-active and reactive searches to support front line clinical teams, but where time allows, they also spend time on the wards as part of therapeutic activities and this has been really important and impactive in our Children's in-patient services both at Ferndene and Lotus Ward at Acklam Road Hospital.

Understanding the national impact of aggression and violence on staff

This report has previously contained historical information in relation to national Reported Physical Assaults on Staff, however this has been removed from this report, due to the Annual Positive and Safe report containing much more detailed information , and also due to the fact that there is currently no nationally comparative data available.

NHS England has released the Violence Prevention and Reduction Standards (VPRS) in December 2020 available here. An assessment has been made against these standards, and the Trust is mostly compliant with the standards with just a few development / improvement issues it needs to plan for, there is an internal team reviewing all aspects of the standards and supporting the work across the ICS with NHS England to take the developments forward, the group is led jointly by the Medical Director and Chief Nurse.

A number of staff from the Trust's Safety Team, Positive and Safe Team and the CNTW Academy are members of the local VPRS ICS working group and attend national updates and webinars. A new VPRS regional lead has been appointed and is currently working with members of all Trusts across the region.

The Safety Team works closely with clinical and operational services to reduce violence across the organisation, respond to it, and build safety plans for patients and staff, and use all of the technology available which aims to reduce and mitigate any risk to staff or patients to a reasonably practicable level.

Clinical Environmental Safety Group

The Trust has in place the above group which is informed from the work carried out by the Safety, Security and Resilience Team undertaking Clinical Environmental Risk Assessments across in-patient services and 136 facilities. It is also informed through it's terms of reference by incident, complaints and claims activity, regulation 28 prevention of future death reports and risks that present across the organisation and any national alerting / learning available.

It is currently overseeing and number of workplans in relation to improvements in the in-patient environment including but not limited to the following:-

- Implementation of ligature reduction en-suite doors
- Implementation of digitally enabled metal detectors

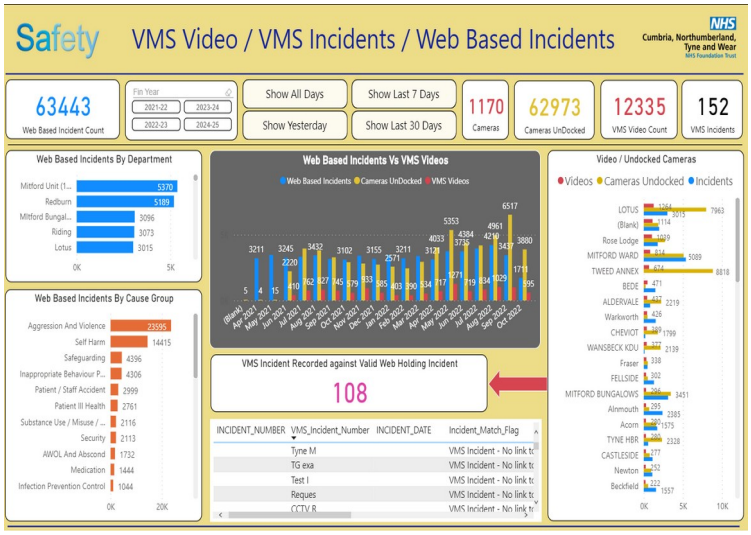
- Implementation of Oxe-health and relationship to other safety systems.
- Standardisation of Staff attack and nurse call systems.
- Implementation of CCTV on all in-patient wards.
- Review of door access systems for patients.
- Review of ligature reduction bedroom doors and alarm mechanisms

It is acknowledged that a number of these schemes and assessments will take a number of years and is strategically built into the capital planning considerations of the organisation.

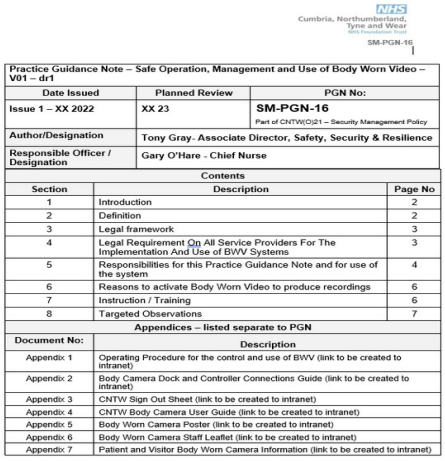
We have taken the opportunity as a learning organisation to create a simulation suite within the Safety Team's offices so that we can review all the latest technology available to reduce harm to patients, and see how the systems holistically integrate and work together to support the human processes of engagement and observation, and promote recovery for patients.

Body Worn Video

The Safety Team supports the safe operation, management and use of body worn video within the Trust and over the last year the systems have been extended to all in-patient services and more recently to crisis teams who work in the section 136 place of safety facilities. It is accepted that this is a relatively new technology, and there are a number of national conversations in relation to the use of these systems in mental health and learning disability services, but initial findings in the services from both staff (and their staff side representatives) and patients and their advocates has been positive. Now more than ever services should be transparent in the care that is provided, and where concerns are reported, if evidence is available, it can be used for debrief, reflection and any appropriate action required. In line with the strategy of being able to assess the impact of implementation, the Safety Team has developed a dashboard that specifically assesses the impact of body worn video systems in comparison to incident activity in the services where it is located.



As part of a review into the support for teams , all posters, leaflets and signage will be updated to coincide with the implementation of the Trust's new Practice Guidance Note which aims to embed the understanding of the use and application of body worn video on in-patient wards and other services. This guidance has drawn on wider experiences of Police in both local and national guidance and is in principle aligned to the Mental Health Units (Use of Force) Act 2018, which was subject to full implementation in March 2022. From implementation it will be an expected standard of use for staff to wear and use cameras in defined incidents such as Police intervention etc. The guidance also includes the requirements for staff to respond to disclosure requests by patients or their representatives for any recordings made, subject to any redaction requirements.



Practice Guidance Note – Safe Operation, Management and Use of Body Worn Video – V01 – dr1

Date Issued	Planned Review	PGN No:
Issue 1 – XX 2022	XX 23	SM-PGN-16 Part of CNTW(O)21 – Security Management Policy
Author/Designation	Tony Gray- Associate Director, Safety, Security & Resilience	
Responsible Officer / Designation	Gary O'Hare - Chief Nurse	

Contents

Section	Description	Page No
1	Introduction	2
2	Definition	2
3	Legal framework	3
4	Legal Requirement On All Service Providers For The Implementation And Use of BWV Systems	3
5	Responsibilities for this Practice Guidance Note and for use of the system	4
6	Reasons to activate Body Worn Video to produce recordings	6
7	Instruction / Training	6
8	Targeted Observations	7

Appendices – listed separate to PGN

Document No:	Description
Appendix 1	Operating Procedure for the control and use of BWV (link to be created to intranet)
Appendix 2	Body Camera Dock and Controller Connections Guide (link to be created to intranet)
Appendix 3	CNTW Sign Out Sheet (link to be created to intranet)
Appendix 4	CNTW Body Camera User Guide (link to be created to intranet)
Appendix 5	Body Worn Camera Poster (link to be created to intranet)
Appendix 6	Body Worn Camera Staff Leaflet (link to be created to intranet)
Appendix 7	Patient and Visitor Body Worn Camera Information (link to be created to intranet)

Emergency Planning, Resilience and Response

EPRR is supported across the Trust by the Safety, Security and Resilience Team , it is not a dedicated function of the team, and work is prioritised in line with all other operational pressures and activities the team deals with on a daily basis both locally and nationally.

Throughout the pandemic, members of the team were predominantly working in Gold Command on a full time base and it is only as a return to normal from April 22, that EPRR developments have been able to be assessed.

There are 3 members of staff who support the EPRR agenda within the team, the Associate Director , Safety , Security and Resilience Manager and the EPRR Support Officer.

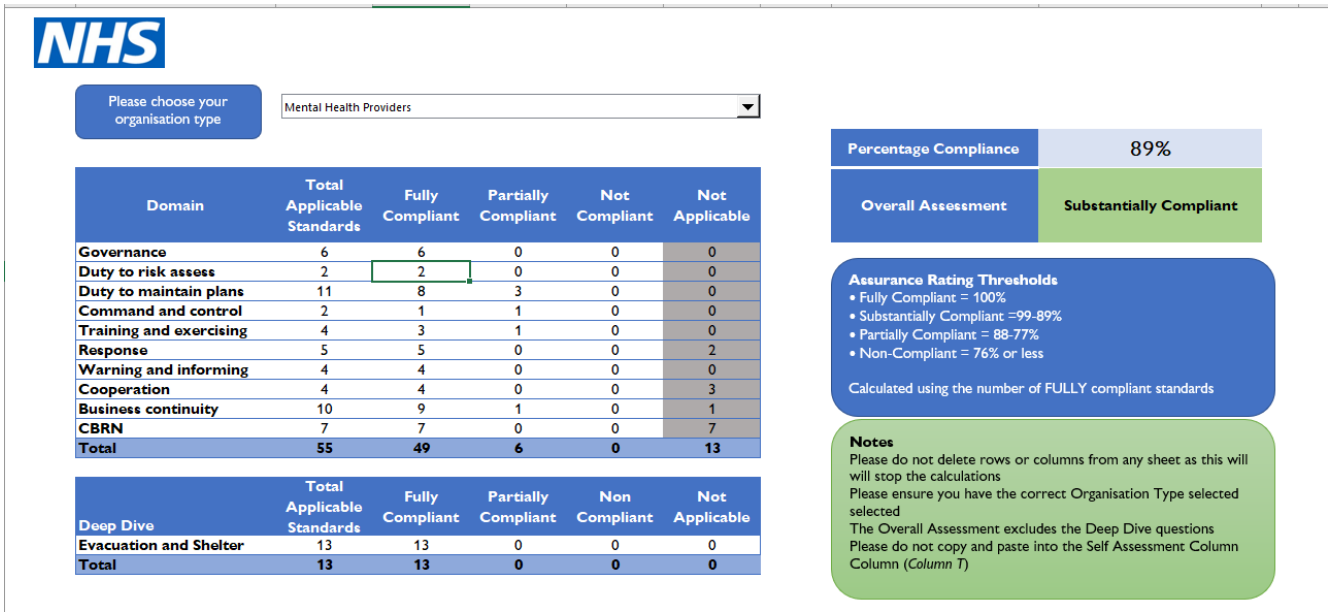
EPRR – Policy and Guidance

There were minor changes to the Trust's Emergency Preparedness, Resilience and Response Policy – NTW (O)08 in to reflect the change of Director lead. There were also updates to both the Cold Weather Plan and the Heatwave Plan to reflect changes from national documents.

NHS England undertakes an annual assurance process against a set of core standards for Emergency Preparedness, Resilience and Response (EPRR). For 2021 / 22 assessment, there a number of new standards for the first time since 2018, and as such unlikely any organisation would report full compliance , including requirements for a number of key organisational staff / managers to attend , nationally mandated training.

The assurance process for 2021 / 22 was received in August 2022 from NHS England, with the self-assessment. It is a requirement of the assurance process that the statement of compliance is reported to the Board of Directors / Governing Body Meeting. These standards have been assessed and presented as part of this report.

There are 68 core standards questions of which 55 apply to Mental Health care providers, our assessment indicates that we are substantially compliant with partial compliance against 6 standards and an action plan is in place for these standards.



NHS

Please choose your organisation type: Mental Health Providers

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
Governance	6	6	0	0	0
Duty to risk assess	2	2	0	0	0
Duty to maintain plans	11	8	3	0	0
Command and control	2	1	1	0	0
Training and exercising	4	3	1	0	0
Response	5	5	0	0	2
Warning and informing	4	4	0	0	0
Cooperation	4	4	0	0	3
Business continuity	10	9	1	0	1
CBRN	7	7	0	0	7
Total	**55**	**49**	**6**	**0**	**13**

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
Evacuation and Shelter	13	13	0	0	0
Total	**13**	**13**	**0**	**0**	**0**

Percentage Compliance	89%
Overall Assessment	Substantially Compliant

Assurance Rating Thresholds
- Fully Compliant = 100%
- Substantially Compliant =99-89%
- Partially Compliant = 88-77%
- Non-Compliant = 76% or less

Calculated using the number of FULLY compliant standards

Notes
Please do not delete rows or columns from any sheet as this will will stop the calculations
Please ensure you have the correct Organisation Type selected selected
The Overall Assessment excludes the Deep Dive questions
Please do not copy and paste into the Self Assessment Column Column (*Column T*)

This year there is also a thematic deep dive in relation to Evacuation and Shelter, which is applicable to the Trust , whilst full compliance has been reported there are still some development opportunities in relation to these standards to be considered across the ICS in relation to working in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust , and this will be addressed when the Peer Review Process is carried out.

Link to standards here

Recommendation/summary

The Trust's Safety Team continues to work to mitigate the safety, security and resilience risks faced both internal / external to the organisation. As the organisation continues its journey of development, and the NHS as a whole goes through major transformational change, it is acknowledged that safety, security and resilience remains paramount and on the highest level of all agendas throughout the Trust.

This paper should be received for information, and for assurance in relation to the compliance to the EPRR Core Standards submission.

Tony Gray
Associate Director of Safety, Security and Resilience

Gary O'Hare
Chief Nurse

16th October 2022

Appendix 1

Emergency Preparedness, Resilience and Response (EPRR) assurance 2021-2022

STATEMENT OF COMPLIANCE

Cumbria, Northumberland , Tyne & Wear NHS Foundation Trust has undertaken a self-assessment against required areas of the EPRR Core standards self-assessment tool v1.0

Where areas require further action, Cumbria, Northumberland , Tyne & Wear NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, the organisation has been assigned as an EPRR assurance rating of Substantial (from the four options in the table below) against the core standards.

Organisational ratin	Criteria
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

I confirm that the above level of compliance with the core standards has been agreed by the organisation's board / governing body along with the enclosed action plan and governance deep dive responses.

Signed by the organisation's Accountable Emergency Officer

26/10/2022	02/11/2022	02/11/2022	18/10/2022
Date of Board/governing body meeting	Date presented at Public Board	Date published in organisations Annual Report	Date signed

12. Winter Planning Report

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 12. Winter Preparedness - Report to the Board of Directors 2nd November 2022 (002).pdf

Report to the Board of Directors
Wednesday 2nd November 2022

Title of report	**Winter Preparedness and Funding update**
Purpose of the report	**For information**
Executive Lead	**Ramona Duguid – Chief Operating Officer**
Report author(s) (if different from above)	

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	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	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
BDG	x

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

Winter Preparedness and Funding Update
Board of Directors (Public)
2nd November 2022

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

CNTW has fully supported winter planning across the region, and this has been co-ordinated throughout the 20/21 winter previously by North East Commissioning Support Unit, the Clinical Commissioning Groups, the Urgent and Emergency Network and all other providers. We have presented our plans at winter planning events in September prior to winter and in April 2022 as part of the debrief post winter. With the advent of the ICS these planning arrangements have been changed. There has always been a weekly surge call dealing with pressure predominantly in the acute and ambulance Trusts, and discussions here have advanced throughout the year in planning for winter with the acceptance that system pressure is now a year-round issue, magnified throughout winter.

Place based pressures are now commonly discussed at the Local A&E Delivery Board (LADB) meetings and mental health is represented at these, with the responsibility to offset their pressure by being responsive to those patients who present in A&E with mental health needs, and to support the effective admission of those patients in Acute Trust beds who require a mental health admission after they are deemed medically (physically) fit.

On the 12th August 2022 NHS England published *Next Steps in Increasing Capacity and Operational Resilience in Urgent & Emergency Care ahead of winter*. This publication identified 8 core objectives and key actions for operational resilience. This publication was then supplemented with further NHS England guidance on the 18th October 2022 entitled *Going Further on our Winter Resilience Plans*. The implications from a system and Trust perspective are currently being considered for

example, the development of system control centres and support for High Frequency Users (HFU).

3. WINTER FUNDING BACKGROUND

In October 2022 the Trust was notified via the NENC ICB that funding was available to support care provision during winter 22/23.

Proposals were requested from 'place' and 'at scale' where proposals cover North (CNTW wide) or spanning 2 or more 'places'. NENC allocation is £622,000 and the allocation for North partnership area is £373,000 (60% of total of £622,752). We are keen to support a number of proposals, so the value of submissions needs to be in this context.

Guidance around the use of this funding is summarised as follows:

- Funding should be used to seek to improve against the following metrics:
  - Eliminating out of area placements
  - 12hr waits in A&E (from arrival to departure)
  - Reducing long length of stay (in line with the NHS 60/90+ day planning metric)
  - Reducing the number of people occupying beds who are clinically ready for discharge (delayed discharges)

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

- Initiatives should focus on supporting people with mental health needs to:

  - Increase the configuration and expansion of community MH services through winter, 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.
  - Ensure appropriate and purposeful inpatient admissions and reduce the number of people who are sent out of area
  - Reduce the number of people experiencing very long length of stay in acute mental health wards.
  - Support more timely and effective discharges so that people don't spend any longer than necessary in hospital.

3.1 CNTW Process

The Locality Management Teams were provided with the criteria identified above and asked to give consideration to the best use of the limited resource. It was recognised that there would be value in identifying costed schemes that may be over and above the initial figure of £373k in the belief that additional resources may be forth coming and our costed plans for additional resource may be looked on favourably.

The following summarises the winter funding schemes that were developed within the Trust and sent to the ICS for further consideration on the 26th October 2022.

1. "At scale" scheme – £300k
   - Continue to provide funding to support for the "Home Group" focussing on crisis alternatives, interventions and step-down capacity – all localities. This is based on the success of these schemes to date.

2. Early support into care homes & community hospitals
   - Expand Cumbria Community Hospital Assessment and Liaison Service for Older People – specifically support to delirium pathway – £72K
   - Expand older persons resource into CTT to increase early intervention and support into care homes – £200k (at scale across multiple localities)

3. Discharge to Assess (D2A) beds for Working Age Adults
   - Continue with North Cumbria D2A beds at Kirk House to support with continued DTOC challenges across the system – £70k
   - Other capacity for D2A capacity for mental health patients and delayed transfers of care.

It has also been brought to our attention prior to the submission of these bids, under the banner of support for Urgent & Emergency care (within all sectors) there is additional funding available to support the system throughout the winter.

The 3 priority areas for this non-recurring funding are as follows:

1. Enhanced clinical advice (to support NEAS, ED etc)
2. Primary care interface
3. Discharge pathways

It has been suggested that from a Mental Health & Learning Disability perspective we would be expected to make further bids against all of these 3 areas. As of yet we have not been informed of a methodology or key dates for further submissions but continue to work with partners on any submissions or schemes which could further support urgent and emergency care pressures.

In addition to the increase in monies, discussions continue to with system partners on support for learning disability patients requiring increased support within community settings and effectiveness of alternatives to crisis pathways and services.

The national requirements of support to High Frequency Users (HFUs) is being actively reviewed from a mental health perspective to identify any further considerations we can take forward with placed based teams.

4. 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 Trust has strengthened its cold weather practice guidance which will be launched on the 1st November 2022, despite the national plan not being changed.

It has a greater emphasis not just on responding to winter disruption to services through adverse weather, but also builds on the potential for loss of service due to staffing unavailability, based on the learning from last winter and the pandemic. The Trust now has an effective baseline to assess impact due to numbers of staff unavailable and build its OPEL plan and response around this information. The guidance also includes the escalation process, which allows for escalation of staffing loss and potential stand up of an incident management group or gold command depending on the impact of respiratory viruses. The response to this has been well managed through the last 2 winters and the board has received previous reports of the response and the learning.

5. CONCLUSION AND NEXT STEPS

The Trust will continue to work with ICS and “place” based partners in the coming weeks and months to agree the areas where this funding can make the most significant impact on the current pressures in the system.

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

6. RECOMMENDATIONS

That the Board of Directors note the content of this report in terms of the actions taken to date.

13. Panorama Programme - Trust Response

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 13. Panorama Response November Board of Directors FINAL.pdf

Report to the Board of Directors
Wednesday 2nd November 2022

Title of report	**Organisational response to care and treatment findings at The Edenfield Centre, Greater Manchester NHS Foundation Trust**
Purpose of the report	**For decision**
Executive Lead	**James Duncan, Chief Executive**
Report author(s) (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	
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	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	X 17/10/2022
Trust Leadership Team (TLT)	X 18/10/2022
Trust Safety Group (TSG)	X 11/10/2022
Other: Group Director Away Day	X 30/09/2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

ORGANISATIONAL RESPONSE TO FINDINGS IDENTIFIED AT EDENFIELD CENTRE, GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST

Caring | Discovering | Growing | **Together**

ORGANISATIONAL RESPONSE TO FINDINGS IDENTIFIED AT EDENFIELD WARD, GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST

1. INTRODUCTION

Following the findings of patient abuse identified by panorama at Edenfield Ward, the National Director for Mental Health wrote to all NHS Trusts to request specific areas were reviewed by Trust Boards. In addition to this, the North East and North Cumbria Integrated Care System (NENC ICS) has also requested that we review the mitigations we have in place to prevent closed cultures developing.

This report outlines the Trust's response to these requests as well as identifies further reflections we have undertaken with the senior leadership team in developing our organisational response. Specifically we have reviewed some of the critical **policies** we have in place, how we review these in **practice**, the support and leadership considerations we have reflected on in relation to our **people** and the voice of **patients**.

It is important to outline that the Trust has in place existing and robust mechanisms as part of our core governance framework which provide assurance on some of the safeguards and practices, we have in place to ensure the provision of safe quality care. However, we have not listed these mechanisms as part of this report as they feature in our existing reports to the Board and its sub committees as part of our regular governance framework.

This report is focussed on where we feel we have areas for further continuous improvement to make in order to ensure every opportunity to learn, act and reflect on our safety culture is taken.

2. MATERIAL POINTS FOR THE BOARD TO NOTE

The areas identified for further improvement in this report can be summarised into four key areas:

- **Leadership –** the Trust has been working on updating its core leadership programme, which will be prioritised for clinical team managers as well as dedicated support for healthcare assistants across the Trust. As part of the existing Board visit programme, this will be enhanced and targeted to areas where inherent risk factors are present in relation to closed cultures. We will review how the various assessments of safety culture can help improve our understanding and build on the work we have done to date, which will directly involve the Board of Directors.
- **Patient & Carer voice –** progress has been made in strengthening the patient and family voice in the long term segregation panel, however we will ensure for all cases where the highest levels of restrictive practice are in place and care given in secure settings this will include the patient, carer and family voice in review of care and treatment plans. We will also continue to embed the triangle of care at all levels across the Trust.
- **Values and behaviours in clinical practice –** there are many policies and areas of practice which demonstrate our values and behaviours. One of the key policies reviewed as part of preparing this response is the Dignity in Care policy, which we will review and strengthen in terms of embedding this across the Trust. We will also continue to embed the raising concerns and Freedom to Speak Up process.
- **Intelligent data to support what we 'see, feel and hear' –** continue the work we have already commenced on triangulating key data to target where additional leadership visibility or support is needed.

3. POLICY & PRACTICE

The Trust has in place a number of critical policies which are set out to safeguard the delivery of safe care through clear standards of practice. We have asked the specific question of '**how do we know they are working and what could we do to continuously improve?'**

3.1 Freedom to Speak up and Raising Concerns Policies

The Trust has in place dedicated Freedom to Speak up resource to support staff with raising concerns and ensuring concerns are acted on. The raising concerns policy is used, promoted and reported on along with the Freedom to Speak up activity to the People Committee and Board of Directors. The Trust performs well in staff feedback about raising concerns and includes safety related concerns in the weekly Trust wide safety meeting. Whistle Blowing concerns raised externally are investigated thoroughly and also included in this report.

Further improvements we have identified:

- Continue to ensure open lines of communication with the Freedom to Speak up Guardians and the Board of Directors.
- Include greater detail on the outcomes and actions taken following concerns being raised, including feedback mechanisms to staff involved.
- Improve the triangulation of concerns with key patient safety data.
- Utilise both increases in concerns and where teams do not raise concerns to target collective Board visibility and peer reviews.

3.2 Patient Engagement and Observation Policy

We have recently reviewed and updated the policy for engagement and observation, this has resulted in a greater emphasis being placed on therapeutic engagement. We have strengthened the audit arrangements for this policy which will include live assessment of practice and team behaviours.

Further improvements we have identified:

- To support the new policy, we are revising the training materials for all staff with a key focus on engagement.
- Review the findings of the live review of engagement and observation clinical practice.

3.3 Dignity in Care Policy

The Dignity in care policy sets out the core safeguards to ensure dignity in care is evidenced in all patient interactions across the Trust with ten core standards; *High Quality care services that respect people's dignity should:*

1. *Have a zero tolerance to all forms of abuse*
2. *Support people with the same respect you would want for yourself or a member of your family*
3. *Treat each person as an individual by offering a personalised service*
4. *Enable people to maintain the maximum level of independence, choice and control*
5. *Listen and support people to express their needs and wants*
6. *Respect people's right to privacy*
7. *Ensure people feel able to complain without fear of retribution*
8. *Engage with family members and carers as care partners*
9. *Assist people to maintain confidence and a positive self-esteem*
10. *Act to alleviate people's loneliness and isolation*

Further improvements we have identified:

- The Dignity in Care Policy is scheduled for review in 2023, we will update this taking into account key publications in relation to professional standards and practice, for example the publication of the mental health nurse's handbook in October 2022.

3.4 Seclusion Policy & Long-Term Segregation

The seclusion policy sets out the Mental Health Act code of practice and how this is applied across the Trust. Regular reports on compliance with the policy are produced by the positive and safe care team with compliance reviewed at the Trust wide Safety Group. The safer care report for the Trust also reports on all components of restrictive practice and physical interventions. Outcomes from clinical audits are aligned to the Board Assurance Framework and Corporate Risk Register and reported to the Board.

3.4.1 Long Term Segregation (LTS)

The Trust has in place a weekly LTS panel which formally reviews all LTS cases. The panel includes patient, carer and or advocacy to be part of the review however this is not always consistent.

3.4.2 HOPEs

The Trust is rolling out the HOPEs model and has appointed a dedicated clinical lead to support and enhance the multi-disciplinary review of cases using the national HOPEs framework.

Further improvements we have identified:

- Increase patient/carer and family support input into all long-term segregation and prolonged seclusion cases.
- Triangulate positive and safe care practice interventions alongside safe staffing data and key safety measures.
- Roll out and embed the HOPEs model across CNTW.
- Review the quality of post intervention debriefs across the ward teams and identify where further support or facilitation is required.
- Review the effectiveness of the outcomes required to support people transitioning to a least restrictive environment within the Trust and broader system.
- Increase Board visibility to where care is being provided in the most restrictive settings, including long term segregation.

3.5 Positive and Safe

The Trust has an extensive framework for positive and safe care which targets restraint reduction and positive practice. This is underpinned by a range of supporting policies and practice guidance and is reported formally to the Quality and Performance Committee quarterly.

3.5.1 Use of Force Act

The Trust has taken a proactive approach to compliance with the 2018 Mental Health units use of force act, with a core focus on reducing restrictive interventions via its Talk 1st initiative. Several clinicians from the Trust have been involved in the development of the national guidance to support the act.

The Trust is identified within the guidance as an area of good practice for its use of data informed patient centred approaches to reducing restrictive interventions. We have developed and changed our policies to reflect the requirements of the act and was one of the first Trusts to develop in conjunction with service users and carers its use of force patient leaflet.

The Trust takes an active and ever developing approach to the work of reducing restrictive interventions and has introduced many innovative and educational initiatives to support this. The Trust is currently developing ways it can record and monitor the use of the leaflets across the Trust and better define which interventions are used within patient pathways (initially LD/A and CYPS). This includes how we support and protect human rights across care and treatment plans for all patients.

Further improvements we have identified:

- Review how the outcomes for restrictive interventions are reviewed alongside key safety data and staffing skill mix across ward teams.
- Refresh the safer wards programme within positive and safe in line with the national inpatient programme for safety and quality.
- Priority areas identified on how we record physical interventions and improvements we can make across three priority pathways: learning disabilities and autism and children and young people.

3.6 Safeguarding Policy

The Trust has in place robust safeguarding arrangements which are reported on as part of the core safer care report within the Trust. The weekly Trust wide Safety Group receives updates on safeguarding alerts and issues from both a patient and staff perspective. Plans are in place already to improve training compliance against the trajectories we have set across all localities. We will continue to review safeguarding reporting trends alongside key patient and staff safety data.

3.7 Peer Reviews

The internal ward quality peer review programme is in place along with PLACE assessments which have now fully recommenced. The outcomes from MHA monitoring visits are reviewed and shared across localities for learning through the CQC Compliance Group. Ongoing work to ensure we share good practice and learning from peer reviews will continue to be a core focus across the organisation.

Further improvements we have identified:

- Prioritise peer review schedule alongside key closed culture inherent risk factors and restrictive practice safety data.

3.8 Care and Treatment Reviews (CTR)

There is an extensive programme of care and treatment reviews in place as well as safe and wellbeing reviews which are carried out across patients being cared for across the Trust. Commissioner led visit programmes are also in place. Individual recommendations are identified; however, the Trust does not have collective oversight of issues and or themes being identified through these important reviews which could be strengthened.

Further improvements we have identified:

- Review how the outcomes from care and treatment reviews are reported and reviewed for individual actions and broader themes identified across the organisation.

4. PEOPLE

4.1 Leadership

The importance of collective leadership on what we see, feel and hear has been a core feature of the Trust's collective leadership programme for many years. The leadership programme is currently being updated and will be relaunched in early 2023 with a focus on compassionate leadership as the core thread. This will allow new managers and leaders appointed during the pandemic to complete the core leadership programme for the Trust as well as refresh and update leadership practice across front line leaders.

4.1.1 Ward Manager Leadership

A community of practice for ward managers has been set up, with the first meeting being held in early December 2022. This will be a key forum to harness the revised inpatient quality programme.

4.1.2 Healthcare Assistant Leadership Programme

There are various training and leadership offers for healthcare assistant staff, including ward team development. However, following the work implemented to strengthen the preceptorship programme, we have also identified how we can implement this on an annual basis for healthcare assistants and which areas we prioritise in 2023.

4.1.3 Board Visibility

Non-Executive and Executive Director visits are in place, as well as Governor visits to services. The feedback from these visits is shared with the local leadership teams for learning, identifying positive practice as well as areas for action.

Through the Mental Health Act (MHA) Legislation Committee we have input from Non-Executive Directors (NEDs), including NEDs who are panel members of MHA Tribunals.

4.1.4 24/7 Oversight

The Trust has in place night co-ordinators, point of contacts for sites and areas and a senior manager on call rota. Time to ensure we are attentive to staff who predominantly work out of hours, visibility of leadership during these times and including the issues which are escalated through on call out of hours and weekends will be reviewed to identify any additional actions we need to consider.

Further improvements we have identified:

- Relaunch of the Trust leadership and management development programmes.
- Review how the Healthcare Assistant leadership, supervision and support is taken forward.
- Review how the key leadership roles out of hours and weekends are supported, including leadership visibility.
- The protection and facilitation of team development.
- Establish the Ward Manager Community of Practice.
- Expand the Board and Council of Governor visit programme to target areas where there are inherent risks of closed cultures developing.

4.2 Emotional impact of work

The Trust has in place specific staff support and clinical networks which provide spaces for staff to come together. The Schwartz round programme also remains in place and is a key forum for staff to share personal experiences. However, we recognise the moral injury and compassion fatigue challenge across front line teams and will therefore continue to ensure team de-brief, supervision as well as staff reflection spaces are promoted and accessible.

Further improvements we have identified:

- Commit to undertaking some specific Schwartz rounds on the emotional impact of work and experiences.

4.3 Student Nursing Preceptorship & Junior Medical Staff

The preceptorship programme for the Trust has been strengthened and the Trust has supported an increase in experienced pastoral support nurses to support preceptors. There are existing forums to hear the experiences of student nurses, therapists and junior doctors which are supported by executive directors. This includes the report on Guardian of Safe Working report to the Board.

Further improvements we have identified:

- Ensure the forums we have for student nurses, therapists and junior doctors discuss and reflect on their experiences in the context of closed cultures, our values and human rights.

4.4 Professional standards and employee relations

There are robust processes in place for support and investigations in relation to maintaining professional standards for medical, nursing, therapies, and allied health professionals. The employee relations, specifically disciplinary process is reviewed by Executive Director of Workforce and Organisational Development and Chief Operating Officer. The reporting of cases and issues relating to suspensions and restrictions on practice is also in place.

Further improvements we have identified:

- As part of improving the triangulation of data, a review of the themes arising from the Trust fact find process will also be undertaken in order to strengthen how individual and team areas of practice are identified in the context of safe teams and culture.

4.5 Safe Staffing, Safe Teams and Workforce Data

Significant work to improve reporting against safe staffing, safe wards as well as triangulation of key workforce data has been taken forward this year and progress reported through the board sub committees. Further work to improve intelligent reporting and triangulation is being developed to support workforce data analysis alongside patient safety. This has included the development of workforce supply and demand as part of the work across recruitment and retention. The work on the inpatient staffing baselines has also provided greater analysis on workforce usage and gaps.

Further improvements we have identified:

- We will continue to identify wards where greater support is needed due to availability of staff, percentage of temporary staff being used and ward leadership capacity and capability.

5. PATIENT

5.1 Patient & carer voice

The Trust has extensive patient and carer mechanisms for feedback which are formally reported across the organisation and within local teams. This includes the patient stories which are told across various forums, including Board of Directors. Progress with the triangle of care and carers charter has also been made, which we will continue to build on to ensure they are embedded across all areas of practice and included in staff clinical supervision. The Trust is active in key patient and carer support groups across communities which it will continue to support and engage in.

Further improvements we have identified:

- Continue to embed the triangle of care in areas where inherent risks of closed cultures are identified.
- Review the effectiveness of patient and carer voice in MDTs where patients are cared for in the most restrictive settings.
- Board visits to review how family and carer feedback can be obtained and included as part of the visit programme.
- Continue to share with the Board feedback and participation in patient and carer support groups across our communities.

5.2 Advocacy

The views of advocates and engagement in care and treatment plans is in place across the Trust and can be demonstrated through various elements of practice and patient reviews.
The Trust is working with inclusion north to improve the network and support for patient advocates across the system. This includes professional development and learning which we are supporting.

Further improvements we have identified:

- Consideration to be given to including in the Board of Directors cycle of work, dedicated time to engage directly with a representative group of patient advocates.

5.3 Peer support and peer support workers

The trust has made extensive progress with the development of the peer support worker role across all localities, including a robust infrastructure which has been established. The trust also has a range of peer support mechanisms which are also in place as part of the core ward activities.

Further improvements we have identified:

- The engagement of peer support workers in areas where inherent risk factors of closed cultures is high will be prioritised.
- Ensure the voice of peer supporters is included in team debriefs and post interventions where restrictions and or use of restraint has been required.

5.4 Complaints and PALS

All complaints are included in the weekly Trust wide Safety Group meeting and complaints are included in the safer care report. The internal audit recently carried out identified further work on sharing the learning end following up on actions was required and work is progressing to improve this consistently. The service user and carer experience report includes a wide ranging set of metrics and feedback received on a quarterly basis.

The PALS service is fully in place across three of the four localities, with support being provided to North Cumbria whilst recruitment to a permanent position is made. The PALS activity is reported via the quarterly report in terms of volume of activity.

Further improvements we have identified:

- Continue to embed the work on learning from complaints.
- Share the positive feedback received from patients to promote sharing of good practice.
- Use the intelligence from negative feedback and PALS activity to support prioritisation of peer reviews and Board visits.

6. CLOSED CULTURES

The Care Quality Commission set out four key indicators where inherent risks are identified:

Indicators	Inherent Risk factors
• **People may experience poor care, including unlawful restrictions**	• People in a service are highly dependent on staff for their basic needs. • People in a service are less able to speak up for themselves without good support, for example, in learning disability or children's services or care homes for people with dementia. • Restrictive practices are used in a service. • People remain in a service such as a mental health unit for months or years.
• **Weak leadership and management**	• The service sometimes runs without a manager or leader. Reasons for this include frequent changes in management and management responsibility for more than one site. • The workforce comprises members of staff who are either related or friends, causing 'cliques' to form. • There is a lack of openness and transparency between managers, staff, people using the service and external professionals and organisations. • Managers do not lead by example and governance is poor.
• **Poor skills, training and supervision of staff**	• There is a high turnover of staff. • There are consistent staff shortages. • There is a lack of suitable induction, training, monitoring and supervision of staff.
• **Lack of external oversight**	• The service is in an isolated location resulting in people using the service having limited access to community services and facilities and less opportunities for friends and family to visit. • The provider is operating at scale and/or nationwide with regional managers covering large areas.

6.1 Assessment of Culture

There are various assessment tools in place across the NHS and internationally for assessing patient safety culture. The CQC indicators set out in the table above have also been developed by some organisations into an assessment tool for wards and teams to populate through existing data sources.

As part of the work to implement the new national Patient Safety Incident Response standards, this will focus on the implementation of a 'just culture' which will require consideration as to how this is embedded across the Trust.

It is recognised as good if not essential practice for organisations to review regularly an assessment of its safety culture. This should include the Board as well as wider organisation to ensure safety values, leadership, attitudes and performance are regularly assessed. The safer care team will review the tools and approach take forward a formal assessment in 2023.

6.2 Mitigations we have in place against the warning signs

Throughout this report we have identified where there are opportunities for further improvement. In reviewing the specific indicators of closed cultures we have also identified four main areas of work to be progressed, which are summarised below.

6.2.1 Leadership

- Leadership Programme for 'clinical team managers' to be updated and relaunched.
- Management skills development programme to be updated and relaunched.
- Strengthen Board and senior leadership visibility to target where inherent risk factors of closed cultures developing are identified.
- Update the healthcare assistant leadership and support programmes.
- Review how the various safety culture assessments can further inform and support the work on safety culture development across the Trust and within teams.

6.2.2 Patient & Carer voice

- Patient, carer, family and advocate voice in secure settings and where restrictive interventions are used to be included in all cases.
- Where patients have been cared for within inpatient settings for significant periods of time, family and advocacy feedback to be actively sought as part of the patient and carer feedback process.
- Continue to embed triangle of care at every level across the organisation.

6.2.3 Values and behaviours in clinical practice

- Core principles of dignity in care policy to be updated in accordance with professional standards and guidance.
- Continue to embed the raising concerns and Freedom to Speak Up process.

6.2.4 Intelligent data to support what we 'see, feel and hear'

- Continue the work on intelligent reporting to triangulate key staffing, safety, patient interventions, and experience information in order to target leadership visibility and where additional support needs for teams can be put in place.

7. GOVERNANCE AND OVERSIGHT OF IMPLEMENTATION

It is proposed that the Quality and Performance Committee and where appropriate the People Committee oversee the implementation of the areas identified for further improvement. It is not proposed that an additional action plan is developed, alternatively we will ensure the areas are linked into and where necessary updated as part of our core programmes of work across workforce, safety and quality.

8. RECOMMENDATION

The Board of Directors are asked to:

a) AGREE the areas identified in this report for further improvement and implementation.
b) NOTE that the areas identified in this report will evolve as we shape how they are implemented with staff, patients and carers.
c) NOTE that this report will be shared with key stakeholders.
d) AGREE that the Quality and Performance Committee will oversee the progress against delivery.

References and links for further information:

NHS England Patient Safety Incident Response Framework:

NHS England » Patient Safety Incident Response Framework and supporting guidance

CQC – Closed Cultures:

How CQC identifies and responds to closed cultures - Care Quality Commission

NCISH – Safer Wards References:

display.aspx (manchester.ac.uk)

HOPEs Model

HOPE(S) Model :: Mersey Care NHS Foundation Trust

14. Infection Prevention Control Board Assurance Framework

Speaker: Gary O'Hare, Chief Nurse

References:

- 14. IPC BAF (November 2022 Board).pdf

Report to the Board of Directors
2nd November 2022

Title of report	Infection Prevention Control (IPC) Board Assurance Framework
Purpose of the report	For assurance
Executive Lead	Gary O'Hare, Chief Nurse / Accountable Executive Officer
Report author(s) (if different from above)	Liz Hanley, Associate Nurse Director Safer Care; Kelly Stoker, Head of Infection Prevention and Control

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	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

Infection Prevention and Control (IPC) Board Assurance Framework
Report to the Board of Directors meeting
2nd November 2022

1. Executive Summary

The Infection Prevention and Control (IPC) Board Assurance Framework (BAF), first issued by NHS England / Improvement (NHSE/I) in May 2020, is designed to help providers assess against IPC, as a source of internal assurance that quality standards are being maintained. The BAF was updated in December 2021 with additional areas identified for compliance. A further updated BAF is expected but has not yet been published.

This report covers Quarter 2 (July to September) 2022.

2. Covid-19

On 25th October 2022 the Trust Covid-19 position was as follows:

- There is one identified outbreak in the Trust (Cuthbert ward, Central Locality) and 11 patients positive for Covid-19 across the Trust.
- 60 staff members were absent due to Covid-19.

3. Nosocomial (Healthcare Acquired) Infections

There have been no other incidents of nosocomial infection or outbreaks in Quarter 2.

Learning/themes from Outbreak areas

Each Outbreak gives us the opportunity to review the key themes relating to practice and Trust processes that can be improved or reaffirmed. A summary of the learning since the last report is included below:

- Reaffirming that patients are only tested if they become symptomatic via PCR rather than LFT.
- Evidence of embedded learning in clinical service areas following previous outbreaks and good IPC practice has been noted.
- Staff engagement and good working relationships between the IPC team and ward staff has been noted. Staff members are informing the IPC team when patients are out of isolation, affording the IPC team the opportunity to ensure all cleaning measures have been completed and to address any outstanding issues.

4. Seasonal influenza and Covid-19 vaccination

It has been confirmed nationally that a Covid-19 vaccine should be offered to:

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care staff.

- All adults 50 years of age and over.
- Persons aged 5 to 49 years in a clinical risk group.
- Persons aged 5 to 49 years who are household contacts of people who are immunosuppressed.
- Persons aged 16 to 49 years who are carers.
- People on General Practitioner Learning Disability Registers.

With reference to Influenza ('flu), the national influenza immunisation programme 2022/23 is available here. Influenza vaccination remains an important priority this autumn to reduce morbidity and mortality associated with influenza and to reduce hospitalisations during a time when the NHS and social care may also be managing winter outbreaks of Covid-19 and other respiratory infections.

The Covid-19 booster vaccine and influenza vaccine are being offered to all inpatients and staff, including the employees of commissioned services and key partners, regular agency workers, volunteers and health and care students on placement in the Trust during the vaccination programme. Information to promote accessing vaccinations outside of the Trust has also been provided to these groups.

For staff, the model of vaccination incorporates Locality clinics, peer vaccination and roving vaccination. Inpatient and staff Covid vaccination commenced at the end of September and Influenza vaccination commenced on 10th October 2022, following receipt of the first delivery of Influenza vaccines on 7th October 2022.

The following vaccines are in use in the autumn Covid-19 booster campaign:

- Moderna (Spikevax bivalent Booster): for use in adults
- Pfizer (Comirnaty bivalent Booster): for use in adults for the autumn booster only and preferred for children 12 to 18 for the autumn booster
- Pfizer Comirnaty 10: for children aged 5 to 11 years for the autumn booster and for children aged 5 to 11 years who still require primary vaccination.
- Pfizer Comirnaty 30: vaccine is used for adults or children aged 12 to 17 years who still require a primary course of Covid vaccination only. This vaccine can be used for the autumn booster in this age group if Pfizer bivalent is not available

The Quadrivalent Influenza vaccine is being used in Influenza vaccination programme, with the relevant options for people under 65 years old, people over 65 years old, those who are vegetarian or vegan and people with egg sensitivity. The nasal spray Influenza vaccine will be used for the majority of children and young people from 2 to 18 years old.

5. Inoculation and sharps injuries

Four inoculation and sharps injuries were recorded in Quarter 2. Focused work is in progress to ensure that related good practice is reinforced and that specific incidents continue to be investigated effectively and any learning is shared.

6. Compliance

Trust level compliance has continued to be demonstrated across all IPC standards. The IPC team continued to raise awareness that staff needed to ensure that:

- All relevant IPC measures were in place.
- Personal Protective Equipment (PPE) stock was readily available to all staff.
- All staff who were caring for patients or working in an area where a Covid positive patient(s) had been cared for, were Fit Tested for a Filtering Face Piece (FFP3) mask.

6. Additional assurance mechanisms

- Monthly Trustwide IPC Assurance meetings were scheduled to take place during Quarter 2. July's meeting focused on Seasonal Influenza and Covid-19 vaccination planning and, although August's meeting did not take place, the meeting action log was reviewed so that the related actions were progressed. The Trust IPC Committee met in July 2022.
- The changes to asymptomatic staff testing were paused at the end of August 2022, as detailed in the Covid-19 report, in line with national guidance.
- 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.
- Covid: Gold Command, led by the Chief Nurse / Director of Infection Prevention and Control has continued to operate as a hub for rapid decision making in response to guidance impacting on safe clinical practices, Covid-secure workplaces and relaxation of control measures.
- Staff absence management continues to be a vital part of ensuring staff are assessed and return to work as soon as is practicable, in line with government guidance. Decisions about return to work are jointly undertaken by the Absence line and IPC team to ensure effective risk management.
- 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 this monthly through Locality Quality Standards meetings.
- The IPC team continues to undertake scheduled and as required Meetings with Clinical Nurse Managers, Ward Managers and Clinical Care Groups to discuss complex cases, cluster, and outbreak management. Support and guidance are offered for the practical application of 10-day isolation of patients, supported with LFD testing at Day 5 and 6 to end isolation early if negative on LFD and the patient is apyrexial.
- The IPC team provides advice support to all outbreak areas to review the appropriate use of Personal Protective Equipment.
- Multi-disciplinary IPC audits are being reintroduced to clinical areas.

- Planned IPC awareness-raising, for example relating to the importance of handwashing and the appropriate use of disposable gloves, is scheduled in readiness for winter.
- The IPC Team has delivered Covid-training to clinical and non-clinical teams on request and to reinforce safe control measures.
- The comprehensive roll out of Fit Testing of FFP3 masks continues to be led by the Trust FFP3 Mask Lead and Trainer, including the refit of new models of mask and fit testing for PAM referrals, multiple failure referrals and those with work related difficulties.

7. Conclusion

The Board Assurance framework provides assurance that:

- any areas of risk are identified and that corrective action is taken in response.
- National guidance impacting on Infection Prevention and Control standards is proactively reviewed and action taken to implement changes required across CNTW.
- organisational compliance has been systematically reviewed for other potential Nosocomial (Healthcare Acquired) Infections (HCAIs).

Infection Prevention and Control
November 2022

15. Staff, Friends and Family Report (Q2) Report

References:

- 15. Service User and Carer Experience report - Quarter 2 2022-23.pdf

Report to the Board of Directors
2nd November 2022

Title of report	**Service User and Carer Experience, Quarter 2 2022-23**
Purpose of the report	**For information**
Executive Lead	**Lisa Quinn, Executive Director of Commissioning and Quality Assurance**
Report author(s) (if different from above)	**Paul Sams, Feedback and Outcomes Lead, Commissioning and Quality Assurance**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a 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	26.10.22
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	24.10.22
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

CNTW Service User and Carer Experience Summary Report

Quarter 2 2022-23

Executive Summary

There was a reduction in feedback during quarter 2 when compared with the previous quarter. This reduction was due to the Trust being unable to send Points of You Surveys by mail due to an envelope supply issue for around 3 weeks.

The Friends and Family Test score for the quarter was 8.54 (out of 10) and represents an improvement on the previous quarter and is the same score as this quarter in the previous year.

Almost 75% of feedback received was positive in theme and represents a 2% increase on the previous quarter. The most common theme for positive comments was Patient Care with 1124 comments of the 3278 positive comments received during quarter 2.

Board are asked to note:

- Be aware that teams and wards are reliant on mailshot surveys as their main way of receiving feedback. Making service users and carers aware of all feedback options as part of everyday conversations could reduce the reliance on mailshot.
- 6 of 10 NHSE Specialist Services received some feedback during the quarter. Of the 6 teams that did receive feedback, 4 were in such small numbers that thematic analysis was not possible. Teams should proactively gather feedback to address this issue.
- Communications remains the dominant theme for negative feedback. Being Listened To also remains the most common sub-theme. Teams and wards with this type of feedback should explore the content of this feedback and make efforts to address this theme.
- Only 21 teams took the opportunity to create a ‘You Said-We Did’ poster during the quarter. This is less than 10% of the teams that could use this function. Teams that have not used the function are being made aware that they should look to incorporate it into their feedback process as soon as practicable.

Service User and Carer Experience Report

Quarter 2 2022-23

Ask section:
Points of You

During quarter 2 of 2022-23 the Trust received feedback through the Points of You (PoY) survey 963 times. This represents an 18.3% reduction on the previous quarter. The Trust was unable to send mailshot surveys for the early part of the quarter due to supply issues.

Locality	Quarter 2 (2021-22)	Quarter 3 (2021-22)	Quarter 4 (2021-22)	Quarter 1 (2022-23)	**Quarter 2 (2022-23)**
South	434	236	204	427	**393 (-8%)**
Central	312	173	181	306	**240 (-22%)**
North Cumbria	266	76	82	225	**142 (-37%)**
North	175	70	82	205	**178 (-13%)**
Others*	9	13	15	15	**10 (-33%)**

Table 1. PoY uptake by locality
*Include services not assigned to a locality.

Apart from July, when mailshot surveys could not be sent due to supply issues, mailshot was the most common method for people to complete the survey. Online surveys are the second most common method used. This follows the same trend as previous quarters.

Locality	Mailshot	Online	Hard Copy
South	210	67	116
Central	112	106	22
North Cumbria	86	48	8
North	102	34	42

Table 2. Locality breakdown of PoY received by type

NHS England (NHSE) Specialist Services

Team	Jul-22	Aug-22	Sep-22	Average FFT Rating
Perinatal Inpatient (Beadnell)	2	1	0	7.5
Mental Health and Deafness	0	0	0	NA
Gender Dysphoria Service	1	0	0	0
Low Secure Services (Adult)	0	3	0	8.33
Medium Secure Services (Adult)	12	17	9	8.38
CAMHS Ferndene	0	2	2	5.83
Lotus Ward	0	0	0	NA
CAMHS Medium Secure (Alnwood)	6	0	0	9.5
Eating Disorders (Inpatient)	0	0	0	NA
Eating Disorders (Day Service)	0	0	0	NA

Table 3. Points of You returns by month and average FFT rating for quarter

Patient Advice and Liaison Service (PALS)

Care Group	Q2	Q3	Q4	Q1	**Q2**
Central Locality Care Group	15	21	30	26	**30**
South Locality Care Group	3	4	1	2	**56**
North Locality Care Group	12	4	5	10	**12**
North Cumbria Care Group	NA	NA	NA	NA	**8**
Non Service Specific (NTW)	58	32	41	23	**102**
Total	88	61	77	61	**208**

Table 4. Inquiries to all PALS services during quarter 2 2022-23

NHS.net

During the quarter, the Trust received feedback twice though this platform. On both occasions the feedback discussed poor experiences, once for a crisis service and once for a Children and Young Peoples Service (CYPS).

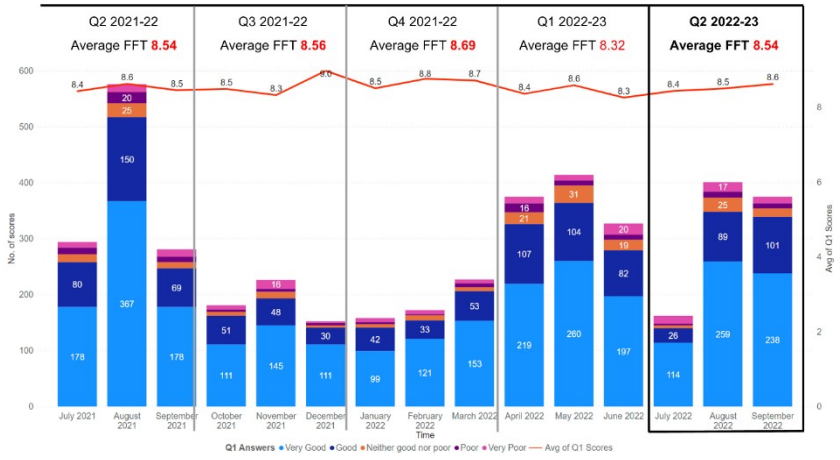
Care Opinion

This website has 4 stories that were posted during the quarter. Of these 2 were taken from NHS.net (discussed above).

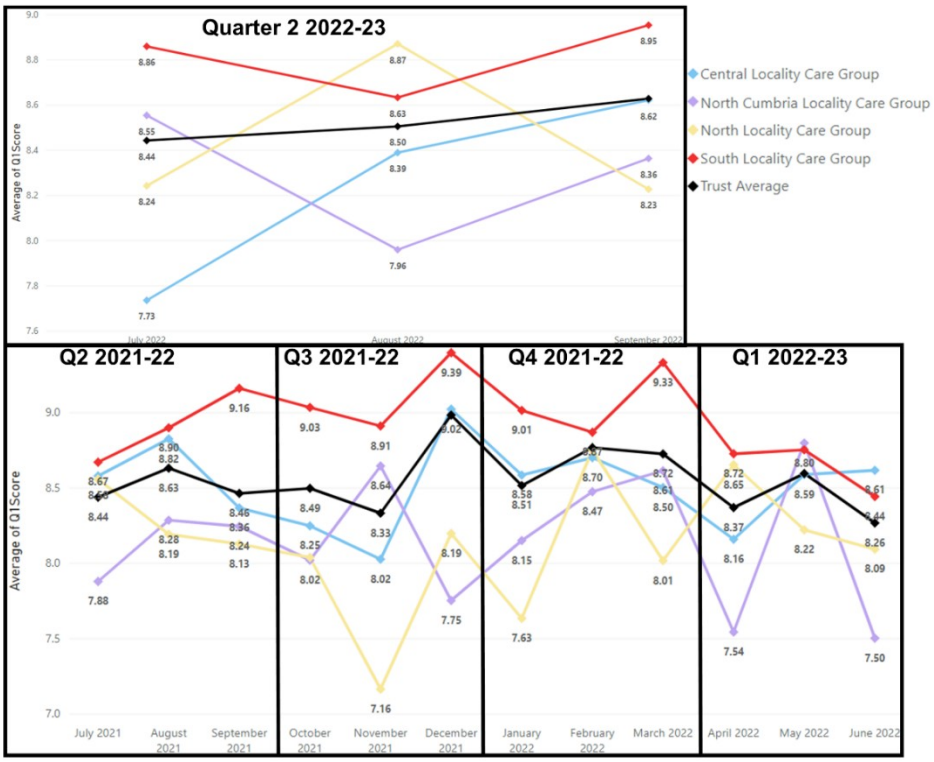
Healthwatch

There were no patient/service user experiences published on any Healthwatch websites during the quarter. However the Trust was contacted twice by North Tyneside Healthwatch, who shared service user feedback, which was responded to by the teams concerned.

Listen Section:
Points of You



Graph 1. Average FFT score in current and previous quarters of 2022-23



Graph 3. FFT by average score by quarter and month by locality and Trust average

Positively themed comments increased when compared with the previous quarter and are comparable with quarter 2 last year. Compliments have reduced slightly in comparison with the previous quarter but are comparable with this quarter last year.

Negatively themed comments make up almost 16% of comments, a reduction in comparison with the just over 19% last quarter. However, this is slightly higher than the normal range which appears to be around 14% per quarter

	Quarter 3 2021-22				Quarter 4 2021-22				Quarter 1 2022-23				**Quarter 2 2022-23**			
Theme Category	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		0.12%		0.70%		1.01%	1.50%	3.38%		1.11%	3.60%	3.02%		0.61%	4.40%	2.04%
Admissions and Discharges		0.06%		1.76%		0.21%		2.46%		0.18%	1.20%	1.65%		0.18%	1.17%	0.73%
Appointments		1.36%	4.65%	5.28%		1.06%	3.01%	5.23%	1.64%	2.22%	5.71%	6.32%	1.25%	1.89%	5.28%	6.13%
Clinical Treatment		0.25%	1.16%	0.35%		0.58%	0.75%	1.23%		0.59%	2.70%	1.36%		0.58%	2.35%	1.17%
Communications	29.17%	28.33%	28.49%	26.06%	15.63%	27.10%	22.56%	27.38%	21.31%	27.95%	25.83%	33.46%	25.00%	29.52%	28.74%	36.35%
Facilities		1.67%	12.21%	4.58%		1.81%	4.51%	12.00%		1.68%	6.61%	4.38%		1.04%	4.99%	4.23%
Other		0.62%	10.47%	0.70%		0.69%	32.33%	4.00%		0.13%	11.71%	0.49%		0.43%	3.52%	0.88%
Patient Care	25.00%	32.84%	27.91%	38.03%	37.50%	28.32%	18.80%	22.15%	20.49%	31.16%	30.03%	24.71%	33.75%	34.28%	31.09%	25.69%
Prescribing		0.19%	2.33%	1.41%		0.27%	1.50%	1.23%		0.31%	0.90%	1.36%		0.30%	2.05%	1.17%
Privacy, Dignity and Wellbeing		0.62%		1.06%		0.37%		0.31%		0.70%	0.60%	1.26%		0.88%	0.88%	0.15%
Staff Numbers		0.12%	4.07%	3.17%			1.50%	4.00%		0.08%	2.40%	4.18%		0.06%	2.64%	4.23%
Trust Admin/ Policies/Procedures		0.12%		0.70%		0.16%						0.49%		0.21%	0.29%	0.73%
Values and Behaviours	45.83%	33.40%	6.98%	10.92%	46.88%	38.04%	12.03%	11.38%	56.56%	33.33%	6.61%	7.88%	40.00%	29.31%	9.38%	7.59%
Waiting Times		0.31%	1.74%	5.28%		0.37%	1.50%	5.23%		0.54%	2.10%	9.44%		0.70%	3.23%	8.91%

Table 5. Themed comments by percentage for quarters 3 and 4 of 2021-22 and Quarters 1 and 2 2022-23

Positive themes (see appendix 2 for examples of positive comments)
Patient Care was the most common positive theme during the quarter with 1124 comments (34% of positive comments). The most common sub-theme was ‘General Quality’. This theme overtakes ‘Values and Behaviours’ as being the most common positive theme.

Communications was the next most common theme for positive comments with 968 (29.5% of positive comments). The most common sub-theme was ‘Being

Listened To' with 302 comments (31.2% of positive 'Communication' theme comments).

Values and Behaviours is the third most common theme for positive comments with 960 (29% of positively themed comments). This theme was the most common positive theme in the previous quarter. The most common sub-theme is 'Helpful/Caring/Friendly' with 450 comments (47% of positive 'Values and Behaviour' themed comments).

Negative Themes

Communications was the most common theme for negative comments, with 253 (36.5% of negatively themed comments). The most prominent sub-theme was 'general' communication comments with 56 comments, 'being listened to' was the next most common with 51 comments.

Patient Care is the next most common theme for negative comments, with 176 (25.4% of negatively themed comments). 'Quality of Care/Service' and 'General Quality' are the most common sub-themes for negative comments within this main theme with 27 comments for each.

Satisfaction by Demographic

Looking at the demographics of the service users and carers that submitted PoY surveys it shows that the following groups are having a less positive experience of CNTW services: (based on the responses received within Q2)

-Gay men average FFT score of 6.4 from 9 responses.
-People aged 45-54 average score of 8 from 127 responses.
-Asian/Asian British average score of 7.5 from 7 responses.
-Spiritualism average score of 5.4 from 6 responses.

NHS England Specialist Services

Medium Secure Adult Services

Category	Positive	Neutral	Negative
Values and Behaviours	27.03%	29.17%	10.81%
Staff Numbers	0.90%	16.67%	24.32%
Privacy, Dignity and Wellbeing			2.70%
Patient Care	49.55%	33.33%	21.62%
Other	1.80%		10.81%
Facilities			5.41%
Communications	20.72%	16.67%	21.62%
Admissions and Discharges		4.17%	2.70%

Low Secure Adult Services

Category	Positive	Neutral	Negative
Values and Behaviours	23.08%		
Privacy, Dignity and Wellbeing	7.69%		
Prescribing	7.69%		
Patient Care	38.46%		50.00%
Facilities			50.00%
Communications	15.38%		
Admissions and Discharges		100.00%	
Access to Treatment or Drugs	7.69%		

CAMHS Ferndene

Category	Neutral	Negative
Values and Behaviours		33.33%
Staff Numbers		16.67%
Patient Care	100.00%	16.67%
Communications		16.67%
Clinical Treatment		16.67%

CAMHS Medium Secure Services

Category	Positive
Values and Behaviours	18.18%
Patient Care	40.91%
Facilities	4.55%
Communications	36.36%

Table 6. Themes of comments by percentage for quarter 2 2022-23

Patient Advice and Liaison Service (PALS)

Due to changes in the delivery of services for PALS since the coronavirus pandemic, there are no drop-in sessions at any sites across the Trust. This means that patients and carers predominantly access support from PALS through phone calls and email contact.

NHS.net and Care Opinion
Of the 4 stories shared through these external platforms, 2 were in relation to crisis teams and discussed people feeling they were not listened to or their situation was not fully appreciated by the people they interacted with.

Healthwatch
Both teams (Alnmouth Ward and Community Treatment Team West (Longbenton)) were offered the opportunity to provide a response to the feedback offered about their service.

Do Section:

Action	Rationale	Status
Delivery of awareness sessions of PoY developments with staff.	Feedback and Outcomes Lead provides regular awareness sessions through group, service and team meetings to explain the feedback system and a guide to using the PoY dashboard.	Awareness session continue in all localities.
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 cannot navigate our feedback processes.	Work is ongoing to make the Trusts feedback offer more accessible to more people.
Roll out You Said We Did (YSWD) function on the PoY dashboard.	A roll out is ongoing, supported by posts in the Bulletin.	Efforts to promote the use of YSWD continue. Awareness sessions to teams and leadership meetings are planned across the Trust in the coming quarter.
Learn and Share Together (LAST) Collaborative	Lead in the development of good practice in feedback through collaborative working with stakeholders nationally.	Bi-monthly meetings including several Trusts, self-advocacy groups, service users and carers continue to offer opportunities to develop good practice that is inclusive of people with a learning disability and autistic people within the same conversation with mental health peers.
Review of the letter that accompanies a mailshot PoY	Feedback from carers of two people with a learning disability have suggested the letter is difficult to access for some people.	The letter will be reviewed in quarter 2 2022-23.
Review of PALS services by Deputy Chief Nurse	PALS services changed due to coronavirus restrictions, this has not reverted back to a pre-coronavirus offer. The North Cumbria locality has also not had a dedicated service since joining the Trust.	Engagement with staff and stakeholders will take place to explore what the PALS offer currently is and what people would like it to be.

Appendix1

Review of progress to make feedback more accessible to people with a learning disability and autistic people

During August 2021, a review of feedback for learning disability and autism services was caried out to get a baseline. The period looked at was February to July 2021 and showed that 8% (207 surveys) of the Trusts feedback was for these services. This included 17 teams or wards that deliver learning disability and autism specific service.

Since then there has been engagement work though the Learn and Share Together (LAST) Collaborative, a national discussion forum that bring service users, carers, self-advocates and service providers together to explore communication barrier.

Through this work, it was identified that:

- People can be scared to give negative feedback for fear it might negatively impact on the care received going forward, or even lead to it being withdrawn.
    - We co-developed a statement with self-advocates to explain that all types of feedback are welcomed and will not lead to care change that is negative.
    - The statement is displayed as the first thing people see on the feedback webpage as well as being incorporated into the new feedback poster that is currently being delivered to all teams.
- People said it was unclear what the options for feeding back were and guidance on which to use was complicated or missing.
    - We developed a new feedback landing page with all options clearly listed as either internal or independent, we included a brief description for each one to help people choose the right option.
- It was identified that you needed a code that was not readily available to feed back through the online Points of You survey.
    - We included a dropdown list of all teams and wards.
    - The list can be navigated by starting to type the team name into a search bar.

Current situation

When looking at the period since the baseline was conducted (August 2021 – September 2022), the Trust received 4,156 Points of You surveys. 383 (9.2%)of these were relating to 18 learning disability or autism specific teams.

This improvement could be considered modest, however it is a step in the right direction. Teams and wards would support a future increase by making feedback part of everyday conversations with service users and carers.

It is reassuring to note that satisfaction ratings and thematic data is very similar to the Trust averages.

Appendix 2

Examples of positively themed comments by dominant theme

Some examples of compliments and positive comments from the Patient Care theme:

'My Son has been with CYPS for around 4/5 years & it did take a while to get him on the assessment path, the staff have been a big help in our lives though' – South Tyneside and Sunderland Children and Young Peoples Services.

'They explained everything that was going to happen when I moved to supported housing. This made everything less stressful for me.' – North Cumbria Psychiatric Liaison Service.

'I've been privileged to have the support from the team, everyone I've worked with have been amazing and helped me reduce my alcohol as well as getting me through the worst time of my life.' – Newcastle Treatment and Recovery.

Some examples of compliments and positive comments from the communications theme:

'I have been asking for help for 6.5 years the PLT made things happen because they listened and took the time to work out with me what I needed' – ALIS -East Liaison Service.

'I feel like I could give my views and they were heard. My specific situation was understood and a timely service provided that held in my mind my confidentiality as a mental health professional' – Adult ADHD Service.

'the staff involved in my case were amazingly helpful. Not only did they listen, they helped me to identify the issues contributing to my illness and supported me in the decisions I took to deal with them.' – Sunderland South Community Treatment Team.

Some examples of compliments and positive comments from the values and behaviours theme:

'nice friendly staff, helpful to talk to another ex-addict who understands' – Veterans Service.

'David and Stella were very friendly and answered any questions I had even though I 'Talked and Talked'' – Community Autism Assessment Service (North Cumbria)

'Beautiful set of people. super nice and caring' – Ward 4 (Walkergate Park)

Appendix 3

Examples of negatively themed comments by dominant theme

Some examples of negative comments from the Communications theme:

'THEY HAVE AN AGENDA AND STICK TO IT NO MATTER WHAT YOUR CIRCUMSTANCES ARE, YOU ARE NOT TREATED AS AN INDIVIDUAL' (written in block capitals) – South Tyneside Community Treatment Team (Psychosis).

'I PLEADED with CNTW repeatedly to listen to us - the persons parents - as we know what the issues are and what will work and what will not work but we were told we are not 'professionals' and were not listened to. As a result we (the parents) have had to pick up the pieces and try as best we can to manage the situation - which is extreme and high risk and could have been entirely avoided by better management.' – Fellside.

'They hear what they want too hear. Also typing on a laptop whilst conducting an assessment just doesn't work. They can't be focused on what's being said whilst typing. How can they engage when they aren't focused.' – Community Mental Health Assessment and Recovery Team (Copeland).

Some examples of negative comments from the Patient Care theme:

'the staff don't always understand the needs of the people or try to address the issue at hand. in the long term sense, Ferndene is arguably a lot more detrimental to a person's mental health the longer they stay here' – Redburn

'I was told to phone the police or have a bath and a cup of tea when I was struggling.' – Northumberland Children and Young Peoples Service.

'This service is ticking boxes and has lost its purpose which is to help people.' – Adult ADHD Service.

16. Guardian of Safe Working (Q2) Report

Speaker: Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive

References:

- 16. GoSW Board Report Q2 July to September 2022 FINAL.pdf

Report to the Board of Directors
Wednesday 2 November 2022

Title of report	**Guardian of Safe Working Quarterly Report July to September 2022 – Q2**
Purpose of Report	**Information**
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	
Audit	
Mental Health Legislation	
People Committee	26.10.22
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	24.10.22
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
N/A

Board of Directors
2 November 2022
Guardian of Safe Working Quarterly Report – July to September 2022 – Q2

1. Executive summary

This is the Quarterly Board report for the period July to September 2022 for 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 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.

There are currently 154 trainees working into CNTW with 154 on the new Terms and Conditions of Service (TCS) via the accredited training scheme via Health Education England. There are an additional 11 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Research/Clinical Fellows.

High level data

Number of doctors in training (total): 154 Trainees (as at 30th September 2022)

Number of doctors in training on 2016 TCS (total): 154 Trainees (as at 30th September 2022)

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 Medical Education Team

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

Trust Guardian of Safe-working Hours: Dr Clare McLeod

Risks and mitigations associated with the report

- 12 Exception Reports raised during the period July to September 2022. All 12 were due to hours and rest with TOIL being granted for 2, payment was made for 5 and 5 are yet to be responded to.
- 4 Agency Locums were booked during the period covering vacant posts.
- 248 shifts lasting between 4hrs and 12hrs were covered by internal doctors.
- On 36 occasions during the period the Emergency Rotas were implemented (either by rota collapse or training rota covering a shift).
- 3 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.

3. Recommendation

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

Dr Clare McLeod
Guardian of Safe Working

12.10.2022

Exception reports (with regard to working hours)

		Exception Reports Received July to September 2022				
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	3	3	0
CT1-3	NGH/CAV	0	0	0	0	0
CT 1-3	St George's Park	0	0	1	1	0
CT 1-3	GHD/MWM	2	1	0	3	0
CT 1-3	Cumbria	3	0	2	5	0
ST4+	North of Tyne	0	0	0	0	0
ST4+	South of Tyne	0	0	0	0	0
ST4+	CYPS (NR)	0	0	0	0	0
Total		**5**	**1**	**6**	**12**	**0**

Work schedule reviews

During the period July to September 2022 there have been 12 Exception Reports submitted from Trainees. All for hours and rest; the outcome of which was that TOIL was granted for 2 cases, payment made for 5 cases and 5 cases are still to be responded to.

a) Locum bookings - Agency

Locum bookings (agency) by department			
Specialty	July	August	September
SNH	0	0	0
SGP	0	2	0
CAV	0	0	0
Cumbria	0	0	0
HWP	0	2	0
Total	**0**	**4**	**0**
Locum bookings (agency) by grade			
	July	August	September
F2	0	0	0
CT1-3	0	4	0
ST4+	0	0	0
Total	**0**	**4**	**0**
Locum bookings (agency) by reason			
	July	August	September
Vacancy	0	4	0
Sickness/other	0	0	0
Total	**0**	**4**	**0**

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	32	19	12	7	0	13
SGP	29	11	4	14	0	11
MWM/GHD	19	17	14	0	0	5
Hopewood Park	50	29	8	25	0	17
RVI	27	17	12	12	1	2
NGH	24	12	9	2	1	12
Cumbria	13	4	4	7	2	0
North of Tyne	13	5	4	9	0	0
South of Tyne	41	11	19	20	1	1
CAMHS	0	0	0	0	0	0
Total	**248**	**125**	**86**	**96**	**5**	**61**

* 125 shifts were offered at an enhanced rate of £50 for 1st & £60 for 2nd oncall rotas

c) Vacancies

Vacancies by month					
Area	Grade	July	Aug	Sept	
SGP	CT GP F2	1	1	1	
SNH	CT GP F2	2 1			
HWP	CT GP F2	1	2 2	2 2	
NGH	CT GP F2	1	1	1	
MWH/GHD	CT GP F2	1			
Cumbria	CT GP F2	1			
TOTAL	CT GP F2	5 1 2	3 2 1	3 2 1	

d) Emergency Rota Cover

Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rotas 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	0	0	0
	SOT	0	0	0
	SGP	0	3	0
	SNH	2	2	0
	RVI	1	1	0
	GHD/MWM	2	1	0
	Cumbria	0	0	0
	HWP	0	4	0
	NGH	0	3	0
Total		5	14	0

Please note – the 3x rota collapses at SGP were due to nobody being on the 10-4 shift so the long day trainee was paid additional for covering on their own

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

- *The higher trainee rotas cannot be collapsed as such and cover was arranged as follows by Consultants sharing the work amongst them during the shift. The consultants were paid accordingly for this work.

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	SGP	2	0	2
	SNH	6	0	0
	RVI	1	1	0
	GHD/MWM	1	0	0
	Cumbria	0	0	0
	HWP	0	2	3
	NGH	0	0	0
Total		10	3	5

f) Fines

There were no fines issued during this quarter.

Issues Arising

The increase in number of shifts covered by internal locums due to sickness, adjustments or rota gaps has continued this quarter. 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 doctor rota, so there is no facility to combine with another rota or for the doctor on the training rota to cover (due to geography); discussions are taking place as to how best to manage gaps in this rota. Similarly, gaps in the second on-call rota can be

difficult to cover, particularly weekend shifts. Consideration of how best to manage such gaps in the higher trainee rotas are on-going.

There have been 3 IR1s submitted for inadequate medical handover this quarter, a slight decrease from last quarter (April - June – 5 IR1s for inadequate medical handover). These IR1s are collated by Medical Education staff and the Director of Medical Education (DME) and are reviewed through the GoSW forum. It would seem that this continues to represent a gradual fall in numbers and reflects improvement in practice; the GoSW has fed 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 how to complete an IR1.

There have been 12 exception reports submitted in this quarter, which slightly down on the last quarter when there were 17 exception reports submitted. This follows a trend in lower than usual numbers of exception reports in August (in 2021 we saw a similar pattern when there were no reports in August) which may partially due to the August Junior Doctor rotation and new trainees to the Trust not being familiar with the system. It is encouraging that the number of exception reports for September 2022 is more in keeping with our average monthly numbers.

Medical staffing have now appointed a second rota coordinator. Junior doctors have indicated that they find writing the rotas time consuming and stressful; the appointment of these two new colleagues will remove this but still allow for the trainees to be involved as rota representatives with their knowledge of the posts and current junior doctors working preferences.

The GoSW forum has continued as a hybrid model since COVID restrictions were eased and plans to continue to run this way making it more accessible for all trainees to attend.

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.

Dr Clare McLeod
Guardian of Safe Working
September 2022

17. Raising Concerns Report

Speaker: Lynne Shaw, Executive Director Workforce and OD

References:

- 17. Raising Concerns Whistleblowing Report - April to Sept 2022.pdf

Report to the Board of Directors
Wednesday 2 November 2022

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	26.10.2022
Mental Health Legislation	
People Committee	26.10.2022
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	24.10.2022
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

Raising Concerns and Whistleblowing Report
Board of Directors Meeting
Wednesday 2 November 2022

1. Executive Summary

The purpose of this paper is to provide a summary of whistleblowing cases/concerns raised over the period from 1 April 2022 to 30 September 2022.

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 Guardian (FTSUG) are also included. Additional concerns are raised and dealt with informally at a local level by operational managers and these concerns are not logged centrally.

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

During the period identified, 40 issues have been raised either centrally or with the FTSUG. This is an increase of 9 compared to the previous period. Out of the 40 concerns raised ten have been categorised as 'whistleblowing'.

There has been an increase in the number of concerns linked to patient safety.

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 are predominantly linked to safety with staffing levels seeing the highest number of concerns raised. A number of those have

been received via the Care Quality Commission (CQC) and have been responded to appropriately.

In addition, there have been a few concerns regarding patient care linked to discharge processes and care plans. Assurances have been provided regarding reasons for delayed discharges and the requirement to ensure care packages are in place.

In the previous two reports morale and motivation of staff had been a theme. This theme has not appeared in this report.

The Trust Board is fully sighted on the current challenges, particularly around vacancies and the use of temporary staff. There are a number of initiatives in place linked to the recovery priorities which aim to improve the current position, including:

- Recruitment and Retention Taskforce
- Weekly Agency Control Meetings
- The inpatient staffing baseline reset for 2023/24
- Introduction of a Wellness Support Team
- On-going local, national and international recruitment drives
- The introduction of recruitment and retention incentives
- CNTW Academy developments and programmes to “grow our own”
- Review of clinical models, new ways of working and new roles
- System-wide discussions on delays to transfer and discharges.

There remains concerns raised by people who are involved in Trust disciplinary and grievance processes. Work is ongoing to review the feedback process and close the loop so staff are satisfied issues have been addressed whilst maintaining the requirement for confidentiality.

There are 8 cases which remain open for the period, of which 7 are being overseen by the FTSUG. 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 is also one case which remains open centrally whilst investigations are ongoing.

In addition to the regular information contained in this report, members of the committee will be aware of the work being taken forward in response to the Panorama programme. Part of this work will include how we triangulate raising concerns information with other key safety data from a ward and team perspective.

There is a new National Raising Concerns Policy launched which the Trust is looking to adopt. Feedback from the National Guardian’s office suggests that in using a fair blame paragraph in policies it may deter people from speaking up. Therefore, the Trust has decided to remove the fair blame paragraph from Trust polices. There will, however, remain an amended paragraph in the incident policy regarding responsibilities about raising concerns. Due to the significant number of polices which contain this paragraph, as they come up for review the paragraph will be removed.

The current Freedom to Speak Up Guardian will shortly be stepping down from his role and following a recent recruitment process two new Guardians have been appointed to share the role.

The number of cases raised remains to be of an average number for a Trust of this size. The FTSUG 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 FTSUG 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 2022

Summary of Cases Logged Centrally and with FTSUG 1 April - 30 September 2022

Type of Case	Concern	Whistleblowing
Values and Attitude	5	0
Policies and procedures	7	0
Safety	9	10
Bullying and Harassment	9	0
TOTAL	30	10

Concerns Logged Centrally 1 April - 30 September 2022

Status	Date Received	Incident Summary	Concern/ Whistleblowing	Locality	Outcome
Closed	06/04/2022	Safety – staffing levels	Whistleblowing	North Cumbria	Investigated and assurances provided
Closed	07/04/2022	Safety – staffing levels	Whistleblowing	South Locality Care Group	Investigated and assurance provided
Closed	07/04/2022	Safety – patient care	Whistleblowing	North Locality Care Group	Investigated and assurance provided
Closed	07/04/2022	Bullying and Harassment – manager	Raising Concerns	North Locality Care Group	Reviewed in group and concerns addressed
Closed	07/04/2022	Safety – staffing levels	Whistleblowing	Central Locality Care Group	Investigated and assurance provided
Closed	11/04/2022	Safety - patient care	Whistleblowing	North Cumbria Locality Care Group	Investigated and assurance provided
Closed	20/04/2022	Safety - staffing levels, fire on ward	Whistleblowing	North Locality Care Group	Investigated and assurance provided
Closed	13/05/2022	Safety – staffing levels	Whistleblowing	Central Locality Care Group	Investigated and assurance provided
Closed	23/05/2022	Bullying and Harassment – colleague	Raising Concerns	South Locality Care Group	Concern addressed in group
Closed	23/05/2022	Bullying and Harassment – colleague	Raising Concerns	Central Locality Care Group	Reviewed in group and concerns addressed
Closed	15/06/2022	Safety – patient care and staffing levels	Whistleblowing	Central Locality Care Group	Investigated and assurance provided

Closed	17/06/2022	Safety – staffing levels	Whistleblowing	Central Locality Care Group	Investigated and assurance provided
Closed	05/07/2022	Safety – Patient care	Raising Concerns	South Locality Care Group	Investigated and assurance provided
Closed	06/07/2022	Safety – Patient care	Raising Concerns	North Cumbria Locality Care Group	Investigated and assurance provided
Closed	19/08/2022	Safety – Patient care	Raising Concerns	South Locality Care Group	Investigated and no case to answer
Closed	24/08/2022	Safety – substantive staffing levels	Whistleblowing	North Locality Care Group	Investigated and assurance provided
Closed	30/08/2022	Safety – theft personal belongings	Raising Concerns	North Cumbria Locality Care Group	Investigated and no case to answer
Open	07/09/2022	Values and Attitudes	Raising Concerns	Central Locality Care Group	Investigation ongoing

Cases Logged with FTSUG 1 April - 30 September 2022

Status	Date Received	Incident Summary	Locality	Outcome
Closed	10/04/22	Policy and Procedure – investigation process	Corporate	Reviewed and satisfied robust and appropriate procedure followed
Open	27/04/22	Bullying and Harassment – race related	Trustwide	Referred to Trust Equality and Diversity Lead. Trust looking to change reporting processes
Open	27/04/22	Safety – working practices	Cumbria	Medical Director is reviewing concerns
Closed	04/05/22	Bullying and Harassment – protected characteristics	Trustwide	Referred to Equality and Diversity Committee for monitoring and discussion regarding appropriate responses
Closed	05/05/22	Bullying and Harassment – service user to staff, protected characteristic	North Cumbria	Referred to line manager for support
Closed	09/05/22	Policy and procedure – investigation process	North Cumbria	Requested manager give feedback
Closed	16/05/22	Policy and procedure – management supervision	North Cumbria	Referred to Workforce Manager and resolved
Closed	18/05/22	Safety – discharge process	Central	Reviewed no further action needed
Closed	22/05/22	Policy and procedures – staffing levels and annual leave	North	Referred to Workforce Manager and resolved
Closed	21/06/22	Values and attitudes - discrimination	Corporate	Referred to Equality and Diversity Lead – reasonable adjustment in place, no discrimination identified
Closed	27/06/22	Values and attitudes – relationship breakdown	Corporate	Resolved utilising Respectful Resolution materials

Open	13/07/22	Safety – discharge process	Trustwide	Reviewed no further action required
Closed	18/07/22	Policy and procedure – fitness to practice investigation process	North	Referred to Group Nurse Director and Chief Executive and was resolved
Closed	18/07/22	Safety – observations policy not being followed	Central	Passed onto ward manager for investigation and was resolved
Closed	01/08/22	Values and attitudes – breakdown of relationship	Corporate	Resolved utilising Respectful Resolution materials
Open	04/08/22	Values and Attitudes – lack of compassionate care towards service users	Central	FTSUG awaiting further details
Closed	04/08/22	Policy and procedures – investigation process	Corporate	Assurance provided policy had been followed
Open	08/08/22	Bullying and Harassment - protected characteristics	North	Referred to the Equality and Diversity Lead and the Group Head of Workforce.
Open	24/08/22	Policy and procedure – investigation process	South	Provided assurance correct process was being followed
Closed	14/09/22	Safety – concern about care offered to family member	North	Signposted to PALS
Open	27/09/22	Bullying and Harassment – manager	Corporate	Signposted to the grievance process
Closed	29/09/22	Policy and procedure – recruitment promotions process	North	Referred to Group Director and to Workforce Manager who have resolved

18. CNTW Academy Annual Report

Speaker: Gary O'Hare, Chief Nurse

References:

- 18. Academy 3rd Annual Report Sept 2021 to Sept 2022.pdf

Report to the Board of Directors
2 November 2022

Title of report	**CNTW Academy Annual Report**
Purpose of the report	**For information, discussion or decision**
Executive Lead	**Gary O'Hare**
Report author(s) (if different from above)	**Gail Bayes, Deputy Director, Academy Development** **Marc House, Associate Director, Academy**

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	
People Committee	28.10.22
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	Planned for 28.11.22
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description) : none

CNTW Academy
3rd Annual Report
September 2021 to September 2022

1. Executive Summary

Another successful year for CNTW Academy is summarised in this third annual report. As seen across the Trust, Covid 19 restrictions had a direct impact on some areas of Academy functioning, but significant progress has been made in other areas to support the Trust's workforce plans, professional strategies and future business continuity and sustainability.

2. Main Body of the Report – 4 Sections

Section A - Impact of Covid 19.

There were two main areas of Academy work directly affected by the variable restrictions of Covid 19 from September 2021 to March 2022.

- The apprenticeship levy was expected to be fully spent (break even) by March 2022 based on predicted uptake of new apprenticeships. This did not happen. CNTW ended the 2021/22 financial year with an under-use of £240k* against the apprenticeship levy of circa £1.3m. HEE national reporting shows this figure to be £540k. (*This is further detailed and explained on page 6)
- The Health Education England Continuing Professional Development (CPD) Income for 2021/22 (£910k) saw an under-spend of £500k at the end of the financial year due to two main issues.

- Third party providers including local Higher Education Institutes and private training companies being unable to provide training due to the rules around lockdown.
- Delivery that did go ahead was mostly delivered remotely, at a significantly reduced cost. The availability of staff to attend training was also an influencing factor due to the reduced availability of staff over the pandemic.

Section B - Brief recap – a summary of the 2021/22 work plan and outline achievement (from annual report September 2021)

	Broadly achieved
Consolidation of recent developments at the core of Trust learning such as Teams teaching and e-packages	Yes
Development of more advanced technology such as virtual reality and simulation	Yes
Further development of Accredited Learning Modules	Yes
Realignment and redevelopment of existing Academy staff and skills to new roles, and developments in new areas	Yes and continuing
Expansion of the Nursing Academy pathways	Yes

Section C - Progress and achievements 2021/22 – Main focus of the report

As originally planned, the Academy continues to work without having a strategy of its own. This is a deliberate move, designed to ensure innovation and developments fit comfortably and pragmatically alongside organisational day to day need and plans. The Academy has an organic work-plan to move in a broad direction which evolves and develops around organisational need to serve the overarching Trust Strategy, and its Workforce and Professional Strategies.

There are seven main areas of achievement to highlight in 2021/22

I. Learning and Development

To recap, the Academy moved away from offering a pick-list of available training to the various Trust staff groups to being more of a bespoke provider of learning opportunities to individuals and teams which support individual job role competence requirements and workforce development plans.

With the continued impact of Covid during 2021/22, tutors worked flexibly and innovatively to deliver the essential face to face updates (e.g. PMVA sessions), whilst expanding their Teams skills to deliver interactive e-sessions where discussion enhances the learning (e.g. Mental Health Act sessions). The Academy continues to deliver key training to support CQC “must do” actions which includes Learning Disability and Autism training. Trainers are offering additional sessions in all topics to support the Covid recovery plan at the same time as delivering new ‘must do’ actions such as Safeguarding Adults and Children Level 3 which is essential for all staff and delivered over a full day. The Academy Team is still waiting to regain the Academy premises and teaching facilities that were available pre-pandemic that will allow them to offer some new innovative training face to face such as physical health skills.

Digital learning skills in the Academy have progressed significantly in the past year. The Digital Learning Team (there are 2 individuals in this team), have developed their skills extensively and have designed and developed a number of e-learning packages one of which has been picked up nationally. They have produced a number of animations and videos to support services internally and externally to the trust. When

the Academy regains its facilities the team will be producing its first podcasts on behalf of services in the trust. The work of the Digital Academy continues to be sought after and we will be looking to expand the team in the future.

Cost effectiveness is a key element of the Academy delivery plan. The Trust took the decision in mid-2018 to move away from as much face to face training as possible, offering the alternative of e-learning which at the time was mainly a national system and came with its own challenges of being somewhat clunky. However, even with these challenges, the benefits of time saved and that additional time being returned to front-line clinical care and support structures were believed to be of greater benefit than keeping the predominantly classroom-based learning for all.
The transition happened by early 2019 and was predicted to save in the region of £400k per year.

At that time, the concept and impact of Covid was not imagined by anyone. The fact that CNTW made that move when it did put the organisation in a prime position to have developed better technological approaches to learning by 2020, and most certainly to quickly adopt and take advantage of the newly emerging technology in the past two years.

A recent staff poll (July 2022) indicated that staff were in favour of continuing with certain topics being delivered via Teams as we move forward, and expressed that this was due to a number of reasons including zero travel time and general convenience. Some staff reported that they would wish to return to face to face training for certain topics where they believe the face to face model allows for better sharing and communication. With this in mind the Academy team intend to offer a mixed model of delivery moving forward, once the Academy premises are available.

Today's cost savings - An outline analysis by colleagues in the finance and innovation teams has shown an indicative saving of £1.9m per year from 2019 to the current date, based on both the original plan to move to e-learning, but also the necessary additional changes of using technology more efficiently and effectively since the Covid restrictions were imposed. This saving reflects the former NTW footprint as pre-2019 comparisons could only be made based on NTW data. Adding in the North Cumbria footprint brings the estimated savings to circa £2m per year.

Within the Academy, roles of tutors and support staff have significantly changed and developed to take account of the changing needs of the organisation. Some roles have been widened to include new skills, other have been transformed into different directions as outlined in the previous section.

As the wider health economy returns to normal business continuity, the Academy is supporting the Trust with new approaches and the sharing of expertise – eg with Primary Care Networks

II. Accredited Learning

To recap, in late August 2020, CNTW Academy became an Accredited Learning Centre (ALC) in its own right. This means it is quality assured to offer bespoke 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.
Crucially, accredited learning requires assessment of assimilated knowledge, and demonstration of comprehension and competence, by individuals submitting a portfolio of evidence and/or written accounts, marked to a national academic standard.

We are accredited by AIM (previously 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.
Our most recent inspection in April 2022 was exceptionally positive, with particular emphasis given to the unique, authentic and high-quality work produced by staff enrolled onto approved programmes. As a result, CNTW ALC was awarded 'direct claims' status across all approved programmes, which enables a smoother certification process once assessment decisions have been made.

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 recruitment and retention initiatives.

A huge achievement during the past 12 months is the development and implementation of an **Academically Accredited programme of Preceptorship for Newly Registered Nurses (NRN)**. This is a prime example of the Academy responding to the professional and workforce strategies of the organisation as this development was a huge part of Recruitment and Retention initiatives, as well as being a key quality indicator in the Professional Nursing Strategy. The Accredited Preceptorship is available at either level 6 or 7, allowing the NRN to either continue studying at degree level, or to expand their achievement and gain a qualification at masters' level. For those who qualify at Masters' level to begin with, it gives added academic credits at level 7 to enhance a future career pathway
The first cohort of 30 began in April 2022 and it is expected that circa 120 NRNs will complete this each year. The aim is to expand the accreditation to include other professional groups as 2023 progresses.
A bespoke programme is also available for our International Nurses (first cohort of 9 individuals due to commence in autumn 2022) which creates a stepping stone of academic equivalence from their original overseas qualifications to credits at UK recognised levels.

It is important to recognise the difference between an Academically Accredited Course (such as Preceptorship) and Accreditation for the quality of a teaching programme.
An Academically Accredited Course requires

- a full process of governance
- bespoke academic writing of units
- academically credible senior lecturers (university equivalent) to oversee, deliver, tutor, mark and govern
- clinical experts to deliver the professional expertise and credibility
- being subject to external inspection

The reward is the nationally recognised academic credits for the individual staff member and the kudos for the Academy, the Clinical Services, and the Trust.

Alternatively*, Accreditation (Quality Mark Recognition)* of an existing programme of teaching can be achieved from AIM which inspects the key elements of the teaching and assessment of learning, and recognises the quality therein.
This is not a nationally recognised achievement for the individual but is a mark of quality recognition for the Team/Trust providing the training. The Accredited Learning Centre is currently working with a small number of teams around acquiring this recognition for their work in medical leadership and a range of shorter multi-disciplinary courses.

Post-Graduate Certificate (PGC)
PGCs can only be awarded by Higher Education Institutes (Universities) and consist of 60 credits at Masters' level 7. Whilst the ALC *can and does* award credits at level 7 (modules of 20 or 30 credits), in recognition of a minimum of 12 months of work to achieve 60 Masters' level credits, CNTW took the decision that these awards should be done in partnership with a University.
There are various routes to this partnership approach which allows the Academy/Trust to retain ownership and governance of the subject matter, clinical expertise and teaching skills whilst gaining the wider governance of an additional external reference point for the award of a PCG. It also allows the individual to have the added prestige of a University Certificate.

Reducing Restrictive Interventions was the first PGC venture into this partnership approach with University of Cumbria. Developed jointly with TEWV, but governed and managed entirely from CNTW, it is entering its third year. There have been a number of changes and learning curves along the way. Introduced in September 2020 during the first year of Covid restrictions, there were 14 graduates from the first cohort across CNTW and TEWV. The second cohort of September 2021 was due to graduate in July 2022 but has an extended end date of December 2022 due to the severe staffing shortages across the NHS in winter 2021/22. 14 graduates are expected in December 2022
September 2022 sees the third cohort of 33 individuals starting with a small number of learners from across the national RRI networks. As this third cohort progresses, a discussion with University of Cumbria will happen to revisit the contract and look at options to expand further to national network applicants.

A note on costs - An average PGC with any university costs in the region of £2,500 to £3,500. With our partnership approach our costs are considerably less as the written materials are packaged, taught and tutored by the Trust, with the university providing external governance and awarding rights of the PGC.

It is likely the contact with Cumbria University will need to be re-written with a higher fee applicable to national applicants – once this is fully understood by late 2022, we can adjust price and expectations accordingly.

In-Patient Nursing is the second venture into partnership PGCs. This is in its infancy and is pursuing a similar but different route to a PGC with University of Cumbria, the main difference being more ownership of the process by CNTW as our confidence and expertise within the ALC grows. It is expected to be available by early summer 2023.

There is a cost to all Accredited Learning and the provision of Partnership PGCs. This is addressed later in the report

III. Apprenticeships
Apprenticeships continue to be a key focus in the Academy and across the Trust. There has been a decrease in some numbers in the past 12 months at levels 2 and 3, and an increase in attrition across all programmes from 6% to 10%. We have also seen small increases elsewhere resulting in a similar numbers at the end of each year.

The figures in this table are taken from the annual HEE report on apprenticeship numbers and will appear in several HEE-related reports nationally

March 2021	**Total** numbers enrolled on all apprenticeship courses at a fixed time	Numbers of **new apprenticeships** started as a % of total workforce	Public sector target (**new apprenticeships**) of 2.3% of the total workforce met?
	464	3.22%	yes
March 2022	477	2.64%	yes
September 2022	483	The percentage figure is only calculated by HEE in March of each year and is a complex formula taking account of headcount, whole time staff, new employees and leavers during the year.	tbc in March 2023. Expected to be met.

CNTW is one of only 2 Trusts in the region that have consistently met the Government's annual target since 2018 of supporting a minimum of 2.3% of the workforce in a new apprenticeship role each financial year. Whilst the target in terms of numbers and percentages has been met again for March 2022, there is a notable drop in apprentice levy use, as highlighted on page 1

This can be attributed to 5 main areas

- **Increased attrition rate across all programmes in 2021/22** – there were an increased number of withdrawals and breaks in learning being agreed during this period, and our attrition rate has increased across all apprenticeship programmes to circa 10% in 2021/22. This means less staff on active apprenticeships and less funds being spent. The dire staffing situations and lockdown restrictions from 2020 into 2021/22 were cited in almost all of these cases from individual staff.
- **Increased headcount for the organisation/ Increased Levy contributions** – CNTW has had an increased head count during 2021/22, rising by 400+ over the year. Increased head count has meant an increase in our Levy contributions, rising by £100,000 across the year
- **Poor recruitment to traditional entry level programmes – L2 Customer Service Practitioner** – this programme has been running since 2008 & has been significant in embedding our good practice & reputation. Annually we would recruit between 50-60 young people into the organisation using this route. However in 2021/22 we have not been able to recruit anyone to this programme. Other market competitors are offering salaries equivalent to Band 2 for entry level apprentices whilst CNTW does not. This is currently a topic of discussion within the trust at executive level

- **Very limited recruitment to Trainee Nursing Associate or Senior Leaders programmes** – up until 2021/22 we have recruited in small but steady numbers to the above programmes (total circa 30 per year). However the numbers have been very small for the TNA programme (total 15) mainly because of staffing pressures, and we have not run a Senior Leaders programme in 2021/22 at all because of continuous staffing challenges during Covid waves. As business continuity regains momentum, it is expected that robust workforce plans will recommend and support future cohorts as required.
- **Poor recruitment to the L3 Senior Healthcare Support Worker programme** – this programme forms the basis for most clinical career pathways in CNTW. Recruitment in 2021/22 fell by 35%. This is directly linked to the pandemic and low staffing levels within clinical areas. It is anticipated this will increase again during 2022/23 as we are already seeing a rise in interest.

Future Levy use - In 2022/23, CNTW's projected Levy contribution will be £1.39m – this is based on current headcount figures

In April 2022, projected spend for 2022/23 was originally £1.12m. However, the trust has not yet recovered from the multiple challenges of covid-related lockdowns and restrictions. Until we regain pre-pandemic levels of enrolments to L3 Healthcare studies, and we are able to attract entry L2 apprentices into the organisation, the actual spend is likely to be nearer £800k.

Reassuringly, the numbers enrolling onto Registered Nurse Degree Apprenticeships (RNDA) programmes has remained strong and steady at circa 35 per year. The attrition rate was less than 5% up to November 2021 but in the following 6 months to May 2022 it increased sharply to 9% (8 individuals). The reasons were wide and varied with no specific pattern of causation other than individuals citing accumulative pressures of the pandemic and personal losses. Resilience has been at an all-time low but the situation is improving. There has been zero additional attrition since May 2022.

At any one time, we have approximately 150 DLNAs on programme across a range of 2, 3, 4, and 5 year programmes.

IV. Career Development

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. Staff are encouraged to ask questions and are reassured there is no such thing as a 'stupid question'. There is no obligation on staff to follow up a particular suggested route but once a conversation has happened, many staff members rediscover, or discover for the first time, a passion for learning and advancement at their own pace and blossom into avid students.

Accredited Learning, alongside apprenticeship pathways and career development opportunities, create a wide portfolio of choice across staff groups, using a range of providers across our large geographical footprint to achieve the best outcomes for the organisation

This range of opportunity 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

Under 18 work experiences
This is a new venture. As a way to attract people into the organisation, the Academy has explored and initiated work experience and career development opportunities for

those aged from 15/16 with no upper age limit. This is primarily aimed at colleges & schools offering formal placements connected to health-related study or to T levels, but also covers informal experiences for young people scoping career choice and more mature individuals considering a career change. Practical guidance for work areas and those on work experience has been written between the Practice Education Team and the Academy staff to support the more formal Policy and PGN. Widening the work experience offer to those under the age of 18 is aimed at attracting new entrants to the health workforce

As an illustrative example, a week's work experience was undertaken I July 2022 by a 16-year-old who was unsure whether to do nurse training or not. Her decision would affect which 'A' levels she chose to pursue. Working with the Education Support Nurses, a week of timetabled activity across the Trust was arranged and the feedback was very positive, with the work experience student saying she felt as if she had learned more than she had in the previous year at school. Whilst this is anecdotal and cannot be quantified, it is certainly positive feedback. The power of messages spreading across the social media of young people cannot be underestimated.

Preferred employer

The Academy represents CNTW as a member of the *Health and Social Care Academy of Excellence*, which includes the Northeast Learning and Enterprise Partnership, the College Education Partnership NE (Sunderland, Northumberland, Hartlepool Colleges) Sunderland and South Tyneside NHS and several care and health organisations in the private sector. As a *preferred employer* partner, we work with the college to promote careers in CNTW through presentations and career sessions, supported by volunteers from a range of health careers in CNTW. By guaranteeing an interview to students who meet the right criteria – achievement of qualification, good attendance, displaying the right attitudes and behaviours throughout the duration of their time at the College – we hope this acts as great encouragement for students to achieve and complete their studies, and supports a pipeline of talent for the Trust to recruit from. Between Sunderland College and Northumberland College, they cover the whole of the Trust's Northeast sites.

V. Trust media coverage and reputation

The Academy has been involved in a variety of good practice events including:-

- November 21 - Eventbrite event at University of Cumbria together with HEE and the NHS Leadership Academy promoting the Project Management Degree Apprenticeship as they said 'CNTW are ahead of other Trusts in accessing this programme.'
- January 22 - Education and Skills Funding Agency (EFSA) Case Study to be shared with large and macro employers on ways to use the apprenticeship levy to develop the workforce.
- February 22 - National Apprenticeship Week: Service Apprenticeship Case Study
- July 22 - RNDA Graduation Ceremony and Publicity in local newspapers and via the University of Sunderland
- August 22 - Full page article in the Daily Express 'Academy Route to Beat the Shortfall'
- HEE Case Study on Five-year RNDA – we have been asked by HEE to put a case study together detailing our innovative approach, Trust support for alternative ways of growing the workforce, and our tenacity and resilience to keep the programme going during Covid - date TBC

Additionally, we receive numerous requests from across the country to share our learning and approaches with other Provider trusts, third sector organisations and

HEE-related work streams. We are always happy to share our approaches, and any papers that are in the public arena, whilst protecting our intellectual property of the detail of accredited programmes.
We always share our underpinning approaches to success

- Don't wait for a guiding light to emerge – build your own illuminated pathways instead
- What's the worst that can happen? (a light touch question to a thorough risk assessment and mitigation process)
- Talk, talk and then talk some more – there's usually a way to a win/win situation
- Don't ask 'Can we afford it?' Ask instead 'Can we afford not to?'

VI. Nursing Academy

An *additional* new pathway into nursing
January 2022 saw the first cohort of brand new staff joining the organisation on a 5-year Degree Level Nursing Apprenticeship programme (DLNA). This is our apprenticeship-offer alternative to a traditional 3-year University programme and follows a longer programme whilst supporting the individual to grow into CNTW's culture and values, contributing to the workforce as they learn. It is the first of its kind for mental health and learning disability nursing nationally. We recruited 17 individuals in that first cohort (with zero attrition to date) and have recruited a second cohort of 13 for January 2023.
We now have a 'roll on, roll off' cycle established for the DLNA programme with an average of 150 DLNAs on programme at any one time.
This is especially important in light of universities seeing up to 50% attrition rates from traditional BSc programmes. Two main reasons for this are suggested; a) there was a surge of applications in 2020/21 from people who wanted to pursue nursing in the wake of the covid crisis. An anecdotal observation by some universities suggests these applicants were carried away in the moment by media coverage and wanted to be part of the NHS 'heroes' team. The reality has proven somewhat challenging. b) the current rate of inflation and cost of living has seen financial struggles and this has been cited by many students as their mean reason for leaving.
Time will tell if this is a trend which will continue.

Apprenticeships in other Professions/other nursing apprenticeships
Whilst the number of DLNAs on programme is attention-grabbing, it is important to 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 started a total of 10 apprentices in 2021/22 across 2 cohorts with Teesside University & the University of Cumbria,

Heath and Social Care apprenticeships for our support staff at levels 2 and 3 remain popular and we are pleased to see an increase in uptake as Trust business continuity settles in. We currently have 87 staff studying on this programme.

At the masters' level end of academia, we have three small cohorts of Advanced Clinical Practitioner apprentices in place (11 in total) who will typically graduate into senior clinical posts. A fourth cohort began begin in February 2022 as the first cohort graduated 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 were three OT support staff and one SW assistant enrolled on their apprenticeship pathways to professional registration in September 2021, whilst another cohort of OT apprentices (6 in total) started with Northumbria University in September 2022

The Accredited Preceptorship programme has already been described. In addition, the Academy has a key role in supporting the Trust to attain the new national Preceptorship Framework standards across Nursing and AHP professions. Led by the Deputy Chief Nurse, the Academy is key to assuring alignment of the CNTW approach to the national framework.

2022 saw the attainment of a key ambition of the Nursing Strategy. CNTW made a joint appointment with Northumbria University of an Associate Professor of Nursing in research. Enhanced by a secondment agreement to acquire additional capacity, we have a second individual at Professor of Nursing level to assist us until May 2023.
Managed by the Deputy Chief Nurse to work across the research agenda priorities, the Academy played a key role in negotiations and is involved in day to day pragmatic issues.

VII. Costs and Sustainability

Within CNTW Academy, there has been expansion of the Academic team to credibly govern the Accredited Learning Centre and manage the PGC programmes. This has not been an easy task. We have developed a unique work-based approach to CPD and accreditation to encompass Trust values and strategies. To do that required Professional Academic credibility. Working with a small number of individuals on a consultancy basis to begin with in 2019, we moved from that to bank contracts in 2020 and 2022 saw us appointing sessions of expertise on Trust contracts. This accounts for 2 part time staff, equivalent to 1.0wte staff member in total.
A key documented risk to the Academy for the past 3 years has been the availability of such staff to continue the governance of our ALC. Whilst 2 staff is a great achievement, it is not enough. Simply advertising for additional experienced academic staff from universities was not the best fit or desired end-product. Instead, borrowing from our apprentice nurse successes, we have embarked on a 'grow your own' approach and now have a 'Trainee Academic' in post as a pilot, expected to realise our ambition by mid-2023. If this is successful, we have a blueprint for the future as well as an additional career pathway aspiration for professionals.
Additional staff to make up a skilled team have been acquired and in total we have an extra 3.7wte staff from band 4 (administration) to 8b (Professorial level academic expertise) at a total cost circa £175k.

Additionally, there are fees to be paid to AIM for the accreditation process, governance and registration of individuals. Up to March 2022 this was circa £13k per year. With the Preceptorship Accreditation, the annual cost is expected to be circa £25k per year

This has been funded predominantly by the HEE student placement income, supplemented at the current time by the HEE CPD income. The CPD income is due to end in March 2023.

In total, the additional outlay in the Academy to support the Accredited Learning Centre sits at circa £200k, expected to rise to £250k in the coming year as academic capacity increases.
An at-a-glance return on investment gives

- Support to 140 newly registered nurses thought an accredited 12 month programme of preceptorship each year
- Support to approx. 30 - 40 additional staff across the Trust following accredited programmes
- Ability to package and govern University-partnership Post Graduate Certificates at a fraction of the market cost.
- Additional pathways into the organisation though basic entry level options
- Increased intellectual property
- Enhanced reputation
- A quality approach to developing staff
- …… and a whole range of opportunity yet to be explored.

Section D - The Academy work plan for 2022/23*,* 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 for 2022/23

1. Business continuity priorities
    - Delivery of learning disability and autism awareness training initially to staff in those services but then to all staff across CNTW, both clinical and non-clinical. In the first instance this is a CQC 'must do' for those relevant staff.
    - Increase compliance with all essential training in particular PMVA. The Academy has offered a secondment to a suitably qualified trainer to support the increase in capacity.
    - Return of a full physical health skills programme following the successful recruitment to a lead physical health skills trainer.
    - Supporting the appropriate use of the significant Continuing Professional Development funding from HEE which is now in its final year.

2. Accredited Learning Centre opportunities – embedding and developing

The current offer consists of the following:

Level 3 All staff	Preparation for Academic Accreditation of Continued Professional Development (CPD) (Level 3) (20 credits)
Levels 4/5/6 CYPS staff	Foundational Key Clinical Competence (Health care support roles) Working with Children and Young People (Levels 4,5 and 6) (30 credits)
Level 6 CYPS registrants	Foundational Key Competencies; Registrant Working with Children and Young People in a Mental Health and Learning Disability Specialist Service
Level 6 All trust staff	Academic Development for Lifelong Learning, Work Roles and Workplaces (Level 6) (20 credits)
Level 6 All trust clinical professional staff	Academic Development and Achievement for Continuous Professional Development in Health Professional Roles (Level 6) (20 credits)
Level 5 preceptorship for International Nurse recruits only Part A	Accredited Preceptorship Programme Part A – Transitions, Empowerment and Enabling (Level 5) (30 credits) – for International Nurse recruits, reflecting UK academic equivalence
Level 6/7 preceptorship for nurses Part A	Accredited Preceptorship Programme Part A – Transitions, Empowerment and Enabling (Levels 6 and 7) (30 credits)
Level 6/7 preceptorship for nurses Part B (*Seven specialist areas of choice)*	Foundational Key Clinical Competence (Registrants) Working with Children and Young People (Levels 6 and 7) (30 credits)
	Foundational Key Clinical Competence (Registrant) working in Inpatient Secure Care Services (Levels 6 and 7) (30 credits)

	Foundational Key Clinical Competence (Registrants) working in Learning Disability and Autism Services (Levels 6 and 7) (30 credits)
	Foundational Key Clinical Competence (Registrants) working in Neurological Services (Levels 6 and 7) (30 credits)
	Foundational Key Clinical Competence (Registrants) working in Recovery and Rehabilitation Services (Levels 6 and 7) (30 credits)
	Foundational Key Clinical Competence (Registrants) working in Adult Acute Mental Health Services (Levels 6 and 7) (30 credits)
	Foundational Key Clinical Competence (Registrants) working in Older Persons Services (Levels 6 and 7) (30 credits)

Of note here is the provision of learning and reflection in key in-patient areas where the topics cover and address the gaps identified in the recent CQC inspection reports across Children's services and Autism and Learning Disability Services. This complements the Trust priorities in point 1.
2022/23 will see the range expand to cover accredited preceptorship for AHPs

3. Continued development of Academy Expertise/Skills in New Areas –
    - The Digital offer continues to grow along with the skills of the two members of the team.
    - A number of trainers are involved in additional training and education to increase their skills including post graduate qualifications in teaching, patient safety and violence reduction. Not only is this enhancing the Academy offer, it is an example of workforce planning in skills development to meet need.

4. Career and personal development opportunities across the workforce
    - Apprenticeship qualifications will continue. These include but are not limited to, clinical apprenticeships such as nursing, advanced clinical practice, and occupational therapy, and non-clinical apprenticeships such as senior leadership, procurement, and IT.
    - New apprenticeship opportunities to bring staff into the organisation can enable the Trust to be more representative of the community it serves and attracting a range of individuals to various levels of apprenticeships also enables us to meet key actions from the NHS People Plan.
    - We work with individuals and their managers across the Trust to develop career pathway information, advising on how an apprenticeship can meet individual development requirements as well as team and workforce plans.

5. New work experience opportunities, guaranteed interviews/preferred employer
    - The Academy will continue its work as preferred employer with selected local colleges, and learn from and expand opportunity as appropriate during 2022/23

6. Enhancing Trust reputation /media coverage

    - Continue to respond positively as far as possible to opportunities to build Trust and Academy reputation

7. Nursing Academy
    - Continued progression of the nursing career pathway and the 'grow your own' approach.
    - Expansion of preceptorship accreditation to other professions
    - Continued development of new routes into nursing and the Trust (eg guaranteed interview scheme, under-18 work placements)

8. Sustainability
    - It is crucial that the Academy grows/acquires/retains appropriate professional and academic expertise as part of its workforce plan and succession planning. Without it, the successes of the Accredited Learning Centre are simply not sustainable and the reputation of the Trust is at stake.
      We have skills and experience in the 'grow your own' approach and we are using this process to develop future academic staff. A fuller plan will emerge later in 2022
    - Succession planning is vital and the workforce plan also takes account of this issue

5. Risks and mitigations associated with the report

Key risk 1 - Sustainability of the current clinical services whilst developing support staff to entry level for career development (L3 Health care study), and more advanced 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 on on-going but managed risk

Key risk 2 - Maintaining credibility and reputation as we expand the Accredited Learning Centre status and deliver our programmes through a 'grow your own academics' approach. CNTW now has two part-time experienced academic staff employed into the Academy to provide the necessary academic governance. The 'grow your own' plan has commenced and the first success of that is expected in mid-2023. 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 the Trust Leadership Team if necessary.

4. 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 authors: Gail Bayes, Deputy Director, Academy Development & Marc House, Associate Director, Academy

Name of Executive Lead: Gary O'Hare, Chief Nurse

19. CQC Action Plan update

Speaker: Lisa Quinn, Executive Director Finance, Commissioning and Quality Assurance

References:

- 19. CQC Must Do Action Plans - final.pdf

Report to Board of Directors
2nd November 2022

Title of report	Update on CQC Must Do Action Plans (Quarter 2)
Purpose of the report	For decision and assurance
Report author(s)	Vicky Wilkie, CQC Compliance and Governance Manager
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Finance, 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	26/10/22
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	24/10/22
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
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). 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).

Update on CQC Must Do Action Plans

Board of Directors

2nd November 2022

1. Executive Summary

The final report from the inspection of learning disability and autism wards was received by the Trust on 2 August 2022 and was subsequently published on 4 August 2022. This inspection report confirms that the requirement notice received during the inspection of Rose Lodge in March 2022 in relation to physical health monitoring has been addressed and that the actions from the previous focused core service in 2020 have been met (see appendix 1). These related to:

- Regulation 9 – Person centred care
- Regulation 12 – Safe care and treatment
- Regulation 13 – Safeguarding service users from abuse and improper treatment
- Regulation 17 – Good governance

- Action plans from both the Rose Lodge and learning disability and autism ward core service inspections have been developed and submitted to CQC. During this submission the Trust confirmed that one of the areas of improvement concerning a patient's belongings being restricted whilst in long term seclusion has been addressed as this patient was transferred to a different hospital on 18 August 2022.

- This report provides an update on the 22 remaining areas of improvement (Must Do action plans) which were received following inspections undertaken between 2015 and 2020. Also included in this report are updates on the actions from the recent inspections of learning disability and autism wards.

- This report seeks approval from the Board that there is sufficient evidence and assurance to close an action plan relating to care planning. For ease this action plan has been listed as appendix 2.

- Through this report the Board are asked to extend further the action plans relating to staffing, physical health / rapid tranquilisation and restrictive practices as further improvements are required.

- Work continues to address each of the remaining action plans. 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 3) will help to mitigate against the risks which have been raised.

- Quarterly updates on all action plans, including the monitoring of previous actions which have been closed will continue to be reported to Executive Directors, 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.

Board members are asked to:

- Approve the closure of one action plan listed as appendix 2.
- Approve the date extensions for the action plans related to staffing, physical health / rapid tranquilisation and restrictive practices.
- Note the Quarter 2 updates on all 54 CQC Must Do action plans (including impact changes for those closed).

Author:
Vicky Wilkie, CQC Compliance and Governance Manager

Executive Lead:
Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance

14th October 2022

During the 2020 comprehensive inspection of learning disability and autism wards this core service received four requirement notices in relation to breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. In 2022 this core service was revisited and the CQC found that all these actions had been met. The monitoring of the following areas of improvement will therefore now form part of normal business rather than must do monitoring.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	**Core service, year and organisation**	**Must do**	**Status**
Regulation 9 Person centred Care	LDA 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.	Closed by Board of Directors on 3 August 2022.
Regulation 12 Safe care and treatment	LDA wards Year: 2020 Org: CNTW	The trust must ensure that risk assessments are regularly updated to reflect current risk and needs of patients.	Closed by Board of Directors on 3 August 2022.
Regulation 13 Safeguarding service users from abuse and improper treatment	LDA 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.	Closed by Board of Directors on 4 November 2020.
Regulation 13 Safeguarding service users from abuse and improper treatment	LDA 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.	Closed by Board of Directors on 3 August 2022.
Regulation 17 Good governance	LDA 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.	Closed by Board of Directors on 4 August 2021.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Core service, year and organisation	Must do	Evidence of Impact
Regulation 9 Person centred Care	Core service: LDA Wards Org: CNTW Year: 2022	One patient's care plan did not contain information about communication with their responsible clinician in their care plan (Mitford ward).	Complete. • A process has been put in place to ensure care plans are reviewed at Clinical Review Meetings fortnightly. This is to ensure all opportunities to engage, remain consistent. There is evidence within fortnightly Clinical Reviews Meetings within RiO of care planning being discussed in relation to dietary needs, observation levels and medication, the standing proforma has been updated to incorporate this. In addition, there are entries to outline care plan reviews having taken place with the patient. • Correspondence with multidisciplinary team (MDT) is now a standing agenda item at patients' Clinical Review Meetings. Discussions are explicitly recorded in the minutes of the meeting. • There are many entries within RiO of the clinical team's correspondence with the patient via email being recorded. The standing proforma has been updated to incorporate this. • Communications between the patient and MDT will be accessible on the electronic record for all staff to view. This will be discussed in all staff one-to-one supervision. • Communication has also been made via an email to the Team, highlighting the requirement and importance of compliance with the Trust Policy CNTW(O)09 Management of Records and associated Record Keeping Standards V04 Guidance Notes RM-PGN-02. • To further embed the importance of recording communications on RiO, the Learning Disability and Autism North Clinical Business Unit (CBU) included an article in their newsletter and also a full team email was sent regarding this.

			• All staff receive regular training in Information Governance and Data Awareness. The Learning Disabilities and Autism North CBU are currently 95% complaint with this training. • Speech and Language Therapy (SALT) in conjunction with the patient and the Regional Communication Aid Service have looked at an alternative electronic communication aid to support patient's communication at times when verbal communication is difficult. • The Regional Communication Aid Service met with the patient and SALT on 3 August 2022 to explore the devices available and look at the function of devices. Another meeting was scheduled for 17 August 2022 to allow processing of the information but the patient felt too unwell to attend, SALT met on her behalf to explore available colures and intended use to allow a bespoke device to be configured.

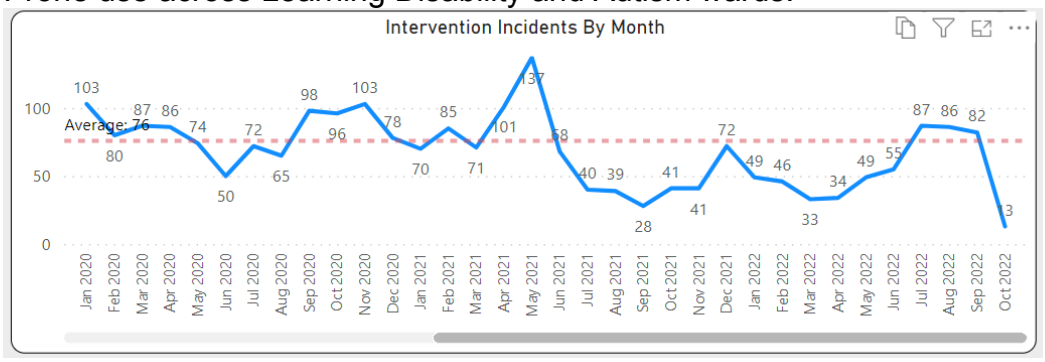
Must Do Theme: (1) Care planning	**Lead: Chloe Mann, Group Nurse Director**
Planned timescale for closure: 31 December 2022	**Status: Further action required to make improvements.**
Trust-wide	The work around personalisation of care planning to continue due to the repeated concerns and internal intelligence received during Quarter 2.
Actions taken at Trust-wide level during Quarter 2 22/23 (July, August & September):	
• An electronic audit tool has been developed to make the audit tool more accessible for clinicians. • Completion of Trust-wide audit focusing on personalised care planning.	
Planned future actions to be taken at Trust-wide during Quarter 3 22/23 (October, November & December):	
• Review findings from Trust-wide audit. • Action plans will be devised based on the results and these will be monitored through localities and discussed on a monthly basis at Locality Quality Standards. • Continue with the roll out of personalised care planning training for those staff members who have not yet received the training. • Continue to promote personalised care planning approach in clinical teams, clinical supervision.	
Evidence of Impact:	

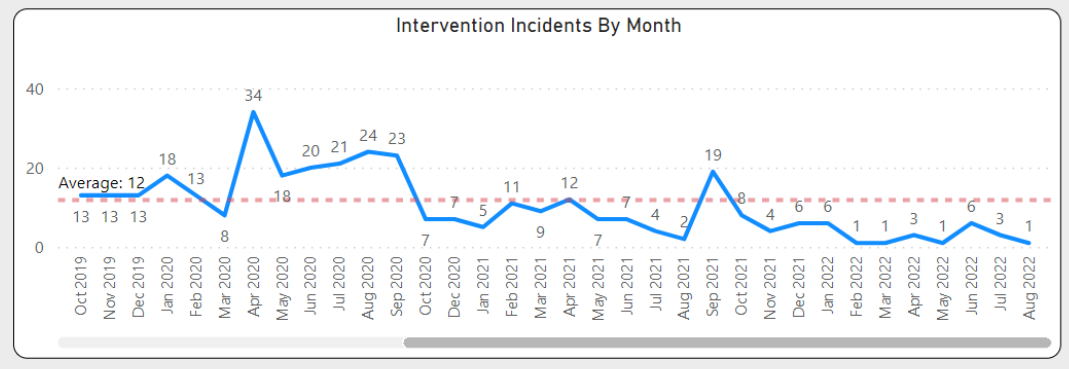
• The metric for the number of current service users who have discussed their care plan remains similar to the Quarter 2 position:
  ○ North Cumbria Locality – 84% (September)
  ○ North Locality – 96% (September)
  ○ Central Locality – 92% (September)
  ○ South Locality – 93% (September)
• Personalised Care planning training:
  ○ North Locality – 102
  ○ Central Locality – 111
  ○ South Locality – 143
  ○ North Cumbria Locality – 161
• Care planning issues were identified in 6 of the 7 visits undertaken during Quarter 2.	

Must Do Theme: (3) Restrictive practices, seclusion and long term segregation	**Lead: Anthony Deery, Deputy Chief Nurse and Locality Group Directors**	
		Status:
LDA wards Year: 2022 Org: CNTW	One person had restrictions in place including long term seclusion and no access to their personal belongings which was not based on current risks. There were no plans to end the restrictions.	Action plan closed as patient transferred to a different hospital on 18 August 2022.
Planned timescale for closure: 30 September 2022 (31 March 2023)		**Status:**
LDA wards	The provider must ensure that all staff complete	Further action

Year: 2019 Org: CPFT	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.	required to make improvements.
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.	Further action required to make improvements.
Planned timescale for closure: 31 March 2023		**Status:**
LDA wards Year: 2022 Org: CNTW	People in seclusion on Lindisfarne ward did not have privacy and dignity because staff who were not providing direct care entered the seclusion area regularly.	Further action required to make improvements.
LDA wards Year: 2022 Org: CNTW	There was a high use of prone restraint.	Further action required to make improvements.
Actions taken Trust wide during Quarter 1 22/23 (April, May & June):		
LDA wards Year: 2019 Org: CPFT	Body map audit identified poor compliance - findings taken to CQC Quality Compliance Group.	
CAMHS wards 2020	Progress work commenced to provide accurate up to date data with regards to the completion of debrief, groups will have access to performance dashboards to improve completion of same.	
Actions taken at core service level during Quarter 1 22/23 (April, May & June)		
CAMHS wards 2020	• Task and Finish Group has been set up across CAMHS wards and Cumbria inpatient CBUs. • Ward considering debrief champions on the ward to support the delivery of the training and engagement of staff. • Development of debrief dashboard.	
Actions taken Trust wide during Quarter 2 22/23 (July, August & September):		
LDA wards Year: 2019 Org: CPFT	• Task and Finish Group established. This will sit within the existing Rapid Tranquilisation Group as relevant representation already attends. • Guidance to be circulated to all inpatient areas on how to complete/expectations of completion. • Re-audit in 3 months.	
Actions taken at core service level during Quarter 2 22/23 (July, August & September):		
CAMHS wards Year: 2020 Org: CNTW	• Further meeting to be held with 'Debrief champions' who should now be in place in all areas to understand the barriers and why figures are not improving. • In terms of training Cumbria inpatients are about to roll-out some training for key areas which will include debrief, observations, seclusion, long term segregation. North Cumbria	

	Locality Children and Young People's services to join roll-out which would allow more dates being made available for staff to attend. • A role specification to be provided for the 'Debrief champions' and those on the debrief rota to ensure all are aware of the expectations. • Associate Nurse Director to discuss the issue of debrief with Mitford staff to understand their improved position.
LDA wards Year: 2022 Org: CNTW	• Patients will be supported to access seclusion for short term use, if this needs to be extended this will be discussed at the first MDT and re-location considered. • Secure CBU has a Seclusion Use Contingency Plan that enables decision making regarding availability of seclusion suites, updated daily. • Adherence to Trust Seclusion policy regarding engagement, observation and patient engagement / needs outlined in care plan and review process. • HOPE's Training and Barriers to Change (BCC) training and model in place.
Actions taken Trust wide during Quarter 2 22/23 (July, August & September):	
LDA wards Year: 2022 Org: CNTW	• All wards have an agreed Restrictive Intervention Reduction Plan in place. • All ward staff have been reminded that debriefs are to be undertaken following each incident of prone restraint. • Locality Directors to review incidents of prone restraint using Talk 1st data. • A Trust-wide Task and Finish Group to be established by the end of Quarter 2 with a specific focus on reducing the use of prone restraint. • Weekly report on the use of prone restraint to be taken to Trust-wide Safety Group.
Planned future actions to be taken Trust wide during Quarter 3 22/23 (October, November & December):	
LDA wards Year: 2019 Org: CPFT	• Body Map Audit CA-21-0019 completed (all wards 10% of all restraints minimum 5 to a maximum of 20). Performance is well below standard at only 9% had a body map uploaded following an incident and only 22% had physical health checks done after the same. In the small % that did have a body map, 84% of these did not document any injuries or marks. • Findings reported to June CQC Quality Compliance Group and Clinical Effectiveness Committee in July. • Body Map Meeting established to consider audit findings (extension of Rapid Tranquilisation Group) to put some focus on this area. • Body Map is now live on RiO. • Briefings to be delivered to promote via Intranet e.g. Bulletin, Safer care Bulletin, and also presentation to Groups to be made. • CAS safety alert circulated as reminder also and consideration to be given to other modes of briefing such as 7 minute type. • Plan to reaudit in 3 months.

	• Future work to examine potential areas of duplication and further RiO work as well as examining potential policy discrepancies between MRE PGN and Restraint Policy.
Planned future actions to be taken Trust wide during Quarter 3 22/23 (October, November & December):	
CYPS wards Year: 2020 Org: CNTW	• CBU De-brief focus group to be arranged to share good practice at Alnwood (achieved 100%) with the other wards at Ferndene and Lotus ward. • Daily management checks completed by ward manager or identified lead to ensure debriefs are being completed and recorded correctly.
LDA wards Year: 2022 Org: CNTW	• New build will be operational circa March 2023. • Continued roll out of training and awareness re HOPE's model.
Planned future actions to be taken Trust wide during Quarter 3 22/23 (October, November & December):	
LDA wards Year: 2022 Org: CNTW	• By November 2022 the Trust will have in place a process to regularly undertake full After Action Reviews on a random sample of incidents resulting in the use of prone restraint. The learning from which will be fed back to the teams involved and the wider Trust to further inform Restrictive Intervention Reduction Plans. This process will be monitored through the Trust-wide Safety Group with the aim to reduce the use of prone restraint across the organisation and specifically in learning disability and autism inpatient services. • Debrief incident data to be added to Trust dashboard.
Evidence of Impact	
Prone 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 September 2022, 100% of staff and patient debriefs were completed.

- Lennox
  In September 2022, 100% of staff and patient debriefs were completed.

- Lotus
  In September 2022, 5% of staff debriefs were completed, 95% were not completed. 10% of patient debriefs were offered but were declined by patients, 90% were not completed.

- Riding
  In September 2022, 90% of staff debriefs were completed, 10% were not completed. 9% of patient debriefs were completed, 15% lacked capacity and 76% were not completed.

- Redburn
  In September 2022, 30% of staff debriefs were completed, 70% were not completed. 5% of patient debriefs were completed, 92% were not completed. One young person declined a debrief.

There were no restrictive practice issues identified during MHA Reviewer visits during this quarter.

Must Do Theme: (4) Appraisal and training	**Ramona Duguid, Chief Operating Officer Supported by: Gail Bayes, Deputy Director, CNTW Academy Development**
Planned timescale for closure: 31 March 2023	**Status: Further action required to make improvements.**
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.
LDA wards Year: 2019	The provider must ensure that staff complete their mandatory and statutory training.

Org: CPFT	
LDA wards Year: 2022 Org: CNTW	Staff did not receive training in learning disabilities or autism.
Actions taken Trust-wide during Quarter 1 22/23 (April, May & June):	
• Groups to monitor performance against agreed trajectories. • Safeguarding children and adults level 3 training has recommenced and the Academy are offering 150 places per week. • A relaxing of current Covid-19 related restrictions means that PMVA participants per course are able to increase from 8 to 12, increasing capacity. • Appraisal training ran throughout May and June within the region of 36 places being offered per week to support managers and supervisors to provide quality and timely appraisals. • The Academy are supporting 80+ phlebotomy supervisors and 20+ work based phlebotomy trainers to support locally delivered phlebotomy training. • The majority of essential training continues to be delivered by e-learning meaning there are unlimited places for staff to attend. • Mental Health Legislation training will continue to be delivered weekly via Teams with unlimited capacity.	
Actions taken Trust-wide during Quarter 2 22/23 (July, August & September):	
• Groups to continue to monitor performance against agreed trajectories. • Additional dates for June, July and August were advertised for appraisal training • Quarter 1 actions will continue as above. • The Academy are recruiting a Lead Physical Health Skills Trainer to further support the physical health skills training agenda.	
Planned future actions to be taken Trust-wide during Quarter 3 22/23 (October, November & December):	
• Groups to monitor performance against agreed trajectories. • Following the addition of extra appraisal courses in Quarter 1 further sessions will be provided in Quarter 3 to meet demand. • Physical Health Skills Lead trainer has commenced with the Academy and additional resuscitation and phlebotomy courses have been offered. • The Academy has recruited an additional PMVA tutor to increase availability of courses it is envisaged they will start in November 2022.	
Actions taken at core service level during Quarter 2 22/23 (July, August & September):	
LDA wards Year: 2022 Org: CNTW	• Autism Core Capabilities and Learning Disability training now captured on Trust dashboard. • Training sessions have been set up and learning disability and autism inpatient areas will be given priority in the first instance to ensure high levels of compliance. • Conversations have also commenced in terms of how best to ensure that colleagues who work in the Trust via an agency can also access this training to ensure greater team ownership of the issues. • Training provision and compliance will be monitored throughout Quarter 3 to ensure that all trajectories (85% compliance by Quarter 4) are achieved.
Planned future actions to be taken Trust-wide during Quarter 3 22/23 (October, November & December):	

LDA wards Year: 2022 Org: CNTW	• Further training dates have been organised during October (x10 Learning Disability Awareness session) and November (x14 Autism Core Capabilities training sessions). • Consider and agree approaches to ensure agency staff also undertake this training.

Evidence of Impact:

- Autism Core Capabilities training compliance:
  - North Cumbria Locality – 55% (September)
  - North Locality – 2.7% (September)
  - Central Locality – 40% (September)
  - South Locality – 43% (September)

- Learning Disability Awareness training compliance:
  - North Cumbria Locality – 16% (September)
  - North Locality – 16% (September)
  - Central Locality – 46% (September)
  - South Locality – 45% (September)

- The standards for the following training courses remain above standard across all groups at Quarter 2: Health and Safety, Moving and Handling, Safeguarding Children level 1, Safeguarding Adults level 1, Equality and Diversity, Hand Hygiene.

- The standards for the following training courses remain below the planned trajectory for North group: Clinical Risk, Clinical Supervision, Safeguarding Children level 2 and 3, Safeguarding Adults level 3, Rapid Tranquilisation, MHCT Clustering, MHA/MCA/DOLS, Seclusion, PMVA Basic and Breakaway,

- The standards for the following training courses remain below the planned trajectory for Central group: Fire, Clinical Risk, Clinical Supervision, Safeguarding Children level 2 and 3, Safeguarding Adults level 2 and 3, MHCT Clustering, MHA/MCA/DOLS, PMVA Basic and Breakaway, Information Governance.

- The standards for the following training courses remain below the planned trajectory for South group: Clinical Supervision, Safeguarding Children level 2 and 3, Safeguarding Adults level 2 and 3, MHCT Clustering, MHA/MCA/DOLS, Seclusion, PMVA Basic and Breakaway, Information Governance.

- The standards for the following training courses remain below the planned trajectory for North Cumbria group: Fire, Clinical Risk, Clinical Supervision, Safeguarding Children level 2 and 3, Safeguarding Adults level 2 and 3, Medicines Management, MHCT Clustering, MHA/MCA/DOLS, Seclusion, PMVA Basic and Breakaway.

- Appraisal compliance as at 30 September 2022. Compliance has improved across most groups:
  - North Cumbria Locality - 55% (June), 57% (September)
  - North Locality - 60% (June), 65% (September)
  - Central Locality - 58% (June), 64% (September)
  - South Locality - 75% (June), 74% (September)
  - Support and Corporate - 53% (June), 61% (September)

Must Do Theme: (5) Clinical supervision	**Lead: Dr Esther Cohen-Tovee, Director of AHPs & Psychological Services**
Planned timescale for closure: 31 March 2023	**Status: Further action required to make improvements.**
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.
LDA wards Year: 2019 Org: CPFT	The provider must ensure that all staff receive regular supervision.

Actions taken Trust-wide during Quarter 1 22/23 (April, May & June):

- Groups to monitor performance against agreed trajectories.
- Clinical Supervision Oversight Group (CSOG) considered whether group supervision is an acceptable alternative to one to one supervision on an alternating basis for staff in inpatient settings.
- New build of clinical supervision recording into ESR to be considered as part of Trust ESR developments, this may allow some of the current issues with the system to be addressed.
- Actions from recent Serious Incidents to be discussed at the CSOG and the Policy and guidance strengthen if appropriate.
- Proposed redesigned clinical supervision approach for Nurse Bank to be discussed with Associate Nurse Directors.

Actions taken Trust-wide during Quarter 2 22/23 (July, August & September):

- Groups to ensure each CBU has a Clinical Supervision lead who is also their representative at the Trust's CSOG to ensure gaps are addressed. Some progress made but some CBUs are still not sending representative or deputy.
- Clinical Supervision leads and CSOG representatives also needed for medical directorate and chief nurse directorate to support with improvements in those areas. Representatives have been requested, nomination received for chief nurse directorate.
- Wider implementation and evaluation of use of group supervision alternating with individual supervision in inpatient settings. Inpatient CBUs have been asked to trial this approach, feedback awaited.
- New build of clinical supervision recording into ESR to be considered as part of Trust ESR developments. Initial scoping meeting has taken place, including highlighting areas for improvement.
- Actions from Serious Incidents discussed at BDG Safety in March – April 2022 to be discussed at the CSOG and the Policy and guidance strengthened if appropriate. These relate to ensuring there is an opportunity for discussion of whether caseload demands are manageable, and ensuring that caseload supervision takes place regularly. This has been discussed at CSOG and policy amendments agreed, guidance from Trust IAPT services re caseload supervision is being reviewed to support this. Feedback was due at Trust Safety Meeting in September but this was postponed to November.
- Implement changes for nurse bank clinical supervision recording system. Support for new approach needed through Associate Nurse Directors (ANDs). Changes to

the system have been implemented. Awaiting update from ANDs re implementation. • Informatics have highlighted queries arising re change of supervisor when line manager has changed, when staff member becomes bank only etc. Meeting has taken place to discuss these and options for system improvement. System improvements have been approved for implementation by CSOG Chair.
Planned future actions to be taken Trust-wide during Quarter 3 22/23 (October, November & December);
• CSOG Chair to raise at CQC Oversight meeting the need to address gaps in CBU representation. • CSOG Chair to follow up requests for Clinical supervision lead and CSOG representative for medical directorate to support with improvements in those areas. • Evaluation of use of group supervision alternating with individual supervision in inpatient settings and amendment to policy if agreed at CSOG. • Support work on new build of clinical supervision recording in ESR • Policy amendment re caseload supervision and addition of guidance re good practice in caseload supervision and how to record this on RiO. • Produce comms re clinical supervision recording system changes and ensure FAQs are updated to be consistent.
Evidence of Impact:
Current position as at 30 September 2022 (Including improvement √ or deterioration from last quarter). Performance across all of the groups and Directorates is declining. 52% North Cumbria Group 50% North Group 57% Central Group 66% South Group 39% Medical Directorate 24% Chief Nurse Directorate 68% √ COO & Centralised AHP Services 41% Pharmacy

Must Do Theme: (9) Environmental issues		**Lead: Russell Patton, Deputy Chief Operating Officer, Paul McCabe, Director of Estates and Facilities & Locality Group Directors**
		Status:
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.	Closed by Board of Directors on 26 May 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.	Closed by Board of Directors on 4 August 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	Closed by Board of Directors on 3 November 2021.

	either no longer used or a robust assessment and mitigation of risk is put in place.	
Planned timescale for closure: 30 December 2022		**Status:**
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.	To close following completion of works.
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.	To close following completion of works.
Planned timescale for closure: 31 March 2023		**Status:**
LDA wards Year: 2022 Org: CNTW	There were issues with the environments on some of the wards.	To close following completion of works.
LDA wards Year: 2022 Org: CNTW	There was no nurse call alarm system on Cheviot, Lindisfarne, Tyne or Tweed wards.	To close following completion of works.
LDA wards Year: 2022 Org: CNTW	Three seclusion rooms did not meet the requirements which meant they were not fit for purpose.	To close following completion of works.
Actions taken during Quarter 2 22/23 (July, August & September):		
Adult acute wards & MH crisis teams	Hadrian refurbishment work continued during Quarter 2 in addition to the planned repair work on Yewdale on 28 March 2022.	
LDA wards Year: 2022 Org: CNTW	• Significant level of engagement between senior operational managers and colleagues within NTW Solutions to address the identified environmental shortfalls. • A list of issues has been compiled and outstanding actions are being addressed within each area. • Progress against this work is considered on a fortnightly basis at the Learning Disability and Autism CQC Sub-group. • Progress will also be triangulated by considering the outcomes of the PLACE assessments which will commence during Quarter 3.	
LDA wards Year: 2022 Org: CNTW	• A full review of the Trust's nurse call systems has been undertaken. • For the small number of clinical areas that do not have integrated nurse call systems mitigation and assurances have been identified for each clinical area. This will be kept under regular review. Costings have been sourced for potential retro fits for each ward.	
LDA wards Year: 2022 Org: CNTW	**KDU:** Patients will be supported to access seclusion for short term use, if this needs to be extended this will be discussed at the first MDT and re-location considered. Secure CBU has a Seclusion Use Contingency Plan that enables decision making regarding availability of seclusion suites, updated daily. **Tweed:** The policy requires staff to continually observe patients in seclusion, the preferred option is in person therefore staff will physically be present therefore, CCTV screen is not utilised on a	

	regular basis. The viewing screen enables staff to view one or both suites therefore the relevant screen will be viewed and the other switched off to maintain privacy.
Planned future actions to be taken Trust-wide during Quarter 3 22/23 (October, November & December):	
Adult acute wards & MH crisis teams	**Yewdale:** Work has begun that will see the ward refurbished one bedroom at a time. This takes one bedroom per week. Work is progressing on time following some initial delays. This work will include 136 remedial works also. Outdoor space/courtyard will also have some work done by utilising charitable donation received some time ago and currently held in the SHINE fund. **Hadrian:** Work continues on Hadrian refit. There are some complications being explored currently related to escalation of capital expenditure costs related to this work. This has been discussed at Executive Director meeting. Proposal was to refurbish entire 20 bed ward. Discussion around splitting ward into two 10 bed areas however escalating capital causes have indicated that a pause at 10 beds will be instigated whilst ongoing plans are revisited. Therefore Rowanwood will remain as a 10 bed acute ward for now. Further paper for Executive Directors is being prepared exploring the wider opportunities for Hadrian.
LDA wards Year: 2022 Org: CNTW	Completion of works to address environmental shortfalls during Quarter 3 and Quarter 4.
	• Plans are being drawn up to look the feasibility of installing nurse call alarms systems across wards in the Trust that do not currently have them. • Full programme of work will be developed and implemented according to clinical priorities.
	Tweed: Request to estates to re-locate the screens so that if the scenario of both suites having to be viewed privacy can be maintained. **KDU:** New build will be operational circa March 2023.
Evidence of Impact:	
Completion of works.	

Must Do Theme: (11) Staffing levels		**Themed Lead: Anthony Deery, Deputy Chief Nurse and Locality Group Directors**
Planned timescale for closure: 30 September 2022 (31 March 2023)		**Status:**
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.	Closed by Board of Directors on 3 August 2022.
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.	Closed by Board of Directors on 3 August 2022.

LDA wards Year: 2019 Org: CPFT	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.	Closed by Board of Directors on 3 August 2022.
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.	Further action required to make improvements.
Rose Lodge Year: 2022 Org: CNTW	The service must ensure that the ward has enough suitably trained and qualified staff on each shift.	Further action required to make improvements.
Planned timescale for closure: 31 October 2022		**Status:**
LDA wards Year: 2022 Org: CNTW	Cheviot ward did not have enough staff on shifts to meet the staffing requirements for enhanced observations.	Further action required to make improvements.
Actions taken Trust-wide during Quarter 2 22/23 (July, August & September):		
• The Trust-wide Recruitment and Retention Taskforce will continue to meet to provide oversight of the ongoing actions and to support on-going recruitment campaigns. • The Trust will continue to facilitate the transfer of international recruits (both Nurses and Doctors). • The Trust will commence a pilot of MHOST (staffing acuity tool) across inpatient wards. • The Trust will continue to support 'hot spot' areas to ensure these are supported via the staffing huddles and staffing escalation processes to ensure there are sufficient levels of staff at tall times to provide safe and effective care.		
Actions taken at core service level during Quarter 2 22/23 (July, August & September):		
Adult acute wards Year: 2019 Org: CPFT	• Rowanwood remains closed. • Hadrian 1 and 2 with decant to Rowanwood. • Continued recruitment of 10 x Band 5 / 6 and 7 x Band 3 at offer stage. • Attendance at Recruitment Fair in Glasgow (RCN Nursing). • Attendance at Medical Conference with recruitment stand in Edinburgh (Medical). • Trust-wide Agency Control Meeting in Trust established. • Continued participation in Trust-wide Recruitment and Retention task force. • Cohort 1 International Nurses competing preceptorships. • Cohort 2 International Nurses moving to preceptorship.	
Rose Lodge Year: 2022 Org: CNTW	• Training compliance has increased with mandatory training and additional training across all areas. The improvement is reflected on the dashboards and locally held registers on the ward. • A clear supervision structure is visible with a contingency provision for unplanned leave within the supervision contract. This will ensure that timely supervision is provided, facilitating an opportunity to reflect on practice with the intention of learning, developing practice and providing high quality, safe care to patients. • Recruitment campaigns for Band 6, Band 5 and Band 3 are included in a rolling advert within the CBU these are advertised via	

	NHS Jobs. The successful recruitment has taken place and the following staff are now in post. o Band 7 Occupational Therapist o Band 7 Speech and Language Assistant o Band 4 Occupational Therapy Assistant o Band 4 Carer supporter o Band 7 Night shift Coordinator o Band 4 development posts o Band 4 Carer Supporter The following posts have been recruited into and are awaiting a start date and induction process o Band 6 Occupational Therapist o Band 4 Speech and Language Assistant o Band 3 Exercise Therapist o Band 3 Activity Co-ordinator • Rotation of staff took place to allow staff that have worked at Rose Lodge for a long time to change their base and work on alternative wards. The rotation addressed staff symptoms of emotional/physical exhaustion and feelings of reduction in job satisfaction (professional inefficacy). The rotation supported individual staff wellbeing and prevented the impact of 'staff burnout' on the wider community and Rose Lodge patients, carers and staff. • Shift pattern reviews continue within the clinical leadership team and aim to facilitate leadership across 7 days to support care coordination and consistency of care with care plans. • The Operational Support Manager has now been in post for a month, this has facilitated coordination of workforce support allowing the Ward Manager to focus on areas that impact the wider ward patient/carer experience. • Rose Lodge have a staff induction package in place for all new staff, this has been sustained for the last three months. This allows new staff to be supernumerary for their first full week at Rose Lodge, observing how care needs are met for individual patients and time to look through the care records, care plans, risk assessments and life histories. The induction allows greater depth of understanding and awareness of processes at Rose Lodge-staff attack system, body worn videos, clinical meeting and attendance in these to see how the flow of communication takes place.
LDA wards Year: 2022 Org: CNTW	• Rota outlines funded establishment and staff requirements linked to individual engagement and observation care plans and the enhanced staff ratio. • Support given to Ward Manager to enable articulation of funded establishment, safer staffing and enhanced staffing. • Daily staff huddles take place to review staff allocation to address shortfalls. • Weekly review of agency use. • Review of enhanced care requirements at MDT. • Staff allocation sheet.

	• Planned Section 17 Leave on patients individualised activity planner.
Planned future actions to be taken at core service level during Quarter 3 22/23 (October, November & December):	
Adult acute wards Year: 2019 Org: CPFT	• Rowanwood will remain closed. • Hadrian 1 and 2 with decant to Rowanwood will continue. • Cohort 3 International nurses pending start dates x 6. • Other preceptees starting following graduation in September. • Further attendance at Recruitment fairs in Manchester and Dublin. • Continued attendance by locality at Trust-wide Agency Control Meeting. • Continued participation in Trust-wide Recruitment and Retention Task Force. • MHOST to be embedded.
Rose Lodge Year: 2022 Org: CNTW	• Those actions listed in the Quarter 2 update in relation to training and recruitment continue to be implemented and embedded in the service. These actions and the full improvement plan continue to be monitored via the Quality Improvement Group on a weekly basis. • Training based on percentage compliance via the dashboards remains low in some areas. A training plan is in place to address however increase in compliance is slower due to volume of staff and new starters. • Continue with recruitment campaigns to fill the Band 3 Nursing Assistant posts with a total of 15 vacancies remaining.
LDA wards Year: 2022 Org: CNTW	• Continue with actions listed in Quarter 2 update. • Define patient need linked to care / observation and risk plans. • Continued staff recruitment.
Evidence of Impact:	
• Vacancy levels – reduction in the number of vacancies in particular at B3, B5 and B6 level. • Safer Staffing report – Reports will show a reduction in exceptional fill rates for qualified staff. • Safer Staffing report for August still shows shortfall for registered staff hours for day and night with the opposite for unregistered with a significant compensatory over utilisation on both days and nights. • Allocation sheet. • Daily huddle minutes • Activity planner. • Improved mandatory training compliance. • Improved appraisal compliance. • Improved supervision compliance.	

Must Do Theme: (12) Physical health and Rapid tranquilisation	**Lead: David Muir, Group Director**
Planned timescale for closure: 30 September 2022 (31 December 2022)	**Status: Further action required to make improvements.**
Adult acute wards Year: 2018	The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation

Org: NTW	
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]
LDA 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 Trust-wide during Quarter 1 22/23 (April, May & June):

- Paper with outline process to enable agency access to RiO considered at Business Delivery Group on 12 April 2022.
- Audit findings were cascaded via CQC Inspection Steering Group, CQC Quality Compliance Group and Physical Health Care Group during Quarter 1.
- Audit data analysis and formulation of action plan completed.
- Roll out of training package, amendments to NEWS sheet in RiO and work towards establishing agency access to RiO continues throughout Quarter 1 and Quarter 2.

Actions taken Trust-wide during Quarter 2 22/23 (July, August & September);

- Working Group expanded to accommodate body map work.
- Clinical Effectiveness Committee approved audit results on 10 June 2022. Ongoing actions continue from previous audit CA-21-2002 as well as two new actions to be addressed.
- Daily Rapid Tranquilisation Checklist was approved by the Rapid Tranquilisation Audit Group in January 2022 and circulated via CAS safety alert in February 2022. Inpatient areas to continue using the checklist for all Rapid Tranquilisation incidents to ensure identified actions are addressed and monitored.
- Audit findings have been cascaded though Quality Standards Groups and CQC Quality Compliance Group.
- Task and Finish Group established for agency access.
- Training package complete and is being rolled out by localities.
- Wards identified to trial amendments on NEWS on two wards.

Planned future actions during Quarter 3 22/23 (October, November & December):

- Working Group to continue to meet.
- Task and Finish Group for agency access work to be completed and reported back to Business Delivery Group for procedural approvals.
- Locality roll out of training package will continue.
- Current Policy indicates that both the progress notes and Rapid Tranquillisation Monitoring Form must be completed to document those occasions when complete observations cannot be completed including the reasons why. Working Group to investigate why/if this duplication is required and consider Policy review.
- Agree scope for next audit.
- Complete and feedback NEWS/Rapid Tranquilisation trial.

Evidence of Impact:

Findings from re-audit and NEWS/Rapid Tranquilisation trial.

Must Do Theme: (20) Management supervision		**Lead: Lynne Shaw, Executive Director of Workforce and Organisational Development**
Planned timescale for closure: 31 March 2023		**Status: Process in place to record, focus now on delivering in line with trajectories.**
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. [This must do is also linked to clinical supervision themes].	
Actions taken during Quarter 2 22/23 (July, August & September):		
Monitor against agreed trajectories.		
Planned future actions during Quarter 3 22/23 (October, November & December):		
Continue to monitor against agreed trajectories.		
Evidence of Impact:		
Current position as of 30 September 2022 (Including improvement √ or deterioration from last quarter): 63% √ Medical Directorate 40% Deputy CEO Directorate 35% √ Chief Nurse Directorate 22% CEO Directorate 59%: √ North Cumbria Group 54%: √ North Group 57%: √ Central Group 75%: √ South Group 66%: Chief Operating Officer Directorate 79%: Commissioning & Quality Assurance Directorate 60% Workforce Directorate 61% Provider Collaborative Directorate		

CLOSED MUST DOS:

Must Do Theme: (1) Personalisation of care plans		**Lead: Chloe Mann, Group Nurse Director**
		Status:
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.	Closed by Board of Directors on 3 August 2022.
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.	
Evidence of Impact:		

• Findings from above assurance review.
• The metric for the number of current service users who have discussed their care plan remains similar to the Quarter 2 position:
  ○ North Cumbria Locality – 84% (September)
  ○ North Locality – 96% (September)
  ○ Central Locality – 92% (September)
  ○ South Locality – 93% (September)
• Personalised Care planning training:
  ○ North Locality – 102
  ○ Central Locality – 111
  ○ South Locality – 143
  ○ North Cumbria Locality – 161
Care planning issues were identified in 6 of the 7 visits undertaken during Quarter 2.		

Must Do Theme: (2) Blanket restrictions		**Lead: Karen Worton, Group Nurse Director**
		Status:
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.	Closed by Board of Directors on 3 November 2021.
Adult Acute wards Year: 2019 Org: CPFT	The trust must ensure that blanket restrictions are all reviewed and individually risk assessed.	
Evidence of Impact:		
Blanket restrictions were identified in 2 of the 7 MHA reviewer visits undertaken this quarter.		

Must Do Theme: (6) Risk registers	**Lead: Lisa Quinn, Executive Director of**

	Finance, Commissioning and Quality Assurance	
		Status:
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.	Closed by Board of Directors on 5 August 2020.
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.	
Evidence of Impact:		
• Cycle of risk register review through Trust Leadership Team • 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.		

Must Do Theme: (7) Documentation of Consent and Capacity	**Lead: Bruce Owen**	
		Status:
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.	Closed by Board of Directors on 3 August 2022.
Evidence of Impact:		
Four issues were identified from MHA Reviewer visits during Quarter 2.		

Must Do Theme: (8) Collecting and acting on feedback from service users and carers	**Lead: Allan Fairlamb, Head of Commissioning & Quality Assurance**	
		Status:
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.	Closed by Board of Directors on 5 August 2020.
Evidence of Impact:		
Quarterly report to Board on patient feedback.		

Must Do Theme: (10) Risk assessment and record management		**Lead: David Muir, Group Director**
		Status:
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.	Closed by Board of Directors on 3 August 2022.
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.	
Evidence of Impact:		
• CPA service users with a risk assessment undertaken/reviewed in the last 12 months at Quarter 2: o North Cumbria Locality – 54% (September) o North Locality – 94% (September) o Central Locality – 90% (September) o South Locality – 93% (September) • Service users with identified risks who have at least a 12 monthly crisis and contingency plan at Quarter 2: o North Cumbria Locality – 85% (September) o North Locality – 93% (September) o Central Locality – 92% (September) o South Locality – 95% (September) • Clinical risk and suicide prevention training standards at Quarter 2: o North Cumbria Locality – 67% (September) o North Locality – 70% (September) o Central Locality – 67% (September) o South Locality –72% (September) One concern was identified from the 7 MHA reviewer visits undertaken this quarter.		

Must Do Theme: (14) Staff engagement		**Lead: Elaine Fletcher, Group Nurse Director**
		Status:
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.	Closed by Board of Directors on 3 August 2022.
Evidence of Impact:		
Further audit planned during Quarter 3 2022/23.		

Must Do Theme: (15) Medicines Management		Lead: Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer
		Status:
LDA 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.	Closed by Board of Directors on 4 August 2021.
Evidence of Impact:		
Further audit planned during Quarter 3 2022/23.		

Must Do Theme: (16) Nurse Call Systems		Lead: Russell Patton, Deputy Chief Operating Officer
		Status:
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.	Closed by Board of Directors on 4 August 2021.
Evidence of Impact:		
Assurance of completion of work.		

Must Do Theme: (17) Bed Management		Lead: Andy Airey, Group Director
		Status:
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.	Closed by Board of Directors on 3 August 2022.
Evidence of Impact:		
The number of OAP days during Quarter 2 has increased to 1,760 relating to 98 patients. • Sunderland – 235 • South Tyneside – 178 • Newcastle Gateshead – 479 • Northumberland – 295 • North Tyneside –158 • North Cumbria – 415		

Must Do Theme: (18) Section 17 Leave		Lead: Dr Patrick Keown, Group Medical Director
		Status:
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.	Closed by Board of Directors on 4 August 2021.
Evidence of Impact:		

• Compliance with Section 17 leave expiry dates continues to improve. • No issues were raised during MHA Reviewer visits during this quarter in relation to Section 17 leave.

Must Do Theme: (19) Clinical audits	**Lead: Dr Kedar Kale, Group Medical Director**	
		Status:
LDA wards Year: 2019 Org: CPFT	The provider must ensure that clinical audits are effective in identifying and addressing areas of improvement within the service.	Closed by Board of Directors on 3 February 2021.
Evidence of Impact:		
• Locality and Trust-wide governance structures. • Locality cycle of meetings. • Locality tracker.		

20. Board Assurance Framework and Corporate Risk Register

Speaker: Lisa Quinn, Executive Director Finance, Commissioning and Quality Assurance

References:

- 20 i). Trustwide Risk Management Report - Q2 22-23.pdf
- 20 ii). Appendix 1 - Trust-wide Risk Management Appetite Report - Q2 22-23.pdf
- 20 iii). Appendix 2 BAF-CRR Risk Register Q2 22-23.pdf
- 20 iiii). Appendix 3 Trust-Wide Risk Management Report - Q2 22-23.pdf
- 20 v). Appendix 4 - Trust-wide Risk Managment Internal Audit - Q2 22-23.pdf
- 20 vi). Appendix 5 - Turst-wide Risk Managerment Clinical Audit - Q2 22-23.pdf
- 20 vii). Appendix 6 - BAF Risks 2022-2023.pdf

Report to the Board of Directors Meeting

Wednesday 2 November 2022

Title of report	Board Assurance Framework (BAF) Exception Report
Purpose of the report	For information, discussion, and assurance
Executive Lead	Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance
Report author(s) (if different from above)	Yvonne Newby, Risk Management Lead

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	×
Audit	×
Mental Health Legislation	×
People Committee	×
Resource and Business Assurance	×
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	×

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	×
Trust Safety Group (TSG)	
Other i.e. external meeting	

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

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)

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

Resource and Business Assurance Sub Committee

SA6 The Trust Will Be Regarded As A Great Place To Work.
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".

SA2 With People Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.
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/Corporate Risk Register risks this paper relates to

People Committee
SA5 The Trust Will Be The Centre Of Excellence For Mental Health And Disability
SA6 The Trust Will Be Regarded As A Great Place To Work.
Risks 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) & (SA6)

SA2 With People, Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.
SA.4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use 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. (SA2) & (SA4)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Report to the Board of Directors Meeting
Wednesday 2 November 2022

Board Assurance Framework and Corporate Risk Register

1. Executive Summary

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).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF.
- A detailed description of any changes made to the BAF.
- A detailed description of any BAF reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1.**
- A copy of the BAF 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 2022 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 2022/2023 as **appendix 4**.
- A copy of Clinical Audit Plan 2022/2023 as **appendix 5.**
- A copy of BAF risk register for 2022/2023 as **appendix 6.**

2. Key issues, significant risks, and mitigations

As mentioned in the Quarter 1 report there is still an 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 within Trust Leadership Team (TLT)
- When Risks will next be reviewed within Trust Leadership Team (TLT)

With the significant increase of risks now being recorded on the Web Risk System it would 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.

3. Recommendation/summary

Recommendation

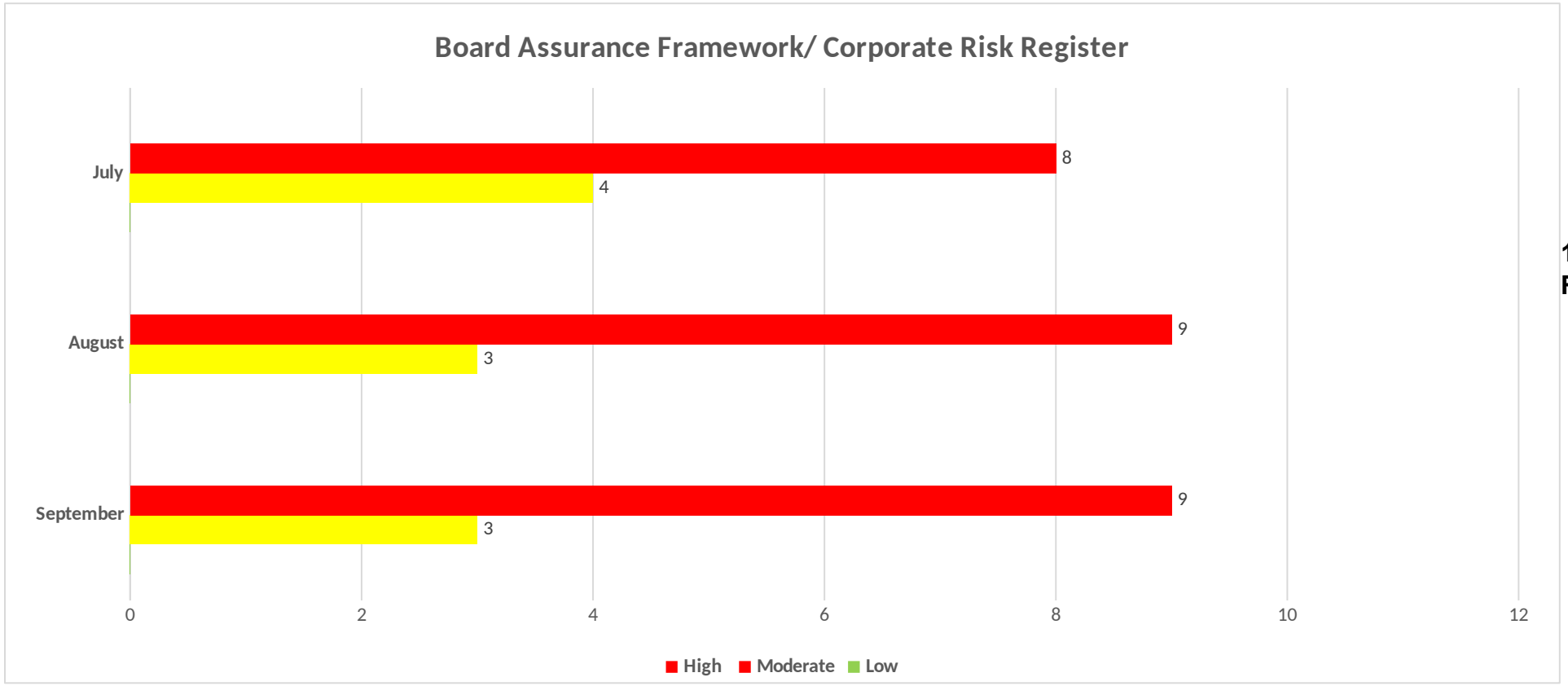
The Trust Board are asked to:

- 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.

Executive Lead: Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance
Report author: Yvonne Newby, Risk Management Lead
Date: 12 October 2022

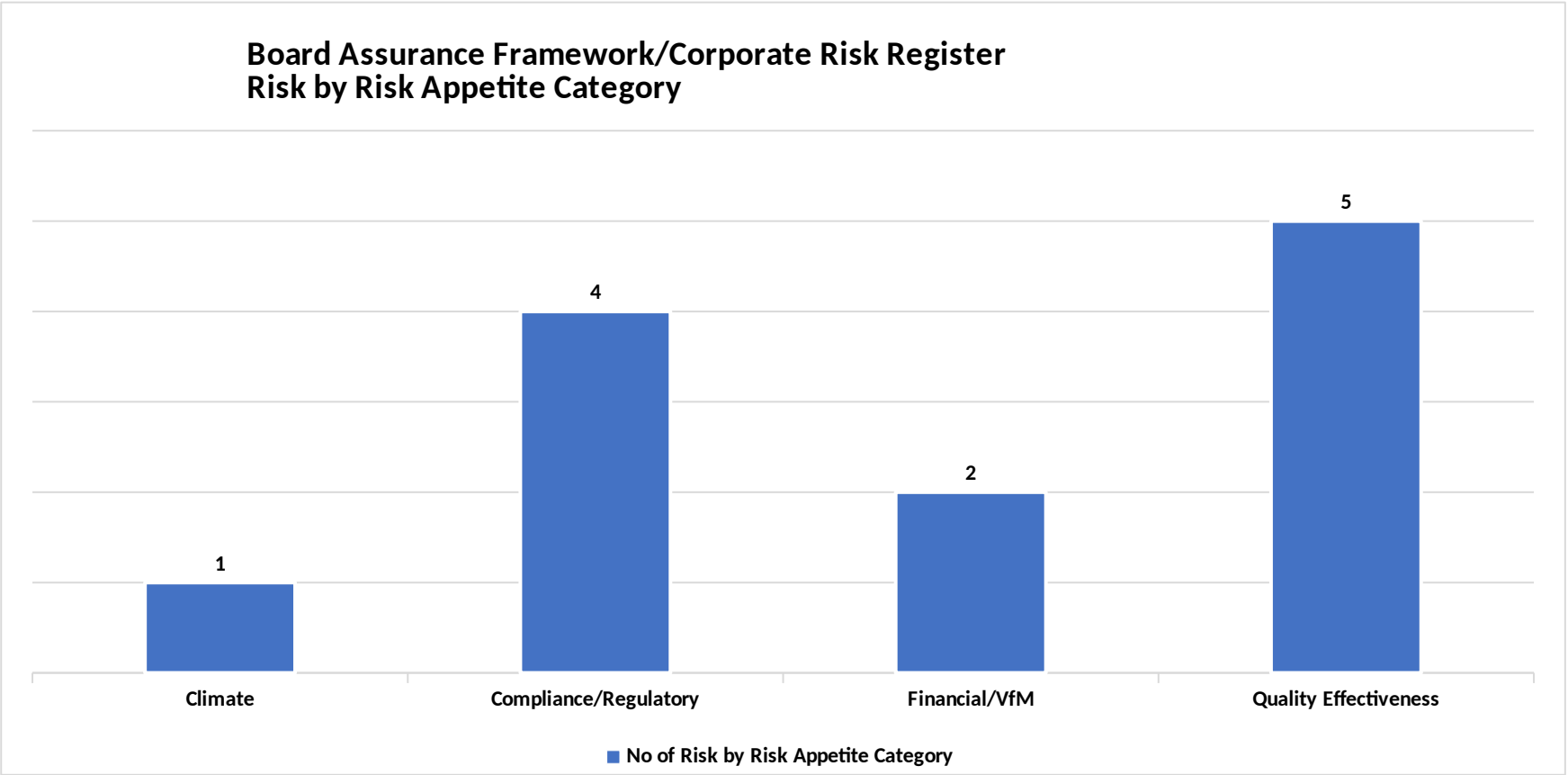
1.0 Board Assurance Framework and Corporate Risk Register

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 2022. In Quarter 2 there are 12 risks on the BAF.

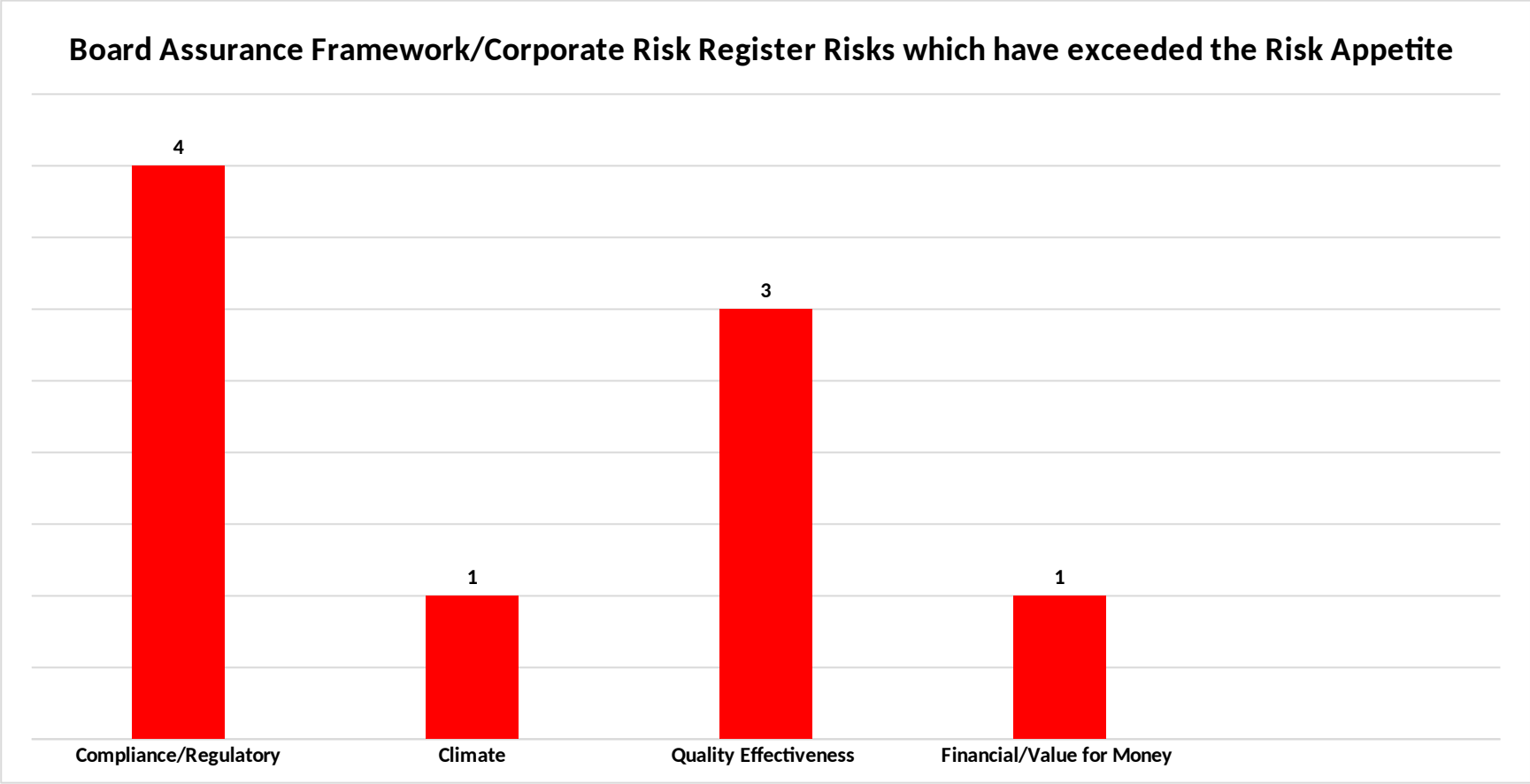


1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework/ in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (5) which is defined as risks that may compromise the delivery of outcomes.

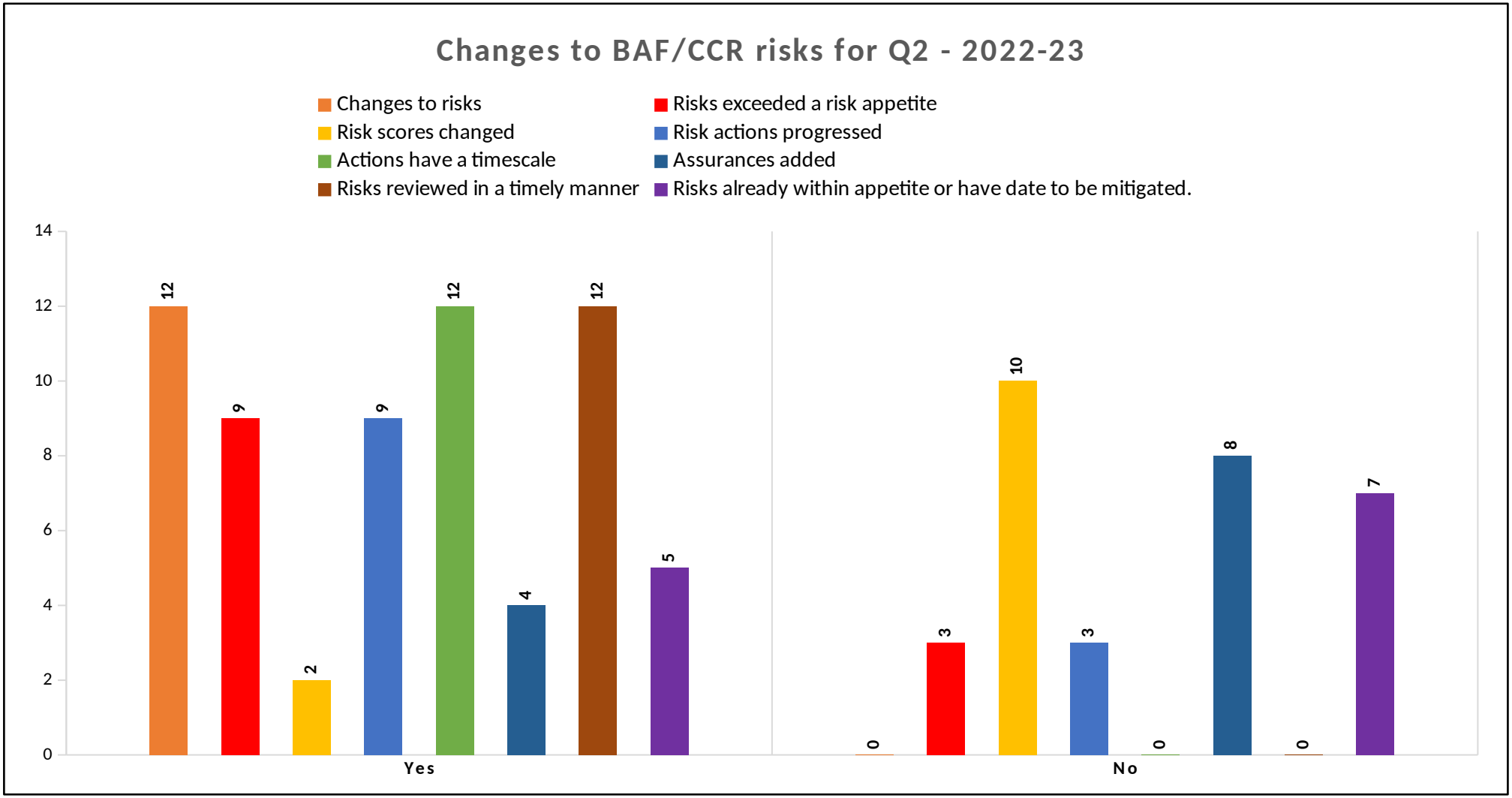


Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 12 risks on the BAF and 9 risks which have exceeded a risk appetite tolerance.
The table below shows all BAF/CRR risks which have exceeded a risk appetite tolerance.



1.2. Amendments to BAF

The chart below gives a breakdown of the changes to this risk register in Q2.



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

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
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. SA5 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	Rajesh Nadkarni	Compliance/Regulatory 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
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. SA1 Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing.	Ramona Duguid	Quality Effectiveness 6-10 Residual score 16

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
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. SA5 The Trust will be the centre of excellence for Mental Health and Disability	Lisa Quinn	Quality Effectiveness 6-10 Residual score 20

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1836	A failure to develop flexible robust Community Mental Health Services may well lead	Ramona	Quality Effectiveness

SA4	to quality and service failures which could impact on the people we serve and cause reputational harm. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them	Duguid	6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1680 SA6 & SA1	If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. SA6 & SA1.10 SA6 The Trust will Be Regarded As A Great Place To Work. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	Lisa Quinn	Compliance/Regulatory 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1687 SA4	That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes. SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	Lisa Quinn	Financial/Value for Money 12-16 Residual score 20

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1853 SA4	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 The Trust's Mental Health and Disability Services Will Be Sustainable and Deliver Real Value to the People Who Use Them.	James Duncan	Climate & Ecological Sustainability 6-10 Residual score 12

Risks	Risk Description	Risk Owner	Risk Appetite

Ref:			
1694 SA5 & SA6	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 The Trust will be the centre of excellence for Mental Health and Disability SA6 The Trust Will Be Regarded As a Great Place to Work	Ramona Duguid	Quality Effectiveness 6-10 Residual score 12

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
2041 SA3 & SA2	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 Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up". SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention And Resilience.	Lisa Quinn	Quality Effectiveness 6-10 Residual score 12

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

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
1762 SA1	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	Lisa Quinn	Financial/Value for Money 12-16 Residual score 15

Risks	Risk Description	Risk Owner	Risk Appetite

Ref:			
1852 SA2 & 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. SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention and Resilience. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.	Gary O'Hare	Quality Effectiveness 6-10 Residual score 8

Risks Ref:	Risk Description	Risk Owner	Risk Appetite
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. SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.	Lisa Quinn	Quality Effectiveness 6-10 Residual score 9

1.3. Risk Escalations to the BAF/CRR

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

1.4. Risks to be de-escalated

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

1.5. Current BAF and Emerging Risks

There are no new emerging risks.

1.6. Risk Management Policy

Regarding the changes made to some of the Executive meetings specifically to Corporate Decisions Team (CTD) meeting and the subgroups from this meeting the Risk Management policy has now been updated with Trust Leadership Team (TLT) replacing all the CDT-R information.

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 2022-2023 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: Q1 - Q4 22/23 Updated figures from Training Dashboard - Q1 22/23 - 56.3% snapshot Q2 22/23 - 61.1% real time
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	
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.	
7	Internal Audit CNTW 2021- 22/07 Performance Management report (SA5)	7	CNTW 2021- 22/07 Performance Management Report (SA5)	
8	Supreme Court ruling in the MM case in 2018. Ability to discharge detained patients (managed by LD Clinical Services)	8	The High Court decision made on 09.11.21. Provides a legal mechanism to enable capable restricted patients who need to be deprived of their liberty in the community, to live in the community on extended section 17 leave even if	

	this means there is no element of hospital treatment.	

Ref: 1691v.36
Risk Owner: Rajesh Nadkarni
Next Review Date: 17/11/2022

Review/Comments

18.08.22 – Yvonne Newby
Reviewed today. Actions 8248 completed and closed, 1155 and 5553 updated and new target dates set.

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 SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	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
	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 UEC and IP Programme of work refreshed and updated for 2022/23 deliverables	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 Monthly BDG discussion on delivery and impact of UEC and IP programme	2 Daily admissions/patient flow dashboard now live	Staffing shortages continue to be challenging in key areas, thus impacting on consistent core MDT within ward teams.
3 Ward Manager forum established.	3 Improvement outcomes dashboard drafted to support impact of work.	Bed occupancy remains high with significant DTOC in older persons and learning disabilities.
4 Inpatient essential staffing review commenced.	4 Report when review completed.	Crisis team capacity and input to look at overall alternatives to admission.
5 Daily safe staffing huddles in place	5 Emails detailing staffing issues.	Admission and Discharge policy drafted but not yet
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report	
7 Locality daily patient flow meetings remain in place with morning report out for all patients waiting for admission.	7 Emails	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1	Review of quality flags daily to prioritise clinical need.	1 Emails	launched.
2	Weekly patient tracker meetings in place	2 Patient tracker	
3	Weekly DTOC and increased capacity for discharge implemented.	3 DTOC Report	

Ref: 1683v.26

Risk Owner: Ramona Duguid

Next Review Date: 30/11/2022

Review/Comments:

29/09/2022 - Yvonne Newby
Reviewed today. Actions updated and new target dates set. 4 actions responsible person changed.

Risk Report

NHS
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 Trust oversight meeting in place to support mental health community transformation in line with NHS LTP.	1 Investment plans in place and agreed across local systems.	Ability to balance recruitment to new roles whilst not destabilising core services.
2 Locality leadership meetings with system partners established across place.	2 Increase in additional roles across PCNs and regular reporting into BDG on governance framework for new roles.	Staff fragility and shortages within community teams affecting ability to invest in new roles and meet demand for existing care co-ordination.
3 PCN recruitment and additional roles in progress.	3 Report on access and waiting times challenges to BDG.	Ability to engage with other parts of the system to achieve LTP goals
4 Waiting times for community access reviewed monthly with focus on long waiters and challenged pathways in place.	4 Commissioning and QA report to Q&P.	Delivery of new access standards for community care.
5 Clinical Audit CA-19-0033 Caseload Management - Central Locality. Good Practice	5 Clinical Audit final report.	System re-organisation and development of place based teams whilst achieving core offer across all of CNTW community services.
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report	CA-20-0028 (v3) Core Assessment audit South Tyneside CTT Summary Report
7 BDG realigned to provide monthly oversight of CMHT	7 Commissioning and QA report to BDG and TLT.	

	delivery.		ARRS and Primary care governance framework to support current and new roles.	Maturity of PCN and secondary care relationships.
2	CMHT deliverables for 22/23 realigned and updated to focus on core community model, delivering CPA changes and primary care interface & relationships.	2	CMHT deliverables for 22/23	

Ref: 1836v.18

Risk Owner: Ramona Duguid

Next Review Date: 30/11/2022

Review/Comments:

29/09/2022 - Yvonne Newby
Reviewed actions updated and new target dates set. Action 8280 closed.

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):	4	5	20	High (Red)
	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			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 - amber/green rating	CA-21-0020: NICE (Implementation) QS95 & CG185 Psychological Therapy for Use with Bipolar Affective Disorder (BPAD) in a Large NHS Mental Health: Children & Young People's Services ONLY
2 Trust policies and procedures	2 Compliance with policy and procedures	
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	Quarterly Review of compliance against standards through accountability framework - Quarter 2
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	Quarterly Review of compliance against standards through accountability framework - Quarter 3
6 Accountability Framework - Quarterly meetings	6 Accountability Framework document	Quarterly Review of compliance against standards through accountability framework - Quarter 4
7 Regulatory framework of CQC NHSI	7 NTW18-19 - 19/05 CQC Internal Audit (well-led) - Process Substantial Assurance	To develop new management report standardising all quality standards and data quality issues to be
8 Agreement of Quality Priorities	8 Monitored via reports/updates	

1	Monitoring of MHA Reviewer Visit actions and themes	1	MHA Reviewer Visit Database	presented at next Senior Leadership Team (TLT) on 27.06.22.
2	Clinical Audit Report - CA-21-0010 Long-Term Segregation 2020-2021.	2	Clinical Audit final report - 10 September 2021	
3	CNTW 2021-22/07 Performance Management and Reporting internal audit. Substantial assurance	3	Final internal audit report CNTW 2021-22/07 - 6 December 2021.	CA-21-0028: Physical Health Monitoring - South inpatient. As per policy the highest risk rating shows Moderate risk so the re-audit is due in Q2 2023-24.
4	Clinical Audit Report CA - 18-0003 Clinical Supervision Audit. Good Practice	4	Clinical Audit final report - 1 April 2021	CA-22-079.01 Medication Summaries and Discharge Letters - moderate risk rating so the re-audit is due in Q3 2023/24 Dr Jonathan Richardson target date 31.12.22
				Develop a recovery plan to go to October Board 05.10.22
				Final report for audit CA-21-0036: Healthcare Records QMT audit. Minor areas of concerns.
				Quarter 2 update against the annual plan, Trust Leadership Team (TLT).
				CA-21-0001: Allied Health Professional (AHP) Continuing Professional Development (CPD) Audit 2021
				CA-20-0026 POMH-UK Topic 18B: The use of Clozapine
				CA-20-0028 (v3) Core Assessment audit South Tyneside CTT Summary Report
				CA-21-0023: The safe use of opiates within CNTW

		(PPT- PGN-18)

Ref: 1688v.53

Risk Owner: Lisa Quinn

Next Review Date: 02/11/2022

Review/Comments:

22/09/2022 - Yvonne Newby
Action 9247 added following final report for audit CA-21-0037 - Medical Clinicians Completing Independent MDT Seclusion Reviews. Actions all completed re-audit is due in Q2 24/25 this action is now closed. Action 9250 added and target date set. Action 7434 closed and new action 9318 added.

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 Trust Leadership Team(TLT) and RBAC	Capital Strategy for Cumbria to be developed, to be incorporated into ICS strategy prioritisation for national capital funding
2 Working capital management	2 Reported through and in minutes of Trust Leadership Team(TLT) and RBAC	5 year Estates Strategy to be presented to the Board July 22
3 Going Concerns Reporting	3 Discussed and in minutes of Audit Committee	Developing strategic outline cases for LD assessment and treatment services, North Cumbria Inpatients and Older Adults Inpatients Newcastle and North Tyneside
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)	Review Capital Programme for October Board 05.10.22
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	7 Minutes of Trust Leadership Team(TLT) meeting	

	in Newcastle			
2	ICS support nationally and funding identified	2	ICS bid document	
3	Asset sales now identified	3	Standard reporting at Trust Leadership Team(TLT) and RBAC	
4	CEDAR Business Case FBC - bridging loan agreed	4	CEDAR Business Case	
5	Capital Plan for 21/22 agreed by the Board as part of the Annual Financial Plan	5	Board papers and Capital Plan	
6	Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6	Clinical Audit final report	

Ref: 1762v.20

Risk Owner: Lisa Quinn

Next Review Date: 11/10/2022

Review/Comments:

02/09/2022 - Lisa Quinn
Reviewed today. Some controls and assurances amended regarding dates and to reflect new Trust Leadership Team(TLT) replacing CDT and all sub groups of CDT.

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 key programmes. SA4.2	Risk on identification (15/03/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	4	5	20	High (Red)
	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			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 Annual Governance Statement, Quality Account ,Annual plans	Weekly monitoring of sickness and agency spend with an aim to reverting back to 2019 levels of sickness and spend.
2 Annual Financial Plan 22/23	2 Annual Financial Plan 22/23 submitted	Develop a recovery plan to go to October Board on 05.10.22. Including a half year review.
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 Trust Leadership Team(TLT)	
8 Going Concern Report	8 Going Concern Report - Audit Committee April 2022	

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 Trust Leadership Team(TLT) for August 2021 onwards	2 Trust Leadership Team(TLT) papers re quarterly reporting	
3 Internal Audit of CNTW Key Finance Systems (202122 03).	3 Final report dated 20.07.22 good level of assurance.	

Ref: 1687v.39

Risk Owner: Lisa Quinn

Next Review Date: 11/10/2022

Review/Comments:
02/09/22 – Lisa Quinn

Reviewed today. Action 8338 new target date set. Action 7902 completed and closed. Some controls and assurances amended regarding dates and to reflect new Trust Leadership Team (TLT) replacing CDT and all subgroups of CDT.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Ref: 1853v.17

Risk Owner: James Duncan

Next Review Date: 16/12/2022

Review/Comments:

13/09/2022 - Yvonne Newby
Reviewed today. No updates to risk at this time. Actions will be reviewed at next review in December.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. SA6 & 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)
SA6 The Trust will Be Regarded As A Great Place To Work. 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	Review CQC improvement requirements through Board on a Quarterly basis Q4 due 03.05.23.
2 Due Diligence	2 Due Diligence report	Achievement of North Cumbria CQC must do improvement areas Q3.
3 Exec Leadership	3 Identified Exec Lead	Achievement of North Cumbria CQC must do improvement areas Q2.
4 Specific Capacity Identified	4 Identified CNTW Team	Review CQC improvement requirements through Board on a Quarterly basis Q2 due 02.11.22.
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	Review CQC improvement requirements through Board on a Quarterly basis Q3 due 01.02.23.
6 Secured workforce to deliver services	6 Identified staff	Achievement of North Cumbria CQC must do improvement areas Q4.
7 Implementation plan developed	7 Implementation planning paper	Agree Estates Strategy for North Cumbria
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

1	North Cumbria 2 years on Presentation, presented to Council of Governors 25.11.21	1 Copy of presentation	Lead Provider Contract for Sunderland IAPT Service needs to be agreed.
2	Pressures on Systems across the whole organisation presentation to the Board 23.11.21	2 Copy of presentation.	Review CQC improvement requirements through Board on a Quarterly basis Q2 due 05.10.22.

Ref: 1680v.53

Risk Owner: Lisa Quinn

Next Review Date: 11/10/2022

Review/Comments:

02/09/2022 – Lisa Quinn
Reviewed today. Actions 8334 and 8613 updated and closed. New action 9070 added. Action 6903 updated and new target date set.

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Risk Description:
There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention and Resilience. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.

Risk Rating:	Likelihood	Impact	Score	Rating
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
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	COVID now monitored through IPC processes, and any escalation will go from Head of IPC to Deputy Chief Nurse / Chief Nurse.
3 Measures in place for Emergency Opel Planning - Workforce and Services	3 Open and Closed Trust Board Monthly Reporting	
4 Vaccination roll out	4 Open and Closed Trust Board Monthly Reporting	
5 COVID 19 IMG's will now flex between daily and twice weekly.	5 Notes of meetings	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1 Booster vaccination rollout.	1 Open and Closed Trust Board Monthly Reporting	
2 Weekly briefing COVID report to Executive team and BDG.	2 Minutes from meeting.	
3 Absence line approved to manage all absence including any related to pandemics.	3 Weekly absence data.	

Ref: 1852v.12

Risk Owner: Gary O'Hare

Next Review Date: 31/12/2022

Review/Comments:

29/09/2022 - Yvonne Newby
Reviewed today. Actions updated and new target dates set.

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) & SA6	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 SA6 The Trust Will Be Regarded As a Great Place to Work	**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	Ongoing central recruitment and apprenticeships scheme for nursing.
2 RPIW Medical Recruitment	2 RPIW Medical Recruitment outcomes papers	Risk to be discussed at the Medics Meeting and actions to be updated re: medical staffing
3 NTW International recruitment competency process	3 NTW International recruitment competency documents	CA-20-0028 (v3) Core Assessment audit South Tyneside CTT Summary Report
4 OPEL Framework	4 OPEL Framework Documents	Executive Awareness of International recruitment through Medical Director, Trust aware for medical recruitment as a whole through medical managers
5 MDT Collegiate Leadership Team in place	5 MDT Leadership advice and support available	
6 All seven fellowship international recruits arrived into the Trust in December 2018	6 All still in post and deployed across the Trust	
7 The medical recruitment functions have been moved to the medical staffing team	7 The medical staffing team manage the medical recruitment function	
8 Medical Induction Programme	8 Delivery of medical induction programme	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

1 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	1 Clinical Audit final report	recruitment as a whole through medical managers

Ref: 1694v.25

Risk Owner: Ramona Duguid

Next Review Date: 30/11/2022

Review/Comments:

29/09/2022 - Yvonne Newby
Reviewed. Actions updated and new target dates set. Two actions closed 8552 and 2859.

Risk Report

NHS
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)
SA3.2 Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up". SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention And Resilience.	**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, Trust Leadership Team (TLT) and Board	CA-21-0001: Allied Health Professional (AHP) Continuing Professional Development (CPD) Audit 2021
3 Membership of other ICS workstreams (LD, Acute pathways).	3 Regular updates to Execs, Trust Leadership Team (TLT) 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	Lead Provider Contract for Sunderland IAPT Service needs to be agreed.
5 Lead Provider Models for pathways e.g. CYPS, IAPT, Veterans, Substance Misuse.	5 PB Papers and PC Committee oversight.	

Risk Report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Ref: 2041v.12

Risk Owner: Lisa Quinn

Next Review Date: 11/10/2022

Review/Comments:

29/09/2022 - Yvonne Newby
Reviewed action 6911 updated and new target date set.

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):	4	3	12	Moderate
	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	Lead Provider Contract for Sunderland IAPT Service needs to be agreed.
2 Clear Service Specifications	2 To complete	Monitor contracts for all sub-contracts for lead provider models
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	
7 CNTW 202122/13 -Internal Audit Advisory Review - Provider Collaborative.	7 Final Report Internal Audit Advisory Review - Provider Collaborative.	

Risk Report

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Ref: 1831v.24

Risk Owner: Lisa Quinn

Next Review Date: 11/10/2022

Review/Comments:

02/09/2022 - Lisa Quinn
Reviewed today. No changes made.

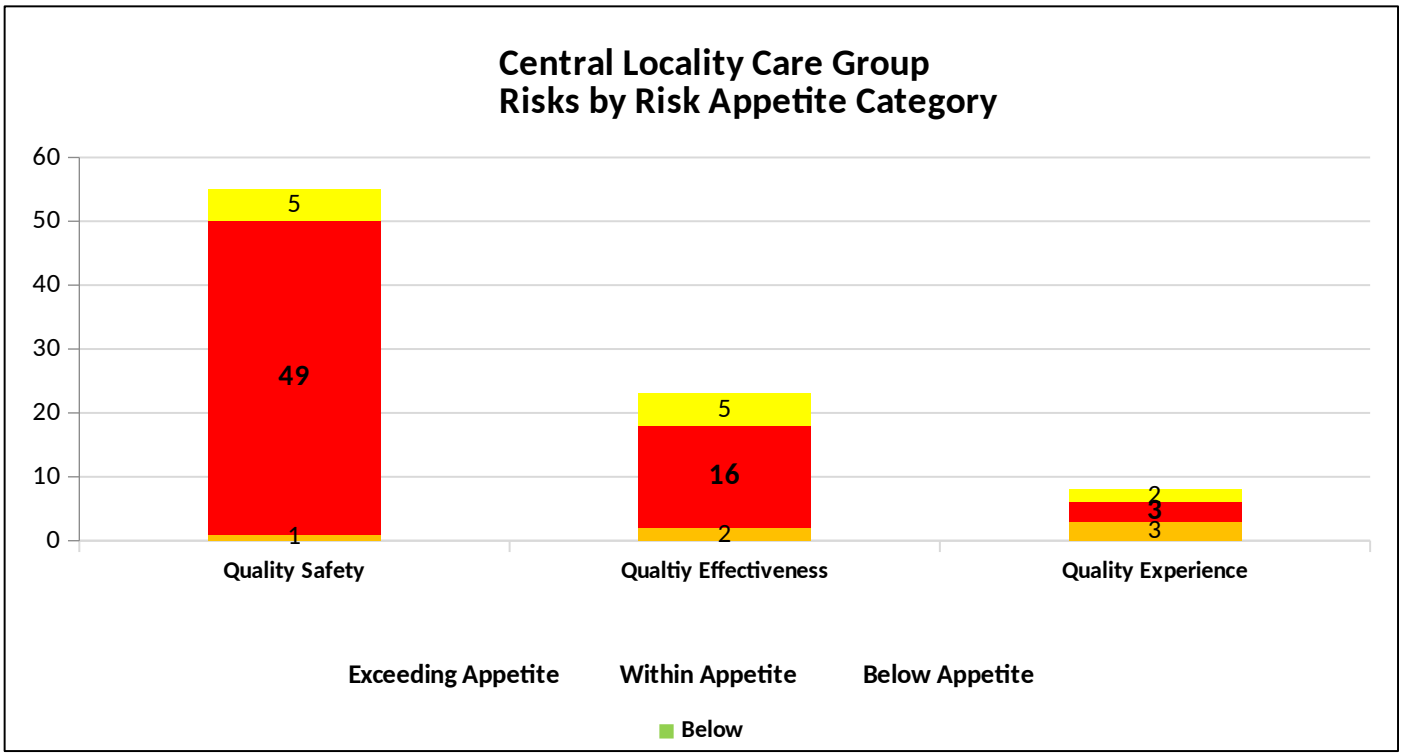
Appendix 3

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 Trust Leadership Team (TLT) meeting bi-monthly.

Clinical Groups

1.0 Central Locality Care Group



In total as at end of September 2022 Central Locality Care Group hold 80 risks, 49 risks have exceeded the risk appetite, 10 are within the appetite and 0 are below. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the Central Corporate Group risk register. Below are the 5 risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1513	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	Quality Effectiveness (6-10)	15	3	5	Anna English

	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.					
1665	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)	12	4	3	Anna English
1737	Access and Waiting Times within CYPS Community Services - Significant work has been undertaken with regard to waiting times within this service however there remains a significant issue in regard to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.	Quality Effectiveness (6-10)	16	4	4	Anna English
1830	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	Anna English

2297	Gateshead CTT are working with very low numbers of qualified staff. The impact of this is compromising the safety of staff and patients, also effecting the provision of care to patients and the wellbeing of staff. This is likely to happen with a major impact of services if it were to happen.	Quality Safety (6-10)	16	4	4	Anna English

1.2 Central Locality Corporate Business Units

The four CBU's within the Central Locality currently hold a total of 74 risks. 63 of those risks have exceeded a risk appetite, 11 are within and there are no risks below the appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 24 October 2022. These risks will be reviewed again within this meeting on a bi-monthly basis. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

1.3 Community Central CBU

There are 20 risks for Community Central CBU. There are 16 risks which have exceeded the risk appetite, 4 risks within the risk appetite. and no risks are below. The Appetite Categories for the 16 risks exceeding the appetite are 8 within Quality Safety, 7 within Quality Effectiveness and 1 within Quality Experience.

1.4 Inpatient Central CBU

Inpatient Central CBU has 23 risks. There are 20 risks which have exceeded the risk appetite, 3 risks within the risk appetite. and no risks are below. The Appetite Categories for the 20 risks exceeding the appetite are 18 within Quality Safety, and 2 within Quality Effectiveness.

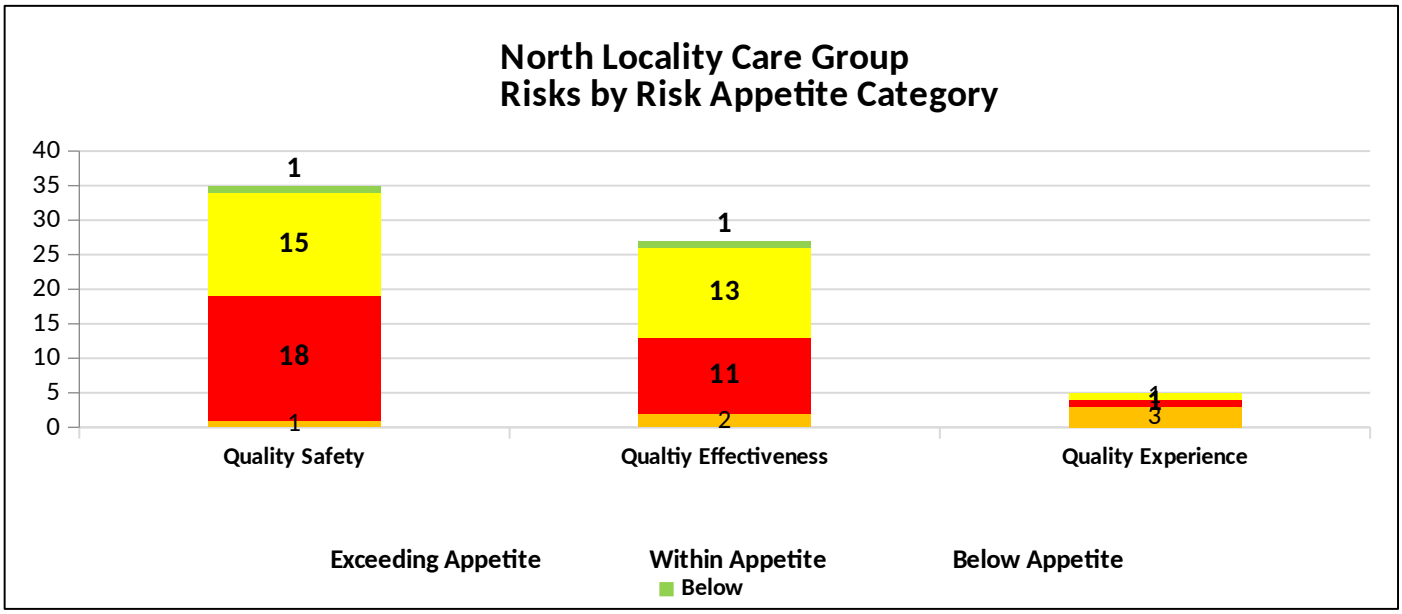
1.5 Secure Care Services CBU

There are 31 risks for Secure Care Services CBU. There are 27 risks which have exceeded the risk appetite, 4 risks within the risk appetite. and no risks are below. The Appetite Categories for the 27 risks exceeding the appetite are 21 within Quality Safety, 5 within Quality Effectiveness and 1 within Quality Experience.

1.6 Access Central CBU

Access Central CBU currently holds 2 risks. 1 risk exceeds the risk appetite and 1 risk is within the risk appetite. The Appetite Category for the 1 risk exceeding the appetite is within Quality Experience.

2.0 North Locality Care Group



North Locality Care Group as at end of September 2022 hold 61 risks, 30 risks which have exceeded the risk appetite, 29 risks within the risk appetite, and 2 below the appetite and. 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
1176	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	Sarah Brown
1198	Sickness absence levels continue to be monitored formally through the Locality LMG.	Quality Effectiveness (6-10)	12	4	3	Chloe Mann
1287	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	Sarah Brown
1809	CCTV coverage within St Georges Park site is extremely limited, the system is over 15years old and of poor quality.	Quality Safety (6-10)	12	4	3	Pam Travers

	The wards only have coverage at the door entry system and does not cover reception and admin areas. The lack of/poor provision makes SGP an outlier within the Trust in terms of security and compromised patient safety.					
1910	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 55 risks. 25 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on a bi-monthly basis. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

2.2 Community North CBU

Community North CBU is currently holding 18 risks. 11 risks are exceeding risk appetite, 7 risks are within the risk appetite and no risks are below the appetite. The Appetite Categories for the 11 risks exceeding the appetite are 6 within Quality Safety, 4 within Quality Effectiveness and 1 within Quality Experience.

2.3 Inpatient North CBU

Inpatient North CBU is currently holding 19 risks. 6 risks are exceeding risk appetite, 13 risks are within risk appetite. and there are no risks below the appetite. The Appetite Categories for the 6 risks exceeding the appetite are all within Quality Safety.

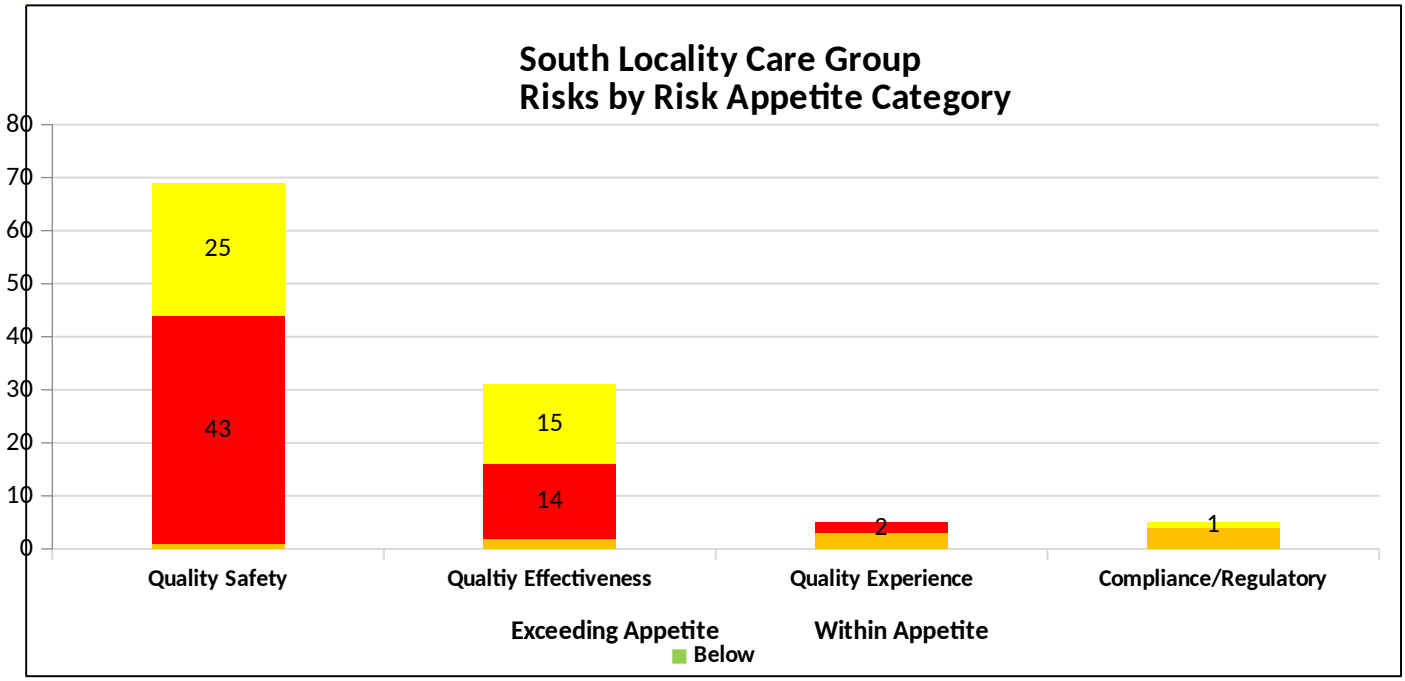
2.4 Access North CBU

Access North CBU is currently holding 3 risks, 2 risks are exceeding risk appetite, 0 risk are within risk appetite and 1 risk is below the appetite. The Appetite Categories for the 2 risks exceeding the appetite is within Quality Safety

2.4 Learning Disabilities & Autism CBU

Learning Disabilities & Autism CBU is currently holding 15 risks. 6 risks are exceeding risk appetite, 8 risks are within the 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 2022 the South Locality Care Group hold 92 risks, 0 risks are lower than the risk appetite, 42 risks within the risk appetite and 50 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 7 risks on the South Corporate Group risk register – 7 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
857	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)	15	5	3	Andy Airey
1160	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
1279	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
1288	Medication page's on RiO are not being kept up to date as per CNTW policy. Information transferred to the MHDS may	Quality Safety (6-10)	12	4	3	Andy Airey

	not be accurate.					
1497	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)	12	4	3	Patrick Keown
1769	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
2132	There are currently no staff in date with training in the use of MRE/ERB within South Inpatient CBU. Patient may require this intervention and staff are not competent to apply the use of MRE/ERB which may result in harm to either patient or staff member.	Quality Safety (6-10)	12	4	3	Andy Airey

3.1 South Locality Corporate Business Units

The four CBU's within the South Locality currently hold a total of 93 risks. 52 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on a bi-monthly basis. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

3.2 Community South CBU

Community South CBU is currently holding 31 risks. 21 risks which has exceeded the risk appetite, 10 risks within the risk appetite, and there are no risks below the appetite. The Appetite Categories for the 21 risks exceeding the appetite 16 are within Quality Safety, 5 within Quality Effectiveness.

3.3 Inpatient South CBU

Inpatient South CBU is currently holding 36 risks. 17 risks are exceeding the risk appetite, 19 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 19 risks exceeding the appetite are16 within Quality Safety, 3 within Quality Effectiveness.

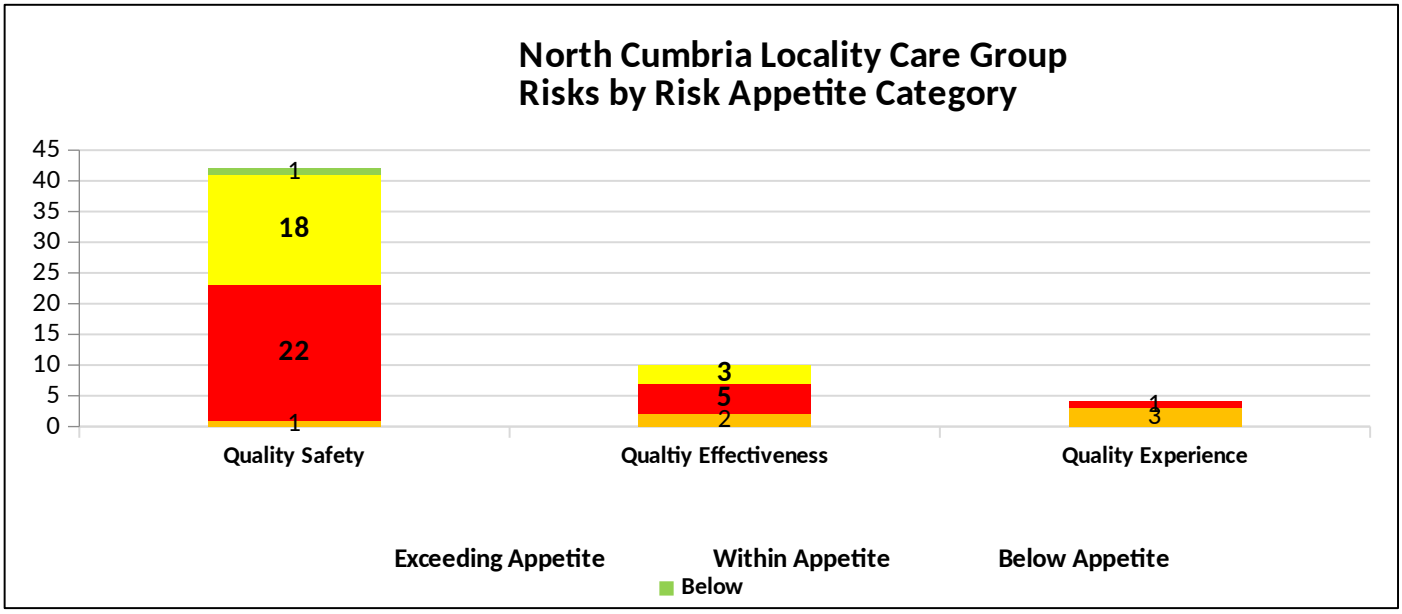
3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 23 risks. 11 risks are exceeding the risk appetite 12 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 11 risks exceeding the appetite are 6 within Quality Safety and 7 within Quality Effectiveness.

3.5 Access South CBU

Access South CBU is currently holding 3 risks. 3 risks are exceeding the appetite and there are no risks with or below the appetite. The Appetite Categories for the 3 risks exceeding the appetite are within Quality Safety.

4.0 North Cumbria Locality Care Group



In total as at end of September 2022 the North Cumbria Locality Care Group hold 50 risks, 27 risks which have exceeded the risk appetite, 23 risks are within the risk appetite and 1 risk is below the risk appetite. All risks are being managed within the North Cumbria Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 3 risks on the North Cumbria Corporate Group risk register. 2 risks have exceeded the risk appetite, and 1 risk is within the risk appetite and. Below are the risks which have exceeded a risk appetite.

NB. Likelihood score for risk 1799 had decreased from 5. Almost Certain to 4. Likely reducing the residual score of this risk from 20 to 16.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1799	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	Quality Safety (6-10)	15	4	4	Stuart Beatson

	addressed services will struggle to operate at a level which is safe and/or timely in order to meet patient need.					
1946	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 levels which would compromise patient care and quality.	Quality Safety (6-10)	16	4	4	David Muir

4.1 North Cumbria Locality Corporate Business Units

The 3 CBU's within the North Cumbria Locality currently hold a total of 47 risks. 26 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on a bi-monthly basis. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

4.2 Community/ Access North Cumbria CBU

Community/ Access North Cumbria CBU currently hold 17 risks. 11 risks are exceeding the risk appetite, 6 risks are within the risk appetite. and 0 risks are below the appetite. The Appetite Categories for the 11 risks exceeding the appetite are 9 within Quality Safety and 2 within Quality Effectiveness.

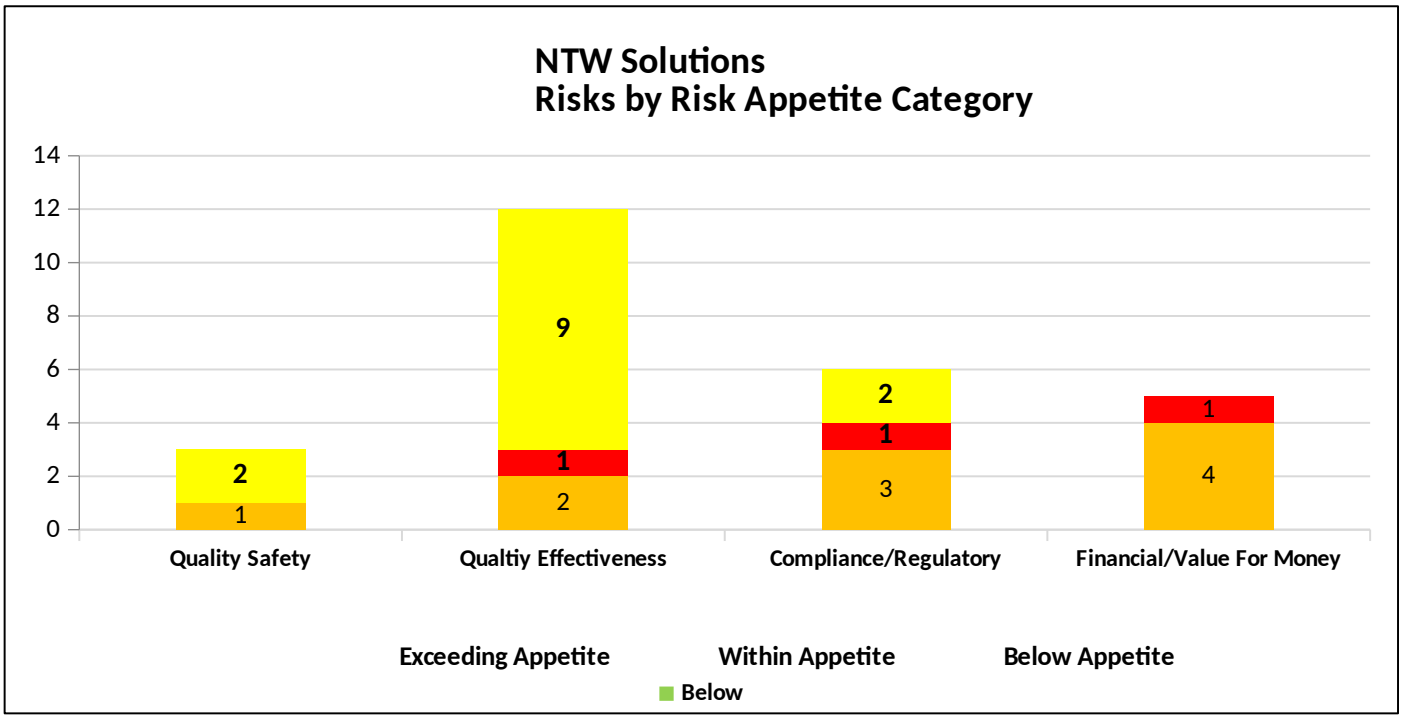
4.3 Inpatient North Cumbria CBU

Inpatient North Cumbria CBU is currently holding 11 risks. 7 risks are exceeding the risk appetite, 3 risks are within the risk appetite. and 1 risk is below the appetite. The Appetite Categories for the 7 risks exceeding the appetite are 6 within Quality Safety and 1 within Quality Effectiveness

4.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 19 risks, 8 risks are exceeding the risk appetite, 11 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 8 risks exceeding the appetite 5 are within Quality Safety, 2 are within Quality Effectiveness and 1 is within Quality Experience.

5.0 NTW Solutions



In total as at end of September 2022 the NTW Solutions holds 16 risks. 3 risks have exceeded the risk appetite, 13 risks within 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 7 risks on the NTW Solutions Corporate risk register. 2 risks have exceeded the risk appetite, 5 risks are within the risk appetite and there are no risks below the risk appetite.

Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1732	NTW Solutions own Medical Devices. Failure to maintain these appropriately could lead to non-compliance, litigation and prosecution of NTW Solutions. Currently the funding is insufficient to carry this out.	Compliance / Regulatory (6-10)	16	4	4	Matthew Lessells
2286	Due to national issues impacting the pool of individuals available and changing mindset following COVID, the Company is experiencing increased difficulties recruiting and retaining its workforce. This is now a company wide issue impacting several services. Inability to fill posts could result in an negative impact	Quality Effectiveness (6-10)	12	4	3	Tracey Sopp

	on the quality of services delivered.					

5.1 NTW Solutions Divisions

The 4 Divisions within the NTW Solutions currently hold a total of 9 risks. 1 risk has exceeded the risk appetite, 8 risks are within the risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on a bi-monthly basis. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

5.2 NTW Solutions Transactional Services

NTW Solutions Transactional Services currently hold 3 risks. 3 risks are within the risk appetite and no risks have exceeded the risk appetite and there are no risks below the risk appetite.

5.3 NTW Solutions Estates and Facilities

NTW Solutions Estates and Facilities currently hold 4 risks. 1 risk is exceeding the risk appetite, 3 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 1 risk exceeding the appetite is 1 within Compliance/Regulatory.

5.4 Estates and Facilities

Estates and Facilities currently holds 1 risk. This risk is within the risk appetite.

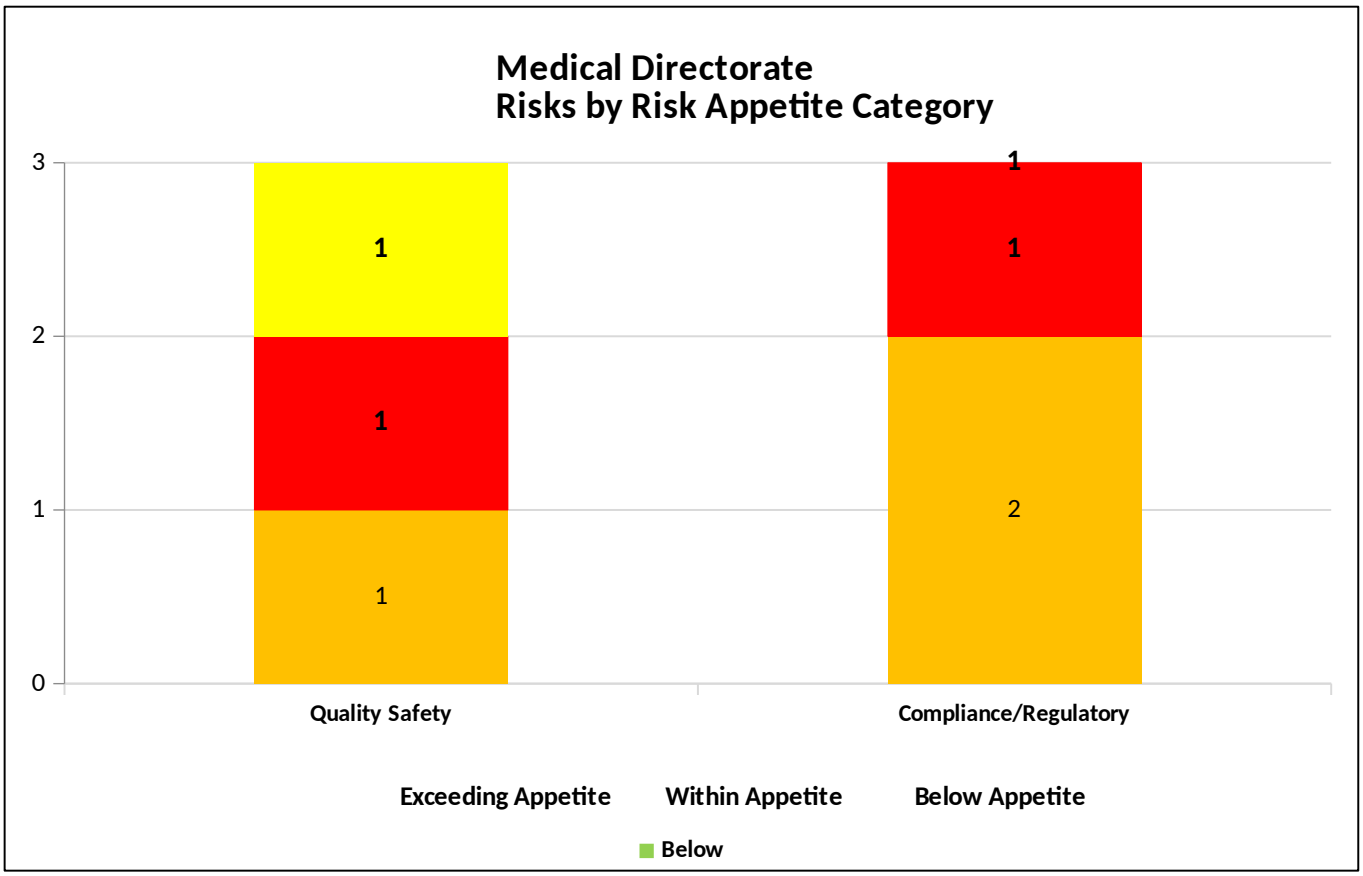
5.5 Pharmacy (NTW Solutions)

Pharmacy currently holds 1 risk. This risk is within the risk appetite.

6.0 Executive Corporate

The Chief Executive as at end of September 2022 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 Corporate Medical Directorate

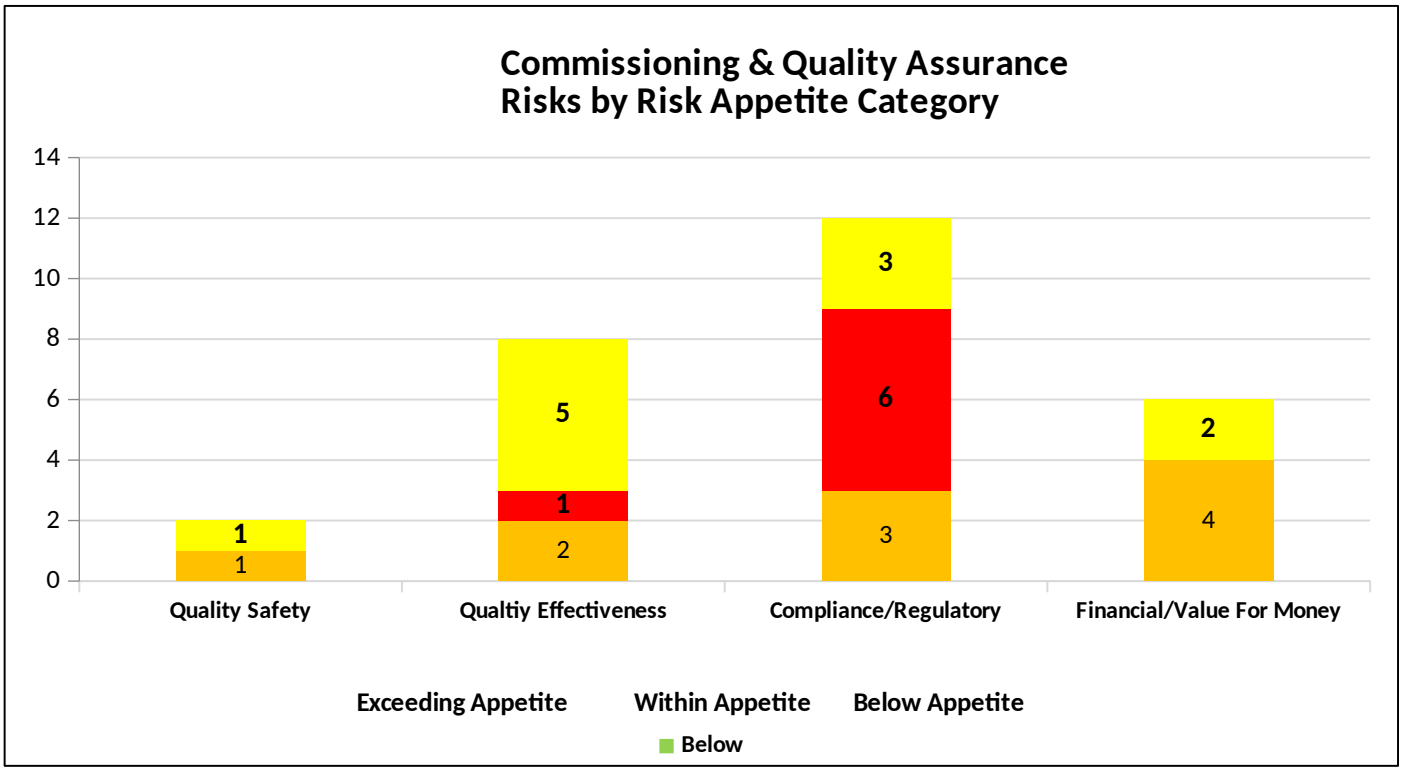


The Executive Medical Director as at end of September 2022 holds 4 risks, 2 risks are exceeding the risk appetite and 2 risks are within the risk appetite. Information in relation to breached risks are given below. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
2048	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 Walker
2129	Staff training compliance is below the required levels for safeguarding level 2 and 3. Staff knowledge is not contemporary with current	Quality Safety (6-10)	12	3	4	Claire Thomas

	guidelines and learning leading to a risk that safeguarding concerns may not be appropriately identified and responded to. The Trust has never provided level 3 training for adults which is a requirement in the intercollegiate document					

8.0 Commissioning and Quality Assurance



The Executive Director of Commissioning and Quality Assurance as at end of September 2022 holds 18 risks, 7 risks which have exceeded a risk appetite and 11 risks within the risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

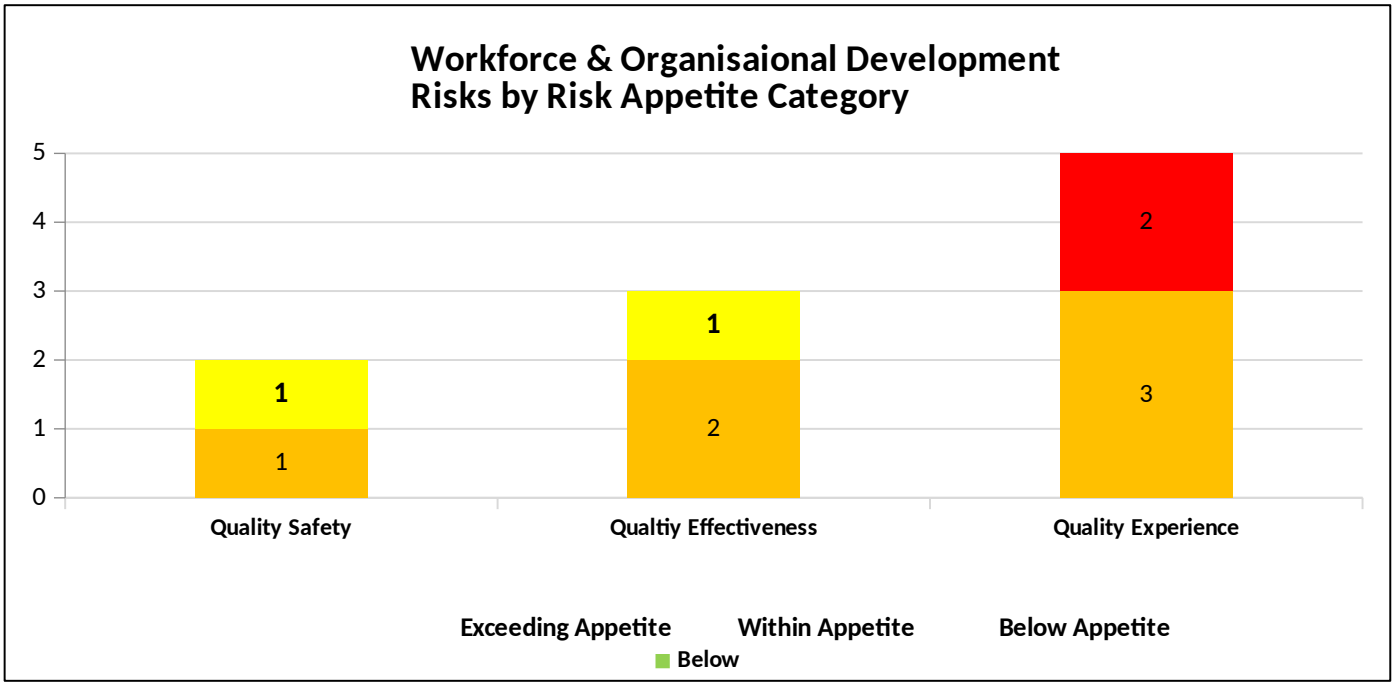
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1172	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/ Regulatory (6-10)	12	4	3	Jon Gair
1576	Data leakage risk of Trust	Compliance/	15	5	3	Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	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)	Regulatory (6-10)				
1655	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
1719	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
2210	The Electronic Prescribing Disaster Recovery (EPDR) solution provides a live copy of electronic prescribing data & allergy information which is accessible to RiO users via a desktop icon which is used during planned or unplanned RiO	Compliance/ Regulatory (6-10)	12	4	3	Gillian Sanderson

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	downtime. The EPDR audit trail data has previously been transferred for monitoring through the Enhanced Audit System which is used by the IG dept to monitor inappropriate access to data. Due to limitations with EPDR the audit trail extracts from EPDR are not functioning and audit trail data directly within EPDR is also not accessible. There is currently a risk of inappropriate access to EDPR data which will not be picked up as monitoring is currently not possible					
2257	The Trust is entering into multi agency working with many different organisations across different sectors (eg Third sector) as a result we are at risk of not involving/ making all staff groups aware at the earliest opportunity of new developments and relationships so that we can support them adequately and ensure the correct systems and governance is set up to support them. This is likely to happen and would have a major impact if it were to happen.	Compliance/ Regulatory (6-10)	12	4	3	Gillian Keane
2264	Risk in relation to access to digital systems and services at Monkwearmouth Hospital. Demolition and redevelopment work in the middle of the Monkwearmouth site is going to increase the risk of accidental damage to cabling which bridges the buildings between the North and South of the campus site. This cabling is currently critical to carry	Quality Effectiveness (6-10)	12	4	3	Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	data/voice network traffic across the site. Disruption to this cabling could effect access to clinical systems such as RiO and other digital dependencies such as telephones/printers etc. This work is expected over a period of many months with existing infrastructure needing to be maintained during this time.					

9.0 Workforce and Organisational Development

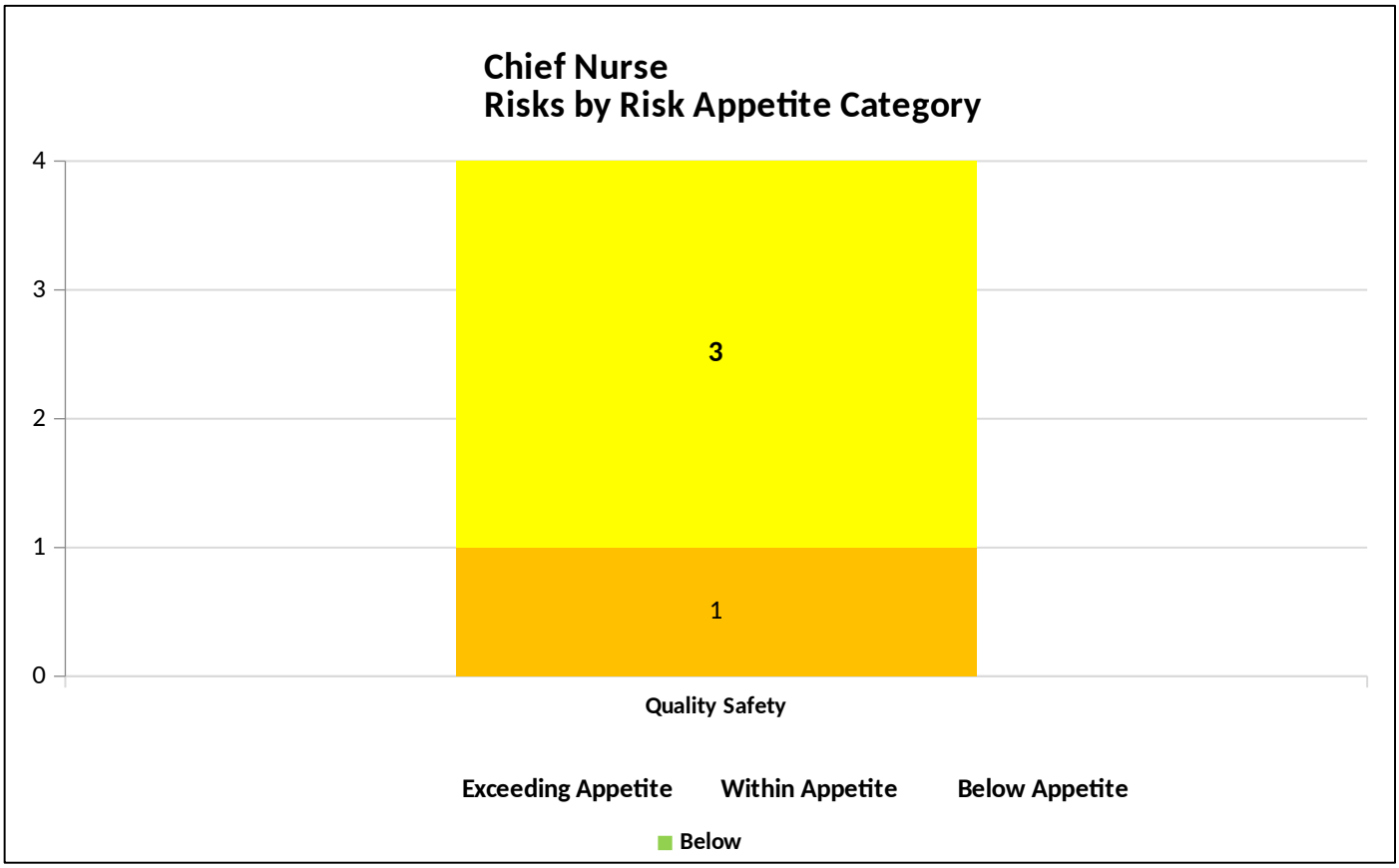


The Executive Director of Workforce and Organisational Development as at end of September 2022 holds 4 risks. There are 2 risks exceeding the risk appetite and 2 risks that are within the risk appetite. No risks to escalate to the BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1715	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	Quality Experience (6-10)	12	3	4	Michelle Evans

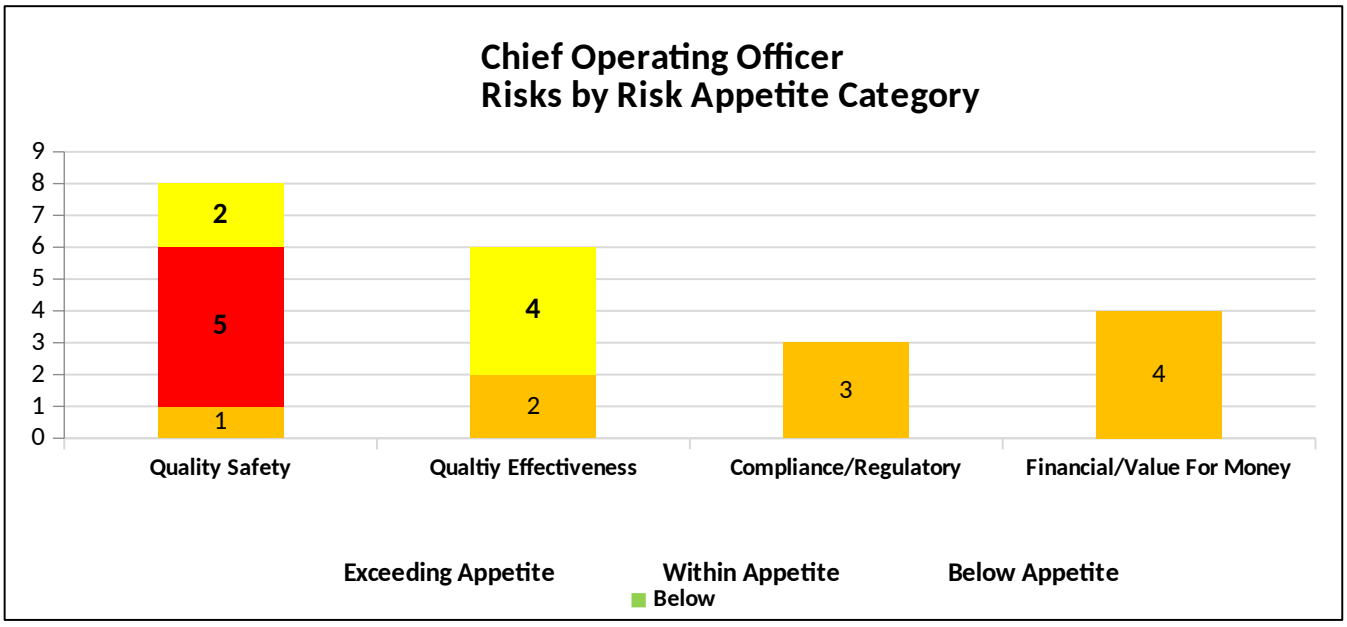
	financial impact					
2133	Due to staffing shortage there is reduced capacity for the Staff Psychological Centre to provide support and treatment to Trust staff in a timely manner. This is resulting in delays to both Triage and treatment with a waiting list now in operation. In some cases this may result in staff remaining absent from work for longer.	Quality Experience (6-10)	15	3	5	Michelle Evans

10.0 Chief Nurse



The Chief Nurse as at end of September 2022 holds 3 risks. All 3 risks are within 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.

11.0 Chief Operating Officer



The Chief Operating Officer as at end of September 2022 holds 11 risks. 5 risks exceed the risk appetite, 6 are within 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
1220	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
1611	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
2122	Increased referrals has seen an increase in unsafe caseloads for dietetic staff and an increased risk of urgent patients not being seen within	Quality Safety (6-10)	12	4	3	Gillian Senior

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	agreed time frame leading to refeeding syndrome and harm. The impact is that we are not responsive to our patients to meet their needs fully.					
2152	North Cumbria Locality will lose 80% of its Dietetic workforce through maternity leave by May 2022. There is a risk that eating disorder patients, both young people and adults will not receive a NICE compliant service. There is a risk that urgent referrals from other services in North Cumbria will not be seen within 2 weeks. The service will not have the ability to deliver a full level of Dietetics service to patients in North Cumbria.	Quality Safety (6-10)	12	3	4	Gillian Senior
2197	The Trustwide Dietetics Service is operating at 50% of it's workforce due to maternity leave and vacancies in all bandings of qualified staff. There is a risk that eating disorders patient both young people and adults will not receive a NICE compliance service. There is a risk that urgent referrals from other services will not be seen within two weeks. The Dietetics service will not have the ability to deliver a full level of dietetic input across the Trust.	Quality Safety (6-10)	12	3	4	Gillian Senior

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
14 October 2022

All Internal Audits scheduled for 2022/2023

Internal Audit 2022/2023					
	2022/2023				
	Q1	Q2	Q3	Q4	BAF/Directorate Ref
Governance, Risk and Performance					
Risk Management & Board Assurance Framework				*	BAF
Management of Service Level Agreements		*			
Finance, Contracting & Capital					
Key Finance Systems			*		BAF 1687 SA4
Human Resources & Workforce					
Pre- Employment Checks	*				
Appraisal			*		
Technology Risk Assurance: IM&T & Information Governance					
Data Security & Protection Toolkit – Final Assessment June 2022 Submission	*				
Data Security & Protection Toolkit – Interim Assessment June 2023 Submission				*	
Digitising Medical Records - Project Controls					
Cyber Security: Penetration Testing (external facing network devices)					
St Nicholas Hospital Data Centre Security					
RiO Upgrade – Pre-Upgrade project and implementation controls					
RiO Upgrade – Post-Upgrade implementation review					
VMWare and Storage Area Network (SAN) security and management controls					
Data Quality					
Performance Management & Reporting		*			
Quality & Clinical Governance					
Engagement and Observation - Policy Compliance – CNTW(C)19					
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	2022/2023				
	Q1	Q2	Q3	Q4	BAF/Directorate Ref
Governance, Risk and Performance					
COVID 19 Response					BAF 1687 - SA4 BAF 1852 - SA2, SA4
Body Worn Cameras					
Staff Attack Pagers					
Finance, Contracting & Capital					
No PO No Pay			*		
Business change				*	DIR 1864
IFRS 16 Lease Accounting		*			
Human Resources & Workforce					
Bank & Agency - Costs		*			
Bank & Agency – Pre-Employment Screening & Local Onboarding Process					
International Recruitment	*				BAF 1694 - SA5
Quality & Clinical Governance					
Clinical Risk Assessment & Management Plan				*	
Mental Health Act – Policy & Overarching PGNs					BAF 1691 - SA5
Mental Health Act – Delegation of Statutory Functions					BAF 1691 - SA5
Clinical Risk Assessment				*	
Technology Risk Assurance: IM&T & Information Governance					
Allocate System Pre-implementation project and security controls					
Electronic Prescribing & Medicines Administration (EPMA) Disaster Recovery Controls					
Freedom of Information Compliance					
Omnicell System Security & Management Controls					
NWT Solutions					
DSP Toolkit	*				DIR 1637 - SA5
Rostering and Overtime				*	
Cleanliness Standards				*	
ERIC (Estates Returns Information Collection) and PAM (Premises Assurance Model)			*		
SLA (Service Level Agreement) – KPIs		*			
Catering Services					

Appendix 5

Clinical Audit Plan					
	2022/2023				
Review Area	Q1	Q2	Q3	Q4	BAF/SA/Directorate (DIR) Ref
Must Do Clinical Audits - Re audit					
CA-19-0002- Seclusion Annual audit 21-22	*				BAF Risk 1694 SA 5
CA-19-0003 - Seclusion Annual audit 21-22		*			BAF Risk 1694 SA 5
CA-19-0004 - Seclusion Annual audit 21-22			*		BAF Risk 1694 SA 5
CA-19-0005 - Seclusion Annual audit 21-22				*	BAF Risk 1694 SA 5
CA-21-0011 - Annual Seclusion - Minor areas of concern					BAF Risk 1694 SA 5
CA-18-0029 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-19-0027 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0001 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0002 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0039 - Physical Health Monitoring following Rapid Tranquilisation - Commencing in Jan 22				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-15-0054 - Nutrition policy audit - Partially Compliant			*		
CA-16-0047 - Nutrition policy audit - Significant Assurance			*		
CA-17-0002 - Nutrition policy audit - Significant Assurance with issues of note			*		
CA-18-0004 - Nutrition policy audit - Good Practice			*		
CA-19-0032 - Nutrition policy audit - Good Practice			*		
CA-21-0012 - Nutrition policy audit - Ongoing			*		DIR Risk 1611
CA-18-0026 - Medicines Reconciliation - Excellen Practice in some areas and non compliant in certain areas.			*		DIR Risk 1288
CA-20-0021 - Medicines Reconciliation -Minor areas of concern with a moderate risk			*		DIR Risk 1288
CA-20-0005 - Prescribing Observatory for Mental Health (POMH-UK) Topic 20b The quality of Valproate - Areas of Concern Highest Risk:20 (High)			*		DIR Risk 1220
Must Do Clinical Audits - NEW					
Prescribing Observatory for Mental Health (POMH-UK) Topic 21a Use of Melatonin	*				
Respiratory Audits (British Thoracic Society)	*				
Should Do Clinical Audits					
Trust Priority Re Audit					
CA-21-0026 - Naso Gastric Tube Feeding Audit		*			
CA-21-0029 - Monitoring of Prolactin in Patients Prescribed Antipsychotic Medications and the Management of Raised Prolactin Levels in Rehabilitation Wards - CA-19-0030 Areas of Concern / Moderate Risk	*				
CA-21-0035 - CYPS CPA Care and Treatment Audit - CA-19-0009: Areas of Concern	*				
CA-21-0037 - Medical Clinicians Completing Independent MDT Seclusion Reviews	*				BAF Risk 1688 SA5 DIR Risk 1637

Medicines Management Re Audit					
CA-19-0017 - Safe Prescribing and administration of insulin - Areas of Concern	*				
CA-19-0019 - Management of Acute Alcohol withdrawal in adults - Minor Areas of Concern			*		
CA-19-0028 - Drug Allergies - Excellent Practice					
CA-18-0021 - Benzodiazepine and Z-drug Prescribing (PPT-PGN-21) - Non compliance with areas of concern	*				
CA-21-0023 - The safe use of opiates within CNTW (PGN-PPT-PGN 18)- Areas of Concern				*	
CA-21-0033 - The use of zuclopenthixol acetate (Accuphase) within CNTW – Re-audit (PPT-PGN- 27) - CA-17-0013: Limited assurance - CA-20-0015: Areas of concern	*				
CA-21-0034 - High Dose and Combined antipsychotics Trustwide audit - CA-20-0013: Minor areas of concern	*				
CA-21-0040 - Safe Prescribing of Valproate (PPT-PGN-25 - Baseline audit but to note CA-20-0005		*			DIR Risk 1220
Medicines Management NEW					
The monitoring of lithium in the community		*			
The monitoring of lithium in the inpatient setting		*			
Evaluation of the use of botulinum toxin within CNTW			*		
To evaluate the prevalence and significance of monitoring prolactin levels in patients on antipsychotics		*			
Evaluate the use of rapid tranquilisation in CYPSS				*	
High Dose and Combined antipsychotics Trust wide audit					
Safe Prescribing of Valproate (PPT-PGN-25)					
Trust Wide Re Audit					
CA-18-0022 - Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21) - Areas of Concern				*	
CA-20-0031 - Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21) - Minor Areas of Concern (Moderate Risk)				*	
CA-21-0010 - Long Term Segregation - Good Practice				*	
CA-19-0035 - Safeguarding Adults at Risk - Good Practice				*	
CA-20-0025 Time to re-orientation following ECT - Minor areas of concern		*			
CA-20-0024 - Weight management when prescribing antipsychotics – Trust wide - Areas of concern	*				
CA-20-0027 Transition Referrals to the Adult ADHD team via CYPS Minor areasof concern with a moderate risk			*		
CA-18-0013 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of concern				*	
CA-20-0026 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of concern with amoderate risk				*	
Trust Wide NEW					
Under 18's being held in a section 136 suite	*				

NICE (Implementation) Re Audit					
CA-15-0002 - NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Adult and CYPS Services) - Compliant with this section			*		
CA-19-0008 - NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Adult and CYPS Services) - Areas of concern midium risk			*		
CA-21-0020: NICE (Implementation) QS95 & CG185 Psychological Therapy for Use with Bipolar Affective Disorder (BPAD) in a Large NHS Mental Health: Children & Young People's Services ONLY - Sample size too small			*		BAF Risk 1688 SA5 DIR Risk 1637
NICE (Implementation) NEW					
Audit of Delirium Checklist as part of implementation audit for NICE CG103 Delirium	*				
Trust Priotires Audits (identified by the Localities)					
North Locality					
CA-21-0004 - Patient Debrief Post Tertiary Intervention Joint Audit Inpatient CBU & Learning Disabilities & Autism CBU - **To commence March 2022 completion date yet to be finalised.**					BAF Risk 1688 SA5 DIR Risk 1637
Clinical Standards Review	*				BAF Risk 1688 SA5 DIR Risk 1637
South Locality					
CA-21-0028 - An audit to assess Physical Health Monitoring compliance with CNTW(C) 29	*				BAF Risk 1688 SA5
Central Locality					
None					
North Cumbria Locality NEW					
Dentistry			*		
Risk (Post FACE)	*				
North Cumbria Locality Re Audit					
CA-21-0006 - Co-production: Formulation, Care Plan, Safety Plan, GTKY, Training - NC Inpatient CBU		*			
CA-21-0007 - Re-audit of anticholinergic burden in patients referred to the Old Age Psychiatry Department with memory impairment - NC Community & Access CBU		*			
CBU Priorities					
North Community NEW					
Progress Note framework	*				BAF Risk 1688 SA5 DIR Risk 1637
Care Planning including relapse/contingency planning (personalised/collaborative)		*			BAF Risk 1688 SA5 DIR Risk 1637
Recording of supervision in clinical records			*		BAF Risk 1688 SA5 DIR Risk 1637
FACE risk profile, FACE FAQs				*	
North Inpatient and Learning Disabilities & Autism					
None					

North Cumbria Inpatient					
None					
North Cumbria Access & Community NEW					
Individual Recovery Outcome Counter (iRoc))	*				
Specialist Children's & Young People's Services NEW					
Child Leave Arrangements		*			
South Inpatient NEW					
Risk assessment and crisis and contingency management plans			*		
South Community Re Audit					
CA-20-0028: Core Assessment audit within South Tyneside CTT - Areas of concern with a moderate risk					
South Access					
None					
South Neuro and Specialist Services					
None					
Ongoing Audits from the 21-22 Programme					
CA-18-0025 - National Audit of Inpatient Falls (NAIF) Continuous Audit - Connected to audits CA-19-0037 & CA-20-0029 relating to	*				
CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3 - CA1-18-0001 Position Statement Stage 2 Not Applicable in MH.		*			
CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20 - Connected to the audits CA-19-0025 & CA-20-0029 relating to facilities.	*				
CA-20-0016 National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services - Added to 20-21 Clinical Audit Plan on 06/10/2020. Original start date was January 21. Deferred to 21-22 due to national amendment to timescale in September 21 due to COVID-19			*		
CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Audit 20-21 - Connected to the following audits CA-19-0037 & CA-20-0025 to facilities:	*				
CA-21-0014 - Prescribing Observatory for Mental Health (POMH-UK) Topic 1h & 3e Prescribing high dose and combined antipsychotics - CA-17-0008: Low risk CA-17-0020: Low risk	*				
CA-21-0015 - Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-audit: Prescribing antidepressants for depression in adults - CA-19-0018: Moderate risk			*		
CA-21-0016 - Prescribing Observatory for Mental Health (POMH-UK) Topic 14c Prescribing for substance misuse alcohol detoxification - CA-15-0115: High risk CA-19-0019: Low risk	*				
CA-21-0027 National Audit of Inpatient Falls - Bed Rail Audit 21-22 Connected to the following audits relating to facilities: CA-19-0037 CA-20-0029 - Developed as part of: CA-18-0025				*	
CA-21-0031 Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of Clozapine - Relates to NCAP Process: CA-17-0017 Core Audit CA-18-0014 EIP Spotlight Audit (1) CA-19-0010 EIP Spotlight Audit (2) CA-20-0006 EIP Spotlight Audit (3)				*	

Board Assurance FrameWork 2022-2023																
BAF Dashboard 2022 - 2023																
Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores						Gaps in Controls within Q2		
							Q1	Q2	Q3	Q4	Target Score	Expected date risk to be mitigated and brought within the risk category appetite.	Open Actions	Added Actions	Closed Actions
SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	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)	Ramona Duguid	Q&P	Quarterly	Quality Effectiveness (6-10)	16 ⟷	16 ⟷			4	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	0	0
	1762	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1)	Lisa Quinn	RABC	Quarterly	Fiancial/Value for Money (12-16)	15 ⟷	15 ⟷			5	This risk is already within the risk category appetite.	4	1	0
SA.2 With People, Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.	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. (SA2) and (SA4)	Gary O'Hare	Peoples Committee	Quarterly	Quality Effectiveness (6-10)	8 ⟷	8 ⟷			4	This risk is already within the risk category appetite.	2	0	0
SA.3 Working With Partners There Will B "No Health Without Mental Health" And Services Will Be "Joined Up	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) and (SA2) **Risks 1682 & 1685 were merged into this risk on 21.09.21 (Q2)**	Lisa Quinn	Provider Collaborative	Monthly	Quality Effectiveness (6-10)	12 ⟷	12 ⟷			8	This risk expected date of risk being brought within risk categorey appetite is 31.03.2023.	4	0	0

Board Assurance FrameWork 2022-2023																
BAF Dashboard 2022 - 2023																
Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores						Gaps in Controls within Q1		
							Q1	Q2	Q3	Q4	Target Score	Expected date risk to be mitigated and brought within the risk category appetite.	Open Actions	Added Actions	Closed Actions
SA4 The Trust's Mental Health and Disability Services will be sustained and deliver real value to the people who use them	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)	Lisa Quinn	Provider Collaborative	Monthly	Quality Effectiveness (6-10)	9 ⟺	9 ⟺			3	This risk is already within the risk category appetite.	2	0	0
	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)	Ramona Duguid	Q&P	Quarterly	Quality Effectiveness (6-10)	12 ⟺	12 ⟺			4	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	7	0	2
	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)	James Duncan	RBAC	Quarterly	Climate & Ecologial Sustainability (6-10)	12 ⟺	12 ⟺			8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	0	0
	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)	Lisa Quinn	RBAC	Quarterly	Fiancial/Value for Money (12-16)	15 ⟺	20 ↑			10	This risk is already within the risk category appetite.	3	2	1

Board Assurance FrameWork 2022-2023																
BAF Dashboard 2022 - 2023																
Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores						Gaps in Controls within Q1		
							Q1	Q2	Q3	Q4	Target Score	Expected date risk to be mitigated and brought within the risk category appetite.	Open Actions	Added Actions	Closed Actions
SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	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. (SA 5)	Lisa Quinn	Q&P	Monthly	Compliance/ Regulatory (6-10)	15 ⟷	20 ↑			5	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	14	5	6
	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)	Rajesh Nadkarni	MHL Group	Quarterly	Compliance/ Regulatory (6-10)	12 ⟷	12 ⟷			8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	2	0	1
	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) and (SA6)	Ramona Duguid	Peoples Committee	Quarterly	Compliance/ Regulatory (6-10)	12 ⟷	12 ⟷			8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	4	1	4
SA6 The Trust Will Be Regarded As A Great Place To Work	1680	If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. (SA6) and (SA1.10)	Lisa Quinn	RBAC	Monthly	Compliance/ Regulatory (6-10)	12 ⟷	12 ⟷			8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	9	1	2

Below Tolerated Risk Score
Within Tolerated Risk Score
Breaching Tolerated Risk Score

21. NHSE/I Single Oversight Framework Compliance Report

Speaker: Lisa Quinn, Executive Director Finance, Commissioning and Quality Assurance

References:

- 21. NHS Improvement System Oversight Framework - Quarter 2 2022-23.pdf

Report to the Board of Directors
2nd November 2022

Title of report	**Quarter 2 update - NHS Improvement System Oversight Framework**
Purpose of the report	**For discussion**
Executive Lead	**Lisa Quinn, Executive Director of Finance, Commissioning & Quality Assurance**
Report author(s) (if different from above)	**Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance** **Chris Cressey, Deputy Director of Finance & Business Development**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

BOARD OF DIRECTORS

2nd November 2022

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 2022-23

BACKGROUND

NHS Improvement using the System Oversight Framework have assessed the Trust for Quarter 2 of 2022-23 as segment 1 – maximum autonomy. At Month 6 the Trust has agreed with the Trust Board and ICS to revise the financial outturn for the year end to breakeven from a 5.6m surplus. This may impact on the level of autonomy in future quarters.

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 – Q4 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)	£2.0m	(£5.7m)	(£7.7m)
Agency Spend	£6.7m	£16.5m	(£9.8m)

Cash	£50.8m	£45.4m	(£5.4m)
Capital Spend	£26.1m	£17.0m	(£9.1m)
Asset Sales	£3.2m	£1.1m	(£2.1m)

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 2022-23. 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	5,171	5,148	5,196
Total non-medical - non-clinical substantive staff	2,036	2,064	2,067
Total medical and dental substantive staff	429	434	444
Total WTE substantive staff	**7,636**	**7,646**	**7,707**
Bank staff	265	259	264
Agency staff (including, agency and contract)	579	539	510
Total WTE all staff	**8,480**	**8,444**	**8,481**

Agency Information

The Trust has to report to agency shift numbers to NHS Improvement on a monthly basis. The table below shows the number of above price cap shifts reported during Quarter 2 2022-23. The Trusts level of agency use at Quarter 2 and forecast for year end is in breach of the allocated ICB agency cap

	July	August	September
Staff Group	4/7 – 25/7	1/8 -29/8	05/9 –26/9
Medical	386	524	438
Qualified Nursing	626	1,067	627
Nursing Support	8,660	11,303	8,381
TOTAL	**9,672**	**12,894**	**9,446**

At the end of September the Trust was paying 22 medical staff above price caps (10 out of 12 consultants, 1 out of 1 associate specialist, 5 out of 6 specialty doctors and 6 out of 6 junior doctors). 7 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 110 medical shifts, 157 qualified nursing shifts and 2,095 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 2022-2023

Board of Directors:

No Change

Council of Governors:

Outgoing Governors: Present vacancies

Never Events

There were no never events reported in Quarter 2 2022 - 2023 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
Chris Cressey, Deputy Director of Finance & Business Development
September 2022

22. Integrated Care System / Integrated Care Board update

Speaker: James Duncan, Chief Executive

References:

- 22. Integrated Care Partnerships Update November Board.pdf

Board of Directors Meeting
Integrated Care Partnerships Update
Wednesday 2nd November 2022

Title of report	**Integrated Care Partnerships Update**
Purpose of the report	**For information**
Executive Lead	**James Duncan, Chief Executive**
Report author(s) (if different from above)	**Jane Welch, Policy Advisor to the 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	N/A
Audit	N/A
Mental Health Legislation	N/A
People Committee	N/A
Resource and Business Assurance	N/A
Charitable Funds Committee	N/A
Provider Collaborative, Lead Provider Collaborative	N/A

Management Group meetings where this item has been considered (specify date)	
Executive Team	N/A
Trust Leadership Team (TLT)	N/A
Trust Safety Group (TDG)	N/A
Other i.e. external meeting	N/A

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

Integrated Care Partnerships Update
2nd November 2022

Integrated Care Partnership development

The first meeting of the ICS-wide Integrated Care Partnership (ICP) took place on 20th September. The proposed '1+4' governance model for Integrated Care Partnerships in the North East and North Cumbria which sets out the establishment of four Area ICPs in addition to the existing ICS-wide Strategic ICP was supported by those attending the meeting. A Terms of Reference has been shared which outlines the remit and membership of both the Strategic and Area ICPs. Area ICPs will meet in November to consider these in advance of their approval at the second meeting of the Strategic ICP in December, and the Terms of Reference will also be presented to Health and Wellbeing Boards during the same period. Following these discussions, existing ICPs will need to amend their chairing, membership and ways of working to align with the new Terms of Reference in advance of their formal designation as Area ICPs in December. The Strategic ICP has recommended that Area ICPs should be chaired by non-executives e.g. Health and Wellbeing Board or Foundation Trust chairs, though the selection process for Area ICP chairs will be determined locally. The first public meetings of Area ICPs will be held from January 2023.

Integrated Care Partnerships governance model

The Strategic ICP is a joint committee established by the North East and North Cumbria (NENC) Integrated Care Board and the fourteen upper tier local authorities operating within the NENC area (County Durham, Cumberland, Darlington, Gateshead, Hartlepool, Middlesbrough, Newcastle upon Tyne, North Tyneside, Northumberland, Redcar and Cleveland, South Tyneside, Stockton-on-Tees, Sunderland and Westmorland & Furness). Together, the North East and North Cumbria Integrated Care Board (ICB) and the North East and North Cumbria Integrated Care Partnership (Strategic ICP) forms the statutory North East and North Cumbria Integrated Care System (ICS).

Strategic ICP remit and membership

The Strategic ICP's responsibilities include:

- Developing and approving an Integrated Care Strategy for the population of the North East and North Cumbria – the Integrated Care Board and local authorities will be required by law to have regard to the this strategy when making decisions, and commissioning and delivering services
- The design and oversight of a joint accountability framework to ensure the delivery of the Integrated Care Strategy
- Ensuring the Integrated Care Strategy tackles health inequalities and is driven by local insight and the best available evidence

- Identify priority areas for joint working across the NENC footprint
- Support the development of the four area ICP's

The Chair and Chief Executive of the Integrated Care Board and an elected member and senior officer from each of the fourteen local authorities will form the core membership of the Strategic ICP. Until a substantive chair of the ICP is appointed in 2023, meetings will be convened and chaired by the chair of the ICB on an interim basis.

The Strategic ICP has no formal delegated powers from its constituent organisations, and will not duplicate the statutory functions of its constituent organisations; it will not perform a health scrutiny function and will itself be subject to scrutiny by local authority Health Scrutiny Committees as appropriate.

Area ICPs remit and membership

The statutory members of the existing ICS-wide ICP have agreed a '1+4' model, with one Strategic ICP and four local Area ICPs. The Strategic ICP will meet at least twice a year to progress and approve the Integrated Care Strategy while the Area ICPs will meet more frequently to consider how best to deliver the Integrated Care Strategy in their area.

Local Integrated Care Partnerships have been operating across the NENC footprint for some time, serving as a forum for cross-organisational collaboration prior to the formal establishment of Area ICPs. The new Area ICPs will be based on these existing geographies:

- North: Gateshead, Newcastle upon Tyne, North Tyneside, and Northumberland;
- Central: County Durham, South Tyneside, and Sunderland;
- Tees Valley: Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees;
- North Cumbria: Cumberland, and Westmorland & Furness (part of the Westmorland & Furness is within the North East and North Cumbria ICS area).

The Area ICPs responsibilities include:

- Providing a regular forum for system partners to identify common challenges, agree joint objectives and share learning
- Develop and strengthen relationships between professional, clinical, political and community leaders
- Analyse need from each of its constituent places, based on the HWBB-led Joint Strategic Needs Assessment process
- Share intelligence to ensure the evolving needs of the local population are widely understood
- Translate local health and wellbeing strategies and the Integrated Care Strategy into activity at the Area ICP level

Area ICP membership will bring together representatives of ICB place teams, local authorities, foundation trusts, primary care networks, the voluntary sector and HealthWatch. With regards to representation from Foundation Trusts, the proposed requirement is that

Chairs and one or more Chief Executives from the Acute and Mental Health Foundation Trusts in the Area covered by the ICP should act as members. Area ICPs will decide on their chairing arrangements, but will be typically chaired by a Council Leader, Health and Wellbeing Board chair, or Foundation Trust chair.

Area ICP meetings will be held be held on a quarterly basis as a minimum, alternating between public and private meetings, and will provide regular updates to the Strategic ICP. The strategic priorities of Integrated Care Partnerships should be informed by local population health data and Joint Strategic Needs Assessments, and Joint Local Health and Wellbeing Strategies, however, ICPs remain legally distinct from Joint Health and Wellbeing Boards. Area ICPs should not seek to overrule or replace existing place-based plans.

23. Quality and Performance Committee

Speaker: Darren Best, Chair

24. Audit Committee

Speaker: David Arthur, Chair

25. Resource and Business Assurance Committee

Speaker: Paula Breen, Chair

26. Mental Health Legislation Committee

Speaker: Michael Robinson, Chair

27. Provider Collaborative Committee

Speaker: Michael Robinson, Chair

28. People Committee

Speaker: Brendan Hill, Chair

29. Charitable Funds Committee

Speaker: Louise Nelson, Chair

30. Council of Governors' Issues

Speaker: Ken Jarrold, Chairman

31. Questions from the Public

Speaker: Ken Jarrold, Chairman

32. Any Other Business

Speaker: Ken Jarrold, Chairman

33. Date and Time of Next Meeting

Wednesday 7th December 2022
1:30 - 3:30pm
Venue to be confirmed.