

Board of Directors Meeting (PUBLIC)

07 October 2020, 13:30 to 15:30
Via Microsoft Teams

Agenda

1. **Patient Story**
 2. **Welcome and apologies for absence**
Ken Jarrold, Chairman
 3. **Declarations of Interest**
Ken Jarrold, Chairman
 4. **Minutes of the meeting held 2 September 2020**
Ken Jarrold, Chairman
 4. Mins PUBLIC meeting of the BoD 2.9.20 FINAL.pdf (9 pages)
 5. **Action log and matters arising not included on the agenda**
Ken Jarrold, Chairman
 5. BoD Action Log PUBLIC as at 05.10.20.pdf (3 pages)
 6. **Chairman's remarks**
Ken Jarrold, Chairman
 7. **Chief Executive's Report**
John Lawlor, Chief Executive
 7. CEO Report 7 October 2020 FINAL.pdf (3 pages)
- ### Quality, Clinical and Patient Issues
8. **Commissioning and Quality Assurance Report (Month 5)**
Lisa Quinn, Executive Director of Commissioning and Quality Improvement
 8. BoD - Monthly Commissioning Quality Assurance Report - Month 5.pdf (7 pages)
 9. **COVID Response**
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
 9. COVID Board Report - 28.09.20.pdf (10 pages)
 10. **Complaints, concerns and compliments**
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
 10. Complaints & Concerns (Board - Oct 2020).pdf (4 pages)
 11. **Restraint and Seclusion Report**
As per action log
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
 11. Monitoring trends in seclusion and restraint cover sheet (Sept 2020).pdf (5 pages)

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Minutes / papers for information

- | | | |
|--------------|---|-------------------------|
| 12. | Committee Updates | Non-Executive Directors |
| 13. | Council of Governors' Issues | Ken Jarrold, Chairman |
| 14. | Any Other Business | Ken Jarrold, Chairman |
| 15. | Questions from the public | Ken Jarrold, Chairman |
| 15.1. | Date and time of next meeting | |
| | Wednesday 4th November, 1.30pm, Via Microsoft Teams | |

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**Minutes of the Board of Directors meeting held in public
Held on 2 September 2020, 1.303m – 3.30pm
Via Microsoft Teams**

Present:

Ken Jarrold, Chairman
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Les Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director

James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs
Sarah Brown, Consultant Psychiatrist, Newcastle PLT, Clinical Network Lead
Nicola Hamilton Team Manager Northumberland PLT
Karen Dowson Clinical Lead Northumberland PLT
Jonathan Haggerty Nurse Consultant Sunderland/South Tyneside PLT

1. Staff story

Sarah Brown, Nicola Hamilton, Karen Dowson and Jonathan Haggerty delivered a presentation on the Trust's Mental Health Emergency Departments which were implemented as part of the Trust's response to the Covid-19 pandemic.

Gary O'Hare commended the Psychiatric Liaison and Crisis Teams for their work and dedication as well as their agility in rapidly changing how they work to respond to the needs of service users during a particularly challenging period.

The Board congratulated the team for their hard work and dedication to the service and thanked them for sharing their journey.

2. Welcome and apologies for absence

Apologies for absence were received from John Lawlor, Chief Executive.

3. Declarations of interest

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

4. Minutes of the meeting held 5 August 2020

The minutes of the meeting held 5 August were considered.

Approved:

- **The minutes of the meeting held 5 August 2020 were approved as an accurate record**

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

With regard to action 04.03.20 (11), 05.08.20 (11), Lisa Quinn noted that a detailed report on waiting times had been compiled and suggested that the report be considered via the Quality and Performance Committee. It was agreed that the Committee would provide an update on key issues from the report to the October Board meeting.

With regard to action 25.09.20 (17) Gary O'Hare asked that the completion date for submission of the report on complaints, concerns and compliments to the October Board meeting.

With regard to action 25.05.20 (24) Gary O'Hare confirmed that data in relation to positive behaviour support would be provided in future reports commencing from October. The Board agreed to close the action.

With regard to action 06.11.19 (12), Peter Studd noted the suggestion to incorporate automated messages and the impact on service users into the Trusts work around reset and redesign of services and requested that the Board be kept updated on progress. Gary O'Hare agreed that the Board would receive updates regarding the 'Next Phase' work following the Covid-19 pandemic.

6. Chairman's remarks

Ken Jarrold expressed concern in relation to external issues of mass unemployment, the ending of the furlough schemes, and challenges in the rental market, potentially leading to increased poverty, eviction and unemployment. Ken asked Board members to reflect on these issues and the potential consequences for the Trust.

Ken referred to the increasing challenge for the NHS nationally relating to waiting lists and evidence that serious illnesses are not being treated as timely and effectively as they normally would.

Resolved:

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

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7. Chief Executive's Update

James Duncan provided the update in the absence of John Lawlor and made reference to the Trust's forthcoming Annual Members' Meeting scheduled to take place on 15th September. It was noted that the meeting would be held virtually to ensure the continued safety of staff, service user, carer and public.

James noted that the Trust's Annual Staff Excellence Awards had been postponed as a result of Covid-19 however, despite the restrictions on holding a formal event, an online event would be taking place on 25th September, with the winners of each category being announced via the online event which will be accessible via a dedicated online platform.

James referred to the update on Provider Collaboratives (PCs) and noted that due to Covid-19, PCs on the development and further development tracks have been moved onto the "Main Track". NHSE/I have issued guidance to support the approval process for Provider Collaboratives on the Main Track aiming to go live in April 2021.

A virtual ICS partnership event took place on 25th August to brief Non Executive, Councillor and Voluntary and Community Service organisations on progress over the previous months. The meeting discussed issues including the response to Covid-19, and the need for more formal systems of governance. It is the intention to establish a Partnership Board by March 2021, led by an independent Chair.

Resolved:

- **The Board received and noted the Chief Executive's update**

Quality, Clinical and Patient Issues

8. Covid-19 Update

Gary O'Hare spoke to the report on the ongoing management of the Covid-19 pandemic and noted that from a county perspective the outbreak in Cumbria had been stood down but there remained significant challenges for NCIC.

The Trust was required to declare an outbreak in the South Locality, Hopewood Park following confirmation of three positive staff cases and one hospital acquired positive patient case. Cases were confirmed across three wards, however, one staff case and the patient case had been confirmed on the same ward, thereby triggering the Public Health England criteria for an outbreak.

The North East Public Health Protection Team (NEPHPT) had confirmed that they were satisfied with the Trust's management of the outbreak including the Trust's Test and Trace Process and infection prevention and control procedures. Gary confirmed that as the cases were unrelated, the Trust was unable to identify the index case.

Gary noted that the outbreak had provided valuable learning particularly with regard to appropriate and inappropriate use of PPE. This had been shared via a recent Executive Q&A Live Event session open to all staff members Trust wide.

Regionally at the time of reporting, the number of transmission rates was on a downward trend with the exception of the south locality. The number of areas moving into lockdown or removed from the Government's list of Travel Corridors continued to increase.

The Trust's Covid-19 Swab (virology) testing programme continued and would increase over the coming weeks as part of the re-introduction of face to face training for staff.

The Trust's Central Absence Team continued to operate and had provided invaluable support to the response to Covid-19 with the team also undertaking the Test and Trace function. Discussions had commenced with a view to reviewing the team to reposition itself as the Trust's wider health and wellbeing support rather than a focus on absence management only.

Covid-19 Workplace Assessments continued to be undertaken across the Trust to ensure that working environments were safe for those members of staff wishing to return to work following a period of working from home.

The Trust was continuing to stand-up services through the formal 'Service Change process', with a particular focus on community services which had primarily moved to remote consultation during the pandemic. The process included a review to ensure maximisation of services to help support the reduction of waiting lists.

Individual staff risk assessments were being carried out Trust wide. Although assessments were available for all members of staff, the Trust had a particular focus on 'at risk' staff which included those from a BAME background, those who have been shielding, and those with a long term condition.

Resolved:

- **The Board received and noted the Covid-19 update**

9. Commissioning and Quality Assurance Report (month 4)

Lisa Quinn spoke to the enclosed report and confirmed there had been three further Mental Health Act reviewer remote inspections received this month. Lisa noted that the outcomes and issues highlighted by service users, families or carers and staff remained high on the agenda for the Executive Team and Business Delivery Group.

Lisa referred to a number of local Clinical Commissioning Group (CCG) contract requirements which were not met as at the end of July, but noted the increased focus on Care Programme Approach (CPA) metrics which ensured anyone who has had a 12 month review is recorded on the Trust systems.

Lisa noted that waiting times was a high area of focus following the increase in adult services, older people services and children and young people's services. Lisa noted that the increase did not necessarily coincide with an increase in referrals, but the current ability to meet demand remained a focus in service change discussions.

The Board noted the areas of statutory and mandatory training which were below the required Trust standard, however, improvements were anticipated in line with the North Cumbria data quality improvement plan.

Lisa noted the 4.7% sickness rate confirming the lowest figure seen for many years.

With regard to the financial position, James Duncan confirmed that the Trust had a breakeven position at month 4, reflecting the financial arrangements that had been implemented in response to Covid-19. Additional costs due to the pandemic from April to July were £3.1m and James confirmed agency spend as £5.1m at month 4.

Ken Jarrold referred to recent reports and a number of issues relating to a lack of contact between families either by telephone or digital platforms. Ken acknowledged that ward staff were currently under immense pressure but encouraged the executive team to remind staff of the importance of family contact during these difficult times.

Lisa Quinn noted that similar themes had emerged through the complaints process and discussions had taken place as an Executive Team. Gary O'Hare also made reference to some of the Trust's practice around restrictions during the pandemic as a result of anxiety and the desire to maintain the safety of service users. Practices had since been reviewed along with visiting guidance and confirmation had been sought from all Group Directors that discussion were taking place at ward and department level.

Gary O'Hare took an opportunity to acknowledge that the workforce are incredibly tired having undertaken a phenomenal job during the pandemic. As a consequence, this has led to a reduction in bank and agency use but an increase in overtime. Senior Leaders from across the Trust were now being asked to encouraging staff to take much-needed holidays therefore the holiday period has been extended.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for month 4**

10. Annual Revalidation for Medical Staff Report

Rajesh Nadkarni referred to the annual submission of medical appraisal and revalidation and noted the requirement for the Board to sign the statement of compliance. Rajesh noted that the report had been reviewed by the Quality and Performance Committee.

The report contained mandatory information in relation to: the governance structure; figures relating to appraisers; detail of the appraisal process; and audit on the quality of the service.

Rajesh made particular reference to all medical staff in the North Cumbria locality engaging in the revalidation process with the move from one system to another at

pace. As a result, there had been a high level of interest from medics to become appraisers.

The 'Fair to Refer' Report written by Roger Kline on behalf of the GMC in June 2019 was reviewed as part of the Local Work Plan for 2019/20 to ensure Trust processes remained in line with the recommendations, however, there were still areas for improvement.

Rajesh provided an update on CPD events provided by the Medical Staffing Team. These provide medical colleagues with an opportunity to gather evidence of ongoing CPD for their appraisal and revalidation.

Les Boobis congratulated Rajesh and team on the improvements made to the revalidation programme and referred to his attendance at an engagement session in Cumbria at which, the level of engagement was extremely impressive.

Resolved:

- **The Board received and noted the Annual Revalidation for Medical Staff Report**

Strategy and Partnership

There were no issues for discussion.

Regulatory

11. Workforce Race Equality Standard (WRES) Report and Workforce Disability Equality Standard (WDES) Report

Chris Rowlands referred to the report which provided detail on the Trust's compliance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). It was noted that both standards support positive change for employees, and enable a more inclusive environment for BAME and Disabled people working in the NHS. This year's submission of data coincides with the release of the NHS People Plan. Chris noted that the actions detailed in the report would be linked wherever possible to actions that are required under the NHS People Plan.

Chris Rowlands provided a detailed update on the Trust's performance against the key metrics.

James Duncan expressed his disappointment regarding the lack of movement in terms of the BAME and disability agenda and change in culture and referred to the level of unconscious bias which remains across the NHS as a whole.

David Arthur referred to the recent presentation to the Board from the BAME Network and reference to the lack of BAME representation in some of the Trusts documentation. Debbie Henderson advised that a conscious effort was made to include representation across all communities in all Trust media however, suggested

that as well as focus on how information is presented, the Trust should support the BAME Network to change culture and behaviour. Debbie advised that she was working closely with the BAME Network to support this vision.

Rajesh Nadkarni stated that more progress had been made during the last 6 – 8 months in comparison to the previous 10 years. The Board were informed that the Trust would be celebrating Black History Month with an event on 30 October with a virtual half day conference. Arrangements for the event would be circulated to the Board and Governors.

Lynne Shaw referred to consideration of further work to improve the recruitment process, including training and coaching for those who sit on interview panels in terms of conscious and unconscious bias.

Paula Breen stated that regardless of the actions taken, perception can be very entrenched and suggested that further thought be given to communicating everything that the Trust is doing to support our workforce.

Ken Jarrold referred to the clear challenge of addressing the inequalities of promotion between Bands 5 and Bands 6 posts. He thanked everyone for their contribution to the discussion and for their support in this important work going forward.

Resolved:

- **The Board received and noted the WRES and WDES Report**

Action

- **Circulate information for Black History Month event to Board members**

Workforce

12. NHS People Plan

Lynne Shaw presented the report which provided details of the Trusts current position against each of actions outlined in the NHS People Plan. Lynne noted that the report focused primarily on the short term until April 2021 and would build the foundations for moving forward and provided an overview of the principles of the NHS People Plan.

With regard to next steps, Lynne suggested that discussions take place with Trust management groups to gain commitment and agree an implementation plan as well as working on a robust communications plan.

Peter Studd queried the current position with regard to current strategies and plan in relation to: the workforce strategy; talent development; staff development; and appraisal processes.

With regard to the CNTW Workforce strategy, Lynne confirmed that there was an expectation from NHSE/I that all NHS providers would develop their own version of a

'People Plan'. It was noted however that this was likely to be developed as a short-term measure as there were plans to develop a national Workforce Strategy at which time, a review of would be undertaken of the Trusts Workforce Strategy alongside the ICS to ensure alignment across the system.

With regard to talent management and appraisal, Lynne confirmed that these were in a position to be finalised prior to Covid-19 and suggested that the Board hold a session with a specific focus on Workforce and Organisational Development which would encompass all areas of focus.

Darren Best suggested that the NHS People Plan was relatively limited in terms of impact and referenced the suggestion that delivery of a change in culture would be dependent on the buy-in from Line Managers. On that basis, Darren suggested that consideration should be given to questions including: what will be different; what will success look like; what will it feel like; and why is this worth the investment. Darren suggested that this would support the development of the plan as well as the Communications Plan to support it.

Ken Jarrold suggested that a focus on Workforce be the subject of the November Board Away Day.

Resolved:

- **The Board received and noted the NHS People Plan**

Action

- **November Board Away Day to focus on Workforce**

13. Quarterly Workforce Report

Lynne Shaw referred to the report and provided updates on the forthcoming National Staff Survey, the launch of the NHS People Pulse Survey on 9 September and the statutory requirement to publish the Facilities Time report.

Following the trip to India to support international recruitment, Lynne confirmed that the Trust would welcome 21 new starters in September.

Peter Studd asked how many new starters would be allocated to the North Cumbria locality. Gary O'Hare advised that the areas of biggest risk in terms of clinical and nursing staffing was Northumberland. Rajesh Nadkarni agreed to circulate details of the allocations to the Board.

Michael Robinson referred to the Living Wage Foundation and asked if the Trust required contracted staff from elsewhere to adhere to the living wage. Peter Studd confirmed that NTW Solutions staff pay a full living wage and James Duncan agreed to confirm the arrangements for contracts for services from other suppliers.

Resolved:

- **The Board received and noted the Quarterly Workforce Report**

Action:

- **Details of the allocation and placement of overseas staff to be circulated to the Board**
- **To provide the Board with an update on living wage arrangements for staff contracted from elsewhere**

Minutes/papers for information

14. Committee updates

Nothing to report.

15. Council of Governors update

Ken Jarrold referred to the business of the Governors' Steering Group in terms of setting the cycle of business for the Council of Governors. Ken also referred to a discussion on the forthcoming Governor Election process and a recommendation that some elections are postponed due to the current circumstances associated with the Covid-19 pandemic.

Ken also noted that the Nomination Committee had met to discuss plans to address the end of Ken's first term of office as Chairman of the Council of Governors and Board of Directors at the end of January 2021.

16. Any other business

No further business for discussion.

17. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 7 October 2020, 1.30pm via Microsoft Teams

Cumbria, Northumberland Tyne and Wear
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Board of Directors Meeting held in public

Action Log as at 7 October 2020

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
29.05.20 (17)	Freedom to Speak Up	Board to receive a report detailing the process for managing complaints, concerns and compliments from service users	Gary O'Hare	October 2020 September 2020	The Board agreed to receive the report at the October meeting
02.09.20 (5)	Action log and matters arising	Update to be provided to the Board on key issues from the report on waiting times following discussion at the Q&P Committee	Lisa Quinn/ Alexis Cleveland	October 2020	Verbal update to be provided to the Board at the October meeting
06.11.19 (11)	Safer Care Report	Provide an analysis of the forecasted data relating to restraint and seclusion to a future Board meeting	Gary O'Hare/ Damian Robinson	October 2020 April 2020	On track
01.04.20 (8)	Transfer between Children and Young Peoples services	Improve the transition between Children and Young Peoples services and Adult services	John Lawlor/ Gary O'Hare	October 2020	On track
05.08.20 (07)	Chief Executive's Report	Trust Green Paper to be presented to the October meeting	James Duncan	October 2020	On track
05.08.20 (18)	BAF/CRR	A future Board Development Session to be arranged to further review the BAF / CRR	Lisa Quinn	October 2020	Board Development date to be agreed
02.09.20 (11)	WRES/WDES	Circulate information for Black History Month event to Board members	Lynne Shaw/ Kirsty Allan	Early October	On track

Item No.	Subject	Action	By Whom	By When	Update/Comments
02.09.20 (13)	Quarterly Workforce Report	Details of the allocation and placement of overseas staff to be circulated to the Board	Rajesh Nadkarni	October	Verbal update to be provided at the October meeting
02.09.20 (13)	Quarterly Workforce Report	Provide the Board with an update on living wage arrangements for staff contracted from elsewhere	James Duncan	October 2020	Verbal update to be provided at the October meeting
06.11.19 (7)	Chief Executive's Report	Recommendations/actions following the IIP assessment to be submitted to a future Board meeting	Lynne Shaw	November 2020	To be included as part of a Board development session in November
04.03.20 (7)	Chief Executives Report / Marmot Report	Board to hold a Development Session to review the findings in the Marmot Report	John Lawlor	November 2020	On track
29.05.20 (17)	Freedom to Speak Up	Future FTSU Reports to detail which concerns had been raised as whistle blowing and which had been raised as concerns	Lynne Shaw	December 2020	On track
06.11.19 (12) 02.09.20 (5)	Staff Friends and Family Test	Agreed that actions to address potential impact of automated messages on people who contact services by telephone to be included in the Reset and Redesign of services work.	Gary O'Hare	May 2020 August 2020 December 2020	Update to be provided in line with the Reset and Redesign work.
07.08.19 (19)	Safer Staffing Levels incl 6 monthly skill mix review	A revised paper to include an MDT approach to safer staffing including agency medical locums to be presented to a future Board meeting	Gary O'Hare/Rajesh Nadkarni	February 2021	GoH gave assurance that Feb 2021 report will include MDT reporting
05.08.20 (07)	Chief Executive's Report	Update on Trieste to be provided to a future Board development session	James Duncan	February 2021	Included on annual cycle for Board development topics

Completed Actions

Item No.	Subject	Action	By Whom	By When	Update/Comments
04.03.20 (11) 05.08.20 (11)	Commissioning and Quality Assurance Report	Board to receive a briefing on waiting times for Children and Young People's Services in Sunderland.	Lisa Quinn	May 2020 September 2020	Complete – paper to be discussed in detail at the Quality and Performance Committee
29.05.20 (24)	Safer Care Report	The Trust to explore including data in relation to Positive Behaviour Support within future Safer Care reports	Gary O'Hare	September 2020	Complete – included in October's report
02.09.20 (12)	NHS People Plan	November Board Away Day to focus on Workforce	Lynne Shaw	November 2020	Scheduled on agenda

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 7 October 2020

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Trust updates

1. Covid Response
2. Staff Survey
3. Flu Update
4. Climate Health - NHS Sustainability Day

National updates

5. NHS Reset New Direction
6. Comprehensive Spending Review 2020: Submission
7. Health Inequalities – time to act

Outcome required: For information

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Chief Executive's Report

7 October 2020

Trust updates

1. Covid Response

The Trust continues to deliver a robust response to the pandemic. We have seen an increase in cases of Covid-19 amongst our staff, but without any positive cases amongst our patients to date. Services remain open and we have seen an increase in face to face consultations rather than virtual ones, as was the case during the first wave of the pandemic.

2. Staff Survey

The 2020 National Staff Survey launched last week and will be co-ordinated via Quality Health on behalf of the Trust. Due to the current situation all questionnaires will be completed electronically this year. The survey itself remains similar to previous years to ensure data can be compared. However, some questions have been added which are specific to Covid-19 and which will enable an understanding of the experience of staff during the pandemic. The survey will close on 27 November 2020.

3. Flu Update

The flu vaccination campaign has commenced as planned, with peer vaccinators in clinical areas, and vaccination sessions starting from 21st September 2020. CNTW is engaged with external partners in ensuring comprehensive delivery of vaccination across communities. This year, for the first time and at the request of the Integrated Care System, the Trust is asking staff if they can share their vaccination status with primary care, as well as asking staff to inform the Trust of vaccines they receive elsewhere.

The campaign is supported by a robust communication plan and aims to deliver 100% vaccination coverage across all staff.

4. Climate Health - NHS Sustainability Day

On 17th September 2020, we celebrated NHS Sustainability Day with a number of events.

1. Portuguese laurel trees were planted on each of the eight main CNTW inpatient sites, with a number of staff and service users helping out with the planting.
2. Trust restaurants offered a special menu for the day, incorporating a greater range of vegetarian and vegan options.
3. An online conference took place, with a range of speakers covering topics and case studies such as sustainable psychiatry, cycling initiatives with service users, air pollution and the benefits of electric bicycles and cars. The sessions averaged 50 participants, with a maximum of 75 participants at a session chaired by James Duncan, Deputy Chief Executive, outlining the Trust's approach to sustainability.
4. A press announcement described these initiatives to support NHS Sustainability Day, also highlighting some immediate actions being undertaken and explaining our commitment to net zero carbon emissions by 2040 via our Climate and Ecological Emergency declaration.

The Trust's Green Plan continues to be developed and will be informed by the publication of the NHSE/I's "NHS Net Zero" report which is due to be published in early October.

National updates

5. NHS Reset New Direction – NHS Confederation

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the pandemic response, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

You can access the full report [here](#)

6. Comprehensive Spending Review (CSR) 2020: Submission from NHS Providers

The role of the health and care system has never been more critical in supporting people to remain well and live full, economically independent lives – and in directly tackling COVID-19 and its impact. Longstanding pressures are faced which pre-date the pandemic and have arisen from a lack of sufficient investment to meet growing demand for services and to recruit and retain staff in sufficient numbers. COVID-19 also has long lasting implications for both revenue and capital funding requirements across the health and care sector. Achieving the aims set out in the NHS Long Term Plan (LTP), delivering on NHS manifesto commitments and meeting the costs of COVID-19 will either require a significant increase in the current financial envelope or a reprioritisation of the “ask” of the NHS. The pandemic has also shone a harsh light on the need for urgent reform to place social care on a sustainable footing and to reverse years of under investment in public health.

The CSR is a pivotal moment in determining what the NHS can deliver over the next three years. Trusts stand ready to meet the challenge of restoring services and ‘living with’ COVID-19. However the NHS will need additional funding to meet new costs created by the pandemic on a longer term basis; to recruit and retain staff in sufficient numbers in a positive working environment; and to deliver priorities set out by government in its manifesto and in the LTP. In our view, the pandemic must prompt a reprioritisation in consultation with colleagues at the frontline about what can realistically be delivered within the funding envelope available. We would urge the government and the national NHS bodies to work with the sector to agree key priorities for the duration of the parliament, aligned with the CSR.

You can access the full paper [here](#)

7. Health Inequalities – time to act

The COVID-19 pandemic has thrown into sharp focus the issue of health inequalities in the UK and exposed the consequences of a long-standing failure to tackle this deep rooted and multi-faceted problem. This report reflects on NHS Confederation engagement with members, gleaned from focused discussions and webinars between June and September 2020. It also draws on the results of a survey of more than 250 healthcare leaders on health inequalities and how to make progress in this area.

You can access the full report [here](#)

Report to the Board of Directors
7th October 2020

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	30.09.20
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	28.09.20
Corporate Decisions Team (CDT)	
CDT – Quality	28.09.20
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

CNTW Integrated Commissioning & Quality Assurance Report

2020-21 Month 5 (August 2020)

Executive Summary

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There been one remote Mental Health Act reviewer visit report received this month. There were no issues identified following the visit but some positive remarks to be highlighted:
Roker Ward, Monkwearmouth Hospital (Wards for older people with mental health problems).
 - Patients we spoke with told us staff were “caring”, “good” and “efficient”.
 - Patients described that they felt safe on the ward and the food was good.
 - The ward manager told us activities took place across seven days and in the evenings. Patients told us about the garden, exercise groups with a ball and playing games. One patient said; “they are always trying to get an activity going.”
 - Carers we spoke with understood what was happening in their relatives care and told us they had written information available from the staff. One relative told us they had a copy of a care plan.
 - Carers told us they felt their relative was safe and treated with respect.
 - Carers had no complaints or concerns about the ward.
 - Carers comments included: “I can ring anytime - they are magnificent. Nowhere could be as good”, “They have been absolutely brilliant. They are honest and tell you how he’s been, whether good or bad” and “I wish other hospitals would take a leaf out of their book.”
- 3 The Trust met all local CCG’s contract requirements for month 5 with the exception of:
 - CPA metrics within Newcastle Gateshead, South Tyneside, Sunderland, Durham & Tees and North Cumbria CCG’s.
 - Numbers entering treatment within Sunderland IAPT service (445 patients entered treatment against a target of 801)
 - Referral to Treatment incomplete referrals waiting less than 18 weeks within Durham and Tees and Newcastle Gateshead CCG’s
 - Delayed Transfers of Care within North Cumbria CCG
- 5 The Trust met all the requirements for month 5 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.4%).
- 6 All CQUIN schemes for 2020/21 have been suspended due to the COVID-19 pandemic.
- 7 There are 157 people waiting more than 18 weeks to access services this month in non-specialised adult services (306 reported last month). Within children’s community

services there are currently 424 children and young people waiting more than 18 weeks to treatment (487 reported last month).

- 8 Training topics below the required trust standard as at month 5 are listed below, a number of these are anticipated to improve in line with the North Cumbria data quality improvement plan:

Fire (80.4%)	Medicines Management (83.1%)
Information Governance (84.7%)	PMVA basic training (34.5%)
PMVA breakaway training (55.1%)	Mental Health Act combined (63.2%)
MHCT Clustering (61.6%)	Clinical Risk (68.2%)
Clinical Supervision (70.8%)	Seclusion training (70.4%)
Rapid Tranquilisation (82.9%)	Moving and Handling training (84.4%)

- 9 Appraisal rates currently stand at 71.8% Trust wide against an 85% standard which is an increase from last month (70.7%).
- 10 Clinical supervision training is reported at 70.8% for August (was 68.6% last month) against an 85% standard
- 11 The confirmed July 2020 sickness figure is 4.70%. This was provisionally reported as 4.86% in last month's report. The provisional August 2020 sickness figure is 5.02% which is marginally above the 5% standard. The 12 month rolling average sickness rate has decreased to 5.68% in the month.
- 12 At Month 5 the Trust has a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19. Additional costs due to COVID-19 from April – August were £3.7m. Agency spend at Month 5 is £6.4m.

Other issues to note:

- There are currently 21 notifications showing within the NHS Model Hospital site for the Trust.
- The number of follow up contacts conducted within 72 hours of discharge has increased in the month and is reported trust wide above standard at 94.2% (was 89.9% last month).
- There were a total of 17 inappropriate out of area bed days reported in August 2020 relating to three patients who were placed out of area. This compares with 38 inappropriate bed days in July.
- There is no reported service user and carer FFT recommendation score following the suspension of the Points of You mailshot.

Regulatory	Single Oversight Framework								
	1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).				Use of Resources Score:		2
	CQC		There has been one Mental Health Act reviewer visit reports received since the last report. The visits have now commenced virtually with the process including interviews with Ward Managers/Clinical Leads, service users and carers and IMHA representatives						
Overall Rating		Number of "Must Dos"							
Outstanding		45							
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:								
	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	North Cumbria CCG	
	94%	100%	100%	80%	90%	86%	37%	70%	
	CQUIN - Suspended								
Cirrhosis & fibrosis tests for alcohol dependant patients	Staff Flu Vaccinations	Use of specific Anxiety Disorder measures within IAPT	Routine outcome monitoring in CYPS & Perinatal MH Services	Routine outcome monitoring in Community Mental Health Services	Biopsychosocial assessment by Mental Health Liaison Services	Healthy Weight in Adult Secure Services	Achieving high quality 'formulations' for CAMHS inpatients	Mental Health for Deaf	Routine outcome monitoring in perinatal inpatient services
All CQUIN schemes are currently suspended for 2020/21									
Internal	Accountability Framework								
	North Locality Care Group Score: August 2020		Central Locality Care Group Score: August 2020		South Locality Care Group Score: August 2020		North Cumbria Locality Care Group Score: August 2020		
	4	The group is below standard in relation to CPP metrics and training requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	
	Quality Priorities: Quarter 1 internal assessment RAG rating								
Improving the inpatient experience			Improve Waiting times for referrals to multidisciplinary teams			Equality, Diversity & Inclusion and Human Rights			

Waiting Times

The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has increased in month 5. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:

5

Number of courses <5% below standard Trustwide:

4

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

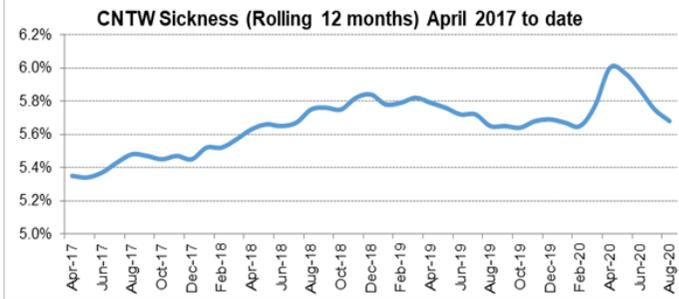
8

Fire training (80.4%), Moving and Handling training (84.4%), Rapid Tranquillisation training (82.9%) and Medicines Management training (83.1%), are within 5% of the required standard. Information Governance (84.7%), PMVA basic training (34.5%), PMVA Breakaway training (55.1%), MHA combined training (63.2%), MHCT Clustering Training (61.6%), Clinical Risk training (68.2%), Seclusion training (70.4%) and Clinical Supervision training (70.8%) are reported at more than 5% below the standard.

Appraisals:

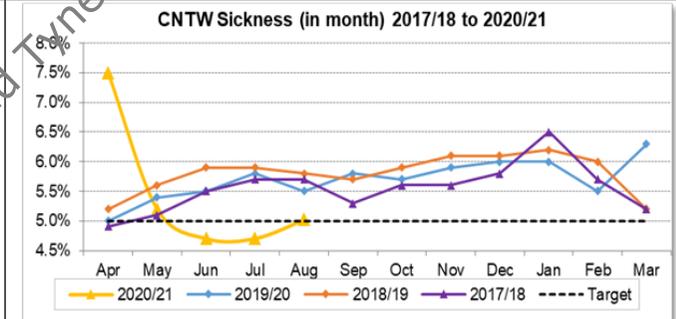
Appraisal rates have increased to 71.8% in August 20 (was 70.7% last month).

Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 5.02% for August 2020

The rolling 12 month sickness average has decreased to 5.68% in the month



Finance

At Month 5, the Trust has a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19. Additional costs due to COVID-19 from April – August were £3.7m. Agency spend at Month 5 is £6.4m.

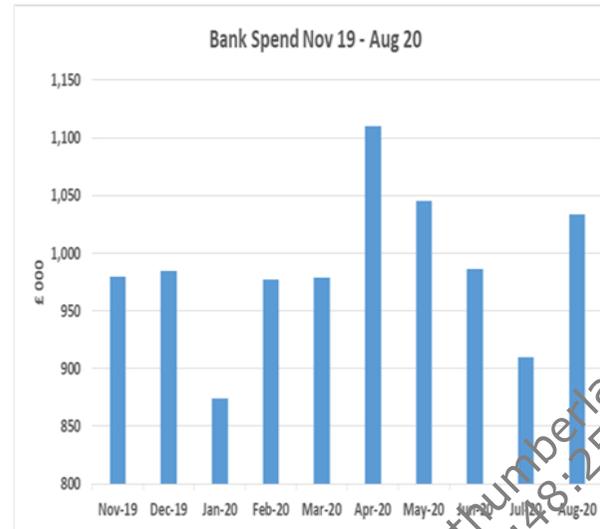
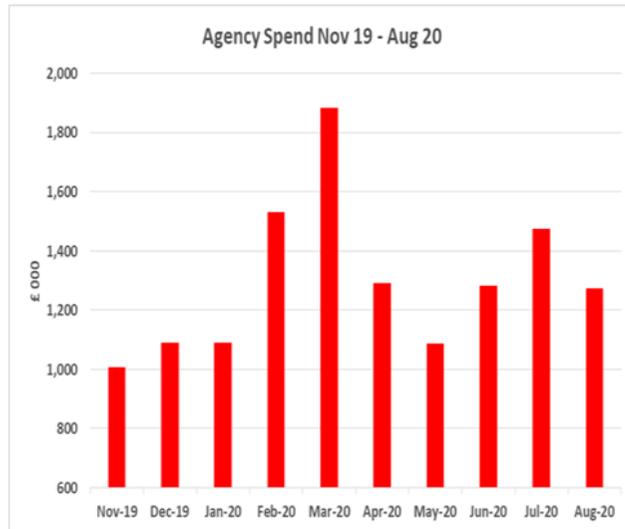
Financial Performance Dashboard

CNTW Income & Expenditure

	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	167.6	171.3	3.7
Pay	(133.7)	(136.5)	(2.8)
Non Pay	(33.9)	(34.8)	(0.9)
Surplus / (Deficit)	0.0	0.0	(0.0)

CNTW Key Indicators

Key Indicators	Year-End
Surplus	£0.0m
Agency Spend	£6.4m
Cash	£57.2m
Capital Spend	£3.6m



Key Issues/Risks

- In line with the NHS response to the COVID-19 pandemic the Trust is delivering a break-even financial position at month 5.
- Pay costs include student nurses supporting services through the pandemic, it is expected these costs will reduce from September.
- Overtime and bank costs have increased in month 5, but remain at pre COVID levels, while agency costs have reduced.
- The Trust has incurred £0.6m additional costs due to COVID-19 in month 5 which is covered by a top-up payment. Reductions in spend on travel have helped reduce the top-up payment. The Trust has identified £3.7m of Operational COVID costs up to month 5. The Trust is also incurring the costs of additional services developed to support the pandemic.
- Cash – £57.2m at month 5 which is higher than normal due to early payment income.
- Capital Spend - £3.6m at month 5 which is £1.4m less than plan.

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

	03/08/2020		10/08/2020		17/08/2020		24/08/2020	
Medical	93	48	96	49	108	54	105	51
Qual Nursing	204	103	200	112	200	106	200	141
Unq Nursing	1,157	48	1,049	70	1,111	85	1,063	147
A&C	86		82		73		73	
Total	1,540	199	1,427	231	1,492	245	1,441	339

In August the Trust reported an average of 254 price cap breaches (51 medical, 116 qualified nursing and 88 unqualified). At the end of August 10 medics were paid over the price cap.

Risks and Mitigations associated with the report

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England during month 5, therefore there is a risk in relation to meeting the contract requirements at Quarter 2.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities
- The Trust continues to see a number of out of area bed days
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19.

Recommendations

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

Allan Fairlamb

Lisa Quinn

Head of Commissioning & Quality Assurance

Executive Director of Commissioning & Quality Assurance

15th September 2020

Cumbria, Northumberland Tyne and Wear
10/05/2020 16:48:25

**Report to the Board of Directors
7th October 2020**

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

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

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

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

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
10/05/2020 16:48:25

**Coronavirus (COVID-19)
Report for the Board of Directors meeting
7th October 2020**

1. Executive Summary

This report provides an overview of actions and activity in response to the COVID-19 pandemic since the last Trust Board. The Trust is managing these circumstances under Surge Emergency Planning and Emergency Infection Prevention Control measures through the Gold Command structure. This report provides assurance to the Board of Directors on the actions taken by the Trust to ensure business continuity and the delivery of safe care and support for our service users, carers, local communities and staff.

2. National and Regional update

Since the last Board meeting overall there continues to be an increase in new positive cases of COVID-19 both nationally and regionally. This has resulted in local outbreaks in some parts of the country necessitating local lockdown arrangements including the North West and North East. In addition some countries have seen an increase in cases resulting in specific quarantine arrangements. Given these are rapidly changing and impacting on air travel CNTW staff have been advised to discuss plans with their line manager before travelling.

2.1 Outbreak management:

North Cumbria - Locality

Following reports to the last Trust Board, North Cumbria Locality COVID-19 outbreak has been stood down, with the exception of the local NCIC Trust outbreak. CNTW DIPC and Operational Services continue to be represented on the IMG and actions are in place.

South Locality - Hopewood Park

Since the last report this outbreak was closed on 15th September 2020.

North Locality – Ferndene

Lead by the Director of IPC this is been managed in line with the CNTW outbreak PGN and the regional SOP. The outbreak meeting is attended by the Safer Care Team/Absence Line Coordinator, Gold Command Managers, Workforce, IPC Modern Matron, Staffing Solutions and Locality/Clinical Representatives including Group Director. Local intelligence is gathered by the appropriate Associate Director, Clinical Manager and Ward Manager prior to the Outbreak Meeting who ensures up to date information and updates on actions are provided to the group.

The outbreak group have coordinated an action plan which includes the following:

- tracking and tracing of any contacts with known or suspected cases
- coordination of risk assessments and subsequent actions
- confirmation of concordance with all appropriate policies and procedures – including PPE, social distancing and swabbing
- action on non-concordance with policies and procedures and identification of learning

The outbreak was formally declared on 17th September 2020 in line with the guidance received via regional EPRR guidance and in line with the Trust outbreak policy. The ward remains open to admissions, although this is being monitored through the outbreak management group.

A decision was made on 17th September 2020 alongside HPT colleagues that asymptomatic swabbing will not be undertaken at this time, however this will be reviewed on a case by case basis.

A staff risk assessment process is in place to all staff, and local managers have reviewed staff risk level. Over 100 risk assessments have been completed.

Routine screening of all new admissions and repeat screening at 5-7 days if negative on admission is being carried out. Enhanced cleaning of the clinical area is in place and is overseen by the IPC team. The additional cleaning schedules are overseen through the outbreak management group.

Staff absence line arrangements, through a central telephone line, supports and coordinates testing of staff and household members and related activity.

Since the first positive test result there have been daily local IMGs to support actions being taken and is overseen by the DIPC and local Directors. There have been four Ferndene IMGs ahead of declaring the outbreak.

There are currently 21 positive staff, three positive household members and one staff member with a pending result.

Actions have been escalated across the organisation reinforcing requirements for COVID-19 Secure environments i.e. promoting social distancing, the use of face coverings, face masks and effective hand hygiene. Board members will be kept informed of any further escalations out-with the board meeting.

3. Gold Command Assurance processes

Gold Command continues to operate alongside the central absence line and IPC team to manage the increased COVID-19 cases in staff across the Trust. Test and Trace activity and local outbreak management, including daily

situation reporting, have been stepped up to prepare and respond to a second wave/local outbreak and the preparation and delivery of the national Flu Plan, which went Live on 21st September 2020.

4. Guidance response to COVID-19 - impact assessment and response to guidance issued from Public Health England and Government departments

We have received over 700 pieces of guidance during August 2020. This can be broken down as follows from Gov.uk (please note this is full month cycle due to the need for triage, analysis and implementation of key recommendations as agreed at IMG):

- 79 Have been received through the emergency planning route (EPRR) from NHSE/I in the North East region, not all were relevant to the Trust. This figure includes an NHS Daily Brief of any guidance that might be relevant to the COVID-19 response and daily trends which outline the PHE position across the region regarding the spread of infection, the sickness absence and hospital activity data. This is shared at CNTW Incident Management Group and summarised to ensure all IMG members are fully informed. The reporting frequency for data requests continued through August on reduced frequency.
- 611 Gov.uk guidance of which 95 were applicable. It should be noted that this guidance covers a broad range of documents applicable to the general public but help with the NHS response. An example is the guidance in relation to sports and recreation which has been fully incorporated into the guidance to support patient access to gyms. This has included the guidance in relation to travel corridors that has been shared within the daily communication.
- 6 Through various routes such as ICC and MHLD forum.

Key items for communication and action taken arising from the guidance are included in the daily COVID-19 bulletin and the themes are outlined below:

- Further updates to the Test and Trace processes at national and regional level.
- Updates to the use of PPE and procurement procedures. This was supported through the creation of an animation to support the correct usage of face masks and social distancing.
- Updates to working safely which have been included in the Working Safely Guidance.
- Guidance on funerals and supporting patients and their families.
- Quarantine guidance for staff taking holidays abroad.
- Use of sports facilities.

- Singing and music therapy guidance.

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

IPC Assurance Meetings are being held weekly led by the DIPC, and include IPC team, Safer Care lead for PPE, Communications lead and Group Nurse Directors from each locality care group.

The focus has been to share the learning from the Hopewood Park outbreak and provide assurance that the nosocomial risk assessments are being completed across each locality care group.

All updated PHE guidance on IPC and PPE for all health and care settings have been made available via the Trust's COVID-19 daily communications bulletin, as well as direct engagement using Microsoft Teams. The Trust currently have very good supplies of PPE in all clinical and non-clinical areas.

6. **Patient and Staff Testing**

CNTW continues to provide testing in-line with the government's testing strategy. This covers:

- Virology swabbing of patients on admission, discharge and transfer
- Virology swabbing of symptomatic staff and household members
- Virology swabbing for key workers outside CNTW via NECs
- Virology swabbing pilot with NUTH for screening pre-elective admission patients
- Antibody/Serology testing for all staff and patients
- Test and Trace processes for our staff and inpatient contacts

Patients Admission and discharge screening

The Trust commenced patient admission and discharge screening on the 28th April 2020. Screening on admission continues to enable wards to manage the patient as a presumptive positive case, putting isolation measures in place utilising effective PPE pending result. Patient results are usually received back within 24 hrs and depending on the results manage the care and treatment of the patient within the ward effectively. At the time of the completion of this report, during August and September we have had no positive patients in our inpatient units

Discharge screening has supported transfers into Care Homes and other hospital and home situations where other vulnerable or shielding individuals may reside. This is supporting the proactive public health approach to potential transmission.

Staff Testing

We continue to run a dedicated testing team for virology swabbing to symptomatic staff and household index cases supported by the Regional Testing Cell in collaboration with Queen Elizabeth Hospital.

Working in conjunction with the central absence line the testing of symptomatic staff and household members (index case) has been taking place across all our localities. The number of symptomatic staff and household members has risen significantly throughout September with more staff also testing. Due to the extra demand on testing we have stood up our drive-through at St Nicolas Hospital and are prepared to open both Hopewood Park and Carleton clinic if required. To date we have tested over 2,150 staff and household members since March.

CNTW Staff / Household Member Testing			
Staff / Household member	Total Tested	Positive	
	2150	278	12.9%

Support to the ICS Testing capacity

Supporting patient pathways and system testing capacity CNTW continues to offer a testing service and support our partner organisations.

We have extended the pilot to support NUTH and we are still in discussion with commissioners to provide continued support to NUTH to test pre-elective hospital admissions for tertiary services, who live in rural settings and are too unwell to travel 72 hrs prior to surgery. CNTW have provided commissioners with a costed model to continue this as a fully commissioned service until April 2021. We are awaiting a decision from the ICS but have informed them that if funding is not available we will be unable to support the service after the 30th September 2020.

Antibody Testing

The intention of testing is to improve the understanding and data on COVID-19 as part of a national surveillance programme. We have now completed the agreed mop-up of antibody testing across the Trust and provided tests for staff who required them.

7. Managing staff absence during COVID-19

The central absence reporting line continues to manage sickness and absences, support staff providing clinical advice and regular welfare calls, manage staff testing process and undertake contact tracing.

The staff absence rate due to COVID-19 (including isolation) almost doubled in September 2020 with 157 staff absent as at 22nd September 2020 compared to 85 as at 31st August 2020.

8. COVID-19 Secure Workplace Risk Assessment (COSWRA) & Service Change Process

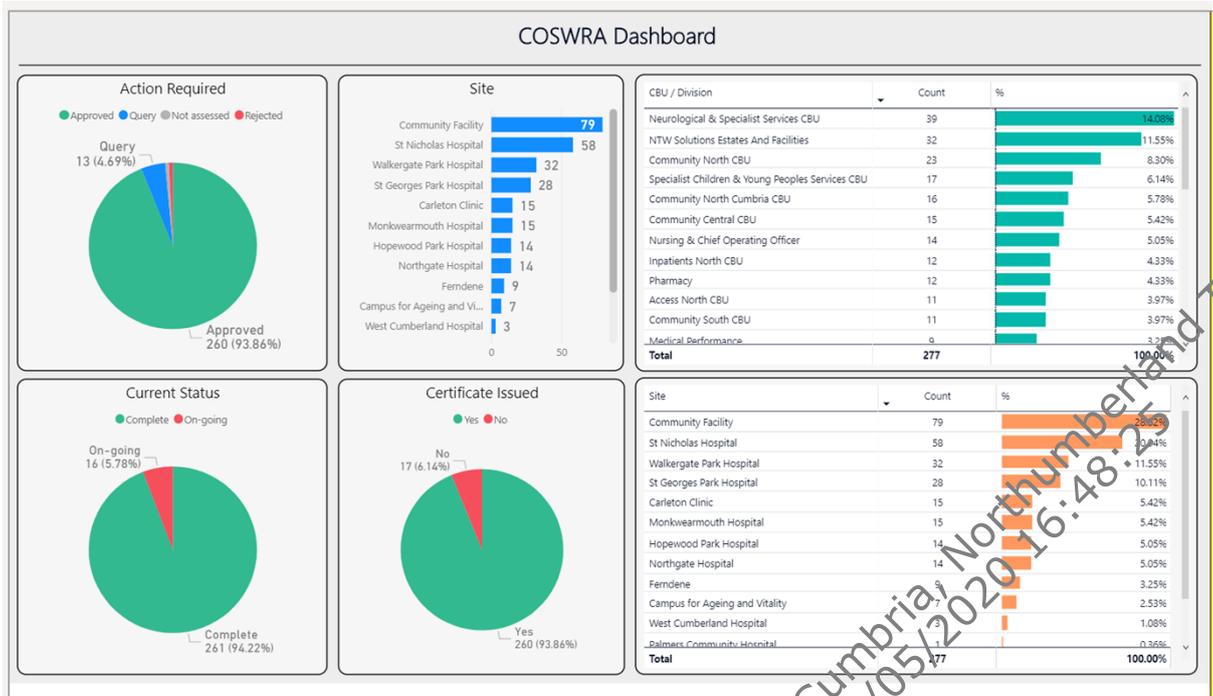
COVID-19 Secure Workplace Risk Assessment

Since the last update to the Board, significant work has been progressed on the COVID-19 secure workplace risk assessment process which supports the service change requests to step up and reset the service provision across both clinical and non-clinical services on hospital and community sites.

All four locality working safely groups continue to meet, with identical terms of reference acting as the conduit between all clinical and non-clinical services in their localities. They receive an update every week on the current position of COVID Secure risk assessments, received and processed, how many are outstanding with queries and how many have had certificates issued. A conservative estimate of how many assessments are required is based on the number of department locations in the Trust’s risk management system, which is approximately 600. It is accepted that services which have continued throughout the pandemic such as inpatient wards have put controls in around social distancing and personal protective equipment, without completing the assessment process as it did not commence until June 2020.

To date we have received 277 COVID secure workplace risk assessments (COSWRA) and the dashboard below, shows the current performance by the Safety Team, who is supported by NTW Solutions.

The information below shows at the time of writing there were 277 assessments received, an increase of 79 from the previous report only 16 are awaiting action, 13 have queries.



Cumbria, Northumberland Tyne and Wear
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Service Change Request Process

The Service Change Panel includes the Medical Director, Executive Director of Nursing and Chief Operating Officer, Deputy Chief Operating Officer & Group Director supported by Commissioning and Quality Assurance.

Having moved into the next phase of the pandemic there is a need to review clinical services with a view to re-establishing face to face consultations, particularly for those patients where remote consultations have been challenging. The agreed governance process for service change requests has continued to be utilised to reinstate and or re-establish services that had to change their delivery during the first phase of the pandemic.

Services complete a service change request form which highlights the key quality impacts of the change, including safety, risk, staffing changes and potential impact to other services including Primary Care and other key stakeholders. This will also consider new and or different ways of working such as evening and weekend working.

In order to gain an understanding of the impact of services returning each locality has established 'Locality Working Safely' groups so each locality can monitor and review the risk assessments and service changes being undertaken.

9. Staff Risk Assessments

All staff are offered the opportunity to have a risk assessment completed and vulnerable ("at risk") staff are expected to have a risk assessment. As at the date of writing, completion rates (including those who have declined a risk assessment or are not currently at work) are as follows:

- 86% of all BAME staff (was 85%)
- 75% of at risk staff (was 70%)
- 59% of males (was 51%)
- 57% of people age 60+ of white ethnicity (was 51%)
- 59% overall staff (was 52%)

10. Learning & Reflection

As an organisation we have a strong focus on learning and reflection from both national and local outbreaks. These have been shared at IMG and Live Q&A events.

11. Communications

The daily email is sent to all staff across the Trust (with additional measures in place to ensure that messages are disseminated by line managers and teams to those staff who do not frequently access emails). Communications have included NTW Solutions Limited. Live events have also been screened

weekly/twice weekly enabling the Executive Team to engage with staff across the organisation on issues of concern as well as share good practice. There is also information on social media and the Trust intranet site has a dedicated Covid-19 resource page. Key messages are also displayed on screen savers. During September the focus of the communication was on the rapidly escalating local restrictions. Newsletters are produced to support staff wellbeing, such as 'AWISH'.

12. **The Next Phase**

This paper covers the Trust response to the COVID-19 pandemic, at a time when the organisation is preparing to enter a second wave of COVID-19. It is inevitable that the next few months will test the organisation, as numbers of COVID-19 cases continue to raise and as yet have an unknown impact on usual winter pressures. The Trust will, however continue to ensure safe services and environments are available for our patients their families and our staff.

13. **Requirements for Regional Emergency Preparedness, Resilience and Response / Annual Core Standards Assurance submission**

The board would normally receive an annual report covering the developments within the Trust as well as the assurances against the NHS England / Improvement EPRR Core Standards. Due to COVID19 the core standards have not been issued, however there is an expectation that following assurances are required, and this will need reporting to the Regional EPRR Team by the 31st October 2020.

- *That where relevant your EPRR assurance action plans have been reviewed in order to improve your level of compliance against the 2019/2020 EPRR Assurance Core Standards, and where you have previously reported partial or non-compliance as your overall assurance rating that you provide an updated assurance level following review and delivery of your ongoing action plans.*

Trust Response

The annual core standards for 19/20 reported substantial overall assurance, there were 3 minor areas of non-compliance, 2 of these areas have now been completed, with the only outstanding action in relation to flood planning, this action will be completed when local authority activity returns to normal post COVID, however as an interim the Trust now has access to all updated local authority flood risk assessment information linked into the Trust's EPRR processes.

- *That you have undertaken, or plan to undertake, a formal review process on your response to the COVID-19 pandemic to date, and have associated plans to ensure that the lessons and recommendations from that review are embedded as part of your ongoing EPRR work programme.*

Trust Response

Through the Trust's Incident Management Group, a number of reviews have been carried out into learning from the management of the activity, the impact it has had on our patients, staff and services, and the business readiness for another wave of COVID-19. Systems have been strengthened, specifically in relation to local lockdown, and responding to the requirements of the LA7 (the current areas of lockdown across the Trust's footprint) as well as a watching brief on North Cumbria. Gold Command continues to be stood up to respond to the changing external demands, as well as supporting services, which are seeing increasing activity. Major Incident Plan processes have been strengthened within the Trust with a specific activity around pandemics in relation to the experiences faced from COVID-19.

- *That you have reviewed your response to the COVID-19 pandemic and taken steps to embed key lessons and actions in your planning for winter and associated system response arrangements.*

Trust Response

- Throughout COVID-19 outbreak, The Trust has engaged with NEY EPRR Team each week to support regional discussions in respect of impact of COVID on Mental Health Services.
- Trust has taken part in a number of Winter Planning events across the ICS area, focussing mental health support through Local A&E Delivery Boards. One took place in August 2020, which was attended by over 150 staff across all healthcare settings.
- A specific winter planning event was held on 2nd September 2020 to test plans across the Cumbria System, which was attended by CNTW Group Directors.
- A Stress Test event was held 7th September 2020 for all Mental Health Trusts across the North East and North Cumbria and Yorkshire and Humber ICS's to test out responses to COVID-19 and plans in place for winter, including mutual aid support.
- Another event took place on the 23rd September 2020, with Associate Directors attending from each of the Access CBU's to support each of the ICP discussions.

Learning from all of this activity will strengthen our winter planning activity, and will be supported by the Trust's Flu Plan which has already commenced.

Recommendation

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

Anne Moore
Group Nurse Director Safer Care,
Director of Infection, Prevention & Control

**Report to the Board of Directors
7th October 2020**

Title of report	Managing Complaints and Concerns
Report author(s)	Vicky Clark, Incident Complaints and Claims Manager
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

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

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

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

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

Managing Complaints and Concerns
Trust Board Meeting
7th October 2020

1. Introduction

This report outlines the Trust's commitment to dealing with concerns and complaints and provides information about how the Trust manages, responds and learn from complaints about services. In doing so, it meets the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The spirit of the process is that all staff are empowered to resolve minor comments, issues, concerns and problems immediately to try and 'nip in the bud' any issues at an early stage and negate the need for the complainant to go down the formal complaint route.

2. Receipt and Triage of Complaints

All formal complaints which are received into the Trust, whether by post, email or telephone are allocated to a complaint administrator by the Incident Complaints and Claims Manager. The complaint is then sent for triage by the Head of Clinical Risk and Investigations or Safer Care Directors.

The Trust has a dedicated complaint email address allowing complainants to have 24 hour, seven day a week access to outline their concerns. There is also a dedicated complaint telephone line for those complainants who would rather discuss their complaint or have difficulty reading or writing. The complaints department can also signpost people to PALS and independent advocacy services if they require help or support with making a complaint.

Complaints triaged as complex will have multiple or complex issues, or both. They may cover more than one service or care group or may be a joint investigation with another health or social care organisation. The investigation is likely to be time consuming to ascertain the facts and speak to all witnesses. (For example a range of complex treatment, diagnosis and medication issues which cross both a CMHT and the Crisis Team). The timescale for the complex complaint investigation process is 38 working days.

Complaints triaged as standard will have a single or low number of issues which are relatively straightforward and involve no or a small number of witnesses. The investigation is not likely to be time consuming and it is anticipated that a quick resolution can be reached for the complainant. (For example a single non-complex issue relating to one team which can be addressed by speaking to one member of staff or examining a small section of the patient's health record). The timescale for the standard complaint investigation process is 18 working days.

3. The Investigation Process

Once a triage decision has been reached, the complaint is sent to the Associate Director for allocation of an investigating officer. Where possible, direct, personal contact is made with all complainants within three working days after the investigating

officer has been appointed. This allows the investigating officer to build a rapport with the complainant, define their investigation by understanding the complainant's perspective and provides an opportunity to clarify what outcome is wanted and to manage any unrealistic expectations.

The investigating officer's response must provide an explanation of what happened for each complaint point, examine the gap between what happened and what should have happened and reasons why and offer sincere apologies for any failures. A high quality investigation is open, honest and accountable, fair and proportionate to the circumstances with decisions based on facts and evidence. It is an opportunity to identify good practice as well as identify any lessons to be learnt.

Where services have not met the high standards expected by the Trust; staff must acknowledge this with the complainant, apologise and take action to resolve the issues. This provides a better outcome for the person raising the concern / complaint and also prevents them from having the inconvenience and sometimes additional worry of having entered into a formal complaints process.

All complex complaint responses must be checked by the relevant Associate Director before being forwarded to the Chief Executive for sign off. Standard complaint responses are signed off by the investigating officer and checked locally by a manager and sent out directly from the service.

4. Action Plans

When an investigation finds that any action is required to prevent similar issues from reoccurring, an action plan is developed by the investigating officer, in conjunction with the team manager and other action owners. Actions must be SMART so that they are realistic and achievable within a defined timescale. Actions could include reviewing or changing a decision, revising policies or procedures, training or increased supervision for staff or a discussion/reflection by the team on the issues raised.

Ongoing actions are monitored on a regular basis by BDG Safety to ensure they are completed in a timely manner.

5. Learning from Complaints

The lessons learnt and trends identified through complaints can be used to improve the quality of care received by service users and are a priority for the Trust. Completed action plans are sent to the CBUs for discussion / reflection in their local forums and learning lessons groups. Learning from these is disseminated across all wards and teams for discussion at team meetings.

Information relating to themes by ward/department, category or outcome can be provided on request by the complaints team. When an increase in complaints within a particular service or category is noted, the complaints department can provide a detailed analysis of information to see if there are any overarching themes which need to be addressed by a CBU.

Themes from complaints are also picked up via the weekly BDG Safety meeting attended by all Group Directors and the Trustwide Learning and Improvement Webinars, which have an open invitation for all staff to attend. Complaint reports are also circulated for discussion at the Trust-wide Service User and Carer Forum which runs on a bi-monthly basis.

6. **Parliamentary Health Service Ombudsman (PHSO)**

If the complaint is still dissatisfied, they can ask for their concerns to be looked at again. If they are still dissatisfied after this, they can refer their complaint to the Parliamentary Health Service Ombudsman (PHSO). The PHSO is a statutory government body and forms the final stage of the NHS complaint process. The PHSO can undertake independent reviews of how a health or social care organisation has handled a complaint investigation. They will not intervene in clinical decisions made but can make recommendations including apologies, action plans and financial redress.

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**Report to the Board of Directors
7th October 2020**

Title of report	Tools to monitor real time trends in the use of seclusion and restraint
Report author(s)	Dr Damian Robinson, Group Medical Director, Safer Care Paul Stevens, Safer Care Business Support Officer
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	The Trust to be regarded as a great place to work	

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

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

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

TOOLS TO MONITOR REAL TIME TRENDS IN THE USE OF SECLUSION AND RESTRAINT

**Trust Board
7th October 2020**

PURPOSE

This paper informs the Board about new tools developed within the Safer Care directorate to monitor real time trends in the use of seclusion and restraint in in-patient services.

CONTEXT

In November 2019 the Board requested information on the monitoring of seclusion and restraint data. This request was precipitated by concerns over the graphical presentation of data in the quarterly Safer Care Board report which indicated increasing trajectory and a projected end of year position which was greater compared to the previous 12 months.

The COVID-19 pandemic has delayed the production of this paper. In the meantime the end of year was concluded in March 2020, and the Board has also received the Talk 1st annual report detailing actions taken to address trends. Therefore, this paper focusses on informing the Board about the new Talk 1st dashboard and locality insight reports which can be used directly by services to monitor trends and target interventions.

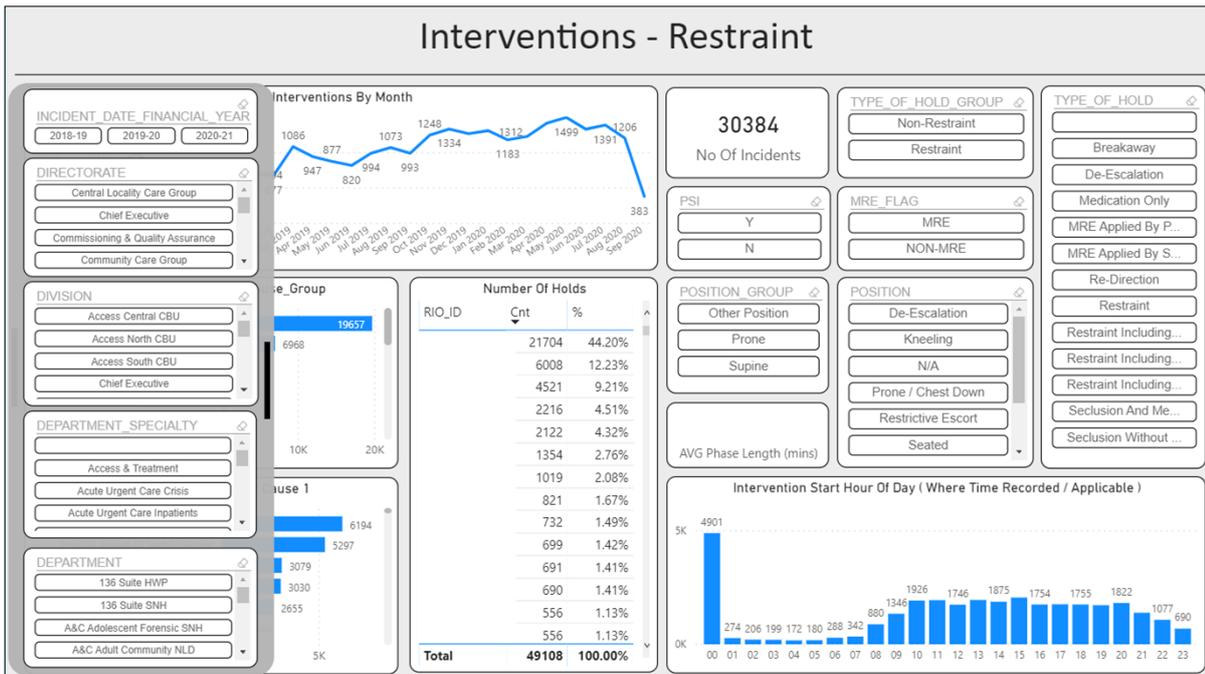
The data presented in the Safer Care Board report used a simple straight line trajectory to project trends and end of year position. This simple model was flawed in so much as a small number of service users with a high frequency of seclusion and/or restraint episodes would significantly impact on the overall trend, even when the underlying trend may have been very different. Furthermore, data was produced retrospectively and lacked the detail needed by front line staff to monitor and analyse real time activity.

The Safer Care directorate now has the skills and ability to significantly improve the value and usability of real time data using new software to produce dashboards and reports.

INTERACTIVE TALK 1ST DASHBOARD

A new interactive a live dashboard solution has recently been implemented within the Safer Care Directorate. Daily extractions of data are taken from the Ulysses Safeguard system and presented in a new Microsoft product know as Power BI (Business Intelligence)

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Interaction with dashboards is easily achievable by way of action and filter buttons which filter the charts accordingly. This enables targeted analysis of areas of interest and allows the user to easily view and digest information at any level of the organisation and quickly interact with the dashboard to filter on their desired requirements. Dashboards can be accessed by local services, subject to authorisation of users.

These dashboards are in constant development with new features (and capabilities) being introduced on a regular basis.

The example below shows how the level of incidents, restraints or seclusion can be monitored, not only in a tabular visual but also by a ranking and distribution chart.

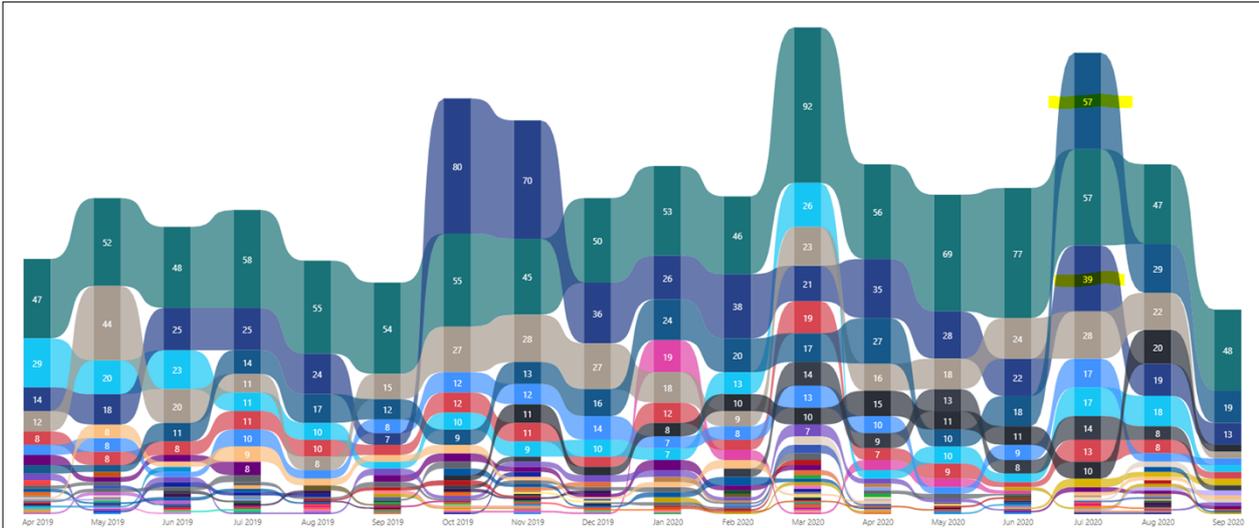
Patient	Incidents	%
A	75	39%
B	50	26%
C	44	23%
D	10	5%
E	5	3%
F	2	1%
G	2	1%
H	1	1%
I	1	1%
J	1	1%
Total	191	100%

88%

This anonymous sample easily shows how over 80% of activity can be attributed to only a few patients. Services can readily identify these patients.

This can also be represented over a time period as shown in the example below.

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The above chart is representative of a group of patient’s activities over a given period. It displays distribution, ranking and volume of incidents and easily identifies any patients with the most activity. It also highlights areas where a particular patients may have a sudden increase in activity and may show as high contributors to overall activity levels (see highlights in June 2020).

LOCALITY INSIGHT REPORTS

The dashboards are supplemented by locality insight reports which are produced quarterly and summarise locality activity (see example below). These are discussed within each Locality Group.

Central Locality Group Insight Report July 2020

Contents	<u>Headline trend</u>	Trust wide Talk 1 st data
	<u>Services:</u>	Most active wards during quarter
	<u>Talk 1st Narrative:</u>	CBU based information from the Talk 1 st Team
	<u>Innovations:</u>	Populated by CBU
	<u>Actions:</u>	Decided by CBU

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Incidents of Violence & Aggression			
	April	May	June
N Cumbria	119	147	235
North	751	950	797
Central	204	253	236
South	260	283	255
High activity areas			
Lowry	25	37	24
Bede	3	41	29
Cheviot	24	30	15

Incidents of Self-Harm			
	April	May	June
N Cumbria	55	79	33
North	655	614	571
Central	64	63	109
South	92	81	81
High activity areas			
Lamesley	3	5	6
Oswin	2	4	6
Lowry	2	0	8

Incidents of Assaults on Staff			
	April	May	June
N Cumbria	51	70	50
North	227	311	207
Central	23	44	41
South	66	76	47
High activity areas			
Lowry	5	15	8
Lamesley	2	5	8
Bede	0	8	7

Incidents of Restraint			
	April	May	June
N Cumbria	113	146	176
North	791	758	551
Central	66	120	44
South	94	113	77
High activity areas			
Bede	4	52	13
Fellside	25	14	3
Lowry	15	14	5

Incidents of Prone Restraint			
	April	May	June
N Cumbria	6	3	5
North	241	194	149
Central	19	17	7
South	11	11	7
High activity areas			
Fellside	6	2	1
Lowry	6	3	0
Lamesley	4	2	1

Incidents of Seclusion			
	April	May	June
N Cumbria	3	0	1
North	77	85	76
Central	30	34	28
South	24	19	32
High activity areas			
Fellside	15	6	8
Bede	4	9	8
Lowry	3	5	3

Incidents of MRE			
	April	May	June
N Cumbria	1	0	0
North	46	28	30
Central	5	10	7
South	3	3	0
High activity areas			
Aidan	1	2	2
Cheviot	1	2	2
Fellside	1	1	0

Wards with Safety Pods	
North Cumbria	
Edenwood	
North	
Mitford, Mitford Bungalows, Stephenson, Ferndene PICU, Ashby, Lennox, Embleton	
Central	
South	
Rose Lodge, Beckfield Shoredrift (on order)	
<small>*Older People's Services currently precluded from using Safety Pods</small>	

Assaults Patient on Patient			
	April	May	June
N Cumbria	3	3	11
North	15	18	10
Central	19	10	9
South	13	8	7
High activity areas			
Lowry	6	4	4
Castleside	5	3	1
Fellside	6	2	0

BOARD ACTION REQUESTED

To note the value of these developments which enable real time monitoring of trends and development of appropriate interventions within services.

Authors:

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Date:

September 2020

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