

Board of Directors Meeting (PUBLIC)

02 September 2020, 13:30 to 15:30
Microsoft Teams

Agenda

1. **Staff Story**
 2. **Welcome and Apologies for absence**
Ken Jarrold, Chairman
 3. **Declarations of Interest**
Ken Jarrold, Chairman
 4. **Minutes of the previous meeting held Wednesday, 5 August 2020**
Ken Jarrold, Chairman
 3. 5 August 2020 FINAL PUBLIC Board minutes.pdf (13 pages)
 5. **Action list and matters arising not included on the agenda**
Ken Jarrold, Chairman
 6. **Chairman's Remarks**
Ken Jarrold, Chairman
 7. **Chief Executive's Report**
John Lawlor, Chief Executive
 7. CEO Report 2 September 2020.pdf (7 pages)
- ### Quality, Clinical and Patient Issues
8. **COVID-19 Update**
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
 8. COVID Board Report - AUG 20 AM v.06 (002).pdf (9 pages)
 9. **Commissioning and Quality Assurance Report (Month 4)**
Lisa Quinn, Executive Director of Commissioning and Quality Assurance and James Duncan, Deputy Chief Executive / Executive Director of Finance
 09. Monthly Commissioning Quality Assurance Report - Month 4.pdf (8 pages)
 10. **Annual Revalidation for Medical Staff Report**
Dr Rajesh Nadkarni, Executive Medical Director
 10. Medical Revalidation Annual Board Report 2019-2020.pdf (24 pages)

Strategy and Partnerships - no issues for this month

Regulatory

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08/28/2020 10:50:11

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

Lynne Shawe, Executive Director of
Workforce and Organisational
Development



11. WRES and WDES report for Trust Board
September 2020 Final.pdf

(20 pages)

Workforce

12. NHS People Plan

Lynne Shaw, Executive Director
Workforce and Organisational
Development



12. NHS People Plan Action Plan.pdf

(22 pages)

13. Quarterley Workforce Report

Lynne Shaw, Executive Director
Workforce and Organisational
Development



13. Quarterly Workforce Report - August 2020.pdf

(6 pages)

Minutes/Papers for Information

14. Committee Updates

Verbal/Information
Non-Executive Directors

15. Council of Governors' Issues

Verbal/Information
Ken Jarrold, Chairman

16. Any other Business

Ken Jarrold, Chairman

17. Questions from the Public

Ken Jarrold, Chairman

Date, time and place of next meeting:

18. Wednesday, 7 October 2020, 1.30 pm Venue TBC

Cumbria, Northumberland Tyne and
08/28/2020 10:30:11

**Minutes of the meeting of the Board of Directors held in Public
5 August 2020, 1.30pm – 3.00pm
Microsoft Teams Meeting**

Present:

Ken Jarrold, Chairman
David Arthur, Non-executive Director
Dr Leslie Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director

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

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Kirsty Allan, Acting Corporate Affairs Manager- minute taker
Darren McGregor, Peer Supporter
Anne Moore, Group Nurse Director Safer Care

Members of the public in attendance:

Margaret Adams, Public Governor
Tom Bentley, Public Governor
Bob Waddell, Staff Governor
Evelyn Bitcon, Shadow Governor
Anne Carlile, Carer Governor
Janice Santos, Carer Governor
Russel Bowman, Service User Governor
Tom Bentley, Public Governor
One member of the public attended part of the meeting

1. Service User Story

Ken extended a warm welcome and thanks to Darren McGregor who attended the Board to share his story including his experiences on his journey to recovery as well as his experience as a Peer Supporter for the Trust.

2. Welcome and Introduction and Apologies for Absence

Ken Jarrold opened the meeting and welcomed those in attendance.
Apologies were noted from Darren Best, Non-Executive Director

Debbie Henderson provided an overview on the etiquette for this meeting and explained that the meeting would be recorded for the purpose of the minutes. It was agreed that the recording would be deleted once the minutes had been approved at the next meeting.

3. Declarations of Interest

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

4. Minutes of the meeting held 23 June 2020

The minutes of the meeting held on 23 June 2020 were considered.

John Lawlor highlighted Page 3 of the minutes paragraph 4 “Therefore, there is a generation that has grown up knowing that black is inferior...” to be changed to “Therefore, there is a generation that has grown up assuming that black is inferior...”

Ken Jarrold highlighted under Any Other Business to change “Sir Captain Tom” to read “Captain Sir Tom”.

Approved:

- **The minutes of the meeting held 23 June 2020, as amended, were agreed as an accurate record of the meeting.**

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

Debbie Henderson confirmed that all actions have been reviewed prior to the meeting and colour coded. Actions which have been identified as ‘red’ are actions that need to be discussed and picked up within the Board meeting and actions identified as ‘green’ are classified as on track and will be discussed at future meetings.

06.11.19 Staff Friends and Family Test

Gary O’Hare suggested that the action to address potential impact of automated messages on people who contact services by telephone be incorporated into our Reset and Redesign work programme so it can be reviewed across all our services, particularly in relation to how we deal with automated messaging. The Board confirmed they would support this action.

07.08.19 Safer Staffing Levels including 6 monthly skill mix review

Gary O’Hare referred to the action to include Multidisciplinary Team (MDT) information within the report, however due to the disruption caused by COVID-19 this has somewhat delayed the process. Gary O’Hare mentioned MDT teams on inpatient wards and also further work relating to Locum Consultants will be included in the next quarterly report.

Matters Arising

Peter Studd referred to Page 10 of June’s Board minutes which related to the guidance of PPE and risks associated with Test and Trace and asked what impact has this had on the Trust with the conflicting advice that has been received.

Gary O'Hare confirmed there has been differing guidance received however Gary highlighted some of the work that has been undertaken around the recent COVID-19 outbreaks, the Trust has been working with health protection agencies and advised that the Trust had taken all reasonable measures to protect staff.

Resolved:

- **The Board received and updated the Action List.**

6. Chairman's remarks

Ken Jarrold highlighted two important publications which have been recently released: the Phase 3 Planning Letter which refers to COVID-19 and priorities resulting from the wider impact of COVID-19 on our society and individuals through delayed critical illness treatment; and the NHS People Plan which Ken commented is very good in content and tone, however shared his disappointment that there was no explicit mention of the need to improve the quality of line management. Ken stated that unless the NHS focuses on the quality of line management, the aspiration within the Plan will stay as an aspiration only. Ken confirmed the People Plan will be discussed in more detail at the September Board.

Ken highlighted the Trust Bulletin and mentioned the extraordinary collection of activities, news, and work within the Trust and reminded the Board of the great range of development, training, research, advice and support available across the organisation.

Ken noted that this remained a factor in the Trust being rated as an Outstanding Trust. Ken referred to Darren's powerful story at the beginning of the meeting and referred to the peer support movement that is gaining so much strength and making a great contribution to the Trust.

Resolved:

- **The Board received and noted the Chairman's report**

7. Chief Executive's Report

John Lawlor spoke to the enclosed report. John confirmed the Trust has continued to develop the Trust's Green Plan 2020-2025 which will be presented to Trust Board in October 2020.

John highlighted the Children's and Adolescent Mental Health Services Programme whereby the Trust is currently developing an in-house training programme bespoke to CYPS, which will be an accredited course. He also stated that the Children's Commissioner's Officer along with the National Children and Young People's Inpatient Review will be commissioning organisations to deliver competency based training for unqualified staff.

John Lawlor confirmed the CQC are carrying out a series of rapid reviews of how providers are working collaboratively in local areas to help health and social care services learn from the experiences of responding to COVID-19. John confirmed the reviews will not be a

formal inspection. It will be a published report which describes the findings as to how providers across systems have operated during the pandemic.

John Lawlor confirmed the NHS Planning Guidance for the rest of the current year has been further delayed as negotiations continue nationally on both the “ask” from the NHS and the funding available. James Duncan confirmed the NHS have responded to the pandemic crisis and avoided some of the predicted worst case scenarios which has been combined with a significant level of emergency funding. This has involved all Trusts moving to a nationally determined block contract with a monthly top up to support each organisation to break even on a monthly basis. James confirmed in the absence of a clearer position for the rest of the year, this top up process has been extended from 31st July 2020 to the end of September 2020.

Michael Robinson referred to the Children Mental Health Service programme particularly in relation to accreditation, and asked the question as Non-Executive Director dementia champion, would the Trust provide any accredited training around older adults in the future. John Lawlor confirmed that the Trust holds training for anyone to access to become dementia champions. Gary O’Hare confirmed that now the Trust has moved to a position within our CNTW Academy whereby any courses can be accredited which Gary highlighted has a number of benefits for our staff to receive appropriate accredited training when looking at contribution to degrees and other academic qualifications. This has also given the opportunity to generate income.

John Lawlor highlighted a number of representatives from the World Health Organisation led by Roberto Mezzina, Director of Mental Health Services in Trieste, Northern Italy where the Trust visited last year held a national symposium online which provided the opportunity to share experiences, develop a consensus around the need to implement change and look at developing responses at a local, national and global level. James Duncan will provide an update to a future Board meeting.

Resolved:

- **The Board received the Chief Executive’s report**

Action:

- **Trust Green Plan 2020-2025 to be submitted to October Board**
- **Report on Trieste to a future Board**

Quality, Clinical and Patient Issues

8. COVID-19 Update

Gary spoke to the enclosed report and highlighted nationally there are a number of local outbreaks which have emerged that have required measures to be put in place in relation to local restrictions and highlighted there are a number of places nationally where we can see the rate of COVID-19 infection has been increasing which has been mirrored across the world.

Gary O’Hare confirmed the North Cumbria outbreak is being managed within the North Cumbria Locality. Gary confirmed that the recent outbreak highlighted the ability to positively test and trace staff.

Gary O'Hare referred to item 3 of the report which demonstrated the overall rate of transmission continued to drop however since the report was published there has been a steady increase in requests for staff requiring swab testing, which has led the Trust to reopen the testing facilities on the St Nicholas Hospital site.

Gary O'Hare confirmed Gold Command will continue to operate over the next few months alongside the Central Absence Line and Infection Prevention and Control team to manage the step up of services, test and trace and local outbreak management to prepare and respond to a potential second wave/ local outbreak and the preparation and delivery of the national Flu Plan which will go live in September.

Paula Breen queried the management process of staff leave who travel abroad with the quarantine regulations now in place.

Gary O'Hare confirmed there is clear guidance for staff who do go abroad on holiday. Staff would need to discuss with their line manager and if they do go abroad they will need to self-isolate for two weeks on return. All staff are aware they will need to self-isolate for a two week period by either: working from home; taking a further two weeks annual leave, or take unpaid leave. Gary further mentioned in relation to local lockdowns the Trust is urging staff to follow national guidance in their personal leisure time and highlighted that COVID risk assessments were now available to all staff.

Les Boobis asked about receiving an antibody test and highlighted that staff who have no symptoms have tested positive and asked if there is any value in being tested. Gary O'Hare confirmed there is an issue of potentially testing positive for COVID-19 while showing no antibodies and then testing negative for COVID-19 and having detected antibodies showing a degree of variation that is currently being worked through. Gary O'Hare confirmed there is value in all staff being tested for the benefit of wider public health and referred to a study which has commenced and shows the conversion rate of 13.4% within the Trust on antibody testing which is consistent with the region and highlighted it also gives psychological support to staff.

Gary O'Hare highlighted from the report that we have now tested for antibodies in 6500 of our own staff and continue to manage our BAME risk assessments. At the time of reporting 98% of BAME staff risk assessments have been completed and prioritisation for antibody testing, Fit Testing for FFP3 mask and the required PPE. Gary O'Hare mentioned as an organisation we have a strong focus on learning and reflection and while specific learning from the pandemic was a challenge during the early stages of the pandemic, due to the pace of events, there is now more opportunity to reflect on the last few months. Gary confirmed the Trust is taking learning into the next phase of stepping up services, living with COVID-19 and remaining responsive to any future national or local outbreaks.

Ken Jarrold referred to the national phase 3 letter which was recently shared with the Governors and drew attention to the five principles for the next phase of the COVID-19 response which have been developed by patient's groups through National Voices. Ken strongly endorsed the five principles as these are very similar to how we work with service users and carers and the public.

Resolved:

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

8.1 Mental Health Legislation update in view of COVID-19

Dr Rajesh Nadkarni spoke to the enclosed report and highlighted there has been no change in practice or policy relating to Section 136 assessments which is largely due to our good working relationships with the police. Rajesh confirmed there is still some work to be done within North Cumbria as currently there is no Street Triage Team so the use of Section 136 in North Cumbria is high compared to the rest of CNTW.

Rajesh informed the Hospital Managers Hearings have changed to a paper-based review which will ensure social distancing and reduce the risk to patients, staff and others. Rajesh confirmed Section 17 Leave and visiting has been complex to manage with the guidance received in March to comply with the instruction to stay home, protect the NHS and save lives. Rajesh stated that the guidance has affected the ability of responsible Clinicians to authorise leave.

Rajesh informed a decision was taken from Gold Command to protect the health and safety of our patients and staff to temporarily suspend visiting in all but exceptional circumstances. This position however was relaxed in relation to specific groups or patients on a case by case basis. Rajesh informed the Board that visiting will stay under constant review at Gold Command and a small working group from the Mental Health Legislation team will review leave and visiting as new national instructions and guidance are issued.

Michael Robinson referred to the real pressure points around panel members meetings, Section 17 leave, and visiting. The steering group has the ongoing remit to review forms and remote assessments and meets every month. Michael stated that there will be a lot of learning from the last few months and mentioned some of the ongoing processes have changed and improved which will be more patient centric when the pandemic ends.

Peter Studd asked about the question of Section 136 triage arrangements within North Cumbria and if there are plans to implement the same crisis approach we have across the rest of CNTW. Gary O'Hare noted that within Cumbria it is a multi-agency single point of contact however part of the Trust's overall development links into the Primary Mental Health Care Strategy are two areas to be developed which is to have an Initial Response Service (IRS) which we have already in place across the North East patch and also to implement Street Triage. Gary highlighted the geographical area of Cumbria which is not coterminous with us as it is split across CNTW, Lancashire and South Cumbria FT so we would need to work with Northumbria, Cumbria and Lancashire Constabularies as it is important for us to get cross-border support.

Ken Jarrold commented on the very interesting paper which shows that a lot of care and thought has been given to try and balance risks and rights in a very difficult situation and asked Michael to convey to the rest of the Committee and to staff, the Board's appreciation for the way in which this has been handled.

Resolved:

- **The Board Received the Mental Health Legislation update in view of COVID-19**

9. Infection Prevention and Control Board Assurance Framework

Anne Moore spoke to the enclosed report and explained that there are new levels of assurance which organisations have been asked to provide in terms of infection prevention control measures which are systematically reviewed and measures taken to prevent the spread of infection.

Anne Moore confirmed that the self-assessment for the Trust remains compliant with all standards with the exception that if there are high levels of COVID-19 there are limited isolation facilities at Hadrian Clinic for presumptive positive patients awaiting admission screening test results. Mitigation includes the decision to admit directly to Bede ward pending COVID-19 screening results.

Anne Moore highlighted that in May it had been reported that Contact Tracing was new and evolving and provided assurances from the work done directly with the Clinical Care Groups and with the process instituted with the Central Absence Line and Gold Command that we now have a robust process working with each of the Local Authorities. Anne Moore said that the wearing of face masks for the potential use by patients in COVID-19 positive areas continues to be risk assessed on a case by case basis considering communication challenges, ability to comply with social distancing and ligature risk form mask types.

Gary O'Hare provided additional assurance to the Board highlighting that the CQC are content with our Board Assurance Framework.

The Board agreed that the report be submitted to the Board on a quarterly basis which will link into the quarterly reporting cycle through the Quality and Performance Committee.

10. Annual Flu Plan

Anne Moore spoke to the enclosed report. Anne confirmed that the 2019/20 seasonal flu vaccination campaign was the most successful to date with 82% of frontline staff choosing to be vaccinated and confirmed this year's CQUIN target has been raised to 90%.

Anne Moore emphasised in light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health care system. Anne highlighted that the launch of the seasonal flu campaign will commence on 21st September with vaccines having been ordered February/March before the last season ended. Anne confirmed there is no concern in relation to the supply of the vaccine and was confident it will be delivered to the Trust by 14th September. Anne referred to the national flu immunisation programme 2020-2021 letter which all Trusts received today and highlighted the aim is to further extend the vaccine programme to the 50-64 year old group subject to vaccine supply.

Peter Studd raised the question of any implications that may arise this year on the programme in relation to PPE. Anne Moore confirmed there is no concern with any PPE supplies.

Peter Studd also raised the question in the event of a COVID-19 vaccine being released during the flu season how would we deal with this as a Trust. Anne Moore confirmed it is very unlikely a COVID-19 vaccine will be released during the flu season, however, if this did happen the Trust would look to organise another campaign very similar to the flu campaign and the vaccine will be given separately.

John Lawlor asked to what extent we are expected to take on the responsibility of vaccination of patients in the community. Anne Moore referred to the flu letter released today which highlights building on good practice from previous flu seasons and the need to achieve maximum coverage this year, by ensuring that every contact counts. All Hospital Trusts will be asked to offer the vaccination to patients in an outpatient department/ clinical setting.

Gary O'Hare acknowledged Anne Moore's outstanding work throughout this incredibly difficult time combining COVID-19 and the Flu Campaign. The Board thanked Anne and her team for their fantastic efforts.

Resolved:

- **The Board received the Annual Flu Plan**

11. Commissioning and Quality Assurance Report (Month 3)

Lisa Quinn spoke to the enclosed reported and confirmed there have been three Mental Health Act reviewer visits received this month; Shoredrift, Longview and Lamesley which all have similar themes in terms of visiting, human rights, access to bedroom door keys and individual care plans.

Lisa reported an increase in waiting times with 196 people waiting more than 18 weeks to access services this month in non-specialised adult services and within Children's Community Services Lisa explained there are currently 437 Children and Young People waiting more than 18 weeks to treatment.

It was noted that the Trusts training and appraisal rates are below the Trusts required standard as a number of training programmes were paused during the peak of COVID we are now looking to improve compliance with training over the next quarter.

The 12 month rolling average sickness rate has decreased to 5.87%, which is the lowest position within the last three years.

Les Boobis, queried the increase in waiting times and asked if there could be problems incurred with the latest NHS Guidance of restoring activity to 100% by the beginning of September and meeting those waiting times targets which NHSE require.. Lisa Quinn said that this will be a great challenge to the organisation particularly RTT waiting times as currently the national position for those appointments is that they will need to be face to face which is very much a physical health model. Lisa confirmed a briefing will be submitted to September Board.

Resolved:

- **The Board received the Commissioning and Quality Assurance Reports for month 2.**

Acton:

- **Briefing update on waiting times to be submitted to September Board**

Regulatory

12. Safer Care Annual Report 2019-20 (Including Q1 update)

Anne Moore spoke to the enclosed report and gave thanks to her staff who had put an enormous amount of effort into the work and preparing the report. Anne mentioned there has been a significant amount of work arising from the transfer of North Cumbria services. The biggest achievement has been making staff in Cumbria familiar with the coronial and incident reporting processes and giving them the confidence to escalate quality of patient care and safety issues. Anne confirmed the staff in the Cumbria locality feel very well supported.

Evelyn Bitcon raised her concern that North Cumbria do not have a PALS service and asked the question if there will be a specific PALS service in North Cumbria.

Gary O'Hare confirmed that this would need further exploration and discussion with the third sector as PALS services are provided by an independent provider.

Michael Robinson commented that within the policy review and harmonisation it would be helpful to have comment on ambitions for this year and how those develop during the year to be able to compare them. Anne Moore agreed to add this to the policy.

Resolved:

- **The Board approved that the Safer Care Annual Report**

13. Service user and carer experience report (Q1)

Lisa Quinn spoke to the enclosed report and highlighted NHS England and NHS Improvement have provided high-level advice about reducing the burden and releasing capacity to manage the COVID-19 pandemic. A decision had been made by Gold Command to cease sending out Points of You at the end of March and Lisa emphasised because of this, we will not have the normal level of responses from Service Users and Carers. However, the responses that have been received have been included in the report.

Lisa highlighted two surveys in place during the COVID period in relation to an online consultation process with service users. In the first two months of the consultation 682 responses were received which showed the majority of service users who have used the online consultation would use this as a preference going forward. However, it was not clear whether service users were saying that online consultation was better than no consultation or would prefer it to face to face meetings.

Lisa Quinn explained the second survey was a staff COVID-19 response survey which 658 members of staff gave their experiences, reflections and suggestions and ideas on how to learn from the Trust's response to the COVID pandemic. Lisa confirmed the results of the survey will be shared with the staff through the Communications bulletins.

Resolved:

- **The Board approved the service user and carer experience report (Q1)**

14. Safer Staffing Levels (Quarter 1 including 6 monthly skill mix review)

Gary O'Hare spoke to the enclosed report which included the exception data of all wards against Trust agreed Safer Staffing levels for the period May 2002. Gary highlighted to the Board that the analysis and detailed variations are not covered in the usual way. The period covered includes the response to the COVID-19 Pandemic and as a result the impact on staffing levels was significantly altered and not able to be reflected accurately by the Time and Attendance Record system. Gary confirmed there were no areas of a significant risk.

Resolved:

- **The Board approved the Safer Staffing Levels (Q1) report**

15. Guardian of safe working hours (Quarter 1)

Dr Rajesh Nadkarni spoke to the enclosed report and confirmed there were no significant issues to highlight. Rajesh praised the exceptional work of the junior doctors during the COVID pandemic.

Resolved:

- **The Board approved the Guardian of Safer Working Hours report**

16. Local Clinical Excellence Awards 2019

Dr Rajesh Nadkarni spoke to the enclosed report and mentioned this year we have looked closely at the outcome for BAME staff.

Rajesh referred to page 3 of the report highlighting an oversight as it stated 'BAME Eligible Consultants' and should read 'All Eligible Consultants'.

Resolved:

- **The Board approved the Local Clinical Excellence Awards 2019 report**

Action:

- **Page 3 of the report to change the working to 'All Eligible Consultants'**

Strategy and Partnerships – no issues for this month

Regulatory

17. CQC Must Do Action Plans Update

Lisa Quinn spoke to the enclosed report and referred to Appendix 1 confirming action plans have been submitted to CQC in relation to the focused inspection into Learning Disabilities and Autism which have been considered through the Board in a closed meeting and shared with Council of Governors.

Lisa highlighted the Trust inherited 38 action plans in relation to the North Cumbria Locality and following a review there are 7 must do actions where the Trust feels there is enough evidence to close the action plan and continue to monitor impact. The Board was asked to approve the closure of 7 actions given the level of evidence and impact we have seen. Lisa confirmed whilst closing those actions we will continue to report to the Board through Appendix 3 which provided the regular quarterly update to Board in relation to our approach to actions and must do themes that are in place across the Trust. Lisa proposed to theme the actions under 10 headings.

Alexis Cleveland commended the approach in Appendix 3 and welcomed the change. Alexis suggested putting dates against each action for future reports.

Ken Jarrold confirmed the Board has formally noted the submission in Appendix 1 of 5 actions plans, approved the closure of actions in Appendix 2 and noted Quarterly updates in Appendix 3.

Resolved:

- **The Board approved the CQC Must Do Action Plans update**

Action:

- **Board has formally noted the submission in Appendix 1 of 5 actions plans, approved the closure of actions in Appendix 2 and noted Quarterly updated in Appendix 3.**

18. Board Assurance Framework and Corporate Risk Register (Quarter 1)

Lisa Quinn spoke to the enclosed report. Lisa explained the Trust's Board Assurance Framework and Corporate Risk registers identify the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions. Lisa asked for permission from the Board to work with Debbie Henderson on a Board Development session to further review the Board Assurance Framework and Corporate Risk Register.

Resolved:

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

Action:

- **A future Board Development Session to be arranged to further review the Board Assurance Framework and Corporate Risk Register**

19. Quarterly Report to NHS England and Improvement including submission

Lisa Quinn provided 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 press attention for the Trust during Quarter 1 2020-21.

Resolved:

- **The Board formally approved the Quarterly report to NHS England and Improvement including submission**

20. Annual Security Management Report

Gary O'Hare highlighted the enclosed report for information.

21. Annual Infection Prevention and Control report

Gary O'Hare highlighted the enclosed report for information.

22. Annual Safeguarding Report

Gary O'Hare highlighted to the enclosed report for information.

Minutes/papers for information:**23. Committee updates**

There were no updates from Committees that required escalation to the Board.

24. Council of Governor issues

Ken Jarrold commented on a very good engagement session where the group reviewed the latest CQC report on Learning Disabilities and Autism and gave his thanks to Gary O'Hare for sharing his personal biography.

Ken Jarrold commented on another good meeting at the Governors' Quality Group where the group also reviewed the CQC report on Learning Disabilities and the work-plan. A suggestion had been made to ask Peer Support Workers to prepare a report on quality to the Board from their unique perspective.

Ken Jarrold made the Board aware there is a Governors' Steering Group due to take place next week.

There were no further Council of Governor issues.

Resolved:

- **The Board received the update on Council of Governor Issues**

25. Any Other Business

None to note.

26. Questions from the public

There were no questions from members of the public in attendance.

Date and time of next meeting: Wednesday, 5 September 2020, 1:30pm to 3:30pm, Microsoft Teams.

Cumbria, Northumberland Tyne and Wear
08/28/2020 10:30:11

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 2 September 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. Annual Members' Meeting/Annual General Meeting
2. Staff Excellence Awards
3. A 'Month of Hope'
4. NHS People Plan
5. COVID-19 Achievements and Challenges
6. Preparation of children returning to school

National updates

7. Provider Collaborative
8. ICS Partnership Event 25th August

Outcome required: For information

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
08/28/2020 10:30:11

Chief Executive's Report

2 September 2020

Trust updates

1. Annual Members' Meeting/Annual General Meeting

We will be holding our Annual Members' Meeting/Annual General Meeting on Tuesday 15th September 2020 at 3.00pm to 4.30pm.

This year, due Covid-19 we will be holding the meeting virtually using Microsoft Teams to ensure staff, service user, carer and public safety during the pandemic. The meeting link will be posted on the Trust's website closer to the event.

This year, our theme will be 'Stars to Steer By' led by our special guest speaker, Baroness Rennie Fritchie DBE. Baroness Fritchie has a self-confessed 'unconventional career', leaving school before she was 16, living in Turkey and America before returning to the UK as a single parent of two boys at 28. Having no qualifications she was able to 'knit' her own career, having never went to University, but having been awarded seven honorary degrees. Baroness Fritchie's learning and personal journey has been based on how best to make a difference, and travel in work and life, in a way that has purpose. I'm sure everyone will join us in giving Baroness Fritchie a warm welcome to the meeting.

Janice Santos, our Children and Young People's Services, Carer Governor, will also be sharing the story of her personal journey.

Our AMM/AGM is an opportunity for the public, patients, service users and everyone in the communities we serve to find out about our achievements over the past year and discuss developments planned for the year ahead. You will be able to ask questions during the meeting but this will be managed by an online facilitator on the day.

We look forward to seeing you on 15th September, in the meantime, if you have any queries, please do not hesitate to contact the Corporate Affairs Team at CorporateAffairs@cntw.nhs.uk or via telephone 0191 2456823.

2. Staff Excellence Awards

Before the Covid-19 pandemic we were in the midst of preparing for our Annual Staff Excellence Awards which were scheduled to take place at the end of March. At that time the judging panels, which included Non-Executive Directors and Governors had an incredibly challenging time shortlisting for the 19 categories from the 550 nominations received.

In spite of the challenging environment in which we all now find ourselves we are keen to make sure that we honour those shortlisted and acknowledged prior to Covid-19 with an event held to celebrate the hard work and dedication of people working across the Trust.

Given the current restrictions on social interaction, this unfortunately means that the 'Oscars-style' ceremony normally held can't take place in its usual format this year. Despite this, we can now confirm an online event will take place on **Friday 25th September (it will commence in the evening with a time to be confirmed)**. The winners of each category

will be announced via the online event which will be accessible via media platforms including FaceBook/YouTube etc.

We were determined to still hold an event to celebrate the work of teams and individuals in providing exceptional care for our service users and although not our usual 'glitz and glam' event, people can still celebrate their work, the contribution of their peers at home with family and friends in a safe environment.

Further information on the awards and how to access to inline ceremony will be provided in the coming weeks.

3. A 'Month of Hope'

The Trust is hosting a 'Month of Hope' encouraging people to share their mental health coping strategies. Organised by Paul Longden, Mental Health Practitioner in the Crisis Team East, Carleton Clinic, the 'Month of Hope' will take place between World Suicide Prevention Day on 10 September and World Mental Health Day on 10 October. The campaign is designed to provide inspiration through poignant quotes, poems, and pictures which show how others have been able to find their hope in order to deal with feelings of fear, anxiety and isolation.

The campaign acknowledges the unprecedented and challenging times over recent months, and the impact of Covid-19 on people's mental health. Contributions are being sought from service users, carers and staff who are, or have been inpatients, or currently have a package of care in the community. The Trust will then work with the Patient and Carer Involvement Team and Communications Team to help spread the key inspirational messages over each of the 31 days.

4. NHS People Plan

The NHS People Plan was published on 30 July 2020. Developed by NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) it sets out what our NHS people can expect from their leaders and each other. The plan is focused primarily on the immediate term 2020/21 and sets out practical actions that employers and systems should take, as well as actions that NHSEI and HEE will take. It focuses on:

- **Looking after our people** – with quality health and wellbeing support for everyone.
- **Belonging in the NHS** – with particular focus on the discrimination that some staff face.
- **New ways of working** – capturing innovation, much of it led by our NHS people
- **Growing for the future** – how we recruit, train and keep our people and welcome back colleagues who want to return.

The actions highlight the detailed requirements expected in each of the four categories and metrics will be developed by September 2020 with the intention to track progress using the NHS Oversight Framework. We are currently reviewing the document to ensure that actions relevant to provider Trusts are progressed. Of particular focus is the priority we will give to the Equality, Diversity and Inclusion and health and well-being agendas as well as building line management capability in these areas.

The plan also includes 'Our People Promise', which sets out ambitions for what people working in the NHS say about it by 2024. The promise is central to the overall plan and from 2021 the annual NHS Survey will be redesigned to align with Our People Promise.

Progress on the People Plan will be reviewed via Trust Sub-committees and the Board.

5. COVID-19 Achievements and Challenges

There continues to be a variation in new positive cases of Covid-19 both nationally and regionally, resulting in local lockdown arrangements being implemented in some Northern areas outside of the Trusts patch. Locally, there have been outbreaks in North Cumbria and in Hopewood Park, which has allowed the Trust to implement and refine both the Test and Trace process and outbreak management processes. While there has been some cases of staff and patient positive cases in the last month, the overall rate of transmission in CNTW remains low and robust testing arrangements remain in place.

The supply of PPE remains healthy and the staff risk assessment programme continues, with a particular focus on staff in "at risk" groups. While shielding arrangements have ceased, staff are still required to work from home if it is safe for them to do so, and Covid-19 secure workplace assessments are also progressing. Due to the constantly changing quarantine arrangements for arrivals into the country, all staff planning to holiday abroad are expected to discuss their travel plans with their managers and pre-emptively agree a quarantine plan.

There has been an ongoing emphasis on both learning from Covid-19, with all staff invited to the Trust-wide Learning and Improvement Group and also on staff wellbeing, with Gold Command trialling an online emotional support session called "Team Time", which is now being rolled out across the Trust on demand.

Gold Command arrangements remain in place alongside planning for the next phase and while the broader Incident Management Group now meets weekly, Gold Command processes can quickly be stepped up should there be a significant increase in Covid-19 cases across the Trust as we enter the winter period.

The impact of COVID-19 and the A levels debacle on likely recruitment?

We offer a number of higher-level apprenticeships equivalent to A level academic standard – none of these were adversely impacted by the A level grade situation.

Offers of places to universities and local intake of new student nurses/AHPs in September 2020 were dependant on predicted A level grades and should now go ahead as planned including the increase in numbers agreed in line with HEE expectations.

We do not expect student intake to be adversely impacted. Work plans have been in place since June to support all clinical teams in the Trust to reinstate student placement capacity innovatively and increase it where appropriate.

6. Preparation of children returning to school

The Children and Young People Community Services typically receive a high volume of referrals after the summer holidays and plan for seasonal variation. The teams are currently preparing for a significant increase in the expected increase in referrals following the extended break and the impact of COVID-19. The services are working with Schools, Primary Care and Local Authorities to ensure joint approaches and smooth transitions.

The community teams are also working with children and young people already on their caseloads to support the return to school, for example, reducing anxiety, lifting mood and considering strategies to feel more at ease in social situations.

Newcastle Bridges School will resume teaching at the Trust's Children and Young People units Ferndene and Alwood on 8th September with an expected full complement of staff.

National updates

7. Provider Collaboratives

NHSE issued an invitation to NHS Providers in late June to apply to become Provider Collaboratives in Specialised Mental Health and Learning Disability Services covering Adult Secure, Children Tier 4 Services and Adult Eating Disorders.

- The Provider Collaboratives are how NHSE/I are mainstreaming the current New Care Model approach.
- NHSE/I define a provider collaborative as a collective of providers led by a Lead Provider. The Lead Provider will be responsible for sourcing partners and sub-contractors and will be financially and clinically responsible for the population covered by the provider collaborative.

The selection process for Provider Collaboratives took place in summer 2019. Following this process each Provider Collaborative was placed on one of three tracks. Due to Covid-19, Provider Collaboratives on the development and further development tracks have been moved onto the "Main Track". NHSE/I have now issued guidance to support the approval process for Provider Collaboratives on the Main Track aiming to go live in April 2021.

The Trust will work with our neighbouring trust, Tees, Esk and Wear Valleys NHS FT to complete the approval process for the 3 North East and Cumbria proposals:

- 1) Adult Secure
- 2) Children and Young People
- 3) Adult Eating Disorders

8. ICS Partnership Event 25th August

A virtual ICS partnership event took place on 25th August to brief mainly Non Executive, Councillor and VCS organisations on progress over the previous months. While the meeting meanings focussed on the response to COVID-19, the need to move to a more formal system of governance was discussed. It is the intention to set up a Partnership Board by March 2021, led by an independent Chair. In order to facilitate this a shadow board will be set up with representatives from each of the Integrated Care Partnerships, with a first meeting in the Autumn of this year. This group will set out the process for developing the Board and appointing an independent Chair. More details on this will follow when available.

The meeting discussed the Collective Promise to our BAME from organisations across the ICS. This sets out our commitment to BAME colleagues across the ICS, and is currently in final draft form, pending final agreement and wider communication. This will be brought to the October Board. The meeting also discussed various aspects of our collective response to COVID-19 and the numerous examples of mutual support and innovation that were enabled and supported through the ICS. There was finally an update from VONNE on both

the worrying impact of the Pandemic on the Voluntary and Charitable Sector and its ability to continue to support people (a minimum of 400 thousand people across the ICS losing access to their normal support networks) , and the potential impact on the statutory sector. Further discussion took place on digital exclusion and how we reach those excluded in an increasingly digital world. Finally VONNE reported the positives of increasingly effective partnerships with the statutory sector and the increase in interest in volunteering.

A further event is planned to take place in the Autumn.

9. The Independent article on The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The Independent recently ran an article on the most recent National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) report.

The report highlighted the proportion of homicides committed by mental health patients, while extremely rare, is rising as a share of overall killings. Up to March 2019 homicides committed by a person with mental health problems made up a sixth (111) of the 671 total that year.

Key Themes included:

- A disconnect between mental health and physical health services;
- The separation of mental health and drug abuse services which resulted in a narrow focus and misdiagnosis or inappropriate treatment;
- A lack of a coordinated approach and continuity of care, especially for complex patients;
- Poor access to crisis care and in-patient hospital wards;
- A failure to share information about patients, to complete risk assessments and consider historical risks;
- Families' concerns not being acted on or considered; and
- A general lack and poor quality of communication between agencies despite known risks

Mr Julian Hendy, who runs Hundred Families, told *The Independent*: “The NHS is not an organisation with a memory. The same problems in care keep happening, we’ve had 26 years of these reviews and we still keep seeing the same things. How many times do people need to be told?”

He added: “My fear is that some mental health trusts and the regulators see it as a tick-box exercise rather than really learning what has gone wrong and putting it right.”

He believed there was a “cultural problem”, saying: “There seems to be a view that admitting someone to hospital is a failure. There is such a high bar to receiving treatment it only happens when people do something very seriously wrong.”

Professor Louis Appleby, director of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, told *The Independent*: “It’s too simple to say that the NHS doesn’t learn. One of the reasons we seem not to learn is that the messages from inquiries are already familiar. Just as important is to ask why the NHS – often skilled senior staff – don’t do the things they know to be beneficial.”

He said one problem was a focus on prediction and trying to identify people who may commit homicide.

“All our evidence shows most perpetrators are viewed as low risk. So we should stop talking the language of prediction and ensure safer care for all.

“Our evidence shows the two key elements are addressing drug and alcohol use and ensuring patients receive the care as planned, i.e. supervision and medication. It’s very unusual for a patient to commit a homicide unless their illness is complicated by one of two things – substance misuse or lack of follow-up and treatment.”

Most homicides occurred when patients were receiving services within the community; in 72 per cent of cases the killer was known to the victim and in 69 per cent of cases they had a history of violence.

The Trust reviews all the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) reports as they are published to any learning in incorporated into our organisational and individual learning and practice.

John Lawlor
Chief Executive
September 2020

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**Report to the Board of Directors
2nd September 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/Emergency Planning Executive 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	X	Work together to promote prevention, early intervention and resilience	x
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

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

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

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**Coronavirus (COVID-19)
Report for the Board of Directors meeting
2nd September 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 a variation in new positive cases of COVID-19 both nationally and regionally as the lockdown eased. This has resulted in local outbreaks in some parts of the country necessitating local lockdown arrangements across the North West of England and Aberdeen. 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, **three** staff members have tested positive on individual wards at Hopewood Park. There were no connections with each other via test and trace. However one patient subsequently became symptomatic and tested positive on Beckfield ward and is classified as a nosocomial infection. The investigation via internal test and trace identified a number of lessons learnt including breaches in PPE by some staff and visitors, which may have resulted in transmission. During the tracing process, 76 risk assessments resulted in 10 staff being isolated. Following notification to NE Health Protection Team it was agreed the incident met the criteria for an outbreak, and is being managed via an IMG. At the time of report there had been no further cases of staff or patients testing positive at HWP.

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

3. **Quality and Performance**

Overall the rate of transmission rate for COVID-19 continues to drop. Service users continue to be routinely screened for COVID-19 on admission and again five days later if initial test is negative, on discharge and also when going on overnight leave. In the period since the last Board update, there has been one case within an inpatient setting, and five members of staff with positive test results. Appropriate track and trace processes have been undertaken in all cases, with some members of staff entering isolation as a result. Staff absence has decreased overall during the last month.

4. **Gold Command Assurance processes**

Gold Command continues to operate alongside the Central Absence Line and IPC team to manage the step up of services, Test and Trace activity, local outbreak management, prepare and respond to a second wave/local outbreak and the preparation and delivery of the national Flu Plan, which will Go Live on 21st September 2020.

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

We have received 1064 pieces of guidance during July 2020. This can be broken down as follows

- 90 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 changed during July, reducing the frequency of data submission.
- 968 Gov.uk guidance of which 141 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 working safely which has been fully incorporated into the working safely guidance produced by the trust. This has included the guidance in relation to travel corridors that has been shared within the daily comms.

- 8 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.
- Updates to working safely which have been included in the Working Safely Guidance.
- Risk assessment, BAME and extremely clinical vulnerable group which has updated the risk assessment process offered to staff.
- Change in operating hours of EPRR regional team which has been reflected in the virtual Gold Command weekend arrangements.
- Guidance on funerals and supporting patients and their families.
- Guidance for prisons which is applicable to services which operate into prisons.
- End of life pathway.
- Use of sports facilities.
- Singing and music therapy guidance.

6. 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.

The focus has been to share the learning from the HWP outbreak and assurance provided that the nosocomial risk assessments are being completed across each locality

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

7. Patient and Staff Testing

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

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- 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 In-patient contacts

Patients Admission and discharge screening

The Trust commenced patient admission and discharge screening on the 28th April. 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

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 individuals is much lower than when the services were set up and is delivered primarily as a mobile service currently. However, we have a flexible model which allows the standing up of testing sites at Carleton Clinic, St Nicholas Hospital and Hopewood Park if required. To date we have tested over 1,400 staff and household members since March.

CNTW Staff / Household Member Testing			
Staff / Household member	Total Tested	Positive	
		1463	210

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 currently 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.

Antibody Testing

The intention of testing is to improve the understanding and data on COVID-19 as part of a national surveillance programme. There is a short two week mop up process planned for early September for any staff who were unable to be tested.

8. Managing staff absence during COVID-19

Since the start of the pandemic, the Trust experienced significant staff absence (including those staff who are shielding) with a peak in April and a decreasing trend since then, with current absence due to COVID-19 at 21% of total staff absences, which is lower than the average for similar Trusts in the region.

To support the proactive management of COVID-19 related staff absence, the Central Absence Reporting line was established in March to manage the reporting of **all** staff absence across the Trust. It is continuing to be resourced using senior workforce leads and senior clinical managers from across the Trust providing a consistent approach to managing sickness whilst also supporting staff providing clinical advice and regular welfare calls. From 11th June it now includes support to the Contact Tracing function required following Test and Trace

The absence line is operating seven days per week, between the hours of 7am – 8pm

9. COVID-19 Secure Workplace Risk assessment and Service Change Process

COVID-19 Secure Workplace Risk Assessment (COSWRA)

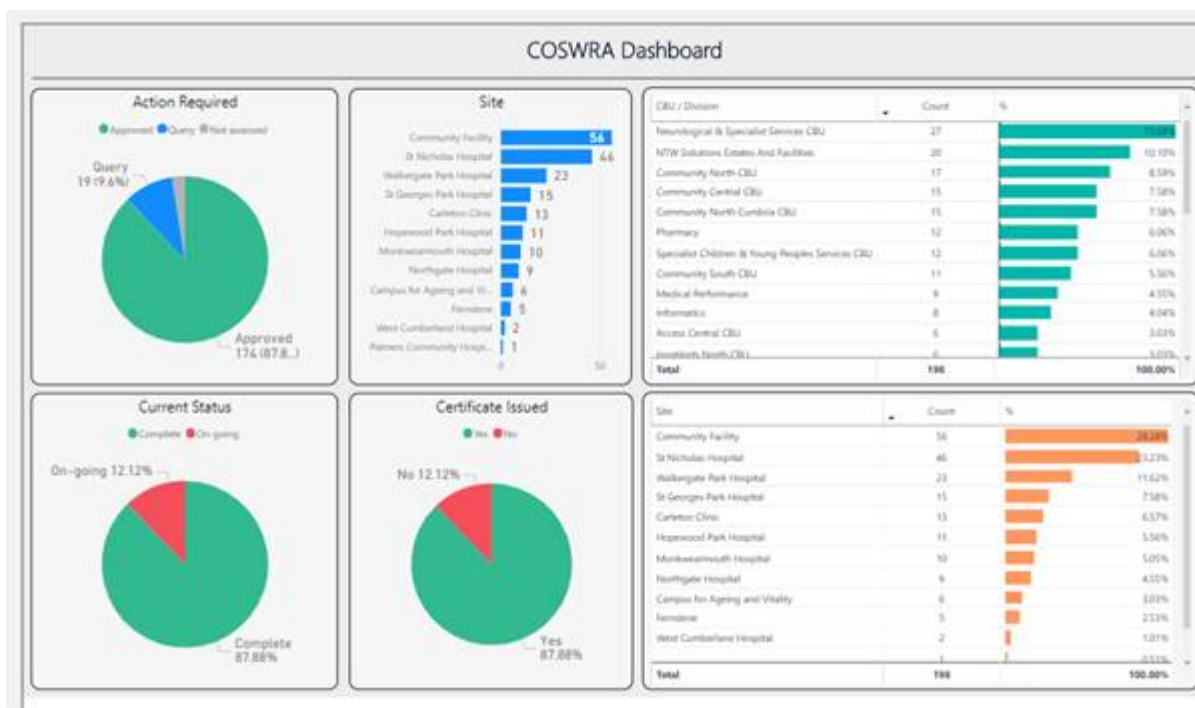
Since the last update to the Board, significant work has been progressed on the COVID-19 secure workplace risk assessment process which supports the service change requests to step up and reset the service provision across both clinical and non-clinical services on Hospital and community sites.

All four locality care groups have established a working safely group, 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 about 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 didn't commence until June 2020.

To date we have received 198 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 out of the 198 assessments received only 19 are awaiting action, 12 have queries in relation to risk scoring and seven are awaiting assessment as they have been received into the team in the last five working days.



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.

10. **Staff Risk Assessments**

All staff, including those in NTW Solutions have been offered the opportunity to have a COVID-19 risk assessment, assessing their vulnerability to the effects of COVID-19. The process is supported by an online decision-making tool, allowing informed discussions between the member of staff and their line manager about potential mitigations.

Staff are considered to be "at risk" if they meet one of the following criteria:

- BAME staff
- All males
- People of white ethnicity over the age of 60
- Pregnant staff
- Staff with the following underlying health conditions:
 - Hypertension, Cardiovascular Disease (CVD), Diabetes, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disorder (COPD), Obesity

These staff are expected to have a risk assessment completed. 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:

- 85% of all BAME staff
- 70% of at risk staff
- 51% of males
- 51% of people age 60+ of white ethnicity
- 52% overall staff

11 **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 IAC and Live Q&A events.

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12. 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 team to those staff who do not frequently access emails). Communications have included NTW Solutions Limited. Live events have also been screened weekly enabling the Executive Team to engage with staff across the organisation on issues of concern as well as share good practice.

13. The Next Phase

Whilst this paper covers the Trust response to the COVID-19 pandemic, the organisation continues to move into the “next phase” of living with COVID-19, ensuring safe services and environments are available for our patients their families and our staff.

Recommendation

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

Anne Moore
Group Nurse Director Safer Care, DIPC

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Report to the Board of Directors
2nd September 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	
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	24.08.20
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

CNTW Integrated Commissioning & Quality Assurance Report

2020-21 Month 4 (July 2020)

Executive Summary

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There have been three Mental Health Act reviewer visit reports received this month highlighting a number of issues:

Cuthbert, Northgate Hospital (Secure Forensic inpatient ward) - 6 July 2020

- No arrangements had been put in place to allow patients to video chat with their relatives.
- Patients were not allowed a mobile phone on the ward. However, patients could use a mobile phone when on escorted or unescorted leave.
- Some patients said it was more difficult to access the keeping in touch computer, the pool table and leave after late afternoon (about 4.30pm) and thought this was linked to staffing.

Wansbeck, KDU, Northgate Hospital (Secure Forensic inpatient ward) – 8 July 2020

- Due to COVID-19 patients described not having access to a toilet and had no access to fresh air or exercise. Two patients described feeling embarrassed and uncomfortable due to the need to use bedpans.
- One family member said they could not have contact with their relative when they were in isolation due to COVID-19.
- Patients described some difficulties with staff. Patients said a small number of staff shout at them, in some cases swear and that they must go to their bedroom so staff can use the dining room for breaks. However, patients also said staff were “brilliant” and one patient described how reassuring and supportive staff had been during a specific incident.
- Patients described not being involved in their multi-disciplinary meetings however they did complete a feedback form to make requests.
- Ward Manager said that the hospital had set up an outdoor covered area to enable family and friends to visit patients whilst outdoors in line with government guidance. However, the family members spoken with were unaware of this. One family member expressed concern that their first visit following COVID-19 was supervised when previously visits were not supervised.
- There were no clear processes in place to audit or safeguard patients who paid for staff food and drink while in the community.
- The ward had no current GP service. One patient’s relative said that there were delays in seeking medical support when the patient complained of an injury, however they thought this was because the patient often raised issues and that therefore staff had not seen this as serious.

Bede, St Nicholas Hospital (Acute ward for adults of working age) - 14 July 2020

- The ward had a patient with an autism diagnosis. However, autism training had not been provided for staff.

3. The Trust met all local CCG's contract requirements for month 4 with the exception of:
 - CPA metrics within Newcastle Gateshead, Durham & Tees and North Cumbria CCG's.
 - Numbers entering treatment within Sunderland IAPT service (477 patients entered treatment against a target of 779)
 - Referral to Treatment incomplete referrals waiting less than 18 weeks within Sunderland, Durham and Tees and Newcastle Gateshead CCG's
 - Delayed Transfers of Care within North Cumbria CCG
 - EIP patients seen within 14 days in North Cumbria CCG
4. The Trust met all the requirements for month 4 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.5%) and Referral to Treatment incomplete referrals waiting less than 18 weeks (90.6% in the month against an 95% standard).
- 5 All CQUIN schemes for 2020/21 have been suspended due to the COVID-19 pandemic.
- 6 There are 306 people waiting more than 18 weeks to access services this month in non-specialised adult services (196 reported last month). Within children's community services there are currently 487 children and young people waiting more than 18 weeks to treatment (437 reported last month).
- 7 Training topics below the required trust standard as at month 4 are listed below, a number of these are anticipated to improve in line with the North Cumbria data quality improvement plan:

Fire (78.1%)	Medicines Management (82.4%)
Information Governance (84.2%)	PMVA basic training (38.7%)
PMVA breakaway training (56.3%)	Mental Health Act combined (63.2%)
MHCT Clustering (60.8%)	Clinical Risk (68.1%)
Clinical Supervision (68.6%)	Seclusion training (72.8%)
Rapid Tranquilisation (82.4%)	Moving and Handling training (83.9%)

- 8 Appraisal rates currently stand at 70.1% Trust wide against an 85% standard which is an increase from last month (68.5%).
- 9 Clinical supervision training is reported at 68.6% for June (was 69.5% last month) against an 85% standard
- 10 The confirmed June 2020 sickness figure is 4.70%. This was provisionally reported as 4.90% in last month's report. The provisional July 2020 sickness figure is 4.86% which is below the 5% standard. The 12 month rolling average sickness rate has decreased to 5.75% in the month.
- 11 At Month 4 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 to July were £3.1m. Agency spend at Month 4 is £5.1m.

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 decreased in the month and is reported trust wide above standard at 89.9%.
- There were a total of 38 inappropriate out of area bed days reported in June 2020 relating to three patients who were placed out of area. This compares with 24 inappropriate bed days in June.
- There is no reported service user and carer FFT recommend score following the suspension of the Points of You mailshot.

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Regulatory	Single Oversight Framework											
	1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).				Use of Resources Score:		2			
	CQC		There have been three 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				
	87%	100%	90%	70%	100%	79%	50%	60%				
	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: July 2020			Central Locality Care Group Score: July 2020			South Locality Care Group Score: July 2020			North Cumbria Locality Care Group Score: July 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 increased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has decreased in month 4. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:

5

Number of courses <5% below standard Trustwide:

3

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

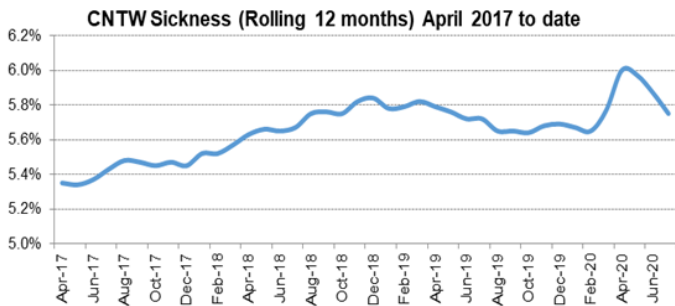
9

Moving and Handling training (83.9%), Rapid Tranquilisation training (82.4) and Medicines Management training (82.4%), are within 5% of the required standard. Information Governance (84.2%), PMVA basic training (38.7%), PMVA Breakaway training (56.3%), MHA combined training (63.2%), MHCT Clustering Training (60.8%), Clinical Risk training (68.1%), Fire training (78.1%), Seclusion training (72.8%) and Clinical Supervision training (68.6%) are reported at more than 5% below the standard.

Appraisals:

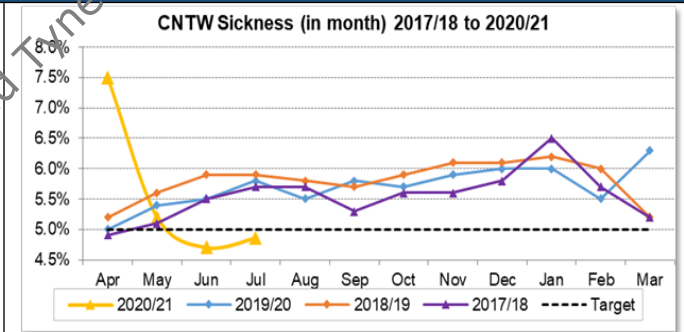
Appraisal rates have increased to 70.7% in July 20 (was 68.5% last month).

Sickness Absence:



The provisional “in month” sickness absence rate is below the 5% target at 4.86% for July 2020

The rolling 12 month sickness average has decreased to 5.75% in the month



Finance

At Month 4, 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 to July were £3.1m. Agency spend at Month 4 is £5.1m.

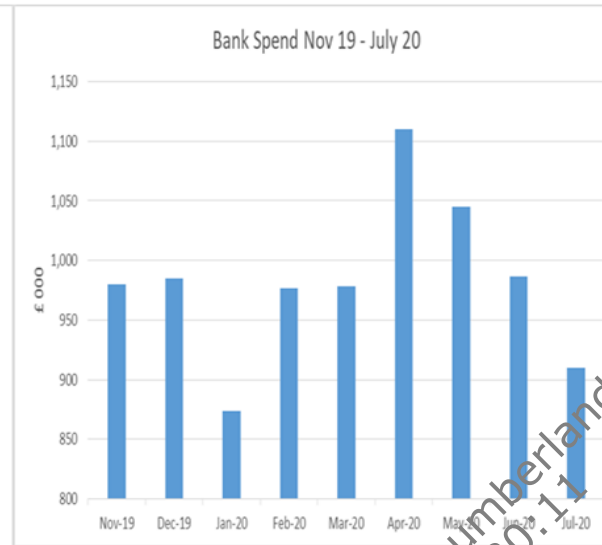
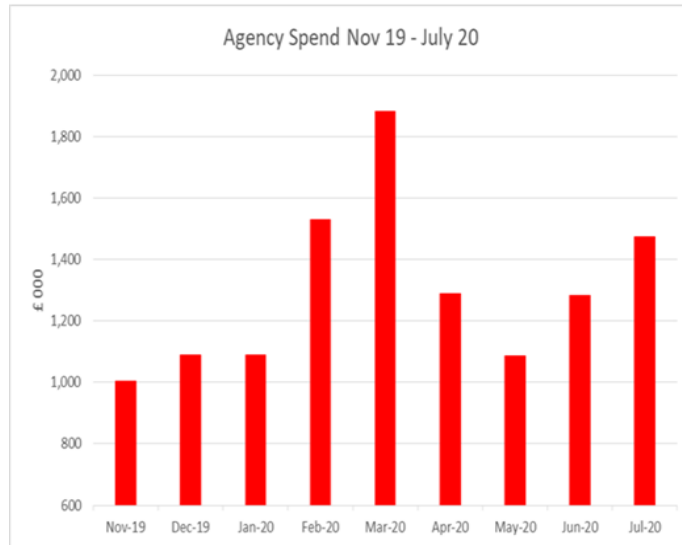
Financial Performance Dashboard

CNTW Income & Expenditure

	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	133.9	137.0	3.1
Pay	(106.9)	(109.1)	(2.2)
Non Pay	(27.0)	(27.8)	(0.8)
Surplus / (Deficit)	0.0	0.0	(0.0)

CNTW Key Indicators

Key Indicators	Year-End
Surplus	£0.0m
Agency Spend	£5.1m
Cash	£57.1m
Capital Spend	£2.8m



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 4.
- Overall pay costs have reduced from month 3. Pay costs include student nurses supporting services through the pandemic.
- Overtime and bank costs have returned to the levels experienced before March.
- Within non pay drugs cost are increasing back to pre COVID levels.
- The Trust has incurred £0.9m additional costs due to COVID-19 in month 4 which is covered by a top-up payment. Reductions in spend on Travel have helped offset the size of the top-up payment. The Trust has identified £3.1m of Operational COVID cost up to month 4. The Trust is also incurring the costs of additional services developed to support the pandemic.
- Cash – £57.1m at month 4 which is higher than normal due to early payment income.
- Capital Spend - £2.8m at month 4 which is £0.6m less than plan.

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

	06/07/2020		13/02/2020		20/07/2020		27/07/2020	
Medical	115	54	115	54	115	54	98	49
Qual Nursing	195	70	190	84	195	74	208	76
Unq Nursing	971	46	915	48	1,016	29	1,027	52
A&C	74		65		66		80	
Total	1,355	170	1,285	186	1,392	157	1,413	177

In July the Trust reported an average of 173 price cap breaches (53 medical, 76 qualified nursing and 44 unqualified). At the end of July 11 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 4, 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

14th August 2020

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Report to the Board of Directors
02/09/2020

Title of report	Medical Revalidation Annual Report 2019/2020
Report author(s)	Prof Eilish Gilvarry
Executive Lead (if different from above)	Dr Rajesh Nadkarni

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	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	29/07/20
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	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

**Medical Revalidation Annual Report 2019/2020
Board Meeting
02/09/2020**

1. Executive Summary

This report is the annual submission of medical appraisal and revalidation. The board are asked to sign after agreement the statement of compliance. We were notified in March 2020 that NHS England would not require the report or statement of compliance due to the COVID pandemic. This annual report has been reviewed by the Quality and Performance subcommittee on 29/07/2020 though at that time, it was completed as an internal report for assurance. However, NHS England have now requested if at all possible the annual compliance statement signed by Board.

In brief:

- Compliance for appraisals- were 100% for 2019/20 (apart from exempt)
- 38 trained appraisers-all updated with training
- 110 doctors recommended for revalidation- one deferred
- No issues of non-engagement
- CPD well developed

2. Risks and mitigations associated with the report

- Risks possible related to COVID with many changes in appraisals
- Revalidations deferred but in hand
- Team updating all doctors on changes and linking with regional teams
- CPD changed to online for present with development

3. Recommendation/Summary

The Board are asked to accept this report and sign the statement of compliance at Section 7.

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Medical Revalidation Annual Report 2019/2020

Section 1 – General:

1. The Annual Organisational Audit (AOA)

Date of AOA submission: March 2020 noted that this AOA was not required to be submitted for year 2019/20 though NHS England recently asked for Board sign off on compliance

Action from last year: To note there were no formal actions identified from last year.

Comments: The Revalidation Team Local Work Plan 2019/20 was completed (Appendix 2).

Action for next year: review and work with changes to appraisal and revalidation system within Trust and with GMC and NHS England RO network; complete quality Audit

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Dr Rajesh Nadkarni, Executive Medical Director is the Responsible Officer for the Trust and St Oswald's Hospice.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

The Revalidation Team consists of: Professor Eilish Gilvarry, Deputy Medical Director, Dr Hermarette Van den Bergh, Associate Medical Director – Revalidation, Dr Sunil Nodiyal, Associate Medical Director – Appraisal, Revalidation Admin Team and 38 trained and active appraisers.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The Revalidation Administration Team regularly checks against GMC Connect to ensure appropriate doctors are connected to the Trust and any leavers have been disconnected.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

The following policies were updated:

All Medical Revalidation Policies were reviewed with those from Cumbria and with incorporation to one policy list

Private Practice;

Handling Concerns about Doctors

Action: Ratify following policies currently in consultation and review process: Change of Consultant; Peer Review/Supervision Appendix for Medical Staff

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6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

In accordance with the agreed Audit Programme for the financial year 2018/19 a clinical audit on the appraisal summary output, using the ASPAT audit tool, was undertaken in September 2018. The purpose of the audit is to provide quality assurance in relation to appraisal process, content and quality to NTW board and external regulatory bodies, (GMC and NHS England). There have now been 2 ASPAT Audits conducted in 2017/18 and 2018/19. All learning points were discussed with the Appraisers' Development Group and changes made to SARD to facilitate greater compliance.

Action; further audit 2019/ 20 in process, incorporating audit of appraisals submitted for revalidation.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

The Locum Support Document/Checklist was reviewed (2018/19) and subsequently updated and re-circulated to all Medical Managers. The updated guidance from NHS England 'Supporting Locums & Doctors in Short-term Placements' have been reviewed (2019/20).

Action: Following review of NHS England document above, review processes with Medical Recruitment and update Support Document as indicated.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Prior to each doctor's revalidation date, the RO, Deputy Medical Director, AMD for Revalidation and appraisal and Revalidation Admin Team comprehensively review all aspects of the doctor's appraisals over the revalidation cycle (which comprises 5 years and usually up to 5 completed appraisal portfolios). This process provides assurance that all required inputs and outputs are of the required standard. A standard assurance template from the appraisal policy is used for this purpose, ensuring GMC compliance. In addition, serious untoward incidents and complaint data are cross-checked with Trust databases to ensure that the doctor has declared all relevant information in their appraisal. Regular reminders are given at the Appraiser Development Group to ensure all evidence is obtained for the Whole Scope of Work, eg clinical, educational, research, managerial, and private practice.

There is a Priming Appraisal process in place to ensure all newly appointed doctors meet with the Appraisal/Revalidation Admin Team and hold an initial meeting with nominated appraiser to agree Personal Development Plan (PDP) within first 3 months of appointment.

Further, appraisal completion rate for 2019/20 was 100% apart from those who were exempt. We currently have 297 connections, and completed 301 appraisals in 2019/20 (this includes new starters and those who have left during the year), along with 5 deferrals, this for sickness or other agreed exemptions.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Not applicable - see question 1

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Medical Appraisal Policy is in place with a review date of December 2020

Action for next year: To review the policy as part of Local Work Plan 2020/21 and any National changes.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Within the year 2019/20 there were 38 trained appraisers, this includes 2 appraisers from St Oswald's Hospice. No new appraisers were trained.

Action for next year: Continue to monitor number and training of appraisers, including refresher training.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

All appraisers must attend a minimum of one Appraiser Development Group meeting which are held throughout the year to provide updates and discussion on relevant Themes. These include feedback from Regional RO/Appraisal Leads Meetings, SARD training sessions and individual appraisal feedback. All appraisers complete formal training prior to taking up the role and attend formal refresher training every 5 years. A central database of this training is updated accordingly by the Revalidation Admin Team.

In the 2019/20 appraisal year, all appraisers attended at least one Appraiser Development Group, with one exception, this was due to longer term sick-leave. No new appraisers were trained. One appraiser required refresher training, and this was completed. Three more appraisers will require refresher training by 2021.

Further, the team have linked in with the regional network to ensure we are updated with all changes and developments and bring these changes/updates to the CNTW appraiser group.

Action for next year: Continue with Appraiser Development Meetings, review appraiser training records and provide relevant updates when necessary, including refresher training for identified appraisers. The ASPAT Audit undertaken in 2019/20 will be discussed with the appraisal team on resumption in summer 2020 (post COVID crises) to ensure the quality of appraisal output and alignment with NHS England standards

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

for appraisal. The meetings will also develop recommendations and action plan for appraisers with regards to quality improvement, ongoing support through appraisal, for doctors whose development was impacted by the pandemic and restrictions; to identify possible further improvements required to the electronic appraisal system.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

External Audit (Audit One) reviewed the system as part of their annual plan 2018/19 with substantial assurance being granted. We have completed all minor changes requested.

Annually the appraisal summaries and outcomes to measure compliance with NHS England standards are reviewed using the ASPAT Tool. In the review of 2019/20, in all cases, the minimum standards for appraisal evidence were met. Certain domains within the appraisal summary were identified for development, and was fed back to the Appraiser Development Group. All appraisers who had submitted summaries not meeting the required minimum requirement, were individually contacted and areas for development agreed.

Action for next year: Repeat the ASPAT Audit 2020/21; review data from Revalidation ASPAT audit and discuss with ADG

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Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

111 doctors were due for revalidation in the year 2019/20. 111 appraisal records were reviewed, 110 were recommended for Revalidation. 1 deferral was made and a relevant action plan is in place to ensure they meet the standard for revalidation when the review period comes around. To note: the deferral made was not related to Non-Engagement of process.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

All recommendations submitted were done so in a timely manner. Any deferral is discussed with the individual doctor concerned. A letter is issued to the doctor outlining the reasons for deferral. However, the revalidation requirements are discussed as part of the penultimate appraisal and plans to attain the relevant standards discussed. All appraisers are advised, at the penultimate appraisal, to inform the Revalidation Admin Team of any concerns that have been identified if a doctor may not be on course for Revalidation.

This year, due to the Covid pandemic, the GMC recommended deferral for all Revalidations from 17/03/20 to 16/3/2021. Those doctors affected will be given a revalidation date 12 months on, and will effectively start their revalidation cycle of five years at the new date. Organisations are not discouraged from making revalidation recommendations where possible, although this does not affect the new revalidation date. The Revalidation team are working with clinicians, reviewing evidence and completing recommendations where possible, thereby recognising the work already done by clinicians, and maintaining the momentum of support, recognition and development for clinicians.

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Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The Handling Concerns about Doctors Policy was reviewed and updated accordingly. Regular support meetings are held with all Medical Managers throughout the year to discuss themes and ensure adequate support/action plans are in place. RO & Deputy RO meet regularly with the GMC Employment Local Advisor (ELA).

Action for year 2020/21: Continue to review Policy and training for Medical Managers. Review again in 2020 the GMC 'Fair to Refer' Report (Roger Kline) published in June 2019. To review –'Effective Clinical Governance for the Medical Profession' Checklist to support/identify areas for development.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

There are regular Supporting Doctors/Handling Concerns management meetings (attended by Executive Medical Director, Deputy Medical Director, Group Medical Directors, Deputy Director of Workforce & Medical Staffing Manager). Some training is given during these meetings, eg Practitioner Performance Advice (PPA) and GMC proceedings. Any informal concerns are included in action plans and the doctor is asked to reflect and discuss this as part of their annual appraisal. In 2019/20 the medical revalidation team developed, in collaboration with Group Medical Directors, a sign off template, for medical managers to include in appraisal. This process ensures that performance management is linked with appraisal, and quality assured, without unduly disrupting the supportive element of appraisal process.

Action: Implement Operational sign off form in appraisal process

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The Handling Concerns about Doctors Policy has been reviewed and updated. Capsticks (HR Advisory Service) are involved in all levels of concerns about doctors. Training is provided to all Medical and Operational Managers on the Handling Concerns about Doctors process. We approach performance issues sensitively, and ensure the doctor is supported at all stages of the process (both informal and formal). Reflective issues are discussed with medical managers.

Action for next year: Continue to provide refresher training on the Policy/Process to new medical managers.

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4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors².

The Annual Revalidation Report is provided to the Trust Board which provides assurance and highlights any risks/concerns identified throughout the year, though this was not required in March 2020 for the year 19/20. Medical Manager Meetings are held bi-monthly to review any issues identified, with Workforce, Head of Medical Recruitment and Education and Capsticks in support as required. This meeting reviews numbers within HCAD, sharing learning, areas of improvements and reflective practice.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation³.

All new doctors joining NTW are subject to NHS Pre-Employment Checks of which one is to ensure satisfactory completion of Appraisal in the last 12 months. Medical Practice Information Transfer (MPIT) forms are also sent to last employing organisation which allows information to be shared between Responsible Officers. These responses to other organisations are conducted in a timely manner.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

All policies are subject to Impact Assessment as part of the review process.

Action: The 'Fair to Refer' Report written by Roger Kline and team on behalf of GMC in June 2019 was reviewed as part of the Local Work Plan for 2019/20 to ensure Trust processes are in line with the recommendations. This process has commenced, but needs further review for 2020/21.

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

As part of the Medical Recruitment process for all medical posts within The Trust (substantive, fixed term and agency locums) the NHS Pre-Employment Checks are undertaken. This includes the doctor providing evidence on: Verification of ID, References, OH, DBS, Qualifications, GMC Registration, Right to Work, and where relevant Approved Clinician and Section 12 Status.

Section 6 – Summary of comments, and overall conclusion

Actions for 2019/20 and completed :

- **North Cumbria - All medical staff in North Cumbria** are engaged with the Revalidation, Appraisal and Job Planning processes. Training sessions with regards to appraisal, revalidation and job planning were delivered and all appraisals moved to digital platform.
- **Fair to Refer Recommendations** – Review Recommendations in Report –completed and to revisit in 2020/21
- **Effective Clinical Governance for the Medical Profession** – Review Checklist
- **CPD Events** - To promote & provide relevant internal CPD events for Consultants & SAS doctors throughout the year, this successful in 2019/2020 and now building on CPD programme developed and started during Covid-19 restrictions (See CPD section).
- **ASPAT Audit** – Repeat for 2019/20 completed and to be presented on resumption post COVID
- **Supporting Locums & Doctors in Short-Term Placements** - Following Review of NHS England document, amend CNTW support document with Head of Medical Recruitment in 2020/21
- **Newsletter** - second edition issued in October 2019- the April 2020 newsletter suspended.
- **Update** - Revalidation Team Members & Appraisers with all National Developments-continued attendance with regional network

Overall conclusion:

The Appraisal/Revalidation Team Local Work Plan for 2019/2020 was mostly successfully completed. Our appraisal completion rate was 100%, with only 5 deferrals, none for non-engagement. Revalidation has continued, with only one deferral. We continue to work on supporting our medical workforce with revalidation, even in light of potential deferrals, to ensure as little disruption to process as possible.

Much thanks goes to the Appraisal and Revalidation Team for their administrative support and the Appraisers for their continued enthusiasm and engagement with the Appraisal/Revalidation process. We are proud of the work we achieved this year, and the innovations and solutions we managed to implement, despite global challenges especially since the end of the 2019/20 year. We have continued to communicate regularly with the consultant body, provide development and networking opportunities through a newly developed and adapted CPD programme, and provide support through the changed parameters of revalidation going forward.

The challenges for the team in the year ahead include:

- Continue to update and adapt our service to accommodate changing needs and working environment e.g. embracing the opportunities provided by an electronic platform, to engage more widely across the geography of our organisation. This to

include appraisal restart often through Teams or SKYPE, supporting completion of Personal development plans (PDP) in light of significant restrictions.

- Try to ensuring financial viability for our CPD programme, despite the restriction on large meetings
- Consideration given to the benefit of further expanding our CPD programme to include other professions and organisations
- Support our medical workforce through the deferrals to revalidation and impact on appraisal.
- Maintain links with NHS England in view of possible changes and review of appraisal system

Section 7 – Statement of Compliance:

The Board of Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief Executive or Chairman

Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust

Name: _____

Signed: _____

Role: _____

Date: _____

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Appendix 1:

Update on CPD Events

The Medical Development Team are now part of the Medical Staffing Team. Our aim is to provide high quality, informative and educational CPD events to medical colleagues and other professions, both internal and external to NTW on a variety of topics. Through attending CPD events, medical colleagues will be able to gather evidence of ongoing CPD for their appraisal and revalidation. The CPD Programme has expanded over the last 12 months with positive feedback from events such as:

April 2019 to March 2020 – Planned Events

- **WorkLife Balance – 8th May 2019**
Free internal CPD Event, 10 CNTW Consultants Psychiatrists attended.
- **ECG Event – 14th May 2019 & 10th September 2019**
38 attendees: cardiologist delivers this seminar
- **Reducing Violence & Challenging Behaviour -Positive & Safe – 23rd May 2019**
CPD event -52 delegates
- **GP Update – 12 June 2019 & 11th December 2019**
GP Psychiatry event -external event -23 delegates.
- **Management of Eating Disorders in Adults – 19th June 2019.**
CPD Event -54 delegates.
- **ECT – 16th September 2019**
The workshop -a free half day session -fully booked.
- **What is Psychosis? – 27th September 2019**
CPD Event - 82 Delegates.
- **Cumbria Psychiatry Update – 10th October 2019**
Update CPD in Cumbria -44 Delegates.
- **Transcultural Psychiatry CPD Event – 24th October 2019**
CPD Event --44 Delegates.
- **Learning Disabilities Event – 7th November 2019**
CPD Event - 50 Delegates.
- **Old Age Psychiatry – 14th November 2019**
CPD Event-88 Delegates
- **GP Update Event -11th December 2019**
GP Psychiatry Update Event -40 Delegates.
- **ADHD – 6th February 2020**
CPD Event - 72 delegates

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- **Neuropsychiatry CPD Event – 27th February 2020**
CPD Event -79 delegates

March 2020 onwards

Due to COVID-19 Medical Developments cancelled 5 organised events which were as follows:

- Autism 19 March 2020
- Forensic – 30 April 2020
- Positive & Safe 13th May 2020
- ECG – 9th June 2020
- Eating Disorders 18th June 2020

It also halted the development of at least 3 other events for autumn 2020.

New developments: 2020

In response to restrictions we are now offering virtual sessions CPD sessions, weekly (Tuesdays 12.30-1.30) on Teams. The attendance so far has been very good with over 100 delegates in each session. We have developed a tailor-made feedback system, which has been enthusiastically taken up by the attendees, with very positive feedback and resulting in excellent engagement and volunteers for future sessions.

The programme, as it currently stands:

- 16th June 2020 - Rehab services in CNTW -Dr Sunil Nodiyal.
116 delegates participated.
- 23rd June 2020 - Burnout, Doctors' Health and the Pandemic- Dr Richard Duggins 113 delegates participated.
- 30th June 2020 - Liaison psychiatry update - Dr Sarah Brown
102 delegates participated.
- 7th July 2020 - Violence and aggression, challenging behaviour in the Covid Context – Dr Keith Reid
- 14th July 2020 - A talk on 'treatment resistant depression' - Dr Alan Currie
- 28th July 2020- Child and Parent: Perinatal MH in 2020 Dr Andrew Cairns

We intend to take a summer break for the month of August, and already have speakers agreed for both September and October, with a programme available by mid-July.

With the enthusiastic uptake of these sessions, we intend to graduate to additional half day sessions. The first of these will be: 16th September 2020 Autism half day session – Dr Chris Ince

We were also able to successfully link with Dr Ashley Liston and RCGP, working on a collaborative teaching programme, offering education and networking to GP and GP trainees across the North East and Cumbria. We hosted our first virtual teaching session, and have plans to expand and develop a full curriculum of teaching on offer to the members of RCGP – we are currently in negotiation on expanding the offer beyond the North East and Cumbria, in the renewed spirit of collegiate support and sharing of resources.

Challenges & Ongoing Development

In reviewing the CPD programme progress, on balance we have seen an increase in the number of events and people attending: In 2018 there were 703 delegates and 755 delegates in 2019. Profit had increased from £18,846.15 in 2018 to £27,423.43 in 2019. We have implemented a number of developments including; streamlining of processes, use of social

media to promote events/ programmes and we modernised payment methods eg Eventbrite/ WorldPay. As mentioned above, we have been responsive and even innovative in the face of restrictions and remain enthusiastic in the development of solutions. Some of the challenges for the team going forward include: dedicated medical input into the CPD Programme, ensuring financial viability if we continue to provide events on a virtual platform, further development of our links with RCGP, suitable accommodation, given ongoing restrictions and ensuring positive experience of collegiate networking not adversely affected by potentially impersonal virtual interface.

Summary

In 2019/20 there were 297 doctors with a prescribed connection to the Trust.

301 doctors had a completed appraisal in support of their revalidation and 5 had adequate reasons for incomplete appraisals such as sickness or maternity leave. There were more appraisals due to some doctors leaving during year and new doctors arriving. At the end of March 2019 the appraisal compliance for the Trust was at 100%.

As part of the revalidation process 111 doctors had positive recommendations made to the GMC within the year. One doctor were deferred; due to having insufficient clinical evidence. There were no instances of non-engagement with the revalidation process.

Policy and guidance

The relevant policies are: -

- Medical Appraisal Policy and Medical Appraisal Practice Guidance NTW(C)33,V03
- Medical Job Plan Policy NTW(C)56,V02
- Private Practice Policy NTW(O)46,V02
- Handling Concerns about Doctors Policy NTW(HR)02, V02
- Review of Change of Consultant Policy- for completion 2020
- Peer Review/ Supervision Policy for completion 2020

Appraisers

During the period 2019/20 the Trust had 38 trained appraisers who are appointed through interview and receive specific training prior to commencement as an appraiser. Each appraiser must have regular training updates, once in five years as a minimum. Each appraiser is expected to have further training by attending at least one of the six Appraiser Development Group meetings per year. The Appraiser Development Group meetings provide an opportunity for appraisers to discuss current appraisal issues, calibrate their judgements, problem-solve and to share good practice. Attendance at the meetings has increased with positive feedback received from Appraisers regarding topics for discussion/debate.

In 2019/20 all appraisers attended one or more Development Group meetings. A revised process of support and monitoring of the appraisers is now in place. this is to ensure greater support and assurance of quality of the appraisals.

Significant changes were made to the SARD system to ren . . .
recommendations, of Section 12 etc to ensure all scope of work is covered.

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Appendix 2:

APPRAISAL AND REVALIDATION TEAM WORKPLAN 2019/20

WORK TO BE DONE	WORK ALREADY IN PROCESS OR COMPLETED	ESTIMATED COMPLETION DATE
<p>Appraisers:</p> <ul style="list-style-type: none"> Consider number of appraisers against number of consultants. Limit appraisers to 10 (but flexible) but ensure that all do at least 5-6 and review at each development meeting Must attend at least one development meeting per year – lists of attendance will be kept 	<ul style="list-style-type: none"> Review at Sub Group by Revalidation Team Continue to review attendance at Appraiser development group 	<ul style="list-style-type: none"> Completed for year 19/20 completed
<p>Consultant and SAS</p> <ul style="list-style-type: none"> Drop in sessions for any concerns from Appraisal Lead and Revalidation Admin Team Newsletter to all Consultants and SAS Doctors- to update key themes and issues. 	<ul style="list-style-type: none"> Drop in sessions organised via JN & SN when appropriate 2nd Newsletter to be issued 31/3/20 	<ul style="list-style-type: none"> Completed Issued by 31/10/20- delayed due to COVID
<p>Locum Trust Consultants and SAS/overseas-new to NHS</p> <ul style="list-style-type: none"> Ongoing review of all Trust Locums to ensure appraisal up to date Consider mentoring for new and overseas doctors to help to familiarise with 	<ul style="list-style-type: none"> Obtain Compliance data from Locum Agency prior to confirmation of booking. Continue to review process for performance management of locums Review NHS England document – Supporting Locums & Doctors 	<ul style="list-style-type: none"> Completed Completed support document for managers in managing locums Identified areas for development to be taken forward (links with

SARD & the System	in Short-Term Placements	agencies and pre-employment checks)
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Website: <ul style="list-style-type: none"> Review of the internal website-plan Q/A, important documents etc 	<ul style="list-style-type: none"> Continue to review website & update documents when necessary 	<ul style="list-style-type: none"> Ongoing
Quality Assurance/Audit <ul style="list-style-type: none"> Review of a random number of appraisals using ASPAT Review of appraisal feedback Review numbers of appraisal done by each person—average 6-10 with evidence on dashboard Review action plans for performance management – quality assurance process—to clarify exact issues regarding thresholds to be audited Review the process of identification and management of low threshold concerns within operations and their escalation. Review Audit Reflections within Appraisals 	<ul style="list-style-type: none"> ASPAT audit completed in 2018/19 Appraisal feedback reviewed regularly, and personal feedback given by AMD if concerns identified Spreadsheets updated weekly, e-mails and reminders to all groups formulated and ratified 	<ul style="list-style-type: none"> ASPAT 2019/20 Completed completed completed completed completed <p>Reflections to be reviewed 20/21</p>
Revalidation <ul style="list-style-type: none"> Regular meetings – (monthly) to check on those doctors coming to within 3 months of 	<ul style="list-style-type: none"> AMD for Revalidation to set up meetings with deputy RO and AMD for Revalidation 	<ul style="list-style-type: none"> Regular meetings to check and process revalidation paperwork

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<ul style="list-style-type: none"> revalidation to advise the RO Processes to ensure improved adherence to appraisal timeframes 	<ul style="list-style-type: none"> Processes in place to ensure adherence to timeframes and monitoring and quality assurance 	<ul style="list-style-type: none"> Sub Group meetings and review any concerns Completed 19/20
<p>Mentoring</p> <ul style="list-style-type: none"> Training of mentors Review of numbers of mentors and process Offering mentoring to new medical staff 	<ul style="list-style-type: none"> Review of Mentoring Guidance 	<ul style="list-style-type: none"> Ongoing Mentoring training completed: 2019/2020 ongoing work around establishing database of mentors- 2020 Link with other professions to offer cross professional mentoring to be considered (2020/2021)
<p>SARD</p> <ul style="list-style-type: none"> Regular updates with team at SARD to update and support further developments and quality Consider quality measures and how reports can be taken from SARD NEAP and date of revalidation to reflect on SARD 	<ul style="list-style-type: none"> Regular meetings with SARD representative Workshops offered to all users of SARD – now to include online sessions Priming appraisals held within 1st 3mths of new appointments Updating SARD to include section 12 	<ul style="list-style-type: none"> Ongoing – regular updates received Ongoing completed completed Completed
<p>Policies</p> <ul style="list-style-type: none"> Review of Change of Consultant Policy Peer Review/ Supervision Policy 	<ul style="list-style-type: none"> Review Policies 	<ul style="list-style-type: none"> Ongoing- 2020
<p>Job Plans</p> <ul style="list-style-type: none"> Review all job plans—when and what is outstanding with emails, reminders etc 	<ul style="list-style-type: none"> To discuss development of audit tool for job plans with SARD representative 	<ul style="list-style-type: none"> External Audit on JP to be agreed by Audit One Regular communication &

<ul style="list-style-type: none"> Review quality of job plans (External Audit rated 'Good' 2017) 	<ul style="list-style-type: none"> Offer online training to new doctors and Cumbria 	<p>reports to BDG & GMDs on compliance rates completed training</p> <ul style="list-style-type: none"> However job plans not fully completed due to COVID
<p>Performance :</p> <ul style="list-style-type: none"> Keeping updated concerns of doctors in terms of numbers and different levels of severity and issues that are being addressed Training on MHPS for Medical Managers and other managers in view of changing policy Regular meetings with GMC ELA- RO and DRO 	<ul style="list-style-type: none"> Numbers of concerns in trust obtained for Revalidation Annual Board report Training carried out by Academy & CPD events when necessary Meetings going ahead 	<ul style="list-style-type: none"> Completed CPD Training Event by 31/3/20 – deferred due to pandemic: ongoing Regular monitoring of numbers in formal process – completed Quarterly meetings with ELA
<p>St Oswalds</p> <ul style="list-style-type: none"> Regular Communications 	<ul style="list-style-type: none"> Quarterly Review with NTW & StO 	<ul style="list-style-type: none"> Completed for year
<p>CPD Events</p> <ul style="list-style-type: none"> Review adequate CPD events to support Revalidation of Medical staff and ensure adequate administration in place 	<ul style="list-style-type: none"> To promote & provide relevant internal CPD events for Consultants & SAS doctors throughout the year Develop links with RCGP to provide teaching and networking opportunities to GP and GP trainees 	<ul style="list-style-type: none"> Completed to Feb 2020 then significant changes since then. Developed and implemented weekly online CPD sessions; expanding to longer sessions - ongoing – plan developments over 2020 Links established, first session done and next planned, currently online-plan developments over 2020
<p>Scope of Work/Fee Paying Services</p>		

<ul style="list-style-type: none"> To ensure all medics are aware of their responsibility to provide evidence for their whole scope of work & any additional Fee paying work they undertake. 	<ul style="list-style-type: none"> Discussion at Appraiser Development Group to ensure Appraiser is checking with Doctor as part of Appraisal Interview Ensure Doctor is aware of 'Scope of Work' & appropriate evidence to be provided 	<ul style="list-style-type: none"> completed
<p>Diversity & Equality</p> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Review GMC 'Fair to Refer' Report published by Roger Kline Review –'Effective Clinical Governance for the Medical Profession' Checklist to support/identify areas for development 	<ul style="list-style-type: none"> Completed but needs revisit in 2020 By 31/12/20
<p>North Cumbria joining NTW 1/10/19</p> <ul style="list-style-type: none"> Ensure all medical staff in North Cumbria are engaged with the Revalidation, Appraisal and Job Planning processes. 	<ul style="list-style-type: none"> Engagement and training Sessions with relevant Medical Managers, Appraisers & medical workforce. 	<ul style="list-style-type: none"> Training sessions completed, to offer follow up sessions online, as required
<p>S12/AC Status</p> <ul style="list-style-type: none"> Ensure all medical staff are aware of the need to renew S12 & AC Status. To be discussed as part of Appraisal Interview. 	<ul style="list-style-type: none"> Ensure SARD is updated to include expiry date for S12 & AC Status is listed within Appraisal page and appraiser to ensure discussion within Appraisal 	<ul style="list-style-type: none"> SARD to update system by 30/9/19 Completed

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Appendix 3:

APPRAISAL AND REVALIDATION TEAM WORKPLAN 2020/21

WORK TO BE DONE	WORK ALREADY IN PROCESS OR COMPLETED	ESTIMATED COMPLETION DATE
<p>Appraisers:</p> <ul style="list-style-type: none"> Consider number of appraisers against number of consultants. Limit appraisers to 10 (but flexible) but ensure that all do at least 5-6 and review at each development meeting Must attend at least one development meeting per year – lists of attendance will be kept 	<ul style="list-style-type: none"> Review at Sub Group by Revalidation Team Continue to review attendance at Appraiser development group 	<ul style="list-style-type: none"> Ongoing Ongoing
<p>Consultant and SAS</p> <ul style="list-style-type: none"> Drop in sessions for any concerns from Appraisal Lead and Revalidation Admin Team Newsletter to all Consultants and SAS Doctors- to update key themes and issues. 	<ul style="list-style-type: none"> Drop in sessions organised via JN & SN when appropriate 2nd Newsletter delayed in March 2020 	<ul style="list-style-type: none"> Ongoing To reconsider after COVID crises over
<p>Locum Trust Consultants and SAS/overseas-new to NHS</p> <ul style="list-style-type: none"> Ongoing review of all Trust Locums to ensure appraisal up to date Consider mentoring for new and overseas 	<ul style="list-style-type: none"> Obtain Compliance data from Locum Agency prior to confirmation of booking. Continue to review process for performance management of locums 	<ul style="list-style-type: none"> Ongoing Completed support document for managers in managing locums

<p>doctors to help to familiarise with SARD & the System</p>	<ul style="list-style-type: none"> Review NHS England document – Supporting Locums & Doctors in Short-Term Placements 	<ul style="list-style-type: none"> Identified areas for development to be taken forward (links with agencies and pre-employment checks)
<p>Website:</p> <ul style="list-style-type: none"> Review of the internal website- plan Q/A, important documents etc 	<ul style="list-style-type: none"> Continue to review website & update documents when necessary 	<ul style="list-style-type: none"> Ongoing development of this website in 2020
<p>Quality Assurance/Audit</p> <ul style="list-style-type: none"> Review of a random number of appraisals using ASPAT Review of appraisal feedback Review numbers of appraisal done by each person— average 6-10 with evidence on dashboard Review action plans for performance management – quality assurance process—to clarify exact issues regarding thresholds to be audited Review the process of identification and management of low threshold concerns within operations and their escalation. Review Audit Reflections within Appraisals 	<ul style="list-style-type: none"> ASPAT audit completed in 2018/19 Appraisal feedback reviewed regularly, and personal feedback given by AMD if concerns identified Spreadsheets updated weekly, e-mails and reminders to all groups formulated and ratified 	<ul style="list-style-type: none"> ASPAT to be redone 2020/20 ASPAT 2019/20 to be discussed with appraisers with plan ongoing ongoing ongoing ongoing for annual audit <p>reflections to be audited in 2020</p>
<p>Revalidation</p>		

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<ul style="list-style-type: none"> • Regular meetings – (monthly) to check on those doctors coming to within 3 months of revalidation to advise the RO • Processes to ensure improved adherence to appraisal timeframes 	<ul style="list-style-type: none"> • AMD for Revalidation to set up meetings with deputy RO and AMD for Revalidation • Processes in place to ensure adherence to timeframes and monitoring and quality assurance 	<ul style="list-style-type: none"> • Regular meetings to check and process revalidation paperwork • Sub Group meetings and review any concerns
<p>Mentoring</p> <ul style="list-style-type: none"> • Training of mentors • Review of numbers of mentors and process • Offering mentoring to new medical staff 	<ul style="list-style-type: none"> • Review of Mentoring Guidance 	<ul style="list-style-type: none"> • Ongoing • Mentoring training completed: 2019/2020 ongoing work around establishing database of mentors- 2020 • Link with other professions to offer cross professional mentoring to be considered (2020/2021)
<p>SARD</p> <ul style="list-style-type: none"> • Regular updates with team at SARD to update and support further developments and quality • Consider quality measures and how reports can be taken from SARD • NEAP and date of revalidation to reflect on SARD 	<ul style="list-style-type: none"> • Regular meetings with SARD representative • Workshops offered to all users of SARD – now to include online sessions • Priming appraisals held within 1st 3mths of new appointments • Updating SARD to include section 12 	<ul style="list-style-type: none"> • Ongoing – regular updates received • Ongoing • ongoing • Ongoing • Ongoing • Completed
<p>Policies</p> <ul style="list-style-type: none"> • Review of Change of Consultant Policy • Peer Review/ Supervision Policy 	<ul style="list-style-type: none"> • Review Policies 	<ul style="list-style-type: none"> • Ongoing- 2020
<p>Job Plans</p> <ul style="list-style-type: none"> • Review all job plans—when and what is outstanding 	<ul style="list-style-type: none"> • To discuss development of audit tool for job 	<ul style="list-style-type: none"> • External Audit on JP to be agreed by Audit One

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<p>with emails, reminders etc</p> <ul style="list-style-type: none"> Review quality of job plans (External Audit rated 'Good' 2017) 	<p>plans with SARD representative</p> <ul style="list-style-type: none"> Offer online training to new doctors and Cumbria 	<ul style="list-style-type: none"> Regular communication & reports to BDG & GMDs on compliance rates Ongoing completed However job plans not fully completed due to COVID-needs review in autumn 2020
<p>Performance :</p> <ul style="list-style-type: none"> Keeping updated concerns of doctors in terms of numbers and different levels of severity and issues that are being addressed Training on MHPS for Medical Managers and other managers in view of changing policy Regular meetings with GMC ELA-RO and DRO 	<ul style="list-style-type: none"> Numbers of concerns in trust obtained for Revalidation Annual Board report Training carried out by Academy & CPD events when necessary Meetings going ahead 	<ul style="list-style-type: none"> Ongoing CPD Training Event by 31/3/20 – deferred due to pandemic: ongoing Quarterly meetings with ELA
<p>St Oswalds</p> <ul style="list-style-type: none"> Regular Communications 	<ul style="list-style-type: none"> Quarterly Review with NTW & StO 	<ul style="list-style-type: none"> Ongoing
<p>CPD Events</p> <ul style="list-style-type: none"> Review adequate CPD events to support Revalidation of Medical staff and ensure adequate administration in place 	<ul style="list-style-type: none"> To promote & provide relevant internal CPD events for Consultants & SAS doctors throughout the year Develop links with RC GP to provide teaching and networking opportunities to GP and GP trainees 	<ul style="list-style-type: none"> Developed and implemented weekly online CPD sessions; expanding to longer sessions - ongoing Links established, first session done and next planned, currently online
<p>Scope of Work/Fee Paying Services</p> <ul style="list-style-type: none"> To ensure all medics are aware 	<ul style="list-style-type: none"> Discussion at Appraiser Development 	<ul style="list-style-type: none"> Ongoing

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<p>of their responsibility to provide evidence for their whole scope of work & any additional Fee paying work they undertake.</p>	<p>Group to ensure Appraiser is checking with Doctor as part of Appraisal Interview</p> <ul style="list-style-type: none"> • Ensure Doctor is aware of 'Scope of Work' & appropriate evidence to be provided 	
<p>Diversity & Equality</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Review GMC 'Fair to Refer' Report published • Review –'Effective Clinical Governance for the Medical Profession' Checklist to support/identify areas for development 	<ul style="list-style-type: none"> • By 31/12/20 • By 31/12/20
<p>North Cumbria joining NTW 1/10/19</p> <ul style="list-style-type: none"> • Ensure all medical staff in North Cumbria are engaged with the Revalidation, Appraisal and Job Planning processes. 	<ul style="list-style-type: none"> • Engagement and training Sessions with relevant Medical Managers, Appraisers & medical workforce. 	<ul style="list-style-type: none"> • Training sessions completed, to offer follow up sessions online, as required • Ensure implementation into appraiser group
<p>S12/AC Status</p> <ul style="list-style-type: none"> • Ensure all medical staff are aware of the need to renew S12 & AC Status. To be discussed as part of Appraisal Interview. 	<ul style="list-style-type: none"> • Ensure SARD is updated to include expiry date for S12 & AC Status is listed within Appraisal page and appraiser to ensure discussion within Appraisal 	<p>Ensure SARD is regularly updated—this to be audited by admin</p>

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END

**Report to the Board of Directors
2 September 2020**

Title of report	Workforce Race Equality Standard and Workforce Disability Equality Standard
Report author(s)	Christopher Rowlands, Equality and Diversity Lead
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce and OD

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

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	17.8.20
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

**Workforce Race Equality Standard and Workforce Disability Equality Standard
Trust Board of Directors
2 September 2020**

1. Executive Summary

The NHS Equality and Diversity Council (EDC) has implemented two measures to improve equality across the NHS into the Standard Contract, from April 2015 the Workforce Race Equality Standard (WRES) and from 2019 Workforce Disability Equality Standard (WDES). Both standards support positive change for existing 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. Where actions are proposed they will be linked wherever possible to actions that are required under the People Plan.

2. Risks and mitigations associated with the report

There are specific risks of Race Discrimination and Disability Discrimination under the Equality Act if policies and practices are not in line with legislation.

There are reputational risks to the Trust if legislation and best practice is not followed which may have a detrimental effect on attraction and retention of staff.

3. Recommendation/summary

The Board is asked to consider approval to the following. Many of the proposed actions relate to the NHS People Plan and as such relate equally to address WRES and WDES issues.

- Overhaul of recruitment and promotion practices for all levels of post to ensure that staffing reflects the diversity of the community and regional and national labour markets.
- Adopt NHSEI toolkits when available to meet the action of eliminating the ethnicity gap when entering formal disciplinary processes.
- Adopt the NHSEI toolkit on civility and respect for all.
- Adopt the principle of the Social Model of Disability by the Trust.
- Review and cleanse all data to ensure staff disability and CPD is recorded appropriately.
- Further develop the role of the Cultural Ambassador.
- Consider positive action where it is felt appropriate.

Christopher Rowlands
Equality, Diversity and Inclusion Lead

Lynne Shaw
Executive Director Workforce and
Organisational Development

August 2020

Workforce Race Equality Standard (WRES)

The figures contained within this document are a snapshot as of 31 March 2020 and as such do not reflect the significant amount of work that has been undertaken since that date to reduce the unknown ethnicity figures for our staff. It should be noted that these figures do not include NTW Solutions.

Please see Appendix 1 for WRES data tables.

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

At the audit date there were 315 BAME staff employed by the Trust. These staff made up 5% of our overall workforce. Although it should be noted that this average is inflated by the inclusion of medical staff. If we exclude medical staff the average is 3.5%. The latest available Office for National Statistics population figures across the region put the BAME population at 6.4%. This points to an under-representation from the BAME population in our workforce.

There are disparities between BAME and White staff in their distribution across the pay bands for both non-clinical and clinical roles. Only with the data for Doctors do we see a greater likelihood for BAME staff to be employed at higher grades.

- For non-clinical roles BAME staff are predominately in the lower pay bands. 90% of BAME staff are in Band 5 jobs or lower. This compares to 76% for White staff.
- For clinical roles BAME staff are predominately in the lower pay bands. 69% of BAME staff are in Band 5 jobs or lower. This compares to 51% for White staff.
- 25% of BAME clinical staff are in Band 6/7 jobs. This compares to 41% of White staff.
- 6% of BAME clinical staff are in Band 8a-d jobs. This compares to 7% for White staff.
- BAME staff make up 26.5% of the medical workforce.
- 64% of BAME doctors are at Consultant grade. This compares with 52% of White doctors.

Recommendations

It is recommended that the following actions are taken:

- a review of our recruitment procedures in line with NHS People Plan actions for both external and internal appointments to ensure that bias is removed from the process. We also need to do this in line with the Model Employer targets given to us for WRES in late 2019.
- we take positive action to attract the BAME applicants to non-clinical roles.
- we take positive action to address the glass ceiling at Band 5 for BAME staff in clinical roles. Positive action can take many forms, eg, offering coaching, mentoring and development opportunities to BAME staff.

- Analysis of the distribution of staff by ethnicity to be scrutinised at CDT-Workforce on a regular basis

(2) Relative likelihood of staff being appointed from shortlisting across all posts

- 1,072 BAME applicants were shortlisted. Of those shortlisted 70 were appointed.
- 5,354 White applicants were shortlisted. Of those shortlisted 1,018 were appointed.
- White job applicants are nearly 3 times more likely to be appointed from shortlisting compared to BAME applicants.

Recommendations

It is recommended the following actions are taken:

- a review of our recruitment and promotion procedures in line with NHS People Plan to ensure that staffing reflects the diversity of the community and regional and national labour markets. This will need to consider equality and diversity training beyond the statutory requirement for recruitment panel members.
- positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers. Best practice has been identified from the WRES National Report and will be used to develop our approach to meet this NHS People Plan action.

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

- From a position of almost parity in 2019, we have reverted back to the trend we have seen in previous years where a BAME member of staff is two and a half times more likely to enter the formal disciplinary process compared to a White member of staff.

Recommendations

It is recommended the following actions are taken:

- early evidence suggests that the Cultural Ambassador role introduced this year will have a positive impact on the above figures. For the impact of the role to be fully realised we need to involve the Cultural Ambassador from the start of a fact find process to ideally remove the need for a formal procedure.
- to attract and train more Cultural Ambassadors.
- in line with the NHS People Plan we should adopt NHSEI toolkits upon their introduction to support this area of action.

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

- The data shows that BAME staff are 1.5 times more likely than White staff to access non mandatory training. This is a reversal on the 2019 figures, where White staff were 2.4 times more likely than BAME staff to access non-mandatory training.

- In the WRES annual report NHS England noted that organisations are still not keeping accurate and up-to-date records of non-mandatory training. However, this indicator is still a useful proxy for understanding the level of fairness by which staff are treated when it comes to non-mandatory training and CPD.

Recommendation

It is recommended that the following action is taken:

- Review of process to ensure that all CPD information is captured in the Electronic Staff Record

(5-8) Staff Survey Metrics

The WRES submission contains 4 metrics that are based on staff survey questions.

- 2 on bullying harassment or abuse – patient/staff
- 1 on the belief that the Trust provides equal opportunities
- 1 on experiencing discrimination from managers.

These metrics were discussed at the March Trust Board. The data for BAME staff shows that results are typically average by comparison with other Mental Health and Learning Disability Trusts. However, when compared against the results for White staff all of these metrics show a gap between the experience of BAME and White staff.

Recommendations

It is recommended that the following actions are taken:

- in line with the NHS People Plan we develop plans to prevent and tackle bullying, harassment and abuse against staff and create a culture of civility and respect.
- NHSEI is launching a toolkit on civility and respect for all and once published this should be implemented at the earliest possible opportunity. We should also work with our Staff Network on these developments.
- overhaul recruitment and promotion practices as outlined above.

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

- The Board is more representative of the population than the overall workforce. BAME representation is at 7%, compared to the overall figure of 5% for the Trust. In the National 2019 WRES Report, the proportion of BAME Board members for Mental Health Trusts was 11.9%. Across the North East the average for BAME representation at Board level was 5.8%.

Recommendation

It is recommended that the following action is taken:

- that a review of Board level recruitment practices is undertaken.

Workforce Disability Equality Standard (WDES)

Please see Appendix 2 for WDES data tables.

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

- According to the information held in ESR, there are 341 Disabled Staff employed by the Trust, they make up 5% of the Trust workforce. This figure is considerably lower than the figure identified through the NHS Staff Survey, where regularly up to 20% of our workforce state that they live with a long term condition. The most recent figures for the disabled population of the North East states that 22% of the population meets the criteria for disability as defined by the Equality Act.
- Disabled staff make up 5.9% of our non-clinical workforce.
- 80% of Disabled staff in non-clinical roles, are in roles that are Band 5 or below. This compares with 81% for non-disabled staff.
- 4.9% of Disabled staff are in Bands 8a-d compared with 5.2% of non-disabled staff.
- Disabled staff make up 4.9% of our clinical workforce.
- 55% of Disabled staff in clinical roles, are in roles that are Band 5 or below. This compares with 51% of the non-disabled workforce in clinical roles.
- 4% of Disabled staff in clinical roles are employed in Bands 8a-d. This compares with 8% of non-disabled staff.
- Disabled staff are 3.5% of the medical workforce.
- 55% of Disabled Doctors are at Consultant grade. This compares with 60% for non-disabled Doctors at Consultant grade.

Recommendations

It is recommended that the following actions are taken:

- the findings suggest that there is not a bias against disabled people in terms of distribution across pay band in the Trust. However to be comfortable in making that statement, we need to close the gap of the 20% unknown data. It is recommended as a matter of urgency, using the same approach that we used to address unknown ethnicity data, that we write to all staff whose disability status is unknown and update the information in the system.
- upon receiving an update we should run this report again later this autumn to assess the true picture.
- to ensure that the overhaul of the recruitment procedure as required by the NHS People Plan follows best practice for employing Disabled people.

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

- 447 Disabled applicants were shortlisted. Of those 70 (15.7%) were appointed.

- 5,960 non-disabled applicants were shortlisted. Of those 970 (16.3%) were appointed.
- The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 1.03:1. In other words, recruitment shows that the likelihood of appointment is similar for disabled and non-disabled applicants.

Recommendation

It is recommended that the following actions are taken:

- the overhaul of the recruitment procedure as required by the NHS People Plan follows best practice for employing Disabled people.
- the Disability Passport developed by our Staff Network is implemented this autumn and is promoted as part of recruitment.

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

- 17 out of our 341 Disabled staff entered the formal capability process in the last year.
- 162 out of our 5064 non-disabled staff entered the formal capability process in the last year.
- From the above figures a Disabled member of staff is 1.5 times more likely to enter the capability process compared with a non-disabled member of staff.

Recommendations

It is recommended that the following actions are taken:

- a deep dive of all of these cases takes place to establish the reasons and whether anything by way of reasonable adjustment would have averted them and to take action where findings suggest they are required.
- Disability passport to be introduced for staff autumn 2020.
- central approach to reasonable adjustments to be introduced 2020/21

(4-9) Staff Survey Metrics

The WDES submission contains 6 metrics that are based on staff survey questions.

- Bullying harassment or abuse – patient/staff/managers
- The belief that the Trust provides equal opportunities
- Pressure to come to work when feeling ill
- How valued people feel
- Whether reasonable adjustments have been made
- The engagement score for Disabled staff compared to non-disabled

Findings

- All figures for bullying and harassment by patients, staff or managers demonstrate a worse experience for disabled compared to non-disabled staff.

Worryingly, there was 9% point difference in reporting of incidents between non-disabled staff (74%) and Disabled staff (65%).

- 92% of non-disabled staff thought that the Trust provides equal opportunities, compared with 86% of disabled staff.
- 23% of disabled staff have felt pressure to come to work despite not feeling well, compared to 13% of non-disabled staff.
- 43% of disabled staff stated they felt valued, the figure for non-disabled was 55%.
- 83% of disabled staff stated that adequate reasonable adjustments had been made.
- The engagement score for disabled staff is 6.8 (out of 10) compared with 7.1 for non-disabled staff.

Recommendations

It is recommended that the following actions are taken:

- In line with the NHS People Plan we develop plans to prevent and tackle bullying, harassment and abuse against staff and create a culture of civility and respect. NHSEI is launching a toolkit on civility and respect for all and once published this should be implemented at the earliest possible opportunity.
- Adoption of the principle of the Social Model of Disability by the Trust. This sees Disability stemming from societal barriers rather than a person's impairments. This will fundamentally shift how we address issues facing disabled people within the Trust, focusing on ensuring that we have attitudes and environments that support disabled employees.
- Disabled Staff Network to be involved in the Equality Analysis of the draft Sickness Absence policy
- Implementation of the Disability Passport
- Introduction of the Central approach to reasonable adjustments 2020/21
- Introduction of inclusive mentoring
- Overhaul of recruitment practices in line with NHS People Plan

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

- **By voting membership of the Board**
- **By Executive membership of the Board**

- 5% of the Trust overall workforce is 5% Total Board status is 21%
- 17% of the Executive membership are disabled.

Recommendations

It is recommended that the following action is taken:

- consideration is given to the Disability status of Trust governors, and whether they are broadly representative of the local population.

Appendix 1

WRES Metrics

- (1) Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff

Non clinical	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Under 1	25	0	0	30	1	0
1	1	0	0	3	0	0
2	152	4	10	204	5	14
3	313	3	22	388	4	22
4	229	5	30	274	4	27
5	87	2	6	132	6	5
6	63	1	18	78	0	13
7	45	2	8	59	1	9
8a	33	0	4	30	0	4
8b	23	0	3	27	1	3
8c	2	0	0	3	0	0
8d	0	0	0	1	0	1
9	1	0	1	2	0	0
VSM	0	0	1	4	0	1

Clinical	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Under 1	0	0	0	0	0	0
1	1	0	0	1	0	0
2	32	0	1	13	0	1
3	1217	62	84	1382	77	78
4	188	7	11	237	5	14
5	591	46	48	711	56	46
6	1023	28	93	1266	31	86
7	435	12	41	598	19	37
8a	161	10	19	181	9	17
8b	68	1	7	87	2	3
8c	41	1	2	50	2	2
8d	22	0	2	22	0	1
9	4	0	0	3	0	0
VSM	1	0	0	1	0	0

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Doctors	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Consultants	91	53	41	99	59	38
Senior Med Manager	2	1	0	3	1	0
Career Grade	22	15	14	30	23	15
Trainee Grade	10	8	9	11	9	3
Other	46	0	8	49	0	6

(2) Relative likelihood of staff being appointed from shortlisting across all posts

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Number shortlisted applicants	3871	547	44	5354	1072	108
Number appointed from shortlisting	683	40	31	1018	70	62
Relative likelihood of appoint from shortlisting	17.64%	7.31%	70.45%	19.01%	6.53%	57.41%
White compared to BAME Staff	2.41			2.91		

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

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Number of staff in workforce	4927	260	483	5976	314	446
Number entering formal disciplinary processes	252	15	22	185	24	25
Likelihood of staff entering process	5.11%	5.77%	4.55%	3.10%	7.64%	5.61%
Relative likelihood BME to White Staff		1.13			2.47	

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

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Number of staff in workforce	4927	260	483	5976	314	446
Number accessing non mandatory	46	1	2	25	2	0
Likelihood of of staff accessing non mandatory	0.93%	0.38%	0.41%	0.42%	0.64%	0.00%
Relative likelihood White staff to BAME	2.43			0.66		

Staff Survey Metrics

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

	2017	2018	2019
White Trust	36.4%	37.7%	34.2%
BAME Trust	44.6%	43.6%	39.2%
White Average	31.8%	29.6%	31.7%
BAME Average	36.1%	38.2%	39.7%

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

	2017	2018	2019
White Trust	15.4%	15.5%	16.2%
BAME Trust	24.3%	22.6%	24.0%
White Average	20.7%	22.4%	21.4%
BAME Average	26.9%	27.2%	25.5%

- (7) Percentage believing that trust provides equal opportunities for career progression or promotion

	2017	2018	2019
White Trust	92.7%	92.5%	90.6%
BAME Trust	81.1%	84.1%	83.5%
White Average	87.4%	85.1%	85.9%
BAME Average	77.0%	71.9%	74.3%

- (8) In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

	2017	2018	2019
White Trust	4.6%	4.8%	4.8%
BAME Trust	8.8%	12.1%	8.9%
White Average	6.1%	6.2%	6.4%
BAME Average	14.0%	14.1%	14.0%

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

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Total Board Members	11	1	1	13	1	
Voting Board Members	11	1	1	13	1	
Exec	5	1	1	5	1	
NED	6	0	0	8	0	
% Difference Total Board – Overall Workforce	-2.3%	3.1%	-0.8%	-2.1%	2.0%	

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Appendix 2

WDES Metrics

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

Non clinical	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
1	0	1	0	0	2	1
2	12	129	25	11	173	39
3	19	258	61	25	326	63
4	13	191	60	19	230	56
5	5	72	18	10	112	21
6	2	47	33	3	57	31
7	0	38	17	1	51	17
8a	3	26	8	4	24	6
8b	0	18	8	0	22	9
8c	0	2	0	0	3	0
8d	0	0	0	0	0	2
9	0	0	2	0	0	2
VSM	1	2	1	1	3	1
Other	8	34	8	7	34	17

Clinical	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
1	1	0	0	1	0	0
2	4	27	2	3	8	3
3	56	352	355	72	1099	366
4	7	164	35	13	200	43
5	33	542	110	47	653	113
6	56	831	257	71	1065	247
7	19	364	105	32	507	115
8a	6	142	42	6	163	38
8b	2	58	15	1	80	11
8c	1	30	13	3	37	14
8d	0	18	6	0	17	6
9	0	4	0	0	3	0
VSM	0	1	0	0	1	0

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Doctors	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
Consultants	5	108	72	6	117	73
Career grade	4	24	23	5	40	23
Trainee grades	0	19	8	0	19	4
Other	0	18	11	0	18	10

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

	2019 Disabled staff	2019 Not Disabled	2020 Disabled Staff	2020 Not Disabled
Number of shortlisted applicants	242	4092	447	5960
Number appointed from shortlisting	45	644	70	970
Percentage appointed	18.6	15.7	15.7	16.3

Relative likelihood 2019 0.87

Relative likelihood 2020 1.03

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

	2019 Disabled staff	2019 Not Disabled	2020 Disabled Staff	2020 Not Disabled
Number of staff entering the capability process	0	13	17	162

Disabled staff comprise 9.5% of those entering the formal capability process, but only comprise 5% of the workforce

(4) Percentage of Disabled Staff compared to non-disabled staff experiencing harassment bullying or abuse from:

i) Patients/Service users, their relatives or other members of the public

	2018	2019
Disabled staff	39.8%	39.7%
Non-disabled staff	37.3%	32.3%
Disabled staff Average	36.6%	37.1%
Non-disabled staff Average	29.8%	30.7%

ii) Managers

	2018	2019
Disabled staff	9.6%	11.8%
Non-disabled staff	5.6%	5.5%
Disabled staff Average	18.0%	16.6%
Non-disabled staff Average	10.8%	9.9%

iii) Other colleagues

	2018	2019
Disabled staff	16.6%	18.2%
Non-disabled staff	10.6%	9.7%
Disabled staff Average	23.1%	23.0%
Non-disabled staff Average	14.0%	13.6%

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment bullying or abuse at work they or a colleague reported it.

	2018	2019
Disabled staff	70.5%	65.3%
Non-disabled staff	74.3%	74.4%
Disabled staff Average	56.1%	58.2%
Non-disabled staff Average	58.2%	59.9%

- (5) Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

	2018	2019
Disabled staff	89.1%	85.9%
Non-disabled staff	93.1%	91.6%
Disabled staff Average	75.9%	79.3%
Non-disabled staff Average	85.3%	86.6%

- (6) Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018	2019
Disabled staff	21.8%	23.0%
Non-disabled staff	12.7%	12.5%
Disabled staff Average	24.6%	22.3%
Non-disabled staff Average	16.4%	14.3%

- (7) Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

	2018	2019
Disabled staff	43.2%	43.4%
Non-disabled staff	54.0%	55.3%
Disabled staff Average	38.5%	41.7%
Non-disabled staff Average	52.8%	53.5%

- (8) Percentage of Disabled staff saying that their employer has made adequate adjustment(s)

	2018	2019
Disabled staff	83.0%	83.1%
Disabled staff Average	77.3%	77.1%

- (9) The staff engagement score for Disabled staff compared to non-disabled staff

	2018	2019
Organisation average	7.1	7.1
Disabled staff	6.8	6.8
Non-disabled staff	7.2	7.2
Disabled staff average	6.7	6.7.
Non-disabled staff average	7.1	7.2

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

- By voting membership of the Board
- By Executive membership of the Board

	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
Total Board members	3	6	4	3	11	
Execs	1	4	1	1	5	

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**Board of Directors
Wednesday 2 September 2020**

Title of report	NHS People Plan
Report author(s)	Lynne Shaw, Executive Director of Workforce and OD
Executive Lead (if different from above)	As above

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
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	24.8.20 26.8.20
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

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**NHS People Plan
Board of Directors
Wednesday 2 September 2020**

1. Executive Summary

On 30 July 2020 the NHS People Plan was published.

We are the NHS: action for us all from NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) sets out what our NHS people can expect from their leaders and each other.

The document focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care. The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change. It is anticipated that a further plan will be published during 2021-22 following further engagement and collaboration with stakeholders.

There are funding commitments made within the plan, however some of the workforce growth aspirations outlined in the interim plan and the government's manifesto, require further discussion and are therefore outside of the scope of this plan.

Central themes of the plan build on the Interim People Plan which was published in June 2019:

- more staff
- working differently
- compassionate and inclusive culture.

It also includes 'Our People Promise,' which sets out ambitions for what people working in the NHS say about it by 2024. The promise is central to the plan both in the next nine months and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.



The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- **Looking after our people** – with quality health and wellbeing support for everyone.
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face.
- **New ways of working** – capturing innovation, much of it led by our NHS people.
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

There are a number of detailed requirements from employers and systems within each of these four categories to be delivered during 2020-21. Metrics will be developed by September 2020 with the intention to track progress using the NHS Oversight Framework. The Appendix at the end of this report highlights the expectations from all stakeholders as well as the Trust's progress in terms of the actions.

The plan makes clear the intention to see an increased role for systems to work with its constituent parts, and HEE, to use data to understand workforce and service requirements and support the attraction and deployment of staff within systems. Each local system is asked to develop a local People Plan in response to the national plan, to be reviewed by regional and system level People Boards. Work is currently underway at ICS level, with participation from the Trust, which addresses many of the actions highlighted.

In addition, employers are encouraged to devise their own People Plan. The content of the attached action plan will form the basis for the Trust's new Workforce Strategy which will be reviewed over subsequent months.

Next Steps

There are 107 actions within the plan – the majority of which are to be completed by March 2021. Many of the actions have already been completed or are underway and these have been highlighted within the action plan at Appendix 1. Particular focus will be given to the following:

- Reviewing Collective Leadership and Management Skills Programmes to ensure content is aligned to the areas identified within the Plan. Programmes will then be rolled out across the Trust
- Overhaul of recruitment / promotion practices to ensure there is no detrimental impact on those with protected characteristics
- Focus on bullying and harassment initiatives
- Finalising and implementing the draft Talent Management Framework
- Developing and implementing a retention strategy
- Further development of Disciplinary and Grievance processes with a particular focus on BAME outcomes
- Completion of Risk Assessments for Vulnerable Staff
- Annual Flu campaign
- Policy review of all Workforce policies (will include many of the actions identified within the plan).

The action plan will be further discussed at Business Delivery Group and CDT-Workforce in September and a communications plan/implementation plan will be developed. It is anticipated that local Speak Easy events will be held to discuss the content of the plan and to engage with staff to support the achievement of the actions.

2. Recommendations

The Trust Board is asked to review the content of the document and support the delivery of the actions.

Lynne Shaw
Executive Director of Workforce and OD

25 August 2020

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HEALTH AND WELLBEING

	Action	Who	Timeline (where provided)	Current position
1	Put in place effective infection prevention and control procedures, including social distancing.	Trust	Completed	IPC Board Assurance Assessment Tool completed. Reported to Trust Board Quarterly. Weekly IPC Assurance meetings. Clear guidance in place in terms of social distancing. COVID secure workplace assessments in place.
2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Trust	Completed	All staff in both clinical and non-clinical areas have access to appropriate levels of PPE. Daily stock control process in place for all areas. Guidance developed to ensure that all staff use PPE in the correct way. Monitored by line managers.
3	All frontline healthcare workers should have a seasonal flu vaccine provided by their employer.	Trust	Feb 2021	Comprehensive Flu Vaccination Plan in place covering all staff and patients. Approved by Trust Board. 100% of staff will be offered flu vaccination. There is a national target of 90% for this year. 85% vaccination achieved in 2019/20 against a target of 80%.
4	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Trust	Oct 2020	COVID Risk Assessment Advisory Group has been set up. Risk Assessment Decision Aid has been developed and rolled out across the Trust. Central Recording of all completed Risk Assessments and those who have declined. Additional support considered on a case by case basis.

5	Ensure people working from home can do safely and have support to do so, including having the equipment they need.	Trust	October 2020	Guidance is currently being developed. Interim arrangements in place at a local level.
6	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Trust	September 2020	Communication has been circulated encouraging staff to take annual leave. Further reminders to be sent to all staff regarding annual leave / rest breaks. To be included in individual Health and Wellbeing conversations.
7	Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.	Trust	November 2020	Included in the Collective Leadership Development Programme – completed. Management Skills Training to be updated – shift of focus from policy focused to behaviours – November 2020. Development of standalone modules for staff re values, behaviours, EDI, unconscious bias – November 2020.
8	Prevent and control violence in the workplace – in line with existing legislation so that people never feel fearful or apprehensive about coming to work.	Trust	Completed	Talk First Strategy / initiatives in place. Security Management Strategy in place.
9	NHS violence reduction standard to be launched.	NHS England and NHS Improvement	December 2020	
10	Appoint a wellbeing guardian, e.g. a NED to look at the organisations health and wellbeing activities and act as a critical friend.	Trust	September 2020	To be agreed.
11	Continue to give staff free car parking at their place of work.	Trust	Completed	Trust does not charge staff for parking on CNTW sites.

				On-going discussions regarding position for Trust staff working on non-CNTW sites.
12	Support staff to use other modes of transport and identify a cycle-to-work lead.	Trust	September 2020	Cycle to work lead has been identified – Workforce Developments Manager. To be included in ongoing health and wellbeing promotion/communication.
13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Trust	Completed	Rest spaces available on main sites.
14	Ensure that all staff have access to psychological support.	Trust	Completed	Psychological support in place via Occupational Health (Counselling) and the Trust's in-house Psychological Support Service.
15	Continue to provide and evaluate the national health and wellbeing programme.	NHS England and NHS Improvement		
16	Identify and proactively support staff when they go off sick and support their return to work. OH services to provide a wider wellbeing offer to ensure staff are supported to stay well at work	Trust	November 2020	To review current support offered to staff when they go off sick and return to work.
17	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Trust	November 2020	Workforce Health and Wellbeing Team reviewing workplace offers.
18	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout. Leaders should role-model this behaviour	Trust	November 2020	Health and Wellbeing/Health and Wellbeing conversations to be included in the Collective Leadership Development Programme. Ongoing discussions with Trust's in-house Psychological Service team to coach line managers to manage the

				Health and Wellbeing of staff - focus on manager's key role in enabling staff to be well and at work. Management Skills Training to be updated – shift of focus from policy focused to behaviours.
19	Every member of NHS staff should have a health and wellbeing conversation and develop a personalised plan. To be reviewed at least annually.	Trust	September 2020	Appraisal, Supervision and Job Planning policies to be updated and supervision arrangements reviewed.
20	All new starters should have a health and wellbeing induction.	Trust	From October 2020	Local Induction process and paperwork to be reviewed. Managers to receive support as outlined above.
21	Provide a toolkit on civility and respect for all employers.	NHS England and NHS Improvement	March 2021	
22	Pilot an approach to improving staff mental health by establishing resilience hubs.	NHS England and NHS Improvement		
23	Pilot improved occupational health support in line with the SEQOHS standard.	NHS England and NHS Improvement		

FLEXIBLE WORKING

	Action	Who	Timeline (where provided)	Current position
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1	Be open to all clinical and non-clinical permanent roles being flexible.	Trust	Completed	Flexible Working policy in place. Consideration to be given to the balance between service provision and individual flexibility for staff.
2	All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns.	NHS England and NHS Improvement	January 2020	
3	Develop guidance to support employers on flexible working.	NHS England and NHS Improvement	December 2020	
4	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Trust	November 2020	Induction policy and paperwork to be updated. Local Induction to be reviewed. To be included in the Management Skills and Collective Leadership Development Programmes.
5	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.	Trust	Completed	Flexible Working Policy in place.
6	Role-modelling from the top. Board members must give flexible working their focus and support.	Trust	Completed	Flexibility in place.
7	Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	NHS England and NHS Improvement		

8	Support organisations to continue the implementation and effective use of e-rostering systems.	NHS England and NHS Improvement		
9	Roll out the new working carers passport to support people with caring responsibilities.	Trust	Completed	Included in Flexible Working policy. To further raise awareness of carer's passport.
10	Work with professional bodies to apply the same principles for flexible working in primary care.	NHS England and NHS Improvement		
11	Continue to increase the flexibility of training for junior doctors e.g., less than full time, out of programme pauses etc.	Health Education England	Full roll out by 2022/23	

EQUALITY AND DIVERSITY

	Action	Who	Timeline (where provided)	Current position
1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Trust	January 2021	Group to be set up to review recruitment and promotion practices. Formal terms of reference to be developed.
2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described above.	Trust	From September 2020	To be included in the Management Skills and Collective Leadership Development Programmes.
3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.	Trust	September 2020	To include as part of annual reporting on the progress of the EDI Strategy.

4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes.	Trust	By the end of 2020	New Disciplinary Triage process in place. Introduction of Cultural Ambassadors. Training for further Cultural Ambassadors will take place in the Autumn. To be included in relevant training.
5	Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.	NHS England and NHS Improvement	From September 2020	
6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.	NHS England and NHS Improvement	From September 2020	

CULTURE AND LEADERSHIP

	Action	Who	Timeline (where provided)	Current position
1	Work with the National Guardians office to support leaders and managers to foster a listening, speaking up culture.	NHS England and NHS Improvement	With immediate effect	
2	Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages to help them become fair, open and learning organisations.	NHS England and NHS Improvement and Health Education England	With immediate effect	

3	Provide refreshed support for leaders in response to the current operating environment (e.g., expert-led seminars on health inequalities and racial injustice, action learning sets)	NHS England and NHS Improvement	From September 2020	
4	Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year.	NHS England and NHS Improvement	By March 2021	
5	Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.	NHS England and NHS Improvement	By December 2020	
6	Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who seek to progress.	NHS England and NHS Improvement	By January 2021	
7	All central NHS leadership programmes to be available in digital format and accessible to all.	NHS England and NHS Improvement, Health Education England	By April 2021	
8	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	Trust	By December 2020	Executive sponsors in place. Governance arrangements to be reviewed.
9	Publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff.	NHS England and NHS Improvement	From October 2020	

10	Publish competency frameworks for every board-level position in NHS provider and commissioning organisations.	NHS England and NHS Improvement	By March 2021	
11	Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Care Quality Commission	Throughout 2020/21	
12	Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles.	NHS England and NHS Improvement	By March 2021	
13	Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations. Once finalised the frameworks will underpin recruitment, appraisal and development processes.	NHS England and NHS Improvement	During October 2020	
14	Finalise a response to the Kark review.	NHS England and NHS Improvement	No timeframe provided	
15	Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders.	NHS England and NHS Improvement	By March 2021	

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NEW WAYS OF DELIVERING CARE

	Action	Who	Timeline (where provided)	Current position
1	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation.	Trust	Completed	Trust used guidance to support returners, new staff, internal staff redeployment and students through COVID.
2	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Trust	On-going	CNTW Academy to support development. Implementation of Talent Management Framework
3	Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	Trust and organisations	On-going	Trust uses the HEE e-learning for Healthcare programme for statutory and Mandatory Training – completed. Additional e-learning to supplement Collective Leadership and Management Skills programmes as required via self-directed learning.
4	Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training.	Health Education England		
5	Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it. Linked to the 2020 HEE published future Doctors report which set out the reforms needed in education and training to equip doctors with the skills that the future NHS needs.	Health Education England	During 2020/21	

6	Support the expansion of multidisciplinary teams in primary care through the full roll out of primary care training hubs.	Health Education England	End of 2020/21	
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GROWING THE WORKFORCE

	Action	Who	Timeline (where provided)	Current position
1	Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce.	Health Education England	2020/21	
2	Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).	Health Education England		
3	Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.	Health Education England		
4	Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.	Health Education England	2021	
5	Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses.	Health Education England	2021	

6	Training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.	Health Education England	2021	
7	HEE is funding a further 400 entrants to advanced clinical practice training.	Health Education England	2020/21	
8	Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas.	Health Education England	2020/21	
9	Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions.	Health Education England	2020/21	
10	Provide a sustainable supply of prescribing pharmacists with enhanced clinical and consultation skills. Reform current pre-registration year with a foundation year and enhancing clinical experience in initial education and training.	Health Education England	To commence Summer 2021	
11	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Trust	2020/21	To be reviewed as part of workforce planning work/ Long-Term Plan. Workforce Planning toolkit.
12	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Trust	2020/21	

13	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Trust	Completed.	Comprehensive CPD programme for all professional groups.
14	Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Health Education England		
15	HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Health Education England	2020/21	
16	Start delivering a pre-registration blended learning nursing degree programme. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.	Health Education England /Universities	From Jan 2021	
17	HEE to pursue this blended learning model for entry to other professions.	Health Education England	From Jan 2021	

RECRUITMENT

	Action	Who	Timeline (where provided)	Current position
1	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Trust	Completed	Continuous development of roles in line with workforce plans. Partnership with local universities and the Open University. Peer Supporters.

2	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Trust	Completed	A wide range of apprenticeships is in place via CNTW Academy. Accredited learning centre. Cadet scheme for 16+ learners.
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Systems		
4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24.	Systems	Immediate	
5	Increase ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS.	NHS England and NHS Improvement and Health Education England		
6	HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.	Health Education England	2020/21	
7	Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.	NHS England and NHS Improvement	2020/21	
8	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Trust and systems	Completed.	Ongoing communication with retired staff to encourage return to the Trust. Alumni of leavers developed.

9	Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.	NHS England and NHS Improvement and Health Education England	2020/21	
10	Review how volunteers can help support recovery and restoration and develop plans to support those who wish to move into employment opportunities across the NHS	Systems and Trusts	2020/21	Trust - comprehensive recruitment and induction process in place. Over 300 volunteers appointed. Further work to be developed at system level.
11.	Promote the NHS Ambassador Programme and allow people time to do this valuable outreach work.	Systems and Trusts		Timescale and approach to be agreed across the system.

RETAINING STAFF

	Action	Who	Timeline (where provided)	Current position
1	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Trust	On-going	Flexible Working policy in place - completed Workforce Planning Tool - completed. Discussions as part of Long Term Planning process – on-going. Comprehensive CPD Programme and opportunities to develop skills – completed.

2	Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Trust	From November 2020	Appraisal Policy to be updated. Training to be rolled out.
3	Ensure staff are aware of the increase in the annual allowance pensions tax threshold.	Trust	Completed	Communications circulated.
4	Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Trust	Completed.	Regular communication of pension changes. Included in Temporary Terms and Conditions published during COVID.
5	Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration.	Health Education England	2020/21	
6	Develop an online package to train systems in using the HEE star model for workforce transformation.	NHS England and NHS Improvement	2020/21	
7	Produce an on-line portal of resources, masterclasses etc to support retention	NHS England and Improvement	Summer 2020	
8	Improve workforce data collection at employer, system and national level.	NHS England and NHS Improvement	2020/21	
9	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.	Systems	To be determined.	
10	Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently.	Systems	To be determined	

11	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	Systems	2020/21	
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RECRUITMENT AND DEPLOYMENT ACROSS SYSTEMS

	Action	Who	Timeline (where provided)	Current position
1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Systems		
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles.	Systems	By March 2021	
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.	Systems		
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21.	Systems, Trust and primary care networks	Completed	Robust arrangements in place. Current situation to be reviewed on an on-going basis.
5	Work with employers and systems to improve existing staff banks' performance on fill rates and staff experience.	NHS England and NHS Improvement		

6	Supporting the trial of COVID-19 digital passport. Simplifies the high volume of temporary staff movement between NHS organisations.	Systems	During Winter 2020	
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Trust Board of Directors Meeting
2 September 2020

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

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

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	17.08.2020
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

Workforce Quarterly Report Wednesday 2 September 2020

Executive Summary

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

Strategic aims - Workforce

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

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

This paper includes updates on:

1. Staff Networks
2. Disability Passport
3. Black History Month
4. Regional Staff Network Development
5. National Staff Survey 2020
6. NHS People Pulse Survey
7. Children's Rainbow Letters
8. Facilities Time
9. International Recruitment
10. Health and Wellbeing
11. CPD Events - April to July 2020
12. Junior Doctor Induction
13. The NHS People Plan
14. Living Wage

Recommendation

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

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Strategic Aim 1

1. Staff Networks

The Trust Staff Networks have grown during recent months and the Trust has found that running meetings virtually has improved attendance and has allowed for the flexibility to hold meetings more frequently and at different times. All of the networks are developing action plans and have been supported by being provided with budgets for activities, release time for network chairs and administrative support. Network chairs have started to meet regularly to talk about cross cutting issues.

The Trust was also pleased to welcome Prerana Issar, NHS England's Chief People Officer to one of the BAME network meetings who spoke about the importance of staff network contributions during the Pandemic.

2. Disability Passport

A disability passport has been developed by the disability network. The passport will help managers to understand the person's disability and how this impacts the staff member at work, identifying support required for the individual. This can then be used to help and support the member of staff to share information with different departments in order they can ensure transition of support from one area to another. The passport will be a live document with regular reviews as individual circumstances change. This has been endorsed by CDT-Workforce and will be launched in early autumn.

3. Black History Month

Work with the BAME network is taking place to ensure that Black History Month is observed by the Trust in a credible way during October. A virtual conference is scheduled for 30 October 2020 with several nationally known speakers, including Roger Kline. In addition, the Trust is also supporting the regional development of a collective promise for BAME staff.

4. Regional Staff Network Development

The Trust is leading on developing regional staff networks for the ICS. Cherron Inko-Tariah from the Power of Staff Networks consultancy will be working with staff networks across the region to develop their skills. The training will be provided through the regional Great Place to Work programme using funding secured from the Leadership Academy earlier this year.

Strategic Aim 2

5. NHS National Staff Survey 2020

The annual NHS Staff Survey is due to be launched in September. This Staff Survey will continue to follow the same methodology and timings as in previous years, with many of the same questions being asked, in the same way. However, this year some questions have been added which are specific to Covid-19 and which will enable an understanding of the unique experience of staff during the pandemic.

The survey will be offered to all staff online and will be co-ordinated via Quality Health. A communication plan has been prepared to support this year's campaign and four prizes will be offered as an incentive for staff to complete the survey. This year the survey will close on 27 November 2020.

6. NHS People Pulse Survey

The pulse survey is offered by NHS England and NHS Improvement (NHSEI) as an improvement tool in response to Covid-19 to gauge employee experience and wellbeing on a regular basis. Information will not be used for regional or national comparisons but will allow Trusts to obtain data on staff experience quickly and for the national team to devise appropriate support packages in response to employee feedback.

The survey is free of charge until 31 January 2021. It is run fortnightly as a quick 'pulse' check of the organisation and is entirely voluntary for organisations and staff to participate in. Analytical dashboards compiling staff responses will be provided to the Trust by NHSE/I following each cycle. The Trust will join cycle 6, and commence the survey with effect from 9 September 2020.

The analysis compiled from the survey will be used in triangulation with other feedback e.g. staff survey to inform improvements across the workforce.

7. Children's Rainbow Letters

The Trust was conscious that a significant number of staff have young children who may themselves have found it difficult to understand the circumstances surrounding the pandemic.

We therefore wrote to the younger children of our staff to provide reassurance of the excellent work their parents/guardians are doing to help people during the pandemic and also to thank the children themselves for the role they play in providing the family support. The children were encouraged to send in pictures of rainbows which had become a symbol of hope.

The Trust received very positive feedback from these letters, particularly via social media for demonstrating the caring and compassionate values towards staff and their families.

Discussions are currently underway with the communications team regarding how some of the designs can be used across the Trust eg, printing as thank you cards.

8. Facilities Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 were introduced in April 2017 and require Public Sector Employers to publish the total costs of paid facility time taken by employees who are trade union officials. The period runs from 1 April to 31 March each year.

The Trust's third report was submitted onto the government portal in compliance with the statutory timeline. Annual facility time expenditure for the period from 1 April 2019 to 31 March 2020 was £125,194 compared with £133,627 in 2018/19 and £119,232 in 2017/18. This equates to 0.04% of the overall pay bill.

Strategic Aim 3

9. International Recruitment

In June 2020, Dr Neeraj Berry was appointed as Deputy Medical Director for International Recruitment and he will be leading future international recruitment initiatives.

Following the 2019 recruitment exercise in India, the Trust is expecting 21 international doctors to arrive in cohorts with the first in September 2020 (subject to travel restrictions due to the current Covid-19 pandemic).

The Doctors have been allocated into localities and the Trust is in regular contact with them helping them to prepare for the move. The Trust's International Recruitment, Relocation and

Support Officer is working closely with them to identify needs such as housing and schools. Once they arrive in this country support will continue and they will be helped with other practicalities such as familiarisation of the local area or support in how to open a bank account etc.

Strategic Aim 4

10. Health and Wellbeing

The health and wellbeing of staff has always been a key priority but Covid-19 has escalated this area of work to the fore not only within the Trust but regionally and nationally.

In response to the pandemic, the Trust increased the level of health and wellbeing support. A bulletin called AWISH (advice, wellbeing, information and self help) has been developed and is sent out weekly (now fortnightly). This bulletin contains a wealth of information on how staff can be supported, ranging from the creation of wobble rooms (physical and virtual), provision of Morrison's food deliveries when staff were struggling to obtain food in supermarkets, to wellbeing live casts or advice and support on how to access childcare.

Work continues to further scope and improve the offer around health and wellbeing for our staff and as such has been mapped across several themes. Collaborative working both internally and externally is informing developments in the following areas:

- Physical Wellbeing
- Financial Wellbeing
- Psychological wellbeing
- Career Wellbeing
- Emotional Wellbeing
- Social Wellbeing

The Workforce Developments Team is working closely with Communications colleagues to develop an external website which will support (amongst other workforce initiatives) health and wellbeing.

The Trust network of health champions continues to grow, with a further cohort who commenced in July. A virtual coffee morning and networking event is being arranged with the champions so that initiatives and good practice can be developed, shared and taken into the groups/directorates. Work has commenced to build upon our 'family friendly' support offer and childcare discounts are currently being scoped with providers.

The in-house Staff Psychological Wellbeing Team have commenced psychological wellness training for managers during July and August, which touches on moral injury and trauma and subsequently how to support staff post Covid-19. Work is ongoing to look at the longer term impacts for staff linked to Covid-19 and what additional support will be required in the future.

The Trust's Managing Sickness Absence Policy has been reviewed in collaboration with a number of stakeholders and has been through internal consultation. It replaces both the former NTW and CPFT absence policies. The policy has been reviewed to include a wellness theme throughout and incorporate stress at work. Training for managers and staff is currently being prepared and it will be launched through a series of communications.

Strategic Aim 5

11. CPD Events - April to July 2020

Due to Covid-19 all face to face CPD events for medical staff were cancelled. The job appraisal process was also temporarily suspended.

However, the CPD team was able to adapt the sessions and offered 1 hour virtual events on a weekly basis. The attendance was excellent with over 100 delegates at each event and positive feedback was received for all sessions.

- 16 June 2020 - Rehab services in CNTW
- 23 June 2020 - Burnout, Doctors' Health and the Pandemic
- 30 June 2020 - Liaison psychiatry update
- 7 July 2020 - Violence and aggression, challenging behaviour in the Covid-19 pandemic
- 14 July 2020 - A talk on 'treatment resistant depression'
- 28 July 2020 - Child and Parent: Perinatal MH in 2020

12. Junior Doctor Induction

The Trust welcomed our new junior doctors on 5 August 2020 starting with a Teams induction with over 100 doctors in attendance. This was the first ever junior doctor induction to be held virtually, not only at CNTW, but across the region.

Some face to face sessions did need to take place for certain situations with the Trust ensuring Covid-19 safe rules were utilised. The Trust looks forward to working with the new doctors who are our workforce of the future.

Strategic Aim 6

13. NHS People Plan

The NHS People Plan was published on 30 July 2020. Developed by NHS England and NHS Improvement (NHSEI) and Health Education (HEE) it sets out what our NHS people can expect from their leaders and each other. It is based on core themes: more staff, working differently, in a compassionate and inclusive culture. The plan focuses primarily on the period 2020-21 with an intention for the principles to create longer lasting change. The actions outlined in the plan are currently being reviewed by the Trust.

14. Living Wage

The Trust joined the Living Wage Foundation in 2014 and is one of 6,000 employers across the UK who pay staff the Living Wage. The living wage is the only UK wage rate that is voluntary and is higher than the national living/minimum wage.

A requirement of being a Living Wage Foundation member is that the pay increase must be actioned by 1 May 2020. The living wage increased on Monday 11 November 2019 from £9.00 to £9.30 per hour and the change impacted on 106 Trust employees and bank staff across Agenda for Change Band 2 salary scales. The increase to salaries was implemented within the set timeframes.

Michelle Evans
Acting Deputy Director of Workforce and OD

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