

Board of Directors meeting held in Public

Wed 02 March 2022, 13:30 - 15:30

Via MS Teams

Agenda

1. Welcome and apologies for absence

Ken Jarrold, Chairman

2. Declarations of interest

Ken Jarrold, Chairman

3. Service user / carer / staff story

Terry Haley - Peer Supporter - 10 year's on

4. Minutes of the meeting held 2 February 2022

Ken Jarrold, Chairman

 4. Board Public Minutes 2 February 2022 FINAL.pdf (11 pages)

5. Action log and matters arising from previous meeting

Ken Jarrold, Chairman

 5 BoD Action Log PUBLIC as at 2.3.22.pdf (1 pages)

6. Chairman's update

Ken Jarrold, Chairman

7. Chief Executive's Report

James Duncan, Chief Executive

 7. CEO Report March 2022.pdf (4 pages)

Quality, clinical and patient issues

8. COVID-19 Response Update

Allan-Kirsty
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- 8. Covid 19 Board Update - Mar 2022.pdf (7 pages)

9. Commissioning and Quality Assurance Report (Month 10)

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

- 9. Monthly Commissioning Quality Assurance Report - Month 10.pdf (14 pages)

10. Safer Care Report (Q3)

Rajesh Nadkarni, Deputy Chief Executive / Medical Director

- 10. Safer care Q3 report (002).pdf (17 pages)

11. Annual Quality Priorities Update

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

- 11. Quality Account Update.pdf (9 pages)

Workforce issues

12. Annual Report on safe working hours: Doctors in Training

Rajesh Nadkarni, Deputy Chief Executive and Medical Director

- 12. Guardian of Safe Working Hours Annual Report.pdf (8 pages)

13. Gender Pay Gap Report (CNTW and NTW Solutions Limited)

Lynne Shaw, Executive Director of Workforce and Organisational Development

- 13. Gender Pay Gap Reporting 2021 CNTW.pdf (9 pages)
- 13. Gender Pay Gap Reporting 2021 NTW Solutions.pdf (10 pages)

Strategy and Partnerships Update

14. ICS/ICB update

verbal update *James Duncan, Chief Executive*

- 14. ICS update for Board March 2022.pdf (2 pages)

15. Progress on CNTW2030 engagement

James Duncan, Chief Executive / Anna Foster, Trust Lead on Strategy and Sustainability

- 15. Board update re strategy 20220223 v1.0.pdf (6 pages)

16. GDE Accreditation

Darren McKenna, Director of Digital

 16. GDE accreditation.pdf (6 pages)

Regulatory items

17. CEDAR Programme Board - review of governance and reporting

Debbie Henderson, Director of Communications and Corporate Affairs

 17. CEDAR Paper March DRAFT.pdf (2 pages)

Board sub-committee and Governor issues for information

18. Quality and Performance Committee

Alexis Cleveland, Chair

19. Audit Committee

David Arthur, Chair

20. Resource and Business Assurance Committee

Paula Breen, Chair

21. Mental Health Legislation Committee

Michael Robinson, Chair

22. Provider Collaborative Committee

Michael Robinson, Chair

23. People Committee

Darren Best, Chair

24. Charitable Funds Committee

Louise Nelson, Chair

*Allan-Kirsty
02/24/2022 16:22:58*

25. CEDAR Programme Board

James Duncan, Trust representative of NTW Solutions Limited

26. Council of Governor issues

Ken Jarrold, Chairman

27. Any Other Business

Ken Jarrold, Chairman

28. Questions from the Public

Ken Jarrold, Chairman

29. Date and time of next meeting

Allen, Kirsty
02/24/2022 16:22:58

**Minutes of the Board of Directors meeting held in Public
Held on 2 February 2022 1.30pm – 3.30pm
Via Microsoft Teams**

Present:

Ken Jarrold, Chairman
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Louise Nelson, Non-Executive Director
Brendan Hill, Non-Executive Director
Michael Robinson, Non-Executive Director

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

In attendance:

Margaret Adams, Lead Governor, Public South Tyneside
Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)
Faye Atkinson, Operations Manager, Patient and Carer Involvement Service
Evelyn Bitcon, Public Governor for North Cumbria
Alane Bould, Head of Involvement
Allan Brownrigg, Staff Governor, Clinical
Victoria Bullerwell, Staff Governor, Non-Clinical
Danny Cain, Staff Governor, Non-Clinical
Anne Carlile, Carer Governor, Adult Services
Mark Charlesworth, Service User Governor for Learning Disability and Autism Services
Revell Cornell, Staff Governor, Non-Clinical
Andrew Dent, Core Business Manager, Patient and Carer Involvement Service
Kellie Godfrey, Core Business Manager, Patient and Carer Involvement Service
Fiona Grant, Service User Governor, Adult Services
Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary
David Holden, Good Governance Institute (*observer*)
Kerry Jackson, Involvement Facilitator South, Patient and Carer Involvement Service
Lee Milburn, Service User (*for item 3*)
Thomas Lewis, Staff Medical Governor
Bruce Owen, Director Medical Education (*for item 31*)
Leyton Rahman, Public Governor for Northumberland
Raza Rahman, Staff Governor, Clinical
Chris Reader, Comms and Training Lead, Patient and Carer Involvement Service
Jayne Simpson, Corporate Affairs Officer
Jordan Snowdon, Public Member
Russell Stronach, Service User Governor for Neuro-disabilities
Jane Welch, Policy Advisor

1. Welcome and apologies for absence

Ken Jarrold welcomed everyone to the meeting including new Governors who joined the Council of Governors in January 2022.

Ken also welcomed David Holden, Good Governance Institute, attending as an observer as part of the Trust's independent well led review process.

There were no apologies for absence received.

2. Declarations of interest

There were no new declarations of interest to note.

3. Service User/Carer Story

Ken Jarrold extended a warm welcome and thanks to Lee Milburn who attended the Board to share his story.

4. Minutes of the meeting held 1 December 2021

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

Approved:

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

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

No issues to note.

6. Chairman's Remarks

Ken Jarrold noted that Sam Allen had formally taken up her appointment as Chief Executive of the North East and North Cumbria Integrated Care System (NENC ICS). Ken reflected on a helpful and informative initial discussion with Sam and is very hopeful that Sam will bring energy and direction to the NENC ICS.

Ken noted that the Trust continues to face an extremely challenging period including the increased demand on mental health services and workforce capacity, recruitment, and retention issues. Ken referred to the earlier closed Board meeting at which, a detailed discussion took place to look at some of the options and mitigations to address current pressures.

Ken reflected on a severity of the pressures and acknowledged that it was a privilege to address such challenges alongside the Council of Governors, Board of Directors and colleagues.

Resolved:

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

7. Chief Executive's Report

James Duncan noted that the priorities for the next financial year were currently under development. National planning guidance has been received however, there remains a

significant level of uncertainty in terms of national requirements for 2022/23 and associated resources and funding.

James noted that the Trust has been approached by Northumberland Clinical Commissioning Group with a formal request for CNTW to take on the contract for Community Learning Disability Services following the dissolution of Section 75 partnership between Northumberland County Council and a neighbouring Foundation Trust. James confirmed that the Trust has agreed to take on the contract for Community Nursing in Northumberland which will lead to a single provider model for the health element for the Learning Disability pathway.

James highlighted national updates regarding health checks for people with severe mental health illness and/or a learning disability with the national guidance focussed on primary care, he emphasised the importance for the Trust to continue reflecting on the gap which exists in mortality with people with significant mental illness, with health checks playing a major role in saving lives.

James highlighted the report produced by Calderdale and Huddersfield NHS Foundation Trust following an analysis of elective care waiting lists and advised that this would be explored further in the context of Trust services and work to reduce inequalities in access to care.

Resolved:

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

Quality, Clinical and Patient Issues

8. COVID-19 Response update

Gary O'Hare provided a detailed update on the current position including the number of staff and patients who were currently Covid-positive and an update on outbreak management. Gary advised that there had been a reduction in sickness absence rates across the Trust following a period of high levels of sickness as a result of the Omicron variant.

The vaccination programme continues for patients and staff. 95% of the workforce have received both first and second doses of the vaccine, over 97% of the workforce have received their first dose and 67% of the workforce have received the flu vaccination.

Gary noted a significant decrease in the Omicron infection rates both nationally and locally and referred to page 3 of the report which provided detail of the Trust's tactical response at the height of Operational Performance Escalation Level (OPEL) 3 during December 2021 and January 2022.

Gary referred to the Government's announcement in November 2021 confirming the implementation of mandatory Covid-vaccinations for all health and social care staff, including NHS staff. Consequently, all Trust's across the country took the actions required to prepare for the implementation of the new legislation for mandatory vaccinations from April 2022.

On 31st January, the Secretary of State for Health and Social Care announced that the Government would be reconsidering this new legislation. The Government's decision remains subject to Parliamentary process and will require further consultation. On this basis, NHS organisations have been asked to 'pause' the process for those people affected by the

proposals. As a Trust, we are in contact with individual staff who have been affected by the regulations, to offer additional support.

Due to evidence demonstrating an improving position in relation to staffing levels and associated service pressures, a decision was made to move from OPEL 3 to OPEL 2. Despite this, there are no changes to current arrangements for non-essential meetings, training, and activity to ensure the Trust reinstates such activity in a safe way.

Resolved:

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

9. Commissioning and Quality Assurance update (Month 9)

Lisa Quinn presented the report confirmed that the Trust remained assigned to Segment 1 within the NHS England/Improvement Single Oversight Framework and advised the Trust remained on track to end the financial year with a break-even position.

Lisa reported the Information Governance training standard as below the expected standard however explained that monitoring of non-essential training compliance remained on pause during this phase of the pandemic.

An increase in out of area placements was reported due to inpatient pressures and it was noted that the Board was well-briefed on the position and mitigations and actions to address the current pressures.

Lisa advised that there had been some deterioration in waiting times, particularly within children's eating disorders.

Lisa stated that whilst the Trust has been through unprecedented times, the operational teams have still been able to maintain a significant level of compliance with contractual requirements. There are some areas below plan, however the Trust remained in a good position overall in terms of operational performance.

In relation to the friends and family test, the Trust again remains in a good position with the majority of responses confirming that their care and experience was overall good or very good.

As previously reported, there remains a pause on monitoring performance relating to internal training and appraisals, therefore, the Board should expect a further deterioration in Month 10.

Resolved:

- **The Board received the Month 9 Commissioning and Quality Assurance update**

10. NHS Community Mental Health Survey Benchmark Report 2021

Lisa Quinn referred to the report noting a response rate of 26.5% from services users in Community Mental Health services across England. The Trust reported a response rate of 28%.

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04/11/22 16:22:58

Lisa noted deterioration from the previous year in some of the scores which was reflective of the impact of the pandemic. Compared to the national average, the Trust scored highly in areas relating to reviewing care, crisis care, organising care, medicines and support and wellbeing. Compared to the national average, the Trust scored lower in areas relating to support and wellbeing, crisis care, reviewing Care, NHS Talking Therapies, and planning care.

Lisa advised that the outcome of the survey would be analysed alongside other intelligence and will be considered as part of the wider service improvement agenda as well as formulating the quality priorities for the Trust.

In response to a query from Michael Robinson regarding the method of identifying the sample, Lisa confirmed the national criteria for selection to take part in the survey.

Paula Breen referred to the areas where the Trust may not have performed as well as the national average and asked if there was any learning the Trust could take from other organisations. Lisa stated that the Trust does reach out to Trust's who do perform well on a consistent basis to look at opportunities for learning and improvement.

In response to a query from Mark Charlesworth regarding the format of the surveys in terms of accessibility for service user and carers, Lisa stated that the survey was national driven, with the questions being subject to review on an annual basis in collaboration with service users and people with lived experience. The Trust has requested easy read versions of the survey be available at a national level alongside support to complete the surveys for those who require it. Lisa offered to meet with Mark separately to discuss the process in further detail.

Resolved:

- **The Board received the NHS Community Mental Health Survey Benchmark Report 2021 update**

11. Service User and Carer Experience Report (Quarter 3)

Lisa Quinn referred to the report and advised that the team were reviewing the reason for the reduction in the level of feedback received during the period. Lisa stated that the majority of responses received were from the South locality and noted that Healthwatch were engaging well in terms of sharing their feedback with several responses received from Gateshead, Middlesbrough and Newcastle.

In terms of positive feedback, Lisa noted the themes as communication, patient care and values and behaviours.

Several projects were ongoing to make feedback more accessible for service users, carers staff and stakeholders including making the process more inclusive, increasing staff awareness of the Points of You dashboard, ensuring strong links with Healthwatch, development of a 'You Said – We Did' process, and leading on a national collaborative to develop good practice around feedback.

Evelyn Bitcon referred to the work of Healthwatch and asked if the same level of engagement took place with Cumbria Healthwatch. Lisa stated that the Trust has an open dialogue with Cumbria Healthwatch similar to Healthwatch organisations in other localities.

Resolved:

- **The Board received the Service User and Carer Experience Report (Quarter 3) update**

12. Safer Staffing Levels Report (Quarter 3)

Gary O'Hare referred to the report providing assurance on the staffing position across all inpatient wards within CNTW in accordance with the National Quality Board Safer Staffing requirements. The report provided a summary position from each locality.

Gary provided an updated on the current recruitment position detailed in the report and referred to the Trust's national and regional recruitment campaign to recruit nursing and medical staff to inpatient services. The campaign has had a very positive impact. Gary advised that a further update will be provided to the April Board meeting in relation to recruitment and retention.

Danny Cain referred to the length of time to complete enhanced DBS checks and asked if the process could be expedited, particularly for the health and social care sector given the current workforce pressures. Lynne Shaw confirmed that work was underway to look to streamline the whole recruitment process and advised that the Trust had implemented a temporary approach to employment checks to allow for a more flexible approach. This is in line with the national approaches which were temporarily implemented at the beginning of the pandemic.

Ramona Duguid referred to a discussion at the Quality and Performance Committee regarding the significant amount of work being undertaken to ensure safe staffing to maintain operational delivery by addressing the challenges relating to vacancies. This includes a focus on the impact of recruitment activities in areas where vacancy rates are consistently high.

13. Involvement Service update

Alane Bould provided the Board with a detailed presentation explaining the role of the involvement service and the work they do which includes peer support, triangle of care, recovery college collaborative, service user and carer involvement bank and involvement initiatives.

James Duncan commented on the remarkable work that is ongoing across the organisation in terms of involvement and suggested that the Board receive a regular update. Margaret Adams also thanked Alane Bould for the phenomenal amount of work undertaken during the pandemic.

Ken Jarrold suggested an involvement service update should be presented to a meeting of the Council of Governors.

Workforce Issues

There were no workforce issues to report.

Strategy and Partnerships

14. Integrated Care System / Integrated Care Board

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02/27/2022 16:05:58

James Duncan advised that Sam Allen had now commenced post as the Chief Executive of the NENC ICS and noted that the process of appointing the remainder of Integrated Care Board (ICB) had commenced.

James advised that the draft NENC ICB Constitution had been published with the final Constitution being scheduled for submission on 20th May in readiness for the ICB coming into formal legal existence from 1st July 2022. CNTW were very much involved in all discussions relating to the governance proposals including the development of governance frameworks at 'Place' level.

Resolved:

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

15. Sunderland Place Based Arrangements

James Duncan referred to the report which outlined the culmination of a formal agreement with Sunderland Place Based Partners which underpins the collective commitment to work together in preparation for the formalisation of place-based arrangements. The report outlined the proposals for an equal partnership with all partners involved in decision making with the aim to move towards a Committee in Common where decisions will be shared. James mentioned this will formalise the current, collaborative partnership arrangements and would ensure continuity and stability across the locality.

Approved:

- **The Board received and approved the formal Sunderland Place Based Arrangements as outlined in the report.**

Regulatory Items

16. CQC Action Plan update

Lisa Quinn advised that the report was discussed in detail at the January meeting of the Quality and Performance Committee. Lisa asked the Board for approval of the proposed extension in relation to some of the 'must do' actions outlined in the report. The Board was also asked to note the re-opening of the 'must-do' action relating to out of area treatments following the significant increase on bed pressures and the impact on out of area placements.

Paula Breen asked if the CQC were comfortable with the proposals relating to the extension of timescales. Lisa confirmed that the report was also shared with the CQC, and a meeting was scheduled to take place on 3 February. The Board were reassured that the CQC were aware of the impact of the pandemic on the Trust's ability to adhere the timescales and the potential for requests to extend deadlines. Lisa also advised that the CQC would look for assurance on the Trust's understanding of the current pressures and position, actions to address the issues and agreement collectively to address the actions.

Approved

- **The Board approved the date extension for Must Do action plans relating to restrictive practice, seclusion and long term segregation, physical health and rapid tranquilisation, documentation of consent to treatment/capacity and management supervision to enable further assurances to be gained that there has been an improvement.**

- **The Board noted the re-opening of the Must Do action plan in relation to out of area placements.**
- **The Board noted the Quarter 3 updates on all 47 CQC Must Do action plans, including impact changes for those closed.**

17. Board Assurance Framework / Corporate Risk Register Report (Quarter 3)

Lisa Quinn confirmed each of the reports had been discussed at Board Sub-Committees in terms of the management of their individual risks and explained a discussion took place regarding the transfer of risks between the Resource and Business Assurance Committee (RABAC) and Quality and Performance Committee and the new People Committee which will take place over the next quarter.

The report highlighted a transfer of Executive Lead for certain risks because of changes in Executive Director portfolios with one exception within the report. The report notes the transfer risk 1853 from Lisa Quinn to James Duncan. However, following a later review of the risk, the risk has been transferred back to James Duncan as sustainability is remaining within the Chief Executive's portfolio. Lisa asked the Board for agreement on the transfers highlighted within the report with exception of sustainability and to recognise the management of risks through sub-committees.

Approved:

- **The Board approved the transfer of risks highlighted within the report, with the exception of the sustainability risk for the reasons outlined in the minutes**

18. NHSE/I Single Oversight Framework Compliance Report (Quarter 3)

Lisa Quinn discussed elements of the report throughout other agenda items within the Board and advised the report is for information.

Resolved:

- **The Board received and noted the NHSE/I Single Oversight Framework Compliance Report (Quarter 3)**

19. Infection Prevention Control (IPC) Board Assurance Framework

Gary O'Hare referred to the report, a statutory submission to NHSE/I and confirmed compliance had continued with both national guidance in terms of infection prevention and control.

Gary referred to page 3 of the report noting a total of 78 cases of Covid-19 with 68 of those being healthcare acquired, nosocomial infections. Gary noted that national reporting systems were focussed on acute reporting systems and did not reflect the nuances of mental health and disability services.

Gary confirmed the IPC standards for preventing the spread of nosocomial Covid-19 have been implemented across localities and are continually updated via self-assessment and triangulation.

Resolved:

- **The Board received and noted the Infection Prevention Control Board Assurance Framework report**

20. People Committee Terms of Reference

Lynne Shaw referred to the draft Terms of Reference and reporting schedule which was discussed at October Board and the first meeting of the People Committee held in January.

Ken Jarrold mentioned given all the workforce issues the Trust is currently facing it was important to have a specific Board Committee focus on workforce and people issues.

Approved:

- **The Board approved the People Committee Terms of Reference**

21. Trust Self-Assessment Report and Quality Improvement Plan

Bruce Owen referred to the report which forms an important part of the governance processes around mental and multi-professional education and training. Bruce stated as part of this cycle the Trust receives an annual visit by Health Education England, North East and North Cumbria Quality Team. The purpose of the visit is the quality assure the training delivered within CNTW according to the educational standards set out by the General Medical Council (GMC) and other professional bodies.

As part of the annual visits, a range of data is triangulated to provide an overall assessment of the Trust's performance, along with external local and national data this will include the trusts own self-assessment of their performance. The report outlined the Trust's assessment and is linked to a Quality Improvement Plan which outlines measures in place and plans to improve performance.

Approved:

- **The Board approved the Trust Self-Assessment Report and Quality Improvement Plan**

Board sub-committee minutes and Governor issues for information

22. Quality and Performance Committee

Alexis Cleveland provided an update following the January meeting which included an update from the North Locality.

23. Audit Committee

David Arthur provided an update following the January meeting which was observed by representatives of the Good Governance Institute and the new Audit Chair from Lancashire and South Cumbria NHS Foundation Trust. The Internal Audit plan was considered and remained on track for completion of the Head of Internal Audit Opinion for the year end. David also noted that the External Audit contract was discussed and Tom Bentley, Public Governor for Gateshead and Governor representative on the Audit Committee, would bring a proposal to the Council of Governors meeting regarding the External Auditor contract.

24. Resource and Business Assurance Committee

Paula Breen provided an update following the January meeting which included updates on planning and financial arrangements, high costs associated with staffing, CEDAR Programme and continuing delays, and the Trust's approach to budget setting for 2022/23.

Paula advised that the Trust remained on track to deliver a break-even position at the year-end.

25. Mental Health Legislation Committee

Michael Robinson provided an update following the January meeting which included updates on risk management, panel membership and Mental Health Act Reviewer visits. Medication prescription had been highlighted as an issue and was being considered as part of the Internal Audit planning for the year ahead in relation to consent to treatment.

26. Provider Collaborative Committee and Terms of Reference

Michael Robinson confirmed the Committee last met in December 2021 where reports were received from the various leads of the three principal Provider Collaboratives. An update on the proposals relating to the Whole Pathway Provider Collaborative for Mental Health, Learning Disabilities and Autism was also provided.

27. CEDAR Programme Board

James Duncan provided an update including the reported underspend for the 2021/22 programme and confirmed that the underspend would not be lost moving forward into 2022/23. James noted that cashflow remained a risk due to the ongoing challenges within the construction industry.

28. Charitable Funds Committee

Louise Nelson advised the January meeting had been stood down in line with OPEL level 3 pressures.

29. People Committee

Darren Best provided an update following the initial meeting of the newly established People Committee which, along with other Committees, included observation by representatives of the Good Governance Institute as part of the independent well led review. The Committee was well received and there was a focus on ongoing work to ensure appropriate reporting, balancing the avoidance of duplication with triangulation of reporting to other Committees.

Darren advised that the Terms of Reference for the Committee provides a level of latitude to ensure the voice of people across the organisation is captured but noted that critical elements of the workforce agenda were identified, and the Committee would ensure an appropriate focus on this.

30. Council of Governors issues

Ken Jarrold provided an overview of the outcome of the recent Governor elections including newly appointed Governors, returning Governors and those Governors who have stood down.

31. Any Other Business

None to note.

Milan K...
02/24/2022 16:22:58

32. Questions from the public

Jordan Snowdon raised several questions with the Board, some of which were of a complex nature. Ken Jarrold stated that it was extremely important to have an opportunity to raise issues and suggested that a separate meeting be arranged to discuss the issues in more detail.

Ken reassured Mr Snowdon that the Board takes any allegations of victimisation, people being penalised for raising issues, or allegations of conspiracy's extremely seriously, hence the proposal to discuss the issues and questions separately.

Date and time of next meeting

Wednesday, 2 March 2022, 1.30pm venue, Microsoft Teams.

Allen, Kirsty
02/24/2022 16:22:58

Board of Directors Meeting held in public

Action Log as at 2 March 2022

RED ACTIONS – Verbal updates required at the meeting

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

Item No.	Item	Action	By Whom	By When	Update/Comments
Actions outstanding					
01.12.21 (5)	Committee reporting	Clarification regarding which workforce-related reports are statutory and non-statutory – to be reported into the People Committee	Lynne Shaw	March 2022	
04.08.21 (21)	North Cumbria PALs service	Provide an update on progress to establish a PALs service across the Trust footprint	James Duncan	April 2022	On track
Completed Actions					
04.08.21 (10)	Quality priorities 2021/22	Provide an update to the Board and Governors clarifying the services provided within each of the Trust four localities	Ramona Duguid	Complete	Agenda item for the Joint Council of Governors and Board of Directors meeting
03.11.21 (32)	Any other business	Circulate the briefing provided by Evelyn Bitcon to Board members and Governors	Debbie Henderson	Complete	Circulated via email
01.09.21 (13)	Quarterly workforce report	Themes from exit interviews to be included in future reports	Lynne Shaw	December 2021	Complete.

Allan Kipsey
22/24/2022 16:22:58

**Board of Directors Meeting
Chief Executive's Report
Wednesday 2nd March 2022**

Title of report	Chief Executive's Report
Report author(s)	Jane Welch, Policy Advisor to the Chief Executive
Executive Lead (if different from above)	James Duncan, Chief Executive

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

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
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02/03/2022 16:22:58

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

Trust Updates

CNTW publishes position statement supporting a ban on conversion therapy

[The Trust has published a position statement in support of a ban on conversion therapy in the UK.](#)

The term 'conversion therapy' refers to a type of treatment that assumes certain sexual orientations or gender identities are inferior to others and seeks to change them on that basis. Our position statement provides assurances that as well as supporting a ban on conversion therapy, the Trust will respect the identities of those people with diverse gender and sexuality expressions, as well as ensuring that CNTW is a safe place to both work and receive services. The Trust also commits to raising awareness of the harm caused by 'conversion therapy' and acknowledges that all LGBTQ+ questioning individuals should be able to access therapeutic support to make sense of their emotions and identity.

CNTW celebrates LGBT+ History Month

LGBT+ History Month is an annual month-long observance of lesbian, gay, bisexual and transgender history, and the history of the gay rights and related civil rights movements. 2022 also marks the 50th anniversary of the first Pride event in the UK. CNTW's LGBT+ staff network have organised a virtual LGBT+ History Month event which takes place on Friday 25th February and features an impressive line-up of guest speakers including Lord Michael Cashman, founder of Stonewall; Ben Hunte, the BBC's first LGBT+ correspondent; and Rujazzle, a Glasgow-based artist and drag performer. The LGBT+ network are encouraging Trust staff to join either the whole event or to drop-in for individual sessions, and ward staff are asked to support patients to join the event. We look forward to coming together as a Trust to support and celebrate LGBT+ History Month and thank the LGBT+ staff network for organising an inspiring and thought-provoking event.

National updates

Government publishes first amendments to the Health and Care Bill

[The Government has published details of the first amendments it plans to make to the Health and Care Bill.](#) These include requiring the definition of the term 'health' in the Bill to include mental health, placing a duty on Integrated Care Boards (ICBs) to ensure they have mental health expertise, and requiring the Secretary of State, NHS England and Improvement (NHSEI), and ICBs to disclose annually whether mental health spending is increasing as a share of overall funding. Other new clauses require NHSEI, ICBs, Trusts and Foundation Trusts to consider the environment and climate change in their work, that NHSEI work to address inequalities in access to services encompasses people before they become patients, and that this inequalities work considers quality of patient experience as well as outcomes. The changes have been hailed as an important step forward for parity between physical and mental health and for ensuring mental health services are given due attention by Integrated Care Systems.

Gillian Keegan makes Commons statement on mental health

Gillian Keegan, Minister for Care and Mental Health made a [statement](#) in the House of Commons on 10th February announcing plans to develop a cross-government mental health strategy and increase support for suicide prevention:

“I am announcing my intention to develop a new long term, cross-government Mental Health Strategy in the coming year. The government will launch a public discussion paper this spring to inform the development of the strategy. This will set us up for a wide-ranging and ambitious conversation about potential ways to improve the nation’s mental health and wellbeing over the coming decade, both within and beyond government and the NHS. We will be engaging widely, especially with people with experience of mental ill-health, to develop the strategy and build consensus. I will be calling on all parts of society – including teachers, businesses, voluntary organisations, and health and social care leaders – to set out their proposals for how we can shift the dial on mental health.

Alongside this, preventing suicides is a key priority for this Government. I am acutely aware that suicide prevention requires specific, coordinated action and national focus, and I am committed to work with the sector over the coming year to review our 2012 Suicide Prevention Strategy for England. I am today announcing around an additional £1.5million to top-up our existing £4million grant fund, which will help support the suicide prevention voluntary and community sector to meet the needs of people at risk of suicide, or in crisis”

Integration White Paper

[The Department of Health published the Integration White Paper](#), which sets out the Government’s plans for the integration of health and care and the levelling up of health and care access, experience and outcomes across the country. Core proposals include local health systems committing to and supporting the delivery of an agreed set of shared outcomes, and all Places within an ICS adopting a ‘Place Board’ or equivalent model which includes a single person accountable for the delivery of the shared outcomes for that Place who will be agreed by the local authority (or authorities) and relevant ICB. Under this model Local Authorities and the ICB would delegate their functions and budgets for the delivery of health and care to the Place Board which would oversee a significant and/or growing proportion of health and care activity and spend in that Place. The White Paper also suggests that pooled or aligned budgets will become routine.

Levelling Up White Paper

The Government published its [Levelling Up White Paper](#) which sets out its ambition to end geographical inequality in the UK. The paper outlines 12 core ‘missions’ which will support the realisation of this ambition, these relate to: pay; productivity; local transport; gigabit-capable broadband; school performance; skills; life expectancy; wellbeing; pride in place; home ownership; crime rates; and devolution deals. Specific targets around wellbeing include increasing healthy life expectancy by five years by 2035, with an interim target to narrow the gap between the areas with the best and worst healthy life expectancy by 2030. The paper commits the government to publishing an annual report on progress towards the targets set and suggests the establishment of local advisory panels and a series of ministerial visits to support the Levelling Up agenda.

Health Foundation data on public perceptions of health and care services

[The Health Foundation published the results of polling conducted by Ipsos Mori which captures public attitudes towards health and care services](#). Key findings include:

- The public are most concerned about workload/pressure on NHS staff and waiting times for services
- The public generally do not think the Government has the right policies in place for the NHS
- Members of the public think the top priorities for the NHS should be addressing workload pressures, increasing staffing, and reducing waiting times

- Those aged 16-34 were significantly more likely to think improving mental health services should be a priority for the NHS
- There is broad public support for the health and social care levy though younger people are more likely to oppose the additional tax

Significant ethnic inequalities persist in mental health services

[The NHS Race and Health Observatory published a rapid review of existing evidence on ethnic inequalities in healthcare](#) – ethnic inequalities in mental health services are a core theme of the report. It found there are clear barriers to accessing mental health support among ethnic minority groups rooted in a distrust of primary care and mental health services, with evidence of ethnic inequalities in relation to IAPT and CBT referrals and/or treatment, and in relation to compulsory inpatient admissions and the use of restraint and seclusion. The report makes several recommendations including the enforcement of statutory guidelines on inclusion of national ethnic monitoring data in all NHS mental health clinical data that allows robust statistical analysis at Trust, regional and national level, and the establishment of relationships between ethnic minority VCSE organisations and NHS provider services in order to provide high-quality services for ethnic minority patients.

Rise in out of area placements for mental health patients

[The HSJ reported some areas are seeing an unprecedented rise in inappropriate out of area placements for mental health patients.](#) The rise in out of area placements is reportedly linked to workforce shortages, rising severity of illness and length of stay in the wake of Covid, Omicron outbreaks closing beds, the closure of outdated dormitory wards, and a lack of appropriate private capacity. The article suggests some patients are facing unacceptable delays waiting for a bed or are being sent hundreds of miles away from home to receive care. Peter Molyneux, Chair of Sussex Partnership FT is calling for a national approach to tackling the rise in out of area placements which would involve ICSs rolling out 'closer to home' models as standard, questioning why step-down community accommodation does not form part of standard care models.

Regional Updates

North of Tyne Combined Authority Wellbeing Framework

[The North of Tyne Combined Authority \(NTCA\) Cabinet has adopted a Wellbeing Framework, committing leaders across Newcastle, North Tyneside and Northumberland to deliver against ten wellbeing priorities or 'outcomes'](#), which broadly address the wider determinants of health. Implementation and oversight of the Framework will sit with NTCA's Inclusive Economy Board. While the North of Tyne devolution deal does not include powers over health and care, the adoption of this framework commits the Combined Authority to work to improve population wellbeing, and to deliver against specific targets related to mental health and learning disabilities.

Alan Kirsty
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**Report to the Board of Directors
Wednesday 2nd March 2022**

Title of report	COVID-19 update
Report author(s)	Anne Moore, Director of Infection Prevention Control (DIPC), Deputy Chief Nurse
Executive Lead (if different from above)	Gary O'Hare, Chief Nurse / Accountable Executive Officer

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

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

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

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**Coronavirus (Covid-19)
Report for the Board of Directors meeting
Wednesday 2nd March 2022**

1. Executive Summary

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

- Covid-19 Prevalence, Surge and Business Continuity
- Nosocomial & Outbreak Management
- Mandatory Vaccination update

2. COVID-19 Prevalence, Surge and Business Continuity

The report to the last Trust Board summarised the unprecedented impact of the surge in Omicron cases in the North East & Cumbria (NE&C) from the end of December 2021 and throughout January 2022, mirroring the position nationally and the reasons for the introduction of Plan B and CNTW OPEL Level 3. Over the last three weeks the situation has changed significantly, with reduced cases, a move back to government's Plan A, and the Trust position improving back down to OPEL Level 2.

Prime Minister Announcement – 21st February 2022 – Living with Covid

The details included in the Living with Covid Plan outline a number of important changes for the public below:

- **From 21st February 2022**, the Government has removed the guidance for staff and students in most education and childcare setting to undertake twice weekly asymptomatic testing.
- **From 24th February 2022** the Government will:
 - Remove the legal requirement to self-isolate following a positive test.
 - No longer ask fully vaccinated close contacts and those under the age of 18 to test daily for seven days and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate.
 - End self-isolation support payments and national funding for practical support. The medicine delivery service will no longer be available.
 - End the legal obligation for individuals to tell their employers when they are required to self-isolate or advised to take daily tests.
 - Revoke the Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations.
- **From 24th March 2022** the Government will remove the Covid-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations.

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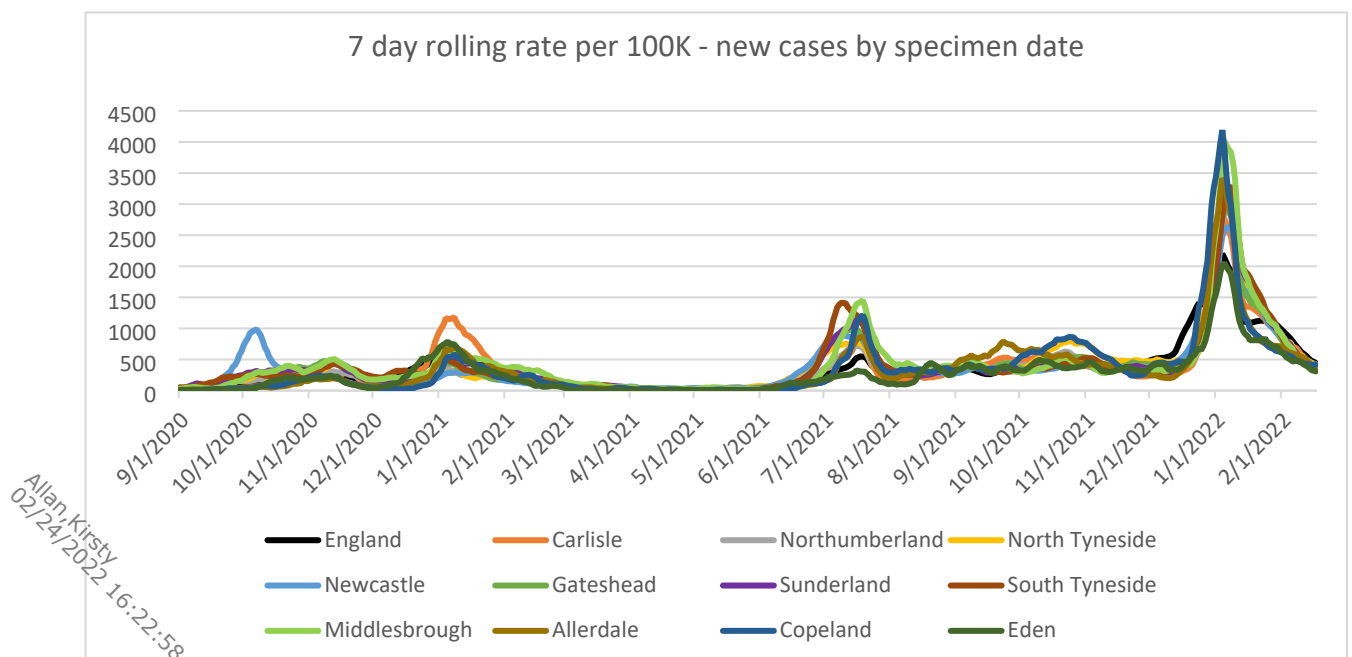
- **From 1st April 2022** the Government will:
 - Remove the current guidance on voluntary Covid-status certification in domestic settings and no longer recommend that certain venues use the NHS Covid Pass.
 - Update guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people.
 - No longer provide free universal symptomatic and asymptomatic testing for the general public in England.
 - Consolidate guidance to the public and businesses, in line with public health advice.
 - Remove the health and safety requirement for every employer to explicitly consider Covid-19 in their risk assessments
 - Replace the existing set of 'Working Safely' guidance with new public health guidance.

Further guidance for staff working in healthcare, adult social care, prisons and places of detention is expected to follow in due course over the next week or so. Meanwhile there has been no change to IPC Standard Control measures, guidance, outbreak management and LFD/PCR testing for CNTW patients and staff. Any changes to guidance will be communicated in due course.

Each of the North East & Cumbria Local Authority Health Protection Boards are considering the future of targeted testing and local close contact tracing. Further details will emerge following the Prime Minister's announcement and further guidance

2.1 North East and Cumbria Prevalence

The North East and Cumbria localities and overall Trust position has changed radically since the last report, seeing a reduction in cases with all localities below the England seven day case rates



2.2 CNTW Position

As a result in the changing and more stable position resulting in an improvement in business continuity, the Covid Incident Management Group has been stood down and the Trust has returned to OPEL Level 2.

During the last four weeks CNTW positive case rates in staff have continued to reduce dramatically. The daily rate of staff requiring PCR tests for symptomatic / Positive LFD / close contact has fallen and from those tests the positivity rates at the time of reporting were on **average 10 per day**.

As a result we have seen an improvement in Covid related staff absence which has had a positive impact on business continuity across the Trust; although it is to be noted that non Covid related absence has not changed significantly.

2.3 CNTW Infection, Prevention and Control Measures, COVID testing or isolation guidance

Note at the time of reporting, there had been no change to IPC guidance for inpatient settings for patients or staff as a result of the PM announcements. However in response to the improved community and Trust prevalence rates, from the 14th February 2022 the DIPC/IPC Team advised a number of key actions and there have been some changes in line with the movement back to Plan A:

2.3.1 Mask Wearing

Changes to the guidance around mask-wearing for CNTW staff in non-clinical areas and continued support social distancing in community/outpatient settings with patients. IPC measures i.e. Hands, Face, Space, are in place at all times.

- **For Community and Outpatient Clinical settings:** Social distancing can be reduced from 2 metres to 1 metre. Staff should continue to wear masks at all times. This applies to patient areas where patients and carers are seen, such as consulting rooms. This can include group work but only where patients can tolerate wearing a mask at all times and the room is well ventilated.
- **Non-clinical settings:** This applies to non-patient areas on CNTW sites – such as offices and rest areas which patients do not have access to. This guidance also applies to Trust ‘in-house’ training, face-to-face meetings and face-to-face interviews. Where 2-metre social distancing can be achieved, as well as good ventilation, staff may remove their masks whilst seated in non-clinical areas. When moving from their seat, staff must put on their mask. Masks are to be replaced when moving around

2.3.2 Testing

In light of the current prevalence rate across the Trust in patients and staff and pending changes in national guidance, there are a number of interim local options outlined below proposed by the DIPC and agreed by the Executive Team week commencing 21st February 2022:

- Introduction of LFD testing of positive inpatients at day five and six alongside a risk assessment. This is to potentially reduce isolation times safely, particularly in adult acute and children’s areas. There are currently no supplies identified for patients however the Trust is holding sufficient stock identified for staff

which will initially be utilised for this purpose, pending further guidance. Trust guidance for inpatient settings has been amended to reflect the decision

- The Trust introduced an additional day five PCR test alongside LFDs for Staff Close Contacts of Household Positives. This was seen as an additional risk management measure in December 2021 given the high risk of transmission into the workplace. We have had a low rate of confirmed PCR on day five and where staff have tested positive on day five these have not contributed to any outbreak over the surge period. It was agreed to remove the day five PCR test for staff household contacts, i.e. test day one PCR, continue to come to work if asymptomatic and continue to do LFDs daily for 10 days in line with guidance.

3. Nosocomial and Outbreak Management

At the time of the report CNTW currently has 5 outbreaks which reflects the reduction in community prevalence and is mirrored across most trusts in the NE&C. National guidance notes that outbreaks must be 28 days free without a further positive case linked in time and place before it can be closed.

- After discussion with all DIPC's and Microbiologists across the NE&C in February 2022, current experience of Covid outbreaks has shown that most are contained and become dormant within the first two weeks. Technical guidance requests that outbreaks remain open until 28 days from the last positive case, however whilst changes to Care Homes and Prison guidance has moved to a 14 day close down this has not been changed as yet for Trusts. It was proposed and agreed by Executive Team that we move to close down outbreaks after 14 days of the last positive case, following a risk assessment of standard IPC Control measures. Post outbreak debriefs and learning will still take place. NHSEI Regional IPC Lead supported this.

3.1 New Outbreaks at the time of the report

Lamesley: Day seven, last positive case 16th February 2022.
Ward 1, WGP: Day nine, last positive case 14th February 2022.

3.2 Outbreaks in Recovery:

These outbreak areas are in recovery and patients are now out of isolation and usual ward practices resumed including leaves and visiting. Focus is on embedding IPC practice and continued close monitoring and visibility of senior leadership team.

Shoredrift: Day 10, last positive case 13th February 2022

3.3 Dormant Outbreaks:

The following outbreaks are dormant, and learning debriefs are arranged prior to closing at 28 days. This is an opportunity for the Outbreak Control Group members including the clinical team, IPC, absence line, Facilities, Agency/ Bank lead to reflect on the root cause hypothesis and learning including patient reflections of their experience of the outbreak.

Warkworth: Day 14, last positive case 9th February 2022
Fellside: Day 16, last positive case 7th February 2022

3.4 Learning/themes from Outbreak areas

This recent surge clearly demonstrated the rapid rates of transmission as a consequence of the Omicron variant. The IPC and CRIS team continued to support MDT discussions and risk assessments for potential deterioration of patients. However the illness and severity of symptoms was proven to be much milder than earlier variants and since the last report none of the positive patients required secondary care / hospital transfer.

Emergent learning/themes included:

- Staff providing close personal care to patients required improved adherence to IPC Standard Controls i.e. hand washing, use of aprons, use of FFP3 masks.
- Community acquired e.g. patients testing positive Day 5-8 following negative admission swab and had close contact with other patients.
- Patients testing positive following planned leave home or community.
- Increase in patient-to-patient transmission, i.e. inability to comply with facemasks, lack of social distancing between patients in communal areas, mealtimes, and social activities.
- High acuity resulting in some instances of PMVA. Incidents resulting in breaches in PPE.
- Staff coming into work with symptoms and negative LFT resulting in transmission to patients and other staff.
- Patient transport (staff and patients) – poor ventilation and lack of cleaning between patients.

All learning has been shared across the Localities / CBUs and via the Managers Forum.

5. Government announcement on consultation on mandatory vaccinations for Health and Social Care Staff

Trust board members will be aware that the Department of Health and Social Care (DHSC) formally announced that individuals undertaking CQC regulated activities in England must be fully vaccinated against Covid-19 no later than 1st April 2022 to protect patients, regardless of their employer, including secondary and primary care. However since the last report the Government has paused the process pending further consultation in light of vaccination coverage and current prevalence. There is reference in the Living with Covid Forward Plan, that vaccination is a professional responsibility, however there is no reference to this being mandatory. We have continued to offer and vaccinate those staff who have come forward following the additional targeted supportive conversations, education and psychological.

6. Moving forward

The activity currently is focused on maintaining patient safety and staff health and wellbeing whilst we learn to live with Covid. The much-awaited IPC Guidance refresh will indicate if practical changes can be made at clinical and non-clinical level. In the meantime the focus is on collating and reflecting on two years of learning both clinically and corporately, ensuring we embed the actions and are well prepared for any future escalation if new variants emerge.

7. **Recommendation**

The Board are asked to receive this report, noting the assurance on the measures taken to date, and significant collaborative response from the organisational teams to ensure the safe and effective delivery of care during another period of unprecedented surge in activity.

Anne Moore

Director of Infection Prevention and Control, Deputy Chief Nurse

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**Report to the Board of Directors
Wednesday 2nd March 2022**

Title of report	CNTW Integrated Commissioning & Quality Assurance Report
Report author(s)	Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Finance, 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	23.02.2022
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	21.02.2022
Corporate Decisions Team (CDT)	
CDT – Quality & Safety	
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

Allan Fairlamb
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CNTW Integrated Commissioning & Quality Assurance Report 2021-22 Month 10 (January 2022)

Executive Summary

Regulatory Requirement

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 At Month 10, the Trust has a surplus of £0.5m which is £0.3m ahead of plan and the forecast year-end position is breakeven which is in line with plan. Agency spend at Month 10 is £16.2m of which £9.9m (61%) relates to nursing support staff and forecast agency spend is £19.6m.
- 3 The Data Quality Maturity Index (DQMI) score is reported at 94.1% for October which is the latest published data available. The DQMI publication includes data from a number of datasets relevant to the Trust. The DQMI score relating to the Mental Health Services Dataset (MHSDS) only is reported at 92.7% (September 2021) for CNTW.
- 4 Information Governance training is reported at 86.4% at the end of January 2022 against a 95% standard across CNTW services.
- 5 There were 258 inappropriate adult out of area bed days due to the unavailability of adult acute and adult older persons beds reported in January 2022. This related to twelve patients.
- 6 In Sunderland IAPT service, percentage of clients moving to recovery has increased during the month and is reported at 63.0%, 55.7% in December 2021. The North Cumbria IAPT service moving to recovery rate has increased to 52.9% for the month, 49.8% in December. The national standard is 50%.
- 7 At month 10, 95.2% of referrals to Early Intervention in Psychosis (EIP) started treatment within 2 weeks of referral against a 60% standard.
- 8 The number of follow up contacts conducted within 72 hours is reported above the 80% standard at 93.5% across CNTW. A total of 7 patients were not seen within the required timescale trust wide.
- 9 Referral to treatment (RTT) incomplete pathways for consultant led services waiting 18 weeks or less are reported at 100%.
- 10 Children and Young Peoples Eating Disorder Services waiting times are reported nationally on a quarterly basis for both routine and urgent referrals. The national standard for both is 95%. The Trusts latest reported figures are :

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- Waiting times for routine referrals (seen within 4 weeks) at Quarter 4 to date is reported at 65.0%, (at Quarter 3, 77.8% reported nationally for CNTW against 66.4% reported for England)
- Waiting times for urgent referrals (seen within 1 week) at Quarter 4 to date is reported at 100% (at Quarter 3, 97.3% reported nationally for CNTW against 59.0% reported for England)

11 There have been two Mental Health Act Reviewer visits that took place during January 2022 (KDU and Longview), we are awaiting the reports from CQC.

The action plans relating to these visits are owned by the relevant service and the Associate Director is responsible for following up on actions until the action plan is complete through their CMT/CBU. The CQC Compliance Officer routinely receives updates on all outstanding action plans and these are collated and shared with the Mental Health Legislation Steering Group and Mental Health Legislation Committee on a quarterly basis. The Associate Director/CBU must provide evidence to the CQC Compliance Officer to support the closure of any action contained in the action plan. The CQC Reviewer Group considers all action plans and adds in any additional overarching information where relevant prior to sign off by the Group Director/Group Nurse Director for the relevant locality group.

The themes from these visits are taken to CQC Quality Compliance Group on a monthly basis and Mental Health Legislation Steering Group and Mental Health Legislation Committee on a quarterly basis.

Contractual Requirement

- 1 The Trust met all local CCG's contract requirements for month 10 with the exception of:
 - CPA metrics for all CCGs with the exception of Sunderland.
 - Delayed Transfers of Care within South Tyneside, Sunderland and North Cumbria.
 - Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in North Tyneside.
 - IAPT numbers entering treatment in Sunderland and North Cumbria.
- 2 The Trust met all the requirements for month 10 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (94.8% under performance relating to 3 patients against a 100% target).
- 3 All CQUIN schemes for 2021/22 are suspended due to the COVID-19 pandemic.
- 4 The overall FFT satisfaction score for January 2022 was reported at 89.2%, this was based on the number of responses received from service users and carers who stated their overall experience with CNTW services was either good or very good. The number of Points of You survey returns received was 160, of which 73% were from service users, 16% from carers and 11% were completed on behalf of a service user.

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Internal Reporting

- 1 Adult and Older Persons waiting times are reported internally and are calculated from the referral received date to the first attended direct contact, the wait calculation will reset on the first did not attend (dna) appointment, any further dna's or cancelled appointments do not stop the waiting time.

As at 31st January 2022 there were a total of 174 people waiting more than 18 weeks to access services in non-specialised adult services across CNTW. This is an increase from 140 reported in December.

- 2 CYPS waiting times from referral to treatment are reported in line with the national definition. The wait to treatment is calculated from referral received date to second contact and both contacts can be either direct (e.g. face to face, telephone) or indirect contacts (e.g. Multi-Disciplinary meeting or discussion with another care professional).

This month there has been an increase in the total number of CYP waiting more than 18 weeks to treatment, reported at 1636 as at 31st January 2022 compared to 1553 as at 31st December 2021. The number of young people waiting to access children's community services overall has increased in month 10.

- 3 Training topics below the required trust trajectory as at month 10 are listed below:

Training Topic	Month 10 position	Quarter 4 standard	Quarter 4 trajectory
Information Governance	86.4%	95%	
PMVA Breakaway training	71.3%	85%	
Mental Health Act combined	64.5%	85%	
Clinical Risk and Suicide Prevention training	77.9%	85%	
Clinical Supervision	77.7%	85%	
Seclusion training	69.3%	85%	
Rapid Tranquilisation	78.3%	85%	
Safeguarding Children Level 2	77.6%	85%	
Safeguarding Children Level 3 <i>*For completion by all professionally registered staff</i>	76.9%	85%	
PMVA Basic training	41.8%		68%
Fire Training	81.6%	85%	
Medicines Management Training	83.7%	85%	
MHCT Clustering	57.6%	85%	

- 4 Appraisal rates are reported at 67.1% in January 2022 (69.0% last month), the recovery trajectory for Quarter 4 is 85% Trustwide.

- 5 Clinical supervision training is reported at 77.7% for January (was 78.8% last month), showing a decreased position to the recovery trajectory of 85% for Quarter 4. The percentage of staff with a completed clinical supervision record is reported at 43.4% as at 31st December 2021. At 31st December 2021 the proportion of staff with a

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management supervision recorded in the last 3 months is reported at 51.6% against a recovery trajectory of 85% for Quarter 4 2021.

- 6 The confirmed December 2021 sickness figure is 7.9%. This was provisionally reported as 8.10% in last month's report. The provisional January 2022 sickness figure is 10.55% which is above the 5% standard. The 12 month rolling average sickness rate has increased to 6.84% in the month.
- 7 The quality priorities at month 10 have been internally assessed as:
 - Improving the inpatient experience and improving waiting times for referrals to multidisciplinary teams have been assessed as not achieved
 - Increasing time staff are able to spend with service users and carers and Equality, Diversity & Inclusion and Human Rights have been assessed as partially achieved

Other Reporting

- 1 There are currently 19 notifications showing within the NHS Model Hospital site for the Trust.

2021-22 Reporting of Quality Standards, Training & Appraisals during pandemic

During April, each of the locality groups and corporate services set their recovery trajectories for none compliance against standards. These trajectories show how the groups will progress towards meeting and maintaining each of the standards which will be monitored on a quarterly basis through the Accountability Framework and through to the Board in this report.

Training trajectories have been set whilst taking a number of considerations into account such as

- Availability of face to face training e.g. PMVA
- Ability for teams to release staff to take part in or deliver training e.g. PMVA
- Staff leave – taking carried forward annual leave as covid restrictions ease
- Trainee rotations – drop in LET doctor and doctors in training training standards when new rotations are taken on

Please see Appendix 3 for Training and Quality Trajectories for 2021 – 2022 (page 63).

From Month 01 the Board report monitored against the agreed trajectories rather than the overall standard. Please note, the Trust recommenced managing against the trajectories from 1st October 2021 (Quarter 3) which were reviewed for recovery post COVID within the Locality Care Groups and updated for Quarter 3 and 4.

Please note from 5th January 2022 the Trust moved to OPEL Level 3 and stood down the performance management of training and appraisals with the exception of PMVA. On 7th February 2022 the Trust moved back to OPEL Level 2 but the performance management of training and appraisals with the exception of PMVA remain stood down.

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Regulatory	Single Oversight Framework																		
	1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:		2									
	CQC																		
	Overall Rating		Number of "Must Dos"		There have been two Mental Health Act Reviewer visits that took place during January 2022 (KDU and Longview), we are awaiting the reports from CQC.														
Outstanding		45																	
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:																		
	NHS England		Northumberland CCG		North Tyneside CCG		Newcastle / Gateshead CCG		South Tyneside CCG		Sunderland CCG		Durham, Darlington & Tees CCGs		North Cumbria CCG				
	94%		90%		80%		80%		80%		86%		87%		50%				
	Contract Summary: Percentage of Quality Standards achieved in the month:																		
	Cirrhosis & fibrosis tests for alcohol dependant patients		Staff Flu Vaccinations		Use of specific Anxiety Disorder measures within IAPT		Routine outcome monitoring in CYPS & Perinatal MH Services		Routine outcome monitoring in Community Mental Health Services		Biopsychosocial assessment by Mental Health Liaison Services		Healthy Weight in Adult Secure Services		Achieving high quality 'formulations' for CAMHS inpatients		Mental Health for Deaf		Routine outcome monitoring in perinatal inpatient services
All CQUIN schemes are currently suspended for 2021/22																			
Internal	Accountability Framework																		
	North Locality Care Group Score: January 2022			Central Locality Care Group Score: January 2022			South Locality Care Group Score: January 2022			North Cumbria Locality Care Group Score: January 2022									
	4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements		4	The group is below standard in relation to a number of internal requirements								

Quality Priorities: Month 10 internal assessment RAG rating

Improving the inpatient experience

Improve waiting times for referrals to multidisciplinary teams

Increasing time staff are able to spend with service users and carers

Equality, Diversity & Inclusion and Human Rights

Waiting Times

The number of people waiting more than 18 weeks to access services has increased in the month for non-specialised adult services and the number waiting for treatment has also increased. The number of young people waiting to access children’s community services overall has increased in month 10. The number of young people waiting over 18 weeks has also increased. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Trajectory Achieved Trustwide:

5

Number of courses <5% below trajectory Trustwide:

2

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

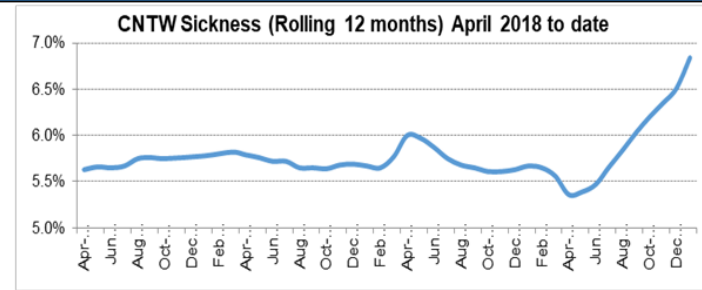
11

Fire training (81.6%) and Medicine Management training (83.7%) are within 5% of the Quarter 4 standard. Safeguarding Children Level 3 (76.9%) Clinical Risk training (77.9%), Clinical Supervision training (77.7%), Safeguarding Children Level 2 (77.6%), Rapid Tranquilisation training (78.3%), PMVA basic training (41.8%), PMVA Breakaway training (71.3%), MHA combined training (64.5%), MHCT Clustering Training (57.6%), Seclusion training (69.3%) and Information Governance (86.4%) are reported at more than 5% below the Quarter 4 standard.

Appraisals:

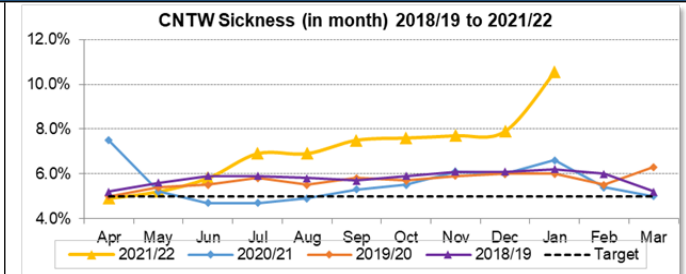
Appraisal rates have decreased in the month to 67.1% in January 2022 (was 69.0% last month).

Sickness Absence:



The provisional “in month” sickness absence rate is above the 5% target at 10.55% for January 2022

The rolling 12 month sickness average has increased to 6.84% in the month



Finance

At Month 10, the Trust has a surplus of £0.5m which is £0.3m ahead of plan and the forecast year-end position is breakeven which is in line with plan. Agency spend at Month 10 is £16.2m of which £9.9m (61%) relates to nursing support staff and forecast agency spend is £19.6m.

Financial Performance Dashboard

Income & Expenditure

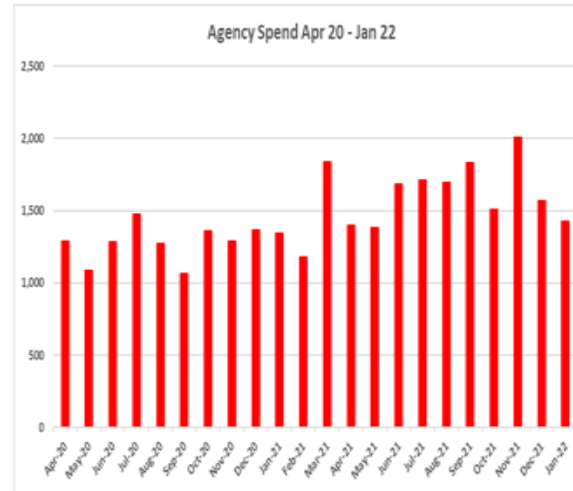
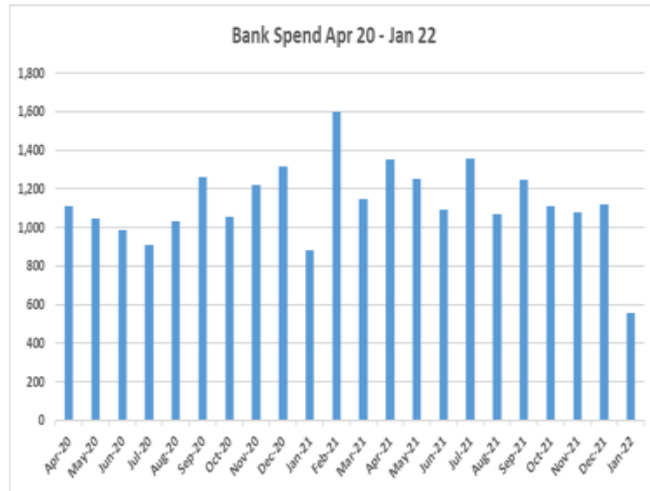
	YTD			FORECAST		
	Plan £m	Actual £m	Variance (£)	Plan £m	Actual £m	Variance (£)
Income	410.8	419.7	(8.9)	495.2	515.0	(19.8)
Pay	(292.0)	(299.2)	7.2	(351.5)	(359.6)	8.1
Non Pay	(118.6)	(119.9)	1.3	(143.7)	(155.4)	11.7
Surplus / (Deficit)	0.2	0.5	(0.3)	(0.0)	0.0	(0.0)

Key Indicators

Key Indicators	Year To Date	Forecast
Surplus/ (Deficit)	£0.5m	£0.0m
Agency Spend	£16.2m	£19.6m
Cash	£70.1m	£50.0m
Capital Spend	£26.1m	£37.3m

Key Issues/Risks.

- At month 10 the Trust has a £0.5m surplus which is £0.3m ahead of plan.
- The plan and forecast for the year is to deliver break-even.
- Income arrangements for H2 are a continuation of the block contracts implemented in 2020/21 in response to COVID.
- Staffing costs have returned to pre month 9 levels following a one-off recognition payment to all staff in December's pay.
- The Trust is the Provider Collaborative lead for the North East & Cumbria for Specialist CYPs services and Adult Secure services. As a result the Trust is managing an additional £53m income and expenditure in 2021/22.
- Cash – £70.1m at month 10 which is more than historical cash levels (pre-COVID) due to improved working balances, capital spend being less than plan both this year and in 2020/21 and increases in provisions.
- Capital Spend - £26.1m at month 10 which is £13.0m less than plan. Forecast spend is £37.3m which is £10.0m less than plan, of which £8.7m relates to the CDAR programme. The Trust have agreement for £6.1m PDC to be carried forward from 2021/22 to 2022/23, and have requested for the balance to be carried forward.



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

	03/01/2022		10/01/2022		17/01/2022		24/01/2022	
Medical	127	71	127	71	127	71	153	110
Qual Nursing	132	99	145	96	129	77	149	98
Unq Nursing	1,654	94	1,584	86	1,564	94	1,912	110
A&C	47		44		44		49	
Total	1,960	264	1,900	253	1,864	242	2,263	318

In January the Trust reported an average of 269 price cap breaches (81 medical, 93 qualified nursing and 96 nursing support). At the end of January 14 medics were paid over the price cap.

Allan Kirsty
 02/24/2022 16:22:58

Risks and Mitigations associated with the report

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 10.
- The trust moved to OPEL Level 3 on the 5th January 2022, leading to a further risk to compliance against trajectories and standards. On 7th February 2022 the Trust moved back to OPEL Level 2 but the performance management of training and appraisals with the exception of PMVA remain stood down.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19.

Recommendations

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

Allan Fairlamb

Deputy Director of Commissioning &
Quality Assurance

16th February 2022

Lisa Quinn

Executive Director of Commissioning &
Quality Assurance

Allan, Kirsty
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Training Trajectories Quarter 2021-2022 – Appendix 1

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

Shaded trajectories are where standard is already met or exceeded.

PMVA Basic trajectories are currently under review and will be updated as soon as possible.

Alian Kirsty
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Metric ID - Training Name	Standard	Q3						Q4					
		North	Central	South	N.Cumbria	Corporate	Trust Trajectory	North	Central	South	N.Cumbria	Corporate	Trust Trajectory
3001 - Clinical Risk and Suicide Prevention Training	85%	85%	85%	85%	75%	80%	84%	85%	85%	85%	85%	85%	85%
3002 - Clinical Supervision	85%	85%	83%	85%	72%	85%	83%	85%	85%	85%	85%	85%	85%
3004 - Equality & Diversity Introduction	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3006 - Fire	85%	85%	85%	85%	82%	85%	85%	85%	85%	85%	85%	85%	85%
3008 - Health & Safety	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3015 - Infection Prevention & Control - Inoculation Incidents – Hand Hygiene	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3018 - Medicines Management Training	85%	85%	85%	85%	78%	80%	84%	85%	85%	85%	85%	85%	85%
3019 - Moving & Handling Awareness Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3022 - PMVA Basic	85%	72%	50%	60%	50%	65%	61%	80%	60%	70%	60%	65%	68%
3023 - Rapid Tranquilisation Training	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3026 - Safeguarding Adults Level 1	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3027 - Safeguarding Children Level 1	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
3030 - Information Governance (Data Security Awareness)	95%	95%	95%	95%	85%	95%	94%	95%	95%	95%	95%	95%	95%
3042 - Seclusion Training	85%	85%	85%	85%	75%	85%	84%	85%	85%	85%	85%	85%	85%
3043 - PMVA Breakaway	85%	83%	82%	85%	80%	75%	83%	85%	85%	85%	85%	85%	85%
3046 - Safeguarding Children Level 3	85%	85%	85%	85%	73%	85%	80%	85%	85%	85%	85%	85%	85%
3047 - Safeguarding Children Level 2	85%	85%	85%	85%	75%	85%	84%	85%	85%	85%	85%	85%	85%
3075 - MHA MCA DoLS Combined	85%	74%	82%	80%	60%	70%	75%	82%	85%	85%	85%	85%	85%
3501 - Complete JDR's	85%	77%	78%	85%	73%	80%	80%	85%	80%	85%	85%	85%	85%
3514 - Proportion of staff with management supervision recorded in the past 3 months	85%	76%	85%	85%	55%	85%	79%	85%	85%	85%	85%	85%	85%
1933 Percentage of employees with up to date Clinical Supervision records	85%	69%	60%	70%	50%	85%	70%	85%	80%	85%	85%	85%	84%
Dysphagia Awareness	85%	80%	85%	85%	72%	85%	83%	85%	85%	85%	85%	85%	85%
3089 - Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	85%	85%	70%	70%	50%	75%	80%	85%	85%	85%	85%	85%	85%
3092 - Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	85%					85%	85%					85%	85%
3093 - Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	85%	72%	45%	65%	58%	75%	63%	80%	55%	70%	85%	85%	75%
3094 - Resuscitation - Level 3 - Paediatric Immediate Life Support - 1 Year	85%			85%	58%		64%			85%	60%		67%

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

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Quality Trajectories 2021-2022

Metric ID - Quality	Standard	Q1					Q2				
		North	Central	South	N.Cumbria	Aggregate	North	Central	South	N.Cumbria	Aggregate
155 Care Plans Discussed	95%	95%	93%	92%	84%	91%	95%	95%	95%	85%	93%
156 Current Service users clustered within threshold (previous 2 reviews)	85%	80%	85%	80%	58%	76%	83%	85%	83%	65%	79%
157 Current service users clustered within review threshold	85%	80%	84%	80%	71%	79%	83%	85%	83%	73%	81%
11 % of service users with a record of CPA/non CPA status	95%	85%	94%	85%	68%	83%	90%	95%	90%	75%	88%
34 Current service users on CPA reviewed in last 12 months	95%	97%	95%	97%	95%	96%	97%	95%	97%	95%	96%
401 CPA reviews where cluster performed +3/-3 days either side of CPA review	85%	80%	79%	80%	68%	77%	83%	81%	83%	75%	81%
984 Current service users with valid ethnicity	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
1427 Number of Service Users on the EIP caseload Screen Using the LESTER tool	90%	90%	90%	90%	68%	85%	90%	90%	90%	75%	86%
298 DTOC	<7.5%				13%	13%				13%	13%
101 Risk Assessments	95%	95%	95%	95%	65%	88%	95%	95%	95%	75%	90%

Alien Kirsty
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Metric ID - Quality	Standard	Q3					Q4				
		North	Central	South	N.Cumbria	Aggregate	North	Central	South	N.Cumbria	Aggregate
155 Care Plans Discussed	95%	94%	93%	95%	83%	91%	94%	95%	95%	90%	94%
156 Current Service users clustered within threshold (previous 2 reviews)	85%	85%	85%	80%	63%	78%	85%	85%	85%	65%	80%
157 Current service users clustered within review threshold	85%	85%	85%	80%	74%	81%	85%	85%	85%	80%	84%
11 % of service users with a record of CPA/non CPA status	95%	93%	95%	85%	74%	87%	94%	95%	95%	80%	91%
34 Current service users on CPA reviewed in last 12 months	95%	95%	95%	95%	80%	91%	95%	95%	95%	95%	95%
401 CPA reviews where cluster performed +3/-3 days either side of CPA review	85%	78%	83%	80%	49%	73%	85%	85%	85%	50%	76%
984 Current service users with valid ethnicity	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
1427 Number of Service Users on the EIP caseload Screen Using the LESTER tool	90%	90%	90%	90%	75%	86%	90%	90%	90%	80%	88%
298 DTOC	<7.5%				12%	12%				12%	12%
101 Risk Assessments	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
102 Crisis Plans	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
1085 Current Service Users with Identified Risks who have a 6 Monthly Crisis and Contingency Plan - NHS England Services only	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1402 Number of CYPS (AMS) Service Users with a recorded CGAS on entry to service and discharge (Planned discharges only)	80%	80%	80%	80%	85%	81%	80%	80%	80%	85%	81%
1403 Number of CYPS (AMS) Device Users with a recorded Honosca on entry to service and discharge (Planned discharges only)	80%	80%	80%	80%	50%	73%	80%	80%	80%	85%	81%
1409 Number of CYPS (AMS) Device Users with a recorded GBO on entry to service and discharge (Planned discharges only)	80%	80%	80%	80%	50%	73%	80%	80%	80%	85%	81%

Allen, Kirstyl
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**Report to the Board of Directors
Wednesday 2nd March 2022**

Title of report	Safer Care Report – Quarter 3 (2021/22)
Report author(s)	Claire Thomas, Associate Director, Safer Care Dr Damian Robinson, Group Medical Director, Safer Care
Executive Lead (if different from above)	Dr Rajesh Nadkarni – Medical Director / Deputy Chief Executive

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	26.01.22.
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
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	
CDT - Digital	
Business Delivery Group (BDG)	

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
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Safer Care Report – Quarter 3

**Report to the Board of Directors
Wednesday 2nd March 2022**

1. Executive Summary

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

2. Risks and mitigations associated with the report

None to note by exception.

3. Recommendation/summary

Receive the paper for information only

Name of Author:

Claire Thomas, Associate Director, Safer Care
Dr Damian Robinson, Group Medical Director, Safer Care

Name of Executive Lead:

Dr Rajesh Nadkarni, Medical Director / Deputy Chief Executive

*Allen-Kirsty
02/24/2022 16:22:58*



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

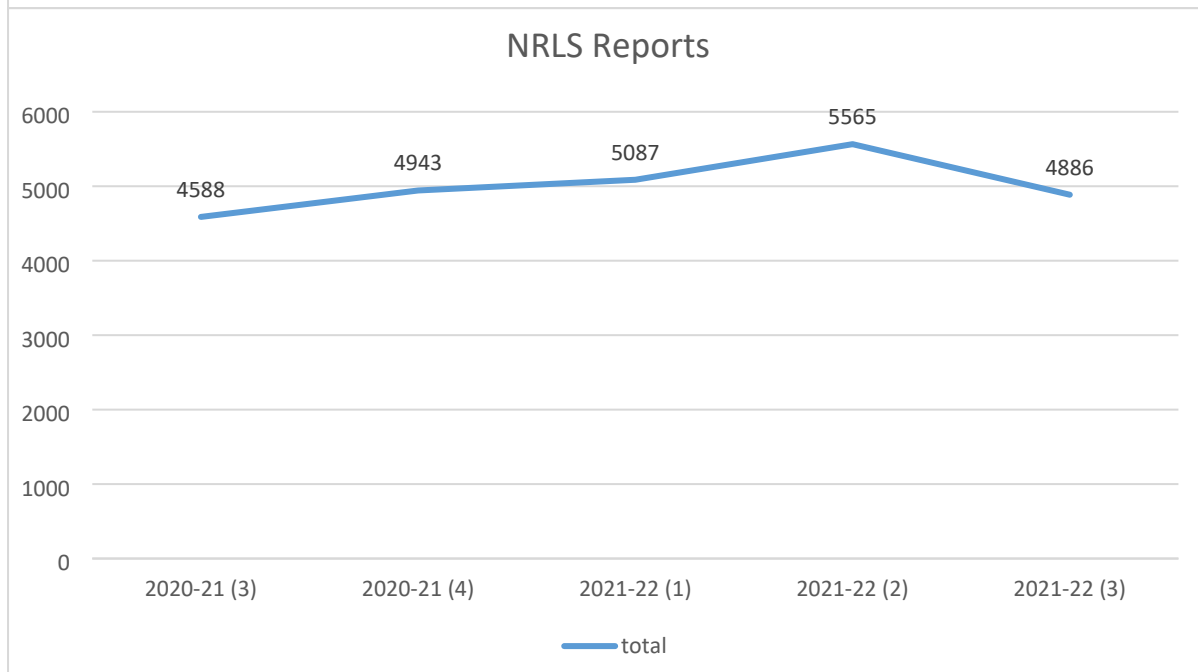
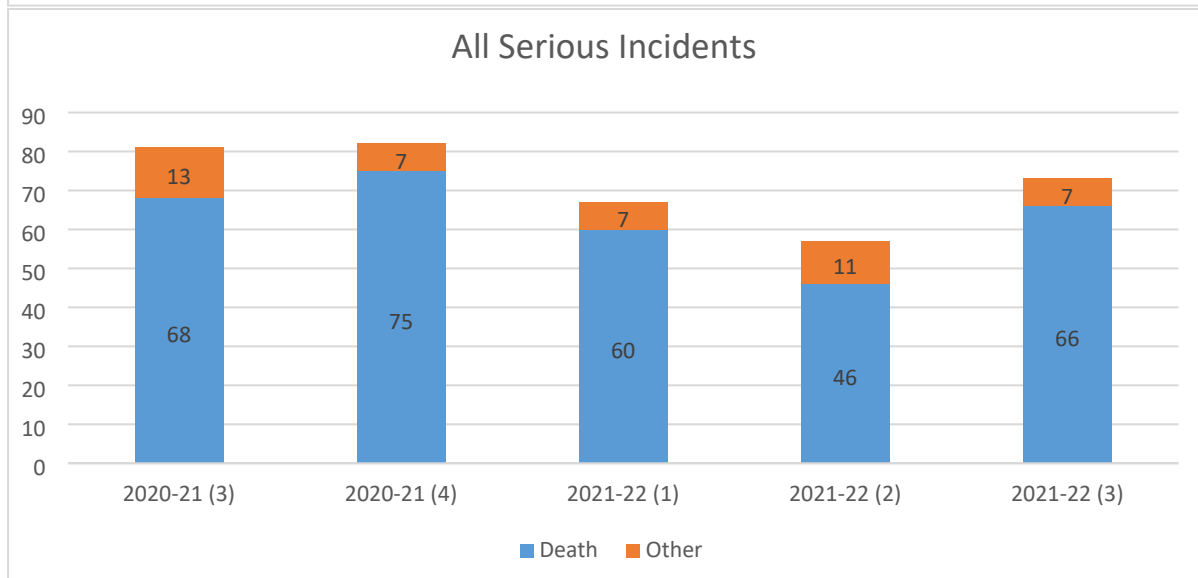
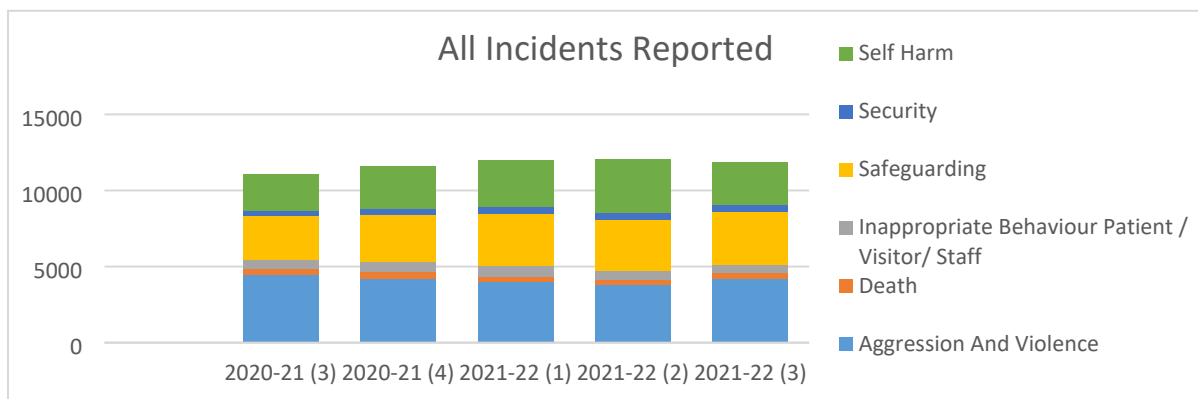
Safer Care Report – Quarter 3

Reporting Period: October to December 2021



Caring | Discovering | Growing | **Together**

Section 1: Incidents, Serious Incidents and Deaths.



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All Incidents

All incidents across the selected incident categories above this quarter total 11,889. This is a reduction of 178 when compared to the previous quarter (12,067). The total number of all incidents reported during in quarter 3 is 15,310. All incidents in the above categories increased this quarter with the exception of self-harm incidents which was reduced by 721 from 3,542 in Q2 to 2,821. The increases were relatively small, the largest increase was seen in the aggression and violence category which increased by 352 from 3,811 (Q2) to 4,163.

Deaths

The number of total deaths reported in this quarter was 437 which is an increase of 79 compared with quarter 2. These figures include all natural cause deaths reported and these figures also include patients who may not have been in direct receipt of CNTW services at the time of death.

Reviews of Deaths

The table below captures all levels of internal review agreed related to deaths occurring in this quarter;

Level of review	Number of reviews
Full StEIS reportable Serious Incidents	23
LAAR's	45
Non StEIS reportable Serious Incidents	4
Table Top Review	1
Mortality review	28

To note a small number of deaths reported at the end of quarter 3 are still in the triage process.

In addition, in response to Opel 3, the Clinical Risk and Investigations Department were asked to review the LAAR triage process to try and reduce some of workload caused by LAARs on the clinical teams whilst still ensuring that there is appropriate review, reflection and learning of incidents. A new more robust initial 72 hour report template has been agreed which teams are asked to complete. These reports are then reviewed at director level within localities to determine if further investigation is required or if sufficient information provided in the report. This process and the outcomes of initial reports will be closely monitored to ensure that no learning opportunities are missed. Regular updates will be provided to BDG safe.

NRLS

There was reduction in the reporting of patient safety incidents reported into the NRLS system this quarter 4,886 down from 5,565 in quarter 2. The number of incidents reported into NRLS related to deaths in Q3 was 22 in keeping with the average over the previous 2 quarters.

Serious Incidents

The number of Serious incidents this quarter is 73 and increase of 17 from Q2 (56). The number of these incidents related to unexpected deaths was 66 which is an increase from the previous quarter 46. All have been triaged and allocated an appropriate level of review. In addition other incidents in this quarter recorded as serious incidents relate to the following incident categories:

- Medication (wrong route)
- Patient accident (fractured neck of femur)
- Self harm x 3
- Police contact (assault of family member by service user resulting in arrest)
- Violence and aggression (patient assault of patient, resulting in fall / fracture)

LeDeR

8 deaths were reported into the LeDeR process in Q3. The Patient Safety team is discussing with the regional LeDeR leads how we can bring early learning back into the Trust as the CCGs develop revised processes for undertaking the reviews.

Complex Case Panel

2 cases were heard at the Complex Case Panel in Q3.

Prevention of Future Death Reports - Regulation 28

No regulation 28's were received by the Trust in Q3.

Covid Related Inpatient Deaths

In Q3, one inpatient death related to potential hospital acquired COVID infection was reported. The death occurred in November at Newcastle Freeman Hospital after the service user had become unwell whilst on a medium secure unit at SNH. A serious incident investigation is underway.

Learning from Incidents presented to the serious incident review panel in quarter 3

Despite restrictions related to the COVID-19 pandemic the serious incident review panel has continued to sit and review cases on a weekly basis. Appropriate adjustments have been made taking into account social distancing and the virtual participation of panel members and clinical teams via Microsoft Teams has been employed.

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

22 serious incidents were reviewed at the Serious Incident Panel in this quarter. Of the 22 reviewed, 4 incidents were noted to have significant findings relating to care and treatment that had the potential to cause harm, although none were felt to have been directly contributory to the incidents being reviewed. These findings are summarised below, 2 of these 4 occurred in incidents related to North Cumbria Locality and 2 relate to South Locality

North Cumbria Locality

The first incident involved the death of a service user open to the CRHT and in receipt of home based treatment, at the time of the review the cause of death was not known. The review identified the following:

- The service user displayed significant risk indicators following an overdose in the weeks prior to death. In subsequent contact with the crisis team, there was a failure to explore suicidal thinking and formulate the signs and symptoms of deterioration in mental health to inform the risk assessment and treatment plan.

The second incident occurred within the inpatient CBU. The incident involved a service user setting fire to himself on the ward. The serious incident investigation highlighted the following:

- Whilst the smoking policy stipulates that SU's should not have lighters on wards it was decided that further review of the smoking policy, blanket restrictions, and powers of search, are required in order to provide staff with consistency of approach with regards to contraband items and ensure the policies are not conflicting.

South Locality

The third incident occurred within the South Community CBU it involved a service user who died at home unexpectedly at the time of the review a cause of death had not been determined.

- The findings related to a lack of follow up from the CTT following the allocated Care Coordinator being absent from work for a period of unplanned leave. In addition the review highlighted that when the service user had contact with Access services, those services emailed the absent Care Coordinator in isolation rather than copying the email to the CTT's central inbox and team manager as expected.

The fourth incident also occurred within the South Community CBU and involved a suspected suicide although the Coroner has not yet determined the cause of death. The review highlighted the following finding.

- Poor communication between teams to arrange the Transfer of care between Sunderland South CTT and South Tyneside CTT, where both teams were under the impression the other team were arranging further care and treatment.

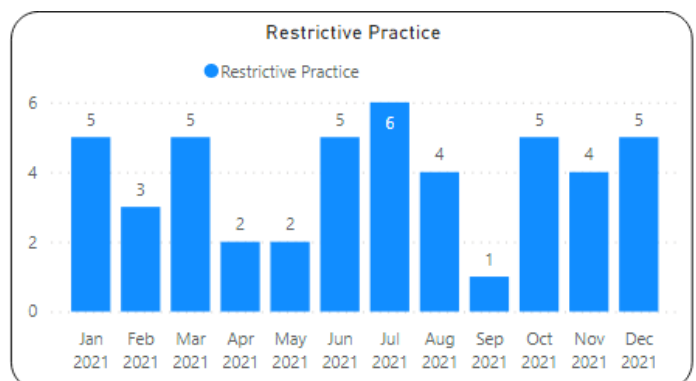
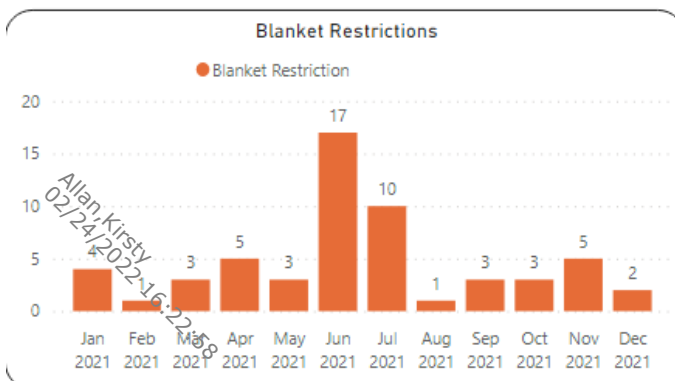
All significant findings are discussed in the SI panel and at the CNTW BDG safe meeting and actions were agreed to address the issues raised.

Additional learning is summarised in the appendix

Blanket Restriction / Restrictive Practice Reported

CAUSE_1	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Total	
Blanket Restriction														
South Locality Care Group		1		1	2		10	6			1	2	1	24
North Locality Care Group	3		1	2	2	2	6	2	1	1	1		21	
North Cumbria Locality Care Group					1			1		2	1	2	1	8
Central Locality Care Group						1	1	1				1	4	
Total	4	1	3	5	3	17	10	1	3	3	5	2	57	
Total	4	1	3	5	3	17	10	1	3	3	5	2	57	

CAUSE_1	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Total
Restrictive Practice													
North Locality Care Group	4	2	2		1		2	3			1	1	16
Central Locality Care Group		1	3		1	1	2		1	3	1	1	14
South Locality Care Group	1			1		4	2	1			2	2	13
North Cumbria Locality Care Group				1						2		1	4
Total	5	3	5	2	2	5	6	4	1	5	4	5	47
Total	5	3	5	2	2	5	6	4	1	5	4	5	47



The Cause Group Blanket Restrictions/Restrictive Practice are broken down into: BR01 Blanket Restriction and BR02 Restrictive Practice. In this quarter a total of 24 incidents were reported - a decrease of 1 from the previous quarter. 10 related to blanket restrictions (↓4) and 14 (↑3) related to restrictive practice.

All 14 restrictive practice incidents related to CNTW inpatient services and were spread across all Localities. The restrictions were in place to ensure individual patient safety.

All 10 blanket restrictions related to CNTW inpatient services spread across all localities of the Trust. All but 2 of these restrictions related to locked doors. The reasoning varied but all were related to ensuring the safety of patients on the wards.

Long Term Segregation and Prolonged Seclusion

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

Long Term Segregation (exceeds 72 hours)

There were 8 cases of Long-Term Segregation (LTS) during Q3

North	1	Mitford
Central	2	Secure Services
North Cumbria	5	CYPS
South	0	

- 6 were existing cases and 2 commenced in Q3, both of which were in CYPS
- 2 LTS were reviewed at the Long-Term Segregation & Prolonged Seclusion Review Panel
- All LTS have been reviewed at LTS&PSR Panel.

Prolonged Seclusions (exceed 48 hrs)

There were 14 cases of Prolonged Seclusion during this period (the definition of Prolonged Seclusion is an episode that exceeds 48 hours). 6 cases were reviewed at LTS&PSR panel

North	1	Newton ward
Central	4	Tyne Tweed Lindisfarne Bede
North Cumbria	1	Redburn - CYPs
South	8	*Beckfield (PICU) x3 Springrise x 3 Shoredrift x 2

*The 3 patients on Beckfield are out of pathway and awaiting transfer to secure services. This issue has been escalated to the Provider Collaborative

Points of note:

- 1 was an existing case and 13 commenced in Q3
- 3 commenced in September
- 1 commenced in October
- 3 commenced in November
- 6 commenced in December

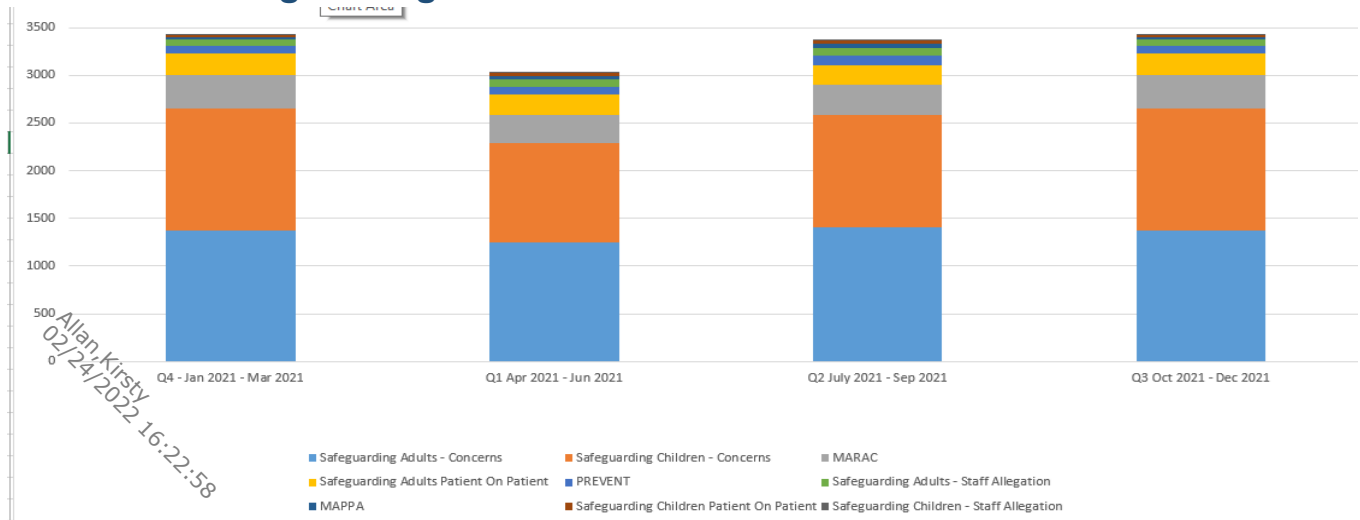
Section 2: Positive and Safe Care

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total	Trend
Restraint	852	824	932	827	942	739	676	743	797	650	799	724	9505	
Prone	191	210	206	191	254	154	86	99	130	85	104	118	1828	
Seclusion	111	139	141	88	116	141	135	109	91	86	88	87	1332	
Assaults on Staff	369	337	380	363	379	411	341	368	335	350	412	436	4481	
MRE	26	23	26	31	22	24	12	13	30	22	22	47	298	
Self Harm	899	823	1052	938	1112	1009	1185	1189	1170	1001	1003	817	12198	
VA	1401	1369	1422	1308	1380	1301	1241	1290	1280	1276	1448	1439	16155	
Total	3849	3725	4159	3746	4205	3779	3676	3811	3833	3470	3876	3668	45797	

Points of Note:

- The increase in MRE is related to an individual patient in secure services where the MRE is being used to facilitate time out of seclusion.
- There is a forecast of 30% reduction in MRE use at year end.
- All previously mentioned work streams are ongoing
- PG certificate in reducing restrictive interventions has commenced its second cohort of staff, following a recent presentation by the PaS team the Academic Healthcare Science Network (AHSN) have agreed to purchase places on forthcoming cohorts. .
- A revised positive and safe strategy was planned for the board in November 2021 (this item has been deferred).
- Forecast data at Trust level remains broadly positive for 21/22.
- Reducing restrictive practice in in-patient settings is a national priority in the mental health safety improvement programme.

Section 3: Safeguarding and Public Protection



	Q4 Jan 21- Mar 21	Q1 Apr 21-Jun 21	Q2 Jul 21 – Sep 21	Q3 Oct 21 – Dec 21
Safeguarding adults concerns	1368	1244	1402	1368
Safeguarding children concerns	1283	1043	1185	1283
MARAC	354	298	310	354
Safeguarding adults - patient on patient	220	209	212	220
PREVENT	86	87	94	86
Safeguarding adults – staff allegation	67	78	84	67
MAPPA	20	35	47	20
Safeguarding children – Patient on Patient	18	35	30	18
Safeguarding children – staf allegation	4	3	8	4

Points of Note:

- Safeguarding and Public Protection (SAPP) activity has continued at an increased rate to pre-pandemic levels This sustained increase remains consistent with findings of partners.

	Total Safeguarding incident reported
Q3 19/20	2312
Q3 20/21	2831
Q3 21/22	3333

- In Q3 emotional harm was the most frequently reported type of adult and child concern.
- Safeguarding Adults patient on patient allegations of abuse numbers vary in response to patient acuity.
- Safeguarding children concerns are predominantly related to emotional harm, continuing to reflect impact parental mental health and children and young people needing support with their mental health, and negative coping strategies.
- MARAC incidents are predominantly physical harm and risk of serious harm or homicide evident in cases discussed. MARAC continue to be held weekly across all 7 LA's requiring input from CNTW SAPP team.
- The reduction in MAPPA activity is potentially related to data recording. Risk to others is now captured under Safeguarding Adult concern with the relevant type of risk, e.g., risk of harm with weapons. The recording of risk to others is being reviewed and learning shared in the SAPP team and wider trust.

Section 4: Infection Prevention Control & Medical Devices

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

Points of Note:

- The IPC Team have continued to provide refresher training and Q & A's on any aspect of COVID for teams across the Trust where identified or requested.
- There have been 10 reported COVID-19 outbreaks in Q3.
- There has been no reported hospital attributed cases of MRSA bacteraemia or C. difficile infection in Q3.

Medical Devices

- The Medical Devices Team continue to provide support, through procurement, installation, servicing and education to the localities and clinical teams during this Quarterly reporting period for all Medical Devices.
- The medical devices team have assisted these services with 124 asset ID,s on new device requests to supply and install: This number of acquisitions covers a broad range of Medical Devices, some replacement devices some new acquisitions, 31 disposals, during this period, and 137 repairs undertaken by the Medical Devices Clinical Technologist
- A business case has been developed as a joint proposal from CNTW and NTW Solutions to improve the quality and safety of the management of medical devices across the Trust. Due to covid pressures the business case has not yet been to CDT_B for discussion.
- There was no harm to patients that resulted from the 12 reported Medical Device Incidents. These have been reviewed by PPE/Medical Devices Clinical Lead Paul Thompson and all issues have subsequently been resolved.

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

VTE events	Oct	Nov	Dec
Deep Vein Thrombosis (DVT)	0	1	0
Pulmonary Embolism (PE)	0	0	0

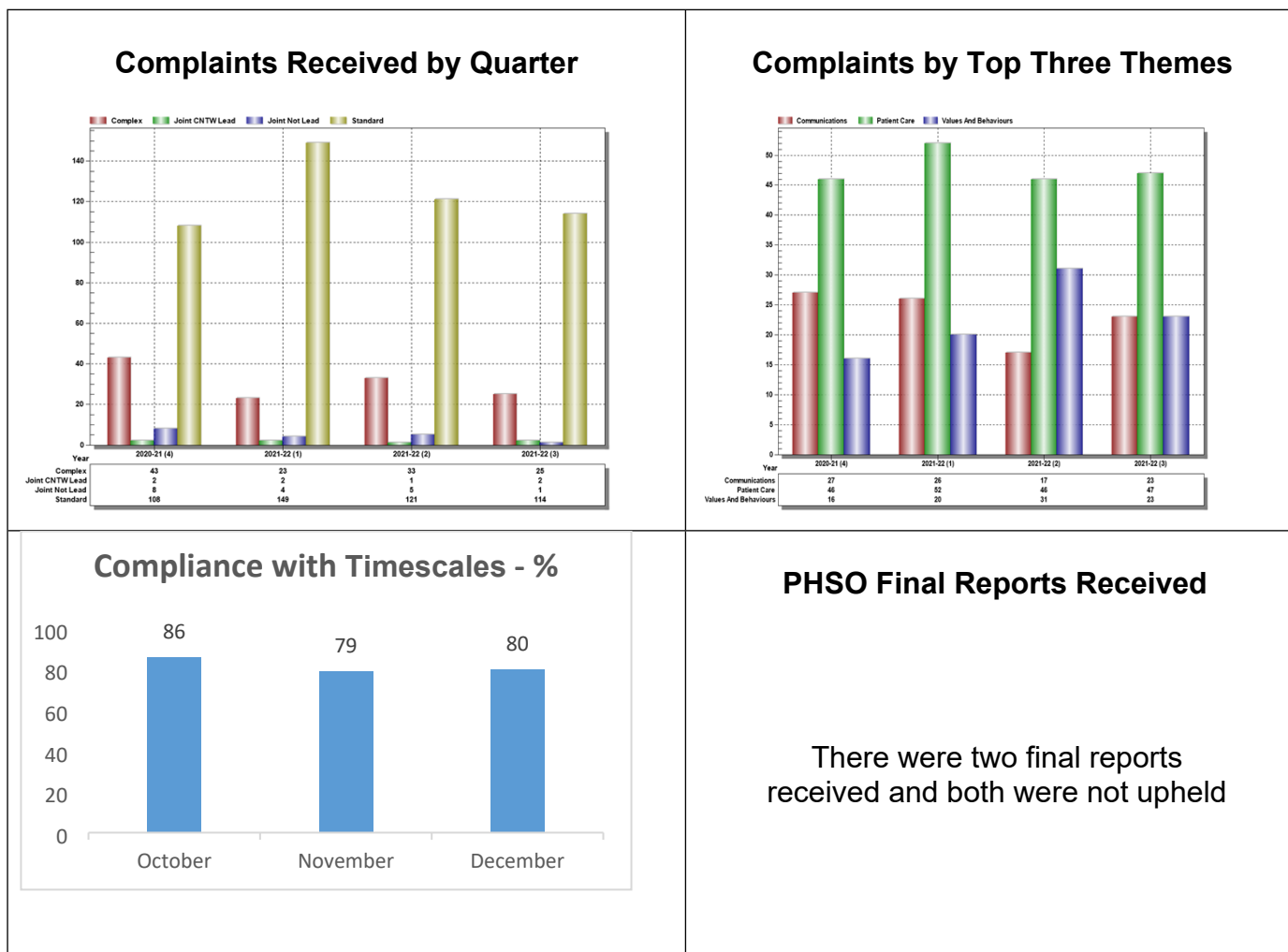
Pressure ulcers within in-patient areas.

NHSI Category	Oct	Nov	Dec
Category 1	2	0	0
Category 2	4	1	3
Category 3	0	0	0
Category 4	0	0	0
Deep Tissue Injury	0	1	0
Unstageable	0	0	0
Moisture Associated Skin Damage	5	3	3
Device Related Pressure Ulcer	0	0	0
Medical Device Related Pressure Ulcer	0	0	0

Points of Note:

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

Section 6: Complaints Reporting & Management



Points of Note:

- Complaints have decreased by 6% in comparison to Q2.
- The three main themes remain consistent. Values and behaviours category has decreased in comparison to Q2, but communication has increased. Patient care remains consistent and includes complaints which cover a whole range of issues which cannot be separated out and are categorised overall as issues relating to patient care.
- During the Q3 period, the number of complaints received by the Trust which were about or mentioned coronavirus/COVID was 6, a decrease from 11 in Q2. While several remain open and ongoing, of the complaints closed one was upheld regarding the impact COVID has had on waiting lists due to reduced capacity within the Gender Dysphoria Team and one was partially upheld regarding staff not always following COVID regulations and removing masks within clinical areas to have drinks on the Tweed Unit.
- There were two PHSO final reports received in quarter 3; both were not upheld.

Parliamentary and Health Service Ombudsman

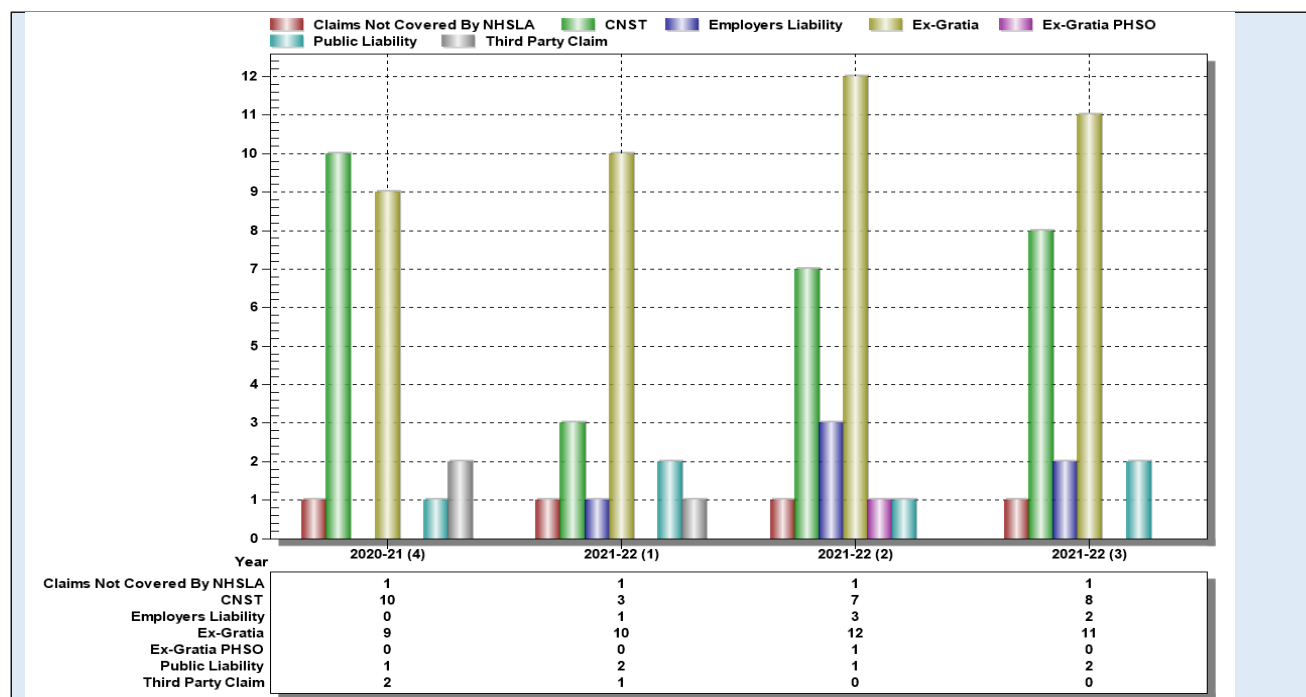
North Locality Care Group (6)

- | |
|---|
| 1 Preliminary enquiry |
| 1 Enquiry |
| 2 Requests for information |
| 1 Notification of Judicial Review – CNTW deemed to be an interested party |
| 1 Request for records |

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

Section 7: Claims Received by Type



Points of Note:

- 24 new claims were received during Q3, one less than was received in Q2.
- There is nothing remarkable in the claims received by type in comparison to Q2.

APPENDIX: Additional learning identified at panel review this quarter

• Care / Service delivery

In one case there was no evidence of exploration of engagement options as indicated within CNTW Policy Promoting Engagement with Service Users (CNTW (C) 07). In the same case documented contact during monitoring of allocation waiting list did not contain the expected level of mental health assessment and monitoring including physical health monitoring, inappropriate/incomplete advice in relation alcohol consumption, and a missed opportunity to directly communicate with the general practitioner.

In one case following an incident on an inpatient unit the Point of Contact for the Cumbria area during and directly after the incident did not provide support to the ward team as expected.

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In one case Antipsychotic medication was prescribed by a doctor without a medical review of the service user while the prescribing was appropriate it should have been followed up by a medical review at earliest possible opportunity.

In one case the review highlighted that a more proactive and detailed triage of the service users mental health and risk should have been conducted and documented when family contacted service following recent discharge.

In one case a Section 117 aftercare meeting was not arranged by the ward prior to discharge.

In one case PLT were not able to complete an assessment of a service user's mental health and suicidality following an overdose due to complex presentation and reluctance to engage.

In one case the FACE risk assessment was not up to date and was historically underscored regarding risk of self-harm, risk of suicide, and risk related to physical condition and there was an ongoing over emphasis on the patient's assurances around the absence of planning and intent around self-harm suicidal behaviour as an indicator of risk. In the same case it was found that there was a missed opportunity to provide harm minimisation information regarding drug and alcohol use, specifically the concurrent use of alcohol and cocaine.

In one case there was a delay in appropriately detailed written information from CRHT medical staff to the GP, and available to the CRHT staff following review by the CRHT medic. The review and subsequent panel discussion highlighted this was due to a combination of factors including a lack of administrative support, junior doctor support and supervision.

In one case there was a period in the service users care between November 2020 and February 2021 where there appears to be a gap in care and treatment and it appeared that the case had not been picked up by anyone in the team following the departure of the medic that was providing outpatient appointments. Records indicate that when this oversight had been picked up appointments were resumed accordingly.

- **Communication**

In one case it was noted that at several points in the patient's care there was no wider Multi-Disciplinary Team discussion.

In one case the review found that assessment with NTRP was not shared with the GP as expected.

In one review following a contact with the UCT, UCT notified the Care Coordinator but did not copy in the duty team as per expected practice. This expected process is a safeguard in case an individual staff member is absent from work.

In the same case it was identified that common sense confidentiality guidelines were not followed by practitioners following the service user's initial refusal of consent to share.

In another case the review found that the documentation within the electronic record, including FACE, Core Assessment, Consent, Community Care Co-ordination Care/Risk Management Plan, Cluster and mental state examination did not give a contemporaneous reflection of the treatment offered or risks presented. Information was not shared with the GP following discharge from the team in May 2021 or following assessment in July 2021.

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In one case panel heard that that strategy meetings had taken place previously but the review found that it may have been appropriate to organise a further multi agency meeting to reflect changes in presentation care delivery and the involvement of other agencies such as housing.

- **Record Keeping**

In one case the service users care plan and risk assessment were not updated at the specified indications within Care Programme Approach Policy CNTW(C)20.

In another case there was no formally documented update to the initial care plan as would be expected in line with CNTW policy Care Programme Approach Policy CNTW(C)20, and there was no evidence of the 5P formulation uploaded despite detailed progress notes.

In one case risk to others had been identified but was not reflected in the face risk document.

In one case the CPA was not documented in the CPA forms on RIO rather it was documented in the progress notes.

In one case the review highlighted, that when a care coordinator changes in addition to a handover the risk management plan should be reviewed and updated to reflect these changes. The same case highlighted that getting to know you should be revisited when level of family involvement changes and any change in risk presentation needs to be clearly documented in the electronic record following each contact.

One investigation noted that there were 2 face risk assessments in use for the service user. This contradicts trust guidance in that where possible only 1 face risk assessment should be in use. If 2 services are involved, then 1 face risk should be updated by both teams with clear communication between the teams with regards to risks. Further panel discussion identified that when a specialist service (such as Addictions) is involved in service user's care and treatment then there is a system requirement to create a service specific risk assessment. If this risk assessment is not created, then the service will not meet performance metrics.

One review found that a service user was allocated to a Lead Professional and was not under Enhanced Care Coordination during their period of care with EIP, despite being of receipt of multidisciplinary care. This was found to be an administrative error and out with established processes. The same review also found that there were a number of areas within the clinical record that fell below the expected standards for record keeping. The review found that this was not a systemic issue within the service but related to this case and individual practice felt to be linked to the induction process from new staff.

In one case progress notes completed by the CRHT were not completed on all occasions using the appropriate format. In addition there was no formally documented care plan or risk management plan or collaborative safety plan. In the same case it was also highlighted that potential risk escalation around the service users partner returning to work was not reflected within a formal risk management plan.

- **Medication**

One review identified an instance of polypharmacy it was suggested that a further medicines optimisation review occurs after discharge under the care of her community team.

In one case potential risk escalation in the early stage of recovery and around each dosage increase in antidepressant medication was not identified within a formal risk management plan.

- **Equipment / environment**

One review (466238) highlighted an issue with the alarm system within an inpatient unit in Central locality whereby the attack alarm and the call alarm do not sound simultaneously. In this case a service user who had attempted to use a ligature while in the bath had used the call alarm to summon staff however another incident that required use of the attack alarm had occurred at the same time, leading to a situation where it was not immediately obvious to staff that the call alarm had been activated. To be alerted to simultaneous incidents alarms must be reset when safe to do so which would be coordinated by the nurse in charge following a response to an incident.

Panel heard that pagers act as a safety net in these circumstances as they also carry call alarm messages to alert staff in real time until the initial alarm is able to be silenced. This relies on staff having access pagers and the ability to check them.

This learning has been fed into the Clinical Environmental standards group for consideration of upgrading the alarm system in situ, and service leads have been asked to ensure that adequate numbers of pagers are available on the ward.

- **Positive Practice**

In one case transitions of care between services and localities noted to be very effective. Despite decommissioning of CNTW addiction services in Sunderland during the care period effective communication was maintained between the new provider and CNTW. Despite significant service pressures NTRP responded quickly in picking up the referral and engaging with the service user. Overall the standard of contemporaneous record keeping was felt to be high.

- In one case it was noted that a timely and considered approach was utilised to request appropriate blood results and subsequently withhold medications on admission, minimising risks to patient. A sensitive and thoughtful diagnostic assessment occurred, inclusive of the relevant investigations.
- In one case the panel acknowledged the extensive engagement and flexibility that was offered to the service user and his Mum.
- In one case it was noted that throughout the SU's contact with CRHT documentation of care within RIO Progress notes was of a good standard showing detailed discussions around risk, staying well, risk indicators, early warning signs, and crisis and contingency safety planning and the formal risk assessment was reviewed at appropriate points.

- In one case it was considered that the Psychiatric Liaison Teams (PLT) comprehensive assessment and documentation within the RIO progress notes, good communication with family, a clear documentation of the rationale around clinical decision making around the option of CRHT home based treatment, prompt referral to CRHT and letter to GP were examples of good practice by the PLT Practitioner. It was also found that the CRHT held regular and frequent multidisciplinary team discussions to discuss care, risk and decision making around future care which were clearly documented. There was clear indication of CRHT's persistent efforts to engage the service user and good carer communication and support evident and the CRHT manager made timely contact with partner following the incident offering support. It was considered that the input and documentation by the CRHT support worker was of a particularly high standard.
- In one case the following was highlighted excellent engagement from CPN with patient and partner throughout care and treatment. Multiple attempts to engage with the patient with psychological approaches as well as his preferred medication pathway. Post incident support provided to patient's partner noted to have been of a very high standard. Excellent efforts made by CPN to engage the patient with accessing physical healthcare and liaising with other agencies. Comprehensive documentation including care plan and FACE risk.
- In one case it was noted by the panel that the Support Worker provided excellent intervention and support for the service user and her record keeping was noted to be excellent.

Allan, Kirsty
02/24/2022 16:22:58

Report to the Board of Directors
2nd March 2022

Title of report	Quality Account update
Report author(s)	Paul Sams, Feedback and Outcomes Lead
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Finance, 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	X
To achieve “no health without mental health” and “joined up” services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	23.02.2022
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

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

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

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

CNTW Quality Account update

Executive Summary

1. Department of Health and Social Care is working to the submission deadline of 30th June 2022.
2. Note engagement with service users, carers, staff and stakeholders.
3. Note results of engagement supporting continuation of Quality Priorities 1,2 and 4.
4. Note results of engagement supporting a change to Quality Priority 3 to reflect current feedback themes.
5. Note updated process timetable.
6. Note analysis of neighbouring Trust Quality Accounts

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Suggested engagement process:

It is suggested that the following process is followed for to date and planned (working towards a June 2022 submission).

Quality Account 2021-22 & Quality Priorities 2022-23 Timetable

Month	Action
November 2021 CDTQ: 22 nd BDG: 23 rd CoG: 25 th	Stakeholder event (November 26 th) - complete Develop Online Survey - complete Share potential area of focus for 2022-23 Quality Priorities - complete Update on development of Quality Account – verbal complete
December 2021 BoD: 1 st	Live service user/carer/peer supporter engagement - complete Update on development of Quality Account – Verbal - complete
January 2022 BDG: 18 th CoG: 20 th	Review feedback through polls and survey, report in February Quality Account Update - complete Update on development of Quality Account – Quality Priority Update Report - complete
February 2022 BDG: 22 nd CoG: 22 nd Q&P: 23 rd Audit Committee: 23 rd	Consider suggested quality priority area Agree Quality Priority Areas Further development of draft quality priorities
March 2022 BoD: 2 nd	Further development of draft quality priorities Update on development on of proposed Quality Account
April 2022 BDG: 12 th CDTQ: 25 th	Draft 1 of Quality Account to be developed and shared Present to Gateshead, Newcastle, North Tyneside and Northumberland CCGs – (April 27 th) and launch 30 day consultation Draft 1 of Quality Account to be circulated
May 2022 BDG: 10 th Audit: 11 th Q&P: 11 th CDTQ: 23 rd	Presentation of draft 1 to Local Authority Overview and Scrutiny Committee's – (May 3 rd) Review of Quality Account final draft
June BoD: 24 th	Final draft approved by Trust Board
June 30th 2022	Submission to centre

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Update on Quality Priority Setting

Prior to engaging with service users, carers, staff and stakeholders, there was an investigation of themes offered through the feedback options available to people. These include, Points of You (POY), complaints, Patient Advice and Liaison (PALS), Healthwatch, Care Opinion and NHS.uk covering the period of 1st November 2020 to 31st October 2021.

Communication was a crosscutting theme across all feedback platforms. With 'being listened to' a main sub-theme within this category. It should also be noted that a previous theme of 'time staff can spend with service users and carers' disappeared as a dominant theme, with only three comments over the period explored.

As Quality Priority 3 had only recently been agreed and actions to baseline and address the time staff could spend with service users carers was in the early stages. It was decided to propose that this Quality Priority should be adapted to incorporate the current themes identified through the engagement events.

There were three engagement events. One for staff and stakeholders, which was attended by 112 people. There were two event for service users, carers and peer supporters, one online attended by 4 people and an in person event attended by 7 people. This engagement was followed up by an online survey that had 506 responses.

During this engagement people were asked to consider continuing Quality Priorities 1,2 and 4 as well as adapting Quality Priority 3 to reflect current feedback trends. The results are as follows:

Question 1. Do you agree we should continue with Quality Priorities 1,2 and 4?

Engagement Event	Yes	No	Unsure
Online (Staff & Stakeholders)	79%	0	21%
Online (Service Users/Carers/Peer Supporters)	100%	0	0
Live (Service Users/Carers/Peer Supporters)	100%	0	0

Question 2. Do you agree we should adapt Quality Priority 3 to reflect current feedback themes?

Engagement Event	Yes	No	Unsure
Online (Staff & Stakeholders)	79%	5%	16%
Online (Service Users/Carers/Peer Supporters)	100%	0	0
Live (Service Users/Carers/Peer Supporters)	100%	0	0
Online Survey	64%	16%	20%

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Update on current Quality Priorities (Q3 2021/22):

Progress for quarter 3 requirements for each of the 2021-22 quality priorities is summarised below.

Quality Priority	Lead	Aims & Objectives	Timeline & Milestones	RAG
Quality Priority 1: Safety - Improving the inpatient experience.	Patrick Keown	Monitoring inappropriate out of area treatment days. Monitoring average bed occupancy on adult and older people's mental health wards (including Psychiatric Intensive Care Units (PICU)) against the plan. Monitor service user and carer experience feedback.	Continual monitoring in all quarters of 2021/22	
Quality Priority 2: Service User and Carer Experience – Improving waiting times.	Andy Airey	Ensure that Trust services are responsive and accessible, and that nobody waits more than 18 weeks to access community services.	Continual monitoring in all quarters of 2021/22	
Quality Priority 3: Patient Care – Increasing time staff are able to spend with service users and carers.	Elaine Fletcher	Support Trust staff to spend more time with service users and carers by improving processes and promoting person-centred approaches.	Development of plan Quarter 1. Implementation Quarters 2,3 and 4 2021/22	
Quality Priority 4: Clinical Effectiveness – Equality, Diversity, Inclusion and Human Rights (in relation to the core values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA)).	Lynne Shaw/ Dr Rajesh Nadkarni	Implement a Trustwide approach working across Locality Groups. The Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications and Staff Networks	Developing and monitoring all quarters of 2021/22	

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Summary of Quality Priorities from other Trusts:

Tees, Esk and Wear Valleys NHS Foundation Trust: has 3 agreed priorities for 2021/22

Northumbria Healthcare NHS Foundation Trust: has 8 agreed priorities for 2021/22

The Newcastle upon Tyne Hospitals NHS Foundation Trust: has 7 agreed priorities for 2021/22

South Tyneside and Sunderland NHS Foundation Trust: has 15 agreed priorities for 2021/22

North Cumbria Integrated Care NHS Foundation Trust: has agreed 3 priorities for 2021/22

Examples of quality priorities include:

More detail and a full list of priorities by Trust is included in Appendix 1.

Actions:

Recommendations

- The Board of Directors are asked to note the information included within this report.
- We ask the Board of Directors to support the continuation of Quality Priorities 1,2 and 4
- We ask the Board of Directors to support the change of Quality Priority 3 to be reactive to current feedback themes.

Alan, Kirsty
02/24/2022 16:22:58

Appendix 1: Summary of Quality Priorities from other Trusts:

Tees, Esk and Wear Valleys NHS Foundation Trust

There are 3 agreed priorities for 2021/22 which are -

Priority 1 – Making Care Planning more personal (this is a continuation of their previous Quality Improvement priority).

Priority 2 – Safer Care (this is an amalgamation of two previous Quality Improvement priorities – reducing the numbers of preventable deaths and increasing the percentage of our inpatients who feel safe on the wards).

Priority 3 – Compassionate Care.

Northumbria Healthcare NHS Foundation Trust

There are 8 agreed priorities for 2021/22 which are -

Priority 1 – Access to services

Priority 2 – Management of acutely unwell patients

Priority 3 – Supply and administration of medicines

Priority 4 – Children and Young People’s emotional wellbeing and mental health

Priority 5 – Outpatients

Priority 6 – Delirium

Priority 7 – Patient Experience

Priority 8 – Staff Experience

The Newcastle upon Tyne Hospitals NHS Foundation Trust

There are 7 agreed priorities for 2021/22 which are -

Priority 1 – Reducing Healthcare Associated Infections (HCAI)

Priority 2 – Pressure Ulcer Reduction

Priority 3 – Management of Abnormal Results

Priority 4 – Modified Early Obstetric Warning Score (MEOWS)

Priority 5 – Enhancing Capability in Quality Improvement

Priority 6 – Mental Health in Young People

Priority 7 – Ensure Reasonable Adjustments are made for patients with suspected or known Learning Disabilities

South Tyneside and Sunderland NHS Foundation Trust

There are 15 agreed priorities for 2021/22 which are -

Priority 1 – Reduce the number of hospital acquired pressure ulcers

Priority 2 – Reduce the incidence of severe harm from patient falls

Priority 3 – Improve the recognition and management of deteriorating patients

Priority 4 – Improve the standards of clinical documentation

Priority 5 – Improve medication management

Priority 6 – Learn from patient feedback

Priority 7 – Ensure that patients are involved as much as they want to be in decisions about their care and treatment

Priority 8 – Provide a safe, secure, clean and comfortable environment for patients and their carers/families

Priority 9 – Ensure that patients receive adequate information and support for safe discharge from hospital

Priority 10 – All patients and specifically those with physical, mental health and learning disabilities receive person-centred care

Priority 11 – Implement the recommendations from the National Maternity Safety Strategy

Priority 12 – Improve the outcomes for patients with serious infection by ensuring timely identification and treatment of sepsis

Priority 13 – Improve quality, efficiency and reduce variations in our service by implementing recommendations from GIRFT

Priority 14 – Learn and act on the results from reviews of patient deaths

Priority 15 – Integrate the four priority standards for seven day working

North Cumbria Integrated Care NHS Foundation Trust

There are 3 agreed priorities for 2021/22 which are -

Priority 1 – Continued focus on the four key quality aims:

- Focus on a patient safety culture
- Continuously seek out and reduce patient harm/learn from incidents and events to continuously improve the services we provide

- Deliver what matters most to patients, families and carers through positive experiences when accessing our services
- Leading well through good governance/ Strengthening our clinical governance arrangements both as a merged organisation and the system

Priority 2 – Evidence our ongoing improvement journey through getting to ‘Good’ and striving for ‘Outstanding’ in CQC ratings

Priority 3 – Develop and implement a Nursing, Midwifery and Allied Health Professionals (AHP) strategy

Allen, Kirsty
02/24/2022 16:22:58

**Report to the Board of Directors
Wednesday 2nd March 2022**

Title of report	Annual Report on Safe Working Hours: Doctors in Training – Jan to Dec 2021
Report author(s)	Dr Clare McLeod – Guardian of Safe Working Hours
Executive Lead (if different from above)	Dr Rajesh Nadkarni – Executive Medical Director

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	<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	26.01.2022
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Provider Collaborative and Lead Provider	
People Committee	19.01.2022
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	
CDT – Digital	
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 type="checkbox"/>	Reputational	<input checked="" type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>	Environmental	<input type="checkbox"/>
Financial/value for money	<input checked="" type="checkbox"/>	Estates and facilities	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Compliance/Regulatory	<input checked="" type="checkbox"/>
Quality, safety, experience and effectiveness	<input checked="" type="checkbox"/>	Service user, carer and stakeholder involvement	<input type="checkbox"/>

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

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**Report to the Board of Directors
Wednesday 2nd March 2022**

**Annual Report on Safe Working Hours:
Doctors in Training – Jan to Dec 2021**

1. Executive Summary

This is the Annual Board report on safe working hours which focuses on junior doctors. The process of reporting has been built into the new junior doctor contract and aims to allow Trusts to have an overview of working practices of junior doctors as well as training delivered.

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

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from are on the New 2016 Terms and Conditions of Service. There are currently 152 trainees working into CNTW with 142 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 10 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Clinical/Research Fellows.

High level data

- Number of doctors in training (total): 152 Trainees (December 2021)
- Number of doctors in training on 2016 TCS (total): 142 Trainees (December 2021)
- Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity
- Admin support provided to the guardian (if any): Ad-hoc by Medical Education Team
- Amount of job-planned time for educational supervisors: 0.5 PAs per trainee
- Trust Guardian of Safe Working: Dr Clare McLeod

2. Risks and mitigations associated with the report

- 67 Exception Reports raised during the year
- 25 Agency Locums booked during the period covering vacant posts and sickness
- 694 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 71 occasions during the period the Emergency Rotas were implemented
- 46 IR1s submitted due to insufficient handover of patient information

Exception reports (with regard to working hours)

Exception Reports Received							
Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
CT1-3	Gateshead/MWH	20	1	8	8	33	4
CT1-3	St George's Park	0	0	3	0	3	0
CT1-3	NGH	0	0	1	0	1	0
CT1-3	RVI	0	0	0	0	0	0
CT1-3	St Nicholas	0	0	0	0	0	0
CT1-3	Hopewood Park	0	0	0	2	2	0
CT1-3	Cumbria	0	0	0	5	5	0
ST4+	North of Tyne	2	0	1	5	8	0
ST4+	South of Tyne	2	0	6	0	8	0
ST4+	CAMHS	0	1	2	0	3	0
Total		24	2	21	20	63	4

Work schedule reviews

During the year there have been 67 Exception Reports submitted from Trainees 63 for hours and rest and 4 for education throughout 2021; the outcome of which was that TOIL was granted for 25 cases, 3 cases were no action required, payment was made on 29 occasions and 10 were not agreed.

i) Locum bookings Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
GHD/MWM	0	2	1	0
SGP	3	2	1	6
NGH	0	2	1	0
Cumbria	0	0	3	0
SNH	3	0	0	1
Total	6	6	6	7

Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2	0	4	1	0
CT1-3	6	2	5	7
ST4+	0	0	0	0
Total	6	6	6	7

Locum bookings (agency) by reason				
	Q1	Q2	Q3	Q4
Vacancy	6	6	6	7
Sickness/other	0	0	0	0
Total	6	6	6	7

a) Locum work carried out by trainees

Area	Number of shifts worked Q1	Number of shifts worked Q2	Number of shifts worked Q3	Number of shifts worked Q4	Total for Year 2021
SNH	40	26	17	23	106
SGP	30	12	17	16	75
Gateshead/MWH	1	41	25	7	74
Hopewood Park	21	28	37	6	92
RVI	67	25	7	42	141
CAV	2	4	11	4	21
Cumbria	4	15	41	25	85
North of Tyne	21	12	4	8	45
South of Tyne	3	22	15	11	51
CAMHs	0	4	0	0	4
Total	189	189	174	142	694

* 56 shifts were offered at an enhanced rate of £50 for 1st & £60 for 2nd On call rotas

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

b) Vacancies

Vacancies by month					
Area	Grade	Q1	Q2	Q3	Q4
NGH/CAV	CT	2			2
	GP				
	FY2		2	2	
SNH	CT	2			2
	GP				
SGP	CT		2	3	
	GP				
Hopewood Park	CT				
	GP				
	FY2		4	3	
Gateshead/MWH	CT		2	3	
	GP				
	FY2				
Cumbria	CT		2		
	GP	4			4
	FY2				

Total		8	12	11	8
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To note these training gaps have been filled by Teaching/Research/Clinical Fellows appointments

c) Emergency Rota Cover

Emergency Rota Cover by Trainees					
		Q1	Q2	Q3	Q4
Vacancy		3	2	1	0
Sickness/Other		17	17	6	16
Total		20	19	7	16

- *The NOT & SOT Higher trainees rotas & North Cumbria Junior Doctor Rota cannot be collapsed as such, and cover was arranged as follows by Consultants:
- NOT: 4 Twilights & 1 Long day covered by Consultants
- SOT: 2 Twilight shifts covered by Consultants
- Cumbria: 4 nights covered by Consultant
- Total = 11 shifts

d) Training Rota Cover

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

Training Rota Cover by First on-call Trainees					
	Rota	Q1	Q2	Q3	Q4
Sickness/Other	SGP			0	2
	SNH			0	0
	RVI			1	0
	GHD/MWM			2	2
	Cumbria			0	0
	HWP			1	0
	NGH			3	1
Total				7	5

NB: Data on training rota was only gathered from Q3 onwards

e) Fines

There were 0 fines during the last year due to minimum rest requirements between shifts not being met due to finishing twilight/weekend shifts late.

To note: The fine money held by the Guardian of Safe Working (GoSW) has been spent on biscuits and tea/coffee/hot chocolate for on-call rooms after discussion and agreement at the GoSW forum in September.

Issues Arising:

The numbers of Exception Reports have slightly decreased from 69 submitted in 2020 to 67 reported in 2021.

For 2021 the majority of Exception Reports were closed mainly with payment made to 29 trainees and TOIL given to 25 trainees.

There have been 46 IR1s submitted for Insufficient Medical Handover in 2021. In 2020, there were 83 IR1s which represents a significant decrease.

There was an increase in the number of times Emergency Rota cover was used, from 47 in 2020 to 71 in 2021. COVID related absences has also had an impact on the use of emergency rotas. This includes isolation, awaiting PCR tests etc.

The implementation of the training rota in August 2020 has had a positive impact during the COVID pandemic in the reduction of the use of emergency rotas for night shifts and weekends. However, it is worth noting that the training rota does not cover twilights or the Cumbria rota. This rota is an additional trust-wide rota where the first on call doctors contribute on Weekends & Nights. The trainee's shadow the higher trainee on shift and gain exposure to emergency psychiatry such as Mental Health Act Assessments. If there is a gap on the site rotas the trainee on the training rota would move to cover this.

Due to the increasing demand on the Inpatient Wards due to the pandemic there was additional cover offered between the hours of 10am to 4pm on Weekends & Bank Holidays on the St Georges Park. The trainees volunteered for this work and were paid Locum rates.

To assist with the COVID Vaccine Clinics, Junior Doctors also volunteered to assist and those who worked additional hours were paid the appropriate locum rates.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased from 642 in 2020 to 694 in 2021.

The Trust was awarded £60k to support training during the COVID pandemic. This has been used to provide laptops to allow access for remote teaching and to fund additional psychotherapy training that was disrupted during COVID.

Actions Taken to Resolve These Issues:

Exception Reporting

The number of Exception Reports has decreased slightly in comparison to 2020, following the numbers almost doubling from 2018 to 2019. The numbers of exception reports submitted by higher trainees remains small and likely to be significantly lower than would be expected, as in other Trusts.

For this year the majority of Exception Reports in CNTW has been closed with payment for 29 trainees and Time Off in Lieu (TOIL) (25) which is a higher proportion than in previous years. A proportion of the Exception Reports which had to be closed by payment was due to trainees having to use the Exception Reporting for travel time from West Cumbria to the Carlton Clinic where there is an agreement with the LET for re-numeration rather than TOIL and the increased level of clinical demand across the Trust.

The profile of Exception Reporting continues to be raised and encouraged at induction, the GoSW forum and local trainee forums. Screen shots of the documentation are shared at induction and via email.

Medical Handover

The number of IR1s submitted for Insufficient Medical Handover at admission has decreased from the numbers in 2020 which is encouraging. These reports continue to be reviewed and followed up by the Director of Medical Education and collated to share with staff throughout the Trust and are discussed at every GoSW forum, in addition to being shared specifically with clinical staff most involved in admissions to hospital.

The importance of medical handover will remain a priority to be discussed at induction and in the forums mentioned and continue to be monitored; accordingly, we hope that this slight fall in numbers represents the beginning of a sustained change.

Emergency Rota

There has been a substantial increase in the need for the Emergency Cover Rota in 2021. This arrangement is necessary if there is a rota gap that, despite the efforts of Medical Staffing, is not filled by lunchtime. There are monitoring procedures in place on each occasion that the emergency rota is necessary to ensure there is no compromise to patient care. The number of times that this provision is necessary is discussed and monitored through the GoSW forum; it can be a concern to trainees with the need to work in less familiar sites and the increase in workload.

The new training rota that was introduced in August 2020 is primarily to provide experience for Core and GP trainees in emergency psychiatry, shadowing the Higher Trainees. This also provides a means of covering any vacant shifts by moving this trainee from the training rota to cover the gap. If a trainee misses their slot on the training rota due to having to cover a rota gap, they are offered additional slots on the training rota on a voluntary and paid basis.

COVID

There has been a considerable number of shifts covered by internal locums for absences due to sickness, adjustments or rota gaps, and isolation and COVID.

The Trust are grateful to the trainees who have volunteered to assist with the Trust COVID vaccination programme, working additional hours to cover these clinics. These additional hours were remunerated at locum rates.

The intensity of work, especially over weekends and Bank Holidays, increased due to the physical healthcare needs of inpatients due to COVID. This was managed with an additional rota to cover 10am-4pm on weekend days and bank holidays which trainees volunteered to cover at Cumbria, HWP and SGP and were remunerated at locum rates. This was gradually phased out from June 2020, but due to the ongoing increased work intensity at SGP has been integrated into the routine working arrangements from Feb 2021.

The GoSW forum continued to take place throughout the COVID restrictions, but as with other meetings took place via TEAMS. Attendance has been maintained and in the main increased with this and this is something we need to consider through the forum continuing in some format once restrictions are eased.

BMA Fatigue and Facilities Charter Monies and Spend

The Trust was awarded a total of £84,166.33 to be spent to improve the working lives of junior doctors following the adoption of the Fatigue and Facilities charter. The new equipment was purchased to bring all the on-call accommodation within CNTW to the same standard whilst improving on-call facilities across the Trust. The equipment includes chair-beds, televisions, lap-tops, game machines, gym equipment (where there is no gym on site), pool tables, coffee machines fridges, kettles. There was a delay in distribution of equipment due to COVID restrictions, but this has now been completed.

Summary

The number of Exception Reports have remained stable with the majority in 2021 closed through payments. Work will continue to increase the level of completeness of reporting.

It is encouraging to see a substantial fall in the number of reports of Insufficient Medical Handover which will continue to be encouraged and the completeness of handover promoted in a variety of forums.

There has been an increase in the number of occasions where the emergency cover rota was necessary. This will continue to be monitored and reviewed to include the impact of the new training rota.

COVID has been an exceptional challenge. It is encouraging how the trainees supported each other to volunteer to provide locum cover for the additional rota to manage the increase in work intensity and to cover shifts which were vacant due to COVID related absence. Additionally, we are grateful to our trainees who have volunteered to work extra locum shifts to staff the Trust vaccination programme.

The equipment purchased with the monies from the BMA Fatigue and Facilities charter has now been distributed.

Recommendation

Receive the paper for information only.

Dr Clare McLeod
Guardian of Safe Working for CNTW

Dr Rajesh Nadkarni
Executive Medical Director

12 January 2022

*Allan Kirsty
02/24/2022 16:22:58*

**Report to the Board of Directors
Wednesday 2 March 2022**

Title of report	Gender Pay Gap Reporting 2020-21
Report author(s)	Christopher Rowlands – Equality, Diversity and Inclusion Lead
Executive Lead (if different from above)	Lynne Shaw – Executive Director of Workforce and OD

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

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	
Provider Collaborative and Lead Provider	
People Committee	19.01.2022
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	17.01.2022
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
CDT – Digital	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability	✓	Reputational	
Workforce	✓	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
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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**Gender Pay Gap Reporting 2020-21
Board of Directors Meeting
Wednesday 2 March 2022**

1. Executive Summary

Organisations with 250 employees or more are required to report on gender pay gaps using six different measures. This has been a requirement since April 2018 and the legislation underpins the Public Sector Equality Duty.

The gender pay gap shows the difference in the average pay between all men and women in the workplace. This is different to equal pay which deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value.

This report fulfils legislative requirements and sets out what CNTW are doing to close the gender pay gap. It excludes NTW Solutions employees. The information, which must be published, is included below alongside the Trust figures which will be uploaded onto the Government portal by 30 March 2022:

1. percentage of men and women in each hourly pay quartile.

Quartile	Female	Male	Female %	Male %
1 Lower	1,414	368	79.35%	20.65%
2 Lower Middle	1,309	474	73.42%	26.58%
3 Upper Middle	1,397	385	78.40%	21.60%
4 Upper	1,266	517	71.00%	29.00%

2. mean (average) gender pay gap using hourly pay 13.19%, down from 14.62% in 2019-20.
3. median gender pay gap using hourly pay 3.40%, down from 4.58% in 2019-20.
4. percentage of men and women receiving bonus pay – 2.24%, previously 2.74% for men in 2019-20 and 0.59%, previously 0.69% for women in 2019-20.
5. mean (average) gender pay gap using bonus pay 22.27% up from 15.23% in 2019-20.
6. median gender pay gap using bonus pay 55.86%, up from 33.33% in 2019-20.

2. Risks and mitigations associated with the report

There are no specific risks associated with this report.

3. Recommendation/summary

The Trust Board of Directors is asked to note the content of the report and the actions outlined.

Chris Rowlands
Equality and Diversity Lead

Lynne Shaw
Executive Director of Workforce & OD

January 2022

Allan Kirsty
02/24/2022 16:22:58



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Gender Pay Gap Report

2020-2021

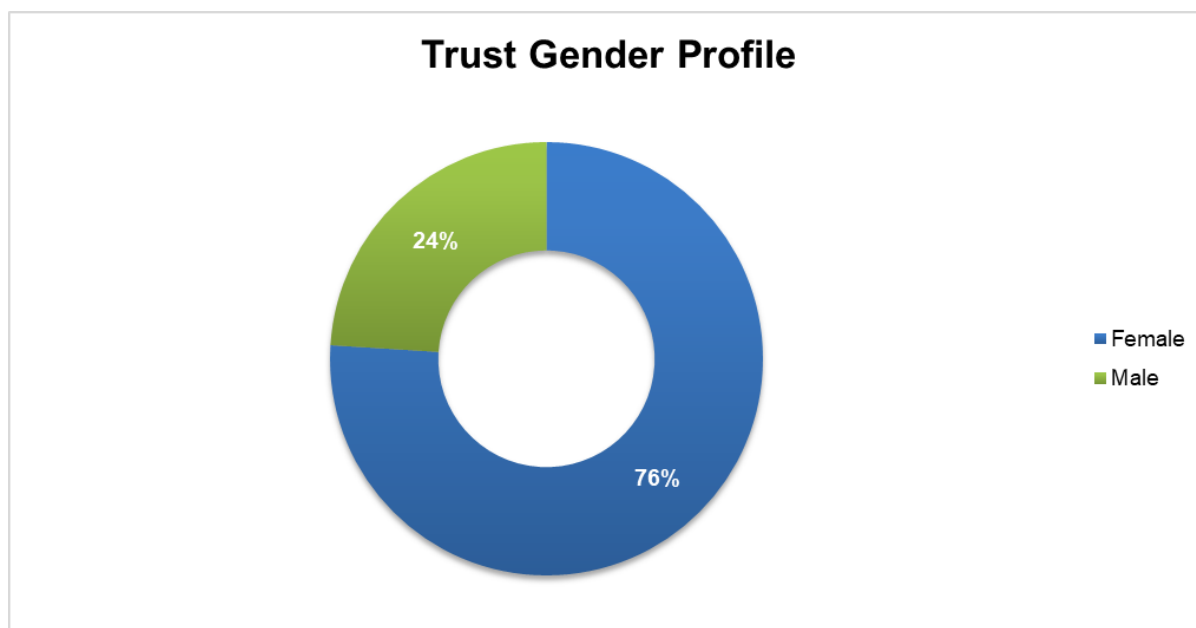
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Actions to Reduce the Gender Pay Gap	9



Gender Profile



Gender	Number of Employees	Percentage
Female	5386	76%
Male	1744	24%
Total	7130	100%

Of those 7130 employees the Full Time/Part Time breakdown is as follows.

Gender	Full Time	Part Time	Total
Female	3664	1722	5386
Male	1438	306	1744
Total	5102	2028	7130

The Trust continues to predominately employ female staff. Whilst staff numbers have grown since 2019-20 the 76/24 percentage profile remains the same. 32% of female staff are employed on a part time basis, 17.5% of males are employed on that basis. 85% of the part time workforce are female.

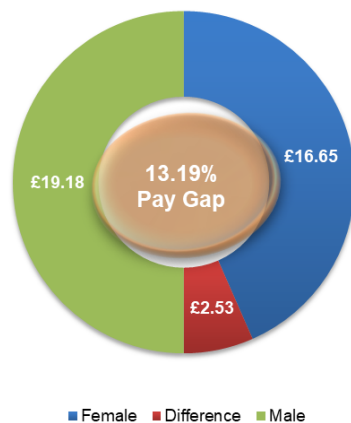
The Trust in the past year has been working on improving inclusive recruitment practices and it is hoped that these measures will begin to address this imbalance.

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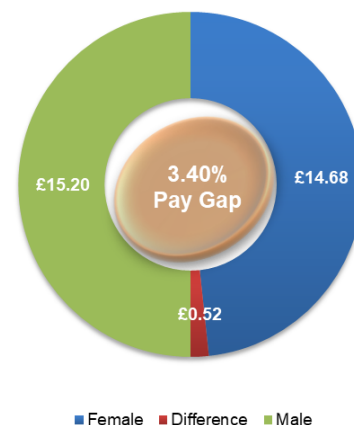
Mean and Median Pay Gap Analysis

Gender	Mean Hourly Rate	Median Hourly Rate
Female	£16.65	£14.68
Male	£19.18	£15.20
Difference	£2.53	£0.52
Pay Gap %	13.19%	3.40%

Avg. Hourly Rate



Median Hourly Rate



Cumbria, Northumberland, Tyne and Wear NHS Trust uses Agenda for Change pay grades and local pay scale grades for some senior staff. Each grade has a specific pay range with some spot salaries for senior staff. Grades vary by level of responsibility. Generally, those who have spent longer in the same grade would be expected to earn more regardless of their gender. The hourly rate calculation includes basic pay, bank work shifts, allowances and bonuses (other than Clinical Excellence Awards).

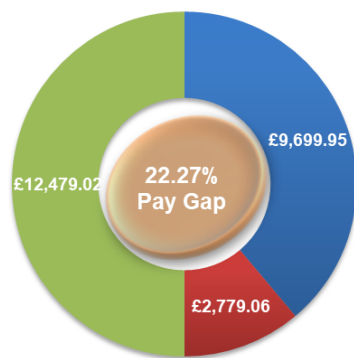
- The mean pay gap has reduced from 14.62% in 2019-20 to 13.19% in 2020-21.
- The median pay gap has reduced from 4.58% in 2019-20 to 3.40% in 2020-21.

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Bonus Gender Pay Gap Analysis

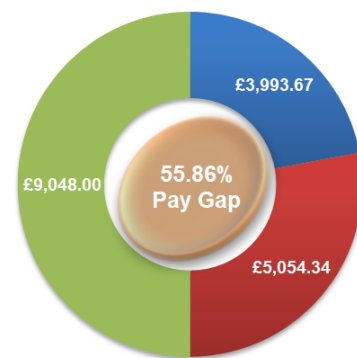
Gender	Mean Bonus Pay	Median Bonus Pay
Female	£9,699.95	£3,933.67
Male	£12,479.02	£9,048.00
Difference	£2,799.06	£5,054.34
Pay Gap %	22.27%	55.86%

Avg. Bonus Pay



■ Female ■ Difference ■ Male

Median Bonus Pay



■ Female ■ Difference ■ Male

Year	Male	Female	Difference	%
2017	£14,733.07	£11,435.31	£3,297.76	22.38%
2018	£12,606.75	£9,977.46	£2,629.29	20.86%
2019	£12,813.35	£8,928.88	£3,884.47	30.32%
2020	£10,690.68	£9,063.01	£1,627.68	15.23%
2021	£12,479.02	£9,699.95	£2,799.06	22.27%

The above table shows that the mean bonus gender pay gap has fluctuated over the five years since reporting has been required. The average for the five year period has been 22.21%. A comparison for the median bonus pay gap from 2017-2021 is shown below.

Allan-Kirsty
02/24/2022 16:22:58

Year	Male	Female	Difference	%
2017	£11,489.90	£6,937.02	£4,552.88	39.63%
2018	£8,370.17	£4,846.23	£3,523.94	42.10%
2019	£8,665.00	£3,804.20	£4,860.84	46.10%
2020	£6,333.60	£4,222.44	£2,111.16	33.33%
2021	£9098.00	£3,933.67	£5,054.34	55.86%

The median bonus gender pay gap has increased by 22.53% points between 2020 and 2021. The median over the five year period is 42.10%.

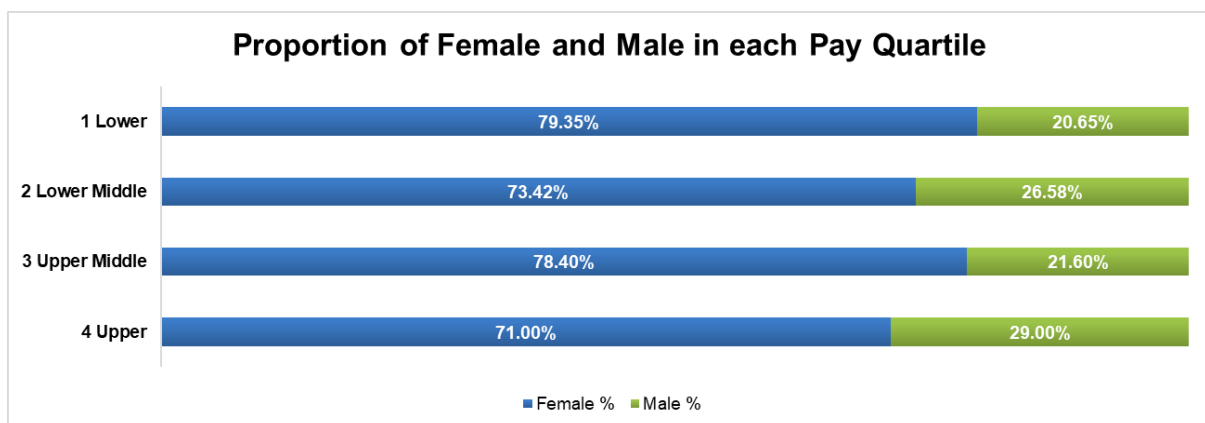
The mean and median bonus gender pay gap consists solely of Clinical Excellence Awards. The change in the gap between 2019-20 and 2020-21 is explained by the fact that the award process has changed during the pandemic with the awards being shared out between all eligible consultants in 2020/21.

Generally, applications for the awards are voluntary and eligibility depends on application rather than by gender.

Proportion of Male and Female in Each Pay Quartile

To calculate this, the hourly pay for both men and women is arranged from the lowest to the highest – this is then divided into 4 quartiles (divided as evenly as possible). Then the proportion of men and women is calculated for each quartile.

Quartile	Female	Male	Female %	Male %
1 Lower	1414	368	79.35%	20.65%
2 Lower Middle	1309	474	73.42%	26.58%
3 Upper Middle	1397	385	78.40%	21.60%
4 Upper	1266	517	71.00%	29.00%



The percentage of male staff in the upper quartile increases and this becomes more apparent looking at a breakdown of senior pay grade bands.

Alan.King
02/24/2022 16:22:58

AfC Pay Grade	Female average Hourly Rate	Male average Hourly Rate	Difference	Pay Gap %
Band 1	9.30	9.63	0.33	3.39
Band 2	10.01	10.15	0.14	1.38
Band 3	11.92	12.48	0.57	4.53
Band 4	11.91	11.69	-0.22	-1.88
Band 5	14.90	15.18	0.27	1.80
Band 6	17.90	18.33	0.43	2.35
Band 7	20.98	20.88	-0.10	-0.49
Band 8 - Range A	23.94	24.60	0.66	2.69
Band 8 - Range B	28.17	28.21	0.04	0.14
Band 8 - Range C	35.18	35.71	0.53	1.49
Band 8 - Range D	41.90	44.00	2.10	4.78
Band 9	53.66	49.66	-4.00	-8.05
Other - Apprentice, Medical & Trust	40.92	42.78	1.86	4.35

With the exceptions of Agenda for Change bands 4, 7 and 9, where the female staff average hourly rate is greater than that for male staff, in all other bands the average hourly rate for male staff is greater than that for female staff. The biggest gap in percentage terms is at band 8d.

Actions to Reduce the Gender Pay Gap

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is committed to addressing the gender pay gap and subject to approval will incorporate these actions into the Trust's Equality Diversity and Inclusion Action Plan and ensure that progress towards these is monitored throughout the year.

- To establish a task and finish group to consider the findings of this report and develop actions that will seek to reduce the reported gaps.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust can confirm that our data has been calculated nationally via the NHS Employee Staff Record (ESR) system according to the requirements of The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

Christopher Rowlands
Equality, Diversity and Inclusion Lead

Lynne Shaw
Executive Director Workforce &OD

January 2022

Alan Kirsty
02/24/2022 16:22:58

Report to the Board of Directors
Wednesday 2 March 2022

Title of report	NTW Solutions Gender Pay Gap Report 2020-21
Report author(s)	Victoria Bullerwell, Head of Workforce – NTW Solutions
Executive Lead (if different from above)	Tracey Sopp, Director of Finance and Deputy Managing Director

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	<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	
Provider Collaborative and Lead Provider	
People Committee	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify) NTW Solutions Board of Directors Meeting	15.02.2022

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	
CDT – Digital	
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
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**NTW Solutions Limited
Board of Directors Meeting**

Meeting Date: 15 February 2022
Title of Paper: Gender Pay Gap report
Author/Presenter: Victoria Bullerwell, Head of Workforce
Executive Sponsor: Tracey Sopp Director of Finance and Deputy MD
Paper for discussion.
<p>Key Points to Note:</p> <ul style="list-style-type: none"> • Our average hourly gender pay gap is 11.61% and our median average hourly gender pay gap is 1.87% • Both figures represent a reduction from last year, from 13.26% and 5.10% respectively • A majority of our staff (62%) are women, and they are more likely to work part time than men • Women make up most of each pay quartile except the top one. • Our bonus pay gap is 0%
Risks: <i>highlight any impact on existing risks on Risk Register or any new risks identified</i> None at this time
Board Assurance: Being a great and inclusive place to work is one of our five strategic priorities. We know that to deliver our other priorities we need to harness the talents of all our people and to do that we need to be an open and inclusive employer. We have a strong commitment to equality and this paper show we are continuing to reduce the Gender pay gap
Environmental Sustainability: <i>highlight any beneficial / adverse impacts</i>
Equal Opportunities, Legal and Other Implications: The gender pay gap report is a legal requirement which was introduced in 2018 and requires employers over a certain size to report their gender pay gap. NTW Solutions is required to produce a report annually based on a snapshot of employees on one day. This report is based on data from the 4 th of April 2021 and the legislation says we have a year to publish the report.
Links to Company Strategies and/or Plans: Links to Our strategic Priority great and inclusive place to work

- **Recommendation:** To publish this report and give it high prominence in our internal communications channels.
- To engage with staff to find out if there is more, we can do to ensure we provide a workplace that is inclusive, diverse and promotes equality.
- Continue to review our recruitment processes:
 - To ensure recruitment activities utilise a variety of channels and non-traditional sources, ensuring equality issues are highlighted and addressed at every stage.
 - To analyse our internal recruitment data in relation to gender success rates for promotions and development roles.
 - To go further and analyse our recruitment data to ensure inclusivity throughout.
- Continue to actively support women returning to work following maternity or adoption leave and potentially increase the uptake of shared parental leave.
- Continue to develop our innovative work on women's health issues such as those going through the menopause.
- Continue to ensure that women have good opportunities and support to develop their career for example through the continued promotion of flexible working initiatives.
- Establish community and school's links to encourage application away from gender traditional roles – for example women in facilities via STEM support initiatives

Alan Kirsty
02/24/2022 16:22:58

Gender Pay Gap Report

2020-2021

Allen, Kirsty
02/24/2022 16:22:58

Contents

- Gender Pay Gap Report
 - What is the gender pay gap?
 - What is gender?
 - Why does this matter?
 - What do we need to report?
 - How is it calculated?
 - Quartiles
 - Mean Average
 - Median Average
- Gender Profile
- Pay Quartile Distribution Information
- Average Gender Pay Gaps
 - Mean Average Gender Pay Gap
 - Median Average Gender Pay Gap
- Bonus Gender Pay Gap
- 6. Action plan

Allen, Kirsty
02/24/2022 16:22:58

Gender pay gap 2021

Headlines

- A majority of our staff (62%) are women and they are more likely to work part time than men
- Women make up the majority of each pay quartile except the top one.
- Our average hourly gender pay gap is 11.61% and our median average hourly gender pay gap is 1.87%
- Both figures represent a reduction from last year, from 13.26% and 5.10% respectively
- Our bonus pay gap is 0% with very few bonuses paid with 0.22% of women receiving a bonus and 0.35% of men receiving one

What is the gender pay gap?

The gender pay gap report is a legal requirement which was introduced in 2018 and requires employers over a certain size to report their gender pay gap. NTW Solutions is required to produce a report annually based on a snapshot of employees on one day. This report is based on data from the 4th of April 2021 and the legislation says we have a year to publish the report.

There are various things we need to report but the main feature of the report is the gap between the average pay of all men and the average pay of all women. It is different from equal pay which is paying the same rates for people doing the same work or work of equal value.

An example might be a hospital where all the doctors are men and every nurse is a woman. Those jobs will have been evaluated and achieve different rates of pay so it is not about equal pay, but the gender pay gap will be significant.

What is gender?

The UK government defines gender as a social construct around being a man or a woman, although some people do not identify as either. Sex refers to anatomical differences and is assigned at birth as generally male or female. The legislation is around gender and the reporting is for differences between men and women. We recognise that gender is more complicated than that and work with our LGBTQ+ staff group to build awareness in the company of gender, trans and non-binary issues.

Why does this matter?

Being a great and inclusive place to work is one of our five strategic priorities. We know that to deliver our other priorities we need to harness the talents of all our people and to do that we need to be an open and inclusive employer. We have a strong commitment to equality from the company board and working to close our gender pay gap is a key part of that.

What do we need to report?

- The percentage of men and women in each hourly pay quartile

- The mean (average) gender pay gap using hourly pay
- The median gender pay gap using hourly pay
- The percentage of men and women receiving bonus pay
- The mean (average) gender pay gap using bonus pay
- The median gender pay gap using bonus pay

How is it all calculated?

Quartiles

In order to work out quartiles the pay for all staff is sorted in order and then split into four groups. They will ideally be equal groups but of course if the workforce doesn't divide into four then they will not be exactly equal.

Mean average

The mean average is what most people might think of as the average and it is worked out by adding all numbers in the data set and then dividing by the number of values in the set. So here it is calculated by adding the pay of all men together and dividing it by the number of men employed. And that is compared to the pay of all women divided by the number of women.

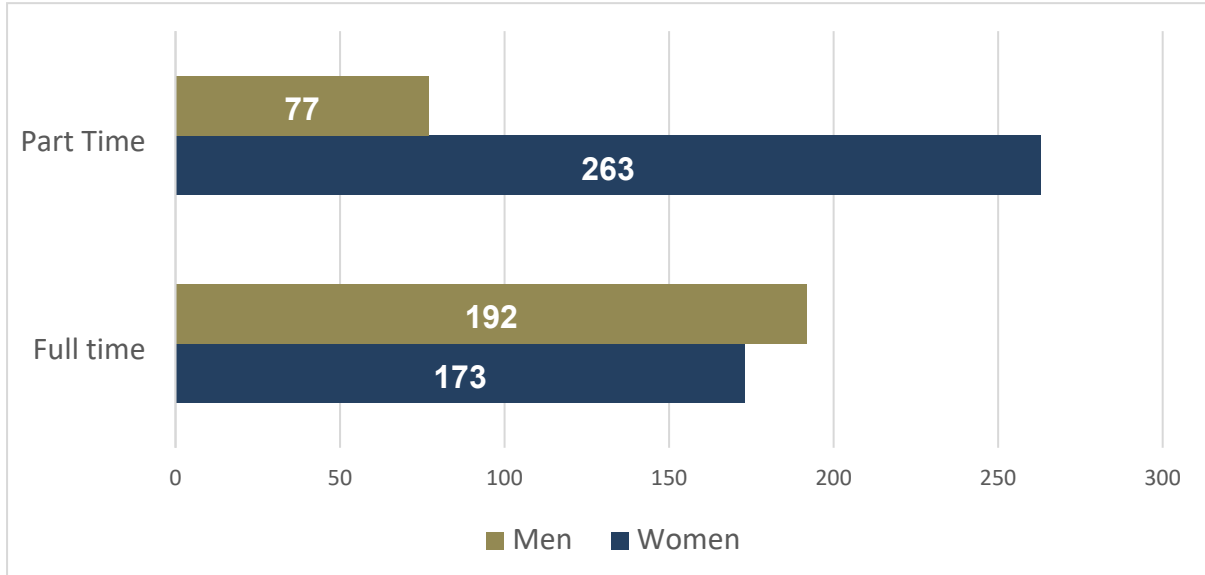
Median average

The median is the middle value when a data set is ordered from least to greatest. So the pay rates of all men are sorted and the middle value compared to the middle value of the pay rates of all women.

Alan, Kirsty
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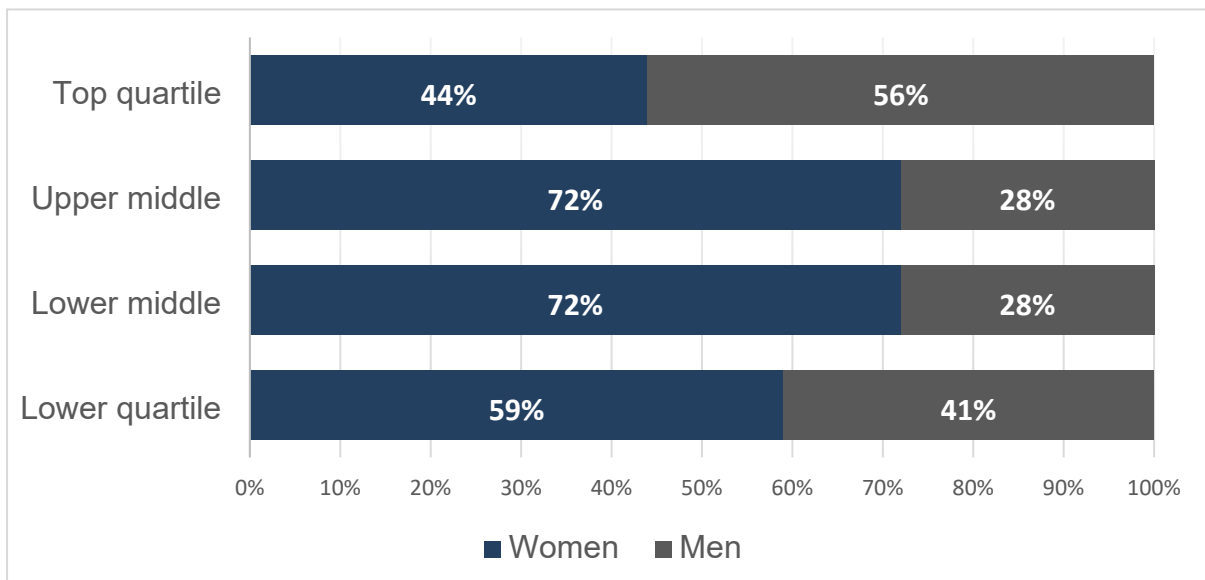
Our gender profile

62% **W** **M** 38%
of our staff are women of our staff are men



Most of our staff are women and women are more likely to work part time than men.

Pay quartiles



Women make up a majority of all pay quartiles except the top one, a significant factor in the gender pay gap. Both the top and lower quartiles have moved closer together over time.

Average gender hourly pay gap

Our average gender hourly pay gap is **£1.50** which is **11.61%**

£11.43

Average hourly pay for women

W M

£12.93

Average hourly pay for men

The mean pay gap has dropped from 13.26% in 2020 to 11.61% in 2021.

Median gender hourly pay gap

Our median gender hourly pay gap is **21p** which is **1.87%**

£10.81

Median hourly pay for women

W M

£11.02

Median hourly pay for men

The median pay gap has reduced since 2018 and this trend has continued in 2021 dropping to 1.87%.

Gender bonus pay gap

Our average and median gender bonus pay gap is **0%**

0.22%

Of women received a bonus

W M

0.35%

Of men received a bonus

Our bonus pay gap is 0% with one man and one woman receiving a bonus of the same value resulting in 0.22% of women receiving a bonus and 0.35% of men receiving one.

Alan Kirsty
02/24/2022 16:22:58

Action plan

NTW Solutions is committed to addressing the gender pay gap and is undertaking a range of actions to reduce this including:

- To publish this report and give it high prominence in our internal communications channels.
- To engage with staff to find out if there is more we can do to ensure we provide a workplace that is inclusive, diverse and promotes equality.
- Continue to review our recruitment processes:
 - To ensure recruitment activities utilise a variety of channels and non-traditional sources, ensuring equality issues are highlighted and addressed at every stage.
 - To analyse our internal recruitment data in relation to gender success rates for promotions and development roles.
 - To go further and analyse our recruitment data to ensure inclusivity throughout.
- Continue to actively support women returning to work following maternity or adoption leave and potentially increase the uptake of shared parental leave.
- Continue to develop our innovative work on women's health issues such as those going through the menopause.
- Continue to ensure that women have good opportunities and support to develop their career for example through the continued promotion of flexible working initiatives.
- Establish community and schools links to encourage application away from gender traditional roles – for example women in facilities via STEM support initiatives.

Declaration

We can confirm that our data has been calculated nationally via the NHS Employee Staff Record (ESR) system according to the requirements of The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

We confirm that the gender pay calculations, data and assertions in this document have been assured by the Company Board.

Name: Malcolm Aiston
Managing Director

Name: Dr Stewart Davies
Chair

Allen-Kirsty
02/24/2022 16:22:58

**Board of Directors Meeting
North East and North Cumbria Integrated Care System Update
Wednesday 2nd March 2022**

Title of report	North East and North Cumbria Integrated Care System Update
Report author(s)	Jane Welch, Policy Advisor to the Chief Executive
Executive Lead (if different from above)	James Duncan, Chief Executive

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

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

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

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

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

02/03/2022 16:22:58

**Meeting of the Board of Directors
North East and North Cumbria Integrated Care System Update
Wednesday 2nd March 2022**

Sam Allen takes up post as Integrated Care Board Chief Executive designate

Sam Allen formally took up her post as Chief Executive designate of the ICS at the beginning of February. Sam has stated her aspiration is to support the North East and North Cumbria to become the best performing region for health and care, building on existing joint-working arrangements and developing sustainable partnerships in order to improve the health, wealth and wellbeing of our local populations. Following the publication of NHS England and Improvement's delivery plan for tackling the backlog of elective care, Sam has highlighted the need to pay the same level of attention to recovery across primary care, community services, and mental health and learning disability services.

Integrated Care Board development

The Integrated Care Board (ICB) is expected to begin operating in shadow form from the beginning of April 2022. Recruitment to the Integrated Care Board Executive Director posts is expected to be concluded by the end of February; we are expecting these appointments to be formally announced in early March. Sam Allen has acknowledged the outstanding questions relating to the development of place-based arrangements within the ICS governance structure, confirming that more guidance is expected in relation to these arrangements and highlighting the importance of co-production.

The ICB Board constitution has now been finalised and arrangements are being put in place to establish the various groups and committees, to enable the system to operate from its revised start date of 1st July 2022. This includes the establishment of Integrated Care Partnerships involving wider partners at an ICS level and at a more local level.

Work also continues on developing arrangements for governance at place (Local Authority Level) and this will be heavily influenced by the White Paper on Integration.

ICS Provider Collaborative

The ICS wide Provider Collaborative brings together provider organisations to address common issues facing us all collectively. A Memorandum of Understanding is being drawn up to clearly set out its objectives and how it will work. It is envisaged to be a collaborative rather than a decision making group, certainly in its first year of operation and no organisations will be bound by the decisions of the collective. A work programme has been developed and this will be incorporated into the Memorandum of Understanding, which will be brought to a future Board meeting

North East and North Cumbria Integrated Care System awarded Flexible Apprenticeship Status

The North East and North Cumbria Integrated Care System (NENC ICS) has been awarded Flexible Apprenticeship Status by the Education and Skills Funding Agency (ESFA). The NENC ICS is one of only 15 organisations to be selected nationally - and the only health and care system. The new flexi-job apprenticeship scheme will allow people to be employed by the NENC ICS during their apprenticeship, allowing apprentices the opportunity to rotate into and learn from different health and care organisations. The scheme will also help smaller organisations such as GP practices where there may not be the infrastructure or capacity to employ an apprentice direct. It is hoped that the first apprentices will join the scheme by the summer.

**Report to the Board of Directors
Wednesday 2 March 2022**

Title of report	CNTW Strategy Development Update - March 2022
Report author(s)	Anna Foster Trust Lead for Strategy and Sustainability
Executive Lead (if different from above)	James Duncan Chief Executive

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

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

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

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

Kirsty
02/24/2022 16:22:58

Board of Directors
Wednesday 2 March 2022
CNTW Strategy Development Update March 2022

Introduction

1. The current Trust Strategy, 'Caring, Discovering, Growing: Together' was developed before North Cumbria services were incorporated into the organisation and expires in 2022.
2. Therefore, the Trust is collaboratively developing a new Trust wide strategy via the 'CNTW2030' campaign.
3. This paper provides an update of strategy development progress and feedback to date as at the end of February 2022.
4. 'Strategy' in this context can be defined as:

People with a shared purpose
working together
towards a shared vision of the future.

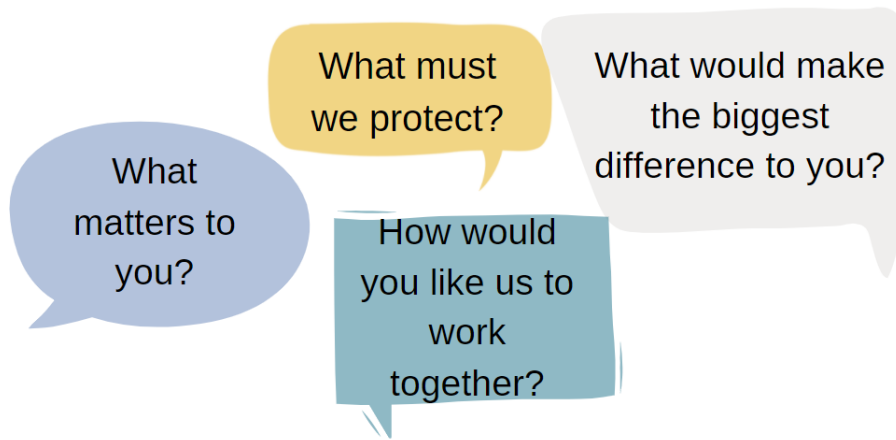


The case for change 1/4 – feedback from service users, carers, staff and other stakeholders

5. Engagement to seek views on the future of CNTW commenced in September 2021 with the launch of the 'CNTW2030' campaign.
6. This listening exercise sought to understand how service users, carers, staff and partner organisations would like their experience of working with or for CNTW to be.



7. The four qualitative questions below, developed in collaboration with service users and carers, governors and the Trust board, have been used to gather feedback throughout the engagement to date:



8. While the listening exercise was undoubtedly affected by the Omicron wave, a significant amount of feedback was received and summarised into four overarching themes:

1

Our Impact

- Feeling respected and accepted.
- Having choice and knowing what to expect.
- Being heard.



2



Our Staff

- Being equipped to do the job.
- A manageable workload.
- Having freedom to learn from trying new things.

3

Our principles

- Accepting each other as human beings.
- Equality and fairness.
- Learning from each other.



4



Our role in the wider system

- Joined-up services.
- What do we do best?
- The needs of local communities.

Alan, Kirsty
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9. The feedback received aligns with ongoing feedback gathered through mechanisms such as Points of You, the staff survey and complaints.
10. The summarised feedback will be shared with those who participated in the listening exercise, to check our understanding of what we've heard.
11. The summarised feedback will also be used in a further outreach exercise, to seek feedback from groups that proved harder to reach such as children and young people, service users with learning disabilities or who are autistic, primary care and partner organisations.

The case for change 2/4 - NHS Policy, Regulation, Legal Requirements

12. The structure of the NHS is changing, with the creation of Integrated Care Systems and emphasis on population health, working collaboratively at place to reduce health inequalities.
13. Future NHS ambitions have been set out in key publications such as the *Long Term Plan*, the *NHS People Promise* and *Delivering a 'Net Zero' NHS*.
14. The Mental Health Act is being amended, based on human rights principles of choice/autonomy, least restriction, therapeutic benefit and the person as an individual.
15. The Care Quality Commission continues to regulate healthcare providers and have implemented a new strategy to ensure their work is more proportionate and responsive, more relevant to the way care is delivered and more flexible to manage risk and uncertainty. The Trust remains rated 'Outstanding'.
16. The Trust scores well against the NHS England/Improvement Oversight Framework.

The case for change 3/4 - Environmental Factors, Economic Factors and Social Determinants of Health

17. The wider system, particularly local authorities, has been affected by the impact of austerity policies, while the pandemic has affected the economy, primary care capacity and increased demand for services.
18. Bed occupancy and out of area placements have increased during the pandemic due to demand and service pressures.
19. There is a national shortage of qualified clinicians, affecting service delivery and increasing reliance on temporary staff.
20. The North East and North Cumbria are particularly affected by poor health, inequalities, poverty, illiteracy and substance misuse. Place-based partnerships are at different stages of development.
21. The population we serve and our workforce is ageing, growing and becoming more diverse.
22. Effective knowledge sharing, learning and effective communication can be challenging across our large, geographically dispersed organisation.
23. There are opportunities to develop our role as an anchor institution.

Approved by
02/24/2024 16:22:58

24. Climate change and its causes require the decarbonisation of services and are affecting:
 - a. the health of vulnerable people (eg through air pollution, increased infectious diseases, heat-related distress),
 - b. the ability of our estate to withstand a warming climate and increased extreme weather events.

The case for change 4/4 - Technology

25. The Topol Review (2019) made recommendations to use digital technologies to benefit patients and is built upon by the 'Digital Future of Mental Healthcare Report'.
26. Key technologies expected to impact our services over the next 20 years include telemedicine, wearables/sensors, smartphones, digital therapies, social media, electronic patient health records, artificial intelligence and virtual/augmented reality.
27. The organisation was able to pivot rapidly to home working, online meetings and virtual consultations in response to the pandemic.
28. A CNTW Digital strategy will underpin the Trustwide strategy.

Next steps

29. Following the second listening exercise outlined in point 11, a draft strategy which considers both the factors above and the feedback received will be shared with the Trust Board for consideration by no later than 2022-23 Quarter Two.
30. The next Trust wide strategy will focus on desired culture change and contain four elements written in succinct, plain language:



A description of how we want to 'be' as an organisation, describing our ethos, values and principles (ie desired culture) to positively influence everyday behaviours and ways of working and promote belonging.



A pledge to service users and carers, organisational partners and staff, describing what they can reasonably expect from the organisation.



An honest depiction of the present and rationale for change, based on current strengths, difficulties, pressures and future challenges.



Strategic aims and vision to promote everyday decision-making that is aligned with the shift needed to move from the current position to achieving the organisation vision.

31. The implementation of the next strategy will proactively seek to allay anxiety and/or resistance which can be a common response to planned organisation change.
32. The culture-focussed Trust wide strategy will be supported by key enabling strategies, which will each have business-focussed strategic objectives.
33. Enabling strategies will be reviewed in line with the agreed Trustwide strategy and consolidated.

Allan, Kirsty
02/24/2022 16:22:58

Strategic Framework

- 34. The Trustwide and enabling strategies will support the Trust's Governance Framework, Accountability Framework and Annual Planning processes.
- 35. The Strategy will include impact measures which will be reported to Trust Board to monitor progress.

Recommendations

- 36. The Trust Board are asked to note 1) feedback received and 2) other progress to date.

Anna Foster
Trust Lead for Strategy and Sustainability
February 2022

*Allen, Kirsty
02/24/2022 16:22:58*

**Report to the Board of Directors
Wednesday 2nd March 2022**

Title of report	CNTW Global Digital Exemplar Accreditation
Report author(s)	Darren McKenna, Director of Digital
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance

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

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

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

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

*Dianna Kirby
02/24/2022 16:22:58*

**NTW Global Digital Exemplar (GDE) Accreditation
Report for the Board of Directors meeting
Wednesday 2nd March 2022**

1. Executive Summary

- 1.1. In 2017, Northumberland, Tyne and Wear NHS FT (NTW) was selected to bid for Global Digital Exemplar status. Bids were assessed by an international panel and NTW was selected as one of 7 digitally advanced Mental Health organisations to develop and deliver a digital programme leading to formal accreditation as a Global Digital Exemplar. The Trust received £5m over 3 years to deliver the programme and develop a series of blueprints to spread the adoption of digital innovations.
- 1.2. GDEs were asked to identify and work with Fast Follower (FF) organisations to receive £3m of funding over 3 years to support sharing and learning and adopt digital solutions from GDEs. In 2018, NTW opted to work with Cumbria Partnerships NHS Foundation Trust. In 2019, following the transfer of North Cumbria services and the formation of Cumbria, Northumberland, Tyne and Wear NHS FT (CNTW) the GDE and FF programmes were managed as a single programme.
- 1.3. CNTW attained HIMSS EMRAM¹ level 5 in October 2021, a key target for GDEs and a demonstration of the maturity of the Trust's electronic patient record system implementation.
- 1.4. Following the successful delivery of the programme in 2022, the Trust has now been formally recognised as an Accredited Global Digital Exemplar.
- 1.5. The remainder of this report highlights some of the key deliverables and benefits of the programme. It should be noted that a significant proportion of the programme was delivered in-house so that maximum funding could be used for digital equipment and solutions to support front line staff. The delivery of the programme is a testament to the support from the organisation and the expertise of the Digital Services teams. Particularly remarkable is that the team managed to maintain programme delivery through the onboarding of Cumbria services and the COVID19 pandemic.

2. Key Deliverables

- 2.1. Though NTW was considered advanced in its use of Digital technology, there were still significant advances to be made at the outset of the programme, particularly advanced clinical functionality to improve patient care and support clinical staff. Cumbria at the time was less advanced in the use of technology. The following highlights the key deliverables achieved through the programme:
- 2.2. Work from Anywhere Trust. To ensure a solid foundation for advanced digital developments the Trust has rolled out and maintained high levels of IT equipment for staff to access, including a significant number of laptops to support seamless remote working. Majority of staff also have smartphones to enable them to access key information on the go. As well as supporting good cyber security by maintaining the latest software, these devices along with the advanced digital systems in the Trust support staff to carry out majority of their work wherever there is an Internet connection.

Allan Kirsby
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¹ <https://www.himssanalytics.org/europe/electronic-medical-record-adoption-model>

- 2.3. Migrating Infrastructure to the Cloud. To support staff to work in an agile manner and enhance cyber security the Trust has been an early adopter of cloud services and were early adopters of Office 365 in the NHS. This enabled staff to securely access information from any device and enabled the full rollout of Microsoft Teams across the organisation.
- 2.4. Great North Care Record – Health Information Exchange (HIE). Working collectively with other organisations in the region CNTW has enabled information sharing across primary, acute and social care. CNTW staff can view records from other services from within RiO, and key information is securely shared from RiO to partners. The use of HIE has also supported the continuity of care following the transition of services from North Cumbria.
- 2.5. EPR on tablet devices. A common request from staff has been to use the Trust's electronic records system on a more convenient tablet device to support agile use on wards and in the community. The Trust has worked with the supplier and can now offer the system on iPads. Further work has been done to assure the security of the inbuilt voice recognition to support dictation of notes into the clinical record. The use of tablets complements the rollout of Office 365 allowing staff to access email, documents and use Microsoft Teams on the go.
- 2.6. Online Consultation. The Trust piloted on-line consultation and during the pandemic was able to scale up this cloud based solution to meet increased demand during lockdowns extending use to 142 teams and over 3,000 staff in weeks. The solution has delivered tens of thousands of consultations and now also supports group sessions. The project was shortlisted for an HSJ award and won a regional innovation award and been subject to academic evaluation by Sheffield Hallam University, increasing the evidence base for this relatively new technology. Over 7,000 service users have been surveyed following use and 95% either strongly agreed or agreed they were satisfied with the service and 94% were willing to use the service again.
- 2.7. Electronic Discharge Communication (eDischarge) The trust successfully implemented the electronic sending of communications from RiO to GPs. Initially used for ward discharge summaries the system is now used for the sending of all communications to 479 GP practices. The solution supports the sending of over 200,000 items of correspondence a year saving an estimated £80k pa.
- 2.8. Patient Platforms. The Trust is working collectively with other Trusts across the region through the HealthCall initiative and myGNCR patient engagement platform to deliver patient access to records and also allow service users to contribute to their records and care. Though in pilot stage these developments offer significant potential to increase involvement in their own care whilst maintaining a cohesive electronic patient record.
- 2.9. Enhanced Mental Health Act (MHA) Recording. The Trust has removed as much paper as practically and legally possible from the MHA process in the Trust. The independent MHA managers have been equipped with iPads to support the electronic delivery of papers for hearings which are now conducted fully using Microsoft Teams. This has increased the efficiency, security and timeliness of processes and resulted in an annual saving of approx. £27,000 as well as improving patient care.
- 2.10. Electronic Observations (eObs). The implementation of an additional RiO module – eObs allows the Trust to capture ward based physical and therapeutic observations on tablet devices, replacing previous paper data capture. NEWS2 recording and scoring for inpatients have been prioritised providing real-time views of a patient's physical health and automatic alerting of deterioration. This is now being rolled out Trust wide.

Allan Kirsten
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- 2.11. Electronic Seclusion Recording (eSeclusion). The electronic record was enhanced to capture the start, review and end of seclusions and long-term segregation. The project also included the development of a dashboard so that the use and duration of seclusions are visible in real-time and supports audit.
- 2.12. IAPT optimisation. Though the Trust uses a single EPR, a specialist system (IAPTUS) is used in its IAPT services. A number of enhancements were deployed to support outcome measure reporting and allow services users to record outcome and also support self-referral. Work has also been undertaken to integrate RiO and IAPTUS to support continuity across Trust services.
- 2.13. Improving access to Pathology and Radiology The introduction of a “click through” solution allows staff to access regional diagnostic systems to view and order test results from within RiO via a single click. The system saves clinical time, improves access to diagnostic information, improves clinical safety and has been welcomed by staff. The solution is currently being deployed across all Trust localities.
- 2.14. At-a-glance boards. This project has replaced handwritten boards in wards and teams with digital displays showing the real-time status of patients taken directly from the electronic patient record. This has significantly reduced duplication and increased the accuracy of information. The boards clearly highlight out of date; due or missing information in the clinical record and have realised a 59% improvement in data quality for key information on the record. As task lists are visible, time was saved by professionals visiting the ward. They were able to more rapidly assessment clinical need and treatment, which represented a further estimated saving of an estimated £32,700 per quarter in clinical time.
- 2.15. Digital Medication including ePrescribing (ePMA). ePMA has been rolled out across the majority of Trust in-patient wards increasing medicines safety, it is planned to rollout ePMA to community services during 2022. Omnicell Drug Dispensing cabinets have been rolled out to all wards, including services in Cumbria further increasing clinical safety.
- 2.16. Enhanced Information and Governance. The Trust recognises the need to maintain confidentiality and as more digital services are delivered these need to be secure to maintain trust. The Trust has developed enhanced training for staff to support the safe and secure use of new digital technologies, invested in advanced auditing systems to identify potential misuse and made investments in cyber security.
- 2.17. EPR integration. Whilst the Trust’s electronic record systems holds a comprehensive record and is used by the majority of services there is an increasing need to be able to increase the flexibility and extensibility of the solution to support integration with the wider health care system. As a group of GDEs we have worked with the supplier and now have a set of Application Programming Interfaces (APIs) available on RiO. Though a technical development, these APIs will allow the Trust to more closely integrate RiO with other systems enhancing the information in the patient record, reduction duplication of data entry for clinical staff and enabling more advanced decision support in the system. For example, an initial use case will support the importing of key information from GPs to support and alert staff for the need for physical health checks helping to make every contact count to improve the physical health of our patients.

Allan Kirsby
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2.18. Sharing and Learning. The Trust didn't deliver the programme in a vacuum, and in fact one of the greatest strengths of the Mental Health GDE programme nationally was the collaboration between organisations. CNTW hosted several national meetings to facilitate sharing and learning. This included strategic sessions with the Trust's EPR supplier and other GDEs to influence the product roadmap.

3. Onboarding of Cumbria Services

3.1. The majority of the above programme was delivered across Cumbria and the North East. However, to enable this, 2019 when services were onboarded a specific project quickly modernised the infrastructure and supporting technology to ensure there was a sound foundation for innovation. Majority of the Fast Follower funding was used to accelerate this delivery including:

- RiO to RiO migration to create a single clinical record.
- RiO enhancements including Digital Dictation, eSending to GPs, dashboards etc
- Full Office 365 rollout including email, Microsoft Teams and Sharepoint
- Data Migration to cloud using O365 – there is only limited physical infrastructure used in Cumbria increasing resilience and improving support.
- Full network migration across Cumbria to increase stability and security.
- Rolled out over 800 laptops for staff – all with 4G and remote access
- Rolled out over 600 smartphones
- Single IT Service Desk and Digital Support
- Delivery of Omnicell Drug Cabinets

4. COVID-19 Pandemic

4.1. Shortly after on-boarding Cumbria services, the Trust had to deal with the impact of the COVID-19 pandemic.

4.2. Through the work to implement solid technical foundations and rapidly deploy a single infrastructure into Cumbria all CNTW staff were able to use advanced technology to support services and service users during the pandemic and resulting lockdowns.

4.3. Several thousand staff worked seamlessly from home from the outset of the pandemic and were able to securely access and update the electronic record, hold on-line consultations and participate in Trust meetings and multi-disciplinary meetings via Microsoft Teams.

4.4. This use of technology helped keep staff and service users safe whilst ensuring continuity of care. This level of technology would not have been in place without the GDE programme.

Alan Kirsty
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5. **Beyond GDE Accreditation**

5.1. Through the Trust has made significant advances through the delivery of its GDE programme, there is still much work to be done.

5.2. Some key planned developments include:

- Completing the rollout of key deliverables across the whole organisation.
- Continuing to streamline the EPR and improve usability for clinical staff.
- Increase integration and automation of the clinical record to increase efficiency.
- Further develop the use of patient facing technologies and solutions to increase digital inclusion.
- Extend ePMA into community services.
- Develop wider information exchange and integration with system partners across pathways.

6. **Recommendation**

6.1. The Board are asked to receive this report, noting the attainment of Global Digital Exemplar Accreditation status including the work of the Digital Delivery teams and support from the Trust Board and staff across the Trust.

Darren McKenna
Director of Digital

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**Board of Directors
Wednesday 3rd March 2022**

Title of report	CEDAR Programme Board – governance and reporting arrangements
Report author(s)	Debbie Henderson, Director of Communications and Corporate Affairs
Executive Lead (if different from above)	James Duncan, Chief Executive Officer

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	<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 type="checkbox"/>

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	<input type="checkbox"/>
Corporate Decisions Team (CDT)	<input type="checkbox"/>
CDT – Quality	<input type="checkbox"/>
CDT – Business	<input type="checkbox"/>
CDT – Workforce	<input type="checkbox"/>
CDT – Climate	<input type="checkbox"/>
CDT – Risk	<input type="checkbox"/>
Business Delivery Group (BDG)	<input type="checkbox"/>

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 type="checkbox"/>	Reputational	<input type="checkbox"/>
Workforce	<input 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 checked="" 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

CEDAR Programme Board – Governance and Reporting Arrangements

Board of Directors Meeting Wednesday 3rd March 2022

1. Executive Summary

Since its establishment, the CEDAR Programme Board has reported into the Board of Directors monthly via the provision of approved minutes of previous meetings, supported by a verbal update by the Programme Board Chair – Peter Studd, Trust Non-Executive Directors / NTW Solutions Chair until 31st December 2021.

In September 2021, the Trust took an opportunity to review the Trust NED/NTW Solutions joint role as part of the appointment process and a decision was taken to split the role for reasons outlined in the Board report dated 6 October 2021.

2. CEDAR Programme proposed governance and reporting arrangements

As part of the review of Committees reporting into the Board, the status of the CEDAR Programme Board was also considered by:

- Ken Jarrold, Chairman
- James Duncan, Chief Executive / NTWS Trust representative and senior responsible officer for the CEDAR Programme
- Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance
- Debbie Henderson, Director of Communications and Corporate Affairs

A review of the Programme Board Terms of Reference was also carried out (the current terms of reference dated May 2021 are included as appendix 1).

The CEDAR Programme Board is primarily the responsibility of NTW Solutions Limited in terms of meeting the requirements of the Terms of Reference. This confirms that the CEDAR Programme Board has operational responsibility for delivery of the CNTW major development capital schemes.

On this basis, the Board is asked to consider the recommendation to move reporting of the CEDAR Programme Board to sit within the remit of the Resource and Business Assurance Committee (RABAC). This will ensure appropriate accountability in line with the Trust's Governance Framework, as assurance will be provided to the Board from a standing Sub-Committee of the Board, chaired by a CNTW Non-Executive Director – Paula Breen. As with other Committees of the Board, RABAC will receive regular, detailed updates on project development, progress and risk management associated with the CEDAR Programme.

3. Recommendation/summary

The Board of Directors are asked to approve the recommendation to:

- Revise the Terms of Reference of the CEDAR Programme Board to report to the Trust Resource and Business Assurance Committee.
- That the Trust Resource and Business Assurance Committee provide assurance relating to the CEDAR Programme Board to the Board of Directors

Debbie Henderson
Director of Communications and Corporate Affairs

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