

Board of Directors PUBLIC Meeting

7 December 2022

13:30 GMT Europe/London

Conference Suite, St Nicholas Hospital

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1. Agenda

Speaker: Ken Jarrold, Chairman

References:

- BoD Agenda Public December DRAFT (001).pdf

Board of Directors PUBLIC Board Meeting Agenda

Board of Directors PUBLIC Board meeting Venue: Conference Suite, St Nicholas Hospital and via MS Teams	Date: Wednesday 7 th December 2022 Time: 1:30pm– 3:30pm
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Agenda Item 1		Owner	
1.1	Welcome and Apologies for Absence	Ken Jarrold, Chairman	verbal
2	Service User / Carer / Staff Story	Guest Speaker	verbal
3	Declarations of Interest	Ken Jarrold, Chairman	verbal
4	Minutes of the meeting held 2 November 2022	Ken Jarrold, Chairman	enc
5	Action Log and Matters Arising from previous meeting	Ken Jarrold, Chairman	enc
6	Chairman's Update	Ken Jarrold, Chairman	verbal
7	Chief Executive Report	James Duncan, Chief Executive	enc
Quality, Safety and patient issues			
8	Commissioning and Quality Assurance update (Month 7)	Ramona Duguid, Chief Operating Officer	enc
9	Quality Account	Ramona Duguid, Chief Operating Officer	enc
10	Annual Plan 2022/23 Quarter 2 update	Kevin Scollay, Executive Finance Director	Enc
11	Community Mental Health survey results report	Ramona Duguid, Chief Operating Officer	enc

12	Service User and Carer Experience Report	Ramona Duguid, Chief Operating Officer	enc
13	Waiting Times for Children and Young People	Ramona Duguid, Chief Operating Officer	enc
Workforce issues			
14	No issues to update		
Regulatory / compliance issues			
15	Board and Sub-Committees Terms of Reference Annual Review	Debbie Henderson, Director of Communications, Corporate Affairs	enc
Strategy, planning and partnerships			
16	NENC Integrated Care System/Integrated Care Board update	James Duncan, Chief Executive	verbal
17	Family Ambassador Role	Dan Briggs, Peer Support Facilitator	verbal
Committee updates			
18	Quality and Performance Committee	Darren Best, Chair	Verbal
19	Audit Committee	David Arthur, Chair	Verbal
20	Resource and Business Assurance Committee	Paula Breen, Chair	Verbal
21	Mental Health Legislation Committee	Michael Robinson, Chair	Verbal
22	Provider Collaborative Committee	Michael Robinson, Chair	Verbal
23	People Committee	Brendan Hill, Chair	Verbal
24	Charitable Funds Committee	Louise Nelson, Chair	Verbal
25	Council of Governors' Issues	Ken Jarrold, Chairman	Verbal

26	Questions from the Public	Ken Jarrold, Chairman	Verbal
27	Any other business	Ken Jarrold, Chairman	Verbal

Date and Time of Next Meeting:

Wednesday 1st February 2023

1:30pm – 3:30pm

Trust Board Room, St Nicholas Hospital and via Microsoft Teams

1.1 Welcome and Apologies for Absence

Speaker: Ken Jarrold, Chairman

2. Service User / Carer / Staff Story

Speaker: Guest Speaker

3. Declaration of Interest

Speaker: Ken Jarrold, Chairman

4. Minutes of the meeting held 2 November 2022

Speaker: Ken Jarrold, Chairman

References:

- 3. Mins Board PUBLIC 2 November 2022 FINAL DRAFT.pdf

**Minutes of the Board of Directors meeting held in Public
Held on 2 November 2022 1.30pm – 3.30pm
St Nicholas House, St Nicholas Hospital and via MS Teams**

Present:

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

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

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary
Kirsty Allan, Corporate Governance Manager
Margaret Adams, Lead Governor and Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead (online)
Jane Noble, Carer Governor for Adult Services
Tom Rebar, Service User Governor for Adult Services
Russell Stronach, Service User Governor for Learning Disabilities
Paul Richardson, Appointed Governor for North Tyneside Council (online)
Karen Lane, Public Governor for Newcastle, Rest of England and Wales (online)
Anne Carlile, Carer Governor for Adult Services
Evelyn Bitcon, Public Governor for North Cumbria
Revell Cornell, Non-Clinical Staff Governor (online)
Maria Hall, Appointed Governor for Gateshead Council (online)
Marc House, Associate Director for NTW Academy (*item 18*)
Gail Bayes, Deputy Director for NTW Academy (*item 18*)
Tony Gray, Associate Director for Health, Safety and Resilience (*online item 11*)
Gavin Morris, Client Manager for Public Sector Healthcare at Virgin Media (online)
Sam Volpe, Health Reporter Chronicle (online)

1. Welcome and apologies for absence

No apologies for absence were received.

Ken Jarrold welcomed everyone to the meeting and extended a warm welcome to Kevin Scollay, Executive Director of Finance who commenced in post on 31st October 2022.

Ken noted the meeting as Lisa Quinn's final meeting as Executive Director of Finance, Commissioning and Quality Assurance ahead of her forthcoming retirement. Ken paid tribute to Lisa's rigour, hard work, experience, and expertise but above all her commitment to the Trust and her substantial contribution to making CNTW an outstanding organisation.

2. Declarations of interest

There were no declarations of interest to note.

3. Service User/Carer Story/ Staff Story

Ken Jarrold extended a warm welcome and thanks to Paul Sams who shared a video of a service user, Nursing Assistant and Peer Supporter about their experiences within an inpatient ward setting.

4. Minutes of the meeting held 5 October 2022

The minutes of the meeting held on 5 October 2022 were considered and approved.

Approved:

- **The minutes of the meetings held 5 October 2022 were approved as an accurate record**

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

There were no outstanding actions to note.

6. Chairman's update

Ken Jarrold referred to the Black History Month event which took place on 28th October. The event was a hybrid event with over 120 people joining online. Ken noted powerful presentations from the speakers leading to challenging discussions which will be used to develop the work around how the Trust supports those members of the workforce from a Black, Asian and minority ethnic background.

7. Chief Executive's Report

James Duncan referred to the report noting the Department of Health and Social Care funding awarded to Newcastle's Biomedical Research Centre for world-leading research in ageing and multiple long-term conditions. Rajesh Nadkarni referred to the Trust's work in collaboration with Newcastle and Northumbria universities on bio-medical research. CNTW has been accepted as a formal partner, recognising the skilled academic staff within the Trust who have delivered some excellent work within dementia, autism and much more.

James noted that the International Recruitment, Relocation and Support team had been successful in achieving the NHS Pastoral Care Quality Award. CNTW is the first Mental Health and Learning Disability Trust in the country to have been successful in achieving this award.

Two members of the National HOPE(S) Team recently visited CNTW to work with the Trust to explore new models of care on addressing long term segregation and seclusion. James noted that mutual visits are scheduled to take place between CNTW and Mersey Care with both organisations learning from each other. Jo Brackley has been appointed as Clinical Lead for HOPE(S).

The Psychological Professions Conference took place on 19th October with a wide-ranging programme including a powerful Schwartz Round that reflected on the emotional impact before, during and after the pandemic. The conference ended with a workshop focussed on the transformation agenda and system level changes.

Gary O'Hare referred to the Mental Health Nurse Handbook, a practical guide to supporting preceptorship and supervision conversations for newly qualified nurses.

Resolved:

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

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance update (Month 6)

Lisa Quinn referred to the report and noted the current financial position as being behind plan reporting a £5.7m deficit, with a forecast position of break-even by 31st March 2023. The Trust reported a reduction in agency staffing spend and the Board recognised the need to sustain the focus on this going forward.

The Digital Security Protection Toolkit reported 95% compliance and Lisa noted compliance with Information Governance training had increased to 91.4%, but the Trust was yet to achieve the 95% standard.

During September, out of area placements had increased. Following publication of the report, the position had since reduced to 12.

The Trust has continued to meet the needs of children and young people with eating disorders from an urgent referral point of view of 100% against a 95% standard, but Lisa noted that routine referrals stood at 71% against the 95% standard. Regular reviews remained a priority.

Ken Jarrold noted that it was encouraging to see improvements in agency spend, and waiting times, despite the challenges faced by the Trust, but advised that the Board should continue to remain focussed on these areas going forward.

Darren Best reflected on the Board development discussion on the Trust Recovery Plan noting that the number of young people waiting for treatment over 18 weeks required an increased focus across the system and asked that the Board receive regular bespoke updates in this regard.

Resolved:

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

Action

- **Regular updates to the Board for children and young people waiting over 18 weeks.**

9. Safer Staffing Levels (Q2) Report

Gary O'Hare referred to the report which provide assurance on all inpatient wards in accordance with the National Quality Board Safer Staffing requirements. Gary advised that exception reporting was via a RAG rating approach (Red, Amber, Green) set out in the report. Gary referred to the Red RAG rated areas in relation to qualified staff with over 50% additional resources of unqualified staff in some areas.

Resolved:

- **The Board received the Safer Staffing Levels (Q2) Report**

10. Safer Care (Q2) Report

Rajesh Nadkarni referred to the report noting the new format which focusses on key metrics including statistical process control charts to enable improved data analysis and identification of areas that require further review.

Rajesh highlighted the significant increase in safeguarding incidents which is reported to be in-line with the national trend. Rajesh referred to the implementation of the link between the Trusts Incident Management System to the National Reporting and Learning System which went live in September and referred to the robust process for managing serious incidents which reports in detail to the Quality and Performance Committee.

The Trust are working towards a trajectory of at least 85% of all registered staff to have completed Safeguarding Children and Adults training by the end of Quarter 3.

The Trust's Public Health Team are working collaboratively with NHS England/relevant screening teams to enable access to bowel screening on wards and breast cancer screening.

Resolved

- **The Board received and noted Safer Care Q2 Report**

11. Safety, Security and Resilience Annual Report

Gary O'Hare introduced the report which provided assurance on the Trusts compliance with NHS England's core standards.

Tony Gray provided an update to the Board on the link between the Trusts Incident Management System and the new national learning from patient safety events system with over 4000 incidents already submitted. Tony advised that CNTW was the first NHS Trust in the country to adopt this approach. It has been well supported by clinical and operational services. CNTW have been approached to support other NHS organisations and Tony has been asked to record a podcast with NHS England to share learning nationally with all other NHS organisations.

The Trust continues with its digital journey across the organisation in the use of body worn cameras for inpatient wards, development of lone working devices and metal detection. Tony referred to core standards for Emergency Preparedness, Resilience and Response (EPRR) reporting 89% compliance.

Ken Jarrold thanked Tony Gray for the update which demonstrated the remarkable amount of work undertaken in terms of patient and staff safety and security.

Resolved

- **The Board received the Safety, Security and Resilience Annual Report**

12. Winter Planning Report

Ramona Duguid referred to the report which summarised the requests from the Integrated Care System (ICS) on the requirements for winter preparedness which included winter funding schemes developed within the Trust. These schemes will be submitted to the Integrated Care Board (ICB) for further consideration. Ramona referenced some additional areas of funding potentially available across the broader system and noted that proposals had been submitted on ways to support emergency care demand, particularly ambulance and emergency departments.

Lisa Quinn confirmed proposal are yet to receive feedback from the ICB.

Resolved

- **The Board received the Winter Planning Report update**

13. Panorama Programme – Trust response

James Duncan referred to the recent media coverage relating to the care and treatment of patients within NHS mental health and disability services. This included the Panorama Programme focusing on services provided by Greater Manchester Mental Health NHS Foundation Trust. James also referred to the publication of reports following an independent review of the deaths of three patients in West Lane Hospital in the North East of England.

Following the Panorama Programme, all providers of NHS mental health services, including CNTW, received a request from NHS England to respond to the issues highlighted in the programme. CNTW also received a similar request from North East and North Cumbria Integrated Care Board (ICB).

Ramona Duguid referred to the report which outlined the Trusts response to these requests. The report provided an overview of the Trusts current position as well as identifying opportunities for further reflection, learning and improvement in some areas. The report highlights four key areas of improvement. Leadership, patient and carer voice, values and behaviours in clinical practice, and use of intelligent data to support what we 'see, feel and hear'.

Ramona referred to the importance of recognising and responding to the potential for 'closed cultures' within an organisation. The Care Quality Commission's (CQC) four indicators relating to the development of closed cultures will be considered alongside the work to implement the new national patient safety incident response standards, to focus on implementation of a 'just culture' across the organisation. The safer care team will review the tools and approach to inform our overall approach to tackling closed cultures. James emphasised the need for this not to be reduced to a 'tick box' exercise but to be hardwired into the way we work across our wards and services.

Ken Jarrold emphasised this as an important opportunity to review the organisations position in terms of leadership. Recognising the importance of the report and associated actions for the Trust, the report will be the key topic for discussion at the Council of Governors meeting to be held on 10th November 2022.

Darren Best commended the approach of the Executive Team to learn lessons from the Programme, published reports, and other incidents in terms of the avoidance of an 'action plan' approach. He recognised the value of ensuring learning and work is embedded throughout the whole organisation. Darren also commended the approach to supporting the development of leadership within the organisation and developing leaders in 'action' in terms of culture as opposed to via 'training'.

Resolved:

- **The Board received and approved the recommendations set out in the Panorama Programme – Trust response**

14. Infection Prevention Control Board Assurance Framework

Gary O'Hare referred to the report highlighting the current position with one identified Covid-outbreak, 11 Covid-positive patients and 60 staff members currently absent due to Covid-19. Gary noted that outbreaks continue to provide an opportunity to review key themes relating to practice and processes.

Gary advised that the Flu vaccination remains an important priority to reduce morbidity and mortality associated with Flu and to reduce hospitalisations during a time when the NHS and social care may also be managing winter pressures as well as Covid and other respiratory infections.

The Covid-19 booster vaccine and Flu vaccine are being offered to all inpatients and staff, including the employees of commissioned services and key partners, regular agency workers, volunteers and health and care students on placement in the Trust during the vaccination programme.

Resolved

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

Workforce issues

15. Staff, Friends and Family Report (Q2)

Lisa Quinn referred to the report and noted a reduction in responses during the Quarter due to an envelope supply issue. Of the 3278 positive comments received over 1100 related to care and treatment. Negative feedback received related to the broader theme of communication of how we listen, hear and support service users. In addition to the report Lisa highlighted the National Community Mental Health Survey published week commencing 31 October. The report will be presented to the December meeting.

Resolved:

- **The Board received Staff, Friends and Family Report (Q2)**

16. Guardian of Safe Working (Q2) Report

Rajesh Nadkarni referred to the report which provided assurance to the Board with the workplan for junior doctors to ensure their welfare and wellbeing issues are addressed when working over and above their contracted hours. A process of exception reporting is in place.

Resolved:

- **The Board received and noted the Guardian of Safe Working (Q2) Report**

17. Raising Concerns Report

Lynne Shaw referred to the report which provides information about all cases raised either via the Freedom to Speak Up Guardian (FTSUG), or centrally via the Raising Concerns Policy. 40 cases have been reported, which is an increase from the previous report. 10 of the cases were categorised as whistleblowing, this being the highest amount of whistleblowing cases reported since reporting commenced. The main theme related to staffing levels. Other issues raised related to discharge processes and care packages.

Lynne advised that the Trust will be reviewing the Policy against the recently published national Raising Concerns Policy. The current FTSUG, Neil Cockling, will soon be stepping down and Lynne advised that two new FTSUGs had been appointed and will be in post in the new year. On behalf of the Board, Lynne thanked Neil Cockling for his dedication to the role over the past seven years.

Resolved

- **The Board received and noted the Raising Concerns Report**

18. NTW Academy Annual Report

Gail Bayes and Marc House delivered a presentation to the Board on the work of the Academy during 2021/22 which reflected a very successful year for the team. Gail and Marc provided a detailed update on the work which has supported the Trust's workforce plans, professional strategies and future business continuity and sustainability.

Gail and Marc outlined the work-plan for the coming 12 months and beyond to further develop the Academy, allowing CNTW to offer more diversity in its approach to learning through a variety of bespoke and blended models of delivery at all levels.

Resolved:

- **The Board received and noted the CNTW Academy Annual Report and supports the direction of further development**

Regulatory / compliance issues

19. CQC Action Plan update

Lisa Quinn referred to the report, which recommended the Board close the action relating to the outcome of the focussed CQC inspection on Learning Disability and Autism services, noting sufficient evidence and assurance has been provided. The recommendation to close the action was supported by the Quality and Performance Committee.

Lisa advised that all actions have been reviewed in detail with CQC representatives who are satisfied with the outstanding actions and the level of progress made. Lisa requested Board approval to extend further the action plans relating to staffing, physical health / rapid tranquilisation and restrictive practices as further assurance is required.

Resolved:

- **The Board received and noted CQC Action Plan update**

Approved

- The Board approved the closure of action highlighted as Appendix 2 of the report as well as approving the extension for the action plans related to staffing, physical health / rapid tranquilisation, and restrictive practices.

20. Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

Lisa Quinn advised that all sub-committees of the Board have reviewed the risks aligned to their individual Committees and the full BAF and CRR was reviewed at by Audit Committee.

Resolved:

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

21. NHSE/I Single Oversight Framework

Lisa Quinn advised that NHS England, under the System Oversight Framework, have assessed the Trust for Quarter 2 2022/23 as falling within Segment 1 – maximum autonomy. Lisa noted that given the Trust's agreement to revise the Trust's financial outturn for the year-end to a breakeven position, and the position in relation to some quality standards previously discussed in the meeting, the Trust may be moved into Segment 2 in Quarter 3.

Resolved:

- The Board received and noted the NHSE/I Single Oversight Framework report
- The Board noted that due to the current challenges in meeting some quality standards and the amendment to the Trust's forecasted financial year-end position, the Trust may be moved to Segment 2 under the System Oversight Framework.

Strategy, Planning and Partnerships**22. Integrated Care System (ICS)/ Integrated Care Board update (ICB)**

James Duncan referred to the report which set out the formation of the Integrated Care Partnerships (ICPs) that are aligned to the ICB. There will be one overarching NENC ICP with a number sub-ICPs as described within the report.

Ken Jarrold explained that the ICB have appointed PLACE Directors for each Local Authority area, and these will be significant roles for the future. Ken encouraged Group Directors to contact PLACE Directors to begin to build strong relationship and ensure collaborative working within the system.

Resolved:

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

Board sub-committee minutes and Governor issues for information**23. Quality and Performance Committee**

Darren Best provided an update following the October meeting and briefed the Board of the proposed approach to locality engagement with the Committee. Ramona Duguid has agreed to lead a piece of work on aligning service visits including Executive Director, Non-Executive Director, and Governor visits, to establish a more targeted approach and use of visit feedback within the governance framework. The outcome of this work will be implemented from April 2023.

24. Audit Committee

David Arthur provided an update following the October meeting which reviewed the BAF and CRR in its entirety. The Committee reviewed the Trust Charity Accounts for 2021/22 which were submitted to the closed Board for approval. Following concerns raised by Tom Bentley, Governor representative

regarding issues relating to health and safety highlighted in the CQC report into Learning Disability and Autism services, Tom provided feedback following a meeting with Gary O'Hare and the Health, Safety and Security Team. It was agreed that a bi-annual Health and Safety Report will be provided to the Governors Quality Group meeting.

25. Resource and Business Assurance Committee

Paula Breen provided an update following the October meeting where the key focus related to the financial position and review of the Trusts Recovery Plan. The key issue impacting on the financial position continues to be agency staffing spend and the national pay award.

Consideration was given on out of area bed usage and improvements were noted. Paula referred to a collective piece of work being led by the NENC ICB on emergency spend and investment. The Research and Development Team continue to work on oversight of initiatives that are progressing and ensuring appropriate governance arrangements are in place with regards to clinical innovations.

26. Mental Health Legislation Committee

Michael Robinson provided an update following the October meeting where the committee considered the risk register and Terms of Reference and reviewed the work of the Mental Health Legislation Steering Group. Michael noted the number of Hospital Managers Panel members had increased although there is still difficulty in recruiting those from a BAME community. This will be discussed with the Trust Staff Networks. Mental Health Legislation Training is currently under review in terms of performance targets for non-registered staff.

27. Provider Collaborative Committee

There have been no meetings since the previous Board meeting.

28. People Committee

Brendan Hill provided an update following the October meeting which included a review of recruitment and retention initiatives, agency spend and sickness absence within the organisation. Agency spend was reducing however there remains a focus to ensure the downward trajectory continues. An update was provided on the development of the Wellness Support Team to support staff to return to work.

29. Charitable Funds Committee

Louise Nelson provided an update following the October meeting and noted progress made on the support to develop a Charity Strategy and fundraising approach to be led by Debbie Henderson within the Communications Team function. Louise gave thanks to Lisa Quinn who helped support the proposal to provide donations to community foodbanks across the Trust footprint.

30. Council of Governors issues

Ken Jarrold referred to the current Governor elections noting that following appointment of new Governors, feedback will be sought from all Governors regarding meeting times for Governors and consideration to hold meetings out of hours.

Tom Rebar referred to his attendance at the Children and Young People's Transformation Conference noting it as a very good and engaging event.

Russell Stronach welcomed the splitting of Learning Disability and Autism posts for Governors but suggested that a discussion with current Governors holding the position of Governor for Learning Disability *and* Autism would have been beneficial. Ken apologised and assured Russell that his role would be unaffected. Debbie Henderson agreed to discuss the issue with Russell out-with the meeting.

31. Any Other Business

There were no issues to note.

32. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 7 December 2022, 1:30pm at Board Room, St Nicholas Hospital and online via Microsoft Teams.

5. Action Log and Matters Arising from previous meeting

Speaker: Ken Jarrold, Chairman

References:

- 5. BoD Action Log PUBLIC as at 07.12.2022.pdf

Board of Directors Meeting held in public

Action Log as at 7 December 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					
2.11.22	8	Board to receive regular updates on Children and Young People waits over 18 weeks	Ramona Duguid	December 2022	
Completed Actions					
		There are no complete actions since the previous meeting to note			

6. Chairman's update

Speaker: Ken Jarrold, Chairman

7. Chief Executive Report

Speaker: James Duncan, Chief Executive

References:

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

**Report to the Board of Directors
Wednesday 7th December 2022**

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

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	
Audit		Trust Leadership Team (TLT)	
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

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

**Meeting of the Board of Directors
Chief Executive's Report
Wednesday 7th December 2022**

Trust Updates

Trust signs LGBT+ Network Pledge Against Hate

Members of the Trust's Executive Team have signed a pledge created by our LGBT+ Staff Network which states that everyone deserves respect and to feel safe and supported regardless of sexual orientation, gender identity or expression. Signing the pledge commits staff at the Trust to challenging all instances of transphobia, biphobia, and homophobia and to stand by the LGBT+ community. Those signing the pledge promise to ensure that CNTW fully promotes inclusivity, equality, and diversity for all staff and service users. The pledge is also about agreeing to challenge language and perceptions by having positive discussions and raising awareness of issues facing the gender non-conforming community.

Trust receives NHS Pastoral Care Quality Award for support provided to new nurses

CNTW has become the first mental health and learning disability trust awarded the NHS Pastoral Care Quality Award, in recognition of the high-quality support provided to nurses who are recruited into the Trust from abroad. Before joining the Trust, potential international recruits are provided with information to prepare them for the move and are paired up with a 'buddy' when they arrive. After arriving, new staff are also supported to prepare for the Objective Structured Clinical Examination (OSCE), a practical exam which nurses and midwives trained outside the European Union must pass before practicing in the UK. CNTW also provides bespoke relocation support for staff joining the Trust from other areas of the UK. The NHS Pastoral Care Quality Award is part of NHS England and NHS Improvement's International Recruitment Programme. To achieve the award, the Trust had to meet a set of standards for best practice in pastoral care and will be reassessed every two years.

Patients at Northgate win Koestler Awards for Arts in Criminal Justice

The annual Koestler Awards aim to challenge negative stereotypes and help people lead more positive lives by motivating them to participate and achieve in the arts. 25 artworks by patients being treated in secure care services at Northgate Hospital in Morpeth received awards, including an award for Outstanding Debut. The artworks include a mix of textiles, drawing, paintings and portraits, sculpture, digital art, and musical compositions. Many of the entries by patients at Northgate will also be on display as part of the Koestler Trust's 'Freedom' exhibition in the South Bank Centre, London. The exhibition has been curated by renowned Chinese contemporary artist Ai Weiwei. There will also be a local awards ceremony at Northgate Hospital at the end of November to celebrate the achievements of all who entered the Koestler Awards.

Industrial Action

Following a four week statutory ballot (27 October 2022 – 25 November 2022), the Trust has been informed that UNISON did not meet the 50% turnout threshold for industrial action. This follows a similar result from the Royal College of Nursing earlier in November. The Chartered Society of Physiotherapy is the only outstanding ballot for the Trust at this time. This closes on 12 December 2022.

National Updates

NHS England guidance on good governance and system collaboration

NHS England published '[Guidance on good governance and collaboration](#)' which sets out clear expectations of NHS trusts with respect to collaboration with system partners and the governance trusts must have in place to support this. The guidance highlights that:

- The success of individual trusts will be increasingly judged against their contribution to achieving the objectives of their Integrated Care System, in addition to their existing duties to deliver safe and effective care and to use resources effectively.
- Effective collaboration requires system-minded leadership underpinned by organisational and individual behaviours that create the right environment for collaborative change, and governance arrangements which ensure these elements are in place and leveraged to deliver system-level improvements.
- Providers are expected to work effectively on all issues including those which may be contentious for the organisation and system partners, with appropriate priority given to reducing health inequalities and equity of access to services

The guidance sets out expectations of providers and a set of minimum behaviours in relation to collaboration across three key areas:

1. Consistent engagement in shared planning and decision-making
2. Consistently taking collective responsibility with partners for delivery of services across system and place footprints
3. Consistently taking responsibility for delivery of improvements and decisions agreed through system and place-based partnerships, provider collaboratives and any other relevant forums (includes integration of organisational plans with five-year joint system plan)

Providers must have governance arrangements in place which ensure that they are collaborating effectively. The guidance sets out how NHS England will oversee providers' performance with respect to collaboration and associated governance under the NHS Oversight Framework and details the Key Lines of Enquiry which will be used by NHS England in discussion with an Integrated Care Board to indicate whether a provider is fulfilling their obligations in this area.

Provider boards must consider the guidance and ensure that their organisations have in place the governance arrangements to support effective collaboration.

DHSC guidance on the role of Health and Wellbeing Boards

The Department of Health and Social Care published [guidance](#) clarifying the role of Health and Wellbeing Boards (HWBs) and their relationship with Integrated Care Systems. Aspects of the role of HWBs which will remain the same as before the establishment of ICSs are:

- Joining up the health and care system and driving integration, informing the allocation of local resources and approving the local Better Care Fund plan
- Informing joint ICB-NHS Trust's 5-year forward plans, which must be refreshed every year and replace commissioning plans
- Considering annual reports from the ICB (Integrated Care Board)
- Contributing to assessments of ICB performance

Aspects of the role of HWBs which will change following the establishment of ICS's include:

- Every ICB in the HWB footprint will be represented on the HWB
- ICBs and their partner NHS trusts and NHS foundation trusts are required to share their joint capital resource use plan and any revisions with each relevant HWB – this is a new duty intended to support the alignment of local priorities and consistency with strategic aims and plans
- Where Integrated Care Partnerships and HWBs are coterminous, it may be appropriate to merge the two bodies though both should continue to deliver their statutory functions
- HWBs should be involved in the development of ICP's integrated care strategies, and are required to consider revising Joint Local Health and Wellbeing Strategies following the development of the integrated care strategy for their area

CORE20PLUS5 framework for Children and Young People

Core20PLUS5 is a national NHS England approach which aims to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies 5 clinical areas of focus where improvement should be accelerated to reduce healthcare inequalities. The CORE20PLUS5 approach, which initially focused on adults, has now been adapted for children and young people.

Access to mental health services for children aged 0-17 (from specific groups) has been selected as one of the five clinical areas of focus. Another clinical area of focus is epilepsy, including ensuring access to specialist epilepsy nurses for children and young people living with learning disabilities and/or autism within the first year of care. The elements of the CORE20PLUS5 approach are:

CORE20 - The most deprived 20% of the population as identified by the national Index of multiple deprivation (IMD). The IMD has seven domains with indicators accounting for a range of social determinants of health.

PLUS - population groups including ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups. Specific consideration should be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

5 - The final part sets out five clinical areas of focus which will inform action by Integrated Care Boards and Integrated Care Partnerships to achieve system change and improve care for children and young people:

1. Asthma

- Address over reliance on reliever medications
- Decrease the number of asthma attacks

2. Diabetes

- Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds
- Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes

3. Epilepsy

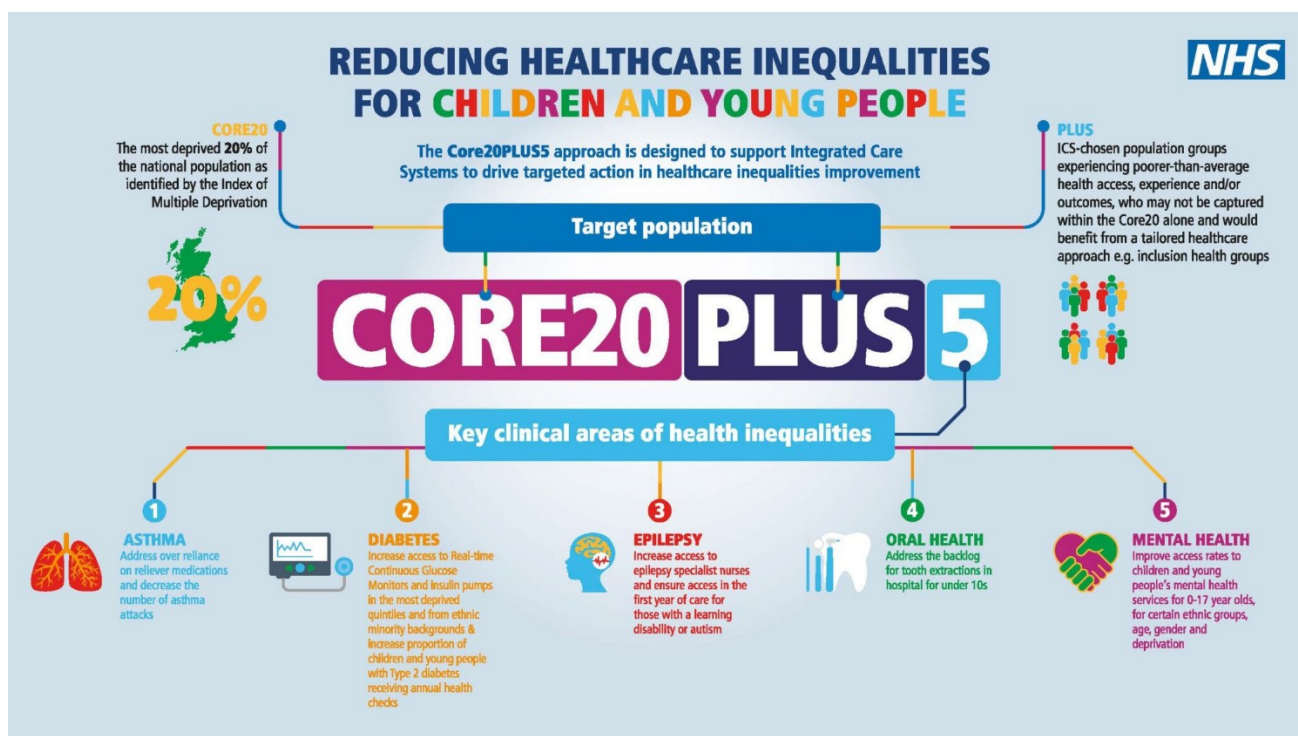
- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. Oral health

- Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under

5. Mental health

- Improve access rates to children and young people's mental health services for 0–17-year-olds, for certain ethnic groups, age, gender and deprivation



CQC report on experiences of being in hospital for people with a learning disability and autistic people

CQC published '[Who I Am Matters](#)', a report based on visits to 8 hospitals in England during February and March 2022 which highlights that people with a learning disability and autistic people are still not being given the quality of care and treatment they have a right to expect. The report considers five key areas: Access to care, communication, care and treatment in hospital, protected characteristics and equality of care, and workforce and skills development. [Key findings](#) include:

- Hospitals lack effective systems for identifying people, particularly autistic people who do not have a learning disability. This means hospitals are not always aware of an individual's needs, and so are unable to put in place the reasonable adjustments people have a right to expect.
- Hospital environments can have a negative impact on patients, and staff can lack the skills, knowledge and understanding to provide people with the individualised care and treatment they need. Providers must make sure that all staff have up-to-date training and the right skills to care for people with a learning disability and autistic people
- There is an over reliance on families to ensure people get the right care and support, people are not always fully involved in their care because there is not enough listening, communication and involvement, and are not always being communicated with in a way that meets their individual needs.
- Equality characteristics, such as age, race and sexual orientation, risk being overshadowed by a person's learning disability or autism because staff lack

knowledge and understanding about inequalities. Providers need to ensure that staff have appropriate training and knowledge so they can meet all of a person's individual needs.

- A joined-up and strategic approach to making sure that people's needs are met, both at a hospital and system-wide level, is needed. The report highlights that the lack of a strategic approach to care suggests that leadership and oversight need to be explored further

Restraint of black people in mental health services more than doubles in six years

Drawing on NHS data, the HSJ [reports](#) that standardised rates of black and black British people subject to restrictive interventions including physical, chemical and mechanical restraints have more than doubled in six years, increasing from 52.1 per 100,000 people in 2016-17 to 106.2 in 2021-22. The rate of restrictive intervention for people from white backgrounds increased by 30 per cent in the same period, from 15.8 per 100,000 to 20.5. Data for people in mixed ethnic groups also significantly increased – with rates rising from 39.5 per 100,000 in 2016-17 to 67.1 in 2021-22. For those from Asian backgrounds, there was an increase from 13 per 100,000 to 25 in the same time frame.

Speaking to HSJ, Habib Naqvi, Director of the NHS Race and Health Observatory suggested there were likely to be a 'range of complex causes' driving the increases including disparities in care pathways, late presentation and lack of timely diagnosis, and general overuse of restrictive practice on people from minority ethnic backgrounds. Naqvi stressed the importance of focusing on tackling the causes of these disparities, including the impact of bias and discrimination on access, experience and outcomes linked to mental health services.

Major study finds almost half of young people experiencing mental health problems

The COVID Social Mobility & Opportunities (COSMO) study, led jointly by UCL and the Sutton Trust, is the largest study of its kind into the impacts of the pandemic on young people. The study has published a [briefing](#) exploring the mental health and wellbeing of a sample of almost 13,000 young people across England who were in Year 11 in 2021. Key findings from the study include:

- Almost half (44%) of young people were above the threshold for 'probable mental ill health', using the General Health Questionnaire (GHQ-12), indicating high levels of psychological distress. This has increased dramatically from 35% in 2017 and 23% in 2007
- Higher levels of psychological distress were reported among those who have had long COVID or who had to shield during the pandemic, with 66% of those with severe long COVID reporting high psychological distress.
- Those who experienced major life events during the pandemic were also more likely to report high psychological distress, including those who saw more arguments between parents or guardians (69%), were seriously ill (68%) struggled to afford food

(67%), and argued more with parents or guardians (67%). This compares to 30% of those who did not have these experiences.

- The research also reveals big differences in mental health by gender identity. Those who identify as female report elevated psychological distress (54%), self-harm (23%) and suicide attempts (11%), compared to those who identify as male (33% report distress, 11% report self-harm and 5% report attempting suicide).
- Overall, 8% of participants reported that they had ever attempted to end their life. This figure is comparable with data from 2017 (7%).
- Those who identify as non-binary or 'in another way' are more likely to report poor mental health than those who identify as male or female. A total of 69% of this group of young people reported high psychological distress, 61% had self-harmed and 35% had attempted suicide. They were also far more likely to report having experienced bullying, with over half (54%) saying they had experienced bullying at school, compared to an average of 24%.

The research also explores the link between the pandemic, wellbeing and young people's motivation and plans for the future:

- 68% of those who had reported high psychological distress say they are now less motivated to study and learn as a result of the pandemic, compared to 37% who had not reported distress.
- Those reporting poor mental health were also more likely to say they had fallen behind their classmates (45%, compared to 27% of those without poor mental health) and that their career plans had changed in some way due to the pandemic (71% vs 50%).
- The mental health support that young people reported receiving from state schools was not highly rated. Around half of pupils from comprehensive or grammar schools rated their school's mental health support as 'not very good' or 'not at all good', compared to just under a quarter (23%) of those attending independent schools.

8. Commissioning and Quality Assurance update (Month 7)

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 8. C&QA Report front sheet.pdf
- 8. CQA - Board Report - October 2022.pdf

Report to the Board of Directors
7th December 2022

Title of report	CNTW Integrated Commissioning & Quality Assurance Report
Purpose of the report	For discussion
Executive Lead	Ramona Duguid, Chief Operating Officer
Report author(s) (if different from above)	Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	
Audit		Trust Leadership Team (TLT)	28.11.22
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

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

Board Report

2022-23 Month 7 (October 2022)



Caring | Discovering | Growing | **Together**

Executive Summary

Regulatory

- At Month 7, the Trust delivered a £7.3m deficit against a planned surplus of £3.5m. Agency spend at the end of M7 is £18.9m of which £11.3m (68%) relates to nursing support staff.
- Information Governance Training has increased to 91.6% in the month. The Trust are required to maintain 95% standard in line with trajectories. The Trust were able to submit 95% compliance to the NHS Digital Data Security and Protection Toolkit (DSPT) as part of our recovery action plan following non-compliance for the June 2022 requirement (based on staffing position as at June 2022).
- Out of area bed days have decreased in the month (Total of 399 in the quarter related to 28 patients), the Quarter 3 trajectory cannot be achieved (184 Q3)
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at October 2022 is reported at 82.61% against a 95% standard.
- Children and Young Peoples Eating Disorder Services waiting times for urgent referrals (seen within 7 days) at October 2022 is reported at 100% against a 95% standard.

Contract

- The Trust met all local commissioner contract requirements for month 7 with the exception of:
 - CPA metrics for all commissioners
 - Delayed Transfers of Care within Sunderland, North Tyneside, Newcastle, Gateshead, North Cumbria.
 - Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in Newcastle
 - IAPT numbers entering treatment in Sunderland and North Cumbria
- The Trust met all the NHSE contract requirements for month 7 with the exception of
 - Number of current service users with a HONOS Secure recorded within the last 6 months

Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have increased in the month, now reported at 418 (7.2%) as at 31st October 2022
- The numbers of Children and Young people waiting over 18 weeks for treatment have decreased in the month to 2278 (57.7%) as at 31st October 2022
- There are a number of training topics underperforming against the Quarter 3 trajectory
- Appraisal rates have increased to 69.2% against a Quarter 3 trajectory of 75% Trustwide
- Management supervision has increased in the month to 58.9%, remaining under the Quarter 3 trajectory of 80%

Regulatory

Single Oversight Framework	Segment	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). (Sept 22)
	1	Areas for improvement relate to CYPS ED waiting times (for routine referrals) and Out of Area Placements. Information Governance Training has increased to 91.6% in the month. The Trust are required to maintain 95% standard in line with trajectories.

Care Quality Commission	OUTSTANDING		There have been five Mental Health Act Reviewer visits during October to Fellside, Lowry, Lennox, Ashby and Hauxley. Common themes from these visits included environment issues, care planning, lack of one-to-ones and delayed transfers of care.									
Number of visits in the last 12 months:	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
	3	0	7	2	3	2	5					

	Standard	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DQMI Score	90%	93.1%	93.0%	91.8%	93.5%	93.3%	93.0%	94.4%					
Information Governance Training	95%	86.1%	85.4%	85.4%	86.6%	88.3%	91.4%	91.6%					
Out of Area bed days	0	155	241	337	301	351	750	399					
IAPT Recovery (Sunderland)	50%	56.4%	49.8%	56.5%	52.6%	56.7%	53.3%	59.1%					
IAPT Recovery (N.Cumbria)	50%	54.0%	52.1%	52.7%	51.4%	50.9%	60.4%	54.0%					
EIP (2 weeks to treatment)	60%	81.8%	82.5%	80.7%	87.5%	87.0%	80.7%	84.4%					
72 hour follow up	80%	90.2%	92.7%	97.0%	93.4%	91.1%	87.4%	93.5%					
Referral to treatment (RTT)	95%	100%	100%	100%	100%	100%	98.5%	98.6%					
CYPS ED – Urgent	95%	75%	100%	100%	100%	100%	100%	100%					
CYPS ED - Routine	95%	72.2%	69.6%	63.2%	69.2%	68.2%	70.8%	82.6%					

<p>Action being taken:</p>	<p>Trajectories have been developed to ensure that the Trust will be compliant with training standards by the end of March 2023.</p> <p>CYPS Eating Disorder Routine referrals continue to underperform within North Cumbria CEDS team, this is due to an increase in the number of referrals received and forms part of the Service Development Improvement Plan (SDIP) with commissioners.</p> <p style="text-align: right;"><i>Overall page 34 of 135</i></p>
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Contract

Commissioner Contracts (CCG):	Unmet contract requirements	<div>The Trust’s met all local commissioner contract requirements for the month with the exception of:</div> <ul style="list-style-type: none">CPA metrics for all commissionersDTOC – Sunderland, North Tyneside, Gateshead, Newcastle and North CumbriaEthnicity recording for MHSDS – NewcastleIAPT numbers entering treatment – Sunderland and North Cumbria							
	4								
Commissioner Contracts (NHSE):	Unmet contract requirements	<div>The Trust’s met all NHSE contract requirements with the exception of :</div> <ul style="list-style-type: none">Number of current service users with a HONOS Secure recorded within the last 6 months (3 patients)							
	1								
Contract Summaries:	NHS England	Northumberland	North Tyneside	Newcastle	Gateshead	South Tyneside	Sunderland	North Cumbria	Durham and Tees Valley
	94%	80%	70%	50%	70%	80%	79%	50%	75%
CQUIN:		Achieved	Part achieved	Not achieved					
	Q1	5			<div>All CQUIN schemes have now been internally assessed as achieved at Quarter 1 and 2 2022 with the exception of staff flu vaccinations (reporting required from Q3). Published data within Futures NHS regarding the routine monitoring in CYP and Perinatal and Community Mental Health Teams shows achievement as at September 2022. IAPT, MH Liaison services and Cirrhosis and fibrosis tests to alcohol dependent patients have been assessed internally as achieved</div> <div>As at October 2022 there have been no identified issues relating to the Quarter 3 requirements, work continues to monitor the requirements.</div>				
	Q2	5							
	Q3	6							
	Q4								
Friends and Family Test (FFT):	85.9%	<div>The overall FFT satisfaction score for October 2022 was reported at 85.9%, 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 349, of which 63% were from service users, 21% from carers, 11% were completed on behalf of a service user and 5% did not state their person type. Of the 349 surveys received, 340 answered the FFT question.</div>							
Action being taken:	<div>Localities have committed to meeting quality standards by the end of Q4 2022/23 which includes a focus on under performing contract requirements e.g. CPA metrics. Data quality reports are being developed as part of the dashboard development project and a new data quality lead will be focusing on areas of concern and delivering targeted training once in post.</div> <div>The online version of Points of You is being made more accessible to encourage greater feedback levels and localities will be encouraged to promote this.</div>								

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Internal

Waiting Times (Adult and Older Person):	Over 18 week waiters	As at 31 st October 2022 there were a total 5815 people waiting to access services in non-specialised adult services across CNTW of which, 418 people have waited more than 18 weeks to assessment. This is an increase from 5689 people waiting to access non-specialised adult services last month of which 350 were reported waiting over 18 weeks.
	418 (7.2%)	

Waiting Times (CYPS):	Over 18 week waiters	This month the total number of CYP waiting more than 18 weeks to treatment has decreased, reported at 2278 as at 31 st October 2022 compared to 2279 as at 30 th September 2022. The number of young people waiting to access children's community services is reported at 3945 overall at month 7.
	2278 (57.7%)	

Statutory & Essential Training:	Standard achieved (Quarter 3 trajectory met)			Standard almost achieved (<5% below Quarter 3 trajectory)			Standard not achieved (>5% below Quarter 3 trajectory)		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
	9			3			11		

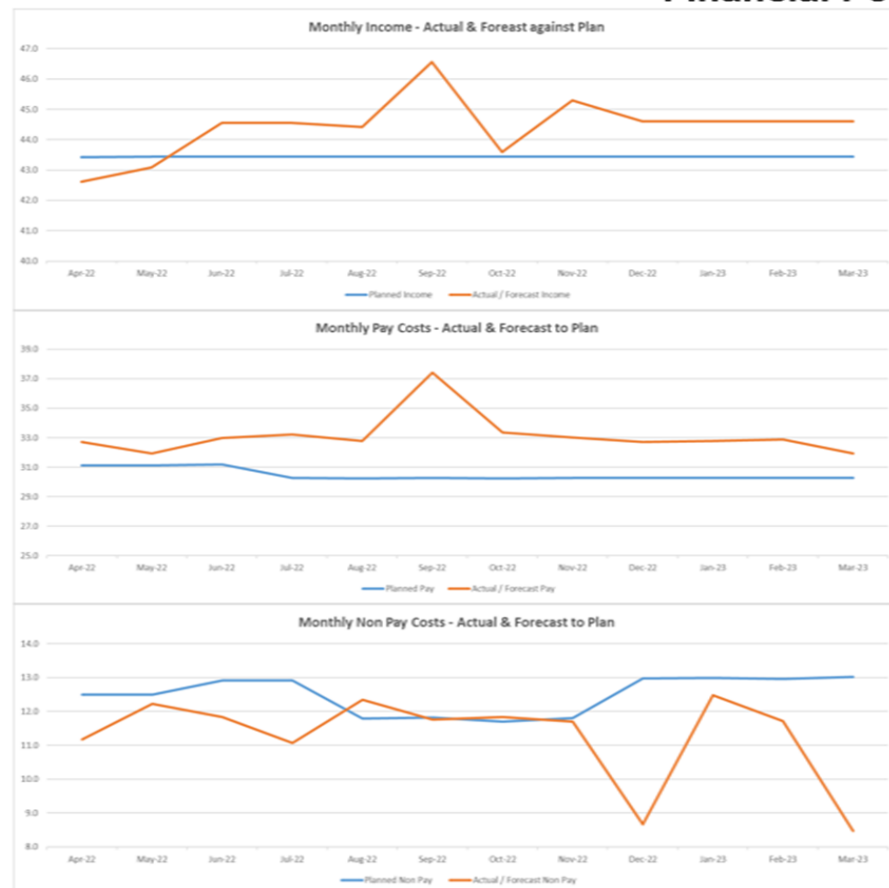
	Standard (Trajectory)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Appraisals	85% (75%)	64.8%	63.8%	63.8%	62.5%	64.9%	67.6%	69.2%					
Management Supervision	85% (80%)	52.6%	55.2%	54.5%	55.6%	56.9%	58.4%	58.9%					
Clinical Supervision	85% (83%)	77.5%	77.8%	77.8%	79.4%	79.1%	76.8%	77.5%					

Quality Priorities:		EDI and Human Rights	Supporting service users & carers to be heard	Improving Waiting Times	Improving the inpatient experience
	Q1			The Trust continues to report a number of over 18 week waiters, work is ongoing within the Access & Waiting Times Group	The Trust did not meet the Quarter 1 trajectory for out of area bed days
	Q2			The Trust continues to report an increasing number of over 18 week waiters	The Trust continue to report a high number of out of area bed days, the Quarter 2 trajectory was not achieved.
	QTD				Quarter 3 trajectory for out of area beds days cannot be met.

Action being taken:	Localities have developed trajectories for meeting training standards by the end of Q4 2022/23. The Access and Waiting Times group has now changed to the Access Oversight Group and will be focussing on the implementation of the new waiting times standard of 4 weeks, the monitoring and performance of the waiting times is being led within the locality groups.	Overall page 36 of 135
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Finance

Financial Performance Dashboard



Key Indicators

	Month 7					
	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	304.1	309.4	5.3	521.3	534.1	12.8
Pay	(214.4)	(234.5)	(20.0)	(365.8)	(395.9)	(30.1)
Non Pay	(83.5)	(81.4)	2.1	(147.2)	(136.5)	10.8
Surplus/(deficit)	6.2	(6.4)	(12.6)	8.3	1.7	(6.5)
Remove gain on disposals	(2.7)	(0.9)	1.8	(2.7)	(1.7)	0.9
Surplus/(deficit) for performance	3.5	(7.3)	(10.8)	5.6	0.0	(5.6)

Key Issues/Risks

- At month 7 the Trust has delivered a £6.4m deficit, removing the impact of the gains on asset sales the Trust financial performance is a £7.3m deficit. This is £10.8m behind plan. The Trust planned contribution to the ICS financial plan was a £5.6m surplus, The Trust Board have approved a revised forecast at the end of the financial year to break-even.
- The Trust year to date position includes £1.4m pressure from the NHS pay award.
- The Trust revised plan to deliver financial break-even relies on a continued significant monthly reduction in agency costs.
- Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.
- Cash – £44.1m at month 7 which is £9.0m below plan. The Trust has a PDC drawn down expected of £2.6m. The change to the Trust surplus and capital programme will reduce the cash forecast for 2022/23.
- Capital Spend - £20.3m at M7, which is £8.8m under plan. The Trust Board agreed a revised capital programme of £42.3m for 2022/23, the Trust is forecasting delivery of the revised capital plan.

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

	03/10/2022		10/10/2022		17/10/2022		24/10/2022	
Medical	124	107	124	107	124	112	124	112
Qual Nursing	197	136	198	137	211	127	174	116
Unq Nursing	2,321	212	2,356	248	2,313	200	2,396	199
A&C	14		12		17		17	
	2,656	455	2,690	492	2,665	439	2,711	427

In October the Trust reported an average of 453 price cap breaches (110 medical, 129 qualified nursing and 215 nursing support). At the end of October, 22 out of 25 agency medics 22 were paid over the price cap.

Risks and Mitigations

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Single Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 7.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- Quality and training standards have been impacted as a consequence of responding to COVID-19, recovery trajectories have been agreed for 2022-23 at both a Trustwide and locality level.
- There is a risk that the Trust will not meet it's financial plan if there is continued and sustained agency use.

Recommendations

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

Allan Fairlamb

Deputy Director of Commissioning & Quality
Assurance

Ramona Duguid

Chief Operating Officer

22nd November 2022

9. Quality Account

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 9. Quality Account Update Boardfinal.pdf

Report to the Board of Directors
Wednesday 7th December 2022

Title of report	Quality Account Update
Purpose of the report	For information and assurance
Executive Lead	Ramona Duguid Chief Operating Officer
Report author(s) (if different from above)	Paul Sams, Feedback & Outcomes Lead, 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	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

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

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

Quality Account Development 2023/24

1. EXECUTIVE SUMMARY

This paper outlines:

- The current position against the milestones set out for the Quality Priorities from the current Quality Account (2022/23).
- Explains the timeline for the developing Quality Account.
- Explains work ongoing to develop the Quality Account in accordance with guidance from NHS England.

2. RECOMMENDATIONS

The Board are asked to note the following points:

- Three of the current Quality Priorities (1,2 and 4) have not fully met the milestones set out in the 2022-23 Quality Account.
- Although Quality Priority 3 has met it's milestone targets, the sub-theme 'being listened to' is still a dominant theme in the communications theme for negative comments for Points of You survey feedback.
- Engagement sessions to explore future Quality Priorities are occurring in the week commencing December 5th 2022.
- A survey will support the gathering of feedback around future Quality Priorities.
- The 2023-24 Quality Account will be submitted to NHS England on June 30th 2023 in line with their current guidance.

Update on the Quality Priorities we set for 2022-23

Our long-term Quality Goals are based on safety, service user and carer experience, and clinical effectiveness. Each year we set Quality Priorities to help us achieve our long-term Quality Goals as part of a robust process of engagement with stakeholders and exploring what we have been told and learned in the previous years.

Here is how the Quality Priorities for 2022-23 (on the right) align with our long term quality goals and which quality domain they support:



The current position (as reported to Q&P during the Quarter 2 reporting cycle) for the Quality Priorities are as follows:

Quality Priority 1 – Improving the Inpatient Experience – Partially Met

Quality Priority 2 – Improving Waiting Times – Not Met

Quality Priority 3 – Support Service Users and Carers to be Heard - Met

Quality Priority 4 – Equality, Diversity, Inclusion & Human Rights – Partially Met

Current Progress against the Quality Account 2023-24 timeline (appendix 1)

There will be 2 in-person events to discuss the current progress against our 2022-23 Quality Priorities and explore the possibilities for 2023-24.

These will be on Monday 5th December 2022 at The conference Suite at St Nicolas House, with a morning session for Staff and Stakeholders and an afternoon session for Service Users, Carers and Peer Supporters.

There is also an online event for all stakeholders on Thursday 8th December for anyone who couldn't get to the in-person events or who prefer to meet online.

An online survey is currently being developed to support service users, carers, staff and stakeholders to have their say on our future Quality Priorities. This will be launched on Monday the 5th December to coincide with the in-person engagement events.

What are Service User and Carers telling us?

Through Points of You (November 1st 2021 – October 31st 2022)

The Trust received 3,435 completed surveys during this period. 65% (2249) were completed by service users and a further 10% (335) were completed by service users with some support or on their behalf. This last function was to support people who might not be able to complete a survey to have a voice.

Carers used the same survey 717 times (21%) to share their experience and the remaining 134 (4%) were from people who completed a survey but chose not to tell us if they are service users or carers.

From these surveys, 14,921 comments offered could be themed. 74% (11,087 of these comments are positive, with 3 main themes being dominant (see table 1).

16.6% (2,477) of the comments are negative in theme, with 2 themes being dominant (see table 1).

Category	Compliment	Positive	Neutral	Negative
⊕ Access to Treatment or Drugs		0.82%	2.91%	2.61%
⊕ Admissions and Discharges		0.17%	0.75%	1.41%
⊕ Appointments	1.01%	1.83%	5.08%	5.83%
⊕ Clinical Treatment		0.56%	2.07%	1.09%
⊕ Communications	21.81%	28.58%	26.97%	32.85%
⊕ Facilities		1.46%	6.86%	5.75%
⊕ Other		0.38%	11.37%	1.01%
⊕ Patient Care	28.52%	31.71%	28.85%	25.77%
⊕ Prescribing		0.28%	1.60%	1.41%
⊕ Privacy, Dignity and Wellbeing		0.66%	0.47%	0.72%
⊕ Staff Numbers		0.05%	2.73%	3.90%
⊕ Trust Admin/ Policies/Procedures		0.11%	0.09%	0.56%
⊕ Values and Behaviours	48.66%	32.87%	7.80%	8.24%
⊕ Waiting Times		0.53%	2.44%	8.85%

Table 1. Themed comments by percentage (November 1st 2021 – October 31st 2022)

While exploring the main theme for negative comments, which is communications. It is notable that general negative comments regarding communications make up just over 7% of this main theme.

Being listened to is the next most common with just under 7% being about this sub-theme. This is the second year in succession with this sub-theme being most dominant behind the 'general' sub theme.

Although the milestones for Quality Priority 3 have been successfully met, feedback from service users and carers suggest there is still work to be done.

Through Complaints (November 1st 2021 – October 31st 2022)

During this period there were 618 complaints. For the purpose of this discussion the themes of all, regardless of being upheld will be discussed.

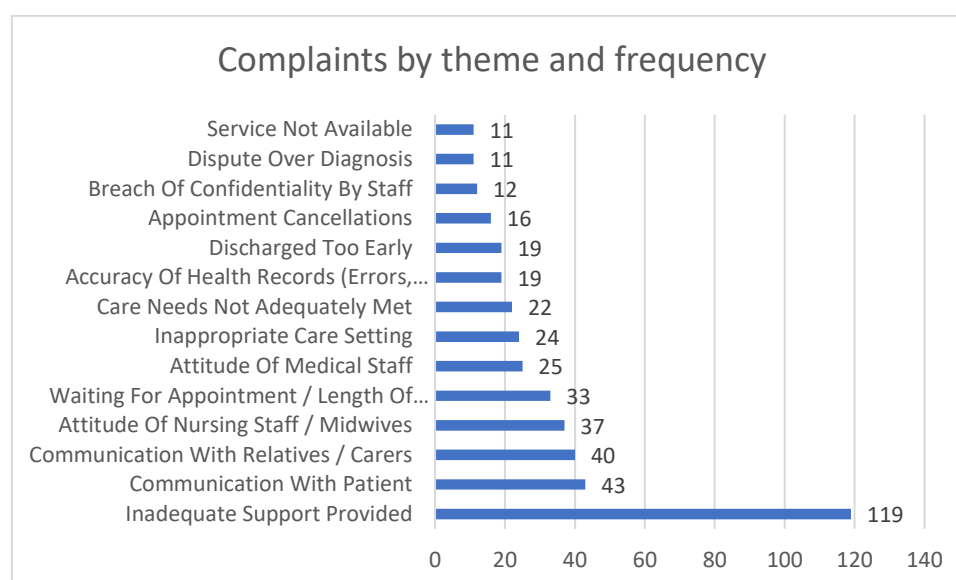


Chart 1. Complaints by theme and frequency

Chart 1 shows that although 'Inadequate Support Provided' is the main theme for complaints during this period, Communications themed complaints are the 2nd and 3rd most dominant themes, this is in line with feedback received through Points of You.

Appendix 1 2023-24 Quality Account Timeline

Month	Action
November 2022 TLT: 28th	Develop Online Survey Share timeline for 2023-24 Quality Priorities Update on stakeholder engagement plan for Quality Priorities
December 2022 Engagement event: 5 th Online Engagement Event: 8 th	Staff & Stakeholder Engagement event (December 5 th Morning) Launch online survey (December 5 th) Live service user/carer/peer supporter engagement (December 5 th Afternoon) Online Engagement Event (Thursday 8 th December) Share timeline for 2023-24 Quality Priorities Update on stakeholder engagement plan for Quality Priorities
January 2023 CoG: 12 th TLT: 23 rd Audit Committee: 25 th Q&P: 25 th	Review feedback through polls and survey Update on development of Quality Account – Quality Priority Update Report Consider suggested quality priority area
February 2023 Board: 1 st CoG: 9 th TLT: 20 th Q&P: 22 nd	Agree Quality Priority Areas (Board) Further development of draft quality priorities Development of milestones and agree leads (CoG, TLT & Q&P)
March 2023 BoD: 1 st Execs: 6 th TLT: 27 th	Further development of draft quality priorities Review of Quarterly Milestones
April 2023 Board: TBC TLT: TBC	Agreement of Quarterly milestones Draft 1 of Quality Account to be developed
May 2023 Audit: 5 th TLT: 24 th Q&P: 26 th	Present to ICB And launch 30-day consultation Draft 1 of Quality Account to be circulated to all OSCs and Healthwatch Presentation of draft 1 to Local Authority Overview and Scrutiny Committee's Respond to feedback from draft 1 submission Review of Quality Account final draft
June BoD: 14 th	Final draft approved by Trust Board
June 30th 2023	Submission to NHSE

10. Annual Plan 2022/23 Quarter 2 update

Speaker: Kevin Scollay, Executive Finance Director

References:

- 10. Annual Plan 22-23 Quarter 2 update for Board 20221207v1.2.pdf

**Report to the Board of Directors
7 December 2022**

Title of report	Annual Plan 2022-23 Quarter Two Update
Purpose of the report	For information and discussion
Executive Lead	Kevin Scollay, Executive Director of Finance
Report author(s) (if different from above)	Anna Foster Trust Lead for Strategy and Sustainability

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

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

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

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

CNTW Annual Plan 2022-23 Quarter 2 Update

Introduction

1. The CNTW 2022-23 Annual Plan was approved by the Trust Board in April 2022.
2. The plan states; *'it's important to note that the priorities and deliverables described in this paper are as at this point in time. Therefore, the plan is emergent rather than fixed and will adapt throughout the year in response to changing circumstances. For this reason, the plan's progress is best measured and reported based on evidence of impact.'*
3. This paper provides the Trust Board with an update of progress against the CNTW 2022-23 Annual Plan as at the end of quarter 2 (July - September 2022).
4. This report consolidates and complements routine governance reporting including workforce, Quality Priorities, Commissioning & Quality Assurance quarter two updates presented to Board in October 2022, presented here in the context of the Annual Plan and structured in accordance with its four elements: 1) Planning our Future, 2) Improving our Care, 3) Delivering Quality Standards and 4) Looking after Our People, as shown in the diagram below:



Section 1: Looking after Our People

5. This element of the planning aligns with the NHS People Plan and focusses on:

5.1	Workforce health and wellbeing:	Review staff psychological support and occupational health provision	<p>The existing occupational health provider contract has been extended for one year (to December 2023) to allow for further review of other elements of staff support. A revised Employee Assistance Support was put in place in October 2022.</p> <p>Additional resource is being recruited to the Staff Psychological Wellbeing Centre which will become the triage point for all staff mental health illnesses to provide earlier intervention and signposting.</p> <p>The Staff Wellness Hub has been established and will provide a central point for absences to be reported and recorded and to support managers across the Trust with short term absence management, reasonable adjustments etc. A central budget for reasonable adjustments will be overseen by the Hub to ensure timely purchase of equipment for staff with physical disabilities.</p> <p>A full analysis of current data in relation to short term absence has taken place and handovers are underway. A set of metrics have been drafted so measurement can be made of progress.</p>
		Embed CNTW Health and Wellbeing Approach	<p>The wellbeing approach continues to be embedded, with a recent focus on staff financial wellbeing through various partnerships including access to ethical loans, financial awareness sessions; pre-retirement and mid-career sessions financial sessions; individual support for staff; various discounts on goods and services; lease cars and Cycle to Work Schemes in place; various signposting and information on the Thrive Website.</p>
5.2	Organisational development:	Review organisational development approach	Currently reviewing the Organisational Development approach to align with the emerging Trust Strategy and People Strategy.
		Collective leadership and devolution	Ongoing discussions regarding leadership to ensure a strategic and planned approach to align with the emerging Trust Strategy and People Strategy.

		A learning culture and Leadership and Management Development	<p>The Leadership Development Programme has recommenced.</p> <p>A Leadership Programme has been developed for Trust Board and Trust Leadership Team with a phased approach commencing in Quarter 4.</p>
5.3	Equality, diversity and inclusion:	A representative workforce	<p>Work continues to ensure that the Trust has a representative workforce and Trust data is being reviewed against the latest census information.</p> <p>Further work planned in terms of progression for some protected characteristics.</p>
		Inclusive recruitment	<p>Work continues to embed the changes identified during workshops and task and finish groups. All aligned to literature on what is proven to work in terms of interventions.</p> <p>Inclusive Recruitment training is being developed and will form part of the Management Development Programme.</p>
		Black and Minority Ethnic Leadership	<p>The 'Springboard for Women' programme has been piloted which evaluated well. A further cohort is current being advertised. Navigator for Men currently being arranged. Funding from CPD monies to explore other programmes to support the development of black and minority ethnic staff.</p>
		Tackling Discrimination of all forms from all sources	<p>The 'Give Respect Get Respect' Programme of Work continues; with race a previous focus, recent work has been around disability and ableism. Disability awareness is one of three Trust EDI priorities (alongside discrimination and inclusive recruitment) for which there are a number of activities including awareness sessions and development programmes for disabled staff and their managers.</p>
5.4	Recruitment and retention:	International Recruitment	<p>International Medical Staff and Nurses continue to locate to the Trust.</p>
		Retention Plan and Recruitment Plan	<p>Via the Recruitment and Retention Taskforce, initiatives underway include international recruitment, HCSW, Lived Experience of Homelessness, Veterans and Armed forces. Links with the CNTW Academy-led nursing apprentice programme, which has seen its first newly qualified nurses graduate earlier this year.</p>

Section 2: Delivering Quality Standards

6. This update is as of 30 September 2022 and quality standards are routinely reported via the Commissioning & Quality Assurance Report. Note there are areas of overlap with other elements of the plan:

6.1	NHS Improvement/England Oversight Framework Regulatory Requirements		Exception reporting: <ul style="list-style-type: none"> • Out of Area beddays (increased in the quarter) • CYPS Eating Disorders waiting times for routine cases (urgent waiting times achieved)
6.2	National Standard Contract 22-23 Quality Requirements		Exception reporting: <ul style="list-style-type: none"> • CPA metrics for all CCGs • Delayed Transfers of Care within Sunderland, Northumberland, North Tyneside, Gateshead and North Cumbria • Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in North Tyneside • 72 hour follow up – Newcastle and Gateshead • IAPT numbers entering treatment in Sunderland and North Cumbria
6.3	Commissioning for Quality and Innovation schemes (CQUIN)		Quarter 2 requirements achieved
6.4	Workforce Standards Trustwide Improvement Trajectories Monitored via Accountability Framework		Exception reporting: <ul style="list-style-type: none"> • Appraisals • Management supervision and • Various training topics
6.5	Quality Priority 1:	Improving the Inpatient Experience	Did not achieve quarter 2 targets
	Quality Priority 2:	Improving Waiting Times	Did not achieve quarter 2 targets
	Quality Priority 3:	Supporting Service Users and Carers to be heard	Quarter 2 Achieved
	Quality	Equality, Diversity,	Quarter 2 Partially Achieved

	Priority 4:	Inclusion & Human Rights	
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Section 3: Improving our Care

Updates provided to Business Delivery Group Throughout Quarter Two:

7. **Mental Health Urgent and Emergency Care:** During quarter two, work progressed on:
 - A review of the Admission and Discharge policy,
 - Establishing minimum staffing levels to achieve an inpatient therapeutic offer,
 - The pilot of the 'MHOST' inpatient acuity monitoring tool.
 - A review of the Urgent Care Support model in North Cumbria.
 - A refresh of the RIO core assessment form and Physical Health forms.
 - Understanding the Mental Health Act proposals potential future impact on Trust s136 suites caused by the retraction of police stations as places of safety.
 - Joint working with the Home Group to facilitate discharges from inpatient care.
8. **Community Mental Health:** During quarter two, internal events have been held across most localities, developing appropriate models of care for each place. There has also been a focus on understanding the impact of new ARRS¹ posts (embedded in primary care) in different areas, and joint working with external partners to identify potential bases for future community models.
9. **Children and Young People:** During the quarter an internal information sharing event was held to explore transformation work across services for children and young people. The work on transitions was embedded and the inpatient clinical model was reviewed during the quarter. Additionally, the children's strategic clinical network was successfully relaunched in August, which will also inform the transformation programme.
10. The Business Delivery Group has also received updates of progress against the **cross cutting themes** of 1) Learning Disability and Autism Needs and 2) Addictions.

Section 4: Planning Our Future

¹ ARRS = Additional Roles Reimbursement Scheme, which has provided Primary Care Networks with funding for a range of posts to support multidisciplinary working. Mental Health Practitioners have been recruited to support population health management.

11. The core programmes of work are informing the emerging Trust strategy, along with the feedback received via the 'CNTW2030' engagement campaign held earlier in the year.
12. A draft Trustwide Strategy, which will propose that these perspectives are used to guide all Trust Business, will be presented to Board in quarter four.
13. During the quarter, CNTW has had input into the draft North East and North Cumbria Integrated Care System strategy, enabling alignment between the CNTW and ICS strategic directions.

Planning for 2023/24

14. The CNTW Annual Plan spans the entirety of Trust services and sets out the quality, business, workforce and strategic priorities for the year ahead.
15. Annual Planning for 2023/24, which will commence in quarter three, will be informed by the current Annual Plan, existing programmes of work, emerging 23/24 Quality Priorities, workforce needs, the national planning guidance (when published) and by the Trust's emerging strategic direction.

Recommendations:

16. The Board of Directors is asked to note the CNTW 2022/23 Annual Plan quarter two update.

Anna Foster
Trust Lead for Strategy and Sustainability
November 2022

11. Community Mental Health Survey Results Report

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 11. Community Mental Health Survey 2022 Summary Reportfinal.pdf

Report to the Board of Directors
7th December 2022

Title of report	NHS Community Mental Health Service User Survey 2022 - Summary Report
Purpose of the report	For information
Executive Lead	Ramona Duguid – Chief Operating Officer
Report author(s) (if different from above)	Paul Sams – Feedback and Outcomes Lead, Commissioning and Quality Assurance

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	x	Work together to promote prevention, early intervention and resilience	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	
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Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)

NHS Community Mental Health Service User Survey 2022

Summary Report

1. EXECUTIVE SUMMARY

This report outlines the NHS Community Mental Health Service User Survey 2022 results. The survey is split into 10 sections, for the purposes of this summary the report is split into 'better' 'the same' 'worse' 'lower' and 'higher' overviews. In some cases a question might fit into multiple categories, for example 'better than our position last year but worse than National Position'

1.1 key points to highlight to the Board from the results

- The majority of scores for the Trust sit in the middle 60% of the Trusts surveyed. There are 17 scores in the mid 60% range, 13 scores in the top 20% range and no scores are in the bottom 20%.
- The Trust is doing well in checking in with service users on how they are getting on with their medicine and in asking for their views on the quality of their care.
- The Trust shows a positive trend with 56% of scores improving from the previous year.
- Attention should be paid to scores in the areas should focus on scores such as those within 'Your Health and Social Care Workers' and 'Organising Your Care', where the majority of scores have declined for the second consecutive year.
- The highest positive response was to question 13 'Do you know how to contact this person if you have concern about your care?' with 97.1% of people answering yes.
- The lowest positive response was to question 39 'Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?'. With 29% of people answering yes. The Trust was actually in the top 20% for this question and increased it's own score by 5.9% on last year.

2. RECOMMENDATION

The Board are asked to NOTE the content of the report.

INTRODUCTION

This report shows the Trust position against its own results last year and against the national results by percentage. Each answer is rounded to the nearest whole number meaning the totals do not always add to 100%.

For some questions the position of 'not applicable' is recorded. This can be for a number of reasons. In comparison with our own score last year might not be possible if it is a new question. The type of question might not offer responses that can be compared with others in a 'better' or 'worse' sense, for example Question 23 asks 'In the last 12 months, have you been receiving any medicines for your mental health needs?' the response to this would be based on the needs of the individual rather than a number being better or worse.

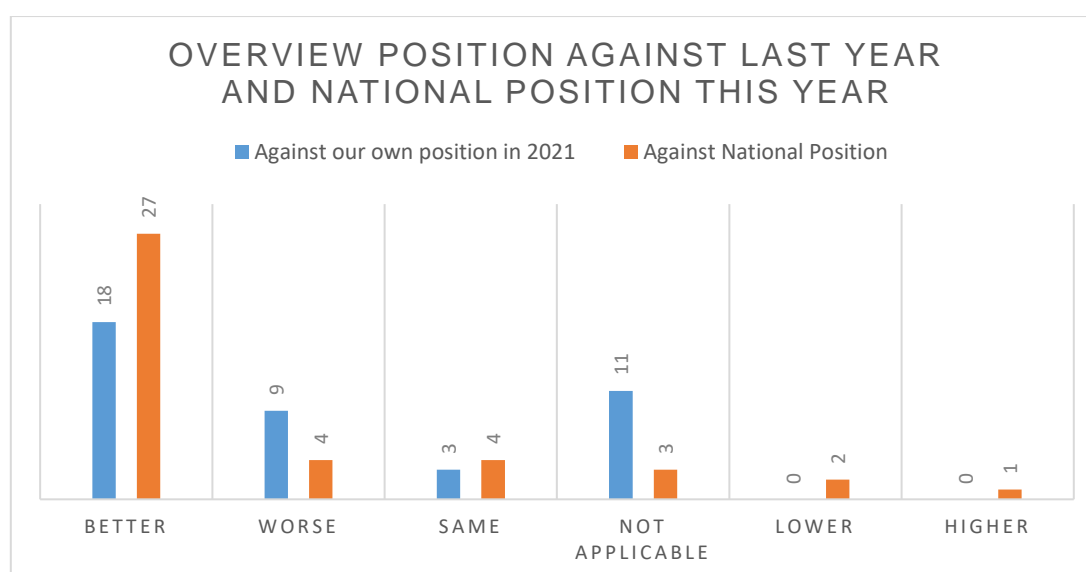


Table 1. Overview position against our own score last year and national position this year.

Of the 41 questions the Trust performed better than its own position last year for 18 of these. Worse than its own score last year for 9 questions and scored the same on 3 occasions. There were 11 new questions that were introduced this year that could not be compared.

When comparing with the national score, the Trust scored better for 27 of the 41 questions. Scores worse than the national score for 4 of the questions and the same for 4. 3 questions are not comparable.

There are 3 questions when comparing it is only reasonable to say if the score is higher or lower than the national score. These are all part of question 5 which is broken up into 3 parts. This is a question around agreeing on the delivery method of services 'Did you agree that your care and treatment would be delivered.....' and was introduced to reflect the development of multiple delivery methods brought about in response to the limitations enforced by the Coronavirus pandemic.

Top and Bottom scores

The following shows where the Trust had highest and lowest positive responses to individual questions.

It should be noted that the highest scoring question (question 13) is actually a reduction on our own score last year by 1% and is the same as the average score for all Trusts.

The worst scoring question (question 39) for the Trust was actually in the top 20% of Trust scores for this question and increased it's own score by 5.9% on last year.

Top 5 Questions	Score
Q13. Do you know how to contact this person if you have a concern about your care?	97.1%
Q38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	85.3%
Q29. Were these NHS talking therapies explained to you in a way you could understand?	83.5%
Q6. Have you received your care and treatment in the way you agreed?	83.3%
Q27. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	82.8%

Bottom 5 Questions	Score
Q39. Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	29.0%
Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	37.6%
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	38.7%
Q33. In the last 12 months, did NHS mental health services support you with your physical health needs?	55.3%
Q22. How do you feel about the length of time it took you to get through to this person or team?	60.4%

Where we were better

For Section 1 'Your Care and Treatment', the Trust had a better score than the national score for all questions where a score could be considered as better was possible.

Within this section only 2 questions were comparable with the survey last year. The Trust performed better than its own position for 1 of these.

Section 2 'Your Health and Social Care Workers' contains 3 questions. The Trust performed better than the national score for all questions. It scored better than its score last year for 1 question.

Section 3 'Organising Your Care' has 5 questions. The Trust performed better than its own score last year and the national score on 1 question. Better than the national score on a further question.

Section 4 'Planning Your Care' has 3 questions. The Trust performed better against its own score last year and the national score for all questions possible. Question 15 is a new introduction so had no comparable score for the Trust last year.

Section 5 'Reviewing Your Care' has 2 questions. The Trust had a better score than the national score for both and for 1 of the questions when compared with the Trust score from last year.

Section 6 'Crisis Care' has 3 questions. The Trust score was better than the national question for all questions. The Trust performed better than its own score for 1 of the questions, another questions is new so cannot be compared.

Section 7 'Medicines' has 5 questions. Of these 2 questions are not applicable to this type of comparison. The Trust scored better than itself last year and when compared with the national score for all questions.

Section 8 'NHS Talking Therapies' has 5 questions. The Trust performed better than its own score last year and when compared with the national score for 2 questions. The Trust had a better score than itself last year for a further 2 questions.

Section 9 'Support and Wellbeing' has 4 questions. The Trust performed better than its own score last year and the national score for the same 2 questions.

Section 10 'Overall' has 3 questions. The Trust score was better than it's own score last year and the national score for 2 questions and better than the national score for the other question.

Where we were worse

The first question that has a worst score is in comparison with the Trust's own score last year. This is from Section 2 and is Question 9 'Did the person or people you saw appear to be aware of your treatment history?'. Last year 59% of people answered yes, this year 53% of people answered yes.

In Section 3 'Organising Your Care' the comparative score against the Trust's position last year was worse for 3 of the 5 questions, 1 of these was not applicable as it was introduced this year. However the Trust had a worse score than the national question on 1 question, Question 14 'Thinking about the last time you contacted this person, did you get the help you needed?' the response was 61% saying 'Yes, definitely' compared with the national score of 66% giving the same response.

In Section 5 'Reviewing Your Care' the Trust had a worse score than last year to the question 'In the last 12 months, have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?' with a score of 73% of people answering yes, compared with 75% last year.

In Section 6 'Crisis Care' the Trust score for Question 20 'Would you know who to contact out of office hours within the NHS if you had a crisis?' had a reduction in people answering yes, from 82% last year to 72% this year.

In Section 8 'NHS Talking Therapies' the Trust had a worse score than its own last year and the national score for Question 28 'In the last 12 months, have you received any NHS talking therapies for your mental health needs that do not involve medicines?'. The consideration that medication might be appropriate as part of a treatment plan when deciding is a lower number answering yes is a worse position.

The Trust has a slightly lower score of people answering, 'the waiting time was appropriate' to Question 32 'Overall, how did you feel about the length of time you waited before receiving NHS talking therapies?' with a score of 52%, compared with the national score of 54%.

In Section 9 'Support and Wellbeing' the Trust score for Question 34 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?', the percentage of people answering 'Yes, definitely' reduced from 29% last year to 26% this year. The national score was also 26%.

The Trust score for Question 35 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?' is 22% saying 'Yes, definitely' this compares with the score last year of 23% and the national score of 26%.

Overview of CNTW position and performance in comparison to other Trusts from North East Quality Observatory Service (NEQOS)

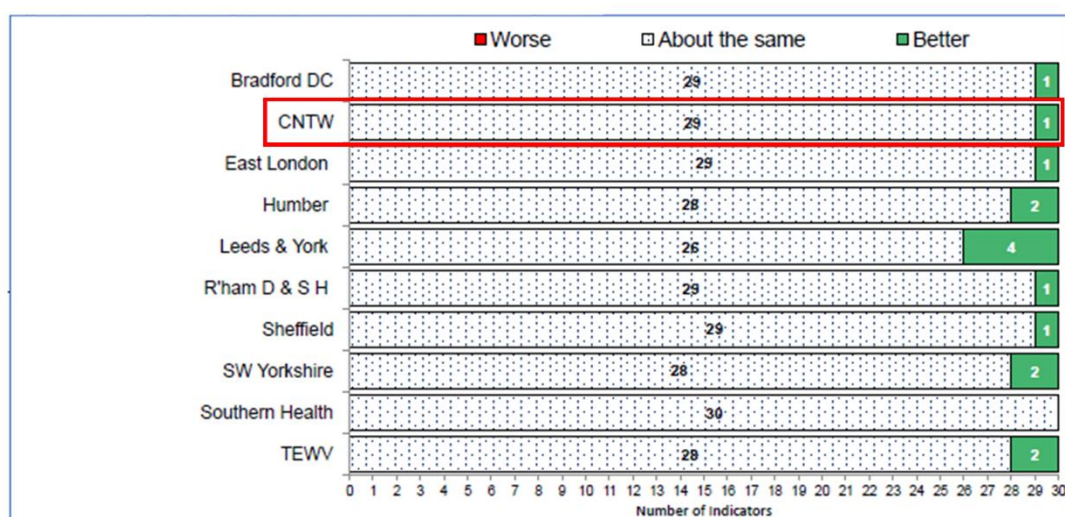


Table 2. Summary of 'better' 'same' and 'worse' results by Trust

Table 2 shows that NEQOS state that overall CNTW performed 'about the same' for 29 of 30 questions that have comparative data for the 2021 survey. Performing better for 1 question. This is the same position as 4 of the other 9 listed Trusts in the comparison. Leeds and York had the most 'better' results with 4 being scored this way.

Please see appendix 1 showing that there was a statistically significant decrease for 2 questions and a statistically significant increase for another 2 questions. These have been discussed in the appropriate sections in this paper

Appendix 1

Section	No.	Question	Trusts								
			Bedford CC	CHTY	East London	Humber	Leeds & York	North D & SH	Sheffield	SW Yorkshire	South West Health
KEY: Green and red cells are used to indicate 'Better' or 'Worse' performance as compared to most other trusts in the survey. Grey cells highlight where no data is available. Cells that are not coloured red, green or grey indicate performance classified as 'about the same', 'somewhat better' or 'somewhat worse', as detailed on the Methodology page. Indicators with a statistically significant increase or decrease in 2022, compared with 2021 are indicated with arrows. A downward pointing arrow indicates a deterioration in performance compared to 2021, an upward pointing arrow reflects an improvement in performance compared to 2021, no arrow indicates no statistically significant change. A statistically significant increase or decrease means that the change in the results is very unlikely to have occurred by chance.											
1. Health and social care workers	7	Were you given enough time to discuss your needs and treatment?									
	8	Did the person or people you saw understand how your mental health needs affect other areas of your life?									
	9	Did the person or people you saw appear to be aware of your treatment history?									
2. Organising Care	10	Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a 'care coordinator' or 'lead professional').									
	12	How well does this person organise the care and services you need?									
	13	Do you know how to contact this person if you have a concern about your care?									
	14	Thinking about the last time you contacted this person, did you get the help you needed?									
3. Planning Care	15	Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).									
	16	Were you involved as much as you wanted to be in deciding what care you will receive?									
4. Reviewing Care	17	Did decisions on what care you will receive take into account your needs in other areas of your life?									
	18	In the last 12 months have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?									
	19	Did you feel that decisions were made together by you and the person you saw during this discussion?									
5. Crisis care	20	Would you know who to contact out of office hours within the NHS if you had a crisis? (This should be a person or team within NHS mental health services).									
	21	Thinking about the last time you contacted this person or team, did you get the help you needed?									
6. Medicines	22	How do you feel about the length of time it took you to get through to this person or team?									
	24	Has the purpose of your medicines ever been discussed with you?									
	25	Have the possible side effects of your medicines ever been discussed with you?									
7. NHS Talking Therapies	27	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?).									
	29	Were these NHS therapies explained to you in a way you could understand?									
	30	Were you involved as much as you wanted to be in deciding what NHS therapies to use?									
8. Support and Wellbeing	33	In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?									
	34	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?									
	35	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?									
	36	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?									
9. Feedback	39	Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?									
10. Overall views of care and services	3	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?									
	38	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?									
11. Overall experience	37	Overall...									
12. Responsive care	4	In the last 12 months, have you and someone from NHS mental health services agreed how your care and treatment would be delivered?									
	6	Have you received your care and treatment in the way you agreed?									
Sections	1	Health and social care workers									
	2	Organising care									
	3	Planning care									
	4	Reviewing care									
	5	Crisis care									
	6	Medicines									
	7	NHS Talking Therapies									
	8	Support and wellbeing									
	9	Feedback									
	10	Overall views of care and services									
	11	Overall experience									
	12	Responsive care									

12. Service User and Carer Experience Report

Speaker: Ramona Duguid, Chief Operating Officer

References:

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

Report to the Public Board of Directors
Wednesday 7th December 2022

Title of report	CNTW Service User and Carer Experience Summary Report Quarter 2 2022-23
Purpose of the report	For discussion
Executive Lead	Ramona Duguid – Chief Operating Officer
Report author(s) (if different from above)	Paul Sams – Feedback and Outcomes Lead, Commissioning and Quality Assurance

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

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

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

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

CNTW Service User and Carer Experience Summary Report

Quarter 2 2022-23

1. EXECUTIVE SUMMARY

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

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

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

1.1. Material points to note

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

2. RECOMMENDATION

The Board are asked to review and note the contents of this report.



Service User and Carer Experience Report

Quarter 2 2022-23

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

Ask Section:

This section includes an overview of levels of feedback, including some comparison with the previous quarters, including the same quarter in the previous financial year.

Points of You

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

The supply issues have shown how reliant teams are on mailshot surveys as a source of feedback. Discussions are ongoing to try and diversify the offer of surveys, possibly using text prompts rather than a letter when service users and carers choose this as their preferred option.

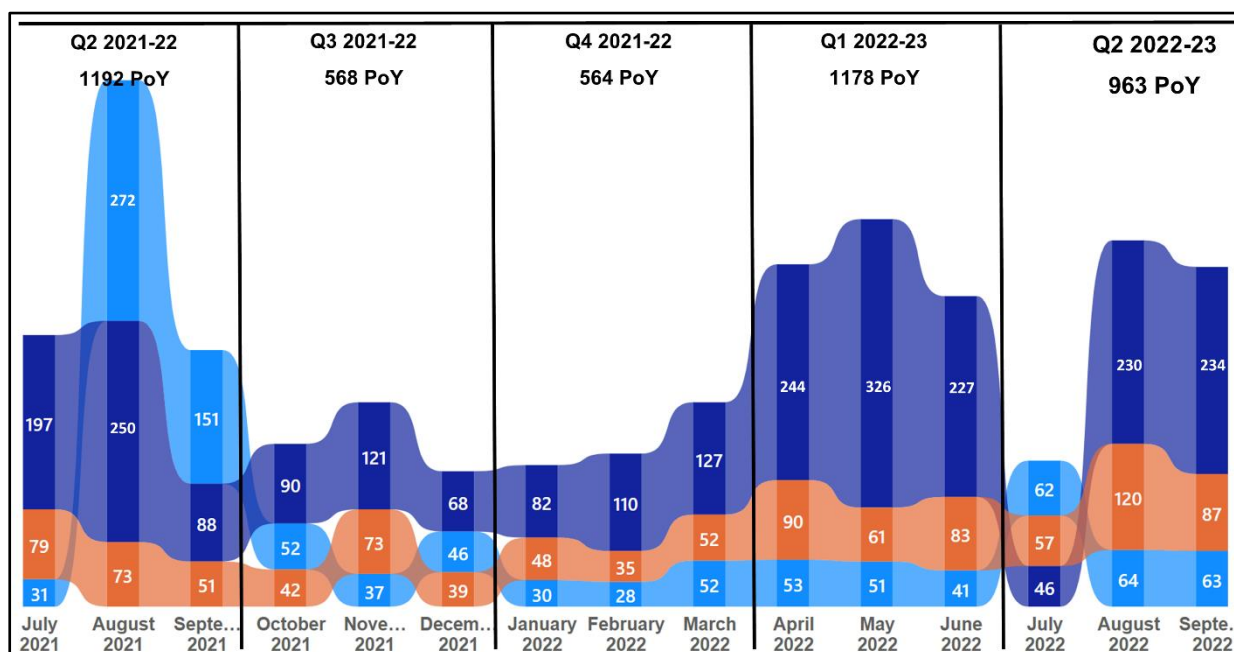
Locality	Quarter 2 (2021-22)	Quarter 3 (2021-22)	Quarter 4 (2021-22)	Quarter 1 (2022-23)	Quarter 2 (2022-23)
South	434	236	204	427	393 (-8%)
Central	312	173	181	306	240 (-22%)
North Cumbria	266	76	82	225	142 (-37%)
North	175	70	82	205	178 (-13%)
Others*	9	13	15	15	10 (-33%)

Table 1. PoY uptake by locality

*Include services not assigned to a locality.

Service Users continue to offer most feedback through PoY with 65.2% (628 surveys) of all surveys completed. A further 9.9% (95 surveys) were completed on behalf of a Service User.

Carers fed back their experience 206 times (21.4%) through PoY, a reduction of 25% on the previous quarter. This reduction is due to the reduction in mailshot surveys being sent during the quarter, as discussed above. Mailshot surveys are most commonly used when carers are feeding back their experience.



Graph 1. Trustwide PoY received by type

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

It should be noted that mailshot letters have the online address within them, it is likely some online surveys are completed due to being prompted by a service user or carer receiving a mailshot survey.

Hard copy survey completion has increased when compared with the previous 2 quarters. The use of this format remains the least popular, the increase is likely due to awareness sessions being conducted across the Trust to support the roll out of the 'You Said-We Did' poster function, that all teams now have access to, supporting them to effectively respond to the feedback they have received.

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

Table 2. Locality breakdown of PoY received by type

All localities saw a reduction in the levels of feedback they received, due in part to the pause in mailshot surveys being sent. This highlights the reliance of teams on this function, as well as highlighting the need for teams to actively encourage conversations with service users and carers around the importance of feedback and the options available.

North Cumbria saw the biggest reduction in feedback levels when compared with the previous quarter. There were very few hard copy surveys completed for North Cumbria services.

This could be considered a missed opportunity as all of the feedback received through this type of survey was positive, offering a satisfaction rating of 9.64 (out of 10), much higher than the score for the locality (8.21) or the Trust (8.54) for the same period.

NHS England (NHSE) Specialist Services

Table 3 shows feedback through Points of You surveys for services commissioned by NHSE as well as their average score for the quarter.

4 services received no feedback during the quarter, this is an increase on the previous quarter when 3 teams received no feedback.

Medium secure services continue to receive the most feedback with 38 PoY surveys being completed. CAMHS Medium secure services had a high Friends and Family Test (FFT) score of 9.5 (out of 10). This is much higher than the Trust average score (8.54), however the service only received 6 surveys in July, given how satisfied service users and carers appear to be, this is a missed opportunity.

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

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

Patient Advice and Liaison Service (PALS)

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

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

There has been a significant increase in the number of contacts with PALS by service users and carers during the quarter. The majority of this increase is due to South of

Tyne PALS now being able to report after a hiatus caused by the service only having one staff member.

South of Tyne PALS had 141 contacts during the quarter. These are made up of service specific inquiries as well as non-service specific enquiries. Communications queries/issues made up 90 queries, for example providing information on service. Forwarding information/requests to relevant departments.

North of Tyne PALS received 67 enquiries during the quarter. This is a slight increase on the previous quarter. There remains a reduction in numbers since before COVID 19, partly due to the reduction in informal contacts via community meetings and drop ins which haven't taken place.

NHS.net

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

Both services offered a response to the feedback which was posted and included options to continue the conversation.

Care Opinion

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

The remaining stories relate to poor experiences of Alnmouth Ward and a Crisis Team and have been offered a response from the teams.

Healthwatch

There were no patient/service user experiences published on any Healthwatch websites during the quarter.

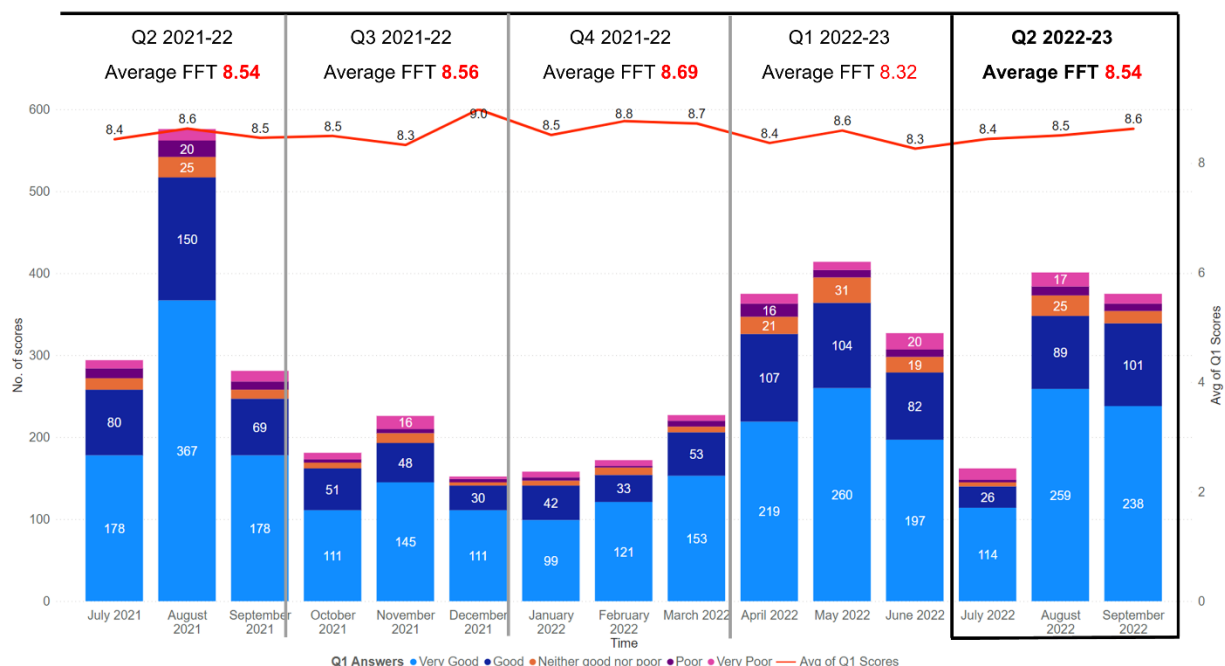
The Trust was contacted on 2 occasions by North Tyneside Healthwatch. On both occasions negative experiences were shared relating to Alnmouth Ward and the Community Treatment Team West (Longbenton). Both will be discussed in the 'Listen' section.

Healthwatch Team	Q2 2021-22	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23
Cumbria	0	0	0	0	0
Gateshead	1	3	1	0	0
Middlesbrough	0	1	0	0	0
Newcastle	3	2	0	0	0
North Tyneside	0	0	1	1	2
Northumberland	0	0	0	0	0
South Tyneside	0	0	0	0	0
Sunderland	0	0	0	0	0

Table 5. Feedback available through individual Healthwatch webpages and email contact

Listen Section:

Points of You



Graph 2. Average FFT score in current and previous quarters of 2022-23

Of the 963 people who completed the PoY survey 611 (63.4%) people responded, 'Very Good' when answering the Friends and Family Test (FFT) question 'Overall, how was your experience with our service?'. A further 216 (22.4%) people offered 'Good' as their response to the FFT question. This means 85.8% of people offered a good or better response when sharing their overall experience of the service they interacted with.

Of the people answering the FFT question with a poor experience, 23 (2.4%) people said their experience was poor. A further 43 (4.5%) people said their experience was 'Very Poor'.

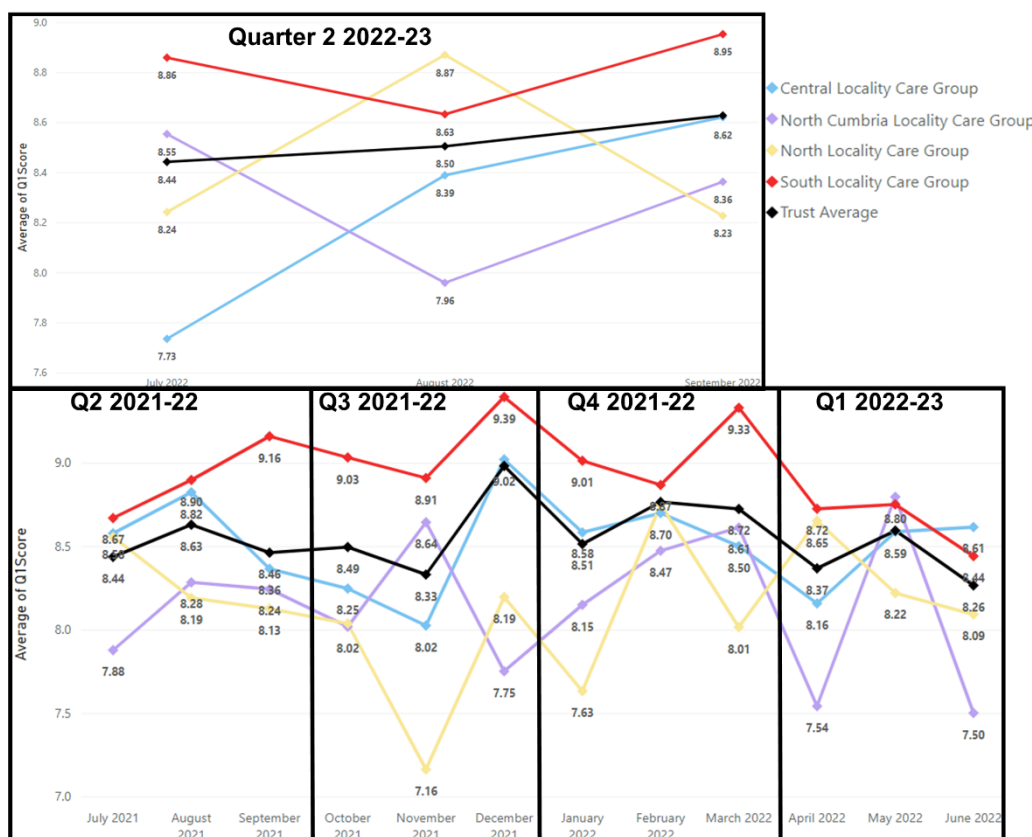
The remaining responses were from people who said their experience was 'Neither Good nor Poor'.

Graph 3 shows how each locality is performing against the Trust average for service user and carer satisfaction. This is expressed through the FFT score. The Trust score climbed steadily across the quarter from 8.44 (out of 10) in July to 8.63 in September.

The South locality continues to be the only locality to outperform the Trust average in each month, a trend that goes back to December 2020. The peak score for the South locality was 8.95 in September.

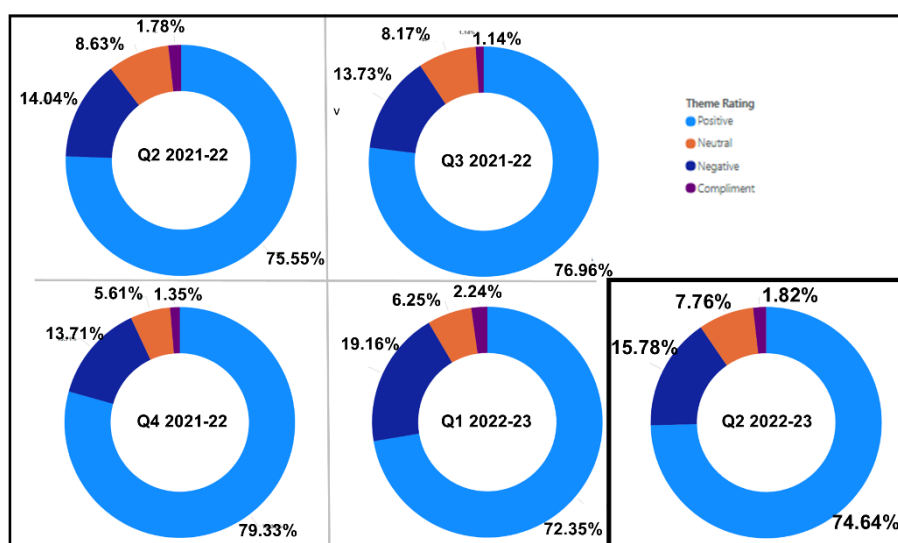
The North and North Cumbria localities both had a higher score than the Trust average in a single month. North in August, with a score of 8.87 and North Cumbria in July with a score of 8.55.

Central locality scored below the Trust average in each month, however their score increased each month from a low of 7.73 in July to 8.62 in September.



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

Graph 4 shows the broad themes of comments offered through Points of You during the quarter, as well as showing the previous 4 quarters as a comparison.



Graph 4. PoY Comments received by broad theme

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

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

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

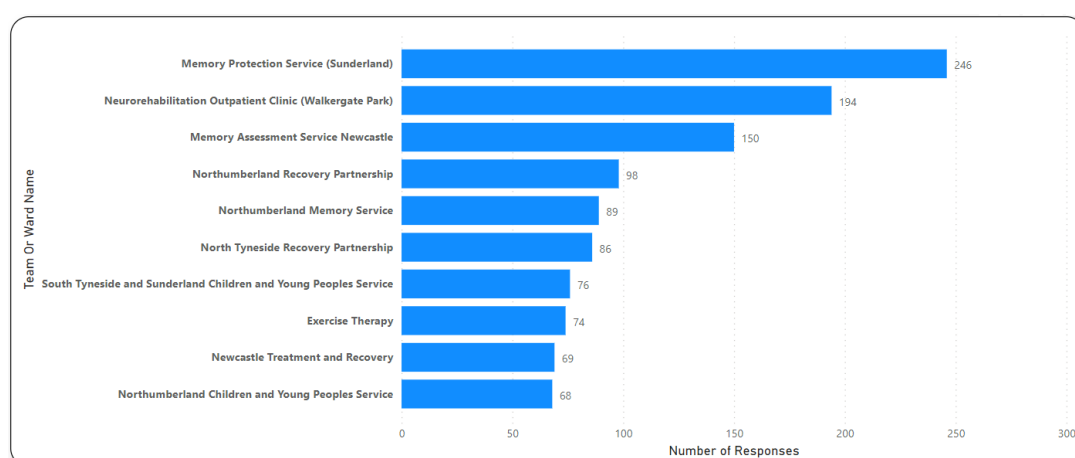
Table 6. Themed comments by percentage for quarters 3 and 4 of 2021-22 and Quarters 1 and 2 2022-23

Communications continues to be the most common negative theme for comments received. During this quarter, this theme made up over 36% of all negative comments. This theme has risen for each of the last 4 quarters, overtaking Patient Care as the dominant negative theme in quarter 4 of last year and remaining the dominant theme to this point.

Patient Care has become the most common positive theme with over 34% of all positive comments. Communications (29.5%) and Values and Behaviours (29.3%) were the next most common themes for positive comments

Positive themes

Memory services make up 3 of the top 5 teams that received positive comments about their service. It is also notable that recovery partnership teams make up 3 of the top 10 teams.



Graph 5. Teams or wards with the most positively themed comments during quarter 2 2022-23

Patient Care was the most common positive theme during the quarter with 1124 comments (34% of positive comments). The most common sub-theme was 'General Quality'. This theme overtakes 'Values and Behaviours' as being the most common positive theme.

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

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

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

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

Communications was the next most common theme for positive comments with 968 (29.5% of positive comments). The most common sub-theme was 'Being Listened To' with 302 comments (31.2% of positive 'Communication' theme comments).

Although this sub-theme has generally been the most popular, the numbers of comments attributed to it have seen a quarter on quarter increase over the last 6 quarters, the sharp rise in the first 2 quarters this year could be attributed to work within Quality Priority 3 – 'supporting service users and carers to be heard'.

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

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

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

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

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

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

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

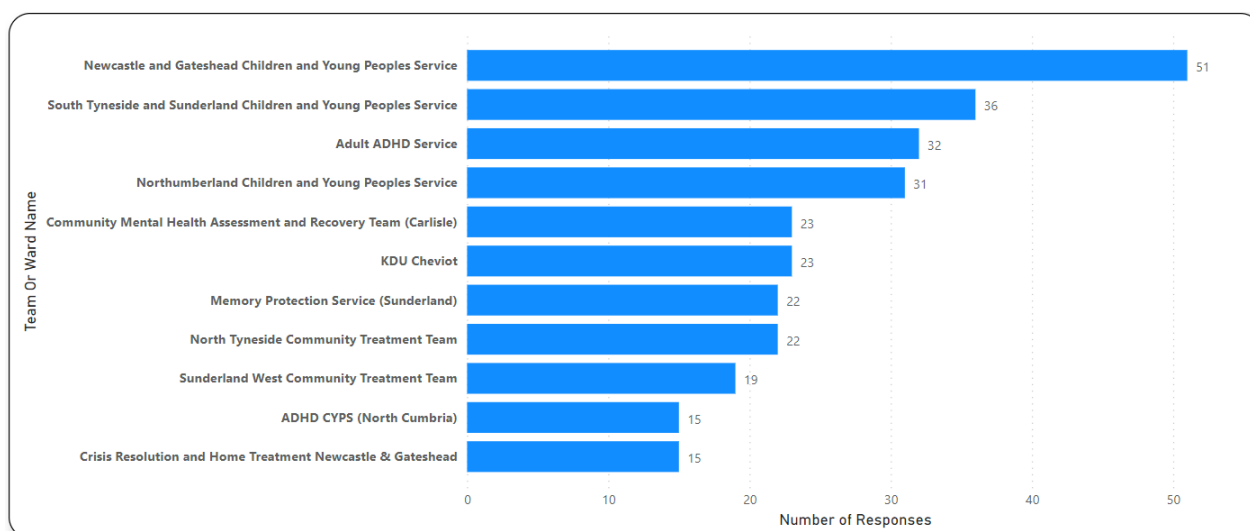
‘David and Stella were very friendly and answered any questions I had even though I ‘Talked and Talked’’ – Community Autism Assessment Service (North Cumbria)

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

Negative Themes

It is notable that children and young peoples services make up 4 of the top 10 teams who received negatively themed comments. This is an increase on the previous quarter when 3 teams were represented in this list.

Both themes discussed below (Communications and Patient Care) as being the most common for negative comments were the most common in the previous quarter.



Graph 6. Teams or wards with the most negatively themed comments during quarter 2 2022-23

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

Some examples of negative comments from the Communications theme:

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

‘I PLEADED with CNTW repeatedly to listen to us - the persons parents - as we know what the issues are and what will work and what will not work but we were told we are not ‘professionals’ and were not listened to. As a result we (the parents) have had to

pick up the pieces and try as best we can to manage the situation - which is extreme and high risk and could have been entirely avoided by better management.' – Fellside.

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

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

Some examples of negative comments from the Patient Care theme:

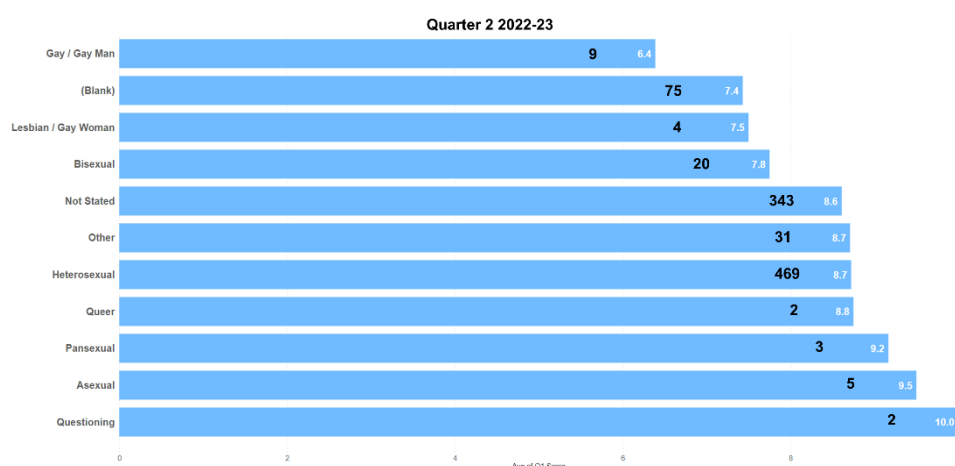
'the staff don't always understand the needs of the people or try to address the issue at hand. in the long term sense, Ferndene is arguably a lot more detrimental to a person's mental health the longer they stay here' – Redburn

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

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

Satisfaction by Demographic

Gay men and women are the 2 least satisfied identifiable groups when looking at sexuality. This was the same in the previous quarter too, however it should be noted that this feedback accounts for 13 survey responses.



Graph 7. Feedback levels and FFT average score by sexuality

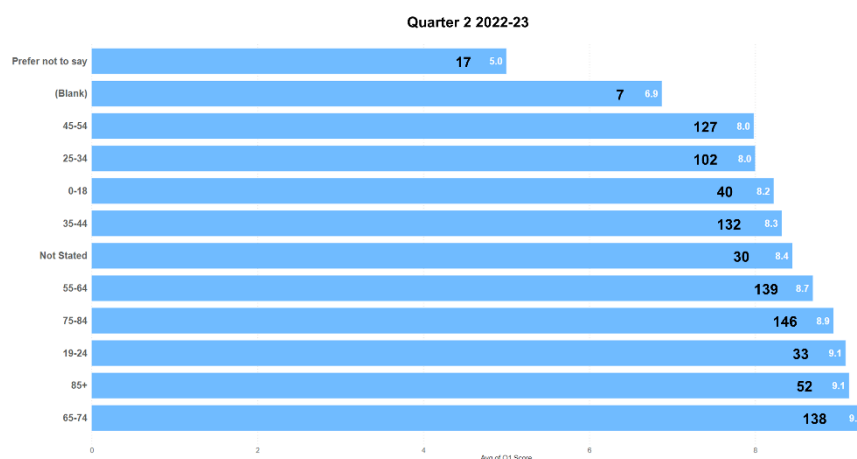
When looking at the themes of feedback from gay men and gay women, it is notable that 'Communications' is the main positive and negative theme of comments offered. This is followed by 'Patient Care', again for both positive and negative comments.

Heterosexual people make up the majority of feedback with 469 (49%) surveys. Their average FFT score of 8.7 is slightly above the Trust average of 8.5.

The main positive theme from feedback is 'Patient Care' and the most dominant negative theme is 'Communications'.

When looking at satisfaction by age group there is a notable rise in satisfaction for people under 18, who offered an average score of 8.2 for this quarter, the score was 7.5 in the previous quarter.

It should also be noted that feedback from this group of service users totalled 40 surveys, a reduction on the 57 received in the previous quarter and a tiny fraction of the over 19,000 young people using Trust services during the quarter.



Graph 8. Feedback levels and FFT average score by age

People 55 years old and over make up 4 of the 5 age categories offering satisfaction ratings above the Trust average. This group account for 475 (49%) surveys with the vast majority being offered through mailshot surveys.

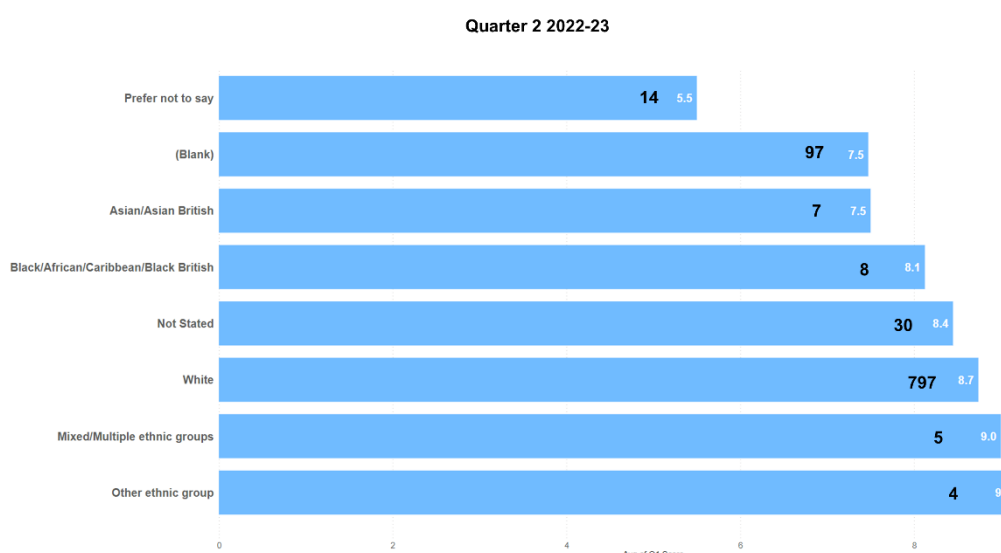
People over 55 offered the Trust 39 compliments, 1,667 positive comments and 208 negative ones. The most common positive theme was 'Patient Care' with 561 comments.

The most common negative theme for this group was 'Communications' with 85 comments being offered. 'Being listened to' was the most common sub-theme with 19 comments.

When looking at ethnicity, Asian/Asian British and Black/African/Caribbean/Black British people had average FFT scores below the average for the Trust. These scores come from 15 (1.6%) surveys.

When comparing these feedback levels with how many service users the Trust supported from these ethnic groups during the quarter (1,434 or 1.8% of all service users), the numbers are slightly below being at a representative level. The shortfall due to its difference could be due to some people choosing not to answer this demographic question.

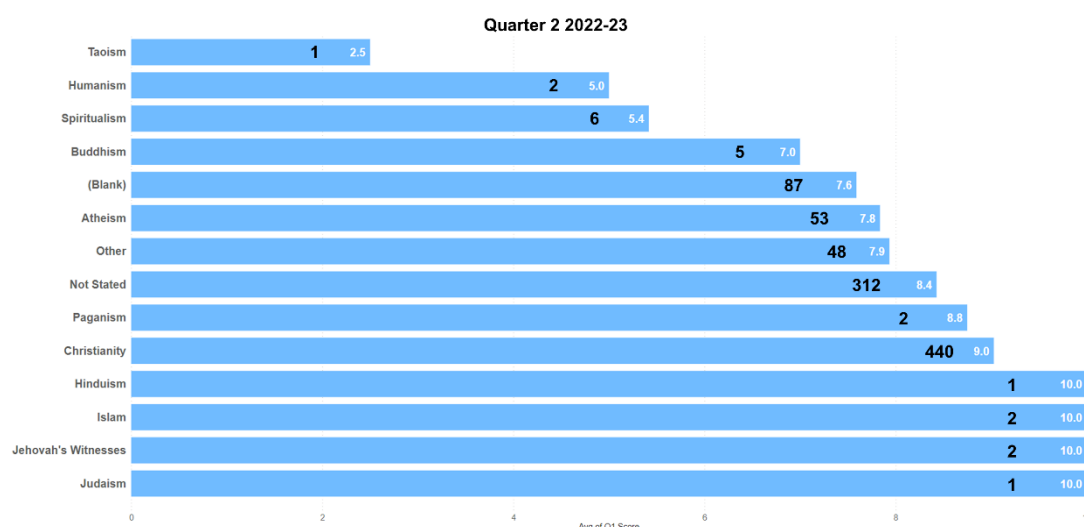
The main positive theme from this group is 'Patient Care', with 26 of the 62 positive comments. 'Communications' and 'Patient Care' are the most common negative themes with 5 comments each from the 16 comments offered.



Graph 9. Feedback levels and FFT average score by ethnicity

When looking at feedback and ethnicity, the majority is from white people with 797 (83%) surveys. This ethnic group made up 87.9% of all service users during the period. The shortfall could be due to some people choosing not to answer this demographic question.

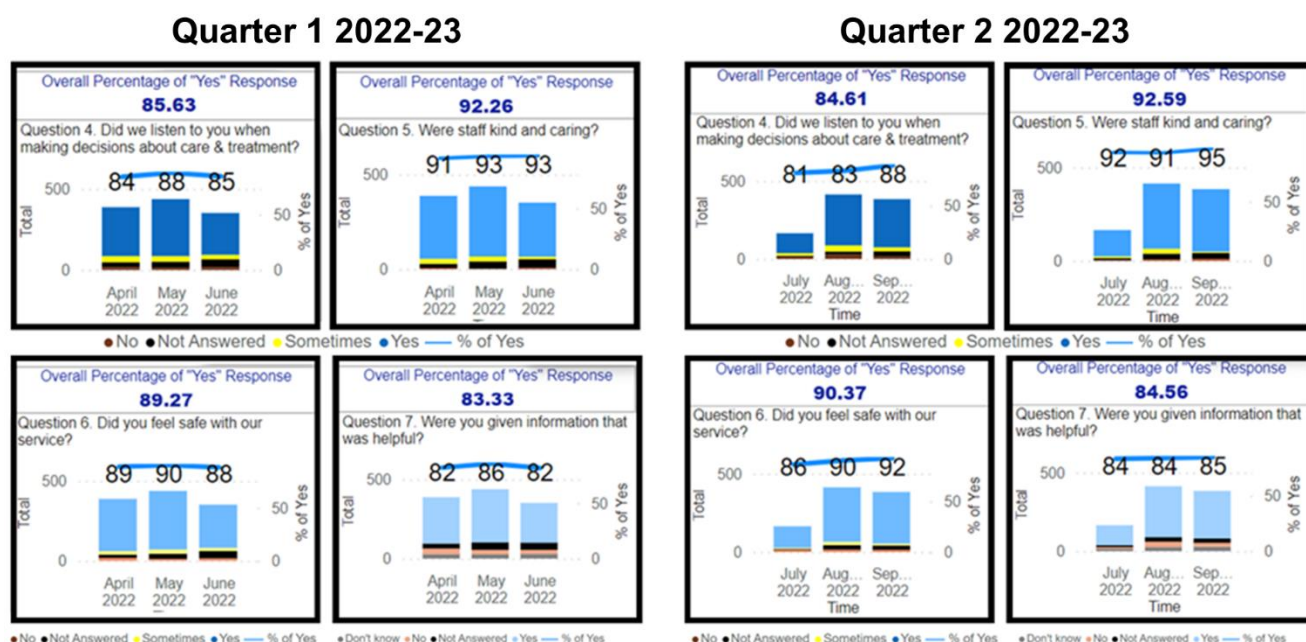
The most common positive theme from this ethnic group is 'Patient Care' with 950 comments (34% of positive comments). The most common negative theme was 'Communications' with 177 comments (36% of negative comments).



Graph 10. Feedback levels and FFT average score by religion

The majority of feedback when looking at religion is from Christians, with 440 surveys (45.7%). This group offers an average FFT score of 9, significantly higher than the Trust average for the same period (8.54).

There are 4 religious demographics (Hinduism, Islam, Jehovah's Witnesses and Judaism) offering a score of 10, however these 4 groups account for only 6 surveys. These 6 surveys offered 30 comments, all of which are positive, Patient Care, Communications and Values and behaviours are the most common themes discussed.



Graph 11. Satisfaction ratings for questions 4, 5, 6 and 7 by month and quarter

When comparing satisfaction through questions 4 to 7 on the PoY survey, it is notable that the percentage of people answering 'Yes' to question 5, 6 and 7 increased slightly.

When looking at question 4 'Did we listen to you when making decisions about care and treatment?' there was a 1% decrease in people answering 'Yes'. However this still means that of the people answering this question over 84% felt they were listened to.

Most people answered yes to the values based question, 'Were staff kind and caring?' where over 92.5% of people agreed.

Of the 4 questions discussed here, question 7 'Were you given information that was helpful?' has the lowest return of people answering 'Yes' with 84.5% offering this response, this is an increase of over 1% on the previous quarter and coincides with 'Communications' being the most common theme for negative comments.

NHS England Specialist Services

Of the 10 specialist services, only 6 received feedback during the quarter. The Gender Dysphoria team received feedback for the first time this year, however Lotus Ward received no feedback this quarter after receiving only 1 PoY survey in quarter 1.

Medium secure adult services had the most feedback again with 38 surveys. The main positive theme for this feedback was 'Patient Care' with almost 50% of positive comments on this theme. The most common negative theme was 'Staff Numbers' with almost a quarter of negative comments being about this them.

Medium Secure Adult Services				Low Secure Adult Services			
Category	Positive	Neutral	Negative	Category	Positive	Neutral	Negative
Values and Behaviours	27.03%	29.17%	10.81%	Values and Behaviours	23.08%		
Staff Numbers	0.90%	16.67%	24.32%	Privacy, Dignity and Wellbeing	7.69%		
Privacy, Dignity and Wellbeing			2.70%	Prescribing	7.69%		
Patient Care	49.55%	33.33%	21.62%	Patient Care	38.46%		50.00%
Other	1.80%		10.81%	Facilities			50.00%
Facilities			5.41%	Communications	15.38%		
Communications	20.72%	16.67%	21.62%	Admissions and Discharges		100.00%	
Admissions and Discharges		4.17%	2.70%	Access to Treatment or Drugs	7.69%		

CAMHS Ferndene			CAMHS Medium Secure Services	
Category	Neutral	Negative	Category	Positive
Values and Behaviours		33.33%	Values and Behaviours	18.18%
Staff Numbers		16.67%	Patient Care	40.91%
Patient Care	100.00%	16.67%	Facilities	4.55%
Communications		16.67%	Communications	36.36%
Clinical Treatment		16.67%		

Table 7. Themes of comments by percentage for quarter 2 2022-23

Patient Advice and Liaison Service (PALS)

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

The Trusts Deputy Chief Nurse intends to review the service offer to service users and carers. This will be through engagement with stakeholders to be reactive to the need across the diverse regions and communities that the Trust supports.

NHS.net and Care Opinion

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

Although responses from the teams involved were posted to the sites, there is no indication as to how effective these responses were in supporting the individuals concerned to now feel listened to.

Healthwatch

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

Alnmouth offered a response which responded to the points raised around environment and staff values. The response was robust and compassionate.

The Community Treatment Teams let us know that the individual had made a formal complaint and this should be the single point of response to the issues raised by the service user. North Tyneside Healthwatch agreed with this plan of action.

Do Section:

This section is an opportunity to show what the Trust is doing in response to people's feedback and how we are acting on themes, identified problems and identifying good

practice. Future developments relating to patient feedback is also shown in this section.

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

Appendix1

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

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

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

Through this work, it was identified that:

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

Current situation

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

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

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

13. Waiting Times for Children and Young People

Speaker: Ramona Duguid, Chief Operating Officer

This will be a late paper

References:

- 13. Trust Board Dec-22 - CYPS Waiting times Final.pdf

Report to the Board of Directors
7th December 2022

Title of report	Children & Young People referrals waiting over 18 weeks for treatment
Purpose of the report	For approval
Executive Lead	Ramona Duguid – Chief Operating Officer
Report author(s) (if different from above)	Tommy Davies – Head of Performance and Operational Delivery

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
<p>SA1 Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing.</p> <p>Risk 1683 There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands. SA1.4</p> <p>SA5 The Trust Will Be The Centre Of Excellence For Mental Health And Disability.</p> <p>Risk 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements. SA5</p> <p>SA4 The Trust's Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Us Them.</p> <p>Risk 1836 A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm. (SA4)</p>

**Board of Directors
7 December 2022**

Children & Young People referrals waiting over 18 weeks

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1. EXECUTIVE SUMMARY

This report outlines to the Board in greater detail the current position with Children and Young People referrals waiting longer than 18 weeks.

Overview of the current position

- The Trust currently has 2,498 referrals for Children and Young People (CYP) who have been waiting longer than 18 weeks to be treated. This has risen by 85% in one year. Despite plateauing in recent months, this number is not reducing. (See fig 1).
- The referral rate and accepted referral rate for CYPS has however not changed significantly over the same twelve-month period (See fig 1).
- The vast majority of the waits are in the neurodevelopmental pathway, with 2,038 or 82% of the total waiters (See fig 2).
- Newcastle and Gateshead CCG have the largest proportion of all the waits with 56% or 1,399. This includes up of 1,276 on a neuro pathway (Fig 3 & 4).
- Northumberland only have 10 CYPS waits over 18 weeks, North Cumbria have 238 (10% of the total) and the South have 832 or 33% of the total (See Fig 4).

1.1 Overview of the actions, impact and risk mitigation

- Central, South and Cumbria localities have developed internal actions to tackle the increased long waits across all areas, which are summarised below and outlined in further detail in this report.

Actions

- Increased staffing capacity by; recruitment, upskilling staff and improving efficiency.
- Pathways being reviewed and improved to reduce waste.
- Reviewing referral criteria.
- Patient group work alternatives being introduced to reduce referral rates.
- Trust Innovations will be working to support all of this work with a deep dive into the most challenged areas.
- Learning from external organisations and systems on improvements to access and treatment for CYP with neurodevelopmental conditions.

Expected Impact

- Reduce demand and increase capacity and therefore reduce waiting times
- Referrals get to the right place first time and improve efficiency
- However, the neurodevelopmental pathway in Central will not recover for another 15 months from the back log of 1,276 with new actions in place.

Risk Mitigations

- Central are sending 12 letters and making keeping in touch phone calls to everyone waiting over 18 weeks.
 - Patients on Mental Health waiting list reviewed, and risk assessed where appropriate.
 - All localities with long waits have processes in place to keep in touch with patients.
- The localities are also working with partners and commissioners to review how working together across our system could enable the Trust to better cope with this increase in waiting times. Some of the early work includes:
 - Increasing capacity by outsourcing.
 - Starting to work with Primary Care on ADHD in Central on discharging CYP following diagnosis and titration on to medication.
 - System wide review of neurodevelopmental pathway in Sunderland.
 - Additional funding in South Tyneside and North Cumbria for CYPS Primary care ADHD pathway.

Whilst this report outlines the current position and actions being taken. A request for system support to review the neurodevelopment pathway with some urgency has been made to agree on the collective mitigations in place for children and young people waiting, including family support as well a setting a realistic trajectory with commissioners to reduce the significant long waits for this service.

2. RECOMMENDATIONS

The Board are asked to

- a) Note the current position on over 18 week waits for Children and Young People.
- b) Note the work with system partners.
- c) Agree for the Quality and Performance Committee to receive monthly reports on impact of actions to address long waits for children and young people.

3. ANALYSIS OF CURRENT POSITION

3.1 What does the analysis tell us?

There has been an 85% increase in the number of Children and Young People (CYPs) waiting over 18 weeks for treatment in the last year across the Neurodevelopmental, Mental Health and Learning disability pathways. In November 2021 there were 1,351 CYP waiting over 18 weeks compared to 2,498 in October 2022. There has been no significant change in referrals or accepted referrals over this period.

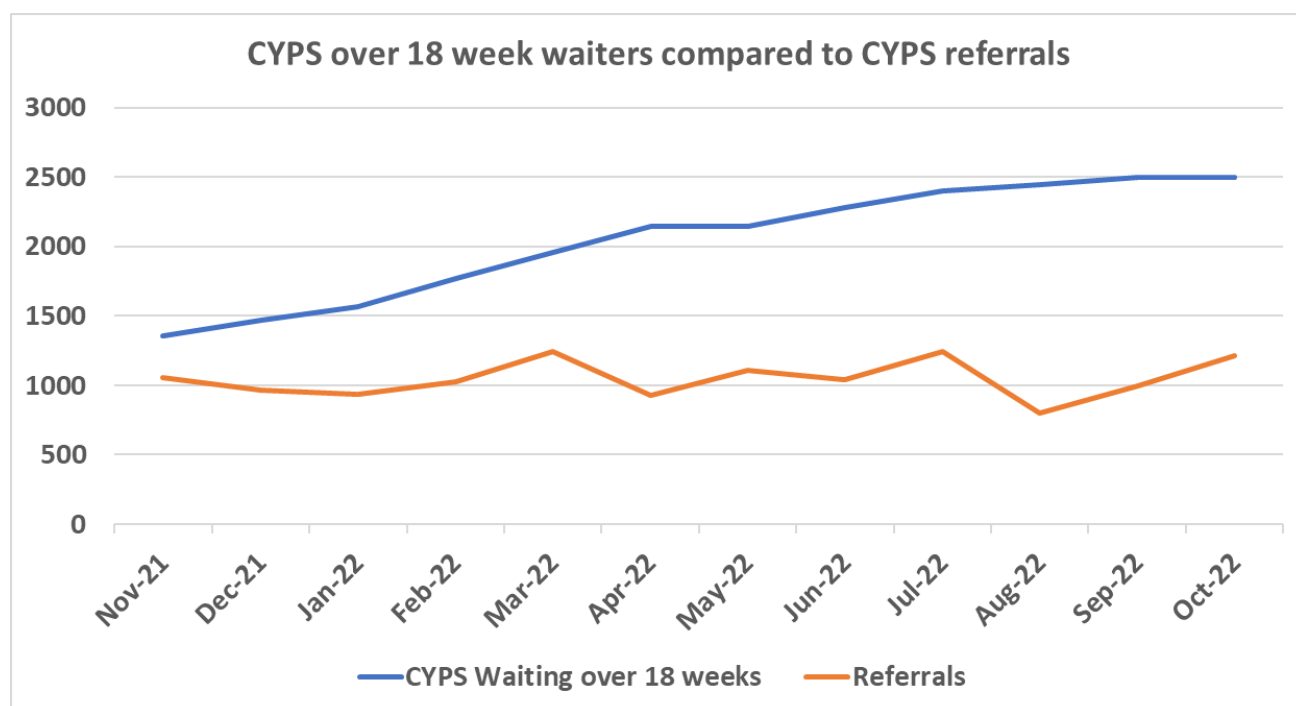


Figure 1: CYPs over 18 week waiters compared to CYPs referrals

As per figure 2 below, 82% of the current CYPs waits are in the neurodevelopmental pathway and 16% in the Mental Health Pathway with the remaining 2% in the Learning Disability (LD) pathway.

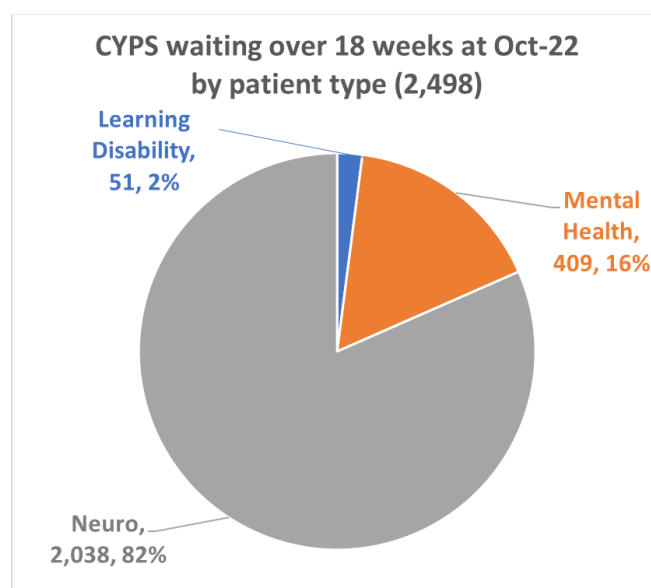


Figure 2: CYPS Waiting over 18 weeks at Oct-22 by patient pathway

The eating disorder pathway data is not included in the data in Figures 2 or 3 because there is currently only one patient waiting over 18 weeks in October 2022.

All three pathways as per figure 3 below have had a significant increase over the last twelve months. Although the pace of increase has reduced in July and August, the waits are still much higher in October 2022 compared to November 2021 and are not reducing significantly.

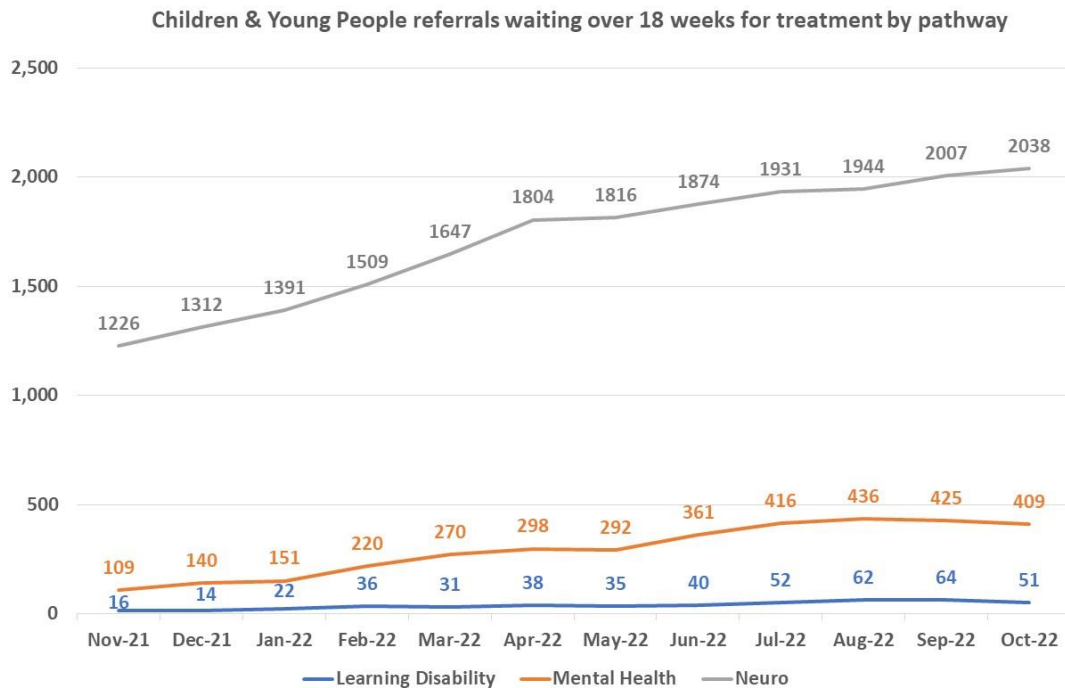


Figure 3: Children & Young People referrals waiting over 18 weeks for treatment by pathway

Over 55% (1,399) of the total 2,498 children and young people waiting more than 18 weeks are in Newcastle and Gateshead. South Tyneside and Sunderland account for 32% (832), only 10% (258) are in North Cumbria and 0% (10) are in Northumberland.

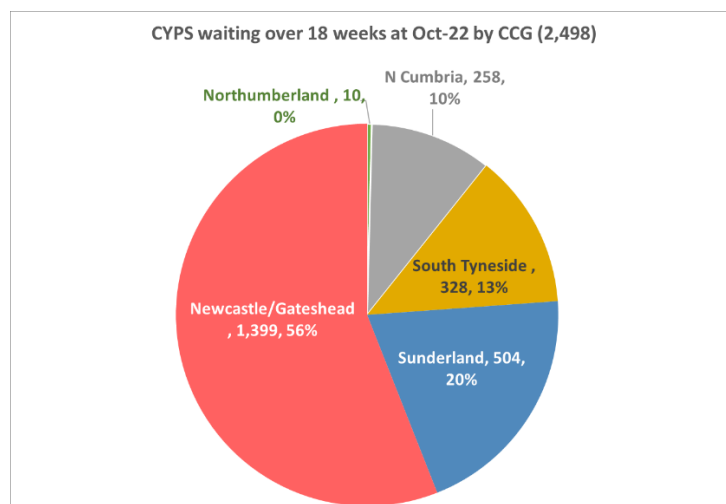
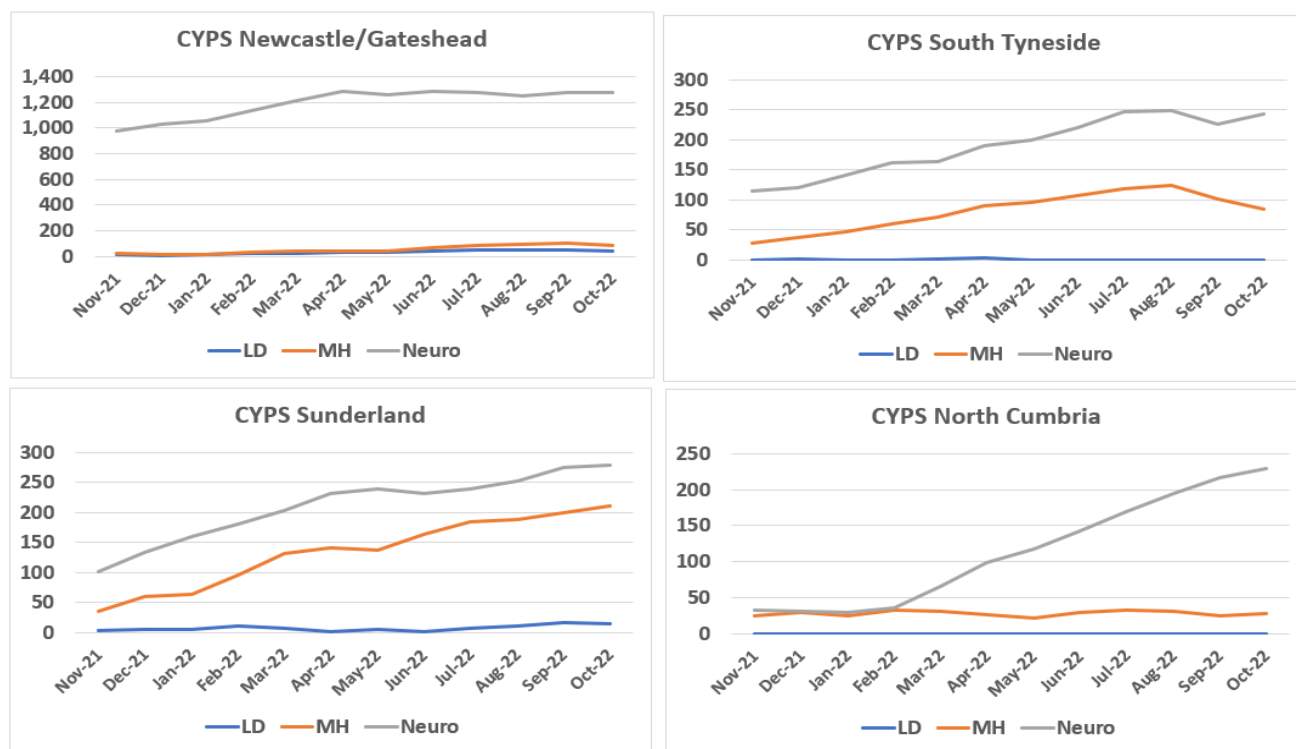


Figure 4: Children & Young People referrals waiting over 18 weeks for treatment at Oct-22 by CCG

With 1,276 CYPS waiting over 18 weeks on the neurodevelopmental pathway in Newcastle and Gateshead, this accounts for more than half of all the 18 week waiters across the Trust in all CYPS pathways (figure 5 below). Newcastle, Gateshead, South Tyneside and Sunderland have all had significant increases in Mental Health pathway waits over 18 weeks. Only the Sunderland Mental Health pathways have a continuing increase, all other Mental Health waits across CCGs have either plateaued or begun to drop since August.



NB: Northumbria not included because only 10 patients are waiting in total as of October 2022

Figure 5: Children & Young People referrals waiting over 18 weeks for treatment by pathway and locality

3.2 Actions, expected impact and mitigations

Central, South and Cumbria localities have developed internal actions to tackle the increased long waits across all areas. The localities are also working with partners and commissioners to review how working together across our system can enable the Trust to better cope with this increase in waiting times.

3.2.1 Central summary update key actions

Central actions being taken:

- Toby Henderson Trust has been commissioned to deliver 300 Autism Spectrum Disorder (ASD) assessments in 22/23.
- Following review of the neurodevelopmental assessment process and sharing good practice from other services, Central are now trialling a one-day assessment clinic for less complex patients
- Developing a competency framework to upskill other clinicians to aid in the diagnosis of neurodevelopmental disorders.

- Current commissioned work does not cover monitoring and titration of patients creating unfunded demand on services. Work is starting to consider pathways out of the service for those CYP diagnosed with ADHD and these CYP going back into primary care to be monitored on to medication post diagnosis and titration
- Capacity modelling has been done based on the ambition to have 5 neuro pods and this would enable 100 assessments per month.
- Due to pressures within the LD pathway we have recruited a band 7 PBS (people with challenging behaviours) specialist nurse to support with live cases and clinical supervision.
- Recruiting extra staff and clinical lead to support pressures in the Mental Health pathway
- A report entitled 'Spotlight on delivery of Children's Waiting Times' is being presented to the Health and Wellbeing Board on 6th December 2022

Central: What the expected impact of these actions will be?

- Waiting times will reduce in neurodevelopmental pathways with the timely access to diagnosticians and additional capacity from Toby Henderson
- The neurodevelopmental pathway are receiving 120 referrals per month and have calculated that it will take 15 months just to work through the current over 18 week waits.
- Reduction in waiting times to allocation and support for goal-based treatment pathways for LD
- Employment of the PBS specialist nurse will support robust clinical supervision and appropriate discharges from the LD service.
- Additional capacity in Mental Health pathway will reduce over 18 week waits by end of December.

Central: How risks are being mitigated for children waiting

- Sending 12-week letter to everyone waiting over 18 weeks.
- Treatment waiting list phone calls (MH pathway).
- At the point of referral into the service there is signposting and resources sent out for support whilst waiting.
- Duty team available Monday – Friday, which is staffed by 2 band 6 clinicians.
- Welcome events are going to be re-starting for neurodevelopmental pathway in January. Parents / carers / young people will be required to fill out a form to identify any risks which will then be reviewed and actioned if required
- All cases waiting over 8 weeks in the mental health pathway have been reviewed and actions have been identified including: discharge, receiving outcomes or reviewing those who still need to be seen.

3.2.2 South summary update key actions

South actions being taken:

- Internal review of the neuro developmental pathway as part of south waiting times quality improvement work and capacity and demand work
- The i-Thrive model is currently being launched in Sunderland which, alongside a review of the CYPS service spec, should reduce referrals to CNTW. We will only pick up referrals from 1 on the 4 areas of need.
- Newly appointed staff due to start which will create capacity of around 90 cases from the long waiters.

System actions

- System wide single point of access is being explored with the hope this will also create capacity
- Barnardo's have been paid to take some children from their waiting list
- System wide escalation in both places has happened and there is a full and transparent understanding of the CYP waiting times.
- System wide review of neurodevelopmental pathway in Sunderland
- Additional funding in South Tyneside for CYPS Primary care ADHD pathway

South: What the expected impact of these actions will be?

- Ensure referrals get to the right place first time and reduce inappropriate waits
- Increase efficiency and reduce waste
- Increase capacity
- Primary Care Model will allow CYPS to transfer stable young people back to Primary care who only require medication monitoring. This will reduce caseloads significantly and create capacity to divert resources to where the service is under most pressure.

South: How risks are being mitigated for children waiting

- Average wait for first appointment is around 6 weeks. Full risk assessment is carried out at this appointment
- Referrals are allocated on a needs/risk/priority basis
- Keeping in touch calls are provided.
- Regular waiting list meetings are in place to ensure continuous understanding of those waiting and plans to allocate are discussed.

3.2.3 North Cumbria summary update key actions

North Cumbria actions being taken:

- The LD assessment pathway paper has been reviewed and improved to reduce the time to complete an assessment.
- The referral criteria for the LD service is being revisited to ensure the clinically effective interventions are reaching the right patient group.
- Additional temporary investment to address waiting times.
- Band 6 recruited who will support treatment and assessment for ADHD.

- Trust innovations have reviewed and streamlined the ADHD pathway.
- New model being developed for Mental Health Pathway where those waiting for treatment will be offered group work as start of treatment which will hopefully support the treatment pathway.

North Cumbria: What the expected impact of these actions will be?

- From January 2023 the new ADHD pathway will be established and streamline the pathway. Additional staff once they are embedded should also absorb some of the demand for treatment and start to have an impact.
- For Mental Health Pathways, the new group work will reduce demand on the service and increase the capacity to deal with the backlog of treatment and ongoing referrals.
- Early Intervention Behavioural (EIB) Service will be entirely streamlined, with an overhaul of the assessment pathway and transition into the classes.

North Cumbria: How risks are being mitigated for children waiting

- When the ADHD team are alerted to an escalating problem, they will bring in the patient for treatment as appropriate and prioritised. The team are being clearer with families about the importance of attendance at appointments. They must attend appointments to get a prescription/review etc
- Mental Health pathway teams have a weekly review of the waiting list and rag rated accordingly. CYPS are contacted regularly to review the risk. Group work is now being offered to all waiting. The team is working to an internal Keeping in Touch process, until the trust wide protocol is agreed.
- EIB/LD: EIB service works with parents/guardians of the child who are contacted during the wait for assessment. The LD service has an active peer support group and waiting list oversight.

4. NEXT STEPS

Each locality has various actions being taken to address the long waits, including support from commissioners. However, a central Trust focus is required on the pathway design and demand and capacity analysis which is being progressed. In addition to this work across the system has been requested to ensure a realistic trajectory for recovery can be set with commissioners as well as clarity on how risks are being mitigated where there are long waits to access services.

Author:
Tommy Davies
Head of Performance
and Operational Delivery

Executive Lead:
Ramona Duguid
Chief Operating Officer

02/12/2022

14. Workforce Issues - No Issues to update

Speaker: Lynne Shaw, Executive Director of Workforce and OD

15. Board and Sub-Committee Terms of Reference Annual Review

Speaker: Debbie Henderson, Director Communications and Corporate Affairs

References:

- 14. Board and Sub-Committee Annual Review 2022.pdf

Report to the Board of Directors
7th December 2022

Title of report	Board of Directors and Sub-Committee Terms of Reference Annual Review
Purpose of the report	For approval
Executive Lead	Debbie Henderson, Director of Communications and Corporate Affairs
Report author(s) (if different from above)	Debbie Henderson and Vicky Grieves, CQC Compliance Officer

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	x	Executive Team	
Audit	x	Trust Leadership Team (TLT)	
Mental Health Legislation	x	Trust Safety Group (TSG)	
People Committee	x	Other i.e. external meeting	
Resource and Business Assurance	x		
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee	x		
Remuneration Committee	x		

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
N/A – in line with the requirements of the NHS statutory and regulatory framework

Board of Directors and Sub Committees Terms of Reference Annual Review 2022

1. Executive Summary

In line with the requirements of the NHS statutory and regulatory framework, and to ensure the continuation of good governance, the Board of Directors and Sub-Committees of the Board are required to undertake an annual review of their Terms of Reference. The Terms of Reference were last reviewed and approved by the Board in June 2021.

All Sub Committees, where appropriate, have completed a self-assessment against their Terms of Reference which is available on request. All Terms of Reference have been reviewed by the respective committee and are attached for approval.

It is proposed that the Terms of Reference for the Charitable Funds Committee be reviewed following the committee governance review and development of the Charity Strategy and fundraising approach.

	Committee	Change Since last approval
1	Board of Directors	Changes to reflect the change to statutory duties for NHS Boards to work within an Integrated Care System. Amendments made to membership incorporating recent changes to the structure of the Executive Team
2	Resource and Business Assurance Committee	Amendments made to membership incorporating recent changes to the structure of the Executive Team.
3	Quality and Performance Committee	Amendments made to membership incorporating recent changes to the structure of the Executive Team.
4	Mental Health Legislation Committee	Amendments made to membership incorporating recent changes to the structure of the Executive Team. Executive Director of Finance and Executive Director of Workforce and OD to be added to membership.
5	Audit Committee	Amendments made to membership incorporating recent changes to the structure of the Executive Team.
6	Provider Collaborative and Lead Provider Committee	Amendments made to membership incorporating recent changes to the structure of the Executive Team.
7	People Committee	Amendments made to membership incorporating recent changes to the structure of the Executive Team.
8	Remuneration Committee	No changes proposed.

2. Recommendation

The Board is asked to:

- Approve the attached Terms of Reference for the Board of Directors and Board Sub-Committees outlined above.

Debbie Henderson

Director of Communications and Corporate Affairs/Company Secretary
December 2022

1. Board of Directors Terms of Reference

Name	Board of Directors
Timing & Frequency	Board meetings will be held monthly in public. Closed Board meetings will be held monthly to discuss matters to be excluded from discussion in public in line with the Trusts Constitution. Meetings will not be held in January.
Admin support	Corporate Affairs Manager
Reporting Arrangements	N/A
Membership	
Chair	Chairman
Deputy Chair	Vice-Chair
Members	Chief Executive All other Non-Executive Directors All Executive Directors of the Board
In Attendance	Director of Corporate Affairs and Communications and Company Secretary <i>NB: Other Trust representatives may attend meetings of the Board by invitation.</i>
Quorum	Five members to include a minimum of two Executive Directors and a minimum of three Non-Executive Directors
Deputies	The Trust Vice-Chair to deputise for Trust Chair. Deputies are permitted to deputise for Executive Directors for discussion only. Deputies have no voting rights. No deputies are permitted for Non-Executive Directors.
Purpose	
<p>The Board of Directors is collectively responsible for the exercise of powers and the performance of the NHS Foundation Trust (<i>the Trust</i>) and for the effective discharge of the Board's statutory duties. The general duty of the Board and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for members of the Trust as a whole and for the public.</p> <p>The Trust should be led by an effective and diverse board that is innovative and flexible. The Board's role is to promote the long-term sustainability of the Trust as part of the ICS and wider healthcare system in England, generating value for members, patients, service users and the public. The Board should give particular attention to the Trust's role in reducing health inequalities in</p>	

access, experience and outcomes.

The Board will establish the Trust's vision, values and strategy, ensuring alignment with the ICP's Integrated Care Strategy and ensuring decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources. All Directors must act with integrity, lead by example, and promote the desired culture.

The Board should ensure that the necessary resources are in place for the Trust to meet its objectives, including its contribution to the objectives agreed by the ICB and its partners, and measure performance against them.

The Board should establish a framework of prudent and effective controls that enable risk to be assessed and managed.

For the Trust to meet its responsibilities to stakeholders, including patients, staff, the community and system partners, the Board should ensure effective engagement with them, and encourage collaborative working at all levels with system partners.

The Board should ensure that workforce policies and practices are consistent with the Trust's values and support its long-term sustainability. The workforce should be able to raise any matters of concern. The Board is responsible for ensuring effective workforce planning aimed at delivering high quality of care.

The Board should establish the Trust Constitution and standards of conduct for the Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the Nolan principles.

The remainder of these Terms of Reference should be considered in the context of the principles of working within, and contributing to, the wider health and care system for the North East and North Cumbria.

Governance, rules and behaviours

Collective responsibility/decision making, arbitrated by the Chairman i.e. all members of the Board have joint responsibility for every decision of the Board regardless of their individual skills or status. This does not impact on the particular responsibilities of the Chief Executive Officer as the Accounting Officer. In addition, all directors must take decisions objectively and in the best interests of the Trust and avoid conflicts of interest.

As part of their role as members of a unitary Board, all directors have a responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk, mitigation, values, standards and strategy. In particular NEDS should scrutinise (i.e. assess and assure themselves of) the performance of the Executive Management Team in meeting agreed goals and objects, receive adequate information and monitor the reporting performance, satisfying themselves as to the integrity of financial, clinical and other information, and make sure the financial and clinical quality controls, and systems of risk management and governance are robust and implemented.

Compliance with the Trusts Constitution, Standing Orders and NHS Code of Governance will be maintained.

All members are expected to attend-absenteeism is an exception.

Scope

The Board of Directors is responsible for:

- Ensuring the quality and safety of healthcare services, education, training and research delivered by the Foundation Trust and applying the principles and standards of clinical governance set out by the Department of Health, NHS Improvement/NHS England, the Care Quality Commission and other relevant NHS bodies.
- Setting the Trust's strategy, vision, values and standards of conduct and ensure that its obligations to its members, patients and other stakeholders within the ICS and wider health and care system are understood, clearly communicated and met. In developing and articulating a clear vision for the Trust, it should be a formally agreed statement of the Trust's purpose and intended outcome which can be used as a basis for the Trust's overall strategy, planning and other decisions.
- Ensuring compliance by the Trust with its licence, its Constitution, statutory and regulatory requirements and contractual obligations.
- Setting the Trusts strategic aims taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the Trust to meet its priorities and objectives and then periodically reviewing progress and management performance.
- Ensuring that the Trust exercises its functions effectively, efficiently and economically.

Authority

Decision making in line with the authority outlined in these Terms of Reference, the Trust Constitution, Standing Orders, Scheme of Reservation and Delegation and standing Financial Instructions.

Deliverables

Leadership

- Implementation and communication of a clear organisational vision, purpose and goals
- Implementation of strategies to position the organisation as an excellent employer
- Establishment of effective Board and Committee structures, both internal and external
- Establishment of good governance, clear lines of reporting and accountability

Culture, Ethics and Integrity

- Set, implement, communicate and embed the organisational values
- Promote a patient centred culture of openness, transparency, and candour
- Maintain high standards of corporate governance and personal integrity in the conduct of business
- Application of appropriate ethical standards
- Establish appeals panel as required by employment policies
- Adherence of directors, staff and people working for, but not employed by, the Trust (i.e., Council of Governors, volunteers) to codes of conduct

Strategy

- Set and ensure delivery of the Trust's strategic purpose, goals and objectives
- Ensure alignment of strategic plans to the wider ICS, ICB and ICP strategies and aims
- Monitor and review management performance to ensure objectives are met
- Oversee the delivery of planned services and achievement of objectives
- Develop, maintain, and ensure delivery of the Trust's Annual Business Plan, having due regard to the views of the Council of Governors
- Have regard to, and implement where necessary, national policies and strategies

Quality

- Responsibilities for ensuring internal controls are in place for clinical effectiveness, quality of care, patient safety and experience
- Intolerance of poor standards and foster a culture which puts the patients first
- Engage with stakeholders, including staff and service users, on quality issues and ensure appropriate escalation and dealing with issues
- Responsible for the publication of the Trust's Annual Quality Account

Finance

- Ensure the Trust operates effectively, efficiently, economically
- Ensure continuing financial viability, both at Trust and system level
- Ensure resources are properly managed and financial responsibilities are delivered
- Review performance identifying opportunities for improvement
- Responsible for the publication of the Trust's Annual Accounts

Governance and Compliance

- Ensuring comprehensive governance arrangements are in place by complying with principles, standards, and systems of corporate governance having regard to NHS statutory and regulatory requirements, codes of conduct, accountability and openness
- Ensure compliance with all requirements of the Trust's Provider Licence conditions
- Ensure compliance with the Trust's Constitution.
- Formulate, implement, and review the Trust's Standing Orders, Standing Financial Instructions, and Scheme of Reservation and Delegation
- Ensure compliance with the requirements of the NHS Act, Health and Social Care Act, Mental Health Act and other legislative requirements
- Required returns and disclosures made to the regulators
- Ensure effective systems are in place for the appropriate appointment and evaluation arrangements for senior positions
- Responsible for the publication of the Trust's Annual Report and Accounts

Risk Management

- Ensure an effective system of integrated governance, risk management and internal control across all clinical and corporate activities
- Determine and agree the Trust's Risk Appetite and review on a regular basis
- Develop, monitor, and review the Trusts Board Assurance Framework and Corporate Risk Register and manage the risks to the achievement of the Trusts strategic objectives
- Oversee and monitor the implementation of the Trusts Risk Management Strategy and Policy

Communication, Engagement and Involvement

- Develop and maintain effective communication channels between the Board, Trust Governors, Trust members, members of staff and the local community
- Develop and maintain effective communication channels with key stakeholders and partners
- Work in partnership with the Council of Governors and ensure they are equipped with skills and knowledge needed to undertake their role
- Ensure effective dissemination of Trust wide information on service developments, strategies, plans, good practice and learning lessons
- Ensure effective strategies, systems and processes are in place for staff, service users and carer and stakeholder involvement in development of care plans, review of quality of services and development of new services
- Ensure compliance with statutory and regulatory requirements associated for formal consultation requirements

Sub Groups

The following Committees will report to the Board via submission of minutes of meetings supported by verbal updates from the Chair:

- Audit Committee (statutory committee)
- Remuneration Committee (statutory committee)
- Mental Health Legislation Committee (statutory committee)
- Quality and Performance Committee
- Resource and Business Assurance Committee
- Provider Collaborative Committee
- People Committee
- Charitable Funds Committee (committee of the Corporate Trustee)

Due to the confidential and sensitive nature of information concerning members of the Board of Directors, the Board shall receive a verbal summary of the Remuneration Committee meeting rather than committee minutes.

Corporate Trustee

The Trust Board is regarded as having responsibility for exercising the functions of the Corporate Trustee. The Trust Board delegates these functions to the Charitable Funds Committee as a sub-committee of the Trust board, within any limits set out in the charitable funds section of Standing Financial Instructions and Scheme of Reservation and Delegation.

Current review date: November 2022

Date of previous Board approval: July 2021

2. Resource and Business Assurance Committee Terms of Reference

Committee Name	Resource and Business Assurance Committee
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Committee Type	Standing sub-committee of the Board of Directors
Frequency	Quarterly
Committee admin	Corporate Affairs Team
Reporting Arrangements	Minutes and report from Chair to Board of Directors Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors
Membership	
Chair	Non-Executive Director
Deputy Chair	Non-Executive Director
Members	Executive Director of Finance Executive Director of Nursing, Therapies and Assurance Chief Operating Officer Executive Director of Workforce and Organisational Development Executive Medical Director
In Attendance	Managing Director of NTW Solutions Limited Director of Communications and Corporate Affairs Governor representative x 2
Quorum	A minimum of one Non-Executive Director (including the Chair) and a minimum of two Executive Directors
Deputies	Deputies required for all members and those in attendance No deputies are permitted for Non-Executive Directors
Purpose	
Provide assurance to the Board that: <ul style="list-style-type: none"> • The Trust has effective systems and processes in place to secure economy, efficiency and effectiveness in respect of all resources, supporting the delivery of the Trust's Strategy and Operational Plans. • There is a clear understanding of current and emerging risk to that delivery and that strategic risk in relation to the effective and efficient use of resources and the long term sustainability of the Trust and its services are being managed. 	
Scope	
<ul style="list-style-type: none"> • Review of arrangements for the development of the Trust Annual Resource Plan, ensuring that resources are adequately identified to meet quality and performance standards, or to highlight appropriate risks to the board • Oversee the assurance delivery against the Trust's annual resource plan and the impact of in year delivery on key financial strategic risk. 	

- Oversee arrangements for financial reporting, cash management, internal control and business planning to ensure that they comply with statutory, legal and compliance requirements and that they are developing towards best practice. Ensure that there is a clear understanding of current and emerging risks and that actions are in place to maintain and continually improve the organisation's position as a high performing Trust for the use of resources.
- Oversee and assure the Trust's delivery of the Capital Programme in the light of service development plans, risk and quality issues, and in line with the Trust's Strategy and Operational Plans and the management of strategic risks.
- Oversee and assure arrangements for managing contractual relationships with Commissioners of services and ensure that there is a clear understanding of current and emerging risks.
- To oversee the development of significant investment and development proposals on behalf of the Board of Directors, including major projects, business case development, and tenders. Also to receive assurance on effective financial modelling for major tenders, effective project implementation and post project evaluation.
- Oversee and assure arrangements relating to the review the Trust's Commercial Investment Policy and Innovations Strategy.
- To receive assurance that proper arrangements are in place for the procurement of goods and services and that there is a clear understanding of current and emerging risks.
- To receive assurance that proper arrangements are in place for the management of the Trust's estate and that the infrastructure, maintenance and developmental programme supports the Trust's Strategy, Operational Plans and legal and statutory obligations. Ensure that there is a clear understanding of current and emerging risks.
- To receive assurance on the Trust delivery against its Green Plan and its overall response to the Climate and Ecological Emergency
- To receive assurance that proper arrangements are in place for the management of the Trust's Information Technology and Infrastructure, maintenance and development programme ensuring it supports the Trust's Strategy and Operational Plans, including delivery of improvement and efficiency objectives, and the fulfilment of legal and statutory obligations. Ensure that there is a clear understanding of current and emerging risks.
- To receive assurance that proper arrangements are in place to ensure delivery of sustainable healthcare, with a focus on productivity, benchmarking and the shift to early intervention and prevention
- To receive assurance that cash investment decisions are made in line with the Treasury Management Policy, and to review changes to this Policy, where appropriate.
- To receive assurance that appropriate arrangements are in place for insurance against loss across all Trust activities.
- Receive for assurance purposes routine reports from all standing sub groups and any other relevant reports/action plans in relation to current issues.
- Contribute to the maintenance of the Trust's Corporate Risk Register and Board Assurance Framework by ensuring that the risks that the Resource and Business Assurance Committee are responsible for are appropriately identified and effective controls are in place and that strategic risk in relation to the effective and efficient

resources, and the long term sustainability of the Trust and its services are being managed.

- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
 - Review the management of the Corporate Risk Register and the Groups top risks;
 - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
 - Report to the Board of Directors on any significant risk management and assurance issues.

Authority

To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.

Deliverables

Assurance to the Board that:

- Effective systems and processes are in place to deliver the Trust's Financial Strategy and targets (including the Trust's capital resources) and that there is a clear understanding of current and emerging risk to that delivery.
- Effective systems are in place to deliver against the Trusts Green Plan.
- Effective systems and processes are in place to ensure the Trust's delivery against specific aspects of the Trust's Workforce Strategy/performance standards ensuring that the Trust has the workforce resources and capacity to deliver the Trust's Strategy and Operational Plans and that there is a clear understanding of current and emerging risk to that delivery.
- Effective systems and processes are in place to ensure that legislative, mandated (eg CQC, CQIN) and best practice workforce, organisational development, education, training and equality and diversity related outcomes are being delivered.
- Effective services are delivered by key workforce strategic partners ie Capsticks and Team Prevent.
- Effective systems and processes are in place to manage commercial activity and business development, in line with the Trust's Strategy, Operational Plans, Trust policies and Monitor requirements, including major projects, business case development, tendering and post project evaluation arrangements and that there is a clear understanding of current and emerging risks.
- Effective systems and processes are in place for managing contractual relationships with Commissioners of services and that there is a clear understanding of current and emerging risks.
- Effective systems and processes are in place for the procurement of goods and services and that there is a clear understanding of current and emerging risks.
- That Estates and Information Technology infrastructure, systems and processes are designed, delivered and maintained to support the delivery of the Trust's Strategy and Operational Plans and that there is a clear understanding of current and emerging risks.
- The risks, that the Resource and Business Assurance Committee are responsible

for, are appropriately identified and effective controls are in place and that strategic risk in relation to the effective and efficient resources, and the long term sustainability of the Trust and its services are being managed.

Sub Groups

Links to Trust Leadership Team
Operational Groups

Date of Committee Review: September 2022

Date of Previous Board approval: July 2021

3. Quality and Performance Committee Terms of Reference

Committee Name	Quality and Performance Committee (Q&P)
Committee Type	Standing sub-committee of Board of Directors
Frequency	Eight times a year
Committee admin	CQC Compliance Officer

Reporting Arrangements	Minutes and Report from Chair to Board of Directors Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors
Membership	
Chair	Non-Executive
Deputy Chair	Non-Executive
Members	Chief Operating Officer Executive Director of Nursing, Therapies and Quality Assurance Executive Medical Director Executive Director of Workforce and Organisational Development Executive Director of Finance Other Non-Executive Directors
In Attendance	Director of Communications and Corporate Affairs Governor representatives x 2
Quorum	A minimum of one Non-Executive Director (including the Chair) and a minimum of two Executive Directors
Deputies	Deputies required for all members and those in attendance No deputies are permitted for Non-Executive Directors
Purpose	
Provide assurance to the Board that: <ul style="list-style-type: none"> • The Trust has effective systems and processes in place for the management of risks pertaining to their area of focus, safety quality and performance across the Trust. • The Trust has an effective Assurance/Performance Framework. • The Trust complies with the law, best practice, governance and regulatory standards which are within the Committee's scope. 	
Authority	
To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.	
Deliverables	
Assurance to the Board re: <ul style="list-style-type: none"> • The successful implementation of key quality and performance strategies, programmes of work and systems. • That there is an effective risk management system operating across the Trust including Group Risk Registers, a Corporate Risk Register and Board Assurance Framework which provides assurances to the Board that effective controls are in place to manage corporate risks. • The Trust's action plans in relation to compliance and legislative frameworks are robust and completed/signed off, with the exception of areas covered by the Resource and Business Advisory Committee and Mental Health Legislation Committee. • The implementation of NICE Guidance and other nationally agreed guidance are the main 	

basis for prioritising Clinical Effectiveness.

- The Trust's continued compliance with the CQC's Fundamental Standards.
- Compliance against the Coroners Amended Rules 2008.
- Standards of care, compliance with relevant standards and quality and risk arrangements in each Operational Group.
- That information from patient and carer experience, including themes and trends, is informing service improvement.
- That information from staff experience, including themes and trends, is informing service improvement.
- The operation of all standing sub groups and delivery of any relevant reports/action plans in relation to current issues.
- The management and use of Controlled Drugs within the Trust and across the local prescribing interface with the statutory Local Intelligence Network.
- The Committee has links to relevant service user/carers and Governor Forums.
- Effective systems and processes are in place with regard to clinical audits and Board Assurance Framework audits including robust processes to ensure recommendations and action plans are completed.
- The risks, that the Quality and Performance Committee are responsible for, are appropriately identified and effective controls are in place.

Sub Groups

Health, Safety and Security
Positive and Safe
Emergency Preparedness, Resilience and Response
Caldicott Information Governance
Medicines Optimisation Committee
Clinical Effectiveness Committee
Research Governance Oversight Group
Safeguarding and Public Protection
Physical Health and Wellbeing
Infection, Prevention and Control
Patient and Carer Experience
Group Quality Standards

Also links with:

Council of Governors' Quality Group
Trust Leadership Team
CQC Quality Compliance Group

Current review date: September 2022

Date of previous Board approval: July 2021

4. Mental Health Legislation Committee Terms of Reference

Committee Name	Mental Health Legislation Committee
Committee Type	Standing sub-committee of Board of Directors
Frequency	Quarterly
Committee admin	Corporate Affairs Team
Reporting Arrangements	Minutes and report from Chair to Board of Directors Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors

Membership

Chair	Non-Executive Director
Deputy Chair	Non-Executive Director
Members	Executive Medical Director Executive Director of Nursing, Therapies and Quality Assurance Chief Operating Officer Executive Director of Finance Executive Director of Workforce and Organisational Development Other Non-Executive Directors
In Attendance	Director of Communications and Corporate Affairs Group Medical Director (Chair of the Mental Health Legislation Steering Group) Representatives of Mental Health Legislation Team Governor Representatives x 2
Quorum	A minimum of one Non-Executive Director (including the Chair) and a minimum of two Executive Directors
Deputies	Deputies required for all members and attendees Named deputies for Executive Directors will be accepted No deputies are permitted for Non-Executive Directors
Purpose	
<p>Provide assurance to the Board that:</p> <ul style="list-style-type: none"> • There are systems, structures and processes in place to ensure compliance with and support the operation of Mental Health Legislation within inpatient and community settings, and to ensure compliance with associated code of practice and recognised best practice. • The Trust has in place and uses appropriate policies and procedures in relation to Mental Health Legislation and to facilitate the publication and guidance of the legislation to all relevant staff, service users, carers and managers. • Hospital Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health and associated legislation. 	
Scope	
<ul style="list-style-type: none"> • Ensure the formulation of Mental Health Act Legislation Steering Group and receive quarterly assurance reports on the Mental Health Legislation Steering Group's activities in relation to activities. • Keep under review annually the Trusts "Delegation of Statutory Functions under the Mental Health Act 1983" policy including the Schedule of Delegation appended to that policy. • Receive and review the Mental Health Legislation Activity and Monitoring Report (MHA Code of Practice requirements), this includes: <ul style="list-style-type: none"> ○ Emergency applications for detention (Section 4 & 5) ○ Emergency treatment (Section 62 & 64) ○ CTO recalls (Section 17E & Section 17F) ○ Mental Health Tribunal referrals • Receive assurance from the Mental Health Legislation Steering Group that the Trust is compliant with legislative frameworks and that there are robust processes in place to implement change as necessary in relation to Mental Health legislation and report on ongoing and new 	

training needs.

- Receive the results in relation to the monitoring of policies linked to the Mental Health Act and Mental Capacity Act legislation and monitor any associated action plans.
- Consider and recommend the Annual Audit Plan in relation to Mental Health Legislation.
- Receive assurance that new law guidance and best practice is disseminated and actioned appropriately.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
 - Review the management of the Corporate Risk Register and the Groups top risks;
 - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
 - Report to the Board of Directors on any significant risk management and assurance issues.

Authority

To act on behalf of the Board to receive assurances that effective arrangements are in place with regard to those areas within the Committee's scope across the organisation.

Deliverables

Assurance to the Board re:

- The effective implementation of Mental Health Legislation within inpatient and community settings and compliance with associated Codes of Practice.
- The necessary policies and procedures in relation to mental health legislation are in place, updated and reviewed in line with legislative changes.
- The Trust's "Delegation of Statutory Functions under the Mental Health Act 1983" policy including the Schedule of Delegation appended to that policy, is reviewed annually.
- The Trust's compliance with requirements of the Mental Health Act and Mental Capacity Act Codes of Practice in respect of the mental health legislation and activity and monitoring reports.
- Compliance with and the effective implementation of Mental Health Legislation and that robust processes are in place to implement change as necessary in relation to Mental Health Legislation and reporting on ongoing and new training needs.
- Effective systems and processes are in place in respect of the monitoring of policies linked to the Mental Health Act and Mental Capacity Act legislation including robust processes to ensure recommendations and action plans are completed.
- Effective systems and processes are in place in respect of the dissemination and auctioning of new law guidance and best practice.
- The risks that the Mental Health Legislation Committee is responsible for are appropriately identified and effective controls are in place.
- Recommend the Annual Audit Plan in relation to Mental Health Legislation to the Audit Committee.

Sub Groups

Mental Health Act Legislation Steering Group

Any other task and finish subgroups associated with the business of the Committee

Date of Committee review: October 2022

Date of previous Board approval: July 2021

5. Audit Committee Terms of Reference

Committee Name	Audit Committee
Committee Type	Statutory committee of the Board of Directors
Frequency	The committee will meet a minimum of five times per year but may meet more frequently at the discretion of the Chair.
Committee Admin	Corporate Affairs Manager
Reporting arrangements	The committee will report to the Board of Directors via submission of minutes and an Annual Report in April/May each year. Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors
Membership	
Chair	Non-Executive Director
Deputy Chair	Non-Executive Director
Members	Three Non-Executive Directors (including the Chair and Vice-Chair)
In Attendance	Executive Director of Finance Director of Corporate Affairs and Communications/Company Secretary Director of Finance/Managing Director for NTW Solutions Ltd Internal Auditors (AuditOne) Local Counter Fraud Services

	<p>External Auditors Governor representative X 2</p> <p><i>Executive Directors and other Trust representatives will be expected to attend meetings at the request of the Chair</i></p> <p><i>The Chief Executive should also attend when discussing the draft Annual Governance Statement and the Annual Report and Accounts.</i></p>
Quorum	Three members (to include a minimum of one Non-Executive Director and one Executive Director of the Trust)
Deputies	<p>Deputies required for all members and those in attendance</p> <p>No deputies are permitted for Non-Executive Directors</p>
Purpose	
<p>To provide assurance to the Board of Directors that effective internal control arrangements are in place for the Trust and its subsidiary companies. The Committee also provides a form of independent scrutiny upon the executive arm of the Board of Directors. The Accountable Officer and Executive Directors are responsible for establishing and maintaining processes for governance. The committee independently monitors, reviews and reports to the Board of Directors on the process of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.</p>	
Governance, rules and behaviours	
<p>The committee is authorised by the Board of Directors:</p> <ul style="list-style-type: none"> • To investigate any activity within its Terms of Reference • To obtain outside legal or other independent professional advice and secure attendance of outsiders with relevant experience and expertise it considers necessary • Ensure that the Head of Internal Audit, representatives of External Audit and Counter Fraud specialists have a right of access to the Chair of the committee • Ensure compliance with NHS England's Code of Governance and NHS Audit Committee Handbook 	
Scope	
<p><u>Integrated Governance, Risk Management and Internal Control</u></p> <p>Oversee the risk management system and obtain assurances that there is an effective system operating across the Trust. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and Subsidiary Companies that supports the achievement of the organisations objectives. In particular the committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> • All risk and control related disclosure statements (i.e., the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, External Audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors • The underlying assurance processes that indicates the degree of achievement of the organisation's objectives and the effectiveness of the management of principal risks. 	

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certification
- The policies and procedures for all work related to fraud as required by NHS Protect
- The work of Internal Audit, External Audit, local Counter Fraud Specialists and other assurance functions. It will also seek reports and assurances from directors and managers as appropriate
- The development, monitoring and review of the Trust's Board Assurance Framework
- The committees relationships with other key Committees to ensure triangulation of issues relating to risk management and clinical and quality issues

Internal Audit

Ensuring an effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- Consideration of the provision of the Internal Audit function and the costs involved
- Review and approval of the Internal Audit Plan, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework
- Consideration of the major findings of Internal Audit work and ensuring co-ordination between the Internal and External Auditors
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of internal audit and carrying out an annual review.

Counter Fraud

Ensuring adequate arrangements are in place for countering fraud and reviewing the outcomes of counter fraud work. This will be achieved by:

- Consideration of the provision of the counter fraud function and the costs involved
- Review and approval of the counter fraud strategy, annual work plan and the three year risk based local proactive work plan
- Consideration of the major findings of counter fraud proactive work, review of progress against plans and the annual report on arrangements
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of the counter fraud function and carrying out an annual review, taking into account the outcome of the NHS Protect quality assessment of arrangements

External Audit

The Committee shall review and monitor the External Auditor's independence and objectivity and the effectiveness of the audit process. In particular review the work and findings of the external auditors and consider the implications and management responses to their work. This will be achieved by:

- Discussion and agreement with the External Auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust and impact on the audit fee
- Reviewing all reports, including the reports to those charged with governance arrangements, including the annual management letter before submission to the Board of Directors and any work undertaken outside the annual audit plan, together with the appropriateness of management

responses

- Supporting the Council of Governors with their duty to appoint, re-appoint and remove the External Auditors as stipulated by Monitor's Code of Governance
- Develop and implement a policy, with Council of Governors approval, that sets out the engagement of the External Auditors supplying non-audit services. This must be aligned to relevant ethical guidance regarding the provision of non-audit services by the External Audit firm

Other Assurance Functions

Review the findings of other significant assurance functions, both internal and external to the organisation, and consider governance implications. These will include, but will not be limited to:

- Reviews by the Department of Health Arm's Length Bodies or regulators/inspectors (e.g. CQC, NHSLA, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc)
- Review the work of other committees within the Trust at its Subsidiary Companies, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility. In particular, this will include the committee with the remit for clinical governance, risk management and quality
- In reviewing the work of the aforementioned committees, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function

Management

Request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control. Request specific reports from individual functions within the organisation.

Financial Reporting

Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. The committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.

Review the Trust's internal financial controls and review the Annual Report and financial statements before submission to the Board of Directors, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted miss-statements in the financial statements
- Significant judgements in preparation for financial statements
- Letter of representation
- Explanation for significant variances

Quality Accounts

Review the draft Quality Accounts before submission to the Board of Directors for approval, specifically commenting on:

- Compliance with the requirements of the NHS Reporting Manual
- The findings and conclusion of limited assurance report from the External Auditor
- The content of the Governors' report to Monitor and the Council of Governors

- Supporting controls e.g. data quality, if appropriate

Whistle blowing

The committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that such concerns are investigated proportionately and independently.

The Audit Committee Annual Report should describe how the committee has fulfilled its delegated responsibilities outlined in its Terms of Reference, and a summary following a review of its own effectiveness. It will also provide details of any significant issues that the committee considered in relation to the financial statements, key risks and how they were addressed along with other responsibilities specified in Monitor's Code of Governance.

Authority

The Committee independently reviews subjects within its Terms of Reference, primarily by receiving reports from the external auditor, internal auditor, local counter fraud specialist, management and any other appropriate assurances.

Deliverables

Assurance to the Board re:

Integrated Governance, Risk Management and Internal Control

The establishment and maintenance of an effective system of integrated governance, risk management and internal control across the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisations objectives.

Internal Audit

An effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors.

Counter Fraud

That the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

External Audit

External Auditor's independence and objectivity and the effectiveness of the audit process.

Other Assurance Functions

The findings of other significant assurance functions, both internal and external to the organisation and the implications for the governance of the organisation are considered. That the work of other Committees within the organisation provide relevant assurance to the Audit Committee's own areas of responsibility. The clinical audit functions effectiveness in terms of providing assurance regarding issues around clinical risk management.

Management

The overall arrangements for governance, risk management and internal control, having regard to evidence and assurances provided by directors and managers and specific reports from individual functions within the organisation (e.g. clinical audit).

Financial Reporting

The integrity of financial statements, systems for financial reporting, internal financial controls, the Annual Report and financial statements, including the wording of the Annual Governance Statement.

Annual Report and Accounts (including the Quality Account)

The draft Annual Report and Accounts (including the Quality Account) before submission to the Board of Directors for approval.

Whistle blowing

Effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and subsequent investigations.

Reporting

An Annual Report will be presented to the Board of Directors on its work in support of the Annual Governance Statement.

Sub Groups

There are no sub-groups of the Audit Committee

Date of Committee review: June 2022

Date of previous review: June 2021

6. Provider Collaborative Lead Provider Committee (PCLP) Terms of Reference

Committee Name	Provider Collaborative & Lead Provider Committee (PCLP)
Committee Type	Standing sub-committee of Board of Directors
Frequency	Quarterly
Committee admin	Corporate Affairs Team
Reporting arrangements	Minutes and Report from Chair to Board of Directors Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors
Membership	
Chair	Non-Executive Director
Deputy Chair	Non-Executive Director
Members	Executive Director of Finance Executive Director of Nursing, Therapies and Quality Assurance Executive Medical Director Executive Director of Workforce and Organisational Development Chief Operating Officer Other Non-Executive Directors
In Attendance	Director of Communications and Corporate Affairs Governor representatives x 2
Quorum	A minimum of one Non-Executive Director (including the Chair) and a minimum of two Executive Directors
Deputies	Deputies Required for all members No deputies are permitted for Non-Executive Directors
Purpose	
Provide assurance to the Board that: <ul style="list-style-type: none"> • The Trust has effective systems and processes in place for the management of risks pertaining to Provider Collaborative and Lead Provider Models. • The Trust has an effective management of Provider Collaborative and Lead Provider Contracts, including the sub-contracts of the lead provider contracts and any partnership agreements. • The Trust complies with the law, best practice, governance and regulatory standards which are 	

within the Committee's scope.

Scope

- Oversee and assure the successful delivery of Provider Collaborative and Lead Provider Models, including the sub-contracts of the lead provider contract. In accordance with the business cases and agreements reached by the Board of Directors.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
 - Review the management of the Corporate Risk Register and the Groups top risks.
 - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks.
 - Report to the Board of Directors on any significant risk management and assurance issues.
- Gain assurance that the Trust's action plans in relation to compliance and legislative frameworks, which are within the scope of the Committee, are robust, completed and signed off.
- Gain assurance that each contract is managed and that there are effective systems and processes in place to ensure standards of care, compliance with relevant standards, quality, financial, risk and assurance arrangements.
- On behalf of the Board of Directors provide assurance that the financial and quality risks are articulated, evaluated and managed.

Authority

To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.

Deliverables

Assurance to the Board re:

- The successful implementation and management of Provider Collaborative and Lead Provider models across the Trust.
- The Trust's action plans in relation to compliance and legislative frameworks are robust and completed/signed off, within the scope of this committee.
- The risks, that the Provider Collaborative and Lead Provider Committee are responsible for, are appropriately identified and effective controls are in place.

Subgroups

PCLP Quality Group
PCLP Commission/Contracting Group
PC Partnership Board minutes to be received by committee

Date of Committee review: September 2022

Date of previous Board approval: July 2021

7. People Committee Terms of Reference

Committee Name	People Committee
Committee Type	Standing sub-committee of Board of Directors
Frequency	Quarterly
Committee admin	Corporate Affairs Team
Reporting arrangements	Minutes and Report from Chair to Board of Directors Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors
Membership	
Chair	Non-Executive Director
Deputy Chair	Non-Executive Director
Members	Executive Director of Workforce and Organisational Development Executive Director of Nursing, Therapies and Quality Assurance Executive Medical Director Chief Operating Officer Executive Director of Finance One other Non-Executive Director (excluding Chair and Vice-Chair)
In Attendance	Director of Communications and Corporate Affairs Governor representatives x 2
Quorum	A minimum of one Non-Executive Director (including the Chair) and a minimum of two Executive Directors
Deputies	Deputies required for all members by exception and with prior agreement of the Chair No deputies are permitted for Non-Executive Directors
Purpose	
In furtherance of the Trust's 2030 Strategy, the purpose of the Committee is to provide assurance to the Board with regard to workforce development and delivery of the Trust's Workforce Strategy. It will hold the ambition of being the CNTW focal point for discussion and examination of the challenges and opportunities in workforce development that will better enable the Trust and its partners to help improve the mental health and well-being of the people we serve.	
Scope	
The committee will provide assurance to the Board with regard to workforce development and	

delivery of the Trust's Workforce Strategy, enabling its strategies, programmes, and plans to be delivered. In accordance with the ambitious purpose of the Committee, it will appropriately appraise the Board on how the Trust is influencing workforce development systemically with partners in line with the Trust's 2030 Strategy and by:

- Supporting the strategic direction and monitoring implementation programmes for all workforce and organisational development issues and service delivery in line with the wider Trust strategic objectives.
- Providing assurance to the Board of Directors that the organisation is compliant with relevant legislation, appropriate external requirements and policies.
- Reviewing, assessing and monitoring workforce risks in line with the Trust Board Assurance Framework (BAF), ensuring appropriate mitigation and escalation is in place.
- Reviewing workforce key performance indicators.
- Ensuring the Trust remains focused on attracting, developing and retaining the right people with the right skills in the right place at the right time.
- Receiving assurance with regard to working collaboratively with Trust localities to set the direction of the overall workforce change programme.
- Providing a focus on workforce activity, role design, development and education, employee relations, health and well-being and people engagement across all staff groups.
- Overseeing and contributing to the benefits realisation of workforce initiatives and processes.

Authority

To act on behalf of the Board to receive assurances that effective arrangements are in place to oversee the delivery of the Trust's Workforce Strategy and underpinning enabling strategies and workforce programmes.

Deliverables

Assurance to the Board will be via:

- The successful implementation of the Workforce Strategy, enabling strategies and underpinning programmes and plans.
- Effective management of risk relating to the workforce portfolio providing assurances to the Board that effective controls are in place to manage workforce risks.
- Delivery of the Trust's action plans in relation to compliance, legislative and regulatory requirements relating to workforce.
- The implementation of the requirements of the NHS People Plan and other nationally agreed guidance.
- Compliance with relevant standards and key performance indicators relating to workforce.
- Successful programmes of work/initiatives identified from feedback of staff surveys and other indicators of staff experience, including themes and trends and updates on desired outcomes.
- Feedback from other internal workforce forums.
- Progress of identified work from all standing sub-groups and delivery of any relevant programmes and plans.
- Feedback from staff Networks where appropriate.
- Ongoing progress on developing the organisational offer to support health and wellbeing programme and plans and providing assurance on the benefits of such schemes.
- Updates on the Trust Academy Programme and its contribution to the wider workforce strategy and organisational development plans.
- Progress on recommendations and actions resulting from Internal Audit outcomes relating to workforce and organisational development.

Sub Groups
Subgroups will be developed as and when required.
Date of Committee review: September 2022 Date of previous Board approval: 2 February 2022

8. Remuneration Committee Terms of Reference

Committee Name:	Remuneration Committee
Committee Type:	Statutory Sub Committee of the Trust Board
Frequency:	A minimum of one meeting to be held per year, however,

	meetings can be held more frequently as required by the Chair
Committee Secretary:	Director of Corporate Affairs and Communications
Reporting Arrangements:	Due to the confidential and sensitive nature of information concerning members of the Board of Directors, the Board shall receive a verbal summary of the committee meeting, if deemed appropriate (rather than committee minutes). Terms of reference to be reviewed annually by the Committee prior to approval by the Board of Directors
Membership	
Chair:	Chairman of the Council of Governors and Board of Directors
Deputy Chair:	Vice-Chair
Members:	All Non-Executive Directors
In Attendance:	Chief Executive (advisory capacity only) Executive Director of Workforce and OD (advisory capacity only) Director of Corporate Affairs and Communications (advisory capacity only) <i>NB: The Chief Executive and other Executive Directors shall not be in attendance when their own remuneration, terms and conditions are discussed but may, at the discretion of the Committee attend to discuss the terms of other staff.</i>
Quorum:	Four members
Deputies:	The Vice-Chair to deputise for Chair but no deputies are permitted for Non-Executive Directors.
Purpose	
To decide and review the remuneration, terms and conditions of office of the Foundation Trust's Executive Directors and comply with the requirements of NHS England/ NHS Improvement (NHSE/I)/Monitor's Code of Governance and any other statutory requirements.	
To decide and review the remuneration, terms and conditions of office of the Board Directors of the Trust's subsidiary companies.	
Scope	
To decide and review the remuneration, terms and conditions of office of the Foundation Trust's Executive Directors and comply with the requirements of Monitor's Code of Governance and any other statutory requirements.	
To review the arrangements for local pay (Band 8C and above) in accordance with national arrangements for such members of staff where appropriate.	
To decide and review the terms and conditions of office for the Directors of NTW Solutions.	
Authority	

Decision making in line with the delegated authority outlined in these terms of reference.

Deliverables

Decide upon, after taking appropriate advice and considering benchmarking data, appropriate remuneration and terms of service for the Chief Executive, Executive Directors employed by the Trust and Directors of NTW Solutions including:

- All aspects of salary (including any performance related elements/bonuses),
- Provisions for other benefits including pensions and cars;
- Arrangements for termination of employment and other contractual terms.

In addition, the Remuneration Committee will review the arrangements for local pay (Band 8C and above) in accordance with national arrangements for such members of staff where appropriate.

Ensure that remuneration and terms of service of Executive Directors takes into account their individual contribution to the Trust, having proper regard to the Trusts circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate.

Advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of national guidance.

Receive a report on the outcomes of the appraisals for the Executive Directors from the Chief Executive.

Ensure compliance with Monitor's Code of Governance by taking the lead on behalf of the Board of Directors on:

- The Board of Directors shall not agree to a full time Executive Director taking one or more Non-Executive directorship of an NHS Foundation Trust or any other organisation of comparable size and complexity, nor the chairmanship of such an organisation.
- The Remuneration Committee should not agree to an Executive Director member of the Board leaving the employment of an NHS Foundation Trust, except in accordance with the Terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the Board first having completed and approved a full risk assessment.

Ensure compliance with Monitor's Code of Governance relating to the appointment of Executive Directors and the appointment and removal of the Chief Executive.

- The Chairman and other Non-Executive Directors and (except in the case of the appointment of a Chief Executive) the Chief Executive, are responsible for deciding the appointment of Executive Directors, i.e. all Executive Directors should be appointed by a committee of the Chief Executive, Chairman and Non-Executive Directors.
- It is for the Non-Executive Directors (including the Chairman) to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors.
- The roles of the Chairman and Chief Executive must not be undertaken by the same individual.

Ensure compliance with the requirements of “NHs Employers: Guidance for employers within the NHS on the process for making severance payments”.

- Prior to receiving agreement to make a special severance payment from Monitor and before presenting a paper to the HM Treasury for approval, the Trust must follow the steps outlined in the guidance and be satisfied that termination of the employees employment, together with making a severance payment, is in the best interests of the employer and represents value for money. The Remuneration Committee should consider the proposal which should contain a Business Case for the severance payment.
- The Remuneration Committee’s role is to:
 - Satisfy itself that it has the relevant information before it, to make a decision.
 - Conscientiously discuss and assess the merits of the case.
 - Consider the payment or payment range being proposed and address whether it is appropriate taking into account the issues set out under initial considerations. The Committee should only approve such sum or range which it considers value for money, the best use of public funds and in the public interest.
 - Keep a written record summarising its decision (remembering that such a document could potentially be subject to public scrutiny in various ways, for example by the Public Accounts Committee.

Sub Groups

No Sub Groups

Links to other sub-committees/forums

Reports directly to the Board of Directors

Date of Committee review: October 2022

Date of previous Board approval: June 2021

16. NENC Integrated Care System / Integrated Care Board update

Speaker: James Duncan, Chief Executive

verbal update

17. Family Ambassador Role

Speaker: Ken Jarrold, Chiarman

verbal update

18. Quality and Performance Committee

Speaker: Darren Best, Chair

19. Audit Committee

Speaker: David Arthur, Chair

20. Resource and Business Assurance Committee

Speaker: Paula Breen, Chair

21. Mental Health Legislation Committee

Speaker: Michael Robinson, Chair

22. Provider Collaborative Committee

Speaker: Michael Robinson, Chair

23. People Committee

Speaker: Brendan Hill, Chair

24. Charitable Funds Committee

Speaker: Louise Nelson, Chair

25. Council of Governors' Issues

Speaker: Ken Jarrold, Chairman

26. Questions from the Public

Speaker: Ken Jarrold, Chairman

27. Any Other Business

Speaker: Ken Jarrold, Chairman

28. Date and Time of Next Meeting

Wednesday 1st February 2023

1:30 - 3:30pm

Trust Board Room, St Nicholas Hospital