






Board of Directors Meeting (PUBLIC)

05 February 2020, 13:30 to 15:30
Conference room 1&2 Ferndene

Agenda

- 1. Service User/Carer Experience**
Joyce Pennington, Clinical Nurse Specialist, Mental Health and Deafness Service
 - 2. Apologies for absence**
Verbal/Information
Ken Jarrold, Chairman
 - 3. Declarations of Interest**
Verbal/Information
Ken Jarrold, Chairman
 - 4. Minutes of the previous meeting held Wednesday, 4 December 2019**
Decision
Ken Jarrold, Chairman
 04. BoD mins 04.12.19 public.pdf (9 pages)
 - 5. Action list and matters arising not included on the agenda**
Discussion
Ken Jarrold, Chairman
 05. BoD Action Log as at 5.02.2020.pdf (2 pages)
 - 6. Chairman's Remarks**
Verbal/Information
Ken Jarrold, Chairman
 - 7. Chief Executive's Report**
Information
John Lawlor, Chief Executive
 07. CEO Report 5 February 2020.pdf (4 pages)
- ### Quality, Clinical and Patient Issues
- 8. Safer Care Report (Q3) Including learning from deaths**
Discussion
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
 08. Safer Care Q3 Report (Jan_2020).pdf (14 pages)
 - 9. Safer Staffing Levels (Q3) Including 6 monthly skill mix review**
Discussion
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
 09. Safer Staffing Monthly Report Inc Six Month Skill Mix.pdf (15 pages)

10. Service User and Carer Experience Report (Q3)

Discussion

Gary O'Hare, Executive Director of
Nursing and Chief Operating Officer



10a. SUC Experience Report Q3 cover sheet.pdf

(1 pages)



10b. SUC Experience Report Q3 1920.pdf

(4 pages)

11. Guardians of safe working hours annual update

Decision

Rajesh Nadkarni, Executive Medical
Director



11. GoSW Annual Report 2019.pdf

(7 pages)

12. Commissioning and Quality Assurance Report (Month 8 & 9)

Decision

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance
and James Duncan, Deputy Chief
Executive / Executive Director of
Finance



12. Commissioning Quality Assurance Report -
M9.pdf

(7 pages)

13. Visit Feedback Themes (Q3)

Discussion

Gary O'Hare, Executive Director of
Nursing and Chief Operating Officer



13. Q3 Visit Update (Feb 2020).pdf

(8 pages)

14. Community Mental Health Survey

Discussion

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance



14. CQC Community Service User Survey.pdf

(9 pages)

Workforce

15. NTW Solutions and CNTW Gender Pay Gap Report

Lynne Shaw, Acting Executive Director
of Workforce and Organisational
Development



15a. NTW Gender Pay Gap 2019.pdf

(11 pages)



15b. NTWS Gender Pay Gap Report.pdf

(11 pages)

Strategy and Policy

16. CEDAR Outline Business Case

James Duncan, Deputy Chief Executive
and Executive Director of Finance



16a. CEDAR Outline Business Case Executive
Summary.pdf

(6 pages)



16b CEDAR Outline Business Case.pdf





(155 pages)

Regulatory

17. Board Assurance Framework and Corporate Risk Register (Q3)

Discussion

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance

-  17a. Risk Management Report Jan 2020.pdf (8 pages)
-  17b. Risk Management Report - Appendix 1.pdf (1 pages)
-  17c. Risk Management Report - Appendix 2.pdf (21 pages)
-  17d. Risk Management Report - Appendix 3.pdf (25 pages)

18. NHS Long Term Plan and Planning Guidance (Operational Plan)

Discussion

James Duncan, Deputy Chief Executive
and Executive Director of Finance

-  18. Board Planning Update February.pdf (5 pages)

19. Quarterly Report to NHS Improvement and Submissions

Discussion


Lisa Quinn, Executive Director of
Commissioning and Quality Assurance

-  19. NHSI (SOF) Q3 2019-20.pdf (7 pages)

20. CQC Must Do Action Plans

Discussion

Lisa Quinn, Executive Director of
Commissioning and Quality Assurance

-  20. CQC Must Do Update (Q3).pdf (9 pages)

Minutes/Papers for Information

21. Committee Updates

Verbal/Information

Non-Executive Directors

22. Council of Governors' Issues

Verbal/Information

Ken Jarrold, Chairman

23. Any other Business

Ken Jarrold, Chairman

24. Questions from the Public

Discussion

Ken Jarrold, Chairman

Date, time and place of next meeting:

- 25. Wednesday, 4 March 2020, 1:30 pm to 3:30 pm, Conference Room,
Northgate Hospital.

Information

Cumbria, Northumberland Tyne and Wear
01/29/2020 09:58:12

**Minutes of the meeting of the Board of Directors held in public
Held on 4 December 2019, 1.30pm – 3.30pm
In Boardroom, St Nicholas Hospital, Jubilee Road, Gosforth, NE3 3XT**

Present:

Ken Jarrold, Chairman
David Arthur, Non-executive Director
Darren Best, Non-Executive Director
Dr Leslie Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director
John Lawlor, Chief Executive
James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

Governors in attendance:

Margaret Adams, Public Governor
Anne Carlile, Carer Governor
Fiona Regan, Carer Governor
Bob Waddell, Staff Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Kate Bradley, Shadow Non-Executive Director
Jennifer Cribbes, Corporate Affairs Manager
Anna Foster, Deputy Director of Commissioning and Quality Assurance
Chris Rowlands, Equality and Diversity Lead
Evelyn Bitcon, Member of the Public

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to a Peer Support Worker who was in attendance to share his personal experience as a Service User. He shared his journey from being a service user to an employed Peer Support Worker in the Trust and specifically expressed appreciation to a nurse who had supported him. John Lawlor and Rajesh Nadkarni commented on the use of language and particularly liked his suggestion of the term connection seeking.

Ken Jarrold expressed his thanks for sharing his story which was said to be very well presented and a wonderful start to the Board meeting.

2. Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance.

There were no apologies for absence.

3. Declarations of Interest

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

4. Minutes of the meeting held 6 November 2019

Fiona Regan requested an amendment to the minutes on page 4 to include that Allan Fairlamb would send further information to her on the response rate of people with a Learning Disability and/or Autism via e-mail. Fiona confirmed that this action had been completed and she had received the information.

The minutes of the meeting held on 6 November 2019 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 6 November 2019 were agreed as an accurate record**

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

24.10.18 (19) Board Assurance

Debbie Henderson provided an update in relation to the action and explained that a paper which included the draft guidance for Board Reporting, revised summary sheet for Board papers and a review of the Board cycle would be circulated to the Board of Directors for comment prior to implementation.

07.08.19 (19) Safer Staffing Levels including 6 monthly skill mix review

Gary O'Hare provided an update and confirmed that the Board would receive a revised paper at the February Board of Directors Meeting.

22.05.19 (10) Committee Terms of Reference

Les Boobis, Chair of the Charitable Funds Committee queried the timings of the action and Debbie Henderson confirmed that the Terms of Reference would be reviewed at the Charitable Funds Committee meeting in January and presented to the Board meeting in February.

6. Chairman's remarks

Ken Jarrold provided a verbal update and highlighted that the NHS nationally and CNTW were currently facing a difficult few months due to pressure on services. Ken

explained that CNTW is a strong organisation with established values that are easy for staff to identify with. Ken referred to the service user story which demonstrated that the values are practised throughout the organisation. Ken explained that the Trust's commitment to living the values will help us to get through the difficult times.

7. Chief Executive's report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. Further information was provided on the Trieste visit, Staff Recognition Scheme and Joint Committee on Human Rights.

John explained that the Trieste health system is a World Health Organisation exemplar site and that a small number of colleagues from CNTW had visited to understand how their health system works. It was explained that the Health system focuses on human rights, respect and responsibility and was built to support people in their own community.

John further referred to the development of Primary Care Networks (PCNs) and explained that a number of different models are currently being explored to develop the PCNs.

Rajesh Nadkarni brought the Board's attention to the Mental Health Economics Collaborative section and urged Board members to read the recently published a report 'A new approach to complex needs, Primary Care Psychological Medicine'. Rajesh explained that the report is focused on a new Primary Care Psychological Medicine Service in Nottingham which has made a positive difference to the quality of life for service users.

Finally, John provided further detail in relation to section 11 of the report on the Joint Committee on Human Rights. It was explained that there is currently a high profile national focus on human rights and a number of practical and legislative changes had been proposed which are considered to be urgently needed.

In response to a question raised by Michael Robinson in relation to the use of personal health budgets, John Lawlor explained that the use of personal health budgets are flexible. Therefore, they may potentially be used for Recovery College activity.

Resolved:

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

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance Report (Month 7)

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for October 2019 (month 7) to update the Board on issues arising in the month and progress against quality standards. Lisa made the Board aware that this

is the first report that includes information from North Cumbria and that some information had been displayed to show the split between the former NTW services and Cumbria services as previously requested by the Board.

Lisa referred to the impending CQC well-led inspection and explained that Mental Health Reviewer activity had been increasing as a consequence. It was confirmed that all actions were being managed by the Mental Health Legislation Committee and Business Delivery Group.

Anna Foster provided a verbal update to inform the Board of the recently published CQC Community Mental Health Survey report. It was explained that the former CPFT services were within the expected range with one area being lower than expected. Anna explained that this may be a result of the area having no peer support worker in that area. In terms of former NTW services, the indicators were as expected with the exception of 7 areas which were better than expected. Anna highlighted that the results for NTW had improved from the previous year.

James Duncan spoke to the finance section of the report and confirmed that the Trust is currently ahead of plan and in line with the control total. However, it was highlighted that the Trust's level of agency spend is currently above the trajectory spend set by NHS Improvement. It was explained that there have been a number of significant pressures that had contributed to the over spend such as pressures within Learning Disability and Children's services.

In response to a question raised by Les Boobis regarding recruitment in Cumbria, Gary explained that there is currently a reliance on the use of agency workers in the Cumbria locality due to historical difficulties in recruiting staff into substantive positions. In response to a question raised by Darren Best, Gary O'Hare advised that a skill mix review will be completed that includes Peer Support Workers.

In response to a question raised by Margaret Adams, Gary O'Hare confirmed that a paper would be presented at a future Board meeting that proposes that each adult acute ward has a peer support worker.

Peter Studd referred to the Mental Health Review visit reports and asked if they were re-visits. Lisa Quinn explained that every ward with a detained patient is reviewed annually and a follow up is conducted to ensure that actions have been completed. Gary O'Hare further explained that the Trust's Business Delivery Group are now working through all actions and that each action had been allocated to a Group Nurse Director to ensure they are completed.

Ken Jarrold highlighted the importance of the Board focusing on supporting staff on the front line due to the pressures that they are facing. It was requested that the Board receive some presentations on staff stories at future Board meetings.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for Month 7**

Action:

- **The Board to receive presentations from staff to share their story**

9. Safer staffing levels

Gary O'Hare spoke to the enclosed report that included the exception data and analysis of all wards against Trust agreed Safer Staffing levels for the period July to September 2019 (Quarter 2). Gary explained that the Board will receive a new multi-disciplinary version of the report that will include staff from allied health professions and psychologists at the next Board of Directors meeting in February.

Resolved:

- **The Board received and noted the Safer staffing levels report for the Quarter 2 period.**

Workforce

10. Workforce update (Q2)

Lynne Shaw spoke to the enclosed Workforce update report for the Quarter 2 period and provided further information relating to international recruitment, CNTW talent management approach, new occupational health provider People Asset Management (PAM) and Dying to Work Charter.

Ken Jarrold referred to section 4 of the report and highlighted the importance of the Collective Leadership Programme. Ken explained that a significant benefit may be gained by developing those in Band 6 and 7 roles, who manage staff in the patient facing roles.

Rajesh Nadkarni made the Board aware that cohort 4 of the Trust's Clinical Leadership programme had commenced and was being held in Cumbria.

In response to a question raised by Peter Studd, Lynne Shaw confirmed that the apprenticeship levy could be used to support individuals to gain a Masters level qualification.

In response to a question raised by David Arthur, Gary O'Hare advised that there are approximately 84 nurses currently on the apprentice scheme. Gary further explained the local investment in nurse training which will result in more nurses graduating from local universities in the next 3-4 years.

Resolved:

- **The Board received and noted the Workforce Update Report for quarter 2**

11. Strategic Workforce Planning update

Lynne Shaw spoke to the enclosed Update on Strategic Workforce Planning report to update the Board on work that had been undertaken to date with regards to the production of a five year Trust Strategic Workforce Plan.

Les Boobis referred to the projection of clinical staff for 2024. Lynne Shaw explained that the figure would continue to change over time to more accurately reflect the workforce projection. James Duncan highlighted that a lot of work must be done on workforce planning as the projection demonstrates an expected reduction of clinical staff across the ICS.

In response to a question raised by Paula Breen, Debbie Henderson explained that a section on financial risk would appear on the new Board paper summary sheet. Lisa Quinn added that the Board summary sheet had been developed to incorporate everything that is on the Trust's risk appetite.

Resolved:

- **The Board received and noted Strategic Workforce Planning update**

Strategy and Policy

12. Equality and Diversity Strategy update

Chris Rowlands, Equality and Diversity Lead spoke to the enclosed report to update the Board on progress made against the Trust's Equality and Diversity strategy. Further information was provided in relation to the introduction of Recite to improve the Trust's accessible information, ongoing work to ensure a representative and supported workforce and priorities for the coming year.

Lynne Shaw explained that to enable us to support our staff, it is important that the protected characteristics data in Electronic Staff Record (ESR) is accurate. It was noted that the staff data that had transferred from Cumbria was more accurate and that work would be completed to understand how they captured the information to enable us to learn how we can do this better.

Lynne further explained that the Trust is working with BAME members of staff to understand what it is like to work in CNTW. The importance of understanding cultural needs was briefly discussed.

Regulatory

13. Charity Annual Report and Accounts 2018/19 for approval

Les Boobis spoke to the enclosed Charity Committee Annual Report and Accounts and reminded the Board members of their statutory responsibility as trustees of the Charity. Les advised that Mazars had conducted a full independent review and audit on the annual report and accounts of the Charity and there were no issues to report.

The Board were made aware that the name of the Charity had since been amended to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Charity. However, the funds from the former Cumbria Partnership Trust had not yet transferred to CNTW due to the way the funds had been previously allocated by CPFT.

Les further made the Board aware that the Trust had been unsuccessful in appointing a fundraiser into the vacant position and explained that the job description and banding of the post was currently under review.

Approved:

- **The Board approved the Charity Annual Report and Accounts 2018/19**

14. Treasury Policy for Approval

James Duncan spoke to the enclosed Treasury Policy that was presented for approval and referred to changes in the policy that had been highlighted for ease of reference. James explained that the Resource and Business Assurance Committee had reviewed the policy in detail at its meeting held on 30th October 2019 and recommend that the Board approve the policy.

Approval:

- **The Board approved the Treasury Policy**

Minutes/papers for information:

15. Committee updates

Alexis Cleveland provided a verbal update on the work of the Quality and Performance Committee and explained that staff members from each of the localities had been asked what they were currently concerned about. Alexis highlighted that the common themes were those being focused upon by the Board; including waiting times and staff recruitment.

Alexis further explained that a discussion took place within the Committee in relation to the CQC must do action plans and how improvement can be measured to ensure the Trust is fulfilling the intended improvements.

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

Resolved:

- **The Board approved the Treasury Policy**

16. Council of Governor issues

Ken Jarrold highlighted the very good attendance at the last Council of Governors' meeting. Ken explained that each Governor had received a letter thanking them for their support in their role as a Governor. The letter also included reference to their responsibilities for attending formal meetings.

Ken secondly provided an update on the outcome of the Trust's recent Governor Elections and advised that some new Governors would be in attendance at the Joint Council of Governors and Board of Directors meeting on the 10 December 2019.

Finally, Ken informed Board members of a recent Governors' meeting that was held jointly between a small number of CNTW Governors and North Cumbria Integrated Care NHSFT Governors. Debbie Henderson explained that the purpose of the meeting was to explore ways of working closely with Acute Trust colleagues on Governor and Membership activities.

Evelyn Bitcon commented on the need to ensure parity of esteem between mental health and physical health.

17. Any Other business

There was no other business to discuss.

18. Questions from the public

Fiona Reagan raised a question in relation to the use of bank and agency staff and asked what plans the Trust has in place to reduce the number of bank and agency workers used. Including plans to recruit permanent members of staff and reduce current staff sickness absence.

Gary O'Hare explained that there is a huge amount of working being undertaken to recruit to vacant posts, including monthly panels and overseas recruitment. Gary explained that this will improve the staffing situation.

Paula Breen shared her experience of the challenges when recruiting staff in Cumbria and explained that the labour market is particularly challenging. Evelyn Bitcon supported this and explained that due to the historical reputation it is difficult to recruit to positions in Cumbria.

Gary O'Hare added that the recent international recruitment had resulted in a number of high quality applicants and that individuals are being trained to masters level in Mental Health.

Fiona Reagan further questioned the increase in use of bank and agency staff within Learning Disability Services and asked if there was a selection criteria applied when accepting a member of staff from a staff bank or agency.

Gary O'Hare explained that currently there is not a cohort of people who can be recruited who specialise in Learning Disabilities. However, the Trust has been working with Health Education England and Teesside University who are running regular programmes to enable individuals to qualify in Learning Disabilities.

Fiona expressed that she was very concerned with regard to barriers in communicating for bank or agency staff where English was not their first language and the risks associated with this for both the staff and patients.

Gary O'Hare explained that all Bank and Agency staff are subject to rigorous processes to ensure that they are fit to work in healthcare environments. However, it was recognised that gaining permanent members of staff would be the ideal situation.

John Lawlor explained that there is currently work ongoing to introduce a certificate of competence for individuals who are working with young people. John further highlighted that it is sometimes necessary to make the choice between using an agency member of staff or delivering a service with an unsafe staffing level. In such circumstances it is necessary to use agency staff, provided they meet necessary standards.

Ken Jarrold, summed up and explained that it is ultimately the decision of the service manager to make a judgement on the staffing requirement in their area.

Date and time of next meeting: Wednesday, 5 February 2020, 1:30pm to 3:30pm, Conference Rooms, Ferndene, Prudhoe.

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Board of Directors Meeting held in public

Action Sheet as at 5 February 2020

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
07.08.19 (19)	Safer Staffing Levels incl 6 monthly skill mix review	A revised paper to include an MDT approach to safer staffing including agency medical locums to be presented to a future Board meeting	Gary O'Hare/Rajesh Nadkarni	February 2019	On track for submission to February meeting. Verbal assurance to be provided to the February meeting
06.11.19 (12)	Staff Friends and Family Test	Explore possible actions to address potential impact of automated messages on people who contact services by telephone	Lynne Shaw	February 2020	Verbal update to be provided to February meeting
22.05.19 (10) 06.11.19 (18)	Committee Terms of Reference	ToR's for Corporate Decisions Team and Charitable Funds Committee	Debbie Henderson	March 2020	CDT ToR complete CFC ToR submitted to January committee. Following approval, to be submitted to March Board.
06.11.19 (13)	Freedom to Speak Up Report	Explore the value of developing a Trust Freedom to Speak Up Strategy	Lynne Shaw	March 2020	N/A
06.11.19 (7)	Chief Executive's Report	Recommendations/actions following the IIP assessment to be submitted to a future Board meeting	Lynne Shaw	Date TBC	Date to be clarified
06.11.19 (11)	Safer Care Report	Provide an analysis of the forecasted data relating to restraint and seclusion to a future Board meeting	Gary O'Hare/ Damian Robinson	Date TBC	Date to be clarified

Completed Actions					
		There are no completed actions to note			
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval	Debbie Henderson	February 2020	Complete – Board report style guide and board cycle of business circulated 28/1/20
06.11.19 (15)	CQC Must Do action plan update	Actions/recommendations following the CQC inspection undertaken prior to 1st October 2019 on CPFT services to be submitted to a future board meeting	Gary O'Hare	February 2020	Complete – agenda item for February Board of Directors
04.12.19 (8)	Staff Presentations	Board to receive presentations from staff to share their story	Debbie Henderson	February 2020	Complete – Joyce Pennington Specialist Nurse, Neurological & Specialist Services attending Board on 5 February 2020. Staff will be also be scheduled to attend future meetings.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 5 February 2020

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Trust updates

1. Trust Strategy and Operational Plan
2. Annual Staff Excellence Awards

National updates

3. National Tariff Consultation Update
4. Stigma entrenching care deficit in mental health
5. Annual Report 2019 for the National Confidential Inquiry into Suicide and Safety in Mental Health
6. The Queens Speech December 2019
7. NHS Funding Bill
8. Commission for Equality in Mental Health

Outcome required: For information

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Chief Executive's Report

5 February 2020

Trust updates

1. Trust Strategy and Operational Planning

The Trust continues its work in developing its approach to strategic development in the light of the NHS Long Term Plan. A developed approach is being undertaken engaging Clinical Business Units (CBUs) in development of their own strategic planning. A wide range of engagement and involvement is taking place across the Trust. Through January Trust wide workshops took place for CBUs and the corporate and support teams, and this has led to further questions and opportunities to ensure an effective and whole system approach to planning. A critical next stage is around full involvement of partners and particularly service users and carers.

Meanwhile national planning guidance has been delayed but was expected to be published shortly after the time of writing. A separate report is included within the Board papers, and an oral update will be given on the guidance providing it has been published in time.

2. Annual Staff Excellence Awards

Our Annual Staff Excellence Awards were launched in November to celebrate the dedication, hard work and achievements of CNTW and NTW Solutions staff members who've made a real difference to service users, carers or work colleagues. We received 550 nominations for 19 categories including our colleagues and services in the North Cumbria locality.

Out judging panels have been confirmed and they now have the difficult task of shortlisting for the awards which will be held on 27th March.

National updates

3. National Tariff Consultation

The Annual National Tariff Consultation which looks at the national approach to pricing and payment for services has been undertaken and closed on 22nd January. The greatest focus for the coming year was on ensuring stability and therefore new proposals are limited. In particular, proposals for pricing are largely rolled forward from the previous year. While this has limited impact on the mental health sector it does give a level of stability for acute sector pricing, particularly for those services still on the Payment by Results system of payment. There are proposals for rolling out blended payment pricing (where payment is a mixture of funding for fixed costs, marginal costs and outcome delivery) across outpatient and maternity services.

The costs uplift for pay has been set at 2.9%. As usual this is done on a blended average of pay representing 68% of overall costs. For mental health trusts this is around 80%, meaning that there will be an increased implied efficiency for this sector. The overall blended cost uplift for pricing will be 2.5%, offset by an efficiency requirement set at the expected 1.1%. This will give an overall price increase for contracts of 1.4%.

There were no wider significant changes for the mental health sector within the consultation and the outcome will now be reflected in national planning guidance for 2020/21.

4. NHS Providers briefing: Stigma entrenching care deficit in mental health

NHS Providers published a briefing on the Mental Health sector on 16th January warning that the provision of mental health services is not being prioritised across the whole of the NHS. While the sector welcomes the increased investment in the Long Term Plan, there are a number of long terms and structural issues which still cause significant concern. These are:

- A growing demand for inpatient care, exacerbated by years of funding stagnation;
- Increasing costs of recruitment and retention, which are not fully reflected in tariff uplifts;
- Significant reductions in local authority provision over the last ten years;
- The frequency of re-tendering for mental health and community services;
- Challenges in accessing capital investment.

The report suggests areas that national bodies should consider focussing improvement in particular in:

- Improved and transparent mechanisms that guarantee funding reaches services;
- Prioritising mental health capital investment;
- Ensuring that local health and care systems are focussed on the mental health needs of their population;
- Ensuring national policy is focussed on increased support for both mental and public health
- Delivering less fragmented approaches to commissioning.

The full briefing can be found on the NHS Providers website

5. Annual Report for the National Confidential Inquiry into Suicide and Safety in Mental Health

The 2019 Annual Report for the National Confidential Inquiry into Suicide and Safety in Mental Health has now been published and can be accessed at <https://sites.manchester.ac.uk/ncish/reports/annual-report-2019-england-northern-ireland-scotland-and-wales/>

The report provides findings relating to people who died by suicide in 2007-2017 across all UK countries. Additional findings are presented on the number of people convicted of homicide and those under mental health care.

6. The Queen's Speech, December 2019

This is the second Queen's speech of 2019 and although many of the Bills that featured in the October Queen's speech have reappeared the context is now very different in that the Prime Minister is able to say with greater certainty that he will be able to deliver an ambitious legislative programme. Whereas the October Queen's speech was delivered against a backdrop of speculation around a general election, and uncertainty around the deliverability of the proposals, the recent election has given the Conservative Government an 80 seat majority so there is confidence that these bills will get through Parliament with relative ease.

The Prime Minister said that this is a Queen's speech to "deliver on the priorities of the British people". And it is clear that aside from "getting Brexit done", the priority is the NHS,

with the government enshrining in law the funding increase for the health service making the NHS safer, reforming the Mental Health Act, alongside a promise to “seek cross-party consensus on proposals for long term reform of social care”.

This briefing contains an overview of key announcements relevant to health and social care, including the three health-related bills that have secured legislative time, along with a summary of other legislation of interest and draft bills.

7. NHS Funding Bill

As highlighted above the Queen’s Speech included a commitment to enshrine in Law the Government’s commitment to the settlement for the NHS of an increase of £33.9bn in cash terms by 2023/24. It is worthwhile for the Board to note a number of points:

- The settlement although welcome is below the historical average growth funding for the NHS, comes at a time when there is a significant underlying financial and performance deficit and also seeks to meet a number of aspirations;
- While the investment is welcome, expectations around delivery will need to be carefully managed;
- The uplift is guaranteed in cash terms, and therefore does not address what will happen if inflationary pressures vary from those assumed in the plan;
- NHS England funding is covered in the first year only and funding for public health and social care is not guaranteed at a time when councils face significant continuing financial pressures;
- While funding for mental health will grow as a proportion of spend, the rise will only be from 7.8% now to 8.3% by 2023/24, again in a scenario where services have become increasingly stretched over the last ten years;
- Capital investment has been excluded in these proposals.

The Board are asked to note these points. A further update will be given in March following the spring budget.

8. Commission for Equality in Mental Health

The Commission for Equality in Mental Health was set up by Centre for Mental Health to investigate inequalities in Mental Health in the UK and produce policy and practice proposals to tackle them. The Commission is seeking to understand why and how inequalities in mental health happen, what ways they manifest, and most importantly what can be done to prevent or mitigate them.

The briefing paper focuses on the unequal determinants of mental health. The determinants of mental health are the factors that influence our mental health throughout our lives. You can access the paper at https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/CentreforMH_Commission%20Briefing%201%20_Website.pdf

Cumbria, Northumberland Tyne and Wear
01/29/2020 09:58:12

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Trust Board Meeting

Meeting Date: 5th February 2020

Title and Author of Paper: Safer Care Q3 Report

Jan Grey, Associate Director Safer Care, Damian Robinson, Group Medical Director Safer Care

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

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

This version contains less raw data than the previous report. Additional data can be provided on request. The Board is requested to reflect on the report and advise if they would like to see additional sections or data routinely included in future versions.

From 1st October 2019 data has been collected from additional services in the North Cumbria locality. This has resulted in an increase in activity and reporting which will continue to be monitored to establish a baseline within the additional services.

Risks Highlighted to Board :

Over the last year the Investigation Team has seen an unprecedented increase in the number of Serious incidents which have coincided with a number of changes to personnel and recruitment of new Investigation Officers. This has led to some delays in commencing investigations. This has been reflected in requests for extensions of the investigation timescale which have been agreed with the Commissioners on a case by case basis. However we are no longer requesting extensions or breaching timescales following the introduction of a plan to reduce the above. This is monitored weekly at BDG and quarterly by the CCG.

The trust has received two Regulation 28 Prevention of Future Deaths Reports in this quarter. The first relates to a legacy case from Cumbria Partnership which CNTW as the organisation able to assure and make relevant changes to service delivery we will respond to. The second case is unusual in that it was given to the organisation prior to the inquest and CNTW were not an interested/identified party. This is in relation to an ambulance response time to an overdose. The report was also given to the NE Ambulance Service and Northumbria Police regarding emergency responses. CNTW will respond to the Coroner.

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **Yes** or **No**

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required: for information and assurance

Safer Care Report – Quarter 3 January 2020 Reporting Period: October to December 19



Caring | Discovering | Growing | **Together**

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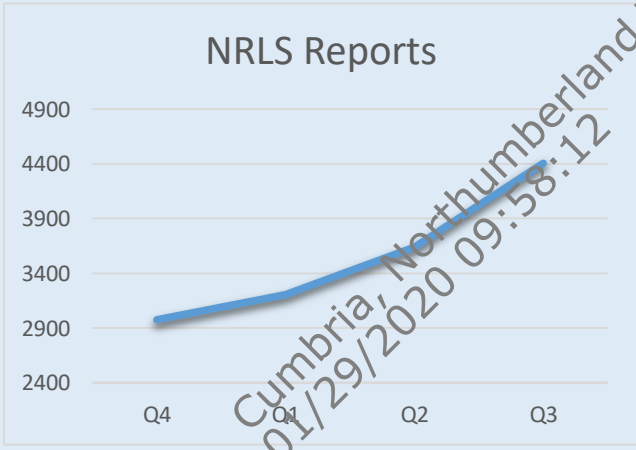
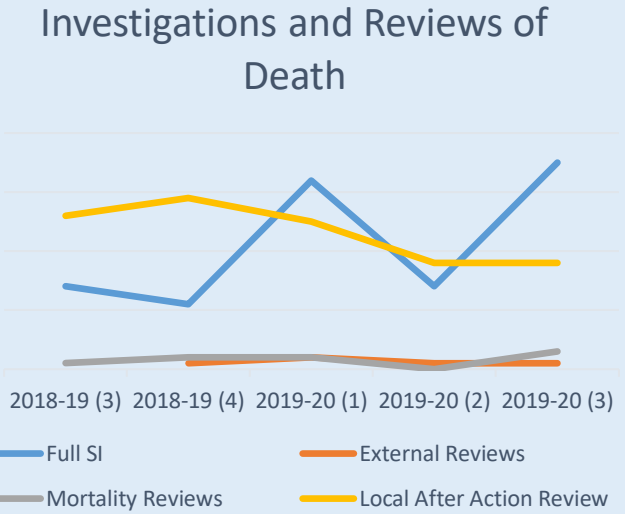
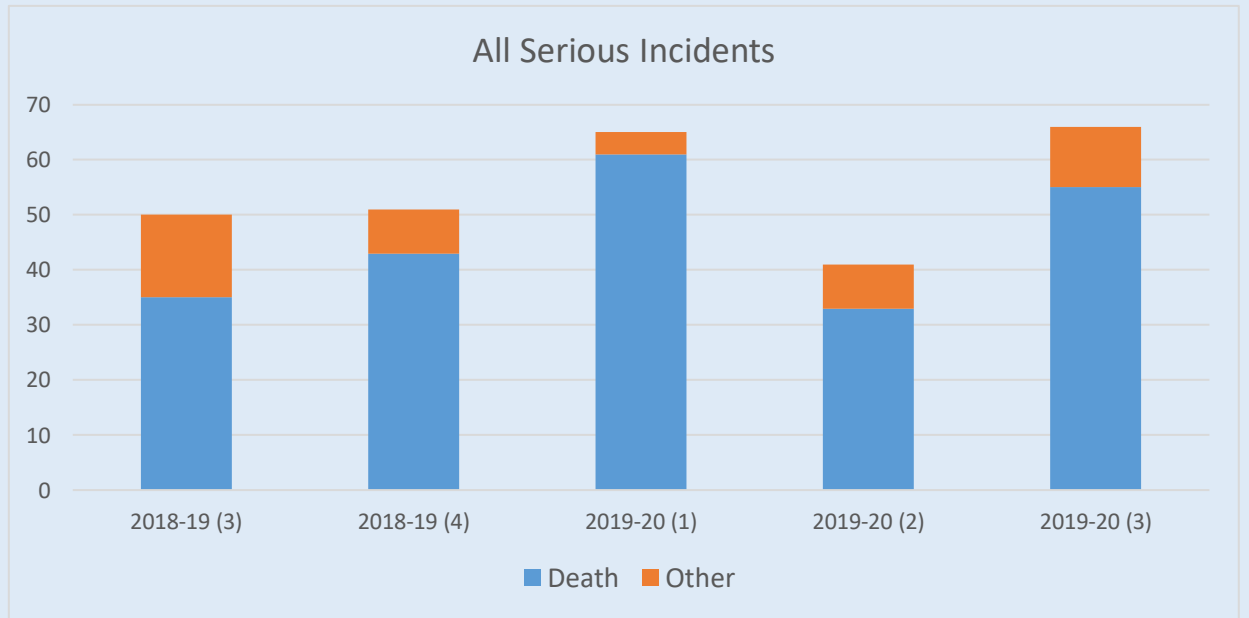
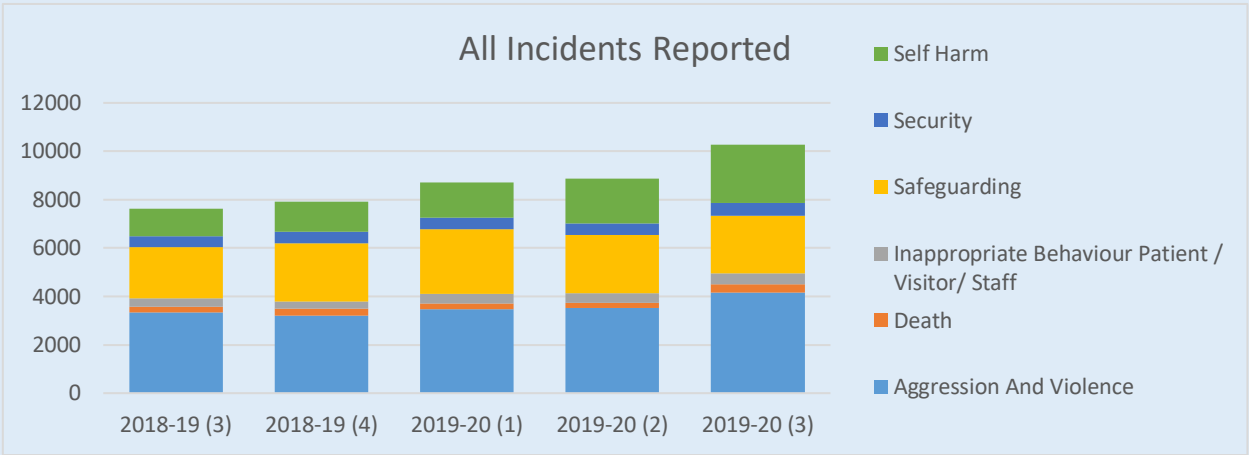
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Section 1: Incidents, Serious Incidents and Deaths.



Points of note:

Incidents

From 1st October 2019 data has been collected from additional services in the North Cumbria locality. This has resulted in an overall increase in activity and reporting which will continue to be monitored to establish a baseline within the additional services. The increase in the number of incidents in the main categories remains proportionate across the categories.

Deaths

The number of deaths reported have seen an increase in this quarter compared to the previous quarter which identified a slight decrease from the previous quarter.

Incidents meeting the threshold for Mortality Review are in keeping with previous quarters following NTW's adoption of the Royal Collage of Psychiatrists Mortality Review Tool.

Twelve deaths have been reported to LeDeR for investigation this quarter.

Two homicide investigations (from previous quarters) have been confirmed by NHS England that they fit the criteria for an Independent Investigation.

Two complex cases have been heard at the Complex Case Panel this quarter.

The trust has received two Regulation 28 Prevention of Future Deaths Reports in this quarter. The first relates to a legacy case from Cumbria Partnership which CNTW as the organisation able to assure and make relevant changes to service delivery we will respond to. The second case is unusual in that it was given to the organisation prior to the inquest and CNTW were not an interested/identified party. This is in relation to an ambulance response time to an overdose. The report was also given to the NE Ambulance Service and Northumbria Police regarding emergency responses. CNTW will respond to the Coroner.

Learning from Incidents

Over the last year the Investigation Team has seen an unprecedented increase in the number of Serious incidents which have coincided with a number of changes to personnel and recruitment of new Investigation Officers. This has led to some delays in commencing investigations. This has been reflected in requests for extensions of the investigation timescale which have been agreed with the Commissioners on a case by case basis. However we are no longer requesting extensions or breaching timescales following the introduction of a plan to reduce the above. This is monitored weekly at BDG and quarterly by the CCG.

Twenty four serious incidents were reviewed at the Serious Incident Panel in this quarter.

A significant finding this quarter in one incident was the availability of prescriptions and Doctors to write them for the ADHD service in South Tyneside, an action plan has identified a review of the current service.

A reoccurring finding throughout this quarter has been in relation to the FACE risk scoring. Investigations are highlighting the fact that scoring is not matching the level of risk within the narrative or the risk management plan. This is usually seen as the scoring indicating a low level of risk in the scoring, but evident within the narrative that the teams are managing high

levels of risks with appropriate plans. This finding has been fed back to the working group who are reviewing risk tools trustwide following the transfer of Cumbria services into CNTW who use a different risk tool GRIST.

Additional learning identified covers findings and learning related to:

Documentation not of an expected standard (as per policy)
Alcohol AUDIT not being completed

Lack of documentation of clinical decision making/rationale of decision making

Communication issues internally and externally with GP's and third sector providers








Safeguarding, staff not following the internal reporting guidance to alert SAPP

Lack of incident reporting

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Section 2: Positive and Safe Care

Positive and Safe Care

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total	Trend	Year End Forecast
Restraint	453	428	810	731	621	572	699	763	700	897	967	855	8496		33.53%
Prone	145	167	189	207	189	156	265	297	243	272	219	216	2565		38.63%
Seclusion	105	87	131	132	136	142	136	103	98	122	108	109	1409		13.27%
Assaults on Staff	188	194	293	339	303	288	314	326	314	380	413	356	3708		28.61%
MRE	28	21	33	38	55	43	81	61	44	61	49	42	556		112.13%
Self Harm	392	331	523	365	525	565	565	619	670	749	849	798	6951		51.29%
VA	911	933	1307	1253	1126	1082	1169	1203	1141	1426	1434	1299	14284		14.47%
Total	2222	2161	3286	3065	2955	2848	3229	3372	3210	3907	4039	3675	37969		

Points to note:

Safety Pods are now on 6 wards and have been well received and utilised, more formal feedback to follow as they become more embedded. Safety Pods offer an alternative to prone and supine restraint. Development of some training around alternative injection sites has been developed alongside the introduction of safety Pods.

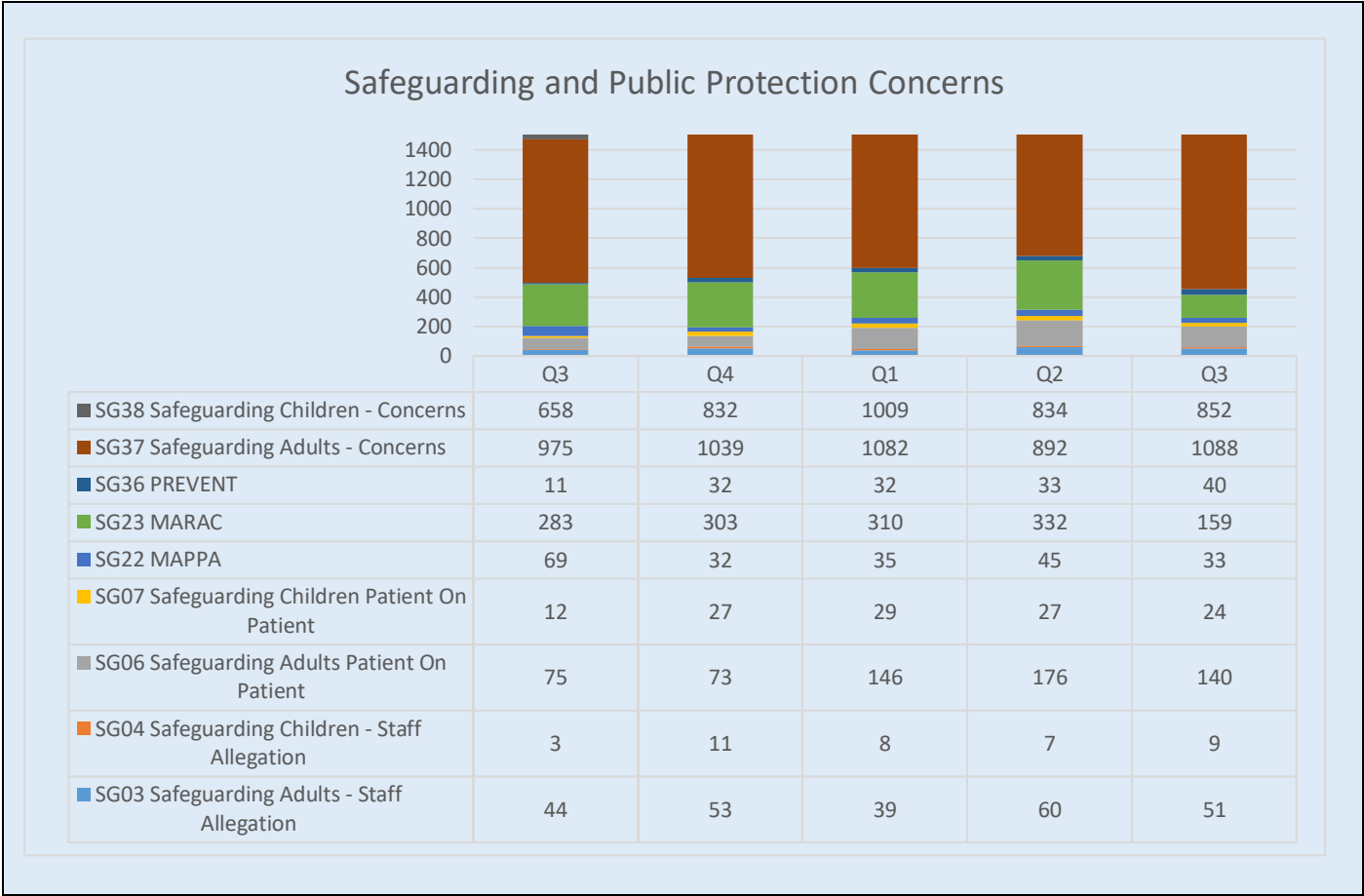
New Action Plans are now being rolled out across the trust, they are a development on the original version as they allow wards to integrate data trends into their Talk 1st strategy. All wards will be using this version by April 2020.

Safety Huddle evaluation has almost been completed in preparation for presenting at Q&P at the end of January. There are some extremely positive results being recorded, more to follow on this. The staff only part of the Safety Huddle pilot has almost been completed now, this will be evaluated separately in due course.

Data is projected to rise across the board for reasons discussed previously, namely the acceptance of CNTW of patients from other trusts and services that have closed. There are a number of reasons for the projected increase, including individual complex cases primarily within autism and CYPS pathways, activity from Cumbria and more activity being recorded from community services.

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Section 3: Safeguarding & Public Protection



Points of note:

Safeguarding Activity remains consistent with previous Quarterly reports. Assurance is given that patients are appropriately safeguarded and each incident is subject to full investigation.

The SAPP team have commenced the review of the triage system monitoring the immediate actions taken to safeguard the situation by staff raising the concern. This is providing an insight into the type of concerns requiring the triage worker to offer advice and support and those concerns that staff/teams are routinely safeguarding.

The processes for MARAC, MAPPA and Safeguarding in Cumbria Locality were put in place with multi-agency partners in preparedness for Cumbria services transfer. The team have also welcomed a Cumbria based SAPP Practitioner, a SAPP Development Officer, SAPP Case Review Officer, and SAPP Administrator.

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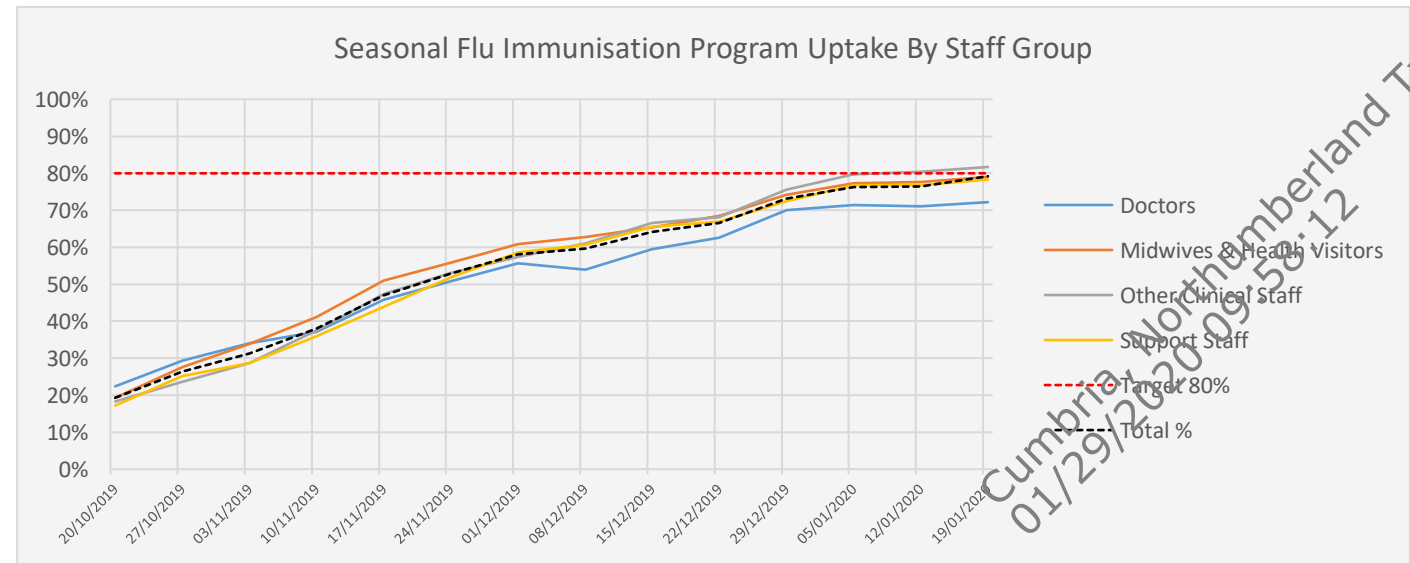
Section 4: Infection Prevention Control & Medical Devices

Note: Quarter 1 and Quarter 2 safer care reports will not include information pertaining to Influenza vaccination targets and uptake. Vaccinations will only be received into the organisation at the end of Quarter 2 (September 30th). Quarters 3 and 4 will contain influenza information.

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	0 (target 0)	24

Points to note:

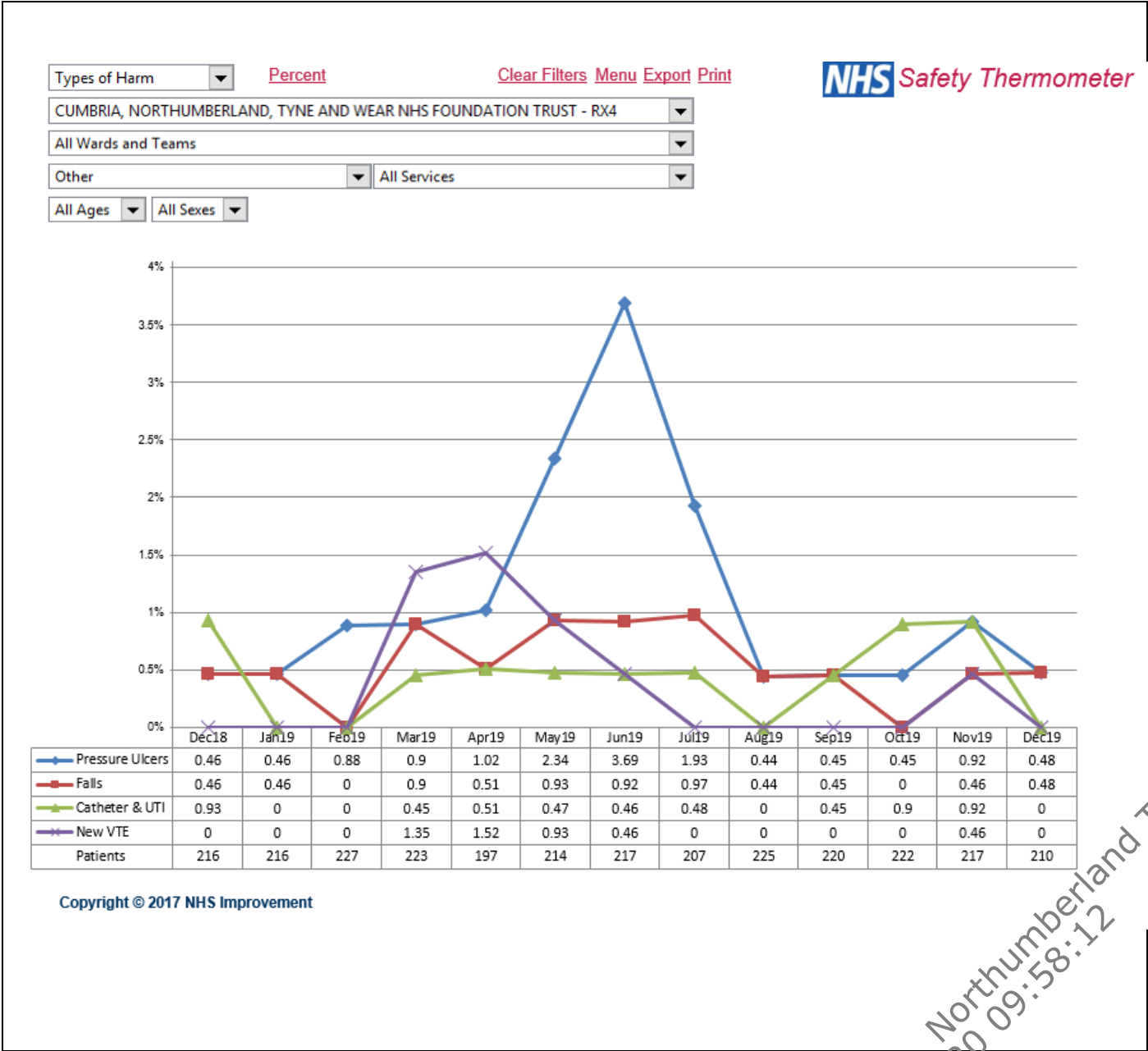
- No harm to patients resulted from the 24 medical devices incidents and all issues have subsequently been resolved. A member of staff sustained a minor injury when using a hoist but this appears to be due to user error. There have reported incident relating to the ECT machine at SGP. This piece of equipment has been checked by the company and a decision is required from the service as to purchasing a new machine. This will be monitored through the medical devices management group.
- All reported incidents are reviewed by IPC. Appropriate advice and support are provided and monitoring of physical health reinforced.
- Regionally during this time period there have been high levels of circulating norovirus and respiratory infections within the community. This has resulted in several outbreaks of norovirus occurring within each locality for this reporting period.
- Within CNTW there have been confirmed cases of Influenza A. Some of these patients required transfer into the Acute Trusts. A patient from Castleside required transfer to the Acute Trust and was later diagnosed with influenza A. Unfortunately this patient has subsequently died and an after action review has taken place.
- The 19/20 flu vaccination campaign commenced 01/10/2019. The focus of the campaign is to protect our staff and patients from a preventable infection. The CQUINN target this year is a vaccination rate of 80%. At the time of this report the current vaccination rate is 79.21%. The chart below breaks down uptake by Staff Group.
- Vaccination uptake rates are submitted regionally and nationally and there is a lessons learnt event booked in March 2020.



Section 5: Harm Free Care - Safety Thermometer / Mental Health Safety Thermometer.

The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTE Venous Thrombus Embolism.

Data are collected through a point of care survey on a single day each month on 100% of patients. This enables wards, teams and organisations to: understand the burden of particular harms at their organisation, measure improvement over time and connect frontline teams to the issues of harm, enabling immediate improvements to patient care.



appropriate investigate all suspected and confirmed incidents. This includes completion of After Action Reviews (AAR's) for all confirmed DVT / PE and Category 3 or 4 Pressure ulcers.

There was one confirmed DVT / PE within CNTW In-patient areas during the quarter.

This client was identified with life threatening physical health changes and immediate life support was instigated by the ward clinical team with a timely referral to paramedics and subsequent transfer to A&E. The prompt action to sustain life by the clinical team and subsequently by the paramedics resulted in the client surviving a confirmed PE. A local AAR identified many areas of best practice and all baseline risk assessments, care planning and monitoring were in place which informed the identification of the PE and its management.

Lessons learnt from events is shared both locally and via the Trust Learning and Improvement Group so that best practice can be disseminated.

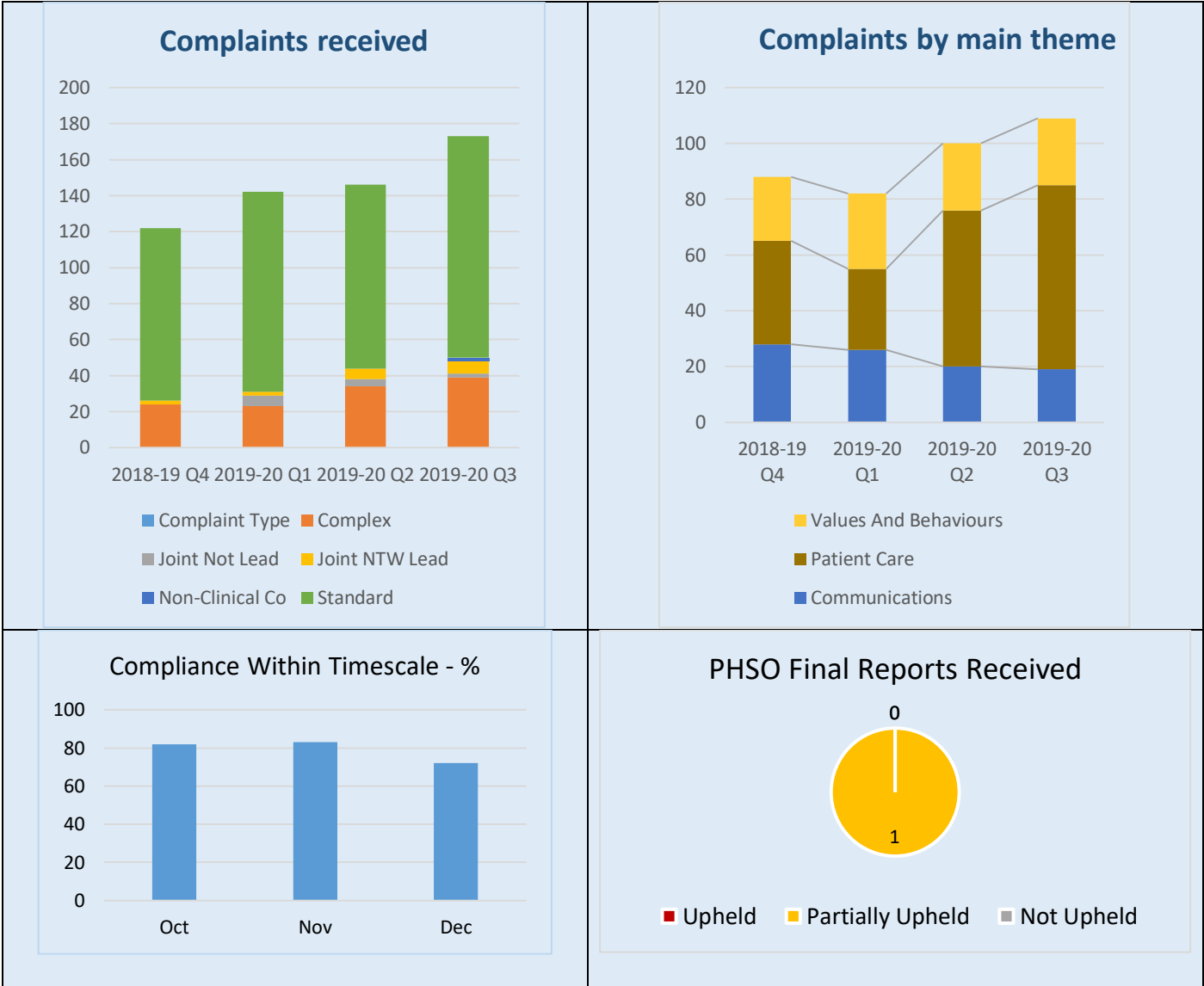
Although safety thermometer takes a snapshot of incidents during a given month the Tissue Viability Nurse team monitor incidents daily and report compliance with baseline risk assessments back to the Clinical managers and CBU's on a monthly basis, working with teams where increased incident may be identified – this includes bespoke training and or investigations.

NHSI Category	Oct	Nov	Dec
Category 1	2	3	1
Category 2	1	3	3
Category 3	0	0	2
Category 4	0	1	0
Deep Tissue Injury	0	0	0
Unstageable	0	0	0
Moisture Associated Skin Damage	0	4	2
Device Related Pressure Ulcer	0	0	0
Medical Device Related Pressure Ulcer	0	0	0
Total:	3	11	8

As a Trust we continue to have clients develop pressure damage due to a range of both avoidable and unavoidable factors but these are promptly and effectively managed.

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Section 6: Complaints Reporting & Management



The increase in complaints is due to the management of North Cumbria mental health services since 1 October 2019 and the associated complaints received about these services.

The three main themes remain consistent although the category for patient care has increased. This is due to complaints which cover a whole range of issues which cannot be separated out and are categorised overall as issues relating to patient care.

The decrease in timescales for resolution of complaints is due to the Christmas bank holidays and lack of availability of both complainants and staff over this period to engage in the resolution process.

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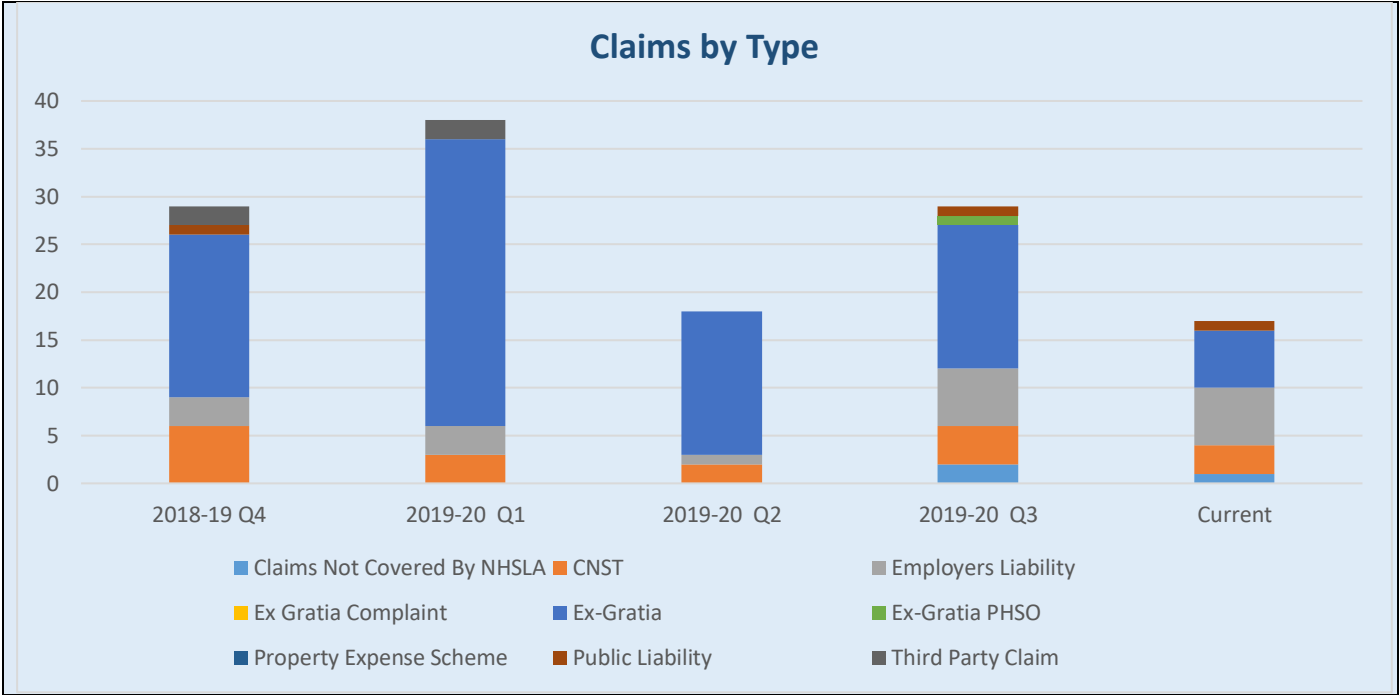
Parliamentary and Health Service Ombudsman – Current Position

North Locality Care Group (2)	1 Intention to investigate
	1 preliminary enquiry
Central Locality Care Group (3)	1 re-opened case
	2 preliminary enquiries
South Locality Care Group (2)	2 preliminary enquiries
North Cumbria Locality Care Group (0)	n/a

There was one PHSO final report received this quarter – it was partially upheld and has subsequently been closed hence it does not appear in the current position table above.

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Section 7: Claims received



Points to note:

The highest number of claims received relate to ex-gratia claims received from staff and patients. The majority are received from inpatient services for lost/damaged patient property or damage to staff property following assault or involvement in PMVA including spectacle damage.

Current claims are based on all claims open and ongoing on the system that were received during quarter 3 (17). The trust however has a total of 51 current ongoing claims at present.

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TRUST BOARD MEETING

Meeting Date: 5th February 2020

Title and Author of Paper: Safer Staffing Monthly Report November 2019 - Including Six Monthly Skill Mix Review Update, Anne Moore, Group Nurse Director, Safer Care Directorate

Executive Lead: Gary O'Hare Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

The following report includes the exception data and analysis of all wards against Trust agreed Safer Staffing levels for the period November 2019. The review of NHSI Workforce Standards is reflected in the narrative in support of the Board requirements to publish Safer Staffing Trust wide. Actions regarding utilisation of resources in line with the Carter Action plans per locality are monitored via the Trust wide Strategic Staffing Group, and there is more information available to facilitate a broader narrative regarding any areas out with the tolerance levels.

The Strategic Staffing Group has previously considered the limitations of the staffing data requirements as historically, the data does not capture where staff are moved between wards short term for a span of duty or where staff are providing high levels of observation to mental health or learning disability patients who are currently inpatients in Acute Hospital Care. Therefore the narrative highlights the reasons for the variance in more detail and includes these elements.

Workforce plans and skill mix have continued to be reviewed and are subject to close monitoring and scrutiny, taking into account demographic profiles, investment, service developments and transformation in line with the Long Term Plan. Most importantly within inpatient areas across the Trust, changes in clinical need and acuity influence safe staffing levels are assessed on a daily basis.

Emerging hot spots within the organisation are a combination of external system pressures to meet the safer staffing levels, the use of bank and agency has increased to support release of home grown staff on the Nursing Apprenticeship Programme which reduces the hours worked on the wards, newly qualified nurse preceptorship, in addition to covering current qualified vacancies. However the Trust is continuing with open adverts, weekly short listing and interviews to fill vacancies at a more responsive rate. This is having a positive impact groups reporting a significant increase in filled posts, alongside South Locality care group. The hotspot remains in the North locality specifically at SGP as a result of Band 5 nurses achieving promotion. As a result the recruitment process has been augmented with targeted advertising in local journals, media, leaflet drops with housing and council developments and open days.

Multi-disciplinary team staffing summary

Medical, AHP and Psychological Therapies staffing will be included in the February report. The Locality Groups will start to include this information in their monthly return to highlight areas of development and recruitment activity.

November 2019:

The report provides information on both day and night staffing usage across all inpatient wards in the new CNTW footprint, which includes North Cumbria. Cumbria locality does not have an electronic rostering service, this is currently being rolled out during January 2020.

Information below has been gleaned from the manual rostering process. For figures out with tolerance levels a narrative is provided to provide the underpinning rationale for these changes.

Risks Highlighted to Committee : staffing vacancy and acuity pressures in North Locality remain a priority focus

Does this affect any Board Assurance Framework/Corporate Risks? No

Equal Opportunities, Legal and Other Implications: N/A

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Safer Staffing Monthly Report November 2019 - Including Six Monthly Skill Mix Review Update

1. Background

All NHS Trusts are required to publish information about the number of Registered Nurses and Non-Registered Health Support Workers on duty per shift on their inpatient wards.

This initiative followed the “Francis Report” in relation to Mid Staffs which called for more openness and transparency in the health service and is in accordance with guidance issued by NHS England and the Care Quality Commission.

Full details are reported to public meetings of our Board of Directors and made accessible to the public via NHS Choices and CNTW websites. The Trust is also required to display information to service users and visitors in our wards that shows the planned and actual staffing available on each shift.

2. Purpose of this report

The purpose of the report is to provide assurance on the current position across all inpatient wards within CNTW in accordance with the National Quality Board (NQB) Safer Staffing requirements. In addition the NHSI publication of 2018 builds on the NQB guidance and recommended that the Workforce Standards are continually reviewed in the context of the Safer Staffing returns.

Detailed internal oversight and scrutiny is in place to ensure safer staffing levels are in place and appropriate action is taken where necessary.

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels. The exception reporting is via a RAG rating that identifies the following categories:

- red for any ward under 90%
- white for within range
- green for wards over 120%

3. Data Limitations – Staff redeployment between wards

In line with Carter recommendations, to ensure efficient use of resources, inpatient services on specific sites work collaboratively via ‘Daily Huddle’ meetings to utilise the available staffing resource fully. However as previously outlined the report does not capture short term temporary resource movement as the TAeR E-Rostering system cannot be adjusted for any movement less than one week duration.

4. Reporting Process

The report is produced by the Safer Care Directorate on behalf of the Trust Board, Business Delivery Group and Collective Business Units. Information is retrieved via the Time and Attendance system (TAeR) and is supplied to NHSE via the Unify Report.

To help to improve the narrative around exception reporting, acuity levels and dependency information is captured via a monthly return from each locality/CBU.

5. Safer Staffing Exceptions

The tables below provide information on all wards across the Trust. Where wards show staffing levels which are either higher or lower than the planned staffing, a narrative rationale is provided for this. As part of the ongoing scrutiny process, each month wards from each CBU that appear in the exception tables are highlighted which enables us to provide a more detailed narrative and feedback from wards on the rationale for the variance.

North Cumbria Locality

North Cumbria CBU has 7 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Edenwood	168.70%	420.37%	167.39%	318.65%	Over: Edenwood currently have a WTE Band 6 vacancy. High usage of agency due to enhanced observations. Currently 1 patient in segregation needing 5:1 day, 4:1 at night. Edenwood staff continue to support 3 patients on an adjacent ward and 2 patients require enhanced observations.
Hadrian	85.12%	145.60%	131.33%	115.36%	Under: Hadrian currently has 3.8 WTE Band 5 vacancies, with 2 agency in post. There has been periods of short term sickness. Over: 2 patients in Acute Physical services and agreements in place around additional bank/agency staff supporting them.
Oakwood	65.74%	112.00%	106.49%	108.26%	Under: 1 WTE x Band 6 post vacant.
Rowanwood	72.56%	112.00%	107.53%	157.83%	Under: Currently high level of vacancies: 5 x WTE Band 5 vacancies, 1 x WTE Band 4 vacant due to redeployment. 1 x Band 3 WTE long term sick and 1 Band 5 WTE long term sick. One Band 5 nurse on preceptorship unable to take charge of the shift. Over: High usage of bank and agency for unqualified to cover additional clinical observations.
Ruskin	107.91%	119.56%	106.49%	117.24%	Figures within target.
Yewdale	82.48%	98.13%	98.26%	130.23%	Under: Vacant Band 5 commencing mid-Jan. Vacant Band 3 post, 1 x Band 3 long term sick. High acuity with a patient requiring 1:1. Yewdale staff continue to support the 136 suite. Over: High acuity due to additional clinical observations.

North Cumbria

Increased acuity levels continue for those who are admitted and require increased observation levels. Edenwood, have a patient in long term segregation with nine staff being required to cover 24 hr period, whilst continuing to provide regular Registered and Non-registered staff to adjacent ward (previously Acorn).

Safe management of seclusion / segregation and increased levels of observations due to risk of harm to self or others across clinical areas is significantly contributing to the demand on resources.

Rowanwood, had one patient in long term seclusion during this period. To meet the safer staffing levels the high usage of bank and agency has continued to be needed to support the high level of current qualified vacancies and sickness.

As part of the ongoing locality recruitment – vacancies are on a rolling advert. Inpatients have a seen a significant loss of Band 5 qualified nurses to other non-inpatient services across the locality. Clinical Managers and Ward managers meet to review daily/weekly staffing levels.

North Locality

The North CBU has 13 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	80.90%	267.89%	118.71%	191.72%	3 x Vacant posts – 2 Qualified. 3 x Long term sick – Qualified nurses (work related stress). 1 x Long term sick – support worker. 1 x Non-clinical duties. Increase in support workers to fill gaps in staffing numbers required to meet clinical need, also to backfill into Qualified gaps. Acuity fluctuating, requiring increased observations. General hospital escorts for ECT.
Ashby	81.29%	222.42%	113.83%	268.67%	Remains over on unregistered staff due to long term segregation and increased observation levels. Staffing on day and night shift remain increased to reflect high acuity levels, increase in self-harm, assaults towards staff, damage to property and targeting of staff requiring movement between night and dayshift. Continuation of ongoing segregation and peer to peer risks resulting in safeguarding alerts and separation plans implemented meaning increase in staffing required to ensure safeguarding advice is upheld and followed.
Embleton	83.38%	335.55%	97.12%	259.99%	1 x Long term sickness (Band 3). 1 x Maternity leave (Band 5). Short term sickness (Band 3 and Band 5). 1 x Suspension. 2 x Staff non-clinical duties. 1 x Long term segregation (patient with Autism out of pathway) – 2:1 staffing ratio 24 hours per day, 7 days per week. Increase in eye sight observations and acuity on the ward. 4 x Patients with Dysphagia care plans in place, 3 require 1:1 at mealtimes, 1 requires constant eyesight to prevent choking through accessing unsuitable food which is available via other means, other than hospital mealtimes. Embleton support other wards with Qualified staff support which require Band 3 backfill.

					Ward Manager working into the numbers to enable other wards to be supported with Qualified staff. Difficulty in accessing PICU beds requiring increased nurse resource to manage and care for patients awaiting PICU bed.
Fraser	87.16%	134.14%	107.50%	162.25%	Sickness level effecting staffing level - 1 x Band 6, 1 x Band 5, 3 x Band 3 1 x maternity Leave 1 x Suspension Vacancies - 1 x Band 6, 2 x Band 5 MH and LD population. 2 Eating Disordered Patients, requires NG feeding and has attended RVI on 2 x occasions for NG tube to be re-sited. Unfilled Bank shifts 23 in the month, leading to agency use.
Hauxley	88.24%	83.97%	104.40%	114.67%	Reduced bed occupancy – 12 beds. Multiple physical health assessments at acute hospitals which require nurse escort e.g. 2 x patients on overnight leave to acute hospital for inpatient assessment & treatment, one requiring nurse escort for the duration of stay. 13 Patient appointments requiring nurse escort. 2 x Staff on long term sickness and a number of short term staff absences. Staff working non-clinically during safeguarding and investigation process is ongoing. Ongoing difficulty in securing Pool, Nurse Bank and Agency cover resulting in poor fill rate. As a consequence ward is working below safer staffing levels consistently. Ward Manager, Clinical Lead and Activity Coordinator continue to be included in staffing numbers to redress this, but not reflected in TAER.
Kinnersley	109.57%	233.60%	141.30%	129.63%	Unregistered figures high due to increased staffing for care packages. Increase clinical activity, escorts have increased significantly since merge with Bluebell. Increased number of staff being protocolled across site due to staff shortages.
Lennox	135.68%	208.18%	152.84%	299.01%	Increase in staff sickness. Support staff appointed (6) however 3 of those on long term sick. Band 3 x 2 additional support worker on long term sick. B3 x 1 temporarily placed on another ward B3 x 1 maternity B5 x 3 preceptors unable to work isolated

					<p>B5 x 1 qualified long term sick.</p> <p>1 x additional support at night- increased staffing</p> <p>1 x long term segregation requiring increased staffing.</p> <p>3 Patients on discharge pathways requiring regular S17 leave which requires additional staff to facilitate/escort.</p>
Newton	64.62%	190.77%	128.30%	200.86%	<p>Increase in staffing to provide an individual care package and staff support for seclusion supervision on other sites.</p> <p>Qualified % red due to sickness , maternity leave, vacancy factor.</p>
Redburn YPU	95.61%	165.39%	139.97%	194.13%	<p>Closure of West Lane site has resulted in a number of admissions to Ferndene.</p> <p>Redburn YPU is now the sole Tier 4 service in Cumbria and North East England. Mix of young people, swallowing, ligatures and head banging behaviours. Delay in social care placements continue.</p> <p>High acuity in November - Safeguarding measures between patient groups. Staff unable to attend training. High use of bank, agency and overtime to support sickness.</p> <p>PICU -</p> <p>High Acuity, increase in seclusion use. Delay in social care placements. NG feed requiring daily restraint – not suitable for PICU requires Low Secure Unit high use of bank, agency and overtime.</p>
Stephenson House	146.10%	132.35%	158.69%	147.64%	<p>Stephenson is now the sole Tier 4 LSU in Cumbria and North East England.</p> <p>Three young people require 2:1 observations (1 in Long Term Segregation). High levels of acuity due to peer mix high use of bank, agency and overtime.</p>
Warkworth	96.72%	224.13%	99.54%	159.42%	<p>Increase in acuity and increase in short term sickness.</p> <p>1 Out of pathway patient (Autism) continuous 1:1, increase in observation levels required to manage seclusion activity and episodes of aggression.</p> <p>Increased observations also required to manage safeguarding situations of some patients being vulnerable from other patients (patients with Autism and LD).</p>
Woodhorn	86.77%	246.20%	99.47%	144.19%	<p>Patient admitted NSECH and staff escort for palliative care. High levels of observations and assistance required for personal care.</p> <p>Under for Registered staff due to high number of vacancies of 5 x B5, with gaps remaining unfilled by bank and agency.</p>

					2 Staff working non-clinically due to ongoing health issues.
Mitford	162.22%	156.37%	121.66%	141.62%	Increase in staffing percentages continues due to care packages. Recruitment continues to fill vacancies for care packages. Local advert is generating interest. Unregistered staff vacancies interviewed. VBR secured 10 posts however due to recent admissions and pending admissions further recruitment of B3. Interviews for B3 are scheduled throughout January and into February from recent shortlisting.

North Locality

The Adult wards within the North Locality Care Group have a higher admission and discharge rate than the other two localities. This means that there is high demand on staff resource due to the acute nature of individual presentation on admission. Some patients have required PICU bed but no beds available on PICU so admitted to acute ward. Safe management of seclusion / segregation and increased levels of observations due to risk of harm to self or others adds to demand on resource. This is a feature across most clinical areas.

The response to the closure of beds at West Lane Hospital has increased pressure upon staffing resource within Specialist CYPS Service Ferndene. In particular those with Eating Disorder and the associated nursing observation and intervention. This is an ongoing situation.

Clinical Nurse Managers and Ward Managers in SGP meet daily in the 'huddle' to reflect on staffing resources across services. Decisions are made to relocate nursing resources from one ward to another, source pool nurses, bank nurses or agency to meet demand. The reasons for the demand are articulated against each ward. These reasons can occur at very short notice, for instance due to admissions and change in presentation, so there is some reliance on pool and bank being able to respond at short notice to sustain the numbers to meet the need. As a Trust the demand on Bank and Agency has increased resulting in a reduction in fill rate for shifts. This is mitigated by the diversion of activity worker, ward manager, clinical nurse manager time being allocated to support the ward areas. However it is an emerging theme that high numbers of shifts are not able to be filled in the North Locality. We are working with colleagues in Staffing Solutions to improve matters. This issue has been escalated to Group Directors. Staffing levels features on the group risk register

Older People's wards in the North Locality continue to require high levels of nursing support to enable the needs of those who require increased levels of assistance with complex personal care features as well as increased observation due to risk of falls and/or other physical frailties.

Safeguarding measures are increasingly required across CYPS, Older Peoples and Adult which includes increased observations to protect patients from risk of patient to patient harm, this takes the form of threats or the potential for patients who are vulnerable to be exploited. These vulnerable patients tend to be those with Learning Disabilities in the adult acute pathway. Managing safeguarding risk is particularly evident over lengthy periods in CYPS Service.

Where patients require acute intervention or regular attendance for follow up related to physical health care needs, nursing escorts are required to accompany the patient to the acute hospital for the duration of their appointment or their stay. This is required to support the patient and reduce risk, which impacts on the total resource available for any span of duty.

There has been an increase in clinical need relating to Dysphagia, all patients with this need have care plans in place necessitating the 1:1 observation/supervision during mealtimes. With one requiring constant eyesight at all times.

There have been a number of Band 5 nurses successful in securing posts elsewhere in the Trust so their release has to be facilitated which can result in an increase in pressure until posts are filled again. It is a feature in the B5 establishment that a proportion of that total will be on preceptorship requiring supervision at any given time.

Central Locality

Central have 16 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	86.06%	144.91%	105.88%	161.58%	Over – Aidan continues to have a long term seclusion and increased levels of eyesight observations, which has increased the use of nursing assistants. The increase in night Qualified staff is supporting preceptors in their development. Under – The ward has 1 staff nurse vacancy which has been filled through CR and the staff nurse will take up post March 2020.
Akenside	97.95%	83.33%	101.21%	111.69%	Under : The ward has 2 Band 5 vacancies, 1 Band 5 working non-clinical, 1 Band 5 on long term sick leave. We have been unable to fill requests for qualified cover with bank/agency.
Collingwood Court	100.80%	175.83%	95.81%	192.07%	Over : High levels of acuity on the ward thus increased eyesight observations.
Castleside	90.94%	101.70%	106.78%	106.53%	Figures within target.
Cuthbert	96.66%	84.14%	99.14%	99.35%	Under : Cuthbert currently have 1 Band 5 vacancy and 1 Band 5 on a phased return.
Elm House	96.95%	98.36%	102.46%	165.50%	Over : Eyesight observations.
Fellside	115.21%	174.79%	109.94%	188.18%	Over : Over due to high clinical activity and observations on extra care bed being utilised. Staff sickness levels have resulted in the use of extra bank and agency to ensure safe staffing levels.
Lamesley	102.90%	132.29%	104.15%	120.61%	Over : Increase in clinical activity. 1 member of staff on long term sick and increase in short term sickness.
Lowry	80.67%	274.12%	128.73%	260.29%	Over : Increased clinical activity and observations requiring use of Bank and Agency. Under : Increased sickness during November requiring use of Bank and Agency.
Oswin	98.22%	186.23%	110.59%	209.20%	Over : Oswin continue to have a long term segregation which requires 2 staff. They have also had short periods of seclusion.

					Under: The ward has 1 staff nurse vacancy which has been filled will take up post March 2020.
Willow View	83.30%	158.04%	98.38%	52.90%	Over: Increase in clinical observations – 1 x Eyesight Under: 1 x Support Worker on long term sick leave. 1 S/N on maternity leave 1 Vacant post 1 S/W nursing apprentice 1 S/W Non-clinical 1 S/W In AET and on trial in other area
KDU Cheviot	84.71%	181.22%	107.21%	244.41%	2 Patients in long-term seclusion on other wards. Additional staff are required to support clinical activity and the seclusion observations. Under: Registered nurse sickness and vacancy.
KDU Lindisfarne	109.20%	159.30%	150.70%	266.64%	Over: Additional staffing for engagement and observations.
KDU Wansbeck	78.60%	173.19%	115.60%	167.93%	Over: To support clinical activity across service and registered nurse sickness and vacancy. Under: Registered nurse vacancy / sickness.
Tweed Unit	95.23%	202.32%	183.67%	233.73%	Over: 1 Patient in long term segregation requiring 2 staff for engagement and observation. 1 Patient currently hosted in Tweed seclusion suite for long-term seclusion, Tweed staff supporting engagement and observation.
Tyne Unit	69.05%	48.23%	181.12%	131.18%	Under: Tyne Mental Health - Tyne MH remain merged on this report so the narrative will not be a true reflection. Tyne MH have 3 staff nurse vacancies one which has been filled and will take up post March 2020. There are no increased observations which would require an increase in unqualified staff. Tyne Learning Disability - 1 Patient managed in long-term segregation. Also supporting other wards within service due to clinical pressures. Long-term registered nurse sickness.

Central Locality

From the admission ward's perspective the wards were experiencing high levels of clinical activity particularly on Bede and Lowry. Lowry experienced some short term sickness in relation to qualified staff as well as having unfilled vacancies.

In relation to the moving on wards Elm House has an individual who will require long term intensive observations necessitating an increase in staffing numbers. Willow View have also seen an increasing use of high levels of observation during this period and have been utilising regular bank staff to cover any shortfalls, this has been combined with a number of unqualified staff not being able to complete clinical duties.

Older Peoples

Significant staffing pressures Castleside / Akenside due to Qualified and Unqualified vacancies, sickness absence and maternity leave on both wards.

Secure Care Mental Health

There continues to be high levels of clinical activity a long term segregation and a long term seclusion at Bamburgh Clinic. There are 6 staff nurse vacancies between the 4 mental health wards which have been filled through central recruitment. There are also be a total of 5 staff on the nursing apprenticeship which impacts on the WTE on each ward due to the reduced hours those staff spend on the ward. Tyne MH is not a true reflection and is now on a split budget to Tyne LD, therefore the staffing on the report should now be split.

Secure Care Learning Disabilities

High level of registered nurse vacancy - now part of North locality recruitment as well as Central locality recruitment to facilitate Secure Care bespoke recruitment.

South Locality

The South CBU has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale	109.13%	207.00%	116.15%	151.11%	Under: 1 x Band 5 vacancy Over: Nightshift due to increase in observations. Service Spec has been completed requesting extra staffing budget for complex needs patient in long-term segregation. 2 Patients are on eyesight during mealtimes and 1 patient observations staffing level increases to 3 when out of Long Term Segregation.
Beadnell	74.75%	104.05%	127.62%	138.21%	3 Staff nurses on maternity leave until Spring 2020. Ward Manager and Clinical Nurse Lead working shifts to provide 24 hour qualified nurse cover.
Beckfield	95.97%	178.33%	134.91%	158.23%	Over: Supplement Band 3 vacancies and management of acuity with increased observations levels.
Bridgewell	107.00%	149.84%	101.91%	108.94%	Under: 1 x Band 5 vacancy. Acuity of patients on ward fluctuates due to physical health and a 1:1 on ward due to challenging behaviour and Safeguarding issues.
Brooke House	76.92%	118.55%	123.71%	102.25%	Over: 2.4 x Band 3 / 0.6 x Band 5. Brooke House budget pay for the Hopewood Park physical health team which is 1 x Band 5 and 1 x Band 3.
Cleadon	121.37%	109.66%	110.13%	208.27%	Over: Acuity requiring increased levels of observations. Patients admitted out of pathway, increased observations required to manage identified risk factors and complex

					needs. Increase in bank and agency to cover long term and short term sickness.
Clearbrook	90.29%	302.78%	112.45%	257.15%	Over: 1 x Band 5 / 1 x Band 6 / 2 x Band 3 vacancies. 2 x Band 5 long term sick / 1 x Band 3 long term sick. 1 x Band 3 non-clinical duties. Package of care x 1 additional member of staff required for all shifts. High clinical activity for month of November between 1-4 eyesight observations at all times.
Longview	88.35%	138.69%	135.50%	116.23%	Over: On beds due to leave beds being used. Under: 1 x Band 5 vacancy and 1 x Peer Support Work (PSW) vacancy.
Marsden	138.22%	122.55%	103.90%	118.92%	Over: Sickness improving, observations increased, needed additional shift cover where 4 extra 1:1 observations were in place.
Mowbray	101.54%	109.09%	103.47%	157.70%	Over: Registered day cover due increase in patients on high observation and engagement levels. 1 x Patient at acute hospital requiring nursing support. 1 Patient on the ward has been on end of life care. Increase in bank and agency due to high number of patients with complex needs on high levels of observation and engagement.
Gibside	84.51%	203.77%	101.91%	113.37%	1 Staff Nurse vacancy.
Roker	114.49%	92.87%	100.35%	139.84%	Over: Due to increased observation levels.
Rose Lodge	67.38%	261.46%	59.66%	314.53%	Under: Working under establishment, stand-alone unit 2 x Band 5 vacancies. Over: Working over establishment due to high levels of observations due to complexities of service users.
Shoredrift	81.26%	207.71%	117.89%	182.40%	Under: Qualified vacancies covered with staff from other wards or Bank Qualified staff. Experienced support staff and assistant practitioners are booked if unable to be covered with Qualified Bank staff. Over: Acuity of need observation levels.
Springrise	64.65%	219.80%	124.65%	139.21%	Under: 2 x Band 5 and 2 x Band 3 vacancies. Over: Some bank and agency used on days and nights due to short term and long term sickness. At times due to acuity on the ward staffing has needed to be increased.
Walkergate Ward 1	84.32%	82.66%	103.76%	106.18%	High nursing acuity x 4 level 5 for the majority of the month with 3 patients observed within eyesight and frequent patient escorts. 2 Beds unfilled during the month due referrals requiring full hoist bedrooms. 3 Preceptorship nurses commenced. Sickness

					has had a significant impact on the cover available.
Walkergate Ward 2	75.25%	99.64%	107.63%	114.32%	Sickness levels including 1 x Band 5 on preceptorship. Current Vacancies: 2 x Band 5, 2 x Band 3.
Walkergate Ward 3	86.65%	71.72%	105.08%	103.49%	Increased acuity and 2 x eyesight observations, sickness and acuity cover.
Walkergate Ward 4	71.60%	96.23%	106.09%	164.88%	1 x Eyesight observation for under 18. 1 Member of Band 3 working into STARRT Current Vacancies: 1 x Band 5 3 x Band 3
Ward 31a	99.40%	92.88%	103.43%	103.36%	Figures within target.

South Locality

A number of wards are still carrying Band 5 vacancies, and a smaller number of Band 2/3 vacancies.

We have had a recent rotation of staff to assist with development but also hotspots of acuity and need across the CBU.

As part of the locality recruitment, rolling advert and monthly interviews. Inpatients have a significant loss of Band 5 qualified nurses to other non-inpatient services across the Trust and locality.

There are additional requirement of some of our inpatients with complex needs and some of which remain out of pathway. One requires a service specification related to the CTR process which requires additional staffing. There are a high number of service users with complex needs and risks requiring increased levels of intervention and engagement and observations both for physical health needs and SALT as well as mental health acuity. Some of these individuals are out of pathway, particularly in PICU – Beckfield.

Cleadon Older Peoples' Services admission ward is receiving a higher number of admissions out of hours particularly during the night.

The wards which are under the 90% for unregistered staff are either due to a temporary reduction in bed occupancy (Aldervale and Rose Lodge) or from the redeployment of staff to assist other wards to ensure that the patients receive safe care. Wards that are over 120% of unregistered staff reflect the increased levels of observations and acuity.

The variances on additional qualified on nights are in relation to preceptorship nurses who are still requiring completion of their 6 month preceptorship period before they can fulfil the role nurse in charge, therefore they continue to need the support of a qualified nurse. In addition leadership on night duty is being strengthened by the use of a Band 6 working alongside the Night Coordinator to support the site.

Rose Lodge

The changes to night staff establishment will be reflected in the Safe Staffing levels from April 2019. This has been fully tested and agreed that reduction of 2 to 1 qualified staff on night duty is safe. If additional support is required this can be planned either through additional support be sought via Bank/Flexi pool/other wards or from the Night Co-ordinator. The Unqualified staffing is over planned levels due to continued high clinical activity/acuity that require an increase in observation and engagement levels.

Due to the significant number of Qualified Band 5 vacancies within our Learning Disabilities Inpatient ward a bespoke recruitment campaign took place in October 2019. In addition a new bespoke role – Band 7 Clinical Nurse was advertised November 2019.

Specialist services

Beadnell have three Qualified nurses on maternity leave who are expected back to work in Spring 2020. Unqualified numbers have been increased to support the ward but numbers have remained within target

due to sickness absence. Gibside have one Qualified nurse vacancy which accounts for figure being under target.

Inpatients Walkergate Park

Sickness has continued to impact on the staffing numbers within the centre. Some shifts have been unfilled by either Bank or Agency. Band 5 vacancies have been unable to fill. Recruitment to support worker vacancies carried out and all posts were filled. Due to start early in New Year 2020.

Ward 4 continues to run on 2 Qualified per day opposed to the 3 reflected in the safer staffing figures. As a result of unfilled vacancies and sickness.

Eyesight observations have reduced generally this month across the centre but remain higher on Ward 1 due to the complex population and the deterioration in patient presentation.

Trust wide value based recruitment and retention

6. Recruitment update

In response to emerging vacancies and hot spots within the organisation resulting from external system pressures, the Trust is continuing with open adverts and weekly shortlisting and interviews to fill vacancies at a more responsive rate. This is having a positive impact on Central locality group reporting a significant increase in filled posts, alongside South Locality Care group. The hotspot remains in the North locality specifically at SGP as a result of Band 5 nurses achieving promotion. As a result the recruitment process has been augmented with targeted advertising in local journals, media, leaflet drops with housing and council developments and open days.

7. Retention Strategy

Progress against the staff retention action plan and turnover rates continue to be monitored. Progress against the actions is reported monthly to the Strategic Staffing Group including implantation of the 'Stay interviews' and confirmation that the 'Internal move' pilot is ready to roll out aiming to provide greater support to staff.

8. Six monthly skill mix review & analysis of current staffing matters

North Cumbria Locality Care Group

There have been no significant changes in skill mix. Work is ongoing to review and understand the wider skill mix and gaps across inpatient areas. Principle focus is the filling of vacancies across inpatient areas whilst setting out plans against future staffing skill mix requirements against the Long Term Planning work that is ongoing in the locality, including Advanced Practitioner roles and options for using nurses of different registrations in different areas e.g. LD into mental health and vice versa and the potential for widening participation in Trust wide "grow your own" initiative. We are fully engaged in the Trust Values Based Recruitment approaches.

In the last 6 months creation and appointment of a number of new Nurse Consultant posts working into inpatient areas including PICU, Edenwood and Hadrian over and above those working into to Older Peoples areas.

North Locality Care Group

There has been very few skill mix changes in the last six months due to the ongoing staffing pressures the main thrust and focus has been on achieving safe staffing levels, however have continued to progress the following:

- Continuing to increase the number of Nurse Consultants to help facilitate both enhanced multi-disciplinary team working and increase the number of Non- Medical AC/RC. This also assists where medical recruitment remains a challenge
- Continuing to support staff in Trust initiatives to facilitate pathways into Nurse Training

- Encouraging staff to apply for the Talent Management Programme which has been developed between the Trust and Sunderland University to develop and support the growth and development of Future Leaders
- Developing a staffing model for the new Nurse- led step- down beds which are to be in Blue Bell Court which will require a different staffing team model and approach
- Enhancing workforce skills in the Teams at Ferndene to enable them to provide holistic care to those patients the service had not traditionally provided services for due to changes in the external environment, service closures and the resulting impact
- Relentless focus on staff recruitment and utilisation of local marketing approaches
- Working with primary care practices to develop Primary Care Mental Health Worker Posts

South Locality Care Group

Skill mix activity in the last 6 months includes:

- **Rose Lodge** - Introduction of a B7 Clinical Lead in parallel to the B7 Ward Manager. Purpose is to strengthen the clinical leadership and decision making. Including a dedicated whole time equivalent Nurse Consultant on the unit
- **Walkergate Park** - No significant changes in skill mix
- **Monkwearmouth Hospital** - No significant changes, however Nurse Consultant working across Mowbray and Roker Wards to support clinical leadership
- **Hopewood Park** - Recent rotation of ward managers and introduction of Nurse consultant on PICU and recruiting a second Nurse Consultant to support the other wards
Reviewing support provided to Preceptee Nurses at ward level. Level loading of experienced B5 nurses across the wards.

Multi-disciplinary team staffing summary

Medical, AHP and Psychological Therapies staffing will be included in the February report. The Locality Groups will start to include this information in their monthly return to highlight areas of development and recruitment activity.

9. Conclusion

Daily risk assessment takes place according to changing clinical need and levels of acuity. Adjustments are made as necessary to ensure that patient safety is not compromised. The report highlights the significant collaborative work undertaken between wards on the respective sites to ensure staffing resources are used effectively, reducing the need for temporary staff in line with the Carter Action plan. The North locality remains significantly under pressure to maintain safe staffing levels due to increased acuity, Physical health needs of patients requiring transfers, and additional packages of care in Children and Autism services. Actions are in place to support with additional staff and target recruitment.

Anne Moore
Group Nurse Director Safer Care
January 2020

Cumbria, Northumberland Tyne and Wear
 01/29/2020 09:58:12

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors

Meeting Date: 5th February 2020

Title and Author of Paper:

Service User and Carer Experience Summary Report - Quarter 3 2019/20

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The overall Friends and Family Test recommend score for Quarter has decreased slightly, with an overall score of 88% in quarter 3 2019/20 and 89% in quarter 2 2019/20.
- The monthly results for quarter 3 were: Oct 88%, Nov 89% and Dec 88%.
- There is variation between localities with higher results in South at 92%, Central at 88% and North at 85% for the quarter.
- The volumes of responses in quarter 3 were down 8% on quarter 2.
- Demographic analysis shows higher satisfaction in older age groups.
- This report covers pre-October 2019 services only. Work is still on-going to fully implement the automated patient feedback process in North Cumbria. This will aim to be implemented from 1st April 2020 and align with implementation of the new Friends and Family Test.

Risks Highlighted: n/a

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: n/a


Outcome required: for information

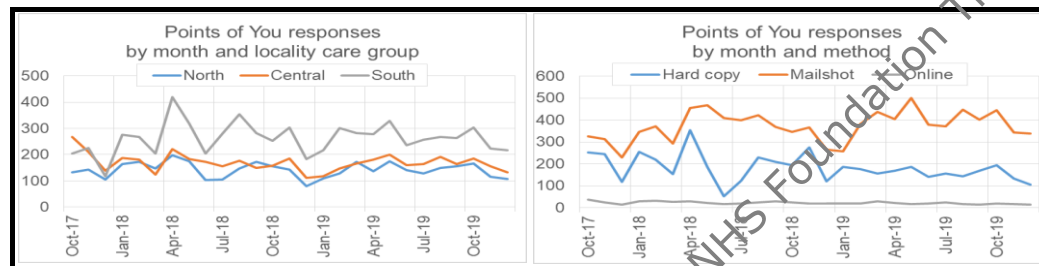
Link to Policies and Strategies: n/a

CNTW Service User and Carer Experience Summary Report

Reporting period: Q3 2019/20

Points of You - Responses and Uptake

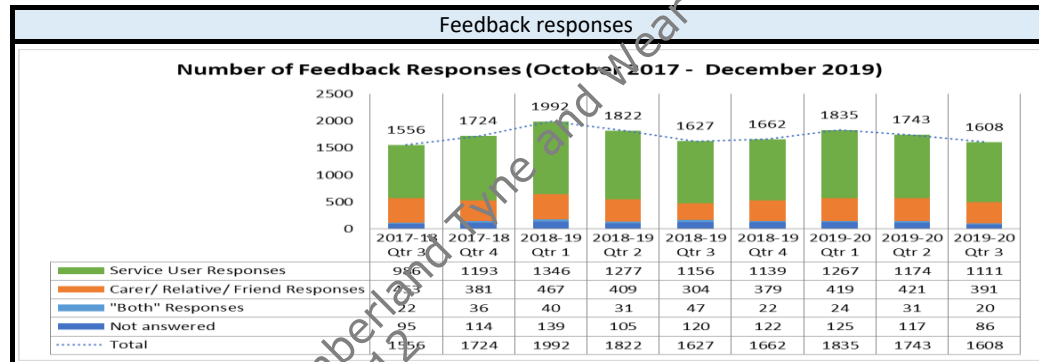
	Number of responses		1608	↓8%
	North Locality		Response + %	↓7%
	Central Locality		Response + %	↓8%
	South Locality		Response + %	↓2%
	Response by:	Mailshot	Number	70%
		Online	Number	3%
		Hardcopy	Number	27%



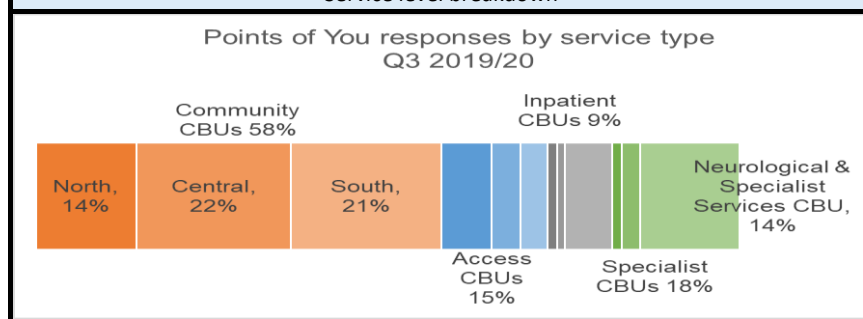
The Points of You survey includes the Friends and Family Test (FFT) question which asks respondents to rate the likelihood that they would recommend the service they have received to family or friends.

Trust overall score	88%	↓ Compared to last quarter
Previous quarter	89%	
National Average	89%	↓ Compared nationally (November 19)

Note that a total of 65 services received recommend scores of 100% in the period (accounting for 26% of the responses received). There also remains a large number of services with very low or no responses and work is ongoing to increase engagement with the points of you process in these teams.



Service level breakdown



Other key points relating to response volumes this quarter include:

- Nearly half of all responses continue to be from the South locality.
- There is still low uptake of the Points of You survey in many inpatient areas, possibly reflecting the use of other feedback mechanisms used such as community meetings.
- The reduction in responses received in quarter 3 is in line with the seasonal reductions seen in previous years

Top 3 services with the highest response rates were:

- Memory Protection Service (109)
- Exercise Therapy (74)
- Newcastle & Gateshead Children and Young Peoples Service (68)

Points of You - Experience Analysis

PoY Experience Analysis (Q1 2019/20)

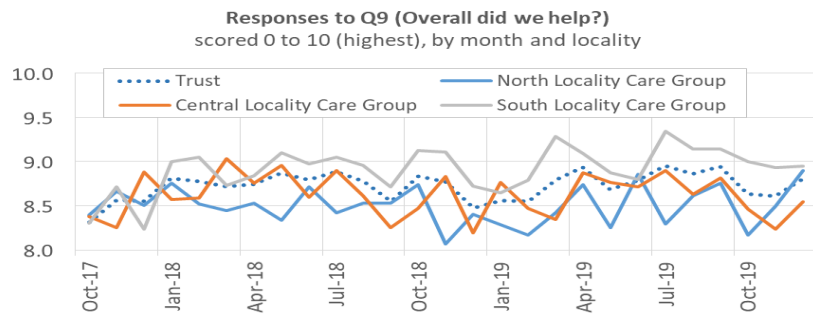
Top 3 scoring questions

2. How Kind and caring were staff to you?
8. Did staff help you feel safe when we were working with you?
6. Were you given the information you needed?

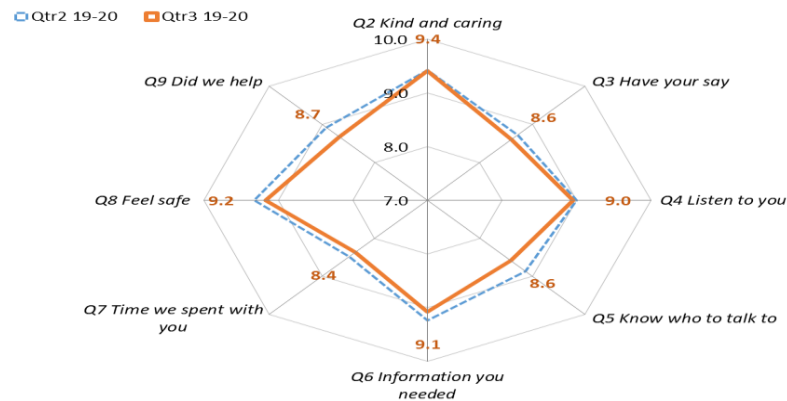
Lowest Scored question

7. Were you happy with how much time we spent with you?

Overall did we help?



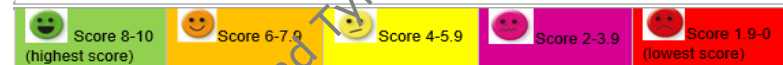
Points of You Analysis of Responses (score out of ten)



Analysis of Quarter 3 2019/20 PoY scores by locality across all questions

	Number of Responses Qtr3 (Qtr2)	Q2 - Kind and caring	Q3 - Have your say	Q4 - Listen to you	Q5 - Know who to talk to	Q6 - Information you needed	Q7 - Time we spent with you	Q8 - Feel safe	Q9 - Did we help
Trust	1,608 (1,743)	9.4 ↔	8.6 ↓0.1	9.0 ↔	8.6 ↓0.3	9.1 ↓0.1	8.4 ↓0.1	9.2 ↓0.1	8.7 ↓0.2
North Locality Care Group	387 (432)	9.3 ↑0.1	8.4 ↔	8.7 ↔	8.6 ↑0.1	9.0 ↔	8.2 ↔	9.1 ↓0.1	8.5 ↓0.1
Central Locality Care Group	475 (519)	9.3 ↓0.1	8.3 ↓0.3	8.8 ↓0.2	8.2 ↓0.5	8.9 ↓0.1	8.1 ↓0.3	8.9 ↓0.4	8.4 ↓0.4
South Locality Care Group	743 (789)	9.5 ↓0.1	8.9 ↔	9.2 ↔	8.8 ↓0.4	9.3 ↓0.3	8.6 ↓0.1	9.4 ↔	9.0 ↓0.2

Key:




Score has improved (compared to last quarter)





Score has deteriorated (compared to last quarter)


- Compared with last quarter, there has been little change in total scores achieved
- The South locality received a higher volumes of responses than the other localities. North was the only locality to receive fewer responses.
- The South locality generally scores higher than the other localities, but saw largest decreases in scores for question 5 and 6
- The largest drop in score for any question was for question 5 in the central locality, which saw the largest reduction in scores across questions.
- Variation between localities may relate to differences in the type of services provided.
- Child and adolescent mental health wards receive the lowest set of scores (based on 3 responses)

PoY Patient Demographics (Q3 2019/20)

	Respondent	% Respondents	FFT recommend score (Q1.) %
	Service user / Patient	69	89
	Carer/Relative/friend	24	87
	Both	1	94
	Not Answered	5	91

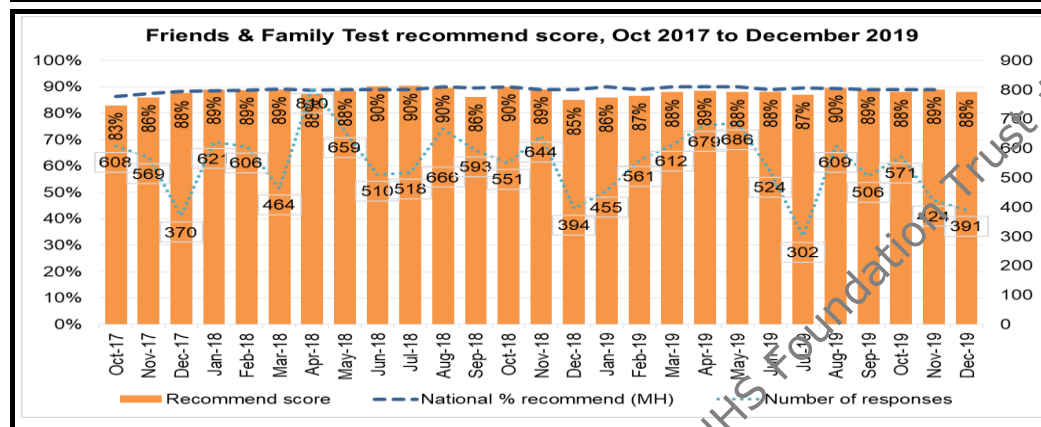
	Gender	% Respondents	FFT recommend score (Q1.) %
	Male	45	89
	Female	51	88
	Other	0	0
	Not Answered	4	85

	Ethnic Group	% Respondents	FFT recommend score (Q1.) %
	Asian / Asian British	2	86
	Black / African/ Caribbean / Black British	1	85
	Mixed / Multiple ethnic	1	62
	Other ethnic group	1	50
	White	90	89
	Not Answered	6	85

	Age group	% Respondents	FFT recommend score (Q1.) %
	0-18	3	74
	19-24	2	82
	25-34	10	86
	35-44	14	84
	45-54	16	86
	55-64	16	90
	65-74	14	94
	75-84	12	95
	85+	6	89
	Not Answered	8	87

Please note that other factors will affect these results such as differences in the type of service being reviewed. Respondents who didn't complete the monitoring information generally give less positive feedback.

Would you recommend our services?



Themed Comments						
Common theme categories (change on previous qtr)	Negative themes		Positive themes		Total Themes	
	number	change	number	change	number	change
Values and Behaviours	38	-2	871	-165	920	-169
Patient Care	91	-19	541	-98	674	-132
Communications	52	-1	100	-79	164	-81
Facilities	13	-14	46	-33	65	-53
Appointments	11	-3	13	-6	29	-10
Waiting Times	30	-5	8	-2	43	-11
Total	272	-56	1603	-394	1984	-477

A total of 1,984 themed comments were received during Quarter 3, 1,603 (81%) of these were judged as positive/ complimentary

Values and Behaviours accounted for 54% of all positive comments

The 328 negative comments received were categorised across a much broader number of themes. Negative comments mainly focused on waiting times and communication

Gender Dysphoria Survey

The Northern Region Gender Dysphoria Service is the only exemption to the Trust-wide Points of You service users and carer experience programme. The service uses a survey developed nationally with all other Gender Dysphoria service in England.

During Quarter 3 2019/20 the Northern Region Gender Dysphoria Service received 18 surveys (all for December 2019). All responses were positive (rating extremely likely or likely) for 9 out of the 9 questions.

Compliments and Thank Yous

During Quarter 3, 164 thank yous and compliments were received via Points of You and from other routes (including Chatterbox). There were 143 compliments received during Quarter 2.

NHS website, Care Opinion & Healthwatch reviews

The three main websites for service users and carers to leave feedback are the NHS website (previously known as NHS Choices), Care Opinion and Healthwatch (Newcastle/ Gateshead/ North Tyneside and South Tyneside).

Hospital Site	Star Ratings for Q3
CNTW (total for Trust)	★★★★
Longbenton	★
Benton House	★
Walkergate Park	★★★★
Greenacres	★★★★★
Dryden Road Clinic	★★★★★

During Quarter 3 2019/20 the Trust received 9 comments through these sites (6 comments were positive and 3 negative). This volume of feedback is similar to previous quarters and the proportion of positive feedback is variable.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 5th February 2020

Title and Author of Paper:

Annual Report on Safe Working Hours (Jan to Dec 2019) : Dr Clare McLeod (Trust Guardian)

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Annual Report - Jan to Dec 2019
- Guardian is nationally and locally linked with other Trust Guardians
- Increase in Trainees moving to 2016 Terms & Conditions of Service
- Increase in Exception Reports from 36 in 2018 to 69 in 2019
- Increase in IR1s submitted for Insufficient Medical Handover from 17 to 88
- Increase in the number of times Emergency Rota cover from 55 in 2018 to 70 in 2019

Risks Highlighted to Board :

- 69 Exception Reports raised during the year with TOIL being granted for 42 due to hours and rest, and no action for 7 case. Payment was made to 15 trainees. 5 cases remain open for a discussion.
- 15 Agency Locums booked during the period covering vacant posts and sickness
- 493 shifts lasting between 4hrs and 12hrs were covered by internal doctors
- On 70 occasions during the period the Emergency Rotas were implemented
- 88 IR1s submitted due to insufficient handover of patient information

Does this affect any Board Assurance Framework/Corporate Risks? No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: None

Link to Policies and Strategies: None

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ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS IN TRAINING – January to December 2019

Executive summary

All new Psychiatry Trainees and GP Trainees rotating into a Psychiatry placement from 2nd August 2017 are on the New 2016 Terms and Conditions of Service. There are currently 127 trainees working into NTW with 117 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 22 trainees employed directly by NTW working as Trust Grade Doctors or Teaching Fellows. (Total 149).

Introduction

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

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

High level data

Number of doctors in training (total): 127 Trainees (at December 2019)

Number of doctors in training on 2016 TCS (total): 117 Trainees (December 2019)

Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity

Admin support provided to the guardian (if any): Ad Hoc by MedW Team

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

Trust Guardian of Safeworking: Dr Clare McLeod

Exception reports (with regard to working hours)

		Exception Reports Received					
Grade	Rota	Q1	Q2	Q3	Q4	Total Hours & Rest	Total Education
CT1-3	Gateshead	5	10			15	
CT1-3	St George's Park	4	6	6	1	17	
CT1-3	NGH	1	8	1	4	14	
CT1-3	RVI	2	4			6	
CT1-3	St Nicholas		1		1	2	
CT1-3	Hopewood Park			2	10	12	
ST4+	North of Tyne		2		1	3	
ST4+	SOT						
ST4+	CAMHS						
Total		12	31	9	17	69	0

Work schedule reviews

During the year there have been 69 Exception Reports submitted from Trainees all for hours and rest throughout 2019; the outcome of which was that TOIL was granted for 42 cases, 7 no action required and payment was made on 15 occasions. 5 cases remain open.

Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rota's are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

a) Locum bookings

i) Agency

Locum bookings (agency) by department				
Specialty	Q1	Q2	Q3	Q4
Neuro Rehab				
Hopewood Park			1	2
Gateshead	5			1
NGH		1		
RVI				
SNH				
CAMHS				
LD				
SGP		1	1	1
South of Tyne				
North of Tyne			2	
Total	5	2	4	4

Locum bookings (agency) by grade				
	Q1	Q2	Q3	Q4
F2				
CT1-3	5	2	4	4
ST4+				
Total	5	2	4	4
Locum bookings (agency) by reason				
	Q1	Q2	Q3	Q4
Vacancy	4	2	1	4
Sickness/other	1		3	
Total	5	2	4	4

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b) Locum work carried out by trainees

Area	Number of shifts worked Q1	Number of shifts worked Q2	Number of shifts worked Q3	Number of shifts worked Q4	Total for Year 2019	
SNH	20	8	13	31	72	
SGP	16	39	47	18	120	
Gateshead	13	14	26	24	77	
Crisis	5	10	2	n/a	17	
Hopewood Park	9	10	15	28	62	
RVI	2	1	18	14	35	
NGH	9	3	9	3	24	
North of Tyne	6	1	11	17	35	
South of Tyne	10	11	17	13	51	
Total	90	97	158	148	493	

c) Vacancies

Vacancies by month						
Area	Grade	Q1	Q2	Q3	Q4	
NGH/CAV	CT	1		2		
	GP	1				
	FY2				2	
SNH	CT	6		7	3	
	GP	2		1		
SGP	CT	16	1	21	8	
	GP	3				
RVI	CT	2		1		
	GP	2		2	1	
HWP	CT	8		13	5	
	GP	7		2		
	FY2	1				
Gateshead	CT	2	1	7	1	
	GP	5		1		
	FY2			2		

To note these training gaps have been filled by Teaching/Research Fellows & LAS appointments

d) Emergency Rota Cover

Emergency Rota Cover by Trainees					
		Q1	Q2	Q3	Q4
Vacancy			11	2	
Sickness/Other		1	12	16	30
Total		1	23	18	30

e) Fines

There were no fines during the last year.

Issues Arising:

The numbers of Exception Reports has increased from 2018, with 69 submitted in 2019 in comparison to 36 in 2018.

The majority of Exception Reports continue to be closed with TOIL. In 2019, 42 were closed with TOIL and 15 by payment for the extra hours.

There have been 88 IR1s submitted for Insufficient Medical Handover in 2019. In 2018, there were 17 IR1s in the period May-December; so this represents a relative increase.

The Trust was awarded £60,833.33 following the adoption of the BMAs Fatigue and Facilities charter, to be spent to improve the working lives of junior doctors.

There was an increase in the number of times Emergency Rota cover was necessary, from 55 in 2018 to 70 in 2019.

The number of shifts undertaken by internal doctors to cover rota gaps due to sickness, adjustments or gaps has increased very slightly from 482 in 2018 to 493 in 2019. However, there were bigger relative increases on the SGP rota (95 to 120) and the Gateshead/ Monkwearmouth rota (29 to 77).

Actions Taken to Resolve These Issues:

The numbers of Exception Reports received would be seen as moving towards a more representative picture. However, numbers remain lower than would be expected, most notably amongst higher trainees. There is a low rate of reporting generally, with reasons cited as trainees being concerned about potential repercussions, that it won't result in changes, uncertainty about the process, the time taken to complete the documentation as well as the continued culture of staying late.

The profile of Exception Reporting continues to be raised at Trust induction, through the forum and in meetings with trainees. We have looked to address the perceived barriers to reporting, by talking about the positive outcomes from Exception Reports (eg highlighting a busy post or change in workload which has been addressed with a successful supportive outcome), reminders of the process and provision of screen shots of how to complete the documentation and discussion about the guidance of when it is appropriate to submit an exception report.

The majority of Exception Reports continue to be closed with TOIL which is encouraging. The Guardian and the Medical Staffing team meet with trainees every month, arranged at times which coincide with teaching. These visits are rotated between SGP, CAV and HWP in addition to attendance at the trainee forum in Carlisle.

The number of IR1s for Insufficient Medical Handover at admission has increased in 2019 in comparison to 2018, with the numbers for each month being fairly stable (approximately 7-8 per month). Each report submitted is sent to the Guardian, the DME and to Medical Staffing.

The reports are reviewed and followed up by the DME and collated to share with clinical staff throughout the Trust and discuss at each GoSW forum, as well as updates to MSCs at regular intervals. The Guardian, with one of the core trainees, has met with the crisis teams in Sunderland and Newcastle / Gateshead to promote medical handover and update on progress made. We plan to meet with the Northumberland crisis team and the liaison teams as well as follow up our meetings to update teams on progress. The stability of numbers would seem to reflect the increasing completeness of reporting and the addition of reports from Cumbria (since October 2019) balanced with an overall fall in numbers of admissions without handover.

A working group has met three times, with a smaller group meeting a further twice to consider the best use of the £60,833.33 that the Trust was allocated having adopted the BMA Fatigue and Facilities charter. This has also been discussed at the GoSW forum and opinions of trainees sought by email. It was noted that some on-call facilities are better equipped than others and it has been agreed that providing equipment to improve all the on-call facilities so that they are all similarly equipped would be the best way to spend the money to the benefit of all trainees. Medical Staffing have collated information about the equipment in each on-call facility and we plan to purchase futons/sofa-beds for rest periods, televisions, lap tops and coffee machines. We are in the process of costing these items and will plan thereafter how to spend any surplus in advance of the end of the financial year.

Emergency rota arrangements come into place if there is a gap in the on-call rota that is not filled by lunchtime on the day of the shift. I am confident that Medical Staffing make every effort and spend considerable attention and time to try to fill vacant shifts but sometimes this does not prove possible. On the occasions when this does occur, the other members of the on-call team are informed as well as the night coordinators; in addition following feedback from trainees, the ward managers will now also be informed so that they can help in prioritisation of work and Medical Staffing will give trainees notice in advance that there is a possibility of the emergency rota arrangements being implemented. On every occasion that the emergency rota arrangements are necessary, there is a monitoring process to ensure that patient care is not compromised and to date there have been no concerns raised about patient safety. Emergency rota arrangements are monitored and discussed through the GoSW forum and there are now discussions taking place about alternatives to the on-call arrangements which would serve to avoid such situations altogether and also provide additional training opportunities which will be explored further in a working group.

Summary

Work is ongoing to increase the completeness of Exception Reporting and change the culture of under-reporting. It is encouraging to see the increase in numbers of Exception Reports over the last year. We will continue to encourage trainees to report episodes of Insufficient Medical Handover and promote good practice and feed back progress to clinicians throughout the Trust. I hope that the stability we have seen in this year will progress to an actual fall in numbers of reports submitted and for the balance to shift with continued more complete handover but with a reduction in numbers of episodes.

The process of allocating the funds from the BMA Fatigue and Facilities charter is progressing well and we expect that the orders will be made for new equipment to improve and standardise the on-call facilities throughout the Trust in advance of the next financial year.

I am confident that all efforts to avoid emergency rota arrangements are in place, and the process remains under review. There have been no risks to patient safety as a result of implementing the emergency rota, but these shifts are stressful to trainees. As a result of recent feedback, some additional changes have been made to reduce this stress. Consideration is being made to a change to the on-call rotas which potentially would provide additional training opportunities as well as reduce the need for the emergency rota arrangements.

Clare McLeod
Guardian of Safe Working for CNTW
January 2020

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Board of Directors

Meeting Date: 4th February 2020

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 9 December 2019) – Alison Paxton, Commissioning & Quality Assurance Manager

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

1. This report provides an update of Commissioning & Quality Assurance issues as at 31st December 2019. Please note this report contains both North Cumbria and Pre 1st October Services data.
2. Pre 1st October services - The number of people waiting more than 18 weeks to access services has increased to 50 from 42 last month in non-specialised adult services. Children's community services have also seen an increase in waits for all areas with the exception of Northumberland.

North Cumbria Services – The number of people waiting more than 18 weeks is reported at 21 from 20 last month in non-specialised adult services. Children's community services have also seen an increase in waits to treatment in the month.
3. There has been one Mental Health Act reviewer visit report received since the last report relating to Rose Lodge (Learning Disability/Autism ward). There were actions which had been resolved along with actions which remain unresolved from a previous visit.
4. The confirmed November 2019 sickness figure across CNTW is 5.90%. The provisional December 2019 sickness figure is 6.06%. The 12 month rolling average sickness rate has increased marginally to 5.69% in the month.
5. At Month 9 the Trust has a surplus of £1.8m which is £1.4m ahead of plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total. Agency spend is £7.2m including £0.8m spend regarding North Cumbria. The forecast agency spend is £10.3m including £1.6m regarding North Cumbria. The NHSI allocated agency ceiling of £7.9m was set for pre 1st October services. Year to date pre 1st October services spend is £0.5m above the trajectory and forecast spend is £0.8m above the agency ceiling. The Trust's finance and use of resources score is currently 2 and the forecast year-end risk rating is 2.
6. Out of area treatment bed days have increased in the month with a total of 344 reported across CNTW for December 2019. A total of 338 days relate to pre 1st October services and 6 days relating to North Cumbria services.
7. The number of follow up contacts conducted within 7 days of discharge has decreased in the month and is reported trustwide below standard at 92.8%.
8. The number of follow up contacts conducted within 72 hours is reported above standard at 84.4% across CNTW.

9. A change has been implemented to the way in which training requirements are set on the CNTW dashboards. These are now set and maintained by the CNTW Academy based on employee position, team and service type. This has enabled the inclusion of training records for the staff based in North Cumbria into the dashboards. Ongoing monitoring is taking place during the transition to the new recording and reporting process.

Risks Highlighted: waiting times, sickness and out of area treatments

Does this affect any Board Assurance Framework/Corporate Risks: Yes

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

Link to Policies and Strategies: NHS Improvement – Single Oversight Framework, 2019/20 NHS Standard Contract, 2019-20 Planning Guidance and standard contract, 2019-20 Accountability Framework

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1. Executive Summary:

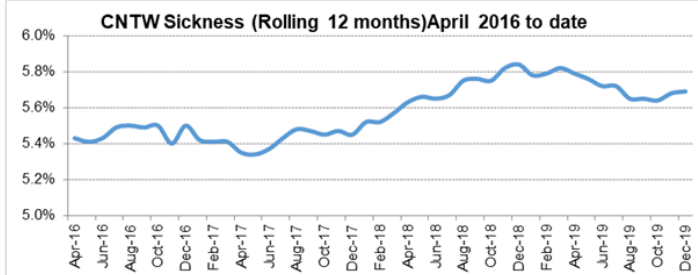
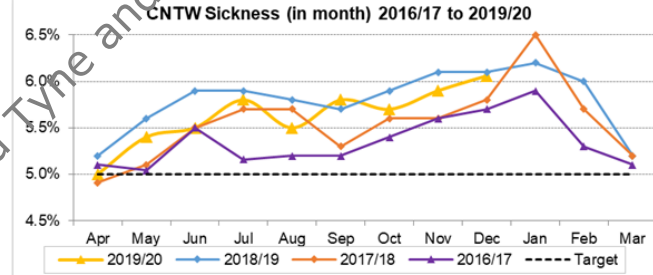
- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There has been one Mental Health Act reviewer visit report received since the last report relating to Rose Lodge (Learning Disability / Autism ward), five partially resolved or unresolved issues remain from a previous visit relating to the following:
 - There were issues with the completion of capacity assessments although there was now mandatory training in the Mental Capacity Act.
 - There are delays in a patient accessing an inpatient bed.
 - There were restrictive care plans that had not been reviewed as planned.
 - There continues to be issues with delays to patients' discharge.
3. The Trust did not meet all local CCG's contract requirements for month 9 and quarter 3. The areas of underperformance relate to CPA metrics within Durham & Tees and North Cumbria CCG's. The numbers entering treatment within the IAPT service was not achieved in Sunderland (482 patients entered treatment against a target of 691) however Sunderland IAPT service users moving to recovery rate was 51.3% for the month which is above the 50% standard.
4. The Trust did not meet the requirements for month 9 and quarter 3 within the NHS England contract. The underperformance relates to the percentage of patients with a completed outcome plan and the number of current services users with HONOS secure recorded within 3 months of admissions.
- 5 All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 3 with the exception of improving data submitted to the Mental Health Services Dataset (MHSDS) and Alcohol and Tobacco brief advice which have been rated as amber.
- 6 There are 71 people waiting more than 18 weeks to access services this month in non-specialised adult services. There are 50 for pre 1st October services (42 reported last month), and 21 in North Cumbria (20 reported last month). Within children's community services there are currently 853 children waiting over 18 weeks to treatment.
- 7 A change has been implemented to the way in which training requirements are set on the CNTW dashboards. These are now set and maintained by the CNTW Academy based on employee position, team and service type. This has enabled the inclusion of training records for the staff based in North Cumbria into the dashboards, where appropriate. Ongoing monitoring is taking place during the transition to the new recording and reporting process.
- 8 There is an identified data quality issue relating to the requirements for local induction training which is currently being addressed and improvement is expected for Quarter 4.

- 9 Reported appraisal rates have not been achieved this month and are reported at 84.1% Trust wide against an 85% standard which is an increase from 83.2% last month
- 10 Clinical supervision training is reported at 71.3% for December against an 85% standard. Training is currently being delivered to the staff in North Cumbria and the data is beginning to be reported via the CNTW dashboards
- 11 The confirmed November 2019 sickness figure is 5.9%. This was provisionally reported as 5.92% in last month's report, highlighting an ongoing issue with delayed recording. The provisional December 2019 sickness figure is 6.06%. The 12 month rolling average sickness rate has increased to 5.69% in the month. The data for December includes North Cumbria services whose reported in month sickness was 4.85% an increase from 4.26% last month.
13. At Month 9 the Trust has a surplus of £1.8m which is £1.4m ahead of plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total. Agency spend is £7.2m including £0.8m spend regarding North Cumbria. The forecast agency spend is £10.3m including £1.6m regarding North Cumbria. The NHSI allocated agency ceiling of £7.9m was set for pre 1st October services. Year to date pre 1st October services spend is £0.5m above the trajectory and forecast spend is £0.8m above the agency ceiling. The Trust's finance and use of resources score is currently 2 and the forecast year-end risk rating is 2.

Other issues to note:

- There are currently 19 notifications showing within the NHS Model Hospital site for the Trust
- The number of follow up contacts conducted within 7 days of discharge has decreased in the month and is reported trust wide below standard at 93.6%.
- The number of follow up contacts conducted within 72 hours is reported above standard at 89.3% across CNTW.
- There were a total of 392 out of area bed days reported in December 2019 relating to twenty six patients across CNTW services. This related to 338 inappropriate days for Pre 1st October services and 6 inappropriate days for North Cumbria services. A total of 54 bed days were appropriately placed across CNTW
- The service user and carer FFT recommend score is at 88% this month which is just below the national average of 89%.
- There has been an increase in the number of clusters undertaken at review in December 2019 and is reported above standard at 87.0% against an 85% standard for Pre 1st October services. North Cumbria services is reported at 60.9%. For CNTW the overall standard is reported below standard at 80.6%.
- The latest published Data Quality Maturity Index Score (DQMI) relates to September 2019 and is reported at 93.4% which remains in line with August's score. This data relates to pre 1st October services only. Work continues to review this data internally.

Regulatory	Single Oversight Framework							
	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:	2
	CQC							
	Overall Rating	Number of "Must Dos"	There has been one Mental Health Act reviewer visit report received since the last report relating to Rose Lodge (Learning Disability/Autism ward). There were actions which had been resolved along with actions which remain unresolved from a previous visit.					
Outstanding	3							
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:							
	NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	North Cumbria CCG
	94%	100%	100%	100%	100%	93%	50%	40%
	Contract Summary: Percentage of Quality Standards achieved in the quarter:							
	94%	100%	100%	100%	100%	93%	75%	30%
	CQUIN - Quarter 3 internal assessment RAG rating:							
	Staff Flu Vaccinations	Alcohol and Tobacco Brief Advice	72 hour Follow Up Post Discharge	Improving Data Quality Reporting/ Interventions	Use of specific Anxiety Disorder measures within IAPT	Healthy Weight in Secure Services	CAMHS Tier 4 Staff Training Needs	Local Neuro-rehabilitation Inpatient Training
All of the CQUIN scheme requirements have been internally assessed as achieved at Quarter 3 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS) and alcohol and tobacco brief intervention which have been rated as amber.								
Internal	Accountability Framework							
	North Locality Care Group Score: December 2019		Central Locality Care Group Score: December 2019		South Locality Care Group Score: December 2019		North Cumbria Locality Care Group Score: December 2019	
	4	The group is below standard in relation to CPP metrics	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to CPP metrics
	Quality Priorities: Quarter 2 internal assessment RAG rating							
	Improving the inpatient experience		Improve Waiting times for referrals to multidisciplinary teams		Equality, Diversity and Inclusion		Evaluating the impact of staff sickness on Quality	

Waiting Times					
The number of people waiting more than 18 weeks to access services has increased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has also increased in month 9. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.					
Workforce	Statutory & Essential Training:				Appraisals:
	Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Fire training (83.3%), Medicines Management training (81.9%), Rapid Tranquilisation training (83.7%) and Dual Diagnosis training (77.0%) are within 5% of the required standard. Information Governance (89.2%), PMVA basic training (73.6%), MHA combined training (68.7%), MHCT Clustering Training (60.7%), Clinical Risk training (71.3% and Clinical supervision training (71.9%) are reported at more than 5% below the standard. These figures now include North Cumbria staff	Appraisal rates have increased to 84.1% in December 2019 (was 83.2% last month).
	8	4	6		
Sickness Absence:					
				The provisional “in month” sickness absence rate is above the 5% target at 6.06% for December 2019	
				The rolling 12 month sickness average has increased to 5.69% in the month	
Finance					
	At Month 9, the Trust has a surplus of £1.8m which is £1.4m ahead of plan. The Trust is ahead of plan due to income being higher than plan. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total.				
Agency spend is £7.2m including £0.8m spend re Cumbria and forecast agency spend is £10.3m including £1.6m re Cumbria. The NHSI allocated agency ceiling of £7.9m was set for NTW services. Year to date NTW spend is £0.5m above the trajectory and forecast spend is £0.8m above the agency ceiling. The Trust’s finance and use of resources score is currently a 2 and the forecast year-end risk rating is a 2.					

Financial Performance Dashboard

CNTW Income & Expenditure

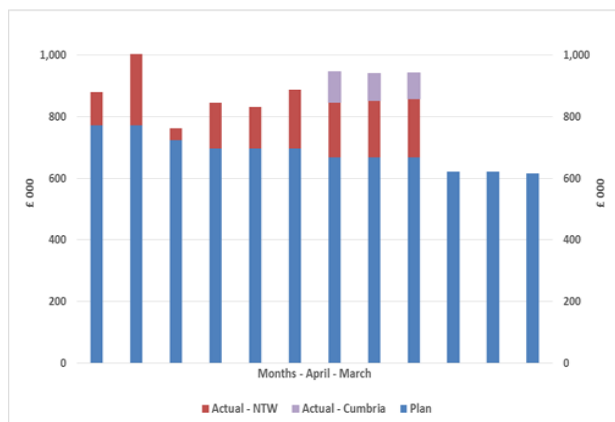
	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income	262.7	261.5	1.2
Pay	(208.3)	(208.7)	0.4
Non Pay	(54.0)	(51.0)	(3.0)
Surplus/(Deficit)	0.4	1.8	(1.4)

Control Totals

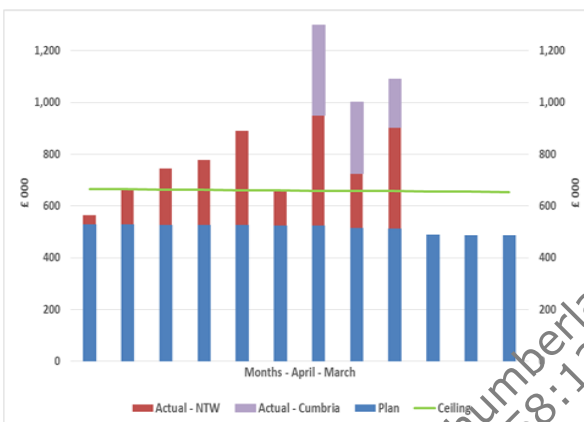
	YTD Budget £m	YTD Actual £m	YTD Variance £m
North	17.4	17.5	(0.1)
Central	14.5	15.1	(0.6)
South	22.2	23.0	(0.8)
North Cumbria	3.0	3.5	(0.5)
Central Depts	(56.7)	(57.3)	0.6
Surplus/(Deficit)	0.4	1.8	(1.4)

Key Indicators	Current	Fore- cast
Risk Rating	2	2
Agency Spend	£7.2m	£10.3m
FDP Delivery	£7.1m	£10.4m
Cash	£29.4m	£18.4m
Capital Spend	£7.3m	£12.4m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £1.8m surplus at Month 9 which is £1.4m ahead of plan. This is due to income being above plan.
- Control Total - The Trust is forecasting delivery of its £2.6m Control Total.
- Risk Rating - The Use of Resources rating is a 2 at Month 9 & the forecast year-end rating is also a 2.
- Pay Costs are £0.4m above plan at Month 9. Bank and agency costs need to reduce to get back in line with plan.
- Agency Spend - Agency ceiling is £7.9m in 19/20 for pre 1st October services. Spend at Month 9 is £7.2m (including £0.8m re North Cumbria) and forecast spend is £10.3m (including £1.6m re North Cumbria). Pre 1st October Month 9 spend is £0.5m above the ceiling trajectory and pre 1st October forecast spend is £0.8m above ceiling.
- Financial Delivery Plan - Savings of £7.1m have been achieved at Month 9 which is in line with plan.
- Cash - £29.4m at Month 9 which is £13.3m above plan.
- Capital Spend - £7.3m at Month 9 which is £1.8m below plan.

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

	02/12/2019		09/12/2019		16/12/2019		23/12/2019		30/12/2019	
Medical	118	56	118	51	118	56	118	56	129	56
Qual Nursing	223	12	226	8	226	15	202	14	229	9
Unq Nursing	931	25	931	25	900	20	845	20	1,389	35
A&C	121		114		114		80		83	
Total	1,393	93	1,389	84	1,358	91	1,245	90	1,824	100

In December the Trust reported an average of 92 price cap breaches (55 medical, 12 qualified nursing and 25 unqualified). At the end of December 12 medics were paid over the price cap.

CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 5th February 2020

Title and Author of Paper: Quarterly Visit Feedback Themes Q3
October 2019 to December 2019, Johanne Wiseman, PA to Executive Director of Nursing and Chief Operating Officer, and Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

To provide an update to the Board of Directors on visit reports that have been received from Senior Managers for the period October to December 2019, including any outstanding visits not included in the previous update. A list of all areas visited is available at appendix 1 and copies of individual reports are available by contacting Johanne Wiseman, PA to Gary O'Hare.

Discussions are taking place with a review to improving the process and documentation used for reporting feedback from visits to enable to Board to gain more insight from the reports.

Risks Highlighted: None

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: None

Outcome Required / Recommendations: Board of Directors are asked to receive this report for information.

Link to Policies and Strategies: Staff and Patient Engagement

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Service Visit Feedback

Key Findings / Impressions from the Visit:

The ward, whilst large, felt warm, inviting and calm. The service users were taking part in their community meeting when I arrived and later took part in an exercise class. The ward manager talked fondly about the team and the support they received personally from the management team. Cleadon is a busy functional older people's unit and currently there are eight service users from out of locality. We discussed how it is more difficult to support home leave and early discharge for those out of locality service users and felt this could be improved through greater earlier engagement with the community teams. We also discussed the change in clinical case mix which has increased the need for one-to-one observations, and how the unit would benefit from more anti-ligature bedrooms as currently there are only four in the 18 bedded unit. This is an issue that the ward manager will progress with the management team.

Met with a few staff members and discussed their work with patients with predominantly complex needs and high usage of services. They describe how, over time, they had noticed a reduced skill mix. Caseload includes 10% of all patients under community treatment orders within the Trust. We also discussed the impact that austerity has had on social services, e.g. that the team have had to complete the social circumstances report under the Mental Health Act. The team have also noticed the impact of pressures within the Community Treatment Teams, e.g. when transferring care and the impact of experienced staff retiring.

I would like to thank the team for a very friendly and welcome visit. The ward manager has been in post since February and described how they enjoyed and valued the committed MDT on the Unit. I was impressed with the environment on Mowbray, it was clean, fresh and inviting, just as the day it opened. The ward was very busy on the day of the visit, but all service users seemed calm and engaged with activities and staff eager to help and support their needs. The ward manager highlighted no significant issues or concerns and they reported good support to themselves personally within the CBU.

Informative visit, spoke to a number of the ward team plus physios who are assigned to the ward. A number of issues with the environment were explained, though these are known across the management team, e.g. the hoists do not fit under the baths, general maintenance of bathrooms. The team have had some external support due to two staff deaths in service over the past year.

Service provides a range of psychological therapies across a number of modalities, including CBT, CAT, Psychotherapy, Family Therapy, and the PD Hub. The service is located alongside Gender Services. Had the opportunity to meet the Clinical Manager, Pathway Manager, clinical leads and senior clinicians. A very welcoming team with an immeasurable passion for their services. We discussed the commissioning review that has been undertaken over the last three years and I was told that commissioners have now agreed this and the next stage of work will begin which will see a revised service specification and KPIs being formulated.

Staff on ward in good spirits about the transfer into CNTW. No issues or concerns have been raised to the ward manager. Looking forward to being set up on the IT systems. Talked to a number of staff who were very positive about the service users, the ward, and the management structure. Low staff turnover. Mixed sex ward.

Acorn Ward has been given notice to close (31st October 2019). There are only five service users remaining on the ward and there are plans to move them over the next couple of weeks. Qualified staff have been informed where they are being redeployed but unqualified staff are yet to be told. There is a general feeling of 'grief' on the ward due to the closure and the ward manager is finding it difficult to motivate the ward team at the moment.

Alnmouth is a 19 bed female acute inpatient ward on the St George's Park site. The building is bright and welcoming, with displays produced by staff and service users on the walls. There is very strong multidisciplinary working, with contributions across professions highly valued. The 5Ps formulation

approach (with new language) is used in the 72 hour meetings and is found to be very helpful. Good use is made of the two enclosed gardens for exercise and social activities, and an activity worker has made a big impact by providing group work and supporting Talk 1st initiatives. It is hoped that a second activity worker can be recruited. Additional admin support is also needed to reduce the admin undertaken by the ward manager.

The physiotherapy team at Monkwearmouth cover 13 wards (including Hopewood Park, Brooke House and Rose Lodge). The service assesses all patients admitted to the Older Peoples services and accepts email referrals from adult services. The older people admissions are identified each morning and seen on the same day. Following an assessment where equipment is needed it is provided on the same day and each patient is seen daily during the admission as indicated from assessment. Additional support is provided in groups working on improving balance and it is hoped that adapted Tai Chi classes will start very soon. The team of seven staff (eight when fully staffed) will be completed when the currently vacancy is filled shortly. Once this is achieved further development of service offered will take place.

The facilities that the team use are very modest, and the team shares a large office space with other professionals and noise is an issue at times. In addition, the room is very cold and there is no power due to a leaking roof. I understand that the Estates Department have been trying for some time to improve this without success so far. Other issues are the space available for the Balance group sessions as this is in a multiple use meeting room which only enables four patients to attend when the optimum size of the group is six. In addition is the loss of specialist treatment facilities such as a plinth / treatment room has comprised some of the therapeutic work which is offered.

The management of the service seems to be very effective in that patient identification, assessment and treatment works smoothly and effectively. Entry of information onto Rio is not easy and work is ongoing to improve this. The physiotherapy work is evidence based and outcome measures are in place for all patients. Group outcome measures are reviewed every six weeks and at discharge. These are discussed and audited to ensure ongoing improvement of service provision. The staff clearly feel well supported and part of a cohesive team, and access to staff development and encouragement of initiatives is appreciated.

It is notable that the physiotherapists feel strongly about the fact that a patient may go from daily therapy whilst an inpatient to no therapy at all after discharge. They feel that they have battled to be allowed to provide one or two follow up sessions in the community but are not funded to provide more, or support into day services even nearby. They also think the service they provide to adult inpatients could be more like that for the older group. It should be noted that there are other professionals, e.g. exercise therapists who work in a similar but different domain. There is also little (profession specific) communication across geographical areas other than at a senior level. One shared learning event is arranged each year.

This is a team who are effective and cohesive who are very keen to improve and extend what they do. The constraints of estates and other proactive support services do seem to hamper what they do but they are admirably motivated and clearly enjoy their work, one member saying 'this is the best team I have ever worked in'.

An innovative team which clearly demonstrates the values of the organisation, placing high quality, compassionate, patient centred care at its heart.

Regional Communications Aid Service – small team of 11 therapists, clinical scientists, technologists, assistant practitioners and admin staff. One of 13 NHSE funded hubs which receives referrals from SALTs and other HCPs from across the NENC area. They offer advice and interventions to support communication in people with complex needs who have limited speech, on a hub and spoke model. Following assessment, clients receive equipment on loan with ongoing support from local SALT. They also deliver training to local SALT teams to increase awareness and improve skills.

Environmental Controls Service – small team of five (clinical engineer, OT, clinical technologist, rehab technician, technical instructor plus admin staff). Offers assistive technology to promote

independence and control over home environment. Links with community OTs and social care. High degree of dependence on social care partners.

Key challenges for both teams include recruitment of clinical technologists; team capacity to meet increasing referrals whilst maintaining / improving quality delivery; IT infrastructure support: databases, networks, mobile device management; travel time: geographical dispersion of clients can mean up to six hours travelling time per day for staff.

Clearbrook Ward is a female HDU which covers patients from the age of 18 to 65, although they have had a few patients over the age of 65. The patients on Clearbrook have complicated presentations with most having comorbid problems, including personality disorder and drug and alcohol problems. The ward also have a number of ladies with physical health difficulties. The ward has a full multidisciplinary team which includes a psychologist, occupational therapist, activity co-ordinator, peer support worker and consultant psychiatry input. There have been some vacancies within the nursing establishment, however this has recently improved. The patient group is complicated with a number who were initially placed out of locality and have now come back with individual care packages. The ward is full most of the time and the majority of patients are under the Mental Health Act (the only patient who is currently not under the mental health act is due to the fact that they are on an end of life pathway at present). The ward links well to the local community and the occupational therapist has close links with local schools and St Paul's Church.

Very complex and challenging client group, one client with an autism diagnosis has been in Long Term Segregation for 18 months as they are unable to be safely managed with other clients. Currently seven patients on within eyesight observation with 11 staff on duty. Excellent MDT Daily Review Meeting each client comprehensively discussed, both risks and risk management explored. Client being supported in Acute Care again creating ongoing challenge for staffing resources.

Complexity and acuity of current patient group and system pressures on beds. Benefits of the care environments to meet individual needs and for those requiring Long Term Segregation. Staffing issues and challenge associated with the geographical location of the services. Plans to move Alnwood across would facilitate a CYPs Centre of Excellence, this might assist with recruitment and also assist with staff support and response. The breadth and strength of multi-disciplinary team working including education on site. The excellent level of involvement and partnership with the Children and young people.

An excellent and informative visit to Wear Recovery where I had the opportunity to meet many members of staff and to look around all the office space. I also had the pleasure of observing a number of patient interactions from the receptionist to clinical staff. Recent changes to the leadership team have provided opportunities for development at a variety of levels, and there is a wide range of professionals working within the team and their MDT approach is well established.

The team are working as partners within the new partnership model with Human Kind and Changing Lives, and they are co-located and work as an integrated team, which has taken time in order to establish trusting relationships and in aligning policy and procedure through three different organisations.

There have been significant challenges with recruitment and as the recent centralised recruitment campaign was unable to identify staff suitable or choosing to work in Addictions it has been agreed to undertake a bespoke campaign.

Office accommodation is very cramped and unsuitable for its current purpose and numbers of staff based there. There is very limited storage space and limited parking for both staff and clients and parking costs are quite significant. The Trust has tried to negotiate charges with the council but this was not supported and therefore staff try to ensure visits are carried out in such a way as to reduce travel time and parking costs, although this cannot always be done. We discussed the opportunities that a Skype hub could bring in terms of reducing travel, parking costs, and engaging staff.

Service Users / Carers / Families Experience

I heard that the service has a low level of complaints and that 12 Points of You forms submitted in September showed a 100% positive feedback. We discussed the expectations of service users and how sometimes because of the nature of an individual's presentation this can be at times, high. Complaints tend to be linked to service user complexity. I observed an interaction between a service user who was running late and reception staff whilst I was waiting to access the building, and the staff member was calm and respectful.

Patient centred approach with lots of activities occurring on the ward.

Spoke to several service users who were complementary about the facilities the teams and their care and treatment. Good engagement with families evident even though many live geographically distant from the North East of England.

I saw and heard how staff go above and beyond to support and help local residents and users, many service users have been coming for support for years and are well known. Staff have supported many things such as collecting coats and clothes in winter, having food collections, when users have new accommodation staff have collected household items to support them moving in.

Safety / Effectiveness / Caring

Patient centred approach whilst dealing with a CTO recall.

Some safety issues raised in respect of the unsuitable hoists.

As well as providing direct clinical services (provides lead professionals for about 50% of CBT caseload that attends the centre), it functions as an augmenting service also and is increasing the amounts of scaffolding available to other services. Excellent awareness of risk management. We also discussed the management of referrals to the service reflecting on a particularly difficult case as an example.

The ward manager explained some of the difficulties managing a mixed sex ward, including how there are often bedroom changes depending on the sex of an admission to the ward.

Service activity currently assessed via process measures but seeking to move towards more clinical outcomes. Interventions can be transformative for client's lives and activities of daily living. Can deliver bespoke packages, either by adapting existing technologies or developing novel approaches. The communications aids and environmental controls teams are working more closely together as the respective technological solutions are converging into single devices.

Great use of positive and safe techniques.

Staff Health and Wellbeing

Very supportive team.

Ward struggling with staffing levels with a number of staff (particularly qualified) absent from work. The Ward Manager took a call from a member of qualified staff when I was there who was ringing in sick for a shift that night. There was an expectation that she would cover the night shift if nobody was available to cover.

Two deaths in service and the death of a member of staff's daughter-in-law the previous week have resulted in support from Team Prevent and internal psychology team.

Subsequent dashboard review of sickness for the centre, excluding PD service, is commendable at less than 3%.

Relatively low sickness absence. Variety of shifts in place to support flexible working.

Ward staff feel let down with the closure and their perception that communication and support has been poor throughout.

Highly skilled and specialist staff group. Opportunities for flexible working are provided to support staff well-being and also to accommodate the travel requirements and schedules of service users. Staff deliver service over core office hours but work flexibly to meet demands of the service. Staff sickness rates are notable due to the small team, one member of staff being absent leads to high sickness percentages. Staff's health and well-being is supported to make staff feel more valued. Team approach to support each other in dealing with complex cases.

The ward manager has a very supportive approach and a number of staff have recently been promoted.

Quality Improvements:

They are positive, flexible and exploring options such as non-medical prescribing; they find co-location with social services of benefit.

Environmental issues are known across the management team. Quality of décor and fittings poor in some of the areas.

I was made aware of an expected visit on the 3rd October from APPTS (a service development, quality improvement and accreditation network for services providing psychological therapies to adults in the UK). It is set against 56 standards informed by the CQC's KLOE. APPTS is run by a central team at the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society.

Monthly service development meetings.

They are also part of the Royal College of Psychiatrists pilot ensuring that patients feel safe from sexual abuse within the ward setting. As they are a Trustwide service they would like to utilise technology when they can, such as teleconference and Skype.

Well-Led

The ward manager and staff were informative and appeared to have a good relationship with service users.

There has been a tremendous amount of work done for this visit involving a range of self-assessment activities culminating in an accreditation visit. Accreditation will ultimately provide a high level of assurance against the requirements that services are safe, effective, caring, responsive to people's needs and well led. The service have a clear vision of what they wish to achieve. In addition, we discussed opportunities for provision of training both in house and university accredited across the range of modalities.

Ward manager advised that morale is high on the ward. There is low turnover and relatively low sickness absence.

Ward manager advised that morale and motivation is low on the ward and he has been supporting staff through the consultation process.

AAC Specialist Service leads meet nationally three times per year. Ad-hoc northern hub meetings. Representation on AAC Specialist Service working parties. Effective MDT approach to care delivery. Weekly and monthly staff meetings to support good communication / staff engagement and resolve

challenges. Interest from CQC during last inspection. Regular clinical supervision in place for therapists and technologists.

Issues to be Addressed

The team are considering re-auditing their work and linking with other, similar, teams across the Trust.

Core Professional – discussed the maintenance of original professional registration against subsequent qualification a psychological modality.

Another two issues raised in response to my queries of 'in an ideal world'

- Sub threshold activity – would be keen to develop wider pathway links, e.g. Eating Disorders, Forensic, Autism, particular for individuals who don't quite reach the threshold for accessing specialist service. Noted as a commissioning gap.
- Space – more space allocation, long standing matter.

Mixed sex accommodation issues.

Staffing is an ongoing problem due to vacancies, sickness and lack of continuity regarding medical cover. However, the latter has improved since there has been consultant input into the ward for half the week. The psychological therapist (working across acute and rehab wards) is on a temporary contract and it is hoped that this could be made permanent as her input is highly valued. An OT vacancy is also an important gap to be filled.

Developing links with local colleges and universities to raise awareness of services and promote career / employment opportunities within RCAS / RECS.

The ward manager did not cite any issues currently within the ward, but they are aware of the changing acuity of patients within the Hopewood Park site. There is a regular ward managers meeting where this is highlighted and discussed and there have been some systems put in place to help support staff, such as the post incident review system.

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APPENDIX 1

Name of Service	Date	Senior Manager
Wear Recovery, Sunderland	8 th August 2019	Sarah Rushbrooke
Ferndene (all Wards)	9 th August 2019	Vida Morris
Cleadon Ward, Monkwearmouth	9 th August 2019	Lisa Quinn
Step Up Hub, Jane Palmer Hospital	15 th August 2019	Dr Jonathan Richardson
Mowbray Ward, Monkwearmouth	28 th August 2019	Lisa Quinn
Akenside Ward, Centre for Ageing & Vitality	26 th September 2019	Lynne Shaw
Older Adult CMHT (Allerdale), Workington Community Hospital	1 st October 2019	Gary O'Hare
CMH Assessment & Recovery Team (Allerdale), Workington Community Hospital	1 st October 2019	Gary O'Hare
Children's Community LD Nursing Service (West), Workington Community Hospital	1 st October 2019	Gary O'Hare
Centre for Specialist Psychological Therapies, Benfield House	2 nd October 2019	David Muir
Oakwood Unit, Carleton Clinic	3 rd October 2019	Lynne Shaw
Acorn Unit, Carleton Clinic	3 rd October 2019	Lynne Shaw
Embleton, St George's Park	16 th October 2019	Vida Morris
Alnmouth Ward, St George's Park	22 nd October 2019	Dr Esther Cohen-Tovee
Physiotherapy, South of Tyne	31 st October 2019	Dr Carole Kaplan
Regional Communication Aids Services & Environmental Control Service	4 th November 2019	Tim Donaldson
Clearbrook, Hopewood Park	7 th November 2019	Dr Jonathan Richardson

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 5 February 2020

Title and Author of Paper: CQC Community Mental Health Survey 2019
Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- The purpose of this paper is to share with the board the results of the recently published CQC Community Mental Health Survey 2019 for both Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and Cumbria Partnership NHS Foundation Trust (CPFT).
- This report includes responses for both predecessor trusts: the former Northumberland, Tyne and Wear NHS Foundation Trust – referred to throughout this report as NTW; and Cumbria Partnership NHS Foundation Trust – referred to as CPFT. We are able to report the responses for NTW in greater detail.
- There are no questions where NTW performed worse than expected, and one question where CPFT scored worse than expected.
- There are seven questions where NTW scored significantly higher than expected, and none where CPFT's score was better than expected.
- The overall experience score for NTW increased to 7.3, the highest it has been. CPFT is 6.7, in line with the national average.
- The full results of the survey are to be considered by clinical services and improvement plans developed as appropriate.

Risks Highlighted to Board : none

Does this affect any Board Assurance Framework/Corporate Risks? No
Please state Yes or No
If Yes please outline

Equal Opportunities, Legal and Other Implications: none

Outcome Required: Paper for Information

Link to Policies and Strategies: n/a

CQC Community Mental Health Service User Survey 2019

1. CONTEXT

- 1.1 This report provides a high level analysis of the 2019 CQC Community Mental Health survey, published in November 2019¹. This mandatory national survey gathered information from over 12,000 adults who were in receipt of community mental health services between September and November 2018.
- 1.2 All 56 English providers of NHS Mental Health services were included in the survey and at 29% the response rates for both Northumberland, Tyne and Wear NHS Foundation Trust's (NTW, based on 245 total responses) and Cumbria Partnership NHS Foundation Trust's (CPFT based on 237 total responses) were slightly higher than the national response rate of 27%. Compared to the 2018 response rates, CPFT's increased and NTW's stayed about the same, when the national rate decreased.
- 1.3 This annual survey is a helpful national benchmarking analysis, and complements the findings of our internal service user and carer experience tool (Points of You) with a broader range of questioning. It also provides the opportunity to compare performance against previous years and track trends, and helps to evaluate long term progress in achieving our Quality Goal of "Working with you, your carers and your family to support your journey".
- 1.4 Trust level results are published as separate reports and the 2019 NTW and CPFT reports are available online²
- 1.5 The survey consists of 29 scored questions, organised into the following eleven sections:
 - Health and social care workers
 - Organising care
 - Planning care
 - Reviewing care
 - Crisis care
 - Medicines
 - NHS therapies
 - Support and wellbeing
 - Feedback
 - Overall views of care and services
 - Overall experience
- 1.6 Scores for each question are calculated out of ten, with 0 representing the worst possible result and 10 the best. Some questions are not applicable to all the service users receiving the survey.
- 1.7 CQC has highlighted that nationally areas identified as in need of improvement in 2018 have declined further. These include:

¹ <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2019>

² <https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2019/>

- Seeing NHS mental health services often enough – question 3, for which NTW's score improved slightly and CPFT's declined slightly
- Being given sufficient time to discuss needs and treatment – question 4, NTW's score improved and CPFT's score was stable
- Agreeing care to be received and being involved in the process – questions 11 and 12, NTW's scores were stable or declined, and CPFT's were improving or stable
- Being given help and advice with finding support with physical health needs, financial advice or benefits – questions 29 and 30, NTW's scores improved slightly for physical health needs but saw a large decline for financial advice or benefits, CPFT's scores were largely stable

See appendix 2 for more information on NTW's and CPFT's question scores.

- 1.8 NHS England use 15 of the 29 scored questions in the Community Mental Health Survey to produce Overall Patient Experience Scores. These scores are generally in line with the full results published by the CQC.

2. NTW & CPFT 2019 RESULTS

- 2.1 When comparing results with other providers, CQC identifies the best and worst performing trusts for each question and section. In contrast to previous years, an assessment at provider level was not published in the CQC 2019 report.
- 2.2 At individual question level, there are seven areas in 2019 where NTW performed better than other trusts to an extent that is not considered to be through chance. These questions are shown in appendix 1. In the 2018 survey NTW was in the best performing trusts for three questions.
- 2.3 There were no questions where NTW performed worse than expected for any questions, the same as last year.
- 2.4 Two questions considered better than expected in 2018 have returned to within expected ranges for NTW in 2019. These are:
 - Q9: **Do you know how to contact this person if you have a concern about your care?**
 - Q27: **Were you involved as much as you wanted to be in deciding what NHS therapies to use?**
- 2.5 Quantitative comments made by NTW survey respondents can be grouped into the following themes. Further details are in appendix 4. This information comes from the survey provider and is not currently available for CPFT respondents.
 - The quality of care provided
 - The values and behaviour of staff
 - Difficulty in accessing services
 - The shortage of staff affecting service quality and continuity of care
- 2.6 There were no areas in 2019 where CPFT performed better than other trusts to an extent that is not considered to be through chance. This is the same as 2018.

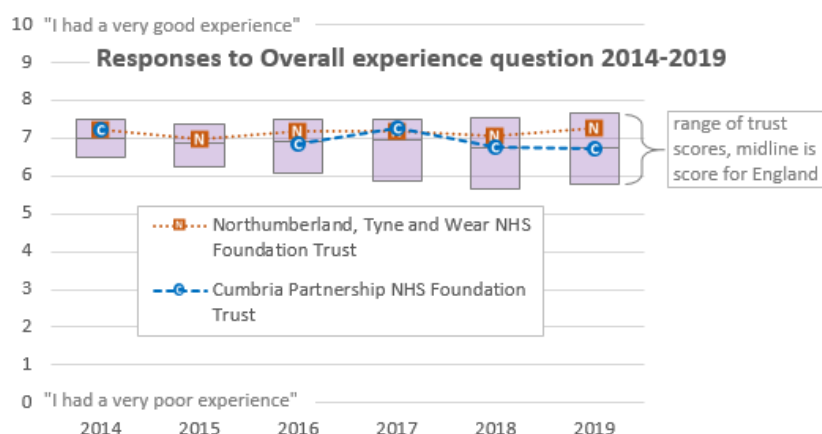
- 2.7 There was one question in 2019 where CPFT was identified as being in the worst performing trusts. This was:
- Q34: **Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?**

There are plans in place to appoint peer support workers into North Cumbria, where there have been none historically.

- 2.8 In 2018 CPFT was categorised as being in the worst performing trusts for the section regarding “Changes in who people see [in the last 12 months]” and one of its questions “What impact has this had on the care you receive?” This section was not included in the 2019 survey.

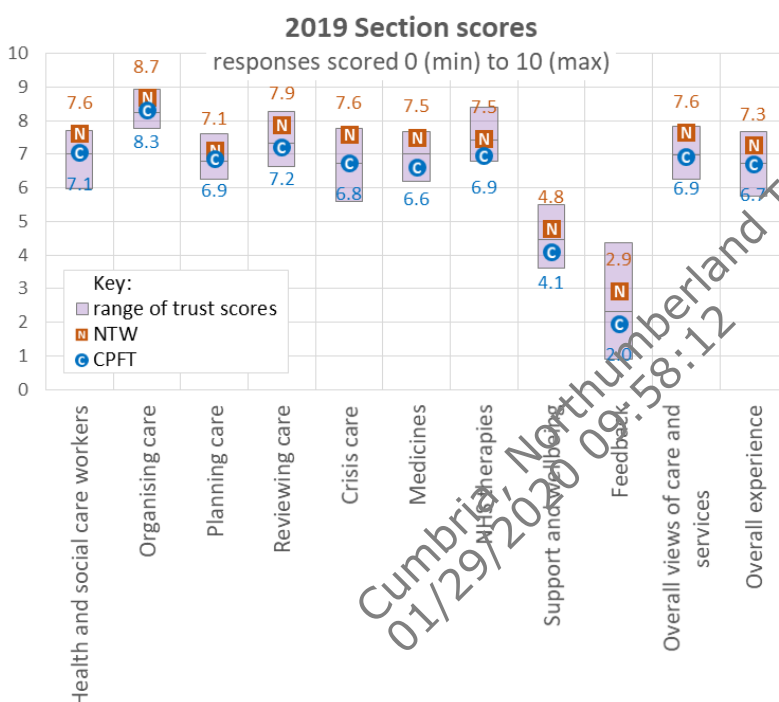
- 2.9 The scores for each question for NTW, CPFT and England are shown in appendix 2.

- 2.10 The overall experience question (Q35) is used to evaluate long term progress against the Trust’s service user and carer experience Quality Goal. In 2019, the NTW overall score was 7.3 (an increase from 7.0 from 2018), with the national range of results ranging from 5.8 to 7.7. The NTW result for this question has been relatively constant for the last five years. CPFT’s score was 6.7 for the latest 2 years.



- 2.11 The NTW and CPFT scores by survey section are shown with the shaded area representing the range of trust scores, the orange square representing the NTW score and the blue dot the CPFT score. NTW scores are in the upper range of scores for all sections with NHS therapies judged to be in the best performing trusts for crisis care.

Feedback is a new section for the 2019 survey, containing the question “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?" This section shows the most variation between trusts, and scores show no association with the published Friends and Family Test response rates.

3. NATIONAL RESULTS

- 3.1 A benchmarking analysis of trust results has been included at appendix 3, showing the number of questions that were rated within the categories "worse than expected", "better than expected" and "about the same as other trusts". NTW was the fourth highest trust for the number of questions scoring better than expected.

4. NEXT STEPS AND RECOMMENDATIONS:

- 4.1 This high level analysis will be considered further by locality groups to identify actions to be taken in response to the survey results.
- 4.2 Further breakdown by condition and demographic analysis is also to be undertaken. Nationally some groups of people using mental health services consistently reported poorer experiences especially people diagnosed with non-psychotic and challenging disorders, and people aged 18-35.
- 4.3 The board are asked to note the information included in this report and supporting documents and consider any areas for improvement.

Anna Foster

Deputy Director of Commissioning & Quality Assurance

January 2020

Report contributor: Andy Carroll, Senior Information Analyst

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Appendix 1

The seven questions in 2019 where NTW performed better than other trusts to an extent that is not considered to be through chance. These questions are shown below:

- **Q4: Were you given enough time to discuss your needs and treatment?**
- **Q10: How well does this person organise the care and services you need?**
- **Q15: Did you feel that decisions were made together by you and the person you saw during this discussion?**
- **Q16: Do you know who to contact out of office hours within the NHS if you have a crisis?** NTW was among the best performing trusts for the crisis care section, which includes one more question.
- **Q21: Have the possible side effects of your medicines ever been discussed with you?**
- **Q29: In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc.)?**
- **Q36: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?**

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Appendix 2

2019 CQC Community Mental Health Survey - NTW and CPFT Results

		NTW score	NTW change	CPFT score	CPFT change	England score	England change
Health and social care workers	Q4: Were you given enough time to discuss your needs and treatment?	7.9	+0.2	7.4	-0.0	7.2	-0.1
	Q5: Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.5	+0.4	7.1	+0.3	6.9	+0.0
	Q6: Did the person or people you saw appear to be aware of your treatment history?	7.5		6.7		7.0	
Organising care	Q7: Have you been told who is in charge of organising your care and services?	7.6	+0.1	7.0	-0.3		-0.1
	Q9: Do you know how to contact this person if you have a concern about your care?	9.8	-0.2	9.7	-0.4	9.6	-0.1
	Q10: How well does this person organise the care and services you need?	8.7	+0.4	8.2	+0.2	8.0	+0.0
Planning care	Q11: Have you agreed with someone from NHS mental health services what care you will receive?	6.3	-0.0	5.8	+0.3	5.8	-0.1
	Q12: Were you involved as much as you wanted to be in agreeing what care you will receive?	7.3	-0.2	7.4	-0.0	7.2	-0.0
	Q13: Does this agreement on what care you will receive take your personal circumstances into account?	7.8	+0.0	7.5	-0.1	7.4	+0.0
Reviewing care	Q14: In the last 12 months, have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7.5	-0.0	6.7	-0.4	7.1	-0.0
	Q15: Did you feel that decisions were made together by you and the person you saw during this discussion?	8.3	-0.1	7.7	+0.3	7.6	+0.1
Crisis care	Q16: Do you know who to contact out of office hours within the NHS if you have a crisis?	7.8		7.3		6.9	
	Q17: In the last 12 months, did you get the help you needed when you tried contacting this person or team?	7.4		6.2		6.5	
Medicines	Q19: Were you involved as much as you wanted to be in decisions about which medicines you receive?	7.4	+0.0	6.6	-0.7	7.0	-0.0
	Q20: Has the purpose of your medicines ever been discussed with you?	7.9		7.2		7.4	
	Q21: Have the possible side effects of your medicines ever been discussed with you?	6.7		5.6		5.8	
	Q24: In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	8.0	-0.0	7.1	+0.1	7.8	-0.1
NHS therapies	Q26: Were these NHS therapies explained to you in a way you could understand?	8.0	-0.3	7.5	-0.6	8.0	+0.0
	Q27: Were you involved as much as you wanted to be in deciding what NHS therapies to use?	6.9	-0.8	6.4	-0.4	6.8	+0.0
Support and wellbeing	Q29: In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	5.7	+0.1	4.3	+0.0	4.5	-0.1
	Q30: In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.9	-0.6	4.1	-0.1	4.1	-0.0
	Q31: In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	3.4	-0.6	3.2	-0.3	3.9	+0.1
	Q32: In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	5.0	-0.0	3.8	-0.1	4.7	-0.1
	Q33: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.8	-0.3	6.7	-0.3	6.4	-0.2
	Q34: Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you?	4.0	+0.4	2.5	-0.7	3.3	-0.1
Feedback	Q37: 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?	2.9		2.0		2.3	
Overall views of care and services	Q3: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.5	+0.1	5.5	-0.1	5.8	-0.1
	Q36: Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.8	+0.2	8.3	+0.2	8.2	-0.0
Overall experience	Q35: Overall...	7.3	+0.2	6.7	-0.0	6.7	-0.0

Scores that are statistically significant are shown in green or red (where score is above or below the expected range)

Questions 16 and 17 are not comparable to previous years due to changes in the wording of the questions and are shown in grey along with new questions 6, 20, 21 and 37

CQC COMMUNITY MENTAL HEALTH SURVEY 2019

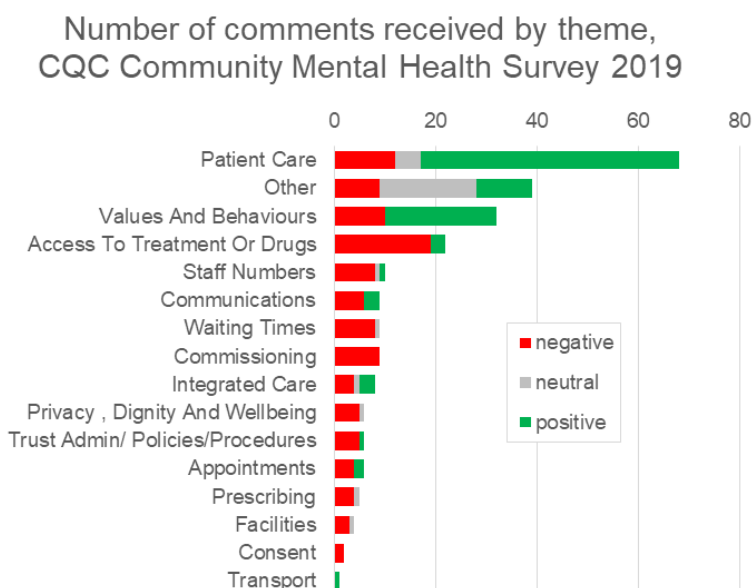
All Trust Results - Number of questions better or worse than expected



Qualitative questions

Alongside the survey results, the Trust has received and analysed qualitative comments made by NTW respondents to the following three questions open, as categorised by CNTW.

The responses are made to the following questions:



Is there anything particularly good about your care?

Most responses were classified as Patient Care, or Values and Behaviours with many examples of good practice

- *“Mental health nurse was very good and caring in June after my overdose. CPN, when eventually got to see one, was helpful.”*
- *“The memory clinic staff are patient, caring and very thorough.”*

Is there anything that could be improved?

Many responses were hard to classify, and put in the “Other” category. Access to treatment, and commissioning were other main themes, which also overlap with waiting times, appointments and continuity of care.

- *“Wait times are too long for talking therapies. Waiting times to see a psychiatrist, even for a med review is upwards of 6 months. There's a really high staff turnover in our area - so no continuity of care, and I've heard people are leaving because they are unhappy and very overstretched.”*
- *“My psychiatrist seems to change every 6 months, which is very frustrating. The Tranwell Unit closing down due to lack of funding is worrying.”*

Any other comments?

Again, Patient care was the main theme.

- *“First class psychiatrist who has made me feel well again.”*
- *“I have had mental health problems for years, and overall care has been good; but I have had bad experiences too.”*

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 5 February 2020

Title of Paper/Report and Author: Gender Pay Gap report 2019
Jacqueline Tate, Workforce Projects Manager

Executive Lead: Lynne Shaw, Acting Executive Director of Workforce and OD

Paper for Debate, Decision or Information: Information

Key Points to Note: :

- Gender pay gap regulations require employers to publish statutory calculations every year to show the size of the pay gap between male and female employees.
- There are six information requirements:
 - Mean Gender pay gap is 13.39%
 - Median Gender Pay gap is 3.14%
 - Mean gender bonus gap is 30.32%
 - Median gender bonus gap is 46.10%
 - Proportion of males receiving bonus payment and proportion of females receiving bonus pay is 0.79% and 2.58%
- Proportion of male and female in each of the four pay quartiles:

Quartile	Female	Male	Female %	Male %
1 Lower	1,111	327	77.26%	22.74%
2 Lower Middle	1,035	404	71.92%	28.08%
3 Upper Middle	1,099	320	77.45%	22.55%
4 Upper	982	476	67.35%	32.65%

- The report also includes a comparison against 2017 and 2018's gender pay gap report outcomes, the identified actions and proposed actions.

Risks Highlighted: None

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No: No

Equal Opportunities, Legal and Other Implications: Equalities Act 2010

Outcome Required: For information

Link to Policies and Strategies: Workforce Strategy 6
Equality and Diversity Strategy

Gender Pay Gap Report

2018-2019

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Purpose

There has been a requirement to report on Gender Pay since April 2018. Organisations with more than 250 employees are required to report on gender pay gaps using six different measures. This report was taken at the snapshot date of 31 March 2019 and is the third analysis since the introduction of the reporting requirements.

It is important to note that the 2017/18 report included staff that have since transferred to NTW Solutions and this has had some impact on the figures; particularly as the majority of staff were female staff in bands 2 and 3.

The figures only include the former NTW staff due to the snapshot date of 31 March 2019.

Background

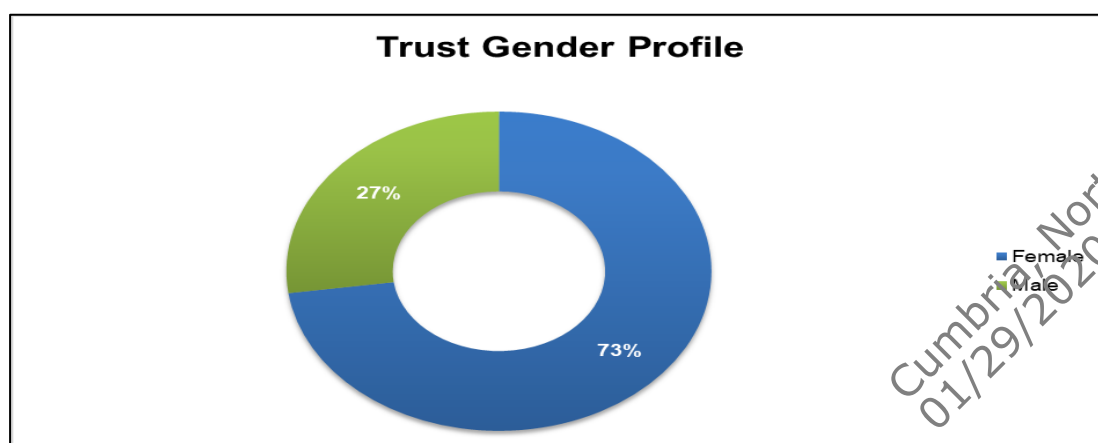
Gender pay gap is distinct from equal pay; it is the average pay of all men compared with the average pay of all women in the organisation, whereas equal pay is paying men and women differently for doing the same jobs.

The six measures must be published on both the Government and Trust's websites by 30 March 2020. There is an expectation that the information will contain some comparison with the previous report and some update on the actions identified to address the pay gap.

The information that must be published is:

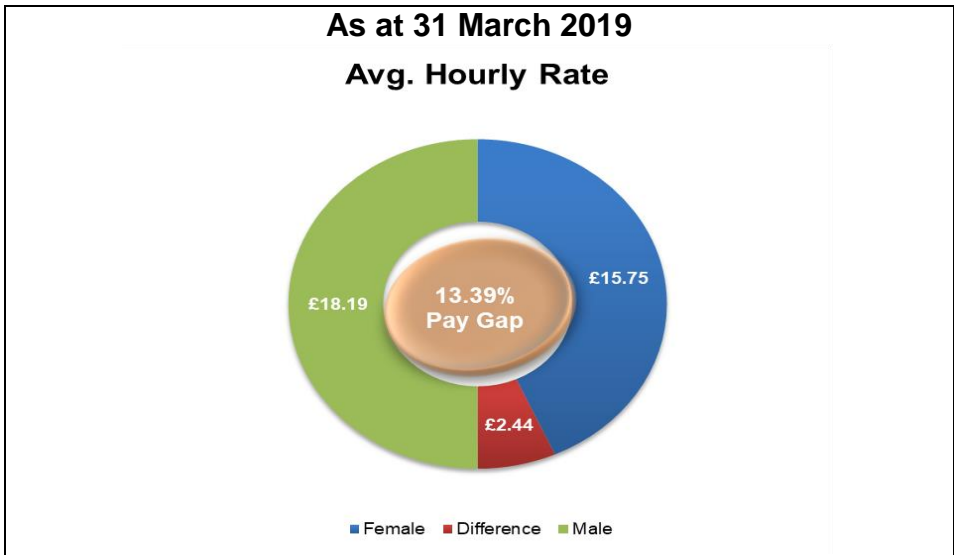
- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average (Classification of bonus pay applied to Clinical Excellence Awards)
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups (pay quartiles) from lowest to highest pay.

Gender Profile

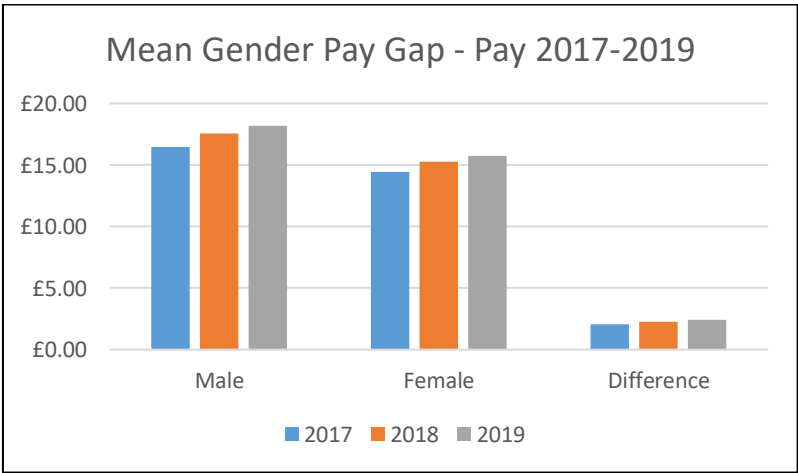


Mean and Median Pay Analysis

Gender	Avg. Hourly Rate		Median Hourly Rate	
Female	£	15.75	£	13.71
Difference	£	2.44	£	0.44
Male	£	18.19	£	14.15
Pay Gap %		13.39		3.14

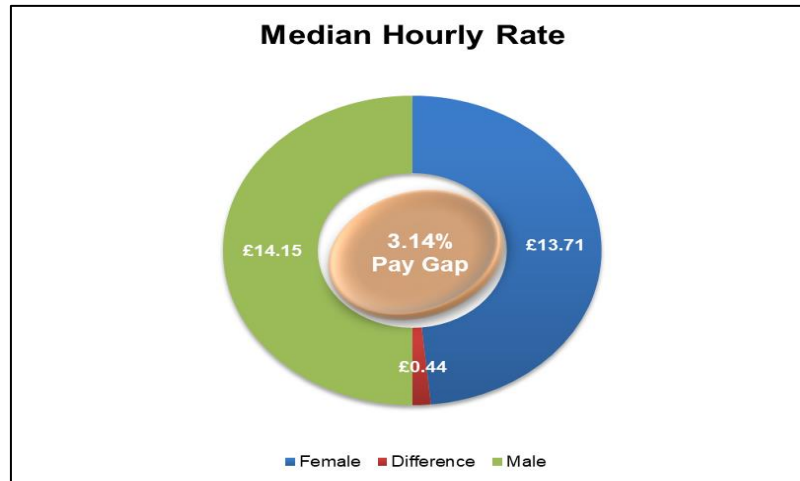


A comparison of the average hourly rate for 2017, 2018 and 2019 can be seen below.

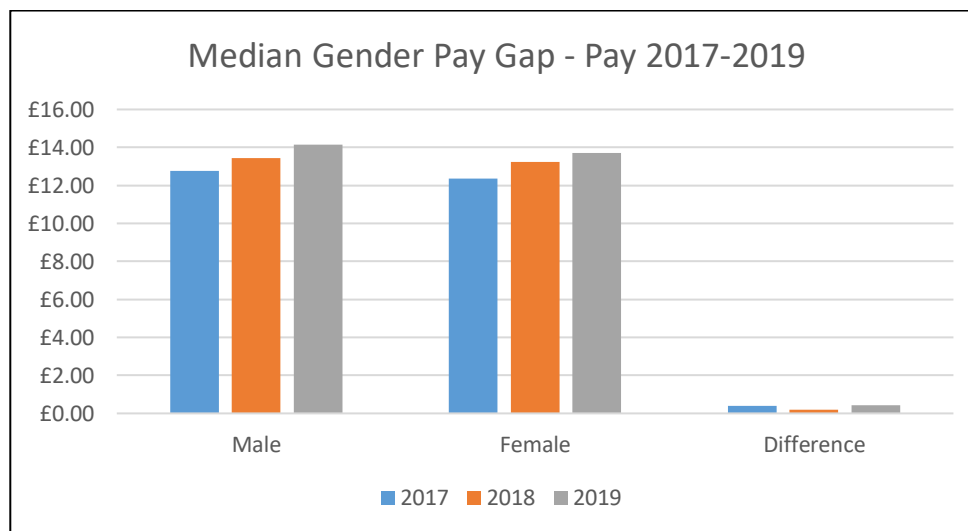


Year	Male	Female	Difference	%
2017	£16.48	£14.43	£2.05	12.45%
2018	£17.55	£15.28	£2.27	12.93%
2019	£18.19	£15.75	£2.44	13.39%

As at 31 March 2019



A comparison of the median rates for 2017, 2018 and 2019 can be seen below.



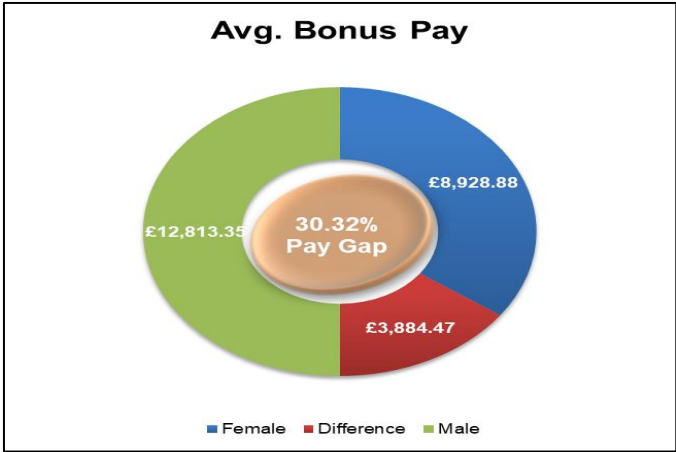
Median				
Year	Male	Female	Difference	%
2017	£12.76	£12.36	£0.40	3.18%
2018	£13.44	£13.24	£0.20	1.47%
2019	£14.15	£13.71	£0.44	3.14%

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

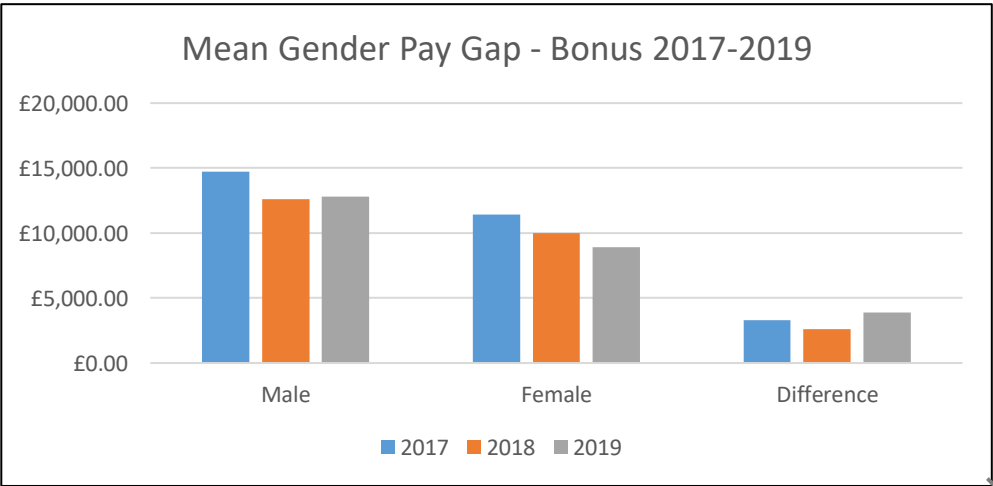
Bonus Gender Pay Gap

Gender	Avg. Bonus Pay	Median Bonus Pay
Female	£ 8,928.88	£ 3,804.20
Difference	£ 3,884.47	£ 4,860.81
Male	£ 12,813.35	£ 8,665.00
Pay Gap %	30.32	46.10

As at 31 March 2019

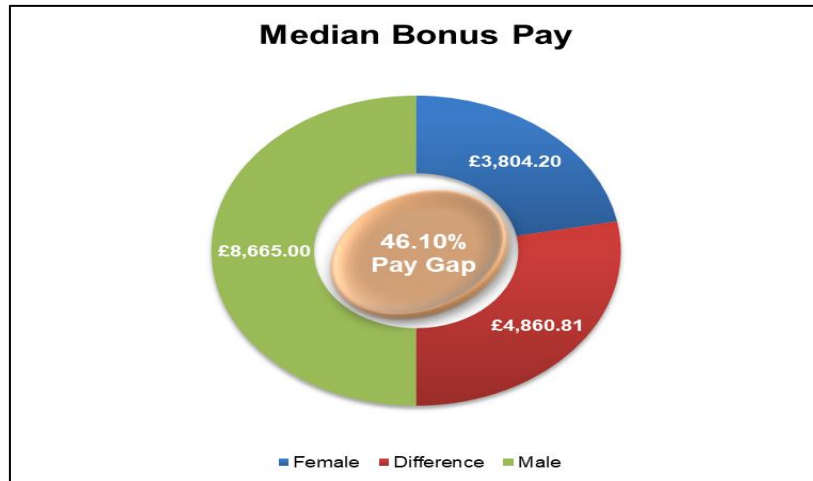


A comparison of the average bonus pay gap for 2017, 2018 and 2019 is shown below.

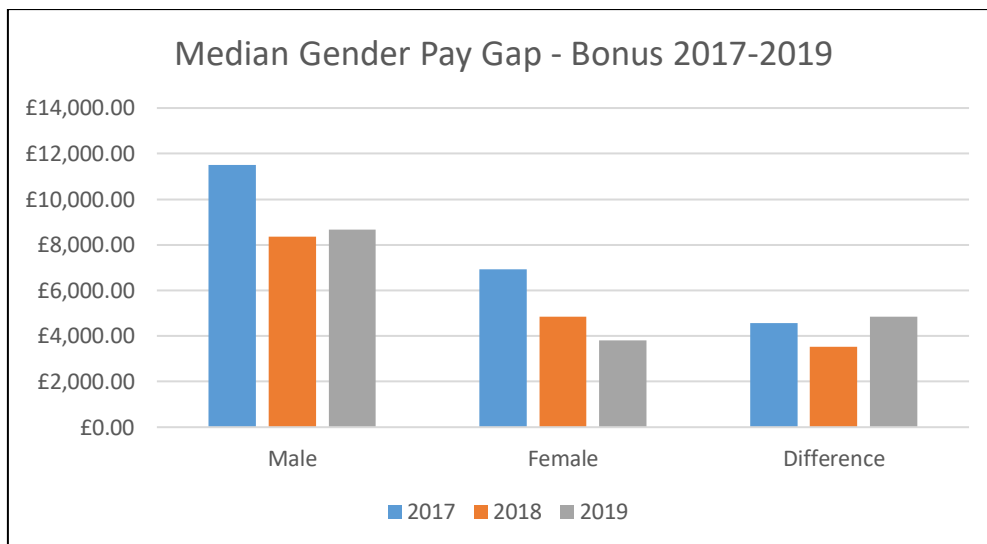


Mean				
Year	Male	Female	Difference	%
2017	£14,733.07	£11,435.31	£3,297.76	22.38%
2018	£12,606.75	£9,977.46	£2,629.29	20.86%
2019	£12,813.35	£8,928.88	£3,884.47	30.32%

As at 31 March 2019



A comparison of the Median bonus for 2017, 2018 and 2019 can be seen below.



Median

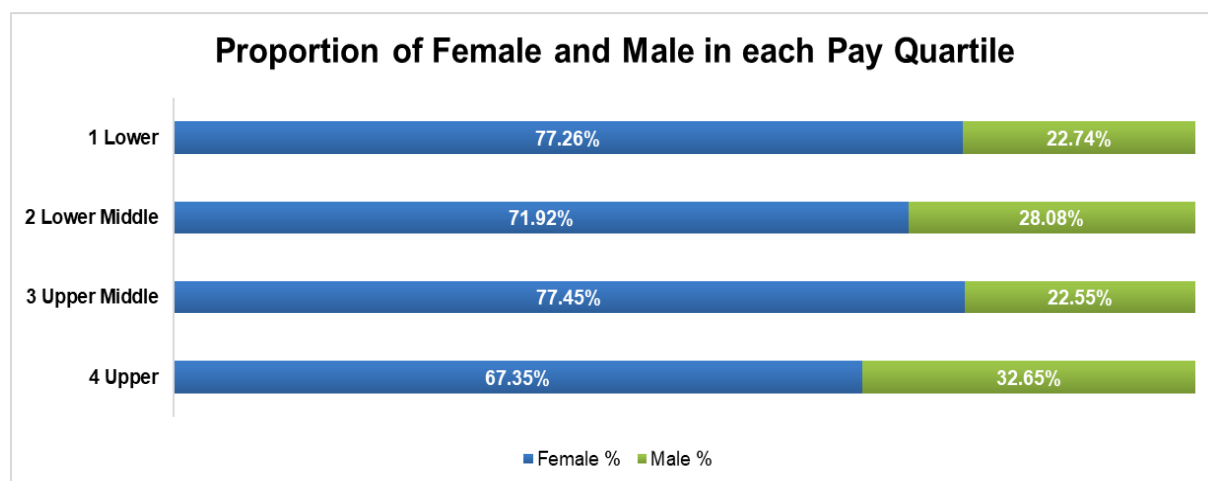
Year	Male	Female	Difference	%
2017	£11,489.90	£6,937.02	£4,552.88	39.63%
2018	£8,370.17	£4,846.23	£3,523.94	42.10%
2019	£8,665.00	£3,804.20	£4,860.80	46.10%

Gender	Employee's	%
Female	36	46%
Male	42	54%
Grand Total	78	100%

For the purposes of this calculation bonus payment means Clinical Excellence Awards. Applications for the awards are voluntary and eligibility depends on application rather than by gender. Applications for the period came predominantly from males.

Proportion of male and female in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	1,111	327	77.26%	22.74%
2 Lower Middle	1,035	404	71.92%	28.08%
3 Upper Middle	1,099	320	77.45%	22.55%
4 Upper	982	476	67.35%	32.65%



Although 73% of our staff are female the pay gap is partly a consequence of a high proportion of females occupying more junior roles.

Summary information

Gender split is 73% female, 27% male

1,267 females work part time compared with 213 males (part time salary is used in the calculations)

There are more females than males in bands 2 and 3 positions

More females in Agenda for Change Bands 8a/b/c

More males in Agenda for Change Bands 8d and 9

1,210 females have salary sacrifice scheme compared to 458 males. This impacts on salary used in calculations.

42 males compared to 34 females receiving Clinical Excellence Awards. More males receiving larger amounts.

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

Paper Author: Jacqueline Tate, Workforce Projects Manager,
Date 17 October 2019

Gender Pay Gap Report 2019

Actions

Action identified in 2018/19	Position to date
Continue to review our in-house processes and ensure a gender balance on interview panels.	We ensure appropriate training has been undertaken. For central recruitment all attempts are made to ensure gender balance on panels. Action complete.
Actively support women returning to work following maternity or adoption leave.	This is included within the work of the Equality, Diversity and Inclusion Steering Group. A focus group to explore gender imbalance issues and provide solutions is underway. In addition flexibility of employment is included in job adverts.
Ensure that women have the opportunity and support to develop their careers.	Area of focus for 2019/20 in line with Talent Management framework.
Design every job as flexible by default.	Area of focus for 2019/20 in line with approach to attracting, recruitment and retention strategy.
Actively encourage, support female doctors with the application for Clinical Excellence Awards.	Specific training sessions have been in place to encourage female doctors to apply for Clinical Excellence Awards. Additional focus has been to encourage part time staff to apply for the awards. Action complete.

<p>Network group to consider proactive work around gender issues.</p>	<p>Action in the Trust's E&D Strategy to scope extra courses of action to address the gender imbalance within the Trust's workforce.</p> <p>Specific attention to be given to the demographics of service users to ensure the correct balance of care.</p>
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Cumbria, Northumberland Tyne and Wear
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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 5 February 2020

Title of Paper/Report and Author: Gender Pay Gap report 2019
Victoria Bullerwell Head of Workforce and OD NTWS

Executive Lead: Lynne Shaw, Acting Executive Director of Workforce and OD

Paper for Debate, Decision or Information: Information

Approved at NTW solutions company Board 21st January 2020

Key Points to Note: :

- Gender pay gap regulations require employers to publish statutory calculations every year to show the size of the pay gap between male and female employees.
- There are six information requirements.
 - Average (Mean) Gender pay gap is 13.59% (previously 13.35%)
 - Median Gender Pay gap is 5.34% (previously 11.21%)
 - Average (Mean) gender bonus gap is 100% (previously 0)
 - Median gender bonus gap is 100% (previously 0%)
 - Proportion of males receiving bonus payment and proportion of females receiving bonus pay is 100% and 0%. This relates to 1 male receiving 1 bonus payment.
 - Proportion of male and female in each of the four pay quartiles is:

Quartile	Female	Male	Female %	Male %
1 Lower	105.00	46.00	69.54%	30.46%
2 Lower Middle	106.00	45.00	70.20%	29.80%
3 Upper Middle	109.00	43.00	71.71%	28.29%
4 Upper	70.00	82.00	46.05%	53.95%

- The Median Gender pay Gap is significantly lower than the previous year, this is attributable to male enhanced hours worked being down by 902 hours.
- An action plan is in place to address the Gender Pay Gap.

Risks Highlighted: None

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No: No

Equal Opportunities, Legal and Other Implications: Equalities Act 2010

Outcome Required: For information

Link to Policies and Strategies: Workforce Strategy 6
Equality and Diversity Strategy

Gender Pay Gap Report

2018-2019

Cumbria, Northumberland Tyne and Wear
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Introduction

This is the third Gender Pay Gap report. The requirement to report on Gender Pay was introduced in April 2018. Organisations with more than 250 employees are required to report on gender pay gaps using six different measures. This report was taken at the snapshot date of 5 April 2019.

The gender pay gap is distinct from equal pay; it is the average pay of all men compared with the average pay of all women in the organisation, whereas equal pay is paying men and women differently for doing the same job.

The information that must be published by 4 April 2020 is:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving bonus payments and proportion of females receiving bonus payments
- Proportion of male and female when divided into four groups (pay quartile) from lowest to highest pay.

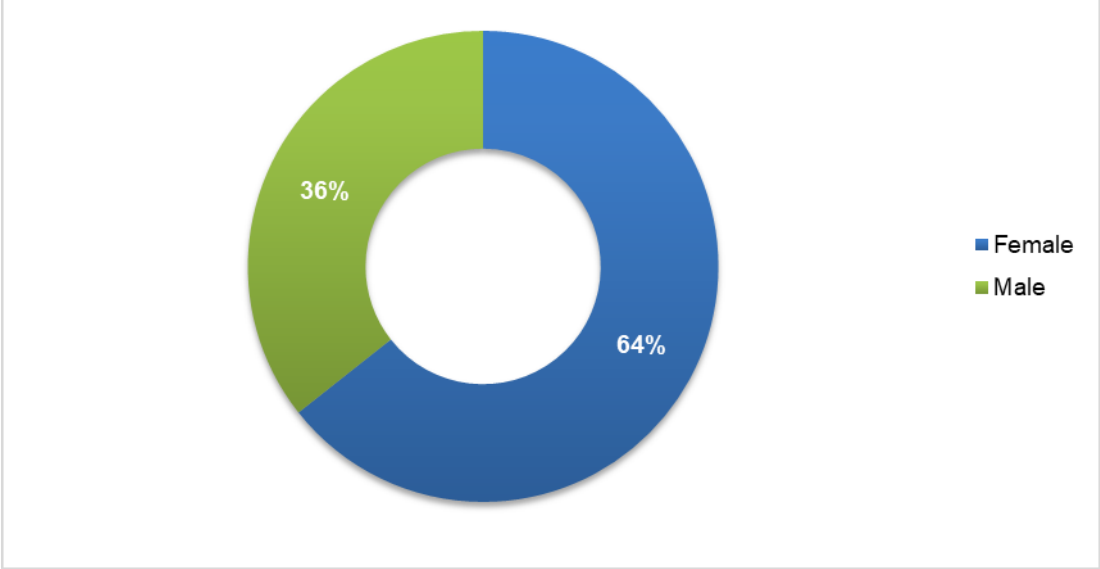
The report will also give an update on previous actions agreed to close any pay gaps.

NTW Solutions Limited is a wholly owned subsidiary of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. NTW Solutions provides estates, facilities, procurement, outpatient pharmacy dispensing, car leasing, digital transcription and a range of financial and workforce services. Staff are employed on a mixture of Agenda for Change terms and conditions, and non-Agenda for Change terms and conditions.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Gender Profile

Gender Profile



Gender	Employee's	%
Female	390	64%
Male	216	36%
Grand Total	606	100%

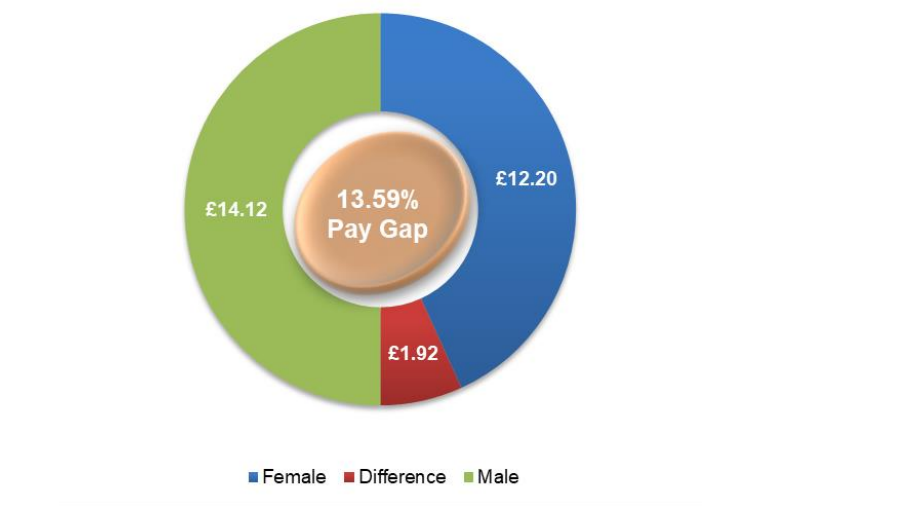
Key Points

- There are approximately two thirds female employees and one third male employees
- 238 female staff work part-time compared with 42 males. The gender pay information is calculated on a whole time equivalent salaries, however part-time rates tend to be lower paid that full time posts.
- 270 females at Band 2, compared with 85 males
- 52 females at Band 3, compared with 27 males
- Males occupy more of the higher bands

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Gender Pay Gap In Hourly Pay

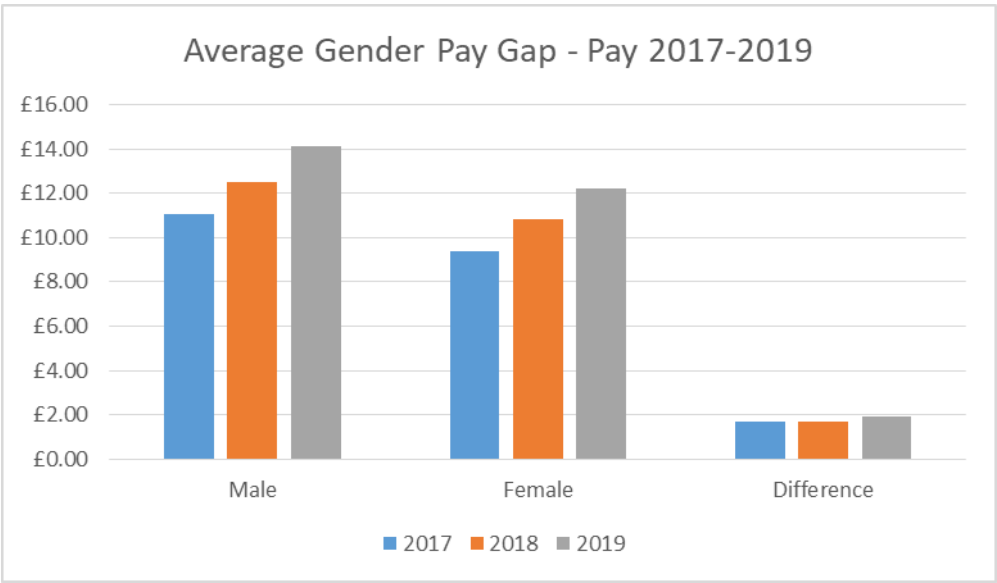
Average (Mean) Hourly rate



Gender	Avg. Hourly Rate		Median Hourly Rate	
Female	£	12.20	£	11.49
Difference	£	1.92	£	0.65
Male	£	14.12	£	12.14
Pay Gap %		13.59		5.34

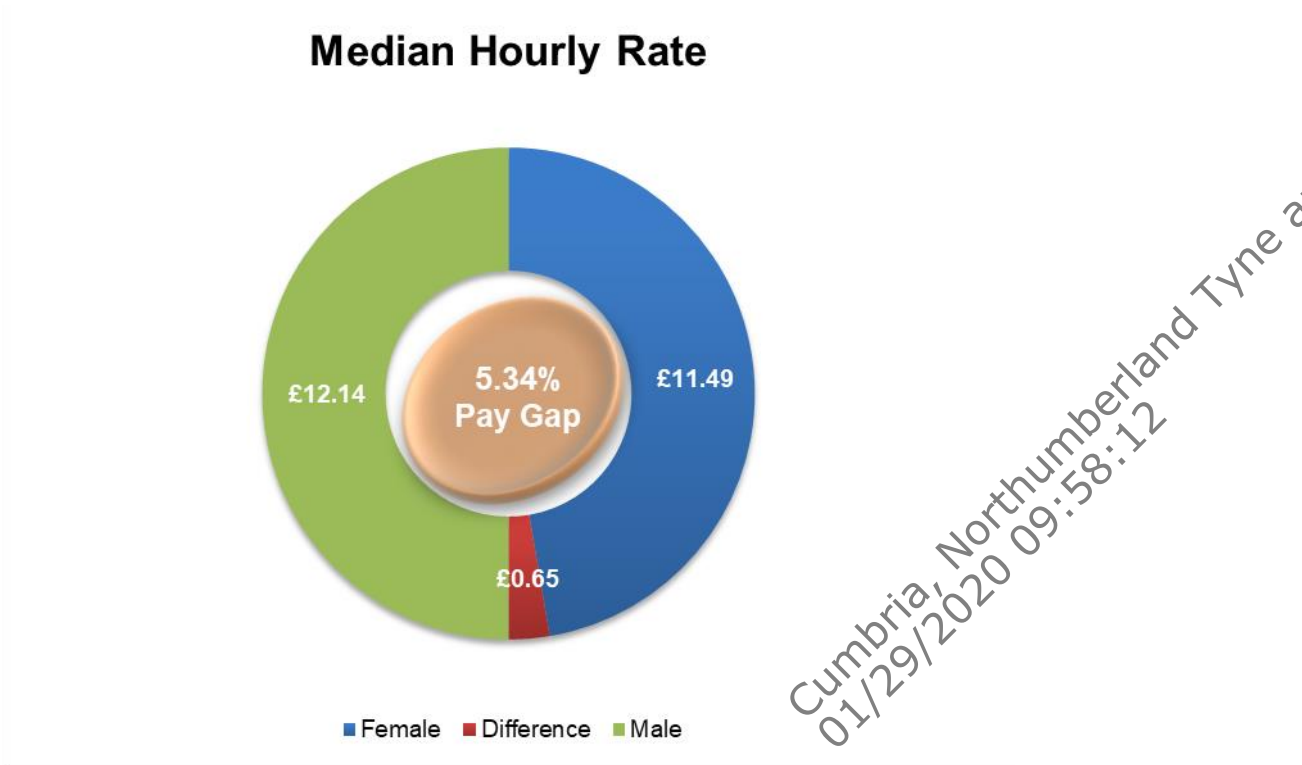
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This chart shows a comparison of the average hourly rate for 2017, 2018 and 2019

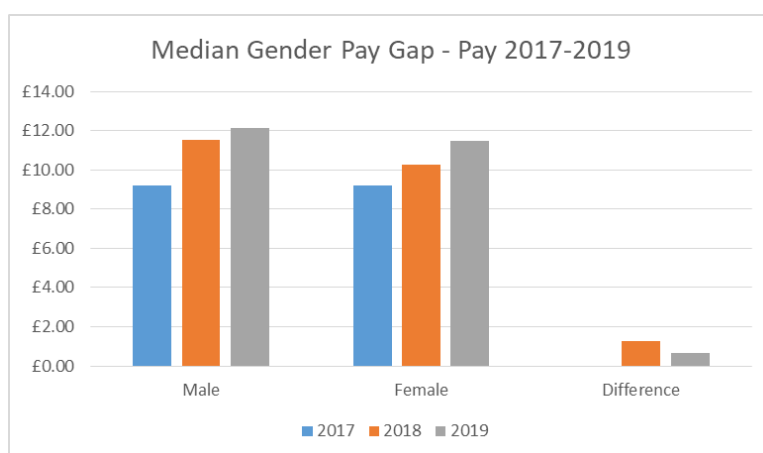


The mean (average) is the average of a set of values calculated by adding together all of the values and dividing by the total number of values. The mean hourly rate is calculated by adding together the hourly rate of each employee and dividing by the number of employees in the group.

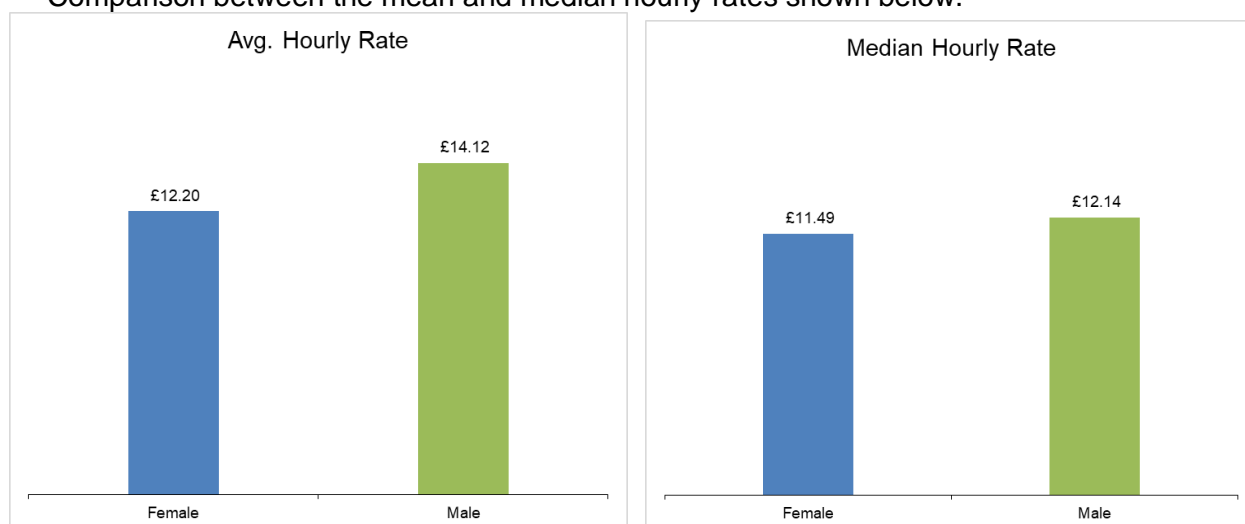
The figure measures the difference between the mean hourly rate of male full-pay employees and that of female full-pay employees.



This bar chart shows comparisons between median hourly rates for 2017, 2018 and 2019.



Comparison between the mean and median hourly rates shown below.

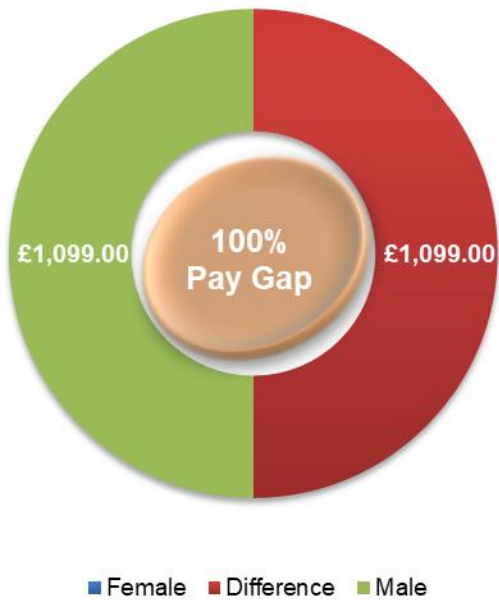


Key points

- The median pay gap is the difference between the middle value of pay for all men and the middle value of all pay for women.
- The median hourly rate has significantly reduced from 11.21% in 2018 to 5.34% in 2019. This is due to a reduction in male enhanced hours worked (down 902 hours).
- The average gender pay gap is 13.59% meaning men are paid 13.59% higher than women. This is slightly higher than the 2018 rate of 13.35%.
- This is reflective of the workforce composition, whereby there are greater number of female staff in lower banded posts and a higher number of males in higher banded posts.
- As at 5 April 2019 521 staff on Agenda for Change terms and conditions, 8 staff on non-Agenda for Change local pay (1 female, 7 male) and 72 on NTVS local pay (41 female and 31 male).

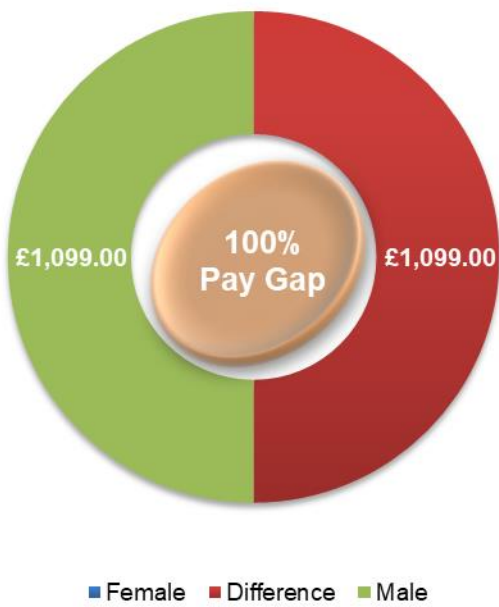
Bonus Gender Pay Gap

Average Mean Bonus Pay



There were no bonus payments made in 2017 – 2018

Median Bonus Pay



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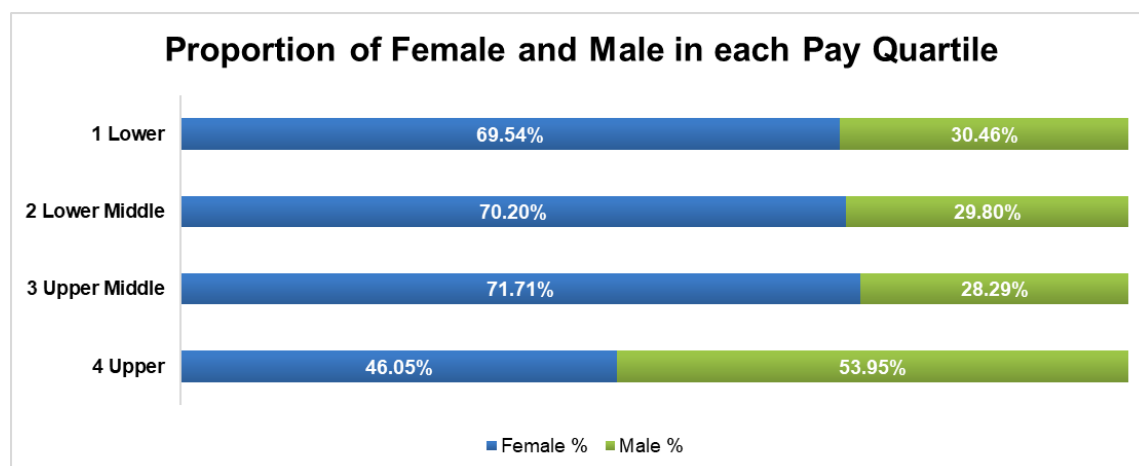
Gender	Avg. Bonus Pay	Median Bonus Pay
Female	£ -	£ -
Difference	£ 1,099.00	£ 1,099.00
Male	£ 1,099.00	£ 1,099.00
Pay Gap %	100.00	100.00

Key Points

- The bonus payment was an ex-gratia payment paid to one male as a one off payment.

Proportion of male and females in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	105.00	46.00	69.54%	30.46%
2 Lower Middle	106.00	45.00	70.20%	29.80%
3 Upper Middle	109.00	43.00	71.71%	28.29%
4 Upper	70.00	82.00	46.05%	53.95%



Key Points

- In order to create the quartile information all staff are sorted by their hourly rate of pay. The list is then split into 4 equal parts, where possible.
 - 69.54% of females are in the lower quartile compared with 30.46% of males.
 - 70.20% of females in lower middle quartile compared with 29.80% of males.
 - 71.71% of females in upper middle compared with 28.29% of males.
 - 53.95% of males in upper quartile compared with 46.05% of females.
- The profile reflects the over representation of female staff working in lower banded posts primarily as domestic staff and the 29

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Actions to Remove the Gender Pay Gap in 2018 were outlined as:

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

- Continue to review our recruitment processes to ensure recruitment through a variety of channels and non-traditional sources, ensuring equality issues are highlighted and addressed at every stage.
- Continue to actively support women returning to work following maternity or adoption leave.
- Continue to ensure that women have equal opportunity and support to develop their career.
- Engage with staff about gender issues, discussing this report and any actions which may arise.
- The Trust has signed up to The Quality & Human Rights Commission “Working Forward” campaign to support pregnant women and new parents. Under the SLA Solutions staff, as part of the Group, will be able to access the support and resources provided by this campaign and the Group’s commitment to it.

Declaration

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

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

Name: Malcolm Aiston
Title: Managing Director

Name: Peter Studd
Title: Chair

Cumbria, Northumberland Tyne & Wear
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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 5 th February 2020
Title and Author of Paper: CEDAR Project – Full business case preparation and Outline Business Case update, James Duncan, Director of Finance/Deputy Chief Executive
Executive Lead: James Duncan, Director of Finance/Deputy Chief Executive
Paper for Debate, Decision or Information: Decision
Key Points to Note: <ul style="list-style-type: none"> The Board approved the CEDAR Outline Business Case (OBC) on 2 October 2019 and it was submitted to NHS England/Improvement (NHSE/I) on 10 October. The OBC is still going through the review process with NHSE/I approval due at the Joint Investment Committee on the 28 February and Ministerial and Treasury approval in March and April. As part of the review process NHSE/I and the DHSC have requested additional information and some amendments/additions to the OBC. The updated OBC incorporating these changes requires Board approval. A high level summary of the changes is appended to this paper. The OBC is provided and the Appendices can be provided on request if required. Preparation of the Full Business Case (FBC) has started and the FBC is due to go to the 29 May Board for approval with Ministerial and Treasury approval planned for September. The capital costs up to FBC approval at the end of September have increased to £9.545m. Letters of Support for the project have been provided by Newcastle Gateshead Clinical Commissioning Group and NHS England. The letters from NHS England confirm full support for the scheme but indicate that further work and assurances are required before agreement on the £1.6m service price increases element of the business case. Full planning approval was obtained for the Northgate Hospital development and associated outline approval for housing was also given on 7th January 2020.
Risks Highlighted: <ul style="list-style-type: none"> The Trust will not be reimbursed for any of the requested expenditure if the Outline or Full business cases are not approved by NHSI or the Treasury, or if the Trust does not proceed with the scheme The Outline Business case is yet to be approved There is some risk associated with the valuations of the land to be sold. Although planning approval has provisionally been achieved for Northgate and the associated housing, we are still awaiting planning decisions for both Ferndene and Bamburgh schemes. NHS England requires further assurance around the £1.6m of price increases for secure services included within the OBC, before final agreement can be reached for the FBC.
Does this affect any Board Assurance Framework/Corporate Risks: Please state Yes or No: Yes SA4.2 That we do not manage our resources effectively through failing to deliver the required service change or productivity gains required.
Equal Opportunities, Legal and Other Implications: N/a
Outcome Required / Recommendations: The Board are asked to <ul style="list-style-type: none"> approve the revised expenditure of £9.545m up to FBC approval at the end of September identified in Table 1, noting the risks above approve the continuation of required demolition and refurbishment works at Northgate Hospital approve the final version of the Outline Business Case
Link to Policies and Strategies: Trust Strategy, Estate Strategy, Financial Strategy

CEDAR Project

Update and Full business case preparation

1. Background & Purpose

The CEDAR scheme requires Trust Board, NHSE/I, DHSC and Treasury approval at the Strategic Outline Case, Outline Business Case and Full Business Case stages. Strategic Outline Case approval was received in August 2019. Currently the Outline Business Case is going through the approval process and the Trust has responded to a number of requests for additional information over the past few months since submission of the OBC on 10 October 2019. NHSE/I approval is expected on 28 February with Treasury approval in April 2020. An updated version of the OBC incorporating NHSE/I and DHSC requested additional information/changes is attached for approval. A high level summary of those changes is appended to this paper.

In August 2019, the Trust's continued appraisal of CEDAR design options resulted in the preferred location for medium secure adolescent services changing from Northgate Hospital (as indicated in the Strategic Outline Case) to the existing Children and Young People's Service (CYPS) unit at Ferndene in Prudhoe. This has increased initial design costs but will facilitate a more efficient CYPS service, reduce overall costs and safeguard the future of Ferndene, which has seen a reduction in the number of commissioned beds due to the impact of implementing LD Transforming Care and New Care Models.

This option provides greater integration benefits as all children's services are now on one site and there is greater synergy with other children's services than with adult secure services. This provides more operational benefits, such as allowing the use of a single education facility rather than still requiring two. This option also provides a larger critical mass of staff at both Northgate and Ferndene, making 2 sites rather than 1 more sustainable from a workforce perspective

From an estates perspective this option ensures the optimal use of Ferndene, which would otherwise have been under-utilised, without the opportunity to commensurately reduce fixed costs. Ferndene is a recently developed facility (10 years old) and can be adapted to the proposed function, reducing the need for new build beds. The OBC preferred option results in 14 less new build beds (80 rather than 94).

The revenue benefits to the Trust from this option are greater due to: new models of care being implemented across other children's in-patient wards that are now in-scope; savings from co-locating children's Medium Secure services with other children's services; and estates and facilities savings being greater due to no longer requiring a new adolescent medium secure unit at Northgate.

The capital costs of £71.9m of this option are less and the estimated land sale value of £7.9m at Northgate is higher as a result of not building a new adolescent medium secure unit alongside the Adult Secure Unit.

2. Business Case Progress and update on Capital Funding Commitment in advance of Full Business Case Approval

In April 2019, the Trust Board approved the CEDAR Project - Full business case preparation and enabling works paper. This paper approved an initial £8.021m expenditure on the design of the CEDAR scheme and preparation of information required for the Outline and Full business cases, along with various demolition and enabling works.

After Strategic Outline Case approval in August 2019, the Trust submitted the draft Outline Business Case (OBC) to NHS England and NHSI in early October 2019. A number of queries were received during November and December, with a full set of responses provided on or before 20th December 2019. There were a few follow-up questions in January to which responses have been supplied. Where required these responses have since been incorporated into version 8 of the OBC (attached). This final version of the document will (with board approval) proceed to be considered further by NHSE/I, Ministers and HM Treasury.

The CEDAR team has commenced preparation of the Full Business Case. This will be submitted to the Trust Board on May 29th and then to NHSI/England in early June. It is anticipated full approval will now be achieved at the end of September 2020. The inclusion of Ferndene as a site and the additional CYPS services now 'in scope', the preparation of the associated Guaranteed Maximum Price and the required enabling works have increased the expenditure required to complete this document. Table 1 below has been revised from the board paper approved in April and highlights:

1. The costs already incurred to 31st December 2019
2. The costs to achieve the submission of the Full Business case in May 2020
3. The costs likely to be incurred to the estimated approval date of the Full business case in September 2020
4. For completeness, the costs that will be incurred in October and November 2020 if FBC approval is delayed (these are significant at over £2m per month).

Option 2	SRM Costs	NTW Solutions	NTW	Land Sale	Total	CEDAR non bid related schemes (Hadrian, Tyne, Tweed, Bede, Ravenswood, Dryden Road, ECT, Collingwood SNH)
	£k	£k	£k	£k	£k	
Actual expenditure to 31st December 2019	3062	232	162		3456	
Forecast remaining expenditure to FBC Submission May 2020	4265	75	55	100	4495	
Sub-total	7327	307	217	100	7951	
June 2020 to FBC Approval - Sep 2020	1440	60	44	50	1594	
Sub-total	1440	60	44	50	1594	
Schemes approved						2849
Total Spend	8767	367	261	150	9545	2849
Expenditure immediately after anticipated Approval						
Oct-20	2024				2024	
Nov-20	2026				2026	
	12817	367	261	150	13595	

It should be noted that the Trust will not be reimbursed for any of this expenditure if the business cases are not approved or the Trust does not proceed with the scheme. The Trust can also terminate the works and pre-construction contract at any point if it becomes clear the risk of not getting business case approval becomes unacceptable, the Ferndene or Bamburgh schemes fail to get planning approval or the scheme becomes unaffordable for other reasons (including reduced land values and/or failure to agree the required increase in revenue to cover bed costs with NHS England).

3. Commissioner Support

Letters of Support have been provided by Newcastle Gateshead Clinical Commissioning Group and NHS England. The letters from NHS England confirm full support for the scheme but indicate that further work and assurances are required before agreement on the price increases included (note that they expect the additional income from repatriation of Out of Area Placements to be deliverable). The price increase element of the business case represents £1.6m of the £8.5m expected Trust revenue benefit from the scheme.

4. Planning approvals

Northumberland County Council's planning committee approved both the full Northgate Hospital development and associated outline approval for housing on 7th January 2020. Draft conditions are still awaited before formal approval documentation can be issued.

The Planning application for Bamburgh was submitted on 6th December 2019, with anticipated approval in March 2020.

The application for Ferndene was submitted and registered on 20th December 2019. A planning decision is likely to be made in March or April 2020. The Trust has engaged in active dialogue with the public through an open 'drop in' session and access to a CEDAR web portal for the public to ask questions about the scheme, and through delivery of a presentation at the Prudhoe Town Council meeting in November.

5. Recommendations

The Board are asked to:

- Approve the £9.545m expenditure identified in Table 1, noting the risks highlighted in the event of the Full Business Case not being approved.
- Approve the continuation of required demolition and refurbishment works at Northgate Hospital
- Approve the final version of the Outline Business Case

Summary of NHS England and NHSI OBC queries & Changes to OBC

In total 103 queries were received from NHS England and NHSI in three tranches which required a response by 20 December, with a few follow-up queries in January. There were a number of repeated queries as different people reviewed the Outline Business case independently, and at different times. The queries can be grouped into the following headings:

1. Planning approval: A number of questions were raised about the timing and type of planning approvals being initiated by the Trust. Generally the Trust has applied for full approvals, rather than the outline approvals requested for OBCs in the DHSC guidance. This saves both time and money. Full approval has already been granted for the Northgate scheme and associated housing. Full Ferndene and Bamburgh applications are currently being considered, with approvals anticipated in March/April 2020 (Section 8.26 updated to reflect current position)
2. Procurement: DHSC guidance supports the use of the department's own Procure 22 framework. The Trust has its own Pagabo framework and thus a number of questions were raised. The two frameworks are very similar, and use the same NEC contract and we could demonstrate a significantly lower cost for Pagabo when compared to Procure 22 (Sections 8.4 & 8.31 updated).
3. Assurance was requested on the impact and currency of regional and national clinical models and policies.
4. Assurance was provided around compliance with DHSC guidance on business cases given in the 'Green book'.
5. Additional information was given on the treatment of VAT, inflation and accounting treatment of the land sale (Section 9.5 updated).
6. Risk registers were developed further to include the costs of each risk. Additional information on the costs of rejected options was required, and supporting calculations for our stated levels of optimism bias were forwarded.
7. Additional copies of some original spreadsheets/documents were requested as scanned copies were not always clear in the OBC and appendices.
8. Certain documents including derogation schedules, accommodation schedules, infection control and fire strategies required physical 'signing off'. This has now been actioned.
9. Additional information about NTW and NTW Solutions Ltd programme management structures and arrangements was provided by issuing the Project Execution Plan. (Section 10.1 has been amended to provide greater clarity)
10. More information was requested on the housing land valuation. The Trust has commenced active marketing of this land now that planning approval for the housing has been achieved (as of 7th January) (Section 9.2 updated)
11. A list of benefits for option was requested and these have been added as Tables 14, 16 & 18 in Section 7.4

12. A sensitivity analysis on the preferred option was required which has been added as Section 7.8. Further details on revenue savings and minor changes to the cost/benefit analysis in Table 27 were also requested and Section 7.9 has been updated.
13. The I&E and balance sheet tables in Section 9.5 have been amended to reflect the accounting treatment of the land sale and expected impairments on new assets.
14. A reconciliation of Demand/Capacity, Workforce and Costs has been added as Table 58 in Section 11.22

Cumbria, Northumberland Tyne and Wear
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Outline Business Case

Care Environment Development and Re-provision

CEDAR

January 2020



Document History			
Version No.	Date	Author	Summary of change
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2	06.06.19	Fiona Kettle / Steve Naylor	Distributed for comments
3	16.08.19	Fiona Kettle / Steve Naylor	Distributed for comments
4	29.08.19	Fiona Kettle / Steve Naylor	Distributed for comments
5	02.10.19	Fiona Kettle / Steve Naylor	Submitted to Trust Board for approval
6	09.10.19	Fiona Kettle / Steve Naylor	Submitted to NHSI/E for approval
7	14.01.20	Fiona Kettle / Steve Naylor	Amended version submitted to NHSI/E for approval
8	28.01.20	Fiona Kettle / Steve Naylor	Submitted to Trust Board for approval



Northgate Hospital proposed internal courtyard

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D	Communication and Engagement Plan
E	Risk Register
F	Social Value Report
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I	Schedules of accommodation, compliance and derogation
J	Project briefing document
K	Design and access statement
L	Award winning schemes
M	Letters of Advice
N	Project Programme
O	NEC Form of Contract C
P	Z Clauses
Q	1:200 Drawings
R	Land Sale Valuation Statement
S	Design Approval Toolkit (DAT) review
T	Fire Strategy
U	BREEAM Pre Assessments
V	IPC Letter of Compliance
W	Preferred Option Income and Cost Summary
X	Letters of Support
Y	Project Execution Plan (PEP)
Z	Premises Assurance Model (PAM)
AA	Equality Analysis CEDAR Project



Northgate Hospital building 61 proposed elevations

Current Hospital sites/Current Services provided

Ferndene	Assessment and treatment for CYPs patients with mental health and developmental needs and mild to moderate Learning Disability, Assessment and treatment for patients with mild to moderate learning disability and a requirement for high levels of supervision, assessment and treatment for patients with early onset psychosis or complex mental health disorders, Psychiatric Intensive Care.
Hadrian Clinic, Campus for Ageing and Vitality	Adult Male Acute Admission for those experiencing a relapse or crisis in their mental wellbeing, Adult Female Acute Admission for those experiencing a relapse or crisis in their mental wellbeing.
Hopewood Park	Assessment and Treatment, Psychiatric Intensive Care, Complex Care, Stepped Care and High Dependency, Older People's Functional Illness, A 'move on' service for people with complex care needs who require short term intensive rehabilitation.
Monkwearmouth	Adult Services, Learning Disability Services, Older People's Continuing Care Services, Adult Rehabilitation Services.
Northgate	Medium and Low Secure, Rehabilitation and Day Services, Mental Health, Autism Services, Assessment and Treatment for Patients with Learning Disabilities, Northumberland Head Injury Service.
St Georges Park	Adult Acute Admission/Treatment and Psychiatric Intensive Care, Mother and Baby, Rehabilitation, Geriatric Assessment/Treatment/Day Hospital.
St Nicholas Hospital	Adult Forensic Medium and Low Secure, Adult Urgent Care and Rehabilitation, Children and Young People's Medium Secure, Older People's Specialist Long Term Care.
Tranwell	Female acute admission mental health, male acute admission mental health.
Walkergate Park	Major Physical Disability affecting mobility, self-care and everyday activities, Disturbance of Cognition or Behaviour, Psychiatric Sequelae of Neurological Disease.

1. EXECUTIVE SUMMARY

1.1 Introduction

This Outline Business Case (OBC) describes the service planning and proposed implementation of three major capital developments to support the Care Environment, Development and Re-Provision (CEDAR) programme:

- i. The development of an integrated adult mental health and learning disability secure services centre of excellence at Northgate Hospital, Morpeth, Northumberland
- ii. The re-provision of Newcastle and Gateshead adult inpatient services to St Nicholas Hospital, Newcastle
- iii. The re-provision of Children and Young People's (CYPS) medium secure inpatient services to Ferndene, Prudhoe, Northumberland

All three major developments are linked to wider national and regional care model initiatives and are imperative in maintaining the Trust's long term sustainability as a provider of national and regional specialist services.

The OBC bid has been developed from a Strategic Outline Case which was approved by NHS England / NHS Improvement Delivery, Quality and Performance Committee on Thursday 27 June 2019 and the Finance Director, Department of Health and Social Care on Friday 2 August 2019.

Our core values as a CQC 'outstanding' rated Trust are interwoven into everything we do, and the CEDAR programme provides the infrastructure our teams need to continue to deliver high quality care, with compassion, respect, honesty and transparency.

A description of all of the services incorporated into this case is included in section four.

1.2 Background

The CEDAR programme is fundamentally focussed on improving the safety and quality of care for patients in line with national standards and the latest best practice.

In order to ensure that Northumberland, Tyne and Wear NHS Foundation Trust maintains its position as a leading national secure services provider, there is a need to re-provide outdated learning disability medium secure accommodation to meet current standards and increase capacity to meet demand for mental health secure services. In addition there is a need to move away from the current position whereby adult mental health and learning disability secure services are located on two separate sites, towards a single integrated secure service model. Delivering this model involves transferring nationally commissioned medium secure service beds for adults from the St Nicholas Hospital site to a new state of the art, centre of excellence on the Northgate Hospital site.

Transferring secure beds from St Nicholas Hospital will allow the vacated buildings to be refurbished and extended in order to re-provide adult acute admission facilities from one existing site at Newcastle General Hospital (now owned by Newcastle University) and one existing site at Queen Elizabeth Hospital, Gateshead. Both sites have insurmountable environmental risks that make them unviable for the Trust's services going forward.

This transfer will, in turn allow redevelopment of the Newcastle General Hospital and the Queen Elizabeth Hospital Gateshead acute sites. The Trust's lease on the Newcastle General Hospital site ends on Thursday 31 March 2022 and the Trust must vacate the site by Sunday 31 March 2024 at the latest.

A detailed design study was undertaken during the preparation of this OBC to also co-locate medium secure CYPS facilities alongside adult medium secure services at Northgate hospital. The efficiency benefits and ability to share spaces between adults and CYPS proved to be very limited. This OBC thus describes the preferred solution which is to co-locate CYPS medium secure services with all other Trust CYPS inpatient services at Ferndene, Prudhoe. Demand for learning disability beds at Ferndene has reduced since the commencement of this business case process due to the success of New Care Models and the Transforming Care Programme. The Trust recognises the need to efficiently utilise its estate and proposes to re-configure two existing Ferndene wards to house CYPS medium secure patients. This maximises utilisation of the estate, creates a CYPS centre of excellence, significantly improves environments within other wards and is a lower cost solution than an all new build facility for CYPS at Northgate.

1.3 Quality, safety and affordability

Quality

The programme will significantly improve the quality of care for patients through the provision of state of the art inpatient environments that will aid recovery by:

- Increasing dedicated therapeutic space
- Improving access to therapeutic outdoor space
- Improving access to exercise / gym facilities
- Providing en-suite facilities to every patient
- Improving environmental temperature control
- Improving indoor lighting
- Improving soundproofing and acoustics
- Improving furniture, fittings and access to modern technology
- Increased de-escalation and chill out space.

The programme will support the delivery of new care models and ways of working which are proven to aid recovery and enhance patient experience by:

- Providing services nearer to home which will allow more frequent visits from family and friends
- Moving away from large communal areas to smaller quieter personal lounge areas for people who have difficulties in socialising with others, which will help in the reduction and management of violent and aggressive incidents
- Creating a critical mass of highly specialised clinical staff within the immediate vicinity which will enhance quality of care through improved training and access to specialised clinical supervision
- Creating the ability to adjust bed numbers for specialities through flexible building design whereby increases and decreases in demand can be managed more effectively
- Increasing the ability to provide highly bespoke packages of care via flexible environments and an increased range of expertise and skills available.

Safety

The programme will significantly improve patient and staff safety by:

- Improving de-escalation and seclusion space
- Improving CCTV coverage and staff alarm systems
- Increasing access to a wider range of meaningful therapeutic activity which reduces stress, anxiety and frustration which can lead to violent and aggressive incidents
- Providing single storey accommodation which improves fire safety, observation and reduces the need to utilise mechanical restraint in order to move patients up and down stairs during incidents
- Increased critical mass of staff within the immediate vicinity which will significantly improve incident response times.

Affordability

The programme will create financial efficiencies through:

- Economies of scale that will reduce service cost replication
- The ability to increase income through repatriation and bespoke care packages acquired through spot purchase
- Reduced expenditure associated with property rental paid to other NHS Trusts and improved utilisation of the Trust's existing estate.

The plans will improve patient safety, meet the outcomes of public consultation, deliver site rationalisation, bring together a critical mass of clinical expertise, release land for new homes, deliver financial efficiencies and improve patient care.

1.4 Strategic Case

The Trust, a mental health and disabilities Trust, currently operates from over 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. It also runs a number of regional and national specialist services. Along with partners, it delivers support to people in their own homes, and from community and hospital-based premises.



The CEDAR Programme supports wider national and regional care model initiatives including:

1. NHS England New Care Models for Adult Secure Services
2. Transforming Care for people with Learning Disabilities
3. Newcastle and Gateshead Deciding Together, Delivering Together Programme
4. NHS England National CYPS Medium Secure Services review

The Trust intends to bring together all low and medium secure adult services onto the Northgate Hospital site in Morpeth, providing a new integrated adult medium secure facility comprising of six wards. The Trust will also continue to provide two low secure wards (Tyne and Tweed) and specialist adult autism service (Witford) at Northgate Hospital.

Surplus land at the Northgate site will be sold to create sites for approximately 134 homes and provide a contribution towards the funding of the programme. A number of these will be affordable homes and the Trust is investigating ways to ensure that a number of these are available for NHS staff. These proposals fulfil priorities in the Trust's Estates Strategy.

Following the transfer of adult secure services from St Nicholas Hospital to Northgate, the vacated wards at Bamburgh Clinic will be redeveloped to accommodate adult acute patients from Newcastle and Gateshead in line with the Deciding Together, Delivering Together consultation.

All options considered by the Trust are constrained by deliverability and availability of land for secure services and a business case and consultation exercise has already been undertaken in 2016 in relation to the adult acute services.

The Trust also intends to re-provide two medium secure wards for children and young people in reconfigured and extended accommodation alongside existing inpatient CYPS services at Ferndene, Prudhoe.

All programme streams are intrinsically interdependent.

The programme plan will support the Trust in achieving a significant number of national, regional and organisational strategic objectives.

1.5 Economic Case

Seven possible options are detailed in this document.

- Option one would involve doing nothing with all services remaining in their existing sites. The termination of the lease of Hadrian Clinic, Newcastle General Hospital makes this option unviable
- Option two is to do the minimum by gradually improving facilities by incremental refurbishment of existing accommodation to target reduction in backlog maintenance on existing facilities. Due to the pressure to vacate Hadrian Clinic, a new facility would still be required for adult acute inpatients
- Option three is to re-configure and re-provide mental health services in purpose built facilities on the Northgate and St Nicholas Hospital sites
- Option four is to re-provide services on a new 'green field' site
- Option five is to re-provide adult mental health services at Northgate and medium secure CYPS at Ferndene, Prudhoe
- Option six is as per option three but at the northern end of the site rather than the southern end
- Option seven encompasses dispersal of adult acute services across Trust sites and was one of the options considered in the Deciding Together, Delivering Together process.

Option	Description	Cost	Short Listed
1	Do nothing – services remain in existing premises	Backlog maintenance	X
2	Do minimum – gradual refurbishment and replace Hadrian Clinic due to lease termination	£27.7m over the next five years	✓
3	Re-configure and re-provide adult and CYPS secure mental health services in new purpose built facilities on the south end of Northgate site	£77.85m	✓
4	Re-provision of all services on a new green field site and complete closure of Northgate Hospital	Approx. C £180 million	X
5	Re-configure and re-provide adult secure mental health services in a new purpose built facility at Northgate and CYPS medium secure services in a reconfigured and extended Ferndene	£71.9m	✓
6	Re-configure and re-provide adult and CYPS secure mental health services as per option three but developed at the north end of Northgate site	£116.7m	X
7	Adult acute services on other Trust sites	See Deciding Together, Delivering Together analysis	X

Table 1 - Options

An analysis of the options was undertaken and options two, three and five were shortlisted. Options one, four, six and seven were discounted due to availability and cost, together with operational risks.

1.6 Preferred Option

The preferred option is option five. This option will provide a new 74 bed purpose built facility for adult medium secure services on the Northgate site, a centre of excellence, providing a world class provision for people with mental health, learning disability and complex needs. Two existing units on the Northgate site will accommodate a further 42 beds, an increase of two low secure mental health beds in line with the proposed bed model. In the SOC it was planned to provide 16 CYPS medium secure beds at Northgate. After more assessment and more detailed design work was completed it became clear that the critical safeguarding issues around CYPS meant that there were very few opportunities to realise efficiencies and shared facilities between adults and CYPS patients.

A separate scheme at Ferndene will reconfigure existing CYPS wards to accommodate 14 medium secure beds transferring from St Nicholas Hospital and 24 beds currently on the site.

Bamburgh Clinic on the St Nicholas Hospital site will be re-furnished and extended into a 54 bed facility for adult acute inpatients. This, along with 14 existing beds in the Bede Unit will deliver all the required outcomes for adult acute services as part of

the Deciding Together, Delivering Together public consultation undertaken by Newcastle and Gateshead Clinical Commissioning Group in June 2016.

Various buildings on the Northgate site will be decommissioned and the land sold as part of the land sale strategy supporting this programme. The Trust will move off the Queen Elizabeth Hospital site, Gateshead and the Campus for Ageing and Vitality, Newcastle Hospital site, returning them to Gateshead Health NHS Foundation Trust and Newcastle upon Tyne Hospitals NHS Foundation Trust respectively. The latter site has already been sold to Newcastle University by Newcastle upon Tyne Hospitals NHS Foundation Trust. The Alnwood Unit currently occupied by medium secure CYPS services at St Nicholas Hospital will also be vacated and will be available for redevelopment as part of future strategic plans.

1.7 Commercial Case

The Trust is proposing to utilise the PAGABO National framework for Major Projects (OJEU Reference: 2015/S 238-431604) to deliver the CEDAR programme. The Trust has been the host contracting authority for this framework since it was established in early 2016, and the Trust has utilised the framework on a number of occasions. The framework was established on the Trust's behalf by Added Value Portal Limited (trading as PAGABO) who conducted the procurement process under the Public Contract Regulations.

For the purpose of this programme a mini competition was held between the eight suppliers registered for LOT 3 of the above framework which covers contracts exceeding £50m in the North of England region.

The Trust appointed Sir Robert McAlpine (SRM) as its Principal Supply Chain Partner through the PAGABO National Framework in April 2017. The contract entered into between the Trust and SRM under the PAGABO Framework is NEC3 Option C, with Z clauses based on those listed in P21, P21+ and P22 frameworks.

1.8 Financial Case

This programme is crucial to ensure the sustainability of the Trust's secure services and to make them financially viable. A successful bid was made to the Wave 4 STP Capital exercise in 2018 and the project was allocated £54.2m of PDC funding to cover the net costs of the project which consisted of provisional scheme costs of £64.6m less a land sale of £10.4m. The scheme capital costs have increased to £71.9m to reflect an increase in the scope of the programme and the land sale value has decreased to £7.9m as a result of market changes and a reduction in land sale area. As detailed designs developed it became clear a reconfiguration of the wider CYPS accommodation at Ferndene and some ancillary services including the laundry at Northgate should be incorporated into the programme. This means the net costs of the project are £64.0m and it is now proposed to meet the costs of the preferred option from the allocated PDC with the balance of £9.8m partly associated

with the widened scope of the project, coming from internally generated funds/cash reserves.

From a revenue perspective the programme will result in a £8.5m financial benefit to the Trust. The services within the scope of the programme currently make a deficit of £8.5m and the preferred option will enable these services to improve their financial performance and generate a breakeven position which makes them sustainable going forward.

The improvement in performance comes partly from increasing the number of secure mental health beds to meet demand which is currently being met out of area, which increases productivity from existing resources. There are also efficiency savings as a result of the co-location of services and services being delivered in fit for purpose accommodation.

The Trust is working closely with NHS England and the other main commissioners of the services included in this development.

1.9 Management Case

There is a designated Core Programme Team who are allocated to the programme and who are responsible for its successful management and execution.

The Core Programme Team report directly to the CEDAR Programme Board, and is led by the Programme Director and includes key Project Managers, Clinical Staff, Estates, Financial and Business Support Staff. They are responsible for developing this document and for ensuring that there has been necessary consultation with staff, service users, carers and other key stakeholders. They, along with the Capital team will oversee the completion of detailed design work to improve the patient environment, and have an overview of the construction work to ensure the Principal Supply Chain Partner, Sir Robert McAlpine fulfils the programme's objectives.

The CEDAR Programme Board is a sub-group of the Trust Board and ensures that proper arrangements are in place to drive the programme forward and deliver the required outcomes and benefits. The Programme Board work in partnership with other health and social care providers, in accordance with the Trust's strategic ambitions.

Turner and Townsend (Cost Management Consultant) is contracted to the Trust to independently review the expenditure for the programme and advise on all cost matters.

Key milestones in the programme are listed in table two and three below.

OBC / FBC Process	
OBC to NTW Trust Board for sign off	2 October 2019
Submit Outline Business Case to NHS England/Improvement/DHSC/HM Treasury	10 October 2019
OBC sign off by NHSI / England, Capital and Cash, and CFO	30 January 2020
Ministerial Submission	30 January 2020
Update OBC to CNTW Trust Board for sign off	5 February 2020
OBC sign off by Joint Investment Committee	28 February 2020
OBC Ministerial sign off	Mid-March 2020
OBC HM Treasury sign off	Mid-April 2020
FBC to Cedar Board for sign off	7 May 2020
FBC to NTW Trust Board for sign off	29 May 2020
Submit Full Business Case to NHS England/Improvement/DHSC	w/c 1 June 2020
Final detailed queries and requests for further information sent to the Trust	19 June 2020
Trust responses due	10 July 2020
Recommendation report	24 July 2020
FBC sign off by NHSI/England, Capital and Cash, and CFO	7 August 2020
FBC sign off by Joint Investment Committee	28 August 2020
FBC sign off by DHSC and HM Treasury	September 2020

Table 2 – OBC/FBC process

Main Scheme Construction	
Commence MSU site establishment works at Northgate	3 August 2020
Start construction on Northgate new build	9 November 2020
Commence mobilisation to Ferndene	30 November 2020
Commence refurbishment and extension to Ferndene Phase 1	4 January 2021
Complete refurbishment and extension to Ferndene Phase 1	29 October 2021
Complete decant of service users and staff to Phase 1	24 December 2021
Commence refurbishment and extension to Ferndene Phase 2	10 January 2022
Complete refurbishment and extension to Ferndene Phase 2	25 November 2022
Complete decant of service users and staff to Phase 2	23 December 2022
Commence Bamburgh mobilisation	9 January 2023
Complete construction on Northgate new build	3 February 2023
Move patients from Bamburgh and KDU into new build	3 March 2023
Commence Bamburgh extension (post decant)	6 March 2023
Complete Bamburgh extension and refurbishment	22 December 2023
Patients vacate Hadrian Clinic	20 January 2024
Hadrian Clinic to be fully vacated and returned to Newcastle University	31 March 2024

Table 3 – Main scheme construction

1.10 Conclusion

This programme removes isolated mental health facilities from other acute Trust sites, improves safety and quality of care for patients and is intrinsically linked to the Trust's long term financial delivery plans.

Improvements to these facilities will significantly reduce identified environmental risks associated with the current buildings, some of which are no longer fit for purpose and in one case have already been sold by another Trust for redevelopment.

The Trust has had considerable experience in successfully delivering major capital schemes during the past fifteen years; including two mental health hospitals, a neuro-rehabilitation hospital, and five other significant in-patient units.

It is recognised nationally for its innovative approaches to design, involvement, and project execution having won professional, industry and Department of Health recognition for its work in improving the NHS estate for the benefit of patients, their carers, and the wider community.

The Trust's approach to change programmes and capital projects is underpinned by its core vision and values: being a leader in the delivery of high quality care and a champion for those it serves; borne on values that assure consistent attention to care and compassion, respect, honesty and transparency.

The Trust is confident that it has the expertise and experience to successfully deliver a programme that exceeds expectation, on time, and within the agreed resource envelope.

This programme will ensure the future sustainability of our CQC outstanding rated services and delivers on local, regional and national plans.



Northgate Hospital building 61 proposed elevations

2. GLOSSARY OF ABBREVIATIONS

A

AEDET	Achieving Excellence Design Evaluation Toolkit
AIMS	Accreditation Inpatient Mental Health Services
AIR	Assumptions, Issues and Risk
ALOS	Average Length of Stay

B

BAU	Business as Usual
BCIS	Building Cost Information Service
BIM	Building Information Model
BREEAM	Building Research Establishment Environmental Assessment Method

C

CAV	Campus for Ageing and Vitality
CBU	Clinical Business Unit
CCG	Clinical Commissioning Group
CEDAR	Care Environment, Development and Re-Provision
CEO	Chief Executive Officer
CHP	Combined Heating and Power
CIM	Capital Investment Manual
CIP	Cost Improvement Plan
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CYPS	Children and Young People's Service

D

DAT	Design Approval Toolkit
DDA	Disability Discrimination Act
DHSC	Department of Health and Social Care
DNO	Distribution Network Operator
DOH	Department of Health

E

EFM	Estates, Facilities, Management
EHE	Enhancing the Healing Environment

F

FBC	Full Business Case
FF & E	Furniture, Fixtures and Equipment

G

GARPRO	Gardens Project
GDP	Gross Domestic Product
GMP	Guaranteed Maximum Price

H

HMT	Her Majesty's Treasury
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I

IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
I&E	Income and Expenditure
IMD	Institute for Management Development
IPC	Infection, Prevention and Control

J

K

KDU	Kenneth Day Unit
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L

M

MCIPS	Member of the Chartered Institute of Procurement and Supply
MH 5YFV	Mental Health Five Year Forward View
MHA	Mental Health Act
MRE	Mechanical Restraint Equipment
MSU	Medium Secure Unit

N

NCM	New Care Models
NEC	New Engineering Contract

NOMS	National Offender Management Services
NPV	Net Present Value
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
NUTH	Newcastle upon Tyne Hospitals NHS Foundation Trust

O

OBC	Outline Business Case
OGC	Office of Government Commerce
OJEU	Official Journal of the European Union
OPD	Offender Personality Disorder

P

PAM	Premises Assurance Model
PD	Personality Disorder
PDC	Public Dividend Capital
PEP	Project Execution Plan
PICU	Psychiatric Intensive Care Unit
PLACE	Patient Led Assessment of the Care Environment
PPE	Post Project Evaluation
PREOMS	Patient Response Outcome Measures
PSCP	Principal Supply Chain Partner
PSF	Provider Sustainability Fund
PSMI	People with Serious Mental Illness
PUBSEC	Tender Price Index of Public Sector Building Non Housing

Q

QNFMHS	Quality Network for Forensic Mental Health Services
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R

RABAC	Resource and Business Assurance Committee
RCPsych	Royal College of Psychiatrists
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment

S

SLA	Service Level Agreement
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SMI	Serious Mental Illness
SOC	Strategic Outline Case
SOCF	Statement of Cash Flow
SOCI	Statement of Comprehensive Income
SOFP	Statement of Financial Position
SRM	Sir Robert McAlpine
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Partnership
<u>I</u>	
TC	Transforming Care
TEWV	Tees, Esk and Wear Valleys Foundation NHS Trust
TUPE	Transfer of Undertaking (Protection of Employment)

U

V

VAT	Value Added Tax
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W

X

Y

Z

6 Facet survey rating codes:

- A - Excellent / as new
- B – Acceptable / meets standards
- C – Poor / requires investment to achieve 'B' rating
- D – Unacceptable / dangerously below standard

Space utilisation rating code definition:

- E – Empty / severely underutilised
- U – Under utilised
- F – Full
- O - Overcrowded

3. INTRODUCTION

Northumberland, Tyne and Wear NHS Foundation Trust (The Trust) is in the planning and design phase of three major capital developments to support the Care Environment, Development and Re-provision (CEDAR) programme. These have been identified as strategic priorities for the organisation and wider NHS over the next five years. This outline business case covers the following schemes:

1. The development of an integrated adult mental health and learning disability secure services centre of excellence at Northgate Hospital, Morpeth, Northumberland
2. The re-provision of Newcastle and Gateshead adult inpatient services to St Nicholas Hospital, Newcastle
3. The re-provision of Children and Young People's (CYPS) medium secure inpatient services to Ferndene, Prudhoe, Northumberland.

All three major developments are linked to wider national and regional care model initiatives:

1. NHS England New Care Models for Adult Secure Services
2. Transforming Care for people with a Learning Disability
3. Newcastle and Gateshead Deciding Together, Delivering Together Programme
4. NHS England National CYPS Medium Secure Services review.

These developments are fundamentally focussed upon improving the safety and quality of care for patients requiring a stay in hospital. They are interdependent and support the efficient use of the Trust's current estate on the Northgate Hospital site at Morpeth in Northumberland, Ferndene site in Prudhoe and the St Nicholas Hospital site in Gosforth in Newcastle. Critically they also remove isolated mental health facilities from other acute and general NHS sites, releasing them for other strategic uses. They are intrinsically linked to the Trust's long term financial delivery plans and are imperative in maintaining the Trust's long term sustainability as a provider of national and regional specialist services.

The developments support the Estates strategies of neighbouring NHS Trusts and are in line with the Mental Health Five Year Forward View (MH 5YFV) by enabling the repatriation of service users receiving specialised forensic services in 'out of area' placements. Finally the developments ensure the long term delivery of mental health in-patient services in line with the outcome of the Newcastle and Gateshead Deciding Together, Delivering Together public consultation which determined that the described facilities should be moved out of their current isolated locations into reconfigured facilities on the St Nicholas hospital site.

In order to ensure the Trust's long term sustainability as a leading national secure services provider there is an identified need to move away from the current model whereby facilities for adult mental health and learning disability secure services are

spread across two sites. The new integrated adult single site model will involve the transfer of nationally commissioned medium secure service beds from the St Nicholas Hospital site to a new purpose built facility on the Northgate Hospital site. This, in turn will enable the development of an integrated mental health and learning disability secure service configuration whilst also achieving site rationalisation, improved service productivity, a greater critical mass of clinical expertise and expansion to enable repatriation in line with national strategy and the MH 5YFV. Provision of new services will be accommodated including non-offender personality disorder beds in the North East, an enhancement of the number of mental health beds post National Secure Services Review, including services for those currently in prison awaiting assessment and treatment. The space offered on the Northgate site will offer an environment which is much more therapeutically conducive to medium and long term secure care.

The transfer of secure beds from St Nicholas Hospital as outlined above would then allow for the refurbishment of the vacated Bamburgh Clinic in order to re-provide adult acute admission facilities from two sites in Gateshead and Newcastle, both of which have insurmountable environmental issues and risks that make the long term use of these sites unviable. The transfer will also free up estate in these neighbouring Trusts which will support the delivery of their respective estate strategies. The land currently occupied by the Hadrian Clinic at the Newcastle General Hospital site has already been sold to Newcastle University to support the creation of a world leading centre for ageing research.

The existing general admissions and low secure CYPS facility at Ferndene, Prudhoe has seen a reduction in occupancy levels since the commencement of the CEDAR programme. The Trust recognises the need to efficiently utilise its estate and thus now proposes to relocate CYPS medium secure services alongside other wards in this existing facility, with suitable extension and reconfiguration of existing services on the site (outside the scope of the original business case) to create a similar centre of excellence.

The overall programme will significantly improve patient safety, privacy and dignity, and quality of inpatient environments in line with national standards across a number of service lines which include nationally and locally commissioned services. Improvements to these facilities will significantly reduce identified environmental risks associated with the current buildings, some of which are no longer fit for purpose. The Trust also anticipate a reduction in the use of seclusion facilities.

4. WHERE IS THE TRUST NOW

The following section provides details of the current situation with regards to the premises from which the Trust provides its services. The summary is provided service by service rather than being location led and it incorporates details of area size, statutory and regulatory performance and CQC recommendations.

Currently services operate from a number of sites and buildings as follows:

4.1 Medium secure

Alnwood Unit (Ashby ward, Children and Young People's mental health and Lennox ward, Children and Young People's learning disability), St Nicholas Hospital, Newcastle upon Tyne



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
120 years	1977	B	C/D	B	C	F	C	£200K

CQC comments in 2016 include:

- “Unsatisfactory” movement of a patient to seclusion is via three flights of stairs, nine locked doors and one other door
- “High” use of restrictive interventions (environmental challenges associated with ageing and deteriorating buildings can have an impact)
- “Need to” reduce potential ligature anchor points
- Public spaces very clinical and unappealing
- Access to outside space and education difficult
- Poor lines of sight with blind spots.

PROPOSE TO VACATE

Bamburgh Clinic (Oswin ward, adult personality disorder, Aidan and Cuthbert wards, adult mental health), St Nicholas Hospital, Newcastle upon Tyne



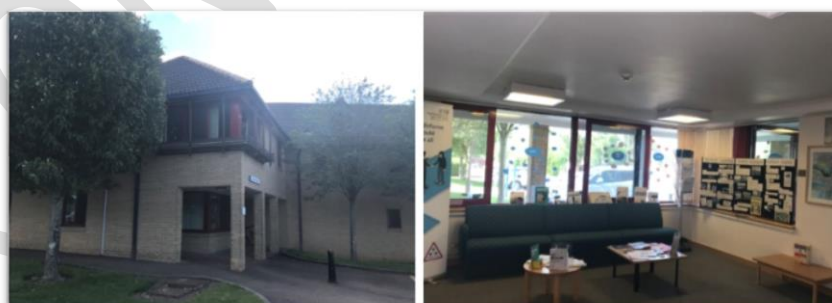
Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
13 years	4458	A	B	B	A	F	A	£0

CQC comments in 2016 include:

- Seclusion facilities to be modified to meet the required standard (no hatch to enable food and drink to be accessed by patient)
- Facilities “should be” available to monitor and control seclusion room temperature
- The layout results in some blind spots on the ward.

PROPOSE TO EXTEND AND RE-UTILISE FOR ADULT ACUTE SERVICES

Kenneth Day Unit – KDU (Cheviot, Lindisfarne and Wansbeck wards, adult learning disability) Northgate Hospital, Morpeth



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
24 years	2608	B	C	B/C	B	U	B	£85K

CQC comments in 2016 include:

- The physical environment not suitable for patients with significant mobility issues
- “High” use of restrictive interventions (environmental challenges associated with ageing and deteriorating buildings can have an impact)
- Clinic facilities limited, medication is stored and administered in the nursing office therefore limited privacy when patients are accessing medication –an additional clinic room has since been created to enable medication to be dispensed in a confidential manner
- Seclusions rooms have low ceilings with CCTV monitors which patients can reach, therefore presenting a potential hazard to patients.

PROPOSE TO VACATE AND INCORPORATE IN LAND SALE FOR HOUSING DEVELOPMENT

4.2 Low Secure

Bede Ward (adult mental health), St Nicholas Hospital, Newcastle upon Tyne



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
120 years	2316	B	A	B	B	F	B/C	£8K

CQC comments in 2016 include:

- Had limited space on the ward and the dining room was only just big enough to accommodate all the patients
- The seclusion room did not have the appropriate environmental controls – light, blinds and temperature control.

REFURBISHED IN 2019 (OUTSIDE OF OBC)

Tweed Unit (adult learning disability), Northgate Hospital, Morpeth



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
26 years	1239	B	B	B	B/C	F	B	£158K

CQC comments in 2016 include:

- A patient commented to the CQC that the courtyard looked like a prison and was not a nice place to be
- The ward looked dated and required refurbishment.

PARTIALLY REFURBISHED IN 2019 (OUTSIDE OF OBC)

Tyne Unit (adult learning disability hospital based rehabilitation) Northgate Hospital, Morpeth



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
4 years	1399	A	A	A	A	F	A	£0

CQC comments in 2016 include:

- Ward environment clean and comfortable

PROPOSE TO RETAIN (OUTSIDE OF OBC)

Ferndene Unit (CYPS low secure and open unit), Prudhoe



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
8 years	5684	A	A	A	A	U	A	£0

CQC comments in 2016 include:

- Very welcoming, clean environments with artwork on the walls
- Ferndene described as the best place by a patient.

PROPOSE TO EXTEND AND RECONFIGURE FOR CYPS SERVICES

4.3 Adult Acute Inpatient Services

Tranwell Unit (Fellside and Lamesley Ward, mental health), Queen Elizabeth Hospital, Gateshead (acute hospital)

Tranwell Unit (Isolated)



Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
26 years	2273	B	C	B	C	F	B	£1.4m combined with Hadrian Clinic

CQC comments in 2016 include:

- Environments which are very dated
- Potential ligature points in patient accessible rooms.

PROPOSE TO VACATE AND HAND BACK TO GATESHEAD NHS FOUNDATION TRUST

Hadrian Clinic (Collingwood Court and Lowry Ward, mental health), Campus for Ageing and Vitality, Newcastle upon Tyne



CQC comments in 2016 include:

- Environments which are very dated.
- Potential ligature points in patient accessible rooms.

Age of building	Floor area m ²	Fire Safety	Functional Suitability	Physical Condition	Quality	Space utilisation	Energy	Financial value of backlog
30 years	2985	B	B/C	B	B/C	F	B	£1.4m combined with Tranwell Unit

PROPOSE TO VACATE (SITE ALREADY SOLD BY NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST TO NEWCASTLE UNIVERSITY FOR REDEVELOPMENT)

5. WHERE THE TRUST WANTS TO BE

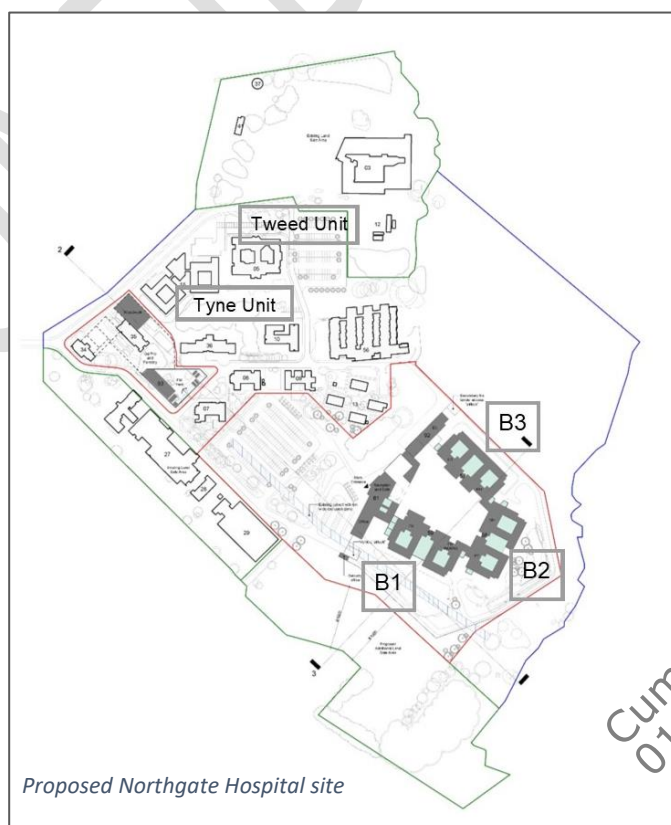
First and foremost the Trust wants to continue to provide high quality, safe and innovative services which meet all of the standards associated with its outstanding CQC rating.

Our strategic ambitions are:

- Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing
- With people, communities and partners, together we will promote prevention, early intervention and resilience
- Working with partners there will be “no health without mental health” and services will be “joined up”
- The Trust’s mental health and disability services will be sustainable and deliver real value to the people who use them
- The Trust will be a centre of excellence for mental health and disability
- The Trust will be regarded as a great place to work.

In order to achieve this there are a number of inpatient facilities that require significant improvement. Whilst developing plans to improve inpatient environments the Trust is also taking the opportunity to develop new and innovative service models which will enhance the quality and effectiveness of care delivery.

The Trust intends to rationalise all adult low and medium secure services on to the Northgate Hospital site, Morpeth, Northumberland as follows:



1. New integrated medium secure facility for adults.

Adult Medium secure wards (Table four):

- B1 Unit – MH Personality Disorder (New service) and Personality Disorder (OPD)
- B2 Unit – Adult mental health/PD (New service) and adult mental health
- B3 Unit – Adult mental health and learning disability

2. Low secure wards, utilising existing Northgate Hospital buildings (Table five):

- Reconfigure existing Tweed Unit – Adult learning disability (Outside this OBC)
- Tyne Unit – Learning disability and mental health

3. Acute adult mental health services (Table six) will be accommodated in reconfigured Bamburgh and Bede units at St Nicholas Hospital, Newcastle upon Tyne.



St Nicholas Hospital site map

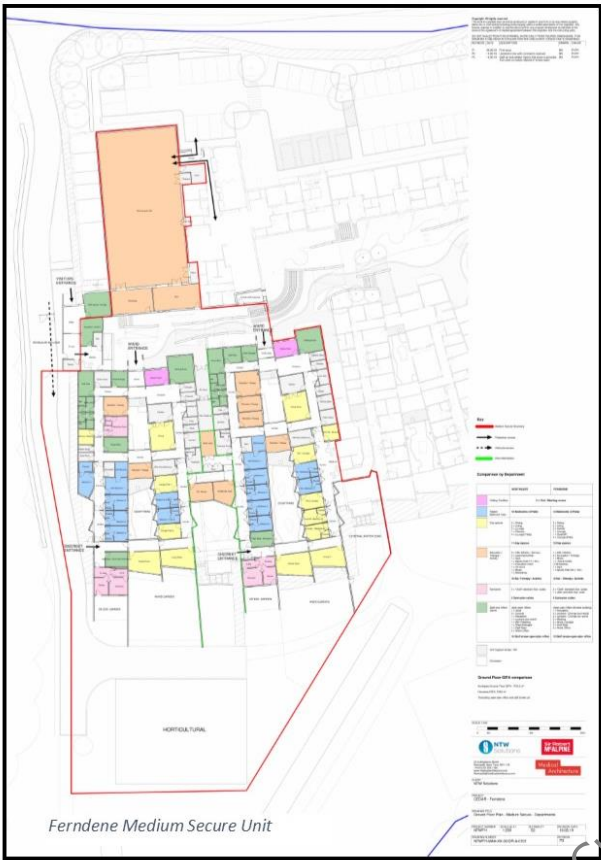
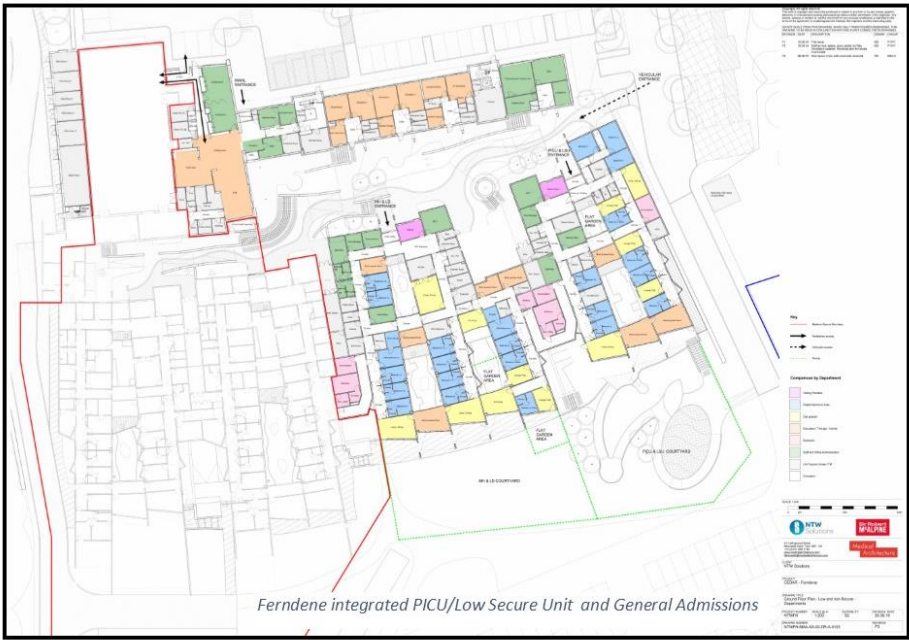
4. Dispose of surplus land at the northern and western boundaries of Northgate hospital (including the Kenneth Day Unit) to create sites for approximately 134 new homes and provide a contribution towards the funding of the programme.

5. Tranwell unit site at Queen Elizabeth Hospital will be vacated and available for strategic redevelopment by Gateshead Health NHS Foundation Trust

6. Hadrian Clinic at the Campus for Ageing and Vitality site in Newcastle will be vacated as required under the terms of the lease held from Newcastle University.

7. New integrated CYPS facility at Ferndene (Table seven). Reconfigure, upgrade and extend two existing low secure CYPS wards to provide CYPS medium secure

learning disability and mental health wards. Upgrade and reconfigure two existing non- secure wards to provide low secure and general admission learning disability and mental health.



Adult Medium secure services

Service	Current location	Proposed location	Trust beds 1/4/19	Proposed number of beds	Proposed number of wards
Medium secure mental health (male)	SNH Bamburgh (Cuthbert and Aiden)	Northgate New Build	25	28 (+3)	2 x 14 beds
Medium secure mental health/PD (male)	Not Applicable (New Service)	Northgate New Build	0	10 (+10)	1
Medium secure MH/personality disorder (male)	Not Applicable (New Service)	Northgate New Build	0	12 (+12)	1
Medium secure learning disability (Male 11 NHS England + 1 spot)	Kenneth Day Unit Northgate	Northgate New Build	18	12 (-6)	1
Medium secure personality disorder (Male, Her Majesty's Prison and Probation service, formerly National Offender Management Service OPD – Oswin)	SNH Bamburgh (Oswin)	Northgate New Build	16	12 (-4)	1
		Total new build beds	59	74	

Table 4 – Adult medium secure services

Low secure services

Service	Current location	Proposed location	Trust beds 1/4/19	Proposed number of beds	Proposed number of wards
Low secure mental health (male 10 NHS England + 8 spot)	SNH Bede (14 bed formerly Greentrees)	Northgate Tyne	14	18 (+4)	1
Low secure learning disability (male 11 NHS England + 1 spot)	Northgate Tweed (26 bed)	Northgate Tweed	14	12 (-2)	1
Learning disability hospital rehab (Male)	Northgate Tyne & Tweed	Northgate Tyne	14	12 (- 2)	1
		Total beds	42	42	

Table 5– Low secure services

Adult acute services

Service	Current location	Proposed location	Trust beds 1/4/19	Proposed number of beds	Proposed number of wards
Adult acute mental health male Beds	Hadrian Clinic (Collingwood)	SNH Bede	16	14	1
Acute adult mental health female beds	Hadrian Clinic (Lowry)	SNH Bamburgh	16	18	1
Adult acute mental health male beds	Tranwell Unit (Fellside)	SNH Bamburgh	20	18	1
Adult acute mental health female beds	Tranwell Unit (Lamesley)	SNH Bamburgh	18	18	1
		Total beds	70	68	

Table 6 – Adult acute services

Children and young people's services

Service	Current location	Proposed location	Trust beds 1/4/19	Proposed number of beds	Proposed number of wards
Medium secure – mental health and learning disability	SNH Alnwood	Ferndene	14	14	2 x 7 beds
Low secure – mental health and learning disability	Ferndene	Ferndene	7 (0 & 7 beds)	6 (3 + 3 beds)	1 x integrated with PICU
General admission – mental health and learning disability	Ferndene	Ferndene	18 (10 + 8 beds)	14 (10 + 4 beds)	1
PICU – mental health	Ferndene	Ferndene	4	4	1 x integrated with LSU
		Total beds	43	38	

Table 7 – CYPS

6. STRATEGIC CASE

This section describes the local, regional, national, estates and organisational strategies involved in the programme.

6.1 Approvals and support

This business case was approved by the Trust's Board on Wednesday 2 October, as per the attached Board Meeting minutes in appendix A.

This business case is owned and submitted by the Deputy Chief Executive who is the identified Senior Responsible Officer (SRO).

The programme scope and objectives have remained consistent with those outlined in the CEDAR Programme Board Terms of Reference and the Programme Initiation Document since November 2017. However, as the programme has developed, the proposed medium secure CYPS re-provision has changed site to the existing Ferndene CYPS unit as it became clear greater operational and capital efficiencies can be realised by co-locating low and medium secure CYPS services together rather than co-locating adults and CYPS medium secure services. As a result of this the business case now includes capital costs in relation to works to all of Ferndene and the financial model includes low secure, PICU and general admission in-patient services in addition to the CYPS medium secure services included in the SOC.

The appendices will include letters of support for this programme.

6.2 Organisational overview

The Trust works from more than 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. It also runs a number of regional and national specialist services. Along with partners, it delivers support to people in their own homes, and from community and hospital-based premises.

The Trust has more than 6,000 employees and an annual operating budget of over £300million.

The services that it provides are divided into three sections, which are organised geographically into "locality care groups". These are known as North, Central, and South.

The Trust was created in 2006 through the merger of three different NHS Trusts: Newcastle, North Tyneside and Northumberland Mental Health NHS Trust; South of Tyne and Wearside Mental Health NHS Trust; and Northgate and Prudhoe NHS Trust.

Since then, there have been some dramatic changes that have helped shape how the Trust cares and supports the people that it serves. For instance, eight state-of-the-art facilities have been built in the past 12 years, ranging from a specialist dementia centre to a large 122 bed hospital in Sunderland.

In community services, Initial Response Teams have been introduced to provide 24-hour access to urgent mental health care through one single phone number. A number of other services have also been introduced, such as a support service for veterans and a street triage service that works in partnership with Northumbria Police.

In 2015, the Health Service Journal named the Trust as one of the top 100 NHS Trusts to work for. The Trust was awarded the highly acclaimed ‘Provider of the year’ in the 2017 Health Service Journal awards. In 2019, the Trust’s Chief Executive was named in the top five of the Health Service Journals top 50 NHS Chief Executives 2019.

More recently, the Trust was chosen by NHS Improvement to lead the way in mental health care, picking them as its strategic partner in developing its mental health improvement programme.

The Trust was delighted to be rated ‘Outstanding’ by the CQC in 2016 and 2018.

Overall rating for this trust		Outstanding
Are services safe?		Good ●
Are services effective?		Outstanding ☆
Are services caring?		Outstanding ☆
Are services responsive?		Outstanding ☆
Are services well-led?		Outstanding ☆

The main Trust hospital sites are:

- Ferndene, Prudhoe, Northumberland
- Hopewood Park, Sunderland
- Monkwearmouth Hospital, Sunderland
- Northgate Hospital, Morpeth, Northumberland
- St. George’s Park, Morpeth, Northumberland
- St. Nicholas Hospital, Newcastle upon Tyne
- Walkergate Park, Newcastle upon Tyne.

The Trust has responsibility for the provision of mental health services in North Cumbria from Tuesday 1 October 2019. This will not have any impact on this OBC as there are no secure in-patient services being included in the transfer as the Trust already provides secure services to the population of North Cumbria. The mainstream in-patient and community services being transferred are out of scope for this scheme.

Overview of the Trust’s financial position

The Trust has a good financial record and has consistently achieved its financial targets including the delivery of efficiency savings. The Trust has always delivered a surplus (before impairments) and the Trust delivered a surplus of £7.8m (£2.6m excluding PSF) in 2018-19. The Trust has signed up to its control total (£2.6m

surplus including £2.6m PSF funding) in 19/20 which will require delivery of £10.4m of efficiency savings. The Trust's financial situation has become more challenging as a result of the national Learning Disability Transforming Care Programme. Between 2015-16 and 2019-20, the Trust will have experienced a £15m reduction in income from the closure of learning disability beds with a net impact of circa £6m. This scheme is crucial to the Trust as the £8.5m financial benefit will offset this impact and make the Trust's adult secure services and CYPS services financially viable. Key financial data for the current and previous three years is shown in table eight.

Key financial data 2016/17 – 2019/20

Key Forecast Financial Data	2016-17 Actual £'m	2017-18 Actual £'m	2018-19 Actual £'m	2019-20 Plan £'m
Income (including PSF)	316.5	315.5	320.4	324.5
I&E Surplus (excl PSF and Impairments)	5.0	5.2	2.6	0.0
Core Control Total (excluding PSF)	4.7	5.2	1.5	0.0
Provider Sustainability Funding (PSF)	4.2	3.8	5.2	2.6
Surplus (including PSF/excluding impairments)	9.2	9.0	7.8	2.6
Risk Rating	2	1	1	2
Efficiency Savings	8.8	10.6	12.6	10.4
Agency Spend	11.3	7.7	7.6	6.2
Cash Balance	17.5	23.0	30.6	18.4
Capital Programme	12.6	6.1	7.9	12.4
Asset Sales	0.0	0.4	3.6	2.6
Loan/PFI/Lease Repayments	(5.9)	(6.2)	(6.3)	(4.7)

Table 8 – Key forecast financial data

6.3 Local/regional strategy

The Trust provides services to a broad range of commissioners including:

- Five Clinical Commissioning Groups across Northumberland, Tyne and Wear
- Five Clinical Commissioning Groups across Durham, Darlington and Tees
- Cumbria and North East Commissioning Hub, the local team of NHS England
- CCGs out of area plus Scottish, Welsh and Irish health bodies who commission on an individual named patient contract basis
- Local Authorities
- As part of an innovative New Care Model arrangement we hold delegated commissioning responsibility for secure adult inpatient services and children's inpatient services along with Tees, Esk and Wear Valleys Foundation NHS Trust and NHS England.

Integrated Care System Planning

In recognition of the need to progress an integrated approach, the North East and

North Cumbria Integrated Care System (ICS) developed a mental health work stream to ensure that adequate focus is given to the mental health agenda. The ICS has also embraced the delivery of the Transforming Care for People with Learning Disabilities agenda. There is a clear commitment within the ICS Plan to ensure parity of esteem and to commit to ensuring that equal weight is given to planning for the physical health, mental health and well-being of our local population. There is full commitment to the delivery of the Five Year Forward View for Mental Health. This development will support the ICS to deliver:

- NHS England New Care Models for Secure Services (NCM)
- Transforming Care for People with Learning Disabilities agenda (TC)
- Newcastle and Gateshead Deciding Together, Delivering Together Programme (DT) – implementing consultation outcome and delivering consistently high standards of adult acute in-patient provision across the Trust
- Implementation of the Five Year Forward View for Mental Health particularly meeting standards for repatriation of service users from out of area and private sector placements
- An integrated, flexible and adaptable model for world class secure services, in partnership with Tees, Esk and Wear Valleys Foundation NHS Trust, to meet the needs of the population within the ICS footprint.

New Care Models

As part of the new care models pilot for adults and children, a robust regional governance structure has been introduced to provide strategic leadership and direction and to ensure effective alignment with commissioners:

- Commissioning Group - responsible for undertaking the detailed needs assessment and ensuring that the appropriate care pathway is commissioned in the most effective and efficient way
- Quality Governance Group - responsible for reviewing and providing assurance on the quality of service provision across the three domains of safety, experience and effectiveness
- Implementation Group - responsible for delivering the changes to the clinical pathway in line with the contractual requirements and resolving any clinical issues that may arise from the implementation of the service model.

Newcastle and Gateshead Deciding Together, Delivering Together

In 2015 -16, Newcastle Gateshead CCG in partnership with local providers undertook a public consultation called 'Deciding Together, Delivering Together'. This process asked for public views on different potential changes to the way specialist mental health services in Newcastle and Gateshead are arranged. This process was carried out in three phases:

1. Early listening phase: June to August 2014
2. Pre-engagement 'Deciding Together' listening exercise: November 2014 to February 2015

3. Formal public consultation: November 2015 to February 2016.

The first two phases were an integral part in developing the scenarios upon which the formal public consultation took place. In the public consultation 1,195 responses were received from individuals or organisations, as below, and analysed by an independent organisation.

- A minimum of 93 people attended 13 focus groups for service users and carers
- 165 people responded to an online and paper survey
- 797 people responded to a street survey
- 26 written submissions were received from individuals and organisations,
- 18 in-depth interviews with service users and carers were undertaken by Northumbria University; and
- 114 people attended four public consultation events.

Each phase had engagement activity and output reports which have been presented to the mental health programme board, CCG and NTW executives, and the Deciding Together project team has helped develop the Case for Change thinking since summer 2014.

The CCG Governing Body met on Tuesday 28 June 2016 to consider the business case which described how a number of options for the re-provision of acute inpatient services had been considered as follows:

- Option 1 - Do nothing
- Option 2 - The adult acute assessment and treatment service for Newcastle and Gateshead residents being provided from a location to be identified in Gateshead
- **Option 3 - Major conversion of wards for acute care at St. Nicholas Hospital, Newcastle**
- Option 4 - Major conversion of wards for acute care and adult acute care at St. George's Park, Morpeth and at Hopewood Park, Sunderland.

Option 3 was the preferred option requiring major conversion of wards at St Nicholas Hospital.

The Deciding Together and Delivering Together consultation still remains valid today, as the Trust and CCG consider that there are no changes in circumstances and no changes in the local adult acute mental health strategy. The outcome of the CEDAR proposal remains fully consistent with the options described in the process above and the option approved by the local CCG. The programme includes a comprehensive engagement plan for the duration of the project which includes engagement with service users, carers, families, staff, local authorities, local communities and other stakeholders.

6.4 National strategy

The NHS-Five Year Forward View states that over its term the NHS must drive towards an equal response to mental and physical health and towards the two being treated together. Whilst acknowledging that investment has already been made through the Improving Access to Psychological Therapies (IAPT) Programme and the development of waiting standards for mental health, it is anticipated that this is only the start and that the much wider ambition is to achieve genuine parity of esteem between physical and mental health by 2020. All current NHS developments are being shaped by the forward view, of particular note being the ongoing development of Integrated Care System Plans.

The Mental Health Five Year Forward View sets out an ambitious programme of work to transform mental health services in order to ensure that integrated systems of mental health and physical health care are provided to meet the needs of the population.

Transforming Care

Transforming Care for People with Learning Disabilities is the Government's national programme to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. The aim is to make sure more people are living in the community, with the right support and close to home.

The Transforming Care programme is focussing on:

- More choice for people and their families, and more say in their care
- Providing more care in the community, with personalised support provided by multi-disciplinary health and care teams
- More innovative services to give people a range of care options, with personal budgets, so care meets individual needs
- Providing early, more intensive support for those who need it, so people can stay in the community, close to home
- For those who do need in-patient care, ensuring it is only for as long as they need it and as close to home as possible.

In England, around 24,000 people who have a learning disability and/or autism are classed as being at risk of admission. Although the number of discharges or transfers has increased by 38 per cent over the last year, 2,595 people were in inpatient settings as of Wednesday 30 September 2015, more than three quarters of whom had been in inpatient facilities continuously for longer than a year.

While these placements are often a necessity in the short term, in too many cases they are used as a long-term option due to a historic lack of community-based services. These arrangements do not deliver the best outcomes for these people. They are also expensive, costing the health and care system on average over £175,000 per year for care which is often inappropriate.

As new and better alternatives become available in the community, the plan predicts a reduction in inpatient beds of between 30 and 50 per cent nationally. In some areas that have relied on inpatient settings more than average, the number of beds which will be commissioned may be reduced by up to 70 per cent.

This should free up hundreds of millions of pounds for investment in community-based support, as well as improving the quality of remaining inpatient units so that they can meet the needs of patients in the new system.

As a provider of local, regional and national inpatient services for people with a learning disability and/ or autism the Trust is working to develop new community based services with the aim of achieving bed reduction targets in line with the Transforming Care programme.

6.5 Organisational strategy

During 2016 the Trust undertook a comprehensive process to review its organisational strategy and to develop a new strategy for the five years from 2017-18. This was approved by the Board of Directors in January 2017, and was implemented from Saturday 1 April 2017.

From the start the Trust took an inclusive approach to refreshing the organisational strategy. The approach has involved different interested parties including:

- Service users and carers
- The staff
- The three locality groups
- The Council of Governors
- The Board of Directors.

The feedback from all of those involved has helped the Trust shape this strategy, identify what is important and determine the Trust's Strategic Ambitions. The title of the strategy, 'Caring, discovering, growing together' sums up the themes and comments which everyone made. The Trust has developed six strategic ambitions as part of the new strategy. These are:

1. Working together with service users and carers it will provide excellent care, supporting people on their personal journey to wellbeing
2. With people, communities and partners, together it will promote prevention, early intervention and resilience
3. Working with partners there will be "no health without mental health" and services will be "joined up"
4. The Trust's mental health and disability services will be sustainable and deliver real value to the people who use them
5. The Trust will be a centre of excellence for mental health and disability
6. The Trust will be regarded as a great place to work.

Each of the Trust's strategic ambitions are underpinned by high level, measurable goals. These focus on Trust-wide issues, for example care models, changes to the Trust's estate and partnership working. Equally, if not more important is how the strategy 'feels' on the ground to service users, their families, and the staff. The Trust's strategy will only be successful if the Trust is able to see further improvements in how people experience services. With this in mind the Trust will be asking local teams to develop their own approach to implementing the strategy specific to their own service. Central to this will be deeper partnerships with service users, carers, families, communities and other organisations.

A further element to the Trust's strategy is the major change programme of work. This sets out the significant service developments (including estates programmes) which will contribute to the six strategic ambitions.

These include:

- **Delivering excellence in in-patient care: In-patient care is provided in fit for purpose facilities, with common standards of care and support, responsively, seven days per week, within the constraints of the resources available to them**
- Great care in your community: Roll out new community evidence based care pathways across Northumberland, North Tyneside, Newcastle and Gateshead and ensure that the community services work alongside the partners to ensure people's holistic needs are met. It will deliver community services which demonstrably deliver value for money in terms of productivity and outcomes
- **Building the right support: Transforming services for people with learning disabilities and autism: It will close the agreed number of adult secure beds, in line with the national programme. It will work to ensure a patch wide approach to improving services for people with a learning disability and autism, using the expertise alongside partners to transform the services across the whole pathway in all localities. It will develop the provision of world class in-patient services for people with autism and with the most complex needs**
- Building resilience for people and communities: The Trust will, as an integral part of local integrated care systems, play a leading role with partners in developing a patch wide approach to building resilience for people and communities. It will work with all partners and agencies to enable people, their families, carers and communities to better manage mental illness, including its precursors, and disability
- The future for children and young people - Improved access to community services: It will promote and play an integral part in delivering a system wide approach to improving services for children and young people, collaborating with all partners

- Enabling the system to support your whole needs: It will promote a patch wide approach to better supporting people's whole needs, working with all local acute hospitals and community service providers to integrate mental health into physical health pathways
- **The future for children and young people - care for the most vulnerable: It will not provide young people's specialist inpatient services from the current location of Alnwood (the CYPS unit at St Nicholas Hospital) in the medium term and will re-provide those services from alternative accommodation or exit from the market. It will develop a sustainable model of care for children and young people requiring specialist in-patient support.**

The proposals described in this OBC are directly related to the delivery of three of the Trust's strategic ambitions highlighted above in **bold**.

6.6 Estates Strategy and Development Control Plans (DCP)

Estates Strategy

This scheme forms part of the ICS estates strategy, appendix B and supports its wider aims by:

- Moving beds from the Hadrian Clinic (2985 m²) which is based on the Campus for Ageing and Vitality site in Newcastle. This will facilitate the redevelopment of the site which Newcastle upon Tyne Hospitals NHS Foundation Trust has now sold to Newcastle University to create a proposed world leading centre for ageing research
- Moving beds from the Tranwell Unit (2620m²) on the Queen Elizabeth Hospital site in Gateshead to facilitate future site development
- Delivering the solution to site wide estate strategies for Northgate Hospital, Ferndene and St Nicholas hospital sites
- Providing functionally suitable, safer and clinically appropriate accommodation in Trust owned premises for patients of the Trust
- This programme will centralise adult secure services onto a single site at Northgate Hospital, and adult acute beds for services currently provided in Gateshead and Newcastle moving onto the St Nicholas Hospital site. In both cases this will eliminate current accommodation deficiencies which can only be achieved through this investment proposal
- Centralising CYPS in-patient services on a single site at Ferndene, Prudhoe. This will re-use reconfigured existing empty CYPS wards and concentrate clinical expertise on a single site
- Aligning itself to both the Naylor and Carter reports in terms of surplus land disposal, site rationalisation and optimisation
- Contributing via the land disposal to the DHSC target of £3.3bn capital receipts in land disposals by 2023 and 26,000 new homes by 2020 (as part of

the Government's Public Land for Housing Programme).

Backlog maintenance issues associated with current accommodation will be significantly reduced through the delivery of this programme.

Property	Total of all backlog
St Nicholas Hospital Site (inc Bamburgh and Alnwood)	£957,000
Hadrian Clinic (inc Collingwood/ Lowry) and the Tranwell Unit, Gateshead (Under the residual terms of the lease the Trust is responsible for all backlog maintenance on Hadrian Clinic).	£1.4m combined
Northgate Site (inc Kenneth Day Unit/Tweed)	£2.76m

Table 9 – Property

The programme's rationale is consistent with the mandatory Government construction strategy. The programme's sustainability will be monitored in line with the Sustainability Policy, appendix C, which sets out clear milestones to measure, monitor and reduce direct carbon emissions.

Current Services

Key issues currently faced include:

- The standard of the current estate – this is deteriorating and increasingly there are issues linked to the age of the buildings, which are requiring greater financial investment in maintenance. There is a great divergence in the quality and standard of the Trust's estate, something that has been commented on through feedback from the Royal College of Psychiatrists Quality Network. Buildings are not future-proof as there is limited flexibility within the current footprint. This has resulted in an inability to adapt care delivery to meet changes in patient demand. While the Trust currently delivers outstanding care (CQC, 2016 and 2018), there are challenges which must be addressed to enable long term sustainability from environments that are fit for purpose
- Under-utilisation of the Northgate Hospital and Ferndene sites - the implementation of the Transforming Care Programme for people with Learning Disabilities has led to a significant reduction in site utilisation at both sites. This gives the opportunity for retraction and consolidation of the Northgate site and offers the opportunity to redeploy the considerable expertise of staff to meet the needs of a different but related client group. At Ferndene existing underutilised wards can be consolidated and redeveloped to form two medium secure wards. This development enables the Trust to

support the ICS to become entirely self-sufficient in its management of secure in-patient services for its local population. Funding which is currently invested outside of the ICS footprint or within the private sector will be brought back into the NHS and ICS footprint. It will enable a further land sale (£7.9m) at the Northgate site, through a hybrid planning application, which will partly fund this proposal.

6.7 Local sensitivities and mitigation

Following consultation with local stakeholder's, only one concern has been raised as at August 2019 by Northumberland County Council, which relates to the potential for patients from other parts of the UK choosing to stay in Northumberland following their discharge from hospital. In this scenario the aftercare responsibilities and costs would transfer to Northumberland County Council. In response to this concern NTW undertook an audit of past discharges from secure facilities. The audit identified that there were very low numbers of post discharge cases who were not originally from Northumberland that chose to stay in the county following discharge from hospital.

The Trust has agreed that this issue is something that will be monitored closely in conjunction with Northumberland County Council post construction.

Any other issues or sensitivities relating to any aspect of the CEDAR project raised by relevant stakeholders will be fed into the CEDAR Core Programme Team for consideration and any responses or mitigating actions required will be developed and allocated to one of the programme team members who will adopt lead responsibility.

6.8 Integrated working

In general the plans associated with this programme have been positively received by all of the identified stakeholders.

With regards to the proposed integrated secure facility the plans have been fully supported by the New Care Models (NCM) Partnership Board which consists of representatives from the two regional secure service provider organisations and also includes representation from:

- Cumbria Partnership NHS Foundation Trust
- NHS England Specialised Commissioners Region and Hubs
- North East and Cumbria Transforming Care Partnership
- The sponsors of the mental health and learning disability programme
- Local Authorities.

Members of the NCM Board have considered this proposal and are in agreement to the proposed bed model. The Partnership Board also monitors any associated issues or risks in an Assumptions, Issues and Risks (AIR) log. These are discussed collectively by the wider stakeholder group to identify mitigating actions.

Other stakeholders include all CCGs across the North East and Cumbria footprint, NHS England, National Offender Management service (NOMS), Her Majesty's Prison Service (HMPS), and independent sector organisations.

It is a priority to engage with relevant local authorities to ensure support for service provision. To achieve this the Trust has developed a comprehensive communication and engagement plan, as shown in appendix D.

6.9 Activity and capacity planning, including utilisation schedule

The proposal is aligned to the activity requirements of the local health system and the wider national picture.

The £15m income reduction reflects the loss of income as a result of achieving the Transforming Care bed targets. The OBC includes a further loss of income of £2.6m from an additional reduction in CYPS beds. The number of proposed LD beds in the OBC are 36 for adults (12 medium secure, 12 low secure and 12 rehab) and 14 for CYPS (7 medium secure, 3 low secure and 4 general admission). This is expected to be the medium and longer term requirement and no further income reductions are predicted as NHSE policies are extended.

The proposed bed models have in turn been incorporated into the Trust's workforce planning programme and the recurring efficiencies identified within the proposal form a significant part of the Trust's financial planning processes.

The proposal is consistent with both the Trust's and ICS estate strategies.

6.10 Greater patient choice and access

The proposed scheme will improve choice and access through:

- An increase in bed capacity in the northern region for medium secure mental health services where there are current shortfalls in provision. This in turn would improve ease of access for visiting friends and family from the region who have relatives who are in secure inpatient wards
- An increase in ease of access to Newcastle and Gateshead Acute Inpatient services for visiting friends and family due to the central situation of St Nicholas hospital and its proximity to metro rail stops and regular bus services
- An increase in ease of patient access to outdoor space for most of the services in scope as the schemes move all inpatient clinical areas into ground floor buildings with easy access to outdoor spaces throughout
- An increase in ease of patient access to a wider range of sports and gym facilities.

The proposed scheme will significantly improve quality and safety. See section 11.

6.11 Service reconfiguration tests

The Trust believes that the service changes proposed within the CEDAR programme plan have been developed in line with the four key tests for service reconfiguration described in the NHSE guidance (Planning assuring and delivering service change for patients 2018) through:

- Strong public and patient engagement (see section 6 and section 11)
- Consistency with current and prospective need for patient choice (see section 11)
- Clear, clinical evidence base (see section 10)
- Support for proposals from clinical commissioners (see section 6).

6.12 Compliance with Carter efficiency recommendations

The Carter Review and Naylor Report, considers Estates and Facilities services performance and efficiency across the NHS.

The Carter review made a number of findings relating to estates and facilities, specifically highlighting the variances in cost to run the estate and the opportunity to rationalise estate. This project will deliver on both fronts. Cost savings will be delivered by having modern fit for purpose estate with significant reductions in the backlog maintenance position, and furthermore there will be a net reduction in floor area of around 10,000m².

The Naylor report was clear that the “NHS estate is one of the key enablers to change in the health system and directly contributes to the delivery of high quality healthcare to patients”. However, it also acknowledged the general consensus that the current NHS capital investment is insufficient to fund transformation and maintain the current estate and that property disposals could form part of the funding for new developments. This is precisely how the CEDAR development has been structured.

6.13 Investment objectives

Table 10 seeks to set out the Trust’s or programme investment objectives together with the rationale for the programme to SMART deliverables.

Service	Investment/Spending Objectives	SMART Deliverables
Adult and CYPS Secure, Adult Acute In-Patients	To comply with national environmental and building standards	Achieve 95 - 100% compliance rating against national environmental audit criteria by December 2023, from current compliance of 85%.
Adult Mental Health Secure and Adult Acute In-Patients	To meet increased regional demand for services i.e right number of beds in the right place at the right time (In line with national and regional strategy – see New Care Models, Transforming Care and Deciding Together, Delivering Together public consultation outcomes)	100% reduction in eligible out of area placements by November 2023. (51) 50% reduction in the numbers of people from the northern region waiting for secure beds by November 2025.
Adult and CYPS Secure, Adult Acute In-patients	To ensure efficient utilisation of the NHS estate	Extraction of services from non-Trust sites by December 2024 creating a revenue saving. Full utilisation of retained estate at Northgate hospital and Ferndene sites. Vacation of land at Newcastle General Hospital site currently occupied by the Hadrian Clinic, which has now been sold to Newcastle University.
Adult and CYPS Secure	To allow the Trust to continue to provide national children and young people's services (one of only two sites in the country that admit CYPS females). To make services sustainable by maintaining viability and competitiveness	Continuation of service provision via the Trust over the next 10 years. Adult secure, CYPS and adult acute services in CEDAR delivering a surplus by end 2024/25 financial year. Meeting CQC recommendations to improve the quality of accommodation for CYPS.

Table 10 – SMART investment objectives

6.14 Benefits, constraints, dependencies and risks

The programme has a range of benefits from a patient level to macro benefits for wider society. These have been broken down as below:

Patient:

- Improved environment
- Care closer to home
- Improved quality of care
- Improved patient safety
- Improved patient experience and outcomes.

Patient families:

- Reduced travel enabling more visits

- Reduced costs
- Peace of mind (improved care).

Clinicians:

- Safer working conditions
- Quicker response times
- Centres of excellence / shared learning
- Improved staff recruitment and retention
- Improved career development.

Administration:

- Better facilities
- Collaboration
- Easier access to patient records.

Trust:

- Improved compliance including CQC
- Achieve secure CQUIN MH4 Discharge and Resettlement
- Achieve CQUIN MH5 CYPS Inpatient Transitions
- Reduction in agency costs
- Cost efficiencies / economies of scale
- Improved performance
- Reputational enhancements.

Local health economy:

- Reduced A&E admissions
- Reduced pressures on local authority services
- Financial savings
- Improved pathway flow / reduced waiting times
- Reduced GP / primary care re-attendance
- Compliance with national programmes (including Transforming Care, New Care Models, Mental Health Service Review)
- Delivery of the outcome of the consultation on the future of inpatient adult assessment and treatment services for Newcastle and Gateshead
- Secures long-term viability of local and national services provided by the Trust.

Society:

- Improved transforming care
- Public safety enhancement
- Freeing up public land for reuse e.g approximately 134 housing sites at Northgate
- Vacating space to be utilised by Newcastle University for a medical research facility at the Campus for Ageing and Vitality

- Providing space for strategic development within the Queen Elizabeth Hospital site, Gateshead
- PAGABO is leading the way in Social Value and how it is accounted for. To date the total social return on investment on PAGABO projects is £1.54b.

Constraints

- National constraints regarding New Models of Care
- The outcomes of the Deciding Together, Delivering Together Consultation
- The constraints of secure environment provision.

Dependencies

All streams of the programme are intrinsically interdependent. Without undertaking all outlined works on the Northgate site, the Trust would not be able to relocate existing patients to vacate necessary wards on the St Nicholas Hospital site to then move in Newcastle/Gateshead adult acute wards. It is necessary to vacate current Newcastle/Gateshead wards due to:

- The agreed outcomes of Deciding Together, Delivering Together public consultation
- Poor physical environment on the Tranwell Unit
- Pressure to vacate Hadrian Clinic, Campus for Ageing and Vitality as soon as possible with the termination of the lease due in March 2022, with the option of a further maximum extension of two years. The site will then be redeveloped by Newcastle University to create a world leading centre for ageing research.

Risks

The risk register in appendix E identifies and assesses the risks to the programme.

7. ECONOMIC CASE

This section identifies the long list of options considered by the Trust, our options appraisal and benefit criteria for the programme.

7.1 Options appraisal process

This option appraisal process follows Government guidance, including H.M. Treasury's 'Green Book' and also NHS Improvement capital regime, investment and property business case approval guidance for NHS Trusts and Foundation Trusts. The Trust has followed the guidance when generating options, including the application of the Five Case Model. Additional social value calculations are available in appendix F.

7.2 Option appraisal – long list

The long list of options is detailed below:

Option one - Do nothing – remain in existing accommodation on the following sites:

- Adult secure (Learning Disability) - Northgate Hospital, Morpeth
- Adult secure (Mental Health) and CYPS medium secure - St Nicholas, Newcastle
- Adult acute - Queen Elizabeth hospital, Gateshead
- Adult acute - Hadrian Clinic, Campus for Ageing and Vitality site, Newcastle

Option two - Do minimum (Business as Usual)

The do minimum option is regarded as the 'Business as usual' (BAU) option in this case, rather than the do nothing option, because of the requirement to vacate the Hadrian Clinic on the Campus for Ageing and Vitality (CAV) site by March 2022 when the lease terminates (with the option of a maximum extension of two years) and the CAV is redeveloped by Newcastle University to create a proposed world leading centre for ageing research.

- The gradual improvement of mental health service facilities by incremental refurbishment and extension of existing accommodation to target reduction in backlog maintenance associated with existing estate and also new developments to replace less viable properties
- A new facility to replace the Hadrian clinic would be required.

Option three – capital developments at Northgate (south end of site) and St Nicholas Hospital

This was the identified preferred option in the Strategic Outline Case.

- Re-provide adult and CYPS secure mental health services in purpose designed and purpose built facilities on the Northgate site
- Reconfigure and extend the Bamburgh Clinic at St Nicholas hospital to accommodate adult acute services.

Option four – capital development on a green field site

- Re-provide adult and CYPS secure mental health services on a new 'green-field site', along with all retained existing services currently on the Northgate site. This would allow the disposal of the entire Northgate land area.

Option five – capital developments on Northgate, St Nicholas Hospital and Ferndene sites

Earlier assessment in the SOC considered the co-location of adult and CYPS medium secure services on a single site (as in option three above) would provide the greatest operational efficiency in terms of physical facilities on site, the sharing of these and overall staffing. As more detailed design work was completed it became clear there are indeed many benefits of co-locating all adult medium secure wards on a single site, but the critical safeguarding issues around CYPS meant that there were very few opportunities to realise efficiencies and shared facilities between adult and CYPS services.

The Trust's only other in-patient CYPS unit at Ferndene has seen a significant reduction in occupancy levels since the commencement of the CEDAR programme, mainly due to national policy changes around learning disability beds. This resulted in a re-examination of the viability of locating all in-patient CYPS facilities on a single site. It became evident greater efficiencies could be expected with reduced capital costs. This option has therefore been added to the OBC. This option would be to:

- Reconfigure and re-provide all adult secure mental health services in purpose designed facilities on the Northgate hospital site
- Reconfigure the Ferndene unit to accommodate all inpatient CYPS services for the Trust
- Reconfigure and extend the Bamburgh Clinic at St Nicholas hospital to accommodate adult acute services.

Option six – capital developments at Northgate (north end of site) and St Nicholas Hospital

Early design work located the hospital on the northern end of the Northgate site.

- As per option three but new hospital developed at the northern end of the existing site rather than the southern end.

Option seven – adult acute services on other Trust sites

This option encompasses one of the other options considered for adult acute services in the Deciding Together process. The configuration would be:

- Adult Secure (LD and MH) – reconfigure and re-provide in new purpose built accommodation on the Northgate site

- CYPS secure - Reconfigure and extend the Ferndene Unit for children and young people, in Prudhoe, Northumberland to accommodate all inpatient CYPS services for the Trust
- Adult acute – provide the wards split between the Trust’s two other acute sites at St. George’s Park, Morpeth and Hopewood Park, Sunderland.

No other options were considered as being realistically achievable as the Trust is constrained by:

- the availability of land on our existing sites
- timescales, particularly relating to termination of the lease for the Hadrian Clinic service
- risks relating to public acceptability of developing medium secure mental health and learning disability facilities in new locations

7.3 Options appraisal – from long list to short list

Critical success factors were identified to help appraise the options – both to reduce the long list of options to a shortlist and to develop the benefit criteria used to appraise the shortlisted options. The critical success factors are shown in table 11.

No.	Critical Success Factor (Descriptor)	Measure (SMART)
1.	Meeting National/ICS level strategies for all services in scope	Audit against strategic objectives
2.	Repatriation of all eligible out of area placements in line with new care models	100% reduction in eligible out of area placements by November 2023
3.	Prevent the need for the Trust to serve notice on critical national secure services provider contract	Maintenance of contract as at November 2023
4.	Fully meeting outcomes identified in the Deciding Together, Delivering Together public consultation	Re-provision of adult acute wards onto the St Nicholas hospital site by December 2023
5.	Reduction in waiting times for regional secure beds	50% reduction in the numbers of people from the northern region waiting for secure beds by November 2025. Allowing 24 months post build completion allows the necessary flexibility to manage the LD and MH MSU bed demands and occupancy levels safely during transition
6.	Addressing current environmental risks associated with services in scope	Removal of all current environmental risks identified on Trust risk registers for all of the services in scope by December 2023
7.	Achieving national environmental standards for the services in scope	Achieve 95% compliance rating against national audit criteria by December 2023, allowing time between build completion and snagging before collating patient views about their new environment
8.	Improving the quality of patient experience during their hospital stay	Demonstrable improvement in patient experience ratings via current audit systems by November 2025
9.	Reducing recurring costs of services	Achievement of £8.5m recurring financial improvement by April 2024
10.	Efficient utilisation of Trust Estate	Reduction in land area used by approximately 17 acres and the sale of excess land on the Northgate site for £7.9m in order to support CEDAR capital project. Reconfigure existing underutilised ward space at Ferndene to provide two medium secure wards.

Table 11 – Critical success factors

Options one, four, six and seven were rejected for the reasons explained below.

Option one – Do nothing

This option would involve continuing with current service provision in existing environments. There are a number of critical limitations associated with this option, and thus it has not been considered in the financial viability appraisal as it would result in key business failure as outlined below:

- Failure to deliver on the outcome of the Deciding Together, Delivering Together public consultation, leaving significant quality and financial stresses within adult acute in-patient services across Newcastle and Gateshead
- Lack of viability of secure services, making them potentially unsustainable, jeopardising the future provision of this business, and de-stabilising the provision of secure services across the North East and North Cumbria
- The Trust board has already declared it is not able to continue to provide CYPS services from the current Alnwood ward due to the various deficiencies and limitations identified in this business case. A managed withdrawal from this area of service would need to be initiated. Closure of a nationally commissioned in-patient secure service for young people, at a time when nationally there is a recognised under-provision of beds, would lead to young people receiving in-patient services outside of the ICS footprint (if capacity could be provided elsewhere)

Note: The Trust is currently one of only two in the country that accept young female admissions

- Failure to deliver on a range of national strategies
- Significant under-utilisation of the Northgate site, with services such as the Trust's specialist autism service (Mitford) becoming increasingly isolated
- The existing CYPS unit at Ferndene would also be significantly underutilised, due to the national programme to reduce inpatient LD capacity. In time, the viability of the unit could come under question, with inefficient operation in the meantime
- Impact upon patient care, safety and confidentiality
- The Trust still needs to vacate the Hadrian Clinic, Newcastle site due to pressure to vacate the Campus for Ageing and Vitality site as soon as possible with the termination of the lease, and sale of the site to Newcastle University by NUTH.

Option four – Green Field Site

This option was discounted on an availability, risk and cost basis. The key reasons for this being:

- Sites of sufficient size to accommodate a new hospital are generally less accessible than Northgate (by road, air and rail) and are generally zoned for industrial use

- This scheme includes the provision of medium (and low) secure services and any new site would need to go through a formal process including approval from the Ministry of Justice to gain clearance to house secure patients and a public consultation. This would be a lengthy, expensive and high risk process which would prevent the delivery of the scheme within the required timescales
- A study to identify sites and estimate purchase costs and sale values has been completed. The most viable site for a new hospital is located at West Hartford, Cramlington, which is allocated for employment uses. We understand that the owner has aspirations to deliver residential uses on the site. The site is situated on the northern edge of Cramlington, benefiting from good road links. We would note however that there are a number of environmental constraints affecting the site, including the existence of great crested newts. In addition, there are potentially significant abnormal development costs linked to ground conditions, with a history of mining in the area. The site is also unserviced. Serviced industrial land in Cramlington typically achieves in the region of £80,000 per acre, resulting in a potential purchase cost of £4m for a suitable plot for a new hospital. Surrounding land is likely to be developed for industrial purposes, which would not be an ideal setting for mental healthcare and the extremely complex patient needs and sensitivities caused by some conditions including autism. The Mitford unit at Northgate would also have to be relocated to a new site to ensure safety and clinical interdependencies were addressed. It is the only nationally recognised specialist centre for autism, providing the optimum environment for this patient group who can experience hypo and hyper-sensitivity to noise and wider environmental issues
- Some of the buildings on the Northgate site have already had significant recent capital investment, or are less than five years old
- If medium secure and low secure services had to be provided from different sites this would result in many of the programme objectives and operational efficiencies not being delivered
- Infrastructure is generally in place on the Northgate site. This would need to be installed on a green-field site, adding significantly to costs
- The Northgate site has been valued at £4m at employment land values. Our consultant surveyors and land agents have advised it is highly unlikely that Northumberland County Council would be willing to support residential development on such a scale (covering the whole hospital site) in this location. However, even if approval could be achieved, the maximum estimated land value is £24m, with phased payments likely over many years
- The net receipt would not fund the rebuild cost of even two of the existing units (Mitford and Tyne), let alone all the other facilities and wards on site and associated infrastructure

- Total costs to purchase a site, rebuild the hospital including the proposed new medium secure accommodation and provide existing facilities has been estimated at £180m.

Option six – develop a new medium secure unit on the north part of the Northgate site and reconfigure Bamburgh Clinic at St Nicholas Hospital

This was initially our preferred option as it provided a single plot of land for disposal for housing development. As early designs were developed with clinicians a number of issues were identified:

- This part of the site was not big enough to accommodate all services, when future potential expansion was taken into account
- The existing medium secure Kenneth Day Unit occupies a critical part of the site. Construction activities would need to be undertaken on three sides of this 'live' unit with extreme difficulties to maintain access and unacceptable disruption to patients due to noise and vibration
- A lengthened programme would be needed to construct a final phase of the development once the KDU was eventually vacated and patients had been decanted to part of the new facility
- Market analysis identified higher land values for this elevated part of the site compared to the southern area
- The sloping nature of the site created the need for level changes between wards which made sharing the facilities and swing beds impossible to achieve
- Construction traffic would need to pass adjacent to heavily occupied patient areas.

Option seven

This option was rejected because it would not comply with the policy decision by Newcastle Gateshead CCG in 2016, following public consultation that the adult acute inpatient service for the people of Newcastle and Gateshead should be provided in Newcastle.

7.4 Shortlisted options

The remaining three shortlisted options and benefits are described in more detail below. The configuration of services is illustrated in table 12. The financial cost of these options is provided in section 7.7.

The Trust considers that the two options that were appraised in the SOC (options 2 and 3) remain appropriate for consideration in the OBC.

	Northgate Hospital, Morpeth	St Nicholas Hospital, Newcastle upon Tyne	Hadrian Clinic, Campus for Ageing and Vitality	Tranwell Unit, Queen Elizabeth Hospital, Gateshead	Ferndene Unit, Prudhoe
Option Two (Do minimum)	Adult Secure, Learning Disability	Adult Secure, Mental Health	Adult Acute (new facility still required)	Adult Acute	
		CYPS Medium Secure			
Option Three	Adult Secure, Learning Disability	Adult Acute (Hadrian Clinic)			
	Adult Secure, Mental Health	Adult Acute (Tranwell Unit)			
	CYPS Medium Secure				
Option Five	Adult Secure, Learning Disability	Adult Acute (Hadrian Clinic)			CYPS Medium Secure
	Adult Secure, Mental Health	Adult Acute (Tranwell Unit)			

Table 12 – Shortlisted options, site specific services

Option two – Do minimum (Business as usual)

For adult secure services, this option would continue to provide services from both Northgate and St Nicholas Hospital sites, with refurbishment of the existing secure accommodation at Northgate to address immediate concerns. Bamburgh Clinic would remain as it is.

The CYPS medium secure services (Alnwood) would remain at St Nicholas Hospital but no costs are identified to improve this accommodation as it is considered that no level of refurbishment could overturn the fundamental limitations of the building and meet the CQC recommendations. The future provision of this service would need to be reconsidered by the Trust if this option was chosen.

This option is not a viable option for adult acute services, as the Trust must vacate the Hadrian Clinic in Newcastle as the Campus for Ageing and Vitality site on which it is located has already been sold by the previous NHS landlord to Newcastle University. Services would need to remain at Tranwell, even though this is an isolated mental health facility set on an acute hospital site with known deficiencies.

Strengths	Weaknesses
<ul style="list-style-type: none"> Minimal expenditure No consultation Minimal disruption 	<ul style="list-style-type: none"> Fails to deliver any critical success factors Jeopardises future viability of medium secure services and Ferndene site Fails to deliver on Deciding Together Delivering Together or any stakeholder objectives
Opportunities	Threats
<ul style="list-style-type: none"> Reallocation of under used space by other services 	<ul style="list-style-type: none"> Stifles operational growth Render some services unviable Negative impact on CQC outstanding rating Negative impact on national standards

Table 13 – Option two SWOT analysis

Benefit Description	Benefit Category	
No disruption to clinical service delivery	Service continuity	Unmonetisable
Some improvements to patient environments through backlog works being undertaken	Environment	Unmonetisable
Significantly less capital expenditure (Backlog work only)	Financial Efficiency	Unmonetisable
No staff consultations would be required as there would be no service moves or staffing model changes	Workforce	Unmonetisable

Table 14 – Option two benefits appraisal

Option three - New Build at Northgate (south end of site) for adults and CYPS medium secure services

For adult and CYPS medium secure services this option would deliver a full redesign of the whole pathway and provides an opportunity to create a 'heart of the hospital model', incorporating state of the art facilities, whilst creating new business opportunities for growth to meet demand and repatriate out of area placements.

The new build facility would comprise of 74 adult medium secure beds and 14 CYPS medium secure beds. The adult service would operate as an integrated service with two other existing adult wards on the site (Tyne and Tweed which provide 42 low secure and rehabilitation beds) providing a total of 116 adult beds in the proposed new bed model. The new service would also operate alongside the recently completed autism unit (which would need to be reprovided at a cost of circa £12m if the adult secure service was not provided on this site).

The proposed single secure hospital on the Northgate site would offer services and facilities for people with learning disability, mental health and complex needs. This, aligned with services provided by Tees, Esk and Wear Valleys Foundation NHS

Trust, and developments in community forensic services, would enable the ICS to be a national leader in the provision of comprehensive secure services for its population.

In addition to the in-patient units, the new facility would also include a full range of associated physical treatment and mental health recovery and therapeutic facilities, family and visitor facilities, support services and management and administrative facilities. This option would ensure the Northgate site would be fully utilised to maximise the site capacity but would only release approximately 11.4 acres of site for housing development.

As the design was developed it became clear that the opportunities to share space and clinical resources between adult and CYPS medium secure services were virtually non-existent.

For adult acute services, the transfer of the existing adult secure service in the Bamburgh Clinic on the St Nicholas Hospital site to the new build facility described above, would enable it to be upgraded and extended to provide state of the art adult acute mental health in-patient facilities for the population of Newcastle and Gateshead. The service would comprise of 68 beds, 54 in Bamburgh Clinic and 14 in Bede Ward, also on the St Nicholas Hospital site. This would provide two male and two female wards, replacing existing wards at the Hadrian Clinic on the Campus for Ageing and Vitality (CAV) site which is part of the Newcastle upon Tyne Hospitals NHS Foundation Trust estate and the Tranwell Unit on the QE Hospital site, which is owned by Gateshead Health Foundation Trust.

Strengths	Weaknesses
<ul style="list-style-type: none"> • All medium secure services on one site • Easier transition from CYPS to adult services • It meets all critical success factors apart from efficient utilisation of estate at Ferndene • Supported by stakeholders • Easier to obtain planning approval 	<ul style="list-style-type: none"> • High capital cost • Isolation of land at Northgate • Ferndene unit future viability • Inefficient operation of Ferndene • Inability to share space between adults and CYPS due to safeguarding concerns
Opportunities	Threats
<ul style="list-style-type: none"> • More land retained for future expansion • Centralised medium secure skill set 	<ul style="list-style-type: none"> • Future viability of Ferndene questionable

Table 15 – Option three SWOT analysis

Benefit Description	Benefit Category	
All medium secure services would be on one site which would create an accessible critical mass of skilled clinical expertise	Treatment Options	Cash Releasing - Included in Revenue Costing
Closer working arrangements between services would support improved transitions from CYPS secure pathways into adult service pathways where this is indicated	Clinical Pathways	Unmonetisable
Repatriation of all eligible out of area placements in line with new care models	Treatment Options	Cash Releasing - Included in Revenue Costing
Provision of en-suite facilities to services that currently do not have them	Privacy & Dignity	Unmonetisable
Increased levels of quiet, chill out and sensory room facilities	Privacy & Dignity	Unmonetisable
Improved de-escalation facilities	Privacy & Dignity	Non Cash Releasing Benefit
Improved reception and search environments	Patient Safety	Unmonetisable
Introduction of multi faith rooms and visitor facilities	Privacy & Dignity	Unmonetisable
Improved seclusion facilities	Patient Safety	Cash Releasing - Included in Revenue Costing
Improved access to individual dining facilities	Privacy & Dignity	Non Cash Releasing Benefit
Increased levels of safe outdoor areas including individual outdoor space	Patient Safety	Societal Benefit
Having all secure services on one site will significantly improve emergency response capability	Patient Safety	Cash Releasing - Included in Revenue Costing
Increased numbers of smaller communal/social areas	Privacy & Dignity	Unmonetisable
Increased access to sports/gym facilities	Improved Physical Health Options	Societal Benefit
Reduction in waiting times for regional adult secure beds	Patient Waiting Times	Cash Releasing - Included in Revenue Costing
The option meets the majority of identified critical success factors	Strategic	Unmonetisable
This option was supported by key stakeholders and service commissioners	Stakeholders	Unmonetisable
Easier to obtain planning approval as proposals involve two sites as opposed to three	Planning	Unmonetisable
Having all adult secure services on one site would allow for economies of scale to be realised through service rationalisation & new ways of working	Financial Efficiency	Cash Releasing - Included in Revenue Costing

Table 16 – Option three benefits appraisal

Option five – capital developments on Northgate, St Nicholas Hospital and Ferndene sites

This option is the same as option three, except that the CYPS medium secure service, currently at St Nicholas Hospital, would be relocated to the Trust's CYPS Ferndene Unit in Prudhoe, Northumberland rather than to Northgate Hospital. In addition the existing CYPS inpatient services at Ferndene are reconfigured into a more efficient and sustainable clinical model and physical arrangement.

The award winning Ferndene unit opened in 2011, and provides an integrated mental health and learning disability inpatient service for children and young people. It opened with four inpatient wards, providing a mix of 40 low secure and open beds, but following recent changes to improve the community care pathway for children and young people with a learning disability, there has been a significant reduction in admissions leading to under occupancy in the learning disability wards. This option would reconfigure and extend two of the Ferndene wards to accommodate 14 medium secure beds. The space occupied by the other two wards, providing 24 beds, would be reconfigured in line with newly developed integrated models of care, which entails making significant changes to the environment in line with current patient needs whilst optimising accommodation for a general admission unit, PICU, low secure and learning disability patients. There is the ability to share existing, underutilised educational, sports and workshop facilities at Ferndene, which reduces the capital cost of providing such new build facilities.

This option would consolidate the Trust's adult secure inpatient services at Northgate Hospital and the Trust's children and young people's medium secure inpatient beds at Ferndene whilst also making significant improvements to other areas of Ferndene in line with the changing needs of the CYPS inpatient population.

As with option three, it would improve utilisation of the Northgate Hospital site but additionally improve utilisation and future sustainability of the Ferndene site, and increases the land sale area to 17 acres (additional receipt value).

Strengths	Weaknesses
<ul style="list-style-type: none">• Fulfils all critical success factors• Lower capital costs• Safeguards sustainability of Ferndene• Critical mass for CYPS staff expertise• Greater land sale opportunity• Optimum utilisation of estate• Positive staff feedback/greater support• Better facilities for medium secure CYPS patients• Better land utilisation	<ul style="list-style-type: none">• Disruption over three sites rather than two• Limited expansion opportunities for both services

<ul style="list-style-type: none"> Improved buildability at Northgate Patients familiar with location whilst moving through secure pathways (MS/LS/LD) Improved PICU facilities at Ferndene Improved low secure and LD admission facilities at Ferndene Ability to implement new integrated care models at Ferndene 	
Opportunities	Threats
<ul style="list-style-type: none"> Closer working over the CYPS pathway Greater integration with local community for both services 	<ul style="list-style-type: none"> Achieving national secure standards with regards to secure perimeter Re-designation of an existing low secure site to a medium secure site Obtaining planning approval

Table 17 – Option five SWOT analysis

Benefit Description	Benefit Category	
All adult medium secure services would be on one site which would create an accessible critical mass of skilled clinical expertise	Treatment Options	Cash Releasing - Included in Revenue Costing
All CYPS inpatient services would be on one site which would create an accessible critical mass of skilled CYPS clinical expertise	Treatment Options	Cash Releasing - Included in Revenue Costing
Closer working arrangements between service pathways will support improved transitions across levels of security in both adult and CYPS service pathways	Care Transition	Unmonetisable
Having all adult medium secure services on one site will significantly improve emergency response capability	Patient Safety	Cash Releasing - Included in Revenue Costing
Having all CYPS inpatient services on one site will significantly improve emergency response capability at Ferndene	Patient Safety	Cash Releasing - Included in Revenue Costing
Provision of en-suite facilities to services that currently do not have them	Privacy & Dignity	Unmonetisable
Increased levels of quiet, chill out and sensory room facilities	Privacy & Dignity	Unmonetisable
Improved de-escalation facilities	Patient Safety	Non Cash Releasing Benefit
Improved reception and search environments	Patient Safety	Unmonetisable

Introduction of multi faith rooms and visitor facilities	Privacy & Dignity	Unmonetisable
Improved seclusion facilities	Patient Safety	Cash Releasing - Included in Revenue Costing
Improved access to individual dining facilities	Privacy & Dignity	Non Cash Releasing Benefit
Increased levels of safe outdoor areas including individual outdoor space	Patient Safety	Societal Benefit
Increased numbers of smaller communal/social areas	Privacy & Dignity	Unmonetisable
Increased access to sports/gym facilities	Improved Physical Health Options	Societal Benefit
Reduction in waiting times for regional adult secure beds	Patient Waiting Times	Cash Releasing - Included in Revenue Costing
Having all adult secure services on one site would allow for economies of scale to be realised through service rationalisation & new ways of working	Financial	Cash Releasing - Included in Revenue Costing
Having all CYPs Inpatient services on one site would allow for economies of scale to be realised through service rationalisation & new ways of working	Financial	Cash Releasing - Included in Revenue Costing
Additional improvements to Ferndene will ensure that the environment is more aligned to current and projected patient needs	Environment	Cash Releasing - Included in Revenue Costing
Additional improvements and adaptations to Ferndene will ensure that the facility will be fully utilised	Environment	Cash Releasing - Included in Revenue Costing
The option meets all identified critical success factors	Strategic	Unmonetisable
This option was supported by key stakeholders and service commissioners	Stakeholders	Unmonetisable

Table 18 – Option five benefits appraisal

7.5 Non-financial benefit criteria

The desired non-financial benefits from implementing a change in the way in which services are provided, were derived from numerous perspectives i.e the Trust, the commissioning agencies and service users. These have been grouped into five main benefit criteria:

1. Effectiveness of clinical services
 - a. High quality clinical service is delivered (Royal College of Psychiatrists, CQC, AIMS standards)
 - b. Re-provided services gain significant levels of credibility with key stakeholders and referring agencies
 - c. Supports seamless pathway between inpatient and community based services/teams
 - d. Supports positive patient outcomes
 - e. Reduced length of stay

- f. Reduced frequency in use of seclusion and alternatives such as de-escalation
 - g. Reduction in duration of seclusion
 - h. Improved dental care for patients
 - i. Improvement in physical health and wellbeing
 - j. Wider range of skills for independent living
 - k. Quicker admission of service users to the appropriate level of security through the co-location of adult secure services and, low and medium secure CYPS
 - l. Transform care for patients and members of the public.
2. Accessibility for patients
- a. Access to quality day care services and education facilities
 - b. Access to local services for rehabilitation
 - c. Suitability of geographical placement
 - d. Access for visitors.
3. Staffing Implications
- a. Recruit and retain suitably qualified and experienced medical workforce
 - b. Reduced need for formal staff consultation
 - c. Minimal redeployment of staff
 - d. Appropriate staffing to support clinical model
 - e. Positive work life balance for staff
 - f. Improved staff facility
 - g. Reduction in restrictive practice (use of supportive observations) which can slow down care pathway and is a very intrusive experience for the patient
 - h. With the integration of learning disability/mental illness services on one site there will be an increased need for a cross-skilled workforce, creating opportunities for professional development.
4. Operational and Environmental Suitability
- a) Buildings are therapeutic environments and fit for purpose
 - b) Current estate - utilisation increases from 75% to 100%
 - c) Increased access to a full range of therapies by the provision of designated psychological and occupational therapeutic spaces/rooms
 - d) Improve privacy and dignity for service users by the provision of single en-suite bedrooms
 - e) Increased access to outside space and fresh air for patients
 - f) Improved access to medical treatment following increased availability of treatment rooms on wards
 - g) Improved environment for patients whilst in seclusion
 - h) Greater autonomy and independence for the services within the unit

- i) Increased therapy and social spaces will provide greater opportunities for social interaction for service users
- j) Facilitating patient access to therapy on a 24/7 basis by providing therapeutic content to be accessed by service users, especially during times when provision is limited.

5. Strategic Fit (Achievability, Future Sustainability and Flexibility)

- a) Delivering the outputs of Deciding Together, Delivering Together
- b) Helping to deliver Trust strategic objectives
- c) Compliance with targets and future performance requirements
- d) Acceptability to stakeholders (CCGs/Patients/Carer)
- e) Absence of major constraints, positive overview and scrutiny
- f) Ability to sustainably meet current and future demand for service
- g) Designed to be in a position to respond to longer term strategy aims (Intermediate care/North ICS/Gateshead)
- h) Greater flexibility to respond to demand for beds and to deliver services that meet the national service review for secure care
- i) Adhere to and enhance the Trust's Estates strategy.

7.6 Non-financial option appraisal

A multi-disciplinary team determined the weighting that should be allocated to the non-financial benefit criteria. We ensured that the views of stakeholders were represented. For instance one of the attendees of the CEDAR analysis was the co-author of the Deciding together process where there was widespread consultation with the public and service users. The final decision particularly took into account patient access (including travel impact analysis) and strategic fit criteria. The analysis undertaken for the OBC has been a continuous process (as required in section 2.8 of the manual), and this can clearly be demonstrated by the evolution of our decision making and the change in our preferred option, once more detailed design work was completed. The workshop undertaken to develop and score the CEDAR analysis was attended by representatives with clinical, clinical management, commissioning, EFM and programme experience. The outputs were then shared electronically with a wider range of stakeholders including NHS England and staff side for review on Friday 16 August 2019, prior to an extraordinary programme board on Thursday 22 August 2019. The OBC was only submitted once all comments on the analysis and other matters in the document had been reviewed and incorporated into the submitted version, after a further OBC workshop and programme board (with commissioner representation) on Thursday 19 September 2019.

The allocation reflected a consensus view of the need to apply the right balance between design and functionality, access, strategic fit and achievability. The options were then scored from 1 to 10 against each benefit criteria and the score multiplied by the weighting for that criteria. The scores are recorded in table 19. A summary of

the reasons behind the scores is also provided below. The scoring was endorsed by the Programme Board.

Benefit Criteria	Weight	Option 2 (Do Minimum)		Option 3 (New Build for adult and CYPS)		Option 5 (New Build/Existing CYPS site)	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
Effectiveness of Clinical Services	20	4	80	9	180	9.5	190
Accessibility / Impact on patients and carers	20	6	120	7	140	8	160
Staff Implications	15	6	90	7	105	8.5	127.5
Operational and Environmental Suitability	15	2	30	8	120	9	135
Strategic Fit	30	2	60	7	210	8.5	255
Overall Score	100	20	380	38	755	43.5	867.5
Ranking			3		2		1

Table 19– Options appraisal

Option five was therefore identified as the option which would deliver the highest level of non-financial benefits.

The outputs were shared electronically with a wider range of stakeholders including NHS England and staff side representation for review on Friday 16 August, prior to an extra ordinary CEDAR Board meeting on Thursday 22 August. All comments were thus reviewed and incorporated into the OBC after a further workshop and programme board (with commissioner representation) on Thursday 19 September 2019.

Sensitivity analysis

The robustness of non-financial option appraisals should be tested by varying the weightings of the benefit criteria and the scoring of the options, to an extent considered reasonable as part of the option appraisal process. This is demonstrated overleaf, to determine if potential variations would have a material impact on the conclusions reached.

Testing the criteria weighting

The criteria weightings were varied to reflect discussion by the multi-disciplinary team which undertook the option appraisal. Table 20 shows the effect of increasing the Effectiveness of Clinical Services from 20% to 25% and Operational and Environmental Suitability from 15% to 20%. (Some scores rounded to nearest round figure).

Changing the Criteria Weighting					
	Original weighting	Sensitivity weighting	Option 2 Do Min.	Option 3	Option 5
Effectiveness of Clinical Services	20%	25%	100	225	237.5
Accessibility / Impact on Patients and Carers	20%	16.9%	101	118	135
Staff Implications	15%	12.7%	76	89	108
Operational and Environmental Suitability	15%	20%	40	160	180
Strategic Fit	30%	25.4%	51	178	216
Total Score			368	770	876.5
Rank			3	2	1

Table 20 – Criteria weighting

This shows that the application of the revised weighting criteria does not change the ranking of the options.

Testing the scoring

The scoring of the options was varied where there was most discussion/wider ranging views about the relative scoring. This sensitivity test is focused on the scores allocated to options three and five as option two scored significantly less than these options. There were only a few differences and these are shown in bold in table 21. The scores for option three for accessibility, staff implications and operational and environmental suitability were maximised in reflecting the group appraisal and whilst the score for option five for strategic fit could have been increased to reflect the appraisal, this has not been changed below in order to better test the robustness of the scoring. It can be seen that based upon a reasonable adjustment of the scoring, the changes do not alter the ranking of the scenarios.

Changing Scores only				
	Weighting	Option 2 Do Min	Option 3	Option 5
Effectiveness of Clinical Services	20%	80	180	190
Accessibility/ Impact on Patients and Carers	20%	120	160	160
Staff Implications	15%	90	112.5	127.5
Operational and Environmental Suitability	15%	30	127.5	135
Strategic Fit	30%	60	210	255
Total Score		380	790	867.5
Ranking		3	2	1

Table 21 – Changing scores

Testing the weighting and the scoring

In this sensitivity test, the changes in both the weighting and the scoring are applied together. This produces the scores shown in table 22 below.

Changing the weighting and the scoring				
	Revised Weighting	Option 2 Do Min.	Option 3	Option 5
Effectiveness of Clinical Services	25%	100	225	237
Accessibility/ Impact on Patients and Carers	16.9%	101	135	135
Staff Implications	12.7%	76	95	108
Operational and Environmental Suitability	20%	40	170	180
Strategic Fit	25.4%	51	178	216
Total Score		368	803	876
Ranking		3	2	1

Table 22 – Weighting and the scoring

In summary therefore, reasonable changes have been made to the weightings and changes have been made to the scoring in order to reasonably maximise the assessment of option three. When both these changes are applied together there are no changes to the ranking of the options and option five remains as the one which is assessed as having the highest level of non-financial benefits.

7.7 Financial option appraisal

The following paragraphs describe the financial appraisal of the shortlisted options.

Option 2 - Do Minimum Option

The capital costs for the do minimum option are £27.7m over the next four years at out-turn prices and £26.2m at 19/20 prices. This cost includes capital lifecycle costs (£0.3m), planned backlog maintenance to address immediate concerns on the Northgate site (£3.7m) and the replacement of Hadrian clinic (£23.7m). The Hadrian clinic cost has been based on cost models that have been developed from recently completed schemes. The figures for this option, incorporate an optimism bias of 5.9%.

The revenue figures in the table below reflect services maintaining current levels of income and pay and non-pay expenditure. Services currently cost more to provide than the income received and make a loss of £8.5m per annum.

The need for capital investment to address lifecycle and backlog maintenance and the replacement of Hadrian Clinic results in increased capital charges but these are offset by savings in rent/capital charges on existing accommodation split across two sites. An analysis of the Do Minimum option costs at 2019/20 prices are shown in table 23 below:-

	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	24/25 £000	Total £000
Capital Cost		1,111	2,004	18,792	4,319		26,226
Revenue Costs							
Total Income	39,000	39,000	39,000	39,000	39,000	39,000	
Ward Staff Costs	23,400	23,400	23,400	23,400	23,400	23,400	
Other Direct Costs	10,100	10,100	10,100	10,100	10,100	10,100	
Support Costs	12,800	12,800	12,800	12,800	12,600	12,400	
Capital Charges	1,200	1,200	1,200	1,600	1,900	1,600	
Total Spend	47,500	47,500	47,500	47,900	48,000	47,500	
Total / (Deficit)	-8,500	-8,500	-8,500	-8,900	-9,000	-8,500	

Table 23 – Option two

The above table reflects Trust costs. The costs of out of area patients that will be repatriated as a result of this development have been included in the do minimum option in the Comprehensive Investment Appraisal (CIA) Model as these will be avoided in Options 3 and 5.

Option 3 – CYPS at Northgate

The capital costs of this option are £77.8m over the next five years at out-turn prices and £73.1m at 19/20 prices. Capital costs for 19/20 of £6.3m are excluded from the economic appraisal as these are sunk costs and will be incurred whether or not the scheme goes ahead.

An analysis of Option 3 costs at 2019/20 prices are shown in table 24 below:-

	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	24/25 £000	Total £000
Capital Cost	6,284	12,492	31,492	21,425	1,881		73,574
Revenue Costs							
Total Income	39,000	39,300	39,300	39,300	46,500	46,500	
Ward Staff Costs	23,400	23,200	23,200	23,200	22,700	22,700	
Other Direct Costs	10,100	10,000	9,900	9,700	9,600	9,600	
Support Costs	12,800	12,300	12,200	12,200	11,700	11,100	
Capital Charges	1,200	1,600	2,300	2,900	2,500	2,400	
Total Spend	47,500	47,100	47,600	48,000	46,500	45,800	
Total / (Deficit)	-8,500	-7,800	-8,300	-8,700	0	700	

Table 24 – Option three

Option 5 – CYPS at Ferndene

The capital costs of the preferred option are £71.9m over the next five years at out-turn prices and £68.3m at 19/20 prices. Capital costs for 19/20 of £6.3m are excluded from the economic appraisal as these are sunk costs and will be incurred whether or not the scheme goes ahead. The costs of the preferred option at 19/20 prices are shown in table 25 below:-

	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	24/25 £000	Total £000
Capital Cost	6,284	12,513	28,714	18,684	1,795		67,990
Revenue Costs							
Total Income	39,000	39,300	39,300	39,300	46,500	46,500	
Ward Staff Costs	23,400	23,200	23,200	22,700	21,700	21,700	
Other Direct Costs	10,100	9,900	9,700	9,300	9,100	9,100	
Support Costs	12,800	12,300	12,200	11,900	11,200	10,700	
Capital Charges	1,200	1,600	2,300	2,800	2,400	2,300	
Total Spend	47,500	47,000	47,400	46,700	44,400	43,800	
Total / (Deficit)	-8,500	-7,700	-8,100	-7,400	2,100	2,700	

Table 25 – Option five

7.8 Combined investment appraisal – Value for money

The economic and non-financial appraisals sets out in this chapter can be combined to determine the best value for money option. The three options were ranked on their raw scores and their weighted scores. The net present costs of each option were determined and the options ranked according to their net present cost.

Where one option scores higher from a non-financial appraisal point of view but also has a higher cost, the relative value for money can be expressed in £'s per qualitative point score, to demonstrate whether the additional cost actually represents better value for money. In this case, however, the highest scoring option also has the lower net present cost and hence a significantly lower cost per point. The options can therefore be summarised as follows in table 26 below:

	Option 2	Option 3	Option 5
	(Do minimum)	(New build for Adult and CYPS)	(New build/Existing CYPS site)
Raw Scores	20	38	43.5
Weighted Scores	380	755	867.5
Rank (Non-financial)	3	2	1
Net Present Cost (NPC) (£K)	1,395,100	1,274,100	1,218,400
Benefit Cost Ratio	n/a	4.99	8.35
NPC per point score (£K)	3,671	1,688	1,404
Rank (VFM)	3	2	1

Table 26 – Combined investment appraisal

This shows option 5 to:

- Re-provide Adult Secure Services at Northgate and
- Re-provide Medium Secure CYPS at Ferndene, Prudhoe

This is the preferred option under both non-financial and economic scenarios.

The outcome of the appraisal is relatively insensitive to change as the switching points for the value for money assessments would be:

- If costs remain the same, Option 3 would need to achieve a weighted score of 907 to give the same NPC per point as Option 5. Given the maximum score is 1000 this is highly unlikely and would need an increase in scores of 20% i.e a 7.5 average score to increase to above 9 to achieve this.
- Conversely if the scores remained the same, the net present cost of Option 3 would need to reduce by £214.1m (17%) to give the same NPC per point as Option 5. Achieving this level of cost reduction is highly unlikely.

7.9 Identifying the best value for money option

A cost/benefit analysis has been undertaken for the three possible short listed options in line with guidance and a CIA model has been completed. The appraisal has been carried out over a period of 60 years from the completion of construction and discount rates of 3.5% for the first 30 years and 3% for the remaining years have been used. Capital costs for 19/20 have been treated as sunk costs and excluded from the appraisal. The net present social values are shown in table 27 below:-

Incremental costs and benefits cost	Discounted sum of cash flows (years 0-64)				
	Option 2 Do minimum	Option 3 CYPS at Northgate	Option 5 Preferred option	Incremental Costs/Benefits	
				Option 3	Option 5
	£m	£m	£m	£m	£m
Costs					
Capital Costs	45.9	76.8	69.2	30.9	23.3
Revenue Costs	1,348.2	1,192.7	1,145.6		
Risks	1.0	4.6	3.6	4.6	3.6
Total Costs	1,395.1	1,274.1	1,218.4	35.5	26.9
Benefits					
Revenue Cost Reduction				(155.5)	(202.6)
Cash Releasing Benefits (Asset Sale)		(5.0)	(5.8)	(5.0)	(5.8)
Non Cash Releasing Benefits		(10.1)	(10.1)	(10.1)	(10.1)
Societal Benefits	(1.0)	(7.3)	(7.3)	(6.3)	(6.3)
Total Benefits	(1.0)	(22.4)	(23.2)	(176.9)	(224.8)
Net Public Value	1,394.1	1,251.7	1,195.2	141.4	197.9
Benefit Cost Ratio				4.99	8.35

Table 27– Cost/benefit analysis

Table 27 is a summary of the CIA model results. The discounted revenue cost reductions are based on the costs of the different options at 19/20 prices. The main areas of cost reduction at 19/20 prices (preferred option values) are as follows: Ward staffing - CYPS £1.0m from reduction in number of wards and new models of care. Adult Secure £0.7m as a result of more functionally suitable accommodation and standard unit sizes.

Clinical support staff - CYPS £0.5m from co-location onto one site and a reduction in bed/patient numbers. Adult Secure £0.4m as a result of co-location onto a single site.

Estates and facilities costs - CYPS £0.7m from reduction in space occupied (1 ward less) and co-location onto a single site. Adult Secure £1.3m from reduction in space occupied and co-location onto a single site.

The cost reductions are based on the proposed staffing levels which have been identified by the clinical teams and estimated estates and facilities costs for proposed accommodation.

The table above shows that the preferred option delivers an incremental benefit of £197.9m over the Business as Usual option and a value for money benefit-cost ratio of 8.35. It also shows a benefit of £56.5m over Option 3.

The preferred option delivers a financial improvement that eradicates the current £8.5m deficit which would continue under the 'Do Minimum/Business as Usual' option. This will make the services sustainable going forward. It also enables the

further land sale (£7.9m) at the Northgate site, through a hybrid planning application, which will part fund this proposal and facilitate the building of 134 new homes. This development ensures the longer term sustainability of secure services which means these services will continue to be provided within the ICS. It also secures employment in Northumberland for a large workforce of 800 staff which is an economic benefit to the whole region. This development enables the Trust to support the ICS to become entirely self-sufficient in its management of secure in-patient services for its local population. Funding which is currently invested outside of the ICS footprint or within the private sector will be brought back into the NHS and ICS footprint.

Additionally, the current split across multiple sites limits economies of scale, dilutes clinical expertise and fragments the patient pathway. The Trust aspiration is to co-locate adult secure services to a single integrated site and CYPS to a secure specialist site. This development will deliver a recurrent financial improvement of £8.5m which will make the services sustainable and ensure the on-going provision of secure services.

7.10 Conclusion and clear recommendation for preferred option

As per the options appraisal, the proposed preferred option is option five.

The scheme would achieve the following benefits:

- Compliance with national programmes including Transforming Care, New Care Models, Mental Health Service Review
- Securing long-term viability of local and national services provided by the Trust
- Delivery of the outcome of the consultation on the future of inpatient adult assessment and treatment services for Newcastle and Gateshead
- Improved outcomes for patients
- Achieving Secure CQUIN MH4 Discharge and Resettlement
- Achieving CQUIN MH5 CYPS Inpatient Transitions
- Improved clinical environments, including compliance with CQC recommendations
- Achieving standards in line with the Greenlight Toolkit
- Fully aligned with mental health workstream of the ICS and delivery of the NHS long term plan.

The proposal recognises a clear responsibility not only to provide mental health services for people experiencing mental ill health, but to also ensure people with serious mental illness (SMI) have access to, and experience good physical health care. The flexibility planned for the resource will ensure that services can adapt to presenting need across the ICS area. There is a need to break down barriers between mental health and learning disability services, realigning provision to support the aim to ensure that all of those needing services are able to access appropriate services locally. The preferred option meets this need.

Services provided will be focussed on rehabilitation and step down, working closely with community services across an integrated pathway. The Trust envisages a reduction in length of stay within secure service beds by at least 10% and less inappropriate admissions, either out of area or within the private sector where individuals experience long stays, limited therapeutic interventions, and limited opportunities for progress.

CYPS low secure and open services at Ferndene will support a natural step down in security environment as patients move towards discharge.

Similarly, enabling the Bamburgh Clinic on the St Nicholas Hospital site to become available for Newcastle and Gateshead Adult Mental Health Services will provide an opportunity for the services to become consolidated in one area (which fits with the expectations of the Deciding Together, Delivering Together public consultation) in a suitable environment meeting contemporary standards.

The Trust expects that the environment will have a positive impact on service user's, carer's and staff wellbeing and potentially reduce incidents and promote recovery. Bed numbers per unit reflect the recommendations from the Royal College of Psychiatrists. Consolidating four wards onto the St Nicholas Hospital site would bring benefits in terms of cross cover and more effective utilisation of staff, particularly in relation to clinical support staff. Co-location would mean a greater number of services remain based on the site, reducing the risks associated with isolation, and more effective response to emergency situations. It will also result in a reduction in the number of sites for out of hours' medical cover, which will have a positive impact on responsiveness of junior doctor expertise to help manage these circumstances.

It will enable the opportunity to combine staffing resources across multi-disciplinary teams, which could increase productivity. Re-locating services to Bamburgh Clinic would ensure that adult in-patient services would continue to be delivered within the Newcastle and Gateshead locality, which was one of the main required outcomes of the public consultation and expectations of external stakeholders and is fully in line with the outcome of the Deciding Together, Delivering Together public consultation completed in June 2016. Furthermore, links to community services and local services would remain through the continued provision of service within the city.

7.11 Performance

With regard to performance, the proposal aligns with a number of ICS priorities; the new and reconfigured buildings will provide the physical health care facilities to ensure holistic patient needs are addressed, reducing demand on acute services wherever possible. The physical health agenda will extend to health promotion, encouraging personal responsibility through co-produced recovery plans.

Work is currently ongoing with Northumbria Healthcare NHS Foundation Trust, to negotiate a Service Level Agreement (SLA) with a local GP Practice to ensure that

the health care needs of the adult patients at Northgate are met. This includes the holistic annual health check criteria, general ill health screening and monitoring (including diabetic, asthma, well man and bowel screening) as well as health promotion (weight management, alcohol and tobacco cessation and physical activity), which is already in place (and links to the Trust's RiO physical health screens and CQUIN's). A GP clinic is currently located at Northgate, equipped with a wide range of equipment to enable screening and intervening, and is supported by a Triage Nurse and GP that deliver a surgery five days a week.

Additionally, the provision of a single adult site facility for secure services will allow a skilled workforce to be further developed, reducing demand on the wider health and care economy. It would also help to alleviate pressure in relation to waiting times; at present there are issues surrounding this, including: waiting times for care on a low secure unit being up to six months; Ministry of Justice recalls; ability for community treatment order recalls; clinical urgencies relating to prisoners; and the ability to access services quickly. The Trust foresees that this project will improve links with private and voluntary sectors, and improve pathway flow due to its community facing element (in-keeping with the future of forensic services, which is heading towards a community forensic model with a need to deliver 24/7 crisis response).

It is also important to note that there are presently no dedicated services for Forensic Personality Disorder patients within the North East footprint. Of those originating from the North East with a personality disorder diagnosis, 12 are currently in mental health or learning disability beds and 15 people have been placed in specialist units out of area. 11 of these are over an hour's drive away (greater than 60 miles), the furthest being 192 miles away.

Adult Secure Services

The metrics will be developed to align with the ICS priority areas, Five Year Forward View for Mental Health and monitoring potential savings as outlined in the strategy unit report. The Trust will monitor and would expect to see:

- The number of patients placed in secure services out of area decrease
- The distance patients are placed from home reduce
- A reduction in the average length of stay (ALOS) in hospital
- Waiting times for a hospital bed (including for those currently in prison awaiting assessment and treatment) reduce
- A reduction of violence and aggression
- Ensuring no suicides and no never events

It is envisaged that the ongoing work by Secure CBU in relation to its internal quality priorities in line with the former NHSE CQUIN (MH4 Discharge and Resettlement) will achieve at least a 10% reduction in the current average length of stay. The target agreed is based on 2016-17 activity and the following figures are the baseline ALOS with a target of 10% reduction across all services. In secure services the

ALOS for Medium Secure in 2017 was 1,469 days. At the end of March 2019, this had reduced to 796 days. In low secure it was 678 days.

It is anticipated that ALOS will reduce further due to enhanced service pathways, as well as through the development of a co-located service that is designed to deliver quality care from an environment that is designed to minimise risk, and promote safety and wellbeing. This will enable a more streamlined service, opening up beds earlier to ensure patients are admitted/transferred in a timely manner, and receive treatment to improve health and minimise risk.

A number of systems will be utilised to ensure that the Trust achieves the above, including the work already commenced to repatriate patients close to home through NCM. The Trust has already applied the CQUIN: MH4 to Reduce Average Length of Stay, and has embedded a robust monitoring process linked to the patient electronic records (RiO) and a performance dashboard that is monitored by the Central and Secure Clinical Business Unit (CBU).

For the physical health CQUIN, secure services achieve 100% compliance for service users.

CYPS Secure Services

The same CQUIN (MH4 Discharge and Resettlement) applies to Children and Young People's Services. This applies to all of the Trust's Children and Young People's Services including those at Alnwood.

The CQUIN MH5 CYPS: Inpatient Transitions looks to develop more effective co-ordination of transition plans between services and address common issues with services such as:

- Delayed discharge due to lack of social care provision which is a significant problem
- Difficulties around availability of community support from CYPS
- Transition issues become a greater problem when the child/young person re-presents in crisis.

It is anticipated that the service changes planned across those Trust CYPS Services that are included in the New Care Models approach will influence practice at Alnwood. It should be noted that the key 'fundamentals' of New Care Models are:

- Reduction in number of admissions
- Reduction in average length of stay at hospital
- Reduction in the number of out of area placements for young people
- Reduction in the number of overall miles travelled for hospital admission.

This should be set alongside the national CYPS development that has a clearly stated aim to provide:

“Facilitation of transition into, and out of, secure settings for young people, providing support, advice and practical input as required, follow-up of cases where young people move out of area, facilitating, where appropriate, return from secure custodial, welfare or mental health placements”.

Given this, it would be anticipated that, through the development of a reconfigured medium secure unit for CYPS, alongside the service improvements (and expected outcomes) as a result of New Care Models and CYPS, there will be a greater emphasis on:

- Co-ordinated approaches to admission to CYPS MSU including greater emphasis on identifying shorter intended discharge dates
- Shorter lengths of stay enabled by the ability to provide a purpose built, therapeutic space which enables positive approaches and for treatment plans to be delivered earlier (leading to more effective treatment and earlier discharge dates)
- Readily available therapeutic environments which allow for individual needs to be much more readily accommodated at the initial point of admission (enabling admissions to be much more easily facilitated).

Newcastle Gateshead Adult Acute In-Patients

There are a number of key metrics that the proposed scheme will take into account in relation to Adult Acute Inpatient Services. For example, Talk 1st is part of the Trust's positive and safe care strategy to reduce the need for restrictive interventions including physical restraint. By using safeguards, starwards and Talk 1st (which is well established within Trust services), the Trust dashboard data indicates a clear reduction in incidents, prone restraint and use of seclusion. The preferred option would facilitate continued improvement in relation to this metric by delivering environments that improve access to outdoor space, chill out / relaxation rooms and de-escalation areas.

The Trust has undertaken work to ensure that patients are free from ligature risks as far as reasonably practicable and strives to maintain safety whilst patients are in care with an embedded policy of engagement and observation. The new build would be designed to have enhanced levels of sight and be environmentally ligature free with CCTV and state of the art facilities to enhance safety and well-being.

The CQUIN regarding improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) and preventing ill health by risky behaviours will continue to be a priority for the service to improve the health and well-being of those who use inpatient services.

Adult acute services site options

Locations for adult services were considered in the Deciding Together, Delivering Together public consultation of 2016, and three options were identified at this time:

- 1) St Nicholas Hospital
- 2) St George's Park, Morpeth and Hopewood Park, Sunderland
- 3) Gateshead – a location to be identified.

The consultation concluded that St Nicholas Hospital was the preferred site. This decision went through all the appropriate approval processes in addition to the public consultation exercise. The Clinical Commissioning Group produced a Case for Change document and also a Decision Making Business Case, which was sent to NHS England for assurance purposes in May 2016. This outcome has been adhered to through the CEDAR Options Appraisal as work has been on-going since 2016 to deliver this agreed solution.

7.12 Transformation and Environment

The proposed scheme would have a transformative effect on all of the services in scope. While it is not sustainable to continue to deliver services from existing buildings, the scheme will address the current environmental challenges associated with ageing and deteriorating buildings. It will afford services the flexibility to tailor care to meet the changing needs of patients with complex needs. The shared services incorporated into the Northgate single adult integrated secure site and integrated CYPS facility at Ferndene will not only provide efficiencies via economies of scale, but will help to better integrate delivery of care for service users with complex needs, helping to de-stigmatise services and breakdown existing perceptual barriers. Services will be better placed to adapt to local, regional and national requirements.

The redesigned service will greatly improve the pathway, facilitating reduced waiting times and offering additional beds to repatriate out of area patients to receive care closer to home and prevent people being sent out of area. It is expected that this development, alongside services provided by Tees, Esk and Wear Valleys Foundation NHS Trust, will be able to meet fully the demand for secure services across the ICS area. Appropriate triaging and placement of patients into services will alleviate pressures on other healthcare providers in the region for example A&E, GPs, community teams, police, prison and social services.

The transfer of adult secure services from St Nicholas Hospital to Northgate will allow for the redevelopment of the vacated facilities into state of the art adult acute mental health inpatient services for the population of Newcastle and Gateshead. Co-locating these adult beds on one site will enable cross cover and integrated working, across all professional staff groups which will also deliver financial savings through economies of scale.

This programme will improve services for a wide ranging group of patients, improving quality of care through enhanced environments, while strengthening links with the community and will aid recovery and smooth discharge pathways. The Northgate site will be community facing with an aspiration that certain facilities will be

accessible to all i.e café, woodwork and GARPRO facilities. This will enhance the surrounding area and contribute to wider cultural issues surrounding stigmas relating to mental health and learning disability. Other benefits include:

- Provision of new facilities with the means to address all challenges identified. Flexibility to deal with physical frailty, gender, age, security level, pathway, speciality, demand, needs (reducing any out of area placements)
- Individual care areas to improve the quality of care recognising safety, patient care need and their dignity
- Delivery of 21st century standard environments supporting modern healthcare
- Future-proofing - flexibility in design to meet changing needs across the ICS across medium/low secure/mental health and learning disability, demand for adult acute in-patient beds
- Individual care delivery caters for people with complex needs, autism and acute mental health presentation – these reduce anxiety, enable optimised care in line with the MHA, Code of Conduct and Trust Policy.

For children's secure services, feedback from the Care Quality Commission (CQC) echoes the benefits listed above suggesting that current environmental provision does not best cater to meet patient need. The provision will be enhanced through the development of amenities that enable patients to access a range of spaces that aid recovery and enable staff to facilitate more efficient treatment focused pathways of care.

New and reconfigured facilities will increase flexibility for both adults and children, and remove challenges surrounding the refurbishment of aged existing stock to meet the required standards outlined by both the Royal College of Psychiatrists Quality Network and the CQC (the current footprint of some wards does not enable additional therapy / quiet time, or access to outside spaces). It is envisaged that the design of the new provision will provide longevity of services and future-proof the effective provision of quality patient focused care.

The aim is to provide an enabling environment which will create a bridge between clinical and non-clinical settings. In addition to traditional therapeutic facilities, the environment will offer de-escalation suites and low stimulation spaces where patients can take time to relax and restore themselves with peace. Multi-disciplinary hubs will assist in developing a single common core vocabulary, as well as shared learning across a range of agencies and services, which will foster productive relationships and promote a healthy workforce.

Clinical outcome measures will be utilised to work in conjunction with the enhanced environmental facilities, in order to reduce the need for restraint. Restrictive practices will diminish due to bespoke environments that are designed to enable freedom of choice and movement, whilst maintaining relational and environmental safety.

The use of Secure PREOMS will enhance hope in recovery, recovery star (national quality standard), and my shared pathway, promoting patient engagement in care. Talk 1st initiatives will enable patients to address frustrations and anxiety and self-manage their anger.

Environments have been designed incorporating national best practice such as enabling environments standards, Royal College of Psychiatrists and NHS England, quality standards, Kings Fund, enhancing the healing environment (EHE), as well as the Trust quality initiatives around the house model and discharge pathway.

The environments are designed utilising the Trust's extensive knowledge from previous new builds, drawing upon such designs as the Stirling University Gold Award Winning development at Monkwearmouth Hospital to ensure that key design features and lessons learnt are utilised. This will result in creating functional, state-of-the-art, future-proofed services that enhance the experience of patients, carers and staff. A high level of standardisation is inherent in the design which will allow further flexibility between services if demand and commissioning interest varies with time.

The Trust inherited a large, very poor quality mental health and disability services estate. Before its formation in 2006, only 5 - 10% of inpatient accommodation was in NHS condition A or B. Now, at over 90%, it is amongst the best in the country. Fourteen significant new build and refurbishment developments have been completed since 2006, at a capital value of around £180m, the largest being the £50m, 122 bed Hopewood Park hospital in Sunderland, which opened in September 2014. The most recent scheme, the Mitford Unit is a new £10.6m, 15 person unit providing a highly specialist UK-wide service for adults with an autism spectrum disorder who have extremely complex needs and challenging behaviours. This scheme won Best Mental Healthcare Design in the Building Better Healthcare Awards 2017 and was highly commended in two categories of the European Healthcare Design 2017 awards.

There was very little design research or exemplary purpose built facilities for this type of service and as individual service users respond differently to the sensory aspects of their environment, this presented a considerable "design challenge". However, the Trust believes the collaborative approach of an integrated and committed Capital Project Team, particularly in building upon clinical expertise, has created an innovative and world leading facility. This approach included:

- Awareness raising by clinicians with design and construction staff of service users' requirements
- A day in the life workshop
- Individual room champions, with design sign-off responsibility
- Fully constructed mock-up of an individual's flat
- Continual evolution of design with the clinical team
- Carer / patient involvement in some internal and external design features

- Integrated artwork into the low sensory environment
- A Team Charter including “challenging ourselves to avoid assumptions and think differently”, with all Charter objectives monitored monthly by the Project Board
- A three-day ‘live-in’ for clinical staff, the Trust’s capital projects team, architects and Trust governors to comprehensively test the unit before it opened.

The CEDAR programme initiates the final stage of this estates and service transformation and encompasses the final major capital scheme required to provide the quality clinical environment experienced by patients throughout the Trust.

The Team’s contribution towards achieving the Trust’s strategic objective – ‘to modernise and reform services....providing first class care in first class environments’ is evident in the consistent delivery of award winning new developments over this period, providing excellent environments for patients, staff and visitors.

The Team has shown determination to improve the patient and carer experience on all developments, within significant patient safety constraints for mental health and learning disability services. For example, following their work with Stirling University’s world-leading Dementia Services Development Centre on the design of the £10m Monkwearmouth Dementia Unit there has been a direct impact on the patient environment with large reductions of 34% and 53% respectively in falls and violence and aggression incidents on the female ward in the first year. The Team also developed innovative design features - bespoke bedroom doors and signage for the unit. In the £27m Ferndene young people’s unit, the incorporation by the team of impressive sports facilities has both improved the patient experience and helped to de-stigmatise the service by enabling engagement with the local community.

Structure to daily routine will be enhanced through a range of services and facilities all being accessible on specialist sites. Patient centred care, promoting a sense of belonging and involvement, will be fostered through co-production, and encouraging empowerment in their own care planning and personal development.

Historically the team worked with Procure21 partners on innovative construction methods, including on and off-site modular building for Hopewood Park, resulting in the Construction Excellence North-East award for Innovation. The developments have regularly achieved Green Apple environmental awards. Partnership working has continued since 2017 with the Trust’s PAGABO partner, Sir Robert McAlpine.

7.13 Optimism bias (costs, benefits and risks adjusted in line with this)

The scheme costs include an optimism bias of 5% for the preferred option, which has been calculated with appropriate mitigation factors in accordance with DHSC guidance, see appendix G. A further 4% contingency sum is included in the OB forms attached in appendix H.

Market testing of approximately 45% of the works packages for the new facility has already been completed, and this will increase to approximately 95% for the Full Business Case and agreement of the final Guaranteed Maximum Price (GMP).

7.14 Compliance with NHS estates design and costing requirements including 'abnormals'

The new build proposal is compliant with NHS estates design and costing requirements, including taking account of proposal 'abnormals'. Some of these 'abnormals' e.g. demolitions have been market tested and extensive survey work has established ground conditions and site wide infrastructure parameters to fully inform the design. These actions have fully informed the costs, which include the pre-construction costs that cover SRM staff time, design fees and survey costs. The SRM fee is the agreed % fee based on the PAGABO framework and NTW agreement for the works. These are indicated in the OB forms, see appendix H. When existing facilities are being reconfigured, NHS estates design guidance is fully utilised, but some derogations are unavoidable. These are described further in appendix I.

7.15 Cost indices and regional location factors

As stated within the OB Forms, see appendix H, the inflation being applied to the costs is 6%. The mid-point of the construction works is forecast for 4Q2021. The inflation has been based on the BCIS PUBSEC non-housing indices published data up to 2Q2021 (7.09%) and the BCIS All-in TPI from this point to 4Q2021 (1.93%). The current costs within the OB Forms reflect a larger than normal level of market tested rates which is reflected in our overall inflation figure.

7.16 NHS Capital investment manual (CIM) cost forms 1,2,3 and 4

Are included in appendix H (OB forms).

8. COMMERCIAL CASE

This section describes commercial basis in support of the programme, including the procurement of third part providers to support the programme, key commercial milestones, land transactions that support and will enable the programme and the construction deliverables.

8.1 Scope - Procurement scope (buildings, land, equipment, technology and related service streams)

There are three interlinked and interdependent components to the CEDAR programme in terms of the development of the Trust's infrastructure:

1. The sale of land at the Northgate Hospital site to a housing developer to enable the development of an integrated adult mental health and learning disability secure service centre of excellence at Northgate Hospital to provide a total of 116 inpatient beds, located in a combination of new and refurbished/reconfigured existing buildings
2. The reprovision of Newcastle and Gateshead adult inpatient services through an extension at Bamburgh Clinic, St Nicholas Hospital, Gosforth to accommodate 54 beds
3. The reprovision of Children and Young People's (CYPS) medium secure inpatient services including national provision for female patients at Ferndene

The completion of the above infrastructure project will support the closure of existing, sub standard units within the Trust's estate and concentrate patient care in fewer, better resourced sites.

The new site strategy for Northgate hospital identifies zones for the potential future expansion of the proposed new wards (if ever required) as well as limited sites for additional wards and parking to ensure the future sustainability of the hospital.

The Project briefing document sets out performance and quality criteria for the scheme in appendix J. The Northgate design and access statement in appendix K provides full details of the design process and current state of the proposals.

8.2 Strategy for specialised procurement if applicable

The programme does not involve a requirement for highly specialist Furniture, Fitting and Equipment (FF&E). The furniture, fittings and equipment schedules will be developed in detail alongside the production of room data sheets. Beds and wardrobes are built-in standardised designs as part of the works cost. Costs are also managed through a well-established Trust Standardised Furniture Specification, which attracts preferential percentage reductions from major furniture manufacturers.

The Trust has very experienced FF&E procurement specialists embedded in its Capital Projects Team. The typical lead-in time for manufacture of medium secure

furniture/fittings/equipment is less than six months and will not require a separate/additional procurement plan.

An allowance of 3.55% is included in the Capital Cost estimate. Experience from recent completed schemes and the high level of fitted furniture included in our build costs, shows this will provide adequate funding for FF&E procurement. An analysis of recent Trust-based projects shows the % cost range on recent schemes between 1.7% - 3.0%. For example: Mitford (highly specialist autism in-patient unit) 1.679% of £12.266m gross cost, Hopewood Park (mental health hospital) 2.828% of £50.679m gross cost, Roker and Mowbray (specialist dementia unit) 2.981% of £9.191m gross cost. The Trust will own and maintain all the equipment. Full, costed FF&E schedules will be prepared for the full business case.

8.3 Realistic procurement strategy identified

Initial design proposals for option appraisals and initial cost appraisals have been completed by the NTW Solutions Capital Team on behalf of the Trust. The preferred scheme designs have been signed off by the clinical teams as part of the RIBA stage 3 development. Market testing is advanced and a detailed design is underway. The Trust has redeveloped significant areas of its estate over the last 12 years and has a range of well thought through design solutions and experience that is being applied to this project.

The Trust has a proven track record of delivering large capital schemes within budget and within planned timescales. Many of these have won national and European awards including European Healthcare Design Awards 2017 highly commended, Building Better Healthcare 2017 Winner Best Mental Health Development, Building Better Healthcare 2016 Winner Best BIM Development, Constructing Excellence North East 2015 Winner BIM Project of the year and winner in the Innovation Category, see appendix L.

Capital procurement of the project is via the PAGABO National Framework for Major Construction Works. The justification for using PAGABO rather than P22 is discussed in detail in section 8.31. Under this mature framework the Trust will be able to progress this scheme promptly after approval.

There is a 0.3% fee chargeable for using the PAGABO framework for a scheme of this size but as the Trust host the framework a partial rebate is received to reduce the nett cost as identified in the OB Forms, appendix H.

The preferred procurement route for this scheme is public capital with funding from the Treasury via the STP capital allocation. The timetable for this is shown in table 28 below:

Contract status	Date	RIBA stage
Pre-construction contract agreed and signed	April 2019	Pre-construction work includes RIBA stage 2 design together with detailed costings to inform the business cases
	September 2019	45% market testing and procurement in preparation for the Outline Business Case – RIBA stage 3 design
	May 2020	95% market testing and procurement in preparation for the Full Business Case – RIBA stage 4 design
Signing of construction contract	September 2020	

Table 28 – Procurement route

8.4 Commercial feasibility - Procurement options and procurement route

The Trust has appointed Sir Robert McAlpine as their framework partner through the PAGABO National framework for Major Projects, OJEU Reference: 2015/S 238-431604. The Trust is the primary Contracting Authority for the framework. Lot 3 covers projects exceeding £50m. PAGABO provides 12 national frameworks to serve the public sector and a Dynamic Purchasing Scheme for small works up to £1m. To date 452 clients have used the framework with £596m projects completed and £313m in procurement.

All PAGABO frameworks are fully UK and EU compliant as described in the latest Public Contracts Regulations (2015) and Public Contracts Regulations (2006). Expert independent legal advice was received on Friday 28 October 2016 from specialist solicitors at Gordons LLP (UK) and Anderson Strathern (Scotland) on Sunday 9 October 2016 when the framework was originally established. The Trust obtained legal opinions due to the frequency of requests for confirmation of EU Directive/PCR Compliance from clients. The legal opinion mitigates many of these early/due diligence questions that are normally asked by either the client's procurement or legal department or other parties. Letters of advice are available in appendix M.

A summary of the project programme is included in appendix N. This highlights substantial periods for market testing for the Guaranteed Maximum Price (GMP) to be included in the full business case.

Legal Opinions

PAGABO take procurement seriously, all of the Framework Agreements have been through a European Compliant process. To further strengthen the procurement position of our Framework Agreements, we have obtained statements from leading experts within the legal procurement profession.

Legal Opinion - Public Contracts Regulations 2015:

"In our opinion we believe that the procurement structure and the legal documentation to support the PAGABO framework agreements are consistent with the relevant legislative requirements contained within the Public Contracts Regulations 2015 and are thus "EU compliant". The procurement structure is an innovative and robust application of principles contained within the Regulations which permit the creation of Framework Agreements and allow multiple client organisations to benefit from a centralised purchasing approach. Provided that the procedures and timescales are adhered to in respect of each Framework Agreement then we anticipate that public sector bodies and private sector suppliers alike will benefit from this refreshing approach, which should drive efficiency and savings across the public sector."

Richard Piper
Gordons LLP
Partner - Head of Construction

Gordons LLP is a top-100 UK law firm based in Leeds and has an international reach to the Middle East, Far East and North America. Established in 1884, Gordons has gone from strength to strength through partnerships, mergers, and acquisitions.

Richard Piper advises in respect of all aspects of construction and engineering procurement (public procurement, tendering, drafting and negotiating contracts, and providing strategic advice on commercial and legal risk). Richard is considered as "one of the best construction lawyers in the regional market" (Chambers, 2014). He has significant experience in commercial property development and construction, specialist civil engineering contracts, hotel and leisure facility procurement, renewable energy projects, litigation, arbitration and mediation. He has also advised on a number of PFI projects, advising local authorities and private sector companies alike on public procurement issues. Richard is Secretary of the North East Branch of the Chartered Institute of Arbitrators. He has also for a number of years served as a Visiting Lecturer at Leeds Metropolitan University in the Construction Law MSc Degree course. Richard spent 14 years previously at Eversheds before joining Gordons, where he was a Partner.

8.5 Compliance value for money market interest

PAGABO has been designed to support the public sector to masterplan estate reconfigurations, carry out extensive maintenance and refurbishment programmes and deliver small and major capital construction work.

The framework has the following advantages:

- Delivering real social value - through a unique Social Profit Calculator, PAGABO measures the positive social, economic and environmental impact of projects over the long term, currently standing at over £1.34bn
- Speed - access to advice and Estate Development expertise very quickly with Principle Supply Chain Partner appointment within a very short timescale
- Cost certainty and transparency – ability to control cost and get cost certainty by agreement to a Guaranteed Maximum Price
- Quality – close integration of the supply chain and client ensuring agreed quality standards are achieved
- Value – agreed rates and profit and overheads set at Framework level
- Supported – free support from a dedicated team of MCIPS qualified procurement professionals
- Assured – PSCPs and supply chains are pre-vetted on appointment to the framework which complies with current government standards for construction procurement.

Key Value for Money benefits of the PAGABO framework include:

1. Efficient and economical management control of change
2. Fast track start without OJEU or legal fees being incurred
3. Ability to achieve programme delivery to schedule
4. Cost certainty in advance of construction (and contract engrossment)
5. Reduced risk of health and safety failures impacting on patients, visitors, staff or contractors
6. No litigation on PAGABO to date
7. Competitively tendered rates and margins as agreed at the outset of the PAGABO Framework covering:
 - i. Profit
 - ii. Overheads
 - iii. Training and Development
 - iv. Insurance
 - v. Launch workshop
 - vi. Senior personnel
 - vii. Administration
 - viii. Management supervision
 - ix. Head office communication
8. Structured approach to cost management
9. Target cost for each stage (stages 1–3 pre-construction and stage 4 construction)
10. Well drafted contract (NEC – engineering and construction contract) enabling clear approach to disallowable cost
11. Robust management of risk (with processes in place from the outset of the contract)
12. Procurement strategy agreed with client from the outset
13. Open book process
14. Robust audit and governance.

A Guaranteed Maximum price will be agreed with Sir Robert McAlpine prior to the submission of the full business case. Incentives are provided through the framework with gain/shares distributed as follows:

Less than 75%	0% to PSCP, 100% benefit to the Trust
From 75% to 95%	50% to PSCP, 50% benefit to the Trust
From 95% to 100%	50% to PSCP, 50% benefit to the Trust
Greater than 100%	100% costs borne by PSCP

Table 29 – GMP gain/shares (note: these may be adjusted to further benefit the Trust as part of the agreement of GMP)

Liquidated damages will be confirmed in the full business case.

8.6 Contract alterations or derogations

NEC form of contract Option C, appendix O will be utilised on this scheme with amendments signed off by all parties. Various Z clauses will be used (based on similar P21, P21+ and P22 clauses) and are included in appendix P.

8.7 Contractual key milestones and delivery dates

Main Scheme Construction	
Commence MSU site establishment works at Northgate	3 August 2020
Start construction on Northgate new build	9 November 2020
Commence mobilisation to Ferndene	30 November 2020
Commence refurbishment and extension to Ferndene Phase 1	4 January 2021
Complete refurbishment and extension to Ferndene Phase 1	29 October 2021
Complete decant of service users and staff to Phase 1	24 December 2021
Commence refurbishment and extension to Ferndene Phase 2	10 January 2022
Complete refurbishment and extension to Ferndene Phase 2	25 November 2022
Complete decant of service users and staff to Phase 2	23 December 2022
Commence Bamburgh mobilisation	9 January 2023
Complete construction on Northgate new build	3 February 2023
Move patients from Bamburgh and KDU into new build	3 March 2023
Commence Bamburgh extension (post decant)	6 March 2023
Complete Bamburgh extension and refurbishment	22 December 2023
Patients vacate Hadrian Clinic	20 January 2024
Hadrian Clinic to be fully vacated and returned to Newcastle University	31 March 2024

Table 30 – Main scheme construction dates

8.8 Risk allocation (public and private sector)

The current risk register is included in appendix E. This has been developed jointly by the Trust and Sir Robert McAlpine through a series of joint risk workshops. Each risk is allocated ownership to whichever party is best able to manage it and will be individually costed.

The Contractor has the obligation to provide the works in accordance with the works information and the works information is clear that the Contractor designs all the parts of the works. Therefore the contract is set up that the contractor takes all the risk that the designs actually do meet the requirements of the (employer's) works information. Clause X15.1 has been replaced with the option to limit the contractor's liability for its design to 'reasonable skill and care' rather than the default level of liability for a product provided by a contractor of 'fitness for purpose'. Also the Project Manager at certain points has an obligation to accept the design or not to accept it. However, any such acceptance should not and does not change the contractor's responsibility to provide the works or its liability for its design.

8.9 Timetable to revisit risk allocation matrix

Risk workshops are held approximately every two months to update the register and ensure risk allocations are still appropriate.

8.10 Workforce - Scheme implications on workforce

The provision of a single site for adult secure services at Northgate and a specialist CYPS site at Ferndene will allow a skilled workforce to be further developed. Innovative ways of working will offer economies of scale and the Trust will utilise apprenticeships, the Trust's academy and non-medical prescribers to support services.

Having all secure adult services staff and all CYPS inpatient staff on specialist sites will enable the Trust to deploy resources more efficiently to meet the ICS goal of 24/7 care. Furthermore, it will aid business continuity and build resilience.

In terms of staff numbers this scheme results in a reduction of approximately 70 posts, which will be achieved through a reduction in temporary staffing/staff turnover and redeployment, so no permanent staff will lose their jobs. Staffing reductions are achieved due to economies of scale and co-location, particularly in non-nursing posts, i.e. occupational therapy, psychology and psychiatry, and through innovative changes to service delivery, particularly in CYPS where the ward staffing requirement is reduced.

8.11 TUPE

There is no TUPE requirement for this programme.

Consultation with staff

Consultation for the relocation of staff groups to new locations has already commenced. The Trust are working in partnership with staff side and staff feedback has been very positive with good engagement. The Trust has a long standing track record of undertaking staff consultations and successfully redeploying staff across the organisation preventing redundancy and maintaining a skilled workforce.

Consideration will be given to upskilling the workforce to meet changing need and deploying workforce across the whole pathway.

8.12 Commercial case - Numbered and dated 1:200 drawings

Approved 1:200 drawings are included within appendix Q.

8.13 Schedule of accommodation/derogation

The schedules of accommodation and schedule of compliance and derogation are included within the appendix I.

8.14 Detail of land transactions

There are no land purchases required on the sites identified for development. The legal titles for Northgate Hospital (for the proposed new medium secure campus), Ferndene (CYPS) and St Nicholas Hospital (for an extension to the building known as Bamburgh Clinic), are wholly owned by the Trust.

This scheme is partly funded by the proceeds of the sale of land at Northgate hospital realising an estimated capital net receipt of £7.9m, appendix R and providing approximately 134 housing sites. The valuation of the land for disposal has reduced since the preparation of the SOC. This is due to a reduction in land area caused by the move from the north to the south of the Northgate site (described in detail below), provision of additional space for future expansion and partly also reflects recent market conditions. All major house builders in the North East of England currently have existing active sales sites within 1.5 miles of Northgate.

The Trust's estates strategy 2012-17 identified surplus land disposal as part of the Northgate site strategy. This land sale was in two phases with the first phase sold for housing development in 2014. The plan for the second phase sale was to retain the north end of the site (47,777m²) and dispose of the larger south end area (68,646m²) to maximise land sales receipt.

Following clinical engagement workshops in late 2018, some key clinical and development issues evolved with the development of the north part of the site. Most of the available area was taken up with the new facility, resulting in limited future expansion potential. Other issues with developing the north end of the site included a faceted design of wards to ensure a fit on the available space. Demolition of the existing medium secure facility (KDU) to create space in advance of construction proved impossible to integrate into the scheme. This required the construction of new wards on both sides of an occupied MSU with a resulting unacceptable level of disruption to patients.

As such the option to develop the south part of the site was reconsidered in an attempt to solve the clinical and development issues that the north was presenting. The south provides a flatter site, and is more peaceful with increased distance from the A1 dual carriageway. Mature trees help break up the site. Another land feature is an attenuation pond as part of the adjacent housing development which creates a separation from the secure services facility and housing development. Also the requirement of a medium secure decant facility would be eradicated with the south option and the impact of construction on patients would be reduced.

An option appraisal was carried out between the north and south development options with the project board approving the development of the south section of the site on Thursday 24 January 2019.

Land receipts will be received in staged payments as per table 34 (page 105).

8.15 Design review (design appropriate and actively supports healthcare outcomes)

The Design Approval Toolkit (DAT) champion Rosemary Jenssen has confirmed that the DAT toolkit is available to all NHS Trusts irrespective of procurement routes.

“AEDET is approved by NHS England as meeting the requirement of an independent design appraisal as referenced within the NHS Business Case Checklist. DAT is a version of AEDET tailored to meet the requirements of the DHSC.

An initial workshop has been carried out and the scores have been collated. The next review is due in early October 2019. The completed initial DAT review is included within appendix S.

8.16 Commitment to government construction strategy

GCS 2016-20 highlights the fact that the construction industry is a major part of the UK economy and the government is the biggest single construction client and as such, it should be using its position to drive collaboration and deliver efficiencies and better value for the taxpayer.

Contracting approaches that support more collaborative and continuous improvement models have been adopted within the Trust since 2002 and latterly by NTW Solutions, the Trust's EFM and Services Company.

The areas of focus on cost reduction and value for money over the last few years are as follows:

- Quality of schemes is determined by the number of defects/quality issues after completion/during the life of a building
- A knowledgeable, dedicated in-house Capital team with knowledge of products and specifications for mental health environments means only fully tested products are used to provide the most robust solutions for the mental health environment. Whole life cycle costing is considered rather than cheapest initial cost to avoid costly errors or replacement costs in the future
- Space requirements in buildings are evidence based and as efficient as possible. The Carter Report - recommends all estates and facilities departments operate with a maximum of 35% non-clinical floor space and 2.5% of unoccupied or underused space by April 2020. NTW is currently on target to achieve these standards
- Improving energy efficiency of new build projects taking into account NHS Sustainability Unit carbon emission and energy targets
- All supply chain trades are market tested to an appropriate level to ensure that value for money is being provided and the Capital team has an extensive library of market tested rates for the products/specifications used in the Trust's facilities. Using these rates, solid budgets are developed, which can then be used to establish a robust business case

- The lowest design and capital cost is not a reliable measure of value for money, since it takes no account of how well buildings perform. Design costs are likely to be 0.3-0.5% of the whole-life costs and investment in design quality is essential as the ultimate aim is to deliver construction projects that meet the requirements of the business and all stakeholders, particularly the end users
- Soft landings are embedded within the project delivery process and include staff training and familiarisation, and a 'live-in' period (including operational testing) prior to the building being occupied.

GCS 2016-20 suggests that the BIM Working Group will develop a more ambitious set of measures to enable departments to derive further benefits from BIM. Since 2010 the minimum requirement of level 2 BIM has been utilised on our major capital schemes with the aim to gradually move to BIM Level 3 allowing estates team members to access and modify a single, shared project model, held centrally.

GCS 2016-20 also suggests that young people are under-represented in the construction industry, with just 10% aged between 19 and 24. Our construction partner Sir Robert McAlpine has a commitment to deliver 12 apprenticeships in the north east in 2019-20.

8.17 Healthcare planner appointment

Healthcare planning is being delivered in-house by the Capital and Planning Team with support (when needed) by a Healthcare Planner via the Sir Robert McAlpine supply chain. Fortnightly Clinical Workshops have been undertaken with various members of the clinical teams (Associate Directors, Clinicians, Occupational Therapists, Estates, Facilities, IPC, and Patient Safety etc) who have all had an input into the developing design solution.

8.18 Compliance with DH consumerism requirements for healthcare buildings

The approved design offers patients high levels of privacy and dignity at all times. Of the 74 beds that are being provided in the new build adult facility, 72 are single bedrooms with en-suite facilities. The remaining two are flat style arrangements comprising of a bedroom, en-suite and lounge. All patients have access to their own en-suite which contains a shower, WC and wash hand basin.

In the medium secure CYPS facility at Ferndene, 10 single en-suite bedrooms will be provided with four flats.

Call points will be included in all bedrooms, and general areas (Living, Quiet Bathrooms, WC and activity areas). Although patients will not have the ability to directly control environmental temperatures, these will be controlled via the building management system to suit individual patient comfort requirements on a room by room basis. There will be a bed head light to medium secure standards installed in

the bedroom. Containment will be provided so that a patient can use a TV and other forms of entertainment system within their bedroom.

The adult wards are an all-male service however the CYPS ward at Ferndene is a mixed gender service. Female only day rooms are contained within the design.

The fabric and finishes included in the scheme will be of a high quality, compliant to Trust and NHS Standards and fit for purpose with regards to use in a medium secure facility.

Appropriate dedicated facilities storage has been incorporated into the plans which has been developed with and approved by the Facilities Team.

A dedicated multi faith room is embedded in the medium secure facility with designated prayer space on each ward.

8.19 Compliance with health building note (HBN) requirements and health technical memorandum requirements

Health Building Notes and Health Technical Memoranda have formed a fundamental part of the design and briefing process. The signed off derogation schedule in appendix I fully lists all the applicable HBNs and any derogations incorporated into the design. The fire strategy in appendix T has also been signed off by both the Fire Engineer and the Director of Estates and Facilities. The Trusts Infection, Prevention and Control lead has provided a letter confirming compliance with IPC regulations

8.20 Compliance with BREEAM assessment

A registered BREEAM assessor (WYG Engineering) was appointed early in the project development process and an 'Excellent' rating (New Build) and 'Very Good' (Existing Building) has been targeted from the outset for the new medium secure wards, CYPS wards and associated new support buildings and is written into the project brief. The current BREEAM pre-assessment for Northgate (using the healthcare building type criteria) demonstrates a current target score exceeding 73.81% and the achievement of 'Excellent' (Potential score is 81.91%). Ferndene's current BREEAM pre-assessment demonstrates a current target score of 57.74 'Very Good' with a potential score of 70.75 'Excellent'. The Trust is also working with BRE to develop a bespoke set of criteria for secure mental health facilities as historically the secure nature of the facility can reduce the number of points available. A copy of the pre assessments are available in appendix U.

8.21 Compliance with fire code

A Principal Fire Engineer (Centurion Fire Safety Solutions Ltd) has been appointed to work as part of the Project Team. A fire strategy, appendix T, has been developed by team consultation through many qualitative design reviews and signed off by the Director of Estates and Facilities and the Fire Engineer. The fire strategy is based on a progressive horizontal evacuation approach and has taken due consideration of the specific design requirements for in patient mental health facilities

contained in clauses 2.37 to 2.59 of HTM 05-02 (pages 10-13). As part of the developing RIBA stage 4 technical design a Risk Assessment exercise will be undertaken to identify the void areas of any depth, the combustible and non-combustible components within the void area and whether omission of fire detection is permitted. This information is in development and will be part of the technical information prepared for Guaranteed Maximum Price (GMP) stage.

8.22 Compliance with infection control

Trust Infection Prevention and Control leads are co-opted onto the planning and design working group providing advice and support to the design team and ensuring that compliance with HBN 00-09: Infection control in the built environment is achieved. A signed letter of compliance in appendix V has been provided by the Trust's Group Nurse Director, Safer Care.

8.23 Compliance with DH energy and sustainability targets

The implementation of principles within the HTM 07-02 are the mechanism through which energy reductions will be achieved. The HTM 07-02 documents (Making energy work in healthcare) detail the measures, actions and principles which should be considered when designing new or refurbishing buildings, procuring and managing energy and establishing energy policies. We do not believe that the HTMs themselves identify or set energy targets, other than confirming that obviously current Building Regulations (BR) need to be met, along with BREEAM Excellent. The mandatory requirements for Ene 01 under BREEAM 2018 will far exceed the minimum requirements needed to meet Building Regs Part L. There is a sliding scale that results in an overall ENE 01 score, the aim being to recognise and encourage buildings designed to minimise operational energy demand, consumption and CO2 emissions. The process sets out to calculate an Energy Performance Ratio for New Constructions (EPRNC) using BREEAM's Ene 01 calculator. Whilst BREEAM does not reference Part L specifically, by achieving 'excellent' for example, this usually means that Part L compliance is achieved. Building Regs are a separate, mandatory standalone requirement and there are various elements to it – in simple terms there's Part L compliance for new builds (U-values, etc) and for refurbishments there is 'consequential improvements' (where by a reduction in energy consumption has to be demonstrated). Part L compliance is proved via the BRUKL output document and compliance is checked by the local authority / building control. Sustainability, whilst having links to energy, is a separate issue. The NHS Sustainability Development Unit (SDU) has issued a directive that requires all NHS Trusts to adopt a Board approved Sustainable Development Action Plan by January 2010. The Plans should address the following key areas: carbon reduction, water, transport, waste and procurement. There are other elements of legislation, below are the ones that have been identified by the Design Team: NHS Carbon Reduction Targets - 10% reduction in greenhouse gas emissions by 2015 from 2007 levels, lead to a 34% reduction in emissions by 2020 from 1990 levels, 80% reduction in

emissions by 2050. Other mandatory NHS targets are: new buildings will achieve energy performance levels of 35 - 55 GJ/100M3, refurbishments will achieve energy performance levels of 55 - 65 GJ/100M3, all new buildings will achieve a very good BREEAM healthcare rating and major capital developments will include at least 10% onsite renewable generation capacity. By achieving BREEAM standards we exceed NHS energy targets.

8.24 Resilience to a range of threats and hazards

Gas

It is proposed that a new/upgraded utility gas supply will be provided to serve the new MSU development. The primary heating source that is utilised for space heating and domestic hot water generation consist of dual fuel central modular boiler plant with CHP located in the central energy block. It is envisaged at this stage that the new MSU primary heating mains infrastructure will be formed by ring mains providing robust, resilient delivery.

If the gas supply fails, the boilers can utilise 'on site' diesel fuel stores to operate the dual fuel central boiler plant to maintain all services.

Water

It is proposed that a new/upgraded utility water supply will be provided to serve the new development and the existing site. Resilience is provided by two duty and standby (N + 1) cold water storage tanks located in the new energy centre block. It is envisaged at this stage that the new mains infrastructure will be formed by a mixture of new and existing pipework/ring mains providing robust, resilient delivery.

Electric

A new site wide strategy has been developed. New mains infrastructure will be required to the site from the Distribution Network Operator (DNO). This will come in the form of a new DNO owned substation that supplies new central switchgear for the site. The new electrical distribution shall adopt design principles, system resilience, connection, supply interlocking functions and a metering strategy as outlined in HTM 06:01. To mitigate the impact of mains electrical power supply interruptions a secondary source of on-site power generation is provided in the form of a back-up diesel powered generator. The new emergency generator will be provided within the energy centre to back up the entire site. New ring main and radial low voltage circuits will then serve the new and existing buildings on the site. It is proposed to distribute the electrical power around the MSU buildings split over two power streams to offer additional resilience allowing maintainability of distribution equipment.

8.25 Compliance with relevant health organisation travel plan

The Trust-wide travel plan is currently being revised by the organisation's Support Services Team for approval by the Trust Board. Site wide travel analysis is currently underway and it is envisaged that this will now be available in February 2020. One

of the main reasons for this revision is the recent expansion of the Trust, which now incorporates North Cumbria. A copy of this will be included in the FBC.

A comprehensive site specific travel needs assessment and travel plan have been undertaken for Northgate and Ferndene sites. The assessments have helped the planning team in terms of parking requirements, general road access across the sites including deliveries, drop off points, turning circles, secure transport needs and public transport needs. Cycle storage and electric vehicle charging points will be enhanced and supplemented by the scheme designs.

8.26 Summary of the necessary planning permissions

Three planning submissions have been made. The first and predominant application is a hybrid application already submitted for the works at Northgate hospital. This covers both a FULL application for the Hospital related works and an outline application for the housing, grouped together as a single hybrid application. This was submitted on Friday 27 September 2019, and approved by the planning committee on Tuesday 7 January 2020 with final approval documentation made available in late February/early March 2020. This application was preceded by a PREAPP for both the hospital works and the housing submitted on Tuesday 28 May 2019. The subsequent planning report from the planning authority was dated Friday 19 July 2019 and made available to the Trust in August 2019. The benefit of a number of high profile public events is evident in that only two members of the public have lodged objections to the application during the consultation period, and one of these welcomed the hospital works, but objected to the housing. The Trust made an early appointment of Cushman & Wakefield planning consultants for the CEDAR programme and has carefully followed their advice to use the PREAPP process and then move to the hybrid application and specifically not to use an outline application for the scheme. The adopted approach maximises the likelihood of a positive outcome, particularly for the new housing as an integral part of the hybrid approach (the receipt from the subsequent land sale is a vital part of the funding of the programme). The above dates should ensure we have FULL planning approval documentation prior to NHSE/I approval (or otherwise) of the OBC, and obviously well in advance of the subsequent submission of the FBC. The highly innovative hybrid approach to ensure the Trust maximises value for its land disposal is the extenuating circumstance why the OBC is not supported by an outline consent at Northgate.

The second separate application is a FULL planning application for the works at the Bamburgh unit, St Nicholas Hospital. The vast majority of works are internal (which wouldn't have required planning approval), with one moderate area of new build extension amounting to a 2.5% increase to the existing floor area of the building. This application was submitted on Friday 6 December 2019 with anticipated approval in March 2020.

The third FULL application is for the Ferndene unit. Again this involves only minor extension works (just over 7% of floor area), has been discussed with the planning department and the Director of Planning, is recognised as an intrinsic part of the CEDAR programme by the Council and was submitted on Friday 20 December 2019. Anticipated approval is in April 2020. The diminutive size of the latter two planning applications would (in the opinion of our planning consultants) provide an extenuating circumstance making the use of the outline planning process inappropriate due to scale, cost and programme delay. Outline planning approval is useful to establish that schemes are acceptable in terms of principal planning policy. As both Bamburgh and Ferndene are existing mental health care facilities the policy principle is obviously already well established and thus outline applications would be inappropriate. The Trust regularly submits minor planning applications of this nature on its existing sites, including St Nicholas Hospital.

8.27 Outline planning permission obtained

Pre application documents for the development at Northgate Hospital were submitted to Northumberland County Council (the Planning Authority) on Tuesday 28 May 2019. A hybrid application for outline consent for housing on Trust owned land, and full consent for the medium secure adult campus was submitted in late September and approved by the planning committee on Tuesday 7 January 2020. Outline planning permission is useful to establish that schemes are acceptable in terms of principal planning policy. As both Bamburgh and Ferndene are existing mental healthcare facilities the policy principal is already established and thus outline applications would be inappropriate.

8.28 Copy of planning application, letter of approval from local authority, and schedule of any planning conditions and costs provided

The approval dates of the various planning applications are referenced in section 8.26 and the project's planning sub-register and logged on the critical path. Additional letters of approval and planning conditions will be available for the full business case. The Planning team at Northumberland County Council are fully briefed on the need to have secured approval for the Full Business Case by May 2020.

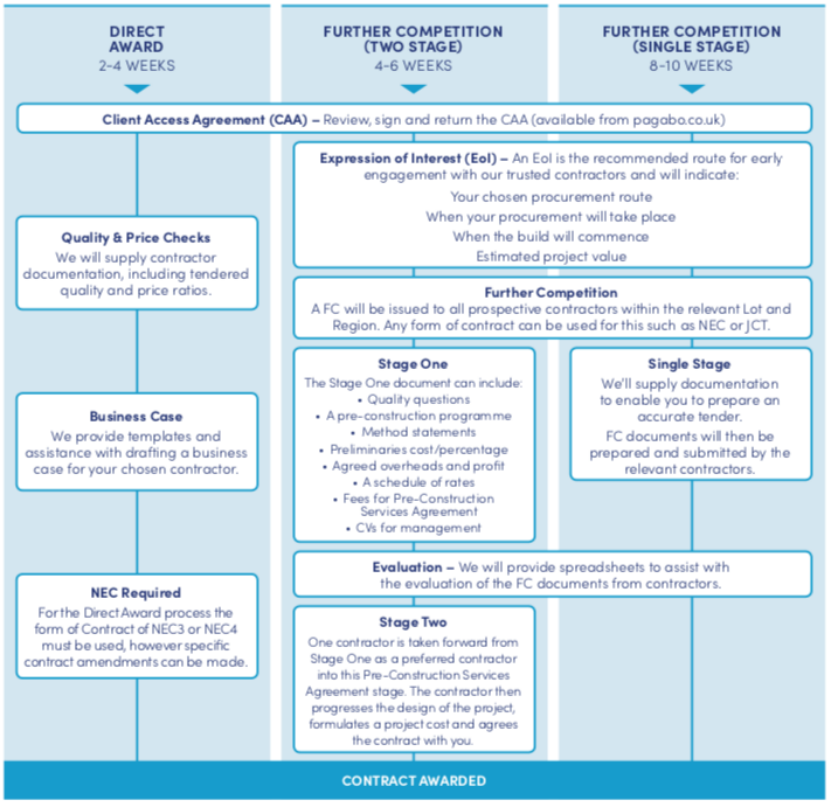
8.29 Associated acquisitions or disposals

Capital funding for the programme is drawn from three sources: Government funding, Trust reserves and the sale of land owned by the Trust at the current Northgate Hospital site. The previous disposal of other packages of land at Northgate (to a national house builder) have been used to fund earlier projects. Cushman and Wakefield are the Trust's land agents and advisors.

8.30 ProCure 21+ compliance if applicable

The Trust is utilising the PAGABO national framework for major projects, OJEU reference: 2015/S 238-431604. The Trust is the host Contracting Authority for the

framework, and has also used the framework. The framework was established pursuant to an EU procurement law compliant specific process. Lot 3 covers projects exceeding £50m and is therefore appropriate for the CEDAR project. A mini competition was held between the eight suppliers registered for Lot 3 (contracts exceeding £50m) in the North of England region. See process below:



Lot 3 Suppliers – Contracts from £50m+

Supplier	North	Midlands	South-East	South-West	Scotland	Wales	N.Ireland
Goilford Try	✓	✓			✓		✓
Interserve Construction	✓						
ISG Construction	✓	✓	✓	✓		✓	
Laing O'Rourke	✓						
Morgan Sindall Construction and Infrastructure	✓	✓	✓	✓		✓	
Robertson Construction Group					✓		✓
Sir Robert McAlpine	✓	✓	✓	✓	✓	✓	✓
VINCI Construction UK	✓	✓	✓	✓		✓	
Willmott Dixon Construction	✓	✓	✓	✓		✓	

To find out more about the Major Works Framework, please give us a call on 01482 975883 or visit pagaba.co.uk

Sir Robert McAlpine was selected as the Trust's partner and has successfully operated on projects for the Trust since April 2017 without any legal challenge.







8.31 If P21+ not used provide sufficient justification

In 2002 the predecessor organisation of the CNTW adopted P21 as its preferred method of construction procurement as it supported the Latham and Egan principles of continuous improvement and partnership working. Over the following 12 years the Trust delivered over 200 successful schemes with Laing O'Rourke as their partner. When the decision was taken to move to P21+ the Trust (with the support of the P21+ implementation advisor) engaged Kier as their preferred partner as they were able to demonstrate at interview their fit with the organisations requirements. However the delivery arm of Kier performed significantly below their bid team and the Trust's expectations and as the Trust had an ambitious programme of work to progress it decided to terminate its appointment of Kier and consider what delivery options were available as it could not afford to repeat the previous experience with Kier. The Trust sought advice from a number of its external advisors in terms of options and after discussions with the executive team chose to create its own framework in 2015. In order to do so the Trust engaged Value Added Portal Limited t/a PAGABO to create and manage the framework on its behalf. The decision of the Trust to set up its own framework was not simply a decision relating to this particular programme of work; it was a decision of a more strategic nature. Following on from the appointment of SRM through the PAGABO framework the Trust has in partnership with its constructor delivered over 40 successful schemes, working to tight time constraints in, at times challenging environments. The Trust believe that in SRM they have found a partner who understands the specific needs in mental health design and construction and as part of the CEDAR programme they have successfully delivered 26 enabling schemes on time and to budget to date. As such we believe the decision taken to develop our own framework has been a success and has delivered in terms of expectations. With regard to a comparison between PAGABO and P22, Turner Townsend has undertaken an independent option appraisal which has concluded that PAGABO is a comparable framework to P22 and that the decision to use PAGABO with the additional rebate benefits it brings the Trust is appropriate.

PAGABO is leading the way in Social Value (SV) and how it is accounted for. To that end they have invested in a system that calculates SV performance to a detailed level as follows:

- LM3 - £821.3m
- Gross Value Add - £506.8m
- Fiscal - £64.1m
- Economic - £91.8m
- Social - £98.4m
- **Total Social Return on Investment - £1.54b**

These figures are for PAGABO as a whole but demonstrates PAGABO’s unique position rather than just the Major Works Framework agreement on its own, although major works is a big influence on these figures. The social return on investment specifically for this scheme is recorded in appendix F.

	Overall Permormance 	Ability to keep to quoted price 	Ability to keep to time 	Build/quality of completed items 	Resolution of any defects at handover 	Trust/overall confidence in contractor 
2019	87%	90%	80%	85%	80%	90%
2018	93%	80%	83%	90%	90%	93%
2017	-	-	-	-	-	-
2016	-	-	-	-	-	-

9. FINANCIAL CASE

This section sets out the capital and revenue costs, funding arrangements, financial implications and affordability of the preferred option.

9.1 Capital Costs

The capital cost of the scheme has continued to be developed through the design process and the current forecast capital cost of the preferred option is £71.9m at out-turn prices. This cost includes a planning contingency of 4% and 5% optimism bias. Costs are based on detailed design work (RIBA Stage 3) and over 45% market testing of the proposed sub-contractor packages. These capital costs are made up as shown in table 31:

	£m
Building Costs	53.8
Design Fees, overheads and profit, pre-construction costs, PAGABO fee	10.8
Non-Works Costs	0.7
Equipment	1.2
Planning Contingency	2.4
Optimism Bias	3.0
VAT	Nil
Total	71.9

Table 31 – Capital costs

Non-works costs in the table above comprise of statutory and local authority charges, decanting costs, the arts project and information technology and telephony costs. The equipment cost includes equipment supplied by the contractor and equipment supplied by the Trust. A costed equipment schedule will be prepared for the Full Business Case. A planning contingency is included to manage unforeseen costs during the remainder of the project.

The capital costs have increased by £7.3m from the SOC mainly due to the Trust incorporating a number of additional elements that weren't included in the original bid that have been incorporated due to economies of scale, inclusion of enabling works and additional costs associated with services outside of the original scope now included in the preferred option. In addition to this there was a slight increase on costs that were included in the SOC.

Cost increases from SOC:

Enabling works pre-business case	£2.4m
Additional scope of works Northgate	£0.2m
Additional scope CYPs services Ferndene	£3.4m
Increase in costs included in SOC	<u>£1.3m</u>
Total Increase	£7.3m

The preferred option now incorporates an existing facility at Ferndene. Changes in the service model for existing services gives the Trust the opportunity to re-model their delivery and reduce significantly the existing footprint of delivery. This has required significant re-modelling of the Ferndene Unit for services that were entirely out of scope of the original business case, and which enables significant further efficiencies to be delivered by the overall business case. The Board has recognised that it makes sense to incorporate all of the above works into this single business case, as they are intrinsically interlinked, and it makes economic and operational sense for them to be completed effectively as a single scheme. These elements of the build are to be funded through Trust cash reserves (or loans if available).

Optimism bias

Optimism bias is a figure which is used to redress the historic tendency for project costs to be overly optimistic and its calculation is based on HM Treasury guidance for public projects. The scheme costs include an optimism bias of 5% which has been calculated with appropriate mitigation factors in accordance with DHSC guidance. A further 4% contingency sum is included in the OB forms attached in appendix H.

Market testing of approximately 45% of the works packages for the new facility has already been completed, and this will increase to approximately 95% for the Full Business Case and agreement of the final Guaranteed Maximum Price (GMP).

Treatment of VAT

The capital cost of £71.9m does not include VAT as these buildings are provided to the Trust as part of a fully managed estates and facilities service by the Trust's subsidiary company, NTW Solutions and the VAT will be fully reclaimable.

The main components of this scheme are identified in table 32 below:-

Northgate Hospital	£m
Site preparation including demolition, service provision etc and construction costs associated with new development at Northgate including modifying existing estate on the site	60.2
St Nicholas Hospital	
Construction costs associated with refurbishment of and extension to Bamburgh Clinic	3.1
Ferndene Unit	
Construction costs associated with extension and reconfiguration of Ferndene	8.6
Total Scheme Cost	71.9

Table 32 – Scheme

OB Forms are attached in appendix H.

9.2 Asset Sale

Release of surplus land

The Trust actively reviews its estate on an on-going basis to identify surplus assets and asset sale opportunities and it is experienced in the disposal of surplus land and assets. This is evidenced by a number of successful transactions during recent years that have been used to fund capital developments, including the previous sale of part of the Northgate site.

The implementation of the Transforming Care Programme for people with learning disabilities has led to a significant reduction in site utilisation at the Northgate Hospital site. This gives the opportunity for retraction and consolidation of the overall site and it will enable a further land sale, which will part fund this proposal.

This proposal includes the disposal of land for the development of approximately 134 houses through a hybrid planning application. It will be sold with outline planning consent for housing to optimise its value.

The Trust's specialist planning consultant, Cushman and Wakefield had extensive knowledge of the Northgate Hospital site, having provided valuation and land sales advice about the site for over 20 years. It provided valuation, marketing, agency and sale advice for the Phase 1 surplus land disposal at Northgate during 2010 and have also provided unbroken consultancy advice on further land disposals since then. They are closely involved in completing the land disposal of Trust owned surplus land at the nearby former St George's Hospital site. As an independent consultant, they are also providing valuation consultancy to major house builders in the Morpeth area. They have based their valuation at Northgate on in-depth local knowledge, drawing on first-hand imperical market knowledge. C&W has a dynamic working relationship with Northumberland County Council (the Planning Authority) to calculate, (whilst taking account of Planning Authority strategic policies), likely net valuations and assessing affordable housing, Section 106 bids and green field demolition costs. As Planning Consultants and a disposal agency, they attend and provide advice to monthly planning meetings which take place on site at Northgate Hospital.

The Trust is working with Cushman and Wakefield who have estimated a land sale value of £7.9m. This is a reduction from the Strategic Outline Case due to the project moving to the southern part of the site and some land being retained for future expansion. All major housing developers in the North East already have active sales sites in and around the town and there are not expected to be any problems with achieving a sale.

The Trust anticipates a financial offer for the land to be available in spring 2020 prior to submission of the FBC. Payment for the land is likely to be staged as itemised in table 34 on page 105.

Land sale valuation basis

The Trust has a long-standing, mature relationship with its commercial property and estates consultants Cushman and Wakefield. They have advised the Trust on planning, valuation and land sale matters for several years, all in compliance with the Green Book and Trust Standing Financial Orders. The valuation at Northgate Hospital draws on previous land sales for housing at this location, and the professional services of Cushman and Wakefield in providing its opinion; a statement on which is included in appendix R.

Land transactions and associate costings/justification

Proceeds from the sale of land at Northgate Hospital form a vital element of the project capital funding, as stated in the programme strategic statement, and identified as a critical pillar of the Trust's strategy to develop and improve its estate. Since the Strategic Outline Case the Trust has identified a preferred option for the development of the site, which optimises access, overall site utilisation, and ease of construction. While this has optimised build costs it has resulted in a reduction in the anticipated receipt.

9.3 Capital Funding

The phasing of capital expenditure and the timing of the asset sale are shown in table 33 below. The full anticipated land sale receipt will be used to support this programme. However, the Net Book Value of the land is nil so this will be an I&E Gain on Disposal. The net cost of the project is £64.0m.

	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	Total £000
Capex	864	5,420	13,253	30,411	20,155	1,817	71,920
Asset disposal						(7,900)	(7,900)
Net Cost	864	5,420	13,253	30,411	20,155	(6,083)	64,020

Table 33 – Capital funding

This project was successful in the Wave 4 STP Capital exercise and it was allocated £54.2m of PDC funding to cover the net costs of the project. As described above the business case now incorporates additional elements, which increase the gross costs of the build. These additional costs are essential to the delivery of the Trust's overall strategy, and given their inter-relation with other aspects of this programme, it makes sense to incorporate them into this single business case. These additional costs will be met from internal cash reserves (and/or ITFF loans if these are available). The Trust currently has cash balances of £29m (December 19). Taking into account the likely timing of FBC approval, the proposed drawdown of PDC and use of Trust cash is shown in table 34 below:-

	18/19 £000	19/20 £000	20/21 £000	21/22 £000	22/23 £000	23/24 £000	25/26 £000	27/28 £000	Total £000
Internal cash / depreciation	864	5,420	(6,284)		15,903	(1,343)	(2,370)	(2,370)	9,820
Land/Property disposals						3,160	2,370	2,370	7,900
DHSC borrowings									
DHSC PDC			19,537	30,411	4,252				54,200
Total capital requirement	864	5,420	13,253	30,411	20,155	1,817	0	0	71,920

Table 34 – Proposed drawdown of PDC/Trust cash

9.4 Financial Model

The Income and Expenditure analysis covers the Trust's in-patient adult medium secure, low secure and step-down rehab services, Children's and Young People's in-patient medium secure, low secure, PICU and general admission services and adult acute in-patient services in Newcastle and Gateshead. The CYPS low secure, PICU and general admission in-patient services were not included in the SOC but are included in the OBC due to the CYPS medium secure services moving to Ferndene in the preferred option.

A summary of the income and costs of the preferred option at 2019/20 prices are shown in table 35 below with a more detailed breakdown shown in appendix W.

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Total Income	39,000	39,300	39,300	39,300	46,500	46,500
Ward Staff Costs	23,400	23,200	23,200	22,700	21,700	21,700
Other Direct Costs	10,100	9,900	9,700	9,300	9,100	9,100
Support Costs	12,800	12,300	12,200	11,900	11,200	10,700
Capital Charges	1,200	1,600	2,300	2,800	2,400	2,300
Total Spend	47,500	47,000	47,400	46,700	44,400	43,800
Total / (Deficit)	-8,500	-7,700	-8,100	-7,400	2,100	2,700

Table 35 – Income and costs

Changes to the levels of income are a result of changes to the number of beds provided and also as a result of price increases for some services. These price increases are currently reflected in 23/24, however, these should be phased in over the next 5 years but trajectories for this have still to be agreed with commissioners. The financial model at 19/20 prices needs to generate a surplus of £2.7m to give a breakeven position in the out-turn prices model because applying inflationary uplifts to expenditure and income results in a £2.7m additional pressure over the next 5

years. This is due to these services being in deficit, the 1.1% efficiency requirement and the tariff uplift not fully covering the Trust's inflationary costs due to the Trust's proportion of pay (& AfC staff) being higher than that used in the tariff calculation.

The services within the scope of this project currently make a deficit of £8.5m. The proposed capital development will enable the services to improve their financial performance by £8.5m and generate a breakeven position which makes them sustainable going forward.

This is achieved by undertaking additional activity, improving productivity and delivering efficiency savings as a result of the co-location of services and services being delivered in fit for purpose accommodation. The consolidation of inpatient units from a number of sites provides the opportunity to reduce recurring running costs through economies of scale and the development of shared site resources. This results in financial benefits from the new beds provided through this scheme as costs are reduced while income levels are increased.

Efficiency savings

The net financial improvement of £8.5m at 2019/20 prices (excluding the £2.7m inflationary uplift pressure) is broken down in table 36 below which shows the cumulative impact of the preferred option. Income increases due to the additional activity undertaken to meet the demand for mental health secure services. By providing these services from fit for purpose accommodation, reconfiguring services and increasing productivity this additional activity will effectively be absorbed and provided while still achieving a reduction in ward staff costs. Co-location of services will also result in efficiencies which will deliver savings from other clinical support and management as well as estates and facilities.

	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Income	300	300	300	4,800	4,800
Ward Staff Costs	200	200	700	1,700	1,700
Other Direct Costs	200	400	800	1,000	1,000
Support Costs	500	600	900	1,600	2,100
Capital Charges	-400	-1,100	-1,600	-1,200	-1,100
Net Revenue Savings	800	400	1,100	7,900	8,500

Table 36 – Efficiency savings

The Trust achieved efficiency savings of £10.6m in 17/18 and £12.6m in 18/19. The Trust's efficiency target in 19/20 is £10.4m and planned efficiency targets going forward are based on the national NHS efficiency requirement in the planning guidance of 1.1% applied to patient care income which equates to 1.0% of the Trust's total income.

This development will deliver £8.5m of recurring efficiency at out-turn prices which will increase the Trust's surplus which has reduced in the short-term as a result of

Transforming Care and other service retractions. The increase and stabilisation of the Trust surplus position is essential to ensure the Trust generates sufficient cash to cover existing loan repayment liabilities and to enable on-going required investment in the estate.

Service Line I&E Summary

Table 37 below shows income and costs of the baseline and preferred option at 2019/20 prices and the link to bed numbers/demand. This shows the increase in Medium Secure Mental Health beds and the reduction in Learning Disability beds.

Service	NTW Beds 1/4/18	NTW Beds 1/4/19	Income 2019/20 £'m	Costs 2019/20 £'m	Surplus /(Deficit)	Proposed number of beds	Income £'m	Costs £'m	Surplus /(Deficit)
Adult Medium & Low Secure Mental Health	55	58	9.8	10.2	-0.4	80	14.1	14.1	0.0
Adult Medium & Low Secure & Hospital Based Rehab Learning Disability	72	46	7.0	11.9	-4.9	36	6.4	6.4	0.0
Total – Adult Secure & Rehab	127	104	16.8	22.1	-5.3	116	20.5	20.5	0.0
CYPS Medium Secure Mental Health & LD	14	14	5.7	6.9	-1.2	14	6.3	6.3	0.0
CYPS Low Secure, PICU & General Admission Mental Health & Learning Disability	32	29	8.3	9.8	-1.5	24	8.1	8.1	0.0
Total – CYPS	46	43	14.0	16.7	-2.7	38	14.4	14.4	0.0
Adult Acute	70	70	8.4	8.8	-0.4	68	8.9	8.9	0.0
Total CEDAR	243	217	39.2	47.7	-8.5	222	43.8	43.8	0.0
Net Improvement									8.5

Table 37 – Service line I&E summary

Revenue Costs and Income Assumptions and Income & Cost Summary at Nominal Prices

The revenue cost and income assumptions used for this Financial Case are set out in table 38:-

a) Rates of inflation and efficiency.

The Trust has used the Tariff uplifts from the 5 Year Plan Implementation Framework.

	20/21	21/22	22/23	23/24	24/25	Future
Income	1.3%	1.3%	0.9%	0.9%	0.9%	0.9%
AFC Staff	2.9%	2.8%	2.1%	2.1%	2.0%	2.0%
Other Staff	2.1%	2.1%	2.1%	2.1%	2.0%	2.0%
Other Operating Costs	1.8%	1.9%	2.0%	2.0%	2.0%	2.0%
Capital Charges	1.8%	1.9%	2.0%	2.0%	2.0%	2.0%
Efficiency Savings	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%

Table 38 – Rates of inflation and efficiency

The impact of the Long Term Plan uplifts on the Trust's cost categories are shown in table 39 below.

	20/21	21/22	22/23	23/24	24/25	Future
Income	1.3%	1.3%	0.9%	0.9%	0.9%	0.9%
Ward Direct Costs	2.9%	2.8%	2.1%	2.1%	2.0%	2.0%
Group Direct Costs	2.6%	2.6%	2.1%	2.1%	2.0%	2.0%
Trust Support Costs	2.5%	2.4%	2.1%	2.1%	2.0%	2.0%
Capital Charges	1.8%	1.9%	2.0%	2.0%	2.0%	2.0%
Efficiency Savings	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%

Table 39 – Long Term Plan Uplifts

- b) A summary of the income and costs of the preferred option at nominal prices (i.e. taking into account inflation) are shown in table 40 below with a more detailed breakdown shown in appendix W.

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Total Income	38,981	39,839	40,323	40,686	48,600	49,036
Ward Staff Costs	23,354	23,899	24,564	24,502	23,889	24,367
Other Direct Costs	10,076	10,137	10,189	10,079	9,969	10,168
Support Costs	12,832	12,576	12,823	12,705	12,272	11,903
Capital Charges	1,244	1,685	2,461	3,047	2,644	2,598
Total Spend	47,506	48,298	50,037	50,333	48,773	49,036
Total / (Deficit)	-8,525	-8,458	-9,714	-9,647	-173	0

Table 40 – Income/costs

9.5 Impact on SOCI, SOFP and SOCF

The tables show the incremental impact (at out-turn prices) on the Trust's I&E surplus, the incremental statement of financial position and the incremental statement of cash flows.

SOCI

The impact of this project on the Trust's Statement of Comprehensive Income at out-turn prices is shown in table 41 below:-

	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Income	859	1,342	1,705	9,619	10,055
Pay costs	-436	-1,282	-1,052	-92	-518
Non-pay costs	85	-32	27	224	342
Depreciation	-6	-13	-482	-525	-536
PDC dividends	-434	-1,203	-1,320	-875	-818
Incremental impact on I&E surplus/(deficit) before exceptional items	67	-1,189	-1,122	8,352	8,525
Impairments	-700	-1,500	-3,100	-41,900	-2,800
Gain on Disposal				7,900	
Incremental impact on I&E surplus/(deficit)	-633	-2,689	-4,222	-25,648	5,725

Table 41– SOCI

The main benefit to the SOCI at out-turn prices is from increased income. A proportion of this relates to price increases which are currently reflected in 23/24. These should be phased in over the next 5 years but trajectories for this have still to be agreed with commissioners. As well as the operational impacts, the expected impairments and the gain on disposal from asset sale also have an incremental impact on the SOCI.

SOFP

The impact of this project on the Trust's balance sheet is shown in table 42 below.

	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
Assets Employed						
Buildings and equipment - Additions	5,420	13,253	30,411	20,155	1,817	
Buildings and equipment - Impairments	-700	-1,500	-3,100	-41,900	-2,800	
Receivables					4,740	
Cash and cash equivalents	-5,420	6,351	-1,189	-17,025	9,695	8,525
Total – Assets Employed	-700	18,104	26,122	-38,770	13,452	8,525
Taxpayer's Equity						
PDC		19,537	30,411	4,252		
Revaluation Reserve	-700	-1,500	-3,100	-41,900	5,100	
I&E Reserve	0	67	-1,189	-1,122	8,352	8,525
Total – Taxpayer's Equity	-700	18,104	26,122	-38,770	13,452	8,525

Table 42 – SOFP

The impacts on the balance sheet are an increase in building and equipment assets as a result of this capital project sitting on the Trust's Group balance sheet. The asset will be owned by the Trust's subsidiary company NTW Solutions which forms part of the Trust's Group accounts. The Northgate site is valued on a Modern Equivalent Asset basis so the land that will be sold is currently assumed to have nil value. When the part of the site to be sold is cleared and available for sale this will become an asset held for sale which will be valued at the previous carrying amount before being sold to part fund the project. This will result in an I&E Gain on Disposal. PDC balances increase as the project is mainly PDC funded and cash balances initially reduce due to the Trust part funding the scheme before the projected improvement in the Trust's financial performance (I&E surplus) facilitated by this development comes into effect.

SOCF

The impact of this project on the Trust's cash position is shown in table 43 below:

Activity	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Total £'000
Capital costs	-5,420	-13,253	-30,411	-20,155	-1,817		-71,056
Revenue costs	0	67	-1,189	-1,122	8,352	8,525	14,633
PDC		19,537	30,411	4,252			54,200
Cash-releasing benefits					3,160		3,160
Incremental impact on Cash Flow	-5,420	6,351	-1,189	-17,025	9,695	8,525	937
Cumulative impact on Cash Flow	-5,420	931	-258	-17,283	-7,588	937	

Table 43 – SOCF

The project has a significant impact on the Trust's cash position in 20/23 due to the Trust making its contribution to the scheme that year and the land sale not being till 23/24. As noted earlier in this section, service price increases are currently accounted for in 23/24 and it is expected that these will be phased in over the next 5 years which will have a small beneficial effect on the cumulative impact at 22/23.

9.6 Statement of capital and revenue affordability

The capital costs of this scheme total £71.9m which it is proposed will be funded by £7.9m from a land sale released by this scheme, £9.8m from Trust cash reserves (or loans if available) and £54.2m by PDC. This project results in cost reductions (£4.8m) and additional income (£4.8m) which are much greater than the additional capital charges (£1.1m) so the scheme is affordable from a revenue perspective.

9.7 Confirmation of Commissioner/Stakeholder Support

The Trust is working closely with the main commissioners of the services included in this programme and they support the proposed service models and financial impacts. Overall income for the services covered by this scheme is planned to increase. However, the income received for LD services reduces due to reducing bed numbers. This is offset by an increase in income for MH secure services from the increase in bed numbers to meet agreed demand. Table 44 shows the planned change in profile of income.

Commissioner	Current Income 19/20 (£m)	Proposed Income (@ 19/20 prices) (£m)	Income Movement (£m)	Inflationary Impact Pressure (£m)	Total Impact on Commissioners (£m)
NHS England – Adult Mental Health Secure Services	9.5	14.1	4.6	0.9	5.5
NHS England – Adult LD Secure Services	5.4	4.0	-1.4	0.2	-1.2
NHS England – CYPS Mental Health and Learning Disability	14.0	14.4	0.4	0.9	1.3
Local CCGs – Learning Disability	1.6	2.0	0.4	0.2	0.6
Local CCGs - Acute Mental Health	8.4	8.9	0.5	0.5	1.0
Non-English – Secure Services	0.1	0.4	0.3		0.3
Total	39.0	43.8	4.8	2.7	7.5

Table 44– Profile of Income

Table 45 below provides a breakdown of the income movement by service and commissioner.

Commissioner	Bed Reductions (£m)	Bed Increases (£m)	Price Increases (£m)	Inflationary Impact Pressure (£m)	Total Impact on Commissioners (£m)
NHS England – Adult Mental Health Secure Services		5.2	-0.6	0.9	5.5
NHS England – Adult LD Secure Services	-1.7		0.3	0.2	-1.2
NHS England – CYPS Mental Health		1.1	0.9	0.5	2.5
NHS England – CYPS Learning Disability	-2.6		1.0	0.4	-1.2
Local CCGs – Learning Disability	-0.1		0.5	0.2	0.6
Local CCGs - Acute Mental Health	-0.3		0.8	0.5	1.0
Non-English – Secure Services		0.3			0.3
Total	-4.7	6.6	2.9	2.7	7.5

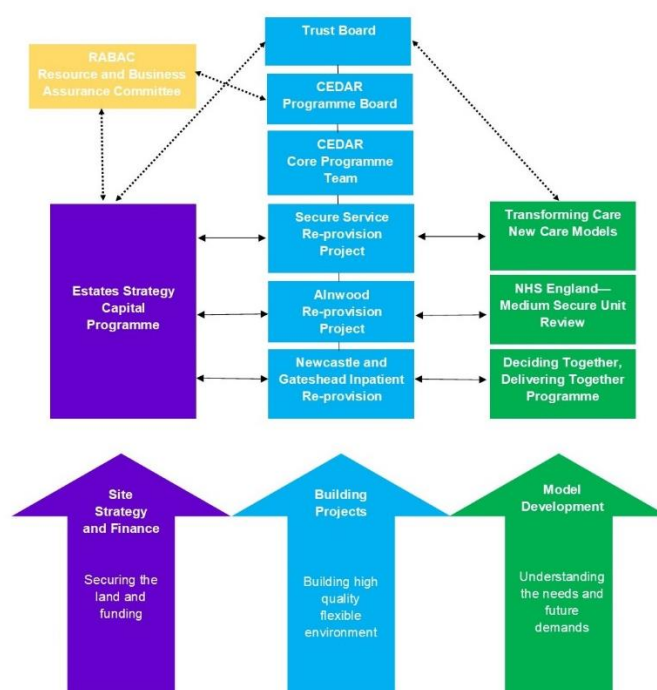
Table 45 – Income movement by service and commissioner

This scheme is a high priority for the North East and North Cumbria ICS and a bid for funding was submitted as part of the Wave 4 STP capital exercise in July 2018. It was announced as one of the successful schemes allocated funding to support STP transformation in December 2018.

The appendices will include letters of support for this programme are included in appendix X.

This section describes the management structure behind the programme and also the service user and stakeholder involvement. It also describes organisational development and cultural change strategies within the Trust.

Project management arrangements follow those identified within the Capital Investment Manual and are broadly based on PRINCE2 Methodologies. The Programme Management structure is illustrated in the diagram below:



There is a designated CEDAR Programme Team who are allocated to the Programme and are responsible for its successful management and execution. Its membership and resource allocation are detailed below:

CEDAR Clinical Director (15 hours per week - part time)

CEDAR Programme Support Officer (37.5 hours per week - full time)

Additional resource has been incorporated into the team from March 2019 to provide sufficient resilience to ensure successful delivery. This arrangement is constantly under review, and should it be deemed that there is insufficient resource within the CEDAR Programme Team, there is commitment from the Trust to act to remedy this with further resource where appropriate. The CEDAR Programme Team are mindful that members of the extended Core Programme Team have more limited capacity

due to fulfilling existing full time operational roles, and manage this resource accordingly. Operational capacity is identified on the Risk Register, and is also discussed and reviewed regularly.

CEDAR Northgate Programme	2019-20	2020-21	2021-22	2022-23
Clinical Programme Director	38,300	10,000		
Construction Programme Manager	56,000	56,000	56,000	56,000
Programme Support	37,400	37,400	37,400	37,400
OD Support Staff Consultations	24,000	24,000		
Total Salary Costs	155,700	127,400	93,400	93,400
Programme Director	90,000	45,000	45,000	45,000
Programme Consultant	55,000	41,250	20,000	20,000
Non pay	8,000	6,000	3,000	3,000
Total other Trust costs	153,000	92,250	68,000	68,000
Total expenditure	308,700	219,650	161,400	161,400

Table 46 – CEDAR programme

NTW Solutions Limited (NTWS) is the wholly owned subsidiary of the Trust. The two organisations operate under a contract for the provision of a number of services, including Estates and Facilities. The Capital Development and Planning team is part of the Estates and Facilities Department of NTW Solutions and it delivers services to the Trust to support capital projects, including CEDAR. The Head of the Capital Development and Planning team, is a member of the CEDAR programme team, reporting into his client, the Trust, through the Programme Director for the purposes of CEDAR. NTW Solutions are also providing a full-time Project Supervisor.

Senior Responsible Owner

The Senior Responsible Owner (SRO) is the Trust's Deputy Chief Executive. He is accountable for the programme, ensuring that it meets its objectives and realises the expected benefits:

- Creating and communicating the vision for the programme
- Providing clear leadership and direction
- Securing the required investment in order to run the programme
- Ensuring that the programme achieves its strategic outcomes and realises its benefits
- Establishing programme governance arrangements and ensuring that appropriate assurance is in place
- Ensuring viability of business cases
- Maintaining interface with key senior stakeholders
- Monitoring key strategic risks facing the programme
- Maintaining alignment of the programme with the Trust's strategic ambitions.

Programme Director

The Programme Director is responsible for leading and managing the setting up of the programme through to delivery of the new facilities, realisation of benefits and programme closure:

- Day to day management of the programme
- Being the day to day agent on behalf of the SRO
- Planning and designing the programme and proactively monitoring its overall progress, resolving issues and initiating corrective action as appropriate
- Developing and implementing the programme's governance framework
- Effective coordination of the Programme and their interdependencies
- Managing and resolving risks
- Managing the performance of the core programme team
- Managing communications with stakeholders
- Reporting progress of the programme at regular intervals to the SRO.

Governance

The CEDAR Programme Board is accountable to the Trust Board, who sign off all Business Cases and decisions relating to the Programme. Beneath that sits the CEDAR Core Programme Team and then various subgroups, outlined in detail throughout this section. Issues which cannot be resolved at any level, are escalated for approval. There are terms of reference for each forum which outline delegated authority and reporting mechanisms.

Trust Board

The key responsibilities of the Trust board include:

- Approve the Strategic, Outline and Full Business Cases for the programme
- Agree the scope of the programme
- Authorise funding for the programme
- Resolve any major issues referred to it by the Resource and Business Assurance Committee (RABAC).

CEDAR Programme Board

The Programme Board is a sub-group of the Trust Board and ensures that proper arrangements are in place to drive the programme forward and deliver the outcomes and benefits. The Programme Board work in partnership with other health and social care providers, in accordance with the Trust's strategic ambitions.

Key elements of the Terms of Reference for the Programme Board are as follows:

- To represent wider-ownership and maintain co-operation and co-ordination between "major development" schemes and other stakeholders
- To agree the Strategic Direction and purpose of the programme
- To agree programme controls and processes, and obtain assurances that these are effective in managing the programme and delivering the programme objectives
- To ensure that the Core Programme Team has sufficient and appropriate resources to carry out their functions
- To agree internal and external communication plans

- To ensure that the programme achieves its objectives in terms of timescales and cost
- Carrying out programme related decision-making responsibilities on behalf of the Trust Board
- To ensure timely delivery of agreed outcomes.

Programme Board membership is set out in table 47 below:

Board Membership

Non-Executive Director (Chair)	Northumberland, Tyne and Wear NHS Foundation Trust
Executive Director Finance and Deputy Chief Executive Officer (SRO)	Northumberland, Tyne and Wear NHS Foundation Trust
Executive Director of Nursing and Chief Operating Officer	Northumberland, Tyne and Wear NHS Foundation Trust
Deputy Chief Operating Officer	Northumberland, Tyne and Wear NHS Foundation Trust
CEDAR Programme Director	NTW Solutions
CEDAR Clinical Director	Northumberland, Tyne and Wear NHS Foundation Trust
CEDAR Programme Consultant	NTW Solutions
CEDAR Programme Support Officer	Northumberland, Tyne and Wear NHS Foundation Trust
Managing Director NTW Solutions Ltd	NTW Solutions
Director of Estates and Facilities	NTW Solutions
Project Supervisor	NTW Solutions
Head of Capital Development and Planning/Project Manager	NTW Solutions
Group Nurse Director	Northumberland, Tyne and Wear NHS Foundation Trust
Deputy Director of Workforce and Organisational Development	Northumberland, Tyne and Wear NHS Foundation Trust
Deputy Director of Corporate Affairs and Communications/Company Secretary	Northumberland, Tyne and Wear NHS Foundation Trust
Deputy Director of Finance and Business Development	Northumberland, Tyne and Wear NHS Foundation Trust
Mental Health Lead, NHS England and NHS Improvement	NHS England
Staff Side Lead	Northumberland, Tyne and Wear NHS Foundation Trust

Table 47 – CEDAR Programme Board

Core Programme Team

The Core Programme Team is led by the Programme Director and includes key Project Managers, clinical staff, estates, financial and business support staff. The membership of the Core Programme Team may change at different stages of the

programme e.g. during the business case development stage and the construction stage. The Core Programme Team's role is to:

- Support the development of business cases for each element of the programme, including ensuring that there is necessary consultation with staff, service users, carers and other key stakeholders
- Review and develop new operational policies and procedures to improve the quality of care and realise the required cost savings
- Oversee the development of the design work to improve the patient environment
- Have an overview of the construction work to ensure the PSCP meets objectives, including time, cost and quality
- Identify, manage and report risks to the Programme Board relating to any of the projects
- Ensure that there are good communications, and involvement with all key stakeholders throughout the programme.

The Core Programme Team form task and finish sub groups as necessary as the programme develops to manage different work streams.

Membership of the Core Programme Team

CEDAR Programme Director	NTW Solutions
CEDAR Clinical Director	Northumberland, Tyne and Wear NHS Foundation Trust
CEDAR Programme Consultant	NTW Solutions
CEDAR Programme Support Officer	Northumberland, Tyne and Wear NHS Foundation Trust
Project Supervisor	NTW Solutions
Head of Capital Development and Planning/Project Manager	NTW Solutions
Scheme Leads	Northumberland, Tyne and Wear NHS Foundation Trust
Clinical leads / specialists	Northumberland, Tyne and Wear NHS Foundation Trust
Functional specialists, e.g. IPC, Patient Safety, HR	Northumberland, Tyne and Wear NHS Foundation Trust
Facilities Management Heads – Estates and Facilities	NTW Solutions
Contractor/design team representative	External company

Table 48 – CEDAR Core Programme Team

Membership may change slightly during each phase of the programme dependent on need.

Core Programme Team Roles

The Programme Director chairs the Core Programme Team and has specific responsibilities for the project plan and risk register. The CEDAR Clinical Director

co-ordinates the clinical areas of the project; chairs the Marketing and Communications Group and the Commercial Group.

The Clinical leads / specialists lead on day to day clinical and operational issues, including chairing the Clinical and Operations Group and the Admissions and Discharge Group.

The Trust Construction Project Manager leads on estates issues for the Trust, including chairing the Design and Construction Group and liaison with the Trust's Procurement partners. The Managing Director of NTW Solutions Ltd oversees this work, providing additional input to the Programme Team, as necessary. The Project Supervisor leads on day to day design and building issues.

The Contractor representative leads on day to day design and construction issues for the Supply Chain, including liaison with NTW Solution's Project Manager.

Turner Townsend are contracted to the Trust to independently review the budget and expenditure for the project. Cost information is shared with the Programme Board every month.

Core Programme Team Sub Groups

The Core Programme Team has a number of sub groups reporting to it on the management of different work streams related to the project.

Examples have included:

- Adult Acute Inpatient Subgroup
- Clinical Design Team
- Engagement and Involvement Subgroup.

The Programme Sub Groups will meet as and when required at various key points in the development of the project.

10.2 Organisational and cultural change

The organisation has a full organisational development package which all secure staff have been part of. This, as well as various other metrics including the staff survey and friends and family analysis gives an indication of the Trust's culture. The staff have a number of engagement sessions on an ongoing basis.

The CEDAR intranet site provides details of the scheme, design and programme information and a 'frequently asked questions' (FAQ) to ensure accurate consistent responses are provided to staff questions and concerns.

Stakeholders

Key stakeholders have been included throughout the process. Local authorities, CCG representatives and Service User and Carer representatives are all members of the CEDAR Board.

The following stakeholders have been identified:

Internal:

- Trust staff working in the services to be re-provided
- All other NHS staff working on the Northgate, Ferndene and Bamburgh hospital sites
- All other Trust staff
- Staff side representatives
- Trust Board of Directors
- Trust Business Development Group
- Trust Council of Governors.

External:

- People using the services to be re-provided
- Carers and families of people using these services
- Commissioners of the service – Clinical Commissioning Groups, NHS England
- Foundation Trust public members
- Local authority leaders and officers
- Health Scrutiny Committees
- Local elected members and MPs
- User led organisations
- Carers organisations
- Other community and voluntary organisations
- The general public including neighbours on three sites
- Local and national media
- Sir Robert McAlpine, Principal Supply Chain Partner, as the construction partner
- Local emergency services – police, ambulance and fire service.

Other stakeholders identified as requiring input into the design process include the Trust's Fire Officer, Risk Management and Health and Safety Officers; Estates Maintenance Engineers; Infection Prevention and Control Team; Site Facilities Lead; Service Level Agreement Stakeholders, Carers and patient representatives.

These groups will be included in the design process on an "as-needed" basis by involvement in the regular meetings as required.

A full Communication and Engagement Strategy for all stakeholders has been developed as summarised in table 49 below:

Stakeholder	Methods	Frequency	Lead Responsibility
Internal			
Trust staff – CEDAR related	Site Information Displays Trust intranet site Chief Executive Bulletin and Team Brief updates Engagement through involvement in project sub-groups / work streams Agenda item quarterly basis at workforce groups	Monthly Ongoing As required As required Ongoing	CEDAR Clinical Director CEDAR Programme Support Officer Deputy Director of Corporate Affairs and Communications/Company Secretary
All other Trust staff	Trust intranet site Chief Executive Bulletin Team Brief updates	As required As required As required	CEDAR Clinical Director CEDAR Programme Support Officer
Staff Side Representatives	Engagement through Trust Trade Unions' Forum	Ongoing	CEDAR Clinical Director
Trust Board of Directors	Update reports	As required	CEDAR Programme Director CEDAR Clinical Director CEDAR Programme Support Officer
Trust BDG IBDG- Summary update	Update reports	Quarterly	CEDAR Clinical Director CEDAR Programme Support Officer
Trust Council of Governors	Update presentations	As required	CEDAR Clinical Director CEDAR Programme Support Officer
NTW Solutions	Bulletin Monthly briefing		Managing Director
External			
Service User Groups	Engagement as appropriate through workstreams, e.g. arts project, naming of facilities, furniture and equipment etc. User involvement in design Via meetings and written updates	As per specific workstreams As required	Operational Leads

Carers / Carers Groups	Information updates to Carer Groups Carer Engagement Events	As required	CEDAR Clinical Director CEDAR Programme Support Officer Associate Directors
Newcastle/Gateshead Delivering Together	Updates to DT Group	As required	Group Directors
NHS Commissioners- N/G CCG, NHSE (NCM), Northumberland CCG	Engagement through Commissioner representative on Project Board Via regular meetings with commissioners	Ongoing	Executive Director of Performance and Assurance/Op Leads Group Directors
Local Authorities – Leaders / Officers	Via routine meetings where these exist , specific additional meetings as appropriate	Every four months	Chief Operating Officer/ Project Director
Health Scrutiny Committees	Via update reports / presentations	Every four months	Project Director Group Directors
Local Councillors and MPs	Via meetings as required MPs Bulletin	As required	Project Director / Head of Communications
Local Involvement Networks	Written updates / presentations to local LINs as requested	As required	Project Team
Other community and voluntary organisations	Via meetings or written updates	As required	Project Team
FT members	Updates in FT members newsletters	As required	Deputy Director of Corporate Affairs and Communications/Company Secretary
General public, including neighbours on both sites	Via meetings and written updates	As required	Project Team
Local media	Press releases and TV coverage as appropriate at key milestone dates	At key milestones	Project Director / Head of Communications
National media	Press releases, as appropriate for specialist publications	At key milestones	Project Director / Head of Communications
Local Emergency services	Meeting / visits, written information as appropriate Liaison with local police office on site	As required Ongoing	Project Team

Planners (Northumberland, Newcastle)	Meetings	As required	CEDAR Programme Director CEDAR Programme Consultant
NCM Board	Updates	Monthly	Group Directors Associate Directors
Transforming Care Board		Monthly	Group Directors Associate Directors

Table 49 – Communication/engagement strategy

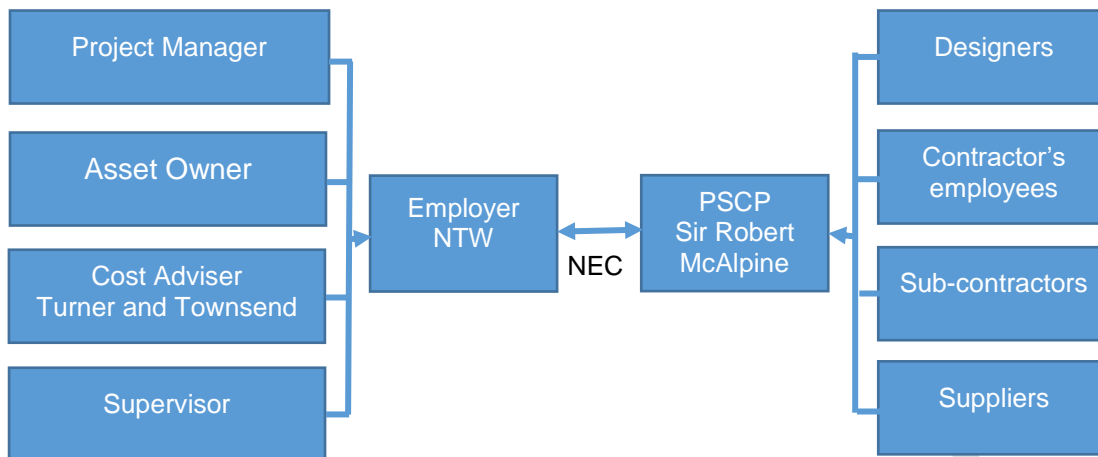
10.3 Service user involvement

The Trust values mean that service user and carer involvement is essential to the development of the programme. The Trust has a statutory duty to involve service users and the public in planning the development of services. Service user forums ensure that service users and carers can provide views on the development of the scheme and to receive updates on progress. This will include engagement events, communications and the creation of a CEDAR email address where people can send their views and thoughts on the project for consideration. The Trust also involves service users and carers in focus groups around the design of the buildings and services.

10.4 Management of preferred bidder appointment and contract

The Trust construction partner (Sir Robert McAlpine) has already been appointed using the PAGABO Framework. The Pre Construction Services Agreement has been populated and signed covering the period up to submission of the FBC. The contract will be administered by the Capital and Planning Team with the Head of Capital Planning and Development, acting as Project Manager, along with a Project Supervisor and a Commercial Manager. Other members of the team will assist as and when required throughout the duration of the project. The organisation's Capital and Planning Team have worked on all projects for a period of 12 years and have amassed a wealth of knowledge in delivering Capital schemes during this time.

The contract management structure for the programme is indicated below:



10.5 Project structure assurance and support

The CEDAR Programme structure and governance arrangements have been approved by the NTW Trust Board and all of the business cases produced by the programme team are submitted to the Trust Board for approval and signed by the CEO prior to submission. The OBC and FBC both require approval by the Trust Board.

The Board of NTW Solutions is not required to approve the OBC or FBC as these are Trust documents to support their proposed development. However as NTW Solutions are the Trusts Operated Healthcare Facility Provider their Board will need to agree the Capital project delivery and contractual changes to their contract with the Trust. This project has been discussed at NTW Solution's Board regularly throughout its planning phase and has the Board's support in principle in terms of delivery and contractual changes required. Once the GMP and FBC are available this will be presented to the NTW Solution's Board for sign off. As four members of NTW Solution's Board sit as members of the project board we see no risk in this sign off process.

10.6 Project plan - Project plan including delivery plans, dates and details milestones

The current Project Execution Plan (PEP) is available in appendix Y. The project programme covering planned delivery dates and milestones is in appendix N.

10.7 External advice where applicable

The adoption of the PAGABO framework has allowed early engagement of external specialist advisers, including Fire engineers to supplement and enhance the advice already available through Trust 'in house' resources for fire, infection control and design along with existing subcontracted specialist advice including water quality management.

10.8 Workstream milestones and inter dependencies

The Sir Robert McAlpine's master programme shows the critical path of the scheme and inter dependencies. A handover period of eight weeks is included for the completion of each ward block, with time allowances for staff training, Trust FFE, open days, 'live-in's' and familiarisation. In addition to this an allowance has been included in the programme for the incorporation of best practise soft landings. Details will be developed further as the scheme progresses.

10.9 Contract management plan

Both the PEP and NEC 3 contract data identifies clear overall ownership of the contract management across the organisation. Contract management reporting processes are aligned with organisational governance processes, operational board, and risk structures, all with senior level engagement.

The NEC 3 form of contract requires a collaborative approach from all parties, which stimulates open management to mitigate problems and reduce risk. The contract programme is included in appendix N and is formally accepted by the client Project Manager on a monthly basis.

10.10 Benefits realisation

The monitoring of the delivery of programme benefits will be managed through the CEDAR Programme Board during the planning and construction phases. Post construction the programme benefits realisation plan below will be managed by the operational group directors and reported via the Trust Board. The plan sets out who is responsible for the delivery of specific benefits and how achievement of them will be measured.

Key benefits of the programme are:

- Provide enough capacity to meet demand, over the next 5-10 years, and provide flexibility for the future and fit with the Trust's strategic plans
- Enhance clinical practice that support clinical effectiveness, improved patient outcomes and patient safety
- Quality of care is enhanced, in terms of the model of care, and seamless pathways of care and patient choice
- Provides a dynamic working environment that supports research and development
- Development of working environments that will encourage retention and recruitment
- Facilities will meet the requirements of NHS and other national guidance for the built environment for the services in scope, with limited derogations identified in appendix I
- Patient experience is enhanced, in terms of privacy and dignity, and the quality of environment

- The programme will be delivered on time with minimal disruption to current service delivery.

No.	Benefit Descriptor	Measure	Leads
1.	Quality of care is enhanced, in terms of the model of care, and seamless pathways of care and patient choice	Internal clinical audits Peer reviews Patient feedback systems	Operational and clinical heads of services
2.	Enhances clinical practice that support clinical effectiveness, improved patient outcomes and patient safety	Internal clinical audits Peer reviews Patient feedback systems PLACE Reports	Operational and clinical heads of services
3.	Facilities within scope will provide enough capacity to meet demand, over the next 5-10 years, and provide flexibility, for the future and fit with the Trust's strategic plans	Monthly Reports: Occupancy levels Referral Rates Discharge Rates Waiting lists Out of area placements	Operational and clinical heads of services NTW Performance Team
4.	Provides a dynamic working environment that supports research and development	Internal clinical audits Research proposals Evidence of change implementation	Operational and clinical heads of services NTW Research and Development Team
5.	Development of working environments that will encourage retention and recruitment	Staff retention and recruitment reports Staff Survey feedback	Operational and clinical heads of services Workforce Leads
6.	Facilities will meet the requirements of NHS and other national guidance for the built environment for the services in scope	PLACE Reports AIMS BREEAM PREOMS RCPsych EHE NHS England Quality Standards	Operational and clinical heads of services NTW Solutions
7.	Patient experience is enhanced, in terms of privacy and dignity, and the quality of environment	PLACE Reports Patient feedback systems	Operational and clinical heads of services NTW Solutions
8.	The development will be delivered on time with minimal disruption to current service delivery	Project Plan Update Reports Feedback from operational groups	Programme Director
9.	Reducing recurring costs of services	Achievement of £8.5m recurring financial improvement	Operational heads of services NTW Finance Leads

Table 50 – Benefit/measure/leads

10.11 Risk management plan – comprehensive and costed risk register

The risk register is included in appendix E. The scoring matrix is also described in terms of probability and impact ratings. Full costings against each risk will be provided in the full business case.

1. Finance
2. Programme/phasing
3. Contract/legal
4. Resources
5. Technical
6. Construction
7. Operational

Risks scoring above 12 in the register are identified in table 45 and are reported at each programme board. The costed risk register is available in appendix E.

Project Risk Register - PRE CONSTRUCTION															
Project Name		CLMNT Project													
Last Update		08/07/19													
Document Reference		NTMNH-NTW-XR-XR-MD-K-0001 Rev P02													
Status		A - Approved													
Risk Identifier	Risk Category	Date raised	Raised By	Risk owner	Risk description (issue, risk event and impact)	Lead/Owned	Responsible	Risk Score - BASELINE	Responsible - identified owner risk will	Priority	Lead/Owned	Responsible	Risk Score - Current	Risk Response Action / Mitigation	Current mitigation
F1	Financial	20/01/19		Client / Trust	Trust does not receive DH funding due to failure of business cases or retraction of national programme	3	4	12	JUL-20		3	4	12	Multi staged business case approval process, SOC approved through most stages of process already. Other funding models could be investigated.	
F2	Financial			Client / Trust	Trust does not receive the expected level of land sale receipt leading to a shortfall in the overall budget	3	2	6	JUL-20		5	5	20	Height planning application and early engagement of specialist advisors. High level of survey detail as part of land sale package Recent feedback suggests land sale value has reduced from retail estimate partly due to decrease in the area to provide future expansion potential and partly deterioration in local market conditions.	
F3	Financial	20/01/19		Client / Trust	Trust owned risk elements exceed the budget risk contingency	3	4	12	Mar-20		3	4	12	Continuation of regular cost advice required to ensure optimum plan is ongoing.	
F4	Financial	20/01/19		Client / Trust	Allocated project budget is not sufficient to meet all the requirements of the Trust (including addressing backlog issues in existing, retained buildings and also wider infrastructure issues)	5	4	20	Mar-20		5	4	20	Development of the project costs and scheme information. Continuation of regular cost advice and staged cost plans.	
F5	Financial	20/01/19		Client / Trust	VAT position and reclaim alters during scheme	2	4	8	Apr-23		2	4	8	Critical function is signed off at each stage.	
F6	Financial	20/01/19		Client / Trust	Pre-construction fees may be subject to scope creep and cost growth as the design / surveys progresses	3	2	6	Mar-20		3	2	6	Monitor any updates to VAT rules	
F7	Financial	20/01/19		Client / Trust	Significant expenditure is being undertaken by the trust at risk prior to business case approval. This expenditure would be irrecoverable if the scheme is not approved and does not proceed	3	5	15	JUL-20		3	5	15	Monitoring scope and progressive sign off. Multi stage business case process should minimise risk exposure. Keep the programme board informed of facilities to be projected for approval date each month. Ensure timely responses to business case queries	
F8	Financial	20/01/19		Client / Trust	Financial viability of bid numbers			9					9	Constant monitoring of tendered services. Flexibility of 'standardised' design allows ward functions to alter over time without significant alteration. Expansion of each ward achievable to 15% if ever required. Contributing to national service approach (one of only 2 providers of CYPs service need for secure services)	
P1	Programme/Planning	20/01/19		Client / Trust	National approach by NHS England, NHS Improvement, DoH, Multi-lateral are delayed	5	4	20			5	4	20	Ensure the project team achieve programme dates and the NIGL response dates. Carefully monitor progress of business cases through the system.	
P2	Programme/Planning	20/01/19		Client / Trust	Planning process is delayed/planning permission is refused impacting on business case programme, proposed land sale and commencement on site	3	4	12			2	4	8	Public consultation and communication with NCC on going. Planning officer appointed, good engagement / feedback from head of planning. PreAPF submitted on time and awaiting detailed feedback.	
P3	Programme/Planning	20/01/19		Client / Trust	Trust team do not make timely operational decisions impacting on the scheme/fail to sign off the design (Clinical, estates, IT, technical team)	3	3	9	Mar-19		5	3	15	Open dialogue, design workshop, use of ISO register. Decisions on site wide issues mainly completed. NIGL Stage 2 completion slightly delayed to maintain design time for clinicians. Impact to be absorbed, as agreed by SEM team Operational policies still TBC	

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10.12 Post implementation monitoring and post project evaluation (PPE)

The outline arrangements for post project evaluation (PPE) have been established in accordance with best practice. The Trust will ensure that a thorough post-project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. These will be of benefit to:

- The Trust – in using this knowledge for future capital schemes
- Other key local stakeholders – to inform their approaches to future projects
- The NHS more widely – to test whether the policies and procedures used in this procurement have been used effectively
- Contractors – to understand the healthcare environment better.

The evaluation will examine the following elements:

- The effectiveness of the project management team in delivering the scheme
- Communications and involvement during procurement
- The effectiveness of advisers utilised on the scheme
- The efficacy of NHS guidance in delivering the scheme.

Time and cost allowances are included within the project programme and cost plans to facilitate the above process.

10.13 NHS premises assurance model (PAM) standard assessment questionnaire

The latest Premises Assurance Model (PAM) Annual Report dated October 2018 is included in appendix Z. The PAM report was discussed at the RBAC meeting in January. NTW Solutions scores an average rating of 'good' with one item rated outstanding in regards to assurance for the Trust.

10.14 Equality and diversity

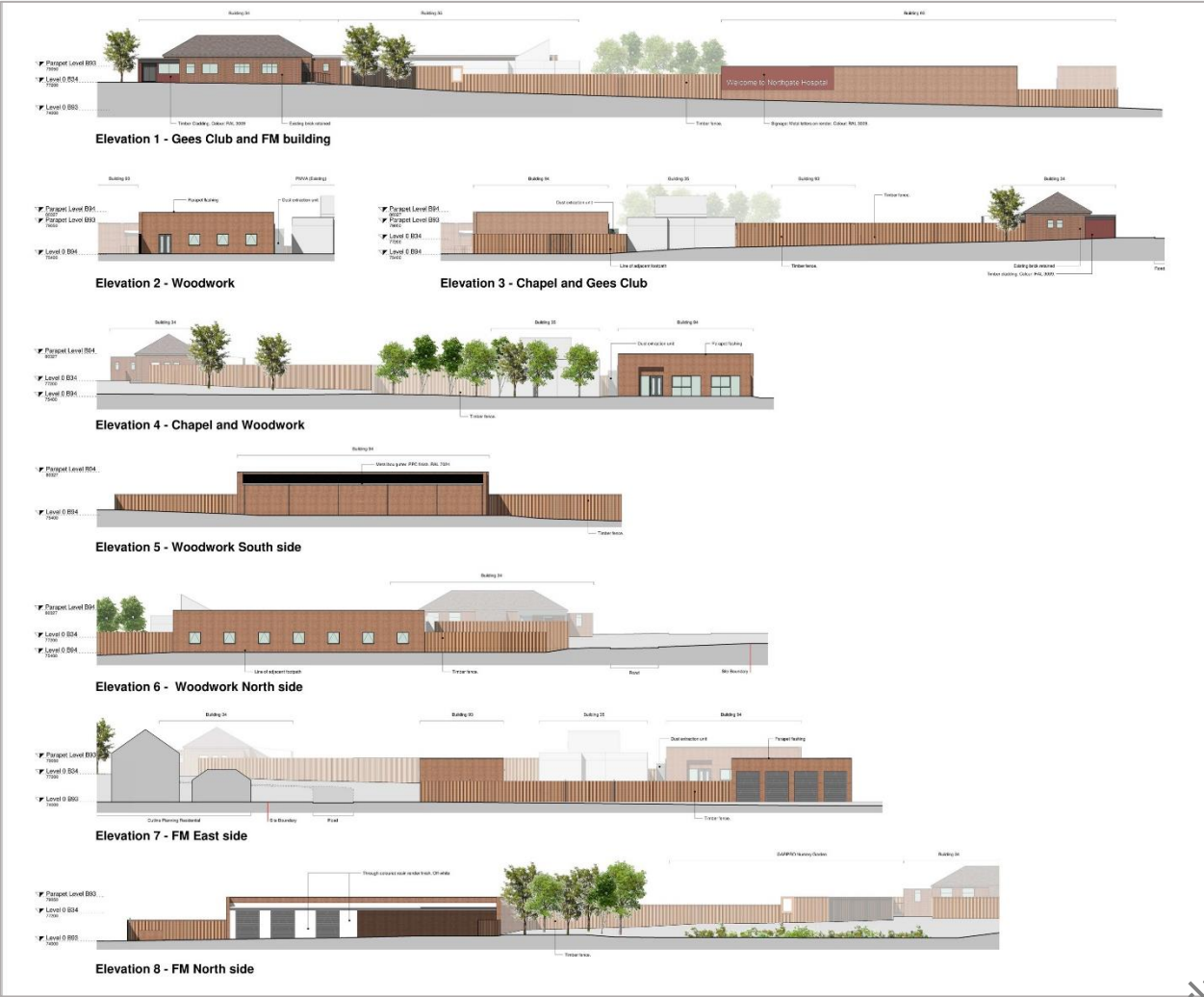
The Trust Equality and Diversity Lead has undertaken an assessment of the proposals and the programme plan. An initial report has been compiled in appendix AA which is summarised as follows:

The preferred option provides a solution for the provision of services that will generally have a positive impact in terms of equality and diversity. The potential areas for negative impact will be locating forensic services on a site that may potentially be less easy to access for visitors to patients. Accommodation for visitors goes some way to mitigating this impact, discussions with Public Transport providers are recommended to ascertain whether there are likely to be any service improvements in light of the new developments on the Northgate site – both for the Trust and the proposed extension of housing development.

Transport to access the site is also likely to be an issue for staff who may be moving from St Nicholas to Northgate as a consequence of the CEDAR proposals. It is

recommended that this is addressed as part of the consultation exercises that will take place. Doing so will mitigate potential negative impacts of the proposal.

Finally it is recommended that the Equality and Diversity Lead maintains a regular contact with the CEDAR team as the Project develops to ensure that needs are met and that any changes during the course of the project are assessed for equality impact .



Northgate Hospital building 93/94 proposed elevation

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11. CLINICAL QUALITY

This section describes the clinical rationale behind the options for the programme including the involvement of staff and patients, PLACE scores, patient experience and other involvement by teams.

11.1 Design and buildings - Purpose of building, suitability, layout

Part of the Trust's estate strategy is to group inpatient specialities onto single sites wherever possible i.e.

- Adult Acute Inpatient Care – St Georges Park, St Nicholas Hospital, Hopewood Park
- Neuro Disability and Rehabilitation - Walkergate Park
- Older Peoples Inpatient Care – St Georges Park, Monkwearmouth Hospital, CAV Newcastle
- Children's Acute and secure services Inpatient Care – Ferndene Prudhoe
- Adult Secure services – Northgate Hospital

This model allows the organisation to form concentrated groups of clinical staff with transferable specialist skill sets that can offer support across sites that contain anything between five and 15 wards depending upon the size of the site.

Proposed New Build Integrated adult Medium Secure Facility Northgate

Six wards will provide a 74 bed medium secure standard facility for adults that meets the national MSU environmental standards and which facilitates the integration of learning disability and mental health secure services. The new unit will also enable service expansion through the development of new secure personality disorder services and increase the number of mental health beds, this will also support access for those people currently in prison awaiting assessment and treatment, which are identified gaps in the New care Model secure pathway linked to the National review of Secure Services.

Proposed Re-provided Newcastle and Gateshead Adult Acute Inpatient Services

The Trust will re-provide 68 adult acute admission beds and associated services into existing upgraded environments at Bamburgh Clinic and Bede Ward on the St Nicholas hospital site that meet the national standards for acute inpatient facilities. The new environments will facilitate the integration of Newcastle and Gateshead acute services onto a single site, as per the Deciding Together, Delivering Together public consultation.

Proposed Re-provided Adult Low Secure and Hospital Rehabilitation Facilities Northgate

To re-provide 42 low secure and hospital rehabilitation mental health and learning disability beds into existing and/or upgraded environments at Tyne and Tweed wards on the Northgate hospital site that meet the current national standards for low secure

facilities. The current environments will facilitate the integration of mental health and learning disability services onto a single site.

Proposed redeveloped wards at Ferndene, Prudhoe to provide all CYPS Inpatient Facilities

To provide 14 medium secure learning disability and mental health beds, alongside a reduced number of low secure learning disability beds, general admission beds and PICU.

NOTE: Any minor derogations from specific standards are recorded in appendix I derogation schedule.

11.2 Use of facility

CYPS Secure Services

The proposed redeveloped Ferndene facility will have a significantly positive impact upon the quality of care delivered due to the fact that the building design will be developed around young people who present with highly complex needs and high risk behaviours.

The current “team around the child” clinical model is proving very successful and entails small groups of clinical staff working very closely with individual young people throughout the duration of their stay as opposed to a more generalised ward team approach.

This model allows the development of closer therapeutic relationships and highly individualised packages of care. The current wards at Alnwood, St Nicholas Hospital however are based upon a very traditional Nightingale footprint over two floors which does not support the “team around the child” clinical model.

The redeveloped facility will be more conducive to individual therapy and nursing intervention whereby individuals who struggle to interact with others or who present a risk to other patients on the ward will have increased access to safe individual therapeutic space via increased numbers of small lounge/therapy areas and a variety of outdoor space options.

Reviews of the service have highlighted a direct correlation between the use of restraint and other restrictive interventions (the use of mechanical restraint equipment (MRE) and seclusion) and the environmental limitations of Alnwood. The current design of Alnwood cannot be structurally overcome and so this risk will continue until the building can be vacated. This has been logged on the Trust's risk register. These risks lead to significant additional requirements for staffing resources.

Co-location with other CYPS services will also present opportunities to introduce shared facilities (in a programmed way) and operational contingency plans.

Adult Medium Secure Services

The new facility at Northgate will significantly improve the quality of care delivered by addressing current environmental issues including first floor accommodation, no en-suites, and poor recreational facilities. On the Northgate site there are also a range of buildings in current use which date back to the 1960's and beyond. As such, despite being maintained they are no longer fit for purpose and are unable to be adapted to meet the required needs of patients or the standards outlined in the quality network

This programme proposes an increase in mental health service provision contrasting to the reduction programme for learning disability services. The Trust currently has limited provision for patients with personality disorders with many being admitted into learning disability or mental health beds or placed out of area in other specialist beds. The NHS England Mental Health Service Review has identified the need for 19 male, medium secure PD beds to meet the demands of the future originating population, and an increase of 22 male, medium secure beds across the ICS footprint which is reflected in this business case.

The new build secure services facility will provide the physical health care facilities to ensure holistic patient needs are addressed reducing demand on acute services wherever possible. There will be a radical upgrade in our approach to ill health prevention and secondary prevention extended to health promotion and the encouragement of personal responsibility through co-produced recovery plans.

The combined site will assist in implementing the CQC action plan to embrace the Greenlight Toolkit across all adult services. Access to services and shared learning between learning disability and mental health staff will be improved to effectively support people with autism and people with learning disabilities to gain equal access to mental health services.

Adult Low Secure and Hospital Rehabilitation Services

The Tweed ward on the Northgate site will be further upgraded at a later date (outside this OBC) as it is a currently compliant building. This future scheme will significantly improve the quality of care delivered by addressing all of the current environmental issues including no en-suite provision.

There will be the additional benefits of access to some of the shared facilities within the new build medium secure facility such as recreational / sports areas and physical health care services.

Newcastle and Gateshead Adult Acute Services

Adult Acute Inpatient Services for Newcastle and Gateshead are currently provided from two separate general hospital sites, neither of which are owned or operated by the Trust.

It is widely recognised by all stakeholders involved with these services that the current isolated facilities are not viable in the long term. Environments are not fit for

purpose - no en-suite provision, poor outdoor access, poor layout, significant backlog and on-going maintenance requirements. The proposed re-provision will address all of these environmental issues.

The Trust has been served notice to vacate the former Newcastle General (Campus for Ageing and Vitality) site by March 2022, with the option of a further maximum extension of two years. The site will then be redeveloped by Newcastle University to create a proposed world leading centre for ageing research. Clearly this accelerates the need to find a new facility.

A public consultation on the future of these services was undertaken in 2016 which concluded that all acute mental health beds should be concentrated within the boundaries of Newcastle and specifically on the St Nicholas hospital site. This is part of the CCG's wider 'Deciding Together, Delivering Together' strategy that underpins not only in-patient care but how services will also be delivered in the community.

Co-location of acute inpatient services onto a single site realises significant savings across the Newcastle Gateshead footprint through economies of scale and shared resources, enabling investment in community services in line with the agreed commissioning strategy of Newcastle Gateshead CCG.

The single site model will also reduce identified clinical risks and improve quality through:

- Significantly reduced risks associated with the move to single floor facilities as opposed to multi floor facilities
- Significantly improved access to outdoor space for patients, particularly patients deemed as high risk
- Improved staff emergency response systems, whereby the numbers of specially trained mental health staff numbers within the immediate vicinity of each ward are increased
- Improved cross working and integration of clinical staff from the Newcastle and Gateshead areas

11.3 Access requirements

The developed design provides for inclusive access and is compliant with BS 8300 2018 Parts 1 and 2. The access statement was issued with the full planning submission. Early consultation with the Trust's Equality and Diversity team has been undertaken when developing the access strategy.

There are two secure DDA compliant entrances into both the adult and CYPS medium secure facilities: an adult/CYPS entrance and a vehicular entrance for patient transportation and facilities management. The entrance is supported via a 24 hour reception and scanning/search facility for added security. The vehicular entrance is an airlock arrangement controlled via a dedicated security office. This

area has facilities which support a secure stop and search procedure as well as a goods holding area which leads into a 'sterile' area of the site. Once patients are within the secure perimeter each individual ward will have its own entrance controlled via the ward office.

Staff using the facility will have two options upon entry. They can either progress through scanning to the secure area of the building or can enter open plan office arrangements with associated staff and conference room facilities. Visitors will progress through scanning and can use dedicated visitor rooms with child-friendly facilities and/or tribunal suites.

Appropriate parking provision is located at the front of the main entrance in the form of ambulant, disabled, drop off and electric charging bays as well as a planned bus stop for a public bus service. A clear and concise site-wide wayfinding strategy will be implemented using a mixture of appropriate static and electric signage supported by a defined artwork strategy that will assist all visitors and users find their way around the facility.

11.4 Patient space

With regards to space standards for both public and clinical provisions the developed design is generally in compliance with the following documents:

- Health Building Note 00-01 General Design Guidance 2014.
- Facilities for CYPS mental health services 03-02 2017 (Ferndene)
- Adult mental health units 03-01 2013

Where guidance conflicts, or reuse of existing premises imposes constraints the derogation schedule highlights and records any decision implemented by the Trust.

11.5 Impact of estates derogation on clinical care

It is envisaged that there will be no negative impact on clinical care with regards to Estates derogations. All derogations that have been applied to the approved design are supported by the Programme Team which includes the Clinical Directors for both adult and CYPS and will be signed off by the CEDAR Programme Board. A copy of the compliance and derogations schedule is included in appendix I.

11.6 Impact of clinical adjacencies in scheme design

Healthcare planning is being delivered in-house by the Capital and Planning Team who over the previous 12 years have amassed an extensive knowledge base with regards to delivering mental health facilities of various differing service requirements. This function is supported where necessary by Healthcare Planner Caroline Mulholland through her appointment by Sir Robert McAlpine. The attached approved floor plans showing clinical / non-clinical adjacencies have been developed via a comprehensive engagement strategy that has included clinical, estates, facilities, IPC, patient safety, Occupational Therapists and materials management

input. The developed design allows for a safe and secure service to be delivered in-line with a robust and appropriate support services strategy.

11.7 Accommodation for carers and parents

Overnight accommodation for relatives and visitors will be provided on the Northgate hospital site via the refurbishment of one of the existing buildings. It is envisaged that this facility could be booked for anyone visiting a patient on any of the wards on the site. The visitors flat at Ferndene will be reprovided as part of the redevelopment for CYPS.

11.8 Involvement of staff and patients in design

Integrated Secure Site Development



A number of clinical and operational staff engagement events took place over October and November 2018 whereby a representative group of staff from secure services took part in initial masterplan table top design exercises. This involved small groups of clinical staff working together using magnetic building shapes to help design the Northgate site.

As a result of the engagement events the design team were able to develop draft master plans which formed the basis upon which follow up clinical planning and design groups were based.

The operational heads and service user/carers leads have also facilitated a number of workshops for service users and their families with regards to the proposals and feedback from these events has been taken back into the planning and design groups.

The general arrangement plans are now signed off and approved by the clinical teams. A series of further design workshops will now be undertaken with wider groups of service users.

In addition an intranet site has been established which includes a readily accessible feedback and email address for staff who would prefer to provide discreet feedback and comments on the design.

Adult Acute Service Re-provision

Similar staff engagement events took place in November 2018 with representatives from the Newcastle and Gateshead Adult Acute Services to consider key design issues for the re-design of the Bamburgh Clinic and Bede Ward. These events have once again been followed up by regular workshops involving staff with the purpose of refining plans in line with clinical need and service models.

CYPS Service Re-provision

Following the decision to further develop the preferred option of relocating CYPS Medium Secure Services to the Ferndene site a number of CYPS specific clinical workshops took place which examined service configurations, outline design plans and new integrated service models. These workshops helped facilitate a consensus view amongst service leads which have allowed the design team to develop initial floor plans.

The clinical planning and design groups continue to meet fortnightly and are attended by clinical and operational representatives from both adult and CYPS services. The purpose of these groups is to refine the designs in line with clinical need and the clinical service models, and continually progress the design in developing higher levels of detail.

Once outline plans have been approved the services will then work alongside the design team to establish user representative groups from adult and CYPS services which will be tasked with developing key design features and providing a reference group that the existing planning and design groups can feed into.

Building on the positive experience from the planning and design of Ferndene in 2011, the Trust is keen to involve the children and young people from Alnwood and Ferndene in this process. The colours, ward name and artwork were all influenced by the involvement of the young people.

The general arrangement plans are all currently signed off and approved by clinicians (RIBA stage 3).

11.9 Patient led assessment of the care environment (PLACE) scores

The proposed scheme will improve the organisation's patient-led assessment of the care environment (PLACE) ratings through:

Improving privacy, dignity and wellbeing

- Provision of en-suite facilities to the majority of services that currently do not have them
- Increased levels of quiet, chill out and sensory room facilities
- Improved de-escalation facilities
- Improved reception and search environments
- Introduction of multi faith rooms and visitor facilities
- Improved seclusion facilities
- Improved access to individual dining facilities.

Improved access to internal and external therapeutic space

- Increased levels of safe outdoor areas including individual outdoor space
- Increased chill out and sensory room areas
- Increased numbers of smaller communal/social areas

- Increased access to sports/gym facilities.

Improving general condition and appearance

- New furniture and fittings
- Utilisation of themed art throughout facilities
- Improved lighting
- Improved soundproofing and acoustics
- Improved environmental temperature control.

11.10 IT system integration, particularly relating to patient quality and safety

The main contractor and its mechanical and electrical sub-contractor (including many individual professionals and tradesmen in their employ) have worked extensively with the Trust over a number of years. Trust network installations require installation of power supplies, cables, containment, racking, to/from distribution boards and terminal cupboards, in accordance with the most up to date standards identified by professional/trade organisations, Government, and the NHS.

The IT system will continue to be based on the Rio patient information system embedded into clinical practice across the Trust. There are no proposals to introduce any new or alternative systems in the OBC/FBC.

11.11 Engagement of clinical leaders, front line clinical and non-clinical staff, and other key stakeholders

During October and November 2018, clinical and operational staff from adult and CYPS secure services attended initial masterplan table top design exercises to help design the site.

The design team were then able to develop draft master plans which formed the basis for follow up clinical planning and design groups which are held fortnightly. The designs have been refined to higher levels of detail in line with clinical need and the clinical service models. The general arrangement plans have now been signed off and approved by the clinical teams.

11.12 Stake holder engagement

“Service users and carers should be at the heart of everything the Trust does and getting this right is the single most important thing that can be done to achieve the strategic ambitions” – The Trust five year strategy, 2017:

- Wherever possible service users and carers collaboratively work together with staff in the design, delivery and development of services
- Service users, carers and staff work together to make sure that the Trust is able to deliver and develop services that are safe, effective, caring, responsive and well-led

- Service users, carers and families being listened to, feeling valued, sharing views, coming to a mutual understanding, making decisions together and working together to implement solutions and developments
- Service users, carers and staff work together to make sure that the people we employ share our values and have the skills that are required of them to do what is needed and to develop our work.

Initial engagements events have been held at Northgate Hospital for staff, patients, carers, friends and families. The first event in April 2019 was held for Bede, Tweed, Tyne and the Kenneth Day Unit. Initial plans were discussed and attendees received a presentation about the CEDAR project. Initial feedback was gathered and will influence the development of the new hospital.

- Bi-monthly events are planned with the Recovery College
- Monthly 'speak easy' events are being facilitated within the secure CBU for all disciplines of staff
- As the project progresses other wards and departments will be included
- Senior members of the CBU are holding regular meetings with teams to review the building plans
- Patients are included in the planning meetings for the departments and the Recovery College
- Quarterly carer's events are held where they engage in relation to service delivery and improvements, giving carers the opportunity to share their views on the new service design.

A CYPS service user involvement design group will be established in October 2019 with support from the Skills for People organisation. Skills for People worked alongside young people in developing the designs for the original award winning Ferndene development and feedback from the young people who were involved at the time was so positive that the CYPS team requested that a similar approach was taken for this scheme.

11.13 Clinical leadership, engagement and oversight

The operational heads of service have undertaken regular staff engagement workshops which have been well attended by frontline staff and regular updates are provided to clinical teams regarding the programme through the service meeting structures.

Regular updates are also presented to the Trust Board and Executive Teams, outlining progress against the programme plan and developments relating to design and planning.

The monthly CEDAR Programme Board has senior clinical and operational representation as well as commissioning and staff side leads.

11.14 Interface with community partners

The Trust is outward-looking and well-known for its partnership working with a broad range of partners, both locally, nationally, and internationally; a major facet in its 'Outstanding' status. In this programme, it has involved Local Authorities in Newcastle, Gateshead and Northumberland in its decision making. The initiative 'Deciding Together, Delivering Together' concluded, following extensive consultation, that all acute mental health in-patient services for Newcastle and Gateshead would eventually be located at the St Nicholas Hospital site. The Trust has well-established pathways to engage with and involve service users and their carers in plans and comments about the services it provides. This is ongoing, especially concerning the development of a new adult medium secure campus and the Ferndene CYPS facility. Dialogue is also ongoing with Morpeth Town Council and Hebron Parish Council, in describing and welcoming comment on the provision of services at the Northgate Hospital site.

Open events with local residents have been held, along with leaflet drops to keep the community surrounding Northgate hospital informed of the scheme. A similar process will be undertaken at Ferndene.

11.15 Quality, safety and affordability

Quality

The scheme will significantly improve the quality of care for patients through the provision of state of the art inpatient environments that will aid recovery by:

- Increasing dedicated therapeutic space
- Improving access to therapeutic outdoor space
- Improving access to exercise/gym facilities
- Providing en suite facilities to every patient
- Improving environmental temperature control
- Improving indoor lighting
- Improving soundproofing and acoustics
- Improving furniture, fittings and access to modern technology
- Increased de-escalation and chill out space.

The scheme will support the delivery of new care models and ways of working which are proven to aid recovery and enhance patient experience by:

- Providing services nearer to home which will allow more frequent visits from family and friends
- Moving away from large communal areas to smaller quieter personal lounge areas for people who have difficulties in socialising with others, which will help in the reduction and management of violent and aggressive incidents
- Creating a critical mass of highly specialised clinical staff within the immediate vicinity which will enhance quality of care through improved training and access to specialised clinical supervision

- Creating the ability to adjust bed numbers for specialities through swing beds whereby increases and decreases in demand can be managed more effectively
- Increasing the ability to provide highly bespoke packages of care via flexible environments and increased range of expertise and skills available.

Safety

The scheme will significantly improve patient and staff safety by:

- Improving de-escalation and seclusion space
- Improving CCTV coverage and staff alarm systems
- Increasing access to a wider range of meaningful therapeutic activity which reduces stress, anxiety and frustration which can lead to violent and aggressive incidents
- Providing single storey accommodation which improves fire safety, observation and reduces the need to utilise mechanical restraint in order to move patients up and down stairs during incidents
- Critical mass of staff within the immediate vicinity will significantly improve incident response times.

Affordability

The scheme will create financial efficiencies through:

- Economies of scale that will reduce service cost replication
- The ability to increase income through repatriation and bespoke care packages acquired through spot purchase
- Reduced expenditure associated with property rental paid to other NHS Trusts.

11.16 Patient experience

The quality of the environment will have a significant impact on the patient experience. Having access to purpose built activities facilities will allow the development of recreational, vocation and therapeutic services which will be up to date. Technological approaches can be developed with the Recovery College, Education and Art and other services to support real life experiences.

Patient involvement through co-production - patients will feel empowered and have increased ownership of the services under development and effective consideration can be made of their lived experience. The Trust values the contribution patients can make by listening to their ideas and views, and this will help improve the services delivered.

The Trust has engaged with service users and meet with them on a quarterly basis to explore and draw upon their experiences to ensure that their views of current service provision and how the Trust continues to improve are captured. Patients

complete PREOMS and this enables the Trust to identify their level of “Hope in Recovery” based upon their experiences of care / environment standards.

11.17 Patient safety, design and flow

The designs generally comply with relevant MSU guidance in terms of environmental aspects including safety (Executive Summary Best practice guidance 2007, Best practice guidance specification for Adult Medium Secure Services 2007, DoH MSU Environmental Design Guide Adult Medium Secure Services 2011 and QNFMHS Standards for Medium Secure Services 2014). The Trust’s Patient Safety Team will also be engaged throughout the design and build process. Minor derogations are recorded in appendix I.

11.18 Pharmacist involvement

The Trust pharmacy team operates an ‘in house’ medicines supply service across the entire Trust, using leading edge pharmacy technologies including telepharmacy and ward based automated medicine cabinets (OmniceII). They deliver clinical pharmacy services to all in-patient wards and offer medicine reconciliation, medication reviews, prescribing and discharge planning.

In 2017 the Trust implemented the Omnicell Vandebrink Blistering machine, cutting edge automated dispensing technology which with a single operator allows compliance aids to be dispensed at a rate of 40 trays per hour and it self-checks the final product in a controlled drug security check.

Departmental pharmacy representatives will be co-opted onto the planning and design working group, providing advice and support to the design team. The Trust’s lead pharmacist has been identified for final plan approval.

11.19 Carer’s requirements

The Trust promotes the Triangle of Care national initiative, which is a therapeutic alliance between service users, carers and professionals. It also uses the carer support and involvement in secure mental health services toolkit, which helps provide clear information on how carers of people in secure services should be engaged with and supported. Their aim is to promote safety, recovery and wellbeing by including and supporting carers through listening, sharing and learning from each other.

The ‘getting to know you’ process is followed within all areas. This tool identifies carer’s needs and allows services to be signposted to carers to ensure they receive the support they require. Services develop individualised carer care plans to ensure they can be supported to visit their loved ones.

Engagement events held with carers, friends and family will ensure facilities are appropriate to meet the needs of all people. The development of carer’s and visitor’s

centres will be undertaken in collaboration with carers to ensure all areas and needs are considered.

All wards and departments have carer's champions who will ensure carers receive the support they require.

The Patient Information Centre will be used to ensure any information developed can be adjusted to meet the needs of individuals.

11.20 Business continuity

The programme associated with the scheme has been developed in a way that does not impact upon business continuity during the build period and therefore major incident and emergency planning arrangements will remain in situ until service transfer into the new facilities has occurred.

11.21 Workforce - National drivers

There are a number of factors associated with the proposed scheme that will have an impact upon the staffing teams:

The movement of services from one site to another

The proposed schemes involve the transfer of large numbers of clinical staff from one site to another which is subject to consultation as per Trust HR Framework. There may be small numbers of staff who are unable to make this transition and may need to be redeployed into other Trust services. The Trust has a proven track record in managing staff consultations and upskilling and redeploying staff to ensure no redundancies whilst maintaining its skilled workforce.

Closer working between specialities

The new models of service associated with the proposed schemes will entail much closer working between learning disability and mental health staff. In some instances there will be a number of learning disability staff working directly into mental health wards.

There are many transferable skills amongst speciality teams; however there are a number of training and development needs identified as part of this model development. Operational and workforce leads have worked in partnership to create appropriate staff training and development programmes that will help equip staff who are subject to transfer into areas that are not in line with their core speciality or who are working across specialities as part of a shared service.

A general awareness and skill development programme will also be delivered to all clinical staff working into the services within the scope of CEDAR.

Training and awareness sessions will also be developed for staff where new working procedures or protocols are introduced as part of CEDAR.

The workforce plans associated with the proposed programme have been developed in line with current national drivers for workforce.

Seven day services

The majority of staff such as ancillary, nursing and medical teams linked to CEDAR already provide a seven day service. There are currently plans to extend working hours of other elements of the wider multi-disciplinary team based upon patient needs.

Safer nursing care tool, safer staffing tool and NICE guidance

The Trust works in line with national guidance such as safer nursing care tool, safer staffing tool, NICE guidance and Lord Carter recommendations with regards to the number of staff required to provide high quality and safe services. Staff-to-patient ratios are linked to the minimum safe staff numbers or, in some cases, the level of funded staffing establishments outlined in bespoke additionally commissioned packages of support. Staffing establishments and Carter data are used to ensure that there is a safe staff/patient ratio over the seven day/24 hr period. These are reviewed twice weekly by the senior team to ensure compliance is maintained. Staffing ratios can be increased beyond baseline numbers in line with the Trust policy for observation and engagement when required to maintain safety. There is also a site response system in place which provides rapid additional staffing resources in the case of emergency medical or security situations.

Technology advance and utilisation

In 2017, the Trust was chosen by NHS England to be a 'Global Digital Exemplar'. The aim is to improve patient services by developing technological advancements including at a 'glance' boards.

As well as improving services for patients, the Trust will also share their knowledge and expertise to the wider NHS in order to reduce future implementation time and costs for similar systems elsewhere to assist with improving services and becoming more efficient.

Francis report and response from the government's hard truths report

Following the publication of the Francis and Hard Truths report the Trust has continued to adopt the recommendations of the Lord Carter report. The Trust and Clinical Business Units have developed robust workforce plans which are linked to the Safer Staffing requirements for inpatient settings. The Trust maintains high quality care and delivers individual and safe services to the patient population. Values Based Recruitment underpins the recruitment process for staff joining the organisation and through the collective leadership model the Trust values are embedded.

Reviews take place to ensure that the ward manager and Clinical Team Lead have the right staff delivering care. The services adhere to Trust key lines of enquiry as

outlined by the CQC to ensure services are effective. The Trust was rated as 'Outstanding' by the CQC.

Learning from the staff survey

Trust staff are invited to participate in the NHS staff survey every year between September and December. They are asked to comment on topics such as quality of care, health and wellbeing, staff recognition, equality, diversity and inclusion and quality of appraisals. From this engagement with staff, Trust wide and locality action plans are developed. These actions are used to develop locality specific initiatives and to inform Trust wide initiatives such as retention, career progression and talent management. The environmental themes arising from the services within the scope of the scheme have been taken into account.

Appraisal and pay progression – opportunity for improving workforce and rewarding success

The appraisal process within the Trust is currently being updated in line with the national Agenda for Change contract refresh. The process will complement the Trust approach to talent management, which is currently being developed. Career development pathways and opportunities are offered in a fair and transparent way.

Weekend workforce and mortality

The Trust follows Relational Security Protocols that enable safe delivery and effective care which minimises risk to both Trust and NHS England standards.

Secure services have a rolling training programme to ensure compliance with the secure continuing professional development for staff. The Carter returns show compliance and these are reviewed within the Trust on a regular basis. Current compliance as at June 2019 is as shown on table 52 below.

Training	Frequency	Compliance
Relational Security	Annual	97%
Risk of Harm to Others	Once Only	97%
Security Training	Annual	88.2%
Suicide Prevention	3 yearly	80%
Search Training	3 yearly	84%
Prevent Training	Once Only	99.7%
Leave Training	3 yearly	94.5%
Observation and Engagement	3 yearly	97.5%

Table 52 – Training, frequency, compliance

Attraction and retention of staff

The Trust has a highly experienced workforce with vast levels of expertise across secure services which it would seek to retain to support these proposals. The Trust has already started engagement with staff across both of its current secure sites. This existing resource gives the Trust a huge advantage in being able to realise the opportunities for integrated secure service provision to provide a world class service offered within the ICS footprint.

The Trust was part of NHSI Direct Retention Support programme and received positive feedback throughout the process – work continues to embed this work. The Trust places a significant emphasis on the quality of staff experience and runs a number of health and wellbeing campaigns specifically for staff and in some instances their families. Career development, including the use of the apprentice levy to support career pathways and build upon the skills of the workforce are a key priority in supporting the future workforce and retaining current staff knowledge and experience. Equality, diversity and inclusivity are at the centre of all Trust workforce initiatives.

The Trust is investigating ways to dedicate some of the affordable homes designed into the Northgate proposal for NHS staff.

Evidence of national benchmarking and use of workforce analytical tools to meet current and future delivery

Recommendations from the Lord Carter report are embedded into the Trust.

Training and development in new ways of working

The Trust has developed an apprenticeship business plan. The apprentices continue to become embedded and are expanding across several career development pathways including nursing, leadership and management.

The Training Academy has been supporting Creating Capacity to Care. Work is ongoing to explore international ventures, including the provision of bespoke clinical packages in India as part of developing links with Asia.

In January 2019, 39 support staff from the Trust started their degree level registered nursing apprenticeship. A July cohort of 19 further staff has also been selected. Work started in July to recruit for the January 2020 intake.

In March 2019, five nurses from the Trust began their Advanced Clinical Practitioner Programme with the University of Sunderland.

Work is currently in progress to develop the Advanced Practice across professions to include non-medical prescribing, non-medical approved clinician, and the advanced clinical practitioner at master's level which includes non-medical prescribing and approved clinician roles where appropriate. The Academy is also progressing opportunities for band two and three staff to develop relevant skills for career progression in the future.

11.22 Sustainability - Demand and capacity modelling for lifetime of scheme

Adult Secure Services Mental Health

The recent NHS England Mental Health Secure Services Review has identified the North East needs to create an additional 55 secure beds to meet projected demand. This can only be achieved by developing local capacity and capability to manage a varied and diverse patient group.

The Trust currently has limited provision for patients with Personality Disorders with many being admitted into learning disability, mental health beds or placed out of area in other specialist beds. The NHS England Mental Health Service national review of secure services identified the need for 19 male beds within the North East and Cumbria to meet the demands of the future originating population. The Trust will deliver up to 12 in the new build facility at Northgate.

The NHS England Mental Health Secure Services Review has identified the need for an increase of 22 male, medium secure, mental health beds to meet the demands of the future emerging population across the North Estate footprint (Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys Foundation NHS Trust). As at Monday 1 July 2019 there are six people waiting to step-down from Rampton or Ashworth High Secure Hospitals, there are nine new patients on the active waiting list (all currently in prison), and a further 20 in out of area placements (12 of these could potentially be returned to local services).

It has been confirmed by the New Care Model Partnership Board that the proposed bed model is in line with the NCM Strategy, and is also in line with the NHS England Mental Health Secure Services Review which in turn meets the needs of the ICS population.

The new build will significantly reduce the number of patients requiring secure care being placed in out of area facilities. As at Monday 1 July 2019 there are currently 49 North East and Cumbria patients who require secure care who are placed out of area. 43 of these patients are placed in units that are over an hour's drive away (greater than 60 miles), making it incredibly difficult to maintain healthy and therapeutic contact with family and friends. The maximum distance from home for a North East patient is currently 227 miles. The benefit of reducing travel by caring for patients closer to home ensures that they can maintain links with friends and family, thus aiding recovery. The new build at Northgate and redevelopment at Ferndene option proposed in Section 4.2 - Preferred Option will be an enabler to this.

It is envisaged that, as part of the NCM process to repatriate people as close to home as possible, a review of all out of area placements will be undertaken and, where appropriate, care will be transferred back to the Trust and Tees, Esk and Wear Valleys Foundation NHS Trust ensuring that the additional costs of funding the private care return to the NCMs, to then be reinvested in care delivery.

Number of placements with private providers (Non-NHS) are outlined in table 53:

St Andrews Healthcare	6
Elysium Healthcare	5
Partnerships in Care	25
St George Healthcare Group	4
Cygnnet Health Care	7

Table 53 – Private providers

Since October 2017, through NCM processes, 11 people have been brought back into local services. The provision of new services and streamlined pathways will reduce the need for people to receive care from outside the NCM footprint. In turn, this will enable effective use of the £12m previously used to fund these placements, thus strengthening the financial stability and provision of services delivered by Secure Care.

As at Monday 1 July 2019 the number of people currently on the waiting lists for Trust services are shown in table 54 below:

Ward	Number of patients on ward waiting lists
Bede (Low Secure)	8
Cuthbert (Medium Secure)	5 (3 High Secure)
Aidan (Acute Medium Secure)	2 (1 in prison)
Oswin (Medium Secure PD)	4

Table 54 – Waiting lists

The Trust is currently unable to meet the requirements (14 days) in relation to identifying secure beds for prisoners (currently seven prisoners are on the waiting list, two have been waiting over 12 months for a bed). There is a five bedded low secure ward available for those people currently in prison in Middlesbrough at Tees, Esk and Wear Valleys Foundation NHS Trust however there are no dedicated facilities for medium secure services for people currently in prison. There will always be a demand for beds due to the concentrating effect that prisons have, however the preferred option outlined would offer significant improvement to provision of secure care and the flow of patients through the pathway.

The proposed changes to meet expected demand are shown in table 55:

Service	Beds @ 1/4/18	Beds @ 1/4/19	Proposed Beds	Change
Medium Secure (Male)	25	25	28	+3
Medium Secure MH/PD (Male)	0	0	10	+10
Medium Secure PD (Male)	0	0	12	+12
Medium Secure Personality Disorder OPD	16	16	12	-4
Low Secure (Male)	14	14	18	+4
Adult Secure – MH	55	55	80	+25

Table 55 – Proposed changes

Adult Secure Services Learning Disabilities

The Transforming Care Programme will result in the number of learning disability beds within the Trust being reduced by 36 (12 Medium Secure, 12 Low Secure and 12 Rehab) with the majority of these already delivered by April 2019. These reductions are prescribed by DHSC. Within this reduction, there is also a need to repatriate a number of service users as part of the New Care Models programme. At the start of 2018 there were 10 patients who were included as part of the TCP cohort, one of these was repatriated during 2018 – 19 and three were stepped down from medium secure to low secure. The ambition is to repatriate a further three to four patients by April 2020.

The Trust also has non-NHS England contracts, namely those involving Scottish and Irish patients. It is planned to achieve the reduction in beds through bolstering community services, with the main focus on further developing community teams to meet the needs of those in the community to prevent admission or support a speedy discharge if a bed based admission is required.

The proposed changes to meet expected demand are shown in table 56:

Service	Beds @ 1/4/18	Beds @ 1/4/19	Proposed Beds	Change
Medium Secure (Male)	24	18	12	-12
Low Secure (Male)	24	15	12	-12
Hospital Rehab	24	13	12	-12
Adult Secure – Learning Disability	72	46	36	-36

Table 56 – Proposed changes

CYPS Secure Services

The Trust currently provides 14 CYPS medium secure beds at Alnwood which are accessed via the national secure network system and commissioned by NHS England. The Alnwood facility is located on the St Nicholas hospital site and is spread over three floors comprising of two seven bedded mixed gender wards. Alnwood has widely known issues with its environment which makes future delivery of services from the current facility unviable. Alnwood is in an old Victorian style building. It lacks therapeutic space both externally and internally around the building. The therapeutic milieu of the unit is further compromised due to a lack of

space for provision of individual de-escalation/chill out areas for the young people, a lack of natural light and the layout of the building with three flights of stairs with a number of long corridors.

The environmental restrictions of the current Alnwood footprint are also a significant contributing factor to high staffing levels/costs to maintain patient and staff safety in the building (to support observations, escorted movement around the building etc).

This is augmented by CYPS community services provided by the Trust through the Kolvin Service. This enables the Trust to offer a full CYPS pathway, which the Trust has recently augmented through successful bids for NHS England funding through initiatives such as CYPS and Secure Stairs (a framework which promotes a collaborative multi-agency approach to working with young people), ensuring that local authority staff achieve an understanding of specific presentations/diagnosis. This framework applies to local authority secure accommodation throughout the country and is commissioned by NHS England. While beneficial to service users and families, this holistic approach also enables the development and sustainability of the secure CYPS workforce across the Trust.

Provision of the right environment in the redeveloped Ferndene unit will reduce staffing requirements and support a financially sustainable service. The flexibility in bed provision and scope for income generation also supports delivery of a financially sustainable service. Alnwood staff have a degree of skill and resilience not readily found in other organisations, equipping the service with the ability to admit difficult and complex cases with the potential to generate income for the Trust through care packages.

A range of NHS England funded work-stream initiatives have been established in order to identify and address the mental health needs of young people within the secure estate in England from 2017-18. This includes the development of services within the Trust (secure stairs framework/CYPS).

It is anticipated that these initiatives will have a dual impact, both addressing the mental health needs of young people within non NHS mental health settings, and identifying the need for more young people to require admissions to NHS mental health secure settings.

A recent NHS England review of the MSU National Network for Young People (2018) established that the reduction in the use of MSU beds over the past three years was primarily due to a range of issues (including commissioning/environmental/practice), the consequence of which being that the MSU network is now struggling to meet demand for placements. As such, the following areas need to be addressed.

- Young people with eating disorders
- A limit on the capacity of the network to admit female patients (particularly in London and the South East)

- Young people with autism
- The role of CYPS in identifying mental health needs in the non- secure estate and the likely impact that this may lead to an increase in requests for assessment for admission.

Demand in 2018-19 has risen for the Trust's CYPS service, as demonstrated by the below information regarding capacity over the last 12 months (accurate as of Wednesday 19 June 2019):

- 20 weeks no capacity on Ashby (male or female)
- 31 weeks no female capacity on Ashby
- 21 weeks no female capacity on Lennox
- 10 weeks no female capacity in other units, plus four weeks with a shortage of female beds nationally.

A number of requests for assessment to admit to the service are increasingly being made from outside the NHS, due to a lack of provision of these services outside England (see figures later in this section). It is anticipated that demand for medium secure beds for young people is likely to rise given:

- Initiatives across England to identify and address mental health needs across the Non-NHS secure estate for young people
- A requirement for the current medium secure unit's national network to expand the scope of the need of young people that are eligible to be admitted more generally
- Continued lack of medium secure service provision for young people outside of England particularly in relation to the specialism of young people with a learning disability.

Given a) the overall rise in demand in CYPS's admissions of all types, both nationally and locally (with lower average lengths of stay), and b) an increased level of service provision being available in identifying assessment and treatment needs of young people in Secure Children's Homes and Youth Offender Institutes, it is anticipated that bed demand for CYPS medium secure beds will rise (from a historically low base).

Alnwood is only one of two CYPS medium secure units nationally that has a learning disability specialist provision and only one of two units that admits female patients. This demonstrates that it has a degree of specialism that will continue to attract admissions not only from outside the North East and Cumbria regions but also outside of England.

It is anticipated that overall bed occupancy at Alnwood for English patients will rise to within a recommended range of 75 - 85% bed occupancy (approximately 12 of 14

beds). Furthermore it is anticipated, based on recent and known future demand, a further one - two patients from outside of England will need care at Alnwood. There is no current secure provision for CYPS outside of England. As a consequence of this Alnwood has over the last 10 years admitted a number of people from Scotland, Wales and Northern Ireland. The figures for the last three years are shown in table 57 below:-

	Scotland	Northern Ireland	Wales
2016-17			
Ashby	2		
2017-18			
Ashby	1		
Lennox		2	
2018-19			
Lennox		3	1

Table 57 – CYPS admissions

Alnwood has a reputation of improving outcomes for these young people and returning them to their home areas.

Adult Acute In-patient services across Newcastle and Gateshead

The Trust serves a very challenging demographic and is at the heart of the North East, one of the most challenging areas in the UK in terms of health and other inequalities. As a post-industrial region there are well-known issues within the population, including higher than average rates of drug and alcohol abuse, lower than average life expectancy, and significant levels of violent and destructive crime. The picture is complicated by extreme degrees of local inequality: a number of boroughs and wards contain both the highest and the lowest indicators of multiple deprivation (in England terms, according to 2013 IMD statistics) side by side. The prevalence of mental disorder, particularly where secure treatment is needed, is therefore expected to be significantly greater than in many other areas.

The reduction in adult acute mental health beds is planned as part of the consultation and delivery planning for Newcastle and Gateshead, and contingency plans are in place to manage any variation in expected levels of demand over the next four years.

Reconciliation of Demand/Capacity, Workforce and Costs

Table 58 below provides a reconciliation of the movements in demand/capacity, workforce and costs from the current (19/20) position to the proposed position in the preferred option. In terms of demand this correlates to the proposed bed numbers which reflects the Transforming Care Programme requirement for LD beds and the outcome of National Service Reviews and New Care Model requirements for MH beds.

In terms of the figures in the table the reduction in LD adult secure beds results in a proportionately high reduction in workforce as a result of the current provision being provided over 5 units which reduces to 3 in the new model.

	Current				Proposed			Movement		
	Bed	Workforce	Costs		Bed	Workforce	Costs	Bed	Workforce	Costs
Service	Numbers	WTE	£m		Numbers	WTE	£m	Numbers	WTE	£m
CYPS										
LD - Nursing	22	120	4.3		14	82	2.9	-8	-38	-1.4
LD - Other			4.3				2.5			-1.8
MH - Nursing	21	110	4.1		24	128	4.5	3	18	0.4
MH - Other			4.0				4.5			0.5
Total CYPS	43	230	16.7		38	210	14.4	-5	-20	-2.3
Adult Secure										
LD - Nursing	46	152	5.6		36	80	3.1	-10	-72	-2.5
LD - Other			6.4				3.2			-3.2
MH - Nursing	58	117	4.5		80	165	6.4	22	48	1.9
MH - Other			5.5				7.8			2.3
Total Adult Secure	104	269	22.0		116	245	20.5	12	-24	-1.5
Adult Acute	70	121	8.8		68	113	8.9	-2	-8	0.1
Total Adult Acute	70	121	8.8		68	113	8.9	-2	-8	0.1
Total	217	620	47.5		222	568	43.8	5	-52	-3.7

Table 58 – Reconciliation of Demand/Capacity, Workforce and Costs

11.23 Learning and continuous improvement - Arrangements for evaluation of lessons learnt and opportunities for continuous improvement

The Trust recognises that evaluation is important both through the life of a programme and post completion, in order to learn lessons that could apply to future capital programmes / projects.

With regard to ongoing evaluation of the CEDAR programme, the CEDAR Programme Board has a responsibility to ensure that the programme is managed effectively, including evaluating and seeking assurances on all aspects of the programme. The Programme Board, during the construction and operational commissioning phases, will continue to fulfil this responsibility.

With regard to post programme evaluation, it is important that the lessons learned from previous capital schemes are taken on board for the CEDAR programme. A detailed post programme evaluation of the CEDAR programme will also be undertaken. This will consist of an evaluation of performance against:

- The programme objectives, also including financial management, timescale, and quality of build
- The delivery of the benefits envisaged in this Business Case. This will be based upon the benefit criteria used to assess the options and a set of clinically relevant indicators which will be developed in conjunction with the wider Trust Transforming Services programme.

12. CONCLUSION

The CEDAR programme delivers a multi-faceted and highly interdependent solution to:

1. The development of integrated adult mental health and learning disability secure services (at Northgate Hospital)
2. The re-provision of Newcastle and Gateshead adult inpatient services (at St Nicholas Hospital)
3. The re-provision of CYPS medium secure patients (at the Ferndene unit).

It responds to the outputs from detailed public consultation and national and regional care model initiatives including:

1. NHS England New Care Models for Adult Secure Services
2. Transforming Care for people with Learning Disabilities
3. Newcastle and Gateshead Deciding Together, Delivering Together Programme
4. NHS England National CYPS Medium Secure Services review
5. NHS Five Year Forward View

The programme embraces the need to vacate isolated sites for other health development, rationalise the NTW estate to generate sites for housing and seek all potential efficiencies deliverable through co location of complimentary services.

The Trust has considered a number of options, and responded to recent downward trends in the provision of Learning Disability beds to formulate an optimal proposal that fully utilises existing vacant space and minimises construction costs.

This programme will ensure the future sustainability of our CQC outstanding rated services and delivers on local, regional and national plans.

Our core values as an 'outstanding' rated Trust are interwoven into everything we do, and the CEDAR programme provides the infrastructure our teams need to continue to deliver high quality care, with compassion, respect, honesty and transparency.



Northgate Hospital building 59 proposed elevations



Northgate Hospital proposed elevations

Board of Directors Meeting

Meeting Date: Board of Directors Meeting, 5 February 2020

Title and Author of Paper: Board Assurance Framework (BAF) and Corporate Risk Register (CRR) – Lindsay Hamberg, Risk Management Lead

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

Pg.1 There are currently 11 risks held on the BAF.

Pg.2 Quality Effectiveness remains the highest risk appetite category on the BAF/CRR.

Pg.2 There are currently 7 risks which have exceeded a risk appetite on the BAF.

Pg.4 Amendments have been made to 10 risks.

Pg.5 No risks have been escalated in the Quarter.

A copy of the Trusts Risk Appetite table is attached as **appendix 1**

A copy of the BAF/CRR is included as **appendix 2**.

Appendix 3 gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at December 2019 action plans are in place to ensure these risks are managed effectively and all risks are held at the appropriate level.

Risks Highlighted: As highlighted in the paper.

Does this affect any Board Assurance Framework/Corporate Risks?
Yes – Report detailing the review of the Board Assurance Framework and Corporate Risk Register.

Equal Opportunities, Legal and Other Implications:
Addressed in Board Assurance Framework and Corporate Risk Register

Outcome Required: To note Board Assurance Framework and Corporate Risk Register and Groups/Corporate Risks.

Link to Policies and Strategies:
Risk Management Strategy and Risk Management Policy

Board Assurance Framework and Corporate Risk Register

Purpose

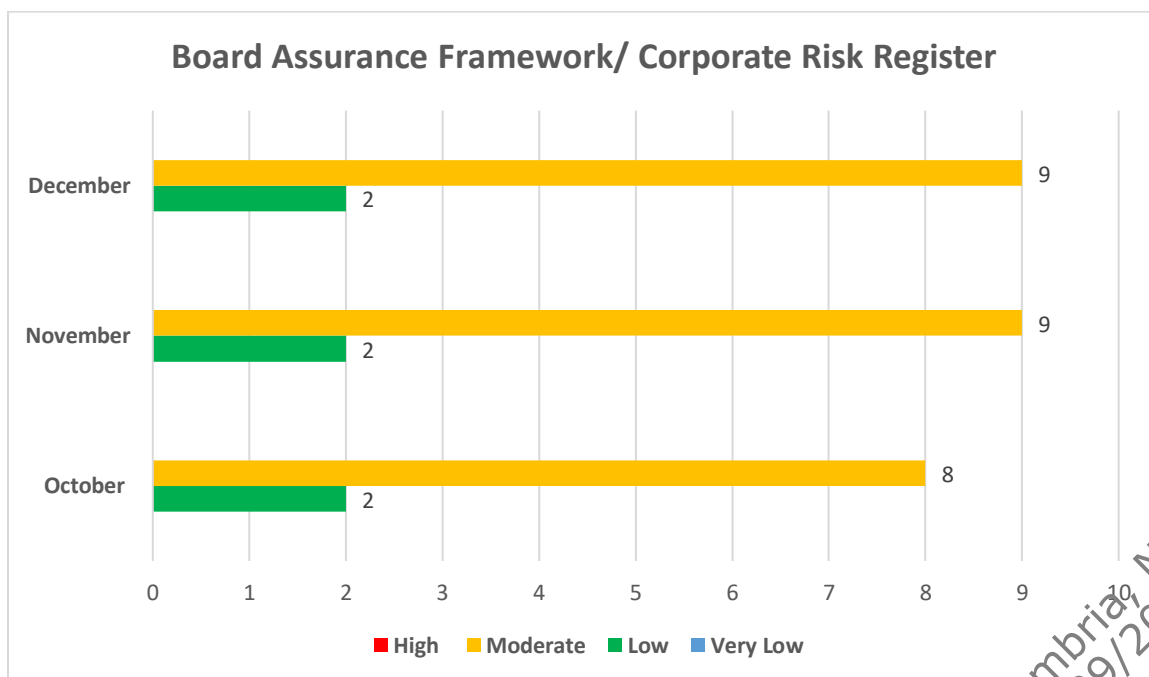
The Northumberland, Tyne & Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

This paper provides:

- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF/CRR.
- A detailed description of any changes made to the BAF and CRR.
- A detailed description of any BAF/CRR reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1**.
- A copy of the BAF/CRR is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at October 2019 there have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level..

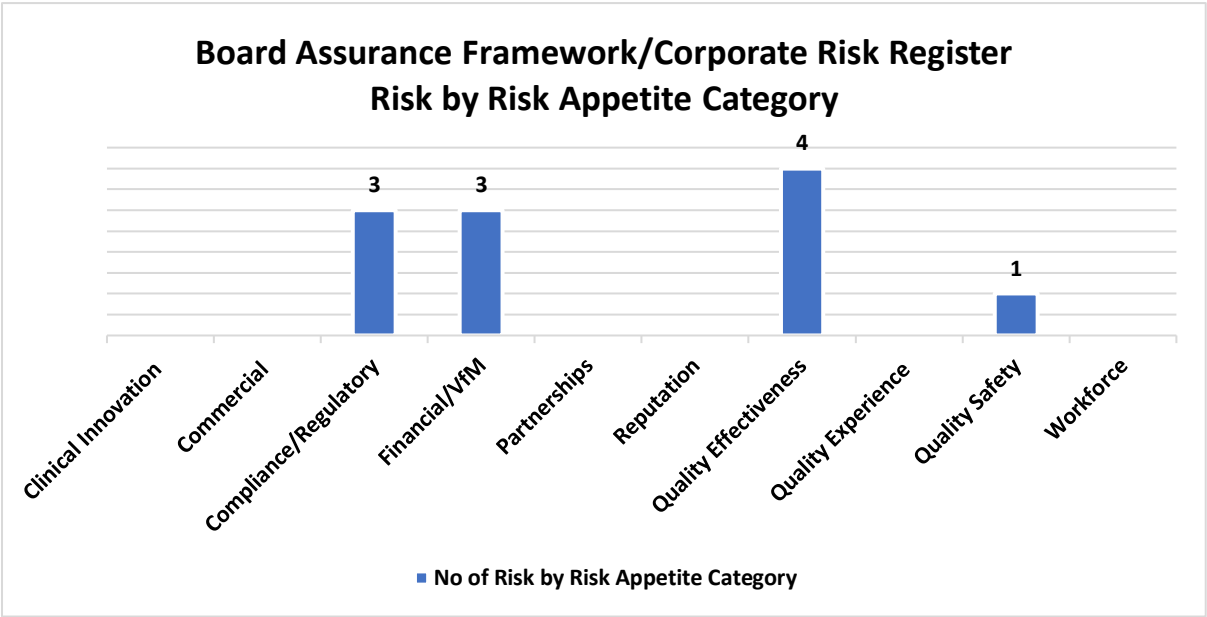
1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at January 2020. In the quarter there are 11 risks, an increase of 1 new risk which was added to the BAF/CRR.



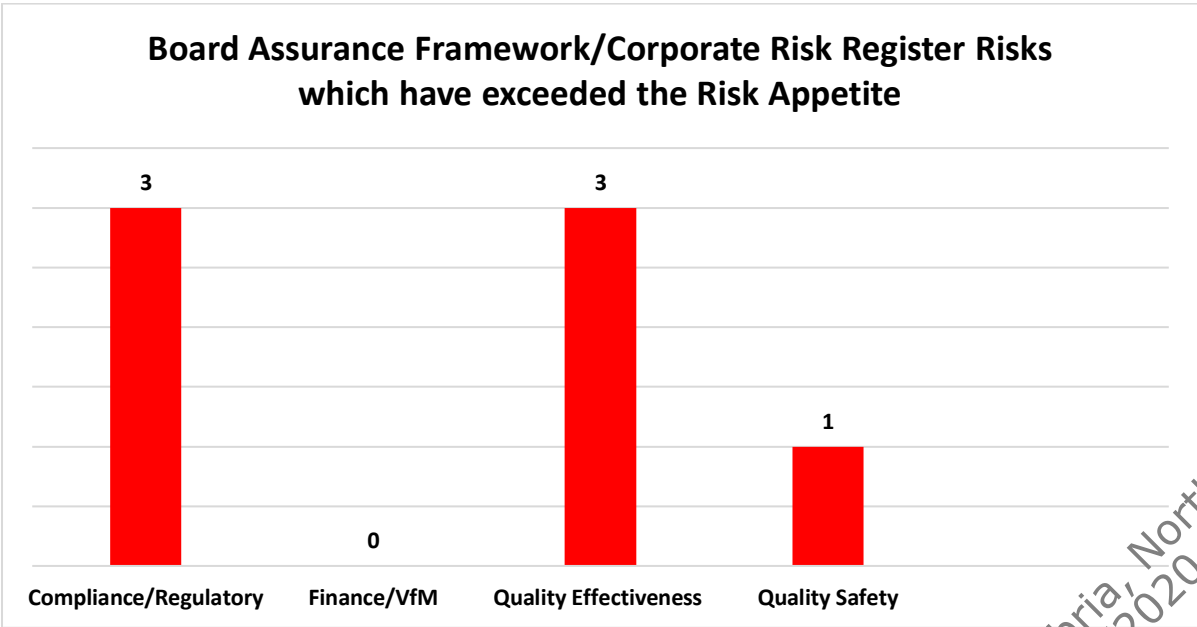
1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework/Corporate Risk Register in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (4) which is defined as risks that may compromise the delivery of outcomes.



Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 11 risks on the BAF/CRR and 7 risks which have exceeded a risk appetite tolerance.

The table below shows all BAF/CRR risks which have exceeded a risk appetite tolerance.



A detailed description of each BAF/CRR risk which has exceeded a risk appetite can be found below. Action plans are in place to ensure these risks are managed effectively:

Risk Reference	Risk Description	Risk Appetite	Risk Score	Executive Lead
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation.	Compliance/Regulatory (6-10)	3x4 = 12	Lisa Quinn
SA1.4	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Quality Effectiveness (6-10)	4x4 = 16	Gary O'Hare
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Quality Effectiveness (6-10)	3x4 = 12	John Lawlor
SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	Compliance/Regulator (6-10)	3x5 = 15	Lisa Quinn
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	Compliance/Regulator (6-10)	3x4 = 12	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments. safe, effective, high class services.	Quality Safety (1-5)	2x5 = 10	Gary O'Hare
SA5.9	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services	Quality Effectiveness (3x4)	3x4 = 12	Gary O'Hare

1.2. Amendments

Following review of the BAF/CRR with each lead Executive Director/Directors, the following amendments have been made:

Risk Ref	Risk description	Amendment	Executive Lead
SA1.10	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation.	Action complete re: development of report mechanism to segregate data quality areas re North Cumbria which is now a control with assurances.	Lisa Quinn
SA1.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	There has been a change in scoring from 4 to 3 likelihood, residual score has exceeded risk appetite 5 (I) x 3 (L) (15).	James Duncan
SA1.3	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	Completed the action re: progress of the provider collaborative models.	Lisa Quinn
SA1.4	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Action complete re: a cross check which was carried out and there is no current direct link to the internal audits. An action update re access and waiting times standard group which is ongoing. One new action added in this quarter re: regularly reviewed and discussed at BDG and Q&P.	Gary O'Hare
SA1.	Due to restrictions in capital funding there is a risk of significant reduction in cash reserves which could lead to a limited funding source.	Risk added November 2019.	James Duncan
SA3.2	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services.	Action change re: Delivery of New Care Model business strategy which has now been replaced by provider collaborative model – approved by the Board.	John Lawlor
SA4.2	That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP	There has been 2 actions complete in this quarter re: Internal Audit NTW 1819 37 Procurement.	James Duncan

SA5.1	That we do not meet and maintain our compliance standards including NHSI, CQC and legislation.	Has had an action updated re: clinical audit, one new action added re: data quality 6-month plan for North Cumbria and an action completed re: the task and finish group.	Lisa Quinn
SA5.2	That we do not meet statutory and legal requirements in relation to Mental Health Legislation	There are several actions that have been updated re: the completion of the Internal Audit actions relating to MCA Policy and Guidance on the completion of Local Forms. The MHL training figures now sit at 83.4%. There are 2 action updates which are the prompts action on the RiO to do list has been put back to the end of January and the monitoring of MHA reviewer visits is to be discussed at the MHL Steering Group on 16 January 2020.	Rajesh Nadkarni
SA5.5	That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Risk actions to be supported by Anne Moore and CERA plans to be taken forward with Estates. Completion of Internal Audit for Complaints action planning and Local Level Clinical Audit.	Gary O'Hare
SA5.9	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services.	ongoing actions re: central recruitment and apprenticeships scheme for nursing (quarterly updates). New actions added in this quarter re: monitoring of 7 fellowship recruits on placement – monitoring and executive awareness of international recruitment.	Gary O'Hare

1.3. Risk Escalations to the BAF/CRR

There have been no risks escalated to the BAF/CRR in the quarter.

1.4. Risks to be de-escalated.

There have been no risks de-escalated to the BAF/CRR in the quarter.

1.5. Emerging Risks.

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1.6. Recommendation

The Trust Board are asked to:

- Note the changes and approve the BAF/CRR.
- Note the risks which have exceeded a risk appetite.
- Note any risk escalations.
- Note the summary of risks in the Locality Care Groups/corporate Directorate risk registers.
- Provide any comments of feedback.

Lindsay Hamberg
Risk Management Lead
January 2020

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Internal Audit Plan					
Review Area	2019/2020				
	Q1	Q2	Q3	Q4	BAF/CRR Ref
GOVERNANCE					
Head of Audit Opinion				*	
Third Party Assurance				*	
Openness and Honesty/Duty of Candour		*			
Business Continuity Planning/ Integrated Emergency Management				*	SA5.5
RISK MANAGEMENT					
Risk Management				*	SA5.5
FINANCIAL					
Key Financial Systems (including Pay Expenditure, Financial Reporting & Budgetary Control, Financial Accounting & General Ledger, Accounts Payable, Accounts Receivable and Bank & Treasury Management)	*	*	*	*	SA4.2
Lease Cars	*				
KEY BUSINESS SYSTEMS					
Data Quality and Performance					
Performance Management and Reporting (rolling programme)		*	*		SA5.3
Contractual & Legal					
Contract Management (PFI, Subsidiary, Other)		*			SA4.1
Tendering for Services				*	SA4.1
Insurance Arrangements					
Capital and Asset Management					
Development, Procurement and Implementation of Capital Funded Projects				*	SA1.2
Workforce					
Recruitment & Selection (incl. pre-employment & DBS checks)		*			
Absence Management		*			
Employee Appraisal		*			
Education and Learning			*		
Equality and Diversity				*	
Disciplinary & Grievance		*			
Time Attendance and eRostering			*		SA5.3
NTW Academy Governance Arrangements				*	
KEY CLINICAL SYSTEMS					
Records Management		*			
Central Alert System	*				SA5.5
Safeguarding Arrangements	*	*			
Medical Devices Management	*				SA5.5
Mental Health Act (Rolling Programme) - Previous coverage includes: Tribunal Reports, CTO, Patients' Rights, DoLs, S17 Leave & S136 Place of Safety		*			SA5.2
Health & Safety	*				SA5.5
TECHNOLOGY RISK ASSURANCE					
IM&T					
Data Security & Protection Toolkit (formerly IGT)				*	SA1.7
IM&T Risk Management			*		SA1.7
Cyber Security and Network Infrastructure (specific areas to be included in operational plans each year)					
Network Continuous Testing: Server Operational Management	*		*		SA1.7
Penetration Test			*		SA1.7
Active Directory Privileged User Management	*				SA1.7
Network Perimeter Security: Firewall Configuration & Management		*			SA1.7
VMWare Security & Configuration Controls			*		SA1.7
Web Filtering and Monitoring (IT Security)				*	SA1.7
Clinical and Operational System Reviews – Trust's key systems list (provide assurance over the confidentiality, integrity and availability of information processed by clinical and operational systems) – system audited determined in each year in agreement with organisation management					
Ascribe Pharmacy System IT General Controls		*			SA1.7
Backtraq FM System IT General Controls				*	SA1.7
Digital Dictation System IT General Controls				*	SA1.7

Risk Appetite

Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	CNTW has a MODERATE risk appetite for Clinical Innovation that does not compromise quality of care.	12-16
Commercial	CNTW has a HIGH risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	20-25
Compliance/Regulatory	CNTW has a LOW risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	6-10
Financial/Value for money	CNTW has a MODERATE risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	12-16
Partnerships	CNTW has a HIGH risk appetite for partnerships which may support and benefit the people we serve.	20-25
Reputation	CNTW has a MODERATE risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	12-16
Quality Effectiveness	CNTW has a LOW risk appetite for risk that may compromise the delivery of outcomes for our service users.	6-10
Quality Experience	CNTW has a LOW risk appetite for risks that may affect the experience of our service users.	6-10
Quality Safety	CNTW has a VERY LOW risk appetite for risks that may compromise safety.	1-5
Workforce	CNTW has a MODERATE risk appetite for actions and decisions taken in relation to workforce.	12-16

In 2019 the Trust became responsible for North Cumbria Mental Health and Learning disability services. This is a significant undertaking for the Trust and as such may affect its Risk Appetite across a number of categories.

Careful consideration will be taken through 2019/20 on the impact of this major change ensuring NTW does not expose itself further to risk. Additional Commercial activity during this time will be considered in light of the workload and impact of North Cumbria.



Cumbria, Northumberland,
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BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

2019/2020

1.0 Risks aligned to Mental Health Legislation Committee

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: That we do not meet statutory and legal requirements in relation to Mental Health Legislation SA5.2	Risk Rating: Risk on identification (29/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): Risk Appetite (the amount of Risk NTW will accept)	Likelihood 3 3 2	Impact 4 4 4	Score 12 12 8	Rating Moderate Moderate Low (Yellow) Breach
Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)			
1 Integrated Governance Framework	1 Independent review of governance	● Linked to internal audit 18/19 58 - Guidance on the completion of the Local Form to be added to the Form on RiO and Awareness session for RCs to be facilitated on updated local form			
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW1617 33 MHA section 17 - good level of assurance NTW1718 42 MHA Statutory Function - Good Level of Assurance NTW181957 Compliance review of MHA Rights - Good Level - Feb 19	● Prompts for consent to treatment to be included on the to do list on RiO - NTW 1819 58			
3 Decision making framework	3 Decision making framework document	● Improvement review of MHA Training: (77.8%) (June 2019 80%) (Oct 2019 83.3%) (Jan 2020 83.4%)			
4 Performance review/integrated performance reports	4 Reports to Board and sub committees	● To monitor the effectiveness of process for monitoring and reporting on themes from MHA Reviewer visits - To be discussed at the MHL Steering Group January 2020			
5 Mental health legislation committee	5 Minutes of mental health legislation committee	● linked to Internal audit 18/19 58 - MCA Policy to be amended to include guidance for the completion of the local form parts A, B & C re capacity			
6 Process for 135/136 legislation with external stakeholders	6 135/136 action plan complete				
7 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	7 MHL Group papers and updates				

Date Printed: 09/01/2020

Page 1 of 2

Risk Report

1 CQC MHA Reviewer session delivered at learning and development group in November 2018	1 Minutes and papers from Learning and Development Group	assessment
2 Internal Audit 18/19	2 NTW 2018/19/57 Compliance Review of MHA - Patient Rights. Good. NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial	
3 Responsiveness to new Mental Health Legislation	3 Minutes of MHL meetings Reporting re: Liberty Safeguard Protection Consultation 2020	

Ref: 1691v.15

Risk Owner: Rajesh Nadkarni

Next Review Date: 29/01/2020

Review/Comments:

27/12/2019 - Sandra Ayre

Sandra has updated the actions re policy and local forms - now complete

2.0 Risks aligned to the Quality and Performance Committee

Risk Report



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust

Risk Description: There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands. SA1.4	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): Risk Appetite (the amount of Risk NTW will accept)	Likelihood	Impact	Score	Rating
		4	4	16	Moderate
		4	4	16	Moderate
		1	4	4	Very Low
		Quality Effectiveness			Breach
Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)			
1 Integrated Governance Framework	1 Operational plan reviewed by NHSI Independent review of governance - amber/green rating External audit of quality account	<ul style="list-style-type: none"> Complete Access and Waiting Times Standard Group work plan - This is ongoing Regularly reviewed and discussed at BDG and Q&P 			
2 Performance review monitoring and reporting incl compliance with standards, indicators and CQUIN.	2 Reports to CDTQ, Q&P and QRG's External audit of quality account				
3 Operational and clinical policies and procedures	3 Compliance with policies and procedures				
4 Annual quality account	4 External audit of quality account				
5 CQC compliance group	5 Minutes of meeting CQC rated outstanding				
6 Trust-wide access and waiting times standard group established	6 Minutes of access and waiting times meeting				
7 Waiting times dashboard developed	7 Monitoring of the waiting times dashboard				
8 Creating capacity to care workstreams are established	8 Monthly updates to BDG				

Risk Report



Cumbria, Northumberland,
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NHS Foundation Trust

1 Monitoring and delivery of operational plan 18/19	1 Operational Plan Report 18/19	
2 Delivery of 5-year Trust strategy 17/22 and supporting strategies	2 Trust Strategy report 17/22	

Ref: 1683 v.8

Risk Owner: Gary O'Hare

Next Review Date: 18/02/2020

Review/Comments:

20/11/2019 - Anne Moore

Risk has been reviewed today - actions updated

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Risk Report

Risk Description: That we do not meet and maintain our compliance standards including NHSI, CQC and legislation. SA 5.1	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 3 1	Impact 5 5 5	Score 15 15 5	Rating Moderate Moderate Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory			Breach
	Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)			
	Gaps in Controls (Further actions to achieve target risk)				
1 Integrated Governance Framework	1 Independent review of Governance - amber/green rating	● NTW18/1955 action - A task and finish group to be established - identify a process which routinely cross check RiO and Safeguard records			
2 Trust policies and procedures	2 Compliance with policy and procedures	● NTW17/1843 action - Employee information. Once pilot is completed to be rolled out for Trust employee records			
3 Compliance with NICE	3 CQC MHA Visits and completed action plans NTW 1718 09 CQC Process - Substantial Assurance NTW 17/18 13 NICE Good - August 2018	● Review North Cumbria CQC, regulatory actions and agree plan and implement. - March 2020			
4 CQC Compliance Group - Review of Compliance	4 Reports and updates to board sub committees	● NTW 1819 54 - Local Level Clinical Audit: Trust Clinical Audit policy outlining the requirements projects that will follow the clinical audit process and the projects that will follow the rapid quality improvement process. This will address all the concerns in this report - September 2019			
5 Performance reviewed/integrated commissioning and assurance reports	5 Reports/updates to board sub committees	● Data Quality 6 month Plan for North Cumbria - March 20			
6 Accountability Framework	6 Accountability Framework document				
7 Regulatory framework of CQC NHSI	7 NTW18-19 - 19/05 CQC Internal Audit (well-led) - Process Substantial Assurance				
8 Agreement of Quality Priorities	8 Monitored via reports/updates				

Risk Report



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1 NTW Internal Audit 17/18	1 NTW17/1813 NICE - Good, August 18 - Actions complete NTW17/18 11 Data Quality - Good, August 18 - Actions complete NTW17/1843 Records Management - Reasonable
2 NTW Internal Audit 18/19	2 NTW 18/1955 Risk Based Audit - Mortality - Good, February 19

Ref: 1688v.21

Risk Owner: Lisa Quinn

Next Review Date: 19/01/2020

Review/Comments:

12/12/2019 - Lisa Quinn
Risk reviewed - no change

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust #697856
01/29/2020 09:58:12

Risk Report

Risk Description: That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments. (SA5.5)	Risk Rating: Risk on identification (29/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 2 2	Impact 5 5 4	Score 15 10 8	Rating Moderate Low (Yellow) Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Quality Safety			Breach
	Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)			Gaps in Controls (Further actions to achieve target risk)
	1 Integrated Governance Framework 2 Trust policy and procedure 3 Reporting and monitoring of complaints, litigation and incidents etc. 4 National reports on quality and safety 5 The medical devices management actions have now been completed and are managed effectively 6 Internal Audit 17/18	1 Annual review of Governance framework 2 Policy monitoring framework including auditable standards, KPI and annual review. 3 Safety report to board sub committees and board 4 Performance report to Q&P 5 Devices appropriately managed and audited 6 NTW171805 BCP - Good, July 18 Actions complete NTW171823 Capital Planning - Good, July 18 Actions complete NTW171841 Bare Below Elbow - Reasonable, July 18 Actions complete NTW171844 Medical Devices - Reasonable, Aug			● NTW 1819 62 H&S Management : Health & Safety Policy and Risk Management Policy to be adjusted to be closer aligned, acknowledging the electronic risk assessment developments in Safeguard. ● NTW 1819 62 - H&S Management: Once all Health & Safety risk assessments are completed on the electronic risk management system in Safeguard, they are then viewable to the Trust's Health & Safety Lead for assessment and sharing with the Trust's Health & Safety Group. ● NTW 1819 62 - H&S Management: CERA assessments are shared with specific In-patient Ward Managers for action and discussion within their CBU, any risks which can't be mitigated are entered onto the Trust's Risk Management System. These risks can be centrally viewed. An overview of

Risk Report



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2 Internal Audit 18/19	<p>18 Actions complete</p> <p>2 NTW 1819/06 Risk Based Audit of Complaints Action Planning (Locality Care Groups) NTW181924 NHS PAM - Good, Dec 18, Actions complete NTW 1819 32 Fire Safety - Substantial, March 19 NTW 1819 62 H&S Management - Good, May 2019 NTW181964 Advisory Review Action Planning SI, March 19 Actions complete NTW181947 Medical revalidation, Substantial, September 18, Actions complete NTW181932 Fire Safety, Substantial, March 19 Action complete NTW181956 Non Serious Incident Management, April 19, Good, Actions in control</p>	<p>CERA actions will be maintained and shared with the CQC group to compare against Environmental concerns identified independently by the CQC on their inspections.</p> <ul style="list-style-type: none"> ● Outcome and completion of deciding together ● Delivery of OR Interim Plan ● Identification of supervision capacity ● Internal Audit 1819 56: Clarity and revision of policy and guidance on incident reporting and investigation.
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Ref: 1692v.12

Risk Owner: Gary O'Hare

Next Review Date: 23/02/2020

Review/Comments:

17/01/2020 - Lindsay Hamberg
Updated 2 Internal Audit actions

Risk Report

Risk Description:		Risk Rating:		Likelihood	Impact	Score	Rating
Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9)		Risk on identification (06/11/2018):		4	4	16	Moderate
		Residual Risk (with current controls in place):		3	4	12	Moderate
		Target Risk (after improved controls):		2	4	8	Low (Yellow)
		Risk Appetite (the amount of Risk NTW will accept)		Quality Effectiveness			Breach
Controls & Mitigation (what are we currently doing about the risk)		Assurances/ Evidence (how do we know we are making an impact)		Gaps in Controls (Further actions to achieve target risk)			
1 Workforce strategy		1 Delivery of workforce strategy		<ul style="list-style-type: none"> Ongoing central recruitment and apprenticeships scheme for nursing Complete International Recruitment Campaign - Quarterly updates. Monitor 7 fellowship recruits still on placement - updated that they are enjoying their placements, gaining education and training experience Executive Awareness of International recruitment through Medical Director, Trust aware for medical recruitment as a whole through medical managers 			
2 RPIW Medical Recruitment		2 RPIW Medical Recruitment outcomes papers					
3 NTW International recruitment competency process		3 NTW International recruitment competency documents					
4 OPEL Framework		4 OPEL Framework Documents					
5 MDT Collegiate Leadership Team in place		5 MDT Leadership advice and support available					
6 All seven fellowship international recruits arrived into the Trust in December 2018		6 All still in post and deployed across the Trust					
7 The medical recruitment functions have been moved to the medical staffing team		7 The medical staffing team manage the medical recruitment function					
8 Medical Induction Programme		8 Delivery of medical induction programme					

Risk Report

Ref: 1694 v.9

Risk Owner: Gary O'Hare

Next Review Date: 19/02/2020

Review/Comments:

04/12/2019 - Becky Dioh

Further to review by Anne Moore on 201119 Becky Dioh updated the actions

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 697856
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3.0 Risks aligned to the Resource and Business Assurance Committee

Risk Report

Risk Description: If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation. SA1.10	Risk Rating: Risk on identification (09/10/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): Risk Appetite (the amount of Risk NTW will accept)	Likelihood 4 3 2	Impact 4 4 4	Score 16 12 8	Rating Moderate Moderate Low (Yellow) Breach
Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)			
1 Joint Programme Board	1 Minutes of meetings	● Ongoing dialogue with Trust Board Monthly			
2 Due Diligence	2 Due Diligence report	● Develop and Implement first 100 day plan - Jan 20			
3 Exec Leadership	3 Identified Exec Lead	● Develop report mechanism to segregate the data quality areas relating to North Cumbria			
4 Specific Capacity Identified	4 Identified NTW Team				
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers				
6 Secured workforce to deliver services	6 Identified staff				
7 Implementation plan developed	7 Implementation planning paper				
8 Contract agreed and completed	8 Contract report				
9 Report mechanism set up to segregate data quality areas re North Cumbria	9 Data Quality Reporting				

Risk Report



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Ref: 1680v.13

Risk Owner: Lisa Quinn

Next Review Date: 19/01/2020

Review/Comments:

12/12/2019 - Lisa Quinn

Risk Reviewed today and updated action as complete

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Risk Report

Risk Description: That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services. SA1.3	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 2 1	Impact 4 4 4	Score 12 8 4	Rating Moderate Low (Yellow) Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Within Risk Appetite
	Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)			
	Gaps in Controls (Further actions to achieve target risk)	Agree Governance arrangements for Lead provider models - November 2019			
1 Integrated Governance Framework	1 Independent review of governance - amber/green rating.				
2 Agreed contracts signed and framework in place for managing change	2 Contract monitoring and contract change				
3 Locality Partnership arrangements	3 Updates from Locality Partnership meetings				
4 Well Led Action Plan Complete	4 Well Led Action Plan document				
5 All CCG Contracts Agreed	5 Contract documentation				
6 Lead/ prime provider models and alliance contracts	6 Provider models and alliance contract documentation				

Risk Report



Cumbria, Northumberland,
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Ref: 1682v.8

Risk Owner: Lisa Quinn



Next Review Date: 19/03/2020

Review/Comments:

12/12/2019 - Lisa Quinn
Risk reviewed today and action updated

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01/29/2020 09:58:12

Risk Report

Risk Description: That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services. SA1.3	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): Risk Appetite (the amount of Risk NTW will accept)	Likelihood 3 2 1	Impact 4 4 4	Score 12 8 4	Rating Moderate Low (Yellow) Very Low
		Quality Effectiveness			Within Risk Appetite
Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in controls (Further actions to achieve target risk)			
1 Integrated Governance Framework	1 Independent review of governance- amber/green rating.	 Progress provider Collaborative models - November 2019			
2 Agreed contracts signed and framework in place for managing change	2 Contract monitoring and contract change	 Agree Governance arrangements for Lead provider models - November 2019			
3 Locality Partnership arrangements	3 Updates from Locality Partnership meetings				
4 Well Led Action Plan Complete	4 Well Led Action Plan document				
5 All CCG Contracts Agreed	5 Contract documentation				
6 Lead/ prime provider models and alliance contracts	6 Provider models and alliance contract documentation				

Risk Report



Cumbria, Northumberland,
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Ref: 1682v.8

Risk Owner: Lisa Quinn

Next Review Date: 19/03/2020

Review/Comments:

12/12/2019 - Lisa Quinn
Risk reviewed today and action updated

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Risk Report

Risk Description: Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services. SA3.2	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls): Risk Appetite (the amount of Risk NTW will accept)	Likelihood	Impact	Score	Rating
		4	5	20	High (Red)
		3	4	12	Moderate
		2	4	8	Low (Yellow)
		Quality Effectiveness			Breach
Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)			
1 Executive and Group leadership embedded in each CCG/LA area to ensure MH and disability services are sustainable	1 Successfully influenced service models across a number of localities	<ul style="list-style-type: none"> Finalise the implementation plan for ICP MH workstream ICP leadership arrangements to be confirmed To be the lead/prime provider for MH and disabilities across the CNTW Footprint. Delivery of NCM business Strategy (this has now been replaced by Provider Collaborative Model) 			
2 Leadership of ICS MH workstream	2 Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. Regular updates/monitoring of ICS via Exec/CDT/Board Papers from MH ICS workstream				
3 Involvement in DTD programme for OP and acute MH services	3 Regular updates via Execs/CDT/Board				
4 Member of Gateshead care partnership	4 Regular updates via Execs/CDT/Board				
5 Member of Exec group for MCP in Sunderland	5 regular updates via Execs/CDT/Board				
6 Member of the ICS Health Strategy Group	6 Regular updates via Execs/CDT/Board				
7 Member of North and Central ICP's	7 Regular updates via Execs/CDT/Board				
8 Member of Northumberland Transformation Board	8 Regular updates via Execs/CDT/Board				

Risk Report

1 Member of the Newcastle Joint Exec Group	1 Regular updates via Execs/CDT/Board	
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Ref: 1685 v.9
Risk Owner: John Lawlor
Next Review Date: 21/02/2020

Review/Comments:
22/01/2020 - Debbie Henderson
Risk reviewed today and actions updated.

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Risk Description: That we do not manage our resources effectively through failing to deliver required service change and productivity gains including within the Trust FDP SA4.2	Risk Rating: Risk on identification (15/03/2018): Residual Risk (with current controls in place): Target Risk (after improved controls):	Likelihood 3 3 2	Impact 5 5 2	Score 15 15 10	Rating Moderate Moderate Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For Money			Within Risk Appetite
	Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)			
	Gaps in Controls (Further actions to achieve target risk)				
1 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	● 5 year plan to be approved by the Board in March 20			
2 Financial Strategy/FDP	2 Operational Plan 19/20 submitted	● Routine reporting against delivery of operational plan to be incorporated into CDT-B from June 2019 and to Board from July 2019. Ongoing April 2020			
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure NTW 1718 39 Cashier	● NTW 1819 37 Procurement: Full review and update of all key documents: ~ Contracts SOP's; ~ Materials Management SOP's; ~ Purchasing SOP's;			
4 Quality Goals and Quality Account	4 External audit of Quality Account	● NTW 1819 37 Procurement: Framework providers undertake continual financial assessments and notify framework users of issues.			
5 Accountability Framework	5 Accountability Framework Reports	● NTW 1819 37 procurement: All contract owners to critique, data cleanse, update and maintain Contracts Register.			
6 Quarterly review of financial delivery	6 Quarterly review delivered at RBAC	● NTW 1819 38: Key Finance Systems - Finance			
7 Programme agreed for capacity to care and Trust Innovations capacity expanded	7 Capacity to care programme, report to BDG and CDT-B				
8 Going Concern Report	8 Going Concern Report - Audit Committee April 2019				

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Risk Report



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<p>1 NTW 18/19 Internal Audit</p>	<p>1 NTW 1819 25 Single Oversight Framework, Substantial, April 2019 NTW 1819 37 Procurement: Good, July 2019 NTW 1819 38 Compliance Review of Key Financial Systems: Good, May 2019 NTW 18/19 43 Risk based audit of charitable funds - Substantial, August 2018 NTW18/19 41 Risk based audit payroll - Substantial, November 2018 NTW18/19 40 Central arrangements managing patient monies - Substantial, February 2019</p>	<p>Policies are currently being reviewed for changes to due Trust, Company and Group impact including NTW(O)74.</p> <p>● NTW 1819 38 - Key Financial Systems: Policy to be reviewed and amended following Trust, Company Group changes as referred to in point 1.4.</p>
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Ref: 1687v.13

Risk Owner: James Duncan

Next Review Date: 12/02/2020

Review/Comments:

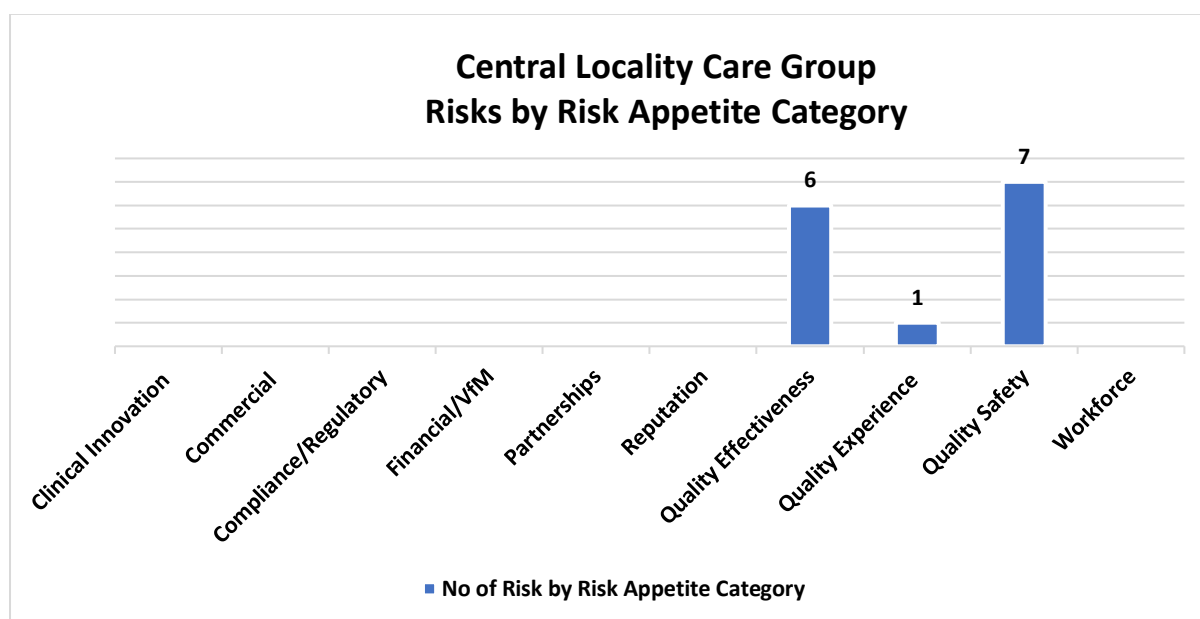
10/01/2020 - James Duncan
Risk reviewed today - and actions updated by action owners

2.0. Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

The below charts show a summary of the number of risks by risk appetite category held by each Locality Care Group (Group Locality Risk Register) and Executive Corporate risk registers. Safeguard Web Risk Management and Risk appetite has been fully implemented throughout the group risk registers/executive corporate risk registers and risk continue to be monitored at the CDT Risk Management Sub Group monthly.

2 Clinical Groups

2.1 Central Locality Care Group



In total as at January 2020 Central Locality Care Group hold 14 risks, 14 risks which have exceeded the risk appetite. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 8 risks on the Central Corporate Group risk register. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1038v.13	Medication page's on RiO are not being kept up to date as per NTW policy. Information transferred to the MHDS may not be accurate	Quality Safety (1-5)	16	4	4	Josephine Robe
1513v.15	Access and Waiting times within the ADHD and ASD Service. The service is commissioned as an Adult Neuro-disability service and provides an autism diagnosis service and ADHD diagnosis and	Quality Effectiveness (6-10)	15	3	5	Josephine Robe

	treatment monitoring service across the six trust localities. Agreed service specification is not available and the baseline for expected demand at the time of commissioning is therefore unclear. Weekly activity reports are provided for both ADHD and ASD services. The weekly activity reports indicate that there has been no significant improvement in flow and the waiting lists are not reducing. Discussions regarding capacity and demand have taken place with commissioners, however, no further investment has been confirmed to date					
1545v.15	Potential ligature risks identified within Central Locality Care Group wards during the CERA process during 2017-18. See attached	Quality Safety (1-5)	15	5	3	Josephine Robe
1665v.9	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Central Locality Care Group. This poses a potential impact on service delivery and the effectiveness of treatment	Quality Effectiveness (6-10)	16	4	4	Josephine Robe
1736.v3	Sickness absence within the Group has risen in July to 5.3%, with overall Group and three Clinical Business Units above the Trust target of 5%. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.	Quality Effectiveness (6-10)	12	4	3	Josephine Robe
1737v.4	Access and Waiting Times within CYPs Community Services - Significant work has been undertaken with regard to waiting times within this service however there remains a significant issue in regards to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users. Data presented to Quality Standards August 2019. Current patients 3354 Waiting Assessment Start: Accepted 458 / not yet accepted 7 / total percentage 14% Waiting Treatment Start 292, 9% In treatment 2597,	Quality Effectiveness (6-10)	12	4	3	Josephine Robe

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	77% Of those waiting: Average wait to assessment, 8 weeks Average wait to treatment, 11 weeks Waiting >18 weeks to treatment 115 (reduction of over 200 from last month)					
1761v3	Access and waiting times within Learning Disability Psychology services. The service continues to report a number of over 18 week waits for clients. There is a risk to service delivery and the effectiveness of treatment delivered to our service users. Risk to be reviewed quarterly	Quality Effectiveness (6-10)	12	4	3	Josephine Robe
1763v.3	Current staffing pressures within the Secure Care service currently being experienced due to each of the secure care learning disability wards having at least 1 complex patient who requires the support of additional staff resource. This poses a potential impact in the effectiveness of treatment and the safety of patients, staff and visitors	Quality Safety (1-5)	15	5	3	Josephine Robe

2.1.1 Central Locality Corporate Business Units

The four CBU's within the central locality currently hold a total of 6 risks.

2.1.2 Community Central CBU

Community Central CBU has 3 risks which have exceeded risk appetite and are listed below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1284v.18	Following an internal audit there is a risk around the monitoring arrangements for lone working which could result in reduced compliance and staff safety issues	Quality Safety (1-5)	15	5	3	Anna Williams
1457v.24	Increased demand has seen an increase in waiting times, leading to a significant delay in assessment and treatment across the CBU. An increase demand for secondary care mental health has seen an increase in waiting times and assessment in treatment across Central Community CBU. The impact is we're not as	Quality Effectiveness (6-10)	12	4	3	Anna Williams

	responsive to our client group as we would like to be					
1673v.10	There is a safety and security risk due to the current CAV environment and as such we to ensure Community staff have processes in place to support their safety	Quality Safety (1-5)	12	4	3	Anna Williams

2.1.3 Inpatient Central CBU

Inpatient Central CBU has 1 risk which has exceeded risk appetite and listed below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1739v.6	Bed Pressure across NTW require that on occasions that Adult Acute pathway patients may be admitted to rehabilitation wards. The wards environment is less suited to manage risk from self-harm, should this be a clinical feature of those patients admitted.	Quality Safety (1-5)	16	4	4	David Hately

2.1.4 Secure Care Services CBU

Secure Care Services CBU has 0 risks.

2.1.5 Access Central CBU

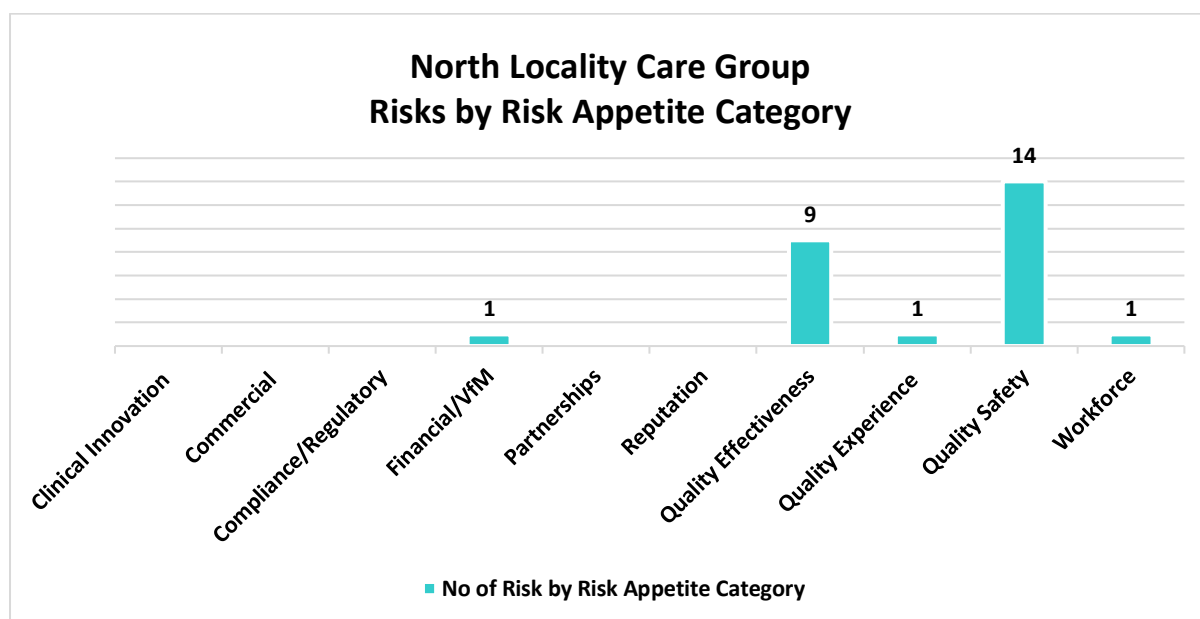
Access Central CBU currently holds 2 risks which have exceeded risk appetite and are listed below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1308v.6	Environmental issues identified for S136 suites SNH via CQC inspection and Royal College that are not able to be met within the current footprint and would require significant investment to meet standards. No private room for assessment, no shower facility, private space for physical examinations and no sleeping facilities. Risk impact: to patient experience whilst in the suite. Additional risk impact linked to compliance which was	Quality Experience (6-10)	12	4	3	Rachael Winter

	previously held on Executive operational risk register					
1771v1	Due to the introduction of Paperlite patient record system at NUTH, and CNTW staff not having accessed the relevant training/ been provided with login credentials. PLT clinicians are unable to access patient records to read or to input clinical information relating to assessments undertaken. Which could result in missed clinical risk related information, allergy and medication related information.	Quality Safety (1-5)	16	4	4	Rachael Winter

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2.2 North Locality Care Group



North Locality Care Group as at January 2020 hold 26 risks, 6 risks within the risk appetite and 20 risks which have exceeded the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 3 risks on the North Corporate Group risk register. 2 risks within the risk appetite and 3 risks exceeding the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1176v.35	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Adult Inpatient, North Locality	Quality Effectiveness (6-10)	16	4	5	Kedar Kale
1287v.20	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (1-5)	16	4	4	Kedar Kale
1291v.21	Internal doors have been identified as a potential ligature risk following incidents within the Trust and the variation of anti-ligature FFE within our wards and sites.	Quality Safety (1-5)	15	5	3	Andy Airey

2.2.1 North Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 23 risks.

2.2.2 Community North CBU

Community North CBU is currently holding 3 risks – 3 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1336v.8	The WAA and LD services have experienced significant pressures as a result of difficulties in recruiting substantive Consultant Psychiatrists over the last 12 months. The WAA teams have 1 of 4 substantive medics and no substantive medic in Berwick. In LD we have no substantive consultants. The gaps have been covered where possible with locum capacity but this adds to the financial pressure and impacts on waiting times, psychiatric outpatient diagnosis and reviews resulting in increased complaints from service users and GP referrers	Quality Effectiveness (6-10)	12	4	3	Rebecca Campbell
1347v.8	Increased burden of physical health investigations for those service users who are prescribed antipsychotic medication alongside general physical health awareness monitoring across all conditions. This is required despite the lack of additional resources to deliver this. In addition some team areas have lack of skilled practitioners to deliver the wide range of health interventions or have access to fit for purpose treatment rooms. This has a wider impact on clinical capacity in the west and north of the county. This is also an issue in North Tyneside	Quality Effectiveness (6-10)	12	3	4	Rebecca Campbell
1369v.9	Whitley Bay, North Shields, Long Benton CMHTs merged into North Tyneside east CMHT in October 2012. However the service continues to operate across 2 sites. Until finalisation of estates plan contingency is required to prevent risk to service	Quality Effectiveness (6-10)	15	3	5	Rebecca Campbell

	continuity and equity across both sites					
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2.2.3 Inpatient North CBU

Inpatient North CBU is currently holding 7 risks. 3 risks are within risk appetite and 4 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1191v.36	Risk of harm to patients due to variation of anti-ligature FFE within wards	Quality Safety (1-5)	8	4	2	William Kay
1392v.22	Patients smoking on wards and on site	Quality Safety (1-5)	12	4	3	William Kay
1642v.17	At times, there is a delay in response, or the alarm system across the St George's Park site does not show exact location where alarm was activated, leading to potential delay in response team attending	Quality Safety (1-5)	15	3	5	William Kay
1730v.7	Bed Pressures. Allocation of red and amber leave beds when admitting onto. Acute wards has resulted in increasing numbers of patients being accommodated on Rehab wards for varying periods of time. No opportunity to plan appropriately when moving patients from controlled environments to less secure ones. Issues with AC responsibilities, care, staff, environment and risk management and effective communication to patients	Quality Safety (1-5)	12	3	4	William Kay

2.2.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 7 risks – 7 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1612v.14	<p>The clinical environment of Alnwood (CAMHS MSU) has been identified as being inappropriate to provide safe, effective, responsive, caring and well led services to the young people who are patients there. In 2016 the CQC assessment of NTW identified that in the long term CAMHS MSU Services needed to be reprovided in a more appropriate clinical environment.</p> <p>The limitations of the building at Alnwood have been identified by staff and young people as leading to boredom, frustration and increased levels of stress and aggression by young people towards others and themselves.</p>	Quality Safety (1-5)	12	4	3	Lisa Long
1613v.16	<p>Young people with autism (with or without an LD) who require bespoke environments when admitted to Hospital. Providing these bespoke environments has an impact on the environmental and staffing resources of teams that can negatively impact on the patient experience and the ability of the ward to facilitate future admissions.</p> <p>Environmental issues may also lead to increased levels of violence and aggression, and deliberate self harm.</p>	Quality Safety (1-5)	12	4	3	Lisa Long
1704v.10	<p>Clinical services within CAMHS at Cumbria are increasingly being reported as being under-resourced due to ongoing staff recruitment issues. These have been noted on an individual case basis, particularly in regards to planning robust discharge arrangements for children and young people from Cumbria. There is a risk that due to these service issues, young people from Cumbria are / have:-</p> <p>1) admitted inappropriately</p>	Quality Safety (1-5)	16	4	4	Lisa Long

	2) inappropriate discharge arrangements / delayed discharge					
1725v.4	Environment at PICU (Ferndene) is limited in terms of accessibility to therapeutic space for young people, access to seclusion facilities and appropriate staff meeting areas / clinical rooms. These limitations present a risk in our ability to admit patients, impacts on existing patient care and raises a potential risk of having to send patients out of area due to the environment.	Quality Safety (1-5)	6	4	3	Jane Robb
1734v.3	Reduced capacity within the NTW and TEWV footprint due to the closure of Newberry and suspension of admissions to TEWV SEDU and LSU Units. This has resulted in increased pressure to admit to the Ferndene site from NHSE. This could result in NTW young people being admitted out of the NTW area which potentially could impact on their experience, mental health and also their length of hospital stay	Quality Safety (1-5)	16	3	4	Ian Twizell
1735v.3	No dedicated Consultant Psychiatrist time in to ICTS in Newcastle and Gateshead. The team were receiving 2 PAs from CYPS consultants but this has been withdrawn due to long term sickness within the CYPS service. As a result Newcastle and Gateshead ICTS are unable to provide consultant psychiatry input in to care and treatment other than from the on call/duty psychiatry rota. The impact of this may be that a young person may not get a full MDT approach to care and treatment. This could impact on patient experience and effectiveness.	Quality Effectiveness (6-10)	12	4	3	Lisa Rippon

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1770v1	Increase in complex Eating Disorder referrals into Ferndene due to a reduction in Specialist Eating Disorder Units (SEDU). There is a risk that this will lead to an increase in naso-gastric (NG) feeding within Ferndene and the need to re-site tubes. This could lead to increased visits to acute hospital (RVI).	Quality Safety (1-5)	12	4	3	Jane Robb
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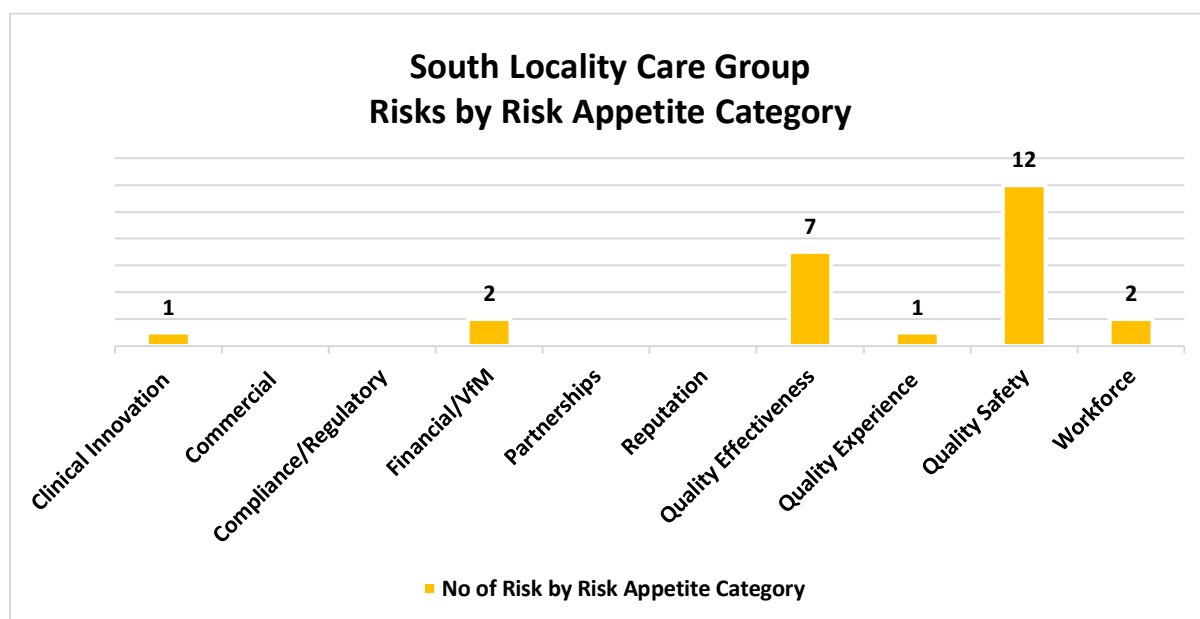
2.2.5 Access North CBU

Access North CBU is currently holding 4 risks – 1 risk is within risk appetite and 3 risks are exceeding risk appetite. Risks which have exceeded risk appetite are documented below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1701v.12	Environments in both Greenacres and Sextant House are not fit for purpose and pose a number of safety for both Service Users and staff. No high risk rooms or anti barricade doors. Inadequate staff attack system and CCTV. Greenacres require controlled access point to Interview rooms. Windows require strengthening.	Quality Safety (1-5)	16	4	4	Elaine Fletcher
1738v.5	Pressure being experienced with regard to staffing levels within NRTP Partnership	Quality Effectiveness (6-10)	16	4	4	Elaine Fletcher
1756v.3	Unable to adhere to NICE Guidance for those on methadone, due to difficulties in purchasing ECG machine.	Quality Safety (1-5)	16	4	4	Elaine Fletcher

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2.3 South Locality Care Group



In total as at January 2020 the South Locality Care Group hold 25 risks, 1 risk lower than the risk appetite, 11 risks within the risk appetite and 12 risks which have exceeded the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 11 risks on the South Corporate Group risk register – 2 Risks are below the risk appetite, 2 risk within the risk appetite and 7 risks that that have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1084v.20	The Personality Disorder Hub team are based at Benfield House at Walkergate Park and have been allocated desk space for up to 8 people. At present the room is being used by up to 23 members of the team. Stress risk assessment carried out by the team demonstrate that the accomodation is not a conducive environment (cramped space and lack of privacy) which could result in high levels of staff sickness.	Quality Safety (1-5)	6	2	3	Sarah Rushbrooke
1160v.9	There are pressures on staffing due to vacancies particularly in CYPs, MH, RGN's WGP which may impact on the quality of service, patient safety and experience.	Quality Effectiveness (6-10)	12	4	3	Sarah Rushbrooke

1288.v14	Medication pages on RiO are not being kept up to date as per NTW Policy. Information transferred to the MHDS may not be accurate	Quality Safety (1-5)	16	4	4	Sarah Rushbrooke
1397v.21	Gibside ward currently unable to open windows within bedroom areas due to the ward being a former forensic ward. Windows are fixed closed units. This is impacting on the patients experience of the environment. Issues raised by patients within the community meeting.	Quality Safety (1-5)	16	4	4	Sarah Rushbrooke
1497.v13	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the South Locality Group	Quality Experience (6-10)	16	4	4	Sarah Rushbrooke
1670.v5	Year on Year increasing demand has led to significant numbers of children and young people waiting for treatment.	Quality Safety (1-5)	12	4	3	Sarah Rushbrooke
857v.16	Internal doors have been identified as a potential ligature risk following incidents across the Group.	Quality Safety (1-5)	10	2	5	Sarah Rushbrooke

2.3.1 South Locality Corporate Business Units

The four CBU's within the North locality currently hold a total of 14 risks.

2.3.2 Community South CBU

Community South CBU is currently holding 1 risk which is within the risk appetite.

2.3.3 Inpatient South CBU

Inpatient South CBU is currently holding 4 risks, 1 risk is within the risk appetite and 3 risks are exceeding the risk appetite. Information in relation to the breach risks are given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1388v.15	Trust sites smoke free; risks with service users secreting cigarettes and lighters, smoking in bedrooms and on site. Increase of fire risks on some wards.	Quality Safety (1-5)	12	3	4	Denise Pickersgill

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	Related incidents of aggression when service users are asked not to smoke Service users leaving the ward more regularly to have cigarettes; at times staff encountering difficulty adhering to access, egress and engagement policy - potential risk to service users					
1601.v10	Capacity issues in SALT mean that communication assessments are no longer able to be picked up by the team. Dysphagia referrals and assessment are prioritised but the response times to referrals can fall below standard Dysphagia training is mandatory for all clinical staff and there is also a capacity issue associated with this. Unable to recruit in to the 0.5 post at Rose Lodge.	Quality Safety (1-5)	8	4	2	Denise Pickersgill
1720v.4	Risk of increased bed pressures within the South adult pathway. (Acute and Rehabilitation) as a result of bed reductions in the Northumberland and Central Localities. Risk of an increase in admissions from other localities and over spill in to other pathways such as PICU and Older Persons.	Quality Effectiveness (6-10)	12	4	3	Denise Pickersgill

2.3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 9 risks, 7 risks are within the risk appetite and 2 risks are exceeding the risk appetite. Information in relation to breached risks are given below:-

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1641v.7	Community Acquired Brain Injury Service (CABIS) - CCG have given the Trust notice of reduced funding for 2018/19 resulting in a revision of the service.	Quality Safety (1-5)	12	3	4	Andrew McMinn

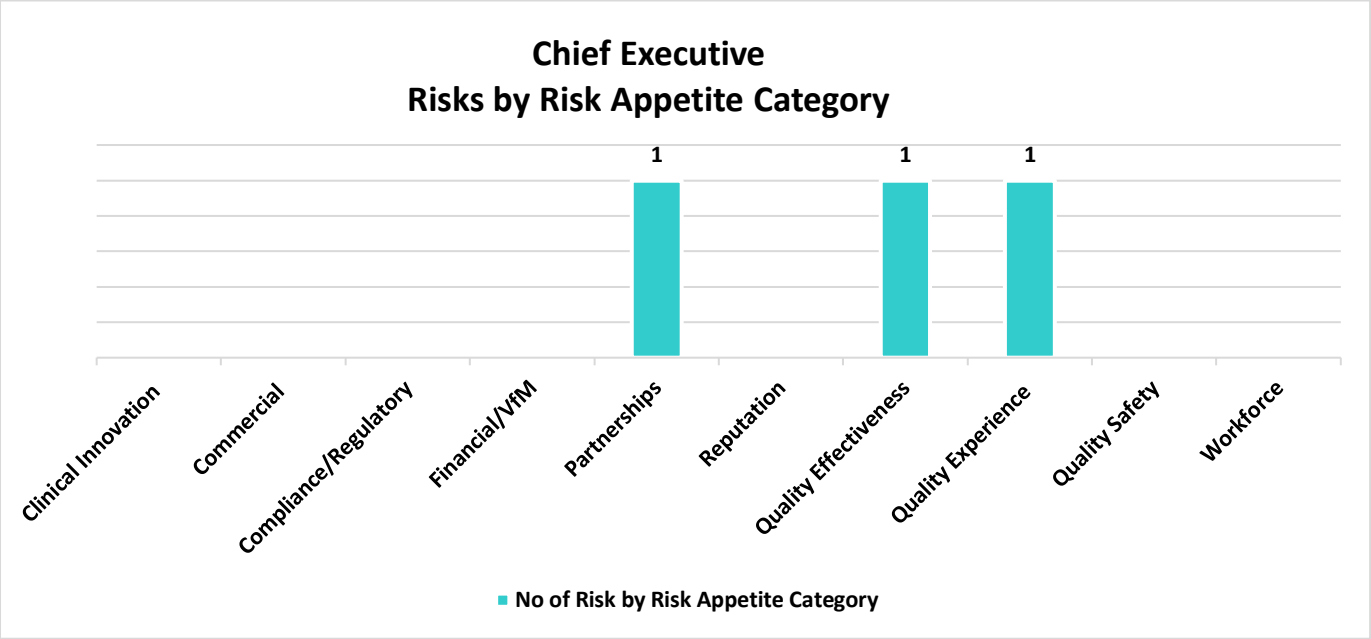
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1660v.17	Benfield House houses several services with varying needs and at times insufficient space to provide quality experience for patients. This can impact the therapeutic alliance between patients and clinicians where there is a lack of space and privacy to engage and concentrate during therapeutic conversations. This can increase the likelihood of mistakes being made it can also change the risk signature of some patients which can directly impact on their safety.	Quality Safety (1-5)	15	5	3	Andrew McMinn

2.3.5 Access South CBU

Access South CBU has no risks that exceed the risk appetite.

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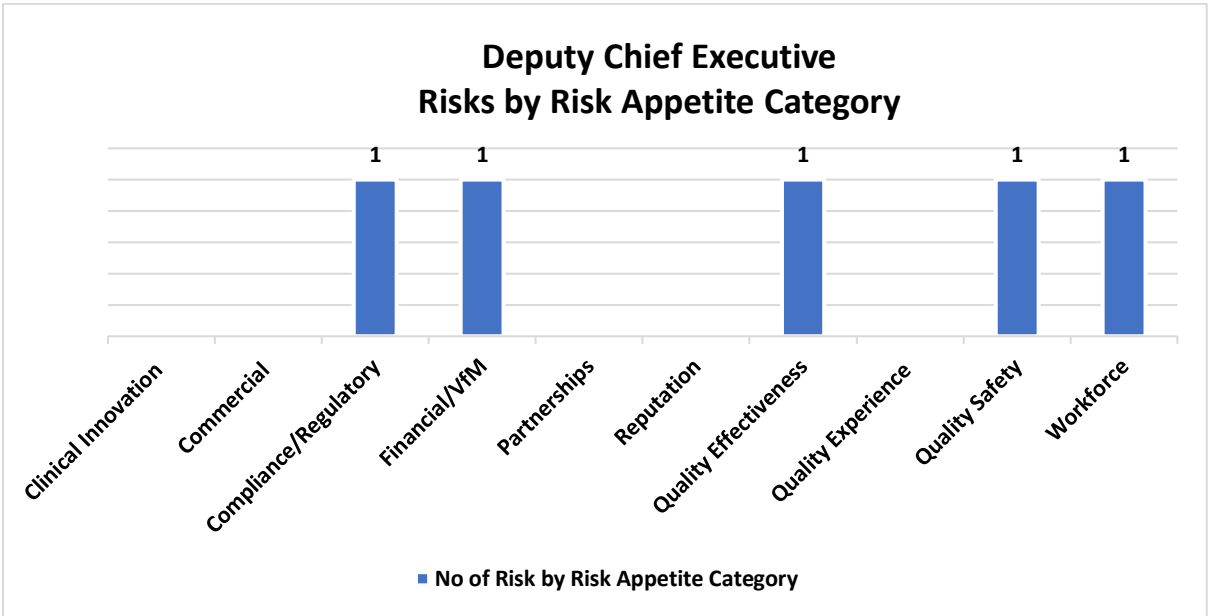
3. Executive Corporate.



The Chief Executive as at January 2020 holds 3 risks, 1 risk is below the risk appetite. 1 risk is within the risk appetite and 1 risk has exceeded the risk appetite. All risks are being managed within the Chief Executive’s Office and no requests to escalate to BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1772v.1	Due to an increase in executive portfolios there may be a risk of insufficient administrative resource in the Corporate Affairs Office which could result in an adverse impact on service delivery.	Quality Effectiveness (6-10)	9	4	3	Debbie Henderson

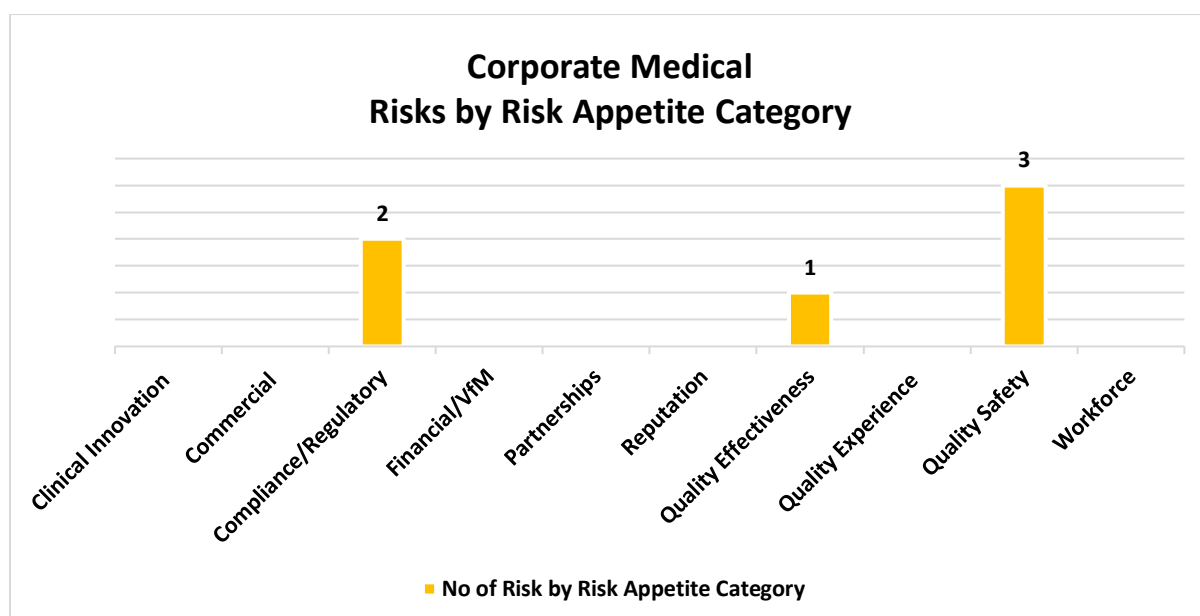
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The Deputy Chief Executive as at January 2020 holds 5 risks, 1 risk lower than the risk appetite, 3 risks within the risk appetite and 1 risk which has exceeded a risk appetite. All risks are being managed within the Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1506.v7	That there is lack of investment in backlog maintenance of buildings, leading to health and safety risks and risks of non-compliance with regulatory requirements and not meeting essential accommodation standards.	Quality Safety (1-5)	9	3	3	James Duncan

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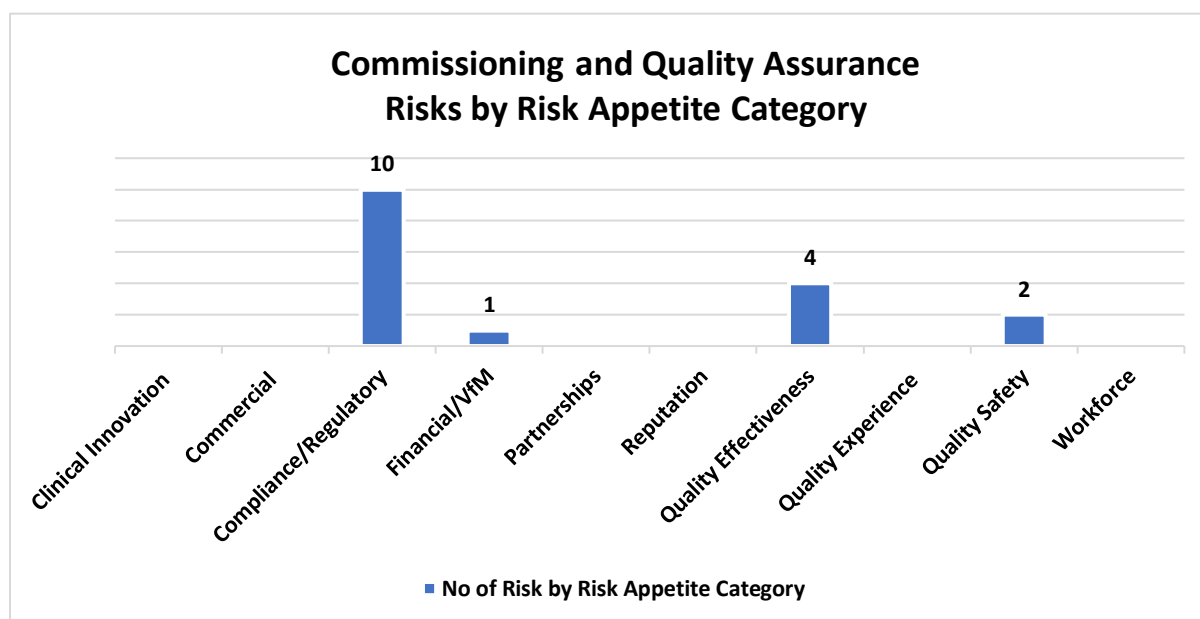


The Executive Medical Director as at January 2020 holds 6 risks, 1 risk within the risk appetite and 5 risks which have exceeded a risk appetite. All risks are being managed within the Medical Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1205 v.8	Occasional delays seen by CQC allocation of SOADs. This delay has an impact when consultants need a second opinion if they want to provide ECT treatment as part of a treatment pathway. This has left patients in acute wards without treatment and has been highlighted in a SI review. History Concerns raised in relation to SOAD allocation raised by Psychiatric Liaison Team in Sunderland and added to their service line risk register. Discussed at DMG 28/11/2016 and 23/1/2017. Escalated to the DMG Risk Register. All risks scored initially uploaded onto Safeguard as per the PLT scores.	Quality Safety (1-5)	9	3	3	Rajesh Nadkarni
1651 v 20	The Falsified Medicines Directive is due to come in to effect in Feb 19. There is a risk the Trust will not be able to meet these requirements. Meeting the directive will require additional funding for	Compliance/ Regulator (6-10)	15	5	3	Timothy Donaldson

	hardware and software as well as support from IT for implementation.					
1768v.1	Disruption to supply of medicines, compounded by further shortages resulting from a no-deal EU exit.	Quality Safety (1-5)	8	4	2	Timothy Donaldson
1784v.1	We rely on Rio to calculate the expiry of sections and for it to be populated on the Rio things to do list. The department uses the MHA Rio things to do list (Expiry of renewable sections) to inform the Responsible Clinician when a section is due to expire and monitors this daily to ensure sections does not lapse. The department are expected to use Rio rather than relying on a manual system. We will now have to use a manual system, which could lead to errors and consequently a lapsed section. Which would mean the Trust detaining a person without the legal authority to do so. Due to the risk and impact on clinical care and the Trust, I will be placing it on the risk register.	Compliance/ Regulatory	15	5	3	Lorna Turney
500 v.22	Reliant on paper systems increasing risk of prescribing and admin errors.	Quality Safety (1-5)	9	3	3	Claire Thomas

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The Executive Director of Commissioning and Quality Assurance as at January 2020 holds 17 risks, 8 risks within the risk appetite and 9 risks which have exceeded a risk appetite. All risks are being managed within Commissioning and Quality Assurance Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

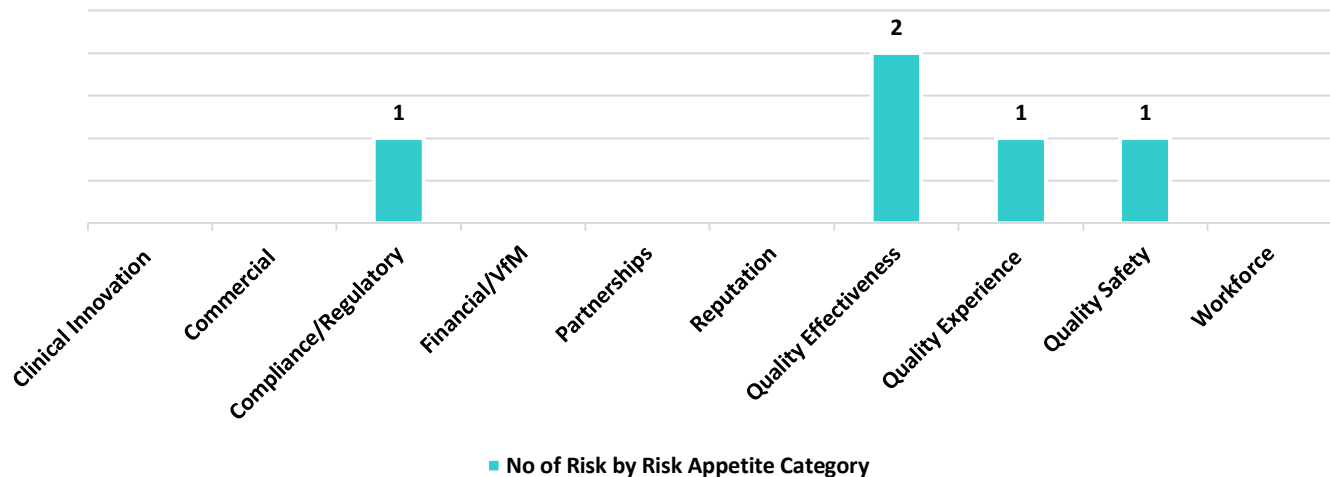
Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1172v.16	Increased risk of security threats coupled with increasing type and range of device access to the network linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/Regulatory (6-10)	12	4	3	Jon Gair
1576v.8	Data leakage risk of Trust Users transferring sensitive information via insecure methods or to untrusted destinations	Compliance/Regulatory (6-10)	15	5	3	Jon Gair
1636v.10	That we do not further develop integrated information systems across partner organisations.	Quality Safety (1-5)	8	4	2	Darren McKenna
1637v.15	That we misreport compliance and quality standards through data quality errors.	Compliance/Regulatory	12	4	3	Lisa Quinn
1655v.14	GDPR - Subject Access Requests: There is a risk of non-compliance with the reduced time frame The volume of requests for	Compliance/Regulatory (6-10)	12	4	3	Angela Fail

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	access to information (staff and service users) is likely to rise by 25-40% % and there are current pressures on this process					
1664v.16	SLAM system fails to work. The system needs updating to the latest version and currently this is not possible as the server does not have capacity to allow the latest update. As a consequence of not being on the latest version of SLAM, the manufacturer will not support the current system. SLAM is a stand alone system which is used to monitor contract activity and income from commissioners	Compliance/Regulatory (6-10)	12	4	3	Lesley Willoughby
1719v.5	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server and SQL database, currently running Sharepoint service for Informatics staff.	Compliance/Regulatory (6-10)	12	4	3	Jon Gair
1755v.2	The Trust has agreed to continue using the Galatean Risk and Safety Technology (GRIST) clinical risk assessment tool across the North Cumbria services as part of the RiO and IAPTus clinical record. This system was originally procured via	Compliance/Regulatory (6-10)	16	4	3	Jon Gair

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	<p>Cumbria Partnerships a number of years ago and the following risks have been identified on assessment by CNTW informatics staff :-- No formal contractual arrangement is in place with the supplier so no service level agreement availability which could impact on accessibility to the system.</p> <ul style="list-style-type: none"> - System and data is hosted on Aston University servers with no formal contracted levels of security in place to secure access to data. - Free text fields exist within the system which may contain sensitive or personally identifiable information. - No audit trail exists to identify who is making changes to GRIST data, increasing the risk of unexpected changes that are not accountable to individuals. - All changes to the data are made via parameter-based URL calls so with knowledge of the API and session ID, records could be manipulated or deleted by end users. 					

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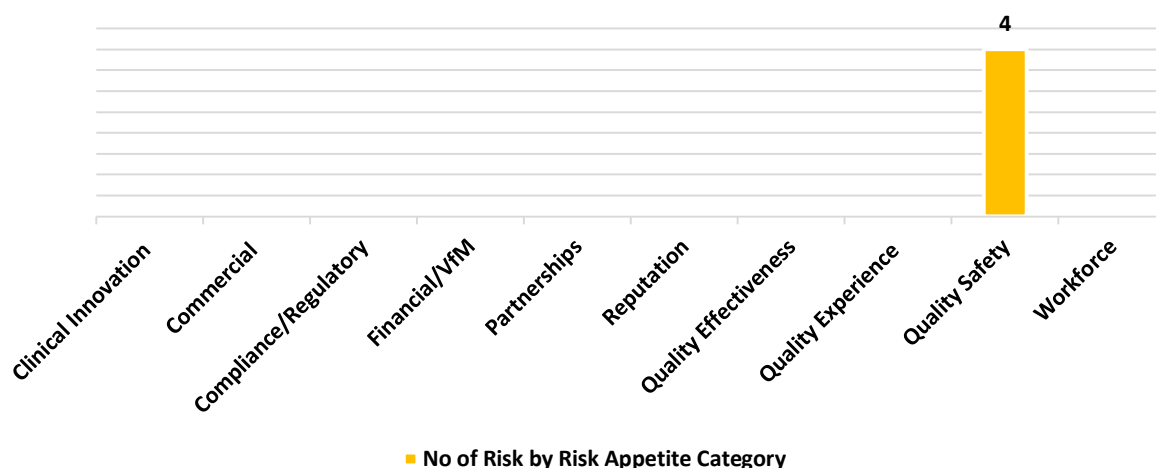
Workforce and Organisational Development Risks by Risk Appetite Category



The Executive Director of Workforce and Organisational Development as at January 2020 holds 5 risks. There is 2 risks that are within the risk appetite and 3 risks which breach the risk appetite. No risks to escalate to the BAF/CRR have been received.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1626v.5	Due to weakness in the current self-declaration process there are high numbers of outstanding DBS and self-declarations which could result in failure to comply with internal standards.	Quality Safety (1-5)	9	3	3	Lynne Shaw
1715v.3	Sickness absence continues to remain above trust target of 5%. Reduced staff available resulting in increased use of temporary staff having both impact on quality of consistency in care and financial impact	Quality Experience (6-10)	12	3	4	Michelle Evans
1760v.5	Due to significant data gaps within workforce information transferred from Cumbria Partnerships NHS Foundation Trust there is a risk the data is not accurate and the trust do not meet legislative and regulatory requirements	Compliance/Regulatory	16	4	4	Lynne Shaw

Nursing & Chief Operating Officer Risks by Risk Appetite Category



The Nursing & Chief Operating Officer as at January 2020 holds 4 risks which exceed the risk appetite. All risks are being managed within Nursing & Chief Operating Officer Directorate and there has been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
1220v.17	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	Quality Safety (6-10)	15	5	3	Gary O'Hare
1611v.15	Due to increasing demand there is a need for increased numbers of dysphagia Qualified SALTs which could impact on patient safety and our ability to provide specialist care.	Quality Safety (1-5)	15	5	3	Gary O'Hare
1758v.3	Due to several incidents occurring whereby patients have been able to remove light fittings and gain access to a wire in the seclusion room and in a number of ward areas a ligature risk	Quality Safety (1-5)	15	5	3	Gary O'Hare

Risk Reference	Risk Description	Risk Appetite	Risk Score	I	L	Owner
	has been identified. The potential risk could result in serious harm to the patient					
628v.14	Risk of fire resulting from service user smoking in contravention of the Trustwide Smoke Free Policy resulting in damage to buildings and/or loss of life.	Quality Safety (1-5)	10	5	2	Gary O'Hare

3. Emerging Risks

There are no emerging risks.

Lindsay Hamberg
Risk Management Lead
January 2020

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 5 February 2020

Title and Author of Paper: Board Update on Developing our Updated Strategy and Long Term delivery Plan

Executive Lead: James Duncan, Deputy Chief Executive/Executive Director of Finance

Paper for Debate, Decision or Information: Information

Key Points to Note:

This paper provides an update to the Board following Board Development sessions that took place in late 2019 regarding the Trust's Long Term Planning process.

The report provides information on progress to date and proposed next steps. It was intended to include requirements of the national operational planning guidance for 2020/21 but this was not available at the time of writing. A further update will be given at the Board meeting.

Risks Highlighted to Board : none

Does this affect any Board Assurance Framework/Corporate Risks? No

Please state Yes or No

If Yes please outline

Equal Opportunities, Legal and Other Implications: none

Outcome Required: Paper for Information

Link to Policies and Strategies: Supports the Trusts overall strategic vision and objectives

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Board Update on Developing our Updated Strategy and Long Term delivery Plan

1. Introduction

This paper is intended as an update to the board development sessions that took place in late 2019 regarding our long term planning process, informing the board of progress to date and proposed next steps. It was intended to include requirements of the national operational planning guidance for 2020/21 but this was not available at the time of writing. An update will be given at the Board.

2. What did we set out to do?

We agreed a process with colleagues across the groups that we would focus on a bottom up approach at CBU level. In essence this involved posing five questions:

- Do we understand what we need to deliver over the next five years from a quality perspective, and what is most important to those we serve?
- What activity(ies) will our teams need to achieve this?
- Will we be able to develop the staff and skills needed?
- How will we work in partnership with others?
- Have we got the financial resource to afford it?

Working alongside Group support teams, supporting templates and information have been developed to inform the discussion, and guidance issued to CBUs. This is seen as an interactive and emergent process where we learn from the work as we develop it, and continue to shape and inform the end product. This is very much in line with our thinking around the development of a truly learning organisation, and we have used an appreciative enquiry approach, constantly asking ourselves why is this important, how we can respond, and what do we need to do. It is also the next step in our approach to collective leadership approach.

What have we done to date?

After the initial engagement work, CBUs were tasked with considering their approach to the five questions and have been undertaking a range of engagement, discussion and involvement approaches with staff across the last couple of months. This was brought together in a workshop of 16th January, where each CBU discussed its approach and outcomes of its work to date. This was used as a learning and sharing exercise and was attended by over 80 people from across the organisation. The outputs of the session are currently being synthesised and are being used to ask further questions to inform and shape the development of our work going forward.

Much of the thinking has been challenging, but there was real enthusiasm in the room, and a feeling of ownership. It was recognised that a significant next step is to develop real and genuine service user and carer engagement. The approach has been discussed at a high level at the service user and carer group in November, and will be followed up with a further discussion in February. However, all CBUs have either started or intend to start a much deeper involvement in developing answers to

the key questions, and especially understanding what is most important in what we do to people who use our services. This is critical to our work.

A planning reference group was set up in October to oversee this process and that continues to meet on a bi-weekly basis to help shape and support the work. Key activities have been developing supporting templates and information analysis. Work has just been completed on developing activity analysis of each CBU, which will be used in the next stage of delivery and capacity planning. The group has also reviewed existing workforce plans and will support the CBUs in aligning activity planning with workforce and capacity development. This will supplement some of the work the CBUs have already done in considering how they work.

The workshop also considered our approach to key enablers such as estate, informatics and commissioning. In line with the work across the groups, a corporate and support services workshop took place on 7th January, exploring the approach to take in developing long term planning. The focus on this meeting was on developing a wide a comprehensive approach, reaching out of organisational silos. This has resulted in a piece of work to further define and clarify the work delivered across corporate and support services and to start the conversation about what is most valuable to various customers and stakeholders. A separate planning group has also been set up to oversee this work.

Discussions with commissioners have commenced about aligning our approaches and these have been received favourably. Further work will be taken forward by the groups and CBUs alongside Commissioning and Assurance leads.

Reflections and Next Steps

As the work has developed, and reflecting on the workshops to date, it has been proposed that we take more time in developing our strategy and long term delivery plan. Our initial proposals were to bring this to the board in May, but this now feels as though it will artificially constrain the work and lose much of the enthusiasm and goodwill generated through this more engaging approach. The key reasons for this are:

- Time is needed for a properly engaging and involving process with service users and carers;
- Place based planning is still emerging and our work needs to be firmly sited in place based discussions;
- Further work is needed to align with long term commissioning plans and provider collaborative and plans for those are still emerging;
- The CBUs themselves want more time to think and work through a truly owned approach.

We are proposing that work continues over the coming months, with an aim to conclude and present our proposals to the Board in the autumn. The Board will be engaged in discussions throughout this process, and the intention is to use part of

our planned organisation wide event on 3rd March to share progress across the organisation.

Re-thinking our longer term planning horizon will require short term planning for 2020/21 to be informed by this work, but not to be integrally part of it. Aligned to the long term planning, work is underway looking at zero-basing financial planning at a CBU level. The underlying approach to all of our planning work is to get a more complete understanding of what we look like now in terms of quality delivery, activity workforce and finance to get a true baseline. This baseline will form the basis of planning for next year and will mean that all budgets will be set in line with current utilisation of resources, not historical expectations or establishments. We will not be setting a universal cost improvement plan but will be asking each CBU to set a sustainable plan for the coming year which will enable it to deliver its contribution to the overall financial plan, while achieving its agreed quality deliverables. This will require us to set realistic expectations, alongside our commissioners, in the light of the longer term planning we are undertaking. Further information on this approach will be brought to the board in March.

In terms of next steps over the next three month period they are:

- Refinement of core metrics by CBUs in the light of engagement with service users carers and partners;
- Engagement and involvement events to inform these discussions;
- Place based discussions to align our thinking with partners;
- Activity and capacity planning, supported by Trust Innovations;
- Establishing a clear understanding of our baseline position for quality, activity, workforce and finance at a CBU level;
- Development of a sustainable delivery plan for 2020/21 at a CBU level.

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Expected National Planning Timescales

Milestone	Date
Further operational and technical guidance ready for issue	w/c 20 January 2020
Draft 2020/21 NHS Standard Contract published for consultation	19 December 2019 - 31 January 2020
2020/21 CQUIN guidance published	January 2020
National tariff published	January
First submission of draft operational plans and system-led narrative plans	5 March 2020
2020/21 STP/ICS led contract/plan alignment submission	5 March 2020
Deadline for 2020/21 contract signature	27 March 2020
Parties entering arbitration to present themselves to National Directors of NHS Improvement and England (or their representatives)	6 April – 10 April 2020
Submission of appropriate arbitration documentation	15 April 2020
Final submission of operational plans and system-led narrative plans	29 April 2020
Publication of the People Plan and national implementation plan for the NHS Long Term Plan	March/April 2020
Arbitration panel and/or hearing (with written findings issues to both parties within two working days after panel)	16 April – 1 May 2020
2020/21 STP/ICS led contract/plan final alignment submission	6 May 2020
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	8 May 2020

Recommendations

The Board are asked to note progress and accept the recommendation that the Trust-wide updated strategy and Long Term Delivery Plan be developed for agreement by the Board in the autumn.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 5th February 2020

Title and Author of Paper:

Quarter 3 update - NHS Improvement Single Oversight Framework

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Dave Rycroft, Deputy Director of Finance & Business Development

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The Trust position against the Single Oversight Framework remains assessed by NHS Improvement as segment 1 (maximum autonomy).
2. Finance templates are submitted to NHS Improvement on a monthly basis. The Trust's Use of Resources rating is a 2 at Q3.
3. From October 2016, NHSI have required a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position. At Q3 the Trust is reporting it will achieve its year-end control total so this statement is not required.
4. Information on the Trust's Workforce is submitted to NHSI on a monthly basis. This report includes a summary of the information which has been submitted in quarter 3 of 2019/20.
5. Information on agency use including any price cap breaches and longest serving agency staff is submitted to NHSI on a weekly basis. The attached report includes a summary of this information for quarter 3 of 2019/20.
6. Governance Information/Updates, any changes to Trust Board and Council of Governors; any adverse national press attention during quarter 3 of 2019/20 has been included within the report.

Risks Highlighted to Board: None

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which are approved by the Director of Finance/Deputy Chief Executive on behalf of the Board are submitted to NHS Improvement on a weekly and monthly

basis during the year.

To note the Quarter 3 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

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BOARD OF DIRECTORS

5th February 2020

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 3 2019-20

BACKGROUND

NHS Improvement using the Single Oversight Framework have assessed the Trust for Quarter 3 of 2019-20 as segment 1 – maximum autonomy.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 – Q4 18-19	Q1 - Q2 19-20	Q3 19-20
Single Oversight Framework Segment	n/a	2	1	1	1	1
Use of Resources Rating	n/a	2	1	3	3	2
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a	n/a	n/a

Key Financial Targets & Issues

A summary of delivery at Month 9 against our high level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):-

Key Financial Targets	Year to Date			Year End		
	Plan	Actual	Variance/ Rating	Plan	Forecast	Variance/ Rating
Monitor Risk Rating	3	2	Yellow	2	2	Yellow
I&E – Surplus /(Deficit) before exceptional items	£0.4m	£1.8m	£1.4m	£2.6m	£2.6m	£0.0m
FDP - Efficiency Target	£7.1m	£7.1m	£0.0m	£10.4m	£10.4m	£0.0m
Agency Ceiling * / (Total Agency Spend)	£5.9m	£6.4m (£7.2m)	£0.5m	£7.9m	£8.7m (£10.3m)	£0.8m
Cash	£16.1m	£29.4m	(£13.3m)	£18.4m	£18.4m	£0.0m
Capital Spend	£9.1m	£7.3m	(£1.8m)	£12.4m	£12.4m	£0.0m
Asset Sales	£2.6m	£0.1m	(£2.5m)	£2.6m	£2.1m	(£0.5m)

*The agency ceiling was set for NTW services. Total agency spend including Cumbria Services is shown in brackets

Risk Rating

Risk Ratings	Weight	Year to Date		Year-End	
		Plan	Risk Rating	Plan	Risk Rating
Capital Service Capacity	20%	4	3	3	3
Liquidity	20%	1	1	1	1
I&E Margin	20%	2	2	2	2
Variance from Control Total	20%	1	1	1	1
Agency Ceiling	20%	1	2	1	3
Overall Rating		3	2	2	2

From October 2016, NHSI have required a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position. This quarter the Trust is reporting achievement of its control total so this statement is not required.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 3 2019-20. Workforce returns are submitted to NHSI on a monthly basis. North Cumbria services transferred into CNTW on 1st October.

SUMMARY STAFF WTE DETAIL	M7	M8	M9
	Actual WTE	Actual WTE	Actual WTE
Total non-medical - clinical substantive staff	4,549	4,557	4,612
Total non-medical - non-clinical substantive staff	1,746	1,792	1,796
Total medical and dental substantive staff	397	396	391
Total WTE substantive staff	6,692	6,745	6,799
Bank staff	294	287	301
Agency staff (including, agency and contract)	246	265	267
Total WTE all staff	7,232	7,297	7,367

Agency Information

The Trust has to report to NHS Improvement on a weekly basis, the number of above price cap shifts and also on a monthly basis the top 10 highest paid and longest serving agency staff.

The table below shows the number of above price cap shifts reported during Quarter 3 2019-20.

Staff Group	Oct	Nov	Dec
	7/10 - 28/10	4/11 - 25/11	2/12 - 30/12
Medical	209	219	279
Nursing	20	86	183
TOTAL	229	305	458

Note:- Cumbria information not fully captured in October and December

At the end of December the Trust was paying 12 medical staff above price caps (5 consultants, 2 associate specialists, 5 speciality doctors and 1 junior doctor). Three of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement. The Trust are paying for qualified and unqualified nursing shifts above cap in the North Cumbria Locality. The top 10 highest paid agency staff reported were 8 consultants, 1 speciality doctor and 1 associate specialist.

The length of time the top 10 longest serving agency staff have been with the Trust is shown in the table below:-

Post	9 to 10 years	6 to 7 years	3 to 4 years	2 to 3 years
Consultant	1		4	
Associate Specialist			1	
Speciality Doctor		1		
AHP			1	
Qualified Nurses				1
A&C				1

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however there are specific exceptions that the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q3 2019-2020

Board of Directors:

No Change

Council of Governors:

New Governors following elections:

- Public Governor, South Tyneside
Margaret Adams (re-elected unopposed)
- Public Governor, Gateshead
Tom Bentley
- Service User Governor, Children & Young People's Service
Kat Boulton (unopposed)
- Carer Governor, Older People's Services
Colin Browne (re-elected unopposed)
- Staff Governor, Non-Clinical
Revell Cornell (unopposed)
- Public Governor, North Tyneside
Cath Hepburn (re-elected unopposed)
- Service User Governor, Older People's Services
Mary Laver (unopposed)

New Governors appointed:

Local Authority

- Appointed Governor South Tyneside Council
Cllr Wilf Flynn

Universities

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- Appointed Governor Newcastle University
Professor Jacqui Rodgers

Outgoing Governors:

- Adult Service User Governor
Andrew Fothergill (resigned)
- Public Governor Gateshead
Cheryl Wright (resigned)
- Jack Wilson
Service User Governor, Children & Young People's Services
- Appointed Governor Newcastle University
Professor Daniel Nettle

Present vacancies

Carer Governor (Adult Services)
Service User Governor (Adult Services)
Public Governor, Cumbria
Clinical Staff Governor, North Cumbria

Never Events

There were no never events reported in Quarter 3 2019 - 2020 as per the DH guidance document.

Adverse national press attention Q3 2019-20

Media Report (October - December)

October

No adverse media

November

No adverse media

December

Newly elected MP falsely claims he is a mental health nurse. Ian Levy, elected Conservative MP in Blyth Valley claimed on social media he worked as a nurse when he was employed as a healthcare assistant. Article in the Nursing Times 13 December.

Man who died on Carlisle chimney told police he was abused – family feel he received insufficient support in the weeks before he died. Article in The Guardian dated 27 December.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:-

Weekly

- Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T, Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance & Business Development
January 2020

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CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

Board of Directors

Meeting Date: 5 February 2020

Title and Author of Paper: CQC Must Do's Update (Q3)
Vicky Grieves, CQC Compliance Lead

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

Paper for Debate, Decision or Information: Decision

Key Points to Note:

1. In October 2019 there were 9 core services transferred from North Cumbria which had been inspected by CQC during 2015, 2017 and 2019. There were a number of areas for improvement or 'must do' actions which were identified during these inspections.

Cumbria Partnership NHS Foundation Trust completed action plans in relation to these areas prior to transfer of services, these are now being reviewed and we will adopt a trustwide approach to implementation.

With agreement to accept the 38 issues included within this report the Trust will have a total of 41 'must dos' which will include the 3 existing actions for which updates are included within this report. Trust Board are asked to accept the identified 'must do' actions.

2. Following the CQC inspection of the former NTW in 2018 areas of improvement were identified, the most significant being:

- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
- The trust must ensure patients have access to a nurse call system in the event of an emergency.
- The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation.

All areas of improvement were identified within the core service for acute wards for adults of working age and psychiatric intensive care units however a trust-wide approach was adopted.

This paper provides an update on progress made on the three 'must do' action plans since the last meeting.

Risks Highlighted to Committee: None

Does this affect any Board Assurance Framework/Corporate Risks?: Yes
If Yes please outline

- Strategic Ambition 5: The Trust will be the centre of excellence for Mental Health and Disability
- Corporate Risk SA5.1: That we do not meet compliance and quality standards
- Corporate Risk SA5.2: That we do not meet statutory and legal requirements in relation to Mental Health Legislation

Equal Opportunities, Legal and Other Implications: Not applicable

Outcome Required: Trust Board are asked to accept the 'must do' actions included within this report and to note the update.

Link to Policies and Strategies: CQC Fundamental Standards

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Board of Directors

CQC Must Do's Quarter 3 Update – January 2020

1. Must Do Actions from Services transferred on 1st October 2019

On 1st October 2019 there were 9 core services transferred from North Cumbria. During inspections which were undertaken in 2015, 2017 and 2019 all of these core services were visited. There were a number of areas of improvement which were identified through these inspections 40 of which the CQC felt were significant issues and as such have raised them as 'must do' actions:-

- Acute wards for adults of working age and psychiatric intensive care units (7 areas identified during inspection in 2019)
- Wards for older people with mental health problems (2 areas identified during inspection in 2019)
- Wards for people with learning disability or autism (7 areas identified during inspection in 2019)
- Mental health crisis services and health based places of safety (8 areas identified during inspection in 2019), although 2 of these issues were specific to services based in Kendal so will be addressed by Lancashire Care NHS Foundation Trust.
- Specialist community mental health services for children and young people (5 areas identified during inspection in 2017)
- Community based mental health services for older people (4 areas identified during inspection in 2017)
- Community-based mental health services for adults of working age (no 'must do' actions were identified during inspection in 2017)
- Long stay and rehabilitation wards for working age adults (1 areas identified during inspection in 2015)
- Community mental health services for people with learning disabilities (3 areas identified during inspection in 2015)

In addition to the actions in relation to the core services above there were 3 Trustwide actions identified from the well led review. The detail in relation to the issues raised is included as appendix 1.

Cumbria Partnership NHS Foundation Trust produced actions plans for all of the areas identified which were submitted to the CQC, these are all now being reviewed. Although these actions have been identified within specific core services across Cumbria a trustwide approach to implementation of action plans will be adopted. The action plans will be monitored through the CQC Quality Compliance Group going forward with quarterly updates to relevant committees and Trust Board.

Trust Board are to be asked to accept the 38 areas for improvement shown in appendix 1. The Trust currently has three existing 'must do' actions; with the adoption of those listed in this report there will now be a total of 41. Quarter 3 updates in relation to the 3 existing actions are given in the report below.

2. High level summary of actions from 2018 Inspection

Blanket restrictions

- The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.
- The trust should ensure that there are robust systems in place to record and review restrictive practices for trustwide and ward level blanket restrictions and ensure that restrictions are removed as soon as practicable.

The following approaches and measures have been developed to ensure that service users and carers are appropriately informed of any blanket restrictions within clinical settings.

- Blanket restriction definitions have been developed and shared with clinical teams
- Local register of blanket restrictions developed with rationale and review at ward and group level
- Policy currently under review
- Training in blanket restrictions has been incorporated into Mental Health Legislation training
- Leaflet for patients/families has been developed following engagement with service users, responses have been considered
- A buddy audit system is in place to ensure transparent audit arrangements between inpatient areas
- PGN and CAS Alert issued to all staff describing the processes including web based incident reporting
- Action plans following MHA reviewer visits and peer review visits are approved at CBU level
- Detailed audit in line with the Policy - peer review audit to be reviewed during Quarter 4

Outstanding actions:

Despite assurances on training and incident reporting, there is evidence of inconsistency in compliance regarding blanket restrictions across a range of services. This was reported to Business Delivery Group on 8 November 2019 as part of mock inspection findings and repeated MHA reviewer visit findings. It has been agreed that further work at group level to review practices is a priority. Findings indicate that blanket restrictions are not always clear to patients, documented correctly within records, the rationale isn't always documented as well as it could be and this has been identified for action within wider work relating to care planning.

Group Assurance:

- Training to continue to prioritise blanket restrictions and individual restrictive practices. This is across all wards and cascaded by Clinical Nurse Managers and Ward Managers and addressed with all new starters as part of their induction.

- Blanket restrictions added to Group register for monitoring and key actions.
- All wards have up to date blanket restriction audits that are embedded and reviewed.
- Up to date restrictive practice audits in place.
- MHA reviewer visit and mock visits – services to respond with clear action plans.
- Triumvirate/CBU quality focus at weekly Operational Management Group, monthly Quality Standards and with managers in 1-1s, reflection/learning and assurance focused.

Access to nurse call systems

- The trust must ensure patients have access to a nurse call system in the event of an emergency.

The action plan for this must do is almost complete. Work to replace the nurse call systems at St George's Park, Bede Ward at St Nicholas Hospital and the three wards at Hadrian Clinic has been completed. The proposed nurse call system for the two wards on the Tranwell Unit are no longer required as a result of the move in October 2019.

Since publication of inspection findings, compliance has been discussed at the CQC National Co-production meetings and the CQC have issued a brief guide entitled "Patient alarms in mental health inpatient services" in May 2019. There is also national guidance available for PICU and forensic units.

A Nurse Call PGN has now been developed and this guidance will form part of the Engagement and Observation Policy CNTW(C) 19.

Outstanding action:

Nurse call systems vary across CNTW but broadly allow the patient to call for urgent assistance from the clinical team in spaces where patients may be on their own. This is important for safety and security reasons as well as the general wellbeing of our patients. In view of the variation of nurse call systems across the Trust an additional action has been added to the action plan which is for each inpatient team to produce a Local Operational Plan which will be signed off by each CBU. The CQC Quality Compliance Group will monitor that this is in place across the Trust to enable thematic review/actions and shared learning.

The trust must ensure **Rapid tranquilisation**

- that staff monitor the physical health of patients following the administration of rapid tranquilisation.

The action plan for this must do is almost complete. Key actions to support the policy include; baseline audit and questionnaire to staff to enable understanding of the barriers to the management of rapid tranquilisation, training including News2 (an escalation tool to monitor physical health deterioration) and e-learning modules.

Considerable attention is focussed on rapid tranquilisation from the CBU and Locality leadership teams to embed into clinical practice and improve the patient experience. There are significant improvements being noted at a clinical level.

The Clinical Audit was completed in April 2019 and this provided an essential baseline for clinical teams. The audit showed a low risk score overall. A repeat audit is in place using November data to monitor improvements to the physical health management post rapid tranquilisation. The results will give an indication of how the actions have been embedded into clinical practice.

Outstanding action:

Safety and Security teams are currently working with IT to roll out the new Talk 1st landing page to give access to this data alongside other dashboard indicators.

3. Assurance and learning conclusions:

- Further work is required regarding blanket restrictions which has been identified to provide consistency across all services and ensure processes are embedded.
- Nurse calls systems have local operational differences. Quality improvements have been introduced and a PGN developed to ensure Trust and local plans provide consistency. Auditing will be scheduled to ensure compliance with the PGN.
- Rapid tranquilisation actions have been implemented and there is assurance that rapid tranquilisation is being actively managed at CBU level and across CNTW.

4. Recommendations

That the Trust Board accepts the 38 areas for improvement noted in the report and the updates provided in relation to the 3 existing actions from the 2018 CQC inspection

Vicky Grieves
CQC Compliance Officer

January 2020

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North Cumbria Must Do Actions

Trustwide (inspected May - June 2019)	
1	The trust must ensure it reviews and improves its governance systems at a service level to ensure they effectively assess, monitor and improve care and treatment. HSCA 2008 Regulation 17 (1)(2)(a)(b)(e).
2	The trust must ensure it continues to make progress against the trust risk register and board members and members of staff understand the process of escalating risks to the board through the board assurance framework. HSCA 2008 Regulation 12 (1)(2)(a)(b).
3	The trust must ensure it continues its development of staff supervision and the board have clear oversight of both quantity and quality of supervision. HSCA 2008 Regulation 18 (1)(2)(a).
In acute wards for adults of working age and psychiatric intensive care units (inspected May - June 2019)	
1	The trust must ensure that blanket restrictions are all reviewed and individually risk assessed
2	The trust must ensure staff monitor patients' physical health including, following rapid tranquilisation, in accordance with national guidance, best practice and trust policy.
3	The provider must maintain premises in good condition and suitable for the purpose for which they are being used.
4	The trust must continue to look at ways of reducing out of area placements and the management of bed availability to ensure this meets the needs of people requiring the service. HSCA 2008
5	The trust must ensure they have effective systems and processes to assess, monitor and improve care and treatment. This includes identifying, individually assessing and reviewing, blanket restrictions, clear oversight of staff supervision and ensuring all physical health monitoring is completed as required.
6	The trust must deploy sufficient numbers of qualified, competent, skilled and experienced staff to meet the needs of patients care and treatment.
7	The trust must ensure staff working on Rowanwood feel supported, valued and respected following serious incidents beyond ward level.
In wards for older people with mental health problems (inspected May - June 2019)	
1	The provider must ensure that all section 17 leave forms are individually completed for each patient and show consideration of patient need and risks.
2	The provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation on both Oakwood and Kentmere is either no longer used or a robust assessment and mitigation of risk is put in place.
Wards for people with a learning disability or autism: (inspected May - June 2019)	
1	The provider must ensure that all medicines used are labelled and that risk assessments are always in place for the use of sodium valproate in female patients of child bearing age.

2	The provider must ensure that all staff review patients' observations following the use of rapid tranquilisation to comply with the provider's rapid tranquilisation policy and National Institute of Health and Care Excellence guidance.
3	The provider must ensure that all staff complete body maps and carry out and record physical observations following the use of restraint and ensure that there is a rationale recorded for any 'as required' medication being administered following the use of restraint.
4	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.
5	The provider must ensure that staff complete their mandatory and statutory training.
6	The provider must ensure that all staff receive regular supervision.
7	The provider must ensure that clinical audits are effective in identifying and addressing areas of improvement within the service.
Mental health crisis services and health-based place of safety (inspected May - June 2019)	
1	The trust must ensure there is always a dedicated member of staff to observe patients in the health-based places of safety. HSCA 2008 (Regulation 18).
2	The trust must ensure that the health-based places of safety promote the privacy and dignity of patients in Kendal, Carlisle and Whitehaven. HSCA 2008 (Regulation 10).
3	The trust must ensure that systems and processes are established and operating effectively to assess monitor and improve the quality and safety of services. HSCA 2008 (Regulation 17).
4	The trust must ensure systems and processes are established and operating effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. HSCA 2008 (Regulation 17).
5	The trust must ensure systems and processes are established to maintain the records of each patient accurately, completely and contemporaneously. HSCA 2008 (Regulation 17).
6	The trust must ensure they take action in response to regulatory requirements and the findings of external bodies. HSCA 2008 (Regulation 17).
Specialist Community Mental Health Services for Children and Young People (inspected Sept - Oct 2017)	
1	The service must ensure that all young people receive a thorough risk assessment which is recorded appropriately in accordance with the trusts policies and procedures to ensure safe care and treatment.
2	The trust must ensure that care planning takes place with young people and is recorded in an accessible format that young people can understand. Care plans must be shared with young people and their carers where appropriate.
3	The trust must ensure that quality monitoring takes place to measure service performance, outcomes and progress and ensure feedback from young people and their carers is incorporated into this.
4	The trust must ensure that staff complete the mandatory training courses relevant to this service in line with trust policy to meet the trusts training compliance targets.

5	The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people referred to the service.
Community based mental health services for older people (inspected Sept - Oct 2017)	
1	The trust must ensure that all patients have comprehensive and up to date care plans and risk assessments. Care plans and risk assessments must be regularly reviewed and information must be used to inform each document.
2	The trust must ensure that consent to treatment and capacity to consent is clearly documented in patient's records.
3	The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.
4	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.
Long stay and rehabilitation wards for working age adults (inspected November 2015)	
1	The trust must ensure that the first floor of the building has clear lines of sight and an alarm call system that can be easily accessed to summon assistance.
Community mental health services for people with learning disabilities (inspected November 2015)	
1	The trust must ensure that all staff have an annual appraisal.
2	The trust must ensure that care plans are person-centred, holistic and presented in a way that meets the communication needs of people using services that follows best practice and guidance.
3	The trust must ensure that staff complete and record patient's risk assessments consistently evidencing contemporaneous care records for patients who use services.

The two areas of concern shown below are specific to services in South Cumbria and as such will not be taken forward by CNTW.

Mental health crisis services and health-based place of safety (inspected May - June 2019)	
1	The trust must ensure the physical environment of the health-based place of safety at Kendal meets the requirements of the Mental Health Act Code of Practice and is safe to use for its intended purpose and in a safe way. HSCA 2008 (Regulation 12).
2	The trust must ensure facilities in the health-based place of safety in Kendal are suitable for the purpose they are being used for and meet the Mental Health Act Code of Practice. HSCA 2008 (Regulation 15).