

Board of Directors Meeting (PUBLIC)

04 March 2020, 13:30 to 15:30
Conference room, Northgate Hospital, Morpeth, Northumberland, NE61 3BP

Agenda

- 1. Service User/Carer Experience**
Dr Sharma, Specialist Adolescent Mood Disorders Service (SAMS)
 - 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, 5 February 2020 for approval**
Decision
Ken Jarrold, Chairman
 item 4 - DRAFT BoD mins 05.02,20 public.pdf (12 pages)
 - 5. Action list and matters arising not included on the agenda**
Discussion
Ken Jarrold, Chairman
 item 5 - BoD Action Log as at 04.03.2020.pdf (2 pages)
 - 6. Chairman's Remarks**
Verbal/Information
Ken Jarrold, Chairman
 - 7. Chief Executive's Report**
Information
John Lawlor, Chief Executive
 item 7 - CEO Report March 2020 2.pdf (4 pages)
- ### Quality, Clinical and Patient Issues
- 8. Commissioning and Quality Assurance Report (Month 10)**
Decision
Lisa Quinn, Executive Director of Commissioning and Quality Assurance and James Duncan, Deputy Chief Executive, Executive Director of Finance
 item 8 - Commissioning Quality Assurance Report - Month 10.pdf (8 pages)
 - 9. Controlled Drugs and Accountable Officers Annual Report 2018/19**
Rajesh Nadkarni, Executive Medical Director
 item 9 - CDAO Report 18-19.pdf (5 pages)

Workforce

10. Workforce Quarterly Update

Discussion

Lynne Shaw, Acting Executive Director
of Workforce and Organisational
Development



item 10 - Workforce Quarterly Report - March
2020.pdf

(7 pages)

11. Staff Survey Results

Presentation

Lynne Shaw, Executive Director of
Workforce and OD

Strategy and Policy

12. Climate Emergency Declaration for approval

James Duncan, Deputy Chief Executive
and Executive Director of Finance



item 12 - Proposal for CNTW to declare a Climate
Emergency.pdf

(15 pages)

Regulatory

13. CEDAR Programme Board Terms of Reference for approval

Decision

James Duncan, Deputy Chief Executive
& Executive Director of Finance



item 13 - DRAFT CEDAR Programme Board ToR
Mar 2020.pdf

(5 pages)

Minutes/Papers for Information

14. Committee Updates

Verbal/Information

Non-Executive Directors

15. Council of Governors' Issues

Verbal/Information

Ken Jarrold, Chairman

16. Any other Business

Ken Jarrold, Chairman

17. Questions from the Public

Discussion

Ken Jarrold, Chairman

Date, time and place of next meeting:

18. Wednesday, 1 April 2020, 1:30 pm to 3:30 pm, Conference Room, Ferndene.

Information

Cumbria, Northumberland and Tyne and Wear
02/27/2020 12:27:07

**Minutes of the meeting of the Board of Directors held in public
Held on 5 February 2020, 1.30pm – 3.30pm
In Conference Room 1 & 2, Ferndene**

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
Evelyn Bitcon, Shadow Governor
Revell Cornell, Staff Governor
Fiona Regan, Carer Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Kate Bradley, Shadow Non-Executive Director
Jennifer Cribbes, Corporate Affairs Manager
Damian Robinson, Group Medical Director Safer Care

1. Service User/Carer Experience

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to the team from the Mental Health and Deafness Service who were in attendance to share an overview of the service and the experience of a service user.

The service user commenced by sharing their personal journey, experience of services, challenges and barriers. Information was provided on Cognitive Analytic Therapy (CAT) and the service user provided an overview of their experience with CAT therapy. The CAT Therapist explained how the learning gained from CAT Therapy was valuable to both the Service User and themselves who learned a lot from working with a deaf person and was very grateful for this experience. Further

information was provided in relation to Wellness Recovery Action Planning (WRAP) and current barriers experienced by deaf people, particularly in relation to the reliance on telephones to access information or services.

James Duncan thanked the service user for sharing their experience and highlighted some further difficulties by explaining that certain words do not exist in sign language, in particular medical terms which can cause barriers when communicating with a deaf person about health issues. James asked what the Board could do to make improvements. It was explained that an IAPT Service for deaf people would be a significant improvement. The current process to access services through a GP appointment was explained. A number of difficulties and barriers faced was highlighted, including use of telephones to obtain a GP appointment and a lack of interpreters during appointments. Therefore, people who need help might not be assessed correctly, which is impacting on a reduced number of referrals being receive into services.

Lisa Quinn highlighted that there are also tangible things that can be done in the Trust, including ensuring that all fire alarms have flashing lights.

Ken Jarrold expressed his thanks to the team for sharing their story.

Apologies for absence:

Ken Jarrold introduced the meeting and welcomed those in attendance.

There were no apologies for absence.

2. Declarations of Interest

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

3. Minutes of the meeting held 5 February 2020

The minutes of the meeting held on 4 December 2019 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 4 December 2019 were agreed as an accurate record**

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

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 next quarterly Board of Directors Meeting.

Alexis Cleveland requested that all actions have completion dates added prior to the next meeting.

Matters Arising

Lynne Shaw made the Board aware that a further meeting has been set up with the Investors in People Assessor next week and explained that the feedback will be reviewed alongside the staff survey results and an update on actions will be provided to the Board in April.

5. Chairman's remarks

Ken Jarrold provided a verbal update and highlighted that the Board papers enclosed demonstrate a service under pressure. Ken reminded the Board that he had now completed 2 years as Chairman of the Trust and over that time the pressures have become greater. Ken explained that although there is a lot to be grateful for bed availability, waiting times and pressure on staff are a concern. Ken explained that the NHS has begun to see a return of professional compromise which is linked with low morale. Ken continued to explain that professional compromise occurs when staff are going home not feeling they have been able to deliver the service that they would have liked to.

Ken further made the Board aware that he had recently visited 8 teams in Cumbria and had been very impressed by the staff he met on the visits.

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 publication of the National Planning Guidance, Trust Strategy and Long Term Plan, National Tariff, Funding Bill and Commission for equality in Mental Health.

In response to a question raised by Michael Robinson, James Duncan explained that the Trust is taking a developed approach to the development of the long term plan and ensuring that all of the clinical business units, corporate services, support services, service users and carers are fully involved.

Resolved:

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

Quality, Clinical and Patient Issues

6. Safer Care Report (Quarter 3)

Damian spoke to the enclosed safer care report for the quarter 3 period. It was explained that the increase in complaints from the transfer of services had not been as significant as expected.

The Board was made aware that the Trust had received 2 Regulation 28 reports that are published by a coroner with the purpose of providing an organisation with information and learning for the prevention of future deaths. It was explained that one of the reports had been received that was related to the death of a person using services in the former Cumbria Partnerships Trust and had been sent to CNTW to

apply the learning. The other report was explained to have related to ambulance triage and had been sent to all organisations for the purpose of wider learning.

In response to a question raised by Alexis Cleveland, Damian confirmed that all regulation 28 reports are published in the public domain.

Damian highlighted an increase in trends in relation to the Trust use of restraint and advised that work was ongoing to understand the restraint trends as requested by John Lawlor, Chief Executive.

Damian provided an update in relation to Infection Prevention and Control standards and confirmed that the Trust had achieved the 80% target for flu vaccinations.

In response to a question raised by Alexis Cleveland, Damian confirmed that the increase in complaints was a result of the additional activity due to the transfer of services from North Cumbria and not a result of any underlying issues in Cumbria. Gary further confirmed that there were no complaints that are out of trend.

In response to a question raised by Lisa Quinn, Damian confirmed that all complaints are discussed at the Trust's weekly Business Delivery Group meetings.

Michael Robinson questioned why the Ombudsmen had reopened a case. Damian explained that occasionally cases are reopened when the claimant has not been happy with the response. Damian agreed to explore the reason why the case had been reopened and contact Michael with the reason.

Resolved:

- **The Board received and notes the Safer Care Report (Quarter 3)**

Action:

- **Damian Robinson to provide Michael Robison with the reason that the ombudsmen case had been reopened.**

7. Safer staffing levels

Gary O'Hare, spoke to the enclosed report to provide the Board with an update in relation to safer staffing levels and skill mix analysis for the quarter 3 period. Gary commenced by explaining that the Board will receive a new version of the report that will include a detailed analysis of the multi-disciplinary team, including allied health professions and psychologists, in the near future.

Gary brought the Board's attention to page 4 of the report and explained that the high staffing levels for Edenwood were a result of clinical need, including having a patient in long term segregation and providing cover to the adjacent ward that was previously the Acorn ward.

Alexis Cleveland advised that the Trust's Quality and Performance Committee had reviewed the figures in detail and suggested that further narrative is added to the reports to explain any significantly high staffing levels.

Resolved:

- **The Board received and noted the Safer staffing levels report for the Quarter 3 period**

8. Service User and Carer Experience Report (Q3)

Lisa Quinn presented the results of the Service User and Carer Experience Report for quarter 3 and advised that the scores were similar to those in the rest of the country. However, our best satisfaction scores are received from the 55 year old and above group and the worst received from the 0 to 18 year old group. Lisa further explained that the highest amount of feedback is obtained through mailshots.

Lisa made the Board aware that the quarter 4 report will be provided in the same format. However, following reports will change due to a national change to the Friends and Family test. Lisa further highlighted that work is ongoing to implement the feedback process for services in North Cumbria and explained that the Trust is aiming to include North Cumbria data from 1st April 2020 to align with implementation of the new Friends and Family Test.

Resolved:

- **The Board received and noted the Service User and Carer Experience Report for the Quarter 3 period.**

9. Commissioning and Quality Assurance Report (Month 9)

Lisa Quinn spoke to the enclosed Integrated Commissioning and Quality Assurance Report for December 2019 (month 9) to update the Board on issues arising in the month and progress against quality standards. Lisa made the Board aware that the report 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 requested by the Board.

Lisa referred to the increase in the number of Out of Area Treatment bed days and explained that Gary O'Hare is conducting a review of waiting times. Gary advised that there had been a number of workshops held across the Trust to understand themes and improve access. Gary further made the Board aware that there had been a significant reduction in waiting times in January.

Fiona Regan referred to the section within the executive summary relating to resolved and unresolved issues following a Mental Health Act Reviewer visit on Rose Lodge and requested further information on the issues. Lisa Quinn agreed to provide Fiona with further information as requested.

Fiona Regan stated that the staff on Rose Lodge are not clear about the service provision, with some confirming that Rose Lodge is a service for people with autism and others stating it is not a service for people with autism. Fiona stated that the purpose of Rose Lodge needs to be clarified. Lisa Quinn explained that Rose Lodge is a Learning Disability Service. However, the commissioning model for the service is currently being reviewed.

James Duncan spoke to the finance section of the report and confirmed that the Trust is currently on plan and in line with the control total. James gave credit to all the teams and the Groups across CNTW who have contributed to the delivery of the plan. James further highlighted that further discussions will be held with the Board over the coming months to understand how the underlying gap will be managed during 2020/2021.

Peter Studd referred to the staff sickness figures which had increased during the previous month and explained that the amalgamation of figures from Cumbria and NTW Solutions, which both have lower staff sickness levels, would have reduced the overall position. Therefore, the increase is more significant. Lynne explained that every Trust in the region had a similar increase in staff sickness during the month. Lynne agreed to explore the data in more detail and provide further feedback at a future Board meeting.

Peter Studd requested further information in relation to the delays for staff commencing employment in the Trust as a result of the Trust's requirement for staff to attend a 2 day Induction programme. John Lawlor explained that the Trust had designed a different model to resolve the problem, which involves staff completing the statutory and mandatory training online prior to commencing with the Trust and then attending a half day mandatory induction.

Gary O'Hare explained that a lot of work had been conducted to develop electronic versions of the statutory and mandatory training that people can complete prior to them commencing employment in the Trust.

In response to a question raised by Margaret Adams, John Lawlor assured Margaret that the Trust values training would remain as part of the half day face to face induction.

Lynne Shaw explained regional work that is being conducted to develop a staff passport system where the statutory and mandatory training completed by staff who are moving from other NHS Organisations can be accepted to prevent duplication.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for Month 8 & 9**

Action:

- **Lisa Quinn to provide Fiona Regan, Governor with further information of Rose Lodge resolved and unresolved issues following the Mental Health Act Reviewer visit.**
- **Lynne Shaw to explore staff sickness data and provide feedback at a future Board meeting.**

10. Visit Feedback Themes

Gary O'Hare presented the report to update the Board on visits that had been undertaken by senior leaders during the quarter 3 period. Gary explained that there

had been a number of visits undertaken and referred to the feedback included in the report which highlighted both good practice and challenges in some services.

Fiona Regan referred to page 4 of the report and expressed concerns relating to the section that stated that a client on a ward with an autism diagnosis had been in Long Term Segregation for 18 months, due to being unable to be safely managed with other clients. Fiona referred to the Human Rights Act and questioned why the Trust had allowed the client to be in segregation for so long. Gary O'Hare explained that it is an extremely complex case that is reviewed on a regular basis to ensure the Trust is continuing to deliver the right care. Fiona further stated that she feels the case should be investigated further and that appropriate mechanisms must be in place for such cases. Gary O'Hare explained that the Trust has robust processes and standards in place for the case which are reported and reviewed on a regular basis.

Resolved:

- **The Board received and noted the Visit Feedback Themes Report**

11. Community Mental Health Survey

Lisa Quinn spoke to the enclosed CQC Community Mental Health Survey report to inform the Board of the recently published results. Lisa explained that the report contains both Cumbria Partnership NHS Foundation Trust (CPFT) and Northumberland, Tyne and Wear NHS Foundation Trust (NTW) results. Lisa explained how the results are reported by categories, 'you are the same, worse or better than everyone else'. Lisa highlighted that both CPFT and NTW had higher response rates than the national average.

It was explained that the former NTW services had no areas scored as worse. However, CPFT had been scored worse on 1 area relating to peer support and service user by experience. Lisa explained that there had been no peer support workers in Cumbria and confirmed that CNTW would be recruiting Peer Support workers into services in North Cumbria. It was further highlighted that CPFT had been scored the same as everyone else for all other areas and NTW had been scored the same as everyone else with the exception of 7 areas which had been scored better than everyone else. Lisa referred to the appendix of the report that detailed all scores. It was explained that when measuring the overall scores, NTW had ranked the 5th highest in the country.

Resolved:

- **The Board received and noted the Community Mental Health Survey**

Workforce

12. NTW Solutions and CNTW Gender Pay Gap Report

Lynne Shaw spoke to the enclosed reports and reminded the Board members that legislation had been introduced in April 2019, which made it statutory for organisations with 250 or more employees to report annually on their gender pay gap and publish statutory calculations every year to show the size of the pay gap

between male and female employees. Lynne further reminded Board members of the six key requirements and highlighted the section of the report that included a comparison against 2017 and 2018's gender pay gap report outcomes, the identified actions and proposed actions.

In response to a question raised by Les Boobis, Lynne explained that the report is required to be published in accordance with the requirements which state how the percentages are to be calculated and published.

Resolved:

- **The Board received and noted the NTW Solutions and CNTW Gender Pay Gap Report**

Strategy and Policy

13. CEDAR Outline Business Case

James Duncan spoke to the enclosed CEDAR Outline Business Case presented to the Board for approval. James provided further information and confirmed that there had been no significant changes to the Business Case from the versions that had been reviewed at previous Board meetings. James provided further information on the process, timescales involved, requirement for treasury approval and planning permission. It was explained that the programme had been progressing exceptionally well and the work of the CEDAR Team was commended.

Peter Studd reiterated James' comments and commended the CEDAR Team for their hard work. Peter further made the Board aware of a potential risk as the offer received for the land on the Northgate site had been less than the evaluation. Therefore, a formal tender process will be commenced to obtain the best price.

In response to a question raised by Paula Breen, James confirmed that he was confident that the capital costs up to Full Business Case of £9.5m were realistic and deliverable.

In response to a question raised by Les Boobis, James advised that the market for land sale was so changeable that it was difficult to guess how much shortfall there may be from the land sale.

In response to a question raised by Paula Breen in relation to the impact on other Capital Projects should the land sale from Northgate not achieve the required income for the CEDAR project. James explained that there may be an impact on the Capital programme. However, the Capital programme is being managed very carefully and will continue to be under close scrutiny to ensure the capital is spent according to need and priority.

Fiona Regan referred to the planned housing development on the Northgate site and expressed concerns in relation to the plans, stating that patients with autism and high sensory needs require access to explore the outside.

James Duncan confirmed that the Trust had conducted a significant amount of work to ensure the plans and layout of the site will consider the needs of all service users and ensure privacy. James reiterated that the access to outside space had been considered and welcomed Fiona to join the planning group alongside other service user and carers.

Margaret Adams provided further assurance stating that each building that the Trust has built in recent years has fully involved and incorporated the views of service users and carers.

Approved:

- **The Board received and approved the CEDAR Outline Business Case**

Regulatory

14. Board Assurance Framework and Corporate Risk Register, (Q3)

Lisa Quinn spoke to the enclosed Board Assurance Framework and Corporate Risk Register update for the quarter 3 period and commenced by making the Board aware that a full review of the Trust's risk appetite would be conducted at a Board Development meeting in the near future.

Lisa confirmed that all risks had been reviewed by the relevant sub-committees the week prior and that all risks that had exceeded the Trust's current risk appetite during the period had been reviewed at the Corporate Decisions Team Risk meeting.

Alexis Cleveland requested further clarification on how the management of risk is audited within the Trust. Lisa Quinn and David Arthur confirmed that the review of risks is part of the Internal Auditor programme and confirmed that Internal Audit are currently auditing the risk management system and how risks have been transferred from North Cumbria. It was confirmed that the completed audit report will be reviewed by the Audit Committee.

Approved:

- **The Board received and noted the Board Assurance Framework and Corporate Risk Register, (Q3)**

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

James Duncan spoke to the enclosed NHS Long Term Plan report and provided an update on the progress made to date. It was explained that workshops had been held to ensure that staff, service users and carers had been involved with the development of the plan.

James requested the Board's approval to continue to develop the Trust-wide strategy and Long Term Delivery Plan for submission to the Board in the autumn. The Board approved the recommendation as requested.

Ken Jarrold referred to the expectation that every Integrated Care System (ICS) will have a Partnership Board and Independent Chair. However, the North East and Cumbria ICS currently does not have a Partnership Board or an Independent Chair. Ken advised that he would follow up on this issue.

In response to a question raised by Ratnu Vaidya (Medical Student in attendance as a member of the public), John Lawlor explained that the impact of the Long Term Plan will result in all services such as social care, acute care, mental health and learning disability care being more integrated. John further explained that there will be more focus on mental health care, learning disability care and human rights.

Rajesh Nadkarni further explained that individual clinicians will be expected to have a good understanding of an individual's physical and mental health needs regardless of their speciality.

Lisa Quinn added that the long term plan also focuses on evidence based practice and expectations across the UK. Lisa explained that not all Mental Health services in the UK have 24/7 Crisis Teams so the expectation would be that all services across the UK will deliver the best services in the future.

Ken Jarrold explained that the last decade had been the worst in terms of investment in NHS, Local Authority, Police and other public services although investment has been announced, we have a legacy of 10 years of neglect.

Approval:

- **The Board received and noted the NHS Long Term Plan and Planning Guidance (Operational Plan)**

16. Quarterly Report to NHS Improvement and Submissions

Lisa Quinn referred to the enclosed report to highlight to the Board the information submitted to external regulators for the quarter 3 period. Lisa explained that all issues had been a full item on today's agenda.

Ken Jarrold highlighted that the Trust remains in segment 1 which should be celebrated as it allows the Trust to continue operating with maximum autonomy.

Approval:

- **The Board received and noted the Quarterly Report to NHS Improvement and Submissions**

17. CQC Must Do Action Plans

Lisa Quinn spoke to the enclosed report to update the Board on the progress made on the Trust's CQC must do actions.

Lisa referred to the report and progress made on the 3 NTW actions received from the 2018 inspection and made the Board aware that following the transfer of services from Cumbria Partnership NHS FT (CPFT), the Board are requested to accept 38

must do actions from the CPFT CQC inspection that related to the services transferred. Lisa explained that this results in a total of 41 must do actions.

Lisa explained that the Trust's CQC Steering Group are currently reviewing the actions and requested the Board approval to formally accept the actions and progress them.

Approved:

- **The Board approved the request to accept the 38 CQC actions.**

Resolved:

- **The Board received and noted the CQC Must Do Action Plan report.**

Minutes/papers for information:

18. Committee updates

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

19. Council of Governor issues

Ken Jarrold referred to the Council of Governors induction meeting held the week before which has gone very well and highlighted that the recently appointed Governors were of a very high calibre for which he was very grateful for. Ken thanked Debbie Henderson and Wendy Pinkney for designing and organising the induction, Chris Cressey, Alan Fairlamb and Alane Bould for their informative presentations and Margaret Adams and Bob Waddell for presenting their experience as a CNTW Governor. Ken reiterated that he was grateful to everyone involved who made the induction a success.

20. Any Other business

Damian Robinson provided an update on the current Wuhan coronavirus outbreak and confirmed that there are still only 2 confirmed cases in the UK. It was explained that the Trust's Safer Care Team, Infection Prevention and Control Team and Emergency Preparedness and Response Team are closely monitoring the outbreak daily and are meeting weekly. In response to a question raised by Les Boobis, Damian confirmed that the requirement for all hospitals to have an isolation pod only applied to acute care hospitals and not to mental health hospitals.

Ken Jarrold made the Board aware that Chris Whitty had been appointed as the UK government's new Chief Medical Officer.

Debbie Henderson provided an update in relation to the Trust's current flu vaccination target and confirmed that the Trust had now met and exceeded the target as the compliance rate was now in excess of 81%.

There was no other business to discuss.

21. Questions from the public

Evelyn Bitcon referred to Ken Jarrold's Chair's update on the Governors Induction and reiterated that it was a very good induction and was very welcomed by new Governors.

Date and time of next meeting: Wednesday, 4 March 2020, 1:30pm to 3:30pm, Conference Room, Northgate.

Cumbria, Northumberland Tyne and Wear
02/27/2020 12:27:07

Board of Directors Meeting held in public

Action Log as at 4 March 2020

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
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	March 2020	Verbal update to be provided to March meeting
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	Verbal update to be provided to the March meeting
05.02.20 (9)	Commissioning and Quality Assurance Report	Fiona Regan, Governor to be briefed on resolved/unresolved issues at Rose Lodge following a MHA Reviewer visit.	Lisa Quinn	March 2020	Verbal update to be provided to the March meeting
06.11.19 (7)	Chief Executive's Report	Recommendations/actions following the IIP assessment to be submitted to a future Board meeting	Lynne Shaw	April 2020	On track
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	April 2020	On track
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	Revised date May 2020	On track for submission to May 2020 Board meeting. Verbal assurance provided to the February meeting
05.02.20 (9)	Commissioning and Quality Assurance Report	Board to receive further detail on the increase to staff sickness levels	Lynne Shaw	May 2020	On track

Completed Actions

05.02.20 (6)	Safer Care Report	Michael Robinson to receive further detail in relation to the reopened ombudsmen case	Gary O'Hare/ Damian Robinson	March 2020	Complete 17.02.2020
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 agree by January sub-committee. Agenda item for March meeting of the Corporate Trustee

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust # 697856
02/27/2020 12:27:07

Chief Executive's Update

Cumbria, Northumberland, Tyne and Wear Board of Directors Meeting held in public 4th March 2020

Trust updates

1. Annual Staff Excellence Awards

Our Annual Staff Excellence Awards will take place on Friday 27 March to celebrate the dedication, hard work and achievements of our staff who've made a real difference to service users, carers or work colleagues. Our judging panels, which have included Non-Executive Directors and Governors had an incredibly challenging time shortlisting for the 19 categories from the 550 nominations received.

Although the awards ceremony is a very important event in our annual calendar, members of staff, volunteers and Governors can also nominate people for recognition on any day, at any time of the year through the Staff Recognition Card Scheme. Almost 150 members of staff have already received thank you cards from their colleagues which have been designed by our service users. Further information is available on the Trust's intranet or via the Corporate Affairs Team.

2. Visit to CNTW by the President of the Royal College of Psychiatrists

Professor Wendy Burn, RCPsych President visited both Tees, Esk and Wear Valley NHS FT (TEWV) and CNTW on 26 November 2019 to find out more about the implementation in practice of the multi-professional Approved Clinical and Responsible Clinician (AC/RC) role. The idea for the visit arose from a conversation with Professor Burn initiated by Dr Esther Cohen-Tovee, CNTW's Director of Allied Health Professionals and Psychological Services, in her role as Chair of the British Psychological Society's Division of Clinical Psychology.

Professor Burn was able to meet with a range of Trust clinicians including Consultant Psychiatrists, Nurse Consultant AC/RCs and Consultant Clinical Psychologist AC/RCs who are working together in the Trust to lead and manage care and treatment for service users in a range of settings in accordance with the requirements of the Mental Health Act. Also in attendance were representatives of the Psychological Services Associate Directors, Group Medical Directors and the Executive Medical Director. The meeting provided an opportunity to discuss the benefits of partnership working among disciplines in order to manage complex needs and challenges. This includes the respective skills of consultant doctors, nurses and psychologists which complement one another and the mutual benefit of partnership working between professionals but most importantly, the benefit to service users.

3. Visit from the French Embassy

On 21st February we were pleased to welcome a delegation from the French Embassy who wanted to learn about CNTW processes of mental healthcare delivery. This is part of their work in creating a national strategy and process for mental healthcare delivery in France. The visit was supported by Clare Lyons-Collins, Mental Health Policy Lead, NHS England and NHS Improvement, and the team from France included:

- Professeur Pierre Thomas, MD, Co-chair of the National Committee for Mental Health, Head of the Department of Psychiatry at Centre Hospitalier Régional Universitaire in Lille
- Professeur Renaud Jardri, MD, Professor of child & adolescent psychiatry at Lille medical school, Head of the Department of Perinatal Psychiatry at CHU Lille
- Mr Eric Donjon, Honorary Consul in Newcastle
- Mrs Coralie Gervaise, Deputy Advisor for Health, Labour and Social Affairs, French Embassy
- Dr Sokolo, Junior Hospital Director
- Mrs Agnès Aymé, Project leader on psychiatry and mental health, Directorate of Health Care Supply (DGOS), Department of Health

They were very impressed with their visit to Hopewood Park and very appreciative of the time that Trust staff took to explain how we work. Comments from their lead Prof Thomas included *“This really is the best I have seen”*. The Trust Innovation Team will take responsibility for moving this work forward and involving all appropriate colleagues in this journey.

Regional Updates

4. Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP)

Work continues to develop the North East and North Cumbria ICS and ICPs in line with the national planning and delivery framework, known as “System by Default”.

The current focus locally includes firming up the governance arrangements including developing plans to appoint an Independent Chair of the ICS and the part to be played by both Executive and Non-Executive members of Clinical Commissioning Groups and NHS Provider Board members on the ICS and ICP structures.

Work is also underway to consider how best to strengthen the infrastructure required to support the role expected nationally of ICSs. The development work also includes reviewing the leadership of the six ICS-wide work streams, of which mental health and learning disabilities form two.

National updates

5. NHS Staff Survey Results 2019

On 18th February, NHS England / NHS Improvement published the annual NHS Staff Survey results for the NHS. Despite the significant pressures facing the NHS and our workforce, overall the national survey results reported improvements in the past year with more people feeling satisfied with their pay, flexible working opportunities, and the support they receive from managers. More importantly, more staff feel that the care of patients and service users is a top priority for their Trusts and would recommend their Trust as a place to work.

Having said that, from a national perspective more work needs to be done to support staff experiencing discrimination and violence from patients and members of the public, particularly at mental health and ambulance trusts, with no notable decline in instances of discrimination or bullying from managers and colleagues. It is very concerning to see that ethnic background is the most common factor linked to discrimination at work.

We will hear more about our local NHS Staff Survey results at the meeting as well as our work to address the areas where improvements need to be made for our workforce. The full

national briefing is available on the NHS Providers website <https://nhsproviders.org/resource-library/briefings/on-the-day-briefing-nhs-staff-survey-results-2019>

6. NHS Providers briefing: Mental Health Services: meeting the need for capital investment

Following prolonged under-investment in facilities across the NHS, NHS Providers have published the above briefing summarising the findings of a survey sent to NHS Mental Health Trusts and Foundation Trusts to gather further evidence on the sector's capital funding needs. The survey will be used to support the case NHS Providers are making for the sector to receive its fair share of capital investment in the future.

The full briefing is available on the NHS Providers website <https://nhsproviders.org/resource-library/briefings/mental-health-services-meeting-the-need-for-capital-investment>

7. NHS Providers: Mental Health Funding and Investment Briefing

Although mental health services have received significant additional funding in recent years, NHS Providers published the above briefing which looks at the financial and investment challenges facing mental health providers including a review of: their current financial position; the impact of stigma on investment in mental health provision; how mental health services are commissioned contracted and paid for; and the transparency and governance of funding flows. The briefing also acknowledges the challenges in terms of workforce and the impact on delivering efficiencies alongside transforming care to deliver the aspirations of the long term plan.

The full briefing is available on NHS Providers website at <https://nhsproviders.org/mental-health-funding-and-investment/introduction>

8. Health Equity in England: the Marmot Review 10 Years on

The Marmot Review into health inequalities in England was published in February 2010 and proposed an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. The report, titled 'Fair Society, Healthy Lives', proposed a new way to reduce health inequalities in England post-2010 and argued that traditionally, government policies have focused resources only on some segments of society.

In February 2020, the Institute of Health Equity, commissioned by the Health Foundation published "Health Equity in England: the Marmot Review 10 Years on". The report highlights that:

- People can expect to spend more of their lives in poor health
- Improvements to life expectancy have stalled, and declined for the poorest 10% of women
- The health gap has grown between wealthy and deprived areas
- Place matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

The report will be the subject of an in-depth discussion for Board members at a future meeting to enable us to think about how we, as a local NHS organisation, but also regionally in collaboration with our partners across the system, can influence and improve health, well-being and prevention for our local communities in the North East.

The full report is available at <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

9. Hill Dickinson – NHS Collaborations Part 1

Hill Dickinson have published the above document: a practical guide to collective decision making by providers. In his Foreword to the document, Sir David Dalton makes reference to the NHS Long Term Plan, its clarity on 'what' needs to happen, but the lack of clarity on the 'how'.

The report emphasises why collaboration is more important than ever, talks about some of the obstacles to collaborative behaviour and operational planning and looks at the multiple organisational models that can help leaders to overcome these. The full report is available on the Hill Dickinson website at <https://www.hilldickinson.com/insights/articles/collaborations-nhs>

John Lawlor
Chief Executive
March 2020

Cumbria, Northumberland Tyne and Wear
02/27/2020 12:27:07

Report to the Board of Directors
4th March 2020

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	29.01.20 (month 9 update)
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	24.02.20
Corporate Decisions Team (CDT)	
CDT – Quality	24.02.20
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

CNTW Integrated Commissioning & Quality Assurance Report

2019-20 Month 10 (January 2020)

Executive Summary

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).
- 2 There have been five Mental Health Act reviewer visit reports received since the last report relating to the following

Fellside (Acute ward for adults of working age), two unresolved issues remain from a previous visit relating to the following:

- Staff did not always meet planned dates for repeating patients' rights.
- A patient was recorded as lacking capacity without an assessment to support this.

Hadrian (Acute ward for adults of working age), five unresolved issues remain from a previous visit relating to the following:

- It was unclear how the trust ensured patient feedback regarding the quality and choice of food was acted on.
- Records did not demonstrate that staff offered patients information about section 132 rights in line with the Code of Practice guidance and at planned review dates.
- Search records were limited, and it was unclear how the trust audited and monitored the use of search powers within the trust.
- When staff searched patients, it was not always based on an individual risk assessment in line with the Code of Practice.
- The ward had several blanket restrictions. These were not recognised and there was no review system.

Cleadon (Ward for older people with mental health problems) one unresolved issue remains from a previous visit relating to the following:

- The Responsible Clinician responsible for prescribing treatment had not assessed and recorded an assessment of the patient's capacity to consent to treatment and whether patients were able and did consent to that treatment.

Elm House (Rehabilitation ward for adults of working age) four unresolved issues remain from a previous visit relating to the following:

- Staff did not give patients information as required under section 132 at appropriate times during their detention.

- The Responsible Clinician did not record an assessment of patient's capacity and whether they consented to medication when prescribing medication for mental disorder.
- The Responsible Clinician did not request a second opinion appointed doctor (SOAD) at appropriate times or in a timely manner.
- Authorisation forms for medication were not easily located with prescription charts and not all prescribed medication was authorised as required under the MHA.

Tyne – Mental Health Low Secure (Forensic in-patient ward), four issues were identified from a previous visit which have all been resolved

3. The Trust did not meet all local CCG's contract requirements for month 10. The areas of underperformance relate to CPA metrics within North Tyneside, Sunderland, Durham & Tees and North Cumbria CCG's. North Tyneside did not meet the 7 day follow up (94.7%) and Early Intervention in Psychosis (EIP) patients seen within 14 days (50%), both reported below standard for the month. The numbers entering treatment within the IAPT service was not achieved in Sunderland (560 patients entered treatment against a target of 779) however Sunderland IAPT service users moving to recovery rate was 50.7% for the month which is above the 50% standard. In North Cumbria the IAPT service users moving to recovery rate was 48.6% which is below standard.
4. The Trust did not meet all the requirements for month 10 within the NHS England contract. The underperformance relates to the percentage of patients with a completed outcome plan, the number of current services users with HONOS secure recorded within 3 months of admissions and the number of current service users with a HCR20 recorded within 3 months of admission.
- 5 All of the CQUIN scheme requirements have been internally forecast to be achieved at Quarter 4 with the exception of improving data submitted to the Mental Health Services Dataset (MHSDS) which has been rated as amber.
- 6 There are 45 people waiting more than 18 weeks to access services this month in non-specialised adult services. There are 39 for pre 1st October services (50 reported last month), and 6 in North Cumbria (21 reported last month). Within children's community services there are currently 579 children and young people waiting more than 18 weeks to treatment in pre 1st October services (686 reported last month) and 131 children and young people in North Cumbria waiting over 18 weeks to treatment (139 reported last month) .
- 7 Training topics below the required trust standard as at 31.1.2020 are listed below, a number of these are anticipated to improve in line with the North Cumbria data quality improvement plan:

Fire	Medicines Management
Information Governance	PMVA basic training
PMVA breakaway training	Mental Health Act combined
MHCT Clustering	Clinical Risk
Clinical Supervision	

- 8 Reported appraisal rates have not been achieved this month and are reported at 76.2% Trust wide against an 85% standard which is a decrease from 77.6% last month
- 9 Clinical supervision training is reported at 72.1% for January 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
13. The confirmed December 2019 sickness figure is 6.0%. This was provisionally reported as 6.06% in last month's report. The provisional January 2020 sickness figure is 5.96%. The 12 month rolling average sickness rate has decreased to 5.67% in the month. The data for January includes North Cumbria services whose reported in month sickness was 4.73%, a decrease from 4.85% last month
14. At Month 10 the Trust has a surplus of £2.0m which is £1.0m 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 £8.3m including £1.2m spend regarding North Cumbria. The forecast agency spend is £10.5m including £1.8m 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 £0.5m 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 18 notifications showing within the NHS Model Hospital site for the Trust
- The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported trust wide above standard at 97.5%.
- The number of follow up contacts conducted within 72 hours is reported above standard at 95.0% across CNTW.
- There were a total of 322 out of area bed days reported in January 2020 relating to eighteen patients across CNTW services. This related to 238 inappropriate days for Pre 1st October services and 36 inappropriate days for North Cumbria services. A total of 48 bed days were attributed to patients who were appropriately placed.
- The service user and carer FFT recommend score is at 86% this month which is below the national average of 89%.
- There has been an increase in the number of clusters undertaken at review in January 2020 and is reported above standard at 87.0% against an 85% standard for Pre 1st October services. North Cumbria services is reported at 57.1%. For CNTW the overall standard is reported at 79.8%.
- The published Data Quality Maturity Index Score (DQMI) for CNTW services relating to October 2019 and is reported at 93.6% which remains in line with September's score. 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 five Mental Health Act reviewer visit reports received since the last report relating to Fellside and Hadrian wards (Acute ward for adults of working age), Cleadon (ward for older people with mental health problems), Elm House (Rehabilitation ward for adults of working age) (Lodge (Learning Disability/Autism ward) and Tyne (Mental Health Low Secure Forensic 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	
	81%	100%	70%	100%	100%	86%	50%	37%	
	CQUIN - Quarter 4 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	Mental Health for Deaf
All of the CQUIN scheme requirements have been internally forecast to be achieved at Quarter 4 with the exception of improving data submitted to the Mental Health Services dataset (MHSDS which has been rated as amber).									
Internal	Accountability Framework								
	North Locality Care Group Score: January 2020		Central Locality Care Group Score: January 2020		South Locality Care Group Score: January 2020		North Cumbria Locality Care Group Score: January 2020		
	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 decreased in the month for non-specialised adult services. The number of young people waiting to access children's community services has also decreased in month 10. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:

8

Number of courses <5% below standard Trustwide:

2

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

7

Fire training (81.5%) and Medicines Management training (81.8%), are within 5% of the required standard. Information Governance (87.5%), PMVA basic training (74.0%), PMVA Breakaway training (79.1%), MHA combined training (68.1%), MHOT Clustering Training (60.4%), Clinical Risk training (71.3%) and Clinical supervision training (72.1%) are reported at more than 5% below the standard.

Appraisals:

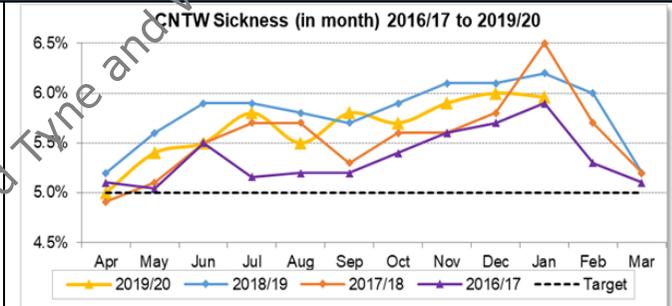
Appraisal rates have decreased to 76.2% in January 2020 (was 77.6% last month).

Sickness Absence:



The provisional "in month" sickness absence rate is above the 5% target at 5.96% for January 2020

The rolling 12 month sickness average has decreased to 5.67% in the month



Finance

At Month 10, the Trust has a surplus of £2.0m which is £1.0m 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 £8.3m including £1.2m spend re Cumbria and forecast agency spend is £10.5m including £1.8m 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 also a 2.

Financial Performance Dashboard

CNTW Income & Expenditure

	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income	294.5	294.3	0.2
Pay	(233.9)	(234.2)	0.3
Non Pay	(59.6)	(58.1)	(1.5)
Surplus/(Deficit)	1.0	2.0	(1.0)

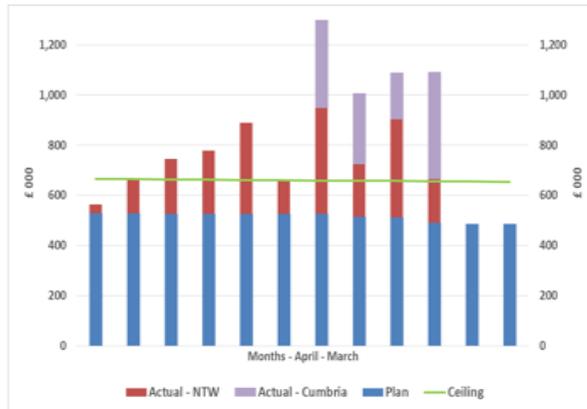
Control Totals

	YTD Budget £m	YTD Actual £m	YTD Variance £m
North	19.6	20.0	(0.4)
Central	16.3	16.5	(0.2)
South	24.8	25.4	(0.6)
North Cumbria	4.0	4.7	(0.7)
Central Depts	(63.7)	(64.6)	0.9
Surplus/(Deficit)	1.0	2.0	(1.0)

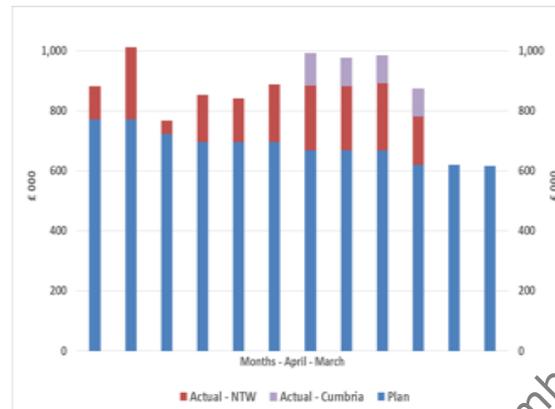
CNTW Key Indicators

Key Indicators	Current	Forecast
Risk Rating	2	2
Agency Spend	£8.3m	£10.5m
FDP Delivery	£8.2m	£10.4m
Cash	£27.0m	£25.0m
Capital Spend	£8.1m	£12.0m

Agency Spend



Bank Spend



Key Issues/Risks

- Surplus/Deficit - £2.0m surplus at Month 10 which is £1m 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 10 & the forecast year-end rating is also a 2.
- Pay costs are £0.3m above plan at Month 10. 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 10 is £8.3m (incl £1.2m re North Cumbria) and forecast spend is £10.5m (incl £1.8m re North Cumbria). Pre 1st October services Month 10 spend is £0.5m above the ceiling trajectory and Pre 1st October services forecast spend is £0.8m above ceiling.
- Financial Delivery Plan - Savings of £8.2m have been achieved at Month 10 which is in line with plan.
- Cash – £27.0m at Month 10 which is £8.8m above plan.
- Capital Spend - £8.1m at Month 10 which is £2.1m below plan.

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

	06/01/2020		13/02/2020		20/01/2020		27/01/2020	
Medical	123	61	118	56	112	56	112	56
Qual Nursing	225	5	228	5	242	11	219	15
Unq Nursing	999	28	858	28	927	14	946	19
A&C	130		136		158		172	
Total	1,477	94	1,340	89	1,439	81	1,409	90

In January the Trust reported an average of 88 price cap breaches (57 medical, 9 qualified nursing and 22 unqualified). At the end of January 13 medics were paid over the price cap.

Risks and Mitigations associated with the report

- There is a risk of non compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all CCG's during the month, therefore there is a risk in relation to meeting contract requirements at Quarter 4. The areas of underperformance relate to NHS England, North Tyneside, Sunderland, Durham and Tees and North Cumbria CCGs
- There is a risk that the Trust will only receive part payment regarding the CQUIN improving data submitted to the Mental Health Services dataset (MHSDS). There are plans in place to capture the new data items as required but this will involve changes made to recording practices which require communication and roll out across all services.
- Sickness remains above the 5% standard
- There continue to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities
- The Trust continues to see a high number of out of area bed days

Recommendations

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

Anna Foster

Lisa Quinn

Deputy Director of Commissioning &
Quality Assurance

Executive Director of Commissioning &
Quality Assurance

18th February 2020

Cumbria, Northumberland Tyne and
02/27/2020 12:27:07

**Report to the Board of Directors Meeting
4th March 2020**

Title of report	Controlled Drugs Accountable Officer Annual Report 2018/19		
Report author(s)	Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer		
Executive Lead	Dr Rajesh Nadkarni, Executive Medical Director		
Strategic ambitions this paper supports			
Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	30.10.19/20.3.19/ 17.10.18	Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

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

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

Controlled Drugs Accountable Officer Annual Report 2018/19

Board of Directors Meeting March 4 2020

1. Executive Summary

Key Points to Note:

1. The purpose of this report is to update the Board of Directors on developments in the management of controlled drugs during 2018/19
2. In accordance with the statutory regulations introduced following the Shipman Inquiry, newly controlled drug occurrences within the organisation were shared via the Cumbria, Northumberland Tyne and Wear Local Intelligence Networks for Controlled Drugs (CDLIN)
3. The Trust Controlled Drugs policy and pharmacy Standard Operating procedures were updated throughout the year, to ensure alignment with current legislation and professional best practice standards
4. Regular CD stock checks were undertaken in all relevant wards/teams
5. The annual Controlled Drug Audit Report for 2018/2019 (CA-18-0011) provided assurance that all clinical areas within the organisation were compliant with Trust policy monitoring requirements for the storage, administration and monitoring of CDs
6. Proactive monitoring of controlled drugs within in-patient settings was undertaken by the pharmacy team using specialist pharmacy software (ADiOS). This enabled the routine reporting of any unusual patterns of CD use to ward pharmacy teams, for initial investigation and escalation, where appropriate, to the Controlled Drugs Accountable Officer (CDAO)
7. Twenty-six CD occurrences were reported by the CDAO to the area CDLIN

Cumbria, Northumberland Tyne and Wear
02/27/2020 12:27:07

CUMBRIA, NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

CONTROLLED DRUGS ACCOUNTABLE OFFICER REPORT 2018/19

Background

Following the Shipman Inquiry, the introduction of The Health Act (2006) enabled regulations to be laid down relating to governance and monitoring of controlled drugs (CDs). These first came into effect in England on 1 January 2007 and were refreshed in 2013. The regulations set out the requirements for all health providers to appoint a Controlled Drugs Accountable Officer (CDAO) and described the responsibilities of CDAOs for the safe management and use of CDs within their organisations. They require organisations to co-operate, share intelligence and good practice through Controlled Drugs Local Intelligence Networks (CDLINs), led by NHS England Accountable Officers. The regulations are supported through best practice guidance developed by NICE (NICE Guideline: Controlled Drugs: Safe Use and Management, NG46)

Within the organisation:

1. The Medicines Management Policy (NTW (C)17, UHM-PGN-04) provide the governance framework which incorporates legal and good practice measures for the prescribing, ordering, supply, secure storage, administration, recording and disposal of controlled drugs
2. Pharmacy Standard Operating Procedures ensure that controlled drugs are managed safely and securely by the pharmacy service
3. The embedding of Trust policy into practice is supported through training, developed jointly by pharmacy, medical and nursing professional leads, which is delivered through e-learning and competency-based assessment
4. A specialist pharmacy software system (ADiOS) monitors the use of controlled drugs by wards/units, highlighting unusual patterns for initial investigation by clinical pharmacy teams; regular stock checks are undertaken by pharmacy and nursing staff. Automated drug cupboards (Omniceil) on 30 wards and in pharmacy provide additional controls assurance. Stock discrepancies are followed up for resolution or further investigation, as required; as part of the Medicines Management Policy monitoring framework, a comprehensive annual CD audit of compliance with CD policy requirements for the storage, ordering, record-keeping, administration and stock checking of CDs is undertaken and reported to the Medicines Optimisation Committee (MOC). Regular CDAO reports are provided to the Quality and Performance Committee (Board Sub-Committee) for assurance
5. Incidents concerning controlled drugs are reported in accordance with the Trust Incident Policy NTW (O)05. These incidents are reviewed by pharmacy medicines safety leads and escalated to the CDAO where appropriate; incidents involving suspected misuse, diversion or fraud of CDs are further investigated; Trust managers, Local Security Management Specialists, workforce team case management leads, NHS England CD Liaison Officers, and the local police service may become involved, where appropriate

6. Notable incidents ('CD occurrences') are shared through quarterly reporting to the Controlled Drugs Local Intelligence Network (CDLIN). Twenty-six new CD occurrences were reported by the CDAO to the CDLIN and Quality and Performance Committee during the year

Service improvement actions undertaken by the CDAO during the year included:

- Following the Government's announcement to reschedule selected cannabis-based medicines and the publication by NHS England of interim guidance to clinicians, the MOC provided additional guidance to NTW clinicians regarding the use of cannabidiol (CBD) oil. CBD oil is classified as a food supplement and is available for general sale. A communications approach was agreed and a CAS alert was circulated to managers by the Chief Pharmacist/CDAO
- The Chief Pharmacist/CDAO worked with other CNTW-area Controlled Drug Accountable Officers to gain alignment within local organisational medicines policies in respect of authorising Nursing Associates to manage and administer Controlled Drugs

Governance improvement actions undertaken by pharmacy and approved by the MOC included:

- Gabapentinoids (pregabalin and gabapentin) were reclassified by the Home Office as controlled drugs and placed in schedule 3 of the Misuse of Drugs Act regulations, with effect from April 2019. The Controlled Drugs policy (UHM-PGN-04) was updated accordingly and an internal CAS alert circulated to notify managers of the changes
- New Trust prescribing guidance was developed for the use of midazolam for sedation in neurorehabilitation outpatient clinics (PPT-PGN-13)
- Trust prescribing guidance for benzodiazepines and Z-drugs in anxiety and insomnia (PPT-PGN-21) was updated
- Patient Group Directions (PGD) for zopiclone and diazepam (schedule 4 CDs) were updated
- The annual Controlled Drug Audit Report for 2018/2019 (CA-18-0011) provided assurance evidence that all clinical areas within the organisation were compliant with Trust policy monitoring requirements for the storage, administration and monitoring of CDs
- An updated version of the CQC's Controlled Drugs Governance – Secondary Care Self-Assessment tool was reviewed. It was noted that there are no outstanding actions. The tool remains under regular review by the MOC

Risks and mitigations associated with the report

There were no pharmacy or medicines optimisation risk register records relating to controlled drugs during the year. Wider risks and mitigations relating to the management and use of controlled drugs are described within this report

Recommendation/summary

The Board is asked to receive this report and note that the requirements of the regulations concerning the safe and secure management and use of controlled drugs were met during the year

Tim Donaldson
Chief Pharmacist/Controlled Drugs Accountable Officer
26 February 2020

Cumbria, Northumberland Tyne and Wear
02/27/2020 12:27:07

**Report to the Trust Board
4 March 2020**

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

Strategic ambitions this paper supports (please check the appropriate box)

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	<input type="checkbox"/>	Executive Team	<input type="checkbox"/>
Audit	<input type="checkbox"/>	Corporate Decisions Team (CDT)	<input type="checkbox"/>
Mental Health Legislation	<input type="checkbox"/>	CDT – Quality	<input type="checkbox"/>
Remuneration Committee	<input type="checkbox"/>	CDT – Business	<input type="checkbox"/>
Resource and Business Assurance	<input type="checkbox"/>	CDT – Workforce	17 Feb 2020
Charitable Funds Committee	<input type="checkbox"/>	CDT – Climate	<input type="checkbox"/>
CEDAR Programme Board	<input type="checkbox"/>	CDT – Risk	<input type="checkbox"/>
Other/external (please specify)	<input type="checkbox"/>	Business Delivery Group (BDG)	<input type="checkbox"/>

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)

Equality, diversity and or disability	<input type="checkbox"/>	Reputational	<input type="checkbox"/>
Workforce	<input checked="" type="checkbox"/>	Environmental	<input type="checkbox"/>
Financial/value for money	<input type="checkbox"/>	Estates and facilities	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	Compliance/Regulatory	<input type="checkbox"/>
Quality, safety, experience and effectiveness	<input type="checkbox"/>	Service user, carer and stakeholder involvement	<input type="checkbox"/>

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

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Workforce Quarterly Report

4 March 2020

Executive Summary

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

Strategic aims - Workforce

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

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

This paper includes updates on:

1. Disability Awareness
2. International Recruitment
3. Health and Wellbeing Campaigns
4. Dying to Work Charter
5. CPD Events
6. Apprenticeship Update
7. Internal Moves

In other news:

- New Points Based Immigration System
- Changes to Written Particulars of Employment
- Increase in Holiday Pay Reference Period
- Changes to Agency Workers' Rights

The report is for information and does not require any action from the Board

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Strategic Aim 1

1. Disability Awareness

In recent years, the colour purple has been increasingly associated with disability, symbolising a new positive narrative about the contribution of disabled people in the workforce and the wider community. Just as the rainbow flag has created a new conversation and increasingly vibrant LGBT movement, the use of the colour purple can help in the effort to build communities, challenge outdated perceptions and prejudices and inspire others.

This led the Trust on 3 December 2019 the International Day of Disabled People to raise our Purple Flag for the first time. Every year, since 1992, disabled people, organisations and governments all over the world have celebrated this day in a wide variety of ways. The UN's theme for this year is 'Promoting the participation of persons with disabilities and their leadership'. As part of the celebration of that day we also had a blog published by NHS Employers.

It is this ethos which has shaped the introduction of the Workforce Disability Equality Standard (WDES) this year. The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

One way that the Trust is ensuring inclusion of its disabled workforce is through our disabled staff network. The group has for the past couple of years been providing support to disabled staff, but is now starting to influence Trust Policy. Work is taking place that will be done in partnership with the network to improve how we deliver reasonable adjustments in the Trust. The network will help shape actions in response to the WDES.

Strategic Aim 3

2. International Recruitment

The most recent International recruitment round took place on the 14 and 15 November 2019 at St Nicholas Hospital (for those able to attend) and from the 8 to 15 December 2019 in India. Over 150 doctors and nurses were interviewed and we have offered posts to over 30 doctors (which includes consultants, SAS doctors and Fellowship doctors) and over 40 nurses. These doctors and nurses will be based across all sites including Cumbria. We are expecting the international doctors and nurses to arrive in cohorts with the first to arrive within the next couple of months.

Strategic Aim 4

3. Health and Wellbeing Campaigns

December 2019 – Health Champion Training

15 staff members from across the Trust attended the first training session. A development plan is being designed to enable Health Champions to get together throughout the year to share good practice and attend Health and Wellbeing updates. The first session is scheduled for 3 March 2020 where we will cover Make Every Contact Count.

January 2020 – Dry January

Information stands were in place across six main sites including Cumbria. The Health Champions shared the Dry January message and gave information about the changes introduced in 2020 around reducing the number of units consumed in the month of January to set the scene for the coming year. Information was shared about how to make the right choices to protect health and wellbeing. We also talked around factors such as affordability, availability and promotion of alcohol which is nudging people to drink more than they might otherwise. Visual aids from CNTW library were used to illustrate the amount of sugar and calories in alcohol, 'drunk and dangerous glasses' were used to illustrate how a person may visibly perceive things after drinking alcohol. Some of our staff who do not drink alcohol tried them and said they didn't understand why anyone would drink alcohol if it had that affect! Leaflets and fact sheets from Balance North East were distributed.

January 2020 – Menopause Support Group

A menopause awareness session was held with the Menopause Group delivered by Pat Heron (Unison). Consideration is currently being given as to how the training and awareness can be rolled out more widely.

Newcastle City Baths (NCB), Staff Wellness Day

The Trust actively seeks to support and work with other local organisations. Newcastle City Baths has undergone a £7.5 million refurbishment. Staff from NCB attended St Nicholas Hospital outside of Café Nicholas to share information about their corporate offer for NHS Staff. Staff were also given the opportunity to have a free health check which included measuring BMI, muscle mass, metabolic age.

4. Dying to Work Charter

The Trust signed the Dying to Work Charter on 30 January 2020 following the partnership day with Staff Side. The Charter below publically illustrates the Trust's commitment to working with Unions to support staff with a terminal illness.

- We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.
- Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself.
- We will provide our employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period with dignity and without undue financial loss.
- We support the TUCs Dying to Work campaign so that all employees battling terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.



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Strategic Aim 5

5. Continuing Professional Development Events (CPD) October to December 2019

The Medical Development Team aims to provide high quality, informative and educational CPD events to medical colleagues and other professions, both internally and externally to the Trust. Through attending CPD events, medical colleagues are able to gather evidence of ongoing CPD for their appraisal and revalidation. The CPD programme has expanded over the last 12 months with positive feedback received from events. Over the last quarter the following sessions have been delivered:

- Transcultural awareness - 24 October 2019
- Learning disabilities awareness - 7 November 2019
- Old Age Event – 14 November 2019

Feedback for all events was very positive with delegates requesting a repeat of some of the sessions.

6. Apprenticeships Update

Registered Nurse Degree

On 13 January 2020, 26 learners attended the Induction for the Registered Nurse Degree Apprenticeship (RNDA) and they will begin either a three or a four year programme depending on their pathway. This will bring to 79 the number of RNDA learners we will have on programme.

Senior Leadership Apprenticeship

Interviews for the Senior Leader Apprenticeship (level 7 Masters) have taken place and the 12 successful candidates all attended the course residential weekend in January 2020.

Rising Star Award

Ross Fenwick, a former Project Choice Intern and current Trust Customer Service Apprentice, was shortlisted for a Rising Star award in the Movement to Work Social Mobility Awards and attended the event in London in February. The competition was very strong and he was not selected as the winner but it was a great achievement and everyone is very proud of him. He also featured in an article about apprenticeships in the evening Chronicle.

Apprenticeship Week

The Trust participated in a number of events and activities to mark apprenticeship week including an Apprenticeship Bakeoff; six careers events; apprenticeship stories; on-line Q&A sessions.

7. Internal Moves

The Nursing Directorate, supported by the Workforce Development Team, launched the pilot process for Internal Moves on 1 February 2020. This follows many discussions at various stakeholder meetings around the implementation and feasibility of such a process. The pilot will apply to all nursing staff band 2-6 who would like the opportunity to work in a different area or locality. It is only for staff who wish to move at the same band and a vacancy must be available in the area in which they would like to work. Their current area of work must also be able to support the move. It is hoped this will be a positive step in retaining our highly skilled staff and support them with future career aspirations and development.

The pilot will run over two 'cycles', with requests from staff being received and discussed with line managers in February, wider discussions about whether the move can be supported in March 2020 and then any moves that can be supported take place in April 2020. This will then be repeated in May, June and July with evaluation taking place in August 2020.

Strategic Aim 6

8. Partnership Day

On 30 January the Trust held its fourth partnership event between staff side colleagues, Executive Directors, Locality Directors/Associate Directors, workforce staff. Three regional trade union officials also attended. It was a very positive event looking back at our partnership working over the past year and looking forward to how we can further develop this relationship over the coming months and years.

Three priority areas of joint work were agreed: reviewing the disciplinary and grievance process; health and wellbeing, working towards the long term plan.

Other pieces of work will also progress in partnership: training on stress risk assessments; review of absence management and climate change.

Those in attendance positively reflected on where we are as a group now compared with when we held the first partnership event in 2012.

In other News

New Points Based Immigration System

The government has announced its plans for a new points-based immigration system in the UK from January 2021. The new system presents mixed news for the health and care sector. Trusts seeking to recruit healthcare workers from abroad will welcome the protections available for NHS roles, but the proposals mean significant challenges for a social care sector under financial strain and facing large workforce gaps.

Key elements of the points-based system for the NHS

- The NHS will be able to recruit from both EEA and non-EEA countries for a number of registered professions on the shortage occupation list, including nurses, all doctors, psychologists, paramedics, radiographers, speech and language and occupational therapists. This list may be expanded by the introduction of an "NHS Visa" in the near future: a key manifesto commitment from the government.
- The minimum salary threshold for "skilled" workers has been reduced from £30,000 to £25,600, however a lower salary "floor" of £20,480 is more relevant to the NHS, supporting the recruitment of professionals at various levels into the aforementioned shortage roles.
- Recruitment of EEA migrants into the NHS will rely on a sponsorship system, as non-EEA recruitment currently does through the Tier 2 visa route. The cap on "skilled" worker visas – which has in the past limited recruitment of doctors and nurses – has been removed from the system altogether.

While the NHS is protected, there will inevitably be finer elements of a points-based system trusts will need to become familiar with in the coming months. These will become clearer as the system passes into law.

Changes to Written Particulars of Employment

There are three important changes to written statements, which will apply from 6 April 2020:

- 1) All workers employed on or after 6 April 2020 will be entitled to a written statement of employment particulars.
- 2) Employees and workers must be provided with their written statement on or before their first day of employment.
- 3) There is additional information that written statements will need to contain, including the hours and days of the week the worker/employee is required to work, whether they may be varied and entitlements to any paid leave and any other benefits not covered elsewhere in the written statement. Details of probationary periods and training provided by the employer also need to be included.

Increase in the Holiday Pay Reference Period

The reference period for the purpose of calculating holiday pay for workers with irregular hours will change from 12 to 52 weeks. From 6 April 2020, employers will need to look back over the past 52 weeks, discarding any weeks that a worker did not earn pay, to calculate their average weekly pay.

Changes to Agency Workers' Rights

There are three important changes to agency workers' rights, which will apply from 6 April 2020:

Abolition of the Swedish Derogation (sometimes referred to as 'pay between assignments' contracts). Previously, agency workers could agree a contract that would remove their right to equal pay with permanent counterparts after 12 weeks working at the same assignment. From 6 April 2020, these contracts will no longer be permissible, and all agency workers, after 12 weeks, will be entitled to the same rate of pay as their permanent counterparts.

All agency workers will be entitled to a key information document that more clearly sets out their employment relationships and terms and conditions with their agency.

Agency workers who are considered to be employees will be protected from unfair dismissal or suffering a detriment if the reasons are related to asserting rights associated with The Agency Worker Regulations.

Michelle Evans
Acting Deputy Director of Workforce and OD

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**Report to the Board of Directors
4 March 2020**

Title of report	Climate Emergency Declaration
Report author(s)	Anna Foster, Deputy Director of Commissioning & Quality Assurance
Executive Lead (if different from above)	James Duncan, Deputy Chief Executive and Executive Director of Finance

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

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	24.2.2020
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	2.12.2019
CDT – Risk	
Business Delivery Group (BDG)	

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
Currently none

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Climate Emergency Declaration

Executive Summary

1. Climate and ecological change is likely to negatively impact the physical and mental health and wellbeing of the UK population, and the health sector must both mitigate against and adapt for these impacts. A large number of local authorities and a growing number of NHS organisations have responded to this pressing issue by making “climate emergency” declarations, alongside a national declaration by the UK Parliament in May 2019.
2. As a large, anchor institution, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) has an obligation to act.
3. There are also increasing regulatory and contract requirements relating to sustainability being implemented across the health sector, including the development of a “Green Plan” to be approved by Governors and shared with stakeholders.
4. This report sets out the case for the CNTW Board of Directors declaring a climate and ecological emergency, aspiring to deliver net zero carbon emissions by 2040.

Introduction

5. With climate change labelled the greatest threat to health in the 21st century¹ by medical journal “The Lancet”, a range of health conditions related to heat, cold, extreme weather and air pollution are predicted to rise worldwide.
6. Climate change is likely to negatively impact the physical and mental health and wellbeing of the UK population. The health and care system needs to be prepared for different volumes and patterns of demand. Climate change could impact the operational delivery of the health and care system. The system infrastructure (e.g. buildings, communications, emergency service vehicles, models of care) and supply chain (e.g. fuel, food, care supplies) need to be prepared for and resilient to weather events and other crises.²
7. The NHS is estimated to be responsible for around five per cent of all UK environmental emissions³ and five per cent of all journeys on UK roads are estimated to be healthcare related⁴.
8. Through the Climate Change Act⁵, the UK government has set a target to reduce UK greenhouse gas emissions to “net zero” (reducing greenhouse gas emissions by at least 100% of 1990 levels) by 2050. As the largest public sector emitter of carbon emissions, the health system has a duty to meet these targets.

9. The Intergovernmental Panel on Climate Change (IPCC) published a landmark report⁶ in late 2018 which set out the devastating impact of not limiting global warming to 1.5°C and set out how, with ambitious action, this may still be possible. In response to this report, public sector bodies, largely local authorities, started declaring action plans to reduce carbon emissions to net zero by a range of dates earlier than 2050.
10. It is imperative to both mitigate the impact of climate change, and adapt to the impact of a rapidly changing climate, to ensure that our actions do not cause harm to future generations. There is also an ecological crisis⁷ unfolding, which also needs mitigation.
11. As a large, anchor institution, acting decisively to mitigate climate change is an opportunity for CNTW to demonstrate leadership to educate and influence our staff, service users and those that care for them, as well as supporting local authorities to deliver their net zero carbon targets.
12. It is proposed that the Trust makes a public declaration of its commitment to reducing carbon emissions to net zero and ensuring that the social and environmental impacts of decisions are considered in all areas of business.
13. Actions taken to adapt to and mitigate the impact of climate and ecological change will also contribute towards the United Nations Sustainable Development Goals⁸.

NHS Context

14. The NHS Long Term Plan⁹ states “The NHS is leading by example in sustainable development and reducing use of natural resource in line with government commitments..... progress in reducing waste, water and carbon will be delivered by ensuring all trusts adhere to best practice efficiency standards and adoption of new innovations. Key to this will be delivering improvements, including reductions in single use plastics, throughout the NHS supply chain.”
15. This commitment is further supported by the NHS Operational Planning and Contracting Guidance 2020/21¹⁰, which commits the NHS to developing a plan to reach Net Zero carbon as part of the 'For a Greener NHS'¹¹ programme, setting out guidance for NHS organisations (see Appendix 1) to develop a “Green Plan” (formerly known as a “Sustainable Development Management Plan”).
16. The key requirements of a “Green Plan” are:
 - a. Reduce carbon, waste and water
 - b. Improve air quality
 - c. Reduce the use of avoidable single use plastics
 - d. Adapt to a range of scenarios to prepare for future climates
 - e. The plan should be reported upon annually to Board and stakeholders.

17. The NHS Standard Contract 2020-21¹² mandates the development of a Green Plan with specific requirements for providers (see Appendix 2).
18. A small number of NHS organisations and health systems have followed in the footsteps of local authorities, and declared “climate emergencies” to publically acknowledge the severity of the current situation and commit to net zero carbon targets of varying dates between 2030 and 2040, ahead of the current legal requirement. Further details are provided in Appendix 3.
19. It is important to note that these organisations have recognised that at present, they do not have detailed plans to reduce carbon emissions to net zero, which will require joint working across systems to be fully delivered. The Committee on Climate Change, who advise the UK Government on preparing for climate change, recommends a strategy of “take a pragmatic approach, begin now and learn by doing”.¹³

CNTW Context

20. The Sustainability Report included within the NTW 2018-19 Annual Report and Accounts¹⁴ sets out the carbon footprint of the former NTW as 26,500 tonnes of carbon dioxide equivalent per year, largely relating to energy and procurement, which broken down as follows (nb a further breakdown is at Appendix 4):

NTW Carbon Footprint 2018-19	tonnes (tCO ₂ e)	%
Building energy use	9,837	37%
Travel (carbon emissions from staff commute and patient/visitor travel are not included)	1,235	5%
Procurement	15,467	58%
Total carbon tCO₂e	26,539	100%

21. In 2018-19, the former NTW staff travelled a total 5.5 million business miles – averaging 20 miles per week per whole time equivalent. Note that this figure *excludes* travel to work, which is estimated to be a significantly higher amount.
22. Modes of transport can be broken down as 93.5% road miles, 4% rail miles and 2.5% air miles.

CNTW Climate & Ecological Emergency Declaration

23. It is proposed that the Trust Board declare a “Climate and Ecological Emergency”, pledging to become carbon neutral by 2040. Carbon neutrality in this instance refers to scope 1 and 2 emissions, plus greyfoot (where staff use their own cars for business use). Scope 1 emissions are direct emissions

from those activities owned or controlled by CNTW, and Scope 2 emissions are indirect emissions associated with the consumption of electricity.

24. The Board are asked to ensure that the social and environmental impact of decisions are considered at all times, looking for opportunities to demonstrate strong leadership in this area and to use the organisation's influence to promote sustainability where appropriate.
25. The Board are asked to consider adding a risk to the Board Assurance Framework/Corporate Risk Register (as appropriate) highlighting the risks generated by climate and ecological change.
26. Careful consideration has been made to the vulnerability of many CNTW service users, and the use of "climate emergency" language. The intended ethos of the CNTW approach to tackling climate change is to highlight its impact on human health, with an emphasis on positivity and recovery, in line with Trust values.
27. A CNTW "Green Plan" will be developed and approved by the Board and Governors, setting out actions to support this declaration, based around the following ten topics:
 - Corporate Approach
 - Asset Management & Utilities
 - Travel and Logistics
 - Adaptation
 - Capital Projects
 - Green Space & Biodiversity
 - Sustainable Care Models
 - Our People
 - Sustainable use of Resources
 - Carbon / Greenhouse Gases
28. An initiative called "CNTWClimateHealth" has been developed through CDT-Climate to support this agenda, and it is proposed that this will report progress to the Board via the Resource and Business Assurance Committee.
29. A staff engagement process is underway, which will be extended to service users/carers and stakeholders in due course.
30. As a Mental Health and Disability provider, CNTW can play a particular role in:
 - a. understanding the psychology of behaviour change,
 - b. supporting those who are emotionally affected by the impact of climate and ecological change (known as "eco-anxiety").
 - c. promoting the link between green spaces/nature and good mental health.

- d. leading the development of sustainable mental healthcare through promoting preventative strategies, empowering service users, and delivering high value and low carbon treatments.

31. The Trust will work collaboratively with local partners across systems, for example the North East and Cumbria Integrated Care System and Newcastle Local Authority, to agree collective actions to deliver this ambition.

32. The proposed full statement is as follows:

“We are declaring a climate and ecological emergency in acknowledgment of the global impact of climate and ecological change, and in accordance with our strategic ambitions, with the aim to deliver our services in a sustainable way, minimising harm to future generations.

We will do this by raising awareness of climate and environmental issues among our staff, service users and carers, through role modelling, and by becoming as sustainable as possible ourselves.

Through our sustainability programme “CNTWClimateHealth”, we commit to:

- Reducing our own carbon emissions to net zero by 2040.
- Training our clinical staff in the health and psychological impact of climate change, to better support anyone who is experiencing significant anxiety or grief caused by these issues.
- Making the most of our green spaces for service users, carers, staff and local communities to enjoy, encouraging biodiversity and connection with nature.
- Minimising waste as much as possible.
- Ensuring we consider the social and environmental impact of any decisions we make.
- Working with our partner organisations to ensure a co-ordinated regional response to the impact of climate change.
- Using our influence to support national and international policymakers in responding positively to the challenges to health posed by climate change.

As a mental health and disability provider, we support some of the most vulnerable people in society, and we are aware that the use of language such as “climate emergency”, “climate crisis” and “climate chaos” could cause anxiety or distress to those we serve. We will seek to mitigate this risk wherever possible. We believe that by focussing on hope and opportunity for change and recovery, together we can make a positive impact.”

Cumbria, Northumberland and Tyne and Wear
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Recommendation/Summary

33. The Trust Board is asked to:

- a) Approve the attached statement and declare a climate and ecological emergency.
- b) Ensure that the social and environmental impact of decisions are considered at all times, looking for opportunities to demonstrate strong leadership in this area and to use the organisation's influence to promote sustainability where appropriate.
- c) Agree that oversight of this work should be undertaken on behalf of the Board by the Resource and Business Assurance Committee
- d) Consider adding a risk to the Board Assurance Framework/Corporate Risk Register (as appropriate) highlighting the risks to CNTW generated by climate and ecological change.

Anna Foster
Deputy Director of Commissioning &
Quality Assurance

James Duncan
Deputy Chief Executive & Executive
Director of Finance

February 2020

Cumbria, Northumberland Tyne and Wear
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Appendix 1 Extract from NHS Operational Planning Guidance 2020/21

It is estimated that up to 40,000 people die prematurely every year linked to poor air quality. The NHS Long Term Plan seeks to reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single-use plastics, and working with partners, including local government, to tackle local air pollution.

During 2020 the NHS will develop a plan to reach Net Zero carbon as part of the 'For a Greener NHS' programme.

Whilst many already do, in the meantime all systems should have a Green Plan (also known as the Sustainable Development Management Plan or SDMP) and a plan to deliver the sustainable development related NHS Long Term Plan commitments.

Deliverables for sustainable development include:

- Cut business mileages and NHS fleet air pollutant emissions by 20% by 2023/24. In 2020/21 organisations should:
 - Consider signing up for a free Green Fleet Review which can be booked [via this link](#).
 - Reduce air pollution from fleet vehicles, by ensuring all fleet vehicles purchased or leased by the organisation after 1 April 2020 support the transition to low and ultra-low emission (ULEV) in line with Long Term Plan Commitments.
 - Using the Sustainable Development Unit's Health Outcomes of Travel Tool (HOTT) can help organisations to measure the impact their travel and transport has in environmental, financial and health terms.
 - Ensure that any car leasing schemes restrict the availability of high emission vehicles.
 - End business travel reimbursement for any domestic flights within England, Wales and Scotland.
- All NHS organisations should move to purchasing 100% renewable electricity from their energy suppliers by April 2021.
- Providers should replace lighting with LED alternatives during routine maintenance activities.
- All NHS organisations must ensure all new builds and refurbishment projects are delivered to net zero carbon standards.
- All organisations are expected to implement the Estates and Facilities Management Stretch programme which will be published by NHS England and NHS Improvement in 2020. This will set out key activities organisations can take to reduce the environmental impact of their estates.

- Reduce the use of single use plastics in the NHS, beginning by signing up to and delivering the NHS Plastics Pledge which commits organisations to phase out avoidable single-use plastic items.
- Reduce the carbon impact of Metered Dose Inhalers in line with long term plan commitments, including by:
 - Decreasing the percentage of inhaler prescriptions that are for Metered Dose Inhalers where clinically appropriate.
 - Reducing the overall carbon impact of all inhalers dispensed at pharmacy, encouraging patients to return spent devices for green disposal in pharmacy medicines waste.
- Reduce the carbon footprint associated with anaesthetic gases in line with long term plan commitments by:
 - Appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 20% by volume, and
 - local systems and providers assessing the potential to reduce unnecessary emissions of nitrous oxide to atmosphere.

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Appendix 2 Extract from draft NHS Standard Contract 20-21 wording:

NHS Standard Contract 2020/21 - Service Contract 18 (Full length)

SC18 Sustainable Development:

18.1 In performing its obligations under this Contract the Provider must take all reasonable steps to minimise its adverse impact on the environment.

18.2 The Provider must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance and must provide an annual summary of progress on delivery of that plan to the Co-ordinating Commissioner.

18.3 Within its Green Plan the Provider must quantify its environmental impacts and publish in its annual report quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved.

18.4 As part of its Green Plan the Provider must have in place clear, detailed plans as to how it will contribute towards a 'Green NHS' with regard to NHS Long Term Plan commitments in relation to:

18.4.1 Air pollution, and specifically how it will, by no later than 31 March 2021:

18.4.1.1 Take action to reduce air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles;

18.4.1.2 Take action to phase out oil and coal for primary heating and replace them with less polluting alternatives;

18.4.1.3 Develop and operate expenses policies for Staff which promote sustainable travel choices; and

18.4.1.4 Ensure that any car leasing schemes restrict high-emission vehicles;

18.4.2 Climate change, and specifically how it will, by no later than 31 March 2021, take action:

18.4.2.1 To reduce greenhouse gas emissions from the Provider's Premises in line with targets under the Climate Change Act 2008;

18.4.2.2 In accordance with Good Practice, to reduce the impacts from the use, or atmospheric release, of environmentally damaging fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used in surgery to less than 20% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, and the appropriate disposal of inhalers; and

18.4.2.3 To adapt the Provider's Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather;

18.4.3 Single use plastic products and waste, and specifically how it will with effect from 1 April 2020 cease use at the Provider's Premises of single use plastic straws and stirrers unless there is clinical need to do so for medical purposes, as would be permitted by the draft Environmental Protection (Plastic Straws, Cotton Buds and Stirrers) (England) Regulations 2020, if enacted, and by no later than 31 March 2021 take action:

18.4.3.1 To reduce waste and water usage through best practice efficiency standards and adoption of new innovations; and

18.4.3.2 To reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge;

18.4.3.3 So far as clinically appropriate, to cease use at the Provider's Premises of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics;

18.4.3.4 To reduce the use at the Provider's Premises of single-use plastic food and beverage containers, cups, covers and lids;

18.4.3. To make provision with a view to maximizing the rate of return of walking aids for re-use or recycling, and must implement those plans diligently.

18.5 The Provider must, in performing its obligations under this Contract, give due regard to the potential to secure wider social, economic and environmental benefits for the local community and population in its purchase and specification of products and services, and must discuss and seek to agree with the Co-ordinating Commissioner, and review on an annual basis, which impacts it will prioritise for action.

Cumbria, Northumberland Tyne and Wear
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Appendix 3 NHS Climate Emergency Declarations to date (plus local partners)

NHS Organisations/Systems:

		Date declared	Net zero target date	Key points to note
1	Newcastle Upon Tyne Hospitals NHS Foundation Trust	June 2019	2040	First NHS Trust to declare a climate emergency. Chief Executive is a member of the new NHS "Net Zero" Expert Taskforce.
2	Greater Manchester Health & Social Care Partnership	August 2019	2038	The NHS bodies that make up the Greater Manchester Health and Social Care Partnership have mirrored the recent decision of Greater Manchester Combined Authority and seven of the 10 Greater Manchester councils to date in this action, making Greater Manchester the first "integrated care system" – NHS bodies and council social care working together – in the country to declare a climate emergency.
3	North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust	October 2019	2030	
4	Nottinghamshire Healthcare	October 2019	2040	Included climate change as a risk on the Trust Board Assurance Framework.
5	Manchester University NHS Foundation Trust	Nov 2019	2038	One of the first NHS Trusts to introduce a 'Green Impact and Green Rewards' scheme, to encourage learning and proactive behaviour changes that staff can make in their everyday work and home life
6	Gloucestershire Hospitals NHS Foundation Trust	Dec 2019	No date specified.	
7	Cheshire CCG (to be created by the merger of 4 existing CCGs from 1.4.20)	Jan 2020	Before 2050	Emphasis on carbon literacy and training.

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Appendix 3 Continued: Other local partners climate emergency declarations:

		Date declared	Net zero target date
1	Newcastle City Council	April 2019	2030
2	Newcastle University	April 2019	2040
3	North East Combined Authority	Nov 2019	2030
4	Northumberland County Council	June 2019	2030
5	North Tyneside Council	July 2019	2050
6	Gateshead Council	May 2019	2030
7	South Tyneside Council	July 2019	2030
8	Sunderland City Council	March 2019	2030
9	Cumbria County Council	No declaration	n/a
10	Eden District Council	July 2019	2030
11	Carlisle City Council	March 2019	2030

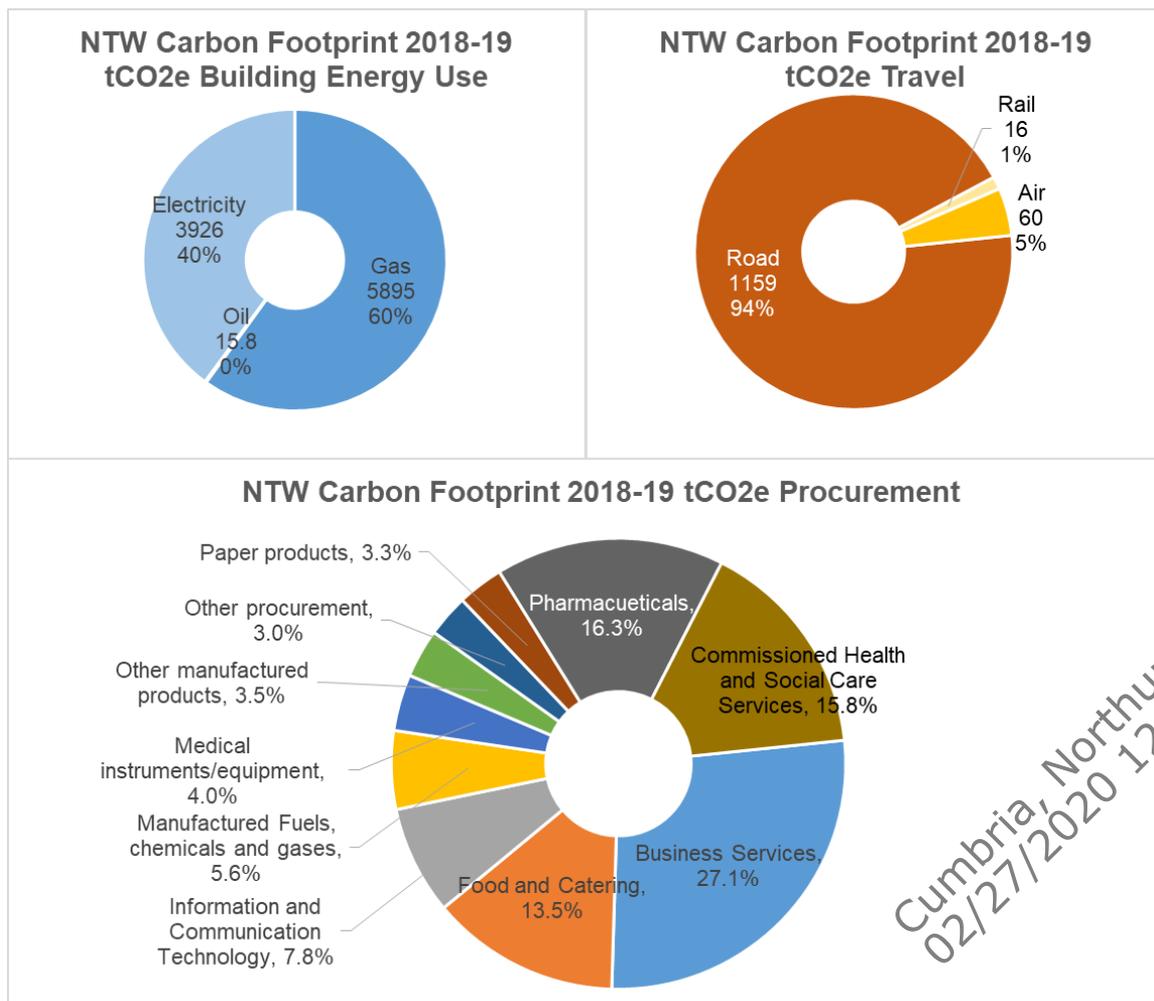
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Appendix 4 CNTW Carbon Footprint

The Sustainability Report included within the NTW 2018-19 Annual Report and Accounts¹⁴ sets out the carbon footprint of the former NTW as 26,500 tonnes of carbon dioxide equivalent per year, largely relating to energy and procurement, which broken down as follows:

NTW Carbon Footprint 2018-19	tonnes (tCO ₂ e)	%
Building energy use	9,837	37%
Travel (carbon emissions from staff commute and patient/visitor travel are not included)	1,235	5%
Procurement	15,467	58%
Total carbon tCO₂e	26,539	100%

This can be further broken down as follows: (nb data does not include North Cumbria).



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Appendix 5 Sources and Useful Links

1. [The Lancet, Managing the Health Effects of Climate Change 2009](#)
2. [Adaptation to Climate Change Planning Guidance for Health and Social Care organisations 2014](#)
3. [Health Care Climate Footprint Report 2019](#)
4. [NHS Sustainable Development Unit Carbon hotspots - travel](#)
5. [The Climate Change Act 2008 \(2050 Target Amendment\) Order 2019](#)
6. [IPCC Special Report: Global Warming of 1.5 °C](#)
7. [Global Assessment Report on Biodiversity & Ecosystem Services, IPBES, 2019](#)
8. [UN Sustainable Development Goals](#)
9. [The NHS Long Term Plan](#)
10. [NHS Operational Planning and Contracting Guidance 2020/21](#)
11. [For a Greener NHS](#)
12. [The NHS Standard Contract 2020-21](#)
13. [Behaviour change, public engagement and Net Zero \(Imperial College London\) 2019](#)
14. [NTW 2018-19 Annual Report and Accounts](#)

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**Report to the Board of Directors
4 March 2020**

Title of report	CEDAR Programme Board Terms of Reference review
Report author(s)	James Duncan, Deputy Chief Executive/Executive Director of Finance/SRO for CEDAR Programme
Executive Lead (if different from above)	James Duncan, Deputy Chief Executive/Executive Director of Finance/SRO for CEDAR Programme

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	20/2/20
Other/external (please specify)	

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
None

Executive Summary

The Terms of Reference for the CEDAR Programme Board were reviewed at the CEDAR Programme Board meeting held on 23rd January 2020.

The review was undertaken to better reflect the requirements of the Outline Business Case for the CEDAR Programme and changes were made in this regard as well an opportunity to refine the membership of the Board.

There have been no changes to the delegated authority to the Committee from the Board of Directors.

Recommendation

The Board of Directors are asked to approved the amended Terms of Reference for the CEDAR Programme Board as detailed on the following pages.

James Duncan

Deputy Chief Executive and Executive Director of Finance
Senior Responsible Officer for the CEDAR Programme

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**Sub-Committee of the Board of Directors
Terms of Reference**

<p>Meeting Name: CEDAR Programme Board</p> <p>Meeting Type: Programme Board reporting to the Board of Directors</p> <p>Timing and Frequency: Monthly, Thursday</p> <p>Personal Assistant to Committee: CEDAR Programme Support Officer</p> <p>Reporting Arrangements: Reports to the Board of Directors</p>

Membership:	
Chair:	Non-Executive Director
Deputy Chair:	Executive Director of Finance and Deputy CEO (SRO)
Members:	Executive Director of Nursing and Operations Deputy Chief Operating Officer CEDAR Programme Director CEDAR Programme Consultants (x 2) CEDAR Programme Support Officer (Minutes) Managing Director NTW Solutions Director of Estates and Facilities Senior Capital Projects Officer Head of Capital Development and Planning Project Manager Group Director x 2 (North and Central) Deputy Director of Workforce and Organisational Development Deputy Director of Corporate Affairs and Communications/Company Secretary Deputy Director of Finance and Business Development Mental Health Lead, NHS England and NHS Improvement Staff Side Lead SRM Project Leader (Post agreement of GMP)
Quorum:	Chair or Deputy Chair 2 x Group representatives
Deputies:	Deputies required for all members wherever possible
Purpose	
To develop, oversee and manage the interface between the CNTW “major development” capital schemes in conjunction with NHS England New Models of Care Programmes, NHS England National Reviews, the Newcastle & Gateshead Delivering Together Programme and any other external stakeholder initiatives or consultations that may relate to the capital schemes in scope.	

The Programme Board will develop and monitor an overall programme plan which will incorporate appropriate timescales and milestones. The overarching core focus will be the ICS funding bid, planning and construction of the Secure Integrated sites at Northgate and Ferndene, along with the adult inpatient beds at Bamburgh Unit, St Nicholas Hospital.

Scope

The schemes included in the scope of the programme are:

- The development of an integrated adult mental health and learning disability secure services centre of excellence at Northgate Hospital, Morpeth, Northumberland
- The re-provision of Newcastle and Gateshead adult inpatient services to St Nicholas Hospital, Newcastle
- 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:

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

As of November 2018, the primary focus is:

- New integrated medium secure facility for adults, six wards at Northgate Hospital
- Low secure wards, utilising existing Northgate Hospital buildings
- Adult acute mental health services in reconfigured Bamburgh and Bede Units at St Nicholas Hospital, Newcastle
- New integrated CYPS facility at Ferndene (medium secure, low secure, PICU and general admissions)
- Vacation of Hadrian Clinic, Campus for Ageing and Vitality site, Newcastle
- Disposal of surplus land at Northgate Hospital to create new homes and provide a contribution towards the funding of this programme.

Authority

To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Programme Board's scope across the organisation, and to have delegated decision making authority with regards to achieving programme objectives.

Deliverables

The delivery of high standard care facilities for patients, carers and staff that provide healing environments to support a wide range of treatment strategies and stimulate recovery by:

- Making the best use of all available resources, by implementing affordable, sustainable solutions, including where appropriate disposal and acquisition of land assets
- Optimising patient, carer and staff experiences in the built form and surrounding environment
- Achieving full compliance with national guidance and standards concerning the built form
- Supporting and enhancing integrated patient pathways that align to wider care model developments and commissioning intentions

CEDAR will support the development of proposals and the submission of business cases for all of the in-patient schemes within scope, and support the Design Team and Operations Teams in planning and operationalising the schemes to fruition.

Sub Groups

Core Programme Team Meeting

Date of Last Review

April 2019

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