

Council of Governors General Meeting held in Public

12 November 2020, 14:00 to 16:00
Venue TBC (including Microsoft Teams)

Agenda

1. Welcome and Introductions

Welcome to the Council of Governors meeting held in public.

Verbal

The big issues considered within this agenda are:

Ken Jarrold, Chairman

- COVID-19 Update
- CNTW Green Plan

2. Apologies for absence

Verbal

Ken Jarrold, Chairman

3. Report from the Nominations Committee - re-appointment of the Chairman

Alexis Cleveland to Chair this item

Decision

Margaret Adams, Dupty Lead Governor



Item 08. Report of the NOMCO - Chair
reappointment.pdf

(2 pages)

4. Minutes of the meeting held 18 June for approval

Verbal

Ken Jarrold, Chairman



Draft Minutes of the Council of Governors Virtual
Meeting held in public 18 June 2020b.pdf

(13 pages)

5. Matters arising not included on the agenda (including action log)

Verbal

Ken Jarrold, Chairman

6. Declarations of Interest

Verbal

Ken Jarrold, Chairman

Business Items

7. Chairman's Report

Verbal

Ken Jarrold, Chairman

8. Chief Executive's Report

Verbal

John Lawlor, Chief Executive

9. Governors' Questions

Note: Questions relating to the agenda and papers may be asked at the meeting.

Verbal

For issues not covered by this meeting, questions must be submitted at least 3 working days in advance by emailing corporateaffairs@ntw.nhs.uk

Ken Jarrold, Chairman

Cumbria, Northumberland Tyne & Wear
11/06/2020 09:03:53

Governor Feedback, including:

10. Feedback from Governor Representatives on Board Committees

10.1. Feedback from Resource and Business Assurance Committee

Verbal

Victoria Bullerwell & Bob Waddell,
Governor Representatives

10.2. Feedback from Audit Committee

Verbal

Victoria Bullerwell, Governor
Representative

10.3. Feedback from Quality and Performance Committee

Verbal

Margaret Adams & Anne Carlile,
Governor Representatives

10.4. Feedback from Mental Health Legislation Committee

Verbal

Fiona Grant & Denise Porter Governor
Representatives

11. Feedback from Governors Working Groups and Committees

Verbal

Committee Representatives/ Working
Group Chairs

11.1. Update from the Nominations Committee

Verbal

Ken Jarrold/ Margaret Adams, Co-
Chairs

11.2. Update from the Governors Steering Group

Verbal

Ken Jarrold, Chairman

11.3. Update from the Governors Quality Group

Verbal

Margaret Adams, Chair

12. Feedback from External Events and Meetings

12.1. Feedback from the Governor Advisory Committee

Verbal

Anne Carlile

Items for information (discussion by exception only)

13. Board of Directors Minutes: 29 May; 6th June; 5th August; 2nd September; 7th October

Enclosure

Ken Jarrold, Chairman



Item 13. 2020-05-29 BoD minutes.pdf

(17 pages)



Item 13. 2020-06-23 BoD minutes.pdf

(13 pages)



Item 13. 2020-08-05 BoD minutes.pdf

(13 pages)



Item 13. 2020-09-02 BoD minutes.pdf

(9 pages)



Item 13. 2020-10-07 BoD minutes.pdf

(7 pages)

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14. Any other business

Verbal

Ken Jarrold, Chairman

Break

Big Issue Items

15. COVID-19 Update

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



8. COVID Board Report October 2020.pdf

(6 pages)

16. CNTW Green Plan

Anna Foster, Deputy Director of
Commissioning and Quality Assurance



CNTWClimateHealth Green Plan 2020-2025 v1.5
post comments 2020-11-05.pdf

(23 pages)

17. Date, time and venue of next meeting:

The next Council of Governors meeting held in public Tuesday, 9 March 2020, 10.00am
to 12.00pm, Walkergate Park, Benfield Road, Newcastle, NE6 4QD (and via Microsoft Teams)

Ken Jarrold, Chairman

Cumbria, Northumberland Tyne and Wear
11/06/2020 09:03:53

Report to the meeting of the Council of Governors

Re-appointment of the Chairman of the Council of Governors and Board of Directors

Meeting Date: 12 November 2020

Paper for Debate, Decision or Information: Decision

Key Points to Note:

The Nominations Committee has led a process on behalf of the Council of Governors for the reappointment of Ken Jarrold, Chairman of the Council of Governors and Board of Directors.

The process and outcome is described in the attached paper.

Outcome required:

The Nominations Committee recommends that the Council of Governors approve the recommendation to reappoint Ken Jarrold as Chairman of the Council of Governors and Board of Directors from 1 February 2021 to May 2023.

Cumbria, Northumberland Tyne and Wear
11/06/2020 09:03:53

Report of the Governors' Nomination Committee

Recommendation to appoint Non-Executive Directors

1. Purpose

The purpose of this paper is to present the Council of Governors with the recommendation from the Governors' Nomination Committee in relation to the reappointment of Ken Jarrold, Chairman of the Council of Governors and Board of Directors.

2. Summary

At its meeting on 12th August 2020, the Nomination Committee discussed in detail the reappointment process for the Chairman including the potential recruitment process should Ken Jarrold choose not to stand for a further term.

On 28th August 2020, Ken Jarrold was contacted by Margaret Adams as Co-Chair of the Nomination Committee to determine his intention to stand again for a further term of office as Chairman of the Trust.

On 28th August, Ken Jarrold replied to the Nomination Committee confirming his intention to stand for a further term of office as Chairman and subject to the decision of the Council of Governors, requested that he have the opportunity to stand down from a second term of office on 24th May 2023.

3. Re-appointment process

At its meeting on 18th September, the Nominations Committee considered Ken Jarrold for re-appointment as Chairman and considered in detail:

- Ken's performance and ability to continue to perform adequately in the role, in the light of the knowledge, skills and experience required now and in the future.
- Ken's past performance as reported in his annual appraisal carried out by Alexis Cleveland, Senior Independent Director.
- An update from Alexis Cleveland on the outcome of 360 degree process involving feedback from Non-Executive Director colleagues, Executive Directors, Governors and other Trust representatives.

The Nomination Committee were in full agreement that Ken Jarrold has, and continues to provide vital leadership to the Trust. He provides a solid, reliable and valuable link between the Council of Governors and Board of Directors and his approach to public accountability, service users and carers remains exemplary.

4. Recommendation

The Council of Governors are asked to approve the recommendation to reappoint Ken Jarrold as Chairman of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust for a second term of office as of 1st February 2021 to 26th May 2023 (subject to all appropriate recruitment checks, including Fit and Proper Persons).

Margaret Adams

Co-Chair of the Governors' Nomination Committee

Draft Minutes of the Council of Governors Virtual Meeting held in public
Wednesday, 18 June 2020 from 10.30 am – 12.30 pm
via Microsoft Teams

Present:

Ken Jarrold	Chair
Margaret Adams	Public Governor, South Tyneside
Evelyn Bitcon	Interim Public Governor, Cumbria
Stephen Blair	Public Governor, Newcastle, Rest of England and Wales
Russell Bowman	Service User Governor, Neuro Disability Services
Victoria Bullerwell	Staff Governor, Non-Clinical
Anne Carlile	Carer Governor, Adult Services
Kevin Chapman	Staff Governor, Clinical
Cllr Kelly Chequer	Appointed Local Authority Governor, Sunderland
Revell Cornell	Staff Governor, Non-Clinical
Janet Folland	Interim Staff Governor, Clinical (North Cumbria)
Fiona Grant	Service User Governor, Adult Services (Lead Governor)
Cllr Maria Hall	Appointed Local Authority Governor, Gateshead Council
Prof Kim Holt	University Governor, Northumbria
Cath Hepburn	Public Governor, North Tyneside
Cllr Veronica Jones	Local Authority Governor, Northumberland
Claire Keys	Staff Governor, Clinical
Mary Laver	Service User Governor, Older People's Services
Felicity Mendelson	Local Authority Governor, Newcastle City Council
Denise Porter	Voluntary Services Governor, Rethink Mental Illness
Fiona Regan	Carer Governor, Learning Disability Services
Prof Jacqui Rodgers	University Governor, Newcastle
Dr Uma Ruppa Geethanath	Staff Governor, Medical
Janice Santos	Carer Governor, Children and Young People's Services
Bob Waddell	Non-Clinical Staff Governor

In Attendance:

David Arthur	Non-Executive Director
Dr Les Boobis	Non-Executive Director
Paula Breen	Non-Executive Director
Alexis Cleveland	Non-Executive Director and Deputy Chair
Jennifer Cribbes	Corporate Affairs Manager
Debbie Henderson	Deputy Director, Communications and Corporate Affairs
John Lawlor	Chief Executive Officer
David Muir	Group Director, Cumbria
Dr Rajesh Nadkarni	Executive Medical Director
Gary O'Hare	Executive Director of Nursing and Operations
Wendy Pinkney	Corporate Affairs Officer (notes)
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Michael Robinson	Non-Executive Director
Lynne Shaw	Acting Executive Director of Workforce and Organisational Development

Public:

Nil	
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Apologies:

Tom Bentley	Public Governor, Gateshead
Colin Browne	Carer Governor, Older People's Services
Peter Studd	Non-Executive Director
Cllr Wilf Flynn	Appointed Local Authority Governor, South Tyneside Council

1. Welcome and Introductions

Ken Jarrold introduced the meeting and welcomed everyone joining virtually via Microsoft Teams.

2. Apologies for absence

Apologies received for absence were as recorded above.

3. Minutes for approval

The minutes of the meeting held on 11 March 2019 were agreed to be a true and accurate record of the meeting.

Approved:

- The minutes of the meeting held on 11 March 2019 were agreed as an accurate record.

4. Matters arising not included on the agenda

Item 10 – Membership Strategy Plan – Evelyn Bitcon requested an update and Debbie Henderson advised that due to the present pandemic situation, the Steering Group are reviewing the whole strategy plan for membership.

5. Declarations of Interest

There were no conflicts of interest declared for the meeting.

Business Items

6. Chair's Report

- Covid-19** – Ken Jarrold referred to the present pandemic, acknowledging the enormous challenge it has presented to individuals, including service users, carers, staff, organisations and society as a whole. Ken expressed his thanks and gratitude to CEO John Lawlor and the Executive team, Gary O'Hare and Gold Command, partners and those providing management and support during extraordinary times. Ken praised Debbie Henderson and her Communications Team, Alane Bould and her Involvement Team whilst working alongside ReCoCo, for achieving the high quality of information produced and communicated.
- CQC Inspection Report** – Ken referred to the recent very disappointing CQC report and how difficult this had been for the Trust but assured governors that the Board was taking it very seriously with lots of work having been carried out and future ongoing work.

Ken invited comments.

John Lawlor referred to Covid-19 and acknowledged the incredible response in an emergency from staff, service users and carers and their willingness to be flexible, including staff moving into different roles and working 7 days a week. John also commented on the sad death of a staff member and advised of his ongoing contact with a family member.

Resolved:

- **The Council of Governors received and noted the Chair's Report**

7. Chief Executive's Report

Covid-19 - John Lawlor provided a verbal report advising governors on the current situation around Covid-19 and national guidance. As part of the Trust's emergency planning arrangements, in the early stages of the pandemic, a Gold Command centre had been set up led by Gary O'Hare and Rajesh Nadkarni, to ensure the correct balance was maintained to keep staff safe and to remain accessible to service users and carers.

John gave examples of challenging service areas, including older people and dementia diagnosis, inability to access scans, ECT and face-to-face consultations, as well as evaluating which staff were most at risk, the seriously unwell or dying due to contracting Covid-19. He explained that lots of different methods of working had been implemented to support and prevent a deterioration in services and general feedback was that staff had been very supportive.

Live Q&A – John stated that the Trust had been running weekly live Q&A sessions on Microsoft Teams for approximately eight weeks, with an average of 300 staff joining each week to ask four executives questions and raise concerns. John added that these sessions had proved invaluable for real time dialogue with the workforce and would therefore continue after the pandemic.

TEWV CEO - John advised that Tyne, Esk and Wear Valley NHS Foundation Trust (TEWV) had recently appointed a new CEO and they had been in contact regarding working together within both Trusts.

Children's Services – John advised that the Middlesbrough In-Patient Children and Young People's Services situation had been placed on hold due to the national response to the pandemic. **Nb there was interference at this point and I missed the end of John's report. All I got was**expectation? Continue to pursue.

8. Governance arrangements

Debbie Henderson apologised to the meeting for the late circulation of her paper, explaining that she had initially intended to give a verbal report.

Debbie stated that due to the present Covid-19 pandemic situation, it had been necessary to review current governance arrangements regarding Council of Governor engagement and asked governors to consider the paper's recommendations.

Meeting arrangements

Debbie advised that two virtual Steering Group meetings had been held so far during the present pandemic, involving discussion outlining the need for strong governance arrangements in response to Covid-19, and how to continue to make decisions effectively.

Debbie stated that the majority of governors had been trained on or already had access to, Microsoft Teams and indicated that members of the public are also able to join Teams via invitation. As social distancing is to continue, it was therefore proposed that in the interim, all

future meetings be held via Microsoft Teams, in line with the Trust's current Constitution and Standing Orders.

Annual Report and Accounts (including the Quality Account)

Debbie advised that although the Trust was informed it was not necessary to submit a Quality Report, a Quality Account is required by 15 December 2020. Following a lot of work already and further consultation, the final Quality Account is scheduled to go to the Board in October.

Thanks to Jennifer Cribbes, the Annual Report is almost complete. The two timeline options for submission of the Annual Report and Accounts to lay before Parliament are a) 6 July or b) 28 August. As the final document is due to be submitted for approval by the Board at the 23 June Closed Board of Directors meeting, option a) 6 July, is the recommended option.

Annual Members Meeting (AMM)

Debbie explained that the AMM was due to be held on 23 July 2020 but as the audited Annual Report and Accounts must be submitted to a Governor General Meeting by 30 September, it is proposed to now hold the AMM on 15 September, previously scheduled as a public meeting, to allow for preparation time.

Ken Jarrold summed up the proposals and asked for comments regarding:

1. Supporting new ways of working via Microsoft Teams until further notice.
2. Acknowledging submission dates for Annual Report and Accounts to lay before Parliament.
3. Deferring AMM from 23 July to 15 September.
4. Using the original AMM date of 23 July for an engagement meeting.

Resolved:

1. New ways of working - agreed – if any issues, governors to advise.
2. Submission dates – agreed.
3. Approving AMM being deferred until 15 September – agreed.
4. Previous AMM date of 23 July to be changed to an engagement session – agreed.

9. Review of the Terms of Reference for Council of Governors meetings

Jennifer Cribbes spoke to the paper, explaining the rationale of the annual review of the Terms of Reference, as well as necessary changes to the Trust's Constitution due to the addition of the Cumbria constituency. Jennifer invited comments – none received.

Ken Jarrold commented on some of the document's wording and would review and bring back to a later meeting.

10. Provider License Self Certification (FT4(8))

Ken Jarrold invited comments on the Annual Board Statement - Training of governors. There is a requirement for the Board of Directors to sign a Board Statement confirming that the necessary training has been provided to governors in order to undertake their role, during the previous financial year.

Fiona Regan raised two points on the paper:

Page 2 – regarding 1:1 meetings with the Chairman, Fiona asked if this was going to be reviewed as just meeting at the induction wasn't adequate.

Ken responded stating he has always been available to meet with governors, he has an open door policy and this includes the Governor Induction, as well as for 1:1 meetings.

Debbie Henderson confirmed that governors were not allowed to visit services where they have any personal or prior experience.

Evelyn Bitcon as an interim governor, asked what the impact of Covid-19 would be on future governor elections and Debbie advised that this will be discussed at the Steering Group meeting, although it may be that all governors' terms of office be extended, depending on national guidance.

Steven Blair commented on the induction for new governors and felt as an addition to this it would be helpful to have an informal get together with current governors. Ken advised that consideration would be given to Steven's suggestion.

11. Quality Account update

Lisa Quinn referred to the draft Quality Account and advised that the Council of Governors are asked to provide any comments on the document by 10 July 2020. Further work will then be carried out over the summer, with the final version submitted for approval at a future meeting of the Trust's Board of Directors. A draft will then be provided to stakeholders for scrutiny and comment by 15 October, before finalising the quality accounts by 15 December.

Cath Hepburn asked if the Trust as an organisation is still classed as 'outstanding' and Ken Jarrold affirmed that although the recent CQC report was taken very seriously, it does not affect the overall standing as a Trust.

Fiona Regan asked if the Points of You (POY) survey is a major means of gaging Carers' and Service Users' opinions of treatment, as particularly with Learning Disability and Autism, responses may be very poor. Lisa acknowledged that written surveys are not always appropriate for everyone for engagement and informed that the Trust looks at a range of feedback mechanisms from all services and the new version of POY provides more rich narrative opportunities rather than just tick boxes. Lisa advised of a recent significant increase in carer responses which are also regularly reported to the Board. In response to Fiona's question regarding the process for collating feedback and how governors can interpret this, Lisa agreed to bring back a short briefing to a future governors meeting on interpretation of feedback at a local level.

Evelyn Bitcon referred to Veterans and Serving Soldiers (page 79) and the lack of understanding of this patient pathway, and would like the opportunity to be more involved with this work. Ken acknowledged Evelyn's previous interest and stated that this will be explored further outside of the meeting.

Steven Blair asked about percentage of POY responses from different areas and representative samples and Lisa advised that the process is anonymous and therefore the percentage would be an arbitrary or a proxy rather than an accurate reflection.

In response to Fiona Regan's question regarding the 40% rise in complaints (page 45) Lisa advised that complaints are categorised by service area, investigated individually and issues raised are put into an action plan. Thematic reviews are looked at and also reported on at the Quality Sub Group. Gary O'Hare added that complaints are performance managed and reviewed weekly at the Learning and Improvement Group (LIG) when the process of shared learning across the Trust is identified. Gary confirmed that specific themes are therefore quickly recognised.

Denise Porter referred to Serious Untoward Incident reporting (page 109) and Gary confirmed that there is learning from practise. The Learning Improvement Group is also looking at the virtual meeting process to share learning across the Trust by topic. Lisa advised there isn't a

requirement to add this to the Quality Account but will work with Gary to see if anything further is required.

Ken summarised the five areas covered and reminded governors of the deadline date of 10 July to comment on the Quality Account report.

1. Lisa Quinn to provide a short briefing paper around POY and feedback methods, in particular regarding Learning Disability and Autism.
2. Lisa's comments on presentation of responses to POY.
3. The Veterans Service and Evelyn Bitcon's future involvement to be followed up.
4. Complaints and the availability of analysis from service areas.
5. Lisa to clarify if any necessity for the addition to the Quality Account of learning from Serious Untoward Incidents.

Action:

1. Lisa Quinn to provide a short briefing paper around POY and feedback methods, in particular regarding Learning Disability and Autism.
2. Evelyn Bitcon's future involvement with the Veterans Service to be considered.
3. Lisa Quinn to clarify if necessary for the addition to the Quality Account of learning from Serious Untoward Incidents.

12. Governors' Questions

There were no questions raised by Governors.

13. Governor Feedback, including:

Feedback from Governor Representatives on Board Committees

13.1 Feedback from Resources and Business Assurance Committee

Bob Waddell, Governor Representative, had nothing to report as unable to attend the last meeting.

John Lawlor reported that the CEDAR project involving Northgate and the Ferndene site extension, was progressing smoothly with all planning permission in place. Feedback on the business case has been very positive, as well as news that the cost is £2million less than anticipated. Onward planning and momentum continues despite the present pandemic situation, with the only risk being the land sale value decrease, which has therefore been deferred for a couple of years.

David Arthur confirmed that CEDAR was the main topic at the last meeting but also discussed was the revised budgeting and funding structures until the end of July, possibly extended until October and the full reimbursement on spending, the Finance Team challenge around an issue with NHE and NHSI regarding inadequate initial funding and the cost of producing future services and clarity required.

Ken thanked John and David and advised that the Steering Group had discussed the need to revisit CEDAR as a big issue item at a future meeting due to the potential impact on services.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Resource and Business Assurance Committee**

13.2 Feedback from Audit Committee

In Victoria Bullerwell's absence, David Arthur reported there had been two meetings since March, when the accounts and production for meetings timetable had been approved, with no obstacles envisaged. A clean audit report is indicated and recommendations and issues will be analysed. Internal audit is to recommence on 1 July with the revised workflow being agreed with the Exec Team and the Internal Audit Team, to ensure delivery of the report for the 20/21 financial year.

David requested consideration that more than one governor be allocated to the Audit Committee, to ensure there is regular representation and no disconnection. Debbie Henderson advised that Victoria had to leave the meeting but had informed Debbie of her childcare difficulties impacting on meetings.

Ken invited expressions of interest to be forwarded to Corporate Affairs for consideration by the Steering Group.

Action:

- **Expressions of interest regarding Audit Committee attendance to be forwarded to the Corporate Affairs office.**

Resolved:

- **The Council of Governors received and noted the feedback relating to the Audit Committee.**

13.3 Feedback from Quality and Performance Committee

Margaret Adams, Governor Representative, advised that both Anne Carlile and she had been unable to attend the last virtual meeting on 19 May, as waiting to access Teams. Margaret read out meeting feedback received from Alexis Cleveland, which focused mainly on the pandemic situation but also referred to Committee reports for the Board meeting on 29 May. Areas of concern included increasing use of restraint in seclusion, waiting times and Service User/Carer complaints. Although Services have been well maintained, there is a need to ensure records and care plans are kept up to date, as mentioned in the CQC report, safety of Estates and ongoing maintenance programme and identification of any crucial improvements outstanding. Assurances were received regarding the PPE situation but ongoing observation is required for both PPE and the Pharmacy supply chains.

Alexis added that they were looking for lead indicators for any areas of signals that may be going wrong from a quality perspective and assurance was sought on behalf of the Board and Governors on the processes in place to manage Covid-19, as in early stages. Reports received were very thorough. The decision was made to increase meetings from six to eight a year to allow six monthly updates on each of the localities, as now including Cumbria.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Quality and Performance Committee**

13.4 Feedback from the Mental Health Legislation Committee

Denise Porter, Governor Representative, reported that everything seemed to be going well in terms of monitoring. The theme for the last 12 months had been raised with Lisa and Gary following the CQC report and assurance received that this would be on the agenda at the next meeting.

Gary confirmed that work had been ongoing on the plan for this, despite the Covid situation.

Michael Robinson, Chair of the Mental Health Legislation Committee, reported that a review of the Mental Health Act was scheduled at the start of the crisis but had not occurred. However, guidance on the application of the Code of Practice and the Act had been received in late May and the Mental Health Act team are working through this and will be presenting a paper to the Board on its application but are confident that the guidance is currently being applied.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Mental Health Legislation Committee**

14. Feedback from Governors Working Groups and Committees

14.1 Update from Nominations Committee

Ken Jarrold advised that the Nominations Committee has not met and nothing to raise.

Approved:

- **The Council of Governors received and noted the update for the Nominations Committee**

14.2 Update from the Governors Steering Group

Ken Jarrold stated that the Steering Group had held two meetings, one informal and one formal with the focus of issues as outlined in the earlier governance arrangements paper.

Debbie added that the Membership Strategy update is required and will be a substantial piece of work that will be aligned with Emma Shipley's work on the OD engagement strategy with staff.

Approved:

- **The Council of Governors received and noted the update for the Governors Steering Group**

14.3 Update from the Governors Quality Group

Margaret Adams advised that although the Quality Group has not met since January, arrangements were made for the Quality Report to be circulated to group volunteers for feedback. It was recognised that the Covid-19 information received and the CQC report will need to be a priority agenda item. A planning meeting has been scheduled for Tuesday, 30 June to set an agenda and date for a virtual Microsoft Teams meeting in July. Group members able to access Teams will receive an invitation and link. The agenda set for the year will need to be reappraised and new priorities determined. A conference room at Walkergate Park has been booked for the whole of 2021 in anticipation of being Covid-free or a vaccine being available.

Approved:

- **The Council of Governors received and noted the update for the Governors Quality Group**

15. Feedback from External Events and Meetings

15.1 Feedback from the Governor Advisory Committee

Anne Carlile attended a GAC workshop via Zoom on 3 June, with approximately 20 different Trust attendees. A policy update for strategic work on Covid-19 was provided for all governors across the country. Discussion involved care home issues and information received by individual governors in Trusts and CNTW was mentioned and commended for the work carried out and all the information circulated to their governors and in particular, Debbie Henderson, on all information circulated and described as an excellent format. Other concerns were how Trusts were communicating and how this is to be taken forward.

Ken Jarrold thanked Anne and was pleased to hear that work on the Trust's communications was recognised and commended.

Resolved:

- **The Council of Governors received and noted the feedback relating to the Governors' Advisory Committee**

16. Board of Directors Minutes

16.1 Board of Directors Minutes – 4 December 2019, 5 February and 4 March 2020

Ken Jarrold advised that the minutes of the Board of Directors meetings were enclosed for information. There were no questions raised by Governors relating to the minutes.

Resolved:

- **The Council of Governors received and noted the minutes of the Board of Directors meetings held on 4 December 2019, 5 February and 4 March 2020.**

17. Any other business

Claire Keys enquired about the current annual rolling staff turnover rate in the Trust in comparison to the national average of 15% and asked if the Trust is satisfied with this, as this can vary and impact on individual teams.

John Lawlor replied that it is always below 10% and approximately 9% recently. The Trust is in the North-East in a bubble but as a Trust overall there are no concerns.

Lynne Shaw confirmed that the Trust has predominantly moved between 8½-9½% and does drill down into all the service areas and incorporates leaver questionnaires and interviews. Lynne agreed to provide Claire with up to date rate data and Ken thanked Claire for raising the issue and specifically for highlighting the potential impact on individual teams.

Action:

- **Lynne Shaw to provide Claire Keys with up to date rolling staff turnover rate data.**

There being no further business to discuss, the Chair declared the meeting closed.

Big Issue Items

18. Covid-19 Situation Update

Gary O'Hare spoke to his paper, stating that the report seeks to provide the Council of Governors with assurances on Trust actions regarding business continuity and service delivery, during the pandemic.

Gary outlined the work and structure of the Gold Command team, formed in response to Covid-19, with the strategy being to ensure that the Trust provided safe and effective care for service users, including implementing correct safety measures around Infection Prevention and Control and Personal Protective Equipment (PPE) for service users, staff and visitors.

Gary advised that there was also focus on how organisations could support each other during the pandemic and to adopt new ways of working collaboratively. He outlined the challenging national updates received from government, aimed mainly at acute Trusts, involving multiple guidance changes on a daily basis, on issues requiring timely review and implementation across the organisation.

Gary referred to the issue of Covid-19 situation reporting and quality standards and gave examples involving patient specific activity and daily SitRep reporting to NHS Digital. He also alluded to the successful proactive patient and staff testing arrangements of the Trust and the management of staff sickness absence via a central absence reporting line, enabling real time information and subsequent essential redeployment.

Finally, Gary spoke of the service change process, including establishing a new mental health emergency department and availability of universal crisis teams providing 24/7 access for young people. Furthermore, he mentioned the challenging impact on the workforce, including guidance compliance for safe working from home and in work environments and commended the flexibility and willingness of redeployed staff and the phenomenal work carried out on the ever-changing communication updates generated via Debbie Henderson and her team. Gary referred to the present ongoing situation and the potential issues around the future easing of lockdown it may present. It was noted that the next phase will be led by John Lawlor, CEO.

A Clinical Ethical Forum was also established, chaired by Dr Rajesh Nadkarni, Executive Medical Director, to assist with ethical issues and clinical decision making within services.

Rajesh referred to membership of the forum and the importance of service user and chaplaincy representation to help steer decisions. He added that the four fundamental principles of best interest, causing no harm, economy and fairness were looked at and have remained the same since the Nuremburg trials and apply to most situations. The last topic discussed was the ethics of recording meetings and a paper is being taken to the Command Centre and Incident Management Group (IMG) regarding some of the principles which individuals should adhere to, depending on the rationale and meeting topic.

Rajesh spoke of the disproportionate impact of the pandemic in relation to Black, Asian and Minority Ethnic (BAME) patients and staff. A support letter was initially circulated to BAME staff from John Lawlor, when anxiety and concern was recognised among this staff group. The staff network subsequently met to regroup and provided a successful forum to support staff to share concerns and accordingly enable changes and decisions to be made from a cross perspective, direct to the IMG. Rajesh added that BAME staff evidence-based risk assessments have been carried out to help maintain staff safety and it is essential that managers are mindful of their requirement and importance. Inequalities of Covid-19 have been recognised and more detailed discussion is on the next Board of Directors agenda, with further Trust actions to be determined.

Ken Jarrold thanked both Gary and Rajesh for their detailed, helpful and full introduction and invited questions and comments.

Lynne Shaw emphasised the importance of Trust relationships with the Trade Unions during the pandemic and commended their supportive and pragmatic approach during the weekly meetings with Gary and herself and Lynne's extra weekly catch ups with regional officers. Ken acknowledged the importance of these relationships on behalf of the Council of Governors.

Gary O'Hare replied to Evelyn Bitcon's question about Trust visiting arrangements for vulnerable patients, stating that multiple visitor guidance from the Mental Health Act, CQC and NHSI has been received and CNTW has progressed from no visiting to visiting with guidance compliance, determined by the environment and situation presented. Transparent masks have also been requested for issues with face coverings.

Janice Santos expressed her gratitude to Trust staff and the impact of the consistent pressure-free personal keep in touch telephone service the Trust has provided and Gary thanked Janice for her welcome comments and referred to the positive impact identified and learning for future ways of working and service delivery.

Janet Folland commented on the future impact of the pandemic on services involving those experiencing deconditioning from recovery, social distancing and isolation and asked if the Trust was developing a rehabilitation strategy alongside acute, community and Local Authority colleagues.

John Lawlor advised that internally, the Trust is establishing a 'Review, Reset and Re-design' strategy to examine positive and negative impacts, take on board learning through new ways of working and how to implement and take advantage of this swift response action. Externally, in each of the seven Local Authority areas there are strategies developing on how to cope with multiple areas of concern, including care, civil disturbances, food provision etc. Relationships with care homes are also being looked at. Partners are reviewing issues at organisational, Local Authority Place and regional level at ICS. John is Chair of the North ICP planning group looking at each location and ensuring sharing and no duplication. John commended the way the Cumbria system works, especially when working in partnership.

Ken Jarrold confirmed that the Board will be focusing on the Review, Reset and Re-design strategy at their next away day and the Steering Group may also identify this as a future topic for a governor meeting.

Ken welcomed Janet to her first meeting as the interim Staff Governor for North Cumbria and confirmed that a one-to-one meeting will be arranged.

Janet agreed with the importance of the strategy but felt that the future population health issues due to the pandemic, also need to be acknowledged involving close partnership collaboration. John agreed stating that significant concern exists nationally about how to model this around the future demand growth and ensure adequate responses, as for example, some NHS and care staff begin to experience their first psychotic episodes following their close areas of involvement in critical care.

Action:

- **One-to-one meeting to be arranged between Ken Jarrold and Janet Folland.**
- **Further questions to be submitted to Corporate Affairs.**

19 Cumbria 9 month update

Ken Jarrold welcomed David Muir to the meeting and congratulated him on his new role as Group Director.

David spoke to his presentation, beginning with the background to the transfer of services in October 2019 and explained that although the last three months had been Covid focused, meetings and activity were beginning to step up again. The locality is now fully formed and has recently seen some changes in Directorship.

David gave an update on the previous presentation from December regarding 'The Journey', including mobilisation, transition, integration and normalisation, adding that initial thoughts

were around a one-way flow of information, support and activity into Cumbria but some positive elements of policies from Cumbria have now been integrated into the wider Trust policies, as well as innovative ideas from clinical services in Cumbria. David advised that there has been a positive response to Covid-19 from the locality and the new way of working, including IT support for consultations and subsequent significant improvements in waiting times, particularly in core Children's Services. Some of the in-patient wards have required reconfiguration. Partnerships have included cross organisational work, including test centre work and support of Newcastle hospitals.

Post COVID working is ongoing to embed changes in working practises in preparation for future challenges. David referred to recruitment vacancies and building issues and the anticipated future surge in demand for services and how to accommodate this. Seven day working is being explored via an ongoing pilot in a Cumbria community mental health team in preparation of a crisis situation and going forward identifying ways of maintaining services regarding issues such as social distancing by embracing Information Technology. David commended staff who have enabled the Trust to maintain services during this difficult time.

Ken Jarrold invited comments and questions and Margaret Adams asked if plans for the implementation of the Together Strategy in Cumbria could be brought to a future Quality Group meeting, to include how Service Users and Carers are being incorporated, as in other areas of the Trust. David stated that meetings are being set up to gather information and views of the community services and a Healthwatch presentation has been built into a locality meeting. Due to the speed of COVID, ways of working have rapidly changed. There is also a need to manage expectations of service users, carers and staff and a lot of work has been recognised and is in place.

Gary O'Hare advised that the deferred Carers Conference is still in hand.

Evelyn Bitcon as Cumbria Public Governor, suggested a meeting be set up to look at a future way forward with service user, carer involvement and engagement in Cumbria. Janet Folland as Cumbria Staff Governor, spoke of recently employed Service User Involvement practitioners who would also be keen to be involved in any discussions.

Ken thanked David for his presentation and congratulated John Lawlor et al in the decision to create the Cumbria locality back in 2017.

20. CQC Inspection Report

John Lawlor referred to the March inspection report and the three wards involved in the CQC report, emphasising that the Trust is in the process of implementing 'must do' actions. John pointed out that there is a national focus on Human Rights, particularly with Learning Disabilities and young people, adding that some of the services have been under great pressure and it is vital that the Trust support staff in these areas and adhere to the standards expected.

Gary O'Hare echoed his disappointment of the report and offered no excuses for the outcome of the inspection. The transfer of external services into the Trust from other organisations has been challenging, bringing with it a significant amount of pressure but should have been handled without undue concern. Gary further advised that an action plan is reviewed weekly by the Business Delivery Group and recognised that it has been a big wakeup call for the Trust but will be resolved as quickly as possible. Gary pointed out that some of the environmental issues have already been resolved.

Lisa Quinn advised that the report was received by the Board and published in May and the response to the CQC is currently being reviewed in terms of an action plan in the ward areas, core service across the board and any learning across the organisation from findings from the three units. The Board will receive a draft action plan this month for consideration prior to

submission to the CQC. The CQC Steering group is to meet fortnightly and the intervening week as a compliance group across the organisation. The 46 outstanding actions are: 3 previous applicable to NTW Services, 38 received through transfer from North Cumbria plus 5 from the focused inspection. The scale is significant and the focus will be targeted via BDG and CQC Compliance groups, into improvement activity and learning across the organisation.

Fiona Regan referred to her presentation to the Board of Directors back in November 2018, prior to becoming a governor, when she was assured that the items she raised regarding Rose Lodge would be addressed but stated this did not happen. Fiona wished the governors and Board to be aware that after reading the CQC report, she was shocked to see similar findings to those raised by herself. There was a report in September 2018 with no significant changes. Fiona had referred to the lack of training and low morale plus staff sickness in Rose Lodge. The February Board meeting also identified a service user with autism who was in seclusion for 18 months which was also referred to in the CQC report. Fiona therefore asked the Board how they intended to quickly rectify this to ensure a similar report is not replicated in future.

Ken Jarrold acknowledged Fiona's comments and stressed the importance placed on the seriousness of the report, whilst also emphasising John's, Gary's and Lisa's response to the report. Ken said that a great deal of work has been and is presently being carried out and it is recognised that issues raised should have been addressed earlier.

John Lawlor commented on low nursing staff morale in organisations in general, adding that there are a range of reasons. John spoke of his visit to Rose Lodge following the televising of the Whorton Hall programme, when staff said they felt ashamed that this could happen. There are also external environmental issues, with poor psychiatrist and nursing recruitment but agreed that there are also internal issues. He added that it is palpable how stressed and pressurised Rose Lodge is, despite being a ward the Trust significantly overspends on due to the need for extra staff but he assured the meeting that the Trust fully accepts responsibility and stressed that there are robust processes being worked through on a weekly basis to ensure appropriate situation management.

Margaret Adams said she had also asked about Rose Lodge at a previous Quality Group meeting and was assured by a report that the training had been completed in Rose Lodge. Evelyn Bitcon added that due to the complex and vulnerable community involved the best way forward is important, especially for carers. Anne Carlile agreed with Evelyn in terms of involving individual governors with a wealth of experience and would be interested in attending a working group to offer help and support staff. Dr Uma Ruppa Geethanath stated she would also be happy to join a working group.

Ken Jarrold said he would take this to the Steering Group and Policy Group to decide how best to take it forward.

Fiona Regan referred to the staff training and felt that subsequent staff supervision was an important area to look at.

Ken stated that it was clear that this issue had been taken extremely seriously and it is disappointing for the Trust and recognised that lots of further work is needed. The idea of governors' involvement will be considered and he thanked the group for their input and apologised for the overrun.

21. Date, Time and venue of the next meetings:

Council of Governors Engagement Session – Thursday, 23 July 2020
10.00 am -12.00 pm, via Microsoft Teams

Council of Governors meeting held in public – Thursday, 15 September 2020
10.00 am -12.00 pm, via Microsoft Teams

**Minutes of the meeting of the Board of Directors held in public
on 29 May 2020, 1.00pm – 3.00pm
Microsoft Teams Meeting**

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
Tom Bentley, Public Governor
Janice Santos, Carer Governor
Fiona Regan, Carer Governor
Revell Cornell, Staff Governor
Bob Waddell, Staff Governor
Evelyn Bitcon, Shadow Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Jennifer Cribbes, Corporate Affairs Manager
Kate Bradley, Shadow Non-Executive Director

1. Welcome and Introduction

Ken Jarrold opened the meeting and welcomed those in attendance.

2. Apologies for absence:

There were no apologies for absence.

3. Declarations of Interest

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

Cumbria, Northumberland Tyne and Wear
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4. Minutes of the meeting held 4 March 2020

The minutes of the meeting held on 4 March 2020 were considered and agreed as an accurate record of the meeting.

Approved:

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

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

06.11.19 (13) Freedom to Speak Up Strategy

Lynne Shaw advised that the Board would receive the Freedom to Speak up Strategy at this meeting, item 16 on the agenda.

Matters Arising

There were no matters arising.

6. Chairman's remarks

Ken Jarrold commenced and explained that he wanted to share the following thoughts with all individuals in attendance:

We are living in the midst of an extraordinary time. It is a very challenging time for us as individuals, for service users and carers, for staff, the organisation and the wider population. As individuals, all of us are different and in different situations. However, we are all experiencing disorientation, loss of contact with work colleagues, family and friends and the normal variety of everyday life. I am very conscious that as an individual I am in a very fortunate position of not having been ill, not having anyone close to me ill, not having lost anyone close to me, no financial worries, a comfortable home with outside space with easy access to a park, no young children or physically disabled people to care for, having work that I can do that is time consuming and satisfying, interests also including reading research but even with all of those things in my favour I have not found it easy to maintain morale and focus and I can only imagine what life is like for people directly affected by illness or loss, financial worries, loss of employment, crowded housing with no outside space and young children or people with physical or mental health issues to care for and my heart goes out to everybody who finds themselves in any of those circumstances. I think it is easy to forget how challenging this current situation is for individuals.

For many service users and carers, life must be extremely difficult with increased loneliness, financial difficulties, a lack of face to face contact, support and activities. I am incredibly proud of the high standard of communication and support provided to service users and carers by Debbie, Adele, the Communications Team, Alane, the Patient and Carer Involvement Team working with ReCoCo and other Recovery Colleges and other partners. It has been a remarkable effort and I am very grateful for it and I am sure it has helped to some extent.

For staff, it has been a very challenging time; there must have been a great deal of fear and anxiety about their own safety and welfare particularly for some groups such as our BAME colleagues about the use and availability of Personal Protective clothing, new methods of working, remote contact when we have been used to face to face contact with service users, carers and each other, and the loss of one of our colleagues must have caused great sadness and further anxiety.

From what I know, the organisation has coped very well with strong clear leadership and support to staff, communications have been excellent, the challenge to the organisation is likely to be even greater in the next few months and years as the impact of the situation on the wider population becomes clear. That is not to say of course that there are not many lessons to be learned and we are already conscious of many of those and we will be sharing those lessons with you both in terms of reviewing what we have learned and what we have done so far and preparing for the next phase.

In many ways my biggest worry is about the wider population and the challenges they have been facing. There is already increased evidence of increased demand for mental health services resulting from anxiety and depression, social isolation due to lockdown, financial difficulties to domestic and child abuse, alcoholism, drugs and gambling. It is impossible to know how great the increase in demand will be. However, given that we were already struggling with referrals and waiting times before COVID-19, any significant increase in demand will be very challenging for us. These are unprecedented times impacting on us as individuals, on service users and carers, on staff, on the organisation and on the wider population.

7. Chief Executive's report

John Lawlor provided a verbal update to keep the Board informed on current issues.

John commenced by providing an update on planning and referred to a letter from Simon Stevens, Chief Executive Officer of the NHS. The letter had requested NHS Trusts to continue responding to the COVID-19 pandemic whilst also reintroducing services. It was explained that there are concerns in relation to the winter period due to the potential impact of 'Flu and COVID-19 which will have the greatest impact on Acute and Ambulance Trusts. However, John advised that in relation to Mental Health services, the main challenge will be having the capacity to respond to the COVID-19 pandemic's impact on mental health whilst also delivering the Mental Health 5 year Forward View standards. John advised that a report will be provided at a future Board of Directors meeting in relation to the planning arrangements and future strategy.

John further advised that the CQC had published a report the previous day in relation to three of the Trust's Learning Disability inpatient services that had been inspected in March 2020. It was explained that a number of areas of non-compliance had been found. Therefore, resulting in those individual services having gone down from an 'outstanding' rating to a 'good' rating including a 'requires improvement' rating for safety. John advised that the Trust had already commenced implementing the action to ensure that the findings are dealt with.

Ken Jarrold thanked John for the update and advised that the CQC report had been very disappointing. However, the Trust would accept the findings within the report and be determined to correct all of the issues raised.

Resolved:

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

Action:

- **The Board to receive a report on planning arrangements and future strategy.**

Quality, Clinical and Patient Issues

8. Response to COVID-19

Gary O'Hare spoke to the enclosed report, 'Response to COVID-19' and provided a detailed update in relation to each section of the report.

Further information was provided in relation to the national guidance. Gary explained that there had been a significant amount of national guidance which had been reviewed daily, interpreted and communicated. Gary advised that as part of the emergency planning arrangements, the Trust had set up a Gold Command in the early stages of the COVID-19 Pandemic, to manage the guidance and operations in relation to COVID work and that this had been running 7 days per week. Gary explained that the receipt of guidance had increased over the last 48 hours in relation to Test, Track and Trace.

The Board was made aware of the daily SitRep reporting requirements to multiple organisations, including the ICS regional office, NHS Digital and NHS England and Improvement. The reporting was said to include information on staff absence, bed availability, number of COVID-19 Positive patients, staff testing numbers and PPE stocktake data.

Gary referred to section 3 of the report, which detailed the arrangements for Gold Command and it was explained that the structure had ensured business continuity and a rapid response to a changing national picture.

The Board was made aware that Personal, Protective Equipment (PPE) had been a challenge. However, there had been no instances where staff did not have the required PPE or had been in a position where re-use of PPE had been required. Gary explained that the PPE was now being delivered via a push system where items are being provided, rather than a pull system where items required are ordered. It was further explained that organisations throughout the ICS have supported each other by maintaining a system of mutual aid.

Gary advised that CNTW had reported a total of 104 patients with COVID-19 and that the majority of these cases have since recovered. However, sadly, 10 patients with positive COVID-19 test results, many of whom were on end of life pathways, had died. Furthermore, tragically, one member of staff had died. The Board was

made aware that the Trust's current position was that no patients are COVID-19 positive.

The Board was made aware that the Trust had made a decision early at the beginning of the pandemic to conduct its own staff swab testing which has supported staff to return to work. Furthermore, testing had been offered to the wider system including to Care Homes and Acute Care Trusts. Gary advised that there are ongoing negotiations being conducted with local Acute Care Trusts to understand how CNTW can support them with pre-screening patients prior to elective surgery.

It was stated that antibody testing would be commencing in the near future and that a structure was in place to commence testing on those most vulnerable in the first instance, including staff from a BAME background.

The Board was made aware that there had been a lot of support put in place to manage staff sickness levels. It was explained that the staff sickness level peaked in April and that staff sickness has continually decreased since then. Furthermore, the level of staff sickness was lower than the average for similar Trusts in the region.

Gary referred to section 8 of the report, 'Service Change Process during the COVID-19 Pandemic' and advised that to maintain the safety and well-being of our service users, the Trust had decided to change some service delivery, such as using virtual meetings rather than having face to face appointments for assessments, reviews and consultations. It was explained that the Trust was now looking at ways to safely reintroduce some face to face appointments in a way that maintains social distancing.

Finally, Gary advised that managing communications had been a phenomenal task and that the guidance received had been turned around quickly by the communications team and shared with staff. It was explained that good feedback had been received from staff in relation to the communications that they had received.

Gary referred to section 13 of the report, 'Next Phase' and advised that the appendices to the enclosed report provided further detail in relation to how the Trust will be working going forward.

Rajesh Nadkarni spoke to the Clinical Ethical Forum section of the report and explained that the Clinical Ethical Forum was established within the first few weeks of the COVID-19 pandemic, to assist with clinical decision making within services. Rajesh advised that the members of the group included executive directors, clinicians and subject matter experts. Rajesh provided a practical example of an ethical consideration made by the group which related to the ethical implications of delaying diagnosis in dementia patients due to a lack of imaging.

Rajesh referred to current evidence and concerns in relation to the disproportionate impact of COVID-19 on BAME staff. The evidence which shows that those from a BAME background are more likely to require critical care support and/or sadly die, in comparison to those from other backgrounds. In a response to this, the Trust has written to every member of staff from a BAME background to advise them on

initiatives that are being putting in place to support their health, wellbeing and safety during this difficult time.

In response to a question raised by Paula Breen, Gary O'Hare explained that it is likely that the Trust will offer a mix of face to face appointments with appropriate social distancing/PPE and virtual appointments going forward.

Rajesh Nadkarni advised that the remote consultation technology had been a great asset and had helped a lot of people during the current pandemic. However, some people require face to face contact. Therefore, a set of principles must be established and a number of issues considered prior to deciding the right approach to take going forward. Gary advised that the Trust also must consider the staff and explained that current ways of working had resulted in staff having back to back virtual meetings with no time in between for thinking, reflection or to make notes.

Peter Studd thanked everyone for the huge effort and congratulated everyone involved. Peter referred to the 10 patients who had died (7 within the Trust and 3 in Acute Care) and questioned how the Trust had decided which patients would be cared for by the Trust and which patients would be transferred to Acute Care Hospitals. Gary advised that the 3 patients that were transferred to the Acute Care Trusts required ventilation. Gary further highlighted that a number of the patients who sadly died had been on the end of life pathway. Therefore, it was important that they received the best care within the Trust to ensure dignity at the end of life. Gary further advised that every patient referred to the acute hospitals had been accepted.

Rajesh Nadkarni made the Board aware that early in the pandemic the Trust had set up a physical health ward and a team of doctors, nurses and pharmacists with the right skills to care for people with physical health needs.

John Lawlor advised that there had been a lot of controversy relating to people who had died from COVID-19 in Mental Health Trusts, due to a perception that they may have not received the correct care. However, the majority of those who had died had been on an end of life pathway and it was not appropriate to transfer them to an acute care setting. It was also explained that the Trust is able to provide oxygen but not ventilation.

In response to a question raised by Les Boobis regarding patients transferred to care homes, Gary advised that patients had been discharged from the Trust into care homes. However, as the Trust had testing in place very quickly, patients had been tested prior to discharge.

Les Boobis further questioned if the Trust was aware of any patients who had been discharged to a care home who had developed COVID 19 at a later stage. John Lawlor advised that there had been no systematic data collected to measure that situation.

Ken Jarrold summed up the conversation and expressed thanks to Gary O'Hare, members of Gold Command and every member of staff who had contributed to the COVID-19 work. Ken expressed his condolences to all who had lost someone as a result of the pandemic. Ken explained that he had asked Debbie Henderson to draft a letter to staff to thanks to staff for all they had done and to offer condolences to

members of staff who have sadly lost someone due to the pandemic. It was explained that the letter will be included within the weekly staff bulletin.

Ken further advised that due to the unprecedented nature of the pandemic, there will be lessons to learn and that the Board would be keen to receive the lessons learned reports at future Board meetings.

Finally, Ken highlighted the new challenges ahead as a result of new ways of working and new design of service provision in the future.

Resolved:

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

Action:

- **Letter of condolences to be added to the staff bulletin.**

9. IPC Board Assurance Framework

Gary O'Hare spoke to the enclosed IPC Board Assurance Framework and advised that the framework had been developed to help providers assess themselves against the Public Health England Infection Prevention and Control Guidance and identify any areas of risk.

Gary made the Board aware that the report provided details on the Trust's current compliance and noted that an amended version of the report had been circulated earlier in the week to provide the Board with up to date information.

Lisa Quinn advised that the Trust had been requested to submit the minute for this item and related items later that day.

Resolved:

- **The Board received and noted the IPC Board Assurance Framework and Trust's current compliance with the standards.**

Action

- **The Board to receive a further paper on IPC Board Assurance Framework in June.**

Strategy and Policy

10. Support For BAME Colleagues Report

Lynne Shaw spoke to the enclosed report to update the Board on the Trust approach to supporting Black, Asian and Minority Ethnic (BAME) staff across the Trust (including bank staff, agency workers and contractors).

Lynne referred to the report and advised that it had been prepared to demonstrate the early statistics in terms of deaths amongst BAME people from COVID-19, in comparison to white health and care workers in the United Kingdom. Lynne

explained that around a third of the healthcare workforce who have died are from a BAME background whereas they make up only approximately 20% of the overall workforce.

Furthermore, Lynne advised that in early April, a decision had been made to stand down the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data collection process for 2020 due to COVID-19. However, due to the inequalities realised, the Trust had received notification that the data collection had been reintroduced. Therefore, the Trust is collecting the data for 2020.

John Lawlor highlighted that over 60 people from the BAME community had joined the recent BAME Staff Network meeting. It was explained that feedback from the group had been positive in terms of the support provided by the Trust. However, it was explained that the Trust would like to provide further support.

Ken Jarrold summed up the topic and stated that although there is a great deal of sadness due to the impact on, and death of, staff from a BAME background, it is hoped that it provides the impetus to drive the Trust's priority in relation to improving equality and diversity.

Resolved:

- **The Board received the Support for BAME Colleagues Report.**

11. Commissioning and Quality Assurance Report (Month 12 and 1)

Lisa Quinn spoke to the Integrated Commissioning and Quality Assurance Report for March and April 2020 (month 12 and 1) to update the Board on issues arising and progress made against the quality standards. Lisa advised that there had been a small deterioration in the CPA metrics for the majority of CCG areas. However, it was stated that the biggest impact had been in relation to the number of referrals received into our services which had subsequently impacted on people entering treatment in areas such as IAPT. Lisa advised that as a consequence, the reduction has had an impact on some of the Trust's quality standards.

Lisa advised that the Month 12 report had been reviewed by the Trust's Quality and Assurance Committee and questions had been raised in relation to the training metrics due to a reduction in month 12 and month 1. Lisa advised that of the 32 training standards currently in place, 18 of the standards had had a deterioration in compliance as a consequence of the transfer of services from North Cumbria. Furthermore, in addition to this, a further 12 training standards have had a reduction in compliance over the last 2 months.

Lisa advised that in relation to appraisals, there had been a steady decline in compliance over the last two months with the Trust's current position being 67.5% compliant. It was advised that the Trust was in the process of reinstating appraisals and training throughout June. Therefore, it is hoped that the position will improve.

James Duncan spoke to the finance section of the report and made the Board aware that the position at month 12 was that the Trust had a draft surplus before exceptional

items of £3.5m which included the recently allocated national funding support for Mental Health Trusts of £1.6m. James further explained that at Month 1, the Trust was at a breakeven position which reflects the financial arrangements that have been put in place in response to COVID-19.

In response to a question raised by Michael Robinson in relation to waiting time methodology, Lisa explained that the methodology for waiting times for Children's Services is nationally mandated. Whereas the Trust's methodology is used for waiting times for Adult's Services, due to the absence of national methodology.

Peter Studd referred to the section of the report on bank and agency spend and questioned if the staff bank that had been set up at the beginning of the COVID-19 pandemic would be sustainable going forward and result in the Trust having a long term reduction in costly agency spend that is offset by an increase in less costly bank staff spend. Peter further referred to the speed in which the staff bank had been set up and asked if the Trust could continue to introduce change so quickly in the future. Gary advised that many things had changed rapidly in response to the COVID19 pandemic and that new ways of working will be considered and continued where possible. However, Gary highlighted that some staff were redeployed from community based services which were not included within the report.

John Lawlor made the Board aware that the occupancy on the wards had also been lower than normal during the COVID-19 pandemic. Therefore, as a result of the lower occupancy there may have been a reduced need for the use of bank and agency staff which will be a contributing factor to the reduce in agency spend.

In response to a question raised by David Arthur in relation to the failure to achieve the commissioning targets, James Duncan advised that in terms of the financial arrangements, block contracts would continue until the 31 October 2020. James further advised that it is expected that planning guidance will be received in the coming months that will provide further information.

Resolved:

- **The Board received the Commissioning and Quality Assurance Reports for month 12 and 1.**

12. Safe Working Hours (Q4)

Rajesh Nadkarni spoke to the report to update the Board on safe working hours of Junior Doctors, January to March 2020.

Rajesh brought the Board's attention to page 5 of the report that provided detailed information on the additional Junior Doctor rota that had been put in place due to the increased intensity of work on the inpatient wards due to COVID-19.

Resolved:

- **The Board received the Safe Working Hours Report (Q4)**

13. Safer Staffing Levels (Q4)

Gary O'Hare spoke to the safer staffing report to provide assurance on the current position across all inpatient wards in accordance with the National Quality Board (NQB) Safer Staffing requirements. Gary highlighted that the report included the exception data of all wards against the Trust's agreed Safer Staffing levels for the period of April 2020.

Gary highlighted that despite the challenges of the COVID-19 pandemic, the Trust has continued to recruit staff to vacant positions by using assessment methods underpinned by values-based recruitment. As a result of this, all vacant Band 3 posts in the North locality had been filled.

John Lawlor brought the Board's attention to the staffing level on Edenwood Ward and highlighted that the staffing levels were required for one patient.

Resolved:

- **The Board received the Safer Staffing Levels (Q4) Report.**

14. Safer Care Report (Q4)

Gary O'Hare spoke to the report to update the Board and provided further detail in relation to incidents, deaths and complex cases.

Gary advised that in terms of incidents, from 1st October 2019 data had been collected from additional services in the North Cumbria locality. Therefore, this had resulted in an overall increase in activity and reporting.

Gary referred to page 5 of the report and highlighted that there had been a further increase in deaths during the period and that two of the complex cases had been heard at panel.

It was also explained that the Trust had received a regulation 28 report in which a response had been sent to the coroner.

Gary advised that there had been a never event as a result of wrong route of administration of prescribed medication. It was explained that following a review, it was highlighted that there was a deficiency in the training provided to newly qualified nursing staff. It was explained that as a result, changes to the training had been made.

Les Boobis referred to the Trust's performance on Positive and Safe and asked if a statement should be added to the Trust's Quality Account document to reflect the current position. Lisa Quinn advised that the Quality Account covered a specific period. However, Lisa stated that she would conduct further analysis on the current positive and safe data and provide Les with the information.

Ken Jarrold referred to pages 6 and 7 of the report on homicide reviews and highlighted the importance of focusing on the themes that had arisen from the reviews due to them being recurring themes in the Trust.

Resolved:

- **The Board received the Safer Care Report (Q4)**

Action:

- **A further analysis of the positive and safe data to be provided to Les Boobis, Non-Executive Director.**

Workforce

15. Staff Friends and Family Report (Q4)

Lynne Shaw spoke to the report to update the Board in relation to the staff friends and family feedback received during the Q4 period.

Lynne referred to the graph within the report and advised that 70% of staff had reported that they would recommend the organisation to friends and family as a place to work. Lynne explained that this had been the highest number of responses received, an increase from the previous quarter and was higher than the national average.

Lynne further advised that 76% of staff had reported that they would recommend the Trust's services to friends or family if they needed care or treatment which was the same result as the previous quarter.

Lynne brought the Board's attention to the final page of the report that detailed the themed responses and advised that in terms of staff recommending the Trust as a place to work, the main themes arising were staffing levels, environment and facilities, pay conditions including working hours. It was further highlighted that wellbeing and stress at work was prevalent within corporate and support areas. Lynne further advised that in terms of recommending the Trust's services to friends or family if they needed care or treatment, the main themes for improvement included waiting times and staffing levels.

Resolved:

- **The Board received the Staff Friends and Family Report (Q4)**

16. Freedom to Speak Up Vision and Strategy

Lynne Shaw spoke to the enclosed Freedom to Speak Up Vision and Strategy report and explained that the strategy had been developed in collaboration with Les Boobis, Non-Executive Director Lead for Freedom to Speak up and Neil Cockling, Freedom to Speak Up Guardian. Lynne further advised that the Vision and Strategy is in line with recommendations from the National Freedom to Speak Up Office.

Lynne referred to the section of the report that detailed the vision for the Trust, the actions to be taken to deliver the vision, outcomes and measures, are outlined along with how this will be measured.

Resolved:

- **The Board received and approved the Freedom to Speak Up Vision and Strategy**

17. Freedom to Speak Up (6 Month update)

Lynne Shaw spoke to the enclosed Whistleblowing/Concerns Raised report to update the Board on issues raised and logged by the workforce team between October 2019 and March 2020. Lynne explained that 25 cases had been reported in total during the period in which the main themes related to attitudes and values.

It was also highlighted that a number of staff had raised concerns in relation to people who are not employed by the Trust but work in partnership with the Trust. Therefore, these concerns are being addressed directly with the partner organisations.

Les Boobis advised that a number of detailed discussions had taken place to develop the strategy and ensure it was concise and useful. In relation to the report, it was explained that the Board now receive a report on a 6 monthly basis and the Board were made aware that Les in his capacity as Non-Executive Lead for Freedom to Speak Up, meets with the Trust's Freedom to Speak Guardian on a regular basis. Les further advised that he was aware of some of the concerns that had been raised in relation to staff within partner organisations and they had been challenging to deal with due to not being directly involved. However, it was explained that they were being managed well by the Freedom to Speak Up Guardian.

In response to a question raised by Paula Breen, Lynne advised that a few of the concerns related to Trust processes such as disciplinary or grievance processes.

In response to a question raised by Michael Robinson, Lynne agreed to indicate which concerns had been whistleblowing and those that had been raised as concerns, in reports going forward.

Fiona Regan questioned if the Trust had a similar function in place to allow service user and carers the same opportunity to raise concerns. Gary O'Hare advised that any concerns from Service Users or Carers would be managed through the Trust's complaints process.

Fiona Regan further questioned if the Trust had a strategy in place to introduce a similar function to allow Service Users and Carers to raise concerns without having to go through a formal complaints process. Gary O'Hare agreed to meet with Fiona Regan to discuss the processes further.

Les Boobis advised that the Freedom to Speak Up strategy was introduced as it had been a recommendation made within the Francis Report: Review into the failing of Mid-Staffordshire Hospitals. Les further explained that it was a process to allow staff to raise concerns as staff are unable to make a complaint through a Trust's complaints process.

John Lawlor advised that he was happy to look at introducing alternative methods to make it easier for Service Users and Carers to raise concerns.

Alexis Cleveland advised that she was in support of introducing a process in which Service Users could raise concerns as an alternative to the formal complaints process.

John further advised that the Patient Advice and Liaison service had been introduced as a less formal way of allowing Service Users and Carers to raise concerns without going through the formal complaints process.

Ken Jarrold requested that the Board receive an update from the Patient Advice and Liaison service at a future meeting.

Alexis Cleveland supported the receipt of an update from the Patient Advice and Liaison service and requested that work is conducted following this to review equality of treatment of staff in comparison to Service Users.

Gary advised that a report will be presented at a future Board meeting detailing the process for complaints, concerns and compliments.

Janice Santos stated that sometimes raising a formal complaint can be difficult for people. However, developing a process whereby people can raise small concerns could be beneficial as they can be resolved and potentially prevent larger issues from occurring. John advised that approximately 3 years ago the complaints process had been changed to allow as many complaints as possible to be dealt with informally at a local level and the more significant complaints could be subjected to a full investigation.

Evelyn Bitcon endorsed the introduction of a new process and explained that concerns are sometimes a result of a lack of understanding or communication and if work could be done around the triangle of care, it could eliminate some of the time-consuming unnecessary complaints.

Ken Jarrold summed up the conversation and advised that the Board would receive a report at a suitable time in the future in relation to complaints, concerns and compliments and the Board would receive a report on the Patient and Advice and Liaison Service.

Resolved:

- **The Board received the Freedom to Speak Up (6 Month update)**

Action:

- **Future Freedom to Speak Up Reports to detail which concerns had been raised as whistle blowing and which had been raised as concerns.**

- **Board to receive a report on how the Trust deals with complaints, concerns and compliments.**
- **Board to receive a report and update on the work of the Patient Advice and Liaison Service.**
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Regulatory

18. Annual Review of Board Assurance Framework / Corporate Risk Register (CRR) Exception Report

Lisa Quinn spoke to the enclosed report, Annual Review of Board Assurance Framework/Corporate Risk register and Risk Appetite and reminded the Board of the review which had taken place at the meeting in March 2020 in which a number of changes had been requested. Lisa advised that the changes had now been incorporated as detailed within the report.

Resolved:

- **The Board received the Annual Review of Board Assurance Framework / Corporate Risk Register (CRR) Exception Report**

19. Board Assurance Framework (BAF) Corporate Risk Register (CRR)

Lisa Quinn spoke to the enclosed Board Assurance Framework and Corporate Risk Register update for the quarter 4 period. Lisa advised that the Board had reviewed the report in the closed Board of Directors Meeting in April and was being presented to this meeting for the purpose of transparency.

Resolved:

- **The Board received the Board Assurance Framework (BAF) Corporate Risk Register (CRR)**

20. NHS Improvement Single Oversight Framework

Lisa Quinn referred to the enclosed report to highlight to the Board the information submitted to external regulators for the quarter 4 period. Lisa advised that all items had been discussed separately within the Board agenda.

Resolved:

- **The Board received and noted the NHS Improvement Single Oversight Framework**

21. CQC Must Do Actions

Lisa Quinn spoke to the enclosed report to update the Board on the Trust Must Do Action Plans. Lisa reminded the Board of the report presented at a previous Board of Directors meeting in which 38 Must Do Actions that were associated with the services that had transferred from North Cumbria had been accepted, resulting in a total of 41 Must Do Actions.

Lisa further highlighted that as a result of the recent CQC Inspection of three of the Trust's Learning Disability inpatient services in March 2020, a further five Must Do Actions had been received and will be incorporated into future reports.

Resolved:

- **The Board received the CQC Must Do Actions**

Minutes/papers for information:

22. Committee updates

Alexis Cleveland, Chair of the Quality and Performance Committee, made the Board aware that the Committee would now be meeting 8 times per year. This is to enable the committee to take 6 monthly updates from each of the localities.

David Arthur, Chair of the Audit Committee, made the Board aware that the internal audit function had been stepped down for the Q1 period. It was explained that this was to allow Trust staff to concentrate on responding to the COVID-19 pandemic and to allow audit staff to be redeployed to support front line services. It was explained that to date, it is not expected that this will impact on the Head of Internal Opinion for the Trust. However, should this position continue, there may be an issue in 2020/21.

Peter Studd, Chair of NTW Solutions Ltd, made the Board aware that NTW Solutions had been heavily involved in the creation of the North East Nightingale Hospital. Peter explained that approximately 35 NTW Solutions members of staff were currently employed at the hospital. It was explained that although the hospital did not currently have any patients, there was a lot of ongoing maintenance required such as daily water flushing and cleaning. Peter commended all those who had been involved for their hard work. Peter further explained that approximately 30 NHS Executive Directors had visited the Nightingale hospital to understand potential uses should it not be used for COVID-19 patients.

John Lawlor advised that in addition to the Nightingale Hospitals, there potentially could be Mary Seacole Centres introduced for patients' rehabilitation. These would be created to ensure that the Healthcare system flows better.

Michael Robinson, Chair of the Mental Health Legislation Committee, explained that the Committee had been focusing on the impact of the legal guidance published on the 19 May 2020, on the impact of COVID-19 on the use of the Mental Health Act.

Michael advised that the Committee will present a paper to the Board in the near future detailing the Trust's approach to the new guidance.

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

Resolved:

- **The Board received the update from Committees**

23. Council of Governor issues

Ken Jarrold provided an update on Governor Issues and advised that the Governors Steering Group had met once virtually and another meeting was due to take place the following week. The Board was made aware that the Steering Group would be considering Governor Meetings going forward.

There were no further Council of Governor issues.

Resolved:

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

24. Any Other business

Gary O'Hare referred to the commencement of Test, Track and Trace in England and advised that the Trust was awaiting national guidance.

Fiona Regan referred to the section within the Safer Care Report that detailed the rise in incidents for people with Autism and questioned if there was an opportunity to review the strategies used in staff training as the issue appears to be recurrent. Gary advised that we could look into the training.

Fiona Regan further asked if the Trust collects data on the use of Positive Behaviour Support. Gary advised that the Trust does not usually collect data on Positive Behaviour Support separately. However, a check will be made with the RIO system to understand if a report is possible and will be included as a method of sharing positive experience across the organisation. Fiona advised that it would be very interesting to understand how Positive Behaviour Support is used across the organisation and how it is promoted to staff. Gary advised the CNTW provides a lot of the training on Positive Behaviour Support to other organisations and suggested conducting an audit of the use of Positive Behaviour Support.

Debbie Henderson highlighted that the following week was volunteers' week and asked individuals to contact her should they have a story to share.

There being no further business to discuss, Ken Jarrold closed the meeting and thanked everyone for their contribution.

Resolved:

- The Trust to explore including data in relation to Positive Behaviour Support within future Safer Care reports.

25. Questions from the public

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

Date and time of next meeting: Tuesday, 23 June 2020, 1:30pm to 3:30pm, Microsoft Teams.

Cumbria, Northumberland Tyne and Wear
11/06/2020 09:03:53

**Minutes of the meeting of the Board of Directors held in public
on 23 June 2020, 1.30pm – 3.00pm
Microsoft Teams Meeting**

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
Tom Bentley, Public Governor
Fiona Regan, Carer Governor
Revell Cornell, Staff Governor
Bob Waddell, Staff Governor
Evelyn Bitcon, Shadow Governor

In attendance:

Debbie Henderson, Deputy Director of Communications and Corporate Affairs
Jennifer Cribbes, Corporate Affairs Manager
Keith Reid,
Ron Weddle
Christine Ntanda
Edith Russell,

1. BAME Staff Network

Ken Jarrold extended a warm welcome to Edith Russell, and Christine Ntanda, Co-Chairs of the BAME Staff Network who were in attendance to provide the Board with an update in relation to the recent work of the BAME Staff Network.

Edith Russell commenced by thanking the Board, for the Trust's support, as the staff who had attended the last BAME network meeting had felt supported by the Trust during the recent pandemic. Edith continued by sharing a personal experience when working as a bank member of staff on one of the Trust's wards.

Christine Ntanda spoke to a PowerPoint presentation to update the Board on recent work of the BAME Staff Network including the network's development plan, education and representation.

Rajesh Nadkarni thanked both Edith and Christine for their excellent leadership.

Lynne Shaw thanked Edith and Christine for their honest and powerful presentation and referred to the section of the presentation on development opportunities and recruitment. She advised that the Trust's statistics show that over the last 12 months, a white person would be more likely to be appointed to a position in a recruitment process following shortlisting than a BAME person. Furthermore, statistics in relation to disciplinary processes, show that BAME staff are more likely to be subjected to a disciplinary process than a white member of staff. Therefore, the Trust is required to make improvements. Lynne further advised that the BAME Staff Network would have the full support of the Workforce and OD Directorate to take forward the work in this area.

Lynne Shaw referred to cultural ambassadors and advised that she was meeting with the Royal College of Nursing later that day. Lynne explained that she would be encouraging them to arrange some training to increase the number of cultural ambassadors within the Trust and across the region.

James Duncan thanked Edith and Christine for an excellent presentation and asked how the Board could provide support and help to increase the profile of the BAME Staff Network. Edith Russell advised that there had been a significant increase in BAME colleagues attending the last meeting of the Staff Network and that one of the benefits of the COVID-19 Pandemic had been the introduction of Microsoft Teams as it has made the meeting more accessible. Edith also explained that they would like middle managers to support BAME staff to attend the Staff Network meeting, as they are aware that some individuals working on wards are not able to take the time away from their duties to attend.

Christine Ntanda further asked that leaders within the Trust make time to listen, without judgement, to BAME staff when expressing their views and sharing their lived experience. Furthermore, when making change, ensure that the BAME member of staff is included and part of the solution.

Evelyn Bitcon, Shadow Governor, congratulated Edith and Christine for delivering a very powerful presentation and advised that although Cumbria has a slow growing BAME community, good work had been completed relating to inclusion and equality. Evelyn expressed her sadness for the experiences that BAME staff have had whilst working within the NHS and raised the need for providing BAME staff with the opportunities that they deserve.

David Arthur asked Edith and Christine if the Non-Executive Directors could attend one of the BAME Staff Network meetings to enable them to gain an understanding of the issues raised and identify ways in which the Board can positively support BAME staff. David referred to the presentation in which it was stated that representation was needed from individuals higher in the organisation and advised that the representation from Non-Executive Directors and Governors may help to achieve that aim.

Edith Russell invited the Board to attend the BAME Staff Network and agreed to send a diary invite with further details. Edith advised that Ken Jarrold had attended the meeting and explained the valuable advice that he had provided in relation to not needing a lot of people in attendance at a meeting in order for it to be successful, as sometimes fewer people can make a difference.

Margaret Adams, Governor, explained that the Service User and Carer Reference Group was actively looking to ensure that the Trust's Together Strategy is embedded in a way that is inclusive. Margaret further questioned how BAME colleagues could be included to support the implementation of the next phase. Edith recommended including colleagues from the BAME Staff Network and also the Trust's Cultural Ambassadors from the beginning.

John Lawlor thanked Edith and Christine for an excellent presentation and advised that over previous years the Trust had focused on the Workforce Race Equality Standard metrics. However, it was important to understand the Trust's role in its capacity of an organisation, provider of services and employer of over 7000 staff. John referred to the increased number of attendees at the staff network meeting as a result of the introduction of Microsoft Teams and explained that the Trust maybe held to account more as a result.

Les Boobis explained that his daughter is a Director of a Community Arts Programme in London and had recognised that black artists were under-represented and have difficulty accessing programmes that white people can easily access. As a result she will be advertising to specifically encourage black people to apply. Edith explained that the media displays black people negatively. Therefore, people have an unrealistic view of black people, their culture and intelligence. Christine advised that she had read some research that demonstrated that biases are embedded in an individual from childhood. Therefore, there is a generation that has grown up knowing that black is inferior and white is superior which has resulted in some people bleaching their skin to try and become accepted. Furthermore, the biases have resulted in black people being viewed as threatening, uncultured, not talented and not capable of doing a job at a certain level. Christine provided an example of how stereotypes had impacted on the quality of care of patients.

Fiona Regan advised that one of her friends, living in America, is black and had said to her that "you don't understand the problems that black people face until you have worn the skin". Edith agreed and explained that black people have to work three times harder than everyone else to prove themselves.

Ken Jarrold thanked Edith and Christine for the presentation stating that it was one of the most defining moments of his time with CNTW and appropriately challenging. Ken advised that the Trust was very grateful to both Edith and Christine for delivering the presentation and explained that the Trust will do it's very best to respond to the issues raised. Ken advised that Jennifer Cribbes would help to circulate the BAME meeting dates and some papers that had been helpful to him.

Resolved:

- **The Board received the BAME update**

Action:

- **BAME meeting dates and papers for information to be circulated**

2. Welcome and Introduction

Ken Jarrold opened the meeting and welcomed those in attendance.

3. Apologies for absence:

There were no apologies for absence.

4. Declarations of Interest

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

5. Minutes of the meeting held 29 May 2020

The minutes of the meeting held on 29 May 2020 were considered and agreed as an accurate record of the meeting.

Approved:

- **The minutes of the meeting held 29 May 2020 were agreed as an accurate record**

6. Action list and matters arising not included on the agenda**29.05.20 (9) IPC Board Assurance Framework**

Gary O'Hare confirmed that there had been no change to the framework since the last Board of Directors meeting.

Alexis Cleveland referred to the large number of actions included in the action list and noted that many had been delayed as a consequence of the COVID-19 pandemic. Alexis suggested developing a plan for recovery, whereby a review of actions could be conducted and where appropriate, some actions could be delegated to the Board Sub-Committees. It was agreed that Debbie Henderson would lead the review of Board actions.

Resolved:

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

Action:

- **Review of actions to be conducted and delegated to Board Sub-Committees where appropriate.**

Matters Arising

There were no matters arising.

7. Chairman's remarks

Ken Jarrold commenced the meeting and apologised to Fiona Regan, Governor, for omitting to include the 'CQC Report – Focused Inspection of wards for people with a learning disability or autism' as a separate item on this agenda. Ken explained that the report had been included as an item within the Chief Executive's report and that it had not been excluded as a separate item to limit coverage of the report.

Resolved:

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

8. Chief Executive's report

John Lawlor provided a verbal update to keep the Board informed on current issues.

John commenced by providing an update on the Trust's response to the COVID-19 Pandemic and advised that the Trust had responded to the pandemic well. It was explained that further information would be provided under agenda item 10 'Response to COVID-19 Pandemic.

John referred to the CQC Focused Inspection of wards for people with a learning disability or autism report and reminded the Board that it had been published on 28 May 2020, the day prior to the last Board of Directors meeting. It was explained that as a result of the timescales involved, the draft report had been considered at the Closed Board of Directors meeting held on the 29 May 2020. It was further explained that a number of areas of non-compliance had been found which had been very disappointing. John further advised that the first draft of the action plan had been discussed at the Closed Board of Directors meeting held earlier that morning and would subsequently be published as part of the papers of the Board of Directors meeting held in Public in August.

John provided an update in relation to the CEDAR project and advised that with the exception of the land sale value being less than expected as a result of the COVID-19 pandemic and subsequent impact on the economy, the project had been progressing well. James Duncan explained that the full business case had been submitted and subsequently the Department of Health has made the Trust aware that they are intending to fast-track the business case. Therefore, it will be presented at the national Investment Committee in August. Peter Studd made the Board aware that planning permission for the Ferndene site had been approved. Therefore, all planning permission associated with the CEDAR project had been approved.

John provided an update in relation to the Newcastle Collaborative and advised that the development of a Memorandum of Understanding/Collaborative Agreement is planned which will be presented at a future Board of Directors meeting. John explained that it is an example where Place based planning could be achieved. It was further explained that CNTW would be required to understand what could be offered from the organisation, such as how the Trust can support local care homes.

Finally, John advised that the national planning guidance due to be issued had been delayed which makes it difficult to plan financially.

In response to a question raised by Michael Robinson, John Lawlor described the structure of Localities, Place/Local Authority, Integrated Care Partnerships and Integrated Care Systems.

Fiona Regan, Governor referred to the CQC Report and advised that it had been the last item on the Council of Governors meeting agenda. Therefore, a number of Governors had not been able to participate in an in-depth discussion. Fiona explained that this was the reason she had requested the CQC report to be added as an agenda item to the Board of Directors meeting. Fiona explained that the report highlighted areas that the Board are required to prioritise their focus on and explained that to obtain first-hand knowledge, visits must be arranged that are unannounced. Fiona commented that she felt what had been reported within the Board papers had not been implemented in practice. Fiona further raised that at the Board meeting in November 2019, she had suggested that the Board convene a special meeting to review and plan the Trust's response to the current crisis in mental health, particularly relating to Learning Disability and Autism. Fiona explained that it had been agreed by John Lawlor, Chief Executive and it had been suggested that other interested parties should be involved including Local Authorities and CCGs. However, the meeting had not been organised. Fiona asked the Board to respond to her comments.

Ken Jarrold advised that the COVID-19 pandemic had postponed a lot of work that the Trust had planned to complete. John Lawlor explained that he visits the Learning Disability Services frequently and had visited them soon after the closure of Whorton Hall. John explained that in his view, talking to service users and staff was better than receiving a performance report.

Gary further advised that he would consider Fiona's comments alongside the overall CQC report and clear actions will be developed. Gary explained that people with Learning Disabilities and Autism had been subject of high profile media attention over recent months and advised that the CQC report is an important reminder that we must focus on those services. Gary further advised that senior people within the Trust will be involved in the review of services and highlighted that the Trust will endeavour to improve the services beyond the CQC Must Do actions.

Ken Jarrold thanked Fiona for her comments and reminded those in attendance at the meeting that the Board had spent a significant amount of time in the Closed Board meeting reviewing the action plans that will be presented at the next Board of Directors meeting held in public.

Evelyn Bitcon advised that there are issues in North Cumbria in relation to Learning Disability Services, Autism and Mental Health and asked if Governors are able to visit services. Ken Jarrold advised that Debbie Henderson had been working on a Governors visit programme which will be implemented in the near future.

Resolved:

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

Annual Reports

9. Positive and Safe Annual Report

Gary O'Hare introduced the agenda item stating that a phenomenal amount of work had been completed during the year. Gary referred to recently published 'CQC Focused Inspection of wards for people with a learning disability or autism report' and advised that the Positive and Safe Annual Report demonstrates the challenges in existence across the health system for people with Learning Disabilities and Autism.

Ron Weddle commenced by introducing the report and providing detail in relation to service user and carer involvement in quality improvement days, new initiative, changes to policy and draft strategy in development.

Keith Reid commenced by providing background information on work completed over the previous year, including contributing to national policy documents, national work to reduce restraint, the challenges faced as a result of individuals transferring from private sector facilities that had been closed, mechanical restraint, primary, secondary and tertiary interventions, and Seni's law.

Keith provided detailed information and statistics in relation to the use of restraint, rapid tranquilisation injections, prone restraint, mechanical restraint equipment, seclusion, rapid tranquilisation oral, assaults on staff, violence and aggression and self-harm.

Darren Best referred to the graph that showed the mechanical restraint figures on one ward and commented on the usefulness of the graph to demonstrate the impact that one person can have on restraint figures.

Darren congratulated the team for the innovation used, particularly in relation to body worn cameras and use of staff who are good at restraint reduction.

Darren referred to the information and statistics within the report and highlighted that there was currently no equality comparison within the figures. Darren explained that equality data would be useful to understand how staff respond to different ethnic minorities. Keith advised that they would look to introduce equality data into the report and explained that neuro developmental services had the most incidences of restraint. Keith further advised that the figures within the neuro-development service relating to the restraint of BAME individuals are very small.

In response to a question raised by Darren Best in relation to the North Locality figures for use of rapid tranquilisation, assaults on staff and self-harm, Keith Reid explained that the Autism service which takes care of people who have required restraint elsewhere, is with the North Locality and this contributes to the higher figures.

Finally Darren questioned the Full Monty Award. Keith Reid explained that the award is given to wards who have done the full number of social inclusion and activity interventions within the Star Wards programme. It was explained that Star Wards is

an evidence based restraint reduction suite of activities such as having comedy and pizza nights.

Fiona Regan referred to the section of the Positive and Safe Annual Report on Prone Restraint and stated that she had a problem with the statement on page 4 “Prone restraint, while a focus of discussion for some, is not universally seen as worse than alternatives by all service users, and there is no evidence that prone is more physically dangerous”. Fiona advised that she felt this was in direct contrast and contradicted the Department of Health’s paper ‘Positive and Proactive Care: reducing the needs for restrictive interventions’. Fiona read out a section of the report and advised that when she attended the Restraint Reduction Conference in November 2019, a mother shared her story in which her non-verbal son with autism had died due to prone restraint. Fiona further referred to the George Floyd case whereby he could not breathe as a consequence of prone restraint and had also sadly died. Therefore, people who had autism and are non-verbal are unable to say they cannot breathe.

Fiona read further a section of the Department of Health paper in relation to leadership assurance and stated that the Board must approve positive behaviour support planning and restrictive intervention reduction training to staff. Furthermore, Audits must provide and include reviews of positive behaviour support. Fiona further stated that she could not see reference within the bar charts within the Positive and Safe Annual Report to any positive behaviour support.

Fiona stated that her first question, which she believes is very misleading as the wording in relation to prone restraint. Keith Reid stated that all restraint is bad and people had died in different positions due to airway occlusion, compression of the chest, cardiac exhaustion and crush injuries. Keith advised that he agrees that for some people, prone restraint can be psychologically damaging. However, he believed prone restraint is not more dangerous than other types of restrain positions and to generalise restraint position is less important than having individualised care and asking individual people what type of restraint they would prefer to have.

John Lawlor, referred to the ongoing national review into children and young people’s inpatient services and advised that the points and discussions raised were currently live issues. John referred to the Oversight Board, Chaired by the Children’s Commissioner and advised that they have a view that a young person should never be restrained.

John further highlighted the increased focus on human rights and explained that Keith and Ron will consider the issues regarding human rights going forward. John explained that one of the first services he had visited as Chief Executive of the Trust was Alnwood the Children and Young People’s service and explained that a young lady explained that in her care plan she wished to be prone restrained because she felt safer in that position.

Ken Jarrold thanked Keith Reid and Ron Weddle for sharing their very important report.

Ken further thanked everyone in attendance for their comments and contribution to the difficult discussions.

Resolved:

- **The Board received the Positive and Safe Annual Report**

Quality, Clinical and Patient Issues**10. Response to COVID-19**

Gary O'Hare spoke to the enclosed report, 'Response to COVID-19' and advised that it was an update to the detailed report received the previous month.

Gary referred to the section of the report, Non-Executive Director visit to Gold Command and advised that since the last Board of Directors meeting, Darren Best had visited Gold Command, joined the Incident Management Group meeting and had spent time with Gold Command members in a round table discussion. Gary explained that his visit had been very well received by the team and his reflections had been very useful.

Gary explained that in terms of quality and performance, 74 patients had been screened. It was explained that the vast majority of these patients had been screened due to their admission or prior to being discharged. Gary made the Board aware that a very small number had been confirmed as positive for COVID-19.

Gary referred to the section of the report on PPE and explained that the Trust continues to have sufficient stores. However, there is a national shortage particularly in relation to FFP3 Masks. Furthermore, some of the FFP3 masks had been recalled.

Gary brought the Board's attention to the section of the report on national testing and government's five pillar testing strategy. Gary advised that the Trust covers four of the strategies as listed within the report. Gary explained that all patients are tested on admission, prior to discharge and if they are symptomatic. Gary confirmed that three patients had currently tested positive for COVID-19 and advised that all three had recently visited acute inpatient services. In relation to staff testing, it was explained that all staff who have symptoms of COVID-19 are swab tested at pace which helps manage the sickness levels across the organisation. It was confirmed that over 5500 staff had been tested for antibodies in 2 ½ weeks and approximately 15% had tested positive for antibodies which is consistent with the figures for the North East. Gary reminded Board members that there is still no clear evidence that proves that someone with antibodies will not be re-infected.

Gary advised that staff sickness has continued to be managed by the centralised staff absence line and explained that the service had been enhanced to include 'test and trace' as internal organisations are required to complete their own test and trace. It was explained that an internal test and trace had led to a positive patient and staff result.

Gary referred to next phase work and re-introduction of services that had been stood down as a result of the covid-19 pandemic. It was explained that the Trust would be looking to maintain the good working practices that had resulted from the pandemic, including 7 day working with extended hours where appropriate.

Gary referred to the impact on the workforce and advised that there were low numbers of staff off sick with the vast majority being staff who are shielding.

Gary advised that in relation to risk assessments of staff in high risk groups including BAME staff, 86% has been completed. It was explained that the managers who had not yet had a completed risk assessments on staff in high risk groups were being chased to ensure that the remaining staff have been risk assessed.

In relation to communications, Gary advised that a daily bulletin continues to be shared across the organisation alongside a weekly Executive Director Question and Answer session which has been well received by staff.

Darren Best referred to his visit to Gold Command and thanked Gary and the Gold Command members. Darren explained that despite knowing a lot about command from his previous role in Northumbria Police, he had learned a lot. Darren advised that he had gained assurance from the visit and highlighted that the staff had been amazing particularly the action loggist, call handlers and Gold Command members. Darren explained that during the Incident Management Meeting, decisions had been made at pace by appropriate senior managers in attendance which provided assurance.

Darren explained that there were two suggestions for improvement that he had made during his visit. These were, to consider developing a high level strategy to focus agendas and next phase work and also to consider a structure for capturing relating to lessons learned to ensure they are visible.

In response to a question raised by Peter Studd in relation to the risk associated with test and trace and potentially a high number of staff being required to self-isolate, Gary O'Hare explained that the guidance advises that if staff are wearing PPE i.e. a mask, and a colleague tests positive, staff will not be required to self-isolate for two weeks as they have been protected. Gary advised that the Trust had taken all possible measure to protect staff. Furthermore, the staff would be quickly swab tested. Gary advised that as a result of a patient testing positive on a ward, all members of staff who had been in contact with the patient quickly received a swab test.

In response to a question raised by Les Boobis in relation to staff testing for those who have been exposed to someone infected with the COVID-19 virus, Gary explained that if the first test is negative, staff can be retested. However, it is now known that someone can receive a negative virology test and when receiving an antibody test, can have a positive result for antibodies.

Resolved:

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

11. Commissioning and Quality Assurance Report (Month 2)

Lisa Quinn spoke to the Integrated Commissioning and Quality Assurance Report for May 2020 (month 2) to update the Board on issues arising and progress made against the quality standards.

Lisa brought the Board's attention to the section of the report on Mental Health Act Reviewer visits and confirmed that there had been six visits during the period. Lisa advised that the issues raised during the visits would be considered within the CQC Compliance and Steering Groups.

Lisa further highlighted the position in relation to the Trust's waiting times and advised that there had been an increase in waiting times for adult services, in particular, for the Memory Protection Services for older people. Lisa advised that a paper had been taken to the Incident Management Group to introduce measures for access to Memory Protection Services. Lisa further highlighted that waiting times for access to Children and Young People's Services had improved.

Lisa further explained that there had been a negative impact on staff training and appraisal as a consequence of the COVID-19 pandemic. However, all of the Trust localities were now concentrating on completing appraisal and training as the vast majority can be completed online.

Finally, Lisa advised that the Accountability Framework Meetings had been re-introduced and would be held in July.

In response to a question raised by Darren Best in relation to the Mental Health Act review visits and the issues that had arose, Lisa Quinn explained the changing position in relation to visiting and leave as a result of the COVID-19 Pandemic and national guidance. Lisa explained that reviews of leave management and visiting had been conducted to ensure that an individual approach has been taken. Gary advised that all the reviewer visits were now being reviewed and considered at the Business Development Group on a weekly basis to ensure significant progress is made.

Darren Best further highlighted improvement as a consequence of the COVID-19 pandemic. Such as, the reduction in out of areas placements which may increase again in the future. Lisa Quinn advised that there had already been a small increase in the number of out of areas placements in month 3. Lisa explained that the reduction in out of area placements had been helpful as it has allowed the Trust to accommodate people locality who have required to be admitted. Lisa advised that the Trust is expecting an increase in out of area placements and highlighted that pressure on inpatients services had been increasing during month 3.

Michael Robinson referred to Darren's question in relation to section 17 leave and advised that information in relation to the Trust's approach will be included in the Mental Health Act report paper that will be presented at a future Board meeting.

Resolved:

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

Regulatory

12. Board Self Certification to NHS Improvement (Condition FT4 (8)) G6(8) and CoS7(3)

Lisa Quinn spoke to the enclosed reports Board Self-Certification to NHS Improvement (Condition FT4(8)), G6(8) and CoS7(3).

Lisa explained that NHS Foundation Trusts are required by NHS Improvement to self-certify the declarations annually to maintain their Provider Licence. Lisa referred to the evidence provided within the report that demonstrates the Trust's compliance.

The Board was asked to confirm compliance in relation to Condition FT4(8), G6(8) and CoS7(3) of the Provider Licence which confirms that the Trust has complied with required governance standards and objectives.

Approved:

- **The Board approved that the Trust is compliant with Provider Licence Condition FT4(8) G6(8) and CoS7(3)**

13. Provider Licence Self-Certification Annual Board Statement Training of Governors

Lisa Quinn spoke to the enclosed Board Self-Certification to NHS Improvement report and explained that NHS Foundation Trusts are required by NHS Improvement to annually self-certify the Trust's compliance.

Lisa advised that the Council of Governors, at their meeting on the 18 June 2020, confirmed that they recommend that the Board of Directors approve the Board Statement confirming that the Trust has provided the necessary training to the Council of Governors during 2019/20.

Approved:

- **The Board approved that the Trust is compliant with Provider Licence Self-Certification Annual Board Statement Training of Governors**

Minutes/papers for information:

14. Committee updates

David Arthur, Chair of the Audit Committee, made the Board aware that the Audit Committee had reviewed the Trust's Annual Accounts in detail and following the External Audit, the Trust is on track to receive a clean Audit report.

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

Resolved:

- **The Board received the update from Committees**

15. Council of Governor issues

Ken Jarrold provided an update on Governor Issues and advised that the Council of Governors meeting was held in public on 18 June 2020 via Microsoft Teams. It was explained that the meeting had been very good with presentations having been delivered in relation to the Cumbria Locality, COVID-19 and CQC Report – Focused Inspection of wards for people with a learning disability or autism.

Ken advised that positive feedback had been received following the meeting.

There were no further Council of Governor issues.

Resolved:

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

16. Any Other business

Fiona Regan referred to the section of the Positive and Safe Annual Report on Body Worn Cameras and advised that she had raised the issue with Body Worn Cameras at two Governor Meetings and it had been agreed that the finding should be presented to the Governors following the pilot. Fiona explained that the report indicated that the use of Body Worn Cameras had been agreed and accepted. However, the Governors had not agreed. Fiona advised that she was asking for the use of Body Worn Cameras to be reviewed. Debbie advised that she would follow up the comments made by Fiona and will organise a meeting with Fiona to discuss the issues raised.

Les Boobis made the Board aware that the NHS Charities Together Fund had greatly benefited from money raised by Sir Captain Tom and advised that the Trust had been awarded two payments of £50k and a grant application had been submitted for a further £35k to use on improving the environment for patients and staff and also managing the challenges associated with COVID-19. Les advised that the Trust had been very lucky to gain the additional funds.

Ken Jarrold thanked Sir Captain Tom and the British public for their generosity.

There being no further business to discuss, Ken Jarrold closed the meeting and thanked everyone for their contribution.

17. Questions from the public

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

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

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

Present:

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

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

In attendance:

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

Members of the public in attendance:

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

1. Service User Story

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

2. Welcome and Introduction and Apologies for Absence

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

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

3. Declarations of Interest

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

4. Minutes of the meeting held 23 June 2020

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

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

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

Approved:

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

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

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

06.11.19 Staff Friends and Family Test

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

07.08.19 Safer Staffing Levels including 6 monthly skill mix review

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

Matters Arising

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

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

Resolved:

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

6. Chairman's remarks

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

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

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

Resolved:

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

7. Chief Executive's Report

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

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

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

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

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

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

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

Resolved:

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

Action:

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

Quality, Clinical and Patient Issues

8. COVID-19 Update

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

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

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

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

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

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

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

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

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

Resolved:

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

8.1 Mental Health Legislation update in view of COVID-19

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

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

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

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

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

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

Resolved:

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

9. Infection Prevention and Control Board Assurance Framework

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

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

Anne Moore highlighted that in May it had been reported that Contact Tracing was new and evolving and provided assurances from the work done directly with the Clinical Care Groups and with the process instituted with the Central Absence Line and Gold Command that we now have a robust process working with each of the Local Authorities.

Anne Moore said that the wearing of face masks for the potential use by patients in COVID-19 positive areas continues to be risk assessed on a case by case basis considering communication challenges, ability to comply with social distancing and ligature risk form mask types.

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

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

Resolved:

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

10. Annual Flu Plan

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

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

immunisation programme 2020-2021 letter which all Trusts received today and highlighted the aim is to further extend the vaccine programme to the 50-64 year old group subject to vaccine supply.

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

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

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

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

Resolved:

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

11. Commissioning and Quality Assurance Report (Month 3)

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

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

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

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

Les Boobis, queried the increase in waiting times and asked if there could be problems incurred with the latest NHS Guidance of restoring activity to 100% by the beginning of September and meeting those waiting times targets which NHSE require.. Lisa Quinn said

that this will be a great challenge to the organisation particularly RTT waiting times as currently the national position for those appointments is that they will need to be face to face which is very much a physical health model. Lisa confirmed a briefing will be submitted to September Board.

Resolved:

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

Acton:

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

Regulatory

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

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

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

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

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

Resolved:

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

13. Service user and carer experience report (Q1)

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

Lisa highlighted two surveys in place during the COVID period in relation to an online consultation process with service users. In the first two months of the consultation 682 responses were received which showed the majority of service users who have used the online consultation would use this as a preference going forward. However, it was not

clear whether service users were saying that online consultation was better than no consultation or would prefer it to face to face meetings.

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

Resolved:

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

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

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

Resolved:

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

15. Guardian of safe working hours (Quarter 1)

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

Resolved:

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

16. Local Clinical Excellence Awards 2019

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

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

Resolved:

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

Action:

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

Strategy and Partnerships – no issues for this month

Regulatory

17. CQC Must Do Action Plans Update

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

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

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

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

Resolved:

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

Approved:

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

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

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

Resolved:

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

Action:

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

19. Quarterly Report to NHS England and Improvement including submission

Lisa Quinn provided the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any press attention for the Trust during Quarter 1 2020-21.

Resolved:

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

20. Annual Security Management Report

Gary O'Hare highlighted the enclosed report for information.

21. Annual Infection Prevention and Control report

Gary O'Hare highlighted the enclosed report for information.

22. Annual Safeguarding Report

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

Minutes/papers for information:

23. Committee updates

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

24. Council of Governor issues

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

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

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

There were no further Council of Governor issues.

Resolved:

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

25. Any Other Business

None to note.

26. Questions from the public

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

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

Cumbria, Northumberland Tyne and Wear
11/06/2020 09:03:53

**Minutes of the Board of Directors meeting held in public
Held on 2 September 2020, 1.303m – 3.30pm
Via Microsoft Teams**

Present:

Ken Jarrold, Chairman
David Arthur, Non-Executive Director
Darren Best, Non-Executive Director
Les Boobis, Non-Executive Director
Paula Breen, Non-Executive Director
Alexis Cleveland, Non-Executive Director
Michael Robinson, Non-Executive Director
Peter Studd, Non-Executive Director

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, Executive Director of Workforce and Organisational Development

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs
Sarah Brown, Consultant Psychiatrist, Newcastle PLT, Clinical Network Lead
Nicola Hamilton Team Manager Northumberland PLT
Karen Dowson Clinical Lead Northumberland PLT
Jonathan Haggerty Nurse Consultant Sunderland/South Tyneside PLT

1. Staff story

Sarah Brown, Nicola Hamilton, Karen Dowson and Jonathan Haggerty delivered a presentation on the Trust's Mental Health Emergency Departments which were implemented as part of the Trust's response to the Covid-19 pandemic.

Gary O'Hare commended the Psychiatric Liaison and Crisis Teams for their work and dedication as well as their agility in rapidly changing how they work to respond to the needs of service users during a particularly challenging period.

The Board congratulated the team for their hard work and dedication to the service and thanked them for sharing their journey.

2. Welcome and apologies for absence

Apologies for absence were received from John Lawlor, Chief Executive.

3. Declarations of interest

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

4. Minutes of the meeting held 5 August 2020

The minutes of the meeting held 5 August were considered.

Approved:

- **The minutes of the meeting held 5 August 2020 were approved as an accurate record**

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

With regard to action 04.03.20 (11), 05.08.20 (11), Lisa Quinn noted that a detailed report on waiting times had been compiled and suggested that the report be considered via the Quality and Performance Committee. It was agreed that the Committee would provide an update on key issues from the report to the October Board meeting.

With regard to action 25.09.20 (17) Gary O'Hare asked that the completion date for submission of the report on complaints, concerns and compliments to the October Board meeting.

With regard to action 25.05.20 (24) Gary O'Hare confirmed that data in relation to positive behaviour support would be provided in future reports commencing from October. The Board agreed to close the action.

With regard to action 06.11.19 (12), Peter Studd noted the suggestion to incorporate automated messages and the impact on service users into the Trusts work around reset and redesign of services and requested that the Board be kept updated on progress. Gary O'Hare agreed that the Board would receive updates regarding the 'Next Phase' work following the Covid-19 pandemic.

6. Chairman's remarks

Ken Jarrold expressed concern in relation to external issues of mass unemployment, the ending of the furlough schemes, and challenges in the rental market, potentially leading to increased poverty, eviction and unemployment. Ken asked Board members to reflect on these issues and the potential consequences for the Trust.

Ken referred to the increasing challenge for the NHS nationally relating to waiting lists and evidence that serious illnesses are not being treated as timely and effectively as they normally would.

Resolved:

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

7. Chief Executive's Update

James Duncan provided the update in the absence of John Lawlor and made reference to the Trust's forthcoming Annual Members' Meeting scheduled to take place on 15th September. It was noted that the meeting would be held virtually to ensure the continued safety of staff, service user, carer and public.

James noted that the Trust's Annual Staff Excellence Awards had been postponed as a result of Covid-19 however, despite the restrictions on holding a formal event, an online event would be taking place on 25th September, with the winners of each category being announced via the online event which will be accessible via a dedicated online platform.

James referred to the update on Provider Collaboratives (PCs) and noted that due to Covid-19, PCs on the development and further development tracks have been moved onto the "Main Track". NHSE/I have issued guidance to support the approval process for Provider Collaboratives on the Main Track aiming to go live in April 2021.

A virtual ICS partnership event took place on 25th August to brief Non Executive, Councillor and Voluntary and Community Service organisations on progress over the previous months. The meeting discussed issues including the response to Covid-19, and the need for more formal systems of governance. It is the intention to establish a Partnership Board by March 2021, led by an independent Chair.

Resolved:

- **The Board received and noted the Chief Executive's update**

Quality, Clinical and Patient Issues

8. Covid-19 Update

Gary O'Hare spoke to the report on the ongoing management of the Covid-19 pandemic and noted that from a county perspective the outbreak in Cumbria had been stood down but there remained significant challenges for NCIC.

The Trust was required to declare an outbreak in the South Locality, Hopewood Park following confirmation of three positive staff cases and one hospital acquired positive patient case. Cases were confirmed across three wards, however, one staff case and the patient case had been confirmed on the same ward, thereby triggering the Public Health England criteria for an outbreak.

The North East Public Health Protection Team (NEPHPT) had confirmed that they were satisfied with the Trust's management of the outbreak including the Trust's Test and Trace Process and infection prevention and control procedures. Gary confirmed that as the cases were unrelated, the Trust was unable to identify the index case.

Gary noted that the outbreak had provided valuable learning particularly with regard to appropriate and inappropriate use of PPE. This had been shared via a recent Executive Q&A Live Event session open to all staff members Trust wide.

Regionally at the time of reporting, the number of transmission rates was on a downward trend with the exception of the south locality. The number of areas moving into lockdown or removed from the Government's list of Travel Corridors continued to increase.

The Trust's Covid-19 Swab (virology) testing programme continued and would increase over the coming weeks as part of the re-introduction of face to face training for staff.

The Trust's Central Absence Team continued to operate and had provided invaluable support to the response to Covid-19 with the team also undertaking the Test and Trace function. Discussions had commenced with a view to reviewing the team to reposition itself as the Trust's wider health and wellbeing support rather than a focus on absence management only.

Covid-19 Workplace Assessments continued to be undertaken across the Trust to ensure that working environments were safe for those members of staff wishing to return to work following a period of working from home.

The Trust was continuing to stand-up services through the formal 'Service Change process', with a particular focus on community services which had primarily moved to remote consultation during the pandemic. The process included a review to ensure maximisation of services to help support the reduction of waiting lists.

Individual staff risk assessments were being carried out Trust wide. Although assessments were available for all members of staff, the Trust had a particular focus on 'at risk' staff which included those from a BAME background, those who have been shielding, and those with a long term condition.

Resolved:

- **The Board received and noted the Covid-19 update**

9. Commissioning and Quality Assurance Report (month 4)

Lisa Quinn spoke to the enclosed report and confirmed there had been three further Mental Health Act reviewer remote inspections received this month. Lisa noted that the outcomes and issues highlighted by service users, families or carers and staff remained high on the agenda for the Executive Team and Business Delivery Group.

Lisa referred to a number of local Clinical Commissioning Group (CCG) contract requirements which were not met as at the end of July, but noted the increased focus on Care Programme Approach (CPA) metrics which ensured anyone who has had a 12 month review is recorded on the Trust systems.

Lisa noted that waiting times was a high area of focus following the increase in adult services, older people services and children and young people's services. Lisa noted that the increase did not necessarily coincide with an increase in referrals, but the current ability to meet demand remained a focus in service change discussions.

The Board noted the areas of statutory and mandatory training which were below the required Trust standard, however, improvements were anticipated in line with the North Cumbria data quality improvement plan.

Lisa noted the 4.7% sickness rate confirming the lowest figure seen for many years.

With regard to the financial position, James Duncan confirmed that the Trust had a breakeven position at month 4, reflecting the financial arrangements that had been implemented in response to Covid-19. Additional costs due to the pandemic from April to July were £3.1m and James confirmed agency spend as £5.1m at month 4.

Ken Jarrold referred to recent reports and a number of issues relating to a lack of contact between families either by telephone or digital platforms. Ken acknowledged that ward staff were currently under immense pressure but encouraged the executive team to remind staff of the importance of family contact during these difficult times.

Lisa Quinn noted that similar themes had emerged through the complaints process and discussions had taken place as an Executive Team. Gary O'Hare also made reference to some of the Trust's practice around restrictions during the pandemic as a result of anxiety and the desire to maintain the safety of service users. Practices had since been reviewed along with visiting guidance and confirmation had been sought from all Group Directors that discussion were taking place at ward and department level.

Gary O'Hare took an opportunity to acknowledge that the workforce are incredibly tired having undertaken a phenomenal job during the pandemic. As a consequence, this has led to a reduction in bank and agency use but an increase in overtime. Senior Leaders from across the Trust were now being asked to encouraging staff to take much-needed holidays therefore the holiday period has been extended.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report for month 4**

10. Annual Revalidation for Medical Staff Report

Rajesh Nadkarni referred to the annual submission of medical appraisal and revalidation and noted the requirement for the Board to sign the statement of compliance. Rajesh noted that the report had been reviewed by the Quality and Performance Committee.

The report contained mandatory information in relation to: the governance structure; figures relating to appraisers; detail of the appraisal process; and audit on the quality of the service.

Rajesh made particular reference to all medical staff in the North Cumbria locality engaging in the revalidation process with the move from one system to another at

pace. As a result, there had been a high level of interest from medics to become appraisers.

The 'Fair to Refer' Report written by Roger Kline on behalf of the GMC in June 2019 was reviewed as part of the Local Work Plan for 2019/20 to ensure Trust processes remained in line with the recommendations, however, there were still areas for improvement.

Rajesh provided an update on CPD events provided by the Medical Staffing Team. These provide medical colleagues with an opportunity to gather evidence of ongoing CPD for their appraisal and revalidation.

Les Boobis congratulated Rajesh and team on the improvements made to the revalidation programme and referred to his attendance at an engagement session in Cumbria at which, the level of engagement was extremely impressive.

Resolved:

- **The Board received and noted the Annual Revalidation for Medical Staff Report**

Strategy and Partnership

There were no issues for discussion.

Regulatory

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

Chris Rowlands referred to the report which provided detail on the Trust's compliance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). It was noted that both standards support positive change for employees, and enable a more inclusive environment for BAME and Disabled people working in the NHS. This year's submission of data coincides with the release of the NHS People Plan. Chris noted that the actions detailed in the report would be linked wherever possible to actions that are required under the NHS People Plan.

Chris Rowlands provided a detailed update on the Trust's performance against the key metrics.

James Duncan expressed his disappointment regarding the lack of movement in terms of the BAME and disability agenda and change in culture and referred to the level of unconscious bias which remains across the NHS as a whole.

David Arthur referred to the recent presentation to the Board from the BAME Network and reference to the lack of BAME representation in some of the Trusts documentation. Debbie Henderson advised that a conscious effort was made to include representation across all communities in all Trust media however, suggested

that as well as focus on how information is presented, the Trust should support the BAME Network to change culture and behaviour. Debbie advised that she was working closely with the BAME Network to support this vision.

Rajesh Nadkarni stated that more progress had been made during the last 6 – 8 months in comparison to the previous 10 years. The Board were informed that the Trust would be celebrating Black History Month with an event on 30 October with a virtual half day conference. Arrangements for the event would be circulated to the Board and Governors.

Lynne Shaw referred to consideration of further work to improve the recruitment process, including training and coaching for those who sit on interview panels in terms of conscious and unconscious bias.

Paula Breen stated that regardless of the actions taken, perception can be very entrenched and suggested that further thought be given to communicating everything that the Trust is doing to support our workforce.

Ken Jarrold referred to the clear challenge of addressing the inequalities of promotion between Bands 5 and Bands 6 posts. He thanked everyone for their contribution to the discussion and for their support in this important work going forward.

Resolved:

- **The Board received and noted the WRES and WDES Report**

Action

- **Circulate information for Black History Month event to Board members**

Workforce

12. NHS People Plan

Lynne Shaw presented the report which provided details of the Trusts current position against each of actions outlined in the NHS People Plan. Lynne noted that the report focused primarily on the short term until April 2021 and would build the foundations for moving forward and provided an overview of the principles of the NHS People Plan.

With regard to next steps, Lynne suggested that discussions take place with Trust management groups to gain commitment and agree an implementation plan as well as working on a robust communications plan.

Peter Studd queried the current position with regard to current strategies and plan in relation to: the workforce strategy; talent development; staff development; and appraisal processes.

With regard to the CNTW Workforce strategy, Lynne confirmed that there was an expectation from NHSE/I that all NHS providers would develop their own version of a

‘People Plan’. It was noted however that this was likely to be developed as a short-term measure as there were plans to develop a national Workforce Strategy at which time, a review of would be undertaken of the Trusts Workforce Strategy alongside the ICS to ensure alignment across the system.

With regard to talent management and appraisal, Lynne confirmed that these were in a position to be finalised prior to Covid-19 and suggested that the Board hold a session with a specific focus on Workforce and Organisational Development which would encompass all areas of focus.

Darren Best suggested that the NHS People Plan was relatively limited in terms of impact and referenced the suggestion that delivery of a change in culture would be dependent on the buy-in from Line Managers. On that basis, Darren suggested that consideration should be given to questions including: what will be different; what will success look like; what will it feel like; and why is this worth the investment. Darren suggested that this would support the development of the plan as well as the Communications Plan to support it.

Ken Jarrold suggested that a focus on Workforce be the subject of the November Board Away Day.

Resolved:

- **The Board received and noted the NHS People Plan**

Action

- **November Board Away Day to focus on Workforce**

13. Quarterly Workforce Report

Lynne Shaw referred to the report and provided updates on the forthcoming National Staff Survey, the launch of the NHS People Pulse Survey on 9 September and the statutory requirement to publish the Facilities Time report.

Following the trip to India to support international recruitment, Lynne confirmed that the Trust would welcome 21 new starters in September.

Peter Studd asked how many new starters would be allocated to the North Cumbria locality. Gary O'Hare advised that the areas of biggest risk in terms of clinical and nursing staffing was Northumberland. Rajesh Nadkarni agreed to circulate details of the allocations to the Board.

Michael Robinson referred to the Living Wage Foundation and asked if the Trust required contracted staff from elsewhere to adhere to the living wage. Peter Studd confirmed that NTW Solutions staff pay a full living wage and James Duncan agreed to confirm the arrangements for contracts for services from other suppliers.

Resolved:

- **The Board received and noted the Quarterly Workforce Report**

Action:

- **Details of the allocation and placement of overseas staff to be circulated to the Board**
- **To provide the Board with an update on living wage arrangements for staff contracted from elsewhere**

Minutes/papers for information

14. Committee updates

Nothing to report.

15. Council of Governors update

Ken Jarrold referred to the business of the Governors' Steering Group in terms of setting the cycle of business for the Council of Governors. Ken also referred to a discussion on the forthcoming Governor Election process and a recommendation that some elections are postponed due to the current circumstances associated with the Covid-19 pandemic.

Ken also noted that the Nomination Committee had met to discuss plans to address the end of Ken's first term of office as Chairman of the Council of Governors and Board of Directors at the end of January 2021.

16. Any other business

No further business for discussion.

17. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 7 October 2020, 1.30pm via Microsoft Teams

Cumbria, Northumberland Tyne and Wear
11/06/2020 09:03:53

**Minutes of the Board of Directors meeting held in public
Held on 7 October 2020, 1.30pm – 3.30pm
Via Microsoft Teams**

Present:

Ken Jarrold, Chairman
Darren Best, Non-Executive Director
Les 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, Executive Director of Workforce and Organisational Development

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs
Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)
Fiona Regan, Carer Governor for Learning Disabilities
Claire Keys, Staff Governor - Clinical
Margaret Adams, Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Kim Holt, Partner Governor for Northumbria University
Bob Waddell, Staff Governor – Non-clinical
Evelyn Bitcon, Shadow Public Governor for North Cumbria

Two members of the public attended the meeting.

1. Service User story

Ken Jarrold extended a warm welcome and thanks to Jane Noble who attended the Board to share her story including her experiences on her journey to recovery.

2. Welcome and apologies for absence

Apologies for absence were received from David Arthur, Non-Executive Director.

Ken Jarrold welcomed Kerry Douglas and Roy Fussey, members of the Public.

3. Declarations of interest

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

4. Minutes of the meeting held 2 September 2020

The minutes of the meeting held 2 September were considered.

Approved:

- **The minutes of the meeting held 2 September 2020 were approved as an accurate record**

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

Gary O'Hare confirmed that the items 25.09.20 (17) and 06.11.19 (11) were included for discussion on the agenda. The Board agreed to close both actions.

With regard to action 02.09.20 (5) Lisa Quinn confirmed an update on waiting times was included within the Commissioning Quality Assurance Report. The Board agreed to close the action.

With regard to action 01.04.20 (8), Gary O'Hare noted that an update had been provided to the closed session of the Board. The Board agreed to close the action and monitor through closed Board action log.

With regard to action 05.08.20 (7), James Duncan advised that the Trust Green paper had been deferred to the November meeting.

With regards to action 05.08.20 (18) Lisa Quinn noted the Risk Management Strategy would be submitted to the November meeting of the Board and suggested that the review of the Board Assurance Framework and Corporate Risk Register in light of the impact of Covid-19 be scheduled to take place thereafter.

With regard to action 02.09.20 (13) James Duncan noted that clarification regarding living wage arrangements for staff contracted from elsewhere would be provided at the November meeting of the Board.

6. Chairman's remarks

Ken Jarrold referred to his concerns regarding the impact of the Covid-19 pandemic on issues such as universal credit benefit scheme and the potential consequences for many people, including our service users and carers. Ken requested that the Board consider this when thinking about how the Trust and its partners can support people going forward.

Resolved:

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

7. Chief Executive's Report

John Lawlor presented the report and made reference to the launch of the Staff Survey. The survey will include a specific question relating to the Covid-19

pandemic and due to the impact of Covid-19, the survey would be undertaken electronically.

John confirmed the Flu Vaccinations Campaign for 2020/21 had commenced with vaccination clinics available from 21st September 2020. John noted that the Trust had in place a comprehensive communications and delivery plan to support delivery of the Trust's target to vaccinate 90% of frontline staff. Despite this being the mandated target, John stated that the importance of receiving the Flu Vaccine had never been more important in light of Covid-19 and advised that the Trust had also implemented an aspirational target to vaccinate 100% of all staff.

John referred to the Comprehensive Spending Review (CSR) and the critical role of the health and care system in supporting people to remain well and live full, economically independent lives, particularly in light of the global response to Covid-19. Notwithstanding Covid-19, there remain long standing pressures associated with the historical lack of sufficient investment to meet growing demand for services and to recruit and retain staff in some areas.

Organisations across the health and care community are working closely to meet the challenge of restoring services and living with Covid-19 and the Board acknowledged the support required from central Government and national NHS bodies to agree key priorities.

Resolved:

- **The Board received and noted the Chief Executive's update**

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance Report (Month 5)

Lisa Quinn presented the report and referred to one Mental Health Act reviewer virtual visit since the previous report. No issues of concern were identified.

The Trust had met all local Clinical Commissioning Group (CCG) contract requirements for Month 5 with the exception of four areas which were highlighted within the report. Lisa confirmed all CQUIN schemes for 2020/21 had been suspended due to the Covid-19 pandemic.

Lisa briefed the Board on waiting times and reported that the number of people waiting more than 18 weeks to access services had decreased in the month for non-specialised adult services. The number of young people waiting to access children's community services had increased. Lisa noted that pressures on waiting times continued across the organisation, particularly within community services for children and young people.

In response to a query from Claire Keys, Lisa noted that there had been no evidence of a reduction in the number of referrals over recent months as a result of Covid-19.

The Board noted the areas of statutory and mandatory training which were below the required Trust standard, however, Lisa stated that improvements were anticipated in line with the North Cumbria data quality improvement plan.

Lisa noted that the number of follow up contracts within 72 hours of discharge had increased to 94.2%. There were a total of 17 inappropriate out of area bed days reported in August 2020 relating to three patients who were placed out of area.

Evelyn Bitcon ask for clarity of the meaning 'inappropriate out of area placements'. Lisa Quinn confirmed this related to the inability to place patients within the organisations footprint thereby meaning the patient is placed 'out of the Trust area'. Lisa highlighted from a New Care Model Provider Collaborative point of view, 50 miles had been identified as an approximately definition of 'out of area'.

Ken Jarrold requested an overview of out of area activity across the organisation for initial discussion at a future Board development session followed by submission to a future Board meeting held in public.

With regard to financial performance, James Duncan confirmed that at Month 5, the Trust had reported a breakeven position reflecting the financial arrangements that had been put in place in response to Covid-19

Resolved:

- **The Board received and noted the Covid-19 update**

Action:

- **Overview of out of area activity to be discussed at a future Development Session followed by an update at a Board meeting held in public**

9. COVID Response

Gary O'Hare noted that since the September meeting of the Board, there continued to be an increase in new positive cases of Covid-19 regionally and nationally. This had resulted in local outbreaks in some parts of the country necessitating local lockdown arrangements including the North West and North East and made reference to local universities.

The Trust had declared an outbreak in the North Locality, Ferndene on 17th September in line with Public Health guidance and Trust outbreak policy. Gary confirmed the ward remained open to admissions although this was being monitored through the regular meetings of the Outbreak Management Group.

Gary confirmed staff risk assessment processes were in place for all staff, particularly those classified as 'vulnerable' and 'at risk'.

There were currently 21 Covid-19 positive staff cases with actions escalated across the organisation reinforcing requirement for Covid-19 secure environments, promoting social distancing, use of face coverings, face masks and effective hand hygiene.

Gold Command continued to operate alongside the Central Absence Line and the Infection Prevention and Control Team to manage the increased Covid-19 cases. Test and Trace activity and local outbreak management, including daily situation reporting, have been increased to prepare and respond to a second wave and/or local outbreak arrangements and the preparation and delivery of the national Flu Campaign launched on 21st September 2020.

The Trust continued to run a dedicated testing team for Covid-19 Swab (virology) testing for systematic staff. Working in conjunction with the Central Absence Line the testing of symptomatic staff and household members had been taking place across all localities. Gary confirmed due to the increased demand for testing the Trust had stood up the drive-through testing facilities.

The Trust continued to offer a testing service and support to partner organisations and had extended the pilot to support Newcastle Hospitals NHS FT (NUTH). The Trust was engaged in discussions with Commissioners to provide continued support to NUTH to test pre-elective hospital admissions for tertiary services who live in rural settings and too unwell to travel.

The Central Absence Line continued to manage sickness and absences, support staff providing clinical advice and regular welfare calls, manage the staff testing process and undertake contact tracing.

Since the September meeting of the Board, significant work had been progressed on the Covid-19 secure workplace risk assessment process which supported the service change requests to step-up and reset the service provision across both clinical and non-clinical services on hospital and community sites. To date there had been 277 Covid-19 secure workplace risk assessments carried out.

Ken Jarrold queried if the Trust circulated updated Covid-19 messages through social media platforms. Debbie Henderson confirmed the Trust was very active on social media, particularly coverage and publicity of the Covid-19 Support booklet.

Resolved:

- **The Board received and noted the COVID-19 update.**

10. Complaints, concerns and compliments

Gary O'Hare presented the report and provided an outline of the Trust's commitment to handling concerns and complaints and provided information on the Trusts process for managing, responding and learning from the complaints and concerns received.

Gary highlighted the difference between the management of complaints triaged as 'complex' and 'standard'. The lessons learnt and trends identified through complaints are used to improve the quality of care received by service users and are a priority for the Trust. Gary confirmed themes from complaints are also monitored via a weekly safety meeting attended by all Group Directors. Learning from complaints is also shared through the Trust-wide Learning and Improvement Webinars which have an open invitation for all staff across the Trust.

A question was raised from a member of the public referring to a specific case. John Lawlor suggested a discussion take place out-with the meeting to explore the case and concerns in more detail.

Michael Robinson queried how the complainant would be informed of lessons learnt and actions taken. Gary O'Hare confirmed that this would depend on the individual complainant, the complexity of the complaint and duty of candour, and the level of involvement requested by the complainant.

Resolved:

- **The Board received and noted the Complaints, Concerns and Compliments Report.**

11. Restraint and Seclusion Report

Gary O'Hare presented the report and made reference to the Positive and Safe Annual Report discussed at a previous meeting which detailed actions taken to address trends. The report provided detail of the new Talk 1st dashboard and locality insight reports which are used directly by services to monitor trends and target interventions.

James Duncan referred to analysis from an equality and diversity perspective in terms of restraint and seclusion which Gary confirmed was currently being built into all future reporting.

Peter Studd referred to the Trust's recording of incidents of assaults on staff and assaults by patients on patients and queried the Trusts approach to reporting all incidents, regardless of how serious. Gary provided detail on the definitions of harm, intermediate harm or significant harm. Gary suggested that there may be a decision made by NHSE/I to reinstate the national reporting requirements for violence and aggression towards staff, but it was acknowledged that lower level incidents may not be reported by some staff.

With regard to reporting restraints, John Lawlor referred to his role working with the national review of children and young people's services and noted that the data was now being published monthly. John noted the importance of understanding the reasons that the Trust is a very high reporter of restraints for good reason.

Evelyn Bitcon asked the Board for Governors to have an opportunity to learn more about interventions and what could be a cause for violence and aggression. Debbie Henderson confirmed there is a planned session on restraint, seclusion and the work of Talk 1st at October's Governors Engagement Session.

Fiona Regan queried collecting data for positive behaviours support analysis. Gary confirmed data continues to be collected around positive behaviours. Gary also stated that staff would also be trained in the 'HOPE' model. A training package provided by Mersey Care Trust looking at breaking the cycle of potential restraint and long term segregation that will be built into the organisation.

Claire Keys asked if a quicker process to report verbal abuse could be explored rather than via the IR1 process. Gary advised that an option was available to report multiple episodes via one submission but welcomed ideas for alternative ways to support staff to report incidents.

Resolved:

- **The Board received and noted the Restraint and Seclusion Report**

Minutes/papers for information

12. Committee updates

Alexis Cleveland referred to a presentation provided from Central Locality and a report discussed on the impact of Sodium Valproate in children and pregnancy at the September meeting.

There were no further updates to report.

13. Council of Governors update

Ken Jarrold referred to the forthcoming Governor's Elections which would commence in October.

14. Any other business

No further business for discussion.

15. Questions from the public

There were no questions from the public other than an action under Item 10.

Date and time of next meeting

Wednesday, 4 November 2020, 1.30pm via Microsoft Teams

Cumbria, Northumberland Tyne and Wear
11/06/2020 09:03:53

**Report to the Council of Governors
12th November 2020**

Title of report	COVID-19 update
Report author(s)	Anne Moore, Group Nurse Director Safer Care, Director of Infection Prevention and Control
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer/Accountable executive officer

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

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

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

Coronavirus (COVID-19)
Report for Council of Governors
12th November 2020

1. Executive Summary

This report provides an exception report in response to the Covid-19 pandemic since the October meeting of the Trust Board. For the purpose of this month the report includes 4 sections:

- National and Regional update
- Outbreak management and Learning lessons
- Staff Testing
- Covid secure workplace assessment

Assurance in relation to the sections previously reported i.e. PPE, new Guidance and Service Change Assurance is provided through Covid-19 Gold Command and Covid-19 Incident Management Group (IMG)

2. National and Regional update

Since the October meeting of the Board, overall there continues to be an increase in new positive cases of Covid-19 both nationally and regionally. This has resulted in local outbreaks and increase in admissions to acute services in some parts of the North East community leading to local restrictions. CNTW has worked in partnership with each of the North East and Cumbria Local Authorities (LA) Covid-19 Health Protection Boards/Outbreak Control Boards to support proposals made by the LA7 group to ministers to proactively prevent further transmission. At the time of the report, the North East remains in Tier 2 alert level and North Cumbria in Tier 1. It is hoped that the impact of these restrictions which are reviewed daily will prevent further community transmission and impact on local acute hospitals

2.1 Trust Covid19 Outbreak management:

It should be noted that to close a Covid-19 outbreak there must be 28 days without any new patients or staff testing positive that can be linked to the initial outbreak. Since the previous report, both the outbreak in Ferndene outbreak on the 25/10/2020 and the South Memory Protection Service on the 26/10/2020 have been closed.

There are currently five outbreaks which have been managed in line with the Practice Guidance Note (PGN) for outbreaks and regional guidance. Weekly returns outlining the Trust outbreak position have been completed in line with the EPRR/Public Health England (PHE) requirements.

Central Locality

One outbreak at Castleside in the Campus for Ageing and Vitality (CAV) which was declared on 16th October. This outbreak has impacted upon both patients and staff but is now stabilising with no further cases since 23rd October.

South Locality

- The outbreak on Shoredrift at Hopewood Park was declared on 25th October where four patients tested positive. The learning from this outbreak is being included in the revised visiting guidance and is being shared with clinical teams across the Trust.
- Improving Access to Psychological Therapies (IAPT) services at Monkwearmouth Hospital – no further cases noted at day 14
- Intensive Care Treatment Service (ICTS) at Monkwearmouth – clinical staff tested positive but no further cases noted at day 17.
- Cleadon at Monkwearmouth Hospital - - day 4. A total of eight patients tested positive who are recovering well and a total of five staff. As part of the management of the outbreak, additional controls were put in place to asymptotically test staff which identified three staff who tested positive. No further cases have been noted and the patients are moving out of isolation.

Both Cumbria Locality and North Locality have no outbreaks at the time of the report.

Board members will be kept informed of any further escalations related to outbreaks out-with the board meeting.

2.2 Learning from Outbreaks

Learning from actions taken has been shared across the Trust through the Infection Prevention and Control (IPC) Assurance Group and the IMG/Exec Q&A sessions. The learning points include:

- The importance of staff taking responsibility for their own personal protective behaviours and the recognition of the unintended consequences on staff and patients when this is not followed.
- The importance of adhering to IPC guidance, in particular the use of sanitiser is not a replacement for good hand handwashing which is essential.
- Ensuring spaces are ventilated and used in line with Covid-19 secure risk assessments.
- The cleaning of shared equipment in office spaces such as phones and keyboards between individual staff use.
- When planning for and facilitating visiting arrangements staff must ask relatives their Covid-19 status and if they are awaiting test results or if they have tested positive.
- Reinforcing requirements for Covid-19 Secure environments i.e. promoting social distancing, the use of face coverings, face masks and effective hand hygiene.

2.3 Covid19 Communications

Since the last meeting, the need for a change in approach to communications has been acknowledged to incorporate not only an 'instructional' approach to communicating, but to also recognise the need for a cultural shift in behaviours both inside and outside of work. A refresh of the communications plan has been implemented aimed at ensuring lessons learnt as well as key messages delivered

across the organisation in a timely and engaging fashion. The revised updates have included messages in differing formats to ensure that the updates are accessible to staff. These have included animations, posters, and videos. Staff stories are planned for October and November to share personal learning, personal experience and demonstrate the impact of Covid-19.

5. Patient and Staff Testing

The Trust continues to provide testing in-line with the government's testing strategy, including the responsibility for Test and Trace processes for our staff and inpatient contacts.

5.1 Patient Admission and discharge screening

The Trust commenced patient admission and discharge screening on the 28th April 2020. Screening on admission continues to enable wards to manage the patient as a presumptive positive case, putting isolation measures in place utilising effective PPE pending results. Patient results are usually received back within 24 hours and depending on the results, manage the care and treatment of the patient within the ward effectively.

Discharge screening has supported transfers into care homes and other hospital and home situations where other vulnerable or shielding individuals may reside. This is supporting the proactive public health approach to prevent potential transmission.

5.2 Staff Testing

We continue to run a dedicated testing team for virology swabbing to symptomatic staff and household index cases supported by the Regional Testing Cell in collaboration with the Queen Elizabeth Hospital in Gateshead.

Working in conjunction with the central absence line the testing of symptomatic staff and household members (index case) has been taking place using drive through and mobile home testing options. The number of symptomatic staff and household members has risen significantly throughout September and October with more staff and household members requiring tests. Since the October meeting of the Board, we have tested over 850 staff and household members with 120 testing positive. To date we have tested nearly 3000 staff and household members since March.

CNTW Staff / Household Member Testing			
Staff / Household member	Total Tested	Positive	
	2993	387	12.9%

5.3 Support to the ICS Testing capacity

Supporting patient pathways and system testing capacity, the Trust continues to offer a testing service and support our partner organisations. From the 1st October, Newcastle Hospitals have provided funding to CNTW for one fully staffed vehicle for mobile testing for pre-elective hospital admissions for tertiary services, who live in rural

settings and are too unwell to travel 72 hours prior to surgery. Our innovative service has received several accolades from the Trust as well as patients.

6. Managing staff absence during Covid-19

The central absence reporting line continues to manage sickness and absences, support staff providing clinical advice and regular welfare calls, manage the staff testing process and undertake contact tracing. The staff absence rate due to Covid-19 (including isolation) remains high with 169 staff absent as at 27th October.

7. Covid-19 Secure Workplace Risk Assessment (COSWRA) & Service Change Process

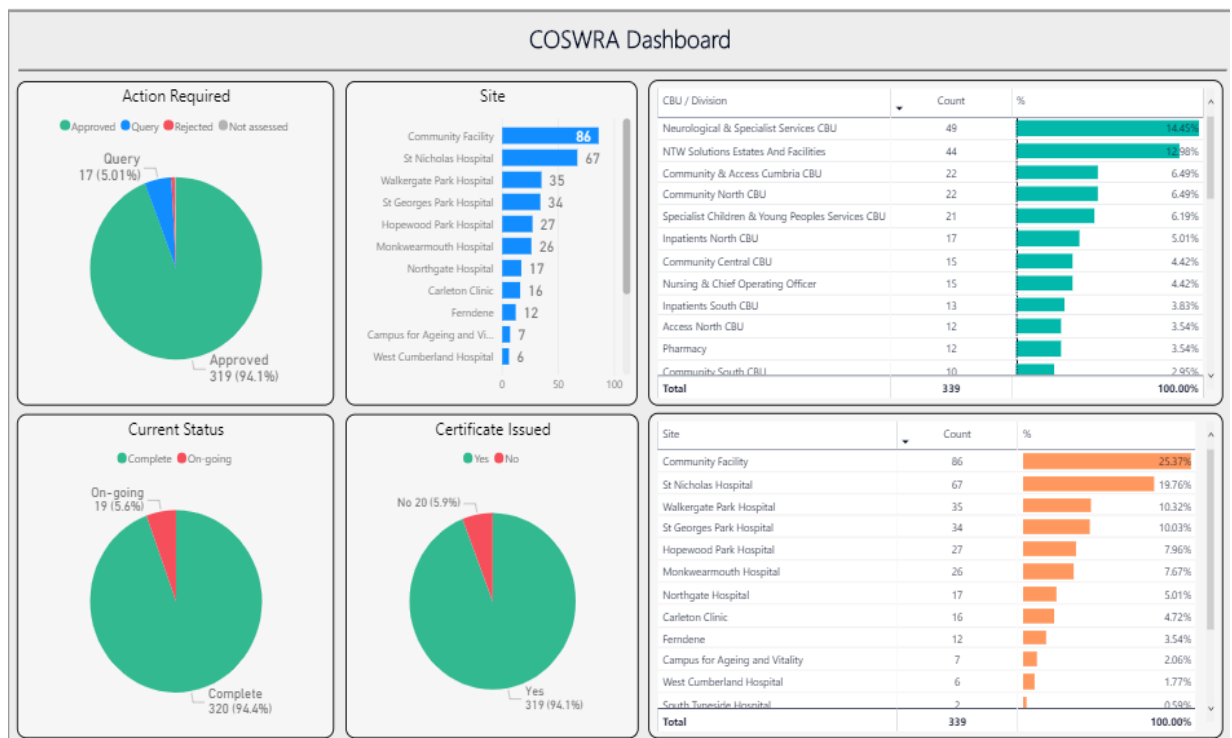
Covid-19 Secure Workplace Risk Assessment (COSWRA)

Since the October meeting of the Board significant work has been progressed on the Covid-19 secure workplace risk assessment process which supports the service change requests to step up and reset the service provision across both clinical and non-clinical services on hospital and community sites.

All four locality Working Safely Groups continue to meet with identical terms of reference acting as the conduit between all clinical and non-clinical services in their localities. They receive an update every week on the current position of Covid-19 Secure Risk Assessments, received and processed, how many are outstanding with queries and how many have had certificates issued. A conservative estimate of how many assessments are required is based on the number of department locations in the Trust's risk management system, which is approximately 600. The information below shows at the time of writing there were 339 assessments received, an increase of 62 from the previous report only 16 are awaiting action, 13 have outstanding queries.

The Safety Team supported by staff side, have carried out a number of unannounced visits to review the systems in place, and recommended improvements to some services. Signage will be enhanced at the entrance to buildings, to promote "hands, face, space".

Cumbria, Northumberland Tyne and Wear
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Work is being undertaken to compare the service change activity to the COSWRA activity to explore any gaps and provide feedback to care groups and corporate teams.

Recommendation

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

Anne Moore
Group Nurse Director Safer Care,
Director of Infection, Prevention & Control
Gold Command Team

Cumbria, Northumberland Tyne and Wear
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NHS
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Supporting better care



CNTWClimateHealth Green Plan 2020-2025

Our Journey to Sustainable Healthcare

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Introduction

Climate & ecological change affects us all, and has been labelled [the greatest threat to health in the 21st century](#) by medical journal The Lancet, in March 2020 CNTW's Board joined a growing number of NHS organisations who have responded to pressing environmental issues by declaring a '[Climate and Ecological Emergency](#)'.

The global Coronavirus pandemic has shone a light on existing health inequalities, which we must tackle, yet as we learn to live with Coronavirus we must also continue to act on the long term challenge of climate change.

The environmental impact of disposable personal protective equipment (PPE) will present a significant challenge, however there are also some positive benefits arising from this virus, as we hear about people reconnecting with their communities, developing mutual aid groups and finding a new appreciation for being outside in nature.

This document sets out how we in CNTW intend to reduce our own emissions to 'net zero' by 2040 and our sustainable development goals to be achieved by 2025. These plans support the overall ambition for the NHS to achieve 'net zero' by 2040, as set out in the recently published report '[Delivering a 'Net Zero' National Health Service](#)'.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) is a large mental health and disability Trust, serving a population of 1.7 million people across a large geographic area and employing more than 8,500 staff.

NTW Solutions is a wholly owned Subsidiary Company of CNTW which offers Estates and Facilities services alongside Finance, Workforce and Procurement services. NB References to the 'Trust' within this plan refers to both the Trust and NTW Solutions.

As a large 'anchor' institution, we have a responsibility to improve the health of our local population, and to use both our influence and £380 million purchasing power wisely to support the social and economic success of our local communities.

We cannot do this alone. We've already achieved a lot, and we must continue to work in partnership with our staff, service users and carers, other health organisations and our local communities to fully deliver the goals we have set out in this plan.

The 'CNTWClimateHealth' programme aims to raise awareness across the organisation of our sustainable development goals, inspiring and empowering staff to take action to tackle issues such as the health impact of air pollution, reducing the use of single use plastics, reducing waste, making the most of our green spaces and adapting to the likely impact of climate change.



Our main carbon emissions that we control are travelling to work and for work, and the energy that we use to power our buildings. Since 2007 we have reduced our carbon emissions by 27% and we intend to further reduce our emissions to 'net zero' by 2040. We do not yet know for sure how we will get there, as our net zero plans are still developing, however we are delighted that the rebuild of one of our units in Northumberland has been approved as one of [forty "net zero" hospitals](#), built to a new net zero Carbon Hospital Standard.

In this document, we will explain

1. Our overall vision of successful sustainable services
2. the goals we intend to deliver by 2025,
3. specific actions to be completed by March 2022
4. how we will measure and report progress against these actions,
5. how our plans support the United Nations Sustainable Development Goals
6. how our plans meet the legislative requirements, NHS Standard Contract conditions and NHS Long Term Plan deliverables.

We are also thinking about how to redesign our services so that the care we deliver now does not cause harm to future generations, in line with the principles of sustainable healthcare set out below:



As the Trust Board Leads for Sustainability, we are passionate about ensuring that we deliver this plan. We are aware that the use of language such as 'climate emergency' or 'climate crisis' could cause anxiety or distress to those we serve, who are among the most vulnerable people in society, and we will try to ease this wherever possible by focussing on **hope** and **recovery**, in line with our Trust values.



James Duncan
Deputy Chief
Executive



Darren Best
Non-Executive
Director

Sam's story - our vision of working at CNTW in a sustainable future:



Meet Sam, a 20-year-old nursing assistant at CNTW. Still living at home with their parents, Sam is missing going out with friends due to the pandemic but is looking forward to starting a nursing apprenticeship soon. Sam doesn't think about the future too much but is worried about climate change, and the impact of the huge amounts of single use Personal Protective Equipment currently being used. After noticing that the Trust's recycling rate is a mere 7%, Sam is pleased to hear that the Trust has declared a Climate and Ecological Emergency with plans to get to net zero carbon emissions by 2040.

Sam works in an older people's functional mental health ward and often wishes that there was more time to sit and talk with patients. Sam doesn't really pay attention to the hospital's neat, well-tended grounds but was present when an oak sapling was planted on the site as a symbol of the Trust's commitment to delivering sustainable healthcare.

Sam met their partner through work, and they live together in a rented houseshare. They recently became engaged.



Now working as a nurse preceptor on a busy adult acute mental health ward, Sam has noticed that there are improved links with Community Mental Health Teams and care co-ordinators when a patient is admitted to the ward, compared to five years ago. The patients on the ward tend to live in the area and with more peer supporters and volunteers around, patients are more likely to maintain contact with their support networks in their communities. The oak tree onsite is now 3 metres tall and surrounded by a rewilded area developed as part of the Trust's biodiversity plan. Sam drives an electric car, is learning to cook and tries to support local businesses and reduce food miles by buying local produce.

After working for two years as a charge nurse, Sam was thrilled to be promoted to ward manager of a Psychiatric Intensive Care Unit (PICU). Now married with twins, Sam is working part time in a job share after a period of parental leave shared with their partner.



Having bought a house nearer to work which has been retrofitted with new heating and high standard insulation, Sam keeps active by cycling to work whenever possible as the road network has become much cleaner and safer for cyclists. Lower air pollution and more opportunities for active travel have improved the health of many staff and the Trust sickness absence rate has reduced by 25% in a decade. Sam often brings the twins onsite to participate in community activities that take place there frequently.

While working as a clinical manager in a community team, Sam gained an MSC in Leadership and at the age of 40, now works full time as a nurse consultant. This year the Trust achieved net zero carbon emissions as planned and marked the event with celebrations based around the oak trees on each site, which are now 10 metres tall.

After regular heatwaves and a severe drought several years ago, the Trust implemented water saving measures and installed thermal blinds to protect patients vulnerable to the effects of extreme temperatures. Hope and recovery remain CNTW's core ethos.



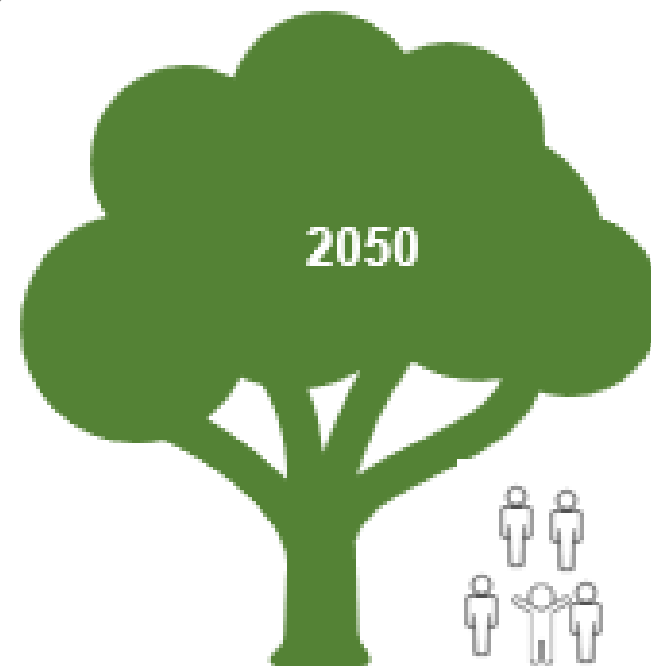
Sam and their partner enjoy sampling the local wine during family holidays with the twins in southern England and are careful to avoid nasty bites from insects carrying diseases previously unseen in the UK.

"The true meaning of life is to plant trees under whose shade you do not expect to sit." Nelson Henderson

At the age of 50 and now working as an Associate Nurse Director, Sam is proud that mental health stigma has significantly reduced in comparison to when they were starting out in their career. This reduction in stigma, alongside a culture of prevention and self-care, the use of trauma-informed, personalised therapeutic interventions and a wide range of activities including nature-based models of care have led to a reduction in the use of medication and improved mental wellbeing across society. Medication advances have allowed more specific and targeted interventions and reduced side effects for those who still require them.

Sam enjoys reading to their young grandchild and telling them about those animals such as koalas and orangutans which sadly couldn't be saved from extinction, despite the huge efforts made to combat the worst effects of climate and ecological change. Sam and the family live as sustainably as possible, making conscious choices and they fly once a year to Canada to see one of the twins who has relocated there to study.

The CNTW oak trees are now 16 metres tall yet won't be at their potential full height of 30 metres until 2080. Sam hopes that their active lifestyle and healthy diet has ensured they'll still be fit, active and mentally alert at the age of 80 and wonders what life will be like for their grandchild, who will be the age Sam is now in 2098.



Measuring Our Impact

The [United Nations Sustainable Development Goals](#) are an urgent call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity, adopted by all member states in 2015.

Throughout this Green Plan we will highlight how our intended actions support specific goals, which are set out below:



We measure our impact and progress by using the **Sustainable Development Assessment Tool (SDAT)** which sets out ten areas of focus. In March 2020, our overall SDAT self-assessment score was 44%, which was an increase from 41% the previous year.

The scores by category (below) show that we have much scope for improvement and we aim to increase the scores in each category over the next five years, especially in Carbon, Green Space and Biodiversity, and Sustainable Models of Care.

Throughout this plan, we will highlight how our intended actions link to each of the SDAT categories.

Corporate Approach	Capital Projects	Asset Management & Utilities	Sustainable Use of Resources	Carbon / Green House Gases
38%	65%	54%	35%	54%
Climate Change Adaptation	Green Space & Biodiversity	Sustainable Care Models	Travel & Logistics	Our People
49%	28%	33%	35%	52%

This Green Plan sets out our actions to be achieved by March 2022. Progress against these actions will be measured and reported regularly to the Trust Board and stakeholders. The Plan will be updated by March 2022 to reflect a new set of actions for the financial year 2022/2023 towards our 5 year goals to be achieved by 2025.

Our Climate and Ecological Emergency Declaration & CNTWClimateHealth Ambitions

"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:

1. Reducing our own carbon emissions to net zero by 2040.
2. 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.
3. Making the most of our green spaces for service users, carers, staff and local communities to enjoy, encouraging biodiversity and connection with nature.
4. Minimising waste as much as possible.
5. Ensuring we consider the social and environmental impact of any decisions we make.
6. Working with our partner organisations to ensure a co-ordinated regional response to the impact of climate change.
7. 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."

Approved by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Board, March 2020

CNTW Climate Health Ambition 1. Reduce our own carbon emissions to net zero by 2040.

Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



Reducing carbon emissions quickly is essential to limit global warming & reduce the threat to human health posed by air pollution, the spread of infectious diseases and more frequent extreme weather events.

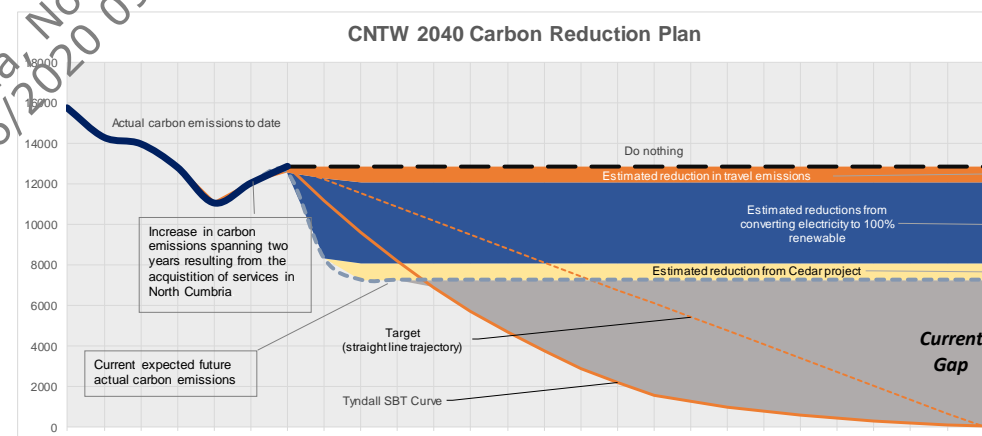
Goals to achieve by 2025:

1. Reduce carbon emissions from March 2020 baseline of 12,000 tCO₂e to 7,000 tCO₂e.
2. Staff are carbon literate and carbon reporting is embedded.
3. Business Mileage from petrol/diesel cars to be 45% lower than 2019 baseline and incentives are in place to encourage active travel.
4. Car & Lift sharing schemes in place and well embedded.
5. All Trust vehicles (including an increased number of pool cars) are electric.
6. The carbon impact of food provided across the Trust is routinely reviewed by the catering team.
7. Sustainable models of care will be making full use of preventative strategies and service user involvement to reduce demand, and where treatments are needed, will use the highest value and low carbon alternatives.
8. The carbon cost of medications will be reduced by increased social prescribing, shared decision making and reduction of waste.



Progress & achievements to date, challenges and opportunities.

- Our current energy and travel carbon footprint is 84% emissions from energy use and 16% emissions from business travel.
- It is these emissions that we intend to reduce to net zero by 2040.
- Our current plan takes us halfway to target (see chart below).
- Delivering significant carbon reductions will require the replacement of several old heating systems on various Trust sites.



Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
1.1	Review travel and transport policy to support sustainable travel options, including an electric vehicle charging strategy. Review the provision of leases for diesel vehicles and increase number of electric Trust vehicles. Implement enhanced reporting of mileage.	NTW Solutions	March 2021	CDT-ClimateHealth via Sustainability, Waste & Transport Group
1.2	Continue to develop realistic plans to decarbonise the Trust energy infrastructure and close the existing “gap” to net zero carbon, reducing emissions to 8,000 tCO ₂ e by 2022 and ensuring responsiveness to any funding opportunities identified.	NTW Solutions	March 2022	CDT-ClimateHealth via Sustainability, Waste & Transport Group
1.3	Develop and implement an energy efficiency awareness designed to deliver a 5% reduction in energy consumption.	NTW Solutions	September 2021	CDT-ClimateHealth via Sustainability, Waste & Transport Group
1.4	Establish a high-level service line and pharmaceuticals carbon accounting methodology.	Finance	August 2021	CDT- Business
1.5	Develop a carbon literacy awareness campaign, promoting carbon footprint calculators, developing training resources, reporting CNTW carbon data more widely.	CNTW ClimateHealth steering group.	March 2022.	CDT-ClimateHealth

Facts, figures and other information:

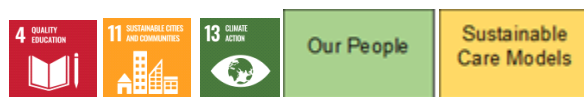
- Since 2007 there's has been a 27% reduction in Trust carbon emissions.
- Since March 2020 the Trust has purchased 100% renewable electricity.
- There is also a huge embedded carbon impact relating to the goods that we buy, currently excluded from our net zero plans.

**What can we as individuals do today?**

- Consider how we travel to work, and how we travel for work. Are there sustainable (low carbon) alternatives?
- Reduce your energy consumption by switching off lights and monitors/computers, and not over-filling the kettle when you are making a cup of tea or coffee.

CNTWClimateHealth Ambition 2. Raise awareness among our staff of the health & psychological impact of climate change, to better support anyone who is experiencing significant anxiety or grief caused by these issues.

Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



Reflecting on climate and ecological change will naturally generate difficult emotions & may exacerbate anxiety or grief. We can use our existing skills to become leaders in promoting the health benefits of tackling climate change, in understanding denial and in how to inspire positive behaviour change.

Goals to achieve by 2025

1. Staff deliver models of care which minimise the detrimental impact on both physical and mental health of air pollution, unhealthy lifestyles, extreme weather events, anxiety about climate change and lack of access to outdoor space.
2. Staff use psychologically informed approaches to promote positive behaviour change.
3. CNTW has developed training resources relating to the emerging field of "Climate Psychology".
4. There is a "CNTWClimateHealth Sustainability Champion" within every team.

CNTW will support people to deal with trauma and anxiety linked to the changing world and work together to explore community & nature-based solutions, which encourage mental wellbeing.



Progress & achievements to date, challenges and opportunities.

Discussions about climate and ecological change must be handled sensitively, as such an emotive issue can be overwhelming to some.

Many people are coping with immediate difficulties, challenges or worries and may not have the emotional space to think about how their actions now may impact on the future. Some may believe that climate change is exaggerated or fake news. Others may be consumed or overwhelmed with emotions such as guilt or grief and may develop unhealthy coping strategies to help with these feelings.

By setting up the CNTWClimateHealth programme, we hope to raise awareness of our duty to reduce the social and health impacts of climate change and to mitigate harm to future generations, to empower staff to take local actions and to develop a supportive community of people with a shared interest in sustainability.

Society is changing with increased awareness and acceptance of mental health and disability issues, and the younger generation who are just embarking on their careers will expect their employers to be serious about proactively tackling climate and ecological change.

Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
2.1	Continue to develop the staff network of CNTWClimateHealth sustainability champions by developing a role description and develop a range of monthly discussion events with a range of invited speakers.	CNTWClimateHealth steering group.	March 2021	CDT-ClimateHealth
2.2	Implement a new award category for “CNTWClimateHealth” at the next Staff Excellence Awards.	Communications team.	March 2021	CDT-ClimateHealth
2.3	Design and provide a range of support materials to the “Next Phase” programme, ensuring that sustainability is considered in the redesign of services and models of care.	Chief Operating Officer	September 2021	Next Phase Steering Group
2.4	Design and implement a staff training package to raise awareness of the adverse impact to physical and mental health of climate and ecological change.	CNTWClimateHealth steering group.	December 2021	CDT-ClimateHealth
2.5	Develop and deliver an air pollution awareness campaign.	NTW Solutions	September 2021	CDT-ClimateHealth via Sustainability, Waste & Transport Group

Facts, figures and other information:

- There are approximately 40,000 deaths per year across the UK linked to air pollution.
- There is a known risk to the mental health of people who have experienced flooding or extreme weather events.
- Heatwaves in the period 2016-2019 led to more than [3,000 excess deaths](#) in England.

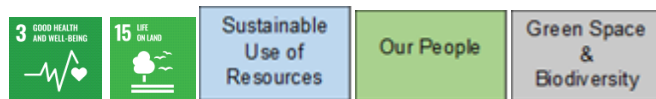


What can we as individuals do today?

- Learn about the causes and health impacts of air pollution, and the mental health impact of extreme weather events such as flooding.
- Reflect on how thinking about climate and ecological destruction affects you emotionally.
- Join CNTWClimateHealth conversations on Teams, Twitter and Facebook to engage with like-minded people.

CNTWClimateHealth Ambition 3. Make the most of our green spaces for service users, carers, staff and local communities to enjoy, encouraging biodiversity and connection with nature.

Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



Our green spaces can be enhanced to support the wellbeing of our service users, staff and local communities through initiatives such as tree planting and vegetable growing schemes, improving biodiversity, facilitating physical activity, delivering therapeutic activities and building communities.

Goals to achieve by 2025

1. Each main hospital site to have a regular, well attended site meetings with representation from staff, service users, carers and local communities to maximise the benefit and use of our land and buildings, incorporating local biodiversity plans.
2. Trust buildings are regularly accessed by local community groups and seen as a valuable community resource.
3. Natural capital accounting is well-embedded ([example](#)).
4. The Trust is seen as a leader in advocating the mental health benefits of nature and routinely build outdoor activities into care plans, upholding service users' human rights to access fresh air.
5. All wards have a walking scheme in place and access to cycling facilities. Funding opportunities for equipment are well developed.
6. All main sites have a well-embedded, funded allotment/food growing area, with service users and staff supported to access the space as appropriate.



Progress & achievements to date, challenges and opportunities.

There are already some outstanding examples of using the outdoors and green space effectively across the organisation, including:

- The horticulture projects at Hopewood Park, Carleton Clinic & Northgate.
- Gardening activities on various inpatient wards.
- The Mother & Baby walking groups.
- Adapted cycling at Walkergate Park.
- Bike4Health initiative at St George's Park.
- The "A Weight Off Your Mind" walking routes on all main trust sites.
- Tree planting at Ferndene.
- The allotment scheme in Fenham supporting service users who misuse substances.

We will build upon these firm foundations and develop plans to maximise the use of all our green spaces, and to explore how community services can integrate outdoor initiatives into models of care. We will look for opportunities to participate in researching the benefits of nature-based interventions and implement a "Green Spaces" advisory group.

Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
3.1	Work in partnership with ecology experts to develop an overarching Biodiversity Strategy.	NTW Solutions	July 2021	CDT-ClimateHealth
3.2	Implement a “Green Spaces” advisory group & develop a proposal for developing site-based meetings to maximise the environmental and socially conscious use of our main Trust sites by service users, carers, staff and local communities including the identification of suitable areas on each site for rewilding and tree planting opportunities.	CNTWClimateHealth steering group.	March 2021	CDT-ClimateHealth
3.3	Develop a proposal exploring the benefits of using a natural capital accounting approach to measure the value of our green spaces.	CNTWClimateHealth steering group.	September 2021	CDT-Business
3.4	Work with commissioners to explore funding opportunities to purchase equipment for service users to facilitate access to outdoor activities.	Commissioning & Quality Assurance	March 2021	CDT-Quality
3.5	Develop formal links with local authority partners to advocate the mental health benefits of improved access to green spaces in deprived urban areas and sustainable travel infrastructure.	Locality Groups	March 2022	CDT-ClimateHealth
3.6	Promote research into nature-based interventions	Research & Development Team	September 2021	R&D Committee

Facts, figures and other information:

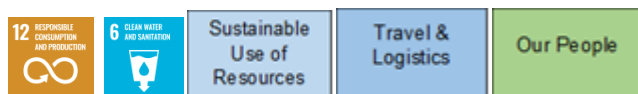
- Eight trees were planted at the main CNTW sites to mark 2020 NHS Sustainability Day.
- Interacting with nature can be not just enjoyable, but also beneficial to our mental health and wellbeing.
- Bee populations are dramatically declining, affecting the availability & diversity of fresh produce, affecting human nutrition.

**What can we as individuals do today?**

- Learn about the health benefits of being outside in nature and notice how it affects your mood.
- Plant flowers that attract bees and other pollinators.
- Look for opportunities to connect with your local community.
- Understand how health inequalities can be exacerbated by lack of access to green spaces.

CNTWClimateHealth Ambition 4. Minimise waste and inefficiency as much as possible.

Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



The NHS is a precious resource and faces unprecedented challenge from a growing, ageing population, workforce supply issues and the impact of climate change on health. Minimising waste in the system maximises NHS efficiency.

Goals to achieve by 2025:

1. There will be an emerging culture across the health system of prevention, self-care and empowered patients.
2. Sickness absence will have reduced due to lower air pollution and active lifestyles.
3. Clinical pathways will deliver proactive, personalised care with 7-day access as appropriate which reduces health inequalities and minimises Did Not Attends, unnecessary appointments, hidden waiting lists and delayed transfers of care.
4. Inpatients will be admitted as close to home as possible to maintain existing community and support networks and reduce average length of stay.
5. Staff are trained to use therapeutic treatment models which are regularly evaluated using outcome measures to ensure effectiveness and identify variation.
6. Reduced waste volumes, energy and water consumption, single-use plastic and increased recycling rates.



Progress & achievements to date, challenges and opportunities.

Due to a range of factors, there is lots of scope to improve the efficiency of the day to day business of the Trust. The Coronavirus pandemic has not only accelerated some efficient new ways of working such as the use of Teams virtual meetings and a platform for offering virtual consultations with service users, but also demonstrated that we can embrace significant change quickly, if need be.

Any review or redesign of clinical services should be conducted jointly with service users and carers, promoting prevention, self-care and empowerment. Care provided should be accessible, human rights based & genuinely personalised, reflecting what matters the most to the service user.

A culture of recording the use of therapeutic activities and interventions and measuring their effectiveness via outcomes should be promoted, with clinical services:

- identifying appropriate therapeutic techniques,
- ensuring that the workforce is appropriately skilled to deliver those interventions,
- establishing how their outcomes are best measured, and
- designing feedback reporting which engages clinicians.

Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
4.1	Reduce the use of single-use plastic across the Trust in line with the NHS Plastic Reduction Pledge & increase the provision of recycling bins across the organisation by at least 50%.	NTW Solutions	March 2022	CDT-ClimateHealth via Sustainability, Waste & Transport Group
4.2	Implement an annual travel survey to measure changes in the ways that staff travel to work and for work.	NTW Solutions	May 2021	CDT-ClimateHealth via Sustainability, Waste & Transport Group
4.3	Develop metrics to measure and report the benefits of efficiency initiatives such as (1) energy & water consumption, (2) the use of remote consultations, appointments not attended (DNA's), contacts, the effectiveness of therapeutic treatments and the identification of unwarranted variation.	(1) NTW Solutions (2) Commissioning & Quality Assurance	December 2021	(1) CDT-ClimateHealth via Sustainability, Waste & Transport Group (2) CDT-Business
4.4	Ensure proposed models of care minimise waste, are based upon the principles of prevention & empowerment and there is a communication plan in place to promote these principles.	Chief Operating Officer	December 2021	Next Phase Steering Group
4.5	Ensure the staff health and wellbeing team are represented on the CNTWClimateHealth steering group to align sustainability and staff wellbeing objectives.	CNTWClimateHealth steering group	January 2021	CDT-ClimateHealth

Facts, figures and other information:

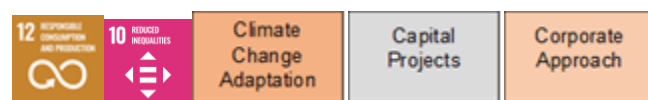
- Prior to the pandemic, over 650,000 business miles were travelled by CMTW employees each month (excluding travel to and from work).
- In the three months to June 2020, during the height of the pandemic's first wave, the business miles travelled by CNTW employees reduced by 75%, or the equivalent of nearly 50,000 working hours.
- Many appointments converted to telephone or video consultations.

**What can we as individuals do today?**

- Reflect on your interpretation of "prevention, empowerment and value" in both your personal life and in service delivery.
- Look for ways to refuse, reduce, recycle, repair, reuse more.
- Avoid using single-use plastic where possible.
- Take your own container and reusable coffee cup to staff cafés.

CNTWClimateHealth Ambition 5. Ensure we consider the social and environmental impact of any decisions we make.

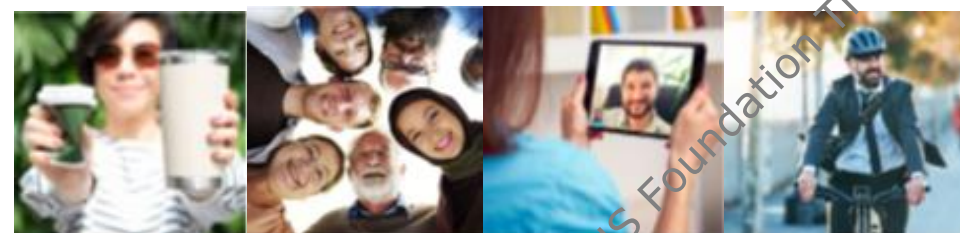
Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



Delivering value across the NHS has historically been measured in financial terms only, with the social and environmental impact of decisions often not fully understood or considered.

Goals to achieve by 2025:

1. The “Triple Bottom Line” approach is well embedded across the organisations, and staff feel empowered and well-informed to articulate the social and environmental impact of proposals.
2. Services have a thorough understanding of the communities they serve, their demographics & health inequalities and ensure that service delivery and information is culturally appropriate.
3. Values-based procurement is in place, ensuring that the Trust has the flexibility and expertise to evaluate the sustainability of suppliers and to eliminate or minimise purchasing that has a detrimental environmental or social impact, for example through air miles, slave labour, or unsafe working practices.
4. Regional and local “Community Asset Mapping” is well embedded, well used and well maintained and there is an embedded culture of social prescribing.



Progress & achievements to date, challenges and opportunities.

We must ensure that any decisions we make do not have any unintended negative consequences on our local communities, staff, service users & the environment – and basing decisions purely on cost overlooks these considerations. We also have emerging, interlinked initiatives across the Trust to:

- improve standards for those with learning disabilities or autism
- promote human rights,
- understand health inequalities,
- embed health literacy,
- provide accessible information,
- provide personalised care,
- ensure co-production and involvement,
- embed sustainability,
- encourage volunteering,
- advance equality & diversity and cultural awareness, and
- develop supportive staff networks.

Bringing these & any other relevant initiatives together and considering these issues from a staff, service user/carer and local community context could be considered our “social contract” with our stakeholders.

Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
5.1	Review the existing business case process to add social and environmental considerations, ensuring guidance is available.	NTW Solutions	March 2021	CDT-Business
5.2	Work with partners to develop Asset Mapping across all areas served by the Trust (example) and promote social prescribing .	Locality Groups	March 2022	Next Phase Steering Group
5.3	Develop and implement tools to enable services to understand fully the demographics of the population they serve and the profile of likely health inequalities and cultural differences, using the expertise of relevant staff networks and using a Human Rights based approach.	Commissioning & Quality Assurance	March 2021	CDT-Quality
5.4	The emerging organisational improvement plan includes initiatives such as volunteer schemes and health literacy objectives and explores our social responsibilities as set out on page 16.	Associate Director of Organisational Improvement	March 2021	CDT-Workforce
5.5	Explore values-based procurement and identify opportunities to review the environmental and social impact of current supply chains.	NTW Solutions	June 2021	CDT-Business

Facts, figures and other information:

- Sustainable, people-focused public services are key to promoting wellbeing.
- Social value is an excellent way of ensuring local needs are addressed and money spent on public services does deliver maximum value.
- Links well with our Trust values of being caring and compassionate, respectful, honest and transparent.

**What can we as individuals do today?**

- Recognise the power of the £ in your pocket and consider responsible personal spending based on what is important to you.
- Consider switching to an ethical bank.
- Notice where the food you buy comes from and how it's packaged.
- Reflect on what "community" means to you.

CNTWClimateHealth Ambition 6. Work with our partner organisations to ensure a co-ordinated regional response to the impact of climate change.

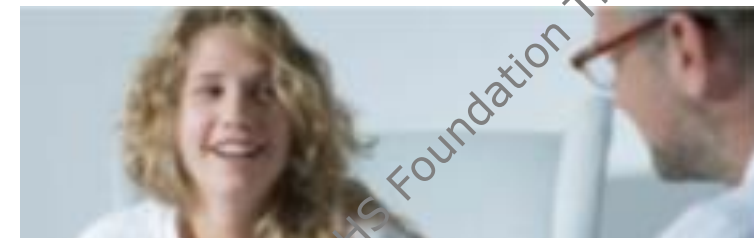
Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



We aspire to be the “Greenest” NHS region and we can only achieve this by partnership working towards a shared goal of sustainable healthcare delivery and resilience against the effects of climate and ecological change.

Goals to achieve by 2025:

1. There is a mature, system-wide, Board approved Climate Change Adaptation Plan in place.
2. The Trust has close working relationships regarding sustainable development with relevant local system partners e.g. local authorities, the police, public health, universities, other health organisations etc.
3. The Trust lobbies and influences at a regional level for joined-up solutions to local issues and advocates for improved access to green spaces in urban areas, to reduce health inequalities.
4. The Trust has a named Adaptation Lead.
5. The risks of climate and ecological change are well understood and appropriately recorded, mitigated and measured in the Trust’s risk assurance processes.
6. There are well co-ordinated joint responses to localised extreme weather events.



Progress & achievements to date, challenges and opportunities.

We cannot deliver our net zero ambition alone – we must work with local partners to redesign and decarbonise local infrastructure. Examples of community initiatives benefitting all local organisations include:

- Sustainable and active travel options for urban areas.
- Improved public transport particularly in rural areas
- Potential community heating systems.
- Shared data centres.
- Joint initiatives to improve staff wellbeing.
- A shared understanding of the adaptation approaches needed to ensure our infrastructure can cope with an increased temperature range and more frequent extreme weather events.

Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
6.1	Increase our organisational influence in the ICS-wide Sustainability Group, ensuring that the mental health and disability perspective is heard. Consider how CNTW can engage with & lobby local partners and identify appropriate topics to improve local systems.	CNTWClimateHealth Steering Group	March 2022	CDT-ClimateHealth
6.2	Complete system level Climate Change Risk Assessment with partners including those within the ICS	Deputy Chief Operating Officer	December 2021	CDT-ClimateHealth
6.3	Ensure CNTW participation in local Climate Change networks across the entire geographic spread of the organisation.	CNTWClimateHealth Steering Group	December 2021	CDT-ClimateHealth
6.4	Climate and Ecological change risk factors are described and added to the risk appetite framework. A relevant risk is added to the Board Assurance Framework.	Deputy Chief Executive	December 2020	CDT-Risk
6.5	Develop a Climate Change adaptation plan based on local projections.	Deputy Chief Operating Officer	March 2021	CDT-ClimateHealth

Facts, figures and other information:

- The region has experienced a number of severe weather events in recent years, e.g. “Beast from the East”, “Thunder Thursday”.
- These type of events are expected to increase.
- To ensure we are prepared for these events we will need to work closely with our regional partners.

**What can we as individuals do today?**

- Look into how your local council is addressing climate and ecological change.
- Understand the risk of flooding, sea level rises, heatwaves and other extreme weather events to your local area. How would the existing infrastructure cope?
- Get involved in local campaigning and networks.

CNTWClimateHealth Ambition 7. Use our influence to support national and international policymakers in responding positively to the challenges to health posed by climate change.

Why did we choose this ambition, how does it support the UN Sustainable Development Goals and which SDAT categories does it link to?



As a large NHS organisation rated

“Outstanding” by the Care Quality Commission, we hope to influence the development of policies which improve wellbeing, promote sustainable healthcare & address the health impacts of climate change.

Goals to achieve by 2025:

1. Close working links with organisations such as NHS England/Improvement, Royal Colleges, professional bodies and sustainable healthcare organisations such as Healthcare Without Harm.
2. CNTWClimateHealth is considered a leading provider in the development of sustainable mental health and disability models of care.
3. CNTW has representation at various sustainability committees or professional and other relevant bodies.
4. CNTW representatives are regularly invited to speak at relevant national and international conferences.
5. CNTWClimateHealth has a strong advocacy social media presence.
6. CNTW Green Plan is seen as a best practice example.



Progress & achievements to date, challenges and opportunities.

We have an opportunity to use our influence and reputation wisely, to support improvements in mental wellbeing, to reduce health inequalities and to ensure that the most vulnerable people in society are not disproportionately affected by the impact of climate and ecological change.

CNTW can influence the sustainable development agenda at national and international level by:

- seeking opportunities to speak at conferences,
- submitting articles and letters to journals,
- understanding best practice and keeping up to date with the latest science,
- having established links with sustainability leads in national organisations,
- the appropriate use of social media,
- developing information and resources to be made available across the national health system.

Action Plan – what will we achieve by March 2022?

Ref	Action	Who is responsible for delivering this action?	When will this action be complete?	How will we monitor progress against this action?
7.1	Ensure that CNTW has systems in place to identify and respond appropriately to any relevant local, regional, national or international consultations.	CNTWClimateHealth Steering Group	March 2022	CDT-ClimateHealth
7.2	Consider the benefits of membership of Healthcare Without Harm	CNTWClimateHealth Steering Group	March 2021	CDT-ClimateHealth
7.3	Undertake an exercise to understand NHS England/Improvement, Royal College and professional bodies approaches to sustainability, identifying opportunities for CNTW involvement.	CNTWClimateHealth Steering Group	September 2021	CDT-ClimateHealth
7.4	Continue to develop the CNTWClimateHealth social media presence by increasing posts and engagement with posts.	CNTWClimateHealth Steering Group	March 2022	CDT-ClimateHealth
7.5	Provide opportunities for students to complete sustainability improvement projects when on placement at CNTW, ensuring that any carbon reduction benefits are quantified and reported alongside any other social or environmental benefits.	Medical Education and Safer Care	January 2022	CDT-Workforce

Facts, figures and other information:

- We believe that we are the first mental health and learning disability trust to declare a climate and ecological emergency
- We are part of the NHS Net Zero System Leadership Group.
- During 2020, CNTW representatives have spoken at a number of events held by the Royal College of Psychiatrists.

**What can we as individuals do today?**

- Look into research and quality improvement opportunities related to sustainability.
- Respond to conversations and consultations within your professional bodies relating to sustainability.
- Spread the word about any sustainability ideas you have.
- Use your sphere of influence to highlight the health impact of climate change.

Key Drivers for Change

The decision to declare a climate and ecological emergency arose partly from the ideas of staff within CNTW who are passionate about delivering sustainable healthcare. We have a duty to ensure that the health impacts of climate and ecological change are addressed and that the care we provide today does not affect the ability of future generations to meet their needs.

Our future service users, staff and communities depend upon us doing the right thing and taking meaningful action now.

The actions within this Green Plan meet all regulatory and legislative requirements, healthcare specific guidance, elements of the NHS Long Term Plan and all relevant contractual and operational requirements.



For alternative formats of this document please telephone 0191 246 6935 or email cntwclimatehealth@cntw.nhs.uk.



Corporate Approach	Climate Change Adaptation	Capital Projects	Green Space & Biodiversity	Asset Management & Utilities	Sustainable Care Models	Sustainable Use of Resources	Travel & Logistics	Carbon / Green House Gases	Our People
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