

Board of Directors Meeting (PUBLIC)

Wed 03 March 2021, 13:30 - 15:30

Microsoft Teams

Agenda

1. Service User/Carer Experience Story

2. Welcome Apologies for Absence

Verbal/Information Ken Jarrold, Chairman

3. Declarations of Interest

Verbal/Information Ken Jarrold, Chairman

4. Minutes of the previous meeting held Wednesday, 3 February 2021

Decision Ken Jarrold, Chairman

For approval

📄 4. mins Board PUBLIC meeting 03.02.20 DRAFT 002 DH.pdf (11 pages)

5. Action Log and Matters Arising not included on the agenda

Discussion Ken Jarrold, Chairman

📄 5. BoD Action Log PUBLIC as at 03.03.21 DH.pdf (1 pages)

6. Chairman's Remarks

Verbal/Information Ken Jarrold, Chairman

7. Chief Executive's Report

Information John Lawlor, Chief Executive

📄 7. CEO Report 3 March.pdf (6 pages)

Quality, Clinical and Patient Issues

8. COVID-19 Response update


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

📄 8. Covid Update - March 2021 Board.pdf (4 pages)

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9. Commissioning and Quality Assurance Report (Month 10)

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

10. Safer Care Report

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


 10. Safer Care Q3 Report (Jan_2021) - FINAL.pdf (14 pages)

11. Outcome of Board Assurance Framework/Corporate Risk Register Annual Review

Lisa Quinn, Executive Director Commissioning and Quality Assurance

For approval

 11a. Board BAF CRR Summary Paper 080221 DH revised.pdf (12 pages)

 11b. Appendix 1 CNTW BAF_CRR Review 080221.pdf (2 pages)

Workforce

12. Workforce Quarterly Update

Discussion

Lynne Shaw, Acting Executive Director of Workforce and Organisational Development

 12. Quarterly Workforce Report - March 2021.pdf (6 pages)

13. Gender Pay Gap Annual Report - CNTW & NTW Solutions

Presentation

Lynne Shaw, Executive Director of Workforce and OD

 13a. Gender Pay Gap 2019-2020 Trust Board March 2021.pdf (10 pages)

 13b. Gender Pay Gap report 2019-20- NTW Solutions - March 2021.pdf (12 pages)

Strategy and Partnerships

14. Update on CAMHS Services, Tees Valley

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

 14. West Lane Board Update Feb 2021 V2.pdf (4 pages)

15. ICS Join our Journey website

verbal update

John Lawlor, Chief Executive

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16. Gateshead Cares Alliance Agreement

James Duncan, Deputy Chief Executive and Executive Finance Director

- 📄 16a. Gateshead Cares Alliance Agreement Front sheet.pdf (7 pages)
- 📄 16b. Gateshead Cares Alliance Agreement - 23.2.2 v6.1 HD.pdf (30 pages)

Regulatory

17. CQC Action Plan – Focused Inspection of Child and Adolescent Mental Health wards'

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

- 📄 17. CQC Action Plan - CAMHS inspection.pdf (5 pages)

18. Fit and Proper Person Report

Debbie Henderson, Director of Communication and Corporate Affairs

- 📄 18. Fit and Proper Person Test Review - March 2021.pdf (5 pages)

Minutes/Papers for Information

19. Committee Updates

Verbal/Information Non-Executive Directors

19.1. Quality and Performance Committee

Alexis Cleveland, Chair

- 📄 19.1 Approved Qual Perf Comm Minutes 27.01.21.pdf (14 pages)

19.2. Audit Committee

David Arthur, Chair

19.3. Resource Business and Assurance Committee

Peter Studd, Chair

19.4. Mental Health Legislation Committee

Michael Robinson, Chair

19.5. Provider Collaborative Committee

Michael Robinson, Chair

19.6. CEDAR Programme Board

Peter Studd, Chair

- 📄 19.6 CEDAR minutes 28.01.21.pdf (7 pages)

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19.7. Charitable Funds Committee

Les Boobis, Chair

20. Council of Governors' Issues

Verbal/Information

Ken Jarrold, Chairman

21. Any Other Business

Ken Jarrold, Chairman

22. Questions from the Public

Discussion

Ken Jarrold, Chairman

23. Date, time and place of next meeting:

Information

Wednesday 7 April 2021, 1:30 pm to 3:30 pm Microsoft Teams

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**Minutes of the Board of Directors meeting held in Public
Held on 3 February 2020 1.30pm – 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

John Lawlor, Chief Executive
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:

Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)
Fiona Grant, Lead Governor/Service User Governor for Adult Services
Anne Carlile, Carer Governor for Adult Services
Fiona Regan, Carer Governor for Learning Disabilities
Margaret Adams, Deputy Lead Governor/Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Bob Waddell, Staff Governor – Non-clinical
Stephen Blair, Public Governor for Newcastle
Revell Cornell, Staff Governor – Non-clinical
Uma Geethanath, Staff Governor - Medical
Kim Holt, Community and Voluntary Sector Governor
Paul Forsyth (item 1)
Sarah Jones, Solicitor and Director of Legal and Commercial Services (Item 20)
Chris Cressey, Associate Director of Finance and Business Development (Item 21)

1. Service User story

Ken Jarrold extended a warm welcome and thanks to Paul Forsyth who attended the Board to share his story including his experiences, achievements and challenges on his journey to recovery.

2. Welcome and apologies for absence

Apologies for absence were received for James Duncan, Deputy Chief Executive/Executive Finance Director and Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary.

3. Declarations of interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 2 December 2020

The minutes of the meeting held 2 December 2020 were considered.

Approved:

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

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

With regards to action 06.11.2019 (12) and 02.09.20 (5) Gary O'Hare referred to the Staff Friends and Family Test which will be aligned with the Reset and Redesign work and an update would be provided at March Board meeting.

With regards to action 02.10.20 (10) Lisa Quinn advised that the Mental Health Act visits will be translated into the Commissioning and Quality Assurance Report and an update to be provided as part of the March Board report.

6. Chairman's Remarks

Ken Jarrold referred to Simon Stevens, Chief Executive of NHS England/NHS Improvement (NHSE/I) recent comments to a House of Commons Select Committee relating to lessons learnt from the Covid-19 pandemic and the NHS needing a 'buffer' and additional capacity at times of challenge.

Ken also referred to the impact of the pandemic on people's mental health and shared a recent personal experience as a carer.

Resolved:

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

7. Chief Executive's Report

John Lawlor expressed his admiration and appreciation for the ongoing commitment of the workforce in responding to the pandemic. Through their professionalism, dedication and resilience they have maintained existing services; introduced new service offerings; and have continually prioritised patient care into Wave 3 of the pandemic.

John referred to the levels of Covid-related staff absences, with the high prevalence of Covid-19 particularly in the North Cumbria locality.

John referred to the work led by Gary O'Hare and universities to establish the first Chairs of Mental Health Nursing post with interviews scheduled to take place towards the end of March 2021. The Trust is also working with other universities to establish and recruit to a Chair in Learning Disability Nursing.

John referred to the staff survey results with early indications showing the results compare favourably in comparison to 2019. Full details of will be presented at a future Board.

John commented on the Community Mental Health Transformation work and following previous Board discussions, ICS-level submissions were made on

20th January, setting out plans for the development of new models of care and utilisation of funding in 2021/22, to develop our approach to the Integrated Community Framework for Mental Health. At a local level, partnership arrangements are in place across all localities, and continue to be further refined. Governance and leadership was being established and significant focus was required to ensure that co-production and co-design would be fully embedded at all levels. John highlighted a further Board development session was planned to explore the developing models.

Resolved:

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

Quality, Clinical and Patient Issues

8. Covid-19 Response update

Gary O'Hare provided an update on the Trusts response to the Covid-19 pandemic and advised that over 5000 lateral flow device (LFD) test kits had been deployed across the organisation. 146 LFD test results had been recorded as Covid-19 positive, 15 of which subsequently tested negative via a Covid-19 swab test.

Since the beginning of September 2020 there had been approximately 550 staff having received a swab test with an increase noted at the end of December. Testing was now showing a downward trend.

Gary noted a decreasing trend in staff absences with 212 staff at the time of reporting, absent from duties due to being Covid-19 positive, isolating or shielding.

The Trust was currently managing nine outbreaks across the organisation. It was noted that since 1st September 2020, there had been 33 outbreaks recorded across the Trust. Gary confirmed the Trust currently had 13 Covid-19 positive patients across four wards.

Gary referred to the phenomenal work of the Trusts vaccination teams with over 7000 staff, patients and partner organisations having received their first dose of the Covid-19 vaccination within three weeks of commencing the vaccine roll out. Gary confirmed a live vaccination question and answer session had been arranged to target those staff who may still have concerns regarding the vaccine with a focus on supporting members of the BAME workforce, and people of a child bearing age.

Gary referred to the enclosed report and highlighted the learning from outbreaks which was continually implemented and embedded through various routes across the organisation.

Gary made particular reference to the introduction of the Covid-19 Remote Inpatient Support Team (CRIST) which had been established to support inpatients who are Covid-19 positive.

Gary commended the work undertaken by the Communications Team which have played an integral part within Gold Command in ensuring the timely distribution of guidance and important updates to support staff understanding of the Trusts emergency planning and pandemic response.

8.1 Covid-19 Infection Prevention and Control (IPC) Assurance Report

Gary O'Hare referred to the enclosed report and noted the requirement to submit a quarterly report to NHS England/NHS Improvement confirming the Trusts ongoing compliance with all IPC processes.

Resolved:

- **The Board noted the Covid-19 Response update**
- **The Board noted the Covid-19 Infection Prevention and Control Assurance Report**

9. Safer Staffing Levels (quarter 3) including 6 monthly skill mix review

Gary O'Hare presented the report and provided assurance on the current position across all inpatient wards within the Trust in accordance with the National Quality Board Safer Staffing requirements. Gary noted that despite the challenges of the pandemic, recruitment to the Trust had continued where safe to do so using alternative methods for recruitment.

Gary provided assurance that the current six monthly update focusses specifically on how the workforce numbers have been maintained during a period of national unprecedented emergency, and the adjustments made to ensure that patient safety was not compromised and any risks escalated.

Resolved:

- **The Board noted the Safer Staffing Levels (Q3) including 6 monthly skill mix review report**

10. Service User and Carer Experience Report (Q3)

Lisa Quinn highlighted to the Board during Quarter 3 all national reporting of the Friends and Family Test ceased due to the current and ongoing pandemic, therefore the national benchmarking data was not available.

Lisa confirmed during Quarter 3, 216 Points of You responses had been received with the majority responses from the South Locality. Lisa highlighted North Cumbria received the most positively themed feedback with 84% in comparison to other localities.

Lisa mentioned emphasised that while all national returns continue to be suspended it was important to continue to gain as much assurance as possible from our distant communities at the current time therefore we are restarting proactive requests for feedback from our community service users this month.

Resolved:

- **The Board noted Service User and Carer Experience Report (Q3)**

11. Commissioning and Quality Assurance Report (Month 9)

Lisa Quinn referred to the report and noted the Trust had received two remote Mental Health Act reviewer visits in the month of December.

Lisa highlighted an increase in children waiting more than 18 weeks over the last month which has not been replicated within adult services.

The Trust was experiencing continued pressure to maintain services through wave 3 of the pandemic. A decision was taken to stand down all non-essential meetings and at a national level, several reporting requirements have also stood down. Despite this, Operational Groups have confirmed their desire to continue to strive to achieve compliance relating to training and appraisals however recognising that only where patient care would not be comprised. On this basis, training and appraisals will be continually monitored but the expected standards may not be achieved.

John Lawlor referred to the Trust deficit of £0.2m which was in line with the Trust's revised plan for the year and highlighted the revised plan and forecast deficit remained on track at £2.2m. Bank and agency use remain high in Month 9 to support the response to Wave 3 of the pandemic.

Resolved:

- **The Board noted Commissioning and Quality Assurance Report (Month 9) Report**

Approved:

- **The Board formally approved the recommendation for training and appraisals to be continually monitored but noted that the expected standards may not be achieved**

Strategy and Partnerships

12. ICS Collective Promise

Lynne Shaw referred to the report noting that NHS Trusts across the North-East and Cumbria have signed a collective promise to Black, Asian and Minority Ethnic (BAME) colleagues. The promise aims to ensure fairness for all and embedding a culture where people can thrive no matter what their race, background or personal experience. The collective promise includes projects to increase diversity in the workforce, introducing new training for all staff to raise awareness of BAME issues, dedicated BAME leadership programmes, a zero tolerance for bullying and harassment as well as other BAME community and staff engagement initiatives.

Lynne noted the work to review the Trusts equality, diversity and inclusion plans noting that the Workforce Race Equality Standard actions and current work of our BAME staff network were now aligned to the new collective promise. Actions were also aligned to the NHS People Plan.

At ICS level, there have been initial meetings held for staff network chairs from around the region with a view to commence work from April 2021. Lynne referred to key deliverables highlighted within the report and advised updates would be provided to the Board as this work develops.

Resolved:

- **The Board noted update ICS Collective Promise Report**

13. Update on CAMHS Services, Tees Valley

Gary O'Hare spoke to the enclosed report and highlighted stakeholder meetings and engagement meetings are continuing.

Following an engagement process, 'Lotus Ward' had been chosen as the preferred name of the ward. Service users at Ferndene and Alnwood, had selected the name from a range of options.

A consultation process had commenced led by Tees, Esk and Wear Valley NHS FT (TEWV) with regards the renaming of West Lane Hospital. It was expected that this would be completed by the end of February. Subject to Covid-19 restrictions, there is a possibility of holding an open day for the families and key stakeholders to attend the site before opening. If Covid-19 restrictions remain in place, this will be done virtually.

Recruitment to both registered and non-registered nursing posts continued. Medical recruitment remained more challenging. Re-advertisements have been placed and a direct targeting campaign had commenced via the Royal College of Psychiatry.

Uma Geethanath referred to a recent trust-wide CYPS consultant meeting where a discussion took place around out of hours cover. Gary O'Hare referred to a meeting to review on-call arrangements and confirmed alternative arrangements will be put in place for consultant on-call provided by the current on-call system for CNTW. Darren Best referred to a recent media report of West Lane that highlighted the tragedies which had taken place and suggested this would be challenging in terms of ensuring the right balance to providing assurance about future services and working with, and supporting TEWV. The Board would be kept up to date with plans for continued communication to stakeholders and the local population.

Resolved:

- **The Board noted the update on CAMHS services, Tees Valley report**

Workforce

14. Medical Recruitment update

Rajesh Nadkarni referred to the report which relating to North Cumbria recruitment detailing the areas of improvement in medical provision over the past 15 months. Rajesh noted the significant work in engaging and valuing the current medical workforce through clinical leadership training programmes, Trust-wide management, educational and training opportunities and access to a wide range of Continuous Professional development opportunities.

The future sustainability of the medical workforce required a focus not only on local recruitment within North Cumbria, and junior medical cover consolidation, but also on the wider possibilities provided by the use of digital platforms in providing clinical

services. Furthermore, significant developments are being made in the development of the non-medical workforce solutions to support recruitment and enhance quality of services.

Ken Jarrold mentioned this had been a longstanding issue and commended the team on the progress made highlighting the importance of international recruitment.

Resolved:

- **The Board noted Medical Recruitment Report**

Regulatory / Compliance

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

Lisa Quinn referred to the report and highlighted all risks had been reviewed through the relevant Board sub committees and a wider review had been undertaken at the Board Development session which included consideration of a review of the risk appetite statement and risk appetite categories.

Resolved:

- **The Board noted Board Assurance Framework and Corporate Risk Register (Q3) report**

16. CQC Report – Children and Young People’s Service

Lisa Quinn referred to the report following a series of unannounced visits that took place in November 2020 as part of a focussed inspection of Child and Adolescent Mental Health wards to Ferndene and Alnwood. Lisa explained the unannounced focused inspection looked at three specific areas: Safe, Effective and well-led and resulted in the overall rating for the core service to change from “outstanding” to “good”.

Lisa noted the requirement to provide the Board with a draft action plan to address the improvement areas identified within the report at the March meeting of the Board.

Resolved:

- **The Board noted CQC Report – Children and Young People’s Service**

17. CQC Must Do Action Plan update

Lisa Quinn referred to the report which provided updates on the 35 remaining areas of improvement which were received following inspections undertaken during 2015, 2017, 2018, 2019 and 2020. Lisa advised between August and November 2020 the Board agreed to close 11 of the 46 areas of improvement identified from these inspections.

Lisa referred to action plans specific to the North Cumbria Locality and those relating to the focussed inspection of wards for people with learning disabilities or autism continue to be monitored through the Locality Care Groups and Trust Governance structures and requested Board’s approval to close one action plan listed within

Appendix 1, recognising the Trust will continue to monitor the impact of previous actions through Appendix 2.

Lisa referred to the review dates and suggested that due to the pandemic a further six month extension in relation to the actions plans be granted. Board were in agreement with a further six month extension.

Resolved:

- **The Board noted CQC Must Do Action Plan update.**

Approved:

- **The Board approved closure of the action plan relating to Regulation 17 HSCA (RA) Regulations 2014 Good Governance**
- **The Board approved the recommendation of a further six month extension in relation to action plans**

18. CQC Strategy for 2021 and beyond

Due to the challenges in considering the document within the time constraints of the Board meeting, Ken Jarrold suggested that Quality and Performance Committee explore the document in depth.

Action:

- **The Board approved for questions to be considered through the Quality and Performance Committee**

19. NHSE/I Single Oversight Framework Compliance Report

Lisa Quinn requested the Board note for information the NHSE/I Single Oversight Framework Compliance Report.

Resolved:

- **The Board noted the Single Oversight Framework Compliance Report**

20. Standing Financial Instructions and Scheme of Delegation

Sarah Jones attended the Board to provide an update on the review of the Trust's Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation.

Sarah briefed the Board on the process for review which included consultation with a number of Trust and NTW Solutions colleagues. The amendments largely focused on the areas of procurement (tendering and contracting) and the governance relating charitable funds.

The Scheme of Reservation and Delegation ("the Scheme") was a newly created document following merger of the "Schedule of Matters Reserved to the Board" and the "Decision Making Framework".

Sarah confirmed the document now detailed those decisions reserved to the Board

(Part A) and those delegated to individual Executive Officers, sub-committees, management sub-groups and other members of staff (Part B). The document also contains an annex which sets out authorised delegation limits for individuals.

The Board considered the revised SFIs and the Scheme of Reservation and Delegation and agreed approval for both documents.

Approved:

- **The Board approved the Standing Financial Instructions and Scheme of Delegation**

21. Resource Planning for 2021/22

Chris Cressey provide the Board with an update on the National Planning process for 2021/22. The national planning round for 2021/22 would not be taking place in the current quarter and Chris confirmed that existing arrangements, whereby block contracts are nationally determined, would continue for at least the first quarter of 2021/22.

Mental Health Services will be allocated all expected funding for the year in advance. While the mechanism for this is unclear this will include the Mental Health Investment Standard, Community Transformation Funding, other Service Development Funding, and the £500m in non-recurring funding that has been allocated for mental health services to support Covid-19 recovery.

It was noted that 2021/22 was expected to be a year of significant transition from the current commissioner/provider landscape to Integrated Care Systems, and this may also impact of planning timetables.

For the 2020/21 year-end, a number of issues were still unclear nationally, which would have a significant impact on the year end position and 2021/22. These include: a potential national settlement of the Flowers case; treatment of the annual leave provision in 2021/22; and the treatment of the benefit in PDC payments.

The Board acknowledged the position for 2021/22 remained fluid and while it was envisaged that organisations and systems would break even, there remained a wide range of risks associated with national planning. The Board will continue to be updated, as further information and clarity is provided.

Resolved:

- **The Board noted the Resource Planning for 2021/22 Report.**

22. Quality Account update

Lisa Quinn advised Board members that the Trust received notification from NHSE/I that the Quality Report would not be required to be included as part of the 2020/21 Annual Report. Confirmation in relating to quality accounts deadline was yet to be received. Lisa referred to the timescales to work to a November deadline including consideration of the Trusts quality priorities within the North East and North Cumbria ICS System and to work jointly with our partner organisations.

Resolved:

- **The Board noted the Quality Account update and approved the proposed timescales outlined in the report**

23. Health Education North East (HENE) Self-Assessment Report

Bruce Owen attended to provide the Board with an update to the HENE Self-Assessment and noted the Trust contracted to provide education to three broad groups of people; multi-professional staff, postgraduate medical staff and undergraduate medical staff. The Self-Assessment Report formed part of the reporting mechanism.

Resolved:

- **The Board noted the HENE Self-Assessment Report**

Minutes/papers for information**24. Committee updates****Quality and Performance Committee**

Alexis Cleveland referred to an update provided to the January meeting on patient carer involvement with a particular focus on peer support workers establishing career structures and progression within their roles within the Trust.

Audit Committee

David Arthur referred to an update provided to the January meeting on the work being undertaken with digital transformation on medical discharges. Assurance was also provided in relation to lone worker devices.

David confirmed a further Audit Committee had been arranged for 14th April in order to review the end of year Head of Internal Audit reports. David extended thanks for Stephen Blair who recently attended the Audit Committee as Governor Representative.

Resource and Business Assurance Committee

Peter Studd referred to the delay in the launch of the Trust's Green Plan due to Covid-19 pressures.

CEDAR Programme Board

Peter Studd referred to attendance of representatives from the CEDAR Programme at the Northumberland County Council Scrutiny Committee in January to discuss the development. The Scrutiny Committee were satisfied with the update provided and advised that there would be no further need to attend scrutiny meetings until the project is complete.

Peter noted the planned gateway review sessions which would take place in February which was part of the Government's process for tracking progress of the development.

25. Mental Health Legislation Committee

Michael Robinson advised the key focus over the coming weeks and months would be on the White Paper – Mental Health Legislation Reform.

26. Charitable Fund Committee

Les Boobis referred to the January meeting of the Charitable Funds Committee and noted receipt of an additional £50,000 for the second wave funding to support staff both in terms of their working environment and personal well-being.

27. Council of Governors update

Ken Jarrold extended his gratitude to Margaret Adams for joining to present at the national NHS Providers showcase on the Boards process of Non Executives and Executives Director biographies presented to the Council of Governors, which was very well received from a large number of Trusts.

Ken Jarrold referred to the Governor elections and mentioned how encouraging the level of interest had been.

28. Any Other Business

No further business for discussion.

29. Questions from the public

None to note.

Date and time of next meeting

Wednesday, 3 March 2021, 1.30pm via Microsoft Teams

Cumbria, Northumberland Tyne and Wear
03/01/2021 12:53:32

Board of Directors Meeting held in public

Action Log as at 3 March 2021

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
06.11.19 (12) 02.09.20 (5)	Staff Friends and Family Test	Agreed that actions to address potential impact of automated messages on people who contact services by telephone to be included in the Reset and Redesign of services work.	Gary O'Hare	May 2020 August 2020 December 2020 February 2021 March 2021	Update to be provided in line with the Reset and Redesign work and staff friends and family test
05.08.20 (07)	Chief Executive's Report	Update on Trieste to be provided to a future Board development session	James Duncan	March 2021	Complete – Board development topic for March meeting
Completed Actions					
02.09.20 (13)	Quarterly Workforce Report	Details of the allocation and placement of overseas staff to be circulated to the Board	Rajesh Nadkarni	October November December 2020 February 2021	Complete
02.12.20 (10)	Commissioning and Quality Assurance Report	After Action Review associated with the Mental Health Act visits to be circulated to Board members for information	Lisa Quinn	February 2021 March 2021	Complete – included in March Board report
03.02.21 (18)	CQC Strategy for 2021 and beyond	Questions to be considered through the Quality and Performance Committee	Lisa Quinn	March 2021	Complete – included on February Q&P meeting for discussion

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting
3 March 2021

Title of report	Chief Executive' Report
Report author(s)	John Lawlor, Chief Executive
Executive Lead	John Lawlor, Chief Executive

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	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	
Workforce		Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	
Board Assurance Framework/Corporate Risk Register risks this paper relates to			
N/A			

Trust updates

1. Community Transformation

Work continues on developing our approach to Community Transformation across the Integrated Care System (ICS) and the CNTW footprint. Place based leadership groups are in place across all localities, with CNTW Group Directors, Associate and Executive Directors involved as key partners across all areas. Each locality is at a different stage of development and it is important that this is allowed to emerge and to be owned locally with co-production at its heart.

Within the Trust our steering group for this work is now meeting every two weeks. At the last meeting we considered our own approach to co-production and how we both encourage and enable our service users and carers to be involved in the partnership work developing at each locality. We also discussed engagement with Governors, service users and carers in the work that we are doing across the Trust in response. As part of this, we are considering how we can properly support services users and carers to be actively involved.

At our next internal meeting we are considering what things that we consider essential to have a common core approach across the CNTW footprint, and how we can influence this in discussions across each of our localities. We are also considering how we can develop a learning, listening and engaging approach, to share what is good across each of our localities and to bring influence to bear where it is needed.

The ICS continues to oversee the process, providing a place to share and to learn, but also to ensure that collectively we are focussed on the right issues. The national picture in terms of planning for next year remains very uncertain. We have therefore agreed a set of principles to work to across the ICS between NHS providers and commissioners to support this work. These are intended to enable us to continue to support the process of change and transformation, while managing what will be a very transitional year for the NHS. This includes considering the impact of COVID, managing the demand pressures arising from the last year, and starting the work to develop the new ICS framework.

And finally, we will be looking to commence a significant piece of communication and engagement on this work across the Trust. We have held off on this as we have needed to very much focus on responding to COVID and ensuring operational delivery over the last year. As we emerge from the immediate crisis of COVID, and as we look towards a more hopeful year ahead, we want to create a sense of opportunity and enthusiasm for real and lasting change in the interests of the people and communities we serve.

2. Staff Network Event

Staff Networks are a key mechanism for the Trust to engage with our workforce on issues that are important to them. On 11 March 2021, we will be holding a Staff Network Event. The event, attended by Staff Network chairs (Disability, BAME, LGBT+ and Mind, Health and Wellbeing), executive lead sponsors and other key individuals will provide a safe space to reflect on why the Networks exist, where we are now, where we want to be and how we will get there collectively to achieve our strategic objectives and ambitions.

We are keen for members of the Networks to lead or be involved in key pieces of work across the Trust to ensure that inclusion is embedded in all that we do and the event will explore how ambitions, priorities and plans underpin the continuous development of the organisation, including delivery of the NHS People Plan actions, Organisational Improvement Plan and more generally our regulatory requirements, for example NHS

Workforce Race Equality Scheme. Feedback from the event will be provided at a future Board of Directors meeting.

3. Armed Forces Covenant

On 24 February 2021 both the Trust and NTW Solutions signed the Armed Forces Covenant and pledged their support to the Armed Forces Community.

The Armed Forces Covenant is about fair treatment. For most of the Armed Forces community, the Covenant is about removing disadvantage; so that they get the same access to services as the civilian community.

The Armed Forces Covenant sets out the relationship between the nation, the government and the Armed Forces. It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families, and it establishes how they should expect to be treated. The Covenant's two principles are that:

- The Armed Forces community should not face disadvantage compared to other citizens in the provision of public and commercial services in the area where they live;
- Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

By signing the Covenant, we are recognising the value that serving personnel, reservists, veterans and military families bring to the organisation, and to our country.

The Trust and NTW Solutions have pledged to promote that they are armed forces-friendly organisations and will support the employment of veterans, recognising military skills and qualifications in the recruitment and selection process and work with the Career Transition Partnership (CTP) to support the employment of service leavers.

The Trust and NTW Solutions already hold the Bronze Award for their Employer Recognition Scheme and will now work towards the next step of the Silver Award.

4. COVID-19 update

Over the last 12 months Gold Command has supported the Trust in its response to the pandemic giving staff and departments strategic direction on day to day management

- **Absence Line:** The absence line was established at the beginning of the pandemic as a means of ensuring that advice and support was available to all staff who were either symptomatic themselves with COVID or were required to self-isolate as a result of family/colleagues who were symptomatic/testing positive for COVID. The availability of senior nurses to provide advice and support and to conduct close contact risk assessments as well as the availability of timely Infection, Prevention Control (IPC) advice from the IPC team, including on-call, has been critical from both a resource and outbreak management perspective.
- **Testing Centres:** The static and mobile testing centres have also been operational from very early in the pandemic management period. They have also been critical to our ability to respond quickly to symptomatic staff and family members where appropriate, in arranging PCR testing and to be able to advise on isolation periods. These continue to be operational and are now stood up in line with demand.
- **Outbreak management progressing well and continued learning:** There are four open outbreaks across the Trust with only one patient who is COVID positive. There is a

summary document that captures all of the learning from the outbreaks and this has been shared via the weekly Trust-wide IPC Assurance Meeting. From recent outbreaks there has been a focus on the challenge of isolating patients who have challenges with capacity and to understand the rationale for isolation. There is work underway to look at sourcing feedback from patients around their experience of isolation on wards and the staff challenges in ensuring compliance to reduce nosocomial transmission. There is also a focus on exploring strategies around exploring resilience in ward and Community teams.

There has been evidence of good multidisciplinary team working (MDT) working and patient centred care. Good engagement from Teams and senior leadership in Outbreak Management and managed well. The COVID-19 Remote Inpatient Support Team (CRIST) was established to provide those areas with outbreaks with seven day support and out of hours advice relating to physical health management.

- **Lateral Flow Device (LFD) roll out:** The Trust completed its first phase of roll out of the LFD in January with staff commencing their twice weekly self-swabbing over a 12 week period and recording the results of the tests on the National electronic system. The second batch of LFD's was delivered last week and a similar programme of roll out is underway.

There are a number of staff who have not recorded any test results or limited results since receiving the devices and this list is currently being reviewed with staff being asked to return the devices to their nominated coordinator within the localities, in order that they can be cleaned and redistributed to other staff.

The position today is that we have had 154 asymptomatic staff that have tested positive for COVID since roll out. This will have had a positive impact on reducing the risk of transmission of COVID both in the workplace and community as these individuals would have been otherwise considered asymptomatic and would have not been isolating.

- **Vaccination Roll Out:** Excellent progress has been made since mid-December and to work within the National Joint Committee on Vaccination and Immunisation (JCVI) guidance to engage staff in the vaccination programme. This has been managed on the West side in North Cumbria jointly with North Cumbria Integrated Care (NCIC) and on the East side led by CNTW with a three site vaccination model. As it stands today 6979 staff have been vaccinated. For those that have not taken up the offer of the vaccine due to confidence issues, specific communication has been produced and there has been a separate Q&A session.

In turn the vaccination of CNTW patients has been underway since January and a total of 351 patients have received their first dose. There is a small working group focusing on the process for vaccinating those hard to engage patients in the community such as LD, SMI, Addictions following the recent change in the JCVI prioritisation.

- **Communication:** For all of the above to be effective this has relied on the daily support of the Communications team in order that information could be distributed in timely and in a range of different mediums to promote access and understanding.

Regional updates

5. North East and North Cumbria Provider Collaboratives for Mental Health, Learning Disability and Autism Services

The introduction of NHS-led Provider Collaboratives creates a shift in the approach to commissioning specialised mental health, learning disability and autism services. The collective focus will be on the health of local populations, understood through outcomes,

experience and the delivery of transformation in pathways of care. The ambition through NHS-led Provider Collaboratives is to ensure that people with specialised mental health, learning disability and autism needs experience high quality, specialist care, as close to home as appropriately possible, which is connected with local teams and support networks.

Provider Collaboratives are seeking to enable specialist care to be provided in the community to prevent people being in hospital if they don't need to be and to enable people to leave hospital when they are ready. Building on the success of New Care Models for tertiary mental health services, NHS-Led Provider Collaboratives will drive improvements in patient outcomes and experience. NHS-Led Provider Collaboratives will also bring much needed focus on tackling inequalities for their local population and increasing the voice of lived experience in improving the quality of care provided.

Cumbria, Northumberland, Tyne and Wear NHSFT (CNTW) in partnership with Tees, Esk and Wear Valleys NHSFT (TEWV) will shortly go live with three Provider Collaboratives, all covering the North East and North Cumbria Integrated Care System Population. The pathways due to go live are:

1. Specialised Children and Adolescent Mental Health Services (CAMHS) – CNTW will be the Lead Provider
2. Specialised Adult Eating Disorder Services – CNTW will be the Lead Provider
3. Adult Secure Services – TEWV will be the Lead Provider

The two Trusts have formed a Partnership Board and joint commissioning function to support the three Provider Collaboratives.

National updates

6. The Mental Health Act – White Paper

The Government commissioned an independent review of the Mental Health Act, published in December 2018, which concluded that the current Mental Health Act did not always work as well as it should, for patients, their families, and their carers.

As a result, the Government is consulting on changes to the Mental Health Act to help put patients at the centre of decisions about their own care. Wide ranging changes are being proposed along four principles: choice and autonomy; least restriction; therapeutic benefit; and viewing the person as an individual. The consultation will close on 21st April 2021.

The Mental Health Act team of the Trust is in the process of seeking the views of our staff, governors, service users and board members through a series of formal and informal meetings to feed into the consultation over the next 2 months.

7. Reform proposals to speed up integration

The Government published a new White Paper last month which outlines legislative proposals for health and care that seek to support the better integration between health and care services, which are so vital for improving patient care.

The proposals are expected to speed up the move to create ICS's at a local level. The new Bill is expected to be wide ranging, including new powers for the secretary of state to direct NHS England and plans to put the Healthcare Safety Investigation Branch on a statutory footing.

Commenting on the release of the 'White Paper' with legislative proposals for a Health and Care Bill, the chief executive of NHS Providers, Chris Hopson, said:

"There is widespread agreement across the NHS on many of the proposals in this paper thanks to the work done by NHS England and NHS Improvement and the Health and Social Care Committee to draw up a set of agreed legislative proposals in 2019, a process to which NHS Providers contributed extensively. We are pleased to see that this work forms the bedrock of what is now being proposed.

"These proposals provide an important opportunity to speed up the move to integrate health and care at a local level, replace competition with collaboration and reform an unnecessarily rigid NHS approach to procurement.

There is a lot of detail in the White Paper, including proposals to give powers for the secretary of state to direct NHS England, transfer powers between arms-length-bodies and also to intervene in local service reconfigurations.

It will be vital that the proposed new statutory powers for integrated care systems avoid overlap and duplication with the statutory powers of trusts and foundation trusts which the government rightly says it will maintain as the key delivery mechanism for ambulance, community, hospital and mental health care services.

The White Paper's proposals have been generally welcomed, but some concerns have been expressed about the timeline for implementing them, considering the operational pressures the NHS and care services are currently under. Commentators have also called for the Department of Health and Social Care and NHS England to engage over the coming months in the detail of the proposals and to seek to achieve a consensus on any issues that need to be resolved.

John Lawlor
Chief Executive
March 2021

Cumbria, Northumberland Tyne and Wear
03/01/2021 12:53:32

Report to the Board of Directors
3rd March 2021

Title of report	COVID-19 update
Report author(s)	Jose Robe, Group Nurse Director
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 the Board of Directors meeting
3rd March 2021

1. Executive Summary

This report provides an exception report in response to the COVID-19 pandemic since the last Trust Board. For this month the report includes three areas:

- Outbreak management and Patient Testing
- Patient and Staff Testing & Vaccinations
- Clinically Extremely Vulnerable (CEV) and staff risk assessment

2. Trust COVID-19 Outbreak management:

When a COVID-19 outbreak is declared it cannot be closed unless there has been 28 days without any new patients or staff testing positive that are deemed to be linked to the initial outbreak. We have declared 36 outbreaks through the pandemic, of which 19 have been declared from the 1st December 2020, reflective of high prevalence of COVID-19 transmission in the general community. **(see Appendix 1 for outbreak breakdown)**

The Trust has continued to observe higher levels of COVID-19 cases being detected through the testing programme. All outbreaks are managed and have a robust action plan in place, overseen by the Director of Infection Prevention Control (DIPC), Gold Command and Locality leadership team. Learning is shared through the outbreak debrief meetings and the Trust wide IPC meetings.

3. Patient and Staff Testing & Vaccinations

CNTW continues to provide testing in-line with the Government's testing strategy, including the introduction of patient swabbing on days 1,3, 5 to 7 for new admissions, and every seven days thereafter. Additional testing is in place for patients when they return from overnight leave and as pre-elective testing – prior to ECT and Drive Mobility assessments.

The learning from outbreaks has identified the risk of nosocomial transmission post the 1st and 3rd day test. This has occurred where the index case has been identified as a new admission or transfer to the ward with an asymptomatic presentation and negative test results on day 1 and 3 but then becoming symptomatic on days 4/5, when they have been out of isolation. This has resulted in hospital acquired transmission to other patients. The Trust is currently reviewing the arrangements for cohorting patients and isolation periods to reduce the risk of nosocomial transmission across inpatient wards. An update will be brought to the Board when this work is completed.

3.1 Asymptomatic Staff Testing

COVID019 Swab Testing (PCR testing) continues for staff or household members who are symptomatic via the drive through and mobile teams.

The roll out of Asymptomatic Lateral Flow Device (LFD) testing kits to those staff that have signed up to the twice weekly testing arrangements continues. The Trust has recently received a further supply of LFD kits for new staff who did not sign up to the initial testing arrangement and for existing staff to continue testing for the next 12-week period. Test results are uploaded by staff to the online system and reported daily to Public Health England (PHE) and weekly to NHS England / Improvement (NHSE/I).

3.2 COVID-19 Vaccination Staff, Patients and Clinical Partners

The Trust has continued with its vaccination programme. This has been a successful programme to date via both developments including the joint arrangement with North Cumbria Integrated Care (NCIC) for the administration of the Pfizer vaccine for the North Cumbria Locality and the CNTW run East model using the 3-site arrangement from St Nicholas Hospital, St George's Park and Hopewood Park to administer the Oxford/AstraZeneca vaccine. In addition, there are a number of clinical partners that have also been vaccinated.

In terms of patient vaccination roll out, the Trust continues to administer the vaccine for patients within the priority groups as per the Joint Committee on Vaccinations and Immunisations (JCVI) guidance. In line with the recent move to category 6 of the JCVI priority list, the Trust is now vaccinating all mental health and learning disability patients after day 1 of admission. Work is also underway via a small working group who are looking at strategies to support patients on community mental health and learning disability teams to access their vaccine either via Primary Care Networks (PCN's) or in some circumstances, via the community mental health teams.

Appendix 1 provides a breakdown of the vaccination numbers per group.

4.0 Clinically Extremely Vulnerable Criteria and Staff Risk Assessments

Following revision to the guidance a new group of people (1.7 million people nationally) have been classed as "Clinically Extremely Vulnerable", meaning they are at very high risk of serious illness from coronavirus. New cases are added to the list if they fit the following categories.

- Fitting one of the clinical conditions on the list i.e. people who have received an organ transplant
- A GP or specialist has added the person to the list at their clinical discretion
- Added to the list following completion of the (new) Covid19 population risk assessment

CEV people are being prioritised for vaccination and asked to shield until the end of March.

The Trust has recently revised the COVID-19 risk assessment tool and all staff are being offered the opportunity to complete the risk assessment process in line with the guidance or for those who have already had a risk document completed, for this to be further reviewed.

5. Recommendation

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

Jose Robe
Group Nurse Director

Cumbria, Northumberland Tyne and Wear
03/01/2021 12:53:32

Appendix 1

CNTW COVID-19 Trust Summary – 24th February 2021



COVID Positive

Current positive patients: **1**

1 Longview

Staff PCR+ result: **326** since 1st Dec

LFD – **154** positive results

15 returned a negative PCR result (9.7%)



Staff Absence

Total staff absent: **508**

142 COVID related – **33** due to COVID+ test
(23.2%)



COVID
Vaccinations

Total Vaccinated: **8074**

Patients Vaccinated: **345**

326 of the current 665 inpatients (49.0%)

19 patients vaccinated outside CNTW (2.8%)

Total Staff Vaccinated: **6892**

By CNTW - **6427** of 8728 Staff (73.6%)

Self declared – **465** (5.3%)

191 (2.2%) have 1st dose booked

Clinical Partners Vaccinated: **837**



Outbreaks

Outbreaks by Locality	Open	Closed	Total
North Cumbria	2	6	8
North	1	7	8
Central	1	6	7
South	2	12	14
Total	6	31	37

Figures below relate to the whole of each outbreak
and are not current positive staff/patients

Live Outbreaks	Day	Staff	Patients
Yewdale	19	7	9
Hadrian (Carleton Clinic)	27	7	0
Sunderland CYPS	24	7	0
Hauxley	16	3	6
Longview	27	2	3
Plummer Court	6	2	0

Report to the Board of Directors
3rd March 2021

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

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	24.02.21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	22.02.21
Corporate Decisions Team (CDT)	
CDT – Quality	22.02.21
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

CNTW Integrated Commissioning & Quality Assurance Report

2020-21 Month 10 (January 2021)

Executive Summary

- 1 The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).

- 2 There have been three remote Mental Health Act reviewer visit report received this month.

Yewdale, West Cumberland Hospital (Adult ward for adults of working age and psychiatric intensive care units) – 12 January 2021

- The following issues were identified from this visit:
- Patient's shower areas had no curtains in place while changes were made to the curtain pole fixtures.
- The patient's responsible clinician was working remotely due to COVID-19 and had been for many months. One patient raised concern about not seeing the doctor in the first week of admission and another was concerned that video-conferencing did not feel comfortable.
- Patient's described the facilities on the ward as being poor. There was no gym, computer or occupational therapy kitchen.

Embleton, St George's Park (Adult ward for adults of working age and psychiatric intensive care units) – 22 January 2021

The following issues were identified from this visit:

- Patients did not have access to a bedroom door key.
- While the ward manager said that staff searched patients following an individual risk assessment, the health care assistant described that all patients were searched on return to the ward.
- Patients felt that they did not see the doctor enough and described feeling threatened at times to take medication as staff told them they would be restrained and injected if they refused. Some patients said medication side effects were a real concern for them and they implied they did not feel involved in decision making.
- Patients were pleased with how staff managed the COVID pandemic. However, several patients felt the enforced isolation in a bedroom was very difficult and not good for their mental health when they were so unwell already. Patients described this period as difficult due to the lack of exercise, fresh air and a television.
- Patients were not clear regarding their care plan and, in some cases, thought this was only for the community. Most patients did not know who their named nurse was.
- One family member described significant difficulties during their relative's section 17 leave. This resulted in their relative needing to return to the ward. This relative was left to arrange this and described significant concerns which did not demonstrate good practice and agencies working together. The relative was told the ward were reviewing this situation to ensure learning took place and that this did not happen to others.

Springrise, Hopewood Park (Acute ward for adults of working age and psychiatric intensive care units) – 26 January 2021

The following issues were identified from this visit:

- One patient was nursed in a seclusion room and had been for several months. It was difficult to see how seclusion could end as it was agreed that the ward environment was causing the patient's aggression.
- The IMHA as unable to see the patient in the seclusion environment or try to engage with the patient due to COVID-19 restrictions. However, the IMHA was involved in meetings and discussions with professionals regarding the patient's care.
- The ward had more patients allocated than there were beds on the ward.

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

The CQC Reviewer Group considers all action plans and adds in any additional overarching information where relevant prior to sign off by the Group Director/Group Nurse Director for the relevant locality group.

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

- 3 The Trust met all local CCG's contract requirements for month 10 with the exception of:
 - CPA metrics for all CCG's with the exception of Northumberland.
 - Numbers entering treatment within Sunderland IAPT service (573 patients entered treatment against a target of 801) and North Cumbria (369 patients entered treatment against a target of 605).
 - Delayed Transfers of Care within Durham, Darlington and Tees.
- 5 The Trust met all the requirements for month 10 within the NHS England contract with the exception of the percentage of patients with a completed outcome plan (98.2%).
- 6 All CQUIN schemes for 2020/21 have been suspended due to the COVID-19 pandemic.
- 7 There are 40 people waiting more than 18 weeks to access services this month in non-specialised adult services (38 reported last month). Within children's community services there are currently 434 children and young people waiting more than 18 weeks to treatment (390 reported last month).

8 Training topics below the required trust standard as at month 10 are listed below:

Fire (82.4%)	Medicines Management (84.1%)
Information Governance (83.4%)	PMVA basic training (21.6%)
PMVA breakaway training (67.1%)	Mental Health Act combined (64.0%)
MHCT Clustering (63.2%)	Clinical Risk (80.7%)
Clinical Supervision (77.4%)	Seclusion training (67.4%)
Rapid Tranquilisation (76.2%)	

9 Appraisal rates currently stand at 76.5% Trust wide against an 85% standard which is an increase from last month (77.9%).

10 Clinical supervision training is reported at 77.4% for January (was 78.1% last month) against an 85% standard. The percentage of staff with a completed clinical supervision record is reported at 53.9% as at 17th February 2021. At 31st January 2021 the proportion of staff with a management supervision recorded in the last 3 months is reported at 42.5% against an 85% standard.

11 The confirmed December 2020 sickness figure is 6.0%. This was provisionally reported as 6.10% in last month's report. The provisional January 2021 sickness figure is 6.75% which is above the 5% standard. The 12 month rolling average sickness rate has increased to 5.67% in the month.

12 At Month 10, the Trust has a £0.7m surplus which £1.2m ahead of the Trust's revised plan for the year. The revised plan and forecast deficit is currently £2.2m. However, additional funding is expected to be confirmed shortly which will move the forecast back to breakeven. In line with the financial arrangements put in place in response to COVID-19 the Trust was breakeven at the end of September. Additional costs due to COVID-19 from April – January were £6.0m. Agency spend at Month 10 is £12.8m of which £5.9m (46%) relates to nursing support staff and forecast agency spend is £15.7m.

Other issues to note:

- There are currently 19 notifications showing within the NHS Model Hospital site for the Trust.
- The number of follow up contacts conducted within 72 hours of discharge has decreased in the month and is reported trust wide at 94.2% which is above the 80% standard. (was 95.1% last month).
- There were 24 inappropriate out of area bed days reported in January relating to the unavailability of older persons beds for two patients. This compares with no inappropriate bed days in December.

- During January 2021 the Trust received 46 Points of You survey returns, of which 70% were from service users and 30% from carers. Of the 46 responses 45 answered the FFT question with 96% of service users and carers stating their overall experience with CNTW services was either good or very good.

Current reporting of Training & Appraisals during pandemic

The Trust is experience continuing pressure maintaining services through the extended wave 3 Covid 19 period. The Executive Team and Operational Directors have stood down non-essential meetings and the centre have ceased several reporting requirements. We have explored the continuation of the training and appraisal standards. In wave 1 we paused the standard and gradually reintroduced them during the summer. At its February meeting the Board of Directors agreed the following:

The Operational Groups will to continue to make best endeavours to achieve the standards for training and appraisals however recognise this is not always possible in managing safe care with fluctuating staffing levels, managing patient co-horting to ensure we continue to remain open to admissions and managing varying restrictions. We will continue to monitor training and appraisals through the Board and the Accountability Framework meetings but not performance manage the expected standards. This will be reviewed each quarter with the Board.

Health Service Journal Article – Beds for children hit ‘crisis point’ amid Covid demand surge

A recently published article within the HSJ has highlighted the demand and availability of inpatient child and adolescent mental health beds across the country, particularly for eating disorders as demand has surged during the COVID pandemic.

A rise in the number of referrals has been highlighted with the latest NHS Digital figures showing at the end of November 2020, there has been a 28% increase nationally in the number of children and young people in contact with services compared to November 2019. Within CNTW the number of referrals open to our Children and Young People services remain the same at approx.10,000 for the same periods.

The number of referrals to CNTW services have decreased during Quarter 1–3 in 2020-2021 from 8078 to 7199 for the same period in 2019-2020.

Bed availability for CNTW is updated daily within the national system. Occupancy levels for November 2020 report a 70% occupancy level on Redburn with 50% of patients detained. For November 2019, 100% occupancy level is reported of which 80% of patients were detained. On Redburn PICU occupancy levels are reported at 100% for November 2020 and 75% for November 2019 of which all patients were detained.

15% of patients were discharged during 2019-20 and 6% in the current year to date that have been discharged from Redburn with an eating disorder diagnosis.

Recent data from NHS England showed performance for children and young people with an eating disorder had declined in Quarter 3 2020-21, with those urgent cases waiting to start

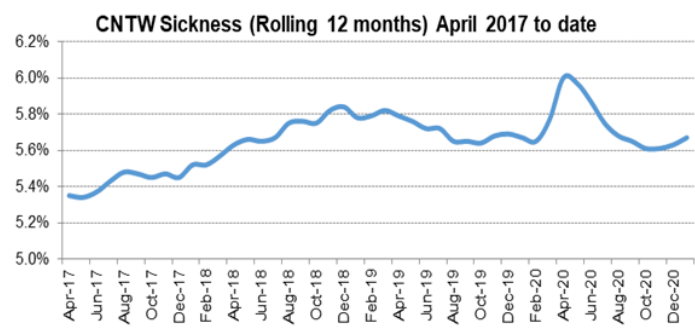
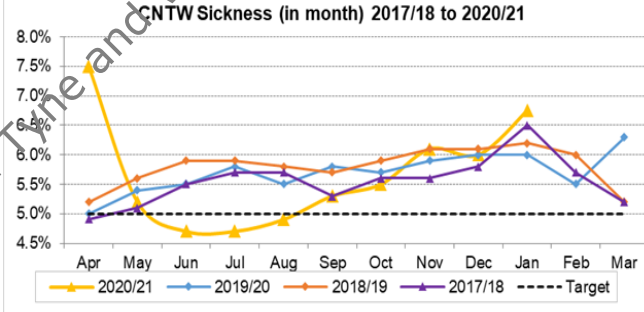
treatment reported as nearly 4 times higher than those waiting in the same quarter the year before. Within CNTW 6 young people classed as urgent, were waiting to start treatment which was 3 times higher for those reported in Quarter 3 2019-2020 which is line with the national findings.

The number of “routine” cases waiting to start treatment in the third quarter was reported nationally at an all-time high, at 1,216. The year before it was reported at 532. Within CNTW there were 42 routine cases waiting to start treatment at Quarter 3 2020-2021, compared to 19 reported at Quarter 3 2019-2020, which is in line with national findings.

The number of referrals to CYP eating disorder services has increased by 33% for Quarters 1-3 2020-2021 (316), compared to the same period in 2019-2020 (209).

Cumbria, Northumberland Tyne and Wear
03/01/2021 12:53:32

Regulatory	Single Oversight Framework																			
	1		The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).					Use of Resources Score:		2										
	CQC																			
	Overall Rating		Number of "Must Dos"		There have been three Mental Health Act reviewer visit reports received since the last report. The visits continue virtually with the process including interviews with Ward Managers/Clinical Leads, service users and carers and IMHA representatives															
	Outstanding		45																	
Contract	Contract Summary: Percentage of Quality Standards achieved in the month:																			
	NHS England		Northumberland CCG		North Tyneside CCG		Newcastle / Gateshead CCG		South Tyneside CCG		Sunderland CCG		Durham, Darlington & Tees CCGs		North Cumbria CCG					
	94%		100%		80%		90%		90%		86%		62%		67%					
	CQUIN - Suspended																			
	Cirrhosis & fibrosis tests for alcohol dependant patients		Staff Flu Vaccinations		Use of specific Anxiety Disorder measures within IAPT		Routine outcome monitoring in CYPS & Perinatal MH Services		Routine outcome monitoring in Community Mental Health Services		Biopsychosocial assessment by Mental Health Liaison Services		Healthy Weight in Adult Secure Services		Achieving high quality 'formulations' for CAMHS inpatients		Mental Health for Deaf		Routine outcome monitoring in perinatal inpatient services	
	All CQUIN schemes are currently suspended for 2020/21																			
Internal	Accountability Framework																			
	North Locality Care Group Score: January 2021				Central Locality Care Group Score: January 2021				South Locality Care Group Score: January 2021				North Cumbria Locality Care Group Score: January 2021							
	4		The group is below standard in relation to CPP metrics and training requirements		4		The group is below standard in relation to a number of internal requirements		4		The group is below standard in relation to a number of internal requirements		4		The group is below standard in relation to a number of internal requirements					
Quality Priorities: Quarter 4 internal assessment RAG rating																				
Improving the inpatient experience					Improve Waiting times for referrals to multidisciplinary teams					Equality, Diversity & Inclusion and Human Rights										

Waiting Times					
The number of people waiting more than 18 weeks to access services has increased in the month for non-specialised adult services. The number of young people waiting to access children’s community services has increased in month 10. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.					
Workforce	Statutory & Essential Training:				Appraisals:
	Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):	Fire training (82.4%), Clinical Risk training (80.7%) and Medicines Management training (84.1%), are within 5% of the required standard. Rapid Tranquilisation training (76.2%) Information Governance (83.4%), PMVA basic training (21.6%), PMVA Breakaway training (67.1%), MHA combined training (64.0%), MHCT Clustering Training (63.2%), , Seclusion training (67.4%) and Clinical Supervision training (77.4%) are reported at more than 5% below the standard.	Appraisal rates have decreased to 76.5% in January 2021 (was 77.9% last month).
	6	3	8		
Sickness Absence:					
			<p>The provisional “in month” sickness absence rate is above the 5% target at 6.75% for January 2021</p> <p>The rolling 12 month sickness average has increased to 5.67% in the month</p>		
					
Finance	At Month 10, the Trust has a £0.7m surplus which £1.2m ahead of the Trust’s revised plan for the year. The revised plan and forecast deficit is currently £2.2m. However, additional funding is expected to be confirmed shortly which will move the forecast back to breakeven. In line with the financial arrangements put in place in response to COVID-19 the Trust was breakeven at the end of September. Additional costs due to COVID-19 from April – January were £6.0m. Agency spend at Month 10 is £12.8m of which £5.9m (46%) relates to nursing support staff and forecast agency spend is £15.7m.				

Financial Performance Dashboard

Income & Expenditure

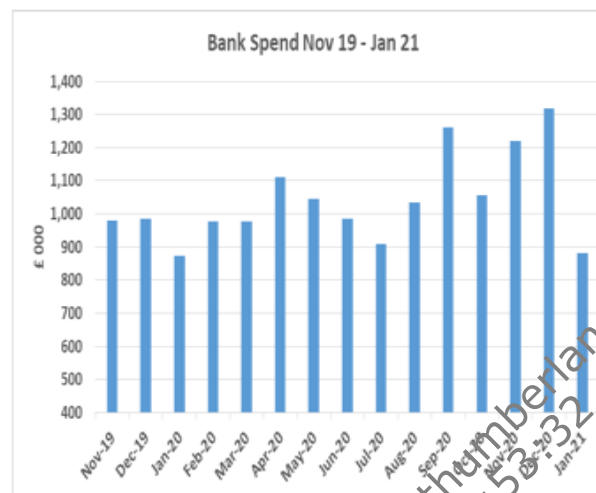
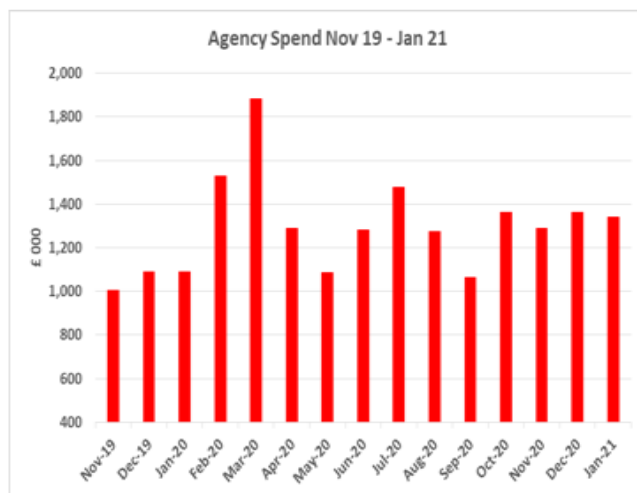
	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	345.3	349.5	4.2	414.6	420.2	5.6
Pay	(276.2)	(277.5)	(1.3)	(332.9)	(335.9)	(3.1)
Non Pay	(69.6)	(71.3)	(1.6)	(84.0)	(86.5)	(2.5)
	(0.5)	0.7	1.2	(2.2)	(2.2)	0.0

Key Indicators

Key Indicators	Year to Date	Forecast
Surplus/ (Deficit)	£0.7m	(£2.2m)
Agency Spend	£12.8m	£15.7m
Cash	£81.3m	£35.3m
Capital Spend	£11.4m	£22.9m

Key Issues/Risks

- Following agreement with the North Integrated Care Partnership (ICP) the Trust has an agreed financial profile of income and expenditure for month 7 – 12.
- At month 10 the Trust has delivered a £0.7m surplus which is in line with M7-12 plan.
- Bank & Agency costs remain high, but are lower than previous peak levels.
- The Trust has delivered a surplus in month 10 due to increased income levels. The Trust have received over £1m of income from HEE that was not included in the M7-12 planning, as the Trust was not aware of this funding.
- The Trust has incurred £0.3m additional costs due to COVID-19 in month 10, and has incurred £6.0m of Operational COVID costs up to month 10. The Trust is also incurring the costs of additional services developed to support the pandemic.
- Cash – £81.3m at month 10 which is higher than normal due to early payment of income.
- Capital Spend - £11.4m at month 10 which is £6.2m less than plan.



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

	04/01/2021		11/01/2021		18/01/2021		25/01/2021	
Medical	102	43	108	54	102	38	102	38
Qual Nursing	208	110	212	132	247	140	247	131
Unq Nursing	1,508	58	1,199	69	1,258	75	1,366	85
A&C	81		70		66		76	
	1,899	211	1,589	255	1,673	253	1,791	254

In January the Trust reported an average of 243 price cap breaches (43 medical, 128 qualified nursing and 72 nursing support). At the end of January 8 medics were paid over the price cap.

Risks and Mitigations associated with the report

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 10.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19.

Recommendations

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

Agree the approach to training and appraisals monitoring.

Allan Fairlamb

Head of Commissioning & Quality Assurance

Lisa Quinn

Executive Director of Commissioning & Quality Assurance

18th February 2021

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

**Trust Board
03 March 2021**

Title of report	Safer Care Report – Quarter 3
Report author(s)	Claire Thomas, Associate Director, Safer Care Dr Damian Robinson, Group Medical Director, Safer Care Paul Stevens, Safer Care Business & Policies Manager
Executive Lead (if different from above)	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	28/10/2020
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

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

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

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

Trust Board

03 March 2021

1. Executive Summary

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

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

2. Risks and mitigations associated with the report

None to note by exception.

3. Recommendation/summary

Receive the paper for information only

Name of author:

Claire Thomas, Associate Director, Safer Care

Dr Damian Robinson, Group Medical Director, Safer Care

Paul Stevens, Safer Care Business & Policies Manager

Name of Executive Lead:

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

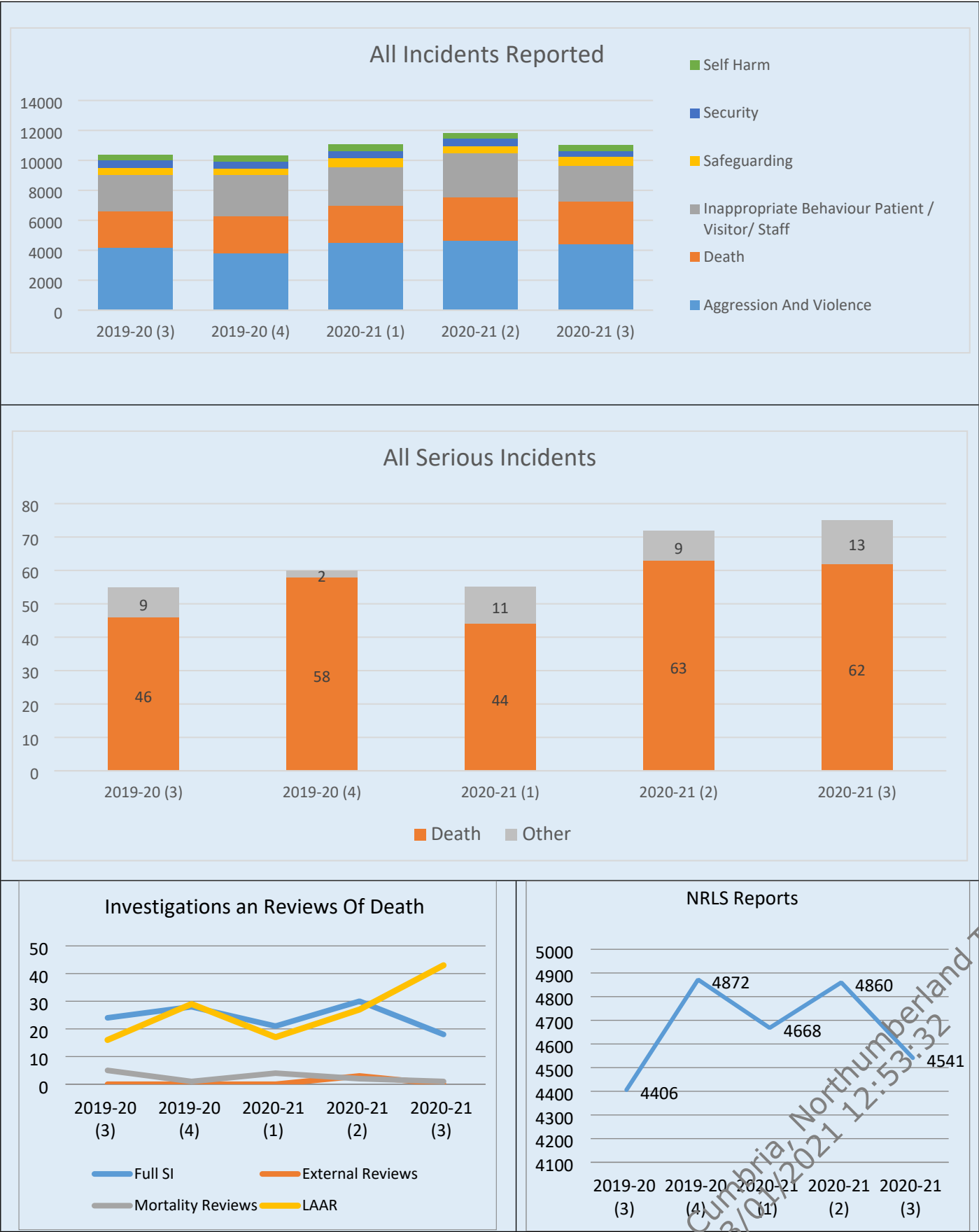
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Safer Care Report – Quarter 3 January 2021 Reporting Period: October to December 2020



Caring | Discovering | Growing **Together**

Section 1: Incidents, Serious Incidents and Deaths.



All incidents

All incidents this quarter total 11,012 a slight reduction of 715 from previous quarter total of 11,807.

Deaths

The number of total deaths reported in this quarter is 2850 which is comparable with the previous quarter (2) total of 2920. This maintains the increase observed following quarter 1. These figures include all natural cause deaths reported and these figures also include patients who may not have been in direct receipt of CNTW services at the time of death.

Serious Incidents

The number of unexpected deaths reported (62) has remained consistent with the previous quarter (63). The total number of serious incidents 75, is also comparable with the previous quarter (72).

Incidents meeting the threshold for mortality review are in keeping with previous quarters following CNTW's adoption of the Royal College of Psychiatrists Mortality Review Tool.

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

2 complex cases were heard at the Complex Case Panel this quarter.

Regulation 28

The Trust has been issued two Regulation 28 reports by HM Coroner this quarter. One of these regulation 28s has been issued and the Trust has responded to the Coroner within the expected timescale. The second regulation 28 has not yet been formally issued to the Trust. Once issued a formal response to the Coroner will be submitted.

Covid Related inpatient deaths

In quarter 3 one inpatient death has been recorded as Covid-19 related. This inpatient became unwell in a CNTW inpatient unit and was transferred to a medical ward where they passed away.

Never Event

A never event related to an inpatient death in North Cumbria occurred this quarter. The death involved a ligature being tied to a collapsible shower rail and the rail failed to collapse. This meets the NHS England criteria for a Never Event.

Learning from Incidents

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

Incidents that occurred and being investigated post the initial national lock down (24 March 2020) have been subject to an additional term of reference to address the challenges of clinical care during the pandemic "Consider and comment on any changes to care, treatment and risk

management that occurred as a result of the Covid-19 pandemic, how these changes were managed and what if any impact these changes were felt to have had on the incident under review". To date the panel and investigations have identified robust, clinically indicated and documented decisions in relation to this.

34 serious incidents were reviewed at the Serious Incident Panel in this quarter. Of the 34 reviewed, 4 incidents were noted to have significant findings relating to care and treatment that had the potential to cause harm. However on review it was felt there was no direct causal link. These 4 cases were from the North Cumbria (1), South (1) and Central (2) Locality Care Groups.

- **North Cumbria Locality**

This incident related to an unexpected death and the review highlighted that, the Care Coordination transfer policy was not followed. Several actions were identified as a result: Care Programme Approach (CPA) policy training to be refreshed and rolled out to all clinical staff as a reminder of their roles and responsibilities within CPA transfer.

- **South Locality**

This significant finding involved an unexpected death. The finding was that the accuracy of the assessment of risk of suicide during a Crisis Resolution Home Treatment (CRHT) assessment was compromised by the assessing clinician not having a full understanding of the patient's historical risk factors. Actions were agreed at the SI panel to address the finding. In addition the Trust is reviewing the risk assessment tool taking into account findings from several SI investigations that have highlighted issues with assessment of risk and / or completion of risk assessment scoring / documentation.

- **Central Locality**

The first incident related to Central locality involved an unexpected death. The death occurred in the community but the significant finding related to the inpatient Clinical Business Unit (CBU) and was not directly related to the death. The deceased had been an inpatient at the Queen Elizabeth (QE) hospital and once medically stable was transferred directly from the QE to a CNTW inpatient unit. The finding highlighted poor communication between the discharging ward at the QE and the receiving ward within CNTW, and that the CNTW service did not follow its expected admission procedure. The patient was discharged from the QE with prescribed medication, this information was not made clear to CNTW who admitted the patient to the ward unaware that they had a number of medications on their person. In addition some medications relating to physical health that required prescribing were not highlighted to CNTW staff and so a delay in prescribing these medications occurred. While no harm was caused the potential for harm was considered significant. Actions were agreed at the SI panel to address the finding.

- **Central Locality**

The second case that identified significant learning in the Central locality was also an unexpected death. The investigation highlighted that, The risk assessment undertaken by Liaison Psychiatry, when the patient returned to the Queen Elizabeth hospital was not documented or rationalised within the patient record as expected, and did not include a full risk statement or mental state examination. Having considered the case the SI panel felt that even putting hindsight aside, there were enough risk factors within the patient's history and a change within his risk signature, to warrant a more robust consideration for psychiatric admission, or further assessment under the Mental Health Act. Several actions were identified as a result for implementation by the services involved.

Additional learning identified findings and learning related to:

- The use of the AUDIT (Alcohol Use Disorder Identification Test) Tool: several incidents reviewed identified that clinical teams were not utilising this tool as per expectation.
- Documentation and Record Keeping: in several of the cases reviewed at panel record keeping did not meet the expected standard and included:
 - Core documentation not being completed and or updated in line with policy expectation.
 - No formal care plan or care plans not reflecting the package of care being offered.
 - Getting to know you documentation was not completed as expected.
 - Rationales for treatment care planning decisions not always clearly documented, including rationales for changes to care provision made related to Covid-19.
 - Progress notes not validated.
 - Discharge documentation being incomplete or lacking detail.
 - Daily review meetings on an inpatient ward did not effectively record some significant changes in the patient's presentation or incidents.
- Risk Assessment: underscoring of risk using both GRIST and FACE tools and risk management plans not linking to risk information elsewhere in the patient record.
- Lack of carer contact during an inpatient admission period.
- Physical Health Review: not undertaken as per policy/documented appropriately.
- Safeguarding: safeguarding advice not sought/managed internally as per policy and good practice guidance.
- One case involved the ADHD service in Cumbria. The review highlighted that gaps in contact occurred not in keeping with local Standard Operating Procedures (SOP's) and NICE guidance. It was felt that learning in this case related to a lack of available resource within the service primarily related to staffing

Blanket Restriction / Restrictive Practice Reported

CAUSE_1	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Total
Blanket Restriction													
South Locality Care Group		1		3	2	1	2	3		1	2	1	16
North Locality Care Group					2		4	1	1	2	1		11
Central Locality Care Group			1			1	1			1			4
North Cumbria Locality Care Group								1				1	2
Total		1	1	3	4	2	7	5	1	4	3	2	33
Restrictive Practice													
North Locality Care Group	1			1			2					3	7
South Locality Care Group	1		1			1		1	1	1	1		6
Central Locality Care Group				1			1			2			4
Total	2		1	2		1	3	1	1	3	1		18
Total	2	1	2	5	4	3	10	6	2	7	4	5	51

A Change to incident reporting options re: Blanket Restrictions/ Restrictive Practice occurred this quarter. Previously when reporting an incident under the Cause Group, Blanket Restrictions and or Restrictive Practice, the selection options on the web-based incident reporting form did not allow you to then differentiate between the two when selecting the subsequent Primary Cause option. A change to the web-based incident form now allows the user to select from two options better identifying the issue being reported, the available options are:

BR01 Blanket Restriction
BR02 Restrictive Practice

Following this change some realignment work took place and previously reported Blanket Restrictions were reviewed and aligned more accurately between the two options.

In this quarter a total of 16 incidents were reported. 9 related to blanket restrictions and 7 related to restrictive practise.

Of the 7 restrictive practise incidents all relate to CNTW inpatient services and were spread across South, Central and North Localities.

Of the 9 blanket restrictions reported, 1 related to practise reported by a CNTW Community Treatment Team (CTT) but the issue highlighted related to the practice of another care provider. The remaining eight related to inpatients services and were spread across North, North Cumbria and South Localities. One of these blanket restrictions related to challenges posed to staff attempting to manage a Covid positive service user accessing a communal area which subsequently had to be locked. Another related to a change in access to a communal recreational area. With this being locked to allow for improved IPC management in view of Covid-19 risk. Other incidents related to short term management of clinical risks.

Learning and Improvement Webinar series

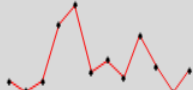
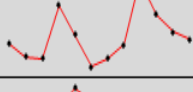
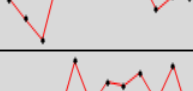
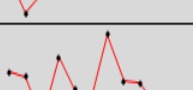



Following a review of the functioning of the learning and improvement group, this has now been replaced by an ongoing series of lunchtime learning and improvement webinars to encourage participation from a wider audience of front line and corporate staff. Topics covered in the last three months included:

- Primary Care Integration Clinic Evaluation
- Model of Care Design, Secure Learning Disability Service
- Barriers and Facilitators to Primary Care Access for Autistic People
- Rehydration Stations
- Living with Dementia and COVID
- Communication Needs within a MH Population
- SALT Role in reducing restrictive interventions incorporating HOPE Model

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Section 2: Positive and Safe Care

Positive and Safe Care

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	Trend
Restraint	849	814	852	1064	1137	886	929	866	1023	905	811	892	8420	
Prone	209	187	183	277	225	170	183	207	322	261	230	218	1963	
Seclusion	112	101	89	127	139	131	134	125	126	106	114	113	1084	
Assaults on Staff	374	292	342	367	501	393	449	441	471	401	490	365	3630	
MRE	48	46	26	55	40	36	66	44	43	32	26	25	404	
Self Harm	1016	918	824	867	838	820	1053	939	948	802	764	813	8223	
VA	1321	1216	1251	1335	1634	1541	1515	1508	1598	1443	1560	1415	12919	
Total	3929	3574	3567	4092	4514	3977	4329	4130	4531	3950	3995	3841	36643	

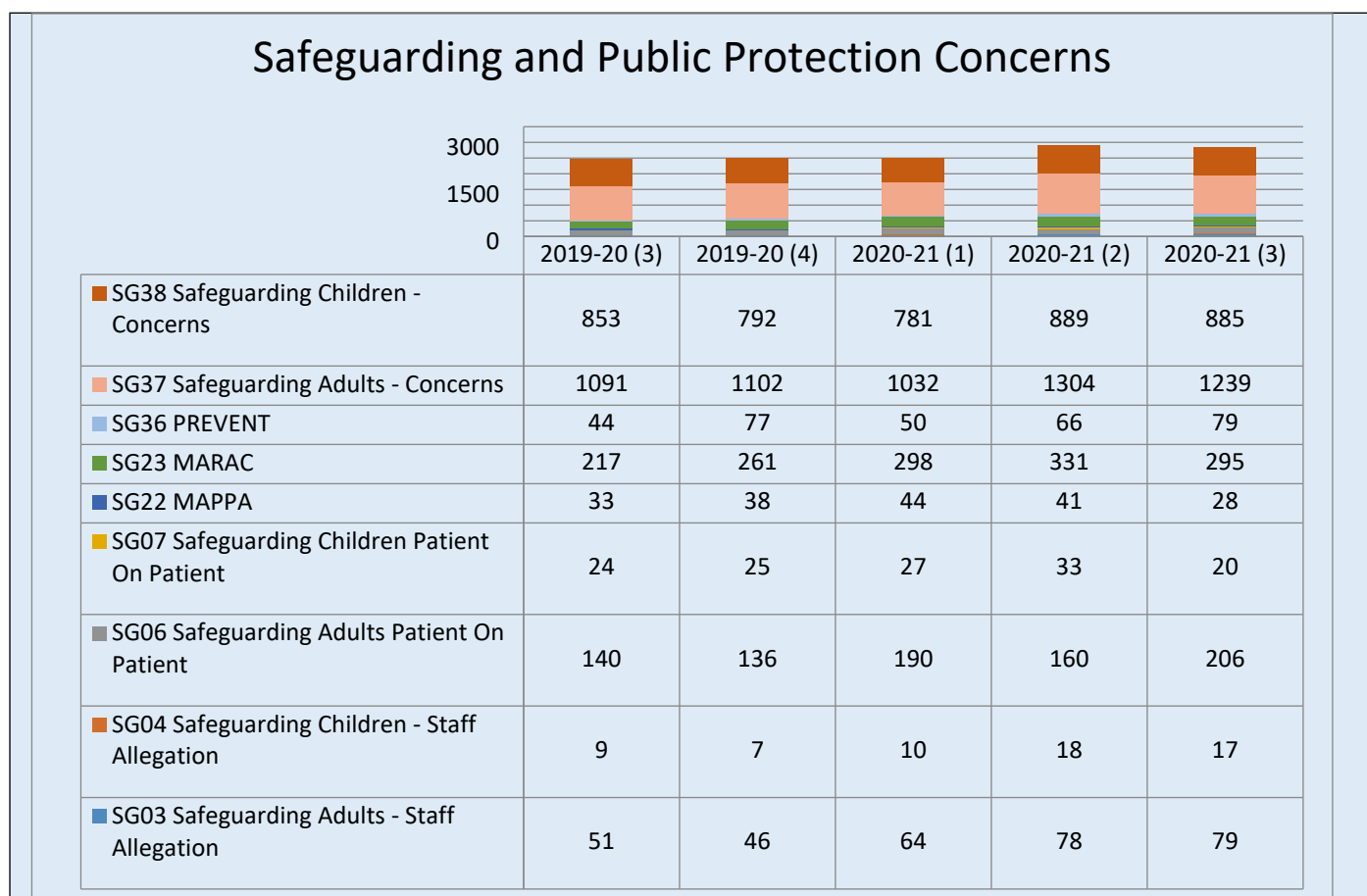
Points of note:

All previously mentioned positive and safe work streams are ongoing the following is an update from the last report:-

- Oxehealth digital care assistant is currently live on Longview instillation is planned soon on both Beckfield and Shoredrift
- Safety pod deployment is ongoing, over 30 wards are now equipped with them.
- Body worn cameras roll out continues Cumbria, North and Central groups are now operational, the South group will follow.

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Section 3: Safeguarding & Public Protection



Points of note:

Safeguarding activity reporting remains consistent with previous quarterly reports. Assurance is given that patients are appropriately safeguarded and each incident is subject to full review. There is evidence that some of the concerns raised are complex in nature that could be attributed to Covid-19 restrictions within both inpatient and community services. The Safeguarding Adult and Public Protection (SAPP) team have continued to provide support in unprecedented circumstances to services in order to keep people safe with multi agency working being provided differently e.g. reduced home visiting. The domestic abuse multi agency meetings have not reduced in numbers and it is anticipated that domestic abuse concerns will increase once the public have more face to face contacts across all agencies. Information has been provided to all staff in relation to domestic abuse within Covid.

Previous developments in Q1 and Q2 have seen two new Multi-Agency Safeguarding Hub (MASH) practitioners recruited into both the Sunderland and Northumberland localities. These are new posts to develop and improve the multi-agency knowledge and skills in working with vulnerable people who have mental health and learning disabilities ensuring the person is safeguarded and receives at the right time. We will continue to monitor the development of these posts over the coming months.

Due to the increase in safeguarding activity, and to support the ongoing demands of the team, we have put out to expression of interest a Band 7 SAPP practitioner post. We await to see under current circumstances, as to whether we will be able to fully progress this opportunity.

Section 4: Infection Prevention Control (IPC) & Medical Devices

MRSA bacteraemia	C. difficile infection	Medical devices incidents
0 (target 0)	2 (target 0)	18

Points of note:

- The IPC team continue to provide support and advice to the localities and clinical teams for the management of Covid-19 in line with changing national guidance, service changes and the implementation of Test & Trace however this activity is not captured or included within this report.
- The amount of input required from the IPC team to the Trust Central Absence Line linked with Test & Trace has continued to increase. There continues to be an IPC on call provision to respond to the current Covid-19 pandemic.
- There are a high number of ongoing outbreaks in the Trust (both inpatient and community-based services) and the incidence of Covid-19 continues to increase in all areas.

Medical devices

- No harm to patients resulted from the reported medical devices incidents and all issues have subsequently been resolved.
- All reported incidents are being reviewed by Paul Thompson who started in August on a 6 months secondment for PPE/Medical devices

Flu vaccination

- The 20/21 flu vaccination campaign commenced 21/9/2020. The focus of the campaign is to reduce the increased associated risks of catching flu alongside Covid-19. The vaccination coverage target set by the trust for this year is 100% of all staff (not only front line staff).
- There are currently 385 staff who have volunteered to become flu vaccinators this year from across the Trust. Training is delivered via E-learning to comply with social distancing and so far 323 staff have completed this training. Each locality has a flu plan which they are following to ensure maximum vaccine uptake for staff and patients.
- At the time of this report, 76.20% of all staff have had a Flu Vaccination, with 1,961 left to vaccinate.

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

Points of Note:

- All data collection for the 'classic' Safety Thermometer and the 'next generation' Safety Thermometers ceased in March 2020. Data related to both pressure ulcers and Venous Thromboembolism (VTE) continue to be monitored the Trust daily via the Tissue Viability team reviewing all incident reports pertaining to VTE or pressure damage. The team ensures correct identification and follow up are in place and support the investigation of all suspected and confirmed incidents. This includes completion of After Action Reviews (AAR's) for all confirmed Deep Vein Thrombosis (DVT) / Pulmonary Embolism (PE) and Category 3 or 4 Pressure ulcers.

DVT / PE within in-patient areas.

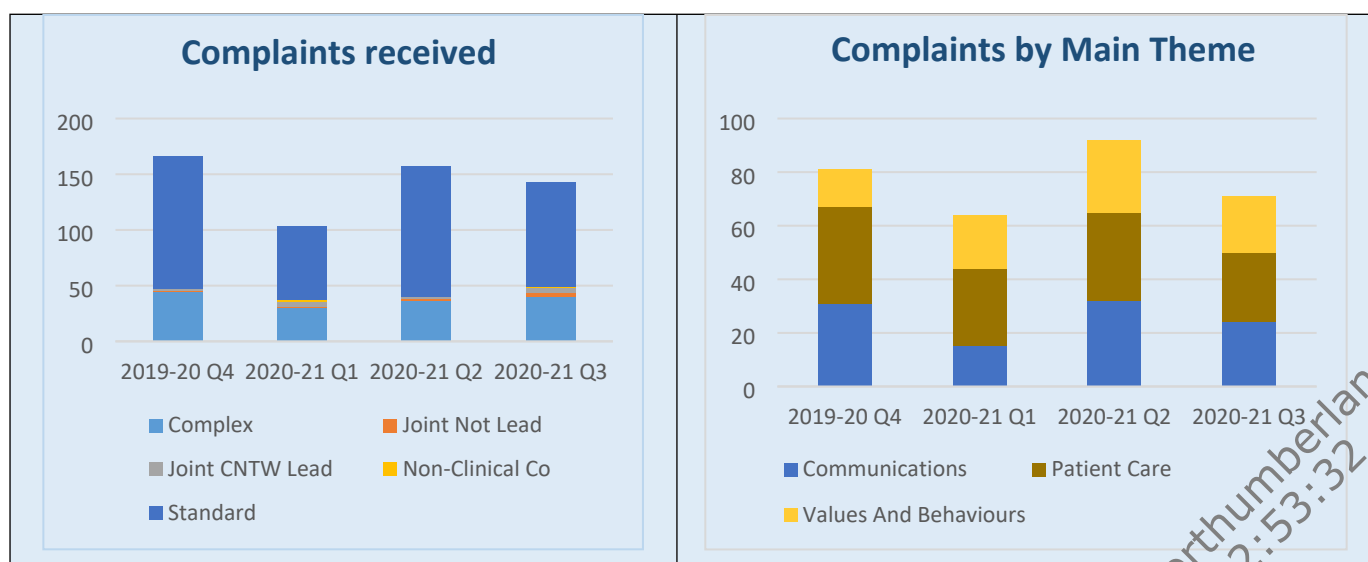
VTE events	Oct	Nov	Dec
Deep Vein Thrombosis (DVT)	1*	0	0
Pulmonary Embolism (PE)	0	0	0
Total:	1	0	0

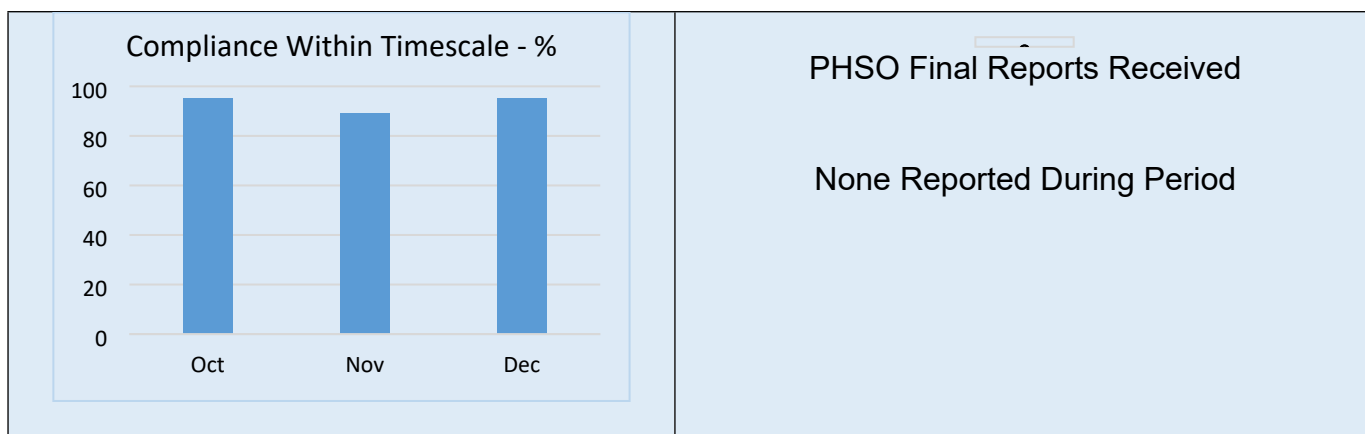
**After action review completed, timely identification of the DVT ensured prompt intervention and management.*

Pressure ulcers within in-patient areas.

NHSI Category	Oct	Nov	Dec
Category 1	5	4	3
Category 2	3	5	4
Category 3	0	0	0
Category 4	0	0	0
Deep Tissue Injury	1	0	1
Unstageable	1	0	1
Moisture Associated Skin Damage	1	1	1
Device Related Pressure Ulcer	0	0	0
Medical Device Related Pressure Ulcer	0	0	0
Total:	11	10	10

Section 6: Complaints Reporting & Management



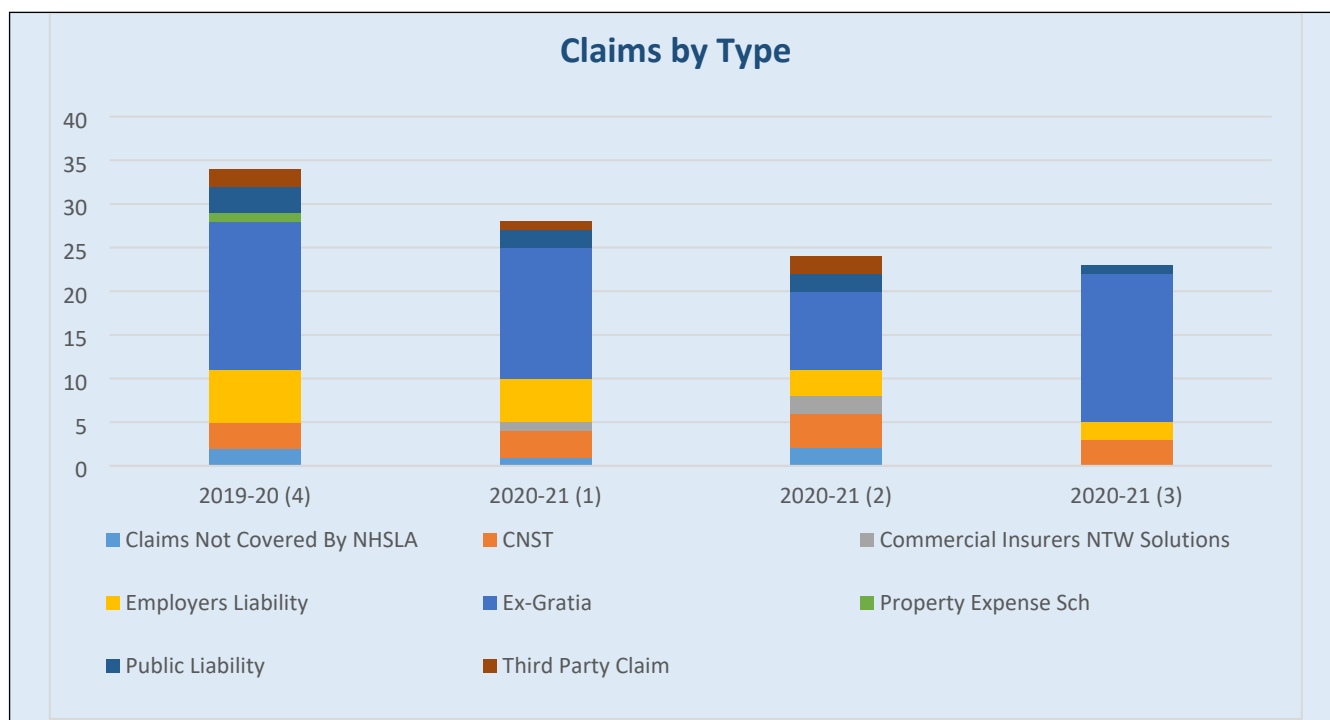


Points of note:

- Complaints have decreased by 9% in comparison to Quarter 2. A slight increase in complex complaints is noted; this is due to a small rise in joint complaints (which involve more than one NHS or social care organisation) and are therefore categorised as complex due to the time required to co-ordinate responses from more than one organisation.
- The three main themes remain consistent, and all three categories have decreased in comparison to Quarter 2. Patient care includes complaints which cover a whole range of issues which cannot be separated out and are categorised overall as issues relating to patient care.
- During the Quarter 3 period October to December 2020, the number of complaints received by the Trust which are about or mention coronavirus/Covid-19 was 13, a decrease of 38% from Quarter 2. The majority of these relate to increased anxiety around changes to practices and processes during lockdown or fears that care and treatment may be reduced as resources are diverted elsewhere. Also heightened anxiety around lockdown generally. One complaint related to a lack of hand sanitiser and social distancing observed in a community base. This was partially upheld with regard to a lack of hand sanitiser and an explanation of the social distancing procedures in place was given to provide reassurance.
- Parliamentary and Health Service Ombudsman.**

North Locality Care Group (5)	2 Preliminary enquiry
	2 Intention to investigate
	1 Notification of Judicial Review – CNTW deemed to be an interested party
Central Locality Care Group (5)	1 Intention to investigate
	4 Preliminary enquiry
South Locality Care Group (5)	5 Preliminary enquiry
North Cumbria Locality Care Group (1)	1 Request for records

Section 7: Claims Received



Points of note:

- The highest number of claims received relate to ex-gratia claims received from staff and patients. The majority are received from inpatient services for lost/damaged patient property or damage to staff property following assault or involvement in Prevention & Management of Violence and Aggression (PMVA) including spectacle damage.
- 23 new claims were received during Quarter 3 which is a slight decrease in comparison to Quarter 2.
- The Trust has a total of 77 open and ongoing claims as at 31 December 2020, broken down as follows:

Claim Type	Number
Clinical Negligence / Potential Clinical Negligence	26
Employer Liability NHS Resolution	17
Ex Gratia	14
Public Liability	5
Employer Liability Commercial Insurers NTW Solutions	9
Claims Not Covered by NHS Resolution	3
Third Party Claim	3
Total	77

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Report to the Board of Directors Meeting

Title of report	Summary paper following the Annual Review of Board Assurance Framework/ Corporate Risk Register and Risk Appetite Framework
Report author(s)	Lindsay Hamberg, Risk Management Lead.
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning and Quality Assurance

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

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

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

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

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

Board Assurance Framework and Corporate Risk Register

Summary Paper following the Annual Review of Board Assurance Framework/ Corporate Risk Register and Risk Appetite Framework

1. Executive Summary

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust acknowledges that the services it provides and the way it provides these services, carries with it unavoidable and inherent risk. The identification and recognition of these risks together with the proactive management, mitigation and (where possible) elimination of these risks is essential for the efficient and effective delivery of safe and high-quality services.

The Board with the support of its committees have a key role in ensuring a robust risk management system is effectively maintained and to lead on a culture whereby risk management is embedded across the Trust through its strategy and plans, setting out its risk appetite and priorities in respect of the mitigation of risk when delivering a safe high-quality service.

At the beginning of every year the Board of Directors carry out a comprehensive review of the current Board Assurance Framework/Corporate Risk Register and Risk Appetite Framework:

1. To ensure that risks held on the Board Assurance Framework/Corporate Risk Register are still relevant and reflect the key strategic risks to delivering the Trust's Strategic Ambitions going forward.
2. To identify and agree any new risks to the delivery of the Trust's Strategic ambitions.
3. To review the risk appetite framework and ensure the level of risk taken by the organisation for each key risk appetite category is still appropriate.

The Board of Directors conducted a review at their Development Day on Wednesday 3 February 2021. There were 4 main areas of discussion which included the Risk Appetite Statement, Risk Appetite Categories, risk themes across the Trust and a review of the Board Assurance Framework. Please note this is a limited review recognising that we are to develop a new service strategy in 2021 and the BAF/CRR would need to be reviewed further in line with new strategic ambitions.

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2.0 Risk Appetite Statement

The Board of Directors proposed the following changes to the Risk Appetite Statement:

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic ambitions and its relationships with its service users, carers, staff, public and partners. As such, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust will not accept risks that materially provide a negative impact on quality (**safety, experience and effectiveness**).

However, CNTW has a greater appetite to take considered risks in terms of their impact on organisational issues. CNTW has a **greater** appetite to pursue Commercial **opportunities**, partnerships, clinical innovation, Financial/Value for Money and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated **and/or it is in the best interests of the population we serve**.

3.0 Risk Management Thematic Review

3.1 Risk Appetite Categories

A thematic risk review was carried out in December 2020 which highlighted 3 Risk Appetite Categories that had no current risks identified. The categories are Commercial, Partnership and Reputation and on further scrutiny the closed risks that were identified had been closed for a considerable time and are detailed in the table. The Board of Directors are asked to consider whether they would like the below areas to remain as risk appetite categories.

Risk Appetite Categories	Risks previously identified	Date Risk closed
Commercial	If the GDE programme of work either costs more than initially anticipated or the project overruns the Trust may not fully realise the benefits of their GDE programme of work, thereby reducing the expectation of stakeholders and limiting the spread of benefits to other GDEs and non-GDEs.	01/06/2018
	Technology linked to dictation is constantly improving. Software may improve to enable instant voice recognition for clinicians, negating the need for a digital dictation service.	22/01/2019
Partnerships	Coordination and communication pathways between Lifeline and NTW are not functional and do not reflect the Service Level Agreement. Timeliness of treatment interventions may be compromised affecting patient safety.	17/10/2017
	Delays in operational decisions by partnerships due to the insistence of commissioners to be involved and give final approval	17/01/2018

	Implementation of the subsidiary company (NTW Solutions) impacts on the quality of the service provided from Finance	02/05/2018
	Due to not playing a full communications/ engagement role in the integrated care system CNTW fail to influence future planning of Mental Health Services, Learning Disability and Autism Services which could adversely impact on those we support and serve.	22/01/2020
	Due to Covid 19 Pandemic we currently have no access to any clinic rooms in the west. There is a risk that when we resume FTF appointments we will have insufficient COVID secure clinics across the West to meet the demand for FTF appointments. If we are not able to mitigate this risk, then it may impact on patient waiting times and the service would be unable to meet the waiting times target.	02/12/2020
Reputational	A new procurement process has been initiated that has changed the weightings from the previous process. There is a risk that the tenderers may challenge NTW changing the weightings and that may impact on our reputation.	27/09/2017
	Potential for continued and sustained media/press interest in eating disorder services	18/01/2018
	That we do not have constructive relationships with our customers, resulting in reputational risks	04/04/2018
	That we enter into unsound business partnerships arrangements leading to reputational and patient safety risks. (Risk De-escalated from BAF SA4.4)	12/04/2019
	There is a risk that NTW Solutions will suffer reputational damage as a result of one of the redundant / empty buildings on site being vandalised / subject to trespass and an injury occurs to an intruder.	30/05/2018
	As the Academy develops into an accredited learning centre, we are currently buying in academic expertise required to oversee the academic quality assurance process. The risk is associated with the potential impact on the academy not being able to develop this expertise in-house or the external expertise no longer being available. This would impact on the reputation of the academy and associated satellite learning centre.	13/08/2020

3.2 Risks identified in the Workforce Risk Appetite Category

The thematic risk review also highlighted that the Workforce category holds 5 risks Trust-wide and that Workforce staffing risks were captured in other Risk Appetite Categories. It is proposed that the Workforce risk appetite category is removed once the 5 identified risks have been looked at and transferred to a more relevant category. Please see below table which identifies current Workforce category risks:

Current Category	Risk Description	Proposed New Category
Workforce	Risk 1646: High numbers of qualified staff vacancies across the service along with high numbers of preceptorship nurses on wards impacts ability to consistently ensure safe staffing levels for wards. Additional impacts from bed pressures	Quality Safety or Quality Effectiveness
	Risk 1795: There was a significant fire at the Wallsend NTRP. The fire has rendered the building uninhabitable for staff and service users.	Quality Effectiveness
	Risk 1801: There is a risk that the current qualified vacancy rate is impacting across the inpatient units. This would lead to an impact on the use of agency staff being used.	Quality Effectiveness
	Risk 1812: If significant numbers of staff are unavailable due to Coronavirus this could lead to a significant impact on all services across the Company affecting service delivery / quality and the ability to fulfil contracted obligations.	Quality Effectiveness
	Risk 1854: High levels of staff turnover and difficulty in recruiting to nursing posts. The team currently has 2.6wte band 6 vacant posts, 1 x 1wte band five and 1 x band 7 clinical lead post vacant. This will contribute to high caseloads; treatment delays and increased staff turnover due to increased work load. Ultimately this has the potential to impact on the Trust reputation.	Quality Effectiveness

The Risk appetite framework scores remain unchanged in this review. There are assurances that the risk appetite category statements ensure that the Trust can measure the actual risk positions against the agreed risk appetite.

3.3 Risks that are Below the Risk Appetite

The thematic risk review identified 2 current financial risks that are below the risk appetite and the Board members proposed that the risks are closed.

Risk Category	Risk Description	Closed
Financial/ Value for Money	Risk 1152: Special Psychological Therapy Services operate on cost and volume contract that does not reflect demand for each modality, the risk is uneven allocation of resources across pathways.	Requested Andrew McMinn (Risk Owner) to look at this risk with a view of closing.
	Risk 1743: The accommodation the Trust rents from NHS Property Services and NCIC has numerous bills in dispute. There is a risk that the Trust are liable for significantly higher rents than was planned or originally agreed. The information provided from both organisations is limited and they don't readily engage with queries.	Requested Chris Cressey (Risk Owner) to look at this risk with a view of closing.

3.4 Identify the Risk Appetite Category for IT and Informatic Risks

There are risks on the risk register relating to IT and Informatics. Board Members have requested that more detail is provided in relation to the risks, specifically identifying the Risk Appetite Category. Below are the details of all IT and Informatics risks and current category status.

Risk Ref	Risk Description	Risk Appetite Category
1172	Increased risk of security threats coupled with increasing type and range of devices access the network. Linked to technology developments increasing attack vectors and increased sophistication of exploits.	Compliance/ Regulatory
1287	Medication page's on RiO are not being kept up to date as per CNTW policy. Information transferred to the MHDS may not be accurate.	Quality Safety
1288	Medication page's on RiO are not being kept up to date as per CNTW policy. Information	Quality Safety

	transferred to the MHDS may not be accurate.	
1575	If Servelec are unable to provide NTW with an ePrescribing system that meets Trust requirements, then this may delay or derail the implementation.	Quality Effectiveness
1576	Data leakage risk of Trust users transferring sensitive information via in-secure methods or to untrusted destinations. This is likely to be via data sharing methods such as unencrypted USB drives, e-mail or personal cloud storage facilities (such as dropbox, google drive, personal onedrive etc)	Compliance/ Regulatory
1628	NTW Solutions Employee Records (Files) - Stored currently on the G-Drive electronically. Risk being the safety/security of the electronic files.	Quality Effectiveness
1636	That we do not further develop integrated information systems across partner organisations.	Quality Safety
1637	That we misreport compliance and quality standards through data quality errors	Compliance/ Regulatory
1655	Subject Access Requests: There is a risk of non-compliance with the reduced time frame (1 month). In the absence of electronic systems, the task is labour intensive and wholly reliant on human resource. Therefore, increasing the risk of not meeting the legislation timeframe and error during the process which in turn breaches confidentiality or serious harm.	Compliance/ Regulatory
1667	If staff do not follow information governance and informatics policies and procedures there is a risk to staff, patients and the quality of service we deliver.	Compliance/ Regulatory
1719	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place. The systems this includes are the following NTW-SP which is running an old version of Windows server and SQL database, currently running Sharepoint service for Informatics staff. ESTATES2 which is running an old version of Windows server which is an Estates system used for minor works requests and ticketing for	Compliance/ Regulatory

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	<p>Estates staff. FINANCE1 is running an old version of Windows server and is running CostMaster and SLAM systems used by commissioning and finance staff.</p> <p>WEBSERVER1 is running an old version of MySQL database and PHP programming libraries, this runs the current Trust Intranet. IPFX is running an old version of SQL database and is used to run the Trust's telephony contact centre and voicemail system RIO Web servers run the Trusts web front end for the electronic patient record system. It is currently using old XML component libraries to render RiO web pages.</p>	
1755	<p>The Trust has agreed to continue using the Galatean Risk and Safety Technology (GRIST) clinical risk assessment tool across the North Cumbria services as part of the RiO and IAPTus clinical record. This system was originally procured via Cumbria Partnerships a number of years ago and the following risks have been identified on assessment by CNTW informatics staff :-</p> <ul style="list-style-type: none"> - No formal contractual arrangement is in place with the supplier so no service level agreement availability which could impact on accessibility to the system. - System and data is hosted on Aston University servers with no formal contracted levels of security in place to secure access to data. - Free text fields exist within the system which may contain sensitive or personally identifiable information. - No audit trail exists to identify who is making changes to GRIST data, increasing the risk of unexpected changes that are not accountable to individuals. - All changes to the data are made via parameter based URL calls so with knowledge of the API and session ID, records could be manipulated or deleted by end users. 	Compliance/ Regulatory

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4.0 BAF/CRR are the current risks relevant for 2021-2022?

The Board of Directors received a survey (attached as Appendix 1) to seek their individual views on the current risks continuing into 2021-2022 the results for consideration area shown below:

There are several considerations to consider by the collective Board of Directors in relation to current risks which were highlighted in the survey as follows:

Risk Ref	Risk Description	Feedback	Board of Directors
Risk 1680	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Impact of CAMHS services in Teeside; - Opportunities at both service level and geography. 	Lisa Quinn (Risk Owner)
Risk 1682	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Uncertainty relating to ICS arrangements/system reform; - Risk associated with collaborative partnerships within new ICS arrangements 	Lisa Quinn (Risk Owner)
Risk 1683	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Impact of Covid-19 on demand (both current and future) and performance - Configuration of Community services 	Gary O'Hare (Risk Owner)
Risk 1685	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Impact of change and new ICS arrangements/reform; 	Lisa Quinn (Risk Owner)
Risk 1687	Failure to deliver strategic financial and ongoing productivity improvements at a group and corporate trust level, leading to long term financial instability, reporting of losses and potential external intervention.	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Lack of clarity of future financial planning at national level. 	James Duncan (Risk Owner)

Risk Ref	Risk Description	Feedback	Board of Directors
Risk 1688	Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements.	Minor comments received and feedback relating to; <ul style="list-style-type: none"> - Impact of change and new CQC strategy and arrangements. 	Lisa Quinn (Risk Owner)
Risk 1691	As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements.	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Impact of change to reform and MH Act. 	Rajesh Nadkarni (Risk Owner)
Risk 1694	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Consider including 'retaining staff' as well as 'recruiting' staff. 	Gary O'Hare (Risk Owner)
Risk 1762	Due to restrictions in capital funding there is increasing reliance on Trust cash to deliver capital programmes, which over the medium term could lead to a risk of significant reduction in cash reserves, and reliance on short term borrowing	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - CEDAR programme and North Cumbria capital requirements 	James Duncan (Risk Owner)
Risk 1819	Due to restrictions of capital funding nationally and lack of flexibility on PFI, failure to meet our aim to achieve first class environments in all areas of the Trust. Particular risk in North Cumbria and at Rose Lodge, which could result in risk of harm to patients	Minor comments received	James Duncan (Risk Owner)
Risk 1831	Due to the failure of third-party providers there is a risk that this may place	Minor comments received	Lisa Quinn (Risk Owner)

Risk Ref	Risk Description	Feedback	Board of Directors
	pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users		
Risk 1836	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm.	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Acknowledging areas within and out-with the Trusts control - Realistic timescales associated with actions to address the risk - Impact of Covid-19 	Gary O'Hare (Risk Owner)
Risk 1852	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients.	Minor comments received and feedback relating to: <ul style="list-style-type: none"> - Development of new Covid-variants 	Gary O'Hare (Risk Owner)
Risk 1853	Due to the effects of global warming there is a risk to human health and the environment caused by carbon omissions impacting on current and future generations. The delivery of the Green Plan is paramount to reduce the impact of climate change.	Minor comments received	James Duncan (Risk Owner)

The Risk Management Lead will work with the Risk Owners to consider the Board's comments received.

4.1 BAF/CRR: Consideration of Issues not currently captured on BAF/CRR

The Board of Directors were also asked to consider whether there are risks not yet captured, which going forward, impact on the delivery of the Trust's Strategic Ambitions. Board members requested the following specific areas and associated risks be considered:

- Impact of Covid-19 pandemic relating to:
 - o Staff exhaustion / workforce recovery following Covid-19
 - o Demand on services and performance as well as impact on mental health of the local population
- Provider Collaborative model and associated governance processes and contractual arrangements
- Risk of reduction in Trust CQC rating resulting from: Covid-19; increase in demand and impact on performance; increased pressures resulting from provision of additional support for other Mental Health (MH) providers and private providers of MH services.

There was also a suggestion to defer consideration of new risks until a review of the Trust's overarching strategic ambitions and is undertaken.

The Risk Management Lead will follow up these areas of consideration with Executives and report back to the Board.

5.0. Recommendations:

The Board of Directors are asked:

- To note the changes and agree the updated Risk Appetite Statement; paragraph 2.0.
- To seek Board members opinion to remove Risk Appetite Categories: Commercial, Partnership and Reputation that are no longer used; paragraph 3.1.
- To approve the removal of the Workforce category once risks have been moved to an alternative category following discussion with the risk owners; paragraph 3.2.
- To note the action taken following Board comments on the Financial risks that are below the risk appetite. Risks have been highlighted to risk owners to consider closing; paragraph 3.3
- To note IT and Informatics risks on the risk register and the Risk Appetite category status; paragraph 3.4
- To note Risk Management Lead will follow up with Risk Owners the comments received by Board members; paragraph 4.0.
- To note Risk Management Lead will follow up with Executives the areas for consideration and report back to the Board; paragraph 4.1.

Name of author: Lindsay Hamberg Job Title of Author: Risk Management Lead	Name of Executive Lead: Lisa Quinn Job Title: Executive Director of Commissioning and Quality Assurance
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Monday 22 February 2020

Appendix 1

			Looking forward to 2021/22, are the below risks still appropriate?										
Risk Ref	Risk Owner	Risk Description	Yes	No	Un-decided	Feedback: MR	Feedback: LB	Feedback: PS	Feedback:LS	Feedback: LQ	Feedback: KJ	Feedback: JD	Feedback: AJC
SA1.10 Risk Ref 1680	Lisa Quinn	If the Trust were to acquire additional geographical areas this could have a detrimental impact on NTW as an organisation	7	3	1	Perhaps expand to cover additional services within geographical areas ?	Because of the possible impact of the children's services we are taking over in Teesside this may still be a risk	Still relevant due to West lane risk			the locality system, allows us to do this		I am close to a no. However, we do not provide all services across the whole CNTW foot print at the moment and any opportunity to deliver existing services into new geographies within the footprint should be considered. However, I do not think we should be looking to 'acquire' any geographical areas outside the existing footprint in 2021/22.
SA1.3 Risk Ref 1682	Lisa Quinn	That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services	9		2	But is this a risk we can mitigate without control of commissioning	With the uncertainty surrounding the ICSS and the changes that may become inherent in the new White Paper on the proposed reorganisation (or re-disorganisation) of the NHS this should remain.	Still ongoing work - risk remains.		Or close and start new risk about white paper and NHS system reform.			Yes, but probably a broader risk relating to collaborative partnerships and ICS.
SA1.4 Risk Ref 1683	Gary O'Hare	There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing services in a timely manner due to waiting times and bed pressures resulting in the inability to sufficiently respond to demands.	11				Given the effects of Covid-19 on both the demands on the services and the waiting times this remains a risk for 2021-22	Still issues on waiting times and resources - risk still very relevant					Must remain high risk as we move through the pandemic and pick up unmet demand in the community and deal with the impact on NHS and other front line workers
SA3.2 Risk Ref 1685	Lisa Quinn	Inability to control regional issues including the development of integrated new care models and alliance working could affect the sustainability of MH and disability services	7	1	3	Perhaps reword as noted by Darren to cover impact of change rather than lack of control	Linked to SA1.3 so should remain	ICS still very early days		See comment in 1.3		Change wording- from control to influence	The environment has improved so might not be high risk. If we do keep it I would prefer rewording to Influence rather than Control.
SA4.2 Risk Ref 1687	James Duncan	Failure to deliver strategic financial and ongoing productivity improvements at a group and corporate trust level, leading to long term financial instability, reporting of losses and potential external intervention.	9	1	1	Perhaps reword to cover lack of clarity of future financial structures	Given the unknown financial arrangements that will be in place for the next 12 months or so this remains a risk	Don't think this one will ever go away!				Change wording- failure to manage costs in line with income...add in cash impact	Going to be and ongoing challenge
SA5.1 Risk Ref 1688	Lisa Quinn	Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements.	11			Perhaps expand to cover need to prepare for likely future changes	We have seen the fall-out of the CQC's inspections on some of our services so this remains an ongoing risk.	CQC risk increasing following recent visits				Change wording- take out due..legislation	There is a risk that we will fail to deliver but is the wording right? I wouldn't say it is "Due to compliance standards"
SA5.2 Risk Ref 1691	Rajesh Nadkarni	As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements.	10	1		Very close to 5.1 Again , expand to cover need to prepare for likely future changes	In light of the complexity of complying with statutory requirements with remote working and the changes implicit in the reforms of the mental health act this remains a risk.	New MHA changes make this more relevant again				Change wording- a bit circular at the moment	The risk is we fail to meet the standards.
SA5.9 Risk Ref 1694	Gary O'Hare	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services	11			Expand to retain staff also ?	Still a challenging issue particularly for Cumbria so should remain a risk.	Recruitment in Cumbria and M'boro especially still a worry esp at consultant level					

SA1 Risk Ref 1762	James Duncan	Due to restrictions in capital funding there is increasing reliance on Trust cash to deliver capital programmes, which over the medium term could lead to a risk of significant reduction in cash reserves, and reliance on short term borrowing	10	1		Page 2	Despite the success of the Cedar project there are still challenges in delivering it within budget. We also have a control gap in the quality of our estate in North Cumbria which needs to be addressed.	Very much still an issue - only money for Cedar but we have a planned list of other needs and no authorised capital yet.				
SA1 Risk Ref 1819	James Duncan	Due to restrictions of capital funding nationally and lack of flexibility on PFI, failure to meet our aim to achieve first class environments in all areas of the Trust. Particular risk in North Cumbria and at Rose Lodge, which could result in risk of harm to patients	11				As for SA1, Ref 1762.	ditto				
SA4.2 Risk Ref 1831	Lisa Quinn	Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users	10	1		This covers my point on SA 1.10	Because of failures such as Wharton Hall and the failings of some services run by St Andrews Healthcare and the Priory Group there remains a risk that we could still be impacted by this.	Still just as valid due to recent issues and upcoming government reforms of social care.	I think this will be cover in the new risk suggested in 1.3	Change wording		This is always a risk, are there any specific providers that make this a Board level risk?
SA4 Risk Ref 1836	Gary O'Hare	A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm.	10	1		Perhaps limit to cover those areas within our control	Although we are looking to implement wide reaching changes building of the Trieste model there is a risk that these changes will not be in place within the next 12 months to protect our patients.	Agree still a risk - we no longer have the extra inpatient beds so there is no regression option for this strategy if it doesn't work!				Risk is heightened in the pandemic/post pandemic world. May need rewording to be more specific about 2021/22 being a post=Covid year(we hope)
SA4 Risk Ref 1852	Gary O'Hare	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients.	9		2		As we've managed to weather the worst of the storm due to Covid-19 it seems unlikely that in light of the success of the vaccination programme that this will be as great a risk this coming year as it was last year.	Technically this is no longer a risk but an issue that is very current!! But there is risk of new variants giving us new problems, so should probably keep in.	Similar view to another response - we have done really well to weather the Covid pandemic and everything that came with that and we are in a much better position for any new pandemics as robust systems and processes in place			We need to be ready for Wave 3/ New variants.
SA5 Risk Ref 1853	James Duncan	Due to the effects of global warming there is a risk to human health and the environment caused by carbon omissions impacting on current and future generations. The delivery of the Green Plan is paramount to reduce the impact of climate change.	11				Given the challenges in meeting our carbon reduction strategy this is likely to remain a risk.	Very clear current risk.				

Looking forward to 2020/21: Are there any other issues which need to be considered for inclusion on BAF/CRR

1. The pressures of Covid response issues may produce situations where technical compliance failures lead to regulatory inspection censure and downgrading of status. The Covid pandemic could leave a lasting mental health legacy which may overwhelm our services impacting on quality and timeliness of our care. David Arthur
2. Workforce recovery from the response to the pandemic - i.e. the risk that the the workforce having worked at capacity and under significant pressure for so long are unable to manage / recover once the 'emergency' is effectively over and business as usual (albeit perhaps in a new format) returns. In addition risks to services as a result of mental health deterioration in the population as a result of the pandemic. Darren Best
3. None - Paula Breen
4. Consider the risks arising from contractual arrangements and responsibilities of new provider collaboratives ? Michael Robinson
5. There is a risk that the Trust's current CQC Outstanding Status will be lost and this may impact both on our status as an organisation and our influence on the national stage. Leslie Boobis
6. Might we consider something re increased demand / pressure of work through mental health issues caused by covid lockdown, or are we happy that's covered by SA1.4 above?? Peter Studd
7. None - Lynne Shaw
8. I would suggest waiting till we agree new strategic ambitions and service strategy in October and then do a further thorough review. Lisa Quinn
9. Staff exhaustion following Covid 19/ Balancing recovery of services and staff resilience/ Increasing demand for mental health services as a result of the pandemic. Ken Jarrold
10. Risk of NHS organisational change and development of ICS destabilising TRust and impacting on ability to make decisions in line with its statutory accountability - James Duncan
11. Are there any other issues which need to be considered for inclusion on BAF/CRR - if we include references to operating in a Pandemic / post pandemic world to risks above I have nothing to add. If not, a general risk about the risk of not being able to modify our processes and ways of working to suit the new normal is a risk. - Alexis Cleveland

Report to the Board of Directors
Wednesday 3 March 2021

Title of report	Care Quality Commission's Fit and Proper Persons Test – Update Paper
Report author(s)	Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary
Executive Lead (if different from above)	John Lawlor, Chief Executive

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

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

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

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

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors' Meeting, 3rd March 2021

Fit and Proper Persons Test update

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect on 1 April 2015. The regulation was a direct response to failings at Winterbourne View Hospital and the Francis Inquiry report.

To meet the regulation, all NHS providers are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing directors are and continue to be 'fit' as defined by the CQC. This requires a process to ensure that individuals working at board level meet the criteria as set out in appendix 1.

The NTW Fit and Proper Persons Test procedure was approved by the Board on the 25 November 2015. It was further agreed that the 'Test' would apply to all Board members and the specialist functional leads who by the nature of their roles are responsible for certain issues over and above the responsibilities of their Executive Director line manager. The list was most recently reviewed in 2018. The following roles are subject to the test procedure:

- Directors of NTW Solutions
- Director of Informatics
- Chief Pharmacist
- Joint Directors of Research and Innovation
- Group Nurse Director, Safer Care (Director of Infection Prevention and Control)
- Director of Allied Health Professionals and Psychological Services
- Managing Director of Audit One
- Deputy Director, Communications and Corporate Relations (Board Secretary)
- Deputy Director, NTW Academy
- Deputy Chief Operating Officer

Following the Kark review of the fit and proper persons test (6 February 2019, updated 21 March 2019), 7 recommendations were presented to improve the fit and proper persons test procedure. The recommendations to be considered included:

- Developing competencies for Directors
- Making a central database of directors' qualifications, training and appraisals
- Expanding the definition of serious misconduct.

The recommendations are currently being considered as part of the wider workforce review led by NHS Improvement. Therefore, the Trust is currently awaiting further guidance as to how the Fit and Proper Persons Test should be applied.

The board is asked to note the current position:

- The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently 25th January – 23rd February 2021, no issues were found.
- Additional insolvency restrictions search was conducted on 23rd February 2021 – no issues were found.

- Companies House database of disqualified director's search was conducted 25th January – 23rd February 2021– no issues were found.
- All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.
- A review of NTW processes to assess NTW's Fit and Proper Persons test for Directors was conducted in 2017 and was confirmed to be in line with the toolkit.
- On appointment, newly appointed Directors are subject to the provisions of the test.

This process enables the Trust to demonstrate reasonable checks have been undertaken as required by CQC regulation 5: Fit and Proper Persons Test Directors.

The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Person Test.

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Appendix 1

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 5 (3) sets out the criteria that a director must meet, as follows:

(a) The individual is of good character:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- When assessing whether a person is of good character, providers must follow robust processes to make sure that they gather all available information to confirm that the person is of good character, and they must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of a person's honesty, trustworthiness, reliability and respectfulness.
- If a provider discovers information that suggests a person is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.
- Where a provider considers the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available.

(b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Where providers consider that a role requires specific qualifications, they must make this clear and should only appoint those candidates who meet the required specification, including any requirements to be registered with a professional regulator.
 - Providers must have appropriate processes for assessing and checking that the candidate holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leadership skills and a caring and compassionate nature) to undertake the role. These must be followed in all cases and relevant records kept.
 - We expect all providers to be aware of, and follow, the various guidelines that cover value-based recruitment, appraisal and development, and disciplinary action, including dismissal for chief executives, chairs and directors, and to have implemented procedures in line with the best practice. This includes the seven principles of public life (Nolan principles).
- (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role.

- All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.
- (d) the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Providers must have processes in place to assure themselves that a person has not been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement in the carrying on of a regulated activity. This includes investigating any allegation of such and making independent enquiries.
- Providers must not appoint any person who has been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity.
- A director may be implicated in a breach of a health and safety requirement or another statutory duty or contractual responsibility because of how the entire management team organised and managed its organisation's activities. In this case, providers must establish what role the director played in the breach so that they can judge whether it means they are unfit. If the evidence shows that the breach is attributable to the director's conduct, CQC would expect the provider to find that they are unfit.
- Although providers have information on when convictions, bankruptcies or similar matters are to be considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.

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(e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual. CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS).
- Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.
- If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

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**Report to the Board of Directors
3 March 2021**

Title of report	Gender Pay Gap Report 2019-2020
Report author(s)	Christopher Rowlands
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce & OD

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	24/02/21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	22/02/21
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

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

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

Gender Pay Gap Report 2019-2020
Board of Directors
3 March 2021

1. Executive Summary

Organisations with 250 employees or more are required to report on gender pay gaps using six different measures. This has been a requirement since April 2018 and the legislation underpins the Public Sector Equality Duty. Relevant organisations are required to publish their gender pay gap by 30 March each year. The data included in this report was taken as of 31 March 2020.

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

This report fulfils legislative requirements and sets out what CNTW are doing to close the gender pay gap. It excludes NTW Solutions employees.

The information which must be published is included below alongside the Trust figures which will be uploaded onto the Government portal by 30 March 2021:

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

Quartile	Female	Male	Female %	Male %
1 Lower	1,336	356	78.96%	21.04%
2 Lower Middle	1,261	432	74.48%	25.52%
3 Upper Middle	1,304	373	77.76%	22.24%
4 Upper	1,189	520	69.57%	30.43%

2. mean (average) gender pay gap using hourly pay – 14.62%
3. median gender pay gap using hourly pay – 4.58%
4. percentage of men and women receiving bonus pay - 2.74% and 0.69% respectively
5. mean (average) gender pay gap using bonus pay – 15.23%
6. median gender pay gap using bonus pay – 33.33%

It should be noted that due to the Coronavirus outbreak, the Government Equalities Office and the Equality and Human Rights Commission took the decision in March 2020 to suspend enforcement of the gender pay gap deadlines for this reporting year (2019/20). However, it is felt that in the interests of transparency that the Trust would still report this information in line with previous years.

2. Risks and mitigations associated with the report

There are no specific risks associated with this report.

3. Recommendation/summary

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

Chris Rowlands
Equality and Diversity Lead

Lynne Shaw
Executive Director of Workforce & OD

Gender Pay Gap Report

2019-2020

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Caring | Discovering | Growing | **Together**

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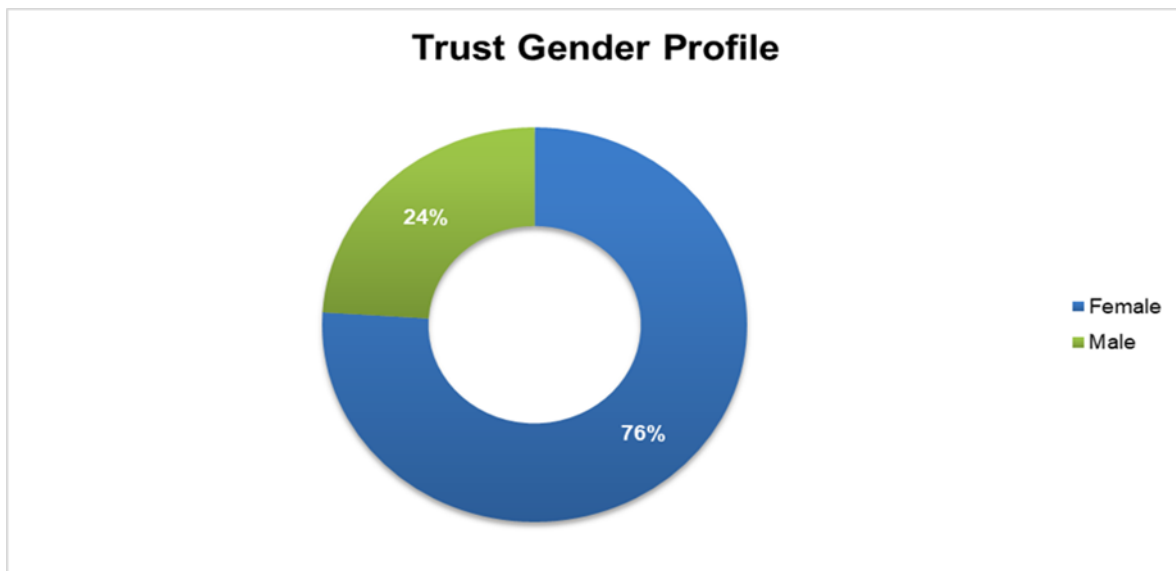
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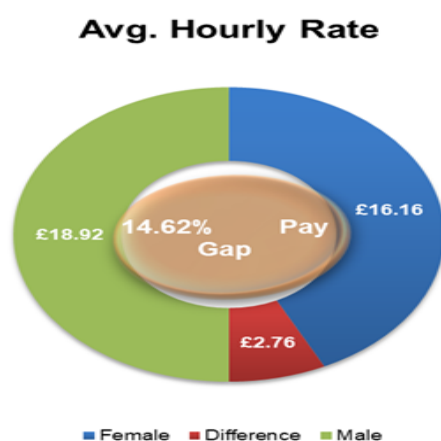
Gender Profile



Gender	Number of Employees	%
Female	5090	76%
Male	1681	24%
Total	6771	100%

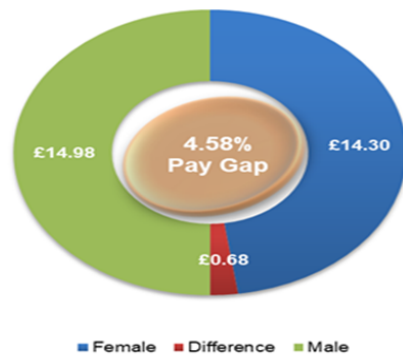
Mean and Median Pay Analysis

Gender	Avg. Hourly Rate	Median Hourly Rate
Female	£16.16	£14.30
Male	£18.92	£14.98
Difference	£2.76	£0.68
Pay Gap %	14.62	4.58

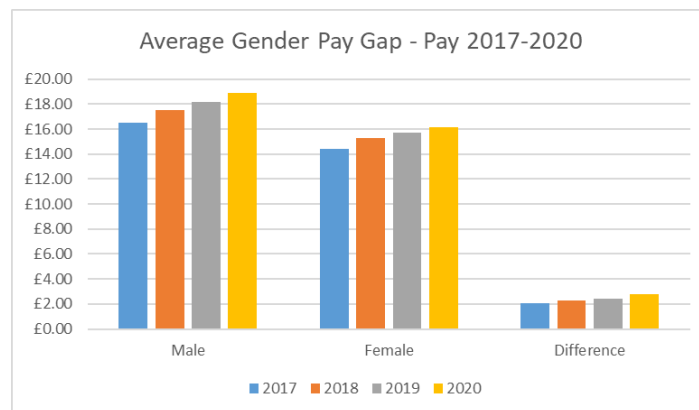


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Median Hourly Rate

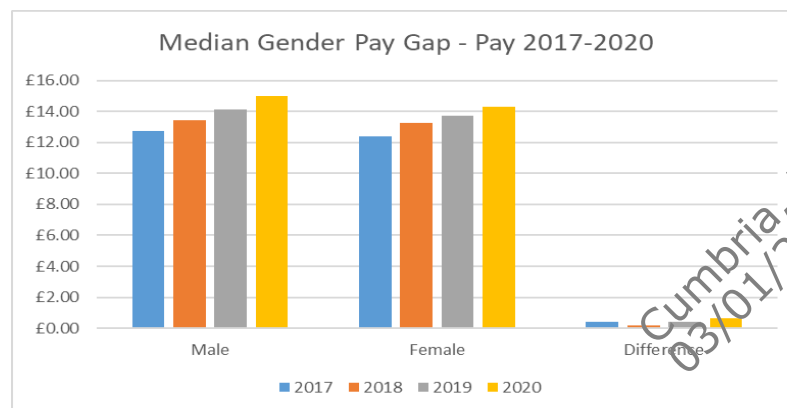


A comparison of the average hourly rate from 2017-2020 can be seen below.



Year	Male	Female	Difference	%
2017	£16.48	£14.43	£2.05	12.45%
2018	£17.55	£15.28	£2.27	12.93%
2019	£18.19	£15.75	£2.44	13.39%
2020	£18.92	£16.16	£2.76	14.62%

A comparison of the median rates for 2017-2020 can be seen below.



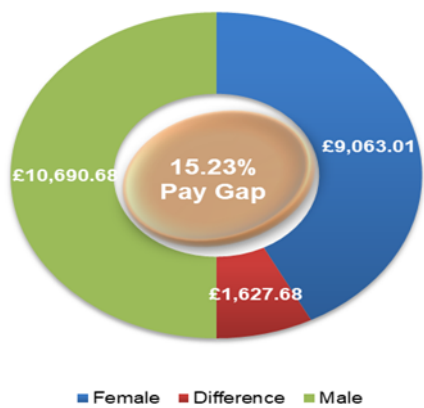
Year	Male	Female	Difference	%
2017	£12.76	£12.36	£0.40	3.18%
2018	£13.44	£13.24	£0.20	1.47%
2019	£14.15	£13.71	£0.44	3.14%
2020	£14.98	£14.30	£0.68	4.58%

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

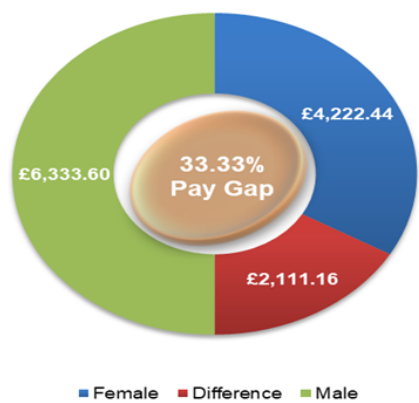
Bonus Gender Pay Gap

Gender	Avg. Bonus Pay	Median Bonus Pay
Female	£ 9,063.01	£ 4,222.44
Male	£ 10,690.68	£ 6,333.60
Difference	£ 1,627.68	£ 2,111.16
Pay Gap %	15.23	33.33

Avg. Bonus Pay



Median Bonus Pay



Cumbria, Northumberland Tyne and Wear NHS
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A comparison of the average bonus pay gap for 2017-2020 is shown below.

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

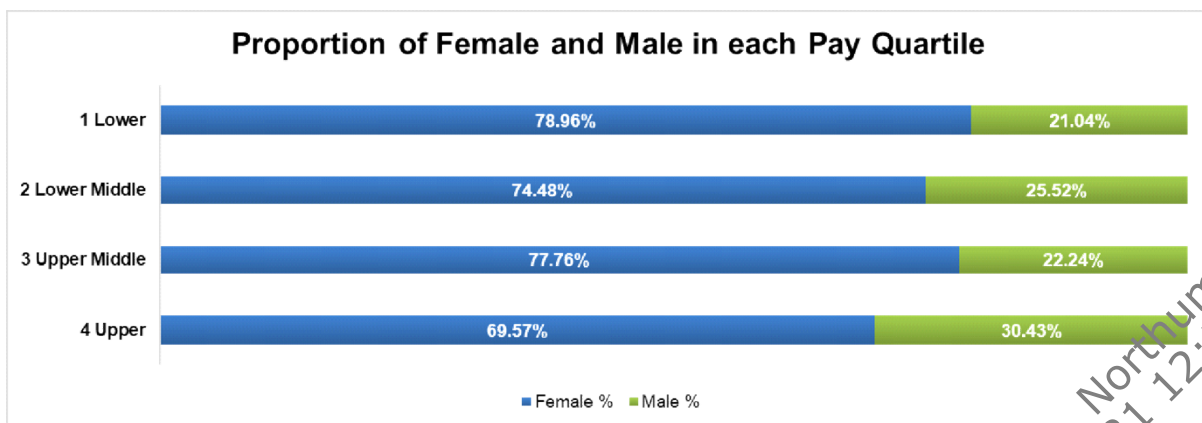
A comparison of the Median bonus for 2017-2020 is shown below.

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

The average (mean) and median bonus gender pay gap (made up solely of Clinical Excellence Awards) is 15.23% and 33.33% respectively. This is based on 46 males compared with 35 females receiving an award during this period. Applications for the awards are voluntary and eligibility depends on application rather than by gender.

Proportion of male and female in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	1,336	356	78.96%	21.04%
2 Lower Middle	1,261	432	74.48%	25.52%
3 Upper Middle	1,304	373	77.76%	22.24%
4 Upper	1,189	520	69.57%	30.43%



Although 76% of our staff are female the pay gap is partly a consequence of a high proportion of females occupying more junior roles.

Summary information

Gender split is 76% female, 24% male

1,590 females work part time compared with 278 males (part time salary is used in the calculations)

There are more females than males in Agenda for Change Bands 2 and 3 positions

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

More males in Agenda for Change Band 9

959 females have salary sacrifice scheme compared to 328 males. This impacts on salary used in calculations.

46 males compared to 35 females receiving Clinical Excellence Awards. More males receiving larger amounts.

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

Christopher Rowlands
Equality, Diversity and Inclusion Lead
February 2021

Lynne Shaw
Exec Director Workforce &OD

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Gender Pay Gap Report 2020

Actions

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is committed to addressing the gender pay gap and is undertaking a range of actions to reduce this:

- Continue to review our in-house processes and ensure a gender balance on interview panels.
- Actively support women returning to work following maternity or adoption leave.
- Ensure that women have the opportunity and support to develop their careers.
- Design every job as flexible by default.
- Actively encourage and support female doctors with the application for Clinical Excellence Awards.
- Establishment of a network group to consider proactive work around gender issues.
- As a Trust we have signed up to the Equality and Human Rights Commission's "Working Forward" campaign to support pregnant women and new parents. Staff will be able to access the support and resources provided by the campaign.

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
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Report to the Board of Directors
3 March 2021

Title of report	NTW Solutions Gender Pay Gap Reporting 2019-2020
Report author(s)	Victoria Bullerwell, Head of Workforce & OD - NTW Solutions
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce & OD

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

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance	24.02.2021	Executive Team	22.02.2021
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify) NTW Solutions Limited Board of Directors Meeting	16.02.2021	Business Delivery Group (BDG)	

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

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

NTW Solutions Gender Pay Gap Reporting 2019-2020
Board of Directors Meeting
3 March 2021

1. Executive Summary

Organisations with 250 employees or more are required to report on gender pay gaps using six different measures. This has been a requirement since April 2018 and the legislation underpins the Public Sector Equality Duty. Relevant organisations are required to publish their gender pay gap by 30 March each year. The data included in this report was taken as of 31 March 2020.

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

This report fulfils legislative requirements and sets out what NTW Solutions are doing to close the gender pay gap.

The information which must be published is included below alongside the Trust figures which will be uploaded onto the Government portal by 30 March 2021:

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

Quartile	Female	Male	Female %	Male %
1 Lower	99.00	55.00	64.29%	35.71%
2 Lower Middle	121.00	54.00	69.14%	30.86%
3 Upper Middle	125.00	40.00	75.76%	24.24%
4 Upper	68.00	97.00	41.21%	58.79%

2. mean (average) gender pay gap using hourly pay – 13.26%
3. median gender pay gap using hourly pay – 5.10%
4. percentage of men and women receiving bonus pay - 0.41% and 0.24% respectively
5. mean (average) gender pay gap using bonus pay – 34.61%
6. median gender pay gap using bonus pay – 34.61%

It should be noted that due to the Coronavirus outbreak, the Government Equalities Office and the Equality and Human Rights Commission took the decision in March 2020 to suspend enforcement of the gender pay gap deadlines for this reporting year (2019/20). However, it is felt that in the interests of transparency that the NTW Solutions would still report this information in line with previous years.

2. Risks and mitigations associated with the report

There are no specific risks associated with this report.

3. Recommendation/summary

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

Victoria Bullerwell
Head of Workforce & OD, NTW Solutions

Lynne Shaw
Executive Director of Workforce & OD

February 2021

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Gender Pay Gap Report 2019-2020

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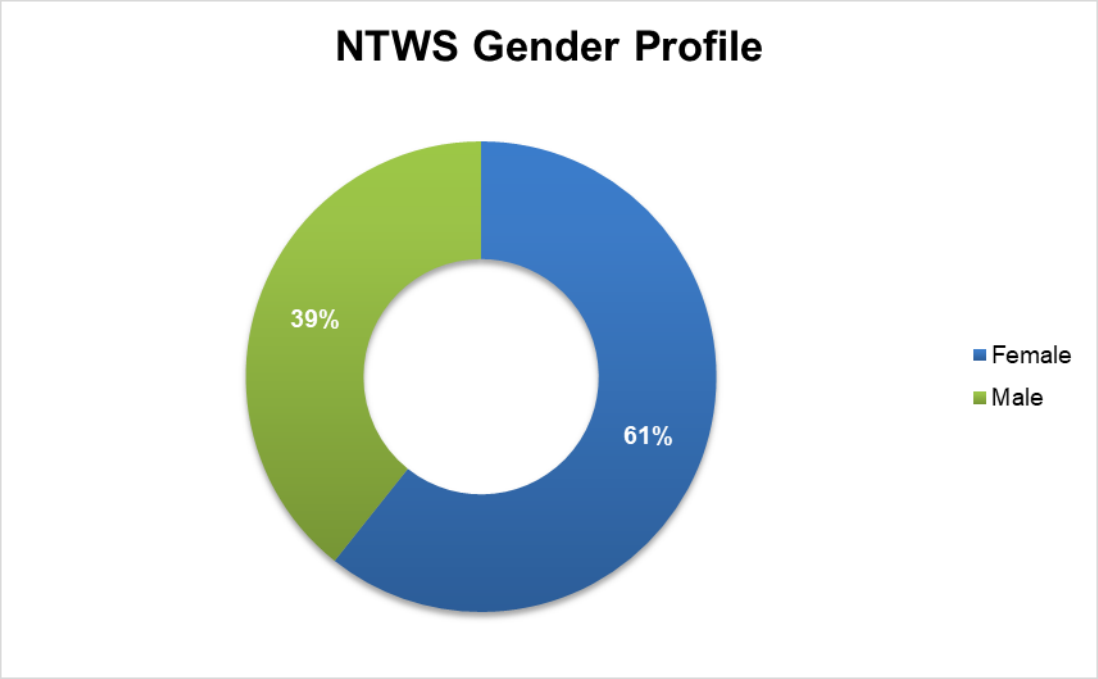
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Gender Profile

Gender Profile



Key Points

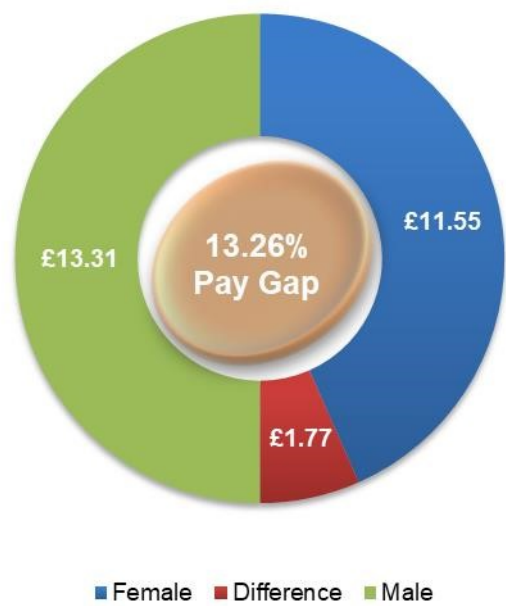
- There are approximately two thirds female employees and one third male employees
- 253 female staff work part-time compared with 67 males. The gender pay information is calculated on a whole time equivalent salaries, however parttime rates tend to be lower paid that full time posts.
- 241 females at Band 2, compared with 75 males
- 53 females at Band 3, compared with 27 males
- Males occupy more of the higher bands

Gender	Employee's	%
Female	413	61%
Male	246	39%
Grand Total	659	100%

Gender Pay Gap In Hourly Pay

Average (Mean) Hourly rate

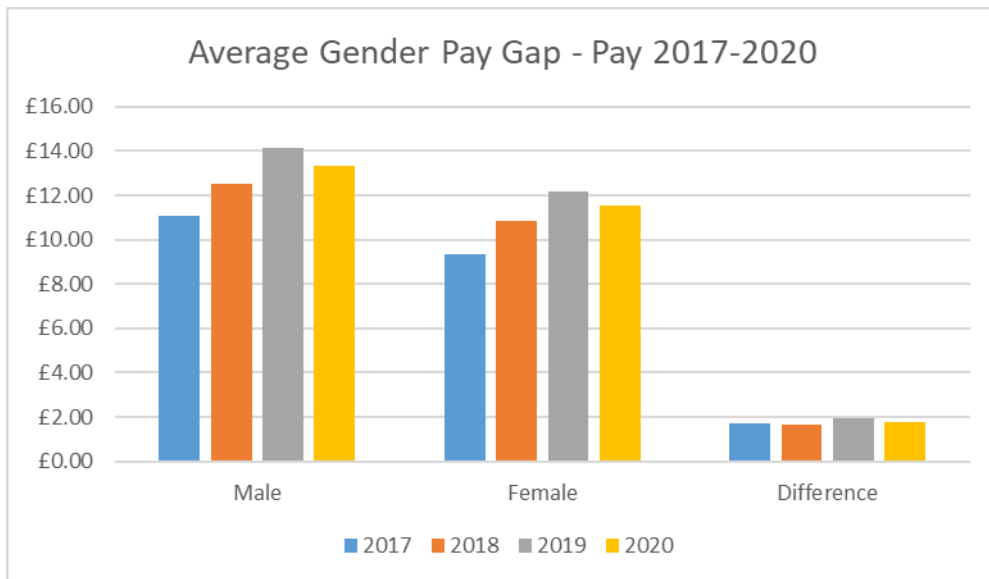
Avg. Hourly Rate



Gender	Avg. Hourly Rate		Median Hourly Rate	
Female	£	11.55	£	10.81
Difference	£	1.77	£	0.58
Male	£	13.31	£	11.39
Pay Gap %		13.26		5.10

This chart shows a comparison of the average hourly rate for 2017, 2018, 2019 and 2020.

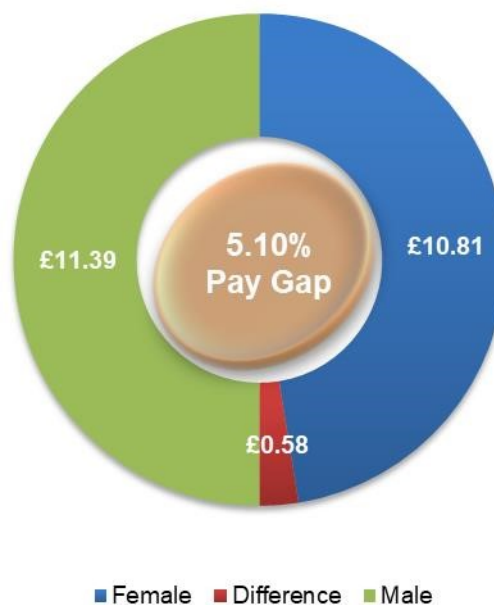
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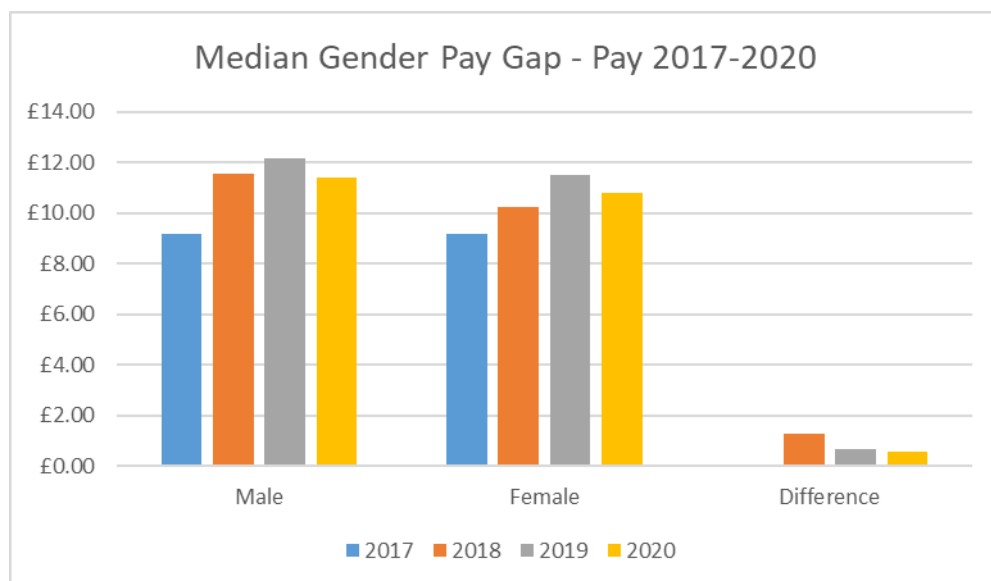
The mean (average) is the average of a set of values calculated by adding together all of the values and dividing by the total number of values. The mean hourly rate is calculated by adding together the hourly rate of each employee and dividing by the number of employees in the group.

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

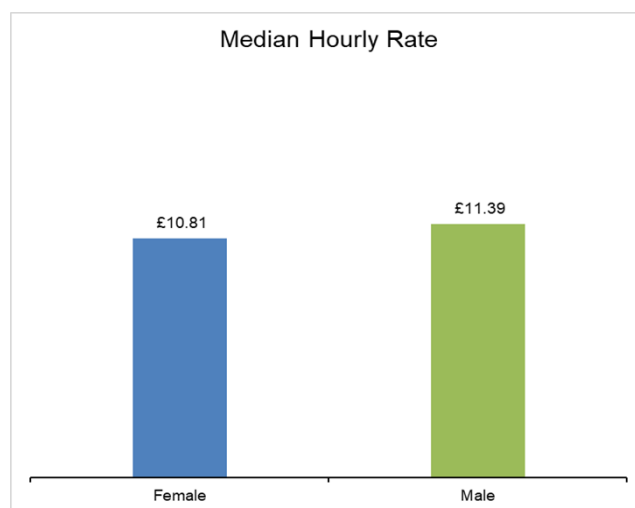
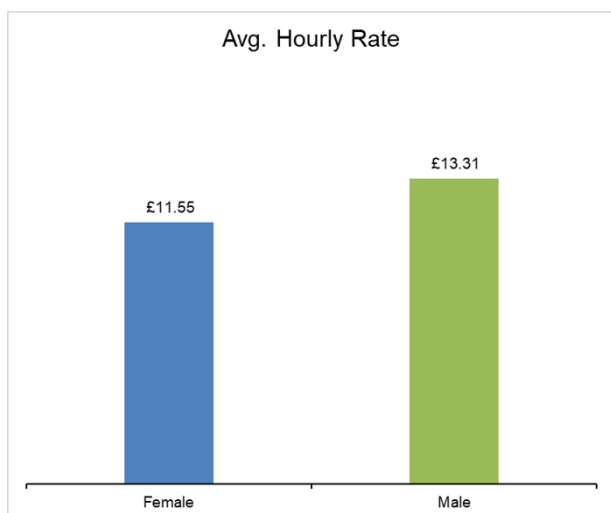
Median Hourly Rate



This bar chart shows comparisons between median hourly rates for 2017, 2018, 2019 and 2020



Comparison between the mean and median hourly rates shown below.

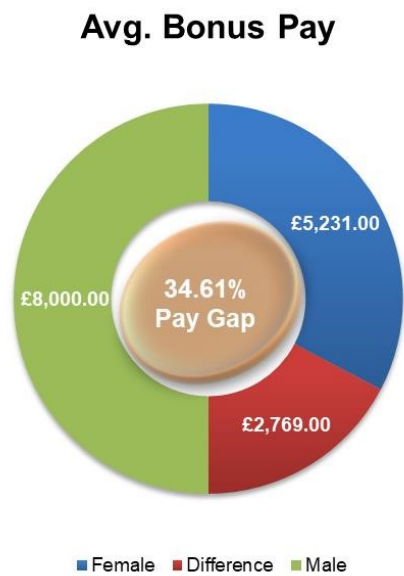


Key points

- The median pay gap is the difference between the middle value of pay for all men and the middle value of all pay for women.
- The median hourly rate has significantly reduced from 11.21% in 2018 to 5.34% in 2019 and this has further reduced in 2020 to 5.10%
- The average gender pay gap is 13.26 % meaning men are paid 13.26% higher than women. This is slightly lower than the 2019 rate of 13.59%.
- This is reflective of the workforce composition, whereby there are greater number of female staff in lower banded posts and a higher number of males in higher banded posts.
- As at 5 April 2020 484 staff on Agenda for Change terms and conditions, 8 staff on non-Agenda for Change local pay (1 female, 7 male) and 72 on NTWS local pay (41 female and 31 male).

Bonus Gender Pay Gap

Average Mean Bonus Pay



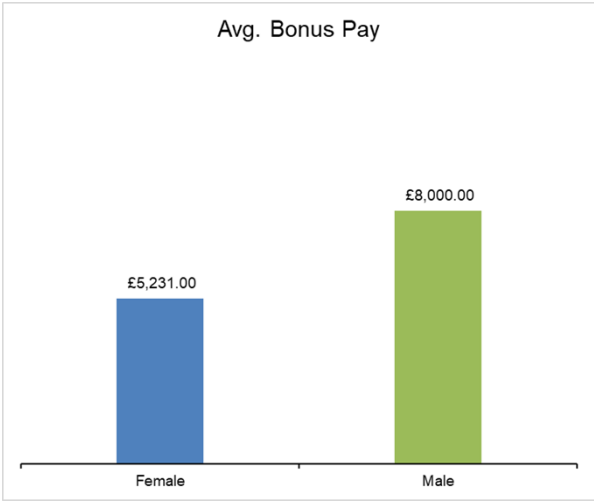
There were 2 bonus payments made in 2019 – 2020

Gender	Avg. Bonus Pay		Median Bonus Pay
Female	£	5,231.00	£ 5,231.00
Difference	£	2,769.00	£ 2,769.00
Male	£	8,000.00	£ 8,000.00
Pay Gap %		34.61	34.61

Key Points

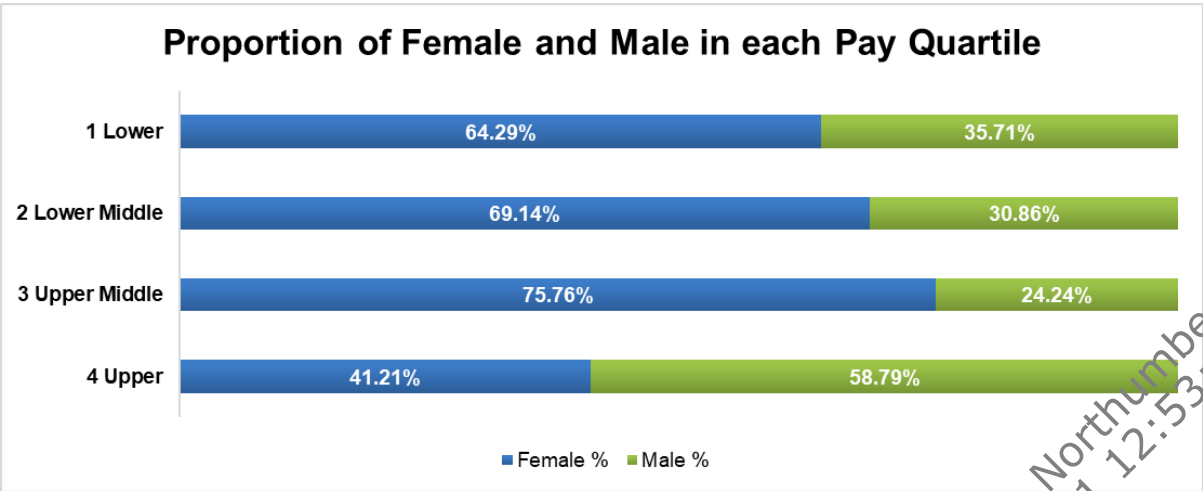
- The bonus payment was an ex-gratia payment paid to one male and one female as a one off payment.

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Proportion of male and females in each pay quartile

Quartile	Female	Male	Female %	Male %
1 Lower	99.00	55.00	64.29%	35.71%
2 Lower Middle	121.00	54.00	69.14%	30.86%
3 Upper Middle	125.00	40.00	75.76%	24.24%
4 Upper	68.00	97.00	41.21%	58.79%



Key Points

- In order to create the quartile information all staff are sorted by their hourly rate of pay. The list is then split into 4 equal parts, where possible.
- 64.29% of females are in the lower quartile compared with 35.71% of males.
- 69.14% of females in lower middle quartile compared with 30.86% of males.
- 75.76% of females in upper middle compared with 24.24% of males.
- 41.21% of females in upper quartile compared with 58.79% of males. The profile reflects the over representation of female staff working in lower banded posts primarily as domestic staff and the over representation of males in higher banded staff primarily as professionally qualified Estates and Facilities staff.
- The UK Estates workforce is still heavily male dominated.
- Given the nature of NTW Solutions Limited services the pay quartiles are representative of the sector.

Actions to Remove the Gender Pay Gap in 2019 were outlined as:

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

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

Declaration

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

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

Name: Malcolm Aiston
Managing Director

Peter Studd
Chair

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

**Report to the Board of Directors
3rd March 2021**

Title of report	Children and Young Peoples Inpatient Services, West Lane Hospital: Board Briefing Paper
Report author(s)	Elaine Fletcher – Group Nurse Director. North Cumbria Locality
Executive Lead (if different from above)	Gary O'Hare - Executive Director of Nursing & Chief Operating 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	✓	Work together to promote prevention, early intervention and resilience	
To achieve “no health without mental health” and “joined up” services		Sustainable mental health and disability services delivering real value	✓
To be a centre of excellence for mental health and disability	✓	The Trust to be regarded as a great place to work	✓

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
BAF - Risk Number 1680 - Compliance and Regulatory

**Children and Young Peoples Inpatient Services, West Lane Hospital:
Board Briefing paper
3rd March 2021**

1. Introduction

This brief paper follows on from last month's Board update paper and outlines continued progress in relation to establishing services at West Lane Hospital.

West Lane closed following regulatory action in 2019 and a formal request to take over the running of inpatient services at West Lane was made to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). This will be to set up a General Adolescent Unit comprising 10 beds. This will be operated on the West Lane site, with an anticipated 'opening' of April 2021 with incremental patient occupation thereafter determined by both staffing numbers and demand.

2. Operational Management

Following the transfer of the Specialist Children and Young Peoples Services in December 2020 to the North Cumbria Locality as their 3rd Clinical Business Unit (CBU), work continues to be undertaken to embed the services that will operate on the West Lane site with existing CNTW children and young people's inpatient services at Ferndene and Alnwood forming a North of England Centre for children and young peoples inpatient care¹.

This will give clear operational and quality focused advantages that centre around having a unified clinical governance and management structure. This is particularly significant given the Trust's receipt, earlier this month, of the CQC Child and Adolescent Mental Health Wards inspection report which details a single must do that focuses on the use of restraint and mechanical restraint. Work has already begun to review this action with the intention of withdrawing the use of mechanical restraint at an agreed future point. The use of mechanical restraint at West Lane has never been planned, having been agreed at the outset of the programme that it would not be used.

3. Progress to Date

3.1 Communications and Service User / Care Involvement

Stakeholder meetings continue to take place on request. Lotus has been selected following engagement with service users as the name of the ward².

A consultation process has commenced at Tees, Esk & Wear Valleys (TEWV) with regards to the renaming of West Lane Hospital. It is expected that this will be complete by the end of February.

A briefing update was circulated to all stakeholders including MPs, councillors, Healthwatch organisations, partner organisations, Police and other emergency services and Commissioning colleagues.

¹ CBU also includes specialist children's outpatient's services and secure in-reach

² Symbol of regeneration

A virtual stakeholder event will be held at the end of March to introduce the new service and talk about the Trusts work to mobilise the service.

Subject to Covid-restrictions, an invitation to visit the unit prior to opening will be extended to a number of key stakeholders, but this will be managed within the Covid-restrictions and appropriate Infection Prevention and Control measures and PPE compliance will be put in place. A virtual tour of the unit will also be available for anyone else who would like to see the unit prior to opening.

We are developing an information leaflet aimed at the general public detailing the Trust's wider offer in terms of Children and Young People's services which will include the new unit as well as Alnwood and Ferndene. There will also be bespoke patient and carer information developed.

3.2 Operational Management and Safety

This workstream, as per previous updates, continues to influence the direction of all the other workstreams and is currently engaged in several areas of work, particularly estates and workforce. Progress continues to be made across multiple areas related to operational management and safety. Processes are very much aligning, Clinical Environmental Risk Assessments (CERA) have been done, policy and procedure groups are meeting regularly pulling together updated versions incorporating national and local changes.

The chaplaincy service has been arranged to work into the service once a week.

Education links have been made with the local authority and contracts are being finalised.

Initial scoping of installation of the Oxehealth³ patient safety system onto the ward is also underway.

3.3 Workforce

Following a high number of withdrawals and DNAs (for registered nurses) not all posts were appointed to in previous recruitment campaigns. Further interviews are scheduled for the first week in March. These will be undertaken virtually via Teams because of the current Covid restrictions.

Medical recruitment remains a challenge with a lack of suitable applicants received for all posts. Re-advertisements have taken place and a back up plan for consultant leadership and cover has been agreed.

Agreements have been reached with regards the wholetime equivalency and skill mix needed to build the wider Multidisciplinary Team (MDT) and these have been advertised with some posts being appointed to.

³ www.oxehealth.com – allows the remote monitoring of vital signs to enable less intrusive monitoring of patients on observation. Currently installed in Hopewood Park and many other mental health facilities across the country.

Economies of scale continue to be sought across the service especially in leadership and managerial posts. Specific weekly meetings are ongoing to focus on recruitment, induction and training e.g. Prevention & Management of Violence and Aggression (PMVA). This work is progressing well with cohorts identified and training commenced.

The ability to recruit enough staff numbers has been flagged from the outset on the programme risk register. In order to mitigate this alongside continued recruitment, contingencies are being explored e.g. expressions of interest, secondments.

3.4 Estates (Facilities) / Informatics

Estates and Informatics groups continue to have links with colleagues in TEWV. Further site visits have been undertaken and necessary building and IT infrastructure work is on track to be completed around the 22nd March 2021.

Informatics are working with TEWV colleagues and Virgin to secure stronger Wi-Fi connections that will be accessible to CNTW across the West Lane site. Access to TEWV Wi-Fi has also been secured as an interim measure to allow staff working on this programme to be able to connect to CNTW systems whilst on site.

Cross-checks are also being carried out on what equipment and furniture which is already in situ and what is required for purchase. These items have now been ordered (curtains, soft furnishings etc.)

3.5 Commissioning and Regulation

The application to register the site with the CQC has been submitted and this takes approximately 11 weeks to achieve. Preparation to dovetail the new ward into CNTW reporting and assurance frameworks also continues. In addition, work continues across several areas to reach agreement with regard to the budgetary elements of the programme and ultimately an acceptable Occupied Bed Day price.

3.6 Programme Approach, Governance and Risk

The frequency of Multi Agency Joint Steering Group continues to meet regularly. Based on the crossover between the workstreams, IT, estates, workforce and operational work meetings have merged to facilitate a more programme-based approach. Work streams continue to have joint CNTW / TEWV membership going forward.

4. Recommendation

1. Note the contents of this paper.
2. Advise on further detail or supplementary information required at this stage.

Elaine Fletcher

Group Nurse Director – North Cumbria Locality Care Group

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**Report to the Board of Directors
3rd March 2021**

Title of report	Gateshead Cares Alliance Agreement
Report author(s)	James Duncan, Deputy Chief Executive and Executive Director of Finance
Executive Lead (if different from above)	

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

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to
SA1.3, SA3.2, SA4

Gateshead Cares Alliance Agreement
Board of Directors
3rd March 2021

Executive Summary

Purpose

1. The report seeks the Board's approval of an Alliance Agreement for the Gateshead Health & Care System (Gateshead Cares) with effect from the 1st April 2021. The proposed Agreement is between Newcastle Gateshead CCG, Gateshead Council, Gateshead Health NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, Gateshead Primary Care and VCS.
2. The Agreement is intended to facilitate further progress towards integrated commissioning and delivery of health and care services across Gateshead. The Alliance Agreement for the Gateshead System has been developed by Hill Dickinson LLP with input from partner organisations.

Background

3. The Gateshead Health & Care System Group has been operating under a framework provided by a Memorandum of Understanding (MoU) since 2019, and this was adopted and supported at the time by the CNTW Board. The MoU set out the arrangements within which the Gateshead Health & Care System works together to integrate care for the benefit of people and communities within Gateshead so that their health and care needs can best be met.
4. The basis of collaboration between the partner organisations has been that they participate within a Gateshead 'place' system comprising health and care commissioning and provider organisations (including the VCS).
5. Whilst the MoU has served the System well in its formative years, it is now timely to further develop the arrangements in place so that they match our future ambitions for the Gateshead system and reflect the policy direction from the Department of Health & Social Care / NHS England & Improvement for strong place-based partnerships as a key component of the future health and care landscape.
6. To this end, workshops were held for the Gateshead System, led by Hill Dickinson, to consider how we can build upon the existing MoU and apply learning from other systems to develop an Alliance Agreement that will underpin our future ambitions for more integrated and collaborative working.
7. The Alliance Agreement differs therefore from the existing MoU in a number of key respects:
 - It is a legally binding agreement;
 - It sets out details of work programme areas that partners are committed to take forward through the Agreement during 2021/22;
 - It formalises governance arrangements to support the delivery of those programmes;
 - It will be an evolving Agreement which will be reviewed and developed further on a regular basis i.e. it will be an iterative process;

- Importantly, it provides a framework that the Gateshead system can use to build upon in response to the future changes to the health and care landscape proposed in the recent Department of Health & Social Care White Paper.

8. The Alliance Agreement covers:

- Vision and core objectives of the Gateshead Health & Care System
- Values and principles of joint working, including the intention of Partners to develop financial principles for the system during 2021/22
- Obligations and roles under the Agreement (Membership Levels etc.)
- Duration and arrangements to extend / vary the Agreement
- Governance Arrangements
- Programme Areas to be included within the Agreement
- Other standard provisions for Agreements of this nature

Vision and Core Objectives

9. The Gateshead System's vision is derived from Gateshead's Health & Wellbeing Strategy 'Good jobs, homes, health and friends' and it supports Gateshead's Thrive agenda - 'Making Gateshead a place where everyone thrives'.

10. The Gateshead System has confirmed:

- The importance of the primacy of 'Place' and subsidiarity principle, whereby decisions should be taken as close to communities as possible.
- The need to focus on addressing health and other inequalities, which have been exacerbated by the pandemic.
- The need to protect and to continue to develop relationships that have been developed at Place, so that the focus on delivering for local people is not lost.
- The importance of Provider collaboration and mutual co-operation, rather than competition.

11. The System's core objectives within the Agreement are to:

- reduce levels of inequality through tackling the circumstances that lead to inequality;
- shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels;
- support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;
- create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services, getting the most from the Gateshead pound.

Issues for Consideration – An Alliance Agreement for the Gateshead System

Context to an Alliance Agreement:

12. An Alliance Agreement for the Gateshead Health & Care System is intended to build upon the existing MoU and provide a more formal underpinning for our approach, based

upon a legally binding “Alliance” model for the development of place-based collaborative working arrangements for health and care in Gateshead.

13. It is considered that the development of an Alliance Agreement is all the more important in view of:

- The *financial challenges* across the local health and care economy generally, including those of the local authority.
- The opportunities to further *embed learning from our system’s response to the pandemic*. This has further highlighted the importance of integrated health and care working and reinforced the need to progress local priorities.
- Proposed changes set out in the *Government’s White Paper ‘Integration and Innovation: working together to improve health and social care for all’* to the way in which the NHS will be organised from April 2022 which will have particular implications for CCGs, place-based working and Integrated Care Systems.

It is clear from the policy direction of the White Paper that a formal place-based partnership will likely need to be in place in Gateshead from April 2022 and that the Agreement will need to be kept under review in 2021/22 to prepare for the transition to those arrangements.

At the same time, the Alliance Agreement should work alongside and facilitate the development of provider collaborative arrangements. There will need to be a programme of work to develop both the place-based partnership for Gateshead through the Agreement’s governance structures, as well as a provider collaborative at Place.

A strong and mature system partnership is needed to ensure Gateshead can formulate its ‘ask’ to the ICS and seek the autonomy and budget required to deliver on its priorities across key work programme areas.

14. Taken together, there is a compelling case to take a proactive approach now to put in place an Alliance Agreement that can be used to steer our work and provide a good foundation to evolve further in response to a continually changing landscape.

Governance:

15. The intention is that partners will work together under a governance framework that will be set out in the Agreement covering:

- Accountability (through the Health & Wellbeing Board and the Boards of individual partner organisations);
- Strategic direction (through our system leadership arrangements);
- Delivery (an existing Group that is re-purposed to encompass delivery of the Agreement)

16. These arrangements are intended to further strengthen relationships between the Parties, all of whom are commissioners and/or providers of health and care services in Gateshead.

Membership Levels:

17. There are three levels of membership of the Alliance (to be known as the 'Gateshead Cares' Alliance):

Full Member: A full member will play an active role in the plans for system transformation and place-based health and care in Gateshead. They will be entitled to attend and participate in decisions at strategic system meetings and delivery group meetings, as well other meetings in the supporting governance structure.

A full member will sign up to the values and principles set out in the Agreement.

Associate Member: An associate member will be invited to attend and contribute to all strategic system meetings but will not participate in decisions at these meetings. They will also be invited to attend and contribute to all meetings of the Delivery Group and other meetings in the supporting governance structure but not participate in decisions.

An associate member will sign up to the values and principles set out in the Agreement.

Affiliate Member: An Affiliate Member will confirm that it shares and supports the values and principles set out in the Agreement.

18. It is proposed that the key 'anchor' statutory organisations such as the Council and local NHS Foundation Trusts will become full members, with scope for other local partner organisations to become associate or affiliate members (either from the outset or as the Agreement evolves over time through an in-built annual review arrangement).
19. The Agreement is based upon an alliance approach and is designed to work alongside existing NHS Standard Contracts and arrangements for the delivery of those services within scope. The Agreement is not intended to conflict with or take precedence over the terms of the partners Service Contracts and Section 75 Agreements unless specifically agreed by the Parties.

Duration:

20. It is proposed that the term of the Agreement will be for at least two years and there is provision within the Agreement to vary the term as may be agreed by the Partners. There is also provision to replace the Agreement with a new Agreement or to terminate it as may be agreed by the Partners.

Areas for inclusion within the Agreement:

21. Gateshead System partners have identified the following areas for inclusion within the Agreement, subject to annual review as follows:
- (i) CYP Best Start in Life: SEND (inc. transition to adulthood)
 - (ii) Older People: Older Persons Care Home Model
 - (iii) Older People: Frailty (Strength & Balance)
 - (iv) Mental Health Transformation
 - (v) Development of PCNs

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22. The Parties to the Agreement have developed work plans for each of these initial Areas which include:
- Key deliverables that the system partners are committed to delivering during Year 1 of the Alliance Agreement (2021/22);
 - An indication of the future direction of travel for Year 2 onwards (from 2022/23).
23. It is envisaged that the Alliance Agreement will evolve over time. This means that there will be scope to reference other potential areas for inclusion in an evolving Alliance Agreement which would be reviewed annually e.g. key enablers of integration such as our workforce and digital agendas. The latest version of the Agreement is attached at Appendix 1.

Why is a legally binding agreement proposed?

24. Partners are already working together to develop Gateshead System arrangements in order to establish an improved governance, financial and contractual framework for delivering integrated health support and care to the people of Gateshead. It is felt that an Alliance Agreement will further strengthen the relationships between the parties to the agreement.
25. By entering into a formal arrangement, each organisation will commit to the mutual promises and obligations set out in the Gateshead Alliance Agreement. This will be the first time that the 'anchor' institutions have made such a commitment.
26. A formal Alliance Agreement may also afford future opportunities to secure national or regional funding for Gateshead going forward.

Will the Gateshead Health & Care System Board and Delivery Group be decision making groups?

27. The Terms of Reference contained within the Agreement state that the Gateshead Health & Care System Board and Delivery Group are not separate legal entities, and as such are unable to take decisions separately from the constituent members or bind any one of them; nor can one organisation 'overrule' the other on any matter. As a result, the System Board and Delivery Group will operate as a place for discussion of issues with the aim of reaching consensus between the Full Members.
28. Whilst the System Board and Delivery Group can make recommendations on the priority areas, that will remain the responsibility of the statutory partners to agree these recommendations.
29. The terms of reference, as drafted, may need to be refined further before signing the Agreement.

Timetable and Next Steps

30. It is proposed that the Agreement will be effective from 1st April 2021 – the "Commencement Date".
31. Similar reports are due to go to the Boards of other partners organisations to the Agreement during March 2021. Some final additions/ amendments to the terms and content of the Agreement may be required following discussion with other Partners to the Agreement.

32. It is also proposed that partners will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements.

Recommendation

33. This report seeks the Board's approval of the Alliance Agreement for the Gateshead Health & Care System with effect from the 1st April 2021 on the lines set out within this report.
34. The Board are asked to consider if there are any final amendments that they would propose before final agreement.
35. The Board are asked to give delegated authority to the Deputy Chief Executive and Executive Director of Finance to approve any final amendments to the Alliance Agreement, as may be required, following the completion of discussions with partner organisations on its terms.

James Duncan
Deputy Chief Executive and Executive Director of Finance

23rd February 2021

Cumbria, Northumberland Tyne and Wear
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DATE

2021

1. NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP
2. GATESHEAD COUNCIL
3. GATESHEAD HEALTH NHS FOUNDATION TRUST
4. CUMBRIA, NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST
5. GATESHEAD PRIMARY CARE ACTING THROUGH [....]
6. BLUE STONE COLLABORATIVE
7. CONNECTED VOICE
8. THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

ALLIANCE AGREEMENT FOR GATESHEAD CARES

Date	Version Number	Author	Comments
14.10.2020	1	J Costello (adapting a Hill Dickinson draft for another system)	This is an illustrative initial draft
29.01.2021	2	Hill Dickinson	Draft 2
02.02.2021	3	Hill Dickinson	Draft 3- updating term
04.02.2021	4	J Costello additions to EV v3	Draft 4
21.02.2021	5	J Costello (further additions)	Draft 5
22.02.2021	6	Hill Dickinson (EV) additions to v5	Draft 6

Overarching Note – Alliance Agreement for Gateshead Cares

This Agreement provides an overarching framework for the development of place-based collaborative arrangements for health and care provision in Gateshead. The Partners are already working together informally as “Gateshead Cares” underpinned by a Memorandum of Understanding. This Agreement is intended to provide a further formal underpinning for this approach and build on the existing collaboration between the Partners. The arrangements set out are intended to further strengthen relationships between the Partners, all of whom are commissioners or providers of health and care services in Gateshead, for the benefit of the Gateshead population.

This Agreement sets out the Partners’ approach to the next phase of development, during which the Partners will collaborate to further develop the place-based model for Gateshead. Initially, this Agreement will cover the agreed Programme Areas for 2021/22 and such other programme areas / services as may be agreed by the Partners from time to time.

The policy direction set out in the Government’s White Paper ‘Integration and Innovation: working together to improve health and social care for all’ is that a formal place-based partnership will likely need to be in place in Gateshead from April 2022. This Agreement will therefore need to be kept under review in 2021/22 to prepare for the transition to those arrangements.

This Agreement is based on an alliance approach and provides an overarching arrangement. It is designed to work alongside existing service contracts (commonly the Services Contracts but also, where relevant, Section 75 Agreements) and arrangements for the delivery of non-NHS care, support and community services via the Council to the extent such services are within the scope of the Agreement. The Agreement is legally binding.

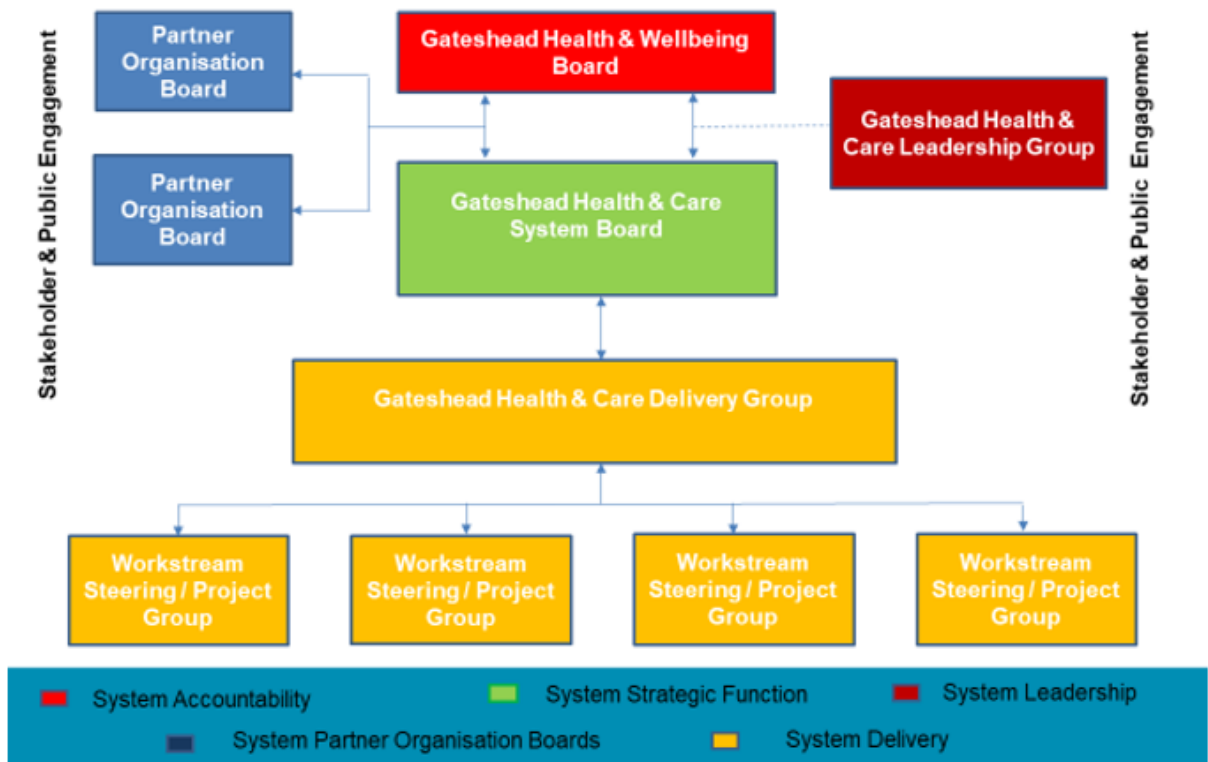
The intention is that the Partners will work together under the governance framework set out in this Agreement to develop the place-based arrangements, which ultimately may include requirements in relation to outcomes, risk/gain share, financial and contract management and regulatory requirements. The governance structure for the arrangements as at the Commencement Date is illustrated in Figure 1 below. The Partners will review progress made and the terms of this Agreement at six monthly intervals from the Commencement Date and may agree to either vary the Agreement to reflect developments or enter into a new agreement in respect of subsequent phases of the arrangements.

The Partners have identified three categories of membership of Gateshead Cares – “full member”, “associate member” and “affiliate member”, as described in Appendix 5. In due course, the Partners may invite others to become members, e.g. representatives of care homes, universities, the housing sector and the voluntary sector.

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Figure 1

Gateshead Cares: Governance Structure



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DATE:

2021

This Alliance Agreement (the **Agreement**) is made between:

- (1) **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP** of Riverside House, Goldcrest Way, Newcastle upon Tyne NE15 8NY (the “**CCG**”);
- (2) **GATESHEAD COUNCIL** of Civic Centre, Regent Street, Gateshead, NE8 1HH (the “**Council**”);
- (3) **GATESHEAD HEALTH NHS FOUNDATION TRUST** of Queen Elizabeth Avenue, Gateshead NE9 6SX (“**GHFT**”);
- (4) **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST** of St. Nicholas Hospital, Jubilee Road, Gosforth, Newcastle upon Tyne NE3 3XT (“**CNTWFT**”);
- (5) **GATESHEAD PRIMARY CARE** acting through [] of [] (“**Primary Care**”)
- (6) **BLUE STONE COLLABORATIVE**, a private company limited by guarantee (Company No. 08818047) (Charity No. 1161220) of Higham House, Higham Place, Newcastle upon Tyne NE1 8AF (“**Blue Stone**”);
- (7) **CONNECTED VOICE**, a private company limited by guarantee (Company No. 06681475) (Charity No. 1125877) of Higham House, Higham Place, Newcastle upon Tyne, NE1 8AF (“**Connected Voice**”) and
- (8) **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST** of Freeman Hospital, Freeman Road, High Heaton, Newcastle upon Tyne NE7 7DN (“**NUTHFT**”),

together referred to in this Agreement as the “**Partners**”.

The CCG and the Council (in its role as commissioner of social care and public health services) are together referred to in this Agreement as the “**Commissioners**”.

GHFT, CNTWFT, NUTHFT, the Council (in its role as provider of social care, public health and education services, whether directly or through contracting arrangements with third party providers), Primary Care, Blue Stone and Connected Voice are together referred to in this Agreement as the “**Providers**”.

RECITALS

- (A) The NHS Five Year Forward View set out a clear goal that “the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care”. The NHS Long Term Plan, published in January 2019, provided a vision of health and care joined up locally around population needs.
- (B) The Government’s White Paper ‘Integration and Innovation: working together to improve health and social care for all’ published in February 2021 builds on the NHS Long Term Plan vision and sets out the key components of an integrated care system (ICS). One of these components is “strong and effective place-based partnerships” in local places between the NHS, local government and key local partners, interfacing with a statutory ICS for the North East and North Cumbria. The intention set out in the White Paper is for the CCG to be dissolved and its functions transferred to the ICS in 2022, with a formal place-based partnership at each place footprint. The Partners therefore recognise that from April 2021 to April 2022 they will need to undertake a programme of work through the governance arrangements set out in this Agreement to further develop the alliance arrangements under this Agreement to become a thriving place-based partnership for the benefit of the Gateshead population. This will require the Partners to keep this Agreement under review throughout 2021/22 in order to prepare for the transition for the arrangements under this Agreement to April 2022.

- (C) This Agreement sets out the vision, objectives and shared principles of the Partners in supporting the development of place-based health and care provision, including the provision of NHS-funded healthcare services for the people of Gateshead. In entering into and performing their obligations under this Agreement, the Partners are working towards the development and ultimate implementation of a population health management approach for Gateshead. The Partners also wish to take forward opportunities to further embed learning from their local response to the pandemic which has further highlighted the importance of integrated health and care working.
- (D) The Partners will particularly focus on the following Programme Areas in which to work towards specific outcomes over the term of this Agreement: (i) Children & Young People Best Start in Life – SEND; (ii) Older People – Older Persons Care Home Model; (iii) Older People – Frailty (Strength & Balance); (iv) Mental Health Transformation; and (v) Development of Primary Care Networks (PCNs). Further programme areas may be identified by the Partners during the term of this Agreement or changes agreed between the Partners to the existing Programme Areas as required to further the collaborative work of the Partners for the benefit of the population of Gateshead. The Agreement will also evolve in response to changes to the health and care landscape.
- (E) The Commissioners are the statutory bodies responsible for planning, organising and buying social care, NHS-funded healthcare, support and community services for people who live in Gateshead.
- (F) The Providers (including the Council in its provider role) are together providers of social care, public health and education services, NHS funded healthcare services including primary care services, community and support services to the population of Gateshead.
- (G) The Partners acknowledge that the delivery and development of Gateshead Cares will rely on both Commissioners and Providers working collaboratively rather than separately to plan financially sustainable methods of delivering services in furtherance of the Programme Areas.
- (H) The Partners acknowledge that the Council has a dual role within the Gateshead health and care system as both a commissioner of social care and public health services but also as a provider of social care services either through direct delivery or through contracts with third party providers. In its role as commissioner of social care services the Council shall work in conjunction with the CCG and in its role as a provider of social care services the Council shall work in conjunction with the Providers. The Council recognises the need to and will ensure that any potential conflicts of interest arising from its dual role are appropriately identified and managed.
- (I) This Agreement is intended to work alongside Service Contracts and other agreements and arrangements already in place and/or that are to be put in place in due course between the Partners and other system partners.
- (J) The terms of this Agreement are set out in the following sections:
 - (a) SECTION A: sets out the vision, objectives and principles of Gateshead Cares.
 - (b) SECTION B: sets out the operation of and roles of the Partners in Gateshead Cares.
 - (c) SECTION C: sets out the governance arrangements of Gateshead Cares.
 - (d) SECTION D: sets out details of financial planning.
 - (e) SECTION E: sets out the remaining contractual terms.

IT IS AGREED AS FOLLOWS:

1 DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, capitalised words and expressions shall have the meanings given to them in Schedule 1.

- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
 - 1.2.3 a reference to a “Provider” or a “Commissioner” or any Partner includes its personal representatives, successors or permitted assigns;
 - 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted; and
 - 1.2.5 any phrase introduced by the terms “including”, “include”, “in particular” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms.

2 STATUS AND PURPOSE OF THIS AGREEMENT

- 2.1 The Partners have agreed to work together to develop Gateshead Cares through this Agreement in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately deliver improved health and care outcomes for the Population.
- 2.2 This Agreement sets out the key terms that the Partners have agreed.
- 2.3 In consideration of the mutual promises exchanged by the Partners set out in this Agreement, the Partners agree to be bound by the terms and conditions of this Agreement. The Partners each enter into this Agreement intending to honour all of their respective obligations.
- 2.4 Each of the Providers has one or more individual Services Contracts (or where appropriate combined Services Contracts) and Section 75 Agreements with the CCG or the Council. This Agreement will work alongside these Services Contracts and the Section 75 Agreements as appropriate.
- 2.5 Each of the Commissioners and the Providers agree to work together on the activities which they undertake pursuant to this Agreement in a collaborative and integrated way on a Best for Gateshead basis and the Services Contracts set out how the Providers provide Services to the Population. This Agreement is not intended to conflict with or take precedence over the terms of the Services Contracts and Section 75 Agreements unless expressly agreed by the Partners in writing.

3 ACTIONS TO BE TAKEN PRIOR TO THE COMMENCEMENT DATE

Each Partner acknowledges and confirms that as at the date of this Agreement, it has obtained all necessary authorisations to enter into this Agreement.

4 DURATION

- 4.1 This Agreement shall take effect on the Commencement Date and will continue for the Initial Term, unless it is terminated earlier in accordance with the terms of this Agreement.
- 4.2 At the expiry of the Initial Term this Agreement shall expire automatically without notice unless, no later than 3 months before the end of the Initial Term, the Partners agree in writing that the term

of the Agreement shall be extended for a further term to be agreed between the Partners (the “**Extended Term**”).

SECTION A: VISION, OBJECTIVES VALUES AND PRINCIPLES

5 VISION

5.1 The overarching vision for Gateshead Cares is as follows:

“Good jobs, homes, health and friends.”

The vision supports Gateshead’s Thrive agenda – “*Making Gateshead a place where everyone thrives*”, which commits the Partners to these pledges:

- *Put people and families at the heart of everything we do.*
- *Tackle inequality so people have a fair chance.*
- *Support our communities to support themselves and each other.*
- *Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough.*
- *Work together and fight for a better future for Gateshead.*

6 THE OBJECTIVES FOR GATESHEAD CARES

6.1 The Partners will work with other partners, stakeholders and local people to improve the health and wellbeing outcomes of Gateshead residents, consistent with Gateshead’s Thrive agenda and within the whole resources available to the local system. In particular, they will work together in order to:

- 6.1.1 reduce levels of inequality through tackling the circumstances that lead to inequality;
- 6.1.2 shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention, early help and self-help, matched by appropriate resource levels;
- 6.1.3 support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities;
- 6.1.4 create a joint planning and financial framework for managing the difficult decisions required to ensure effective, efficient and economically secure services, getting the most from the Gateshead £.

6.2 The Partners will promote a Gateshead place-based approach to the integration of health and care in line with the shared principle of subsidiarity so that decisions are taken as close to communities as possible. Whilst recognising the primacy of place, the Partners will collaborate with broader footprints on behalf of the Gateshead population where this will secure health and wellbeing benefits for local people.

6.3 The Partners will promote the work of Gateshead Cares and take advantage of opportunities to work collaboratively to deliver high quality services for the Gateshead population.

7 THE VALUES AND PRINCIPLES FOR GATESHEAD CARES

VALUES

7.1 The relationship between the Partners will be based upon the following values which will be promoted and embedded across our organisations.

Respect	The Partners will demonstrate mutual respect and trust to other Partners. The different perspectives and contributions of the Partners will be recognised and valued.
Inclusiveness	In developing and shaping a Gateshead place-based narrative, Partners will work both with other Partners, stakeholders and local people and communities and be willing to work and learn from others.
Transparency	All decision-making relating to financial and service planning and the delivery of services will be shared and available to the Partners through open and transparent communication and engagement.
Efficiency	A desire to make the best use of available resources in meeting the objectives of Gateshead Cares and in a way that is sustainable for the local health and care system.
Commitment	A shared commitment to providing the best possible care, working with local communities.

PRINCIPLES

- 7.2 The Principles underpin the delivery of the Partners' obligations under this Agreement and set out key factors for a successful relationship between the Partners. The Partners acknowledge and confirm that the successful development and delivery of the Objectives will depend on the Providers' ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the delivery of the Programme Areas (together with the Council as a Provider) under this Agreement in conjunction with the CCG and Council (as a Commissioner).
- 7.3 The Principles are that the Partners will work together in good faith and, unless the provisions in this Agreement state otherwise, the Partners will:
- 7.3.1 genuinely collaborate with honesty, trust and understanding in working towards the success of Gateshead Cares;
 - 7.3.2 work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts;
 - 7.3.3 agree improvements which are specific, challenging, add value and eliminate waste based upon a human learning approach to managing in complexity; and
 - 7.3.4 always demonstrate that the best interests of people resident in Gateshead are at the heart of the activities which they undertake under this Agreement and the Services Contracts and Section 75 Agreements and not organisational interests, and engage effectively with the Population,
- (together these are the “**Principles**”).
- 7.4 The Partners acknowledge that CNTWFT and NUTHFT also provide services in areas outside of Gateshead which they may need to take into account when seeking to act in accordance with the Principles.
- 7.5 The Partners acknowledge that the CCG commissions services for Newcastle, in addition to Gateshead, and the CCG may need to take this into account when seeking to act in accordance with the Principles.

8 PROBLEM RESOLUTION AND ESCALATION

- 8.1 The Providers and the Commissioners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:
- 8.1.1 seeks solutions without apportioning blame;
 - 8.1.2 is based on mutually beneficial outcomes;
 - 8.1.3 treats Providers and the Commissioners as equal parties in the dispute resolution process; and
 - 8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.
- 8.2 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Objectives, Principles or any matter in this Agreement and is appropriate for resolution between the Commissioners and the Providers such Partner shall notify the other Partners and the Partners each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion within 20 Operational Days of such matter being notified.
- 8.3 Any Dispute arising between the Partners which is not resolved under Clause 8.2 above will be resolved in accordance with Schedule 6 (*Dispute Resolution Procedure*).
- 8.4 If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to this Agreement (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this Agreement) the receiving Partner will liaise with the other Partners as to the contents of any response before a response is issued, save where doing so may prejudice the position of the Partner in receipt of the formal enquiry, complaint, claim or threat of action.

SECTION B: OPERATION OF AND ROLES IN GATESHEAD CARES

9 RESERVED MATTERS

- 9.1 The Partners acknowledge that each of the Commissioners is required to comply with certain statutory duties as statutory commissioners and will be required to act in accordance with their statutory duties in relation to certain matters. Consequently, the Commissioners each reserve the matters set out in Clause 9.2 for their respective determination as they see fit in accordance with Clause 9.3.
- 9.2 Each of the Commissioners shall be free to determine the following Reserved Matters:
- 9.2.1 making any decision or taking any action necessary to ensure compliance with their respective statutory duties, including the powers and responsibilities conferred on each of the Commissioners respectively by Law or its constitution; or
 - 9.2.2 any matter upon which they may be required to engage with the public (including by way of public consultation) or in relation to which they may be required to respond to or liaise with a Local Healthwatch organisation; and/or
 - 9.2.3 any matter in relation to which the CCG and Council may be required to consult with one another.
- 9.3 The Partners agree that:
- 9.3.1 the Reserved Matters are limited to the express terms of Clause 9.2 above; and

- 9.3.2 the System Board may not make a final recommendation on any of the matters set out in Clause 9.2 above, which are reserved for determination by the relevant Commissioner(s).
- 9.4 Where determining a Reserved Matter which may have an impact on any of the Programme Areas and/or this Agreement, subject to any need for urgency because to act otherwise would result in the relevant Commissioner breaching their statutory obligations or failing to act in accordance with the relevant guidance, the relevant Commissioner will first consult with the System Board in respect of their proposed determination of a Reserved Matter in line with the Objectives and the Principles.
- 9.5 No Commissioner shall be required to consult with the System Board prior to determining a Reserved Matter in accordance with Clause 9.4 where such consultation may require the relevant Commissioner to:
- 9.5.1 breach obligations of confidentiality to a third party; and/or
- 9.5.2 disclose a third party's personal data.
- 10 TRANSPARENCY**
- 10.1 Subject to complying with the Law, the Partners will provide to each other all information that is reasonably required in order to deliver the Programme Areas in line with the Objectives.
- 10.2 The Partners have responsibilities to comply with Law (including Competition Law). The Partners will make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with Competition Law and, accordingly, the System Board and the System Delivery Group will each ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
- 10.2.1 it is essential;
- 10.2.2 it is not exchanged more widely than necessary;
- 10.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of this Agreement; and
- 10.2.4 it may not be used other than to achieve the Objectives in accordance with the Principles.
- 10.3 The Commissioners will make sure that the System Delivery Group establishes appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Partners do not breach Competition Law.
- 10.4 It is accepted by the Partners that the involvement of the Providers in the governance arrangements for Gateshead Cares is likely to give rise to situations where information will be generated and made available to the Providers which could give the Providers an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider). Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the CCG and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in Gateshead Cares, other than as a result of a breach of this Agreement, does not preclude the CCG and the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.

- 10.5 Notwithstanding Clause 10.4 above, the Commissioners may take such measures as they consider necessary in relation to such competitive procurements in order to comply with their obligations under Law (for example, the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013) which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

11 OBLIGATIONS AND ROLES OF THE PARTIES

Categories of membership

- 11.1 The Partners have identified certain categories of membership of Gateshead Cares and consequently the Partners to this Agreement are divided into the following categories:

11.1.1 Full Member;

11.1.2 Associate Member; and

11.1.3 any other categories agreed between the Partners are described in Schedule 5 (*Rights and Obligations of Full Members and Associate Members*) to this Agreement.

- 11.2 As at the date of this Agreement, the Partners have agreed the following categorisation across the Partners:

Partner	Full Member	Associate Member
NHS Newcastle Gateshead Clinical Commissioning Group	X	
Gateshead Council	X	
Gateshead Health NHS Foundation Trust	X	
Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust	X	
The Newcastle Upon Tyne Teaching Hospitals NHS Foundation Trust	TBC	TBC
Gateshead Primary Care	TBC	TBC
Blue Stone Collaborative		X
Connected Voice		X

- 11.3 The roles and responsibilities of the Full Members and Associate Members are as described in Schedule 5 (*Rights and Obligations of Full Members and Associate Members*) to this Agreement, which also sets out the Partners' obligations to consider the inclusion of other organisations as part of Gateshead Cares, which should be read in conjunction with the roles and responsibilities that apply to all categories of Partners as described in this Agreement.

- 11.4 The Partners have agreed the categorisation referred to in Clause 11.2 as at the Commencement Date on the basis of the Partners' expectations of delivery of the Objectives. The Partners recognise that it is possible that the categorisation may need to change over time and that some of the Partners may wish/need to move from one category of membership to another. Should those circumstances arise, the Partner wishing/needing to move categories shall give as much notice as possible to the other Partners together with full reasons as to why a change of membership category is desired/required. The Partners commit to considering such requests and

to act transparently and in good faith in such circumstances recognising the significant implications for Gateshead Cares that may flow from such a decision.

- 11.5 Any additions to or removal from the list of Partners set out in Clause 11.2 above will be subject to the approval of the Full Members (excluding any Full Member being removed) acting unanimously and in accordance with the Objectives and the procedure set out in Clause 18 (Variations) in the case of the inclusion of additional members and Clause 15 (Exclusion and Termination) in the case of the withdrawal of a Partner.

Commissioners' obligations and roles

- 11.6 Each Commissioner will:

- 11.6.1 help to establish an environment that encourages collaboration between the Providers where permissible;
- 11.6.2 provide clear system leadership to the Providers, clearly articulating health, care and support outcomes for the Providers, performance standards, scope of services and technical requirements;
- 11.6.3 support the Providers in developing links to other relevant services;
- 11.6.4 comply with their statutory duties;
- 11.6.5 seek to commission the services within the Programme Areas in an integrated, effective and streamlined way to meet the Objectives; and
- 11.6.6 work collaboratively with the Providers to develop Gateshead Cares' approach for the Programme Areas in accordance with this Agreement.

Providers' obligations and roles

- 11.7 Each Provider will:

- 11.7.1 act collaboratively and in good faith with each other in accordance with the Law and Good Practice to achieve the Objectives, having at all times regard to the best interests of the Population;
- 11.7.2 co-operate fully and liaise appropriately with each other Provider in order to ensure a co-ordinated approach to promoting the quality of patient care across the Programme Areas and so as to achieve continuity in the provision of services within the Programme Areas that avoids inconvenience to, or risk to the health and safety of, Service Users, employees of the Providers or members of the public; and
- 11.7.3 through high performance and collaboration, unlock and generate enhanced innovation and better outcomes and value for the Population in line with the Objectives.

- 11.8 Each Provider acknowledges and confirms that:

- 11.8.1 it remains responsible for performing its obligations and functions for delivery of services to the CCG and/or the Council in accordance with its Services Contracts;
- 11.8.2 it will be separately and solely liable to the CCG or the Council (as applicable) under its own Services Contracts;
- 11.8.3 it remains responsible for its own compliance with all relevant regulatory requirements and remains accountable to its Board/Cabinet and all applicable regulatory bodies; and

- 11.8.4 it will work collaboratively with the Commissioners and the other Providers to develop the Gateshead Cares approach for the Programme Areas in accordance with Schedule 2 (*Programme Areas*).

SECTION C: GOVERNANCE ARRANGEMENTS

12 GATESHEAD CARES GOVERNANCE

- 12.1 The Partners must communicate with each other and all relevant staff in a clear, direct and timely manner. In addition to the Partners' own Boards / Cabinet / Governing Body, which shall remain accountable for the exercise of each of the Partners' respective functions, the governance structure for Gateshead Cares arrangements will comprise:

- 12.1.1 the Gateshead Health & Wellbeing Board;
- 12.1.2 the Gateshead Health & Care System Board (**System Board**); and
- 12.1.3 the Gateshead Health & Care Delivery Group (**Delivery Group**).

- 12.2 The diagram in Schedule 4 (*Governance*) sets out the governance structure and the links between the various groups in more detail.

Gateshead Health & Wellbeing Board

- 12.3 The Gateshead Health and Wellbeing Board is charged with promoting greater health and social care integration in Gateshead. The Board will receive updates and reports from the System Board as to the development of the Gateshead Cares arrangements under this Agreement and progress against the outcomes for each Programme Area.

Gateshead Health & Care System Board

- 12.4 The System Board is accountable to each of the Partners and is the group responsible for:
- 12.4.1 taking forward a place-based approach to the integration of health and care so that decision-making and delivery arrangements are as close to 'place' as possible;
 - 12.4.2 providing strategic and collective leadership to identify and develop key transformational programmes for Gateshead Cares, in line with the strategic direction set by the Health & Wellbeing Board;
 - 12.4.3 overseeing the Gateshead Cares arrangements under this Agreement;
 - 12.4.4 reporting to the Health & Wellbeing Board on progress against this Agreement, including the outcomes for each Programme area; and
 - 12.4.5 liaising where appropriate with relevant local, regional and national partners and stakeholders.
- 12.5 The System Board will act in accordance with its terms of reference set out in Part 1 of Schedule 4 (*Governance*) and will be responsible for:
- 12.5.1 promoting and encouraging commitment to the Principles, Values and Objectives amongst all the Partners;
 - 12.5.2 ensuring alignment of all organisations to facilitate sustainable and better care, getting the most from the Gateshead £ to meet the needs of the Population;
 - 12.5.3 agreeing joint policy as required, including values to be adopted and arrangements for monitoring performance ;

- 12.5.4 overseeing the implementation of this Agreement;
- 12.5.5 in undertaking its role, considering recommendations from the Delivery Group in respect of the development and operation of Gateshead Cares, the delivery of the Objectives and the development of the Programme Areas; and
- 12.5.6 discharging the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.5.

Gateshead Health & Care Delivery Group

12.6 The Delivery Group is the group responsible for managing the operation of Gateshead Cares to achieve the Objectives and developing proposals for the delivery and transformation of services in the Programme Areas. The Delivery Group will report to the System Board, acting in accordance with its terms of reference set out in Schedule 4Part 2 of Schedule 4 (*Governance*) and will:

- 12.6.1 be responsible for the delivery of workplans for key Programme Areas;
- 12.6.2 ensure workplans in respect of the Programme Areas are delivered through locality working and that Primary Care Networks are involved in each programme as required;
- 12.6.3 make recommendations to the System Board in relation to changes to key Programme Areas and the development of new programmes;
- 12.6.4 develop and implement strategies for closer collaborative working between the Providers, in order to achieve the Objectives and the outcomes in the Programme Areas;
- 12.6.5 establish and agree the remit of working groups (Workstream Steering / Project Groups) to lead on the work required to deliver the outcomes in each Programme Area and hold each such group to account;
- 12.6.6 seek and reflect the views of key stakeholders in drawing up recommendations to the System Board;
- 12.6.7 make recommendations to the System Board as to the addition of new parties to the arrangements under this Agreement, including new providers of services in the Programme Areas; and
- 12.6.8 carry out the responsibilities set out in its terms of reference, to the extent that they are not set out in this Clause 12.6.

12.7 The Partners will communicate with each other clearly, directly and in a timely manner to ensure that the Partners (and their representatives) present at the System Board and the Delivery Group are able to represent their nominating organisations to enable effective and timely recommendations to be made in relation to the Programme Areas.

12.8 Each Partner must ensure that its appointed members of the System Board and the Delivery Group (or their appointed deputies/alternatives) attend meetings of the relevant group and participate fully and exercise their rights on a Best for Gateshead basis and in accordance with Clause 6 (Objectives) and Clause **Error! Reference source not found.** (Values and Principles).

13 CONFLICTS OF INTEREST

13.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality the Partners agree to share all information relevant to the development and delivery of the Programme Areas in an honest, open and timely manner.

13.2 The Partners will:

- 13.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement or the operation of System Board and/or the Delivery Group immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the performance of this Agreement;
- 13.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Partners) before they participate in any decision in respect of that matter; and
- 13.2.3 use best endeavours to ensure that their representatives on the System Board and Delivery Group also comply with the requirements of this Clause 13 when acting in connection with this Agreement.

SECTION D: FINANCIAL PLANNING

14 PAYMENTS

- 14.1 The Partners will continue to be paid in accordance with the mechanism set out in their respective Services Contracts and Section 75 Agreements.
- 14.2 The Partners have not agreed as at the Commencement Date to share risk or reward. However, the Partners will work together during the Initial Term to consider the development of system financial principles, as set out in Schedule 3 (Financial Principles), with the aim of achieving the Objectives.
- 14.3 Any future introduction of a risk and/or reward sharing mechanism would require additional provisions to be agreed between the Partners and incorporated into this Agreement in accordance with Clause 18.

SECTION E: GENERAL PROVISIONS

15 EXCLUSION AND TERMINATION

- 15.1 A Partner may be excluded from this Agreement on notice from the Commissioners (acting in consensus) in the event of:
 - 15.1.1 the termination of their Services Contract and/or Section 75 Agreements; or
 - 15.1.2 an event of Insolvency affecting them.
- 15.2 A Partner may withdraw from this Agreement by giving not less than 12 months' written notice to each of the other Partners' representatives.
- 15.3 A Partner may be excluded from this Agreement on written notice from all of the remaining Partners (acting in consensus) in the event of a material or a persistent breach of the terms of this Agreement by the relevant Partner which has not been rectified within 30 days of notification issued by the remaining Partners (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Partner.
- 15.4 The System Board may resolve to terminate this Agreement in whole where:
 - 15.3.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or
 - 15.3.2 where the Partners agree that this Agreement should be replaced by one or more formal legally binding agreements between them; or

15.3.3 where the Full Partners agree in writing that this Agreement should be terminated.

15.4 Where a Provider is excluded from this Agreement, or withdraws from it, the excluded or withdrawing (as relevant) Partner shall procure that all data and other material belonging to any other Partner shall be delivered back to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.

16 INTRODUCING NEW PROVIDERS

Additional parties may become parties to this Agreement on such terms as the Partners shall jointly agree in writing, acting at all times on a Best for Gateshead basis. Any new Partner will be required to agree in writing to the terms of this Agreement before admission.

17 LIABILITY

The Partners' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and Section 75 Agreements and not this Agreement.

18 VARIATIONS

Any amendment to this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Partners.

19 CONFIDENTIALITY AND FOIA

19.1 Each Partner shall keep confidential all Confidential Information that it receives from the other Partners except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner to this Agreement.

19.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

19.3 The Partners agree to procure, as far as is reasonably practicable, that the terms of this Clause 19 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.

19.4 Nothing in this Clause 19 (*Confidentiality and FOIA*) will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.

19.5 The Partners acknowledge that they are each subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that each Partner is able to comply with their statutory obligations.

19.6 Each Partner will hold harmless each other and will indemnify and keep indemnified each of the other Partners, in full and on demand, against all Claims (and related costs, charges and reasonable legal expenses) which the other Partners to this Agreement may incur or suffer, arising from any claim at law (including in negligence of any degree or other tort, or collateral contract or otherwise at law) by any of the other Partners for any direct, indirect, incidental or consequential or other loss or damage of whatsoever kind, arising from any breach by such a Partner to this Agreement of the obligations under this Clause 19 (*Confidentiality and FOIA*) or otherwise.

20 INTELLECTUAL PROPERTY

- 20.1 In order to develop and deliver the arrangements under this Agreement in accordance with the Principles, each Partner grants each of the other Partners a fully paid up, non-exclusive licence to use its existing Intellectual Property insofar as is reasonably required for the sole purpose of the fulfilment of that Partner's obligations under this Agreement.
- 20.2 If any Partner creates any new Intellectual Property through the development and delivery of the arrangements under this Agreement, the Partner which creates the new Intellectual Property will grant to each of the other Partners a fully paid up, non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Partner's obligations and the development and delivery of the arrangements under this Agreement.

21 GENERAL

- 21.1 Any notice or other communication given to a Party under or in connection with this Agreement shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.
- 21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.
- 21.3 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this Agreement.
- 21.4 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.
- 21.5 This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Partners irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.
- 21.6 A person who is not a Partner to this Agreement shall not have any rights under or in connection with it.

This Agreement has been entered into on the date stated at the beginning of it.

Signed by [insert]

.....
[]

for and on behalf of **NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP**

Signed by [insert]

.....
[]

for and on behalf of **GATESHEAD COUNCIL**

Signed by [insert]

.....
[]

for and on behalf of **GATESHEAD HEALTH NHS FOUNDATION TRUST**

Signed by [insert]

.....
[]

for and on behalf of **CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

Signed by [insert]

.....
[]

for and on behalf of **GATESHEAD PRIMARY CARE** acting through []

Signed by [insert]

.....
[]

for and on behalf of **BLUE STONE COLLABORATIVE**

Signed by [insert]

.....
[]

for and on behalf of **CONNECTED VOICE**

Signed by [insert]

.....
[]

for and on behalf of **THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**

DRAFT

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SCHEDULE 1 - DEFINITIONS AND INTERPRETATION

1 The following words and phrases have the following meanings:

Agreement	this agreement incorporating the Schedules.
Best for Gateshead	best for the achievement of the Objectives for the Gateshead population on the basis of the Principles.
Claims	any claims, actions, demands, fines or proceedings.
Commencement Date	the date entered on page one (1) of this Agreement.
Commercially Sensitive Information	Confidential Information which is of a commercially sensitive nature relating to a Partner, its intellectual property rights or its business or which a Partner has indicated would cause that Partner significant commercial disadvantage or material financial loss.
Competition Law	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013 and as applied to the healthcare sector by Monitor in accordance with the Health and Social Care Act 2012.
Competition Sensitive Information	Confidential information which is owned, produced and marked as Competition Sensitive Information by one of the Providers and which that Provider properly considers is of such a nature that it cannot be exchanged with the other Providers without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or subcontract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Partner, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
Confidential Information	the provisions of this Agreement and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information.
Delivery Group	the Gateshead Health & Care System Delivery Group, the terms of reference of which are set out in Schedule 4 Part 2 of Schedule 4 (<i>Governance</i>).
Dispute	any dispute arising between two or more of the Partners in connection with this Agreement or their respective rights and obligations under it.

Dispute Resolution Procedure	the procedure set out in Schedule 6 for the resolution of disputes which are not capable of resolution under Clause 8 (<i>Problem Resolution and Escalation</i>).
Extended Term	has the meaning set out in Clause 4.2.
Financial Principles	the financial principles set out in Schedule 3.
FOIA	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
Good Practice	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
Initial Term	the period from and including the Commencement Date until the second anniversary of the Commencement date.
Insolvency	(as may be applicable to each Partner) a Provider taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business, or any analogous process for a public body.
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world.
Law	<ul style="list-style-type: none"> (a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation; (b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales; (c) Guidance (as defined in the NHS Standard Contract); (d) National Standards (as defined in the NHS Standard Contract); and (e) any applicable code.
Objectives	the objectives for Gateshead Cares set out in Clause 5.1.
Operational Days	a day other than a Saturday, Sunday or bank holiday in England.
Population	the population of Gateshead covered by each of the Commissioners.

Principles	the principles for Gateshead Cares set out in Clause 7.3.
Programme Area	one of the programme areas set out in Schedule 2 (<i>Programme Areas</i>) as may be amended or added to by agreement of the Partners from time to time.
Reserved Matter	has the meaning set out in Clause 9.2.
Section 75 Agreement	an agreement entered into by any of the Partners under section 75 of the National Health Service Act 2006.
Service Users	people within Population served by the Commissioners who are in receipt of the Services.
Services	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.
Services Contract	a contract entered into by one of the CCG or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.
System Board	the Gateshead Health & Care System Board, the terms of reference of which are set out in Schedule 4Part 1 of Schedule 4 (<i>Governance</i>).

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SCHEDULE 2 - PROGRAMME AREAS

The Partners have identified the initial Programme Areas during the Initial Term (as may be agreed and amended from time to time) by the agreement of the Partners in accordance with Clause 18 (*Variations*) as the following:

- 1 Children & Young People Best Start in Life – SEND (including transition to adulthood)
- 2 Older People - Older Persons Care Home Model
- 3 Older People - Frailty (Strength & Balance)
- 4 Mental Health Transformation
- 5 Development of Primary Care Networks

Enablers

The Partners have also identified the following areas linked to the enablers of integration that could be incorporated within the Agreement as it evolves over time:

- Digital Gateshead (including digital poverty/ inclusion of disadvantaged communities with health inequalities)
- Workforce

[FINAL DELIVERABLES TO BE INSERTED HERE]

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SCHEDULE 3 - FINANCIAL PRINCIPLES

The Partners will develop a system financial planning framework based on the following principles:

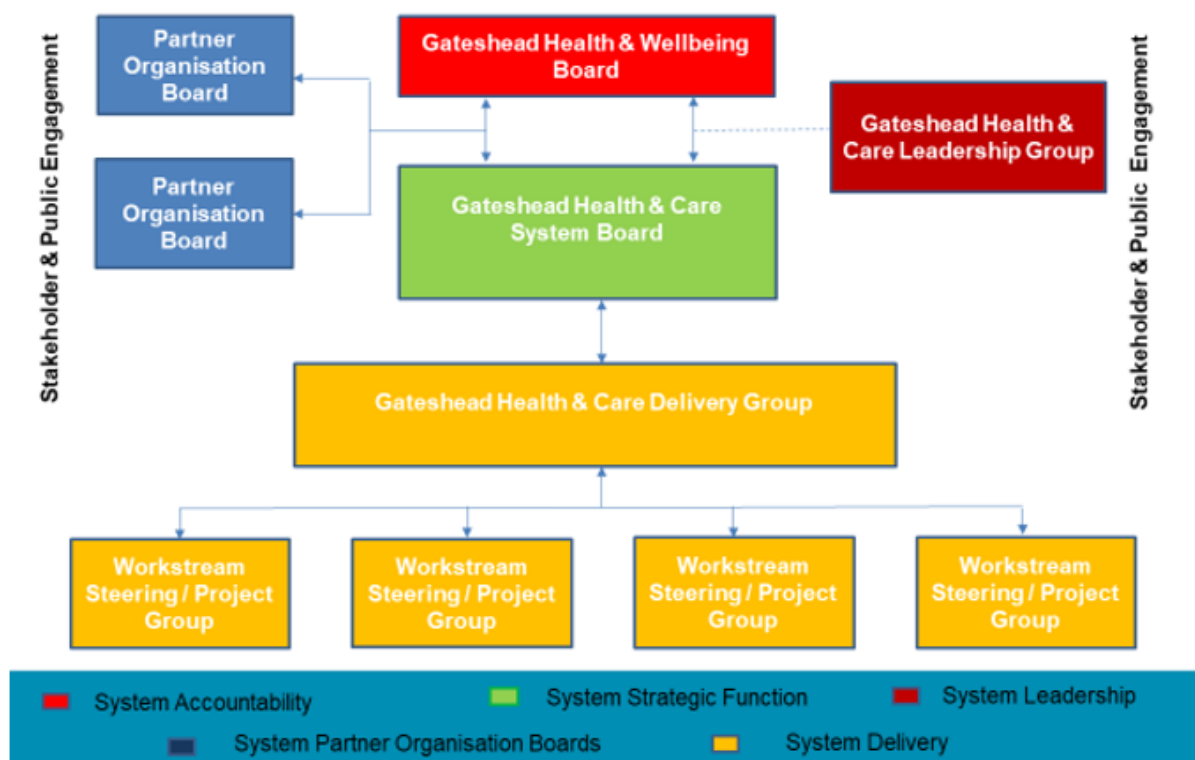
[FINANCIAL PRINCIPLES TO BE INSERTED HERE]

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SCHEDULE 4 - GOVERNANCE

This Schedule 4 sets out the governance arrangements for Gateshead Cares under this Agreement.

The diagram below summarises the governance structure which the Partners have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the Gateshead Cares approach and the arrangements under this Agreement.



This Schedule also contains the terms of reference for the Gateshead Health & Care System Board (Part 1) and the Gateshead Health & Care Delivery Group (Part 2).

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PART 1 : GATESHEAD HEALTH & CARE SYSTEM BOARD - TERMS OF REFERENCE

[TO BE INSERTED]

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PART 2 : GATESHEAD HEALTH & CARE DELIVERY GROUP – TERMS OF REFERENCE

[TO BE INSERTED]

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SCHEDULE 5 - RIGHTS AND OBLIGATIONS OF FULL MEMBERS AND ASSOCIATE MEMBERS

- 1 The Partners agree that a **Full Member** shall (without limitation to the roles and responsibilities of the Partners):
 - 1.1 play an active role in the plans for system transformation and place-based systems of health and care in Gateshead;
 - 1.2 be entitled to attend and participate in decisions at meetings of the System Board (and the Partners acknowledge that all such Partners and their representatives shall act within the decision-making processes of their respective organisations and relevant delegated authority);
 - 1.3 be entitled to attend and participate in decisions at meetings of the Delivery Group;
 - 1.4 share risks and rewards relating to such Programme Areas and in accordance with the Financial Principles as may be agreed between the Full Members; and
 - 1.5 commit to the Values and Principles at all times.
- 2 The Partners agree that an **Associate Member** shall (without limitation to the roles and responsibilities of the Partners):
 - 2.1 be invited to attend and contribute to all meetings of the System Board but not participate in decisions at such meetings;
 - 2.2 be invited to attend and contribute to the Delivery Group and all other meetings in the supporting governance structure but not participate in decisions; and
 - 2.3 not be a part of any financial and risk sharing arrangements as may be agreed between the Full Members.
- 3 The Partners may consider the inclusion of an additional category of membership of Gateshead Cares, an "Affiliate Member", which the Partners will consider with those third parties that share the Principles.
- 4 The categorisation described in this Schedule and consequently which membership category individual Partners (and possibly in time others) choose reflects the Partners' expectations about the alignment of financial and risk sharing arrangements needed to achieve the Objectives in the Initial Term.
- 5 The Partners acknowledge that primary care will play an integral role in delivery of the Objectives. The Partners agree to fully engage with general practice to determine how general practice would best be able to interface with Gateshead Cares and contribute to the achievement of the Objectives in accordance with a process to be agreed between the Partners as appropriate.
- 6 The Partners acknowledge that there are other service provider organisations that Gateshead Cares will work with and who will have an important role to play in the design and delivery of services aimed at better achieving the Objectives. For example, current contracts with third parties such as ambulance service; out of hours providers; other NHS Trusts and Clinical Commissioning Groups; independent care and voluntary organisations; District and Borough Councils; housing providers; and the Police and Fire Services. The Partners anticipate that in keeping with the existing principles of partnership working, the Partners may invite these providers to attend relevant meetings of the supporting governance structure and/or any other groups tasked with service redesign, including relevant meetings of the System Board when proposals are discussed.

SCHEDULE 6 - DISPUTE RESOLUTION PROCEDURE

- 1 Avoiding and Solving Disputes
 - 1.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this Agreement. Accordingly the Partners will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation*) of this Agreement prior to commencing this procedure.
 - 1.2 The Partners believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with Gateshead Cares arrangements set out in this Agreement.
 - 1.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement or the operation of Gateshead Cares (each a '**Dispute**') when it arises.
 - 1.4 In the first instance the relevant Partners' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Partners. If the Dispute cannot be resolved by the relevant Partners' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Partners, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Gateshead basis in accordance with this Agreement so as to seek to reach a unanimous decision.
 - 1.5 The Partners agree that the senior officers may, on a Best for Gateshead basis, determine whatever action they believe is necessary to try to resolve the Dispute including the following:
 - 1.5.1 If the senior officers cannot resolve a Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and
 - 1.5.2 The independent facilitator shall:
 - 1.5.2.1 be provided with any information he or she requests about the Dispute;
 - 1.5.2.2 assist the senior officers to work towards a consensus decision in respect of the Dispute;
 - 1.5.2.3 regulate his or her own procedure;
 - 1.5.2.4 determine the number of facilitated discussions, provided that
 - 1.5.2.5 there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and
 - 1.5.2.6 have its costs and disbursements met by the Partners in Dispute equally.
 - 1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 6 and only after such further consideration again fails to resolve the Dispute, the Partners may agree to:
 - 1.5.3.1 terminate this Agreement in accordance with Clause 15.3.1; or
 - 1.5.3.2 agree that the Dispute need not be resolved.

Report to the Board of Directors
3rd March 2021

Title of report	CQC Action Plan – Focused Inspection of Child and Adolescent Mental Health Wards
Report author(s)	Vicky Grieves, CQC Compliance Officer
Executive Lead (if different from above)	Lisa Quinn, Executive Director of Commissioning & Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	24/02/21
Audit	
Mental Health Legislation	
Remuneration Committee	
Resource and Business Assurance	
Charitable Funds Committee	
CEDAR Programme Board	
Other/external (please specify)	

Management Group meetings where this item has been considered (specify date)	
Executive Team	01/03/21
Corporate Decisions Team (CDT)	
CDT – Quality	
CDT – Business	
CDT – Workforce	
CDT – Climate	
CDT – Risk	
Business Delivery Group (BDG)	

Does the report impact on any of the following areas (please check the box and provide detail in the body of the report)			
Equality, diversity and or disability	X	Reputational	X
Workforce	X	Environmental	X
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 SA5.1 That we do not meet and maintain our compliance standards including NHSI, CQC and legislation SA5.2 That we do not meet statutory and legal requirements in relation to Mental Health Legislation
--

**CQC Action Plan – Focused Inspection of Child and Adolescent
Mental Health Wards
3rd March 2021**

1. Executive Summary

The Board of Directors at its February meeting received the Care Quality Commission (CQC) inspection report following a focused inspection of Child and Adolescent Mental Health Wards. The report highlighted one area for improvement which the Trust MUST take to improve:

The trust must review the use of restraint and mechanical restraint in the children and young person's inpatient services. The use of mechanical restraint should be used as a last resort in line with Department of Health Positive and Proactive Care. There should be a clear debrief process for the team after an incident and for the person who has been restrained.

The Trust is required to produce a formal action plan addressing the issues raised above which are to be submitted to the CQC. The draft action plan is outlined below as Appendix 1. Ahead of the Board meeting these action plans are also going to be considered at CQC Inspection Steering Group, Executive Directors and Quality and Performance Committee. A verbal update following these meetings will be provided at the Board.

2. Risks and mitigations associated with the report

The CQC has raised issues of concern and as such are potential risks to the Trust in relation to safe care and treatment of those who use our services and those who work for the organisation. There is a risk of non-compliance with regulatory and legal requirements and potential risk to trust reputation should we fail to achieve completion and implementation of the action plan included within this report.

3. Recommendations

The Board of Directors are asked to consider and approve the contents of the action plan within Appendix 1 prior to submission to the CQC.

Name of author:

Vicky Grieves, CQC Compliance Officer

Name of Executive Lead:

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

22 February 2021

Cumbria, Northumberland Tyne and Wear
03/01/2021 12:53:32

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	RX4
Our reference	INS2-9678351641
Location name	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good Governance
	How the regulation was not being met:
	The Trust must review the use of restraint and mechanical restraint in the Children and Young People's Inpatient Services. The use of mechanical restraint should be used as a last resort in line with Department of Health Positive and Proactive Care. There should be a clear debrief process for the team after an incident and for the person who has been restrained.
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>Core Service Actions: The Clinical Business Unit will be responsible to ensure that the teams review and reduce the use of mechanical restraint.</p> <ul style="list-style-type: none"> • Directors to discuss feedback with all staff and consider the action plan. This will be followed up by a letter to all staff. (Complete) • Set up a Task and Finish Group to review the use of restraint. The group will look at both the data in more detail to understand our initial hypotheses for increases and involve the wider MDT to provide a narrative around the clinical presentations and interventions used presently within the service. A Consultant Clinical Psychologist and Positive Behaviour Support Lead will chair this group. (Complete) • Ward Managers to discuss contents of the report with staff and be clear about the expectations to review and reduce the use of mechanical restraint. (Complete) • Ward Managers to contact all family members to seek feedback in regards to restraint and the findings of the report. (Complete) • Directors and Ward Managers to review Talk 1st data to highlight themes and trends. Completion date: 28/02/2021 	

- All staff to be trained in the 'HOPEs Model' and will ensure the role-out of the methodology across all Children and Young People's services.

A large proportion of staff have already received this training and roll out continues.
Completion date: 31/05/2021

- All staff will have the opportunity to attend the Tier 4 CAMHS accredited training at the level appropriate to their banding and experience.

A large proportion of staff have already received this training and roll out continues.
Completion date: 31/10/2021

- Individualised care plans to be reviewed and discussed in a multi-disciplinary meeting; this includes patient and carer involvement, and will be evidenced and audited.

Health Care Record monthly audits have taken place since the inspection and continue to be monitored.

- All use of mechanical restraint will be agreed and regularly scrutinised at Director level. All use of mechanical restraint will be reviewed at After Action Reviews which will be attended by a Director, to offer challenge and scrutiny. (Complete – reviews have taken place since the inspection and will continue).
- Clinical Lead Nurse to provide scrutiny and case load supervision to improve compliance with safeguards and embed review process.
- CBU will review the de-brief process and ensure a robust de-brief happens after each incident of restraint, for both staff and young person involved. Clinical Nurse Managers to review the debrief process with a view to ensuring the full post incident review process happens after every incident.
- Clinical Nurse Managers will carry out an audit of all post incident debriefs and review the quality and frequency to ensure that these occur after every incident and that the standards are always as we would expect.

Audits have taken place since the inspection and the findings are monitored on a weekly basis.

Trust-wide Actions:

- The Trust will review the use of mechanical restraint with a view to stopping this in Children and Young People's services. This will be monitored at Executive Directors and Board of Directors meetings.
- Baseline audits to be completed for December 2020 and January 2021 to understand compliance with policy for patient debrief – to be completed by all localities by 1 March 2021. Measuring compliance with debrief post any tertiary intervention and debrief post MRE.

<ul style="list-style-type: none"> Baseline audits to be completed for December 2020 and January 2021 to understand compliance with policy for staff debrief – to be completed by all localities by 1 March 2021. Measuring compliance with debrief post any tertiary intervention and debrief post MRE. Trust-wide Task and Finish Group established to consider outcomes of audits to inform CBU action plans to improve compliance with policy. First meeting scheduled for 23 February 2021 and audit findings to be considered by 31 March 2021. 	
Who is responsible for the action?	Elaine Fletcher, Group Nurse Director David Muir, Group Director Stuart Beaton, Group Medical Director
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
<p>Core Service Actions: A CQC action plan review meeting will take place across Children and Young People Services.</p> <ul style="list-style-type: none"> These meetings will review the position of actions outlined and progress on improvements. They will also be used to test compliance that the actions are improving the standards. Use existing established Trust audits to review compliance against standards and also to strengthen local governance by discussing the weekly audits at the individual service weekly meetings. The feedback mechanism facilitated by the Ward Managers (or delegated other senior nurse) to support improvement; will be facilitated during clinical supervision and leadership team meetings. Minutes can be provided from the team meetings to evidence feedback from the audit, to support practice improvement. Clinical Managers will report via CBU governance meetings, which will be monitored via Group governance structures. <p>Trust-wide Actions</p> <ul style="list-style-type: none"> CBU governance meetings will have a specific agenda item relating to standards for restraint and post incident review processes. PMVA will be reviewed across the Trust and reported to Board. 	
Who is responsible?	Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	31/10/2021

Report to the Board of Directors
Wednesday 3 March 2021

Title of report	Care Quality Commission's Fit and Proper Persons Test – Update Paper
Report author(s)	Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary
Executive Lead (if different from above)	John Lawlor, Chief Executive

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

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

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

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

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors' Meeting, 3rd March 2021

Fit and Proper Persons Test update

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect on 1 April 2015. The regulation was a direct response to failings at Winterbourne View Hospital and the Francis Inquiry report.

To meet the regulation, all NHS providers are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing directors are and continue to be 'fit' as defined by the CQC. This requires a process to ensure that individuals working at board level meet the criteria as set out in appendix 1.

The CNTW Fit and Proper Persons Test procedure was approved by the Board on the 25 November 2015. It was further agreed that the 'Test' would apply to all Board members and the specialist functional leads who, by the nature of their roles, are responsible for certain issues over and above the responsibilities of their Executive Director line manager. The list was most recently reviewed in 2018. The following roles are subject to the test procedure:

- Directors of NTW Solutions
- Director of Communications and Corporate Affairs/Company Secretary
- Director of Informatics
- Director of Allied Health Professionals and Psychological Services
- Technical Director
- Deputy Chief Operating Officer
- Chief Pharmacist
- Joint Directors of Research and Innovation
- Group Nurse Director, Safer Care (Director of Infection Prevention and Control)
- Managing Director of Audit One

The board is asked to note the current position:

1. The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently 25th January – 23rd February 2021, no issues were found.
2. Additional insolvency restrictions search was conducted on 23rd February 2021 – no issues were found.
3. Companies House database of disqualified director's search was conducted 25th January – 23rd February 2021– no issues were found.
4. All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.
5. A review of CNTW processes to assess CNTW's Fit and Proper Persons test for Directors was conducted in 2017 and was confirmed to be in line with the toolkit.
6. On appointment, newly appointed Directors are subject to the provisions of the test.

The Board is asked to note the Trust's current position in relation to compliance with the CQC Fit and Proper Person Test.

Recommendation

The Board is asked to note the Fit and Proper Person Test review for 2021.

Debbie Henderson

Director of Communications and Corporate Affairs / Company Secretary

February 2021

Cumbria, Northumberland Tyne and Wear
03/01/2021 12:53:32

Appendix 1

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 5 (3) sets out the criteria that a director must meet, as follows:

(a) The individual is of good character:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- When assessing whether a person is of good character, providers must follow robust processes to make sure that they gather all available information to confirm that the person is of good character, and they must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of a person's honesty, trustworthiness, reliability and respectfulness.
- If a provider discovers information that suggests a person is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.
- Where a provider considers the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available.

(b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Where providers consider that a role requires specific qualifications, they must make this clear and should only appoint those candidates who meet the required specification, including any requirements to be registered with a professional regulator.
- Providers must have appropriate processes for assessing and checking that the candidate holds the required qualifications and has the competence, skills and experience required, (which may include appropriate communication and leadership skills and a caring and compassionate nature) to undertake the role. These must be followed in all cases and relevant records kept.
- We expect all providers to be aware of, and follow, the various guidelines that cover value based recruitment, appraisal and development, and disciplinary action, including dismissal for chief executives, chairs and directors, and to have implemented procedures in line with the best practice. This includes the seven principles of public life (Nolan principles).

(c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be

appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role.

- All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.
- (d) The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity:

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- Providers must have processes in place to assure themselves that a person has not been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement in the carrying on of a regulated activity. This includes investigating any allegation of such and making independent enquiries.
 - Providers must not appoint any person who has been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity.
 - A director may be implicated in a breach of a health and safety requirement or another statutory duty or contractual responsibility because of how the entire management team organised and managed its organisation's activities. In this case, providers must establish what role the director played in the breach so that they can judge whether it means they are unfit. If the evidence shows that the breach is attributable to the director's conduct, CQC would expect the provider to find that they are unfit.
 - Although providers have information on when convictions, bankruptcies or similar matters are to be considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.
- (e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

CQC's Guidance for providers on meeting the regulations (March 2015) states that providers must have regard to the following guidance:

- A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS).
- Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.
- If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

Group: Quality and Performance Committee		
Date: Wednesday 27 January 2021		
Time: 14.50 – 16.30 hours		
Venue: Virtual Microsoft Teams		
Contact No: External 0191 246 6898 Internal 66898 E-mail Vicky.grieves@cntw.nhs.uk		
Members in attendance:		
Alexis Cleveland	Non-Executive Director (Chair)	
Darren Best	Non-Executive Director	
Leslie Boobis	Non-Executive Director	
Paula Breen	Non-Executive Director	
Simon Douglas	Joint Director of Research, Innovations and Clinical Effectiveness	
Michelle Evans	Deputy Director of Workforce and Organisational Development	
Vida Morris	Group Nurse Director, North Locality Care Group	
Dr 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	
Michael Robinson	Non-Executive Director	
In attendance:		
Margaret Adams	Trust Governor	
Anne Carlile	Trust Governor	
Vicky Grieves	CQC Compliance Officer (Minutes)	
Alane Bould	Head of Patient and Carer Involvement (for Item 11/21b)	
Minutes circulated to: Trust Board		
01/21	MEMBERS APOLOGIES FOR ABSENCE	
	Lynne Shaw, Executive Director of Workforce and Organisational Development	
02/21	MEMBERSHIP	
	The following members were exempt from this Committee meeting in view of the COVID-19 response.	
	Anthony Deery	Group Nurse Director, South Locality Care Group
	Tim Donaldson	Chief Pharmacist
	Anna Foster	Deputy Director of Commissioning and Quality Assurance
	Elaine Fletcher	Group Nurse Director, North Cumbria Locality Care Group
	Karen Worton	Group Nurse Director, Central Locality Care Group
	Anne Moore	Group Nurse Director, Safer Care

03/21	DECLARATIONS OF INTEREST There were no declarations of interest to note.	
04/21	MINUTES OF THE PREVIOUS MEETING HELD ON 28 OCTOBER 2020 The minutes of the previous meeting held on 28 October 2020 were agreed as an accurate record and duly signed.	
05/21	MATTERS ARISING There were no matters arising to consider.	
06/21	ACTION SHEET FROM MEETING HELD ON 28 OCTOBER 2020 There were no action points to consider.	
07/21	CHAIR'S BUSINESS There was no chair's business to consider.	
08/21	GROUP QUALITY AND PERFORMANCE UPDATE – NORTH LOCALITY CARE GROUP Vida Morris presented her update in the form of a presentation to the Committee. Her presentation was supported by the North Locality Care Group 12 month report (January to December 2020) which was circulated with the Committee agenda. Vida informed the Committee of a Clinical Business Unit (CBU) change and from the 1 st December 2020 the Specialist Children and Young People's CBU moved to the North Cumbria Locality. Vida explained the rationale behind this change which was brought about following the transfer of children and young people's inpatient services at West Lane Hospital to CNTW. Vida highlighted the following key issues facing the Locality: <ul style="list-style-type: none"> Personal Protective Equipment (PPE) Recognised the continued dedication and commitment of staff throughout the pandemic period. Some of the challenges faced in particular for staff have been around having PPE as a permanent feature of their day to day work, something that has not been known previously in psychiatric and disability services. Changing Guidance The rapidly changing guidance emerging nationally that we have had to interpret and implement and ensuring staff are fully informed about that. Visiting The importance of maintaining visiting from a human rights perspective of our patients and making sure that they have that contact from family and loved ones. 	

- **Patient Relationships**

Maintaining patient relationships when trying to de-escalate a situation, calm someone down or form a relationship from behind a mask and at a distance, has been particularly difficult for many of our client groups. The challenges of maintaining safe staffing with ongoing staff absences either because of close contact with others who are COVID positive, because they are symptomatic themselves or they have household members that are affected have all had an impact across the whole Locality.

In responding to these challenges the Locality has made sure staff feel supported, have regular ongoing supervision and that there is a visible and accessible leadership presence. Vida explained that staff health and wellbeing is a huge agenda for the Trust and the most critically important thing is to remember to say thank you and to acknowledge ongoing contributions made by staff. This is done by the Locality on a regular basis through Q&A sessions with the workforce.

Medical staffing provision is an ongoing challenge for the Locality in relation to reducing locum costs and making sure that vacancies are being filled in the medical staffing workforce. The North Locality are in a slightly better position from this time last year and although locums have been reduced by only 1 WTE the locality have been able to negotiate and reduce some of the costs associated with that. Vida advised that 7 Fellowship Doctors joined the Trust in November 2020 through the international recruitment campaign, there is a Northumberland Centric Campaign around medical recruitment being developed. These all highlight some of the positive benefits and opportunities available in the North East and the Locality continue to expand the number of non-medical consultants so it has truly enhanced multi-disciplinary team.

Vida explained that most of the positive and safe metrics have shown a decreasing trend but acknowledged that there were two areas out with that. One relates to mechanical restraint (MRE) usage and the other is the ongoing use of Long Term Segregation (LTS). These issues are subject to Locality work but also important Trust-wide work to see if the organisation can really tackle those trends and bring them down to the point of zero use as far as we possibly could.

Vida updated the Committee on a number of service developments in the North Locality; the Universal Crisis Team, Psychiatric Liaison Service, Northumberland Recovery College and developments in Primary Care with collaborative engagement with Primary Care Networks.

In relation to the proposal for CNTW staff to undertake physical health checks for people on severe mental illness registers as part of an integrated pathway with primary care, Leslie Boobis queried whether this is something that primary care should be doing.

Vida explained that CNTW and primary care services have been working towards additional kinds of posts e.g. Primary Care Mental Health Workers which would support some of their initiatives. The Trust and primary care services are in the early stages of discussing system wide improvements to assist with those service users that have previously been difficult to engage with.

	<p>Darren Best made reference to the positive and safe section in the report and the use of MRE which he acknowledged is an issue that has been picked up at Board level for a number of different reasons. The report references the fact that over the last six months the vast majority of MRE usage has been down to one individual. Darren asked for some assurances around the processes that sit around that and asked for assurance that there is not an automatic recourse to use MRE with any individual and within any area.</p> <p>Vida explained that this patient is an inpatient in the Specialist Autism service on the Northgate Hospital site. The team have a very well thought through RAG rating system for the condition of the patient's bedroom (the patient cannot bear hands on and really exacerbates their condition). The team have a very robust system where staff have to ring a Director who can give authorisation for MRE to be used. When the patient's room is RAG rated red for example (patient does faecal smearing in room which means that the patient needs to be removed so that the room can be cleaned) Director level approval would be sought to use MRE to transfer patient into a different room. Director approval has to be sought again to transfer patient back to their bedroom. Vida assured Darren that there is very tight governance processes around this patient.</p> <p>Alexis Cleveland asked Gary O'Hare if there was anything further to report from the other Locality Care Groups. Gary advised that staff are now very tired 12 months into the pandemic however, he commented that he is totally inspired about how staff continue to keep going and are doing everything that they can to make sure that services are provided and safe. There were two issues for the Committee to note:</p> <ul style="list-style-type: none"> • The passing of a staff member from the South Locality who had been on long term sick and had significant underlying health problems who has sadly died from COVID-19. Also, another member of staff from the South Locality has recently gone into hospital. • A Never Event related to an inpatient death in North Cumbria occurred this quarter. The death involved a ligature being tied to a collapsible shower rail and the rail failed to collapse. This meets the NHS England criteria for a Never Event. Gary advised that a report on this matter will be taken through the Board of Directors next week. <p>Otherwise the focus continues to be around keeping services running and safe whilst going through the pandemic and getting people vaccinated.</p>	
09/21	<p>ROUTINE REPORTING</p> <p>a) Commissioning and Quality Assurance Report</p> <p>The Committee members received the Commissioning and Quality Assurance Report for December 2020 (Month 9). The Executive Summary highlights the main issues from the report but Lisa raised two additional issues that she wanted the Committee to note.</p> <ul style="list-style-type: none"> • During wave 1 the Trust paused a number of training areas and this has not been done again throughout the COVID-19 period. However, due to the prolonged wave 3 period and following discussions with the groups about the continuing pressures of maintaining services, the Trust would like to continue to offer training and the groups are going to continue to encourage training. However, the Executive Team will be proposing to the Board next week that the organisation is not in a position to performance manage these standards at this point in time. The Trust 	

	<p>will continue to monitor through the Board meetings and Accountability Framework meetings. Lisa explained that a section on this matter has been included within this report that is due to go to the Board next week.</p> <ul style="list-style-type: none"> • The Trust has received a letter today from NHS England/Improvement requesting all non-essential operations in terms of reporting and assurance to be paused again in order to reduce the burden and release capacity to manage the COVID-19 response. The letter sets out all of the reporting and governance that is expected to be stood down with immediate effect and sets out the limited national reporting during this period of time. It was agreed that this letter would be circulated to the Committee for information. Lisa explained that the Trust is not looking to stand down anything at this stage but from a group perspective they really do want to keep going with their training and skills competency at this moment in time and would like to continue to make best endeavours to achieve the standards for training and appraisals. Lisa commented that it would be wrong however at this moment in time to heavily performance manage those particular areas. Gary O'Hare advised that he gave the groups the offer to pause training and they did not want to. It was recognised from wave 1 that training is something that staff can do when they have a little bit of time and something that we do not then need to start again from scratch. <p>In relation to the actions from a recent Mental Health Act Reviewer visit to Ward 31a at the RVI, Darren Best asked for an indication in terms of whether those actions had been dealt with or not. This would give him an idea of how responsive the Trust is able to be, or not be at the moment.</p> <p>Darren also noted in relation to waiting times the report states that there are 38 people waiting over 18 weeks and that action plans are in place to address the shortfall. However, on reviewing the report further and on reading through the Executive Summary, Darren commented that there looks like the beginnings of a trend around waiting times across the board. Specialist services have increased and waiting times in general are up as well. Darren said that this is probably to be expected given where we are at but from a Trust perspective but he felt that the Committee needed to be alive to these issues and suggested that they are picked up within a Board meeting or development session.</p> <p>Alexis Cleveland advised that due to time pressures at today's meeting it was agreed that these two issues would be picked up at next week's Board meeting.</p> <p>b) Safer Staffing Exception Report and Skills Mix Review Report The Committee received the Safer Staffing Exception Report for November 2020 which also includes the Skill Mix Review Report. Vida Morris presented the report on behalf of Anne Moore. Vida explained that the period covered includes the response to the COVID-19 pandemic which coincided with the North East being brought into Tier 3 restrictions and the second national lockdown.</p> <p>Vida explained that despite the challenges of COVID-19 the Trust Values Based Recruitment has continued throughout using mainly virtual means whilst maintaining validity to the values based model. The scrutiny of safer</p>	<p>VG</p>
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staffing during this period has been led by the Gold Command structure, Locality sitrep meetings and daily safer staffing huddles. One of the features across localities identified within the report is the need to identify staffing shortages and gaps where there have been COVID-19 outbreaks. Staffing shortfalls have been addressed through mutual support from other wards or teams, use of pool nurses, redeployment of senior staff or non-clinical corporate staff and the ongoing use of nurse bank and agency.

All localities in all areas have experienced staffing pressures during this period due to COVID-19 related absences, either symptomatic staff or staff isolated due to close contact or other house hold members being affected. Robust absence management in the use of the central absence line has enabled staff to return to work as soon as possible with many staff continuing to work from home when absent where possible.

There has been no significant staff skill change in the last six months as focus has been on maintaining safe services, supporting staff safety and their health and wellbeing.

Gary O'Hare advised that the Trust's redeployment approach has been added to this report and Gold Command now has a list of every member of staff in corporate and non-clinical services, along with their skills and competencies so staff can be deployed should the need arise.

Darren Best advised that a conversation took place at the Resource and Business Assurance Committee earlier today which was primarily around the financial implications of bank staff, agency, over time, annual leave carry over etc. and recruitment of staff adding to the overall mix of pressures that the organisation is facing. Darren asked if this Committee is sufficiently sighted on drawing all of these things together to understand whether we are actively looking after our staff as much as we possibly can given the pressures that we are under. Darren stated that he felt that this all needs to be pulled together in some way to understand and make sure that we are doing absolutely everything we can to protect our staff, not just in the here and now but in the long term.

Alexis Cleveland asked how much of this is picked up through the Gold Command structure.

Gary O'Hare advised that a lot of the information that Darren has mentioned is coordinated through Gold Command. There are two meetings per day as well as Incident Management Group (IMG) meetings. All of the operational Directors and Executive Directors attend these meetings and work through issues. Gary acknowledged that there is a financial aspect in terms of annual leave but said that we would encourage but not demand that staff take their holidays and also look at this in terms of ensuring that everyone does have some time off work. Gary advised that there are a number of programmes in place around staff support, health and wellbeing, AWISH programme and these tend to get co-ordinated together through IMG and Gold Command meetings. Senior management are looking at this as a holistic approach with staff and patients but also ensuring that the Trust is playing its part in the system in terms of our overall response to COVID-19.

	<p>Darren commented that his overall point is one aimed at the prevention of trauma in the longer term. He said that we are going to be asking people to continue to deliver services over many, many years acknowledging that this is a national issue but specifically for this organisation, it would be helpful to be assured of what we are doing in terms of prevention of longer term trauma for our staff.</p> <p>Gary advised that there are some good points raised by Darren and he suggested looking at this in more detail at the Board meeting next week. However, it was noted that most of our psychological services are trauma informed services and said that we needed to continue to keep our staff health and wellbeing going but agreed to explore further at the Board.</p> <p>Dr Rajesh Nadkarni commented that approximately 50% of ICU staff will get post-traumatic stress disorder from this pandemic. CNTW is leading system wide with helplines which are advertised throughout the region. In relation to trauma prevention the region is looking at the models within the Manchester disaster and looking at putting in practical support close to experienced trauma. Also, the Trust is leading, on behalf of NHS England the development of a resilience hub for the system to give specific support to acute hospitals and our staff.</p>	
10/21	<p>QUARTERLY REPORTING</p> <p>a) Board Assurance Framework/Corporate Risk Register Exception Report The Committee received a copy of the Board Assurance Framework/Corporate Risk Register Exception Report for quarter 3 (October to December) with the Committee papers. The report provides updates on what risks have been reviewed.</p> <p>b) Safer Care Report The Committee received the Safer Care Report for quarter 3 (October to December 2020). Vida Morris presented the report on behalf of Anne Moore and highlighted the following key points.</p> <ul style="list-style-type: none"> • There were 62 unexpected deaths reported during the quarter, this is consistent with the previous quarter (63). • There were a total of 75 serious incidents during the quarter, this is comparable with the previous quarter (72). • In quarter 3 one inpatient death has been recorded as COVID-19 related. This patient became unwell in a CNTW inpatient unit and was transferred to a medical ward where they passed away. • As previously stated in section 08/21 a Never Event relating to an inpatient death in North Cumbria occurred this quarter. • 9 blanket restrictions were reported this quarter with 8 relating to inpatient services. One of these blanket restrictions related to challenges posed to staff attempting to manage a COVID positive service user accessing a communal area which subsequently had to be locked. Another related to a change in access to a communal recreational area. With this being locked to allow for improved IPC management in view of COVID-19 risk. Other incidents related to short term management of clinical risks. 	

- The Oxehealth digital care assistant is currently live on Longview and instillation is planned soon on both Beckfield and Shoredrift.
- Over 40 wards are now equipped with a Safety Pod.
- Roll out of body worn cameras continues. North Cumbria, North and Central groups are now operational, the South group will follow.
- The report highlights a downward trend for prone restraint, seclusion, assaults on staff and violence and aggression. However, restraint and self-harm have increased and is subject to Trust-wide work at the moment led by the Medical Director and Executive Director of Nursing and Chief Operating Officer to bring these down further.
- Safeguarding activity is consistent with previous quarterly reports.
- The IPC team continue to provide support and advice to the localities and clinical teams for the management of COVID-19 in line with changing national guidance and service changes. The IPC team now provide on-call provision which has been particularly helpful when managing outbreaks.
- At the time of writing this report, 76.2% of all staff have had a Flu Vaccination, with 1,961 left to vaccinate.
- Complaints have decreased by 9% in comparison to quarter 2.

Gary O'Hare advised that the Trust has now vaccinated just under 6,000 staff and 114 patients against COVID-19 which has been a phenomenal undertaking by staff in the organisation.

c) Service User and Carer Experience Report

The Committee members received the Service User and Carer Experience Report for quarter 3 (October to December 2020). Lisa Quinn confirmed that national feedback mechanisms have been and will continue to be paused so there will be no Friends and Family Test on an ongoing basis. CNTW have continued to offer Points of You but the uptake is very low at the moment, therefore the report provides that take up during quarter 3 and an analysis of that. This report also includes numbers and percentages as requested by Leslie Boobis at the last meeting.

d) Outcome Measures Report

The Committee members received the Outcome Measures Report for quarter 3 (October to December 2020). Lisa Quinn advised that the Trust continues to produce this report but the suspension of things like SWEMWBS has resulted in very low numbers in some areas. In relation to IAPT recovery rates there has been a decline in those numbers which was also seen during wave 1, this will be kept under review.

e) Update on CQC Must Do Action Plans

The Committee members received an update on the CQC Must Do action plans for quarter 3 (October to December 2020). Lisa Quinn advised that this update is due to go to the Board next week and there are two issues to highlight to the Committee:

- The report includes a proposal to the Board to close one action plan.
- A verbal request will be made at the Board meeting next week to extend the deadlines of all remaining action plans by six months. Action plans will continue to be monitored through the CQC Inspection Steering Group on a monthly basis and deadline dates will be brought forward where possible.

	<p>Leslie Boobis asked whether the CQC had a view on this and whether they can insist the Trust complies. Lisa advised that the Trust has regular meetings with the CQC and they are not flagging any concerns in terms of timescales at the moment.</p> <p>f) Quality Priorities Update</p> <p>The Committee members received an update on the Quality Priorities quarter 3 position (October to December 2020). Lisa Quinn commented that there has been no change from the previous quarter and as Darren has already mentioned the Trust is highlighting a red position on waiting times at the moment and an amber position in terms of our inpatient activity which are all due to the current pressures on services that we are experiencing at the moment. Lisa explained that included in the Board report for next week is a Quality Account proposal which will include some of these quality priorities and a review of other organisations quality priorities which Darren asked to be included for consideration by the Board.</p>	
11/21	<p>TWICE YEARLY REPORTING</p> <p>a) NICE Guidance Report</p> <p>A copy of the NICE Guidance six monthly report was received by the Committee. The report provides an update from the Clinical Effectiveness Committee regarding the relevance, uptake and compliance of NICE Guidance within CNTW. Simon Douglas advised that unsurprisingly activity from NICE over recent months has focused on guidance relevant to the management and treatment of COVID-19 with a lower volume of guidance relevant to CNTW being produced. Whilst most guidance has been more relevant to acute trusts, those elements that are relevant to CNTW have been very well integrated and embedded within the organisation. Simon explained that once clinical staff are less occupied with COVID-19 a piece of work will be undertaken to go through and check that the guidance issued has been followed and has been utilised in Trust processes. Simon explained that there are no outstanding concerns with the process and generally whilst clinical staff are occupied the process is slower than usual but that is to be expected.</p> <p>Alexis Cleveland commented that she was concerned about how much work was coming through from the system or building up given that we are operating in a COVID-19 environment and whether that was being taken on board through the NICE system.</p> <p>b) Patient and Carer Involvement Report</p> <p>Alane Bould, Head of Patient and Carer Involvement attended the Committee to provide a six monthly update on patient and carer involvement by way of a presentation. Supporting information was provided to Committee members in advance of the meeting.</p> <p>Alexis Cleveland thanked Alane for her great presentation which certainly relieved some of her concerns about inequality of provision across our four Locality Groups and clearly there has been a lot of work to address those.</p> <p>Michael Robinson asked whether the Patient and Carer Involvement team would be able to contribute to the white paper consultation which ends on the 21st April 2021. Alane advised that she has a meeting with the Mental</p>	

	<p>Health Legislation team next week to decide the best way of collating comments from the team so this is in hand.</p> <p>Gary O'Hare thanked Alane for the update. He commented that this is really good work and agreed that further consideration should be given to ensuring sufficient career progression within the team.</p> <p>Leslie Boobis emphasised that he was surprised that the team was limited to Band 3 and Band 4 posts given that we, as Board members have seen presentations from some Peer Supporters and they would appear to be working beyond their banding. Leslie commented that he would like to see that structure reinforced and team members provided with a more structured career pathway that recognises them right up to senior management level.</p>	
12/21	<p>EXCEPTION REPORTING</p> <p>a) CAMHS Focused Inspection Report</p> <p>A copy of the final published inspection report from the focused inspection of Child and Adolescent Mental Health wards in early November 2020 was circulated with the Committee papers. Lisa Quinn explained that following initial feedback and further discussion with the CQC, a number of concerns were brought to the Board's attention prior to the draft report being received by the Trust. Lisa went on to explain that of those issues that were identified initially, the CQC have highlighted one area of breach in relation to mechanical restraint. This concern has not been identified as a safety breach but as a governance breach in terms of well-led and are looking at it as three areas of concern:-</p> <ul style="list-style-type: none"> • Failure to reduce mechanical restraint over the period in a sustainable way. • Issue around individual de-briefs following use of mechanical restraint. • Lack of evidence that mechanical restraint was effectively managed across the organisation. <p>Included with the report is a copy of the Trust's factual accuracy response and CQC's written response in relation to their views on these things. Lisa advised that the CQC have clearly not accepted the reason for the increase in restraint but have taken on board the points raised in relation to the two other areas and have reflected that in the report. An action plan in response to this must do is being developed and will be presented to the Board in March once it has gone through an Executive process ensuring it is as robust as possible and the Executive Medical Director and Executive Director of Nursing and Chief Operating Officer have plans around our approach to mechanical restraint going forward which will be incorporated into the action plan.</p> <p>Alexis Cleveland took the opportunity to commend Lisa and her team for the factual accuracy report that was sent through to the CQC and for including the high level of detail in terms of information which was very good and offered her congratulations to her and her team for that.</p> <p>Darren Best echoed Alexis' point and gave particular thanks to Lisa for keeping the Board and others up to date on the process.</p>	

Gary O'Hare advised the Committee of the approach that the Trust is going to take in relation to mechanical restraint, restraint in general and LTS. He advised that the Hopes model has now been introduced into the Trust which will help to break the cycle of LTS. In addition to the Hopes model CNTW will bring together other elements of work already underway e.g. human rights component, the enhanced positive and safe approach and trauma informed care into one package and move towards changing the culture around LTS and reduce or stop the use of mechanical restraint.

b) CQC Community Mental Health Survey Results

A copy of the recent CQC Community Mental Health Survey Results was circulated to the Committee for information.

c) ICS Collective Promise

This report has been brought to this Committee for information to provide details of the Collective Promise which has been agreed with ICS which is a promise to BAME across the region. Michelle Evans explained that there are a number of deliverables that the ICS are looking at from an equality and diversity perspective. They are looking at increasing diversity across all levels of the workforce including at Board level, governing bodies and lower levels of the workforce. This work has already commenced within CNTW there was a three day workshop last week with colleagues from our staff networks to look at how we can improve our recruitment processes from an equality and diversity perspective. The ICS is also looking at system development and leadership priorities and as well as unconscious bias and cultural intelligence which will be a development available to all colleagues across ICS. We are also looking at specific leadership programmes and training and development that focuses on workforce quality standards and want engage more with our communities, ensuring that there is psychological safety so BAME colleagues can talk freely and be included. The Collective Promise is included in the report and regular updates will be provided to the Board.

In terms of the new intake of international doctors Alexis Cleveland asked whether as a Trust we include them in the work that we are doing in relation to BAME staff. In response Michelle advised that we do look at what we can learn from the good practice of international recruits. Some of the feedback received as been excellent and confirmed that this is taken into account as part of its processes.

Michael Robinson commented that within the white paper although it is not quite clear how the Mental Health Act can be amended to cover some of these issues, there is a lot of discussion about the promotions of BAME in the community, both in the workforce and as service users and makes interesting reading if anyone gets the opportunity.

d) CNTW Psychiatry Fellowship Programme – Update on Internal Audit Recommendations

Dr Rajesh Nadkarni reminded the Committee that the GMC fellowship programme has been running for 3 years now. As part of the GMC accreditation the Trust needed to undertake an external review which was done by internal audit. One of the recommendations from this audit was that the Trust needed to have, from a governance perspective, at least one discussion about it at a Board Sub Committee.

	<p>Following discussion it was agreed that Dr Rajesh Nadkarni would circulate to Committee members a document that describes the whole programme including induction and how the Trust adheres to the GMC standards. Alexis Cleveland to consider along with other Non-Executive Directors whether we should include a specific agenda item at the next Committee meeting.</p> <p>e) Domestic Homicide Report – Action Plan Update</p> <p>This report relates to a historical Domestic Homicide Review and a Community Specialist Children and Young People's action plan update. Vida Morris advised that the Audit Committee have requested assurance that the issues have been addressed and actions embedded within operational services. This action plan was developed following a Serious Incident investigation and Domestic Homicide Review which followed a tragic case in Northumberland where a young person murdered their mother. This report also went to Business Delivery Group-Safety on the 15th January 2021 and although North Cumbria was not part of CNTW when the domestic homicide occurred the Trust is currently undertaking remedial work to ensure that it has a similar action plan for the North Cumbria Locality. This will then ensure that the lessons learned are embedded across the whole organisation.</p> <p>The four key areas for action were:</p> <ol style="list-style-type: none"> 1. Training of risk to harm of others and specifically adolescent to parent violence – training is ongoing now and monitored via the training dashboard. 2. Complex case processes in children and young people's services when people are particularly risky or particularly vulnerable – internal risk management meetings have been established but staff also engage in joint management meetings with local authorities. In addition there are dynamic risk registers in place now for young people with a learning disability. 3. Reviewing medication related to ADHD particularly where prescribing was above BNF limits – bi-monthly meetings have been established. Meetings are chaired by Consultant Psychiatrist and attended by key clinicians including pharmacist support. Audit of compliance, supervision audits and supervision are in place for prescribers. 4. Recording of CPA and non CPA status – CPA training package updated and delivery is ongoing. Audit of compliance and recording of CPA or non-CPA status is monitored at Locality Quality Standards meetings, Accountability Framework meetings, via dashboards and supervision at team level. <p>Vida explained that the action plan cannot be finalised until the North Cumbria Locality component has been completed and training targets have been achieved and would then be happy to work with the audit team to see what else can be done to ensure that there is sufficient assurance to sign off the action plan.</p> <p>It was agreed that the final action plan would come back to this Committee once the North Cumbria Locality have been included in the overall action plan.</p>	<p>VG</p> <p>AC</p>
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	<p>Alexis Cleveland commented that this work will feed into a broader discussion about embedding our learning from all these types of incidents as she remains concerned about ensuring that these actions are fully embedded so that in a years' time actions have not slipped and therefore asked that the revised action plan be considered in that context.</p> <p>Gary O'Hare advised that this action plan has been reviewed again as he was not assured of the actions about a year ago when it was first reviewed. He advised that the action is now in a much better position to be signed off and the additional component of North Cumbria will demonstrate that the actions are embedded going forward.</p>	VM/GO
13/21	<p>ITEMS FOR INFORMATION</p> <p>a) Policies Due to Review The Committee received a copy of the Trust Policy Update outlining those policies that are due to expire for information.</p> <p>Leslie Boobis asked for some assurances that the Trust is on track to review and update the PGN for reviewing, investigating and learning from deaths. Vicky Grieves agreed to pick this up with Policy Team.</p> <p>b) Sub Committee Minutes The following Sub Committee minutes were received for information:</p> <ul style="list-style-type: none"> • North Locality Quality Standards Minutes – 14.12.20 • North Cumbria Locality Quality Standards Minutes – 01.12.20 • South Locality Quality Standards Minutes – 24.11.20 • Central Locality Quality Standards Minutes – 08.12.20 • Medicines Optimisation Committee Minutes – 11.11.20 • Council of Governor Quality Sub Group Minutes – 26.09.20 • Clinical Effectiveness Committee Minutes – 06.10.20 • Health, Safety and Security Group Minutes – 14.10.20 • Positive and Safe Minutes – 06.01.21 	VG
14/21	<p>FORWARD LOOK</p> <p>The 'Forward look' document was presented to members of the Committee along with the agenda.</p> <p>It was noted that the scheduled Board development session on 'learning and improvement themes from Independent Enquiries' has had to be postponed and will need to be rescheduled. Gary O'Hare advised that he could bring the same presentation to this Committee but in a different format if that would be helpful.</p> <p>Following discussion it was agreed that the next quality focus session for this Committee would be on restraint reduction and next steps.</p>	
15/21	<p>ANY OTHER BUSINESS</p> <p>Gary O'Hare encouraged those Committee members who have not yet completed their expression of interest for the COVID-19 vaccination to do so.</p>	

16/21	REFLECTION ON PERFORMANCE Members took the opportunity to reflect on the performance of the Committee.	
17/21	DATE, TIME AND VENUE OF NEXT MEETING Wednesday 24 February 2021, 14.30 – 16.30, Virtual Microsoft Teams	

Cumbria, Northumberland Tyne and Wear
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CEDAR Programme Board MINUTES

Thursday 28 January 2021

11.00 – 13.00

Microsoft Teams

Present:

Peter Studd	Chair
Steve Naylor	CEDAR Programme Director
Russell Patton	Deputy Chief Operating Officer
Tony Railton	CEDAR Programme Consultant
John Carson	Head of Capital Development and Planning
Malcolm Aiston	Managing Director, NTW Solutions
Dave Rycroft	Deputy Director of Finance and Business Development
Mark Knowles	CEDAR Programme Consultant (Clinical)
David Muir	Group Director
Lee Burnikell	Project Leader, Sir Robert McAlpine
Paul McCabe	Director of Estates and Facilities

In attendance:

Fiona Kettle Programme Support Officer (Minutes)

AGENDA ITEM		ACTION
1	Apologies Peter Studd opened the meeting and the following apologies were noted: Michelle Evans, Pam Travers, Ian Tyrens, James Duncan, Gary O'Hare and Sarah Elliott.	
2	Minutes of previous meeting / action log Minutes accepted as a true record. Outstanding actions as per action log.	
3	Regulation and Approval <u>Progress on FBC conditions</u> SN gave the Board an overview on the current FBC conditions. The Holding/Parent Company Guarantee has been completed and sent to DHSC. The Trust is considering marketing the	

	<p>property for sale earlier than August 2022 due to a change in marketing conditions. Monthly reports for milestones, financial performance and overall progress are being sent to DHSC Capital PMO. SN confirmed all pre-contract signature conditions have been met.</p> <p>Question from RP: What land is being considered for sale – SN gave an update on what land is being sold.</p> <p>TR gave an update on the current market conditions. TR has been in contact with Cushman and Wakefield, unfortunately they don't have sufficient resources to continue working with the Trust. Currently looking into who is to take this forward, TR to inform the Board when the situation is resolved.</p> <p><u>Financial draw down</u> DR reported that following final FBC approval and the signing of a Memorandum of Understanding the Trust was able to drawdown it's 1st instalment of PDC Funding on 18 January. The drawdown of £11.4m covered 20/21 spend up to the end of December of £5.9m and spend of £5.5m incurred prior to this year. PDC funding to cover the remaining spend in 20/21 will be drawn down in February and March. Forecast spend for 20/21 has reduced by £800k from the figure agreed in the FBC approval letter and this has been reported to NHSEI and the DHSC so that the PDC funding in relation to this slippage in spend can be available next year.</p> <p>Question from MA: Is the P21 S curve still applicable – SN reported that the cash flow forecast does follow a similar S curve. Expenditure is currently approximately £800k below this prediction. Contractual commitment to S curve prediction to be checked.</p>	
4	<p>Programme Director's Overview</p> <p><u>Summary position</u> SN reported that currently on programme. There are significant concerns around the asbestos issue at Northgate and potential costs. SN gave an update on the meeting with the Environmental Agency and Northumberland County Council. A follow up meeting between the Trust and SRM is taking place on Friday 29 January to discuss evidence to be submitted to the Environmental Agency for their consideration.</p> <p><u>Gateway review</u> SN reported on the Gateway review planning meeting which took place on Tuesday 12 January. The review panel have amended the list of CNTW/NTWS interviewees. SN informed the Board that the three things to review prior to the interviews are the TOR, Gateway 0 and 4 documents, and the parts of the FBC that concern your relevant service. The DHSC review panel will traffic light the programme and feedback to the SRO James Duncan, DHSC and the Treasury. SN provided a brief overview of the</p>	

	<p>DHSC Gateway Review Chair, he is a very experienced reviewer with over 140 gateway reviews completed including a number of medium secure units.</p> <p><u>Cost report and contingency review</u> SN reported that a detailed report had been sent out with the agenda.</p> <p>SN talked through the 4% contingency and COVID contingency. Current report goes into more detail. Under the NEC contract, Trust provisional sums are included in the contingency figure, even though this expenditure is definitely required. The remaining contingency is manageable but there are some emerging pressures.</p> <p>Question from PS: Is there a risk that we use the remaining contingency to deal with the asbestos / red shale issue at Northgate – SN reported that the middle costing identified in the cost report would be to remove the contaminated material to a recycling centre. Higher costs would be incurred if the material had to be land filled elsewhere. None of the costings include the red shale, of which the Environmental Agency provisionally stated would also need to be removed from site. It is unlikely that even the most costly disposal route would exceed the Northgate contingency but it could amount to a significant proportion of the available funds. SN reported that it's possible that red shale would also be found not just on the land that is being developed on but on the land that the Trust is going to sell for housing. This could lead to extra costs on dealing with this before a sale, or a reduction in the value / receipt for the land.</p> <p>LB reported that chemical tests are currently being carried out on the red shale, awaiting the results. Discussions took place around the Environmental Agency meetings and evidence required.</p>	
5	<p>Engagement and Involvement</p> <p><u>Local authority engagement</u> TR reported that he gave the Overview Scrutiny Committee an update on the CEDAR Programme on Tuesday 5 January. The presentation was well received and the committee were very supportive. TR invited to attend another session once the programme has been completed.</p> <p><u>Staffing models, staff consultations and staff engagement</u> MK reported due to current COVID / clinical restrictions, the team are having to think of imaginative ways of engaging with staff. MK gave feedback on the Q&A sessions that have taken place.</p> <p><u>Public engagement</u> TR explained to the Board there wasn't much to report on public engagement. TR explained that some Northgate residents have</p>	

	contacted FK regarding some local issues. These have all been resolved or are in the process of being resolved.	
6	<p>Construction report</p> <p>JC and LB presented the CEDAR Programme Board report that is distributed to the Board prior to the meetings. Since last meeting the FBC has received HM Treasury sign off and the three construction contracts were signed on Wednesday 20 January.</p> <p><u>Health and safety</u></p> <p>In the last month there have been two Health and Safety visits to Northgate, with 63,396 hours worked to date without any incidents.</p> <p><u>Commercial and procurement</u></p> <p>Fortnightly commercial meetings are arranged between SRM and NTWS commercial managers with individual scheme Project Managers in attendance.</p> <p>JC reported on the latest detailed contingency position, cash flow and procurement.</p> <p><u>Key design issues</u></p> <p>Northgate:</p> <ul style="list-style-type: none"> • GARPRO and memorial garden plans issued, currently awaiting formal sign off by service then SRM will generate final costings. Delivery programme currently being developed • Revised FM and Estates storage have been agreed, detailed design progressing • Lighting sample testing for both sites to commence • CCTV review workshop completed, comments being incorporated and revised design being reviewed following submission • Security review comments being incorporated and revised design to be reviewed • Initial finishes strategy devised and developed prior to clinical workshops • Meeting arranged with artist to progress the artwork strategy • Fortnightly design meetings arranged to monitor progress and develop individual package requirements • Final pre tender design review being undertake for Villa 8 enhanced care facility <p>Ferndene:</p> <ul style="list-style-type: none"> • Revised car park design accepted by NTWS. S73 approval required to be finalised with NCC due to change in design. No change to proposed car parking bays • Detailed design for external ramp to non-MSU being developed and will be issued for sign off • Finishes board being developed following consultation with clinical teams 	

	<ul style="list-style-type: none"> • External areas including furniture being reviewed and developed. <p>Bamburgh:</p> <ul style="list-style-type: none"> • Reduction in seclusions suites agreed with service. One seclusion suite in Oswin and one shared seclusion between Cuthbert and Aidan • Site visits and investigation works to be discussed, agreed and arranged. <p><u>Programme and progress update</u></p> <ul style="list-style-type: none"> • Northgate – on programme with handover Friday 23 December 2022 • Ferndene – On programme with handover Monday 6 June 2022 • Bamburgh – Full handover target Friday 8 December 2023 <p><u>Programme 4 week look ahead</u></p> <p>Northgate</p> <ul style="list-style-type: none"> • Start BGL masonry to Building 92 • Start Building 92 slab • Start Building 57 slab • Complete Building 58 slab • Complete Building 61 foundations • Commence Building 61 structural steelwork • Complete drainage filter system diversion • Complete main car park stage 1 • Commence haul / site perimeter road tarmac • Start security fence stage 1 • Target start Sewerage Treatment works Inc asbestos re-distribution on site • Agree GARPRO delivery package with SRM. <p>Ferndene</p> <ul style="list-style-type: none"> • Site establishment, service connections surveys / set up temporary offices and welfare cabins / set up Phase.1 secure site boundary • Lighting samples to be installed • Install temporary protection and commence Phase.1 soft strip • Block.1 and 2 - staff and patient decant from Phase 1 construction areas • Block.1 building site clearance and strip-out • Commence early LSF design (following clearance of early works CE). <p>Bamburgh</p> <ul style="list-style-type: none"> • Meet with service to discuss undertaking investigation and survey works. 	
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	<p><u>Project management team and resource</u> A brief update was given on the teams and supply chain partners involved with the programme.</p> <p><u>Key contract risks</u> Please see report for list of top threats and top opportunities.</p> <p><u>BREEAM and sustainability update</u> BREEAM design assessments have taken place on the schemes.</p> <ul style="list-style-type: none"> • Northgate – BREEAM Excellent • Ferndene – BREEAM Very good • Bamburgh – BREEAM not required <p>Work is ongoing to ensure these grades are achieved and maintained during construction and completion.</p>	
7	<p>Operational planning</p> <p>MK reported:</p> <ul style="list-style-type: none"> • Adult Secure Service Co-location model has been agreed, work continuing to refine staffing model in preparation for staff consultation • CYPS service model agreed, 2 MSU wards co-located, 2 integrated LD and MH wards. Work ongoing on integrated clinical model function • WHOP structure established, local operational policies and procedures currently being prepared • CYPS have agreed to maintain current ward names at Ferndene, MSU ward names will change following move • CYPS continue to refine staffing models for general admission ward and how economies of scale could be recognized across Redburn and Westland. <p>DM gave an update on the commissioning of Westland. Staffing establishment nearly completed.</p>	
8	<p>Governance and Risk</p> <p>SN reported on the Northgate Risk Workshop that took place on Thursday 14 January. Risk register was attached as a Board paper and the highest scoring risks were discussed with the Board. Risk Workshop for Ferndene to take place very soon.</p>	
9	<p>Any other business</p> <p><u>Ward names</u> MK reported on the ward names issues, CYPS services at Alnwood would adopt the current ward names at Ferndene. MK talked through the issues and historical stigma of Adult Acute Services taking over the names of Bamburgh wards when they move in. MA explained the costs behind changing names. MK to progress this and bring back to Board at a later date, though it</p>	<p>MK</p>

	<p>has been suggested that the current Bamburgh team may want to take their ward names up to the new unit at Northgate.</p> <p><u>Parent and carers accommodation</u> Discussions took place around the use of parent and carer accommodation for CYPS services. No facility available at Ferndene so discussions around using the Lodge at SNH, if required a taxi could be made available to transport parents and carers to Ferndene. RP reported that MSU patients come from all over the country whereas LSU and GA are normally local. Operational management costs are normally picked up by services. MK to progress this with DM and look at preferred options, then report back to the Board. CEDAR Board preferred option is to continue to use the Lodge and taxi service.</p> <p><u>Sustainability enhancements</u> SN gave a brief overview of the long list analysis from CAD21. Five areas are being considered in more detail:</p> <ol style="list-style-type: none"> 1. Trust to purchase A+/A++ appliances and computers 2. Improved wall insulation 3. Improved roof insulation 4. Improved glazing to non-patient areas 5. Increased PV – see below. <p><u>PV</u> LB gave feedback on PV. Should have benefits analysis from Medical Architecture and CAD21 next week. MA has asked CAD21 to look at reducing carbon reduction even further. Likely cost approx. £200k.</p> <p><u>Mark Knowles</u> SN reported to the Board that Mark has accepted another role within the Trust. He will still be able to continue with his CEDAR Programme work but will be unable to attend future Board meetings due to new role commitments. SN asked if the Board would be happy for just a written submission. Board are happy to try written submissions.</p>	MK
10	<p>Next Meeting 10.00 – 12.00 Thursday 25 February 2021</p> <p>Teams meeting.</p>	

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