

Council of Governors General Meeting in Public

Tue 09 March 2021, 14:00 - 16:00

Microsoft Teams

Agenda

14:00 - 14:45
45 min

1. Welcome and introductions

Ken Jarrold, Chairman

14:45 - 14:50
5 min

2. Apologies for absence

Ken Jarrold, Chairman

14:50 - 14:50
0 min

3. Declarations of interest

Ken Jarrold, Chairman

14:50 - 15:10
20 min

4. Minutes of previous meeting held 12 November 2020

Ken Jarrold, Chairman

 4. Draft Minutes CoG 12 November.pdf (6 pages)

15:10 - 15:10
0 min

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

Ken Jarrold, Chairman

 5. Governors Board Action Log.pdf (1 pages)

Business Items

15:10 - 15:10
0 min


6. Chairman's Report

Verbal *Ken Jarrold, Chairman*

15:10 - 15:10
0 min

7. Chief Executive's Report

John Lawlor, Chief Executive

 7. CEO Report 9 March.pdf (5 pages)

15:10 - 15:10
0 min

8. Governor Election Outcome

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- 📄 8a. Election paper.pdf (3 pages)
- 📄 8b. Uncontested Report - Appendix A.pdf (1 pages)
- 📄 8c. Report of Voting - Appendix B.pdf (2 pages)

15:10 - 15:10
0 min

9. Directors Annual Review of the Fit and Proper Person Test

Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary

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

15:10 - 15:10
0 min

10. Governors' questions

Ken Jarrold, Chairman

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

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

Governor Feedback

15:10 - 15:10
0 min

11. Feedback from Resource and Business Assurance Committee

Bob Waddell, and Victoria Bullerwell, Governor representatives

15:10 - 15:10
0 min

12. Feedback from Audit Committee

Tom Bentley and Stephen Blair, Governor representatives

15:10 - 15:10
0 min

13. Feedback from Quality and Performance Committee

Margaret Adams and Anne Carlile, Governor representatives

15:10 - 15:10
0 min

14. Feedback from Mental Health Legislation Committee

Fiona Grant and Denise Porter, Governor representatives

15:10 - 15:10
0 min

15. Update from Governors' Nomination Committee

Ken Jarrold and Margaret Adams, Co-Chairs

15:10 - 15:10
0 min

16. Update from Governors' Steering Group

Ken Jarrold, Chairman

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15:10 - 15:10 **17. Update from Governors' Quality Group**

0 min

Margaret Adams, Chair

15:10 - 15:10 **18. Feedback from Governors' Advisory Committee**

0 min

Anne Carlile, Deputy Chair

15:10 - 15:10 **19. Feedback from Governor External Events and Meetings**

0 min

Governor attendees

15:10 - 15:10 **20. Board of Directors meeting minutes (discussion by exception only)**

0 min

Ken Jarrold, Chairman

- 4th November 2020
- 2nd December 2020
- 3rd February 2021

- 📄 20a. Mins PUBLIC meeting of the BoD 4.11.20 FINAL.pdf (10 pages)
- 📄 20b. Mins Board PUBLIC meeting 2.12.20 final.pdf (9 pages)
- 📄 20c. Mins Board PUBLIC meeting 03.02.20 FINAL.pdf (11 pages)

15:10 - 15:10 **21. Any Other Business**

0 min

Ken Jarrold, Chairman

15:10 - 15:10 **22. Date and Time of Next Meeting**

0 min

Thursday 13th May 2pm - 4pm

Big Issue Items

15:10 - 15:10 **23. CEDAR Programme Update**

0 min

Stephen Naylor, Programme Director / Tony Railton, Programme Director

- 📄 23. Council of Governors CEDAR update.pdf (15 pages)

15:10 - 15:10 **24. Quality Priorities 2021**

0 min

Lisa Quinn, Executive Director of Commissioning and Quality Assurance

- 📄 24. Quality Priorities for 2021-22.pdf (6 pages)

15:10 - 15:10 **25. Update on CAMHS Services**

0 min

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

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**Draft Minutes of the Council of Governors Virtual Meeting held in public
Wednesday, 12 November 2020 from 2pm – 4pm
via Microsoft Teams**

Present:

Ken Jarrold	Chair (Joined the meeting from Item 8 onwards)
Margaret Adams	Public Governor, South Tyneside
Evelyn Bitcon	Interim Public Governor, Cumbria
Stephen Blair	Public Governor, Newcastle, Rest of England and Wales
Russell Bowman	Service User Governor, Neuro Disability Services
Victoria Bullerwell	Staff Governor, Non-Clinical
Anne Carlile	Carer Governor, Adult Services
Cllr Kelly Chequer	Appointed Local Authority Governor, Sunderland
Revell Cornell	Staff Governor, Non-Clinical
Janet Folland	Interim Staff Governor, Clinical (North Cumbria)
Fiona Grant	Service User Governor, Adult Services (Lead Governor)
Cllr Maria Hall	Appointed Local Authority Governor, Gateshead Council
Cllr Margaret Hall	Local Authority Governor, North Tyneside
Claire Keys	Staff Governor, Clinical
Felicity Mendelson	Local Authority Governor, Newcastle City Council
Denise Porter	Voluntary Services Governor, Rethink Mental Illness
Fiona Regan	Carer Governor, Learning Disability Services
Janice Santos	Carer Governor, Children and Young People's Services
Bob Waddell	Non-Clinical Staff Governor
Tom Bentley	Public Governor, Gateshead
Wilf Flynn	Local Authority Governor, South Tyneside
Annie Murphy	Community and Voluntary Sector Governor

In Attendance:

David Arthur	Non-Executive Director
Dr Les Boobis	Non-Executive Director
Peter Studd	Non-Executive Director
Darren Best	Non-Executive Director
Paula Breen	Non-Executive Director
Alexis Cleveland	Non-Executive Director and Deputy Chair
Kirsty Allan	Acting Corporate Affairs Manager (Minute Taker)
Debbie Henderson	Director, Communications and Corporate Affairs
John Lawlor	Chief Executive
Dr Rajesh Nadkarni	Executive Medical Director
Gary O'Hare	Executive Director of Nursing and Operations
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Michael Robinson	Non-Executive Director
Lynne Shaw	Executive Director of Workforce and Organisational Development
Anna Foster	Deputy Director of Commissioning & Quality Assurance
Jayne Simpson	Corporate Affairs Officer

Public:

Nil	
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Apologies:

Prof Jacqui Rodgers	University Governor, Newcastle
James Duncan	Deputy Chief Executive and Executive Finance Director
Dr Uma Ruppia Geethanath	Staff Governor, Medical

1. Welcome and Introductions

Alexis Cleveland introduced the meeting and welcomed everyone joining virtually via Microsoft Teams.

2. Apologies for absence

Apologies received for absence were as recorded above.

3. Minutes for approval

The minutes of the meeting held on 18 June 2020 were agreed to be a true and accurate record of the meeting.

Approved:

- The minutes of the meeting held on 18 June 2020 were agreed as an accurate record.

4. Matters arising not included on the agenda

Debbie Henderson referred to the actions within the minutes and provided an update on the following:

- Page 6 – Lisa Quinn to circulate a short briefing paper around Points of You and feedback methods, in particular regarding Learning Disability and Autism.
- Page 6 – Debbie confirmed has now met with Evelyn Bitcon regarding future involvement with the Veterans Service. This action has now been closed.
- Page 9 – Lynne Shaw has met with Claire Keys and provided an up to date rolling staff turnover rate data. This action has now been closed.
- Page 11 – Ken Jarrold has met with Janet Folland. This action has now been closed.

5. Declarations of Interest

There were no conflicts of interest declared for the meeting.

Business Items

6. Chair's Report

Great North Care Record

Ken Jarrold referred to a presentation which was provided to a recent Board Development Session on the Great North Care Record. Ken mentioned this was a remarkable achievement; a system that will allow GPs and other Trusts to share health records in the interests of service users. Ken suggested the presentation be included at a future Council of Governors meeting.

Integrated Care System (ICS) / Integrated Care Partnership (ICP)

Ken Jarrold provided an update on the independent process to recruit a Chair to the ICS/ICP. Ken noted this was an important step in ensuring good governance at an ICP level. CNTW has an important role within three of the ICPs, North Cumbria; North which covers Newcastle, Gateshead and North Tyneside; Central which covers Sunderland, South Tyneside and Durham.

Health an Inequalities

Ken Jarrold referred to his recent attendance at a Health Inequalities event organised by the ICS Prevention Board which highlighted some very impressive research by Professor Chris Bentley. The research looked at most wards in England and related each ward to levels of hospital admissions as a proxy for the use of secondary care.

Annie Murphy, commented on the areas of deprivation and the use of services within the BAME community and suggested consideration of the demographics of the BAME community was important in terms of accessing services and the impact of the Covid-19 pandemic.

Resolved:

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

Action:

- **Great North Care Record Presentation at a future meeting.**

7. Chief Executive's Report

John referred to a national allocation of funding to support Trusts in the response to the Covid-19 pandemic. It was confirmed that the Trust remained on target against the plan as at the end September 2020 (Quarter 2).

Following the closure of Tees, Esk and Wear Valley NHS FT's (TEWV) Children's Inpatient CAMHS services in Middlesbrough, John advised that in line with the request from NHS England for CNTW to provide services on a temporary basis, the process has commenced to redevelop the service. It was expected that the service would open in April 2021 however, this would be subject to a values-based recruitment process. Meetings had taken place with four families of those impacted historically by the services.

John confirmed a focussed CQC inspection had taken place into Children Inpatient Services at Ferndene and Alwood. While initial verbal feedback had been positive with some issues and recommendations identified, the full report would be circulated to Governors following publication by the CQC.

John advised that Gary O'Hare, Chief Operating Officer and Director of Nursing would be retiring from his Chief Operating Officer post at the end of March 2021, and returning part-time into the role of Director Nursing in April. A recruitment process had commenced for the Chief Operating Officer post.

8. Report from the Nominations Committee – re-appointment of the Chairman

Margaret Adams referred to the report from the Nominations Committee which took place on 12th August 2020 which provided the detail of the re-appointment process for the Chairman of the Trust. Following confirmation of the Ken Jarrold's intention to stand for a second term of office, the Nominations Committee considered in detail:

- Ken's performance during his first term of office;
- Ken's annual appraisal carried out by Alexis Cleveland, Senior Independent Director including 360 feedback from peers, colleagues and Governors;

- An update from Alexis Cleveland on the outcome of appraisal process

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

The Council of Governors approved the recommendation for Ken Jarrold to be re-appointed as Chairman for a three year term with the understanding Ken is intending to step-down from role as Chairman from 26th May 2023.

Debbie Henderson requested for Ken Jarrold, Chair to join the meeting.

Margaret Adams on behalf of the Council of Governors informed Ken the Council of Governors have agreed the Nomination Committee recommendation for Ken to be re-appointed for a further term of office. Margaret confirmed the Council of Governors gratitude to Ken for his work as Chairman and noted Ken's request to step down as Chairman on 26th May 2023.

Approved and noted:

The Council of Governors:

- **Approved** the recommendation for Ken Jarrold to be re-appointed as Chairman for a three year term with the understanding Ken is intending to step-down from role as Chairman on 26th May 2023.
- **Noted** Planning purposes to start the process of new Chair from end of 2022.

Ken Jarrold thanked the Council of Governors for his re-appointment, to be Chair and Chair of Board of Directors and mentioned this is the greatest privilege of his working life.

9. Governors' Questions

None to note.

10. Feedback from Governor Representatives on Board Committees

10.1 Feedback from Resource and Business Assurance Committee (RABAC)

Bob Waddell mentioned attending RBAC and commented that operational members of the committee were working under considerable pressure responding to the pandemic. Bob gave the Council of Governors assurance that the committee was working well within their Terms of Reference.

Peter Studd highlighted an extraordinary meeting took place where RBAC joined with the Quality and Performance Committee to review the failed tender submission to provide drug-rehabilitation services in Sunderland. A discussion also took place regarding IT development and planning regarding RiO system.

10.2 Feedback from Audit Committee

David Arthur acknowledged the challenges for current Governors to attend meetings of the Committee due to personal commitments and timing of meetings and invited a further expression of interest from members of the Council of Governors to sit on the Committee.

David noted changes to the Internal Audit programme due to the pandemic and the re-deployment of Audit-One staff to support the Trusts response to the pandemic.

As a result, a review of the internal audit programme for the second half of the year had been undertaken. It was decided to make the programme more dynamic rather than having a fixed programme for regular updates at a pre-audit meeting to help control the process.

10.3 Feedback from Quality and Performance Committee

Margaret Adams provided a comprehensive overview from both 30th September and 28th October Quality and Performance Meetings. Central locality Clinical Business Unit provided an update on waiting times as well as issues relating to the drug Sodium Valproate.

At the October joint meeting with RABAC, an update was provided by the South locality Clinical Business Unit on the preparedness of Nightingale hospitals. There was a discussion regarding joined working by Crisis Teams in South Tyneside and Sunderland and the lessons learnt from the pandemic.

A deep dive also took place relating to Human Rights and Safer Care.

10.4 Feedback from Mental Health Legislation Committee

Fiona Grant provided an update and confirmed the CQC were prioritising a review on Human Rights regarding seclusion and segregation. Rajesh Nadkarni, Medical Director was involved in ongoing work relating to this and Trauma Informed Care and would be reporting to the Board in due course.

Fiona advised all tribunal members now have Ipads, all hearings are now currently digitalised and services users were being asked their views on how things could be improved.

Michael Robinson referred to a review of applications of the Mental Health Act during the pandemic and its affect in particular relating to restrictions.

Michael highlighted electronic forms were being reviewed to align to the move towards all forms relevant to the Act to be in an electronic format.

The Committee also discussed the impact of the MM ruling and plans to review actions required by the Trust.

11. Feedback from Governors Working Groups and Committees

11.1 Update from the Nominations Committee

Provided early report

11.2 Update from the Governors Steering Group

Ken Jarrold mentioned the Steering Group has been focussed on organisational business and future agenda items as well as the election process for Governors which is due to commence.

11.3 Update from the Governors Quality Group

Margaret Adams provided an update including an excellent presentation regarding the Triangle of Care and confirmed Anne Carlile also provided an update regarding the National Triangle of Care to the NHS Providers Governor's Advisory Committee meeting. Karen Worton, Group Director for Central locality also provided a presentation on CYPS and the impact of the pandemic on children returning to school.

Margaret confirmed next year Governor Quality Group meetings would be held on alternative days and a schedule of dates would be circulated.

12. Feedback from External Events and Meetings

12.1 Feedback from Governor Advisory Committee (GAC)

Anne Carlile provided an update from a recent NHS Providers GAC meeting where a virtual conference was held over three days with over 300 delegates attended. Anne highlighted the meeting was well structured with introductions from Sir Ron Kerr, Chair of NHS Providers. Anne noted that seven Governor showcases were shortlisted and CNTW has been shortlisted to showcase early next year.

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

Minutes were noted.

14. Any Other Business

None to note.

Big Issue Items

15. COVID-19 update

Gary O'Hare attended for this item and provided a presentation which can be accessed [here](#).

Ken Jarrold thanked Gary for a very comprehensive update and to everyone involved for keeping service users, carers and staff safe in this unprecedented situation.

16. CNTW Green Plan

Anna Foster attended for this item and provided a presentation which can be accessed [here](#).

Anna noted that the document sets out the Trust intentions to reduce our own emissions to 'net zero' by 2040 and our sustainable development goals to be achieved by 2025. The plans support the overall ambition for the NHS to achieve 'net zero' by 2040, as set out in the recently published report 'Delivering a 'Net Zero' National Health Service'. Anna provided detail of the seven ambitions.

Ken Jarrold thanks Anna for a very comprehensive, clear and inspirational presentation.

In response to a comment from Wilf Flinn regarding the appetite and arrangements in Local Authorities across the footprint in climate change, Ken agreed that partnerships with local authorities will be crucial to the sustainability agenda.

Annie Murphy commented on the values based business procurement in light of the current year and impact the pandemic has had on local business and mentioned that it was vital everyone do their best to help local business.

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

Council of Governors meeting held in Public – Tuesday 9th March 2021
10.00 am -12.00 pm, via Microsoft Teams

Cumbria, Northumberland Tyne and Wear
03/04/2021 15:50:04

Council of Governors Public Meeting 9th March 2021

Action Log as at 9th March 2021

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
12.11.20 (04)	Points of You	Briefing relating to Points of You feedback methods, in particular regarding Learning Disability and Autism.	Lisa Quinn		
Completed Actions					
12.11.20 (05)	Great North Care Record	Presentation to future Council of Governors	Debbie Henderson	March	Discussed at Steering Group and will be planned into a future Council Governors Meeting.

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Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Council of Governors meeting
9 March 2021

Chief Executive's Report

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
03/04/2021 15:50:04

Governor Elections 2020/2021

1. Introduction

Following the Governor Election process undertaken from November to February 2021, this paper provides a summary of the Election Outcome.

2. Communications and engagement plan

Posters highlighting the Governor Elections and signposting to the website and Corporate Affairs Team were created for display and distribution. Posters were available on the Trust's intranet and localities were encouraged to promote elections in all patient and staff areas, wards and departments.

Governor Elections were promoted via key meetings including Corporate Decisions Team, Business Delivery Group and Locality Group meetings.

Awareness of Governor Elections were also be included in the following for the duration of the Election process:

- Weekly Trust bulletin
- Intranet (staff only)
- External website (staff and public)
- Service User and Carer Involvement Team
- Trust Networks
 - o BAME Network
 - o Disability Network
 - o LGBT+ Network
 - o Mental health and wellbeing Network

Governor Elections were promoted via social media using Facebook, Twitter, LinkedIn and Instagram. All content signposted to the Trust website with information about how to apply.

An email promoting the Elections was sent to all Foundation Trust members.

Information about the Governor Elections and how to become a member and Governor of the Trust was shared with key Trust stakeholders including Healthwatch Recovery Colleges, Local Authorities, other Providers, CCGs, emergency services (fire and police), universities and third sector organisations.

We are aware that our existing Governors also supported the plan in promoting awareness of the Elections with friends and family.

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3. Elections results breakdown

CNTW Governor elections – November 2020		
Constituency and class	Current post holder	Vacancies
Carer Governor – adult services	Grace Wood	1
Carer Governor – Neuro-disability services	Vacancy remains	1
Service User Governor – Adult Services	Tom Rebar	1
Public Governor – North Cumbria	Evelyn Bitcon	1
Staff – Clinical	Allan Brownrigg Mohammed Rahman	2*
* No nominations were received from candidates from the North Cumbria locality		

Despite our best efforts, we received no nominations for the Staff Governor vacancies for clinical staff from the North Cumbria locality.

4. Governor Induction Plan

New Governors will commence in post Monday 1st March. In the meantime, we will undertake the necessary recruitment checks in line with Governor appointments including DBS checks.

Although it is recognised that the induction process for new Governors will be different this year, particularly given the impact of Covid-19 restrictions and the inability to meet face-to-face, there are some benefits to the use of Microsoft Teams.

Microsoft Teams often means it can be easier for people to meet, on this basis, we are proposing an induction period over 2 – 3 days comprised of:

Day one (3 hours)

- Welcome to the Trust and about CNTW – Ken Jarrold
- Updates from Trust representatives on: NHS finance; performance and quality; and patient experience / service user and carer involvement.
- Governance of the Trust: role of the Board; role of the Council of Governors (Ken Jarrold and Debbie Henderson)



- Experience and personal stories about being a Governor (volunteers from the existing Council of Governors)

Day 2 (2 – 3 hours)

- Informal drop in coffee meeting with the Council of Governors
- Individual meetings with key members of the Council of Governors (Lead Governors, Deputy Lead Governor, Group Chairs)

Day 3 (2 – 3 hours)

- Meeting with the Chairman and Non-Executive Directors
- Individual meetings with key Trust representatives (i.e., Director of Communications and Corporate Affairs, Head of Service User and Carer involvement and Network Leads)

We are aware of the challenges relating to demands on time, particularly for our newly appointed clinical Staff Governors and will take this into consideration when planning for Day 2 and 3.

Individual meetings will also be arranged for each Governor to meet with Ken Jarrold, Chairman.

An induction pack will be provided to each new Governor along with a welcome letter confirming their successful election, start date and term of office which we will propose to end on 30th November 2023 to align to current terms of office and election planning.

Debbie Henderson
Director of Communications and Corporate Affairs
March 2021

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CUMBRIA, NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST**ELECTION TO THE COUNCIL OF GOVERNORS****CLOSE OF NOMINATIONS: 5PM ON 14 DECEMBER 2020**

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

CARER: ADULT SERVICES 1 TO ELECT
The following candidate is elected unopposed: Grace WOOD

PUBLIC: CUMBRIA 1 TO ELECT
The following candidate is elected unopposed: Evelyn BITCON

CARER: NUERO-DISABILITY SERVICES 1 TO ELECT
No valid nominations were received <i>1 vacancy remains</i>

Ciara Hutchinson
Returning Officer
On behalf of Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

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CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 2 FEBRUARY 2021

CONTEST - Service User: Adult Services

RESULT		1 to elect
Tom REBAIR	14	ELECTED
Amy TELFORD	6	
Louise FREEMAN	5	
Wendy HOPE	5	

Number of eligible voters		380
Votes cast by post:	20	
Votes cast online:	8	
Votes cast by telephone:	2	
Total number of votes cast:		30
Turnout:		7.9%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		30

CONTEST – Staff: Clinical

RESULT		2 to elect
Allan BROWNRIGG	57	ELECTED
Mohammed RAHMAN	51*	ELECTED
Thomas LEWIS	50	
Tracy-Ann THOMPSON	45	
Emmanueal OJEME	27	
Andrew JAY	26	
Luke SKELTON	26	
Sinead McGOWAN	22	
John Ronald ROBSON	9	

*result confirmed by recount

Number of eligible voters		3,322
Votes cast online:	193	
Total number of votes cast:		193
Turnout:		5.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		193



Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

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**Report to the Council of Governors
9th March 2021**

Care Quality Commission's Fit and Proper Persons Test – Update Paper

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 Council of Governors is asked to note the Fit and Proper Person Test review for 2021.

Debbie Henderson
Director of Communications and Corporate Affairs / Company Secretary
March 2021

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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.
- (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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**Minutes of the Board of Directors meeting held in Public
Held on 4 November, 1.30pm – 3.30pm
Via Microsoft Teams**

Present:

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

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

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs
Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)
Fiona Regan, Carer Governor for Learning Disabilities
Claire Keys, Staff Governor - Clinical
Margaret Adams, Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Bob Waddell, Staff Governor – Non-clinical
Felicity Mendelson, Local Authority Governor
Russell Bowman, Service User Governor – Neuro Disability Services
Wilf Flynn, Local Authority Governor – South Tyneside Council
Damian Robinson, Group Medical Director, Safer Care (*item 11*)

Stephen Naylor, CEDAR Project Team (*item 19*)
Tony Railton, CEDAR Project Team (*item 19*)
Fiona Kettle, CEDAR Programme Support Officer (*item 19*)

1. Service User story

Ken Jarrold introduced Mabel's story and asked Debbie to pass on the Board's thanks to Mabel for sharing her life through a poem. Lisa Quinn provided the background to the Mabel's story.

2. Welcome and apologies for absence

There were no apologies for absence.

3. Declarations of interest

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There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 7 October 2020

The minutes of the meeting held 7 October were considered.

Approved:

- **The minutes of the meeting held 7 October 2020 were approved as an accurate record**

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

With regards to action 02.09.20 (13) Rajesh Nadkarni confirmed a paper would follow with an update on Medical staffing positions within North Cumbria.

With regards to action 02.09.20 (13) James Duncan provided a verbal update and noted that a small group would be established to address further work required in relation to living wage arrangements.

With regards to action 29.05.20 (17) Lynne Shaw confirmed a Freedom to Speak Up report, in which whistleblowing has been incorporated, is included on the agenda for discussion. The Board agreed to close the action.

With regards to actions 05.08.20 (18) and 07.10.20 (8) Lisa Quinn requested to work with Debbie Henderson regarding logistics to agreed timescales to correlate with Board Development meetings.

6. Chairman's remarks

Ken Jarrold referred to the extent of which food poverty was now a significant issue and highlighted the report from Unicef where it was estimated 2.5m British children are in food insecure households and 10% in severe food uncertainty.

Ken referred to the difficulty faced by public sector workers in securing housing and ownership. Ken mentioned there were only five regions; North West, North East, Wales, Scotland and Yorkshire and Humber where health service workers at a Band 5 level could afford to secure a mortgage.

Ken shared a report from Richard Murray of the Kings Fund on Integrated Care Systems and Partnerships and highlighted the recommendation 'strengthening ICS's should not undermine local place collaboration' where integration is most effective.

Resolved:

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

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7. Chief Executive's Report

John Lawlor referred to the North East and North Cumbria ICS and confirmed the process had commenced to appoint an independent Chair with an expectation that the Chair would be in post by April 2021.

John explained Gary O'Hare, Chief Operating Officer and Director of Nursing would be retiring and returning part-time into the role of Director Nursing therefore a recruitment process had commenced for the Chief Operating Officer post.

John referred to a recently published CQC Report 'Out of Sight - who cares?' which focussed on restraint, seclusion and segregation for people with autism, learning difficulties and/or mental health with a particular focus on the balance between human rights and risk management arrangements.

John confirmed a focussed CQC inspection was currently underway into children inpatient services in Ferndene and Alnwood. Lisa Quinn highlighted the focussed inspection would focus on the Safe, Effective and Well-Led domains. Lisa advised initial verbal feedback had been positive in relation to Ferndene and feedback relating to Alnwood was yet to be provided. Lisa confirmed the CQC report would be available once the inspections have been completed.

Resolved:

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

Quality, Clinical and Patient Issues

8. Covid-19 response

Gary O'Hare provided an update on the Trusts response to the Covid-19 pandemic and advised the Board of the significant increases in hospital admissions, noting that the impact is not reflected in reporting until around 2 – 3 weeks following initial infection.

The Trust are reporting 13 Covid-19 positive patients with one patient transferred to the RVI. There were eight declared Covid-19 outbreaks across the Trust at the time of reporting. Absence levels had increased significantly and the Trust was reporting 138 staff Covid-19 positive cases since 1st September. Key themes and learning related to staff not adhering to personal protective behaviours and Gary noted that this had been identified as a concern nationally. Of the 170 Covid-19 outbreaks being reported in the North East and Yorkshire, more than 70% related to staff behaviour outside of work.

Gary referred to the national move back into lockdown measures from 5 November for a period of four weeks. The Covid-19 Gold Command Team were undertaking a review of guidance to ensure staff members receive as much clarity as possible.

Gary provided assurance that the planning will support the Trusts ability to maintain the maximum services possible, safely including implementing learning from Wave 1

and maintaining community and face to face services where possible and safe to do so. It was acknowledged that the Trust would need to take a firm stance on some of key messaging for staff in order to ensure everything can be done to keep staff, patients, carers and our communities safe.

Debbie Henderson advised of the need for change in the approach to communications had been acknowledged to incorporate not only an instructional approach to communicating guidance but also recognising the need for a cultural shift in behaviours both inside and outside the work. Revised updates have included messages in differing formats to ensure that the updates are accessible to staff which are in the form of animation, posters and videos.

Claire Keys commented having been recently poorly with Covid-19 that the support received from the Trust, Central Absence Line and Gold Command had been incredibly helpful.

Resolved:

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

9. Commissioning and Quality Assurance Report (Month 6)

Lisa Quinn spoke to the report and highlighted one remote Mental Health Act reviewer visit received this month to Ashby Ward and made particular reference to a young person being nursed in seclusion who is now restarting some activities and having access to outside space.

There had been a significant improvement in access to community services with 66 people waiting more than 18 weeks, a significant reduction to the 157 reported last month. Within children services there are currently 359 children and young people waiting more than 18 weeks to treatment, a reduction to the 424 reported last month.

James Duncan referred to the financial performance dashboard and highlighted in line with the NHS response to the Covid-19 pandemic that the Trust was delivering a break even financial position at Month 6. The Trust had incurred £0.7m additional costs due to Covid-19 in Month 6 which was covered by a top-up payment. The Trust had however identified £4.4m of operational Covid-19 costs up to Month 6.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report (Month 6).**

10. Service User and Carer Experience Report

Lisa Quinn spoke to the report and highlighted within Quarter 2 the Trust received over 160 survey returns, of which 80% were from service users and 20% from carers. The Covid-19-related pause to the Points of View survey meant that the volume of responses was reduced by 90% compared to the same quarter last year.

Lisa confirmed the Trust remained committed to improving the quality of services by using experience feedback to understand what matters the most to service users and carers. Lisa referred to NHS England and Improvement high level advice about reducing the burden and releasing capacity to manage the Covid-19 pandemic. After a decision was made by Gold Command to cease sending Points of You at the end of March and NHS England and Improvement were currently exploring when would be the optimum time to restart the Friends and Family Test data submissions and would advise providers when to restart submitting data in the weeks ahead.

Lisa highlighted the Points of You demographics related to ethnic grouping of service user and carers where analysis showed a small number received from Black African/Caribbean, Black British showing less favourable Friends and Family recommendation score and confirmed this would be monitored with a further update to be provided within future reports.

Alexis Cleveland mentioned the report was discussed at a recent Quality and Performance meeting where the addition of the ethnicity reporting was also welcomed.

Resolved:

- **The Board received and noted the Service User and Carer Experience Report.**

11. Safer Care Report

Gary O'Hare introduced Damian Robinson who spoke to the enclosed report and highlighted the number of unexpected deaths reported have increased in this quarter by 62 deaths compared to quarter 1 reflecting the transfer of services from North Cumbria. Damian advised the Trust had received one Regulation 28 report relating to North Cumbria regarding an incident prior to the transfer of services. Damian confirmed as CNTW were not made aware of the Regulation 28 and a response to the Coroner was currently being compiled.

24 serious incidents were reviewed and of these, four cases from the North, South and Central Locality Care Groups were noted to have significant findings relating to care and treatment that had potential to cause harm. Damian advised a planned table-top exercise had been organised to review all deaths that occur after 90 days discharge.

There has been a review of the Learning Improvement Group (LIG) which will now be replaced by an ongoing series of lunchtime webinars to encourage participation from a wider audience of front-line and corporate staff.

The Flu vaccination campaign commenced on 29th September 2020. The aspirational vaccination coverage target set by the Trust for this year is 100% of all staff, not just frontline staff. Currently the uptake is at 53%, better than at the same time in 2019.

Complaints have increased in last quarter compared to the previous quarter potentially reflecting the fact that at the height of the Covid-19 pandemic there was an exceptionally low month for complaints.

Ken Jarrold commended the Learning Improvement Webinars that are now attracting significant audience.

Les Boobis queried the nature of the Regulation 28. Damian confirmed it was in relation to the monitoring of patients on antipsychotic medication. This is an area the trust has robust arrangements in place. Gary O'Hare highlighted to the Board that a separate paper would be submitted to December Closed Board with regards to this particular Regulation 28.

Resolved:

- **The Board received and noted the Safer Care Report.**

Action:

- **Regulation 28 update will be provided to December Closed Board.**

12. Safer Staffing Levels Report (Quarter 2)

Gary O'Hare spoke to the enclosed report which provided assurance on the current position across all inpatient wards within CNTW in accordance with the National Quality Board Safer Staffing requirements. The report also included the exception data of all wards against Trust agreed Safer Staffing levels for the period of August 2020 where the period covered also included the ongoing response to the Covid-19 pandemic. Gary confirmed the report also includes information on medical staffing.

Gary mentioned despite the continued response to the challenges throughout the pandemic the plan for recruitment had continued throughout using alternative assessment methods, whilst ensuring fidelity to values-based recruitment. PMVA training had continued to be supported by Covid-19 testing prior to commencement and models for increasing capacity to deliver PMVA have been developed.

The retention strategy continues to remain a focus across the organisation as we continue to recognise the significant achievements over the past quarter in relation to working differently during the Covid-19 pandemic with new ways of working, virtual consultations and the use of Microsoft Teams. Staff have been creative in augmenting delivery of care to patients at home and hospital.

Following a request from Ken Jarrold regarding information on overall vacancies, Gary confirmed information would be provided by banding and professional groups and incorporated in future reports under Recruitment and Retention.

Resolved:

- **The Board received and noted Safer Staffing Levels Report (Quarter 2)**

Action:

- **Trust vacancy information to be incorporated in future reports under Recruitment and Retention which will be provided by Banding and Professional Groups**

Strategy and Partnerships

It was noted there was no issues for this month.

Workforce

13. Staff Friends and Family Test Quarterly Report

Lynne Shaw spoke to the enclosed report and highlighted there were no Staff Friends and Family Test questions during quarter one due to COVID-19 pandemic. The Trust response rate for quarter two was 47% which is a minimal decrease compared to Quarter 4 of 48%. There was an increase in positive responses to the question “How likely are you to recommend the organisation to Friends and Family as a place to work?” increasing to 74% from 70% in quarter 4. Lynne also mentioned an increase in positive responses to the question, “How likely are you to recommend our services to Friends and Family if they needed care or treatment?” increasing to 79% from 76% in quarter 4.

Lynne confirmed the Trust remained above the national average in terms of place to work and remains similar in terms of recommending as a place for care and treatment which is above the Mental Health national average but slightly below the overall national average.

Michael Robinson enquired whether Friends and Family test has a specific question related to Covid-19. Lisa confirmed the focus had been through the Staff Survey nationally to seek comments from staff around experience of Covid-19. During Wave 1, learning and feedback from our own staff was sought and received which Lisa confirmed had been previously shared.

Resolved:

- **The Board received and noted Staff Friends and Family Test Quarterly Report**

14. Raising Concerns Whistleblowing Report

Lynne Shaw spoke to the enclosed report and confirmed during the period there had been 36 issues identified which had been raised either centrally or via the Freedom to Speak up Guardian. This was an increase of 11 compared to the previous period and out of the 36 concerns raised one concern had been categorised as whistleblowing.

Lynne referred to three themes during the reporting period: the Covid-19 pandemic; bullying and harassment due to race where investigations were ongoing; and policies and procedures.

Resolved:

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

Regulatory / Compliance

15.CQC Action Plan update

Lisa Quinn spoke to the enclosed report and confirmed in August the Board agreed to close seven of the 46 areas of improvement identified from inspections. The action plans specific to North Cumbria locality and those relating to the focused inspection were listed in Appendix 1. Lisa recommended to the Board that there was sufficient evidence and assurance to close four actions.

Referring to Appendix 2, action plans that were due to be completed by 30 September 2020 have been extended to 31 December 2020. Work continues to address each of the remaining action plans and the key pieces of work identified in Quarter 2 update would help mitigate against the risks which have been raised. Lisa requested for the Board to agree the change in timescales.

Alexis Cleveland referred to Appendix 2 and the extension of the actions plans to 31 December 2020 and advised given the further COVID-19 lockdown, if the action plans could not be cleared by December that the plans should be rolled forward. Progress would then be continually reviewed at Quality and Performance Committee which will provide a recommendation to the Board.

Resolved:

- **The Board received and noted the CQC Action Plan update and approved the change in timescales.**

16.Risk Management Strategy

Lisa Quinn provided an update against the strategy which has been in place since 2017 and confirmed most actions had been completed in relation to various ambitions within the Risk Management Strategy.

Lisa proposed to refresh the Risk Management Strategy in-line with the Organisational Strategy work. It was proposed to have a session on Risk Management and Board Assurance Framework at December's Board Development Session. The Board accepted the report.

Resolved:

- **The Board received and noted the Risk Management Strategy**

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17. Board Assurance Framework and Corporate Risk Register

Lisa Quinn spoke to the enclosed report which had been reviewed by all sub-committees of the Board. Lisa mentioned the report highlights all risks that had been reviewed for the period and also highlights those that breach the risk appetite. The Board accepted the report.

Resolved:

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

18. NHSE/I Single Oversight Framework Compliance Report

Lisa Quinn confirmed the report did not need to be formally submitted through the Single Oversight Framework but was completed for the Board's overview of the position.

Resolved

- **NHSE/I Single Oversight Framework Compliance Report**

19. CEDAR Programme – Full Business Case for approval

Stephen Naylor, Tony Railton and Fiona Kettle provided the Board with an update through a presentation. Stephen advised the Full Business Case was approved by the Joint Investment Committee on 11 September and by Ministers at the end of the month. HM Treasury approval was expected early in November.

Three planning submissions were made in late 2019 which had all received approval. All three major developments are linked to wider national and regional care model initiatives which are imperative in maintaining the Trust's long term sustainability as a provider of national and regional specialist services. The CEDAR programme focused on improving the safety and quality of care for patients in line with national standards and latest best practice. This included the re-provision of learning disability medium secure accommodation to meet current standards and increase capacity to meet demand for mental health secure services and the need to move away from the current position of adult mental health and learning disability services being located on two separate sites.

Stephen provided an overview of the capital costs and risks associated with the scheme including valuation of the land at Northgate in terms of the impact of the pandemic on land value.

James Duncan reiterated the significance of the scheme for the Trust with strategic importance across three key service areas and that it was also a significant scheme for the region. It is included on the list of 40 new hospitals announced by the Prime Minister.

Claire Keys queried if there was a PFI element to the scheme. James Duncan confirmed the scheme was based on entirely capital expenditure which was awarded as one of the few schemes successful in bidding for national funding. In addition to this, funding has come from Trust capital monies and funding from asset sales.

Peter Studd mentioned the Trust had also reviewed new ways of working in which staff would operate across the Northgate site. This had, and will continue to involve consultation and engagement with staff as part of the process.

James commended the CEDAR Project Team for the work that has been undertaken to get to this stage. James asked the Board to approve the Full Business Case which was still awaiting Treasury approval.

Approved:

- **The Board approved the CEDAR Programme Full Business Case**

Minutes/papers for information

20. Committee updates

There were no further updates to report.

21. Council of Governors update

Ken Jarrold referred to the forthcoming Governor's Elections for which communications were currently being prepared.

Ken referred to the recent Council of Governors Engagement Session where the main focus was on Talk First and Restraint and a demonstration was helpfully provided for the Governors on physical and mechanical restraint.

Ken also referred to David Arthur, Non-Executive Director who shared his personal biography with the Governors which was very well received.

22. Any Other Business

No further business for discussion.

23. Questions from the public

None to note.

Date and time of next meeting

Wednesday, 2 December 2020, 1.30pm via Microsoft Teams

Cumbria, Northumberland Tyne & Wear
03/04/2021 15:50:04

**Minutes of the Board of Directors meeting held in Public
Held on 2 December 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
James Duncan, Deputy Chief Executive/Executive Finance Director
Rajesh Nadkarni, Executive Medical Director
Gary O'Hare, Executive Director of Nursing and Chief Operating Officer
Lisa Quinn, Executive Director of Commissioning and Quality Assurance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs
Kirsty Allan, Acting Corporate Affairs Manager (Minute Taker)
Fiona Grant, Lead Governor, Adult Services
Anne Carlile, Carer Governor for Adult Services
Fiona Regan, Carer Governor for Learning Disabilities
Claire Keys, Staff Governor - Clinical
Margaret Adams, Public Governor for South Tyneside
Tom Bentley, Public Governor for Gateshead
Bob Waddell, Staff Governor – Non-clinical
Felicity Mendelson, Local Authority Governor
Russell Bowman, Service User Governor – Neuro Disability Services
Wilf Flynn, Local Authority Governor – South Tyneside Council
Kelly Chequer, Local Authority Governor - Sunderland
Evelyn Bitcon, Shadow Public Governor - Cumbria
Frances Saint, Peer Support Worker
Anna Foster, Deputy Director of Commissioning and Quality Assurance (*Item 15*)
Sarah Neil, Sustainability Officer (*Item 15*)
Allan Fairlamb, Head of Commissioning and Quality Assurance (*Item 11*)
John Bolland, IPS Team Lead, North of Tyne (*Item 12*)
Junior Atalassi, Newcastle City Council IT Technician (*item 12*)

1. Service User story

Ken Jarrold extended a warm welcome and thanks to Fran Saint, Peer Support Worker who attended the Board to share her story including her experiences, achievements and challenges on her journey to recovery.

Lisa Quinn shared with Board that Fran was a member of the interview panel undertaken at national level, for the Provider Collaborative process. Lisa referred to Fran's request to champion Peer Support Workers and people with lived experience as part of the new ways of working around provider collaboratives, particularly in the young person's pathway.

2. Welcome and apologies for absence

There were no apologies for absence.

3. Declarations of interest

There were no conflicts of interest declared for the meeting.

4. Minutes of the meeting held 4 November 2020

The minutes of the meeting held 4 November were considered.

Approved:

- **The minutes of the meeting held 4 November 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 mentioned the Staff Friends and Family Test will be aligned with the Reset and Redesign work and an update will be provided at February Board.

With regards to action 02.09.20 (13) Rajesh Nadkarni confirmed an update will be provided at February Board.

With regards to action 05.08.20 (07) James Duncan confirmed the Trust Green Paper will be launched in January. The Board agreed for the action to be closed.

6. Chairman's remarks

Ken Jarrold referred to this meeting as the first Board meeting since being re-appointed as Chairman and expressed his gratitude to the Governors for his re-appointment as Chairman of Council of Governors but also as Chairman of Board of Directors.

Ken referred to the national Consultation on Integrated Care Systems and advised that, alongside submitting his own views, consideration was being given to the value of submitting a Trust level response given the complexities of the Trust's geography and membership of several ICPs. Ken also invited Governors to submit their own individual responses. Ken referred to the proposals and noted his concerns regarding the role of Primary Care, and ensuring involvement and influence at every level of the NHS.

Resolved:

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

7. Chief Executive's Report

John Lawlor referred to the national staff survey and noted the Trust response rate as lower than the previous year at 51%. John also noted the Trust's decision to move away from distribution of printed copies of the survey to completion of the survey electronically due to Covid-19 restrictions. There has been a lower response rate in inpatient areas. The full report is expected to be published by NHS England in February 2021.

John briefed the Board on the launch of the Trust Organisational Improvement Collaborative on 26th November 2020. The collaborative will be open to staff working at all levels who would like to be involved in improvement projects across the Trust, with the ambition of improving service delivery and experience for our service users, carers and staff. John discussed the benefits in engaging staff in transformational and incremental change. The collaborative supports delivery of the Trusts strategic ambitions, workforce priorities and supporting talent management by supporting people to learn new skills and gain experience outside of their current role.

John referred to the Community Mental Health Transformation programme which sets out a vision for transforming community mental health for the North East and North Cumbria region. A region-wide proposal was submitted to NHS England in November with feedback on plans expected in December 2020.

John acknowledged the first anniversary of the National Institute for Health Research Applied Research Collaboration (ARC), hosted by the Trust. It represented one of 15 ARCs nationally, each tasked to lead on a specific area of research. The CNTW ARC had been asked to lead on two themes: prevention and inequalities.

Resolved:

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

Quality, Clinical and Patient Issues

8. Quality Accounts 2019/20

Lisa Quinn briefed the Board on the alternative arrangements, due to Covid-19 for consultation with stakeholders on the 2019/20 Quality Account, including Overview and Scrutiny Committee (OSC) feedback. Lisa noted that final stakeholder statements had now been included in the final version submitted to the Board for approval.

Lisa provided responses to the comments received from the Newcastle OSC. Lisa noted that the statement received was a fair reflection of the Trusts current areas of focus for improvements. This had also been demonstrated in other stakeholder feedback although an opportunity to provide assurance to Newcastle Clinical Commissioning colleagues as part of the consultation process had not been

forthcoming. Assurance would be provided via monthly meetings with Commissioning colleagues going forward.

Michael Robinson referred to the OSC statement and queried how the ongoing dialogue would be achieved. Lisa advised that an invitation had been extended to the Trust to provide ongoing assurance and noted that the Trust has always had close links with the OSC, including development and delivery of the 'Deciding Together' Programme with Newcastle/Gateshead CCG.

Resolved:

- **The Board received and approved the Quality Account.**

9. Response to COVID-19 Pandemic

Gary O'Hare provided an update on the Trusts response to the Covid-19 pandemic and advised the Board there is a levelling off across the region of the number of Covid-19 patients as well as admissions into acute hospitals.

There have been 261 staff tested positive for Covid-19 since the beginning of September and currently 273 staff are absent from work with Covid-19 related symptoms being either positive, shielding or self-isolating with an overall staff absence equivalent to 9% of the workforce.

Gary noted there had been 16 outbreaks across the Trust since 1st September and the Trust was currently managing seven outbreaks all within inpatient wards. Gary confirmed there are four patients currently positive with Covid-19, none of which are hospital acquired. Gary mentioned that since the instruction that face masks be worn across the whole Trust at all times there have been no outbreaks which is a positive reflection of staff behaviours.

Gary confirmed 500 Lateral Flow Device test kits had been deployed to community staff within older people and learning disability services, who also work within care homes, as a priority. Gary estimated it would take approximately four weeks to deploy 6500 LFD test kits to staff across the Trust and a clear plan was in place.

Gary confirmed the Pfizer vaccine had received approval from Medicines and Healthcare products Regulatory Agency (MHRA) and work was underway to be in a position to deploy the vaccine as soon as it arrives into the Trust.

Gary drew the Boards attention to the ongoing learning opportunities resulting from the Trusts actions in response to the pandemic and noted after every outbreak the Trust reviews the learning to minimise any future outbreaks.

Resolved:

- **The Board received and noted the Response to COVID-19 Pandemic.**

10. Commissioning and Quality Assurance Report (Month 7)

Lisa Quinn noted three remote Mental Health Act reviewer visits. Lisa mentioned there were a number of areas of concern raised for each of the inspections resulting in the development of an action plan, monitored by the weekly Business Delivery Group meetings.

Lisa reported a further reduction in people waiting more than 18 weeks to access non-specialised adult services and children and young people's services..

James Duncan highlighted at Month 7 the Trust had delivered a £96k surplus. Bank and overtime costs had decreased but remained higher than levels in 2019-2020 with the decrease being an offset by an increase in agency costs. The Trust had incurred £0.3m additional costs due to Covid-19 and these had been included in the forecast in the financial plan. The Trust had identified £4.7m operational Covid-19 costs up to Month 7. The Trust was also incurring the costs of additional services developed to support the pandemic.

Peter Studd queried the Mental Health Act visits and referred to two comments about a patient going missing at Tweed and patients waiting for transfer or admission into PICU that did not need to be there. Lisa confirmed both comments were correct. Gary O'Hare noted a full action review regarding the absconded patient had been carried out, which would be circulated with Board members.

With regard to the admission to PICU, Lisa advised that a patient was admitted due to the lack of beds available in the male pathway. It was acknowledged that there was a significant number of learning disability service users within the adult pathway currently resulting in potential pressure to utilise PICU beds.

Ken Jarrold advised the Mental Health Act Reviewer reports provided a valuable reminder of the importance of ensuring no complacency. Ken also referred to the issues discussed relating to the acute patient pathway, the shortage of beds and the impact on community care, and the importance of the Community Transformation programme.

Resolved:

- **The Board received and noted the Commissioning and Quality Assurance Report (Month 7).**

Action

- **After Action Review associated with the Mental Health Act visits to be circulated to Board members for information**

11. Community Mental Health Survey

Allan Fairlamb provided an analysis of the CQC Community Mental Health Survey published on 24 November 2020. The report reflected the outcome of the national survey, gathering information from over 17,000 adults who were in receipt of community mental health services between September and November 2019.

The response rate for CNTW was 28%, higher than the national response rate of 26%. Allan noted the value of the survey in providing a national benchmarking analysis, while complementing the findings of the Trust internal service user and carer experience tool (Points of You).

Allan referred to the CQC key areas for improvement, which include: crisis care, support and wellbeing; accessing care; involvement; and communication. CNTW scores were higher than the national score for all sections and were rated better than expected for all sections with the exception of crisis care, medicines, NHS therapies and support and wellbeing. Allan confirmed CNTW was the second highest performing Trust nationally for the number of questions scoring better than expected.

Ken Jarrold thanked Allan for providing an encouraging report which is a tribute to the tremendous work Done throughout the Trust.

Resolved:

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

12. Individual Placement Support

John Bolland, IPS Service Lead and Junior Atalassi, Newcastle City Council IT Technician attended to provide the Board with an update on Individual Placement Support throughout the Trust and presented slides which can be accessed [here](#) .

Ken thanked John Bolland and Junior Atalassi for their excellent presentation and said that anyone who has had experience themselves of mental illness or of supporting people with mental illness will understand the powerful connection between employment and wellbeing.

Resolved:

- **The Board received and noted Individual Placement Support presentation.**

Strategy and Partnerships

13. Update on CAMHS services, Tees Valley

Gary O'Hare spoke to the enclosed report highlighting operational management changes from 1st December 2020 with specialist children and young people services transferring to the North Cumbria Locality. This would enable improvements in the joining up of services across the West Lane site in Tees Valley, Ferndene and Alnwood, together forming a North of England Centre for Children and Young People's inpatient care.

Gary confirmed initial agreement had been reached with TEWV that the hospital site and ward should be renamed as part of the CAMHS Mobilisation Programme.

Gary noted that the Trust's had received approval for £200k capital investment from NHS England to provide further work to be undertaken in preparation to ensure safe opening of services in 2021.

Gary confirmed recruitment continued for unqualified and qualified staff. Gary highlighted the Trust was recruiting posts for West Lane, Ferndene and Alwood as some current members of CNTW staff would be rotated into West Lane to provide continuity in terms of CNTW culture.

Resolved:

- **The Board received and noted update on CAMHS services, Tees Valley.**

14. Collaborative Newcastle Agreement

James Duncan presented the report which reflected a commitment from partner organisations across the Newcastle region to develop place-based arrangements to improve outcomes for local communities.

James highlighted the partners had developed Collaborative Newcastle arrangements in order to establish an improved financial, governance and contractual framework for delivering integrated health, support and community care to develop and ultimately improve health and care outcomes for Newcastle's residents. James mentioned Collaborative Newcastle partners have identified five initial priority areas where parties will develop and implement work plans for each of the initial priority areas in order to monitor progress against key milestones. James informed the agreement will be formally launched at the City Future Board in December and requested for Board support to approve the collaboration agreement.

Ken Jarrold referred to the significant challenges facing the NHS, society and the Trust and said that increasing collaboration was one of the most important priorities. Ken complimented the organisations involved in the creation of the Collaborative.

Resolved:

- **The Board received and approved the Collaborative Newcastle Agreement.**

15. Delivering a 'Net Zero' National Health Service

Anna Foster and Sarah Neil spoke to the enclosed report and mentioned NHS England and NHS Improvement (NHSE/I) recently published the Delivering a Net Zero report which reflect on the implications for CNTW in the context of the CNTW Board declaration of Climate and Ecological Emergency in March 2020 and commitment to becoming "net zero" by 2040.

Anne highlighted NHSE/I were shifting its priorities and expectations around sustainability becoming the world's first health system to commit to become 'net zero' to mitigate the impact of climate change and its profound threat to the health of the nation. Anna mentioned in line with CNTW's aspiration to influence the national

sustainability agenda CNTW represents the mental health and disability sector as a member of the national 'net zero system leadership group' to evaluate provider support needs and share good practice.

Resolved:

- **The Board received and noted the Delivering a 'Net Zero' National Health Service report.**

16. North Cumbria ICP Board

John Lawlor referred to the report which provided detail of the North Cumbria Partnership Group. John noted that whilst there are challenges the report reflected an inclusive approach in terms of partnership working.

Resolved:

- **The Board received and noted the North Cumbria ICP Board report.**

Workforce

17. Workforce Directorate Quarterly update

Lynne Shaw suggested in the interest of time that the report should be taken as read and no comments were made.

Resolved:

- **The Board received and noted Workforce Directorate Quarterly update**

18. Strategic Workforce Planning update

Lynne Shaw provided an update on the Trusts approach to workforce planning and the inclusion of the Integrated Care System and NHS England Improvement Plan.

Resolved:

- **The Board received and noted the Strategic Workforce Planning report.**

Regulatory / Compliance

19. Provider Collaborative Sub-Committee Terms of Reference

Lisa Quinn referred to the draft terms of reference following the Board decision to establish an additional sub-committee of the Board with a focus on Provider Collaboratives. Lisa advised that the terms of reference would be reviewed on a regular basis.

Ken Jarrold referred to the Governments proposals and mentioned Provider Collaboratives in various forms would be a very important part of the future for health and care organisations.

Resolved:

20. The Board received and noted Provider Collaborative Sub-Committee Terms of Reference.

Minutes/papers for information

21. Committee updates

There were no further updates to report.

22. Council of Governors update

Ken Jarrold referred to the Governor elections which are ongoing.

23. Any Other Business

No further business for discussion.

24. Questions from the public

None to note.

Date and time of next meeting

Wednesday, 3 February 2021, 1.30pm via Microsoft Teams

Cumbria, Northumberland Tyne and Wear
03/04/2021 15:50:04

**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 Alwood, 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

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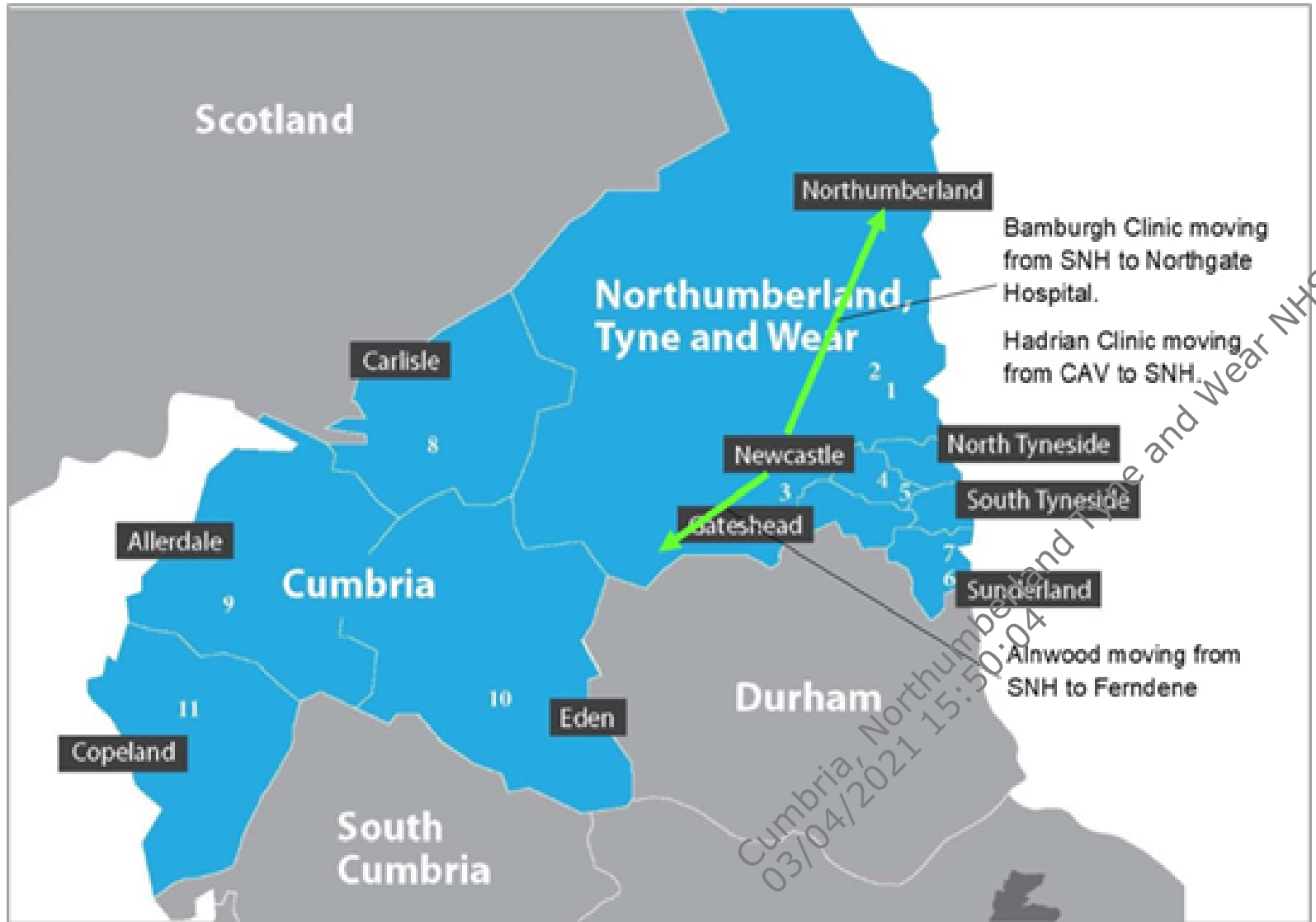


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The CEDAR Programme consists of three major developments:

- State-of-art mental health and learning disability secure facilities at Northgate Hospital
- Improved mental health and learning disability in-patient facilities for children and young people at the Ferndene Unit, Prudhoe, including new medium secure facilities
- Transfer of Newcastle and Gateshead acute mental health in-patient facilities to the Bamburgh Clinic at St Nicholas Hospital in Gosforth.





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Main Scheme Dates	
MSU site establishment started at Northgate	17 August 2020
Construction at Northgate Hospital started	30 November 2020
Complete construction of Northgate	23 December 2022
Commence patient services in new facilities	3 March 2023
Preparatory work started at Ferndene	23 November 2020
Refurbishment and extension at Ferndene Phase 1a and 1b to commence	4 January 2021
Complete refurbishment and extension to Ferndene Phase 1a and 1b	29 October 2021
Complete and transfer service users and staff to Phase 1a and 1b	5 November 2021
Commence refurbishment and extension to Ferndene Phase 2	8 November 2021
Complete refurbishment and extension to Ferndene Phase 2	10 June 2022
Commence Bamburgh mobilisation	25 October 2022
Commence Bamburgh extension (post decant)	14 November 2022
Complete Bamburgh extension and refurbishment	22 December 2023
Decommission and hand back Hadrian Clinic	31 March 2024



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Actions and Benefits

- CEDAR has been approved as one of the Government's 40 new hospitals programme. It has firm Treasury and Ministerial approval
- New models of care, new staffing models, and funding for new buildings are supported by NHS providers and commissioners
- Patients, carers/parents and staff are being involved in various engagement and planning initiatives to inform improved services and new facilities
- There has been regular engagement with local communities
- Focus on rehabilitation and step down, working closely with community services across joined-up pathways
- Reduction in length of stay in secure service beds and reduced inappropriate admissions either out of area or within private sector
- Children and Young People's low secure and open services at Ferndene will support a natural step down in security environment as patients move towards discharge
- Positive impact on service user's, carer's and staff wellbeing, aimed at reducing incidents and promoting recovery



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Northgate Hospital



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Northgate Hospital

- Six wards providing 74 bed medium secure standard facility for adults
- Meets national environmental standards and facilitates the integration of learning disability and mental health secure services
- Service expansion through development of new secure personality disorder services, increase of mental health beds, access for people currently in prison awaiting assessment and treatment.



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Northgate Hospital



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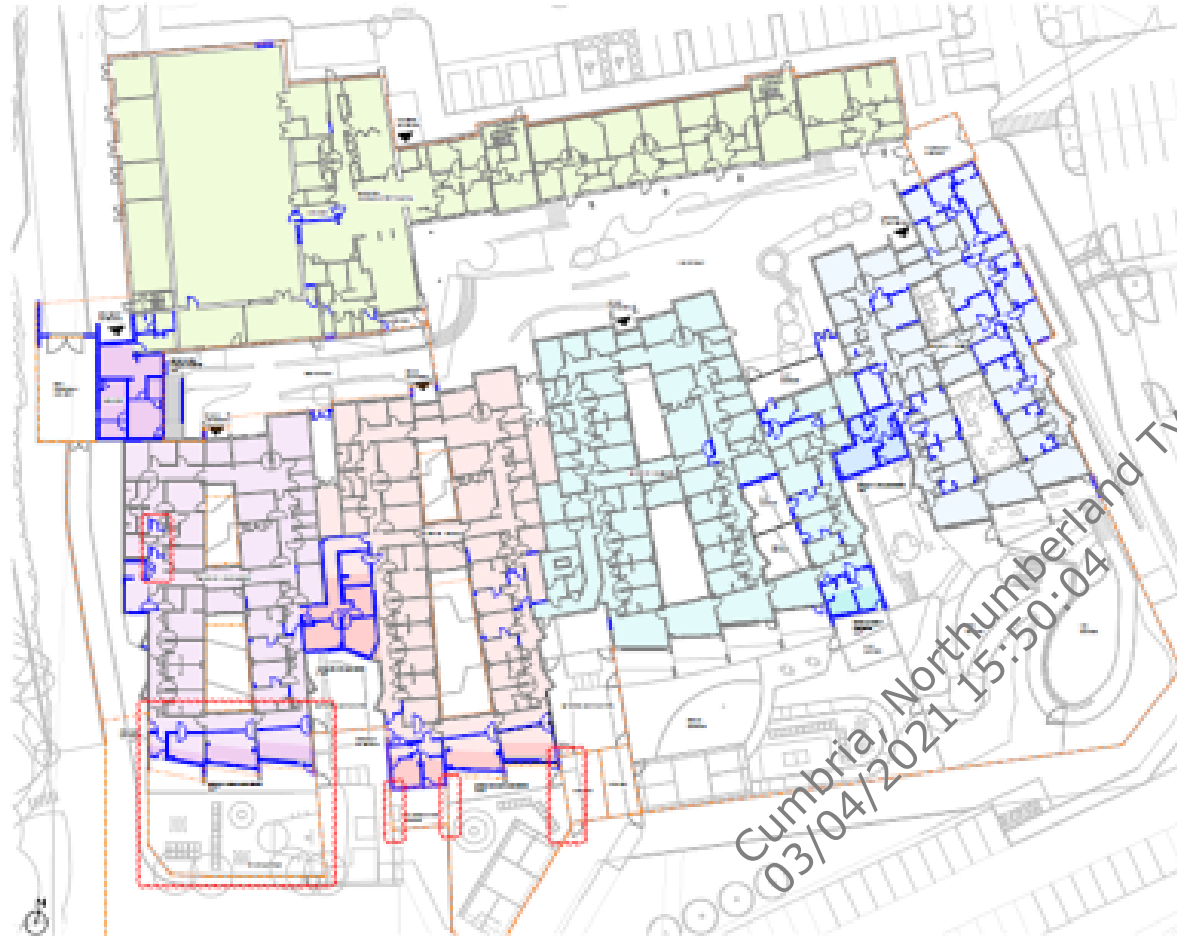
Ferndene



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Ferndene

Proposed Plan



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Ferndene

- 14 medium secure learning disability and mental health beds will be provided along with a reduced number of low secure learning disability beds, general admission and PICU
- Significant positive impact on the quality of care due to building design being developed around young people who present with highly complex needs and high risk behaviours
- Current 'team around the child' model very successful, model allows the development of closer therapeutic relationships and highly individualised packages of care
- Redeveloped facility more conducive to individual therapy and nursing intervention
- Co-location with other children's services presents opportunities to introduce shared facilities and operational contingency plans.

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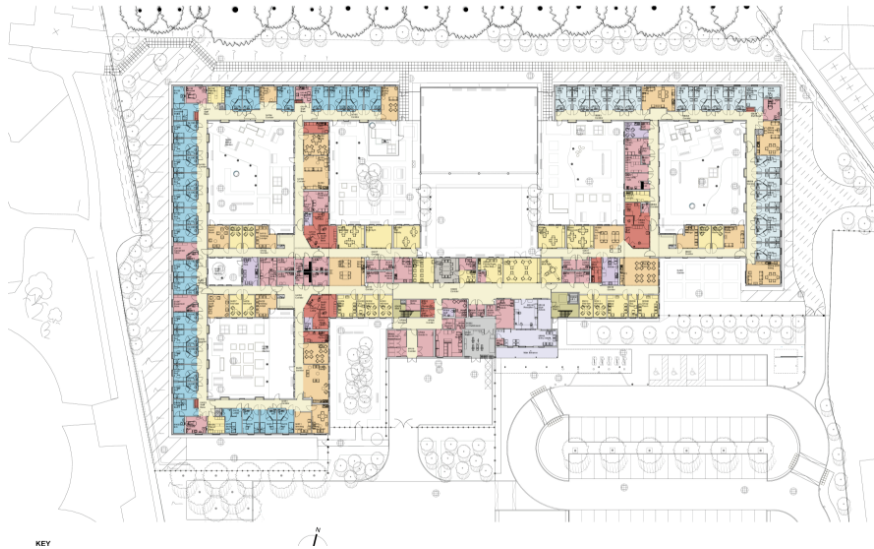
Bamburgh Clinic



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Bamburgh Clinic

Existing Plan



Proposed Plan



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The Health Works NHS Foundation



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Bamburgh Clinic

- Integration of Newcastle and Gateshead acute services onto a single site as per the *Deciding Together, Delivering Together* - public consultation
- Services currently at Newcastle and Gateshead are not viable in the long term, no en-suite provision, poor outdoor access, poor layout. Proposed re-provision will address all these environmental issues
- 68 adult acute admission beds and associate services into existing upgraded environments at Bamburgh Clinic and Bede Ward, SNH
- Co-location onto single site realises significant savings across Newcastle Gateshead footprint through economies of scale and shared resources
- Improved staff emergency response systems whereby numbers of specifically trained mental health staff numbers within immediate vicinity of each ward are increased
- Improved cross working and integration of clinical staff from the Newcastle and Gateshead areas.



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Conclusion

- Improves safety and clinical quality of care for patients
- Intrinsically linked to the Trust's long-term financial delivery plans
- Significant reduction in identified environmental risks associated with current buildings
- Being built with full planning approval
- The Trust's main construction partner, Sir Robert McAlpine, is currently undertaking work whilst fully complying with government COVID-19 guidance
- This programme removes isolated mental health facilities from other acute Trust sites
- Rationalises the Trust's estate at Northgate to release land for sale for housing
- The Programme will ensure the future sustainability of the Trust's CQC outstanding rated services
- Delivers on local, regional and national plans.



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Council of Governors
9th March 2021 2pm

Title of report	Quality Account update
Report author(s)	Paul Sams, Experience & Effectiveness Officer, 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	x
To achieve “no health without mental health” and “joined up” services	x	Sustainable mental health and disability services delivering real value	x
To be a centre of excellence for mental health and disability	x	The Trust to be regarded as a great place to work	x

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	
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		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

CNTW Quality Account Update

Executive Summary

Update on national timescales:

NHS England/Improvement provided an update regarding the process for the end of year timetable on the 15th January 2021.

- Department of Health and Social Care (DHSC) is currently reviewing whether regulations should be amended to revise the 30 June quality accounts deadline for 2020/21.

Quality Priorities for 2021-22

This year's quality priority stakeholder events will be on March 25th, with two events across the afternoon via Teams. This will be complimented by a survey.

Possible joint priority working with TEWV is being explored to support patient and carer experience across a wide geographical region.

Recommendation

The Council of Governors are asked to note:

- The development of the Quality Account
- The stake hold event on the afternoon of March 25th (hoping Governors can attend).

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Update on National Timescales

NHS England/Improvement provided an update regarding the process for the end of year timetable on the 15th January 2021.

The requirements and deadlines for quality accounts are prescribed in regulations and are not controlled by NHS England and NHS Improvement. Department of Health and Social Care (DHSC) are currently reviewing whether regulations should be amended to revise the 30 June quality accounts deadline for 2020/21.

The Board agreed the below timetable at its February meeting:

Quality Account 2020-21 & Quality Priorities 2021-22 Timetable

Month	Action
February BoD: 3 rd Feb	Quality Account Quarter 3 update on priorities Proposed process for 2020-21 Quality Account
March CoG: 9 th March BDG: 19 th March CDTQ: 22 nd March Q&P: 24 th March	Stakeholder event (25 th March 2021) Develop Online Survey Share potential area of focus for 2021-22 Quality Priorities Update on development of Quality Account
April BoD: 7 th April	Update on development of Quality Account
May BDG: 7 th May CoG Quality Group: 13 th May CDTQ: 24 th May BoD: 26 th May	Consider suggested quality priority area Agree Quality Priority Areas – no board meeting in June
July BDG: 16 th July CDTQ: 26 th July CoG Quality Group: 27 th July Q&P: 28 th July Audit Committee: 28 th July CoG: 13 th July	Further development of draft quality priorities
August 2021 BoD: 4 th August	Further development of draft quality priorities Update on development on of proposed Quality Account
September 2021 BDG: 3 rd Sept CDTQ: 27 th Sept	Draft 1 of Quality Account to be developed and shared Stakeholder event (Date TBC) & launch of 30 day consultation Draft 1 of Quality Account to be circulated Presentation of draft 1 to Local Authority Overview and Scrutiny Committee's
October 2021 BDG: 16 th Oct CDTQ: 25 th Oct Audit: 27 th Q&P: 27 th	Review of Quality Account final draft
November 2021 BoD: 3 rd Nov	Final draft approved by Trust Board
December 2021	Submission to centre

Update on current Quality Priorities (Q3 2020/21):

Progress for quarter 3 requirements for each of the 2020-21 quality priorities is summarised below.

Quality Goal:	2020-21 Quality Priority:		Quarterly Achievement:				Comments
			Q1	Q2	Q3	Q4	
Keeping you safe	1	Improving the inpatient experience					Work is developing to allow the clinical system to capture and flow out of area placement bed usage via MHSDS
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					There continues to be patients waiting more than 18 weeks
Clinical Effectiveness	3	Equality, Diversity & Inclusion and Human Rights (in relation to the core values of fairness, respect, equality, dignity and autonomy (FREDA))					

Out of Area Bed Days

During Quarter 3, there has been 79 inappropriate out of area bed days. The out of area bed days which occurred in Quarter 3 were within the acute pathway, relating mainly to male beds. Quarter 3 is a slight rise on quarter 2.

Number of inappropriate out of area bed days	Q1 Actual	Q2 Actual	Q3 Actual
Trustwide	58	78	79

Waiting Times

There has been a continued focus upon waiting times within the period, with ongoing enhanced monitoring of over 18-week waiters.

The number of people waiting more than 18 weeks for their first contact with services has decreased in the quarter from 66 as at 30 September 2020, to 38 as at 31 December 2020. The number of people waiting overall has decreased (by 0.82%) from 3546 as at 30 September 2020 to 3517 as at 31 December 2020.

Determining Quality Priorities for 2021-2022

Partnership Working

Discussions with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) are in early stages to explore the possibility of developing a joint quality priority. This will allow:

- Continuity of a specific priority across a wide geographical area.

- Sharing and development of a priority across both Trusts.
- Smoother transitions of care between both Trusts when an individual needs to be transferred.
- Better outcomes for service users, their carers and their families.

In the initial meeting discussions centred around which of TEWVs current quality priorities were planned to continue, as well as which fit with any current needs or ongoing priorities within the Trust.

TEWV Priority 1: Improve the clinical effectiveness and patient experience in times of transition from Child to Adult Services, is an ongoing priority. There have been several examples of young people being transferred between both Trusts.

As our Trust have started to look at transitions in a subgroup, joining up this priority could be a good use of joint resources and an opportunity to develop ideas internally as well as with external partners.

Thematic Review of Feedback Data

A variety of feedback mechanisms have been thematically reviewed to look for potential quality priorities. This includes complaints, either partially or totally upheld during 2020, also Points of You (PoY) feedback for 2020, but also including available data for 2021.

Other feedback platforms, including NHS digital, Healthwatch and Care Opinion were researched, however levels of feedback are too low to offer an opportunity to analyse themes.

PoY was stood down in response to Covid in March 2020 in line with national guidance to stand down Friends and Family Test (FFT) reporting requirements to NHSE. This recommenced in September 2020 with a new version of PoY, incorporating the newly developed FFT question being question 1 of PoY. Due to the hiatus in data, it has been decided to use the live and current feedback afforded by our PoY dashboard to use the additional available data to support a thorough examination of PoY themes in this review.

Complaints either partially or fully upheld totalled 272. Of these 23% (63) were themed broadly as 'communication'. Within this theme 30 complaints related to communication with patients. A further 18 complaints related to communication with family/carers. These two subcategories of upheld complaints account for 18% (48) of all upheld complaints in 2020.

Patient care is the second most prominent theme of upheld complaints with 50 complaints being upheld. Of these almost half (24) related to inadequate support being provided.

Values and behaviours were the final prominent theme within complaints, accounting for almost 10% of all upheld complaints in 2020.

PoY although stood down for over half of 2020 still has a significant amount of feedback data available to it. During 2020 comments of a negative theme totalled 297, 16% of all comments received through PoY surveys. Most comments were positive (70%) with the remainder being either neutral or complimentary.

Patient care was the most common theme across the year with 143 of negative comments relating to this broad theme. When breaking this theme down, quality of care, time staff spend with the service user and generally safety are the most common sub-themes.

Communication is the second most common broad theme across this period, with 'being listened to' and 'involvement in own care' being the most common sub-theme.

When combining the themes of the above discussion, several themes emerge as possible candidates to be a quality priority in the coming year, these are:

- Effective communication with patients/service users and carers.
- Supporting patients/service users and carers to be involved in their care.
- Enabling staff to spend more time with patients/service users.

Stakeholder Event

This will be an opportunity to look back at last year's quality priorities, with the lead of each priority giving an update on progress, as well as offering a discussion on any that would benefit from being carried forward into the priorities for the coming year.

There will also be an opportunity to look at emerging themes and evidence to propose possible new quality priorities, giving attendees the opportunity to offer suggestions.

We will be holding two stakeholder events on the afternoon of Thursday 25th March, to develop our Quality Priorities for the coming year. The event will be virtual this year due to the ongoing restrictions of Covid.

The first event will include service users, carers and peer supporters, with the second event including representatives from; local authorities, CCGs, Healthwatch, CNTW staff and governors.

Both events will be complimented by an online survey that will be open to anyone who wants to contribute.

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