

# Board of Directors - Public Session

5 October 2022

13:30 GMT+1 Europe/London

Microsoft Teams and Crowne Plaza, Newcastle (Invicta Room)

# Agenda

|     |   |     |
|-----|---|-----|
| 1.  | Agenda .....  | 1   |
|     | BoD FINAL Agenda Public October DH.pdf .....                        | 2   |
| 1.1 | Welcome and Apologies for Absence .....                             | 4   |
| 2.  | Service User / Carer / Staff Story .....                            | 5   |
| 3.  | Declaration of Interest .....                                       | 6   |
| 4.  | Minutes of the meeting held 3rd August 2022 .....                   | 7   |
|     | 3. Mins Board PUBLIC 3 August 2022 FINAL.pdf .....                  | 8   |
| 5.  | Action Log and Matters Arising from previous meeting .....          | 17  |
|     | 5. BoD Action Log PUBLIC as at 3.8.22.pdf .....                     | 18  |
| 6.  | Chairman's update .....   | 19  |
| 7.  | Chief Executive Report .....  | 20  |
|     | 7. Chief Executive Report FINAL.pdf .....                           | 21  |
| 8.  | Commissioning and Quality Assurance update .....                    | 29  |
|     | 8. CQA - Board Report - August 2022.pdf .....                       | 30  |
| 9.  | COVID / National Enquiry update .....                               | 37  |
|     | 9. Covid 19 Update.pdf .....  | 38  |
| 10. | Annual Medical Revalidation Report 2021/22 .....                    | 47  |
|     | 10. Medical Revalidation Report 05.10.22_.pdf .....                 | 48  |
| 11. | Annual Safeguarding Report 2021/22 .....                            | 67  |
|     | 11. Annual Safeguarding Report 05.10.22_.pdf .....                  | 68  |
| 12. | Annual Plan Q1 .....  | 87  |
|     | 12. Annual Plan 22-23 Quarter 1 update for Board 20220823.pdf ..... | 88  |
| 13. | Addictions five-point plan update .....                             | 94  |
|     | 13. Addictions Development - Board 5 OCT 22 (002).pdf .....         | 95  |
|     | 13. DRD ONS 2022 - Additional slide set.pdf .....                   | 119 |
| 14. | Integrated Care System / Integrated Care Board update .....         | 122 |
| 15. | Quality & Performance Committee update .....                        | 123 |
| 16. | Audit Committee update .....  | 124 |
| 17. | Resource and Business Assurance Committee update .....              | 125 |
| 18. | Mental Health Legislation Committee update .....                    | 126 |
| 19. | Provider Collaborative Committee update .....                       | 127 |
| 20. | People Committee update .....                                       | 128 |

|     |   |     |
|-----|---|-----|
| 21. | Charitable Funds Committee update ..... | 129 |
| 22. | Council of Governors' Issues .....      | 130 |
| 23. | Questions from the Public .....         | 131 |
| 24. | Any Other Business .....                | 132 |

# 1. Agenda

Speaker: Ken Jarrold, Chairman

References:

- BoD FINAL Agenda Public October DH.pdf

## Board of Directors PUBLIC Board Meeting Agenda

|   |   |
|---|---|
| <b>Board of Directors PUBLIC Board meeting</b><br><b>Venue: Crowne Plaza, Newcastle upon Tyne (behind Central Station)</b><br><br><b>Those in attendance can also join via MS Teams</b> | <b>Date: Wednesday 5<sup>th</sup> October 2022</b><br><b>Time: 1:30pm– 3:30pm</b> |
|---|---|

| Agenda Item 1                             | Owner   |  |
|---|---|--|
| 1.1                                       | <b>Welcome and Apologies for Absence</b>                    | <b>Ken Jarrold, Chairman</b> <b>verbal</b>                                 |
| 2   | <b>Service User / Carer / Staff Story</b>                   | <b>Guest Speaker</b> <b>verbal</b>   |
| 3   | <b>Declarations of Interest</b>                             | <b>Ken Jarrold, Chairman</b> <b>verbal</b>                                 |
| 4   | <b>Minutes of the meeting held 3 August 2022</b>            | <b>Ken Jarrold, Chairman</b> <b>enc</b>                                    |
| 5   | <b>Action Log and Matters Arising from previous meeting</b> | <b>Ken Jarrold, Chairman</b> <b>enc</b>                                    |
| 6   | <b>Chairman’s Update</b>                                    | <b>Ken Jarrold, Chairman</b> <b>verbal</b>                                 |
| 7   | <b>Chief Executive Report</b>                               | <b>James Duncan, Chief Executive</b> <b>enc</b>                            |
| <b>Quality, Safety and patient issues</b> |   |  |
| 8   | <b>Commissioning and Quality Assurance update</b>           | <b>Ramona Duguid, Chief Operating Officer</b> <b>enc</b>                   |
| 9   | <b>COVID / National Enquiry update</b>                      | <b>Anthony Deery, Deputy Chief Nurse</b> <b>enc</b>                        |
| <b>Workforce issues</b>                   |   |  |
| 10  | <b>Annual Medical Revalidation Report 2021/22</b>           | <b>Rajesh Nadkarni, Deputy Chief Executive/Medical Director</b> <b>enc</b> |

| <b>Regulatory / compliance issues</b>  |  |   |               |
|--|--|---|---------------|
| <b>11</b>  | <b>Annual Safeguarding Report 2021/22</b>                  | <b>Rajesh Nadkarni, Deputy Chief Executive/Medical Director</b> | <b>enc</b>    |
| <b>12</b>  | <b>Annual Plan Q1</b>                                      | <b>Ramona Duguid, Chief Operating Officer</b>                   | <b>enc</b>    |
| <b>Strategy, planning and partnerships</b>   |  |   |               |
| <b>13</b>  | <b>Addictions five-point plan update</b>                   | <b>Rajesh Nadkarni, Deputy Chief Executive/Medical Director</b> | <b>verbal</b> |
| <b>14</b>  | <b>Integrated Care System/Integrated Care Board update</b> | <b>James Duncan, Chief Executive</b>                            | <b>verbal</b> |
| <b>Committee updates</b>   |  |   |               |
| <b>15</b>  | <b>Quality and Performance Committee</b>                   | <b>Darren Best, Chair</b>                                       | <b>Verbal</b> |
| <b>16</b>  | <b>Audit Committee</b>                                     | <b>David Arthur, Chair</b>                                      | <b>Verbal</b> |
| <b>17</b>  | <b>Resource and Business Assurance Committee</b>           | <b>Paula Breen, Chair</b>                                       | <b>Verbal</b> |
| <b>18</b>  | <b>Mental Health Legislation Committee</b>                 | <b>Michael Robinson, Chair</b>                                  | <b>Verbal</b> |
| <b>19</b>  | <b>Provider Collaborative Committee</b>                    | <b>Michael Robinson, Chair</b>                                  | <b>Verbal</b> |
| <b>20</b>  | <b>People Committee</b>                                    | <b>Brendan Hill, Chair</b>                                      | <b>Verbal</b> |
| <b>21</b>  | <b>Charitable Funds Committee</b>                          | <b>Louise Nelson, Chair</b>                                     | <b>Verbal</b> |
| <b>22</b>  | <b>Council of Governors' Issues</b>                        | <b>Ken Jarrold, Chairman</b>                                    | <b>Verbal</b> |
| <b>23</b>  | <b>Questions from the Public</b>                           | <b>Ken Jarrold, Chairman</b>                                    | <b>Verbal</b> |
| <b>24</b>  | <b>Any other business</b>                                  | <b>Ken Jarrold, Chairman</b>                                    | <b>Verbal</b> |
| <b>Date and Time of Next Meeting: Wednesday 2 November 2022 1:30pm – 3:30pm<br/>Crowne Plaza, Newcastle.</b> |  |   |               |

# 1.1 Welcome and Apologies for Absence

Speaker: Ken Jarrold, Chairman

# 2. Service User / Carer / Staff Story

Speaker: Guest Speaker



# 3. Declaration of Interest

Speaker: Ken Jarrold, Chairman

## **4. Minutes of the meeting held 3rd August 2022**

Speaker: Ken Jarrold, Chairman

References:

- 3. Mins Board PUBLIC 3 August 2022 FINAL.pdf

**Minutes of the Board of Directors meeting held in Public  
Held on 3 August 2022 1.30pm – 3.30pm  
Crowne Plaza, Newcastle and via Microsoft Teams**

**Present:**

Ken Jarrold, Chairman  
David Arthur, Senior Independent Director/Non-Executive Director  
Darren Best, Vice-Chair/Non-Executive Director  
Paula Breen, Non-Executive Director  
Brendan Hill, Non-Executive Director  
Louise Nelson, Non-Executive Director  
Michael Robinson, Non-Executive Director

James Duncan, Chief Executive  
Michelle Evans, Deputy Director of Workforce and Organisational Development (*deputising for Lynne Shaw*)  
Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director  
Gary O'Hare, Chief Nurse  
Russell Patton, Deputy Chief Operating Officer (*deputising for Ramona Duguid*)  
Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance

**In attendance:**

Margaret Adams, Lead Governor and South Tyneside Public Governor  
Richard Anderson, Clinical Lead for TILS (*items 3 and 15*)  
Tom Bentley, Public Governor for Gateshead (online)  
Evelyn Bitcon, North Cumbria Public Governor  
Danny Cain, Non-Clinical Staff Governor  
Anne Carlile, Carer Governor for Adult Services (online)  
Kelly Chequer, Appointed Governor (online)  
Dave Goldsmith, Co-Chair, Armed Forces and Veterans Network (*items 3 and 14 – online*)  
Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary  
Thomas Lewis, Medical Staff Governor (online)  
David Muir, Group Nurse Director (*items 3 and 14*)  
Jane Noble, Carer Governor for Adult Services  
Tom Rebar, Service User Governor for Adult Services  
Chris Rowlands, Equality, Diversity and Inclusion Lead (online)  
Jayne Simpson, Corporate Governance Officer  
Russell Stronach, Service User Governor for Learning Disabilities and Autism (online)  
Sarah Troughton, Associate Specialist in Psychiatry (*items 3 and 14*)  
Sam Volpe, Health Correspondent (online)  
Edward Warrington Employment Specialist IPS (*items 3 and 14*)  
Paula Westley, Head of Workforce and OD (*items 3 and 14*)  
Sheila Williamson, Executive Assistant (online)

**1. Welcome and apologies for absence**

Ken Jarrold welcomed everyone to the meeting. Apologies for absence were received from Ramona Duguid, Chief Operating Officer and Lynne Shaw, Executive Director of Workforce and Organisational Development.

## **2. Declarations of interest**

There no were declarations of interest to note.

## **3. Service User/Carer Story/ Staff Story**

Ken Jarrold extended a warm welcome and thanks to Ed Warrington for sharing his personal story.

## **4. Minutes of the meeting held 6 July 2022**

The minutes of the meeting held on 6 July 2022 were considered and approved.

### **Approved:**

- **The minutes of the meetings held 6 July 2022 were approved as an accurate record**

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

There were no outstanding actions to report.

## **6. Chairman's update**

Ken Jarrold referred to the detailed discussion at the Board development session earlier in the day which focused on the current risks and issues facing the Trust. Ken noted that although it was a very challenging discussion, the discussion was open, honest and a pragmatic reflection of the position of the Trust and the wider health and care system.

Ken noted that the CQC report following the comprehensive inspection on Learning Disability and Autism services across the Trust was scheduled for publication on 4<sup>th</sup> August. A Governor Engagement session had been scheduled to take place on 11 August to share the report findings and steps being taken by the Trust to address the recommendations.

## **7. Chief Executive's Report**

James Duncan referred to the report and the 2021 LeDeR report, which seeks to investigate and learn from the avoidable deaths of people with a learning disability or autism in England published in July. The Chief Executive's report provided details of the key findings.

The Health Foundation also published a report analysing trends in the mental health of children and young people and existing pressures on services across the UK. The Chief Executive's report provided details of the key findings. James stated that this represented a significant challenge for society and would be considered as part of the Trust forward planning process.

James referred to the forthcoming Annual Staff Excellence Awards and the Peer Supporter Education Programme which both demonstrated the values and compassion demonstrated by the workforce. James reflected on his first six months in post as Chief Executive of the Trust and specifically noted the importance of visiting services across the organisation. Despite the challenges being faced, services and those working in services, continue to do their best to provide high quality, compassionate care.

Michael Robinson referred to the Single Oversight Framework and changes to the CQC well-led rating asking if it now considers the new spectrum of working in the Integrated Care System (ICS) in defining what well led means. Lisa Quinn confirmed that the well-led rating continues to focus on expectations of the organisation, not the system.

**Resolved:**

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

**Quality, Clinical and Patient Issues**

**8. Commissioning and Quality Assurance update (Month 3)**

Lisa Quinn presented the month 3 report noting that the Trust has a draft deficit before exceptional items of £2.6m which is £1.6m ahead of plan predominantly due to use of temporary staffing across the organisation. A detailed discussion has taken place at the Board development session regarding the actions required to address this.

Regarding the Infection Governance Training standard, Lisa Quinn confirmed that a recovery plan is in place to achieve the standard by September.

The report provided updates in relation to out of area bed days, Children and Young Peoples (CYPs) Eating Disorder Services waiting times, CYPs urgent referrals and the performance against commissioning contract requirements.

Lisa advised that the over 18-week waits have continued to increase in Adults, Older Persons services and CYPs services. The Trust is repurposing the Access and Standards Working Group to look at reducing waiting times.

**Resolved:**

- **The Board received the Commissioning and Quality Assurance update (Month 3)**

**9. Service User and Carer Experience Report**

Lisa Quinn referred to the report and noted a high level of feedback received. Lisa advised that there will be a reduction in the level of feedback in quarter 2 due to a technical issue in the provision of envelopes. There has been a slight reduction in satisfaction in relation to the Friends and Family Test and a lower level of positive feedback from experience in CYPs which relates to the challenges around access to services.

Lisa noted that a 'You Said-We Did' poster has now been rolled out to wards and teams across the Trust to encourage teams respond effectively to service specific feedback in a timely and meaningful way.

Tom Rebar asked if a digital solution was available to complete surveys. Lisa Quinn advised that this was encouraged through the management structure during the envelop shortage. Surveys are always also available via hard copy and online but stated that there is a slow uptake on the online option.

Jane Noble asked if feedback is sought from service users while they're in the treatment pathway and asked if feedback is also sought following discharge. Lisa stated that the Trust welcomes feedback from anyone who has touched Trust services at any point.

**Resolved:**

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

**10. Safer Staffing monthly report including 6 monthly skill mix review**

Gary O'Hare referred to the report which provided updates on all four localities indicating in red areas which were below 90%. The report demonstrates the challenging picture across all four localities, particularly in terms of registered nurses.

Many wards are reporting high levels of patient acuity and remedial actions have been undertaken. Gary provided an update on the forthcoming implementation of the Mental Health Optimal Staffing Tool (MHOST) which calculates clinical staffing requirements in mental health wards based on patients' needs which, together with professional judgement, guides chief nurses and ward based clinical staff in their safe staffing decisions. Gary suggested that the Board receive an update at a later development session on MHOST.

Ken Jarrold reiterated the significant challenges in staffing and workforce, particularly around the use of temporary staffing.

**Resolved:**

- **The Board received the Safer Staffing monthly report including 6 monthly skill mix review**

**Action:**

- **Update to the Board on MHOST at a future development session**

**Workforce Issues**

**11. Trust Workforce Plan**

Michelle Evans referred to the Workforce Plan update and noted that work was ongoing to review the Trust's workforce requirements for the future and the next five years. The report provided details of the work of the Recruitment and Retention Taskforce.

James Duncan advised that the plan would likely significantly change in the context of discussions about planning for our workforce now and in the future. Workforce planning is central to the Trust's strategy and planning going forward and is a key priority for the Board.

**Resolved:**

- **The Board received the Trust Workforce Plan**

**12. Equality, Diversity and Inclusion report including WRES update**

Christ Rowlands referred to the report and provided an update on the Trust's performance against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Darren Best referred to a recent discussion with Lynne Shaw regarding the disciplinary process in relation to BAME staff and the challenges associated with numbers versus percentage in terms of the small numbers involved. It was agreed that narrative to support

the number would add value in terms of understanding individual circumstances rather than a focus on figures. This would be addressed via the People Committee.

Margaret Adams asked what the Trust's approach was to develop a more hybrid workforce to meet future need and looking at roles in a different way. Gary O'Hare advised that work was underway to consider the skills required, as opposed to a focus on professional backgrounds, this includes looking at changing the multidisciplinary composition of roles. Rajesh Nadkarni also stated that the Trust was working with the wider ICS and voluntary sector colleagues in providing various different roles focused on function and empowering people.

**Resolved:**

- **The Board received the Equality, Diversity and Inclusion report including WRES update**

### **13. Guardian of Safe Working Quarter 1 Report**

Rajesh Nadkarni referred to the report noting that the process of reporting has been built into the new junior doctor contract and aims to allow Trusts to have an overview of working practices of junior doctors as well as training delivered.

In the context of the Equality, Diversity and Inclusion report previously discussed, Darren Best stated that whilst this report is important, a discussion took place at the People Committee regarding potential gaps in working hours in other areas of the workforce.

**Resolved:**

- **The Board received the Guardian of Safe Working Quarter 1 report**

### **14. Armed Forces and Veterans Staff Network and Clinical Services Update**

A detailed presentation on the work of the Trust Armed Forces and Veterans Staff Network and the provision of clinical services to support veterans and people from the armed forces was delivered to the Board.

Ken Jarrold thanked the team on behalf of the Board for an interesting and important update.

**Resolved:**

- **The Board noted the Armed Forces and Veterans Staff Network and Clinical Services Update**

*Paula Breen and Louise Nelson left the meeting.*

## **Regulatory / Compliance Issues**

### **15. CQC Action Plan Update**

Lisa Quinn referred to the report which had been discussed in detail at the July meeting of the Quality and Performance Committee and July meeting of the Audit Committee. The report provided an update on the 30 remaining areas of improvement from the Must Do action plans.

Board members were asked to approve the closure of 15 action plans listed in the report recognising that the Trust will continue to monitor the impact of previous actions and note the Quarter 1 updates on all 47 CQC Must Do action plans.

**Approved:**

- **The Board approve the closure of 15 action plans listed in report**

**Resolved:**

- **The Board noted the Quarter 1 updates on all 47 CQC Must Do action plans**

**16. Infection Prevention and Control Board Assurance Quarterly Update**

Gary O'Hare referred to the report and highlighted key areas in terms of external restrictions relating to the pandemic. MRSA and Nosocomial (healthcare acquired) infections increased during the period due to the pandemic. Gary referred to Appendix 4 of the report and the declaration of the Health and Social Care Act to confirm the organisation has undertaken the assessment required and remains compliant.

**Resolved:**

- **The Board received the Infection Prevention and Control Board Assurance Quarterly Update and noted assurance regarding ongoing compliance**

**17. Infection Prevention and Control Annual Report 2021/22**

Gary O'Hare referred to the report which provides the Board with a summary of activity relating to assurance and developments which took place during 2021/22 relating to Infection Prevention and Control across the Trust. The report was discussed in detail at the July meeting of the Quality and Performance Committee.

**Resolved:**

- **The Board received the Infection Prevention and Control Annual Report 2021/22**

**18. NHS Improvement Single Oversight Framework**

Lisa Quinn referred to the report for information and assurance.

**Resolved:**

- **The Board received the NHS Improvement Single Oversight Framework update**

**19. Trust Constitution Amendment**

Debbie Henderson referred to the report which outlined the proposed changes to the Trust Constitution which was previously discussed and approved by the Council of Governors at its meeting held 14<sup>th</sup> July. The changes were: to separate the learning disability and autism posts into two separate posts, one for learning disability and autism for both the service user and carer governor posts; reflect the change in the composition of the Board following recent reviews and appointment processes over the past 18 months; and extending representation from university partners to include Universities of Cumbria and Sunderland.



**Approved:**

- **The Board approved the Trust Constitution Amendment**

**Strategy, Planning and Partnerships****20. Integrated Care System (ICS) / Integrated Care Board (ICB) Update**

Rajesh Nadkarni provided an update following last meeting of the ICB Board and noted the focus is on the development of the Health and Care Strategy development for the ICB. Rajesh has also been invited to contribute to the Finance and Performance Committee of the ICB.

**Resolved:**

- **The Board noted the Integrated Care System (ICS) / Integrated Care Board (ICB) Update**

**21. North East and North Cumbria Provider Collaborative Governance**

James Duncan referred to the report which outlined the governance arrangements relating to the collaboration across 11 Foundation Trusts in North East and North Cumbria. James stated that the governance arrangements proposed do not delegate any decision making powers and do not compromise the statutory responsibilities of individual organisations.

**Approved:**

- **The Board approved the North East and North Cumbria Provider Collaborative Governance arrangements proposals**

**22. Board Assurance Framework and Corporate Risk Register update**

Lisa Quinn presented the report which had been reviewed by all relevant sub-committees of the Board in relation to their specific areas of focus. Lisa Quinn and Debbie Henderson will discuss planning for a future discussion to review the Board Assurance Framework and risk appetite at a future Board Away Day.

**Resolved:**

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

**Board sub-committee minutes and Governor issues for information****23. Quality and Performance Committee**

Darren Best provided an update following the July meeting and noted that locality update reports had been stood down as a regular agenda item and described the rationale for this.

A presentation was delivered on Statical Process Control as a way forward in terms of identifying priority areas. Darren also suggested that the presentation be considered for all Board members.

Darren referred to the Committee forward plan noting waiting times and service user experience as areas of specific focus for the coming year.

#### **24. Audit Committee**

David Arthur provided an update following the July meeting which focused on the review of the NTW Solutions Limited Annual Accounts. David noted that due to the changes relating to IFRS16 on reporting of lease arrangements, the accounting process will change from 2022/23.

David referred to discussions with the Internal Audit team following a benchmarking exercise on the work and effectiveness of Audit Committees across the region. David will work with Debbie Henderson to review the findings and develop any actions resulting from the report.

#### **25. Resource and Business Assurance Committee**

In Paula Breen's absence, Ken Jarrold provided an update following the July meeting which included updates on concerns resulting from the continuing increase in temporary staffing costs, preparation for Winter including workforce risks and associated costs. Other updates included standardisation of care plans, an update on the climate and sustainability action plan, and key risks

#### **26. Mental Health Legislation Committee**

Michael Robinson provided an update following the July meeting and a review of the terms of reference considering wider governance review. Discussions also took place regarding extending training provision relating to the Mental Health Act (MHA), CQC MHA reviewer visits and the new Mental Health Bill. Michael highlighted potential implications for wider services in terms of the ability to detain patients with a learning disability and/or autism.

#### **27. Provider Collaborative Committee**

Michael Robinson noted that there had been no attendance from Governor members. Debbie Henderson agreed to follow up.

#### **28. People Committee**

Darren Best provided an update following the July meeting which was attended by the newly appointed Governor members. The meeting included a discussion on international recruitment, the meeting reporting cycle and recruitment activity. Darren stated that as Chair of the Committee, he had three words to describe and acknowledge the work of the Executives with regard to the approach to recruitment: innovation; efficiency; and grip/control.

Darren Best will continue as a member of the Committee and to undertake the role of Non-Executive Director Wellbeing Guardian.

#### **29. Charitable Funds Committee**

In Louise Nelson's absence, Ken Jarrold provided an update following the July meeting which included a discussion regarding the lack of fundraising income to the charity and the impact this can have on areas which require additional support. It was felt that a more strategic approach to the business of the charity and fundraising was needed and would be a focus for this year

#### **30. Council of Governors issues**

There were no issues to note.

#### **31. Any Other Business**

There were no further issues to report.

### **32. Questions from the public**

There were no questions from the public.

### **Date and time of next meeting**

Wednesday, 5 October 2022, 1.30pm at Crowne Plaza and via Microsoft Teams.

## **5. Action Log and Matters Arising from previous meeting**

Speaker: Ken Jarrold, Chairman

References:

- 5. BoD Action Log PUBLIC as at 3.8.22.pdf

Board of Directors Meeting held in public

Action Log as at 3 August 2022

**RED ACTIONS** – Verbal updates required at the meeting

**GREEN ACTIONS** – Actions are on track for completion (no requirement for discussion at the meeting)

| Item No.                   | Item | Action   | By Whom | By When | Update/Comments |
|----------------------------|------|--|---------|---------|-----------------|
| <b>Actions outstanding</b> |      |  |         |         |                 |
|                            |      | There are no outstanding actions to note                         |         |         |                 |
| <b>Completed Actions</b>   |      |  |         |         |                 |
|                            |      | There are no complete actions since the previous meeting to note |         |         |                 |

# 6. Chairman's update

Speaker: Ken Jarrold, Chairman

# 7. Chief Executive Report

Speaker: James Duncan, Chief Executive

References:

- 7. Chief Executive Report FINAL.pdf

**Report to the Board of Directors  
Wednesday 6<sup>th</sup> October 2022**

|   |  |
|---|--|
| <b>Title of report</b>                            | <b>Chief Executive's Report</b>                          |
| <b>Purpose of the report</b>                      | <b>For information</b>                                   |
| <b>Executive Lead</b>                             | <b>James Duncan, Chief Executive</b>                     |
| <b>Report author(s) (if different from above)</b> | <b>Jane Welch, Policy Advisor to the Chief Executive</b> |

| <b>Strategic ambitions this paper supports (please check the appropriate box)</b>     |   |   |   |
|---|---|---|---|
| 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 |

| <b>Board Sub-committee meetings where this item has been considered (specify date)</b> |  |
|--|--|
| Quality and Performance  |  |
| Audit  |  |
| Mental Health Legislation  |  |
| People Committee   |  |
| Resource and Business Assurance  |  |
| Charitable Funds Committee   |  |
| Provider Collaborative, Lead Provider Committee  |  |

| <b>Management Group meetings where this item has been considered (specify date)</b> |  |
|---|--|
| Executive Team  |  |
| Trust Leadership Team (TLT)   |  |
| Trust Safety Group (TSG)  |  |
| Other i.e. external meeting   |  |
|   |  |
|   |  |
|   |  |

| <b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b> |
|---|
|   |



**Meeting of the Board of Directors  
Chief Executive's Report  
Wednesday 5<sup>th</sup> October 2022**

## **1. Trust Updates**

### **1.1 Annual Members Meeting**

Annual Members Meeting took place on 21<sup>st</sup> September 2022 as a hybrid event with almost 60 people attended face to face with a further 100 people joining on-line for our live stream event. This year's theme which coincided with our Annual Magazine was 'Primary Care the foundation and cornerstone of the NHS' recognising the important role of our primary care colleagues in meeting many challenges of mental illness in primary care. Our guest speaker Dr James Gordon, Clinical Director for Imeary Street Practice raised demands and challenges for primary care as well as improving services for all our patients by breaking down barriers between primary care and secondary care making access easier.

### **1.2 Annual Staff Excellence Awards 2022**

The Trust's Annual Staff Excellence Awards 2022 took place at Newcastle Civic Centre on the evening of 23rd September. The event was attended by around 400 staff and was a brilliant celebration. This year we had nearly 900 nominations across the Trust including over 100 in a single category. On behalf of the Board of Directors, I would like to congratulate our award winners and nominees and extend a special thanks to our Communications Team and all those staff who worked hard to organise the event.

### **1.3 National Living Wage**

The Trust is one of over 11,000 employers across the UK who have proudly committed to pay a real Living Wage to our staff. On 22 September 2022 it was announced that the Living Wage will be increased to £10.90 per hour - this increase of 10.1% is the largest in the Living Wage Foundation's history and marks the hourly rate at £1.40 above the National Living Wage of £9.50 for those aged 23 and over. In line with guidance from the Foundation, all employers are asked to put this increased hourly rate in place as soon as possible before 14 May 2023. Both the Trust and NTW Solutions have agreed to implement the new rate with effect from 1 October 2022.

### **1.4 Staff Survey 2022**

The 2022 Annual Staff Survey has now been launched nationally and will be co-ordinated on the Trust's behalf by Picker Surveys, an independent external survey contractor. Staff in most inpatient areas will again receive paper copies of the survey (this year with an option to complete online via a QR code) with the majority of staff receiving their survey via e-mail. The Trust launch date was Friday 23 September and the closing date is Friday 25 November. NTW Solutions has chosen not to take part in the national survey and will instead conduct their own local survey. Bank staff will also be given an opportunity to participate in a survey over the coming months.

It's really important that as many staff as possible complete the staff survey. It is one of many mechanisms to help us to understand how it feels to work in CNTW and most importantly how we can help to make it a great place to work.

### **1.5 Association of Child Psychotherapists Annual Conference 2022**

The annual conference of the Association of Child Psychotherapists (ACP) took place, hosted by members of the profession from the North East including from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust - Lucia Mathes, Bridget Scott, Rita Maroun, Deborah Loxton and Anna Marrion.

The local organising group was led by CNTW Child and Adolescent Psychotherapists Jillian MacKenzie and Katy Hole and the conference focused on the theme of "The Search for Identity". This generated an interesting and diverse range of clinical and research presentations addressing the complexities of the world we live and work in. Over 200 ACP members attended over the two days and, although the conference was online, the use of local music, poetry and images ensured the North East was well represented.

Chief Executive of the ACP, Nick Waggett, said "We are very grateful to our colleagues in North East England for putting on an excellent conference that addressed important themes for the profession. It also showcased the strength of child and adolescent psychotherapy in the region and its contribution to services for children and young people."

### **1.6 Ableism: Everyone's Business**

On 28<sup>th</sup> September, the Trust held a training session, via MS Teams, facilitate by Elaine McGreevy, Speech and Language Therapist at Access Communication. The session focused on the importance of challenging Ableism and highlight how common discrimination against disabled people is. Disabilities come in many forms, and not all are visible. Some disabilities are invisible but could still be difficult to live with. Unfortunately, ableism can be a part of everyday interactions and these interactions can have a negative impact on the everyday life of those experiencing them, especially when these experiences have accumulated over time.

The event was attended by over 200 members of staff from across all localities and designations across the Trust. Awareness of Ableism is something we all need to be aware of and change and we would like to extend our thanks to the Staff Disability Network for highlighting such an important issue.

### **1.7 Together: Three Years on....Involvement and Peer Support Conference**

The Involvement and Peer Support Conference took place on 19<sup>th</sup> September at the Grand Hotel in Gosforth. This was an incredibly inspiring, moving and challenging event, celebrating all that we have achieved regarding involvement over the last three years since the Together strategy was launched. We have had over 600 involvement requests for the involvement bank, we have introduced a payment scheme for involvement, we have started the development structure for peer support we now have over 100 peer supporters, we have recovery colleges in place across every part of our footprint, and there is so much more that is growing organically

across the organisation. But most of all, we are building a real movement for change, for cultural change across the organisation, for hope and compassion, and for ensuring our common humanity is at the heart of everything we do. While we have achieved so much and there is much to celebrate, this represents a start on our journey and not the end. I would like to thank all in the involvement team for their hard work in setting up and facilitating the event, all of the over 300 people across staff, partners, service users, carers and governors who attended, and to all those who won awards on the day, I would like to say well done. It is events like these that hope is built on.

## **1.8 Forthcoming Trust Events**

On the 10<sup>th</sup> October we have an event to mark World Mental Health Day with our guest speaker for the day, Frank Bruno, MBE, former WBC Heavyweight Boxing World Champion. Frank feels strongly about mental health which led him to set up his charity, The Frank Bruno Foundation. In 2003 Frank was diagnosed with having bipolar disorder and his well-documented illness put Frank in the public eye. He uses this media attention to help with the stigma attached to mental health. The event will be held via Zoom and further information on how to join will be available week commencing 3<sup>rd</sup> October.

The Trust Psychology Conference is taking place on the 19<sup>th</sup> October, which will be the first conference in person since Covid began.

Our Black History Month event is taking place on Friday 28<sup>th</sup> October and the Cultural Diversity Staff Network would like to extend an invite to everyone. The event is a hybrid event and is open for all staff and volunteers, so you have the option to join us in person or on Teams. Further information about the event and how to attend or join remotely will be available later this month.

## **2. Regional updates**

### **2.1 Report finds disproportionate impact of Covid-19 on mental health of people in North of England**

The Northern Health Science Alliance (NHSA) published a [report](#) in collaboration with the National Institute of Health Research Applied Research Collaborations (NIHR ARCs), which finds that people in the North of England experienced significantly worse mental health outcomes compared to those living elsewhere in the country over the course of the pandemic. Key findings of the report include:

- People in the North under 35 were 2.5% more likely to have developed a psychiatric disorder over the course of the pandemic
- There was a 12% increase in the numbers of anti-depressants prescribed during the pandemic in the North. During the pandemic, people living in the North were prescribed comparatively more anti-depressants than those in the rest of England
- Before the pandemic, people from ethnic minorities and those from a white British background had similar mental health scores. At the start of the pandemic there was a larger decline in the average mental health score for

those from ethnic minority groups, and this was greater for those from ethnic minority backgrounds in the North

- Women from ethnic minorities in the North had the worst mental health in the country. Their mental health scores fell by 10% at the start of the pandemic and their scores were 4% lower throughout the pandemic
- The report estimates that declining mental health in the North during the two years of the pandemic cost the UK economy £2bn more in lost economic productivity than if mental health outcomes in the North had been on a par with those in the rest of the country

## **2.2 Chief Executive of the North East and North Cumbria Integrated Care Board calls on Ofgem to protect vulnerable people**

Sam Allen, Chief Executive of the NHS North East and North Cumbria Integrated Care Board has [written](#) to the Chief Executive of the energy regulator Ofgem highlighting serious concerns that clinically vulnerable people may have their electricity or gas services disconnected as a result of non-payment. Sam confirmed that there are examples where clinically vulnerable people have been disconnected from their home energy supply which has then led to a hospital admission and that this is impacting on people who live independently at home with support from community teams and are reliant on using electric devices for survival, including oxygen. She also raised similar concerns about clinically vulnerable people with mental health needs who may find themselves without energy supply, and called on the Ofgem chief to work with the energy companies to take the following action:

1. Ensure clinically vulnerable patient lists are fully updated frequently and checked before considering terminating supply.
2. Develop a fail-safe system to ensure new patients being added to a clinically vulnerable patient list have energy supply immediately.
3. Embark on a proactive communications campaign to ensure the public are aware of their rights regarding this.
4. Supply the NHS with the information it needs to be able to advise patients if they are at risk of being disconnected.
5. Have a senior responsible officer in each energy company who will act as a lead for the NHS and social care to discuss concerns regarding clinically vulnerable people and their energy supply.

Sam also raised concerns over the impact of cost-of-living pressures and the health consequences for those who cannot afford to pay for their energy, referencing existing evidence on excess winter deaths and serious illness as a result of cold weather. In her letter, she asked that the regulator reconsider the disconnection policy for all energy companies and suggests mirroring the approach of the Water Industry where domestic supplies cannot be disconnected.

## **2.3 North East and North Cumbria Integrated Care System update**

A workshop was held in June which brought together representatives from local authorities, the NHS, the voluntary and community sector, Healthwatch and universities from across the North East and North Cumbria to discuss the strategic

priorities of the Integrated Care System (ICS), what place-based working means and what principles should drive the development of joint working arrangements.

Feedback from this session has informed the ongoing development of the Integrated Care Strategy, ICS operating model, and place-based working arrangements. The first meeting of the Integrated Care Partnership (ICP) took place on 20 September, with the ICP receiving recommendations from a multi-agency working group on the formulation of the Integrated Care Strategy for the North East and North Cumbria.

A programme of work for developing place-based governance is underway, with the Integrated Care Board's Executive Directors of Place-Based Delivery facilitating discussions around preferred models of governance at Place, with a view to agreeing outline proposals for these arrangements by October 2022. Executive Directors of Place-based Delivery will work with each Place to explore the governance options for place-based working set out in national guidance and develop a mutually agreed governance roadmap which outlines the powers and resources to be delegated from the ICB (and local authority in the case of a joint committee). The aim is to develop early proposals for consideration by the ICB and local authorities by November with the option for shadow-running the proposed arrangements from January onwards, followed by a review in March ahead of formal adoption of local governance arrangements by April 2023.

### **3. National updates**

#### **3.1 Number of patients on community mental health services waiting lists in England rises to 1.2 million**

The Independent [reports](#) recent data published by NHS England which reveals the number of people waiting for community mental health services has risen to 1.2 million. The data shows that the number of patients waiting for a mental health follow-up appointment or learning disability service at the end of 2021/22 was up from 1.08 million at the end of quarter three. The NHS also failed to meet its target of getting 1.6 million patients into talking therapies, with 1.2 million starting sessions last year. Although the provision of Improving Access to Psychological Therapies (IAPT) services has expanded, the NHS failed to consistently hit targets for access and recovery rates for black and minority ethnic patients in the past year. Targets for providing services to psychosis patients that meet quality standards were also not met in 2021-22, according to the data. NHS services across the country are also reporting huge increases in demand for children's mental health services and in particular children's eating disorder services. Figures published in August showed that as of May 2022, 689,379 children had accessed mental health services compared to 596,352 in May last year.

The new data on community waiting lists is considered a key measure in estimating the waiting list for mental health services, although figures do not include those waiting for inpatient care and other services. According to estimates from NHS Providers, last year around 8 million people did not meet thresholds for accessing

services. The organisation said in August there were 1.6 million people on official waiting lists.

### **3.2 £75m fund to support acute mental health bed pressures**

In an [interview](#) with the Health Service Journal (HSJ), Claire Murdoch, National Director of Mental Health at NHSEI, said bed occupancy levels in mental health inpatient services in England have been consistently above 95% throughout 2022, well above the 85% occupancy recommended by the Royal College of Psychiatrists. Length of stay has also risen by 15% and data suggests increases in inpatient stays of over 90 days. Murdoch said that at any one time 7% of mental health inpatients are awaiting discharge, with two thirds of those waiting for social care and housing support packages.

Claire Murdoch announced a £75m fund to help relieve pressure on inpatient beds, confirming that the additional funding would not come from the existing mental health services budget of £2.3bn which is ringfenced and has been protected from cuts in order to fund this year's pay award for NHS staff. NHSEI is now working with all 42 Integrated Care Systems to determine the allocation of the additional funds, with Murdoch confirming that the allocation would be made on the basis of need rather than a blanket approach. Five areas are currently the subject of a deep dive and receiving intensive support from the national team, though Murdoch stressed that it is not necessarily the case that all of these areas have an inadequate bed base, and that issues relating to partnership working with social care, the availability of step-down beds, and the strength of community services may be contributing factors.

Claire Murdoch also suggested that eliminating out of area placements is a realistic possibility and that this will be made a key priority for Integrated Care Systems, referencing work underway to strengthen relationships with social care and housing providers and improve step-down discharge pathways. The National Director also talked about [plans](#) to strengthen NHSEI's quality improvement programme and crack down on poor quality care delivered by mental health providers, including those in the independent sector.

## **4. BBC Panorama programme - Undercover Hospital: Patients at Risk**

On 28<sup>th</sup> September, BBC Panorama programme, Undercover Hospital: Patients at Risk, which was filmed at the Edenfield Unit, which is part of Greater Manchester Mental Health NHS Foundation Trust was aired. I'm sure everyone will agree that the mistreatment of patients seen in the programme was both horrifying and distressing for members of staff as well as our service users, carers and their families.

We are doing everything we can to support our teams during this difficult period. Our teams are providing support to each other, and we have undertaken internal and external communications across our social media platforms to encourage people to seek help and support if they have been affected by the issues raised in the programme.

James Duncan  
**Chief Executive**  
**October 2022**



## 8. Commissioning and Quality Assurance update

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 8. CQA - Board Report - August 2022.pdf



# Board Report

## 2022-23 Month 5 (August 2022)



Caring | Discovering | Growing | **Together**

# Executive Summary

## Regulatory

- At Month 5, the Trust delivered a £3.1m deficit against a planned surplus of £0.65m. Agency spend at the end of Month 5 is £13.8m of which £9.3m (67%) relates to nursing support staff.
- Information Governance Training has increased to 88.3% in the month - 95% required by 30<sup>th</sup> September 2022
- Out of area bed days have increased in the month (Total of 631 QTD), the Quarter 2 trajectory has not been achieved (399 Q2)
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at August 2022 is reported at 68.18% against a 95% standard.
- Children and Young Peoples Eating Disorder Services waiting times for urgent referrals (seen within 7 days) at August 2022 is reported at 100% against a 95% standard.

## Contract

- The Trust met all local commissioner contract requirements for month 5 with the exception of:
  - CPA metrics for all commissioners with the exception of Sunderland
  - Delayed Transfers of Care within Newcastle Gateshead and North Cumbria
  - Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in North Tyneside
  - IAPT numbers entering treatment in Sunderland and North Cumbria

## Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have increased in the month now reported at 365 (6.3%) as at 31<sup>st</sup> August 2022
- The numbers of Children and Young people waiting over 18 weeks for treatment have increased in the month to 2282 (55.4%) as at 31<sup>st</sup> August 2022
- There are a number of training topics underperforming against the Quarter 2 trajectory
- Appraisal rates have increased to 64.9% against a Quarter 2 trajectory of 77% Trustwide
- Management supervision has increased in the month to 56.9%, remaining under the Quarter 2 trajectory of 71%

# Regulatory

|                            |          |  |
|----------------------------|----------|--|
| Single Oversight Framework | Segment  | The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). (Aug 22) |
|                            | <b>1</b> | Areas for improvement relate to CYPS ED waiting times and Out of Area Placements   |

|                         |                    |  |
|-------------------------|--------------------|--|
| Care Quality Commission | <b>OUTSTANDING</b> | Action plans have been developed and submitted to CQC on all 8 areas of improvement (Must Dos) identified from recent inspections to learning disability and autism wards. |
|-------------------------|--------------------|--|

|   |     |     |     |     |     |      |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|
| Number of visits in the last 12 months: | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|   | 3   | 0   | 7   | 2   | 3   |      |     |     |     |     |     |     |

|                                 | Standard | Apr   | May   | Jun   | Jul   | Aug   | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---------------------------------|----------|-------|-------|-------|-------|-------|------|-----|-----|-----|-----|-----|-----|
| DQMI Score                      | 90%      | 93.1% | 93.0% | 91.8% | 93.5% | 93.3% |      |     |     |     |     |     |     |
| Information Governance Training | 95%      | 86.1% | 85.4% | 85.4% | 86.6% | 88.3% |      |     |     |     |     |     |     |
| Out of Area bed days            | 0        | 155   | 241   | 337   | 301   | 330   |      |     |     |     |     |     |     |
| IAPT Recovery (Sunderland)      | 50%      | 56.4% | 49.8% | 56.5% | 52.6% | 56.7% |      |     |     |     |     |     |     |
| IAPT Recovery (N.Cumbria)       | 50%      | 54.0% | 52.1% | 52.7% | 51.4% | 50.9% |      |     |     |     |     |     |     |
| EIP (2 weeks to treatment)      | 60%      | 81.8% | 82.5% | 80.7% | 87.5% | 87.0% |      |     |     |     |     |     |     |
| 72 hour follow up               | 80%      | 90.2% | 92.7% | 97.0% | 93.4% | 91.1% |      |     |     |     |     |     |     |
| Referral to treatment (RTT)     | 100%     | 100%  | 100%  | 100%  | 100%  | 100%  |      |     |     |     |     |     |     |
| CYPS ED – Urgent                | 95%      | 75%   | 100%  | 100%  | 100%  | 100%  |      |     |     |     |     |     |     |
| CYPS ED - Routine               | 95%      | 72.2% | 69.6% | 63.2% | 69.2% | 68.2% |      |     |     |     |     |     |     |

|                     |  |
|---------------------|--|
| Action being taken: | Data quality has been completed investigating recent recording practices for CYPS ED urgent referrals, a error relating to an incorrect SNOMED code was identified and has now been corrected. The data has been updated to reflect the change and is reported at 100% for month 4. A plan has been developed to ensure that the Trust will be compliant with the 95% standard for IG training by the end of September 2022. |
|---------------------|--|

# Contract

|                               |                             |  |
|-------------------------------|-----------------------------|--|
| Commissioner Contracts (CCG): | Unmet contract requirements | The Trust's met all local commissioner contract requirements with the exception of: <ul style="list-style-type: none"> <li>• CPA metrics for all commissioners with the exception of Sunderland</li> <li>• DTOC – Newcastle Gateshead and North Cumbria</li> <li>• Ethnicity recording for MHSDS – North Tyneside</li> <li>• IAPT numbers entering treatment – Sunderland and North Cumbria</li> </ul> |
|                               | <b>4</b>                    |  |

|                                |                             |   |
|--------------------------------|-----------------------------|---|
| Commissioner Contracts (NHSE): | Unmet contract requirements | The Trust's met all NHSE contract requirements with the exception of: <ul style="list-style-type: none"> <li>• Percentage of patients with a completed outcome plan (relating to 4 patients)</li> </ul> |
|                                | <b>1</b>                    |   |

|                     |             |                |                |                       |                |            |               |                        |
|---------------------|-------------|----------------|----------------|-----------------------|----------------|------------|---------------|------------------------|
| Contract Summaries: | NHS England | Northumberland | North Tyneside | Newcastle / Gateshead | South Tyneside | Sunderland | North Cumbria | Durham and Tees Valley |
|                     | 94%         | 80%            | 70%            | 60%                   | 80%            | 86%        | 50%           | 75%                    |

|        |     |                 |                      |                     |  |
|--------|-----|-----------------|----------------------|---------------------|--|
| CQUIN: |     | <b>Achieved</b> | <b>Part achieved</b> | <b>Not achieved</b> | As at August 2022 all CQUINS have been internally forecast to achieve the Quarter 2 requirements |
|        | Q1  | 6               |                      |                     |  |
|        | QTD | 6               |                      |                     |  |
|        | Q3  |                 |                      |                     |  |
|        | Q4  |                 |                      |                     |  |

|                                |              |  |
|--------------------------------|--------------|--|
| Friends and Family Test (FFT): | <b>86.8%</b> | The overall FFT satisfaction score for August 2022 was reported at 86.8%, this was based on the number of responses received from service users and carers who stated their overall experience with CNTW services was either good or very good. The number of Points of You survey returns received was 401, of which 67% were from service users, 20% from carers, 10% were completed on behalf of a service user and 3% did not state their person type. |
|--------------------------------|--------------|--|

|                     |  |
|---------------------|--|
| Action being taken: | Localities have committed to meeting quality standards by the end of Q4 2022/23 which includes a focus on under performing contract requirements e.g. CPA metrics. Data quality reports are being developed as part of the dashboard development project and a new data quality lead will be focusing on areas of concern and delivering targeted training once in post.<br>The CYPS mailshot of Points of You has been reinstated and has generated an increased level of feedback from Children and Young People.<br>The online version of Points of You is being made more accessible to encourage greater feedback levels and localities will be encouraged to promote this. |
|---------------------|--|

# Internal

|  |                      |  |
|--|----------------------|--|
| Waiting Times<br>(Adult and Older Person): | Over 18 week waiters | As at 31 <sup>st</sup> August 2022 there were a total 5796 people waiting to access services in non-specialised adult services across CNTW of which, 362 people have waited more than 18 weeks. This is an increase from 5527 people waiting to access non-specialised adult services last month of which 329 were reported waiting over 18 weeks. |
|  | 362 (6.2%)           |  |

|                          |                      |   |
|--------------------------|----------------------|---|
| Waiting Times<br>(CYPS): | Over 18 week waiters | This month there has been an increase in the total number of CYP waiting more than 18 weeks to treatment, reported at 2280 as at 31 <sup>st</sup> August 2022 compared to 2261 as at 31 <sup>st</sup> July 2022. The number of young people waiting to access children’s community services is reported at 4118 overall at month 5. |
|                          | 2280 (55.4%)         |   |

|                                 |   |     |      |  |     |      |   |     |      |
|---------------------------------|---|-----|------|--|-----|------|---|-----|------|
| Statutory & Essential Training: | Standard achieved<br>(Quarter 2 trajectory met) |     |      | Standard almost achieved<br>(<5% below Quarter 2 trajectory) |     |      | Standard not achieved<br>(>5% below Quarter 2 trajectory) |     |      |
|                                 | Jul   | Aug | Sept | Jul  | Aug | Sept | Jul   | Aug | Sept |
|                                 | 7   | 6   |      | 2  | 3   |      | 13  | 12  |      |

|                        | Standard | Apr   | May   | Jun   | Jul   | Aug   | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------|----------|-------|-------|-------|-------|-------|------|-----|-----|-----|-----|-----|-----|
| Appraisals             | 85%      | 64.8% | 63.8% | 63.8% | 62.5% | 64.9% |      |     |     |     |     |     |     |
| Management Supervision | 85%      | 52.6% | 55.2% | 54.5% | 55.6% | 56.9% |      |     |     |     |     |     |     |
| Clinical Supervision   | 85%      | 77.5% | 77.8% | 77.8% | 79.4% | 79.1% |      |     |     |     |     |     |     |

|                     |    | EDI and Human Rights | Supporting service users & carers to be heard         | Improving Waiting Times   | Improving the inpatient experience  |
|---------------------|----|----------------------|---|---|---|
| Quality Priorities: | Q1 |                      |   | The Trust continues to report a number of over 18 week waiters, work is ongoing within the Access & Waiting Times Group | The Trust did not meet the Quarter 1 trajectory for out of area bed days                                    |
|                     | Q2 |                      | Work continues with the roll out of “You Said We Did” | The Trust continues to report an increasing number of over 18 week waiters  | The Trust continue to report a number of out of area bed days, the Quarter 2 trajectory cannot be achieved. |

|                     |  |
|---------------------|--|
| Action being taken: | Localities have developed trajectories for meeting training standards by the end of Q4 2022/23. The Access and Waiting Times group has taken on more of a performance management role and an updated reporting proforma has been developed for localities to highlight issues and provide key action points for areas of improvement. Localities provide monthly updates on key deliverables and issues. <i>Overall page 34 of 132</i> |
|---------------------|--|

## Financial Performance Dashboard



## Key Indicators

|                   | Month 5      |           |             |   |           |             |  |             |
|-------------------|--------------|-----------|-------------|---|-----------|-------------|--|-------------|
|                   | Year to Date |           |             | Year End without return to Pre COVID spending |           |             | Year End with planned return to COVID spending |             |
|                   | Plan £m      | Actual £m | Variance £m | Plan £m                                       | Actual £m | Variance £m | Actual £m                                      | Variance £m |
| Income            | 217.2        | 219.2     | 2.0         | 521.3   | 523.1     | 1.8         | 523.3  | 2.0         |
| Pay               | (153.9)      | (163.7)   | (9.8)       | (365.8)                                       | (392.6)   | (26.9)      | (380.0)  | (14.3)      |
| Non Pay           | (62.6)       | (58.6)    | 4.0         | (149.9)                                       | (138.1)   | 11.8        | (137.7)  | 12.2        |
| Surplus/(deficit) | 0.7          | (3.1)     | (3.8)       | 5.6   | (7.6)     | (13.2)      | 5.6  | (0.0)       |

### Key Issues/Risks

- At month 5 the Trust has a £3.1m deficit which is £3.8m behind plan, The Trust is forecasting to deliver a £5.6m surplus as agreed as part of the ICS financial plan.
- Overall Trust pay costs have steadily continued to increase from Q4 21/22 through 22/23. Agency costs are higher than planned. The Trust plan is dependent on a drop in staff costs to pre COVID levels in Q2. Whilst we have seen a small drop more work is needed to reach plan.
- Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.
- Cash – £50.7m at month 5 which is £3.0m below plan. The Trust has a Public Dividend Capital (PDC) drawn down expected of £2.6m together with changes in working balances which accounts for cash balances being below plan at month 5. The Trust is forecasting to have the planned level of cash balances, £51.8m at the end of the financial year.
- Capital Spend - £14.1m at M5, which is £7.9m under plan.

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

|              | 01/08/2022   |              | 08/08/2022   |              | 15/08/2022   |              | 22/08/2022   |              | 29/08/2022   |              |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Medical      | 125          | 91           | 125          | 107          | 135          | 107          | 124          | 112          | 120          | 107          |
| Qual Nursing | 320          | 271          | 299          | 246          | 263          | 204          | 242          | 188          | 200          | 158          |
| Unq Nursing  | 3,007        | 2,155        | 3,180        | 2,395        | 3,011        | 2,259        | 2,886        | 2,210        | 2,846        | 2,284        |
| A&C          | 24           |              | 18           |              | 27           |              | 17           |              | 21           |              |
| <b>Total</b> | <b>3,476</b> | <b>2,517</b> | <b>3,622</b> | <b>2,748</b> | <b>3,436</b> | <b>2,570</b> | <b>3,269</b> | <b>2,510</b> | <b>3,187</b> | <b>2,549</b> |

In August the Trust reported an average of 2,579 price cap breaches (105 medical, 213 qualified nursing and 2,261 nursing support). At the end of Aug, 21 out of 24 agency medics were paid over the price cap.

# Risks and Mitigations

- There is a risk of non-compliance with CQC essential standards and the NHS Improvement Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 5.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- Please note the change in requirement and reporting due to COVID-19 are not reflected in this report.
- Quality and training standards have been impacted as a consequence of responding to COVID-19, recovery trajectories have been agreed for 2022-23 at both a Trustwide and locality level.
- There is a risk that the Trust will not meet it's financial plan if there is continued and sustained agency use.

## Recommendations

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

Allan Fairlamb

Deputy Director of Commissioning & Quality Assurance

Lisa Quinn

Executive Director of Finance and Commissioning & Quality Assurance

22<sup>nd</sup> September 2022

# 9. COVID / National Enquiry update

Speaker: Anthony Deery, Deputy Chief Executive

## References:

- 9. Covid 19 Update.pdf



## Report to the Board of Directors

Wednesday 5<sup>th</sup> October 2022

|   |                                    |
|---|------------------------------------|
| <b>Title of report</b>                            | <b>Covid-19 Update</b>             |
| <b>Purpose of the report</b>                      | <b>For information</b>             |
| <b>Executive Lead</b>                             | <b>Gary O'Hare, Chief Nurse</b>    |
| <b>Report author(s) (if different from above)</b> | <b>Janet Thomson, Gold Command</b> |

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

| <b>Board Sub-committee meetings where this item has been considered (specify date)</b> |     |
|--|-----|
| Quality and Performance  | N/A |
| Audit  | N/A |
| Mental Health Legislation  | N/A |
| People Committee   | N/A |
| Resource and Business Assurance  | N/A |
| Charitable Funds Committee   | N/A |
| Provider Collaborative, Lead Provider Committee  | N/A |

| <b>Management Group meetings where this item has been considered (specify date)</b> |     |
|---|-----|
| Executive Team  | N/A |
| Trust Leadership Team (TLT)   | N/A |
| Trust Safety Group (TSG)  | N/A |
| Other i.e. external meeting   | N/A |
|   |     |
|   |     |
|   |     |

| <b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b> |
|---|
|   |

**Covid-19 Update**  
**Report for the Board of Directors meeting**  
**Wednesday 5<sup>th</sup> October 2022**

**1. Executive Summary**

This is an exception report in response to the Covid-19 pandemic for the months of July, August, and September 2022. It focuses on:

- Covid-19 Prevalence, Surge and Business Continuity
- Nosocomial & Outbreak Management
- National IPC Guidance - Health and Care Settings
- Asymptomatic Testing
- Autumn Vaccination Programme
- National Inquiry

**2. Covid-19 Prevalence, Surge and Business Continuity**

Since the end of July 2022 there has been a general trend nationally of reduced Covid-19 case rates and this has been reflected locally across LA7 and Cumbria. This is likely to be in part due to the stopping of all asymptomatic testing including patient facing staff working in the Health and Social Care sector from 31<sup>st</sup> August 2022.

Although difficult to predict Covid activity as we move into the autumn and winter, it is anticipated across the region, that case rates of Covid 19 and seasonal Influenza will rise in October and peak in November.

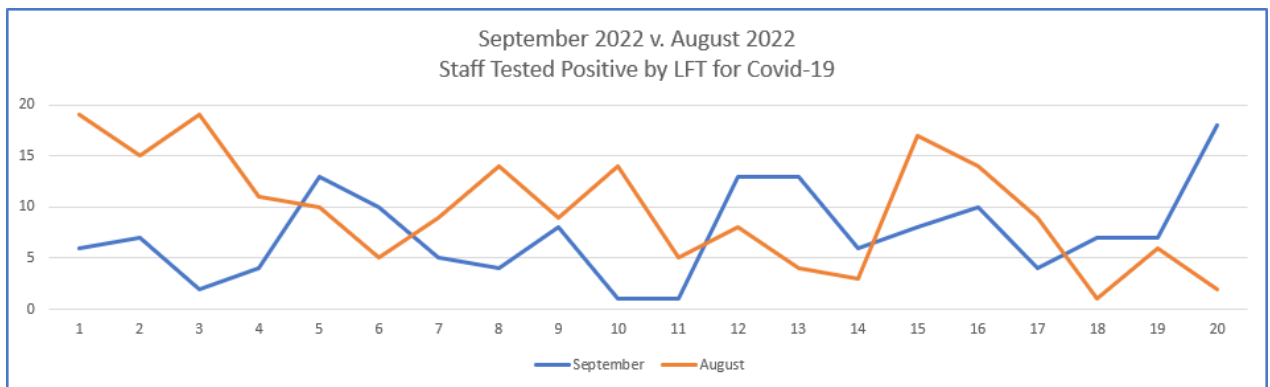
Covid case rates in the Trust have been very low throughout August for both staff and patients, resulting in low Covid staff absence rates. We are seeing a slight increase in cases in September and it is expected that a combination of increased Covid and seasonal Influenza (Flu) cases will result in an increase in staff absences throughout October and November and may impact on service continuity.

**Covid Alert level reduced from level 3 to 2**

The Department of Health and Social Care issued a notice on 31<sup>st</sup> August 2022, and based on UKHSA advice, the UK Chief Medical Officers and NHS England National Director recommended to ministers that the Covid alert level moved from level 3 to level 2.

**2.1 CNTW Position**

On 21<sup>st</sup> September 2022 the Trust had 12 positive patients and staff covid absence had risen to 44 out of a total figure of 637 staff absence. Although generally Covid case rates remain low, there has been an increase in Outbreak activity and staff absence in the preceding week.



(Staff testing positive for Covid-19 increased by 157% from 7 cases on Monday 19<sup>th</sup> September to 18 cases on Tuesday 20<sup>th</sup> September 2022.)

### 3.0 **Nosocomial and Outbreak Management and Changes in Guidance**

National guidance states that outbreaks must be 28 days free without a further positive case linked in time and place before it can be closed. It was proposed by the DIPC and agreed by Executive Directors that CNTW would move to close outbreaks at 14 days from the last positive case, following a risk assessment of standard IPC control measures. Outbreak reflection and learning debrief takes place at the close of an Outbreak. Outbreaks will continue to remain open on the national system for 28 days since last positive case.

**At the time of this report the Trust has 12 patient positive Covid-19 cases.**

Three Outbreaks remain open:

- Roker Ward: six patients and two staff members linked to the Outbreak. The Outbreak remains open and is on day 11. It will close internally on day 14 and remain open on the national system until day 28.
- Cleadon Ward: four patients attributed to the Outbreak – Day 9.
- KDU Hadrian: three patients attributed to the Outbreak – Day 3.

### 3.1 **Learning/themes from Outbreak areas**

Each Outbreak gives us the opportunity to review with the Clinical Team and Outbreak Management Group the key themes relating to practice and Trust processes which can be improved or reaffirmed. A summary of the learning since the last report is included below:

- Reaffirming that patients are only tested if they become symptomatic via PCR rather than LFT. This is a recurring theme and IPC to place a reminder in the Bulletin.
- Evidence of embedded learning in clinical service areas following previous outbreaks and good IPC practice noted.
- Staff engagement and good working relationships between IPC and ward staff noted. Staff are informing IPC when patients are out of isolation, affording IPC the opportunity to ensure all cleaning measures have been completed and discuss any further queries. Staff continue to appreciate the IPC wrap around support during an outbreak.

#### 4. CNTW Infection, Prevention and Control Measures, Covid Testing & Isolation Guidance

##### 4.1 Changes to Asymptomatic Testing

As Covid-19 prevalence in the community continues to fall and remains at a comparatively low level and the risk of onward transmission in NHS settings is reduced, the Government, acting on UKHSA advice, recommended that **asymptomatic testing can pause from 31<sup>st</sup> August 2022 in a number of settings, including NHS clinical settings.**

**From 31<sup>st</sup> August, patient facing staff are no longer required to undertake asymptomatic (LFD) testing twice a week.** This also includes staff visiting care homes who are no longer required to take a test before visiting.

The following Patient and Staff testing should continue:

- PCR tests are required for patients discharged to care homes/hospices (unless patient has been positive for Covid-19 within 90 days, in which case an LFD test should be undertaken).
- LFD testing on patient admission, day 3 and 5 continues.
- Patients require a PCR test if symptomatic.
- All staff who are symptomatic should undertake an LFD test.
- All positive staff should continue to undertake an LFD test on day 5 and 6, and until two consecutive negative results up to day 10.

Symptomatic staff can continue to order LFT kits from the government website.

##### 4.2 IPC Good Practice - Living with Covid

IPC to share good practice message as we move into Autumn / Winter. Message of good hand hygiene and appropriate PPE continues to be important to reduce the spread of all infectious diseases including seasonal Influenza (Flu) and Covid-19.

##### 5.0 Autumn Vaccination Programme

**Joint Committee on Vaccination and Immunisation (JCVI) Statement on Covid-19 autumn 2022 vaccination booster and flu programme: 18<sup>th</sup> August 2022**

The JCVI confirmed that a Covid-19 vaccine should be offered to:

- Residents in a care home for older adults and staff working in care homes for older adults.
- Frontline health and social care staff.
- All adults 50 years of age and over.
- Persons aged 5-49 years in a clinical risk group as set out in the Green Book.
- Persons aged 5 to 49 years who are household contacts of people who are immunosuppression.
- Persons aged 16 to 49 years who are carers, as set out in the Green Book.

Systems are encouraged to 'maximise opportunities to co-promote and co-administer where possible and clinically advised, especially where this improves patient experience and uptake, but this should not unduly delay administration of either job'.

The CNTW vaccination programme is led by the Deputy Chief Nurse and supported by IPC. A decision was taken by the Trust that **all** CNTW staff and NTW Solutions staff will be offered the booster vaccine.

Plans are in place for vaccinations of Seasonal Influenza (Flu) and the Covid-19 autumn booster to be offered at the same time, although staff can request separate vaccines if they prefer. **The staff vaccination programme will start week beginning 10<sup>th</sup> October 2022 (vaccinators will be offered the vaccine from 26<sup>th</sup> September 2022).**

The Model for staff vaccinations is locality based and a mixed model of clinics, peer vaccinators in ward settings and community teams, and roving vaccinators, offers flexibility. Locality plans are in place and the vaccination training programme is underway to train vaccinators who will be able to administer both the Covid booster and Flu vaccination.

Clinics for staff have been identified as follows:

- Keswick House, St Nicholas Hospital
- Druridge ward, St George's Park
- Meadowview, Hopewood Park
- Edenwood, Carleton Clinic

The Covid-19 booster vaccine confirmed for delivery will be Spikevax (Moderna) for staff and adult patients.

The Pfizer vaccine will continue to be used for paediatric use.

**Patient Covid booster vaccinations will commence on 26<sup>th</sup> September 2022.** Eligible inpatients are being identified currently.

Primary Care Hubs will be available within the system to support eligible CNTW patients to receive their booster (or primary if still not had), and community staff will continue to support vulnerable community patients to access their booster jab.

All staff who receive the vaccine via the Trust will be entered onto the NIVs system. Confirmation is awaited as to whether CNTW can extract data from NIVs to identify staff who have received their booster vaccine external to the Trust. Informatics and IG team will advise when the position is confirmed.

There is a general view that staff uptake may not be consistent with last year's uptake, based on local conversations with staff.

Communications have been shared to launch the campaign for patients and staff and these will be ongoing throughout the campaign. The 'flu fighter' superhero branding is being used again this year, along with case studies.

## **6.0 National Inquiry**

On Thursday 21<sup>st</sup> July 2022, Baroness Hallett officially launched the Covid-19 Public Inquiry and opened it's first investigation on how well prepared the UK was for a pandemic. The investigation will take a modular approach and Module 1 has been officially launched.

Module 1 will apply at Government level regarding major incident preparedness, whole system civil contingencies and pandemic readiness. Module 1 does not apply to our organisation.

Module 2 will look at core political and administrative governance and decision making with devolved governments, LA and Vol Sector across England, Scotland, Wales, and Northern Ireland. There is no request for participant registration at this stage but it does not appear to be relevant to our organisation on the basis of the information available at this time.

Module 3 will examine the impact of covid and of the responses by a range of organisations in health and social care on behalf of patients and staff, impact on backlogs, vaccination and long Covid. The timeline doesn't specify a date for this to commence as yet and no request to register as participants. Module 3 is likely to apply to our organisation,

Other modules are still being developed for procurement, PPE, Test and Trace, impact on education etc. and will be announced at a later date.

Anne Moore will attend a webinar on 3rd October and provide an update.

## **7. Recommendation**

The Board are asked to receive this report, noting the assurance on the measures taken to date, and significant collaborative response from the organisational teams to ensure the safe and effective delivery of care.

## **COVID Guidance Update – 29<sup>th</sup> June to 20<sup>th</sup> September 2022**

### **Medication**

[Regulatory approval of COVID-19 Vaccine Valneva](#)  
[COVID-19 vaccination programme](#)  
[Coronavirus \(COVID-19\) vaccines adverse reactions](#)  
[First bivalent COVID-19 booster vaccine approved by UK medicines regulator](#)  
[JCVI publishes advice on COVID-19 vaccines for autumn booster programme](#)  
[Regulatory approval of Pfizer/BioNTech vaccine for COVID-19](#)  
[COVID-19 vaccination: autumn booster resources](#)  
[COVID-19 vaccination programme](#)  
[Coronavirus \(COVID-19\) vaccines adverse reactions](#)  
[COVID-19 vaccination: women who are pregnant or breastfeeding](#)  
[JCVI advises use of additional bivalent vaccine for autumn booster campaign](#)  
[COVID-19 vaccination programme](#)  
[Regulatory approval of Spikevax \(formerly COVID-19 Vaccine Moderna\)](#)

### **Health**

[Hospital discharge and community support guidance](#)  
[High consequence infectious diseases \(HCID\)](#)  
[COVID-19 variants identified in the UK – latest updates](#)  
[Coronavirus \(COVID-19\): guidance](#)  
[COVID-19: the green book, chapter 14a](#)  
[COVID-19: managing healthcare staff with symptoms of a respiratory infection](#)  
[Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK: 1 September 2022](#)  
[COVID-19: the green book, chapter 14a](#)  
[COVID-19: information and advice for health and care professionals](#)

### **Public Information**

[Deaths due to COVID-19, registered in England and Wales: 2021](#)  
[Deaths involving COVID-19 by vaccination status, England: deaths occurring between 1 January 2021 and 31 May 2022](#)  
[Excess mortality in England and English regions](#)  
[The R value and growth rate](#)  
[Consensus statements and medium-term projections on COVID-19](#)  
[Coronavirus Act report: May 2022](#)  
[The pandemic taught us that good ventilation is vital](#)  
[National flu and COVID-19 surveillance reports published](#)  
[About us](#)  
[Preventing and controlling outbreaks of COVID-19 in prisons and places of detention](#)  
[Ventilation to reduce the spread of respiratory infections, including COVID-19](#)  
[Coronavirus \(COVID-19\): advice for UK visa applicants and temporary UK residents](#)  
[COVID-19 alert level reduced to 2 - GOV.UK.pdf](#)

### **Public Inquiry**

[Terms of reference](#)

**EPRR daily Brief / Comms from EPRR and C19 inbox (including GRG actions)**

|  | Date     | Resulting action   |
|--|----------|--|
| <p><u>NHS Employers</u><br/>Withdrawal of staff terms and conditions section of COVID-19 workforce guidance and changes to NHS Pension Scheme member contributions</p> | 29.06.22 | <p><a href="#">Withdrawal of Staff Terms &amp; Conditions Section of Covid 19 Workforce Guidance</a><br/>Forwarded from Lynne Shaw to Exec Directors, forwarded from GOH to Vida Morris; Anthony Deery ; Kelly Stoker<br/>Removal of covid sick pay from 7th July 2022 - update from Lynne confirming some of this work already being undertaken</p>   |
| <p><u>Capsticks Insight</u><br/>Withdrawal of the NHS COVID-19 workforce guidance – further update for employers</p>   | 12.07.22 | <p><a href="#">Learn more in our latest insight here</a><br/>Sent to Kelly Stoker, copied to Elizabeth Hanley</p>  |
| <p><u>NEY Covid 19 Inquiry</u><br/>System Brief Re: Launch of the UK Covid19 Pandemic Inquiry</p>  | 22.07.22 | <p>short summary of the information shared at the launch of the Covid 19 Public Inquiry yesterday, brief for information only – no request for action</p>  |
| <p><u>NEY Covid 19 Inquiry</u><br/>RE: 20220722 System Brief Re: Launch of the UK Covid19 Pandemic Inquiry</p>   | 27.07.22 | <p>Update relating to registering as a core participant for Modules 1, 2, and 3 of the Inquiry.</p>  |
| <p><u>North-East And Yorkshire Operations Hub</u><br/>FW: C1607, C1669 and C1670 - Long COVID plan documents</p>   | 28.07.22 | <p><a href="#">C1607 - NHS England » The NHS plan for improving long COVID services</a><br/><a href="#">C1669 - NHS England » Long COVID: Advice and resources for healthcare professionals in primary care</a><br/><a href="#">C1670 - NHS England » National commissioning guidance for post COVID services</a><br/>Received via Tony Gray - forwarded to Kelly Stoker, Anthony Deery &amp; Liz Hanley</p> |
| <p><u>North-East And Yorkshire Operations Hub</u><br/>FW: FOR CASCADE: B1465-Introduction of the Patient Safety Incident Response Framework letter</p>                 | 18.08.22 | <p><a href="#">#2160822 - FW_FOR CASCADE_B1465-Introduction of the Patient Safety Incident Response Framework letter.msg</a><br/>Sent to Anthony Deery and Tony Gray</p>   |
| <p><u>North-East And Yorkshire Operations Hub</u><br/>FW: FOR CASCADE: C1684 - Autumn COVID-19 booster and flu vaccine programme</p>                                   | 18.08.22 | <p><a href="#">#1180822 - FW_FOR CASCADE_C1684 - Autumn COVID-19 booster and flu vaccine programme.msg</a><br/>Sent to Janet Thomson; Anne Moore; Claire Thomas; Kelly Stoker; Anthony Deery; Johanne Wiseman</p>  |
| <p><u>Covid Vaccine Hub NE</u><br/>Vaccine - Info update SYSTEM LETTER</p>   | 19.08.22 | <p><a href="#">#1190822 - System update 190822.odt</a><br/>Sent to Steven Routledge &amp; Kelly Stoker - forwarded by KS to Anthony Deery, Elizabeth Hanley, Gary O'Hare, Jo Wiseman</p>   |



|   | Date     | Resulting action   |
|---|----------|--|
| NHS England & NHS Improvement<br>COVID-19 testing in periods of low prevalence                        | 25.08.22 | <a href="#">C1662_COVID-19 testing in periods of low prevalence</a><br>Forwarded to Gary O'Hare; Anthony Deery; Vida Morris; Liz Hanley; Janet Thomson   |
| North-East And Yorkshire Operations Hub<br>FW: [FOR ACTION] C19/Flu Vaccs: HCSW vaccs - comms toolkit | 06.09.22 | <a href="#">FW_FOR ACTION_C19_Flu Vaccs_HCSW vaccs - comms toolkit #12085.msg</a><br><a href="#">20220905_Health social care worker winter vaccinations Communications Toolkit_FINAL.pdf</a><br>Worksheet in (FOR APPROVAL - SPOC CASCADE) (FOR ACTION) C19 Vaccs Healthcare worker winter vaccinations.xlsx<br>Sent to Infection Control; Janet Thomson; Anthony Deery; Claire Thomas |
| NHS England<br>Healthcare worker COVID-19 and seasonal flu vaccination in Trusts                      | 06.09.22 | <a href="#">C1681_Healthcare worker COVID-19 and seasonal flu vaccination in Trusts_060922.pdf</a>   |

[Healthcare Leaders Update - 01.07.22](#)  
[Healthcare Leaders Update - 08.07.22](#)  
[Healthcare Leaders Update - 15.07.22](#)  
[Healthcare Leaders Update - 22.07.22](#)  
[Healthcare Leaders Update - 29.07.22](#)  
[Healthcare Leaders Update - 05.08.22](#)  
[Healthcare Leaders Update - 12.08.22](#)  
[Healthcare Leaders Update - 19.08.22](#)  
[Healthcare Leaders Update - 26.08.22](#)  
[Healthcare Leaders Update - 02.09.22](#)

# 10. Annual Medical Revalidation Report 2021/22

Speaker: Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director

## References:

- 10. Medical Revalidation Report 05.10.22\_.pdf

**Report to the Board of Directors**  
**Wednesday 5<sup>th</sup> October 2022**

|   |  |
|---|--|
| <b>Title of report</b>                            | <b>Medical Appraisal / Revalidation Annual Board Report 2021-2022</b>  |
| <b>Purpose of the report</b>                      | <b>For information</b>   |
| <b>Executive Lead</b>                             | <b>Dr Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive<br/>Dr Eilish Gilvarry, Deputy Medical Director</b> |
| <b>Report author(s) (if different from above)</b> |  |

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

| <b>Board Sub-committee meetings where this item has been considered (specify date)</b> |   |
|--|---|
| Quality and Performance  | x |
| Audit  |   |
| Mental Health Legislation  |   |
| People Committee   |   |
| Resource and Business Assurance  |   |
| Charitable Funds Committee   |   |
| Provider Collaborative, Lead Provider Committee  |   |

| <b>Management Group meetings where this item has been considered (specify date)</b> |   |
|---|---|
| Executive Team  |   |
| Trust Leadership Team (TLT)   | x |
| Trust Safety Group (TSG)  |   |
| Other i.e. external meeting   |   |
|   |   |
|   |   |
|   |   |

| <b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b> |
|---|
|   |

**Trust Board of Directors  
Wednesday 5<sup>th</sup> October 2022**

**Medical Appraisal/Revalidation Annual Board Report 2021-22**

**1. Executive Summary**

This Report is the Annual submission of Medical Appraisal and Revalidation. The Board are asked to sign, after agreement, the Statement of Compliance. This Annual Report is to be reviewed by TLT on 26<sup>th</sup> September, Quality & Performance 28<sup>th</sup> September 2022 and will then be submitted to the Trust Board for agreement and sign off before being forwarded to NHS England.

**2. In brief:**

- Compliance for appraisals- were 100% for 2021/22 (apart from exempt)
- 39 trained appraisers - all updated with training
- 76 doctors were recommended for Revalidation - 9 deferred, one on hold
- No issues of non-engagement
- CPD lunchtime sessions continue via Microsoft Teams and well attended
- In collaboration with operational managers leading on community transformation, we hosted a pilot scheme of mental health teaching days, specifically for GP's. Going forward, the Medical Development Team are reviewing the feedback and viability of this approach. Including GPs in our teaching programme remains a priority.
- Changes to the Workforce & OD Team structure to support Medical Development more widely.

**3. Risks and mitigations associated with the report**

- The Medical Development Team will ensure all doctors are updated on any national revalidation changes by linking with regional teams.
- The Medical Development Team will also ensure GMC Connect is updated to ensure all doctors have the appropriate connect to the Trust for Revalidation purposes.

**4. Recommendation/summary**

The Board are asked to accept this report and sign the statement of compliance at Section 7.

Dr Rajesh Nadkarni  
Executive Medical Director  
Deputy Chief Executive

28<sup>th</sup> September 2022

# Designated Body Annual Board Report – Medical Appraisal/Revalidation 2021-22

## Section 1 – General:

The Board of Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

1. Dr Rajesh Nadkarni, Executive Medical Director/Deputy Chief Executive is the Responsible Officer for the Trust and St Oswald's

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

The Revalidation Team consists of: Professor Eilish Gilvarry, Deputy Medical Director, Dr Hermarette Van den Bergh, Associate Medical Director (Revalidation), Dr Sunil Nodiyal, Associate Medical Director (Appraisal), Medical Development Admin Team and 39 trained and active appraisers – a decrease of 2 from last year.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The Medical Development Admin Team regularly checks with GMC Connect to ensure appropriate doctors are connected to the Trust and any doctors who have left the Trust have been disconnected.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

The following policies support the Revalidation Process and are regularly reviewed, updated and ratified:

- Medical Study Leave Policy due for review in August 2022
- Clinical Supervision due for review February 2023
- Request for Change of Consultant due for review - July 2023
- Medical Appraisal due for review – September 2023
- Medical Job Planning due for review – June 2024
- Handling Concerns about Doctors due for review – November 2024
- Private Practice due for review – May 2026

Policies reviewed since last Report:

- Private Practice
- Change of Consultant

- Handling Concerns about Doctors

We are currently in the process of finalising review of the Study Leave Policy; Medical Appraisal, Request for Change of Consultant and Clinical Supervision are on the Team's Work Plan for 2023

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

In accordance with the agreed Audit Programme for the financial year 2021/22, an audit of the appraisal output was done, using the NHS England approved audit tool ASPAT (Appraisal Summary PDP Audit Tool) as previously undertaken. Following consultation with medical staff and the Appraiser Development Group, the ASPAT audit tool was amended, to include a unique CNTW extension of additional questions. This is a separate, additional section, containing five domains which cover the changes in the MAG2020 around wellbeing, as well as a section on additional documentation for peer review and multi-disciplinary clinical discussions. This was to provide quality assurance on the mentioned domains and development since implementing the ASPAT tool as our regular assurance method.

The results of the original ASPAT domains are very encouraging, maintaining a trend of improvement across all domains year on year. This provides evidence of the value of the Appraiser Development Group and the positive impact of discussing previous audit outcomes in this forum. The results on the CNTW extension shows a further helpful trend towards discussing the impact of the pandemic and clinical welfare, which is in keeping with the changes proposed in the MAG2020 (Medical Appraisal Guide).

We are encouraged by the commitment of our clinicians and their continued engagement in the appraisal process, despite continuing pressures following the pandemic.

As with previous audits, the results and learning points will be discussed in the Appraiser Development Group, to facilitate quality improvement and greater compliance. Improvements in awareness raising of these developments has already been implemented in changes to the medical staff induction process.

A further audit will be incorporated in our Workplan for 2022/23. We are also liaising with South Tyneside & Sunderland Foundation Trust to undergo a piece of work on Peer Review for both Trusts.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another

organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

The Locum Support Document/Checklist was previously updated and re-circulated to all Medical Managers. The document is also sent to the supervisor/ line manager each time a locum is appointed. The updated guidance from NHS England 'Supporting Locums & Doctors in Short-term Placements' has been reviewed. There have been additional documents implemented for use when booking locum doctors ie: Agreed Agency Timetable, which provides details of the sessional work the doctor will be required to undertake, and is signed off by the supervising consultant, finance for costings and the actual locum doctor, so they know exactly what is expected when they report for work. This avoids any issues when it comes to authorising timesheets and working additional hours. Updates to financial reporting have been introduced on agency spend. The process for booking agency doctors was revisited in a Medical Managers meeting in July 2021, and new structures are now in place for agency approval. While agency locums do not have access to study leave and the associated financial support, there is a full programme of local CPD within the organisation, which they have free access to. They are also encouraged to form part of a local peer group, where they have access to peer support and opportunity for Cas Based Discussions.

## Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and any outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

There is a Priming Appraisal process in place to ensure all newly appointed doctors meet with the Medical Development Admin Team and hold an initial meeting with a nominated appraiser to agree a Personal Development Plan (PDP) within the first 3 months of appointment.

Due to COVID-19 NHS England agreed deferrals to appraisals for doctors during the period 1<sup>st</sup> April to 30<sup>th</sup> September 2020 for a 12-month period and this was extended to September 2021. However, most doctors within the Trust proceeded to undertake their appraisal despite this offer.

### April 21 to Mar 22

297- Doctors were due to complete appraisals during this period

285 - Completed during the period

12 - Exemptions due to Sickness, Maternity Leave

Out of a total of 297 doctors in 2021/22 there were 285 Appraisals completed & 12 exemptions. No deferrals were made due to non-engagement.

The numbers outlined above are testament to our clinicians' commitment and engagement with the appraisal process, continuing with their appraisals despite the pandemic or the offer of deferral.

During the period February to March 2022 there were a few Appraisers absent from work and unable to conduct planned appraisals. These Appraisals needed to be reallocated at short notice to ensure completion by the end of March 2022. A lot of support was required from the current Appraisers and the Medical Development Admin Team to rearrange and ensure these appraisals were picked up and processed within the compliance window. As a result of this we have asked all Appraisees to ensure they move their appraisal dates forward from the month of March to January/February. This will eliminate, where possible, the need for Appraisers to undertake Appraisals at short notice prior to the sign off date of 31<sup>st</sup> March.



Further, while the Trust continued to use the SARD system throughout, the emphasis was on reflection, personal wellbeing and quality rather than quantity. All appraisers were regularly updated on national changes and expectations and all doctors were regularly informed of changes and expectations.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Not applicable

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Medical Appraisal Policy is in place. The next review date is September 2023.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Within the year 2021/22, there were 39 trained appraisers, following training and induction of 3 new appraisers. The total number also includes 2 appraisers from St Oswald's Hospice.

New Appraiser training was undertaken in February & March 2021. To capture the appraisers who required refresher training a session was held in December 2021.

Action for next year: Continue to monitor number and training of all appraisers. We intend to review the appraiser training, to include a renewed focus on wellbeing as well as the recommendations included in the Fair to Refer Report and following the update of The Medical Appraisal Guide 2022. We also plan to hold our own In-house Appraiser Training for newly appointed Appraisers in September 2022, rather than go to an external provider.

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>1</sup> or equivalent).

All appraisers must attend a minimum of one Appraiser Development Group meeting which are held throughout the year to provide updates and discussion on relevant themes, though greater participation is recommended and encouraged. These themes include feedback from Regional RO/Appraisal Leads Meetings, SARD training sessions and individual appraisal feedback. However, all appraisers usually attend much more than the minimal standard and participate in the development groups with much reflection

<sup>1</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

All appraisers complete formal training prior to taking up the role and attend formal refresher training at a minimum every 5 years. A central database of this training is updated accordingly by the Medical Development Admin Team.

In the 2021/22 appraisal year, all appraisers attended at least one Appraiser Development Group.

Further, the team have linked in with the Regional Network to ensure we are updated with all changes and developments and bring these changes/updates to the CNTW appraiser group, and larger medical staffing cohort, via attendance and updates at the Medical Staff Committee meetings.

Action for next year: Continue with Appraiser Development Meetings, review appraiser training records and provide relevant updates when necessary, including refresher training for identified appraisers. The ASPAT Audit undertaken in 2021/22 will be discussed with the appraisal team to improve the quality of appraisal output and alignment with NHS England standards for appraisal. The meetings will address and focus on health and wellbeing and ongoing support through appraisal for all doctors, especially those particularly impacted by the pandemic and associated restrictions. The team also reviews the electronic appraisal platform regularly.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

External Audit (Audit One) reviewed the system as part of their annual plan in 2018/19 with substantial assurance being granted. We have completed all minor changes requested. The ASPAT audit tool has been reviewed and now includes a unique CNTW amendment, which provides assurance on appraisers reviewing wellbeing of the appraisees, as well as the impact of the pandemic, as per recommendations made by the GMC in 2020.

Annually the appraisal summaries and outcomes are reviewed using the ASPAT Tool, to measure compliance with NHS England standards. In the review of 2021/22, in all cases, the minimum standards for appraisal evidence were met by appraisees. However, certain domains within the appraisal summary were identified for development, e.g. improved documentation of clinical supervision and peer review. This will be reported to and reflected upon by the Appraiser Development Group. Only a single appraisal summary did not meet the minimum requirement for compliance. A very small proportion of summaries were rated as partially compliant and all these issues have been actioned.

## Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

|   |            |
|---|------------|
| <b>Name of organisation:</b>  |            |
| <b>Total number of doctors with a prescribed connection as at 31 March 2022</b>         | <b>297</b> |
| <b>Total number of appraisals undertaken between 1 April 2021 and 31 March 2022</b>     | <b>285</b> |
| <b>Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022</b> | <b>12</b>  |
| <b>Total number of agreed exceptions</b>  | <b>12</b>  |

## Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

The Team aims for all revalidations to be submitted to the GMC at least 3mths prior to the revalidation due date. In the year 2021/22 there were 76 revalidations due. 66 were submitted with a Recommendation to Revalidate, 9 were deferred due to insufficient evidence (mostly patient/colleague feedback) and 1 doctor is on hold.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

All recommendations submitted were done so in a timely manner. Any deferral is discussed with the individual doctor concerned. A letter is issued to the doctor outlining the reasons for deferral. However, the revalidation requirements are discussed as part of the penultimate appraisal and plans to attain the relevant standards discussed. All appraisers are advised, at the penultimate appraisal, to inform the Medical Development Admin Team of any concerns that have been identified if a doctor may not be on course for Revalidation.

We are up to date with all revalidations up to and including 1<sup>st</sup> October 2022. The Medical Development Team supported our clinicians by proceeding with the Revalidation evidence review process, despite GMC deferral, and recommended revalidation for all clinicians with sufficient evidence. Our aim was to recognise the work already done by clinicians and to maintain the

support, recognition and development for clinicians. The numbers that were effectively able to revalidate early is evidence of the success of this approach.

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The Handling Concerns about Doctors Policy was reviewed in November 2021, with a new review date of 2024. Regular support meetings are held with all Medical Managers throughout the year to discuss themes and ensure adequate support/action plans are in place, for those doctors where there are performance, competencies, or health issues. RO & Deputy RO meet regularly with the GMC Employment Local Advisor (ELA).

Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

The Trust adapted the MAG2020 model but continued to use the SARD template. SARD fully reflects all changes made to the MAG2020, to help doctors understand what they need to do to prepare for and participate in the appraisal, and to help appraisers ensure that any appraisal is carried out consistently and to a high standard. We regularly update all doctors of any changes to the systems through the Medical Staff Committee, individually with some doctors, provided links to the Academy of Medical Royal Colleges advice, newsletters and with discussions with the Appraiser Development Group. We continue to implement the Guidance from NHS England and GMC on refocusing/rebalancing the appraisal with greater flexibility eg preparation time, quality rather than quantity, emphasis on well-being and development, avoiding a tick box approach and recognition of the value of reflections - these often verbal rather than written reflections.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal

There are regular Supporting Doctors/Handling Concerns management meetings (attended by Executive Medical Director, Deputy Medical Director, Group Medical Directors, Head of Medical Recruitment and Education & or Medical Staffing Manager). Some training is given during these meetings, eg Practitioner Performance Advice (PPA) and GMC proceedings. Any informal concerns are included in action plans and the doctor is asked to reflect and discuss this as part of their annual appraisal.

In 2019/20 the Medical Development Team developed, in collaboration with Group Medical Directors, a sign off template, for medical managers to include in appraisal. This process ensures that performance management is linked with appraisal, and quality assured, without unduly disrupting the supportive element of appraisal process. Due to the pandemic and the focus shift in

appraisals, this has not been fully implemented, but forms part of the Workplan for 2022/23.

In line with the GMC report Fair to Refer, we reviewed the process above and include mechanisms to capture data on protected characteristics of clinicians under performance management.

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The Handling Concerns about Doctors Policy was reviewed and updated in November 2021 with Capsticks (HR Advisory Service) who are, also involved in all levels of concerns about doctors. Training is provided to all Medical and Operational Managers on the Handling Concerns about Doctors process. We approach performance issues sensitively, and ensure the doctor is supported at all stages of the process (both informal and formal). Themes and learning points on process are discussed and reflected upon with medical managers.

Action for next year: We continue to provide refresher training on the Policy/Process to new medical managers, to include making managers and doctors aware of 'Fair to Refer' Report.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>2</sup>

The Annual Revalidation Report is provided to the Trust Board which provides assurance and highlights any risks/concerns identified throughout the year. Medical Managers' Meetings are held bi-monthly to review any issues identified, with the Head of Medical Recruitment and Education, Workforce, and Capsticks in support, as required. This meeting reviews numbers within HCAD, sharing learning, areas of improvements and reflective practice. Non-Executive Directors are linked into any suspensions of medical staff as per the Policy. Regular meetings are held with GMC Employment Liaison Officers.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other

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<sup>2</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

places, and b) doctors connected elsewhere but who also work in our organisation.<sup>3</sup>

All new doctors joining CNTW are subject to NHS Pre-Employment Checks of which one is to ensure satisfactory completion of Appraisal in the last 12 months. Medical Practice Information Transfer (MPIT) forms are also sent to last employing organisation which allows information to be shared between Responsible Officers. These responses to other organisations are conducted in a timely manner.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

All policies are subject to Impact Assessment as part of the review process.

The 'Fair to Refer' Report (Roger Kline June 2019) was reviewed as part of the Local Workplan to ensure Trust processes are in line with the recommendations. The Medical Development Team completed a review of our processes, using the Effective Clinical Governance for the Medical Profession self-assessment tool (GMC, 2018), and the following was implemented and/or agreed:

-Appraiser has a choice of appraiser: this is CNTW current practice within the Appraisal process. Newly appointed doctors will be contacted and discussion around the Appraisal process will be undertaken. At this point they may request the Medical Development Admin Team to allocate an Appraiser to them.

-Fair to refer document discussed and checked all policies are in line with this document.

-HCAD policy reviewed to ensure due consideration given to appropriate diversity and equality issues

-Agreed to include in our Workplan a review of our data capturing processes to ensure we appropriately capture data on protected characteristics

-Train doctors as Cultural Ambassadors to support other doctors, especially those with performance or health issues. There are 4 Doctors currently trained.

- Mentoring and coaching is actively encouraged for all new starters and anyone in need of it. New starters are informed about the programme during the corporate induction and during the appraisal training. The Medical Development Admin Team manages the request for Mentoring. When a request is received, the Mentee is sent a questionnaire to complete and based on the preference set in the answer, the revalidation team matches them to the mentors in the trust, with the option of choice. All the mentors

<sup>3</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

are expected to have regular training every 5 years to stay up to date and a list of qualified and up to date mentors and coaches is maintained by the Medical Development Admin Team.

We plan to initiate a Mentors' Development Group, like our Appraiser Development Group, in August 2022. With the intention to more pro-actively offer mentoring to all, but especially new consultant, SAS grade and Fellowship Programme Doctors, we hope to expand the group of mentors and their support systems.

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

As part of the Medical Recruitment process for all medical posts within the Trust (substantive, fixed term, and agency locums) the NHS Pre-Employment Checks are undertaken. This includes the doctor providing evidence on: Verification of ID, References, OH, DBS, Qualifications, GMC Registration, Right to Work, and where relevant Approved Clinician and Section 12 Status. Providing details of current Responsible Officer and a copy of Appraisal undertaken in the last 12 months.



## Section 6 – Summary of comments, and overall conclusion

### **Actions for 2021/22 and completed :**

- **CPD Events** – we continued to run a full weekly CPD programme on a virtual platform. This has expanded to include a pilot mental health CPD scheme for GPs as well as a number of half days for consultants, covering a range of topics.
- **ASPAT Audit** – completed for 21/22, with CNTW amendment. Results to be presented to Appraiser Development Group and learning points discussed
- **Update** – Medical Development Team Members & Appraisers with all National Developments- continued attendance with Regional Network
- Discussion on **personal well-being** throughout all appraisals, assurance on this provided through update of ASPAT audit
- Updating through multiple areas the **new Medical Appraisal Guide 2022** and their implications for doctors
- **Full Review of HR/Project/Admin Support** within the Medical Development Team (Workforce & OD) to ensure alignment with Postgraduate Medical Education, Medical Study Leave processes, Appraisal/Revalidation & Job Planning, Mentoring/Coaching, expansion of CPD events both internal & external, and overview of Performance Concerns.

### **Overall conclusion:**

Progress was made on all domains of the Medical Development Team Local Workplan for 2021/22 and it has been updated for 2022/23 accordingly. Much thanks go to the Appraisers and the entire medical workforce, for their continued enthusiasm and engagement with the Appraisal/Revalidation process. We continue to have great pride in our work and achievements, and the flexibility we have been able to offer. Regular communication with the medical workforce remains a priority, as is the continuation and development of our CPD programme, through which we provide opportunities for development and support for revalidation.

The challenges for the team in the year ahead include:

- Re-establishing 'Face to Face' CPD events as well as continuing with On-Line CPD programme to include other professions, organisations & Primary Care
- Ensure transparency and fairness in all appraisals and any work performance issue
- Maintain our usual links with NHS England to keep abreast with any changes and any review to the appraisal system
- Embedding the changes made in MAG2020 and the new Medical Appraisal Guide 2022 in the appraisal process and ensuring consistent quality of the process across the board

### • **Summary**

In 2021/22 there were 297 doctors with a prescribed connection to the Trust.

285 doctors had a completed appraisal in support of their revalidation, and 12 doctors had adequate reasons for incomplete appraisals (such as long-term sickness or maternity leave). There were more appraisals completed – this related to some doctors leaving during the year and new doctors arriving. At the end of March 2022 the appraisal compliance for the Trust was at 100%.



As part of the revalidation process 66 doctors had positive recommendations made to the GMC within the year.

### *Policy and guidance*

The relevant policies are: -

- Medical Appraisal Policy and Medical Appraisal Practice Guidance NTW(C)33
- Medical Job Plan Policy CNTW(C)56
- Private Practice Policy CNTW(O)46
- Handling Concerns about Doctors Policy CNTW(HR)02
- Service Users requesting a Change of Medical Consultant or Second Opinion CNTW(C)42
- Clinical Supervision Policy CNTW(C) 31
- Study Leave Policy for Medical Staff CNTW(FR)22

- **Appraisers**

During the period 2021/22 the Trust had 39 fully trained appraisers who meet regularly to discuss current appraisal issues, calibrate their judgements, problem-solve and to share good practice. Attendance and engagement with these meetings continue to increase, with positive feedback received from Appraisers regarding topics for discussion/debate.

We continue to update the SARD system as needed and communicate these changes to the appraiser group.

## **Section 7 – Statement of Compliance:**

The Board of Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body:

Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

### **CPD – Update Lunchtime / Half Day CPD Events - 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022:**

- **Neuro-inflammation - 12<sup>th</sup> January 2021**  
Free Microsoft Teams CPD Event - 74 Delegates
- **ECG - 18<sup>th</sup> January 2021**

Delivered by Cardiologist (£40 charge) - 28 Delegates

- **Gender Dysphoria Update - 19<sup>th</sup> January 2021**  
Free Microsoft Teams CPD Event - 82 Delegates
- **Neuropsychiatric diagnoses on Psychiatric Wards - 26<sup>th</sup> January 2021**  
Free Microsoft Teams CPD Event - 66 Delegates
- **COVID-19; Effects on a Hospice - 2<sup>nd</sup> February 2021**  
Free Microsoft Teams CPD Event - 64 Delegates
- **Court Attendance - 9<sup>th</sup> February 2021**  
Free Microsoft Teams CPD Event - 76 Delegates
- **The use of Antilipidinal Medication - 16<sup>th</sup> February 2021**  
Free Microsoft Teams CPD Event - 58 Delegates
- **Management of EUPD in Community Update - 23<sup>rd</sup> February 2021**  
Free Microsoft Teams CPD Event - 87 Delegates
- **MCA Update - 2<sup>nd</sup> March 2021**  
Free Microsoft Teams CPD Event - 100 Delegates
- **Mental Health and the Climate and Ecological Emergency - 9<sup>th</sup> March 2021**  
Free Microsoft Teams CPD Event - 49 Delegates
- **Learning from Maternal Deaths during COVID: Rapid Review 2020 - 16<sup>th</sup> March 2021**  
Free Microsoft Teams CPD Event - 70 Delegates
- **Depression & Anxiety - 23<sup>rd</sup> March 2021**  
Free Microsoft Teams CPD Event - 94 Delegates
- **Neuro-psychiatry Update: Neurodegenerative Disorders - 13<sup>th</sup> April 2021**  
Free Microsoft Teams CPD Event - 90 Delegates
- **Language Deprivation and Mental Health in the Deaf Population - 20<sup>th</sup> April 2021**  
Free Microsoft Teams CPD Event - 67 Delegates
- **Update on Valproate Prescribing - 27<sup>th</sup> April 2021**  
Free Microsoft Teams CPD Event - 87 Delegates
- **Peer Supported Open Dialogue - 11<sup>th</sup> May 2021**  
Free Microsoft Teams CPD Event - 52 Delegates
- **Alcohol Related Brain Injury and the Impact of Long-Term Cannabis Use - 18<sup>th</sup> May 2021**  
Free Microsoft Teams CPD Event - 69 Delegates
- **ECG - 24<sup>th</sup> May 2021**  
Delivered by Cardiologist (£40 charge) - 28 Delegates

- **Complex Trauma - 25<sup>th</sup> May 2021**  
Free Microsoft Teams CPD Event - 61 Delegates
- **Sport Psychiatry - 08<sup>th</sup> June 2021**  
Free Microsoft Teams CPD Event - 60 Delegates
- **Treatment Refusal; The Interface between MHA and MCA - 15<sup>th</sup> June 2021**  
Free Microsoft Teams CPD Event - 82 Delegates
- **CNTW Mood Disorders Research - 22<sup>nd</sup> June 2021**  
Free Microsoft Teams CPD Event - 42 Delegates
- **Achieving Consent & Mitigating Bias - 29<sup>th</sup> June 2021**  
Free Microsoft Teams CPD Event - 61 Delegates
- **Adults ADHD - Refresher & Update for Psychiatrists - 14<sup>th</sup> September 2021**  
Free Microsoft Teams CPD Event - 39 Delegates
- **Update on Depression Management in Primary Care - 15<sup>th</sup> September 2021**  
Free GP CPD Programme - 14 Delegates
- **Consultant & SAS Doctors Induction - 16<sup>th</sup> September 2021**  
Mandatory Induction (Day One) - 25 Delegates
- **Consultant & SAS Doctors Induction - 17<sup>th</sup> September 2021**  
Mandatory Induction (Day Two) - 25 Delegates
- **The effect of Sport & Physical Activity on ADHD symptoms and cognitive functioning in young people with ADHD - 21<sup>st</sup> September 2021**  
Free Microsoft Teams CPD Event - 39 Delegates
- **Autism: Shining a Light on the Spectrum - 29<sup>th</sup> September 2021**  
Paid Event (£40 charge) - 26 Delegates
- **Mental Health and Deafness Introduction: Part 2 - Practical Implications for diagnosis and assessment - 12<sup>th</sup> October 2021**  
Free Microsoft Teams CPD Event - 25 Delegates
- **Update on Doctor's Health - 13<sup>th</sup> October 2021**  
Free GP CPD Programme - 2 Delegates
- **ECG – 18<sup>th</sup> October 2021**  
Delivered by Cardiologist (£40 charge) - 13 Delegates
- **Theory and Practicalities of ECT - 19<sup>th</sup> October 2021**  
Free Microsoft Teams CPD Event - 39 Delegates
- **Priors and Posteriors - 2<sup>nd</sup> November 2021**  
Free Microsoft Teams CPD Event - 32 Delegates
- **Depression & Bipolar Disorder; practice Update - 3<sup>rd</sup> November 2021**

Free GP CPD Programme - 22 Delegates

- **An Update on the treatment of Mood Disorders; The Good, the Bad and the Ugly - 8<sup>th</sup> November 2021**  
Paid Event (£40 charge) - 29 Delegates
- **What is the big deal about Early Intervention in Psychosis? - 9<sup>th</sup> November 2021**  
Free Microsoft Teams CPD Event - 16 Delegates
- **Alcohol and Addictions: Updates for Primary Care - 10<sup>th</sup> November 2021**  
Free GP CPD Programme - 8 Delegates
- **An Update on the NICE guidelines for Dementia - 16<sup>th</sup> November 2021**  
Free Microsoft Teams CPD Event - 68 Delegates
- **What the Forensics?! What you want and need to know about Forensic Psychiatry? - 23<sup>rd</sup> November 2021**  
Free Microsoft Teams CPD Event - 115 Delegates
- **Delirium - Why all the fuss? - 30<sup>th</sup> November 2021**  
Free Microsoft Teams CPD Event - 103 Delegates
- **Young people with Gender Dysphoria: An overview of current approaches and challenges - 7<sup>th</sup> December 2021**  
Free Microsoft Teams CPD Event - 89 Delegates
- **Risk Assessment - 8<sup>th</sup> December 2021**  
Free GP CPD Programme - 14 Delegates
- **So what does the School of Psychiatry do? - 14<sup>th</sup> December 2021**  
Free Microsoft Teams CPD Event - 54 Delegates
- **Update on restraint reporting - 11<sup>th</sup> January 2022**  
Free Microsoft Teams CPD Event - 79 Delegates
- **Safer Care and SI Process - 18<sup>th</sup> January 2022**  
Free Microsoft Teams CPD Event - 65 Delegates
- **Community Mental Health Transformation - 19<sup>th</sup> January 2022**  
Free GP CPD Programme - 24 Delegates
- **Moral Injury with a focus on the Armed Forces (plus the impact on Health & Social Care staff during the pandemic) - 25<sup>th</sup> January 2022**  
Free Microsoft Teams CPD Event - 102 Delegates
- **Clinical Update of the Research in HD - 1<sup>st</sup> February 2022**  
Free Microsoft Teams CPD Event - 103 Delegates
- **Police Liaison & Mental Health Issue - 8<sup>th</sup> February 2022**  
Free Microsoft Teams CPD Event - 126 Delegates

- **An Update on NICE guidelines for Dementia - 9<sup>th</sup> February 2022**  
Free GP CPD Programme - 34 Delegates
- **Updates in Medical Education; With a focus on Recruitment, Quality Metrics and Curricula Changes - 15<sup>th</sup> February 2022**  
Free Microsoft Teams CPD Event - 145 Delegates
- **Leadership - 22<sup>nd</sup> February 2022**  
Free Microsoft Teams CPD Event - 123 Delegates
- **Ethics - 1<sup>st</sup> March 2022**  
Free Microsoft Teams CPD Event - 70 Delegates
- **Community Mental Health Transformation - 8<sup>th</sup> March 2022**  
Free Microsoft Teams CPD Event - 132 Delegates
- **Self-Harm & Suicide Prevention in Primary Care - 9<sup>th</sup> March 2022**  
Free GP CPD Programme - 41 Delegates
- **Dying for a Drink - 15<sup>th</sup> March 2022**  
Free Microsoft Teams CPD Event - 121 Delegates
- **Wellbeing in Doctors & other Health Professionals - 22<sup>nd</sup> March 2022**  
Free Microsoft Teams CPD Event - 112 Delegates
- **COPD: Where are we at? - 29<sup>th</sup> March 2022**  
Free Microsoft Teams CPD Event - 98 Delegates

# 11. Annual Safeguarding Report 2021/22

Speaker: Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director

## References:

- 11. Annual Safeguarding Report 05.10.22\_.pdf

**Report to the Board of Directors  
Wednesday 5<sup>th</sup> October 2022**

|   |   |
|---|---|
| <b>Title of report</b>                            | <b>Annual Report for Safeguarding and Public Protection</b>   |
| <b>Purpose of the report</b>                      | <b>For information</b>  |
| <b>Executive Lead</b>                             | <b>Dr Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive</b>  |
| <b>Report author(s) (if different from above)</b> | <b>Sheona Duffy, Acting Team Manager Safeguarding and Public Protection / Named Nurse<br/>Louise Mainwaring, Business Manager, Safer Care<br/>Jo Sharp, Team Manager, Safeguarding and Public Protection / Named Nurse<br/>Claire Thomas, Deputy Director, Safer Care</b> |

| <b>Strategic ambitions this paper supports (please check the appropriate box)</b>     |   |   |   |
|---|---|---|---|
| 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 |

| <b>Board Sub-committee meetings where this item has been considered (specify date)</b> |  |
|--|--|
| Quality and Performance  |  |
| Audit  |  |
| Mental Health Legislation  |  |
| People Committee   |  |
| Resource and Business Assurance  |  |
| Charitable Funds Committee   |  |
| Provider Collaborative, Lead Provider Committee  |  |

| <b>Management Group meetings where this item has been considered (specify date)</b> |  |
|---|--|
| Executive Team  |  |
| Trust Leadership Team (TLT)   |  |
| Trust Safety Group (TSG)  |  |
| Other i.e. external meeting   |  |
|   |  |
|   |  |
|   |  |

| <b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b> |
|---|
|   |

**Trust Board of Directors  
Wednesday 5<sup>th</sup> October 2022**

**Safeguarding and Public Protection Annual Report 2021-2022**

**1. Executive Summary**

This report is the annual submission for Safeguarding and Public Protection which the Board are asked to note the key points below;

- The Trust Safeguarding and Public Protection Annual Report covers the period from April 2021 to March 2022.
- Safeguarding is fundamental to all work of the Trust. This report provides assurance that the Trust is fulfilling its statutory safeguarding responsibilities and demonstrates a strong commitment to working together within all aspects of safeguarding and public protection.
- Safeguarding and public protection activity has increased significantly during 2021/22 with the levels of incidents resulting in mild or moderate harm consistently being higher month on month than those we have seen in previous years. In line with national trends, we have seen continued increases in domestic violence concerns during the year. Key drivers in the overall increases in both safeguarding adults and children's concerns have been a rise in emotional and psychological abuse and self-neglect concerns.
- To meet increasing levels of demand the Safeguarding and Public Protection Team have reviewed capacity and revised processes and approaches in order to ensure this can be met whilst maintaining quality.
- Throughout the ongoing impact of the pandemic, CNTW has engaged with each safeguarding board to provide assurance that we continued to provide safe care and treatment for our service users.
- During 2021/22 training compliance has been affected by the ceasing of face-to-face training due to NHS England and Government advice on social distancing a result of the Covid-19 pandemic. However, the Trust has a robust plan in place to get this back to pre-pandemic levels.
- The report outlines the progress that has been made in safeguarding the health and wellbeing of patients and carers. It highlights areas where the safeguarding and public protection team are continuing to develop and offers an insight into the safeguarding priorities for the organisation.

Dr Rajesh Nadkarni  
Executive Medical Director  
Deputy Chief Executive  
28<sup>th</sup> September 2022





Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

# Safeguarding and Public Protection Annual Report 2021/22

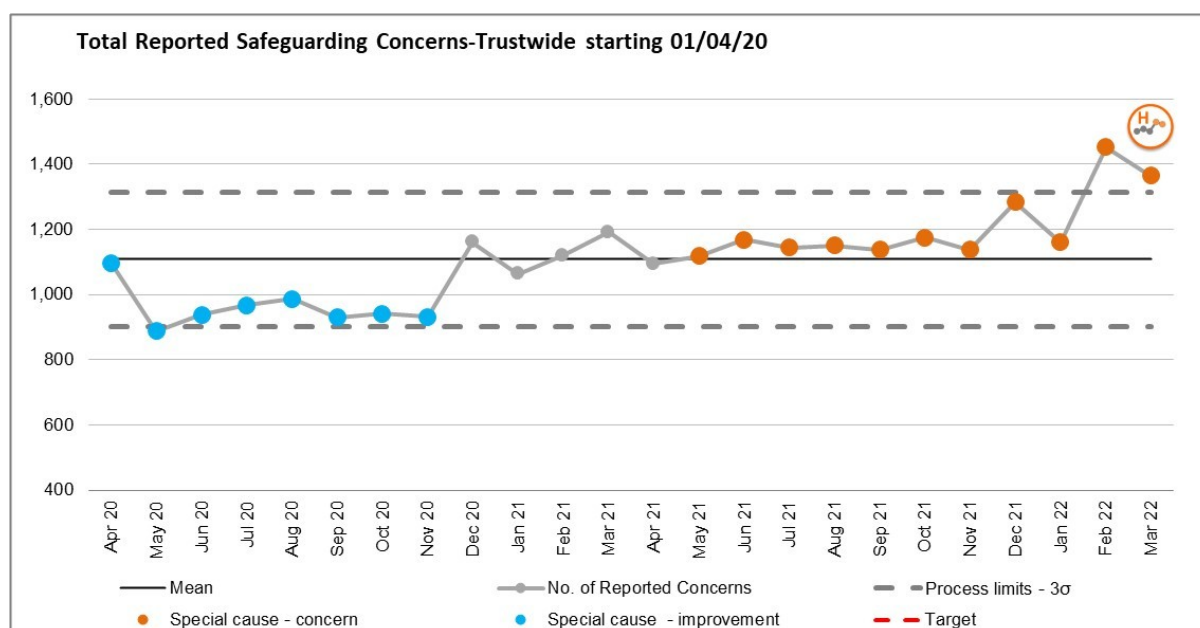
## Contents

|                                       |           |
|---------------------------------------|-----------|
| Introduction                          | <b>5</b>  |
| Safeguarding Children                 | <b>7</b>  |
| Safeguarding Adults                   | <b>10</b> |
| Domestic Abuse and MARAC              | <b>13</b> |
| Public Protection and MAPPA           | <b>14</b> |
| PREVENT                               | <b>15</b> |
| Learning from Case Reviews            | <b>16</b> |
| Training                              | <b>17</b> |
| Our Commitment to Partnership Working | <b>18</b> |
| Supervision                           | <b>18</b> |
| Key Achievements in 2021/22           | <b>19</b> |
| Annual Workplan 2022/23               | <b>19</b> |

## Introduction

This annual report gives an account of the safeguarding activity across Cumbria, Northumberland Tyne and Wear NHS Foundation Trust. The report covers the period April 2021 to March 2022. It demonstrates the organisations commitment to protecting children, young people and adults at risk of harm across all service areas. The purpose of the report is to provide assurance that the Trust is fulfilling its safeguarding responsibilities.

Safeguarding activity continues to increase in volume with year on year increases in activity seen by the Trust; during 2021/22 there was 13,780 incidents reported representing a 22% increase in activity when compared to 2020/21 (in comparison to the 13% increase seen between 2019/20 and 2020/21). Where appropriate, the Safeguarding and Public Protection (SAPP) Team have begun to use Statistical Process Control (SPC) charts which enable better data analysis and identification of areas that require further investigation or review. SPC charts allow for identify between common variations in the data and unusual patterns or trends ('special cause variation'). Increased reporting of safeguarding incidents is in line with national trends however the SPC chart clearly demonstrates the extent of this increase seen within CNTW specifically, with reported safeguarding incidents being consistently higher than the average (mean – indicated by the solid black line) since May 2021 and throughout 2021/22.

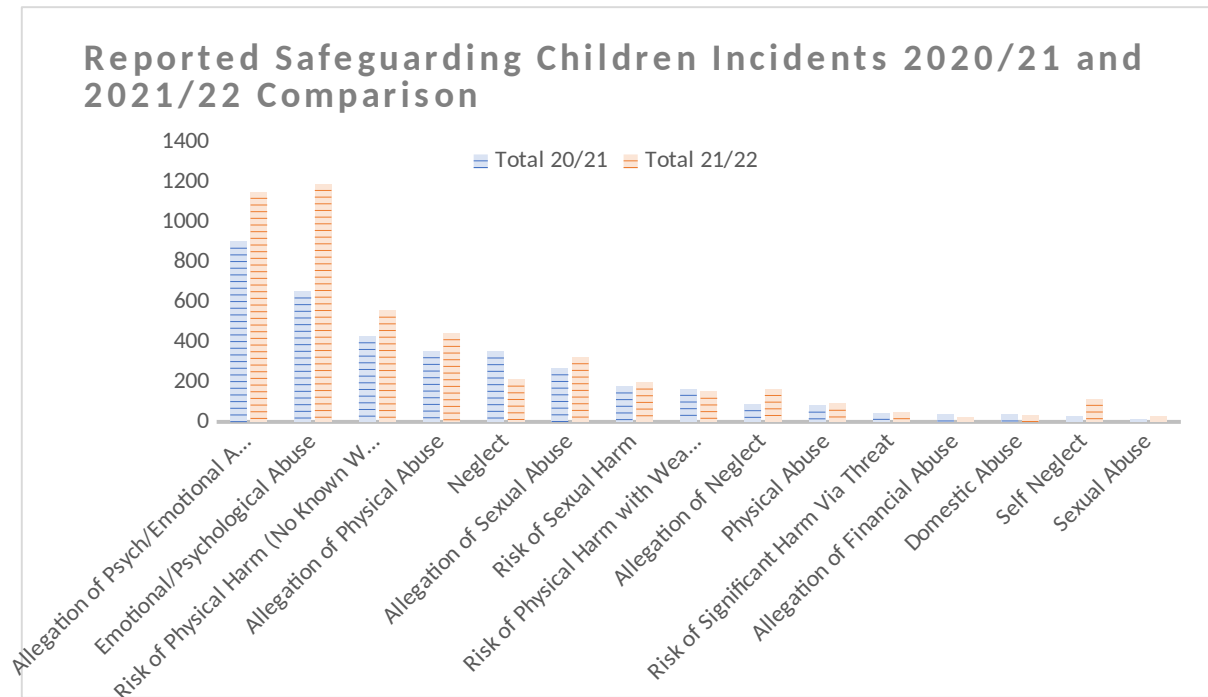
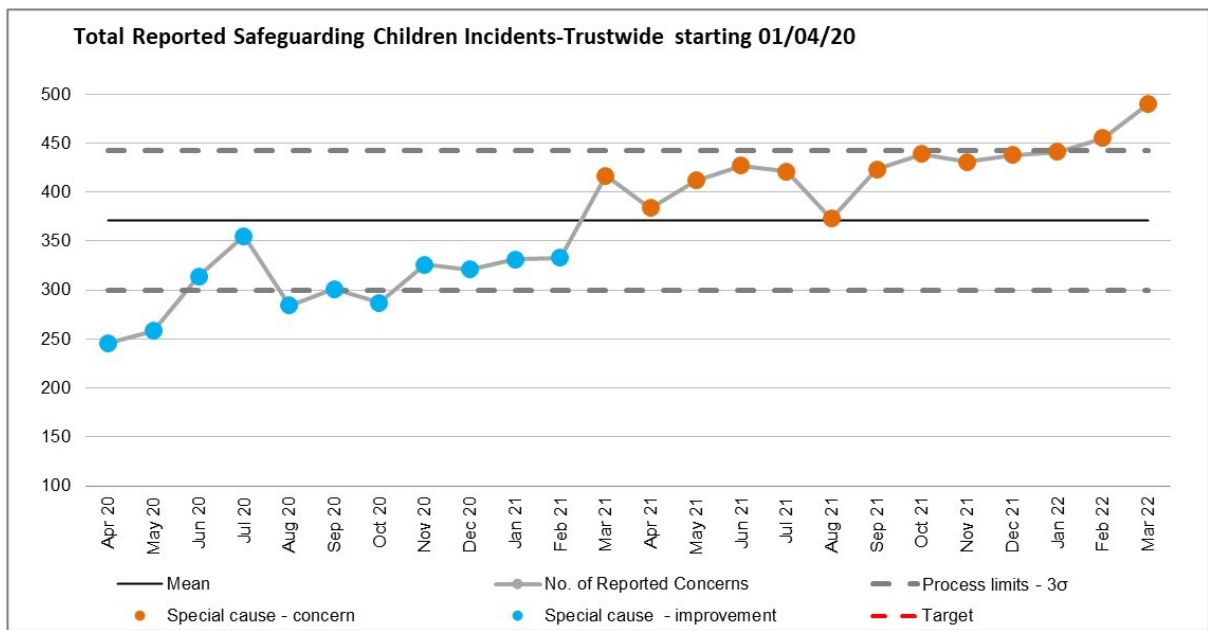


During this time, incidents with 'no harm' or 'major harm' have followed a pattern of common variation in reported concerns. However, 'minor harm' and 'moderate harm' incidents have been consistently higher than average during the year. SAPP practitioners describe that the incidents being reported are more complex in nature and this is potentially impacting upon the level of harm seen across the year, and which the team continue to see in to 2022/23.

Despite the challenges of increasing volume and complexity during the year, and at a time when the impact of the international pandemic has been ongoing, we have as Trust continued to deliver upon the safeguarding agenda. We have remained dynamic in our approach to service delivery, adapting our processes and approaches to ensure we can not only meet demand but maintain quality.

## Safeguarding Children

The SAPP team has reviewed 5,134 safeguarding children incidents in 2021/2022; this is an increase of 36% on the previous year. Children’s incidents in particular therefore have been a key driver in the overall increase in reported incidents seen during the year. This significant increase is clearly illustrated below where the level of reporting that has been consistently higher than the average (indicated by the solid black line) throughout 2021/22.

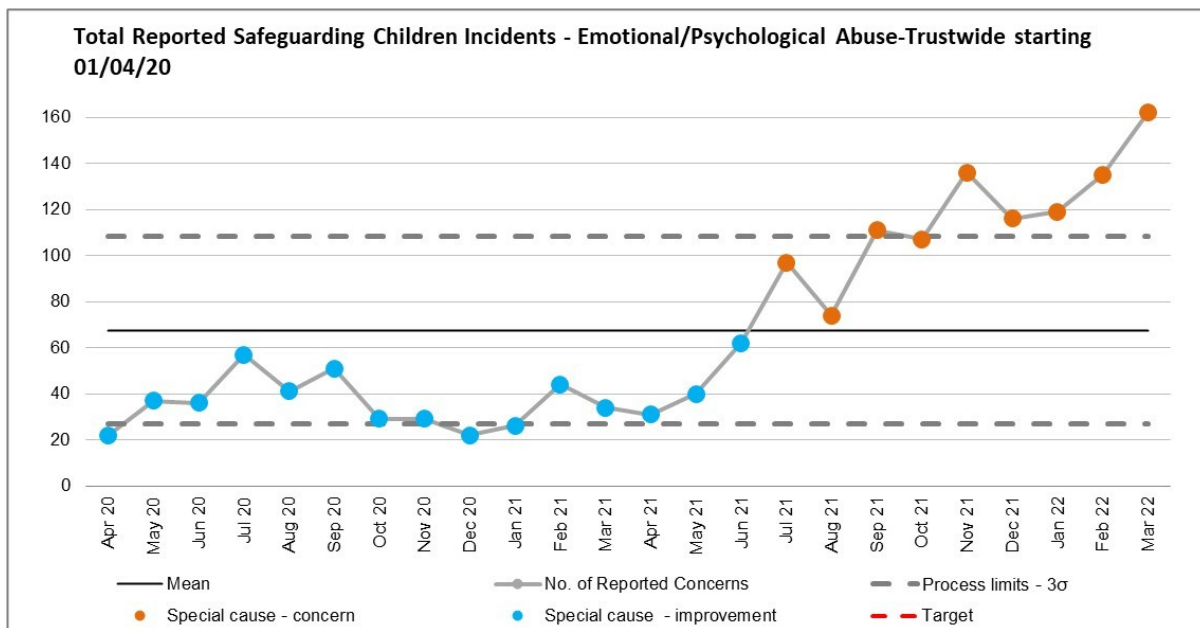


Reported incidents have increased across most cause groups when compared to 2020/21, as shown in the graph. However, when applied to an SPC chart it is evident that this is typically in line with common variation in the numbers of reported incidents by type, with

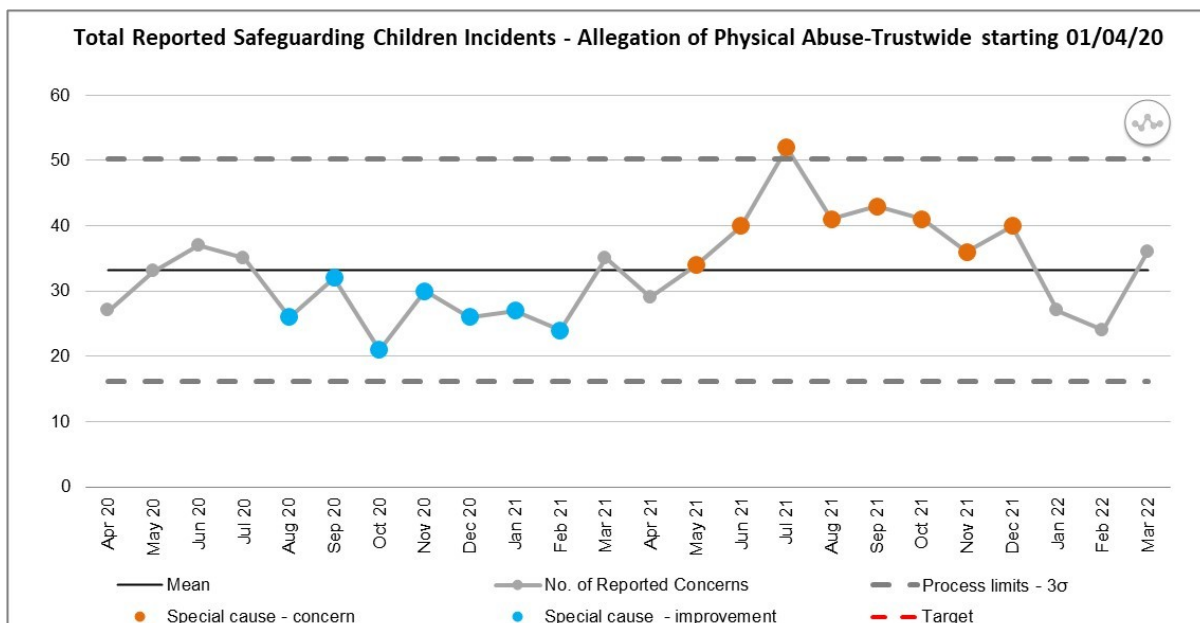
some exceptions.

Emotional and psychological abuse has seen a month on month increase in reported incidents throughout the year and is a key driver of the overall increase seen in 2021/22, with incidents increasing by 83% compared to 2020/21. The increase in emotional harm reflects that national picture of increasing difficulties with mental health and includes those children who are suspected to have suffered emotional harm due to the impact of parental mental health.

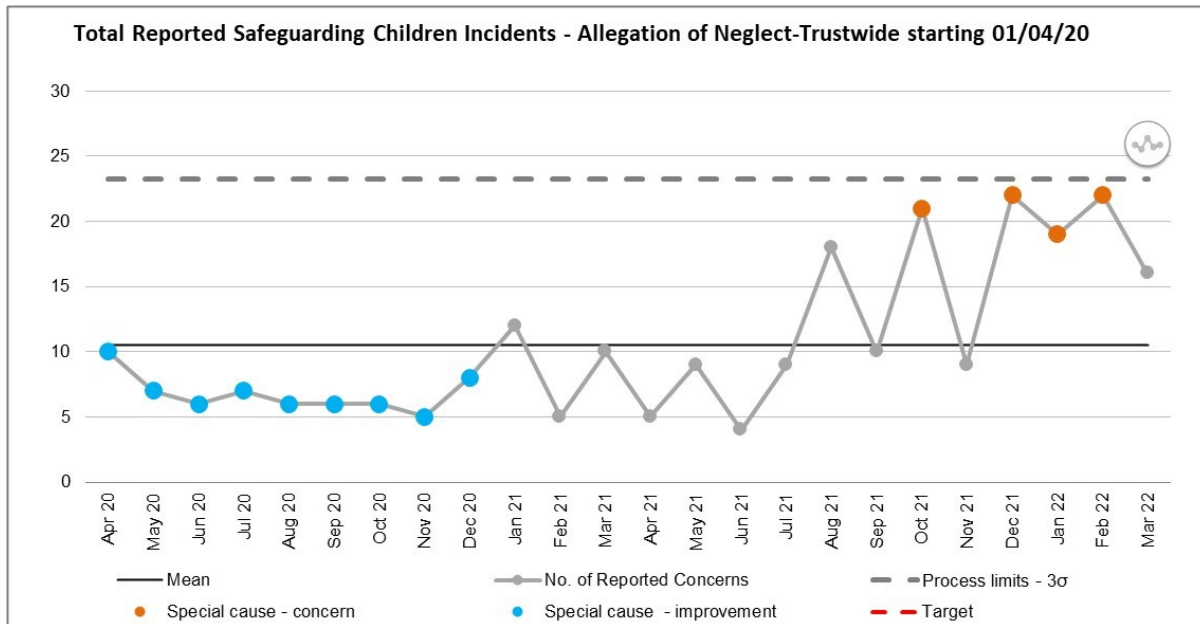
From July 2021 onwards reported incidents were consistently higher than the average and, from November 2021 onwards, reported incidents have exceeded upper process limits (top dashed line). This has continued in to quarter 1 of 2022/23.



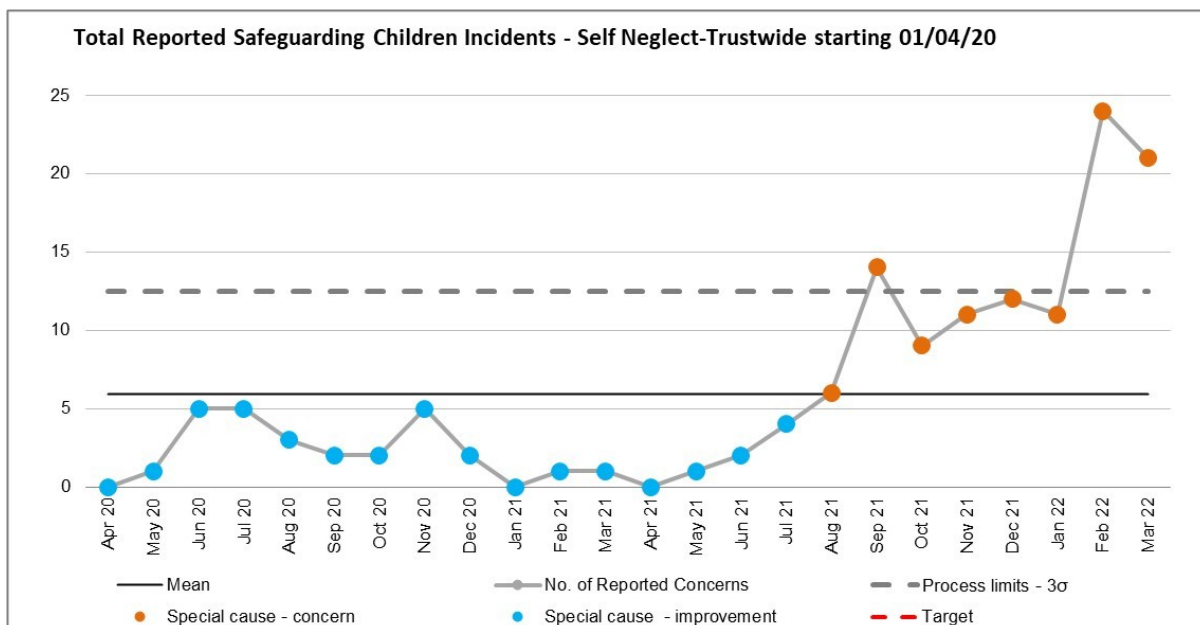
Similarly, allegations of physical abuse have been 25% higher during 2021/22 than 2020/21 and were consistently higher than the average seen to date during most of the year. This will require further monitoring and analysis into 2022/23.



Allegations of neglect have increased by 86% between 2020/21 and 2021/22; the SPC chart indicates two out of three data points lying close to the upper process limit between October 2021 and February 2022. This has flagged as unusual however reported incidents of an allegation of neglect did return to more common levels of reporting in March.

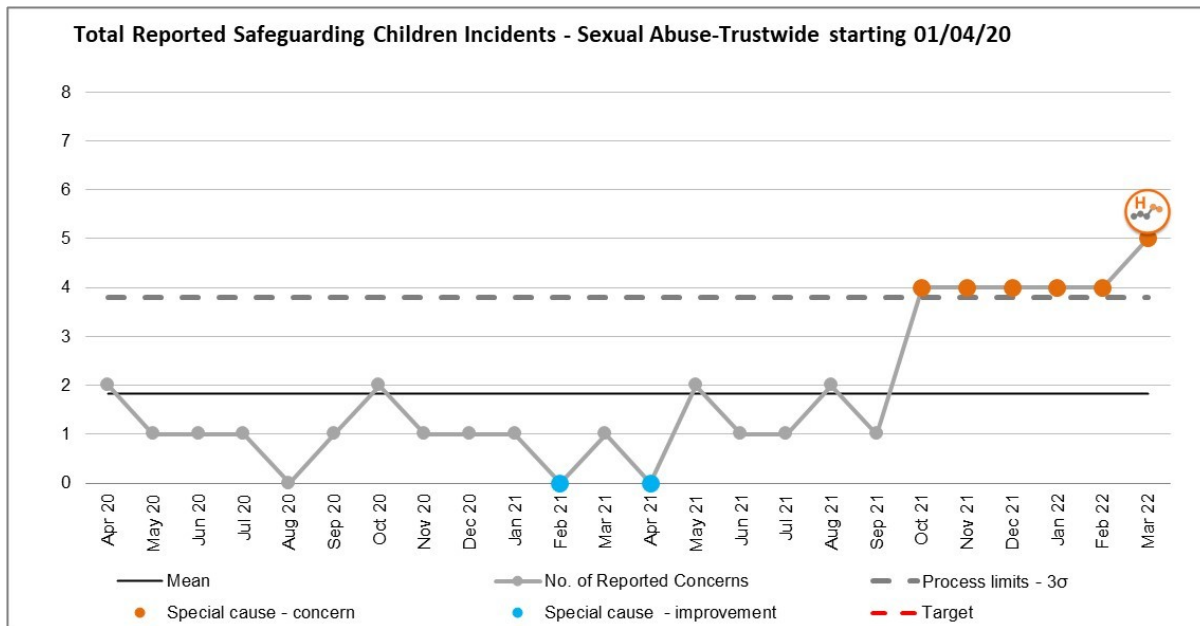


Though accounting for fewer safeguarding children incidents overall, it should be noted that 'self-neglect' saw a significant increase in the number of reported incidents during 2021/22 with 115 in total (compared to 27 in 2020/21). Reported incidents grew steadily throughout the year and in particular flagged as unusually high from August 2021 onwards. Review of the self-neglect data indicates that this is related to reports of overdose and self-harm in young people being assessed in our services. Further work is required to consider how Trust data on overdose and self-harm can be protected whilst recognising the wider safeguarding concerns that may have led such acts.



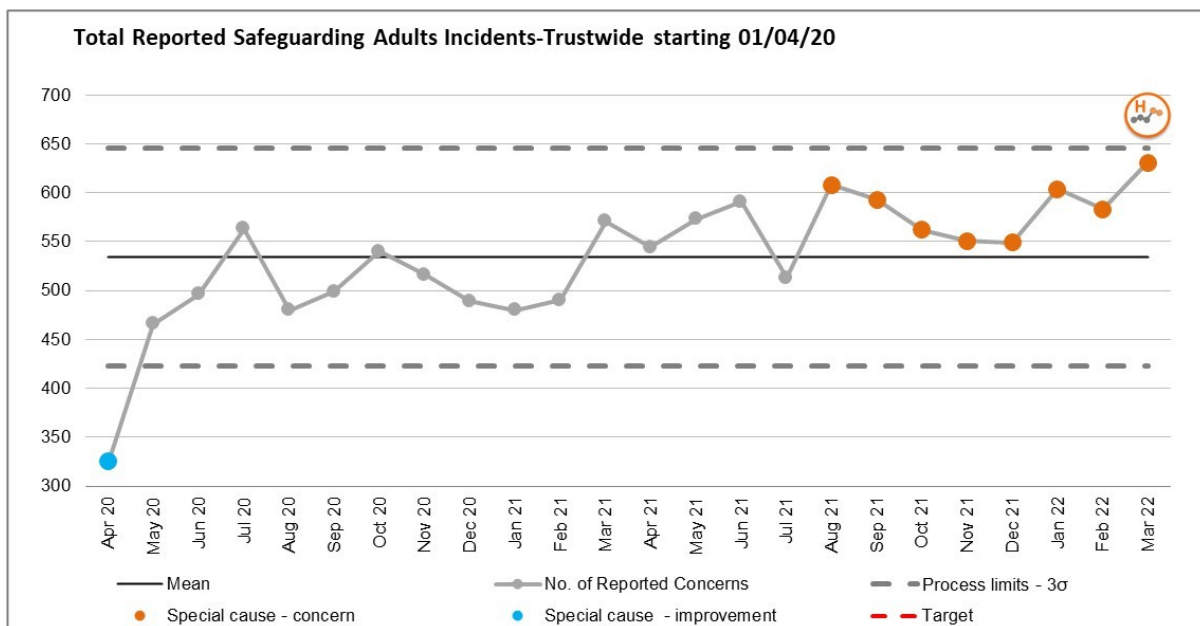
Similarly, incidents of sexual abuse account for very small numbers of incidents overall but have shown an increase during 2021/22 when compared to the previous year and flag from

October 2021 as unusually high due to the number of reported incidents consistently being higher than the upper process control limit (top dashed line) for 6 months. This has continued in to quarter 1 of 2022/23.



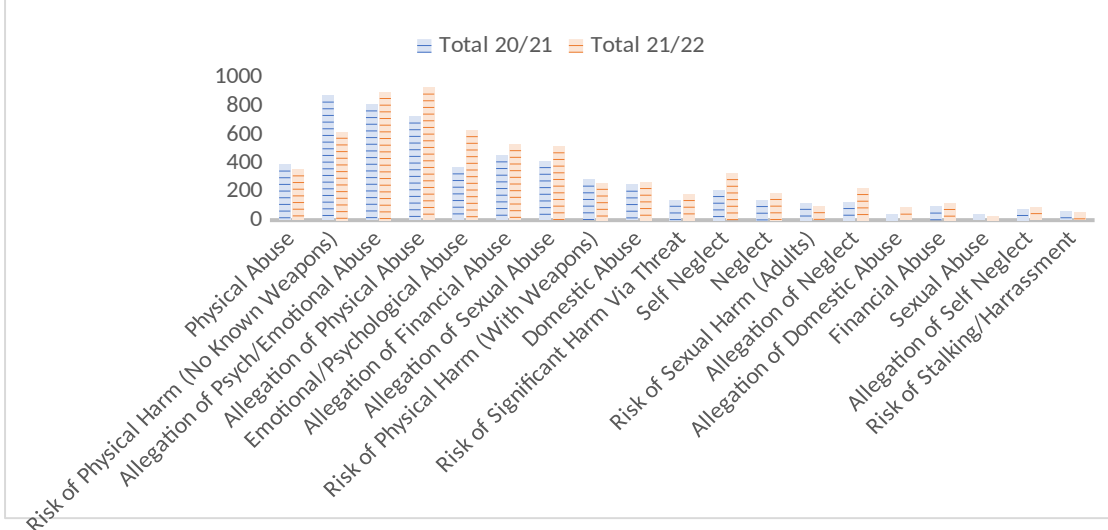
## Safeguarding Adults

The SAPP team has reviewed 6,902 safeguarding adult incidents in 2021/2022. This is an increase of 17% on the previous year. As with children’s activity, when applied to an SPC chart the numbers of adult’s incidents have been unusually high across the year (however, in the case of adult’s incidents, this was particularly from August 2021 with, from this point onwards in the year, reported incidents being consistently above the average).



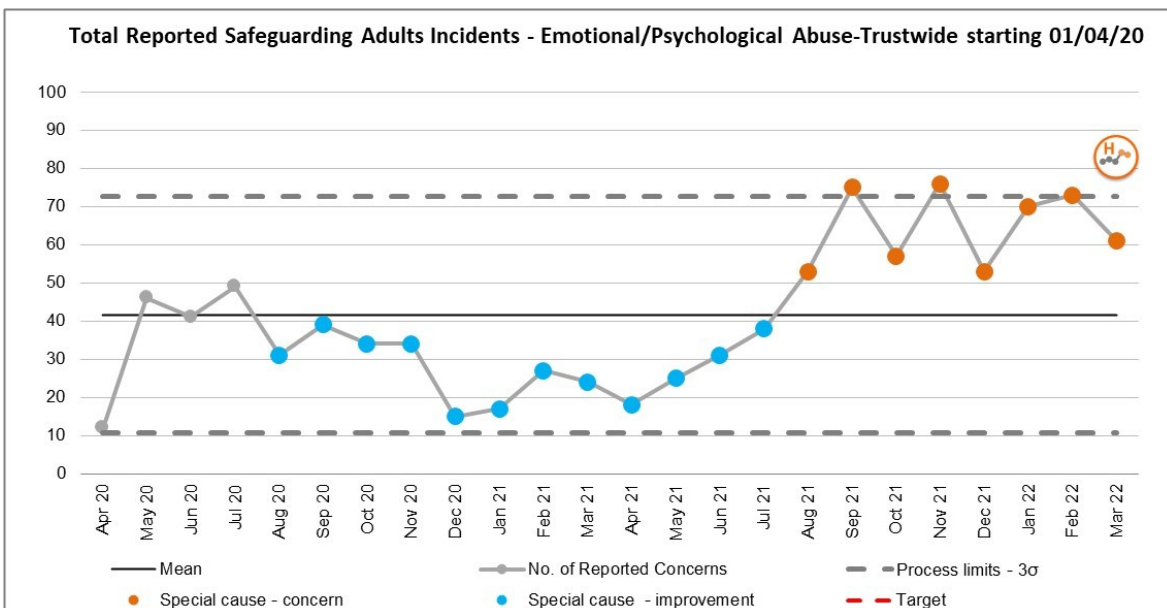


## Reported Safeguarding ADULTS Incidents 2020/21 and 2021/22 Comparison



The incidents include all aspects of safeguarding work including public protection incidents where there is a potential or actual risk of harm to others. This accounts for 18% of the activity.

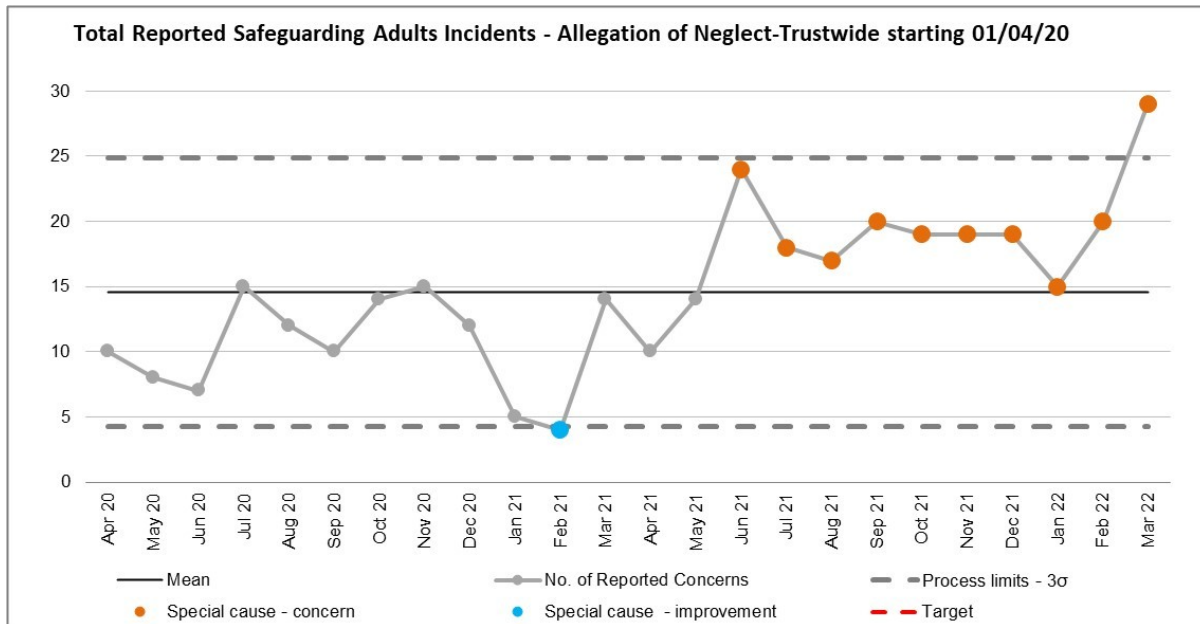
When comparing to 2020/21, the incident cause groups are more variable in terms of whether they have increased or decreased during 2021/22 (unlike with children’s incidents which more consistently saw increase across the different cause group types). In most cases when applied to an SPC chart the number of incidents fall in line with common variations in reported incidents. An exception to this is, as with children’s incidents, an increase in reported safeguarding adult’s incidents relating to emotional and psychological abuse. This type of abuse has been a key driver of the overall increase in reported safeguarding adult’s incidents with a 71% increase between 2020/21 and 2021/22. The SPC chart indicates that reported incidents relating to emotional and psychological abuse have been unusually high since August 2021.



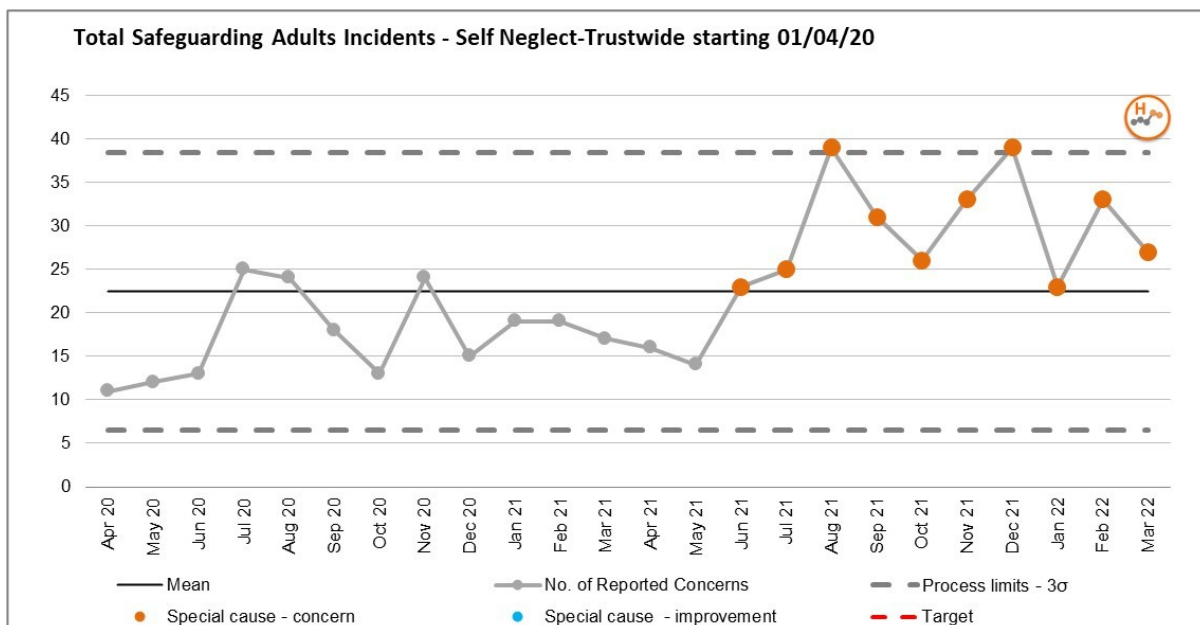
Similarly, allegations of neglect have seen a 78% increase between 2020/21 and 2021/22



and the SPC indicates reported incidents of this nature have been consistently unusually high since June 2021.



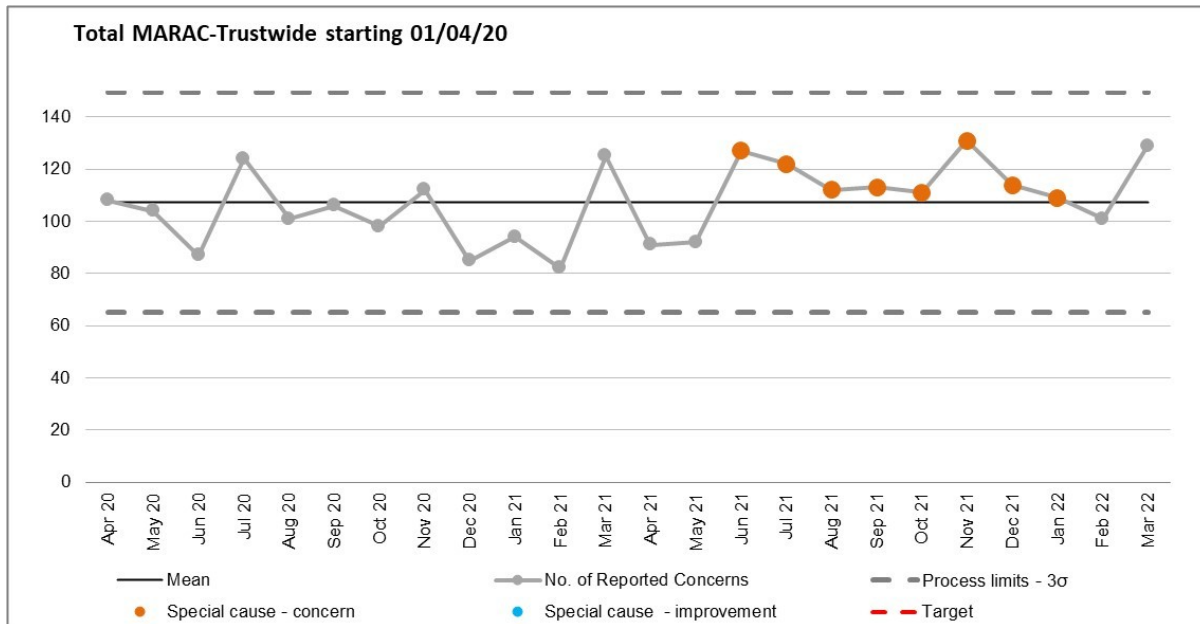
Self-neglect reporting has increased this year by 57%. The national report of Safeguarding Adults Reviews (SARs) highlighted that self-neglect accounts for the highest proportion of SAR's in comparison to other categories of abuse and it is positive that there is an increase in CNTW reports although the reports are still small in number in comparison to other categories of abuse identified and reported by staff.



## Domestic Abuse and MARAC

All areas served by the Trust now hold weekly MARAC meetings. These require a significant amount of practitioner time to ensure relevant risk information is shared to ensure robust multi-agency risk assessments. The team endeavour to attend all MARAC meetings

however due to the increased frequency and capacity within the team this is not always possible. However, proportionate information is provided in all cases and to all meetings. Records are updated to reflect meetings that are held in all cases where an individual discussed is accessing CNTW services at the time of the MARAC.



In the last 12 months there have been 1,346 incidents classified as MARAC involving service users accessing Trust services (a 10% increase compared to 2020/21), 1,041 of these incidents were discussed within MARAC and were referred by other agencies. The Trust has seen a continued increase in domestic abuse concerns which is in line with the national picture.

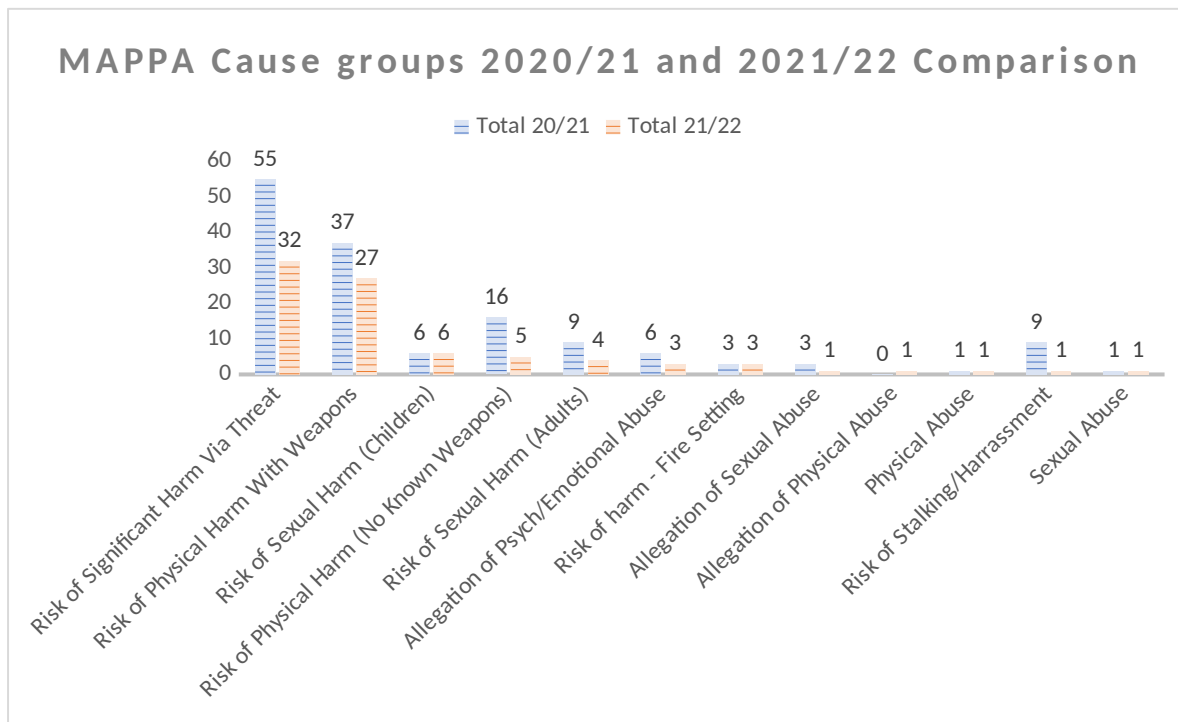
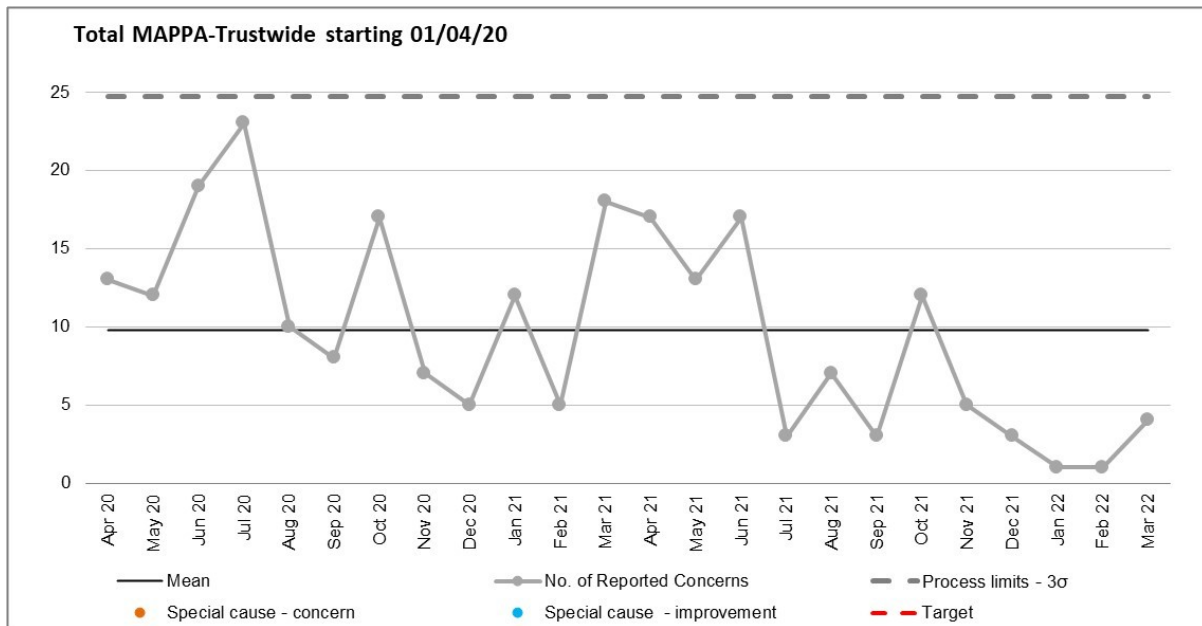
During 2021/22 a clinical audit measuring compliance against CNTW(C)54 Domestic Abuse Policy was completed which identified reduced compliance to standards within the policy compared to the previous review in 2019, which reported compliance as good practice. Findings related to ensuring immediate action is taken following a disclosure of domestic abuse to ensure the safety of the service user, recording all concerns and information in the service users notes and ensuring actions from the MARAC case discussion are actioned and clinicians updated.

In response to the audit findings there has been a full review of the recording process to ensure recording all concerns and information in the service users notes and ensuring actions from the MARAC case discussion are actioned and clinicians updated. In addition to the above services a trust wide Microsoft Teams session is arranged for July 2022 which will be recorded and available to all staff via the Trust You Tube channel. It is anticipated that this will increase the number of incident reports and referrals made to MARAC.

## Public Protection and MAPPA

The number of MAPPA incidents recorded involving Trust patients reduced in 2021/22 when compared to the previous year (86, down from 149 in 2020/21). However, the SPC chart does indicate that the decrease in numbers seen does remain in line with common variations in recorded MAPPA. These incidents include those that have been discussed within the

MAPPA framework and those incidents indicating risk to others. Risk to others data is also captured within safeguarding adults and children incident reporting and will account for the reduction in this category of incident report.



The chart shows that the main cause groups for MAPPA continue to be 'Risk of Significant Harm Via Threat' and 'Risk of Physical Harm with Weapons'.

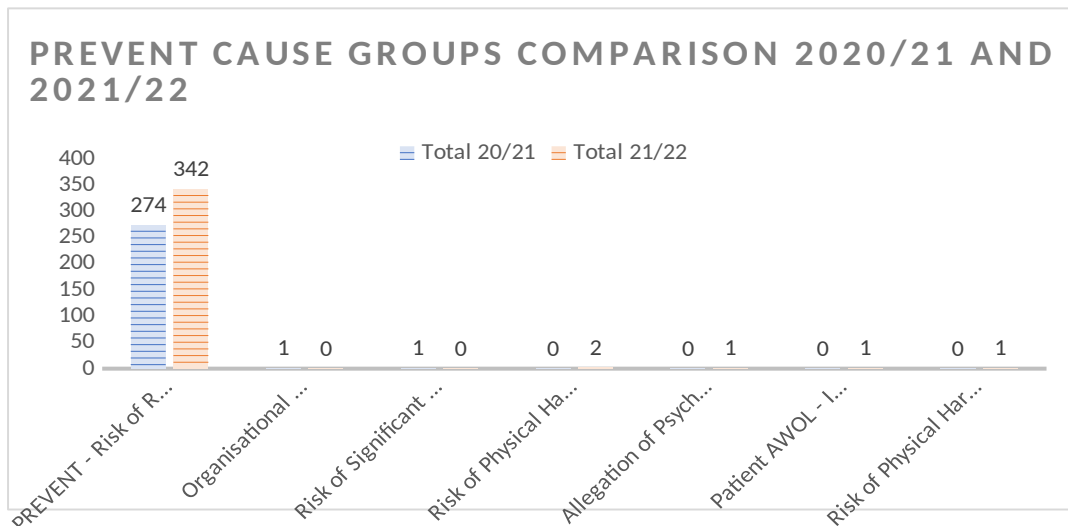
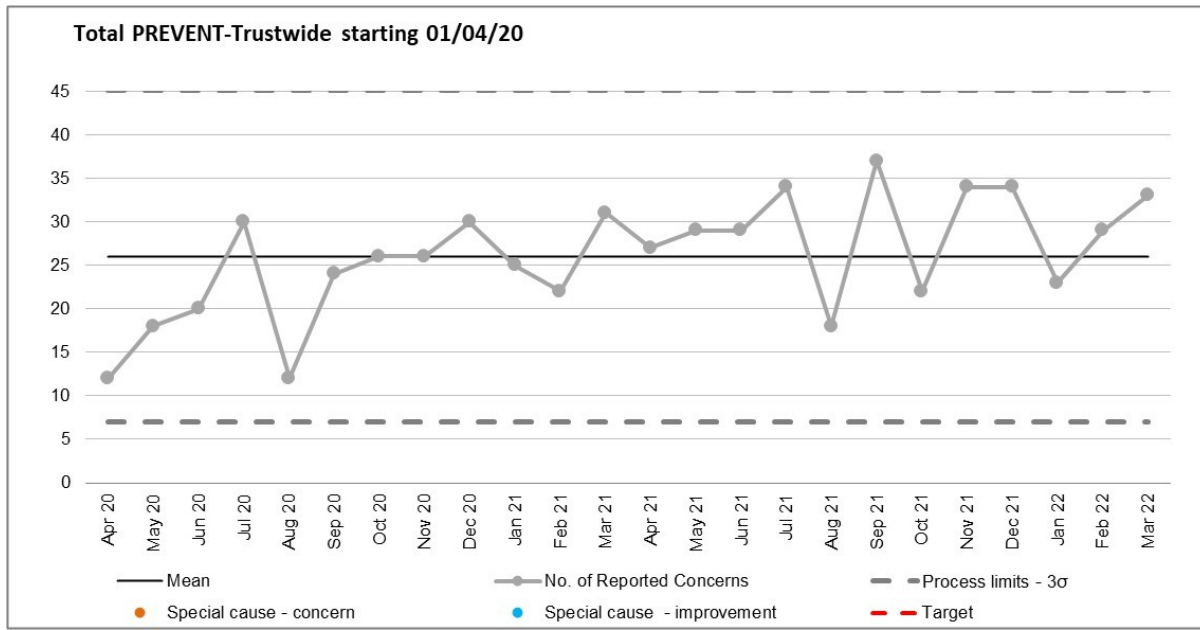
The MAPPA process is due for review in 2022/23 to ensure there is a clear process for managing our MAPPA eligible service users that is fully understood by the responsible services. This will include a review of the incident data.

The SAPP team continue to attend MAPPA level 2 and 3 meetings for all those being

discussed who are active to Trust services.

## PREVENT

There were 349 PREVENT incident recorded during 2021/22; a 26% increase on the number received in 2020/21. This reflects attendance at Channel meetings and requests for information from Police and Special Branch.



For all areas covered by CNTW the most significant threat comes from Self-initiated terrorists(S-IT) (formerly known as Lone Actors). The actions of a S-IT are difficult to detect and deter. They can mobilise to action quickly using low sophistication methods of attack, using readily available items that require no specialist knowledge or training. Bladed or blunt force weapons are the most likely form of attack methods, including vehicles, which have also been used as ramming devices.

CNTW data suggests that most referrals to PREVENT and Channel panel discussions have an extreme right-wing ideation or no clear ideology, with many concerns also being linked to

online activity.

Evidence suggests that Autism Spectrum Disorder (ASD) is over-represented in lone-actor terrorist samples, compared to the general population and this over-representation is found within CNTW data. This over-representation is likely due to an individual's tendency to hyper focus, absence of meaningful attachments and inability to critically analyse radical ideology.

The implication for this over-represented group should be increased awareness of specific vulnerability and risk factors for parents, educational staff and care professionals to help ensure early detection of a person with ASD developing radical ideology and may ensure that exploitation and criminalisation of individuals with ASD is minimised.

## Learning from Case Reviews

There continues to be a dedicated resource to support our Safeguarding Adult Boards, Children's Safeguarding Partnerships and Domestic Abuse Partnerships in completing and learning from Case Reviews.

Domestic Homicides account for the greatest number of reviews supported at this time. In the last 12 months there have been 17 statutory reviews commissioned by our partners which have required CNTW involvement.

- 4 Safeguarding Adults Reviews
- 5 Local Child Safeguarding Practice Reviews
- 8 Domestic Homicide Reviews

Learning from Case reviews is shared via the Safer Care and Trust Bulletins and is standing agenda item for the SAPP team to inform current practice and supervision. Learning is also shared in Trust forums such as Managers Briefing, Quality and Safe, Positive and Safe and Team meetings. Where required, bespoke training sessions are provided to individual teams to review cases in more detail and to strengthen practice.

Learning from Domestic Homicide Reviews has identified the need to develop and strengthen practice in recognising and responding to domestic abuse, with specific learning for Trust addictions services. Bespoke sessions have been provided to the North of Tyne services with further sessions planned in 2022. In addition to the bespoke session for Addictions services a trust wide Microsoft Teams session is arranged for July 2022 which will be recorded and available to all staff via the Trust You Tube channel.

Professional curiosity has been identified as a multi-agency area requiring improvement with work underway in some of the local safeguarding partnerships. The SAPP team will support this work and work with the CBU's to identify how this skill can be developed, strengthened and embedded across our services.

Keeping Children Safe is another area requiring development with a focus on identifying 'hidden males / partners' in relationships. In response to this the Keeping Children Safe assessment in the Trust Core assessment, has been reviewed and is currently with the RiO team awaiting review. Once this is complete an action plan will be developed to ensure staff are familiar with the updated assessment and requirements for completion and review.

## Training

During 2021/22, compliance with training decreased as face-to-face training ceased due to NHS England and Government advice on social distancing a result of the Covid-19 pandemic.

The Adult and the Children Safeguarding Training Intercollegiate guidance are used to inform the Trust training. The online safeguarding training is provided by E-Learning for Health (Health Education England). The online Prevent training is provided by the UK Home Office.

Throughout the year all training continued to be available via e-learning platforms provided internally and via Microsoft Teams from our partner agencies. However due to the impact on clinical services it proved challenging for staff to complete training as required. Prior to March 2020 there was a plan to deliver face to face Level 3 Safeguarding Adults to meet the requirements of the Intercollegiate document however this was stood down. In December 2021 the Trust was required by the local CCG's to provide an action plan outlining how compliance with Level 3 training was to be achieved. This was completed and face to face training commenced in April 2022 with compliance to be achieved December 2022.

The Level 3 training will be delivered via Teams to reach greater numbers of staff and reduce time away from clinical care, with 600 places available per month. Those staff working in Adult services are being targeted to complete the training, The training is supported with a pre-reading booklet.

The training package will be reviewed during 2022/23 with plans to move to a modular approach allowing staff to accumulate the 8 hours of training required to be compliant with the inter-collegiate requirements.

All local training offers continue to be disseminated via the Trust Bulletins and will contribute the learning hours.

| Safeguarding Level | Compliance % as at March 2022 ( <i>target 85%</i> ) |
|--------------------|---|
| Adults Level 1     | 91.6%   |
| Adults Level 2     | 84.4%   |
| Children Level 1   | 90.6%   |
| Children Level 2   | 77.2%   |
| Children Level 3   | 25.5%   |

The Home Office has now developed an intercollegiate document for Prevent training which is due for release in 2022. This will require the Trust to provide different levels of training similar to that seen in Safeguarding Adults and Children with all clinical staff needing to complete training up to Level 3. This can be completed using the Home Office Level 3 e-learning package for Mental Health practitioners.

## Our Commitment to Partnership Working

CNTW Safeguarding and Public Protection team prides itself upon championing partnership working with all of our partner agencies across 8 Local Authorities. We cover a huge geographical footprint and have to ensure that we are meeting the bespoke needs and



learning in each of these localities. As all NHS providers over the period 2021-2022 we have had to perform within changing covid restrictions, and at points each Local Authority has had a different set of restrictions in place.

Not only do we cover 8 Local Authorities we serve two Police Forces, that of Northumbria and Cumbria, and whilst our ties with Northumbria Police are historically well established, we continue to forge our good links within the Cumbria footprint.

Throughout the pandemic CNTW ringfenced our safeguarding team, to ensure front line services were continuing to deliver and learn from safe practice and that all multi agencies were working towards a common aim.

We have continued to comply with our strategic responsibilities and are good attenders within our MAPPA and MARAC forums, and we have seen the development of Domestic Abuse Strategic Partnership boards, and the Group Nurse Directors for the locality attends these and feeds back the current position via our trust wide Safeguarding and Public Protection group.

Within two of our localities Northumberland and Sunderland, we have developed trailblazing MASH practitioner roles, that have embedded the voice of our vulnerable service users, and to aid the navigation of a complex mental health service.

## Supervision

The SAPP team is a small resource within a large organisation. Therefore, we have targeted our resources to aid the biggest impact, and in 2021-2022 we have focused our supervision in key areas. We are now regularly attending Locality safety forums, where we are supporting leadership teams in identifying safeguarding concerns and next steps. We support monthly meetings with our Local Authorities to ensure communication and completion of agreed responsibilities are undertaken, with a key focus upon Making Safeguarding Personal and the think family agenda.

We identify our key areas of concern via the web-based reporting system, Safeguard. At the beginning of April 2021, we had one member of staff on triage. Given the significant increase in reported safeguarding concerns seen throughout 2021/22 and to improve the quality of advice and initial supervision, we have increased this to two people. When a high-level safeguarding concern is identified it is communicated to the SAPP locality practitioner who work with the Locality managers and clinicians and offer either one to one or group supervision in relation to the case.

As a team we also manage internal staff allegations, throughout the pandemic the SAPP team have continued to support operational managers with the Local Authority Designated Officer (LADO) process and engagement with Adult Safeguarding Concerns (ASC).

## Key Achievements

Within the period of 2021-2022, it has been difficult to champion key achievements, as there has been many restrictions to service provision on national level. However, during this period, CNTW SAPP team has embedded the dedicated lead role for PREVENT. Ensuring that we are fully engaged with the National Counter Terrorism agenda and doing what we

can to deter and prevent radicalisation of vulnerable people.

We are proud that in the 2021-2022 period we managed to secure and develop a MASH Practitioner within the Sunderland adult's pathway MASH and began the dialogue for the development of this role within the other MASH's that we serve.

We have used digital technology to aid the engagement and the delivery of our internal and external work, which has allowed us to maintain our delivery of service with no disruption or reduction in provision.

The key challenges over the last 12 months relate to increased demands upon the small SAPP team. We have reviewed and refocussed our service delivery to ensure the support and supervision of the clinical staff in the safeguarding agenda. Whilst we have been unable to deliver face to face training we have utilised the technology available to maximise our time in providing individual/group supervision, webinars and virtual training / awareness sessions.

## Annual Workplan 2022/23

Key workplan focusses for 2022/23:

- To continue to review demand and capacity in light of sustained increase in reported incidents and review processes and approaches as necessary to ensure this demand can be met whilst maintaining quality.
- Ensure MARAC recording process is fully embedded and Trust wide Microsoft Teams session is delivered on. Monitor the number of incident reports and referrals made to MARAC in light of increased awareness via this session and respond accordingly.
- Collaborate with the Trust team who are reviewing and embedding the National Patient Safety strategy including the new incident reporting and review systems, to ensure that the classification of incidents retains relevant safeguarding information to enable incidents to be reviewed, clinicians supported, and patients safeguarded.
- Embed the learning from Domestic Homicide Reviews undertaken within the year with particular focus on addiction services.
- Deliver on the 2022/23 training action plan to ensure training is back to pre-pandemic levels and consistent compliance achieved. Review Level 3 training package with a view to moving to a modular approach.
- Develop Prevent training to be rolled out across the Trust, following the release of the Home Office intercollegiate document.
- Ensure the use and embedding of Statistical Process Control (SPC) charts to support better data analysis and key focus on areas that require further investigation or review.
- Review process for managing MAPPA eligible offenders, ensuring embedded into induction for forensic pathway.



- Transition the MASH practitioner role to be operationally managed within Access services
- Embed the revised Keeping Children Safe Assessment
- Develop, strengthen and embed Professional Curiosity skills for all clinical staff

**Report Authors:**

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Jo Sharp, Team Manager, Safeguarding and Public Protection / Named Nurse

Claire Thomas, Deputy Director, Safer Care

**Executive Lead:**

Dr Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive

28<sup>th</sup> September 2022

# 12. Annual Plan Q1

Speaker: Ramona Duguid, Chief Operating Officer

## References:

- 12. Annual Plan 22-23 Quarter 1 update for Board 20220823.pdf

**Report to the Board of Directors**  
**Wednesday 5 October 2022**

|   |   |
|---|---|
| <b>Title of report</b>                            | <b>Annual Plan 2022-23 Quarter One Update</b>   |
| <b>Purpose of the report</b>                      | <b>For discussion</b>   |
| <b>Executive Lead</b>                             | <b>Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance</b> |
| <b>Report author(s) (if different from above)</b> | <b>Anna Foster<br/>Trust Lead for Strategy and Sustainability</b>                     |

| <b>Strategic ambitions this paper supports (please check the appropriate box)</b>     |   |   |   |
|---|---|---|---|
| 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 |

| <b>Board Sub-committee meetings where this item has been considered (specify date)</b> |  |
|--|--|
| Quality and Performance  |  |
| Audit  |  |
| Mental Health Legislation  |  |
| People Committee   |  |
| Resource and Business Assurance  |  |
| Charitable Funds Committee   |  |
| Provider Collaborative, Lead Provider Committee  |  |

| <b>Management Group meetings where this item has been considered (specify date)</b> |  |
|---|--|
| Executive Team  |  |
| Trust Leadership Team (TLT)   |  |
| Trust Safety Group (TSG)  |  |
| Other i.e. external meeting   |  |
|   |  |
|   |  |

| <b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b> |
|---|
| All   |

## Annual Plan 2022-23 Quarter 1 Update

### Introduction

1. The CNTW 2022-23 Annual Plan was approved by the Trust Board in April 2022.
2. The plan states; *‘it’s important to note that the priorities and deliverables described in this paper are as at this point in time. Therefore, the plan is emergent rather than fixed and will adapt throughout the year in response to changing circumstances. For this reason, the plan’s progress is best measured and reported based on evidence of impact.’*
3. This paper provides the Trust Board with an update of progress against the CNTW 2022-23 Annual Plan as at the end of quarter 1 (June 2022).
4. This report consolidates and complements routine governance reporting including workforce, Quality Priorities, Commissioning & Quality Assurance quarter one updates presented to Board in July 2022, presented here in the context of the Annual Plan and structured in accordance with its four elements: 1) Planning our Future, 2) Improving our Care, 3) Delivering Quality Standards and 4) Looking after Our People, as shown in the diagram below:



## Looking after Our People

5. This element of the planning aligns with the NHS People Plan and focusses on:

|     |                                    |  |  |
|-----|------------------------------------|--|--|
| 5.1 | Workforce health and wellbeing:    | Review staff psychological support and occupational health provision | <p>The existing occupational health provider contract has been extended for one year (to December 2023) to allow for further review of other elements of staff support. A revised Employee Assistance Support will be in place from October 2022.</p> <p>Additional resource is being recruited to the Staff Psychological Wellbeing Centre which will become the triage point for all staff mental health illnesses to provide earlier intervention and signposting.</p> <p>The Staff Wellness Hub is currently being established, providing a central point for absences to be reported and recorded and to support managers across the Trust with short term absence management, reasonable adjustments etc. A central budget for reasonable adjustments will be overseen by the Hub to ensure timely purchase of equipment for staff with physical disabilities.</p> |
|     |                                    | Embed CNTW Health and Wellbeing Approach                             | <p>The wellbeing approach continues to be embedded, with a recent focus on staff financial wellbeing through various partnerships including access to ethical loans, financial awareness sessions; pre-retirement and mid-career sessions financial sessions; individual support for staff; various discounts on goods and services; lease cars and Cycle to Work Schemes in place; various signposting and information on the Thrive Website.</p>   |
| 5.2 | Organisational development:        | Review organisational development approach                           | <p>Currently reviewing the Organisational Development approach to align with the emerging Trust Strategy and People Strategy.</p>  |
|     |                                    | Collective leadership and devolution                                 | <p>Ongoing discussions regarding leadership to ensure a strategic and planned approach to align with the emerging Trust Strategy and People Strategy.</p>  |
|     |                                    | A learning culture and Leadership and Management Development         | <p>The Leadership Development Programme will restart in quarter 2.</p> <p>The Management Development Programme is currently being reviewed.</p>  |
| 5.3 | Equality, diversity and inclusion: | A representative workforce   | <p>Work continues to ensure that the Trust has a representative workforce and Trust data is being reviewed against the latest census information.</p>  |

|     |                            |   |  |
|-----|----------------------------|---|--|
|     |                            |   | Further work planned in terms of progression for some protected characteristics.   |
|     |                            | Inclusive recruitment                                 | Work continues to embed the changes identified during workshops and task and finish groups. All aligned to literature on what is proven to work in terms of interventions.   |
|     |                            | Black and Minority Ethnic Leadership                  | The 'Springboard for Women' programme has been piloted which evaluated well. Navigator for Men currently being arranged. Funding from CPD monies to explore other programmes to support the development of black and minority ethnic staff.  |
|     |                            | Tackling Discrimination of all forms from all sources | The 'Give Respect Get Respect' Programme of Work continues, with race a previous focus, recent work has been around disability and ableism. Disability awareness is one of three Trust EDI priorities (alongside discrimination and inclusive recruitment) for which there are a number of activities including awareness sessions and development programmes for disabled staff and their managers. |
| 5.4 | Recruitment and retention: | International Recruitment                             | International Medical Staff and Nurses continue to locate to the Trust.  |
|     |                            | Retention Plan and Recruitment Plan                   | Via the Recruitment and Retention Taskforce, initiatives underway include international recruitment, HCSW, Lived Experience of Homelessness, Veterans and Armed forces. Links with the CNTW Academy-led nursing apprentice programme, which has seen its first newly qualified nurses graduate earlier this year.  |

## Delivering Quality Standards

6. This update is as at 30 June 2022. These are routinely reported via the Commissioning & Quality Assurance Report, note there are areas of overlap with other elements of the plan:

|     |   |  |
|-----|---|--|
| 6.1 | NHS Improvement/England Oversight Framework Regulatory Requirements | Exception reporting: <ul style="list-style-type: none"> <li>• Information Governance</li> <li>• Out of Area bed days</li> <li>• CYPS Eating Disorders waiting times</li> </ul>   |
| 6.2 | National Standard Contract 22-23 Quality Requirements               | Exception reporting: <ul style="list-style-type: none"> <li>• CPA metrics for all CCGs</li> <li>• Delayed Transfers of Care within Newcastle/Gateshead, Northumberland, South Tyneside and North Cumbria</li> <li>• Current service users with a valid ethnicity completed within the</li> </ul> |

|     |  |   |                         |
|-----|--|---|-------------------------|
|     |  | Mental Health Services Data Set (MHSDS) in North Tyneside <ul style="list-style-type: none"> <li>IAPT numbers entering treatment in Sunderland and North Cumbria</li> </ul> |                         |
| 6.3 | Commissioning for Quality and Innovation schemes (CQUIN)                                       | Quarter 1 Achieved  |                         |
| 6.4 | Workforce Standards Trust-wide Improvement Trajectories Monitored via Accountability Framework | Exception reporting: <ul style="list-style-type: none"> <li>Appraisals</li> <li>Management supervision and</li> <li>Various training topics</li> </ul>                      |                         |
| 6.5 | Quality Priority 1:  | Improving the Inpatient Experience (linked to section 7 below)  | Quarter 1 Partially Met |
|     | Quality Priority 2:  | Improving Waiting Times – (linked to sections 8 and 9 below)  | Quarter 1 Partially Met |
|     | Quality Priority 3:  | Supporting Service Users and Carers to be heard   | Quarter 1 Partially Met |
|     | Quality Priority 4:  | Equality, Diversity, Inclusion & Human Rights (linked to section 5.3 above)   | Quarter 1 Partially Met |

## Improving our Care Updates as at July 2022:

- 7. Mental Health Urgent and Emergency Care:** During quarter one the programme was established with three key elements (below), each of which has a Group Director Lead, a completed driver diagram analysis and in year deliverables agreed:

  - Maximise effectiveness of crisis/urgent pathways across community and acute settings
  - Improve quality of admission, treatment and discharge within adult inpatient wards.
  - Improve quality, safety and experience within the adult acute inpatient.
- 8. Community Mental Health:** During Quarter One, the programme, which focusses on 1) the development of integrated models of care and 2) improving the effectiveness of CNTW services, continued. Demand/capacity baselining was undertaken, a large clinical workshop planned (took place 8 July) and updates were provided to Business Delivery Group by the seven locality partnerships, who are all at different stages of progress against the recommended 'Rethink' Transformation Process.
- 9. Children and Young People:** During quarter one, programme planning was undertaken to improve access and experience of children's services (nb the programme was launched 7 July 2022). A review to develop an appropriate

contemporary clinical model for specialist inpatient children services at Ferndene continued throughout the quarter.

10. The Business Delivery Group has also received updates of progress against the **cross cutting themes** of 1) Learning Disability and Autism Needs and 2) Addictions.

## **Planning our Future**

11. The feedback received from the 'CNTW2030' campaign has been themed and reframed from the perspectives of:

- Service users
- Carers (using the Carer Promise)
- Staff
- Partner Organisations
  
- Communities

12. A draft Trust-wide Strategy, which will propose that these perspectives are used to guide all Trust Business, will be presented to Board in November 2022.

## **Recommendations:**

13. The Board of Directors is asked to note the CNTW 2022/23 Annual Plan quarter one update.

Anna Foster  
Trust Lead for Strategy and Sustainability

September 2022



# 13. Addictions five-point plan update

Speaker: Rajesh Nadkarni, Deputy Chief Executive / Executive Medical Director

Please note DRD ONS 2022 - Additional slide set will also be tabled at the meeting.

References:

- 13. Addictions Development - Board 5 OCT 22 (002).pdf
- 13. DRD ONS 2022 - Additional slide set.pdf

# Review of Addiction Services and CNTW's approach for the future Update Report

Report to the Board of Directors  
05 October 2022



Caring | Discovering | Growing | **Together**

# Context



Statistical bulletin

## Quarterly alcohol-specific deaths in England and Wales: 2001 to 2019 registrations and Quarter 1 (Jan to Mar) to Quarter 4 (Oct to Dec) 2020 provisional registrations

Quarterly rates and numbers of deaths caused by diseases known to be a direct consequence of alcohol misuse. Includes 2001 to 2019 registrations and provisional registrations for Quarter 1 (Jan to Mar) to Quarter 4 (Oct to Dec) 2020.

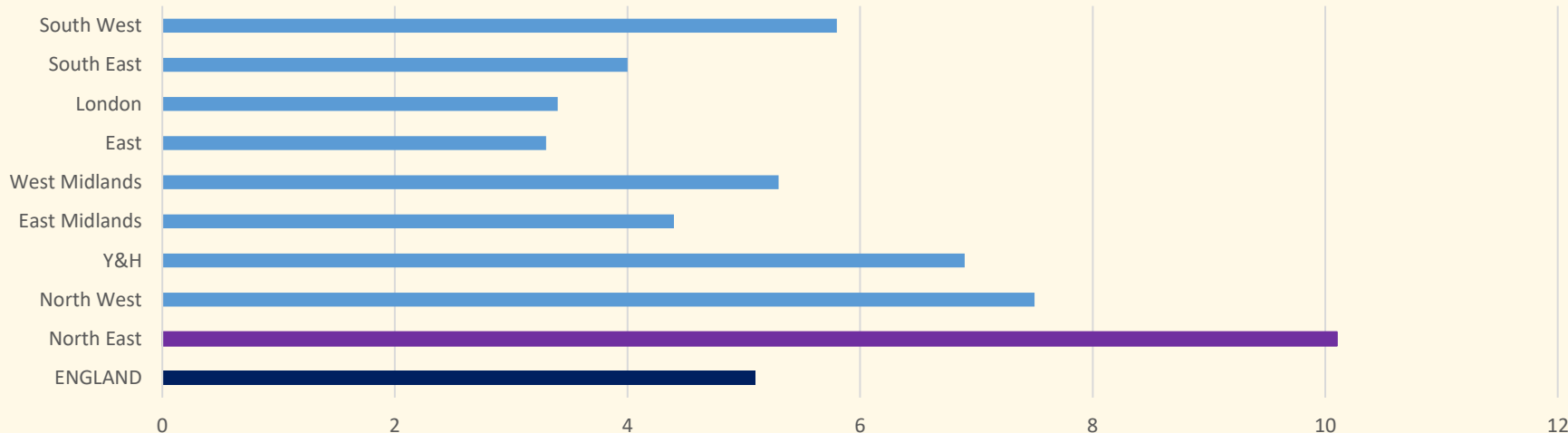
Contact: Paul Breen and Beth Manders  
health.data@ons.gov.uk  
+44 (0)1633 455158

Release date:  
6 May 2021

Next release:  
To be announced

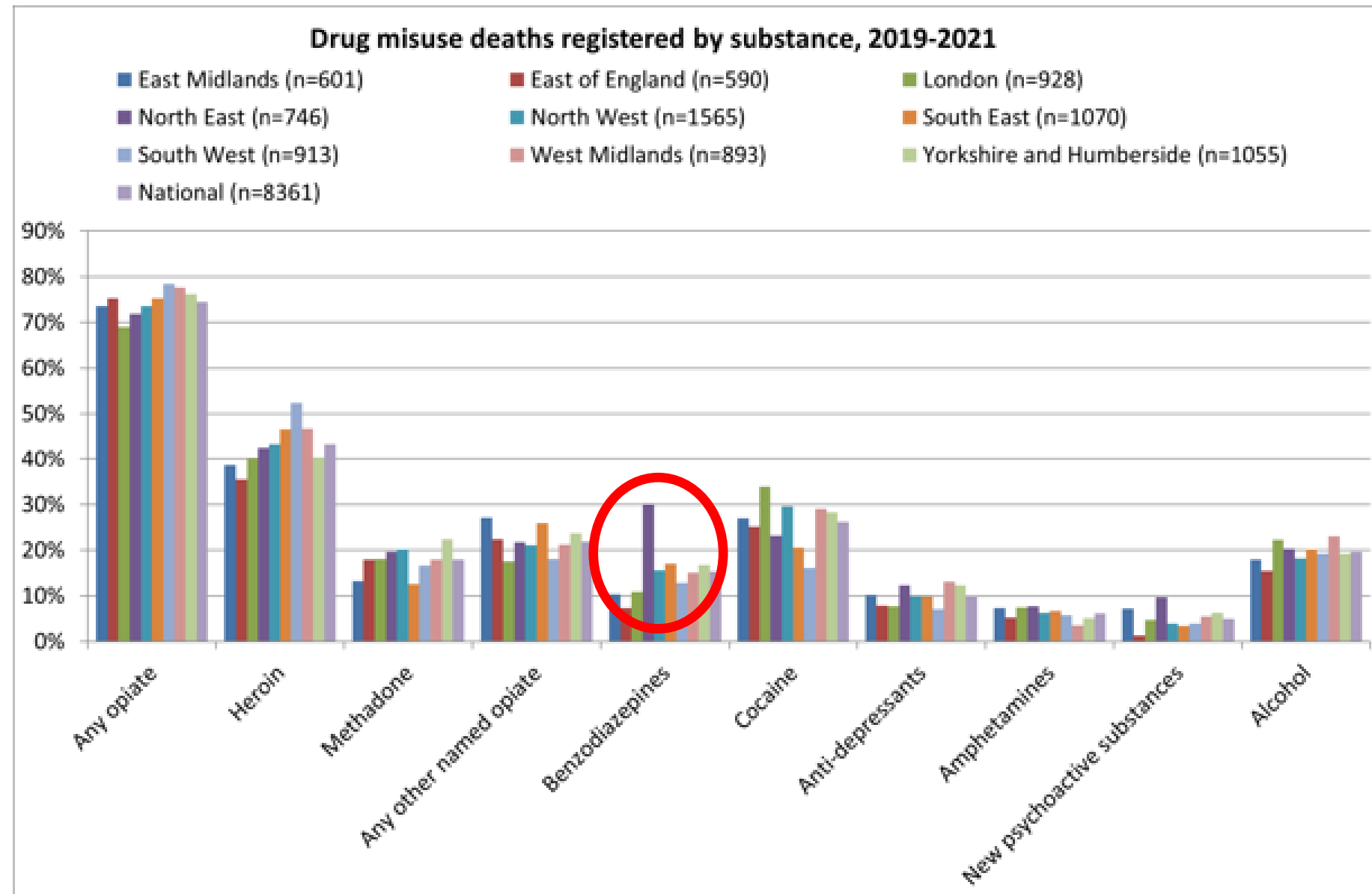
19.6% rise in alcohol specific cause death in 2020 ONS (MAY 2021)  
Male rate – x4 higher in most deprived areas  
Increase in alcohol related harms during COVID 19

Age standardised mortality rates for deaths related to drug misuse for England and Regions



This slide illustrates the death rates across the Country: NE is double the England average **highlighting the ongoing north south divide**

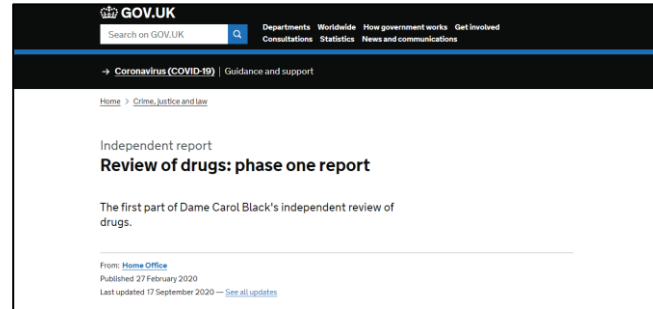
# % of total deaths by substance in each region



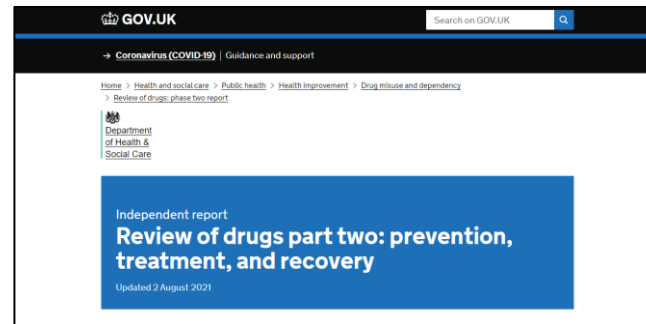
## Context

# Review of Drug Treatment

Dame Carol Black



Feb 2020: Review of drugs



July 2021: Review of the harm that drugs cause and look at prevention, treatment and recovery.

## What's changed?

- Funding (initially 1 year – now up to 2025)
- Increased IPS
- Specific funding grants (Rough Sleepers/Complex Case)

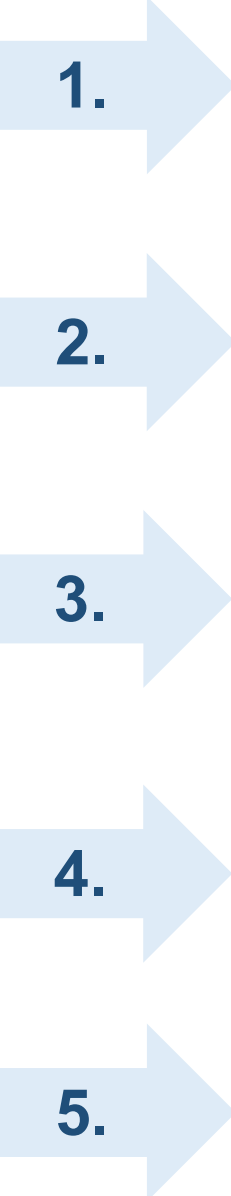
# CNTW Priorities

## Addictions Development Plan

1. Learning Lessons
2. Review and re-develop addiction as a specialist area
3. Improve addiction awareness across the Trust
4. Improve and standardise pathways
5. Improve workforce skills and competency

Strategic  
Clinical  
Network  
(Addictions)

Addiction Development Steering Group  
Task and Finish



- 1. • Thematic Review – Deaths in Service
- 2. • Addictions Development Paper - CBU's
- 3. • Dual Diagnosis Policy review (**Co-occurring Conditions**)  
• Dual Diagnosis Training and Mapping  
• Physical Health Developments
- 4. • Detoxification Unit Business Case  
• Scaffolding Support (Specialist Services) Review
- 5. • Workforce Competency Framework/Training Needs Analysis  
• Training Developments

# 1 Learning Lessons



# Emergent Findings

141 Deaths – Across North of Tyne area – Addictions only

Areas of notable practice highlighted....



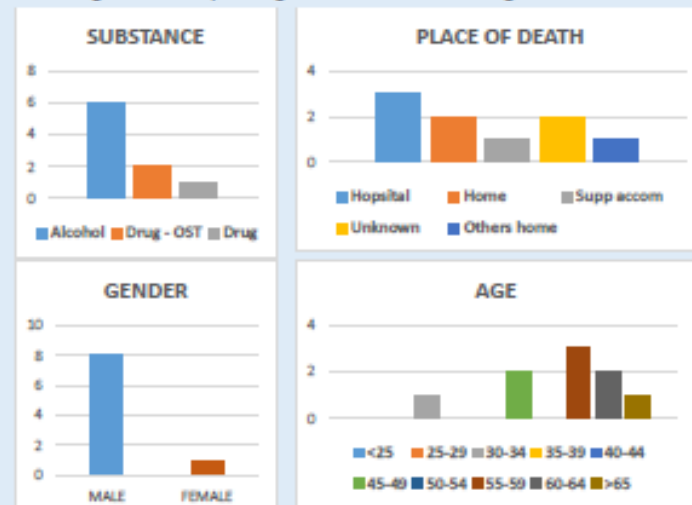
# Emergent Findings

## Areas of additional learning highlighted....

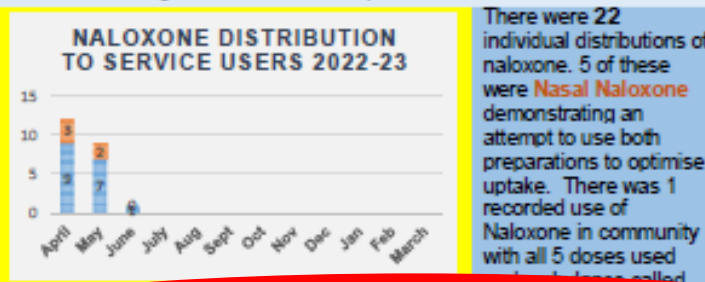
- **Core Documentation/Recording**
- **Communication (GP)**
- **Pathways**
  - Frequency/front loading need
  - Waiting times (triage to assessment)
  - Visible Recovery
  - Gaps in treatment
  - Detox Pathway (Hospital)
  - Mental Health pathway
  - Reengagement/Allocation
- **Workforce**
  - Staff Turnover
  - Management of End of Life care/bereavement
  - Roles and Responsibilities (partnerships)
- **Clinical issues**
  - Naloxone
  - Follow up of OD incident
  - Prescribing Review
  - Continuity of Care (Prison)
- **Safeguarding**
  - Escalation (lack of)
  - Professional Curiosity
- **Duty of Candour**
  - Not completed
  - Poor recording
  - Limited family support

| Cause 1   | Actual Impact           | Total |
|---|-------------------------|-------|
| DE01 Unexpected Death                               | 5 - Catastrophic, death | 4     |
| DE06 Unexpected Death – more than 6m post discharge | 5 - Catastrophic, death | 2     |
| DE08 Unexpected Death – Natural Causes              | 5 - Catastrophic, death | 1     |
| DE18 Unexpected Death – LAAR                        | 5 - Catastrophic, death | 5     |

The Total number of level 5 incidents in this period which fell into the reporting and investigation process was 9 (3 incidents fell outside process – 2 >6m out of treatment: 1 end of life pathway).  
3 of the 9 incidents have a Natural Cause outcome with the other 6 remaining conclusion pending from coroner at this stage.



The gender difference is 8:1 Male to Female.  
The highest number of deaths were in hospital (3).  
There was 1 death which was suspected to be COVID related.  
The age range of incidents is 32-88 with an average age of 54 – this is significantly higher than previous.  
Alcohol was a significant factor in this quarters incidents.



There were 22 individual distributions of naloxone. 5 of these were Nasal Naloxone demonstrating an attempt to use both preparations to optimise uptake. There was 1 recorded use of Naloxone in community with all 5 doses used.

LAAR – 1 case has so far being identified as not having the appropriate Naloxone offer. This will be included in the action plan for learning.  
Harm Reduction – there were 4 distributions from HR (all Inj.) HR have been reported with Nasal preparation for future distributions as required.

**Lessons Learnt Q1 (LAARs not all completed at this stage)**  
All areas identified will be addressed in individual action plans, learning, Audit and in any training provided.

- Minimal LAARs have been completed at this stage but immediate learning is also taken from initial reports
- Recording of OST dose on Medications and Allergies form/care plan has again been identified as a risk
- Core Documentation – given the repeat nature of the learning, reflective discussions with team to support understanding
- From initial reports, several cases included in this review identified ongoing alcohol use, physical health and disengagement from service – this will be considered further in each individual LAAR alongside any thematic learning
- Custody to community continuity of care will also be further reviewed in line with learning – there was one failure to engage post prison release

**Good Practice Identified Q1**  
Areas of good practice will be identified within the LAARs

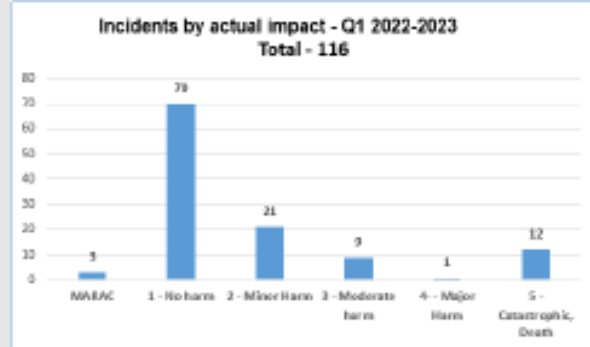
**Breaking Free on Line (BFOL)**  
Up to 23/6/22 there were 34 NTRP registrations with BFOL. 74% identified Alcohol as a primary substance. For those where drugs were identified as the primary substance, these were Cocaine (40%), Crack (20%) and Cannabis (40%) – Opiates are not featuring at present with NTRP registrations. 58% of the total accessing were female with 40-44 being the highest age group using the site (21% of people). Highest use of the site according to time was 1pm followed by 9-11am and 6pm.

Throughout Q1, training has continued in line with the funding available from ADDER and Universal Grants North of Tyme. To date, approximately 600 places have been accessed across the capacity building training (below). These events were also offered across wider partnership and a range of staff have accessed including: Commissioners, public health, sexual health, LA social work, LA CYP Addiction services. These training events are also planned to be delivered in Q3/4 in order to cover any new staff.

| Capacity Building Training via ADDER Funds |
|--|
| Crack/Cocaine                              |
| Trauma/Self Care                           |
| Chemsax                                    |
| RCGP Drugs                                 |
| RCGP Alcohol                               |
| MI Advanced Practice                       |

Alongside in-house training has been delivered throughout partnership including; Alcohol Training (Detox process, medication etc.) to the full partnership in May & June.

| 2022-2023 | Q1 | Q2 | Q3 | Q4 | Number of Serious Incidents reported No per STEIS Outcome - Year to Date |
|-----------|----|----|----|----|--|
| NTRP      | 0  |    |    |    | 0  |



| Cause 1                               | Actual Impact     | Total     |
|---------------------------------------|-------------------|-----------|
| SG23 MARAC                            | None registered   | 3         |
| SG23 MARAC                            | 1 - No Harm       | 19        |
| SG23 MARAC                            | 2 - Minor Harm    | 2         |
| SG27 Safeguarding Adults - Concerns   | 1 - No Harm       | 16        |
| SG27 Safeguarding Adults - Concerns   | 2 - Minor Harm    | 9         |
| SG27 Safeguarding Adults - Concerns   | 3 - Moderate Harm | 2         |
| SG27 Safeguarding Adults - Concerns   | 3 - Major Harm    | 1         |
| SG28 Safeguarding Children - Concerns | 1 - No Harm       | 7         |
| SG28 Safeguarding Children - Concerns | 2 - Minor Harm    | 5         |
| SG28 Safeguarding Children - Concerns | 2 - Minor Harm    | 1         |
| <b>Total</b>                          |                   | <b>67</b> |

There were 67 safeguarding concerns raised in Q1. There were 24 MARAC concerns raised this quarter. There was 1 reported episode of threatening behaviour towards staff and a further 8 reported episodes of threatening behaviour/violence – all were of no harm (1), minor harm (2) or moderate harm (3). There were also 16 reported episodes of threat/actual self-harm, 4 of which involved overdosing/ingestion of substances.

| Date Received | Complaint Type | Category Type | Status | Outcome                     |
|---------------|----------------|---------------|--------|-----------------------------|
| 1.5.22        | Complex        | -             | Closed | Decision not to investigate |

- Points of note:**
- 9 level 5 incidents this quarter – 0 STEIS reportable incidents
  - Naloxone distribution maintained to individuals (22) with 1 recorded use. There is continued learning identified in relation to Naloxone – staff will be reminded of process and risk
  - Significant training timetable offered despite COVID pressures
  - Positive learning:** Limited LAAR undertaken in Q1 – to review Q2
  - New learning:** Pathways – Alcohol and Physical Health, Prison Release/Continuity of care
  - Repeat learning:** Ongoing high levels of physical health need, Naloxone offer and rate of distribution.

NTRP to also consider identified profile – increased average age, male, ongoing alcohol use, disengagement from service

**2**

## **Review and re-develop addiction as a specialist area**

# Reviewing/redeveloping specialist services

2



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

## Progress

- Development paper shared with CBUs
- Addictions Steering Group – in principle agreement – tied in with other discussions/decision making
- Awaiting outcome of direct awards re. tendering training

## Next steps

- Ongoing Review/discussions re; changes to Addiction Services/CBU

3

## Improve addiction awareness across the Trust

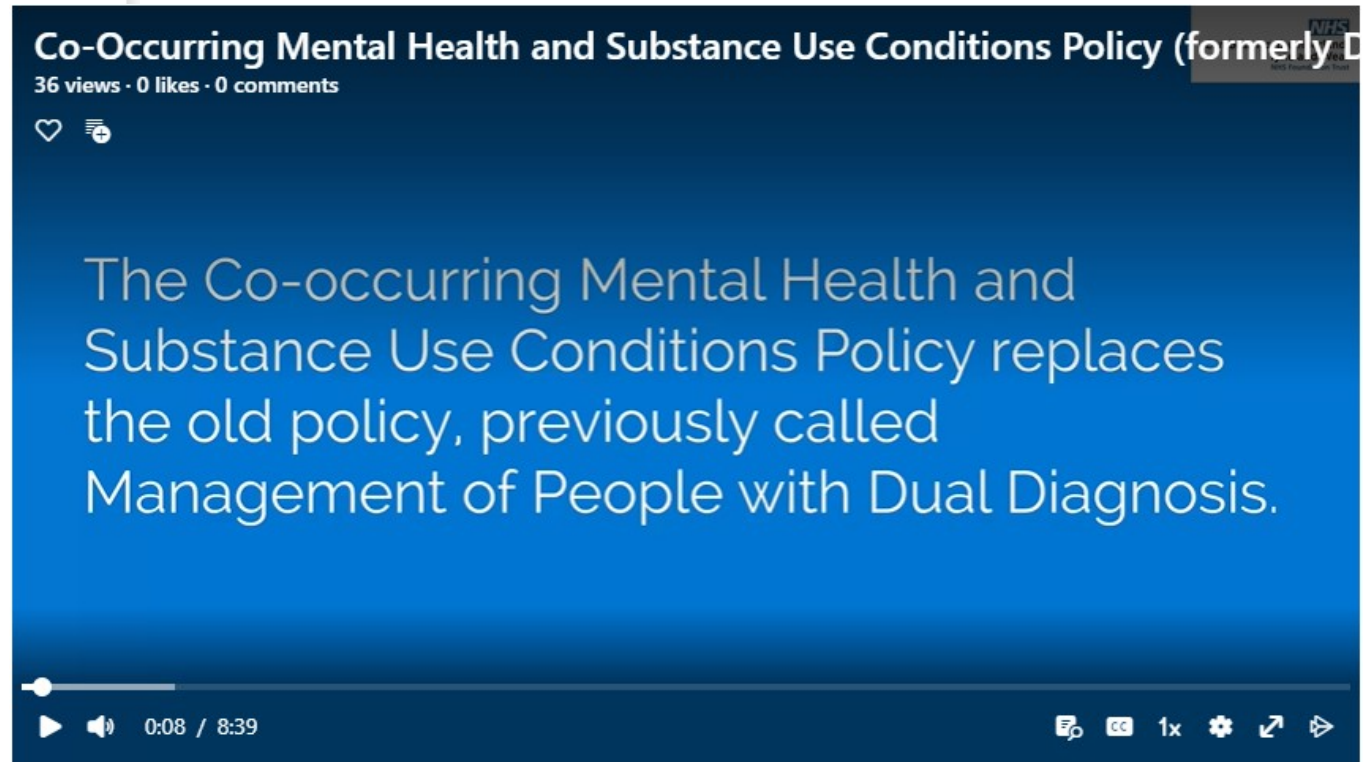




| Document Title                      | Co-occurring Mental Health and Substance Use Conditions Policy (formerly Dual Diagnosis Policy) |                |      |                       |
|-------------------------------------|---|----------------|------|-----------------------|
| Reference Number                    | CNTW(C)44   |                |      |                       |
| Lead Officer                        | Ramona Duguid – Chief Operating Officer   |                |      |                       |
| Author(s)<br>(Name and Designation) | Dr Margaret Orange<br>Associate Director (Addictions Governance)                                |                |      |                       |
| Ratified by                         | Business Delivery Group   |                |      |                       |
| Date Ratified                       | May 2022  |                |      |                       |
| Implementation Date                 | May 2022  |                |      |                       |
| Date of Full Implementation         | May 2023  |                |      |                       |
| Review Date                         | May 2025  |                |      |                       |
| Version Number                      | V05   |                |      |                       |
| Review and Amendment Log            | Version   | Type of Change | Date | Description of Change |
|                                     |   |                |      |                       |
|                                     |   |                |      |                       |

This policy supersedes:

| Reference Number  | Title                 |
|-------------------|-----------------------|
| CNTW(C)44 – V04.8 | Dual Diagnosis Policy |



**151**

# Policy update – Co-occurring Mental Health and Substance Use Conditions Policy (Formerly Dual Diagnosis Policy) – June 2022

## 1. Policy background

It is very common for people to experience problems with their mental health and alcohol/drug use at the same time. Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance use treatment (PHE, 2017). DoH (2017) also note high prevalence of comorbidity in those attending both mental health services and drug and alcohol treatment services. Death by suicide is also not uncommon as highlighted by NCISH (2018) which cites that in 54% of all suicides, substance use is a factor. **The purpose of this policy** is to set out the principles which will ensure people with co-occurring conditions receive the appropriate support and treatment to address their needs when presenting to services provided by the Trust. We need to ensure that staff feel confident and are competent in providing the most effective care for service users with co-occurring mental health and substance use disorder.

## 2. Terminology

CNTW has adopted the term **Co-occurring Mental Health and Substance Use Disorder** rather than dual diagnosis as this term encompasses the breadth of mental health and substance use presentations – particularly intoxication, mental health crisis and more common mental health problems, all of which have previously often been out of scope of both national and local guidelines. For the purpose of brevity, this term will be covered in the policy by the term **'co-occurring conditions'**.

## 3. Prevalence and Prognosis

As far back as 2002, the Department of Health highlighted that service users with co-occurring mental health and substance use conditions, sometimes referred to as 'dual diagnosis' or 'co-morbid substance misuse and mental health problems', experienced poorer outcomes than those in contact with mental health services who did not use substances. There has been significant literature since, continuing to provide evidence which suggests that those with co-occurring conditions will be at higher risk of/more susceptible to:

- Poor prognosis
- Greater levels of unmet need
- Higher rates of relapse
- Higher rates of hospitalisation
- Unstable housing/financial situation
- Increased rate of multiple disadvantage
- Being a victim/perpetrator of violence
- Involvement in criminal justice system
- Poorer compliance to treatment, including pharmacology
- Increased used of crisis services
- Increased rates of suicide/homicide

It is suggested that any policy and guidelines around co-occurring conditions has been poorly implemented to date and that service users continue to be at risk of poorly coordinated care or at worse, exclusion from appropriate services based on their presentation – i.e. excluded from mental health services until their substance use is addressed and vice versa.

## 7. Finally.....

The revised policy reflects not only a change in name but also the evidence-based approach to the identification and management of co-occurring conditions. All CNTW staff should be aware of this new policy and practise the core principles within it – **Everyone's Job and No Wrong Door**. **Interventions should focus on effective and proactive engagement regardless of point of entry, alongside coordinated management between Mental Health and Addiction services.** Staff should be familiar with the policy and ensure they embrace the principles within it.



## 6. How do we achieve this?

|            |  |
|------------|--|
| Triage     | Triage all referrals at point of contact before passing on to another team           |
| Assess     | Assess all relevant needs  |
| Refer      | If possible, don't signpost, instead make a referral to ensure appropriate follow up |
| Respond    | Respond to changes in relationship between substance use and mental health           |
| Streamline | Organise joint assessments, appointments and interventions to minimise duplication   |
| Involve    | Involve service users (and carers) in care planning                                  |
| Provide    | Provide clear and consistent information   |

## 5. Key Principles

The Trust Co-occurring Conditions Policy follows key national guidance including 'Better care for people with co-occurring mental health and alcohol/drug use conditions' (PHE, 2017) which identifies two key principles. To adopt these principles, the Trust will ensure that:

- All staff have an understanding of substance misuse and mental health and their role in recognising and supporting the management of co-occurring conditions

**(Principle 1: Everyone's job)**

- All CNTW services are able to assess need in relation to co-occurring conditions and are able to initiate assessment and support appropriate pathways regardless of point of entry

**(Principle 2: No wrong door)**

## 4. Aims of the policy

The aims of this policy are:

- To ensure that no service user is excluded from or falls between CNTW services on the basis of any co-occurring condition
- To establish core principles for engagement, management and review of care for service users with co-occurring conditions
- To ensure coherent care pathways and joint working protocols across substance misuse and mental health services to support people with co-occurring conditions in an evidence based, effective and timely manner

We should avoid, as far as possible, a serial or sequential model of working. Instead, mental health and addiction services should work in an integrated manner, addressing needs as they occur.



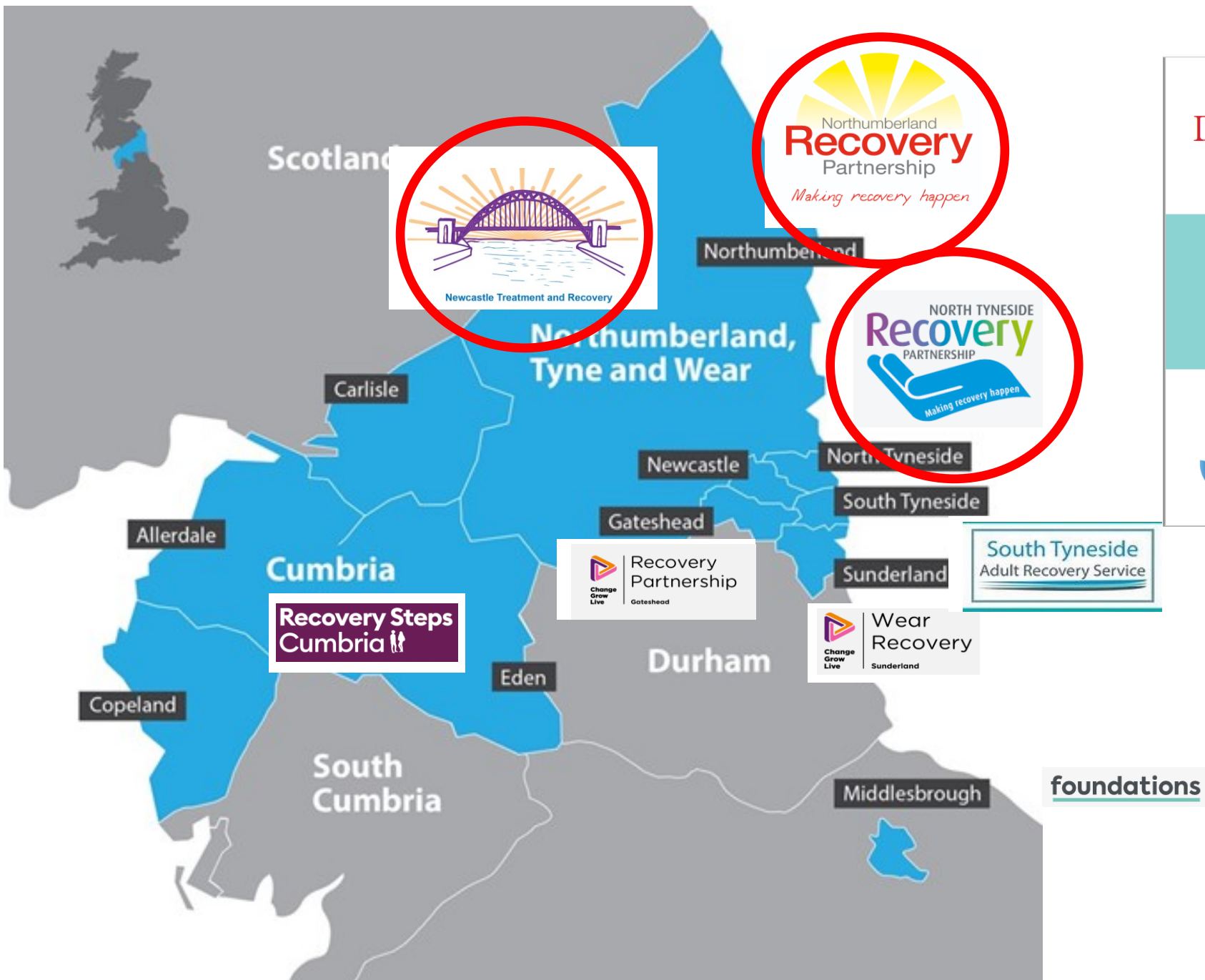
# Staff Feedback

“Following the publication of the above policy in The Bulletin last month. I wonder if you could direct me regarding how best we can liaise with mental health services **that are advising that a patient needs to have a period of abstinence before they will work with them?** I have two recent cases discussed with me by members of the team relating to Talking Therapies and CTT. Can you advise of how best we navigate this?”

“I would be very grateful if you could summarise the conversation had with CTT today regarding the patient that they are saying they **will not work with until 9 months abstinent.**”

“Margaret I would really like some advice/support in discussing and addressing this situation as this is **not a unique situation** and with the recent development of the Co occurring mental health and substance use policy, I feel there is a lot of work to be done to resolve this situation”

- All feedback escalated and resolved at local level by CNM/Associate Directors
- Training Group developed to establish Trust wide Training for Co-occurring Conditions) – currently reviewing training package



Draft



## Directory of scaffolding within specialist mental health services

Caring | Discovering | Growing | **Together**

Aims to support inpatient services to ensure appropriate and timely care pathway alongside staff support to ensure specialist advice.

foundations

## **4 Improve and standardise pathways**



**NoT Addictions  
Gibside Ward  
Information Pack**

October 2021 – Version 1

- **Staff training**
- **> 20 Detoxes (Gibside)**
- **Ongoing learning**
- **Limitations identified**
  - **Staff confidence**
  - **Geographically limited**
  - **Minimal resource – requires other pathway options**

**5**

## **Improve workforce skills and competency**

| Training (Duration)                                 | Descriptor  | Approx. no. of participants  | Open to external partners?  |
|---|---|--|---|
| RCGP Level 1 Drugs (1 day plus online assessment)   | Accredited course – understanding and working with drug addictions  | <b>150</b> – open to all addiction staff                                 | Yes – including; <ul style="list-style-type: none"> <li>• Commissioners</li> <li>• Public Health</li> <li>• Sexual Health</li> <li>• LA social work</li> <li>• LA CYP Addiction services</li> </ul> |
| RCGP Level 1 Alcohol (1 day plus online assessment) | Accredited course – understanding and working with alcohol addictions                                     | <b>110</b> – open to all addiction staff                                 |   |
| Crack/Cocaine (1 day)                               | Awareness raising, harm reduction techniques and interventions  | <b>100</b> - open to all clinical/recovery addiction staff               |   |
| Trauma Awareness (1 day)                            | Understanding of trauma and specific focus on self care   | <b>&gt; 100</b> paces offered and taken up - Open to all addiction staff |   |
| Chemsex (3 hrs)                                     | An awareness raising session into chemsex for staff with minimal awareness of recognising and intervening | <b>80</b> – open to all addiction staff                                  |   |
| Motivational Interviewing (2 day training)          | Initial course for staff with no training in MI skills  | <b>36</b> staff from NTaR, NRP and NTRP.                                 |   |
| Motivational Interviewing (1 day)                   | More advanced course for staff already familiar with this intervention                                    | <b>9</b> staff from NTaR, NRP and NTRP.                                  | No  |

**RCGP** - Fantastic, 10/10  
Really enjoyed it, trainer  
was clearly  
knowledgeable,  
passionate and had  
fantastic teaching skills”

“I enjoyed it, the trainer was very obviously a  
current practitioner which is always good when  
delivering training, her passion and knowledge  
of the topic was very clear, it was on teams,  
which I don’t like for training but probably the  
best teams training I’ve been on so far”  
**(Trauma)**.



“Fantastic, 10/10, trainer  
had good humour,  
definitely evidenced his  
experience as well as his  
knowledge, great teaching  
skills” **(Crack/Cocaine)**

“I found all of the  
training very interesting  
and informative. I  
especially enjoyed the  
**Trauma** training, it was  
brilliant and very  
engaging”

|                            | Content / Presentation / Facilitation<br>(% of delegate responses) |           |                   |           |                |
|----------------------------|--|-----------|-------------------|-----------|----------------|
|                            | 1<br>Very<br>poor  | 2<br>Poor | 3<br>Satisfactory | 4<br>Good | 5<br>Excellent |
| E-Modules                  | 0%   | 0%        | 18%               | 41%       | 41%            |
| Introduction               | 0%   | 0%        | 9%                | 23%       | 68%            |
| 1st Group Session          | 0%   | 0%        | 5%                | 32%       | 64%            |
| 2nd Group Session          | 0%   | 0%        | 9%                | 18%       | 73%            |
| 3rd Group Session          | 0%   | 0%        | 9%                | 23%       | 68%            |
| Presentation &<br>Delivery | 0%   | 0%        | 0%                | 27%       | 73%            |
| Overall rating of<br>day   | 0%   | 0%        | 5%                | 91%       | 6%             |



# Future Considerations

## From harm to hope

A 10-year drugs plan to cut crime and save lives



### Includes measures to:



reduce demand



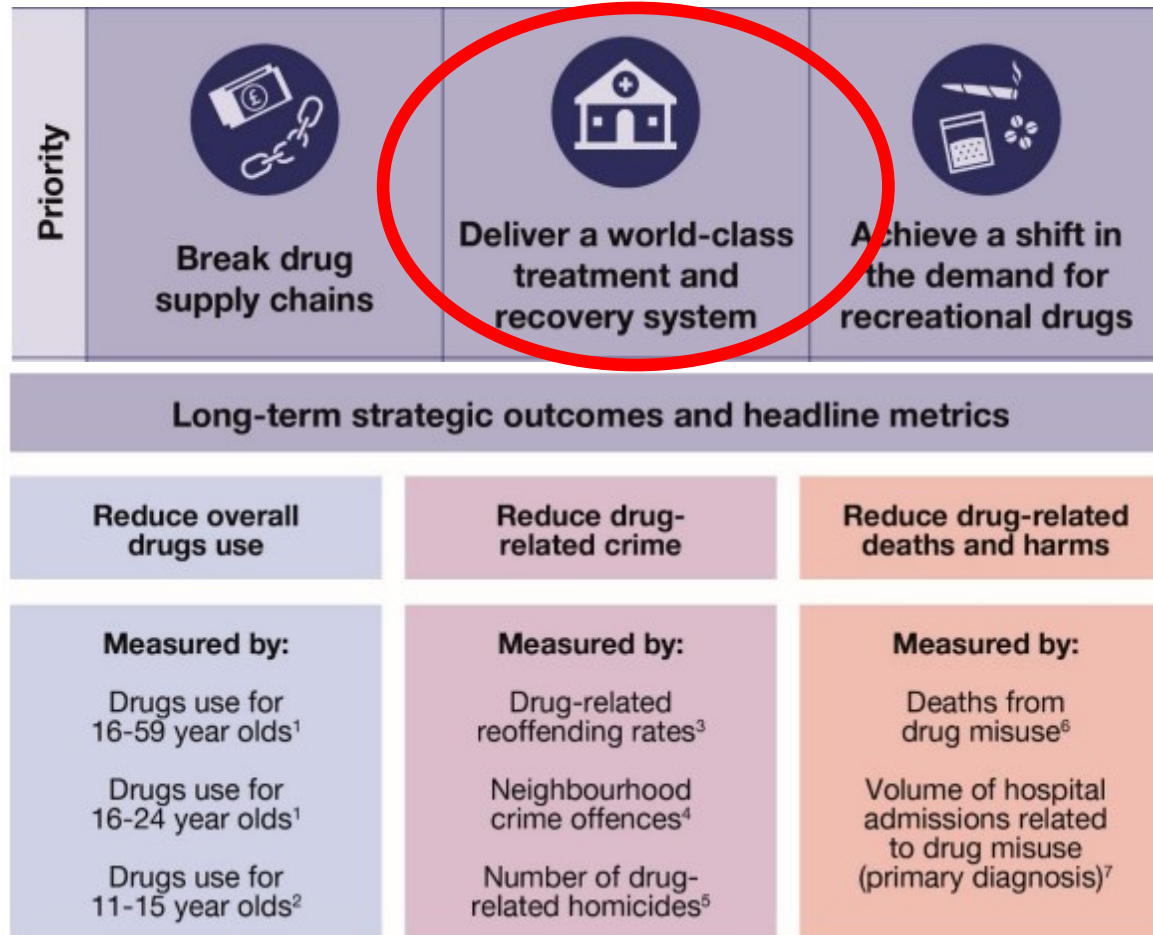
restrict supply



support recovery



drive global action



## New Opportunities:

- Increase in funding across all localities for Drug Treatment and Recovery
- Increase in funding across all localities for alcohol detoxification
- Drug Testing on Arrest – White Paper considering 1<sup>st</sup> offence course (i.e. ABC)

## New Metrics:

- Increase numbers in treatment (20%)
- Increase numbers accessing residential rehabilitation (2%)
- Increase continuity of care (75%)
- Decrease Drug Related Death



Thank you....



# Addictions Development (5 Point) Plan Update

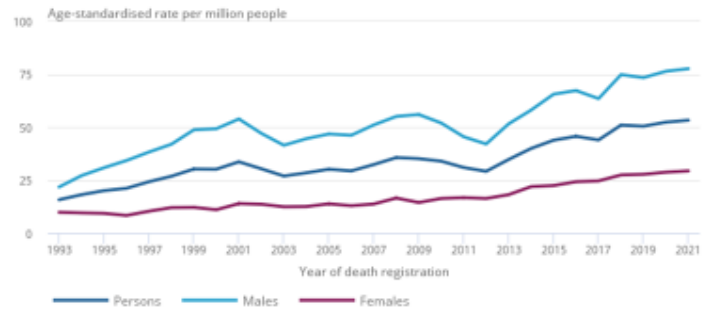
## Additional information – Drug Related Death (ONS 2022)

Figure 2: Rates of drug misuse deaths increased in 2021

Age-standardised mortality rates for deaths related to drug misuse, by sex, England and Wales, registered between 1993 and 2021

**The rate of drug misuse deaths has risen from 16.0 per million in 1993 to 53.2 per million in 2021**

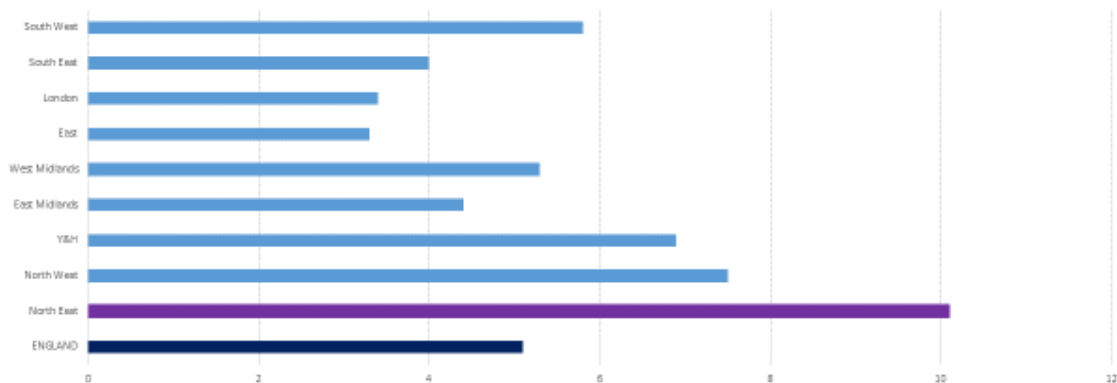
**Drug misuse deaths rates for men was 38% higher than for women (age standardised rate of 77.5 / 29.3 deaths per million respectively)**



Source: Office for National Statistics – Deaths related to drug poisoning in England and Wales

## Mortality rates for deaths related to drug misuse by country and region

Age standardised mortality rates for deaths related to drug misuse for England and Regions



# Addictions Development (5 Point) Plan Update

## Additional information – Drug Related Death (ONS 2022)

### Breakdown by region

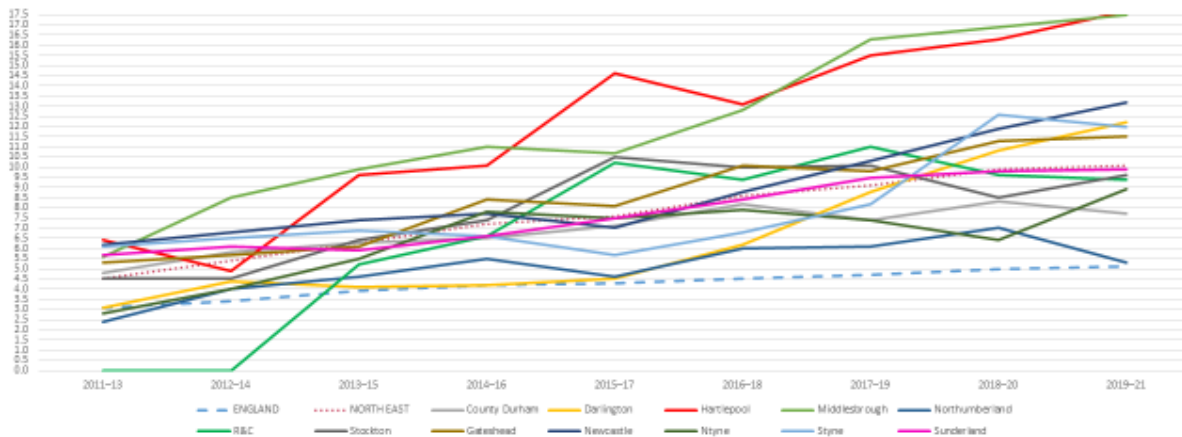
- North-South divide persists
- North East rate (104 deaths per million) is almost four times higher than East of England

Age-standardised mortality rate for deaths related to drug misuse, by sex, for countries and regions of England and Wales, registered between 1993 and 2021



### Drug misuse deaths

North East Age standardised (per 100,000 persons) mortality rate for deaths relating to drug misuse from 2011-2021

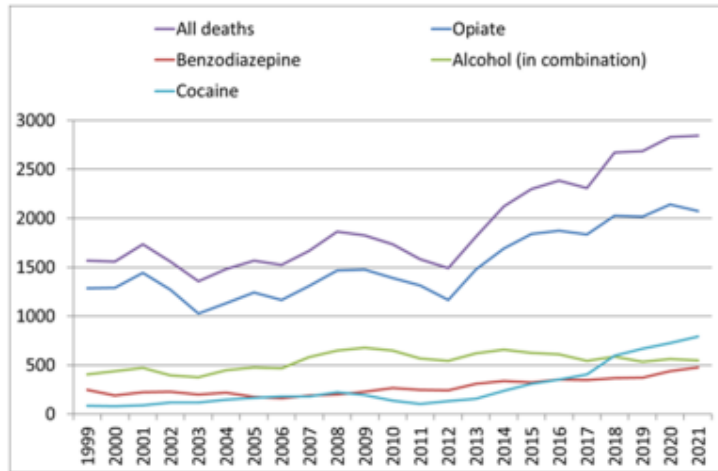


# Addictions Development (5 Point) Plan Update

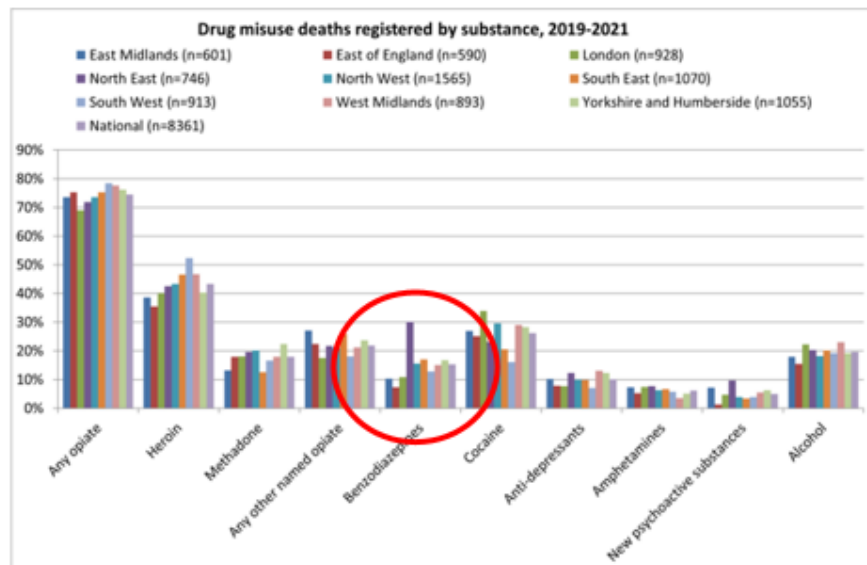
## Additional information – Drug Related Death (ONS 2022)

### Breakdown of drug misuse deaths

- Opioids have slightly decreased (73% of deaths);
  - 39% heroin, 22% methadone
- Cocaine kept increasing (28% of deaths)
- Benzos also increased (17% of deaths)



### % of total deaths by substance in each region



# 14. Integrated Care System / Integrated Care Board update

Speaker: James Duncan, Chief Executive

# 15. Quality & Performance Committee update

Speaker: Darren Best, Chair

# 16. Audit Committee update

Speaker: David Arthur, Chair

# 17. Resource and Business Assurance Committee update

Speaker: Paula Breen, Chair



# 18. Mental Health Legislation Committee update

Speaker: Michael Robinson, Chair

# 19. Provider Collaborative Committee update

Speaker: Michael Robinson, Chair

# 20. People Committee update

Speaker: Brendan Hill, Chair

# 21. Charitable Funds Committee update

Speaker: Louise Nelson, Chair

# 22. Council of Governors' Issues

Speaker: Ken Jarrold, Chairman

# 23. Questions from the Public

Speaker: Ken Jarrold, Chairman

## **24. Any Other Business**

Speaker: Ken Jarrold, Chairman