

Board of Directors PUBLIC Meeting

1 March 2023
13:30 GMT Europe/London

Trust Board Room and via Microsoft Teams

Agenda

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1. Agenda

Speaker: Ken Jarrold, Chairman

References:

- BoD Agenda Public March 2023 FINAL.pdf

Board of Directors PUBLIC Board Meeting Agenda

Board of Directors PUBLIC Board meeting Venue: Trust Board Room, St Nicholas Hospital and via MS Teams	Date: Wednesday 1st March 2023 Time: 1:30pm– 3:30pm
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Agenda Item 1		Owner	
1.1	Welcome and Apologies for Absence	Ken Jarrold, Chairman	Verbal
2	Service User / Carer / Staff Story	Guest Speaker	Verbal
3	Declarations of Interest	Ken Jarrold, Chairman	Verbal
4	Minutes of the meeting held 1st February 2023	Ken Jarrold, Chairman	Enc
5	Action Log and Matters Arising from previous meeting	Ken Jarrold, Chairman	Enc
6	Chairman’s Update	Ken Jarrold, Chairman	Verbal
7	Chief Executive Report	James Duncan, Chief Executive	Enc

Quality, Safety and patient issues			
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8	Commissioning and Quality Assurance update (Month 10)	Ramona Duguid, Chief Operating Officer	Enc
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Workforce issues			
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9	Annual Gender Pay Gap reports (CNTW and NTW Solutions Limited)	Lynne Shaw, Executive Director of Workforce and Organisational Development	Enc
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Regulatory / compliance issues			
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10	CQC New Strategy	Gary O’Hare, Chief Nurse	Enc
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11	Annual report of Fit and Proper Persons and Declaration of Interest	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
Strategy, planning and partnerships			
12	Integrated Care System/Integrated Care Board update	James Duncan, Chief Executive	Verbal
13	Newcastle Recovery College Update	Alistair Cameron	Verbal
Committee updates			
14	Quality and Performance Committee	Darren Best, Chair	Verbal
15	Audit Committee	David Arthur, Chair	Verbal
16	Resource and Business Assurance Committee	Paula Breen, Chair	Verbal
17	Mental Health Legislation Committee	Michael Robinson, Chair	Verbal
18	Provider Collaborative Committee	Michael Robinson, Chair	Verbal
19	People Committee	Brendan Hill, Chair	Verbal
20	Charitable Funds Committee	Louise Nelson, Chair	Verbal
21	Council of Governors' Issues	Ken Jarrold, Chairman	Verbal
22	Questions from the Public	Ken Jarrold, Chairman	Verbal
23	Any other business	Ken Jarrold, Chairman	Verbal
Date and Time of Next Meeting: Wednesday 5th April 2023 1:30pm – 3:30pm Trust Board Room, St Nicholas Hospital and via Microsoft Teams			

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 1st February 2022

Speaker: Ken Jarrold, Chairman

References:

- 4. Mins Board PUBLIC 1 February 2023 DRAFT v2 DH.pdf

**Minutes of the Board of Directors meeting held in Public
Held on 1st February 2023 1.30pm – 3.30pm
Trust Board Room, St Nicholas Hospital and via MS Teams**

Present:

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

James Duncan, Chief Executive
Ramona Duguid, Chief Operating Officer
Rajesh Nadkarni, Executive Medical Director, and Deputy Chief Executive
Kevin Scollay, Executive Director of Finance
Lynne Shaw, Executive Director of Workforce and Organisational Development
Anthony Deery, Deputy Chief Nurse (*Deputising for Gary O'Hare*)

In attendance:

Kirsty Allan, Corporate Governance Manager (minute taker)
Margaret Adams, Lead Governor and Public Governor for South Tyneside (*online*)
Evelyn Bitcon, Public Governor, North Cumbria (*online*)
John Bolland, Individual Placement & Support Service Lead, Community Central CBU (*item 3 only*)
Tracey Bruce, Mental Health Concern
Caleb Carter-West, Service User Governor, Neuro Disability Services (*online*)
Dorren Chananda, Clinical Governor (*online*)
Adam Crampsie, Chief Executive Mental Health Concern
John Cruddas, Service user story (*Item 3 only*)
Elaine Fletcher, Group Nurse Director South Locality
Kim Holt, Governor Northumbria University (*online*)
Jessica Juchau-Scott, Carer Governor Older People's Services (*online*)
Jane Noble, Carer Governor, Adult Services
Bruce Owen, Director of Medical Education
Tom Rebar, Service User Governor, Adult Services
Jamie Rickelton, Public Governor, *Gateshead* (*online*)
Emma Silver Price, Staff Non-Clinical Governor
Darren Tate, IPS Employment Specialist (*Item 3 only*)

1. Welcome and apologies for absence

Ken Jarrold welcomed everyone to the meeting and apologies were noted from Debbie Henderson, Director of Communications and Corporate Affairs and Gary O'Hare, Chief Nurse.

2. Declarations of interest

There were no declarations of interest to note.

3. Service User/Carer Story/ Staff Story

Ken Jarrold extended a warm welcome and thanks to Jordan Cruddas who shared his personal story. Jordan secured a job within NTW Solutions through Project Choice and working alongside the Individual Placement Service (IPS). He was also supported by Darren Tate who set up a company Suitability, which is a community interest company which takes donated menswear and uses it to support men across the North East in their job search and other formal occasions. Jordan was shortlisted for a staff award this year and is rightly very proud of his achievements. The Board congratulated Jordan for all that he had achieved and for the enthusiasm and drive he brings to his works and thanked him and Darren for sharing their story and for the work that they do.

4. Minutes of the meeting held 7 December 2022

The minutes of the meeting held on 7 December were considered and approved.

Approved:

- **The minutes of the meetings held 7 December 2022 were approved as an accurate record**

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

There were no outstanding actions to note.

6. Chairman's update

Ken Jarrold noted that today marks the 5th anniversary of taking up the role of Chairman of the Council of Governors and Board of Directors on 1st February 2018. Ken outlined the various changes to the Board of Directors since joining the Trust. Gary O'Hare will be retiring at the end of March 2023 after an outstanding contribution working within the Trust for 40 years. Ken spoke of his intention to stand down as Chairman at the end of September 2023 with colleagues commencing a process of appointing his successor.

Ken highlighted this is an extremely challenging time for the NHS and was pleased to note Julian Hartley has joined NHS Providers as Chief Executive commencing post February 2023 having been Chief Executive of Leeds Teaching Hospitals since 2013. Julian has written to all Trusts asking for suggestions for action and Ken has suggested that NHS Providers should gather statistics for the present time, 2019 before the pandemic and 2010 when the coalition Government took office on waiting lists, funding, and public satisfaction.

7. Chief Executive's Report

James Duncan referred to the launch of the Trust's Careers portal to support diversity in recruitment and improve accessibility. The portal is intended to offer advice and support to ensure that the entry point into CNTW is accessible to all.

On 23rd December NHS England published its 2023/24 priorities and operational planning guidance which sets out three tasks for the NHS in the coming year, recovering core services and productivity, progressing delivery of the NHS Long Term Plan ambitions and continuing transformation work.

Secretary of State for Health and Social Care, Steve Barclay made a written statement on 24th January announcing that the Department for Health and Social Care will develop and publish a Major Conditions Strategy. The strategy will set out a policy agenda which will facilitate a shift towards integrated, whole-person care. The statement highlights integrated working, workforce development, prevention, and early intervention as key areas of focus for the strategy.

James highlighted the Rapid Review of Patient Safety within a mental health inpatient setting which will focus on using data and evidence to identify patient safety risks and failures in care.

James provided an update following a visit to Northumberland Recovery College and spending time with organisations working with the college in the community. James reflected on a remarkable day showing some of the strengths of our community assets.

James recently met with Autism in Mind, an organisation which the Trust work with across Sunderland and South Tyneside and who provide training on autism across the Trust. The meeting provided an opportunity to share lessons in terms of how we work with the Voluntary and Charitable Sector in developing a joined-up offer of support for our communities

Resolved:

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

Quality, Clinical and Patient Issues

8. Commissioning and Quality Assurance update (Month 9)

Ramona Duguid referred to the report noting a continued decrease in agency spend across the Trust. There are continued challenges with out of area bed days. Response times for urgent referrals for Children and Young People's Services (CYPs) were reported at 100% however, the position on 18 week waits remains very challenging with a significant number of children and young people waiting on the neurodevelopmental pathway. The Trust are taking forward discussions with system colleagues with regards to delayed transfer of care which continue to be significantly challenged particularly within older people as well as within the adult pathway.

Ken Jarrold thanked Ramona for the update which clearly shows a very challenging position in terms of waiting times and pressures on services.

Darren Best highlighted the quality priorities for access to care and treatment, with over 18 week waits for adults and older people being 466 across all localities and 2462 relating to children and young people, over 50 % of the waiting list. This remains a key priority for the Trust.

Resolved:

- **The Board received the Commissioning and Quality Assurance update**

9. Service User and Carer Experience Report (Q3)

Ramona Duguid referred to the report noting an increase in the numbers Point of You survey responses. There is still further work required around You Said, We Did posters and work is being undertaken across localities to gain greater leadership and involvement. Ramona mentioned a slight decrease in the friends and family test score which the Trust are reviewing in detail. Elaine Fletcher referred to You Said, We Did and explained that the first report is being produced this month with each of the Groups highlighting the work that they are doing to respond to issues raised. This will be part of the next Service User Carer Experience Report going forward.

Ken Jarrold mentioned the level of pressure on Community Teams is very challenging. Jane Noble agreed with the challenges the Trust are currently facing but highlighted the need to recognise the positive work being undertaken.

Resolved:

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

10. Safer Staffing Levels Report Q3 including 6 Monthly Skill Mix Review

Anthony Deery referred to the report which highlighted several ongoing pressures across all wards. Anthony referred to the Mental Health Optimal Staffing Tool (MHOST) which commenced in November. The MHOST tool is an accredited staffing tool that provides objective acuity information of staffing levels on the wards. Following feedback to the wards involved in the pilot stage, this is being rolled out across all older persons' wards and acute wards. This will support the planning for required staffing levels and establishments into the next financial year for inpatients wards.

There is also the introduction of the student nursing assistant role. This offers student nurses on placement within the organisation an opportunity to take up a nursing assistant role. This will both help them gain experience but also support with the financial challenges of achieving a nursing qualification.

Ramona Duguid referred to the staffing baseline which links to the ongoing conversations around agency staffing and informed that the Trust is in a positive position for the year ahead. Ken Jarrold very much welcomed the reduction in agency staffing and thanked everyone for all they have done to achieve this.

Resolved

- **The Board received Safer Staffing Levels Report Q3 including 6 Monthly Skill Mix Review**

11. Safer Care Report Quarter 3

Rajesh Nadkarni referred to page 6 of the report, which highlights the Trust's work towards the implementation of the new Patient Safety Incident Response Framework (PSIRF) that is a requirement for all Trusts which will be in place by September 2023.

Restrictive Practices is now one of the Trusts quality priorities with several themes including long-term segregation and one area relates to blanket restrictions which is a piece of work currently being progressed.

There has been some increase in safeguarding activity within the North Locality and further analysis suggests this to be linked to increases in staff trained at Level 3 leading to more awareness and increased safeguarding reporting as a result.

Complaints within Community Central CBU continue to increase primarily associated with waiting times within Central locality ADHA/ASD service and CYPs.

Resolved

- **The Board received the Safer Care Report Quarter 3**

Workforce Issues**12. CNTW Self-Assessment Report and Quality Improvement Plan**

Bruce Owen referred to the report and referred to a visit by the HEE NE&NC quality team to assess the quality of training delivered against educational standards. The report provided detail of the Trusts assessment which links to a Quality Improvement Plan to improve performance.

The overall position for the year remains good in relation to the quality of training and the experience of junior doctors has continued to improve. Recruitment remains an area which requires further improvement. The risk associated with financial pressures impacting training was also noted. Measures are in place to minimise this risk.

Louise Nelson referred to the recruitment of learning disability nursing and asked what is being done to attract people in this area or work. She also queried what actions were being taken to address the challenges relating to student placements resulting from capacity issues. Bruce referred to capacity issues in terms of the number staff available to deliver training. Action is being taken to increase the capacity to address the demand for training support.

Regarding learning disability nursing with the Trust, Bruce advised that this has been highlighted to HEE in terms of the need to increase the number of nursing applicants within learning disabilities and autism. It is recognised that training must be concentrated to ensure courses are viable. We are also actively targeting and supporting people to apply.

Tom Rebar asked if the organisation was providing agency staff training support. Lynne Shaw confirmed that training is in place for agency staff alongside job specific training if required. The Board approved the report which will be submitted to Health Education England.

Approved

- **The Board approved the CNTW Self-Assessment Report and Quality Improvement Plan**

13. Guardian of Safe Working Hours Report Q3

Rajesh Nadkarni referred to the report and explained 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.

Resolved:

- **The Board received the Guardian of Safe Working Hours Report Q3**

Regulatory / compliance issues

14. National Covid Inquiry Summary Position

Anthony Deery referred to Appendix 1, a letter from Rt Hon. Baroness Heather Hallett sent to all Chief Executives in relation to Module 3 of the UK Covid-19 Inquiry. This module will review healthcare services particularly around the families of the bereaved and staff who were involved at the time of the pandemic with a focus on care homes. Anthony stated the inquiry will look at people's experience, leadership, decision making as well as multiagency working including primary care and assurances on the processes the organisation had in place to prevent the spread of COVID infection within hospitals. The report provides detail of the Trust's activities and approach to responding to the pandemic.

Resolved:

- **The Board received the National Covid Inquiry Summary Position.**

15. Infection Prevention Control (IPC) Board Assurance Framework

Anthony Deery highlighted from the report during Quarter 3, four active outbreaks across the Trust with 13 patients positive for COVID-19 and in isolation across the Trust with 52 reported members of staff absent due to COVID-19. On 30th December 2022, the Trust Influenza position for positive cases in isolation across the Trust was two patients and there were no other incidents of nosocomial infections or outbreaks in Quarter 3. A summary of the learning since the last report is highlighted within the report.

Brendan Hill mentioned as part of the wider Board Assurance Framework review the People Committee are reviewing what are the risks around COVID on staffing and how the risks may need to be reduced.

Resolved:

- **The Board received Infection Prevention Control (IPC) Board Assurance Framework**

16. CQC Must Do Action Plan update

Anthony Deery referred to the report which provided detail of the Must Do Actions for the Trust, which are all supported with actions plans with timeframes in place. Further work is to be undertaken to clarify the details of the actions further, timescales and requirements to close outstanding actions.

Darren Best confirmed that this had been subjected to scrutiny through our Quality and Performance Committee.

Paula Breen asked if the CQC challenged any of the actions and asked if the Trust was confident to highlight actions which were not achievable in terms of timeframes due to other pressures. Anthony confirmed that there is an open dialogue with the CQC, but work is being undertaken to clarify where actions cannot be achieved.

Resolved:

- **The Board received and noted CQC Must Do Action Plan update**

17. Board Assurance Framework and Corporate Risk Register Update Q3

In the absence of Debbie Henderson, Ken Jarrold referred to the enclosed report and mentioned there are some significant risks, on which Committees are fully focused.

David Arthur stated that the BAF was discussed in detail at the Audit Committee with three main areas which have a current risk rating of 20 highlighted within the report.

Resolved:

- **The Board received the BAF/CRR update Q3**

18. NHSE/I Single Oversight Framework Compliance Report Q3

Ramona Duguid referred to the report which has been shared with NHSE/I colleagues.

Resolved:

- **The Board received the NHSE/I Single Oversight Framework Compliance Report Q3**

19. Charitable Funds Committee Annual Terms of Reference review

Louise Nelson mentioned the terms of reference have been updated and the Committee is currently developing the Charity's strategy.

Approved:

- **The Board approved the Charitable Funds Committee Annual Terms of Reference**

Strategy, Planning and Partnerships

20. CNTW Strategy, National Planning Guidance, Trust and ICS Response

Kevin Scollay referred to the report which sets out the national planning guidance and priorities for the NHS for the coming year. The guidance recognises the pressures being felt across the entire health and care system and responds accordingly by emphasising three overarching priorities for the entire system set out within the enclosed report.

Mental health services and services for people with a learning disability and autistic people all remain a key focus through progress against the ambitions outlined in the NHS Long Term Plan and the Mental Health Investment Standard. Systems are expected to work closely in the development of Integrated Care Partnership Strategies whilst also maturing existing ways of working such as provider collaboratives and place-based partnerships.

Resolved:

- **The Board received the CNTW Strategy, National Planning Guidance, Trust and ICS Response.**

21. CNTW / Mental Health Concern – waiting list imitative

Adam Crampsie, Elaine Fletcher, and Tracey Bruce attended to deliver a presentation on delivering community mental health transformation in partnership with the VCSE sector.

It was acknowledged that there is an increased need for social mental health support which has increased since the pandemic and now through the cost-of-living crisis. Organisations such as Mental Health Concern are well placed to address these needs and work in partnership with providers like CNTW to look to provide the right care in the right place.

The Team provided a detailed update on the waiting list initiative through which Mental Health Concern work with the Trust Community Treatment Teams across Sunderland, South Tyneside and Gateshead. The initiative has been nominated as a finalist in the 'Best Mental Health Partnership with the NHS' HSJ Awards.

Ken Jarrold thanked the team for the presentation and referred to the waiting list figures being very encouraging. The presentation demonstrated a significant number of people do not need the Trusts specialist services and can be supported in less specialist services which meets people's needs in a timely and effective way with a real opportunity to take this partnership working forward.

Ken Jarrold thanked Adam, Elaine and Tracey for their presentation which clearly is a very important part of the future of mental health and disability services.

Board sub-committee minutes and Governor issues for information

22. Quality and Performance Committee

Darren Best provided an update following the January meeting which received an update on the Live Staff dashboard. The Committee noted the need to increase the focus on restrictive practices linked to patient safety priority.

23. Audit Committee

David Arthur provided an update following the January meeting which included a focus on the audit relating to Lone Working, internal controls around temporary staff recruitment, and a review of the Board Assurance Framework.

24. Resource and Business Assurance Committee

Paula Breen provided an update following the January meeting including a focus on financial performance and position, capital programme update and an update on the New Hospitals Programme and CEDAR development.

25. Mental Health Legislation Committee

Michael Robinson provided an update following the January meeting which included a focus on key risks, an update on Mental Health Act Compliance and CQC MHA visits.

26. Provider Collaborative Committee

Michael Robinson provided an update following the January where an update was given on the contractual position of the three specialist provider collaboratives. Michael advised that the Trust has been successful in its bid to become Lead Provider for the Integrated Veterans Mental Health Service.

27. People Committee

Brendan Hill provided an update following the January meeting which included a focus on training metrics, an update on the Recovery Plan and Agency use, future Committee involvement of the Freedom to Speak Up Guardians and a presentation on Allied Health Professionals workforce issues.

28. Charitable Funds Committee

Louise Nelson provided an update following the January meeting which included a focus on the development of a Strategy for Charitable funds.

29. Council of Governors issues

Ken Jarrold provided an update on the outcome of the recent elections and the recent induction process. Ken noted that a number of vacancies remain for Governor positions on committees and explained the Corporate Affairs team will be highlighting the vacancies in the coming days.

A Governors Engagement session is planned next week with Jo Brackley, HOPEs lead attending to provide HOPEs training to the Governors.

30. Any Other Business

There were no issues to note.

31. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 1 March 2023, 1:30pm at Trust Boardroom, St Nicholas Hospital and online via Microsoft Teams.

5. Action Log and Matters Arising from previous meeting

Speaker: Ken Jarrold, Chairman

References:

- 5. BoD Action Log PUBLIC at 1 March 2023.pdf

Board of Directors Meeting held in public

Action Log as at 1 March 2023

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
Actions outstanding					
		There are no outstanding actions to note			
Completed Actions					
		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. CEO Report to Board of Directors March 2023.pdf

**Report to the Board of Directors
1st March 2023**

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

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
N/A

**Meeting of the Board of Directors
Chief Executive's Report
Wednesday 1st March 2023**

1. Trust updates

1.1 CNTW achieves Stonewall Silver award

The Trust has received Stonewall's Silver award, which recognises exceptional employers who are committed to supporting the LGBTQ+ community. The award was announced as part of the release of Stonewall's Top 100 Employers List, the UK's leading ranking of employers from public, private and third sectors on how inclusive their workplaces are. This year CNTW is ranked 164th in the list, having climbed 193 places since entering Stonewall's ranking at 357th in 2020. The Trust was ranked 21st among health and social care sector employers nationwide.

1.2 Collaborative Newcastle Leadership Development Programme wins international award

The Collaborative Newcastle System Leadership Development Programme, now known as Learning to Lead Together (LTLT), was launched in 2019 to respond to the growing need for senior leaders to work within and across an increasingly complex system. The place-based programme facilitates the development of collaborative relationships and supports innovative approaches to system-wide issues. It is designed, delivered, evaluated, funded, and overseen by its five partner organisations - CNTW, Newcastle City Council, the former Newcastle Gateshead CCG now part of the Integrated Care Board, Voluntary Sector, and The Newcastle upon Tyne Hospitals NHS Foundation Trust.

Over 275 learners will have completed LTLT by the middle of this year and 60 more are being recruited for upcoming cohorts. Multiple CNTW leaders have participated to date and six more will join the next cohorts. LTLT has a growing reputation with interest from the Department of Health and Social Care, King's Fund, National Leadership Academy, and the NHS Confederation is currently producing a case study.

LTLT was awarded the Learning and Performance Institute Gold Learning Award for Public Sector – People Development Programme of the Year 2023 on 16 February and was also the recipient of the NHS Collaboration Award of the Year in December 2021. CNTW's Associate Director of Organisational Improvement has been instrumental in the development and delivery of this innovative programme which is an asset to the Newcastle health and care system and has been recognised both nationally and internationally as an example of best practice in system leadership development.

The LPI judges said "There was unanimous applaud from all judges for the leadership programme presented by Collaborative Newcastle; the programme had not only strengthened the workforce but was building leaders for a more sustainable future. The team were able to showcase the impact the programme was having on leaders in creating networks and opportunities to collaboratively improve system inequalities as well as opportunities across the workforce. The programme's innovation to bring together a cross sector of services for one cause was seen as blueprint for other organisations and a way forward."

2. Regional updates

2.1 North East and North Cumbria Integrated Care Partnership launches Health and Wellbeing for All strategy

The North East and North Cumbria Integrated Care Partnership launched the [Better Health and Wellbeing for All strategy](#) on February 1st, which recognises the significant health challenges facing our region including lower healthy life expectancy and higher rates of child poverty. The plan has been developed by the NHS, local councils and voluntary, community and social enterprise organisations who have come together to form a regional Integrated Care Partnership. The plan sets out the four overarching goals for the North East and North Cumbria:

- Longer and healthier lives
 - Reduce the gap between our region and the England average in life expectancy and healthy life expectancy at birth, by at least 10% by 2030.
- Fairer outcomes
 - Reduce the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived 20% of neighbourhoods and the least deprived 20% – by at least 10% by 2030.
- Better health and care services
 - To ensure not just high quality services, but the same quality no matter where you live and who you are.
- Giving our children the best start in life
 - Increase the percentage of children with good school readiness at reception, especially for children from disadvantaged groups.

The strategy also includes a number of supporting goals:

- Reduce smoking from 13% of adults in 2020 to 5% or below
- Reduce alcohol-related admissions to hospital by 20%
- Halve the difference in the suicide rate in our region compared to England
- Reduce drug related deaths by at least 15% by 2030
- Increase the number of people who survive cancer for five years by diagnosing 75% of cancers at an early stage
- Increase the number of people with a healthy weight.
- Reduce social isolation, especially for older and vulnerable people
- Reduce the gap in life expectancy for people in the most excluded groups

2.2 Clinical leadership roles confirmed for North and North Cumbria

The North East and North Cumbria Integrated Care System has confirmed the following clinical leadership roles for the North (Northumberland, North Tyneside, Gateshead and Newcastle) and North Cumbria:

North area roles – clinical leaders

Population health – Guy Pilkington

Urgent and Emergency Care – Nicole McLean

Long Term Conditions and Medicines Management – Chris Jewitt

Cancer and Planned Care – David Cummings

Quality and Digital – Richard Glennie

Mental Health, Learning Disabilities and Autism – Claire Scarlett

North Cumbria area roles – clinical leaders

Informatics, Research and Innovation, Ageing and Living Well and Primary Care/Integrated Care Communities – Gareth Coakley

Value-based commissioning, individual funding requests, HPs, Planned Care, PLTs, Long Term Conditions and Medicines Management – Helen Horton

Mental Health and Learning Disabilities, Children, Quality, Local Leadership and Partnerships – Mandy Boardman

Individual Funding Requests, Cancer, Population Health Management and Research, Urgent and Emergency Care – Cheryl Timothy-Antoinne

Place-based teams – North

Gateshead

Partnership, Primary Care and Individual Funding Requests – Mark Donnan

Ageing and Living Well – Georgina Butler

Mental Health, Learning Disabilities and Children – Sangeetha Bommisetty

Newcastle

Partnership, Primary Care and Children – David Jones

Ageing and Living Well – Dan Cowie

Mental Health, Learning Disabilities and Individual Funding Requests – Helen Ryan

North Tyneside

Partnership, Primary Care, Individual Funding Requests – Shaun Lackey

Ageing and Living Well – Steve Parry

Mental Health, Learning Disabilities and Children – Roisin Keane

Northumberland

Partnership, Primary Care and Individual Funding Requests – Graham Syers

Ageing and Living Well – Andy Sewart

Mental Health, Learning Disabilities and Children – Kathy Petersen

2.3 Children in the North of England most vulnerable to impact of cost-of-living crisis

The Child Poverty and the Cost of Living Crisis [report](#) from the All-Party Parliamentary Group on Child of the North found that children in the North are among the most vulnerable to the impact of rising living costs. Key findings of the report include:

- In Yorkshire and Humber and the North East child poverty is now the highest it has been since 2000/2001
- Families on prepayment meters are increasingly self-disconnecting due to the high price of energy – potentially having no light, heat, hot water, or ability to cook, and at an increased risk of damp, with particular risks for babies and young children – but still face high standing charges, despite not using any gas or electricity
- The shame, anxiety and worry faced by young people living in families on a low-income can make it difficult to concentrate in school, to feel included, and to afford the resources needed to learn well and join in with friends, which undermines educational outcomes and social wellbeing.

The report makes a series of recommendations to government including:

- Increase benefits in line with inflation at the earliest opportunity and commit to ensure that benefits rise in a timely way in line with inflation long-term
- Expand Free School Meals (FSMs) to all children whose families are in receipt of universal credit, as the simplest and most effective way of reaching all children affected by poverty and food insecurity, with an ambition of achieving FSMs for all primary pupils

- Extend financial support beyond the current social security system to groups most in need, especially carers, those dependent on essential powered medical equipment, and low income households not in receipt of means-tested benefits
- Prioritise the development of an integrated health inequalities strategy as part of 'levelling up', with an explicit focus on children and addressing child poverty, and including action to 'poverty-proof' schools

3. National updates

3.1 Urgent and emergency care recovery plan

NHS England and the Department for Health and Social Care published a [plan](#) setting out how NHS organisations should work toward recovering performance across urgent and emergency care. Key points include:

- Delayed discharge and high demand linked to Covid-19 and flu has resulted in high levels of bed occupancy and lack of patient flow
- Recovering urgent and emergency care performance requires collaborative working between acute, community, mental health, primary care and social care sectors, and this activity should be led by local systems
- Reform and improvement will focus on five key areas - increasing capacity in Urgent and Emergency Care, growing the workforce, improving discharge, expanding out of hospital care and improving patient choice
- The key deliverable over the next two years will be improving patient flow by improving average category two ambulance response times and reducing A&E waiting times

3.2 Government announces additional £421 million investment in treatment for addictions

Government has [announced](#) an extra £421 million funding which will be allocated to local authorities up to 2025 to improve drug and alcohol addiction treatment and recovery. The announcement means local authority funding for drug and alcohol treatment will have increased 40% between 2020/21 and 2024/25. The funding is intended to support local authorities to recruit more staff to work with people with drug and alcohol problems, support more prison leavers into treatment and recovery services, invest in enhancing the quality of treatment, ensure more people benefit from residential rehabilitation or inpatient detoxification, and improve recovery services.

The latest funding allocation reflects a priority focus on areas with the highest need based on the rate of drug deaths, deprivation, opiate and crack cocaine prevalence and crime, taking into account of the size of the treatment population. Treatment will be available for a wide range of substances, including powder cocaine, ecstasy, prescription drugs and cannabis, which is the most common substance young people receive treatment for. Government has highlighted recent investments in drug and alcohol services as evidence of action to deliver its commitments set out in the 10-year drug strategy, including reducing overall drug use to a historic 30-year low.

3.3. National Audit Office report on progress towards improving mental health services

The National Audit Office (NAO) published a [report](#) focusing on the implementation of NHS commitments set out in the Five Year Forward View for Mental Health, Stepping forward to 2020/21: The mental health workforce plan for England, and the NHS Long Term Plan. The report considers whether the government has achieved value for money in its efforts to expand and improve NHS-funded mental health services. [Key findings](#) include:

- Overall, the number of people treated by NHS mental health services has increased, but some access targets are not being met
- An estimated 8 million people with mental health needs are not in contact with NHS services, and there are 1.2 million people waiting for help from community mental health services
- The NHS has achieved its waiting times standards for talking therapy services and early intervention in psychosis services, but not for eating disorders services for children and young people
- The impact of initiatives to reduce inequalities in mental health is not yet clear. Under-18s, LGBT+, ethnic minority and people with complex needs are most likely to have a poor experience of mental health services
- Although the NHS mental health workforce has increased, staff shortages remain a major constraint to improving and expanding services
- The mental health workforce grew by 22% between 2016-17 and 2021-22, however NHS referrals increased 44% over the same period. In 2021-22 13% of mental health staff quit their jobs, equivalent to 17,000 people
- An NAO survey of 33 of the 54 mental health trusts in England found that “most” trusts had responded to significant operational pressures by allowing waiting times and lists to increase. 15 had raised the threshold for access to services and six had cut their service offer
- Despite plans for service expansion up to 2023-24, a significant gap remains between the number of people with mental health conditions and how many people the NHS can treat
- Increased demand and disruption following the pandemic mean it is likely to take longer for the NHS to close treatment gaps. Long waits for care are likely to continue for years because the significant increase in demand for mental health support, which has intensified as a result of the COVID-19 pandemic, will continue to outstrip the capacity of mental health services to provide timely treatment

James Duncan
 Chief Executive
 February 2023

8. Commissioning and Quality Assurance update (Month 10)

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 8. CQA Monthly Report - January 2023.pdf
- 8. C&QA Report.pdf

Board Report

2022-23 Month 10 (January 2023)



Caring | Discovering | Growing | **Together**

Executive Summary

Regulatory

- At Month 10, the Trust delivered a £8.4m deficit against a planned surplus of £5.3m. Agency spend at the end of M10 is £23.6m of which £15.3m (65%) relates to nursing support staff.
- Information Governance Training has decreased to 90.0% in the month. The Trust are required to maintain 95% standard in line with trajectories.
- Out of area bed days have decreased in the month and are reported at 259 relating to 12 patients (Total of 259 in the quarter), the Quarter 4 trajectory cannot be achieved (0 Q4).
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at January 2023 is reported at 72.0% against a 95% standard.
- Children and Young Peoples Eating Disorder Services waiting times for urgent referrals (seen within 7 days) at January 2023 is reported at 100% against a 95% standard.

Contract

- The Trust met all local commissioner contract requirements for month 10 with the exception of:
 - CPA metrics for all commissioners
 - Delayed Transfers of Care within Sunderland, Newcastle, Gateshead, North Cumbria and South Tyneside.
 - Current service users with a valid ethnicity completed within the Mental Health Services Data Set (MHSDS) in Newcastle and North Tyneside
 - IAPT numbers entering treatment in Sunderland and North Cumbria
 - EIP Referrals seen within 14 days in Northumberland and Gateshead
- The Trust met all the NHSE contract requirements for month 10 with the exception of
 - Percentage of patients with a completed outcome plan (relating to 2 patients)

Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have increased in the month, now reported at 467 (8.5%) as at 31st January 2023
- The numbers of Children and Young people waiting over 18 weeks for treatment have decreased in the month to 2445 (57.1%) as at 31st January 2023
- There are a number of training topics underperforming against the Quarter 4 trajectory e.g. Clinical Risk, Clinical supervision, Safeguarding Children Level 2 and 3, Seclusion training
- Appraisal rates have increased to 77.2% remaining under the Quarter 4 trajectory of 84% Trustwide
- Management supervision has decreased in the month to 59.7%, remaining under the Quarter 4 trajectory of 84%

Executive Summary

CNTW 9 key priorities summary

1	Reducing Agency Spend	Agency costs incurred in month 10 have decreased to £1.1m, reported at £1.8m in month 9
2	Out of Area Placements	Decreased in month 10 to 259 bed days related to 12 individuals. Qtr 4 trajectory of 0 cannot be achieved.
3	Zero waits for a bed	Between the 1 st January 2023 and 8 th February 2023 there were an average of 8 patients on the triage board waiting for a bed. This has reduced from the week between 29 th November 2022 and 31 st December 2022 when the average was 13.
4	Training standards	18 training standards improved from month 9 to 10 (9 meeting Qtr 4 trajectory). There are 12 training standards significantly below trajectory which includes: Clinical Risk, Clinical Supervision, Safeguarding Children Training Level 3, Safeguarding Adults Training Level 3, Rapid Tranquilisation, MHCT Clustering, MH legislation, Seclusion, PMVA Basic, PMVA Breakaway, Autism Core Capabilities Tier 1 & 2 and Learning Disability Tier 2. 9 have improved from month 9 to 10
5	Quality standards	CPA Care Plans - Marginal improvement to 93.9% in month 10 (was 93.3% month 9)
		Risk Assessments - Marginal improvement to 94.2% in month 9 (was 94.0% month 9)
		Risk and Contingency Plans - Improvement to 91.1% in month 10 (was 89.7% month 9)
6	Crisis and Home Treatment	Urgent care standards: Very urgent (4 hours) age 18-65 is reported at 72.2%, age 65+ is reported at 66.7% in month 10 Urgent (24 hours) age 18-65 is reported at 92.7%, age 65+ is reported at 95.3% in month 10
7	Quality Priorities for access to care and treatment (18 week waits)	Adults and Older People January position - 467 All localities with the exception of South locality have seen a decrease in the number of over 18 week waiters during January.
		CYPS January position - 2445 A decrease of 2 in total across the localities
8	CQC Must Do's	21 areas of improvement - review to be undertaken on end of year position on core must do requirements
9	Financial break even	At Month 10, the Trust delivered a £8.4m deficit against a planned surplus of £5.3m

Regulatory

Single Oversight Framework	Segment	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). (Jan 23)											
	1	Areas for improvement relate to CYPS ED waiting times (for routine referrals) and Out of Area Placements. Information Governance Training has decreased to 90.0% in the month. The Trust are required to maintain 95% standard in line with trajectories.											
Care Quality Commission	OUTSTANDING		There have been two Mental Health Act Reviewer visits during January (Hadrian 2 and Mitford unit).										
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	2	5	0	0	2			
	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%	93.0%	94.4%	93.5%	93.4%	94.2%		
Information Governance Training	95%	86.1%	85.4%	85.4%	86.6%	88.3%	91.4%	91.6%	91.4%	91.0%	90.0%		
Out of Area bed days	0	155	241	337	301	351	750	399	339	440	259		
IAPT Recovery (Sunderland)	50%	56.4%	49.8%	56.5%	52.6%	56.7%	53.3%	59.1%	55.0%	48.3%	49.7%		
IAPT Recovery (N.Cumbria)	50%	54.0%	52.1%	52.7%	51.4%	50.9%	60.4%	54.0%	52.8%	49.0%	47.0%		
EIP (2 weeks to treatment)	60%	81.8%	82.5%	80.7%	87.5%	87.0%	80.7%	84.4%	80.0%	85.7%	75.8%		
72 hour follow up	80%	90.2%	92.7%	97.0%	93.4%	91.1%	87.4%	93.5%	94.9%	93.9%	93.8%		
Referral to treatment (RTT)	95%	100%	100%	100%	100%	100%	98.5%	98.6%	100%	99.4%	98.3%		
CYPS ED – Urgent	95%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
CYPS ED - Routine	95%	72.2%	69.6%	63.2%	69.2%	68.2%	70.8%	82.6%	70.4%	79.0%	72.0%		
Action being taken:	Trajectories have been developed to ensure that the Trust will be compliant with training standards by the end of March 2023. Additional work has commenced to help support the Trusts compliance with Information Governance training. CYPS Eating Disorder Routine referrals continue to underperform within North Cumbria CEDS team, this is due to an increase in the number of referrals received and forms part of the Service Development Improvement Plan (SDIP) with commissioners.												

Contract

Commissioner Contracts (CCG):	Unmet contract requirements	<p>The Trust met all local commissioner contract requirements for the month and quarter with the exception of:</p> <ul style="list-style-type: none"> • CPA metrics for all commissioners • DTOC – Sunderland, Gateshead, Newcastle, North Cumbria, and South Tyneside • Ethnicity recording for MHSDS – Newcastle and North Tyneside • IAPT numbers entering treatment – Sunderland and North Cumbria • EIP referrals seen within 14 days – Northumberland and Gateshead
	5	

Commissioner Contracts (NHSE):	Unmet contract requirements	<p>The Trust met all NHSE contract requirements for the month and quarter with the exception of:</p> <ul style="list-style-type: none"> • Percentage of patients with a completed outcome plan (relating to 2 patients)
	1	

Contract Summaries:	NHS England	Northumberland	North Tyneside	Newcastle	Gateshead	South Tyneside	Sunderland	North Cumbria	Durham and Tees Valley
	94%	80%	60%	50%	70%	80%	79%	60%	75%

CQUIN:	Achieved	Part achieved	Not achieved	<p>As at January 2023 there are no identified issues relating to the Quarter 4 requirements with the exception of staff flu vaccinations currently reported at 55.8% as at 9th February 2023 (against a target of 90%). Work continues to monitor the requirements.</p>	
	Q1	5			
	Q2	5			
	Q3	5	1		
	Q4(TD)	5	1		

Friends and Family Test (FFT):	88.5%	<p>The overall FFT satisfaction score for January 2023 was reported at 88.5%, 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 381, of which 60.5% were from service users, 20% from carers, 16% were completed on behalf of a service user and 3.5% did not state their person type. Of the 381 surveys received, 375 answered the FFT question.</p>
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Action being taken:	<p>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. There has been difficulty appointing to this post and options for recruitment are currently being explored.</p>
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Internal

Waiting Times (Adult and Older Person):	Over 18 week waiters	As at 31 st January 2023 there were a total 5485 people waiting to access services in non-specialised adult services across CNTW of which, 467 people have waited more than 18 weeks to assessment. This is an decrease from 5607 people waiting to access non-specialised adult services last month of which 449 were reported waiting over 18 weeks.
	467 (8.5%)	

Waiting Times (CYPS):	Over 18 week waiters	This month the total number of CYP waiting more than 18 weeks to treatment has decreased, reported at 2445 as at 31 st January 2023 compared to 2457 as at 31 st December 2022. The number of young people waiting to access children’s community services is reported at 4280 overall at month 10
	2445 (57.1%)	

Statutory & Essential Training:	Standard achieved (Quarter 4 trajectory met)			Standard almost achieved (<5% below Quarter 4 trajectory)			Standard not achieved (>5% below Quarter 4 trajectory)		
	Jan	Feb	Mar	Jan	Feb	Mar	Jan	Feb	Mar
	9			2			12		

	Standard (Trajectory)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Appraisals	85% (84%)	64.8%	63.8%	63.8%	62.5%	64.9%	67.6%	69.2%	71.3%	76.2%	77.2%		
Management Supervision	85% (84%)	52.6%	55.2%	54.5%	55.6%	56.9%	58.4%	58.9%	61.2%	58.6%	59.7%		
Clinical Supervision	85%	77.5%	77.8%	77.8%	79.4%	79.1%	76.8%	77.5%	77.7%	78.4%	79.0%		

Quality Priorities:	EDI and Human Rights	Supporting service users & carers to be heard	Improving Waiting Times	Improving the inpatient experience	
	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			The Trust continues to report an increasing number of over 18 week waiters	The Trust continue to report a high number of out of area bed days, the Quarter 2 trajectory was not achieved.
	Q3	Further work or development is required on the Q3 requirements	The uptake of the You Said We Did posters has not been as expected	The Trust continues to report an increasing number of over 18 week waiters	There continues to be a high number of out of area bed days, the Quarter 3 trajectory was not met.
	Q4	Further work and development is ongoing to meet the Q4 requirements	The uptake of the You Said We Did posters work continues	The Trust continues to report an increasing number of over 18 week waiters	There continue to be a high number of out of area bed days, the Quarter 4 trajectory cannot be met

Action being taken:	Localities have developed trajectories for meeting training standards by the end of Q4 2022/23. The Access Oversight Group is focussing on the implementation of the new waiting times standard of 4 weeks, the monitoring and performance of the waiting times is being led within the locality groups. From February a weekly waiters escalation meeting with locality representatives will be put into place to monitor and assess future progress required to aid improvement.
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Finance

Financial Performance Dashboard



Key Indicators

	Month 10					
	Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	434.4	445.3	10.9	521.3	543.2	21.9
Pay	(305.2)	(332.4)	(27.2)	(365.8)	(398.6)	(32.8)
Non Pay	(123.9)	(121.3)	2.6	(149.9)	(144.6)	5.3
Surplus/(deficit)	5.3	(8.4)	(13.7)	5.6	0.0	(5.6)

Key Issues/Risks.

- At month 10 the Trust has delivered a £8.4m deficit. This is £13.7m behind plan. The Trust planned contribution to the ICS financial plan was a £5.6m surplus, The Trust Board have approved a revised forecast at the end of the financial year to break-even.
- The Trust year to date position includes £2.1m pressure from the NHS pay award.
- The Trust agency cost have decreased through Q3 and reported agency costs in January are £1.1m, this includes a £0.2m refund from Primary Care. Trust agency costs need to continue to fall.
- Trust income arrangements for 2022/23 remain block contracts agreed with commissioners within the ICB.
- Cash – £24.6m at month 10 which is £23m below plan. The Trust has PDC drawn down expected of £4.1m. The change to the Trust surplus and capital programme have reduced the cash forecast for 2022/23.
- Capital Spend - £30.8m at M10, which is £4.2m under plan. The Trust is forecasting to deliver the revised capital programme of £41.7m for 2022/23.

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

	Nov			Dec			Jan		
	Shifts Filled by Agency	On Framework Above Price Cap	Off Framework	Shifts Filled by Agency	On Framework Above Price Cap	Off Framework	Shifts Filled by Agency	On Framework Above Price Cap	Off Framework
Medical	609	111	15	531	88	12	648	121	20
Nursing	713	328	67	680	312	127	701	281	3
Support to Nursing	5,075	334	0	4,330	151	11	3,512	156	0
Admin	70	0	0	53	0	0	64	0	0
TOTAL	6,467	773	82	5,594	551	150	4,925	558	23

In January the Trust reported 558 price cap breaches (19% of agency medical shifts, 40% of agency qualified nursing shifts and 4% of agency nursing support shifts. At the end of Jan, 25 out of 26 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 System Oversight Framework.
- The Trust did not meet all the commissioning standards across all local CCG's and NHS England at month 10.
- There is a risk that the Trust will not achieve the required uptake for the Flu CQUIN.
- There continues to be over 18 week waiters across services. Work continues to monitor and improve access to services across all localities.
- 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

Ramona Duguid

Chief Operating Officer

15th February 2023

**Report to the Board of Directors
1st March 2023**

Title of report	CNTW Integrated Commissioning & Quality Assurance Report
Purpose of the report	For discussion
Executive Lead	Ramona Duguid, Chief Operating Officer
Report author(s) (if different from above)	Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	22.02.2023
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	20.02.2023
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
<p>Risk 1691 As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements. SA5.</p> <p>Risk 1683 There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands.</p> <p>Risk 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements.</p> <p>Risk 1831 Due to the failure of third-party providers there is a risk that this may place pressure on CNTW which could result in the Trust not being able to manage effectively impacting on the quality of care to existing services users</p>

9. Annual Gender Pay Gap reports (CNTW and NTW Solutions Limited)

Speaker: Ramona Duguid, Chief Operating Officer

References:

- 9. Gender Pay Gap Reporting March 2023.pdf
- 9.. Gender Pay Gap Reporting NTW Solutions March 2023.pdf

**Report to the Board of Directors
Wednesday 1 March 2023**

Title of report	Gender Pay Gap Reporting 2021-22
Purpose of the report	For information
Executive Lead	Lynne Shaw - Executive Director of Workforce & OD
Report author(s) (if different from above)	Christopher Rowlands - Equality, Diversity and Inclusion Lead

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	25.1.23
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

Management Group meetings where this item has been considered (specify date)	
Executive Team	
Trust Leadership Team (TLT)	23.1.23
Trust Safety Group (TSG)	
Other i.e. external meeting	

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description) N/A
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**Report to the Board of Directors
Wednesday 1 March 2023
Gender Pay Gap Reporting 2021-2022**

1. Executive Summary

Organisations with 250 employees or more are required to report on gender pay gaps using six different measures. This has been a requirement since April 2018 and the legislation underpins the Public Sector Equality Duty.

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

This report fulfils legislative requirements and sets out what the Trust is doing to close the gender pay gap. The figures for the 6 metrics we are required to report on for 2021-2022 (based on 31 March snapshot) are as follows:

- Mean gender pay gap is 12.4% - a decrease of 0.8% points on 2020-2021
- Median gender pay gap is 2.2% - a decrease of 1.2% points on 2020-2021
- Percentage of men and women receiving bonus pay is 2.0% men and 0.5% women (a reduction from 2.2% and 0.60% respectively on 2021-2021)
- Mean (average) gender pay gap using bonus pay is 9.6% - down from 22.3% in 2020-21
- Median gender pay gap using bonus pay is 31.3% - down from 55.9% in 2020-2021
- Percentage of men and women in each hourly pay quartile

	CNTW Figures of 2021- 2022		CNTW Figures for 2020-2021		CNTW Figures for 2019-2020	
	Male	Female	Male	Female	Male	Female
Top quartile	27.7%	72.3%	29.0%	71.0%	30.4%	69.6%
Upper middle	20.0%	80.0%	21.6%	78.4%	22.2%	77.8%
Lower middle	27.4%	72.6%	26.6%	73.4%	25.5%	74.5%
Lower quartile	19.3%	80.7%	20.6%	79.4%	21.0%	79.0%

2. Key issues, significant risks and mitigations

There are no specific risks associated with this report.

3. Recommendation/summary

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

Chris Rowlands
Equality and Diversity Lead

Lynne Shaw
Executive Director of Workforce & OD

Gender Pay Gap Report 2021-2022



What is gender pay gap reporting?

Gender pay gap reporting compares the average hourly earnings of male and female staff. The regulations require employers with over 250 staff to publish six metrics each year which are calculated from a snapshot date. Data in this report is calculated from a snapshot taken on 31 March 2022. The report analyses the pay disparities between the binary sexes of men and women. At Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust we recognise that gender identity is non-binary and commit to increasing our understanding of the barriers faced by minority groups.

The six metrics we are reporting on are:

The median gender pay gap using bonus pay

The percentage of men and women in each hourly pay quarter

The percentage of men and women receiving bonus pay

The mean (average) gender pay gap using hourly pay

The mean (average) gender pay gap using bonus pay

The median gender pay gap using hourly pay

Gender pay gap vs equal pay

The gender pay gap measures the differences in hourly pay between men and women, no matter what their role in an organisation.

Equal pay is the right of men and women to be paid the same for the same work or work of equal value. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is committed to ensuring that it remains an Equal Pay Employer.

The gender pay gap and Cumbria, Northumberland Tyne and Wear NHS FT

For 2021-2022, we are reporting a mean gender pay gap, based on our March 31 snapshot of 12.4% and a median gap of 2.2%. That is a slight decrease on 2020-21 reporting – down 0.8% points for the mean and a decrease of 1.2% points for the median.

Metric	CNTW Figures of 2021- 2022	CNTW Figures for 2020-2021	CNTW Figures for 2019-2020
Mean gender pay gap	12.4%	13.2%	14.6%
Median gender pay gap	2.2%	3.4%	4.6%

Over the past three reporting periods the gaps for both mean and median have closed approximately a percentage point, year on year.

Proportion of gender in each pay band

	CNTW Figures of 2021- 2022		CNTW Figures for 2020-2021		CNTW Figures for 2019-2020	
	Male	Female	Male	Female	Male	Female
Top quartile	27.7%	72.3%	29.0%	71.0%	30.4%	69.6%
Upper middle	20.0%	80.0%	21.6%	78.4%	22.2%	77.8%
Lower middle	27.4%	72.6%	26.6%	73.4%	25.5%	74.5%
Lower quartile	19.3%	80.7%	20.6%	79.4%	21.0%	79.0%

On 31 March 2022 we employed 7,482 members of staff, 5,715 (76%) of those were female. Whilst staff numbers have grown since 2019-20 the 76/24 percentage profile remains the same. 1,785 (31%) of female staff work on a part time basis, compared to 332 (19%) of male staff who work on a part time basis. 2,117 members of staff work on a part time basis for the Trust, 84% of those are female. This is the single biggest factor in explaining our gender pay gap.

In the past three years the proportions of male and female staff across each quartile have broadly remained the same. Differences of note that may explain the decrease in the gender pay gap are:

- Growth of female representation in top quartile from 69.6% to 72.3% during the three year period.
- Growth of female representation in the upper middle quartile from 77.8% to 80% during the three year period.

Bonus payment gender pay gap

Metric	CNTW Figures of 2021- 2022	CNTW Figures for 2020-2021	CNTW Figures for 2019-2020
The mean gender bonus gap: the % difference in average bonus payments made to male and female employees during the 12 month period to 31 March	9.6%	22.3%	15.2%
The median gender bonus gap: the % difference between the mid-point value of bonus payments made to male and female employees during the 12 month period to 31 March	31.3%	55.9%	33.3%
The proportions of relevant male and female employees who received bonus payments during the 12 month period to 31 st March	2.0% Men	2.2% Men	2.7% Men
	0.5% Women	0.6% Women	0.7% Women

Bonus payments for staff in the Trust are entirely accounted for by doctors in receipt of Clinical Excellence Award Scheme payments. 65 doctors were in receipt of the award on the 31 March, of those 29 (45%) were female and 36 (55%) were male. 17 of the 29 female doctors worked part time, compared to 17 of the 36 male doctors. This, along with the small numbers explains the gap – though it should be noted that both the mean and median have decreased this year.

There have been important changes to the National Clinical Excellence Award scheme (NCEAs) during 2022. These will now be known as the National Clinical Impact Award scheme (NCIAs) and the eligibility criteria for their award has changed. In future doctors in receipt of the award who work part time will receive the award in full, rather than a pro-rata amount. This is will significantly reduce the bonus gender pay gap.

How are we tackling the gender pay gap?

Actions we have taken to close the gender pay gap

Commitment to paying the UK Living Wage: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust became an accredited Living Wage Employer in 2013. We were the first NHS Trust in the North-East of England to accredit with the Living Wage Foundation and have continued to champion the Living Wage during Living Wage Week each November.

The Real Living Wage is worked out independently and takes into account rising bills and costs. Paying a Living Wage means that all staff are appointed on at least Band 2 of the Agenda for Change pay scales for NHS staff.

Encouraging flexible working: the Trust promotes a supportive and flexible working culture. We recognise that flexible working helps employees to achieve a better balance between their work and home life, as well as improve service delivery through a flexible workforce. It can help the Trust become an employer of choice, aid recruitment and retention, reduce sickness absence and improve employee engagement, leading to an improved patient experience.

Inclusive recruitment: the Trust has undertaken a substantial piece of work examining our recruitment processes, with the objective of removing any barriers to entry by protected characteristics as defined by the Equality Act 2010. Many of the measures we have adopted have recently been implemented. The next key piece of work that follows on from this will be a review of job descriptions. As part of this we will carefully examine and remove any gender bias that may affect the numbers of men and women applying for jobs with the Trust.

Springboard for women pilot: across society, the NHS, and here in the Trust, people who identify as having a protected characteristic tell us they do not always have the same opportunities as others to learn, develop and progress. Springboard for Women, one of several development programmes offered by Springboard Consultancy, provides women with the inspiration, tools and confidence boost to enable them to choose what they want to do and to take their next steps (at work, in life) when the time is right for them. The programme seeks to enable women to thrive, helping them to feel more confident, self-aware and assertive. Twenty-one women, from all areas of the Trust, participated in the pilot programme which completed in September. In a break from the usual Springboard format the Trust also engaged with participants' Line Managers to help them actively support their members of staff whilst on programme. The pilot was evaluated, key findings from the evaluation were reported, including:

- 94% felt more confident in
 - productivity
 - development needs

- positivity
- 88% feel more confident in
 - goal setting
 - communicating
 - assertiveness

Establishment of a group to consider proactive work around gender issues: at the end of the Springboard Pilot a focus group was set up to consider issues relating to the gender pay gap. The next meeting will take place in February to consider the information contained in this report.

Actions we plan to take to close the gender pay gap

Remove barriers: to challenge ourselves to identify barriers to addressing the gap and to seek, where we can close them. This will involve the development of the following:

Monitoring and reporting: part of our inclusive recruitment work is the need to identify the success of the measures we take and have the ability to change our approach, where data suggests that we need to. We are developing our approach to this and will implement during 2023-24. Monitoring of these measures will be received regularly by the Trust's Equality, Diversity and Inclusion Steering Group, with reports to be received by The People Committee.

Grow and encourage the group examining gender issues: as described above we need to harness the enthusiasm from the initial meeting in October 2022 to enable this group to flourish. The work of this group will be key in identifying and removing barriers to help close the gender pay gap.

Integrated planning: ensuring that the actions we need to take are included in our yearly review of our equality objectives.

Our Equality, Diversity and Inclusion Strategy

We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing. We aim to implement this by:

- becoming a leading organisation for the promotion of Equality, Diversity and Inclusion, for challenging discrimination, and for promoting equalities in service delivery and employment
- identifying and removing barriers that prevent people we serve from being treated equally
- treating all people as individuals respecting and valuing their own experiences and needs
- ensuring that Cumbria, Northumberland, Tyne and Wear NHS FT is regarded as a great place to work - an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination.

**Report to the Board of Directors
Wednesday 1 March 2023**

Title of report	Gender Pay Gap Reporting NTW Solutions 2021-22
Purpose of the report	For information
Executive Lead	Lynne Shaw - Executive Director of Workforce & OD
Report author(s) (if different from above)	Victoria Bullerwell – Director of Workforce and Engagement, NTW Solutions

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

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	<input type="checkbox"/>
Trust Leadership Team (TLT)	<input type="checkbox"/>
Trust Safety Group (TSG)	<input type="checkbox"/>
Other i.e. external meeting	NTW Solutions Board 28.2.23
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
N/A

**Report to the Board of Directors
Wednesday 1 March 2023**

Gender Pay Gap Reporting NTW Solutions 2021-2022

1. Executive Summary

Organisations with 250 employees or more are required to report on gender pay gaps using six different measures. This has been a requirement since April 2018 and the legislation underpins the Public Sector Equality Duty.

The attached paper outlines the NTW Solutions gender pay gap which will be approved at the NTW Solutions Board on Tuesday 28 February 2023.

2. Key issues, significant risks and mitigations

Please see attached.

3. Recommendation/summary

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

Victoria Bullerwell
Director of Workforce and Engagement
NTW Solutions Limited

Lynne Shaw
Executive Director of Workforce & OD
CNTW

NTW Solutions Limited Board of Directors Meeting

Meeting Date: 28 th February 2023
Title of Paper: Gender pay report
Author/Presenter: Victoria Bullerwell, Director of Workforce
Executive Sponsor: Tracey Sopp, Managing Director
Paper for Decision
<p>Key Points to Note:</p> <ul style="list-style-type: none"> • A majority of our staff (63%) are women, and they are more likely to work part time than men • Women make up the majority of each pay quartile except the top quartile • Our average hourly gender pay gap is 14.05% and our median average hourly gender pay gap is 1.87% • The average hourly gender pay gap has increased from 11.61% last year to 14.05% • The potential reason for this increase was a number of higher banded posts which men were recruited into in the time period • The median average has remained the same where previously we have seen a decrease year on year • Our bonus pay gap is 0% with only two bonuses paid with 0.24% of women receiving a bonus and 0.41% of men receiving one
Risks: <i>highlight any impact on existing risks on Risk Register or any new risks identified - N/A</i>
<p>Board Assurance: <i>highlight any assurance this paper provides</i></p> <p>This paper provides assurance to the board in relation to our legal obligation to report and publish this data following the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017</p>
<p>Environmental Sustainability: <i>highlight any beneficial / adverse impacts</i></p> <p>N/A</p>
<p>Equal Opportunities, Legal and Other Implications:</p> <p>The gender apay report, allows us to further monitor any equal opportunity offering withing the company.</p>
<p>Links to Company Strategies and/or Plans:</p> <p>This paper links to our Equality diversity and inclusion strategy and our strategic priority 5 Great an inclusive place to work</p>

Recommendation:

- Consideration needs to be given to the applicant pool (in terms of gender both internal / external especially in relation to more senior roles)
- Explore what is the movement within the bands for women especially into the higher bands? Are there barriers for women?
- To engage with staff to find out if there is more, we can do to ensure we provide a workplace that is inclusive, diverse and promotes equality.
- Continue to review our recruitment processes:
 - To ensure recruitment activities utilise a variety of channels and non-traditional sources, ensuring equality issues are highlighted and addressed at every stage.
 - To analyse our internal recruitment data in relation to gender success rates for promotions and development roles.
 - To go further and analyse our recruitment data to ensure inclusivity throughout.
- Continue to actively support women returning to work following maternity or adoption leave and potentially increase the uptake of shared parental leave.
- Continue to develop our innovative work on women's health issues such as those going through the menopause.
- Continue to ensure that women have good opportunities and support to develop their career for example through the continued promotion of flexible working initiatives.
- As part of our overall strategic approach to equality, diversity, and inclusion, we will focus on creating equitable approaches to our policies and processes to develop our diversity. This will have a focus on our gender agenda
- We will develop plans to address balance representation in our business areas and seek to improve diversity so we can build knowledge and skills to support the diverse communities we work with.
- We will closely scrutinise the impact of COVID-19 on our workforce and in particular the disproportionate impact on our female, part-time and vulnerable colleagues, alongside those with caring responsibility



NTW
Solutions
Supporting better care



Breaded
Whole-Tail
Scampi £2.70
with small chips
£3.10



Gender

Pay Gap

2021-2022



Gender Pay Gap 2021 - 2022

Headlines

- A majority of our staff (63%) are women, and they are more likely to work part time than men
- Women make up the majority of each pay quartile except the top quartile
- Our average hourly gender pay gap is 14.05% and our median average hourly gender pay gap is 1.87%
- The average hourly gender pay gap has increased from 11.61% last year to 14.05%
- The potential reason for this increase was a number of higher banded posts which men were recruited into in the time period
- The median average has remained the same where previously we have seen a decrease year on year
- Our bonus pay gap is 0% with only two bonuses paid with 0.24% of women receiving a bonus and 0.41% of men receiving one

What is the gender pay gap?

The gender pay gap report is a legal requirement which was introduced in 2018 and requires employers over a certain size to report their gender pay gap. NTW Solutions is required to produce a report annually based on a snapshot of employees on one day. This report is based on data from the 31st of March 2022 and the legislation says we have a year to publish the report.

There are various things we need to report but the main feature of the report is the gap between the average pay of all men and the average pay of all women. It is different from equal pay which is paying the same rates for people doing the same work or work of equal value.

An example might be an airline where all the pilots are men, and all the cabin crew are woman. Those jobs will have been evaluated and achieve different rates of pay so it is not about equal pay, but the gender pay gap will be significant.

What is gender?

The UK government defines gender as a social construct around being a man or a woman, although some people do not identify as either. Sex refers to anatomical differences and is assigned at birth as generally male or female. The legislation is around gender and the reporting is for differences between men and women. We recognise that gender is more complicated than that and work with our LGBTQ+ staff group to build awareness in the company of gender, trans and non-binary issues.

Why does this matter?

Being a great and inclusive place to work is one of our five strategic priorities. We know that to deliver our other priorities we need to harness the talents of all our people and to do that we need to be an open and inclusive employer. We have a strong commitment to equality from the company board and working to close our gender pay gap is a key part of that.

What do we need to report?

- The percentage of men and women in each hourly pay quartile
- The mean (average) gender pay gap using hourly pay
- The median gender pay gap using hourly pay
- The percentage of men and women receiving bonus pay
- The mean (average) gender pay gap using bonus pay
- The median gender pay gap using bonus pay

How is it all calculated?

Quartiles

In order to work out quartiles the pay for all staff is sorted in order and then split into four groups. They will ideally be equal groups but of course if the workforce doesn't divide into four then they will not be exactly equal.

Mean average

The mean average is what most people might think of as the average, and it is worked out by adding all numbers in the data set and then dividing by the number of values in the set. So here it is calculated by adding the pay of all men together and dividing it by the number of men employed. And that is compared to the pay of all women divided by the number of women.

Median average

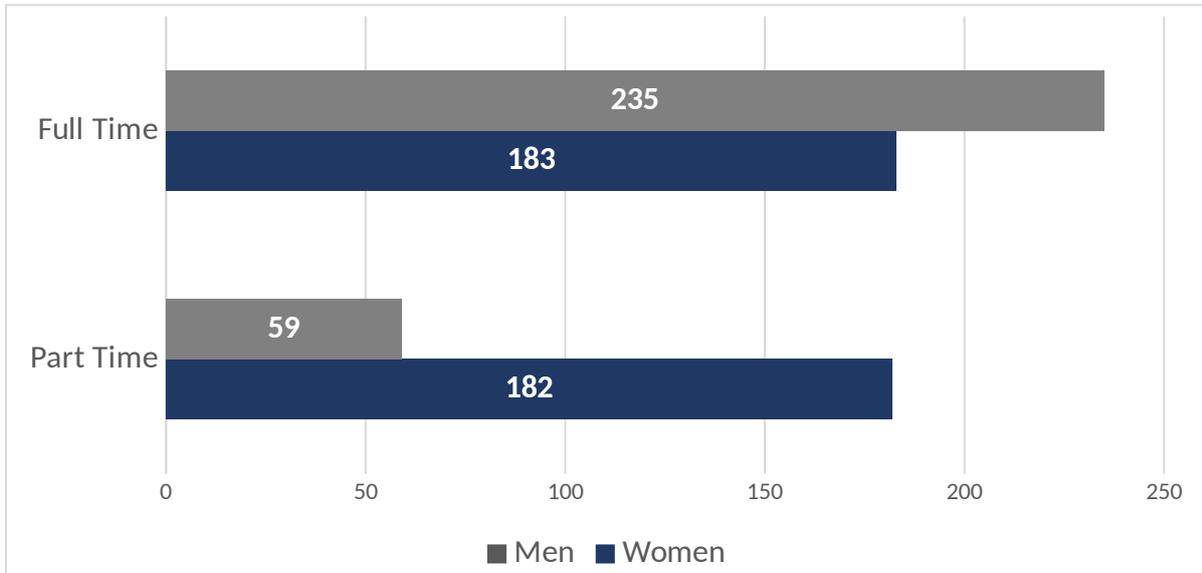
The median is the middle value when a data set is ordered from least to greatest. So, the pay rates of all men are sorted, and the middle value compared to the middle value of the pay rates of all women.

Equal pay

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. All of the people we employ are paid the living wage or above

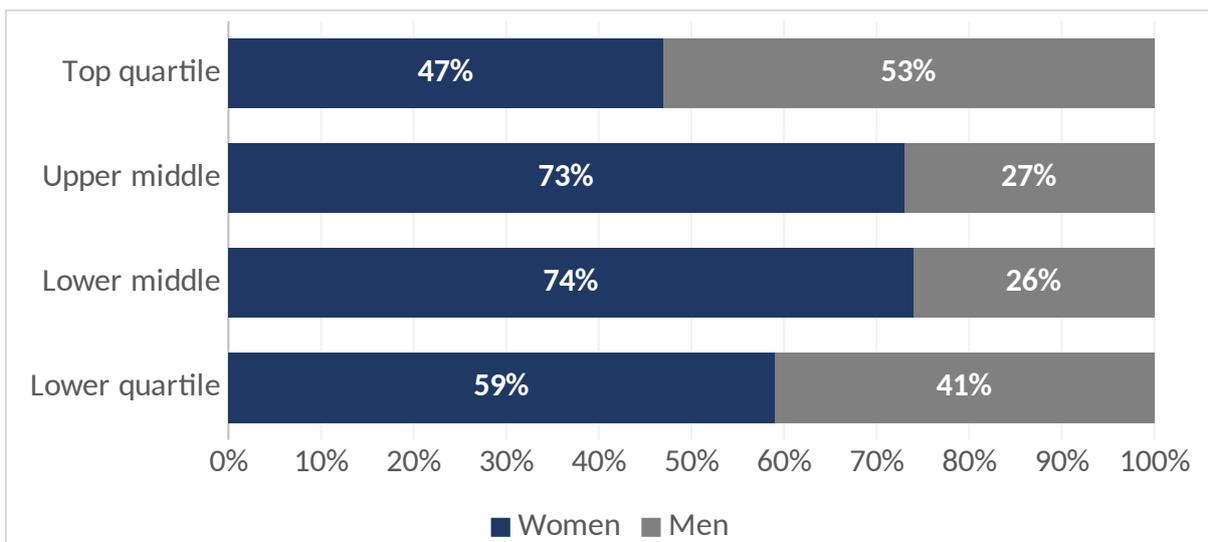
Our gender profile

63% **W** **M** **37%**
of our staff are women of our staff are men



Most of our staff are women and women are more likely to work part time than men.

Pay quartiles



Women make up a majority of all pay quartiles except the top one, a significant factor in the gender pay gap. Both the top and lower quartiles have moved closer together over time, including over this past year

Average gender hourly pay gap

Our average gender hourly pay gap is **£1.95** which is **14.05%**



The mean pay gap has increased from 11.61% in 2021 to 14.05% in 2022. Last year men were paid £12.43, and women were paid £11.43

Median gender hourly pay gap

Our median gender hourly pay gap is **21p** which is **1.87%**



The median pay gap has reduced since 2018 and has remained the same in 2022 as last year at 1.87%. last year women were paid 10.81 men were paid £11.02

Gender bonuses pay gap

Our average and median gender bonus pay gap is **0%**



Our bonus pay gap is 0% with one man and one woman receiving a bonus of the same value resulting in 0.24% of women receiving a bonus and 0.41% of men receiving one.

Action plan

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

- Consideration needs to be given to the applicant pool (in terms of gender both internal / external especially in relation to more senior roles
- Explore what is the movement within the bands for women especially into the higher bands? Are there barriers for women?
- To engage with staff to find out if there is more, we can do to ensure we provide a workplace that is inclusive, diverse and promotes equality.
- Continue to review our recruitment processes:
 - To ensure recruitment activities utilise a variety of channels and non-traditional sources, ensuring equality issues are highlighted and addressed at every stage.
 - To analyse our internal recruitment data in relation to gender success rates for promotions and development roles.
 - To go further and analyse our recruitment data to ensure inclusivity throughout.
- Continue to actively support women returning to work following maternity or adoption leave and potentially increase the uptake of shared parental leave.
- Continue to develop our innovative work on women's health issues such as those going through the menopause.
- Continue to ensure that women have good opportunities and support to develop their career for example through the continued promotion of flexible working initiatives.
- As part of our overall strategic approach to equality, diversity and inclusion, we will focus on creating equitable approaches to our policies and processes to develop our diversity. This will have a focus on our gender agenda
- We will develop plans to address balance representation in our business areas and seek to improve diversity so we can build knowledge and skills to support the diverse communities we work with.
- We will closely scrutinise the impact of COVID-19 on our workforce and in particular the disproportionate impact on our female, part-time and vulnerable colleagues, alongside those with caring responsibility

Declaration

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

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

Name: Tracey Sopp

Title: Managing Director

Name: Malcolm Aiston

Title: Interim Chair

10. CQC New Strategy

Speaker: Gary O'Hare, Chief Nurse

References:

- 10. CQC Strategy - FINAL.pdf

**Report to Board of Directors
Wednesday 1st March 2023**

Title of report	Care Quality Commission Five Year Strategy Update
Purpose of the report	For information
Executive Lead	Gary O'Hare, Chief Nurse
Report author(s) (if different from above)	Vicky Wilkie, CQC Compliance and Governance Manager

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)
<p>SA1 Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing. Risk 1683 There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).</p> <p>SA5 The Trust Will Be The Centre Of Excellence For Mental Health And Disability. Risk 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements (SA5).</p> <p>SA4 The Trust's Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Us Them. Risk 1836 A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4).</p>

Update on Care Quality Commission's Five-Year Strategy
Board of Directors
Wednesday 1st March 2023

1. Executive Summary

At the February 2021 Board of Directors meeting the Board received details of the Care Quality Commission's (CQC) consultation on their strategy for 2021 and beyond. In this document the CQC set out how it planned to develop its approach in line with a changing health and care landscape taking into account the context and learning from COVID-19, the development of system working and greater use of digital technologies to ensure its regulatory model is relevant and fit for purpose in an evolving system.

In June 2021 the CQC published their strategy which described their intentions to take a more proportionate and risk-based approach to regulation and minimise burden where possible by using a more flexible and 'real time' approach.

Below is a reminder of their strategic ambitions which fall under four themes:

- **People and communities**

To be an advocate for change, with regulation driven by people's needs and their experiences of health and care services, rather than how providers want to deliver them.

This means focusing on what matters to the public, and to local communities, when they access, use and move between services. Working in partnership with people who use services, to help build care around the person.

- **Smarter regulation**

To be smarter in how it regulates, to keep pace with changes in health and care, providing up-to-date, high-quality information and ratings for the public, providers and all our partners.

Regulation will be more dynamic and flexible in order to adapt to the future changes that it can anticipate – as well as those it cannot. Smarter use of data means resources can be targeted, focusing on risk and where care is poor.

- **Safety through learning**

To have stronger safety and learning cultures. Health and care staff work hard every day to make sure people's care is safe. Despite this, safety is still a key concern as it's consistently the poorest area of performance in assessments.

Safety is to be prioritised creating stronger safety cultures, focusing on learning, improving expertise, listening and acting on people's experiences, and taking clear and proactive action when safety does not improve.

- **Accelerating improvement**

To do more to drive improvements across individual services and systems of care. To use their position to spotlight the priority areas that need to improve and enable access to support where it's needed most.

To empower services to help themselves, while retaining a strong regulatory role. The key to this is by collaborating and strengthening relationships with services, the people who use them, and our partners across health and care.

2. Findings

In December 2022 CQC shared an update outlining how they planned to implement changes to how they work across 2023. This included:

- Introducing a new regulatory approach for health and care providers, integrated care systems and local authorities
- Establishing a new Regulatory Leadership team to shape their priorities and drive improvement
- Changing how their operational teams are structured to better deliver their regulatory activity
- Delivering a new and improved provider portal

Their strategic ambition remains the same. They want to drive improvements across the health and care system, helping to tackle health inequalities.

Following a review of their timeline CQC intend to introduce their new assessment approach for providers in late 2023. Until their new regulatory approach is implemented they will continue to regulate using their existing approach, including registering, monitoring and inspecting against its existing key questions and key lines of enquiry (KLOEs).

Timeline of implementation:



3. Recommendations

The Board are asked to note the strategy update and timeline for implementation.

Author: Vicky Wilkie, CQC Compliance and Governance Manager
Executive Lead: Gary O'Hare, Chief Nurse

17th February 2023

11. Annual Report of Fit and Proper Persons and Declaration of Interest

Speaker: Debbie Henderson, Director of Communications and Corporate Affairs

References:

- 11a. Annual Report FPPT and DOI.pdf
- 11b. Appendix 1 Execs and Non Execs.pdf
- 11c. DOI and FPPT Annual Review Appendix 2.pdf

**Report to the Board of Directors
Wednesday 1st March 2023**

Title of report	Annual Review of Directors Declaration of Interests and Care Quality Commission's Fit and Proper Persons Test 2022/23
Purpose of the report	For Assurance, Compliance/Regulatory
Executive Lead	Debbie Henderson, Director of Communications and Corporate Affairs/Company Secretary
Report author(s) (if different from above)	Kirsty Allan, Corporate Governance Manager

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

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

Management Group meetings where this item has been considered (specify date)	
Executive Team	<input type="checkbox"/>
Trust Leadership Team (TLT)	<input type="checkbox"/>
Trust Safety Group (TSG)	<input type="checkbox"/>
Other i.e. external meeting	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description) N/A
Risk 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements

Annual Review of the Board of Directors Declarations of Interest and Fit and Proper Person Test

1. Annual Declaration of Interests – Board of Directors

The purpose of this paper is to ensure good governance and transparency. On an annual basis, members of the Board of Directors are required to update their declarations in relation to interests held in accordance with the Trusts Standing Orders and the Standards of Business Conduct Policy.

The Policy requires that the Trust have a register of interests of the Directors and that the registers will be made available for inspection by members of the public.

The updated register for 2022-23 is included in Appendix 1 with all Board members approval obtained for the details to be made available on the Trust's website.

These interests will also be reported in the Trust's Annual Report.

In addition, at each meeting of the Board of Directors, and its sub-committees, members are required to declare any further interests since the date of the last declaration and to notify the Chair or Company Secretary of any conflicts of interest in relation to the agenda items for discussion (for which they may need to abstain). All such declarations are recorded in the minutes.

2. Care Quality Commission – Fit and Proper Person Test Annual Review

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect on 1 April 2015. To meet the regulation, all NHS providers are required to provide evidence that appropriate systems and processes are in place to ensure that both new and existing Directors are and continue to be 'fit' as defined by the CQC. This requires a process to ensure that individuals working at Board level meet the criteria as set out in Appendix 2.

The Trust Fit and Proper Persons Test procedure applies to all Board members, other senior leaders, and specialist functional leads who by the nature of their roles, are responsible for certain decisions and issues delegated by their Executive Director line manager. The following roles are subject to the test procedure:

- Director of Communications and Corporate Affairs/Company Secretary
- Locality Group Directors
- Directors of NTW Solutions
- Group Director for Safer Care / Director of Infection Prevention and Control
- Director of Informatics
- Director of Allied Health Professionals and Psychological Services
- Director of AuditOne
- Joint Directors of Research and Innovation
- Chief Pharmacist
- Director of Safety, Security and Innovation
- Deputy Chief Operating Officer

The Board are asked to note the current position:

1. The Insolvency and Bankruptcy Register England and Wales (IIR) search was conducted most recently as at 10th January 2023, no issues were found.
2. Additional insolvency restrictions search was conducted as at 10th January 2023 – no issues were found.
3. Companies House database of disqualified director's search was conducted as at 10th January 2023 – no issues were found.
4. All persons subject to the test have signed the annual declaration form. No individuals declared that they had received a caution, warning or reprimand since their DBS was conducted.
5. A review of CNTW processes to assess CNTW's Fit and Proper Persons test for Directors was conducted in 2017 and was confirmed to be in line with the toolkit. The toolkit and process has not changed since this date.
6. On appointment, newly appointed Directors are subject to the provisions of the test.
7. All Directors subject to the Fit and Proper Person Test are also subject to an annual appraisal process.
8. All Director recruitment processes are made in-line with the Trust approach to 'values-based recruitment'. All necessary employment checks are undertaken in line with Trust policies and recruitment processes for these posts include involvement and input from stakeholder groups and representatives.

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

3. Recommendation

The Board are asked to note:

- The annual register of declarations of interest and the requirement for the detail of the report to be uploaded to the Trusts website and included in the Trust Annual Report for 2022/23
- The Fit and Proper Person Test review for 2022/23.

Debbie Henderson

Director of Communications and Corporate Affairs / Company Secretary

February 2023

Appendix 1
Declarations of Interest Register 2023
Executive Directors & Non-Executive Directors

Title	First Name	Surname	Role	Date of Notification	Description of Interest
Mr	Ken	Jarrold	Chairman	31st January 2023	Patron of the Cavell Trust
Mr	Ken	Jarrold	Chairman	31st January 2023	Member of the labour Party
Mr	Ken	Jarrold	Chairman	31st January 2023	Son employed as a Band 5 Staff Nurse with CNTW
Mr	James	Duncan	Chief Executive Officer	11th January 2023	Son is employed by NTW Solutions Ltd
Mr	James	Duncan	Chief Executive Officer	11th January 2023	Member of the Labour Party
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Member of the Mental Health Economics Collaborative Steering Group, which is hosted by the Mental Health Network of NHS Confederation.
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Member of the General Medical Council Advisory Forum.
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Member of the NHS England, Health and Justice Clinical Reference Group.
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Member of Integrated Care Board and Finance and Quality Sub Committees.
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Member of the North East and North Cumbria Mental Health Provider Collaborative Board.
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Wife is employed as a Consultant Psychologist with a clinical and management role in Tees, Esk & Wear Valley NHS Trust. Her management role is Director of Therapies for the Durham and Tees Care Group. Son has applied and been accepted to be on the Nursing Assistant Bank with CNTW
Dr	Rajesh	Nadkarni	Executive Medical Director & Deputy Chief Executive	12th January 2023	Undertakes medicolegal private work, which could involve NHS Patients.

Appendix 1
Declarations of Interest Register 2023
Executive Directors & Non-Executive Directors

Title	First Name	Surname	Role	Date of Notification	Description of Interest
Mrs	Lynne	Shaw	Executive Director of Workforce & OD	21 st February 2023	Non-Executive Director / Governor – Newcastle College
Mrs	Ramona	Duguid	Chief Operating Officer	11th January 2023	Nil Return
Mr	Kevin	Scollay	Finance	6th January 2023	Partner is Head of Specialised Commissioning Finance – NHS England
Mr	Gary	O'Hare	Chief Nurse	22 nd February 2023	Wife is engaged on behalf of the Trust five days per week to reduce and manage the return of Trust patients from out of area placements and manages complex case care packages and reports to the Executive Director of Finance.
Mr	Gary	O'Hare	Chief Nurse	22 nd February 2023	Chair of the CNTW branch of the NHS Retirement Fellowship
Ms	Debbie	Henderson	Director of Communication and Corporate affairs	6th January 2023	Trustee and Senior Independent Director for RISE
Mr	Michael	Robinson	Non-Executive Director	16 th January 2023	Member of the Labour Party
Mr	David	Arthur	Non-Executive Director	12th January 2023	Chair of Trustees and Director of Percy Hedley Foundation, a charity providing education for children and adults with special needs. It is to note this will cease on 7th February when term of office comes to an end
Mr	David	Arthur	Non-Executive Director	12th January 2023	Vice Chair of Governors at Dame Allan's Schools
Mr	Darren	Best	Non-Executive Director	6th January 2023	Independent Chair for the Teesside Safeguarding Adults Board The Board has senior representatives from various NHS organisations that operate in and / or provide services in the Teesside area.
Mr	Darren	Best	Non-Executive Director	6th January 2023	Wife is a Headteacher in Middlesbrough and as such has some involvement with NHS services, mainly in the context of child safeguarding.
Ms	Paula	Breen	Non-Executive Director	30th January 2023	Partner and Business Manager of Temple Sowerby Medical Practice North Cumbria

Appendix 1
Declarations of Interest Register 2023
Executive Directors & Non-Executive Directors

Title	First Name	Surname	Role	Date of Notification	Description of Interest
Ms	Louise	Nelson	Non-Executive Director	10th January 2023	Trustee with MIND Carlisle & Eden. They may have contracts with CNTW to provide services it is to note do not have an operational involvement with any activities
Ms	Louise	Nelson	Non-Executive Director	10th January 2023	MIND CE as a Trustee
Mr	Brendan	Hill	Non-Executive Director	21 st February 2023	Trustee on the Board of North East charity Ways to Wellness Ways to Wellness has specialised in link work and social prescribing. It now works with health and care organisations (Statutory and VCS) in developing Test and learn projects, supporting prototypes, both local and at scale from the development of an idea through to delivery and evaluation.

Appendix 2

Care Quality Commission – Fit and Proper Person Test requirement

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

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

(a) The individual is of good character:

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

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

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

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

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

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

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

- This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role.
- All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.

- (d) The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity:

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

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

- (e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

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

- A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS).

- Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act.
- If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

12. Integrated Care System/ Integrated care Board update

Speaker: James Duncan, Chief Executive

verbal

13. Newcastle Recovery College update

Speaker: Alistair Cameron

14. Quality and Performance Committee

Speaker: Darren Best, Chair

15. Audit Committee

Speaker: David Arthur, Chair

16. Resource and Business Assurance Committee

Speaker: Paula Breen, Chair

17. Mental Health Legislation Committee

Speaker: Michael Robinson, Chair

18. Provider Collaborative Committee

Speaker: Michael Robinson, Chair

19. People Committee

Speaker: Brendan Hill, Chair

20. Charitable Funds Committee

Speaker: Louise Nelson, Chair

21. Council of Governors' Issues

Speaker: Ken Jarrold, Chairman

22. Questions from the Public

Speaker: Ken Jarrold, Chairman

23. Any Other Business

Speaker: Ken Jarrold, Chairman

24. Date and Time of Next Meeting

Wednesday 5th April 2023

1:30 - 3:30pm

Trust Board Room, St Nicholas Hospital and Microsoft Teams