Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

BOARD OF DIRECTORS PUBLIC MEETING

BOARD OF DIRECTORS PUBLIC MEETING

3 May 2023

13:30 GMT+1 Europe/London

Trust Board Room and via Microsoft Teams

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1. AGENDA

Ken Jarrold, Chairman

REFERENCES

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BoD Agenda Public May 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 3rd May 2023 Time: 1:30pm– 3:30pm

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 5th April 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			
8	Commissioning and quality assurance report (Month 12)	Ramona Duguid, Chief Operating Officer	Enc
9	Service user and carer experience report – quarter 4	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance	Enc
10	Safer Care report – quarter 4	Rajesh Nadkarni, Deputy Chief Executive and Medical Director	Enc
11	Safer Staffing levels report – quarter 4	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance	Enc

12	Quality Priorities Update 2023/24	Ramona Duguid, Chief Operating Officer	Enc
Workforce issues			
13	Raising Concerns / whistleblowing report	Lynne Shaw, Executive Director of Workforce and OD	Enc
14	Guardian of safe working hours report – quarter 4	Rajesh Nadkarni, Deputy CEO and Medical Director	Enc
15	Equality, Delivery System 2022	Lynne Shaw, Executive Director of Workforce and OD	Enc
16	Equality, Diversity, and Human Rights Annual Report 2022	Lynne Shaw, Executive Director of Workforce and OD	Enc
Regulatory / compliance issues			
17	CQC focused inspection of Hadrian Clinic, Campus for Ageing and Vitality	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance	Enc
18	Infection Prevention Control (IPC) Board Assurance Framework	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance	Enc
19	Board Assurance Framework and Corporate Risk Register Update (Q4)	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
20	NHSE/I Single Oversight Framework compliance report	Ramona Duguid, Chief Operating Officer	Enc
21	NHS Code of Governance Compliance annual review 2022/23	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
Strategy, planning and partnerships			
22	Integrated Care System/Integrated Care Board update	James Duncan, Chief Executive	verbal
Key item			

23	**Carers conference update**	**Margaret Adams, Service User and Carer Reference Group Chair / Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance**	**pres**
Committee updates			
24	**Quality and Performance Committee** *(Update to be provided from 26th April meeting)*	**Darren Best, Chair**	**verbal**
25	**Audit Committee** *(Update to be provided from 26th April meeting)*	**David Arthur, Chair**	**verbal**
26	**Resource and Business Assurance Committee** *(Update to be provided from 26th April meeting)*	**Paula Breen, Chair**	**verbal**
27	**Mental Health Legislation Committee** *(Update to be provided from 26th April meeting)*	**Michael Robinson, Chair**	**Verbal**
28	**Provider Collaborative Committee** *(No meeting has been held during the period)*	**Michael Robinson, Chair**	**N/A**
29	**People Committee** *(Update to be provided from 26th April meeting)*	**Brendan Hill, Chair**	**verbal**
30	**Charitable Funds Committee** *(No meeting has been held during the period)*	**Louise Nelson, Chair**	**N/A**
31	**Council of Governors' Issues**	**Ken Jarrold, Chairman**	**Verbal**
32	**Questions from the Public**	**Ken Jarrold, Chairman**	**Verbal**
33	**Any other business**	**Ken Jarrold, Chairman**	**Verbal**

Date and Time of Next Meeting:

Wednesday 7th June 2023
1:30pm – 3:30pm
Trust Board Room, St Nicholas Hospital and via Microsoft Teams

1.1 WELCOME AND APOLOGIES FOR ABSENCE

Ken Jarrold, Chairman

2. SERVICE USER / CARER / STAFF STORY

Guest Speaker

3. DECLARATION OF INTEREST

Ken Jarrold, Chairman

4. MINUTES OF THE MEETING HELD 5TH APRIL 2023

Ken Jarrold, Chairman

REFERENCES

Only PDFs are attached

4. Mins Board PUBLIC 5 April 2023 FINAL.pdf

Minutes of the Board of Directors meeting held in public
Held on 5th April 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
Paula Breen, Non-Executive Director
Brendan Hill, Non-Executive Director
Louise Nelson, 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
Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality
Kevin Scollay, Executive Director of Finance
Lynne Shaw, Executive Director of Workforce and Organisational Development

In attendance:
Debbie Henderson, Director of Communications and Corporate Affairs *(online)*
Kirsty Allan, Corporate Governance Manager (minute taker)
Jack Wilson, Corporate Engagement Assistant
Anne Carlile, Carer Governor Adult Services and Lead Governor
Evelyn Bitcon, Public Governor for North Cumbria *(online)*
Tom Rebair, Service User Governor, Adult Services
Russell Stronach, Service User Governor, Autism Services
Emma Silver Price, Staff Non-Clinical Governor
Leyton Rahman, Public Governor, Northumberland
Doreen Chananda, Staff Clinical Governor
Adam Wake, Peer Support Worker *(Item 3 only)*
Janine Fish, Patient and Carer Involvement Facilitator *(Item 3 only)*
Revell Cornell, Infrastructure Manager, Staff member
Michelle Evans, Deputy Director of Workforce and OD *(Item 9 only)*
Holly Walker, Graduate Trainee
Anna Foster, Trust Lead for Strategy and Sustainability *(Item 11)*
Carole Kaplan, Clinical and International Director, Trust Innovation Group *(Item 13)*
Stewart Gee, Director of Safety Security, Resilience and Trust Innovation *(Item 13)*

1. **Welcome and apologies for absence**

Ken Jarrold welcomed everyone to the meeting and apologies for absence were received from Darren Best, Vice Chair/Non-Executive. Ken extended a warm welcome Anne Carlile attending in her newly appointed role as Lead Governor.

2. **Declarations of interest**

Following the annual review of Declarations of Interests for Board members reported to the March meeting, Ken Jarrold referred to additional information for inclusion in the report. Ken is a subscriber to the Guardian newspaper contributing a monthly fee. As a member of the Labour party, Ken makes an annual donation. This updated information will be added to the Board of Directors Declaration of Interest for the public record.

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

Ken Jarrold extended a warm welcome and thanks to Adam Wake who shared his personal story and congratulated Adam on his successful appointment as Peer Support Worker with the Trust.

4. **Minutes of the meeting held 1 March 2023**

The minutes of the meeting held on 1 March 2023 were considered.

Approved:

- **The minutes of the meetings held 1 March 2023 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**

As the meeting was the first Board meeting of the 2023/24 financial year, Ken Jarrold referred to a detailed discussion in the Board development session which focused on planning for a very challenging time ahead in terms of finance, demand, performance and staffing levels. Ken provided reassurance that the Board has strong oversight of the challenges faced by the Trust and the system as a whole and is equally focused on the actions needed to address these challenges. Within this context, Ken emphasised the importance of staying true to our values and behaviours.

7. **Chief Executive's Report**

James Duncan referred to the report highlighting the salient points, including updates on the Trust's involvement in the development of an inclusive economy for Newcastle, the Trusts successful award at Sunderland University's Apprenticeship Awards 2023, the Children's Commissioner report on Children's Mental Health Services, and an update on the Trust's Annual Nursing Conference which took place on 22nd March.

James referred to the Home Secretary's report outlining the steps to be taken to address demand on police resources linked to mental health. James highlighted the great working relationship the Trust has with local police and advised that the Trust will be providing a response to the report.

Resolved:

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

Quality, Clinical and Patient Issues

8. **Commissioning and Quality Assurance update (Month 11)**

Ramona Duguid referred to CNTW nine key priorities outlined in the report and explained whilst there has been an increase in agency spend in Month 11, the year-end position remained on track.

Ramona reported an improved position for out of area placements with a focus on repatriation to improve the position further.

Ramona discussed the pressures within the urgent care pathway in terms of the number of people awaiting admission. Performance has improved in relation to long waits and access to community services.

Kevin Scollay provided an update on the financial position and reported as at Month 11, the Trust has delivered a £2.6m deficit against a planned surplus of £5.5m. Kevin also provided an update on the Trust planned contribution to the system-wide ICS financial plan and advised the Board that the Trust remains on target for a break-even position at the end of the financial year.

Resolved:

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

Workforce issues

9. **Staff Survey Results 2022.**

Michelle Evans provided a presentation on the results of the 2022 NHS Staff Survey. All staff are invited to complete the survey either online or hard copy. Michelle provided a detailed summary of the results and noted that although nationally, Trusts have seen an improved position in relation to flexible working, this score had deteriorated for CNTW.

Ken Jarrold thanked Michelle for the update stating that although the results were encouraging, the challenges relating to staff reporting feeling discrimination requires further focus.

Paula Breen suggested it would be helpful to provide comparative data against the previous two years. Lynne Shaw advised that the full staff survey report incorporates a five-year data comparison and agreed to circulate the report to Board members.

Regarding flexible working and the improved position nationally, Lynne referred to the deteriorating position for CNTW and suggested linking in with other mental health Trusts in terms of learning to improve this measure.

Resolved:
- **The Board received and noted the Staff Survey Results for 2022.**

Action:
- **Staff survey results containing 5-year comparable data to the circulated.**

Regulatory / Compliance Issues

10. **CQC Must Do Action Plan update**

Sarah Rushbrooke referred to the report which provided detail on the outstanding CQC Must Do actions, including legacy actions following the transfer of North Cumbria services in October 2019. Sarah advised that work has commenced to review the Must and Should Do actions, including a review of timescales and ensuring momentum and focus on completion of actions. As Sarah is new in post, she also advised that she will be linking in with newly appointed CQC relationship colleagues to build strong relationships, confidence, and assurance.

Sarah referred to the action plans relating to environment and estate completion and was pleased to note that the work relating to Yewdale ward was nearing completion.

Ken Jarrold thanked Sarah Rushbrooke for the update, noting the importance of the steps to be taken to address the outstanding actions. Delays will be closely monitored by Quality and Performance Committee.

Resolved
- **The Board received the CQC Must Do Action Plan update**

Strategy, planning and partnerships.

11. **With you in Mind – CNTW Strategy**

James Duncan referred to previous discussions which have shaped the development of the new Trust Strategy ‘With you in Mind’ and presented the final strategy for implementation from May.

The strategy has been compiled following an extensive period of engagement with service users and carers, Governors, staff, and stakeholders. The feedback has resulted in a series of organisational commitments which are at the heart of the strategy. These will be delivered through five strategic ambitions, the delivery of which will be detailed in, and monitored by, the Trusts annual planning process.

Anna Foster provided detail on the five strategic ambitions and advised that the strategy would also be supported by a small number of sub-strategies to be developed by October 2023.

Russell Stronach thanked the Board for considering and incorporating the feedback from Governors into the final strategy and highlighted the importance of ensuring understanding of improving neurodiversity/neurodivergence. Russell asked for a third group to be considered relating to neurodevelopmentally atypical.

Russell Stronach referred to the neurodevelopmental pathway and suggested the possibility of primary care AHDH and Autism diagnostics for children and adults being linked to the Trust in terms of providing a second opinion / post diagnostic service. James Duncan referred to continual efforts to work collectively with partners within the system and noted that there was recognition that the neurodevelopmental pathway needs to be strengthened. Work is ongoing to explore different models and Russell offered to support the Trust to develop this area further. Rajesh Nadkarni agreed to contact Russell out with the meeting to take this forward.

Ken Jarrold thanked Russell Stronach for his contribution to the strategy and for helping the Boards understanding of neurodiversity.

James Duncan and the rest of the Board thanked Anna Foster for her work on developing the strategy.

Approved
- **The Board received and approved the draft final With you in Mind - CNTW Strategy**

Strategy, planning and partnerships.

12. Integrated Care System / Integrated Care Board update

James Duncan noted that the NHS financial position was a key priority currently both nationally and regionally for the NENC ICB. Providers from across the regional were employing a significant amount of time and effort into these discussions and development of plans to enable a year-end balanced position for the system. Deadlines for the submission of plans have been extended and the Trust continues to work with partners to get to the best position possible.

Ken Jarrold added that the ICB/ICS are coming into existence at the most difficult time in NHS history.

Resolved:
- **The Board received and noted the Integrated Care System / Integrated Board update.**

13. Trust Innovation Group update

Ken Jarrold introduced the Trust Innovation Team as an incredibly important service within the organisation. Stewart Gee and Carole Kaplan delivered a presentation outlining the team structure and journey. Stewart provided an update on the various internal projects and programmes of work and Carole Kaplan shared the number of different external organisations the team have worked with and supported in terms of quality improvement work.

The value of the Innovations Team lies within the approaches taken to support ideas, from colleagues across the Trust, to improve, innovate, and market developments where appropriate.

Ken Jarrold thanked both Carole Kaplan and Stewart Gee for providing a detailed overview of the history of the team, the tremendous achievements, and the continued focussed work to date.

Anne Carlile referred to the Trust Strategy involving service users, families and carers and queried if there was an opportunity for Innovations to support the Involvement team to provide them with additional support. Stewart Gee advised that this would be welcomed and would explore opportunities to work with and support the Involvement Team.

Resolved:
• **The Board received an update from Trust Innovations Team**

Board sub-committee minutes and Governor issues for information

14. Quality and Performance Committee
In the absence of Darren Best, Ken Jarrold provided an update following the March meeting. The meeting included updates and discussions on safer staffing, performance and quality assurance, serious case reviews and investigations. There was a continued focus on waiting times with the new monthly exception report and the committee received a quality focus update on the importance of information governance and data protection.

15. Audit Committee
No meeting has taken place since 25th January 2023.

16. Resource and Business Assurance Committee
No meeting has taken place since 25th January 2023.

17. Mental Health Legislation Committee
No meeting has taken place since 25th January 2023.

18. Provider Collaborative Committee
Michael Robinson provided an update following the March meeting and noted that from 1st April 2023, the Trust will become lead provider in the new Provider Collaborative for veterans' mental health services.

The next meeting scheduled in June 2023 will focus on governance processes for service quality reviews and the role of the Provider Collaborative.

Ken Jarrold requested that an update on the Veterans Mental Health Service be provided to the Board at an appropriate time in the future.

19. People Committee
No meeting has taken place since 25th January 2023.

20. Charitable Funds Committee
Louise Nelson provided an update following the March Extra-ordinary meeting which was convened to discuss and develop a strategy for the Trust strategy. Debbie Henderson presented the proposed strategy and objectives for agreement. It was agreed that the Trust will rebrand and relaunch the SHINE fund. Louise referred to the strategic aims of the charity and key objectives agreed at the meeting. An annual plan supported by a communications plan is currently under development to support the strategy. The strategy will be presented to a Board at a future meeting.

In line with work to improve the governance associated with the Charity, a discussion took place regarding the approval process for bids and a review of the application and approval process has been agreed.

21. Council of Governors issues
Ken Jarrold was delighted to confirm the appointment of Anne Carlile as Lead Governor with effect from 1st April 2023. Ken also noted that the process to seek expressions of interest from Governors for the role as Deputy Lead Governor had commenced with two applications received.

Following recent election processes for the Council of `Governors, as previously discussed, a Governor survey has been circulated to review the effectiveness of the Council. Following a suggestion from a Governor to explore reviewing the timing of meeting, the survey includes questions

relating to meeting arrangements. The closing date for the survey is 21st April 2023 where careful consideration will be given to the responses.

22. Any Other Business

There were no issues to note.

23. Questions from the public

There were no questions from the public.

Date and time of next meeting

Wednesday, 3 May 2023, 1:30pm at Trust Boardroom, St Nicholas Hospital and online via Microsoft Teams.

5. ACTION LOG AND MATTERS ARISING FROM PREVIOUS MEETING

Ken Jarrold, Chairman

REFERENCES

Only PDFs are attached

5. BoD Action Log PUBLIC at 3 May 2023.pdf

Board of Directors Meeting held in public

Action Log as at 3 May 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			
Completed Actions					
05.04.23 (9)	Staff survey results 2022	Staff survey results containing 5-year comparable data to the circulated.	Lynne Shaw	May 2023	Complete – circulated via email 26 April

6. CHAIRMAN'S UPDATE

Ken Jarrold, Chairman

7. CHIEF EXECUTIVE REPORT

James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

7. CEO Report to Board of Directors May 2023.pdf

Report to the Board of Directors
3rd May 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)

Meeting of the Board of Directors
Chief Executive's Report
Wednesday 3rd May 2023

Trust updates

Rose Lodge cultural celebration event

On 22nd April CNTW held a cultural celebration event at Rose Lodge. The event was organised by ward staff in partnership with the Trust's Equality, Diversity and Inclusion team with input from our cultural diversity staff network, and was developed following discussions with ward staff about the Trust's equality, diversity and inclusion agenda and their ideas for supporting this work. The aim of the event was to celebrate Rose Lodge's diverse workforce and to offer staff the opportunity to learn about and share cuisine, dress, music and activities from different cultures.

A world map was created which demonstrated the cultural diversity of the staff on the ward, and activities including a quiz and an Indian dance lesson were on offer alongside food and music from different cultures. The event gave staff the opportunity to learn about the culture of colleagues from different backgrounds and to come together to celebrate the diversity of the ward team. The event was well attended and feedback from staff was very positive, demonstrating their passion for the work they do and the people they work alongside. I look forward to further cultural celebration events being organised in future by Trust staff, building on the success of this pilot event.

NHS Providers Governor Focus Conference 2023

The NHS Providers Governor Focus Conference provides an opportunity for Governors to network with their peers from across the country and learn from colleagues and sector leaders about issues and developments directly affecting their role. A Governors showcase will be taking place as part of the conference on Tuesday 23rd May 2023. We are delighted to announce that CNTW has been selected to exhibit at the conference with our showcase 'Lived experience – the value Governors bring to Foundation Trusts'.

One of our staff members will be sharing his story of accessing mental health services since the age of 12, being elected as a Trust Governor and then beginning a business apprenticeship within the Trust's Corporate Affairs team. Building on the relationships, skills and expertise he developed in his role as Governor, the staff member quickly progressed to full-time employment with the Trust as Corporate Engagement Assistant. The showcase exhibition will serve as an excellent opportunity for Governors to network and engage with peers, share and learn good practice.

CNTW Staff Awards nominations

The Trust's Annual Staff Awards nomination process launched on Tuesday 11 April. The Awards, now in their 14th year, are hugely popular - 300 entries were received in the first week since nominations opened. Each year the awards celebrate the hard work, dedication and achievements of CNTW and NTW Solutions staff who've made a real difference to service users, carers or colleagues. There are 24 awards this year, which are a mix of individual and team awards, awards for support staff and clinical staff as well as awards recognising leadership, achievement and innovation. Nominations will be open for a 4 week period and are due to close on Friday 12 May. The awards ceremony will take place on Friday 29 September at Newcastle Civic Centre.

National updates

NHS England Delivery and Continuous Improvement Review

NHS England published the findings of its Delivery and Continuous Improvement Review (DCI) which was commissioned by Amanda Pritchard and led by Anne Eden, NHSE Regional Director for the South East. The Review considered how, through partnership working, the NHS can deliver on its current priorities and continuously improve quality and productivity in the short, medium and long term. The DCI Review made 10 recommendations which were then consolidated into three actions endorsed by the NHSE Board:

1. Establish a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, will focus improvement-led delivery work
2. Launch a single, shared 'NHS improvement approach', with an expectation that all NHS providers, working in partnership with their integrated care boards, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes. The improvement approach is called NHS Impact and includes five components: building a shared purpose and vision, investing in people and culture, developing leadership behaviours, building improvement capability and capacity, and embedding improvement into management systems and processes
3. Co-design and establish a Leadership for Improvement programme. All providers and systems (including primary care) will be enrolled in the programme to support a whole-system focus on improving healthcare outcomes

National framework and operational guidance for autism assessment services

NHS England published guidance intended to help Integrated Care Boards deliver improved outcomes in all-age autism assessment pathways. As well as operational guidance designed to guide strategic decision making about the range of autism assessment services that should be provided in each area, the guidance includes a national framework with ten principles for autism assessment services and advice about applying these principles throughout the commissioning cycle. The guidance aims to:

- Reduce the number of declined and inappropriate referrals to autism assessment services, and the number of people referred to and assessed by multiple services for different conditions
- Increase satisfaction of people referred for an autism assessment and confidence in decisions among all stakeholders, including the person assessed and their family/carers
- Increase the proportion of people who receive packages of support while awaiting assessment and soon after diagnosis
- Minimise the amount of resource allocated to un-evidenced or under-evidenced interventions
- Ensure that autism assessment services offer attractive career options

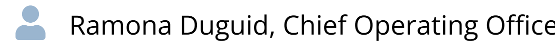
King's Fund report - The rise and decline of the NHS in England 2000–20

Former Chief Executive of The King's Fund Professor Sir Chris Ham authored a report analysing why the NHS has deteriorated since the period 2000 – 2010 when investment and reform saw major improvements in performance. Key points include:

- Performance has declined since 2010 as a result of much lower funding increases, limited funds for capital investment, and neglect of workforce planning.
- Deficits in NHS trusts became widespread by 2014 and the NHS failed to hit key waiting time targets in 2014 and the following years.
- Long-term improvements in population health either stalled or went into reverse after 2010, and successive governments were reluctant to use their regulatory and fiscal powers to tackle the wider determinants of health. Cuts in the public health grant to local authorities hindered work to improve population health.
- Increases in NHS activity and funding since 2000 have been much greater in hospitals than other services and this has hampered ambitions to deliver more care in people's homes or closer to home.

The report also considers what needs to be done to reform the NHS and make it sustainable, including addressing social care funding and provision; investing in primary care, community services and public health; and a sustained commitment to prevention and tackling the wider determinants of health and inequalities both in the NHS and the wider system.

8. COMMISSIONING AND QUALITY ASSURANCE UPDATE (MONTH 12)


Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

8a. Board front Sheet - C&QA Report.pdf

8b. BoD - CQA Monthly Report - March 2023.pdf

Report to the Board of Directors
3rd May 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	26.04.2023
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	24.04.2023
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)

Board Report

2022-23 Month 12 (March 2023)

Executive Summary

Regulatory

- At month 12 the Trust has delivered a financial surplus of £94k against a revised plan to break-even. This is £5.5m behind the Trust's original plan. Agency spend at the end of M12 is £27.4m of which £17.4m (64%) relates to nursing support staff.
- Information Governance Training has decreased to 90.3% in the month. The Trust are required to maintain 95% standard in line with trajectories.
- Out of area bed days have increased in the month and are reported at 418 relating to 26 patients (Total of 884 in the quarter), the Quarter 4 trajectory has not been achieved (0 Q4).
- Children and Young Peoples Eating Disorder Services waiting times for routine referrals (seen within 4 weeks) at March 2023 is reported at 78.3% against a 95% standard.
- Children and Young Peoples Eating Disorder Services waiting times for urgent referrals (seen within 7 days) at March 2023 is reported at 100% against a 95% standard.

Internal

- Over 18 week waiters within Adult and Older Persons Services (excluding specialised services) have decreased in the month, now reported at 253 (5.0%) as at 31st March 2023.
- The numbers of Children and Young people waiting over 18 weeks for treatment have increased in the month to 2532 (54.3%) as at 31st March 2023.
- There are a number of training topics underperforming against the Quarter 4 trajectory including Clinical Risk, Clinical supervision, Safeguarding Children Level 2 and 3, Seclusion training.
- Appraisal rates have increased to 78.3% remaining under the Quarter 4 trajectory of 84% Trustwide.
- Management supervision has increased in the month to 60.3%, remaining under the Quarter 4 trajectory of 84%.

Executive Summary

Contract

The Trust met all local commissioner contract requirements for month 12 and quarter 4 with the exception of:

- CPA metrics for all commissioners
- Delayed Transfers of Care within Sunderland, South Tyneside, Newcastle, Gateshead and North Cumbria.
- 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 Newcastle, Northumberland and North Tyneside

The Trust met all the **NHSE contract requirements** for month 12 and quarter 4 with the exception of

- Current service users with a risk assessment in the last 6 months (1 patient)

The **CQUIN** relating to staff flu vaccinations has not been achieved and is reported at 55.2% as at 12th April 2023 which is below the lower payment threshold of 70% (£200k)

New Integrated Performance Reporting 2023/2024

Progress continues to be made on introducing a revised integrated performance report for 2023/24. The Quality and Performance Committee have received an initial report on the current status, with further discussions planned during May 2023. Implementing the new reporting framework by the end of Q1 is on track.

Executive Summary

CNTW 9 key priorities summary

1	Reducing Agency Spend	Agency costs incurred in month 12 have increased to £2.1m, reported at £1.6m in month 11.
2	Out of Area Placements	Increased in month 12 to 418 bed days related to 26 individuals. Quarter 4 trajectory of 0 cannot be achieved.
3	Zero waits for a bed	Between the 1st March 2023 and 31st March 2023 there were an average of 15 patients on the triage board waiting for a bed. This has increased compared to the period 1st February 2023 to 28th February 2023 when the average was 12 patients waiting on the triage board.
4	Training standards	19 training standards improved from month 11 to 12 (8 meeting Quarter 4 trajectory). There are 10 training standards significantly below trajectory which includes: 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. 8 training standards have improved from month 11 to 12.
5	Quality standards	CPA Care Plans - Remains at 94.0% in month 12 (was 94.0% month 11)
		Risk Assessments - Decrease to 94.2% in month 12 (was 94.7% month 11)
		Risk and Contingency Plans - Decrease to 90.2% in month 12 (was 90.6% month 11)

Executive Summary

CNTW 9 key priorities summary

<table>
<tr><td rowspan="1">6</td><td>Crisis and Home Treatment</td><td>Urgent Care Standards (during March 2023)

Very urgent (4 hours)

Age 18-65 - 6 out of 8 referrals were seen within the timeframe (of those not seen within 4 hours, 1 referral was admitted to hospital and 1 referral was closed as discharged from assessment)

Age 65+ - one referral was received and seen within the timeframe.

Urgent (24 hours)

Age 18-65 is reported at 81.8%, 468 referrals were received in month 12 of which 85 were not seen within the 24 hour period.

Age 65+ is reported at 85.0% in month 12, 60 referrals were received in March of which 9 were not seen within the 24 hour period</td></tr>
<tr><td rowspan="2">7</td><td rowspan="2">Quality Priorities for access to care and treatment (18 week waits)</td><td>Adults and Older People March position - 253
All localities apart from Central locality have seen a decrease in the number of over 18 week waiters during March.</td></tr>
<tr><td>CYPS March position - 2532
An increase of 19 in total across the localities</td></tr>
<tr><td>8</td><td>CQC Must Do's</td><td>21 areas of improvement - review to be undertaken on end of year position on core must do requirements.</td></tr>
<tr><td>9</td><td>Financial break even</td><td>At month 12 the Trust has delivered a financial surplus of £94k against a revised plan to break-even. This is £5.5m behind the Trust's original plan.</td></tr>
</table>

Regulatory

Single Oversight Framework	Segment	The Trust's assigned segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy). (Mar 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 90.3% 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 February and March to Rose Lodge and Aldervale. (Learning Disability ward in Sunderland and Rehabilitation ward at Hopewood).

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	6	1	1

	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%	94.4%	94.4%
Information Governance Training	95%	86.1%	85.4%	85.4%	86.6%	88.3%	91.4%	91.6%	91.4%	91.0%	90.0%	90.7%	90.3%
Out of Area bed days	0	155	241	337	301	351	750	399	339	440	259	207	418
IAPT Recovery (Sunderland)	50%	56.4%	49.8%	56.5%	52.6%	56.7%	53.3%	59.1%	55.0%	48.3%	49.7%	55.2%	53.6%
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%	53.0%	51.4%
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%	87.0%	74.4%
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%	93.9%	94.4%
Referral to treatment (RTT)	95%	100%	100%	100%	100%	100%	98.5%	98.6%	100%	99.4%	98.3%	98.2%	100%
CYPS ED – Urgent	95%	75%	100%	100%	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%	84.6%	78.3%

Action being taken:

Trajectories were developed to ensure that the Trust will be compliant with training standards by the end of March 2023, these have not been fully met but improvement towards compliance has continued. 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: 5	The Trust's met all local commissioner contract requirements for the month with the exception of: • CPA metrics for all commissioners • DTOC – Sunderland, South Tyneside, Gateshead, Newcastle and North Cumbria • Ethnicity recording for MHSDS – Newcastle and North Tyneside • IAPT numbers entering treatment – Sunderland and North Cumbria • EIP referrals seen within 14 days – Newcastle, Northumberland and North Tyneside
Commissioner Contracts (NHSE):	**Unmet contract requirements: 1**	The Trust's met all NHSE contract requirements for the month with the exception of: • Current service users with a risk assessment in the last 6 months (1 patient)

Contract Summaries:	NHS England	Northumberland	North Tyneside	Newcastle	Gateshead	South Tyneside	Sunderland	North Cumbria	Durham and Tees Valley
	94%	70%	60%	40%	80%	70%	64%	60%	75%

CQUIN:

	Achieved	Part achieved	Not achieved
Q1	5		
Q2	5		
Q3	5	1	
Q4(TD)	5		1

As at March 2023 there are no identified issues relating to the Quarter 4 requirements with the exception of staff flu vaccinations currently reported at 55.2% as at 12th April 2023 which is below the lower payment threshold of 70%.

Friends and Family Test (FFT): 88.5%

The overall FFT satisfaction score for March 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 505, of which 69% were from service users, 19% from carers, 8% were completed on behalf of a service user and 4% did not state their person type. Of the 505 surveys received, 497 answered the FFT question (98.4%).

Action being taken:

Localities have not achieved meeting all required 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. The post has been readvertised and is currently proceeding through the recruitment process following previous difficulties in appointing.

Internal

Waiting Times (Adult and Older Person):	Over 18 week waiters: **253** (5.0%)	As at 31st March 2023 there were a total 5097 people waiting to access services in non-specialised adult services across CNTW of which, 253 people have waited more than 18 weeks to assessment. This is an decrease from 5389 people waiting to access non-specialised adult services last month of which 396 were reported waiting over 18 weeks.
Waiting Times (CYPS):	Over 18 week waiters: **2532** (54.3%)	This month the total number of CYP waiting more than 18 weeks to treatment has increased, reported at 2532 as at 31st March 2023 compared to 2513 as at 28th February 2023 . The number of young people waiting to access children's community services is reported at 4667 overall at month 12.

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	8	8	2	3	5	12	12	10

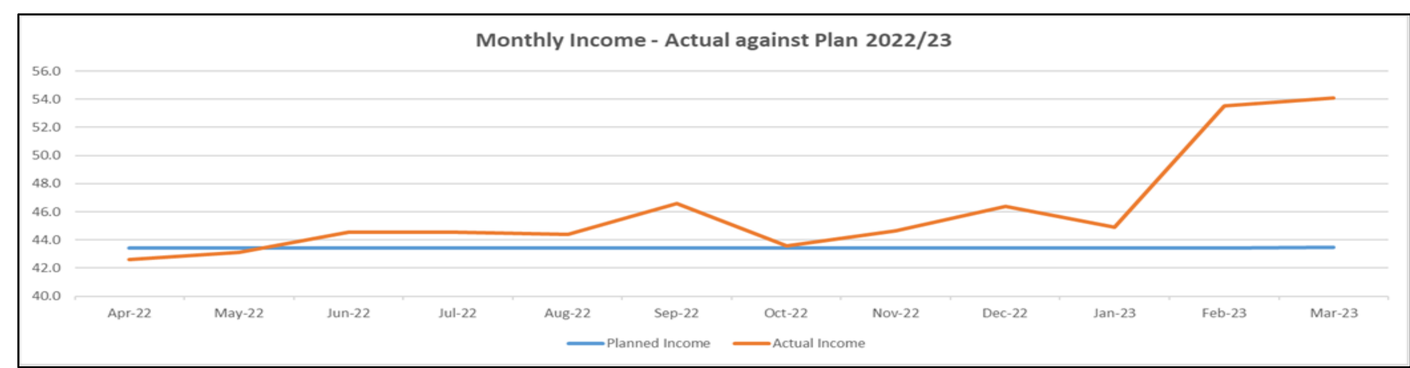
	Standard (Trajectory)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Appraisals	85% (84%)	64.8%	63.8%	63.8%	62.5%	64.9%	67.6%	69.2%	71.3%	76.2%	77.2%	78.1%	78.3%
Management Supervision recorded	85% (84%)	52.6%	55.2%	54.5%	55.6%	56.9%	58.4%	58.9%	61.2%	58.6%	59.7%	58.7%	60.3%
Clinical Supervision recorded	85%	43.8%	45.2%	41.9%	45.6%	45.8%	50.2%	49.8%	52.2%	44.7%	51.7%	47.5%	51.2%

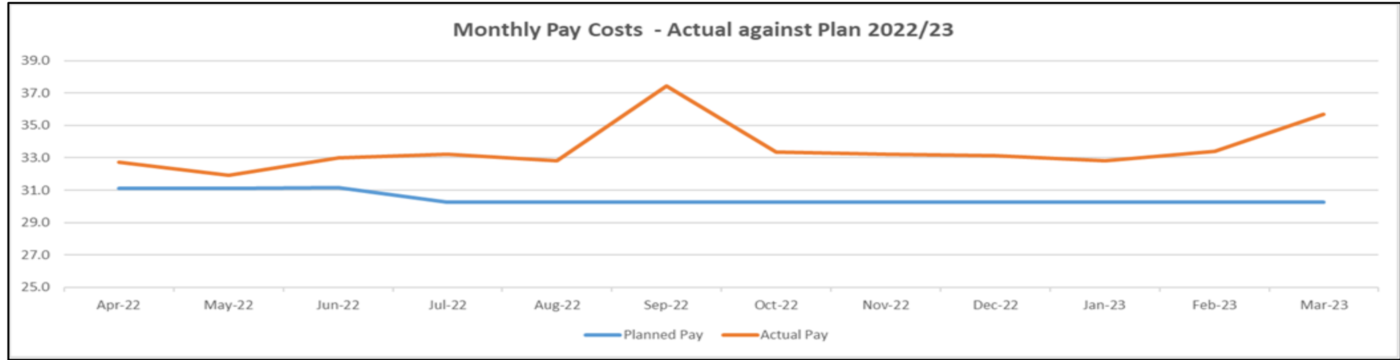
Quality Priorities:		EDI and Human Rights	Supporting service users & carers to be heard	Improving Waiting Times	Improving the inpatient experience
	Q1			The Trust continues to report a number of over 18 week waiters, work is ongoing within the Access & Waiting Times Group	The Trust did not meet the Quarter 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	Q4 requirements have been assessed as partially met	Q4 requirements have been assessed as partially met	The Trust continues to report an increasing number of over 18 week waiters	Q4 requirements have been assessed as partially met

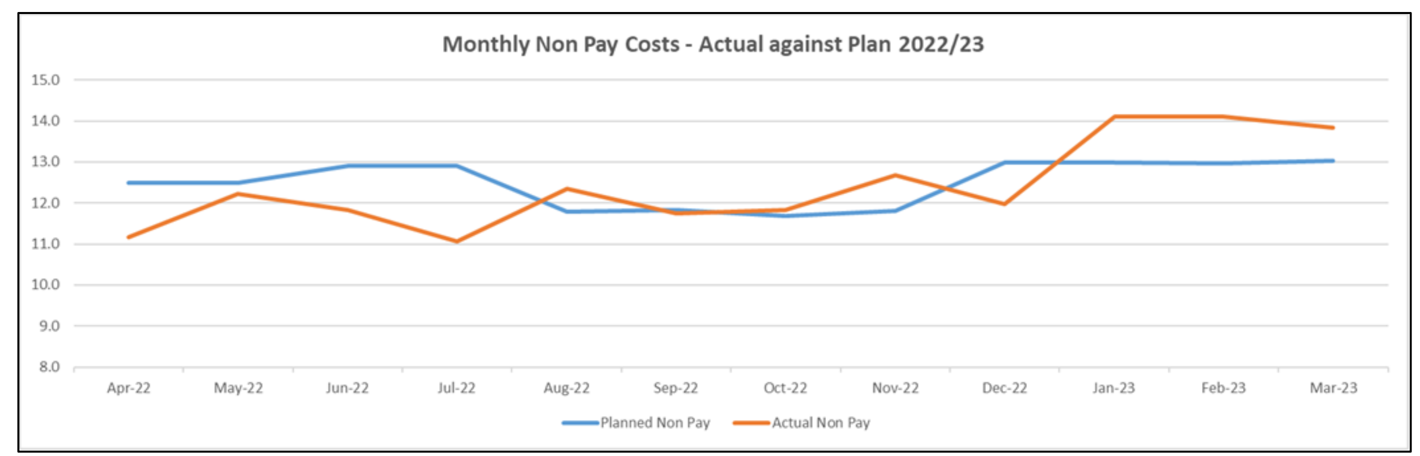
Action being taken:

Localities have not achieved the required standard to meet all training requirements at the end of Q4 2022/23 in line with the agreed trajectories, though improvement continues.
The Access Oversight Group continues to focus on the implementation of the new waiting times standard of 4 weeks. During March there has been significant progress in the reduction of over 18 week waiters within Adult and Older Peoples services since the implementation of the weekly waiters escalation meeting with locality representatives which was introduced to monitor and assess future impact and actions required to aid improvement.

Financial Performance Dashboard







Key Indicators

	Month 12		
	Year to Date		
	Plan £m	Actual £m	Variance £m
Income	521.3	582.8	61.6
Pay	(365.8)	(434.5)	(68.8)
Non Pay	(149.9)	(148.2)	1.7
Surplus/(deficit)	**5.6**	**0.1**	**(5.5)**

Key Issues/Risks.

- At month 12 the Trust has delivered a financial surplus of £94k against a revised plan to break-even. This is £5.5m behind the Trust's original plan.
- Trust income arrangements for 2022/23 remained block contracts agreed with commissioners within the ICB.
- The Trust agency cost are £2.1m in month 12. Agency costs have increased in month 12, but remain lower in Q4 than incurred in Q1 to Q3. Trust agency costs need to fall to deliver financial plans set for 2023/24.
- The Trust has received non-recurrent system support in Q4 and the underspend on the Provider Collaborative has supported the Trust to deliver financial break-even in 2022/23.
- Cash – The Trust has cash of £50.6m at the end of the financial year. This is a £20.8m increase on balances held at the end of February. The Trust has received over £19m in PDC to support the capital programme in March.
- Capital Spend – The Trust has delivered a capital programme for £41.6m against a £41.7m revised plan approved by the Board in October.

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

	Jan			Feb			Mar		
	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	648	121	20	515	95	20	515	95	20
Nursing	701	281	3	592	335	0	596	335	0
Support to Nursing	3,512	156	0	3,955	178	0	5,052	179	0
Admin	64	0	0	47	0	0	64	0	0
TOTAL	**4,925**	**558**	**23**	**5,109**	**608**	**20**	**6,227**	**609**	**20**

In March the Trust reported 609 price cap breaches (16% of agency medical shifts, 55% of agency qualified nursing shifts and 29% of agency nursing support shifts. At the end of March, 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 12 and quarter 4.
- The Trust has not achieved the required uptake for the Flu CQUIN or met the lower threshold payment
- 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 not all been achieved as agreed for 2022-23 at both a Trustwide and locality level but improvement has continued during Quarter 4.
- 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	Ramona Duguid
Deputy Director of Commissioning & Quality Assurance	Chief Operating Officer

19th April 2023

9. SERVICE USER AND CARER EXPERIENCE REPORT (MONTH 12)

Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

REFERENCES

Only PDFs are attached

9. Service User and Carer Experience report Quarter 4 2022-23.pdf

Report to the Trust Board
Wednesday 3rd May 2023

Title of report	CNTW Service User and Carer Experience Summary Report Quarter 4 2022-23
Purpose of the report	**For discussion**
Executive Lead	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance
Report author(s) (if different from above)	Paul Sams – Feedback and Outcomes Lead, Commissioning and Quality Assurance

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	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	x
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	x
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)	x
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)

CNTW Service User and Carer Experience Summary Report

Wednesday 3rd May 2023

Quarter 4 2022-23

Executive Summary

The use the Points of You survey by service users and carers during quarter 4 has increased to it's highest level for a quarter during 2022-23, with 1,455 completed. Satisfaction ratings calculated from responses to the Friends and Family Test question (question 1 of the survey) are their highest this quarter when compared with other quarters during 2022-23.

Mailshot surveys remain the main source of Points of You survey. There has been an increase in hard copy surveys being completed, with Central locality seeing the biggest increase in this type of survey. Newcastle Treatment and Recovery Service account for most of these surveys.

Teams and wards are still not taking the opportunity to respond to feedback through the 'You Said – We Did' poster function that has been made available for use. The peak month for poster production was 17 teams of a possible 238. Only 34 posters were completed during the quarter.

Recommendations

- Teams should be promoting the use of online and hardcopy surveys to reduce the reliance on mailshot surveys.
- Reported themes for negative experiences of service users and carers should be addressed at locality and service level to promote responsiveness to feedback.
- Check if your teams/wards are completing You Said – We Did posters on a monthly basis. Prioritise developing a plan to ensure this happens in future months.

•
•
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Service User and Carer Experience Report

Quarter 4 2022-23

Ask Section:
Points of You

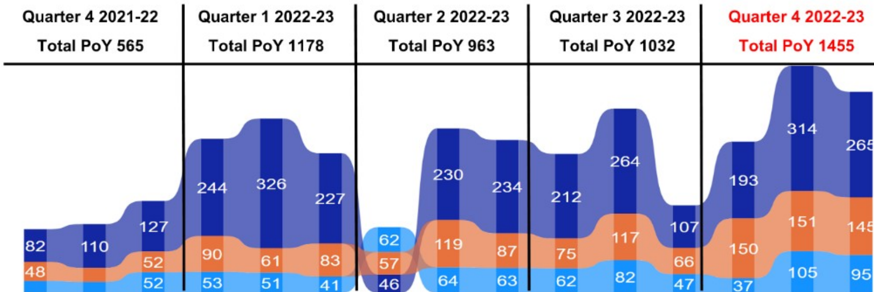
During quarter 4 of 2022-23 the Trust received feedback through the Points of You (PoY) survey 1,455 times, this represents a 29% increase when compared with quarter 3.

924 (63.5%) were completed by service users directly, 177 (12.1%) were on behalf of service users. Carers completed 295 (20.3%) surveys and 59 (4%) were completed by people who chose not to tell us if they are a service user or carer.

Locality	Quarter 4 (2021-22)	Quarter 1 (2022-23)	Quarter 2 (2022-23)	Quarter 3 (2022-23)	**Quarter 4 (2022-23)**
South	204	427	393	377	**455 (+17.1%)**
Central	181	306	240	269	**453 (+40.6%)**
North Cumbria	82	225	142	184	**226 (+18.6%)**
North	82	205	178	183	**293 (+27.5%)**
Others*	15	15	10	19	**31 (+38.7%)**

Table 1. PoY uptake by locality, including % position on previous quarter
*Include services not assigned to a locality.

All localities experienced an increase in feedback through PoY surveys in comparison with all previous quarters of 2022-23 and the comparative quarter in 2021-22.



Graph 1. Trustwide PoY received by survey type

Hard copy surveys have been completed most in the South (96 hard copy surveys) and Central (91 hard copy surveys) localities as a result of more scrutiny of the You Said-We Did poster function that is available to all teams, but to date has not been used consistently or effectively.

Locality	Mailshot	Online	Hard Copy
South	270	89	96
Central	201	161	91
North Cumbria	124	81	23
North	161	106	26

Table 2. Locality breakdown of PoY received by type

NHS England (NHSE) Specialist Services

Team	Jan-23	Feb-23	March-23	Average FFT Rating
Perinatal Inpatient (Beadnell)	2	13	0	9.5
Mental Health and Deafness	0	0	0	NA
Gender Dysphoria Service	1	0	10	7.7
Low Secure Services (Adult)	5	1	1	7.9
Medium Secure Services (Adult)	14	8	12	7.4
CAMHS Ferndene	0	0	5	6.5
Lotus Ward	0	0	0	NA
CAMHS Medium Secure (Alnwood)	0	0	0	NA
Eating Disorders (Inpatient)	0	0	0	NA
Eating Disorders (Day Service)	0	0	0	NA

Table 3. Points of You returns by month and average FFT rating for quarter

Patient Advice and Liaison Service (PALS)

	2021/22	2022/23			
Care Group	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Central Locality Care Group	30	26	21	13	14
South Locality Care Group	1	2	56	45	48
North Locality Care Group	5	10	11	6	14
Non Service Specific (CNTW)	41	23	33	22	20
Total	**77**	**61**	**121**	**86**	**110**

Table 4. Inquiries to PALS services during quarter 4 2022-23 and the previous 4 quarters

NHS.net

The Trust received no feedback through this website in this quarter. As a result it will not be mentioned in the ‘Listen’ and ‘Do’ sections of this report.

Care Opinion

During the quarter the Care Opinion website was used on 1 occasion by a service user sharing their experience of Alnmouth Acute Admission ward. This will be explored in the ‘Listen’ section, however the ward manager has responded, offering the author to make further contact should they wish to.

Healthwatch

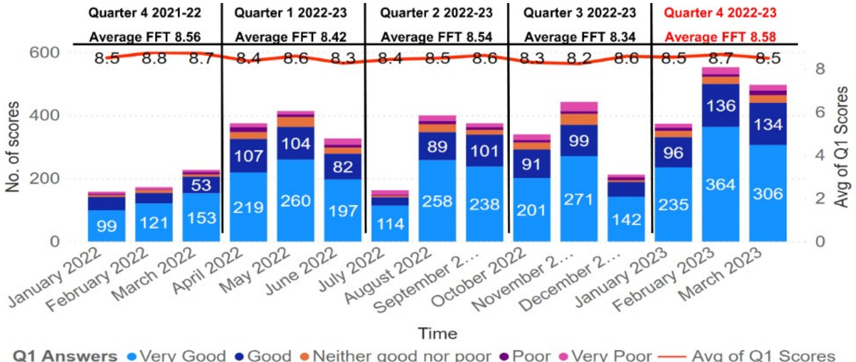
Table 5 below shows that we were not contacted during the quarter by any of the 8 Healthwatch services within the CNTW footprint. As a result, Healthwatch does not need to be discussed in the ‘Listen’ section.

Healthwatch Team	Q4 2021-22	Q1 2022-23	Q2 2022-23	Q3 2022-23	**Q4 2022-23**
Cumbria	0	0	0	0	**0**
Gateshead	1	0	0	0	**0**
Middlesbrough	0	0	0	0	**0**
Newcastle	0	0	0	0	**0**
North Tyneside	1	1	2	1	**0**
Northumberland	0	0	0	0	**0**
South Tyneside	0	0	0	0	**0**
Sunderland	0	0	0	0	**0**

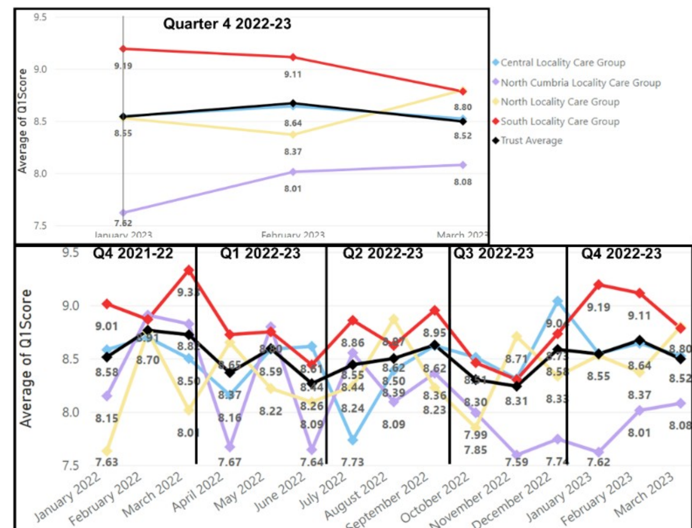
Table 5. Feedback available through individual Healthwatch webpages and email contact

Listen Section:
Points of You (PoY)

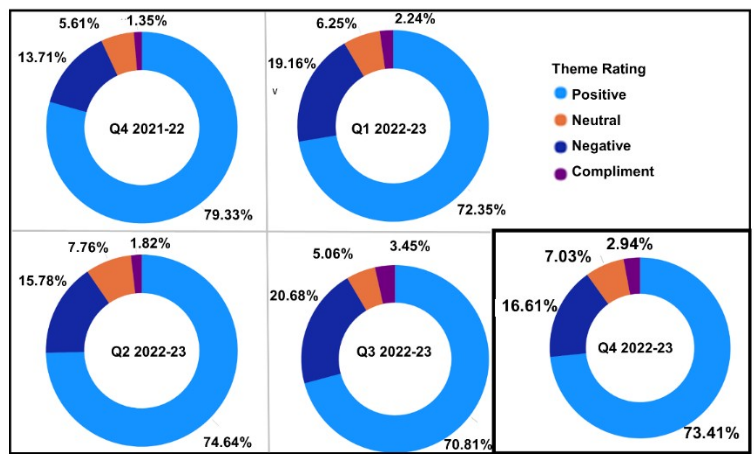
The satisfaction rating from people answering the FFT question (question 1 of PoY) ‘Overall, how was your experience with our service?’ was 8.58 out of 10 for the quarter. This is the highest satisfaction rating recorded for any quarter in 2022-23 and is slightly higher than the same quarter last year, at a time when the Trust is receiving more feedback through PoY.



Graph 2. Average FFT score in current and previous quarters of 2022-23



Graph 3. FFT by average score by quarter and month by locality and Trust average

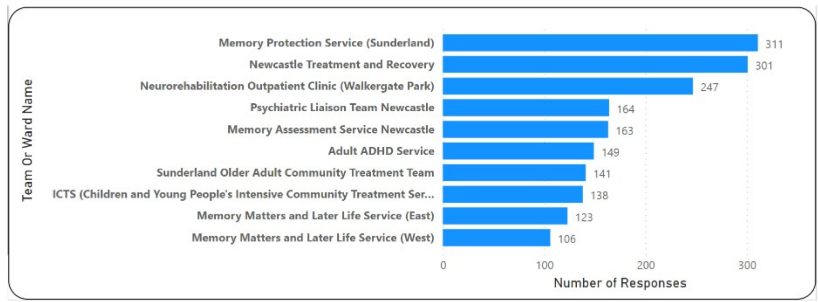


Graph 4. PoY Comments received by broad theme

	Quarter 1 2022-23				Quarter 2 2022-23				Quarter 3 2022-23				Quarter 4 2022-23			
Theme Category	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		1.11%	3.60%	3.02%		0.61%	4.40%	2.04%		0.45%	1.82%	2.10%		0.68%	3.00%	2.91%
Admissions and Discharges		0.18%	1.20%	1.65%		0.18%	1.17%	0.73%		0.10%		1.21%		0.05%	0.40%	0.92%
Appointments	1.64%	2.22%	5.71%	6.32%	1.25%	1.89%	5.28%	6.13%		1.66%	5.00%	5.85%	0.84%	1.70%	4.00%	4.13%
Clinical Treatment		0.59%	2.70%	1.36%		0.58%	2.35%	1.17%	0.67%	0.39%	1.36%	0.44%	0.42%	0.66%	1.00%	0.99%
Communications	21.31%	27.95%	25.83%	33.46%	25.00%	29.52%	28.74%	36.35%	30.00%	35.57%	32.73%	42.27%	28.99%	33.45%	24.00%	37.80%
Facilities		1.68%	6.61%	4.38%		1.04%	4.99%	4.23%	0.67%	1.20%	5.91%	5.96%	0.42%	1.02%	3.80%	6.27%
Other		0.13%	11.71%	0.49%		0.43%	3.52%	0.88%		0.06%	5.45%	0.11%		0.41%	21.40%	0.77%
Patient Care	20.49%	31.16%	30.03%	24.71%	33.75%	34.28%	31.09%	25.69%	25.33%	29.60%	33.64%	24.28%	28.57%	30.70%	29.40%	24.48%
Prescribing		0.31%	0.90%	1.36%		0.30%	2.05%	1.17%		0.13%	0.91%	0.88%		0.48%	1.20%	1.15%
Privacy, Dignity and Wellbeing		0.70%	0.60%	1.26%		0.88%	0.88%	0.15%	1.33%	0.16%				0.38%	0.20%	0.38%
Staff Numbers		0.08%	2.40%	4.18%		0.06%	2.64%	4.23%		0.06%	2.27%	2.54%		0.05%	1.60%	3.83%
Trust Admin/ Policies/Procedures				0.49%		0.21%	0.29%	0.73%		0.03%		0.33%		0.04%	0.80%	0.77%
Values and Behaviours	56.56%	33.33%	6.61%	7.88%	40.00%	29.31%	9.38%	7.59%	42.00%	30.31%	7.73%	7.51%	40.76%	29.91%	6.60%	6.96%
Waiting Times		0.54%	2.10%	9.44%		0.70%	3.23%	8.91%		0.26%	3.18%	6.51%		0.47%	2.60%	8.65%

Table 6. Themed comments by percentage for all quarters of 2022-23

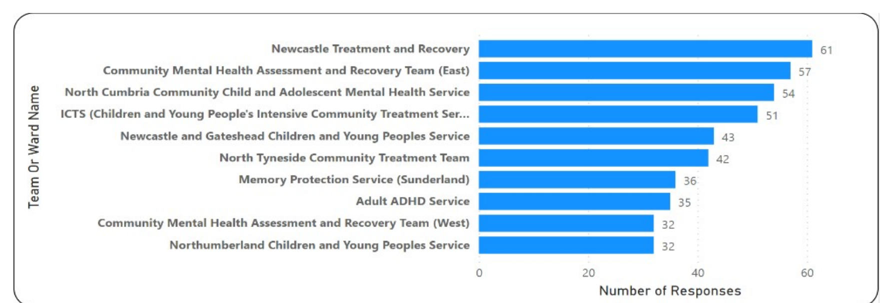
Positive themes



Graph 5. Teams or wards with the most positively themed comments during quarter 4 2022-23

For examples of service user and carer comments see Appendix 1.

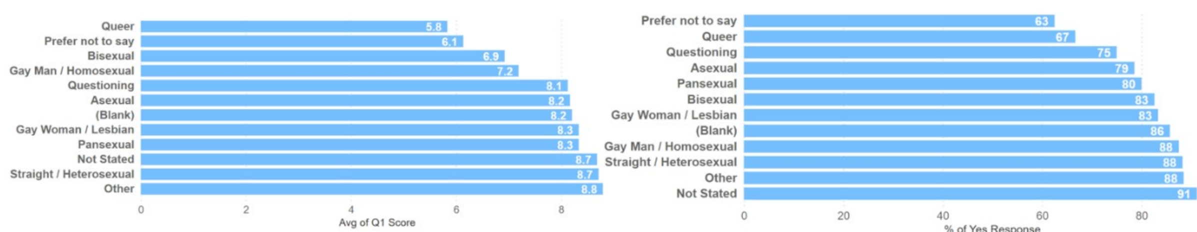
Negative Themes



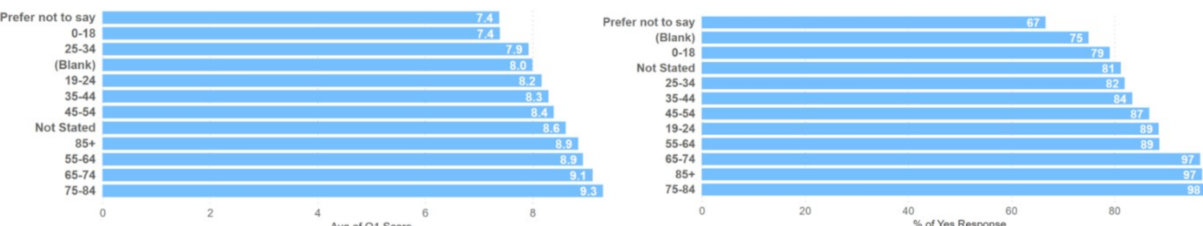
Graph 6. Teams or wards with the most negatively themed comments during quarter 4 2022-23

For examples of service user and carer comments see Appendix 1.

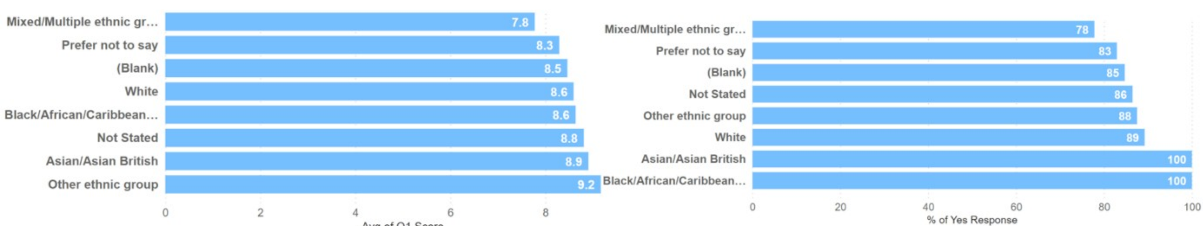
Satisfaction by Demographic



Graph 7a & b. FFT average score and % yes to Question 4 of PoY by Sexuality



Graph 8a & b. FFT average score and % yes to Question 4 of PoY by Age



Graph 9a & b. FFT average score and % yes to Question 4 of PoY by Ethnicity

NHS England Specialist Services

Perinatal Inpatients (Beadnell)

Category	Positive	Neutral	Negative
Appointments	2.38%		
Clinical Treatment	1.19%		
Communications	25.00%	12.50%	25.00%
Facilities	1.19%	25.00%	12.50%
Other		12.50%	
Patient Care	29.76%	12.50%	25.00%
Privacy, Dignity and Wellbeing			12.50%
Staff Numbers	1.19%	12.50%	12.50%
Values and Behaviours	39.29%	25.00%	12.50%

Gender Dysphoria Service

Category	Compliment	Positive	Neutral	Negative
Access to Treatment or Drugs		2.50%		5.88%
Appointments				17.65%
Clinical Treatment		5.00%		5.88%
Communications		50.00%	22.22%	23.53%
Other			22.22%	
Patient Care		17.50%	22.22%	23.53%
Prescribing			11.11%	
Values and Behaviours	100.00%	22.50%		11.76%
Waiting Times		2.50%	22.22%	11.76%

Low Secure Services (Adult)

Category	Positive	Neutral	Negative
Communications	29.41%	25.00%	50.00%
Facilities	5.88%	25.00%	
Patient Care	38.24%	25.00%	25.00%
Staff Numbers			25.00%
Values and Behaviours	26.47%	25.00%	

Medium Secure Service (Adult)

Category	Positive	Neutral	Negative
Access to Treatment or Drugs			1.23%
Communications	24.66%	26.67%	24.69%
Facilities	4.79%	3.33%	16.05%
Other		13.33%	1.23%
Patient Care	32.88%	33.33%	35.80%
Staff Numbers		10.00%	17.28%
Trust Admin/ Policies/Procedures		3.33%	
Values and Behaviours	37.67%	10.00%	3.70%

Table 7. Themes of comments by percentage for quarter 4 2022-23

Care Opinion

As discussed in the ‘Ask’ section, there was 1 story posted to Care Opinion during the quarter. This related to Alnmouth Ward at St George’s Park and was negative in theme. This story was shared with the acting ward manager who promptly put a response together which was added to the site. At point of writing this report the author has not responded to say if the response was useful.

Do Section:

Action	Rationale	Status
Delivery of awareness sessions of PoY developments with staff.	Feedback and Outcomes Lead provides regular awareness sessions through group, service and team meetings to explain the feedback system and a guide to using the PoY dashboard.	Awareness session continue in all localities. Requests from teams for guidance either through Teams or in person continue to be received. These sessions are always facilitated at the earliest opportunity.
Sharing compliments with wards and teams	As discussed in this report, there are many compliments received through feedback. Sharing this with the people involved is useful in supporting resilience of staff through	A Data Quality and Data Entry Officer now shares all compliments with the team and individuals involved at the earliest opportunity. Compliments can be viewed by any staff member on the dashboard: Microsoft Power BI
Make feedback accessible to as many service users and carers as possible.	Service users and carers offer less feedback about learning disability and autism services than mental health services. It is possible that some people cannot navigate our feedback processes.	Work is ongoing to make the Trusts feedback offer more accessible to more people. This work is as a result of feedback from service users and carers when accessibility has been an issue.
Roll out You Said We Did (YSWD) function on the PoY dashboard.	A roll out is ongoing, supported by posts in the Bulletin.	Efforts to promote the use of YSWD continue. Awareness sessions to teams and leadership meetings are planned across the Trust in the coming quarter. Recent awareness sessions at North Service User and Carer Involvement Working Group, All locality Service User and Carer Experience Meetings and raising awareness with Group Directors and Associate Directors.
Learn and Share Together (LAST) Collaborative	Lead in the development of good practice in feedback through collaborative working with stakeholders nationally. Agreed period of leading this work is now complete. The Trust will continue to be present at future meetings as a contributor.	Bi-monthly meetings including several Trusts, self-advocacy groups, service users and carers continue to offer opportunities to develop good practice that is inclusive of people with a learning disability and autistic people within the same conversation with mental health peers.
Review of the letter that accompanies a mailshot PoY	Feedback from carers of two people with a learning disability have suggested the letter is difficult to access for some people.	A review of the letter content is planned within quarter 4. This will now happen during quarter 1 of 2023-24
Review of PALS services by Deputy Chief Nurse	PALS services changed due to coronavirus restrictions; this has not reverted back to a pre-coronavirus offer. The North Cumbria locality has also not had a dedicated service since joining the Trust.	Engagement with staff and stakeholders will take place to explore what the PALS offer currently is and what people would like it to be.

Appendix 1

Below are some examples of service user and carer comments from the most common themes for positive comments during quarter 4.

Communications (1,617 comments):

‘Denise listened carefully, asked questions and phoned us to alleviate worries, for which we are most grateful’ – Memory Assessment Service Newcastle

‘My consultant and I have reached an understanding of both my needs and the treatment options available and my worries are answered’ – Northern Region Gender Dysphoria Service

‘everything was discussed and he was very interested to hear my thoughts and smiled which was nice!!’ – North Northumberland Adult Community Treatment Team

‘Given the option about medicating. Not pressured but given information and time to think/ discuss.’ – ADHD CYPS North Cumbria

Patient Care (1,513 comments):

‘I've been very happy with the service, and feel I've received adequate support through the ups and downs of the last few months.’ – North Cumbria Early Intervention in Psychosis Service

‘Overall the service my daughter receives is really thorough with a wholistic approach involving home and school. This is also the only service who have included her older sister in discussions.’ – Regional Communication Aid Service

‘I found all the little strategies really helpful and things I can use every day. I found the educational parts helped me understand myself more and learn to put different strategies in to my day. I especially like mindfulness and how I can implement it in to my day.’ – Psychiatric Liaison Team Newcastle

‘Made me think differently about my condition and helped me manage it.’ - CEDS-CYPS (Community Eating Disorder Services) North Cumbria

Values and Behaviours (1,453 comments):

‘Such lovely people who truely care but are expected to do too much. Very friendly, reassuring and supportive.’ – Initial Response Team Sunderland

‘anything I asked regarding my sons care was answered and also support shown to myself in difficult times. Fantastic treatment and privacy and dignity shown at all times’ – Bridgewell (Hopewood Park)

‘All the staff are so caring & helpful. It's a pleasure to be here and form friendships with the other people on the various days I attend and courses I go on.’ – Castleside Day Hospital

‘Very understanding of our situation, for us and our family when having a child with difficulties.’ - North Cumbria Community Child and Adolescent Mental Health Service

Below are some examples of service user and carer comments from the most common themes for negative comments during quarter 4.

Communication (400 comments):

‘I don't feel as though I have been listened to and the different people I saw make me feel anxiety and scared’ – Sunderland North Community Treatment Team

‘I mentioned on 3 separate occasions which therapy organisations had already said they couldn’t help me, yet was referred to these same organisations anyways.’ – Community Mental Health Assessment and Recovery Team (West)

‘We constantly explained that too many people were getting involved which was making my son worse as he couldn't cope with all the new or different people but this was ignored. Also my son was told he could die or have a heart attack, as he is autistic this seriously upset him and worried him. My son didn't want to take medication but this was constantly pushed onto him.’ – North Cumbria Community Child and Adolescent Mental Health Service.

‘As parents we felt we were not listened too and were not kept informed of anything.’ – Redburn (Ferndene)

Patient Care (280 comments):

‘I had 3 different people dealing with my case over 2.5 years with no real handover on continuity of service. Service ended abruptly when 1 person left and the next was on sick leave.’ – Centre for Specialist Psychological Therapies

‘I absolutely hated the portal service. It was as if psychiatry had designed the portal to stop ADHD people using the service. The consultation felt rushed. And the assessor felt like she didn't understand me or indeed life sometimes. That was unnerving.’ – Adult ADHD Service

‘Waiting weeks of knowing nothing to then expected to be able to adjust to different duty workers/different psychiatrists and now different Care Co-Ordinator. its like meeting and being expected to be able to open up to this "stranger” – North Tyneside Community Treatment Team

‘Bored at weekends and would like more of a structured day like in the week.’ – Redburn (Ferndene)

10. SAFER CARE REPORT Q4

Rajesh Nadkarni, Deputy Chief Executive and Medical Director

REFERENCES

Only PDFs are attached

10. Safer Care Quarterly Report 2022-23.pdf

Report to the Board of Directors
Wednesday 3rd May 2023

Title of report	**Safer Care Report – Quarter 4 2022/23**
Purpose of the report	**For information and assurance**
Executive Lead	**Rajesh Nadkarni, Executive Medical Director / Deputy Chief Executive** **Sarah Rushbrooke – Executive Director of Nursing, Therapies and Quality Assurance**
Report author(s) (if different from above)	**Claire Thomas, Deputy Director, Safer Care** **Anthony Deery, Deputy Chief Nurse** **Dr Damian Robinson, Group Medical Director, Safer Care** **Louise Mainwaring, Business Manager, Safer Care**

Strategic ambitions this paper supports (please check the appropriate box)

Work with service users and carers to provide excellent care and health and wellbeing	X	Work together to promote prevention, early intervention and resilience	X
To achieve "no health without mental health" and "joined up" services	X	Sustainable mental health and disability services delivering real value	X
To be a centre of excellence for mental health and disability	X	The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)		**Management Group meetings where this item has been considered (specify date)**	
Quality and Performance	26.04.23.	Executive Team	
Audit		Trust Leadership Team (TLT)	
Mental Health Legislation		Trust Safety Group (TSG)	
People Committee		Other i.e. external meeting	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative, Lead Provider Committee			

Board Assurance Framework/Corporate Risk Register risks this paper relates to SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.
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).
SA3.2 Working with Partners there will be "No health without mental health" and services will be joined up.
Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of mental health and disability services (SA3.2).
SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.
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).

Safer Care Report – Quarter 2 2022/23

Quality and Performance Committee

Wednesday 3rd May 2023

1. Executive Summary

This is the Safer Care report for Quarter 4 2022/23. This report focusses on key metrics (such as those which are reported outside of the Trust) and now uses Statistical Process Control (SPC) charts which enable better data analysis and identification of areas that require further investigation or review. The narrative provides an analysis of the data while the 'key points' provides additional areas of note and assurance.

2. Risks and mitigations associated with the report.

None to note by exception.

3. Recommendation/summary

Receive the paper for information only.

Name of author:

Claire Thomas, Deputy Director, Safer Care

Anthony Deery, Deputy Chief Nurse

Dr Damian Robinson, Group Medical Director, Safer Care

Louise Mainwaring, Business Manager, Safer Care

Name of Executive Lead:

Dr Rajesh Nadkarni, Executive Medical Director

Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

Safer Care Quarterly Report

April 2023

Reporting Period: January to March 2023

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Section 2: Serious Incidents and Deaths	7
Section 3: Blanket Restrictions/Restrictive Practice	8
Section 4: Positive and Safe Care	8
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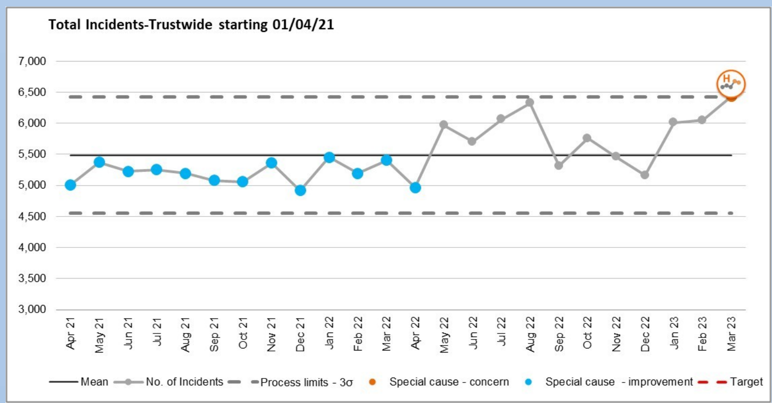
Section 1: Incidents



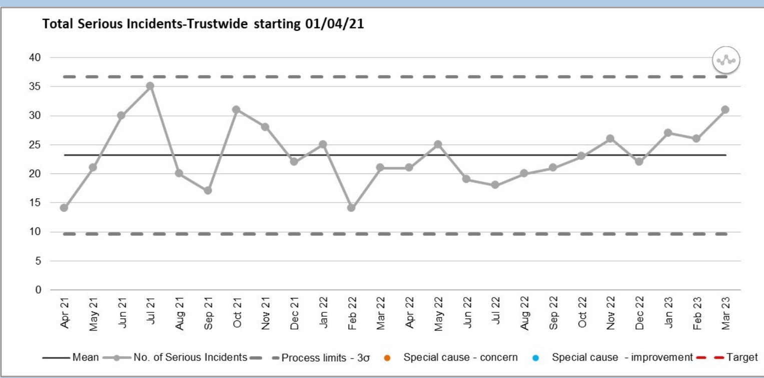
Incidents - Key Points:

- ➢ Incidents Trustwide in line with common variation in numbers of reported incidents in January and February. They triggered a special cause – high in March.
- ➢ Corresponding higher incidents in North locality in the month, as well as North Cumbria (February and March) and South (January to March).
- ➢ Higher than usual incidents relating to aggression and violence during February and March in particular. Further analysis is currently underway looking at the underlying causes and any themes in relation to these incidents. Trust wide Safety Group have oversight of this work.

Patient Safety Incident Response Framework (PSIRF)

- ➢ CNTW continues to work towards implementation of the new Patient Safety Incident Response Framework (PSIRF). CNTW, as an NHS Provider, are required to have PSIRF in place across the organisation by Autumn 2023.
- ➢ Engagement with Integrated Care Board (ICB) commenced during the quarter via ICB/Provider PSIRF planning day.
- ➢ Members of the project team attended the CNTW Nursing Conference during March to deliver workshops and host a stall. This included inviting attendees to complete a short feedback questionnaire and register interest in the project workstreams. The questionnaire will be rolled out more widely to staff during April and further engagement events are planned later in the year.
- ➢ Workstream leads and teams established during March with the associated project work to be initiated during April.

Section 2: Serious Incidents and Deaths



SIs and Deaths - Key Points:

- Overall serious incidents month on month during quarter 4 were in line with common variation in reported incidents. However, serious incidents with a cause group other than death flagged as special cause – high in March (and correspondingly higher than usual in North Locality in February and March). Further analysis indicates that, at this stage, there are no initial underlying themes or links but the cumulative impact of slightly higher than usual incidents.

- Learning from serious incident investigations is discussed in the SI panel and at the Trustwide Safety Group (TSG). Actions are agreed to address all the issues raised. In addition, all reviews with significant findings are given oversight at the executive team meeting.

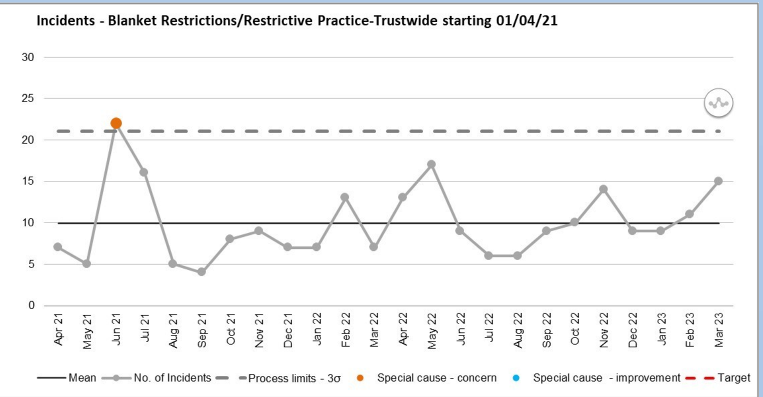
Reviews of Deaths	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Deaths Reported into the LeDeR process	8	13	22	13	16
Complex Case Panel – No. Cases Heard	2	0	4	0	0
Prevention of Future Death Reports Received (Regulation 28)	0	1	0	0	1*
Full StEIS Reportable Serious Incidents	12	19	12	9	16
LAAR's	42	37	42	58	46
Non StEIS Reportable Serious Incidents	2	4	1	5	1
72 Hour Reports	29	31	20	20	32
Mortality Review	40	20	33	19	38
% of Serious Incidents closed within 60 days	72%	63%	67%	52%	92%

The above incidents are deaths that have been formally reviewed in line with CNTW review levels. The total does not reflect the numbers of Serious Incidents (SI's) as per the NHS Serious Incident Framework definition of an SI. That definition is only applicable to the Ful StEIS reportable Serious Incidents.

**A Prevention of Future deaths report (Regulation 28) was received by CNTW from HM Coroner Sunderland on 2nd February 2023. CNTW responded via the Executive Medical Director within the expected 56-day timescale on 1st March 2023. Information and evidence was provided as assurance in response to Coroners Concerns.*

Section 3:

Blanket Restrictions/Restrictive Practice



- At Trust level, reported blanket restriction and restrictive practice incidents have been in line with common variation in reported incidents month on month during quarter 4.

- Reported blanket restriction and restrictive practice incidents have also been in line with common variation across all localities during the period.

Section 4: Positive and Safe

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total	Variance Jan_23	Variance Feb_23	Variance Mar_23
Restraint	655	873	837	878	1156	813	791	686	585	832	913	792	9811			
Prone	111	119	94	122	135	110	93	87	85	90	100	119	1265			
Seclusion	92	121	115	134	123	112	115	105	114	120	99	93	1343			
Assaults on Staff	363	414	452	465	446	404	446	402	370	586	481	524	5353			
MRE	32	32	25	16	16	12	4	11	20	22	11	13	214			
Self Harm	1023	1123	990	1081	1325	972	1032	1091	818	983	1079	1047	12564			
VA	1275	1523	1550	1542	1759	1437	1515	1404	1420	1722	1740	1752	18639			
Total	3551	4205	4063	4238	4960	3860	3996	3786	3412	4355	4423	4340	49189			

- As mentioned elsewhere in the report, further analysis is currently underway looking at the underlying causes and any themes in relation to violence and aggression incidents. Trust wide Safety Group (TSG) has oversight of this work.

- Results of Teen SleepWell pilot presented to TSG in March. Teen SleepWell follows on from the successful SleepWell programme that has been available in adult wards since 2018. SleepWell aims to improve night-time sleep on inpatient wards to help support mental health recovery. The programme makes positive changes to the Ward environment and improves staff understanding of sleep through training and education. A 6-hour protected sleep period can then be introduced for some service users who have been on the Ward a minimum of 72 hours and following a sleep risk assessment and MDT sign off.

➢ Four Children and Young People's wards in the Trust were involved in the Teen SleepWell pilot. The benefits to service users were an individualised approach to sleep rather than a blanket approach to hourly night-time checking. Benefits for service users with specific sensory needs were also noted. This was as a result of less night-time noise and light which could be overwhelming for a service user with a diagnosis of Autism, for example.

➢ Wider roll out of the Teen SleepWell programme now hoped for across all suitable Wards.

Section 5: Long Term Segregation and Prolonged Exclusion

The number of patients in long term seclusion (LTS) and prolonged seclusion (PS) during quarter 4 are shown in the table:

	Jan 23	Feb 23	Mar 23
Long Term Seclusion	10 patients (11 episodes of LTS)	12 patients (13 episodes of LTS)	10 patients (10 episodes of LTS)
Prolonged Seclusion*	10 patients (11 episodes of PS)	6 patients (6 episodes of PS)	9 patients (9 episodes of PS) *NB.no data collected for the last 2-weeks in March 23*

**Data on e-seclusion records on RiO. Only those episodes of prolonged seclusion as of 08:00 every Friday morning are included in the figures. Prolonged seclusions commencing and ending prior to the 08:00am cut-off are NOT included.*

Patients currently in LTS (as of 1st April 2023):

➢ Embleton – 1 segregation ongoing (commenced in 2022).
➢ Riding – 2 segregation ongoing (one commenced in 2023, one in 2021).
➢ Mitford – 2 segregations ongoing (one commenced in 2022, one in 2018).
➢ Redburn – 1 segregation ongoing (commenced in 2023).

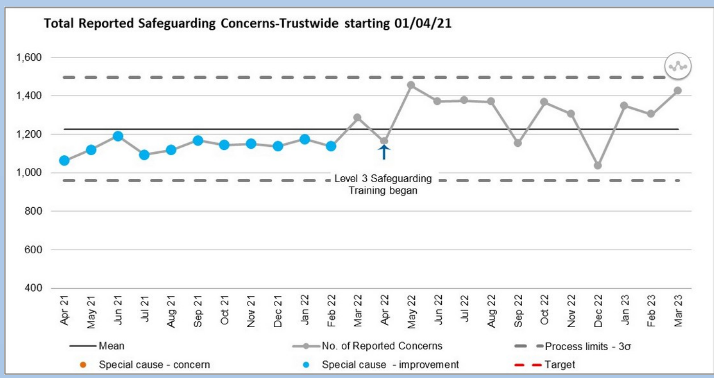
Patients currently in Prolonged Seclusions over 1-month in duration (as of 1st April 2023):

- Rose Lodge – 1 seclusion in LTS area continues (seclusion commenced February 2023 in 2022)
- Alnwood – 1 seclusion in LTS area continues (seclusion commenced January 2023 in 2018)

LTS/PS - Key Points:

- During Q4 cases were reviewed by the LTS & PS Panel. This included a further review of all Independent Clinical Treatment Reviews (ICTRs).
- LTS Panel methodology refreshed to support the direct involvement of patient and family member/carer at Panel meetings.
- Each LTS case is actively supported with internal HOPE(S), this involves training, completion of a Barriers to Change Checklist, development of intervention targets, supervision and practice leadership.
- National HOPE(S) Team supporting cases at Mitford and Alnwood. 2 other cases (Mitford and Rose Lodge) referred and awaiting national input.
- 2 patients in LTS at Alnwood CYPS service are now over the age of 18 and awaiting placement in age-appropriate services. LTS &PS Panel has escalated these cases to the Provider Collaborative.
- HOPE(S) training continued to be rolled out across the Trust in Q4. HOPE(S) awareness training delivered to 450 staff in inpatient teams and HOPE(S) 2-day Barriers to Change training delivered to 68 staff in inpatient teams.

Section 6: Safeguarding and Public Protection (SAPP)



SAPP - Key Points:

- Number of reported incidents at Trust level in line with common variation month on month during quarter 4.

- At locality level, North Cumbria locality reported safeguarding incidents flagged as special cause – high during March.

- This is linked to safeguarding children patient on patient concerns which flagged as special cause – high during both February and March. In particular this was at Lotus Ward. Incidents arose as a result of one young person demonstrating high levels of violence and aggression, including towards other young people on the Ward, during this time.

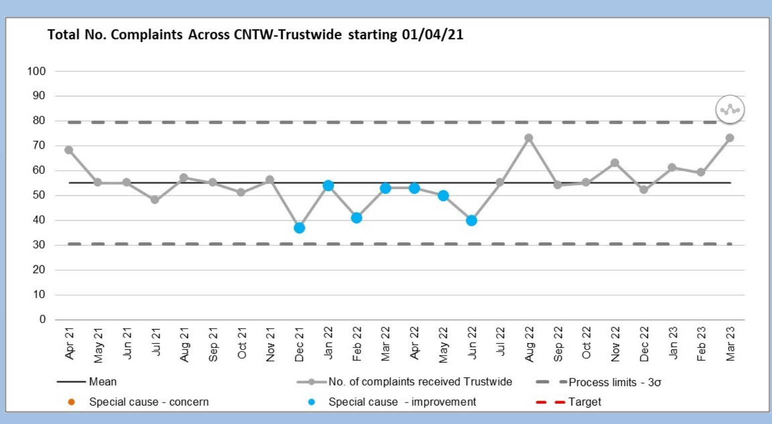
SAPP Training

Safeguarding Level	Compliance % as at end Dec 2022 *(target 85%)*	Compliance % as at end Mar 2023 *(target 85%)*
Adults Level 1	92.4%	95.4%
Adults Level 2	84.9%	86.9%
Adults Level 3	65.1%	75.7%
Children Level 1	92.3%	95.3%
Children Level 2	79.2%	82.8%
Children Level 3	70.8%	79.5%

SAPP Training - Key Points:

➢ Training compliance at level 3 has been further increased as at the end of quarter however fell short of the 85% target as at the end of March 2023.
➢ SAPP training continues to be offered via Teams twice a week.

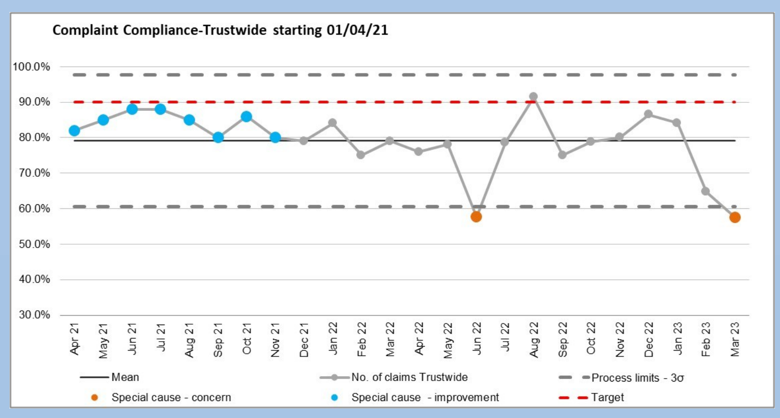
Section 7: Complaints



Complaints - Key Points:

➢ At Trust level, complaints during quarter 4 remain within common variation in the number of complaints month on month.
➢ The same is true for all localities with the exception of South locality, where complaints received flagged as special cause – high during March. However further analysis has identified this is the cumulative impact of slightly higher than usual complaints received across all South CBU's and a range of complaint categories rather than being attributable to one specifically.

Complaint Compliance



Complaint Compliance – Key Points:

➢ Average Trustwide complaint compliance was 68.8% in quarter 4 (consistently below the target of 90%).

- This is in line with common variation in compliance rate during January and February but triggering a special cause – low in March. Compliance across all localities remains variable.

- A key underlying factor in the lower compliance rates seen in quarter 4 is ongoing lower capacity in the complaints team due to long term sickness and staffing vacancies. Workforce support has allowed for progress to be made, one vacancy has been recruited into another post is out to advert and a period of fixed term support has been secured and is in place now.

- A review of the CNTW complaints process and resource is currently underway.

- Complaint compliance will now be scrutinised via TSG.

- Localities have been reminded to request extensions in advance of the response date, as once that date has passed an extension cannot be granted and the complaint shows out of time. This lowers the monthly compliance rate.

Section 8: Public Health and Wellbeing

QUIT Team

Total Referrals Oct 22-Mar 2023	Total First Attended Contact Oct 22-Mar 2023	Tobacco Care Plan outcome at 28 days
518	398	CO confirmed quit: 5 Self-Reported (only) quit: 2 Confirmed current smoker (no quit): 10 No record: 381*

Of those patients who have had at least 1 attended contact.

QUIT Team – Key Points:

- Of those who did not have an attended first contact following referral (120) during the period, 36% declined further support or refused to engage. A further 18% were inappropriate referrals and 29% discharged from the Trust prior to the QUIT team being able to make contact.

- Workflow recently altered so that a referral is automatically generated to the QUIT team when a patient is admitted to an inpatient ward unless they are a non-smoker. This is to ensure that patients that initially decline or refuse at the point of admission due to being too unwell can be further followed up with the team at a later point.

- The QUIT team have developed training to support and build confidence in staff in the enforcement of a smoke free policy. Uptake to date has been low but the team looking to increase this for future cohorts.

- Pilot has commenced in 7 Wards within the Trust allowing patients to vape in all areas of the Ward in some cases and in their bedrooms on other Wards. This aim is to improve patients' experience of vaping so that they are less likely to smoke. Further updates on the pilot will be provided within this report.

- The QUIT Team are currently engaged in a QuITT (Quality Improvement in Tobacco Treatment) Project (aligned to the national Tobacco Treatment Collaborative) involving 3 Wards at Hopewood Park. The aim is to increase the number of patients in mental health inpatient Wards receiving smoking cessation treatment. This is in line with the NHS Long Term Plan and tackling tobacco dependency in as a step in reducing heath inequalities experienced by people with severe mental illness.

Tissue Viability – Key Points:

- The MESI diagnostic tool is now embedded in the Trust and continues to result in more successful and timely diagnosis of arterial disease enabling more patients to benefit from leg assessments with enhanced treatment and outcomes as a result. A standardised leg assessment form has now been added to the toolkit, with the Trust being within the national 2-week target for completion.

- A burn referral pathway is now established in the Trust enabling more patients to be treated in-house without needing to be transferred out to Acute Trusts. Following on from successful establishment of the pathway, work has been initiated with CNTW Academy to develop a First Aid of Burns and Major Haemorrhage training module with a view to being included into self-harm package of care training.

- Work is ongoing to develop a Trustwide link nurse programme identifying staff from the Wards to be a link between the Tissue Viability Nurses and the Ward through teaching and seminars.

Health Screening

Q4 22/23	Total No. Patients Eligible	Total No. Eligible Patients who accepted the Screening	Acceptance Rate	Total No. Eligible Patients who declined the Screening	Declined Rate	Total No. Eligible Patients who were discharged prior to being offered the Screening	Discharged Prior to Offer Rate	Total No. Eligible Patients who have not yet accepted or declined Screening	Pending Rate	Total No. of Positive Screening Results	Total No. of Negative Screening Results
Bowel Screening	16	1	6%	1	6%	4	25%	10	63%	0	1
Breast Screening	24	9	38%	1	4%	4	17%	12*	50%	0	9

**No. waiting for screening appointments – please see key points below*

Health Screening – Key Points:

- The breast screening programme (BSP) pathway launched across the Trust in October 2022.
- Number of patients still awaiting breast screening appointment linked to staff sickness in North locality screening hub. Now resolved but there was a delay in receiving appointments for patients as a result.
- The bowel cancer screening programme (BCSP) pathway is operational in all Trust areas except North Cumbria. This is due to difficulties engaging with the regional bowel screening hub, which is operated in Rugby rather than Gateshead. Ongoing work is taking place to establish this pathway as soon as possible.
- Identified that a high number of patients eligible for the BCSP have not had their RiO notes updated to reflect whether the patient has accepted/declined/been offered screening. Work is being done to highlight the importance of this to staff.
- The next long-stay inpatient screening pathway to launch will be the Abdominal Aortic Aneurysm (AAA) Screening pathway. This will start once the Data Protection Impact Assessment (DPIA) has been approved by the Information Governance Team.
- The Cervical Screening Programme (CSP) will be more complex than those mentioned above. A pilot is being planned with the Sexual Health Team from NuTH (Central locality) so that any changes to the pathway can be implemented prior to a full scale roll out across the Trust.

11. SAFER STAFFING LEVELS REPORT (Q4)

Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

REFERENCES

Only PDFs are attached

11. Safer Staffing Monthly Report April 2023 - Trust Board.pdf

Report to the Board of Directors
3rd May 2023

Title of report	Safer Staffing Report February 2023 data
Purpose of the report	For discussion
Report author(s)	Liz Hanley, Associate Director Nursing and Quality
Executive Lead (if different from above)	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	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	X
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	X

Board Sub-committee meetings where this item has been considered (specify date)	
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)

SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.
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).
SA4 The Trust's mental health and disability services will be sustainable and deliver real value to the people who use them.
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).
That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes (SA4.2)
SA6 The Trust will be regarded as a great place to work.
If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation (SA6).

Report to the Board of Directors
3rd May 2023

Safer Staffing Report (February 2023 Data)

Executive Summary

The purpose of the report is to provide assurance on the position across all inpatient wards within CNTW, in accordance with the National Quality Board (NQB) Safer Staffing requirements. The report includes the exception data of all wards against Trust agreed Safer Staffing levels for the period of February 2023.

- Overall, staff sickness due to respiratory illness, including Covid-related, reduced throughout February.
- Staffing pressures relating to a high acuity and complexity of need continued across adult Acute and Psychiatric Intensive Care Unit (PICU) pathways, in addition to the effects of high occupancy levels and people being cared for out of pathway. An increase in the number of incidents involving violence and aggression is identified in North Cumbria Locality.
- The presence of patients over eighteen years old in Specialist Children and Young People's Services (CYPS) required additional staffing to support safeguarding. Difficulties recruiting to CYPS posts have been identified, particularly with reference to band 6 posts.
- Temporary staffing was engaged to address staffing pressures, with the support of Staffing Solutions. Focused work continued across the Trust to sustain improvements in agency staff usage.
- Nurse consultants and ward managers were only included in shift staffing establishments when absolutely necessary.

The staffing-related activity during February is summarised as:

- Daily Staffing Huddles continued to be held, ensuring that staffing issues were addressed at the earliest opportunity.
- Seven Internationally Educated Nurses took up post across the Trust: five in Central Locality and two in North Locality.
- A bespoke marketing campaign through social media and local press adverts for bank workers in North Cumbria Locality was in place.
- The information from the implementation of the Mental health Optimal Staffing Tool across In-patient and older person's ward was collated for further analysis. Wards 3 and 4 at Walkergate Park Hospital used the older persons' MHOST descriptor; Gibside ward used the Low Forensic/ Rehabilitation ward descriptor when implementing the MHOST safer staffing tool. It was agreed that implementation of MHOST on the secure wards prior to the move to the new Sycamore Unit would be beneficial, to provide baseline information.

To support strategic staffing developments, the Recruitment and Retention Task Force has prioritised activities falling from the Executive Director specific work streams:

- Recruitment: Rajesh Nadkarni
- Retention: Ramona Duguid
- New Roles: Gary O'Hare (to 31.3.23)
- Terms and Conditions: Lynne Shaw

The Recruitment and Retention Task Force met in February and March 2023. Meetings are currently suspended to enable a review of corporate recruitment meetings to be undertaken.

Recommendation/summary

To receive the executive summary and locality data attached noting information and assurance to manage current staffing pressures.

Purpose of this report

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels.

The exception reporting is via a RAG rating that identifies the following categories:

- **Red** for any ward under 90%
- White for within range
- **Green** for wards over 120%
- Blue maximum safe staffing levels

The content and format of this report is currently under review and a Trust-wide workshop is arranged for 20.4. 23, through the Strategic Values Based Recruitment Group, to consider the following questions:

- What do you think is essential to include in the Safer Staffing Report to provide meaningful information about staffing levels (in addition to the specific requirement to provide Care Hours Per Patient Day, planned and actual, for registered and non-registered nursing staff)?
- How do you think the acuity (safer staffing tools) information should be presented?
- What do you think would improve the accessibility/ readability of the report?

An update will be provided to the Quality and Performance Committee on the outcome of the initial workshop and the planned next steps.

North Cumbria Locality

North Cumbria CBU has 12 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Ashby	77.89%	160.72%	111.96%	141.58%	Current observation levels: Seclusion – 1x 1:1, Eyesight – 2x 1:1 Current staffing levels: Staffing establishment is diminished due to vacancies, sickness, maternity and staff suspended. Vacancies: 2x Band 6, 2x Band 5, 6x Band 3 Maternity: 1x band 6, 3x band 3 Seconded to another service: 2x band 6, 2x band 3 HR investigations: 1x Band 3 Long Term Sickness: 1x Band 3 Due to the number of qualified nurse vacancies the ward manager and lead nurses work in the numbers to cover shifts and provide support.
Lennox	73.30%	131.16%	109.32%	264.13%	Current observation levels: Eyesight observation – 1x 1:1 & 1 x 2:1 Current staffing levels: Staffing establishment is diminished due to vacancies, sickness, maternity and staff suspended. Vacancies: 2x Band 6, 16x Band 3 Maternity: 1x band 5, 3x band 3 HR investigations: 2x Band 5, 1x Band 3 Secondment to another service: 1x band 7, 1x band 6, 4x band 3 Due to the number of qualified nurse vacancies the ward manager and lead nurses work in the numbers to cover shifts and provide support.
Redburn Unit	84.64%	120.73%	62.80%	124.03%	Nursing Vacancies: 5x Band 6, 2x Band 3 Sickness Absence: Sat at 12.27%, 1x LTS Band 5, 1X LTS Band 3, 3x Band 3 STS Workforce: 1x Band 3 Non-Clinical, 4x Nursing associates, 1x Nurse apprenticeship, 1x Maternity leave Additional Need: High level of ward acuity and clinical need / observations
Riding Unit	105.44%	112.75%	97.09%	163.89%	Nursing Vacancies: 4x Band 6, 2x OVER Band 5 Sickness Absence: Sat at 8.01%, 2x band 3 LTS, 1X Band 4 LTS, 3x Band 5 STS, 1XBand 6 STS, 5X Band 3 STS Workforce: 3x Band 3 Suspended, 1x Band 3 Non Clinical Mutual Aid: 2x Band 3 temp transfer from Lennox Additional Need: Staffing levels above budget
Edenwood Unit	76.75%	154.76%	75.63%	185.83%	Nursing Vacancies: 1x band 6 Sickness Absence – Increased from 1.21% to 2%, Long term absence – 1 x Admin Short term absence Staff Nurses:- X 2, Short term absence Healthcare: - X 2 Additional Need: Running Days 5 night 5 from 6th February, this is an increase of 1 x HCA

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					each shift due to significant acuity around a male patient and increased tertiary intervention and length of intervention
Hadrian 2	86.42%	85.48%	53.24%	171.14%	Vacancies: 6x Registered Nurses, Short listed for a band 5 OT, Short listed for a 1x band 6, Planning Interviews Sickness Absence decreased from 10.48% to 7.5%: 1x HCA on long term, 1x HCA short term absence, 1x short term absence - activity coordinator, 1x RMN short term Additional Need: Increase in acuity and the requirement of seclusion on occasion to manage risk behaviours.
Hadrian Ward	89.96%	139.64%	53.24%	220.58%	Vacancies: x 6 band 5 vacancies, shortlisted for x1 band 5 sports therapists. Band 5 OT has commenced employment. X1 international nurses re sitting OSCE X1 International nurse waiting for NMC PIN X1 staff returned from suspension. X1 OT assistant has resigned. Sickness decreased from 13.75 to 10.26%: Short term absence only Additional Need: We have had x 2 seclusion during February x 1 transferred to seclusion from the north east. High levels of acuity. X1 eyesight observations. x 1 Intermittent observations. Staffing early 6, late 6 Nights 5
Oakwood Ward	81.33%	135.24%	106.49%	144.52%	Vacancies: 0 Sickness absence increased from 9.66% to 13.69%: X5 HCA short term absences, X5 RMN short term absence, X1 RGN short term absence, X1 RMN long term absence, X1 HCA long term absence. X2 Reasonable adjustment plans in place currently subject to review by Occupational Health X2 HCA restricted clinical duties due to health vulnerabilities. Additional Need: Safe staffing level data evidence the staffing model was maintained. Staffing levels continued as 5/5/4 overall. X2 patients were requiring increased Nursing care supported by staff to have bespoke support at home as the least restrictive option and to inform us of their care needs. These periods of overnight leaves would require up to 4 x daily visits from staff. X1 Patient presenting as a high risk of falls, alongside poor dietary/fluid intake - requiring highly skilled nursing management and frequent periods of 1 to 1 time throughout the day and night.

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Hospital appointments continued with staff escorting patients as required. OT home assessments continued Leadership team were readily accessible to provide responsive support where required as 2nd qualified. Wider site support also planned for daily, facilitated on daily staffing calls, reduction in agency use continues. Team utilised full staffing resource to be included into safer staffing model where required, WM reviews and plans for this in accordance to changing clinical needs.
Ruskin Unit	64.67%	111.90%	114.09%	144.52%	Vacancies: 1 band 6 RMN vacancy, 1 band 5 RMN working on another ward on return from suspension, 1 band 5 working non-clinically pending fact find investigation, 1 band 5 commenced maternity leave, 1 band 5 returned from restricted duties (physical health related) Sickness absence increased from 12.67% to 16.51%: 1 HCA absent due to injury, Band 4 AP in OT long term absence, Band 3 AF sickness post op. 3 x HCA returned to work. 0.6 WTE HCA suspended. 1.6 WTE HCA on maternity leave Additional Need: Working on increased staffing of 8/8/6 due to clinical acuity/enhanced observations 3 patients high levels of violence and aggression 2 patients high risk of falls 2 patients high level of complex physical health needs
Yewdale Ward	81.33%	177.52%	63.53%	411.63%	Nursing Vacancies (Feb 2023): B5 0T and Activity facilitator. Sickness absence increased from 9.95% to 14.13%: 4x HCA absent, 3x Registered nurses absent, 2x Peer supporters absent. Additional Need: Days require 7 staff, Nightshift 6 until till mid Feb when Increased to 8,8,6 to allow staff to have breaks from challenging patient due to burnout and injuries. Numerous enhanced observations and fluctuation WES with one patient. Challenges also with patient in 136 requiring police input.
Lotus	93.65%	83.97%	85.13%	137.04%	Nursing Vacancies: 1x Band 5, 1x Band 7, 1x band 3 Sickness Absence: Sat at 14.54%, 1x band 3 LTS, 1x band 5 LTS, 2X Band 3 STS Workforce: 1x apprenticeship, 1x nursing associate training Additional Need: High Clinical acuity on night duty due to patient mix.

North Cumbria
Adult Inpatients:
During the month of February, staffing pressures experienced in all pathways, particularly within the Older Adult pathways and Acute pathways.

Sickness absence within inpatients as a collective had remained static with a slight reduction from 7.9% to 7.5%. Noted increases in absence on Yewdale of 5%, Ruskin 4% and Oakwood 4%. Ruskin had a declared Covid outbreak towards the end of February which impacted significantly on staffing pressures.

In addition, high levels of acuity were experienced within all pathways with an increase in incidents of violence and aggression on Yewdale, Hadrian 1, Hadrian 2 and Edenwood.
Seclusion was required on 5x occasions within adult acute pathways prompting enhanced resource to safely mange in line with policy
Edenwood incident data increased by almost 50% with 72 incidents relating to 1x gentleman. The team have ensured that formulation and professionals meetings are being undertaken regularly to understand this presentation and ensure his needs are being met.

H1 refurbishment is complete, and the team and patients have been able to safely relocate into their new ward. Outstanding works have commenced within the remaining part of the building.

We continue to work with teams in attempting to reduce the use of bank and agency with some progress and have forecasted for subsequent months to enable robust planning.

We continue to have a daily staffing/sitrep meetings at 10am and 4pm attended by ward managers, Clinical Managers, Associate Nurse Directors and Associate Director to monitor staffing across site and gain a greater understanding of projected needs for the week. Staffing solutions representatives attend the 10am meeting where possible to enhance cover options in a timelier fashion thus resulting in processes becoming more lean.

Nurse consultants, clinical managers specialist nurses and ward managers continue to ward base to scaffold cover to wards.

Specialist CYPS CBU:
Redburn is unable to work to registered nurse safer staffing due to 5 registered vacancies and 1 B5 on long-term sick leave. These deficits have been backfilled by B3 nurses' day and night. Night duty continues to sit around the 50 /60 % due to only working with 1 registered nurse however, at time they are able to support with a preceptor nurse as part of their development.

Lotus increased there B3 nurses on a night duty as their clinical activity and incidents increased on a night shift. This is reflected in the safer staffing data.

Both Lennox and Ashby continue to have patients who are out of pathway and over 18 years old which automatically requires them to be on eyesight observations due to safeguarding. Lennox have been able to successfully end LTS for a patient on the ward however, as part of the stepping down process they will be nurse on 2:1 engagement for a period of time.

Daily staffing huddles are at 11am Monday to Friday with Clinical Managers, Associate Nurse Directors and Ward Managers present. This is to discuss and monitor staffing levels within our inpatient services; we look at how we can support each ward internally.

North Cumbria Locality Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Dietitians	5.9	2.25
Speech and Language Therapists	2.0	5.35

Recruitment & Retention:

Adult Inpatients:

We continue to be proactive in sourcing opportunities to recruit and retain our workforce.
In recent allocation events, we have aligned 4x HCAs to inpatients, however when contacting to offer posts they have advised they want night shift contracts therefore ongoing discussions to consider bank as an option.
We have short listed for a band 5 Occupational Therapists, and band 6 registered nurse posts across site and are planning Interviews.
Recently the ward manager on H1 handed in her notice period and therefore will be advertising for a further ward manager.
We continue to work closely with our preceptor nurses and international nurses to up skill and develop.

Specialist CYPS CBU:

SCYP continues to be proactive in recruitment and retention within the service and are active in recruitment / job fairs locally and further afield.

Hot spots continue to be Ashby, Lennox and Redburn requiring several registered and non-registered nurses.

Redburn has three B6 vacant posts, an advert went out but unfortunately, we were unsuccessful in shortlisting. The advert will go back out however, we have had a number of B5 applications, and we plan to interview in the next few weeks.

Ward manager on Riding was successful in a Clinical Manager post in North locality, therefore an advert will be put out for a new ward manager.

Developments:

Specialist CYPS CBU:

The Clinical Model Review has been agreed by the Trust board, all new will now start for the further environmental changes to wards to meet the needs of the Young People and the pathways. Staff consultation will start in May on the Medium Secure Unit: the move date continues to be September 23.

North Locality

The North CBU has 10 inpatient wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Alnmouth	75.84%	221.65%	0.00%	153.18%	Increased use in registered nurse agency backfills for preceptee gaps on days and nights due to their skill base/ inability to take charge. High escorts out to acute trusts with ingestions of items required increased observations.
Bluebell Court	105.96 %	98.51%	94.05%	53.10%	Staff sickness has impacted on reduced fill rate; 2 x long term sickness, x3 short term sickness.
Embleton	107.44 %	226.44%	68.03%	115.54%	Increase in unregistered staff numbers due to zonal presence to assist ward safety. Increased acuity has required increase in eyesight observations and long-term segregation observations. Registered nurse gaps caused by sickness on nights have been filled with Night Side Co-ordinator and agency.
Hauxley	88.43%	53.65%	102.80%	95.51%	2 registered nurse gaps have been covered by specialist nurses, skill mix across sit, bank/agency use. Sickness, maternity leave, and escorts to Acute hospital 24/7 for 10 days and escorts to Cumbria out of locality have impacted on staffing requirements.
Kinnersley	79.74%	148.78%	103.00%	151.11%	Kinnersley had both Registered and unregistered sickness. Increase in observation levels required additional staffing. 2 x band 3 nurses on apprentice programme so reduced shifts on ward.
Newton	90.55%	185.00%	39.21%	183.41%	Increased unregistered use to support Long Term Segregation, increased observations, and escorts to acute hospitals. Unregistered vacancies are filled with agency.
Warkworth	80.00%	234.80%	47.37%	114.13%	Registered agency used to fill days/nights due to the number of preceptee nurses unable to take charge. Ward specialist nurse has also supported fill rate, but it doesn't show on TaER. Increase in unregistered staff to support observations due to safeguarding concerns.
Woodhorn	83.57%	277.32%	64.50%	115.49%	Impact on registered gaps due to long term sick, maternity, and vacancies/ Gaps. Covid outbreak on the ward started 12.2.23 impacting on 2 regular bank and X 3 substantive staff sickness. Increase in observations and training has required additional unregistered cover. Gaps covered by skill mix across site, Band 5 bank/agency.
Mitford	87.66%	104.51%	55.31%	91.11%	Most shift currently running on one Registered Nurse or Agency due to vacancies and registered staff sickness.
Mitford Bungalows	209.63 %	92.36%	130.90%	86.40%	Registered staff have doubled at times, but second nurse is a preceptee and can't take charge. Reduction on night unregistered cover due to some sickness and a number of staff currently on alternative duties

North Locality

Significant staffing pressures continue to be experienced by all inpatient areas due to vacancies, sickness, staff on non-clinical duties and increased acuity on wards required additional staff to ensure the safety of all is maintained. Bank and agency staffing continue to be used to ensure safer staffing numbers.

Staffing meetings continue Monday-Friday within all clinical areas; daily within Autism services and twice daily at St Georges Park to enable close monitoring of service needs, shortfalls within teams, protocoling between wards/ hospital sites to maintain safer staffing within each clinical area.

Group Directors hold weekly meetings with the CBU's to have a clear understanding of the pressures within the clinical areas, weekly monitoring systems are in place to request staff and ensures authorisation has been sought.

Covid outbreak on 1 ward and additional covid monitoring of 4 other wards was a pressure throughout February coupled with ongoing increased levels of service user need continued to require robust safeguarding monitoring necessitating enhanced observations, swaps between wards/ localities. Pressures on services are increased with increased demand for bed and out of pathway admissions which impacts on ward safety, managing a combination of secure care risk profile, enhanced physical health monitoring, and supporting the needs of neurological diagnosis continues to be an ongoing challenge for services.

The Learning Disability and Autism CBU saw a very slight reduction of 0.12%, sitting at 13.62% in February; Mitford Bungalows saw improvements across the month with sickness and absence, yet Mitford saw a further reduction.

North inpatients CBU saw a decrease of 1.49% over February with a recording of 9.02%, there was an increase Covid absences across all clinical areas, however affected Woodhorn in particular with a recorded outbreak. Acute wards saw a significant improvement over February with some additional impact showing in flexi-pool and night pool.

There are ongoing plans in place with workforce to support staff, the well-being hub continues to be a great asset to ward managers ensure prompt referral into appropriate support services.

North Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	**Vacancies**
Physiotherapists	Band 7 - 1.9 wte Band 6 - .64 wte Band 5 - 1.0 wte Band 4 - 2.0 wte **5.54 wte**	
Occupational Therapists	20 staff	1 x B5 – international recruitment to move to CYPS B5 vacancy (from Bluebell) EOI to go out for 6 month B6 backfill for MH
Speech and Language Therapists	Band 7 - 1.0 wte (Central SALT budget) Band 6 - 1.0 wte (funded specifically by the North) Band 5 -1.0 wte (funded specifically by the North) Band 4 - 0.4 wte (Central SALT budget) **3.4 wte**	1.0

Psychologists	18	1 x 0.6 band 7 Art Therapist appointed, starts 4/4/23.
Admin	31 (as at 3/4/23)	2x B5 Medical Assistants (start 17 April) 2 x B3 Secretary (interviews 4 April) 0.6 B3 Ward Admin returns 17 April
Dietitians	0.8	1.3

Recruitment & Retention:
All vacancies continue to be advertised of to fill vacant posts; 1 person identified continues to co-ordinate across each CBU to improve timeliness of the process. Bespoke adverts continue to be used to enhance will rate, often with poor response, many positions being advertised multiple times with no or few applicants for activity workers and clinical team lead positions. Night pool registered nurses continues to be really difficult to recruit into leaving pressures across site with night side co-ordinators having to be ward based.

International nurses continue to be an integral part of the registered workforce within the North Locality, there has been a reduction in allocation due to changes in circumstances and withdraws from conditional offer. The North CBU now have 20 International nurses all at different stages of their career; 5 MH nurses successfully signed off preceptorship and 9 nurses practicing under preceptorship (2 MH 7 RGN). We have 4 RGN nurses awaiting OSCE exams to enable NMC pin allocation and 2 additional RGN nurses due to start employment in the coming months. 13 of the international Nurses are General Nurses so consideration has to be given to ensure there are adequate numbers of take-charge nurses within each ward. In addition, we have 2 International occupational therapists have also been supported to join the North locality at SGP to enhance the therapeutic service offer.

Vacancies within North Inpatients CBU still carries (for 8 wards); 6x B6, 12.88 B5, 3x B4 and 25.5 B3. Learning Disability and Autism CBU vacancies consist of (for 2 wards); 1x B6, 7x B5, 60x B3, bespoke adverts have been authorised to focus on the specialised area of nursing.

Developments:
Plans to explore skill set of all staff are being explored to outline CPD opportunities and maximise the use of individual's areas of practice Nurses of varying disciplines continue to look at creative ways to share knowledge of organisational opportunities with pupils within local high schools; they have plans to attend a vast number of local high schools in the coming months at open evenings and morning assemblies.

Part B of the accredited learning for the new preceptorship programme is about to take place for 2nd roll out.

To showcase all roles within the mental health field some of the specialist nurses, are planning to deliver a bespoke session within one school to showcase a day in the life of a patient to showcase which professionals they could expect to come into contact with whilst promoting the varied roles within CNTW.

Plans to have an operational and clinical B7 on each ward to strengthen the leadership is now fully recruited, although not all in post on each ward yet it is a much-improved picture moving into 2023.

Business support manages have commenced employment to support CBU running with operational task/ project work – success will be monitored.

Plans to have a recruitment event at SGP are being discussed with communications team to focus on all vacancies; nursing, AHP, admin, staffing solutions. Dates scheduled for March to do photo shoot/ video of staff who work in the locality to promote the event.

Bespoke adverts are being planned to link directly with Northumberland College (Ashington) to focus initially on Autism Service inpatient Health care support worker positions and then will focus on SGP Activity worker and Health care support workers.

Central Locality

Central Locality has 18 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aidan	69.61%	143.80%	88.53%	105.92%	Vacancies: B6 x 1, B5 x 2 & 3 awaiting start dates, B4 x 1 – awaiting start date, B3 x 4 – 1 awaiting start date Sickness Absence: 1.8% ▼ Bank and Agency Use: B5 – 0.41wte ▲, B3 – 6.13wte ▼, Agency B3 – 1.18wte ▼
Akenside	81.97%	106.17%	89.32%	112.30%	Qualified sickness noted and current vacancies requiring back fill. For next financial year work being done surrounding level loading of AL.
Bede – Collingwood Court	95.63%	329.50%	68.02%	199.81%	2 x B6 WFH, 1 x B5 WFH 1 X B6 suspended, 2 x B3 suspended 1 x B3 non clinical Increased OT, agency and Bank to backfill gaps
Castleside	50.25%	184.63%	87.56%	230.42%	Noted gaps within qualified cover- current vacancies being advertised. High levels of observations requiring support from bank and agency usage. 2 x LTA Increase in annual leave over the full month.
Cuthbert	57.00%	110.04%	76.05%	94.44%	Vacancies: B5 x 5, B4 x 1, B3 x 2 Sickness Absence: 0% ▼ , Cuthbert Annexe 0% ▼ Bank and Agency Use: B5 – 0.07wte ▲, B3 – 1.77wte ▼, Agency B3 – 0.98wte ▲
Elm House	79.48%	114.13%	118.23%	98.27%	1x Band 5 sick (1/52) 2x Band 3 sick (1/52)
Fellside	71.55%	258.37%	106.40%	242.86%	Gaps within qualified vacancies. X3 staff currently suspended requiring back fill. AL cover required- ongoing work being completed surrounding level loading for net financial year. Acuity levels at times high increasing requirement of bank and agency to support it hobs.
Lamesley	79.09%	495.66%	102.52%	388.40%	Qualified Sickness and AL noted. Extremely high levels of observations including 1:1, 2:1 and seclusion- x 1 patient care planned for 2:1 at all times due to safeguarding. Agency and bank required to backfill gaps and high levels of obs.
Lowry	91.33%	439.69%	84.34%	367.15%	High levels of acuity +++ and increased nursing observations throughout this period at times working on x 4 eyesight and increased intermittents. Due to high levels of observations, sickness absence and AL- agency and back fill required.
Oswin	54.93%	88.86%	90.81%	104.18%	Vacancies: B6 x 1 to go out to advert, B5 x 1 & 2 awaiting start dates, B3 x 2 Sickness Absence: 4.25% ▼ Bank and Agency Use: B3 - 0.88wte ▲, Agency B3 - 1.04wte ▼

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Willow View	90.14%	187.28%	91.42%	147.59%	Increased observations requiring cover- no current vacancies.
KDU Cheviot	54.65%	265.93%	94.06%	374.50%	Vacancies: B6 x 1, B5 x 5 Sickness Absence: 23.78% ▼ Bank and Agency Use: B5 – 0.43wte ▲, B3 - 2.38% ▲, Agency B3 – 18.05% ▲
KDU Hadrian	47.09%	155.67%	103.65%	101.84%	Vacancies: B5 x 2 Sickness Absence: 2.49% ▲ Bank and Agency Use: B3 – 0% ►, Agency B3 - 0.21% ▲
KDU Lindisfarne	74.01%	173.87%	90.64%	222.40%	Vacancies: B5 x 5 Sickness Absence: 5.42% ▼ Bank and Agency Use: B5 – 1.38% ▲, B3 - 4.88% ▼, Agency Band 3 – 2.71% ▲
Tweed Unit	74.37%	167.36%	118.50%	175.99%	Vacancies: B5 x 3 HBR: B5 x 3 Sickness Absence: Low Secure 20.2% ▼, HBR 5.98% ▼ Bank and Agency Use: B6 – 0.6% ▲, B5 – 0.65% ▲, B3 – 2.06% ▼, B3 Agency – 5.02%▲ HBR: B5 – 1.26% ▲, B3 – 0.33% ▼, B3 Agency – 0% ►
Tyne - LD Hospital Based Rehab	18.26%	236.10%	74.52%	393.90%	Vacancies: B5 x 3 2 patients reside in LTS who each have identified core team to support - increased number of unqualified staff required. Sickness Absence: 8.58% ▲ Bank and Agency Use: B3 – 0.57wte ▼, B3 Agency – 2.37wte ▲
Tyne MH Low Secure	95.55%	79.28%	96.14%	59.61%	Vacancies: B5 & 1 Sickness Absence: 10.75% ▼ Bank and Agency Use: B5 – 0.92wte ▲, B3 – 2.11% ▼, B3 Agency – 1.73% ▲

Central Locality
Inpatient Services:
High observations remain on our acute wards in particular the female wards, due to patient mix, sickness has remained high, but steadily reducing at 6.99 % due to cold and flu like symptoms and some cases of covid, leading to increased staffing needed to support safer staffing levels.
Agency use has fluctuated but remains lower than late last year due to ongoing work to challenge teams around high observation levels.
Ongoing recruitment continues and rolling band 6 advert out.
Band 3 vacancies NIL and band 5 vacancies NIL.
7 staff suspended.
2 staff none clinical – injury related

Secure Care Services:

There was a reduction in sickness absence across all wards in February with the exception of Hadrian and Tyne LD Hospital Based Rehabilitation. KDU Cheviot and Tweed continue to have high levels of sickness which has resulted in the need to use bank and agency staff to ensure safer staffing numbers. Tweed staffing levels continue to be affected by a workforce process involving a number of staff.

Central Locality Multi-Disciplinary Team Staffing Summary

	Staff in post	Vacancies
Inpatient Central CBU		
Physiotherapists	1 xB7 0.6 x B6 0.9 xB4	
Occupational Therapists	1x Band 7 Clinical Lead (secondment) 6x Band 6 Specialist OTs 2x Band 5 OTs 4x Band 4 OT Assistant Practitioners 1x Band 3 OT Assistant	1x Band 5 (unable to put out to advert whilst Kristi's post is temporary).
Psychologists	8.2wte (adult) 2.4 (OPS)	1.0wte 7 Clinical Psychologist, Willow View 1.0wte 8c Consultant Clinical Psychologist (Approved Clinician Role)
Dietitians	2.5	1.9
Speech and Language Therapists	7.3	3.0

Recruitment & Retention:
Inpatient Services:
Psychology:
- Consultant Clinical Psychologist Approved Clinician comes into post 17th April 2023.
- Band 7 Clinical Psychologist development post for Willow View to go out to advert due to vacancy arising.
- B5 assistant psychologist in OPS leaving end of March and advert out for recruitment.

Secure Care Services:
An active bespoke recruitment campaign continues. There are a high number of registered nurse vacancies across wards; 35 Band 5 nurses and 3 Band 6 nurses.

Developments:

Secure Care Services:

Secure Care continues to progress the mobilisation plan towards the move to Sycamore, the new hospital at Northgate, Morpeth, which is due to open late Mid-summer 2023.

South Locality

The South Locality has 20 wards

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
Aldervale – Meadow View	76.82%	252.61%	90.81%	237.15%	Vacancies: 1 Band 5 Staff Nurse Absence: 7.29% total in month, 1 Band 5 Staff Nurse long term Acuity/Activity: Clinical need and risk resulting in enhanced engagement and observations Escorts for medical appointments and recovery rehabilitation in the community which require staff support Patient out of pathway that requires 2-1 support
Beadnell	141.66%	106.15%	94.02%	204.10%	Increase in support staff to accommodate changing needs of ward. Twilights in use which aligns to night shift so appears numbers are increased.
Beckfield - Dene	99.43%	249.17%	109.25%	184.12%	Vacancies: 3 Band 3 Nursing Assistants Absence: 3.79% total in month Acuity/Activity: Maximum occupancy Out of pathway patients that require secure or adult acute pathways are still occupying beds on Beckfield. Seclusion intermittently used throughout the month to support high need and risk Acute Trust escorts to support physical health needs.
Bridgewell – Mill Cottage	103.16%	189.37%	101.66%	169.49%	Vacancies: 2 Band 5 Staff Nurse Absence: 5.81% total in month. Maternity leave. Acuity/Activity: Enhanced engagement and observation levels required to support physical and mental health need Mealtime support is required for 5 patients due to dysphagia risks Recovery and rehabilitation in the community that requires staff escort
Brooke House	71.97%	117.19%	86.74%	215.70%	Vacancies:0 vacancies Absence: 15.84% total in month Acuity/Activity: Use of temporary workforce is due to increased engagement and observation levels to meet need and risk.
Cleadon - Rosewood	81.11%	229.80%	102.91%	269.74%	Vacancies: 0 Absence: 11.16 total in month Acuity/Activity: Patient requiring support with physical and mental health complexities. Due to risks associated with level of need enhanced observations or care plans for

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					personal care which may take multiple staff per intervention have required an increase in safer staffing.
Clearbrook – Lower Willows	89.20%	273.07%	101.66%	262.00%	Vacancies: 1 Band 5 Staff Nurse, 1 Band 3 Nursing Assistants, 1 Band 4 Associate Practitioner Absence: 17.02% total in month Acuity/Activity: Maximum Occupancy Patients with enhanced needs requiring increased engagement and observation level. One patient is being supported out of pathway to promote recovery however requires enhanced care package (not funded). Recovery and rehabilitation in the community that requires staff escort.
Longview - East Willows	100.59%	355.48%	97.90%	163.79%	Vacancies: 2 Band 4 Nursing Associates Absence: 7.41% total in month Acuity/Activity: Above maximum occupancy due to leave beds being used Staff not PMVA trained Delays transfers of care increasing length of stay Enhanced engagement and observation levels to support need and risk Escorts to acute hospital Escorts supporting leave to facilitate recovery
Marsden	0.00%	0.00%	0.00%	0.00%	
Mowbray	95.60%	212.87%	104.33%	366.52%	Vacancies: 0 Vacancies Absence: 8.38% total in month. Maternity absence. Acuity/Activity: Enhanced engagement and observation levels to support need and risk. Risks pertain to both physical and mental health need.
Rads at Gibside	95.77%	205.51%	101.99%	207.23%	Increased B3 usage to support 1:1 personal care needs of current cohort of patients and overnight detox support.
Roker	88.96%	235.41%	101.85%	370.25%	Vacancies: 0 Absence: 11.65% total in month. COVID outbreak during February for Roker which resulted in increased staff absence. Acuity/Activity: Maximum occupancy Increased length of stay due to complexity of behaviours that challenge

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Enhanced engagement and observation levels to support clinical need some that require 2 staff to support Escort to acute Trust for physical health need throughout February Increased staff support for personal care and at mealtimes to meet dysphagia need.
Rose Lodge	69.76%	255.35%	105.17%	302.45%	Vacancies: 5 Band 5 Staff Nurse, 1 Band 6 Clinical Lead, 1 Band 3 Nursing Assistant Absence: 15.95% in total. Staff within other processes Acuity/Activity: Delayed transfers of care Staff not PMVA trained Enhanced engagement and observation levels with 2/3/4 staff support to meet need and risk. Call for help across all localities and pathways to support QLDN vacancies, however no support could be provided.
Shoredrift - Bede 1	68.90%	432.38%	101.66%	304.32%	Vacancies: 0 Absence: 0.77% in total. Maternity absence Acuity/Activity: Maximum occupancy Percentage of staff not PMVA trained increases need for additional staff Enhanced engagement and observation levels to support need Seclusion required at times throughout February to support need and risk Escort supporting leave to facilitate recovery
Springrise – West Willows	81.28%	481.11%	102.52%	395.96%	Vacancies: 0 vacancies Absence: 1.53% in total. Maternity Acuity/Activity: Maximum occupancy Percentage of staff not PMVA trained which results in additional staff being required. Enhanced engagement and observation levels to support need. Seclusion required at times throughout February to support need and risk Escorts required to support leave and facilitate recovery
Walkergate Ward 1	85.87%	68.09%	113.60%	83.03%	Vacancies: 3.36 Band 5, 0.6 Band 6, 1 Band 4, 1 x Band 2 Absences: 1 Band 5 long term absence, 4 x Band 5 short term absences, 2 x Band 3 long term absence, 1 x Band 3 short term absence Ward under occupancy for the duration of the month
Walkergate Ward 2	78.73%	96.99%	90.27%	157.46%	Vacancies: 2.88 x Band 5 Absences: 5 X Band 5 short term absence

Ward Name	Day Reg %age	Day Unreg %age	Night Reg %age	Night Unreg %age	Narrative
					Additional night staff to support acuity levels
Walkergate Ward 3	74.43%	84.06%	100.96%	165.34%	Vacancies: 2 x Band 5, 2 x Band 3 Absences: 1 x Band 5 Long term absence, 3 x Band 5 short term absence, 3 x Band 3 Long term absence, 5 x Band 3 short term absences Additional Band 3 for acuity levels on night duty
Walkergate Ward 4	56.19%	99.73%	106.39%	158.44%	Vacancies: 3 x Band 5, 1 x Band 6 maternity cover Absences: 3 x Band 5 Short term absences, 1 x Band 5 long term absence, 1 x Band 6 maternity leave Additional Band 3 for acuity levels on night duty
Ward 31A	101.83%	83.67%	94.70%	155.47%	2 x band 5 vaccines, 1 x LTS, 1 x Short term sick. Increased from 5 to 6 beds from December.

South Locality
Inpatient CBU:
In February 2023 overall sickness figures were 8.18% for the South inpatient CBU a further decline from last month. The absence varied between wards in February the lowest being Shoredrift at 0.77% and the highest same as previous month Rose Lodge at 15.95%.

All wards continue to support increased acuity of clinical need which requires additional staff resource to implement safe engagement and observation plans. There is pressure on the Adult Acute and PICU pathway, the adult acute pathways operated in February at maximum or above patient occupancy. Additional impact on the Male Adult Acute Wards and PICU is out of pathway patients who require increased support. The acuity and maximum occupancy is reflected in percentage of staff used to support the level of need.

All wards have accessed additional staffing through bank and agency to support the outlined vacancies, absence and complexity of need.

The staffing hub is daily, all ward managers attend the hubs with senior staff support and overview. The staffing hub identifies staffing levels, engagement and observations levels and total agency. This then facilitates an overall review to support areas of deficit and the temporary workforce is proportionate to meet safety. The Ward Manager role is not rostered to work in the numbers, this would only be by exception.

The vacancies with Registered Band 5 staff have reduced in South Inpatients, however the ward areas are supporting high numbers of preceptee nurses that remain on their preceptorship programme for 12 months. This excludes them being able to practice on their own for 1 year (being the only qualified on duty or doing night shift without an existing Band 5). The pressure for existing Band 5 having to complete additional night shifts has been flagged by wards.

Neuro & Specialist CBU:
All wards continue to be impacted with sickness and vacancies. Level loading across Walkergate Park and specialist wards facilitated through twice weekly huddles. Ward Manager's work into the numbers as required to meet patient need. Numbers maintained through bank, overtime and agency. Physical needs of patients at Walkergate Park remain high with high levels of acuity in personal care and mobility.

Increased numbers of staff have been required on Gibside to provide care for out of pathway admissions and detox admissions to support the wider system. The ward and the CBU continue to work closely with Bed Management to ensure patients are transferred to the correct pathway as soon as possible.

Staff absence across the CBU has increased very slightly from 6.78% in January to 6.93% in February, although inpatient sickness levels range from 0.56% (Gibside) to 14.62% (Ward 4). Ward Managers continue to work closely with PAM, staff wellbeing services and Workforce to ensure support and facilitation of return to work at earliest opportunity.

South Locality Multidisciplinary Team Staffing Summary

	Staff in post	Vacancies
Inpatient CBU		
Physiotherapists	4	0
Occupational Therapists	14	2
Psychologists	**Adult Acute:** 0.6 x 8c Consultant Clinical	**Adult Acute:** 0.8 8c Consultant Clinical

	Psychologist 2 x FTE band 5 Assistant Psychologist (PICU) 0.5 8a Psychological Therapist (leaving 31/01/2023) **Rehab: (4 wards)** 0.8 x FTE 8d Lead Consultant Psychologist 1.6 x 8a Clinical/Counselling Psychologists/Psychological Therapist (0.5 leaving 31/01/2023) 2 x FTE B5 Assistant Psychologist (ward budgets)- 1.0 leaving mid jan) **LD:** 0.6 8c Consultant Clinical Psychologist (ward budget) **OPS:** 0.6 Consultant Clinical Psychologist 1 x FTE 8b Clinical Psychologist 1 x FTE b5 Assistant Psychologist (1 FTE ward funded)	Psychologist (PICU) – interviewed and appointed candidate but awaiting start date etc (expected start date mid April) 1.0 FTE 8a (Springrise/Shoredrift) -no postholder since Jan 2022- formall vacant since April 2022 and posing significant difficulties providing cover From 1st feb- 0.5 8a Clinical Psychologist/psychological therapist (Longview) **Rehab:** 1 x FTE 8a Clinical Psychologist/ psychological therapist (Aldervale) From mid Jan – 1 x FTE band 5 Assistant Psychologist (Clearbrook)-recruitment ongoing From 1st feb- 0.5 8a Clinical Psychologist/psychological therapist (Clearbrook) **Older Peoples:** 0.4 x 8a (OPS inpatients) vacant since 1st September 2022-starting to cause difficulties without post 0.5 x B5 Assistant Psychologist on maternity leave until 11/2023-no backfill and contract ends.
Speech and Language Therapy	B7 2WTE B6 1WTE (Successfully recruited, not yet in post) B5 2WTE B4 2WTE (1 successfully recruited, not yet in post)	B5 1WTE (will become vacant when in band 6 post – internal promotion) B6 1WTE
Dietitians	1.5	1.0
Exercise Therapy	7	0
Neuro & Specialist CBU		
Physiotherapists	9.0 qualified 4.09 unqualified	0.5 Band 7 0.7 Band 6 0.4 Band 7 LTS
Occupational Therapists	7.11 qualified	0.8 Band 6 (recruited with start date at the end of Feb) 0.4 Band 6 on secondment to another team

		1.0 Band 5 (Currently covered with a temporary contract)
Psychologists	6.6	
Dietitians – Neuro	5.0	2.1
Speech and Language Therapists – Neuro	6.8	2.8

<u>Recruitment & Retention:</u>
Inpatient CBU:
Recruitment campaigns continue for the inpatient CBU, with representation on the Trust-wide Values-Based Recruitment meetings. A central recruitment campaign is now in place, an internal/external advert will continue to be advertised for Registered Nurses Band 5 and Nursing Assistants Band 3. This process continues to draw in applicants both internal and external which is supporting some of the vacancies on the wards.

The inpatient CBU have submitted Band 5 vacancies into the established international recruitment process. The majority of wards have been allocated at least one nurse from this programme pending completion of all transition requirements. The international nurses are RGN by background however all have experience with working in mental health settings. Rose Lodge have 2 international nurses that have successfully integrated within the team.

The number of Band 5 vacancies have reduced considerably due to the success of the recruitment campaigns, only vacancies in February being in Recovery/Rehabilitation and Learning Disabilities pathway.

The Nurse Consultant role is established within each pathway within the inpatient CBU.

Neuro & Specialist CBU:
Recruitment ongoing as required. International recruitment is ongoing and awaiting start dates when successful candidates are resettled in the area.

0.5 Band 7 Physiotherapist advertised with interview date 2/3/23. Awaiting outcome of Band 7 post before advertising Band 6 Physiotherapist. 0.8 Band 6 Occupational Therapist appointed to with start date of 27/2/23. Notice received for 0.7 Band 6 OT and 0.1 Band 6 OT vacancy, therefore commenced recruitment process for 0.8 Band 6, interviewed for and appointed to 22/2/23, awaiting recruitment checks. Band 5 post interviewed and appointed to 21/2/23.

<u>Developments:</u>
Inpatient CBU:
Carer supporter posts are now working onto the wards to assist carer communication and enhance the carer experience.

Additional Prevention and Management of Violence and Aggression (PMVA) sessions have been arranged by local trainers on site at Hopewood Park, this has included the full 5 day PMVA and 2 day updates. This is a rolling programme to offer quicker access to PMVA training supporting safer care, allowing new staff or existing staff have the skills to support patient need in the inpatient areas.

All remaining wards commenced MHOST data collection on the 7th of November 2022 we are awaiting the results from the data collection. This tool calculates clinical staffing requirements in mental health wards based on patients' needs (acuity and dependency) which, together with professional judgement, guides senior nurses and ward based clinical staff in their safe staffing

decisions. This will help to ensure that the wards can make evidence based decisions on safe staffing levels that support patients' needs. Helping to improve the care and outcomes for some of the most vulnerable patients, it will also help to improve the working environment.

Rose Lodge did a small bespoke recruitment campaign through Derwentside College for HCSW. They have successfully recruited 5 HCSW who will be B2 for 6 months and then move to Band 3.

Neuro & Specialist CBU:
Adult international nurses are due to start in Specialist wards, 31a and Gibside to enhance the MDT.

Medical Workforce Summary

On a monthly basis the Trust wide Medical Managers Meeting receives a comprehensive report on the Medical Staffing position where this is discussed and debated. A summary of these reports as below provides the Trust position by CBU for February 2023. It is anticipated that the future arrival of a number of international Doctors will help improvements through further reducing the vacancy factor Trust-wide.

Locality	CBU	2022/23 Budget	Monthly Payroll	Add PA's	Agency	Vacancies
SOUTH	Access	7.70	5.65	0.10	0.80	-1.15
SOUTH	Community	36.83	34.49	2.50	1.60	1.76
SOUTH	Inpatient	19.45	16.10	1.80	2.90	1.35
SOUTH	Specialist	26.80	25.94	0.66	1.68	1.48
SOUTH	**Total**	**90.78**	**82.18**	**5.06**	**6.98**	**3.44**
CENTRAL	Access	14.49	11.71	0.10	0.08	-2.60
CENTRAL	Community	37.49	30.18	1.55	3.50	-2.26
CENTRAL	Inpatient	15.35	12.46	1.37	0.00	-1.52
CENTRAL	Secure	12.82	14.30	1.05	0.60	3.13
CENTRAL	**Total**	**80.15**	**68.65**	**4.07**	**4.18**	**-3.25**
N.CUMBRIA	Community & Access	16.06	16.76	0.93	0.00	1.63
N.CUMBRIA	Inpatient	20.63	15.11	0.60	2.80	-2.12
N.CUMBRIA	CYPS	14.95	9.98	0.62	0.00	-4.35
N.CUMBRIA	**Total**	**51.64**	**41.85**	**2.15**	**2.80**	**-4.84**
NORTH	Access	8.56	6.50	0.21	1.00	-0.85
NORTH	Community	33.19	23.65	0.88	0.00	-8.66
NORTH	Inpatient	18.90	14.30	1.13	4.20	0.73
NORTH	LD & Autism	4.75	2.40	0.05	2.20	-0.10
NORTH	**Total**	**65.40**	**46.85**	**2.27**	**7.40**	**-8.88**
TRUST	**Total**	**287.97**	**239.53**	**13.55**	**21.36**	**-13.53**

Trust-wide Values-Based recruitment and retention

As identified in the executive summary of this report, the Director of Nursing, Therapies and Quality Assurance is reviewing the strategic recruitment meeting structure, to support addressing recruitment priorities across the multi-professional workforce.

Conclusion

To provide assurance on Safe Staffing Levels, ward team staffing huddles are held at least daily, to support determination of the overall Locality position. Adjustments have been made as necessary to ensure safe care was not compromised and that any risks were escalated appropriately.

Nursing and Quality
April 2023

12. QUALITY PRIORITIES UPDATE 23/23

Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

12. Quality Account_ DH.pdf

Report to the Board of Directors
Wednesday 3rd May 2023

Title of report	**Quality Account Update**
Purpose of the report	**For information**
Executive Lead	**Ramona Duguid, Chief Operating Officer**
Report author(s) (if different from above)	**Ramona Duguid, Chief Operating Officer**

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	x	Work together to promote prevention, early intervention and resilience	
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	26/04/2023
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)	
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)

BOARD OF DIRECTORS

Wednesday 3rd May 2023

Quality Account Update

1. EXECUTIVE SUMMARY

Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

As in previous years the Trust has been working towards the development of the Quality Account for 2022/23, which is required to be uploaded by 30th June 2023.

The report outlines key points for Board members to note in the delivery of this mandated requirement by the end of June 2023.

2. DEVELOPMENT OF THE QUALITY ACCOUNT

2.1 Stakeholder Engagement

The Trust has completed a range of external and internal stakeholder engagement events to develop the priorities which have been drafted for 2023/24.

Engagement with local Scrutiny Committees are scheduled throughout May and will be led in the main by the locality Group Directors. The Trust has already presented to the ICB given the responsibilities which have been transferred over to them from Clinical Commissioning Groups.

2.2 Compliance with statutory guidance

The statutory guidance for the production of the Quality Account predominantly remains unchanged, with the exception of references to the responsibilities of Integrated Care Boards coming into effect.

The National Quality Board is undertaking a review of the Quality Account process, which is likely to see changes introduced for 2023/24 reporting.

2.3 Delivery of 2022/23 priorities

The end of year position on the 22/23 priorities is summarised in the table below:

Priority	Delivery	2023/24 considerations / where work will continue
Improving the inpatient experience	Partially met	• Inpatient and Urgent Care Transformation Programme
Improving waiting times	Not met	• Community Transformation • Children and Young People Waiting Times
Support service users and carers to be heard	Partially met	• Triangle of Care • Carer support and charter
Equality, Diversity, Inclusion and Human Rights	Partially met	• Reducing restrictive practice • Equality, Diversity and Inclusion agenda

2.4 Development of 2023/24 priorities

As presented to the Board in February 2023, the quality priorities for this year will focus on the following key areas:

Safety	Reducing restrictive practice
Effectiveness	Therapeutic engagement and observation
Experience	Waiting times for children and young people
Well led	Implementation of PSIRF Closed cultures Implement governance review
Use of resources	Reduce reliance on unregistered agency staff

Milestones are being finalised as part of the annual planning. Progress against delivery throughout the year will be integrated into the performance framework from Q1, with a mid year assurance report produced for the Quality and Performance Committee and Board of Directors in the Autumn.

2.5 High Level Timeline for sign off and approval

Draft Quality Account Considered by Quality & Performance Committee	April 2023
Quality Account presentations to local Scrutiny Committees	In progress
Final draft considered by Trustwide Leadership Team	May 2023
Final draft for approval by the Board of Directors	7 June 2023

RECOMMENDATIONS

Board of Directors are asked to note the report and timescales for final approval of the Quality Account 2022/23.

13. RAISING CONCERNS / WHISTLEBLOWING REPORT

Lynne Shaw, Executive Director of Workforce and OD

REFERENCES

Only PDFs are attached

13. Raising Concerns Whistleblowing Report - October 2022 to March 2023.pdf

Report to the Board of Directors
Wednesday 3 May 2023

Title of report	**Raising Concerns and Whistleblowing Report**
Purpose of the report	**For information**
Executive Lead	**Lynne Shaw - Executive Director of Workforce and OD**
Report author(s) (if different from above)	**Michelle Evans - Deputy Director of Workforce and OD**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	26.4.2023
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**

Raising Concerns and Whistleblowing Report
Wednesday 3 May 2023

1. Executive Summary

The purpose of this paper is to provide a summary of whistleblowing cases/concerns raised over the period from 1 October 2022 to 31 March 2023.

The paper aims to give an overview of cases reported centrally to the Workforce Team in line with the Trust's Raising Concerns Policy. Concerns raised with the Freedom to Speak Up Guardian (FTSUG) are also included. Additional concerns are raised and dealt with informally at a local level by operational managers and these concerns are not logged centrally.

In Sir Robert Francis' Freedom to Speak Up review it stated that not all concerns raised become subject to formal investigation under Raising Concerns or Grievance Policies. This is an approach welcomed and adopted by the Trust.

During the period identified, 41 issues have been raised either centrally or with the FTSUG. This is an increase of 1 compared to the previous period. Out of the 41 concerns raised, nine have been categorised as 'whistleblowing'.

There has been an increase in the number of concerns linked to bullying and harassment and a decrease linked to patient safety from 19 in the last period to 14 this period.

Neil Cockling has stepped down as FTSUG. This role is now undertaken jointly by Francesca Howe and Stephen Hyde. The Trust would like to thank Neil for all his hard work and support for the past seven years.

2. Risks and mitigations associated with the report

The Trust ensures all concerns raised are reviewed robustly and where required undertakes formal investigations.

3. Summary

The Trust has had for a number of years a clear, defined process for recording cases that fall under the scope of a policy such as whistleblowing (raising concerns), disciplinary or grievance, however, there are a number of concerns raised which do not meet the Disclosure Act's definition of whistleblowing. In these instances, the Trust has developed a separate recording category called "raising concerns" for reporting purposes.

The concerns raised have emerged from different routes both internally and externally. It is anticipated that a greater number of concerns will continue to have been raised over the same period of time and have been dealt with locally at ward/department level. In addition, concerns which have been raised through the disciplinary and grievance

procedures are also not included within this report. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends.

The main themes from raising concerns during this period are predominantly linked to safety with staffing levels seeing the highest number of concerns raised. A number of those have been received via the Care Quality Commission (CQC) and have been responded to appropriately.

In addition, there have been a few concerns regarding patient care linked to individual cases. These cases have been investigated and the concerns addressed.

The Trust Board is fully sighted on the current challenges linked to staffing levels, particularly around vacancies and the use of temporary staff. There are a number of initiatives in place linked to the recovery priorities which aim to improve the current position, including:

- Agency control meetings
- The inpatient staffing baseline reset for 2023/24
- Introduction of a Wellness Support Team
- On-going local, national and international recruitment drives
- The introduction of recruitment and retention incentives
- CNTW Academy developments and programmes to “grow our own”
- Review of clinical models, new ways of working and new roles
- System-wide discussions on delays to transfer and discharges.

There remain concerns raised by staff linked to Workforce processes. These include staff who are involved in Trust disciplinary and grievance processes. Work is ongoing to review the feedback process and close the loop, so staff are satisfied issues have been addressed whilst maintaining the requirement for confidentiality.

There has also been an increase in disciplinary cases over the last quarter which is having an impact on timeframes and meeting KPIs. The Trust is strengthening its communication on delays and pastoral support for individuals. There have also been a couple of concerns raised regarding the sickness absence process and facilitating a return to work. In these instances, both management and workforce have been able to support. The Workforce teams continue to support managers in absence management including individual return to work and identifying reason adjustment requirements.

It has been identified that staff have been able to resolve a number of issues themselves with the support of the FTSUG. This may be through encouraging conversations to take place with managers, signposting staff to utilise existing processes and support mechanisms available or providing some confidence and reassurance to staff. The Trust will work with the FTSUG to undertake further communications and awareness with staff of where they can access these processes and support.

Communications has commenced to raise the profile of the 2 new FTSUGs and they are working with the FTSU Champions to ensure staff across the Trust are able to access support and understand where they can raise concerns.

There are 14 cases which remain open for the period, of which 13 are being overseen by the FTSUG. The majority of these cases have had local actions undertaken to resolve the

issues but the Guardians have chosen to monitor the outcome of the local actions. There are also a couple of cases which remain open whilst investigations are ongoing.

The Trust has launched the New Freedom to Speak Up Policy which is a national policy all Trusts have been asked to adopt.

The number of cases raised remains to be of an average number for a Trust of this size. The FTSUGs have been allocated two days per week to dedicate to working on FTSU activity including supporting staff and raising the profile of the role. There are ongoing regular meetings with the FTSUGs and the Executive Director of Workforce and Organisational Development to discuss themes and agree actions to resolve.

Michelle Evans
Deputy Director Workforce & OD

Lynne Shaw
Executive Director Workforce & OD

13 April 2023

Summary of Cases Logged Centrally and with FTSUG 1 October 2022 – 31 March 2023

Type of Case	Concern	Whistleblowing
Values and Attitude	8	0
Policies and procedures	10	0
Safety	5	9
Bullying and Harassment	6	0
Environment	2	0
Unknown	1	0
TOTAL	32	9

Concerns Logged Centrally 1 October 2022 – 31 March 2023

Status	Date Received	Incident Summary	Concern/ Whistleblowing	Locality	Outcome
Closed	21/10/22	Safety - patient care	Raising Concerns	North Locality – Inpatients	Investigated and assurances provided
Open	28/10/22	Bullying and harassment – protected characteristics	Raising Concerns	South Locality – Community	Investigation ongoing
Closed	07/11/22	Safety – patient care	Raising concerns	Central Locality – Inpatients	Investigated and assurances provided
Closed	11/11/22	Policy and procedures – disciplinary process	Raising Concerns	North Cumbria – Community	Reviewed in group and concerns addressed
Closed	16/12/22	Safety – caseload	Whistleblowing	South Locality – Community	Reviewed in group and concerns addressed
Closed	29/12/22	Safety – staffing levels	Whistleblowing	North Locality – Inpatients	Reviewed in group and concerns addressed
Closed	09/01/23	Safety – Staffing levels, use of drugs	Whistleblowing	North Locality – Inpatients	Investigated and assurance provided - no case
Closed	17/02/23	Safety – drug and alcohol use	Whistleblowing	North Locality – Inpatients	Investigated and assurance provided – no case
Closed	24/02/23	Safety - staffing levels and skill mix	Whistleblowing	North Cumbria – CYPS	Investigated and assurance provided

Cases Logged with FTSUG 1 October 2022 - 31 March 2023

Status	Date Received	Incident Summary	Locality	Outcome
Closed	26/10/22	Bullying and harassment – manager	Inpatients South	Advised staff member they will not find out all details following grievance outcome and if no changes in behaviour the process to follow
Closed	14/11/22	Safety – supervision and support	Community North	Referred to Workforce team for additional support
Closed	15/11/22	Environment - furniture	North Cumbria	Referred to manager who advised of requirement for furniture to be temporarily relocated
Closed	15/11/22	Values and attitude – management team	Community Central	Referred to Group Directors and resolved
Closed	16/11/22	Values and attitude – inappropriate working relationship	Community South	Referred to Workforce Director and resolved.
Closed	18/11/22	Safety – incident on ward	Inpatients Central	Referred to Safety Team for review and resolved
Closed	18/11/22	Environment – ward	Inpatients Cumbria	Suggested discussion take place with manager. Now resolved
Closed	21/11/22	Policy and procedures – pastoral support	Location withheld for confidentiality reasons	Referred to Workforce Manager for support
Open	05/12/22	Values and attitudes – manager	Inpatients Central	Passed to Workforce Director and resolved
Closed	12/12/22	Policy and procedure – absence management	Inpatients South	Discussed with Associate Nurse Director who supported individual
Closed	13/12/22	Safety – patient mix on ward	Inpatients Central	Passed to Executive Medical Director
Closed	10/01/23	Policy and procedure – fact find process	Access South	Discussed with line manager who advised process is ongoing and acknowledged delays
Open	10/01/23	Values and attitudes – colleague	Inpatients North	Contacted line manager – resolution ongoing
Closed	11/02/23	Values and attitudes – leadership	Community Central	Arranged meeting for staff member and Associate Director and addressed concerns
Closed	14/02/23	Policy and procedure – dismissal	Inpatients Central	Discussed with Workforce and informed staff members. Union were already involved in supporting appeal process
Closed	19/02/23	Bullying and harassment – protected characteristic	Corporate	Supported staff member to raise concerns with manager and Executive Board. Resolution obtained
Open	20/02/23	Bullying and harassment – whistleblowing	Location withheld	Ongoing as unable to make contact

Open	23/02/23	Values and attitudes – manager	Location withheld	Ongoing discussions with individuals who raised concern
Open	23/02/23	Policy and procedure – disciplinary	Community Services	Ongoing support
Closed	24/02/23	Safety – patient care	Location withheld	Signposted to PALs
Open	28/02/23	Policy and procedure – disability reasonable adjustments	Inpatients South	Referred to union who were already involved in supporting member
Closed	28/02/23	Values and attitudes – manager	Community Central	Issue raised with Group Directors and resolved
Open	28/02/23	Safety – staffing levels	Inpatients North	Issue raised with Clinical Manager
Closed	28/02/23	Policy and procedure – sickness absence	Community North	Supported staff member to resolve issue themselves
Open	02/03/23	Bullying and Harassment – protected characteristic	Inpatients South	Issues raised with equality diversity lead and Associate Director
Open	03/03/23	Safety – patient care	Inpatient South	Issue raised with Group Director and resolution is ongoing
Open	07/03/23	Values and attitudes – colleague	Inpatients Central	Commenced the Grievance Process
Closed	07/03/23	Safety – staffing levels	Inpatients North	Referred to Group Directors and assurances provided
Closed	07/03/23	Policy and procedure – induction process	Community Central	Individual raised issue with line manager to resolve
Open	17/03/23	Policy and procedure – redeployment following assault	Inpatients South	Referred to workforce looking at suitable options
Open	23/03/23	Bullying and harassment – colleague	Inpatients Central	Liaised with member's union (RCN) and waiting to speak to staff member
Open	28/03/23	Unknown – staff member leaving Trust didn't provide detail	Access North	Arranging to meet with staff member

14. GUARDIAN OF SAFE WORKING HOURS REPORT (Q4)

Rajesh Nadkarni, Deputy Chief Executive / Medical Director

REFERENCES

Only PDFs are attached

14. GOSW Quarter 4 Report April 2023.pdf

Report to the Board of Directors
Wednesday 3 May 2023

Title of report	**Guardian of Safe Working Quarterly Report – January to March 2023 – Q4**
Purpose of the report	**For information**
Executive Lead	**Lynne Shaw, Executive Director of Workforce & OD** **Dr Rajesh Nadkarni, Executive Medical Director**
Report author(s) (if different from above)	**Dr Clare McLeod, Guardian of Safe Working**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	26.4.2023
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**

Wednesday 3 May 2023
Guardian of Safe Working Quarterly Report
January to March 2023 – Q4

1. Executive Summary

This is the Quarterly report for the period January to March 2023 for Safe Working Hours which focuses on Junior Doctors. 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.

The new contract is offered to new trainees as they take up training posts, in effect this will mean for a number of years we will have trainees employed on two different contracts. It is also of note that although we host over 160 trainee posts, we do not directly employ the majority of these trainees.

There are currently 168 trainees working into CNTW with 168 on the new Terms and Conditions of Service via the accredited training scheme via Health Education England. There are an additional 12 trainees employed directly by CNTW working as Trust Grade Doctors or Teaching/Research/Clinical Fellows.

High level data

Number of doctors in training (total): 168 Trainees (as at 31 March 2023)

Number of doctors in training on 2016 TCS (total): 168 Trainees (as at 31 March 2023)

Amount of time available in job plan for guardian to do the role: This is being remunerated through payment of 1 Additional Programmed Activity

Admin support provided to the guardian (if any): Ad Hoc by Medical Education Team

Amount of job-planned time for educational supervisors: 0.5 PAs per trainee

Trust Guardian of Safe Working Hours: Dr Clare McLeod

2. Key issues, significant risks and mitigations

- 15 Exception Reports raised during the period January to March 2023. All 15 were due to hours and rest with Time off in Lieu (TOIL) being granted for 3, payment was made for 11 and 1 is yet to be responded to.
- 4 Agency Locums were booked during the period covering vacant posts.
- 209 shifts lasting between 4hrs and 12hrs were covered by internal doctors.
- On 34 occasions during the period the Emergency Rotas were implemented (either by rota collapse or training rota covering a shift).
- 17 IR1s submitted due to insufficient handover of patient information.

- 2 Fines received during the Quarter due to minimum rest requirements between shifts not being met.

Exception reports (with regard to working hours)

		Exception Reports Received January to March 2023				
Grade	Rota	Jan	Feb	Mar	Total Hours & Rest	Total Education
CT1-3	St Nicholas	0	0	0	0	0
CT1-3	Hopewood Park	0	0	0	0	0
CT1-3	RVI/CAMHS	1	0	0	1	0
CT1-3	NGH/CAV	0	0	0	0	0
CT 1-3	St George's Park	3	2	6	11	0
CT 1-3	GHD/MWM	0	0	0	0	0
CT 1-3	Cumbria	1	0	0	1	0
ST4+	North of Tyne	0	1	0	1	0
ST4+	South of Tyne	0	0	0	0	0
ST4+	CYPS (NR)	0	0	1	1	0
Total		**5**	**3**	**7**	**15**	**0**

Work schedule reviews

During the period January to March 2023 there have been 15 Exception Reports submitted from Trainees, all for hours and rest; the outcome of which was that TOIL was granted for 3 cases, payment made for 11 cases and 1 case still to be responded to.

a) Locum bookings - Agency

Locum bookings (agency) by department			
Specialty	January	February	March
SNH	1	1	0
SGP	1	1	1
RVI	0	1	1
HWP	1	2	2
Total	**3**	**5**	**4**

Locum bookings (agency) by grade			
	January	February	March
F2	0	1	1
CT1-3	3	4	3
ST4+	0	0	0
Total	**3**	**5**	**4**

Locum bookings (agency) by reason			
	January	February	March
Vacancy	3	4	3
Sickness/other	0	1	1
Total	**3**	**5**	**4**

a) Locum work carried out by trainees

Area	Number of shifts worked	Number of shifts paid at enhanced rate	Number of shifts to cover sickness	Number of shifts to cover OH Adjustments	Number of shifts to cover special leave	Number of shifts to cover a vacant post
SNH	21	**11**	12	9	0	0
SGP	37	**32**	9	19	0	9
Northgate	5	**2**	1	4	0	0
MWM/GHD	25	**10**	6	8	0	11
Hopewood Park	21	**9**	7	3	0	11
RVI	35	**20**	19	14	0	2
NGH	21	**8**	7	8	0	6
Cumbria	10	**4**	3	0	0	7
North of Tyne	14	**12**	10	4	0	0
South of Tyne	19	**8**	14	5	0	0
CAMHS	1	**0**	1	0	0	0
Total	**209**	**116**	**89**	**74**	**0**	**46**

* 116 shifts were offered at an enhanced rate of £50 for 1st & £60 for 2nd on call rotas

b) Vacancies

Vacancies by month				
Area	Grade	January	February	March
SGP	CT			
	GP		1	1
	F2			
SNH	CT	1	2	2
	GP			
	F2			
HWP	CT	1		
	GP		2	2
	F2			
NGH	CT	1		
	GP			
	F2			
MWH/GHD	CT			
	GP		1	1
	F2			
Cumbria	CT			
	GP			
	F2	1	1	1
Total	CT	3	2	2
	GP		4	4
	F2	1	1	1

c) Emergency Rota Cover

Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. The Rotas are covered by 2 trainees rather than 3 and payment is made to the 2 trainees providing cover at half rate.

Emergency Rota Cover by Trainees/Consultant*				
	Rota	January	February	March
Sickness/Other	NOT	0	0	0
	SOT	0	0	0
	SGP	3	0	0
	Northgate	0	2	1
	SNH	1	0	1
	RVI	0	0	0
	GHD/MWM	0	1	0
	Cumbria	0	0	0
	HWP	1	1	0
	NGH	0	2	1
Total		5	6	3

An Emergency Rota cover is arranged when no cover can be found from either Agency or current Trainees. If cover is identified and filled in a timely manner there is no need for a Rota collapse.

d) Training Rota Cover

The training rota doctor can be asked to cover a gap in the standard rota to prevent the use of the emergency rota cover with the provision of alternative opportunities for this training.

Training Rota Cover by First on-call Trainees				
	Rota	January	February	March
Sickness/Other	SGP	1	1	1
	SNH	8	0	0
	RVI	0	1	1
	GHD/MWM	0	0	0
	HWP	2	3	0
	NGH	0	2	0
Total		**11**	**7**	**2**

e) Fines

There were 2 fines issued during this Quarter due to 2 separate trainees breaching the 13 hour shift limit and having less than 11 hours rest between shifts. The spending of this money has not been discussed yet, it will be discussed in the next GOSW forum in May.

Issues Arising

The increase in number of shifts covered by internal locums due to sickness, adjustments or rota gaps has continued this Quarter. Shifts are put out as soon as possible on the notice of a gap to enable doctors to book additional shifts to cover vacancies. In Cumbria, there is only one Junior doctor rota, so there is no facility to

combine with another rota or for the doctor on the training rota to cover (due to geography); discussions are in place as to best manage gaps in this rota.

IR1s are collated by Medical Education staff and the Director of Medical Education (DME) and are reviewed through the Guardian of Safe Working (GOSW) forum. It would seem that this continues to represent a gradual fall in numbers and reflects improvement in practice; the GoSW has fed back this positive progress to trainees, encouraged doctors to continue this practice which remains a priority for both patient safety and the ward doctors workload as well checking that trainees new to the Trust are familiar with the process to complete an IR1.

There have been 15 exception reports submitted in this Quarter, which is very similar to last Quarter where there were 13 exception reports submitted. It is encouraging that the number of exception reports for this Quarter is in keeping with the number from the previous Quarter.

The GoSW forum has continued as a hybrid model since COVID restrictions were eased and plans to continue to run this way making it more accessible for all trainees to attend.

3. Recommendation/summary

Work continues to increase the completeness of Exception Reporting and change the culture of under-reporting. Trainees are encouraged to complete an exception report as necessary.

We will continue to encourage trainees to report episodes of Insufficient Medical Handover and promote good practice and feedback progress to clinicians throughout the Trust.

The Board of Directors is asked to receive the report for information only.

Dr Clare McLeod
Guardian of Safe Working

Dr Rajesh Nadkarni
Executive Medical Director

7 April 2023

15. EQUALITY, DELIVERY SYSTEM 2022

Lynne Shaw, Executive Director of Workforce and OD

REFERENCES

Only PDFs are attached

15a. EDS 2022 - April 2023.pdf

15b. Appendix 1 EDS 2022 Report for BoD May 2023.pptx

Report to the Board of Directors
Wednesday 3 May 2023

Title of report	**Equality Delivery System (EDS) 2022**
Purpose of the report	**For information**
Executive Lead	**Lynne Shaw, Executive Director of Workforce & OD**
Report author(s) (if different from above)	**Christopher Rowlands and Emma Silver Price**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	26.4.2023
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**

Board of Directors
Wednesday 3 May 2023

Equality Delivery System (EDS) 2022

1. Executive Summary

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England to review and develop their services, workforces and leadership. It is driven by evidence and insight. The third version of the EDS (EDS 2022) was commissioned by NHS England and NHS Improvement with, and on behalf of, the NHS supported by the NHS Equality and Diversity Council (EDC). It is a simplified and easier-to-use version of EDS2.

The EDS comprises eleven outcomes spread across three Domains, which are:

1. Commissioned or provided services
2. Workforce health and well-being
3. Inclusive leadership

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement. The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010, and so to help NHS organisations meet the public sector equality duty (PSED) and to set their equality objectives.

2. Key issues, significant risks and mitigations

EDS required Trusts to gather evidence on 3 service areas for domain 1. Following discussions with Executive Directors, information was collected on the following Community Treatment Teams – chosen to best represent the diverse population which the Trust serves.

- Gateshead East and West Community Treatment Teams
- Newcastle East and West Community Treatment Teams
- North Cumbria Community Treatment Teams

Work was undertaken with operational colleagues to gather data and evidence for Domain 1 and at a corporate level for Domains 2 and 3. A detailed scorecard is provided by NHS England for each of the eleven outcomes, which leads to a score for each domain. Details of evidence and performance on each outcome are included in the full report which is attached as Appendix 1. The outcome for each domain and an overall rating is as follows:

1. Commissioned or provided services. Score of 5 out of a possible 12 rated as Developing.
2. Workforce health and well-being. Score of 6 out of a possible 12 rated as Achieving.
3. Inclusive leadership. Score of 6 out of a possible 9 rated as Achieving.

Adding all outcome scores in all domains gives a total score of 19 out of a possible 35. Trusts who score between 8 and 21 are rated Developing.

3. Recommendation/summary

It is evident from the analysis of data in the Trust's Equality Delivery System 2022 submission that better information is needed on the protected characteristics of service users. It is therefore recommended that the EDI team will:

- Work with the localities to ensure that there is an effective way to record, and that staff are given support and resources to ensure they feel confident in collecting this information
- Seek to develop meaningful relationships with communities, groups and organisations to:
    - Remove or minimise disadvantages suffered by people due to their protected characteristics.
    - Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
    - Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

This will be key to the development of EDI Actions for 2023-24 which will be brought to The People Committee's July meeting.

The Board of Directors is asked to note the content of this paper.

Christopher Rowlands
Equality Diversity and Inclusion Lead

Lynne Shaw
Executive Director Workforce and OD

April 2023

16. EQUALITY, DIVERSITY AND HUMAN RIGHTS ANNUAL REPORT 2022

Lynne Shaw, Executive Director of Workforce and OD

REFERENCES

Only PDFs are attached

16a. Equality Diversity and Human Rights Annual Report 22-23 (003).pdf

16b. Appendix 1 Equality Diversity and Human Rights Annual Report 2022.pdf

Report to the Board of Directors
Wednesday 3 May 2023

Title of report	**Equality, Diversity and Human Rights Annual Report 2022-23**
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 & Inclusion Lead** **Emma Silver Price – Equality, Diversity & Inclusion Officer**

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

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	26.4.2023
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**

Board of Directors
Wednesday 3 May 2023

Equality, Diversity and Human Rights Annual Report 2022-23

1. Executive Summary

This report summarises the Trust's work in this field during the year 2022-2023 and fulfils our statutory duty to report as part of the Equality Act 2010.

2. Key issues, significant risks and mitigations

No risks are identified.

3. Recommendation/summary

The Board is asked to receive the paper for information.

Christopher Rowlands	Lynne Shaw
Equality Diversity and Inclusion Lead	Executive Director Workforce and OD

April 2023

Introduction

This report highlights the work undertaken by the Trust during the final year of its current Equality, Diversity and Inclusion Strategy, to make the NHS a better and fairer place for patients and staff.

For 2022-23 a number of key objectives were agreed:

- Make recruitment/progression more inclusive to ensure that the Trust workforce is representative of the population which it serves
- Implement evidence based initiatives to reduce discrimination faced by our staff
- Deliver initiatives to improve staff awareness of disability issues and disability equality
- Deliver initiatives to improve gender equality for staff.

The report provides a summary of the work undertaken in these key areas over the reporting period and will be published to ensure that statutory requirements under the Public Sector Equality Duty of the Equality Act 2010 are met.

The key initiatives / points to note include:

Inclusive Recruitment

Continued work on recruitment to remove barriers and make processes more accessible and inclusive. This includes building relationships with community leaders in Newcastle to attract those from disadvantaged communities into employment. As part of this work a new Application Support Hub has been created to support candidates from a diverse range of backgrounds to apply for posts in the Trust.

Respectful Resolution

The Respect campaign has been successfully rolled out across the Trust. Following 'Train the Trainer' workshops from A Kind Life in 2021, CNTW now has internal facilitators to deliver a Respectful Resolution Programme which underpins our Trust Values. The programme provides helpful tools and guides staff through the process of developing team values, reflecting on and identifying behaviours, initiating respectful conversations, and supporting resolution with colleagues. The goal is for teams to create a 'safe space' culture and to reduce the need for formal processes. The Trustwide sessions started in October 2022 and have been very successful in terms of attendance and teams are requesting bespoke individual sessions from trained internal facilitators. A suite of resources are available on the Intranet page and can be accessed by all staff.

Improved Awareness of Disability Issues and Disability Equality

The Trust partnered with Difference North East to roll out a number of sessions for staff across the Trust in respect of disability, reasonable adjustments and improving inclusion and accessibility. In addition, Purple and Disability Rights UK delivered two development programmes for disabled staff and their managers.

Initiatives to improve gender equality

A pilot development programme Springboard for Women took place late summer 2022. The programme, which seeks to enable women to thrive, helping them to feel more confident, self aware and assertive evaluated well and a second cohort is planned for early 2023-24. This programme led to a group being set up to explore issues relating to the gender pay gap and wider work is planned.

Stonewall Diversity Champions

The Trust has secured Stonewall's Silver award for leading LGBTQ+ inclusive employers and climbed 193 places in their employer rankings. The award 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 at 164th in the list, since entering Stonewall's ranking at 357th on the list in 2020. Meetings are taking place with Stonewall to set out key actions for achieving a place in the top 100.

Staff Networks

All of the networks have developed action plans and have been supported by budgets for activities, release time for network chairs and administrative support. Network chairs met regularly with the Equality and Diversity Lead to talk about cross-cutting issues as well as Network Chair and Executive Director meetings. Highlights of staff network activities during 2022-23 are included in the full report.

Workforce Race and Disability Equality Standards

The report highlights the most recent findings in respect of WRES and WDES. These have previously been discussed and their associated actions
approved by the Board. Work to address these findings is taking place as part of the
Give Respect Get Respect campaign and the inclusive recruitment work. In addition, the roll-out of the Respectful Resolution work Trust-wide.

The full Annual Report is attached as Appendix 1.

Equality, Diversity & Human Rights Annual Report

2022 – 2023

Caring | Discovering | Growing | **Together**

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Introduction.

This report highlights the work undertaken by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during the final year of its current Equality, Diversity and Inclusion Strategy, to make the NHS a better and fairer place for patients and staff. The report covers the period from April 2022 to the end of March 2023. It also includes an outline of our proposed actions for 2023-24. It is named 'Equality, Diversity and Human Rights' report because it shows the work we have done to:

- Help all people, whoever they are, to receive high quality health care – we call this equality
- Recognise and celebrate the fact that every person is an individual – we call this diversity
- Make sure every person is treated with dignity and respect – we call this human rights

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest mental health and disability Trusts in England employing around 9,000 staff, serving a population of approximately 1.7 million, providing services across an area totalling 4,800 square miles. We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. We also have a number of regional and national specialist services. We have a turnover of around £537 million.

Our main sites are:

- St Nicholas Hospital, Newcastle upon Tyne
- Walkergate Park, Newcastle upon Tyne
- St George's Park, Morpeth, Northumberland
- Hopewood Park, Sunderland
- Northgate, Morpeth, Northumberland
- Monkwearmouth, Sunderland
- Ferndene, Prudhoe, Northumberland
- Carleton Clinic, Cumbria

For 2022-23, the following objectives were agreed

- Make recruitment/progression more inclusive to ensure that the Trust workforce is representative of the population which it serves.
- Implement evidence based initiatives to reduce discrimination faced by our staff.
- Deliver initiatives to improve staff awareness of disability issues and disability equality.
- Deliver initiatives to improve gender equality for staff.

Taking each of those in turn:

Recruitment:

A new Application Support Hub has been created to support candidates from a diverse range of backgrounds through CNTW's recruitment process, although the resources are useful for anyone interested in applying for a role at CNTW.

Freely available on the CNTW website, the hub takes applicants through the recruitment process, sharing advice and detailed explanations at each stage. It includes a detailed explanation of what to include on the application form and how to present the information; tips on how to prepare for an interview; examples of common interview questions; and suggestions for follow up questions to ask at the end of an interview. A list of job fair events and a qualification comparison table as well information on the Trust's recruitment incentive for Medics, Nurses and Pharmacy staff can be found on the hub. The Application Support Hub can be accessed on the CNTW website.

The creation of the hub is the culmination of an extensive piece of work to remove barriers in our recruitment processes to make it more accessible and inclusive. Early in 2023-24 a revised Recruitment Policy and Training for Managers will be released that build on these principles.

EDI Actions 2022-23.

Reduce discrimination faced by our staff:

Roger Kline continued to work with the Trust during 2022. Roger Kline is Research Fellow at Middlesex University Business School. Roger has authored several reports on race equality in the NHS including “The Snowy White Peaks of the NHS” (2014) and Fair to Refer (2019) with Dr Doyin Atewologun and designed the Workforce Race Equality Standard (WRES) . He was joint national director of the WRES team 2015-17.

Roger facilitated a masterclass for the Trust Leadership Team and a further three masterclasses open to all staff. During these masterclasses we listened to some of our current staff talk about their experiences working in the Trust, discussed our responsibilities as appointing officers and line managers in terms of Equality, Diversity and Inclusion and heard from Roger about what the research says about fair recruitment and career progression.

We all deserve a workplace where we are respected and supported; where positive behaviours are encouraged, modelled and appreciated; where poor behaviours including bullying are addressed, not tolerated; and where staff are supported to safely challenge negative behaviour and this is the aim of the Respectful Resolution initiative from the organisation A Kind Life.

Six members of staff from the Trust were trained in the Respectful Resolution techniques late in 2021 and began to roll out Respectful Resolution Training in 2022-23. The team offer two packages – a half hour introduction session, or ninety minutes where the techniques are explored in greater depth.

There is also an intranet page. On this page is a suite of resources, a pathway, for staff to help create a safe culture and address issues of behaviours that are inappropriate. These guides contain practical tools to help you decide the best route forward and start to take appropriate action.

EDI Actions 2022-23.

To improve staff awareness of disability issues and disability equality:

The Trust partnered with Difference North East – a charity led by and for disabled people, who delivered 20 training sessions for Trust Staff between October 2022 and February 2023. The Training focused upon:

- Challenging the way you think about and act towards disabled people
- Improving inclusion and accessibility for disabled customers, visitors and colleagues
- Promoting greater diversity within the Trust

The Course Covered:

- Fundamentals of disability politics and models of disability
- The portrayal of disability in society
- Stereotyping and implicit bias
- Disability discrimination and the law
- Common barriers to participation
- Disability etiquette – to help or not to help
- Language and terminology
- Planning for change

We also planned delivery of two development programmes for disabled staff and their managers. Both of these programmes have been developed by leading Third Sector disability organisations, We are Purple and Disability Rights UK. Both of these programmes finish early in 2023-24 and we look forward to reporting on them in our next annual report.

EDI Actions 2022-23.

Deliver initiatives to improve gender equality for staff:

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, 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

At the end of the Springboard Pilot we organised a meeting in October with the 21 participants to explore setting up a group and discussed what its terms of reference would be. It was agreed that a key focus of the group would be consideration of issues to address issues relating to the gender pay gap. We look forward to reporting on the work of this group in next year's report.

EDI Actions 2022-23.

Equality Delivery System (EDS) 2022.

EDS is the foundation of equality improvement within the NHS. First introduced in 2011, revised as EDS2 in 2013 and now as EDS 2022.

EDS provides a focus for the Trust to assess the physical impact of discrimination, stress and inequality, providing an opportunity for us to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

EDS 2022 requires us to collect evidence for three key areas:

1. Commissioned or Provided Services

2. Workforce Health & Wellbeing

3. Inclusive Leadership

For our provided services, we collected evidence for Gateshead, Newcastle West and North Cumbria Community Teams.

For evidence for our services, we were assessed as Developing. For workforce health and wellbeing, and inclusive leadership, we were assessed as Achieving.

We know that the evidence shows we need to develop actions to address equality in service provision, and this is reflected in our objectives for 2023-24.

More detail on our EDS rating can be found in Appendix 2.

Workforce Race and Disability Equality Standards.

The most recent CNTW WRES and WDES Annual Report (21/22) was published on 31 March 2022. There have since been some key changes for 2023 collections, which are as follows:

- The collection window for WRES and WDES is 1 May to 31 May 2023.
- Bank WRES data is being collected for the first time this year and the collection window is 1 May to 30 June 2023.
- MWRES (Medical Workforce Race Equality Standard) has changed to a Trust-level collection and the collection window is 1 May to 30 June 2023.

WDES and WRES action plans are to be published to NHS England by 31 October 2023.

WDES 2022 Key Findings

- The recruitment of non-disabled staff to disabled staff when expressed as a ratio is 0.91:1. Disabled applicants are 1.09 times more likely to be appointed compared to non-disabled shortlisted candidates (the ratio was 0.39:1 in 2021).
- A disabled member of staff is 1.7 times more likely to enter into a formal capability process compared to non-disabled members of staff (the figure was 3.72 in 2021).
- 18% of disabled staff felt pressure from their line manager to come to work, compared to 13.5% of non-disabled staff).
- All figures for bullying and harassment by patients, staff or managers demonstrate a worse experience for disabled compared to non-disabled staff.
- 81.3% of disabled staff stated that there had been adequate adjustments for them, compared to 84.3% the previous year.

WRES 2022 Key Findings

- 6.6% of staff in clinical (non-medical) roles were from BAME background and 68.6% were employed at band 5 or below, 43.5% of White staff were employed at band 5 or below.
- 45.5% of medical staff were from BAME background with 55.5% employed at Consultant Grade and 62.5% of White doctors employed at Consultant Grade.
- White job applicants are 2.5 times more likely to be appointed from shortlisting compared to BAME applicants (the figure was 3.5 in 2021).
- BAME members of staff are 2.69 times more likely to be in a formal disciplinary process compared to White staff (the figure was 1.5 in 2021).

WRES 2022 Recommendations:

- We take positive action in line with the Equality Act to attract the BAME applicants and that we adopt those measures for progression in the Trust.
- Diverse shortlisting and interviewing panels – recruiting managers need to be held accountable. Where BAME interviewees are not appointed, justification needs to be given setting out, clearly, the process followed and the reasons for not appointing the BAME candidate.
- Positive action to encourage applications and coaching of existing BAME staff looking to progress in their careers.
- Compulsory training for all recruitment panel members following a package being developed as part of the inclusive recruitment work.
- It is important that managers of Cultural Ambassadors and Staff Network Chairs understand the importance of this Trust-wide role and allow the release of staff to undertake the Ambassador role.
- That we continue with the measures outlined in the Trust's Respect Campaign.
- That we consider, following a Freedom to Speak Up case, that we move to monitor the ethnicity of staff raising issues that result in formal disciplinary investigations – though note that this might lead to a reluctance to raise legitimate concerns about staff for fear of being viewed discriminatory.
- Wider implementation of the Respectful Resolution tools from A Kind Life. This will ensure more issues are addressed at an early informal stage by giving managers the tools and confidence to engage in difficult conversations.
- We should consider how to use non-mandatory training and CPD to improve career progression and promotion for BAME staff.
- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- That we further develop a PGN to address discrimination against staff from patients and relatives.
- Promote allyship from White Staff to provide appropriate challenge to patients, relatives or the public, when a BAME member is subject to these behaviours.
- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we identify evidence-based interventions that we can implement to address staff survey disparities.
- A process for stretch opportunities for staff is introduced to help facilitate career progression or promotion.
- That there are specific positive action initiatives to ensure that BAME staff have the skills, experience and confidence to apply for senior positions when they arise.
- That we continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we identify evidence-based interventions that we can implement to address staff survey disparities.
- Where appropriate the recruitment practices that will be introduced as part of the ongoing review will apply to Board-level recruitment too.

WDES 2022 Recommendations:

- We have had more disclosure of disability in this reporting year, the unknown gap however only closed by 4.4% points from 19% unknown to 14.6%. We need to continue to improve our disclosure rates and will run a further campaign this year which will be backed up by information about why we collect these data and will target managers to encourage disclosure.
- Ensure that the changes to recruitment practices are in line with best practice for disability as outlined by organisations such as the Business Disability Forum and the Recruitment Industry Disability Initiative (RIDI).
- Continue to publicise the Disability passport introduced for staff in December 2020.
- A centralised budget for the delivery of reasonable adjustments to be introduced at the beginning of 2023.
- That we develop a strand of the Respect Campaign to address bullying, harassment or abuse from patients, relatives or the public.
- Promote allyship from non-disabled staff to provide appropriate challenge to patients, relatives or the public, when a Disabled member of staff is subject to these behaviours.
- We continue with the activities under the Respect Campaign and monitor efficacy through the Staff Survey, feedback from the Staff Network and other local consultation forums.
- That we work with our staff network and Disability-led organisations to identify evidence-based interventions that we can implement to address staff survey disparities.
- A process for stretch opportunities for staff is introduced to help facilitate career progression or promotion.
- That there are specific positive action initiatives to ensure that Disabled staff have the skills, experience and confidence to apply for senior positions when they arise.
- That we look to best practice from Disability Confident Leaders to see if there are further measures that we can consider implementing.
- The focus groups to be held with Disabled Staff this year discuss the disparities in experiences that are highlighted from Staff Survey results and seek to explore the implementation of ideas that emerge from the discussions that might address the issues.
- That recommendations for recruitment relating to Disability are where appropriate applied to Board membership.

The NHS England WDES Innovation Fund supports NHS trusts to develop innovative programmes of work, to improve the working lives of NHS disabled staff, with bids aligned to one or more of the WDES metrics.

In July 2022 we made a bid for this funding to develop training and resource packs for our Workforce staff and managers of disabled staff.

We are pleased to announce this bid was successful and we have commenced work with our Disabled Staff Network and Difference North East, to coproduce this work which will improve disability awareness and equality within the Trust.

The work will particularly support the delivery of the Central Fund for reasonable adjustments which was introduced early 2023. We look forward to reporting on the outcomes of this work in our 2023/24 Annual Report.

Workforce Disability Equality Standard Innovation Fund.

Respectful Resolution.

We all deserve a workplace where we are respected and supported; where positive behaviours are encouraged, modelled and appreciated; where poor behaviours including bullying are addressed, not tolerated; and where staff are supported to safely challenge negative behaviour.

The Respect Campaign has been successfully rolled out across the Trust. Following 'Train the Trainer' workshops from A Kind Life in 2021, CNTW now have internal facilitators to deliver a Respectful Resolution Programme which underpins our Trust Values. The programme provides helpful tools and guides staff through the process of developing team values, reflecting on and identifying behaviours, initiating respectful conversations, and supporting resolution with colleagues. The goal is for teams to create a 'safe space' culture and to reduce the need for formal processes.

The Trustwide sessions started in October 2022 and have been very successful in terms of attendance and teams are even requesting bespoke individual sessions from our facilitators.

A suite of resources are available on the Intranet page and can be accessed by all staff.

Staff Networks.

All of the networks have developed action plans and have been supported by budgets for activities, release time for network chairs and administrative support. Network chairs met regularly with the Equality and Diversity Lead to talk about cross-cutting issues as well as Network Chair and Executive Director meetings. We have a central fund for equality and diversity which the networks can submit bids to for initiatives that will support key work that will help address Trust-wide actions, funding that is in addition to the network budgets. The following sections provide highlights of staff network activities during 2022-23:

Black History Month Event

This hybrid event took place on 28th October 2022 and was open to all staff and volunteers. Those who attended in person were welcomed by a Caribbean steel band and were able to sample a selection of cuisines which celebrate Black History. The theme for 2022 was ‘Black Health And Wellness’ and the following prestigious speakers attended:

- Ije McDougall: Chairperson & CEO for Kairos Initiative and Magistrate for UK ministry of Justice
- Dr Adam Rutherford: Scientist, Writer and Broadcaster
- Kanzeez Shaid: Head of Community Engagement for Rethink Mental Illness

Race Equality Week

This took place 6-12 February 2023 and staff were encouraged to take part in five 5-minute challenges across five days. The important, reflective challenges came from the organisation Race Equality Matters and further resources were shared with staff via the Cultural Diversity Staff Network Intranet page.

Disability History Month

This event was hosted virtually by Nicky Clark (Co-Chair Disabled Staff Network), Lynne Shaw (Exec Director of Workforce & OD) and Chris Rowlands (Trust Equality, Diversity & Inclusion Lead) on 14th December 2022. The event was a celebration of the changes made and the progress society has made over the last 100 years.

Disability Pride Month

Disability Pride Month took place in July 2022 and has been described as a month to ‘accept and honour each person’s uniqueness’ and ‘promote visibility and mainstream awareness’ of positive pride felt by people with disabilities. Resources and information were shared with staff via the CNTW Bulletin.

LGBTQ+ History Month Conference

This conference took place both in person and online on 24th February 2023. The aim this year was to spotlight those identities in our beautiful diverse rainbow whose voices we seldom hear. Special guests and speakers included:

- Owen Hurcum: Former Mayor of the city of Bangor, Wales and author of ‘Don't Ask About my Genitals: An Introductory Manifesto to Trans and Non-Binary Equality’.
- Eyes Open: A regional steering group who raise awareness of HIV and support World Aids Day.
- Angela Brudenell: Speaker of Lived Experience and employee of Northumberland Pride.
- James Haslam: Creator of Elberace, Entertainer & Speaker.
- Ken Jarrold CBE: The Chair of the CNTW NHS Foundation Trust who shares life experiences as an older gay man.
- James Hecker: Speciality doctor in old age psychiatry/dementia and is LGBT+ and elderly.
- Michael T Ogilvie: a local North-East singer/songwriter.

Staff Networks Continued.

Trust Execs Sign LGBT+ Network's Pledge Against Hate & Trans Ally Pledge

Created by the Trust's LGBT+ Staff Network in 2022, the pledges set out that everyone, regardless of sexual orientation, gender identity or expression, deserves respect and to feel safe and supported.

By signing, staff at the Trust pledge to challenge all instances of transphobia, biphobia, and homophobia and to stand by the LGBT+ community. They promise to ensure that CNTW will fully promote inclusivity, equality, and diversity for all of its staff and service users.

The Trans Ally Pledge allows staff to be visible allies to Trans, Non-Binary, and Gender Diverse people, creating safe spaces for people to talk about gender, the issues they are facing, and that the allies will help to ensure that CNTW is an inclusive workplace.

CNTW is a leading provider of mental health and disability services in the North East and North Cumbria.

Transgender Remembrance Day

The LGBT+ Staff Network at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) invited entrants to submit poems or art pieces related to the impact of transphobia or what it means to be transgender. The competition was part of CNTW's partnership with Northumberland Pride on the Road.

The winning entry by Louise Charlton, titled Me, was read out before the Transgender Remembrance Day vigil on 20 November 2022 in Hexham.

Northumberland Pride on the Road

In 2022 the CNTW sponsored Northumberland Pride on the Road taking Pride events into local community spaces, members of the Network attended events in Alnwick, Blyth, Bedlington and Hexham engaging with the communities alongside other organisations, signposting people to resources and information, as well as discussing wellbeing techniques, mindfulness and running laughing yoga sessions.

LGBT+ Network Rounders Match

In August 2022 the Trusts LGBT+ Network hosted a LGBT+ rounders match at St Nicholas Hospital, LGBT+ Networks from North East Ambulance Service, Northumbria Police, Newcastle Hospitals and Northumbria NHS took part with the team from North East Ambulance Service narrowly winning the day.

Pansexual Visibility Day 2022

The Trusts LGBT+ Network created a series of videos feature members of the Network as part of Pansexual Visibility Day to debunk some of the most common myths about pansexuality. These were shared on social media, and accessible through the staff intranet page.

Staff Networks Continued.

Mind, Health and Wellbeing Network

The Mind, Health and Wellbeing Network is a safe space for people to come and talk about how our wellbeing is affected by work and how our wellbeing affects us at work too. The network is open to all staff, students and apprentices within the Trust.

The network often have a guest speaker to share their expertise or to talk about the support they're offering to staff.

The three main aims for the network are:

1. Communication
2. Provision of cafés
3. Creating psychological safety within the Trust

On Friday 24 March 2023, the Network hosted an Away Day which focused on Kundalini yoga, nourishing vegan food, tarot cards, meditation, shakti dance and sound healing with reiki. Staff who attended the away day reported feeling relaxed, rejuvenated, and listened-to. It was the first of its kind for the network and there are hopes more sessions like this can continue for staff wellbeing.

Veterans Network

The network aims to ensure the Trust provides support to staff who are connected with the armed forces. It is key to helping the Trust fulfil its duties under the Armed Forces Covenant and the requirements of being a Veterans Aware organisation.

It is open to staff who are part of the reserves or cadets, who have served within any branch of the armed forces, and those with family or partners who are currently serving or veterans. Staff with responsibilities for the Trust's specialist services for veterans are also involved. The following key events took place:

- Armed forces day - 25 June 2022
- Supporting armed forces children online workshop - 20 July 2022
- Veteran PTSD loneliness study co-production event - 30 November 2022

Stonewall Diversity Champions.

CNTW has secured Stonewall's Silver award for leading LGBTQ+ inclusive employers, and climbed 193 places in their employer rankings!

Cumbria, Northumberland, Tyne and Wear NHS Foundation 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 at 164th in the list, having climbed an impressive 193 places since entering Stonewall's ranking at 357th on the list in 2020.

This programme supports health and care organisations to create more inclusive workplace cultures, where difference is welcomed and celebrated. Forty-eight organisations from across health and care have joined the 2022/23 programme starting in September 2022 (including CNTW). The year-long programme includes four face-to-face interactive modules, specialist virtual masterclasses in partnership with our colleagues at the Employers Network for Equality and Inclusion (ENEI). It also includes access to leading industry experts, good practice, guidance and resources.

Built on a foundation of over ten years' experience of delivering a successful diversity and inclusion partners programme, this initiative will provide thought leadership, tools and tips to help put your organisation at the forefront of equality, diversity and inclusion (EDI) practice.

Underpinned by the NHS values, the programme supports:

- leaders to integrate the latest sustainable diversity and inclusion practices.
- the creation of culturally appropriate and inclusive services to meet the needs of a diverse range of patients and care service users.
- organisations to be the best employers and service providers they can be.
- efforts to achieve the requirements of NHS and other external benchmarks and standards.

NHS Employers: Diversity in Health and Care Partners Programme.

Equality Objectives 2023-2024.

Ensuring service users have required levels of access to the service

We know from the analysis of data in our Equality Delivery System 2022 submission that we need better information on the protected characteristics of our service users. We will therefore:

- Work with the localities to ensure that there is an effective way to record these and that staff are given support and resources to ensure they feel confident in collecting these.

We know from the analysis of data in our Equality Delivery System 2022 submission that we should do more to engage with communities and groups across the population which we serve. We will:

- Seek to develop meaningful relationships with communities, groups and organisations to:
  - Remove or minimise disadvantages suffered by people due to their protected characteristics.
  - Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
  - Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Ensuring when at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Whilst we know from the analysis of data for EDS 2022 that we have a number of measures in place to address this, we also know that there is much more that we can do. We will therefore:

- Introduce across the Trust a procedure to address abuse by service users or carers of staff for a reason related to protected characteristic.
- Develop a leadership module to address inclusion.
- Work with Staff Networks on developing safe spaces for staff to ask questions to improve their knowledge on equality, diversity, inclusion and cultural competency.
- Roll out the training and resources from the WDES Innovation Fund.
- Working in conjunction with our staff networks to Introduce active allyship initiatives.
- Work with Stonewall on improving our performance in the Workplace Equality Index, with the goal of reaching the top 100 employers in the next two years.

Ensure we effectively identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

From our analysis of EDS 2022 evidence and discussions with the Trust's Policy Team, we know that there is more that can be done to identify the potential impacts our policies, procedures and functions have, so that we can show and provide assure that potential risks and impacts will be effectively mitigated and managed. This year we will therefore:

- Completely revise our equality analysis toolkit and provide up to date guidance for policy authors in how to complete this assessment.
- Ensure that all staff networks are effectively engaged in the discussions of the potential impact that a policy may have by monitoring the policy consultation process.
- EDI to run regular surgery sessions to provide advice for policy authors and managers around the potential impacts a procedure or function may have.

Appendices.

1. WRES / WDES Data Collection 2022
2. EDS 2022 Summary and Report Highlights
3. Equality & Diversity Data 2022

Appendix 1
WRES and WDES Data Collection 2022

Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Non Clinical workforce	**Verified figures**	**Verified figures**	**Verified figures**
Under Band 1	12	1	0
Band 1	1	0	0
Band 2	224	4	3
Band 3	434	10	4
Band 4	317	6	4
Band 5	160	9	2
Band 6	119	2	3
Band 7	79	1	1
Band 8A	38	0	0
Band 8B	35	1	0
Band 8C	2	0	0
Band 8D	2	0	0
Band 9	1	0	0
VSM	4	0	0

Appendix 1
WRES and WDES Data Collection 2022

Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Clinical workforce	**Verified figures**	**Verified figures**	**Verified figures**
Under Band 1	0	0	0
Band 1	1	0	0
Band 2	18	2	0
Band 3	1540	158	12
Band 4	324	14	2
Band 5	597	78	6
Band 6	1450	67	19
Band 7	767	27	10
Band 8A	242	13	7
Band 8B	105	4	0
Band 8C	67	3	1
Band 8D	19	1	0
Band 9	2	0	0
VSM	1	0	0
Consultants	110	87	0
of which Senior medical manager	1	1	0
Non-consultant career grade	46	58	0
Trainee grades	10	8	0
Other	9	3	12

Appendix 1
WRES and WDES Data Collection 2022

Relative likelihood of staff being appointed from shortlisting across all posts

	WHITE	BME	ETHNICITY UNKNOWN/NULL
	Verified figures	Verified figures	Verified figures
Number of shortlisted applicants	5828	3115	143
Number appointed from shortlisting	648	139	140
Relative likelihood of appointment from shortlisting	11.12%	4.46%	97.90%
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	2.49		

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Number of staff in workforce	6736	557	86
Number of staff entering the formal disciplinary process	36	8	0
Likelihood of staff entering the formal disciplinary process	0.53%	2.69%	0.00%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff			

Appendix 1
WRES and WDES Data Collection 2022

Relative likelihood of staff accessing non-mandatory training and CPD

	WHITE	BME	ETHNICITY UNKNOWN/NULL
Number of staff in workforce			
Number of staff accessing non-mandatory training and CPD:			
Likelihood of staff accessing non-mandatory training and CPD			
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff			

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	WHITE	BME
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months	29.4%	44.6%
Total Responses	2955	175

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	WHITE	BME
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	15.5%	24.1%
Total Responses	2952	174

Appendix 1
WRES and WDES Data Collection 2022

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

	WHITE	BME
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	67.3%	54.3%
Total Responses	2930	173

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months

	WHITE	BME
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months	5.1%	14.4%
Total Responses	2943	174

Percentage difference between the organisations' Board voting membership and its overall workforce

	White	BAME	Unknown
Total Board Members	13	1	0
Voting Board Members	13	1	0
Exec	5	1	0
NED	8	0	0

Trust Board BAME 7.14%

Trust Workforce BAME 7.5%

Appendix 1
WRES and WDES Data Collection 2022

	Disabled	% Disabled	Non-disabled	% Non-disabled	Unknown/Null	% Unknown/Null	Total
1a) Non Clinical Staff							
Under Band 1	1	7.7%	12	92.3%	0	0.0%	13
Bands 1	0	0.0%	1	100.0%	0	0.0%	1
Bands 2	14	6.1%	189	81.8%	28	12.1%	231
Bands 3	32	7.1%	365	81.5%	51	11.4%	448
Bands 4	32	9.8%	270	82.6%	25	7.6%	327
Bands 5	17	9.9%	139	81.3%	15	8.8%	171
Bands 6	2	1.7%	101	84.2%	17	14.2%	120
Bands 7	3	3.7%	69	85.2%	9	11.1%	81
Bands 8a	4	10.5%	30	78.9%	4	10.5%	38
Bands 8b	0	0.0%	30	83.3%	6	16.7%	36
Bands 8c	0	0.0%	2	100.0%	0	0.0%	2
Bands 8d	0	0.0%	2	100.0%	0	0.0%	2
Bands 9	0	0.0%	1	100.0%	0	0.0%	1
VSM	0	0.0%	4	100.0%	0	0.0%	4
Other (e.g. Bank or Agency) Please specify in notes.	2	3.6%	42	75.0%	12	21.4%	56
Cluster 1: AfC Bands <1 to 4	79	7.7%	837	82.1%	104	10.2%	1020
Cluster 2: AfC bands 5 to 7	22	5.9%	309	83.1%	41	11.0%	372
Cluster 3: AfC bands 8a and 8b	4	5.4%	60	81.1%	10	13.5%	74
Cluster 4: AfC bands 8c to VSM	0	0.0%	9	100.0%	0	0.0%	9
Total Non-Clinical	107	7.0%	1257	82.1%	167	10.9%	1531

Appendix 1
WRES and WDES Data Collection 2022

	Disabled	% Disabled	Non-disabled	% Non-disabled	Unknown/Null	% Unknown/Null	Total
1b) Clinical Staff							
Under Band 1	0		0		0		0
Bands 1	1	100.00%	0	0.00%	0	0.00%	1
Bands 2	5	25.00%	14	70.00%	1	5.00%	20
Bands 3	108	6.32%	1297	75.85%	305	17.84%	1710
Bands 4	31	9.12%	273	80.29%	36	10.59%	340
Bands 5	50	7.34%	510	74.89%	121	17.77%	681
Bands 6	120	7.81%	1243	80.92%	173	11.26%	1536
Bands 7	44	5.47%	674	83.83%	86	10.70%	804
Bands 8a	18	6.87%	226	86.26%	18	6.87%	262
Bands 8b	2	1.83%	96	88.07%	11	10.09%	109
Bands 8c	2	2.82%	59	83.10%	10	14.08%	71
Bands 8d	4	20.00%	15	75.00%	1	5.00%	20
Bands 9	0	0.00%	2	100.00%	0	0.00%	2
VSM	0	0.00%	1	100.00%	0	0.00%	1
Other (e.g. Bank or Agency) Please specify in notes.	23	3.5%	460	70.1%	173	26.4%	656
Cluster 1: AfC Bands <1 to 4	145	7.0%	1584	76.5%	342	16.5%	2071
Cluster 2: AfC bands 5 to 7	214	7.1%	2427	80.3%	380	12.6%	3021
Cluster 3: AfC bands 8a and 8b	20	5.4%	322	86.8%	29	7.8%	371
Cluster 4: AfC bands 8c to VSM	6	6.4%	77	81.9%	11	11.7%	94
Total Clinical	408	6.6%	4870	78.4%	935	15.0%	6213
Medical & Dental Staff, Consultants	10	5.08%	136	69.04%	51	25.89%	197
Medical & Dental Staff, Non-Consultants career grade	7	7.87%	64	71.91%	18	20.22%	89
Medical & Dental Staff, trainee grades	0	0.00%	20	86.96%	3	13.04%	23
Total Medical and Dental	17	5.50%	220	71.20%	72	23.30%	309
Number of staff in workforce	532	6.61%	6347	78.82%	1174	14.58%	8053

Appendix 1
WRES and WDES Data Collection 2022

Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

	Disabled	Non-disabled
Number of shortlisted applicants	895	10756
Number appointed from shortlisting	65	711
Likelihood of shortlisting/appointed	0.072	0.066
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	0.91	

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

	Disabled	Non-disabled
Total Number of Staff	532	6347
Average number of staff entering the formal capability process over the last 2 years. (i.e. Total divided by 2.)	0.5	3.5
Likelihood of staff entering the formal capability process	0.00094	0.00055
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	1.70	

Appendix 1
WRES and WDES Data Collection 2022

Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months

	Disabled	Non-disabled
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months	34.0%	28.8%
Total Number of Responses	1004	2127

Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

	Disabled	Non-disabled
Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months	11.6%	4.9%
Total Number of Responses	999	2112

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

	Disabled	Non-disabled
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	15.2%	11.1%
Total Number of Responses	995	2099

Appendix 1
WRES and WDES Data Collection 2022

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

	Disabled	Non-disabled
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	66.1%	67.7%
Total Number of Responses	392	643

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

	Disabled	Non-disabled
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	61.6%	68.9%
Total Number of Responses	999	2106

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

	Disabled	Non-disabled
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	18.0%	13.5%
Total Number of Responses	645	951

Appendix 1
WRES and WDES Data Collection 2022

Percentage of staff satisfied with the extent to which their organisation values their work

	Disabled	Non-disabled
Percentage of staff satisfied with the extent to which their organisation values their work	45.5%	51.1%
Total Number of Responses	1009	2121

Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

	Disabled
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	81.3%
Total Number of Responses	615

Staff engagement score (0-10)

	Disabled	Non-disabled
Staff engagement score (0-10)	6.8	7.2
Total Number of Responses	1008	2131

Appendix 1
WRES and WDES Data Collection 2022

Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

	Non-Disabled	Disabled	Unknown
Total Board Members	14		0
Voting Board Members	13	1	0
Exec	6	0	0
NED	7	1	0

Appendix 2
Equality Delivery System 2022
Summary

- The EDS 2022 Action Plan is being developed in accordance to the EDS findings, and is being incorporated into the Equality, Diversity & Inclusion (EDI) Action Plan for 2023-24.
- The EDI Action Plan 2023-24 is currently being finalised and will be submitted to People Committee in July 2023.
- A comprehensive analysis of EDS 2022 will be going to the Trust Board in May 2023, after which it will be published and uploaded to https://www.cntw.nhs.uk/about/equality/

Appendix 2 - Equality Delivery System 2022 Report Highlights

Domain 1: Commissioned or provided services

Gateshead, Newcastle and North Cumbria teams: Gateshead East CTT, Gateshead West CTT, Newcastle East Psychosis/Non Psychosis CTT, Newcastle West Psychosis/Non Psychosis CTT, EIP Gateshead, ARMS, EIP Newcastle, Individual Placement Support, Newcastle memory Service, North Cumbria ARMS, North Cumbria EIP, North Cumbria, West CTT, North Cumbria East CTT, North Cumbria CAMHS, North Cumbria Memory and Later Life West, North Cumbria Memory and Later Life East

Domain	Outcome	Evidence	Rating
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Data is from 01/01/22 – 01/01/23: Most of the service users accessing services are of White British ethnicity (80.2%) with 'not stated' as the second highest. The population breakdown of CNTW area is majority White British. Gender split is 54.8% female to 45.1% male for referrals into the services during the period. For religious belief, the majority of service users have 'unknown religion' (83.6%) followed by 'Christian' and then 'None'. The majority of referrals come from the local North East Region however there are referrals from come from all over the UK (based on client postcode area). Waiting times analysis for those waiting over 18 weeks to assessment and treatment reflects the above. The vast majority of those waiting over 18 weeks for assessment and treatment are from White British background with no significant variation by gender.	1
	1B: Individual patients (service users) health needs are met	All service users coming into inpatient wards are screened for physical health needs e.g. smoking status, alcohol use, long term conditions e.g. diabetes. If anyone smokes, then a referral can be made to the smoking service to help quit. There are no restrictions on access to this service in terms of demographics. Physical health needs are managed in a needs-led way and there are no restrictions again. For those on the SMI register, an annual health check is expected to be offered and completed by Primary Care in line with National policy. There are no restrictions with being able to access this offer, however Primary Care struggles to engage with the client group. There is one team in Northumberland that has been commissioned to provide this service on behalf of Primary Care. Waiting times – demographics play no part in the length of time someone waits on the waiting list. If someone is waiting and needs change then there may be intervention provided by CNTW or another organisation to support the individual whilst on a waiting list. This is needs-based and is not influenced by demographics.	1

Appendix 2 - Equality Delivery System 2022 Report Highlights

Domain 1: Commissioned or provided services

Gateshead, Newcastle and North Cumbria teams: Gateshead East CTT, Gateshead West CTT, Newcastle East Psychosis/Non Psychosis CTT, Newcastle West Psychosis/Non Psychosis CTT, EIP Gateshead, ARMS, EIP Newcastle, Individual Placement Support, Newcastle memory Service, North Cumbria ARMS, North Cumbria EIP, North Cumbria, West CTT, North Cumbria East CTT, North Cumbria CAMHS, North Cumbria Memory and Later Life West, North Cumbria Memory and Later Life East

Domain	Outcome	Evidence	Rating
Domain 1: Commissioned or provided services	1C: When patients (service users) use the service, they are free from harm	CNTW recognises that Patient Safety must be integrated into the education and training curriculum of all staff and staff must be provided with adequate time to attend where required. CNTW has a fully developed Academy with responsibility for Learning and Development across the Trust. The Academy covers everything from essential and statutory training, advanced clinical practice and basic numeracy and literacy through to in-house bespoke accredited courses. Data was from the Gateshead, Newcastle and North Cumbria Community Teams. It compares the harm incidents to the % of patients with those protected characteristics within those teams. The harm incidents exclude incidents where the patient was the perpetrator. This data highlights that there were more harm incidents to female patients compared to the percentage of female patients in the service. It also highlights that despite the percentage of patients over 60 being 23% there they accounted for 39% of the incidents within those teams. This is largely due to the higher risk of falls from elderly frail patients. Included in the Academy is the Accredited Learning Centre approved to design, deliver and award courses of study at Academic levels 3 to 6 (from Level 3 (A-Level standard) all the way to Level 6 and 7 (degree and master's degree standard).	2
	1D: Patients (service users) report positive experiences of the service	From Points of You (PoY) we do see that older age groups (65+) have a better experience of services compared to younger age groups (under 18 year olds and 19-24). Poorest experience is with service users that don't state an age, prefer not to say and 19-24 year olds. For the 19-24 age group which had the lowest experience score, there was an almost equal number of positive and negative comments received. Negative relate to communications and patient care and positive comments relate to communications and values and behaviours of the staff. There is minimal difference in experiences of those with and without a disability. Poorest experiences from those who did not answer the question. Feedback broken down by ethnicity shows that Asian/Asian British and Black/African/Caribbean have a better experience however this is based on lower numbers responding to PoY compared to White British who score third highest. Those preferring not to say their age and not stated had a poorer experience however this is based on low numbers of responses with these categories.	1
Domain 1: Commissioned or provided services overall rating			5

Appendix 2 - Equality Delivery System 2022 Report Highlights

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Staff currently have access to a range of health support and resources, summarised as follows: Covid-19 workplace risk assessments; centralised reasonable adjustment budget; lunchtime chair yoga; menopause café support group; good mood café support group; meditation café; QUIT Team smoking cessation staff support; A Weight Off Your Mind physical activity staff initiative; internal Staff Psychological Centre; 'Know Your Numbers' staff health checks via Healthworks Newcastle & NPH Group across CNTW sites; Mind Health and Wellbeing Group; Disabled Staff Network; staff Health Wellbeing champions; a wide range of self-help leaflets available to staff on mental health and wellbeing; Staff Wellbeing Hub which supports health and care staff to access what they need to stay mentally well and was set up as a response to the COVID-19 pandemic.	2
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• Following results of the 2022 annual NHS Staff Survey, the majority of CNTW staff said the people they work with are understanding and kind to one another and also that people are polite and treat each other with respect. High numbers of staff said their manager cares about their concerns and takes effective action to help with any issues they may need support with. Fewer than 6% of staff who responded said they have personally experienced discrimination at work. • The Respect Campaign has been successfully rolled out across the Trust. Following 'Train the Trainer' workshops from A Kind Life, CNTW now have internal facilitators to deliver a Respectful Resolution Programme which underpins our Trust Values. The programme provides helpful tools and guides staff through the process of developing team values, reflecting on and identifying behaviours, initiating respectful conversations, and supporting resolution with colleagues. The goal is for teams to create a 'safe space' culture and to reduce the need for formal processes. Many sessions have been delivered to date and are ongoing, as well as bespoke sessions that have been tailored to individual teams' needs. • Freedom to Speak Up Guardians and Champions - Freedom to Speak Up - Thrive @ CNTW (thriveatcntw.co.uk) • Work ongoing with the EDI and Safer Care Team alongside local Police to address hate crimes that have been reported by staff.	2

Appendix 2 - Equality Delivery System 2022 Report Highlights

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating
Domain 2: Workforce health and well-being	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Thrive is CNTW's external health and wellbeing website, which is open to both staff and the public. The website is full of useful information and support for emotional health, physical health, benefits & discounts, career development and occupational health. Thrive includes access to resources on emotional, physical, psychological, social, and financial wellbeing • PAM Assist Occupational Health: provides a range of services designed to support and improve staff's overall health and wellbeing • Employee Assistance Programme (via Vivup): staff can access impartial, confidential advice from qualified counsellors • Staff Psychological Centre • Staff Networks • Staff Side and Trade Union support • Freedom To Speak Up Guardians and Champions	2
	2D: Staff recommend the organisation as a place to work and receive treatment	The 2022 Staff Survey results illustrate that CNTW staff feel that their work is important, with 85.9% of staff saying they felt that their role makes a difference to service users and patients. The Trust's commitment to its service users was reflected in the survey results. High numbers of staff who responded said that they feel that the care of patients and services users is a top priority for the organisation and that the organisation acts on concerns raised by patients and service users. 65% of staff in the 2022 Staff Survey stated that they would recommend the Trust as a place to work. 66% of staff in the 2022 Staff Survey state that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust. Highlights from most recent People Pulse survey The Bulletin - People-Pulse-Survey-Jan-2023.pdf - All Documents (sharepoint.com) show that 84% of respondents stated that colleagues helped one another, 60% stated that the Trust was proactive in supporting their health and wellbeing. 83% stated they felt that they could approach their manager to talk about flexible working.	2
Domain 2: Workforce health and well-being overall rating			8

Appendix 2 - Equality Delivery System 2022 Report Highlights

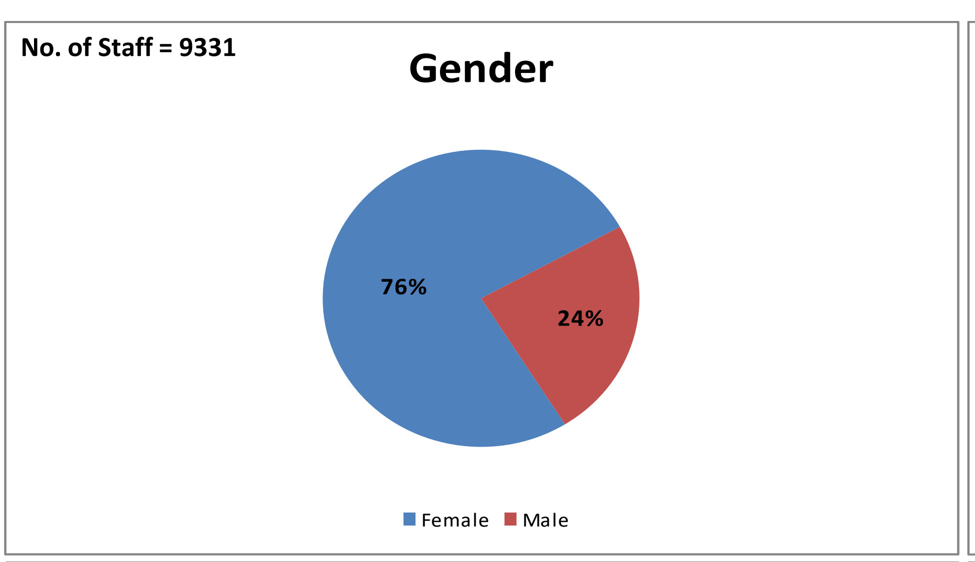
Domain 3: Inclusive leadership

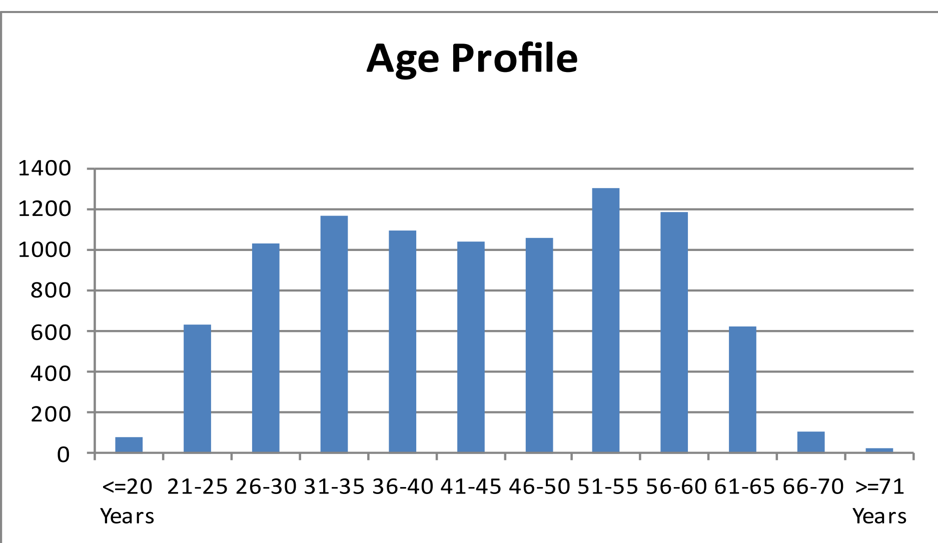
Domain	Outcome	Evidence	Rating
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	• The Equality, Diversity and Inclusion Steering Group takes place monthly and is chaired by the Executive Director of Workforce and Organisational Development. A wide range of staff attend the meeting from localities, CBUs and Staff Networks. The meeting regularly has guest speakers, addresses Trustwide EDI actions and priorities, and receives updates from colleagues with regards to EDI work ongoing • The People Committee (Board Sub-Committee) receives monthly updates from the Equality, Diversity & Inclusion Steering Group and feeds updates through to monthly Trust Board meetings. • Active Executive Director attendance or support at Trust events such as Pride, LGBT+ History Month, Black History Month, Disability Leadership Courses etc. • Each staff network has an executive sponsor, a time allowance for co-chairs, and a network budget.	2
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Board and senior-level meeting papers include 'risks identified' section • Quality Account / Quality Priorities – EDI has been part of the Quality Account for the past three years and is reported on Quarterly. • Gender Pay Gap is discussed at Board each year. • EDI Annual Report is received by Board each year. • WRES / WDES findings and action plan is presented and agreed at Trust Board each year.	2
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	• Quality Account / Quality Priorities – EDI has been part of the Quality Account for the past three years and is reported on Quarterly. • Gender Pay Gap is discussed at Board each year. • EDI Annual Report is received by Board each year. • WRES / WDES findings and action plan is presented and agreed at Trust Board each year.	2
Domain 3: Inclusive leadership overall rating			6

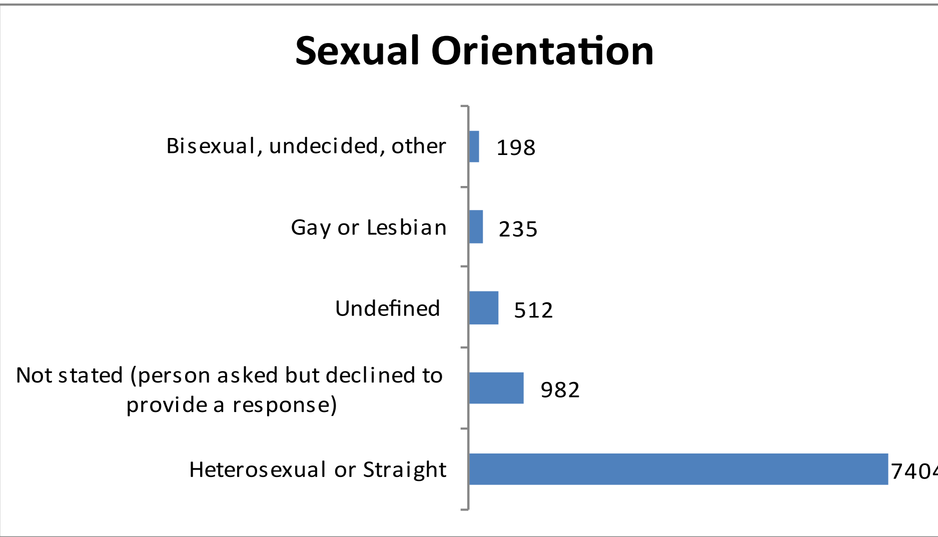
Appendix 2 - Equality Delivery System 2022 Report Highlights

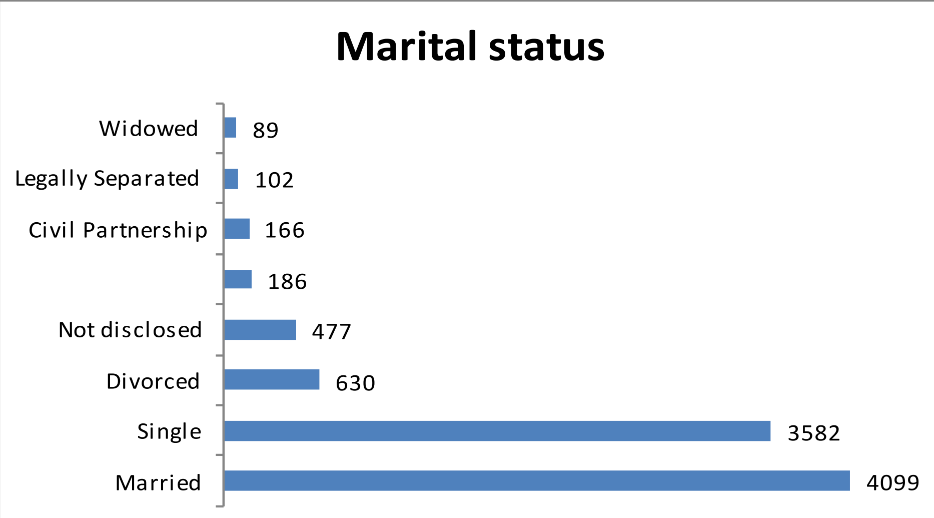
EDS Organisation Rating (overall rating): **19**
Organisation name(s): Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Appendix 3
Equality & Diversity Data as at 4 April 2022

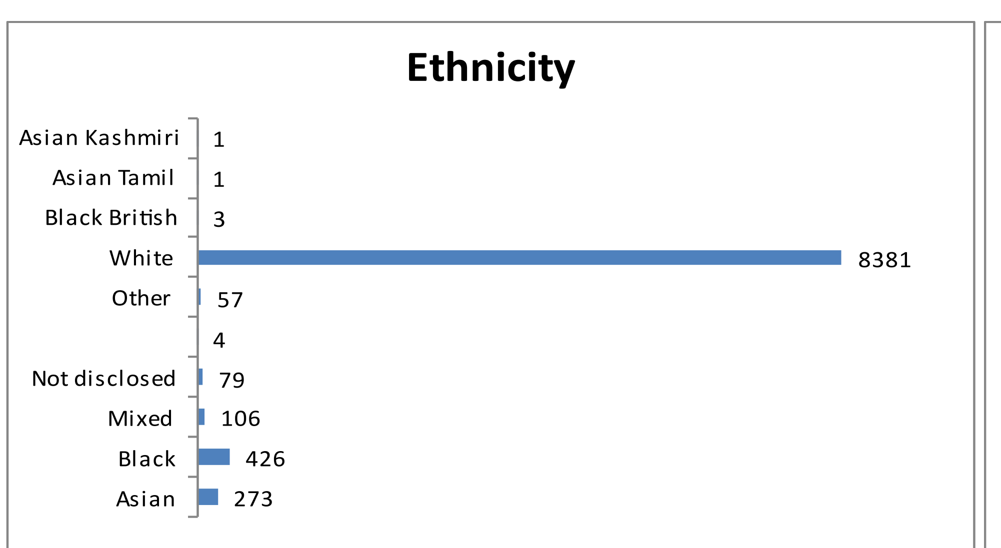


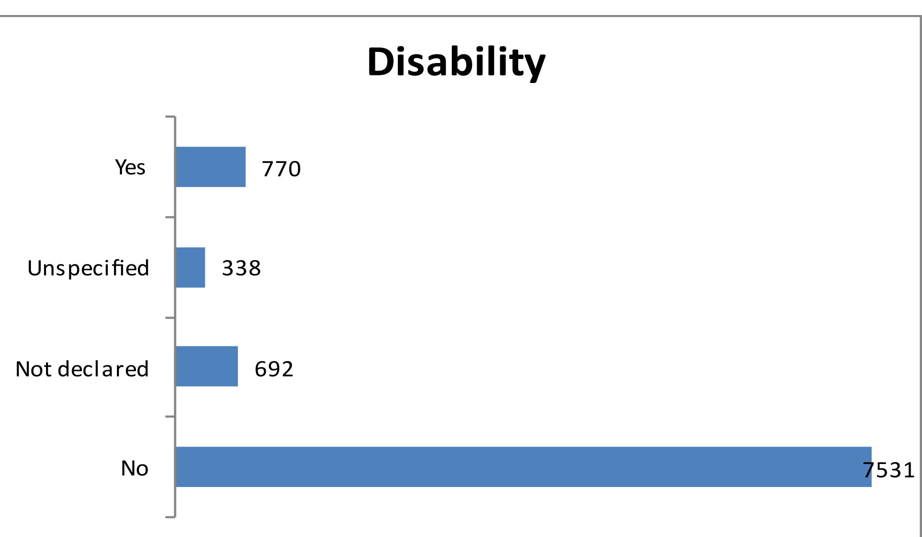


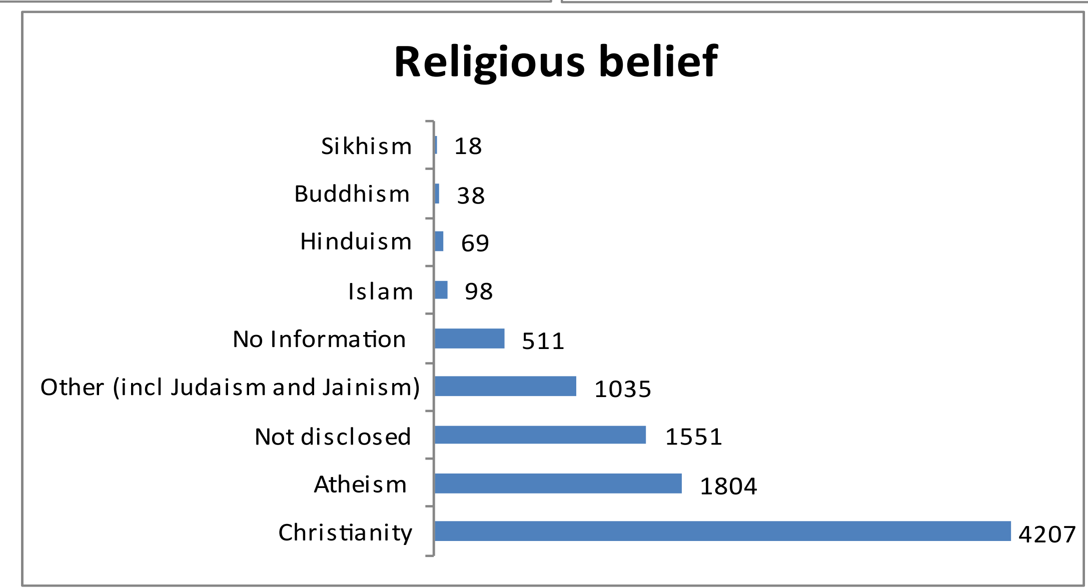




Appendix 3
Equality & Diversity Data as at 4 April 2022







17. CQC FOCUSED INSPECTION OF HADRIAN CLINIC, CAMPUS FOR AGEING AND VITALITY

Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

REFERENCES

Only PDFs are attached

17. CQC Focused Inspection - CAV.pdf

17. CQC Published report Appendix A.pdf

Report to the Board of Directors
Wednesday 3rd May 2023

Title of report	CQC focused inspection of Hadrian Clinic, Campus for Ageing and Vitality
Purpose of the report	For information
Report author(s)	Vicky Wilkie, CQC Compliance and Governance Manager
Executive Lead (if different from above)	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing	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)
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). 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). 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).

CQC focused inspection of Hadrian Clinic,
Campus for Ageing and Vitality

Board of Directors

Wednesday 3rd May 2023

1. Executive Summary

On 7th December 2022 the CQC carried out an unannounced focused inspection of three wards at Hadrian Clinic on the Campus for Ageing and Vitality hospital site (Fellside, Lamesley and Lowry).

This visit was prompted by two serious incidents and concerns raised by a whistle blower about the safety and quality of the service. This was a focused inspection looking at key lines of enquiry in the safe, effective and well-led domains. This inspection did not look at the caring and responsive domains.

The draft report from this inspection was received on 22nd March 2023. The Trust had a period of 10 working days to undertake a factual accuracy check of the report and respond back to the CQC. The final report received from the focused inspection was received by the Trust on 6th April 2023 (a copy of the published report has been included as appendix 1).

2. Findings

The CQC did not rate this service at this inspection.

This inspection identified three areas for improvement which the Trust MUST take to improve:

- The Trust must ensure that the premises are fit for purpose (Regulation 15 Premises and Equipment).
- The Trust must ensure that the wards have suitably qualified and experienced staff to support all admissions including training in specialist autism and learning disabilities (Regulation 18 Staffing).
- The Trust must ensure that all staff are aware of patients risks and risk management plans on all wards (Regulation 12 Safe Care and Treatment).

Action plans to address these areas for improvement will be developed once received.

3. Recommendations

The Trust are required to provide regular updates to the Care Quality Commission on progress against any areas for improvement and as such it is necessary for the Trust Board to have oversight of progress and be assured that these concerns are being addressed.

The Board are asked to:

- Note the content of the inspection report.

Name of author:
Vicky Wilkie, CQC Compliance and Governance Manager

Name of Executive Lead:
Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

18th April 2023

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Inspection report

St Nicholas Hospital
Jubilee Road, Gosforth
Newcastle Upon Tyne
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Date of inspection visit: 7-8 December 2022
Date of publication: 19/04/2023

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Acute wards for adults of working age and psychiatric intensive care units

Inspected but not rated

The Hadrian Clinic is based at the Campus for Ageing and Vitality in Newcastle upon Tyne. The unit has three wards which are Fellside, Lamesley and Lowry. These wards are acute admission wards for adults who are over 18 years old with a mental illness who require assessment and treatment in hospital. Fellside is a 16 bedded ward for men, Lowry is a 16 bedded ward for women and Lamesley is a 16 bedded ward for women.

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of the service. This was in relation to 2 serious incidents and a whistleblowing enquiry which highlighted concerns about staffing and impact on patients. While we did not look at the circumstances of the specific incidents, we did look at associated risks.

This was a focussed inspection looking at key lines of enquiry in the safe, effective and well led domains. We did not inspect the caring and responsive domains.

On the last day of the inspection, we gave the trust feedback about our concerns. Senior managers were already aware of the issues on the unit. The wards were due to relocate to the Bamburgh clinic at St Nicholas Hospital in Spring 2024. In the interim the Deputy Chief Nurse and Director of Safety, Security and Resilience undertook a review of the hospital site and sent us the trust action plan after the inspection. This outlined the interim measures which were being put in place.

We did not rate this service at this inspection. The previous rating of good remains.

We found:

- The environment was not fit for purpose, ward areas were small with limited communal and outside space. The unit was located on an old hospital site where there were several derelict buildings.
- The service was using bank and agency staff to cover increased staffing levels. Staff were not receiving training in key skills, to help manage patients' needs and safety well.
- The wards did not have a consistent multi-disciplinary team to support the care and treatment of patients on the ward.
- Some staff did not feel respected, supported and valued.

However:

- Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Leaders understood the issues on the unit and were putting interim measures in place to support staff and patients until the wards could be relocated.
- Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Our findings

How we carried out the inspection

During the inspection visit, the inspection team:

- visited Fellside and Lowry wards
- looked at the quality of the ward environment and observed how staff were caring for people
- interviewed the 3 ward managers and locality manager
- interviewed 9 members of staff including nurses, support workers, advanced nurse practitioner and the consultant psychiatrist
- spoke with 3 patients
- observed a morning meeting
- reviewed 7 care and treatment records
- reviewed information from the last Mental Health Act monitoring visit

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

We spoke with 3 patients during the inspection who told us that staff were good and listened to them. They said they got involved in activities and were able to access the community. We reviewed information from the recent Mental Health Act monitoring visit where patients said access to toilets was an issue. Patients commented that if a patient was making loud noises in the lounge/dining room there was nowhere else for other patients to go.

The computer on Fellside ward was out of use and there was no remote control for the television. Patients on Fellside ward told us of the issues not having a remote control caused with patient distress and on occasions aggression.

Is the service safe?

Inspected but not rated

Safe and clean care environments

The wards were not completely safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

The environment was not fit for purpose as the wards were small with limited communal space. This meant that patients did not have areas that could be used for de-escalation. Patient bedrooms on all 3 wards did not have en-suite bathroom facilities and there were only 2 communal toilets on each of the wards. The décor was dated, and wards were noisy. There was limited outside space as Fellside and Lamesley wards were on the second floor. The outside space of Lowry ward on the ground floor was dirty with cigarette butts and paper cups laying around.

Our findings

The wards are part of the Hadrian Clinic which is based on the Campus of Ageing and Vitality. The trust also has 2 older persons wards on this site. These are standalone units based on an old hospital site which is closed apart for some community health services. Staff told us that they did not always feel safe in the hospital grounds, especially during winter months when it was dark.

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff mitigated any potential risks.

Staff could observe patients in all parts of the wards.

The ward complied with guidance and there was no mixed sex accommodation.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were reasonably clean and cleaning staff were on the wards throughout the inspection. Maintenance work, including painting and decorating, was being carried out on the wards during the inspection.

Staff made sure cleaning records were up-to-date and the premises were mostly clean except for the courtyard areas.

Staff followed infection control policy, including handwashing.

Safe staffing

The service had enough nursing and medical staff on each shift. The wards used bank and agency staff to ensure there were enough staff to keep people safe from avoidable harm. Staff did not always receive basic training to help understand the needs of patients and keep them safe.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Staff recruitment was ongoing and vacancy rates had fallen. Regular bank and agency were being used to support the wards when acuity was high.

The service was using bank and agency staff and in the 3 months from September 2022- November 2022 Fellside had 271 shifts filled by bank staff and 490 shifts filled by agency, Lamesley had 190 shifts filled by bank staff and 541 shifts filled by agency and Lowry had 207 shifts filled by bank staff and 543 shifts filled by agency

Managers requested staff familiar with the service and encouraged regular staff to work on the wards. Fellside had a core group of male agency workers who took most shifts.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. A checklist had been introduced to ensure that staff not familiar with the wards knew what was expected.

No staff had left the service in the 3 months prior to the inspection and sickness absence rates were 4% for Fellside and Lamesley and 6% Lowry.

Our findings

The ward managers could adjust staffing levels according to the needs of the patients. Staffing could be increased with increase in acuity and observation levels.

Patients had regular one to one session with their named nurse.

Patients sometimes had their escorted leave or activities cancelled due to staffing.

Staff shared key information to keep patients safe when handing over their care to others. We saw handovers were taking place but that the documentation was not always to a good standard. Staff said handovers provided a verbal feedback and risk information was displayed on staff boards and with observation sheets. Staff on Lowry ward used a daily risk brief which the night staff completed every night to share with staff the next day. This included important information on each patient. We did not see this process on the other wards.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There had been some changes on Fellside with the permanent consultant psychiatrist moving into a new role and new doctors now working on the wards.

Mandatory training

Staff had not completed and kept up to date with their mandatory training. There were 8 courses which fell below the trust compliance figure. These were;

- Safeguarding Adults Level 3 - 56%
- Safeguarding Adults Level 2 – 70%
- Prevention and management of violence and aggression - 58%
- Resuscitation Training - Adult Immediate Life Support – 60%
- Safeguarding Children Level 3 – 64%
- Safeguarding Children Level 2 – 63%
- Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards Combined – 30%
- Dysphagia Awareness – 57%

Autism training had not been embedded across the wards and Autism Core Capabilities training compliance was 27% on Lamesley ward, 6% on Lowry ward and 0% on Fellside ward. No staff had completed learning disability training on any of the 3 wards.

Due to the increase in admissions of patients with learning disabilities and/or autism this training was being rolled out across the trust. In November 2022 this had been extended to include all staff across the organisation. Staff from the Hadrian Clinic had been booked onto courses in February and March 2023.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Our findings

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission/arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool.

Management of patient risk

Staff knew about risks to each patient and acted to prevent or reduce risks. In response to recent incidents the service had devised a safety brief which was given to all existing staff, new starters and for any staff who were unfamiliar with the ward. The safety brief highlighted roles, responsibilities and general ward safety. Agency staff could describe patients risks and said that they were provided with basic risk information for patients. However, staff on Lowry said that they did not have access to risk management plans and were not always provided with the full risk management plan detail. There had been occasions when this had led to potential safety issues.

Staff could observe patients in all areas.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff were not always receiving training on how to recognise and report abuse, appropriate for their role. Compliance for safeguarding level 2 training was 70%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe and family visiting areas were off the wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff access to essential information

Our findings

Permanent staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records.

Patient notes were comprehensive, and staff could access them easily. However, agency staff did not have access to the electronic system and relied on verbal feedback and paper-based information.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The main incidents across the wards related to aggression and violence. For the period September 2022 to November 2022 Fellside ward had 60 incidents of violence and aggression out of 167 incidents, Lamesley ward had 86 out of 436 and Lowry ward had 146 out of 383. Incidents of self-harm were high on Lowry ward at 122 and Lamesley ward at 235.

Staff reported serious incidents clearly and in line with trust policy. There had been 2 serious incidents on the wards in the last 12 months. One incident was being investigated by NHS England as part of a level 3 independent investigation.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers usually debriefed and supported staff after any serious incidents. However, some health care assistants felt that they would have benefitted from more support and said that they were not always fully involved.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Reviews had identified some issues with staff not completing engagement and observations in line with policy and training was being delivered across the trust about the importance of completing engagement and observations in line with the trust policy.

Staff met to discuss the feedback and look at improvements to patient care.

Is the service effective?

Inspected but not rated

Our findings

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated.

Skilled staff to deliver care

The ward teams did not include the full range of specialists required to meet the needs of patients on the wards. Managers had not made sure they had staff with the range of skills needed to provide high quality care. Managers provided an induction programme for new staff.

The service did not have the full range of dedicated specialists to meet the needs of the patients on the ward. Specialists were available to the teams, but the wards did not have consistent team members with cover arrangements in place at the time of the inspection.

Managers had not responded to the increase in admissions of patient with a learning disability or autistic people and staff did not always have the right skills, qualifications and experience to meet the needs of the patients in their care. Although the trust had recognised that this was a gap, most staff had not received specialised learning disability and autism training at the time of the inspection.

Managers gave each new member of staff a full induction to the service before they started work.

Managers recruited, trained and supported volunteers to work with patients in the service and each ward had a peer support worker.

Multi-disciplinary and inter-agency teamwork

Staff from different disciplines did not always work together as a team to benefit patients. Vacancies in the team meant that there could be gaps in patients care and treatment. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

The wards did not have consistent multi-disciplinary teams. Several people had left and although posts had been recruited into these had not yet started. Two consultant clinical psychologists were due to start and in the interim formulation and the delivery of therapeutic interventions was limited.

Our findings

The wards had an allocated full time occupational therapist and access to a speech and language therapist.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

Is the service well-led?

Inspected but not rated

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed. We received mixed reviews from staff with staff on Lowry ward feeling less supported than other staff we spoke to.

Ward managers were relatively new into management posts. Support for development in these roles had been slow and managers had been supported by peers. Management training was now available to support their development.

Culture

Most staff felt respected, supported and valued. Staff said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Some staff did not always feel part of the team and did not always feel supported by managers.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The trust was aware of the issues on the unit and had plans to relocate the wards. The move was planned for Spring 2024 and managers were putting interim measures in place.

Our findings

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

- The trust must ensure that the premises are fit for purpose. (Reg 15 Premises and Equipment)
- The trust must ensure that the wards have suitably qualified and experienced staff to support all admissions including training in specialist autism and learning disabilities. (Reg 18 Staffing)
- The trust must ensure that all staff are aware of patients risks and risk management plans on all wards. (Reg 12 Safe Care and Treatment)

Action the trust Should take to improve:

- The trust should ensure that patients have access to a full multi-disciplinary team.

Our inspection team

The team that inspected the service comprised of 2 CQC inspectors.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Treatment of disease, disorder or injury Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

18. INFECTION PREVENTION CONTROL (IPC) BOARD ASSURANCE FRAMEWORK

Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance

REFERENCES

Only PDFs are attached

18. IPC BAF - May 2023 Board.pdf

Report to the Board of Directors
Wednesday 3rd May 2023

Title of report	Infection Prevention Control (IPC) Board Assurance Framework
Purpose of the report	For assurance
Executive Lead	Sarah Rushbrooke, Executive Director of Nursing, Therapies & Quality Assurance
Report author(s) (if different from above)	Liz Hanley, Associate Director Nursing and Quality; Kelly Stoker, Head of Infection Prevention and Control

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

Board Sub-committee meetings where this item has been considered (specify date)	
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)

Infection Prevention and Control (IPC) Board Assurance Framework
Report to the Board of Directors meeting
Wednesday 3rd May 2023

1. Executive Summary

The Infection Prevention and Control (IPC) Board Assurance Framework (BAF), first issued by NHS England / Improvement (NHSE/I) in May 2020, is designed to help providers assess against IPC, as a source of internal assurance that quality standards are being maintained. The BAF was updated in December 2022 and a further updated BAF is expected, with a focus on incorporating respiratory illness into wider IPC assurance.

This report covers Quarter 4 (January to March 2023).

2. Covid-19

On 31.3.23, there were 2 active outbreaks across the Trust:

- North Cumbria Locality: 1
- North Locality: 0
- Central Locality: 1
- South Locality: 0

- There was one patient positive for Covid-19 and in isolation across the Trust
- 49 staff members were absent due to Covid-19
- There were 14 COVID-19 outbreaks during Quarter 4.

3. Nosocomial (Healthcare Acquired) Infections

There were no nosocomial (Healthcare Acquired) infections identified in Quarter 4.

Learning/themes from Outbreak areas

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

- Reaffirming that potential close contacts of a positive case do not need to be tested unless they become symptomatic
- Evidence of embedded learning in clinical service areas following previous outbreaks and good IPC practice has been noted
- Staff engagement and good working relationships between the IPC team and ward staff has been noted. Staff members are informing the IPC team when patients are out of isolation, affording the IPC team the opportunity to ensure terminal cleans have been completed and to address any outstanding issues.

4. Vaccination campaigns

Winter 2022-3 Influenza and Covid-19 vaccination

The 2022-2023 winter influenza and Covid vaccination campaign ended in February 2023 and the final vaccination uptake figures for CNTW and NTW Solutions staff are as follows:

Influenza: 55.1
Covid: 56.43%.

The previous report outlined possible reasons for the relatively low uptake of seasonal vaccinations by staff members, including vaccine fatigue.

A Lessons Learnt event was held in March 2023 to evaluate the vaccination campaign and to inform future campaigns. Locality vaccination leads, pharmacy colleagues, representatives from the Health Protection Team and acute Trust colleagues were included in the event. The recommendations for the learning include:

- Planning should be started as early as possible: the 2022-3 seasonal vaccination campaign was the first predominantly booster campaign for Covid and the campaign required specific consideration of the model of delivery to ensure the most efficient model, in terms of staff resource and overall financial cost. The early inclusion of colleagues and teams across the Trust was advocated, supported by a robust communication.
- Early consideration of the barriers to staff uptake of vaccination and how these can be addressed is needed, with the support of local, regional and national colleagues. Communication and support options to assist with decision-making and incentives should be considered.
- The model of delivery of vaccination training and competency sign-off would be strengthened by consolidation into a full day of face-to-face training.
- The early identification of vaccinators and maintenance of a comprehensive list by Locality would build on the previous campaign work.
- The timely identification of vaccination clinic sites, where these are part of the vaccination model, is essential to running a successful campaign.
- More effective engagement with medical staff, including inclusion in operational vaccination campaign meetings, would improve the operation of the campaign.
- Early engagement with Information Governance colleagues to ensure that Data Protection Impact Assessment (DPIA) issues are identified and documented with respect to recording and monitoring the related information should be prioritised.

The winter 2023-4 vaccination plan will be presented to the Board in June 2023
Spring 2023 COVID-19 booster campaign

The spring COVID-19 booster campaign is in progress until 30.6.23.

The effects of COVID-19 are more serious in older people and in people with certain underlying health conditions. For these reasons, people aged 75 years and over, those living in care homes for older people and those aged 5 years and over with a weakened immune system are being offered a spring booster of COVID-19 vaccine. The full eligibility details are available via the following link: **Spring Booster**

Across the health and social care system, eligible individuals will be offered an appointment between April and June 2023, with those at highest risk being called in first. Individuals will be invited to have their booster approximately 6 months after their most recent dose, but it can be given from 3 months from the previous dose. Those turning 75 years of age between April and June 2023 will be called for vaccination during the campaign; they do not have to wait for their birthday.

The CNTW Spring booster vaccination programme will be offered to In-patients only during the campaign period (between Monday 17 April and the 30 June 2023). Eligible staff members will be signposted to their General Practitioner/ Primary Care team or vaccination hub.

The roving vaccination model will be employed to deliver the Spring Booster campaign, predominantly delivered and coordinated by the Infection Prevention and Control team. This model is expected to promote efficiency and reduce wastage of vaccine. Clinicians on the wards will be responsible for identifying eligible individuals and liaising with the Immunisation team, as well as obtaining consent, incorporating the consideration of the patient's mental capacity.

5. Inoculation and sharps injuries

There were four needlestick injuries recorded in Quarter 4, and 25 Inoculation injury incidents reported through the Safeguard reporting system involving biting, scratching, and spitting by patients. These were all actively followed up by the IPC Team.

6. Compliance

Trust level compliance was demonstrated across all standards. The IPC team continued to raise awareness that staff needed to ensure that:

- All relevant IPC measures were in place and standard precautions being followed
- Personal Protective Equipment (PPE) stock was readily available to all staff
- All staff who caring for patients or working in an area with COVID-positive patients, were fit-tested for a Filtering Face Piece (FFP3) mask.

7. Additional assurance mechanisms

- Monthly Trustwide IPC Assurance meetings were held during Quarter 4. The Trust IPC Committee met in January 2023
- Staff absence management continues to be a vital part of ensuring staff are assessed and returned to work as soon as practicable, in line with government guidance. Decisions about returning to work are jointly undertaken by the Absence line and IPC team to ensure effective risk management
- The IPC team continues to undertake scheduled and as required Meetings with Clinical Nurse Managers, Ward Managers and Clinical Care Groups to discuss complex cases, clusters, and outbreak management. Support and guidance is offered for the practical application of 10-day isolation of patients, supported with LFD testing at Day 5 and 6 to end isolation early if negative on LFD and the patient is apyrexial
- The IPC team provides comprehensive support and advice to all outbreak areas to review the appropriate use of Personal Protective Equipment and outbreak control measures
- Annual IPC Audits of clinical areas continue, with any actions being flagged and followed up as appropriate
- Planned IPC awareness-raising e.g., safe use of sharps and management of inoculation injuries, is planned
- Induction sessions for new IPC Link Practitioners is underway
- The comprehensive roll out of Fit Testing of FFP3 masks continues to be led by the Trust FFP3 Mask Lead and Trainer, including the refit of new models of mask and fit testing for PAM referrals, multiple failure referrals and those with work related difficulties.

8. Conclusion

The Board Assurance framework provides assurance that:

- any areas of risk are identified and that corrective action is taken in response
- national guidance impacting on Infection Prevention and Control standards is proactively reviewed with action taken to implement changes required across CNTW
- Continuous surveillance and monitoring to ensure high IPC standards, and a proactive approach to prevent the spread of healthcare acquired infection (HCAI).

Infection Prevention and Control
May 2023

19. BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

Debbie Henderson, Director of Communication and Corporate Affairs

REFERENCES

Only PDFs are attached

- 19a. BAF Executive Report - Q4 22-23.pdf
- 19b. Appendix 1 - Risk Appetite Report - Q4 22-23.pdf
- 19c. Appendix 2 BAF Risk Register Q4 22-23.pdf
- 19d. Appendix 3 Trust-Wide Risk Management Report - Q4 22-23.pdf
- 19e. Appendix 4 - Internal Audit plan - Q4 22-23.pdf
- 19f. Appendix 6 - BAF movement chart 22-23 Q4.pdf
- 19g. Appendix 5 - Clinical Audit - Q4 22-23.pdf

Report to the Board of Directors Meeting

Wednesday 3 May 2023

Title of report	Board Assurance Framework (BAF) Exception Report
Purpose of the report	For information, discussion, and assurance
Executive Lead	Debbie Henderson, Director of Communications and Corporate Affairs
Report author(s) (if different from above)	Yvonne Newby, Risk Management 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	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
Mental Health Legislation Sub Committee **SA5** The Trust Will Be The Centre Of Excellence For Mental Health And Disability **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.
Quality and Performance Sub Committee **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 **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 **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)
Resource and Business Assurance Sub Committee **SA6** The Trust Will Be Regarded As A Great Place To Work. **SA1** Working together with service users and carers we will provide excellent care Supporting people on their personal journey to wellbeing. **Risk 1680** If the Trust were to acquire service level and additional geographical areas this could have a detrimental impact on CNTW as an organisation. SA1.10 **SA4** The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them. **Risk 1687**: That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme. SA4.2 **SA1** Working together with service users and carers we will provide excellent care Supporting people on their personal journey to wellbeing. **Risk 1762** Restrictions in Capital expenditure due to national limits and the Trusts own cash availability may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1) **SA4** The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them. **Risk 1853** The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4)
Provider Collaborative Sub Committee **SA4** The Trust's Mental Health And Disability Services Will Be Sustainable And deliver Real Value To The People Who Use Them. **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 SA4 **SA3** Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up". **SA2** With People Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience. **Risk 2041**: Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. SA3.2
People Committee **SA5** The Trust Will Be The Centre Of Excellence For Mental Health And Disability **SA6** The Trust Will Be Regarded As A Great Place To Work. **Risks 1694**

Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high-class services. (SA5.9) & (SA6)

SA2 With People, Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.
SA.4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them
Risk 1852
There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) & (SA4)

Report to the Board of Directors Meeting
Wednesday 3 May 2023

Board Assurance Framework/Corporate Risk Register

1. Executive Summary

The Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Board Assurance Framework/Corporate Risk Register identifies the strategic ambitions and key risks facing the organisation in achieving the strategic ambitions.

This paper provides:
- A summary of both the overall number and grade of risks contained in the Board Assurance Framework (BAF).
- A detailed description of the risks which have exceeded a Risk Appetite included on the BAF.
- A detailed description of any changes made to the BAF.
- A detailed description of any BAF reviewed and agreed risks to close.
- A copy of the Trusts Risk Appetite table is attached as **appendix 1.**
- A copy of the BAF is included as **appendix 2**.
- **Appendix 3** gives a summary of both the overall number and grade of risks held by each Locality Group, Corporate Directorate Risk Registers, Clinical Groups, Corporate Business Units and Executive Corporate Risk Registers on the Safeguard system as at end of March 2023. There have been no risks escalated within the quarter, action plans are in place to ensure these risks are managed effectively and all risk are held at the appropriate level.
- A copy of Internal Audit Plan 2022/2023 as **appendix 4**.
- A copy of Clinical Audit Plan 2022/2023 as **appendix 5.**
- A high level copy of changes to the BAF for 2022/2023 as **appendix 6.**

2. Key issues, significant risks, and mitigations

As mentioned in the Quarter 3 report there is still an increase in risks being reported in Appendix 3 of this report. This is due to Web Risk being implement at this level in line with our Risk Management Strategy. Training has been provided to support rolled out at Ward and Department level. A report has been created which informs the Risk Management Lead of any new risks which have been added to Web Risk Register within the last 7 days. This enables any quality issues to be identified and amended immediately. Six monthly Quality Risk Reports are being provided to each Locality to assist with quality issues with existing risks. The Group level/Corporate Risks that exceed the risk appetite will be reported in Appendix 3 as in previous reports. Any risk exceeding the risk appetite at CBU level (Community, Inpatient. Access and Specialist Services) will be recorded as follows: -
- Risk Numbers
- Appetite Category
- When Risks was last reviewed within Trust Leadership Team (TLT)
- When Risks will next be reviewed within Trust Leadership Team (TLT)

With the significant increase of risks now being recorded on the Web Risk System it would not be practicable to include them individually in this report. If any Board Member would like a detailed account of any risk listed in the report at CBU level or has any queries concerning a risk, please do not hesitate to contact the Director of Communications and Corporate Affairs.

3. Recommendation/summary

Recommendation

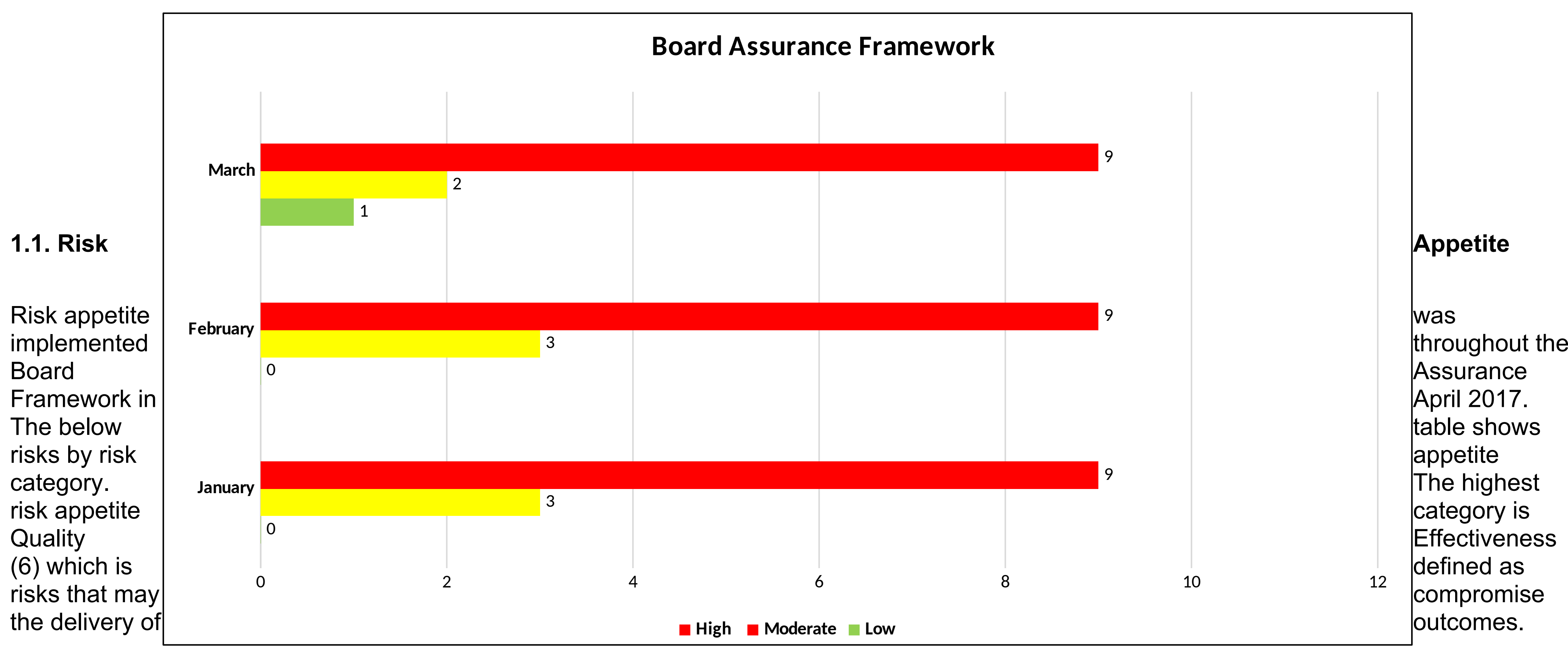
The Trust Board are asked to:

- Note the changes and approve the BAF/CRR.
- Note the risks which have exceeded a risk appetite and be assured that the Board Committees have appropriate oversight of risks.
- **Approve** the removal of risk 1852 – detailed on Page 4 of the report.
- Note the summary of risks in the Locality Care Groups/Corporate Directorate risk registers.
- Provide any comments of feedback.

Executive Lead: Debbie Henderson, Director of Communications and Corporate Affairs
Report author: Yvonne Newby, Risk Management Lead
Date: 19 April 2023

1.0 Board Assurance Framework and Corporate Risk Register

The below graph shows a summary of both the overall number and grade of risks held on the Board Assurance Framework/Corporate Risk Registers as at end of March 2023. In Quarter 4 there are 12 risks on the BAF.

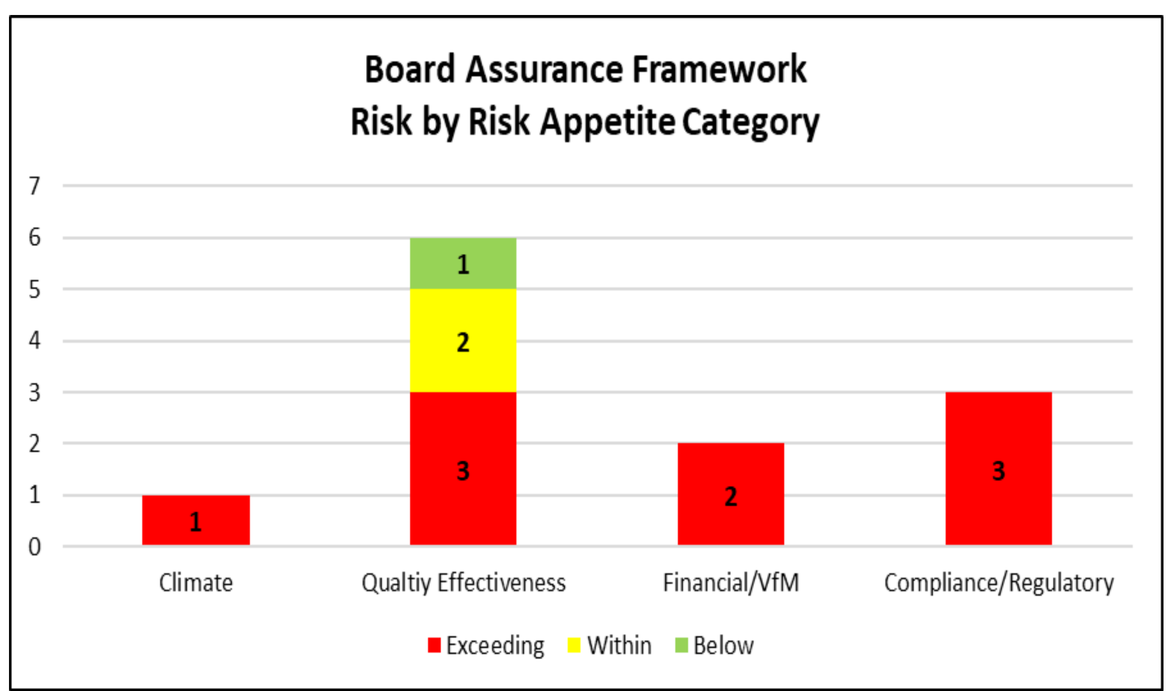


1.1. Risk Appetite

Risk appetite was implemented throughout the Board Assurance Framework in April 2017. The below table shows risks by risk appetite category. The highest risk appetite category is Quality Effectiveness (6) which is defined as risks that may compromise the delivery of outcomes.

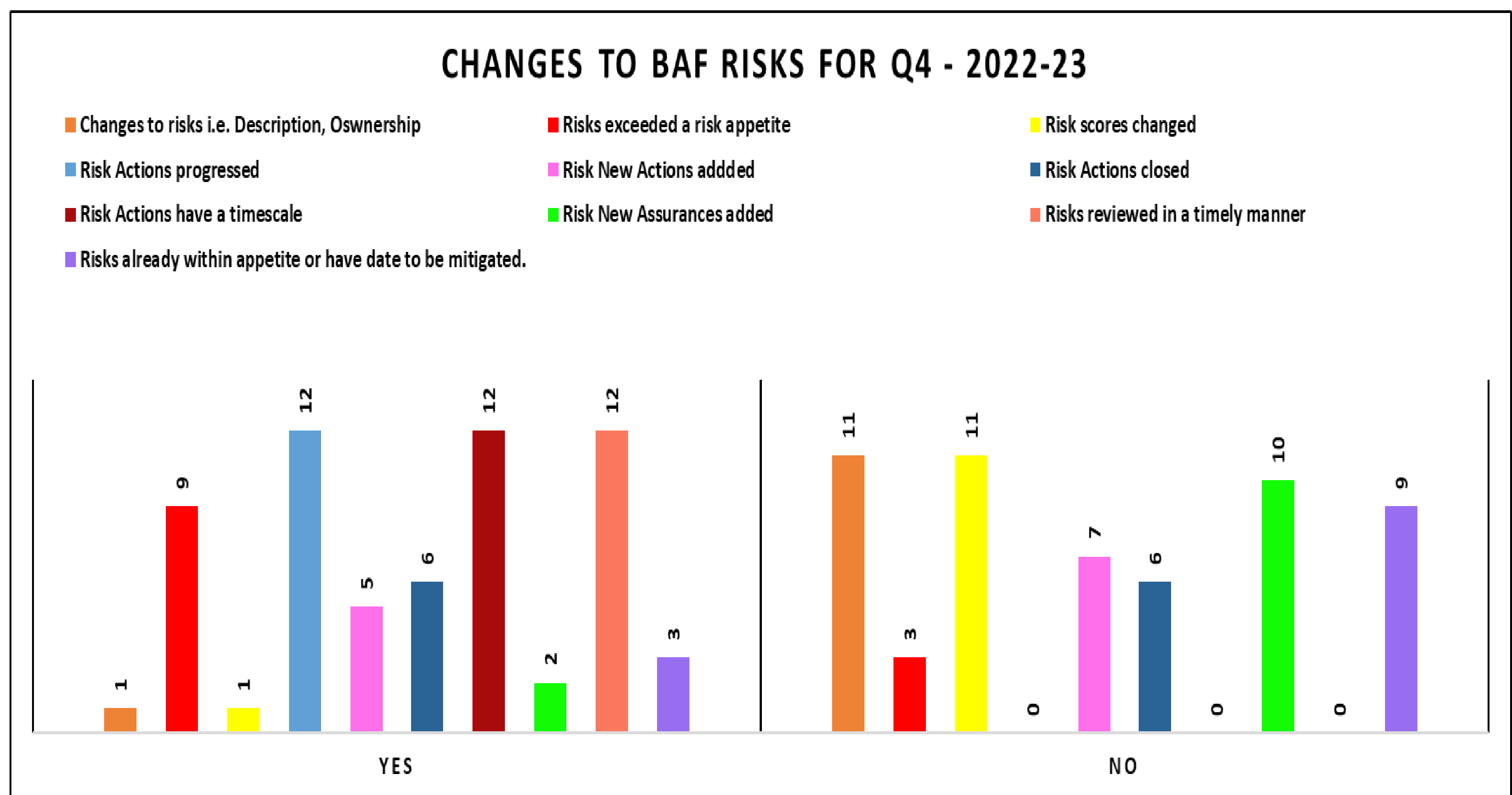
Each risk category has an assigned risk tolerance score. The risk tolerance score highlights when a risk is below, within or has exceeded a risk appetite tolerance. There are currently 12 risks on the BAF and 9 risks which have exceeded a risk appetite tolerance, two are within the risk appetite and 1 is below the risk appetite.

The table below shows all BAF risks which have exceeded the risk appetite in Q4.



1.2. Changes to BAF Q4

The chart below gives a breakdown of the changes to BAF risk register in Q4.



A detailed description of each BAF risk which has **exceeded a risk appetite** can be found below. Action plans are in place to ensure these risks are managed effectively and these are reported to the relevant Board Sub-Committees for oversight and assurance.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Appetite	Risk Type
1853 SA4	24/09/2020	The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4) SA4 The Trust's Mental Health and Disability Services Will Be Sustainable and Deliver Real Value to the People Who Use Them.	4	3	12	James Duncan	Climate & Ecological Sustainability (6-10)	RBAC
1691 SA5	29/10/2018	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 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability.	4	3	12	Rajesh Nadkarni	Compliance/Regulatory (6-10)	MHL Group
1683 SA1	15/03/2018	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 SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	4	4	16	Ramona Duguid	Quality Effectiveness (6-10)	Q&P
1694 SA5 & SA6	06/11/2018	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) & SA6 SA5 The Trust will be the centre of excellence for Mental Health and Disability. SA6 The Trust Will Be Regarded As a Great Place to Work.	4	3	12	Ramona Duguid	Quality Effectiveness (6-10)	People Committee
1836 SA4	01/06/2020	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) SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.	4	3	12	Ramona Duguid	Quality Effectiveness (6-10)	Q&P
1680 SA6 & SA1	09/10/2018	If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. SA6 & SA1.10 SA6 The Trust will Be Regarded As A Great Place To Work. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	4	3	12	Kevin Scollay	Compliance/Regulatory (6-10)	RBAC
1687 SA4	15/03/2018	That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes. SA4.2 SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.	5	4	20	Kevin Scollay	Financial/Value For Money (12-16)	RBAC
1688 SA5	15/03/2018	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. SA 5 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability.	5	4	20	Kevin Scollay	Compliance/Regulatory (6-10)	Q&P
1762 SA1	07/11/2019	Restrictions in Capital expenditure due to national limits and the Trusts own cash availability may lead to increasing risk of harm to patients when continuing to use sub optimal environments (SA1) SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	5	4	20	Kevin Scollay	Financial/Value For Money (12-16)	RBAC

A detailed description of each BAF risk which are **within a risk appetite** can be found below. Action plans are in place to ensure these risks are managed effectively.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Appetite	Risk Type
1831	01/06/2020	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 SA4 SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	3	3	9	Kevin Scollay	Quality Effectiveness (6-10)	Provider Collaborative
2041	21/09/2021	Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. SA3.2 SA3.2 Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up". SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention And Resilience.	4	2	8	Kevin Scollay	Quality Effectiveness (6-10)	Provider Collaborative

A detailed description of each BAF risk which are **below a risk appetite** can be found below. Action plans are in place to ensure these risks are managed effectively.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Appetite	Risk Type
1852	21/09/2020	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention and Resilience. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.	4	1	4	Sarah Rushbrooke	Quality Effectiveness (6-10)	People Committee

The Board of Directors are asked to approve the closure this risk. From the perspective of COVID requiring a Gold Command response from EPRR, it is suggested the risk be closed and re-escalated if we have another pandemic, As there are no active risks for Ebola or bird flu, or the new infection X (the potential for the next pandemic), it is felt the current management of COVID would remain with existing IPC arrangements.

1.3. Risk Escalations to the BAF/CRR

There have been no risks escalated to the BAF in Q4.

1.4. Risks to be de-escalated

See page 4 and the proposal to de-escalate risk number 1852.

1.6 Internal Audit relating to Risk Management & Board Assurance Framework

Audit One will be commencing Audit – CNTW 202223 01 Risk Management and BAF in February 2023. In relation to the BAF they will test compliance with the following areas of best practice:

- There has been clear ownership of each element of the BAF during 22/23 (Exec lead and Committee for each area).
- The BAF content has been kept current.
- The BAF has been presented to the Board/Governing Body and Audit Committee sufficiently during the year.
- The BAF has been given sufficient consideration (for example, minutes reflect consideration/discussion).
- Risk management activity is clearly positioned in the BAF so that it contributes to the assurance agenda of the organisation.
- There are clear links between the BAF and the Corporate Risk Register.
- Risks are aligned to strategic objectives.

Executive Lead: Debbie Henderson, Director of Communication and Corporate Affairs
Report author: Yvonne Newby, Risk Management Lead
Date: 19 April 2023

Select a risk appetite category based on the impact of your identified risk

Risk Appetite Statement

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

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

Category	Risk Appetite	Risk Appetite Score
Clinical Innovation	CNTW has a **MODERATE** risk appetite for Clinical Innovation that does not compromise quality of care.	**12-16**
Commercial	CNTW has a **HIGH** risk appetite for Commercial gain whilst ensuring quality and sustainability for our service users.	**20-25**
Compliance/Regulatory	CNTW has a **LOW** risk appetite for Compliance/Regulatory risk which may compromise the Trust's compliance with its statutory duties and regulatory requirements.	**6-10**
Financial/Value for money	CNTW has a **MODERATE** risk appetite for financial/VfM which may grow the size of the organisation whilst ensuring we minimise the possibility of financial loss and comply with statutory requirements.	**12-16**
Partnerships, including new system working (ICS, ICP and PLACE)	CNTW has a **HIGH** risk appetite for partnerships which may support and benefit the people we serve.	**20-25**
Reputation	CNTW has a **MODERATE** risk appetite for actions and decisions taken in the interest of ensuring quality and sustainability which may affect the reputation of the organisation.	**12-16**
Quality Effectiveness	CNTW has a **LOW** risk appetite for risk that may compromise the delivery of outcomes for our service users.	**6-10**
Quality Experience	CNTW has a **LOW** risk appetite for risks that may affect the experience of our service users.	**6-10**
Quality Safety	CNTW has a **LOW** risk appetite for risks that may compromise safety.	**6-10**
Climate and Ecological Sustainability	CNTW has a **LOW** risk appetite for risks that may result in the harming of the environment which could lead to harm to the health and safety of the service users, carers and staff and the population we serve	**6-10**

Appendix 2

BOARD ASSURANCE FRAMEWORK
AND
CORPORATE RISK REGISTER
2022-2023
Quarter 4

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
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 SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	Risk on identification (29/10/2018):	3	4	12	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Compliance/Regulatory			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated Governance Framework	1 Independent review of governance	Final Internal Audit report CNTW-2021-22/02 Governance Arrangements LTSP - Assurance rating - Reasonable some moderate remedial action required.
2 Trust Policies and Procedures relating to relevant acts and practice	2 Compliance with policy/training requirements NTW181957 Compliance review of MHA Rights - Good Level - Feb 19	
3 Decision making framework	3 Decision making framework document	Improvement review of MHA Training: Q1 - Q4 22/23 Updated figures from Training Dashboard:- Q1 22/23 - 56.3% snapshot Q2 22/23 - 60.1% snapshot Q3 22/23 - 65.7% snapshot Q4TD 22/23 - 67.9% real time
4 Performance review/integrated performance reports	4 Reports to Board and sub committees	
5 Mental health legislation committee	5 Minutes of mental health legislation committee	
6 New process in place for monitoring themes from MHA Reviewer visits through MHL Steering Group	6 MHL Group papers and updates	
7 CQC MHA Reviewer session delivered at learning and development group in November 2018	7 Minutes and papers from Learning and Development Group	Awaiting the Government response to the consultation to then know what changes will take effect within the Mental Health Legislation
8 Internal Audit 18/19	8 NTW 2018/19/57 Compliance Review of MHA - Patient Rights. Good.	

BAF Report

	NTW 2018-19/58 Compliance Review of Mental Health Act - Rolling Programme - CTO - Substantial	
2 Effectiveness of reporting on themes from MHA Reviewer visits	2 Mental Health Legislation Steering Group. CQC compliance Group will now review themes and this will be carried out monthly.	
3 Regular review and monitoring of CQC themes raised with Groups at the Mental Health Steering Group and BDG	3 Mental Health Legislation Steering Group. CQC compliance Group will now review themes and this will be carried out monthly.	
4 Mental Health Act Reform Consultation ended on 21 April and CNTW submitted their response to the proposed changes on 20 April 2021 to the Government	4 The Government published the response to Reforming the MHA in July 2021. Currently no implementation date and most likely a few years off due to Covid.	
5 Working Task Sub Group to monitor remote assessments and support the digitalisation of the MHA -	5 Reported and monitored by IMG and BDG	
6 At a glance boards.	6 Report will be used to monitor compliance with consent to treatment provisions within part 4a of the MHA.	
7 Internal Audit CNTW 2021- 22/07 Performance Management report (SA5)	7 CNTW 2021- 22/07 Performance Management Report (SA5)	
8 Supreme Court ruling in the MM case in 2018. Ability to discharge detained patients (managed by LD Clinical Services)	8 The High Court decision made on 09.11.21. Provides a legal mechanism to enable capable restricted patients who need to be deprived of their liberty in the community, to live in the community on extended section 17 leave even if	

			this means there is no element of hospital treatment.	
2	Internal Audit - CNTW 2022-23 26 Mental Health Act - Delegation of Statutory Functions	2	Final Report - Good Assurance given	
3	Internal Audit - CNTW 2021-22 08 - Consent to Examination or Treatment - Electroconvulsive Therapy (ECT)	3	Final Report - Good Assurance given	

Ref: 1691v.38

Risk Owner: Rajesh Nadkarni

Next Review Date: 02/07/2023

Review/Comments:

29/03/2023 - Yvonne Newby
Actions updated and new target dates set. Two controls and assurances added. Internal Audit - CNTW 2022-23 26 Mental Health Act - Delegation of Statutory Functions and Internal Audit - CNTW 2021-22 08 Consent to Examination or Treatment - Electroconvulsive Therapy (ECT) both give Good Assurance rating.

BAF Report

Risk Description:	**Risk Rating:**	**Likelihood**	**Impact**	**Score**	**Rating**
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 SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	Risk on identification (15/03/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	4	4	16	Moderate
	Target Risk (after improved controls):	1	4	4	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Breach

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1 UEC and IP Programme of work refreshed and updated for 2022/23 deliverables	1 Monthly updates to BDG	Staffing shortages continue to be challenging in key areas, thus impacting on consistent core MDT within ward teams.
2 Monthly BDG discussion on delivery and impact of UEC and IP programme	2 Daily admissions/patient flow dashboard now live	Bed occupancy remains high with significant DTOC in older persons and learning disabilities.
3 Ward Manager forum established.	3 Improvement outcomes dashboard drafted to support impact of work.	Crisis team capacity and input to look at overall alternatives to admission.
4 Inpatient essential staffing review commenced.	4 Report when review completed.	Admission and Discharge policy drafted but not yet launched.
5 Daily safe staffing huddles in place	5 Emails detailing staffing issues.	Regularly monitor bed availability, consider use of decant beds as a contingency, further work on the bed census to timely discharge. Where appropriate the greater use of rehabilitation beds
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report	
7 Locality daily patient flow meetings remain in place with morning report out for all patients waiting for admission.	7 Emails	

1 Review of quality flags daily to prioritise clinical need.	1 Emails	to free up acute beds.
2 Weekly patient tracker meetings in place	2 Patient tracker	
3 Weekly DTOC and increased capacity for discharge implemented.	3 DTOC Report	

Ref: 1683v.29

Risk Owner: Ramona Duguid

Next Review Date: 30/06/2023

Review/Comments:

31/03/2023 - Yvonne Newby
Reviewed today. All actions updated and new target dates set.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
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) SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them	Risk on identification (01/06/2020):	3	4	12	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	1	4	4	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Trust oversight meeting in place to support mental health community transformation in line with NHS LTP.	1 Investment plans in place and agreed across local systems.	System re-organisation and development of place based teams whilst achieving core offer across all of CNTW community services.
2 Locality leadership meetings with system partners established across place.	2 Increase in additional roles across PCNs and regular reporting into BDG on governance framework for new roles.	Ability to balance recruitment to new roles whilst not destabilising core services.
3 PCN recruitment and additional roles in progress.	3 Report on access and waiting times challenges to BDG.	Staff fragility and shortages within community teams affecting ability to invest in new roles and meet demand for existing care co-ordination.
4 Waiting times for community access reviewed monthly with focus on long waiters and challenged pathways in place.	4 Commissioning and QA report to Q&P.	Ability to engage with other parts of the system to achieve LTP goals
5 Clinical Audit CA-19-0033 Caseload Management - Central Locality. Good Practice	5 Clinical Audit final report.	Delivery of new access standards for community care.
6 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6 Clinical Audit final report	Maturity of PCN and secondary care relationships.
7 BDG realigned to provide monthly oversight of CMHT	7 Commissioning and QA report to BDG and TLT.	

BAF Report

	delivery.		ARRS and Primary care governance framework to support current and new roles.	
2	CMHT deliverables for 22/23 realigned and updated to focus on core community model, delivering CPA changes and primary care interface & relationships.	2	CMHT deliverables for 22/23	

Ref: 1836v.21

Risk Owner: Ramona Duguid

Next Review Date: 31/07/2023

Review/Comments:

31/03/2023 - Yvonne Newby
Reviewed today. Actions updated and new target dates set. Responsible person for the following actions has been transferred from Ramona to Sarah Keetley - 8551, 7232, 7228, 8550 and 7229.

BAF Report

1	Monitoring of MHA Reviewer Visit actions and themes	1	MHA Reviewer Visit Database
2	Clinical Audit Report - CA-21-0010 Long-Term Segregation 2020-2021.	2	Clinical Audit final report - 10 September 2021
3	CNTW 2021-22/07 Performance Management and Reporting internal audit. Substantial assurance	3	Final internal audit report CNTW 2021-22/07 - 6 December 2021.
4	Clinical Audit Report CA - 18-0003 Clinical Supervision Audit. Good Practice	4	Clinical Audit final report - 1 April 2021
5	Recovery Plan including a half year review.	5	Copy of recovery Plan
6	CA-19-0036 National Audit of Care at End of Life	6	Final Report 10.03.23 - Good level of Assurance
7	CA-21-0026 - Naso Gastric Tube Feeding Audit	7	Final Report 10.03.23 - Good level of Assurance

concerns - re-audit is due in Q3 24-25

- CA-22-0011.04- Annual Seclusion - Moderate areas of concern re Audit is due in Q3 23/24.
- CA-22-063.01 Safeguarding Adults at Risk Final Report - Moderate areas of concern re-audit is due in Q3 23/24.
- CA-21-0012 - Nutrition policy audit - moderate areas of concern re-audit is due in Q2 23/24.
- CA-21-0002: Physical Health Monitoring following Rapid Tranquillisation moderate risk - areas of concern
- CA-21-0001: Allied Health Professional (AHP) Continuing Professional Development (CPD) Audit 2021
- Monitor recovery plan through monthly Board development sessions next meeting 01.03.23
- Final Report CA-20-006 (NCAP EIP) Actions identified in Clinical Audit report. CA-21-0031 NCAP EIP Re-Audit 2021-2022 low risk rating.
- Quarter 3 update against the annual plan, Trust Leadership Team (TLT).
- CA-21-0019 - Body maps audit - Trust wide but led in North Cumbria
- CA-21-0022 NICE (Baseline Assessment) QS127

BAF Report

		Obesity:Clinical Assessment & Management

Ref: 1688v.62

Risk Owner: Kevin Scollay

Next Review Date: 04/04/2023

Review/Comments:

08/03/2023 - Kevin Scollay
Reviewed today 2 risks added, 10183 and 10838. 2 control/assurances added. Action 9371 completed and closed. Risk to be reviewed at the BAF review in May 2023 to look at this risk being split into 3 risks.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Restrictions in Capital expenditure due to national limits and the Trusts own cash availability may lead to increasing risk of harm to patients when continuing to use sub optimal environments (SA1) SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	Risk on identification (07/11/2019):	3	5	15	Moderate
	Residual Risk (with current controls in place):	4	5	20	High (Red)
	Target Risk (after improved controls):	1	5	5	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Financial/Value For Money			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Financial planning budgets	1 Reported and in minutes of Trust Leadership Team(TLT) and RBAC	Monitor recovery plan through monthly Board development sessions next meeting 01.03.23
2 Working capital management	2 Reported through and in minutes of Trust Leadership Team(TLT) and RBAC	Capital Strategy for Cumbria to be developed, to be incorporated into ICS strategy prioritisation for national capital funding
3 Going Concerns Reporting	3 Discussed and in minutes of Audit Committee	Developing strategic outline cases for LD assessment and treatment services, North Cumbria Inpatients and Older Adults Inpatients Newcastle and North Tyneside
4 OBC approved nationally - CEDAR business case including inherent improvement to revenue position	4 Agreement of long term plan as part of CEDAR OBC - Approved by the Board (minutes)	
5 CEDAR Programme Board established with key partners	5 Minutes of CEDAR Programme Board	
6 Business case approved interim solutions for WAA, Newcastle and Gateshead - Building programme in place	6 Business Case document	
7 Operational mitigations: Additional staffing at Rose Lodge. Interim funding for North Cumbria. Integrated Care Facility	7 Minutes of Trust Leadership Team(TLT) meeting	

BAF Report

	in Newcastle			
2	ICS support nationally and funding identified	2	ICS bid document	
3	Asset sales now identified	3	Standard reporting at Trust Leadership Team(TLT) and RBAC	
4	CEDAR Business Case FBC - bridging loan agreed	4	CEDAR Business Case	
5	Capital Plan for 21/22 agreed by the Board as part of the Annual Financial Plan	5	Board papers and Capital Plan	
6	Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	6	Clinical Audit final report	

Ref: 1762v.26

Risk Owner: Kevin Scollay

Next Review Date: 08/04/2023

Review/Comments:

08/03/2023 - Kevin Scollay
Reviewed today. Action 9375 completed and closed. Action 5551 updated and new target date set. No other changes made to risk.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our key programmes. SA4.2	Risk on identification (15/03/2018):	3	5	15	Moderate
	Residual Risk (with current controls in place):	4	5	20	High (Red)
	Target Risk (after improved controls):	2	5	10	Low (Yellow)
SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	**Risk Appetite (the amount of Risk NTW will accept)**	Financial/Value For Money			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Integrated governance framework	1 Annual Governance Statement, Quality Account ,Annual plans	Monitor recovery plan through monthly Board development sessions next meeting 01.03.23
2 Annual Financial Plan 22/23	2 Annual Financial Plan 22/23 submitted	To review impact and need of weekly agency reporting ahead of the end of March 2023.
3 Financial and Operating procedures	3 Policy/PGN NTW1718 26 Payroll expenditure ,NTW 1718 39 Cashier	To develop plans to reduce agency spend to 1 million a month by 31.03.23. Including Board report 29.11.22.
4 Quality Goals and Quality Account	4 External audit of Quality Account	Internal Audit Report - CNTW 2022/23 22 Temporary Staffing Costs - Reasonable assurance with moderate remedial actions required
5 Accountability Framework	5 Accountability Framework Reports	
6 Quarterly review of financial delivery	6 Quarterly review delivered at RBAC	
7 Programme agreed for capacity to care and Trust Innovations capacity expanded	7 Capacity to care programme, report to BDG and Trust Leadership Team(TLT)	
8 Going Concern Report	8 Going Concern Report - Audit Committee April 2022	

BAF Report

1 NTW 18/19 Internal Audit	1 NTW 1819 25 Single Oversight Framework, Substantial, April 2019 NTW 1819 37 Procurement: Good, July 2019 NTW 1819 38 Compliance Review of Key Financial Systems: Good, May 2019 NTW 18/19 43 Risk based audit of charitable funds - Substantial, August 2018 NTW18/19 41 Risk based audit payroll - Substantial, November 2018 NTW18/19 40 Central arrangements managing patient monies - Substantial, February 2019	
2 Quarterly Reporting of operational plan to Trust Leadership Team(TLT) for August 2021 onwards	2 Trust Leadership Team(TLT) papers re quarterly reporting	
3 Internal Audit of CNTW Key Finance Systems (202122 03).	3 Final report dated 20.07.22 good level of assurance.	
4 Recovery Plan went to October Board including a half year review.	4 Copy of Recovery Plan	

Ref: 1687v.44

Risk Owner: Kevin Scollay

Next Review Date: 08/04/2023

Review/Comments:

08/03/2023 - Kevin Scollay
Reviewed today. One new actions added 10783. No other changes made to risk.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4) SA4 The Trust's Mental Health and Disability Services Will Be Sustainable and Deliver Real Value to the People Who Use Them.	Risk on identification (24/09/2020):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
	Risk Appetite (the amount of Risk NTW will accept)	Climate & Ecological Sustainability			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Commitment of CNTW - Declared Climate Emergency	1 CNTW Climate Health Programme	Routine reporting of carbon intensive activity, sustainable transport measures and single use plastic is underdeveloped.
2 Plan to reduce carbon omission to net zero by 2040. Opportunities for decarbonisation funding actively sought.	2 Minutes of Trust Leadership Team (TLT has replaced CDT-C)	Develop a training resource to incorporate climate, ecological and social business into a business case
3 Trust Leadership Team meeting - monthly	3 Minutes of Trust Leadership Team (TLT has replaced CDT-C)	Progressing a staff engagement programme.
4 The Board approved Green Plan has annual objectives which are monitored via TLT and RBAC.	4 Minutes of Trust Leadership Team (TLT has replaced CDT-C)	

BAF Report

Ref: 1853v.19

Risk Owner: James Duncan

Next Review Date: 30/06/2023

Review/Comments:

31/01/2023 - Yvonne Newby
Reviewed today. Actions updated and new target dates set. The Trust Green Plan won't be refreshed until after the strategy is launched. These actions are on hold until this happens.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. SA6 & SA1.10	Risk on identification (09/10/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
SA6 The Trust will Be Regarded As A Great Place To Work. SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.	**Risk Appetite (the amount of Risk NTW will accept)**	Compliance/Regulatory			Breach

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Joint Programme Board	1 Minutes of meetings	Review CQC improvement requirements through Board on a Quarterly basis Q4 due 03.05.23.
2 Due Diligence	2 Due Diligence report	Achievement of North Cumbria CQC must do improvement areas Q3.
3 Exec Leadership	3 Identified Exec Lead	Achievement of North Cumbria CQC must do improvement areas Q4.
4 Specific Capacity Identified	4 Identified CNTW Team	Agree Estates Strategy for North Cumbria
5 Clear Oversight by Trust Board	5 Board Development sessions and Papers	
6 Secured workforce to deliver services	6 Identified staff	
7 Implementation plan developed	7 Implementation planning paper	
8 Contract agreed and completed	8 Contract report- Reviewed RBAC	
9 Monthly Implementation Group Chaired by Gary O'Hare	9 Minutes and reports from meeting	
Maintain oversight during the establishment of Lotus Ward	Closed Trust Board	

BAF Report

1	North Cumbria 2 years on Presentation, presented to Council of Governors 25.11.21	1	Copy of presentation	
2	Pressures on Systems across the whole organisation presentation to the Board 23.11.21	2	Copy of presentation.	

Ref: 1680v.59

Risk Owner: Kevin Scollay

Next Review Date: 08/04/2023

Review/Comments:

08/03/2023 - Kevin Scollay
Reviewed today. Action 8336 completed and closed. Action 8434 updated and new target date set.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention and Resilience. SA4 The Trust's Mental Health and Disability services will be sustainable and deliver real value to the people who use them.	Risk on identification (21/09/2020):	3	4	12	Moderate
	Residual Risk (with current controls in place):	1	4	4	Very Low
	Target Risk (after improved controls):	1	4	4	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Lower

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 IPC Board Assurance Framework	1 Infection Prevention and Control (IPC) Board Assurance Framework Board of Directors Meeting	Risk to go to Audit Committee on 26 April and Board on 3 May to approve the closure of this risk.
2 Gold Command	2 Operational Services	Preparations are in place to work with COVID
3 Measures in place for Emergency Opel Planning - Workforce and Services	3 Open and Closed Trust Board Monthly Reporting	COVID now monitored through IPC processes, and any escalation will go from Head of IPC to Deputy Chief Nurse / Chief Nurse.
4 Vaccination roll out	4 Open and Closed Trust Board Monthly Reporting	
5 COVID 19 IMG's will now flex between daily and twice weekly.	5 Notes of meetings	

BAF Report

1 Booster vaccination rollout.	1 Open and Closed Trust Board Monthly Reporting	
2 Weekly briefing COVID report to Executive team and BDG.	2 Minutes from meeting.	
3 Absence line approved to manage all absence including any related to pandemics.	3 Weekly absence data.	

Ref: 1852v.14

Risk Owner: Sarah Rushbrooke

Next Review Date: 02/07/2023

Review/Comments:

29/03/2023 - Sarah Rushbrooke
Reviewed today with Sarah. As we don't have active risks for Ebola or Bird flu, or the new infection X (the potential for the next pandemic). This risk can be closed and would be re-escalated if we have another pandemic, the current management of COVID will remain with existing IPC arrangements. One action added requesting Audit Committee and the Board to approve closure of this risk. Once approved all actions will be closed.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) & SA6	Risk on identification (06/11/2018):	4	4	16	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
SA5 The Trust will be the centre of excellence for Mental Health and Disability SA6 The Trust Will Be Regarded As a Great Place to Work	**Risk Appetite (the amount of Risk NTW will accept)**	Quality Effectiveness			Breach

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1 Workforce strategy	1 Delivery of workforce strategy	Ongoing central recruitment and apprenticeships scheme for nursing.
2 RPIW Medical Recruitment	2 RPIW Medical Recruitment outcomes papers	Risk to be discussed at the Medics Meeting and actions to be updated re: medical staffing
3 NTW International recruitment competency process	3 NTW International recruitment competency documents	Executive Awareness of International recruitment through Medical Director, Trust aware for medical recruitment as a whole through medical managers
4 OPEL Framework	4 OPEL Framework Documents	CA-22-0011.04- Annual Seclusion - Moderate areas of concern re Audit is due in Q3 23/24.
5 MDT Collegiate Leadership Team in place	5 MDT Leadership advice and support available	CA-22.063.01 - Safeguarding Adults at Risk
6 All seven fellowship international recruits arrived into the Trust in December 2018	6 All still in post and deployed across the Trust	
7 The medical recruitment functions have been moved to the medical staffing team	7 The medical staffing team manage the medical recruitment function	
8 Medical Induction Programme	8 Delivery of medical induction programme	

BAF Report

1 Clinical Audit CA-19-0035 - Trust wide Safeguarding Adults Audit. Good Practice	1 Clinical Audit final report	

Ref: 1694 v.30

Risk Owner: Ramona Duguid

Next Review Date: 30/04/2023

Review/Comments:

31/03/2023 - Yvonne Newby
Reviewed today. All actions updated and new target dates set.

BAF Report

Risk Description:	**Risk Rating:**	**Likelihood**	**Impact**	**Score**	**Rating**
Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. SA3.2	Risk on identification (21/09/2021):	4	4	16	Moderate
	Residual Risk (with current controls in place):	2	4	8	Low (Yellow)
	Target Risk (after improved controls):	2	4	8	Low (Yellow)
SA3.2 Working With Partners There Will Be "No Health Without Mental Health" And Services Will Be "Joined Up". SA2 With People, Communities And Partners Together We Will Promote Prevention, Early Intervention And Resilience.	**Risk Appetite (the amount of Risk NTW will accept)**	Quality Effectiveness			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1 Executive and Group leadership embedded at place.	1 Part of Place Based Leadership Models influencing models of care.	Look to increase LP models across Trust footprint.
2 Leadership of ICS MH Workstream.	2 Regular updates to Execs, Trust Leadership Team (TLT) and Board	Develop a PC for MHLDA across ICS footprint.
3 Membership of other ICS workstreams (LD, Acute pathways).	3 Regular updates to Execs, Trust Leadership Team (TLT) and Board	CA-21-0001: Allied Health Professional (AHP) Continuing Professional Development (CPD) Audit 2021
4 Partnership in place across ICS for MHLDA Specialised Services.	4 PB Papers and PC Committee oversight	
5 Lead Provider Models for pathways e.g. CYPS, IAPT, Veterans, Substance Misuse.	5 PB Papers and PC Committee oversight.	
6 Medical Director member of Integrated Care Board (ICB)	6 Regular updates to Execs, Trust Leadership Team (TLT) and Board	

BAF Report

Ref: 2041v.17

Risk Owner: Kevin Scollay

Next Review Date: 08/04/2023

Review/Comments:
08/03/2023 - Kevin Scollay Reviewed today. Actions 6591 & 6593 updated and new target date set.

BAF Report

Risk Description:	Risk Rating:	Likelihood	Impact	Score	Rating
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 SA4 SA4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	Risk on identification (01/06/2020):	4	3	12	Moderate
	Residual Risk (with current controls in place):	3	3	9	Low (Yellow)
	Target Risk (after improved controls):	1	3	3	Very Low
	Risk Appetite (the amount of Risk NTW will accept)	Quality Effectiveness			Within Risk Appetite

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1 Sign Subcontracts	1 To complete	Set up contract meeting to monitor Trust contracts with thrid party providers and manage any associated issues.
2 Clear Service Specifications	2 To complete	
3 Contract monitoring meetings	3 Minutes of Contract monitoring meetings	
4 Governance Arrangement through to Board - New Sub Committee of the Board established to monitor Lead Provider Collaborative.	4 Board approved Governance arrangements	
5 Internal Audit NTW1718/22	5 Risk Based Audit of Commissioning Income Contracts and Monitoring Arrangements 16 January 2018	
6 Provider Collaborative Lead Provider Committee	6 Provider Collaborative Reporting	
7 CNTW 202122/13 -Internal Audit Advisory Review - Provider Collaborative.	7 Final Report Internal Audit Advisory Review - Provider Collaborative.	
8 Internal Audit Report - CNTW 2022/23 05 Management of	8 Final Report Internal Audit Report - CNTW	

BAF Report

Service Level Agreements - Substantial level of assurance	2022/23 05 Management of Service Level Agreements	

Ref: 1831v.30

Risk Owner: Kevin Scollay

Next Review Date: 08/04/2023

Review/Comments:

08/03/2023 - Kevin Scollay
Reviewed today. Action 10498 ongoing new target date set.

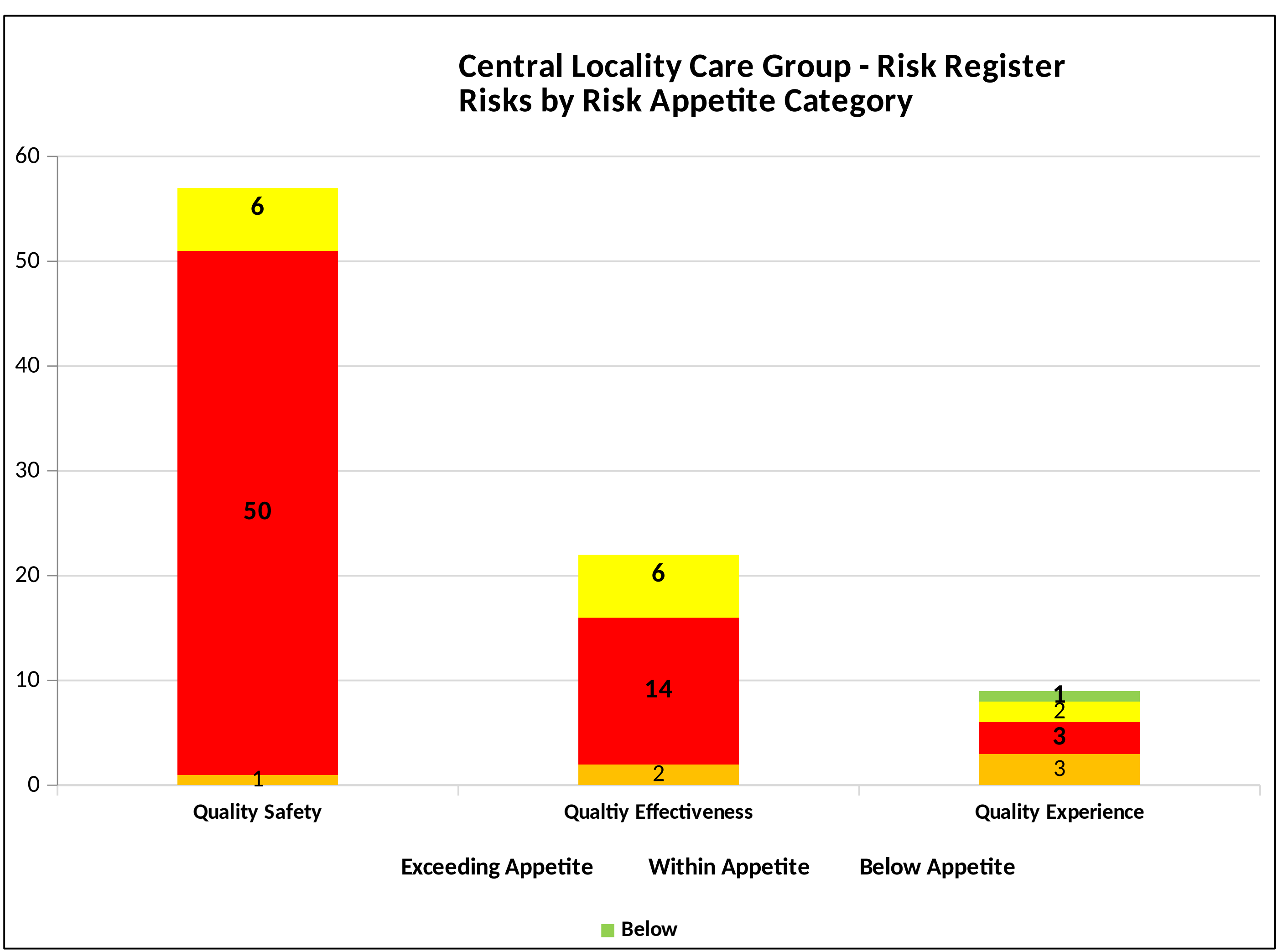
Appendix 3

Clinical Locality Care Groups and Executive Corporate Trust Risk Registers.

The below charts show a summary of the number of risks by risk appetite category held by each Locality Care Group (Group Locality Risk Register) and Executive Corporate risk registers. Safeguard Web Risk Management and Risk appetite has been fully implemented throughout the group risk registers/executive corporate risk registers and risk continue to be monitored at the Trust Leadership Team (TLT) meeting bi-monthly.

Clinical Groups

1.0 Central Locality Care Group



In total as at end of March 2023 Central Locality Care Group hold 82 risks, 67 risks have exceeded the risk appetite, 14 are within the appetite and 1 risk is below the appetite. All risks are being managed within the Central Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the Central Corporate Group risk register. Below are the 4 risks which have exceeded a risk appetite.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
1665	10/07/2018	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff within the Central Locality Care Group. This poses a potential impact on service delivery and the effectiveness of treatment.	4	5	20	Anna English	Quality Effectiveness (6-10)	Recruitment
1737	14/08/2019	Access and Waiting Times within CYPS Community Services - Significant work has been undertaken with regard to waiting times within this service however there remains a significant issue in regards to waiting times. There is a risk to service delivery and the effectiveness of treatment delivered to our service users.	4	4	16	Anna English	Quality Effectiveness (6-10)	Waiting times
1830	12/05/2020	Numerous incidents of environmental damage have occurred within the seclusion suites in the Secure Care CBU. The environmental damage impacts on the locking mechanism as well as the fabric of the seclusion room. There is a potential risk to patient safety if staff cannot enter the seclusion room and also a potential risk of escape and injury if staff cannot safely exit seclusion and lock the door behind them.	4	3	12	Anna English	Quality Safety (6-10)	Patient Safety
2297	27/09/2022	Gateshead CTT are working with very low numbers of qualified staff. The impact of this is compromising the safety of staff and patients, also effecting the provision of care to patients and the wellbeing of staff. This is likely to happen with a major impact of services if it were to happen.	4	4	16	Anna English	Quality Safety (6-10)	Staffing

1.2 Central Locality Corporate Business Units

The four CBU's within the Central Locality currently hold a total of 76 risks. 63 of those risks have exceeded a risk appetite, 12 are within and 1 risk is below the appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 24 October 2022. These risks will be reviewed again within this meeting on the 26 June 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

1.3 Community Central CBU

There are 16 risks for Community Central CBU. There are 14 risks which have exceeded the risk appetite, 2 risks within the risk appetite. and no risks are below. The Appetite Categories for the 14 risks exceeding the appetite are 9 within Quality Safety, 4 within Quality Effectiveness and 1 within Quality Experience.

1.4 Inpatient Central CBU

Inpatient Central CBU has 23 risks. There are 22 risks which have exceeded the risk appetite, 1 risk is within the risk appetite. and no risks are below. The Appetite Categories for the 22 risks exceeding the appetite are 19 within Quality Safety, and 3 within Quality Effectiveness.

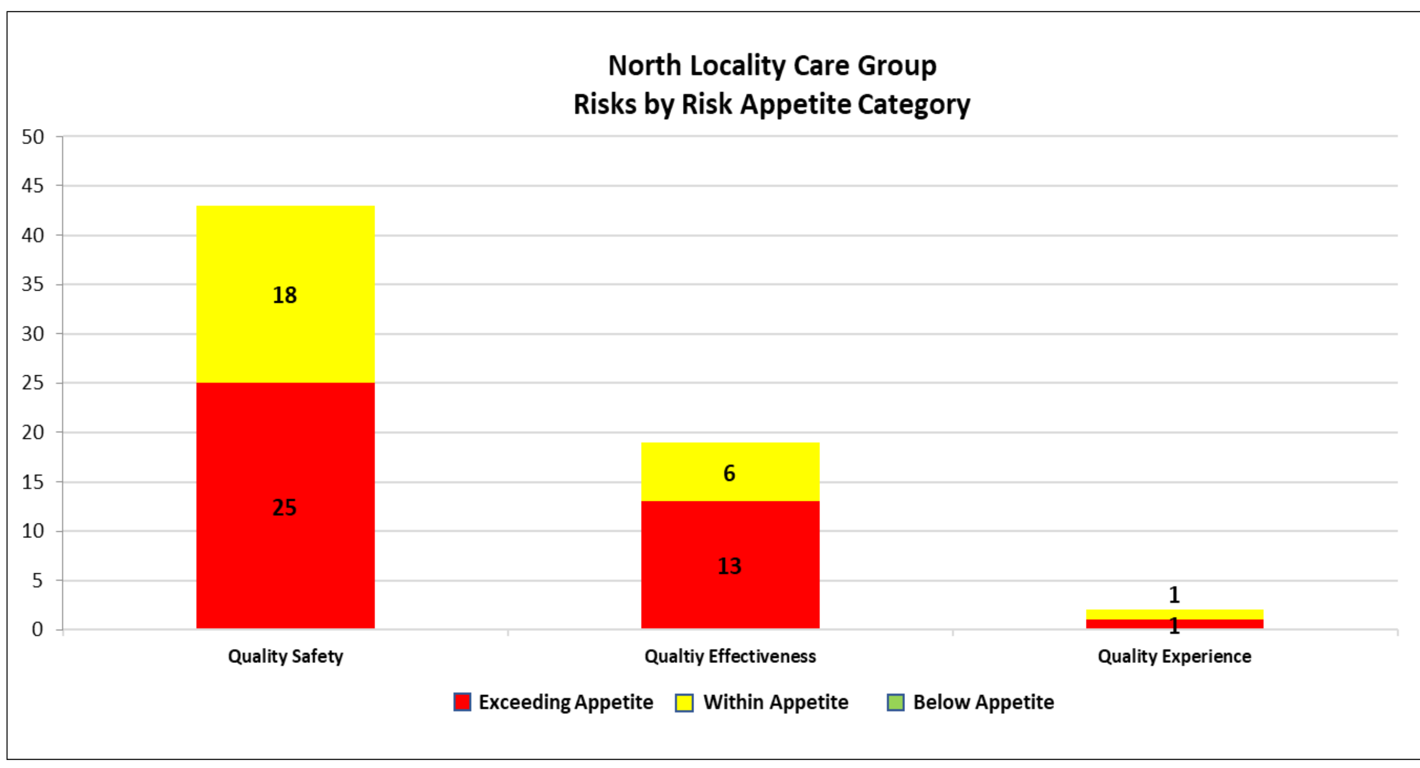
1.5 Secure Care Services CBU

There are 32 risks for Secure Care Services CBU. There are 28 risks which have exceeded the risk appetite, risks within the risk appetite. and no risks are below. The Appetite Categories for the 28 risks exceeding the appetite are 21 within Quality Safety, 6 within Quality Effectiveness and 1 within Quality Experience.

1.6 Access Central CBU

Access Central CBU currently holds 8 risks. 1 risk exceeds the risk appetite and 6 risk are within the risk appetite and 1 risk is below the appetite. The Appetite Category for the 1 risk exceeding the appetite is within Quality Experience.

2.0 North Locality Care Group



North Locality Care Group as at end of March 2023 held 64 risks, 39 risks which have exceeded the risk appetite, 25 risks within the risk appetite 0 risks are below the risk appetite. All risks are being managed within the North Locality Care Group and no requests to escalate to BAF have been received.

There are 6 risks on the North Corporate Group risk register. 5 risks are exceeding the risk appetite which are listed below. 1 risk is within the risk appetite.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
1176	11/10/2017	Significant staffing issues due Covid pressures, vacancies and difficulties recruiting and retaining permanent medical, qualified nursing, SALT staff within the North Locality. Operational Risk - significant impact on the continuity of care resulting in some wards moving into formal Business Continuity.	4	5	20	Sarah Brown	Quality Effectiveness (6-10)	Staffing
1198	21/09/2017	Sickness absence levels continue to be monitored formally through the Locality LMG.	4	3	12	Sheree McCartney	Quality Effectiveness (6-10)	Staffing
1287	19/01/2014	Non-Compliance with Discharge Summaries being sent to GP within 24 hours of patient discharge. RiO including Medication page's are not being kept up to date as per CNTW policy. Information transferred to the Mental Health Discharge Summary may not be accurate.	4	4	16	Sarah Brown	Quality Safety (6-10)	Data Quality
1809	18/02/2020	CCTV coverage within St Georges Park site is extremely limited, the system is over 15years old and of poor quality. The wards only have coverage at the door entry system and does not cover reception and admin areas. The lack of/poor provision makes SGP an outlier within the Trust in terms of security and compromised patient safety.	4	3	12	Chloe Mann	Quality Safety (6-10)	Alarm System/CCTV
1910	06/05/2021	Ligature risk identified in public toilet near reception area at St Georges Park. There is a likelihood of this being used as a ligature by patients or visits to the hospital. This would have a very serious impact on patients, visitors and staff if someone was to Implement this risk.	4	4	16	Chloe Mann	Quality Safety (6-10)	Patient Safety

2.1 North Locality Corporate Business Units

The four CBU's within the North Locality currently hold a total of 58 risks. 35 of those risks have exceeded the risk appetite 23 are within the risk appetite and there are 0 below the risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on the 24 April 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

2.2 Community North CBU

Community North Locality CBU is currently holding 19 risks. 13 risks are exceeding the risk appetite, 6 risks are within the risk appetite. 0 risks are below the risk appetite. The Appetite Categories for the 13 risks exceeding the appetite are 7 within Quality Safety, 5 within Quality Effectiveness and 1 within Quality Experience.

2.3 Inpatient North CBU

Inpatient North Locality CBU is currently holding 22 risks. 8 risks are exceeding the risk appetite, 14 risks are within the risk appetite. 0 risks are below the risk appetite. The Appetite Categories for the 8 risks exceeding the appetite are all within Quality Safety.

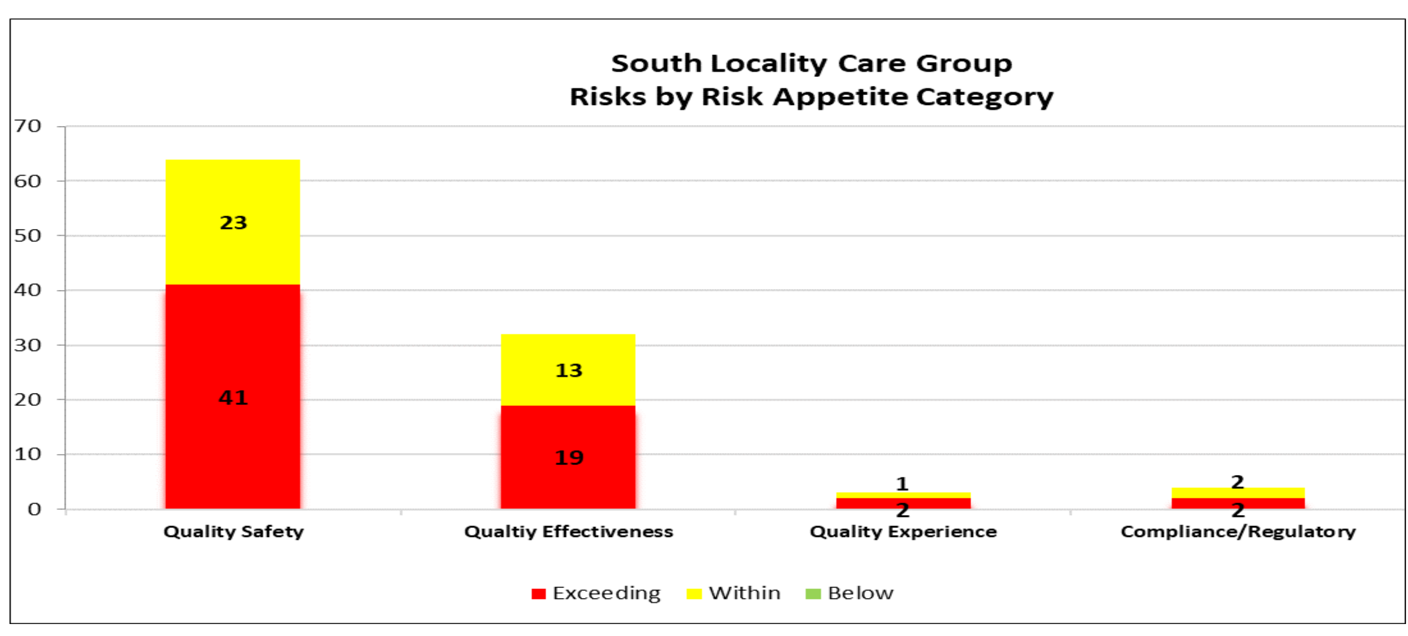
2.4 Access North CBU

Access North Locality CBU is currently holding 7 risks, 6 risks are exceeding the risk appetite, 1 risk is within the risk appetite. 0 risks are below the risk appetite. The Appetite Categories for the 6 risks exceeding the appetite are 5 within Quality Safety, 1 within Quality Effectiveness.

2.4 Learning Disabilities & Autism CBU

Learning Disabilities & Autism North Locality CBU is currently holding 10 risks, 8 risks are exceeding the risk appetite, 2 risks are within the risk appetite. 0 risks are below the risk appetite. The Appetite Categories for the 8 risks exceeding the appetite are 2 within Quality Safety, 6 within Quality Effectiveness.

3.0 South Locality Care Group



In total as at end of March 2023 the South Locality Care Group hold 103 risks, 64 risks have exceeded the risk appetite, 39 risks are within the risk appetite and 0 risks are below the risk appetite. All risks are being managed within the South Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 6 risks on the South Corporate Group risk register – 6 risks have exceeded the risk appetite. Below are the risks which have exceeded a risk appetite.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
857	28/04/2017	Due to the Internal en-suite doors it has been identified that there is a potential ligature risk following incidents across the Group and this could cause harm to our patients.	5	3	15	Andy Airey	Quality Safety (6-10)	Patient Safety
1160	21/09/2017	There are pressures on staffing due to vacancies within all CBU's across the locality which may impact on the quality of service, patient safety and experience.	4	3	12	Andy Airey	Quality Effectiveness (6-10)	Recruitment
1279	08/08/2013	Sickness absence levels are currently above the trust standard therefore there is a risk to the impact and quality of care that is delivered to our service users.	4	3	12	Andy Airey	Quality Safety (6-10)	Staffing
1497	07/11/2017	Staffing pressures due to vacancies and difficulties recruiting and retaining medical staff. There are also issues related to sickness.	4	3	12	Elizabeth Davis	Quality Experience (6-10)	Staffing
1769	24/10/2019	Lack of formal commissioned pathways for inpatient detox into the Acute Trusts resulting in delays to patient care and potential deterioration in health	3	4	12	Andy Airey	Quality Safety (6-10)	Treatment
2132	09/02/2022	There are currently no staff in date with training in the use of MRE/ERB within South Inpatient CBU. Patient may require this intervention and staff are not competent to apply the use of MRE/ERB which may result in harm to either patient or staff member.	4	3	12	Andy Airey	Quality Safety (6-10)	Training

3.1 South Locality Corporate Business Units

The four CBU's within the South Locality currently hold a total of 97 risks. 58 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 24 October 2022. These risks will be reviewed again within this meeting on the 22 August 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

3.2 Community South CBU

Community South CBU is currently holding 36 risks. 23 risks which has exceeded the risk appetite which are listed below, 13 risks within the risk appetite, and there are no risks below the appetite. The Appetite Categories for the 23 risks exceeding the appetite are 15 within Quality Safety, 6 within Quality Effectiveness and 2 within Compliance/Regulatory.

3.3 Inpatient South CBU

Inpatient South CBU is currently holding 34 risks. 19 risks are exceeding the risk appetite, 15 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 19 risks exceeding the appetite are 14 within Quality Safety, 4 within Quality Effectiveness and 1 within Quality Experience.

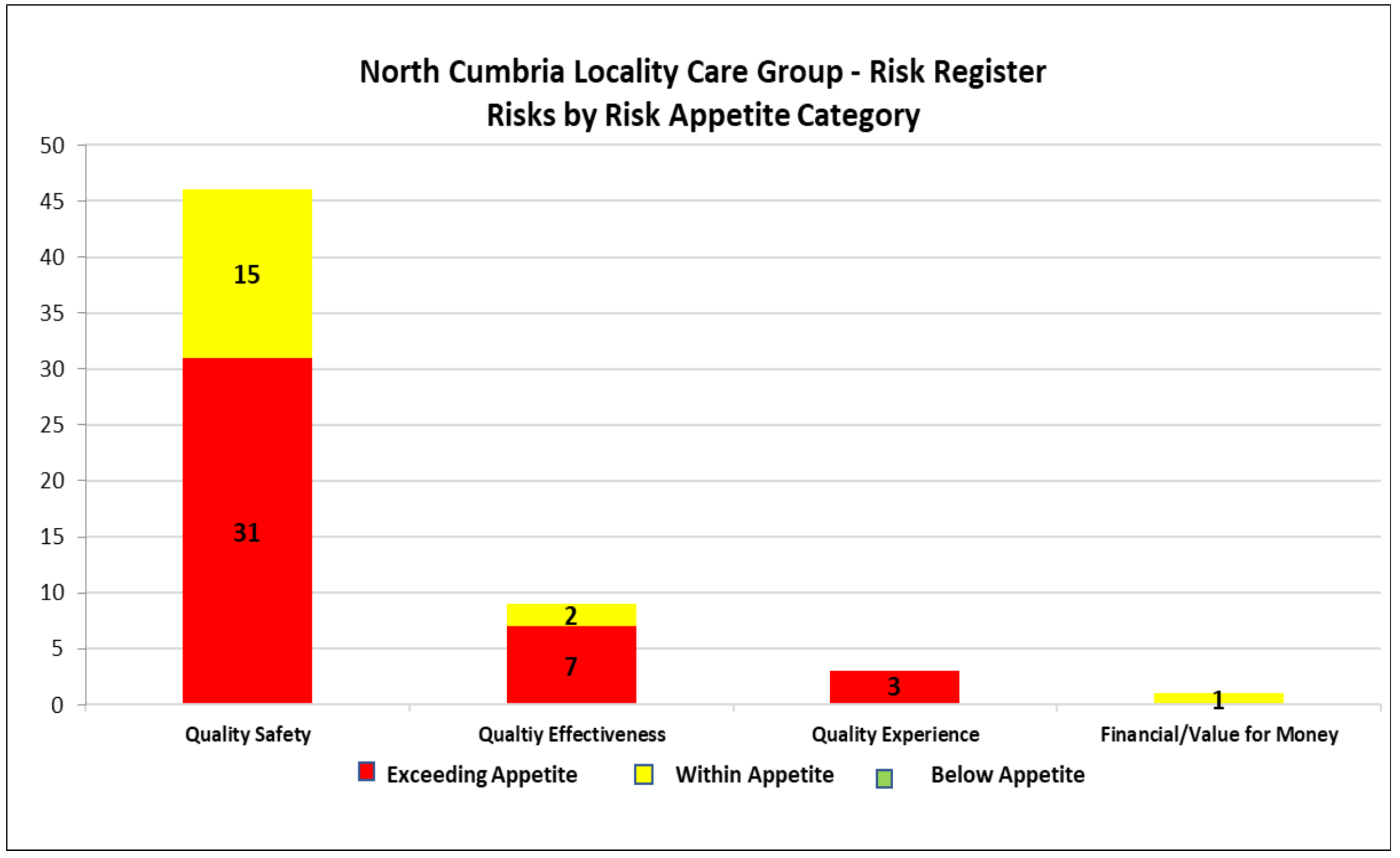
3.4 Neurological and Specialist Services CBU

Neurological and Specialist Services CBU is currently holding 19 risks. 8 risks are exceeding the risk appetite 11 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 8 risks exceeding the appetite are 3 within Quality Safety and 5 within Quality Effectiveness.

3.5 Access South CBU

Access South CBU is currently holding 6 risks. 5 risks are exceeding the appetite and there are no risks within or below the appetite. The Appetite Categories for the 5 risks exceeding the appetite are within Quality Safety.

4.0 North Cumbria Locality Care Group



In total as at end of March 2023 the North Cumbria Locality Care Group hold 59 risks, 41 risks which have exceeded the risk appetite, 18 risks are within the risk appetite and 0 risk are below the risk appetite. All risks are being managed within the North Cumbria Locality Care Group and no requests to escalate to BAF/CRR have been received.

There are 4 risks on the North Cumbria Corporate Group risk register. 2 risks have exceeded the risk appetite, 2 risks are within the risk appetite, and 0 risks are below the appetite. Below are the risks which have exceeded a risk appetite.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
1799	05/02/2020	Due to ongoing turnover of medical staff (retirements, departures, recruitment difficulties), there is a risk of high certainty that there will not be a sufficient level of consultant cover across many services in North Cumbria. If not resolved services will struggle to operate at a level which is safe and/or timely in order to meet patient need. The impact could be major.	4	3	12	Stuart Beatson	Quality Safety (6-10)	Recruitment
1946	14/06/2021	Due to the number of nursing vacancies, sickness, HR processes and acuity across the three CBU's i.e. Specialist CYPS, Inpatients and Access and Community, there is a risk of fairly high certainty that staffing levels could reduce to levels which could have a medium to major impact patient care and quality.	4	4	16	David Muir	Quality Safety (6-10)	Recruitment

4.1 North Cumbria Locality Corporate Business Units

The 3 CBU's within the North Cumbria Locality currently hold a total of 55 risks. 39 of those risks have exceeded a risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 20 February 2023. These risks will be reviewed again within this meeting on 23 October 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

4.2 Community/ Access North Cumbria CBU

Community/ Access North Cumbria CBU currently hold 20 risks. 15 risks are exceeding the risk appetite, 5 risks are within the risk appetite. and 0 risks are below the appetite. The Appetite Categories for the 15 risks exceeding the appetite are 10 within Quality Safety, 4 within Quality Effectiveness and 1 is within Quality Experience.

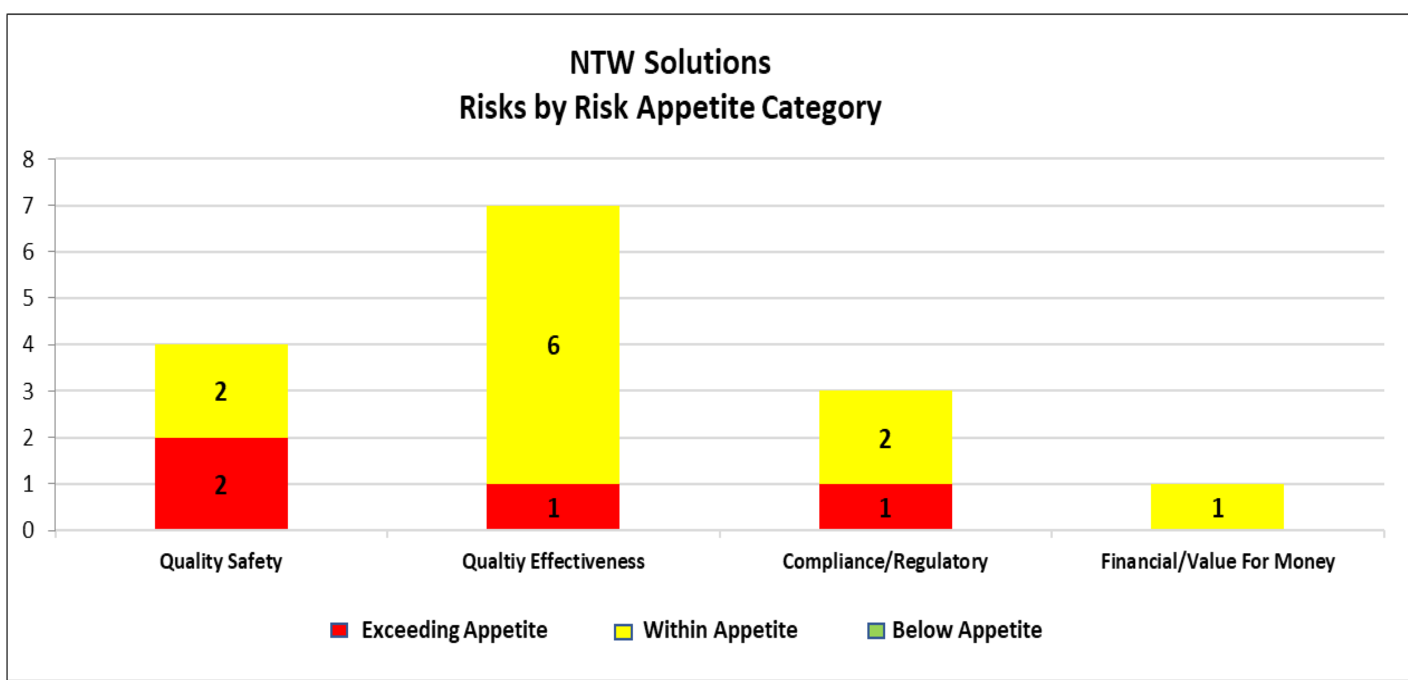
4.3 Inpatient North Cumbria CBU

Inpatient North Cumbria CBU is currently holding 19 risks. 13 risks are exceeding the risk appetite, 6 risks are within the risk appetite. and risks are below the appetite. The Appetite Categories for the 13 risks exceeding the appetite are 12 within Quality Safety, 1 within Quality Effectiveness.

4.4 Specialist Children and Young People's CBU

Specialist Children and Young Peoples CBU is currently holding 16 risks, 11 risks are exceeding the risk appetite, 5 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 11 risks exceeding the appetite 7 are within Quality Safety, 2 are within Quality Effectiveness and 2 are within Quality Experience.

5.0 NTW Solutions



In total as at end of March 2023 the NTW Solutions holds 15 risks. 4 risks have exceeded the risk appetite, 11 risks are within the risk appetite and there are no risks below the risk appetite. All risks are being managed within the NTW Solutions and no requests to escalate to BAF/CRR have been received.

There are 5 risks on the NTW Solutions Corporate risk register. 1 risk has exceeded the risk appetite, 4 risks are within the risk appetite and there are no risks below the risk appetite.

Below is the risk which has exceeded a risk appetite.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
2286	22/09/2022	Due to national issues impacting the pool of individuals available and changing mindset following COVID, the Company is experiencing increased difficulties recruiting and retaining its workforce. This is now a company wide issue impacting several services. Inability to fill posts could result in an negative impact on the quality of services delivered.	4	3	12	Tracey Sopp	Quality Effectiveness (6-10)	Recruitment

5.1 NTW Solutions Divisions

The 4 Divisions within the NTW Solutions currently hold a total of 10 risks. 3 risks have exceeded the risk appetite, 7 risks are within the risk appetite. The risks in this locality were last reviewed in the Trust Leadership Team (TLT) meeting held on the 27 June 2022. These risks will be reviewed again within this meeting on 26 June 2023. Six monthly Quality Risk Reports are being provided by the Risk Management Lead to each Locality to assist with quality issues with existing risks.

5.2 NTW Solutions Business Support Services

NTW Solutions Transactional Services currently hold 3 risks. 3 risks are within the risk appetite and no risks have exceeded the risk appetite and there are no risks below the risk appetite.

5.3 NTW Solutions Estates and Facilities

NTW Solutions Estates and Facilities currently hold 6 risks. 2 risks are exceeding the risk appetite, 4 risks are within the risk appetite. and there are no risks below the appetite. The Appetite Categories for the 2 risks exceeding the appetite is 1 within Quality Safety and 1 within Compliance/Regulatory.

5.4 NTW Solutions Capital Projects

Capital Projects currently holds 0 risk.

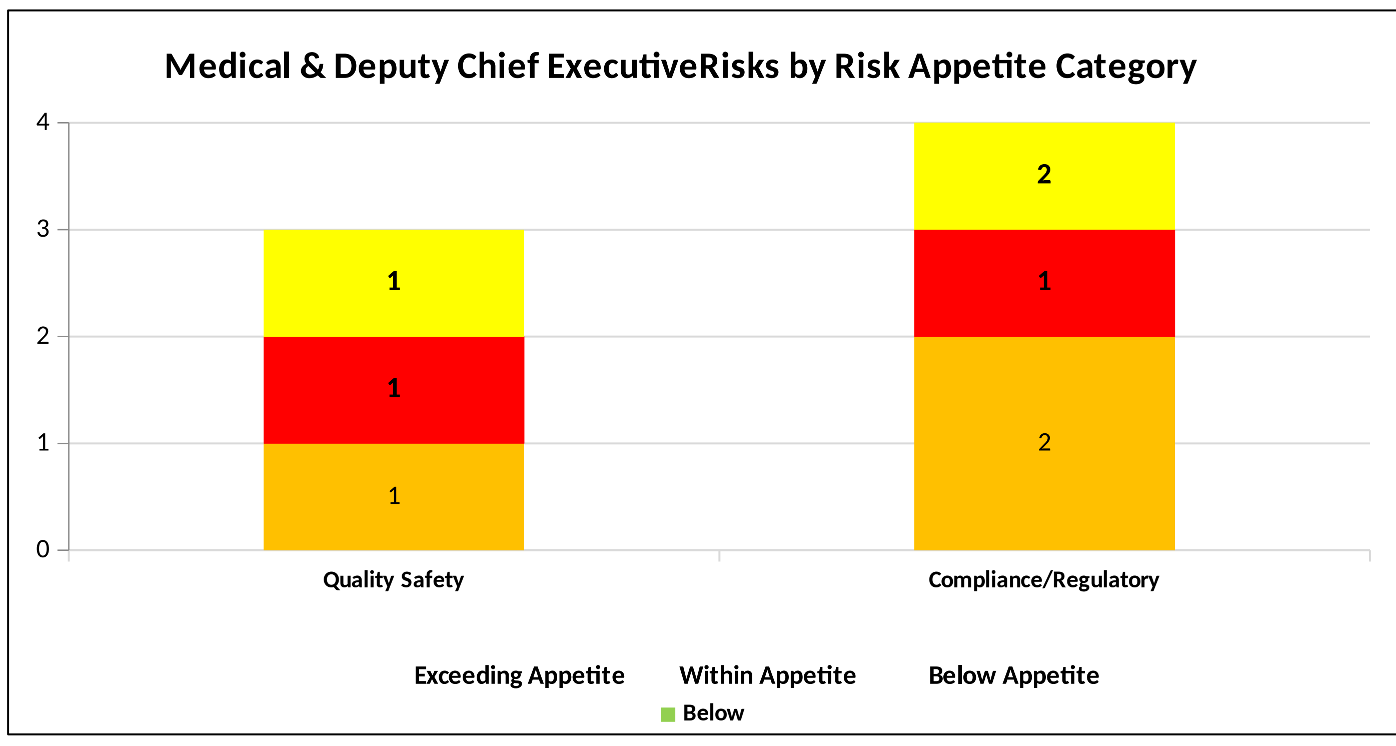
5.5 NTW Solutions (Pharmacy)

Pharmacy currently holds 1 risk which is exceeding the risk appetite. This risk is within the Quality Safety risk appetite.

6.0 Chief Executive

The Chief Executive as at end of March 2023 holds 1 risk. 1 risk is within the risk appetite. All risks are being managed within the Chief Executive's Office and no requests to escalate to BAF/CRR have been received.

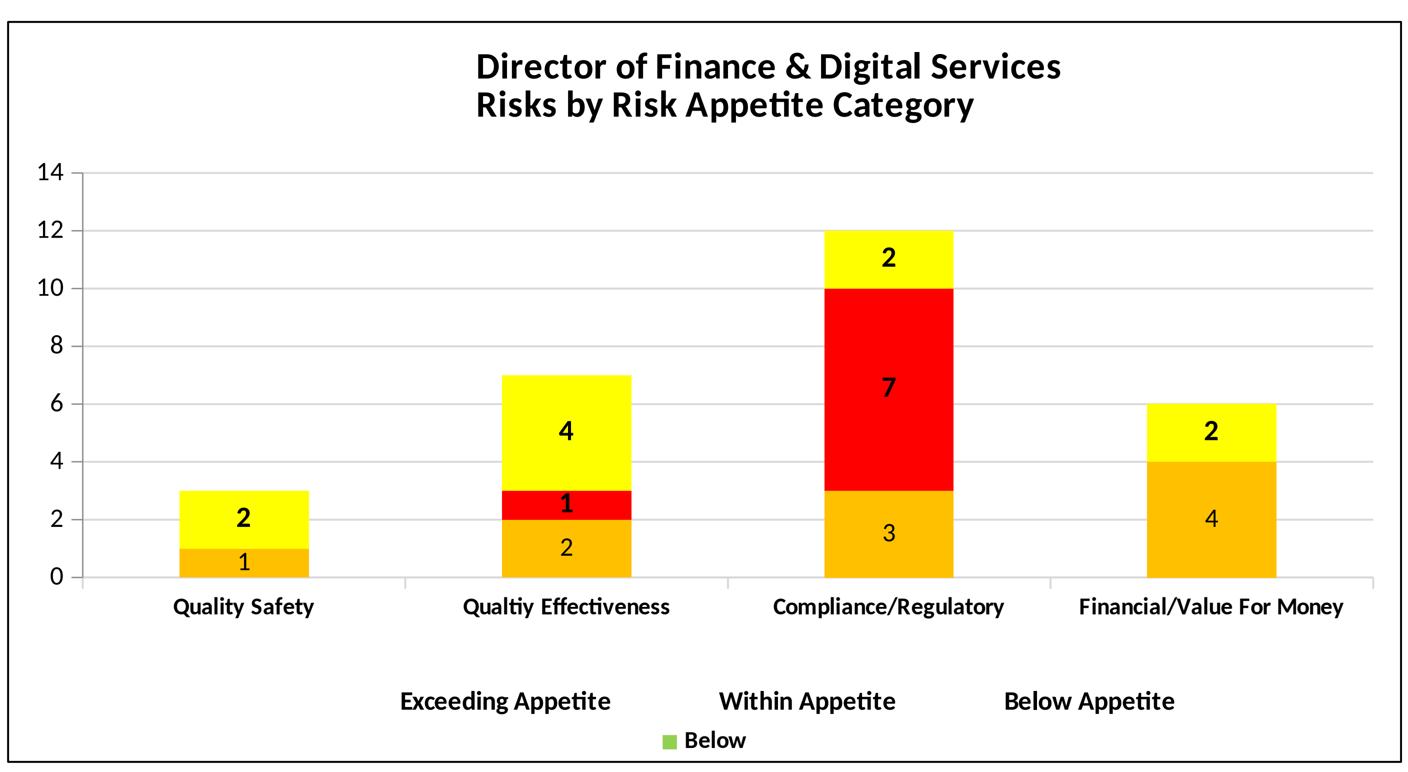
7.0 Medical & Deputy Chief Executive



The Medical & Deputy Chief Executive directorate as at end of March 2023 holds 5 risks, 2 risks are exceeding the risk appetite which are listed below. 2 risks are within the risk appetite. Information in relation to breached risks are given below. All risks are being managed within the Medical & Deputy Chief Executive Directorate and no requests to escalate to BAF/CRR have been received.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
1768	19/11/2019	Disruption to supply of medicines, compounded by further shortages resulting from a no-deal EU exit and COVID-19 pandemic	4	3	12	Timothy Donaldson	Quality Safety (6-10)	Medication
2048	19/08/2021	There is a risk of unauthorised access or data breach resulting in Trust data being accessible by a third party, either accidentally through misconfiguration of the system, or deliberate act (eg. hacking) exploiting any weaknesses in the system design.	5	3	15	Simon Walker	Compliance/Regulatory (6-10)	Data Security

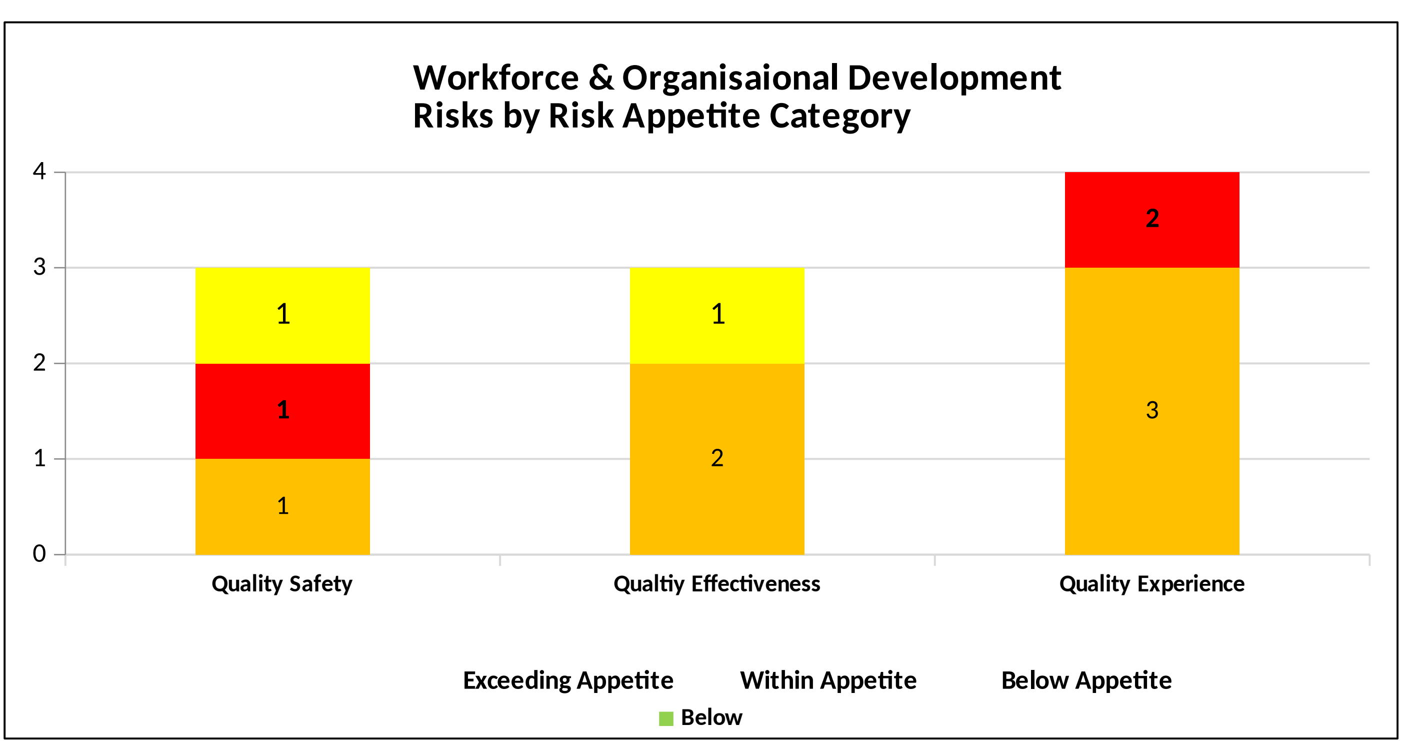
8.0 Finance & Digital Services



The Executive Director Finance & Digital Services as at end of March 2023 holds 18 risks, 8 risks which have exceeded a risk appetite which are listed below. 12 risks are within the risk appetite and there are 0 risks below the risk appetite. All risks are being managed within Finance & Digital Services Directorate and no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Number	Date	Description	I	L	Risk Rating	Owner	Risk Group	Theme
1172	05/12/2017	Increased risk of security threats coupled with increasing type and range of devices access the network. Linked to technology developments increasing attack vectors and increased sophistication of exploits.	4	3	12	Jonathan Gair	Compliance/Regulatory (6-10)	Cyber Security
1576	23/01/2018	Data leakage risk of Trust users transferring sensitive information via in-secure methods or to un trusted destinations. This is likely to be via data sharing methods such as unencrypted USB drives, e-mail or personal cloud storage facilities (such as dropbox, google drive, personal onedrive etc)	5	3	15	Jonathan Gair	Compliance/Regulatory (6-10)	Data Security
1655	10/07/2018	Subject Access Requests: There is a risk of non-compliance with the reduced time frame (1 month). In the absence of electronic systems the task is labour intensive and wholly reliant on human resource. Therefore increasing the risk of not meeting the legislation timeframe and error during the process which in turn breaches confidentiality or serious harm.	4	3	12	Angela Faill	Compliance/Regulatory (6-10)	Data Security
1719	26/03/2019	A number of systems that are relied upon by the Trust are running on unsupported software that is no longer receiving security updates or patches. There is a risk that unknown exploits take over this machine, bypassing any security controls in place.	4	3	12	Jonathan Gair	Compliance/Regulatory (6-10)	Data Security
2210	15/06/2022	The Electronic Prescribing Disaster Recovery (EPDR) solution provides a live copy of electronic prescribing data & allergy information which is accessible to RiO users via a desktop icon which is used during planned or unplanned RiO downtime. The EPDR audit trail data has previously been transferred for monitoring through the Enhanced Audit System which is used by the IG dept to monitor inappropriate access to data. Due to limitations with EPDR the audit trail extracts from EPDR are not functioning and audit trail data directly within EPDR is also not accessible. There is currently a risk of inappropriate access to EDPR data which will not be picked up as monitoring is currently not possible.	4	3	12	Gillian Sanderson	Compliance/Regulatory (6-10)	Informatics
2257	10/08/2022	The Trust is entering into multi agency working with many different organisations across different sectors (eg Third sector) as a result we are at risk of not involving/ making all staff groups aware at the earliest opportunity of new developments and relationships so that we can support them adequately and ensure the correct systems and governance is set up to support them. This is likely to happen and would have a major impact if it were to happen.	4	3	12	Kevin Scollay	Compliance/Regulatory (6-10)	Commissioners
2264	19/08/2022	Risk in relation to access to digital systems and services at Monkwearmouth Hospital. Demolition and redevelopment work in the middle of the Monkwearmouth site is going to increase the risk of accidental damage to cabling which bridges the buildings between the North and South of the campus site. This cabling is currently critical to carry data/voice network traffic across the site. Disruption to this cabling could effect access to clinical systems such as RiO and other digital dependencies such as telephones/printers etc. This work is expected over a period of many months with existing infrastructure needing to be maintained during this time.	4	3	12	Jonathan Gair	Quality Effectiveness (6-10)	IT
2378	14/02/2023	The Client Meal Ordering System (CMOS) system which has been in place for over 12 years currently allows anyone in the Trust with an active internal network account to gain access to the system and see initials of patients along with the ability to place orders. Any orders are verified by admins but it is clear that the level of access is excessive and data risks/requirements have changed since the system was written. This is likely to happen with a major impact on service if it were to happen.	4	3	12	Jonathan Gair	Compliance/Regulatory (6-10)	Data Security

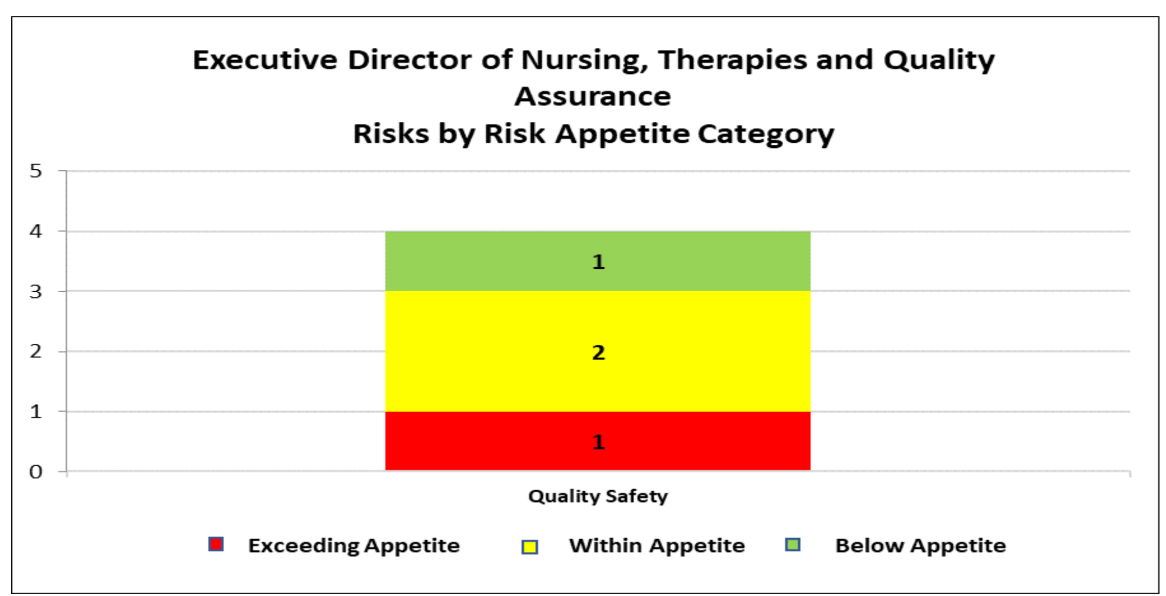
9.0 Workforce and Organisational Development



The Executive Director of Workforce and Organisational Development as at end of March 2023 holds 5 risks. There are 3 risks exceeding the risk appetite and 2 risks that are within the risk appetite. No risks to escalate to the BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Number	Risk Description	Risk Appetite	I	L	Risk Rating	Owner	Theme
1715	Sickness absence continues to remain above trust target of 5%. Reduced staff available resulting in increased use of temporary staff having both impact on quality of consistency in care and	Quality Experience (6-10)	3	4	12	Michelle Evans	Staffing
2133	Due to staffing shortage, there is reduced capacity for the Staff Psychological Centre to provide support and treatment to Trust staff in a timely manner. This is resulting in delays to both Triage and treatment with a waiting list now in operation. In some cases, this may result in staff remaining absent from work for longer.	Quality Experience (6-10)	3	5	15	Michelle Evans	Staffing
2384	Due to the increasing likelihood of industrial action including strike action between March 2023 - May 2023, there is a risk of service disruption which could have a major impact on patient safety and care. This could have also have a significant impact on operational services.	Quality Safety (6-10)	4	4	16	Lynne Shaw	Patient Safety

10.0 Director of Nursing, Therapies & Quality Assurance

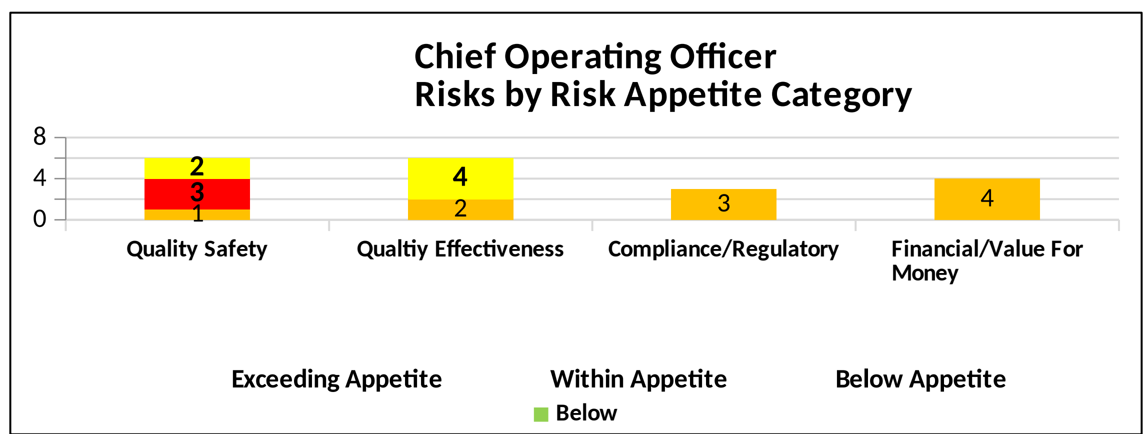


As of March 2023, Director of Nursing, Therapies and Quality Assurance Directorate held 4 risks. (excluding BAF risks) 1 risk is exceeding the risk appetite, 2 risks are within the risk appetite and 1 risk is below the risk appetite. The risk which is exceeding the appetite is within Quality Safety and is listed below.

Number	Description	Risk Appetite	I	L	Risk Rating	Owner	Theme
2356	Business Continuity Risk in relation to dependence on single Local Risk Management System (Ulysses) , without any back up, if provider cannot continue to support system. Whilst this risk is being flagged from an incident management perspective , if we lose the system , the Operational Risk Management system will also be lost, hence this is being recorded as a corporate level risk. There is a possibility we could lose our supplier of this system, given the current ask for them to support and update all NHS organisations for LFPSE transition, from a small company with a workforce of about 12. This would have a major impact if it were to happen.	Quality Safety (6-10)	4	3	12	Stewart Gee	Patient Safety

All risks are being managed within Director of Nursing, Therapies and Quality Assurance Directorate and there have been no requests to escalate to BAF/CRR have been received.

11.0 Chief Operating Officer



As of March 2023, Chief Operating Officer Directorate held 9 risks on the risk register. 3 risks are exceeding the risk appetite, 6 risks are within the risk appetite and 0 risks are blow the risk appetite. The 3 risks which are exceeding the appetite are within Quality Safety and are listed below. All risks are being managed within Chief Operating Officer Directorate and there have been no requests to escalate to BAF/CRR have been received. Risks which have exceeded a risk appetite are documented below.

Number	Description	I	L	Risk Rating	Owner	Risk Group	Theme
1220	Women of childbearing age are prescribed valproate without appropriate awareness of the risks involved. Risk identified in POMH-UK 15a Bipolar Disorder audit results, baseline assessment of NICE CG192 and MHRA Patient Safety Alert NHS/PSA/RE/2017/002	5	3	15	Ramona Duguid	Quality Safety (6-10)	Medication
1611	It is important to identify patients who have a swallowing difficulty and the risk it poses. Patients who have a swallowing risk require appropriate assessment and for staff to recognise the potential risk off dysphagia therefore accessing and referring to the SALT team. The impact of this risk is on patient safety.	5	3	15	Ramona Duguid	Quality Safety (6-10)	Patient Safety
2122	Increased referrals has seen an increase in unsafe caseloads for dietetic staff and an increased risk of urgent patients not being seen within agreed time frame leading to refeeding syndrome and harm. The impact is that we are not responsive to our patients to meet their needs fully.	4	3	12	Gillian Senior	Quality Safety (6-10)	Staffing

13. Emerging Risks

There are no new emerging risks in the Locality Care Groups and Executive Corporate risk registers that are not mentioned in the report.

Yvonne Newby
Risk Management Lead
18 April 2023

Completed Internal Audits 22-23 **Appendix 4**

Internal Audit Name 2022 - 2023 Q1	Final Report Date	Report Received	Level of Assurance	BAF Reference
Internal Audit CNTW 2021-22/01 Risk Management & Board Assurance Framework	06/06/2022	06/06/2022	Good	All BAF
Internal Audit Report - CNTW 2021-2022 05 International Recruitment	30/06/2022	30/06/2022	Reasonable	BAF1694 SA.5
Internal Audit Name 2022 - 2023 Q2	**Final Report Date**	**Report Received**	**Level of Assurance**	**BAF Reference**
Internal Audit Report - CNTW 2021-2022 03 Key Finance System	20/07/2022	20/07/2022	Good	BAF 1687 SA4
Internal Audit Report - CNTW 2021-2022 16 Delivering the Data Quality Improvement Plan	19/08/2022	19/08/2022	Good	SA.5 & SA5.1
Internal Audit Report - CNTW 2021-2022 15 Patients Monies & Belongings	06/09/2022	06/09/2022	Reasonable	SA.4 & SA4.2
Internal Audit Name 2022 - 2023 Q3	**Final Report Date**	**Report Received**	**Level of Assurance**	**BAF Reference**
Internal Audit Report - CNTW 2021-22/09 Management of Lone Working Devices (risk 2121 sitting at Group/Corporate level)	19/09/2022	19/09/2022	Limited	SA6
Internal Audit Report - CNTW 2021-22/02 Governance Arrangements - Long Term Segregation & Prolonged Seclusion Review Panel & Trust-Wide Ethics Forum	10/10/2022	10/10/2022	Reasonable	BAF 1691 SA5
Internal Audit Report - CNTW 2022-23 04 Pre Employment Checks	21/10/2022	21/10/2022	Substantial	SA6
Internal Audit Report - CNTW 2022/23 05 Management of Service Level Agreements	17/11/2022	17/11/2022	Substantial	BAF 1831 SA4
Internal Audit Report - CNTW 2022/23 23 Temporary Staffing – Pre-Employment Screening & Local Onboarding Processes	21/12/2022	21/12/2022	Limited	SA6
Internal Audit Name 2022 - 2023 Q4	**Final Report Date**	**Report Received**	**Level of Assurance**	**BAF Reference**
Internal Audit Report - CNTW 2022/23 22 Temporary Staffing Costs	09/02/2023	09/02/2023	Reasonable	BAF 1687 SA4
Internal Audit Report - CNTW 2022-23 05 Staff Appraisal (Non Medical)	17/03/2023	17/03/2023	Reasonable	SA6
Internal Audit - CNTW 2022/23 23 Mental Health Act – Delegation of Statutory Functions	24/03/2023	24/03/2023	Good	BAF 1691 SA5
Internal Audit - CNTW 2021-22 08 Consent to Examination or Treatment - Electroconvulsive Therapy (ECT)	14/02/2023	29/03/2023	Good	BAF 1691 SA5

All Internal Audits scheduled for 2022/2023

Internal Audit 2022/2023					
	2022/2023				
	Q1	Q2	Q3	Q4	BAF/Directorate Ref
Governance, Risk and Performance					
CNTW 2021-22/01 Risk Management & Board Assurance Framework	*				All BAF
CNTW 2022-23 02 Final report Management of Service Level Agreements			*		BAF 1831 SA4
Finance, Contracting & Capital					
CNTW 2021-2022 03 Key Finance System		*			BAF 1687 SA4
CNTW 2021-2022 15 Patients Monies & Belongings		*			
Human Resources & Workforce					
CNTW 2022-23 04 Pre Employment Checks			*		SA6
Appraisal					
Technology Risk Assurance: IM&T & Information Governance					
Data Security & Protection Toolkit – Interim Assessment June 2023 Submission					
Digitising Medical Records - Project Controls					
Cyber Security: Penetration Testing (external facing network devices)					
St Nicholas Hospital Data Centre Security					
RiO Upgrade – Pre-Upgrade project and implementation controls					
RiO Upgrade – Post-Upgrade implementation review					
VMWare and Storage Area Network (SAN) security and management controls					
Data Quality					
CNTW 2021-2022 16 Delivering the Data Quality Improvement Plan		*			
Performance Management & Reporting					
Quality & Clinical Governance					
Engagement and Observation - Policy Compliance – CNTW(C)19					
Follow Up Audits					
All final audit reports issued with an assurance level of 'Reasonable' and 'Limited' will be followed up (once management have confirmed that all recommendations have been implemented). Furthermore, a year end exercise will be undertaken to review the status of all high-graded recommendations raised during the year.					
Audit Management					
• Annual Planning • Audit Committee Reporting & Attendance • Head of Internal Audit Annual Report & Opinion • Management & External Audit Liaison					

Review Area - Additional Assurances and Advisory	2022/2023				
	Q1	Q2	Q3	Q4	BAF/Directorate Ref
Governance, Risk and Performance					
COVID 19 Response					BAF 1687 - SA4 BAF 1852 - SA2, SA4
Body Worn Cameras					
CNTW 2021-22/09 Management of Lone Working Devices					
Staff Attack Pagers					
Finance, Contracting & Capital					
No PO No Pay					
Internal Audit Report - IFRS 16 Lease Accounting			*		
Business change					DIR 1864
Human Resources & Workforce					
Bank & Agency - Costs					
Internal Audit Report - CNTW 2022/23 23 Temporary Staffing – Pre-Employment Screening & Local Onboarding Processes			*		
CNTW 2021-2022 05 International Recruitment	*				BAF 1694 - SA5
Quality & Clinical Governance					
Clinical Risk Assessment & Management Plan				*	
Mental Health Act – Policy & Overarching PGNs					BAF 1691 - SA5
Mental Health Act – Delegation of Statutory Functions				*	BAF 1691 - SA5
CNTW 2021-22/02 Governance Arrangements - Long Term Segregation & Prolonged Seclusion Review Panel & Trust-Wide Ethics Forum			*		BAF 1691 - SA5
Clinical Risk Assessment				*	
Technology Risk Assurance: IM&T & Information Governance					
Allocate System Pre-implementation project and security controls					
Electronic Prescribing & Medicines Administration (EPMA) Disaster Recovery Controls					
Freedom of Information Compliance					
Omnicell System Security & Management Controls					
NWT Solutions					
NTW Solutions 2021-2022/27 Data Security & Protection Toolkit (DPST)	*				
Rostering and Overtime					
Cleanliness Standards					
ERIC (Estates Returns Information Collection) and PAM (Premises Assurance Model)					
CNTW 2022/23 05 Management of Service Level Agreements			*		BAF 1831 SA4
Catering Services					

Board Assurance FrameWork 2022-2023

BAF Dashboard 2022 - 2023

Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores						Gaps in Controls within Q4		
							Q1	Q2	Q3	Q4	Target Score	Expected date risk to be mitigated and brought within the risk category appetite.	Open Actions	Added Actions	Closed Actions
SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing	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)	Ramona Duguid	Q&P	Quarterly	Quality Effectiveness (6-10)	16	16	16	16	4	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	0	0
	1762	Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA1)	Kevin Scollay	RABC	Quarterly	Fiancial/Value for Money (12-16)	15	15	20	20	5	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	0	1
SA.2 With People, Communities & Partners Together We Will Promote Prevention, Early Intervention and Resilience.	1852	There is a risk that the Trust may have to invoke its Emergency Response Arrangements due to a viral pandemic causing the absence of significant numbers of Trust staff and large increase in demand which could overwhelm the Trust's ability to deliver Trust business. This will impact on the quality and safety of care for patients. (SA2) and (SA4)	Gary O'Hare	Peoples Committee	Quarterly	Quality Effectiveness (6-10)	8	8	8	4	4	This risk is already within the risk category appetite. This BAF risk will go to Audit Committee on 26 April and Board on 3 May to approve the closure.	3	1	0
SA.3 Working With Partners There Will B "No Health Without Mental Health" And Services Will Be "Joined Up	2041	Inability to influence the changing NHS structural architecture leading to adverse impacts on clinical care that could affect the sustainability of MH and disability services. (SA3.2) and (SA2)	Kevin Scollay	Provider Collaborative	Monthly	Quality Effectiveness (6-10)	12	12	8	8	8	This risk is now within the risk categorey appetite.	3	0	0

Board Assurance FrameWork 2022-2023															
BAF Dashboard 2022 - 2023															
							Risk Scores						Gaps in Controls within Q4		
Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Q1	Q2	Q3	Q4	Target Score	Expected date risk to be mitigated and brought within the risk category appetite.	Open Actions	Added Actions	Closed Actions
SA.4 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them	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 (SA4)	Kevin Scollay	Provider Collaborative	Monthly	Quality Effectiveness (6-10)	9	9	9	9	3	This risk is already within the risk category appetite.	1	1	1
	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)	Ramona Duguid	Q&P	Quarterly	Quality Effectiveness (6-10)	12	12	12	12	4	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	6	0	1
	1853	The climate and ecological change is affecting the physical and mental health of current and future generations and adaptation plan to be in place regarding the infrastructure and preparedness for extreme weather. The delivery of the Green Plan is paramount to reduce the impact of climate change. (SA4)	James Duncan	RBAC	Quarterly	Climate & Ecologial Sustainability (6-10)	12	12	12	12	8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	0	0
	1687	That we do not manage our resources effectively in the transition from COVID planning to ongoing sustainability and delivery of our transformation programme. (SA4.2)	Kevin Scollay	RBAC	Quarterly	Fiancial/Value for Money (12-16)	15	20	20	20	10	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	4	1	2

Board Assurance FrameWork 2022-2023

BAF Dashboard 2022 - 2023

Strategic Ambition	Risk No.	Risk Description	Executive Lead	Sub Committee	Review Frequency	Risk Appetite	Risk Scores						Gaps in Controls within Q4		
							Q1	Q2	Q3	Q4	Target Score	Expected date risk to be mitigated and brought within the risk category appetite.	Open Actions	Added Actions	Closed Actions
SA5 The Trust will be the Centre of Excellence for Mental Health and Disability	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. (SA 5)	Kevin Scollay	Q&P	Monthly	Compliance/ Regulatory (6-10)	15	20	20	20	5	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	14	7	9
	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)	Rajesh Nadkarni	MHL Group	Quarterly	Compliance/ Regulatory (6-10)	12	12	12	12	8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	3	0	0
	1694	Inability to recruit the required number of medical staff or provide alternative ways of multidisciplinary working to support clinical areas could result in the inability to provide safe, effective, high class services. (SA5.9) and (SA6)	Ramona Duguid	Peoples Committee	Quarterly	Compliance/ Regulatory (6-10)	12	12	12	12	8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	5	2	0
SA.6 The Trust Wil Be Regarded As A Great Place To Work.	1680	If the Trust were to acquire additional services and geographical areas this could have a detrimental impact on CNTW as an organisation. (SA6) and (SA1.10)	Kevin Scollay	RBAC	Monthly	Compliance/ Regulatory (6-10)	12	12	12	12	8	There is currently no expected date for this risk being brought within risk category appetite. It will continue to be monitored on a quarterly basis and brought within the risk category appetite as soon as practicable.	4	0	1

(green)	Below Tolerated Risk Score
(yellow)	Within Tolerated Risk Score
(red)	Breaching Tolerated Risk Score

Completed/Ongoing Clinical Audits Aligned to BAF/DIR risks 22-23

Appendix 5

Clinical Audit Name 2022 - 2023	Draft Report	Draft approved	Final Report Date	Report Received	Level of Assurance	Action Deadlines	Completed	BAF/DIR Reference
Must Do Clinical Audits - NEW								
Should Do Clinical Audits								
Trust Priority Re Audit	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action Deadlines**		**BAF/DIR Reference**
CA-21-0026 - Nasogastric Tube Feeding Audit	09/02/2023	09/02/2023	10/03/2023	21/03/2023	**Good Practice**	**Kate McBride**	**Completed**	**BAF - 1688 SA.5 DIR Risk 1637**
CA-21-0038 - The Safe Prescribing of Rapid Tranquilisation (RT)	01/10/2022	09/11/2022	09/12/2022	20/12/2022	**Minor areas of concerns**	**30.06.23 - Aniqa Rezwana**		**BAF - 1688 SA.5 DIR Risk 1637**
CA-21-0028: Physical Health Monitoring – South inpatient - As per policy the highest risk rating shows Moderate risk so the re-audit is due in Q2 2023-24.	14/06/2022	28/06/2022	08/07/2022	15/07/2022	**Moderate concerns**	**31.10.22 Marie Smith**	**Completed**	**BAF - 1688 SA.5**
CA-21-0035 - CYPS CPA Care and Treatment Audit - CA-19-0009: Areas of Concern	21/04/2022	26/04/2022	10/06/2022	14/06/2022	**Moderate concerns**	**31.12.22 - Anna Williams -**	**Completed**	**BAF - 1688 SA.5 BAF - 1836 SA4**
CA-21-0037 - Medical Clinicians Completing Independent MDT Seclusion Reviews	24/03/2022	21/07/2022	09/09/2022	14/09/2022	**Minor areas of concerns**	**Dr Nicole Edwards re-audit is due in Q2 24/25**	**Completed**	**BAF - 1688 SA.5 BAF Risk 1694 SA 5 & SA6 DIR Risk 1637**
Medicines Management Re Audit	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action deadlines**	**Completed**	**BAF/DIR Reference**
CA-21-0013: Engagement and Observation Audit	28/01/2022	22/03/2022	08/04/2022	08/04/2022	**Minor areas of concerns**	**30.04.22 - Chloe Mann**	**Completed**	**BAF - 1688 SA.5 BAF Risk 1694 SA 5 & SA6 BAF Risk 1691 SA 5**

								DIR Risk 1637 DIR Risk 1611
CA-21-0015 POMH-UK Topic 19b Prescribing Antidepressants for Depression in Adults	08/11/2022	09/11/2022	09/12/2022	13/12/2022	**Good Practice**	**Matthew Haggerty**	**Competed**	**SA1**
CA-21-0016 Prescribing Observatory for Mental Health (POMH-UK): Topic 14c: Alcohol detoxification	11/05/2022	11/05/2022	10/06/2022	16/06/2022	**Minor areas of concerns**	**31.10.22 - Matthew Haggerty**	**Completed**	**SA1**
CA-21-0023 - The safe use of opiates within CNTW (PGN-PPT-PGN 18)- Areas of Concern	05/01/2022	09/02/2022	18/03/2022	22/03/2022	**Moderate concerns**	**07.02.23 - Martina Khundakar**	**Completed**	**BAF - 1688 SA.5 DIR Risk 1637**
CA-21-0031 NCAP 21-22 EIP Re-Audit Summary Final Report	01/08/2022	18/08/2022	14/10/2022	17/10/2022	**Good Practice**	**Lynn Dolan**	**Completed**	**BAF - 1688 SA.5**
CA-21-0032 NICE (Implementation) NG134 Depression in CYPS	08/08/2022	30/11/2022	10/03/2023	13/03/2023	**Areas of Concern**	**31.05.23 - Mandy Abbott**		**BAF - 1688 SA.5 DIR Risk 1637**
CA-21-0040 - Safe Prescribing of Valproate (PPT-PGN-25 - Baseline audit but to note CA-20-0005	1307/2022	13/07/2022	09/09/2022	16/09/2022	**Minor areas of concerns**	**30.04.23 - Matthew Haggerty**		**DIR Risk 1220**
Medicines Management NEW	**Draft Report**	**Draft Approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action Deadlines**	**Completed**	**BAF/DIR Reference**
MM-22-058: The monitoring of lithium in the community	11/01/2023	11/01/2023	10/02/2023	16/02/2023	**Minor areas of concerns**	**28.02.23 - Shani Ibrahim - extension 31.05.23**		**DIR Risk 1637**
MM-22-059: The monitoring of lithium in the inpatient setting	11/01/2023	11/01/2023	10/02/2023	16/02/2023	**Minor areas of concerns**	**28.02.23 - Shani Ibrahim - extension 31.05.23**		**DIR Risk 1637**
CA-22-079.01 Medication Summaries and Discharge Letters (re-audit is due in Q3 2023/24.)	16/05/2022	07/06/2022	08/07/2022	02/08/2022	**Moderate concerns**	**31.03.23 - Dr J Richardson**		**BAF - 1688 SA.5 DIR Risk 1637**

Trust Priority Re Audit	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action deadlines**	**Completed**	**BAF/DIR Reference**
CA-22-010.01 - Long Term Segregation - 21-22 risk rating shows low so the re-audit is due in Q4 24/25	09/11/2022	16/12/2022	13/01/2023	17/01/2023	**Minor areas of concerns**	**31.01.23 - Anthony Deery**	**Completed**	**BAF Risk 1688 SA5 DIR Risk 1637**
CA-21-0007: Re-Audit of Anticholinergic Burden in Patients referred to the Memory and Later Life Service with Cognitive Impairment 2022	15/06/2022	22/11/2022	09/12/2022	14/12/2022	**Moderate Concerns**	**06.11.22 - Sarah Maddicott**	**Completed**	**BAF Risk 1688 SA5**
CA-22-063.01 - Safeguarding Adults at Risk	24/08/2022	10/11/2022	09/12/2022	13/12/2022	**Moderate Concerns**	**31.01.23 - Sheona Duffy - extension 30.04.23**		**BAF Risk 1694 SA6 BAF Risk 1688 SA5 DIR Risk 1637**
CA-22-064.01 Adherence to ECTAS Standards on Time to Reorientation Post-ECT	15/09/2022	15/09/2022	14/10/2022	20/10/2022	**Minor areas of concerns**	**31.01.23 - Dr Ahmed Nadeem**	**Completed**	**BAF Risk 1688 SA5 DIR Risk 1637**
CA-20-0029 NAIF Annual Report including Facilities Clinical Audits 20-21, 21-22, including: CA-18-0025 National Audit of Inpatient Falls (NAIF) CA-19-0037 Facilities Audit 19-20	28/01/2022	09/03/2022	13/05/2022	15/06/022	**Moderate Concerns**	**31.03.23 - Angela Brownbridge**	**Completed**	**DIR Risk 1637**
CA-21-0019 - Body maps audit – Trust wide but led in North Cumbria	16/06/2022	17/06/2022	08/07/2022	03/02/2023	**Areas of Concern**	**30.09.22 - Janine Carr - extension 30.04.23**		**BAF Risk 1688 SA5**
CA-21-0036: Healthcare Records QMT audit	13/05/2022	04/07/2022	09/09/2022	16/09/2022	**Minor areas of concerns**	**07.02.23 - Christy Molloy**	**Completed**	**BAF Risk 1688 SA5**
CA-20-0016 National Audit of Dementia Spotlight Community Memory Assessment Services 21-22 Interim Report	08/08/2022	31/08/2022	09/09/2022	12/09/2022	**Areas of Concern**	**No action plan has been produced at a national level at this stage**		**BAF Risk 1688 SA5**
CA-20-0026 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of	12/01/2022	12/01/2022	09/02/2022	15/03/2022	**Moderate Concerns**	**30.11.22 - Matthew Haggerty**	**Completed**	**BAF Risk 1688 SA5 DIR Risk 1637**

concern with a moderate risk								
North Locality	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action deadlines**	**Completed**	**BAF/DIR Reference**
CA-21-0004 - Patient Debrief Post Tertiary Intervention Joint Audit Inpatient CBU & Learning Disabilities & Autism CBU - **To commence March 2022 completion date yet to be finalised.** (rating Moderate (12) so the re-audit is due in Q4 23-24)	15/12/2022	21/12/2022	13/01/2023	20/01/2023	**Moderate Concerns**	**30.04.23 - Kirsty Charlton**		**BAF Risk 1688 SA5 DIR Risk 1637**
Trust Wide NEW	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action Deadlines**	**Completed**	**BAF/DIR Reference**
CA-22-071: Progress Note Framework Audit - Moderate (12) so the re-audit is due in Q3 23-24	15/11/2022	15/11/2022	09/12/2022	20/12/2022	**Moderate Concerns**	**31.01.23 - Laura Jobson**	**Completed**	**BAF Risk 1836 SA 4 & 5 DIR Risk 1637**
CA-22-0041: Physical Health Recording on Rio - Moderate (17) so the re-audit is due in Q3 23-24.	17/11/2022	17/11/2022	09/12/2022	14/12/2022	**Moderate Concerns**	**30.09.23 - Sarah Penrice**		**DIR Risk 1637**
NICE (Implementation)	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action Deadlines**	**Completed**	**BAF/DIR Reference**
CA-19-0024: NICE (Implementation) NICE CG192, QS115, QS129 Ante & Postnatal Mental Health, Including Contraception (NICE QS129)	02/01/2022	11/05/2022	10/06/2022	14/06/2022	**Moderate Concerns**	**31.10.22 - Dr Andrew Cairns - extension 31.03.23 - 31.05.23**		**DIR Risk 1637**
CA-21-0025 - NICE (Implementation) TA 217 Memantine Prescribing in NTW against NICE Guidelines -Low risk (6) level so the re-audit is due in Quarter 3 2024-2025 - Re-Audit - CA-19-0016: Non-Compliant Low Risk (8)	18/07/2022	02/11/2022	11/11/2022	16/11/2022	**Good Practice**	**Dr Andrew Byrne**	**completed**	**DIR Risk 1637**
NICE (Implementation) Re Audit	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action Deadlines**	**Completed**	**BAF/DIR Reference**
CA-21-0020 NICE (Implementation) CG185 Psychological Therapies for	28/01/2022	17/03/2022	08/04/2022	08/04/2022	**Compliant**	**30.04.23 - Esther Cohen-Tovee**		**BAF Risk 1688 SA5 DIR Risk 1637**

Bipolar Disorder								
CA-21-0030 NICE (Implementation) NG87 ADHD in Adult ADHD Services Re-Audit	07/04/2022	26/04/2022	08/07/2022	18/07/2022	**Moderate Concerns**	**30.11.22 Patricia Nunes - extension 31.03.23 - 31.05.23**		**DIR Risk 1637**
CA-21-0022 NICE (Baseline Assessment) QS127 Obesity: Clinical Assessment & Management	11/07/2022	23/01/2023	10/02/2023	13/02/2023	**Moderate Concerns**	**30.09.23 - Kate McBride**		**BAF Risk 1688 SA5**
Contraception (NICE QS129)	**Draft Report**	**Draft approved**	**Final Report Date**	**Report Received**	**Level of Assurance**	**Action Deadlines**	**Completed**	**BAF/DIR Reference**
CA-22-0011.04- Annual Seclusion - Moderate areas of concern re Audit is due in Q3 23/24.	14/09/2022	25/10/2022	09/12/2022	13/12/2022	**Moderate Concerns**	**30.04.23 Kirsty Charlton**		**BAF - 1688 SA.5 BAF Risk 1694 SA 5 & SA6 DIR Risk 1637**
CA-21-0001 -Allied Health Professional (AHP) Continuing Professional Development (CPD) Audit 2021- Areas of Concern	08/11/2021	02/12/2021	01/01/2022	05/01/2022	**Moderate Concerns**	**30.04.23 - Maria Avantaggiato-Quinn**		**BAF Risk 1688 SA5 BAF Risk 2041 SA 3**
CA-21-0002 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern - **Re Audit CA-21-0039** - Physical Health Monitoring following Rapid Tranquilisation - Commencing in Jan 22	12/04/2022	19/05/2022	10/06/2022	15/06/2022	**Moderate Concerns**	**30.04.23 - Ruth Jordan - Re audit CA-21-0039**		**BAF Risk 1688 SA5 DIR Risk 1637**
CA-21-0012 - Nutrition policy audit - Ongoing	17/08/2022	19/08/2022	09/09/2022	15/09/2022	**Moderate Concerns**	**Gillian Senior - 31.07.23**		**BAF Risk 1688 SA5 BAF Risk 1683 SA1 DIR Risk 1611**
CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3 - CA1-18-0001 Position Statement Stage 2 Not Applicable in MH.	14/07/2022	13/10/2022	10/03/2023	13/03/2023	**Good Practice**	**Dennis Davison**	**Completed**	**BAF Risk 1688 SA5**

Clinical Audit Plan 22-23

Clinical Audit Plan					
	2022/2023				
Review Area	**Q1**	**Q2**	**Q3**	**Q4**	**BAF/SA/Directorate (DIR) Ref**
Must Do Clinical Audits - Re audit					
CA-19-0002- Seclusion Annual audit 21-22	*				BAF Risk 1694 SA 5
CA-19-0003 - Seclusion Annual audit 21-22		*			BAF Risk 1694 SA 5
CA-19-0004 - Seclusion Annual audit 21-22			*		BAF Risk 1694 SA 5
CA-19-0005 - Seclusion Annual audit 21-22				*	BAF Risk 1694 SA 5
CA-21-0011 - Annual Seclusion - Minor areas of concern					BAF Risk 1694 SA 5
CA-18-0029 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-19-0027 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0001 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0002 - Physical Health Monitoring following Rapid Tranquilisation - Areas of Concern				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-21-0039 - Physical Health Monitoring following Rapid Tranquilisation - Commencing in Jan 22				*	BAF Risk 1688 SA5 DIR Risk 1637
CA-15-0054 - Nutrition policy audit - Partially Compliant			*		
CA-16-0047 - Nutrition policy audit - Significant Assurance			*		
CA-17-0002 - Nutrition policy audit - Significant Assurance with issues of note			*		
CA-18-0004 - Nutrition policy audit - Good Practice			*		
CA-19-0032 - Nutrition policy audit - Good Practice			*		
CA-21-0012 - Nutrition policy audit - Ongoing			*		DIR Risk 1611
CA-18-0026 - Medicines Reconciliation - Excellen Practice in some areas and non compliant in certain areas.			*		DIR Risk 1288
CA-20-0021 - Medicines Reconciliation -Minor areas of concern with a moderate risk			*		DIR Risk 1288
CA-20-0005 - Prescribing Observatory for Mental Health (POMH-UK) Topic 20b The quality of Valproate - Areas of Concern Highest Risk:20 (High)			*		DIR Risk 1220
Must Do Clinical Audits - NEW					
Prescribing Observatory for Mental Health (POMH-UK) Topic 21a Use of Melatonin	*				
Respiratory Audits (British Thoracic Society)	*				
Should Do Clinical Audits					
Trust Priority Re Audit					
CA-21-0026 - Naso Gastric Tube Feeding Audit		*			
CA-21-0029 - Monitoring of Prolactin in Patients Prescribed Antipsychotic Medications and the Management of Raised Prolactin Levels in Rehabilitation Wards - CA-19-0030 Areas of Concern / Moderate Risk	*				
CA-21-0035 - CYPS CPA Care and Treatment Audit - CA-19-0009: Areas of Concern	*				
CA-21-0037 - Medical Clinicians Completing Independent MDT Seclusion Reviews	*				BAF Risk 1688 SA5 DIR Risk 1637

Medicines Management Re Audit					
CA-19-0017 - Safe Prescribing and administration of insulin - Areas of Concern	*				
CA-19-0019 - Management of Acute Alcohol withdrawal in adults - Minor Areas of Concern			*		
CA-19-0028 - Drug Allergies - Excellent Practice					
CA-18-0021 - Benzodiazepine and Z-drug Prescribing (PPT-PGN-21) - Non compliance with areas of concern	*				
CA-21-0023 - The safe use of opiates within CNTW (PGN-PPT-PGN 18)- Areas of Concern				*	
CA-21-0033 - The use of zuclopenthixol acetate (Accuphase) within CNTW – Re-audit (PPT-PGN- 27) - CA-17-0013: Limited assurance - CA-20-0015: Areas of concern	*				
CA-21-0034 - High Dose and Combined antipsychotics Trustwide audit - CA-20-0013: Minor areas of concern	*				
CA-21-0040 - Safe Prescribing of Valproate (PPT-PGN-25 - Baseline audit but to note CA-20-0005		*			DIR Risk 1220
Medicines Management NEW					
The monitoring of lithium in the community		*			
The monitoring of lithium in the inpatient setting		*			
Evaluation of the use of botulinum toxin within CNTW			*		
To evaluate the prevalence and significance of monitoring prolactin levels in patients on antipsychotics		*			
Evaluate the use of rapid tranquilisation in CYPSS				*	
High Dose and Combined antipsychotics Trust wide audit					
Safe Prescribing of Valproate (PPT-PGN-25)					
Trust Wide Re Audit					
CA-18-0022 - Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21) - Areas of Concern				*	
CA-20-0031 - Audit of Benzodiazepine and Z-drug prescribing in 3TTs against the BNF guidelines and Trust PPT PGN-21) - Minor Areas of Concern (Moderate Risk)				*	
CA-21-0010 - Long Term Segregation - Good Practice				*	
CA-19-0035 - Safeguarding Adults at Risk - Good Practice				*	
CA-20-0025 Time to re-orientation following ECT - Minor areas of concern		*			
CA-20-0024 - Weight management when prescribing antipsychotics – Trust wide - Areas of concern	*				
CA-20-0027 Transition Referrals to the Adult ADHD team via CYPS Minor areasof concern with a moderate risk			*		
CA-18-0013 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of concern				*	
CA-20-0026 - Prescribing Observatory for Mental Health (POMH-UK) Topic 18b Use of clozapine - Minor areas of concern with amoderate risk				*	
Trust Wide NEW					
Under 18's being held in a section 136 suite	*				

NICE (Implementation) Re Audit					
CA-15-0002 - NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Adult and CYPS Services) - Compliant with this section			*		
CA-19-0008 - NICE (Implementation) QS95 / CG185: Psychological Therapy Use for Patients with Bipolar Disorder in a Large NHS Mental Health Trust (Adult and CYPS Services) - Areas of concern midium risk			*		
CA-21-0020: NICE (Implementation) QS95 & CG185 Psychological Therapy for Use with Bipolar Affective Disorder (BPAD) in a Large NHS Mental Health: Children & Young People's Services ONLY - Sample size too small			*		BAF Risk 1688 SA5 DIR Risk 1637
NICE (Implementation) NEW					
Audit of Delirium Checklist as part of implementation audit for NICE CG103 Delirium	*				
Trust Priotires Audits (identified by the Localities)					
North Locality					
CA-21-0004 - Patient Debrief Post Tertiary Intervention Joint Audit Inpatient CBU & Learning Disabilities & Autism CBU - **To commence March 2022 completion date yet to be finalised.**					BAF Risk 1688 SA5 DIR Risk 1637
Clinical Standards Review	*				BAF Risk 1688 SA5 DIR Risk 1637
South Locality					
CA-21-0028 - An audit to assess Physical Health Monitoring compliance with CNTW(C) 29	*				BAF Risk 1688 SA5
Central Locality					
None					
North Cumbria Locality NEW					
Dentistry			*		
Risk (Post FACE)	*				
North Cumbria Locality Re Audit					
CA-21-0006 - Co-production: Formulation, Care Plan, Safety Plan, GTKY, Training - NC Inpatient CBU		*			
CA-21-0007 - Re-audit of anticholinergic burden in patients referred to the Old Age Psychiatry Department with memory impairment - NC Community & Access CBU		*			
CBU Priorities					
North Community NEW					
Progress Note framework	*				BAF Risk 1688 SA5 DIR Risk 1637
Care Planning including relapse/contingency planning (personalised/collaborative)		*			BAF Risk 1688 SA5 DIR Risk 1637
Recording of supervision in clinical records			*		BAF Risk 1688 SA5 DIR Risk 1637
FACE risk profile, FACE FAQs				*	
North Inpatient and Learning Disabilities & Autism					
None					

North Cumbria Inpatient					
None					
North Cumbria Access & Community NEW					
Individual Recovery Outcome Counter (iRoc))	*				
Specialist Children's & Young People's Services NEW					
Child Leave Arrangements		*			
South Inpatient NEW					
Risk assessment and crisis and contingency management plans			*		
South Community Re Audit					
CA-20-0028: Core Assessment audit within South Tyneside CTT - Areas of concern with a moderate risk					
South Access					
None					
South Neuro and Specialist Services					
None					
Ongoing Audits from the 21-22 Programme					
CA-18-0025 - National Audit of Inpatient Falls (NAIF) Continuous Audit - Connected to audits CA-19-0037 & CA-20-0029 relating to	*				
CA-19-0036 National Audit of Care at the end of Life (NACEL) Stage 3 - CA1-18-0001 Position Statement Stage 2 Not Applicable in MH.		*			
CA-19-0037 National Audit of Inpatient Falls (NAIF) Facilities Audit Jan-20 - Connected to the audits CA-19-0025 & CA-20-0029 relating to facilities.	*				
CA-20-0016 National Audit of Dementia - Spotlight Audit: Community-Based Memory Clinical Services - Added to 20-21 Clinical Audit Plan on 06/10/2020. Original start date was January 21. Deferred to 21-22 due to national amendment to timescale in September 21 due to COVID-19			*		
CA-20-0029 National Audit of Inpatient Falls (NAIF) Facilities Audit 20-21 - Connected to the following audits CA-19-0037 & CA-20-0025 to facilities:	*				
CA-21-0014 - Prescribing Observatory for Mental Health (POMH-UK) Topic 1h & 3e Prescribing high dose and combined antipsychotics - CA-17-0008: Low risk CA-17-0020: Low risk	*				
CA-21-0015 - Prescribing Observatory for Mental Health (POMH-UK) Topic 19b Re-audit: Prescribing antidepressants for depression in adults - CA-19-0018: Moderate risk			*		
CA-21-0016 - Prescribing Observatory for Mental Health (POMH-UK) Topic 14c Prescribing for substance misuse alcohol detoxification - CA-15-0115: High risk CA-19-0019: Low risk	*				
CA-21-0027 National Audit of Inpatient Falls - Bed Rail Audit 21-22 Connected to the following audits relating to facilities: CA-19-0037 CA-20-0029 - Developed as part of: CA-18-0025				*	
CA-21-0031 Prescribing Observatory for Mental Health (POMH-UK): Topic 18b: Use of Clozapine - Relates to NCAP Process: CA-17-0017 Core Audit CA-18-0014 EIP Spotlight Audit (1) CA-19-0010 EIP Spotlight Audit (2) CA-20-0006 EIP Spotlight Audit (3)				*	

20. NHSE/I SINGLE OVERSIGHT FRAMEWORK COMPLIANCE REPORT

Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

20. NHS Improvement System Oversight Framework - Quarter 4 2022-23.pdf

Report to the Board of Directors
Wednesday 3rd May 2023

Title of report	Quarter 4 update - NHS Improvement System Oversight Framework
Purpose of the report	For discussion
Executive Lead	Ramona Duguid, Chief Operating Officer Kevin Scollay, Director of Finance
Report author(s) (if different from above)	Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance Chris Cressey, Deputy Director of Finance & Business Development

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	
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)

BOARD OF DIRECTORS
Wednesday 3rd May 2023

Quarterly Report – Oversight of Information Submitted to External Regulators

PURPOSE

To provide the Board with an oversight of the information that has been shared with NHS Improvement and other useful information in relation to Board and Governor changes and any adverse press attention for the Trust during Quarter 4 2022-23.

BACKGROUND

NHS Improvement using the System Oversight Framework have assessed the Trust for Quarter 4 of 2022-23 as segment 1 – maximum autonomy. At Month 12 the Trust has agreed with the Trust Board and ICS to revise the financial outturn for the year end to breakeven from a 5.6m surplus. This may impact on the level of autonomy in future quarters.

A summary of the Trust ratings since the start of financial year 2016-17 are set out below:

	Q1 & 2 16-17	Q3 & Q4 16-17	Q1 – Q4 17-18	Q1 –Q4 18-19	Q1 & Q2 19-20	Q3 & Q4 19-20	Q1 – Q4 20-21	Q1 – Q4 21-22
Single Oversight Framework Segment	n/a	2	1	1	1	1	1	1
Use of Resources Rating	n/a	2	1	3	3	2	*2	*2
Continuity of Services Rating	2 (Q1) & 3 (Q2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Governance Risk Rating	Green	n/a	n/a	n/a	n/a	n/a	n/a	n/a

*Please note since Quarter 1 2020/21 the Use of Resources Rating is related to Quarter 4 2019/20 due to suspension of this rating during COVID-19.

Key Financial Targets & Issues

A summary of delivery at Month 12 against our high-level financial targets and risk ratings, as identified within our financial plan for the current year, and which is reported in our monthly returns is shown in the tables below (Finance returns are submitted to NHSI on a monthly basis):

	Year to Date		
Key Financial Targets	Plan	Actual	Variance/

			Rating
Risk Rating	n/a	n/a	n/a
I&E Surplus/(Deficit)	£5.6m	£0.1m	(£5.5m)
Agency Spend	£11.7m	£27.4m	£15.7m
Cash	£51.8m	£50.7m	(£1.1m)
Capital Spend	£38.1m	£41.6m	£3.5m
Asset Sales	£3.2m	£1.1m	(£2.1m)

Risk Rating

The interim financial arrangements put in place during COVID-19 have resulted in the suspension of the Use of Resources rating including the requirement for a Board Assurance statement to be completed if a trust is reporting an adverse change in its forecast out-turn position.

Workforce Numbers

The workforce template provides actual staff numbers by staff group. The table below shows a summary of the information provided for Quarter 4 2022-23. Workforce returns are submitted to NHSI monthly.

Summary Staff WTE	**Jan Actual WTE**	**Feb Actual WTE**	**Mar Actual WTE**
Non-medical Clinical	5,235.90	5,423.03	5,444.50
Non-medical Non-Clinical	2,126.32	2,154.11	2,156.42
Medical & Dental	447.85	412.52	391.41
Total WTE Substantive	**7,900.07**	**7,989.66**	**7,992.33**
Bank	221.39	267.35	255.66
Agency	321.49	366.16	402.18
Total WTE all staff	**8,442.95**	**8,623.17**	**8,650.17**

Agency Information

The Trust must report agency shift numbers to NHS Improvement monthly. The table below shows the number of agency shifts, the number above price cap and the number of off-framework shifts reported during Quarter 4 2022-23. The Trusts level of agency use at Quarter 4 is in breach of the allocated ICB agency cap.

	January			**February**			**March**		
	Agency shifts filled	Above price cap	Off Frame-work	Agency shifts filled	Above price cap	Off Frame-work	Agency shifts filled	Above price cap	Off Frame-work
Medical	648	121	20	515	95	20	515	95	20
Nursing	701	281	3	592	335	0	596	335	0
Support to Nursing	3,512	156	0	3,955	178	0	5,052	179	0
Admin	64	0	0	47	0	0	64	0	0
TOTAL	**4,925**	**558**	**23**	**5,109**	**608**	**20**	**6,227**	**609**	**20**

At the end of March, the Trust was paying 25 medical staff above price caps and 9 of the consultants are being paid over £100 per hour so are separately reported to NHS Improvement.

GOVERNANCE

There is no longer a requirement to submit a governance return to NHS Improvement; however, there are specific exceptions where the Trust are required to notify NHS Improvement and specific items for information, it is these issues that are included within this report.

Board & Governor Changes Q4 2022-2023

Board of Directors:

- Gary O'Hare, Chief Nurse has retired
- Sarah Rushbrooke joined the Trust, Executive Director of Nursing, Therapies and Quality Assurance

Council of Governors:

- Daisy Mbwanda – Shadow Governor
- Fiona Regan, Carer Autism Services Governor
- Anne Carlile, Lead Governor

Outgoing Governors:

- Janice Santos – Carer Governor Children and Young Persons services
- Margaret Adams, Lead Governor

Present Governor vacancies

- Carer – Neuro Disability service
- Carer - LD Service
- Local Authority Cumbria
- University of Cumbria
- Service User – LD Service
- Service User - CYPS
- Carer Governor – CYPS

Never Events

There were no never events reported in Quarter 4 2022 - 2023 as per the DH guidance document.

Other items for consideration

As well as the items noted in the report above the Trust also completes submissions to NHSI for the following data:

Weekly

- Total number of bank shifts requested/total filled (from October 17)

Monthly

- Care Hours Per Patient Day.
- Estates and Facilities Costs

Annually

- NHSI request information for corporate services national data collection on an annual basis. This data includes information in relation to Finance, HR, IM&T,

Payroll, Governance and Risk, Legal and Procurement. This information will be used to update information within Model Hospital on an annual basis.

Carter Review

- Community and Mental Health (Productivity) – Community services
- Corporate Benchmarking – First submission in 16/17.

RECOMMENDATIONS

To note the information included within the report.

Allan Fairlamb, Deputy Director of Commissioning & Quality Assurance
Chris Cressey, Deputy Director of Finance & Business Development
April 2023

21. NHS CODE OF GOVERNANCE COMPLIANCE ANNUAL REVIEW 2022/23

Debbie Henderson, Director of Communications and Corporate Affairs

REFERENCES

Only PDFs are attached

21. CNTW Code of Governance Compliance 22 - 23 - Audit Committee report DH.pdf

Report to the Board of Directors
Wednesday 3rd May 2023

Title of report	NHS Code of Governance Compliance 2022/23
Purpose of Report	For assurance and information
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	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	x
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
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

Review of Compliance with the NHS Foundation Trust Code of Governance
Wednesday 3rd May 2023

Executive Summary
The NHS Foundation Trust Code of Governance provides guidance to Foundation Trusts (FTs) to help deliver effective corporate governance. FTs are required to report their compliance against this code each year in their Annual Report, based on either compliance with the Code provisions, or an explanation where they do not comply ('comply or explain').

NHS FTs are required to provide a specific set of disclosures to meet the requirements of the Code, which should be submitted as part of the Annual Report. This report provides detail of the assessment undertaken by the Director of Corporate Affairs and Communications and Corporate Governance Manager on:

- Individual requirements of the Code;
- Confirmation of compliance (or an explanation of non-compliance where required);
- Evidence of compliance; and
- Clarification on reporting and disclosure requirements

The Trust remains compliant with all provisions of the code. All requirements where supporting information is required to be made available is available either on request or on the Trusts website.

The new Code of Governance for NHS provider Trusts applies to both NHS Trusts and NHS Foundation Trusts and comes into effect from 1 April 2023. Therefore, the NHS Foundation Trust Annual Report Manual continues to make reference to the 2014 NHS Foundation Trust Code of Governance as applicable to the 2022/23 reporting year.

Key areas for further development
Although the report confirms the Trust's compliance with the requirements of the Code of Governance, it should be noted that this does not negate the need to continually improve processes which include:

- The development of a Trust wide approach to how we communicate as an organisation, to be aligned to the Trust With you in Mind Strategy.
- A review of the Trust's governance framework – the outcome of which will be reported and embedded in quarter 1 2023/24
- Annual Governor effectiveness review – to be more meaningful and seek ways to further support Governors to engage with the Trust membership and wider local communities.

Recommendation
The Board are asked to:
- Note the list of disclosures required in the Annual Report (those highlighted in green).
- Note confirmation of compliance with the requirements of the NHS Foundation Trust Code of Governance for the 2022/23 year.

Debbie Henderson
Director Communications and Corporate Affairs

April 2023

Review of Compliance with the NHS Foundation Trust Code of Governance
As at 31 March 2023

Key	
Amber	Statutory provision, supersedes ‘comply or explain’
Green	Requires disclosure in the Annual Report
White	Requires supporting information to be made available by request or on the Trust’s website *(but does not require disclosure in the Annual Report)*

Ref	Requirement	Compliant Y/N	Evidence/explanation
Leadership			
A.1.1	The board should meet regularly to discharge its duties effectively. There should be a schedule of matters reserved for its decision, and a statement detailing the roles and responsibilities of the council of governors. It should also describe how any disagreements between the governors and the board will be resolved. The annual report should include a summary statement of how the board and governors operate; a summary of the types of decisions to be taken by each. These arrangements should be kept under review at least annually.	Y	- Schedule of meetings - Policy on engagement with the board of directors (Annual Report content)
A.1.2	The annual report should identify the chair, deputy chair, CEO, SID and members of the audit and remuneration committees. It should also set out the number of meetings for each and individual attendance.	Y	- Annual Report content
A.1.3	The board should make available a statement of the Trust’s objectives showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	Y	- Strategic/annual plans - Vision and values - Trust website - Annual Report content
A.1.4	The board should ensure that adequate systems and processes are maintained to measure the trust’s effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	Y	- Annual Governance Statement/ Annual Report content - In-year and end of year submissions to Regulators
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate, independent advice, for example, from the internal audit function, should be commissioned by the board to provide an adequate and reliable level of assurance.	Y	- Board/Committee reporting - In-year/end of year submissions to Regulators

			- Annual Report content
A.1.6	The board should report on its approach to clinical governance and its plan for the improvement of clinical quality, and record where, within the structure of the organisation, consideration of clinical governance matters occurs.	Y	- Quality and Performance Committee - Clinical Audit Plan and Annual Report - Quality Report content
A.1.7	The CEO should follow the procedure set out by NHSI for advising the board and governors and for recording and submitting objections to decisions considered or taken by the board, in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.	Y	- Trust Constitution and supporting documentation (including SOs and Terms of Reference) - Annual Report content
A.1.8	The board should establish the Constitution and standards of conduct for the trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the Nolan principles.	Y	- Contracts of employment - Letters of appointment (NEDs) - Induction process (NEDs/ Governors) - Trust Constitution and supporting documentation (including SOs) - Standards for Business Conduct Policy
A.1.9	The board should operate a Code of Conduct that builds on the values of the trust and reflect high standards of probity and responsibility. The board should follow a policy of openness and transparency in its proceedings unless this is in conflict with a need to protect the wider interests of the public or the trust (including commercial-in-confidence matters) and make clear how conflicts of interest are dealt with.	Y	- As A1.8; and - Board meetings in public - Council of Governor meetings - FOI process
A.1.10	The trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, potential for liability for governors should be negligible. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service, where an indemnity or insurance policy is given, this can be detailed in the Trust's Constitution.	Y	- D&O Liability Assurance for Board members in place
A.2.1	The division of responsibilities between the chair and CEO should be clearly established, set out in writing and agreed by the board.	Y	- Role descriptions in place including division of responsibilities
A.2.2	The roles of chair and CEO must not be undertaken by the same individual.	Y	- N/A (separate roles in place)
A.3.1	The chair should meet the independence criteria. A CEO should not go on to be the chair of the same trust.	Y	- Chair appointment process - Declaration of interest process - Annual Chair/NED appraisal review

A.4.1	In consultation with the governors, the board should appoint one of the independent NEDs to be the Senior Independent Director (SID). The SID should be available to other Board members and governors if they have concerns that contact through the normal channels has failed to resolve, or for which such contact is inappropriate.	Y	- SID identified and appointed - Annual NED appraisal review - Annual Report content
A.4.2	The chair should hold meetings with the NEDs without executives present. Led by the SID, the NEDs should meet without the chair present, at least annually, to appraise the chair's performance.	Y	- Monthly Chair/NED meetings in place - Annual Chair/NED Appraisal process, supported by Lead Governor
A.4.3	Where directors have concerns that cannot be resolved about the running of the trust or a proposed action, they should ensure that concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chair for circulation to the board, if they have any such concerns.	Y	- Robust Board minutes in place and retained - To date, no such action required
A.5.1	The governors should meet sufficiently regularly to discharge its duties. Typically the governors would be expected to meet as a full council at least four times a year. Governors should make every effort to attend the meetings of the council. The trust should take appropriate steps to facilitate attendance.	Y	- Schedule of meetings in place - Attendance recorded and monitored in Annual Report - Process in place regarding non-attendance at meetings
A.5.2	The governors should not be so large as to be unwieldy. The governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly.	Y	- Annual Report content - Annual Governor Effectiveness Survey - Regular review of Constitution
A.5.3	The annual report should identify the members of the council of governors, a description of the constituency or appointing organisation, and the duration of their term. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings, and individual attendance.	Y	- Annual Report content - External website
A.5.4	The roles/responsibilities of the governors should be set out in a written document, which should explain their responsibilities towards members/stakeholders and how governors will seek their views and keep them informed.	Y	- Election documentation - Induction documentation - Trust Constitution (and supporting documents)
A.5.5	The chair is responsible for leadership of both the board and the governors and the governors should invite the CEO, as well as other executives and NEDs, as appropriate. In these meetings members of the governors may raise questions of the chair, their deputy, or any other director present about the affairs of the trust.	Y	- Minutes of meetings - CEO/Executive/NED invited to all meetings – strong representation is always ensured

A.5.6	The governors should establish a policy for engagement with the board for those circumstances when they have concerns about the performance of the board, compliance with the provider licence or other matters related to the overall wellbeing of the trust. The governors should input into the board's appointment of a senior independent director.	Y	- Included in Governors Handbook - Process in place for Governor input into SID appointment - Annual Report content
A.5.7	The governors should ensure its interaction and relationship with the board is appropriate and effective. In particular, the availability and timely communication of information, discussion and setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	Y	- Schedule of meetings, agendas, minutes and reports - Governor activity report reviewed regularly - Corporate Affairs support - Annual Governor effectiveness review - CQC Well Led Inspection (Board effectiveness review)
A.5.8	The governors should only exercise its power to remove the chair or any NED after exhausting all means of engagement with the board. The council should raise any issues with the chair with the SID in the first instance.	Y	N/A – process in place via Corporate Affairs Team/Constitution if required
A.5.9	The governors should receive other appropriate information required to enable it to discharge its duties.	Y	- Support provided by Corporate Affairs Team/ Chairman - Regular communication with Governors out-with formal meetings
A.5.10	The governors have a statutory duty to hold the NEDS To account for the performance of the board of directors.	Y	- All appropriate mechanisms in place via formal and informal meetings - Annual NED/Chair appraisal/ appointment/reappointment process - Governor attendance at Board and Board sub-committees as full members
A.5.11	The 2006 Act gives the governors a statutory requirement to receive the following documents: (a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report	Y	- Annual General Meeting/Annual Members' Meeting combined

A.5.12	The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	Y	- Available on request/website - Board minutes circulated with papers for every Council of Governors meeting
A.5.13	The governors may require directors to attend a meeting to obtain information about performance of the trust or the directors' performance of their duties, and to help the governors decide whether to propose a vote on the trust's or directors' performance.	Y	- Minutes of meetings - All meetings include performance, finance and strategic updates - CEO/Executive invited to attend all meetings – strong representation is always ensured
A.5.14	Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board takes place before considering such a referral, as it may be possible to resolve questions in this way.	Y	N/A – process in place if required
A.5.15	Governors should use their new rights From the 2012 Act to represent the interests of members/public on major decisions taken by the board. These new voting powers require: • More than half of the governors who vote to approve a change to the constitution; a significant transaction; or any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more; and • More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution.	Y	- Trust Constitution and Standing Orders - Minutes of meetings and decisions made
Effectiveness			
B.1.1	The board should identify in the annual report each NED it considers to be independent in character and judgement and whether there are relationships or circumstances which are likely to affect the director's judgement. The board should state its reasons if it determines that a director is independent despite the existence of relationships circumstances which may appear relevant to its determination in line with requirements of the Code.	Y	- Annual Report content - Declaration of interest process
B.1.2	At least half the board, excluding the chair, should comprise NEDs determined by the board to be independent	Y	- Trust Constitution - Annual Report content

B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust	Y	- Trust Constitution
B.1.4	The board should include in its annual report a description of each director's skills, expertise and experience and the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the NHS foundation trust's website.	Y	- Annual Report content - External website - Executive/NED appointment process
B.2.1	The nominations/remuneration committee(s) are responsible for the nomination of executive and NEDs. The committee(s) should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust and the skills and expertise required within the board to meet them.	Y	- Committee Terms of Reference - Minutes of meetings - Appointment processes
B.2.2	Directors and governors should meet the "fit and proper" persons test described in the provider licence. For the purpose of the licence and application criteria, "fit and proper" persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations.	Y	- Executive Directors/ NEDs/Governors – fully compliant / annual report complete
B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate. They should evaluate, at least annually, the balance of skills, knowledge and experience on the board and prepare a description of the role and capabilities required for appointment of both executive and NEDs, including the chair.	Y	- Committee Terms of Reference and minutes of meetings - Appointment processes - Annual appraisal process - Job descriptions in place for all Board appointments
B.2.4	The chair or an independent NED should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of NEDs and the chairman.	Y	- Terms of Reference - Minutes of meetings - Joint chair/Governor chairing responsibility for Governors' Nomination Committee
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chair and NEDs. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.	Y	- Terms of Reference - Minutes of meetings - NED/Chair appointment process - Minutes of meetings detailing recommendation to full Council

B.2.6	The nominations committee responsible for the appointment of NEDs and the chair should consist of a majority of governors and a majority governor representation on the interview panel.	Y	- Terms of Reference - Minutes of meetings - NED/Chair appointment process
B.2.7	When considering the appointment of NEDs, the governors should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Y	- Director of Corporate Affairs and Communication in attendance at all meetings - Terms of Reference
B.2.8	The annual report should describe the process followed by the governors in relation to appointments of the chair and NEDs.	Y	- Annual Report content
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Y	- Terms of Reference
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process used for board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	Y	- Terms of Reference - Annual Report content - Trust website
B.2.11	It is a requirement of the 2006 Act that the chair, the other NEDs and – except in the case of the appointment of a CEO – the CEO, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director appointments should identify suitable candidates to fill vacancies as they arise and make recommendations to the chair, other NEDs and the CEO.	Y	- Terms of Reference - Minutes of meetings - Appointment process - Trust Constitution
B.2.12	It is for the NEDs to appoint and remove the CEO. The appointment of a CEO requires the approval of the council of governors.	Y	- Terms of Reference - Minutes of meetings - Appointment Process - Trust Constitution
B.2.13	The governors are responsible at a general meeting for the appointment, re- appointment and removal of the chair and the other NEDs.	Y	- Minutes of meetings - Terms of Reference - Trust Constitution
B.3.1	For the appointment of a chair, the nominations committee should prepare a job specification defining the role/capabilities required, an assessment of the time commitment expected. A chairperson's other significant commitments should be disclosed to the governors before appointment and included in the annual report. Changes to such commitments should be reported to the governors as they arise, and included in the next annual report. No individual,	Y	- Job description and person specification in place - Appointment process - Minutes of meetings

	simultaneously whilst being a chair of a trust, should be the substantive chair of another trust.		- Terms of Reference
B.3.2	The terms and conditions of appointment of NEDs should be made available to the governors. The letter of appointment should set out the expected time commitment. NEDs should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the governors should be informed of subsequent changes.	Y	- As above - Terms of Reference - Minutes of meetings and full Governor meetings detailing ratification of appointments
B.3.3	The board should not agree to a full-time executive director taking on more than one NED directorship of a trust or another organisation of comparable size and complexity, nor the chairmanship of such an organisation.	Y	- Monitoring via the appraisal and declaration of interest process
B.4.1	The chair should ensure new directors and governors receive a tailored induction. Directors should seek out opportunities to engage with stakeholders. Directors should have access, at the trust's expense, training courses and materials consistent with their individual and collective development programme.	Y	- Induction process for all Board members and Governors in place - Ongoing Board development sessions/away days (for Directors) - Engagement sessions (Governors)
B.4.2	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	Y	- Annual appraisal review process (including PDP) - CEO appraisal by Chair - Exec appraisal by CEO - Chair appraisal by SID
B.4.3	The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	Y	- Schedule of meetings/engagement meetings - Induction process - Ongoing Corporate Affairs support - Governor activity in Annual Report
B.5.1	The board and the governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. They should agree their respective information needs with executive directors through the chair. The information for the boards should be concise, objective, accurate and timely, and accompanied by clear explanations of complex issues. The board should have access to any information about the trust that it deems necessary to discharge its duties, including access to senior management and other employees.	Y	- Agenda, minutes and reports for Board, Governor and Sub-Committee meetings - Admin control - Corporate structures in place to ensure accessibility
B.5.2	The board may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area;	Y	- Board agenda, minutes and supporting papers

	although they should ensure that they have sufficient information to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the trust. On occasion, NEDs may reasonably decide that external assurance is appropriate.		- Board development sessions/away days for deep dives - Committee structure/Terms of Reference
B.5.3	The board should ensure that directors, especially NEDs have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of NEDs. The availability of external sources of advice should be made clear at the time of appointment.	Y	- As and when – via the CEO/Director of Corporate Affairs and Communications
B.5.4	Committees should be provided with sufficient resources to undertake their duties. The board should ensure that the governors are provided with resources to undertake its duties with such arrangements agreed in advance.	Y	- Board agenda, minutes and supporting papers - Committee structure/Terms of Reference - Corporate Affairs support
B.5.5	NEDs should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a NED of an NHS foundation trust as they would in other similar roles.	Y	- Board agenda, minutes and supporting papers - Committee structure/Terms of Reference and annual review of ToRs - Appraisal process - CQC Well Led Inspection (effectiveness)
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Y	- Governor involvement in forward planning/ quality report review - Trust's wider approach to involvement - Formal consultation exercises were required - Annual Report content
B.5.7	Where appropriate, the board should take account of the views of the governors on the forward plan in a timely manner and communicate to the governors where their views have been incorporated in the trust's plans, and, if not, the reasons for this.	Y	- Strategic/Annual Planning process - Annual Report content - Governor meetings and engagement sessions
B.5.8	The board must have regard for the views of the governors on the trust's forward plan.	Y	- Strategic/Annual Planning process

			- Annual Report content - Governor meetings and engagement sessions
B.6.1	The board should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chair, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the trust adopted a particular method of performance evaluation.	Y	- Board member appraisal (individual) - CQC Well Led Inspection (Board effectiveness) - Terms of reference annual review - Audit Committee Annual Report and assessment of effectiveness - Annual Report content
B.6.2	Evaluation of the board should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Y	- CQC Well Led review undertaken 2017/18 – further review pending - External review undertaken in 2021/22 by Good Governance Institute - Annual Report content (section reference to be included in the final report)
B.6.3	The SID should lead the performance evaluation of the chair, within a framework agreed by the governors and taking into account the views of directors and governors.	Y	- Terms of Reference and minutes of Nomination Committee - Annual appraisal process
B.6.4	The chair should use the performance evaluations as the basis for determining professional development programmes for NEDs.	Y	- Annual appraisal process
B.6.5	Led by the chair, the governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Y	- Annual Governor Effectiveness Review
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend meetings of the governors or has a conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.	Y	- Trust Constitution and supporting documentation - Process for removal of a Governor - Code of Conduct for Governors - Declaration of interest process for Governors

B.7.1	In the case of re-appointment of NEDs, the chair should confirm to the governors that following formal performance evaluation, assurance on the performance of the individual for re-appointment. Any term beyond six years (eg, two three-year terms) for a NED should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. NEDs may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the trust) but this should be subject to annual re-appointment.	Y	- Annual appraisal process - Nomination Committee Terms of Reference - Annual Report content
B.7.2	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.	Y	- Election process - Trust Constitution (Model Election Rules) - Annual Report content - Trust website
B.7.3	Approval by the governors of the appointment of a CEO should be a subject of the first general meeting after the appointment by a committee of the chair and NEDs. All other executive directors should be appointed by a committee of the CEO, the chair and NEDs	Y	- Minutes of meetings - Trust Constitution - Remuneration Committee Terms of Reference
B.7.4	NEDs, including the chair should be appointed by the governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	Y	- NED appointment process - Nomination Committee Terms of Reference and minutes - Trust Constitution
B.7.5	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	Y	- Election process - Model Election Rules - Trust Constitution
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Y	- Remuneration Committee (and Terms of Reference) - Annual Report content
Accountability			
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the report, taken as a whole, are fair, balanced	Y	- Annual Report content - Annual Governance Statement

	and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).		
C.1.2	The directors should report that the trust is a going concern with supporting assumptions or qualifications as necessary.	Y	- Annual Report content - Audit Committee - Board/Audit Committee minutes
C.1.3	At least annually, the board should set out clearly its financial, quality and operating objectives for the trust and disclose sufficient information of the trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	Y	- Annual Planning process - Board Assurance Framework - Board and Committee minutes and supporting papers - Governance structure - External website
C.1.4	a) The board must notify NHSI and the governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the trust. b) The board must notify the governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in: • the trust's financial condition; • the performance of its business; and/or • the trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the trust	Y	- Formal consultation processes where required - Minutes and reports of Board, Committee, executive and operational meetings - Minutes and reports of Governor meetings - Board Assurance Framework/Risk Management processes - Annual Report content
C.2.1	The board should maintain continuous oversight of the effectiveness of the risk management and internal control systems and should report to members and governors that they have done so in the annual report. A regular review should cover all material controls, including financial, operational and compliance controls.	Y	- Annual Governance Statement - Board Assurance Framework and Risk Management processes - Annual risk management review - Board minutes and supporting papers

			- Internal Audit Plan - Annual Report content
C.2.2	A trust should disclose in the annual report if it has an internal audit function, how the function is structured and what role it performs.	Y	- Internal Audit Function in place - Internal Audit Plan and regular reporting to Audit Committee - Annual Report content
C.3.1	The board should establish an audit committee composed of at least three members who are all independent NEDs. The board should satisfy itself that the membership of the committee has sufficient skills to discharge its responsibilities effectively, including at least one member with recent and relevant financial experience. The chair of the trust should not chair or be a member of the committee. He can attend meetings by invitation as appropriate.	Y	- Audit Committee agenda, minutes and reports - Terms of Reference
C.3.2	The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly.	Y	- Annual Report content - Terms of reference - Audit Committee minutes and reporting - Annual Governance Statement - External website
C.3.3	The governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the trust's internal financial reporting and internal auditing.	Y	- External Auditor appointment process in place – agreed by the full Council of Governors - Governors minutes of meetings - Audit Committee Terms of Reference
C.3.4	The audit committee should make a report to the governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable the governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	Y	- Minutes of meetings - Reports to the Council of Governors
C.3.5	If the governors do not accept the audit committee's recommendation, the board should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the governors have taken a different position.	Y	N/A – process in place if required.
C.3.6	The trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the trust. The	Y	- External Auditor appointment process - Minutes of meetings (Audit Committee

	current best practice is a 3-5 year period of appointment.		and Council of Governors)
C.3.7	When the governors end an external auditor's appointment in disputed circumstances, the chair should write to NHS Improvement of the reasons behind the decision.	Y	N/A – process in place if required.
C.3.8	The audit committee should review arrangements that allow staff of the trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.	Y	- Raising Concerns Policy - Incident Reporting policies/process - Incident Investigation and processes for shared learning - Board minutes - Audit Committee minutes and reports (incl. Counter Fraud reports) - Audit Committee Terms of Reference
C.3.9	A separate section of the annual report should describe the work of the Audit committee in discharging its responsibilities.	Y	- Annual Report content - Audit Committee annual self-assessment and Annual Report to Board
Remuneration			
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels.	Y	- Annual Report content – remuneration report - Remuneration Committee and Terms of Reference
D.1.2	Levels of remuneration for the chair and other NEDs should reflect the time commitment and responsibilities of their roles.	Y	- Governors' Nomination Committee Terms of Reference, minutes and supporting papers - Minutes of full Council of Governor meetings
D.1.3	Where a trust releases an executive director, for example to serve as a NED elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	Y	- Annual Report content – remuneration report - Declarations of Interest - Remuneration Committee
D.1.4	The remuneration committee should carefully consider what compensation commitments	Y	- Annual Report content – remuneration

	(including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.		report - Remuneration Committee
D.2.1	The board should establish a remuneration committee composed of NEDs which should include at least three independent NEDs. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust.	Y	- Annual Report content – remuneration report - Remuneration Committee
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	Y	- Annual Report content – remuneration report - Remuneration Committee
D.2.3	The governors should consult external professional advisers to market-test the remuneration levels of the chair and other NEDs at least once every three years and when they intend to make a material change to the remuneration of a NED.	Y	- Governors' Nomination Committee Terms of Reference and minutes - Via Director of Communications and Corporate Affairs
D.2.4	The governors are responsible for setting the remuneration of NEDs and the chair.	Y	- Governors' Nomination Committee Terms of Reference and minutes
Relationships with Stakeholders			
E.1.1	The board should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	Y	- Annual Report content - Service User and Carer Involvement Strategy
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (eg, Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).	Y	- Via formal consultation processes when required - Annual Report content - Service User and Carer Involvement Strategy **- Trust wide Communications Strategy in development**

			- **Development of the new With You in Mind trust-wide strategy**
E.1.3	The chair should ensure that the views of governors and members are communicated to the board as a whole. The chair should discuss the affairs of the trust with governors. NEDs should be offered the opportunity to attend meetings with governors and should expect to attend them. The SID should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	Y	- Chair feedback at the Board - Chair/NED/CEO/Executive attendance at Council of Governor meetings - Corporate Affairs support - SID available to Governors
E.1.4	The board should ensure that the trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the trust's website and in the annual report.	Y	- Corporate Affairs support and ongoing engagement between Trust, Governors and members - Annual Report content - Membership Strategy in place and under development to reflect challenges of engagement during Covid and innovative ways to engage
E.1.5	The board should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the NEDs, develop an understanding of the views of governors and members about the trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Y	- As in E1.3 - Membership Strategy and reporting from Governors' Steering Group re: plans for engagement with members - Annual Report content
E.1.6	The board should monitor how representative the trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	Y	- Trust Constitution - Membership database/ membership Strategy and reporting to Governors' Steering Group/Council of Governors - Annual Report content
E.1.7	The board must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	Y	- Board meetings in public minutes and associated papers - Annual General meeting/Annual Members' Meeting combined - Governor meetings in public
E.1.8	The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	Y	- Annual General Meeting/Annual Members' Meeting

E.2.1	The board should be clear as to the specific third party bodies in relation to which the trust has a duty to co-operate. The board should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.	Y	- Board meeting in public minutes and associated papers
E.2.2	The board should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.	Y	- Process in place for ongoing engagement with key stakeholders via corporate and quality governance structures

22. INTEGRATED CARE SYSTEM/ INTEGRATED CARE BOARD UPDATE

James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

22. Hewitt Review April 2023 Board.pdf

Report to the Board of Directors
3rd May 2023

Title of report	**Hewitt Review of Integrated Care Systems**
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		The Trust to be regarded as a great place to work	

Board Sub-committee meetings where this item has been considered (specify date)	
Quality and Performance	
Audit	
Mental Health Legislation	
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)

Board of Directors
3rd May 2023

Hewitt Review of Integrated Care Systems

1. Executive Summary

In November 2022 Chancellor Jeremy Hunt commissioned Patricia Hewitt, Chair of Norfolk and Waveney Integrated Care Board and former Health Secretary, to lead a review into the role and powers of integrated care systems. This paper outlines the core recommendations of the Hewitt Review, discusses mental health-specific recommendations, and outlines the response of the North East and North Cumbria Integrated Care Board's Chair and Chief Executive following the review's publication in early April.

2. Key issues, significant risks and mitigations

Core recommendations of the Hewitt Review

The review findings are structured into 4 main chapters – from focusing on illness to promoting health; delivering on the promise of systems; unlocking the potential of primary and social care and building a sustainable, skilled workforce; and resetting our approach to finance to embed change. The review contains a total of 36 recommendations spanning a wide range of issues including prevention, funding and the role of local government. These include:

- Enabling a shift towards upstream investment in prevention
  - Increase the share of total NHS budgets at integrated care system (ICS) level going towards prevention by at least 1% over the next five years, with ICSs publishing their baseline level of investment in prevention
  - Government should convene a national mission for health improvement led by the Prime Minister, and create a national health improvement strategy
- Defining accountabilities
  - National support and intervention in providers should be exercised 'with and through' ICBs as the default arrangement
  - NHS England should work with ICB leaders to co-design and agree a clear pathway towards ICB maturity, supporting a move over time to a model of High Accountability and Responsibility Partnerships (HARPs) - more mature ICSs able to take on advanced levels of autonomy and responsibility. Hewitt estimates around 10 systems will be able to work in this way from April 2024
  - Local government Health Overview and Scrutiny Committees (HOSCs) should have an explicit role as System Overview and Scrutiny Committees

- Fewer central targets
    - Government and NHS England should set no more than ten national priorities
    - National and regional organisations should support ICSs to become 'self-improving systems' given the space and time to lead
- Access to data
    - ICSs, the Department for Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC) should all have access to the same, automated, accurate and high-quality data for the purposes of improvement and accountability
- Primary and social care
    - NHS England and DHSC should convene a national partnership group to develop a new framework for GP primary care contracts
    - The government should produce a strategy for the social care workforce which is complementary to the NHS workforce plan
- An enhanced role for the CQC in systems
    - CQC and ICSs should work together to develop a long-term approach to system inspections and ensure that the CQC develops the capabilities and skills needed to support successful development of ICSs
- Reconsider Running Cost Allowance cut
    - The government should reconsider the further 10% cut in ICBs' running costs allowance scheduled for 2025/26 (on top of a 20% reduction in 2024/25), before the 2024 Budget
- Multi-year funding
    - The government and NHS England should end the use of small in-year funding pots and should align budget and grant allocations for local government and the NHS so that systems can plan for the long-term in a more joined-up way
    - There should be a cross-government review of the entire NHS capital regime, working with systems, with a view to implementing its recommendations from 2024

Mental health-specific recommendations

The Hewitt Review contains a number of mental health-specific recommendations:

- National planning guidance and targets
    - The national focus on reducing elective care waits should be matched with an equal focus on waiting times for acute mental health treatment

While the commitment to the principle of parity of esteem between physical and mental health services is welcome and the review's recommended focus on mental health waiting times may help to shine a light on the challenges facing mental health services, in the context of national target setting the usefulness of parity of focus on physical and mental health waiting times has been called into question, given the significant differences in the monitoring of waiting times between sectors[1].

- Financial flexibility and the Mental Health Investment Standard (MHIS)
    - The review recommends increased flexibility in the allocation of system funding, and a continued reduction in ring-fenced (hypothecated) funding allocations
    - Despite this, Hewitt recommends retaining the Mental Health Investment Standard which has proven an effective means of incentivising spending on mental health and addressing historical underfunding in the sector
    - The review recommends that where ring-fenced (hypothecated) funding remains, there needs to be a clear focus on delivering outcomes for populations and moving spending upstream towards prevention within hypothecated budgets

The Review's recommendation linked to the Mental Health Investment Standard raises the important question of how the prevention of mental illness should be resourced. According to a recent report by the National Audit Office, while the amount of local authority spend on public mental health increased from £42.7 million in 2016-17 to £86.6 million in 2021-22, mental health accounts for only 2% of total spend on public health nationally[2].

While there is significant scope through the MHIS-funded transformation of mental health services to provide more timely support to people in community settings (getting 'upstream') and prevent the further escalation of their mental health needs, the effective prevention of mental ill health and suicide and the promotion of positive mental wellbeing requires a broader whole-system approach. Shifting investment from one historically underfunded area of mental health provision (secondary mental health services) to another (prevention of mental ill health) may negatively impact the delivery and improvement of existing mental health services, undermining progress towards parity of esteem between physical and mental health services.

The establishment of integrated care systems is an opportunity for organisations to work together to develop a shared understanding of system-level investment in prevention across physical and mental health, and to develop a holistic whole-system approach to prevention. This must be appropriately and fairly resourced, recognising the historical underfunding of mental health prevention and treatment and the need to continue to prioritise proportionality of investment in mental health services as systems work to create a shift towards prevention.

[1] Townsend, E. 'Mental Health Matters: Crackdown on ICS priorities needed', Health Service Journal 18th April 2023

[2] National Audit Office 'Progress in improving mental health services in England', 9th February 2023, p.26

North East and North Cumbria system response to the Hewitt Review

Following the publication of the Hewitt Review Samantha Allen and Prof Sir Liam Donaldson, Chief Executive and Chair of the North East and North Cumbria Integrated Care Board respectively, wrote to health and care leaders in the region highlighting a number of areas where the work of the North East and North Cumbria Integrated Care System is in alignment with the recommendations set out in the Review. These include the Integrated Care Board's £13.1m annual investment in prevention, and the establishment of the North East and North Cumbria Learning and Improvement System. The letter welcomes the Review's emphasis on increasing system autonomy and confirms that the four Area Integrated Care Partnership (ICP) Chairs will consider the review's recommendations and how it should influence work across the region. The letter includes a commitment to gathering feedback on the Review from Integrated Care Board members and sharing the output from those discussions.

3. Recommendation/summary

The Board is requested to note the content of the report and consider how the Hewitt Review should influence system working within the North East and North Cumbria and the role of the Trust as a system partner.

Jane Welch
Policy Advisor to the Chief Executive

James Duncan
Chief Executive

26th April 2023

23. CARERS CONFERENCE UPDATE

Margaret Adams, Service User & Carer Reference Group Chair, Sarah Rushbrooke Executive Director of Nursing,

presentation to be shared at the meeting

24. QUALITY AND PERFORMANCE COMMITTEE

Darren Best, Chair

25. AUDIT COMMITTEE

David Arthur, Chair

26. RESOURCE AND BUSINESS ASSURANCE COMMITTEE

Paula Breen, Chair

27. MENTAL HEALTH LEGISLATION COMMITTEE

Michael Robinson, Chair

28. PROVIDER COLLABORATIVE COMMITTEE

Michael Robinson, Chair

No meeting has been held during the period

29. PEOPLE COMMITTEE

Brendan Hill, Chair

30. CHARITABLE FUNDS COMMITTEE

Louise Nelson, Chair

No meeting has been held during the period

31. COUNCIL OF GOVERNORS' ISSUES

Ken Jarrold, Chairman

32. QUESTIONS FROM THE PUBLIC

Ken Jarrold, Chairman

33. ANY OTHER BUSINESS

Ken Jarrold, Chairman

34. DATE AND TIME OF NEXT MEETING

Wednesday 7th June 2023
1:30 - 3:30pm
Trust Board Room, St Nicholas Hospital and Microsoft Teams