




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

BOARD OF DIRECTORS PUBLIC  
MEETING



## BOARD OF DIRECTORS PUBLIC MEETING

 4 October 2023

 13:30 GMT+1 Europe/London

 Trust Board Room and via Teams




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## 1. AGENDA

 Darren Best, Chairman

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## REFERENCES

Only PDFs are attached

 BoD Agenda Public October 2023 DRAFT 001.pdf

## Board of Directors PUBLIC Board Meeting Agenda

<b>Board of Directors PUBLIC Board meeting</b> <b>Venue: Trust Board Room, St Nicholas Hospital</b> <b>and via MS Teams</b>	<b>Date: Wednesday 4 October 2023</b> <b>Time: 1:30pm– 3:30pm</b>
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	Item	Lead	
1.1	<b>Welcome and Apologies for Absence</b>	<b>Darren Best, Chairman</b>	<b>Verbal</b>
2	<b>Service User / Carer / Staff Journey</b>	<b>Guest Speaker</b>	<b>Verbal</b>
3	<b>Declarations of Interest</b>	<b>Darren Best, Chairman</b>	<b>Verbal</b>
4	<b>Minutes of the meeting held 6 September 2023</b>	<b>Darren Best, Chairman</b>	<b>Enc</b>
5	<b>Action Log and Matters Arising from previous meeting</b>	<b>Darren Best, Chairman</b>	<b>Enc</b>
6	<b>Chairman’s Update</b>	<b>Darren Best, Chairman</b>	<b>Verbal</b>
7	<b>Chief Executive Report</b>	<b>James Duncan, Chief Executive</b>	<b>Enc</b>

<b>Quality, Safety and patient issues</b>			
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8	<b>Integrated Performance Report (Month 5)</b>	<b>Ramona Duguid, Chief Operating Officer</b>	<b>Enc</b>
9	<b>Winter Planning update</b>	<b>Ramona Duguid, Chief Operating Officer</b>	<b>Enc</b>

<b>Workforce issues</b>			
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10	<b>No issues to report for the period</b>		<b>N/A</b>
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Regulatory / compliance issues			
11	No issues to report for the period.		N/A
Strategy, planning and partnerships			
12	Integrated Care System/Integrated Care Board update	James Duncan, Chief Executive	verbal
13	Finance Report	Kevin Scollay, Executive Director of Finance	Enc
Key item			
14	CNTW Cultural Celebration Events	Chris Rowlands, Equality, Diversity and Inclusion Lead / Emma Silver-Price, Equality, Diversity & Inclusion Officer	Pres
Committee updates			
15	Quality and Performance Committee	Darren Best, Chair	verbal
16	Audit Committee <i>No meeting held during the period</i>	David Arthur, Chair	N/A
17	Resource and Business Assurance Committee <i>No meeting held during the period</i>	Paula Breen, Chair	N/A
18	Mental Health Legislation Committee <i>No meeting held during the period</i>	Michael Robinson, Chair	N/A
19	Provider Collaborative Committee	Michael Robinson, Chair	verbal
20	People Committee <i>No meeting held during the period</i>	Brendan Hill, Chair	N/A
21	Charitable Funds Committee <i>No meeting held during the period</i>	Louise Nelson, Chair	N/A

<b>22</b>	<b>Council of Governors' Issues</b>	<b>Darren Best, Chairman</b>	<b>Verbal</b>
<b>23</b>	<b>Questions from the Public</b>	<b>Darren Best, Chairman</b>	<b>Verbal</b>
<b>24</b>	<b>Any other business</b>	<b>Darren Best, Chairman</b>	<b>Verbal</b>

**Date and Time of Next Meeting:**


**Wednesday 1 November 2023**

**1:30pm – 3:30pm**

**Trust Board Room, St Nicholas Hospital and via Microsoft Teams**




## 1.1 WELCOME AND APOLOGIES FOR ABSENCE

 Darren Best, Chairman


## 2. SERVICE USER / CARER / STAFF STORY

 Guest Speaker

### 3. DECLARATION OF INTEREST

 Darren Best, Chairman


## 4. MINUTES OF THE MEETING HELD 6TH SEPTEMBER 2023

 Darren Best, Chairman

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### REFERENCES

Only PDFs are attached

 4. Public Minutes 6 September 2023 FINAL DRAFT.pdf

**Minutes of the Board of Directors meeting held in Public  
on 6 September 1.30pm – 3.30pm  
Trust Board Room, St Nicholas Hospital and via MS Teams**

**Present:**

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

James Duncan, Chief Executive  
Ramona Duguid, Chief Operating Officer  
Rajesh Nadkarni, Deputy Chief Executive / Medical Director  
Kevin Scollay, Executive Director of Finance  
Lynne Shaw, Executive Director of Workforce and Organisational Development

**In attendance:**

Margaret Adams, Service User and Carer Reference Group Chair  
Kirsty Allan, Corporate Governance Manager (minute taker)  
Evelyn Bitcon, Public Governor, Cumbria  
Russell Bowman, Service User Governor, Neuro-Disability Services (online)  
Rachel Bryce, Medical Assistant (Item 17)  
Anne Carlile, Lead Governor / Service User Carer Adult Services  
Anthony Deery, Deputy Chief Nurse (*deputising for Sarah Rushbrooke*)  
Shannon Fairhurst, Carer Governor, Children and Young People's Services (online)  
Elaine Fletcher, Group Nurse Director, South Locality (online) (Item 10)  
Vicki Grenfell, Medical Assistant (Item 17)  
Debbie Henderson, Director of Communication and Corporate Affairs  
Jessica Juchau-Scott, Carer Governor, Older People's Services (online)  
Thomas Lewis, Staff Governor, Medical (online)  
Daisy Mbwanda, Shadow Staff Governor  
Andy McMinn, Associate Director South in-patients & Enhanced Bed Management (Item 10)  
Jane Noble, Carer Governor, Adult Services  
Bruce Owen, Consultant Psychiatrist and Director of Medical Education (item 17)  
Ian Palmer, Public Governor, South Tyneside (online)  
Tom Rebar, Service User Governor, Adult Services and Deputy Lead Governor  
Jane Shaw, Local Authority Governor, North Tyneside Council (online)  
Emma Silver-Price, Staff Governor, Non-Clinical (online)  
Marie Smith, Associate Nurse Director, South in-patients (Item 10)  
Russell Stronach, Service User Governor, Autism Services (online)  
Jack Wilson, Corporate Engagement Assistant

**1. Welcome and apologies for absence**

Ken Jarrold welcomed everyone to the meeting and apologies received from Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance.

**2. Declarations of interest**

None to note.

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

Ken Jarrold extended a warm welcome and thanks to Daisy Mbwanda who shared her personal journey.

#### 4. Minutes of the meeting held 2<sup>nd</sup> August 2023

The minutes of the meeting held on 2<sup>nd</sup> August were considered.

##### Approved:

- The minutes of the meetings held 2<sup>nd</sup> August 2023 were approved.

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

It was agreed to close action 05.07.23 (12) as the CQC report was included as an agenda item for the meeting.

#### 6. Chairman's update

Ken Jarrold acknowledged 30<sup>th</sup> September will be his last day at CNTW and his last day working with and for the NHS. Ken joined the NHS on 14<sup>th</sup> September 1969 as a National Administrative Trainee with his first contact with CNTW in September 1970 when he was invited to apply for the role as a Research Assistant [Nursing Education] with the Briggs Committee on Nursing. Ken was appointed as Chair of the Council of Governors and Board of Directors in 2017 and explained it is of great sadness, he will be leaving the NHS in the worst condition in its history. But for all its faults and challenges, the NHS remains a shining example of humanity in action, of the belief of society that all people should be entitled to health care regardless of their circumstances. That it is a principle worth fighting for.

Ken mentioned despite all the challenges CNTW is currently facing, it is the best organisation he has served and writing an article recently in the Membership e-newsletter, he highlighted 10 things that made CNTW special.

##### Resolved:

- The Board received the Chair's update.

#### 7. Chief Executive's Report

James Duncan acknowledged the remarkable contribution Ken has made to the NHS and throughout his time as Chair of the Council of Governors and Board of Directors having a wide range of leadership roles at organisation, regional and national level, including leading on the work to develop the NHS Code of Conduct for Managers, a significantly relevant document in the context of the NHS today. James noted that Ken has always had a focus on the people across the organisation but first and foremost the people that we serve. James paid personal tribute to Ken valuing his advice, wealth of experience, care and attention and thanked Ken for everything he has done for CNTW and the NHS as a whole.

James referred to the Chief Executive's report and highlighted the Major Conditions Strategy for England which is expected to be published in early 2024. The document sets out the evidence underpinning the strategy and provides an overview of initial plans for action over the next five years. It will focus on addressing six major conditions: mental ill-health, dementia, cancer, cardiovascular disease, musculoskeletal disorders, and chronic respiratory disease. Together these six conditions drive over 60% of mortality and morbidity in England, and patients increasingly experience two or more of these conditions at the same time.

Anthony Deery mentioned the Trust recently hosted a visit from Dr Emma Wadey, Deputy Director of Mental Health Nursing in NHS England Chief Nursing Officer's team who met with colleagues from the South Locality and the CNTW Academy where she heard about the Trust's work on apprenticeships and continuous professional development for clinicians. Anthony fed back Dr Wadey's views from the visit as being insightful and she was particularly inspired by the professionalism, care and commitment from staff.

##### Resolved:

- The Board received the Chief Executive's update.

## Quality, Clinical and Patient Issues

### 8. Monthly Integrated Performance Report (Month 2)

Ramona Duguid referred to the report referencing out of area placements, particularly those patients who are clinically ready for discharge.

Ramona noted the positive response from ICB colleagues in relation to the system work regarding long waits in Children and Young People's Neurodevelopmental pathways and it is hopeful that the challenges relating to the pathways will be addressed collaboratively with system colleagues.

Areas of significant concern include crisis services, and crisis urgent referrals seen within 24 hours. Two specific areas driving deterioration in performance in this area relate to North Cumbria and the North Localities with differences in models across the Trust resulting in variation in performance. Work is ongoing at Trust level to look at recording of urgent referrals on initial receipt of referral and development of local guidance to accompany national definitions. Ramona explained a new crisis model was being developed reflecting one of the four core pillars of the urgent and inpatient transformation programme which will involve improving the 136-suite flow, developing alternatives to admission, community interface, discharge model/in-reach and the development of 111 for mental health support.

Ramona referred to psychiatric liaison referrals where some challenges have been seen within North and Central Localities with South and North Cumbria performing in-line with national averages. There is improvement work to standardise processes including simplifying recording methods. There is also a monthly focus with operational leads via the Access and Oversight Group.

Lynne Shaw confirmed sickness for June 2023 is reported at 5.7%, the lowest sickness absence rate during the last two years. Lynne advised it is expected that the absence rate will increase over the next few months due to the national increase in Covid/Flu cases.

Darren Best asked whether the introduction of Right Care Right Person has coincided with the deterioration with the organisations performance in crisis response and asked for a report to be provided to the Quality and Performance Committee on the impact of the changes.

Jane Noble referred to Darren's comments about the crisis team and police explaining in her view it does have a correlation as police cuts will impact the crisis team and the Trust should be mindful of this change with work needing to be undertaken.

Ken Jarrold thanks Ramona Duguid for the update and emphasised the excellent standard of the new report which clearly highlights the immense pressures services are currently under.

#### Resolved:

- **The Board received the monthly Integrated Performance Report (Month 2).**

#### Action

- **A detailed update on the impact of the Right Care Right Person model to be provided to a future meeting of the Quality and Performance Committee**

### 9. CQC Must Do Report Action Plan update

Anthony Deery referred to the report which provided an update on the 20 remaining areas of improvement which were received following inspections undertaken between 2018 and 2022 including the most recent inspection to the adult acute admission ward on the Campus for Ageing and Vitality hospital site in Newcastle. Anthony noted that the report seeks approval from the Board that there is sufficient evidence and assurance to close 4 action plans detailed in the report, relating to body maps, training, staffing and risk management plans.

Darren Best referred to the action relating to body maps suggesting this was a wider issue than only CNTW and asked that the work in this regard remain a focus following closure of the action. Louise Nelson agreed noting that despite the Trust taking a view to close actions from a local perspective, such themes identified are addressed at regular intervals.

Ken Jarrold confirmed the Board agreed to close the 4 actions highlighted with the caveat the Trust must not lose sight of the key themes of improvements.

**Approved:**

- **The Board received and noted CQC Must Do Report Action Plan update and approved the closure of the 4 action plans outlined within the report.**

### **10. Roselodge update**

Ramona Duguid referred to the report in the context of previous updates regarding Roselodge and ongoing quality challenges within the service since 2021.

Andy McMinn and Marie Smith provided a detailed presentation to the Board which included a focus on current patient mix, barriers to effective discharge planning, particularly for those people clinically ready for discharge, those patients who require care under the long-term seclusion policy and the impact of the HOPEs model.

The Board were briefed on the outcome of a recent internal mock CQC visit where several areas of good practice were identified including good oversight from external parties, strong links with the Local Authority, comprehensive risk assessments and management plans, good interactions with staff and patients, and strong multi-disciplinary working. The Roselodge team are formally working towards accreditation with the Quality Network for Learning Disability which will further support Roselodge in the evaluation and improvement of management processes and standards of care.

An update on staffing levels including confirmation that there were currently no vacancies in Roselodge, and the service was operating with a reduced need for temporary workforce. This has resulted in improvement in patient and carer experience in terms of consistency of care with provided by the substantive teams. The impact of the implementation of a local, bespoke induction process, focusing on training needs for staff supporting patients at Roselodge was noted.

Other updates included the cultural awareness day held in April 2023, the Safe Space project, service specific wellbeing days for all staff, plans to redesign the courtyard area, and weekly lead commissioner meetings to focus on system working to support discharge.

James Duncan reflected his visits to Roselodge since taking up post as Chief Executive and noted the remarkable difference in the service and teams, highlighting the achievements that have been made.

Margaret Adams paid tribute to the remarkable turnaround with Roselodge, particularly the positive feedback received from service users and carers.

**Resolved**

- **The Board received the and noted the Roselodge update.**

### **11. Verdict in the trial of Lucy Letby**

Rajesh Nadkarni referred to the communication received by the Trust from Executive Officers of NHS England following the crimes committed by Lucy Letby.

Rajesh referred to the four areas of focus for Trusts outlined in the letter. The national roll out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems. Rajesh advised that as a provider of mental health and disability services, the Trust has



robust arrangements in place with local acute hospitals across the system. The implementation of the national Patient Safety Incident Response Framework (PSIRF) also remains on track.

Rajesh noted the update provided in closed Board regarding the strengthening of Fit and Proper Person requirements national framework. Assurances will also be sought in relation to systems and processes for speaking up.

Chris Rowlands referred to a recent discussion with the Trust's Freedom to Speak Up Guardians regarding the implications for staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so. The Trust are exploring all possible mechanisms for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up.

Ken Jarrold mentioned there are two things that really matter which is people feel free to speak up and action is taken when they do so.

**Resolved**

- **The Board received and noted the Verdict in the trial of Lucy Letby report.**

**12. Acute Inpatient Mental Health Care for Adults and Older Adults**

James Duncan referred to the publication of NHS England guidance on acute inpatient mental health care for adults and older adults which will have a wide-ranging implication across a range of Trust services and functions. While many standards set out in the guidance are already in place across CNTW, there is still much to do and delivering care in line with this guidance links to the Trust's strategic ambitions.

**Resolved:**

- **The Board received and noted the Adult Inpatient Mental Health Care for Adults and Older Adults report.**

**Workforce issues**

**13. Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

Chris Rowlands delivered a presentation noting that BME staff make up 9.1% of the overall Trust workforce. The lack of diversity on the Board of Directors and in senior roles in the organisation was recognised. Chris noted white applicants are 2.5 times more likely to be appointed from shortlisting than BME applicants. BME staff are also 1.57 times more likely to enter formal disciplinary processes.

The 2022 staff survey highlighted that 36.2% of BME staff experienced bullying harassment or abuse from patients, and the percentage of BME staff experiencing bullying, harassment or abuse from other staff has remained static since 2020.

The staff survey also shows a widening gap between BME and white staff believing the organisation provides equal opportunities for career progression.

Chris referred to the actions and recommendations approved at the July 2023 meeting of the People Committee as part of the Trust response to the NHS England Equality, Diversity and Inclusion Improvement Plan and noted that the team is exploring development of an EDI Dashboard to record real time data, alongside the development of initiatives to support progression of staff.

Jessica Juchau-Scott queried the statistics for BME and disabled staff and asked if the categories could be broken down to differentiate between visible and non-visible disabilities. Chris Rowlands agreed that this would be a useful exercise to undertake and agreed to undertaken further analysis in this regard. Lynne Shaw advised that the staff survey can be broken down into such categories and provided an example from previous years.

**Resolved:**

- **Board received and noted the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

## **Regulatory / Compliance Issues**

### **14. Constitution Amendment**

Debbie Henderson noted that following Darren Best's appointment as Chair from 1<sup>st</sup> October 2023, Darren has reflected on the Trust's future journey in the context of the implementation of the Trust's new strategy, 'With you in mind', the challenges facing the Trust and mental health and disability services particularly in terms of the Trust's financial position, continual demand, workforce challenges and the need to reframe our care and support model as an organisation.

Debbie advised that following discussion at the Governors' Nomination Committee and Board regarding the appointment process for a replacement Non-Executive Director to the Board, approval was sought to support the proposal to recruit a further Non-Executive Director to the Board to represent the voice of lived experience. This reflects the Trust's commitment to true involvement in its systems of governance, decision-making and setting the strategic direction, particularly within such a challenging internal and external environment.

Debbie highlighted due to this change an amendment is required to the Trust Constitution regarding the composition of the Board.

Evelyn Bitcon supported the opportunity for someone to be appointed to the Board of Directors to speak up for service users and carers and suggested that more than one appointment to reflect lived experience be considered. Ken Jarrold noted Evelyn Bitcon's comments and explained it would not be possible to increase the number of Non-Executive Directors to the extent of Evelyn's suggestion, however, emphasised the strong relationships between the Board of Directors, Council of Governors, and Service User and Carer Reference Group.

**Approved:**

- **The Board received and approved the amendment to the Trust Constitution regarding the composition of the Board.**

## **Strategy, planning and partnerships.**

### **15. Integrated Care System (ICS) / Integrated Care Board (ICB) update**

There were no updates to report.

### **16. Finance Report**

Kevin Scollay referred to the report explaining there are references to Month 3 within the report and confirmed it should read as Month 4. Kevin noted that the Trust has generated an £8.6m deficit year to date highlighting the deficit is £1.2m better than the financial plan submitted to NHS England at Month 4. Kevin stated that monthly financial targets haven't become more challenging in Month 4 with tightening of targets being the key reason for the worsening of the financial position. Although the Trust is ahead of plan at this point, the financial plan is heavily backloaded in terms of savings with a very challenging second half of the year to come.

Ken Jarrold reiterated the extremely challenging position of the Trust. The Board had spent two hours discussing the financial challenges in the earlier board development session.

**Resolved**

- **The Board received and noted the Finance Report.**

**Key Item for Discussion****17. Medical Assistant Programme**

Bruce Owen, Rachel Bruce and Vicki Grenfell provided the Board with an update on the Medical Assistant Programme and the positive impact the role has on both doctors and the wider workforce workload. The role has significantly reduced the time doctors spend on administrative tasks, thereby increasing the time doctors spent with patients, and time for research and training. It has led to improvements in morale within clinical teams, communication between multi-disciplinary Teams, carers and other key partner agencies, and improvements in service efficiency and patient flow.

Both Rachel Bruce and Vicki Grenfell provided their experiences of working as a Medical Assistant explaining the benefits to the wider team, as well as their own personal and professional development and feeling valued within their role.

Paula Breen referred to a similar role which has been in primary care for one year which has proven to be an immensely beneficial, particularly in terms of the capacity created for clinicians. Paula commended the development of the role and those working within them.

Michael Robinson referred to mental health legislation and noted the invaluable support provided by these roles.

**Resolved**

- **The Board received an update from Medical Assistant Programme**

**Board sub-committee minutes and Governor issues for information****18. Quality and Performance Committee**

No meeting taken place during the period.

**19. Audit Committee**

No meeting taken place during the period.

**20. Resource and Business Assurance Committee**

No meeting taken place during the period.

**21. Mental Health Legislation Committee**

No meeting taken place during the period.

**22. Provider Collaborative Committee**

No meetings have been held during the period.

**23. People Committee**

No meeting taken place during the period.

**24. Charitable Funds Committee**

No meeting taken place during the period.

**25. Council of Governors issues**

Ken Jarrold referred to a meeting taking place on Friday 8<sup>th</sup> September with Governors looking at the challenges and opportunities for development within the North Cumbria locality. The meeting follows an update provided to the Governors' Quality Group and a request for a more detailed informal discussion.

## **26. Any Other Business**

Darren Best paid contribute to Ken Jarrold's longstanding valuable contribution working in the NHS and as a leader of CNTW. Darren referred to Ken's reference to 10 things he finds special about CNTW, and shared with the Board, the 10 things that make Ken Jarrold special.

- **Leadership** – someone who has led the NHS and CNTW through some of the most challenging times, for over 5 decades dedicating his entire working life to the cause.
- **Support** – everyone who has met Ken has no doubt received his unwavering support at some point, both personally and professionally.
- **Challenge** – Ken challenges in the right way, and has always known what questions to ask, where to ask them, and how to ask them.
- **Realism** – Ken reflects life as it is, and not as he would like it to be.
- **Courage** – pragmatic courage and the courage to make difficult decisions.
- **Caring and compassionate** – both in his career, with those he has worked with and served, and in his own life, with his own family.
- **Respectful** – Ken respects everyone equally, regardless of status or position.
- **Honest and transparent** – what he says is what he truly believes.
- **Authentic** – both as a leader and as person.
- **Deserving** – Ken deserves our thanks, our gratitude, and our praise for what he has achieved.

All in attendance wished Ken Jarrold a very long, happy and healthy retirement.


## **27. Questions from the public**

There were no questions from the public.

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

Wednesday, 4 September 2023, 1:30pm at Trust Boardroom, St Nicholas Hospital and online via Microsoft Teams.

## 5. ACTION LOG AND MATTERS ARISING FROM PREVIOUS MEETING

 Darren Best, Chairman

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### REFERENCES

Only PDFs are attached

 5. BoD Action Log PUBLIC at 4 Oct 2023 DH.pdf

Board of Directors Meeting held in public

Action Log as at 4 October 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
<b>Actions outstanding</b>					
02.08.23 (8)	Integrated Performance Report	A focussed discussion on Psychiatric Liaison Referrals to be undertaken	Ramona Duguid/ Rajesh Nadkarni	November 2023	
05.07.23 (7)	CE Report	Discussion on the Institute for Public Police Research Health and Care Workforce Assembly report to be undertaken at a future Board meeting	James Duncan	TBC	
06.09.23 (8)	Integrated Performance Report	A detailed update on the impact of the Right Care Right Person model to be provided to a future meeting of the Quality and Performance Committee	Sarah Rushbrooke	October 2023	
<b>Completed Actions</b>					
05.07.23 (12)	CQC Must Do Report	Updated report to include fundamental actions with older actions reporting to Quality and Performance Committee	Sarah Rushbrooke	September 2023	Complete – agenda item for September’s meeting

## 6. CHAIRMAN'S UPDATE



Darren Best, Chairman

## 7. CHIEF EXECUTIVE REPORT

 James Duncan, Chief Executive

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### REFERENCES

Only PDFs are attached

 7. CEO Report to Board of Directors October 2023 v2.pdf



<b>Name of meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>4<sup>th</sup> October 2023</b>
<b>Title of report</b>	<b>Chief Executive's Report</b>
<b>Executive Lead</b>	<b>James Duncan, Chief Executive</b>
<b>Report author</b>	<b>Jane Welch, Policy Advisor to the Chief Executive</b>

<b>Purpose of the report</b>	
<b>To note</b>	<b>X</b>
<b>For assurance</b>	
<b>For discussion</b>	
<b>For decision</b>	

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>	
<b>1. Quality care, every day</b>	X
<b>2. Person-led care, when and where it is needed</b>	X
<b>3. A great place to work</b>	X
<b>4. Sustainable for the long term, innovating every day</b>	X
<b>5. Working with and for our communities</b>	X

<b>Meetings where this item has been considered</b>	<b>Management meetings where this item has been considered</b>
Quality and Performance	Executive Team
Audit	Executive Management Group
Mental Health Legislation	Business Delivery Group
Remuneration Committee	Trust Safety Group
Resource and Business Assurance	Locality Operational Management Group
Charitable Funds Committee	
People	
CEDAR Programme Board	
Other/external (please specify)	

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

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

**Meeting of the Board of Directors  
Chief Executive's Report  
Wednesday 4<sup>th</sup> October 2023**

## **Trust updates**

### **Sexual Safety in Healthcare – Organisational Charter**

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. The Trust, along with all other regional Trusts have signed up to this charter and commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. We also commit to the following ten core principles and actions to help achieve this. There is an expectation that signatories will implement all ten commitments and actions by July 2024:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

Work is currently underway to review current arrangements and put in place additional actions, where necessary, to ensure that the commitments are met.

### **Annual Members Meeting**

The Trust's Annual Members Meeting took place on 21<sup>st</sup> September 2023 as a hybrid event. 62 people attended face to face with a further 118 people joining on-line for our live stream event. This year's theme which coincided with our Annual Magazine was the launch of the new Trust Strategy 'With you in mind'. Our guest speaker Sam Allen, Chief Executive of

North East and North Cumbria Integrated Care Board spoke about what our Strategy means for the North East and North Cumbria Integrated Care System and how they can support us in the delivery of our commitments.

Along with 29 stalls highlighting work within the Trust and our partner organisations, community and voluntary and public sector we also had a special performance from 'The Mop Heads'. These are two talented members of our domestic services staff, who have written and recorded a song for our SHINE Charity. The song, which is called 'Where Hope Begins' was inspired by the end of the acute phase of the Covid pandemic.

### **Peer Support Education Programme**

Wednesday 27<sup>th</sup> saw the completion of the third cohort and annual celebration of the Peer support Education Programme, attended by James Duncan and Ken Jarrold. This programme was set up to support new peer support workers, as a vehicle for learning, improvement, self awareness and understanding of the Trust and the people we support and work with. As ever, it was a truly inspirational event, showing again why peer support is so important to us, and how the peer support movement can give us impetus to change in delivering our strategy, With You in Mind. We are well on the way now to having peer support embedded in every Multidisciplinary Team. This is a huge and remarkable asset for the Trust and one we must develop and build on. Thank you to Alane Bould and all of the team for their work in developing and running the programme.

### **CEDAR Programme Update – Sycamore Unit**

Sycamore, the major part of our CEDAR programme and part of the NHS New Hospitals Programme has reached build completion. Discussions with the Ministry of Justice regarding transfers from the Kenneth Day Unit has caused a slight delay in the building becoming occupied and operational but this is now expected to happen on the 21st and 24th October.

A small ceremony to bury a time capsule in the central courtyard took place on 22nd October, with representatives from the Trust, the project team and our construction partners, Sir Robert Macalpine. More importantly earlier in that week, inpatients who would be moving into Sycamore and their families were shown around the facilities, and the visit and Sycamore itself were very warmly received. That tells us we have got things right. A huge thank you to all of the team involved in a really complex build programme, taking place during an exceptionally difficult time for the construction industry.

Detailed discussions have taken place with the New Hospitals Programme about the delivery of the next phase of the CEDAR Programme, which will be discussed at the New Hospital Programme Board and National Finance and Infrastructure Committee in October.

### **Governor Elections 2023**

The Trust gives notice that it will hold elections to the Council of Governors commencing Thursday 5<sup>th</sup> October 2023 in the following areas:

## **Service User**

- Adult Services (1 Seat)
- Learning Disability Services (1 Seat)
- Children and Young People's Services (1 Seat)
- Older People's Services (1 Seat)

## **Carer**

- Neuro-Disabilities Services (1 Seat)
- Children and Young People's Service (1 Seat)
- Learning Disability Services (1 Seat)

## **Staff**

- Clinical (1 Seat)
- Non-Clinical (1 Seat)

## **Public**

- Cumbria (North) (1 Seat)
- Northumberland (1 Seat)

This is an exciting opportunity to represent the interests of Foundation Trust members and partner organisations making sure that the views of the wider community are taken into account in developing our services.

If you would like further information on how to apply to become a Governor, please email [corporateaffairs@cntw.nhs.uk](mailto:corporateaffairs@cntw.nhs.uk)

## **National updates**

### **Suicide prevention in England: 5-year cross-sector strategy**

The Department of Health and Social Care (DHSC) published a new five year cross-sector [strategy](#) on suicide prevention. The overall aims of the strategy are:

- Reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- Continue to improve support for people who self-harm
- Continue to improve support for people who have been bereaved by suicide

The strategy also sets out priority areas for action over the next five years:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.

3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

### **Implementing the NHS workforce plan – financial implications**

The Institute for Fiscal studies published a [report](#) evaluating the impact implementing the NHS Long Term Workforce Plan would have on the size of the NHS workforce and NHS budgets in England. Key findings include:

- The plan aims to increase the number of staff employed by the NHS in England from around 1.5 million in 2021–22 to between 2.3 and 2.4 million in 2036–37. This increase in the size of the NHS workforce would mean that almost half (49%) of public sector workers in England, and one in eleven (9%) of all workers in England will work for the NHS by 2036–37.
- While the plan included £2.4 billion of additional funding for the training of new staff, it did not consider the much larger medium-term implications of a large increase in staffing for the NHS wage bill, or the increase in other inputs which will be required if the NHS is to treat significantly more patients (e.g. drugs and equipment). Increasing the size of the workforce so quickly is likely to require NHS wages to become more generous in real terms and to potentially match or even exceed growth in wages in the rest of the economy.
- Achieving the staffing figures outlined in the plan will require NHS spending to increase by 2% of national income over 15 years, equivalent to £50bn in today's terms, and similar to the 2.2% increase in UK health spending seen in the 15 years to 2008–09. Raising the public funds to enable this level of investment would require, for example, increasing the standard rate of VAT from 20% to around 27% by 2036–37 or increasing all income tax rates by around 6 percentage points.

### **Health and care reform for improved public health and public finances**

The Institute for Public Policy Research (IPPR) published '[For public health and public finances: reforming health and social care](#)', a discussion paper submitted as evidence to the Commission on Health and Prosperity. Key points from the report include:

- The number of people out of the labour market due to sickness is at an all-time high, and tackling this will require a greater focus on public health.

- The number of deaths that could have been avoided with timely healthcare or public health interventions is much higher in the UK than in all other comparable European nations. The report estimates that if the UK had an avoidable mortality rate similar to those in comparable European countries, around 240,000 fewer people would have died in the decade from 2010.
- Much of this is due to failures in health and care services, including a lack of timely care, lack of continuity of care, long waiting lists for planned care, and unmet demand for support from social care. Quality of care has also declined.
- New modelling commissioned for the report finds government healthcare spending in England is on course to rise from 9% of GDP to 11.2% of GDP by 2033/34. This is much faster than the rate at which the economy is expected to grow, suggesting cuts for other public services or rationing of health and social care services.


### **North-South divide in education funding**

Health Equity North published [‘Addressing Education and Health Inequity: Perspectives from the North of England’](#) in partnership with the All-Party Parliamentary Group for the Child of the North. The report highlights that over the last decade, schools in the North of England have received less via the National Funding Formula (NFF) than schools in the south of the country. Key findings from the report include:

- On average, pupils in London received 9.7% more funding than those in the North.
- Children in the most affluent schools in the country had bigger real terms increases in funding than those in the most deprived ones, despite the increased burden placed on these schools due to wider societal issues that impact the families they serve.
- Children in the North have higher school absences, including health and mental health absences, and educational performance is poorer.
- This poses a risk for public services in future years, as the long-term consequences of poor education can not only impact physical and mental health, but can also put pressure on the NHS, social care, and the criminal justice system.

The Child of the North APPG members and report authors are calling for an overhaul of the current school funding formula to address inequalities in health and educational attainment.

## 8. INTEGRATED PERFORMANCE REPORT MONTH 5

 Ramona Duguid, Chief Operating Officer

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### REFERENCES

Only PDFs are attached

 8a. Board Cover Sheet - IPR.pdf

 8b. IPR Trust Report - Month 5 v2.0.pdf

<b>Name of meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>Wednesday 4<sup>th</sup> October 2023</b>
<b>Title of report</b>	<b>Integrated Performance Report Month 5</b>
<b>Executive Lead</b>	<b>Ramona Duguid, Chief Operating Officer</b>
<b>Report author</b>	<b>Tommy Davies, Head of Performance and Operational Delivery</b>

<b>Purpose of the report</b>	
<b>To note</b>	
<b>For assurance</b>	<b>X</b>
<b>For discussion</b>	
<b>For decision</b>	

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>	
<b>1. Quality care, every day</b>	<b>X</b>
<b>2. Person-led care, when and where it is needed</b>	<b>X</b>
<b>3. A great place to work</b>	<b>X</b>
<b>4. Sustainable for the long term, innovating every day</b>	<b>X</b>
<b>5. Working with and for our communities</b>	<b>X</b>

<b>Meetings where this item has been considered</b>		<b>Management meetings where this item has been considered</b>	
Quality and Performance	27.09.23	Executive Team	
Audit		Executive Management Group	25.09.23
Mental Health Legislation		Business Delivery Group	
Remuneration Committee		Trust Safety Group	
Resource and Business Assurance		Locality Operational Management Group	
Charitable Funds Committee			
People			
CEDAR Programme Board			
Other/external (please specify)			

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



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

**SA1** Quality care, every day – We want to deliver expert, compassionate, person-led care

**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. (SA1)

**SA2** Person-led care, when and where it is needed – We will work with partners and communities to support the changing needs of people over their whole lives. We know that we need to make big, radical changes. We want to transfer power from organisations to individuals.

**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. (SA2)

**SA3** A great place to work – We will make sure that our workforce has the right values, skills, diversity and experience to meet the changing needs of our service users and carers.

**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. (SA3)

**SA4** Sustainable for the long term, innovating every day – We will be a sustainable, high performing organisation, use our resources well and be digitally enabled.

**Risk 1762** Restrictions in Capital expenditure imposed nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments. (SA4)

# Integrated Performance Report

Patients | Quality | People | Person Led Care | Sustainability

2023-24 Month 5 (August 2023)



With YOU in mind

# Integrated Performance Report - Headline Commentary

## Headline Challenges

- **Commitments to our Carers & Patients** – All five patient satisfaction measures reported in the IPR are below standard
- **% of Training Compliance (Courses with a standard)** – Only 9 of 27 courses are achieving or above the required standard.
- **Serious Incidents** - Despite the low numbers the incidents are of serious magnitude and therefore an exception page with actions is in the report.
- **CPA Completed Review** – Off target, 79.8% against a 95% standard, although last 3 months it has improved.
- **Out of Area Placements/Clinically Ready for Discharge/ Bed Occupancy** - All remain reported off track
- **Crisis Very Urgent Referrals seen within 4 hours** – At 51.6%, very low referral numbers means performance fluctuates significantly.
- **Psychiatric Liaison Referrals in ED within 1 hour** - Performance has decreased over a 24 month period and continues to remain lower than peers.
- **<18 weeks to Treatment - All CYPS Waits for Treatment** – Performance deteriorated in the month reported at the lowest level since May 22. Numbers waiting over 18 weeks for Treatment is at 3,956 of which 3,492 are within the neurodevelopmental pathway.
- **<18 weeks to Treatment - CYPS Neurodevelopmental waits** - Percentage seen within 18 weeks remains low and numbers waiting continue to rise each month. 3,492 are waiting over 18 weeks for Treatment. 4 week wait standard will be reported in the next report for Community waiting times.
- **Live within our means** – 23/24 forecast under significant pressure. Trust financial position shows marginally better than plan at month 5. Plan includes phasing adjustment to reflect phasing of efficiencies.

## Key focus areas of concern

- **% of Training Compliance (Courses with a standard)**
- **Crisis Very Urgent Referrals seen within 4 hours**
- **Psychiatric Liaison Referrals in ED within 1 hour**
- **<18 weeks to Treatment - CYPS Neurodevelopmental waits**
- **CPA Completed Review**
- **Live within our means**

## Positive Assurance / Improvement

- **EIP (Early Intervention Psychosis)** - consistently above standard.
  - **72 hour follow up** - remains consistently above the 80% standard.
  - **CYPS Eating Disorders (Urgent Referrals)** - is on target this month
- Improving**
- **Appraisal rate** - improved from 61% to 79% over 14 months
  - **Care Plan Compliance** - improved from 92% to 94.5% in 1 year
  - **Clinically Ready for Discharge** – has dropped below 10% for last 4 months, was between 10 and 12% for 15 months before then.
  - **Bed Occupancy** – Continually improved in the last 4 months
  - **Out of Area Placements** – improved closer to target last 2 months

## Mitigations/actions

- **% of Training Compliance (Courses with a standard)** - The Training Needs Analysis tool has been updated with the modality of the training and trajectories are being set. Localities continue to work through training trajectory plans with CBU's, discussing regularly train the trainer opportunities or innovative ways of improving attendance rates.
- **Crisis Very Urgent Referrals seen within 4 hours** - New Crisis Model is being developed,. This will involve, improving the 136 suite flow, developing alternatives to admission, community interface, discharge model/in-reach and the development of 111 for Mental Health. *Recovery plan is being put in place.*
- **Psychiatric Liaison Referrals in ED within 1 hour** - The challenges are in North and Central, with the South and North Cumbria performing in line with national averages. Urgent and Emergency sub-group of the Access and Oversight group has been reinstated to focus on improvement. *Recovery plan being put in place.*
- **<18 weeks to Treatment - CYPS Neurodevelopmental waits** – Waiting times update provided monthly to Q&P Committee. Trust wide CYPS neurodevelopment task and finish group to look at standardising practice. The final redesigned pathway to be clearly defined by end of September 2023 and presented to the community oversight group in October 2023. *Recovery plan being in place.*
- **CPA Completed Review** - Oversight by pathway managers to ensure CPA reviews are planned. Caseloads are currently under review within the 7 Pioneer teams and monthly narrative and assurance templates are in place for Teams not meeting standards within some localities
- **Live within our means** - Groups / Departments highlighted areas under review to impact on financial performance. BDG monthly finance focus sessions are in place to agree actions to impact on the Trust financial position. Daily staffing reviews taking place across inpatient areas.

# Core Trust Integrated Outcome Measures - Summary Overview

Reporting Period: Aug 2023

Ref	Indicator Name	Variation	Assurance	Performance	Standard	Plan	Risk Rating	Summary Narrative	Exec	
Commitments	C01	How was your experience? (FFT)	Normal Variation	Consistently Fail	86.5%	95.0%	Internal	High (Action)	Increased in the month and below standard	SR
	C02	Did we listen to you? (PoY)	Normal Variation	Consistently Fail	87.9%	95.0%	Internal	High (Action)	Increased in the month and below standard	SR
	C03	Were staff kind and caring? (PoY)	Normal Variation	Achieve at Random	93.9%	95.0%	Internal	Med (Monitoring)	Slight decrease and reported just below standard	SR
	C04	Did you feel safe? (PoY)	Normal Variation	Achieve at Random	91.1%	95.0%	Internal	Med (Monitoring)	Reported below standard but remaining stable	SR
	C05	Were you given helpful information? (PoY)	Normal Variation	Consistently Fail	83.9%	95.0%	Internal	High (Action)	Increased in the month, remaining below standard	SR
People	P01	Turnover	Concern	Achieve at Random	10.8%	10.0%	National	High (Action)	Slight increase in the month and off target	LS
	P02	Sickness in Month	Improvement	Consistently Fail	6.0%	5.0%	National	High (Action)	Following a period of improvement, this month has increased	LS
	P03	% of Training Compliance (Courses with a Standard)	Improvement	Consistently Fail	34.6%	100.0%	Internal	High (Action)	9 out of 27 courses are achieving standard	LS
	P04	Appraisal rate	Improvement	Consistently Fail	78.8%	85.0%	Internal	High (Action)	Improvement over 13 months followed by decrease in Aug-23	LS
	P05	% Clinical Supervision completed	Normal Variation	Consistently Fail	48.7%	80.0%	Internal	High (Action)	Decreased across all localities	LS
	P06	People Pulse Health & Wellbeing satisfaction	SPC N/A	No Standard	65.7%	No Std	No Plan	Low (No Standard)	Risen from 60% in January 2023 to 65.7% in April 2023	LS
Quality Care	Q01	Restrictive intervention incidents	Normal Variation	No Standard	13	No Std	No Plan	Low (No Standard)	Increased in month remains within expected range	SR
	Q02	Serious Incidents	Normal Variation	No Standard	15	No Std	No Plan	High (Action)	Despite low numbers, action is required due to magnitude	RN
	Q03	Harm Incidents	Normal Variation	No Standard	1,941	No Std	No Plan	Low (No Standard)	Decreased in the month, reported within expected range	RN
	Q04	Safeguarding and Public Protection (SAPP)	Concern	No Standard	1,445	No Std	No Plan	Med (Monitoring)	Reported above the mean average for 8th consecutive months	RN
	Q05	Long term segregation and prolonged seclusion	Normal Variation	No Standard	24	No Std	No Plan	Low (No Standard)	10 out of last 11 months reported below average	SR
	Q06	Aggression and Violence	Normal Variation	No Standard	1,555	No Std	No Plan	Med (Monitoring)	Steep rises and falls in numbers due to current inpatient profile	RN
	Q07	Number of Complaints	Normal Variation	No Standard	65	No Std	No Plan	Low (No Standard)	Decreased in the month, remaining within expected range	RN
	Q08	Care Plans compliance	Improvement	Consistently Fail	94.5%	95.0%	Internal	Med (Monitoring)	Gradual improvement over 20 months. Very close to target now	SR
	Q09	Risk Assessments compliance	Normal Variation	Achieve at Random	94.9%	95.0%	Internal	Med (Monitoring)	Recent improvement in 12 months, close to standard	SR
	Q10	CPA Completed review	Concern	Consistently Fail	79.8%	95.0%	Internal	High (Action)	Increased in the month, remains below standard	SR
	Q11	Staffing fill rates	Normal Variation	Consistently Fail	122.5%	120.0%	National	High (Action)	Reduced over the last 12 months, currently off target	SR
Person Led Care	A01	Out of Area Placement bed days	Normal Variation	Achieve at Random	237	186	LTP	High (Action)	Increased in month, relates to 13 patients within adult pathway	RD
	A02	Bed Occupancy including leave (open beds on RiO)	Normal Variation	Consistently Fail	92.8%	85.0%	National	High (Action)	Decreased in the month, remains above the optimal level of 85%	RD
	A03	% Adult inpatients discharged with LOS > 60 days	Normal Variation	No Standard	18.3%	No Std	No Plan	Low (No Standard)	Decrease in the month within expected range	RD
	A04	% OP inpatients discharged with LOS > 90 days	Normal Variation	No Standard	39.4%	No Std	No Plan	Low (No Standard)	Increased in the month within expected range	RD
	A05	Clinically Ready for Discharge (formerly DTOC)	Normal Variation	Consistently Fail	9.7%	7.5%	National	High (Action)	Improvement over last 4 months compared to previous 12 months	RD
	A06	Crisis % Very urgent seen within 4 hours (WAA&OP)	Normal Variation	No Standard	51.6%	No Std	No Plan	Med (Monitoring)	16 out of 31, fluctuates due to low numbers	RD
	A07	Crisis % Urgent seen within 24 hours (WAA&OP)	Normal Variation	No Standard	82.5%	No Std	No Plan	Low (No Standard)	485 out of 588. Data methodology under review.	RD
	A08	% PLT ED Referrals seen within 1 hour	Concern	No Standard	55.0%	No Std	LTP	Med (Monitoring)	Decreased over 24 months period and remains lower than peers	RD
	A09	% PLT Ward Referrals seen within 24 hours	Normal Variation	No Standard	77.8%	No Std	LTP	Low (No Standard)	Fluctuates but remains between 70% and 84%	RD
	A10	72 hour Follow-Up	Normal Variation	Consistently Achieve	91.2%	80.0%	LTP	Low (On Track)	Consistently exceeds 80% standard	RD
	A11	<18 weeks wait to Treatment Adults & Older Adults	Concern	No Standard	70.1%	No Std	No Plan	Med (Monitoring)	Deterioration from Jul-21 to Jul-22. Remains steady since July 22	RD
	A12	<18 weeks waits to Treatment - All CYPS	Concern	No Standard	39.3%	No Std	No Plan	Med (Monitoring)	61% (3,956 Of 6,512) have been waiting 18 weeks or longer	RD
	A13	<18 wk waits to Treatment CYPS Neurodevelopmental	Concern	No Standard	33.6%	No Std	No Plan	Med (Monitoring)	66% (3,492 Of 5,255) have been waiting 18 weeks or longer	RD
	A14	CYPS Eating Disorders (urgent referrals)	Improvement	Achieve at Random	100.0%	95.0%	LTP	Low (On Track)	Consistently met the standard for 15 months	RD
	A15	CYPS Eating Disorders (routine referrals)	Normal Variation	Achieve at Random	61.5%	95.0%	LTP	Med (Monitoring)	Decreased in the month, remains below standard	RD
	A16	EIP – starting treatment in 14 days	Normal Variation	Consistently Achieve	81.5%	60.0%	LTP	Low (On Track)	Consistently exceeds 60% standard	RD
	A17	Talking Therapies % Moving to Recovery (IAPT)	Normal Variation	Achieve at Random	51.8%	50.0%	LTP	Low (On Track)	Improved and on target this month	RD
Sustainable	S01	Live within our means (I&E Surplus/Deficit £)	SPC N/A	SPC N/A	2.3M	1.2M	No Plan	High (Action)	23/24 forecast under significant pressure	KS
	S02	Capital spend compared to plan (£)	SPC N/A	SPC N/A	1.9M	1.2M	No Plan	Low (On Track)	Capital programme overcommitted	KS
	S03	Cash balance compared to plan (£)	SPC N/A	SPC N/A	36.6M	16.6M	No Plan	Low (On Track)	Cash balance on plan due to additional monies	KS

# Commitments to our Carers & Patients - Headline Commentary

Reporting Period: Aug 2023

## Headline Challenges

### Friends and Family Test Question

- **How was your experience? (FFT)** - At 86.5% this is not meeting standard and has decreased in the month. The latest national published FFT score for England is reported at 88% (June 23).

### Points of You Questions

- **Did we listen to you?** - At 87.9% this remains below standard but has increased in the month. People not feeling listened to remains a theme especially in younger people and young adults
- **Did you feel safe?** - At 91.1% this remains below standard and has not significantly changed in 24 months. The majority of the 22 people reporting not feeling safe had accessed Community Treatment Teams (CYPS/Adult and Older Adult)
- **Were you given helpful information?** - At 83.9% this has the lowest score of all questions.

## Key focus areas of concern

- **How was your experience (FFT)**
- **Did we listen to you? (PoY)**
- **Did you feel safe? (PoY)**

## Positive Assurance / Improvement

Targets are not currently being met for all these measures but have all seen an improvement in the month. Efforts continue to increase and respond to feedback within the Trust to support the improvement of services. There has been a month on month rise in responses through Points of You during this quarter.

**Were staff kind and caring?** - this measure is improving and reported at 93.9% remaining just below standard this month.

## Mitigations/actions

- **How was your experience (FFT)**
- Teams and wards continue to be supported with the Points of You dashboard.
- Service User and Carer experience is a standing agenda item at locality Service User and Carer Experience meetings and addressed within locality Standards meetings.
- **Did we listen to you? (PoY)**
- Engagement with service users, carers and staff to develop an updated version of the Points of You survey has continued during the month. This process has been collaborative and engaged service users, carers and staff all localities.
- A full review of the carers awareness training planned with Carers Together advisory group, in preparation for a campaign to raise awareness of the training and its importance to staff.
- Carer Promise awareness sessions supporting a Trustwide roll out of resources.
- **Did you feel safe? (PoY)**
- Raise awareness at CBU and Team level where people feel less safe and respond to any themes identified within the dashboards

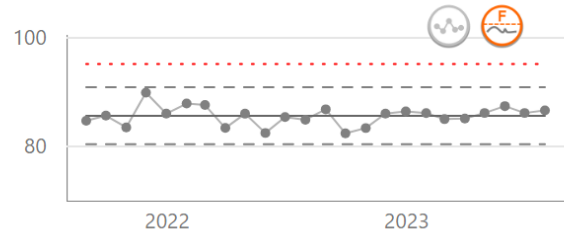
# Commitments to our Carers & Patients

Reporting Period: Aug 2023

How was your experience? (FFT)

High (Action)

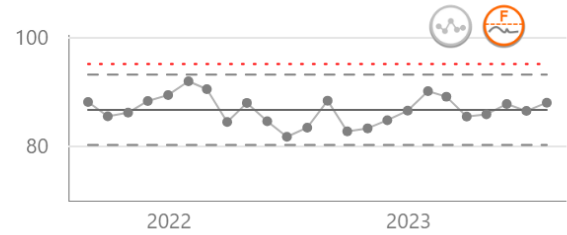
Ref - C01 Performance - 86.5% Standard - 95.0%



Did we listen to you? (PoY)

High (Action)

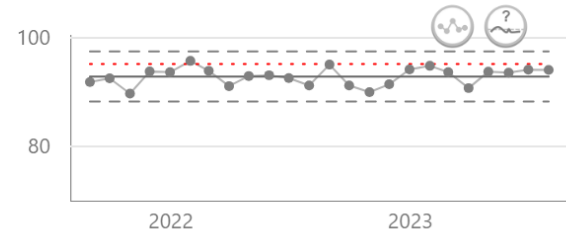
Ref - C02 Performance - 87.9% Standard - 95.0%



Were staff kind and caring? (PoY)

Med (Monitoring)

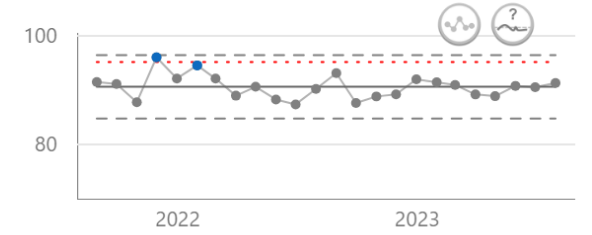
Ref - C03 Performance - 93.9% Standard - 95.0%



Did you feel safe? (PoY)

Med (Monitoring)

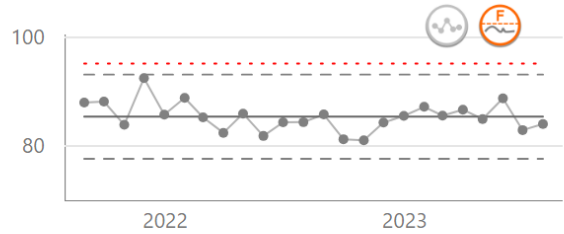
Ref - C04 Performance - 91.1% Standard - 95.0%



Were you given helpful information? (PoY)

High (Action)

Ref - C05 Performance - 83.9% Standard - 95.0%



# Great Place to Work - Headline Commentary

Reporting Period: Aug 2023

## Headline Challenges

- **Sickness** – The confirmed sickness within the report relates to July and is reported at 6.0%. There has been an increase in Covid related absence in the month. The provisional sickness for August 2023 is 6.12%.
- **% of Training Compliance (Courses with a standard)** – In August, 9 out of 27 courses are achieving or above the required standard, 18 remain below standard. Key challenges are linked to clinical demand to release staff to undertake essential training and appraisal.
- **Clinical Supervision** – Performance decreased in the month across all localities.
- **Appraisals** – Performance decreased in the month and remains below standard but, the trend continues to show improvement

## Key focus areas of concern

- **Sickness**
- **% of Training Compliance (Courses with a standard)**
- **Clinical Supervision**

## Positive Assurance / Improvement

- **Appraisal rate** - improved from 61% to 79% in 14 months
- Setting of training competencies and standards across all areas.
- Continuous proactive engagement with services around priority training including Information Governance, Fire and Safeguarding training.
- Dedicated Workforce support for both short and long term sickness management

## Mitigations/actions

### Sickness

- Dedicated Wellness Support Officers to support robust management of Short-Term Sickness reviews, to keep staff well at work
- Continued support in management of Long-Term Sickness to support signposting and recovery plans
- Promotion of wellbeing conversations to support local stress risk assessments, carers passports and WRAP plans, with dedicated locality resource.

### % of Training Compliance (Courses with a standard)

- The Training Needs Analysis tool has been updated with the modality of the training and trajectories being set
- Localities continue to work through Training Trajectory plans with CBU's, discussing regularly the trainer opportunities or innovative ways of improving attendance rates

### Clinical Supervision

- This is being monitored through local CMT and QS&O meetings within CBU's, setting expectations with CBU leadership team to re-embed supervision.
- Establishing and removing barriers to recording and solutions to data issues, working with the CNTW Training Academy

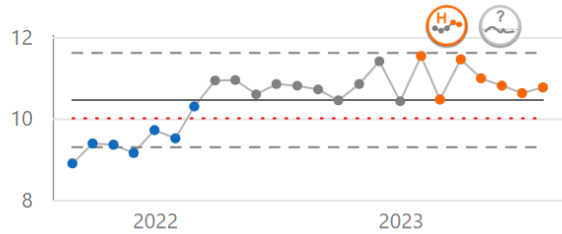
# Great Place to Work

Reporting Period: Aug 2023

Turnover

High (Action)

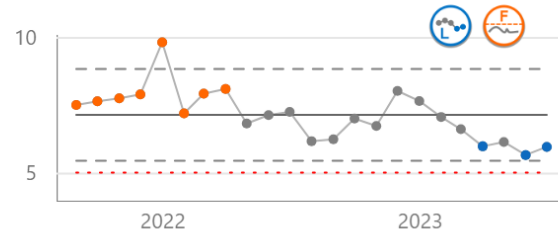
Ref - P01 Performance - 10.8% Standard - 10.0%



Sickness in Month

High (Action)

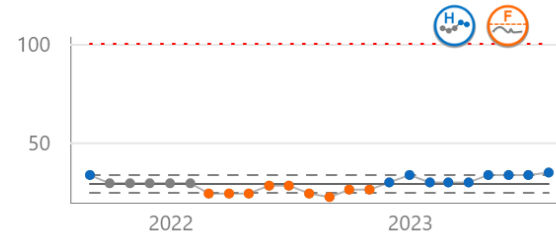
Ref - P02 Performance - 6.0% Standard - 5.0%



% of Training Compliance (Courses with a Standard)

High (Action)

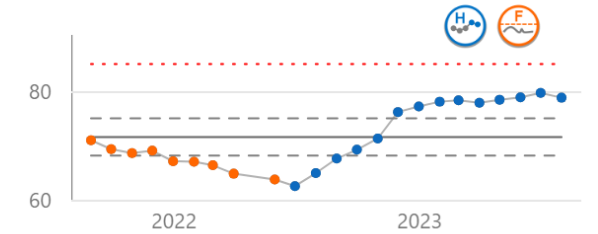
Ref - P03 Performance - 34.6% Standard - 100...



Appraisal rate

High (Action)

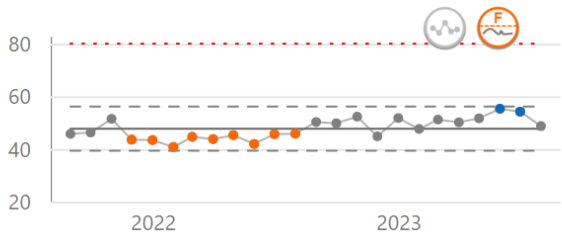
Ref - P04 Performance - 78.8% Standard - 85.0%



% Clinical Supervision completed

High (Action)

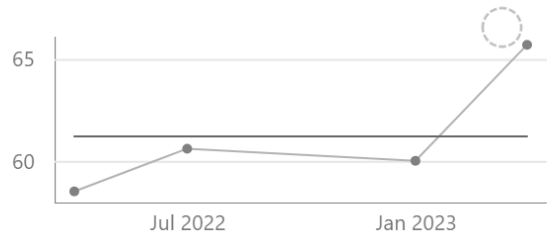
Ref - P05 Performance - 48.7% Standard - 80.0%



People Pulse Health & Wellbeing satisfaction

Low (No Standard)

Ref - P06 Performance - 65.7% Standard - No Std





# Quality Care, Everyday - Headline Commentary

Reporting Period: Aug 2023

## Headline Challenges

- **Serious Incidents** – The number of Serious Incidents has continued to reduce for the fourth consecutive month but there is no significant variance over last 2 years
- **Safeguarding and Public Protection** – The number of reported safeguarding incidents has decreased for the second consecutive month but has remained above the mean average and is therefore highlighted as potential Special Cause variation.
- **CPA Complete Review** - Off target, 79.8% against a 95% standard, although last 3 months it has improved.
- **Staff fill rates** - Measure is off track despite a trend of improvement. Includes both day and night fill rates. Measure currently at 122.5% with the target parameters being 90-120%.

## Key focus areas of concern

- **Serious Incidents**
- **Safeguarding and Public Protection**
- **CPA Completed Review**

## Positive Assurance / Improvement

- **Care Plan Compliance** - improved from 92% to 94.5% in 1 year
- **Risk Assessment Compliance** slight increase in month and this measure is almost meeting the standard.

## Mitigations/actions

### Serious Incidents

Each serious incident is subject to an investigation which identifies areas of learning and recommendations. This forms an action plan and is subject to Trust and ICB governance processes to ensure that learning is embedded.

### Safeguarding and Public Protection

Increased safeguarding reporting generally is in line with national trends and linked to greater awareness because of the rollout of level 3 training. Sapp Triage have highlighted that not all safeguarding incident reports are categorised correctly, and better data is required to enable analysis of safeguarding reporting  
An amendment to the data recording of outcome options via SAPP triage is to being trialled to better understand potential issues

### CPA Completed Review

There has been a focus on process elements regarding CPA and ensuring this is complete with staff being reminded this is an important measure of quality of care.  
Oversight by pathway managers to ensure CPA reviews are planned. Caseloads are currently under review within the 7 Pioneer teams and monthly narrative and assurance templates are in place for Teams not meeting standards within some localities

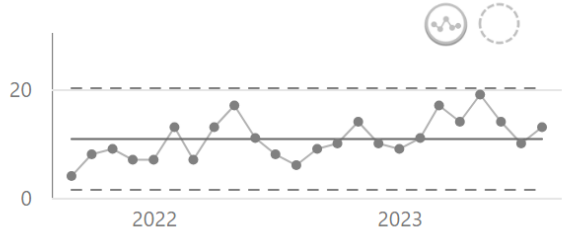
# Quality Care, Everyday

Reporting Period: Aug 2023

Restrictive intervention incidents

Low (No Standard)

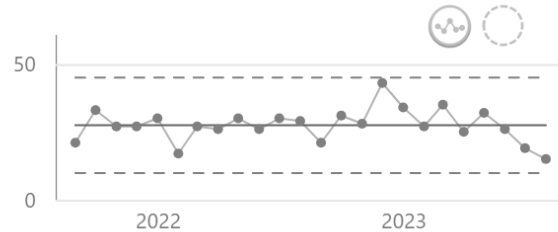
Ref - Q01 Performance - 13 Standard - No Std



Serious Incidents

High (Action)

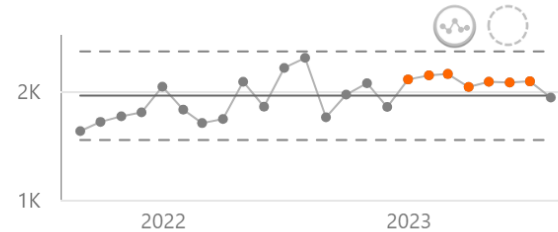
Ref - Q02 Performance - 15 Standard - No Std



Harm Incidents

Low (No Standard)

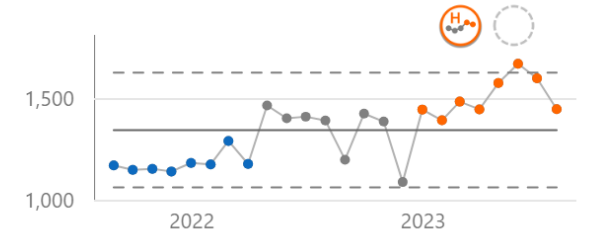
Ref - Q03 Performance - 1,941 Standard - No Std



Safeguarding and Public Protection (SAPP)

Med (Monitoring)

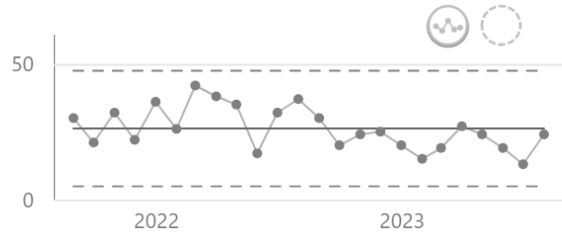
Ref - Q04 Performance - 1,445 Standard - No Std



Long term segregation and prolonged seclusion

Low (No Standard)

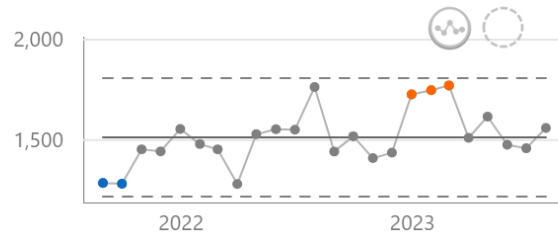
Ref - Q05 Performance - 24 Standard - No Std



Aggression and Violence

Med (Monitoring)

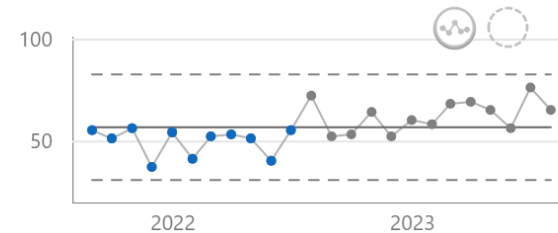
Ref - Q06 Performance - 1,555 Standard - No Std



Number of Complaints

Low (No Standard)

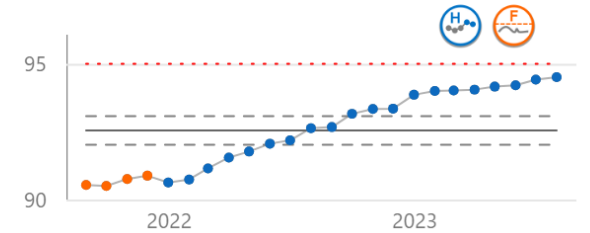
Ref - Q07 Performance - 65 Standard - No Std



Care Plans compliance

Med (Monitoring)

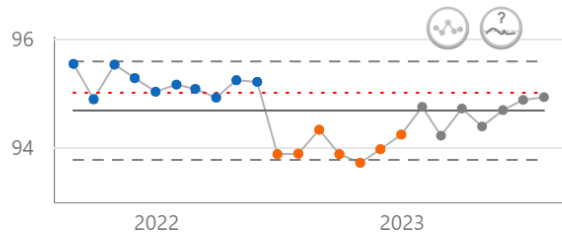
Ref - Q08 Performance - 94.5% Standard - 95.0%



Risk Assessments compliance

Med (Monitoring)

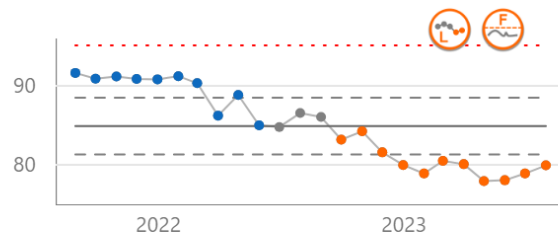
Ref - Q09 Performance - 94.9% Standard - 95.0%



CPA Completed review

High (Action)

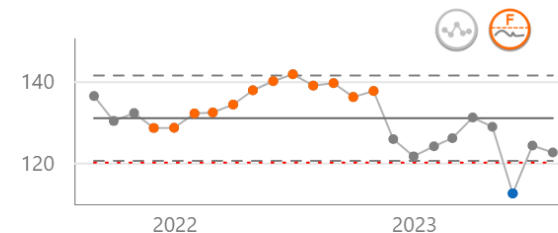
Ref - Q10 Performance - 79.8% Standard - 95.0%



Staffing fill rates

High (Action)

Ref - Q11 Performance - 122.5% Standard - 120.0%



# Person Led Care, when and where it's needed - Headline Commentary

## Headline Challenges

- **Out of Area Placements/Clinically Ready for Discharge/Bed Occupancy** - All remain reported off target
- **Crisis Very Urgent Referrals seen within 4 hours** - Very low referral numbers means performance fluctuates significantly.
- **Psychiatric Liaison Referrals in ED within 1 hour** - Performance has decreased over a 24 month period and continues to remain lower than peers.
- **All CYPS Waits for Treatment** - Performance deteriorated in the month reported at the lowest level since May 22. Numbers waiting over 18 weeks is at 3,956 of which 3,492 are within the neurodevelopmental pathway.
- **<18 weeks to Treatment - CYPS Neurodevelopmental waits** - Percentage seen within 18 weeks remains low and numbers waiting continue to rise each month. 3,492 are waiting over 18 weeks for Treatment. 4 week wait standard will be reported in the next report.
- **CYPS Eating Disorder Routine** – Decreased in the month. It has been off target for 24 months.

## Key focus areas of concern

Of most concern

- **Crisis Very Urgent Referrals**
- **Psychiatric Liaison Referrals in ED within 1 hour**
- **CYPS Neurodevelopmental waits**

Of concern:

- **CYPS Eating Disorder Routine**

## Positive Assurance / Improvement

- **EIP services** remain consistently above the standard.
- **72hr follow up** after discharge is consistently met.
- **Clinically Ready for Discharge** – has dropped below 10% for last 4 months, was between 10 and 12% for 15 months before then.
- **Bed Occupancy** – Continually improved in the last 4 months
- **Out of Area Placements** – improved closer to target last 2 months

## Mitigations/actions

- **Crisis Very Urgent Referrals seen within 4 hours** - New Crisis Model is being developed,. This will involve, improving the 136 suite flow, developing alternatives to admission, community interface, discharge model/in-reach and the development of 111 for Mental Health. Recovery plan is being put in place.
- **Psychiatric Liaison Referrals in ED within 1 hour** - The challenges are in North and Central, with the South and North Cumbria performing in line with national averages. There is improvement work to standardise processes, including simplifying recording methods. Recovery plan being put in place.
- **<18 weeks to Treatment - CYPS Neurodevelopmental waits** - Waiting times update provided monthly to Q&P Committee. Trust wide CYPS neurodevelopment task and finish group to look at standardising practice. The final redesigned pathway to be clearly defined by end of September 2023 and presented to the community oversight group in October 2023. Recovery plan in place with ICB escalation.
- **CYPS Eating Disorder Routine** - The Trust have been engaging in the ICB improvement programme for CYPS ED services, linked to the 22/23 SDIP and are in receipt of the report which makes recommendations to the ICB regarding the future of CYPS ED services. This document has been considered by CNTW and a response has been provided to the ICB. The recommendations in the report are due to be considered by the ICB.

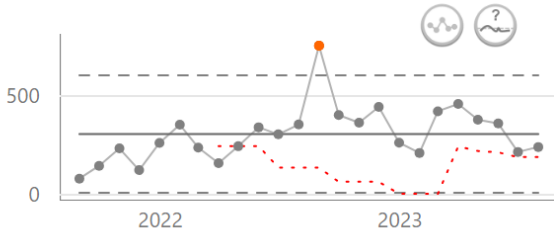
# Person Led Care, when and where it's needed

Reporting Period: Aug 2023

Out of Area Placement bed days

High (Action)

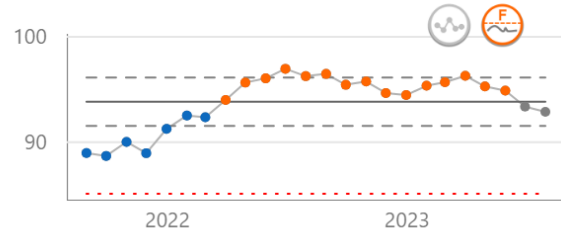
Ref - A01 Performance - 237 Standard - 186



Bed Occupancy including leave (open beds on RiO)

High (Action)

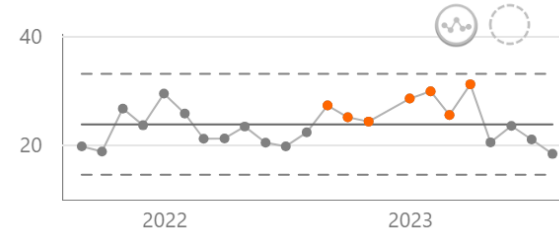
Ref - A02 Performance - 92.8% Standard - 85.0%



% Adult inpatients discharged with LOS > 60 days

Low (No Standard)

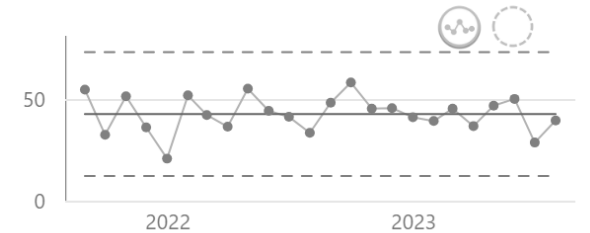
Ref - A03 Performance - 18.3% Standard - No Std



% OP inpatients discharged with LOS > 90 days

Low (No Standard)

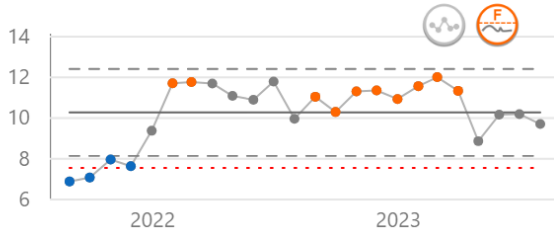
Ref - A04 Performance - 39.4% Standard - No Std



Clinically Ready for Discharge (formerly DTOC)

High (Action)

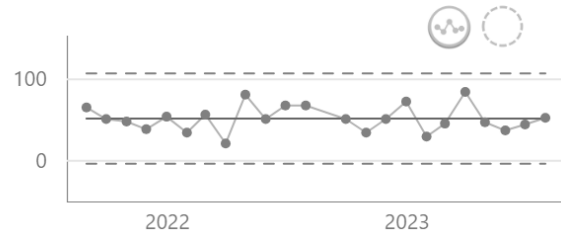
Ref - A05 Performance - 9.7% Standard - 7.5%



Crisis % Very urgent seen within 4 hours (WAA&OP)

Med (Monitoring)

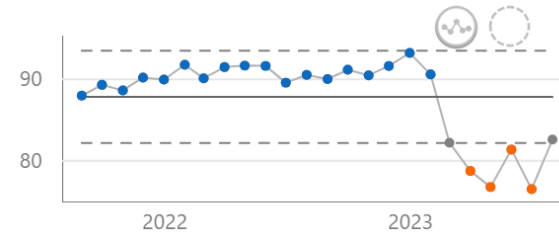
Ref - A06 Performance - 51.6% Standard - No Std



Crisis % Urgent seen within 24 hours (WAA&OP)

Low (No Standard)

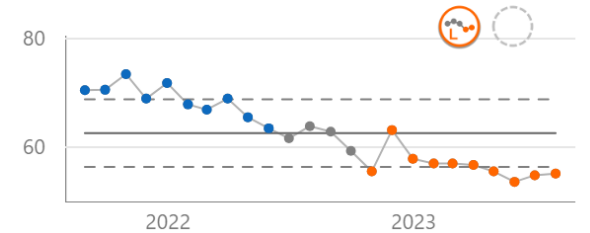
Ref - A07 Performance - 82.5% Standard - No Std



% PLT ED Referrals seen within 1 hour

Med (Monitoring)

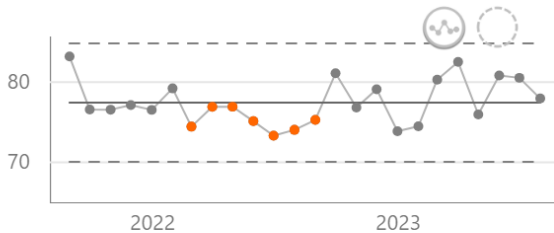
Ref - A08 Performance - 55.0% Standard - No Std



% PLT Ward Referrals seen within 24 hours

Low (No Standard)

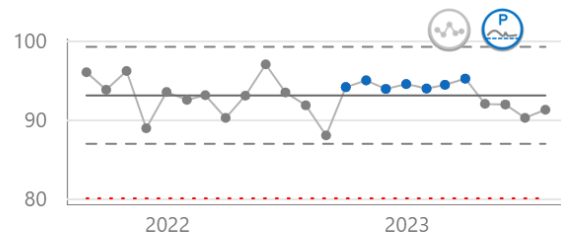
Ref - A09 Performance - 77.8% Standard - No Std



72 hour Follow-Up

Low (On Track)

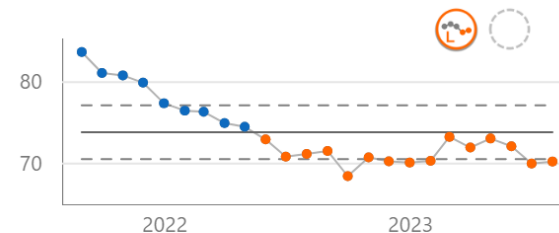
Ref - A10 Performance - 91.2% Standard - 80.0%



<18 weeks wait to Treatment Adults & Older Adults

Med (Monitoring)

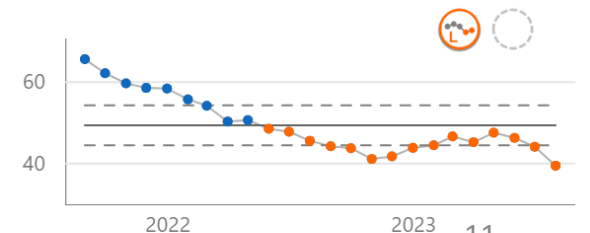
Ref - A11 Performance - 70.1% Standard - No Std



<18 weeks waits to Treatment - All CYPS

Med (Monitoring)

Ref - A12 Performance - 39.3% Standard - No Std



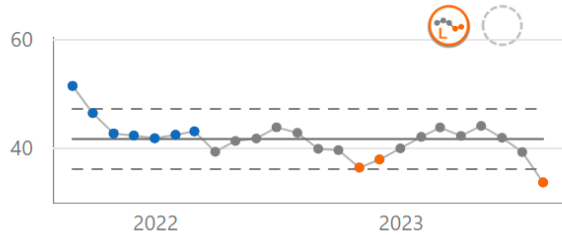
# Person Led Care, when and where it's needed

Reporting Period: Aug 2023

<18 wk waits to Treatment CYPS Neurodevelopmental

Med (Monitoring)

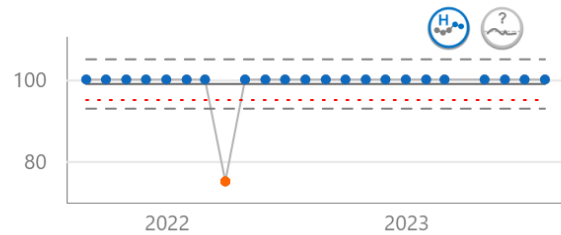
Ref - A13 Performance - 33.6% Standard - No Std



CYPS Eating Disorders (urgent referrals)

Low (On Track)

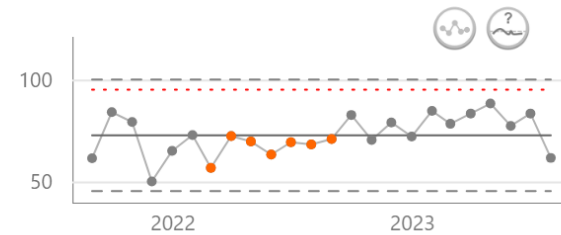
Ref - A14 Performance - 100.0% Standard - 95.0%



CYPS Eating Disorders (routine referrals)

Med (Monitoring)

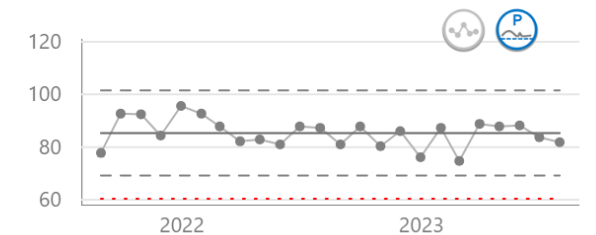
Ref - A15 Performance - 61.5% Standard - 95.0%



EIP – starting treatment in 14 days

Low (On Track)

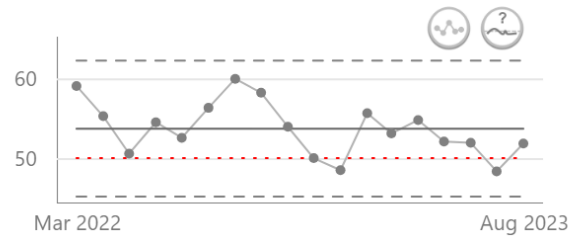
Ref - A16 Performance - 81.5% Standard - 60.0%



Talking Therapies % Moving to Recovery (IAPT)

Low (On Track)

Ref - A17 Performance - 51.8% Standard - 50.0%



# Sustainable for the Long Term - Headline Commentary

## Headline Challenges

- Trust financial position at month 5 is marginally better than plan. Plan includes phasing adjustment to reflect phasing of efficiencies. On removal of the phasing adjustment the Trust is showing £6.3m overspend at the end August (month 5).
- At the end of month 5 the Trust has spent £7.7m on agency staff against a plan £7.0m and against the Trust's nationally applied agency ceiling of £6.0m.
- The Trust is forecasting to deliver the plan of financial break-even at the end of the year. The major risk to delivery of financial plan is WTE numbers, which remain over planned levels.
- Cost trends need to change to deliver the financial forecast.
- There is significant pressure on several inpatient wards to deliver services within the revised baseline staffing establishments, all four inpatient CBUs are overspent.
- The Trust financial position includes the gain on disposal of land. The land sale negotiations are yet to be finalised, but there is an increasing risk the land sale will be less than the estimate included in the Trust plan.

## Key focus areas of concern

- Year to date the Trust is overspent across key budgets
- Delivery of the Trust planned efficiencies is a risk to delivery of the Trusts planned financial break-even
- The level of WTE across the Trust (particularly temporary staffing)
- Trust cash balances will come under pressure from continued deficits, plan reflects surpluses in second half of the year. If the surpluses are not delivered cash will be further depleted.
- Capital schemes being reviewed to confirm delivery to configuration and timescales in current programme.
- Trust underlying financial position - planning 24/25

## Positive Assurance / Improvement

- Trust current cash balances are over plan from slippage in capital programme and PDC secured at the end of 22/23
- Senior Management commitment to improve financial position – focus of BDG on a monthly basis with specific financial reviews of areas of most concern
- Agency spend on downward trend, average monthly agency spend in Q4 22/23 £1.64m, average Q1 23/24, £1.58m, average in Q2 £1.47m. This trend needs to continue to improve without offsetting expenditure elsewhere.

## Mitigations/actions

- BDG monthly finance focus sessions to agree actions to impact on the Trust financial position and review of progress to deliver the Trust Cost Improvement Plan.
- Groups / Departments highlighted areas under review to impact on financial performance. BDG discussions to clarify where they improve financial forecast.
- Daily staffing reviews taking place across inpatient areas.
- Pursing capital funding for CEDAR scheme to support Trust cash balances

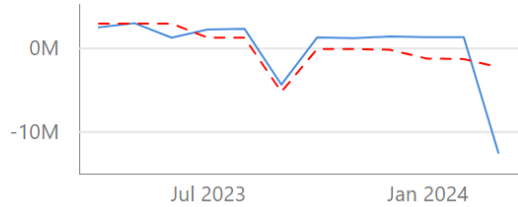
# Sustainable for the Long Term

Reporting Period: Aug 2023

Live within our means (I&E Surplus/Deficit £)

High (Action)

Ref - S01 Actual/Forecast - 2.3M Plan - 1.19M

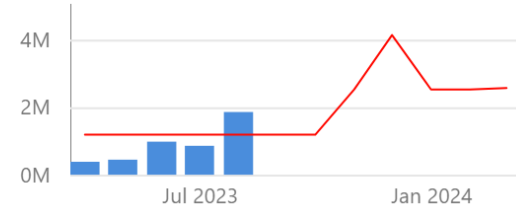


— Actual/Forecast - - - Plan

Capital spend compared to plan (£)

Low (On Track)

Ref - S02 Actual/Forecast - 1.9M Plan - 1.19M

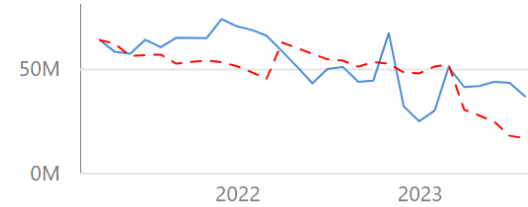


● Actual/Forecast — Plan

Cash balance compared to plan (£)

Low (On Track)

Ref - S03 Actual/Forecast - 36.6M Plan - 16.6M



— Actual/Forecast - - - Plan

# C01 - How was your experience? (FFT)

Risk Rating -

High (Action)

Overall how was your experience with our service? (FFT)

Performance - 86.5%

Standard - 95.0%



Consistently Fail

The standard for this indicator is outside the control limits



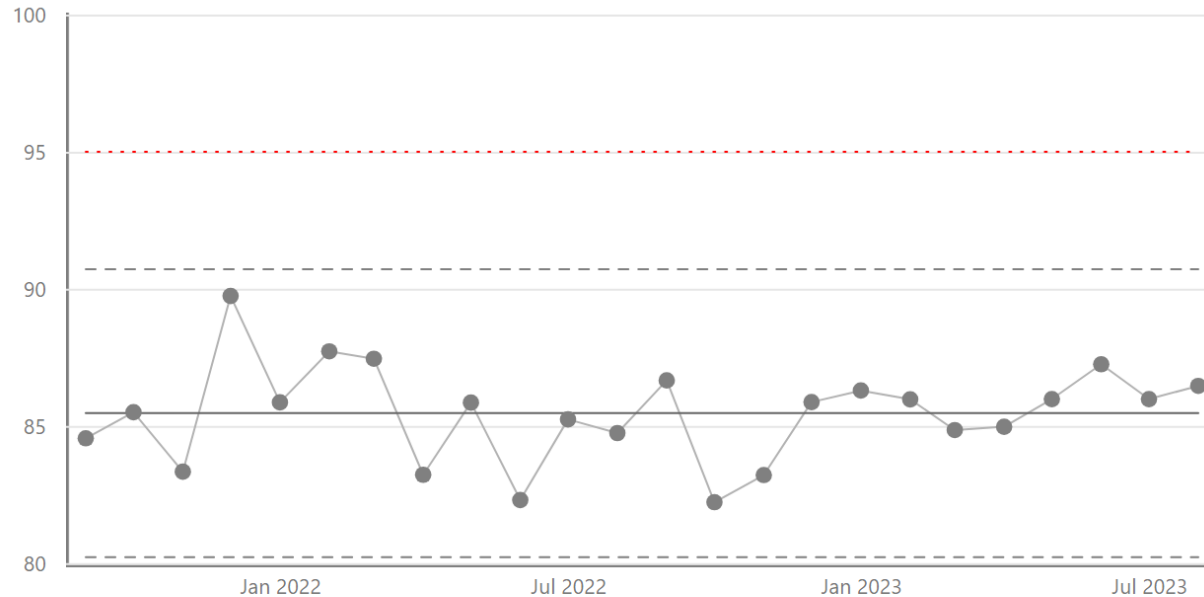
Normal Variation

The variation for this indicator is within the control limits



DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 86.5% for August was within the expected range of 80% to 91% which remains below the standard of 95% but has increased in the month.

### Root Cause of the performance issue

Although all service users and carers have the ability to share their experience through answering this question. Not all people have a positive experience, although the vast majority do. Being responsive to the positive and negative themes from team right through to Trust level is most important here. Only a small minority of service users and carers choose to share their experience. The main negative themes are communications, with service user/staff communication, being listened to and availability of information being themed most often.

### Improvement Actions

Raising awareness of the feedback options and how they are accessed through the Points of You dashboard continues through Quality Standards meetings at Trust and Locality level as well as in Service User and Carer Experience meetings, again at Trust and Locality level are seeing results, with a month on month rise in completed surveys and completed You Said-We Did posters. Engagement to develop a new version of the service user and carer experience survey continued in the month. It is hoped that engaging to develop a survey with questions people want to answer could increase completion of surveys going forward.

### Expected impact and by when?

Ongoing through 2023-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	86.2%	95.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	78.2%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	89.8%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	89.3%	95.0%	Normal Variation	Achieve at Random



# C02 - Did we listen to you? (PoY)

Risk Rating -

High (Action)

Did we listen to you when making decisions about care & treatment? (PoY)

Performance - 87.9%

Standard - 95.0%



**Consistently Fail**

The standard for this indicator is outside the control limits



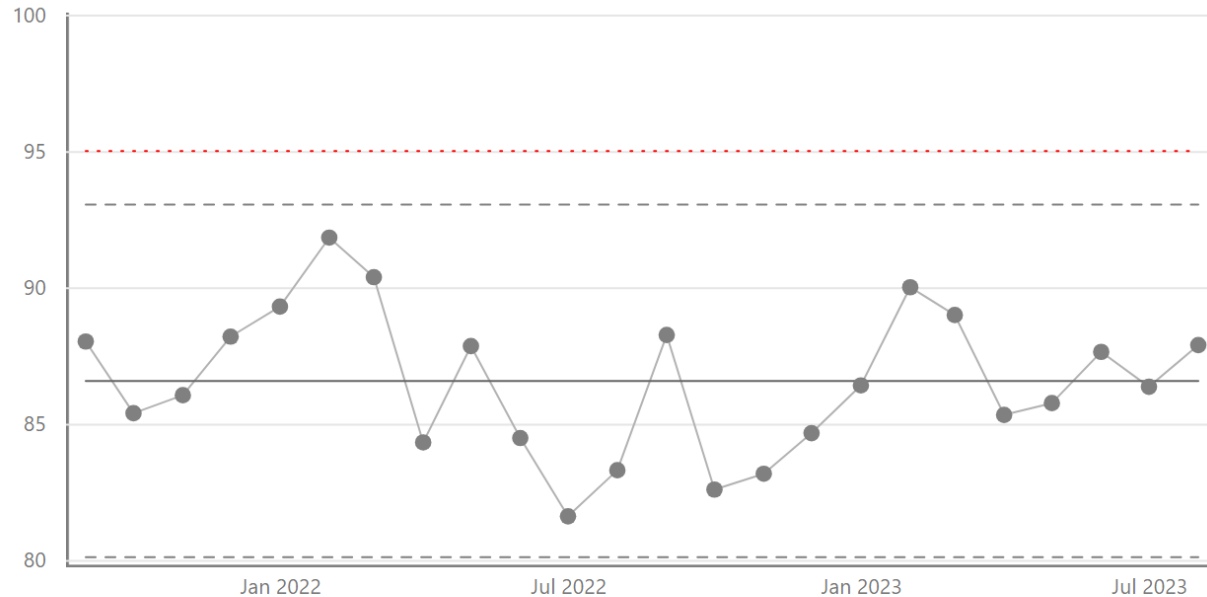
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 87.9% for August was within the expected range of 80% to 93% which remains below the standard of 95%. This is a small rise on the previous month.

### Root Cause of the performance issue

- Services in North Cumbria continue to get lower % scores than other localities, bringing down the overall %.
- Being listened to remains the most important sub theme within the communications theme, for positive and negative comments. Comments relate to all types of service, both community and inpatient. Most comments relate to people feeling their views were ignored or dismissed.

### Improvement Actions

- Localities that have scores below Trust average have been made aware, as well as being supported in how to effectively explore the themes associated.
- Teams should explore what service users and carers are telling them around the being listened to themed comments, with the aim of doing more of what people like and less of what is leading to a negative experience.
- North Cumbria locality are currently investigating new ways of patient engagement with POY to increase the number of returns from a broader range of patients.

### Expected impact and by when

Improvement towards the standard and increased feedback received during 2023-24.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	88.6%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	75.6%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	91.0%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	91.7%	95.0%	Normal Variation	Achieve at Random

# C03 - Were staff kind and caring? (PoY)

Risk Rating -

Med (Monitoring)

Were staff kind and caring? (PoY)

Performance - 93.9%

Standard - 95.0%



**Achieve at Random**

The standard for this indicator is within the upper and lower control limits



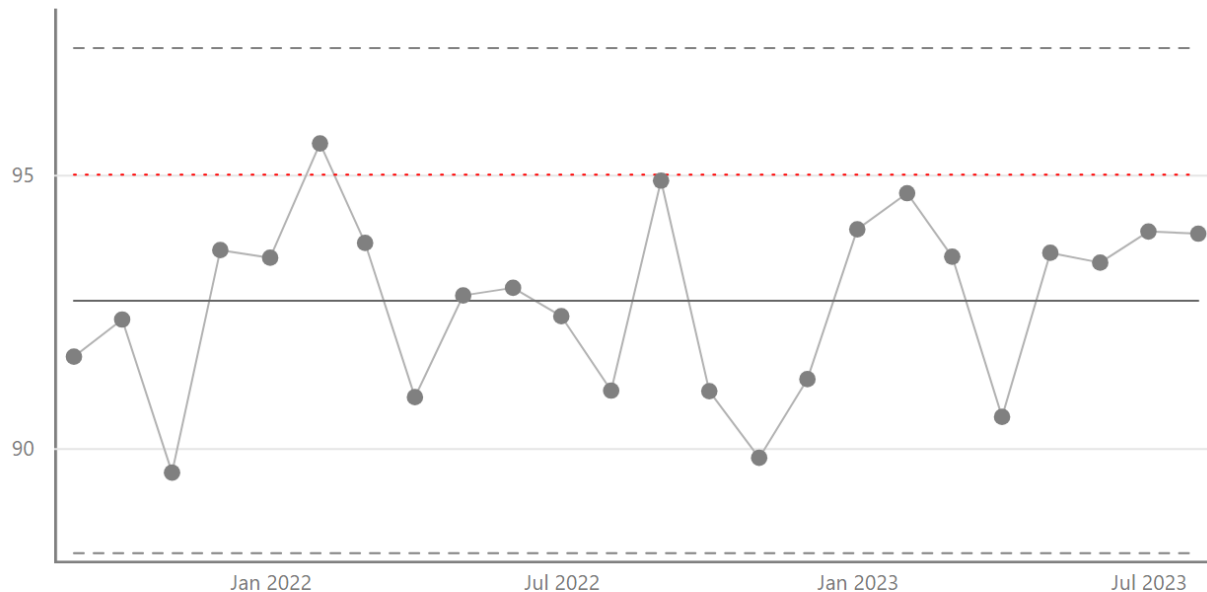
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 93.9% for August was within the expected range of 87% to 98%. The standard of 95% falls within the expected range suggesting that we will sometimes meet the standard, but not consistently.

### Root Cause of the performance issue

- This continues to be the question the Trust has received the best score for.
- The feedback received is positive, however when the response is 'sometimes' there is no or limited narrative with the response to identified a common cause.
- 8 people said staff were not kind and caring, a reduction on the 14 saying no in July.
- 523 people said yes to this question, an increase on the 477 saying this in July.

### Improvement Actions

- This feedback from carers and patients should be shared across the Trust to support staff wellbeing and resilience.
- Responses to this question are overwhelmingly positive. Efforts should be made to make staff aware of this, to support resilience and satisfaction.

### Expected impact and by when?

- Ongoing through 2023-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	94.0%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	86.1%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	96.7%	95.0%	Improvement	Achieve at Random
South Locality Care Group	96.1%	95.0%	Normal Variation	Achieve at Random

# C04 - Did you feel safe? (PoY)

Risk Rating -

Med (Monitoring)

Did you feel safe with our service? (PoY)

Performance - 91.1%

Standard - 95.0%



**Achieve at Random**

The standard for this indicator is within the upper and lower control limits



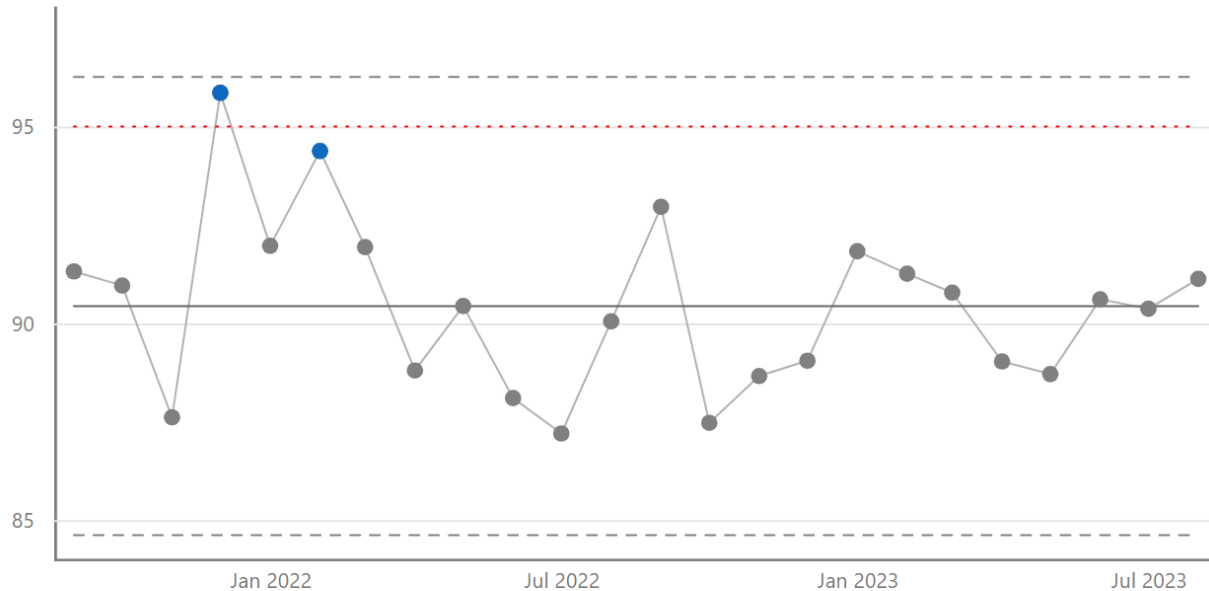
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 91.1% for August falls within the expected range suggesting that we will sometimes meet the standard, but not consistently.

### Root Cause of the performance issue

- 22 people reported not feeling safe during August.
- 512 people reported feeling safe.
- The majority of the 22 people reporting not feeling safe had accessed Community Treatments Teams (CYPS/Adult and Older Adult)

### Improvement Actions

- Raise awareness at CBU and Team level within Community Treatment Teams (CYPS/Adult and Older Adult) where people have felt less safe and respond to any themes identified within the dashboards
- Feedback has been provided to the wards and teams for review in line with the POY process.

### Expected impact and by when?

- Ongoing through 2023-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	93.4%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	78.2%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	95.8%	95.0%	Improvement	Achieve at Random
South Locality Care Group	92.8%	95.0%	Normal Variation	Achieve at Random

# C05 - Were you given helpful information? (PoY)

Risk Rating -

**High (Action)**

Were you given information that was helpful? (PoY)

**Performance - 83.9%**  
**Standard - 95.0%**



### Consistently Fail

The standard for this indicator is outside the control limits



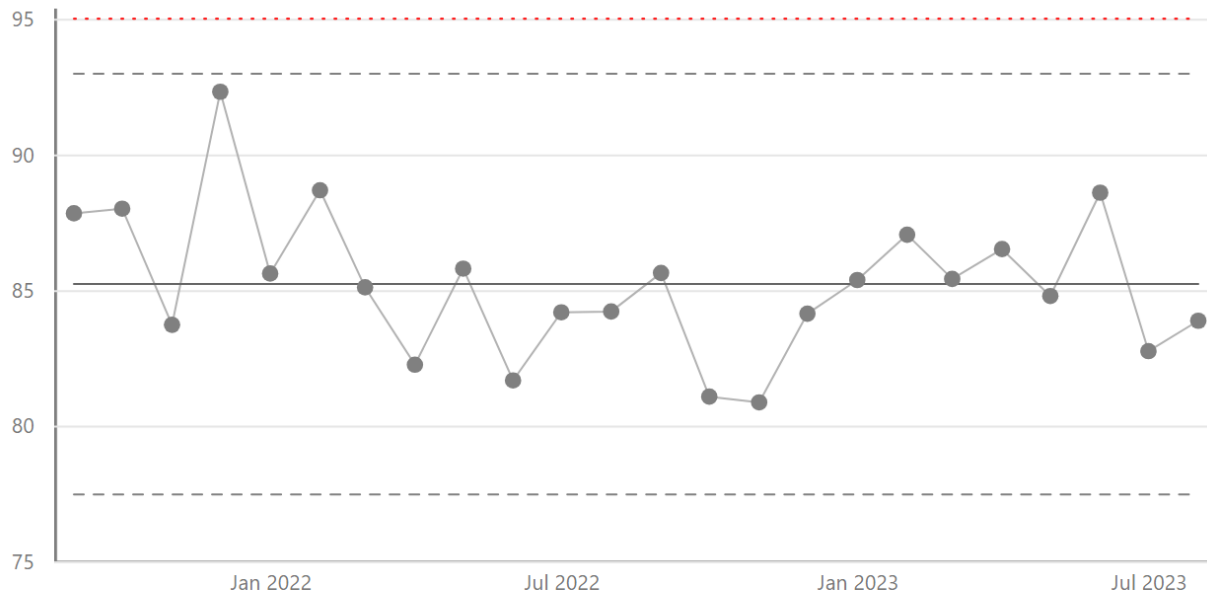
### Normal Variation

The variation for this indicator is within the control limits



### DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance of 83.9% for August was within the expected range of 77% to 94% which remains below the standard of 95%.

### Root Cause of the performance issue

- Health literacy rates are the lowest nationally within the CNTW footprint. Staff should routinely check that information is appropriate for those receiving it.
- Of the 44 people saying 'no' to the questions, a decrease from the 46 offering this response last month. Not receiving information that had been promised or being given poor quality information were the main themes.
- The main negative theme from associated comments is around not receiving any information. This relates mostly to community treatment and assessment teams.

### Improvement Actions

- Engagement on a new survey has continued during this month. Accessibility and more choice around how people access the survey will be key considerations.
- A Health Literacy toolbox is available on the intranet for all staff. Awareness of this resource is ongoing, as is the development of the resource.
- Staff have been reminded that sending information to patients when promised it is expected to be delivered in an appropriate format for the patient.

### Expected impact and by when?

- Throughout 2023-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	79.8%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	74.1%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	86.0%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	91.1%	95.0%	Normal Variation	Achieve at Random

# P01 - Turnover

Turnover FTE 12 month rolling

Risk Rating -

High (Action)

Performance - 10.8%

Standard - 10.0%



**Achieve at Random**

The standard for this indicator is within the upper and lower control limits



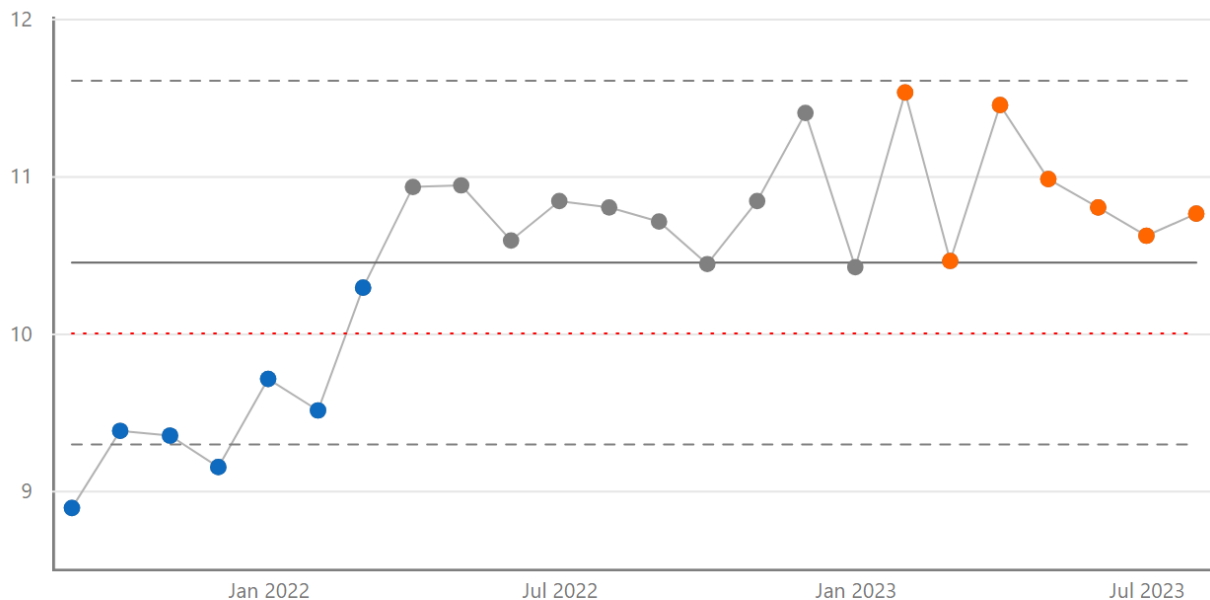
**Concern**

There is concern because this indicator is increasing



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Turnover of 10.8% in August was within the expected range, but as it has remained above the mean average since April 2022 it is highlighted as potential Special Cause variation.

### Root Cause of the performance issue

- Recruitment and Retention & staff health and wellbeing.

### Improvement Actions

- Work undertaken to align vacancies with establishment information
- Introduction of vacancy control processes across all localities
- Retire and return requests reviewed and promoted to support retention
- Flexible working and reasonable adjustment review
- Emailing staff on Leavers report, inviting them to engage in an exit interview/questionnaire
- Emailing managers on New Starter report, ensuing staff onboarded, support through robust probationary period and local induction
- Reintroduction of face-to-face Corporate Induction from September 2023
- Promotion of annual Staff Survey and Quarterly People Pulse Survey

### Expected impact and by when

- Aim to fill vacancies within 4-6 weeks
- Positive onboarding and improved training trajectories from Day 1
- Increase response to exit questionnaire and survey response, gathering robust data to inform action

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	10.1%	10.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	11.9%	10.0%	Normal Variation	Achieve at Random
North Locality Care Group	8.5%	10.0%	Improvement	Achieve at Random
South Locality Care Group	9.0%	10.0%	Normal Variation	Achieve at Random

# P02 - Sickness in Month

Risk Rating -

**High (Action)**

Percentage of in month sickness absence

Performance - 6.0%  
Standard - 5.0%



**Consistently Fail**

The standard for this indicator is outside the control limits



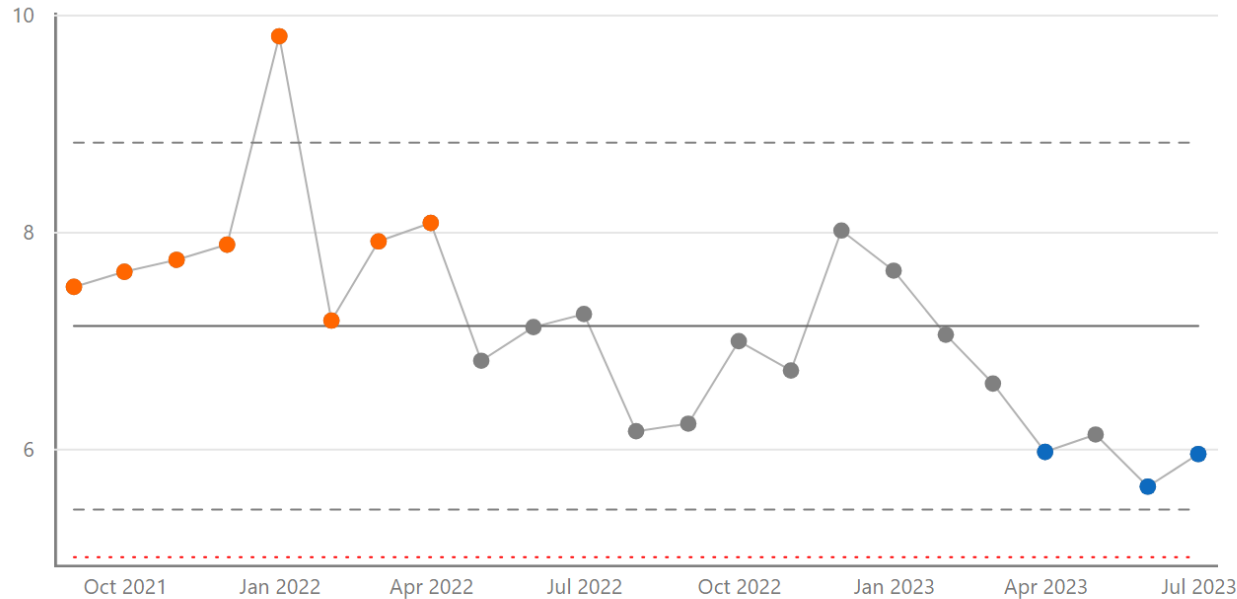
**Improvement**

This indicator is decreasing which shows improvement



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

The chart shows the confirmed sickness for July 2023 and is reported at 6.0%. The provisional sickness for August 2023 is reported at 6.12% remaining above the 5% target.

### Root cause of the performance issue

- High mental health related absence
- High MSK absence
- Increase in Covid related absences

### Improvement Actions

- Weekly review of all absences ensuring relevant support in place and recovery focussed.
- Workforce support through short term sickness meetings, long term sickness reviews and workforce triage.
- Early intervention through Locality Workforce, support with PAM referrals and signposting to resources
  - Support for staff through SPC (Staff Psychological Centre)
  - Occupational health reminders
  - Promotion of wellbeing conversations to support local stress risk assessments, carers passports and WRAP plans
- Introduction of ESR Supervisor Self Service (Limited Access)

### Expected impact and by when

- Management increased overview, first point of contact and recording of sickness – exploring temporary adjustments
- Keeping staff feeling well at work
- Robust people management processes; including STS monitoring
- Reduction in Occupational Health DNA's

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	6.0%	5.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	6.2%	5.0%	Normal Variation	Consistently Fail
North Locality Care Group	6.4%	5.0%	Normal Variation	Consistently Fail
South Locality Care Group	6.4%	5.0%	Improvement	Consistently Fail

# P03 - % of Training Compliance (Courses with a Standard)

Risk Rating -

**High (Action)**

% of Training Compliance (Courses with a Standard)

**Performance - 34.6%**  
**Standard - 100.0%**



**Consistently Fail**

The standard for this indicator is outside the control limits



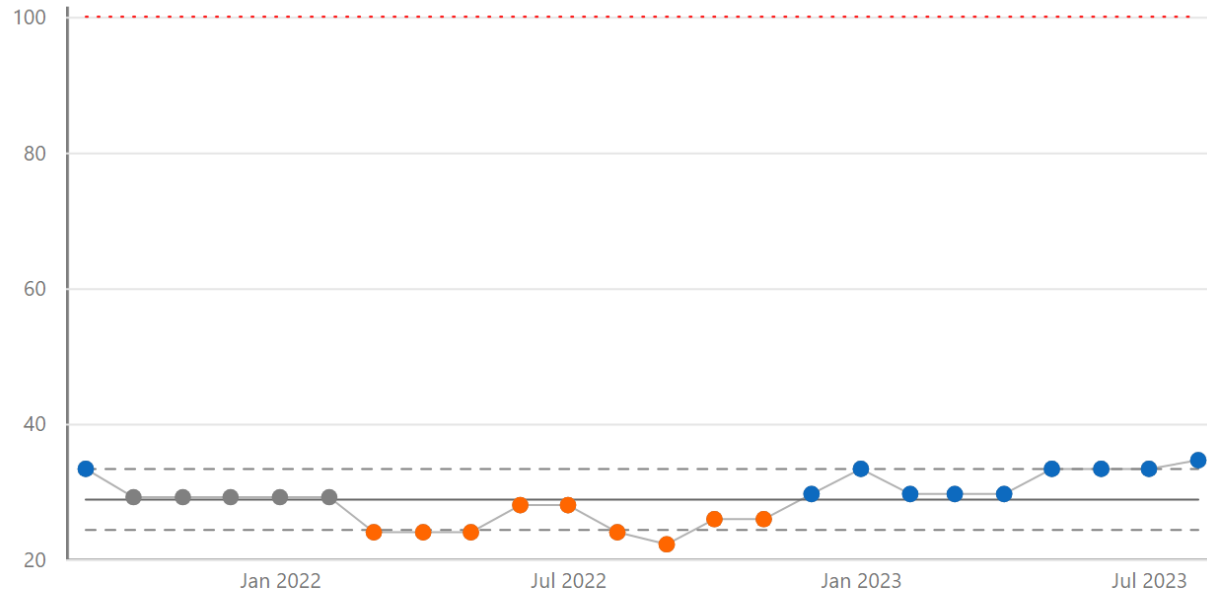
**Improvement**

This indicator is increasing which shows improvement



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Training Compliance was at 34.6% for August which was within the expected range of 24% to 34%. In August, 9 out of 27 % of training courses with a standard are achieving the required standard of 85%.

### Root Cause of the performance issue

- Capacity to release staff for training
- Late cancellations due to clinical activity
- Attachment of competencies to staff records - error identified
- Volume of mandatory training requirements

### Improvement Actions

- Competency data was updated in mass by IBM, additional upload been undertaken
- Review continues into the 50 training competencies, as only 29 have a compliance standard
- The Training Needs Analysis tool completed with the modality of the training to support planning of training trajectories
- Promotion of the modes of accessing training
- Train the trainer for some core programmes to deliver in place, bespoke training undertaken
- Development of trajectories report with Workforce Information to support setting and monitoring Training Trajectories

### Expected impact and by when

- Continued Improvement in Training Trajectories

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	40.0%	100.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	26.9%	100.0%	Improvement	Consistently Fail
North Locality Care Group	44.0%	100.0%	Normal Variation	Consistently Fail
South Locality Care Group	44.0%	100.0%	Normal Variation	Consistently Fail

Great Place to Work - Training

Ref	Indicator Name	Variation	Assurance	Performance	Standard	Numerator	Denominator	Plan	Risk Rating
T01	Training - Clinical Risk and Suicide Prevention	Normal Variation	Consistently Fail	72.8%	85.0%	2059	2829	Internal	High (Action)
T02	Training - Clinical Supervision	Normal Variation	Consistently Fail	77.2%	85.0%	2609	3381	Internal	High (Action)
T03	Training - Equality & Diversity Introduction	Improvement	Consistently Achieve	95.0%	85.0%	9417	9908	Internal	Low (On Track)
T04	Training - Fire	Improvement	Achieve at Random	87.7%	85.0%	8685	9908	Internal	Low (On Track)
T05	Training - Health & Safety	Improvement	Consistently Achieve	93.8%	85.0%	9294	9908	Internal	Low (On Track)
T06	Training - IPC	Improvement	Consistently Achieve	93.0%	85.0%	9217	9908	Internal	Low (On Track)
T07	Training - Medicines Management Training	Concern	Achieve at Random	66.8%	85.0%	1889	2828	Internal	High (Action)
T08	Training - Moving & Handling Awareness Training	Improvement	Consistently Achieve	93.5%	85.0%	9260	9908	Internal	Low (On Track)
T09	Training - PMVA Basic	Improvement	Consistently Fail	57.2%	85.0%	1509	2637	Internal	High (Action)
T10	Training - Rapid Tranquilisation Training	Concern	Consistently Fail	58.0%	85.0%	832	1435	Internal	High (Action)
T11	Training - Safeguarding Adults Level 1	Improvement	Consistently Achieve	95.0%	85.0%	2422	2549	Internal	Low (On Track)
T12	Training - Safeguarding Adults Level 2	Improvement	Achieve at Random	91.0%	85.0%	2613	2873	Internal	Low (On Track)
T13	Training - Safeguarding Adults Level 3	Improvement	Consistently Fail	77.6%	85.0%	3101	3997	Internal	High (Action)
T14	Training - Safeguarding Children Level 1	Improvement	Consistently Achieve	95.3%	85.0%	2430	2549	Internal	Low (On Track)
T15	Training - Safeguarding Children Level 2	Improvement	Consistently Fail	87.6%	85.0%	2516	2873	Internal	Med (Monitoring)
T16	Training - Safeguarding Children Level 3	Improvement	Consistently Fail	80.5%	85.0%	3219	3997	Internal	High (Action)
T17	Training - Information Governance	Improvement	Consistently Fail	93.0%	95.0%	9211	9908	Internal	Med (Monitoring)
T18	Training - Seclusion Training	Concern	Consistently Fail	51.3%	85.0%	1666	3248	Internal	High (Action)
T19	Training - PMVA Breakaway	Concern	Consistently Fail	60.5%	85.0%	2255	3728	Internal	High (Action)
T20	Training - MHA MCA DoLS Combined	Normal Variation	Consistently Fail	63.2%	85.0%	4114	6505	Internal	High (Action)
T21	Training Resuscitation L2 Adult Basic Life Support	Concern	Consistently Fail	42.6%	85.0%	750	1762	Internal	High (Action)
T22	Training Resuscitation L2 Newborn Basic Life Support	Concern	Consistently Fail	0.0%	85.0%	0	28	Internal	High (Action)
T23	Training Resuscitation L2 Paediatric Basic Life Supp	Normal Variation	Consistently Fail	4.7%	85.0%	35	747	Internal	High (Action)
T24	Training Resuscitation L3 Adult Immediate Life Supp	Improvement	Consistently Fail	57.1%	85.0%	1853	3248	Internal	High (Action)
T25	Training Resuscitation L3 Paediatric Immed Life Supp	Concern	Consistently Fail	0.0%	85.0%	0	269	Internal	High (Action)
T26	Training - Autism Core Capabilities: Tier 1 & 2	SPC N/A		45.7%	85.0%	457	1001	Internal	High (Action)
T27	Training - Learning Disability Tier 1	SPC N/A		44.0%	85.0%	440	1001	Internal	High (Action)



# P04 - Appraisal rate

Risk Rating -

High (Action)

Appraisal rate

Performance - 78.8%  
Standard - 85.0%



**Consistently Fail**

The standard for this indicator is outside the control limits



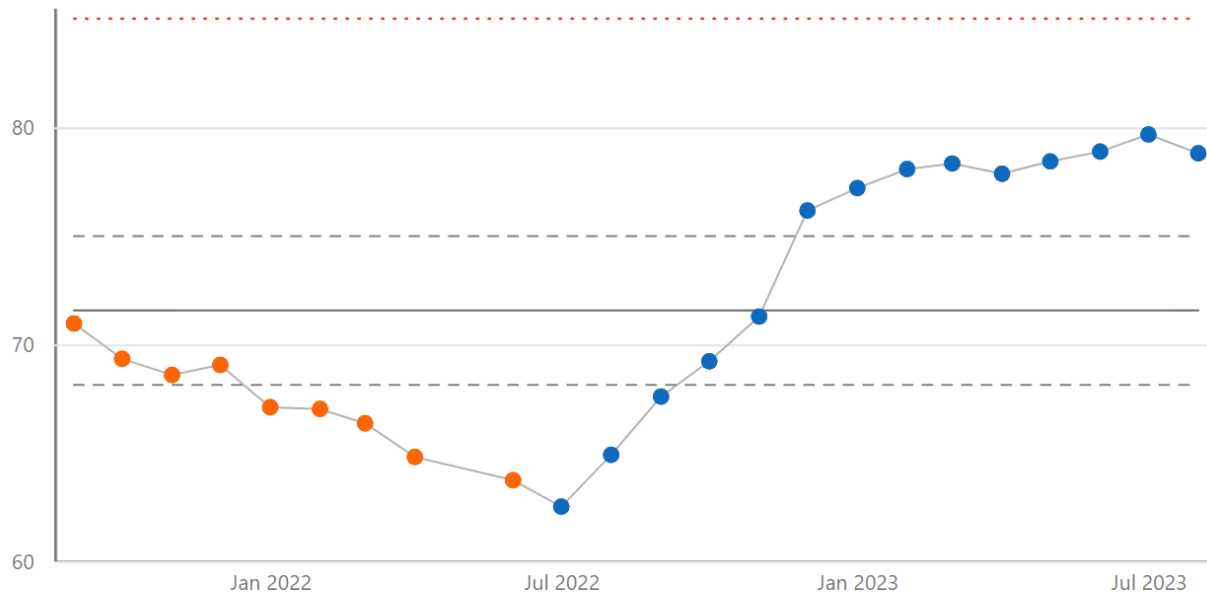
**Improvement**

This indicator is increasing which shows improvement



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

The appraisal rate was 78.8% in August, the 9th consecutive month higher than the mean average.

### Root cause of the performance issue

- Capacity to prepare and undertake appraisal
- Backlog from pandemic pause
- Late cancellations due to clinical capacity

### Improvement Actions

- Promotion through CBU meetings and Workforce Triage; discuss capacity and appropriate support, delegation.

### Expected impact and by when

- The aim is still for all staff to have an appraisal during 23/24 as this is linked to a CQC must do.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	78.1%	85.0%	Improvement	Consistently Fail
North Cumbria Locality Care Group	75.2%	85.0%	Improvement	Consistently Fail
North Locality Care Group	76.4%	85.0%	Improvement	Consistently Fail
South Locality Care Group	83.9%	85.0%	Improvement	Consistently Fail

# P05 - % Clinical Supervision completed

Risk Rating -

**High (Action)**

Clinical Supervision

Performance - 48.7%  
Standard - 80.0%



### Consistently Fail

The standard for this indicator is outside the control limits



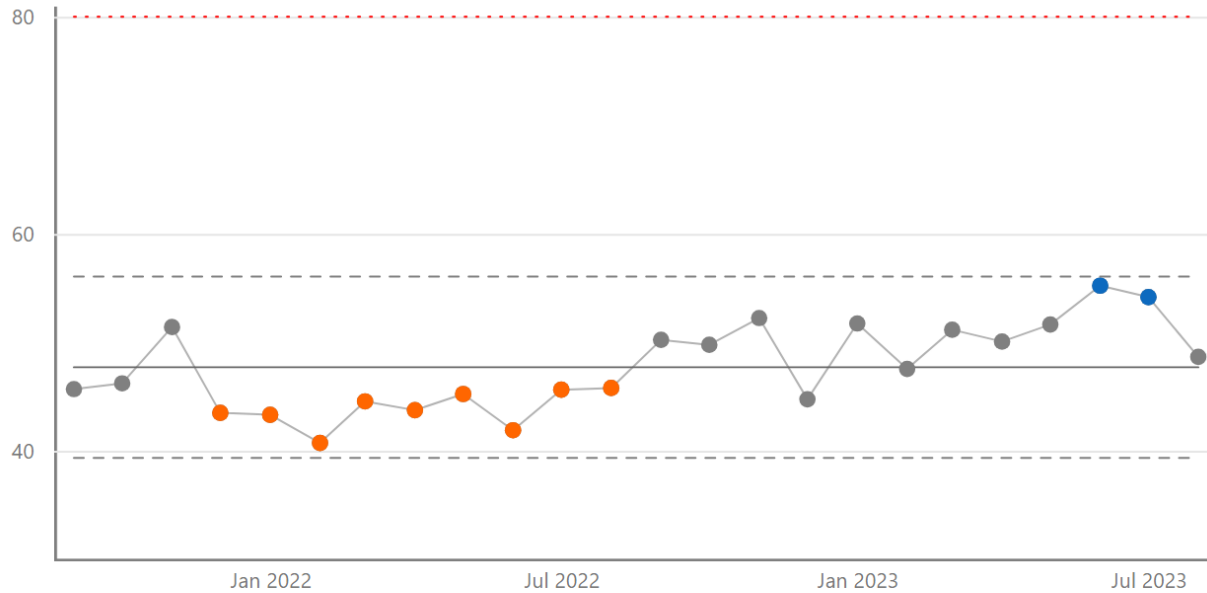
### Normal Variation

The variation for this indicator is within the control limits



### DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance of 48.7% in August was consistent with the expected range of 39% to 56%. Performance reduced by 5.5% in the month compared to July,

### Root cause of the performance issue

- Capacity to release staff to undertake supervision
- Late cancellations due to clinical capacity
- Recording of clinical supervision that has been undertaken

### Improvement Actions

- Monitored through local CMT and QS&O meetings within CBU's
- Setting expectations with CBU leadership team and re-embed
- Establishing and removing barriers to recording and solutions to data issues, working with the CNTW Training Academy
- CQC must do action

### Expected impact and by when

- Improved completion rate – ongoing
- Staff feeling empowered and competent in undertaking their role

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	50.3%	80.0%	Improvement	Consistently Fail
North Cumbria Locality Care Group	41.3%	80.0%	Normal Variation	Consistently Fail
North Locality Care Group	47.0%	80.0%	Improvement	Consistently Fail
South Locality Care Group	55.4%	80.0%	Normal Variation	Consistently Fail

# Q02 - Serious Incidents

Risk Rating -

High (Action)

Number of Serious Incidents

Performance - 15  
Standard - No Std



No Standard

Assurance cannot be given for this indicator as there is no standard set



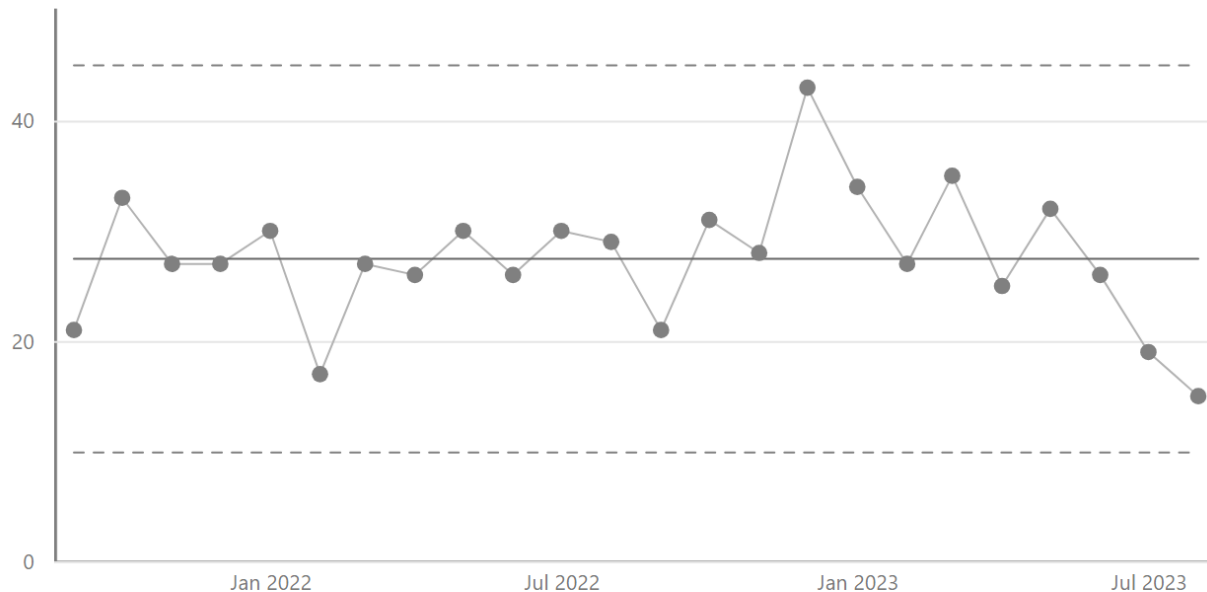
Normal Variation

The variation for this indicator is within the control limits



DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

15 serious incidents were recorded in August. That is consistent with the expected range of 9 and 45 serious incidents per month.

### Root Cause of the performance issue

There is no significant variation in the trend for the last two years. August numbers are below the monthly average and a reduction from previous month. This measure is being included in this report due to the significance and magnitude of these incidents.

### Improvement Actions

Each serious incident is subject to an investigation which identifies areas of learning and recommendations. This forms an action plan and is subject to Trust and ICB governance processes to ensure that learning is embedded.

The Trust and ICB approach to Serious Incident investigation is currently under review as part of PSIRF implementation planning.

### Expected impact and by when

Planned timescale for PSIRF implementation / transition is currently to start in November 2023

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	6	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	4	No Std	Normal Variation	No Standard
North Locality Care Group	3	No Std	Normal Variation	No Standard
South Locality Care Group	2	No Std	Normal Variation	No Standard

# Q04 - Safeguarding and Public Protection (SAPP)

Risk Rating -

Med (Monitoring)

Safeguarding and Public Protection (SAPP)

Performance - 1,445  
Standard - No Std



No Standard

Assurance cannot be given for this indicator as there is no standard set



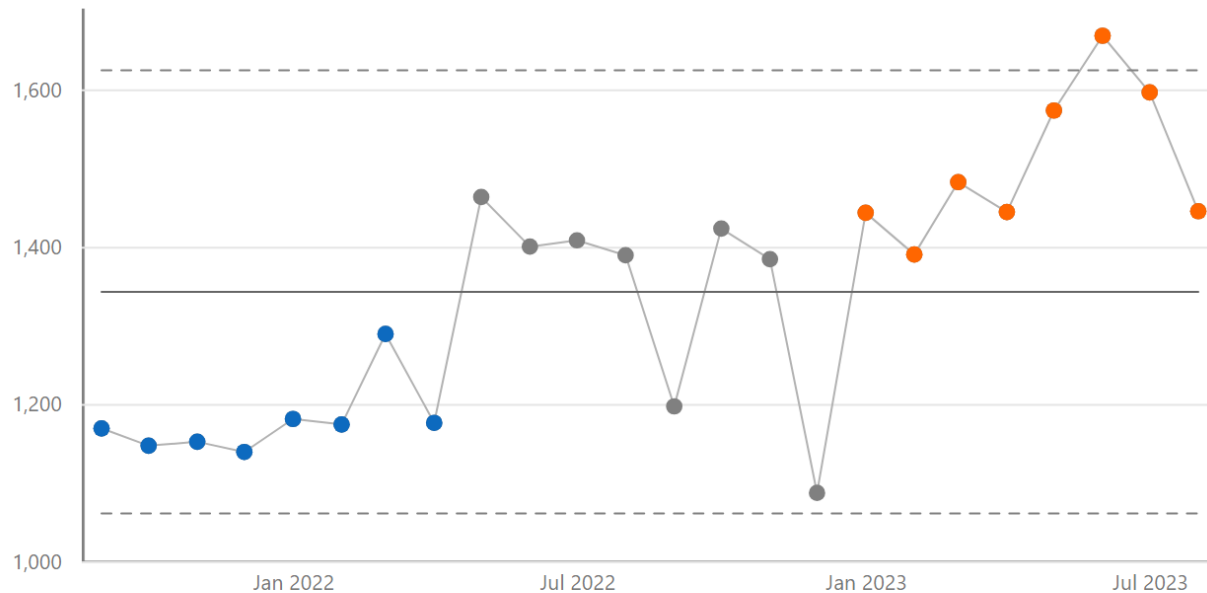
Concern

There is concern because this indicator is increasing



DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Reported safeguarding activity fell to 1,445 which is within the expected range, but it is highlighted as it is the 8<sup>th</sup> successive month above the mean average, suggesting a possible underlying cause.

### Root Cause of the performance issue

Increased safeguarding reporting generally is in line with national trends and linked to greater awareness because of the rollout of level 3 training. In addition, the expected impact of focussed work of the SAPP team is felt to have increased reporting in some localities.

Sapp Triage have highlighted that not all safeguarding incident reports are categorised correctly, and better data is required to enable analysis of safeguarding reporting

### Improvement Actions

SAPP team continue to have oversight of all reported safeguarding incidents and continue to provide support advice and supervision where required across all clinical localities.

An amendment to the data recording of outcome options via SAPP triage is to be implemented to better understand potential issues with reporting that may be impacting increased safeguarding figures and potentially reducing figures in other incident categories such as Violence and Aggression.

### Expected impact and by when

Identification of inaccurate reporting will allow targeted training and improvement around Safeguarding incident reporting to take place. Trial of additional outcome measure from triage ongoing and will run till end of 23

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	472	No Std	Concern	No Standard
North Cumbria Locality Care Group	184	No Std	Concern	No Standard
North Locality Care Group	408	No Std	Concern	No Standard
South Locality Care Group	369	No Std	Normal Variation	No Standard

# Q06 - Aggression and Violence

Risk Rating -

Med (Monitoring)

Aggression and Violence

Performance - 1,555  
Standard - No Std



### No Standard

Assurance cannot be given for this indicator as there is no standard set



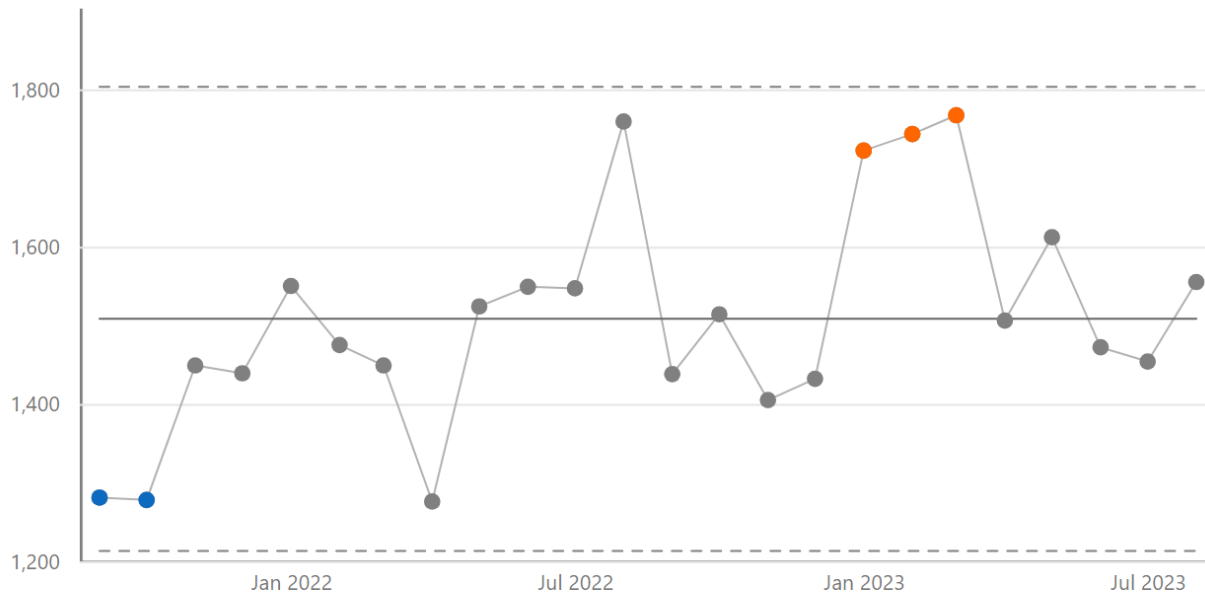
### Normal Variation

The variation for this indicator is within the control limits



### DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

There were 1,555 recorded incidents of aggression and violence during August which falls within the calculated expected range of 1,213 and 1,803 incidents.

### Root Cause of the performance issue

August's activity for aggression and violence has seen a small increase in the Trust from the previous month but is still significantly lower than the same period last year. It can still be seen from assessing the data that the high reporting areas of the Trust continue to be autism in-patient services and children's in-patient services, but even these areas are accounting for a reduction in incidents from the same period last year. In line with developments for the PSIRF plan, aggression and violence is an incident category that will be subject to a greater level of review as it still accounts for every third incident reported in the Trust.

### Improvement Actions

Another reason we are seeing a change in aggression and violence data is in part to the creation of more detailed information in relation to Hate Crime, with a new category created in June and now having activity reported against this and support from the Police across our Trust for these types of incidents. The focus of these incidents is predominantly from patients to staff and in respect of race.

### Expected impact and by when

Development of the Hate Crime information will continue to be evaluated with early learning already shared with the Trust Safety Group.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	228	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	422	No Std	Normal Variation	No Standard
North Locality Care Group	494	No Std	Normal Variation	No Standard
South Locality Care Group	406	No Std	Normal Variation	No Standard

# Q08 - Care Plans compliance

Risk Rating -

Med (Monitoring)

Care Plans compliance

Performance - 94.5%  
Standard - 95.0%



### Consistently Fail

The standard for this indicator is outside the control limits



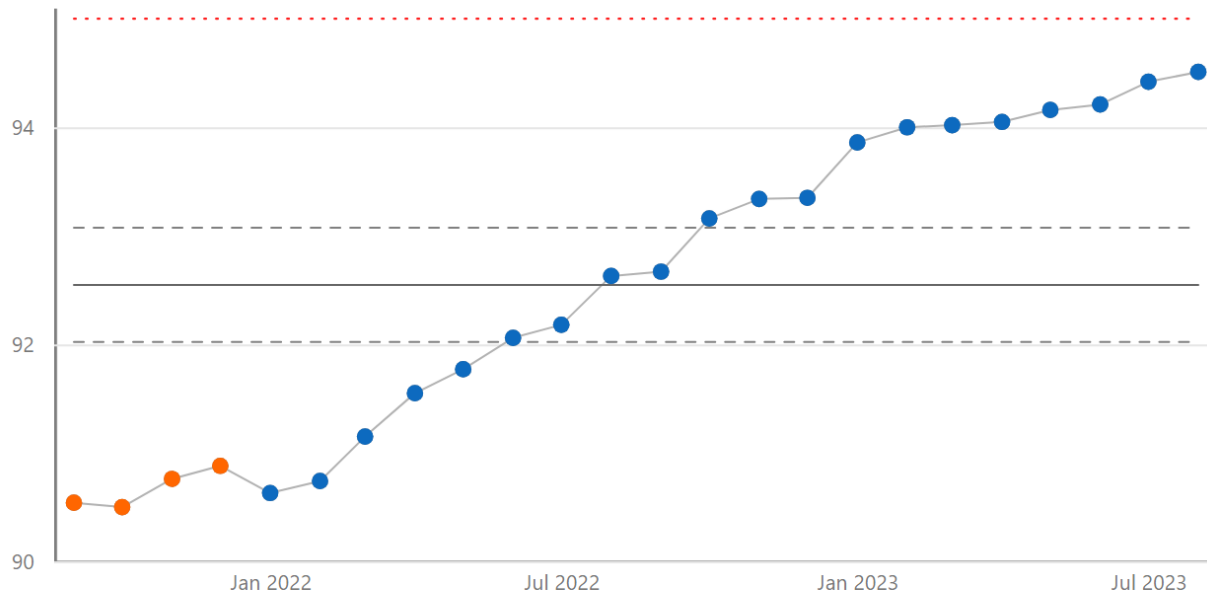
### Improvement

This indicator is increasing which shows improvement



### DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance of 94.5% in August fell just below the standard of 95%. An improvement in recording has been reported over the past 4 months.

### Root Cause of the performance issue

Care plans are often completed but not recorded on RiO accurately.

### Improvement Actions

7 Pioneer teams are being supported to implement dialogue+ potentially from November 2023.

Ongoing implementation of care plan training

There is a programme of work linked to improving the quality of care planning.

### Expected impact and by when

Improvement in the number of care plans completed and recorded on Rio by Quarter 4 as new methodology becomes embedded.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	96.0%	95.0%	Improvement	Consistently Fail
North Cumbria Locality Care Group	87.0%	95.0%	Improvement	Consistently Fail
North Locality Care Group	96.8%	95.0%	Improvement	Consistently Achieve
South Locality Care Group	93.9%	95.0%	Improvement	Consistently Fail

# Q09 - Risk Assessments compliance

Risk Rating -

Med (Monitoring)

Risk Assessments compliance

Performance - 94.9%

Standard - 95.0%



**Achieve at Random**

The standard for this indicator is within the upper and lower control limits



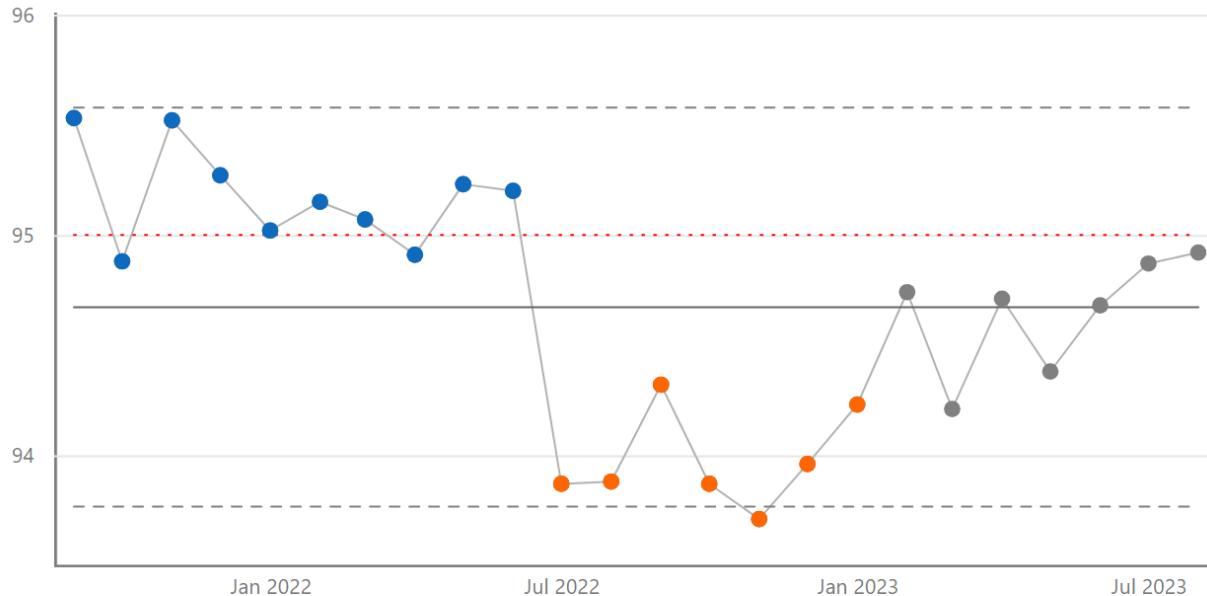
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 94.9% in August fell just below the standard of 95%.

### Root Cause of the performance issue

Some risk assessments have not been reviewed for over 12 months for patients on CPA due to demand and capacity issues within community treatment teams.

North Cumbria is consistently failing and reported below target with a deteriorating position this is adversely affecting an otherwise positive position for all other localities.

### Improvement Actions

This metric is now reported just below standard with an increase in reported performance over the last 3 months following actions implemented within the localities.

Within North Cumbria caseload reallocations and level loading is underway across the community treatments teams following vacancies of posts related to the care co-ordination process for Enhanced CPA patients. The outstanding risk assessments are being allocated for completion.

### Expected impact and by when

The metric is expected to continue to improve and reach the target during Q2.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	97.3%	95.0%	Improvement	Achieve at Random
North Cumbria Locality Care Group	86.6%	95.0%	Concern	Consistently Fail
North Locality Care Group	97.9%	95.0%	Normal Variation	Consistently Achieve
South Locality Care Group	97.0%	95.0%	Normal Variation	Achieve at Random

# Q10 - CPA Completed review

Risk Rating -

**High (Action)**

Number of current Service Users, aged 18 or over, who were on CPA for at least 12, who have had a review in the last 12 months.

**Performance - 79.8%**  
**Standard - 95.0%**



### Consistently Fail

The standard for this indicator is outside the control limits



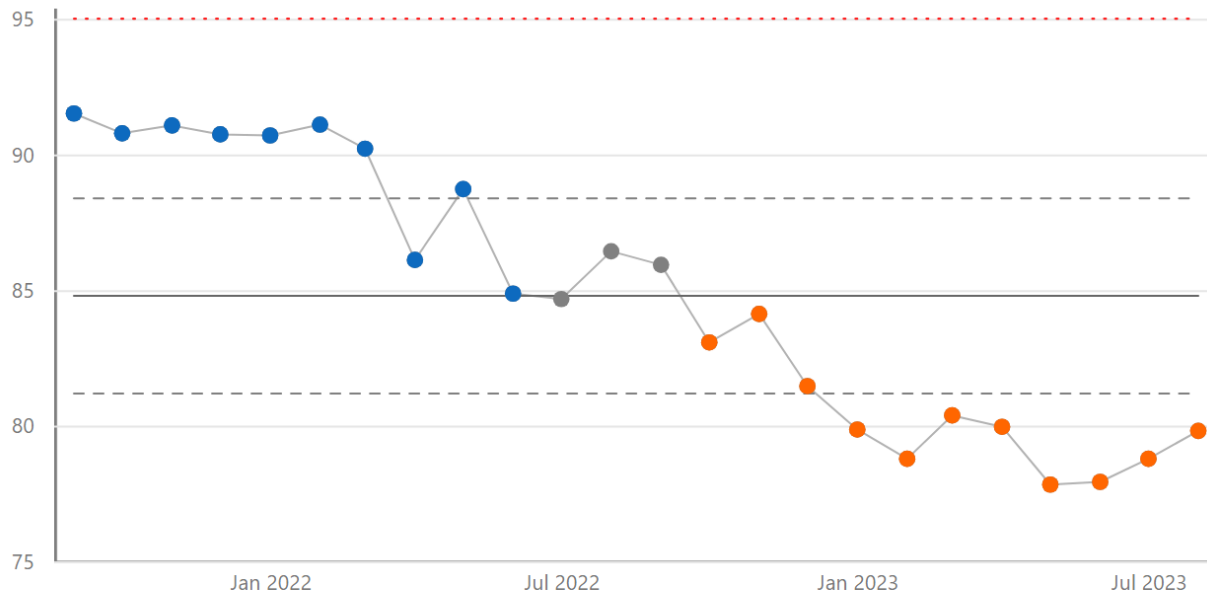
### Concern

There is concern because this indicator is decreasing



### DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

CPA completed reviews have fallen steadily over the last 2-year period and at 79.8% for August remained below the 95% standard.

### Root Cause of the performance issue

Due to known changes with CPA there is potential that focus has shifted. Reminders have been issued to express this is still a current trust priority area.

Several teams which do not hold responsibility for CPA, such as PLT, IPS, Addictions and Adult ADHD and ASD diagnostic teams are still included in CPA metrics. They fail this measure when a service user is open to another team which has not completed CPA requirements for the individual. This is difficult for the teams to recover.

### Improvement Actions

There has been a focus on process elements regarding CPA and ensuring this is complete with staff being reminded this is an important measure of quality of care.

Raising awareness of the impacts on other teams when CPA requirements are not met by care coordinating team.

Oversight by pathway managers to ensure CPA reviews are planned

Caseloads are currently under review within the 7 Pioneer teams

Monthly narrative and assurance templates are in place for Teams not meeting standards within some localities

### Expected impact and by when

Implemented actions are starting to show in the data and expectations are for continued improvements over coming months.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	87.6%	95.0%	Concern	Consistently Fail
North Cumbria Locality Care Group	49.2%	95.0%	Concern	Consistently Fail
North Locality Care Group	93.4%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	85.2%	95.0%	Concern	Achieve at Random



# Q11 - Staffing fill rates

Risk Rating -

High (Action)

Staffing fill rates - All day/night and Reg/Unreg

Performance - 122.5%  
Standard - 120.0%



**Consistently Fail**

The standard for this indicator is outside the control limits



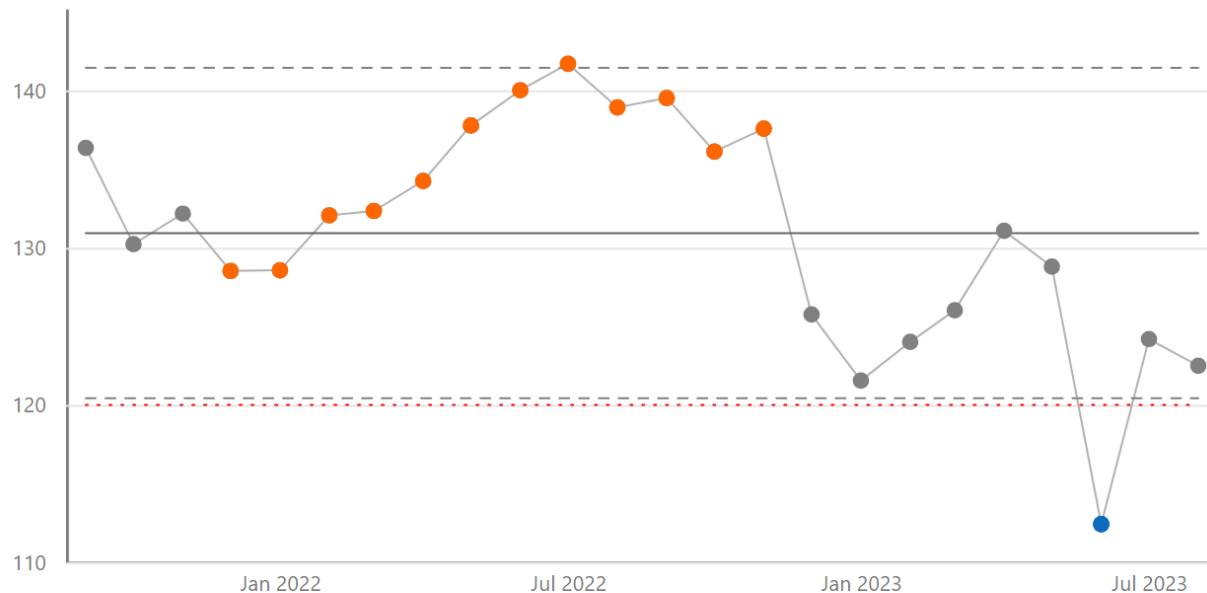
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Staffing fill rate was 122.5% in August 2023, remaining within the expected range of 121% to 142%.

### Root Cause of the performance issue

There remain vacancies across inpatient services.

South and Central are consistently failing to have staffing fill rates less than 120% affecting the overall performance of this measure.

### Improvement Actions

Recruitment activities continue.

Rollout of new shift allocation software across wards.

Reviews of all agency usage.

### Expected impact and by when

That there is a safe reduction in agency and locum usage during 2023/24, alongside an increase in the number of substantive CNTW staff working on the wards.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	127.0%	120.0%	Improvement	Consistently Fail
North Cumbria Locality Care Group	116.9%	120.0%	Normal Variation	Achieve at Random
North Locality Care Group	109.7%	120.0%	Improvement	Achieve at Random
South Locality Care Group	132.3%	120.0%	Normal Variation	Consistently Fail

# A01 - Out of Area Placement bed days

Risk Rating -

**High (Action)**

Out of Area Placement bed days

Performance - 237

Standard - 186



### Achieve at Random

The standard for this indicator is within the upper and lower control limits



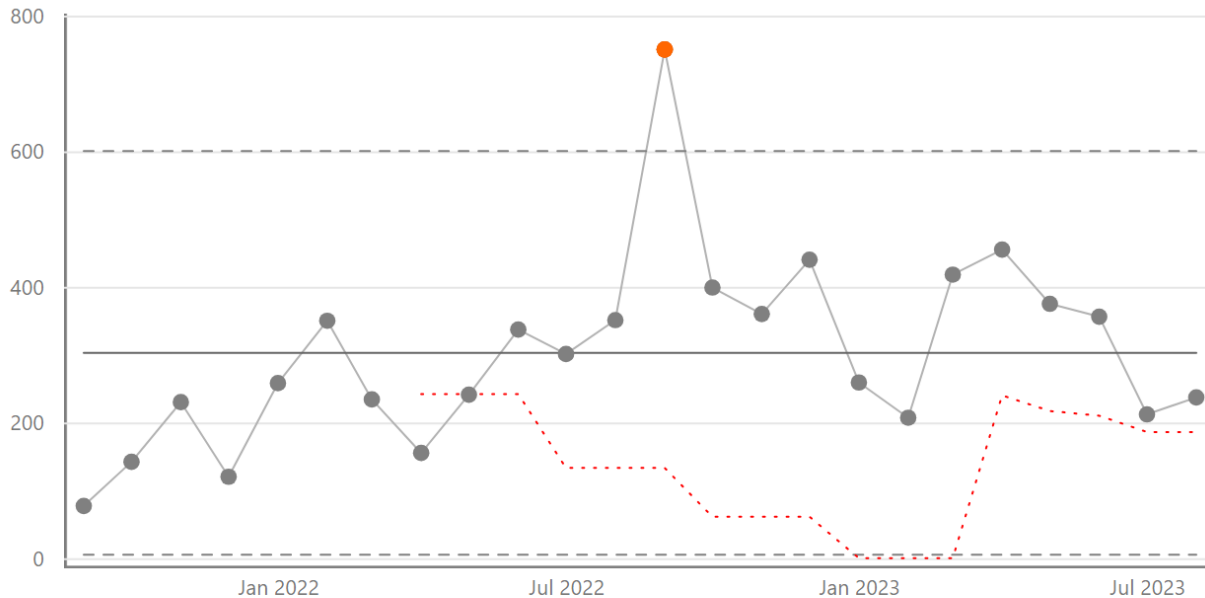
### Normal Variation

The variation for this indicator is within the control limits



### DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

There were 237 Out of Area Placement bed days in August 2023, the number of Out of Area bed days reported has increased in the month relating to 13 patients all within the adult acute pathway.

### Root Cause of the performance issue

Patient needing an inpatient admission when there are no appropriate CNTW beds available. The main pressure continues to be within Adult Acute beds.

### Improvement Actions

Working with Local Authorities to ensure there are effective discharge process in place to ensure that there are minimal barriers to discharge ensure an efficient flow through wards.

Increasing social work skills into discharge teams.

Implementation of the new admission & discharge standards.

Continuous learning and development, sharing practices between wards to improve the therapeutic milieu impacting the length of stay.

Community transformation and improving services to prevent emergency admissions.

### Expected impact and by when

Reduction in the number of Out of Area beds usage – expected December 2023.

Locality      Performance    Standard    Variation    Assurance

No Locality breakdown currently available

# A02 - Bed Occupancy including leave (open beds on RiO)

Risk Rating -

High (Action)

Bed Occupancy including leave (open beds on RiO)

Performance - 92.8%

Standard - 85.0%



**Consistently Fail**

The standard for this indicator is outside the control limits



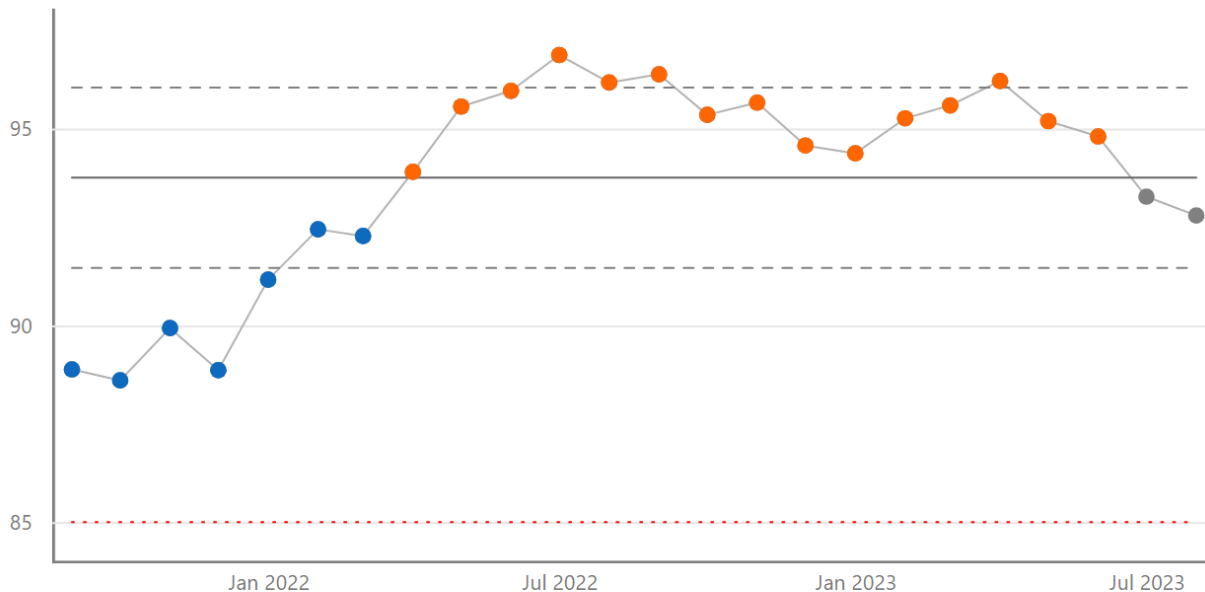
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Bed occupancy reduced slightly again to 92.8% which is within the expected range of 91.4% to 96.0%, though still above the optimal level of 85%.

### Root Cause of the performance issue

More bed days are used than originally planned.

Bed occupancy remains over standard which is reflective of the national picture and pressures.

### Improvement Actions

New ward comparison data helps make comparisons of bed occupancy across different wards in locality and across the trust.

Daily flow meetings to support flow.

Localities are working closely with the bed management team to try to ensure that local leadership team have oversight and influence around acuity and level loading.

### Expected impact and by when

Reduction in the number of bed days required by 31/03/2024.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	93.6%	85.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	81.8%	85.0%	Normal Variation	Achieve at Random
North Locality Care Group	95.4%	85.0%	Normal Variation	Consistently Fail
South Locality Care Group	94.9%	85.0%	Normal Variation	Consistently Fail

# A05 - Clinically Ready for Discharge (formerly DTOC)

Risk Rating -

High (Action)

Percentage of patients clinically Ready for Discharge (formerly DTOCs) at the end of the month (Q&P Metric 298: Current Delayed Transfers of Care days (Incl Social Care))

Performance - 9.7%  
Standard - 7.5%



**Consistently Fail**

The standard for this indicator is outside the control limits



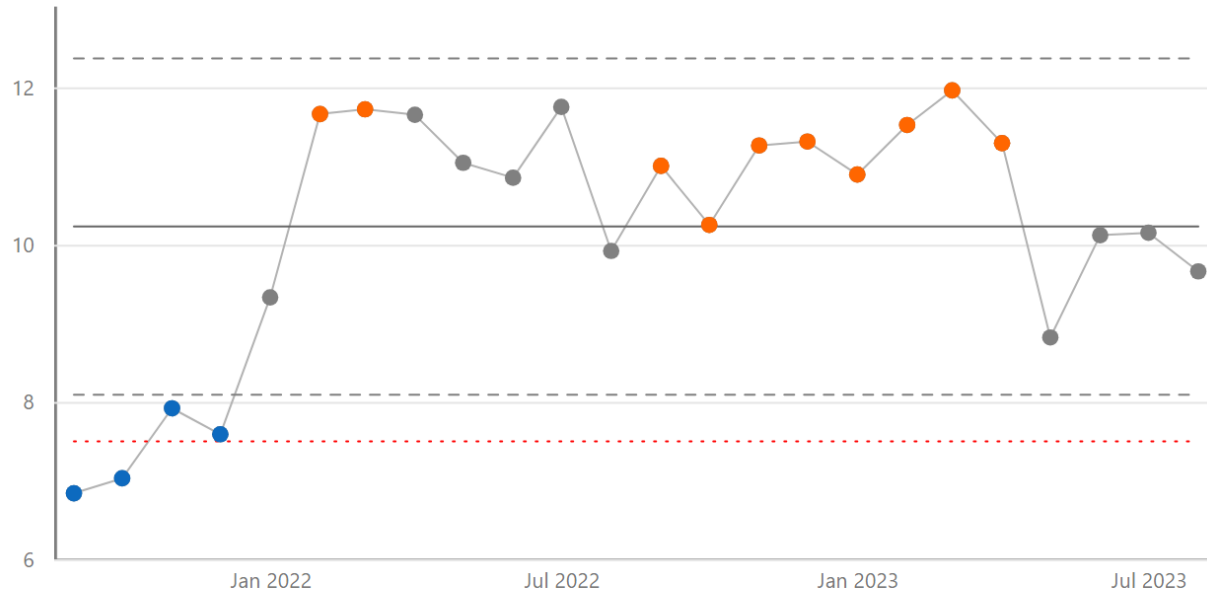
**Normal Variation**

The variation for this indicator is within the control limits



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

In the month, 9.7% of patients were reported as clinically ready for discharge. This measure will consistently fail without change. Improvement across all localities in the month

### Root Cause of the performance issue

The availability of onward discharge destinations for patients that are clinically ready for discharge; delays caused by health (such as care agreements) or social care (such as housing).

North Cumbria has long standing issues, across both the NHS acute hospital and mental health bed bases, the availability of onward discharge destinations for patients that are clinically ready for discharge; delays caused by health or social care are an issue across North Cumbria.

### Improvement Actions

- A discharge plan for each patient is in place supporting their timely discharge from the point of admission.
- Roll out of patient flow standards and 'Red to Green'.
- Social work and discharge team pilot – implantation as a standard approach and team.
- Weekly meetings across the localities to case manage patients discharges.
- Fortnightly meeting with Local Authority and ICB Place commissioners to discuss CRFD.
- Engagement with Commissioners where specific care packages are required.

### Expected impact and by when

Reliance on system wide approach including appropriate accommodation. Ongoing work to improve.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	7.2%	7.5%	Concern	Consistently Achieve
North Cumbria Locality Care Group	19.7%	7.5%	Normal Variation	Consistently Fail
North Locality Care Group	11.6%	7.5%	Normal Variation	Achieve at Random
South Locality Care Group	7.4%	7.5%	Normal Variation	Achieve at Random

# A06 - Crisis % Very urgent seen within 4 hours (WAA&OP)

Risk Rating -

Med (Monitoring)

% of referrals (Adults and OA) with a priority of Very Urgent who have an attended Direct Contact within 4 hours following receipt of the referral

Performance - 51.6%  
Standard - No Std



### No Standard

Assurance cannot be given for this indicator as there is no standard set



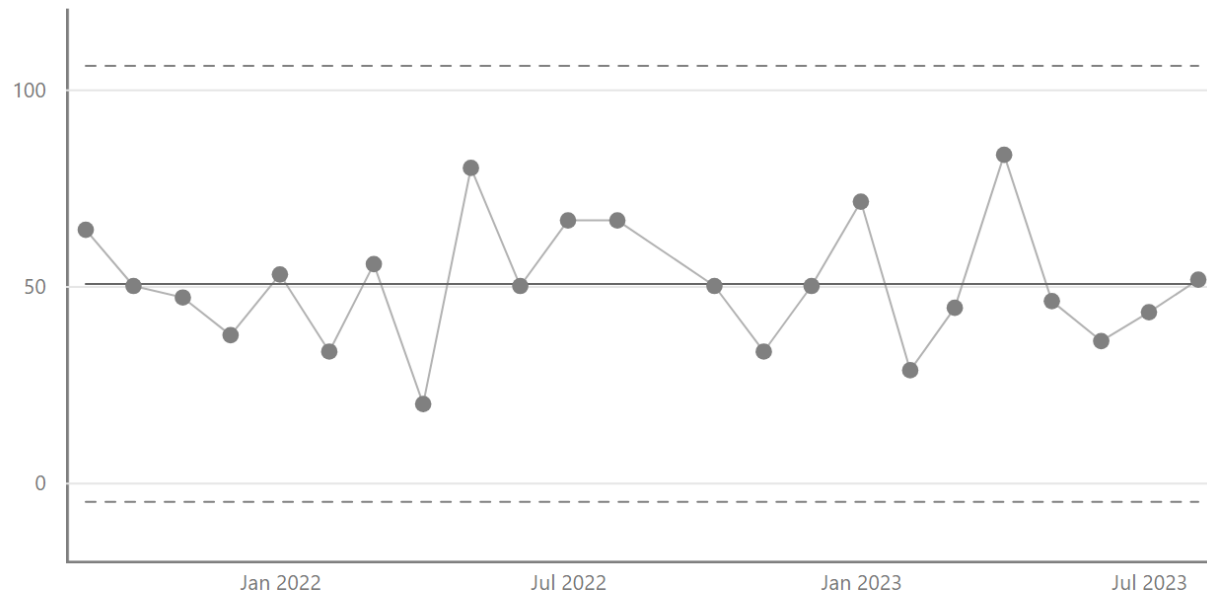
### Normal Variation

The variation for this indicator is within the control limits



### DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Very urgent referrals seen within 24 hours increased for the second consecutive month to 51.6% in August 2023. **Root Cause of the performance issue**

- Data fluctuates due to low referral numbers.
- Accurate recording of the referral urgency
- The ability to respond in a timely way to crisis referrals. North Cumbria significantly underperforming.
- Difference in models across the Trust mean areas performance has variation.
- Breaches of the standard may be where staff are unable to reach the patient or the patient does not attend.

### Improvement Actions

- Urgent and Inpatient Transformation Programme will involve improving the 136 suite flow, developing alternatives to admission, community interface, discharge model/in-reach and the development of 111 for Mental Health.
- There is a monthly performance focus with operational leads regarding the Crisis measures at an Access Oversight Group
- Reintroduction of the access and urgent care sub group. Guidance to be reviewed within meeting and reflect how to embed the re-prioritisation of the referral when needed.
- Ensure staff record accurately record the urgency of the referral.

### Expected impact and by when

- Improvement in North Cumbria position – end of Q3.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	66.7%	No Std		No Standard
North Cumbria Locality Care Group	30.8%	No Std		No Standard
North Locality Care Group	66.7%	No Std		No Standard
South Locality Care Group	100.0%	No Std		No Standard

# A08 - % PLT ED Referrals seen within 1 hour

Risk Rating -

Med (Monitoring)

% Psychiatric Liaison Team Emergency Dept Referrals seen within 1 hour

Performance - 55.0%  
Standard - No Std



No Standard

Assurance cannot be given for this indicator as there is no standard set



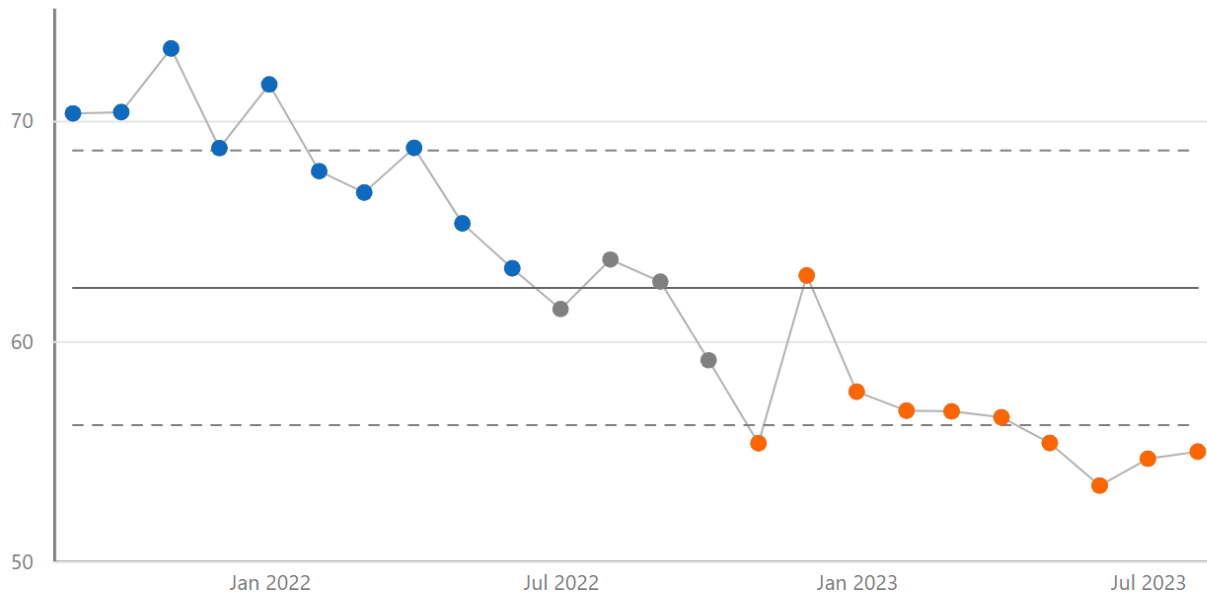
Concern

There is concern because this indicator is decreasing



DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance was 55% in August which was below the expected range of 56% to 69%. It is the 11<sup>th</sup> consecutive month showing performance below the rolling 24-month mean average of 62.4% suggesting an underlying change.

### Root Cause of the performance issue

- Issue with ED staff referring to PLT when patient is not medically fit, patients having physical needs seen to or they refuse to be seen which then causes breach of target.
- The challenges are in North and Central, with the South and North Cumbria performing in line with national averages
- Staffing (recruitment/retention/sickness) remains a challenge.
- Incorrect appointment recording which impacts on performance.

### Improvement Actions

- Five week improvement analysis commenced with Trust innovations to understand variability in recording and clinical pathway variation across localities.
- Plans to address staffing challenges and capacity constraints (central).
- Education ongoing with ED colleagues in relation to appropriate times to refer to PLT.
- Ensuring there is a consistent and embedded approach to recording practices.
- Introduction of a shift coordinator role with North locality.
- Building a PLT dashboard and new improved recording process to act on a 'live' basis.

### Expected impact and by when

- Outputs from 5 week improvement analysis will determine trajectory for improvement in Central and North localities. To be reported to Q&P Committee – November.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	41.6%	No Std	Concern	No Standard
North Cumbria Locality Care Group	65.8%	No Std	Normal Variation	No Standard
North Locality Care Group	50.5%	No Std	Normal Variation	No Standard
South Locality Care Group	71.3%	No Std	Normal Variation	No Standard

# A11 - <18 weeks wait to Treatment Adults & Older Adults

Risk Rating -

Med (Monitoring)

Percentage of referrals waiting < 18 weeks for treatment (from Q&P Metric 1873,1882)

Performance - 70.1%  
Standard - No Std



No Standard

Assurance cannot be given for this indicator as there is no standard set



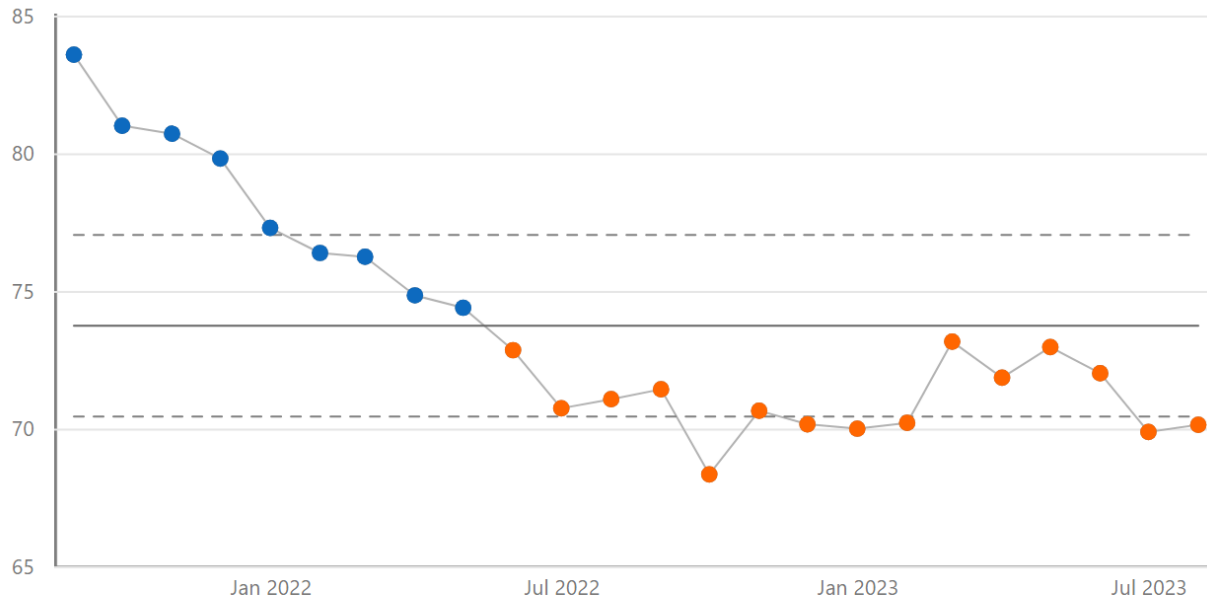
Concern

There is concern because this indicator is decreasing



DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance was at 70.1% in August 2023 and has remained similar since June 2022

### Root Cause of the performance issue

- Staffing pressures resulting in significant floating caseloads (reallocations) in some teams, reducing the capacity for assessment and treatment of new referrals.
- Data quality errors which are being corrected with action plans in place
- North Cumbria performance within Working Age Adults (WAA)

### Improvement Actions

- Continued data quality work across all localities e.g. unoutcomed appointments which would potentially help to move waiters through the system to improve reporting.
- Monitoring and scrutiny of waiting times within Access and Oversight Group and monthly waiting times update report to Q&P Committee
- North Cumbria recovery actions for WAA:
  - Non completion of HoNOS- task & finish group arranging to complete all outstanding HoNOS
  - Removal of non-commissioned activity i.e. s117 reviews, this will release more capacity.
  - Introduction of Everyturn starting in October 2023. CNTW have contracted with them for case load of 450.
  - Introduction of waiting list groups to bring forward review of those waiting and offer increased support/alternative intervention

### Expected impact and by when

- Reduction in the number of people waiting over 4 weeks for treatment by Q4.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	82.3%	No Std	Improvement	No Standard
North Cumbria Locality Care Group	50.1%	No Std	Concern	No Standard
North Locality Care Group	81.3%	No Std	Normal Variation	No Standard
South Locality Care Group	82.9%	No Std	Improvement	No Standard

# A12 - <18 weeks waits to Treatment - All CYPS

Risk Rating -

Med (Monitoring)

Percentage of CYPS referrals waiting < 18 weeks for treatment (from Q&P Metric 1953)

Performance - 39.3%  
Standard - No Std



No Standard

Assurance cannot be given for this indicator as there is no standard set



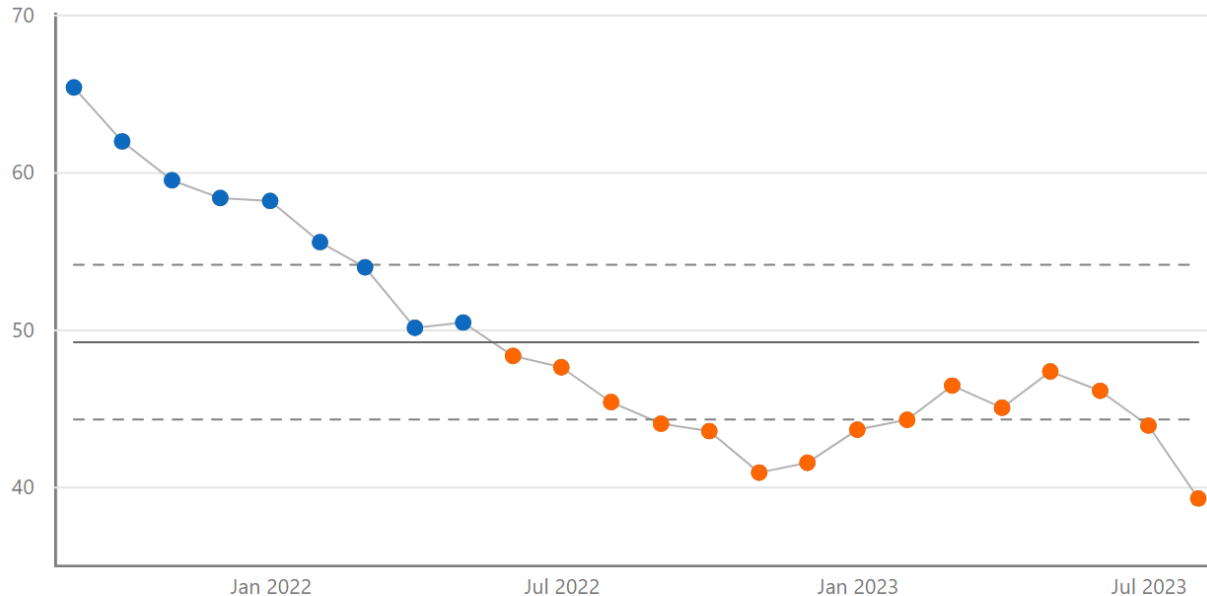
Concern

There is concern because this indicator is decreasing



DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance decreased again to 39.3% in August, the third decrease in successive months.

### Root Cause of the performance issue

- The two main issues have been the increase in complexity of presentations to services, and an increasing trend of referrals, particularly in Neurodevelopmental assessment pathways.
- Engagement with families over the holiday period
- Data quality
- 62% of CYPS waiting over 18 weeks are within Central Locality
- 88% (3,492 out of 3,956) of CYPS waiting over 18 weeks are on a Neurodevelopmental Pathway

### Improvement Actions

- A waiting times update report is submitted to the Q&P Committee monthly
- Engagement with schools
- Additional commissioned capacity from the independent sector
- Continued work in all areas to increase patient flow
- Dedicated workstreams to reduce the number of children and young people waiting
- Continued data quality work e.g. unoutcomed appointments which would potentially help to move waiters through the system to improve reporting.
- Training is provided to teams regarding monitoring of dashboards
- Oversight and scrutiny of waiting times within Access and Oversight Group

### Expected impact and by when

- Reduction in the number of people waiting over 4 weeks for help by Q4.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	31.1%	No Std	Concern	No Standard
North Cumbria Locality Care Group	41.7%	No Std	Concern	No Standard
North Locality Care Group	74.9%	No Std	Concern	No Standard
South Locality Care Group	41.1%	No Std	Concern	No Standard



# A13 - <18 wk waits to Treatment CYPS Neurodevelopmental

Risk Rating -

Med (Monitoring)

Percentage of CYPS Neuro referrals waiting < 18 weeks for treatment filtered by team & referral reason from (Q&P Metric 1953)

Performance - 33.6%  
Standard - No Std



### No Standard

Assurance cannot be given for this indicator as there is no standard set



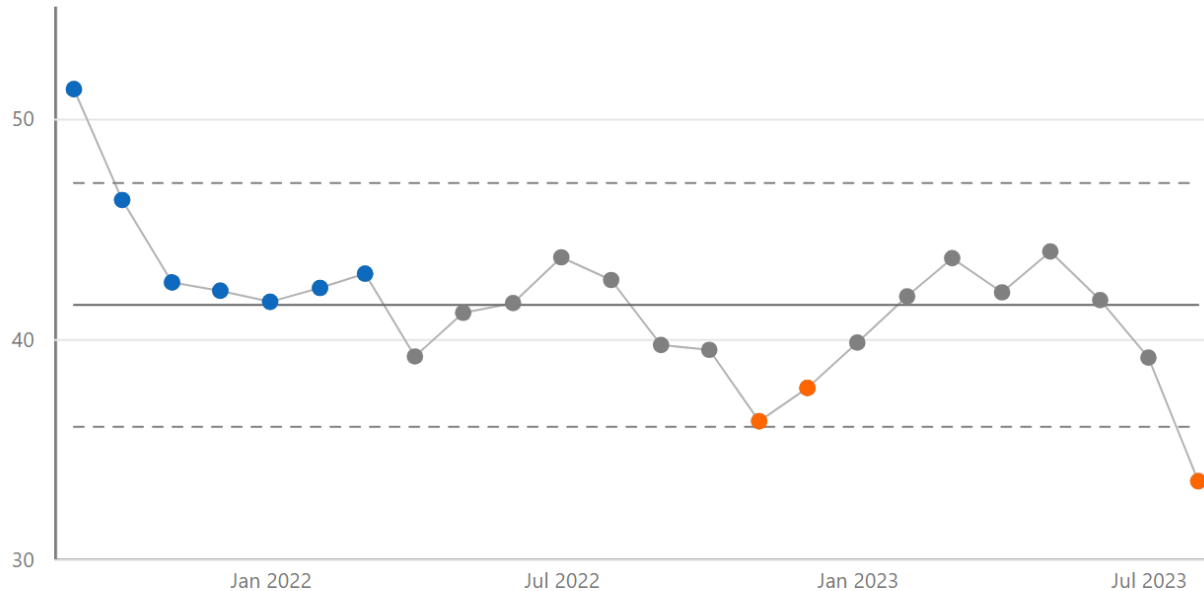
### Concern

There is concern because this indicator is decreasing



### DQ - Investigation

There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance fell to 33.6% in August, the third month of successive decreases.

### Root Cause of the performance issue

- Referrals have increased significantly and are outstripping current capacity.
- Increase in the number of CYPS who remain under CNTW care for ongoing monitoring following ADHD diagnosis.
- 88% (3,492 out of 3,956) of CYPS waiting over 18 weeks are on a Neurodevelopmental Pathway

### Improvement Actions

- Trust wide CYPS neurodevelopment task and finish group to look at standardising practice.
- Final redesigned pathway to be clearly defined by end of September 2023 and presented to the community oversight group in October 2023.
- Introduction of Welcome events
- Monitoring and scrutiny of waiting times within Access and Oversight Group
- ICB report to agree system approach to improvement and pathway redesign.
- Temporary staffing cover has been organised to keep patients safe who are receiving medications.
- Patients over 17 are being review to see their eligibility for a referral to the Adult ADHD service provided by Psychiatry UK.
- The service is engaging with the trust wide ADHD workshop which has developed an number of actions commencing in Q2.

### Expected impact and by when

- Currently the forecast is that the waiting times will continue to increase.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	25.6%	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	35.0%	No Std	Concern	No Standard
North Locality Care Group	73.0%	No Std	Concern	No Standard
South Locality Care Group	31.6%	No Std	Concern	No Standard

# A15 - CYPS Eating Disorders (routine referrals)

Risk Rating -

Med (Monitoring)

Percentage of eating disorder CYPS referrals that waited <= 4 weeks routine completed (Q&P Metric 1865)

Performance - 61.5%  
Standard - 95.0%



### Achieve at Random

The standard for this indicator is within the upper and lower control limits



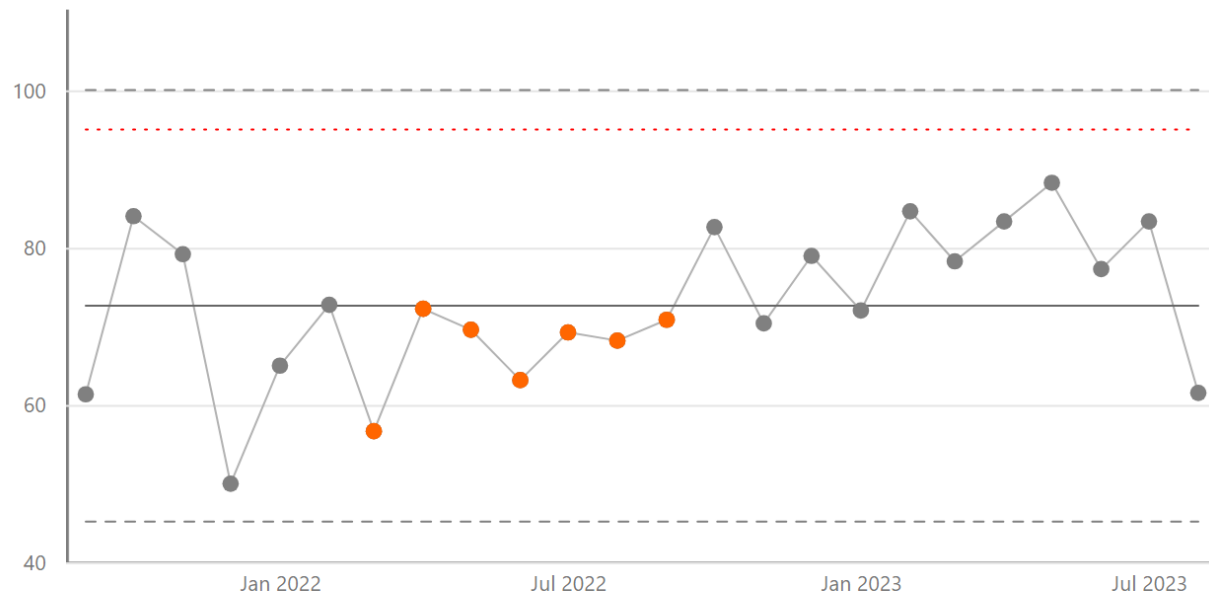
### Normal Variation

The variation for this indicator is within the control limits



### DQ - No Concern

There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

61.5% of routine referrals waited <4 weeks in August, which is within the expected range of 45% and 100%. This range suggests that the standard of 95% will rarely be achieved.

### Root Cause of the performance issue

Prior to the pandemic referrals to ED services were increasing, during the pandemic referrals more than doubled, the number of Routine ED referrals are still above those planned for the service.

### Improvement Actions

The trajectory of Routine referrals is falling back to the pre pandemic levels, if the number of routine referrals continues to decline this will positively impact the access time, we

The ICB improvement programme for CYPS ED services, linked to the 22/23 SDIP is underway. We are now in receipt of the report which makes recommendations to the ICB regarding the future of CYPS ED services. This document has been considered by CNTW and a response has been provided to the ICB. The recommendations in the report are due to be considered by the ICB.

### Expected impact and by when

It is forecast that report will be considered by the ICB Board, following which new service specifications and other changes will go on to be agreed.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	100.0%	95.0%		
North Cumbria Locality Care Group	66.7%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	100.0%	95.0%		
South Locality Care Group	0.0%	95.0%		

# S01 - Live within our means (I&E Surplus/Deficit £)

Risk Rating -

High (Action)

Live within our means (I&E Surplus/Deficit £)

Actual/Forecast - 2.3M  
Plan - 1.19M

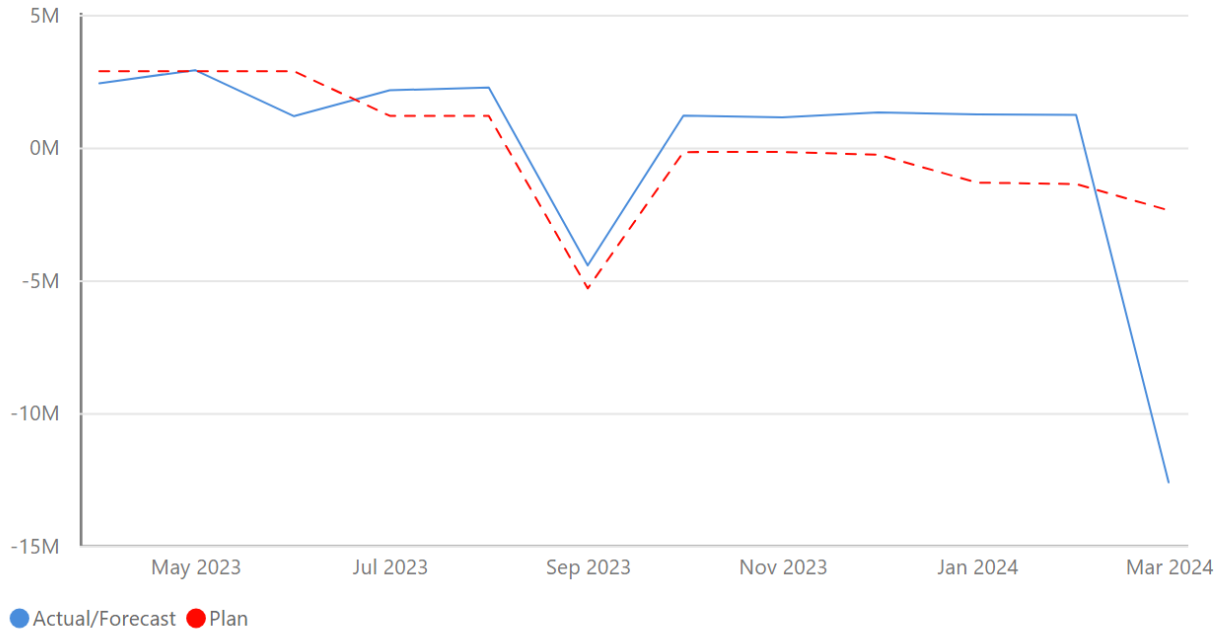
Not Applicable

Not Applicable



**DQ - No Concern**

There are currently no concerns with the data quality of this indicator



## Feedback


- Budget overspends across clinical groups (North & Central highlighted) driven from ward over establishments.
- Overspends across Corporate budgets, over established staffing budgets.

## Improvement Actions

- Clinical groups engaged in daily staffing reviews for mental health wards.
- Areas of concern highlighted and managed through monthly BDG Finance meeting

Locality Name	Off Budget (£1,000)
Central	476
North	273
North Cumbria	-155
South	-247
Corporate	717

## 9. WINTER PLANNING UPDATE

 Ramona Duguid, Chief Operating Officer

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### REFERENCES

Only PDFs are attached

 9. Winter Planning Response for BoD - Oct 23.pdf

<b>Name of meeting</b>	<b>Board of Directors</b>
<b>Date of Meeting</b>	<b>Wednesday 4<sup>th</sup> of October</b>
<b>Title of report</b>	<b>Winter Planning Preparedness</b>
<b>Executive Lead</b>	<b>Ramona Duguid, Chief Operating Officer</b>
<b>Report authors</b>	<b>Stewart Gee - Director of Safety Security, Resilience and Trust Innovation</b>

<b>Purpose of the report</b>	
<b>To note</b>	✓
<b>For assurance</b>	
<b>For discussion</b>	
<b>For decision</b>	

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>	
<b>1. Quality care, every day</b>	✓
<b>2. Person-led care, when and where it is needed</b>	✓
<b>3. A great place to work</b>	
<b>4. Sustainable for the long term, innovating every day</b>	✓
<b>5. Working with and for our communities</b>	✓

<b>Meetings where this item has been considered</b>		<b>Management meetings where this item has been considered</b>	
Quality and Performance		Executive Management Group	✓
Audit		Business Delivery Group	✓
Mental Health Legislation		Trust Safety Group	
Remuneration Committee		Locality Operational Management Group	
Resource and Business Assurance			
Charitable Funds Committee			
Provider Collaborative/Lead Provider			
People			
CEDAR Programme Board			
Other/external (please specify)			

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

# Winter Preparedness Report

## Board of Directors October 2023

### 1. Introduction

At the end of July, we received the guidance from NHS England setting out the national approach to 2023/24 winter planning, and the key steps we must take together across all parts of the system to meet the challenges ahead.

The guidance mainly focusses on supporting Acute Trusts setting out key steps to help achieve two key ambitions for Urgent and Emergency Care recovery of:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

To help achieve these ambitions, NHS England will ensure that systems have clarity over finances well before winter to allow them to plan effectively and further roll-out the measures that will improve services for patients. NHS England have invested extensively in this, including:

- £1 billion of dedicated funding to support capacity in urgent and emergency services, building on the £500 million used last winter.
- £250 million worth of capital investment to deliver additional capacity.
- £200 million for ambulance services to increase the number of ambulance hours on the road.
- Together with DHSC, an additional £1.6 billion of discharge funding over 2023/24 and 2024/25, building on the £500 million Adult Social Care Discharge Fund.

### 2. Planning for Winter

NHS England are clear that the challenges are not just in ambulance services or emergency departments, and recovery requires all types of providers to work together to provide joined-up care for patients. Integrated Care Boards (ICBs) will play a vital role in system leadership but the actions we take need to extend across the wider health and care system including mental health services, services for children and young people, community health services, primary care and the voluntary, community and social enterprise (VCSE) sector.

They set out **four** areas of focus for systems to help prepare for winter:

**a) Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place**

Together with systems, providers, and clinical and operational experts we have identified **10 evidence-based high-impact interventions (see appendix A)**. These are focused around reducing waiting times for patients and crowding in A&E departments, improving flow and reducing length of stay in hospital settings. Delivering on these will be key to improving resilience in winter.

**b) Completing operational and surge planning**

NHS England have already carried out a detailed operational planning round for 2023/24 but are now asking each system to review their operational plans, including whether the assumptions regarding demand and capacity remain accurate. Although this will cover surge planning for the whole winter, specific plans should be made for the Christmas/New Year/early-January period which is often the most challenging time of the entire year.

In addition to this, and recognising the importance of planning for multiple scenarios, all systems are being asked to identify how they will mobilise additional capacity across all parts of the NHS should it be required to respond to peaks in demand driven by external factors e.g., very high rates of influenza or COVID-19, potential further industrial action.

**c) ICBs should ensure effective system working across all parts of the system**

ICBs will play a vital role in system leadership and co-ordination but it is important that all parts of the system play their role. To help systems and providers plan, a set of recommended winter roles and responsibilities have been developed to ensure clarity on what actions should be undertaken by each part of the system. These will require broad clinical leadership to implement, and systems should be using these to develop their winter planning return, reflecting how these relate to the circumstances within their individual system.

DHSC is also writing to local authorities and the adult social care sector shortly to set out priority actions for improving winter resilience and encouraging cross-system working with the NHS on winter planning.

**d) Supporting our workforce**

It is crucial that employers ensure that they take steps to protect and improve the wellbeing of the workforce. Last winter, flu returned at scale. It is vitally important that the public and the health and care workforce are protected against flu and other infectious diseases, and the best way of doing this is to ensure they are vaccinated. Providers should also ensure that they have an established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.

In addition to the 4 areas of focus listed above we are also prioritising resource to plan for and support the organisation and service delivery during Industrial action involving both Consultant and Junior Doctor staff.

### 3. Responsibilities for CNTW

NHS England sets out below the expectations on Mental Health Trusts.

To Lead and support the delivery of high-impact interventions **3, 4** and **9** across mental health provider pathways:

<b>3</b>	Inpatient flow and length of stay (acute): reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
<b>4</b>	Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
<b>9</b>	Single point of access: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment

- Ensure plans are in place so that individuals know how to access mental health services with access to effective assessment and help in a timely manner and that crisis alternatives are in place to help reduce reliance on A&E (recognising that A&E is still an appropriate way of seeking help and people presenting with mental health issues also may have urgent physical health care needs). This should include making reasonable adjustments to pathways and therapeutic interventions for people with a learning disability and autistic people who seek mental health support.
- Where individuals do seek help for mental health issues via A&E, ensure processes are in place for assessment and onward support, including adjustments to meet the needs of autistic people and people with a learning disability. Ensure there are clear escalation processes for A&E where there is considerable delay in receiving specialist support.
- Mental health, learning disability and autism services should ensure maximum uptake of vaccinations for their populations, both inpatient and community. This is vital given the high incidence of COPD and other co-existing long-term conditions such as diabetes which can compromise response to flu and Covid-19.
- Ensure tools are in place to understand demand, activity, workforce and capacity in mental health provider pathways. This should be shared across the system to give a comprehensive view of mental health pressures and where support may be required that could alleviate pressure on both mental health and UEC pathways.



- Ensure access to emergency housing funds to enable discharge of patients with no fixed abode (NFA) to ensure that they can be supported with follow up crisis / community care and support.
- Lead delivery of actions from the NHS Long Term Plan and Delivery Plan for Recovering Urgent and Emergency Care Services that support winter pressures, particularly:
- Strengthen ambulance response to mental health by deploying multidisciplinary professionals to support 999 mental health demand and preparing for the rollout of mental health response vehicles.
- Optimising flow through mental health inpatient settings through system-wide focus on reducing delayed discharges and avoidably long length of stay in mental health inpatient settings. Work collaboratively with social care and other system partners who play a key role in timely discharge.
- Continuing to raise profile of all-age 24/7 urgent mental health helplines and other complementary crisis support services – including those for people with a learning disability and autistic people, such as intensive support teams, ensuring delivery of NHS 111 ‘select mental health option’ and working towards crisis text line implementation.
- Supporting children and young people with mental health needs in acute paediatric settings by adopting the new integration framework for systems to support children and young people with mental health needs within acute paediatric settings, and to take up NHS England (Workforce, Training and Education directorate) commissioned CYP crisis telephone training to support crisis mental healthcare staff. Maximise the uptake of training on learning disability and autism appropriate to their role, to ensure preparedness to be able to meet the needs of autistic people and people with a learning disability.

#### **4. Next Steps**

As part of the normal working arrangements, work is taking place across localities to review the plans in place to deliver the system priorities, this includes the standard operating procedures we implement in relation to business continuity. This will include the ongoing arrangements in relation to Industrial Action. The Trust will engage with the ICB on the local plans being developed in the context of available winter funding.

#### **5. Recommendations**

The Board of Directors are asked to NOTE that arrangements are in place to respond to the national priorities for winter planning, in addition to the ongoing arrangements which will be required this winter to respond to Industrial Action requirements.

## Appendix A:


### 10 High-Impact Interventions

1. **Same Day Emergency Care:** reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2. **Frailty:** reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3. **Inpatient flow and length of stay (acute):** reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4. **Community bed productivity and flow:** reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
5. **Care transfer hubs:** implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6. **Intermediate care demand and capacity:** supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
7. **Virtual wards:** standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
8. **Urgent Community Response:** increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
9. **Single point of access:** driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g., home treatment
10. **Acute Respiratory Infection Hubs:** support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

10. WORKFORCE ISSUES - NO ISSUES TO REPORT FOR THIS PERIOD

11. REGULATORY / COMPLIANCE ISSUES - NO ISSUES TO REPORT FOR THIS PERIOD.

## 12. INTEGRATED CARE SYSTEM / INTEGRATED CARE BOARD UPDATE

 James Duncan, Chief Executive

verbal update

## 13. FINANCE REPORT

 Kevin Scollay, Executive Director of Finance

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### REFERENCES

Only PDFs are attached

 13. Mth 5 Finance Board - Closed.pdf

<b>Name of meeting</b>	<b>Board of Directors Meeting</b>
<b>Date of Meeting</b>	<b>Wednesday 4<sup>th</sup> October 2023</b>
<b>Title of report</b>	<b>Month 5 Finance Report</b>
<b>Executive Lead</b>	<b>Kevin Scollay, Executive Director of Finance</b>
<b>Report author</b>	<b>As Above</b>

<b>Purpose of the report</b>	
<b>To note</b>	<b>x</b>
<b>For assurance</b>	
<b>For discussion</b>	
<b>For decision</b>	

<b>Strategic ambitions this paper supports (please check the appropriate box)</b>	
<b>1. Quality care, every day</b>	
<b>2. Person-led care, when and where it is needed</b>	
<b>3. A great place to work</b>	
<b>4. Sustainable for the long term, innovating every day</b>	<b>x</b>
<b>5. Working with and for our communities</b>	

<b>Meetings where this item has been considered</b>		<b>Management meetings where this item has been considered</b>	
Quality and Performance		Executive Team	<b>x</b>
Audit		Business Delivery Group	<b>x</b>
Mental Health Legislation		Trust Safety Group	
Remuneration Committee		Locality Operational Management Group	
Resource and Business Assurance		Executive Management Group	<b>x</b>
Charitable Funds Committee			
Provider Collaborative/Lead Provider			
People			
Provider Collaborative			
CEDAR Programme Board			
Other/external (please specify)			

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

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
1687 – Managing resources effectively, 1762 – Restrictions in capital expenditure

**Month 5 Finance Report**

**1. Executive Summary**

- 1.1 **The Trust has generated a £10.9m deficit year to date.** No non recurrent flexibilities are included in this position. Neither is any benefit from anticipated land sales.
- 1.2 This deficit is **£0.1m better than the financial plan submitted to NHSE at Month 5.** This plan is phased to deliver deficits in the first 6 months of the year and surpluses for the second half of the year. Monthly financial targets became more challenging in Month 4. This tightening of targets is the key reason for the worsening of the financial position – the monthly run rate remains broadly unchanged. Internal budgets are phased more ambitiously and assumes delivery more evenly through the year. The run rate is expected to improve next month as benefits from non-recurrent items are planned to be recognised.
- 1.3 **Agency costs are higher than both the agency ceiling and planned levels.** At the end of Month 5 the Trust has spent £7.7m on agency staff against a plan £7m and the against the Trusts nationally applied agency ceiling of £6m.
- 1.4 **Expenditure on the Trust capital programme is £1.4m lower than planned** at Month 5, which is a reduced underspend in month. The Trust is forecasting to deliver against plan for the year. This position remains under review.
- 1.5 **The Trust has a cash balance of £38.6m** at the end of Month 5 which remains ahead of plan, broadly unchanged from last month.

**2. Key Financial Targets**

2.1 Table 1 highlights the key financial metrics for Month 5.

**Table 1**

Key Financial Targets	Month 4		
	Trust Plan	Actual	Variance/ Rating
I&E – Surplus /(Deficit) (Internal)	(£10.8m)	(£10.9m)	£0.1m
Agency Spend	£7.0m	£7.7m	£0.7m
Cash	£16.6m	£38.6m	£21.1m
Capital Spend	£5.9m	£4.5m	£1.4m

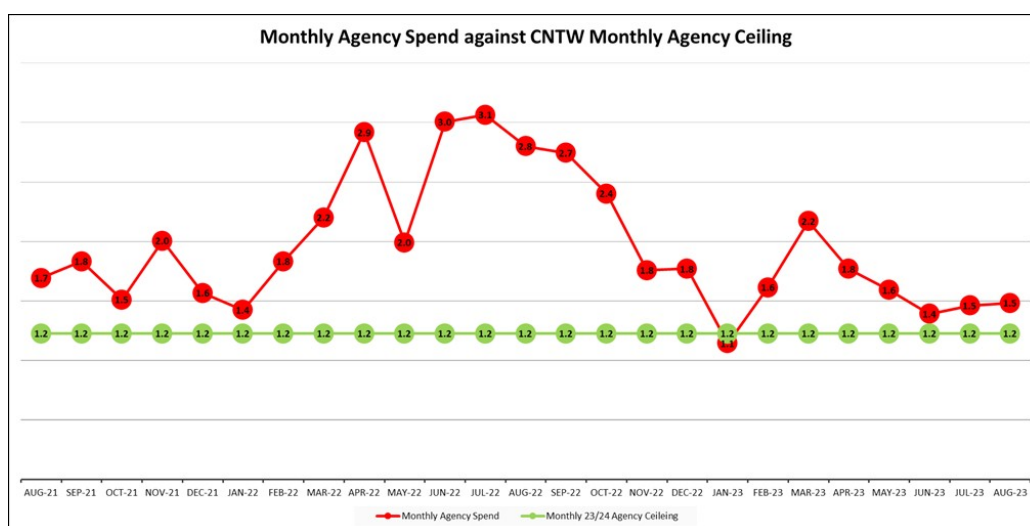
**3. Financial Performance**



## Income and Expenditure

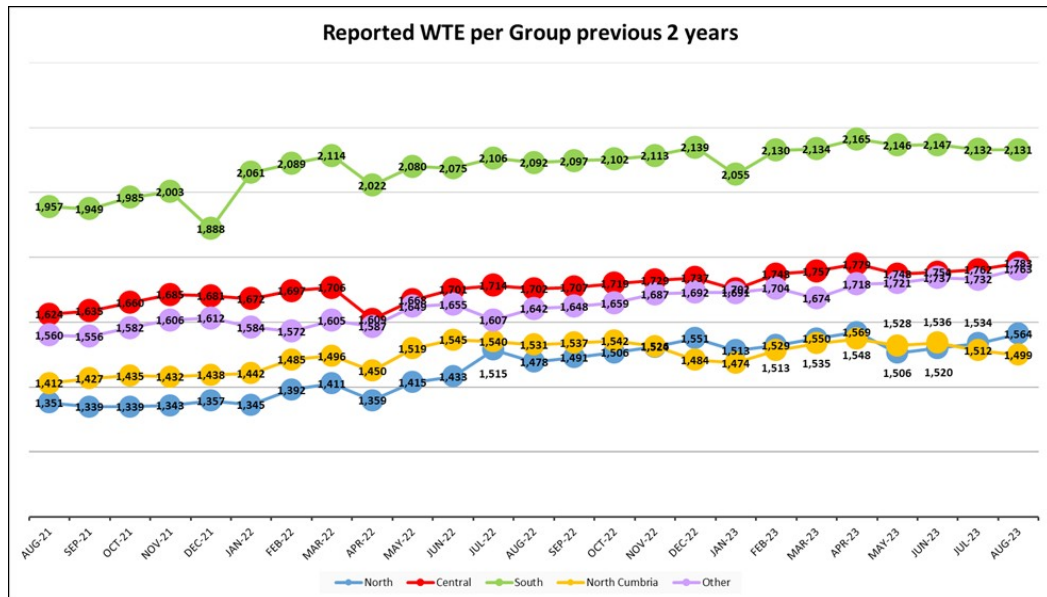
- 3.1 At the end of Month 5 the Trust has reported a £10.9m deficit on Income and Expenditure, which is ahead of the plan submitted to NHSE by £0.1m. The Trust continues to forecast a breakeven position. Savings plans (£28.1m) are heavily phased into Quarters 3 and 4 which are expected to be delivered through a combination of recurrent and non-recurrent measures. Some of these measures are also noncash releasing in nature and consequently cash levels are expected to fall even based on delivery of the plan.
- 3.2 The Trust has a more ambitiously phased internal plan for CIP delivery and is currently managing to this trajectory internally.
- 3.3 Graph 1 below highlights the agency performance from August 2021. Costs in August stand at £1.5m, with monthly costs similar to those reported in July. Costs remain above the Trust budget year to date. Agency costs are higher than the 3.7% agency cap of c£1.2m.

Graph 1



- 3.4 Agency costs have been a focus for the Trust in managing its overall financial position for a number of reasons. These include:
- Quality implications of having high numbers of temporary staffing working within our services.
  - The premium attached to agency staffing, which increases costs when compared with permanent staffing.
  - The temporary nature of agency staffing is 'cost agile' which means it can be reduced quickly without secondary cost implications or lengthy management processes to reduce headcount.
- 3.5 It is worth noting, however, that the largest driver of overall Trust costs is the total usage of staffing resource – swapping temporary staffing for permanent staffing has a marginal impact on cost, but changing WTE numbers has a much larger impact.
- 3.6 This can be expressed in cost, but also in overall WTEs. Graph 2 shows the trend in reported WTE over the last two years by Group, which shows some areas of improvement. North Cumbria and South are both showing reductions, whilst North, Central and Other categories continue to grow.

Graph 2



3.7 The Trust is showing good progress in swapping agency staffing for substantive and bank staff. Agency remains down on the year end and the prior 12 month positions with Bank and Substantive staffing continuing to show growth. This should improve cost effectiveness and support improving quality in the organisation. However, WTEs continue to rise, which increases overall pressure on the financial position.

Table 3

	WTE Aug 21	WTE Aug 22	Mar-23	Jul-23	Aug-23	Move previous Mth	Move from year End	Move from 12 Mths	Move from 24 Mths
Substantive	7,193	7,646	7,992	8,113	8,146	33	154	501	954
Bank	320	259	256	267	286	20	31	27	(34)
Agency	390	539	402	292	295	3	(107)	(243)	(95)
	<b>7,903</b>	<b>8,443</b>	<b>8,650</b>	<b>8,672</b>	<b>8,728</b>	<b>56</b>	<b>78</b>	<b>285</b>	<b>824</b>

3.8 Table 4 shows the change in WTEs from last month by Group. WTEs in the North reflect increased staffing resource required on Embelton, Warkworth and Alnmouth. Central increases predominantly relate to community recruitment. Clinical Support areas show an overall increase of 19, which mainly relates to a large increase in Junior Doctor recharges following the August rotation. Corporate areas show a small decrease of 6 in month.

Table 4

	Jul-23	Aug-23	Movement
NORTH	1,534	1,564	30
CENTRAL	1,762	1,783	21
SOUTH	2,132	2,131	(1)
N. CUMBRIA	1,512	1,499	(13)
	<b>6,940</b>	<b>6,977</b>	<b>37</b>
CLINICAL SUPPORT	380	406	27
SUPPORT & CORPORATE	1,225	1,219	(6)
OTHER (INC AUDIT, PROV COLLAB, R&D)	126	125	(1)
	<b>1,731</b>	<b>1,751</b>	<b>19</b>
	<b>8,672</b>	<b>8,728</b>	<b>56</b>

#### 4. Cash

Table 5

	Year To Date		
	Plan (£m)	Actual (£m)	Variance/ Rating (£m)
Cash	16.6	38.6	(22.0)

- 4.1 Cash balances at the end of August were £22m higher than plan, but have reduced in Month 5.
- 4.2 The Trust received £15m in Public Dividened Capital (PDC) funding to support the CEDAR programme in 2023/24, which was not included in the Trust financial planning for 2023/24.
- 4.3 Underspending on the capital plan year to date is also supporting better than expected cash balances.
- 4.4 The 2023/24 financial plan includes non-cash transactions to support delivering financial break-even, this means that cash levels are expected to fall over the year, despite forecasting a breakeven position.

#### 5. Capital & Asset Sales

Table 6

	Year To Date			Year End		
	Plan (£m)	Actual (£m)	Variance/ Rating (£m)	Plan (£m)	Forecast (£m)	Variance/ Rating (£m)
Capital Spend	5.9	4.5	(1.4)	20.8	20.8	0.0
Asset Sales	0.0	0.0	(0.0)	6.8	6.8	0.0

- 5.1 The Trust Capital spend at the end of Month 5 is £4.5m which is £1.4m less than the plan. The Trust is forecasting to deliver the capital programme at the end of the financial year but has this position under review.
- 5.2 The Trust capital programme includes an assumption of additional PDC funding for the CEDAR programme. This has been part of ongoing discussions with the New Hospitals Programme. The Trust has provided a revised Business Case in-line with expectations and timescales outlined by the New Hospitals

Programme (NHP). This is currently under consideration by NHP. The Board will receive separate and more detailed updates on this separately from this report.

- 5.3 The Trust has planned asset sales £6.8m in 2023/24. The sale of land at St Georges Park and Sale of land at Northgate are in the process of being agreed. The Board will receive a separate update on the sale of the Northgate site separately. The income and expenditure position includes an assumption around recognising benefits from these land sales.

## **6. Recommendations**

- 6.1 The Board is asked to note the content of this report.


## 14. CNTW CULTURAL CELEBRATION EVENT

presentation


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### REFERENCES

Only PDFs are attached

-  14. CNTW Cultural Celebration Events - Presentation for Board 04.10.23.pptx

## 15. QUALITY AND PERFORMANCE COMMITTEE

 Darren Best, Chair


verbal update

## 16. AUDIT COMMITTEE

 David Arthur, Chair

No meeting held during the period


## 17. RESOURCE AND BUSINESS ASSURANCE COMMITTEE

 Paula Breen, Chair

No meeting held during the period




## 18. MENTAL HEALTH LEGISLATION COMMITTEE

 Michael Robinson, Chair

No meeting held during the period

## 19. PROVIDER COLLABORATIVE COMMITTEE

 Michael Robinson, Chair

verbal update

## 20. PEOPLE COMMITTEE

 Brendan Hill, Chair


No meeting held during the period

## 21. CHARITABLE FUNDS COMMITTEE


 Louise Nelson, Chair

No meeting held during the period

## 22. COUNCIL OF GOVERNORS' ISSUES

 Darren Best, Chairman

## 23. QUESTIONS FROM THE PUBLIC

 Darren Best, Chairman

## 24. ANY OTHER BUSINESS

 Darren Best, Chairman

## 25. DATE AND TIME OF NEXT MEETING

Wednesday 1st November 2023

1:30 - 3:30pm

Trust Board Room, St Nicholas Hospital and Microsoft Teams