



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

BOARD OF DIRECTORS PUBLIC
MEETING

BOARD OF DIRECTORS PUBLIC MEETING



6 March 2024



13:30 GMT Europe/London



Trust Board Room and via Teams



You can attend the meeting virtually by clicking here [Click here to join the meeting](#)

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1. STANDING AGENDA ITEMS

REFERENCES

Only PDFs are attached

 Board Agenda Draft Public MARCH 24 FINAL.pdf

Board of Directors Board Meeting held in Public Agenda

Board of Directors Board meeting held in public
Venue: Trust Board Room, St Nicholas Hospital and Via
Microsoft Teams

Date: 6 March 2024
Time: 1:30pm – 3.30pm

	Item	Lead	
1. Standing agenda items			
1.1	Welcome and Apologies for Absence	Darren Best, Chair	Verbal
1.2	Declaration of Interest	Darren Best, Chair	Verbal
1.3	Minutes of the meeting held 6 December 2023	Darren Best, Chair	Enc
1.4	Action Log and Matters Arising from previous meeting	Darren Best, Chair	Enc
1.5	Chair's update	Darren Best, Chair	Enc
1.6	Chief Executive report	James Duncan, Chief Executive	Enc
1.7	Integrated Performance Report	All Executive Directors aligned to strategic ambitions	Enc
2. Strategic Ambition 1 – Quality care, every day			
2.1	Quality and Performance Committee Report	Louise Nelson, Committee Chair	Enc
2.2	Mental Health Legislation Committee Report	Michael Robinson, Committee Chair	Enc
3. Strategic Ambition 2 – Person led care, where and when it's needed			
3.1	Programme update Report	Ramona Duguid, Chief Operating Officer	Enc

4. Strategic Ambition 3 – A great place to work

4.1	People Committee Report	Brendan Hill, Committee Chair	Enc
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5. Strategic Ambition 4 – Sustainable for the long term, innovating every day

5.1	Finance Report	Kevin Scollay, Executive Director of Finance	Enc
5.2	Resource and Business Assurance Committee Report	Paula Breen, Committee Chair	Enc

6. Strategic Ambition 5 – working for, and with our communities

6.1	System working report / policy updates	Chief Executive Report	Enc
6.2	Charitable Funds Committee	Louise Nelson, Committee Chair	Enc

7. Governance and Regulatory


7.1	Fit and Proper Persons requirements report	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
7.2	Audit Committee Assurance Report	David Arthur, Committee Chair	Enc

8. Any other business / items for information


8.1	Questions from Governors and the public	Darren Best, Chair	
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Date of next meeting
5th June 2024, St Nicholas Hospital Board Room and via MS Teams


1.1 WELCOME AND APOLOGIES FOR ABSENCE

 Darren Best, Chair

1.2 DECLARATION OF INTEREST

 Darren Best, Chair

1.3 MINUTES OF THE MEETING HELD 6 DECEMBER 2023

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 1.3 Public Minutes 6 December 2023 DRAFT DH.pdf

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

Present:

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

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

In attendance:

Debbie Henderson, Director of Communications and Corporate Affairs
Kirsty Allan, Corporate Governance Manager / Deputy Trust Secretary (minutes)
Jack Wilson, Corporate Engagement Assistant
Russell Bowman, Service User, Neuro-disability Services
Russell Stronach, Service User, Autism Services
Jessica Juchau-Scott, Carer Governor, Older People's Services
Ian Palmer, Public Governor, South Tyneside
Elaine Lynch, Local Authority Governor, Cumberland Council
Emma Silver Price, Staff Non-Clinical Governor
Claire Keys, Staff Clinical Governor
Kirsty Charlton, Associate Director, North Inpatients Services
Fran Storey, Clinical Manager, North Inpatients Services
Ryan Helsby, Graduate Management Trainee

1. Welcome and apologies for absence

Darren Best welcomed everyone to the meeting. There were no apologies for absence received.

2. Declarations of interest

There were no new conflicts of interest declared for the meeting.

3. Service User/Carer Story/ Staff Journey

Darren Best extended a warm welcome and thanks to Claire Keys who shared her personal journey through Inpatient services.

4. Minutes of the meeting held 1 November 2023

The minutes of the meeting held on 1st November 2023 were considered and agreed.

Approved:

- **The minutes of the meetings held 1st November were approved.**

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

None to note.

6. Chairman's update

Darren Best confirmed an extraordinary Council of Governors meeting will take place on 8th December outlining the recommendation regarding the appointment of three new Non-Executive Directors.

Darren thanked all Governors who recently took part in the recent Governors elections and thanked out-going Governors Victoria Bullerwell, Kim Holt, Annie Murphy, and Daisy Mbwanda for the support they have provided during their term of office. Darren welcomed all newly appointed Governors to the Trust. Three expressions of interest have been received from the Community and Voluntary sector due to Annie Murphy standing down which will be reviewed, and an appointment made through the Governors' Steering Group.

Darren Best took an opportunity to reflect on the past year and expressed his appreciation to the workforce, Governors and Board for their continued commitment to providing the very best care possible, despite the challenges faced by the Trust over the past 12 months. There will be many further changes in the year ahead for CNTW, including the implementation of the new operating structure, and embedding further how we approach involvement of service users and carers in our key programmes of work to help us delivery our strategic ambitions outlined in the Trust 'With you in mind' Strategy.

It is envisaged that the Trust will be subject to a CQC inspection during the next 12 months. Darren welcomed this in the context of an inspection helping the Trust focus on key areas of improvement.

Other challenges ahead for the wider NHS will be the potential of further industrial action, changes in Government leadership and elections, and financial sustainability. Despite this, the Trust moves into 2024 with early indications of positive performance including out of area placements being reduced to zero, the opening of the Trusts new Sycamore Unit, and the work to deliver organisational change.

Resolved:

- **The Board received the Chair's update.**

7. Chief Executive's Report

James Duncan highlighted from the report the official opening of the new Sycamore unit at Northgate Park Hospital by the Duchess of Northumberland on 16th November.

Mrs Monica Dsouza, Clinical Nurse Educator in CNTWs International Recruitment and Relocation Team recently attended a Buckingham Palace reception hosted by King Charles to celebrate the contribution of nurses and midwives from international backgrounds. Monica was nominated to attend the reception by Victoria Bagshaw, Regional Nursing, Midwifery and Allied Health Professionals Lead for NHS England for the North East and Yorkshire region.

James referred to an inquiry by the All-Party Parliamentary Group on Young and Young Adult Carers which highlighted the devastating impact caring can have on the life opportunities of young people. James noted the need to reflect on how the Trust supports families and young carers as part of the work on health inequalities.

NHS Digital published the latest follow-up report to the 2017 Mental Health of Children and Young People (MHCYP) survey. The report outlines the statistics around children and young people which notes the link between mental ill-health and deprivation. James referred to the importance of use o language around 'disorder' in young people and the need to change the language and focus on enabling young people to thrive.

James reflected on 2023 and referred to the Chief Executive Bulletin message highlighting the good work being undertaken and real progress being made across services, reflecting the dedication of all staff and teams across the organisation every day.

Resolved:

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

Quality, Clinical and Patient Issues

8. Monthly Integrated Performance Report (Month 7)

Ramona Duguid referred to the report and highlighted areas of positive improvement including Early Intervention and Psychosis standards and 72-hour follow ups. CYPs eating disorders routine referrals was also reported as above the standard for the first time in 24 months. CPA metrics are also moving toward an improved position. The Trust is reporting zero out of area placements.

The Quality and Performance Committee received a report on Psychiatric Liaison (PLT) performance noting improvements in relation to emergency departments standards. Significant work is taking place to review the crisis pathway from a safety perspective linked to improvement and transformational work underpinned by a refocus on the level of demand across all crisis services.

The Trust continues to work closely with NENC Integrated Care Board (ICB) colleagues regarding the children and young people neurodevelopmental pathway in terms of changes required within the pathway as well as consideration of discussions from the internal clinical workshops particularly around early access and support for families and carers, and links with education at an earlier stage.

Regarding training metrics, Lynne Shaw noted a focus on PMVA training relating to learning disability and autism, and children and adult acute services to ensure compliance by the end of the financial year. A task and finish group have been undertaking a training needs analysis to review the current 50 metrics, noting only 27 of these with performance indicators. The review will focus on prioritisation of training needs aligned to specific groups and professions. An update will be reported to the People Committee in January 2024.

Sarah Rushbrooke noted there has been a reduction in performance against 'Point of You' metrics and questions relating to the Friends and Family Test, however alongside implementation of training, there has been an increase in the Trust trajectory relating to patient and experience metrics.

Louise Nelson commented on the comprehensive report noting the areas of progress as well as a need for some deep dive work to be undertaken through the Quality and Performance Committee, particularly relating to the commitment to patients and carers and discharges. Louise thanked everyone involved for the positive improvement during the period.

James Duncan commented on Psychiatric Liaison which demonstrates the responsiveness of the organisation evidenced by the improved performance. James commented on his recent visit to Psychiatric Liaison within the Northumbria Specialist Emergency Care Hospital (NSECH) highlighting the positive approach to developing relationships as a good example of work that has been initiated and undertaken, leading to improvement with a strong organisational and partnership response.

Darren Best referred to the report highlighting the movement of some areas to 'Green' during the last 6 months. Darren also stated that is a need to further develop the Integrated Performance Report to be clear on what can be achieved, while taking a realistic approach to some areas where a system-wide response is required. The report also provides clarity of the remaining issues which require a continued focus, particularly waiting times for children and young people.

Resolved:

- **The Board received the monthly Integrated Performance Report (Month 7).**

9. Service User and Carer Experience Report Q2

Sarah Rushbrooke referred to the report which provided an update on Points of You survey and Friends and Family Test feedback. The report noted increased feedback received from service user

and carers with over 1500 experiences reported within the quarter being the highest since Point of You commenced within the current format. Sarah advised that locality reports are developed and shared to review variations and noted that North Cumbria locality patients have expressed lower levels of satisfaction. Paul Sams, Feedback and Outcomes Lead is working closely with the North Cumbria locality to help move this into an improvement position.

Sarah referred to a significantly high score for the Points of You question related to 'staff are kind and caring' and reflected in the context of the service user story earlier in the meeting, the importance of getting the basics right in terms of being kind, caring and compassion.

Sarah noted that teams across the Trust should be encouraged further to utilise the 'Points of You' dashboard to review data to address issues raised.

Sarah thanked Paul Sams for leading a six-week consultation period with service users, carers, and staff to redevelop and refresh the 'Points of You' survey and approach. Appendix, page 14 of the report highlighted the new questions which will be asked and how the data will be presented with a view to the updated version going live from January 2024.

Sarah advised that the ongoing work, engaging with service users and carers, to look at alternative ways of receiving feedback and use of technology will form part of future reporting.

Michael Robinson asked if there is a way to monitor diversity through the consultation process. Sarah advised that responses can be broken down further to enable reporting on ethnicity, age etc., noting young people as a gap in terms of how they would prefer to be communicated with.

James Duncan referred to a conversation held recently at the Trust Leadership Forum comprised of leaders and managers from across the organisation relating to ensuring involvement is hardwired in our services and structures.

Resolved:

- **The Board received and noted the Service User and Carer Experience Report Q2**

10. Workforce issues

None to note.

Regulatory / Compliance updates

11. Health Inequalities Framework

Lynne Shaw referred to the Health Inequalities Framework developed by NHS Confederation which was developed to be used as a national leadership board assurance tool for use by NHS organisations to address health inequalities.

The organisation has been gathering evidence across the 8 key lines of enquiry across the 5 national priorities outlined within the report. Lynne advised that gaps remain within the Trust evidence collated primarily around digital aspects of the framework. A regional workshop to look at the digital inclusion strategy will take place to address some of the current gaps.

The appendix to the report details the evidence gathered to date to be used to develop an action plan which will be reported regularly to the Board moving forward.

Resolved:

- **The Board received and noted Health Inequalities Framework**

12. Annual Deanery Report

Bruce Owen referred to the report which provided a summary of the education and training provided by the named Local Education Provider (LEP) over the course of the full 2022-23 training cycle. The

purpose is to promote a board level overview of training related strengths and weaknesses of the LEP including governance of financial funding provided through the NHS Education Contract.

Bruce provided an overview of the actions required over the 2023-24 training cycle and associated NHSE-WTE offers of support including funding to each organisation through the NHS Education Contract to support the clinical placements, the trainers and educators employed by the LEP, as well as to support the provision of education and training related resources and facilities within the LEP.

Bruce referred to process of escalation as and when concerns are identified. NHSE-WTE works directly with the wider NHS via the System Quality Group (SQG) led by the NENC ICB, and NHSE Quality Improvement Boards and Risk Summits to discuss issues of concern, to confirm and agree plans for improvement and outcome measures. The report provides assurance to the Board of the quality of education and training provided by the Trust including 1 levels of engagement and support in place. It is important to note that the quality management of education and training is a live process and that any concerns or escalations arising after the end of July 2023 will be communicated separately as part of the 2023-24 training cycle.

Children and Young People service remains a challenge and the Specialty Directorate will continue to work to ensure training placements and curriculum requirements are being delivered.

Bruce noted that Sunderland Medical School has been operational for approximately 5 years with the first graduates coming through this year. There are also plans in place to develop two further medical schools in Teesside and Carlisle. Consequently, it is likely that the Trust will see an increase in undergraduate medical students over the next 5 years which may help address medical recruitment challenges in the longer term.

Rajesh Nadkarni highlighted Bruce Owen's excellent leadership as well as the nursing leadership, education, psychologists and AHPs involved. Rajesh referred to Lotus Ward with issues being well managed with a substantive consultant in place who has been locally trained within CNTW.

Resolved:

- **The Board received and noted the Annual Deanery Report**

13. Committees terms of Reference

Debbie Henderson referred to the review of the Board and Committee terms of reference which was reviewed and approved at the November board meeting. Debbie highlighted minor changes to the members of Committees in relation to locality representation and confirmation of Governor representatives as in attendance at all Committees. Following the November Board Development Session, work has commenced on how Board and committees will operate going forward and an update will be provided at the March Board meeting to further clarify arrangements.

Resolved

- **The Board received and noted Committees terms of Reference**

Strategy, planning and partnerships updates

14. Integrated Care System (ICS) / Integrated Care Board (ICB) update

James Duncan advised that the NENC ICB is continuing to work through its organisational change programme due to be complete by April 2024.

Financial sustainability continues to be the primary issue of focus across the NHS and NENC ICB and remains subject to significant scrutiny with the region forecasting a deficit of £35m.

James noted the Junior doctor industrial action scheduled to take place three days before Christmas and six days after Christmas will be very challenging for the NHS. The Trust continues to develop robust plans to ensure continuity and safety of services.

Resolved:

- **The Board received and noted the Integrated Care System / Integrated Care Board update and Provider Collaborative governance update.**

15. Finance Report

Kevin Scollay advised the Trust has generated a £5.4m deficit year to date which includes a benefit from the land sale at Northgate. This has improved the year-to-date position but it was acknowledged as a non-recurrent benefit. The Trust has a cash balance of £32.3m at the end of Month 7 which remains ahead of plan but has again reduced from last month.

Resolved

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

Board sub-committee minutes and Governor issues for information

16. Board Committees

No committees have been held during the period.

17. Council of Governors issues

Following the recent Governor election process, Darren Best advised that one to ones with new Governors are currently taking place. Alongside discussions and work to refocus and refresh Board and Committee meetings, a similar process will be undertaken in relation to the Council of Governors to ensure clarity of roles and responsibilities and ensure that Governors have everything they need to undertake their role.

18. Any Other Business

David Arthur referred to the impact of the new immigration rules and asked how this may impact on the organisation. Lynne Shaw advised that an update will be provided on this at the next Board meeting.

Darren Best referred to a recent board development session that it was agreed to move to 4 Board meetings held in public per year, to take place quarterly and 8 closed Board sessions, 4 of which will coincide with the Board meetings held in public. Darren emphasised the importance of Board meetings held in public, particularly using these meetings to be held to account for the delivery of the Trusts strategic ambitions.

Darren Best wished everyone a very merry Christmas and an 'exciting' 2024.


19. Questions from the public

There were no questions from the public.

Date and time of next meeting

To be confirmed.

1.4 ACTION LOG AND MATTERS ARISING FROM PREVIOUS MEETING

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 1.4 BoD Action Log PUBLIC at March 2024.pdf

Board of Directors Meeting held in public


Action Log as at 6 March 2023

RED ACTIONS – Verbal updates required at the meeting

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


Item No.	Item	Action	By Whom	By When	Update/Comments
Actions outstanding					
05.07.23 (7)	CE Report	Discussion on the Institute for Public Policy Research Health and Care Workforce Assembly report to be undertaken at a future Board meeting	James Duncan / Brendan Hill	March 2024	Clarification on expected completion date to be provided at a future Board meeting
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	April 2024	Will be shared with a future Q&P Committee
Completed Actions					
04.10.23 (8)	Integrated Performance Report	Briefing to be provided to the People Committee on the Training Needs Analysis review and summary of training requirements for all designations of staff	Lynne Shaw	January 2024	Complete – discussed at January People Committee

1.5 CHAIR'S REPORT

 Darren Best, Chair

REFERENCES

Only PDFs are attached

 1.5 Chairs Report March 2024 FINAL.pdf

Name of meeting	Board of Directors
Date of Meeting	Wednesday 6th March 2024
Title of report	Chair's Report
Executive Lead	Darren Best, Chairman
Report author	Kirsty Allan, Corporate Governance Manager / Deputy Trust Secretary

Purpose of the report	
To note	X
For assurance	
For discussion	
For decision	

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

Meetings where this item has been considered	Management meetings where this item has been considered
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	
Other/external (please specify)	

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

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

Meeting of the Board of Directors
Chair's Report
Wednesday 6th March 2024

I am pleased to offer a brief summary of my activities as Chair since our last meeting on 6th December 2023. Much of the focus over this period has been on a 're-set' of how we work as a Board and how we work as a Council of Governors. I am very grateful to the Council of Governors and Board of Directors for their support, thinking and openness to new ways of working.

Appointment of Non-Executive Directors (NED)

In December 2023 following the recruitment process for two new Non-Executive Directors, the Council of Governors successfully appointed Vikas Kumar and Rachel Bourne to help fill the skills and experience gaps identified within the Board. In very broad terms, Vikas brings experience of the third/public sector and Rachel has knowledge and experience of CNTW services. Both Rachel and Vikas displayed fantastic communication skills and demonstrated that professionally and personally they share the values of CNTW. I am delighted to report that Rachel and Vikas joined our Board of Directors in January 2024.

In addition to Rachel and Vikas, the Council identified a third excellent candidate, Robin Earl. Robin has a strong business background and again highlighted how he aligns with the values of CNTW. Robin will join the Board as a NED in July 2024, this will allow a period of handover for when David Arthur comes to the end of his second term as a Non-Executive Director in January 2025. I will update further in relation to Robin's appointment in the coming months.

Board of Directors and Council of Governors

How we work as a Board and Council of Governors has been subject to discussion and review over the past 4-5 months and we continue to build our plans to develop ongoing programmes of training and development for the coming year. This will further enhance the work of the Board and our Board committee structure by ensuring we are focused on the right issues, dedicating as much time as possible to those issues, holding ourselves to account, and being held to account by our Governors, for our performance as a Board. It is vital that the Council of Governors and Board of Directors develop individually and collectively and that we use the time we have together wisely.

Appraisals and objective setting

The Board is asked to note that over the coming months, we will be undertaking annual appraisals for myself and individual Board members to spend time reflecting on the past year, their objectives, and agreeing individual and collective objectives for the next year. The outcome of the appraisal process will be shared with the Council of Governors' Nomination Committee (for Chair and NED appraisals) and the Remuneration Committee (for Chief Executive and Executive appraisals) and will be used to inform the overall Board development needs moving forward. How we improve, enhance and support Equality, Diversity and Inclusion activity will be an important feature of the appraisal process and associated objective setting.

Key challenges for the Trust in 2024-25

To deliver against ambitions we set out in the CNTW strategy (With You in mind), I am on record in several meetings and discussions as saying that I believe we have four key challenges, in brief they are:

- The need to ensure the Trust continues to serve the people of the North East and North Cumbria in the face of increased complexity, growing demand and resultant pressures on services. We need to hear and properly utilise the voices of service users, carers, our staff, our communities and our partners to inform how we develop, build and deliver services.
- Ensuring that both internally and externally, the Trust works with the right organisations and people to think differently about our care and treatment model, acknowledging that we cannot be successful on our own and equally understand that change in how we do things is both necessary and desirable if we are going to deliver on our stated ambitions.
- Strengthen our focus on the importance of culture (something I refer to as the CNTW 'x-factor' when explaining how and why (in my view) this organisation is special). This challenge is often the most difficult to quantify, however we must ensure that CNTW is an organisation that allows people to thrive, be and feel safe, be and feel valued and is supportive in allowing them to be at their very best for the people that they care for and serve.
- Ensuring that we work within the finances that we receive and generate and that we do so in the context of the wider health and care system; in other words, we need to be financially sustainable.

As mentioned CNTW operates with a much wider system both regionally and nationally. The Trust is working hard to continue the implementation of recovery plans with uncertainty looming over key services outside the core NHS budget, such as social care and public health. We know that as those services struggle, there are resulting pressures on the NHS. Those pressures are driving increases in demand for secondary care. CNTW needs to be part of that ongoing debate and should seek to appropriately influence where we can.

It will be a busy year ahead for the Trust and wider health and care sector and as mentioned a core priority will be the need for us to hear and understand the voices of our services users and carers to inform and shape our plans and involve people in our programmes of work which will look at the design and delivery of services. I am determined that we will continue to get better at this.

We have a fantastic service user reference group which is chaired by one of our previous lead governors. This forum is made up of individuals from statutory services, third sector community groups as well as individual carers and service users that work towards continuous improvement of mental health and disability services and I would encourage you to attend. Information to attend this meeting is available on our website www.cntw.nhs.uk.

Internal Engagement & Discussion

Since 1st October 2023, I have met on a one to one basis with almost all of our Governors, with all of our Non-Executive and Executive Directors. I have regular planned meetings with our lead Governor Anne Carlile and meet weekly with James Duncan our Chief Executive Officer. I have also met with staff network leads and will be attending staff network forums in the coming months. I will be attending the Disability Staff Network this Friday (8th March).

During January and February 2024, I visited and / or met with;

- Walkergate Park (with one of our Governors, Russell Bowman, Service User Governor for Neuro-Disability Services and James Duncan)
- Hopewood Park
- Monkwearmouth Hospital
- North Locality Group
- Individual Placement Support Employment Service
- Communications Team

Visiting services, speaking with staff and patients is hugely important, I always learn a lot and the insights that people share are invaluable in shaping my thinking and informing onward discussions. Speaking to staff about the impact of Board level decisions, seeing the implications and benefits of some of our very best facilities versus those that need to be updated when it comes to delivering quality care and seeing services through the eyes of someone like Russell at Walkergate Park have further strengthened my resolve that we need to be confident and determined to deliver what we say we will in our strategy, 'With You in Mind'. I am aware that Executive colleagues and Governors have also visited services in this period and I am grateful to them for demonstrating their interest, professional curiosity and leadership. I will report further on how and where I engage with our services, our people and our service users; I am aware that the NEDs' will soon begin their visiting programme for 2024.

Equality, Diversity and Inclusion

Promoting and delivery Equality, Diversity and Inclusion in the workplace is an essential aspect of effective and just leadership. Our focus needs to be on, developing and creating working environments and cultures in which every individual can feel safe, has a sense of belonging, is empowered to achieve their full potential, and is treated fairly, equally and with dignity and respect. It is heartening to see those places and hear the conversations where differences are truly celebrated, however our challenges are consistency, seeking improvement and knowing what that looks like and measuring progress, the latter is something that we need to apply ourselves to, i.e. how do we do that more effectively and be able to explain it?

Friday 1st March celebrated Zero Discrimination Day and I had the privilege of being invited to say a few words about our Give Respect, Get Respect campaign. The campaign seeks to help everyone, internal and external to the organisation, to be the very best they can be. It seeks to shine a light on the importance of being able to describe the kind of behaviours that we want to see, and importantly, challenge behaviours where we feel these are not appropriate. We want the organisation to be inclusive, fair, and for people to feel valued. We want people to feel like they have a voice, to use that voice to give feedback, to help the organisation be better, and to provide the best services we can to individuals and communities. Our staff networks and the important work they do need our support and we, as a Board, are committed to this going forward.

Local and Regional Network meetings

As part of my role as Chair of CNTW, it is important to remain connected to the local and national agenda by meeting key individuals for mutual benefit, to sustain strong relationships, and to continue discussions on key issues.

In this period, I have attended:

- ICS FT Chairs Meeting
- ICB Chair and Foundation Trust Chairs Forum
- Central ICP Area Meeting
- North ICP Area Meeting

Each meeting obviously had its own agenda and focus, however when I reflect on those meetings and the discussions within them there are some key themes that have emerged:

- Organisational Culture and within that the importance of listening to staff and patients to identify matters of concern and opportunities for developing and improving services.
- CQC and the psychological impact of inspection on staff, patients, communities and organisations. We need to support our people and those we serve through any inspection, preparation and outcomes should be a learning and improvement activities.
- Working as a system; NHS Foundation Trusts are not in competition with each other, they should work individually and collectively to improve the system as a whole. Collaboration and partnership working needs to develop further and faster.
- The Money – it's going to get harder.

National Network Meetings

I attended an NHS ICB and Trust Chairs Conference that took place in London on 28th February 2024, I understand that it was the first time such a meeting has taken place. The meeting was hosted by NHS England and we heard from numerous members of the NHSE Board, including the Chair (Richard Meddings) and the CEO (Amanda Pritchard). The event was very well attended, I would estimate that there were 200-300 people in the room, everyone that I met / spoke to was a Chair. In addition to whole conference inputs and discussion, I attended two of the three breakout sessions, one on Patient Safety and the other on Productivity and Efficiency, (logistics of the day meant it was impossible to join all three).

As I sit on the train on the way home with some reflections from what I heard, that we need to further consider and / or build into our plans which are:

- As a multi organisational service the NHS relies upon collaboration and trust between its constituent parts i.e. the different organisations. We need to ensure we are well placed and active in that regard.
- The NHS has significantly increased in the size of its workforce over the past 4-5 years, (by 20%) however productivity has reduced, (down 15%). Whilst I am personally not convinced that the productivity is the right word / focus for NHS services, (I would prefer the focus to be on outcomes) it's apparent that it is the focus / word that is coming from Government and NHSE to describe one of the significant challenges faced by the system. That said in the question and answers, Julian Kelly stated that 'we will meet our commitment to the mental health standard' and advised that this was non-negotiable, this was very pleasing to hear on a day that was largely focused on data and challenges within Acute Trusts. We will need to continue to manage finances well and be prepared to show not just what we spend but how well we spend it in the context of 'productivity'.
- Organisational Culture featured heavily during the day, with themes and concerns highlighted around the impact of negative narrative surrounding NHS services,


potential for reduced discretionary efforts of staff and whether people feel like they 'belong' as they once did, being some areas of concern. Understanding and delivering our workforce plan and knowing how we will achieve With you in mind, through a coherent and understood organisational development plan is going to be crucial to our success.

- On patient safety, there were various thoughts around how we can better use data, examining issues from a systemic perspective rather than individually, however the thing that stood out for me was a quote from Aidan Fowler (Head of NHS Patient Safety and Strategy at NHSE), that being, 'be curious not judgemental'. I think that those four words are a really useful starting point for leaders, that help set an approach that seeks to be active in identifying areas of risk, is supportive of improvement activity and encourages people to be open and transparent in coming forward with their concerns, knowing in itself that will be welcomed.

As a Mental Health Trust, we need to find the right balance in meeting our duties to keep patients safe whilst respecting and protecting their privacy. I think the key challenge for the Board is to be actively and consistently be curious without being judgmental, the CNTW workforce need to know and feel that they have our absolute and full support to identify and deal with those things that require improvement.


Darren Best
Chair of the Council of Governors and Board of Directors
March 2024

1.6 CHIEF EXECUTIVE REPORT

 James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

 1.6 CEO Report to Board of Directors March 2024.pdf

Name of meeting	Board of Directors
Date of Meeting	6th March 2024
Title of report	Chief Executive's Report
Executive Lead	James Duncan, Chief Executive
Report author	Jane Welch, Policy Advisor to the Chief Executive

Purpose of the report	
To note	X
For assurance	
For discussion	
For decision	

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

Meetings where this item has been considered	Management meetings where this item has been considered
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)	

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

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

**Meeting of the Board of Directors
Chief Executive's Report
Wednesday 6th March 2024**

Trust updates

CNTW Research and Innovation Conference

The first post-pandemic CNTW Research and Innovation conference was held at St James Park in Newcastle in January and was a great success. Involvement in research is now acknowledged as a key marker of quality in healthcare organisations and the dissemination of research findings and information provides an important route through to implementation and improvement. CNTW has always recognised the importance of our annual research conference as a platform for informing staff of the latest cutting-edge research and innovation and it was good to return to an in-person conference after a near 4-year hiatus due to the pandemic. Over 200 attendees from CNTW and partner organisations from NHS, Local Authorities, third sector and industry attended on the day to see findings presented from a range of research, from large trials led by CNTW in autism and mood disorders, to smaller local research initiated by clinicians with an interest in developing their careers in research. The theme of the afternoon session, building on this, was to illuminate the many and various routes into research careers for the full range of professional groups with examples drawn from within the CNTW staff group. Feedback has been very positive from the day and further follow up on impact of the conference on individual's practice will be collected in future.

CNTW Allied Health Professionals Conference

The Trust recently hosted our Allied Health Professionals (AHP) Conference, focusing on the health and wellbeing of our AHP staff. 250 delegates attended the conference in person with the morning sessions live streamed to all AHP staff. The event was hosted by Esther Cohen-Tovee, Director of AHPs and Psychological Services, and Julie Morrow, Deputy Director.

Our Executive Director of Nursing and Therapies opened the conference proceedings, which included a live streamed session with Martin Brunet on burnout and moral distress. Martin is a GP from Surrey and a mental health specialist. Delegates also participated in an activity to identify the values most important in their lives and goals aligned to these values, and a session on coaching facilitated by the Trust's organisational development team. A [ten-minute video](#) which was developed using service user and carer feedback on the work of AHPs from all professions across the Trust's four localities was shown at the event to celebrate the contribution of our AHP workforce. The remainder of the afternoon was facilitated by the Wellness Recovery Action Planning team who gave an overview of WRAP and focussed on self-advocacy with some powerful personal stories shared.

The Trust's Library and Knowledge Services, Unison and the Thrive team had stands at the conference providing wellbeing information and resources to attendees. Feedback from the

day has has been excellent with staff appreciating being supported to take time out to look after themselves and connect with each other.

CNTW staff become UK's first art therapy and arts psychotherapy apprentices

Two CNTW staff have begun an apprenticeship in Art Therapy / Art Psychotherapy which is the first of its kind in the country. The course, which is provided by Teesside University, lasts for two years and candidates will finish with the equivalent of a Master's degree. Art Psychotherapy is a form of therapy that uses creative approaches that can be accessible to all. CNTW offers a range of psychotherapies including art, drama, music and dance movement therapies. Arts Psychotherapists are trained to work with people in different ways to make therapy accessible, using creative methods to aid in recovery. Using creative approaches can be helpful for people who may struggle with communication or talking about difficult things or experiences. Arts Psychotherapies can be helpful for children and young people, people with a learning disability or people with severe mental health problems. CNTW Consultant Arts Psychotherapist Simon Hackett has been involved in creating the apprenticeship which is part of a trailblazer programme delivered by the Institute for Apprenticeships and supported by NHS England. The apprenticeship is an important development opportunity not just for the apprentices themselves but for CNTW as it will allow us to expand the choice of therapies we are able to offer people who access our services.

New Community Wellbeing Hubs launch in Workington and Carlisle

New Community Recovery and Wellbeing Hubs run by CNTW in partnership with Carlisle Matters and other local organisations launched in January 2024 in Workington and Carlisle. The hubs will offer people easy access to support in the heart of their community and a safe, relaxed space to feel understood, listened to and supported. The hubs will provide on-the-spot support with whatever people are struggling with, and will operate on a drop-in basis with no need to book an appointment. The hubs will also offer optional educational sessions on themes including managing anxiety and stress, finding purpose in life, and sleeping better. If the Carlisle and Workington hubs are successful, the Trust hopes to set up additional hubs in communities across North Cumbria.

Parenting support for the Farsi community

Dr Mojtaba Shiri-Feshki, a consultant psychiatrist at CNTW, is hosting a series of free parenting events to support the Farsi community in the region. In collaboration with the Iranian Diaspora Association in Psychiatry (IDAP), the sessions cover a wide range of topics including helping children deal with bullying, managing anxiety, and what to do if your child is experiencing symptoms of ADHD. The events will run for ten weeks between January and March 2024 at our Walkergate Park site in Newcastle. For those who cannot attend in person, there will be a link available so parents can access the sessions remotely, and families are welcome to attend all events or only those they feel are relevant to them. Each event will feature guest speakers, a question and answer session, and role play of scenarios based on personal experiences.

National updates

Parity of esteem definition

In July 2023, Parliament's Public Accounts Committee published '[Progress in improving NHS mental health services](#)'. The Committee recommended that the Department for Health and Social Care (DHSC) should set out what achieving full parity of esteem between physical and mental health services means in practice. In its [response](#) to the Committee's recommendations, DHSC has published a formal definition of parity of esteem and described the elements which must be in place for parity of esteem to be achieved.

Definition:

"Parity of esteem" means mental health is valued equally to physical health... For the NHS, delivering parity of esteem for mental health would mean parity of timely access, evidence-based and therapeutic care, and patient experience for people with mental health needs.

Elements required for parity of esteem to be achieved:

- Everyone can access mental health care in a timely way (supported by access and waiting times standards on a par with physical health metrics) and everyone is able to receive treatment in line with the evidence base.
- Care is patient-centric and therapeutic, evidenced through patient outcomes, patient experience, and the quality of service being on a par with physical health.
- Every part of the NHS recognises and prioritises mental health on par with physical health, so patients with mental health needs can access appropriate treatment and support through pathways from primary care to urgent and emergency care, without fear of stigma, bias, worse treatment, or poorer experiences compared to patients without mental health needs.
- Data in the mental health sector is on par with physical health, supported by further digitisation, with equivalent transparency, ambition of targets, urgency in delivery expectations, and scrutiny of access, experience, outcomes and costs as in physical health, across all ages and groups.
- Funding decisions are made to close the gap between mental and physical health, so that every Integrated Care Board has a sufficiently sized and skilled workforce, capital estate that enables therapeutic care close to home, and a payment system that puts mental and physical health services on an equal footing.

Statutory guidance on discharge from mental health inpatient settings

The Department for Health and Social Care published new statutory [guidance](#) which sets out best practice in relation to how NHS bodies and local authorities should work together to support discharge from all mental health, learning disability and autism inpatient settings. The guidance sets out eight principles for how NHS bodies and local authorities should work together to ensure effective discharge planning from all mental health inpatient services. It includes guidance for discharge of particular groups of people including children and young people, people with a learning disability and autistic people, people with

dementia, people admitted to forensic inpatient settings, people experiencing homelessness or at risk of homelessness, people with co-occurring mental health and addictions, and people with no recourse to public funds. The guidance also sets out roles and responsibilities of organisations in the discharge process, including commissioners of services, NHS trusts and local authorities.

Five key areas of action to support hospital discharge for people with a learning disability and autistic people

NHS England has [written](#) to Integrated Care Board leaders setting out five areas of action to support discharge from hospital for people with a learning disability and autistic people. Safe and wellbeing reviews carried out by integrated care systems found 41% of people with a learning disability and autistic people admitted to mental health inpatient services had care and support needs which did not require hospitalisation. The letter sets out five key areas of action for systems which have the biggest impact on the timely discharge of people with a learning disability and autistic people from hospital:

1. Local systems should agree that delayed discharges, and discharges to the wrong place or without the right support are potential harm events. A lead member of staff should be identified to oversee each person's discharge.
2. Agree roles and responsibilities and collaborative working principles for all partners involved in a person's care, including in the community.
3. Demonstrate that decision-making about the person's physical and mental healthcare are co-produced with the patient, their families and any advocates as appropriate.
4. Engage at the earliest opportunity with all relevant partners including the CQC and Ministry of Justice.
5. Throughout a person's inpatient stay ensure that clinical care and treatment plans are based on a holistic assessment of need, and have a plan for discharge from the point of admission; have a continued focus on the person's mental, physical and emotional wellbeing; ensure that discharge planning properly considers any support needed through the transition from hospital to life in their local community.

The letter highlights that over the next few months a concerted focus is required to make sure these things are happening for every person with a learning disability and every autistic person in a mental health hospital. The letter includes a set of self-assessment questions to support systems with the delivery of each of the five elements.

NHS England guidance on meeting the needs of autistic adults in mental health services

NHS England published '[Meeting the needs of autistic adults in mental health services: Guidance for integrated care boards, health organisations and wider system partners](#)'. The guidance aims to drive improvements in care for autistic adults across all mental health services. To meet the mental health needs of autistic adults, services should provide adjustments for autistic characteristics. The guidance applies to all services within an ICB area including specialist services delegated to Provider Collaboratives, and sets out how

the accessibility and acceptability of care and support for autistic adults can be improved through the implementation of ten key principles.

National investigation into mental health inpatient safety - Terms of Reference

In June 2023 the Secretary of State for Health and Social Care announced a national investigation into mental health inpatient safety. In January 2024, the Health Secretary issued a formal [direction](#) to the Health Services Safety Investigations Body (HSSIB) to begin the investigation into ‘the deaths of patients and/or potential mistreatment of patients during periods of inpatient care in mental health care settings, during transition to or from other health care services, or immediately following the discharge from such inpatient mental health care services’. The HSSIB has published a detailed [Terms of Reference](#) for the investigations, and has proposed four investigations to address the scope outlined in the directions from Government:

1. Learning from mental health inpatient deaths, and near misses, to improve patient safety.
2. The provision of safe care during transition from children and young person (CYP) to adult, inpatient mental health (MH) services.
3. Impact of out of area placements on the safety of mental health service patients.
4. Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships, environments.

The detailed Terms of Reference set out key areas of focus for each different element of the investigation.

NHS England guidance - improving the physical health of people living with severe mental illness

NHS England published ‘[Improving the physical health of people living with severe mental illness: guidance for integrated care systems](#)’. The guidance sets out the steps integrated care systems and providers should take to improve physical healthcare for adults living with severe mental illness, focusing on improved physical health checks and supported follow-up interventions. Key points include:

- Integrated care systems should commission services to deliver a more comprehensive annual physical health check.
- ‘Don’t Just Screen, Intervene’ guidance should be implemented to support people living with SMI to access follow-up interventions that are tailored to their needs. Local areas should consider the use of patient decision aids and a personal health budget where possible.
- Systems should consider the following in the design of physical health checks for people with SMI:
 - Tackling intersecting health inequalities including those linked to race, ethnicity and culture which impact health outcomes among people with SMI from these communities.

- Developing a comprehensive model of care and protocol which defines roles and responsibilities for physical healthcare across primary and secondary care and the third sector to optimise experience and outcomes and ensure people with SMI do not fall through the gaps between services.

Martha's Rule

A new initiative known as [Martha's Rule](#) will be implemented in the NHS from April 2024. The initiative has been developed in response to learning from the death of Martha Mills. Martha died in 2021 after developing sepsis in hospital after being admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to quickly, and a coroner has ruled that Martha would have survived if she had been moved to intensive care earlier. Martha's Rule aims to ensure that the concerns of the patient and the people who know them best are listened to and acted on. The three proposed components of Martha's Rule are:

1. All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
2. All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition. This is Martha's Rule.
3. The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

The implementation of Martha's Rule in the NHS will be phased, beginning with at least 100 adult and paediatric acute provider sites that already have 24/7 critical care outreach capability. The first phase will take place during 2024/25 and will focus on supporting participating provider sites to develop and agree a standardised approach to all three elements of Martha's Rule, ahead of scale up to the remaining sites in England in the following years. The focused approach at the initial provider sites will inform the development of wider national policy proposals for Martha's Rule that can be rolled out in phases across the NHS from 2025/26. An adapted Martha's Rule model will be developed and implemented across other settings including community and mental health hospitals which may require a different approach to acute provider settings.


National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2023 Annual Report

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) published its [annual report](#) 2023 which sets out findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. Key findings include:

- There was a 6% decrease in the suicide rate in the general population in 2020.
- 27% of all people who died by suicide in 2010 – 2020 had recent contact with mental health services.


- The majority of patients who died had a history of self-harm (64%) and there were high proportions of those with problem alcohol (48%) and drug (37%) use, and comorbidity, i.e. more than one mental health diagnosis (53%). Nearly half (48%) of all patients lived alone. In 5% of cases, the patients were recent migrants. Clinicians should focus on these factors to reduce suicide rates.
- 23% of all patient suicides had missed their last contact with services. These patients had higher rates of exposure to conventional risk factors for suicide including unemployment, living alone, previous self-harm and problematic alcohol and/or drug use. Services had only made contact with patient's families in 25% of cases where patients missed their final appointment. Services should actively re-establish care in these scenarios, involving family members where possible.
- Among mental health inpatients who died by suicide in 2020, 50% were on agreed leave and 11% of all suicides were patients who had been discharged from mental health inpatient services in the 3 months before their death. The highest number of deaths occurred on day 3 post-discharge. Services should remove low-lying ligature points and ensure planning for pre-discharge leave and discharge from hospital addresses adverse circumstances patients may face in the community.
- 27% of all patient suicides occurred among people who had experienced economic adversity in the three months before their death including serious financial difficulties or job, benefits or housing loss. Clinicians should be aware of these risks and be able to signpost patients to appropriate support.


1.7 INTEGRATED PERFORMANCE REPORT

 All Executive Directors aligned to strategic ambitions

REFERENCES

Only PDFs are attached

 1.7 Board Cover Sheet - IPR - Month 10.pdf

 1.7 Trust IPR - January 2024 Data - Feb-24 (003).pptx

Name of meeting	Board of Directors
Date of Meeting	Wednesday 6th March 2024
Title of report	Integrated Performance Report (Month 10)
Executive Lead	Ramona Duguid, Chief Operating Officer
Report author	Tommy Davies, Head of Performance and Operational Delivery

Purpose of the report	
To note	
For assurance	X
For discussion	
For decision	

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

Meetings where this item has been considered		Management meetings where this item has been considered	
Quality and Performance		Executive Team	
Audit		Executive Management Group	26.02.24
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)			

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

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

BAF Risk 2511 – Risk of not meeting regulatory and statutory requirements of Care Quality Commission (CQC) registration and quality standards. 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.

BAF Risk 2543 – Failure to deliver our transformation plans around the model of care to address issues relating to community and crisis infrastructures, and demand for inpatient provision which could compromise quality, safety, and experience of service users. 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.

BAF Risk 2542 – Failure to develop a sustainable workforce model to recruit/retain/ and support the development of the right people with the right skills to deliver safe and effective services, our strategic objectives, and contractual obligations. SA3


BAF Risk 2544 - Risk of poor staff motivation, engagement, and job satisfaction if issues affecting staff experience are not addressed including health and wellbeing support, inclusion and the ability to speak up. 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.

BAF Risk 2546 - Risk that restrictions in capital expenditure imposed regionally / nationally may lead to increasing risk of harm to patients when continuing to use sub optimal environments and infrastructure. SA4


2. STRATEGIC AMBITION 1 - QUALITY CARE, EVERY DAY

2.1 QUALITY AND PERFORMANCE COMMITTEE REPORT

 Louise Nelson, Committee Chair

REFERENCES

Only PDFs are attached

 2.1 QP Committee Assurance Report- Feb 24 SR.pdf

**Board Committee Assurance Report
Meeting of the Board of Directors
Wednesday 6th March 2024**

Name of Board Committee	Quality and Performance Committee
Date of Committee meeting held	Wednesday 31 st January 2024
Agenda items/topics considered	See Appendix A
Date of next Committee meeting	27 th March 2024, 14:30 – 17:00

1. Chair’s summary

At the January meeting of the Quality and Performance Committee (Q&P), our key areas of focus were the new Safer Staffing Report, which was the in-depth quality focus this month. The quality focus forms the first agenda item for Q&P and allows the Committee to have an in-depth discussion around a quality topic. The committee were given a demonstration of the new Safer Staffing report and how this will align to the Integrated Performance Report (IPR). We discussed how further assurance will be brought through the new reporting mechanism and meets the requirements of the National Quality Board.

We discussed the revised terms of reference for Q&P which have been approved by the Board of Directors and which we agreed would provide a new richness to the Committee.

We discussed the Integrated Performance Report (IPR) in detail. The Committee received a high level of assurance on out of area placements and a noted improvement in compliance in the completion of risk assessment and complaints. There has been a real focus on the Crisis and Urgent Care Pathway, from a 4 hour and 24-hour perspective and mandatory training is being reprioritised across all services and professions.

Committee members received the Community Services Waiting Times Report, details of which are highlighted below. Improvements were noted and assurance received relating to:

- Working age Adults 4 week waits to treatment.
There are 1,742 working age adult patients waiting longer than 4 weeks for treatment in December 2023, this has fallen from 3,051 in July 2023. North Cumbria and South localities have the highest number of patients of working age waiting longer than the 4 weeks according to the new standard. However, both localities have improved in the last few months.
- Older adults 4 week waits to treatment.
There are 365 older adult patients waiting longer than 4 weeks for treatment in December 2023 compared to 1,742 in July 2023, this does not include patients with organic conditions who are not included in the new waiting times standard. North localities have the highest number of older adult patients waiting longer than the 4 weeks according to the new standard.

The Trust has initiated a substantial programme of work aimed at supporting the transformation of community mental health, aligning it with the NHS Long Term Plan.

The Committee also received the new Risk Management Report detailing the Board Assurance Framework (BAF) related Risks for Q&P. This was the first view of the Q&P BAF at Committee which will be further updated and refined for the next Q&P.

The Committee were updated about the new service user and carer experience survey 'Your Voice' which has now been agreed and steps are being taken to prepare for its introduction in April 2024. This survey will be offered digitally more often to reduce costs and impact on the environment. The Committee were also assured to hear that there were 1,496 experience surveys completed by Service Users and Carers through Points of You during quarter 3 2023/24. This was the second highest quarterly total since the current survey was introduced September 2020.

Other reports received and discussed by the committee included:

- Serious Case Review Report
- Independent Investigation report
- CQC Must Do Action Plan Update
- Safer Care Report
- Risk management report
- Emergency Preparedness and Resilience Response (EPRR) Compliance Improvement Plan Report

Key decisions made by the Committee were the closure of two CQC Must Do Action Plans as there was sufficient evidence to support this, and the reopening of one Action Plan relating to body maps and recording of physical observations following the use of restraint as further work is required to make the necessary improvements following the outcome of a recent clinical audit.

2. Current risks and gaps in assurance, and barriers to closing the gaps

The Committee discussed in detail the following key areas:

- Children and young people services (CYPS) 4 week waits
91% of the 4,451 CYPS waiting longer than 4 weeks are on a neurodevelopmental pathway. Of the 4,451, South and North have low levels of patients waiting more than 4 weeks and Cumbria and Central have much higher levels of patients waiting over 4 weeks. There has been an unprecedented increase in referral rates for CYPS. The referral rate for CYPS neurodevelopmental pathways has more than trebled from 193 a month average in the year 2019/20 to 687 a month average from October 2022 to September 2023.

The CYP neurodevelopmental pathway across the Trust and the North Cumbria is the most challenged for waits over 4 weeks for to receiving help for CYPS.

Following several multi locality workshops on the CYPS neurodevelopmental pathway, a set of core principles are being reviewed both internally and within the wider Integrated Care Board (ICB).

3. Key challenges now and in the medium term

- Delivery of the new Operational Model and implications for services and the workforce during the transition period.
- Ongoing delivery of PSIRF and the introduction of PSIRP in March 2024.

4. Impact actions taken to date are having on the achievement of our strategic ambitions

As outlined in the detailed reports received by the committee, assurance has been received on progress towards achieving our strategic ambitions. It was also outlined that as part of the annual planning process the work undertaken through the Trust Leadership Forum in developing the underpinning delivery plans and how impact on delivery of the ambitions could be measured.

5. Barriers to progress and impact on achievement of strategic ambitions

None noted at Committee.

6. Actions to be taken prior to next meeting of the Committee

The committee agreed two future topics for consideration as the Quality Focus:

- CYPS and Neuro Developmental waiting times
- Trust's approach to violence and aggression

7. Items recommended for escalation to the Board at a future meeting

There are no items for escalation to the Board at this stage and the Committee feels it has an appropriate level of assurance in terms of the risks on the Board Assurance Framework, and Committee reporting.

8. Review of Board Assurance Framework and amendments thereon

The Chair of the Committee and the Executive Directors will meet to discuss continually improving reporting to the Committee to ensure all aspects of the BAF risks are included in the Committee cycle as appropriate and to monitor the 'impact' of information, data, intelligence and actions.

Quality and Performance Committee		
Risk	Score	Gaps in assurance
2510 – Due to increased demand and capacity the Trust is unable to meet regulatory standards relating to access, responsiveness, and performance resulting in a risk to quality and safety of services	4(L)X4(I) 16	<ul style="list-style-type: none"> • Full implementation of SBAR (Situation, Background, Assessment, Recommendation). • Keeping In Touch process for service users on assessment waiting lists. • Introduction of Dialogue+. • Fully implement 4 week waits. • Introduce the Trusted Assessment concept into community services. • Confirm the role and function of both community and crisis services at the interface of these pathways. • Limited acute inpatient alternatives at a place or system level (crisis housing) • Lack of specialist provision for some client groups (autism). • Limited availability of seven-day week service provision from both an inpatient and community perspective. • Lack of intermediate care opportunities.
2512 – Risk of failing to maintain a positive patient safety learning culture resulting in avoidable harm, poor systems, process and policy, and escalation of serious issues of concern	4(L)X4(I) 16	<ul style="list-style-type: none"> • Implementation of PSIRF requiring extensive engagement and training of staff to ensure that their practice changes to align with the new systems, processes and culture changes. • Outcome measures will need to move from numbers and data around compliance with timescales to assessing how learning is shared and improvements embedded.

9. Recommendations

The Board is asked to:

- Note the content of the report.
- Seek further assurance from the Committee Chair and Executive Leads if required.

Louise Nelson
Quality and Performance Committee Chair

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

Date: March 2024

Appendix A
Quality and Performance Committee
Committee date: 31st January 2024
Key agenda items

- Chairs Business
- Quality Focus – Safer Staffing
- Integrated Performance Report (IPR)
- Community Services Waiting Time Report
- Serious Case Review Report
- Independent Investigation report
- CQC Must Do Action Plan Update
- Tees Esk & Wear Valley NHS FT CQC Inspection Comparison report
- Safer Care Report
- Risk Management Report
- Emergency Preparedness and Resilience Response (EPRR) Compliance Improvement Plan Report
- Service User and Carer Experience Report
- Forward Look

2.2 MENTAL HEALTH LEGISLATION COMMITTEE REPORT

 Michael Robinson, Committee Chair

REFERENCES

Only PDFs are attached

 2.2 MHLC - Board Committee Assurance Report - FINAL 06.03.2024.pdf

**Board Committee Assurance Report
Meeting of the Board of Directors
Wednesday 6 March 2024**

Name of Board Committee	Mental Health Legislation Committee (MHLG)
Date of Committee meeting held	31 January 2024
Agenda items/topics considered	
Date of next Committee meeting	8 May 2024

1. Chair’s Summary

The members were provided with assurance that the Trust are compliant with the requirements of the Mental Health Act and MHA Code of Practice. Assurances were provided specifically in relation to:

- Mental Health Legislation policies: all policies were in date with the content compliant with associated legal obligations. Those nearing review were on schedule to be reviewed.
- The Trust Practice Guidance Note relating to the ‘Delegation of Statutory Functions under the MHA 1983’ was reviewed by the Mental Health Legislation Steering Group (‘MHLG’) and the contents agreed to be in line with legislative requirements and the MHLG Terms of Reference.
- An audit which was carried out by Audit One in relation to the ‘Delegation of Statutory Functions under the MHA 1983’- PGN 09: the outcome of the audit confirmed good assurance.
- The legal timescales in relation to section 5, section 4, section 17E and referrals made to the Tribunal: there were NO breaches reported. Assurance was provided that the Trust continues to monitor the use of sections 62/64 and the use of section 4.

2. Current risks and gaps in assurance, and barriers to closing the gaps

During the meeting, the Committee noted and discussed the following issues in terms of current risks and gaps in assurance.

Recording of capacity in relation to medication for mental disorder

There continues to be a low compliance rate in the completion of the local forms.

To improve compliance in this area the Group Directors for each locality have been tasked to look at different ways to improve compliance and to provide feedback at the next MHLG. It has been recommended that an internal audit on the consent to treatment provisions within the Act is carried out in 2024/2025. Improvement in this area will be beneficial and the outcome of the audit and the recommendations from the audit will highlight to the groups what actions are required for improvements to be made. It was also suggested that a task and finish group is formed to look at the barriers to completion of the form and how to remove these barriers.

Mental Health Legislation Training

There was a decrease in compliance from 63% in quarter 2, to 59% in quarter 3 due to long term trainer absence. The trainer has now returned to work; therefore, it is expected that there will be an increase in the number of staff trained in the following months. There is to be a training report produced for a focussed discussion at the next meeting in May.

Interface of MCA and MHA

Due to the reorganisation of departments providing services and support to the organisation around legal frameworks (bringing MHA, MCA, Medico Legal, IG together) it has been identified that the Mental Capacity Act is not currently consistently applied across the Trust. To assist with the above the remit of the Mental Health Legislation Steering Group is to be broadened to steer and monitor compliance with and the application of the Mental Capacity Act 2005.

3. Key challenges now and in the medium term

There is likely to be traction on the Mental Health Bill towards the end of the year. The draft Bill will replace the MHA 1983 and therefore bring many changes to how we apply the legislation in practice. The MHLSG will ensure the Committee are kept up to date and provided with assurance in respect to any changes.

4. Impact actions taken to date are having on the achievement of our strategic ambitions

Monitoring the use of the MHA 1983

The Hospital managers have several responsibilities within the MHA and one of them is to monitor the use of several sections of the MHA. The Committee was given assurance that the Trust is compliant with the Mental Health Act Code of Practice. There continue to be no breaches in timescales in relation to section 5, section 4, section 17E and referrals made to the Tribunal. The Trust continues to monitor the use of sections 62/64 and the use of section 4.

Hybrid hearings

The Committee was provided with details of the progress and implementation of the Trust offer of a hybrid approach to hospital managers hearings. This offers patients choice and ensures empowerment and involvement are at the forefront when organising a hearing for CNTW patients.

The giving of patients' rights

The Committee were given assurances that work has been undertaken to review the training package/programme in the giving of rights when a person is detained under the Act (s132). The rights training package will provide vital information to our professionals to ensure compliance with the MHA Code of Practice.

Mental Capacity Act

The Committee were given assurance that the DoLS policy has been reviewed to address the legal gap for patients whose DoLS authorisation is not authorised in a timely manner. The MCA policy has been reviewed which led to the removal of the PGN 'Advance Decision to Refuse Treatment'. This was due to the document not being clear and provided incorrect advice to staff. The MCA assessment form on Rio has been reviewed and streamlined which makes it easier for clinical staff to complete. All these changes were welcomed by members of the MHLSG and the operational workforce.

Recruitment of panel members

The Committee was informed that successful recruitment of panel members has been carried out and that currently 51 panel members are sitting. The MHL Department have been exploring different ways to increase the representation of panel members from diverse communities. The MHL department created an advert which was developed to target groups of

people who may be either willing to commence a conversation with us or have the connections to share our ambition of having people sit on panels that are representative of the communities we serve.

5. Barriers to progress and impact on achievement of strategic ambitions

Nothing to highlight at this stage to the Board.

6. Actions to be taken prior to next meeting of the Committee

Issues identified in section 2 of this form actions to be reviewed at the next meeting.

The Committee received information about NHS England data suggesting an increase in detentions across North Cumbria which is not consistent with the Trust's reports. The MHL Department will do an analysis of the figures to report back accurately to the committee along with any actions required for assurance.

7. Items recommended for escalation to the Board at a future meeting

There are no items for escalation to the Board at this stage and the Committee feel it has appropriate level of assurance in terms of being compliant with Mental Health Legislation.

8. Review of Board Assurance Framework and amendments thereon

No BAF risks. No risks to report as all managed at corporate or local level with appropriate assurance in place.

9. Recommendations

The Board is asked to:


- Note the content of the report.
- Seek further assurance from the Committee Chair and Executive Lead if required.

Michael Robinson
MHL Committee Chair
Date: 29th February 2024

Dr Rajesh Nadkarni
Medical Director & Deputy Chief Executive
Date: 29th February 2024

3. STRATEGIC AMBITION 2 - PERSON LED CARE, WHERE AND WHEN ITS NEEDED

3.1 PROGRAMME UPDATE REPORT

 Ramona Duguid, Chief operating Officer

REFERENCES

Only PDFs are attached

 3.1 Programme Update March 24.pdf

**Report to the Board of Directors
Wednesday 6th March 2024**

Title of report	Transformation Programme Update – March 2024
Report author(s)	Stewart Gee, Director of Trust Innovation Group
Executive Lead	Ramona Duguid, Chief Operating Officer

Purpose of the report	
To note	
For assurance	X
For discussion	
For decision	

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

Board Sub-committee meetings where this item has been considered		Management Group meetings where this item has been considered	
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			
CEDAR Programme Board			
Other/external (please specify)			

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

Board of Directors Meeting Programme Update

Wednesday 6 March 2024

1. EXECUTIVE SUMMARY

The Trust has in place an annual plan for 2023/24, which builds on the work introduced in 2022/23 across the key programmes, namely:

- Community Transformation Programme (adults and older people)
- Urgent and Inpatient Improvement Programme update
- CYPS Improvement Programme (community and inpatients)
- Adult Learning Disabilities and Autism Improvement Programme (currently paused)

In line with the changes to the governance arrangements across the Trust, the outputs of the above programmes directly report into EMG. This report summarises the current progress being made across the programmes of work.

The new Integrated Performance Report includes key outcomes which are assessed in relation to impact – such as length of stay. The team are reviewing how the impact and benefits which are critical to successful delivery of the programmes can be summarised at a high level for this report for 2024/25.

The Care and Support Model (clinical model) is central to the development and evolution of the programmes of work across the Trust and close alignment is in place to ensure the critical tasks support the development of the model during the forthcoming months.

Some of the key elements of work being taken forward include service user and carer input at key stages of the programmes. While the Urgent and CYPS programmes are able to create workstreams directly involving service users and carers, the internal oversight of community transformation notes that this involvement activity happens within the 7 place-based programmes, drawing on the varying experience of local service users and carers in each area.

The Trust is in the process of finalising the plan for 2024/25 as well as implementing a new operating model for the Trust. The transformation programmes and co-ordination of work will be reviewed to ensure smooth transition and support to deliver the key priorities for the Trust.

The detailed report is attached at Appendix 1 for information, however the material points for the Board to note are summarised below.

1.1 Material Points to Highlight

Community Transformation

- The Adult CTT Pioneer teams will begin testing the new ways of working using the updated streamlined RiO developments to assessment and care planning on 4th March.
- The Trust wide approach of introducing a narrative Biopsychosocial Approach to clinical risk assessment and Safety Planning on RiO goes live on 18th March.
- Further Trust wide communications updating progress of the programme, the work of the Pioneer teams and an update on further work on moving away from CPA.

Urgent and Inpatient Improvement Programme

- Quality Framework launched across all working age adult acute wards in January 2024. Trauma informed training – pilot went ahead successfully on 06/12/23 with 18 people attending.
- The RAG rating for the Quality Framework completed in Q3 highlighted improvements in all localities.
- The admission to discharge policy is now live within working age adult acute wards in North, South and Central. The initial training phase has been completed. Work on the older adults is underway.
- 136 Optimum Model business case has been developed.
- The Supporting Discharge model has been worked up into a first draft business case.
- The Inpatient enhanced MDT model is being piloted.
- Inpatient shift pattern options have been narrowed down and a draft business case has been completed.
- CSG approved an IDD (intended discharge date) process for HBT on behalf of the Crisis Model project.
- A review of the crisis workstream took place on 27/02/2024, a number of key priorities were identified at the session which will define the programme of work over the next 12 months, with greater alignment with community transformation.

CYPS Improvement Programme

- CYP Neurodevelopmental Pathway improvement proposals agreed at Executive Management Group 26th February 2024.
- The CYP Neurodevelopmental Pathway task and finish group presented a paper to EMG on 26th February 2024 for review and approval. The recommendations were developed through collaboration with clinicians from community teams across the whole Trust. The next stage following approval is to continue discussions with the ICB and to plan the internal implementation.
- ICB wide Neurodevelopmental diagnostic pathway improvement group looking at reducing waiting times and pathway redesign focussing on early help.
- This group has identified a requirement for four task and finish groups to the work at pace with regards a virtual model to address those longest waiters across NENC. The Neurodevelopmental group will continue meet monthly to work as a collective and oversee and consolidate the work of the task and finish groups.
- The four task and finish groups, supported by commissioners from across the NENC footprint include:
 - **Data / Waits** - To gain an accurate picture of the actual number of CYP waiting for assessment, length of wait, including longest waits, and develop trajectories.
 - **Digital offer/Communication** - developing a digital offer to be accessible across the NENC footprint, as a platform for professionals, CYP and families.
 - **Virtual Model** – Develop the virtual model who will undertake assessments and diagnosis. The group will, agree how it will function, what is included (ASD/ADHD), how it links into place teams, determine appropriateness for an assessment (waiting list review) and the approach to assessment and diagnosis.
 - **Workforce** - Identify workforce that can support the virtual model, with recommendations on the workforce required to complete assessment.

Adult Learning Disabilities and Autism Improvement Programme

- Learning Disability and Autism digital flags rolled out and preparing to flow learning disability GP register data once DPIA complete. This forms a good basis for introducing the reasonable adjustment flag.
- Continued delivery of autism and learning disability training while waiting for ratification of Code of Practice – Oliver McGowan training

- Autism Sensory Project to be included within the learnings from practice outputs that ADASS are due to issue this quarter.
- CNTW to host new Consultant Pharmacist - Learning Disability and Autism post with a focus on STOMP- STAMP
- Reviewing work of the programme to:
 - map priorities to other programmes and identify gaps or specific pieces of work which need focussed work such as management of CTR/ ICTR & DSR, Oliver McGowan training, & STOMP – STAMP

2. RECOMMENDATIONS

The Board is requested to:

- a) NOTE the update of current transformation programmes
- b) NOTE the transformation programmes and co-ordination of work will be reviewed to ensure alignment with the new operating structures and to support the delivery of key priorities for the Trust for 2024/25

Community Transformation (adults and older people)



1. Getting Advice, Assessment and Help Sooner

Recent progress:

- In February Trust wide communications were provided to update staff on the work and progress of the programme. Further internal communications will follow to update on the new clinical model and how this will further link into the work of the programme in the coming months.
- In addition to the above, additional Trust wide communications were included in the Bulletin updating staff about moving away from CPA, as part of community transformation.
- External communications are being developed to update external stakeholders on the community transformation programme. These will include information about the Trust's 'With You in mind' strategy and the link to the new clinical model to deliver the change.
- Training has been delivered to support the Pioneer teams prepare for testing the updates to RiO relating to care planning using Dialog+ and the roll out of the three national Patient Reported Outcome Measures (PROMs), Dialog, ReQoL and Goal based outcomes (GBO). This work also includes a simplified but robust approach to initial assessment, linking to the development of a strategy for 'trusted assessment' approaches in collaboration with partners. Standard operating procedures (SOPs) have been developed to support the implementation of the changes.
- Digital colleagues have developed a dashboard to support clinicians to have a clear view of completed PROMs and the progress services users are making. This will support greater involvement of service users and carers in the planning and delivery of care and treatment. This will also provide some basic analysis of areas of improvement and need which may require further support or a different approach.
- The roll out of training videos to support the Trust move away from the use of the FACE risk assessment to the new Biopsychosocial narrative risk approach and Safety Planning on RiO have been made available for clinical staff Trust wide to help them prepare for the change.
- Task and finish groups on improving access, defining the CTT offer, and trusted assessment have continued.

Milestones coming up:

- The Pioneer teams will begin testing the new ways of working to support the emerging models of 'getting advice and help sooner' within the clinical model, which will go live on 4th March.
- The changes to the new Trust wide approach to risk will go live on 18th March.
- Plans for testing new approaches to be agreed with operational leads for the 7 pioneer teams, will begin in this quarter, and will draw upon emerging models for 'getting advice and help sooner' within the clinical model. This will include workforce planning to develop the required skills for future treatment pathways ('getting more help'), in addition to the realignment of access and assessment functions.

Key risks and issues:

- Delays in definition of plans and models to be tested will impact on testing timescales.
- Availability of CTT resource with appropriate skills and experience to be aligned to Primary Care.
- Waiting times in some areas are significantly greater than 4 weeks.
- Variable maturity of primary care relationships.
- Variable progress in place-based transformation, in part linked to differing programme approaches, and in part linked to funding challenges.



2. Getting More Help

3. Recovery and Living Well

Recent progress:

- Following the Adult Pioneer teams baselining work the draft baselining report is currently being reviewed by the Pioneer team managers, which now includes additional information from workforce. This report includes the skills baseline across the Pioneer teams and work is in progress to transfer the skills information into ESR. This process will be tested and evaluated in advance of developing a Trust wide approach to adding further skills information to ESR in the future.
- As part of moving away from CPA internal discussions have begun with a meeting in February and a further meeting planned in April, to map out how case/keyworker allocation will work across service lines within the Trust.
- The ICB will lead discussions with ADASS colleagues and other partner organisation senior managers, in collaboration with CNTW and TEWV, to agree ways forward on key items such as the role of the keyworker and attitude to risk across organisational boundaries.
- CNTW and TEWV will lead discussions at place enacting the practicalities of the change, on the back of this strategic discussion.
- Discussions have begun on where there are clear skills gaps in commonly used psychological therapies, such as CBT, family therapy and DBT, to plan ways forward for training and development. In February the steering group considered an options paper on how to progress the expansion of psychological skills. The group has requested a further paper to include detail on specific areas including the delivery of brief interventions across teams and plans for gaps, further detail on model team concept, and clinical capacity and workforce implications. Costs/benefits will be identified for each of these elements and considered by the group in March.
- In parallel, task and finish groups on clinical models evolved to focus on improving key pathways such as rehab and assertive outreach, and discussions about ways forward will be prioritised in the coming months.
- Oversight group continues to monitor transformation progress at place and ensure consistency, with a particular focus on Primary Care interfaces and relationships.

Milestones coming up:

- Workforce/transformation plans to be agreed with operational leads for the 7 pioneer teams, now in this quarter, in collaboration with local place-based transformation systems. Within CNTW, this work is also linking to training funding plans and recruitment plans.
- There is a newly formed project group to focus on the increasing use of Clozapine. In March the oversight group will receive updates on the Clozapine development, and on CaPE expansion proposals, and how these link with Primary Care interface work.

Key risks and issues:

- Delays in definition of plans/models/pathways to be tested will impact on testing timescales.
- Resource and skill mix in CTTs and wider scaffolding services may require funding to improve – funding challenges may limit options chosen. Availability of supervisory skills within identified psychological treatment pathways may also limit ways forward.
- Clozapine options include invest to save models which may be unaffordable.
- Expansion of CaPE clinics and physical treatment approaches such as VNS and TMS also include invest to save which may be unaffordable.



1: Delivery of a Quality Framework for Inpatient Services

Recent progress:

- Quality Framework has continued to progress well. On the 25th of January we launched Quality Framework over Teams to all localities. The launch event included presentations from Trust leads representing the pillars of the Framework. Launch events were undertaken in every locality showcasing the framework and the progress to date. This included rooms to view the launch presentation and engagement activities for staff and service users. All localities reported very positive feedback. Updates will be shared in the Trust Bulletin.
- Trauma informed training – pilot went ahead successfully on 06/12/23 with 18 people attending. Feedback was very positive with comments that the training was very supportive and challenging, but it was a safe place and everyone was open and honest. The package has been shared with the attendees to seek volunteers for 'train the trainer' and localities will have 'cells' of trainers including those with lived experience. The group seeks to hold the training once a month face-to-face and dates are to be organised.
- The Quality Framework RAG rating was updated in each of the four localities in Q3, this showed improvements in every locality from Q1.
- Inpatients Physical Health- Reviewed current practice to baseline Northgate, SGP, WGP, had an initial meeting with Hopewood Park, made a link with North Cumbria, and Central for the CAV site. Considerable variation has been found. Where there is dedicated physical health leads who are employed into the role things progress proactively and physical health is a priority. E.g., timetabled weekly clinics at the Northgate site which are GP or nursing lead.

Milestones coming up:

- A comprehensive physical health review has been conducted within the Nursing, Therapies and Quality Assurance directorate, the findings of this will be shared with the programme by the end of Q4.
- The Quality Framework will plan and complete peer reviews of each other's wards against the competencies identified.

Key risks and issues:

- Issue- Delay in finalising the refreshed Welcome Packs for the Working Age Adult Acute inpatient wards.
- Risk- Rating for the Quality Framework is completed using a self-assessment RAG within the localities, risk could be mitigated by formalising metrics for regular review.



2: Creation of effective inpatient pathways

Recent progress:

- Admission to discharge policy is now live on the working age adult wards in North, South and Central. Training has been completed. Finalised older person draft document – with author for review of comments before coming to clinical reference group. There is now a monthly meeting to focus on continuously improving the policy/ process for the working age adult acute wards. Within this data such as lengths of stay and IDD's are reviewed.
- The Breaking the Cycle, also known as the 'virtual institute', having reviewed the original '45 patients', the decision was made to cross this over with the pioneer Adult CTTs. This has left a cohort of 11 patients, sitting across two pioneer teams, who will be the initial focus of the project. TIG data analysts are currently pulling all the relevant support information for this work. As work with the pioneer teams progress, the project group will be holding workshops together to work through the '20 stuck patients', identifying the most suitable for the Liberate Model method.
- The Supporting Discharge group have continued to work through their proposed model, working alongside workforce to scope formal processes that need to be worked through. Engaged with the ICB, ADASS and Directors in Adult Social Care around our proposals. Finance have costed up a model for the draft business case but this is still under review with the leads.
- Bluebell Court- Analysis of the available data confirms that during the past quarter the number of patients in the cohort of "previously detained, now informal" in receipt of care within the Trusts acute wards and Bluebell Court has remained static between 15 – 20 patients. This gives us scope to consider more innovative approaches that meet the needs of this client group as well supporting greater flow on our acute inpatient wards. The December position was 20 patients of which 5 were receiving their care within Bluebell Court.
- At the time of producing this report (25th Feb) we have no out of area placements.

Milestones coming up:

- The older person admission and discharge policy will be taken to the clinical reference group.
- Breaking the Cycle- workshops to review criteria for selection of the '20 stuck patients'. Familiarisation meetings with the pioneer CTTs for the 11 frequent user cohort.
- Supporting Discharge- draft business case will be reviewed with HR for consultation requirements. The business case will be finalised and a meeting will take place with the regional mental health network to update on the model.

Key risks and issues:

- Risk- HR/ Workforce implications of the Supporting Discharge work including protection on Band 7 posts, protection around mileage and potential risk of redundancy. A full consultation is being scoped with Workforce colleagues.
- Risk- Supporting Discharge- Identified need is with the LA or other provider which could reduce effectiveness of the model.



3: Improve inpatient staffing position

Recent progress:

Inpatient Staffing - Enhanced MDT- Agreed enhanced MDT Shift coordination protocol to be used on wards – this will improve MDT working and capture all clinical activity delivered on the ward. Metrics for the pilot have been identified. Agreed use of ward-based diaries for protocol.

- North ward – live with pilot
- South – agreed go live date and implementation plan
- Central – agreed to be part of pilot
- Cumbria – agreed to be part of pilot
- Meeting with Kent & Medway Trust. Following up with contacts in external providers re their experience of implementing changes to skill mix (Kent & Medway).
- Shift Patterns- Model has been costed up and a subsequent business case has been produced.
- Nurse Bank Review - Agreed supervision plan for all Band 5 staff registered with the bank. Completed a handbook outlining expectations of bank staff members. Drafting two papers outlining incentive options and a paper outlining the drawdown options for sign-off by EMG. Reviewed operating hours of staffing solutions. Developing a recurrent advert for band 3/5. Comms have gone out in the Bulletin to help ward managers with the process. Created a process for reviewing inactive workers monthly. Scoping options for locality-based provision to support sites.

Milestones coming up:

Updates on the Enhanced MDT pilots.

Nurse Bank Review- Paper outlining incentive options and a paper outlining the drawdown options for sign-off by Execs. Continuing to develop the flexi pool for North Cumbria and North locality.

Further work required to develop actions to support delivery of 24/25 plan

Key risks and issues:

- Compliance with Inpatient baseline staffing levels.
- Risk of losing staff due to uncertainty / fears
- Current shift patterns are at odds with other organisations common shift patterns
- Length of handover time for evening & mornings is possibly too short.
- There remains a possibility of staff consultation being needed
- Flexible working arrangements will also likely need to be reviewed and new rules set.



4: Improve quality of crisis delivery models

Recent progress:

- Crisis Model- IDD notion for Crisis HBT to CSG, they approved. IDD to go onto the MDT proforma. Agreed it would help to protect core business. Length of Stay - Anyone who hits 3 weeks on caseload to have full case review and planning to understand why stuck and how to promote flow to discharge.
- Trust-wide meeting held on the 27th February to review challenges the Crisis teams are facing including, current performance, vacancies, crisis alternatives, pressure on the 136 pathway, NHS 111 go live and how assessment/universal crisis offer should evolve with community transformation and home based treatment. The event also reviewed the themes from serious incidents and learning. A detailed plan will be developed over the next month to refocus the work on the urgent care pathway for the next 12 months.
- PLT service across the Trust are taking stock of all improvement groups, actions and targets they have been set and creating an overarching plan.
- 136 Optimum Model- Business case amended and extended to include access via 111 press 2, RCRP, Street Triage and Mental Health Vehicles. Now titled 'Urgent Care Mental Health Response Team'. Business case produced and draft submitted 15/1/2024 for comment and inclusion in MEG papers. RCRP launched in Northumbria Police Force area – calls for welfare for partner agencies December 2023. To be extended to calls from the public 22nd January 2024. Clinical review of incidents reported involving Police contact and/ or RCRP introduced to support organisational learning, review of decision making and assurance RCRP threshold is proportionately being enforced.

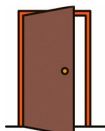
Milestones coming up:

- 136 Optimum Model- Business Case decision and continue to enhance the data quality of RIO recording of 136 clinical documentation across all localities. This will enable the development of dashboard to be progressed with confidence in the accuracy of the data flowing in.
- NHS 111 readiness.

Key risks and issues:

- Primary risk for 136 Optimum Model is associated with resource and impact upon response times for crisis teams in responding to urgent referrals.
- Duration of time spent in PoS extended for patient, due to challenges in allocating inpatient beds, when an onward inpatient admission is indicated.
- CRP increasing the demand on CNTW, impacting upon resources across STT/ Crisis/ Inpatient wards.
- NHS 111 go live.

CYPS Improvement Programme (community and inpatients)



1. Improve access

Recent progress:

The Neuro-developmental task and finish group has held several workshops since its start in April 2023 with the aim of reducing the waiting times for a diagnostic outcome. The group have developed a draft set of proposals for the future of the pathway. The proposal was also shared with the ICB diagnostic pathway group and was presented to the CYP SCN (09/10), CYP Steering group (13/10), and Community Oversight group on 26th October and EMG on 26th February 2024. The proposals were widely accepted. These proposals will be presented at ICB Neuro group on 8th March.

The diagnosticians and clinical leads held a meeting on 15th December and 10th January which looked at standardising the formulation grid and reporting, which was a key area of variation. A template is in the process of being agreed.

The task and finish group have also agreed on the standardisation of ADHD rating scales which will create a cost saving in the South locality.

Clinicians and operational managers are now linked in with a ICB wide group looking at the waiting times on the neuro diagnostic pathway. The outcome of the meetings so far were presented to the ICB mental Health sub-committee in February.

The group have agreed 4 task and finish groups and are requesting volunteers to join groups. The aim is to address those waiting longer than 12 months.

We are also working across the other pathways, Mental Health, Learning Disability and Eating Disorders, to clarify core business standard across the Trust and revising service specification to reflect this. We are also looking at flow and identifying areas for improvement, to ensure we are moving towards meeting the waiting times standards.

For eating disorder pathways, we are considering the roll out of successful strategies for keeping people out of hospital. An ICB paper on the eating disorder pathway has been developed and we are awaiting clear direction on how we are going to take this work forward.

Milestones coming up:

- 04/03/24 - Sunderland ICB partnership workshop
- 06/03/24 – Neurodevelopmental Workforce development
- 08/03/24 – ICB Neuro waiting times group
- 18/03/24 – Neurodevelopmental pathway Workshop
- 19/03/24 – Neurodevelopmental task and finish group meeting

Key risks and issues:

- ICB group newly formed for CYPs neurodevelopmental pathway.
- Gaps in commissioned services lead to ongoing referrals.
- Multiple pieces of work across the NHS England, ICB wide and place paced commissioning, Trusts and other networks which are not linked up of co-ordinated leading to duplication and conflict.
- Staffing levels will not meet demand, particularly in neuro-developmental pathways.
- Lack of funding for initiatives that have proven success across other areas of ICB.
- Variability of additional commissioned teams and initiatives across localities which do not have a place to be shared at an ICB level

2. Improve the experience

Recent progress:

All CYPS pathways are working to clarify their core business, increasing understanding challenges, sharing best practices, and creating more standardised and effective approaches. This includes treatment delivery and staff skills analysis.

Ferndene CEDAR and Clinical model group continuing to implement the recommendations, including reduction in restraint within the CEDAR development. Phase 2 of build for MSU is complete and a 'lessons learnt' will be undertaken. Informal sign of stage 3 – Reprovision and implementation of the clinical model has ensured there is continuity with Sir Robert McAlpine. The delay in formal sign off will impact on the completion of stage 3 which is expected to be completed by end of 2024.

New draft inpatient specification has come out, with an expectation that Trusts will move to implementation by 2025. This specification involves changes to inpatient service but will also have a significant impact on community and crisis services with an expected increase in home based provision. The initial request is for a current and proposal review. Provider collaborative and representatives from CBU, community and ICB are part of this review. The Getting Right First Time recommendations will sit with this improvement work going forward.

Trauma-informed care working group is defining the approach specifically for Children, linking with the Trustwide group.

The Transitions group are continuing to monitor and aim improve experiences through transitions and looking at developing recommendations in relation to child to adult inpatient transition.

The 0 - 25 group are collaborating to pull together a position and option appraisal paper on how we could take this forward based on recommendations from the long-term plan.

The CYPS STAMP / STOMP group continue to look at the development of PGN on review processes.

Digital and communication enablers being developed to support pathways and young people and their parents and carers, including Children's internet site. These include design workshop with staff and parents / carers and service users.

We currently have a survey out for young people and their families about how they want to be engaged and involved in the transformation. The survey will run for the next few weeks and the findings brought back to involvement group to agree how to take it forward. We are continuing to try and embed more robust process of capture and response to from service users, families, and carer feedback.

Milestones coming up:

TBC – Mental Health service specification meeting
27/02/24 – STOMP STAMP group
28/02/24 – Transition meeting working group
05/03/24 – 16-25 design group
06/03/24 – Ferndene Operational delivery Group
12/03/24 – CYPS Trauma Informed care group
18-22/03/24 – CYPS Inpatient and community accredited training
19/04/24 – Learning Disability pathway workshop.

Key risks and issues:

- Current commissioning agreements do not support NICE or other national guidance on the delivery of neuro-developmental assessments and post-diagnostic work.
- Current commissioning agreement leads to variation in service delivery across the Trust.
- Safeguarding and consent concerns around co-production/involvement of children and young people.

Adult Learning Disabilities and Autism Improvement Programme (Currently paused and under review)

Recent progress:

- Learning Disability and Autism digital flags rolled out and preparing to flow learning disability GP register data once DPIA complete. This forms a good basis for introducing the reasonable adjustment flag.
- Continued delivery of autism and learning disability training while waiting for ratification of Code of Practice – Oliver McGowan training
- Autism Sensory Project to be included within the learnings from practice outputs that ADASS are due to issue this quarter.
- CNTW to host new Consultant Pharmacist - Learning Disability and Autism post with a focus on STOMP-STAMP
- Reviewing work of the programme to:
- map priorities to other programmes and identify gaps or specific pieces of work which need focussed work such as management of CTR/ ICTR & DSR, Oliver McGowan training, & STOMP – STAMP


Milestones coming up:

- Review of all projects, workstreams and tasks to allow alignment into Inpatient and Community Programmes
- Understanding and delivering Oliver McGowan training / Code of practice to all staff


Key risks and issues:

- Managing and tracking the requests and outputs for ICTRS/ CTRS and DSR safely and securely
- Multiple codes and use of diagnostic labels related to learning disability and autism across the health and social care system.

4. STRATEGIC AMBITION 3 - A GREAT PLACE TO WORK


 Brendan Hill, Committee Chair

4.1 PEOPLE COMMITTEE REPORT

 Brendan Hill, Committee Chair

REFERENCES

Only PDFs are attached

 4.1 People Committee Assurance Report - January 2024.pdf

Board Committee Assurance Report
Meeting of the Board of Directors
Wednesday 6 March 2024

Name of Board Committee	People Committee
Date of Committee meeting held	31 January 2024
Agenda items/topics considered	See below
Date of next Committee meeting	1 May 2024

1. Key areas of focus:

- Chair’s Business
 - Informed Committee of extended 2 hour timeslot for quarterly formal meeting and that we will also have 2 additional ‘deep dive’/focus topic workshops per annum, one in late spring and one in Autumn. Provisional dates to be agreed asap.
 - The membership (in attendance) has expanded too, including Group Nursing director representation.
- Workforce Performance Report – **discussion and assurance**
- Guardian of Safe Working Report (quarterly and annual) - **assurance**
- Board Assurance Framework – **discussion and assurance**
- Employee Relations Report - **discussion**
- Gender Pay Gap Report – CNTW and NTW Solutions Limited – **assurance and approval**
- Training Needs Assessment – **discussion**
- 2023 Staff survey presentation - **discussion**
- Sickness management presentation – **discussion and assurance**
- Forward Look - **discussion**

The Employee Relations and Staff Survey reports will be further discussed at the People Committee focussed meeting in June.

2. Current risks and gaps in assurance and barriers to closing the gaps

During the meeting, the Committee noted and discussed the following issues in terms of current risks and gaps in assurance.

Clinical supervision

There continues to be a decrease in clinical supervision, (target of 80%, currently 48.1%) and it was noted that this remains an area of focus for the CQC and as part of the Trust’s CQC Must Do actions. Action: There will be a targeted approach to improving the position over the next quarter. The Executive reported levels of confidence that clinical supervision was taking place, but a review on recording of supervision was required. (Action: review data in May).

Staffing establishments

The Committee noted the gap in assurance regarding the development of a process to agree staffing establishment. It was also noted that this would form a significant part of the development of the overarching workforce plan. It was noted that despite the priority focus on reducing temporary staffing, having a substantive and clear workforce plan would significantly

contribute to the Trust's strategic ambitions in relation to the provision of high quality, safe care, and the financial position. Action: Workforce Plan and establishments to be reviewed in line with changes to the clinical model and forms part of the annual plan priorities.

2023 Staff survey results

The high-level results from the 2023 staff survey were presented and key areas were noted. As the results are embargoed until 7 March 2024 there is no detailed information provided in this report and it will be reported at a future meeting.

A discussion took place regarding the importance of reviewing information reported to the Committee to ensure reports clarify areas which require more focus, any trends and recognising not only data and information, but the importance of 'intelligence' in terms of what people are telling us, and most importantly, what actions we are taking, and the impact of those actions. It was agreed to dedicate time at a 'Committee key focus' session later in the year following receipt of the full results in March.

3. Key challenges now and in the medium term

The move towards implementation of a new operational structure from April 2024 and the impact of this on the development of the workforce plan was recognised. The new structure will provide an opportunity from a workforce perspective to provide further clarity on pressure points across the organisation in terms of staffing establishments, use of temporary staff, training needs, and staff development.

4. Impact of actions taken to date on the achievement of our strategic ambitions

Appraisals

The Committee noted positive improvement in appraisal rates towards the 85% standard.

2023 Staff Survey

The presentation on the outcome of the 2023 staff survey highlighted a number of areas of improvement which will be reported at a future meeting.

It was also noted that internal communications had increased significantly during the previous 12 months in relation to staff feedback, 'you said, we did', from both the 2022 staff survey and the quarterly People Pulse survey which included promotion, and sharing of good practice.

Sickness absence management

The Workforce Leads delivered a presentation on work across localities to manage staff sickness absence and the impact this has had to date. It was recognised that the highest levels of sickness both locally and nationally relate to anxiety, stress, depression, and other mental health illnesses. This also reflects post-covid challenges including the impact of increased patient acuity, as well as personal social and economic issues i.e., cost of living, variations in deprivation/income.

The presentation provided an overview of short and long-term sickness absence and work undertaken to support services to manage sickness absence well. New measures embedded include a joint approach between managers and the workforce team to manage absence, improvements to the absence management policy including a personalised approach to support, improved approach to managing complex cases, improved wellbeing offer (staff

psychological centre, new Occupational Health provider from April, regional staff wellbeing hub, and Thrive website) and the introduction of 'access to work', a centralised approach to better support disabled staff, and those with health conditions.

The team provided case studies of where these improvements had made a positive impact including Roselodge, Mitford and Yewdale. The Committee particularly noted the introduction of looking at population health as a factor for absence and asked that this be considered further when looking at comparators in the future.

5. Barriers to progress and impact on achievement of strategic ambitions

Training needs analysis

The Committee has previously recognised the challenges to meeting training compliance standards, largely due to the need to release staff to undertake training and the expectation on the workforce around the number of training commitments required.

A paper was received by the Committee on work to review the Training Needs Assessment for the workforce. A group was established to review the 50 courses currently included within the schedule of Trust's training commitments (27 of which have a standard against them). The group undertook work to reassess the prioritisation of these to establish realistic expectations for staff to comply with the most crucial training requirements given the low compliance rates in 18 of the 27 areas including priority areas such as PMVA, and safeguarding training.

The review process resulted in a proposal that 44 courses should remain with others no longer being relevant or required. 8 were considered essential as training would reduce the risk of patient and/or staff serious harm or death. This included suicide training, PMVA and life support.

A discussion took place regarding Trauma Informed Care (TIC) training which was identified as 'TBC'. It was noted that currently, a standardised package for training did not exist but discussions were ongoing with the Executive Director of Nursing, Therapies and Quality Assurance and the TIC Lead to discuss how the Trust can ensure TIC is embedded in all elements of training.

In terms of the impact of this work on training compliance, there was uncertainty around timescales on impact of the new prioritisation approach to training. It is, however, expected that reporting on the areas of priority will be more visible in reporting than has been to date, including being clearer on trajectories for each service and care group in the new operational structure from April. Action: review impact of training prioritisation in 6 months on improved compliance on key training areas

6. Actions to be taken prior to next meeting of the Committee

The Committee was informed that a number of actions had been taken forward as part of the review of the bank worker system. A report on actions taken, assurance in terms of impact and improvement and actions outstanding will be provided to the May meeting.

Examples of Freedom to Speak Up cases are still being explored where this would not compromise those raising issues. The purpose is to promote where speaking up has had a

positive outcome and use this to encourage others to speak up, particularly when considering the outcome of the 2023 staff survey.

Assurance to be provided at the May meeting on compliance with the new risk management e-learning training package for priority staff members including Directors, CBU level roles and subject experts.

7. Items recommended for escalation to the Board at a future meeting

There are no items for escalation to the Board at this stage and the Committee feels it has an appropriate level of assurance in terms of the risks on the Board Assurance Framework, and Committee reporting.

That said, the Chair of the Committee and the Executive Director of Workforce and Organisational Development will meet to discuss continually improving reporting to the Committee to ensure all aspects of the BAF risks are included in the Committee cycle as appropriate and to monitor the ‘impact’ of information, data, intelligence and actions.

8. Summary of Approval, decisions and ratification of items taken the meeting

- Gender Pay Gap Report was approved for publication in line with the Public Sector Equality Duty.

9. Review of Board Assurance Framework and amendments thereon

At the January meeting of the People Committee, BAF risks associated with the delegated responsibility of the Committee were reviewed. The highest scoring BAF risk (scoring 16 and above) is as follows.

People Committee		
Risk	Score	Current gaps in assurance
254 – Failure to develop a sustainable workforce model to recruit/retain/ and support the development of the right people with the right skills to deliver safe and effective services, our strategic objectives, and contractual obligations.	4(L)X4(I) 16	<ul style="list-style-type: none"> • Absence of a sustainable workforce plan. • Establishment control to be reviewed to ensure accurate recording and reporting of vacancies. • Current workforce skills are not currently recorded and mapped against post requirements. • Skills gaps are not identified, and adequate training put in place to address the shortfalls. • Inclusive recruitment work has had an impact on increasing the BAME workforce but predominantly this is in lower banded posts. • Strengthening of internal process for accessing development monies required. • Release of staff to undertake relevant training and development opportunities is currently a challenge. • Lack of joined up approach between appraisals and training requirements. • Challenges ensuring the temporary workforce maintain the required skills.

- | | | |
|--|--|---|
| | | <ul style="list-style-type: none">• More robust recording and reporting mechanisms is required to enable leadership and management development and succession planning. |
|--|--|---|

It was noted that the report represented the first of its kind following the recent Board review of the Trust Risk Appetite, review of the Board Assurance Framework strategic risks against the achievement of With You in Mind Strategy, and the review of the Trust Risk Management Policy. It was recognised that the report remained “a work in progress” and the newly developed Corporate Risk Register will be included in Board Committee reporting from Q4. This will contain the Trusts highest level risks (those scoring 16+) excluding the BAF risks, to provide additional assurance in terms of line of sight and escalation from Board to Ward. The Committee recognised the work of Yvonne Newby, Risk Management Lead and her support and advice to localities was acknowledged. The Committee was reassured that risk management was a key priority for all localities and a significant amount of work was being undertaken to ensure the new risk management policy is embedded across the organisation.

It is recognised that the Committee received the first iteration of the new BAF at the January meeting and that this remains “a work in progress” and on this basis, there were no changes recommended to the BAF risks aligned to the work of the People Committee.

Although levels of assurance are satisfactory at this stage, there are still improvements required in terms of aligning Committee reporting to ensure gaps in assurance are addressed and impact of actions are clear. The Executive Director of Workforce and OD will also work with the Director of Communications and Corporate Affairs to close current gaps and bring outstanding actions and progress against actions up to date prior to the May Committee meeting.

9. Recommendations

The Board is asked to:

- Note the content of the report.
- Seek further assurance from the Committee Chair and Executive Lead if required.

Brendan Hill
People Committee Chair
March 2024

Lynne Shaw
Executive Director of Workforce and OD


5. STRATEGIC AMBITION - SUSTAINABLE FOR THE LONG TERM,
INNOVATING EVERY DAY

5.1 FINANCE REPORT

 Kevin Scollay, Executive Director of Finance

REFERENCES

Only PDFs are attached

 5.1 Board - Mth 10 Finance Board.pdf

Name of meeting	Board of Directors Open Meeting
Date of Meeting	Wednesday 6th March 2024
Title of report	Month 10 Finance Report
Executive Lead	Kevin Scollay, Executive Director of Finance
Report author	Kevin Scollay, Executive Director of Finance

Purpose of the report	
To note	x
For assurance	x
For discussion	
For decision	

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

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

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

Board Assurance Framework/Corporate Risk Register risks this paper relates to	
2545 – Failure to deliver sustainable financial position, 1687 – Managing resources effectively, 1762 – Restrictions in capital expenditure	

Finance Report (Month 10)

1. Executive Summary

1.1 **The Trust has generated a £3.7m deficit year to date.**

1.2 This deficit is **in-line with the financial plan at Month 10**. 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 again in Month 10. The Trust expects to deliver the increasingly challenging targets through a combination of expenditure reduction and non-recurrent benefits.

1.3 **Monthly agency costs are higher than the agency ceiling but are now lower than planned levels.** At the end of Month 10 the Trust has spent £13.1m (cumulative) on agency staff against a plan £14.6m and the Trusts nationally applied agency ceiling of £12m. The Trust is currently forecasting to reduce monthly agency expenditure to below the agency cap levels in Quarter 4 this year.

1.4 **Expenditure on the Trust capital programme is forecast to be £6.5m lower than planned** at Month 10. This is predominantly because the CEDAR programme has experienced delays in approvals from Treasury, which are now resolved.

1.5 **The Trust has a cash balance of £29.7m** at the end of Month 10 which remains ahead of plan but continues to fall quarter on quarter.

2. Key Financial Targets

2.1 Table 1 highlights the key financial metrics for Month 10.

Table 1

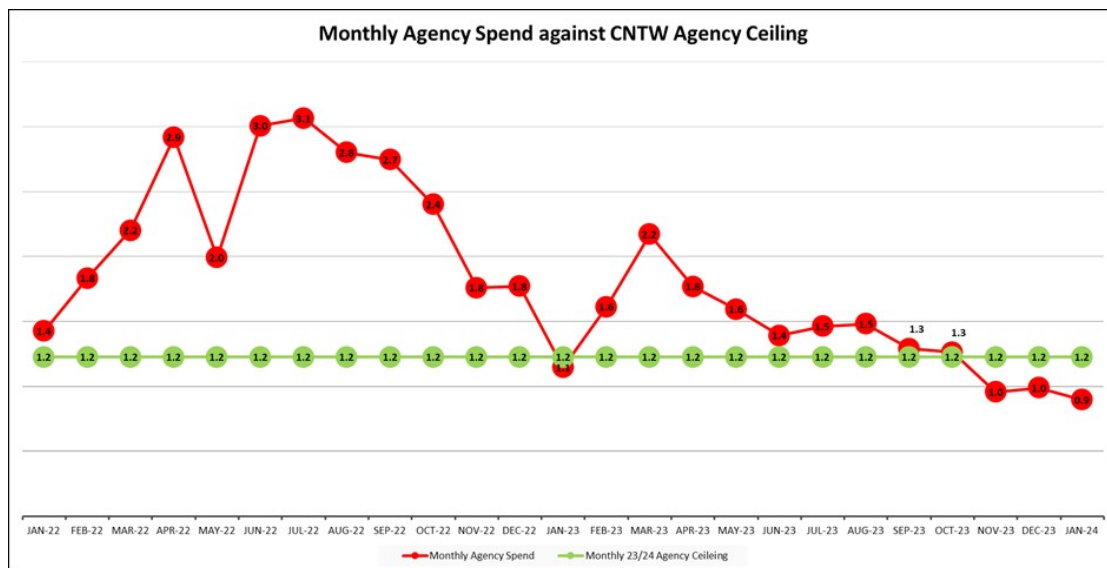
Key Financial Targets	Month 10		
	Trust Plan	Actual	Variance/ Rating
I&E – Surplus /(Deficit)	(£3.7m)	(£3.7m)	(£0.0m)
Agency Spend	£14.0m	£13.1m	(£0.9m)
Cash	£15.2m	£29.7m	(£14.5m)
Capital Spend	£17.5m	£7.5m	£10.0m

3. Financial Performance

Income and Expenditure

- 3.1 At the end of Month 10 the Trust has reported a £3.7m deficit on Income and Expenditure, which is in-line with the plan submitted to NHSE. 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 non-cash releasing in nature and consequently cash levels are reducing despite the Trust managing to the I&E forecast.
- 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 January 2022. Costs in December stand at c£1.0m. Costs are now below the Trust budget year to date. Agency costs are now below the the 3.7% agency cap of c£1.2m per month as well as the prior year ambition to reduce to £1m per month and are forecast to fall below the agency ceiling through Quarter 4. The Trust remains above the agency cap year to date, but performance in this area has clearly improved significantly.

Graph 1



- 3.4 Agency costs have been a focus for the Trust in managing it's 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. The Trust is showing good progress in swapping agency staffing for substantive and bank staff, which avoid premium costs associated with temporary staffing. Agency remains down prior 24 month position with substantive staffing continuing to show growth. Increasing substantive staffing and reducing agency should improve cost effectiveness and support improving quality within the organisation.

WTEs continue to fall month on month, reducing pay cost pressure within the organisation, although total growth in staffing levels over recent years has not been significantly unwound and staffing levels remain above budgeted levels, generating the underlying financial pressure for the organisation.

Table 2

	WTE Dec 19	WTE Jan 22	WTE April 23	WTE Dec 23	WTE Jan 24	Change Since Last month	Change this Financial Year	Change in 24 Mth	Change Since Dec 19
North	1,223	1,345	1,569	1,532	1,526	(6)	(43)	181	303
Central	1,558	1,672	1,779	1,804	1,795	(9)	16	122	236
South	1,857	2,061	2,165	2,133	2,115	(18)	(50)	54	258
N.Cumbria	1,279	1,442	1,477	1,476	1,375	(101)	(102)	(68)	96
Clinical Support	292	323	436	390	478	88	42	156	186
	6,209	6,843	7,425	7,335	7,288	(47)	(137)	445	1,079
Corporate & Other	1,158	1,262	1,353	1,347	1,325	(22)	(28)	64	167
	7,367	8,105	8,778	8,682	8,613	(69)	(165)	509	1,246

	WTE Dec 19	WTE Jan 22	WTE April 23	WTE Dec 23	WTE Jan 24	Change Since Last month	Change this Financial Year	Change in 24 Mth	Change Since Dec 19
Substantive	6,799	7,414	8,090	8,211	8,157	(54)	68	744	1,359
Bank	301	234	293	285	287	2	(7)	53	(14)
Agency	268	457	395	186	169	(17)	(226)	(288)	(98)
	7,367	8,105	8,778	8,682	8,613	(69)	(165)	509	1,246

4. Cash

Table 3

	Year To Date		
	Plan (£m)	Actual (£m)	Variance/ Rating (£m)
Cash	15.2	29.7	(14.5)

- 4.1 Cash balances at the end of January were £14.5m higher than plan, but continue to show a downward trajectory overall.
- 4.2 The Trust received £15m in 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 continue to fall over the year, despite forecasting a breakeven position.

5. Capital & Asset Sales

Table 4


	Year To Date			Year End		
	Plan (£m)	Actual (£m)	Variance/ Rating (£m)	Plan (£m)	Forecast (£m)	Variance/ Rating (£m)
Capital Spend	17.5	7.5	(10.0)	22.5	16.0	(6.5)
Asset Sales	0.0	0.0	(0.0)	6.5	6.4	(0.1)

- 5.1 The Trust Capital spend at the end of Month 10 is £5.2m which is £10.0m less than the plan. The Trust is currently forecasting an underspend against the capital budget included in the original plan; however, this plan included a CDEL expectation associated with the CEDAR business case addendum. The CDEL and cost expectation has been revised downwards for 23/24 and upwards for 24/25. The Trust therefore expects to fully utilise CDEL resources allocated to it, but as plan submitted to NHSE at the start of the year cannot be changed, this presents as an underspend against the capital plan of c£6.5m.
- 5.2 The Trust capital programme includes an assumption of additional PDC funding for the CEDAR programme, as outlined above. 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). The Trust has experienced delays on this programme due to time taken to secure Treasury approval. This has now been secured and the programme is now progressing with a revised financial trajectory.

6. Recommendations

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

5.2 RESOURCE AND BUSINESS ASSURANCE COMMITTEE REPORT

 Paula Breen, Committee Chair

REFERENCES

Only PDFs are attached

 5.2 RABAC Committee Assurance Report - Jan 24.pdf

Board Committee Assurance Report
Meeting of the Board of Directors
Wednesday 6 March 2024

Name of Board Committee	Resources and Business Assurance Committee
Date of Committee meeting held	26 February 2024
Date of next Committee meeting	3 May 2024

1. Key areas of Focus

- Chair's B
- Finance Report – **discussion and assurance**
- Commissioning Update (encompassing Provider Collaborative, Lead Provider and Out of Area Placements) Report – **discussion and assurance**
- CEDAR update (verbal) – **discussion and assurance**
- 2024/25 Financial Planning - **discussion**
- IFRS 16 Impact on PFI Contracts – **assurance**
- Utilities Update – **assurance**
- Commercial Investment Policy & Innovations Strategy - **discussion**
- Digital Strategy and Risk Update – **discussion and assurance**
- Provider Collaborative – TEWV oversight visits - **assurance and discussion**
- Provider Collaborative – Lead Provider Assessment – **assurance and discussion**
- BAF and Risk exception report – **assurance**
- RABAC Terms of Reference Refresh – **approval**
- Information items (sub group minutes) – **information only**

2. Current risks and gaps in assurance, and barriers to closing the gaps

During the meeting, the Committee noted and discussed the following issues in terms of current risks and gaps in assurance.

Land Sale and Managing the 24/25 Year End

The Committee Received the Finance report as well as verbal updates from developments occurring since the writing of the Finance Report. The land sales included within the 23/24 financial position have been delayed, pending finalisation of detail with the purchaser. This constitutes a risk to the year-end financial position. The Committee received assurance that a combination of non-recurrent benefits and additional bridging income from the ICB will support the Trust meeting it's Income and Expenditure plan for 23/24, despite the precipitation of the risk on the land sale.

Meeting the Trust Capital Budget (aka CDEL limit) was also discussed in the context of the approval from Treasury to proceed with the CEDAR business case addendum. The Trust is able to meet its CDEL limit for 23/24, however, it is currently in discussion with system partners around phasing of PDC drawdowns and delivery of the CDEL limit in the context of an ICS position of underspending against the ICS capital allocation. The Trust is considering securing system agreement to overspend against its individual capital allocation to support the minimise the wider system underspend whilst mitigating pressure on CDEL for 24/25.

Medium Term Financial Planning

The Committee received assurance that the 23/24 position will be delivered in line with the financial plan. It also received an outline update for 24/25 financial planning which is developing quickly and is extremely fluid as a result of a rapidly changing external financial environment. Guidance has now been received but remains in a draft state. A full update will be provided to the board on financial planning. The Trust is expected to produce a balanced plan for 24/25 which has not yet been achieved and remains a gap in assurance for the Trust. The Trust is currently working with ICS colleagues to mitigate the financial gap that currently exists within the Trust and the System financial plans. The Trust draft priorities include a deliverable to set medium term financial trajectories in order to develop a medium financial plan to address the underlying deficit within the Trust.

CEDAR

The Committee noted the verbal update on the CEDAR project. This project has been an area of concern as Treasury approval to proceed with the plan had not been received. The committee heard that Treasury approval has now been received and the risk to completing the CEDAR programme has been mitigated.

IFRS 16 Impact on PFI Accounting

The Committee noted the report outlining the impact of the change in accounting rules relating to IFRS 16 (International Financial Reporting Standard 16), which has a significant adverse impact (c£6m) on the financial position due to technical changes to financial reporting. The committee received assurance that this will not count towards the Trusts financial performance metric for the year and so were assured this does not need to be mitigated for the 23/24-year end position.

Digital Update

The Board of Directors and Committee have previously identified visibility and assurances around the digital agenda as a gap in overall board assurance. The Committee received an update from the CIO which outlined the development of the current digital strategy, an update on progress against the projects contained within this, information relating to the national and ICS digital agenda too. The awareness and assurances supporting the digital agenda are a key area of development for the committee.

Provider Collaborative – Adult Eating Disorders

The Committee heard an update on 2 recent incidents at within Adult Eating Disorder services run by TEWV. The committee heard assurances on the escalation of the issues with the Commissioning Hub and the actions being taken – including immediate action to support the provider, steps taken to ensure assurances are received on the safety of patients within these services, application of the contract sanctions, escalation and liaison with NHSE, CQC and the ICB as well as capturing learning from the incidents and any improvements that can be made to the oversight function fulfilled by the commissioning hub.

3. Key challenges now and in the medium term

The key challenge faced by the Trust is the development of a compliant (i.e. breakeven) 24/25 financial plan, alongside the development of a medium-term sustainability plan.

4. Impact actions taken to date are having on the achievement of our strategic ambitions

Key actions taken:

- Securing bridging income from the ICB to delayed recognition of the land sales included in the 23/24 financial plan.
- Securing additional non recurrent benefits in 23/24 to mitigate delayed recognition of the land sales in the 23/24 financial plan (including lease revaluations)
- Non recurrent retention of Specialised Commissioning Income in 23/24 relating to the closure of MSU CAMHS beds as part of the Ferndene reconfiguration. (Not discussed in the meeting)
- Liaison with ICS partners regarding mitigating system CDEL underspends in 23/24 and consequent impact on mitigating pressure in 24/25 CDEL pressures.
- Ongoing negotiation with the ICS regarding contract mandates for the 24/25 financial year
- Ongoing work to improve digital governance both at committee and at sub-committee level.
- Ongoing reductions in agency expenditure, with consequent impacts on improving the ability of the Trust to control the quality of it's staffing as well as avoiding premium costs associated with agency expenditure.
- The Trust has started to reduce WTE usage which supports financial delivery.

5. Barriers to progress and impact on achievement of strategic ambitions

ICS Resources

The ICS, in-line with the wider NHS, is experiencing a tightening of financial resources available to invest in services and mitigate ongoing, significant underlying financial pressures. This impacts the Trust by constraining financial resources available to the Trust to continue to grow the size of the workforce. Delivery of the financial obligations of the Trust are therefore dependent on improving use of existing resources and containing expenditure within existing income envelopes. This means the Trust is required to repurpose existing resources to better effect to maintain quality and safety whilst remaining financially sustainable. This places significant emphasis on the ability of the Trust to transform its model of care in order to reduce overall costs of service deliver, which is the main focus of the current plan and strategy for the organisation.

6. Actions to be taken prior to next meeting of the Committee

The Committee were advised that the current planning round is moving at significant pace with multiple actions being taken to navigate this. Given the pace of the planning round and the quarterly sitting of the RABAC, it was agreed that regular meetings would be held with the Chairs of both RABAC and Audit Committee to ensure they are appraised of the progress being made in coming weeks. It was felt this appropriate due to the regulatory impact of not submitting a financial plan would have on the organisation. Having regular sittings of RABAC was felt to be onerous and unnecessary – specific decision points may require extra ordinary RABAC or Board sessions – this will be worked through and advised in due course.

7. Items recommended for escalation to the Board at a future meeting

The underlying financial position remains a continued area of emphasis, though no specific items are escalated at this point.

8. Summary of Approval, decisions and ratification of items taken the meeting

The Committee were asked to approve the revised terms of reference for the committee. These were approved.

9. Review of Board Assurance Framework and amendments thereon

At the February meeting of the Resources and Business Assurance Committee, BAF risks associated with the delegated responsibility of the Committee were reviewed. The highest scoring BAF risk (scoring 16 and above) is as follows.

Resource and Business Assurance Committee		
Risk	Score	Gaps in assurance
2545 – Failure to deliver a sustainable financial position and longer-term financial plan, will impact on Trust’s sustainability and ability to deliver high quality care.	4(L)X4(I) 16	<ul style="list-style-type: none"> Absence of an in-year recovery plan for Central Locality Absence of a medium/long-term financial plan.
2541 – Risk that the Trust does not deliver the objectives of its Green Plan affecting the physical and mental health of current and future generations.	5(L)X4(I) 20	<ul style="list-style-type: none"> Limited reporting on progress against the agreed Green Plan. Clarity on the availability of capital funding. Capacity issues within the team to progress the actions required against the Green Plan.

The Committee noted the scoring attached to the risks and determined that risk 2545 is appropriately score. Given the scoring and the required focus strategically, a specific report is provided to the Board on the financial position.

The Committee noted the scoring associated with 2542 but did not agree with the risk scoring associated with this risk. It is therefore recommended to the Board of Directors that the risk scoring on this item is altered. The recommended scoring has been reduced to 4 (likely) x 3 (moderate impact) with a resulting score of 12. Consequently, no additional report is to be provided to the Board of Directors as an area of concern and the risk is de-escalated from exception reporting via this report (as outlined above).

9. Recommendations

The Board is asked to:


- Note the content of the report.
- Seek further assurance from the Committee Chair and Executive Lead if required.
- Approve the regrading of risk 2541 and the consequent de-escalation as outlined

Paul Breen
RABAC Chair
 March 2024

Kevin Scollay
Executive Director of Finance


6. STRATEGIC AMBITION 5 ? WORKING FOR, AND WITH OUR COMMUNITIES

6.1 SYSTEM WORKING / POLICY UPDATE

 Chief Executive Report

verbal update

6.2 CHARITABLE FUNDS COMMITTEE

 Louise Nelson, Committee Chair

REFERENCES

Only PDFs are attached

 6.2 Charitable Funds Committee Assurance Report January 2024.pdf

Board Committee Assurance Report
Meeting of the Board of Directors/Corporate Trustee (CLOSED)
Wednesday 6 March 2024

Name of Board Committee	Charitable Funds Committee
Date of Committee meeting held	17 January 2024
Agenda items/topics considered	See below
Date of next Committee meeting	1 May 2024

1. Key areas of focus

Due to IT issues, the meeting was chaired by David Arthur, Committee Vice-Chair, although Louise Nelson was in attendance at the meeting. Following his appointment as Non-Executive Director, Vikas Kumar will take up the role as Chair of the Committee from May which will be used as a handover, and Louise Nelson will remain as a Committee member.

Louise Nelson has joined a regional meeting of North East and North Cumbria Integrated Care System NHS Charity Committee Chairs. Louise will provide a paper to the May meeting of the Committee on the shared learning and opportunities for more joined up working across the region. Vikas Kumar will join the group going forward.

The Committee received an update on the expenditure log, and fund balances including the Trust's general 'Shine' Fund. Eight new funds were opened during period to account for the Trust's successful bid in securing £154k of the NHS Charities Together Stage 3 Grant funding for eight special projects across the Trust.

The Committee received an update on progress to deliver the Charity Strategy. During the period, the Charity embarked on a rebrand and relaunch following the additional resource to support the charity following the appointment of an Apprentice-level post (funded by the charity), the appointment of a Band 5 Marketing Officer (funded by NHSE for a period of 12 months), and the move of the charity and fundraising portfolio to the Director of Communications and Corporate Affairs under the leadership of the Trust Marketing Manager.

2. Current risks and gaps in assurance and barriers to closing the gaps

2.1 Charity accounts update

The Committee received an update of the Charity accounts and financial position. Income from donations were comparable with the same period in the previous year. Charitable Activities expenditure shows much higher than the same period last year, this is primarily due to the agreement made in 2021 to donate £100k to the Trussell Trust to support food banks across the region. Although it is envisaged that because of the additional resource and focus to support the Charity income and fundraising will increase, the net movement in fund balances is a decrease of £75k.

2.2 Charity resource and support

It should be recognised that the Charity activity, awareness, and fundraising activities has increase significantly since summer 2023 following the move of the portfolio to the

Communications Team directorate and investment in the Marketing Officer and Apprenticeship post. The Corporate Trustee (Board of Directors) are asked to note that the Marketing Officer is a temporary post, funded by NHSE up to the end of June 2024. The ability to sustain progress of charity activity will be greatly affected by the loss of this post and the Director of Communications and Corporate Affairs will be discussing this with the Committee Chair and Executive Director of Finance in the coming months.

3. Key challenges now and in the medium term

3.1 Positioning of NHS mental health and disability charities

The key challenge for the Trust Charity remains around our ability to compete with NHS Acute charities and increase the focus on the benefits of our charity on the wellbeing of people with mental health and disability issues. Whilst retaining its original name, the new SHINE brand now provides reference to its connection with the NHS and supporting NHS care.

4. Impact of actions taken to date on the achievement of our strategic ambitions

4.1 Impact of the charity of patient care and wellbeing

In line with the improved governance arrangements, the Committee continues to meet monthly to review and approve bids for fund use. 35 applications to withdraw from specific funds and nine applications were received to withdraw from the Shine Fund. The impact of the funds on patient care, support for carers and staff continues to be shared in line with the Charity Annual Plan and Strategy. The improved communications and engagement to support the charity outlines the positive impact initiatives can have on the wellbeing of those who use our services, as well as our workforce.

A key aim of our marketing approach has been to refresh and relaunch the charity brand promoting the value, support and impact of donors, volunteers, and supporters. This includes encouraging and increase fundraising efforts and raise the profile of mental health and learning disabilities and help tackle the stigma often associated. The Committee was provided with examples of the new integrated marketing approach has used to develop a wide range of print and digital assets to inform, educate and encourage support and fundraising efforts.

Our approach during the period has resulted in the use of video's, radio promotion and interviews with those who have been impacted positively by charitable donations and strengthening of online content including use if imagery, stories, and functionality of the intranet and website.

Following the success of the last five months we plan to increase the number of fundraising activities throughout 2024 and beyond. We have seen a large increase in donations via fundraising events already and we are confident this will continue. We are exploring new opportunities working with external organisations i.e., through corporate giving schemes and relationships with external corporate organisations Starbucks, Newcastle United Foundation, Foundation of Light, Barbour and others. We are also hoping to secure a patron for the Charity over the coming months.

4.2 Example of the impact the charity can have...

The Committee received a presentation to support a bid the Shine Fund for a withdrawal to support the Voyage of Discovery trip for service users in the Early Intervention in Psychosis service in June 2024. A similar trip took place in 2023 and the impact of the trip was shared by a service user who provided the Committee with an account of their experience. They talked about the building of relationships that have lasted beyond the trip and that the experience helped them feel empowered. The trip has had a longer-term positive impact for everyone who took part. This was a perfect example of the positive impact of initiatives supported by the charity that go beyond care and treatment models.

5. Barriers to progress and impact on achievement of strategic ambitions

See section 2.2 above.

6. Actions to be taken prior to next meeting of the Committee

- Continuous review the charity investment portfolio.
- Update from the Chair following the NHS Charity Chairs meeting and review any learning and opportunities for joint working.
- Discuss future resource support for the Charity.

7. Items recommended for escalation to the Board at a future meeting

There are no items for escalation to the Board at this stage and the Committee feels it has an appropriate level of assurance in terms of management of the Charity on behalf of the Corporate Trustee (Board of Directors).

8. Summary of Approval, decisions and ratification of items taken the meeting

The Committee continues to review and approve individual bids from services in line with the delegated authority outlined in its terms of reference.

9. Review of Board Assurance Framework and amendments thereon

There are no BAF risks associated with the Charitable Funds Committee.

10. Recommendations

The Board is asked to note the content of the report and seek further assurance from the Committee Chair and Executive Lead if required.

Louise Nelson
**People Committee
Chair
March 2024**

Debbie Henderson
**Director of Communications
and Corporate Affairs**

Kevin Scollay
Executive Director of Finance


7. GOVERNANCE AND REGULATORY

7.1 FIT AND PROPER PERSONS REQUIREMENTS REPORT

 Debbie Henderson, Director of Communications and Corporate Affairs

REFERENCES

Only PDFs are attached

 7.1a Report - FPPT process.pdf

 7.1b FPPT Trust Policy v2 DRAFT ka.pdf

Name of meeting	Board of Directors Meeting
Date of Meeting	Wednesday 6th March 2024
Title of report	Implementation of the Fit and Proper Person Test Framework / Policy
Executive Lead	Debbie Henderson, Director of Communications and Corporate Affairs/Board Secretary
Report author	Kirsty Allan, Corporate Governance Manager/Deputy Trust Secretary

Purpose of the report	
To note	✓
For assurance	✓
For discussion	
For decision	

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

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

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

Implementation of the Fit and Proper Person Test Framework and Policy

Board of Directors Meeting Wednesday 6 March 2024

1. Executive Summary

This paper highlights key changes to the Fit and Proper Person Test (FPPT) as provided in NHS England's new FPPT Framework and the implementation of these changes within Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

In 2019, a government-commissioned review (the Kark Review) of the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to the recommendations within the Kark Review, NHS England developed a FPPT Framework to strengthen/reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership with the NHS.

The framework applies to the board members of NHS organisations and should be implemented by all boards going forward from that date. The Framework does not require any retrospective actions and specifies that it is for all new board appointments or promotions and future annual assessments.

The framework applies to the board members of NHS organisations, irrespective of voting rights or contractual terms. Deputies are included within the scope of the FPPT Framework if they act up to cover board member's role for a period of six weeks or more.

2. Fit and Proper Person Test Framework

New board appointments or promotions

- 2.1 The FPPT Framework has added some additional checks for NHS organisations recruiting or promoting an individual to a board director level.
- 2.2 The additional checks include references to cover a six-year continuous employment history (an increase from three years to current recruits), using a standard board member reference template.
- 2.3 The Council of Governors should be informed of a satisfactory FPPT assessment for new Chair and Non-Executive Director appointments.

Annual checks and self-attestations

- 2.4 The FPPT Framework includes a new annual self-attestation pro-forma to be completed. It is recommended that this is undertaken alongside the annual appraisal.
- 2.5 The FPPT Framework requires additional annual checks for executive directors of training and development, and it is expected that this will be fulfilled during the appraisal process when Core Skills compliance and the personal development plan (PDP) are checked.
- 2.6 Additionally, the FPPT Framework mandates DBS checks to be conducted every three years, and it is recommended that the renewal dates of DBS checks coincide with the annual self-attestation process during the annual appraisal.
- 2.7 New DBS checks will be undertaken for all board members who have not had a DBS check in the previous 12 months.
- 2.8 A series of additional fields will be added to the Electronic Staff Record (ESR) to support the Trust's implementation of the FPPT Framework and standardise recording of checks across the NHS. Copies of all information will also be held within a centralised location within the Corporate Affairs Team.
- 2.9 Once the FPPT checks have been completed, the Chair will be responsible for ensuring the organisation has ensured board members are, and remain, suitable for their role. The Chair's sign-off FPPT checks forms part of their own FPPT check.
- 2.10 The Senior Independent Director will review the Chair's FPPT check and ensure the Chair is meeting the requirements of the FPPT.
- 2.11 Once the Chair's FPPT check is signed off, all of the details are added to ESR, and the annual NHS FPPT submission reporting template is sent to the NHS England's Regional Director.

Leaving the Trust / References

- 2.12 The FPPT Framework includes a new requirement for organisations to complete a reference template as soon as a board member leave the organisation, regardless of whether another organisation has asked for the reference. The FPPT Framework includes a standard board member reference template to ensure a consistent approach.
- 2.13 Reference needs to cover a six-year continuous employment history, and therefore will be retained on the individual's file for six years after departure.

- 2.14 Where a director leaves the Trust with a settlement agreement, the FPPT Framework recommends that a term is included in the settlement agreement to state that information about the agreement will be included in ESR, and in doing so, will not be a breach of confidence. The specific settlement agreement terms for inclusion in ESR have not yet been provided.
- 2.15 If a director does not agree with the contents of the reference, they are permitted to right of reply. A standard operating procedure will be added to the Fit and Proper Persons Policy that outlines this process.

3. Privacy and data protection considerations

Basis for collecting and processing data

- 3.1 The process of data to undertake the Fit and Proper Persons Test is necessary on the lawful bases set out in Articles 6(1)(e) UK GDPR.
- 3.2 This is because it relates to the processing of personal data which is necessary for the performance of the FPPT which is necessary for compliance with legal obligations and is carried out in the public best interest and/or in the exercise of official authority vested in the controller.
- 3.3 The processing of special category data to undertake the FPPT is necessary on the lawful bases set out in Articles 9(2)(b), 9(2)(g) and 9(2)(h) UK GDPR.
- 3.4 This is because processing is necessary for the purposes of carrying out the obligations in the field of employment, is necessary for reason of substantial public interest, and is necessary for management of health and social care systems and services.
- 3.5 A FPPT framework requires that board members are made aware that they may object to their data being processed for the FPPT. However, as the Trust has a legal obligation to undertake the data processing, any objection is likely to be incongruous with continued employment.
- 3.6 The Trust has determined that one part of the FPPT Framework requirement would need to be undertaken by an external company 'Neotas' in relation to social media checks which data is transferred via a secure portal with a retention period of 6 months after which time data is destroyed. It is to note, due to the data the Trust is transferring through this secure portal, name, date of birth, phone number and email addresses, this does not hit the threshold for a Data Processing Impact Assessment (DPIA).

Data subjects are made aware of FPPT checks which are communicated through the recruitment process for new appointments and within the new FPPT Policy as well as informing individuals of this matter prior to undertaking FPPTs.

Access to data

- 3.7 Information that is held within ESR regarding board members is accessible by a limited number of senior individuals within Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust only.
- 3.8 There is no access to FPPT information about board members in one organisation by another organisation or individual.
- 3.9 Personal data is exempt from the Freedom for Information Act, but Trusts expects to receive requests for anonymised data, which will be shared with requestors in accordance with our Information Governance Policy.
- 3.10 The Trust's Information Governance Policy cover data processing and how data subjects can exercise their data protection rights, such as how to access information held about them.
- 3.11 The CQC will regulate data integrity and controls that the organisation has in relation to the records held in ESR.

Retention and disposal of data

- 3.12 Documentation supporting the FPPT should be held for six years in accordance with the NHS Records Management Code of Practice. As outlined in 3.6 above, data that has been transferred to an external company for social media checks only, will have a retention period of six months after which time the information is destroyed.
- 3.13 Once the retention period has expired, data is disposed of in accordance with the NHS Records Management Code of Practice.

4. Reporting and audit

- 4.1 The recording of FPPT checks in ESR allows reports to be run on a regular basis to show compliance with legislative and regulatory requirements.
- 4.2 The FPPT Framework states that it is good practice for the Chair to present a report on completion of the annual FPPT in accordance with local policy, to the board in the public meeting and to the Council of Governors for Non-Executive Directors, for information.
- 4.3 The FPPT Framework states that it is good practice for NHS organisations to report on the high-level outcomes of the FPPT assessments in the annual report or elsewhere on the Trust website.
- 4.4 The FPPT Framework recommends that internal audit should assess the processes, controls and compliance supporting the FPPT assessments, and that

this should include a sample testing of FPPT assessments and associated documentation. It is recommended that this happens every three years.

- 4.5 The FPPT Framework also recommends that organisations consider inclusion of FPPT process and testing in the specification for any commissioned or well-led or board effectiveness reviews.

5. Key Changes

The key changes to note are as follows:

- a. Additional references to cover a six-year continuous employment history for all new board appointments (including promotions).
- b. The implementation of a national self-attestation pro-forma as part of the annual FPT checks on board members.
- c. Mandating that DBS checks are undertaken every three years for board members.
- d. New checks on the training and development of Executive Directors, to be undertaken alongside the annual appraisal.
- e. A new reference pro-forma and procedure to be followed when a board director leave the organisation.
- f. Improved local reporting of FPPT checks on the Electronic Staff Record (ESR) and clearer auditing requirements.

6. Recommendations

The Trust Board is asked to:

- Agree that all deputies should be included within the scope of Fit and Proper Person Policy, from the point of appointment.
- Agree that an annual report of FPPT compliance is presented to the Trust Board and Council of Governors.
- Agree that following presentation at the Trust Board and Council of Governors, the high-level outcomes of the FPPT assessments will be included in the Annual Report and on the publications page of the Trust website.
- Agree that the FPPT process, controls and compliance supporting FPPT assessments are subject to review by internal audit every three years.
- Agree that the specification for any commissioned well-led or board effectiveness review should include the FPPT process and testing.
- Note that the new DBS checks will be conducted for all board directors who haven't had a DBS check in the previous 12 months and will undergo three yearly DBS checks.
- Review and approve the implementation of the FPPT policy.

Document Title	Fit and Proper Person Policy - DRAFT			
Reference Number				
Lead Officer	Debbie Henderosn, Director of Communications and Corporate Affairs / Board Secretary			
Author(s) (name and designation)	Kirsty Allan, Corporate Governance Manager / Deputy Trust Secretary			
Ratified by				
Date ratified				
Implementation Date	Xx/xx/2024			
Date of full implementation				
Review Date	Xx/xx/2027			
Version number				
Review and Amendment Log	Version	Type of change	Date	Description of change

This policy supersedes:

Document Number	Title

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Standard Appendices – attached to policy		
A	Equality Analysis Screening Toolkit	16 -17
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Insert Appendices table if appropriate

Appendices – listed separate to policy		
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Insert Section break – next page

Policy on a page

This policy applies to all Board members, including:

- Executive Directors and Non-Executive Directors (NEDs), irrespective of voting rights.
- Interim (all contractual forms) as well as permanent appointments, where interim arrangements exceed six weeks.
- Those individuals who are called 'Directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This regulation has been integrated into the Care Quality Commission (CQC) registration requirements and falls within the remit of their regulatory and inspection approach.

Providers must not appoint to any board member post until all the fit and proper person requirements (FPPR) have been met and approved by the Chair.

The Trust will make every reasonable effort to assure itself about existing post holders and new applicants and to make specified information about board directors available to the CQC on request.

The Chair holds the ultimate accountability for adhering to the Regulations and the NHSE Framework. The Director of Communications and Corporate Affairs/ Board Secretary or deputy will ensure the compliance with this policy working closely with the Workforce and OD Team and will ensure that evidence of compliance is maintained electronically on the personal files of board members and within the Electronic Staff Record (ESR) system.

The Trust is responsible for ensuring the continued "fitness" of those persons to whom the requirements apply.

Where matters are raised that cause concerns relating to an individual being fit and proper to carry out their role, the Chair will address this in the most appropriate, relevant and proportionate way and in accordance with the NHSE Framework.

1 Introduction

- 1.1 The Fit and Proper Persons Tests set out in Regulation 5 of the Health and Social Care Act 2008 (Regulations of Regulated Activities) (Amendment) (Regulated Activities) Regulations 2014 (the “Regulations”) which came into force on 27th November 2014. This Policy also incorporates the requirements of the refreshed framework introduced in August 2023, taking effect from 30th September 2023 onwards. This policy should be read in conjunction with the NHSE Framework.
- 1.2 Individuals in these roles must meet the requirements on appointment and continue to meet these requirements whilst holding office as a director.
- 1.3 The Trust will regularly review the ongoing continuing fitness of a director to hold a Directorship with the Trust. In the event the Trust determines on reasonable grounds that the Director has ceased to be a “fit and proper person” within the meaning of the Regulations then the appointment may be terminated with immediate effect.
- 1.4 This policy applies to permanent and interim positions, whether the individual is employed directly or via a third party. The Trust will retain responsibility for carrying out checks on all interim staff, as well as maintaining the relevant evidence.
- 1.5 The word “Director” is used throughout this policy to include all individuals within this wider definition with autonomy & authority to act in the capacity of a director when required in a manner comparable to an executive director of the Trust.

2 Purpose

- 2.1 The purpose of this policy is to inform those outlined in the scope of their responsibilities in relation to the Fit and Proper Persons Test and to outline the processes that will ensure the test is correctly applied and regularly monitored.

The policy is to set out the required standards based on the guidance issued by the Care Quality Commission (CQC) which emphasises the importance of the Fit and Proper Persons Test in ensuring the accountability of directors of NHS providers.

To ensure the Trust meets its statutory and regulatory requirements, this policy defines the way in which areas of responsibility have been determined, together with processes for assessment checking and compliance monitoring.

The policy for Fit and Proper Persons Tests is based upon the following key principles:

- a) The Trust complies with its statutory and regulatory obligations when appointing directors to the Trust Board.
- b) The Trust meets the requirements of its Governance framework.

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- c) The Trust has in place a robust process for the assessment of directors in meeting the requirements of the Fit & Proper Persons Test at the point of recruitment and on an on-going basis.
- d) The Trust is prepared for external monitoring and assessment undertaken by regulatory bodies.

2.2 All provider organisations must ensure board appointments meet the 'Fit and Proper Persons Test' and the regulations place a duty on NHS providers not to appoint a person or allow a person to continue to be a board member if this test is not met.

2.3 This regulation has been integrated into the Care Quality Commission (CQC) registration requirements and falls within the remit of their regulatory and inspection approach.

3. Scope

3.1 This policy and procedure applies to all Board level appointment, whether on an interim or permanent basis. The Trust regards the following posts as subject to the 2014 regulations.

- Both Executive Directors and Non-Executive Directors (NEDS), irrespective of voting rights
- Interim (all contractual forms) as well as permanent appointments where interim arrangements exceed 6 weeks
- Those individuals who are called 'Directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A list of the positions covered by this policy (as defined by the Board) is contained in Appendix D.

3.2 Guidance describes "Directors" as Executive Directors and Non-Executive Directors and any other persons performing the functions of, or similar functions to, a Director.

3.3 Where interim Executive Directors are in place, the requirement to comply with and meet the standards also applies, if the position is likely to, or does exceed 6 weeks.

4. Meeting the Requirements of Regulation 5

4.1 The Regulations places the ultimate responsibility on the Chair to discharge the requirement placed on the Trust to ensure that all relevant post holders meet the FPPT and do not meet the Chief Executive's letter to Executive Directors should include a paragraph to confirm this responsibility. Further detail is provided in the CQC guidance for NHS Bodies: Fit and Proper Persons: Directors, November 2014, NHS Provider Fit and Proper Persons Regulations in the NHS February 2018 and NHS England Fit and Proper Persons Test Framework for Board Members 2023.

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4.2 Web-links

[Regulation 5: Fit and proper persons: directors - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/regulation-5-fit-and-proper-persons-directors)

[Fit and proper persons regulations in the NHS: What do providers need to know? \(nhsproviders.org\)](https://www.nhsproviders.org/fit-and-proper-persons-regulations-in-the-nhs-what-do-providers-need-to-know/)

[NHS England » NHS England Fit and Proper Person Test Framework for board members](#)

4.3 The Trust will make every reasonable effort to assure itself about existing post holders and new applicants and make specified information about Board Directors available to the CQC on request.

All Directors failing within the scope of the policy as set out in Sections (3.1 and 1.5) must provide evidence that they:

- are of good character
- hold the required qualifications and have the competence, skills and experience required for the relevant office for which they are employed
- are capable, by reason of their physical and mental health, after any necessary reasonable adjustments, of properly performing their work
- can supply relevant information as required by Schedule 3 of the Regulations
- have not been responsible for or privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on regulated activity (or providing a service elsewhere which if provided in England would be a regulated activity).

The Fit and Proper Person Requirements lists categories of persons who are prohibited from holding office and for whom there is no discretion. The grounds of unfitness specified in Part 1 of Schedule 4 of the Regulated Activities Regulations are:

- the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
- the person is the subject of a bankruptcy restrictions order or interim bankruptcy restrictions order or an order made in Scotland or Northern Ireland.
- the person is a person of whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.
- the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
- the person is included in children's barred list or the adults' barred list maintained under Section 2 of the Safeguarding Vulnerable Group Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland and Northern Ireland.
- the person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.
- The person is responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

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- 4.4 In accordance with part 2 of the Regulations a person will fail the good character test if they:
- have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom would constitute an offence.
 - have been erased, removed, struck off a register of professionals maintained by a regulator of health care or social work professionals.
- 4.5 Providers have a general obligation to ensure that they only employ individuals who are fit for their role, the ‘fit and proper persons’ test must be applied for all new and existing board members and there must be systems and processes in place to provide ongoing assurance that the requirements are met. There is a duty on the organisation to take such action as is necessary and proportionate to ensure on-going compliance.
- 4.6 There is an expectation that senior leaders set the tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude. As such, an assessment of a candidate’s values for all director appointments are critical to take account of the values of the organisation and the candidates fit to these values.
- 4.7 **Serious misconduct or mismanagement**

Serious misconduct:

- Misconduct is defined by CQC as a breach of “a legal or contractual obligation imposed on the director”, for example an employment contract, regulatory requirements, criminal law or engaging in activities which are morally reprehensible or likely to undermine public confidence. Examples of serious misconduct include assault, fraud and theft.

Mismanagement:

- Mismanagement is defined by CQC as “being involved in the management of an organisation in such a way that the quality of decision-making and actions of the managers falls below any reasonable standard of competent management”. Examples of serious mismanagement include any dishonest conduct, continued failure to develop and manage business, financial or clinical plans and having no regard to appropriate standards of governance.
- While serious misconduct tends to be a single incident, serious mismanagement is likely to refer to actions over a period of time.

“Privy to” – misconduct or mismanagement

- “Privy to” means that there is evidence that the director was aware
- Of serious misconduct of mismanagement but did not take the appropriate action to ensure it was addressed. This action could include making a formal complaint or drawing the matter to the attention of the appropriate senior manager of staff or a suitable person outside the organisation.
- “Responsible for, contributed to or facilitated” means that there is evidence that a person has intentionally or through neglect behaved in a manner, through

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action or omission, which would have led to, assisted or enabled serious misconduct or mismanagement.

5. Procedure

- 5.1 The Fit and Proper Person's requirements (FPPR) places the ultimate responsibility on the Chair to discharge the requirement placed on the Trust, to ensure that all relevant post holders meet the fitness test and do not meet any of the 'unfit' criteria. Further detail is provided in the CQC Guidance for NHS Bodies: Fit and Proper Persons: Directors, November 2014.
- 5.2 The Trust will make every reasonable effort to assure itself about existing post holders and new applicants and to make specified information about board directors available to the CQC on request.

6 Recruitment

- 6.1 Appointments of new board members must be made through a robust and thorough recruitment process. The selection process for all Executive Director posts will be robust, ensuring that the specific qualifications, skills and experience required for the role are set out in the job description and person specification and thoroughly tested.
- 6.2 The selection process must, as a minimum, include an interview panel process and value-based interview/assessment.
- 6.3 In assessing competence, skills and experience as part of the recruitment process, reference must also be made to the NHS Leadership Competency Framework for board level leaders.
- 6.4 Non-Executive Directors are appointed by NHS England. The recruitment process for Non-Executive Directors is led by the NHS England's Appointment team, who will obtain references, conduct the required electronic checks under the FPPT Framework, and obtain signed self-attestations. The Trust will, however, be responsible for requesting DBS checks and Occupational Health Assessment on each individual prior to appointment. Once the NHSE Selection Panel has approved an appointment, and the Appointments Team have conducted satisfactory FPPT checks, all FPPT documentation together with the letter of appointment issued by NHS England will be requested by the Trust, and will be retained on the Non-Executive Directors local electronic personal file, along with all local recruitment and appointment information and checks, as described above. All information will be made available to the CQC on request.
- 6.5 The same process as above will apply to the appointment of the Chair.
- 6.6 No Executive Director should be appointed and start in post until all FPPT checks have been completed and approved by the Chair. For Non-Executive Director appointments, whilst NHSE will conduct the checks above, the Chair will need to approve the locally requested DBS and Occupational Health Assessment, prior to NHSE appointment. No Non-Executive Director should

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therefore be appointed and take up post until all FPPT checks have been completed and approved by the Chair, as appropriate.

7. Full Fit and Proper Person Test Assessment

- 7.1 A documented, full FPPT assessment will be carried out by the Trust in the following circumstances:
- 7.2 New appointments in board member roles, where permanent or temporary, were greater than six weeks, these covers:
- a) New appointments that have been promoted within the NHS organisation
 - b) Temporary appointments (including secondments) involving acting up in a board role on a non-permanent basis
 - c) Existing board members at one NHS organisation who move to another NHS organisation in the role of a board member
 - d) Individuals who join an NHS organisation in the role of a board member for the first time from an organisation that is outside the NHS.
- 7.3 When an individual board member change's role within their current NHS organisation (for instance, if an existing board member moves into a new board role that requires a different skillset).
- 7.4 Annually, that is within 12 months period of the date of the previous FPPT to review any changes in the previous 12 months.
- 7.5 A full FPPT assessment will consist of the checks listed in Appendix E.
- 7.6 All checks must be recorded, evidenced and signed and dated by the Trust's Recruitment Team. The Director of Communications and Corporate Affairs or deputy will then review the checks and share the evidence with the Chair for approval. Evidence checks for Executive Directors will also be shared with the Chief Executive Officer. The Senior Independent Director (SID) will review and approve the locally requested (DBS and OH) upon recruitment of a new Chair, the annual review of FPPT checks on the Chair and the Chair's three-yearly DBS check.
- 7.7 Evidence of the checks and the Chair's approval will be documented on the individual's personal file and on the Trust's Electronic Staff Records (ESR) system.
- 7.8 Any Executive or Non-Executive Director appointment will take into account the Trust's obligations under the Regulations. Where the Trust makes a decision on the suitability of an individual, the reasons will be appropriately documented.
- 7.9 If the Director has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to.

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8. Roles and Responsibilities

8.1 The Chair

The Chair holds ultimate responsibility for adhering to the Regulations and the NHSE Framework. Responsibilities of the Trust Chair are listed below:

- Ensure the trust has proper systems and processes in place to make robust assessment required by the FPPT.
- Ensure the results of the full FPPT, including annual self-attestations for each board member are completed and retained.
- Ensure an appropriate programme is in place to identify and monitor the development needs of board members
- Conclude whether board members are fit and proper

8.2. Care Quality Commission

8.2.1 The regulations give the Care Quality Commission powers to assess whether both Executive and Non-Executive Directors are fit to carry out their role and whether providers have in place adequate and appropriate arrangements to ensure directors are fit and proper persons both at recruitment and whilst in post.

8.2.2 In undertaking inspections, the Care Quality Commission will assess compliance as part of the well-led domain. Where compliance cannot be demonstrated this will be addressed as appropriate through the regulatory process.

8.3 Board post holders within the scope of the FPPR

8.3.1 Non-Executive Directors and Executive Directors and other board level posts within the scope of this policy must ensure they comply with and continue to comply with the requirements of the Fit and Proper Persons Regulations, the NHSE Framework and this policy.

8.4 Director of Communications and Corporate Affairs

8.4.1 The Director of Communications and Corporate Affairs will ensure the compliance with this policy working closely with the Workforce and OD team, and will ensure that evidence of compliance is maintained electronically on the personal files and ESR records of qualifying post holders.

8.5 Senior Independent Director (SID)

8.5.1 The SID is a Non-Executive Director who oversees the application of the Fit and Proper Person role for the Chair. Annually, the SID or deputy chair will review and ensure that the chair is meeting the requirements of the FPPT. (see section 7.6)

8.5.2 Additionally, with the support from the Director of Communications and Corporate Affairs, the SID can undertake investigations into any concerns raised about the Chair, including where the Chair has notified the SID they may no longer comply with the Fit and Person's requirements.

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9 Governance and Records

- 9.1 The Director of Communications and Corporate Affairs in conjunction with the Chair and the Remuneration Committee will ensure prompt action in accordance with Regulation 5, in the event of non-compliance with the policy by any qualifying post holder as per section 7.5.

Personal data relating to the FPPT assessment will be retained in local record systems and the Trust ESR system.

- 9.2 The Trust has determined that one part of the FPPT Framework requirement would need to be undertaken by an external company 'Neotas' in relation to social media checks which data is transferred via a secure portal with a retention period of 6 months after which time data is destroyed. It is to note, due to the data the Trust is transferring through this secure portal, name, date of birth, phone number and email addresses, this does not hit the threshold for a Data Processing Impact Assessment (DPIA).

Data subjects are made aware of FPPT checks which are communicated through the recruitment process for new appointments and within the new FPPT Policy as well as informing individuals of this matter prior to undertaking FPPTs.

- 9.3 In conjunction with the Executive Director of Workforce and OD, the Director of Communications and Corporate Affairs, on behalf of the Chair, who has ultimate accountability, will submit at least quarterly updates to the Remuneration Committee, providing assurance on the Fit and Proper Person checks and escalate any risk/ required action.
- 9.4 In addition, an annual assurance and good practice for the Chair to present the report on completion of the annual FPPT in accordance with local policy, to the board in public and to the Council of Governors for Non-Executive Directors, for information.
- 9.5 The FPPT Framework states that it is good practice for NHS organisations to report on high level outcomes of the FPPT assessments in the annual report or elsewhere on the Trust website.

10. Process for Existing Staff and Ongoing Fitness

- 10.1 Every year there will be requirement for post holders to complete a further form or declaration confirming that they continue to be a Fit and Proper Person.
- 10.2 Individuals will be required to make the Trust aware as soon as practicable of any incident or circumstances which may mean they are no longer to be regarded as a fit and proper person, and provide details of the issue, so that the Trust can consider this.
- 10.3 If concerns are raised at the pre-employment stage, then the matter will be raised with the Director of Communications and Corporate Affairs who undertakes the Fit and Proper Persons checks. The Director of Communications and Corporate Affairs will then inform the Chair who will decide whether the candidate is to be appointed or rejected. It should be noted

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that any process in relation to the recruitment of the role of Director of Communications and Corporate Affairs will be carried out by the appointing person e.g., Chief Executive with approval to be received via the Board Senior Independent Director.

- 10.4 Should the Director fail the Insolvency, Bankruptcy and Disqualified Directors checks or any other necessary check under the Regulations (post-employment / appointment), or if concerns about the Directors fitness are raised by a member of the public or otherwise, the Director of Communications and Corporate Affairs will then take the appropriate action. Considering the evidence that is obtained following an investigation the Chair will decide whether the individual has ceased to be a “fit and proper person” within the meaning of the Regulations. Any investigation should be undertaken as soon as reasonably possible.
- 10.5 The Trust reserves the right to suspend a director or restrict them from duties on full pay / emoluments (as applicable) to allow the Trust to investigate the matters of concern. Suspension or restriction from duties will be for no longer than necessary to protect the interests or service users or the Trust and/or where there is a risk that the Directors presence would impede the gathering of evidence in the investigation.
- 10.6 Should there be sufficient evidence to support the allegation(s), then the Trust will consider terminating the appointment of the director with immediate effect (in line with the Trust’s Disciplinary Policy).
- 10.7 When a director no longer meets the requirements of Paragraph 3 of the Regulation and is a health care professional, or other professional registered with a health and social care regulator, then the Trust will inform the regulator in question.

11. Concerns regarding an individual who have continued FPP compliance

- 11.1 If, either at the time of appointment or later, it becomes apparent that circumstances exist or have arisen whereby an Executive Director may not be considered to meet all the requirements of a ‘fit and proper person’ the director of Communications and Corporate Affairs shall inform the Chair. If this concern relates to the Director of Communications and Corporate Affairs, then the CEO will inform the Chair and oversee the matter.
- 11.2 The Chair will lead on addressing these concerns on a case-by-case basis and will need to consider whether an investigation is necessary or appropriate given the allegation. Where it is necessary to investigate or take action, the Trust’s current processes will apply using the Trusts managing performance or sickness absence policy, the Trust disciplinary procedure or afforded a similar process to this if the potential discontinuation could be due to some other substantial reason.
- 11.3 The Trust reserves the right to suspend a director or restrict them from duties to allow the Trust to investigate the matters of concern, suspension or restriction from duties will be for no longer than necessary to protect the interests of

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patients of the Trust and/or where there is a risk that the directors absence would impede the gathering of evidence in the investigation.

- 11.4 Should the Chair consider the individual to be suitable, despite existence of information relevant to issued identified in Schedule 4, Part 2, the Chair’s reasons should be recorded for future reference and made available.
- 11.5 If an investigation concludes that an individual carrying out an identified position under this policy may no longer meet the requirements of the ‘fit and proper persons test’ the following two-stage procedure will be applied:
- 11.6 Fit and Proper Person Hearing – If there is sufficient evidence that an individual carrying out one of the identified positions under this policy may no longer be a fit and proper person, and the evidence is such that formal action may be required, then that person will be invited to a hearing to give them the opportunity to test the evidence and/or offer an explanation for consideration.
- 11.7 Fit and Proper Person Appeal Hearing – If an individual carrying out one of the identified positions under this policy has been determined to no longer be a fit and proper person, then that person may appeal that decision in writing within fourteen calendar days of receipt of notification of the Trust’s decision.
- 11.8 Should there be sufficient evidence to support the allegation(s), then the Trust may terminate the appointment of the Director with immediate effect, in line with the Trust’s disciplinary policy. Where an individual who is registered with a professional regular, General Medical Council (GMC), Nursing and Midwifery Council (NMC) etc, no longer meets the fit and proper persons requirement the Trust must inform the regulator and take action to ensure the position is held by a person meeting the requirements.
- 11.9 The criteria and process around the removal of Non-Executive Directors, including the Chair is outlined in the Trust’s Constitution.

12. Process for Monitoring Compliance	Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
13 Duties, Accountability and Responsibilities					
	Assurance of Fit and Proper Person Checks	Annual submission to NHSE	Director of Communications and Corporate Affairs	Annual	Remuneration Committee
	Assurance of Fit and Proper Person Checks	Audit	Director of Communications and Corporate Affairs	At least quarterly	Remuneration Committee
	Annual assurance report of Fit and Proper Person checks	Audit	Director of Communications and Corporate Affairs	Annual	Trust Board / Council of Governors and within the Annual report

13.1 Individual Roles

Chair	<p>The Chair is ultimately responsible to discharge the requirement placed upon the trust to ensure that all directors meet the requirements of the Fit and Proper Persons Test and do not meet any of the 'unfit' criteria. The Chair is also subject to the requirements of the test.</p> <p>The Chair is responsible for taking the necessary action to ensure existing directors who no longer meet the regulations of the FPPT (i.e., deemed 'unfit') do not continue in their role.</p>
Senior Independent Director / Vice Chair	<p>The Senior Independent Director or Vice Chair is responsible for undertaking independent verification on Fit and Proper Persons checks.</p>
Chief Executive	<p>The Chief executive although subject to the requirements of the test is also accountable to the Board for the Trust's compliance with statute and regulation.</p>
Director of Communications and Corporate Affairs / or Deputy	<p>Director of Communications and Corporate Affairs / or deputy is responsible for ensuring that all employment checks are undertaken with Trust policy and procedures for new appointments and that the annual checking process is adhered to for all those directors in post.</p> <p>Is also responsible for ensuring that all checks are undertaken in accordance with the Fit and Proper Persons policy and that the Trust complies with its statutory and regulatory requirements.</p>
Executive Directors and Non-Executive Directors	<p>All Executive and Non-Executive Directors as outlined in the scope of this policy are accountable for ensuring they meet the requirements of the Fit and Proper Persons Test on appointment and complete annual self-declarations. They are also responsible for informing the Chair if during the course of employment or term of office they no longer meet the requirements of the Fit and Proper Persons Test and therefore are deemed 'unfit'.</p>
Board	<p>The Board is responsible for the performance management of this policy.</p>

14 Definition of Terms

14.1 This policy and procedure applies to all board level appointments, whether on an interim or permanent basis.

The Trust regards the following posts as subject to the 2014 regulations:

- a) The Chairman, Non-Executive Directors and Associate Non-Executive Directors.

- b) The Chief Executive and Executive Directors and those officers required to act as substitutes for Executive Directors in the presentation of reports to Board.

A list of the positions covered by this policy (as defined by the Board) is contained in appendix D.

Equality and Diversity

In conjunction with the Trust’s Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner. (See Appendix A)

This policy applies to all employees equally and has no positive or negative impact on the protective characteristics within the Equality Act (2010).

Training

Appropriate training and guidance will be provided for those who carry out checks or have other responsibilities under this policy.

Fraud and Corruption (Example of paragraph)

In accordance with the Trust’s policy CNTW(O)23 – Counter Fraud, Bribery and Corruption Policy and Strategy, all suspected cases of fraud and corruption should be reported immediately to the Trust’s Local Counter Fraud Specialist or to the Executive Director of Finance.

Monitoring

A short statement about key elements within the policy that require monitoring and/or audit ; referenced to Appendix C

Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Locality
Policy to be analysed		Is this policy new or existing?	

What are the intended outcomes of this work? Include outline of objectives and function aims	
Who will be affected? e.g. staff, service users, carers, wider public etc	
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them	
Disability	Consider and detail any evidence on attitudinal, physical and social barriers.
Sex	Consider and detail any evidence on men and women (potential to link to carers below).
Race	Consider and detail any evidence on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.
Age	Consider and detail any evidence across age ranges on old and younger people. This can include safeguarding, consent and child welfare.
Gender reassignment (including transgender)	Consider and detail any evidence on transgender and transsexual people. This can include issues such as privacy of data and harassment.
Sexual orientation.	Consider and detail any evidence on heterosexual people as well as lesbian, gay and bi-sexual people
Religion or belief	Consider and detail any evidence on people with different religions, beliefs or no belief.
Marriage and Civil Partnership	Consider and detail any evidence on working arrangements
Pregnancy and maternity	Consider and detail any evidence on working arrangements, part-time working, infant caring responsibilities.
Carers	Consider and detail any evidence on part-time working, shift-patterns, general caring responsibilities.
Other identified groups	Consider and detail other groups experiencing disadvantage and barriers to access.

How have you engaged stakeholders in gathering evidence or testing the evidence available?
How have you engaged stakeholders in testing the policy or programme proposals?
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public

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life.	
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic	
Eliminate discrimination, harassment and victimisation	
Advance equality of opportunity	
Promote good relations between groups	
What is the overall impact?	Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there local variations and what is the combined impact?
Addressing the impact on equalities	Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.
From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?	
If yes, has a Full Impact Assessment been recommended? If not, why not?	
Manager's signature:	Date:

Communication and Training Check list for policies

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	
If it is a change to an existing policy are there changes to the existing model of training	

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<p>delivery? If yes specify below.</p>	
<p>Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?</p> <p>Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc.</p> <p>Please identify the risks if training does not occur.</p>	
<p>Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.</p>	
<p>Is there a staff group that should be prioritised for this training / awareness?</p>	
<p>Please outline how the training will be delivered. Include who will deliver it and by what method.</p> <p>The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning</p>	
<p>Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.</p>	

Training Needs Analysis

Staff/Professional Group	Type of training	Duration of Training	Frequency of Training
Appropriate training and guidance will be provided for those who carry out checks or have other responsibilities under this policy.			As required

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how

Insert CNTW Policy Number

monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

Insert Policy Name - Monitoring Framework		
Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action plan will be reported to implemented and monitored; (this will usually be via the relevant Governance Group).
1. Insert statements – what will be audited within the content of the policy	How often this will be done Who be responsible to do it How will it be done	Insert appropriate group where this will be reported to
2.		
3.		
4.		
5.		
6.		

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.

Appendix D

28 Roles currently covered by the enhanced Fit and Proper Person Framework.

Name of Director

Darren Best (Chairman)

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Brendan Hill (Vice Chair)
David Arthur (Senior Independent Director)
Michael Robinson (Non-Executive)
Paula Breen (Non-Executive)
Louise Nelson (Non-Executive)
Vikas Kumar (Non-Executive)
Rachel Bourne (Non-Executive)
Robin Earl (Non-Executive Director)
James Duncan (CEO)
Rajesh Nadkarni (Deputy CEO / Medical Director)
Ramona Duguid (Chief Operating Officer)
Lynne Shaw (Executive Director Workforce & OD)
Sarah Rushbrooke (Executive Director of Nursing, Therapies and Quality Assurance)
Kevin Scollay (Executive Director of Finance)
Debbie Henderson (Director of Communications and Corporate Affairs)
Simon Douglas (Director of Research)
Tim Donaldson (Chief Pharmacist)
Russell Patton (Deputy Chief Operating Officer)
Anthony Deery (Deputy Chief Nurse)
Stewart Gee (Director of Safety, Security, Resilience and Trust Innovation)
Claire Thomas (Deputy Director of Safer Care)
Esther Cohen-Tovee (CD Psychological Services)
Gillian Colquhoun (Chief Information Officer)
TBC (Director of AuditOne)
NTW Solutions
Malcolm Aiston (Chair)
Tracey Sopp (Managing Director)
Matthew Lessells (Director of Estates and Facilities)
Andrew Buckey (Non-Executive Director)

Appendix E – Full FPP Assessment

As outlined in Section XXXX of the NHSE Framework a full FPPT assessment will consist of:

- First name*
- Second name/surname*
- Organisation (that is, current employer)
- Staff Group*
- Job Title (that is, current job description)
- Occupation code*
- Position title*

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- Employment history*
This would include detail of all job titles, organisation departments, dates and role descriptions.
Any gaps that are because of protected characteristics, as defined in the Equality Act 2010, would not need to be explained.
- Training and development
- References*
- Last appraisal and date
- Disciplinary findings
That is, any upheld finding pursuant to any trust policies or procedures concerning employee behaviour, such as misconduct or mismanagement, this includes grievance (upheld) against the board member, whistleblowing claims against the board member (upheld) and employee behaviour upheld finding. Any ongoing and discontinued investigations relating to Disciplinary / Grievance / Whistleblowing / Employee behaviour should also be recorded.
- Type of DBS disclosed*+
- Date DBS received*+
- Disqualified directors register check
- Date of medical clearance* (including confirmation of OHA)
- Date of professional register check (e.g. membership of professional bodies)
- Insolvency check
- Self-attestation form signed
- Social medial check
- Employment tribunal judgement check
- Disqualification from being a charity trustee check
- Board member reference*
- Sign-off by the Chair/CEO

. Fields marked with an asterisk () – these do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.


+ while not requiring annual validation, DBS checks will be done on a three-year cycle.

7.2 AUDIT COMMITTEE ASSURANCE REPORT

 David Arthur, Committee Chair

REFERENCES

Only PDFs are attached

 7.2. Audit Committee Assurance Report - Jan (March Board) 24.pdf

**Board Committee Assurance Report
Meeting of the Board of Directors
Held Wednesday 6th March 2024**

Name of Board Committee	Audit Committee
Date of Committee meeting held	31 January 2024
Agenda items/topics considered	See Appendix A
Date of next Committee meeting	8 May 2024

1. Chair’s summary

At the January meeting of the Audit Committee, our key areas of focus were, consideration of the first review of the new Board Assurance Framework, noting the key risks to the achievement of our strategic objectives, and the level of assurance received thereon via the Board Committee framework. The importance of ensuring the new approach to risk management is embedded across the organisation was noted.

The Committee also received assurance in relation to digital risks, review of the new processes and policy relating to the Fit and Proper Person Test, receipt of the External Audit engagement letter, and updates on Internal Audit and counter fraud progress.

A discussion took place regarding the appropriateness of the Trust Audit Committee Chair, taking up the role as Board Member of Audit One (Internal Audit) was considered. It was agreed that there was no conflict of interest, and that this appointment should proceed.

All waivers and breaches of Standing Financial Instructions were reviewed and approved.

The scheduled update on assurance from the Resource and Business Assurance Committee was stood down due to the rescheduling of RABAC, which took place following the meeting of the Audit Committee.

2. Current risks and gaps in assurance, and barriers to closing the gaps

Appraisal process

An update was provided on work currently being undertaken by workforce teams to develop a process to monitor the effectiveness of the appraisal process, which will provide feedback to managers where standards have not been met. Updates on progress will be reported via the People Committee.

Rostering and Overtime

At the October 2023 meeting, the Committee received a limited assurance internal audit report on rostering and overtime processes. The audit was undertaken to address risks highlighted within this area. Of the 16 actions highlighted in the report, eight have been implemented. An electronic system, Allocate has been introduced and assurance provided will help greatly in this area. It was noted that the roll-out of the Allocate system is a longer-term process. The Committee will request an update on progress of actions to address the recommendations at a future meeting.

Following the recent Health and Safety Executive visit to the Mitford Unit brought the attention of staff attack alarms that do not work outside buildings as they are not near enough to the sensors to activate or staff being able to summon help via the personal alarm whilst utilising prevention and management of violence and aggression holds on patients during a violent incident. The Committee have requested for a further update at May meeting on EPRR including further assurance on the use of staff attack alarms.

3. Key challenges now and in the medium term

In carrying out its work, the Committee will primarily utilise the work of Internal Audit, External Audit, and other independent assurance functions, but will not be limited to these audit functions. The Committee will seek reports and assurance from Directors and managers as appropriate, based on the key risks and issues facing the organisation in the context of integrated governance, risk management and internal control. This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

4. Impact actions taken to date are having on the achievement of our strategic ambitions

Digital update

A detailed update was provided on digital risks, and particularly the update on the latest electronic healthcare records system RIO upgrade. Issues around management of risks associated with IT and digital matters are being well controlled and a high level of assurance was received from the Chief Information Officer.

Devolving the ability to create bespoke reports and dashboards to other teams across the Trust brings the challenge of managing access permissions. To resolve this, the Digital Services team have implemented additional security measures to be applied to Power BI (business intelligence) reports to ensure users only have access to data relevant to their job role.

Counter fraud progress update

An update was provided on progress of counter fraud matters with a specific report on the loss and subsequent recovery of £65k due a mandate fraud.

Internal Audit progress update

The Internal Audit report provided detail on eight final reports issued during the period. Delivery of the plan is progressing well with 12 audits completed, two draft audits issued and 12 in progress. The core assurance audits remain on schedule to be completed in time for the Head of Internal Audit Opinion.

Audit involvement has continued with the Patient Safety Incident Response Framework (PSIRF) implementation, including attendance at the monthly oversight group. The PSIRF process went live from January 2024 whilst work continues on the implementation of guidance, training, staff and service user engagement and development of a learning and improvement culture. Internal Audit have suggested training requirements are captured in a training needs analysis and this has now taken place. Further discussion is planned around developing key

performance indicators for this area at the next group meeting and audit will continue to attend and input.

5. Barriers to progress and impact on achievement of strategic ambitions

Workforce Model

Internal Audit reported that workforce must take measures to ensure that unsuitable people do not obtain employment in the NHS thus compromising patient safety. This process is a material internal control in the context of the organisation’s activities. Failure to develop a sustainable workforce model to recruit / retain and support the development of the right people with the right skills to deliver safe and effective services, our strategic objectives and contractual obligations remains a core risk and is being overseen as part of the Board Assurance Framework by the People Committee.

6. Actions to be taken prior to next meeting of the Committee

The Committee were informed that the Counter Fraud team are rolling out additional training on the procedures for mandate changes to eliminate issues that allowed the £65k fraud to occur.

The process for selection of the External Auditors is nearing completion and the panel, which includes Governor representatives of the Audit Committee, the Lead and Deputy Lead Governor, will be meeting early March.

The Audit Committee handbook is designed to help NHS governing bodies and Audit Committees as they review and continually re-assess their system governance, risk management and control. The new edition is scheduled for publication in coming months and will be shared with members of the Audit Committee and Board of Directors.

7. Items recommended for escalation to the Board at a future meeting

A key item of assurance received was the revised Fit and Proper Person Test process and policy, which has been reviewed to reflect new national guidance issued last year. The process and policy were reviewed and agreed for recommendation for Board approval at the March meeting.

There are no further items for escalation to the Board at this stage and the Committee feels it has an appropriate level of assurance in terms of the overarching risks associated with the achievement of the strategic ambitions.

8. Review of Board Assurance Framework and amendments thereon

BAF risks associated with the delegated responsibility of the Committee were reviewed. The highest scoring BAF risk (scoring 16 and above) is as follows.

Quality and Performance Committee		
Risk	Score	Gaps in assurance
2510 – Due to increased demand and	4(L)X4(I)	• Full implementation of SBAR

<p>capacity the Trust is unable to meet regulatory standards relating to access, responsiveness, and performance resulting in a risk to quality and safety of services</p>	<p>16</p>	<p>(Situation, Background, Assessment, Recommendation).</p> <ul style="list-style-type: none"> • Keeping In Touch process for service users on assessment waiting lists. • Introduction of Dialogue+. • Fully implement 4 week waits. • Introduce the Trusted Assessment concept into community services. • Confirm the role and function of both community and crisis services at the interface of these pathways. • Limited acute inpatient alternatives at a place or system level (crisis housing) • Lack of specialist provision for some client groups (autism). • Limited availability of seven-day week service provision from both an inpatient and community perspective. • Lack of intermediate care opportunities.
<p>2512 – Risk of failing to maintain a positive patient safety learning culture resulting in avoidable harm, poor systems, process and policy, and escalation of serious issues of concern</p>	<p>4(L)X4(I) 16</p>	<ul style="list-style-type: none"> • Implementation of PSIRF requiring extensive engagement and training of staff to ensure that their practice changes to align with the new systems, processes and culture changes. • Outcome measures will need to move from numbers and data around compliance with timescales to assessing how learning is shared and improvements embedded.
<p>Resource and Business Assurance Committee</p>		
<p>Risk</p>	<p>Score</p>	<p>Gaps in assurance</p>
<p>2545 – Failure to deliver a sustainable financial position and longer-term financial plan, will impact on Trust’s sustainability and ability to deliver high quality care.</p>	<p>4(L)X4(I) 16</p>	<ul style="list-style-type: none"> • Absence of an in-year recovery plan for Central Locality • Absence of a medium/long-term financial plan.

2541 – Risk that the Trust does not deliver the objectives of its Green Plan affecting the physical and mental health of current and future generations.	5(L)X4(I) 20	<ul style="list-style-type: none"> Limited reporting on progress against the agreed Green Plan. Clarity on the availability of capital funding. Capacity issues within the team to progress the actions required against the Green Plan.
People Committee		
Risk	Score	Gaps in assurance
2542 – Failure to develop a sustainable workforce model to recruit/retain/ and support the development of the right people with the right skills to deliver safe and effective services, our strategic objectives, and contractual obligations.	4(L)X4(I) 16	<ul style="list-style-type: none"> Absence of a sustainable workforce plan. Establishment control to be reviewed to ensure accurate recording and reporting of vacancies. Current workforce skills are not currently recorded and mapped against post requirements. Skills gaps are not identified, and adequate training put in place to address the shortfalls. Inclusive recruitment work has had an impact on increasing the BAME workforce but predominantly this is in lower banded posts. Strengthening of internal process for accessing development monies required. Release of staff to undertake relevant training and development opportunities is currently a challenge. Lack of joined up approach between appraisals and training requirements. Challenges ensuring the temporary workforce maintain the required skills. More robust recording and reporting mechanisms is required to enable leadership and management development and succession planning.

It was noted that the report represented the first of its kind following the recent Board review of the Trust Risk Appetite, review of the Board Assurance Framework strategic risks against the achievement of With You in Mind Strategy, and the review of the Trust Risk Management Policy.

It was recognised that the report remained “a work in progress” and the newly developed Corporate Risk Register will be included in Board Committee reporting from Q4. This will contain the Trusts highest level risks (those scoring 16+) excluding the BAF risks, to provide additional assurance in terms of line of sight and escalation from Board to Ward.

Although levels of assurance are satisfactory at this stage, there are still improvements required in terms of aligning Committee reporting to ensure gaps in assurance are addressed, impact of actions are clear and outstanding actions are clear. The Director of Communications and Corporate Affairs will work with each Executive Director Lead to close current gaps prior to the next Committee meetings.

9. Recommendations

The Board is asked to:

- Note the content of the report.
- Seek further assurance from the Committee Chair and Executive Lead if required.

David Arthur
Audit Committee Chair
Date: 27 February 2024


Kevin Scollay
Executive Director of Finance

Appendix A – Audit Committee key agenda items 31 January 2024

- Chairs business
- Overview of emerging digital risks
- RBAC update on risk
- Audit Committee Cycle of Business
- Fit and Proper Person Policy
- Standing Financial Instruction – waivers and breaches
- CQC Visit and NHS Improvement issues
- Board Assurance Framework
- CNTW Engagement Letter
- Internal Audit Progress Report
- NTW Group Counter Fraud Progress Report
- Mandate Fraud update
- External Auditor Appointment Process update

8. ANY OTHER BUSINESS / ITEMS FOR INFORMATION

8.1 QUESTIONS FROM GOVERNORS AND THE PUBLIC

 Darren Best, Chair

8.2 DATE AND TIME OF NEXT MEETING

Wednesday 5th June 2024,
St Nicholas Hospital Trust Board Room and via MS Teams