



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

**COUNCIL OF GOVERNORS GENERAL  
MEETING**



# COUNCIL OF GOVERNORS GENERAL MEETING




21 March 2024



14:00 GMT Europe/London



Trust Board Room and Microsoft Teams




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## 1. AGENDA

 Darren Best, Chair

## REFERENCES

Only PDFs are attached

 CoG Business Draft Agenda 21.3.24.pdf

## Council of Governors Business Meeting Agenda


**Council of Governors Business Meeting**  
**Venue: Trust Board Room, St Nicholas Hospital and Via**  
**Microsoft Teams**

**Date: 21 March 2024**  
**Time: 2:00pm – 4.00pm**


	Item	Lead	
<b>1</b>	<b>Business agenda items</b>		
1.1	Welcome and Apologies for Absence	Darren Best, Chair	Verbal
2	Declaration of Interest	Darren Best, Chair	Verbal
3	Minutes of the meeting held 9 November 2023	Darren Best, Chair	Enc
4	Action log and matters arising from previous meeting	Darren Best, Chair	Enc
5	Chair and Chief Executive update	Darren Best, Chair James Duncan, Chief Executive	Enc Verbal
6	External Auditor appointment for approval	Council of Governors External Audit Appointment Panel	Enc
7	Governor Steering Group feedback	Darren Best, Chair	Verbal
8	Integrated Performance Report – Quality care, every day	Kevin Scollay, Executive Director of Finance	Enc
<b>9. Strategic Ambition 1 – Quality care, every day</b>			
9.1	Quality and Performance Committee Report	Debbie Henderson, Director of Communication and Corporate Affairs	Enc
9.2	Mental Health Legislation Committee Report	Michael Robinson, Committee Chair	Enc

10. Strategic Ambition 2 – Person led care, where and when it's needed			
10.1	Programme update Report	Russell Patton, Deputy Chief Operating Officer	Enc
11. Strategic Ambition 3 – a great place to work			
11.1	People Committee Report	Brendan Hill, Committee Chair	Enc
12. Strategic Ambition 4 – sustainable for the long term, innovating every day			
12.1	Finance Report	Kevin Scollay, Executive Director of Finance	Enc
12.2	Resource and Business Assurance Committee Report	Paula Breen, Committee Chair	Enc
13. Strategic Ambition 5 – working for, and with our communities			
13.1	Charitable Funds Committee	Debbie Henderson, Director of Communications and Corporate Affairs	Enc
14. Governance and Regulatory			
14.1	Audit Committee Assurance Report	Michael Robinson, Non-Executive Director and member of the Committee	Enc
15. Any other business / items for information			
15.1	Questions from Governors and the public	Darren Best, Chair	verbal
Date and Time of next meeting Thursday 27 June 2024, 2pm – 4pm St Nicholas Hospital Board Room and via MS Teams			


## 1.1 WELCOME AND APOLOGIES FOR ABSENCE

 Darren Best, Chair

## 2. DECLARATION OF INTEREST

 Darren Best, Chair

### 3. MINUTES OF PREVIOUS MEETING HELD 9 NOVEMBER 2023

 Darren Best, Chair

#### REFERENCES

Only PDFs are attached

 3. DRAFT Minutes CoG 9th November 2023 DH.pdf

**Draft Minutes of the Council of Governors hybrid**  
**Meeting held in public**  
**Thursday 9th November 2023 from 2pm – 4pm**  
**Trust Board Room and via Microsoft Teams**

**Present:**

Darren Best	Chairman
Anne Carlile	Lead Governor/Carer Governor Adult Services
Tom Rebar	Deputy Lead Governor/Service User Governor Adult Services
Russell Bowman	Service User Governor Neuro Disability Services (online)
Fiona Regan	Carer Governor Autism Services
Jamie Rickelton	Public Governor Gateshead (online)
Jodine Milne-Reader	Public Governor Sunderland
Maria Hall	Appointed Governor Gateshead Council (online)
Kelly Chequer	Appointed Governor Sunderland Council (online)
Ruth Berkley	Appointed Governor South Tyneside Council (online)
Jane Shaw	Appointed Governor North Tyneside Council
Emma Silver Price	Staff Governor Non-Clinical
Claire Keys	Staff Governor Clinical
Kim Holt	Appointed Governor Northumbria University (online)
Yitka Graham	Appointed Governor Sunderland University (online)
Rosie Lawrence	Shadow Carer Governor Learning Disability Services (online)
Shannon Fairhurst	Shadow Carer Governor Children and Young People's Services (online)

**In Attendance:**

James Duncan	Chief Executive
Rajesh Nadkarni	Deputy Chief Executive / Executive Medical Director (online)
Sarah Rushbrooke	Executive Director of Therapies, Nursing and Quality Assurance
Michael Robinson	Non-Executive Director (online)
Chris Rowlands	Equality and Diversity Lead (item 10)
Debbie Henderson	Director of Communications and Corporate Affairs/Company Secretary
Kirsty Allan	Corporate Governance Manager/ Deputy Trust Secretary
Jack Wilson	Corporate Engagement Assistant (minutes)
Heather Lee	Member of the Public
Margaret Adams	Member of the Public

**1. Welcome and apologies for absence**

Darren Best welcomed everyone to the meeting, and apologies for absence were received from:

Fiona Grant	Service User Governor Adult Services
Jane Noble	Carer Governor Adult Services
Jessica Juchau-Scott	Carer Governor Older People's Services
Ian Palmer	Public Governor South Tyneside
Victoria Bullerwell	Staff Governor Non-Clinical

Thomas Lewis	Staff Governor Medical
Julia Clifford	Appointed Governor CVS iCan Wellbeing Group
Michelle Garner	Appointed Governor Cumbria University
Jacqui Rodgers	Appointed Governor Newcastle University

## 2. Declaration of Interest

None noted.

## 3. Minutes for approval

The minutes of the meeting held on 14th September 2023 were considered and approved.

### Approved:

- The minutes from the meeting held on the 14th September 2023 were approved as an accurate record.

## 4. Matters arising not included on the agenda and Action Log

There are no outstanding actions on the action log.

## Business Items

### 5. Chair's Update

Darren Best informed the Council Annie Murphy, Appointed Governor for Community and Voluntary Sector has made the decision to step down from the Council of Governors with immediate effect. Darren thanked Annie for all the support she has provided to the Council throughout her tenure and wished her well for the future. Expression of Interest will be circulated to the Community and Voluntary Services to secure a seat within this constituency and will be considered by the Governors' Steering Group.

Darren Best confirmed that Brendan Hill has been appointed as the Vice Chair.

Darren explained that there have been various conversations ongoing regarding how the Board of Directors and Council of Governors operate, including discussions on clarity around the role of the Board, its committees, the role of the Council of Governors and most importantly ensuring the Board and Council use their time to maximum effect. A development session will be held with the Board in November 2023 and a development session with the Council of Governors in January to discuss these issues further.

Darren made reference to the email circulated to the Council of Governors on the 24 October 2023 around his first few weeks as Chair. The intent behind the message was not to exclude any Governors from asking questions at Board meetings, but to listen and take away important points to be raised within the Council of Governor meetings for ensure appropriate assurance could be provided. Darren's hope is that this will give more influence and more power to hold the Non-Executive Directors to account, better utilising the Council of Governor Meetings for that purpose.

Fiona Regan welcomed this change and felt it valuable to the duty of Governors having more involvement with the public as Governors are accountable to them and the members who elect them.



Claire Keys highlighted that as a Clinical member of Staff she struggles to attend the Council of Governor meetings as some staff do not have proper support from direct management to attend the meetings to provide protected time for Governor duties. Debbie Henderson agreed that there should be dedicated time like any voluntary role that staff undertake in the Trust to enable them to fulfil the duties properly. A letter asking line managers to support staff governors to undertake their duties would be developed.

**Resolved**

- **The Council of Governors received the Chairs update.**

**Action**

- **Letter to line managers of staff governors to be developed to request support for staff governors to undertake their duties.**

## **6. Chief Executive's Update**

James Duncan provided an update from the national Chief Executive meeting where it was announced that NHSE would release £800 million to front line services from the Department of Health and Social Care to plug the gap created during the recent periods of industrial action. James noted that this is not new money for the NHS and is coming from current budgets within the Department and NHSE. He explained that each Integrated Care Board (ICB) would receive which would be proportionate and aligned to individual Integrated Care Systems (ICS) and impact. It was noted that it is not enough to bridge the gap in the current NHS finances. It is important to note this is not to fund additional staff.

James noted that ICBs and NHS Trusts were required to confirm delivery against plans within the next two weeks. Currently the focus at a national level remains on urgent and emergency care and waiting list reduction. CNTW is envisaged to deliver the submitted plan, which is also the position of other organisations across the North East and North Cumbria (NENC) ICS.

Darren Best noted that as the Trust continues to work within the system following the implementation of ICSs and ICBs, it would be beneficial to hold a Governors session in future on system working, and the Trust's role within this.

The Council of Governors requested additional clarity around the £800 million being distributed by NHSE and how this will be used. James confirmed that this money is not for additional staff, it is to cover the cost for staff used to cover the gap created during recent periods of industrial action. This money also does not cover any future industrial action however, it is hopeful that an agreement between the Unions and the Government will be reached soon.

The New Sycamore Unit is now fully operational at the Northgate Park site in Morpeth. An opening by the Duchess of Northumberland is planned to take place on Thursday 16 November 2023 which Governors, staff, service users and the local communities have been invited to attend. The Trust focus will now be turned to the other capital projects including Monkwearmouth Hospital and the redevelopment of the Bamburgh Clinic at St Nicholas Hospital.

James attended the Children and Young Peoples Summit that took place earlier in November. The summit was an important even as it represents a key priority for the Trust and NENC ICS. It is recognised that the challenges cannot be addressed by CNTW alone and a joint approach and support from the system is required. As of the 8 November 2023 the Trust had no children

and young people in long term segregation and James highlighted this as an example of the improvements being made across the organisation.

James informed the Council that the Trust has commenced a period of engagement with staff across the Trust on the proposed changes to the Trust's operating structure. The rationale for change is to create a structure which aligns to the place-based approach to care across the region and importantly to support delivery of the Trust's strategic ambitions following the launch of the Trusts 'With you in mind' strategy in May 2023. Following staff engagement there will be a period of consultation with staff affected by any changes with a view to implement the new operating structures from April. The Council of Governors would receive an update at a future session on the progress being made.

**Resolved**

- **The Council of Governors received the Chief Executive's update**

**Action**

- **James Duncan to deliver an information/awareness raising session on system working, NENC ICS and the Trust's role within it at a future Council of Governors Session**

## **7. External Audit appointment process**

The Council of Governors received a report detailing the tender process to appoint the Trusts external auditors. The Council was asked to note the requirement to re-tender, the proposed process, and were asked to agree the external auditor selection panel membership to achieve the required timeline.

Debbie Henderson highlighted that it is the Council of Governors responsibility to approve the appointment of the external auditor and that the new contract for the appointed organisation would commence from June 2024 with the full timeline broken down in the paper enclosed.

**Approved:**

- **The Council of Governors noted the two recommendations for the External Auditor Appointment Process.**

## **8. Council of Governors' Committee and Sub-group Terms of Reference Annual Review**

Debbie Henderson referred to the terms of reference included in the papers. The main changes are the membership requirements of groups and that the Governance sub-group has been stood down and incorporated into the Governor Steering Group.

**Approved:**

- **The Council of Governors approved the changes to the sub-group terms of references.**

## **9. System working and collaboration: Role of FT Council of Governors update**

Debbie Henderson thanked Kirsty Allan for producing the paper for the Council of Governors, which outlines the new regulatory guidance and addendum published by NHS England to the original Monitor publication 'Your statutory duties: A reference guide for NHS Foundation Trust Governors (the guide for Governors)'. The addendum is titled 'System working and

Collaboration: Role of Foundation Trust Council of Governors' which follows the formal establishments of Integrated Care Systems as part of the Health and Care Act 2022.

The Council of Governors received the report to provide an overview of the Addendum and any implications for the Trust, together with an assessment of the Trust's current position against the various requirements that the addendum sets out. The key points of the addendum are:

- It is based on existing statutory duties set out in the National Health Service Act 2006.
- It incorporates the principles of the ICS Design Framework.
- It supports collaboration between organisations and the delivery of better joined up care.
- Councils of Governors are required to form a rounded view of the interests of the 'public at large'.
- It includes updated considerations for the statutory duties of Council of Governors.
- It remains relevant only to the role of Council of Governors' within their own Foundation Trust's governance structure.
- The Addendum does not relate to the governance of Integrated Care Boards.

The high level assessment of the Trust against the requirements highlights some gaps which fit with Darren's discussions around a 'reset' of the Governors, how time is used effectively and what Governors require awareness of, information on, and a focus on.

Debbie highlighted that there is currently work going on across the patch with Claire Riley, Executive Director of Communications and Governance for the NENC ICB to see how this can be done consistency across all the NHS Foundation Trusts in our ICS.

Fiona Regan highlighted her concerns around the Appointed Governors from the Universities and wanting to see more involvement from them in their role on the Council of Governors. Debbie noted that there is more work to be done at a regional level around Governor Involvement, expectations and requirements which will be included in the focus of the regional work.

**Received:**

- **The Council of Governors received and noted the contents of the report**

## **10. Equality, Diversity and Inclusion update**

Chris Rowlands shared a presentation with the Council following a request from Ken Jarrold to highlight the involvement and engagement of our services with their local communities, specifically to help support the Trusts Equality, Diversity, and Inclusion agenda. The information was collated following discussions with all Locality Groups on the engagement they have on a regular basis to give the Council of Governors assurance on the work being undertaken.

The full presentation will be shared with the Council of Governors in the next Fortnightly Bulletin which highlights the work in all local areas across the North East and North Cumbria.

Debbie Henderson requested that there should be some work undertaken in the Trust to bring together all these services and contacts which are stored in various pockets throughout the Trust so that we may utilise them going forward for key engagement activities such as strategy development, Governor Elections, Exec/NED recruitment etc.

#### **11. Governor Service visit feedback**

Darren Best highlighted that the feedback reports had been shared with the Council from a visit to the ICTS team at Hopewood Park and the Communications Department at St Nicholas Hospital. There was no further comments to add.

#### **12. Governors questions**

No questions submitted.

#### **Governor Feedback**

#### **13. Feedback from Quality and Performance Committee**

Anne Carlile mentioned that the previous meeting was Louise Nelson's first meeting as Chair. There was no key items to note.

#### **14. Feedback from Audit Committee**

The Audit committee is currently undertaking the process for the External Auditor Appointment which was discussed earlier on the agenda.

#### **15. Feedback from Resource and Business Assurance Committee (RABAC)**

Tom Rebar mentioned that the meeting held 25 October focused on the oversight of the digital agenda within the Board Committee structure and that the Board will discuss a potential move to bring digital into the remit of RABAC.

Tom confirmed that the agency spend continues to reduce but remains higher than planned.

#### **16. Feedback from Mental Health Legislation Committee**

Following the request by Michael Robinson at a previous meeting, training has been planned for the Joint Board of Directors and Council of Governors meeting to be held 8 December to provide an awareness session on mental health legislation to help understand the framework in the Mental Health Act and how the Trust applies that.

Michael also highlighted that in the Kings speech there was no mention of the Mental Health Bill which was working its way through parliament and it remains unclear if that will be enacted before a potential General Election. The Trust supported the work on a White Paper a few years ago that led to that new Bill progressing through Parliament.

#### **17. Feedback from Provider Collaborative Committee**

Fiona Regan advised the Committee focused on local communities getting together to join in with the Provider Collaboratives and that improvements are required in terms of information sharing. The committee also discussed out of area bed placements, CQC reports, and a request for involvement of service users in the South Locality. It was also discussed if the Trust should continue with the Provider Collaborative Committee and this would be further discussed by the Board.

Michael confirmed the next meeting will be exploring how the roles are developed following reviews taking place in Tees, Esk and Wear Valley NHS Foundation Trust. This will then lead to a general discussion on how our Trust committee takes the Provider Collaboratives forward and how it progresses.

## **18. Feedback from People Committee**

Anne Carlile advised the main focus of the meeting minimising duplication of information and clarity around reporting to the Committee. This will be included in the wider discussions around the committees and use of time. The Committee also discussed sickness management within the Trust and the progress being made to address this to not only reduce the levels of sickness absence, but to do so in a supportive way.

The Freedom to Speak up guardians provided an update and provided the Committee with feedback from key themes being reported by staff.

Claire Keys questioned if retention was also discussed when they were talking about recruitment. Anne confirmed that retention was not discussed at this particular meeting.

## **19. Feedback from Charitable Funds Corporate Trustee Committee**

Emma Silver Price advised that a discussion took place regarding the investment fund of the charity to ensure it meets with the Trusts ethical standards while providing the investment and service the charity requires. There was also an update on the charity strategy and action plan going forward, along with the successful funding bid of £156,000 from the NHS Charities fund to support eight individual projects across the organisation.

## **20. Governors Nominations Committee**

Darren Best confirmed the last meeting focused on the shortlisting of candidates for the two Non-Executive Director posts. 56 applications were received, and the Nominations Committee shortlisted nine. Interviews will take place week commencing 13 November 2023 including a stakeholder, governor, staff and service user focus group and a Board focus group as well as the formal interview panel.

## **21. Group Update from the Governors Quality Group**

Anne Carlile mentioned the next meeting will be taking place on 23 November 2023. No key items to note.

## **22. Update from the Governors Steering Group**

Darren Best provided an update from the meeting held 24 October, which focused on Governor meeting agenda setting and future working of the Council of Governors. The main items discussed were the Governor election process which will come to an end on the 29 November 2023 with the successful Governors being announced on the 30 November. They will commence their term of office on the 1 December. Feedback was provided from the Annual Members meeting.

## **23. Update from NHS Providers Governor Advisory Committee (GAC)**

Anne Carlile mentioned that following the formal notice to stand down the national Governors Advisory Committee, they have not met since the last meeting. The Governwell Training for Governors is still available, and places can be booked via the Corporate Affairs Team.

## **24. Any Other Business**

Board of Directors meeting minutes (discussion by exception only)  
Received for information.

## **Key Issue for discussion**

### **CQC Well Led Review**

Sarah Rushbrooke delivered a presentation to the Council of Governors on preparation for a CQC inspection and being Well-Led. The Trust have been working on CQC preparation since September and Governor representatives sit on the CQC Compliance Group and associated task and finish groups. Sarah advised that the Trusts approach, which commenced as CQC preparation will move to an approach of 'quality care, every day'. The Council of Governors received a breakdown of how CQC inspections take place and how the CQC will include Governors in the inspection process.

Staff CQC handbooks were provided to Governors in attendance which highlighted what to expect when the CQC do visit. Governors who were not in attendance will receive a copy of the book via post in the coming weeks.

Anne Carlile queried if the CQC compliance team/Sarah Rushbrooke receives feedback from PLACE assessments that the Trust undertakes. Sarah confirmed that PLACE assessment, feedback and findings are received and is reported to the Resource and Business Assurance Committee and the Quality and Performance Committee.

Fiona Regan sought clarification on the role of Execs and Governors in the CQC inspections. As part of the inspections the Board of Directors will be interviewed individually. The CQC will hold a focus group with Governors to understand their experiences. Sarah Rushbrooke confirmed information packs will be issued to Governors to help them understand what is undertaken within focus groups in advance of any focus groups taking place.

### **10. Date, time, and venue of the next meeting:**

Thursday 11th January 2024, 2pm – 4pm.

Trust Board Room, St Nicholas Hospital and also via Microsoft Teams.

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

 Darren Best, Chair

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### REFERENCES

Only PDFs are attached

 4. COG Action Log COG 09.11.23.pdf

**Council of Governors Meeting  
Action Log as at 21 March 2024**

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

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

Date/ Item No.	Agenda item	Action	By Whom	By When	Update/Comments
<b>Actions outstanding</b>					
		There are no current outstanding actions			
<b>Completed actions</b>					
11.05.2023 (8)	Changes to Council of Governors	Hearing loop to be sourced for future meetings	Jack Wilson	Complete	Ordered
11.05.2023 (8)	Changes to Council of Governors	Explore arrangements for a tour of St Nicholas Hospital site	Kirsty Allan	July 2023	Included within the Governor service visit schedule.
09.03.2023 (7)	EDI update	Summary of the EDI activity and involvement within localities to be included in the next EDI update	Lynne Shaw	14 September 2023	Agenda item – November meeting
13.07.2023 (8)	Audit Committee	Steering group to review governor representation on committees at August meeting	Debbie Henderson	September 2023	Discussed at Governor steering group – membership to be clarified following 2023 elections.



## 5. CHAIRS AND CHIEF EXECUTIVE UPDATE

 Darren Best, Chair and James Duncan, Chief Executive

### REFERENCES

Only PDFs are attached

 5. Chairs Report March 2024 FINAL.pdf

Name of meeting	Council of Governors Meeting
Date of Meeting	Thursday 21 <sup>st</sup> 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		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

**Council of Governors Meeting**  
**Chair's Report**  
**Thursday 21<sup>st</sup> March 2024**

I am pleased to offer a brief summary of my activities as Chair since our last Council of Governors meeting on 9<sup>th</sup> November 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.

**Council of Governors and Board of Directors**

How we work as a Council of Governors and Board of Directors 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 Council of Governors 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](http://www.cntw.nhs.uk).

### **Internal Engagement & Discussion**

Since 1<sup>st</sup> 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 (8<sup>th</sup> 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 Governors and 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 1<sup>st</sup> 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 28<sup>th</sup> 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**

## 6. EXTERNAL AUDIT APPOINTMENT FOR APPROVAL

 Council of Governors External Audit Appointment Panel

### REFERENCES

Only PDFs are attached

 6. External Audit DRAFT ka dh.pdf



<b>Name of meeting</b>	<b>Council of Governors General Meeting</b>
<b>Date of Meeting</b>	<b>Thursday 21<sup>st</sup> March 2024</b>
<b>Title of report</b>	<b>Appointment of External Auditor</b>
<b>Lead</b>	<b>Debbie Henderson, Director of Communications and Corporate Affairs/ Trust Secretary</b>
<b>Report author</b>	<b>Kirsty Allan, Corporate Governance Manager / Deputy Trust Secretary</b>

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

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

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

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

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to</b>
Compliance with statutory and regulatory requirements

## **Audit Committee**

**Wednesday 21<sup>st</sup> March 2024**

### **Appointment of External Auditor**

#### **1. Background**

The Cumbria, Northumberland Tyne and Wear NHS Foundation Trust utilise an approved audit firm to provide an external audit service to the organisation. As a public benefit corporation, the Authority is required to have an auditor by the NHS Act 2006, Schedule 7, Section 23 (1), and its accounts must be audited by that auditor, Schedule 7, Section 24 (2). The current contract was established in 2018 and ends following audit of the 2023/24 annual accounts.

The Authority therefore requires a comprehensive and efficient External Audit Service which will assist it in meeting its role and responsibilities, whilst maintaining the necessary level of professional independence. As agreed by the Council of Governors and Audit Committee, a tender process was therefore initiated to ensure that a contract could be put in place to start 1st June 2024 (for the Audit Year 2024/25) for an initial period of 36 months, with the option to extend a further 24 months (12 months + 12 months).

NHS Foundation Trusts should appoint an external auditor for a period of time that allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS Foundation Trust. Code D 2.3 of the Foundation Trust Code of Governance provide guidance that a trust should change its external audit firm at least every 20 years and re-tender its external audit at least every 10 years and, in most cases, more frequently than this. Appendix B 3.8 of the Code of Governance also provides guidance the external auditors of a Foundation Trust must be appointed or removed by the Council of Governors at a general meeting of the Council.

#### **2. External Audit Tender Process**

Following the Council of Governors meeting on 9<sup>th</sup> November 2023, The Board of Director's led by the Audit Committee embarked on a tender exercise for appointment of an External Auditor as the current contract ends on 31<sup>st</sup> May 2024 (having been extended as much as allowed), subject to appointment of a new (or re-appointment of the same) external auditor for both CNTW (the Trust) and its subsidiary company, NTW Solutions (NTWS) with the expectation that an appointment would be made and approved via the Audit Committee and Council of Governors by March 2024 such that work on the 2024/25 audit could begin.

The external audit tender exercise covered the provision of external audit services, covering the audit of the Trust's financial statements, quality account and the annual accounts for the Charity along with NTW Solutions accounts.

The existing requirements specification was updated by Tracey Sopp, Managing Director for NTW Solutions and Shaun Dixon, Head of Accounting in consultation with a range of stakeholders. A full tender was pulled together and issued to the above named suppliers via the Atamis Tender portal on 12<sup>th</sup> December 2023 with a submission deadline of 12<sup>th</sup> January 2024.

Ahead of the deadline Ernst and Young communicated that they would not be bidding due to concerns about their ability to offer a cost-effective solution.

A core project team was established to oversee the evaluation and selection process. The core project team, was as follows:

Name	Designation
David Arthur,	Chair of Audit and Non-Executive Director
Jamie Rickleton,	Public Governor, Gateshead and Audit Committee representative
Anne Carlile,	Lead Governor and Carer Governor, Adult Services
Tom Rebar,	Deputy Lead Governor and Service user Governor, Adult Services
Debbie Henderson	Director Of Communications and Corporate Affairs
Kevin Scollay	Executive Director of Finance
Shaun Dixon	Head of Accounting and Processing
Kirsty Allan	Corporate Governance Manager

Gavin Thompson, Head of Procurement, was the dedicated procurement lead for this project.

### 3. Evaluation Process

Only a single bid was received by the closing date. This was from Mazars, the Trust's current External Audit providers. The core evaluation team undertook a process of reviewing and scoring the tender submissions.

The core project team finalised the consensus scoring based on a review of the tender submission and accompanying presentation. The final scores are shown below and at appendix A.

Criteria	Max Score	Score Achieved
Experience	15.00%	15.00%
Skills Mix and Resource	15.00%	15.00%
Implementation	15.00%	11.25%
Social Value	10.00%	10.00%
Cost	45.00%	45.00%
<b>Total</b>	<b>100.00%</b>	<b>96.25%</b>

In summary the panel agreed that the bid was of a very high standard and offered all the assurance we required. The only area of criticism was around the requirement to split the audit between the Foundation Trust and Company. The panel understood their reasons for doing so and agreed that it did not prevent key milestones from being achieved.

### 4. Costs

The cost of the Mazars bid was as follows:

Element	24/25	25/26	26/27	Total 3 Year Cost
FT Audit	£105,000	£105,000	£105,000	£315,000
Charity Audit	£3,250	£3,250	£3,250	£9,750
Company Audit	£54,000	£54,000	£54,000	£162,000
<b>Total</b>	<b>£162,250</b>	<b>£162,250</b>	<b>£162,250</b>	<b>£486,750</b>

By way of comparison, the cost for the 2022/23 audit was £105,450 (ex VAT). This is broken down as follows:

- FT Audit - £75,000
- Charity Audit - £450
- Company Audit - £30,000

This represents a 54% increase to the cost which is a significant cost burden to absorb. A large increase was expected due to the market conditions given the lack of competition and resource shortages in the industry. Mazars has offered low prices previously to gain a foothold in this market and whilst the charge increases are high – the panel are satisfied that they remain ‘reasonable’ given the level of work undertaken in conjunction with the market forces at play.

Given the mitigating factors and our statutory requirement need to have an auditor the director of Finance is satisfied that the costs can be funded.

## **5. Recommendation**

Based on the process outlined above, it is recommended that the contract is awarded to Mazars. The company produced a competent tender document that gave the panel confidence in their ability to meet our requirements. The panel unanimously agreed that this was a quality proposal as evidenced in the scoring above.

## **6. Benefits**

The procurement process has ensured a detailed market appraisal has taken place. This has provided the Trust with assurances in terms of value for money and bidder competence. The procurement process will ensure the Trust benefit from the following outcomes.

- Comprehensive market appraisal leading to an informed decision.
- Compliant procurement process.
- NHS friendly terms and conditions of contract.
- Market driven prices secured and fixed for 3 years, with an option to extend for a further 2.

## **7 Next Steps**

Following approval, the stakeholder team will look to mobilise the contract award phase and draft the supporting contract. Assuming a decision is made in March 2024, this will allow sufficient time to mobilise for the new contract to go live by 1<sup>st</sup> June 2024.

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

Kirsty Allan  
**Corporate Governance Manager**

**On behalf of the Council of Governors and Audit Committee External Audit Panel Members**


**March 2024**

## Appendix A – Final Scoring

Question	Max Score Available	Weight	Score Achieved	Weighted Score	Comments
NAO's Audit Code for NHS Foundation Trusts April 2015 requires that the auditor must have an established and demonstrable standing within the healthcare sector and be able to show a high level of experience and expertise. The work is of a specialised nature, and so general audit experience is not sufficient. Please provide details of the Potential Provider's experience and expertise demonstrating an established standing within the healthcare sector. Responses to include: • Experience / expertise to include NHS Subsidiary Companies, Group Audits and Charities • Experience / expertise to include mental health issues / trust • Technical expertise • Knowledge and access to a wider bank of technical knowledge. Please limit your response to no more than 1,500 Words	4	15%	4	15%	Extensive experience evidenced which included all sub criteria. Very experienced in the health sector. Specialist expertise clearly evidenced. The bid evidences detailed understanding of the regulatory framework that applies to our organisation. Concisely answered response.
Please provide skills mix which would attributed to this contract; Responses to include; • Brief biographies of senior personnel proposed to be employed in the delivery of this contract • Details of your capacity to deliver (includes being reasonably local) / Guarantees of being able to deliver • How you would seek to guarantee a settled team for our External Audit, i.e. continuity. Please limit your response to no more than 1,500 Words.	4	15%	4	15%	Senior personnel have significant experience. Team is clearly defined. Continuity is referenced and the benefits outlined. The response gives assurance that they will be able to deliver against our requirements and that quality personnel will be deployed.
Please provide details of how you propose to implement this contract, further supported by implementation plan, appropriate to the service to be provided, evidencing ability to minimise disruption and risk: This plan should provide details as to when in the calendar year you would aim to perform the audit's or examinations of each organisation within the Group in order to achieve regulated submission deadlines. Please limit your response to no more than 1,500 words.	4	15%	3	11%	Splitting the audit is not the preference of the organisation. Timelines are in line with what we expect and relevant key deadlines etc.
The NHS has a Net Zero target and Trust's Green Plan to become carbon neutral by 2040. <a href="https://www.england.nhs.uk/greenernhs/get-involved/suppliers/">https://www.england.nhs.uk/greenernhs/get-involved/suppliers/</a> Part 1 - Please confirm you will work towards the aims and objectives of the 'Net Zero Supplier Roadmap' as detailed in the link above to the timescales required. Part 2 - Please outline how you will manage the environmental impact of delivering this contract and what commitments you will make to improve this over the first three years of the contract. Examples could include how you aim to reduce waste, reuse, recycle, improve resource efficiency, reduce transportation, environmental considerations within your supply chain and the products / suppliers you will use to service this contract and any other innovative or beneficial environmental actions your company will engage in relevant to this contract. Threshold applies to this question - Minimum threshold score of 2 for bid to be considered further. Character Limit - 6000 maximum	4	5%	4	5%	They commit to the net zero roadmap. Very detailed approach to how they will improve their processes and impacts to support the net zero aims.
Please confirm the percentage of staff who will be utilised on this contract that will be paid at least the relevant Real Living wage as specified by Living Wage foundation for at least the duration of this contract. <a href="http://www.livingwage.org.uk">www.livingwage.org.uk</a>	4	5%	4	5%	Confirmed 100% compliance for the duration of the contract
<b>Total Cost</b>	<b>45</b>	<b>45%</b>	<b>45</b>	<b>45%</b>	


**Total Score** **96%**

## 7. GOVERNOR STEERING GROUP FEEDBACK

 Darren Best, Chair

verbal update

## 8. INTEGRATED PERFORMANCE REPORT - QUALITY CARE, EVERY DAY

 Kevin Scollay, Executive Director of Finance

### REFERENCES

Only PDFs are attached



8. cover sheet IPR - Month 10.pdf



8. Trust IPR - January 2024 Data - Feb-24 (003).pdf

Name of meeting	Council of Governors Meeting
Date of Meeting	Thursday 21 <sup>st</sup> 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

# Integrated Performance Report

Patients | Quality | People | Person Led Care | Sustainability

**2023-24 Month 10 (January 2024)**

With **YOU** in mind

# Integrated Performance Report - Headline Commentary

## Headline Challenges

- **Commitments to our Carers & Patients** – All of the five patient satisfaction measures consistently below standard. Did you feel safe and were you given helpful information are improving.
- **% of Training Compliance (Courses with a standard)** – Only 9 of 27 courses at standard
- **Appraisal Rates and Clinical Supervision rates** – both off track significantly and consistently, despite gradual improvement. In January 24, the Clinical Supervision metric was updated to exclude those staff who are off during the reporting period i.e. long-term sick and maternity.
- **Serious Incidents** - Despite the low numbers, the incidents are of serious magnitude, so an exception report is included.
- **CPA Completed Review** – Remains below the 95% standard at 89.6%. The last five months were an improvement jump on the previous five.
- **Bed Occupancy** - Off track but has been steadily improving
- **Clinically Ready for Discharge** – off track
- **Crisis Very Urgent Referrals seen within 4 hours** – At 44.8% there has been a 13% improvement within the month with almost half of referrals being seen within the timeframe compared to one third in December.
- **Crisis Urgent Referrals seen within 24 hours** – 5% increase in the month. Still below the mean average.
- **New (from Jul-23) 4-week national standard waiting times**  
All the measures are off track but steadily improving
  - **% waiting < 4 weeks to Treatment Adult and Older Adult Waits to Treatment** – 30.7% of referrals have been waiting 4 weeks or less to treatment.
  - **% waiting < 4 weeks to Receive Help - All CYPS** – 12.2% of referrals have been waiting 4 weeks or less to receive help.
  - **% waiting < 4 weeks to Receive Help - CYPS Neuro Developmental** – 8.9% of referrals have been waiting 4 weeks or less to receive help.
- **Live within our means** – The Trust is currently on plan at month 10 and forecasting to deliver financial break-even at the end of 2023/24. The forecast is supported by significant levels of non-recurrent efficiencies. Plan includes adjustment to reflect phasing of efficiencies.

## Key focus areas of concern

- **% of Training Compliance (Courses with a standard)**
- **Crisis Very Urgent Referrals seen within 4 hours**
- **% waiting < 4 weeks to Treatment – Adult and Older Adult waits**
- **% waiting < 4 weeks to Receive Help – All CYPS & CYPS Neuro Developmental waits**
- **Live within our means**

## Positive Assurance / Improvement

- **EIP (Early Intervention Psychosis)** - Consistently above standard.
- **72 hour follow up** - Remains consistently above the 80% standard.
- **CYPS Eating Disorders (Urgent Referrals)** - Consistently above standard.
- **CYPS Eating Disorders (Routine Referrals)** – Remains above the 95% standard for the 2<sup>nd</sup> consecutive month.
- **Care Plan Compliance** – Current performance is 94.5%, only 0.5% improvement required to meet standard of 95%
- **Risk Assessment** – Remains above standard for 5th consecutive month
- **Out of Area Placements** – There have been no reported inappropriate Out of Area Bed Days since early December 2023.
- **Psychiatric Liaison Referrals seen in ED within 1 hour** – Performance has improved over the last 5 months
- **Talking Therapies % Moving to Recovery** – Reported above standard and best performance for nine months
- **93.4% consider staff to be kind and caring.** This is the highest performing score for the Trust of the patient and carer measures
- **Live within our means** - Monthly agency spend has been under the Trust ceiling from Nov – January.
- **Bed Occupancy** – Significant improvement and the lowest level reported in 24 months

## Mitigations/actions

- **% of Training Compliance (Courses with a standard)** – To improve the focus in priority areas for operational teams, training measures have been prioritised by a Task and Finish Group and the recommendations have been agreed by EMG in January 2024. The process ensured that high-risk areas are prioritised to support patient and staff safety and reduce harm. [Recovery plan in place](#)
- **Crisis Very Urgent Referrals seen within 4 hours** - A programme of work, involving executive leadership and Crisis Team leaders, commences at the end of February. The aim is to assess the present and future condition of the service, with the intention of delivering service improvement. Localities are providing progress reports on operational performance and measures for Crisis recovery at the Community Oversight Group. The Urgent Care and Inpatient programme are reviewing the current status of initiatives related to crisis services. This includes the flow of the 136-suite, the implementation of Right Care Right Place, alternatives to admission, community interface, discharge model/in-reach, and the expansion of Mental Health 111 services by April 24. [Recovery plans in place & review of transformation milestones planned](#)
- **% waiting less than 4-week (new standard)** - The recently devised CYPS Neurodevelopmental process, developed in collaboration with partners, is undergoing approval at EMG in February 2024. Subsequently, it will be implemented this year in collaboration with our partners. The delivery of the action plan for North Cumbria Working Age Adults has led to enhanced performance since August 2023. The newly introduced 4-week wait standard is being monitored at the Community Oversight Group, considering data, risks, and necessary actions. All three indicators in this report demonstrate improvement since implementation, with a reduction of over half for both Adults and Older Adults waiting more than 4 weeks for treatment between July and December 2023.. [Recovery plan in place](#)
- **Live within our means** - Groups / Departments highlighted areas under review to impact on financial performance. BDG monthly finance meetings are in place to agree actions on the Trust financial position and locality forecast positions in year. [Recovery plan being developed](#)

# Core Trust Integrated Outcome Measures - Summary Overview

Reporting Period: Jan 2024

	Ref	Indicator Name	Variation	Assurance	Performance	Standard	Plan	Risk Rating	Summary Narrative	Exec
Commitments	C01	How was your experience? (FFT)	Normal Variation	Consistently Fail	86.0%	95.0%	Internal	High (Action)	Below standard but remaining stable	SR
	C02	Did we listen to you? (PoY)	Normal Variation	Consistently Fail	88.4%	95.0%	Internal	High (Action)	Below standard but has shown improvement in the month	SR
	C03	Were staff kind and caring? (PoY)	Normal Variation	Achieve at Random	93.4%	95.0%	Internal	Med (Monitoring)	Below standard and has deteriorated slightly in the last month	SR
	C04	Did you feel safe? (PoY)	Normal Variation	Consistently Fail	89.8%	95.0%	Internal	High (Action)	Below standard but has improved slightly in the month	SR
	C05	Were you given helpful information? (PoY)	Normal Variation	Consistently Fail	88.5%	95.0%	Internal	High (Action)	Remains below standard but improvement reported in last month	SR
People	P01	Turnover	Normal Variation	Achieve at Random	10.0%	10.0%	National	Med (Monitoring)	Remains stable across all localities	LS
	P02	Sickness in Month	Normal Variation	Consistently Fail	6.9%	5.0%	National	High (Action)	Reported above average for the first time in 9 months	LS
	P03	% of Training Compliance (Courses with a Standard)	Improvement	Consistently Fail	34.6%	100.0%	Internal	High (Action)	9 out of 27 courses are achieving standard	LS
	P04	Appraisal rate	Improvement	Consistently Fail	75.9%	85.0%	Internal	High (Action)	Not on target and has deteriorated in the month	LS
	P05	% Clinical Supervision completed	Improvement	Consistently Fail	60.7%	80.0%	Internal	High (Action)	Remains significantly off standard	LS
	P06	People Pulse Health & Wellbeing satisfaction	SPC N/A	No Standard	65.7%	No Std	No Plan	Low (No Standard)	Risen from 60% in January to 65.7% in April 2023	LS
Quality Care	Q01	Restrictive intervention incidents	Normal Variation	No Standard	19	No Std	No Plan	Med (Monitoring)	Decreased in the month	SR
	Q02	Serious Incidents	Improvement	No Standard	17	No Std	No Plan	High (Action)	Increased in the month	RN
	Q03	Harm Incidents	Normal Variation	No Standard	1,933	No Std	No Plan	Low (No Standard)	Increased in the month, reported within expected range	RN
	Q04	Safeguarding and Public Protection (SAPP)	Normal Variation	No Standard	1,240	No Std	No Plan	Low (No Standard)	Increased in the month	RN
	Q05	Long term segregation and prolonged seclusion	Improvement	No Standard	24	No Std	No Plan	Low (No Standard)	Increased in the month	SR
	Q06	Aggression and Violence	Normal Variation	No Standard	1,540	No Std	No Plan	Med (Monitoring)	Steep rises and falls in numbers due to current inpatient profile	RN
	Q07	Number of Complaints	Normal Variation	No Standard	59	No Std	No Plan	Low (No Standard)	Increased in the month, remaining within expected range	RN
	Q08	Care Plans compliance	Improvement	Consistently Fail	94.5%	95.0%	Internal	Med (Monitoring)	Almost at standard, continuous improvement over 24 months	SR
	Q09	Risk Assessments compliance	Improvement	Achieve at Random	96.0%	95.0%	Internal	Low (On Track)	Remains above standard	SR
	Q10	CPA Completed review	Improvement	Consistently Fail	89.6%	95.0%	Internal	High (Action)	Slight improvement in the month, remains below standard	SR
	Q11	Staffing fill rates	Normal Variation	Achieve at Random	127.1%	120.0%	National	High (Action)	Deteriorated in the month, reported above standard	SR
Person Led Care	A01	Out of Area Placement bed days	Improvement	Achieve at Random	0	58	LTP	Low (On Track)	There were no inappropriate out of area bed days reported in Jan.	RD
	A02	Bed Occupancy including leave (open beds on RiO)	Improvement	Consistently Fail	90.3%	85.0%	National	High (Action)	Lowest occupancy level reported for 24 months	RD
	A03	% Adult inpatients discharged with LOS > 60 days	Normal Variation	No Standard	34.4%	No Std	No Plan	Low (No Standard)	Deteriorated in the month , highest level reported in 24 months	RD
	A04	% OP inpatients discharged with LOS > 90 days	Normal Variation	No Standard	45.7%	No Std	No Plan	Low (No Standard)	Deteriorated in the month	RD
	A05	Clinically Ready for Discharge (formerly DTOC)	Normal Variation	Consistently Fail	11.5%	7.5%	National	High (Action)	Deteriorated in the month, remains off track	RD
	A06	Crisis % Very urgent seen within 4 hours (WAA&OP)	Normal Variation	No Standard	44.8%	No Std	No Plan	Med (Monitoring)	81 out of 181, almost half of very urgent patients seen within 4 hours	RD
	A07	Crisis % Urgent seen within 24 hours (WAA&OP)	Concern	No Standard	81.1%	No Std	No Plan	Med (Monitoring)	351 out of 433. Performance improved in the month	RD
	A08	% PLT ED Referrals seen within 1 hour	Improvement	No Standard	70.1%	No Std	LTP	Med (Monitoring)	Improved in the last 3 months	RD
	A09	% PLT Ward Referrals seen within 24 hours	Improvement	No Standard	86.6%	No Std	LTP	Low (No Standard)	Deteriorated slightly in the month	RD
	A10	72 hour Follow-Up	Normal Variation	Consistently Achieve	89.3%	80.0%	LTP	Low (On Track)	Consistently meeting standard	RD
	A11	% Waiting 4 wks or less to treatment (WAAOP)	SPC N/A	No Standard	30.7%	No Std	No Plan	High (Action)	69.3% (2,260 of 3,263) have been waiting longer than 4 weeks	RD
	A12	% Waiting 4 wks or less to receive help (CYPS)	SPC N/A	No Standard	12.2%	No Std	No Plan	High (Action)	87.8% (4,961 of 5,652) have been waiting longer than 4 weeks	RD
	A13	% Waiting 4 wks or less to receive help (CYPS Neuro)	SPC N/A	No Standard	8.9%	No Std	No Plan	High (Action)	91.1% (4,629 of 5,079) have been waiting longer than 4 weeks	RD
	A14	CYPS Eating Disorders (urgent referrals)	Concern	Achieve at Random	50.0%	95.0%	LTP	Low (On Track)	2 out of 4 urgent referrals were not seen within the timeframe	RD
	A15	CYPS Eating Disorders (routine referrals)	Improvement	Achieve at Random	100.0%	95.0%	LTP	Low (On Track)	Reported above standard for the 2nd consecutive month	RD
	A16	EIP – starting treatment in 14 days	Normal Variation	Consistently Achieve	73.0%	60.0%	LTP	Low (On Track)	Consistently exceeds 60% standard	RD
	A17	Talking Therapies % Moving to Recovery (IAPT)	Concern	Achieve at Random	52.9%	50.0%	LTP	Med (Monitoring)	Improved in the month, reported above standard	RD
Sustainable	S01	Live within our means (I&E Surplus/Deficit £)	SPC N/A	SPC N/A	-1.3M	-1.3M	No Plan	High (Action)	23/24 forecast under significant pressure	KS
	S02	Capital spend compared to plan (£)	SPC N/A	SPC N/A	1.9M	2.5M	No Plan	Low (On Track)	Capital programme is on plan	KS
	S03	Cash balance compared to plan (£)	SPC N/A	SPC N/A	29.7M	15.2M	No Plan	Low (On Track)	Cash balance ahead of plan due to additional monies	KS

# Commitments to our Carers & Patients - Headline Commentary

## Headline Challenges

- **How was your experience? (FFT)** – At 86%, this continues not to meet the 95% standard and is the same score as the previous month. The latest national published FFT score for England average is reported at 87% (December 23).

### Points of You Questions (PoY)

- **Did we listen to you?** - At 88.4% this remains below standard but has increased (previously 85%).
- **Were staff kind and caring?** – At 93.4% this represents small decrease on the previous month but remains the best performing score for PoY questions. (93.8% in December 23)
- **Did you feel safe?** - At 89.8% this remains below standard but is an improvement on the previous month (89.4%).
- **Were you given helpful information?** - At 88.5% (85.6% in December 23) this continues to be a low scoring question, although since July 23 there has been an improvement trend for this question.

## Key focus areas of concern

- **Did we listen to you?**
- **Did you feel safe?**
- **Were you given helpful information?**

## Positive Assurance / Improvement

- FFT score continues to track around the national average for MH Trusts.
- 93.4% of people sharing their experience consider staff to be kind and caring. This is the highest performing score for the Trust.
- January saw the second highest levels of You Said – We Did posters being created with some focused work within localities, engaging peer and carer supporters in the process.

## Mitigations/actions

### **Did we listen to you? (PoY)**

- You Said – We Did posters associated with Points of You continue to be produced in increasingly high numbers. All North Locality teams with feedback created posters to respond to it, the first time this has happened for any locality. This is supporting evidence that all localities can work towards this position.
- The Oxevision (vision-based monitoring system) was introduced on wards as an implicit consent model. Discussions at the Service User and Carer Reference Group and service user and carer forums provided feedback, which has led to a revised approach, with the Trust working towards a turn-off option.

### **Did you feel safe?**

- 19 people said they didn't feel safe during January, 6 of these experiences relate to inpatient services. Staff should be aware that service users and carers can sometimes not feel safe for a variety of reasons. The Safe wards intervention 'Reassurance' and Safety Huddles are useful ways of reaffirming that people are safe with us.

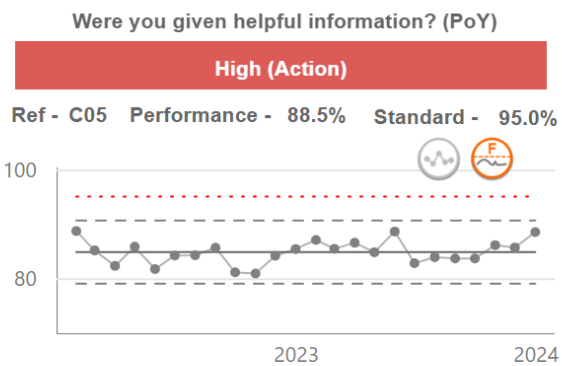
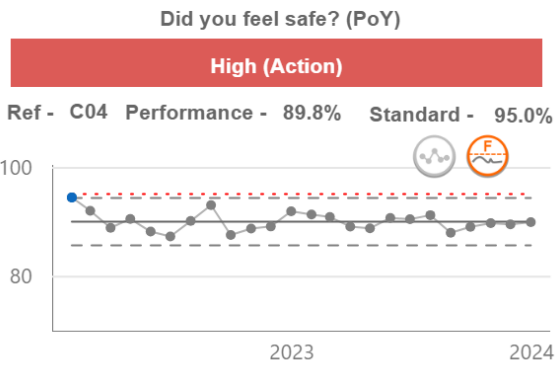
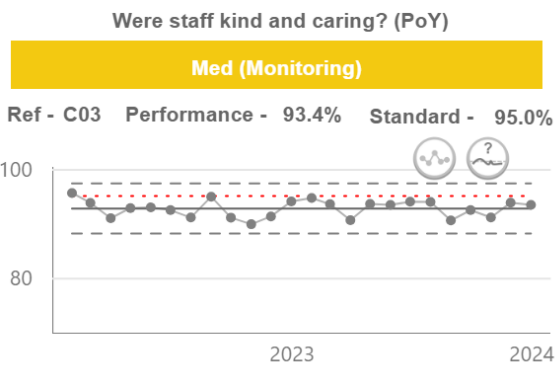
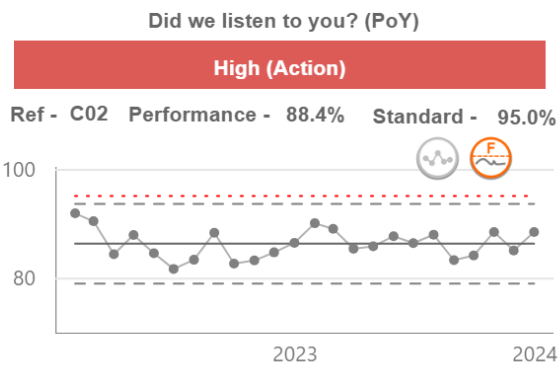
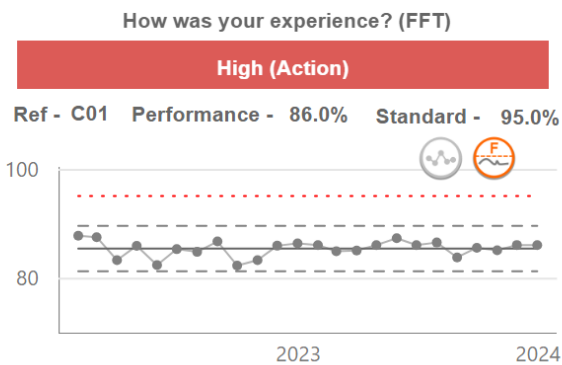
### **Were you given helpful information?**

- 20 people answered no to this question. 4 people said no in relation to the Adult ADHD Service, with the main theme being that people received no information at all. The Adult ADHD Service are currently developing the service offer on the website as well as what is available to send to people on request.



# Commitments to our Carers & Patients

Reporting Period: Jan 2024



# Great Place to Work - Headline Commentary

## Headline Challenges

- **Sickness** – The confirmed sickness for December 2023 is reported at 6.9%. The provisional sickness for January 2024 is reported at 6.79% remaining above the 5% standard.
- Sickness Absence, shows a slight increase for December, and remains a headline challenge. Important to note although actions around absence are similar and there is some specific targeted work and increased focus, absence position is better in month than that of December 22 whereby absence rate was reported at 7.99%.
- **% of Training Compliance (Courses with a standard)** – In January 2024, 9 out of 27 courses are achieving or above the required standard, 18 remain below standard. Training compliance is low across the Trust with a poor performance rating of 34.6%. Key challenges are linked to clinical demand to release staff to undertake essential training.
- **Clinical Supervision** performance remains below Trust 80% standard. Clinical Supervision metric has been updated and now excludes those staff who are off during the reporting period i.e. long-term sick and maternity.

## Key focus areas of concern

- **Sickness Absence**
- **Training Compliance**
- **Clinical Supervision**

## Positive Assurance / Improvement

- **Turnover** continues to reduce and remains within normal variation.

## Mitigations/actions

### Sickness Absence

- Groups, Localities and care pathways continue their focus on short term and long-term absence. Sickness Clinics/sickness meetings continue in localities monthly, whereby each employee absent for more than 28-days meets with their line manager and Workforce Representative. Short Term absence is monitored, and Review Point Meetings are now well established within groups when staff hit trigger points. The Trusts Health and Wellbeing offer continues to be promoted, Occupational Health referrals are monitored and supported with oversight in Workforce and OD Triage meetings. Staff are supported to access the Vivup Employee Assistance Programme (EAP) and Staff Psychological Centre (SPC) services, data intelligence informs us this service is being fully utilised.
- **% of Training Compliance (Courses with a standard)** – To improve the focus in priority areas for operational teams, training measures have been prioritised by a Task and Finish Group and the recommendations have been agreed by EMG in January 2024. The process ensured that high-risk areas are prioritised to support patient and staff safety and reduce harm. *Recovery plan in place*

### Clinical Supervision

- Clinical supervision continues to be a focus. The Clinical Supervision metric now excludes those staff who are off during the reporting period i.e. long-term sick and maternity

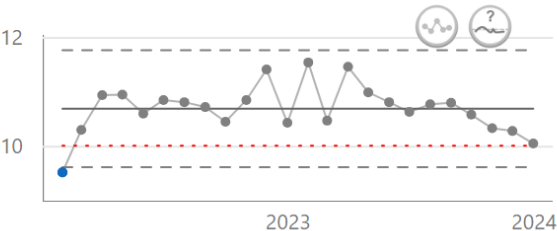
# Great Place to Work

Reporting Period: Jan 2024

Turnover

Med (Monitoring)

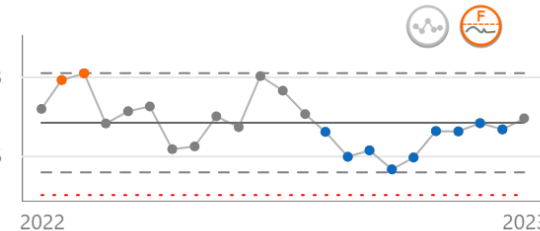
Ref - P01 Performance - 10.0% Standard - 10.0%



Sickness in Month

High (Action)

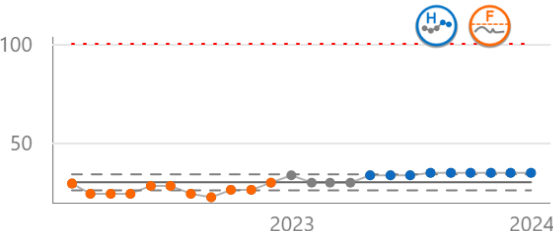
Ref - P02 Performance - 6.9% Standard - 5.0%



% of Training Compliance (Courses with a Standard)

High (Action)

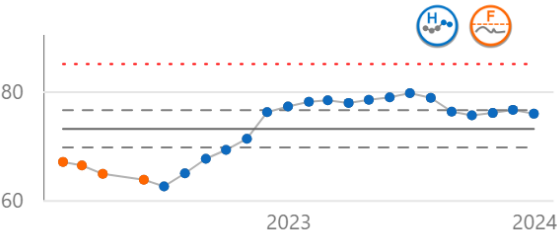
Ref - P03 Performance - 34.6% Standard - 100...



Appraisal rate

High (Action)

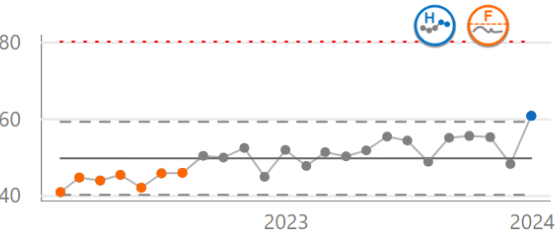
Ref - P04 Performance - 75.9% Standard - 85.0%



% Clinical Supervision completed

High (Action)

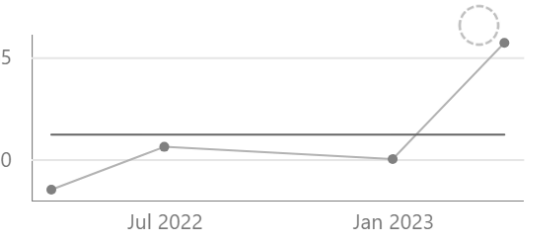
Ref - P05 Performance - 60.7% Standard - 80.0%



People Pulse Health & Wellbeing satisfaction

Low (No Standard)

Ref - P06 Performance - 65.7% Standard - No Std





# Quality Care, Everyday - Headline Commentary

Reporting Period: Oct 2023

## Headline Challenges

- **Restrictive Intervention Incidents** – Decreased in the month
- **Serious Incidents** – The number of Serious Incidents have increased this month and remains within expected variation. On 22nd January 2024 CNTW will transition from the Serious Incident Framework to PSIRF, it is predicted that January's figure may be marginally lower as a result, but from February onwards we expect to see a significant and consistent reduction in the number of incidents meeting criteria for a mandatory in-depth patient safety review.
- **CPA Complete Review** – Performance increased to 89.6%, the standard is 95%, however this performance may be impacted by the transformation work which is currently underway
- **Safeguarding and Public Protection** – Increased in the month
- **Staff fill rates** – Reported above standard this month

## Key focus areas of concern

- **CPA Completed Review**
- **Implementation of Biopsychosocial Risk Assessment**

## Positive Assurance / Improvement

**Risk Assessment** – Remains above standard for 4th consecutive month

**Care Plan Compliance** – Current performance is 94.5% and almost at standard. On track to meet 95% only 0.5% improvement required to meet standard

**PSIRF** - Successful launch of PSIRF Framework

## Mitigations/actions

### CPA Completed Review

- Actions are in place to improve CPA compliance and there has been some improvement. As transformation work progresses the pilot involving the seven Pioneer Teams will commence early March 2024, these teams will be removed from this metric at that time.

### Implementation of Biopsychosocial Risk Assessment

- Implementation of Narrative Risk assessments in move away from risk rating tools as per national guidance

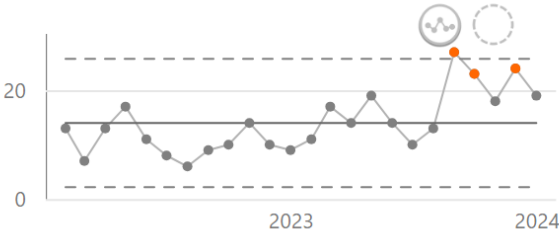
# Quality Care, Everyday

Reporting Period: Jan 2024

Restrictive intervention incidents

Med (Monitoring)

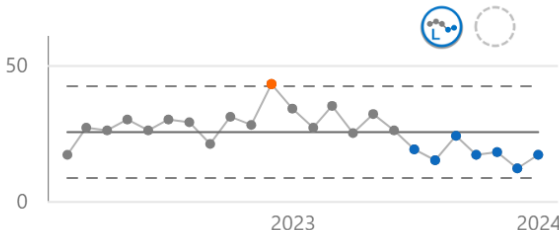
Ref - Q01 Performance - 19 Standard - No Std



Serious Incidents

High (Action)

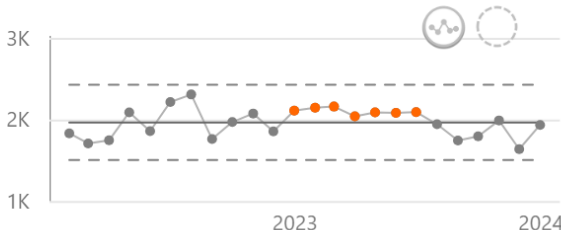
Ref - Q02 Performance - 17 Standard - No Std



Harm Incidents

Low (No Standard)

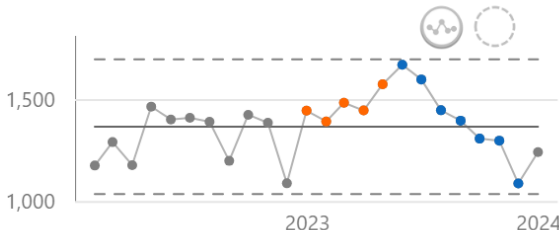
Ref - Q03 Performance - 1,933 Standard - No Std



Safeguarding and Public Protection (SAPP)

Low (No Standard)

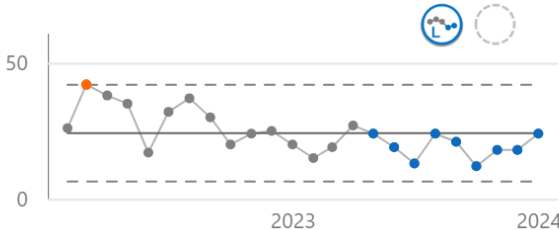
Ref - Q04 Performance - 1,240 Standard - No Std



Long term segregation and prolonged seclusion

Low (No Standard)

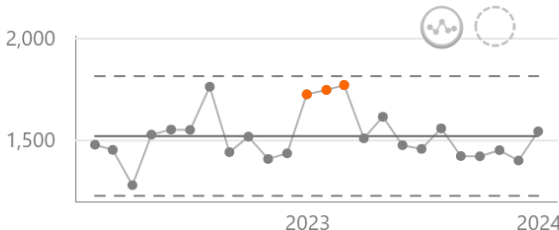
Ref - Q05 Performance - 24 Standard - No Std



Aggression and Violence

Med (Monitoring)

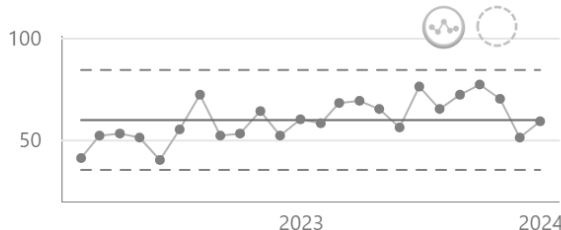
Ref - Q06 Performance - 1,540 Standard - No Std



Number of Complaints

Low (No Standard)

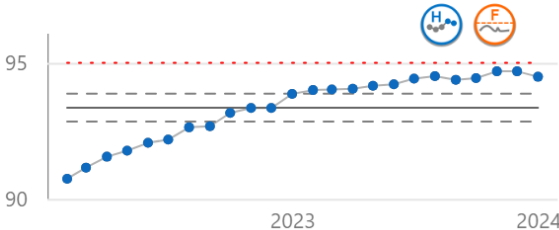
Ref - Q07 Performance - 59 Standard - No Std



Care Plans compliance

Med (Monitoring)

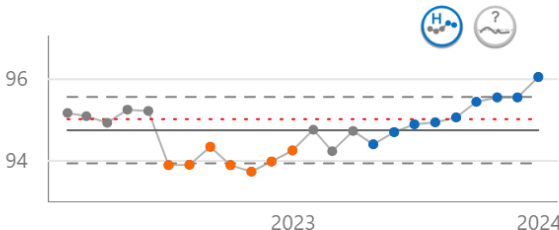
Ref - Q08 Performance - 94.5% Standard - 95.0%



Risk Assessments compliance

Low (On Track)

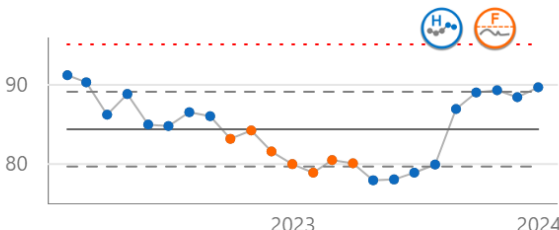
Ref - Q09 Performance - 96.0% Standard - 95.0%



CPA Completed review

High (Action)

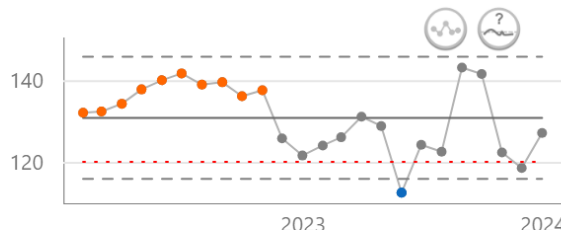
Ref - Q10 Performance - 89.6% Standard - 95.0%



Staffing fill rates

High (Action)

Ref - Q11 Performance - 127.1% Standard - 120.0%



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

## Headline Challenges

- **Clinically Ready for Discharge** - Remains off track and has increased in the month.
- **Bed Occupancy** – remains off track but is showing improvement
- **Crisis Very Urgent Referrals seen within 4 hours** – At 44.8% the position has improved, almost half of very urgent referrals are seen within the timeframe compared to a third reported last month who were seen within 4 hours.
- **Crisis Urgent Referrals seen within 24 hours** – 4.8% improvement in performance in the month (351 seen in January compared to 313 in December, the number of referrals overall were 433 in January compared to 410 in December)
- **Adult inpatients discharged with LOS >60 days** – Highest % reported in 24 months
- **Older Adult inpatients discharged with LOS >90 days** – Increased in the month
- **New (from Jul-23) 4-week national standard waiting times:**
  - **% waiting < 4 weeks to Treatment Adult and Older Adult Waits to Treatment** – 30.7% of referrals have been waiting 4 weeks or less to treatment.
  - **% waiting < 4 weeks to Receive Help - All CYPS** – 12.2% of referrals have been waiting 4 weeks or less to receive help.
  - **% waiting < 4 weeks to Receive Help - CYPS Neuro Developmental** – 8.9% of referrals have been waiting 4 weeks or less to receive help.

## Key focus areas of concern

- **Crisis Very Urgent Referrals seen within 4 hours**
- **% waiting < 4 weeks to Treatment – Adult and Older Adult waits**
- **% waiting < 4 weeks to Receive Help – All CYPS & CYPS Neuro Developmental waits**

## Positive Assurance / Improvement

- **EIP (Early Intervention Psychosis)** - Consistently above standard.
- **72 hour follow up** - Remains consistently above the 80% standard.
- **CYPS Eating Disorders (Urgent Referrals)** - Consistently above standard.
- **CYPS Eating Disorders (Routine Referrals)** – Remains above the 95% standard for the 2<sup>nd</sup> consecutive month.
- **Out of Area Placements** – There have been no reported inappropriate Out of Area Bed Days since early December 2023.
- **Psychiatric Liaison Referrals seen in ED within 1 hour** – Performance has improved over the last 5 months
- **Talking Therapies % Moving to Recovery** – Reported above standard and best performance for nine months
- **Bed Occupancy** – Significant improvement and the lowest level reported in 24 months

## Mitigations/actions

- **Crisis Very Urgent Referrals seen within 4 hours** - A programme of work, involving executive leadership and Crisis Team leaders, commences at the end of February. The aim is to assess the present and future condition of the service, with the intention of delivering service improvement. Localities are providing progress reports on operational performance and measures for Crisis recovery at the Community Oversight Group. The Urgent Care and Inpatient programme are reviewing the current status of initiatives related to crisis services. This includes the flow of the 136-suite, the implementation of Right Care Right Place, alternatives to admission, community interface, discharge model/in-reach, and the expansion of Mental Health 111 services by April 24. Recovery plans in place & review of transformation milestones planned
- **% waiting less than 4-week (new standard)**- The recently devised CYPS Neurodevelopmental process, developed in collaboration with partners, is undergoing approval at EMG in February 2024. Subsequently, it will be implemented this year in collaboration with our partners. The delivery of the action plan for North Cumbria Working Age Adults has led to enhanced performance since August 2023. The newly introduced 4-week wait standard is being monitored at the Community Oversight Group, considering data, risks, and necessary actions. All three indicators in this report demonstrate improvement since implementation, with a reduction of over half for both Adults and Older Adults waiting more than 4 weeks for treatment between July and December 2023.. Recovery plan in place

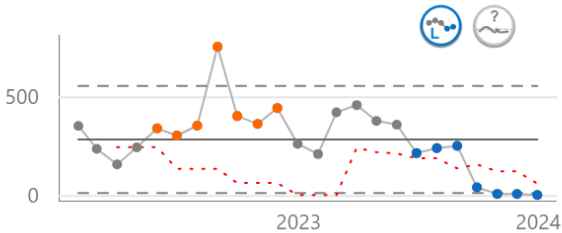
# Person Led Care, when and where it's needed

Reporting Period: Jan 2024

Out of Area Placement bed days

Low (On Track)

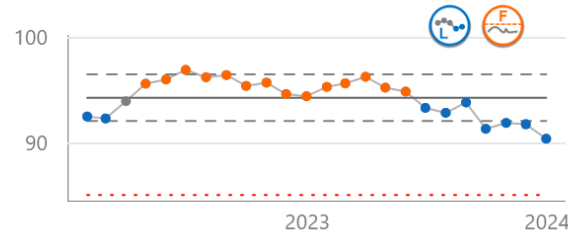
Ref - A01 Performance - 0 Standard - 58



Bed Occupancy including leave (open beds on RiO)

High (Action)

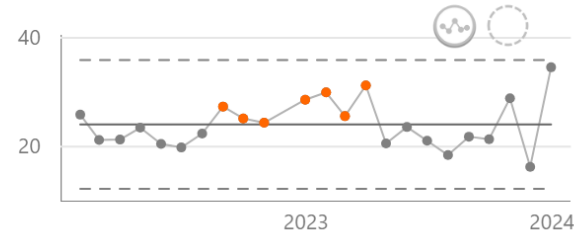
Ref - A02 Performance - 90.3% Standard - 85.0%



% Adult inpatients discharged with LOS > 60 days

Low (No Standard)

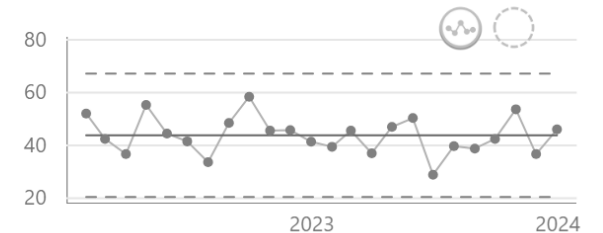
Ref - A03 Performance - 34.4% Standard - No Std



% OP inpatients discharged with LOS > 90 days

Low (No Standard)

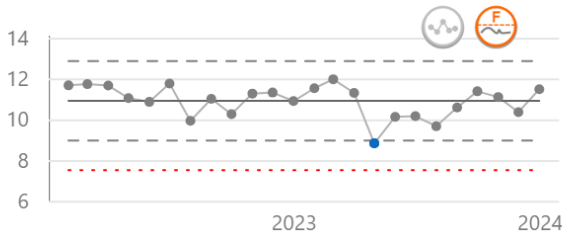
Ref - A04 Performance - 45.7% Standard - No Std



Clinically Ready for Discharge (formerly DTOC)

High (Action)

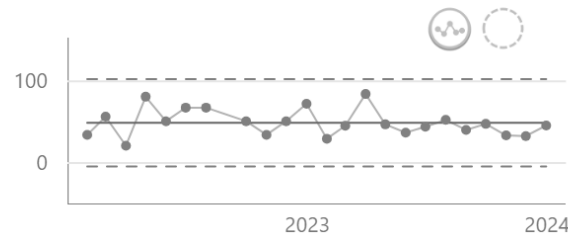
Ref - A05 Performance - 11.5% Standard - 7.5%



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

Med (Monitoring)

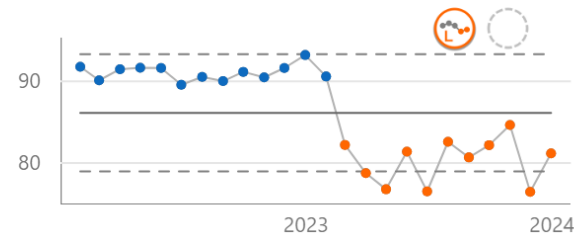
Ref - A06 Performance - 44.8% Standard - No Std



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

Med (Monitoring)

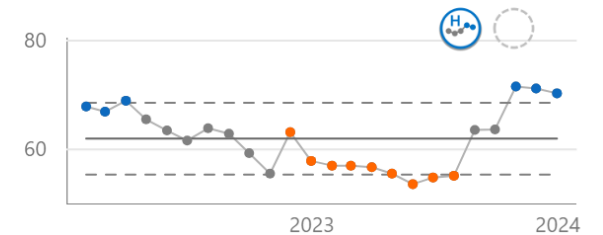
Ref - A07 Performance - 81.1% Standard - No Std



% PLT ED Referrals seen within 1 hour

Med (Monitoring)

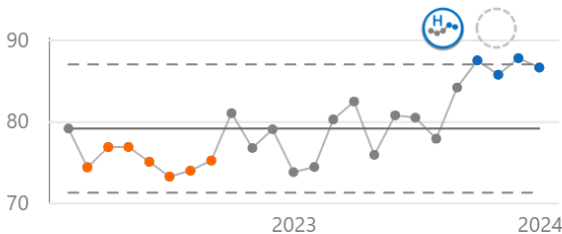
Ref - A08 Performance - 70.1% Standard - No Std



% PLT Ward Referrals seen within 24 hours

Low (No Standard)

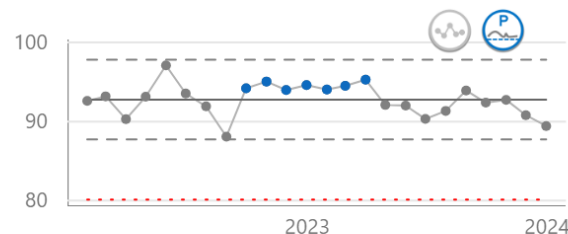
Ref - A09 Performance - 86.6% Standard - No Std



72 hour Follow-Up

Low (On Track)

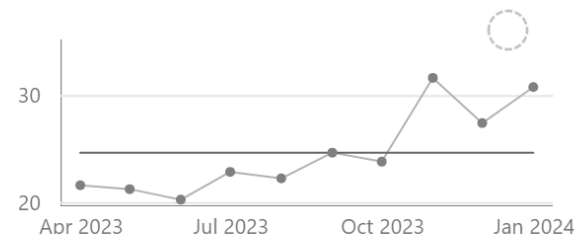
Ref - A10 Performance - 89.3% Standard - 80.0%



% Waiting 4 wks or less to treatment (WAAOP)

High (Action)

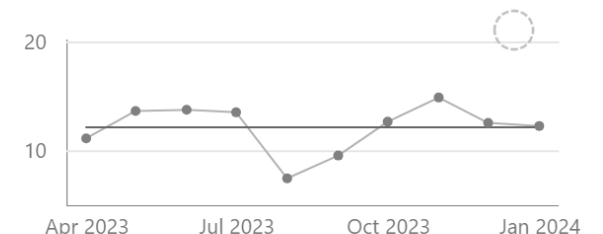
Ref - A11 Performance - 30.7% Standard - No Std



% Waiting 4 wks or less to receive help (CYPS)

High (Action)

Ref - A12 Performance - 12.2% Standard - No Std



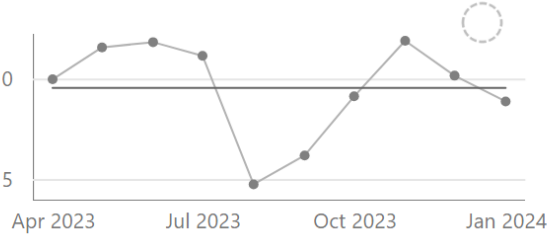
# Person Led Care, when and where it's needed

Reporting Period: Jan 2024

% Waiting 4 wks or less to receive help (CYPS Neuro)

High (Action)

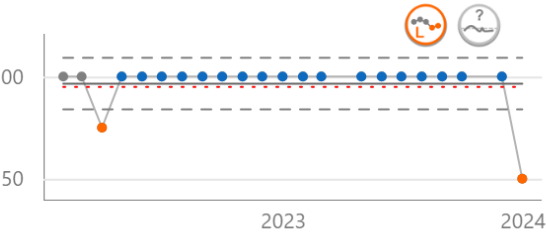
Ref - A13 Performance - 8.9% Standard - No Std



CYPS Eating Disorders (urgent referrals)

Low (On Track)

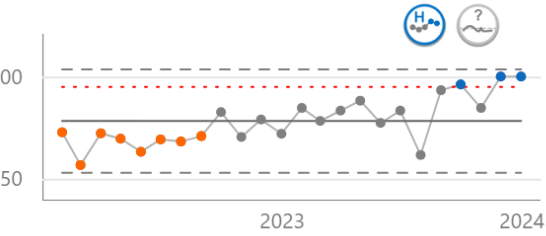
Ref - A14 Performance - 50.0% Standard - 95.0%



CYPS Eating Disorders (routine referrals)

Low (On Track)

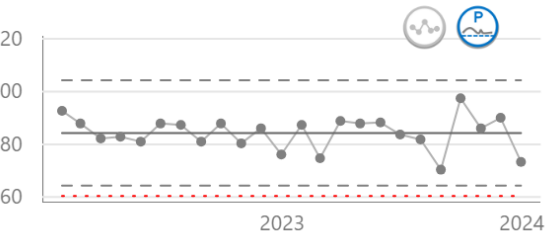
Ref - A15 Performance - 100.0% Standard - 95.0%



EIP – starting treatment in 14 days

Low (On Track)

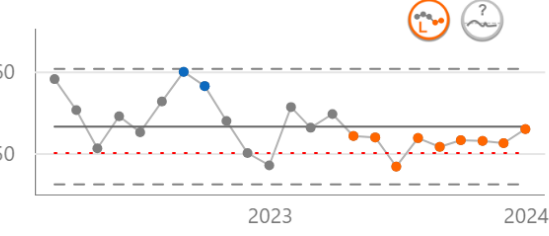
Ref - A16 Performance - 73.0% Standard - 60.0%



Talking Therapies % Moving to Recovery (IAPT)

Med (Monitoring)

Ref - A17 Performance - 52.9% Standard - 50.0%



# Sustainable for the Long Term - Headline Commentary

## Headline Challenges

- The Trust is reporting a £3.7m deficit at month 10 which is on plan. The Trust required efficiencies are phased into the second half of the year to as part of the Trust plan to deliver financial break-even.
- The Trust has been allocated £2.8m funding from the additional £1b made available to the NHS to support financial delivery in 2023/24.
- At the end of month 10 the Trust has spent £13.1m on agency staff against a plan £14m and against the Trust's nationally applied agency ceiling of £12m.
- The Trust are required to implement an adjustment to PFI transactions which will result in the Trust forecasting a £6.2m deficit. This is an accounting entry that will be excluded from Trust financial performance. Therefore, the Trust is forecasting to deliver the plan of financial break-even at the end of the year.
- The major risk to delivery of financial plan is WTE numbers, which remain over plan levels. WTE levels have decreased in recent months, which will support the necessary cost trends needed to change to deliver the financial forecast. The decreasing trend must continue into 2024/25.
- The Trust financial plan includes gains on disposal of land. The sale of land at St Georges is included in the Trust forecast, there is an increasing risk the land sales will not complete this financial year.

## Key focus areas of concern

- Year to date the Trust is overspent across key budgets
- Delivery of the Trust planned efficiencies is a risk to delivery of the Trusts planned financial break-even
- The level of WTE across the Trust (particularly temporary staffing)
- Trust cash balances have over recent months, there has been an increase in cash from last month, but this is from an increase in monies owed by the Trust. Cash balances have been on a declining trend since June 23.
- The Trust capital programme is being affected by delays to the approval of CEDAR addendum and plans for OPS inpatient services in Newcastle.
- Trust underlying financial position - planning 24/25

## Positive Assurance / Improvement

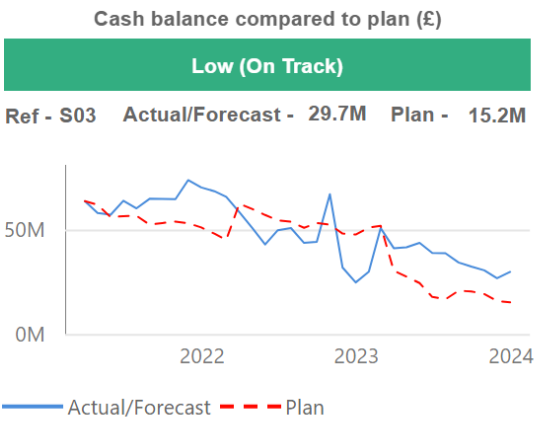
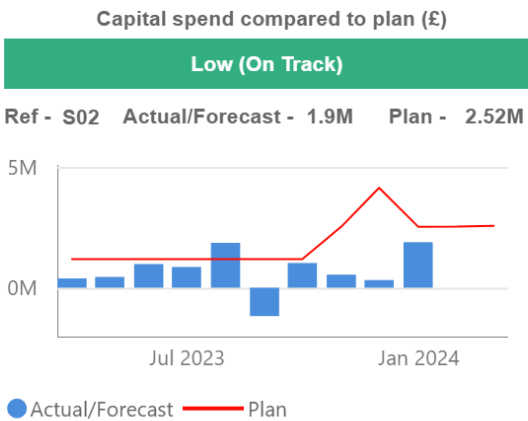
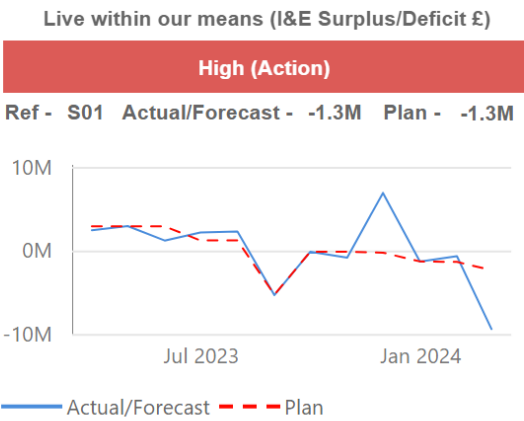
- Trust current cash balances are over plan from slippage in capital programme and PDC secured at the end of 22/23, but remain a concern. Cash balances are being monitored closely.
- Senior Management commitment to improve financial position – focus at BDG on a monthly basis with specific financial reviews of areas of most concern
- Monthly agency spend has been under the Trust ceiling from Nov – January.
- The Trust is forecasting delivering the revised ICB CDEL.

## Mitigations/actions

- BDG monthly finance focus sessions to agree actions to impact on the Trust financial position and review of progress to deliver the Trust Cost Improvement Plan.
- Groups / Departments highlighted areas under review to impact on financial performance. BDG discussions to clarify where they improve financial forecast.
- Daily staffing reviews taking place across inpatient areas.
- Agreement of financial trajectories to deliver financial break-even.
- Shortfall in delivery of recurrent Cost Improvement Schemes is being offset with non-recurrent mitigations from scrutiny of the Trust balance sheet. The Trust is also receiving interest on cash balances from increased interest rates
- Pursuing capital funding for CEDAR scheme to support Trust cash balances.

# Sustainable for the Long Term

Reporting Period: Jan 2024





# C01 - How was your experience? (FFT)

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

Risk Rating - **High (Action)**

Performance - 86.0%  
Standard - 95.0%



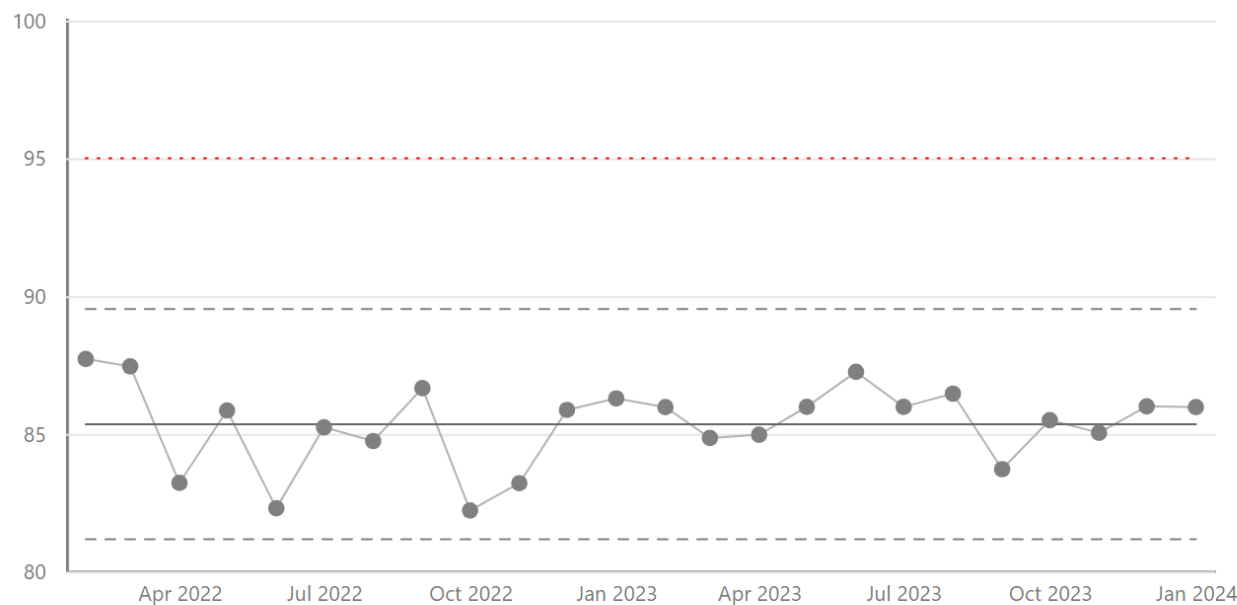
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 86.0% for January was within the expected range of 81% to 90% and remains below the standard of 95%. Without change the standard will not be met.

### Root Cause of the performance issue

- Although the score is below the standard, this does track with the national average. In January 19 people said their experience was either poor or very poor. This in comparison to 389 people that shared a good or very good experience.

### Improvement Actions

- Teams and wards being responsive to emerging themes associated with poorer experience will make these less likely to re-occur going forward. Equally exploring what people say is important for a positive experience, then protecting that part of service delivery will likely lead to more positive experience for more people.
- Undertaking a newly updated Carer Awareness Training session would provide staff with a greater understanding of the value and benefits from working with and supporting carers.
- Continue to support people to have a positive experience of services.

### Expected impact and by when

Improvement towards the standard and increased feedback received during 23-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	86.1%	95.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	78.2%	95.0%	Normal Variation	Consistently Fail
North Locality Care Group	84.3%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	90.9%	95.0%	Normal Variation	Achieve at Random



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

Risk Rating - **High (Action)**

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

Performance - 88.4%  
Standard - 95.0%



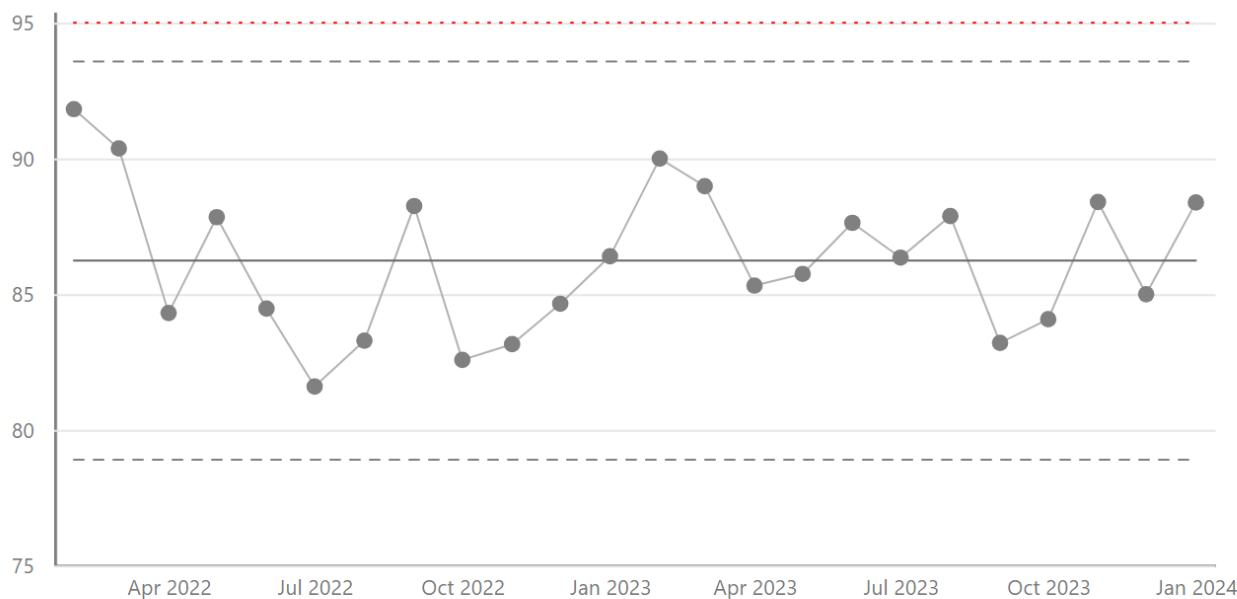
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 88.4% for January was within the expected range of 79% to 94% and remains below the standard of 95%.

### Root Cause of the performance issue

- 18 people expressed not feeling listened to during January, in comparison to 362 people saying they did feel listened to.
- Of the 18 people saying no, 4 discussed a doctor in relation their experience and 3 responses relate to the Adult ADHD Service and responses are around not having contact with anyone.
- Feelings of being listened to can be impacted by care and treatment compliance.

### Improvement Actions

- The impact on people's experience when not feeling listened to is a recurrent theme. It would be helpful for all staff to have this as a consideration in all interactions with service users and carers.
- The creation of You Said – We Did posters continue to be created and displayed so service users and carers can see their feedback is listened to
- In Inpatient areas You Said - We Did is fed back in Mutual help/ community meetings, 1-1s, and displayed via the posters.

### Expected impact and by when

Improvement towards the standard and increased feedback received during 23-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	88.1%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	79.7%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	87.2%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	93.7%	95.0%	Normal Variation	Achieve at Random

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

Were staff kind and caring? (PoY)

Risk Rating - Med (Monitoring)

Performance - 93.4%  
Standard - 95.0%



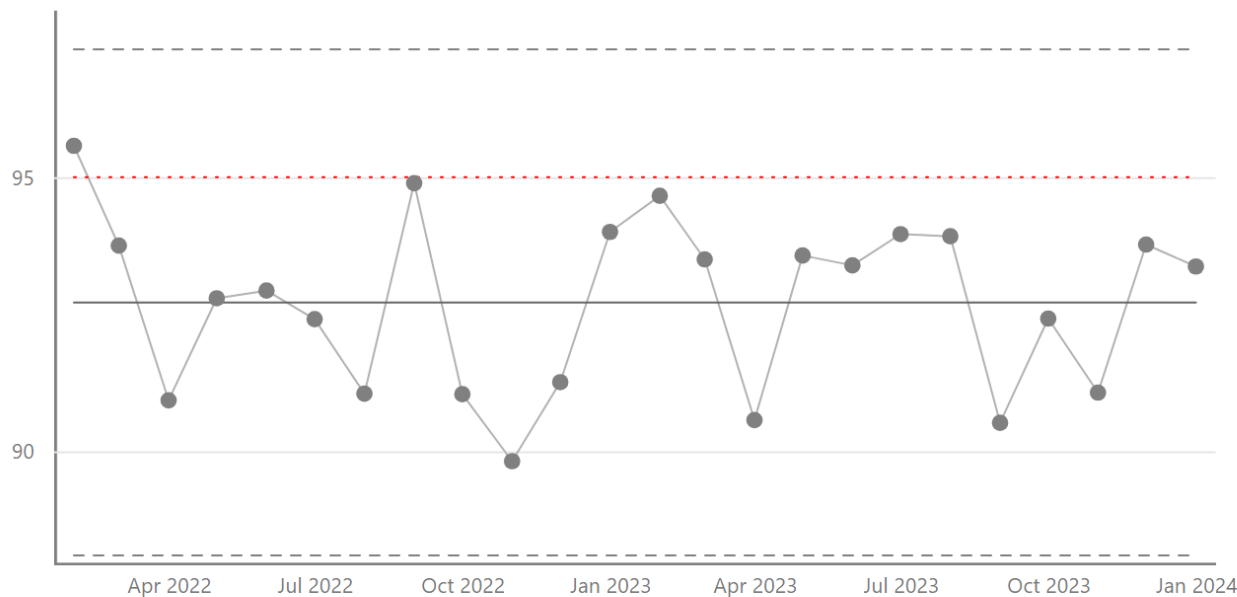
**Achieve at Random**  
The standard for this indicator is within the upper and lower control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 93.4% for January was within the expected range of 88% to 98%. The standard of 95% falls within the expected range suggesting that we will sometimes meet the standard, but not consistently.

### Root Cause of the performance issue

- 7 people said staff were not kind and caring, in comparison with 377 people saying yes. Of the 7 people saying no, 3 related to experiences of the Adult ADHD service, with lack of contact or impersonal contact being the main themes of comments associated with the question.

### Improvement Actions

- As this is the best performing question for the Trust, staff should continue to show they care in all interactions, as they clearly do currently.
- This remains the highest scoring question from Points of You, staff should be made aware that service users and carers feedback how kind and caring staff are.
- Undertaking a refresher Carer Awareness Training session would maintain staff understanding of the value and benefits from working with and supporting carers.

### Expected impact and by when

Ongoing throughout Quarter 4 2023-24

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	91.2%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	85.7%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	94.7%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	98.4%	95.0%	Normal Variation	Achieve at Random

# C04 - Did you feel safe? (PoY)

Did you feel safe with our service? (PoY)

Risk Rating - High (Action)

Performance - 89.8%  
Standard - 95.0%



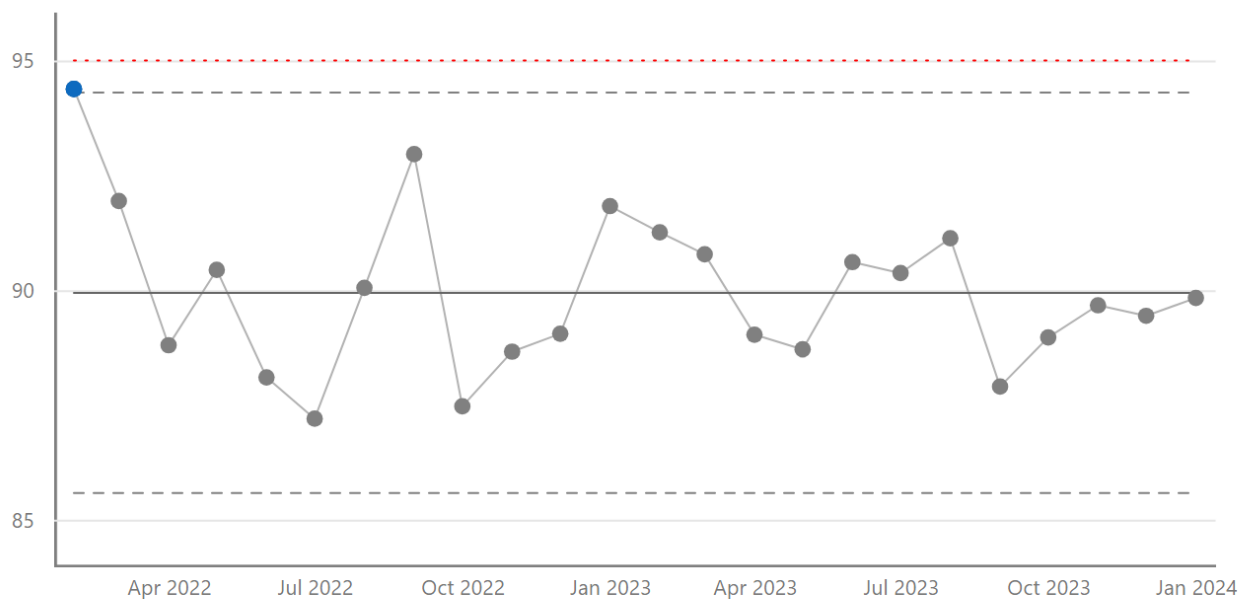
Consistently Fail  
The standard for this indicator is outside the control limits



Normal Variation  
The variation for this indicator is within the control limits



DQ - No Concern  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 89.8% for January was within the expected range of 85.6% to 94.3%. The standard of 95% just falls above the expected range suggesting that we are unlikely to meet the standard.

### Root Cause of the performance issue

- 19 people said they didn't feel safe, in comparison to 368 who said they did. 6 of these experiences relate to inpatient services, 2 were in relation to Mitford Unit, unfortunately the surveys did not include a reason.
- 3 people said they did not feel safe with the Adult ADHD Service. Comments are around access to the service being delayed or limited.
- The stage at which a person is within their care and treatment can impact on feelings of being safe e.g., following an incident, following detention – with perceptions usually changing throughout the period of their stay

### Improvement Actions

- Staff should be aware that service users and carers can sometimes not feel safe for a variety of reasons. The Safewards intervention 'Reassurance' and Safety Huddles are useful ways of reaffirming that people are safe with us.
- Warkworth at St Georges Park are trialling rear view feedback as an additional measure to aid understanding.
- All staff are taking a lead on promoting timely actions in response to feedback.

### Expected impact and by when

More positive responses to feedback relating to question from actions in place during Quarter 4

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	87.9%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	85.0%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	87.4%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	96.1%	95.0%	Normal Variation	Achieve at Random

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

Risk Rating - **High (Action)**

Were you given information that was helpful? (PoY)

Performance - 88.5%  
Standard - 95.0%



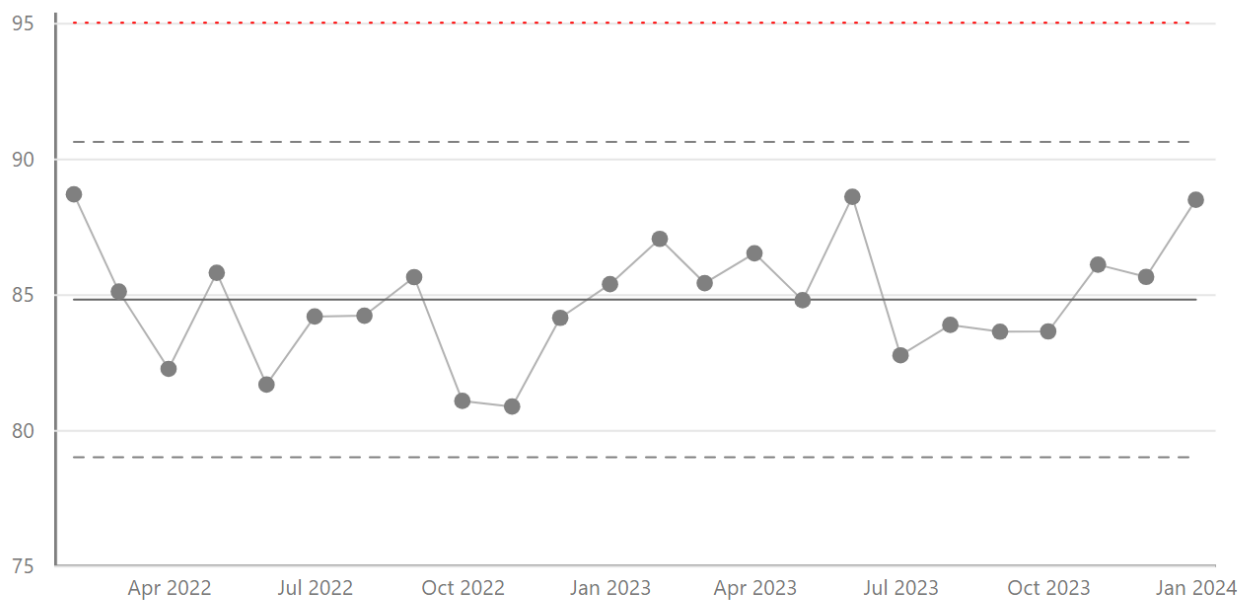
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Performance of 88.5% for January was within the expected range of 79% to 91% which remains below the standard of 95%.

### Root Cause of the performance issue

- 20 people answered no to this question, in comparison to 358 who said yes. 4 people said no in relation to the Adult ADHD Service, with the main theme being that people received no information at all.

### Improvement Actions

- The Adult ADHD Service are currently developing the service offer on the Trust website as well as what is available to send to people on request. The service have been advised though Service users want to be seen rather than have information, the waiting list is the main obstacle to people getting what they want
- Awareness raising of the communication toolbox available on the intranet which can support staff understanding of how to ask about the needs of people and check the information being offered is suitable.

### Expected impact and by when

More positive responses to feedback relating to question from actions in place during Quarter 4

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	87.8%	95.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	80.7%	95.0%	Normal Variation	Achieve at Random
North Locality Care Group	85.9%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	94.6%	95.0%	Normal Variation	Achieve at Random

# P01 - Turnover

Turnover FTE 12 month rolling

Risk Rating - Med (Monitoring)

Performance - 10.0%  
Standard - 10.0%



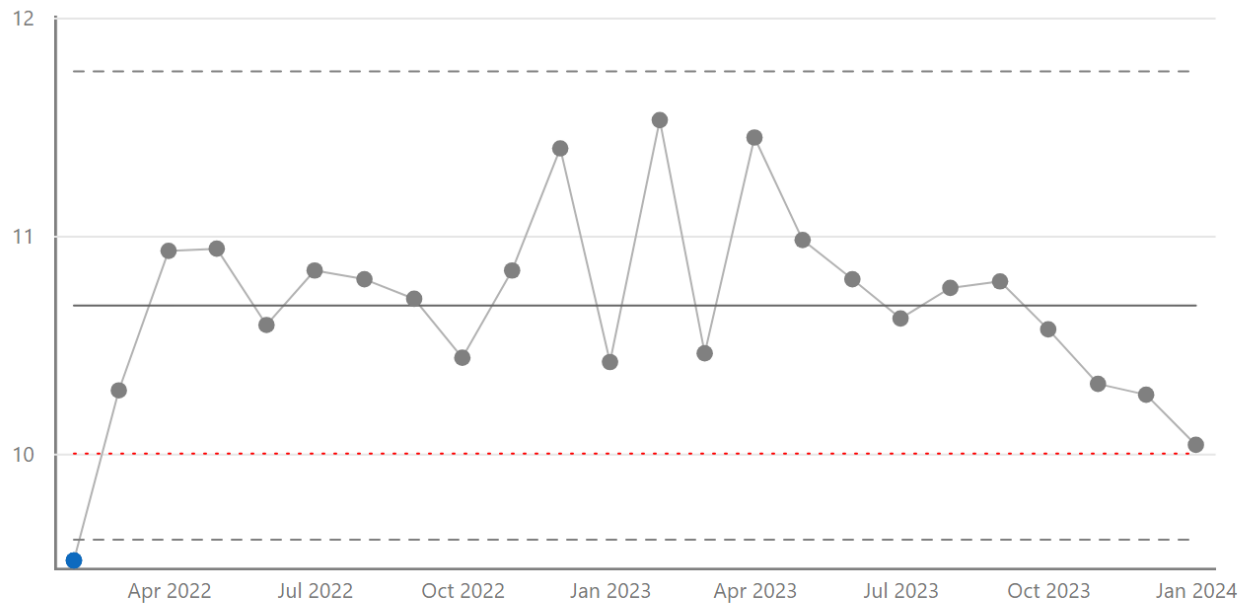
**Achieve at Random**  
The standard for this indicator is within the upper and lower control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Turnover was 10% in January and was within the expected range of 9.6% and 11.7%.

### Root Cause of the performance issue

- Performance remains within the expected range

### Improvement Actions

- Local vacancy control processes established to maintain oversight of vacancies and service pressures. Discussions in place to consider skill mix and service needs.
- Paper going to EMG following BDG Workforce discussion on Sponsorship to support retention.
- Flexible retirement options prove popular, and requests are reviewed and promoted to support retention, retaining organisational memory and knowledge.
- Continue to promote use of exit interviews and questionnaires by reminding line managers.
- Flexible working options for staff fully explored with the support of Workforce colleagues.
- Promote and increase responses to Quarterly People Pulse Survey to gather robust data to enable to localities to understand issues in more detail.

### Expected impact and by when

Good staff retention and stay within expected range.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	8.7%	10.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	10.2%	10.0%	Improvement	Consistently Fail
North Locality Care Group	9.4%	10.0%	Normal Variation	Consistently Achieve
South Locality Care Group	9.0%	10.0%	Improvement	Achieve at Random

# P02 - Sickness in Month

Percentage of in month sickness absence

Risk Rating - High (Action)

Performance - 6.9%  
Standard - 5.0%



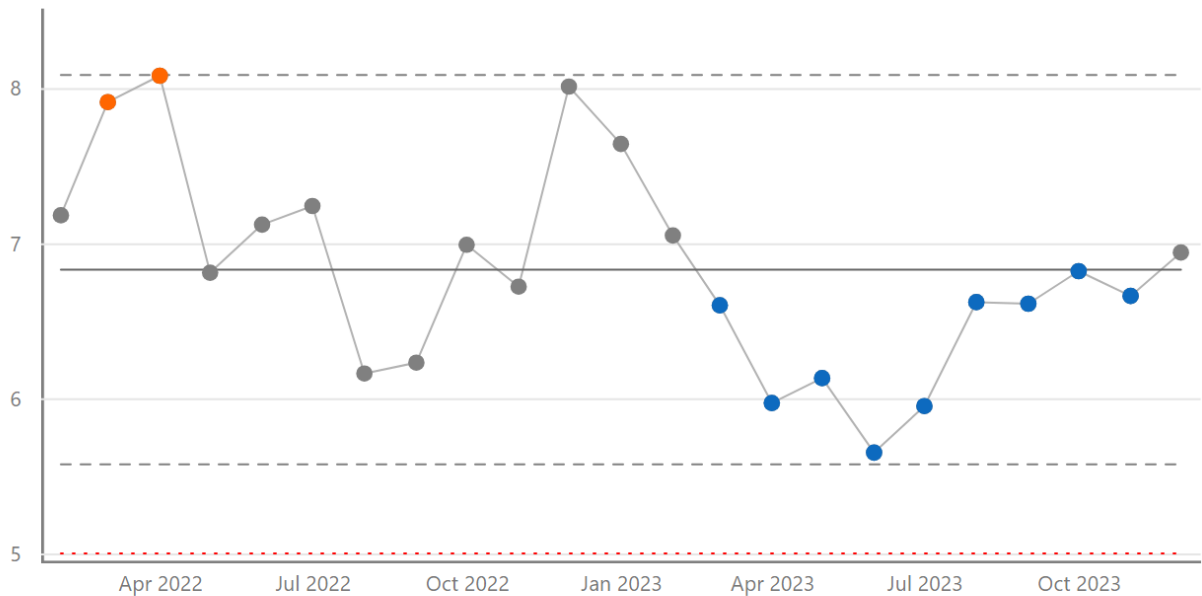
Consistently Fail  
The standard for this indicator is outside the control limits



Normal Variation  
The variation for this indicator is within the control limits



DQ - No Concern  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

The chart shows the confirmed sickness for December 2023 and is reported at 6.9%. The provisional sickness for January 2024 is reported at 6.79% remaining above the 5% standard.

### Root Cause of the performance issue

- Complex home life stressors, caring responsibilities/challenges, bereavements.
- Impact of Employee Relations processes – e.g. suspensions and investigations.
- High levels of clinical activity and use of PMVA within working environment,
- Increased demand on Staff Psychological Centre (SPC), delays impacting people staying well at work or being able to return to work.

### Improvement Actions

- Continue with robust absent management and people practice processes.
- Promote and continue to implement the health and wellbeing offer.
- Consider and implement reasonable adjustments and flexibility where possible.
- Groups considering OD interventions and the value of time out. Team Development sessions supporting health and wellbeing.
- Targeted work around Violence and Aggression related absences in specific areas (Hate Crime / Zonal observations – Inpatients North / South)
- Targeted cultural awareness work with support of Equality Diversity and Inclusion Lead and Cultural Allies (Mitford).
- Occupational health reminders
- Promotion of local stress risk assessments, carers passports and WRAP plans.
- Exploration of flexible working solutions to assist staff to return or remain in work.
- Support employees to return or remain in work with any adjustments they may require.

### Expected impact and by when

Predicted absence reduction heading into Spring as previous year trends.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	7.3%	5.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	7.5%	5.0%	Normal Variation	Consistently Fail
North Locality Care Group	7.8%	5.0%	Normal Variation	Consistently Fail
South Locality Care Group	7.2%	5.0%	Improvement	Consistently Fail



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

Risk Rating - High (Action)

% of Training Compliance (Courses with a Standard)

Performance - 34.6%  
Standard - 100.0%



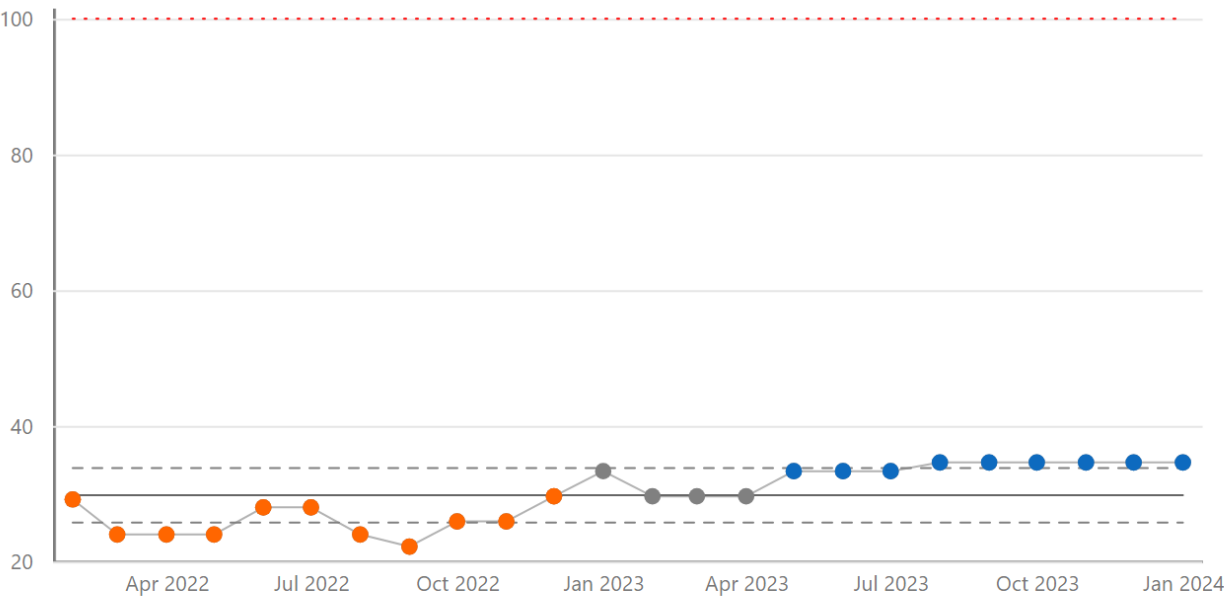
Consistently Fail  
The standard for this indicator is outside the control limits



Improvement  
This indicator is increasing which shows improvement



DQ - No Concern  
There are currently no concerns with the data quality of this indicator



Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	50.0%	100.0%	Normal Variation	Consistently Fail
North Cumbria Locality Care Group	42.3%	100.0%	Improvement	Consistently Fail
North Locality Care Group	50.0%	100.0%	Normal Variation	Consistently Fail
South Locality Care Group	46.2%	100.0%	Normal Variation	Consistently Fail

Feedback

What the chart tells us

Training Compliance remained at 34.6% for January which is slightly above the expected range of 25.8% to 33.8%. In January, 9 out of 27 training courses with a standard are reported to be achieving the required standard.

Root Cause of the performance issue

- Capacity to release staff for training
- Late cancellations due to clinical activity
- Cancellation of courses due to trainer availability

Improvement Actions

- Increased availability of training (Bespoke training sessions have been completed and such bespoke arrangement will continue into Q4)
- Focus on improving PMVA training compliance.
- Flexibility of delivery for training (Teams / Face to Face).
- CBU Level training trajectory plan developed with monitoring at CBU and locality level which supports the development of individual training plans managed by Team managers and with oversight from clinical managers and CBU Leadership.
- Ensure return to work plans from absence periods are inclusive of any training compliance needs.
- Robust monitoring continues to be in place at all levels within the CBUs and Locality.

Expected impact and by when

Prioritisation has already taken place for PMVA training to ensure that LD, Autism, CYPS, Adult Acute and Secure Wards reach the 85% standard by the end of Q4 23/24

Ref	Indicator Name	Variation	Assurance	Performance	Standard	Numerator	Denominator	Plan	Risk Rating
T01	Training - Clinical Risk and Suicide Prevention	Concern	Consistently Fail	74.3%	85.0%	2298	3091	Internal	High (Action)
T02	Training - Clinical Supervision	Concern	Consistently Fail	78.5%	85.0%	2833	3610	Internal	High (Action)
T03	Training - Equality & Diversity Introduction	Improvement	Consistently Achieve	95.0%	85.0%	9568	10069	Internal	Low (On Track)
T04	Training - Fire	Improvement	Achieve at Random	89.2%	85.0%	8983	10069	Internal	Low (On Track)
T05	Training - Health & Safety	Improvement	Consistently Achieve	94.3%	85.0%	9491	10069	Internal	Low (On Track)
T06	Training - IPC	Improvement	Consistently Achieve	93.3%	85.0%	9390	10069	Internal	Low (On Track)
T07	Training - Medicines Management Training	Concern	Consistently Fail	62.3%	85.0%	1924	3091	Internal	High (Action)
T08	Training - Moving & Handling Awareness Training	Improvement	Consistently Achieve	93.9%	85.0%	9450	10069	Internal	Low (On Track)
T09	Training - PMVA Basic	Improvement	Consistently Fail	61.0%	85.0%	1660	2723	Internal	High (Action)
T10	Training - Rapid Tranquilisation Training	Concern	Consistently Fail	68.5%	85.0%	1037	1515	Internal	High (Action)
T11	Training - Safeguarding Adults Level 1	Improvement	Consistently Achieve	96.2%	85.0%	2471	2570	Internal	Low (On Track)
T12	Training - Safeguarding Adults Level 2	Improvement	Achieve at Random	93.1%	85.0%	2804	3012	Internal	Low (On Track)
T13	Training - Safeguarding Adults Level 3	Improvement	Consistently Fail	81.6%	85.0%	3658	4481	Internal	High (Action)
T14	Training - Safeguarding Children Level 1	Improvement	Consistently Achieve	95.8%	85.0%	2463	2570	Internal	Low (On Track)
T15	Training - Safeguarding Children Level 2	Improvement	Consistently Fail	90.8%	85.0%	2735	3012	Internal	Med (Monitoring)
T16	Training - Safeguarding Children Level 3	Improvement	Consistently Fail	84.5%	85.0%	3786	4481	Internal	Med (Monitoring)
T17	Training - Information Governance	Improvement	Consistently Fail	92.3%	95.0%	9297	10069	Internal	Med (Monitoring)
T18	Training - Seclusion Training	Concern	Consistently Fail	52.4%	85.0%	1764	3369	Internal	High (Action)
T19	Training - PMVA Breakaway	Improvement	Consistently Fail	70.8%	85.0%	2844	4019	Internal	High (Action)
T20	Training - MHA MCA DoLS Combined	Normal Variation	Consistently Fail	61.6%	85.0%	4108	6666	Internal	High (Action)
T21	Training Resuscitation L2 Adult Basic Life Support	Improvement	Consistently Fail	64.8%	85.0%	1260	1945	Internal	High (Action)
T22	Training Resuscitation L2 Newborn Basic Life Support	Normal Variation	Consistently Fail	0.0%	85.0%	0	28	Internal	High (Action)
T23	Training Resuscitation L2 Paediatric Basic Life Supp	Improvement	Consistently Fail	52.0%	85.0%	311	598	Internal	High (Action)
T24	Training Resuscitation L3 Adult Immediate Life Supp	Improvement	Consistently Fail	59.0%	85.0%	1996	3382	Internal	High (Action)
T25	Training Resuscitation L3 Paediatric Immed Life Supp	Improvement	Consistently Fail	1.4%	85.0%	4	294	Internal	High (Action)
T26	Training - Autism Core Capabilities: Tier 1 & 2	Improvement	Consistently Fail	78.6%	85.0%	824	1048	Internal	High (Action)
T27	Training - Learning Disability Tier 1	Improvement	Consistently Fail	82.6%	85.0%	866	1048	Internal	High (Action)



P04 - Appraisal rate

Appraisal rate

Risk Rating - High (Action)

Performance - 75.9%  
Standard - 85.0%



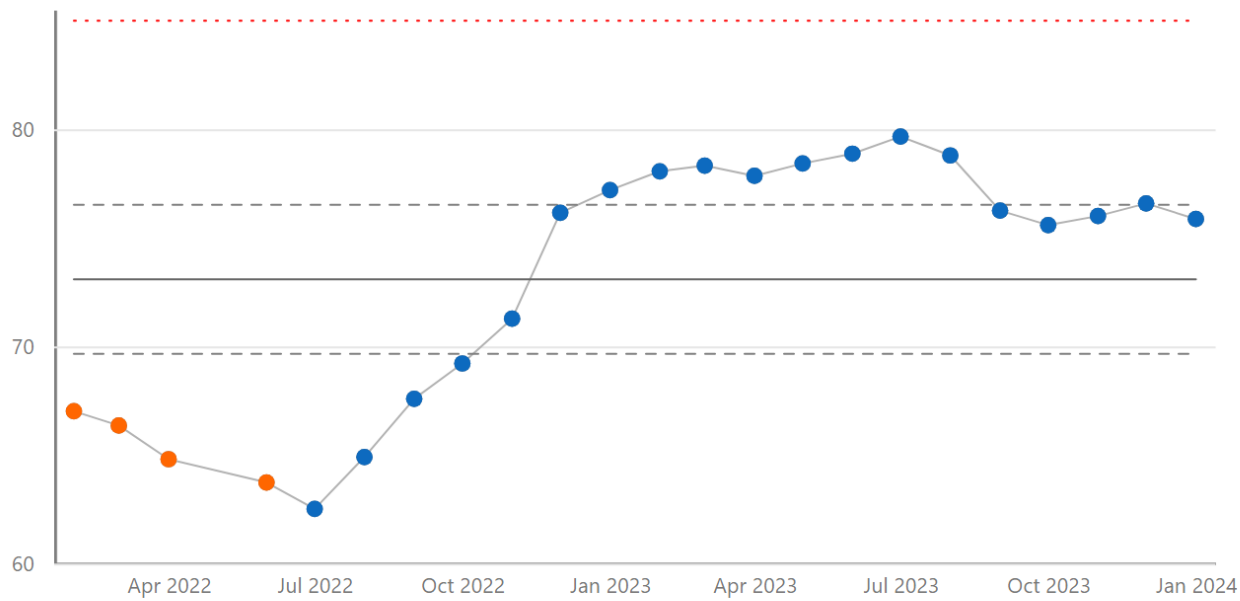
Consistently Fail  
The standard for this indicator is outside the control limits











Improvement  
This indicator is increasing which shows improvement



DQ - No Concern  
There are currently no concerns with the data quality of this indicator



Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	74.9%	85.0%	 Improvement  Consistently Fail	
North Cumbria Locality Care Group	72.8%	85.0%	 Improvement  Consistently Fail	
North Locality Care Group	71.4%	85.0%	 Improvement  Consistently Fail	
South Locality Care Group	79.6%	85.0%	 Improvement  Consistently Fail	

Feedback

What the chart tells us

The appraisal rate was 75.9% in January, the fourteenth consecutive month higher than the mean average of 73.1%, though it remains below the 85% standard.

Root Cause of the performance issue

- Capacity to prepare and undertake appraisal
- Late cancellations due to clinical capacity
- Pressure around other training compliance

Improvement Actions

- Promotion through CBU meetings and Workforce Triage; discuss capacity and appropriate support, delegation where appropriate, forward planning.
- Working towards embedding and promotion of regular appraisal / supervision discussion, ensuing value within discussions. Including regular wellbeing conversations.
- Proactively booking appraisals and setting protected time.
- Within the Learning Disability & Autism CBU there is specific work taking place in relation to the management structure to support increased compliance against appraisals.
- Meaningful discussions with staff

Expected impact and by when

Increase in appraisal compliance in line with set trajectories.

# P05 - % Clinical Supervision completed

Clinical Supervision

Risk Rating - **High (Action)**

Performance - 60.7%  
Standard - 80.0%



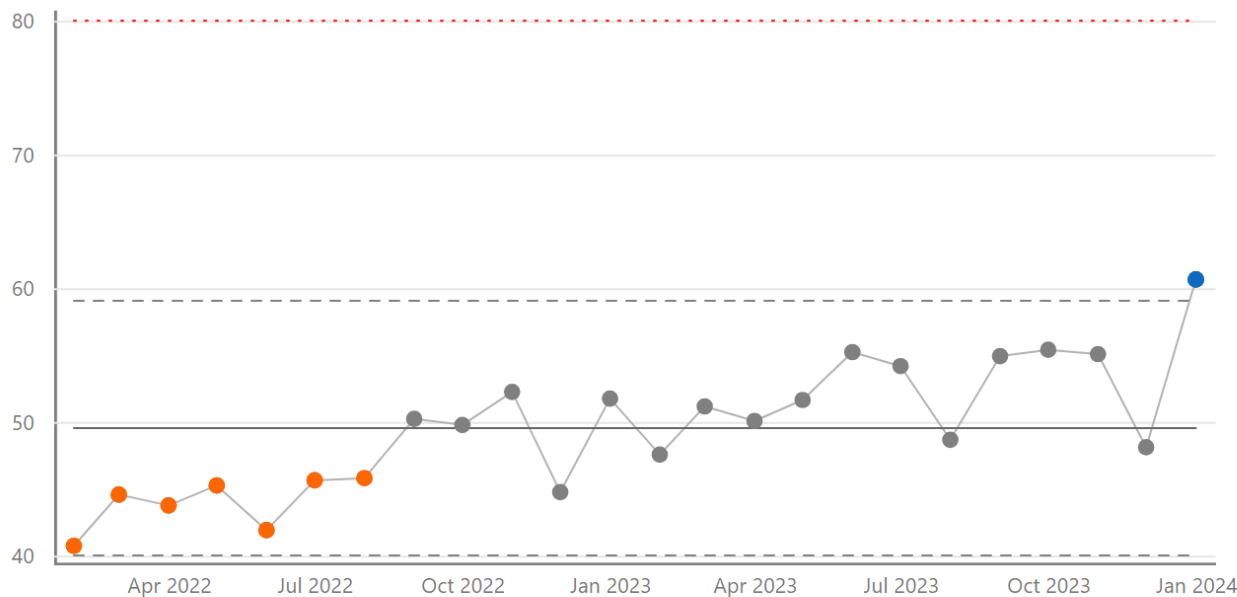
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Improvement**  
This indicator is increasing which shows improvement



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	63.2%	80.0%	Improvement	Consistently Fail
North Cumbria Locality Care Group	57.6%	80.0%	Normal Variation	Consistently Fail
North Locality Care Group	55.8%	80.0%	Normal Variation	Consistently Fail
South Locality Care Group	68.1%	80.0%	Normal Variation	Consistently Fail

## Feedback

### What the chart tells us

Performance of 60.7% in January above the expected range of 40% to 59.1%, remaining well below the 80% standard.

### Root Cause of the performance issue

- Capacity to release staff to undertake supervision
- Late cancellations due to clinical capacity
- Recording of supervision taking place doesn't happen in the electronic system

### Improvement Actions

- Supervision rate monitored through local Clinical Management Teams (CMT), Quality Standards and Oversight meetings within CBU's.
- Setting expectations with CBU leadership team.
- Establishing and escalating any recording and data issues.
- Forward planning - supervision to be pre-booked months in advance to ensure that it remains a priority
- Live supervision to be recorded appropriately.
- Reminders are being sent to staff to ensure supervision is recorded on the system.
- Within the Learning Disability & Autism CBU there is now a clear supervision structure, with all non-registered staff allocated to a registered nurse within the service- the impact of this is expected to be evident over the forth coming weeks as the structure becomes embedded.
- The Clinical Supervision metric now excludes those staff who are off during the reporting period i.e. long-term sick and maternity

### Expected impact and by when

Continued increase in clinical supervision compliance in line with set trajectories.

Q01 - Restrictive intervention incidents

Risk Rating - Med (Monitoring)

The number of restrictive intervention incidents - Cause group of Blanket Restriction/ Restrictive Practice

Performance - 19  
Standard - No Std



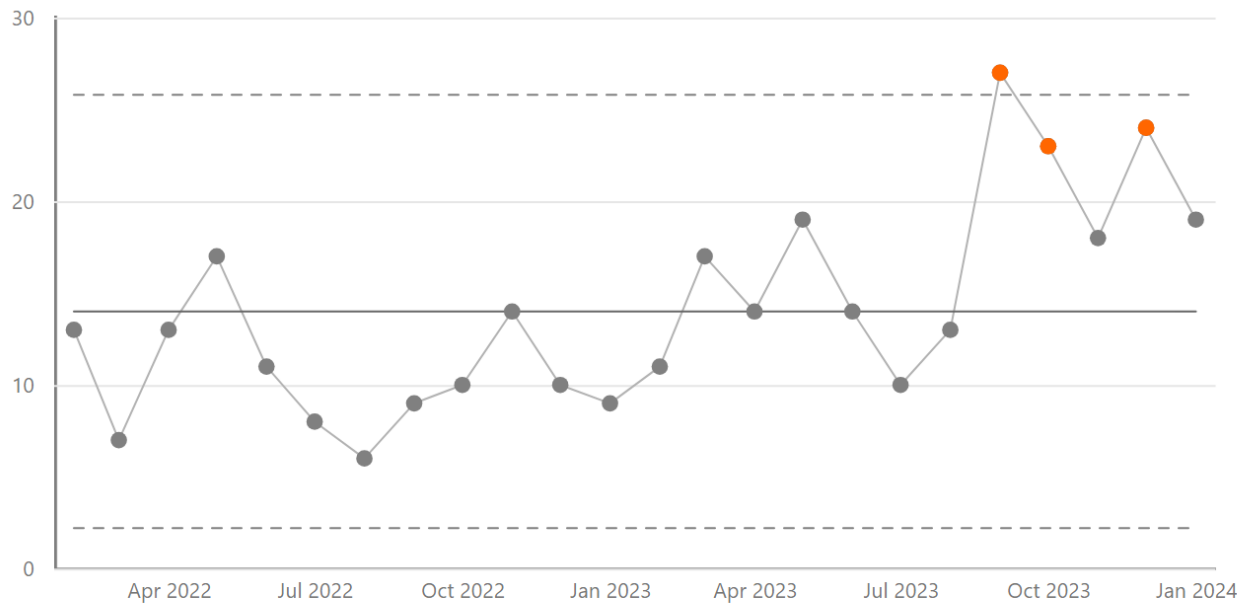
No Standard  
Assurance cannot be given for this indicator as there is no standard set



Normal Variation  
The variation for this indicator is within the control limits



DQ - No Concern  
There are currently no concerns with the data quality of this indicator



Feedback

What the chart tells us

The number of restrictive intervention incidents decreased in the month

Root Cause of the performance issue

- The number of recurrent incidents reported demonstrates that the incidents are reviewed regularly and used for the short term and then reinstated if required to manage risks.
- Patient complexity and Acuity levels

Improvement Actions

- Talk First, Positive and Safe interventions, use of BWC, HOPES

Expected impact and by when

Ongoing

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	1	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	8	No Std	Concern	No Standard
North Locality Care Group	6	No Std	Normal Variation	No Standard
South Locality Care Group	4	No Std	Normal Variation	No Standard

# Q02 - Serious Incidents

Number of Serious Incidents

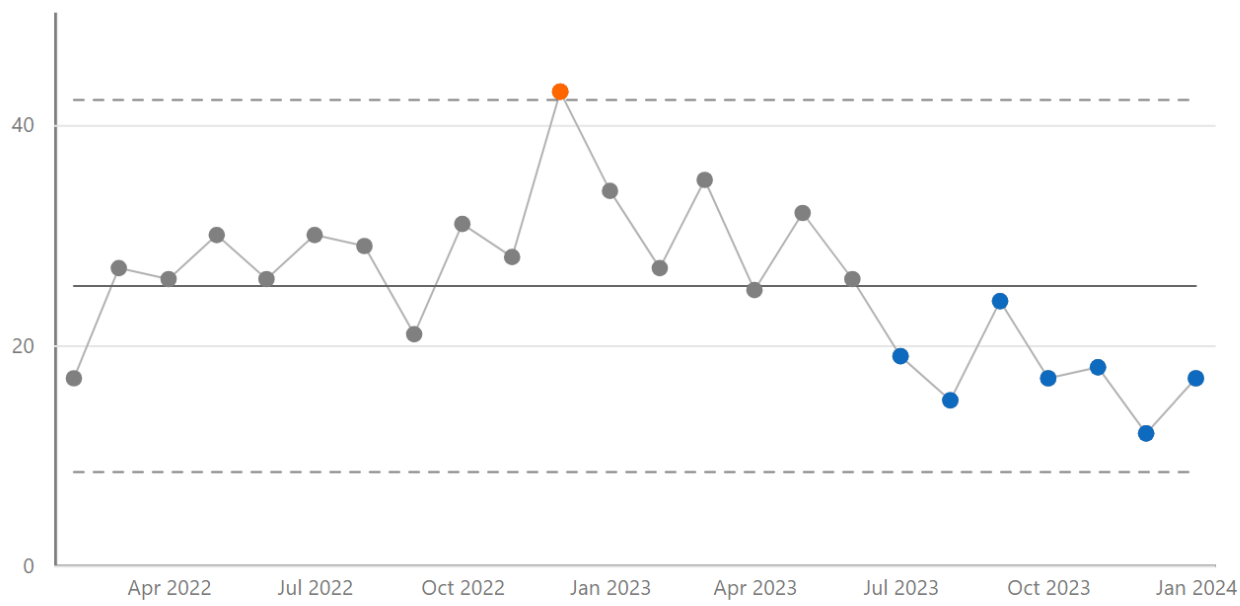
Risk Rating - High (Action)

Performance - 17  
Standard - No Std

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

Improvement  
This indicator is decreasing which shows improvement

DQ - No Concern  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

17 serious incidents were recorded within January, the seventh consecutive month below the mean average of 25. That is consistent with the expected range of 8 and 43 serious incidents per month.

### Root Cause of the performance issue

- No performance issues

### Improvement Actions

- None required. It is important to note that this will be the final complete month that this metric will be measured. PSIRF was launched in CNTW on January 22<sup>nd</sup> 2024. PSIRF changes the criteria for incident triage and review and in line with PSIRF guidance the term Serious Incident is no longer applicable to incident review within the NHS.

### Expected impact and by when

None required due to launch of PSIRF


Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	3	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	3	No Std	Normal Variation	No Standard
North Locality Care Group	8	No Std	Improvement	No Standard
South Locality Care Group	3	No Std	Normal Variation	No Standard

# Q06 - Aggression and Violence


Aggression and Violence

Risk Rating - Med (Monitoring)


Performance - 1,540  
Standard - No Std



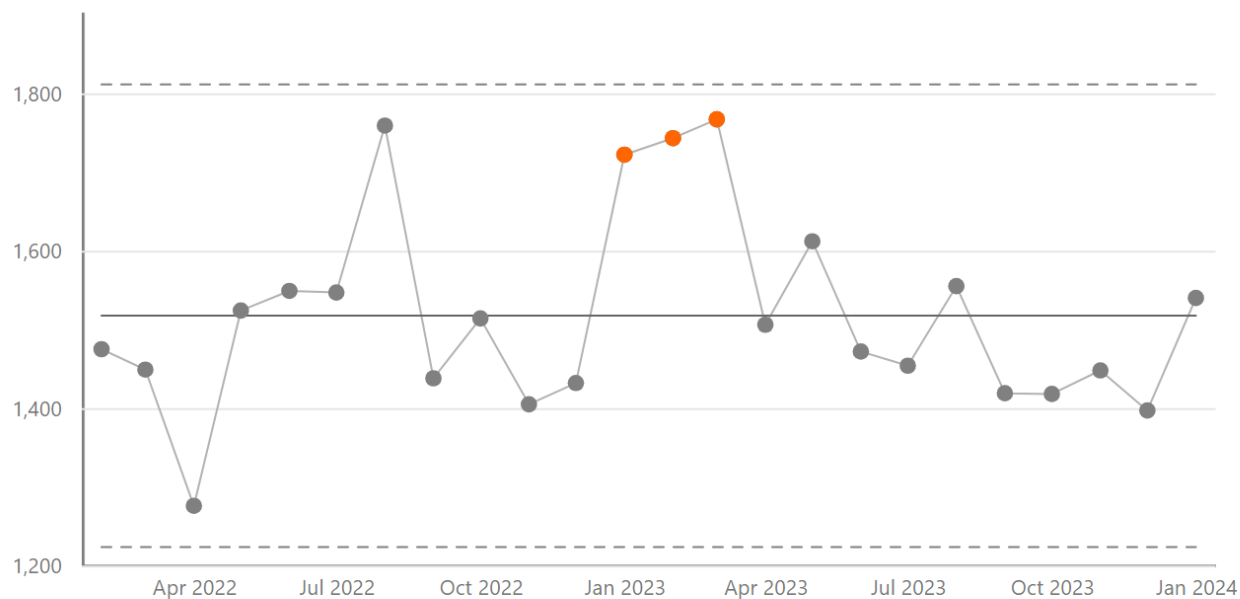
**No Standard**  
Assurance cannot be given for this indicator as there is no standard set











**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	286	No Std	 Normal Variation	 No Standard
North Cumbria Locality Care Group	205	No Std	 Improvement	 No Standard
North Locality Care Group	646	No Std	 Concern	 No Standard
South Locality Care Group	395	No Std	 Normal Variation	 No Standard

## Feedback

### What the chart tells us

There were 1,540 recorded incidents of aggression and violence during January which falls within the calculated expected range of 1,223 and 1,811 incidents.

### Root Cause of the performance issue

- January's activity for aggression and violence has increased since the downward trend in October 23, but it is still lower than the same period of January 2023.
- In advance of the Health & Safety Executives (HSE) inspection in February 2024, we have responded to the concern raised with the HSE, and now planning for the inspection.
- January's increase can be attributed to a small number of patients in Autism Services, which also relates to the concern being raised.

### Improvement Actions

- The Talk 1<sup>st</sup> dashboard supports teams to review, analyse and improve the data relating to patients around aggression and violence and reducing restrictive interventions, access and usage is increasing and has been well received. The dashboard continues to support the Right Care Right Person agenda as part of the planning processes, and again this has supported assessment and triage of this activity.

### Expected impact and by when

Talk 1<sup>st</sup> has been used extensively since launch in December and is now 6<sup>th</sup> most popular dashboard. It has been used to evaluate aggression and violence in detail.

# Q08 - Care Plans compliance

Care Plans compliance - (Current Service Users who have discussed their care plan)

Risk Rating - Med (Monitoring)

Performance - 94.5%  
Standard - 95.0%



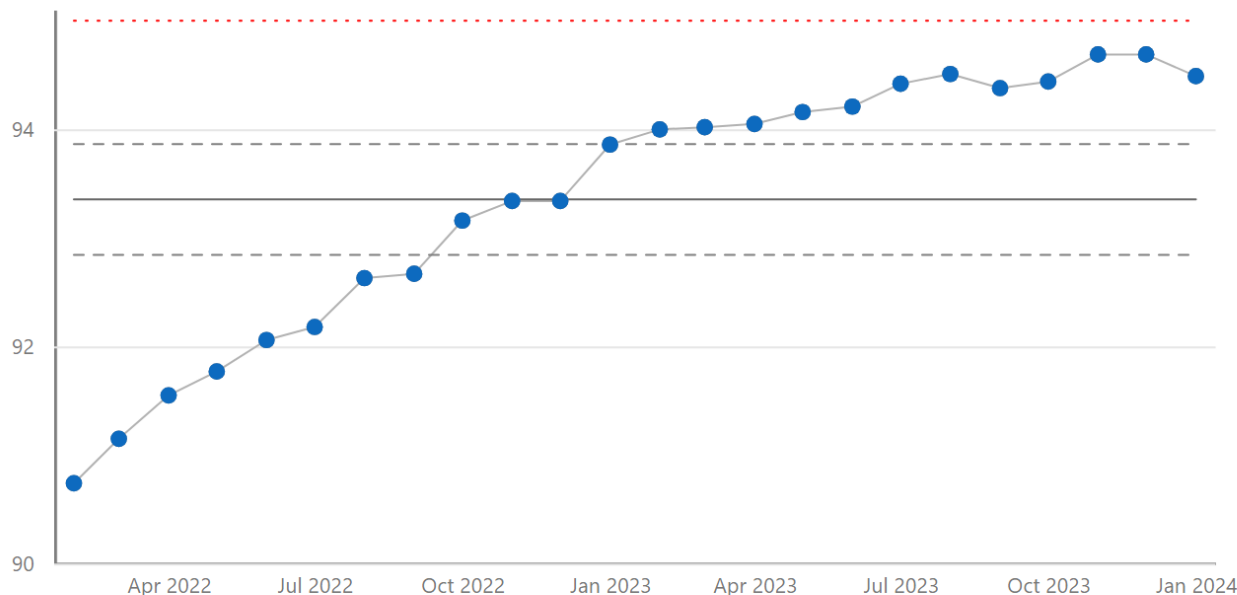
Consistently Fail  
The standard for this indicator is outside the control limits



Improvement  
This indicator is increasing which shows improvement



DQ - Investigation  
There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance of 94.5% in January remained below the standard of 95%.

### Root Cause of the performance issue

- Care plans discussed with patients and carers are completed but not recorded on RiO accurately.

### Improvement Actions

- Services under the 95% threshold are reviewing care plans, to ensure they are correctly reflecting the work undertaken with patients and carers. When it is identified that care plans need updating, this work is undertaken.
- Review of the metric to identify if there is better measure or improvements which can be made to the current measure.
- Care Plan Form - Refresher training to remind staff where the tick box is housed within RiO that requires updating to identify the care plan has been discussed with the service user.
- Monthly caseload supervision to support compliance.

### Expected impact and by when

This metric is profiled by small incremental improvement, the trajectory is on track to reach the standard with only a 0.5% improvement required to reach 95%.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	95.6%	95.0%	Improvement	Achieve at Random
North Cumbria Locality Care Group	88.0%	95.0%	Improvement	Consistently Fail
North Locality Care Group	95.7%	95.0%	Concern	Consistently Achieve
South Locality Care Group	94.6%	95.0%	Improvement	Consistently Fail

# Q10 - CPA Completed review

Risk Rating - **High (Action)**

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

Performance - 89.6%  
Standard - 95.0%



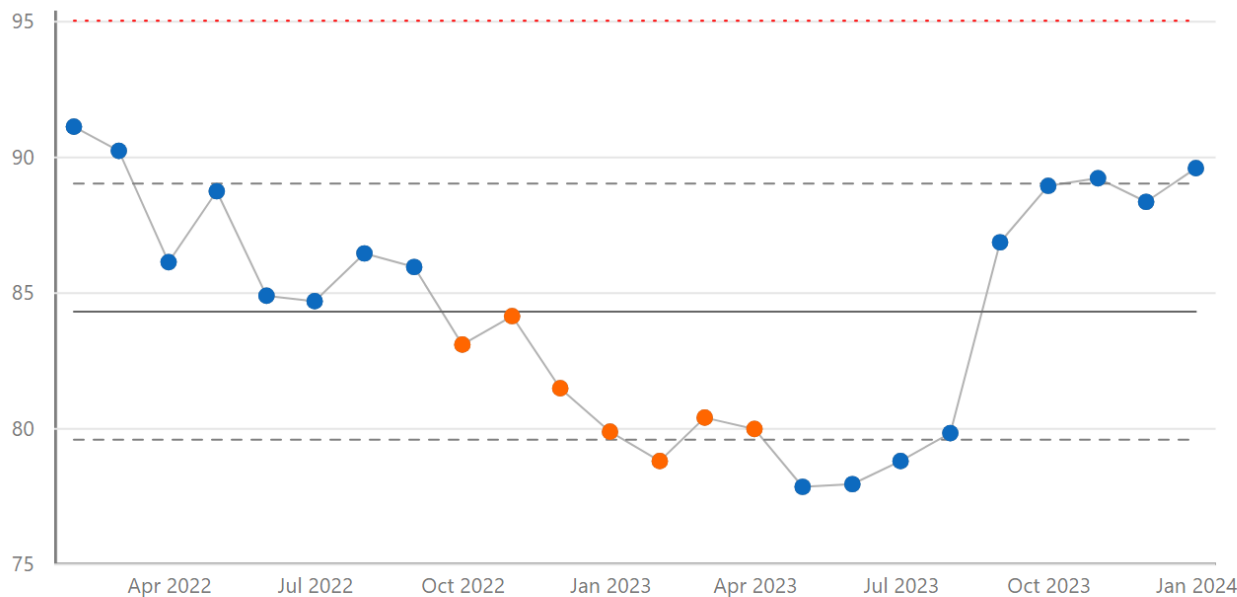
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Improvement**  
This indicator is increasing which shows improvement



**DQ - Investigation**  
There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

CPA completed reviews increased slightly to 89.6% for January, above the expected range of 80% to 89%, though it remained below the 95% standard.

### Root Cause of the performance issue

- CPA review metric has improved; however, this is challenging to sustain as the transformation work away from the CPA approach is underway.

### Improvement Actions

- Monthly case management supervision with a focus on completion of CPA documentation, and early identification of any individual performance concerns.
- Commissioning & Quality Assurance Data Quality staff continue to review the data via the dashboard metric, liaise with teams and update RiO where applicable.
- North locality continues to maintain the standard. Work continues across localities.
- Review of metric to exclude the seven Pioneer Teams

### Expected impact and by when

The actions above will continue to support achievement of the standard and the metric will be updated through the transformation work to exclude the seven Pioneer teams once the pilot goes live during March 2024.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	94.3%	95.0%	Improvement	Achieve at Random
North Cumbria Locality Care Group	70.9%	95.0%	Improvement	Consistently Fail
North Locality Care Group	96.6%	95.0%	Normal Variation	Achieve at Random
South Locality Care Group	91.2%	95.0%	Normal Variation	Achieve at Random



# Q11 - Staffing fill rates

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

Risk Rating - High (Action)

Performance - 127.1%  
Standard - 120.0%



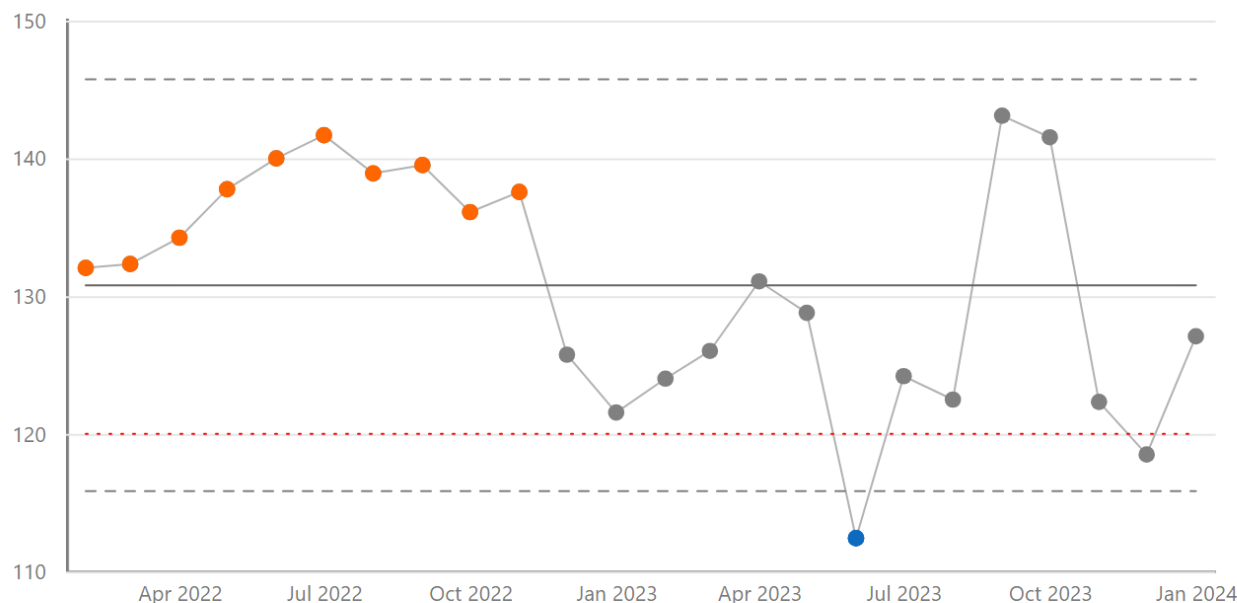
**Achieve at Random**  
The standard for this indicator is within the upper and lower control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	130.3%	120.0%	Normal Variation	Achieve at Random
North Cumbria Locality Care Group	134.2%	120.0%	Normal Variation	Achieve at Random
North Locality Care Group	128.1%	120.0%	Normal Variation	Achieve at Random
South Locality Care Group	119.7%	120.0%	Normal Variation	Achieve at Random

## Feedback

### What the chart tells us

Staffing fill rates was 127.1% in January 2024.

### Root Cause of the performance issue

- There remain vacancies across inpatient services.
- Localities continue to struggle achieve staffing fill rate of less than 120% affecting the overall performance of this measure.
- Reporting is via a manual collection for all areas with the exception of North Cumbria and Lotus ward which are using allocate system for bank and agency and substantive rostered staff.

### Improvement Actions

- Recruitment activities continue.
- Rollout of new shift allocation software planned for Q4 across wards.
- Reviews of all agency usage.
- Improvement Review of temporary staffing processes
- Inpatient Staffing – Enhanced MDT Model work is progressing as part of the Urgent Care Programme Board. The outcome will produce a revised skill mix model for Adult Acute wards. Pilot to be undertaken in Q4

### Expected impact and by when

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



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

Risk Rating - **High (Action)**

Bed Occupancy including leave (open beds on RiO)

Performance - 90.3%  
Standard - 85.0%



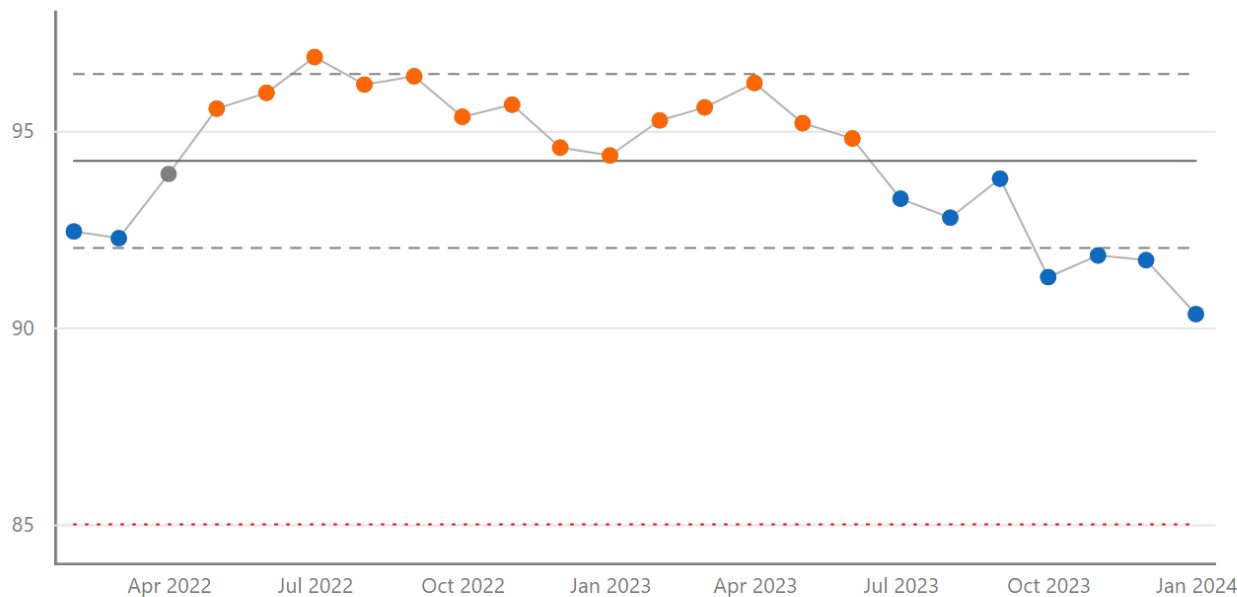
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Improvement**  
This indicator is decreasing which shows improvement



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

Bed occupancy was at 90.3% in January, which is below the expected range of 92.0% to 96.4%. However, this remains higher than the optimal level of 85%.

### Root Cause of the performance issue

- Bed availability in line with national performance and pressures. Some beds are temporarily unavailable.
- Unable to discharge patients who are clinically ready for discharge due to other pressures outside CNTW.

### Improvement Actions

- Enhanced Bed Management discharge facilitators support wards and are attached to each locality for consistency. The localities work closely with enhanced bed management to try and ensure the locality leadership team have oversight and influence around acuity and level loading.
- Implementation of admission and discharge policy. System wide working with third sector.
- There is significant oversight of the beds currently out of use, with estates working alongside clinical teams appraising options.
- The proposed plans to increase occupancy within the Learning Disability & Autism CBU has been paused due to the necessity to reconsider the function and purpose of Mitford bungalows.

### Expected impact and by when

It is predicted that over the winter period bed occupancy will remain above the optimal level of 85% but the actions above will maintain bed occupancy.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	87.6%	85.0%	Improvement	Consistently Fail
North Cumbria Locality Care Group	88.2%	85.0%	Normal Variation	Achieve at Random
North Locality Care Group	95.7%	85.0%	Normal Variation	Consistently Fail
South Locality Care Group	90.4%	85.0%	Improvement	Consistently Fail

# A05 - Clinically Ready for Discharge (formerly DTOC)

Risk Rating - **High (Action)**

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

Performance - 11.5%  
Standard - 7.5%



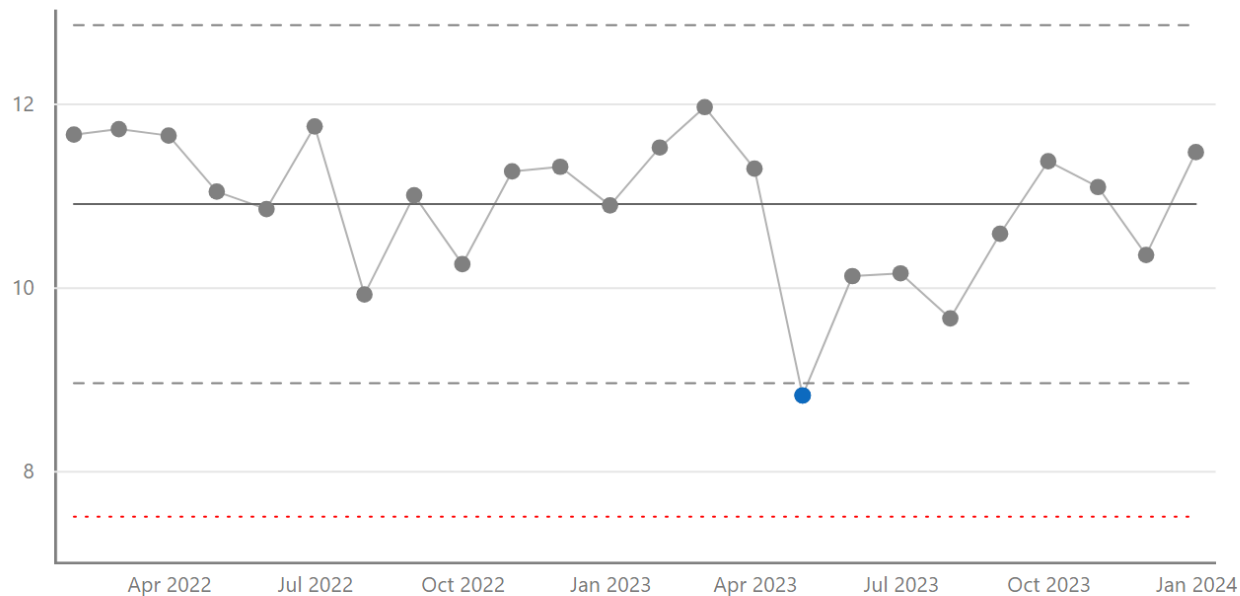
**Consistently Fail**  
The standard for this indicator is outside the control limits



**Normal Variation**  
The variation for this indicator is within the control limits



**DQ - No Concern**  
There are currently no concerns with the data quality of this indicator



## Feedback

### What the chart tells us

In January 11.5% of patients were clinically ready for discharge, which is within the expected range of 8.9% to 12.9%.

### Root Cause of the performance issue

- System wide challenges with complex discharges and lack of appropriate support and care packages.

### Improvement Actions

- Red and Green Days implemented across acute wards.
- Dedicated focus by senior case manager to review and support discharge plans for those CRFD
- Fortnightly CRFD meetings with Local Authority and Place based ICB.
- Daily flow meetings.
- Home Group contract in the North for Northumberland residents extended to end of Q1 24/25.
- Mitford & Mitford Bungalow – continue to action OBD price increases for lack of engagement in discharge planning for those CRFD.

### Expected impact and by when

It is anticipated that over the winter period CRFD will remain above the optimal level of 7.5% but the actions above are supporting and maintaining performance within the expected range.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	10.0%	7.5%	Concern	Achieve at Random
North Cumbria Locality Care Group	16.5%	7.5%	Normal Variation	Consistently Fail
North Locality Care Group	16.1%	7.5%	Normal Variation	Consistently Fail
South Locality Care Group	7.7%	7.5%	Normal Variation	Achieve at Random

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

Risk Rating - Med (Monitoring)

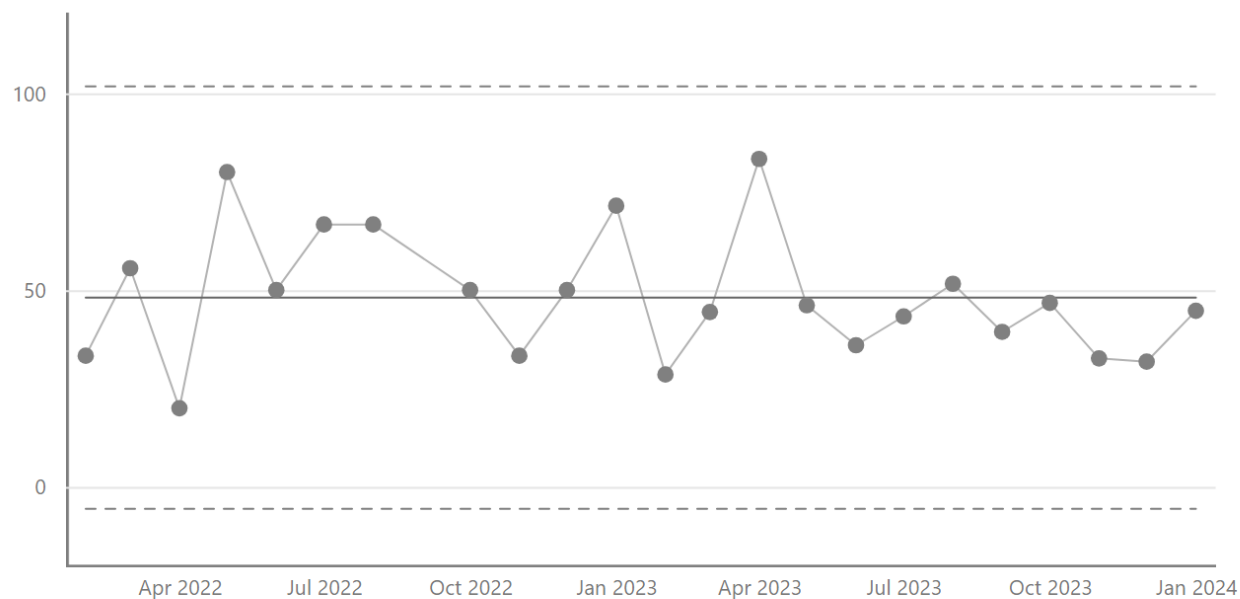
% of referrals (Adults and OA) with a priority of Very Urgent who have an attended Direct Contact within 4 hours following receipt of the referral

Performance - 44.8%  
Standard - No Std

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

Normal Variation  
The variation for this indicator is within the control limits

DQ - Investigation  
There have been data quality concerns rased with indicator



## Feedback

### What the chart tells us

Very Urgent referrals seen within 4 hours increased to 44.8% in January.

### Root Cause of the performance issue

- Data quality relating to incorrect categorisation of referral urgency between teams.
- Staffing pressures within the crisis pathway has been a pressure this financial year.

### Improvement Actions

- Review of each very urgent breach takes place to support assurance and learning.
- Trust-wide work taking place around HBT in terms of flow and efficiency.
- Access oversight group continues to meet monthly with a focus Weekly reporting, with actions plans being discussed in wider Community Oversight Group.
- Oversight sub-group developing trust-wide guidance around recording of referral urgency to ensure consistency of approach.

### Expected impact and by when

Timeframes provided by localities at the crisis and liaison waiting time meeting details that this work is to be completed by March 2024, this will improve how we responding to people in crisis.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	39.4%	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	100.0%	No Std	Normal Variation	No Standard
North Locality Care Group	20.0%	No Std	Normal Variation	No Standard
South Locality Care Group	69.7%	No Std	Normal Variation	No Standard

# A07 - Crisis % Urgent seen within 24 hours (WAA&OP)

% of Urgent referrals to crisis service seen within 24 hours (Adults and OA)

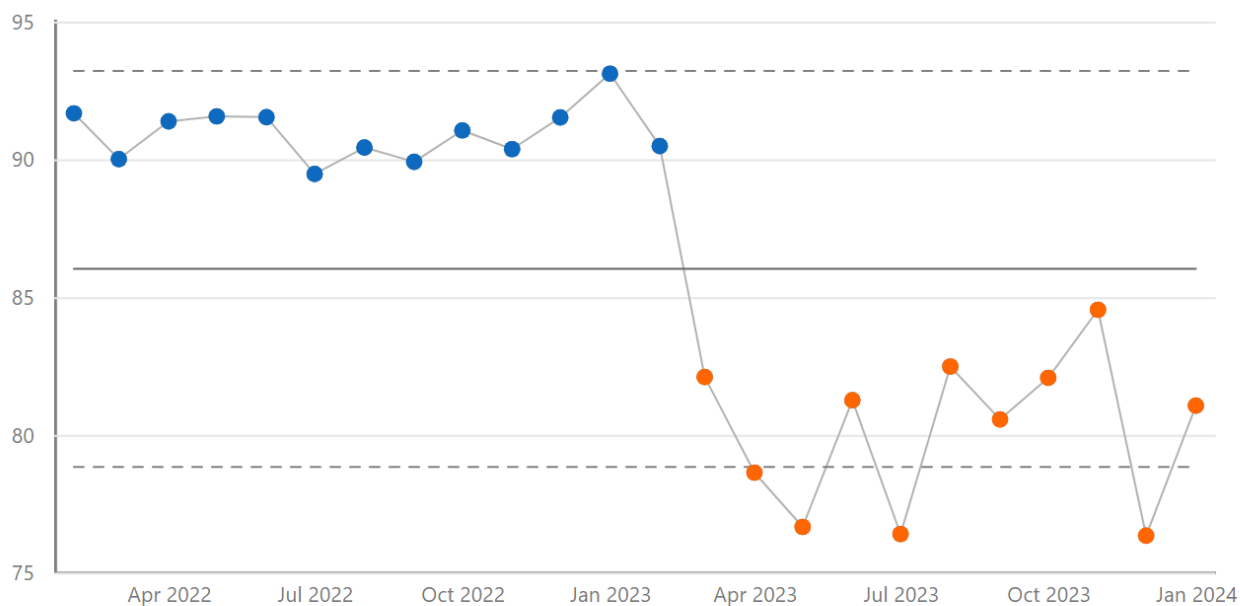
Risk Rating - Med (Monitoring)

Performance - 81.1%  
Standard - No Std

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

Concern  
There is concern because this indicator is decreasing

DQ - Investigation  
There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Urgent referrals seen within 24 hours achieved 81.1% in January which was the eleventh consecutive month below the mean average, suggesting there has been some underlying change.

### Root Cause of the performance issue

- A high number of referrals are discharged unseen these breaches are impacting compliance.
- Data quality relating to incorrect categorisation of referral urgency between teams.
- 136 staffing model and impact on compliance.

### Improvement Actions

- Reviewing MDT process and HBT review processing order to ensure caseload pressures are managed effectively.
- Review of patients discharge unseen –narrative / scenarios are being fed into the Access Oversight Group guidance review to agree standardised ways of recording.
- Recording practices are being reviewed with teams in CBU and discussed in supervision.

### Expected impact and by when

Timeframe provided by localities at the crisis and liaison waiting time meeting details that this work is to be completed by March 2024, this will improve how we responding to people in crisis.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	79.4%	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	94.6%	No Std	Normal Variation	No Standard
North Locality Care Group	66.9%	No Std	Normal Variation	No Standard
South Locality Care Group	88.4%	No Std	Normal Variation	No Standard

# A08 - % PLT ED Referrals seen within 1 hour

Risk Rating - Med (Monitoring)

% Psychiatric Liaison Team Emergency Dept Referrals seen within 1 hour

Performance - 70.1%  
Standard - No Std



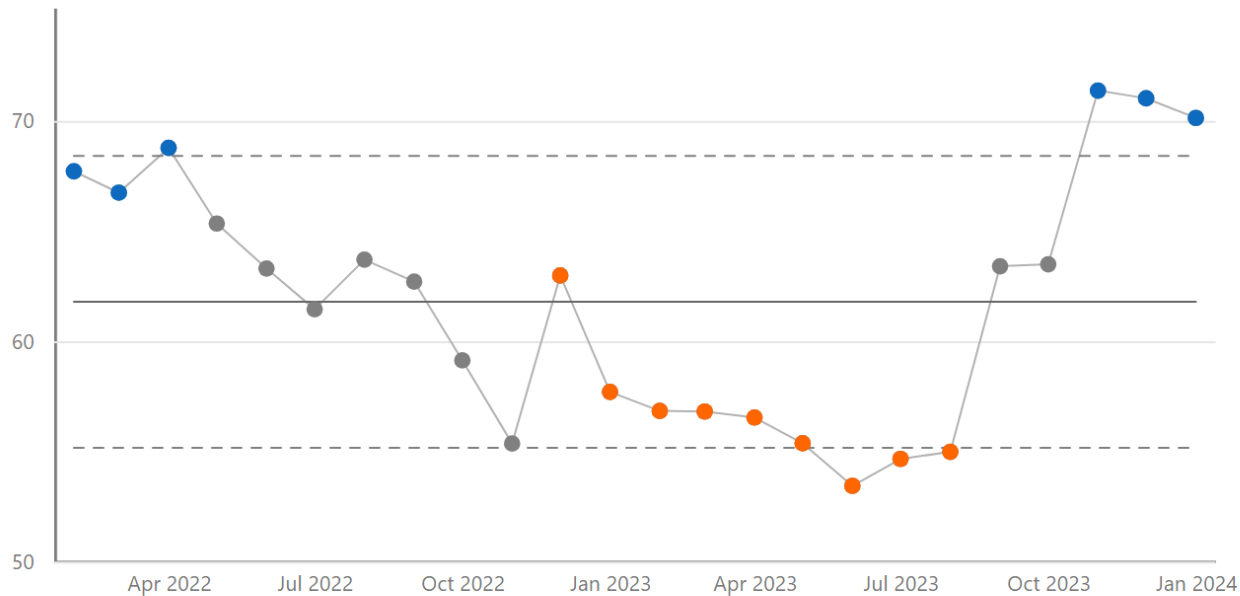
No Standard  
Assurance cannot be given for this indicator as there is no standard set



Improvement  
This indicator is increasing which shows improvement



DQ - Investigation  
There have been data quality concerns rased with indicator



## Feedback

### What the chart tells us

Performance was 70.1% in January which is higher than the expected range of 55% to 69%.

### Root Cause of the performance issue

- Issue with ED staff referring to PLT when patient is not medically fit, patients having physical needs seen to or they refuse to be seen which then causes breach of the target.
- Staffing (recruitment/retention/sickness) remains a challenge.
- PLT not resourced sufficiently to provide 24/7 1hr response when clinical demand is high.

### Improvement Actions

- Access Oversight undertaking a mapping exercise to understand the recording practices in each Locality to inform decision making regarding standardised approach.
- Review of all breaches continue to take place to identify and themes that can be fed into the access Oversight Group guidance review.
- Central locality has established interface meetings with ED staff and have co-developed guidance on when referrals should be made to PLT.

### Expected impact and by when

Data quality work, alongside proactive recruitment remains ongoing with improvements.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	59.0%	No Std	Normal Variation	No Standard
North Cumbria Locality Care Group	50.6%	No Std	Concern	No Standard
North Locality Care Group	75.2%	No Std	Improvement	No Standard
South Locality Care Group	85.0%	No Std	Normal Variation	No Standard

# A11 - % Waiting 4 wks or less to treatment (WAAOP)

The number of service users waiting 4 wks or less to treatment (New National Methodology July 2023)

Risk Rating - **High (Action)**

Performance - 30.7%  
Standard - No Std

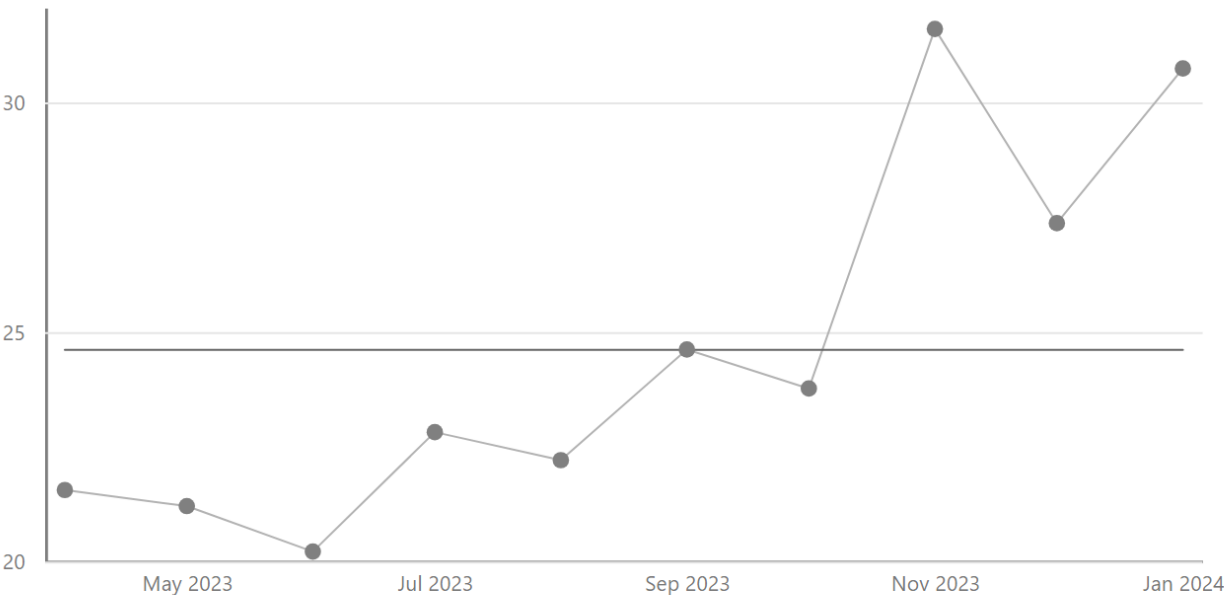


No Standard  
Assurance cannot be given for this indicator as there is no standard set

Not Applicable



DQ - Investigation  
There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance increased to 30.7% in January.

### Root Cause of the performance issue

- A significant amount of work underway to embed new processes alongside data quality work to ensure the position is accurately reflecting operational delivery.

### Improvement Actions

- Ongoing communication and embedding of the 4WW recording requirements and continue to use monthly Performance Clinics to review each Teams position. Monthly feedback an update to oversight group.
- As of 15<sup>th</sup> January , mandatory activity recording went live, unoutcomed appointments are being monitored to address any hotspots but initial reviews suggest this has not impacted reporting
- Review of issues and options appraisal for referrals into CTTs that will not meet 4 week wait standards e.g. referrals for medication initiation or PH monitoring.
- The definition of the teams which are included and are excluded have been completed to reflect accurate data.
- Improvements are linked to the seven pioneer teams and transformation programme of work, which are embedding new ways of working across community teams.

### Expected impact and by when

This metric has oversight at the internal waiting times meeting. Each locality, has provided an action plan which is reviewed and questioned each month to provide assurance on delivery. The actions from the localities are detailed up to Q4.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	41.9%	No Std		No Standard
North Cumbria Locality Care Group	8.2%	No Std		No Standard
North Locality Care Group	41.2%	No Std		No Standard
South Locality Care Group	42.0%	No Std		No Standard



# A12 - % Waiting 4 wks or less to receive help (CYPS)

The number of service users waiting 4 wks or less to receive help (New National Methodology July 2023)

Risk Rating - High (Action)

Performance - 12.2%  
Standard - No Std

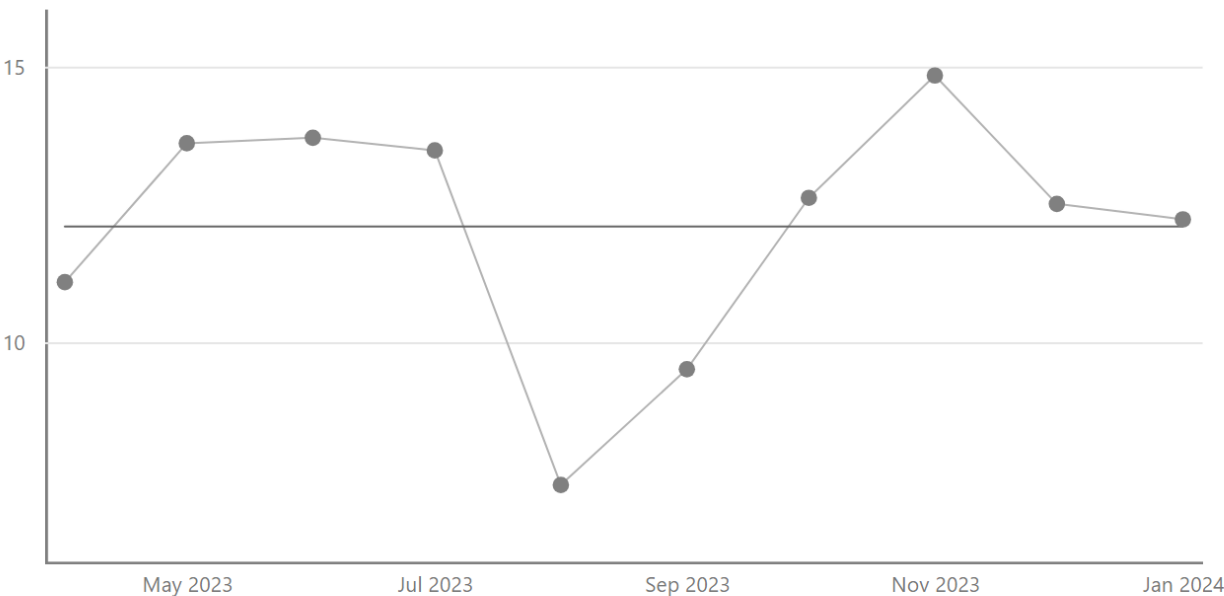


No Standard  
Assurance cannot be given for this indicator as there is no standard set

Not Applicable



DQ - Investigation  
There have been data quality concerns raised with indicator



## Feedback

### What the chart tells us

Performance decreased slightly to 12.2% in January.

### Root Cause of the performance issue

- Ability to undertake ADHD assessments and current demand and capacity issues.

### Improvement Actions

- Welcome Events in the neuro pathway continue to be in place and are being received positively by stakeholders in North and South. Central locality is in discussion with system partners to develop face to face multi-agency engagement events.
- Ongoing communication and embedding of the 4WW recording requirements and continue to use monthly Performance Clinics.
- As of 15<sup>th</sup> January , mandatory activity recording went live, unoutcomed appointments are being monitored to address any hotspots but initial reviews suggest this has not impacted reporting
- Using Performance Clinics to share new developments in dashboard which can support the monitoring of waiting time compliance.

### Expected impact and by when

Reduction in the number of CYPS waiting (excluding referrals within the Neuro pathway) by March 2024.


Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	8.9%	No Std		No Standard
North Cumbria Locality Care Group	7.5%	No Std		No Standard
North Locality Care Group	54.6%	No Std		No Standard
South Locality Care Group	97.0%	No Std		No Standard

# A13 - % Waiting 4 wks or less to receive help (CYPS Neuro)

Risk Rating - **High (Action)**


The number of service users waiting 4 wks or less to receive help (New National Methodology July 2023)

Performance - 8.9%  
Standard - No Std

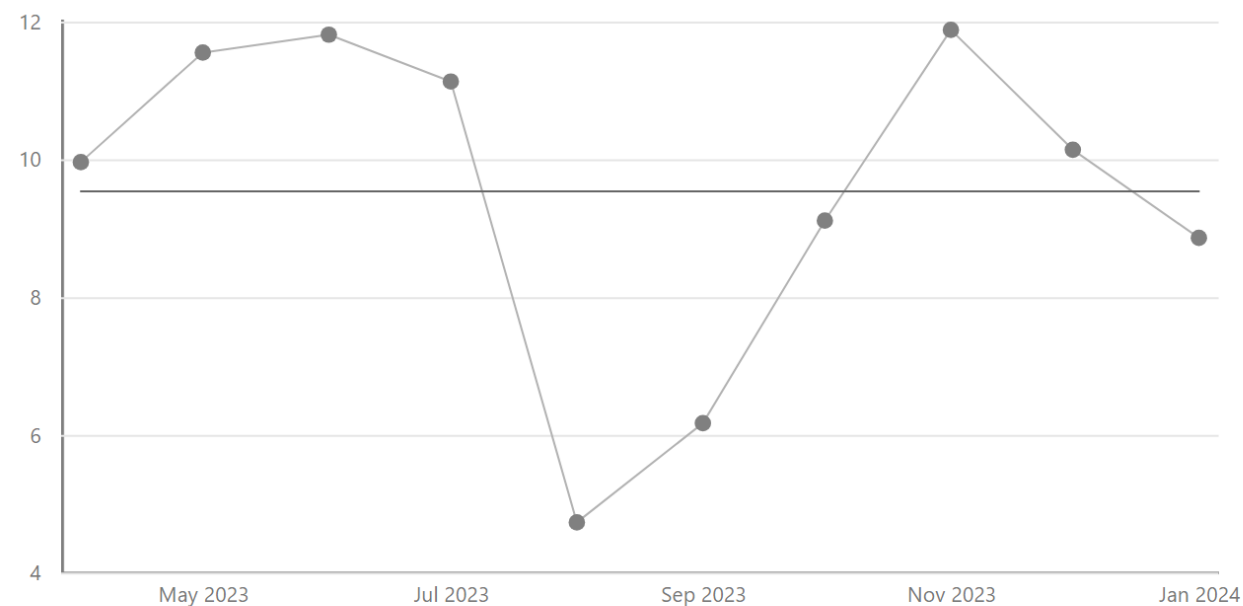


**No Standard**  
Assurance cannot be given for this indicator as there is no standard set

Not Applicable



**DQ - Investigation**  
There have been data quality concerns rasied with indicator



## Feedback

### What the chart tells us

Performance decreased to 8.9% in January.

### Root Cause of the performance issue

- Demand is currently outstripping capacity. Number of different access routes within CNTW. Guidance has been received regarding the international shortage of ADHD medications, suspending current titrations.





### Improvement Actions

- New Neuro-developmental pathway proposal was presented at the Community Oversight Group, the redesigned pathway requires further refinement.
- Links are being made with ICB Neuro working group to review systemwide improvements.
- Central locality are in discussion with system partners to develop face to face multi-agency engagement events.
- As of 15<sup>th</sup> January , mandatory activity recording went live, unoutcomed appointments are being monitored to address any hotspots but initial reviews suggest this has not impacted reporting

### Expected impact and by when

Welcome Events happening within 12 weeks, therefore the proportion of young people waiting less than 4 weeks may be negatively impacted.

Unlikely to see significant impact whilst awaiting implementation of new referral guidance and process and shortage of ADHD medications.

Locality	Performance	Standard	Variation	Assurance
Central Locality Care Group	6.8%	No Std		No Standard
North Cumbria Locality Care Group	4.5%	No Std		No Standard
North Locality Care Group	45.8%	No Std		No Standard
South Locality Care Group	100.0%	No Std		No Standard



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

Risk Rating - High (Action)

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

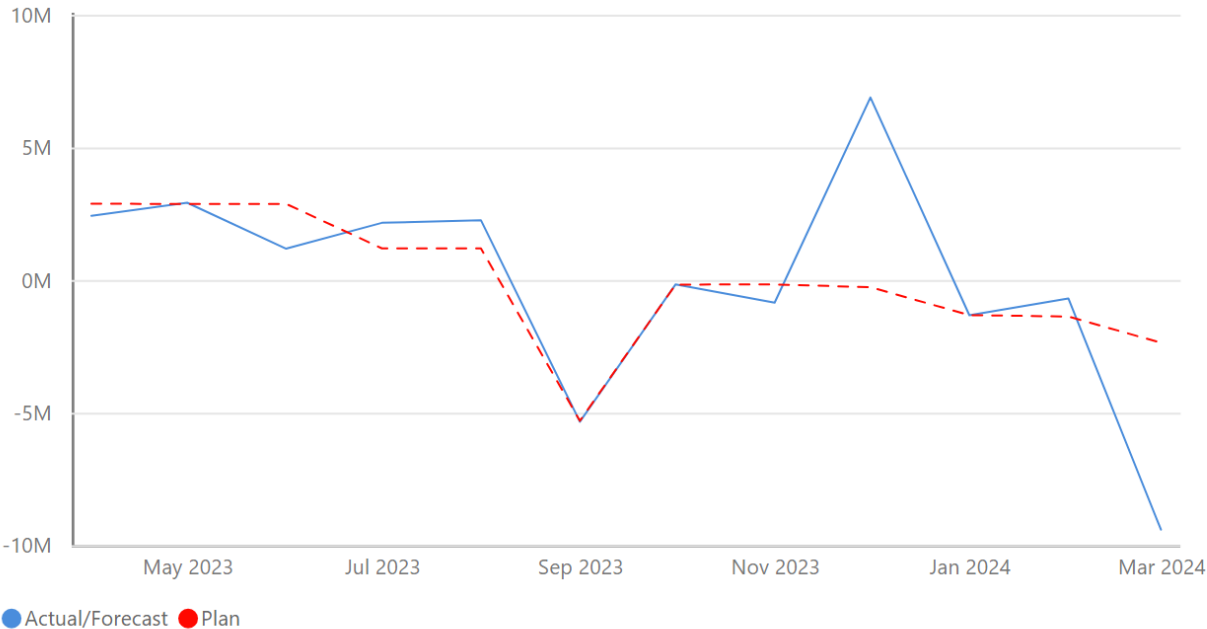
Actual/Forecast - -1.3M  
Plan - -1.3M

Not Applicable

Not Applicable



DQ - No Concern  
There are currently no concerns with the data quality of this indicator



Feedback

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

Improvement Actions

- BDG monthly finance focus sessions to agree actions to impact on the Trust financial position and review of progress to deliver the Trust Cost Improvement Plan.
- Groups / Departments highlighted areas under review to impact on financial performance. BDG discussions to clarify where they improve financial forecast.
- Daily staffing reviews taking place across inpatient areas.
- Agreement of financial trajectories to deliver financial break-even.
- Shortfall in delivery of recurrent Cost Improvement Schemes is being offset with non-recurrent mitigations including release of the Annual Leave provision. Interest on cash balances from increased interest rates and further reviews of balances sheet totals.
- Pursing capital funding for CEDAR scheme to support Trust cash balances

Locality Name	Off Budget (£1,000)
Central	414
North	184
North Cumbria	-364
South	64
Corporate	-304


## 9. STRATEGIC AMBITION 1 - QUALITY CARE, EVERY DAY

## 9.1 QUALITY AND PERFORMANCE COMMITTEE REPORT

 Debbie Henderson, Director of Communications and Corporate Affairs

### REFERENCES

Only PDFs are attached

 9.1. QP Committee Assurance Report- Feb 24 SR.pdf

**Board Committee Assurance Report  
Council of Governors  
Thursday 21<sup>st</sup> March 2024**

Name of Board Committee	Quality and Performance Committee
Date of Committee meeting held	Wednesday 31 <sup>st</sup> January 2024
Agenda items/topics considered	See Appendix A
Date of next Committee meeting	27 <sup>th</sup> 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"> <li>• Full implementation of SBAR (Situation, Background, Assessment, Recommendation).</li> <li>• Keeping In Touch process for service users on assessment waiting lists.</li> <li>• Introduction of Dialogue+.</li> <li>• Fully implement 4 week waits.</li> <li>• Introduce the Trusted Assessment concept into community services.</li> <li>• Confirm the role and function of both community and crisis services at the interface of these pathways.</li> <li>• Limited acute inpatient alternatives at a place or system level (crisis housing)</li> <li>• Lack of specialist provision for some client groups (autism).</li> <li>• Limited availability of seven-day week service provision from both an inpatient and community perspective.</li> <li>• Lack of intermediate care opportunities.</li> </ul>
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"> <li>• 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.</li> <li>• Outcome measures will need to move from numbers and data around compliance with timescales to assessing how learning is shared and improvements embedded.</li> </ul>

## 9. Recommendations

The Council of Governors 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: 31<sup>st</sup> 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



## 9.2 MENTAL HEALTH LEGISLATION COMMITTEE REPORT

 Michael Robinson, Committee Chair

### REFERENCES

Only PDFs are attached

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

**Board Committee Assurance Report  
Council of Governors Meeting  
Thursday 21<sup>st</sup> March 2024**

Name of Board Committee	<b>Mental Health Legislation Committee (MHLG)</b>
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 Council of Governors 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: 29<sup>th</sup> February 2024

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

## 10. STRATEGIC AMBITION 2 - PERSON LED CARE, WHERE AND WHEN IT'S NEEDED

## 10.1 PROGRAMME UPDATE REPORT

 Russell Patton, Deputy Chief Operating Officer

### REFERENCES

Only PDFs are attached

 10.1 Programme Update March 24.pdf

**Report to the Council of Governors**  
**Thursday 21<sup>st</sup> March 2024**

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

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

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

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

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

# **Council of Governors Meeting Programme Update**

**Thursday 21<sup>st</sup> 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 26<sup>th</sup> 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 Council of Governors 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 4<sup>th</sup> March.
- The changes to the new Trust wide approach to risk will go live on 18<sup>th</sup> 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 compete 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 (25<sup>th</sup> 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 27<sup>th</sup> 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:

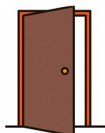
- 136 Optimum Model- Business Case decision and continue to enhance the data quality of RIO recording of 136 clinical documentation across all localities. This will enable the development of dashboard to be progressed with confidence in the accuracy of the data flowing in.
- NHS 111 readiness.

### 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 26<sup>th</sup> October and EMG on 26<sup>th</sup> February 2024. The proposals were widely accepted. These proposals will be presented at ICB Nuro group on 8<sup>th</sup> March.

The diagnosticians and clinical leads held a meeting on 15<sup>th</sup> December and 10<sup>th</sup> 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.

## 11. STRATEGIC AMBITION 3 - A GREAT PLACE TO WORK

## 11.1 PEOPLE COMMITTEE REPORT

 Brendan Hill, Committee Chair

### REFERENCES

Only PDFs are attached



11.1 People Committee Assurance Report - January 2024.pdf

**Board Committee Assurance Report  
Meeting of the Council of Governors  
Thursday 21<sup>st</sup> March 2024**

Name of Board Committee	<b>People Committee</b>
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"> <li>• Absence of a sustainable workforce plan.</li> <li>• Establishment control to be reviewed to ensure accurate recording and reporting of vacancies.</li> <li>• Current workforce skills are not currently recorded and mapped against post requirements.</li> <li>• Skills gaps are not identified, and adequate training put in place to address the shortfalls.</li> <li>• Inclusive recruitment work has had an impact on increasing the BAME workforce but predominantly this is in lower banded posts.</li> <li>• Strengthening of internal process for accessing development monies required.</li> <li>• Release of staff to undertake relevant training and development opportunities is currently a challenge.</li> <li>• Lack of joined up approach between appraisals and training requirements.</li> <li>• Challenges ensuring the temporary workforce maintain the required skills.</li> </ul>

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

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 Council of Governors 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**


## 12. STRATEGIC AMBITION 3 - A GREAT PLACE TO WORK

## 12.1 FINANCE REPORT

 Kevin Scollay, Executive Director of Finance

### REFERENCES

Only PDFs are attached

 12.1 CoG Mth 10 Finance Board.pdf

Name of meeting	Council of Governors Meeting
Date of Meeting	Thursday 21 <sup>st</sup> 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**

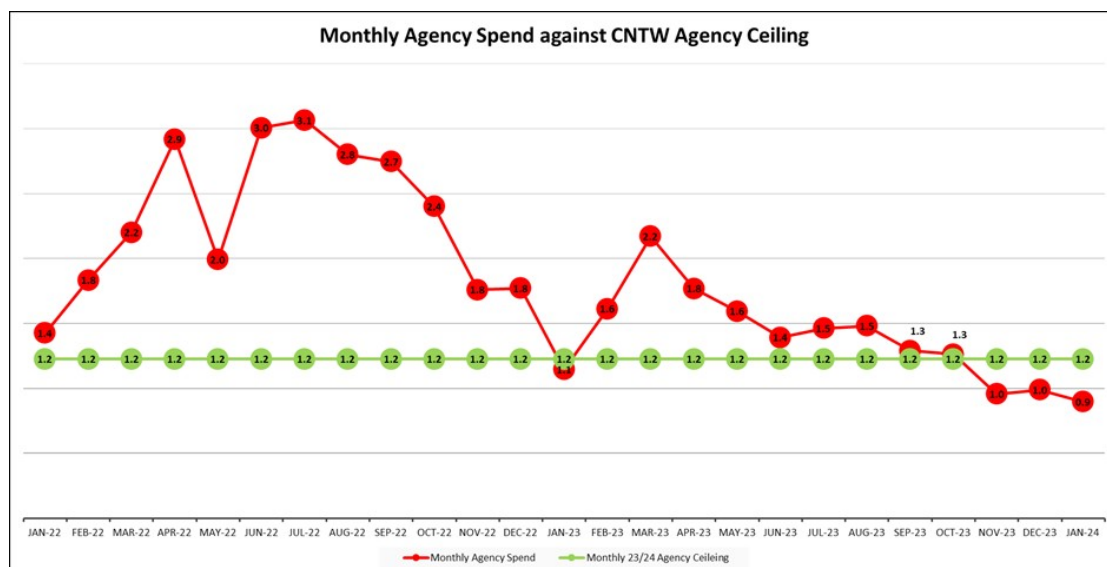
Key Financial Targets	Month 10		
	Trust Plan	Actual	Variance/ Rating
I&E – Surplus /(Deficit)	(£3.7m)	(£3.7m)	(£0.0m)
Agency Spend	£14.0m	£13.1m	(£0.9m)
Cash	£15.2m	£29.7m	(£14.5m)
Capital Spend	£17.5m	£7.5m	£10.0m

### 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
	<b>6,209</b>	<b>6,843</b>	<b>7,425</b>	<b>7,335</b>	<b>7,288</b>	<b>(47)</b>	<b>(137)</b>	<b>445</b>	<b>1,079</b>
Corporate & Other	1,158	1,262	1,353	1,347	1,325	(22)	(28)	64	167
	<b>7,367</b>	<b>8,105</b>	<b>8,778</b>	<b>8,682</b>	<b>8,613</b>	<b>(69)</b>	<b>(165)</b>	<b>509</b>	<b>1,246</b>

	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)
	<b>7,367</b>	<b>8,105</b>	<b>8,778</b>	<b>8,682</b>	<b>8,613</b>	<b>(69)</b>	<b>(165)</b>	<b>509</b>	<b>1,246</b>

## 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 Council of Governors is asked to note the content of this report.

## 12.2 RESOURCE AND BUSINESS ASSURANCE COMMITTEE REPORT

 Paula Breen, Committee Chair

### REFERENCES

Only PDFs are attached



12.2. RABAC Committee Assurance Report - Jan 24.pdf

**Board Committee Assurance Report  
Council of Governors Meeting  
Thursday 21 March 2024**

Name of Board Committee	<b>Resources and Business Assurance Committee</b>
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"><li>Absence of an in-year recovery plan for Central Locality</li><li>Absence of a medium/long-term financial plan.</li></ul>
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"><li>Limited reporting on progress against the agreed Green Plan.</li><li>Clarity on the availability of capital funding.</li><li>Capacity issues within the team to progress the actions required against the Green Plan.</li></ul>

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 Council of Governors 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**

## 13. STRATEGIC AMBITION 5 - WORKING FOR, AND WITH OUR COMMUNITIES

## 13.1 CHARITABLE FUNDS COMMITTEE



Debbie Henderson, Director of Communications and Corporate Affairs

### REFERENCES

Only PDFs are attached



13.1. Charitable Funds Committee Assurance Report January 2024.pdf



**Board Committee Assurance Report  
Council of Governors Meeting  
Thursday 21<sup>st</sup> March 2024**

Name of Board Committee	<b>Charitable Funds Committee</b>
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 Council of Governors 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**



## 14.1 AUDIT COMMITTEE ASSURANCE REPORT

 Michael Robinson, Non-Executive Director and member of the committee

### REFERENCES

Only PDFs are attached

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

**Board Committee Assurance Report  
Council of Governors Meeting  
Thursday 21<sup>st</sup> March 2024**

Name of Board Committee	<b>Audit Committee</b>
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 wavers 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



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	16	<p>(Situation, Background, Assessment, Recommendation).</p> <ul style="list-style-type: none"> <li>• Keeping In Touch process for service users on assessment waiting lists.</li> <li>• Introduction of Dialogue+.</li> <li>• Fully implement 4 week waits.</li> <li>• Introduce the Trusted Assessment concept into community services.</li> <li>• Confirm the role and function of both community and crisis services at the interface of these pathways.</li> <li>• Limited acute inpatient alternatives at a place or system level (crisis housing)</li> <li>• Lack of specialist provision for some client groups (autism).</li> <li>• Limited availability of seven-day week service provision from both an inpatient and community perspective.</li> <li>• Lack of intermediate care opportunities.</li> </ul>
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"> <li>• 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.</li> <li>• Outcome measures will need to move from numbers and data around compliance with timescales to assessing how learning is shared and improvements embedded.</li> </ul>
<b>Resource and Business Assurance Committee</b>		
<b>Risk</b>	<b>Score</b>	<b>Gaps in assurance</b>
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"> <li>• Absence of an in-year recovery plan for Central Locality</li> <li>• Absence of a medium/long-term financial plan.</li> </ul>

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"> <li>Limited reporting on progress against the agreed Green Plan.</li> <li>Clarity on the availability of capital funding.</li> <li>Capacity issues within the team to progress the actions required against the Green Plan.</li> </ul>
<b>People Committee</b>		
<b>Risk</b>	<b>Score</b>	<b>Gaps in assurance</b>
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"> <li>Absence of a sustainable workforce plan.</li> <li>Establishment control to be reviewed to ensure accurate recording and reporting of vacancies.</li> <li>Current workforce skills are not currently recorded and mapped against post requirements.</li> <li>Skills gaps are not identified, and adequate training put in place to address the shortfalls.</li> <li>Inclusive recruitment work has had an impact on increasing the BAME workforce but predominantly this is in lower banded posts.</li> <li>Strengthening of internal process for accessing development monies required.</li> <li>Release of staff to undertake relevant training and development opportunities is currently a challenge.</li> <li>Lack of joined up approach between appraisals and training requirements.</li> <li>Challenges ensuring the temporary workforce maintain the required skills.</li> <li>More robust recording and reporting mechanisms is required to enable leadership and management development and succession planning.</li> </ul>

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 Council of Governors 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


## 15. ANY OTHER BUSINESS / ITEMS FOR INFORMATION

verbal update

## 15.1 QUESTIONS FROM GOVERNORS AND PUBLIC

 Darren Best, Chair

## 16. DATE AND TIME OF NEXT MEETING

 Darren Best, Chair

Thursday 27 June 2024 2pm - 4pm

Trust Board Room, St Nicholas Hospital and via Microsoft Teams