Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

COUNCIL OF GOVERNORS GENERAL MEETING

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4 September 2025

14:00 GMT+1 Europe/London

Trust Board Room and via Teams

AGENDA

1. AGENDA

Darren Best, Chair

REFERENCES

Only PDFs are attached

0.0 CoG Business Draft Agenda 4.09.2025 FINAL.pdf

Council of Governors Business Meeting
Agenda

Council of Governors Business Meeting **Venue: Trust Board Room, St Nicholas Hospital and Via Microsoft Teams**	**Date: Thursday 4th September 2025** **Time: 2:00pm – 4.00pm**

	Item	Lead	
1.	**Business agenda items**		
1.1	Welcome and Apologies for Absence	Darren Best, Chair	Verbal
1.2	Quoracy clarification and Declaration of Interest	Darren Best, Chair	Verbal
1.3	Minutes of the meetings held 22 May 2025 and 24 July 2025 – **for approval**	Darren Best, Chair	Enc
1.4	Action log and matters arising from previous meeting	Darren Best, Chair	Enc
1.5	Governor Experiences / Feedback	Carer Governor, Adult Services	Enc
2. Strategic Ambition 1 – Quality care, every day			
2.1	Quality and Performance Committee Quarterly Assurance Report	Louise Nelson, Committee Chair	Enc
2.2	Mental Health Legislation Committee Quarterly Assurance Report	Michael Robinson, Committee Chair	Enc
3. Strategic Ambition 2 – Person led care, where and when it's needed			
3.1	Model of Care and Support update	Ramona Duguid, Chief Operating Officer	Enc
4. Strategic Ambition 3 – a great place to work			
4.1	People Committee Quarterly Assurance Report	Rachel Bourne, Non-Executive Director	Enc

4.2	Equality, Diversity Inclusion Annual Report 2024/25	Lynne Shaw, Executive Director of Workforce and Organisational Development	Enc
4.3	Raising Concerns / Whistleblowing Report	Lynne Shaw, Executive Director of Workforce and Organisational Development	Enc
5. Strategic Ambition 4 – sustainable for the long term, innovating every day			
5.1	Resource and Business Assurance Committee Quarterly Assurance Report	Robin Earl, Non-Executive Director	Enc
5.2	Finance Report (Quarter 1)	Chris Cressey, Interim Executive Director of Finance	Enc
6. Strategic Ambition 5 – working for, and with our communities			
	No report for the period		
7. Governance and Regulatory			
7.1	Audit Committee Assurance Report	Robin Earl, Committee Chair	Enc
7.2	Trust Annual Plan 2025/26 (and Quality Priorities for 2025/26)	James Duncan, Chief Executive	Enc
7.3	Integrated Performance Report (Quarter 1)	Ramona Duguid, Chief Operating Officer	Enc
8. Any other business / items for information			
8.1	Chair's report	Darren Best, Chair	Enc
8.2	Chief Executive report	James Duncan, Chief Executive	Enc
8.3	Fit and Proper Persons Test annual update (for information only)	Kirsty Allan, Deputy Trust Secretary / Corporate Governance Manager	Enc
8.4	Questions from Governors and the public	Darren Best, Chair	

	Any other business **The Business meeting will be followed by a closed meeting of the Council of Governors and Care Quality Commission representatives**

Date of next meeting
Thursday 20 November 2025, St Nicholas Hospital Board Room and via MS Teams

Council of Governors Business Meeting will take place on 23 October 2025.

1.1 WELCOME AND APOLOGIES FOR ABSENCE

Darren Best, Chair

1.2 QUORACY CLARIFICATION AND DECLARATION OF INTEREST

Darren Best, Chair

1.3 MINUTES OF PREVIOUS MEETING HELD 22 MAY 2025 AND 24 JULY 2025 - FOR APPROVAL

Darren Best, Chair

REFERENCES

Only PDFs are attached

1.3 DRAFT Minutes CoG 22.05.2025 V2.pdf

1.3 DRAFT Minutes CoG Development 24.07.2025 V2.pdf

Draft Minutes of the Council of Governors Business Meeting
Thursday 22nd May 2025
Trust Board Room and via Microsoft Teams

Present:

Darren Best	Chair of the Council of Governors and Board of Directors
Tom Rebair	Lead Governor / Adult Service User Governor
Fiona Regan	Carer Governor, Autism Services
Ruth Berkley	Local Authority Governor, South Tyneside Council
Russell Stronach	Service User Governor, Autism Services
Emma Silver Price	Staff Governor Non-Clinical
Jodine Milne-Reader	Public Governor, Sunderland
Neil Newman	Carer Governor, Neuro Disability Services
Amber Cormack	Staff Governor Clinical
Kelly Chequer	Local Authority Governor, Sunderland City Council
Andrew Kingston	Appointed Governor - Newcastle University
Doreen Chananda	Clinical Staff Governor
Jamie Rickleton	Public Governor, Gateshead
Bea Grove McDaniel	Community and Voluntary Sector Governor
Serena Ayres	Shadow Public Governor, Northumberland
Elaine Lynch	Councillor Governor for Cumberland Council
Shannon Fairhurst	Carer Governor Children and Young People's Services
Anita Kniveton	Carer Governor, Adult Services
Roy Fussey	Carer Governor, Adult Services
Siobahn Watson	Non-Clinical Staff Governor
Jane Shaw	Local Authority Governor, North Tyneside Council
Gemma Miles	Non-Clinical Staff Governor
Kaye Totts	Service User Governor, Adult Services
Mahdi Hassan	Public Governor, Newcastle & Rest of England/Wales

In Attendance:

James Duncan	Chief Executive
Michael Robinson	Non-Executive Director
Robin Earl	Non-Executive Director
Ramona Duguid	Chief Operating Officer
Lynne Shaw	Executive Director for Workforce and OD
Rachel Bourne	Non-Executive Director
Brendan Hill	Non-Executive Director and Vice Chair
Vikas Kumar	Non-Executive Director
Sarah Rushbrooke	Executive Director of Nursing, Therapies and Quality Assurance
Kevin Scollay	Executive Finance Director
Debbie Henderson	Director of Communications and Corporate Affairs
Kirsty Allan	Corporate Governance Manager/ Deputy Trust Secretary
Claire Thomas	Deputy Director Safer Care (Item only)
Kim Carter	Acting Head of Workforce Development (item only)

1.1 Welcome and apologies for absence.

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

Thomas Lewis	Medical Staff Governor
Russell Bowman	Service User Governor Neuro Disability Services
Rosie Lawrence	Carer Governor, Learning Disability Services
Sithandazile Masuku	Newcastle University Governor
Heather Lee	Shadow Public Governor, South Tyneside
Jessica Juchau-Scott	Carer Governor, Older People's Services
Julia Clifford	Appointed Governor CVS iCan Wellbeing Group
Rajesh Nadkarni	Deputy Chief Executive / Medical Director

1.2 Quoracy Clarification and Declaration of Interest

Darren confirmed the meeting was quorate being a very well attended and highlighted two of the main meetings for Governors which are Governors Development Meetings and Governors Business Meeting, which is the meeting where Governors discharge their responsibilities to Non-Executive Directors to account for the performance of the Board.

Darren referred to Governors annual declaration of interest submissions for the year being a statutory responsibility for all Governors and thanked those who have completed the forms however despite reminders there are still governor declaration yet to be received into the Trust and urged those to complete the forms as soon as possible and also advised he will write to those yet to complete personally.

1.3 Minutes for approval

The minutes of the meeting held on 28th November 2024 were considered and confirmed as a true record of the meeting.

1.4 Action Log and Matters arising from the Previous Meeting

Darren referred to the action log with both items outstanding will be included in the Governor Steering Group cycle of business for discussion.

1.5 Chair and Chief Executive Update

Chairs update

Darren Best referred to the report which highlights the staff awards which has been brought forwarded earlier this year on 27th June and encouraged Governors to attend. NHS England recently produced guidance to support boards to reflect and consider whether the leadership and culture systems and processes have in play allow boards to get the right information and insight to lead an organisation safely and following a recent governance review the Board will be spending time within a future development session to consider the insightful boards guidance and how it compares with current practices with the governance review being encouraging on the current direction of travel with the Board already taken however there are areas which will be developed further.

The 10 year plan which will be published in the coming months, Darren mentioned the key three shifts at national strategic level which are outlined in the report explained from a Governors perspective thinking and observing how the Trust is making those shifts.

The Trust is raising the digital agenda and now at board level have the expertise from Jonathan Richardson, Chief Clinical Information Officer therefore now have a board advisor on the Board of Directors to understand where digital meets medical.

Darren paid farewell and thanks to Paula Breen, Non-Executive Director who stepped down from her role at the end of March. Paula chaired the Resource, Business and Assurance Committee and sat on

other committees of the Board and the Trust is now currently in the recruitment phase to appoint two Non-Executive Directors as Michael Robinson will also be stepping down from the role as Non-Executive Director retiring at the end of September.

Darren mentioned Kevin Scollay, Executive Director of Finance who will be stepping down from his role following successful appointment as the new Chief Executive of North East Ambulance Service taking up this role in May and thanked and congratulated Kevin for all he has undertaken for the Trust operating within an ever-changing and currently very challenging system with the huge pressure on public finance. The recruitment process for the Executive Director of Finance has commenced.

In relation to the Governors annual Declaration of Interest, Board of Directors also undertake this as well as a Fit and Proper Persons Test which has been successfully completed this year and a formal submission will be provided to NHS England and the information will be populated on the Trust website in June.

Darren referred to the Board of Directors Equality, Diversity and Inclusion (EDI) Objectives which have been included as an appendix to the Chairs report. Darren explained at a recent Network Chairs meeting asked for them to put some oversight against the Board EDI objectives that has been set so the Network Chairs as well as Governors can hold the board to account. Darren mentioned as a Board of Directors will collectively own those objectives however within those objectives there are individual objectives that have been included in Board members appraisals.

Chief Executive Officer update
James Duncan referred to the report and thank Kevin Scollay for his work with the Trust leaving at the end of May and wished him well for his new position with North East Ambulance Service and explained the Trust is in the process of recruitment with interviews scheduled for 13th June, focus groups have been arranged with Governors being part of that process.

On 13 March 2025, Chief Executives across England attended an urgent NHS England meeting to discuss the challenging position across the NHS. On the same day, an announcement by Sir Kier Starmer was made confirming the decision to abolish NHS England and make it “fully integrated” into the Department of Health and Social Care. The timeline for these changes is yet to be determined.

On Wednesday 16 April, Supreme Court judges ruled that the legal definition of a women is based on biological sex for the purpose of the Equality Act 2010. Whilst it is acknowledged that the ruling provides clarity, James mentioned the Trust is aware that it will have a significant emotional impact on people, and it is important that we take stock and consider the implications in a calm and considered way. This will include a review of the impact on the NHS and its services however in the meantime, there will be no immediate impact for our people, and this will make no difference to our commitment to support the rights of trans people.

James reaffirmed the Trust committed to our pledge of ‘Give Respect, Get Respect’, and ensuring an inclusive approach to our model of care and support, the support we give to our workforce, and enabling and defending the rights of all of our people and the people we serve.

Bea Groves McDaniel referred to the Supreme Court ruling cause a great amount of panic and anxiety and real fear amongst transgender people throughout the country resulting in great worry how transgender people interact with public bodies like the NHS in terms of their own treatment interacting with the Regional Transgender Dysphoria Services but more importantly on a day to day basis in terms of dignity and self-respect in a manger in which transgender people are engaged with may change in the way in which this particular Court ruling has cascaded out into other political and public domains and stressed this needs to be handled in the most interactive way that involves transgender views and the capacity of transgender people to make their voices heard as guidance may impact treatment and involvement within the NHS.

Darren thanked Bea for her experience and assistance to work with the Trust which is very much appreciated.

1.6 Governor Steering Group update
Darren Best referred to the cycle of business of the Steering Group with an update to the Council from the Integrated Care Board (ICB) however as this has not come to fruition the Steering Group decided it would be beneficial to have an update at a Governors Development on the NHS as a whole which will included the ICB as there role and remit has changed and the devolution of the NHS England into Department of Health and Social Care.

Darren explained the Governors Steering Group essentially is to set and agree the agendas for the Council General Meeting and Council Development Sessions.

Darren referred to the Governors matrix which is currently being compiled. Kirsty Allan circulated the skills matrix within the Governors Bulletin and explained it is not a statutory requirement for Governors to complete however in doing so will help the Trust understand and leverage the diverse skills of Governors experience ultimately strengthening the governance and supporting various areas throughout the Trust.

Darren encouraged Governors to attend whenever possible service visits and provided an example on the value of those visits with Governors recently attending Craster Ward which is a Children and Young Peoples Community Team at St Georges Park with areas reported from the visit with a potential for improvement relating to environment but also being a Children's services predominately on an adult-based site. Then Board have looked at the comments from the visit and reviewed the risk register ensuring the comments are contained in exiting action plans and thanked those Governors who attend the visit which has been extremely valuable against checks and balances and demonstrates the value as well as the value to the Governors in terms of learning and experience attending the visit.

1.7 Nomination Committee update: Non-Executive Director appointment process

Following the Chairs update in Item 1.5, Paula Breen and Michael Robinson, Non-Executive Directors positions are now going through a recruitment process to replace both Directors with a closing date 5th June. The interview panel will be comprised of members of the Governors Nomination Committee and focus groups have been arranged to be held on 23 June and interviews on 24 June. Further information on the recruitment process is outlined within the report.

Darren explained over the last week has spoken to a number of people with some good potential candidates if they apply. Darren reminded the skills sets required are someone with a legal background, business background with knowledge of estates, finance, green agenda, contracts etc and someone with a digital background.

Debbie Henderson encouraged all Governors to read the fortnight Governors Bulletin which is issued on Friday where is the main source of information for Governors to have insight into dealings of the Trust and opportunities for Governors to become involved.

1.8 Integrated Performance Quarterly Report
Ramona Duguid mentioned this is the Trust end of year reporting and the report highlights key areas which have been achieved over the course of the year which is summarised on the cover sheet of the report. Included within the report is references to some of the national work undertaken across the NHS currently around national performance metrics and how they will be applied to the Trust for the new financial year.

There have been some positive highlights for Month 12 which show an increase in trajectory across the year with some key areas the Trust has focussed on particularly on metrics around 'do you feel safe' which has been reported consistently above the Trust target for 12 months. Improved performance was also noted in relation to training metrics and clinical supervision.

Areas of concern at the end of the year from a performance perspective with recovery plans in place refer to clinically ready for discharge and bed occupancy both in acute adult and rehabilitation

pathways and some specific cases within learning disability pathways which the Trust is working with colleagues within local authority to expedite.

There has been a continued focus on crisis and urgent referrals within 4 hours with some areas of improvement but not reached a comfortable recovered position with a huge amount of work ongoing to get into a more sustainable position which includes setting up 111 and how those factors into workforce and capacity across all the Trust local crisis services.

Ramona noted that the Trust has been working closely with the North East and North Cumbria Integrated Care Board (ICB) with agreement of a way forward in terms of neurodevelopmental waits and pathway which the Trust is handling carefully in terms of the number of people on the waiting list but also how to move to a different pathway for people to access services and more importantly access early help, support and intervention.

Jodine referred to the training metrics on suicide prevention and resuscitation, noting that only 30% of the target had been met in the most recent quarter. Lynne Shaw provided assurance that this area is regularly discussed at the People Committee. She explained that training rates were significantly impacted during the pandemic, and in response, a Task and Finish Group was established last year to review priority training areas. As a result, nine clinical training areas were identified as priorities, with quarterly trajectories set for each.

Lynne highlighted that until Quarter 4, the Trust had remained above trajectory. The graphs on page 22 of the report illustrate a positive trend in training uptake over the past 12 months. However, in the final quarter, the trajectory was not met, resulting in the current figure of 30%. She clarified that the Trust is only a few percentage points below the target. Lynne further confirmed that overall training has increased over the last year, although the Trust did not meet the end-of-year trajectory targets.

James Duncan noted that the interpretation of the data, specifically the reference to only 3 out of 9 areas being met, may be misleading. He recommended a more detailed narrative and explanation of this which accurately reflects the Trust's position to be circulated as a briefing for Governors.

Action: Lynne Shaw to provide a briefing for Governors explaining the reporting process for training data to ensure accurate representation of the Trust's position.

2. STATEGIC AMBITION 1 – QUALITY CARE, EVERYDAY

2.1 Quality and Performance Committee Quarterly Assurance Report

Michael Robinson explained the Committees remit is to receive assurance on key performance, quality and safety, strategies and programmes of work and systems and also have oversight of patient and carer experiences. The Committee met twice in the quarter from January to April and explained under the Board Assurance Framework there are four key risks assigned to the Committee which are outlined in the report along with the various assurances provided over the quarter to meet those four risks.

Michael mentioned some of the ongoing reviews at the Committee will be reviewing restrictive practice, management of self-harm incidents and outcome of the Shanley report.

2.2 Mental Health Legislation Committee Quarterly Assurance Report

Michael Robinson explained this committee review compliance with mental health legislation and the committee met twice in the last quarter. There are no board assurance risks within the committee however discussion did take place to review if a risk should be assigned relating to the Mental Health Bill currently going through Parliament which will replace the Mental Health Act 1983, being the first legislation in 40 years which is currently under review.

Areas discussed are ongoing review of hospital panel members who make decisions in relation to detention and repeating detention over time as and when it is renewed. Michael explained the panel members have delegated authority from Board of Directors and have been looking at training for panel members as the committee is keen to get the panel membership to reflect the community more widely and appraisal for those individuals as it is a demanding role.

There is an ongoing going issue of recording of capacity and consent when someone is contained under the Act and the committee is finding ways to increase compliance by making forms easier to complete for example. There is also an ongoing review of health inequalities and in relation to mental health legislation to understand ethnicity data around those detained.

2.3 Care Quality Commission – Learning Disabilities and Autism services report

Sarah Rushbrooke mentioned CQC came to undertake an unannounced inspection on the Trust Learning Disability and Autism wards during July – September 2024 with a significant delay of 9 months receiving the report from the CQC but assured the Council areas that were identified within the report were provided immediately to the Trust after the inspection with the Trust addressing those immediately in terms of response. A comprehensive action plan was developed to address key areas which related to areas around restrictive practice, safeguarding reporting, violence and aggression towards staff and patients and incident management, report and debrief and clinical ready for discharge who remain within services whilst waiting for their new home in the community.

A concerning report in that the Trust remain as requires improvement which has unchanged from the inspection which took place in 2022. Sarah explained there was an area of good which relates to affective services but disappointed the Trust was not able to raise the rating. Sarah mentioned a huge amount of work has taken place since the inspection in 2024 which has been overseen by the Integrated Care Board (ICB), CQC colleagues as well as other partners. The Trust has been reporting to the CQC every month since the inspection on the Trust improvements particularly around restraint, violence and aggression and safeguarding.

There has been magnificent amount of work undertaken reducing restrictive practice particularly around MRE and prone restraint with the lowest levels of MRE in the organisation for the last two years in the organisation with a small amount of prone restraint reporting through Quality and Performance Committee on a regular basis. Sarah mentioned the Trust regularly meets with the CQC to report on progress with an engagement meeting recently took place with the CQC being assured about progress and continue to support the Trust in our ambition to get to zero prone restraint. Policies have been reviewed to support patients which includes the restrictive practice policy which has been combined with the violence and aggression policy due to them being linked.

Culture has also been reviewed looking at units which are isolated for example Mitford on the Northgate site which is a specific and specialist unit in terms of those patients being cared for. It has a large proportion of staff which work on Mitford unit with work ongoing to improve the culture of the unit and look at shared learning across the organisation as the Trust has learnt through the autism and learning disability inspection is that there are improvements which have also been embedded across the organisation. The Trust has listened to service users and carers and what is most important to them and to have the patients voice at the heart of everything we do.

Jodine Milne-Reader referred to the 2022 and 2024 CQC reports and asked what the differences are and what is the Trust doing now compared to then so that the Trust won't receive another requires improvement in the next two years. Sarah Rushbrooke mentioned the issues with the CQC reports have been written to two different styles with different elements in both inspections as well as changes in client groups particularly on Mitford ward where there have been some challenges patients. Sarah suggested providing the Governors with an overview of what the differences were, the work which was undertaken in 2022 and again in 2024.

Darren suggested for this item to be added to the Steering Group agenda to identify which meeting would be best suited to have a more detailed update provided to the full Council.

2.4 Trust learning from the independent mental health homicide report into the treatment of Valdo Calocane

Claire Thomas attended to provide an overview of the learning from the independent report into the treatment of Valdo Calocane published by NHS England in February 2025. The aim of the investigation was to review the NHS care and treatment that had been provided to this individual from Nottinghamshire Healthcare Trust and other agencies prior to the event in June 2023. The review identified clear failings in the care and treatment and produced a number of recommendations for Nottinghamshire and NHS England.

Claire explained the Trust-wide Safety Group (TSG) has reviewed the recommendations and learning reflecting on the findings from the report with an action plan developed which will have oversight in a number of groups and committees across the Trust.

There were a number of failings found in the care provided by Nottinghamshire that it was not always sufficient to meet Valdo Calocane's needs with the Nottinghamshire Trust finding it difficult to provide services when they struggled with engagement therefore a national recommendation around having a focus at all levels of care across the system from providers and Trusts through to NHS England to have a focus on care and treatment for those with severe mental illness.

Claire explained as part of the sub-group of Community Transformation work there has been a group reviewing the Trust data in terms of those that identify as having a severe mental illness looking at different measurements to ensure they are engaged with services and treatment received are appropriate and evidence based.

Claire mentioned each quarter a dedicated TSG will review the performance of the goals which will come from relevant steering groups and medicines optimisation committee which include reducing levels of restrictive practice, reduce levels of violence and aggression towards staff and patients, reduce levels of self-harm and improve the management of physical health care and medicines safety.

Darren Best thanked Claire for the update and assured the Governors that CNTW as an organisation looks outwards where learning can be obtained from other organisations locally and nationally.

Anita Kniveton shared her observations from a recent meeting with Oxford University who are unaware of Triangle of Care or the Carers Card and praised CNTW for the work they are undertaking for Carers and their families.

Tom Rebair referred to the outcome of the recent CQC inspection within learning disability services and asked what specific work the Trust is undertaken with regards to restrictive practice in this remit.

Sarah Rushbrooke explained there is a significant amount of work undergoing to restrict restrictive practice across the organisation which is discussed within the Quality and Performance Committee and suggested bringing to Council specific work that is being undertaken. Sarah explained each ward has an ambition to reduce restrictive practice in particular the use of MRE which is mechanical and prone restraint which is also highlighted within the IPR report which highlights improving trajectories in some areas and as an organisation the ambition is to rule our prone restraint completely as an organisation and reduce the amount of MRE.

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

No Items to report.

4. STRATEGIC AMBITION 3 – A GREAT PLACE TO WORK

4.1 People Committee Quarterly Assurance Report

Brendan Hill mentioned at the substantive meeting in January, the Committee noted an increase in sickness absence and noted regional discussions for all Providers to reduce sickness absence by 1%. At the April workshop, a focused development session was held on sickness absence looking at the national and regional picture, social determinants of sickness absence, and the work of the North East

and North Cumbria Integrated Care Board sickness reduction delivery group. Lynne Shaw, Executive Director of Workforce and Organisational Development is the Senior Responsible Officer for the group.

In terms of wider recruitment, assurance was provided around NHS Employment Standards being met across non-medical and medical recruitment, including qualification checks. An annual internal audit on employment checks is also in place and is currently providing a 'Good' level of assurance.
Regionally, mental health continues to feature as the highest reason for absence.

The Committee received full assurance relating to the Better Health at Work Award 2024 submission. The Trust has maintained excellence in the award for eight consecutive years. In 2023, the Trust also received Ambassador Status on the recommendation of the Assessor.

4.2 Staff survey outcome (including actions / areas of focus for 2025)

Kim Carter attended to provide an overview of the staff survey results 2024. Kim explained the national response rate has increased by 2% from 2023 but no further progress in 2024 and most themes have returned to pre-COVID levels. Concerns have increased around the levels of violence and aggression from the public, discrimination from the public has worsened particularly to staff from a diverse background and workforce equality gaps remain unchanged.
The willingness to recommend the NHS as a place to work and receive care has remained stable and pay satisfaction has improved slightly.

Kim explained the Trust response rate in 2024 was 42% which is a 1% increase on 2023. Areas of concern link to specific results for the Trust is a significant reduction of staff feeling safe to speak up from 68.8% in 2023 compared to 65.8% in 2024 which is a key concern in supporting an open culture which is essential for staff wellbeing. There has been a reduction in immediate managers values staff work and the ability to make changes in their own area and feeling involved in these changes that affect work.

There are areas of improvements against the 2023 results being above the benchmark average for staff unlikely to look for a new job and increased views there are enough staff at the organisation along with improvement in staff working less unpaid overtime. The Trust is also above the benchmark for staff being able to access clinical supervision opportunities and increase in staff receiving appraisals. Kim explained the Trust is currently rolling out sexual safety chart initiative in the workplace which includes policy development, comprehensive training and clear reporting mechanisms to ensure staff feel safe in reporting any concerns. In line with these efforts the Trust has relaunched the Give Respect Get Respect campaign and recently appointed four new Freedom to Speak up Guardians to ensure staff have strong independent support channels to raise concerns. The Trust is developing a new violence and aggression risk assessment which is linked to reducing restrictive practice and a recent launch of the leadership development programme.

Neil Newman asked if the Trust records why staff leave as a way of promotion. Kim confirmed the Trust have rolled out an exit survey which is linked to the People Promise and information is recorded on the reasons why staff exit the organisation including progression and further development.

Ruth Berkley referred to the reasons for sickness absence with mental health being part and asked if the Trust is marrying up both results to see if there is a mechanism to use to tackle the issue. Ruth also referred to bullying and harassment within the trust being a concern and asked what work the Trust is undertaking in terms of the culture of the organisation as well as monitoring the policies in place which staff can use if they feel they need to raise the issue with the Trust.

Lynne Shaw explained there has been a lot of work done on bullying and harassment over the past year with a significant amount of work with mental health related absence being linked in regionally with the Regional Wellbeing Hub which the Trust host currently devising a business case how to enhance the service over the next 12 months and beyond. Due to the shortness of time within the meeting it was agreed for a fuller understanding to be shared within the Governor's Bulletin.

Darren thanked Kim for the update and mentioned the outcome of the staff survey shows a significant amount of work needs to be done to improve the position in relation to the results but also improvement made by staff completing the survey.

5. STRATEGIC AMBITION 4 - SUSTAINABLE FOR THE LONG TERM, INNOVATING EVERYDAY

5.1 Resource and Business Assurance Committee Report

Brendan Hill mentioned the Committee receives assurance on a number of subjects including, finance, estates, digital, sustainability and provider collaborative. Brendan mentioned the Committee acknowledges the increasing emphasis on Digital to ensure digital is not a gap in assurance for the Board and development sessions have continued to help upskill the Committee to provide informed oversight of this agenda. This has included a focused session on the development of the Digital Strategy and how the Trust ambitions map to Digital Services and an assurance report on digital services cyber assurance. The committee also considered the Digital Maturity Assessment in the context of Trust governance which will inform further developments in Digital governance. It is recognised that there remains a level of overlap/duplication across the Quality and Performance Committee and RABAC in this area.

In April, a discussion took place on options to ensure stronger governance arrangements in respect to the Digital agenda including the establishment of a Digital Board Committee. A further update on this will be provided at a future meeting the next meeting, including a draft terms of reference for a proposed digital committee for review.

Specific areas of focus have received more attention given the challenges relating to financial performance both in the short and medium term. This has included oversight of the development of our medium-term financial plan and sustainability for the longer-term. The focus during the period has been the increased emphasis on financial forward planning. As a key driver of costs within the Trust, this includes the shift from a previous focus on use of temporary staffing to looking at overall Whole Time Equivalent (WTE) usage as an organisation.

In relation to Care, Environment, Development and Re-provision (CEDAR), the Bamburgh unit at the St Nicholas Hospital site remains the only outstanding area of construction. The work to develop three ward blocks is well-established with a completion date of 23 June 2025 on track. Construction works are implemented in conjunction with the New Hospitals Programme with regular meetings taking place with key stakeholders. A moving date is on track for 18 August 2025 supporting the move from the Hadrian Clinic at the former General Hospital site.

5.2 Finance Report (Quarter 4)

Kevin Scollay referred to the report and highlighted accounts are currently being audited and advised based on the accounts confirmed the Trust have delivered the control total for the year end primarily due to the system providing financial support however explained it will be a challenging position for next year as the Trust is delivering the position non-recurrently but assured the Council this is not an unusual position as the whole NHS is in the same position.

6. STRATEGIC AMBITION 5 – WORKING FOR AND WITH OUR COMMUNITIES

6.1 Charitable Funds Quarterly Assurance Report

Vikas Kumar provided background to the Charity Committee which plays a vital role in managing and allocating charitable funds to support various aspects of services within the organisation and is responsible for ensuring that donations or investments are used effectively to enhanced patient care and staff wellbeing. The Charity Committee is aligned with the requirements set by the Charity Commission. The committee reviews proposals to spend charitable funds ensuring that they are in line with the charity's purpose and objectives.

There are currently 51 specific funds and one general fund which is the SHINE fund. There have been 11 applications to withdraw from the specific funds and 8 from the SHINE fund between January and April 2025.

The Committee is currently reviewing their long-term strategy and through a development day in January valuable work was undertaken reviewing and setting the Committees objectives embedding Equality, Diversity and Inclusion (EDI) being central to the work the committee undertakes, bring service user and carer voices closer to the Charity's work as well as working closely with the Staff Networks.

The SHINE fund is currently developing their Corporate Partners Guide to have a clear understanding of roles and goals, share common values and communicate effectively to build strong partnerships, define desired impact, leverage unique assets and collaborate on strategy to achieve shared objectives with this piece of work currently in draft form.

Vikas explained the roles of marketing and fundraising officers have now been secured and explained the fundraising officer joined the communications team as an apprentice transitioning to a full-time position which signifies not only completion of the apprenticeship programme but their valuable contributions to the organisation which allows them to continue their career progression and further develop their skills bringing valuable insights into the charity's work.

6.2 Lived Experience Service update
Sarah Rushbrooke referred to the report and mentioned as part of the Valdo Calocane report, Peer Support across the organisation particularly for culturally diverse areas there is a comprehensive piece of scoping work within the report which show where peer support is currently as well as gaps which is outlined in the four key areas to improve and recommendations which are outlined in the headlines of the report which is around Triangle of Care, Service User and Carer Reference Group to have these more embedded and meaningful involvement at a local level.

Anita Kniveton explained that Peer Support is so important being able to get practical advice from other people with lived experience shared.

Darren Best referred to the comprehensive report and encouraged Governors to read which set out the work which has taken place and ongoing.

7. GOVERNANCE AND REGULATORY

7.1 Audit Committee Assurance Report
Robin Earl explained the main role of the Audit Committee is to provide assurance regarding the effectiveness of the organisations governance, risk management and internal control systems with the actual members of the committee being Non-Executive Directors who play a crucial role in providing independent scrutiny of executive performance, ensuring transparency and accountability within the organisation.

During 2025, there have been three meetings take place with one being to review the accounts for the Charity. The committee works on a group audit basis considering activities for the subsidiary company of the Trust. The committee reviewed the Board Assurance Framework (BAF) which the committee has delegated responsibility to comment on the adequacy and effectiveness, and Robin was pleased to announce internal auditors have scrutinised the framework and have confirmed substantial assurance as well as receiving an internal audit report on the wider risk management processes in the Trust also receiving substantial assurance.

Specific items for decision Robin mentioned the proposal to reduce risk score 2548 on the BAF which relates to partnership working and having accessed evidence and assurances around relationships that the Trust is working with key partners the likelihood score currently 3 should be downgraded to 2. Robin asked the board to support time at a future develop session to review risk appetite.

February committee the committee reviewed the Standing Financial Instructions and Scheme of Delegation of the Trust and had considerable input from the Digital Team reviewing risks around digital infrastructure and noted high level of assurance and best practice in response to work around digital environments and wireless network security.

Oversight of declaration of interests and standards of business conduct was presented and with the policy recently updated a further updated will be provided later in the year to make sure changes to the policy are having the required impact and the Committee reviewed the Terms of Reference ensuring it is aligned with national good practice. Robin explained an annual effectiveness review of the committee was undertaken and was pleased to report the committee is functioning properly and meeting is objectives.

7.2 Trust Annual Plan 2025/26 (and Quality Priorities for 2025/26)
James Duncan referred to the report which provides an overview of the annual plan for 2025/26 for ratification and to provide a summary of the processes for oversight and assurance for the plan. While focussed on 2025/26 many priorities will extend across financial years, ensuring sustained progress and the ongoing embedding of improvements.

The Trust has submitted its 2025/26 operational plan to the ICB in March which included plans for finance, productivity, workforce and performance and activity. A set of Trust priorities for 2025.26 have been developed based on the organisational strategy 'With you in Mind' considering local and national priorities. The Trust will provide executive oversight and board assurance for the delivery of the Trust plan, including the core priorities under each ambition, as well as finance, productivity, performance, workforce, and transformation programmes using the framework described in the oversight and assurance section of the report. The plan is underpinned by the Trust Model of Care and support which is outlined in Appendix 1 of the report.

James explained the Board will receive assurance through a summary of key monthly reported areas by exception, alongside progress with the Trust plan including priorities set out against the five strategic ambitions and will be working with Committees to ensure clarity what is needed measures and deliverables and how they will be reported.

8. Any other business / items for information

8.1 Questions from Governors and the Public
No items received.

Date and Time of next Meeting
4 September 2025 2pm-4pm
St Nicholas Hospital Board Room and via MS Teams

Draft Minutes of the Council of Governors
Development Session
Thursday 24th July 2025
Trust Board Room and via Microsoft Teams

Present:

Darren Best	Chair of the Council of Governors and Board of Directors
Tom Rebair	Service User Governor Adult Services
Fiona Regan	Carer Governor, Autism Services
Ruth Berkley	Local Authority Governor, South Tyneside Council
Russell Bowman	Service User Governor Neuro Disability Services
Rosie Lawrence	Carer Governor, Learning Disability Services
Siobahn Watson	Non-Clinical Staff Governor
Emma Silver Price	Staff Governor Non-Clinical
Gemma Miles	Non-Clinical Staff Governor
Jamie Rickleton	Public Governor, Gateshead
Mahdi Hassan	Public Governor, Newcastle/Rest England Wales
Jodine Milne-Reader	Public Governor, Sunderland
Bea Grove McDaniel	Community and Voluntary Sector Governor
Neil Newman	Governor Carers for Neuro Disability
Shannon Fairhurst	Carer Governor Children and Young People's Services
Jessica Juchau-Scott	Carer Governor, Older People's Services
Thomas Lewis	Medical Staff Governor
Serena Ayres	Shadow Public Governor Northumberland
Andrew Kingston	Appointed Governor, Newcastle University
Roy Fussey	Carer Governor, Adult Services
Tom McLaughlan	Public Governor, Cumbria
Kaye Totts	Service User Governor, Adult Services

In Attendance:

James Duncan	Chief Executive
Michael Robinson	Non-Executive Director
Rachel Bourne	Non-Executive Director
Brendan Hill	Non-Executive Director and Vice Chair
Sarah Rushbrooke	Executive Director of Nursing, Therapies and Quality Assurance
Debbie Henderson	Director of Communications and Corporate Affairs
Kirsty Allan	Corporate Governance Manager/ Deputy Trust Secretary

1.1 Welcome and apologies for absence.

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

Heather Lee	Shadow Public Governor, South Tyneside
Julia Clifford	Appointed Governor CVS iCan Wellbeing Group
Sithandazile Masuku	Newcastle University Governor
Julia Clifford	Community and Voluntary Governor
Joy Duxbury	Appointed Governor, Cumbria University

Anita Kniveton	Carer Governor, Adult Services
Jane Shaw	Local Authority Governor, North Tyneside Council
Vikas Kumar	Non-Executive Director
Louise Nelson	Non-Executive Director
Robin Earl	Non-Executive Director
Rajesh Nadkarni	Deputy Chief Executive/ Medical Director
Lynne Shaw	Executive Director of Workforce and OD
Ramona Duguid	Chief Operating Officer

1.2 Declaration of Interest
None noted.

1.3 Chair Update

Darren Best advised the Council while formal minutes were not recorded for the entirety of the meeting, due to the presence of exceptional agenda items and timeframe for the next Council of Governors General Meeting being September, a portion of the meeting was formally recorded to ensure accurate record of key discussions and decisions. These minutes pertain specifically to updates on Lead Governor, Non-Executive Recruitment and Senior Independent Director roles.

Lead Governor

Darren notified the Council of Governors, Tom Rebair Lead Governor has taken the decision to formally stand down from the role as Lead Governor due to increasing professional and personal commitments. While Tom continues to serve as a valued member of the Council, the demands on his time has made it challenging to continue in the role at this time.

The Council of Governors Steering Group recently met on 17th July to discuss and agree an appointed person to fulfil the Lead Governor role on an interim basis until the Council of Governors elections process has been formally completed at the end of November. Tom McLaughlan, Public Governor for Cumbria who serves as a member on the Steering Group was appointed into this role on an interim basis as it was felt the Lead Governor needs to be someone that is not a Staff Governor who make up the majority of the Steering Group.

Darren mentioned Tom will provide continuity and support the Council and thanked Tom for his willingness to take on this responsibility and for the continued commitment shown by all members of the Steering Group.

Fiona Regan raised with the Council the vacant role of Deputy Lead Governor with the suggestion from Jessica Juchau-Scott following the process for Lead Governor after the Council of Governors Elections has completed to appoint a Deputy Lead Governor who is voted second in the Lead Governor election.

Darren referred to a previous Council of Governors Steering Group where careful consideration was given to the Deputy Lead Governor role it was concluded that the current governance structure provides sufficient support and continuity for the Lead Governor role as such, there is no requirement at this time to appoint a Deputy Lead Governor. This approach reflects the Trust commitment to maintain a streamlined and effective model of engagement while ensuring that the responsibilities of the Lead Governor are well supported through existing mechanisms and collaborative working with the Council of Governors.

APPROVED: In consultation with the Council of Governors agreed for Tom McLaughlan, Public Governor, Northumberland to stand into the role as Lead Governor on an interim basis until the Lead Governor elections commences at the end of the year.

Senior Independent Director (SID) role

Darren Best reminded the Council following the Council's approval to extend Michael Robinson, Non-Executive Director terms of office to 30th September to provide a smooth transition and period of handover and also take on the role of Senior Independent Director until this time, the Board of Directors has formally approved the appointment of Louise Nelson, Non-Executive Director as the Trust's SID in-line with the provision of the NHS Foundation Trust Code of Governance and Trust Constitution from the period Michael steps down from his role in the Trust.

Darren explained the appointment of SID is made by the Board in consultation with the Council of Governors. Louise brings a wealth of experience to the role and will act as a sounding Board to Darren as Chair and point of contact for the Council of Governors. Darren also mentioned the SID role undertakes the Chairs appraisal process and works closely with the Company Secretary in cases a new Chair is appointed.

APPROVED: In consultation with the Council of Governors agreed with the decision to appoint Louise Nelson, Non-Executive into the role as Senior Independent Director from 1 October 2025.

Non-Executive Director Recruitment

Darren Best advised following a competitive Non-Executive Director recruitment process searching for candidates with three skill sets, legal, business and digital transformation, interviews and focus groups took place in June and two individuals have been recommended to take up the roles as Non-Executive Director in September 2025.

Darren has recommended to the Council Emma Moir, who has experience in legal, business and digital transformation and once recruited would Chair the Resource and Business Assurance Committee as well as the Mental Health Legislation Committee and Thomas Webb who has experience in digital transformation will create and Chair a Digital Transformation Committee of the Board once this has been arranged. Both candidates demonstrated a strong alignment with the Trusts vision and values and brings valuable insight to support the Board's oversight and strategic direction.

Darren thanked everyone involved in the recruitment process with Governors attending a Governors focus group and Governor Steering Group members being part of the formal interview process.

APPROVED: Council of Governors formally approved the appointments of Emma Moir and Thomas Webb as Non-Executive Directors for initial term of up to 3 years which can be extended for further periods, up to a maximum of nine years from first appointment effective from September 2025, subject to all HR checks.

1.4 ACTION LOG AND MATTERS ARISING FROM PREVIOUS MEETING

Darren Best, Chair

REFERENCES

Only PDFs are attached

1.4 COG Action Log COG 04.09.2025.pdf

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Council of Governors Meeting
Action Log as at 4 September 2025

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
Actions outstanding					
22.05.25 (1.8)	IPR – training metrics	Briefing for Governors explaining the reporting process for training data to ensure accurate representation of the Trusts position.	Lynne Shaw	4 Sept 25	
Completed actions					
19.9.24 (2.3)	CQC update	A detailed update on delayed discharges to be given at a future meeting.			Included on the cycle of business for the Governors' Steering Group
19.9.24 (2.1)	Quality and Performance Committee report	A detailed update on Crisis Services and waiting times to be included as an agenda item on a future meeting.			Included on the cycle of business for the Governors' Steering Group

1.5 GOVERNOR EXPERIENCES / FEEDBACK

Carer Governor, Adult Services

2. STRATEGIC AMBITION 1 - QUALITY CARE, EVERY DAY

Darren Best, Chair

2.1 QUALITY AND PERFORMANCE COMMITTEE QUARTERLY ASSURANCE REPORT

Louise Nelson, Committee Chair

REFERENCES

Only PDFs are attached

2.1 QandP Assurance report.pdf

Council of Governors Business Meeting
Thursday 4 September 2025

Quality and Performance Committee Quarterly Assurance Report
May 2025 – July 2025

1. Purpose

This report seeks to provide the Board with assurance of ongoing oversight of key areas of focus and risk undertaken by the Quality and Performance Committee. This includes an overview of the areas of focus, discussion and assurance and the Board Assurance Framework risks currently aligned to the Committee.

2. Quality and Performance Committee overview

The Committee receives assurance on the implementation and delivery of key performance, quality, safety strategies, programmes of work and systems. It also has oversight of patient and carer experience, including continued the focus on ensuring patient and carer involvement is embedded across the Trust. The Committee receives assurance in relation to systems and processes to ensure ongoing compliance with legislative frameworks including the Care Quality Commission, NICE guidance and other nationally agreed guidance relating to Clinical Effectiveness.

A representative from the North East and North Cumbria Integrated Care Board also attends meetings of the Committee. There have been two meetings of the Committee during the period May 2025 – July 2025. Meetings were held on 7 May and 9 July.

3. Board Assurance Framework risks within Committee remit

The Quality and Performance Committee is currently managing the following key risks on the BAF:

Risk No.	Risk descriptor	Risk score
Risk 2510	Due to increased demand the Trust is unable to meet regulatory standards relating to access, responsiveness, and performance resulting in a risk to quality and safety of patient care.	4 (likely) X 4 (significant) 16
Risk 2511	Risk of not meeting regulatory and statutory requirements of Care Quality Commission (CQC) registration and quality standards.	4 (likely) X 5 (major) 20 *Previously 3 (possible) X 5 (major) = 15*
Risk 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 (likely) X 4 (significant) 16 *Previously 3 (possible) X 4 (significant) = 12*
Risk 2543	Failure to deliver our transformation plans around the model of care which affects the quality and sustainability of services.	3 (possible) X 4 (significant) 12

4. Quality and Performance Committee focus January – April 2025

4.1 Assurance relating to risk 2510

This is predominantly received through the Integrated Performance Report which provides a summary of all performance metrics for the period. During the period, this has been supported with bespoke reports and discussions on key areas of focus including community services waiting times, and an update on the work to redesign the neurodevelopmental pathway for Children and young People's and reduce restriction on MRE. At the May meeting of the Committee, the quality focus and deep dive centred on reducing restrictive practice across the wider Trust with significant assurance being received on the improvements made on this area.

4.2 Assurance relating to risk 2511

An update was provided on the Operational Pressure Escalation Level (OPEL) Framework which is a key component of emergency preparedness, resilience and response requirements which supports local Integrated Care Systems (ICS) and provides a national measurement of NHS system pressure.

Regular Safer Staffing reports continue to be reviewed by the Committee noting the work to progress safer staffing tools implementation and benchmarking has commenced in partnership with colleagues in Tees Esk and Wear Valleys NHS Foundation Trust continues.

The Committee continues to receive CQC Compliance updates and review Must Do actions. The focus of the Committee at the May and July meetings related to receipt of the Learning Disability and Autism assessment report, and community services report respectively. The Committee received an update on the actions being taken in response to the assessments and the Committee reiterated the importance of providing assurance in terms of action taken and the impact of actions taken. The Committee will continue to monitor progress against the action plan.

The Committee were provided with an update on the actions taken to address the recommendations from the Limited assurance Internal Audit Report on Duty of Candour. The actions included increased oversight at the Trust wide Safety Group (TSG) and within groups-level. In response to an action relating to training, a short animation guide is underdeveloped to be included in inductions for staff.

In light of the recent CQC assessments for learning disability and autism services, community services and older people's services, the Director of Communications and Corporate Affairs asked that the Committee consider the framing and scoring of the current risk relating to compliance with CQC and quality standards. Following discussion, the Committee proposed an increase in the risk score from 15 (3 – possible x 5 – major) to 20 (4 – likely x 5 – major).

Post-meeting note: at its meeting held 30th July, the Board approved the recommendation to increase the risk score.

4.3 Assurance relating to risk 2512

Assurance in relation to a positive patient safety culture. is predominantly received through regular reporting of serious care reviews and independent investigations. The reports include learning from incidents and cases both locally and from a multi-organisational perspective.

In line with the national Patient Safety Incident Response Framework, the Committee receives and reviews all Patient Safety Incident Investigations (PSII). Five reports have been received during the period. The Committee approved the PSII outcome reports in terms of process and

although learning was evident in all reports, the Committee will continue to review the ongoing, longer-term impact of the learning.

The Committee also reviews the publication of independent reports and discussed the key findings from a recent case including the learning, the Trust's response and the link to the Trust's quality priorities.

The learning from the Shanley report, an independent review into Greater Manchester Mental Health NHS Foundation Trust was the Quality Focus and deep dive at the July meeting. A presentation was delivered on the Trust's response to the recommendations from the report. The Committee will continue to monitor progress against the action plan.

The Committee received the quarterly Quality and Safety report in January which focuses on learning from incidents, restrictive practice, safeguarding and public protection and complaints and claims. There were no significant issues of concern to note.

In light of the recent CQC assessments for learning disability and autism services, community services and older people's services, the Committee considered the scoring of the current risk relating to the ability to maintain a positive patient safety learning culture. Following discussion, the Committee proposed an increase in the risk score from 12 (3 – possible x 4 – significant) to 16 (4 – likely x 4 – significant).

Post-meeting note: at its meeting held 30th July, the Board approved the recommendation to increase the risk score.

4.4 Assurance relating to Risk 2543

There were no reports on the holistic overview of the work of the Trust transformation programmes and the development of the Model of Care and Support given the strategic nature of this and the responsibilities of all Committees, Executive Management Group, operational Groups and the Board. However, the Committee recognises that the cycle of business as it currently stands, and key areas of focus continue to reflect the actions required, within the Committees remit to enable delivery of the Model of Care and Support in the longer-term.

The Committee received an update on the changes to the operational governance framework sitting beneath the Executive Management Group. The framework enhances the focus on Trust wide learning and embedding of learning as well as monitoring the impact. The framework also reflects the new Model of Care and Support programme structures and monitoring of progress against individual projects.

An update on the Trust's Quality Aims and Priorities was provided and the alignment of these to the Trust's five strategic ambitions. The Committee will continue to receive updates on progress against achievement of the priorities throughout the year ahead.

4.5 Other issues and assurance received by the Committee

The Committee received the Annual Research and Development Annual Report and commended the service for its work during the year. The Trust's approach to Research and Development is fundamental to the achievement of the Trust strategic ambitions and Board members are encouraged to access the report on Team Engine.

5. Ongoing areas of focus for the Committee

As well as standing items for regular review, the Committee will undertake specific oversight and review of the continuing work to review the neurodevelopmental pathway for children and young

people, continue the reduction in the use of restrictive practice, approaches to managing, reporting and supporting incidents of self-harm, progress against the actions to address learning from the Shanley report, and progress against the CQC action plan for recent assessments.

Summary and recommendation

The Quality and Performance Committee has continued to ensure alignment of the cycle of business with the Board Assurance Framework and ensuring the continued focus on assurance of the actions being taken to address key risks to achieving the Trusts Strategic Ambitions.

The Governors are asked to note the content of the report and seek further assurance on any issues where appropriate.

Louise Nelson
Chair of Quality and Performance Committee
August 2025

2.2 MENTAL HEALTH LEGISLATION COMMITTEE QUARTERLY ASSURANCE REPORT

Michael Robinson, Committee Chair

REFERENCES

Only PDFs are attached

2.2 MHLC Committee Assurance report.pdf

Council of Governors Business Meeting
Thursday 4 September 2025

Mental Health Legislation Committee Quarterly Assurance Report
May 2025 – July 2025

1. Purpose

This report seeks to provide the Board with assurance of ongoing oversight of key areas of focus and risk undertaken by the Mental Health Legislation Committee. This includes an overview of the areas of focus, discussion and assurance.

2. Mental Health Legislation Committee overview

The Committee receives assurance that there are systems, structures and processes in place to ensure compliance with, and support to, the operation of Mental Health Legislation within inpatient and community settings. It ensures that any proposed changes to Mental Health Legislation are identified and monitored, and necessary changes made to practice comply with associated codes of practice and recognised best practice.

It ensures the Trust has in place and uses appropriate policies and procedures in relation to Mental Health Legislation and to facilitate the publication and guidance of the legislation to all relevant staff, service users, carers and managers.

There has been one meeting of the Committee during the period held on 9 July 2025.

3. Board Assurance Framework risks within Committee remit

There are no Board Assurance Framework risks aligned to the Committee at the current time. The Committee has reviewed the need for a risk relating to the impact of the changes to legislation set out in the Mental Health Bill. The Committee continues to feel at present, risks associated with this are being managed at the most appropriate level in the organisation but have agreed to regular review this on an ongoing basis.

4. Mental Health Legislation Committee focus July 2025

The Committee discussed panel members employment status following the Moon ruling. Legally privileged advice has been obtained and discussions have been held regarding the implications of the options available. A review of experiences in other organisations regionally and nationally will take place and an update will be provided to the October meeting.

In relation to improvements to care plans, the Deputy Director of Nursing and Therapies shared the outputs from the work to improve care planning across the Trust. The work has included workshops comprised of a range of multi-disciplinary teams' representatives as well as representation from service users and carers. The Committee took assurance from the update provided and the work undertaken to date but will continue to monitor this in terms of implementation and embedding of the new process/templates and in the light of comments from the CQC on Mental Health Act reviewer visits.

The Committee commended the work undertaken to increase panel member representation from ethnic minorities. Assurance was also provided in terms of the process in place for training and appraisal for panel members. An update on the panel review process was also provided which

proposed annual self-appraisal, observation and appraisal at three years and at five years prior to any reappointment. The Committee will continue to monitor the implantation of this process.

The Committee noted improvements in performance in relation to the giving of rights for those on a Community Treatment Order. Although improvements were noted, the Committee will continue to monitor oversight to ensure improvements are sustained. The Board were asked to note the significant work being undertaken to improve the position in relation to completion of Parts A and Part B compliance and the potential impact of transfers into the Trust on compliance figures. Following an internal audit in relation to the compliance and quality, the form has been reviewed to simplify and separate Part A and Part B into an individual form. The Mental Health Legislation Steering Group will continue to monitor the completion of Parts A and B and report to the Committee on steps taken to continue to improve compliance.

The Committee also noted the continued increase in compliance with Mental Health Act training .

5. Ongoing areas of focus for the Committee

The Committee noted some challenges recently in terms of ensuring appropriate attendance at the Mental Health Legislation Steering Group and offered its support to address any issues. Attendance and meeting arrangements will be reviewed and any issues will be escalated to the Committee.

Regarding the CQC Mental Health Act reviewer visit reports, it was agreed that in future, reports would highlight themes so that issues relating to mental health legislation and issues of compliance can be sighted within the Committee for increased focus and visibility.

Summary and recommendation

The Mental Health Legislation Committee has continued to ensure focus on assurance of the actions being taken to address key issues in achieving the Trusts Strategic Ambitions.

The Council of Governors is asked to note the contents of the report and seek further assurance on any issues where appropriate.

Michael Robinson
Chair of Mental Health Legislation Committee
August 2025

3. STRATEGIC AMBITION 2 ? PERSON LED CARE, WHERE AND WHEN IT'S NEEDED

Darren Best, Chair

3.1 MODEL AND CARE AND SUPPORT UPDATE

Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

3.1 MoC CoG September 2025.pdf

Model of care and support

Rajesh Nadkarni, Deputy Chief Executive / Medical Director
Ramona Duguid, Chief Operating Officer

Purpose

- **Background & journey to date**
- **Our model of care**
- **Some key highlights on progress we are making in 2025/26**

Background

- Community Mental Health Transformation
- NHS Ten Year plan
- National inquiries and learning

- **Demand for services and our workforce**
- **With you in mind – 2023**

We have **five main pillars** to our model of care and support which will shape how we develop our clinical services and pathways over the next three to five years.

Model of care and support

Help and treatment for people with mental health and wellbeing needs, learning disability, neurodivergence, or neurological disorders.

Community treatment

Services for people in the community receiving evidence-based treatment.

Inpatient care

Services for people who require additional treatment within an inpatient setting.

Long term complex needs

Services for people in the community with severe mental health needs and other complex needs.

Urgent and crisis care

Services for people in the community with urgent needs.

Changing our approach to care

The Trust is shifting away from the traditional Care Programme Approach (CPA) and moving toward a more personalised care model, with a strengthened role for the multidisciplinary team.

Depending on the complexity of an individual's needs, service users may be supported by a key worker from another organisation, such as a housing provider or social worker.

Pilot programmes are currently underway in Keswick and Solway, and North Northumberland.

Once the pilots conclude in the autumn, the insights gathered will be used to guide the rollout of this new approach across the Trust. Policies and guidance will be updated to reflect and support the change, as well as any further developments to national policy guidance on moving away from CPA.

The Hope Haven 24/7 neighbourhood mental health care model national pilot

Work has already begun in the Copeland Primary Care Network Area, with services launched and a walk-in hub in Whitehaven due to open in Autumn 2025.

Temporary accommodation beds will be available to support people in the community.

Partners are already collaborating to deliver joined-up support across the area.

Hope Haven

Community treatment

Services for people in the community receiving evidence-based treatment.

Community treatment

Outcome measures for patients

The Trust is adopting a new set of paired outcome measures to track progress before, during and after care. These include both Patient Reported Outcome Measures and Clinical Outcome Measures, developed in line with national guidance.

Changing our approach to delivering care – including expanding Psychological Therapies and other treatment options

A training needs assessment and psychology workforce plan are in development, with the next phase focusing on developing clinical skills and supervision. This is in parallel to wider workforce planning related to moving away from Care Programme Approach, with opportunities to expand the range of evidence-based treatments offered to all ages and across pathways.

Neurodevelopmental pathway

Some of the most challenged pathways for access to care and treatment are the waits for ADHD and autism assessment and diagnosis. Significant work is taking place with partners on a revised pathway for both ADHD and Autism, which we will update you on in the Autumn edition of our newsletter.

Long term complex needs

Services for people in the community with severe mental health needs and other complex needs.

Long term complex needs

Intensive case management

The Trust is developing a more assertive approach to supporting patients with serious mental health needs in the community, working closely with partners.

Close to 400 patients have been identified using key criteria such as missed appointments or medication, with clinicians reviewing the list to ensure no one has been missed.

A new model is being developed to manage their care more safely and effectively in the community, while existing care and risk management plans are reviewed.

Urgent and crisis care

Services for people in the community with urgent needs.

Urgent and crisis care

NHS 111

The Trust delivers the Mental Health aspect of the 111 service via its Initial Response Service (IRS) which is now fully live across the Trust, supporting consistent and accessible mental health care.

Supporting those frequently admitted

The Trust is reviewing service users with repeated inpatient admissions to understand their needs more clearly. A new community-based support plan is being developed to help reduce re-admissions, and to offer more effective ongoing care for those who frequently access emergency care and urgent care services.

Urgent and crisis care

Mental Health Emergency Departments (MHEDs)

A business case is being developed as part of a potential government funding bid for MHEDs, whose aim is to ensure individuals experiencing mental health crises are supported in dedicated, therapeutic space — reducing time spent in standard Emergency Departments and ensuring access to specialist mental health care.

As well as this, work is progressing with acute colleagues on improving access to urgent care for mental health patients.

Timely access to inpatient care and discharge

Significant work is taking place on developing our ‘hospital to home’ approach, to support effective and timely access to inpatient care when people are deteriorating, and effective support when individuals are well enough to be discharged home.

Hospital to Home

A new discharge model has been designed to ensure patient’s needs and individual circumstances are fully understood before leaving hospital.

Inpatient care

Services for people who require additional treatment within an inpatient setting.

Inpatient care

Central Re-Provision

Adult acute wards in Newcastle have relocating from outdated premises at the Centre for Ageing and Vitality (CAV) to the Bamburgh Clinic on the St Nicholas Hospital site. This move provides improved clinical environments and integrated site support.

Two older adult wards will also transfer from CAV to the St Nicholas Hospital site. Refurbishment of two additional wards is underway and expected to complete in late summer, with services moving by November 2025.

Learning Disability Bed Provision

The Trust is reviewing its inpatient provision at Rose Lodge (South Tyneside) and Edenwood (North Cumbria) in line with national policy changes to provide more care and intensive support in the community. A review of specialist autism inpatient provision has also taken place over the last 12-18 months. This has involved engagement with staff, service users and carers around the future clinical model at Mitford.

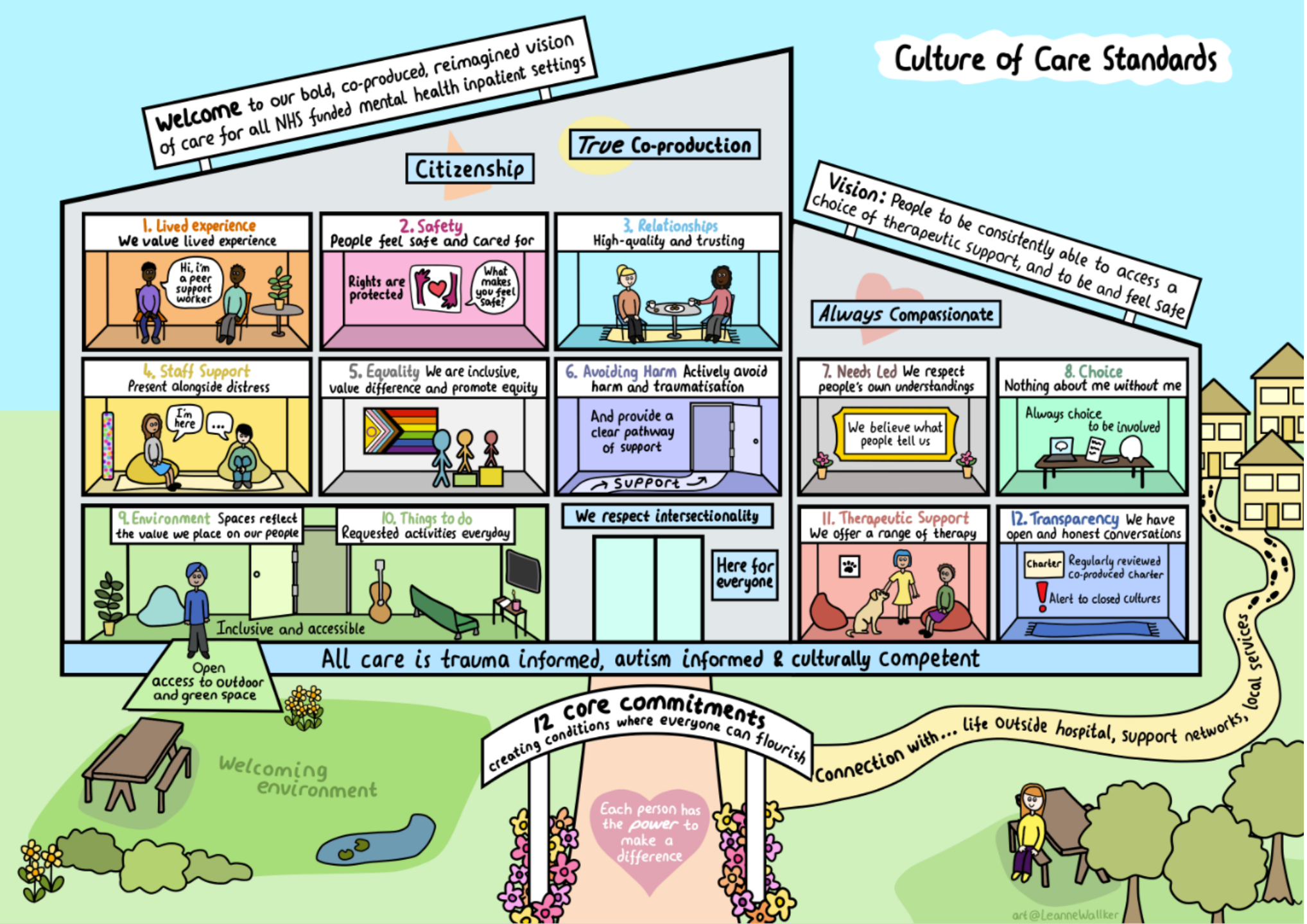
Inpatient care

Culture of Care Pilot Wards

Selected inpatient wards are participating in a national pilot to embed learning from the Culture of Care Standards. These pioneering sites are spearheading change, with lessons and best practices being shared across services Trustwide using national guidance and support.

Inpatient Quality Transformation Programme (IPQT)

The Trust is actively collaborating with regional partners and the ICB in the Inpatient Quality Transformation Programme, a strategic initiative focused on enhancing safety, effectiveness, and patient experience across all inpatient settings.



[NHS England » Culture of care standards for mental health inpatient services]

- **Thank you and questions**

4. STRATEGIC AMBITION 3 ? A GREAT PLACE TO WORK

Darren Best, Chair

4.1 PEOPLE COMMITTEE QUARTERLY ASSURANCE REPORT

Rachel Bourne, Non-Executive Director

REFERENCES

Only PDFs are attached

4.1 People Committee Assurance report.pdf

Council of Governors Business Meeting
Thursday 4 September 2025

People Committee Quarterly Assurance Report
May 2025 – July 2025

1. Purpose

This report seeks to provide the Board with assurance of ongoing oversight of key areas of focus and risk undertaken by the People Committee. This includes an overview of the areas of focus, discussion and assurance and the Board Assurance Framework risks currently aligned to the Committee.

2. People Committee overview

There has been one substantive meeting of the Committee during the period. This was held on 11 June 2025.

3. Board Assurance Framework risks within Committee remit

The People Committee is currently managing the following key risks on the BAF:

Risk No.	Risk descriptor	Risk score
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.	4 (likely) X 4 (significant) 16
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.	3 (possible) X 4 (significant) 12

4. People Committee focus May – July 2025

4.1 Assurance relating to risk 2542

The Workforce Metrics performance report continues to inform the People Committee Agenda on areas such as absence, training, induction, appraisal and recruitment as well as some of the metrics relating to culture such as exit data and staff surveys.

With regards to training, continued improvement was noted on individual training topics. Learning Disability and Autism training has been included as essential training for all clinical staff following CQC feedback.

The Committee noted that sickness absence remains above target and work continues as previously reported. Mental health continues to feature as the highest reason for absence and initiatives in place to support people back to work including specific initiatives from care groups continue. There is a key focus regionally on how the Health and Growth Accelerator can support absence reduction and also work ongoing with the Regional Wellbeing Hub.

Following marginal improvement in appraisal compliance, the Committee discussed the importance of being clear about the value of appraisals. An evaluation is now sent to people

following appraisal and information is collated and evaluated by the Workforce Development Team. The Appraisal Policy has recently been reviewed and more detail on the importance of ensuring appraisals are meaningful has been included. The Trust will be moving to ESR recording for appraisals later in the year which will provide more accurate data. At the same time appraisal completion (along with other key workforce metrics) will be a requirement to progress salary increment.

The committee received the Guardian of Safe Working report and noted that completeness of exception reporting fell below 100%. This is being supported by the Guardian of Safe Working.

The Committee discussed staff turnover and noted areas that consistently operate at much higher turnover rates and vacancies. It was recognised that this has been a longstanding challenge in the Cumbria footprint. Escalation meetings are taking place operationally to address the medical staffing risks and more broadly around workforce supply and demand. The risks associated with this are captured on the Trust's Corporate Risk Register and is reviewed on an ongoing basis by the Executive Management Group.

An update on immigration policy changes and the impact was provided. The Trust is following national legislation and staff, collectively and individually are being supported during this difficult time.

4.2 Assurance relating to risk 2544

The Committee received an update on health and wellbeing initiatives across the Trust which provided a good level of assurance of work to support the wellbeing of staff and the reduction of sickness absence across the Trust in a proactive and holistic way. The Committee discussed future provision for mental health support in relation to the regional offer being developed.

Due to the decommissioning of the Staff Psychological Centre, no annual report was available. In terms of the Health and Growth Accelerator, additional money is available for this year to have a further enhanced model and that is currently being worked through. It is likely to be extended beyond mental health support to physical health such as menopause, obesity, drug and alcohol, tobacco etc. The key piece of work is to look at the offer beyond April 2026. It has been agreed that the Mental Health and Wellbeing Hub will become one of the five key delivery groups under the Scaling Up Programme. Working together as a region will ensure a Mental Health and Wellbeing Hub to support the region in a consistent way.

The Committee received the Equality, Diversity and Inclusion (EDI) action plan update and the EDI Annual Report for 2024/25. The Committee received a good level of assurance on progress against the actions. It is important to note that actions were finalised prior to the Supreme Court Ruling around how sex should be interpreted under the Equality Act. The Equality and Human Rights Commission is currently undergoing a national consultation that may result in changes to the Code of Practice, and it is important to note for assurance that it is likely further actions would need to be agreed following this.

Two of the Trust's Freedom to Speak up Guardians attended the meeting to provide an update on raising concerns. There has been an increase in cases reported since the previous reporting period and appears to be the same trend as previous years. Management process remains one of main reasons for reporting in terms of people going through employee relations processes, with behaviours being another key theme. During the reporting period, the number of Freedom to Speak Up Guardians (FTSUG) increased from two to four which has increased capacity. The Raising Concerns Policy has been reviewed and the Trust has continued to adopt the national policy with some local amendments where appropriate. The Resolution Policy had been implemented, moving away from the Grievance Policy and the Trust wide Leadership Programme continues to be rolled out with leadership and culture key modules for discussion.

4.3 Other issues and assurance received by the Committee

The Committee discussed the previous year's Trust annual priorities which come under the Great Place to Work ambition:

- Refresh the development offer for teams/individuals
- Refresh the Trust's freedom to speak up approach
- Measures to address key Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) indicators
- Improve employee relations processes
- Support the wellbeing of staff
- Recognise the importance of veterans in service delivery and employment

An overview of the key points under each of these priorities was provided. Active discussions are taking place operationally with the aim of focusing on the Trust's five strategic ambitions throughout the course of the year in the context of the annual plan.

5. Ongoing areas of focus for the Committee

Over the next 12 months+, the Committee will continue to focus on:

- Key hotspot areas in Cumbria in relation to recruitment and retention.
- A deep dive into medical recruitment vacancies in terms of accuracy of data or themes.
- Assurance on the Trust's Model of Care and Support and transformation schemes and the impact in terms of workforce, and the link to longer-term workforce planning.

6. Summary and recommendation

The People Committee has continued to ensure alignment of the cycle of business with the Board Assurance Framework and ensuring the continued focus on assurance of the actions being taken to address key risks to achieving the Trusts Strategic Ambitions.

The Council of Governors is asked to note the content of the report and seek further assurance on any issues where appropriate.

Brendan Hill
Chair of People Committee
August 2025

4.2 EQUALITY, DIVERSITY INCLUSION ANNUAL REPORT 2024/25

Lynne Shaw, Executive Director of Workforce and Organisational Development

REFERENCES

Only PDFs are attached

4.2 EDI Annual Report 2025.pdf

Meeting	Council of Governors Business Meeting		**Agenda item: 4.2**
Date of meeting	Thursday 4 September 2025		
Report title	Equality, Diversity & Human Rights Annual Report 2024-25		
Report Lead	Lynne Shaw, Executive Director of Workforce and Organisational Development		
Prepared by	Chris Rowlands, Equality, Diversity & Inclusion Lead Emma Silver Price, Equality, Diversity & Inclusion Officer		
Purpose	**For decision**	**For assurance**	**For awareness**
			X
Report previously considered by	People Committee (June 2025) Board of Directors (July 2025)		
Executive summary	This document is produced in line with our statutory requirements under the Equality Act 2010 to report on work that has taken place over the previous year and to outline Equality Objectives for the coming year(s). Once received and approved its publication will meet the Specific Duties of the Equality Act 2010 to publish: • Equality Objectives, at least every four years • Information to demonstrate their compliance with the Public Sector Equality Duty The report details metrics in line with the following statutory/regulatory requirements, as well as agreed actions to address the disparities shown: • Workforce Race Equality Standard • Workforce Disability Equality Standard • Gender Pay Gap Finally, the report gives a snapshot of some of the work undertaken over the past year including the relaunch of the Give Respect Get Respect campaign, bullying survey and launch of the reasonable adjustment's toolkit, alongside some key work from our four staff networks.		

	Alongside the regulatory requirements noted above, the work contained within the report also supports the learning from Nottinghamshire work underway across the Trust.
Detail of corporate/ strategic risks	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.
Recommendation	The Council of Governor is asked to note the content of the report for awareness prior to publication.
Supporting information	N/A

Council of Governors Business Meeting
Thursday 4 September 2025

Equality, Diversity and Human Rights Annual Report 2024-25

Introduction

This report highlights the work undertaken by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during the past year to make the NHS a better and fairer place for patients and staff. The report covers the period from April 2024 to the end of March 2025. The work helps us to meet our Equality Objectives which were agreed at the end of 2023.

It is named 'Equality, Diversity and Human Rights' report because it shows the work we have done to:

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

Key highlights for the Equality Diversity and Inclusion Team this year have been working closely groups and staff networks, particularly around cultural awareness. The coming year for EDI in the Trust will see an important focus on health inequalities and we will be working with the communities which we serve to best meet those needs.

We hope you enjoy reading about our work in the past year, and we look forward to telling you about our busy year ahead.

Equality, Diversity & Inclusion Objectives 2024-25

During 2024-25 we began work to address the Equality Diversity and Inclusion Objectives that were agreed at Trust Board at the end of 2023. The objectives are to:

- Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

- Address progression within the Trust for staff protected under the Equality Act 2010.
- Engage with racialised and ethnic minority communities to identify and agree core organisational competencies requiring further development.

At the beginning of September, the Integrated Care Board asked for an update on our progress against NHS England's Equality Diversity and Inclusion Improvement Plan. Actions are on track. Key areas we need to continue to work towards are:

- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation. The roll out of our new Leadership Programme will contribute to this.
- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory.
- Have mechanisms to ensure staff who raise concerns are protected by their organisation. We know from the bullying survey that we conducted this year that we still need to work towards ensuring that all our staff feel safe and supported to raise a concern. There will be an opportunity to refresh our approach to this with new Freedom to Speak up Guardians and consider how Freedom to Speak up Champions could play a bigger role.

Patient and Carer Race Equality Framework (PCREF)

Work has commenced on developing our Patient Carer Race Equality Framework. A meeting took place at the end of September with Community Leaders that established next steps for the work. We have collated data in line with the Framework's technical guidance that will continue to inform our discussions with communities to co-produce a set of actions early in 2025-26.

Workforce Race Equality Standard (WRES)

The most recent WRES Report (24/25) was published in August 2024. The data compiled within this report is from a snapshot taken on 31 March 2024, as well as findings from the most recent NHS Staff Survey which took place in Autumn 2023.

Metric	CNTW Figures for Latest Reporting Period			CNTW Figures for Previous Reporting Period			2024 Trend (2023 in brackets)
	White	BME	Comments	White	BME	Comments	
Non-clinical Staff	1495	47	BME 11% of total workforce	1548	52	BME 9.06% of total workforce	BME workforce has grown
Clinical Staff	5536	685		5387	509		
Medical Staff	166	165		152	153		
Non-Clinical Band 5 or below	1160	39	3% of non-Clinical staff are BME	1243	43	3.2% of non-Clinical staff are BME	82.9% BME (82.5%) vs 77.6% (77%) white staff in Band 5 or below. Marginal change.
Clinical Band 5	2572	543	10.9% of	2566	374	8.6% of	79.3% BME

or below			Clinical staff are BME			Clinical staff are BME	(73.5%) vs 46.5% white staff (47.6%) in Band 5 or below. Significant growth during reporting period. Planning and monitoring for progression will be key.
Medical Consultant Grade	121	91	49.2% of Medical staff are BME	116	88	50.2% of Medical staff are BME	55.1% BME (43.1%) vs 72.8% white (56.8%) Consultant Grade staff
Staff appointed from shortlisting	759 (3517 shortlisted)	276 (1918 shortlisted)	White applicants 1.48 times more likely to be appointed	1405 (4128 shortlisted)	215 (1339 short-listed)	White applicants 2.12 times more likely to be appointed	Improvement over the last 4 reporting periods
Staff entering formal disciplinary process	54	12	BME staff 1.76 times more likely to be in formal process	76	12	BME staff 1.57 times more likely to be in formal process	Slight deterioration
Staff accessing non-mandatory training & CPD	Not recorded by Group Workforce Teams and therefore unable to be reported on.			Due to staff not accessing non-mandatory training during the pandemic, it was not possible to calculate the figure. The 2020 return showed that BME staff were 1.5 times more likely than White staff to access non-mandatory training.			N/A
% Staff experiencing bullying, harassment or abuse from patients, relatives or public	24.7%	36.55%	11.85% point disparity gap	26.6%	36.2%	9.6% point disparity gap	Experience of white staff has improved between 2022 to 2023, with marginal deterioration for BME staff. The disparity gap has increased.
% Staff experiencing bullying, harassment or abuse from staff	15.02%	21.28%	6.26% point disparity gap	13.6%	24.1%	10.5% point disparity gap	The experience of white staff has deteriorated and returned to 2020-21 levels. The experience of BME staff has improved by 2.82% points and the disparity gap

							has decreased.
% Staff believing organisation provides equal opportunities for career progression	64.27%	53.45%	10.82% point disparity gap	68.2%	50.2%	18% point disparity gap	There has been an improvement for BME staff but a decrease for white staff. Despite this, there is still a disparity between white and BME staff, although there has been a significant improvement this year.
% Staff experiencing discrimination from manager, team lead or colleague	5.53%	15.57%	10.04% point disparity gap	4.8%	17.3%	12.5% point disparity gap	There has been an improvement for BME staff but a deterioration for white staff. Despite this, there remains a large disparity between white and BME staff however the disparity gap has improved over the last reporting period.
% Trusts Board membership compared to overall workforce	85.71%	14.29% (overall workforce is 11% BME)	BME Board Members averaged 10.6% across North East and Yorkshire (2023 National WRES)	92.3%	7.7% (overall workforce was 9.06% BME)	BME Board Members averaged 9.3% across North East and Yorkshire (2022 National WRES)	The Trust Board is more representative than the overall BME workforce.

Key Findings

- BME staff make up 3% of the overall non-clinical workforce, yet 82.9% of BME staff are in band 5 or below. This is compared to 77.6% of white staff in band 5 or below.

- BME staff make up 10.9% of the overall clinical workforce, yet 79.3% of BME staff are in band 5 or below. This is compared to 46.5% of white staff in band 5 or below.
- Despite BME staff making up nearly half (49.2%) of the overall medical workforce, only 55.1% are at consultant grade. This compares to 72.8% of white medical staff being at consultant grade. White medical staff at consultant grade increased by 16% points, and BME medical staff at consultant grade increased by 12% points. There is a 17.7%-point disparity between BME and white medical staff at consultant grade (13.7%-point disparity last year).
- The percentage of staff experiencing bullying, harassment or abuse from patients, relatives, or the public has marginally increased for BME staff, and marginally decreased for white staff. Despite marginal differences, the disparity gap between the experience of BME and white staff has widened to 11.85% points, the disparity last year was 9.6% points.
- The percentage of BME staff believing the organisation provides equal opportunities for career progression has increased by 3.25% points, however the result for white staff has deteriorated by 3.93% points. There is a 10.82%-point disparity between BME and white staff according to the NHS Staff Survey 2023 (this gap was 18% in 2022).

Actions

- Continue work to address progression opportunities for staff as part of agreed Trust Equality Objectives.
- Relaunch Give Respect Get Respect in conjunction with a research study into the experience of bullying in collaboration with the National Institute for Health and Care Research and with the Trust Research Innovation and Clinical Effectiveness team. The study will be informed by evidence-based research and will propose interventions that will be designed to reduce incidences and disparity between experiences in relevant WRES Metrics.
- Introduce a campaign for 'My Equality and Diversity' reporting within the Electronic Staff Record (ESR). The aim of the campaign will be to encourage staff to update their ethnicity within ESR, which will also contribute towards data collection for race pay gap reporting.
- Establish an EDI dashboard and run quarterly checks on data to pinpoint any areas of concern.
- Relaunch the Cultural Ambassador programme and consider Cultural Ambassador involvement within recruitment processes.

Workforce Disability Equality Standard (WDES)

The most recent WDES Annual Report (24/25) was published in August 2024. The data compiled within this report is from a snapshot taken on 31 March 2024, as well as findings from the most recent NHS Staff Survey which took place in Autumn 2023.

Metric	CNTW Figures for Latest Reporting Period			CNTW Figures for Previous Reporting Period			2024 Trend
	Disabled	Non-Disabled	Comments	Disabled	Non-Disabled	Comments	
Overall workforce	723	6601	Disabled staff 8.9% of total workforce	648	6334	Disabled staff 8.2% of total workforce	Disabled workforce has increased.
Non-Clinical Band 5 or	134 (85.9%)	979 (77.1%)	10% of non-Clinical staff	85.6%	80.1%	9% of non-Clinical	There are more non-clinical

below			are disabled			staff are disabled	disabled staff at Band 5 or below than non-disabled staff.
Clinical Band 5 or below	267 (49%)	2495 (49%)	8.7% of Clinical staff are disabled	50.9%	48.1%	8.1% of Clinical staff are disabled	The ratio of disabled and non-disabled clinical staff is similar.
Medical consultant grade	12 (54.5%)	154 (61.8%)	3% of Medical staff are Disabled	58.8%	61.8%	6.2% of Medical staff are Disabled	There are more non-disabled staff at Consultant Grade.
Staff Appointed from Shortlisting	84 (600 shortlisted)	933 (4766 shortlisted)	Non-disabled staff are more likely to be appointed from shortlisting (1.398)	58 (647 shortlisted)	680 (14022 shortlisted)	Disabled staff are more likely to be appointed from shortlisting (0.54)	Non-disabled candidates are more likely to be appointed, compared to last year where disabled candidates were more likely to be appointed.
Staff entering formal capability process	No figures available for 2024.			No figures available for 2023.			
% Staff experiencing bullying, harassment or abuse from patients, relatives or public	28.26%	24.39%	3.87% point disparity gap	30.5%	25.7%	4.8% point disparity gap	Improvement for disabled staff over the last 3 reporting periods. The disparity gap has also decreased.
% Staff experiencing bullying, harassment or abuse from manager	8.19%	4.49%	3.7% point disparity gap	8.1%	4%	4.1% point disparity gap	The figures remain similar to the last reporting period, with a slight decrease in the disparity gap.
% Staff experiencing bullying, harassment or abuse from colleagues	16.77%	10.42%	6.35% point disparity gap	15.8%	9.5%	6.3% point disparity gap	Slight increase for both disabled staff and non-disabled staff.
% Staff or colleagues reporting bullying, harassment or abuse at	65.26%	71.96%	6.7% point disparity gap in favour of disabled staff	71.8%	70.1%	1.7% point disparity gap	Fairly significant decrease for disabled staff and disparity gap in favour of disabled staff.

work							
% Staff believing organisation provides equal opportunities for career progression	59.98%	65.03%	5.05% point disparity gap	63.7%	61.6%	2.1% point disparity gap	Fairly significant decrease for disabled staff, with slight improvement for non-disabled staff. The disparity gap has widened.
% Staff who felt pressure from manager to work, despite not feeling well enough	17.27%	10.23%	7.04% point disparity gap	18.1%	11%	7.1% point disparity gap	Improvement for both disabled and non-disabled staff. the disparity gap remains around 7%.
% Staff satisfied with extent that Organisation values their work	44.08%	51.76%	7.68% point disparity gap	44.6%	54.1%	9.5% point disparity gap	Slight decrease for both disabled and non-disabled staff, however the disparity gap has improved.
% Staff with long-lasting health condition or illness saying employer has made adequate adjustment(s) to carry out their work	81.04%	N/A		81.9%	N/A		Slight decrease following an improvement in 20-21 and 21-22 reporting periods. The figure has remained around 81% for the past three years.
% Trusts Board Membership Compared to Overall Workforce	7.1%	92.9%	Compares with 8.9% overall Disabled workforce	7.1%	92.9%	Compares with 8.2% overall Disabled workforce	

Key Findings

- The number of disabled applicants appointed from shortlisting has increased by 45% this year, with an increase of 37% for non-disabled applicants.
- Shortlisting of disabled applicants decreased by 3% this year and increased by 29% for non-disabled applicants.
- Disabled staff make up 10% of the overall non-clinical workforce, yet 85.9% of disabled non-clinical staff are in band 5 or below. This is compared to 77.1% non-disabled staff being in band 5 or below. The disparity between disabled and non-disabled staff at band 5 or below has increased from 5.5% points to 8.8% points compared to last year.
- Disabled staff make up 3% of the overall medical workforce and 54.5% are at Consultant Grade. This compares to 61.8% of non-disabled staff and therefore there are more non-disabled staff at Consultant Grade than disabled staff. The disparity between disabled and

non-disabled staff at Consultant grade has increased from 3% points to 7.3% points compared to last year.

- There has been a marginal increase in both disabled and non-disabled staff experiencing bullying, harassment or abuse from colleagues. The disparity between the experience of disabled and non-disabled staff remains around 6.3% points.
- According to the NHS Staff Survey 2023, there has been a significant decrease in the reporting of bullying, harassment or abuse at work for disabled staff. There is a 6.7% point disparity between disabled and non-disabled staff with non-disabled staff reporting higher levels of bullying, harassment or abuse at work.
- According to the NHS Staff Survey 2023, the number of disabled staff believing the organisation provides equal opportunities for career progression has decreased by 3.72% points, while increasing by 3.43% points for non-disabled staff. The disparity gap has widened.
- The NHS Staff Survey 2023 reported that there was a slight decrease for both disabled and non-disabled staff being satisfied with the extent the organisation values their work, however the disparity gap has improved.
- The percentage of disabled staff reporting in the NHS Staff Survey that the organisation has made adequate adjustments to carry out their work has remained around 81% for the last three reporting periods.

Actions

- Continue work to address progression opportunities for staff as part of agreed Trust Equality Objectives.
- Relaunch Give Respect Get Respect in conjunction with a research study into the experience of bullying in collaboration with the National Institute for Health and Care Research and with the Trust Research Innovation and Clinical Effectiveness team. The study will be informed by evidence-based research and will propose interventions that will be designed to reduce incidences and disparity between experiences in relevant WDES Metrics.
- Introduce a campaign for ‘My Equality and Diversity’ reporting within the Electronic Staff Record (ESR). The aim of the campaign will be to encourage staff to update their disability status within ESR, which will also contribute towards data collection for disability pay gap reporting.
- Establish an EDI dashboard and run quarterly checks on data to pinpoint any areas of concern.
- Measure the impact of the Reasonable Adjustments Toolkits for Managers and Staff.
- Work towards becoming a level 3 (highest level) Disability Confident Employer. Work to take place in conjunction with Disabled Staff Network and to be completed before the next Disability Confident validation in 2026.

Gender Pay Gap

The gender pay gap shows the difference in the average pay between all men and women in the workplace. This is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs, or work of equal value.
This report fulfils the Trust’s legislative requirements and sets out what the Trust is doing to close the gender pay gap. The figures for the 6 metrics we are required to report on for 2023-2024 (based on 31 March 2024 snapshot) are as follows:

- Mean gender pay gap is 9.90% - a decrease of 1.66% points on 2022-2023.
- Median gender pay gap is - (minus) 2.29% - This indicates that the median hourly rate of pay for women (£17.16) is now greater than for men (£16.78).
- Percentage of men receiving bonus pay is 1.47% (2.0% previous year) and women 0.36% (0.5% previous year).
- Mean (average) gender pay gap using bonus pay is 11.88% - up from 10.99% in 2022-2023.
- Median gender pay gap using bonus pay is 45.77% up from 39.35% in 2022-2023.

Percentage of men and women in each hourly pay quartile

	CNTW Figures for 2023-2024		**CNTW Figures for 2022-2023**		**CNTW Figures for 2021-2022**	
	Male	Female	Male	Female	Male	Female
Top quartile	27.08%	72.92%	26.83 %	73.17%	27.7%	72.3%
Upper middle	20.40%	79.60%	19.79 %	80.21%	20.0%	80.0%
Lower middle	27.05%	72.95%	26.03 %	73.97%	27.4%	72.6%
Lower quartile	22.91%	77.09%	20.84 %	79.16%	19.3%	80.7%

Actions we have taken and continue to take to close the gender pay gap

- Commitment to paying the UK Living Wage: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust became an accredited Living Wage Employer in 2013. We were the first NHS Trust in the North-East of England to accredit with the Living Wage Foundation and have continued to champion the Living Wage during Living Wage Week each November. The Real Living Wage is worked out independently and takes into account rising bills and costs. Paying a Living Wage means that all staff are appointed on at least Band 2 of the Agenda for Change pay scales for NHS staff.
- Encouraging flexible working: the Trust promotes a supportive and flexible working culture. We recognise that flexible working helps employees to achieve a better balance between their work and home life, as well as improve service delivery through a flexible workforce. It can help the Trust become an employer of choice, aid recruitment and retention, reduce sickness absence and improve employee engagement, leading to an improved patient experience.
- Inclusive recruitment: the Trust has undertaken a substantial piece of work examining our recruitment processes, with the objective of removing any barriers to entry by protected characteristics as defined by the Equality Act 2010. Most of the measures we have adopted have been implemented. The next key piece of work that follows on from this will be a review of job descriptions. As part of this we will carefully examine and remove any gender bias that may affect the numbers of men and women applying for jobs with the Trust.
- Continue with Springboard for Women Programme: across society, the NHS, and here in the Trust, people who identify as having a protected characteristic tell us they do not always have the same opportunities as others to learn, develop and progress. Springboard for Women, one of several development programmes offered by Springboard

Consultancy, provides women with the inspiration, tools and confidence boost to enable them to choose what they want to do and to take their next steps (at work, in life) when the time is right for them.

Actions we plan to take to close the gender pay gap

- Mend the Gap Recommendations: we will in 2025-2026 continue to address the actions against Mend the Gap report to ensure that we are doing all we can to address pay gaps for doctors.
- Address Intersectional Issues: as part of our response to the EDI Improvement Plan, we will produce our first Race Pay Gap report and will begin to collect data to look at the gaps for other protected characteristics. We will compare the results of these to the Gender Pay Gap and examine if there are intersectional issues which we need to address. Such work will also help inform our key EDI objective of progression for staff who share protected characteristics. We will triangulate these results with the Gender Pay Gap and figures for our other mandatory Equality and Diversity Workforce Reports.

Give Respect Get Respect

During this year, we relaunched the Trust's Give Respect Get Respect Campaign. It is designed to encompass all the activities that we do towards Equality, Diversity and Inclusion under one over-arching campaign. When we're respected by others it helps us to feel safe, and we can be our true selves. Respect means that we accept each other, even when people are different from you, or you don't agree with them. Respect builds feelings of trust, wellbeing and safety.

Give Respect Get Respect underpins our Trust values. At CNTW, we are:
Caring and compassionate...
Because that is how we'd want others to treat those we love.

Respectful...
Because everyone is of equal value, is born with equal rights and is entitled to be treated with dignity. We want to protect the rights of future generations and the planet that sustains us all.

Honest and transparent...
Because we want to be fair and open, and to help people make informed decisions.

Workforce Bullying Evaluation

As part of the relaunch of Give Respect Get Respect, an opportunity arose to collaborate with the Directorate of Research Innovation and Clinical Effectiveness alongside a research associate from the National Institute for Health and Care Research to evaluate staff experiences of bullying. The survey was designed to focus solely on bullying. This differs from the National NHS Staff Survey which combines bullying, harassment, and abuse into one question. It was agreed to include a clear definition of what behaviours amount to bullying as this is something that is not defined in the national survey.

The survey ran over August-September. Over 1300 staff completed the survey with many insights and themes emerging from the analysis.

Round table discussions of these themes took place in December 2024 with Executive Directors and the Trust Leadership Forum – where the Trust's senior leaders come together to discuss key initiatives and priorities.

The Equality, Diversity and Inclusion Team continue to engage with our Senior Leaders, Staff Networks and research colleagues to ensure these important discussions continue to take place.

Reasonable Adjustments Toolkit for Staff and Managers

To keep supporting disabled staff, last year the Trust began work to develop a set of resources to help disabled staff and their managers with the process of making reasonable adjustments at work. This officially launched on 13 May 2024 during NHS Employers Equality, Diversity & Human Rights Week.

These toolkits make it clear how to ask for help, what managers need to do, and where to get more advice. To develop them, we held meetings with staff, worked in focus groups, and got feedback through different forums.

Our goal was to make sure the toolkits fit with the law and our own Trust values of equality. It is vital that we make sure our staff get what they need to help them carry out their work comfortably, safely, and effectively. Not only is this our legal duty and important for people's own wellbeing, but it also helps us to retain staff.

As well as a toolkit with advice for disabled staff, we developed a toolkit specifically for managers, because we felt it was important to make sure managers know what they need to do when someone asks for help. Managers must support their team members, both during and after making these changes.

Choices College

Choices College (formerly Project Choice) is a specialist College providing tailored educational support, and a supported internship course for young adults aged 16-24 who are autistic and/or have learning difficulties/disabilities.

This is a partnership programme, which means that Choices College support coaches and coordinators who ensure the students are well supported throughout their internship. Teams who accepted placements were offered mentor training (tailored to the students they hosted) as well as ongoing support from Choices College area managers. The internships typically last 10-12 weeks and can be as flexible as necessary to best suit the interns and the needs of the service. During the year we have supported 14 students gaining valuable work experience across a range of teams within the Trust and NTW Solutions. Here's what some of our students had to say:

Jake (Neurorehabilitation Outpatients) said:
"I have enjoyed learning about RiO and how it works. I feel supported by my mentor on the work placement, and I have learned a lot about being in a work environment."

Callum (Catering) said:

“I have liked meeting the staff and trying different things out. I have enjoyed learning how to make up the ward trolleys. I like my uniform and would like to keep it!”

Ben (Volunteer Team) said:
“I have definitely enjoyed working on everything so far. I have enjoyed working with the team. They are all really nice.”

We are really looking forward to celebrating their graduation this year and welcoming a new cohort of students in September.

New Trauma-Informed Health, Wellbeing and Attendance Policy

CNTW’s new Health, Wellbeing and Attendance Policy went live in March 2025. This replaces the Managing Sickness Absence Policy.

The new policy was written in collaboration with a broad range of colleagues across the Trust, including Workforce and Organisational Development and the Disabled Staff Network.

It is the first workforce policy to be written through a trauma-informed lens. To deliver trauma-informed services to our patients, it’s important to support our staff using the same principles.

Staff Networks

The Trust has four Staff Networks: Cultural Diversity Staff Network, Disabled Staff Network, LGBT+ Staff Network, and Armed Forces and Veterans Network. Each network has two co-chairs who meet regularly with the Equality, Diversity & Inclusion Team to talk about cross-cutting issues as well as attend Trust Leadership Forums. Each staff network is allocated an annual budget for initiatives that will support key work to address Trust wide actions, as well as weekly protected release time for each co-chair to undertake network duties. The following sections provide highlights of staff network activities during 2024-25:

Cultural Diversity Staff Network

The Cultural Diversity Staff Network actively engages and contributes ensuring equality, acceptance and inclusion within the Trust. Notable events hosted by the network this year:

- Cultural Diversity Network Book Club
- Black History Month – Reclaiming the Narrative
    - Virtual event with guest speakers from CNTW’s workforce
    - Themes menus in Trust cafés
    - History, arts, and healthcare exhibition event
    - Wear Red Day
- South Asian Heritage Month
    - Virtual event with guest speakers from staff in different professions who are from South Asian backgrounds

Disabled Staff Network

Committed to creating a fair and diverse workplace. The staff network actively engages and contributes towards ensuring equality, acceptance and inclusion within the Trust. Notable events hosted by the network this year:

Disability History Month Ableism Campaign and Lunch and Learn Sessions

- Internalised Ableism & I
- Unlearning Ableism
- Let's Talk About Ableism
- Ableism – Everyone's Business
- The Autistic Advocate
- Disability Rights
- Disability and Reasonable Adjustments

LGBT+ Staff Network

The aim of the LGBT+ Staff Network is to promote a working environment where all LGBT+ staff feel supported, valued, and to challenge discrimination. Notable events hosted by the network this year:

- LGBT+ History Month
    - LGBT+ and Medicine
    - Gender: Past, Present and Future
    - LGBT+ Over the Years
    - Neuro Diversity and the LGBT+
- Trans Day of Remembrance
- Pride
    - Pride Party Packs and resources
    - 'Our Authentic Selves' video campaign

Armed Forces and Veterans Network

The group aims to ensure the Trust provides support to staff who are connected with the armed forces. It is key to helping the Trust fulfil its duties under the Armed Forces Covenant and the requirements of being a Veterans Aware organisation. CNTW is accredited as a Veteran Aware Trust and holds a Gold Award under the Defence Employer Recognition Scheme. Notable events hosted by the network this year:

- Armistice Day
    - Breakfast club event
    - Chapel service
- Armed Forces Day – Gregg Stephenson's story

Contact Details

For further information about any of the items in this report or any queries you may have please email equality@cntw.nhs.uk and the Equality Diversity and Inclusion team will be pleased to assist you.

4.3 RAISING CONCERNS / WHISTLEBLOWING REPORT

Lynne Shaw, Executive Director of Workforce and Organisational Development

REFERENCES

Only PDFs are attached

4.3 Raising Concerns Report October-March2025.pdf

Meeting	Council of Governors Business Meeting		**Agenda item: 4.3**
Date of meeting	Thursday 4 September 2025		
Report title	Raising Concerns / Whistleblowing Report		
Report Lead	Lynne Shaw, Executive Director of Workforce and Organisational Development		
Prepared by	Gemma Pattinson, Deputy Director of Workforce and Organisational Development		
Purpose	**For decision**	**For assurance**	**For awareness**
			X
Report previously considered by	People Committee (June 2025) Board of Directors (July 2025)		
Executive summary	The purpose of this paper is to provide a summary of whistleblowing cases/concerns raised over the period from 1 October 2024 to 31 March 2025. 65 issues have been raised in total with 59 of those via the Freedom to Speak Up Guardians and 6 via the Care Quality Commission. This is an increase from the previous period but consistent with the same time last year. Bullying and management processes remain the areas with the highest number of cases.		
Detail of corporate/ strategic risks	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.		
Recommendation	The Council of Governors is asked to note the content of this report in line with national requirements.		
Supporting information	N/A		

Thursday 4 September 2025

Raising Concerns/Whistleblowing Report

1. Executive Summary

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

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

Give respect
Get respect

Everyone deserves respect and work should be a safe space for everyone. All concerns are taken seriously, and staff can raise concerns via line managers, Workforce, Trade Union representatives and Freedom to Speak Up Guardians. Support is offered via the Regional Wellbeing Hub, staff networks and support groups as well as the Trust Occupational Health service, Optima.

During the period identified, 65 issues have been raised via the FTSUG (59) CQC (6). This is an increase compared to the previous period (39). The six CQC concerns related to:

- Northumberland Recovery Partnership (October 2024) related to partner Human Kind
- North Cumbria Community Treatment Team (October 2024)
- Recovery and Treatment Service Plummer Court (October 2024)
- Sexton House (November 2024)
- EIP team Northumberland (March 2025)
- Carleton Clinic (March 2025)

There is a trend in cases linked to Management Processes and Bullying. Management Processes mirrors the previous report however we have noted bullying as the highest reason for FTSUG concerns.

2. Position Update

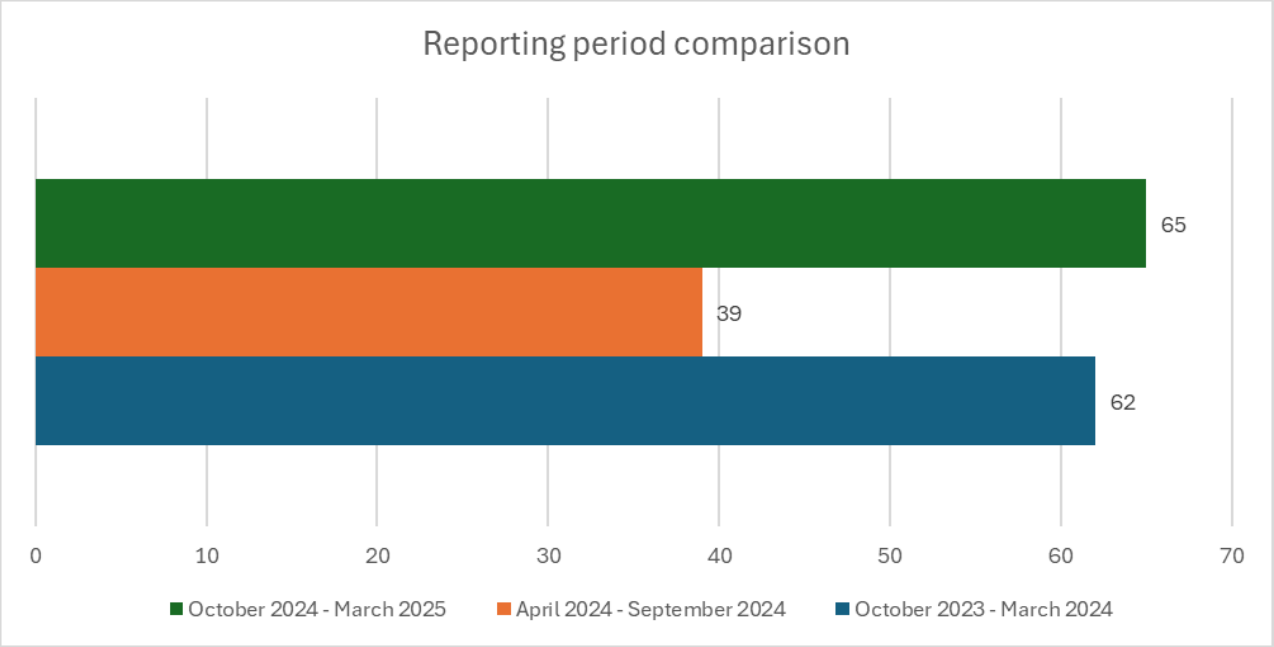
The Trust has had for a number of years a clear, defined process for recording cases that fall under the scope of a policy such as whistleblowing (raising concerns), disciplinary or grievance, however, there are a number of concerns raised which do not meet the Disclosure Act's definition of whistleblowing.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

Concerns which have been raised through the disciplinary and grievance procedures are not included within this report.

Summary of Cases Logged Centrally and with FTSUG for the period 1 October 2024 – 31 March 2025

Theme	FTUG	CQC
Bullying	10	
Management Process	9	
Safety concerns	7	2
Unknown	5	
Behaviour	4	2
Leadership	4	
Management behaviour	3	
Rotation	2	
VISA changes	2	
Management response	2	
ESR recording	1	
Annual leave	1	
Working Arrangements	1	
Fast track process	1	
Culture	1	
Confidentiality	1	1
Harassment	1	
Fairness of allocation	1	
Workload	1	
Relationship	1	
Poor Service		1
Flexible Working	1	
Grand Total	**59**	**6**

The graph below shows that in comparison to the previous reporting period the total number of concerns raised has increased.



The Speaking Up follow up process has been strengthened with monthly meetings between the Group Heads of Workforce, Deputy Director Workforce and OD and Freedom to Speak Up Guardians. These meetings ensure that timely action is taken for concerns raised.

During this reporting period there has been the changeover of the Freedom to Speak up Guardians. Following a recruitment exercise four new Freedom to Speak up Guardians commenced role in January 2025.

The Freedom to Speak Up policy has been reviewed in March 2025, this policy is a nationally adopted policy, however, does give the information on who to speak up to in the Trust.

A FTSU internal audit was undertaken in quarter three of 2024 key actions have been identified including the review of data capture, capturing feedback via feedback questionnaire and communications strategy.

Areas where concerns have been raised (FTUG cases)

Area	Number
Community South/Central	19
Inpatient	13
Specialist	9
Community North (includes N Cumbria)	6
Unknown	4
NTW Solutions	3
Bank	3
Corporate	2
Grand Total	**59**

3. Themes

Management Process

Mirroring the previous report, many of the concerns raised regarding Management Processes (policies and procedures) are linked to employee relations processes. The main reason for concerns raised is where an employee is not in agreement with a disciplinary process being undertaken, the timeliness of investigations or being placed on alternative duties while an investigation is ongoing.

Work continues as previously reported on triaging employee relations cases. Monitoring of employee relations cases is via Business Delivery Group – Workforce.

During the reporting period the Trust has reviewed the grievance policy in partnership with stakeholders. This policy is now a Resolution policy and focuses on resolving issues at the earliest possible stage, being clear on outcomes and utilisation of tools including respectful resolution.

Behaviours (including bullying)

Behaviour continues to be a theme with the behaviour of management/supervisor being highlighted; this includes concerns regarding lack of support as well as unfair treatment. Under this umbrella of behaviour, it can also include the theme of bullying and harassment. Not all cases are escalated, however, and in most instances the Freedom to Speak up Guardians support and coach staff members to address concerns locally.

In the reporting period, the Trust has rolled out the Leadership programme which focuses on compassionate leadership and culture. The key modules have already been delivered to members of Trust Leadership Forum as well as several other cohorts which have evaluated well.

Role of Guardians

The Freedom to Speak Up Guardians have sought to help staff resolve issues themselves without them having to escalate the issue. This is through encouraging conversations to take place with managers in line with the Raising Concerns policy, signposting staff to utilise existing processes and support mechanisms available or providing some confidence and reassurance to staff.

In terms of national updates there is a new Job Description for Guardians which was released at the end of May 2025.

Locally, a cleanse of the 94 champions has been undertaken and the Trust currently has 37 active champions who regularly attend meetings and proactively engage.

In terms of gathering feedback, there is a recent FTSUG survey which is available via the Trust bulletin and on the internet which aims to gather the views from staff, including the awareness of speaking up and whether staff are comfortable approaching the Guardians and raising concerns. The results of this survey will be outlined in the next bi-annual report.

The Communications team continues to raise the profile of speaking up and raising concerns. A refreshed communications plan is being established. The Guardians have also planned a number of site visits.

Our FTSUGs confirm that over the period of the report the themes as described above remain similar to previous reporting periods.

There continues to be regular meetings with the FTSUGs and the Executive Director of Workforce and Organisational Development to discuss themes and escalate any cases that need support to resolve.

Gemma Pattinson
Deputy Director Workforce & OD
September 2025

Lynne Shaw
Executive Director Workforce & OD

5. STRATEGIC AMBITION 4 ? SUSTAINABLE FOR THE LONG TERM, INNOVATING EVERY DAY

Darren Best, Chair

5.1 RESOURCE AND BUSINESS ASSURANCE COMMITTEE REPORT

Robin Earl, Non-Executive Director

REFERENCES

Only PDFs are attached

5.1 RABAC Assurance Report.pdf

Council of Governors Business Meeting
Thursday 4 September 2025

Resource and Business Assurance Committee Quarterly Assurance Report

1. Purpose

This report seeks to provide the Board with assurance of ongoing oversight of key areas of focus and risk undertaken by the Resource and Business Assurance Committee (RABAC). This includes an overview of the areas of focus, discussion and assurance.

2. Resource and Business Assurance Committee overview

The Committee receives assurances that the Trust has effective systems and processes in place to secure economy, efficiency and effectiveness in respect of all resources, supporting the delivery of the Trust's Strategy and Operational Plans. It examines current and emerging risks to delivery, the effective and efficient use of resources, and the long-term sustainability of the Trust.

There has been one meeting of the Committee during the period May 2025 – July 2025, this meeting was held on 20th June 2025.

3. Board Assurance Framework risks within Committee remit

The Resource and Business Assurance Committee is currently managing the following key risks on the Board Assurance Framework (BAF)

Risk No.	Risk descriptor	Risk score
Risk 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 (likely) X 4 (significant) 16
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.	3 (possible) X 4 (significant) 12
Risk 2547	Risk that the Trust's information and systems is at higher risk of being compromised leading to unknown vulnerabilities. This could lead to loss of, and/or public disclosure of, information and loss of access to critical systems.	3 (possible) X 4 (significant) 12

The risks are considered as part of the regular system of review. These include updates and submissions associated with cost collection exercises, corporate benchmarking, and specific papers on planning and contracting which allow the committee to scrutinise the details of Trust plans on behalf of/or prior to the board. (e.g. West Cumbria service developments)

We continue to receive regular updates on the CEDAR programme (including NHP updates), utilities reports, ERIC (Estates Return Information Collection), PLACE (Patient Led Assessment of the Care Environment) and PAM (Premises Assurance Model) reports. All performing satisfactorily to date. In relation to CEDAR, the Bamburgh unit at the St Nicholas Hospital site remains the only outstanding area of construction. The work to develop three ward blocks is well-established with a summer 2025 completion date on track

4. **Other issues and assurance received by the Committee**

Finance

Assurance around the financial position is predominantly received through the finance report which covers overall compliance with in-year control totals, performance against capital programme and CDEL allocation, cash management and delivery of any efficiencies. Reports have been timely and provided a good level of detail for assurance

Whilst control of in year performance is always reported on, there is increasing focus on medium and long-term planning for sustainability. Increased emphasis will be on financial forward planning as well as looking at our overall WTE usage as an organisation in relation to our evolving Model of Care and Support, being the key driver of costs within the Trust. In addition, we have looked at corporate efficiencies, and service changes including a detailed discussion on the Strategic Case for Change for adult acute inpatient services in West Cumbria prior to onward submission to the Board.

Digital

The committee reviewed our Digital maturity assessment including a joint peer review with TEWV. The Trust's average score this year is 2.1 out of 5, indicating a stable digital foundation but with room for clear areas of improvement. We have also reviewed a draft Terms of Reference for a new digital committee which will stand alone from RBAC. Further work is ongoing.

Provider Collaborative

The Committee continues to provide oversight of the Provider Collaborative. The reporting of these issues has evolved to a more integrated approach to ensure oversight of the collaborative as a whole rather than individual contract aspects considered separately.

Each RABAC considers the BAF risk exception report in the context of the updates and reports provided during each committee.

Summary and recommendation

The Resource and Business Assurance Committee has continued to ensure alignment of the cycle of business with the Board Assurance Framework and ensuring the continued focus on assurance of the actions being taken to address key risks to achieving the Trusts Strategic Ambitions.

Brendan Hill
Resource and Business Assurance Committee Interim Chair
August 2025

5.2 FINANCE REPORT (QUARTER 1)

Chris Cressey, Interim Executive Director of Finance

REFERENCES

Only PDFs are attached

5.2 2526 - BoD - M3 Finance Update.pdf

Meeting	Council of Governors Business Meeting		**Agenda item: 5.2**
Date of meeting	Thursday 4 September 2025		
Report title	Month 3 Finance Report		
Report Lead	Chris Cressey, Interim Director of Finance		
Prepared by	Chris Cressey, Interim Director of Finance		
Purpose	**For decision**	**For assurance**	**For awareness**
		X	
Report previously considered by	Executive Management Group Resource Business Assurance Committee Business Delivery Group Board of Directors		
Executive summary	This report provides a summary of the Trust's financial position as of Month 3. It includes performances against plan, key variances, forecast outturn and any material risks or mitigations.		
Detail of corporate/ strategic risks	2545 – Failure to deliver sustainable financial position 1687 – Managing resources effectively 1762 – Restrictions in capital expenditure		
Recommendation	The Council of Governors is asked to note a. the current financial position of the Trust reported at month 3. b. the risk and mitigations position based on the financial recovery plan to understand the risk in the Trust forecast to deliver the planned £3.3m surplus in 2025/26. c. the capital and cash position at month 3.		
Supporting information / appendices	N/A		

Month 3 Finance Report

1. Executive Summary

1.1 At Month 3 the Trust has generated a **£2.9m surplus.**

1.2 This surplus is **better than the financial plan at Month 3 by £4.1m** due to the receipt of proceeds from the sale of land at Northgate. Without the land sale proceeds the trust would be £3.1m behind plan.

1.3 This plan is phased to deliver deficits in the first 9 months of the year and surpluses for the last quarter of the year as the land sale is planned for Q4 and greater efficiency is phased towards the end of the year.

1.4 The trust is forecasting to deliver the planned £3.3m surplus for financial year 2025/26.

1.5 The trust has identified up to £6.7m of risks against delivery of the plan but has also identified a number of mitigations to those risks. The trust is finalising financial recovery plans with services where they are experiencing staffing pressures against budgets in 2025/26.

1.6 At the end of Month 3 the Trust has spent **£2.2m on agency staff against a plan £1.5m.**

1.7 **WTEs have reduced by 49 since June 2024 but staffing budgets are over established at month 3 against the trust plan.**

1.8 Expenditure on **the Trust capital programme is forecast to deliver against plan.** The Trust submitted a plan compliant with the CDEL limit allocated to the Trust and plans to deliver within the CDEL limit.

1.9 The Trust has a **cash balance of £27.5m** at the end of Month 3 which is ahead of the plan due receipt of the land sale proceeds.

2. Month 3 Report – Key Issues

2.1 The Trust provided a finance return to the ICB reporting a positive variance from plan of £4.1m year to date at month 3 and delivery of a planned surplus of £3.3m. The return showed deliver of £30.6m efficiency, the total included in the Trust plan.

2.2 The Trusts positive year to date position includes the benefit from the sale of land at Northgate, phased into the plan towards the end of the year. Removing the benefit the trust is £3.1m behind plan

2.3 The Trust has identified financial pressures across a number of staffing budgets through Q1. Budgets have been over established throughout the quarter. The table below show the over establishment has reduced month on month, but the trust remains 36 over established at the end of the month. The table below shows the over establishments across the trust:

	Month 3			Month 2	Month 1
	Budget	Actual	Variance	Variance	Variance
	WTE	WTE	WTE	WTE	WTE
Inpatients	1,817	1,870	53	63	107
Community	3,041	3,037	(5)	(9)	24
Specialist	1,887	1,939	51	81	114
Infrastructure	1,849	1,785	(73)	(65)	(40)
TOTAL	**8,594**	**8,630**	**36**	**70**	**205**

All groups have reduced the pressure from Month 1, but the Trust remains over established. The trust is behind the planned monthly budget therefore to meet the financial plan will need to go further to catch up to the financial plan.

The table below shows the actual WTE reported by the trust at the end of each quarter over the last 12 months. The total WTE has reduced. The reduction has predominately come in inpatients, although despite this, inpatients remain behind plan. The trust plan was predicated on Community maintaining spending levels seen in 24/25 and Specialist delivering to budget. Both areas have seen increases in WTE since June 25.

	June 24	Sept 24	Dec 24	Mar 25	June 25	June to June
	WTE	WTE	WYE	WTE	WTE	WTE
Inpatients	1,984	1,970	1,939	1,942	1,864	(120)
Community	2,982	2,970	2,992	3,040	3,037	54
Specialist	1,907	1,879	1,910	1,955	1,939	32
Infrastructure	1,806	1,798	1,820	1,820	1,791	(15)
TOTAL	**8,679**	**8,618**	**8,660**	**8,759**	**8,630**	**(49)**

The trust is finalising financial recovery plans for all services operating above their staffing budgets. The Resource & Business Assurance committee will scrutinise the financial recovery plan and the plans will be managed through the trust's executive led 'Well Led' meetings.

2.4 **OATs -** The trust experienced a spike in out of area patients through April. The position has been redressed. The pressure from April reflects the Trusts finance pressures year to date and forecast.

2.5 **Efficiency -** The trust has reviewed the efficiency programme and is forecasting to deliver the full £30.6m planed efficiency. The review has identified some recurrent schemes incurring slippage in year. To offset the slippage the trust has identified non recurrent mitigations to maintain delivery of the efficiency at planned levels. The table below shows the pressures in the planned programme and the mitigations: -

	Pressure		Mitigation
	£m		£m
Secure Services in Deficit	3.0	Investment Income	(1.1)
Inpatient staffing pressures	2.0	Manage Vacancies	(2.1)
CYPS Services in Deficit	0.7	Manage Financing Costs	(1.2)
Unidentified Efficiency	2.1	Non-Pay Management	(3.4)
TOTAL	**7.8**		**(7.8)**

The recurrent schemes are still expected to deliver into 2026/27 and will support reduction of the underlying financial gap.

2.6 **Temporary Staffing –** The NHS requires providers to reduce agency spend from 2024/25 by 30% and bank spend by 10%. The table below shows the targets for CNTW and the forecast annual spend. To deliver financial recovery all areas must deliver the nationally allocated temporary staffing targets to support financial delivery within budgets.

	Agency 24/25 (less 30%)	Agency forecast 25/26	Diff	Bank 24/25 (less 10%)	Bank forecast 25/26	Diff
	£'000	£'000	£'000	£'000	£'000	£'000
CNTW	6,361	7,482	1,120	14,477	15,932	1,455

2.7 **Risk** – The table below shows the pressures included in the trust forecast at month 3 and how the trust is planning to mitigate these pressures.

	£m
Staffing pressures	2.6
Patients clinical ready for discharge	2.8
OATS pressures	0.7
NTW Solutions pressures	0.4
Shortfall on gain on disposal	0.2
Identified Risk	**6.7**
Staffing Recovery – Temporary Staffing target	(2.6)
Financial recovery - Inpatients	(2.9)
Manage Non-Pay Programmes	(1.2)
Mitigations	**(6.7)**

2.8 The Trust has submitted a financial return at month 3 showing delivery of the planned £3.3m surplus but is discussing the risks in the plan with the ICB.

2.9 **Underlying Position** – NHS England require all provider organisations to submit the underlying financial position as part of the month 3 return. CNTW has submitted a £33m underlying financial gap.

2.10 **Capital** - The trust is planning full delivery of the approved capital programme.

2.11 In 2025/26 the NHS have delegated the capital allocation for IFRS16 (leases) to ICBs, having previously held it centrally. The allocation has then been passed to providers and is included in capital programmes this year. CNTW have included the forecast the impact of any new, remeasured and

disposed leases. Any changes to the lease position will impact on the plan to deliver the capital programme.

2.12 **Cash -** The Trust has a cash balance of £27.5m in June, which is ahead of plan due to the receipt of the funds from the land sale.

3. Recommendation

3.1 The Council of Governors is asked to;

d. Note the current financial position of the Trust reported at month 3.
e. Note the risks and mitigations position based on the financial recovery plan to understand the risk in the Trust forecast to deliver the planned £3.3m surplus in 2025/26.
f. Note the capital and cash position at month 3.

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

Darren Best, Chair

No report for the period

7. GOVERNANCE AND REGULATORY

Darren Best, Chair

7.1 AUDIT COMMITTEE ASSURANCE REPORT

Robin Earl, Committee Chair

REFERENCES

Only PDFs are attached

7.1 Audit Assurance report.pdf

Council of Governors Business Meeting
Thursday 4 September 2925

Audit Committee Quarterly Assurance Report
May 2025 – July 2025

1. Purpose

This report seeks to provide the Board with assurance of ongoing oversight of key areas of focus and risk undertaken by the Quality and Performance Committee. This includes an overview of the areas of focus, discussion and assurance and the risk management for the Trust.

2. Audit Committee overview

The Committee is a statutory committee of the Board of Directors for the Trust and is a standing committee for the NTWS Ltd Board of Directors. It provides assurance to the Board that effective internal control arrangements are in place for the Trust and its subsidiary company. The Committee also provides a form of independent scrutiny upon the executive arm of the Board. The committee independently monitors, reviews and reports to the Board on the process of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

There has been one substantive meeting of the Committee during the period May 2025 – July 2025 held on 16 July. The Committee also held two extra-ordinary meetings held on 7th May and 18th June to review and approve the Trust Annual Accounts.

3. Board Assurance Framework risks within Committee remit

The Committee has delegated responsibility for review of the adequacy and effectiveness of the overall management of principal risks through oversight of the Board Assurance Framework (BAF) and compliance with and effectiveness of the Risk Management Policy and processes. As such, the Audit Committee reviews the BAF in its entirety, following meetings of all other Board Committees.

The Committee discussed the proposal to recommend to the Board an increase score in relation to risk 2511 relating to risk of not meeting regulatory and statutory requirements of Care Quality Commission registration and quality standards. The current score is 15 (a likelihood score from possible to likely). The proposal is to increase this score to 20 – likely to happen.

The committee also discussed the proposal to recommend to the Board an increase score in relation to risk 2512 relating to 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. The current score is 12 (a likelihood score from possible to likely. The proposal is to increase the score to 16 – likely to happen.

Post meeting note: at it's meeting held 30th July, The Board of Directors approved the recommendation to increase to risk scores as outlined in this report.

4. Issues relating to statutory and regulatory compliance and governance oversight

The Committee received an update on Patient Safety Incident Reporting Framework (PSIRF) with the purpose of the audit review was to assess progress towards successful implementation of national PSIRF standards. The audit would review progress against standards on Proportionate Responses and Engagement and Involvement on the basis standards Policy,

Planning and Oversight and Competency and Capacity were established with the launch of PSIRF and have been subject to oversight and approval via the Integrated Care Board (ICB).

5. Internal audit and internal control issues and areas of focus

As of July, from the 2024/25 Internal Audit plan, eight final reports have been issued since the last committee in June 2025 and issues two final reports in relation to Cyber Assessment (CAF) Aligned Data Security and Protection Toolkit (DSPT) and the Company Data Security and Protection Toolkit (DSPT). All core and NTW Solutions Limited audits have been completed to final report.

Final 2024/25 Opinion was reported to June 25 Committee with assurance that no matters that may impact 2025/26 Opinion. Since the last committee meeting in June 2025, there has been a decrease in the number of agreed actions overdue with no update, from 13 to six.

There are two outstanding actions which are greater than 12 months overdue. Internal Audit provide assurance of their monitored performance against the Key Performance Indicators included within the Audit Charter under the Internal Audit Protocol. From 1st April 2025, they transitioned to the new K10 audit system for 2025/26 audits. KPI reporting will resume in the next progress report for the 2025/26 audit cycle as more audits are progressed.

Concerns were raised regarding the number of overdue audit recommendations and steps being taken to address these, particularly long-standing recommendations.

The Committee received the Local Counter Fraud progress report which provided strong assurance in terms of progress against the annual work plan.

Summary and recommendation

The Council of Governors is asked to note the content of the report and seek further assurance on any issues where appropriate.

Robin Earl
Chair of Audit Committee
August 2025

7.2 TRUST ANNUAL PLAN 2025/26 (AND QUALITY PRIORITIES FOR 2025/26)

James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

7.2a Board - Jul -25 - Planning Paper 2025-26 v1.0.pdf

7.2b Trust ambitions and priorities FINAL 2025-26.pdf

Meeting	**Council of Governors Business Meeting**		**Agenda item: 7.2**
Date of meeting	Thursday 4 September 2025		
Report title	2025/26 Planning – The five ambitions - aims and priorities		
Report Lead	Ramona Duguid – Chief Operating Officer		
Prepared by	Tommy Davies – Deputy Director of Transformation, Delivery and Performance		
Purpose	**For decision**	**For assurance**	**For awareness**
	X		
Report previously considered by	The full Trust plan has been considered by Trust Board, Resource and Business Assurance Committee, Executive Management Group and Trust Leadership Forum. The five ambition objectives that this report relates to were signed off at the Trust Board in April 2025.		
Executive summary	Following a review, the aims and priorities for our five Trust ambitions have been refined to ensure continued relevance and impact in a rapidly evolving context. The format and design have also been strengthened. Several factors have driven this realignment including emerging system pressures, policy shifts, and learning from the first few months of the year. This adjustment ensures that our priorities remain embedded in the operational demands while retaining our strategic ambition. It strengthens our ability to deliver improvement, with greater clarity over our direction and how our ambitions are linked with our aims and priorities. **Appendix 1** on a separate pdf document shows the revised aims and priorities aligned to each of the five ambitions.		
Detail of corporate/ strategic risks	The Trust plans cover all aspects of Trust Business and therefore they are related to all of the Board Assurance Framework risks.		
Recommendation	The Board are asked to approve the updates to our priority areas of focus for 2025/26.		
Supporting information / appendices	Not applicable		

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Our five trust strategic ambitions: aims and priorities

June 2025

With YOU in mind

Our five trust strategic ambitions: aims and priorities

Our vision

To work together, with compassion and care, to keep you well over the whole of your life.

Our values

We are honest and transparent...

because we want to be fair and open, and to help people to make informed decisions.

We are respectful...

because everyone is of equal value, is born with equal rights and is entitled to be treated with dignity. We want to protect the rights of future generations and the planet that sustains us all.

We are caring and compassionate...

because that is how we'd want others to treat those we love

Our strategic ambitions

Quality care, every day

Person-led care, when and where it is needed

A great place to work

Sustainable for the long term, innovating every day

Working with and for our communities

Strategic ambition 1

Quality care, every day

Strategic ambition 2

Person-led care, when and where it is needed

Strategic ambition 3

A great place to work

Strategic ambition 4

Sustainable for the long term, innovating every day

Strategic ambition 5

Working with and for our communities

Strategic ambition 1

Quality care, every day

Strategic ambition 1

Quality care, every day

Quality Aims

- To continue to develop and embed a positive and safe culture
- To improve physical health care
- To reduce levels of restrictive practice and violence and aggression
- To reduce levels of self-harm
- To improve the care of people with a severe and enduring mental illness

Quality Priorities

- Develop a consistent and evidence-based approach to risk assessment and safety planning across all services.
- Ensure safe and coordinated transitions between services.
- Improve the early recognition and response to deteriorating patients.
- Manage and reduce the risk of severe clozapine-induced constipation.
- Continue to improve sexual safety by reducing incidents and strengthening prevention and response.
- Promote care planning that is person-centred, co-produced, and informed by the multidisciplinary team.
- Strengthen communication with families and carers, ensuring they are actively involved in care decisions and when a patient deteriorates.
- Improve handovers of care across inpatient services.
- Improve therapeutic engagement and observation across inpatient services.
- Manage and reduce the risk of cardiorespiratory arrest caused by sedative medication.
- Support staff wellbeing through increased access to resources, compassionate leadership, and healthy workplace culture

Aims					Strategic ambition 1 **Quality care, every day** Priorities 2025/26
To continue to develop and embed a positive and safe culture	To improve physical health care	To reduce levels of restrictive practice and violence and aggression	To reduce levels of self-harm	To improve the care of people with a severe and enduring mental illness	
✓	✓	✓	✓	✓	Strengthen communication with families and carers, ensuring they are actively involved in care decisions and when a patient deteriorates
✓	✓	✓	✓	✓	Promote care planning that is person-centred, co-produced, and informed by the multidisciplinary team
✓	✓	✓	✓	✓	Develop a consistent and evidence-based approach to risk assessment and safety planning across all services
✓	✓			✓	Ensure safe and coordinated transitions between services
✓	✓				Improve the early recognition and response to deteriorating patients
✓		✓	✓		Continue to improve sexual safety by reducing incidents and strengthening prevention and response
✓	✓	✓	✓	✓	Improve ward handovers of care across inpatient services
✓	✓	✓	✓	✓	Improve therapeutic engagement and observation across inpatient services
	✓				Manage and reduce the risk of cardiorespiratory arrest caused by sedative medication
	✓			✓	Manage and reduce the risk of severe clozapine-induced constipation
✓		✓			Support staff wellbeing through increased access to resources, compassionate leadership, and healthy workplace culture.

Strategic ambition 2

Person led care, when and where it is needed

Strategic ambition 2

Person led care, when and where it is needed

Aims

- Focussing on prevention and improving the front door
- Improving services for people receiving treatment in the community
- Improving services for people in the community with severe mental health needs and other complex needs
- Improving Services for people in the community with urgent needs
- Improving services for people who require additional treatment within Inpatient setting

Priorities

Successfully deliver and sustain the Hope Haven 24/7 Neighbourhood Health Centre as part of the government flagship Neighbourhood Health approach.

Delivery of partnership hub working across all other areas and embedding of Neighbourhood Health working.

Implementation of a new Psychosis Review and Community Clozapine Initiation Service (PRECCIS)

Develop Intensive Case Management to improve care for individuals with Severe Mental Illness.

Increase the numbers of patients accessing depot medication for SMI.

Reconfigure Inpatient services to optimise the estate to have the maximum impact on the quality and safety of patient care.

Develop, agree and progress the implementation of a new model of care for the Mitford Unit Autism Spectrum Disorder Inpatient Unit.

Reconfiguration of inpatient provision in West Cumbria.

Review of Learning Disability inpatient provision and reconfiguration.

Collaborate with TEWV, Primary Care, VCSE, and other partners to design a significantly different pathway for ADHD and Autism Spectrum Disorder needs.

Redesign and improve the pathway for specialist children and young people's eating disorder service.

Reduce waiting times for assessment and access to treatment.

Developing a strong interface between Crisis, Community, and Inpatient services to effectively meet patients' needs during a crisis, including admission pathway for UEC (community and emergency departments)

Improve UEC interface and alternatives for crisis support and intervention.

Management of frequent attenders.

Proactive support for patients who require effective discharge from inpatient care.

Aims					Strategic ambition 2 **Person led care, when and where it is needed**  Priorities 2025/26
Focussing on prevention and improving the front door	Improving services for people receiving treatment in the community	Improving services for people in the community with severe mental health needs and other complex needs	Improving Services for people in the community with urgent needs	Improving services for people who require additional treatment within Inpatient setting	
✓					• Successfully deliver and sustain the Hope Haven 24/7 Neighbourhood Health Centre as part of the government flagship Neighbourhood Health approach. • Delivery of partnership hub working across all other areas and embedding of Neighbourhood Health working.
	✓	✓			• Collaborate with TEWV, Primary Care, VCSE, and other partners to design a significantly different pathway for ADHD and Autism Spectrum Disorder needs. • Redesign and improve the pathway for specialist children and young people's eating disorder service. • Reduce waiting times for assessment and access to treatment.
		✓			• Implementation of a new Psychosis Review and Community Clozapine Initiation Service (PRECCIS) • Develop Intensive Case Management to improve care for individuals with Severe Mental Illness. • Increase the numbers of patients accessing depot medication for SMI.
✓	✓	✓	✓	✓	• Developing a strong interface between Crisis, Community, and Inpatient services to effectively meet patients' needs during a crisis, including admission pathway for UEC (community and emergency departments) • Improve UEC interface and alternatives for crisis support and intervention. • Management of frequent attenders. • Proactive support for patients who require effective discharge from inpatient care.
				✓	• Reconfigure Inpatient services to optimise the estate to have the maximum impact on the quality and safety of patient care. • Develop, agree and progress the implementation of a new model of care for the ***Mitford*** Unit Autism Spectrum Disorder Inpatient Unit. • Reconfiguration of inpatient provision in West Cumbria. • Review of Learning Disability inpatient provision and reconfiguration.

Strategic ambition 3

A great place to work

Strategic ambition 3

A great place to work

Aims

- Culture and leadership development
- Development of Workforce Plan
- Support the health and wellbeing of staff by providing early intervention support / reduce sickness absence

Priorities

- Roll out Leadership Programme (3 modules) and Clinical Support Worker Development Programme
- Map the current and future clinical support workforce requirements in line with organisational change, immigration policy changes.
- 1% sickness absence reduction across all operational and corporate areas
- Ensure that the legal framework is followed in all staff consultations and that appropriate support is put in place for staff as required
- Raise awareness across the Trust of the Sexual Safety Legislation and individual and collective responsibilities therein

Strategic ambition 3

A great place to work

Aims			Priorities 2025/26
Culture and leadership development	Development of Workforce Plan	Support the health and wellbeing of staff by providing early intervention support / reduce sickness absence	
✓			Roll out Leadership Programme (3 modules) and Clinical Support Worker Development Programme
	✓		Map the current and future clinical support workforce requirements in line with organisational change, immigration policy changes.
	✓	✓	Ensure that the legal framework is followed in all staff consultations and that appropriate support is put in place for staff as required
		✓	Raise Awareness across the Trust of the Sexual Safety Legislation and individual and collective responsibilities therein
		✓	1% sickness absence reduction across all operational and corporate areas

Strategic ambition 4

Sustainable for the long term, innovating every day

Strategic ambition 4

Sustainable for the long term, innovating every day

Aims

- To meet the Trust's statutory and mandated targets
- Deliver the analogue to digital shift
- Embed research into services and practice across the Trust
- Trust aim to reduce carbon emissions to 'net zero' by 2040

Priorities

- Deliver the Trust annual plan for 2025/26 as part of the North-East & North Cumbria ICB's financial plan to deliver financial break-even
- Develop our digital strategy to support the model of care
- Roll out paperless working in the last two remaining clinical services areas (Therapeutic Observations in Inpatients and Electronic prescriptions in the Community)
- Recognise and address the underlying financial pressure across services within the Trust and support the NHS development of Medium-Term Planning
- Green plan
- Ensure CNTW is a leader and an influencer in local and national research networks and partnerships

Strategic ambition 4

Sustainable for the long term, innovating every day

Aims				Priorities 2025/26
To meet the Trusts statutory and mandated targets	Deliver the analogue to digital shift	Embed research into services and practice across the Trust	Trust aim to reduce carbon emissions to 'net zero' by 2040	
✓				Deliver the Trust annual plan for 2025/26 as part of the North-East & North Cumbria ICB's financial plan to deliver financial break-even
✓				Recognise and address the underlying financial pressure across services within the Trust and support the NHS development of Medium-Term Planning
	✓		✓	**Develop our digital strategy to support the model of care**
	✓		✓	Roll out paperless working in the last two remaining clinical services areas (Therapeutic Observations in Inpatients and Electronic prescriptions in the Community)
		✓		Ensure CNTW is a leader and an influencer in local and national research networks and partnerships
			✓	Green Plan

Strategic ambition 5

Working with and for our communities

Strategic ambition 5

Working with and for our communities

Aims

- Act as a system enabler and influencer
- Drive action to reduce health inequalities

Priorities

- Develop an effective partnership between TEWV and CNTW and support the Provider Collaborative to be successful.
- Engage with and support the 10-year plan, transforming how services are commissioned for patients.
- Support the Neighbourhood Health Models by engaging with partners to develop new and cohesive ways of working.
- Roll out the Patient and Carer Race Equality Framework (PCREF) across all marginalised groups.

Strategic ambition 5

Working with and for our communities

Aims		Priorities 2025/26
Act as a system enabler and influencer	Drive action to reduce health inequalities	
✓	✓	Develop an effective partnership between TEWV and CNTW, and support the Provider Collaborative to be successful.
✓	✓	Support the Neighbourhood Health Models by engaging with partners to develop new and cohesive ways of working.
✓	✓	Engage with and support the 10-year plan, transforming how services are commissioned for patients.
✓	✓	Roll out the Patient and Carer Race Equality Framework (PCREF) across all marginalised groups.

Thank you

7.3 INTEGRATED PERFORMANCE QUARTERLY REPORT (QUARTER 1)

Ramona Duguid, Chief Operating Officer

REFERENCES

Only PDFs are attached

7.3a Board front sheet - IPR - July 2025 Meeting.pdf

7.3b Trust IPR Report - May 2025 - Board FINAL.pdf

Meeting	Council of Governors Business Meeting		**Agenda item: 1.5**
Date of meeting	Thursday 4 September 2025		
Report title	Integrated Performance Report (IPR) Period: May 2025		
Report Lead	Ramona Duguid, Chief Operating Officer		
Prepared by	Tommy Davies, Deputy Director of Transformation, Delivery and Performance		
Purpose	**For decision**	**For assurance**	**For awareness**
		☑	☑
Report previously considered by	Trust wide Delivery Groups, Executive Management Group, Quality and Performance Committee and Board of Directors		
Executive summary	**Positive highlights for May-25** • **Do you feel safe? –** Reported consistently above target for 12 months. • **Clinical Supervision** – Reported at 81.9% as at 30/04/25 above the 80% target • **MRE Restraints** – Lowest position reported for 24 months • **Prone Restraints –** Decreased in the month and remains below lower control limit for ninth consecutive month. • **Psychiatric Liaison seen within ED within 1 hour –** Reported above the internal target (80.0%) at 84.9%. • **Psychiatric Liaison seen within Ward in 24 hours –** Continues to be reported above target • **Active Inappropriate Out of Area Placements –** There were no reported active inappropriate placements as at 31/05/2025. **Areas of concern and where recovery plans are in place** • Clinically Ready for Discharge and bed occupancy. • Crisis Very Urgent (4 hours) • Neurodevelopmental waits for children and young people and adults. • % waiting < 4 weeks to treatment – Adult & Older Adult Services • Sickness and Appraisal rates		
Detail of corporate/ strategic risks	Risk 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. Risk 2511 – Risk of not meeting regulatory and statutory requirements of Care Quality Commission (CQC) registration and quality standards. Risk 2512 – Risk of failing to maintain a positive safety learning culture resulting in avoidable harm, poor systems, process and policy, and identification of serious issues of concern. 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. Risk 2540 - Risk of increased staffing costs from use of temporary staff impacting on quality of care and financial sustainability. 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. 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. 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.
Recommendation	To note the performance position and seek assurance on the recovery plans in place on areas of underperformance.
Supporting information / appendices	Not applicable

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Integrated Performance Report

Patients | Quality | People | Person Led Care | Sustainability

2025-26 Month 2 (May 2025)

With YOU in mind

Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts.

	Variation / performance Icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	**Normal Variation** Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	**Concern** Special cause variation of a CONCERNING nature.	**Something's going on!** Something, a one-off or a continued trend or shift of numbers in the wrong direction	**Investigate** to find out what is happening / has happened. Is it a one off event that you can explain? Or do you need to change something?
	**Improvement** Special cause variation of an IMPROVING nature.	**Something good is happening!** Something, a one-off or a continued trend or shift of numbers in the right direction. Well done!	Find out what is happening / has happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Assurance icons		
Icon	**Technical description**	**What does this mean?**	**What should we do?**
	**Achieve at random** This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	**Consistently off target** This process is not capable and will consistently FAIL to meet the target.	If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	**Consistently achieve** This process is capable and will consistently PASS the target if nothing changes.	If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Interpreting SPC charts

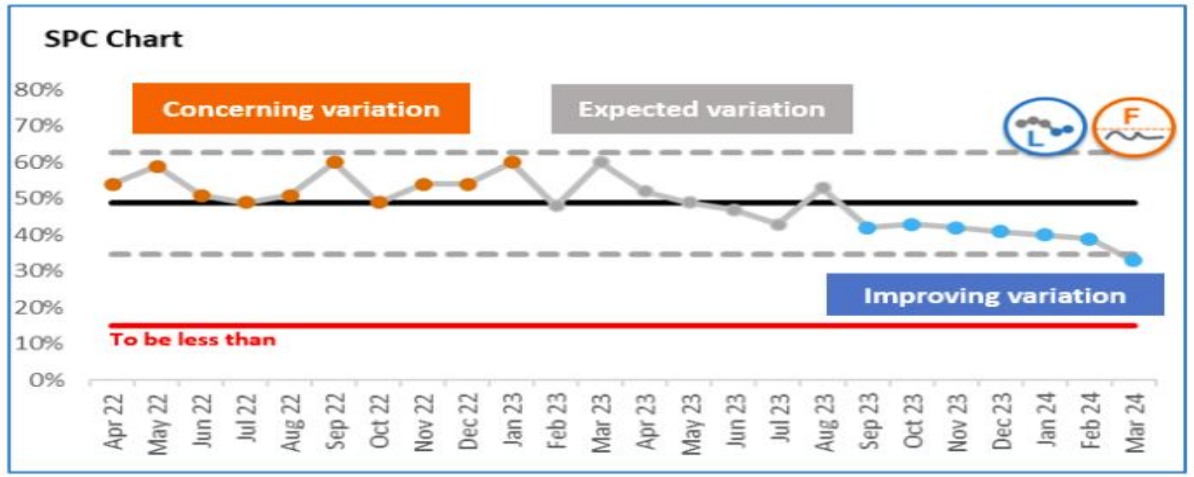
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be react noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



UPL

Average

LPL

Target

The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Risk scoring process

Step 1

Guide to Risk scoring		Target Assurance		
		Consistently Achieve	Achieve at Random	Consistently off target
Variation	Improving	Risk: LOW	Risk MED	Risk MED
	Normal Variation	Risk: LOW	Risk MED	Risk: HIGH
	Concern	Risk MED	Risk: HIGH	Risk: HIGH

Step 2

Risk level is worked out using the SPC variation and target assurance in step 1. Then a step 2 test is applied.

- Is the metric something without a target such as safety incidents and we want to continue to monitor the actions
- A common-sense check of the SPC interpretation and risk may lead to a slight adjustment of the risk

Step 3

Risk score of med or high means that an exception report pages is added to the IPR with a full SPC graph, Care Group data breakdown, reasons for performance issue, list of actions and expected improvement timescales.

Headline SPC performance measure summary

Reporting Period: May-2025

Target assurance

Variation	Consistently achieve	Achieve at Random	Consistently off target	No Target
Improvement		• Did you feel safe? • Active Inappropriate Out of Areas	• How as your experience? (FFT) • % of patients with a Safety Plan • Records of Capacity/CTT at point of detention	• MRE Restraints • Prone Restraints • Long Term Seg & prolonged seclusion
Normal Variation	• % PLT Ward referrals seen within 24hrs	• How was the care we provided? • Rights at point of Detention • % Adult inpatients discharged with LOS >60 days • % Older Adult inpatients discharged with LOS >90 days • Crisis % Very urgent seen within 4 hours • % PLT ED referrals seen within 1hr • All staff WTEs against plan	• Sickness • Bed Occupancy • % 4 week or less to treatment (WAAOP)	• Assaults on Patients • Assaults on Staff
Concern	• EIP – Starting Treatment in 14 days	• Crisis % Urgent seen within 24 hours	• Appraisal rate • Clinically Ready for Discharge • % Waiting 4 weeks or less to receive help (CYPS)	

Key exceptions – improvement commentary

Reporting Period: May-2025

% waiting < 4 weeks to treatment – Adult & Older Services

What the data and intelligence tells us about the challenges

- The target is currently internally set at 75% as part of medium-term trajectory to move from 18 weeks to the new 4 week wait. In May 2025, the performance was 23.0%, this has come down from a peak of 40% in September 2024. The performance two years ago was 20%.
- This measure remains off target, however, the Trust benchmark highest compared to all Mental Health Provider across several waiting times metrics such as numbers waiting over 52, 72 and 104 weeks.
- The metric under 4 weeks is very challenging, teams have moved from a pathway that was to have two contacts within 18 weeks to an intervention or care plan and a baseline assessment within 4 weeks. We also benchmark high for compliance with this method.

Improvement Actions

- Bi-monthly Access Oversight Group happens with CBU's and will refocus on improving performance delivery and data quality.
- There are fortnightly waiting list meetings overseen by each team with a focus on improving waiting times using the dashboards, these are supported by the Heads of Commissioning and Quality Assurance.

Expected impact and by when

Expected impact will be improvement across 2025/26.

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

What the data and intelligence tells us about the challenges

- The target is currently internally set at 55% as part of medium-term trajectory to move from 18 weeks to the new 4 week wait. At May, the performance is 7.5%, this has come down from around 15% a year ago.
- 20% of CYPS on a Mental Health or Learning Disability pathway were seen within 4 weeks and only 4% of patients on a Neurodevelopmental Pathway were seen within 4 weeks.
- This measure remains low due to neurodevelopmental referrals demand increasing four times and outstripping demand capacity. Performance in Newcastle and Gateshead is most challenged but North Cumbria also have a high number of patients waiting over 4 weeks.
- The metric will include all patients every month who have not been seen and are on long waiting lists so this is not a measure that can be rectified without tackling the large waiting lists.

Improvement Actions

- Discussions with the ICB are taking place at a strategic level to focus on taking some of the learning from the ADHD taskforce report published in June which recognises the needs for a greater focus on services outside of secondary care whilst also improving secondary services
- This strategic group of partners have developed revised clinical thresholds which will define access to secondary mental health services and alternative providers so most of the need can be met outside the Trust which will reduce Trust demand and improve our waits.

Expected impact and by when

The impact of any improvement actions is going to be over years not months due to the size and scale of the impact of the increased demand of Neurodevelopmental CYPS.

Key exceptions – improvement commentary

Reporting Period: May-2025

Crisis % Urgent seen within 24 hours

What the data and intelligence tells us about the challenges

- In May 55.6% patients were see within 4 hours. The performance has been 10% above the average for the last 4 months.
- Northumberland and Tyneside had the lowest performance at 40% and North Cumbria had the highest at 77%. There are only low numbers that make up the metric so the figure can fluctuate more than other metrics.
- There are some challenges in demand and capacity and the peaks in demand can mean seeing patients in time is challenging. There is also the need to staff 136 suites that can reduce capacity to see Crisis referrals.

Improvement Actions

- A 136-suite paper has been approved that will enable the Crisis Team to focus on crisis referrals and improve the performance.
- Improve the standardisation of referral recording across teams supported by Access Oversight sub-group because a few issues can have a big impact with small numbers.
- The staffing shortage in 111 service due to unexpected demand has impacted Crisis Performance. This has impacted the crisis performance. To tackle this issue, a recruitment plan has been established.

Expected impact and by when

- It is expected that these measures will take a few months to implement but will have an impact on current performance within quarter 3 2025/26

Clinically Ready for Discharge

What the data and intelligence tells us about the challenges

- In May 13.3% of patients were Clinically Ready for Discharge (CRFD). The performance has been about this level for 6 months. 18-24 months ago the Trust was consistently around 10%, the target is 7.5%. The % CRFD bed days continues to remain high and a significant pressure.
- In the last six months there has been a recent significant reduction in the CRFD in Adult Acute wards and a recent uptick in the Older Adults and Rehabilitation wards.
- Most patients are awaiting housing or a care package. There system wide challenges with complex discharges and enabling appropriate support and care packages.

Improvement Actions

- The Community, Psychiatric Liaison, and Crisis Teams have worked collaboratively to manage increased inpatient demand. Their efforts have supported the repatriation of out-of-area patients, reduced inappropriate hospital admissions, and helped minimise discharge delays. While delayed discharges remain high, there has been a noticeable reduction in the acute pathway. Comprehensive improvement is being implemented across all operational areas to address these delays and improve patient flow, with a particular focus on strengthening the Hospital to Home pathway
- The Trust will continue to be engaged in the Multi-agency Response Group (MaRG) incorporating local authorities, ICB and CNTW teams continues to be in place. Internal review of the MaRG meeting & the terms of reference take place based on learning to date.

Expected impact and by when

- The impact of the above actions are being monitored daily with anticipated improvement to be September onwards the benefits of the new ways of working become enhanced

Key exceptions – improvement commentary

Reporting Period: May-2025

Appraisal rate

What the data and intelligence tells us about the challenges

- The target for Appraisal rate is 85% and the Trust has not been above 80% for 2 years and is therefore classed as consistently off target.
- The performance has not dropped below 72% for 2 years but in the last 6 months has fallen below the 24-month average and is therefore classed as concern in terms of variation across the 2 years. This decline is due to concerning trends in Specialist Care Group and Corporate/Support Services.
- The Performance is at 73.8% against a target of 85% for May 2025. Specialist Care Group and Corporate/Support Services are furthest from the target.

Improvement Actions

- Deep dive of appraisal performance at The Workforce Business Delivery Group and all Corporate Teams and Care Groups are producing a trajectory and improvement plan to rectify the current position over the next quarter.
- Corporate Teams and Care Groups are reviewing areas under 50% compliance and provide plans for improvement into July 2025.
- Corporate appraisal rates shared with Executive Director who is performance managing across the directorates.

Expected impact and by when

It is expected that performance will improve and be on target by quarter three.

Sickness Rate

The data for April not May, it's one month behind to allow time for records to be updated on ESR

What the data and intelligence tells us about the challenges

- The current performance is 6.6% at April 2025 against a 5% target.
- CNTW sickness rate has fluctuated with normal variation between 6% and 7% for the last two years.
- The rate is in line with peer Trusts but in the highest quartile for Mental Health Trusts and was in this quartile in 2017.

Improvement Actions

- Deep dive of sickness performance at The Workforce Business Delivery Group and all Corporate Teams and Care Groups are producing a trajectory and improvement plan to rectify the current position over the next quarter. Targeted improvement work though the Resources and Performance Group to:
    a) focus on teams with 15% or more sickness
    b) Target support to staff with 3 or more absences per revised policy
- Promote and continue to implement the Trust health and wellbeing offer. There is also Health and Growth Accelerator Funding and support for a Regional Wellbeing hub.
- Robust management of the Optima Health contract.
- New Health Wellbeing and attendance policy training underway

Expected impact and by when

It is expected that performance will improve by quarter three. There is a commitment to the ICB to reduce sickness by 1% in 25/26.

Core Trust Integrated Outcome Measures - Summary Overview

Reporting Period: May-2025

	Ref	Indicator Name	Variation	Assurance	Performance	Target	Target Type	Risk Rating	Summary Narrative	Exec
Commitments	C01	How was your experience? (FFT)	Improvement	Consistently Off Target	88.5%	90%	CNTW Std	Med (Monitoring)	Improved in the month	SR
	C02	How was the care we provided?	Normal Variation	Achieve at Random	87.9%	90%	CNTW Std	Med (Monitoring)	Deteriorated in the month	SR
	C03	Did you feel safe?	Improvement	Achieve at Random	91.9%	90%	CNTW Std	Low (On Track)	Reported consistently above target for 14 months	SR
People	P01	Sickness in Month	Normal Variation	Consistently Off Target	6.6%	5%	NHSE Std	High (Action)	Deteriorated in the month, excludes NTW Solutions data	LS
		The training metrics are now shown as individual measures in their own page								
	P04	Appraisal rate	Concern	Consistently Off Target	73.8%	85%	CNTW Std	High (Action)	Remains off target and has deteriorated in the month - excludes NTWS	LS
	P05	% Clinical Supervision completed	SPC n/a	SPC n/a	81.9%	80%	CNTW Std	Low (On Track)	81.9% is the reported position as at 31st May 2025	LS
Quality Care	Q01	MRE Restraints	Improvement	SPC not applicable	2	n/a	n/a	Med (Monitoring)	Lowest position reported in 24 months	SR
	Q02	Prone Restraints	Improvement	SPC not applicable	11	n/a	n/a	Med (Monitoring)	Position improved, below lower control limit for 9th consecutive month	SR
	Q03	Long term segregation and prolonged seclusion	Improvement	SPC not applicable	13	n/a	n/a	Med (Monitoring)	Improved in the month, remains below average (14 reported April 25)	SR
	Q04	Assaults on Patients	Normal Variation	SPC not applicable	175	n/a	n/a	Med (Monitoring)	Increased in the month	RN
	Q05	Assaults on staff	Normal Variation	SPC not applicable	465	n/a	n/a	Med (Monitoring)	No change in the month (465 reported April 2025)	RN
	Q06	% of patients with a Safety Plan	Improvement	Consistently Off Target	85.9%	100%	CNTW Std	Med (Monitoring)	Position increased in the month	RN
	Q07	Reducing incidents of self-harm	Normal Variation	SPC not applicable	1,317	n/a	n/a	Med (Monitoring)	Position decreased in the month	RN
	Q08	Rights at Point of Detention	Normal Variation	Achieve at Random	93.0%	100%	CNTW Std	Med (Monitoring)	Performance continues to flucuate, improved in the month	RN
	Q09	Record of Capacity/ CTT at point of detention	Improvement	Consistently Off Target	75.6%	100%	CNTW Std	High (Action)	Remains consistently off target, increased in the month	RN
Person Led Care	A01	Active Inappropriate Out of Area Placements	Improvement	Achieve at Random	0	0	NHSE LTP	Med (Monitoring)	There were no active Out of Area Placements at the end of May	RD
	A02	Bed Occupancy including leave (open beds on RiO)	Normal Variation	Consistently Off Target	92.7%	85%	NHSE Std	High (Action)	Improved in the month but remains above target	RD
	A03	% Adult inpatients discharged with LOS > 60 days	Normal Variation	Achieve at Random	29.7%	20%	CNTW Std	Med (Monitoring)	Deteriorated in the month, reported above target	RD
	A04	% OP inpatients discharged with LOS > 90 days	Normal Variation	Achieve at Random	42.5%	40%	CNTW Std	Med (Monitoring)	Deteriorated in the month, reported above target	RD
	A05	Clinically Ready for Discharge (formerly DTOC)	Concern	Consistently Off Target	13.3%	7.5%	NHSE Std	High (Action)	Remains off track, improved in the month	RD
	A06	Crisis % Very urgent seen within 4 hours (WAA&OP)	Normal Variation	Achieve at Random	55.6%	60%	CNTW Traj	Med (Monitoring)	30 out of 54 very urgent referrals seen within 4 hours	RD
	A07	Crisis % Urgent seen within 24 hours (WAA&OP)	Concern	Achieve at Random	75.6%	85%	CNTW Std	High (Action)	397 out of 525, improved in the month but remains below target	RD
	A08	% PLT ED Referrals seen within 1 hour	Normal Variation	Achieve at Random	84.9%	80%	CNTW Std	Low (On Track)	Improved in the month, reported above the internal target	RD
	A09	% PLT Ward Referrals seen within 24 hours	Normal Variation	Consistently Achieve	96.3%	85%	CNTW Std	Low (On Track)	Reported consistently above the internal target	RD
	A10	% Waiting 4 wks or less to treatment (WAAOP)	Normal Variation	Consistently Off Target	23.0%	75%	CNTW Traj	High (Action)	77.0% (2,310 of 3,000) have been waiting longer than 4 weeks	RD
	A11	% Waiting 4 wks or less to receive help (CYPS)	Concern	Consistently Off Target	7.5%	55%	CNTW Traj	High (Action)	92.5% (8,708 of 9,414) have been waiting longer than 4 weeks	RD
	A12	EIP – starting treatment in 14 days	Concern	Consistently Achieve	68.2%	60%	CNTW Std	Med (Monitoring)	Above target, improved in May following a deterioration in April 25	RD
Sustainable	S01	Live within our means (I&E Surplus/Deficit £)	SPC not applicable	SPC not applicable	£2.6m	-£0.9m	n/a	Low (No Target)	The Trust is reporting a 2.6m surplus at month 2, due to land sale	KS
	S02	Income & Expenditure Forecast	SPC not applicable	SPC not applicable	-£4.4m	£3.3m	n/a	Low (No Target)	The Trust has delivered against the requirements at month 2	KS
	S03	All staff WTEs	Normal Variation	Achieve at Random	8,611	8,557	CNTW Traj	Med (Monitoring)	The Trust was 54 WTE over established in month 2	KS
	S04	Capital spend compared to plan (£)	SPC not applicable	SPC not applicable	£0.7m	£0.5m	n/a	Low (No Target)	Capital programme is behind the Trust annual plan at month 2	KS
	S05	Cash balance compared to plan (£)	SPC not applicable	SPC not applicable	£38.3m	£26.2m	n/a	Low (No Target)	The Trust cash balance is higher than plan at month 2	KS

Training - Summary Overview

Reporting Period: May-2025

Great Place to Work - Training

All Staff Priority Training

Ref	Indicator Name	Variation	Assurance	Performance	Target	Target Type	Numerator	Denominator	Risk Rating
TA01	Information Governance	Concern	Consistently Achieve	89.1%	90%	CNTW Std	8,016	8,994	Med (Monitoring)
TA02	Corporate Induction	Normal Variation	Consistently Achieve	96.2%	95%	CNTW Std	8,653	8,994	Low (On Track)
TA03	Local Induction	Improvement	Consistently Off Target	94.9%	95%	CNTW Std	8,526	8,986	Med (Monitoring)
TA04	Safeguarding Adults Level 1	Normal Variation	Consistently Achieve	94.9%	85%	CNTW Std	1,602	1,689	Low (On Track)
TA05	Safeguarding Children Level 1	Concern	Consistently Achieve	94.1%	85%	CNTW Std	1,589	1,689	Med (Monitoring)
TA06	Fire	Improvement	Consistently Achieve	89.0%	85%	CNTW Std	8,003	8,994	Low (On Track)
TA07	Equality & Diversity Introduction	Improvement	Consistently Achieve	95.2%	85%	CNTW Std	8,561	8,994	Low (On Track)
TA08	Health & Safety	Improvement	Consistently Achieve	95.2%	85%	CNTW Std	8,558	8,994	Low (On Track)
TA09	Infection Prevention & Control (IPC)	Concern	Consistently Achieve	93.3%	85%	CNTW Std	8,388	8,994	Med (Monitoring)
TA10	Moving & Handling Awareness Training	Improvement	Consistently Achieve	93.7%	85%	CNTW Std	8,431	8,994	Low (On Track)
TA11	Web Risk Register	SPC not applicable	SPC not applicable	73.1%	85%	CNTW Std	616	843	Low (On Track)

Clinical Staff Priority Training

Ref	Indicator Name	Variation	Assurance	Performance	Target	Target Type	Numerator	Denominator	Risk Rating
TC01	Clinical Risk and Suicide Prevention	Improvement	Consistently Off Target	84.7%	85%	CNTW Std	3,396	4,008	Med (Monitoring)
TC02	Biopsychosocial at Risk Assess. & Safety Planning	Normal Variation	Achieve at Random	91.9%	85%	CNTW Std	3,683	4,008	Low (On Track)
TC03	Resuscitation L2 Adult Basic Life Support	Improvement	Consistently Off Target	80.7%	85%	CNTW Std	1,500	1,860	High (Action)
TC04	Resuscitation L3 Adult Immediate Life Support	Improvement	Consistently Off Target	72.7%	85%	CNTW Std	2,457	3,379	High (Action)
TC05	Resuscitation L3 Paediatric Immed Life Support	Improvement	Consistently Off Target	37.5%	85%	CNTW Std	15	40	High (Action)
TC06	Resuscitation L2 Paediatric Basic Life Support	Improvement	Consistently Off Target	77.2%	85%	CNTW Std	458	593	High (Action)
TC07	PMVA Basic	Improvement	Consistently Off Target	78.4%	85%	CNTW Std	1,988	2,536	High (Action)
TC09	Engagement & Observation	Improvement	Consistently Off Target	88.0%	90%	CNTW Std	2,941	3,343	Med (Monitoring)
TC10	Dysphagia Awareness	Improvement	Consistently Off Target	88.9%	85%	CNTW Std	2,268	2,550	Med (Monitoring)
TC11	Autism Core Capabilities: Tier 1 & 2	SPC not applicable	SPC not applicable	48.2%	60%	CNTW Traj	3,116	6,463	High (Action)
TC12	Learning Disability Tier 1	SPC not applicable	SPC not applicable	37.5%	50%	CNTW Traj	2,426	6,463	High (Action)

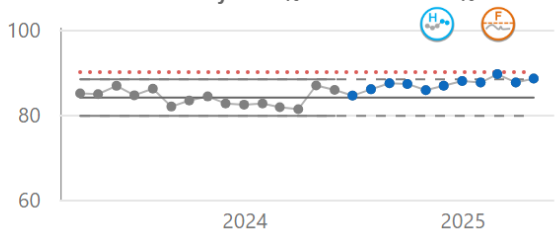
Commitments to our Carers and Patients

Reporting Period: May-2025

How was your experience? (FFT)

Med (Monitoring)

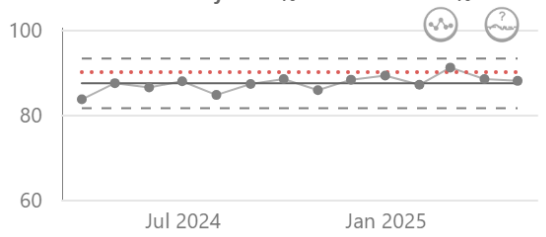
Ref: C01 May: 88.5% CNTW Std: 90%



How was the care we provided?

Med (Monitoring)

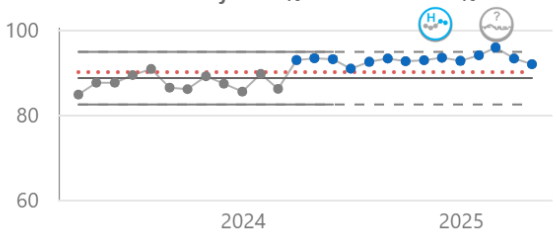
Ref: C02 May: 87.9% CNTW Std: 90%



Did you feel safe?

Low (On Track)

Ref: C03 May: 91.9% CNTW Std: 90%



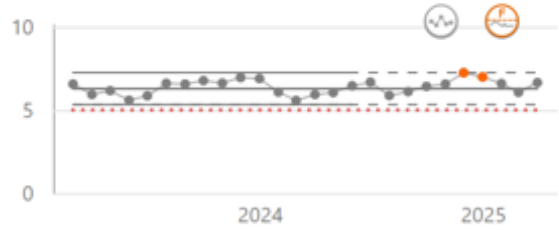
Great Place to Work

Reporting Period: May-2025

Sickness in Month

High (Action)

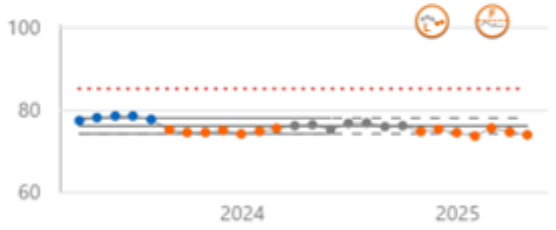
Ref: P01 April: 6.6% NHSE Std: 5%



Appraisal rate

High (Action)

Ref: P04 May: 73.8% CNTW Std: 85%



Great Place to Work

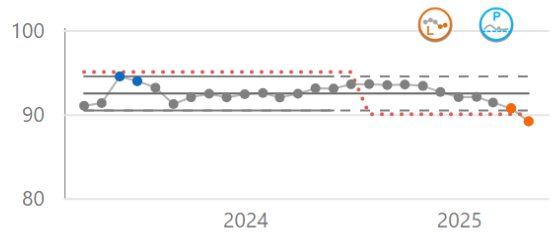
All Staff Priority Training

Reporting Period: May-2025

Information Governance

Med (Monitoring)

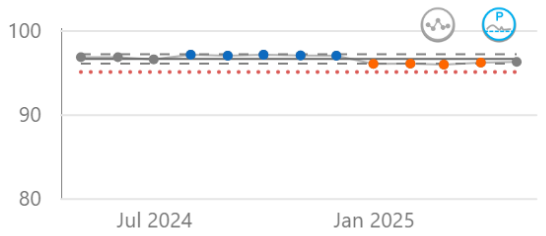
Ref: TA01 May: 89.1% CNTW Std: 90%



Corporate Induction

Low (On Track)

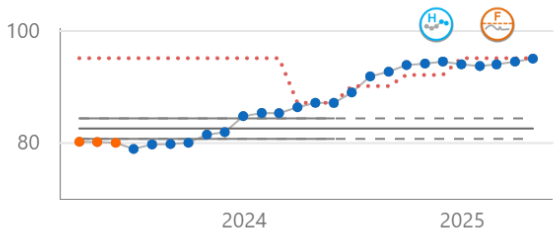
Ref: TA02 May: 96.2% CNTW Std: 95%



Local Induction

Med (Monitoring)

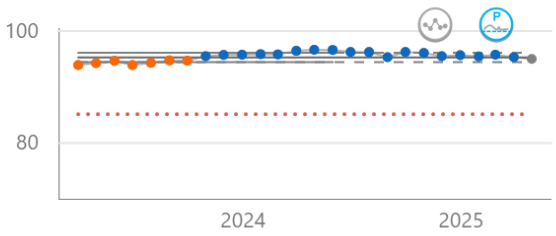
Ref: TA03 May: 94.9% CNTW Std: 95%



Safeguarding Adults Level 1

Low (On Track)

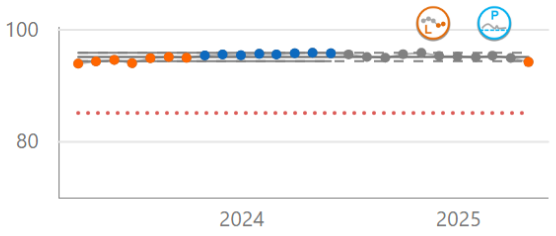
Ref: TA04 May: 94.9% CNTW Std: 85%



Safeguarding Children Level 1

Med (Monitoring)

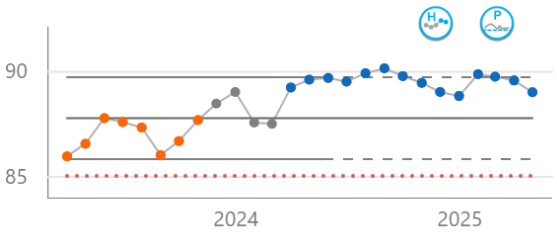
Ref: TA05 May: 94.1% CNTW Std: 85%



Fire

Low (On Track)

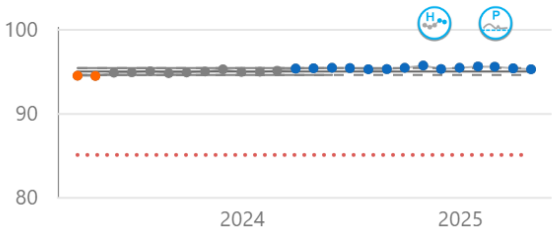
Ref: TA06 May: 89.0% CNTW Std: 85%



Equality & Diversity Introduction

Low (On Track)

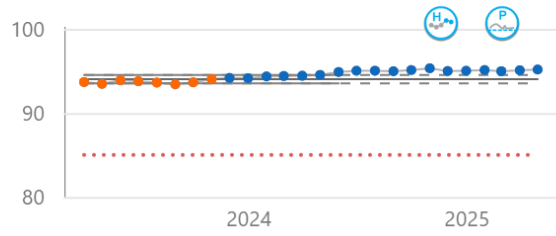
Ref: TA07 May: 95.2% CNTW Std: 85%



Health & Safety

Low (On Track)

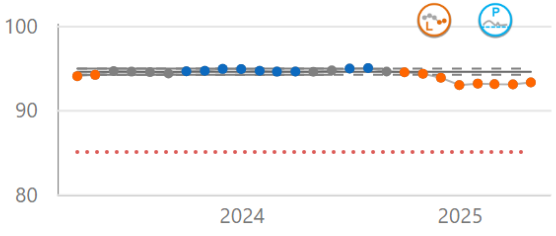
Ref: TA08 May: 95.2% CNTW Std: 85%



Infection Prevention & Control (IPC)

Med (Monitoring)

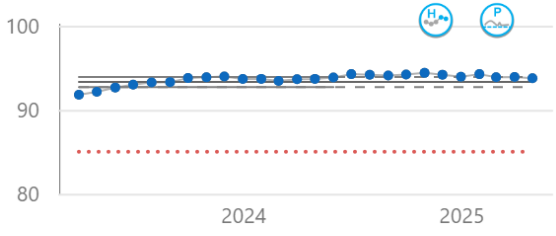
Ref: TA09 May: 93.3% CNTW Std: 85%



Moving & Handling Awareness Training

Low (On Track)

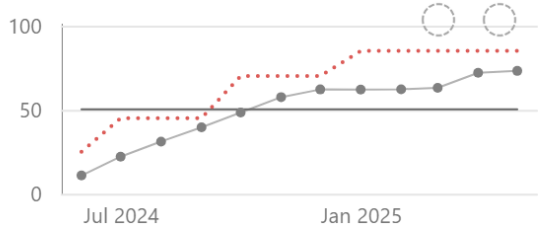
Ref: TA10 May: 93.7% CNTW Std: 85%



Web Risk Register

Low (On Track)

Ref: TA11 May: 73.1% CNTW Std: 85%



Great Place to Work

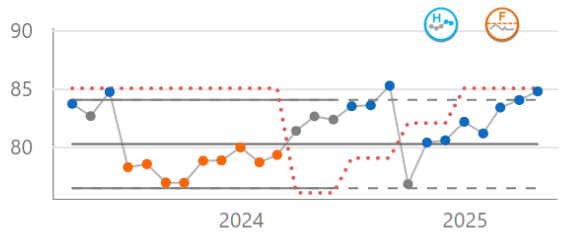
Clinical Staff Priority Training

Reporting Period: May-2025

Clinical Risk and Suicide Prevention

Med (Monitoring)

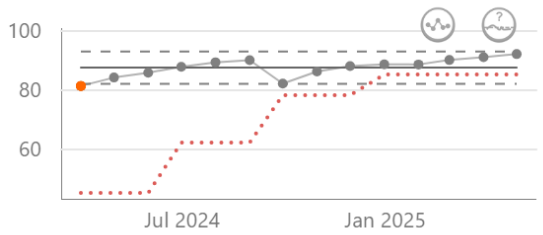
Ref: TC01 May: 84.7% CNTW Std: 85%



Biopsychosocial at Risk Assess. & Safety Planning

Low (On Track)

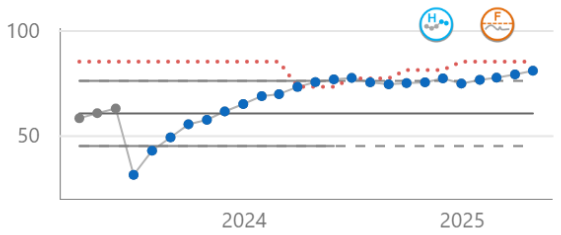
Ref: TC02 May: 91.9% CNTW Std: 85%



Resuscitation L2 Adult Basic Life Support

High (Action)

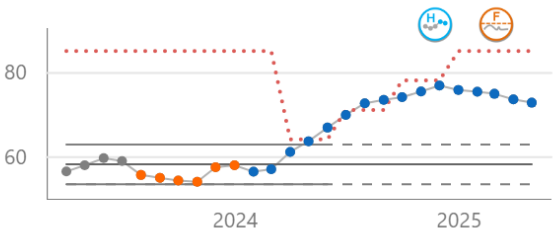
Ref: TC03 May: 80.7% CNTW Std: 85%



Resuscitation L3 Adult Immediate Life Support

High (Action)

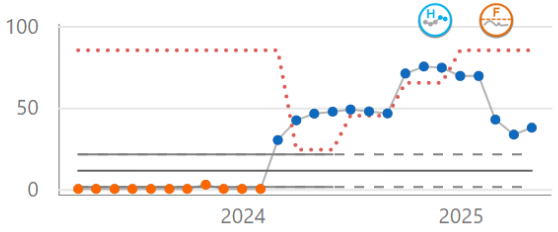
Ref: TC04 May: 72.7% CNTW Std: 85%



Resuscitation L3 Paediatric Immed Life Support

High (Action)

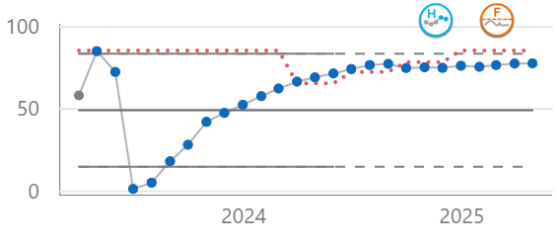
Ref: TC05 May: 37.5% CNTW Std: 85%



Resuscitation L2 Paediatric Basic Life Support

High (Action)

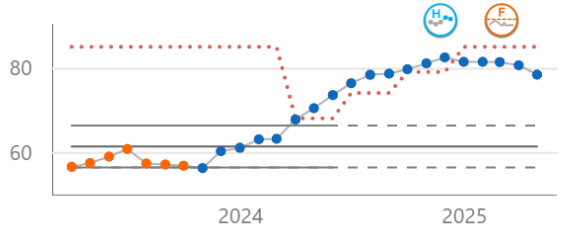
Ref: TC06 May: 77.2% CNTW Std: 85%



PMVA Basic

High (Action)

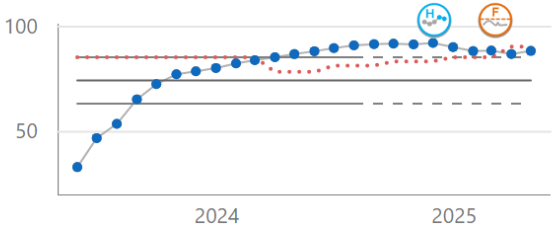
Ref: TC07 May: 78.4% CNTW Std: 85%



Engagement & Observation

Med (Monitoring)

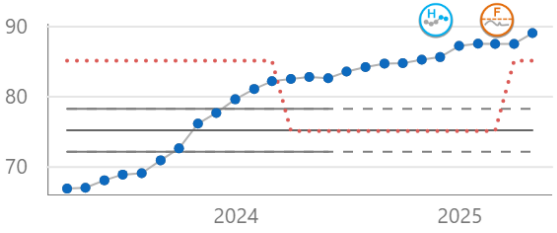
Ref: TC09 May: 88.0% CNTW Std: 90%



Dysphagia Awareness

Med (Monitoring)

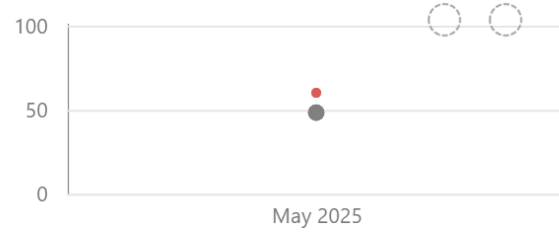
Ref: TC10 May: 88.9% CNTW Std: 85%



Autism Core Capabilities: Tier 1 & 2

High (Action)

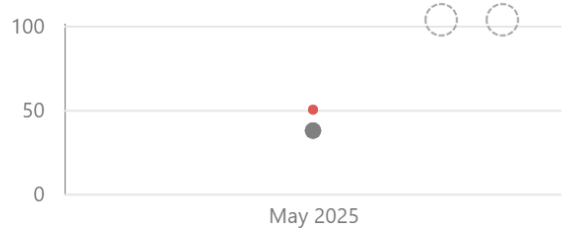
Ref: TC11 May: 48.2% CNTW Traj: 60%



Learning Disability Tier 1

High (Action)

Ref: TC12 May: 37.5% CNTW Traj: 50%



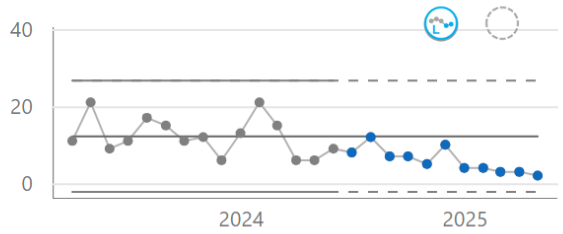
Quality Care, Every Day

Reporting Period: May-2025

MRE Restraints

Med (Monitoring)

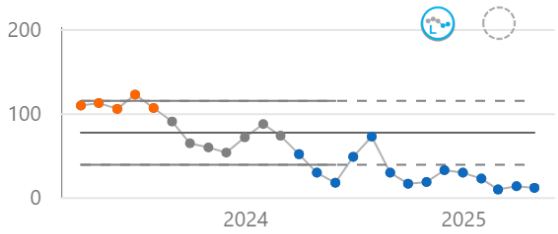
Ref: Q01 May: 2 Plan: n/a



Prone Restraints

Med (Monitoring)

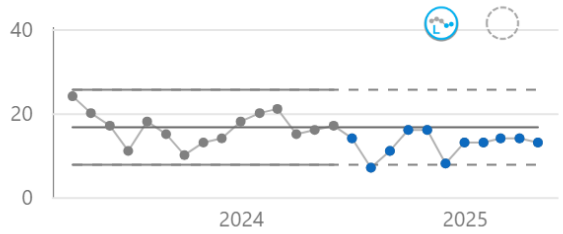
Ref: Q02 May: 11 Plan: n/a



Long term segregation and prolonged seclusion

Med (Monitoring)

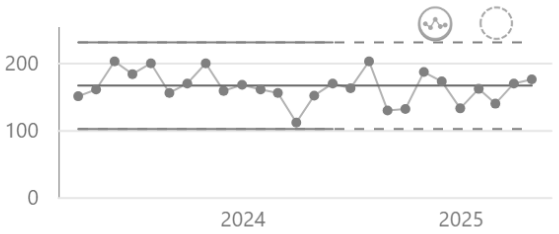
Ref: Q03 May: 13 Plan: n/a



Assaults on Patients

Med (Monitoring)

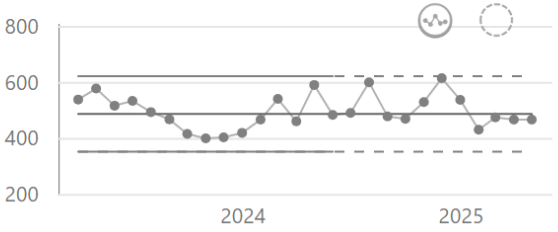
Ref: Q04 May: 175 Plan: n/a



Assaults on staff

Med (Monitoring)

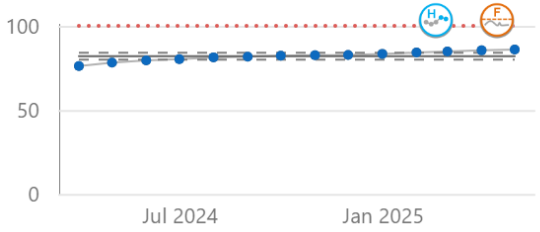
Ref: Q05 May: 465 Plan: n/a



% of patients with a Safety Plan

Med (Monitoring)

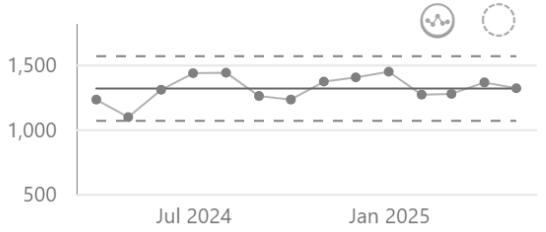
Ref: Q06 May: 85.9% CNTW Std: 100%



Reducing incidents of self-harm

Med (Monitoring)

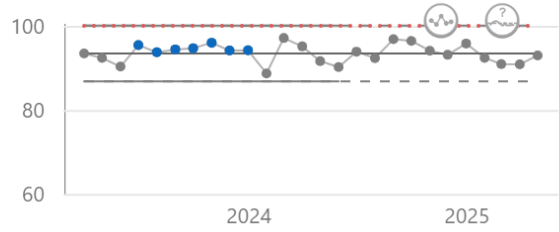
Ref: Q07 May: 1,317 Plan: n/a



Rights at Point of Detention

Med (Monitoring)

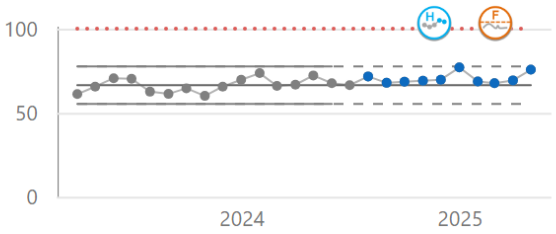
Ref: Q08 May: 93.0% CNTW Std: 100%



Record of Capacity/ CTT at point of detention

High (Action)

Ref: Q09 May: 75.6% CNTW Std: 100%



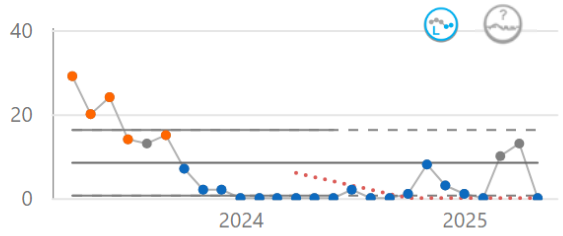
Person-led Care, when and where needed

Reporting Period: May-2025

Active Inappropriate Out of Area Placements

Med (Monitoring)

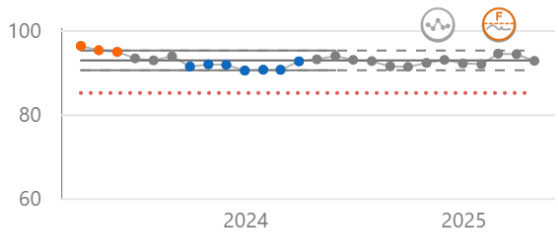
Ref: A01 May: 0 NHSE LTP: 0



Bed Occupancy including leave (open beds on RiO)

High (Action)

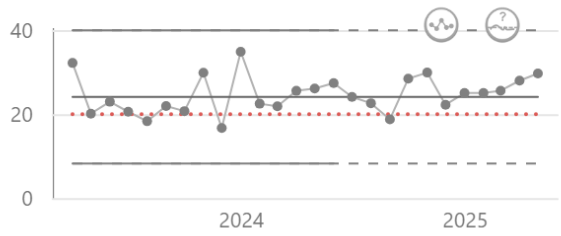
Ref: A02 May: 92.7% NHSE Std: 85%



% Adult inpatients discharged with LOS > 60 days

Med (Monitoring)

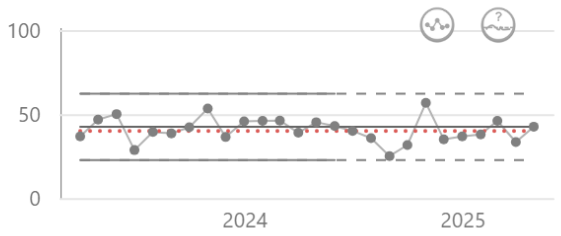
Ref: A03 May: 29.7% CNTW Std: 20%



% OP inpatients discharged with LOS > 90 days

Med (Monitoring)

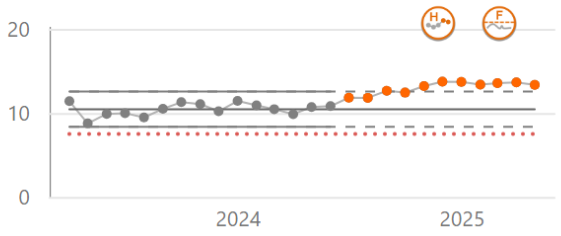
Ref: A04 May: 42.5% CNTW Std: 40%



Clinically Ready for Discharge (formerly DTOC)

High (Action)

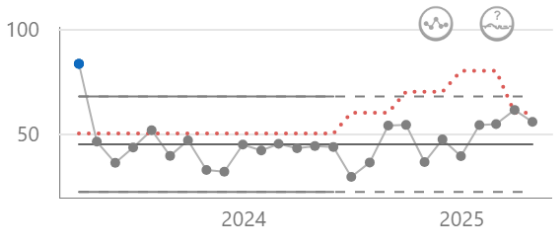
Ref: A05 May: 13.3% NHSE Std: 7.5%



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

Med (Monitoring)

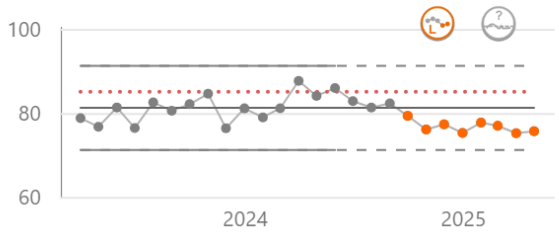
Ref: A06 May: 55.6% CNTW Traj: 60%



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

High (Action)

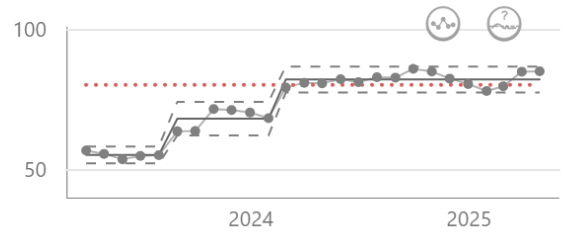
Ref: A07 May: 75.6% CNTW Std: 85%



% PLT ED Referrals seen within 1 hour

Low (On Track)

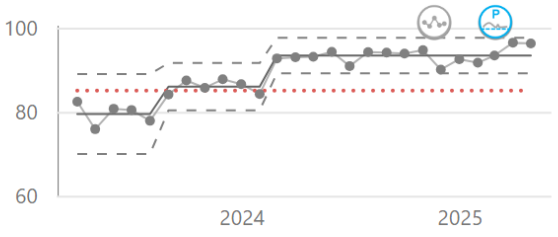
Ref: A08 May: 84.9% CNTW Std: 80%



% PLT Ward Referrals seen within 24 hours

Low (On Track)

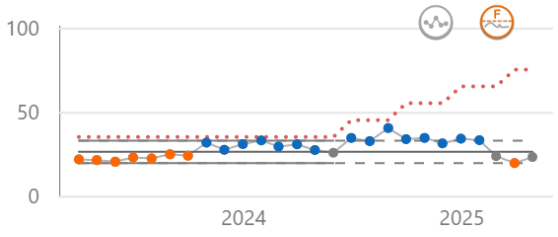
Ref: A09 May: 96.3% CNTW Std: 85%



% Waiting 4 wks or less to treatment (WAAOP)

High (Action)

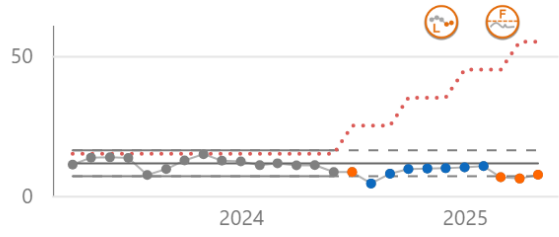
Ref: A10 May: 23.0% CNTW Traj: 75%



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

High (Action)

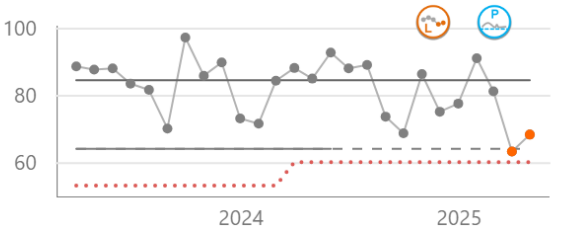
Ref: A11 May: 7.5% CNTW Traj: 55%



EIP – starting treatment in 14 days

Med (Monitoring)

Ref: A12 May: 68.2% CNTW Std: 60%



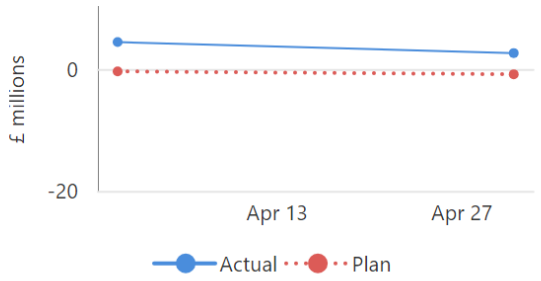
Sustainable for the Long Term

Reporting Period: May-2025

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

Low (No Target)

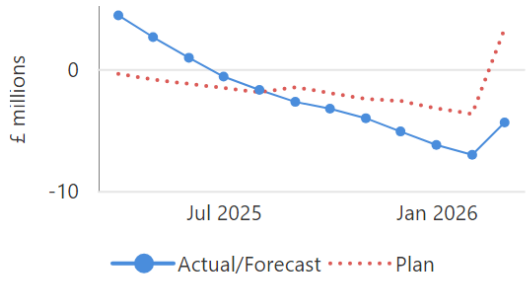
Ref: S01 May: £2.6m Plan: -£0.9m



Income & Expenditure Forecast

Low (No Target)

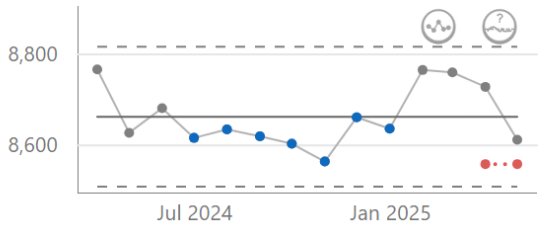
Ref: S02 March: -£4.4m Plan: £3.3m



All staff WTEs

Med (Monitoring)

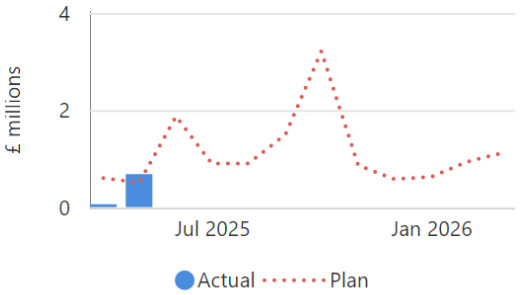
Ref: S03 May: 8,611 CNTW Traj: 8,557



Capital spend compared to plan (£)

Low (No Target)

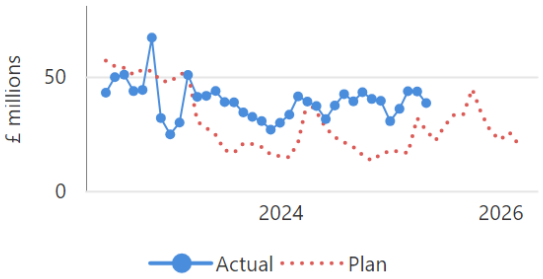
Ref: S04 May: £0.7m Plan: £0.5m



Cash balance compared to plan (£)

Low (No Target)

Ref: S05 May: £38.3m Plan: £26.2m



SUPPORTING INFORMATION AND FURTHER ANALYSIS ON METRICS

C01 How was your experience? (FFT)

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

Risk Rating: **Med (Monitoring)**

tgt. = target n. = numerator d. = denominator

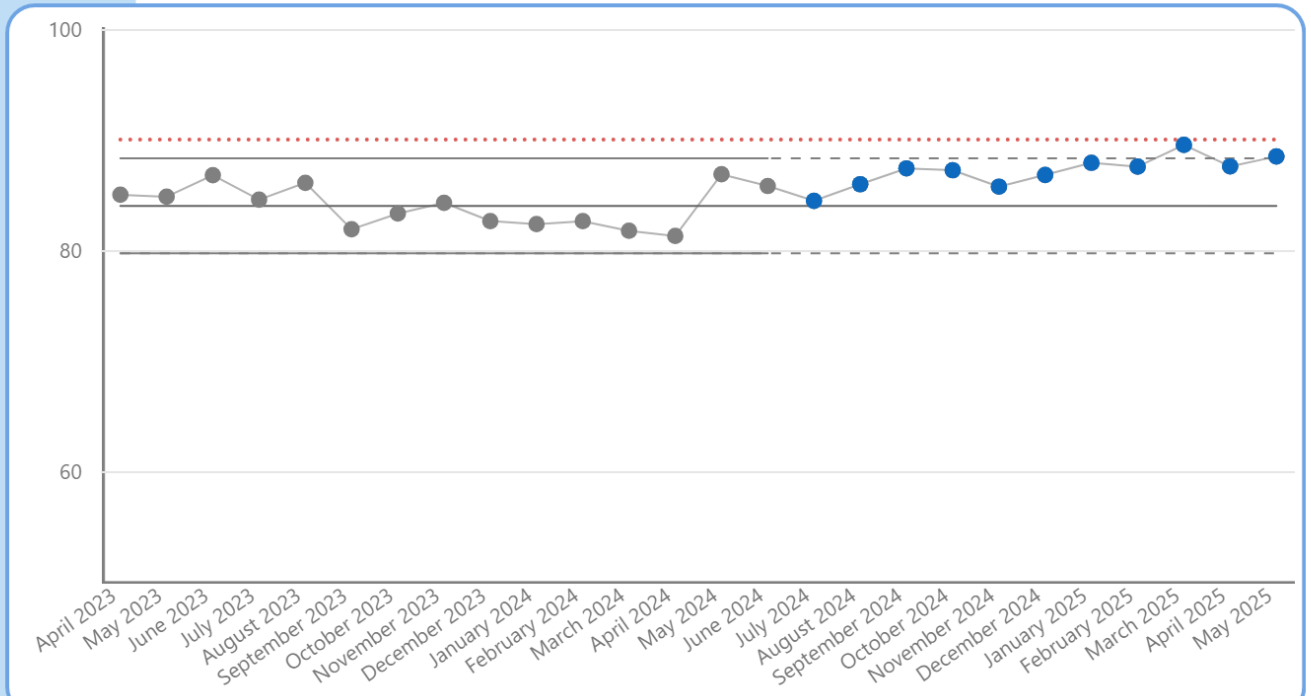
88.5%

tgt. 90%
n. 537
d. 607

Improvement
This indicator is increasing which shows improvement

Consistently Off Target
The target for this indicator is outside the control limits

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



Care Group	Performance	N	D	Target	Variation	Assurance
Community Care Group	87.6%	304	347	90%	Improvement	Achieve at Random
Inpatient Care Group	94.7%	54	57	90%	Normal Variation	Achieve at Random
Specialist Care Group	87.8%	172	196	90%	Normal Variation	Achieve at Random
Support & Corporate	100.0%	7	7	90%	SPC not applicable	SPC not applicable

Feedback

What the chart tells us

Performance was reported at 88.5% for May which is an increase from April (87.6%). Without change, we will remain consistently off target.

Root Cause of the performance issue

- There were 37 (6.1%) negative experiences reported of the 607 responses to this question. This is a deterioration from 31 (5.5%) in April 2025.
- There are no teams with high numbers of negative experiences this month. The CNTW Access Hub reported the highest negative responses (5) followed by North Cumbria CYPS ADHD (4).

Improvement Actions

- Completing You Said – We Did posters is a good way of showing how issues are being responded to monthly.
- The Your Voice dashboard is available to staff and support is offered to help staff explore the data and respond to themes as they emerge

Expected impact and by when

The Your Voice experience survey has seen an increase in engagement since this was implemented in April 2024, meaning there are more opportunities at Group, Locality, CBU and team level to respond to experiences of service users and carers and the developing themes more regularly.

C02 How was the care we provided?

How was the care we provided?

Risk Rating: Med (Monitoring)

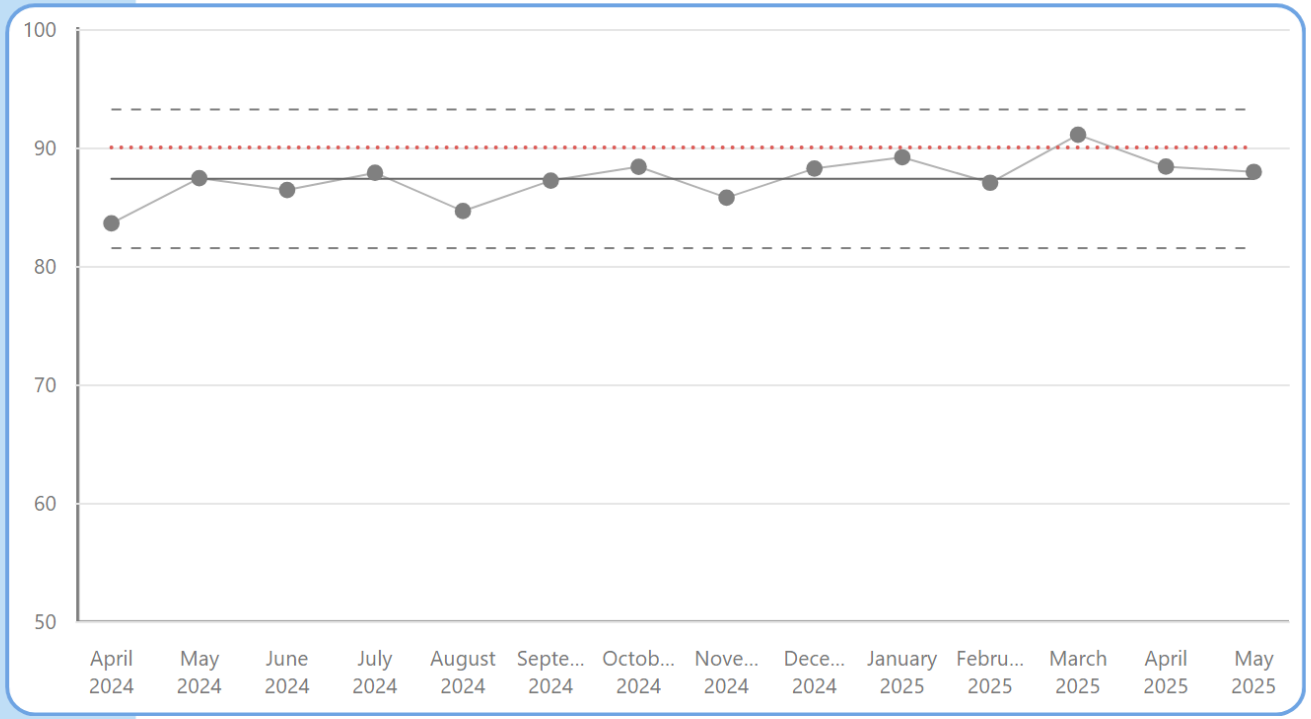
tgt. = target n. = numerator d. = denominator

87.9%	tgt.	90%
	n.	525
	d.	597

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

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

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



Care Group	Performance	N	D	Target	Variation	Assurance
Community Care Group	87.4%	297	340	90%	Normal Variation	Achieve at Random
Inpatient Care Group	89.5%	51	57	90%	Normal Variation	Achieve at Random
Specialist Care Group	88.1%	170	193	90%	Normal Variation	Achieve at Random
Support & Corporate	100.0%	7	7	90%	SPC not applicable	SPC not applicable

Feedback

What the chart tells us

Performance was reported at 87.9% for May, which is a deterioration from April (88.4%).

Root Cause of the performance issue

- 597 people responded to this question, with 525 reporting a good or very good experience of the care provided.
- 30 respondents reported a poor experience (17 very poor and 13 poor) an improvement from 39 in April from 509 responses.
- The CNTW Access Hub received the highest number of 'Very Poor' responses this month (3)

Improvement Actions

- The Your Voice dashboard is available to staff and support is being offered to help staff explore the data and respond to themes as they emerge.

Expected impact and by when

You Said – We Did posters are a useful way of showing responsiveness, teams should be completing these monthly, making sure they are communicated to service users, carers and staff. May saw 45 posters created (56 in April). This process isn't embedded as being regularly used as an indicator of responsiveness.

P01 Sickness in Month

Percentage of in month sickness absence

Risk Rating: High (Action)

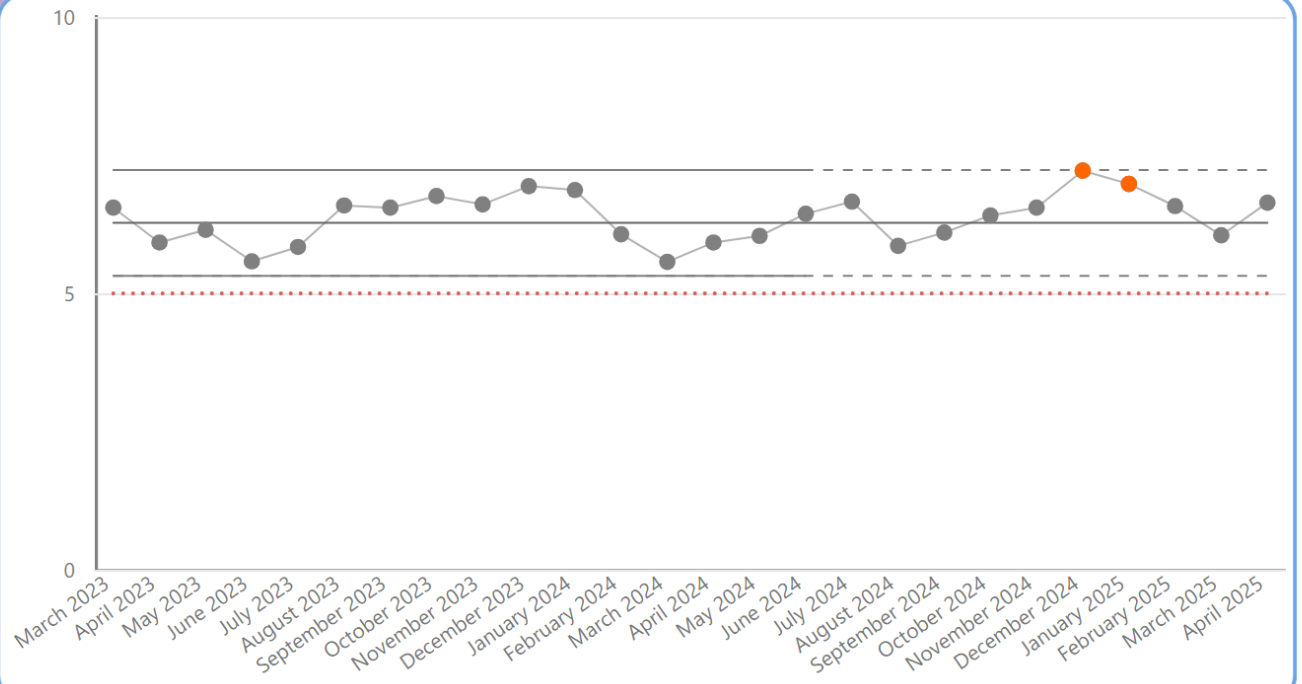
tgt. = target n. = numerator d. = denominator

6.6% tgt. 5% n. 14,739 d. 222,002

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

Consistently Off Target
The target for this indicator is outside the control limits

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



Care Group	Performance	N	D	Target	Variation	Assurance
Community Care Group	6.9%	6,223	90,418	5%	Concern	Consistently Off Target
Inpatient Care Group	8.3%	4,136	49,904	5%	Concern	Consistently Off Target
Specialist Care Group	6.6%	3,498	52,755	5%	Normal Variation	Consistently Off Target
Support & Corporate	3.1%	881	28,925	5%	Normal Variation	Consistently Achieve

Feedback

What the chart tells us

The chart shows the confirmed sickness for April 2025 which is reported at 6.6% (excludes NTW Solutions). N.B The sickness in month is reported one month behind to allow ESR to be fully updated from Allocate to accurately reflect the position. Without change the standard will not be met.

Root Cause of the performance issue

- Complex home life stressors, caring responsibilities, bereavements.
- Impact of Employee Relations processes.
- Financial stress impact
- Work-life balance challenges
- Trauma impact working in inpatient services

Improvement Actions continue to be

- Targeted improvement work though the Resources and Performance Group to
  a) focus on teams with 15% or more sickness
  b) target support to staff with 3 or more absences per revised policy
- Promote and continue to implement the health and wellbeing offer.
- Consider and implement reasonable adjustments and flexibility where possible.
- Robust management of the Optima Health contract.
- Stress at Work policy reviewed
- New Health Wellbeing and attendance policy training underway
- Health and Growth Accelerator Funding announced and support for Regional Wellbeing hub.
- Regional work underway with Executive Director of Workforce & Organisational Development as Senior Responsible Officer
- Sourcing of system to help management of Short-Term sickness

Expected impact and by when

ICB agreed 1% reduction by end of 25/26

P04 Appraisal rate

Appraisal rate

Risk Rating: **High (Action)**

tgt. = target n. = numerator d. = denominator

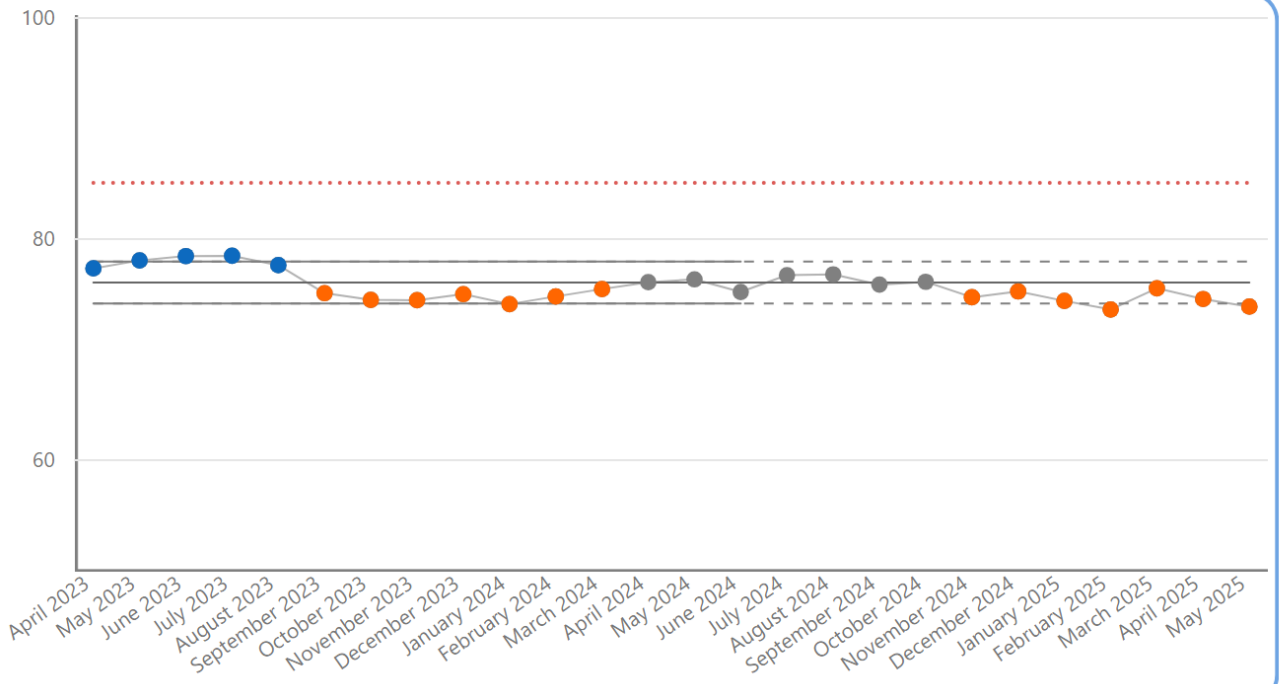
73.8%

tgt. 85%
n. 6,063
d. 8,215

Concern
There is concern because this indicator is decreasing

Consistently Off Target
The target for this indicator is outside the control limits

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



Care Group	Performance	N	D	Target	Variation	Assurance
Community Care Group	77.8%	2,628	3,380	85%	Normal Variation	Consistently Off Target
Inpatient Care Group	74.1%	1,295	1,748	85%	Normal Variation	Consistently Off Target
Specialist Care Group	70.6%	1,369	1,940	85%	Concern	Consistently Off Target
Support & Corporate	67.2%	771	1,147	85%	Concern	Consistently Off Target

Feedback

What the chart tells us

The reported appraisal rate for May is 73.8% which is a decrease from April (74.5%) (excluding NTW Solutions), continuing to be reported below the 85% standard. Without change the standard will not be met.

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

- Detailed information provided at Business Development Group – Workforce (BDGW) regarding appraisal rates and follow up discussion planned
- Groups to review those under 50% compliance and provide plans for improvement into BDGW in June 2025
- Corporate appraisal rates shared with Executive Director

Expected impact and by when

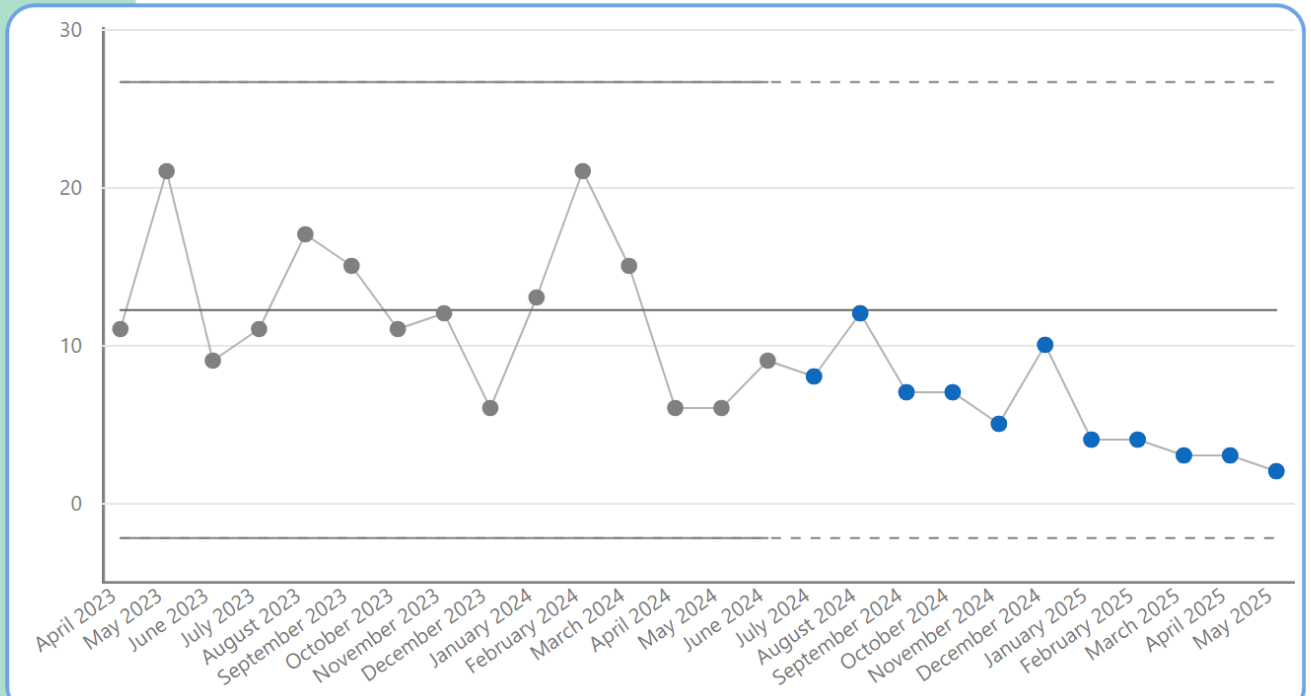
- Appraisal compliance is expected to increase over 2025/26 in line with improvement plans.

Q01 MRE Restraints

Number of MRE Restraints

Risk Rating: Med (Monitoring)

2	Improvement	SPC not applicable	DQ - No Concern
	This indicator is decreasing which shows improvement	Assurance cannot be given as there is no target and/or process limits	There are currently no concerns with the data quality of this indicator



Care Group	Performance	Target	Variation	Assurance
Community Care Group	0	n/a	Normal Variation	SPC not applicable
Inpatient Care Group	1	n/a	Improvement	SPC not applicable
Specialist Care Group	1	n/a	Normal Variation	SPC not applicable
Support & Corporate	0	n/a	Normal Variation	SPC not applicable

Feedback

What the chart tells us

There were 2 MRE restraints relating to 2 individuals, reported in May 2025. within two wards Stephenson CYPS (1) and Shoredrift (1).

Root Cause of the performance issue

- The necessity for moving complex patients for external appointments. Some under the direction of the Ministry of Justice – for example use of handcuffs if escorting. This is a MoJ requirement.
- The most frequent use of MRE within mainstream ward's is in relation to the transfer and return of patients to our local Acute Hospitals to support with physical health interventions. Anecdotal feedback suggests that the approval of MRE does not always result in it being used.

Improvement Actions

- Use of MRE reviewed at Early Learning Reviews (ELR), discussed within weekly safety meeting.
- Robust de-brief process to support learning from incidents and review of care plans.
- Talk 1st training has commenced within induction and is also now within the Healthcare Support Worker Certificate (HCSW) programme
- Autism inpatients also report via CQC assurance; incidents of restraint, learning from ELR etc are shared with care group and discussed at safety meetings. Generally, use of restraint has fallen This highlights that other tools (use of safety pods etc) are having positive impact.
- The acute and PICU wards have action plans in place to support achieving the target of 12% of the staff trained in MRE. Where wards have not achieved the 12%, a wider staff cohort (from other wards) are trained to support the delivery of safe use of MRE. There is focused work during Quarter 1 to have all wards achieving compliance.
- Focus on HOPEs awareness training.
- Build in review process for each use with the approving Director.
- Revised Inpatient Care Group RRI ambitions for 25/26 developed (awaiting approval). The Group's RRI meeting continues to have oversight of progress.
- Introduction of EMDT will enrich the therapeutic environments increasing safety, recovery and wellbeing of patients and staff.
- Linking in with other Trusts in relation to understand their restrictive intervention practice

Expected impact and by when

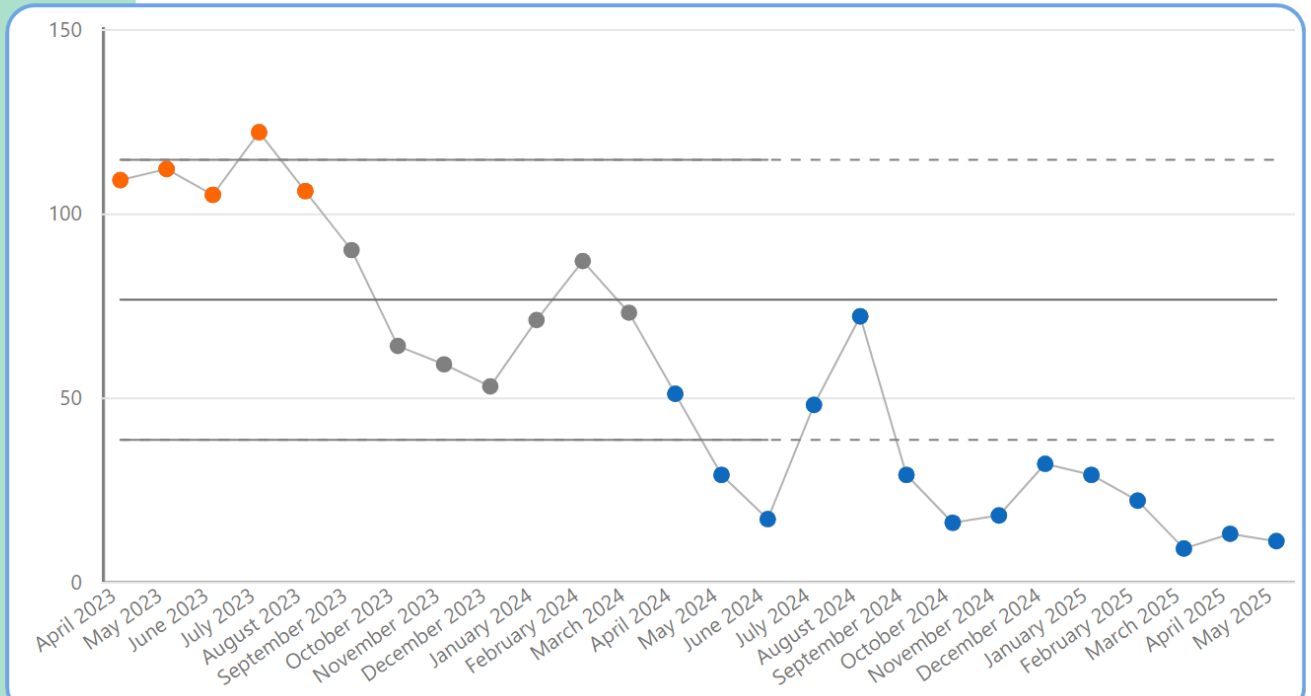
Continued reduction throughout 25/26, further specific actions within Care Groups will support reductions and delivery in line with agreed ambitions.

Q02 Prone Restraints

Number of Prone Restraints

Risk Rating: Med (Monitoring)

11	Improvement	SPC not applicable	DQ - No Concern
	This indicator is decreasing which shows improvement	Assurance cannot be given as there is no target and/or process limits	There are currently no concerns with the data quality of this indicator



Care Group	Performance	Target	Variation	Assurance
Community Care Group	0	n/a	Improvement	SPC not applicable
Inpatient Care Group	2	n/a	Improvement	SPC not applicable
Specialist Care Group	9	n/a	Improvement	SPC not applicable
Support & Corporate	0	n/a	Normal Variation	SPC not applicable

Feedback

What the chart tells us

There have been 11 Prone restraints reported in May 2025, which is a decrease from 13 incidents reported in April 2025. Two separate wards - Mitford (8) and Stephenson (1), accounted for 81.8% (9) of the incidents and 18.2% (2) within the inpatient care group (Alnmouth and Rose Lodge). It should also be noted that Central and North Cumbria wards have reported no episodes of prone restraint.

Root Cause of the performance issue

- Low levels of prone usage in month with 2 incidents reported. The Trust's PICU (Beckfield) continues to report the highest use of Prone. Prone use is often related to seclusion exit and the administration of medication.

Improvement Actions

- For Mitford all restrictive interventions have senior review and oversight by managers signing off incident forms, safety huddles and clinical reviews, as part of CQC action plan
- A Biopsychosocial Team Formulation Workshop has taken place, alongside discussion with family and a functional assessment of behaviour that challenges. The focus has been to review and establish a consistent daily structure that keeps him engaged in predictable activities that functionally replace behaviour that challenges.
- Safeguarding plans/care planning in place (CYPS) .
- Robust de-brief to support learning from incidents and review individual care planning to identify earlier none restrictive intervention.
- Focus on HOPEs awareness training
- Revised Inpatient Care Group RRI ambitions for 25/26 developed (awaiting approval). The Group's RRI meeting continues to have oversight of progress.
- PVMA tutors have shared alternative approaches in relation to medication administration and seclusion exit. A targeted approach will be adopted in relation to ensuring alternative strategies are embedded within wards where prone use is high.
- CBU local RRI meetings consider alternative strategies to reduce incidents.
- Escalate all episode of prone to debrief that includes senior clinicals and senior leadership (inform care planning and earlier non-restrictive interventions).
- All patient who are known to require restrictive interventions including restraint have trauma informed and individualised care plans in place for this.

Expected impact and by when

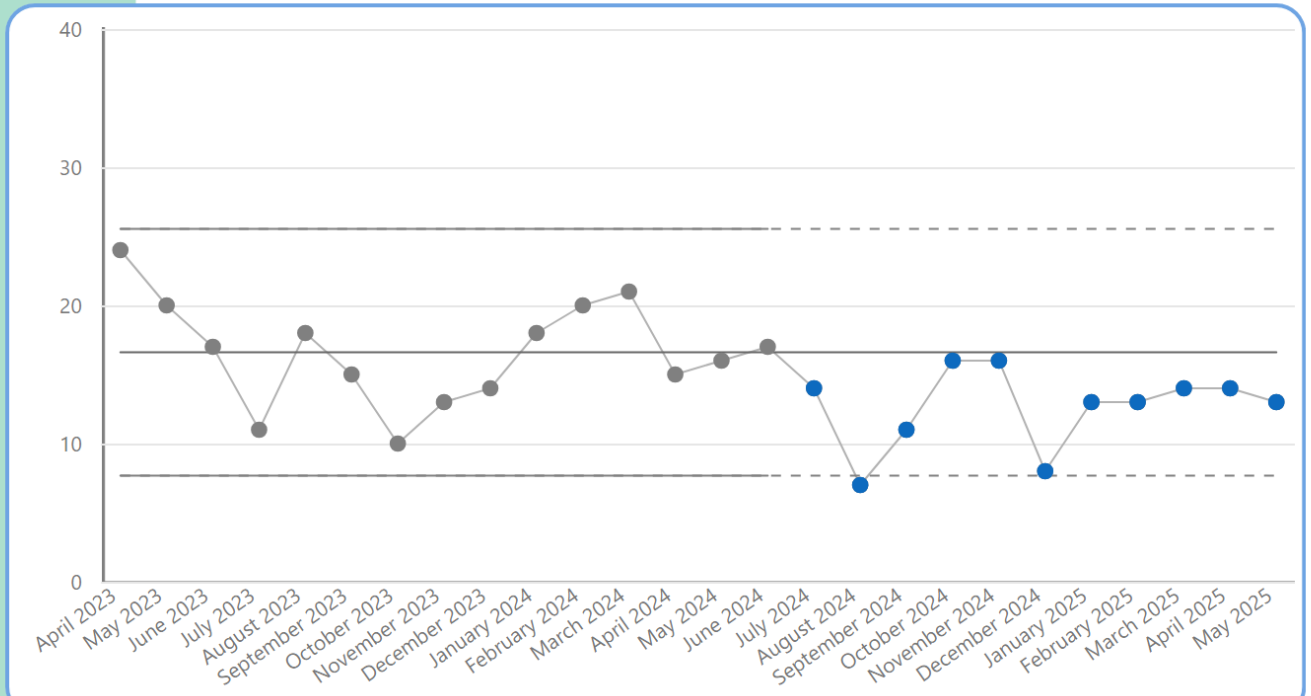
Delivery in line with agreed ambitions

Q03 Long term segregation and prolonged seclusion

Long term segregation and prolonged seclusion of 48 hours or longer calculated at the end of the seclusion

Risk Rating: Med (Monitoring)

13	Improvement	SPC not applicable	DQ - No Concern
	This indicator is decreasing which shows improvement	Assurance cannot be given as there is no target and/or process limits	There are currently no concerns with the data quality of this indicator



Care Group	Performance	Target	Variation	Assurance
Community Care Group	0	n/a	Normal Variation	SPC not applicable
Inpatient Care Group	13	n/a	Normal Variation	SPC not applicable
Specialist Care Group	0	n/a	Improvement	SPC not applicable
Support & Corporate	0	n/a	Normal Variation	SPC not applicable

Feedback

What the chart tells us

There were 13 incidents relating to 13 patients reported in May 2025

Root Cause of the performance issue

- Intensive packages of care required to move patients from seclusion and segregation.
- LTS is in line with individualised care planning and current level of needs within the Specialist Care Group.

Improvement Actions

- Awareness and two day HOPEs training available, and inclusion of HOPEs principles included within PMVA training
- The Long-term segregation panel continues to review patients subject to long term segregation and prolonged seclusion on a weekly basis.
- Long Term Segregation and Prolonged seclusion panel to review and consider all alternatives.
- The Care Groups continue to contribute and attend LTS panels
- LTS is reviewed at the Reducing Restrictive Interventions meeting, as well as the Inpatient Group's Safety meeting, where individuals care plans and approaches will be considered.
- Approval for commencing and continuing LTS is always considered and approved by an appropriate Director.
- Beckfield has seen the highest reported use of seclusion in the past 3 months. As part of the wards culture of care project Beckfield are making improvements to the seclusion area as well as the de-escalation rooms and chill out room/sensory space. This is a co-produced project with the ward MDT, staff and external subject experts.
- Considering methodology to support the reduction of seclusion incidents and to align the number seclusion suites.
- Focus on HOPEs awareness training to support patients to reintegrate into ward environment.
- Mitford reports the CQC action plan. Seclusion has decreased since January and the overall downward trajectory continues. The Group are involved in discussions in relation to the appropriate number of seclusion facilities across inpatient sites.

Expected impact and by when

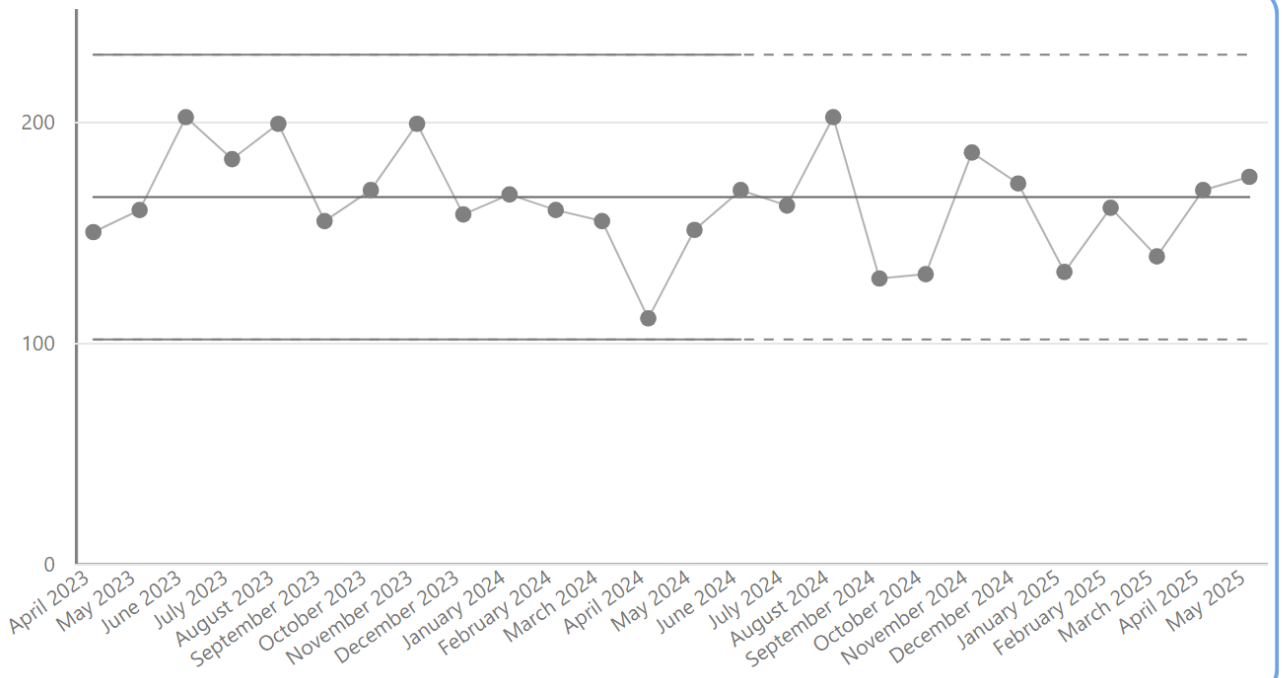
The system blocks remain outside CNTWs control therefore the Trust is dependent upon availability of specialised placements being made available/ built for those patients who require these placements.

Q04 Assaults on Patients

Number of Assaults on Patients

Risk Rating: Med (Monitoring)

175	Normal Variation	SPC not applicable	DQ - No Concern
	The variation for this indicator is within the control limits	Assurance cannot be given as there is no target and/or process limits	There are currently no concerns with the data quality of this indicator



Care Group	Performance	Target	Variation	Assurance
Community Care Group	18	n/a	Concern	SPC not applicable
Inpatient Care Group	132	n/a	Normal Variation	SPC not applicable
Specialist Care Group	25	n/a	Normal Variation	SPC not applicable
Support & Corporate	0	n/a	Normal Variation	SPC not applicable

Feedback

What the chart tells us

There were 175 recorded incidents of assaults on patients during May.

Root Cause of the performance issue

- Of the 175 assaults in May 2025, 54.3% of the assaults involved no physical harm and 44.6% resulted in low physical harm and 1.1% (1) resulted in moderate physical harm. There were no incidents reported as severe physical harm.
- Patient on patient violence and aggression continues to feature across our services, with an increase incidents in month. Patient safety and patients feeling safe remains a priority for the trust. The number of patient on patient assaults continues to be higher in the urgent care pathway (60% of the activity in May). All incidents in month were either no or low harm.

Improvement Actions

- Patient on patient assaults remains an area of focus as part of the Reducing Restrictive Interventions and Violence work.
- Regular review of care plans (identification of cause and strategy) and consideration of other environmental factors and care delivery approaches takes place by the MDT.
- Since debrief policy ratification teams have received debrief training and reviewed process to ensure patients and staff have the opportunities for debriefs. Debrief should enable greater understanding of and formulation of incidents to reduce further incidents of violence.
- Enhanced engagement for repeat perpetrator.
- Safeguarding Adult LA referral dependant on the severity of the incident.
- Review of patient mix if incidents are ongoing.
- Introduction of EMDT will enrich the therapeutic environments increasing safety, recovery and wellbeing of patients and staff.

Expected impact and by when

During 2025/26 the Trust aims to reduce the levels of violence and aggression. Several of the Trust's Quality Priorities for 2025/26 will support the delivery of this which will be monitored via Trust governance.

Q05 Assaults on staff

Number of Assaults on staff

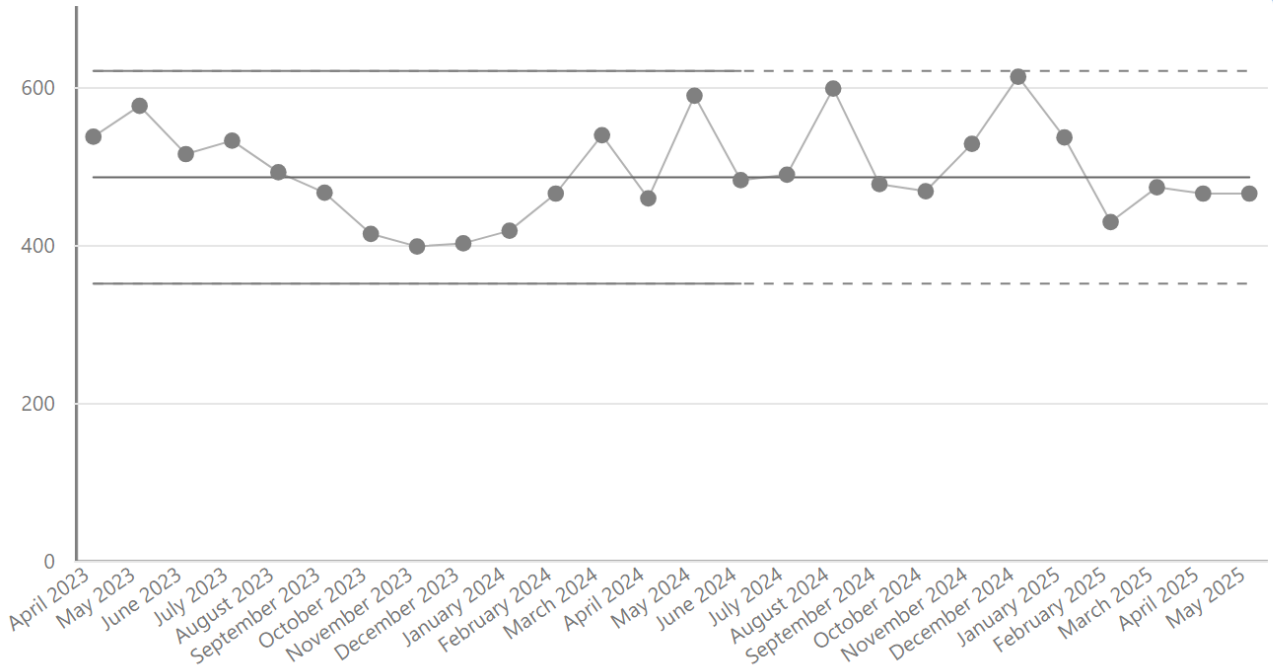
Risk Rating: Med (Monitoring)

465

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

SPC not applicable
Assurance cannot be given as there is no target and/or process limits

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



Care Group	Performance	Target	Variation	Assurance
Community Care Group	8	n/a	Concern	SPC not applicable
Inpatient Care Group	216	n/a	Normal Variation	SPC not applicable
Specialist Care Group	241	n/a	Normal Variation	SPC not applicable
Support & Corporate	0	n/a	Improvement	SPC not applicable

Feedback

What the chart tells us

There were 465 recorded incidents of assaults on staff during May

Root Cause of the performance issue.

- Of the 465 assaults, 47.5% of the harm were reported as no harm, 50.8% are low harm this is comparable with the previous month with an increase of 0.6% in no harm incidents. There has been a 1.0% decrease in low harm incidents from April 2025. 1.7% (8) are reported as moderate harm.
- RIDDOR incidents relating to aggression and violence or injured during restraint were reported as 10 for the month in comparison to 6 for April
- Violent incidents are potentially harmful and impact on staff and patient wellbeing, therefore continues to be an area of focus. Staff assaults in the urgent care and older people organic pathways continue to be problematic. Rose Lodge remains the most significant area of concern with the highest number of incidents in month. Assaults of staff are the highest cause of the Groups moderate physical harm incidents.

Improvement Actions

- This area continues to receive regular review in key management and governance groups, including the weekly safety where there is a focus on moderate or above harm incidents.
- Ward level risk assessments in place around violence and aggression per policy.
- Staff assaults remains an area of focus as part of the Reducing Restrictive Interventions and Violence work.
- Since debrief policy ratification teams have received debrief training and reviewed process to ensure patients and staff have the opportunities for debriefs. Debrief should enable greater understanding of and formulation of incidents to reduce further incidents of violence
- Staff side 'drop ins' and increased support and supervision offers to staff where needed.
- Promote access to Occupational Health to support staff wellbeing.
- High levels of focus are given to incidents that result in staff absence with an associated RIDDOR submission.
- Introduction of EMDT will enrich the therapeutic environments increasing safety, recovery and wellbeing of patients and staff.

Expected impact and by when

During 2025/26 the Trust aims to reduce the levels of violence and aggression. Several of the Trust's Quality Priorities for 2025/26 will support the delivery of this which will be monitored via Trust governance. A response is still awaited from the HSE around closure of the improvement notice.

Q06 % of patients with a Safety Plan

% of patients with a Safety Plan

Risk Rating: Med (Monitoring)

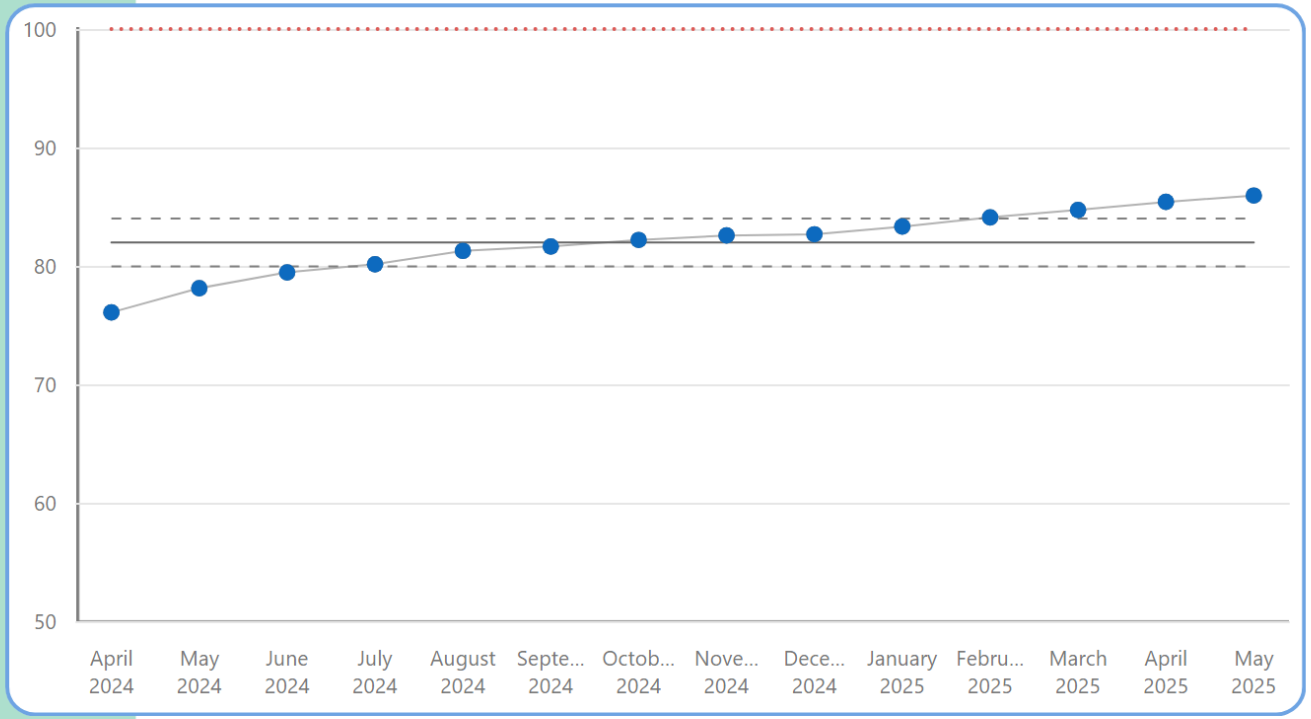
tgt. = target n. = numerator d. = denominator

85.9% tgt. 100% n. 32,568 d. 37,895

Improvement
This indicator is increasing which shows improvement

Consistently Off Target
The target for this indicator is outside the control limits

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



Care Group	Performance	N	D	Target	Variation	Assurance
Community Care Group	84.5%	24,793	29,337	100%	Improvement	Consistently Off Target
Inpatient Care Group	99.3%	728	733	100%	Improvement	Consistently Off Target
Specialist Care Group	89.8%	6,848	7,624	100%	Improvement	Consistently Off Target
Support & Corporate	99.0%	199	201	100%	Improvement	Achieve at Random

Feedback

What the chart tells us

In May 85.9% of patients were reported to have a Risk Management and Personalised Safety Plan.

Root Cause of the performance issue

- Early evaluation shows that staff are often unable to differentiate a risk management plan from a safety plan. Evaluation is also showing that staff sometimes see safety planning as a necessity only for patients at risk of self-harm or suicide and not for patients with other presentations.

Improvement Actions

- A framework for evaluating the quality of risk assessments and safety plans has been devised internally (based on NICE/NCISH metrics).
- Evaluation undertaken to date by the biopsychosocial risk assessment steering group highlights that staff do not always understand the difference between a risk management plan and a safety plan.
- Evaluation has now been devolved to the 3 groups in order that the oversight for quality of risk assessments/safety plans is integrated into weekly governance (Improvement) meetings. This allows for learning and group action plans to be formulated. A continuous quality improvement process is proposed, whereby the groups have nominated leads to audit the quality of risk assessments and safety plans.
- Enhanced staff training, specific to various services and patient presentations, has been developed. Videos are being developed by staff, people with lived experience and CNTW Academy and a growing repository will be housed on the trust intranet.
- External evaluation of the quality of risk assessments and safety plans is currently being undertaken by NICHE patient safety, an independent organisation. The evaluation comprises a table top review of risk assessments/safety plans (using CNTW metrics), staff, patient and carer interviews. Results of findings and recommendations to improve the quality of risk assessments and safety plans are due in September 2025.
- The biopsychosocial risk framework and safety planning policy is available to staff on the intranet
- Continued focus on compliance position in governance meetings
- The Inpatient Care Group are taking forward additional training to further strengthen the quality of risk assessments.
- The clinical audit dept will support the groups' analysis of the quality of risk assessments and safety plans

Expected impact and by when

Improving the quality of risk assessments and safety plans is an ongoing quality aim for the trust.

Q07 Reducing incidents of self-harm

Number of incidents of self-harm

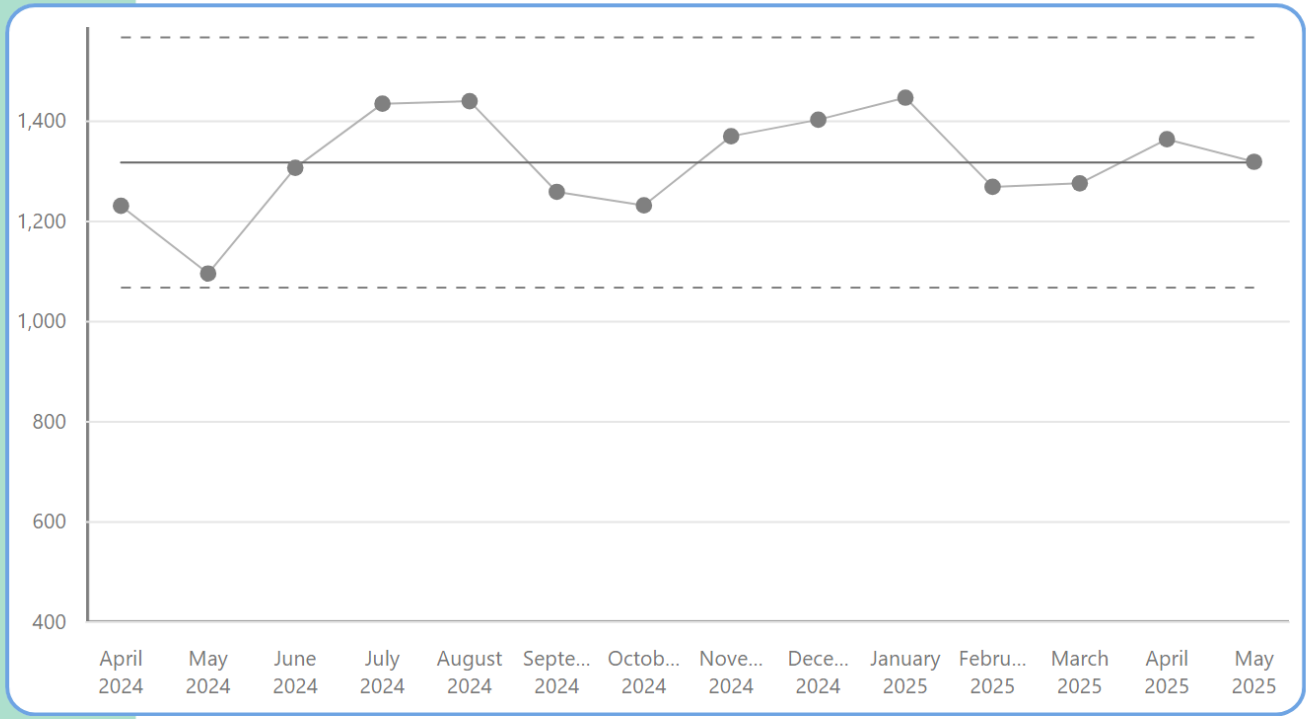
Risk Rating: Med (Monitoring)

1,317

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

SPC not applicable
Assurance cannot be given as there is no target and/or process limits

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



Care Group	Performance	Target	Variation	Assurance
Community Care Group	665	n/a	Normal Variation	SPC not applicable
Inpatient Care Group	336	n/a	Normal Variation	SPC not applicable
Specialist Care Group	316	n/a	Normal Variation	SPC not applicable
Support & Corporate	0	n/a	Normal Variation	SPC not applicable

Feedback

What the chart tells us

In May there was a decrease of incidents of self-harm from 1,362 in April to 1,317 in May.

Root Cause of the performance issue

- Figures in CYPS remain high across a range of services, this has links to those who are CRFD
- There are particularly high levels of self-harm in our female facilities within the acute pathway (85% of activity in month in female wards; ratio of female to male wards 1:2). Alnmouth and Lamesley report high levels of self-harm in month

Improvement Actions

- Mitford; part of CQC action plan and reviewed post incident and audited. A full table is available for overview of all incidents with harm. Actions taken and reviewed by team.
- Care groups review their self-harm incident data and outline governance processes and assurance to reduce self-harm incidents in their services using evidence-based interventions
- Self harm workshop on 7th May with care groups (operational and clinical staff) & corporate services to identify 3 SMART priorities, what needs to be done to achieve them.
- Evaluation metrics (based on NICE quality standards 34 & 189 , the NCISH toolkit and other evidence-based research) have been proposed and are in the process of being discussed at TSG and BDG-Q. This will inform the IPR for 2025/2026 with respect to reducing self harm incidents and suicide prevention. Groups will provide assurance for IPR reporting.
- Enhanced staff training videos for safety planning (evidence-based intervention for self-harm & suicide prevention) are now being uploaded on the trust intranet
- Management of self-harm is individualised, and care planned for each person based on formulation and reviewed as required and is individualised.
- Following incidents debriefs there is shared learning across the inpatient care group.
- Monitor quality of biopsychosocial risk assessments with safety planning on inpatient wards.
- Established Trustwide Self-Harm Steering Group and development of a new self-harm policy Oxehealth is alerting staff of self-harm incidents which potentially mitigates severity

Expected impact and by when

We would expect to see a reduction in incidents, based on the 3 SMART self harm and suicide prevention priorities. It has been identified that reduction in incidents of self harm and suicide, and their impact, is an ongoing trust quality goal.

Q08 Rights at Point of Detention

Record of Rights (Detained) Assessed Within 7 Days of Detention Starting

Risk Rating: **Med (Monitoring)**

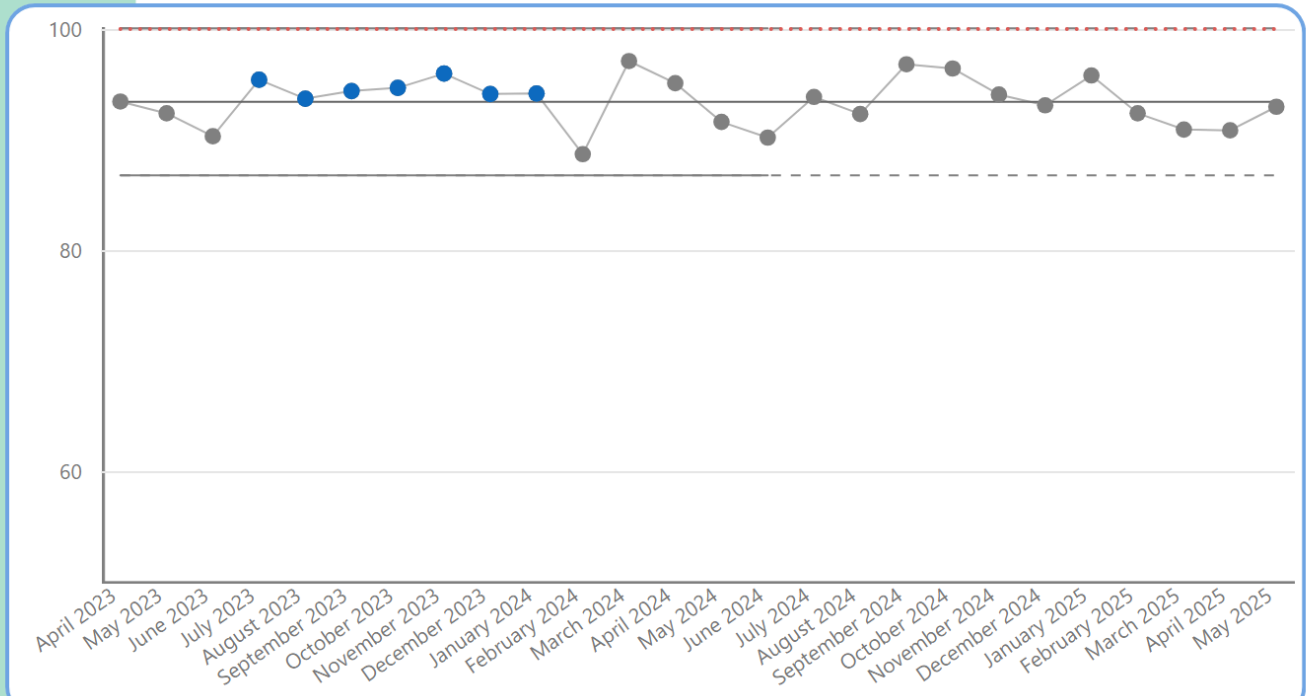
tgt. = target n. = numerator d. = denominator

93.0%		
	tgt.	100%
	n.	119
	d.	128

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

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

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



Care Group	Performance	N	D	Target	Variation	Assurance
Inpatient Care Group	92.0%	104	113	100%	Normal Variation	Achieve at Random
Specialist Care Group	100.0%	15	15	100%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

Compliance in this area continues to fluctuate and is reported for May at 93.0%. Without change, performance will remain consistently off target.

Root Cause of the performance issue

- Significant number of pertinent requirements to be completed at the point of admission.
- Gap in education from university evident by Preceptors having a lack of understanding of rights and their roles and responsibilities in relation to this.

Improvement Actions

- MHLT to prompt nursing staff to complete H3L (record of rights form at point of detention)
- Nursing staff to continue carry out MHA weekly/monthly checks on aspects of Mental health Legislation (MHL) including the monitoring of ensuring patients have been given their rights within 7 days of being detained under the MHA.
- MHL specialist participates in CQC mock visits and reviews compliance with feedback
- Nursing staff to continue the monitoring of the ward at glance boards to ensure rights are given within 7 days of detention. and that staff revisit rights within the time specified on the H3L form on Rio.
- MHL Training to focus on section 132 ensuring patients can exercise their right to appeal when detained under the MHA.
- Patients' rights awareness e-learning package developed and on intranet.
- The Mental Health Legislation Steering Group (MHLSG) to monitor performance.
- Continued awareness raising in relation to supporting material including rights on a page poster (outlines key duties in relation to the reading of rights).
- Continued focus on compliance position in care group governance meetings and within team brief.
- Automated weekly report to highlight non-compliance being set up

Expected impact and by when

Expected improvement during Q2 as a result of additional supportive mechanisms.

Q09 Record of Capacity/ CTT at point of detention

Clients with a Record of Capacity/CTT for Detained Clients, forms with Part A completed within 7 days either side of the 3 Month Rule start date

Risk Rating: **High (Action)**

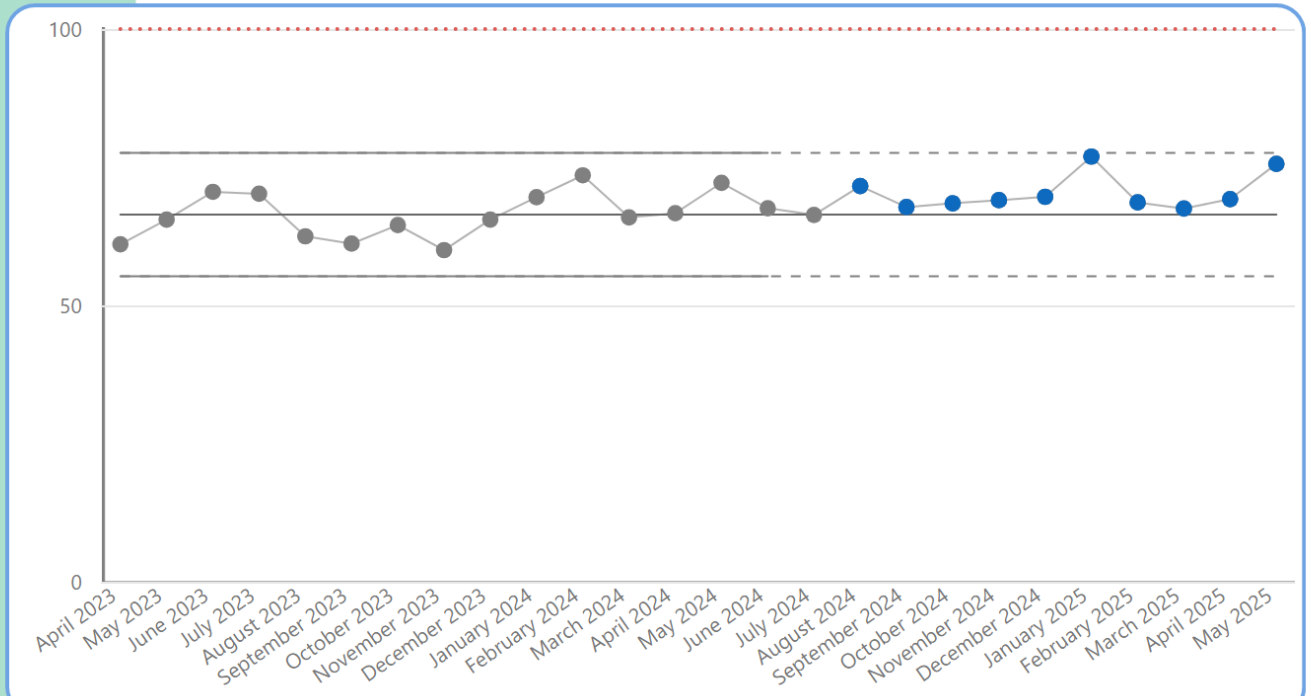
tgt. = target n. = numerator d. = denominator

75.6%	tgt.	100%
	n.	93
	d.	123

Improvement
This indicator is increasing which shows improvement

Consistently Off Target
The target for this indicator is outside the control limits

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



Care Group	Performance	N	D	Target	Variation	Assurance
Inpatient Care Group	75.5%	83	110	100%	Improvement	Consistently Off Target
Specialist Care Group	76.9%	10	13	100%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

May compliance is reported at 75.6% for the completion of the local form Part A Record of Capacity/CTT. Significant improvement is required across the Trust.

Root Cause of the performance issue

- Lack of awareness on the requirement to complete this form as this is a local form rather than legal requirement (the legal requirement is at 3 months).
- Significant number of pertinent and competing requirements at the point of admission

Improvement Actions

- The MHL department to issue reminders to the Responsible Clinician and clinical staff at point of detention and 3-month rule.
- The MHL team provide monthly reports to the Associate Medical Directors copied to the Group MD's to address non compliance with individuals.
- Compliance will be discussed in appraisals for Responsible Clinicians
- Compliance to be monitored at Trustwide safety every 4 weeks, until an improvement is seen.
- Trust MHL Specialist to attend Group Quality meetings and participate in CQC mock visits
- A refinement of the part A and B forms in the EPR
- The MHLSG to consider and agree the recommendation to
    - exclude data where patients are transferred into the Trust as the responsibility would have been the previous detaining authority
    - exclude data or patients who are not on medication
    - Run the metric from the date of admission opposed to section date (for specific sections i.e. 37/41)

Expected impact and by when

Expected improvement during Quarter 2 as a result of additional focus

A01 Active Inappropriate Out of Area Placements

Active inappropriate adult acute MH Out of Area Placements (OAPs)

Risk Rating: Med (Monitoring)

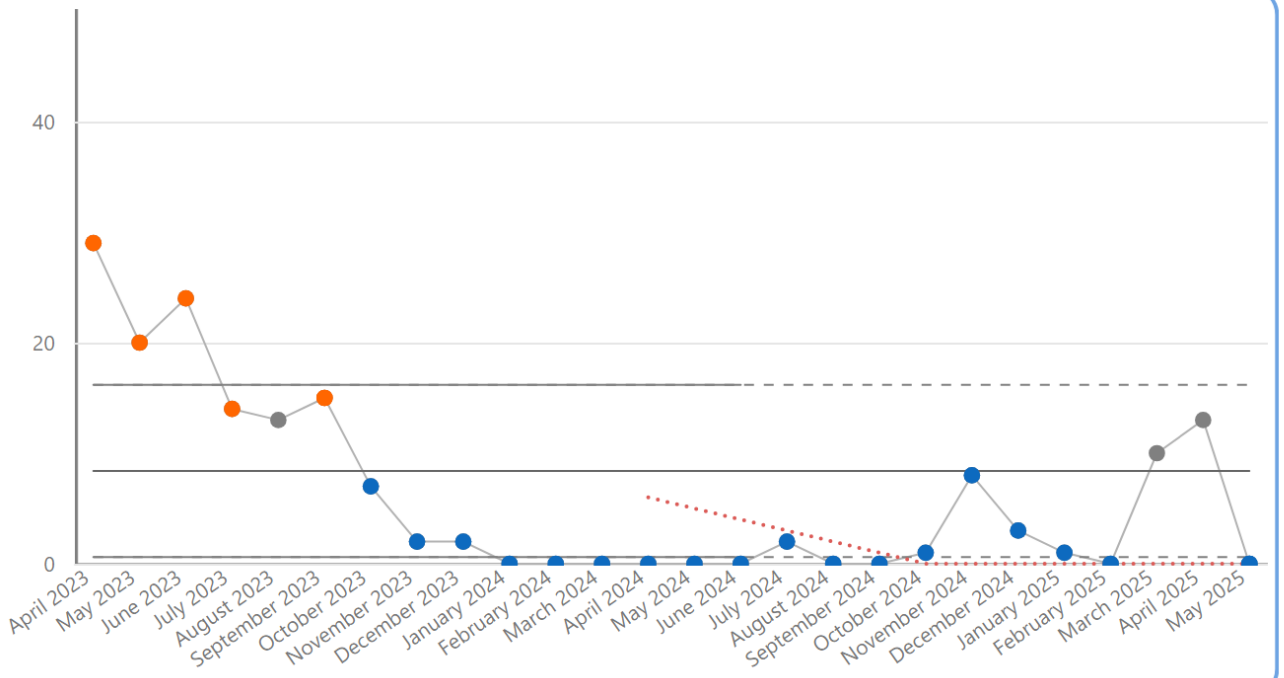
tgt. = target n. = numerator d. = denominator

0	tgt.	0
	n.	0
	d.	0

Improvement
This indicator is decreasing which shows improvement

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

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



Care Group	Performance	N	D	Target	Variation	Assurance
Inpatient Care Group	0	0	0	0	Improvement	Consistently Off Target

Feedback

What the chart tells us

There were no active out of area placements reported as at 31st May 2025 within the adult acute pathway.

Root Cause of the performance issue

- High levels of demand for inpatient beds in all pathways.

Improvement Actions

- Enhanced bed management working closely with localities to support flow and repatriations.
- All daily flow meetings to be chaired by an Associate Director level member of staff.
- Development of a new patient flow model with a plan to implement in July 2025 (including a Hospital to Home team).
- Fidelity to the model has been restored and all formal mental health act assessments in the emergency department are undertaken by the Crisis Team.
- The group continue to be cognisant of bed pressure and OAPs in the context of the considered bed stock changes.

Expected impact and by when

The above actions will maintain the improved position and support the Trust trajectory of 0 OAPs

A02 Bed Occupancy including leave (open beds on RiO)

Bed Occupancy including leave (open beds on RiO)

Risk Rating: High (Action)

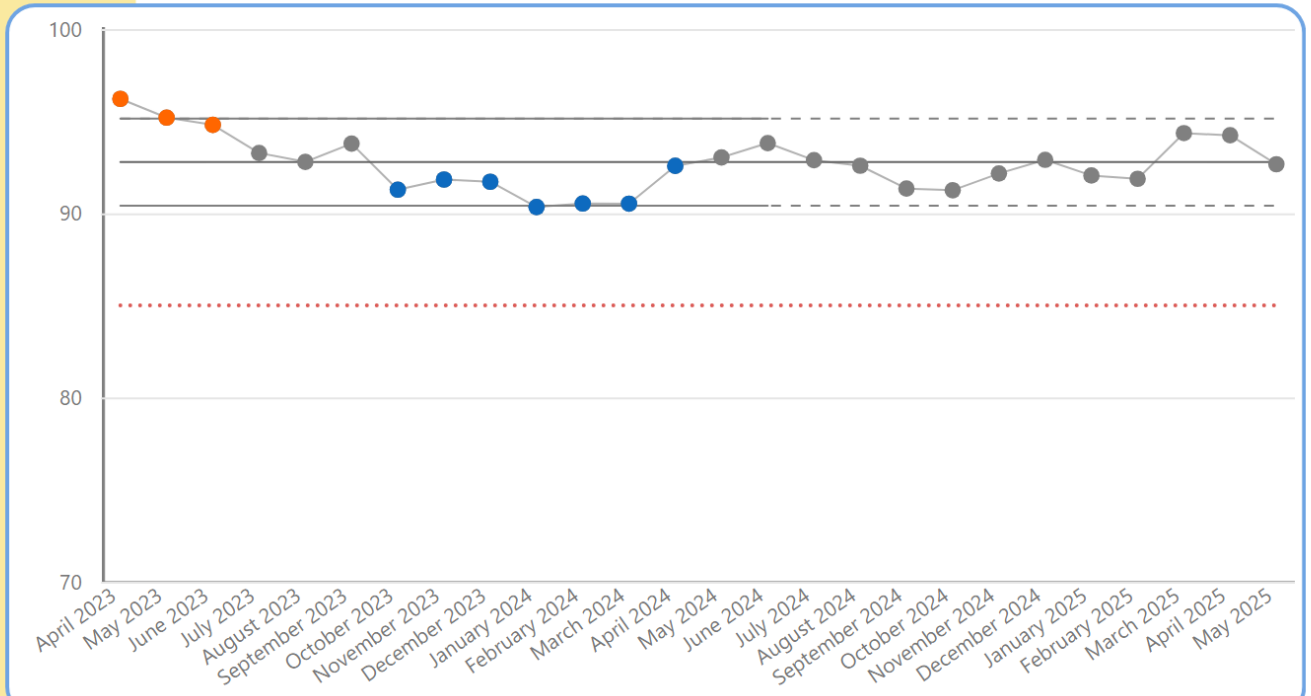
tgt. = target n. = numerator d. = denominator

92.7% tgt. 85% n. 21,294 d. 22,981

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

Consistently Off Target
The target for this indicator is outside the control limits

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



Care Group	Performance	N	D	Target	Variation	Assurance
Inpatient Care Group	101.1%	15,057	14,890	85%	Normal Variation	Consistently Off Target
Specialist Care Group	77.1%	6,237	8,091	85%	Improvement	Achieve at Random

Feedback

What the chart tells us

Bed occupancy was reported at 92.7% in May, remaining higher than the optimal level of 85%. Without change, the standard will not be met.

Root Cause of the performance issue

- Bed availability in line with national performance and pressures.
- Unable to discharge patients who are clinically ready for discharge due to other pressures outside CNTW.
- The Trust is marginally above the lower quartile for acute beds per 100,000 resident population based on benchmarking data (2023/24).

Improvement Actions

- Enhanced Bed Management discharge facilitators support wards and are attached to each locality for consistency.
- Work is ongoing in relation to implementing an appropriate 7 day working model. This will require considerable work to ensure that key staff groups are available to undertake a senior decision-making role (IPQT funded initiative).
- Draft service model being developed for a learning disability outreach and transitions team to provide highly specialist, learning disability advice and consultancy that can support good mainstream inpatient practice.

Expected impact and by when

Bed occupancy will remain above the optimum 85% occupancy. Actions are aimed at improving flow and LOS however it is unlikely to impact on bed occupancy due to bed numbers and demand.

A03 % Adult inpatients discharged with LOS > 60 days

Number of adult inpatients discharged during the reporting period with length of stay > 60 days (Q&P Metric 2427)

Risk Rating: Med (Monitoring)

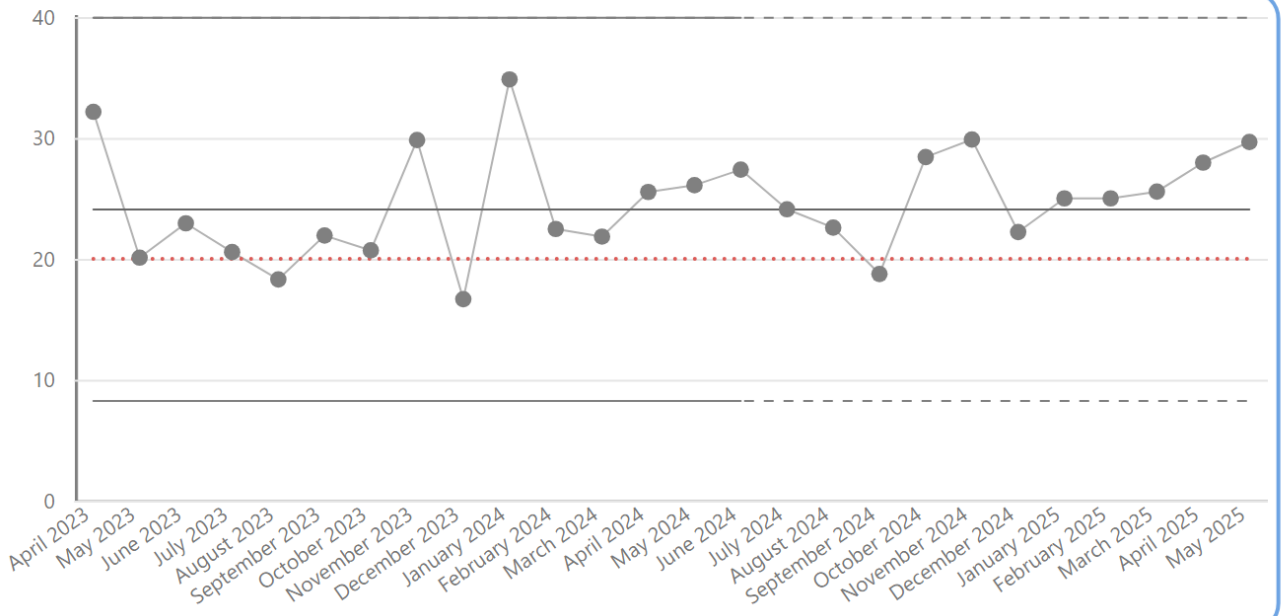
tgt. = target n. = numerator d. = denominator

29.7%		
	tgt.	20%
	n.	27
	d.	91

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

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

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



Business Unit	Performance	N	D	Target	Variation	Assurance
Central Inpatient CBU	50.0%	8	16	20%	Concern	Achieve at Random
Neuro Rehabilitation & Specialist Services CBU	100.0%	1	1	20%	Normal Variation	Consistently Off Target
North Cumbria Inpatient CBU	26.1%	6	23	20%	Normal Variation	Achieve at Random
North Inpatient CBU	16.7%	4	24	20%	Normal Variation	Achieve at Random
South Inpatient CBU	29.6%	8	27	20%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

In May 29.7% of patients were discharged where the length of stay exceeded 60 days. Data relates to adult acute wards within the inpatient care group and Gibside ward within the specialist care group.

Root Cause of the performance issue

- Prolonged period to achieve treatment optimisation due to complexity.
- Periods of leave to facilitate successful discharge into the community.
- Delayed discharges due to challenging and complex presentations and limited appropriate housing and or social support

Improvement Actions

- Focus on patient discharge from admission.
- Introduction of EMDT will enrich the therapeutic environments increasing safety, recovery and wellbeing of patients and staff.
- Development of a new patient flow model with a plan to implement in July 2025 (including a Hospital to Home team).
- Utilising of allocation held by EBM to support with overcoming barriers to discharge.
- Meetings are in place with the local authorities to review Clinically Ready for Discharges.
- Internal review of the MaRG meeting & the terms of reference take place based on learning to date.
- Draft service model being developed for a learning disability outreach and transitions team to provide highly specialist, learning disability advice and consultancy that can support good mainstream inpatient practice.

Expected impact and by when

Working to deliver LOS reductions in line with the agreed ICB trajectories.

A04 % OP inpatients discharged with LOS > 90 days

Number of older adult inpatients discharged during the reporting period with length of stay > 90 days (Q&P Metric 2428)

Risk Rating: **Med (Monitoring)**

tgt. = target n. = numerator d. = denominator

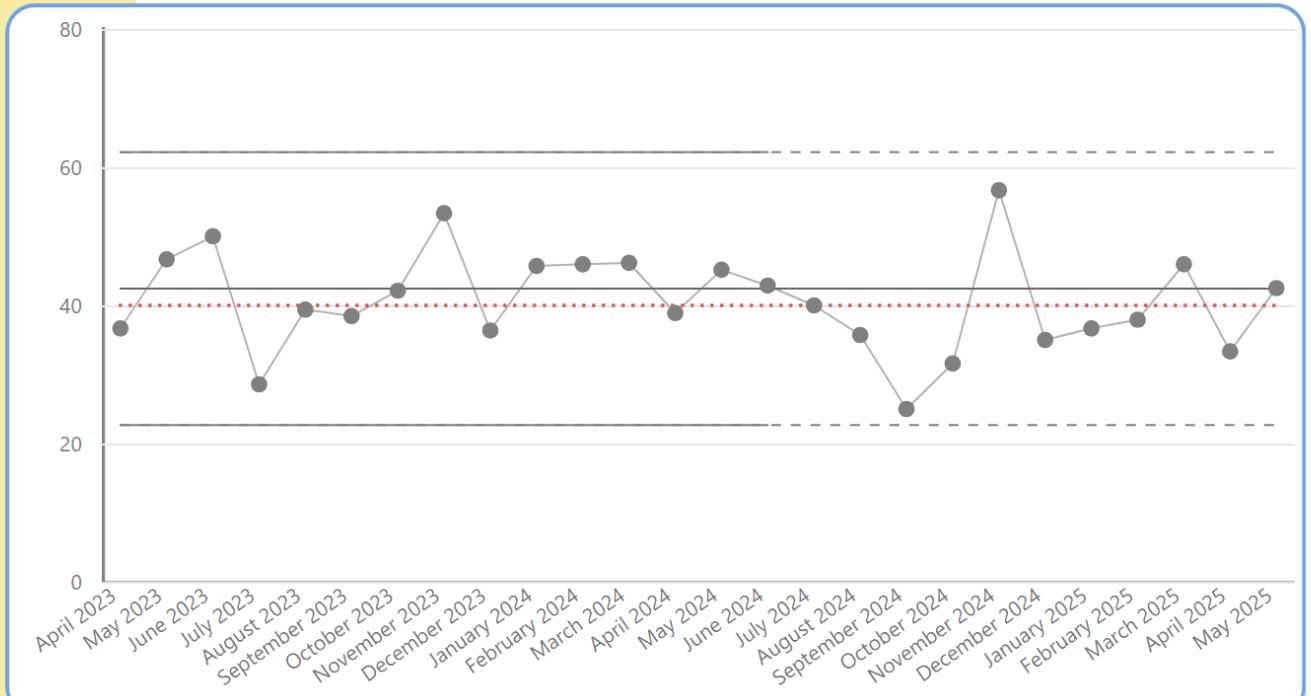
42.5%

tgt.	40%
n.	17
d.	40

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

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

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



Business Unit	Performance	N	D	Target	Variation	Assurance
Central Inpatient CBU	33.3%	3	9	40%	Normal Variation	Achieve at Random
North Cumbria Inpatient CBU	37.5%	3	8	40%	Normal Variation	Achieve at Random
North Inpatient CBU	42.9%	3	7	40%	Normal Variation	Achieve at Random
South Inpatient CBU	50.0%	8	16	40%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

In May 42.5% of patients were discharged where the length of stay exceeded 90 days.

Root Cause of the performance issue

- Delayed discharges due to challenging and complex presentations and limited appropriate housing and or social support.
- Complex mental health and physical health needs requiring prolonged assessment and formulation and multiple or prolonged admission to Acute Trusts.
- Lack of equable access to residential nursing homes (especially those where staff are equipped to use PMVA)

Improvement Actions

- Focus on patient discharge from admission.
- Introduction of EMDT will enrich the therapeutic environments increasing safety, recovery and wellbeing of patients and staff.
- Development of a new patient flow model with a plan to implement in July 2025 (including a Hospital to Home team).
- Utilising of allocation held by EBM to support with overcoming barriers to discharge.
- Meetings are in place with the local authorities to review Clinically Ready for Discharges.
- Internal review of the MaRG meeting & the terms of reference take place based on learning to date.
- Continued work with Cumberland Council in relation to the development of robust intermediate care options/ models that would support the timely discharge of CRFD patients.

Expected impact and by when

Working to deliver LOS reductions in line with the agreed ICB trajectories.

A05 Clinically Ready for Discharge (formerly DTOC)

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

Risk Rating - **High (Action)**

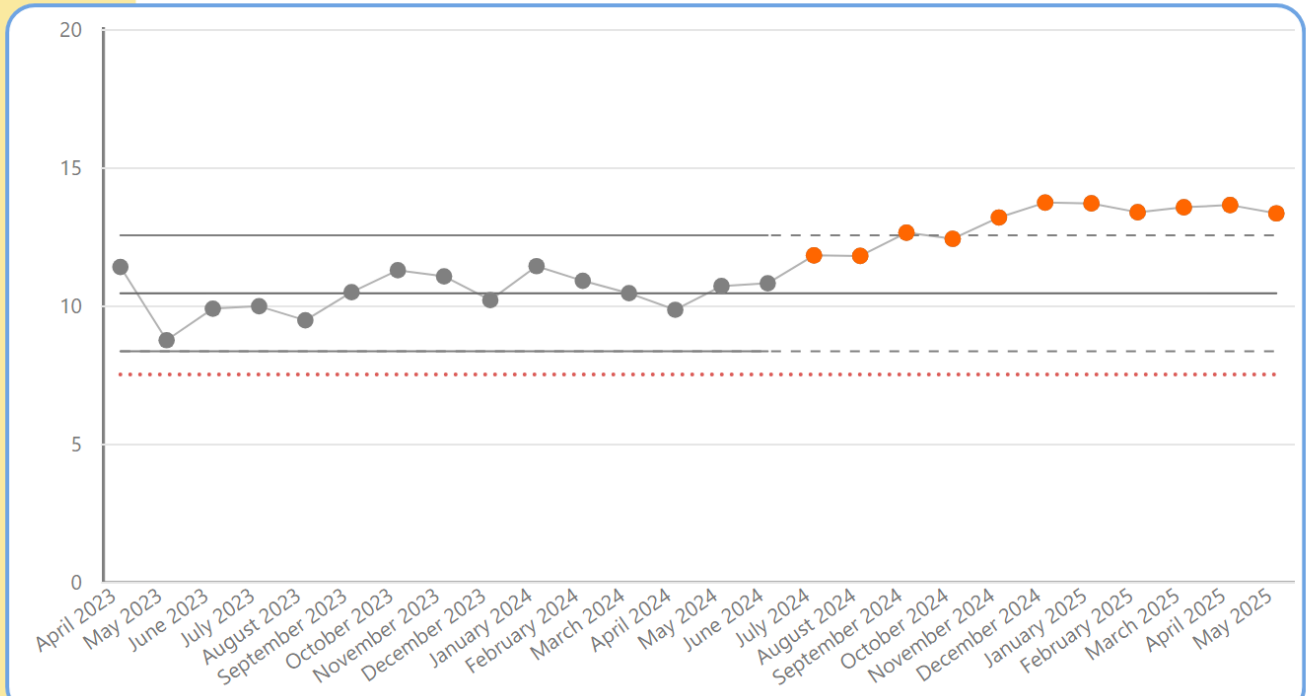
tgt. = target n. = numerator d. = denominator

13.3% tgt. 7.5% n. 2,453 d. 18,409

Concern
There is concern because this indicator is increasing

Consistently Off Target
The target for this indicator is outside the control limits

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



Pathway	Performance	N	D	Target	Variation	Assurance
Adult Acute and PICU	8.6%	609	7,067	7.5%	Normal Variation	Achieve at Random
Adult Rehabilitation	18.0%	783	4,352	7.5%	Concern	Achieve at Random
Learning Disability	49.5%	93	188	7.5%	Normal Variation	Consistently Off Target
Older Persons	18.8%	627	3,338	7.5%	Concern	Consistently Off Target
Other	9.8%	341	3,464	7.5%	Concern	Consistently Achieve

Feedback

What the chart tells us

In May 13.3% of patients were Clinically Ready for Discharge (CRFD). Within CYPS 16.6% of current patients (4) at 31.05.25 were recorded as CRFD (excluded from this metric). Without change the standard will not be met

Root Cause of the performance issue

- System wide challenges with complex discharges and enabling appropriate support and care packages.
- The % CRFD bed days continues to remain high and a significant pressure. Highest proportions of CRFD bed days remain within the Rehab pathways. The highest % of CRFD bed days is in North Cumbria's Older Peoples pathway (29% of CRFD bed days).

Improvement Actions

- Within Specialist CYPS reports are available (via provider collaborative) to see CRFD rates
- Multi-agency Response Group (MaRG) incorporating local authorities, ICB and CNTW teams continues to be in place. Internal review of the MaRG meeting & the terms of reference take place based on learning to date.
- Engaged with Cumberland Local Authority in relation to robust intermediate care options/ models that would support the timely discharge of these individuals.
- Development of a new patient flow model with a plan to implement in July 2025 (including a Hospital to Home team).
- Utilising of allocation held by EBM to support with overcoming barriers to discharge.
- Engagement with the ICB in terms of our involvement in the ICB led 'Better homes and healthier lives Programme'.
- Place-based CRFD patient report circulated weekly to community directors for sharing with their respective teams to collectively support the discharge process.

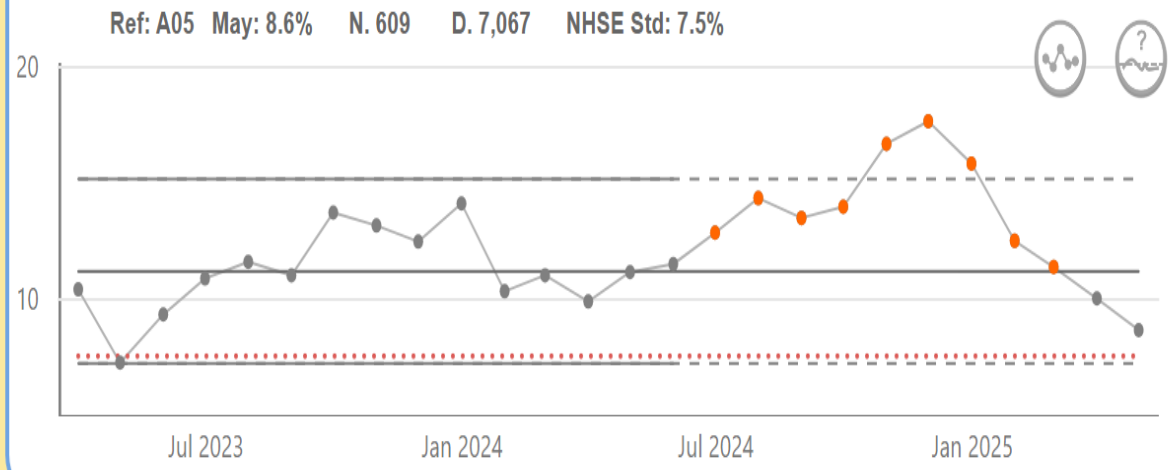
Expected impact and by when

The impact of the above actions are being monitored daily with anticipated improvement to be seen post July 2025.

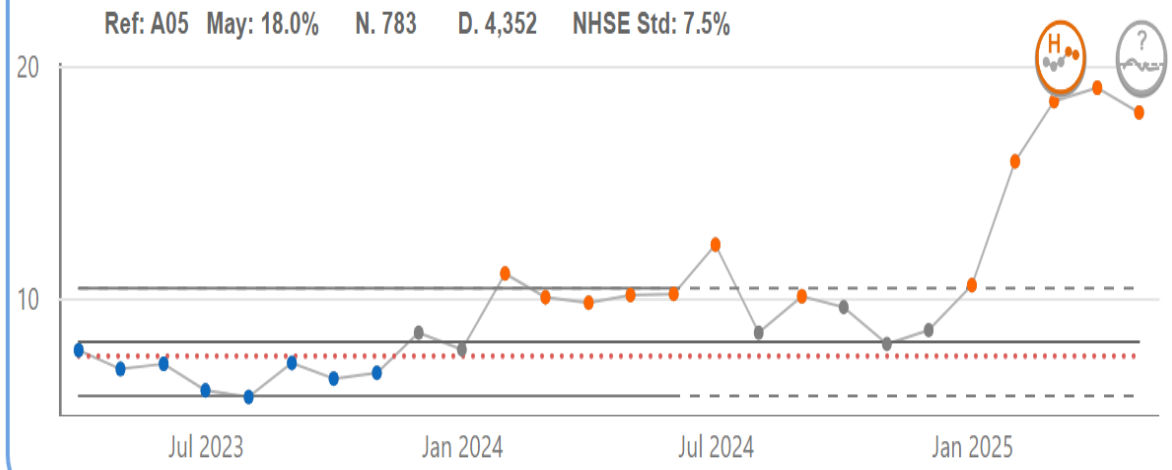
A05 Clinically Ready for Discharge (formerly DTOC)

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

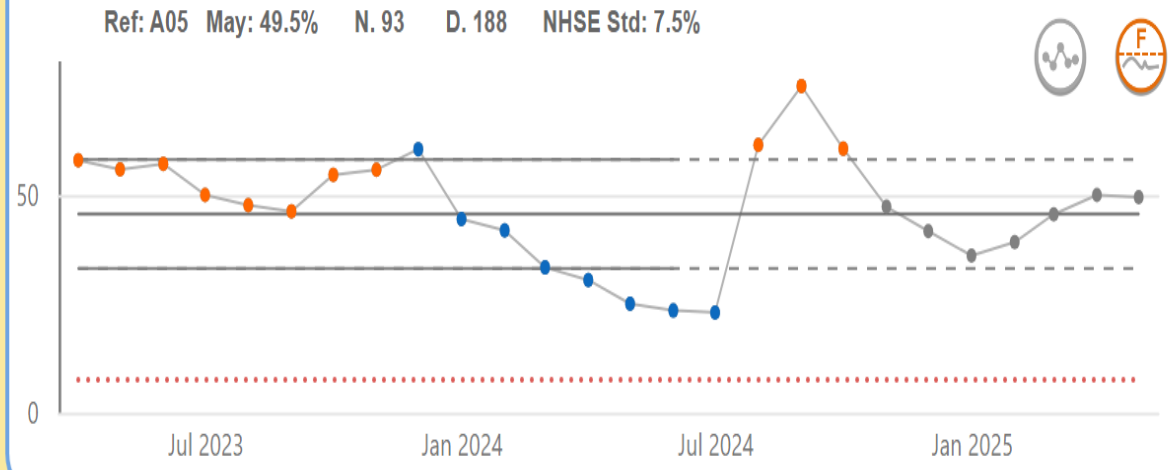
Adult Acute and PICU



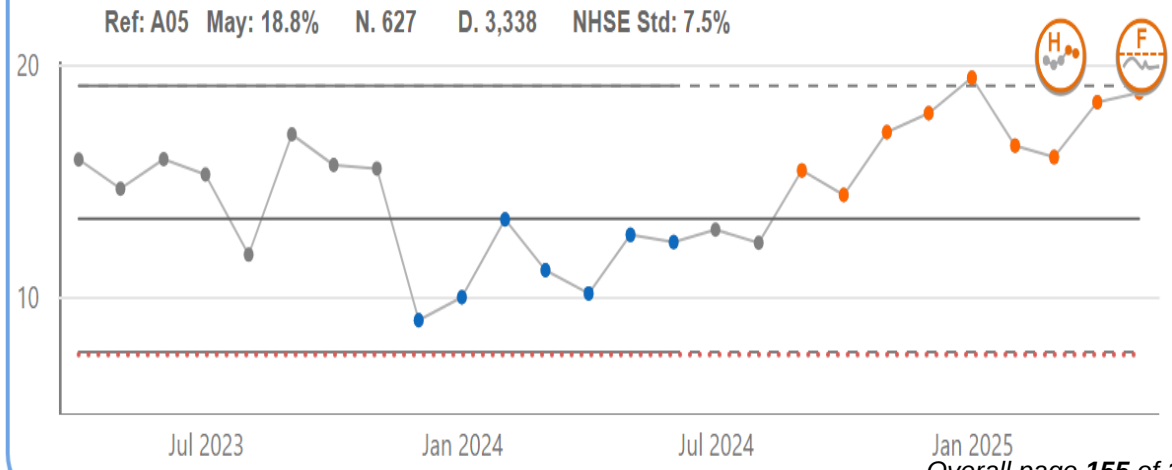
Adult Rehabilitation



Learning Disability



Older Persons



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

tgt. = target n. = numerator d. = denominator

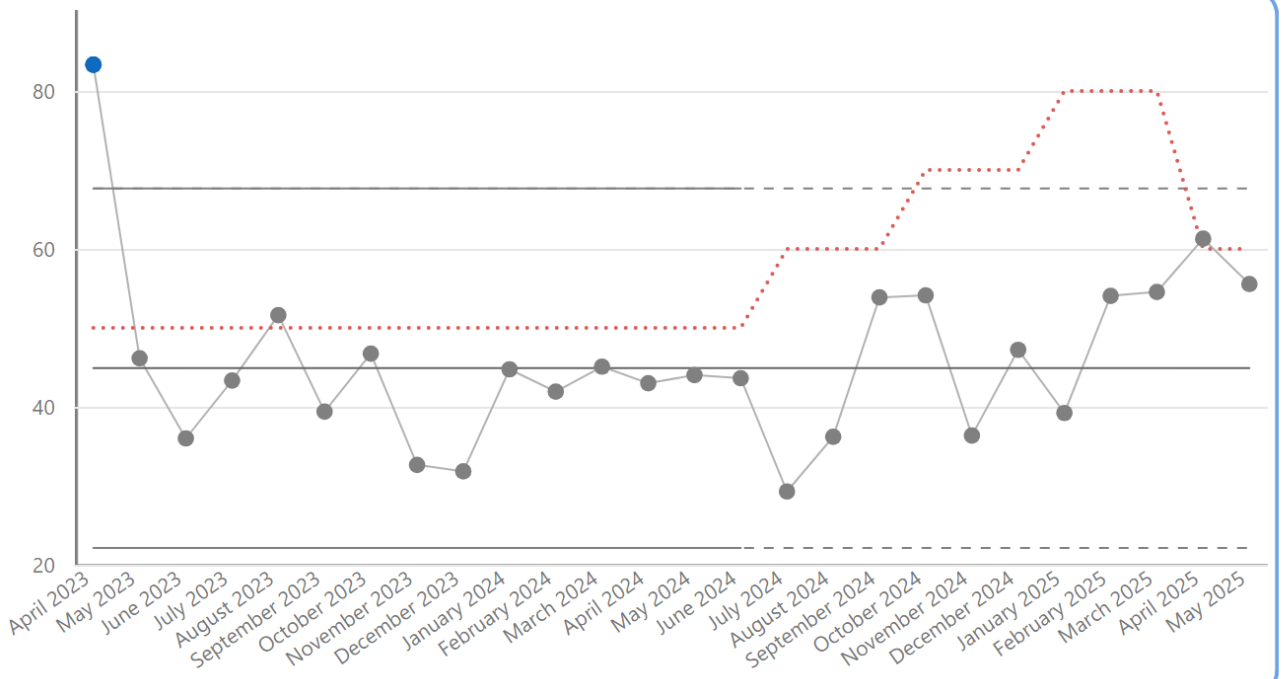
55.6%

tgt.	60%
n.	30
d.	54

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

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

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



Place Team	Perf	N	D	Target	Variation	Assurance
Newcastle & Gateshead Place Team	47.6%	10	21	60%	Normal Variation	Achieve at Random
North Cumbria & Northumberland & North Tyneside Place Team	66.7%	12	18	60%	Normal Variation	Achieve at Random
Sunderland & South Tyneside Place Team	53.3%	8	15	60%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

Very urgent referrals seen within 4 hours achieved 55.6%. The internal trajectory of 60% for Quarter 1 was agreed at Access Oversight Group and the chart has been updated to reflect the change from April 2025.

Root Cause of the performance issue

Performance has improved however:

- Staffing shortages particularly with Band 6s.
- Triage system being reviewed to reduce missed opportunities for contact with patients.
- Demand is outstripping capacity, particularly around the 136-staffing model and the impact this has on the service.
- Increase in violence and aggression in 136 suites impacting staff sickness in some teams.
- Some data quality/recording issues

Improvement Actions

- Currently crisis staffing is challenging across all localities, active recruitment is underway, a rolling advert is place on the national NHS jobs portal within North Cumbria.
- Consideration for process when high levels of temporary staffing are used to support capacity to ensure methodology continues to be followed.
- Peer review of referrals urgencies via Access Oversight sub-group and monthly oversight of performance.
- Standardisation of referral recording urgency across teams implemented by Access Oversight sub-group
- Staff continue to be supported to correct data quality/recording issues
- Updated process agreed to ensure clock is started once crisis hub triage clinician agrees crisis assessment is required. This is in line with national guidance and other Trusts recording processes.

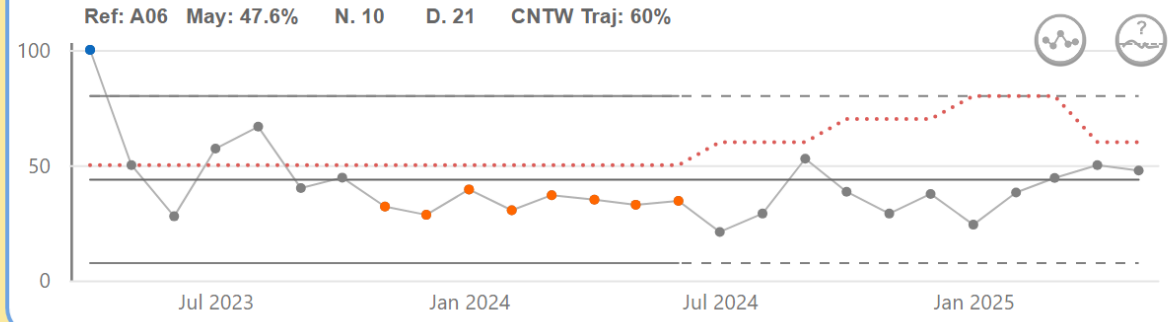
Expected impact and by when

Staffing remains an ongoing challenge with a reliance on agency staffing in places. It is anticipated that addressing staffing gaps will lead to a noticeable improvement in overall performance. The impact should keep the performance meeting trajectory for Q1 25/26.

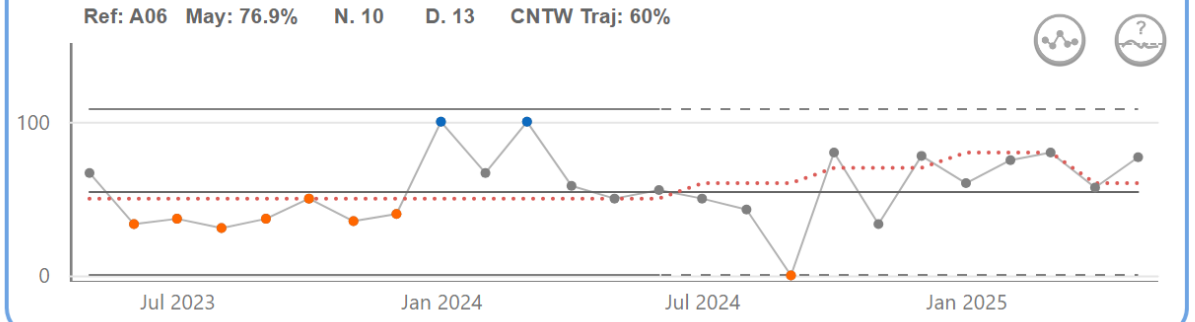
A06 Crisis % Very urgent seen within 4 hours (WAA&OP)

% 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

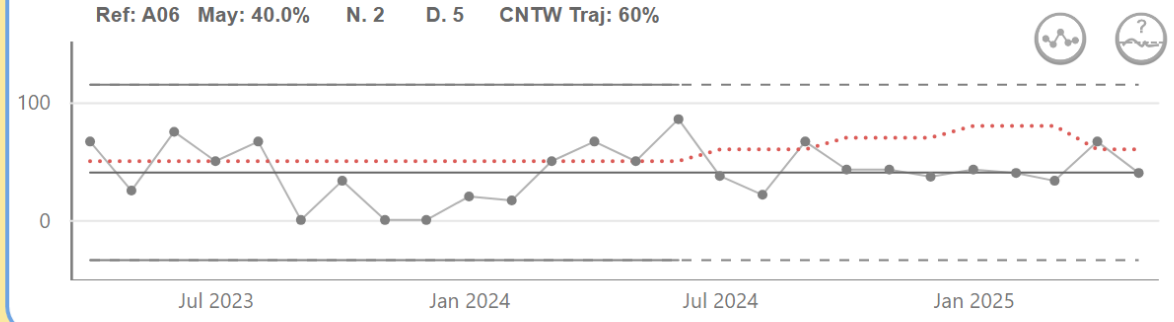
Newcastle & Gateshead Access CBU



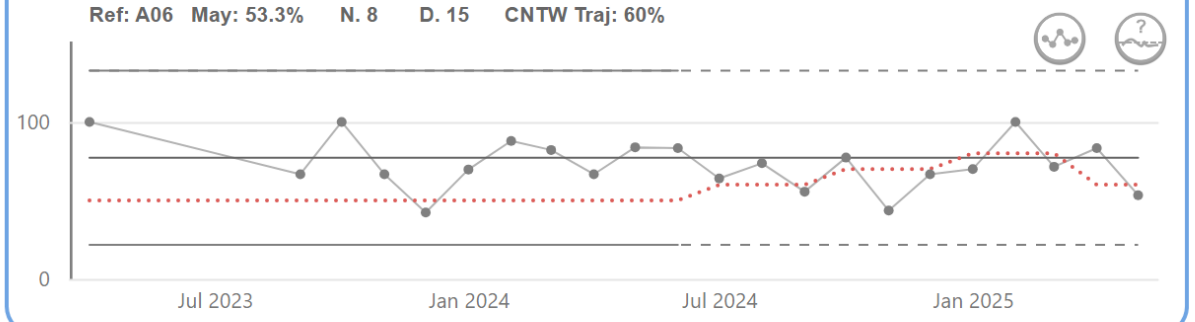
North Cumbria Community & Access CBU



Northumberland & North Tyneside Access CBU



Sunderland & South Tyneside Access CBU



Feedback

Performance:
The performance percentage fluctuates significantly at CBU level due to the low numbers or patients requiring a very urgent response. Newcastle and Gateshead, and Northumberland and North Tyneside have the most significant challenges with their average performance levels around 44%. North Cumbria has an average performance of 77% with Sunderland and South Tyneside reporting around 53%, a significant deterioration compared to 83% in April. All areas saw a deterioration in performance except for North Cumbria which showed an improvement in May.
Recovery overview:
There are challenges in capacity in the Triage process due 30% increase in demand following the go live of NHS 111. There are recruitment processes in place to increase the capacity to meet the demand which will improve the performance. The performance and data quality issues are monitored on a regular basis. There are no national targets but, the Trust have set a trajectory to be at 60% for the 4-hour response rate by March 2026.

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

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

Risk Rating: High (Action)

tgt. = target n. = numerator d. = denominator

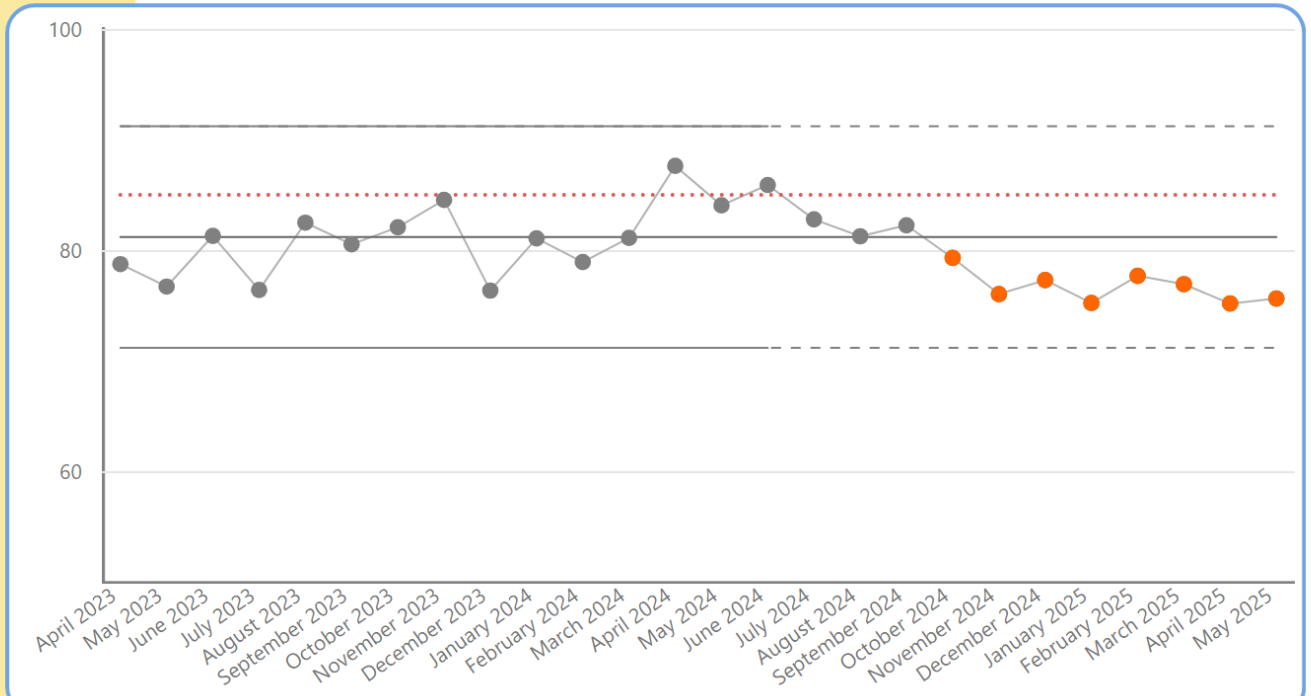
75.6%

tgt. 85%
n. 397
d. 525

Concern
There is concern because this indicator is decreasing

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

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



Place Team	Perf	N	D	Target	Variation	Assurance
Newcastle & Gateshead Place Team	75.5%	105	139	85%	Concern	Achieve at Random
North Cumbria & Northumberland & North Tyneside Place Team	76.5%	192	251	85%	Normal Variation	Achieve at Random
Sunderland & South Tyneside Place Team	74.1%	100	135	85%	Concern	Achieve at Random

Feedback

What the chart tells us

Urgent referrals seen within 24 hours achieved 75.6% in May 2025.

Root Cause of the performance issue

- Staffing shortages particularly with Band 6s.
- High level of clinical activity.
- Some data quality/recording issues
- Demand is outstripping capacity, particularly around the 136-staffing model and the impact this has on the service.
- CYPS Crisis providing input to ED in areas where there is no CYPS PLT commissioned.

Improvement Actions

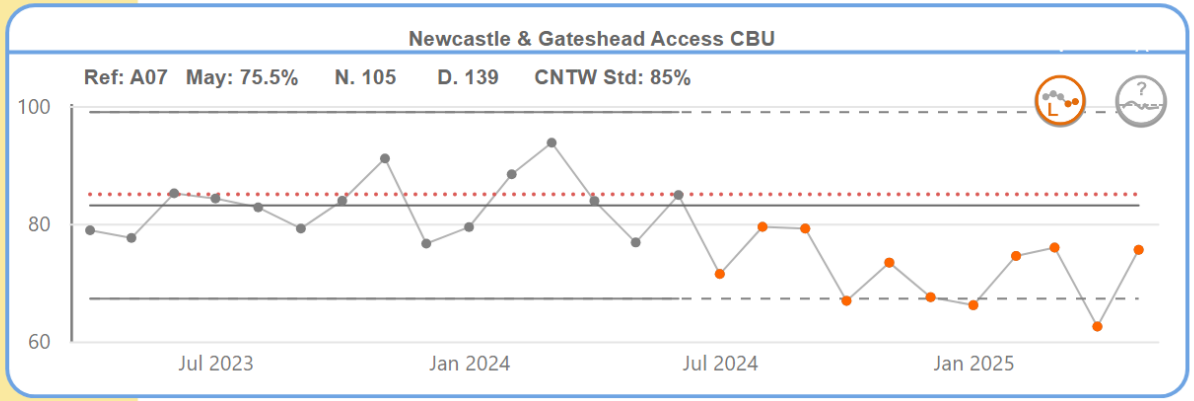
- Currently crisis staffing is challenging across all localities, active recruitment is underway, a rolling advert is place on the national NHS jobs portal within North Cumbria.
- Consideration for process when high levels of temporary staffing are used to support capacity to ensure methodology continues to be followed.
- Peer review of referrals urgencies via Access Oversight sub-group and monthly oversight of performance.
- We have standardised referral recording urgency across teams implemented by Access Oversight sub-group
- Staff continue to be supported to correct data quality/recording issues

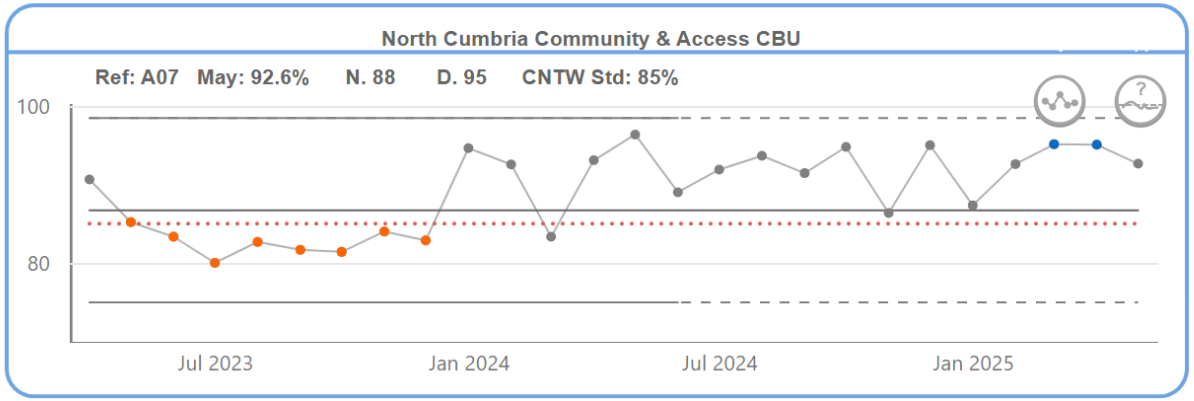
Expected impact and by when

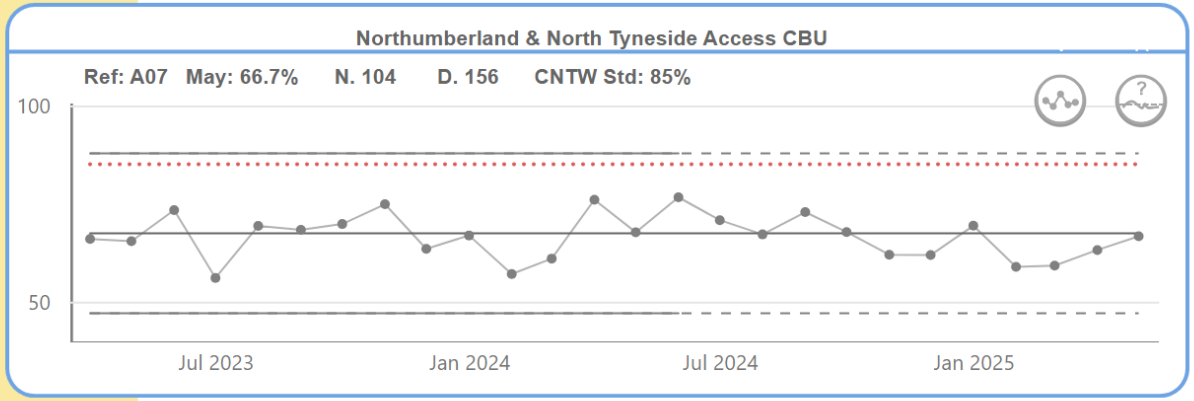
A recent decline has been observed, primarily due to short-term sickness, vacancies and clinical activity demand.

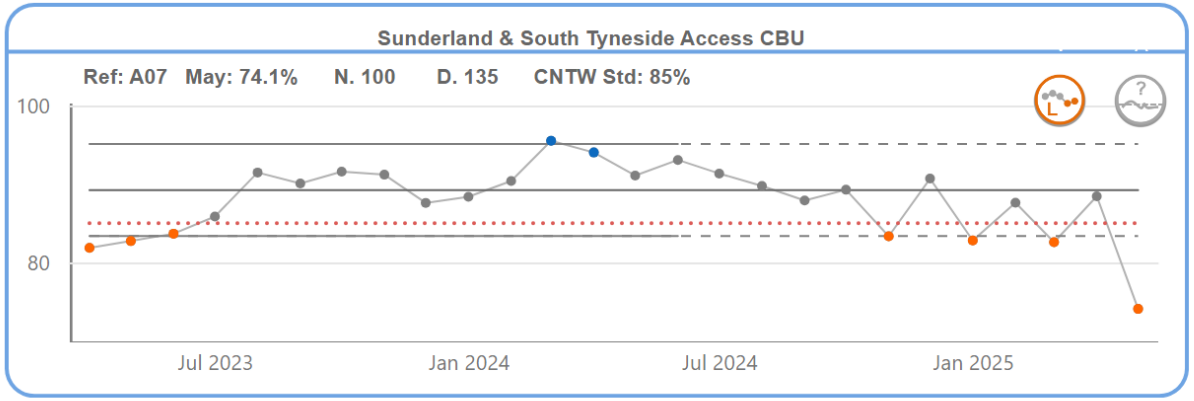
A07 Crisis % Urgent seen within 24 hours (WAA&OP)

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









Feedback

Performance:

- Newcastle and Gateshead, have deteriorated in the last 10 months and have been below the target with an average of 75% against an 85% internal target
- Northumberland and North Tyneside have the most significant challenges with their average performance levels around 67% and have not improved and not met the target in 24 months.
- North Cumbria has met the 85% trajectory for every month since April 2024 and have an average performance of around 86%.
- Sunderland and South Tyneside are reported below target four times in the last seven months and have seen a significant deterioration in performance in May, but have remained above target prior to that for 16 months.

A10 % 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)

tgt. = target n. = numerator d. = denominator

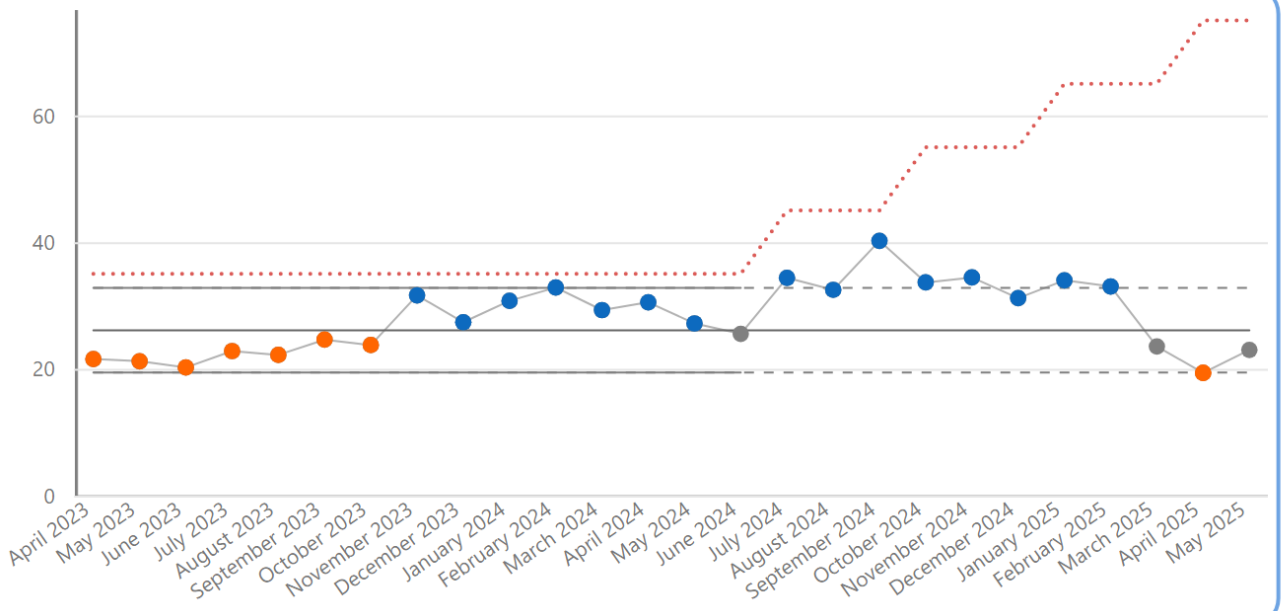
23.0%

tgt. 75%
n. 690
d. 3,000

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

Consistently Off Target
The target for this indicator is outside the control limits

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



Place Team	Performance	N	D	Target	Variation	Assurance
Newcastle & Gateshead Place Team	29.7%	201	677	75%	Concern	Consistently Off Target
North Cumbria & Northumberland & North Tyneside Place Team	20.5%	312	1,520	75%	Normal Variation	Consistently Off Target
Specialist Care Group (No Place Team)	39.8%	47	118	75%	Improvement	Consistently Off Target
Sunderland & South Tyneside Place Team	19.0%	130	685	75%	Concern	Consistently Off Target

Feedback

What the chart tells usThe p
Performance increased to 23.0% in May.

Root Cause of the performance issue

- The number of patients starting treatment is lower than the number of referrals in the latest 4-week period, this is impacted by the capacity to allocate patients keyworker, which effects the ability to allocate new patients
- There are several patients waiting over 4 weeks to start treatment, this impacts new referrals which are waiting.
- Data quality is improving.
- Staffing issues including sickness and vacancies in some teams impacting assessment capacity as cases are re-allocated.

Improvement Actions

- A significant amount of work has happened to embed the methodology. All dashboards and relevant metrics have been updated to reflect the changes along with the proformas to allow teams time to review and correct data if applicable. Currently the trust benchmarks in the top 3 nationally (good) for the smallest proportion of waiters using the new methodology.
- Fortnightly waiting list meetings overseen by each team.
- Bi-monthly Access Oversight Group established with CBU's

Expected impact and by when
It is expected that performance continues to improve throughout 2025.

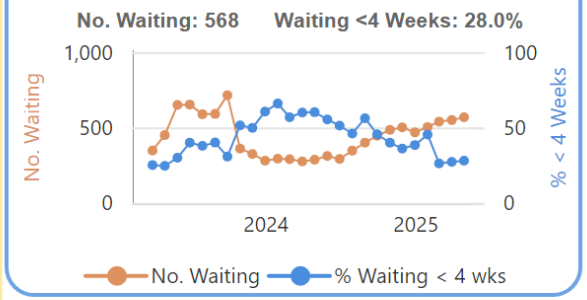
Working Age Adult and Older People Waits

Reporting Period: May-2025

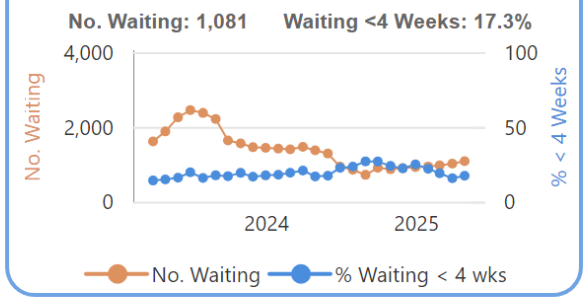
Pathway	Place Team Name	0-51 Weeks	52-77 Weeks	78-103 Weeks	Over 104 Weeks	Total
WAA	Newcastle & Gateshead Place Team	568	0	0	0	**568**
	North Cumbria & Northumberland & North Tyneside Place Team	927	101	32	21	**1,081**
	Specialist Care Group (No Place Team)	118	0	0	0	**118**
	Sunderland & South Tyneside Place Team	396	0	0	0	**396**
	Total	**2,009**	**101**	**32**	**21**	**2,163**
OPS	Newcastle & Gateshead Place Team	109	0	0	0	**109**
	North Cumbria & Northumberland & North Tyneside Place Team	439	0	0	0	**439**
	Sunderland & South Tyneside Place Team	289	0	0	0	**289**
	Total	**837**	**0**	**0**	**0**	837
Total		**2,846**	**101**	**32**	**21**	**3,000**

Working Age Adult Pathway by Place

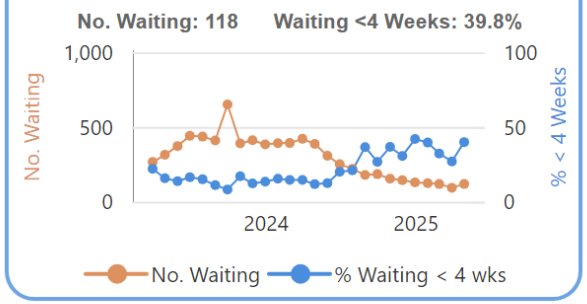
Newcastle & Gateshead Place Team



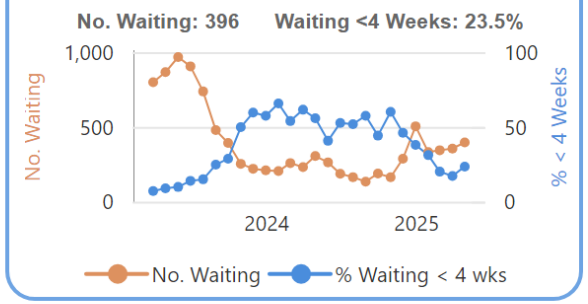
North Cumbria & Northumberland & North Tyneside Plac...



Specialist Care Group (No Place Team)

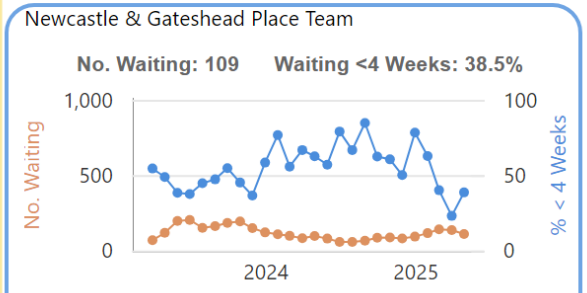


Sunderland & South Tyneside Place Team

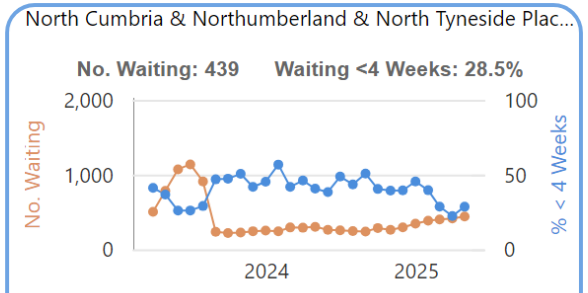


Older People Pathway by Place

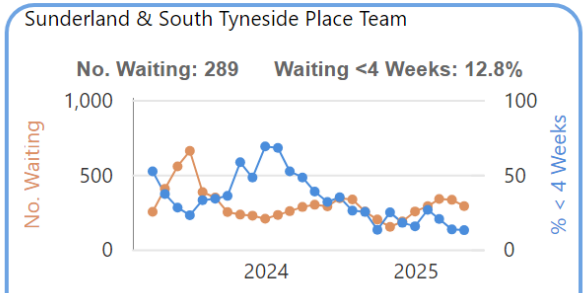
Newcastle & Gateshead Place Team



North Cumbria & Northumberland & North Tyneside Plac...



Sunderland & South Tyneside Place Team



A11 % 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)

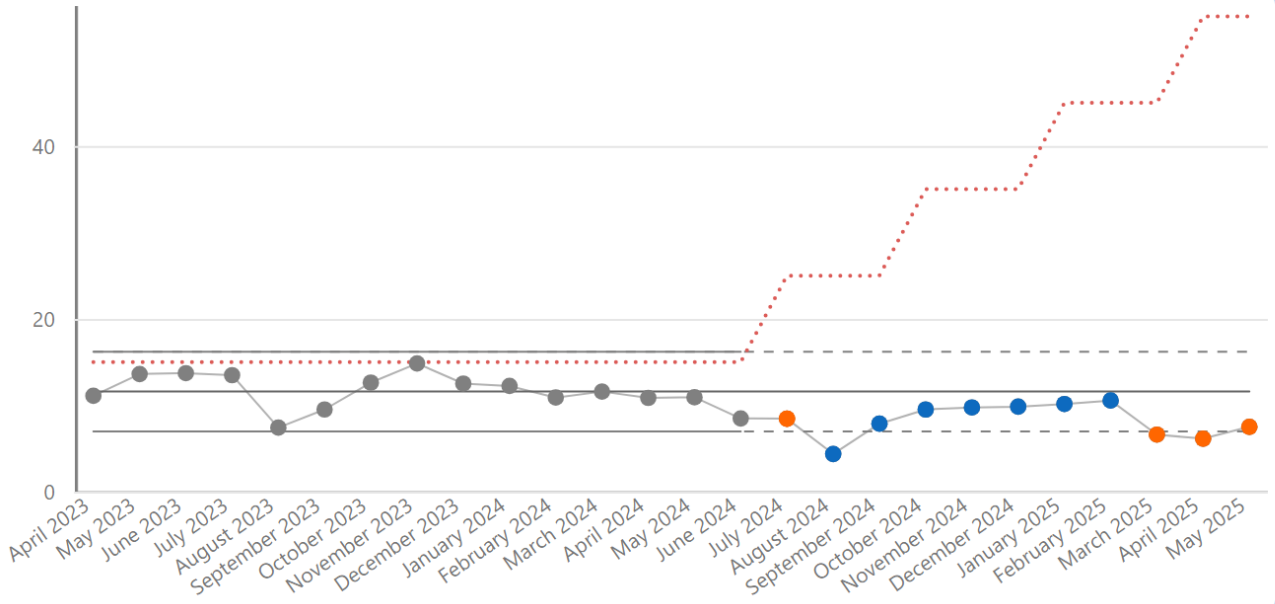
tgt. = target n. = numerator d. = denominator

7.5%	tgt.	55%
	n.	706
	d.	9,414

Concern
There is concern because this indicator is decreasing

Consistently Off Target
The target for this indicator is outside the control limits

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



Place Team	Performance	N	D	Target	Variation	Assurance
Newcastle & Gateshead Place Team	5.7%	392	6,839	55%	Concern	Consistently Off Target
North Cumbria & Northumberland & North Tyneside Place Team	9.8%	174	1,769	55%	Normal Variation	Consistently Off Target
Specialist Care Group (No Place Team)	7.2%	45	628	55%	SPC not applicable	SPC not applicable
Sunderland & South Tyneside Place Team	53.4%	95	178	55%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

7.5% of referrals have been waiting 4 weeks or less to receive help. 20% of CYPS on a Mental Health or Learning Disability pathway were seen within 4 weeks and only 4% of patients on a Neurodevelopmental Pathway were seen within 4 weeks.

Root Cause of the performance issue

- Waits are predominantly within the neurodevelopmental pathways with increased demand on the pathway.
- We are now using and reporting on the under 18 methodology across all in scope services, this impacted the number of referrals included, several teams have now been added to the methodology which also looks at those patients who were under 18 when the referral was received.
- Primary care stopping shared care agreements and NMPs/medics having to do all prescriptions is having an impact on seeing new patients.

Improvement Actions

- Funding has been received to support the neurodevelopmental pathway, the mobilisation and recruitment is now underway, this funding will increase the capacity within the pathway.
- To improve data quality, work has commenced with the additional new teams included, due to the methodology change, to ensure they understand what the methodology is and to review their recording options and practices in RiO including the use of appropriate outcome measures.
- Inclusion of those additional patients who were under 18 when the referral was received has had a positive impact on the figures.
- Initial assessment calls in SPA have commenced for neuro referrals in Newcastle and Gateshead and the team are implementing recording of other 'help' such as referral to Getting Help partners as a clock stop.

Expected impact and by when

There is growing national attention on neurodevelopmental pathways, highlighting the significant demand for diagnoses and how we address neurodevelopmental needs. It is anticipated that this demand will persist throughout 2025. While efforts to address the issue are expected to help reduce the increasing wait times, a complete reversal of the trend is unlikely due to the ongoing demand for neurodevelopmental services, the ADHD services are working on agreeing an improvement trajectory in line with the additional funding received.

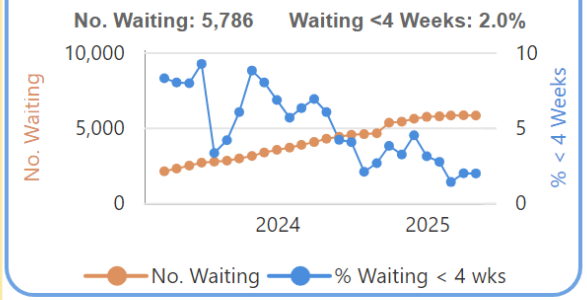
CYPS Waits by Pathway

Reporting Period: May-2025

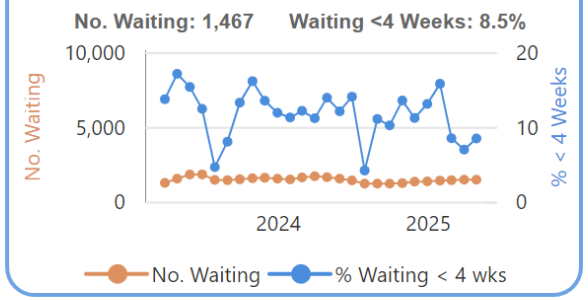
Pathway	Place Team Name	0-51 Weeks	52-77 Weeks	78-103 Weeks	Over 104 Weeks	Total
Neurodevelopmental	Newcastle & Gateshead Place Team	1,695	1,377	960	1,754	**5,786**
	North Cumbria & Northumberland & North Tyneside Place Team	804	207	158	298	**1,467**
	Specialist Care Group (No Place Team)	12	0	0	0	**12**
	Sunderland & South Tyneside Place Team	68	0	12	2	**82**
	CNTW	**2,579**	**1,584**	**1,130**	**2,054**	**7,347**
Mental Health & Learning Disability	Newcastle & Gateshead Place Team	956	10	19	68	**1,053**
	North Cumbria & Northumberland & North Tyneside Place Team	160	24	15	103	**302**
	Specialist Care Group (No Place Team)	193	18	2	403	**616**
	Sunderland & South Tyneside Place Team	76	8	8	4	**96**
	CNTW	**1,385**	**60**	**44**	**578**	**2,067**
All Pathways		**3,964**	**1,644**	**1,174**	**2,632**	**9,414**

Neurodevelopmental Pathway by Place

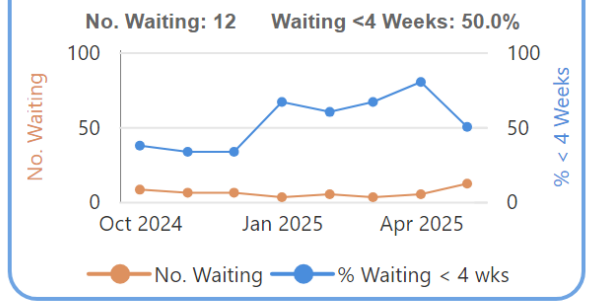
Newcastle & Gateshead Place Team



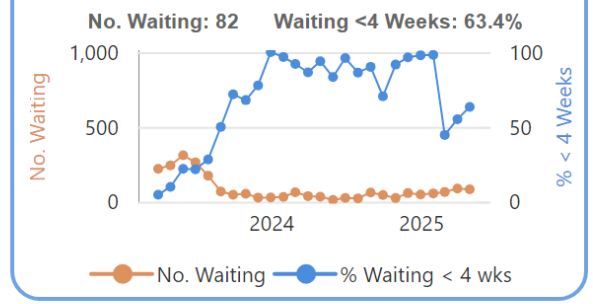
North Cumbria & Northumberland & North Tyneside Plac...



Specialist Care Group (No Place Team)

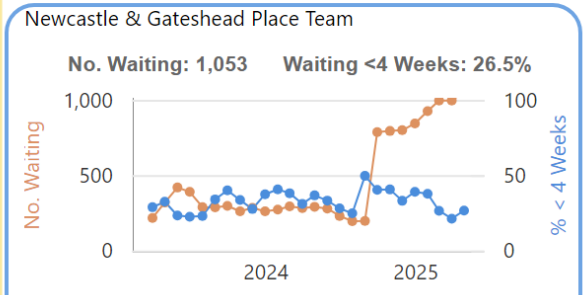


Sunderland & South Tyneside Place Team

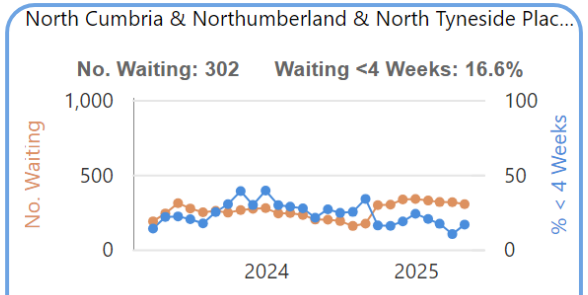


Mental Health & Learning Disability Pathway by Place

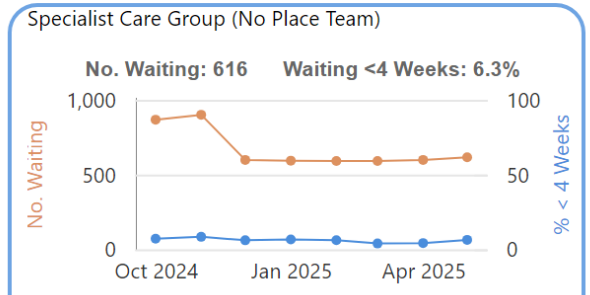
Newcastle & Gateshead Place Team



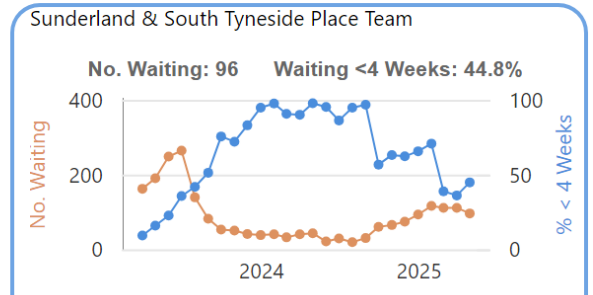
North Cumbria & Northumberland & North Tyneside Plac...



Specialist Care Group (No Place Team)



Sunderland & South Tyneside Place Team



A12 EIP – starting treatment in 14 days

Percentage of EIP referrals seen within 14 days (Q&P Metric 1400)

Risk Rating: Med (Monitoring)

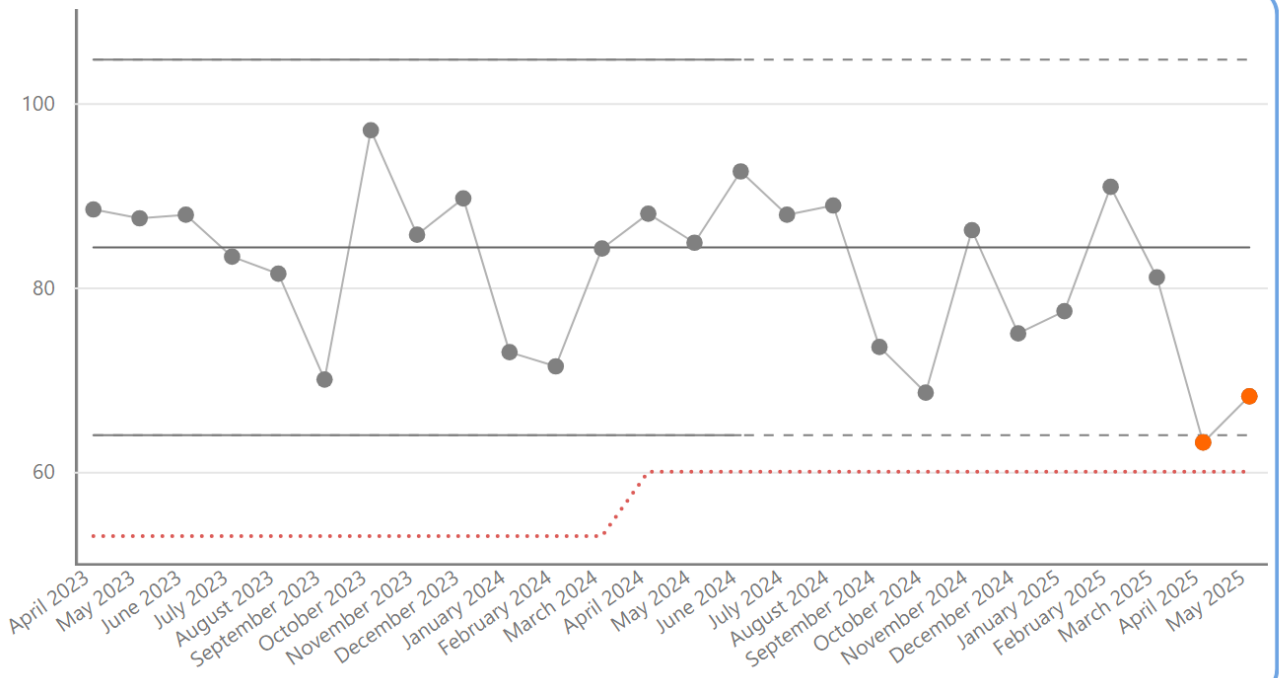
tgt. = target n. = numerator d. = denominator

68.2%	tgt.	60%
	n.	30
	d.	44

Concern
There is concern because this indicator is decreasing

Consistently Achieve
This indicator will consistently achieve the target

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



Place Team	Perf	N	D	Target	Variation	Assurance
Newcastle & Gateshead Place Team	38.9%	7	18	60%	Concern	Achieve at Random
North Cumbria & Northumberland & North Tyneside Place Team	87.5%	14	16	60%	Normal Variation	Consistently Achieve
Sunderland & South Tyneside Place Team	90.0%	9	10	60%	Normal Variation	Achieve at Random

Feedback

What the chart tells us

Whilst the Trust remains above standard and has been for 24 months the metric performance has been below average for 2 of the last 3 months.

Root Cause of the performance issue

- The main additional element will be the implementation of specific actions to address high DNA rates and a review of assessment capacity. The plan is to offer an assessment in week one and, if DNA occurs, to re-offer in week two.
- Although all new referrals are currently being offered assessments within the 14-day target, DNA rates for EIP remain high at over 16% month on month.
- CTTs currently have very limited capacity to accept transfers from EIP due to a lack of available Band 6 staff. This shortage is being compounded by additional pressures on CTTs, including lithium monitoring responsibilities and a less episodic care approach for individuals with psychosis.
- A review of cases identified individuals who could potentially be discharged early from EIP and transferred to CTTs; however, due to ongoing capacity issues, these transfers cannot proceed as planned.

Improvement Actions

- CBU to review ARMS workforce requirements to explore releasing a Band 6 to support EIP – this will require wider Trust support.
- CCM and PM to conduct a detailed analysis of DNAs to identify any emerging themes or barriers.
- CCM and PM to reassess assessment capacity and implement a standard process to offer initial assessment in week one and re-offer in week two if DNA occurs.
- We are stepping down surge planning actions at this time, as CTTs do not have capacity to support additional transfers.

Expected impact and by when

Improved staffing in Quarter 2 may result in improved performance but acuity of patients and risk are the prevailing concerns.

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

Risk Rating: Low (No Target)

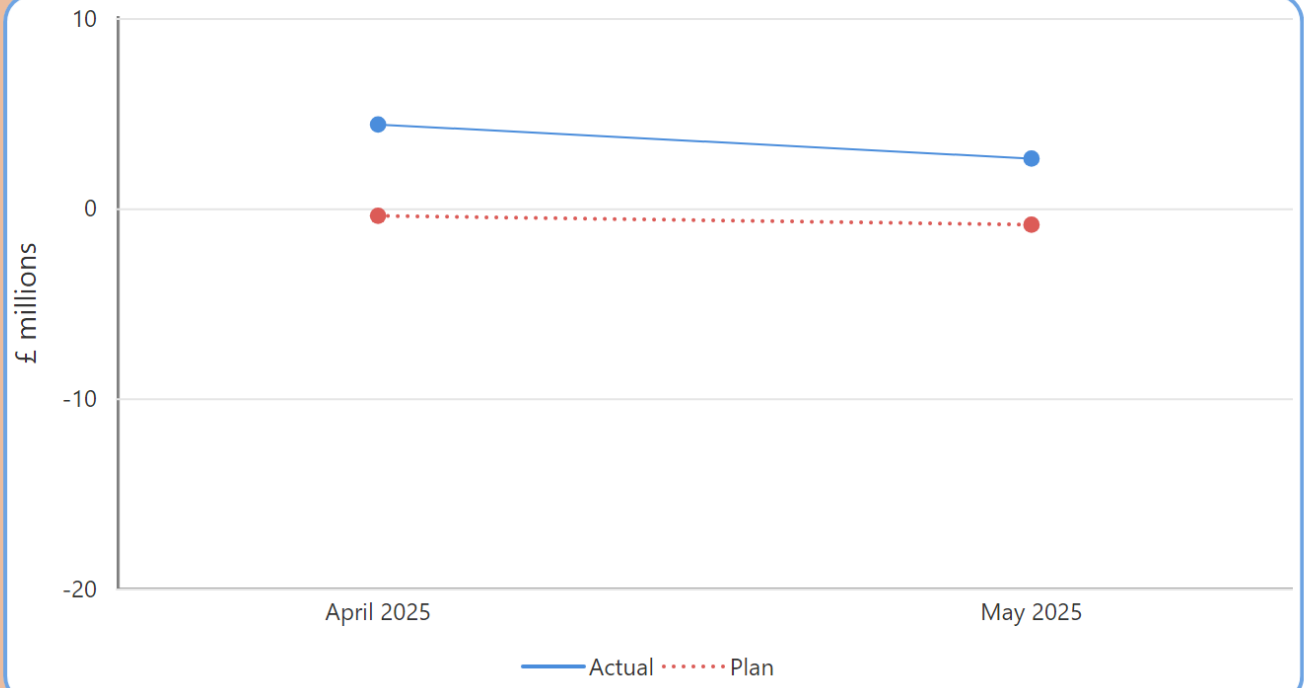
Live within our means (I&E Surplus/Deficit £)

£2.6m Plan -£0.9m

SPC not applicable
Insufficient data to determine either special cause or common cause variation

SPC not applicable
Assurance cannot be given as there is no target and/or process limits

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



Care Group	Actual	Plan	Variation	Assurance
Community Care Group	£6.4m	£7.1m	SPC not applicable	SPC not applicable
Inpatient Care Group	£1.4m	£1.8m	SPC not applicable	SPC not applicable
Specialist Care Group	£5.7m	£6.3m	SPC not applicable	SPC not applicable
Support & Corporate	-£10.9m	-£16.0m	SPC not applicable	SPC not applicable

Feedback

- BDG monthly finance focus sessions to agree actions to impact on the Trust financial position and review of progress to deliver the Trust efficiency plans.
- BDG monthly finance focuses time on plans for longer term financial sustainability. The Trust will agree trajectories for services to plan to deliver costs in line with the contracted income by 2027.
- Groups / Departments highlighted areas under review to impact on financial performance. BDG discussions to clarify where they improve / worsen the financial forecast. A risk and mitigation analysis is presented.
- Daily staffing reviews taking place across inpatient areas.
- Weekly meeting to review and maximise the Trust cash balances.

S03 All staff WTEs

All staff WTEs

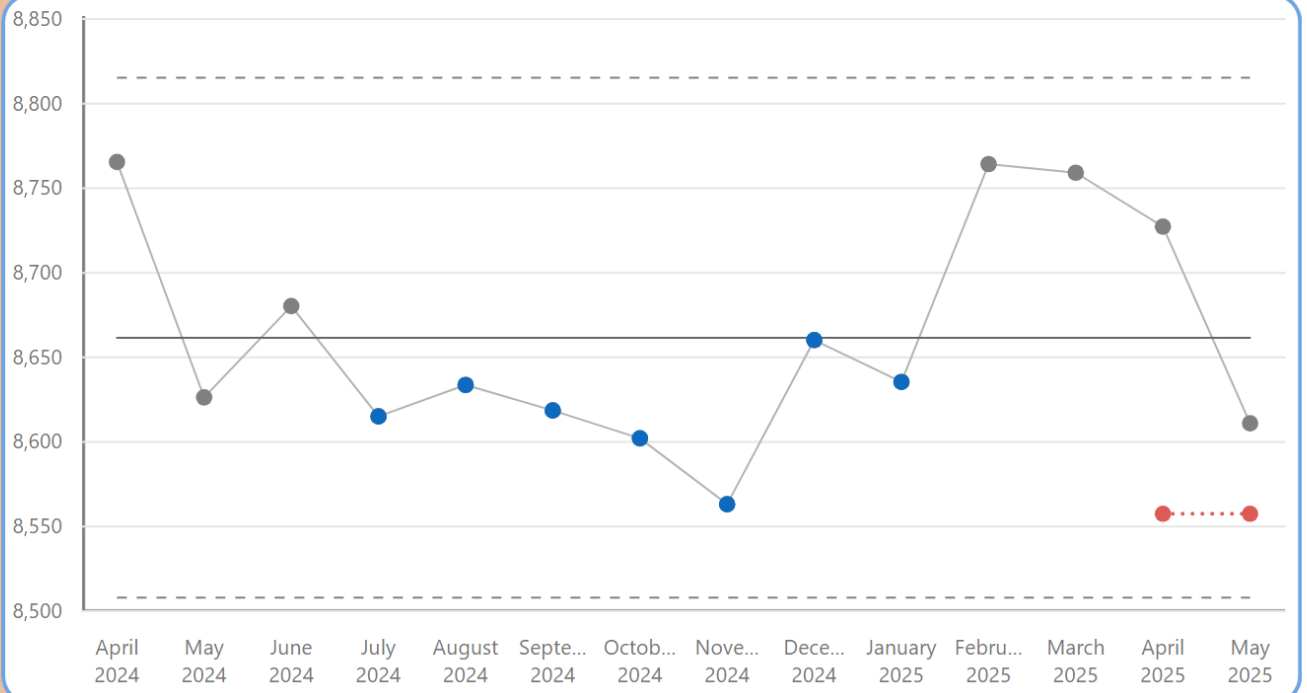
Risk Rating: Med (Monitoring)

8,611	Target 8,557

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

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

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



Care Group	Actual	Variation	Assurance
Community Care Group	3,035	Normal Variation	SPC not applicable
Inpatient Care Group	1,881	Improvement	SPC not applicable
Specialist Care Group	1,914	Normal Variation	SPC not applicable
Support & Corporate	1,781	Normal Variation	SPC not applicable

Feedback

- The trust was 54 WTE staff off the plan of 8,557 at Month 2

8. ANY OTHER BUSINESS / ITEMS FOR INFORMATION

Darren Best, Chair

8.1 CHAIR'S REPORT

Darren Best, Chair

REFERENCES

Only PDFs are attached

8.1 Chairs report July Final Draft.pdf

Meeting	Council of Governors Business Meeting		Agenda item: 8.1
Date of meeting	Thursday 4 September 2025		
Report title	Chairs Report		
Report Lead	Darren Best, Chair		
Prepared by	Kirsty Allan, Deputy Trust Secretary / Corporate Governance Manager		
Purpose	For decision	For assurance	For awareness
			x
Report previously considered by	N/A		
Executive summary	The Chair's report is a standing agenda item, for the purposes of transparency and accountability which provides the Board updates on strategic activity undertaken since the last meeting and draws the Board's attention to any other issues of significant interest. These include: - Staff Excellence Awards update - Annual Members / Annual General Meeting - Trust Board of Directors - Outcome Fit and Proper Persons Test - Staff Survey Results 2024 - Model Integrated Care (ICB) Blueprint - Internal and External engagement and activity - Local and Regional Network meetings		
Detail of corporate/ strategic risks	N/A		
Recommendation	To note		
Supporting information / appendices	N/A		

Council of Governors Business Meeting
Chair's Report
Thursday 4 September 2025

CNTW Performance

During this reporting period CNTW has received the findings from a further CQC inspection. On this occasion the inspection was of our Community Services. Overall, the inspectors found that our services Require Improvement, (when last inspected our Community Services were rated by the CQC as Outstanding). The Trust fully accepts the CQC findings and recommendations, and I am aware that work is ongoing to cause improvements to be made. It should be noted that the CQC found much good practice and within their report there are a lot of positives that our staff should be very proud of. However, it is fair to say that the overall finding is of concern. You can read the report from 17 June 2025 assessment here.

I am proud to be the Chair of CNTW, and I have absolute admiration and respect for what our people do every day. While the CQC report has highlighted areas where we must improve, it also reaffirms our commitment to delivering safe, compassionate and high-quality care. We take the findings seriously and are already working with urgency and determination to address the issues raised. Improvement is not just a goal – it is a journey we undertake together, with transparency, accountability and a shared vision for excellence.

NHS 10-year Plan

CNTW is committed to delivering high-quality, patient-cantered care in alignment with the ambitions set out in the NHS Long Term Plan (2019 – 2029). This document outlines how our strategic ambitions and service developments support the delivery of the national plan's key objectives.

1. **Preventing ill-health and supporting wellbeing.**

We are investing in proactive, community-based services that promote prevention and early intervention, in line with the Plan's focus on reducing health inequalities and supporting population health.

2. **Integrated Care and Place-Based Services**

As part of our Integrated Care System (ICS) we are working collaboratively with Primary Care, Social Care and voluntary sectors to deliver joined up care closer to home.

3. **Digitally Enabled Care**

We are embracing digital transformation to improve access, efficiency and patient experience.

4. **Workforce Development**

We are supporting our workforce through training, wellbeing initiatives and new roles to meet future service demands.

5. **Financial Sustainability and Innovation**

We are committed to delivering value for money while innovating to meet future challenges for example investing in green technologies to support the NHS Net Zero ambition.

As a specialist provider of mental health services, CNTW plays a vital role in delivering the ambitions of the NHS Long Term Plan. The Plan places mental health on an equal footing with physical health, committing to a significant expansion of services and funding. In response, the Trust has embedded the Plan's priorities into its strategic objectives, ensuring that care is more accessible, person-centred, and integrated across the health and care system.

One of the key areas of alignment is the expansion of community-based mental health services. The Trust is working closely with primary care networks and local partners to deliver new models of care that provide earlier intervention and support closer to home. This includes the development of integrated community mental health teams for adults with severe mental illness, as well as enhanced crisis services that offer 24/7 support. These initiatives directly support the Long-Term Plan's goal of reducing reliance on inpatient care and improving outcomes through timely, localised support.

The Trust is also advancing the Plan's commitment to children and young people's mental health, with increased investment in early intervention services, school-based mental health support teams, and digital tools to improve access. In line with the Plan's focus on prevention, the Trust is embedding mental health promotion and resilience-building into its work with schools, families, and community organisations.

Furthermore, the Trust is embracing digital innovation to improve access and efficiency. Virtual consultations, online therapy platforms, and digital triage tools are being scaled up to meet rising demand and offer more flexible care options. At the same time, the Trust is investing in its workforce, developing new roles, supporting staff wellbeing, and fostering a culture of continuous improvement all of which are central to the Long Term Plan's vision for a sustainable and empowered NHS workforce.

Through these efforts, CNTW is not only delivering high-quality care but also actively contributing to the transformation of mental health services across the country, in full alignment with the national agenda.

Staff Excellence Awards 2025

Our Staff Excellence Awards took place on Friday 27th June and as Chair I was proud and delighted to acknowledge the exceptional contributions of our staff who truly make our organisation a special place to work. The awards is a testament to the exceptional dedication and achievements of individuals and teams who consistently go that extra mile delivering outstanding care for our service users and carers. The awards are a powerful tool for recognising excellence and fostering a culture of continuous improvement and I would like to thank everyone who took part in the Awards and our sponsors for their support. Let's continue to celebrate excellence and build a brighter future together.

Annual Members Meeting

I am pleased to announce our Annual Members Meeting will be held on Tuesday 23rd September 2025 in our Jubilee Theatre, St Nicholas Hospital. Before the main meeting commences at 1pm, there will be a range of stalls available from 10am with representatives talking about the work taking place throughout the Trust and within our partner organisations and local communities.

This is an opportunity for our Trust members, service users and carers, governors, staff and members of the public to come together to learn more about our services, achievements and our vision for the future. At our meeting we will formally present our annual report and talk through some of the highlights as well as discuss work that has been undertaken over the last 12 months and our plans for the year ahead.

It is a fantastic day where I hope you can join us for a chat with our Trust and partner representatives, Council of Governors and Board of Directors about our work.

Trust Board of Directors

During June we successfully completed a recruitment process to appoint two Non-Executive Directors to the Board of Directors. The Nominations Committee has now concluded its work, and I will be seeking formal approval for the appointments at tomorrows Council of Governors meeting.

The Council of Governors extended Michael Robinson, Non-Executive Director terms of office to 30th September to provide a smooth transition and period of handover. As Michael is also the Senior Independent Director the Board of Directors have appointed Louise Nelson, Non-Executive Director into this crucial role and will consult with the Council of Governors at September meeting to formally appoint Louise as the Trusts Senior Independent Director.

Outcome Fit and Proper Persons Test

Following the revised Fit and Proper Persons Test (FPPT) published by NHS England in August 2023 the Framework introduced a requirement for the Trust Chair to submit an annual return to the NHS England Regional Director. The Framework applies to Executive and Non-Executive Directors and as Chair, I applied FFPT to all members of Board members and participants.

An NHS Leadership Competency Framework was also published which provides guidance for the competence categories against which a board member should be appointed, developed, and appraised. This Framework was effective in this round of appraisals which was used for all new board level appointments and for annual assessments for all board members.
NHS England published the first NHS Equality, Diversity and Inclusion (EDI) Improvement Plan, June 2023, which sets out targets actions to address the prejudice and discrimination, direct and indirect that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The plan centres around six high impact actions with High Impact 1 which requires the Board of Directors to have EDI objectives which are specific, measurable, relevant and timebound (SMART) and be assessed against these as part of their annual appraisal.

The appraisal for all board members undertaken by me, and the CEO completed the process. Michael Robinson, Senior Independent Director completed the review of my reports. Through the appraisal process no matters were raised that cause concerns relating to individual being fit and proper to carry out their role. All returns have been reviewed, and no issues have been identified that impact on individuals' abilities to perform their duties as members of the Board. Therefore, I can determine that all board members and participants comply with the FPPT, and I have submitted the annual submission to the Regional NHS England Director.

Staf Survey Results 2024

The recent Staff Survey results for 2024 reports a mixed picture. I am concerned about the overall completion rate of our staff survey; I am of the view that the completion rate of a staff survey provides a very good insight into how engaged people are with the organisation they work for. This is something I have discussed with the CEO and asked that the completion of the 2026 staff survey is seen as one of his priorities. I want people at CNTW to have their say in the full knowledge that the survey is anonymous, that what they say matters and that the Board absolutely listens to what is said.

Whilst progress has been made in some areas, continued and renewed efforts are needed to address concerns about how we lead, how we foster a more supportive and inclusive culture and how we ensure that all our staff feel valued and empowered to speak up about issues, particularly those related to patient safety.

The culture of the organisation impacts all levels of the organisation. To address the areas specifically highlighted in 2024 survey and make a difference regarding compassion, speaking up, no bullying, continuous improvement, learning, quality, and leadership, the organisation has in place a Leadership Development Programme. The programme is aimed at Team Leaders and Managers of clinical and support teams. The programme seeks to help equip those people with the skills, tools and mindset needed to lead effectively. We know leadership is the most powerful factor influencing culture because leaders signal, through their behaviour, the values and the norms - 'the way we do things'. Leadership behaviour affects the five key elements of culture.

Cultural Elements	Values	The way we do things
Vision and values	Constant commitment to quality of care	Everyone taking responsibility in their work for living a shared vision and embodying shared values
Goals and performance	Effective, efficient, high quality performance	Everyone ensuring that there are clear priorities and objectives at every level and intelligent data constantly informing all about performance
Support and compassion	Support, compassion and inclusion for all patients and staff	Everyone making sure all interactions involve careful attention, empathy and intent to take intelligent helping action
Learning and innovation	Continuous learning, quality improvement and innovation	Everyone taking responsibility for improving quality, learning and developing better ways of doing things
Teamwork	Enthusiastic cooperation, team working and support within and across organisations	Everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and acting

The above said, the 2024 survey does highlight some positive progress in the right direction for the Trust. These improvements demonstrate that our continued focus on improving culture, staff and patient experience is making a difference.

We must be mindful, however, that our 2024 results did not show the same rate of improvement that we have seen in the past two years. Our average % improvement per question was lower this year, we must consider this to be a critical moment in our cultural transformation.

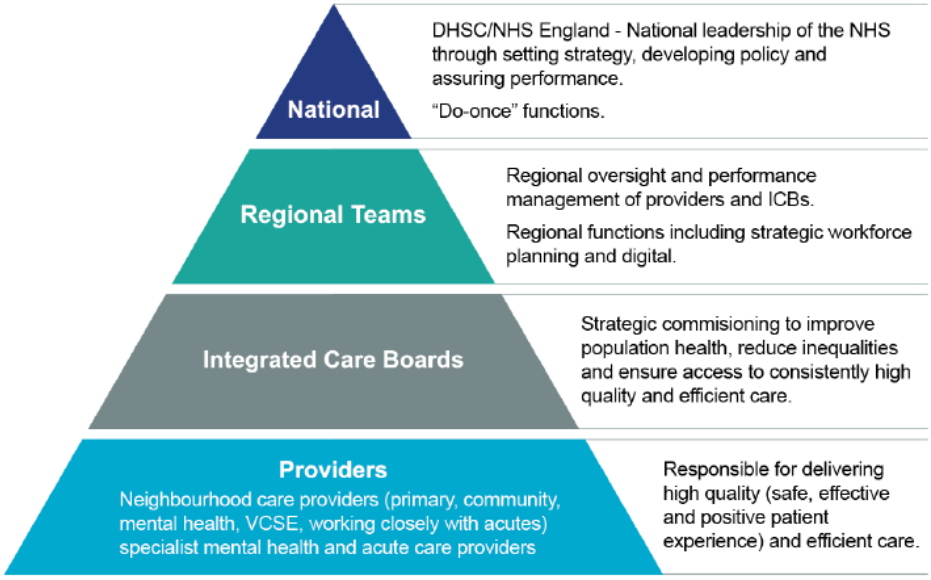
For us to continue to improve our staff morale and experience, we must be able to progress our cultural ambitions throughout 2025-26 against a tough financial backdrop. Delivering sustained and continuous improvement remains a critical challenge for the whole organisation, during a year ahead of change.

Model Integrated Care (ICB) Blueprint

In May 2025, NHS England (NHSE) shared the first version of the Model ICB Blueprint which is intended to help Integrated Care Boards (ICB) produce plans by the end of May to reduce their running costs by 50%. It sets out an initial vision for ICBs as strategic commissioners and the role they will plan in realising the ambitions of the 10 Year Health Plan. NSHE expects to carry out further engagement, including with providers to embed local plans.

The blueprint provides greater clarity on the future focus, role and functions of the ICBs. There is a greater emphasis on developing long-term strategy, establishing population health goals, and instilling collaboration within the broader NHS eco-system. This will remain a core function of their roles as commissioners within the system. To achieve this there will be a significant departure from existing operating structures, and substantial organisational transitions ahead, for the ICBs, Department of Health and Social Care and providers. The restructure presents both opportunities and challenges for ICBs as they navigate the practical implementation of these changes.

The refreshed role of the ICBs has been developed through a set of assumptions about a refreshed system landscape, along the lines set out below:



The Model ICB blueprint has significant implications for NHS Foundation Trusts, primarily involving a shift in commissioning responsibilities, increased accountability to ICBs and potential changes in governance structures. CNTW has already undertaken work to adapt our models of business to align with ICB priorities and service specifications, leading to more streamlined service delivery. The ICB is responsible for evaluating impact and outcomes of commissioned services, potentially influencing future commissioning decisions and Trusts are held accountable to ICBs for service improvement and outcomes by demonstrating value for money and improvements in population health. The Blueprint emphasises the importance of nursing leadership at system level and CNTW will collaborate closely with the ICB to ensure clinical leadership remains a priority within the Integrated Care System (ICS).

As a Trust we align our strategic goals and priorities with the ICBs overall vision for the local health system and participate in developing and implementing the ICBs joint forward plan, which outlines how the system will meet population health needs and improve outcomes. Data sharing with the ICB will enable better understanding of population needs and health inequalities and inform service planning as well as collaborate with the ICB to commission services that meet the needs of the local population.

Internal and External engagement and activity

In addition to our schedule of planned Board and Governor meetings, I continue to have regular planned meetings with our Interim Lead Governor and meet weekly with James Duncan our Chief Executive Officer. I have also met with numerous individuals, including Executive Officers, Senior Managers and members of staff; the primary aim of which is to inform discussions with the Board and help shape our thinking and decision making. I am aware that our Non-Executive Directors have also involved themselves in a range of visits and meetings to help shape their thinking and discussions with the Governors and the Board.

During April 2025 – July 2025, I visited and / or met with:

- Service User Carer Reference Groups (April / June)
- Research and Innovation Conference
- Service visit to Lotus Ward
- Service visit to Embleton Ward
- Trust Memorial Service
- Service visit to Crisis Service, St Georges Park
- Medical Staff Committee

Local and Regional Network meetings

It is important to continually be 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 / met with:

- **Integrated Care System, (ICS) Foundation Trust (FT) Chairs Meeting** – this is a meeting of all of the Chairs operating in the North East and North Cumbria area. The meeting provides a good opportunity to discuss individual Trust and system wide pressures, concerns and learning.
-
- **Integrated Care Board (ICB) Chair and Foundation Trust Chairs Forum** – this meeting is attended by all of the FT Trust Chairs and is Chaired by Professor Sir Liam Donaldson (the Chair of the ICB) with the ICB CEO, Sam Allen and other senior ICB personnel. The meeting provides a forum to discuss system and wider NHS related issues, assess how we in the North East and North Cumbria are performing as a system and understand the strategic / wider issues that impact on the individual Trusts and the system collectively.

Darren Best
Chair of the Council of Governors and Board of Directors
Augsut 2025

8.2 CHIEF EXECUTIVE REPORT

James Duncan, Chief Executive

REFERENCES

Only PDFs are attached

8.2 CEO Report July 25.pdf

Council of Governors Business Meeting
Chief Executive's Report
Thursday 4 September 2025

1. Trust updates

1.1. Annual Staff Awards

The annual staff excellence awards were held on Friday 27 June at Newcastle Civic Centre. The awards, now in their sixteenth year continue to be extremely popular, with 1,103 nominations received this year.

Over 430 staff attended the three-course gala evening, hosted by Sky Sports presenter Pete Graves. There were 18 awards presented as well as two special awards from the Chair and Chief Executive. As last year, the awards were linked to the Trust's strategic objectives and recognised qualities such as leadership, achievement and innovation.

On the evening itself, a raffle took place raising money for the Trust's charity, and the sum of £3,325.50 was raised. In terms of sponsorship, this was the most successful year yet, with all sponsorship packages taken, including multiple prestige sponsorship packages.

1.2 Trust-wide Governance and Operational Delivery Structure Review

As part of the annual refresh of the operational governance structure a review of the Care Group Operational Management Groups (OMG) and Business Delivery Groups (BDG) has been undertaken with the aim of achieving the following:

- Establishing a formal place for learning across all care groups.
- Refocussing the monthly Care Group Quality Standards meeting.
- Improving oversight on operational performance of finance, activity and workforce standards.
- Refocussing BDG-Quality to oversee and co-ordinate the delivery of the annual quality priorities.
- Streamlining agendas where possible to free capacity.
- Move from meetings becoming solely focussed on communication cascades.
- Allowing more time for all groups to be involved in the single model of care programme board.

As a result of the above, the Executive Management Group approved changes to the Business Delivery Group meeting structure and the Care Group Operational Management Group Structure in June 2025. A report on the changes was presented to the Quality and Performance Committee in July and arrangements to support transition to the new groups has commenced.

1.3 Health Neighbourhoods

The NHS Plan sets out radical aims for the transformation of the NHS, as described in the board papers today. As part of that there is an aim for community provision to be reorganised around health neighbourhoods, in which health and care organisations across all sectors work together alongside local communities to enable us collectively to focus on the shift of care from hospital to community and to promote prevention, rather than focussing on just treating illness. This lies at the heart of the plan and to promote this NHSE are asking for 42 neighbourhoods across the country to come forward to test and develop the concept. Already discussions have been taking place across all of our localities about our approach to neighbourhood health and CNTW are a central part of all of those conversations.

A process is underway for neighbourhoods to put themselves forward as national early adopters worth bids due to be submitted in early August and successful bids to be awarded by September. Each locality is currently determining whether they will submit a proposal, but irrespective of this, momentum is building to develop the concept further locally. The national early adopters will receive coaching support and develop a network of learning but there will be no additional funding associated with this process. I will keep the board informed as this develops.

2. National updates

2.1 Planned Industrial Action by Junior Doctors – 25th July 2025

On Thursday 25th July 2025, Junior doctors in England are expected to take part in a 5 consecutive day strike as part of ongoing industrial action over pay and working conditions. This follows a series of negotiations between the British Medical Association (BMA) and the government, which have yet to reach a resolution. Junior doctors represented by the BMA are demanding full pay restoration to 2008 levels, adjusted for inflation. They argue that their real-terms pay has been cut by over 25% over the past 15 years.

The strike will involve junior doctors, who make up a significant portion of the medical workforce in hospitals and community settings. CNTW are working closely with clinical leaders to ensure patient safety remains the top priority. Emergency and urgent care services will continue to operate, but there may be disruption to non-urgent appointments and elective procedures. Patients affected by cancellations will be contacted directly and rescheduled as soon as possible. The Trust have contingency plans in place to maintain safe staffing levels, including the redeployment of senior clinicians and prioritisation of critical services. Staff are encouraged to support colleagues and patients during this period and to stay informed through internal updates and briefings.

On writing my report as the junior doctor's industrial action currently continues to go ahead, I want to take a moment to acknowledge the strength, professionalism and dedication shown by all our staff during this challenging time. We recognise that the decision to strike is never taken lightly. Junior doctors are a vital part of our workforce, and their concerns about pay, working conditions and the future of the NHS are both valid and deeply felt. Their voice matters and so does their wellbeing. We remain committed to supporting all our staff – those taking part in the industrial action and those working hard to maintain safe services. We continue to advocate for a fair and sustainable resolution that recognises the immense value

junior doctors bring to our health service. I would like to thank all our staff for your resilience, compassion and unwavering commitment to patient care. Let's continue to support one another with kindness and respect as we navigate this period together.

2.2 NHS England Attention Deficit Hyperactivity Disorder (ADHD)

In June 2025, NHS England published its interim report on the work from the ADHD (Attention Deficit Hyperactivity Disorder) national Task Force. The ADHD taskforce was commissioned by NHS England, with the support of government, after a rapid review of challenges in the health care system found that ADHD service provision and interrelated policies needed a joined-up approach across health, care, education and the justice system. The Taskforce was tasked with gaining a better understanding of the challenges affecting those with ADHD and to make recommendations for change. The taskforce has explicitly taken a whole-person, evidence-based perspective to ADHD and is focusing across health, education, employment and justice.

The report outlines a number of recommendations:

Cross-agency and government department working

1. **Data capture: government and its relevant departments (specifically DHSC, MoJ, DfE and DWP)** need to work together to improve data capture digitally and join up of datasets. This is to understand where people with ADHD or neurodivergence are in public services, the disproportionalities that exist, and to capture impacts and outcomes.
2. **The Office for National Statistics** should routinely collect and analyse data relating to ADHD in health, education, the workforce and the justice system.
3. **Spending review plans: government and its relevant departments (specifically DHSC, DfE, DWP and MoJ)** need to work together on radical and holistic spending review plans. These plans should consider the work of the Taskforce, the DWP academic panel on neurodivergence and the DfE Task and Finish group on neurodivergence. We recommend an invest to save model that includes ADHD and neurodivergence training and awareness building across all different sectors as well as evidence-based, holistic models of care (that will be described in the final report).

Prevention

4. **Needs-led support that is uncoupled from diagnosis: DHSC/NHS England, DfE and MoJ** must work together to prioritise early years support that is based on needs not diagnosis to break the school to prison, school to adult unemployment and school to ill-health pipelines. For school age children, another step is to ensure that rollout of outreach mental health support teams in schools (MHSTs; Mental Health Support Teams) is completed and enhanced by the inclusion of staff with neurodivergence expertise in every school. These teams need to be linked up with integrated neurodevelopmental and Children and Adolescent Mental Health Services (CAMHS) teams.
5. **Urgently address escalating NHS ADHD waiting times: DHSC and HMT** must act quickly to address the growing backlogs across both children's and adult services to avoid wasted expenditure on the adverse outcomes of untreated ADHD (e.g. repeated A&E use, chronic mental and physical health problems, prison,

unemployment) and identify those at highest risk. The government should ensure that local systems bring down ADHD waiting times for children's and adult services in line with its commitments on reducing waiting for diagnosis and treatment for physical health conditions.

6. **Improve support to those on waiting lists: health care providers/integrated care boards (ICBs)** must ensure support for those waiting and provide clear signposting to local organisations that can provide information and support. Health care providers/ICBs to consider screening of wait lists to identify the most severe ADHD, co-morbidities and risks (e.g. suicidal) for prioritisation using evidence-based clinical screening tools (different to profiling tools) but not on their own, as such tools can over and under-identify ADHD.

From hospital to community

7. **A generalist model:** NICE should reconsider its stance and interpretation that ADHD always requires a highly specialised, secondary care workforce (ADHD super-specialists) for diagnosis, treatment initiation, follow-up and other types of support. It should clearly define the meaning of specialist to enable greater involvement of primary care (with training and remuneration), with secondary care support as well as generalist secondary care. This approach would align ADHD management with the way other common conditions, such as diabetes, are managed. A clear definition of ADHD specialist and monitoring of NICE adherence is also important to regulate non-NHS providers and allay concerns raised by some about the quality of diagnosis or over-diagnosis by some providers.
8. **A single, accessible front door:** Integrated care systems (ICSs)/Neighbourhood Health Services need to work with other local services to modernise ADHD pathways to join up professional expertise across different types of neurodivergence/neurodevelopmental disorders. Furthermore, there needs to be an explicit link up with mental health services. Such pathways need to operate across all age groups and involve different settings of care and intensity of support (inclusive of primary and secondary care, local authority, VCSE (voluntary, community and social enterprise) and, where needed, private providers).
9. **Stepped care:** Integrated care systems (ICSs)/Neighbourhood Health Services should adopt 'test and learn approaches' to a stepped care model that involves providing support of different intensities for 'possible ADHD' and high-quality 'clinical diagnosis of ADHD'. This should involve primary and secondary care, local authority, VCSE and private providers. The NIHR should fund formal evaluation of these models.

Digitalisation

10. **Introduce NHS digitalisation into ADHD services now:** the DHSC through its 10-year plan should prioritise the digitalisation of ADHD services. Digitalisation can speed up routine administrative tasks (e.g. questionnaire measures, height, weight, blood pressure centiles, generating reports), help screen waiting lists and, where evidence based, improve efficiencies.
11. **Improve evidence base: NICE** should scope an early value assessment (EVA) of digital products delivering improved outcomes and efficiencies for ADHD management and treatment across the pathway and settings of care.

12. **Improve data quality: NHS England/DHSC** must prioritise its data improvement work. Currently, data on ADHD waiting lists, referrals, outcomes, local and regional ADHD diagnosis and treatment rates and on clinical standards of all providers are of poor quality.

The next steps for the final report are to identify mechanisms for implementation of the interim recommendations, including holistic models of care, accountability and follow-up, continue to work with the DfE Neurodivergence Task and Finish Group and DWP Academic Panel on Neurodivergence on the final report to be completed by summer 2025.

Board members will be aware that the Trust has escalated to the Integrated Care Board (ICB) the position on the significant long waits for access to services in this pathway and the capacity the Trust has which cannot meet the growth in demand. The Trust has been working collectively with the ICB and key clinical leads to review the pathways in place across the NENC which align to the principles set out above in the interim national report.

James Duncan
Chief Executive
August 2025

8.3 FIT AND PROPER PERSONS TEST ANNUAL UPDATE (FOR INFORMATION ONLY)

Kirsty Allan, Deputy Trust Secretary / Corporate Governance Manager

REFERENCES

Only PDFs are attached

8.3 FPPT DOI Report 2025 Board.pdf

Meeting	**Council of Governors Business Meeting**		**Agenda item: 8.3**
Date of meeting	Thursday 4 September 2025		
Report title	Fit and Proper Person Annual Assurance Report 2024/25		
Report Lead	Debbie Henderson, Director of Communications and Corporate Affairs		
Prepared by	Kirsty Allan, Deputy Trust Secretary / Corporate Governance Manager		
Purpose	**For decision**	**For assurance**	**For awareness**
		x	
Report previously considered by			
Executive summary	The Fit and Proper Person Test (FPPT) report is an annual statutory submission to the Board as a crucial part of ensuring the board's accountability and transparency, enhancing leadership quality within the NHS and preventing unfit board members from moving between NHS organisations. The FPPT helps determine the suitability of individuals for leadership roles with the Trust, ensuring they meet the necessary standards of integrity and competency. This review helps prevent potentially harmful individuals from holding positions of influence and accountability. The report provides assurance to the Board of the individuals in director-level roles are suitable and trustworthy, safeguarding the organisation interest and those it serves.		
Detail of corporate/ strategic risks	N/A		
Recommendation	To note the outcome of the review which provides full assurance.		
Supporting information / appendices	• Appendix A - Register of FPPT outcome • Appendix B - Register of Declaration of Interests of Board member. Both appendices will be published on the Trust website to ensure transparency and demonstrate good governance. This practice promotes public confidence in the Trust by allowing scrutiny of potential conflicts of interest and helps uphold ethical standards.		

Board of Directors Meeting
Wednesday 23 July 2025

Fit and Proper Persons Annual Assurance 2024/25

1. Executive Summary

The purpose of this report is to provide annual assurance that all Board Directors, and those individuals employed for the Trust who fit the criteria of the Fit and Proper Person's national guidance, remain fit and proper for their roles.

As a health provider, the Trust has an obligation to ensure that only individuals fit for their role are employed. Following the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust must ensure that all Board Directors meet the 'Fit and Proper Persons Test.

In 2019, a government-commissioned review (the Kark Review) of the scope, operation, and purpose of the Fit and Proper Person Test (FPPT) was undertaken. In response to the recommendations in the Kark Review, NHS England developed a FPPT Framework to strengthen/reinforce individual accountability and transparency for Board members, thereby enhancing the quality of leadership within the NHS. This FPPT framework came into effect from 30 September 2023.

The Framework applies to the Board members of NHS organisations, irrespective of voting rights or contractual terms i.e. including the Director of Communications and Corporate Affairs/Company Secretary. Deputies are also included within the scope of the FPPT Framework for assurance and transparency.

Regulation 5 states that a provider must not appoint or have in place an individual as a director who:

a) is not of good character.
b) does not have the necessary qualifications, competence, skills, and experience.
c) is not physically and mentally fit (after adjustments) to perform their duties.

These requirements play a major part in ensuring the accountability of leaders in NHS organisations and outline the requirements for robust recruitment and employment, appraisal, and performance management processes for Board level appointments and for ensuring that there are appropriate checks that leaders have the skills, knowledge and experience and integrity that they need – both when they are appointed and on an ongoing basis.

Fit and Proper Person: New Appointment and Annual Assurance Checks

All new Board appointments are subject to a full Fit and Proper Person Test that includes:

- Standard employment checks as per the Trusts Recruitment and Selection Procedure and NHS Employers Check Standards.
- Additional checks are undertaken by the Director of Communications and Corporate Affairs or deputy upon appointment / employment.

In April 2025, the Board of Directors and those people with Director in their title, completed the Fit and Proper Persons Test Self Declaration Form and additional checks as noted below in line with the new requirements of the FPPT Framework. The Register of FPPT is

included as Appendix A and will be published on the trust website for openness and transparency.

The Deputy Trust Secretary/Corporate Governance Manager has reviewed all declarations and determined that the Directors continued to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.

In addition, during the year 2024/25, the Executive Director of Workforce and OD has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.

Outcome of the Annual Fit and Proper Persons Checks

For annual assurance in April 2025, the Board of Directors completed the Fit and Proper Persons Self Declaration Form, checks also included:

- A search of insolvency and bankruptcy register.
- Search of Companies House register to ensure that no board member is disqualified as a director.
- Search of the Charity's Commission's Register or Removed Trustees,
- Web/Social Medial Search
- UK Civil Litigation Checks including Employment Tribunals.

Additionally, DBS checks are required to be conducted at least every three years and where practicable, these checks will be aligned to the annual self-declaration.

The outcome of the FPPTs have been saved on each personal file centrally held within the Corporate Affairs Office and uploaded onto ESR. They are then used to help inform discussions at formal appraisal processes.

Between checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attending of the Director of Communications and Corporate Affairs or the Trust Chair via the annual appraisal process.

Declaration of Interest

The NHS Code of Governance requires Board Directors to declare their interests which are relevant and material to the Board. This includes any interest that could conflict with the impartial discharge of their duties, and which could cause conflict between their private interests and their NHS duties and includes gifts and hospitality. Interests fall into the following categories:

- **Financial Interests:** Where an individual may get direct financial benefit (or avoidance of a loss) from the consequences of a decision they are involved in making.
- **Non-Financial Professional Interest:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making such as, increasing their professional reputation or promoting their professional career.
- **Non-Financial Personal Interests**: Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

- **Indirect Interests:** Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

Declaration of Interests was also conducted for each Board member during April 2025 which is outlined in Appendix B and will be published on the Trust website.

Recommendations

The Board is asked to:

- Note the content of this paper and receive assurance on compliance with the Fit of Proper Persons Test for NHS Providers.
- Record that the Fit and Proper Persons Test including Declaration of Interest has been conducted for the period 2024/25 and that all Board members satisfy the requirements.
- Note that 4 Directors DBS checks are currently going through the process, once information has been received the annual submission to NHS England's Regional Director will be submitted prior to the submission date of 30 June 2025.

Debbie Henderson
Director of Communications and Corporate Affairs / Trust Secretary

Kirsty Allan
Corporate Governance Manager / Deputy Trust Secretary

April 2025

Appendix A

Fit and Proper Persons Register as at April 2025

Name & Designation	Recruitment Checks completed	DBS Check	Individual is of Good Character	Date of Last Annual Appraisal	Annual Self-Declaration Signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media	UK Civil Litigation Check
Non-Executive Directors (NEDs)										
Darren Best, Chair	Yes	Yes	✓	28.05.2024 06.03.2025	✓	✓	✓	✓	✓	✓
Brendan Hill, Non-Executive Director	Yes	Yes	✓	29.05.2024 23.04.2025	✓	✓	✓	✓	✓	✓
Michael Robinson, Non-Executive Director	Yes	Yes	✓	29.05.2024 -	✓	✓	✓	✓	✓	✓
Louise Nelson, Non-Executive Director	Yes	Yes	✓	02.07.2024 23.04.2025	✓	✓	✓	✓	✓	✓
Vikas Kumar, Non-Executive Director	Yes	Yes	✓	02.06.2024 01.05.2025	✓	✓	✓	✓	✓	✓
Rachael Bourne, Non-Executive Director	Yes	Yes	✓	19.06.2024 29.04.2025	✓	✓	✓	✓	✓	✓
Robin Earl, Non-Executive Director	Yes	Yes	✓	08.04.2025	✓	✓	✓	✓	✓	✓
Trust Executive Directors and Board members										
James Duncan, Chief Executive	Yes	Yes	✓	17.06.2024 06.05.2025	✓	✓	✓	✓	✓	✓
Rajesh Nadkarni, Deputy Chief Executive / Medical Director	Yes	Yes	✓	11.07.2024 09.05.2025	✓	✓	✓	✓	✓	✓
Ramona Duguid, Chief Operating Officer	Yes	Yes	✓	04.06.2024 29.05.2025	✓	✓	✓	✓	✓	✓

Name & Designation	Recruitment Checks completed	DBS Check	Individual is of Good Character	Date of Last Annual Appraisal	Annual Self-Declaration Signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media	UK Civil Litigation Check
Kevin Scollay, Executive Director of Finance	**Yes**	**Yes**	✓	**07.07.2024 08.04.2025**	✓	✓	✓	✓	✓	✓
Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance	**Yes**	**Yes**	✓	**22.07.2024 29.05.2025**	✓	✓	✓	✓	✓	✓
Lynne Shaw, Executive Director of Workforce and OD	**Yes**	**Yes**	✓	**27.06.2024 09.05.2025**	✓	✓	✓	✓	✓	✓
Debbie Henderson, Director of Communications and Corporate Affairs / Company Secretary	**Yes**	**Yes**	✓	**11.06.2024 08.05.2025**	✓	✓	✓	✓	✓	✓
Other staff with 'Director' in the title										
Tim Donaldson, Chief Pharmacist & Controlled Drugs Accountable Officer	**Yes**	**Yes**	✓	**- 05.02.2025**	✓	✓	✓	✓	✓	✓
Russell Patton, Deputy Chief Operating Officer	**Yes**	**Yes**	✓	**10.05.2024**	✓	✓	✓	✓	✓	✓
Julie Morrow, Deputy Director of AHP and Psychological Services	**Yes**	**Yes**	✓	**16.04.2024**	✓	✓	✓	✓	✓	✓
Emily Lennie, Deputy										

Director of AHP and Psychological Services	Yes	Yes	✓	09.02.2024	✓	✓	✓	✓	✓	✓

Name & Designation	Recruitment Checks completed	DBS Check	Individual is of Good Character	Date of Last Annual Appraisal	Annual Self-Declaration Signed	Disqualified Director Register	Insolvency Service Bankruptcy Register	Charity Trustees Register	Social Media	UK Civil Litigation Check
Esther Cohen-Tovee, Director of AHP and Psychological Services	Yes	Yes	✓	10.04.2024 16.04.2025	✓	✓	✓	✓	✓	✓
Gillian Colquhoun, Chief Information Officer	Yes	Yes	✓	- 23.04.2025	✓	✓	✓	✓	✓	✓
Lisa Strong, Deputy Director of Nursing, Therapies and Quality Assurance	Yes	Yes	✓	17.05.2024 03.06.2025	✓	✓	✓	✓	✓	✓
Simon Douglas, Director of Research	Yes	Yes	✓	- 16.04.2025	✓	✓	✓	✓	✓	✓
Claire Thomas, Deputy Director of Safer Care	Yes	Yes	✓	07.03.2024 29.05.2025	✓	✓	✓	✓	✓	✓
Terry Smith Managing Director AuditOne	Yes	Yes	✓	12.03.2024 29.04.2025	✓	✓	✓	✓	✓	✓
Andrew Buckley Non-Executive Director, NTW Solutions Limited	Yes	Yes	✓	10.07.2024 10.07.2025	✓	✓	✓	✓	✓	✓
Matthew Lessells Director of Estates, NTW Solutions Limited	Yes	Yes	✓	05.02.2025	✓	✓	✓	✓	✓	✓
Tracey Sopp Managing Director, NTW Solutions Limited	Yes	Yes	✓	04.06.2024 04.06.2025	✓	✓	✓	✓	✓	✓

Malcolm Aiston Chair, NTW Solutions	**Yes**	**Yes**	✓	**09.08.2024 08.08.2025**	✓	✓	✓	✓	✓	✓

Fit and Proper Person Test Results 2025

Please type your name and designation in BLOCK CAPITALS	Agree to Paragraph 3 of the Regulation 5 of the Regulated | Activities Regulations	The Person is an undischarged bankrupt or a person who estate has had sequestration awarded in respect of it and who has not been discharged	The person is subject of a bankruptcy restriction order	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the Children's barred list or the adults barred list maintained under Section 2 of the Safeguarding Vulnerable Groups Act 2006	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	Convicted in the UK of any offence or been convicted elsewhere of any offence	The person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals	I confirm that I MEET the Fit and Proper Persons and Good Character requirements set out above.
NON-EXECUTIVE DIRECTORS										
DARREN BEST Chair	Agree	No	No	No	No	No	No	No	No	Yes
BRENDAN HILL Non-Executive Director	Agree	No	No	No	No	No	No	No	No	Yes
ROBIN EARL Non-Executive Director	Agree	No	No	No	No	No	No	No	No	Yes
LOUISE NELSON Non-Executive Director	Agree	No	No	No	No	No	No	No	No	Yes
VIKAS KUMAR Non-Executive Director	Agree	No	No	No	No	No	No	No	No	Yes
RACHEL BOURNE Non-Executive Director	Agree	No	No	No	No	No	No	No	No	Yes
MICHAEL ROBINSON Non-Executive Director	Agree	No	No	No	No	No	No	No	No	Yes
TRUST EXECUTIVE DIRECTORS										
JAMES DUNCAN Chief Executive	Agree	No	No	No	No	No	No	No	No	Yes
RAJESH NADKARNI Deputy Chief Executive / Medical Director	Agree	No	No	No	No	No	No	No	No	Yes
RAMONA DUGUID Chief Operating Officer	Agree	No	No	No	No	No	No	No	No	Yes
KEVIN SCOLLAY Executive Director of Finance	Agree	No	No	No	No	No	No	No	No	Yes
SARAH RUSHBROOKE Executive Director of Nursing, Therapies and Quality Assurance	Agree	No	No	No	No	No	No	No	No	Yes
LYNNE SHAW Executive Director of Workforce and OD	Agree	No	No	No	No	No	No	No	No	Yes
OTHER STAFF WITH DIRECTOR IN THE TITLE										
DEBBIE HENDERSON Director of Communications and Corporate Affairs	Agree	No	No	No	No	No	No	No	No	Yes
ESTHER COHEN-TOVEE Director of AHPs &Psychological Services	Agree	No	No	No	No	No	No	No	No	Yes
JULIE MORROW Deputy Director AHP &Psychological Services	Agree	No	No	No	No	No	No	No	No	Yes
DR EMILY LENNIE Deputy Director of AHPs &Psychological Services	Agree	No	No	No	No	No	No	No	No	Yes
TIM DONALDSON Chief Pharmacist &Controlled Drugs Accountable Officer	Agree	No	No	No	No	No	No	No	No	Yes
SIMON DOUGLAS Director of Research	Agree	No	No	No	No	No	No	No	No	Yes
RUSSELL PATTON Deputy Chief Operating Officer	Agree	No	No	No	No	No	No	No	No	Yes
CLAIRE THOMAS Deputy Director Safer Care	Agree	No	No	No	No	No	No	No	No	Yes
LISA STRONG Deputy Director of Nursing, Therapies &Quality Assurance	Agree	No	No	No	No	No	No	No	No	Yes
GILLIAN COLQUHOUN Chief Digital Information Officer	Agree	No	No	No	No	No	No	No	No	Yes
MALCOLM AISTON Chair, NTW Solutions Limited	Agree	No	No	No	No	No	No	No	No	Yes
ANDREW BUCKLEY Non-Executive Director, NTW Solutions Limited	Agree	No	No	No	No	No	No	No	No	Yes
TRACEY SOPP Managing Director NTW Solutions Limited	Agree	No	No	No	No	No	No	No	No	Yes
MATTHEW LESSELLS Director of Estates	Agree	No	No	No	No	No	No	No	No	Yes
TERRY SMITH Managing Director Audit-One	Agree	No	No	No	No	No	No	No	No	Yes

Appendix B

Board of Directors Register of Interests: as at April 2025

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

NAME AND DESIGNATION	Directorships or Positions of Authority	Employment and Consultancy	Commercial Interests	Membership of any public body, organisation (voluntary or otherwise), charity or pressure group	Donations and Sponsorship	Other Interests
Non-Executive Directors (NEDs)						
Darren Best **Chair**	Wife is a Headteacher of a Primary School on Teesside, within that role she has contact with the NHS, mainly in the context of safeguarding related matters. Until standing down in April 2024, I was the Chair for the Teesside Safeguarding Adults Board.	NIL	NIL	NIL	NIL	NIL
Michael Robinson **Non-Executive Director**	NIL	NIL	NIL	Member of the Labour Party	NIL	NIL
Robin Earl **Non-Executive Director**	Sit on Finance Committee of Newcastle/Gateshead Initiative (“NGI”) in an unremunerated, Non-Executive capacity. NGI is the place marketing organisation and inward investment agency for	NIL	NIL	NIL	NIL	Brother is employed as a Consultant in Anaesthesia and Critical Care with Harrogate & District NHS Foundation Trust

	the Tyne area (and wider), and thus engages with many organisations across the region, including NHS bodies.					
Rachel Bourne **Non-Executive Director**	NIL	NIL	NIL	NIL	NIL	Brother-in-law is a Clinical Psychologist in CNTW Neuro-Rehabilitation Services.
Louise Nelson **Non-Executive Director**	Chair of Carlisle Eden Mind	NIL	NIL	Chair of Carlisle Eden Mind	NIL	NIL
Brendan Hill **Non-Executive Director**	Trustee/Non-Exec of the charity Ways to Wellness. It works in the field of health inequalities and prevention and therefore there could be potential to work with CNTW	NIL	NIL	Trustee/Non-Exec of the charity Ways to Wellness. It works in the field of health inequalities and prevention and therefore there could be potential to work with CNTW	NIL	NIL
Vikas Kumar **Non-Executive Director**	Wife is Head of Strategic Commissioning Newcastle / Gateshead ICB	NIL	NIL	CEO/Director GemArts – a charity which delivers arts, health and wellbeing programmes in collaboration with NHS	NIL	Deputy Lieutenant of Tyne and Wear
Executive Directors						
James Duncan **Chief Executive**	Non-Executive Director of Health Innovation North East and North Cumbria	Two sons employed by NTW Solutions Limited	NIL	Member of the Labour Party	NIL	NIL
Rajesh Nadkarni, Deputy Chief Executive, Medical Director	NIL	Son and Daughter employed as Bank Worker for CNTW Wife works for TEWV.	NIL	• Member of the Mental Health Economics Collaborative Steering Group, which is hosted by the Mental Health Network of NHS Confederation. • Member of the General	NIL	Medical Legal work for Courts

				Medical Council Advisory Forum. • Member of the NHS England, Health and Justice Clinical Reference Group. • Member of Integrated Care Board and Finance and Quality Sub Committees. • Member of the North East and North Cumbria Mental Health Provider Collaborative Board.		
Ramona Duguid, Chief Operating Officer	NIL	NIL	NIL	NIL	NIL	NIL
Kevin Scollay Executive Director of Finance	Partner is Head of Specialised Commissioning Finance at NHS England, who commission CNTW for specialised services	NIL	NIL	NIL	NIL	NIL
Sarah Rushbrooke Executive Director of Nursing, Therapies and Quality Assurance	NIL	NIL	NIL	NIL	NIL	NIL
Lynne Shaw, Executive Director of Workforce and OD	NIL	NIL	NIL	NIL	NIL	NIL
Debbie Henderson, Director of Communications and Corporate Affairs (Non-Voting)	Trustee, Vice Chair and Senior Independent Director for RISE North East Charity. The Chairty has links with the Trust and ICB	NIL	NIL	NIL	NIL	NIL

8.4 QUESTIONS FROM GOVERNORS AND THE PUBLIC

Darren Best, Chair

Date of Next Meeting:
Thursday 4th September 2025, St Nicholas Hospital, Trust Board Room and via Microsoft Teams

9. ANY OTHER BUSINESS / ITEMS FOR INFORMATION

Darren Best, Chair

The Business meeting will be followed by a closed meeting of the Council of Governors and Care Quality Commission representatives

?Date of next meeting
Thursday 20 November 2025, St Nicholas Hospital Board Room and via MS Teams

Council of Governors Business Meeting will take place on 23 October 2025.