




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


BOARD OF DIRECTORS PUBLIC  
MEETING




## BOARD OF DIRECTORS PUBLIC MEETING

 7 June 2023

 13:30 GMT+1 Europe/London


 Trust Board Room and via Microsoft Teams



## AGENDA

1. Agenda .....	1
BoD Agenda Public June 2023 DRAFT.pdf .....	2
1.1 Welcome and Apologies for Absence .....	5
2. Service User / Carer / Staff Story .....	6
3. Declaration of Interest .....	7
4. Minutes of the meeting held 3rd May 2023.....	8
4. Public Minutes 3 May 2023 DRAFT FINAL.pdf .....	9
5. Action Log and Matters Arising from previous meeting.....	18
5. BoD Action Log PUBLIC at 7 June 2023.pdf .....	19
6. Chairman's update .....	20
7. Chief Executive Report .....	21
7. CEO Report to Board of Directors June 2023.pdf .....	22
8. Integrated Performance Report Month 1.....	30
8. CNTW Board 7th June 23 - Integrated Performance Report FINALRD.pdf .....	31
9. Workforce Issues .....	34
10. CQC Must Do Report .....	35
10. Summary CQC Must Do Action Plans - 09.05.23 Final SR.pdf .....	36
11. Integrated Care System / Integrated Care Board update.....	59
12. Family Therapies update .....	60
13. Quality and Performance Committee.....	61
14. Audit Committee .....	62
15. Resource and Business Assurance Committee .....	63
16. Mental Health Legislation Committee.....	64
17. Provider Collaborative Committee.....	65
18. People Committee .....	66
19. Charitable Funds Committee .....	67
20. Council of Governors' Issues .....	68
21. Questions from the Public .....	69
22. Any Other Business .....	70
23. Date and Time of Next Meeting .....	71

## 1. AGENDA

 Ken Jarrold, Chairman

---

## REFERENCES

Only PDFs are attached

 BoD Agenda Public June 2023 DRAFT.pdf

## Board of Directors PUBLIC Board Meeting Agenda

<b>Board of Directors PUBLIC Board meeting</b> <b>Venue: Trust Board Room, St Nicholas Hospital</b> <b>and via MS Teams</b>	<b>Date: Wednesday 7<sup>th</sup> June 2023</b> <b>Time: 1:30pm– 3:30pm</b>
---	--

Agenda Item 1	Owner	
1.1	Welcome and Apologies for Absence	Ken Jarrold, Chairman Verbal
2	Service User / Carer / Staff Story	Guest Speaker Verbal
3	Declarations of Interest	Ken Jarrold, Chairman Verbal
4	Minutes of the meeting held 3 <sup>rd</sup> May 2023	Ken Jarrold, Chairman Enc
5	Action Log and Matters Arising from previous meeting	Ken Jarrold, Chairman Enc
6	Chairman's Update	Ken Jarrold, Chairman Verbal
7	Chief Executive Report	James Duncan, Chief Executive Enc
<b>Quality, Safety and patient issues</b>		
8	Integrated Performance Report (Month 1)	Ramona Duguid, Chief Operating Officer Enc
<b>Workforce issues</b>		
9	No reports scheduled for June	
<b>Regulatory / compliance issues</b>		
10	CQC Must Do Report	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality Assurance Enc

Strategy, planning and partnerships			
11	<b>Integrated Care System/Integrated Care Board update</b>	<b>James Duncan, Chief Executive</b>	verbal
Key item			
12	<b>Family Therapies update</b>	<b>Kevin Hawkes, Consultant Family Therapist and Clinical Lead for Family Therapy</b>	Pres
Committee updates			
13	<b>Quality and Performance Committee</b> <i>No meeting has been held during the period</i>	<b>Darren Best, Chair</b>	N/A
14	<b>Audit Committee</b> <i>No meeting has been held during the period</i>	<b>David Arthur, Chair</b>	N/A
15	<b>Resource and Business Assurance Committee</b> <i>No meeting has been held during the period</i>	<b>Paula Breen, Chair</b>	N/A
16	<b>Mental Health Legislation Committee</b> <i>No meeting has been held during the period</i>	<b>Michael Robinson, Chair</b>	N/A
17	<b>Provider Collaborative Committee</b> <i>No meeting has been held during the period</i>	<b>Michael Robinson, Chair</b>	N/A
18	<b>People Committee</b> <i>No meeting has been held during the period</i>	<b>Brendan Hill, Chair</b>	N/A
19	<b>Charitable Funds Committee</b> <i>No meeting has been held during the period</i>	<b>Louise Nelson, Chair</b>	N/A
20	<b>Council of Governors' Issues</b>	<b>Ken Jarrold, Chairman</b>	Verbal

<b>21</b>	<b>Questions from the Public</b>	<b>Ken Jarrold, Chairman</b>	<b>Verbal</b>
<b>22</b>	<b>Any other business</b>	<b>Ken Jarrold, Chairman</b>	<b>Verbal</b>

**Date and Time of Next Meeting:**

**Wednesday 5<sup>th</sup> July 2023**

**1:30pm – 3:30pm**


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

## 1.1 WELCOME AND APOLOGIES FOR ABSENCE


 Ken Jarrold, Chairman




## 2. SERVICE USER / CARER / STAFF STORY

 Guest Speaker

### 3. DECLARATION OF INTEREST

 Ken Jarrold, Chairman


## 4. MINUTES OF THE MEETING HELD 3RD MAY 2023

 Ken Jarrold, Chairman

---

### REFERENCES

Only PDFs are attached

 4. Public Minutes 3 May 2023 DRAFT FINAL.pdf

**Minutes of the Board of Directors meeting held in Public  
on 3<sup>rd</sup> May 2023 1.30pm – 3.30pm  
Trust Board Room, St Nicholas Hospital and via MS Teams**

**Present:**

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

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

**In attendance:**

Debbie Henderson, Director of Communications and Corporate Affairs (*online*)  
Kirsty Allan, Corporate Governance Manager (minute taker)  
Jack Wilson, Corporate Engagement Assistant  
Anne Carlile, Carer Governor Adult Services and Lead Governor (*online*)  
Evelyn Bitcon, Public Governor for North Cumbria (*online*)  
Tom Rehair, Service User Governor, Adult Services (*online*)  
Russell Stronach, Service User Governor, Autism Services (*online*)  
Fiona Regan, Carer Governor, Autism Services (*online*)  
Jamie Rickelton, Public Governor, Gateshead (*online*)  
Danny Cain, Staff Governor, Non-Clinical (*online*)  
Thomas Lewis, Staff Governor, Medical (*online*)  
Rosie Lawrence, Carer Governor Learning Disability Services and Carer Story  
Roanna Williamson, Staff Nurse Roselodge  
Dr Vanishri Yadav, Observer  
Margaret Adams, Chair Service User and Carer Reference Group  
Alane Bould, Associate Director for Involvement and Lived Experience

**1. Welcome and apologies for absence**

Ken Jarrold welcomed everyone to the meeting and apologies for absence were received from Paula Breen, Non-Executive Director

**2. Declarations of interest**

None to note.

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

Ken Jarrold extended a warm welcome and thanks to Rosie Lawrence who shared her personal journey and congratulated Rosie on becoming a shadow carer governor for learning disabilities.

**4. Minutes of the meeting held 5 April 2023**

The minutes of the meeting held on 5 April 2023 were considered.

**Approved:**

- **The minutes of the meetings held 5 April 2023 were approved as an accurate record.**

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

There were no outstanding actions to note.

## 6. Chairman's update

Ken Jarrold referred to challenges the NHS and Trust are facing and Board discussions which have been held to explore the challenges and pressures ahead. Ken stated that the Board will do all they can to continue to deliver high quality services while having very important obligations to meet in terms of financial performance.

## 7. Chief Executive's Report

James Duncan referred to the report highlighting the salient points, including the Rose Lodge cultural celebration event, NHS Providers Governor Focus Conference where the Trust has been selected to exhibit at the conference, and the launch of the Trust staff excellence awards nominations process.

James noted the launch of the NHS England delivery and continuous improvement review, a single, shared 'NHS improvement approach', with an expectation that all NHS providers, working in partnership with their Integrated Care Boards, will embed a quality improvement method aligned with the improvement approach to support increased productivity and enable improved health outcomes.

James referred to the national framework and operational guidance for autism assessment services. The framework is welcomed and is a priority for the Trust captured within the Trust With you in Mind strategy and annual planning priorities.

James advised that the NHS Staff Council have accepted the pay offer made by the government for Agenda for Change staff in England on 2<sup>nd</sup> May 2023 with eligible staff expecting to receive payments as part of their pay in June 2023.

### Resolved:

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

## Quality, Clinical and Patient Issues

### 8. Commissioning and Quality Assurance update (Month 12)

Ramona Duguid referred to the nine key priorities outlined in the report and explained whilst there has been an increase in agency spend in Month 12 work is underway to understand this further.

Ramona reported out of area placements have increased in month 12 to 418 bed days related to 26 individuals and referred to ongoing work with system colleagues in relation to Children and Young People Neurodevelopmental pathway with a continued increase in both demand and length of time waiting. There has been an increase noted in Month 12 relating to delayed transfer of care with the Trust working with system colleagues to have a Multi-agency Discharge Event (MADE) to review blockages across all localities.

There have been improvements seen within 18-week waits for both Adults and Older Adults. The Waiting Time Support Group continues to provide an increased focus.

Ramona stated that progress continues to be made on introducing a revised integrated performance report for 2023/24 with a view to implementing the new reporting framework by the end of Quarter 1.

### Resolved:

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

### 9. Service User and Carer Experience Report – Quarter 4

Sarah Rushbrooke referred to the report which provides an overview of the outcomes from the Points of You survey undertaken by service users and carers during Quarter 4. There has been an increase

in response rates as well as satisfaction ratings associated with the Friends and Family Test question compared with other quarters during 2022-23.

Sarah noted within Central Locality hard copy survey requests have increased within the quarter demonstrating the appetite for hard copy versions of the survey. This is being encouraged in other localities.

**Resolved:**

- **The Board received and noted the Service User and Carer Experience Report – Quarter 4**

**10. Safer Care Report – Quarter 4**

Rajesh Nadkarni noted an increase in incidents relating to aggression and violence during February and March. Further analysis is currently underway looking at the underlying causes and themes in relation to these incidents to review how to increase safety measures on wards.

Rajesh noted the amount of work which has taken place over the last few years in relation to long term segregation, including HOPEs training, and the establishment of panel meetings which shows good progress with a decrease in the number of people in long term segregation.

Rajesh referred to the public health and wellbeing section of the report with many health screening programmes now in place throughout the Trust. Rajesh referred to the development of a Trust-wide link nurse programme identifying staff from the wards act as a link between Tissue Viability Nurses and wards through teaching and seminars.

**Resolved:**

- **The Board received and noted the Safer Care Report – Quarter 4**

**11. Safer Staffing Levels Report - Quarter 4**

Sarah Rushbrooke referred to the report which provided assurance on the position across all inpatient wards in accordance with the National Quality Board Safer Staffing requirements. Sarah discussed a recent workshop which looked at the structure of the report and proposals to amend the format to improve the levels of assurance and insight provided to the Board.

Darren Best emphasised a newly revised report to understand the information clearly would be welcomed. Sarah agreed and advised that the content and format of the report was currently under review and an update will be provided to the Quality and Performance Committee on the outcome of the workshop and planned next steps.

Ken Jarrold noted the staffing situation remained immensely challenging, having the correct number of staff but also recognising needing to make significant financial savings which will be a significant challenge for the Trust moving forward.

**Resolved:**

- **The Board received and noted the Safer Staffing Levels Report – Quarter 4**

**12. Quality Priorities update 2023/24**

Ramona Duguid provided an update on the development of the Quality Account for 2022/23 which forms part of the statutory annual reporting process. The report summaries the Trust position in terms of the engagement process but also ensures the Trust is compliant with statutory guidance as well as the year end position on 2022/23 priorities summarised within the report.

James Duncan stated that the Quality Priorities for 2023/24 are reflected within the Trusts Annual Plan which will be submitted to the June Board meeting for approval.

**Resolved:**

- **The Board received and noted the Quality Priorities update 2023/24**

**Workforce issues****13. Raising Concerns / Whistleblowing Report**

Lynne Shaw referred to the report which provided a summary of whistleblowing cases and concerns raised over the period from 1<sup>st</sup> October 2022 to 31<sup>st</sup> March 2023. During the period 41 issues have been raised via Capsticks or Freedom to Speak up Guardians. The report highlights an increase in cases linked to bullying and harassment and a decrease in patient safety concerns.

Lynne explained the Trust appointed two Freedom to Speak Up Guardians who have been in place since the last report was written. There is a new Freedom to Speak Up policy which is a national policy that the Trust has ratified to be embedded across the organisation.

Lynne noted that since the report was written, the capacity for Freedom to Speak Up Guardians to undertake their role has been increased. Going forward, cases will be reviewed monthly with a monthly report being submitted to the Trust-wide Safety Group.

Ken Jarrold advised that the Freedom to Speak Up Guardians will be presenting to the June Board.

**Resolved:**

- **The Board received and noted the Raising Concerns / Whistleblowing Report**

**14. Guardian of Safe Working Hours Report – Quarter 4**

Rajesh Nadkarni referred to the quarterly report for the period January to March 2023 for Safe Working Hours which focuses on Junior Doctors. The process of reporting has been built into the new junior doctor contract and aims to allow Trusts to have an overview of working practices of junior doctors as well as training delivered.

Rajesh provided an update on the recent junior doctor industrial action with approximately 80% of junior doctors deciding to take strike action. Services were well supported by consultant, medical and manager colleagues.

Ken Jarrold emphasised the importance of respecting the workforce's right to take strike action, but also expressed gratitude to those who supported services during the period.

**Resolved:**

- **The Board received and noted the Guardian of Safe Working Hours Report – Q4**

**15. Equality, Delivery System 2022**

Lynne Shaw noted that the Equality, Delivery System (EDS) is an improvement tool for NHS organisations in England to support the development of their services. The EDS is comprised of 11 outcomes spread across three domains which are, commissioned or provided services, workforce health and well-being and Inclusive leadership.

Lynne explained that the Trust is required to score, evaluate, and rate itself against each of the domains. Work was undertaken with operational colleagues to gather data and evidence for Domain 1 and at a corporate level for Domains 2 and 3. A detailed scorecard is provided by NHS England for each of the eleven outcomes. Details and evidence and performance on each outcome are included in the report and relevant appendices.

**Resolved**

- **The Board received and noted the Equality, Delivery System 2022**

#### **16. Equality, Diversity and Human Rights Annual Report 2022**

Lynne Shaw referred to the report which summarises the key areas for equality and diversity activity during 2022/23. The report focuses on the objectives which were agreed in the previous year on making recruitment and progression more inclusive, reduce discrimination, improve staff awareness of disability issues and gender equality initiatives. The report also highlights other work undertaken across the Trust such as improvements in Stonewall and events and initiatives which are led by Staff Networks.

#### **Resolved:**

- **The Board received and noted Equality, Diversity and Human Rights Annual Report 2022**

### **Regulatory / Compliance Issues**

#### **17. CQC focused inspection of Hadrian Clinic, Campus for Ageing and Vitality (CAV)**

Sarah Rushbrooke referred to the report following the focused inspection of Hadrian Clinic which took place December 2022. Sarah highlighted this was a focussed inspection with the domains looking particularly at safe, effective, and well-led and did not review the care and responsiveness domains.

Sarah referred to areas of improvement highlighted within the report and three Must Do actions. Leads have been identified for these areas and will be reporting those improvements via actions plans to Quality and Performance Committee and future Board meetings.

#### **Resolved**

- **The Board received and noted the CQC focused inspection of Hadrian Clinic, Campus for Ageing and Vitality**

#### **18. Infection Prevention Control (IPC) Board Assurance Framework**

Sarah Rushbrooke referred to the report which reported an improving picture in relation to the pandemic but noted two outbreaks across the Trust within Central Locality and North Cumbria Locality. One patient tested positive for Covid-19 and 49 staff members were absent due to Covid-19. There were no nosocomial infections identified in Quarter 4.

Sarah noted that the spring Covid-19 booster campaign was underway and advised that learning from the outbreaks is reaffirming measures in place to prevent the spread of infection.

James Duncan noted the figures for the uptake of influenza vaccinations were extremely low this year across the whole of the NHS and the need to refresh the campaign to highlight the importance of both covid and influenza vaccinations was acknowledged.

#### **Resolved:**

- **The Board received and noted Infection Prevention Control (IPC) Board Assurance Framework**

#### **19. Board Assurance Framework and Corporate Risk Register Update Q4**

Debbie Henderson confirmed the Board Assurance Risks have all been reviewed and discussed through the Board sub-committee meetings during the previous week. The level of assurance provided through actions and mitigations was noted at all committees but, there was a discussion around how that assurance plays into the scoring, particularly around terminology used when reporting on high level risks.



Debbie will be undertaking a collective review of the Board Assurance Framework with the Board at the July development session. During May and June, Debbie will be meeting with Chairs and Executive Leads of Board sub-committees to review and refine the Board level risks feeding into that collective work.

In terms of this report, the People Committee reviewed the risks pertaining to them detailed in the report, one of which is associated with the need to invoke EPRR powers in the event of a pandemic or similar event. This risk rating has been reduced to below the risk appetite. The Committee are confident that all controls are in place and the risk is being managed in terms of business as usual and has recommended the Board approved the removal of the risk. The Audit Committee reviews the BAF in its entirety and agreed the recommendation to the Board to approve the removal of risk 1852.

Darren Best mentioned a quality focus around Records Management took place at March Quality and Performance Committee which was subsequently reported through to the Audit Committee last week due to the number of clinical and workforce records still within paper format. This risk will be highlighted as part of that process.

**Approved:**

- **The Board received and noted Board Assurance Framework update Q4 and approved the removal of risk 1852.**

**20. NHSE/1 Single Oversight Framework Compliance Report**

Ramona Duguid presented the report which provided oversight of the information that has been shared with NHS England during Quarter 4. Ramona highlighted that the Trust has been assessed for Quarter 4 of 2022-23 as segment 1 – maximum autonomy.

**Resolved:**

- **The Board received and noted NHSE/1 Single Oversight Framework Compliance Report**

**21. NHS Code of Governance Compliance Annual Review 2022/23**

Debbie Henderson advised that every year, an annual review is conducted against the NHS Code of Governance. The Code has been updated late last year but for the 2022/23 annual reporting year, the review should be undertaken against the 2014 Code.

The report provides detail on the Trust's compliance with all requirements of the Code.

**Resolved:**

- **The Board received and noted NHS Code of Governance Compliance Annual Review 2022/23**

**Strategy, planning and partnerships.**

**22. Integrated Care System / Integrated Care Board update**

James Duncan referred to the newly established Executive sub-committee of the Integrated Care Board for mental health, learning disability and autism which held its first meeting last month. This is an important development for the Trust to actively support working in partnership to develop services across the ICS.

James referred to the Hewitt Review of Integrated Care Systems looking into the role and powers of Integrated Care Systems and referred to the report which outlines the core recommendations of the review. This includes mental health-specific recommendations, and the response of the North East and North Cumbria Integrated Care Board's Chair and Chief Executive.

**Resolved:**

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

**Key Item for Discussion****23. Carers Conference update**

Alane Bould presented an update from the Carers Conference which took place 20<sup>th</sup> April 2023 which shared lived experience, learning and networking opportunities. The event launched the Carer Promise, new carer resource material and a carer card which has been disseminated to all clinical services.

Sarah Rushbrooke shared her personal story at the conference and noted this conference was about personal experience and commended the team for what was a fantastic event.

Representatives of the Carers' Trust attended the event and provided an overview of Triangle of Care. The Trust was asked to host the new regional group for Triangle of Care going forward with acute Trusts linking in as a learning opportunity.

Margaret Adams mentioned over 300 people attended the event, most of whom were carers, with personal stories shared providing clear ideas on how to improve support for carers.

Anne Carlile encouraged Board attendance at future service user and carer meetings as an opportunity to talk with carers about their experiences.

Evelyn Bitcon referred to positive feedback from Cumbria Carers who were delighted to learn more about information available to carers. Evelyn referred to the new carers organisation set up within West Cumbria and Eden into Carlisle and said that they were also very impressed with the event.

Fiona Regan commended the teams for a remarkable event which brought families together who are going through lived experience, and the importance of this learning for staff.

Ken Jarrold summarised up by saying it was a remarkable and successful day and gave huge thanks to everyone involved. Ken highlighted the importance of carers feeling involved in the work of the Trust and noted this as significant role in the long-term journey making sure the Triangle of Care becomes a reality.

**Resolved:**

- **The Board received and noted the Carers Conference update.**

**Board sub-committee minutes and Governor issues for information****24. Quality and Performance Committee**

Darren Best provided an update following the April meeting and noted a development session will be held to further develop the new approach to performance reporting. Waiting times remains a focus of discussion for the Committee via monthly exception reports. Progress has been made at system level with the ICB now receiving information at their recent performance sub-committee meeting. There was a quality focus on NICE Guidance and the associated assurance on the process.

Darren welcomed Jane Noble as a Governor representative who has recently joined the Committee following Margaret Adams departure.

**25. Audit Committee**

David Arthur provided an update following the April meeting noting the draft annual accounts were submitted to External Audit on 27<sup>th</sup> April confirming a year-end breakeven position. The Internal Audit plan remains on schedule and is expected to provide a good assurance. Due to external market

pressures on audit staffing the External Audit work timetable will be revised. Trust audit work will be prioritised and is on track for final sign off by 30<sup>th</sup> June 2023.

David advised the accounts will show the effects of IFRS16 for the first time this year with a new accounting policy for PFI contracts being introduced next year. An update was provided on Cyber Security which is being given high level of focus at the Committee.

#### **26. Resource and Business Assurance Committee**

Paula Breen was not in attendance therefore Ken Jarrold provided a brief update explaining the Committee focus on the financial position of the Trust and key issues relating to agency spend.

#### **27. Mental Health Legislation Committee**

Michael Robinson provided an update following the April meeting where the Committee received details of Mental Health Act (MHA) compliance. The provision of rights at the start of a Community Treatment Order (CTO) and the repetition of rights after three months continues to be a concern. Similarly, compliance of recording capacity/consent at the point of detention and after three months in relation to all service users including those under a CTO is a concern.

A process is in place to address issues identified by CQC MHA visits. Various themes have been identified including care plans, and patient rights and consent to medical treatment. A number of these themes are recognised as part of the CQC Must Do actions, but individual actions continue to be dealt with as well as the wider themes. Sarah Rushbrooke is reviewing the long-standing actions.

Michael highlighted a long-standing Governor representative on the Committee retires at the end of April therefore a replacement is being identified. Michael expressed his thanks to Denise Porter, Appointed Governor for Community and Voluntary sector for her contribution to the Committee.

#### **28. Provider Collaborative Committee**

No meeting has taken place since March 2023.

#### **29. People Committee**

Brendan Hill provided an update following the meeting held in April where the Committee received an update from the Freedom to Speak Up Guardians who outlined current themes emerging relating to safety and staffing levels. It was noted the Freedom to Speak Up Guardians are doing great work and are well supported by Lynne Shaw and the workforce team.

#### **30. Charitable Funds Committee**

No meeting has taken place in since March 2023.

#### **31. Council of Governors issues**

Ken Jarrold referred to current vacancies on the Council and was pleased to note three new Governors will be joining the Council. Russell Bowman, Governor for Neuro- disabilities has joined the Council following Caleb Carter West's decision to stand down, Shannon Fairhurst as Shadow Governor for Children and Young Peoples Services and Rosie Lawrence, Shadow Governor for Learning Disabilities. The Corporate Affairs team are continuing to pursue the remaining vacancies including seeking expressions of interest to fill the Appointed Governor role for Community and Voluntary Sector organisations. Expressions of interest are being sought for this role from the Cumbria locality. Nominations to represent Cumberland Council and Cumbria University are still being sought.

Following the recent change in the Council nominations for Governor representatives for sub-committees Jane Noble will be joining the Quality and Performance Committee, Emma Silver Price will be joining Charitable Funds Committee and Yitka Graham will be joining the Governors' Nomination Committee and Governors' Steering Group.

Ken confirmed the next Council of Governors Public meeting will commence on 11<sup>th</sup> May and will focus on the Trust financial position and annual planning priorities. Following a recent survey to the Council seeking views on timings of meetings and its effectiveness, it has been decided to arrange

the Council of Governors Engagement session on 8<sup>th</sup> June at a later time of 5pm. This session will focus on the outcome of the Governors survey.

**32. Any Other Business**

There were no issues to note.

**33. Questions from the public**

There were no questions from the public.

**Date and time of next meeting**

Wednesday, 8 June 2023, 1:30pm at Trust Boardroom, St Nicholas Hospital and online via Microsoft Teams.

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

 Ken Jarrold, Chairman

---

### REFERENCES

Only PDFs are attached

 5. BoD Action Log PUBLIC at 7 June 2023.pdf

Board of Directors Meeting held in public

Action Log as at 7 June 2023

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


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

Item No.	Item	Action	By Whom	By When	Update/Comments
<b>Actions outstanding</b>					
		There are no outstanding actions			
<b>Completed Actions</b>					
05.04.23 (9)	Staff survey results 2022	Staff survey results containing 5-year comparable data to the circulated.	Lynne Shaw	May 2023	Complete – circulated via email 26 April

## 6. CHAIRMAN'S UPDATE

 Ken Jarrold, Chairman


## 7. CHIEF EXECUTIVE REPORT

 James Duncan, Chief Executive

---

### REFERENCES

Only PDFs are attached

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



**Report to the Board of Directors**  
**7<sup>th</sup> June 2023**

<b>Title of report</b>	<b>Chief Executive's report</b>
<b>Purpose of the report</b>	<b>For information</b>
<b>Executive Lead</b>	<b>James Duncan, Chief Executive</b>
<b>Report author(s) (if different from above)</b>	<b>Jane Welch, Policy Advisor to the Chief Executive</b>

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
---

**Meeting of the Board of Directors  
Chief Executive's Report  
Wednesday 7<sup>th</sup> June 2023**

## **Trust updates**

### **National COVID-19 Inquiry**

The National Inquiry into COVID19 is split into modules which have different subject topics, ensuring that the Inquiry's investigations have sufficient breadth and depth. The Chair of the Inquiry, Baroness Heather Hallett has ruled that the Inquiry will begin hearing evidence in public for its first investigation linked to Module 1 - Resilience, planning and preparedness across the UK, on Tuesday 13 June. The public hearings for this first module will take place over six weeks concluding on Friday 21 July and will examine questions relating to the resilience and preparedness of the United Kingdom including:

- Was the risk of a Coronavirus pandemic properly identified and planned for?
- Was the UK ready for such an eventuality?

The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing and the system of risk management and pandemic readiness. It will scrutinise government decision-making and seek to identify whether lessons were learned from earlier incidents and simulations and from international practices and procedures.

The Inquiry has announced 2 further modules so far:

- Module 2 - Core political decision-making across the devolved governments
- Module 3 - Health care systems. It is anticipated this will not be heard until Autumn 2023/early 2024 and the Trust has not been asked to provide any further information to the Inquiry Team beyond that shared with Trust Board members in February.

The Inquiry will announce further modules throughout 2023 which are likely to cover both system and impact issues including vaccines, care sector, government procurement, test and trace, government business and financial responses across the UK, health inequalities, education, public services, and public sector. The Inquiry legal team is continuing the process of gathering evidence. CNTW information retrieval systems remain secure, and a Stop Notice remains in place. In addition to the hearings, members of the public can share their experience of the pandemic with the Inquiry through the Inquiry's listening exercise at [Every Story Matters](#).

To date the Preliminary Hearings have continued at a slow pace and there are some different views from core participants regarding the scope. At a local level, there has been a request from Sally Bell, the NHS North East and Yorkshire Lead for the Inquiry, to work with the newly formed Integrated Care Boards to review system learning, and gain assurance on emergency preparedness principles going forward. There is also a commitment to ensure CNTW plays a key role in reflecting the important challenges faced by patients and staff from a mental health and disabilities perspective during the pandemic. We have given

assurances that we will engage in and share our trust learning when meetings take place in June with the North East and North Cumbria Integrated Care Board.

## **Industrial Action**

The British Medical Association (BMA) and Hospital Consultants and Specialists Association (HCSA) have announced a further round of Junior Doctors Industrial action which will commence at 7.00 am on 14 June 2023 for 72 hours. Internal preparation is underway and there are no specific concerns to note. Medical Staffing Committee and Local Negotiating Committee members are involved in discussions to ensure that services remain safe for the duration of the action.

As the initial industrial action mandates begin to expire, there are several trade unions now balloting their members on additional strike action. This includes the Royal College of Nursing who launched a ballot on 23 May closing on 23 June 2023. In addition, the BMA and HCSA have announced ballots for consultants. The BMA ballot closes on 27 June 2023 and HCSA ballot closes on 4 July 2023.

## **Trust awarded Ambassador Status for the Better Health at Work Award**

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) has been awarded Ambassador Status for the Better Health at Work Award. Organisations can be recommended for Ambassador Status when they achieve 'Maintaining Excellence', the highest level of the Better Health at Work Award. The award recognises the work carried out by a wide range of teams at CNTW, and the Trust was praised for attempting to make opportunities equitable and fair for everyone, running engaging campaigns and providing resources via the Thrive website. Recent health and wellbeing initiatives at the Trust have included:

- Activities to support staff going through menopause, such as 'Menopause Cafes' to provide a space for discussion. The Trust developed a 'menopause toolkit', with information and resources for staff and their managers.
- Outdoor experiences such as alpaca treks, target games, and nature walks, to support staff's fitness and help them connect with nature.
- Webinars and drop-in sessions from Barclays to help staff overcome their money worries.

## **CNTW Staff Awards nominations**

Our Staff Awards have always been popular but this year there has been an unprecedented response. Last year we received 886 nominations, however this year over 300 entries were received in the first week alone and when the nomination period ended on Friday 19 May we had received a staggering 1,575 nominations. This represents a phenomenal 78% increase in nominations this year. The awards celebrate the hard work, dedication and

achievements of CNTW and NTW Solutions staff who've made a real difference to service users, carers or colleagues. Now in their 14th year with the ceremony due to take place on Friday 29 September at Newcastle's Civic Centre, the evening will see 24 awards presented to staff which are a mix of individual and team awards celebrating the achievements of support and clinical staff as well as recognising leadership, achievement and innovation.

## **National updates**

### **Primary Care Recovery Plan**

NHS England published the ['Delivery plan for recovering access to primary care'](#), which sets out plans for improving access to primary care advice and support. The plan builds on changes to the GP contract announced in March and reaffirms the commitment to embedding the Fuller Stocktake's vision for integrated primary care. The plan outlines two main ambitions:

- To tackle the 8am rush and reduce the number of people struggling to contact their GP practice
- For patients to know on the day they contact their practice how their request will be managed

The plan sets out four areas of focus for primary care recovery this year:

- Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.
- Implement Modern General Practice Access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests.

#### *Improving the interface between primary and secondary care*

NHS England is asking Integrated Care Board Chief Medical Officers to establish a local mechanism for general practice and consultant-led teams to raise issues, prioritise working with Local Medical Committees, and tackle high priority issues. The plan makes clear that Integrated Care Boards (ICBs) must also address four additional areas linked to secondary care – onward referrals, complete care including fit notes and discharge letters, direct communication with patients around follow-up tests and appointments, and clear points of contact between GPs and secondary care teams. NHS England expects ICBs to provide an update on these four areas to their public board in October or November 2023.

### **NHS England guidance for Integrated Care Systems on Individual Placement Support for SMI**

NHS England published new [guidance](#) for Integrated Care Systems (ICSs) on Individual Placement and Support (IPS) for Severe Mental Illness (SMI) which states IPS should be embedded within integrated models of primary and community mental health services for patients with SMI. The guidance presents the evidence for a core role for IPS in delivering ICS's four goals – improving population health and healthcare, tackling unequal outcomes and access, enhancing productivity and value for money, and helping the NHS to support broader social and economic development. It also sets out the key barriers to IPS expansion which have been experienced in some areas – limited investment, contracting arrangements, insufficient referrals, workforce recruitment and retention, poor data quality and flows, and confusion about the differences between IPS for SMI, primary care, and drugs and alcohol and the rollout of employment advisers in NHS Talking Therapies (formerly Improving Access to Psychological Therapies - IAPT).

The guidance includes information to support the development of local service specifications, contracting, recruitment, and improving data quality, as well as guidance for embedding IPS into transformed community mental health models including integration between clinical teams and increasing IPS referrals from outside secondary mental health teams e.g. primary care, the voluntary sector and self-referrals. The guidance outlines actions for commissioners to consider to enable the integration of IPS into transformed community mental health models and Primary Care Networks (PCNs), including using flexibilities of existing contracts to encourage providers to take IPS referrals from primary care, simplifying the number of pathways and relationships with clinical teams required to support clients referred from primary care, developing organisational arrangements with PCNs for the purposes of providing clinical oversight and managing clinical risk of primary care clients in IPS, establishing formalised collaboration between the IPS workers and primary care and / or colocation of teams, and supporting the sharing of data and reporting of IPS access through the Mental Health Services Dataset.

### **Public Accounts Committee report on alcohol treatment services**

Parliament's Public Accounts Committee published a [report](#) which outlines a series of conclusions linked to alcohol harms and treatment services:

1. Concern that the Department of Health and Social Care (DHSC) is not taking alcohol harm sufficiently seriously.
  - Deaths from alcohol have risen 89% in the last 20 years and there has been no alcohol focused strategy since 2012.
2. DHSC does not have sufficient understanding of the total cost of alcohol harm.
  - Estimates of the annual cost of alcohol harm to the NHS are based on analysis from 2012 and may not reflect the full scale of the harm. Dependency prevalence estimates date back to 2018-19.
3. Delays by the Department in finalising the allocation of the Public Health Grant, coupled with short-term funding and reductions to the public health grant, make it difficult for local authorities to plan and commission alcohol treatment services effectively.

4. A high proportion of people with alcohol dependency are not in treatment and there are unnecessary barriers to people in need of treatment including lack of public and professional awareness of problem drinking and denial of mental health support to those with alcohol dependency.
5. There is local variation in spend and outcomes linked to alcohol treatment.
6. There has been a marked reduction in the size of the alcohol treatment workforce, and in particular, of addiction psychiatrists.

The report includes a series of recommendations for addressing these issues. The Government has two months to respond.

### **Labour sets out health plans**

The leader of the Labour Party Sir Keir Starmer and shadow health and social care secretary Wes Streeting outlined their [plans](#) for the Future of the NHS, one of five missions which will form the basis of Labour's general election manifesto. The speech and associated document set out three changes Labour see as necessary to building an NHS fit for the future and their high-level plans for delivering this change:

1. Change so that more people get care at home in their community
  - a. Delivered via shifting care into communities, investing in primary care, exploring self-referral to specialist services, expanding community pharmacy and creating open access mental health hubs for children and young people in every community
  - b. Another key delivery strand is social care reform, ending the social care workforce crisis, and joint working across secondary and social care to support discharge
2. Change so that we have the workforce of the future with the technology that they need
  - a. Delivered through expansion of workforce and training places paid for by scrapping non-dom tax status, targeted scheme for senior doctor retention, development of an innovation and adoption strategy to deliver a tech revolution in health
3. Change so we focus on prevention
  - a. Delivered via a mission delivery board at the heart of government which would bring departments together to focus on prevention, a children's health plan, action on housing standards and air quality, reform of Job Centres and Universal Credit, and creating a smoke-free Britain

Labour also set out three mission goals which it will work towards and be accountable for:

1. An NHS that is there when people need it
  - a. Improving access and cutting waiting times
2. Fewer lives lost to the biggest killers

- a. Including cancer, heart disease, stroke and suicide – including a commitment to reducing the suicide rate within five years
3. A fairer Britain where everyone lives well for longer
  - a. Includes tackling health inequalities, focusing on prevention and early childhood intervention – including a commitment to halving the gap in healthy life expectancy between different regions of England

### **IPPR Commission on Health and Prosperity report**

The Institute for Public Policy Research (IPPR) published a [report](#) exploring the worsening health of the UK population on household finances and employment prospects, based on the most recent seven years of data from the UK Household Longitudinal Study. The report found that since 2020 the onset of physical illness is associated with an average reduction of £1,400 in annual earnings and the onset of a new mental illness is associated with an average £1,700 reduction in annual earnings. People living in the same household as someone with a new illness also experience a significant reduction in average earnings.

The report found that the impact of lost income is also unequal by gender, region and ethnicity in the UK and that overall improvements in population health would have a greater positive impact for certain groups. For example, women's incomes would improve at twice the rate of men's incomes, and levelling up gaps in health outcomes would see regional earnings increase the most in Wales, the West Midlands and the North East. The report calls for a new Health and Prosperity Act which would embed two new missions in law - to make the UK the healthiest country in the world within 30 years and to increase healthy life expectancy to beyond the state retirement age across every region. The report suggests these ambitions could serve as the health equivalent of 'net zero'.

### **Health Equity North 2023**

Health Equity North published a [report](#) which provides an overview of the key health issues facing the North of England, highlighting a pattern of lower life expectancy, higher infant mortality rates and worse health and wellbeing in the North of England. For example, the North East has the lowest life expectancy for both baby boys and baby girls, the North East, North West and Yorkshire and the Humber have among the highest rates of infant mortality, and the North East is the worst performing region nationally in terms of levels of economic inactivity due to long-term sickness or disability, with 5.7% of the population economically inactive for health reasons. The North East also has the highest levels of unpaid care provision nationally. The report makes a series of recommendations aimed at improving health and productivity in the North.


### **Regional updates**

**Black patients in the North East and North Cumbria more likely to be detained under the Mental Health Act**

Local newspapers [report](#) that black patients in the North East and North Cumbria are more than twice as likely to be detained under the Mental Health Act than white patients. NHS England figures show that 2,685 white patients were detained under the Mental Health Act in the North East and North Cumbria Integrated Care Board (NENC ICB) area in the year up to March 2022, with 50 black or black British patients detained. When population size is taken into account, the rate of detention under the Mental Health Act for black patients in the NENC ICB area for the period to March 2022 was 266 per 100,000 people compared to 95 per 100,000 for white patients. This means black patients were 2.8 times as likely to be subject to a mental health detention in our region in 2021-22. National data shows that black people are more likely to be detained under the Mental Health Act than people of other ethnicities.





## 8. INTEGRATED PERFORMANCE REPORT MONTH 1

 Ramona Duguid, Chief Operating Officer

---

### REFERENCES

Only PDFs are attached

-  8. CNTW Board 7th June 23 - Integrated Performance Report FINALRD.pdf
-  8. Trust Board 7th June 23 - New Intergrated Performance Report FINAL.pptx

**Report to the Board of Directors  
7<sup>th</sup> June 2023**

<b>Title of report</b>	<b>CNTW Integrated Performance Report</b> <i>(Replaces the Commissioning &amp; Quality Assurance Report)</i>
<b>Purpose of the report</b>	<b>For discussion</b>
<b>Executive Lead</b>	<b>Ramona Duguid, Chief Operating Officer</b>
<b>Report author(s) (if different from above)</b>	<b>Tommy Davies, Head of Performance and Operational Delivery</b>

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	25/05/23 Discussed with Q&P NEDs &
Audit	
Mental Health Legislation	
People Committee	25/05/2023 People Committee Chair
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	24/05/23
Trust Leadership Team (TLT)	19/05/23 emailed
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
<b>SA5</b> The Trust Will Be The Centre Of Excellence For Mental Health And Disability <b>Risk 1691</b> As a result of not meeting statutory and legal requirements regarding Mental Health Legislation this may compromise the Trust's compliance with statutory duties and regulatory requirements. SA5.

# **BOARD OF DIRECTORS – 7 JUNE 2023**

## **NEW INTEGRATED PERFORMANCE REPORT**

### **1. INTRODUCTION**

A new Integrated Performance Report has been developed to replace the previous Commissioning and Quality Assurance Report. The new report includes a smaller selection of core outcome measures that are linked to the new Trust Strategy ‘With You In Mind’. Each measure has an Executive lead highlighted within the report.

The five distinct sections linked to the Strategy in the new report are as follows:

- Our Commitments
- Great Place to Work
- Quality Care, Everyday
- Person Led Care
- Sustainability

The report is in development and has been shared for comment with the Members of the Trust Leadership Team. It has also been discussed for comment at Executive Directors Team Meeting and with Quality and Performance Committee Non-Executive Directors, including the Chair of the People Committee.

A new Performance Framework has been developed to provide a more consistent, proportionate, and proactive approach to measuring how we are improving outcomes for our staff, patients, and carers. This new Integrated Performance Report, including the core measures, will form a key part of this framework and will thread through all levels of the organisation from Board to our teams, and out to our partners.

#### **1.1 Summary overview of the new report**

The new report contains simplified summary overviews for the Trust against our strategic ambitions together with trend graphs. The report uses a risk-based assessment scoring of performance for each measure and builds on the introduction of statistical process control reporting across the Trust. It is recommended that a session with the national making data count team is scheduled as part of the Board of Directors development programme to build on the introduction of this reporting method across the Trust.

Any measures that are on plan and not deteriorating are given a low-risk score and do not require an exception report. All measures that are deteriorating and or consistently 5% off plan are given a score of high-risk and require exception reporting with action focussed commentary. Measures within 5% of the target or with a concerning trend will be given medium level of risk and will require further monitoring. This categorisation can be overridden for any measure with exception reports being produced where it is deemed necessary from the executive director leads.

There is a detailed list of all the measures that have been removed from the previous report and where they will now be reported and managed, to ensure good governance is in place in transitioning to this new report.

Some of the previously reported items on activity will be included in a new contracting report, which is under development. An assurance report on this will be produced for the Quality and Performance Committee in November.

Locality versions of this report will also be produced to ensure there is a consistent thread of looking at performance and outcomes at board and locality level. These reports are on track for end of Quarter 1 reporting.


This report will eventually be supplemented with an interactive Dashboard with the ability to drill down into measures and view the Locality and Clinical Business Unit level information. This will allow greater comparison across localities but also service lines across the Trust.

## **2. RECOMMENDATION**

The Board of Directors are asked to:


- a) Comment on the style, content and usability of the new integrated performance report.
- b) Note the key performance headlines against month 1.
- c) Agree to schedule a 'making data count session' as part of the Board Development Programme during 24/25.

## 9. WORKFORCE ISSUES

 Ken Jarrold, Chair

No reports scheduled for June

## 10. CQC MUST DO REPORT

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

---

### REFERENCES

Only PDFs are attached

 10. Summary CQC Must Do Action Plans - 09.05.23 Final SR.pdf

**Report to Board of Directors**  
**7<sup>th</sup> June 2023**

<b>Title of report</b>	Update on CQC Must Do Action Plans
<b>Purpose of the report</b>	For decision and assurance
<b>Report author(s)</b>	Vicky Wilkie, CQC Compliance Officer
<b>Executive Lead (if different from above)</b>	Sarah Rushbrooke, Executive Director of Nursing, Therapies and Quality

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

<b>Board Sub-committee meetings where this item has been considered (specify date)</b>	
Quality and Performance	
Audit	
Mental Health Legislation	
People Committee	
Resource and Business Assurance	
Charitable Funds Committee	
Provider Collaborative, Lead Provider Committee	

<b>Management Group meetings where this item has been considered (specify date)</b>	
Executive Team	
Trust Leadership Team (TLT)	22/05/23
Trust Safety Group (TSG)	
Other i.e. external meeting	

<b>Board Assurance Framework/Corporate Risk Register risks this paper relates to (please insert risk reference number and risk description)</b>
<p>SA1 Working Together With Service Users And Carers We Will Provide Excellent Care. Supporting People on Their Personal Journey To Wellbeing. Risk 1683 There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).</p> <p>SA5 The Trust Will Be The Centre Of Excellence For Mental Health And Disability. Risk 1688 Due to the compliance standards set from NHSI, CQC and for Legislation there is a risk that we do not meet and maintain standards which could compromise the Trust's statutory duties and regulatory requirements (SA5).</p> <p>SA4 The Trust’s Mental Health And Disability Services Will Be Sustainable And Deliver Real Value To The People Who Us Them. Risk 1836 A failure to develop flexible robust Community Mental Health Services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4).</p>

## Update on CQC Must Do Action Plans

### Board of Directors

7<sup>th</sup> June 2023

#### 1. Executive Summary

This report provides an update on the 21 remaining areas of improvement (Must Do action plans) which were received following inspections undertaken between 2015 and 2022.

- This report seeks approval from the Board that there is sufficient evidence and assurance to close three action plans relating to staffing levels at Rose Lodge and environmental concerns connected to the 136 suite at Yewdale. Some action plans remain partially complete as they are linked to other identified breaches of regulation.
- Appendix 1 provides an update on the work that continues to address each of the remaining action plans. The revised timeframes will be kept under review and every effort made to shorten these where possible.
- A summary table in appendix 2 highlights six key themes identified as service shortfalls across a range of methodologies. Five of these feature in our CQC Must Dos and therefore by addressing these they should address the wider findings. It is therefore imperative that we have a particular focus on these areas.
- Quarterly updates on all action plans, including the monitoring of previous actions which have been closed (see appendix 3) will continue to be reported to Trust Leadership Team, Quality and Performance Committee and Board of Directors.

#### 2. Risks and mitigations associated with the report

The Care Quality Commission has raised all the issues within this report as areas of concern and as such are potential risks to the Trust in relation to safe care and treatment of those who use our services and those who work for the organisation. There is a risk of non-compliance with regulatory and legal requirements and potential risk to trust reputation should we fail to achieve completion and implementation of the action plans included within this report.

#### 3. Recommendation

The Trust is required to provide regular updates to the Care Quality Commission on progress against each of these actions and as such it is necessary for the Trust



Board to have oversight of progress and be assured that these concerns are being addressed.

Board members are asked to:

- Approve the closure of three action plans listed within appendix 1.
- Note the Quarter 2 updates on all 54 CQC Must Do action plans (including impact changes for those closed).

**Author:**

Vicky Wilkie, CQC Compliance and Governance Manager

**Executive Lead:**

Sarah Rushbrooke, Director of Nursing, Therapies and Quality

9<sup>th</sup> May 2023

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
<b>(3) Restrictive practices, seclusion and long-term segregation</b>						
David Muir	LDA wards Year: 2019 Org: CPFT	The provider must ensure that all staff complete body maps and carry out and record physical observations following the use of restraint and ensure that there is a rationale recorded for any 'as required' medication being administered following the use of restraint [Linked to rapid tranquilisation task and finish group].	<ul style="list-style-type: none"> <li>Continued work on the Body map form e.g. conditional logic has been added to the reason for mapping. If falls, accident or assault is selected then it will ask for the incident number which has been made a mandatory field and linked to safeguard. Also, if PMVA is selected the type of restraint will be prompted. PMVA holds have been added which now line up with the incident reporting system.</li> <li>Evidence from Groups that body mapping work/audit findings has been taken to the Quality Standards meetings and assurance obtained about the standard of this.</li> </ul>	30 September 2023	<p>Confirm updated audit findings and agree plan from these.</p> <p>Update from Safer Care regarding IR1 form prompting for body mapping when Rapid Tranquilisation intervention has occurred.</p>	Evidence shows limited improvement so the further action is required to make the required improvements.
David Muir	CAMHS wards Year: 2020 Org: CNTW	The Trust must review the use of restraint and mechanical restraint in the Children and Young People's Inpatient Services. The use of mechanical restraint should be used as a last resort in line with Department of Health Positive and Proactive Care. There should be a clear debrief process for the team after an incident and for the person who has been restrained.	<ul style="list-style-type: none"> <li>All wards are now using an end of day debrief form which will capture the smaller incidents, more significant incidents such as PMVA / MRE / Seclusion / assaults and will be picked up by the staff member allocated on the de-brief rota. Team files with documentation and the rota set up.</li> </ul>	30 June 2023	<p>Continue to closely monitor, data to be reviewed on a weekly basis at the locality safety meeting</p> <p>Ongoing discussions required regarding data being available on the dashboards as current paper system may be a barrier to completion</p>	<p>MRE use across CAMHS wards has reduced however compliance with staff and patient debriefs needs to improve across all wards (improvements have been noted in some areas).</p> <ul style="list-style-type: none"> <li>Ashby No data available for April 2023.</li> <li>Lennox</li> </ul>

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
						<p>No data available for April 2023</p> <ul style="list-style-type: none"> <li>Lotus In April 2023, 71% of staff debriefs were completed, 29% were not completed.</li> </ul> <p>16% of patient debriefs were completed, 84% patient debriefs were not completed.</p> <ul style="list-style-type: none"> <li>Riding In April 2023, 10% of staff debriefs were completed, 90% were not completed.</li> </ul> <p>32% of patient debriefs were completed, 68% were not completed.</p> <ul style="list-style-type: none"> <li>Redburn In April 2023, 26% of staff debriefs were completed, 74% were not completed.</li> </ul> <p>24% of patient debriefs were completed, 64% were not completed, 23% either lacked capacity, were not appropriate or were discharged before audit was completed.</p>
Ron Weddle	LDA wards Year: 2022	There was a high use of prone restraint. [This must do is linked to	<ul style="list-style-type: none"> <li>Safety Pods deployed across LDA wards.</li> </ul>	Complete	Action complete. Ongoing monitoring and support	CQC did not provide any benchmark data to use as a

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
	Org: CNTW	the must do relating to nurse call systems].	<ul style="list-style-type: none"> <li>• HOPES targeted support provided to Mitford and Rose Lodge.</li> <li>• National HOPES team support to Mitford.</li> <li>• Positive and Safe Team working closely with PMVA team to enhance the use of Safety Pods.</li> </ul>		provided by Positive and Safe team.	<p>compactor. Prone restraint is only be used in exceptional circumstances and since the report there has been a reduction in use across LD&amp;A wards.</p> <p>The highest use of prone restraint (June to November) was due to a single patient at Rose Lodge which accounted for 100% of the use of prone. Since November no episodes of prone restraint have been recorded.</p> <p>There are 6 patients on Rose Lodge, 5 of these patients are identified as clinically ready for discharge (previously known as delayed transfer of care, DTOC) and are therefore not within active treatment. The primary reason for this is the limited availability of specialist.</p>
Dennis Davison	LDA wards Year: 2022 Org: CNTW	People in seclusion on Lindisfarne ward did not have privacy and dignity because staff who were not providing direct care entered the seclusion area regularly.	<ul style="list-style-type: none"> <li>• There has been some further slippage with the opening of Sycamore. New build will be operational by mid July 2023.</li> <li>• Continue to roll out of training and awareness regarding</li> </ul>	30 July 2023		This will be achieved on completion of the works.

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
			HOPE's model. Staff are aware that when seclusion room is in use access should be for those managing the patient.			
<b>(4) Appraisal and training</b>						
Ramona Duguid supported by Marc House	Community LD Year: 2016 Org: CPFT	The trust must ensure that all staff have an annual appraisal.	Focus on the teams who are not currently achieving the agreed target.	30 June 2023		79% compliance within LD teams across North Cumbria.
	Community CYPs Year: 2018 Org: CPFT	The trust must ensure that staff complete the mandatory training courses relevant to this service in line with trust policy to meet the trusts training compliance targets.	Focus on the teams who are not currently achieving the agreed target.	30 June 2023		88% training compliance within CYPs community teams in North Cumbria. 9 courses are currently failing (Safeguarding Adults level 3, Fire, Moving and Handling, Information Governance, PMVA Breakaway, Adult Basic Life Support, Clinical Supervision, Safeguarding Children level 3 & MHA/MCA/DOLS).
	LDA wards Year: 2019 Org: CPFT	The provider must ensure that staff complete their mandatory and statutory training.	Focus on the teams not currently achieving the agreed target.	30 June 2023		74% training compliance within Edenwood ward. 8 courses are currently failing (Safeguarding Adults level 3, Safeguarding Adults level 2, PMVA Basic, Clinical supervision, Medicines management, Safeguarding Children level 2, Safeguarding Children level 3 and MHA/MCA/DOLS).

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
Russell Patton	LDA wards Year: 2022 Org: CNTW	Staff did not receive training in learning disabilities or autism. [This must do is linked to the must do relating to Cheviot staffing].	<ul style="list-style-type: none"> <li>Promote Learning Disability and Autism training programme within mainstream Adult Acute wards this quarter.</li> <li>Work with staff agency providers to ensure that there is adequate provision of an acceptable Learning Disability and Autism training package for all agency staff.</li> </ul>	30 June 2023	Continue to monitor compliance against the Learning Disability and Autism training programme for the specified wards and review progress against proposed trajectories and support innovative solutions where required.	<p>Improvements in training compliance have been noted but all groups have not yet reached the Trust standard.</p> <ul style="list-style-type: none"> <li>Autism Core Capabilities training compliance: <ul style="list-style-type: none"> <li>North Cumbria Locality – 75%</li> <li>North Locality – 52%</li> <li>Central Locality – 71%</li> <li>South Locality – 71%</li> </ul> </li> <li>Learning Disability Awareness training compliance: <ul style="list-style-type: none"> <li>North Cumbria Locality – 82%</li> <li>North Locality – 62%</li> <li>Central Locality – 74%</li> <li>South Locality – 84%</li> </ul> </li> </ul>
<b>(5) Clinical supervision</b>						
Esther Cohen-Tovee	Community OP Year: 2018 Org: CPFT	The trust must ensure that all staff receive clinical and management supervision and that it is documented. The trust must ensure that supervision figures are shared appropriately with senior managers.		30 June 2023	New clinical manager in post who will be reviewing current supervision arrangements to ensure staff aligned with supervisor.	60% clinical supervision compliance and 78% management supervision compliance within Memory Services in North Cumbria.

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
	Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues its development of staff supervision and the board have clear oversight of both quantity and quality of supervision.		30 June 2023	<ul style="list-style-type: none"> <li>Further guidance re improving CS quality has been included in the revisions to CS Policy. Revised Policy to be submitted to Policy team for consultation if required and then to replace current version. Staff to be made aware of the changes.</li> <li>CS training to be amended to incorporate changes made to the Policy.</li> <li>Re-audit of both adherence to standards and quality of CS to be prepared for 23-24 and implemented in Q2/3. Audit report to be taken to Trust Q&amp;P when complete.</li> </ul>	<p>All groups did not meet their Quarter 4 trajectories for clinical supervision. Quarter 4 compliance is as follows:</p> <p>North Cumbria Locality - 42% (December), 45% (March)  North Locality – 51% (December), 52% (March)  Central Locality – 50% (December), 51% (March)  South Locality - 42% (December), 59% (March)</p> <p>All groups did not meet their Quarter 4 trajectories for management supervision. Quarter 4 compliance is as follows:  North Cumbria Locality – 58% (December), 45% (March)  North Locality – 54% (December), 51% (March)  Central Locality – 56% (December), 59% (March)  South Locality – 75% (December), 71% (March)</p>
	LDA wards Year: 2019 Org: CPFT	The provider must ensure that all staff receive regular supervision.		30 June 2023	<p>Compliance data to be discussed each month in ops huddle and monitored month on month for improvement.</p> <p>Figures will be discussed in</p>	Clinical supervision compliance for Edenwood is at 24%. Management supervision is at 25%.

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
					HR triage monthly.  Clinical nurse manager discusses with ward managers in monthly supervision.	
<b>(9) Environmental issues</b>						
David Muir	MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that the health-based places of safety promote the privacy and dignity of patients in Carlisle and Whitehaven.	<ul style="list-style-type: none"> <li>Refurbishment of bedrooms has been completed at Yewdale. This includes further work on a bedroom that suffered a leak having already been refurbished.</li> </ul>	Complete	Work on 136 suite has been completed.	Completion of works.
David Muir	MH crisis teams Year: 2019 Org: CPFT	Linked to the above Must Do. The trust must ensure they take action in response to regulatory requirements and the findings of external bodies.	<ul style="list-style-type: none"> <li>The work on the 136 suite whilst largely completed remains unfinished as there are a few fixtures that estates are waiting to be delivered. The 136 suite is useable.</li> </ul>	Complete	As above.	Completion of works.
Russell Patton	LDA wards Year: 2022 Org: CNTW	There were issues with the environments on some of the wards. [This must do is linked to the must do relating to seclusion rooms].	<ul style="list-style-type: none"> <li>Continue to cross reference the available information obtained from PLACE visits, CERAs, MHA Reviewer visits, Peer Review visits to ensure that clinical environments are making a positive contribution towards care delivery.</li> <li>A base line assessment of any outstanding issues will be collated and highlighted for capital expenditure as we move into 2023/24.</li> </ul>	30 September 2023	Some slippage with works needing to be brought into 23/24 financial envelope for Mitford.	Completion of works.
Russell Patton	LDA wards Year: 2022 Org: CNTW	There was no nurse call alarm system on Cheviot, Lindisfarne, Tyne or Tweed wards. [This must	<ul style="list-style-type: none"> <li>Prioritisation of these clinical areas and implementation plan</li> </ul>	Complete	On track to install nurse call systems on Rose Lodge, Tyne and Tweed wards by	Completion of works



Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
		do is linked to the must do relating to prone restraint].	<p>taking into account re-provision and or retro fit has been developed.</p> <ul style="list-style-type: none"> <li>Support the installation of agreed priority areas during Quarter 4 including Learning Disability and Autism wards and Older People's wards.</li> </ul>	30 July 2023	<p>31/03/23.</p> <p>This action has been impacted by some slippage linked to CEDAR Project. Continue to work with estates colleagues on dates and key milestones for 2023/24.</p>	Completion of works.
Dennis Davison	LDA wards Year: 2022 Org: CNTW	Three seclusion rooms did not meet the requirements which meant they were not fit for purpose. [This must do is linked to the must do relating to environments].	<p>Tweed:</p> <ul style="list-style-type: none"> <li>The viewing screen enables staff to view one or both suites therefore the relevant screen will be viewed and the other switched off to maintain privacy.</li> <li>Service have explored alternative viewing point for the CCTV monitor.</li> <li>Relocation of screens to be completed.</li> </ul> <p>KDU: New build will be operational by July 2023.</p>	30 July 2023	This action has been impacted by some slippage linked to CEDAR Project.	Completion of works.
David Muir	Adult acute wards Year: 2019 Org: CPFT	The provider must maintain premises in good condition and suitable for the purpose for which they are being used.	<ul style="list-style-type: none"> <li>In December 2021, work commenced on Hadrian unit which created a 10-bed female ward and 10-bed male while work was being carried out.</li> <li>Hadrian 1 have now moved into the new updated space however works continue on phase 2 areas (functional areas like reception, office, and patient social and therapeutic spaces).</li> </ul>	30 September 2023		Completion of 2 <sup>nd</sup> phase on Hadrian and upgrade of out-door space on Yewdale.

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
			<ul style="list-style-type: none"> <li>Given the extent of these works Rowanwood will remain as a 10 bed acute ward for now.</li> <li>There has been some work completed on Yewdale ward to update the environment. Discussions have happened about the out-door space and quotes received with regard pressure wash, out-door beds being lowered, cladding and different fills.</li> </ul>			
<b>(11) Staffing levels</b>						
North Cumbria Locality	Adult acute wards Year: 2019 Org: CPFT	The trust must deploy sufficient numbers of qualified, competent, skilled and experienced staff to meet the needs of patients care and treatment.	<ul style="list-style-type: none"> <li>Rowanwood will remain closed.</li> <li>Hadrian 1 and 2 will continue as 2 separate 10 bedded units.</li> <li>Cohort 3 International nurses have started.</li> <li>Ongoing recruitment and further attendance at Recruitment fairs will be planned.</li> <li>There will be some joint work with other NHS providers in Cumbria with regards recruitment.</li> <li>Continued attendance by locality at Trust-wide Agency Control Meeting. Agency reduction plans will continue.</li> <li>Continued participation in Trust-wide Recruitment and Retention Task Force.</li> <li>MHOST work will be ongoing.</li> <li>Cumbria recruitment ideas</li> </ul>	30 September 2023	<p>Continue with recruitment and retention work.</p> <p>Apply new baseline staffing levels for 23/24</p> <p>Continue the embedding of MHOST to support safer staffing.</p>	There has been an improvement in vacancy figures Cohort 4 international nurses to join in September along with new final year students.

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
			<p>have need reviewed by Executive Directors and those that are possible will be discussed at first Locality Workforce meeting in 2023 to be operationalised.</p> <ul style="list-style-type: none"> <li>• Bank recruitment live for North Cumbria.</li> <li>• Review of complement of staffing across the wards to support critical vacancies.</li> </ul>			
South Locality	Rose Lodge Year: 2022 Org: CNTW	The service must ensure that the ward has enough suitably trained and qualified staff on each shift.	<ul style="list-style-type: none"> <li>• A bespoke recruitment campaign with current staff featured within a video to be completed in January 2023.</li> <li>• Links with local universities established to support with the recruitment of Band 5 nurses.</li> </ul>	Complete	<p>Continue support with recruitment and retention.</p> <p>Introduce the Learning Disability Optimal Staffing Tool.</p>	There is now a mix of learning disability and mental health nurses on the ward and a full MDT approach.
Dennis Davison	LDA wards Year: 2022 Org: CNTW	Cheviot ward did not have enough staff on shifts to meet the staffing requirements for enhanced observations. [This must do is linked to the must do relating to LD&A training].	<ul style="list-style-type: none"> <li>• Define patient need linked to care/observation and risk plans.</li> <li>• Continued staff recruitment.</li> <li>• Staff to be identified for allocation to Alwinton (Cheviot, Lindisfarne equivalent in new MSU).</li> </ul>	30 July 2023		
<b>(12) Physical health and Rapid tranquilisation</b>						
David Muir	Adult acute wards Year: 2018 Org: NTW	The trust must ensure that staff monitor the physical health of patients following the administration of rapid tranquilisation	<ul style="list-style-type: none"> <li>• Continued monitoring via Localities of the Rapid Tranquilisation monitoring form.</li> <li>• Ongoing rollout of training across Localities to ensure compliance increases.</li> <li>• Discussion with the Academy with regards holding the records of the training</li> </ul>	30 September 2023	Continued monitoring via Localities of the Rapid Tranquillisation monitoring form.	<p>Further action required to make improvements.</p> <p>The last audit was completed in June 2022:</p> <ul style="list-style-type: none"> <li>• Evidence on NEWS2/PEWS <b>OR</b> the reason for not completing is</li> </ul>
	Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff monitor patients' physical health including, following rapid tranquilisation, in accordance with national guidance, best practice and trust policy.		30 September 2023	Ongoing rollout of training across Localities to ensure compliance increases	

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
	Adult acute wards Year: 2019 Org: CPFT	The trust must ensure they have effective systems and processes to assess, monitor and improve care and treatment. This includes identifying, individually assessing and reviewing, blanket restrictions, clear oversight of staff supervision and ensuring all physical health monitoring is completed as required. [This must do is also linked to blanket restrictions and staff supervision]	<p>compliance.</p> <ul style="list-style-type: none"> <li>All adult wards now live with the Rapid Tranquilisation NEWS form. This will need continued monitoring to ensure embedded and for any further glitches to worked through by digital/informatics,</li> <li>PEWS to added onto RiO.</li> <li>Complete Rapid Tranquilisation audit and work through returns with feedback to Clinical Effectiveness Committee in April 2023.</li> </ul>	30 September 2023	<p>All adult wards now live with the RT NEWS form. This will need continued monitoring to ensure embedded and for any further glitches to worked through by digital / informatics</p> <p>PEWS to added onto Rio RT Policy review</p>	<p>documented in progress notes <b>and</b> on the RT MC: 70%</p> <ul style="list-style-type: none"> <li>Physical health observations completed (or rationale for not completing physical observations has been recorded): Hydration 76% Level of consciousness 75% Respiration rate 72% Blood Pressure 60% Pulse 60% Oxygen Saturations 47% Temperature 59%</li> </ul>
	LDA wards Year: 2019 Org: CPFT	The provider must ensure that all staff review patients' observations following the use of rapid tranquilisation to comply with the provider's rapid tranquilisation policy and National Institute of Health and Care Excellence guidance.	<ul style="list-style-type: none"> <li>Rapid Tranquilisation Policy review.</li> <li>Agency access work completed and fed back to Business Delivery Group and accepted. There will be a focus in Quality Standard Groups to operationalise changes.</li> <li>Last audit for the rapid tranquilisation showed little improvement despite the work completed in this area. Task and finish group met to discuss and agreed not in a position to sign off on this.</li> <li>It was suggested the standards within the policy required review and the policy review date could be brought forward to allow this to take place.</li> <li>Raised as a concern at TSG. Policy update has been brought</li> </ul>	30 June 2023 30 September 2023		<ul style="list-style-type: none"> <li>Physical health measurements transferred onto the RiO RT MC: 55%</li> <li>The frequency of post RT monitoring is documented in the individualised patient care plan: 64%</li> <li>Following initial monitoring, evidence of physical health monitoring at least hourly or at intervals agreed by the MDT: 73%</li> <li>Evidence of more frequent physical health monitoring for those</li> </ul>

Identified Lead	Source	Must Do	Actions to ensure closures by deadline	Planned timescale for closure	Action to be taken forward in Q1 23/24	Evidence of impact
			<p>forward. Policy changes have been made over the life cycle of a number of annual audits. Would suggest a review of the methodology is required.</p>			<p>patients with an identified risk: 25%</p>

The table below highlights key themes that have been identified as service shortfalls via a range of different inspection methodologies.

Sources of information	CQC Must do	CQC Should do	MHA reviewer visits	Mock inspections/peer reviews
Training, appraisal and supervision compliance	X	X	X	X
Staffing	X	X	X	X
Environments	X	X	X	X
Care planning	X	X	X	X
Reading/recording of rights	X	X	X	X
Medicines management		X		X

**CLOSED MUST DOS:**

<b>Must Do Theme: (1) Personalisation of care plans</b>		<b>Lead: Chloe Mann, Group Nurse Director</b>
		<b>Status:</b>
Community LD Year: 2016 Org: CPFT	The trust must ensure that care plans are person-centred, holistic and presented in a way that meets the communication needs of people using services that follows best practice and guidance.	Closed by Board of Directors on 3 August 2022.
Community OP Year: 2018 Org: CPFT	The trust must ensure that all patients have comprehensive and up to date care plans and risk assessments. Care plans and risk assessments must be regularly reviewed, and information must be used to inform each document.	
Community CYPs Year: 2018 Org: CPFT	The trust must ensure that care planning takes place with young people and is recorded in an accessible format that young people can understand. Care plans must be shared with young people and their carers where appropriate.	
Trust-wide	The work around personalisation of care planning to continue due to the repeated concerns and internal intelligence received during Quarter 3 & 4.	
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>The metric for the number of current service users who have discussed their care plan remains similar to the Quarter 3 position: <ul style="list-style-type: none"> <li>North Cumbria Locality – 88% (December), 87% (March)</li> <li>North Locality – 97% (December), 96% (March)</li> <li>Central Locality – 93% (December), 95% (March)</li> <li>South Locality – 93% (December), 93% (March)</li> </ul> </li> <li>Care planning issues were found in 6 of the 8 MHA reviewer visits undertaken during Quarter 4.</li> <li>Full audit report due for sign off at Clinical Effectiveness Committee in May 2023.</li> <li>Action plans have been compiled for each locality (one per CBU) signed off at locality Quality Standards in February 2023. These action plans will be monitored monthly through CBU Quality Standards and quarterly through locality Quality Standards.</li> </ul>		

<b>Must Do Theme: (2) Blanket restrictions</b>		<b>Lead: Karen Worton, Group Nurse Director</b>
		<b>Status:</b>
Adult Acute wards Year: 2018 Org: NTW	The trust must ensure that blanket restrictions are reviewed and ensure that all restrictions are individually risk assessed.	Closed by Board of Directors on 3 November 2021.
Adult Acute wards Year: 2019 Org: CPFT	The trust must ensure that blanket restrictions are all reviewed and individually risk assessed.	
<b>Evidence of Impact:</b>		
1 blanket restriction was identified during a MHA reviewer visit this quarter.		

<b>Must Do Theme: (3) Restrictive practices, seclusion and long term segregation</b>		<b>Lead: Anthony Deery, Deputy Chief Nurse and Locality Group Directors</b>
		<b>Status:</b>
LDA wards Year: 2022 Org: CNTW	One person had restrictions in place including long term seclusion and no access to their personal belongings which was not based on current risks. There were no plans to end the restrictions.	Action plan closed as patient transferred to a different hospital on 18 August 2022.
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>• Restrictive practices agreed through MDT</li> <li>• CPA / CCR discussions and care plans</li> <li>• Review of LTS and Prolonged Seclusions</li> <li>• HOPEs model</li> <li>• Barriers to Change</li> <li>• ICTR process</li> <li>• Closed culture work</li> <li>• IMHA use</li> <li>• Carer engagement when complex conversations and escalation</li> <li>• Peer support</li> </ul>		

<b>Must Do Theme: (6) Risk registers</b>		<b>Lead: Lisa Quinn, Executive Director of Finance, Commissioning and Quality Assurance</b>
		<b>Status:</b>
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it continues to make progress against the trust risk register and board members and members of staff understand the process of escalating risks to the board through the board assurance framework.	Closed by Board of Directors on 5 August 2020.
Crisis MH teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established and operating effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.	
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>• Cycle of risk register review through Trust Leadership Team.</li> <li>• Review and update of Risk Management Strategy received by Board in November 2020.</li> <li>• Board Development session in February 2022 to review risks, identify any emerging risks to be added to BAF, review risk appetite categories and scoring.</li> <li>• Development of future Strategy proposed.</li> <li>• Risk Management Strategy to be taken to June 2023 Board meeting.</li> </ul>		

<b>Must Do Theme: (7) Documentation of Consent and Capacity</b>	<b>Lead: Bruce Owen</b>
---	-------------------------



		<b>Status:</b>
Community OP Year: 2018 Org: CPFT	The trust must ensure that consent to treatment and capacity to consent is clearly documented in patient's records.	Closed by Board of Directors on 3 August 2022.
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>Capacity / best interest decision issues were found in 4 of the 8 MHA reviewer visits undertaken during Quarter 4.</li> <li>Consent to Examination or Treatment ECT internal audit provided good assurance.</li> </ul>		

<b>Must Do Theme: (8) Collecting and acting on feedback from service users and carers</b>		<b>Lead: Allan Fairlamb, Head of Commissioning &amp; Quality Assurance</b>
		<b>Status:</b>
Community CYPs Year: 2018 Org: CPFT	The trust must ensure that quality monitoring takes place to measure service performance, outcomes and progress and ensure feedback from young people and their carers is incorporated into this.	Closed by Board of Directors on 5 August 2020.
<b>Evidence of Impact:</b>		
Quarterly report to Board on patient feedback.		

<b>Must Do Theme: (9) Environmental issues</b>		<b>Lead: Russell Patton, Deputy Chief Operating Officer, Paul McCabe, Director of Estates and Facilities &amp; Locality Group Directors</b>
		<b>Status:</b>
Community OP Year: 2018 Org: CPFT	The trust must ensure that all premises and equipment are safe and suitable for patients and staff. Premises must be reviewed in terms of access and reasonable adjustments to meet the needs of service users and staff. Medical equipment must fit for purpose and records kept to ensure it is well maintained.	Closed by Board of Directors on 26 May 2021.
Adult acute wards Year: 2018 Org: NTW	The trust must ensure patients have access to a nurse call system in the event of an emergency.	Closed by Board of Directors on 4 August 2021.
Long stay / rehab wards Year: 2016 Org: CPFT	The trust must ensure that the first floor of the building has clear lines of sight and an alarm call system that can be easily accessed to summon assistance.	Closed by Board of Directors on 4 August 2021.
OP wards Year: 2019 Org: CPFT	The provider must ensure that plans to relocate Oakwood ward are progressed and the use of dormitory style accommodation on Oakwood is either no longer used or a robust assessment and mitigation	Closed by Board of Directors on 3 November

	of risk is put in place.	2021.
<b>Evidence of Impact:</b>		
Completion of works.		

<b>Must Do Theme: (10) Risk assessment and record management</b>		<b>Lead: David Muir, Group Director</b>
		<b>Status:</b>
Community LD Year: 2016 Org: CPFT	The trust must ensure that staff complete and record patient's risk assessments consistently evidencing contemporaneous care records for patients who use services.	Closed by Board of Directors on 3 August 2022.
Community CYPS Year: 2018 Org: CPFT	The service must ensure that all young people receive a thorough risk assessment which is recorded appropriately in accordance with the trusts policies and procedures to ensure safe care and treatment.	
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure systems and processes are established to maintain the records of each patient accurately, completely and contemporaneously.	
<b>Evidence of Impact:</b>		
<ul style="list-style-type: none"> <li>• The metric for service users with a risk assessment undertaken/reviewed in the last 12 months remains similar to previous quarters: <ul style="list-style-type: none"> <li>○ North Cumbria Locality – 90% (December), 89% (March)</li> <li>○ North Locality – 97% (December), 98% (March)</li> <li>○ Central Locality – 95% (December), 97% (March)</li> <li>○ South Locality – 97% (December), 97% (March)</li> </ul> </li> <li>• The metric for service users with identified risks who have at least a 12 monthly crisis and contingency plan remains similar to previous quarters: <ul style="list-style-type: none"> <li>○ North Cumbria Locality – 83% (December), 84% (March)</li> <li>○ North Locality – 94% (December), 96% (March)</li> <li>○ Central Locality – 92% (December), 94% (March)</li> <li>○ South Locality – 94% (December), 94% (March)</li> </ul> </li> <li>• Compliance for clinical risk and suicide prevention training standards at Quarter 4: <ul style="list-style-type: none"> <li>○ North Cumbria Locality – 77% (December), 82% (March)</li> <li>○ North Locality – 80% (December), 83% (March)</li> <li>○ Central Locality – 79% (December), 84% (March)</li> <li>○ South Locality – 83% (December), 86% (March)</li> </ul> </li> </ul> <p>No concerns have been identified from MHA reviewer visits undertaken this quarter.</p>		

<b>Must Do Theme: (11) Staffing levels</b>		<b>Themed Lead: Anthony Deery, Deputy Chief Nurse and Locality Group Directors</b>
<b>Planned timescale for closure: 31 March 2023</b>		<b>Status:</b>
Community CYPS Year: 2017	The trust must ensure that there are a sufficient number of appropriately skilled staff to enable the service to meet its target times for young people	Closed by Board of Directors on

Org: CPFT	referred to the service.	3 August 2022.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure there is always a dedicated member of staff to observe patients in the health-based places of safety.	Closed by Board of Directors on 3 August 2022.
LDA wards Year: 2019 Org: CPFT	The provider must ensure that all patients have regular access to therapeutic activities to meet their needs and preferences.	Closed by Board of Directors on 3 August 2022.

**Evidence of Impact:**

- Vacancy levels.
- Safer staffing reports will show a reduction in exceptional fill rates for qualified staff.
- Allocation sheet.
- Daily huddle minutes
- Activity planner.
- Improved mandatory training compliance.
- Improved appraisal compliance.
- Improved supervision compliance.

<b>Must Do Theme: (13) Governance</b>		<b>Lead: Lisa Quinn, Executive Director of Finance and Quality Assurance</b>
		<b>Status:</b>
Trust-wide Year: 2019 Org: CPFT	The trust must ensure it reviews and improves its governance systems at a service level to ensure they effectively assess, monitor and improve care and treatment.	Closed by Board of Directors on 5 August 2020.
MH crisis teams Year: 2019 Org: CPFT	The trust must ensure that systems and processes are established and operating effectively to assess monitor and improve the quality and safety of services.	Closed by Board of Directors on 4 November 2020.

**Evidence of Impact:**

- Trust-wide governance structures.
- Agreed terms of reference and policies in place.
- 2022 Independent Review of Governance findings and action plan.
- Outputs from 2023 Trust-wide Governance review led by Debbie Henderson.

<b>Must Do Theme: (14) Staff engagement</b>		<b>Lead: Elaine Fletcher, Group Nurse Director</b>
		<b>Status:</b>
Adult acute wards Year: 2019 Org: CPFT	The trust must ensure staff working on Rowanwood feel supported, valued and respected following serious incidents beyond ward level.	Closed by Board of Directors on 3 August 2022.

<b>Evidence of Impact:</b>
Staff survey results and local action plans.

<b>Must Do Theme: (15) Medicines Management</b>	<b>Lead: Tim Donaldson, Chief Pharmacist/Controlled Drugs Accountable Officer</b>
<b>Status:</b>	
LDA wards Year: 2019 Org: CPFT	The provider must ensure that all medicines used are labelled and that risk assessments are always in place for the use of sodium valproate in female patients of child bearing age.
Closed by Board of Directors on 4 August 2021.	
<b>Evidence of Impact:</b>	
Results of re-audit during Quarter 1 2023/24.	

<b>Must Do Theme: (17) Bed Management</b>	<b>Lead: Andy Airey, Group Director</b>
<b>Status:</b>	
Adult acute wards Year: 2019 Org: CPFT	The trust must continue to look at ways of reducing out of area placements and the management of bed availability to ensure this meets the needs of people requiring the service.
Closed by Board of Directors on 3 August 2022.	
<b>Evidence of Impact:</b>	
The number of OAP days continues to decline. The figures during Quarter 4 has decreased to 976 OAP days relating to 39 patients.	
<ul style="list-style-type: none"> <li>• Sunderland – 217 (December), 207 (March)</li> <li>• South Tyneside – 41 (December), 16 (March)</li> <li>• Newcastle Gateshead – 410 (December), 381 (March)</li> <li>• Northumberland – 281 (December), 155 (March)</li> <li>• North Tyneside – 28 (December), 90 (March)</li> <li>• North Cumbria – 353 (December), 127 (March)</li> </ul>	


<b>Must Do Theme: (18) Section 17 Leave</b>	<b>Lead: Dr Patrick Keown, Group Medical Director</b>
<b>Status:</b>	
OP wards Year: 2019 Org: CPFT	The provider must ensure that all section 17 leave forms are individually completed for each patient and show consideration of patient need and risks.
Closed by Board of Directors on 4 August 2021.	
<b>Evidence of Impact:</b>	
<ul style="list-style-type: none"> <li>• Compliance with Section 17 leave expiry dates continues to improve.</li> <li>• One issue was raised during a MHA reviewer visit undertaken this quarter.</li> </ul>	

<b>Must Do Theme: (19) Clinical audits</b>	<b>Lead: Dr Kedar Kale, Group Medical Director</b>
<b>Status:</b>	
LDA wards Year: 2019 Org: CPFT	The provider must ensure that clinical audits are effective in identifying and addressing areas of improvement within the service.
Closed by Board of Directors on 3	

**Evidence of Impact:**

- Locality and Trust-wide governance structures.
- Locality cycle of meetings.
- Locality tracker.


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

 James Duncan, Chief Executive

## 12. FAMILY THERAPIES UPDATE

 Kevin Hawkes, Consultant Family Therapist and Clinical Lead for Family Therapy

## 13. QUALITY AND PERFORMANCE COMMITTEE

 Darren Best, Chair

No meeting has been held during the period




## 14. AUDIT COMMITTEE

 David Arthur, Chair


No meeting has been held during the period

## 15. RESOURCE AND BUSINESS ASSURANCE COMMITTEE

 Paula Breen, Chair


No meeting has been held during the period

## 16. MENTAL HEALTH LEGISLATION COMMITTEE

 Michael Robinson, Chair

No meeting has been held during the period

## 17. PROVIDER COLLABORATIVE COMMITTEE

 Michael Robinson, Chair

No meeting has been held during the period

## 18. PEOPLE COMMITTEE

 Brendan Hill, Chair


No meeting has been held during the period

## 19. CHARITABLE FUNDS COMMITTEE

 Louise Nelson, Chair

No meeting has been held during the period

## 20. COUNCIL OF GOVERNORS' ISSUES


 Ken Jarrold, Chairman

## 21. QUESTIONS FROM THE PUBLIC

 Ken Jarrold, Chairman



## 22. ANY OTHER BUSINESS

 Ken Jarrold, Chairman

## 23. DATE AND TIME OF NEXT MEETING

Wednesday 5th July 2023

1:30 - 3:30pm

Trust Board Room, St Nicholas Hospital and Microsoft Teams