Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

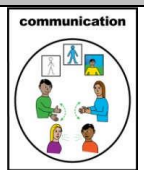
AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

17 November 2016, 2.00pm

(Governor registration and hospitality available between 1.00pm and 1.45pm)
Middlesbrough Football Club

Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.00pm - 2.15pm Standard Items					
1.		Welcome and apologies for absence	**For information** To make sure that we have enough Governors present to be quorate and introduce any new attendees. To advise of housekeeping arrangements	Lesley Bessant, Chairman	Spoken
2.		Minutes of the meetings of the Council of Governors held on 29 September 2016 and 21 October 2016	**To agree** To check and approve the minutes of these meetings	Lesley Bessant, Chairman	Attached
3.		Public Council of Governors' Action Log	**To discuss** To update on any action items	Lesley Bessant, Chairman	Attached
4.		Declarations of Interest	**To agree** The opportunity for Governors to declare any interests with regard to any matter being discussed today	Lesley Bessant, Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.		Chairman's activities	**For information** To hear from the Chairman on what she has been doing since the last meeting There will be an opportunity to ask any questions	Lesley Bessant, Chairman	Spoken
6		Questions from Governors	**To discuss** To consider any questions raised by Governors which are not covered elsewhere on the agenda (*Governors are asked to provide the Trust Secretary with at least 24 hours written notice if they wish to receive a formal answer to their questions at the meeting.*)	Lesley Bessant, Chairman	Spoken

1. <u>Cliff Allison, Public Governor Durham</u>

How aware are staff at ward level of the policy on confidentiality, and are there cases when a "best interest" approach would be appropriate? An example might be when a patient with suicidal tendencies is admitted to hospital and the parents are not informed of the admission with the resulting anguish of the parents who may think that he/she is dead or in danger.

2. **<u>Dr Judith Hurst, Staff Governor Corporate Services</u>**

At a time when we see so many excellent Tewv developments on its Facebook page, I am constantly getting disheartened at the small number of consistent messages from members of the public, who seem to be disheartened in some way and picking on the good work we do.

Can I ask the board what is the approach we are taking with these people , have we spoken to them face to face to try to have some supportive conversations that could lead to a better outcome.

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.15pm – 2.25pm Governance Related Items					
7.		Summary of the discussions held at meetings of the Board of Directors from September 2016 to October 2016	**For information** An opportunity to read through the key areas discussed at recent meetings of the Board of Directors	Lesley Bessant, Chairman	Attached
8.		Increasing Transparency and Engagement	**To agree** To consider a report on increasing transparency and understanding of the work and performance of the External Auditors.	Marcus Hawthorn Non Executive Director	Attached
9.		Governor Appointments	**To agree** The Council of Governors is being asked to agree the appointment of Governors to a number of working groups (see below).	Phil Bellas, Trust Secretary 	Spoken
		Appointments will be agreed by a secret paper ballot if more nominations are received than positions available. Nominations must be supported by a statement of no more than 250 words and received by 11 November 2016. There will be no opportunity to submit names after this time. The written personal statements will be circulated at the meeting, there will be no verbal statements made.			

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		Trust Working Groups To appoint a Governor to each of the following groups for a period of 12 months: a. Environmental b. Equality and Diversity c. Patient Experience d. Workforce			
2.25pm – 2.35pm Quality Related Items					
10.		i. Compliance activity in relation to the Care Quality Commission ii. An update on any items of relevance following contact with the Care Quality Commission not contained in the report at i.	**For information** To receive a briefing on the latest information from Care Quality Commission Inspections of the Trust	Elizabeth Moody Director of Nursing and Governance 	Attached
11.		Service changes	**For information** To receive a briefing on changes and improvements to services in the Trust	Brent Kilmurray Chief Operating Officer 	Attached
12.		Quality Account	**For information** To receive the Trust's draft Quality Account for Quarter 2, 2016/17	Sharon Pickering, Director of Planning, Performance and Communications 	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.35pm – 2.55pm Performance Related					
13.		The Trust's Performance Dashboard as at end September 2016	**For information** To review the performance of the Trust key indicators	Sharon Pickering, Director of Planning, Performance and Communications	Attached
14.		The Trust's Finance report as at end September 2016	**For information** To receive information and review the current financial position of the Trust	Drew Kendall, Interim Director of Finance 	Attached
15.		Council of Governors Development Plan 2016/17	**For information** To receive an update on the development plan for the Council of Governors	Phil Bellas, Trust Secretary	Attached
2.55pm – 3.05pm Standing Committees					
16.		Task and Finish Group: Member and Stakeholder Representation and Engagement	**For agreement** To receive a report and approve the recommendations of the task and finish group	Richard Simpson Non Executive Director	Attached
3.05pm Procedural					
17.		Date and Time of next meeting: 23 February 2017, 2.00pm Holiday Inn Darlington, Scotch Corner, Richmond DL10 6NR			Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
18.		Confidential Motion *"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:* *Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.* *Any terms proposed or to be proposed by or to the Trust in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.*			

Lesley Bessant
Chairman
Contact:

Phil Bellas, Trust Secretary Tel. 01325 55 2001/Email: p.bellas@nhs.net

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Statement of values and behaviours

Commitment to quality

We demonstrate excellence in all of our activities to improve outcomes and experiences for users of our services, their carers and families and staff.

Behaviours:

- Put service users first.
- Seek and act on feedback from service users, carers and staff about their experiences.
- Clarify people's needs and expectations and strive to ensure they are exceeded.
- Improve standards through training, experience, audit and evidence based practice.
- Learn from mistakes when things go wrong and build upon successes.
- Produce and share information that meets the needs of all individuals and their circumstances.
- Do what you / we say we are going to do.
- Strive to eliminate waste and minimise non-value adding activities.

Respect

We listen to and consider everyone's views and contributions, maintaining respect at all times and treating others as we would expect to be treated ourselves.

Behaviours:

- Be accessible, approachable and professional.
- Consider the needs and views of others.
- Be open and honest about how decisions are made.
- Observe the confidential nature of information and circumstances as appropriate.
- Be prepared to challenge discrimination and inappropriate behaviour.
- Ask for feedback about how well views are being respected.
- Consider the communication needs of others and provide a range of opportunities to access information.

Involvement

We engage with staff, users of our services, their carers and families, governors, members, GPs and partner organisations so that they can contribute to decision making.

Behaviours:

- Encourage people to share their ideas.
- Engage people through effective consultation and communication.
- Listen to what is said, be responsive and help people make choices.
- Provide clear information and support to improve understanding.
- Embrace involvement and the contribution that everyone can bring.
- Acknowledge and promote mutual interests and the contributions that we can all make at as early a stage as possible.
- Be clear about the rights and responsibilities of those involved.

Wellbeing

We promote and support the wellbeing of users of our services, their carers, families and staff.

Behaviours:

- Demonstrate responsibility for our own, as well as others, wellbeing.
- Demonstrate understanding of individual and collective needs.
- Respond to needs in a timely and sensitive manner or direct to those who can help.
- Be pro-active toward addressing wellbeing issues.

Teamwork

Team work is vital for us to meet the needs and exceed the expectations of people who use our services. This not only relates to teams within Tees, Esk and Wear Valleys NHS Foundation Trust, but also the way we work with GPs and partner organisations.

Behaviours:

- Be clear about what needs to be achieved and take appropriate ownership.
- Communicate well by being open, listening and sharing.
- Consider the needs and views of others.
- Be supportive to other members of the team.
- Be helpful.
- Fulfil one's own responsibilities.
- Always help the team and its members be successful.

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 29 SEPTEMBER 2016, 5.30 PM AT MIDDLESBROUGH FOOTBALL CLUB

PRESENT:
Lesley Bessant (Chairman)
Cliff Allison (Durham)
Mary Booth (Middlesbrough)
Peter Burgess (Durham)
Martin Coombs (York)
Hilary Dixon (Harrogate and Wetherby)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Gary Emerson (Stockton on Tees)
Chris Gibson (Harrogate and Wetherby)
Andrea Goldie (Darlington)
Marion Grieves (Teesside University)
Glenda Goodwin (Staff, Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Catherine Haigh (Middlesbrough)
Dennis Haithwaite (Darlington)
Anthony Heslop (Durham)
Simon Hughes (Staff, Teesside)
Dr Judith Hurst (Staff, Corporate)
Gary Matfin (Staff, York and Selby)
Cllr Ann McCoy (Stockton Borough Council)
Keith Mollon (Durham)
Dr Lukkur Murthy (Durham)
Jean Rayment (Hartlepool)
Dr David Smart (CCG representative for Co Durham and Darlington)
Helen Swiers (North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Gillian Restall (Stockton on Tees)
Richard Thompson (Scarborough and Ryedale)
Judith Webster (Scarborough & Ryedale)
Vanessa Wildon (Redcar and Cleveland)
Colin Wilkie (Hambleton & Richmondshire)

IN ATTENDANCE:
Jim Tucker (Deputy Chairman)
Colin Martin (Chief Executive)
Phil Bellas (Trust Secretary)
Marcus Hawthorn (Non-Executive Director)
Brent Kilmurray (Chief Operating Officer)
David Levy (Director of Human Resources and Organisational Development)
Elizabeth Moody (Director of Nursing and Governance)
Sharon Pickering (Director of Planning and Performance)
Shirley Richardson (Non-Executive Director)
Tina Shann (Membership Administrator)
Richard Simpson (Non-Executive Director)
Hugh Griffiths (Non-Executive Director)
David Jennings (Non-Executive Director)

DRAFT

Paul Murphy (Non-Executive Director)
Richard Simpson (Non-Executive Director)

OBSERVERS:
The following student nurses were present:

Rebecca Ward, Gemma Weeks, Lucy Whitelaw, Isabel Withrington, Rhiannon Walpole, Ashley Williams, Emilie Wood, Samuel Woolhouse, Melissa Wright, Paul Zvomuy, Megan Connor

16/49 APOLOGIES
Drew Kendall (Interim Director of Finance)
Dr Nick Land (Medical Director)
Kathryn Ord (Deputy Trust Secretary)
Dr Mina Bobdey (Rest of England)
Richenda Broad (Middlesbrough Council)
Janice Clark (Durham)
Dr Nathaniel Drake (York)
Paul Emerson-Wardle (Stockton on Tees)
Claire Farrell (Redcar and Cleveland)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Betty Gibson (Durham)
Dr Peter Harrison (York)
Prof Pali Hungin (Durham University)
Lesley Jeavons (Durham County Council)
Kevin Kelly (Darlington Borough Council)
Ashley Mason (City of York)
Debbie Newton (representative for North Yorkshire Clinical Commissioning Groups)
Wendy Pedley (Staff, North Yorkshire)
Zoe Sherry (Hartlepool)
Angela Stirk (Hambleton and Richmondshire)
Prof Ian Watt (University of York)

16/60 WELCOME

The Chairman opened the meeting and noted apologies.

16/61 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meetings, held on 13 July 2016 and 20 July 2016.

Agreed – That the minutes of the meeting held on 13 July 2016 and 20 July 2016 be approved and signed by the Chairman, subject to Mr David Levy being noted as present at the 13 and 20 July 2016 meetings.

DRAFT

16/62 PUBLIC ACTION LOG

Consideration was given to the public action log noting the relevant updates provided at the meeting including:

1) Minute 16/07 – Café/restaurant provision.

There had been a discussion with Mr Allison prior to the Governor meeting and the work around improvements for café facilities at Trust premises had been taken forward. Work would commence at West Park Hospital in October 2016 to upgrade the café provision.

2) Minute 16/07 - Mobile phone access for patients.

The revised protocol and guidance now highlighted the importance for service users and patients having access to staff mobile telephone numbers. The guidance had been agreed by the Patient Safety Team and would be distributed to staff.

3) Minute 16/12 – Data within the Crisis Service Update Report
The report had been circulated on 2 August 2016.

4) Minute 16/23 – update on ADHD Services.
This update was no longer required.

5) Minute 16/29 – Restrictive Practices

There had been ongoing dialogue with Commissioners in relation to restrictive practices identified by the CQC, one of which had been about the counting of knives and forks by staff. Commissioners had been satisfied with the Trust's response.

6) Minute 16/30 – bed provision in Teesside.
A report was circulated with the agenda detailing information from Hartlepool and Stockton Clinical Commissioning Group (CCG) and South Tees CCG. No other information has been made available.

7) Minute 16/30 – information on the Better Care Funds.

A report was circulated with the agenda advising of monies allocated.

Agreed - The Council of Governors received and noted the updates to the action log.

16/63 DECLARATIONS OF INTEREST

There were no declarations of interest.

16/64 CHAIRMAN'S REPORT

The Chairman reported on activities and developments since July 2016 and highlighted the following:

1) The Trust had launched the arm's length Company, PIPS (Positive, Independent Proactive Support), which had begun developing various properties across Trust localities in conjunction with housing associations, to provide independent self-contained living accommodation for people with complex behaviours and learning disabilities. This was a positive investment for the Trust and the first tenant had been settled into their new accommodation in August 2016.
2) Meetings had taken place with all Governors across all the Trust localities. A separate meeting would now be take place with the Staff Governors, following which the issues raised would be discussed with the Chief Executive.
   A request was made for these meetings to also include the appointed governors.

   Action: Chairman

3) The recent Living the Values Awards had been excellent with some very positive feedback from service users.
4) Consultant interviews had taken place with one out of two successful appointments.
5) A presentation at the Leadership for Carers, Advocate and Users event had included discussion around personal leadership journey.
6) A meeting had taken place with the Chairman of the City of York's Executive member for Adult Social Care and Health.

16/65 GOVERNOR QUESTIONS

1. Gary Emerson, Public Governor Stockton on Tees

"Can the Trust give Governors a more detailed written briefing on the implications of a recent allocation of funding from NHS England for a Trust wide approach to delivering some elements of Children's and Young Peoples mental health services? Also, how will this funding improve on current provision and what will be the focus of the new investment?"

Mrs Pickering informed the Governors that the Trust had been successful in a bid through NHS England to be involved in a national pilot where the Trust would become a budget holder for Tier 4 children and young people's services. The pilot would start from 1 October 2016 for a period of 6 months.

This funding would be using existing funding in a different way, with the aim to reduce the demand on inpatient beds.

The impact on community services would need to be considered, through ongoing dialogue with the Local Authorities.

2. Cllr Ann McCoy, Appointed Governor Stockton Borough Council

"Following the conclusion of the inquest into the death of an inpatient at Lanchester Road Hospital, can the Trust confirm what arrangements have been put in place to ensure that findings have been implemented across the Trust?"

Mrs Moody explained to the Council of Governors that the Trust had taken all the necessary steps to ensure lessons had been learned. Assurance was given that the Trust was not an outlier nationally. The Trust's Heads of Nursing had been involved in discussions and actions were underway to eliminate any future risks.

3. Gary Emerson, Public Governor Stockton on Tees

In response to a question raised Governors would be aware that a revised report had been circulated on 1 August 2016 on the provision of Crisis Services. Further issues had been raised about the accuracy of the data contained within this revised report.

The Chief Executive had met with Mr Emerson before the Council of Governor's meeting to discuss and clarify issues.

Mr Emerson indicated that he was satisfied with the outcome of the meeting.

4. Peter Burgess, Public Governor Durham & Darlington

"In times of acute indirect and direct stress and anxiety, regarding austerity, placed on the Service User which makes the vulnerable increasing vulnerable with the potential to cause an acute period of ill-health. Why is it seen as financially good practice to have a specialist Mental Health Matters job coach contracted to Services, but not a specialist employed, like a Welfare Rights Officer, to support the quality of care given by the community health centres? It seems short sighted financially and creates short-term unsustainable outcomes and a disregard for the human process an individual needs in order progress to the point when employment can been seen as a feasible option. Relapse does not evidence that recovery is a reality".

Mr Kilmurray agreed to look into this matter and provide a full response at the next Council of Governors meeting.

Action: Mr Kilmurray

16/66 STUDENT NURSE PLACEMENT

The Council of Governors received a report on student satisfaction with Practice Placement Experience in TEWV.

Mrs Moody highlighted from the report that evidence suggested that the levels of reported student satisfaction with their placements had fluctuated at TEWV across the academic year. Overall the student experience had been a positive one.

Any concerns had been investigated and appropriate actions would be taken to address them.

The National Student Survey 2016 had confirmed that the highest levels of student satisfaction with pre-registration nursing programmes had studied at TEWV partnership Universities.

The Council also discussed the potential impact of the withdrawal of the student bursary.

It was noted that Teesside University did consider that it would have a material impact on applications.

Agreed:

i) That a report on student satisfaction on placements be presented.

ii) That the report includes:

a. Other professional groups (eg Allied Health Professionals AHPs) as well as nurse students

b. Numbers as well as percentages of satisfaction/dissatisfaction rates.

iii) That a report on the impact of the withdrawal of the student nurse bursary be provided.

Action: Mrs Moody

16/67 REGISTER OF INTERESTS

The Council of Governors received and noted the Register of Interests of Governors, as at September 2016.

Agreed: That the Council of Governor's Register of Interest's be updated with further declarations received at the meeting and uploaded to the Trust website.

Action: Mrs Ord

16/68 APPOINTMENT TO COMMITTEES

The Council of Governors voted and approved the appointment from nominations received to the following Committees:

i) Board of Directors' Mental Health Legislation Committee –
Sarah Talbot Landon, (Public Governor for Durham).

ii) Council of Governors' Nomination and Remuneration Committee –
Mary Booth (Public Governor for Middlesbrough and Colin Wilkie (Public Governor for Hambleton & Richmondshire).

16/69 ITEMS CIRCULATED FOR INFORMATION

The Council of Governors noted and received the following reports for information:

i. Summary of feedback from the meetings of the Board of Directors

ii. NHS Improvement Risk Assessment Framework

iii. Latest information from Care Quality Commission Inspections of the Trust

iv. Changes and improvements to services in the Trust.

v. Q1 Quality Account 2016/17.

vi. The Trust Performance Dashboard as at end July 2016

vii. The Trust's financial position as at end August 2016

viii. An update on the work of the Involvement and Engagement Committee

A number of typographical errors in relation to the above reports were notified in advance of the meeting.

16/70 CONFIRMATION OF FUTURE MEETING DATES

The Chairman confirmed the next meeting as 17 November 2016, 2pm at Middlesbrough Football Club.

Future meetings dates were confirmed as:
23 February 2017, 2pm - 5pm
25 May 2017, 6pm - 8pm
13 July 2017, 6pm - 7pm Special Meeting
19 July 2017, 6pm - 7.30pm Annual General and Members Meeting
28 September 2017, 6pm - 8pm
30 November 2017, 2pm - 5pm

The venue for these meetings was still under consideration.

16/71 CONFIDENTIAL RESOLUTION

Agreed– *that representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:*

Information relating to the financial or business affairs of any particular person (other than the Trust).

Any terms proposed or to be proposed by or to the Trust in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.

Information which, if published would, or be likely to, inhibit -
(a) the free and frank provision of advice, or
(b) the free and frank exchange of views for the purposes of deliberation, or
(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.

The Chairman closed the public session of the meeting at 6.30pm.

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 21 OCTOBER 2016, 3.30 PM AT MORTON PARK BUSINESS CENTRE, MORTON PARK, DARLINGTON DL1 4PJ

PRESENT:
Jim Tucker (Deputy Chairman)
Cliff Allison (Durham)
Mary Booth (Middlesbrough)
Peter Burgess (Durham)
Hilary Dixon (Harrogate and Wetherby)
Gary Emerson (Stockton on Tees)
Andrea Goldie (Darlington)
Glenda Goodwin (Staff, Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Catherine Haigh (Middlesbrough)
Dennis Haithwaite (Darlington)
Dr Peter Harrison (York)
Anthony Heslop (Durham)
Simon Hughes (Staff, Teesside)
Prof Pali Hungin (Durham University)
Cllr Ann McCoy (Stockton Borough Council)
Keith Mollon (Durham)
Debbie Newton (representative for North Yorkshire Clinical Commissioning Groups)
Wendy Pedley (Staff, North Yorkshire)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Zoe Sherry (Hartlepool)
Cllr Helen Swiers (North Yorkshire County Council)
Richard Thompson (Scarborough and Ryedale)
Judith Webster (Scarborough & Ryedale)
Vanessa Wildon (Redcar and Cleveland)
Colin Wilkie (Hambleton & Richmondshire)

IN ATTENDANCE:
Phil Bellas (Trust Secretary)
Angie Binns (Communications Manager)
Marcus Hawthorn (Non Executive Director)
Wendy Johnson (Secretary)
Drew Kendall (Interim Director of Finance)
Brent Kilmurray (Chief Operating Officer)
David Levy (Director of Human Resources and Organisational Development)
Kathryn Ord (Deputy Trust Secretary)
Melanie Pears (Ward Hadaway LLP)
Tina Shann (Membership Administrator)
Ken Tench (Project Manager)

16/72 APOLOGIES
Lesley Bessant (Chairman)
Colin Martin (Chief Executive)

DRAFT

Dr Mina Bobdey (Rest of England)
Janice Clark (Durham)
Martin Coombs (York)
Dr Nathaniel Drake (York)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Chris Gibson (Harrogate and Wetherby)
Dr Hugh Griffiths (Non Executive Director)
Paul Emerson-Wardle (Stockton on Tees)
Claire Farrell (Redcar and Cleveland)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Betty Gibson (Durham)
Marion Grieves (Teesside University)
Dr Judith Hurst (Staff, Corporate)
Lesley Jeavons (Durham County Council)
David Jennings (Non Executive Director)
Kevin Kelly (Darlington Borough Council)
Dr Nick Land (Medical Director)
Gary Matfin (Staff, York and Selby)
Ashley Mason (City of York)
Elizabeth Moody (Director of Nursing and Governance)
Dr Lukkur Murthy (Durham)
Paul Murphy (Non Executive Director)
Richard Simpson (Non Executive Director)
Dr David Smart (CCG representative for Co Durham and Darlington)
Angela Stirk (Hambleton and Richmondshire)
Sharon Pickering (Director of Planning and Performance)
Shirley Richardson (Non Executive Director)
Sarah Talbot-Landon (Durham)
Prof Ian Watt (University of York)

16/73 WELCOME

The Deputy Chairman opened the meeting and noted apologies.

16/74 DECLARATIONS OF INTEREST

There were no declarations of interest.

16/75 CONFIDENTIAL RESOLUTION

Agreed– *that representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:*

Information relating to the financial or business affairs of any particular person (other than the Trust).

DRAFT

Any advice received or information obtained from legal or financial advisors appointed by the Trust or action to be taken in connection with that advice or information.

The Chairman closed the public session of the meeting at 3.33pm

DRAFT

Council of Governors Action Log

Item 3

RAG Ratings:

	Action completed/Approval of documentation
	Action due/Matter due for consideration at the meeting.
	Action outstanding but no timescale set by the Council.
	Action outstanding and the timescale set by the Council having passed.
	Action superseded
	Date for completion of action not yet reached

Date	Minute No.	Action	Owner(s)	Timescale	Status
19/05/2015	15/32	Introduction of Governor appraisals.	Phil Bellas	Link to the work of the task and finish group	The report of the Task and Finish Group will be presented to the November Council meeting
17/11/2015	15/74	To arrange the delivery of a training event including role play exercise for Associate Hospital Managers at a future Governor Development Day.	Kathryn Ord	November 16	The priority of this will be discussed at the Development Day on 17 November 2016
25/02/2016	16/15	To provide a comprehensive report to the Council on unexpected deaths.	Elizabeth Moody	~~July 16~~ November 16	To be presented at the Governor Development Day 17 November 2016
19/05/2016	16/23	To receive an update on the provision of autism services at a Governor Development Day.	Kathryn Ord	November 16	To be presented at the Governor Development Day 17 November 2016

Date	Minute No.	Action	Owner(s)	Timescale	Status
19/05/2016	16/34	To receive an update on the impact of PbR (Mental Health Currency and Payment Mechanisms) at a future meeting.	Drew Kendall	~~November 16~~ February 17	Deferred from the November Governor Development day in November 2016 planned for February 2017
29/09/2016	16/54	To arrange a meeting between Appointed Governors and the Chairman.	Chairman/ Kathryn Ord	November 17	Appointed Governors will be contacted during November to offer a meeting with the Chairman
29/09/2016	16/55	To provide an update to Peter Burgess on the outstanding question around the provision of support for welfare and benefit advice.	Brent Kilmlurray	November 17	Response to this being requested from Brent Kilmurray
29/09/2016	16/56	To include an item on the Council of Governors meeting schedule for the annual report on student placements.	Kathryn Ord	November 17	Completed
29/09/2016	16/56	To provide an update on the impact of the removal of student nurse bursaries.	Elizabeth Moody	November 17	
29/09/2016	16/57	To finalise the Reigster of Interests of Governors and publish on the Trust's website.	Kathryn Ord	October 17	Completed

ITEM NO 7

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17 November 2016**
TITLE:	**Board round-up**
REPORT OF:	**Phil Bellas**
REPORT FOR:	**Assurance/Information**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	
To continuously improve the quality and value of our work	
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:

This report allows the Council of Governors to note the summary of discussions that took place at recent meetings of the Board of Directors.

Recommendations:

The Council of Governors is asked to receive and note this report.

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**17 November 2016**
TITLE:	**Board round-up**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to provide the Council of Governors with an update on the matters considered by the Board of Directors.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The Council of Governors approved the recommendations of its Task and Finish Group on "Holding the Non Executive Directors to Account for the Performance of the Board" at its meeting held on 24th September 2014 (minute 14/70 refers).

2.2 Under recommendation 2 of the review report it was proposed that copies of the Board round-up (a brief summary of key issues which is produced following each Board meeting and published on the intranet) should be presented to the Council of Governors, as an aide memoire, to assist Governors, and others attending the Board meetings, to highlight any business related matters which they consider important to bring to the attention of the Council of Governors.

3. KEY ISSUES:

3.1 Copies of the Board round-ups for the meetings held from September to October 2016 are attached to this report.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** No risks have been identified.

4.2 **Financial/Value for Money:** No risks have been identified.

4.3 **Legal and Constitutional (including the NHS Constitution):** No risks have been identified

4.4 **Equality and Diversity:** No risks have been identified.

4.4 **Other implications:** No risks have been identified

5. CONCLUSIONS:

5.1 This report is presented to the Council of Governors in accordance with the action plan developed to implement the recommendations of the Task and Finish group on "Holding the Non Executive Directors to Account for the Performance of the Board".

6. RECOMMENDATIONS:

6.1 The Council of Governors is asked to note the key matters considered by the Board of Directors at its meetings held from September to October 2016 (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

Phil Bellas,
Trust Secretary

Background Papers:
Report of Task and Finish Group on "Holding the Non Executive Directors to Account for the Performance of the Board

Feedback from Board of Directors meeting held 27 September 2016

The key items on this month's agenda were

Chairman's report
Lesley reported back on the locality meetings she is holding with all public governors. She said that generally the governors were very positive, particularly the governors in the North Yorkshire and York & Selby localities. In Teesside the governors had raised issues about crisis services and how TEWV could improve the way it works with carer groups.

She briefed the Board on a meeting with Cllr. Runciman from York City Council when they'd discussed how our two organisations could work more closely in the future. They also discussed links with York University and concerns about student health.

Lesley had attended the launch of Positive Independent Proactive Support Ltd (PICS), which she said had been well attended. She also praised their approach to using quality panels, made up of service users.

Quality Assurance Committee (QuAC)
The Board received and noted the report.

Nurse staffing
The Board had a lengthy discussion about the nurse staffing report and the main issues covered were:

- Issues with rostering (linked to Westerdale South) relating to housekeeping and lack of understanding among some ward managers
- 'hot spots' – Elizabeth Moody explained that this term was used to indicate wards where a number of issues had been identified (eg skill mix, leadership and staff skills), although not relating directly to staffing numbers and fill rates . It was agreed that these wards should be identified within the report so they can be tracked.
- Staffing forensic services – the Board noted the work being undertaken to address staffing issues within the locality. It was agreed that Brent Kilmurray would provide a report at a future meeting on how these initiatives had mitigated staffing risks.

Mental Health Legislation Committee
The Board received and noted the report. Elizabeth Moody highlighted the need for accurate data on seclusion from PARIS.

Waiting times – children and young people's services
The Board received an update report on work being undertaken to address concerns about waiting times across CAMHS. They noted that there were significant variations across the localities – for instance in how teams are using the tools of the purposeful and productive community services programme, recruitment and retention issues and investment. The Board discussed issues impacting on waiting times in North Yorkshire including levels of investment, recruitment and retention of staff and staff morale; they acknowledged the issues but said they needed to be assured that processes were working as well as they could. They did note, however, that waiting

times were better than in other parts of the country. Board members also recognised the excellent leadership provided by Donna Sweet (head of service in County Durham and Darlington) in tackling waiting times in her locality. The Board will receive an update in January, which will include information on funding for all localities.

Core standards for emergency preparedness
The Board noted that the Audit Committee had reviewed the Trust's self-assessment of its compliance with standards and they agreed that this should be submitted to NHS England.

Finance report
The Board received the finance report and noted that the Trust was ahead of plan at the end of August 2016.

Performance report
The Board received the performance dashboard and noted that there were still a high number of 'reds' but that most are showing an improving trend. They reviewed and agreed/made changes to a number of indicators.
The Board received the strategic direction performance report and approved the proposed changes.

Board committees – terms of reference
The Board agreed the proposed changes to the terms of reference of the Board's committees.

Non-executive directors – committee and serious incident panel membership
The Board agreed the proposals.

Board business cycle
The Board approved the business cycle.

Feedback from Board of Directors meeting held Tuesday 25 October 2016

Chairman's report
Lesley met with other chairs of other trusts and said that will reinstate these regular meetings. She commented that the majority of chairs are from acute Trusts and a hot topic of conversation for them at the moment are the sustainable transformation plans (STPs).

Lesley had presented two Living the Values awards; one to a nurse on Maple ward at West Park Hospital, Darlington and another to the kaizen promotion office (KPO) team at Lanchester Road Hospital, Durham.

She had also visited Harrogate community mental health team.

Quality assurance committee
It was highlighted that waiting times in Durham and Darlington for children with autism is an issue, but lies more with commissioners. He discussed that adult services have a specialist autism team in Durham and Darlington and Teesside but it's a small team for the population and the level of demand is outbalanced with capacity. There's an improvement event coming up to see if there's any more work can be done around this.
It's a variable autism service across the Trust. Eg For CYPS in North Durham and Teesside we're not commissioned to provide a diagnostic service. In North Yorkshire there was a service commissioned but not from TEWV.
Nowhere has a service to meet the level of demand.
Jacqui Dyson is the new Trustwide autism manager and a project steering group is due to start soon to look at this.

The race equality standard was also mentioned and David Levy, Director of HR explained that the Trust will develop a group to strengthen engagement. We're also commissioning some research in the Trust to look at why are there differences in the staff survey results from BME members of staff .

The unannounced QCQ re-inspection was discussed. The compliance team have updated modern matrons and Christine McCann will be working on this.

It was discussed that when dealing with complaints from patients about attitudes of staff we must make sure patients who've raised these concerns are communicated with about what's happening. Elizabeth Moody, director of nursing and governance confirmed they'll get a written and verbal note on actions taken.

Monthly nurse staffing report.
32 wards have red fill, with forensic services having the highest.
The Trust has recruited a large number of qualified nurses who are due to start this month, so we won't yet see the impact of this .

It was discussed that the Westwood Centre at West Lane Hospital, Middlesbrough is very busy. This is being addressed at QUAC. The chairman asked if it was getting more challenging and Nick Land described that there have been patients in over

recent months who've needed one to one. Nick also mentioned that the Trust is looking into providing an adolescent PICU. Other Trusts are also reporting young people being referred who need bespoke packages of care.

There was a discussion about the potential impact Brexit – 10% of Trust consultants come from European countries other than the UK.

Cavendish; a coalition to keep a supply of health and social care staff, was discussed. This is something which NHS Employers and the royal colleges are signed up to.

The chairman commented that the pool of people to pick from for nursing roles is quite small, especially for learning disability (LD) nurses. There has been an especially low intake for LD nurses at Universities and nationally there is a problem with the LD branch of nursing.

Annual report on medical education
Medical education is a large body of work within the Trust. 150 junior doctors are on placements with us at any given time, from F1s to higher trainees in psychiatry. The Trust also provides medical placements for four different universities.

The GMC survey all trainees and TEWV came top in the North East for fourth year in a row, and tenth national top. Out of 325 trusts we came top in two of the seven domains in the GMC trainers survey. The chairman thanked the team.

Julian Whaley is the new guardian of safe working.

A discussion took place around exploring a trip to India to recruit new consultants. NTW have just done this and were pleased with outcome. We have 40 Indian consultants in the Trust.

Finance report
This is ahead of plan and the risk rating continues to be strong.

Dashboard
There's been a high level of sickness, however it was noted that more than half of all staff don't have any sickness in a year. Registered nurses as a group have higher than average sickness than the rest of Trust.

There's been a deterioration of people waiting this month.

The Trust appraisal position is the best its ever been and continues to improve; with forensic services and Teesside services above 90%.

Trust workforce report
Discussion around the friends and family test (FFT); with assurance being sought that action is being taken where there are negative, recurrent themes. David Levy described that the Trust gets 200 team reports and individual teams are approached

where results indicate a need for support, but there limited resources for this. It's a new thing to offer support, and responses from the teams have been mixed.

The chairman suggested that when directors do their visits they could look at FFT results (they're displayed in clinical areas) with the teams. She noted that there is some good practice going on but it's not consistent across the board.

There was a discussion around any other work we could do to address staff sickness from anxiety and mental health issues.

Other trusts are asking us about the staff wellbeing initiatives we have in place eg employee support increased, retreats, mindfulness.

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

ITEM NO. 8

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17th November 2016**
TITLE:	**Increasing Transparency and Understanding of the Work and Performance of the External Auditors**
REPORT OF:	**Marcus Hawthorn, Chairman of the Audit Committee**
REPORT FOR:	**Decision**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	
To continuously improve the quality and value of our work	
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:

Further to minute P/16/06 (25/2/16) this report seeks the Council of Governors' support for measures to improve transparency and understanding of the work and performance of the External Auditors.

Recommendations:

The Council of Governors is asked to approve the measures contained in this report.

MEETING OF:	**Council of Governors**
DATE:	**17th November 2016**
TITLE:	**Increasing Transparency and Understanding of the Work and Performance of the External Auditors**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to seek the Council of Governors' support for measures to increase transparency and understanding of the work and performance of the External Auditors.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The Council of Governors is responsible for the appointment and dismissal of the Trust's External Auditors.

2.2 During discussions of the Joint Working Group on the re-appointment of the External Auditors, reported under minute P/16/06 (25/2/16), it was considered that it would be helpful for the Council of Governors, in undertaking its statutory duties, to have a greater understanding of the work and performance of the External Auditors. It was suggested that this could be achieved through a Governor being invited to attend meetings of the Audit Committee.

2.3 The issues raised by the Council of Governors were considered by the Audit Committee at its meeting held on 15th September 2016.

3. KEY ISSUES:

3.1 From its discussions the Audit Committee recognised that it would be a beneficial and important development to increase transparency and understanding by the Council of Governors of the work and performance of the External Auditors.

3.2 Governors will be aware that the following arrangements are already in place to provide oversight on the work and performance of the External Auditors by the Council of Governors:

- The joint working arrangements on the appointment/re-appointment of the External Auditors.
- The consideration of:
  - The Letter of Engagement with the External Auditors.
  - The Annual External Audit opinion and "limited" (scope) assurance opinion on the Quality Account.
  - The annual Management Letter provided by the External Auditors.
- The External Auditors' presentations of the findings of the annual audits at Annual General Meetings.
- The provision of information on matters raised to the Board by the Audit Committee (by way of Board minutes).

- The provision of information on matters considered by the Audit Committee in the Annual Report.
- The provision of reports on the Trust's compliance with its Licence which would include exception reports on any discussions with the External Auditors which might lead to a qualified audit report and adverse reports from the Internal Auditors relating to financial governance, should they arise.

3.2 In order to meet the aims expressed by Governors, the Audit Committee proposes that these arrangements should be enhanced by:

(a) Inviting the External Auditors to provide a presentation on their role and work to a Governor Development Day.

(b) Providing the Council of Governors with an annual report on the work and performance of the External Auditors.

(c) Inviting a Governor to observe the annual meeting of the Audit Committee where the External Auditors present their findings on the annual audit.

3.3 It is considered that these arrangements will support the Council of Governors undertake its statutory duties more effectively and provide greater assurance on the performance of the External Auditors.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** None identified.

4.2 **Financial/Value for Money:** Mazars LLP was appointed as the Trust's External Auditors by the Council of Governors in 2013 (minute P/13/14 – 27/3/13 refers) following a competitive tendering exercise. The contract, which includes performance requirements, was extended for two years, as allowed and taking into account value for money considerations, in 2016.

4.3 **Legal and Constitutional (including the NHS Constitution):**

- The Council of Governors has powers to appoint and dismiss the External Auditors under the National Health Service Act 2006 and the Constitution.
- Work undertaken by the External Auditors to fulfil their statutory requirements is set out in the Audit Code published by the National Audit Office.
- The Foundation Trust Code of Governance contains best practice provisions relating to Audit Committees and Auditors.

4.4 **Equality and Diversity:** There are no equality and diversity implications associated with this report.

4.5 **Other implications:** There are no other implications associated with the report.

5. RISKS:

5.1 The Audit Committee has reviewed the risks which would arise, in terms of the Trust's governance arrangements, if a Governor was invited to attend all its meetings. It is considered that the proposals developed by the Committee mitigate these risks whilst enabling the aims of the Council of Governors to be met.

6. CONCLUSIONS:

6.1 The proposals developed by the Audit Committee, together with existing arrangements, are considered to provide the knowledge and understanding of the role and work of the External Auditors to enable the Council of Governors to effectively fulfil its statutory duties.

7. RECOMMENDATIONS:

7.1 The Council of Governors is asked to:

(1) Receive and note this report.

(2) Support the proposals made by the Audit Committee for improving transparency and understanding of the work and performance of the External Auditors.

(3) Make arrangements for the appointment of a Governor to observe the annual meetings of the Audit Committee when the External Auditors present their report on the annual audit.

Background Papers: Identified in the report

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

ITEM 10

COUNCIL OF GOVERNORS
PUBLIC AGENDA

DATE:	**Thursday 10th November 2016**
TITLE:	**To assure the Council of Governors on the position of compliance with Care Quality Commission registration requirements**
REPORT OF:	**Jennifer Illingworth, Director of Quality Governance**
REPORT FOR:	**Compliance/Performance**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing	✓
To continuously improve to quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	✓
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.	✓

Executive Summary:

This report provides the Trust's current activity in providing assurance on the current position of compliance with the Care Quality Commission.

- **CQC arrived at the Trust on 1st November 2016 to carry out a re-inspection of areas which scored less than 'good' in the January 2015 inspection.**
- **Peppermill Court, York has now re-opened – this is a 24 bedded unit consisting of two wards one male and one female each with 12 beds and also includes the 136 suite and Crisis Team.**
- **HM Inspectorate of Prisons Visit to HMP Durham.**
- **CQC Request for Information - Cherry Trees House, York**
- **The CQC have carried out eleven MHA Inspections to the Trust since the last update we have received the final reports for four of those visits.**
- **The Executive Director of Nursing & Governance held on a meeting 2nd September 2016 with Chris Watson, CQC Inspection Manager.**

Recommendations:

The Council of Governors are asked to note the CQC registration and information assurance update.

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**Thursday 10th November 2016**
TITLE:	**To assure the Council of Governors on the position of compliance with Care Quality Commission registration requirements.**

1. INTRODUCTION & PURPOSE

1.1 To provide the Council of Governors with a position statement on the Trust Care Quality Commission (CQC) registration and provide assurance of compliance with the Essential Standards for Quality and Safety required maintaining registration.

2. KEY ISSUES:

2.1 CQC Unannounced Re-Inspection

The Trust were aware that the CQC planned to undertake an unannounced re-inspection of our services to monitor and check on progress with the Trustwide action plan from the Compliance visit which took place in January 2015.

The CQC inspection team arrived in the Trust on 1st November 2016 to carry out this re-inspection, which they have planned to carry out over 5 working days with their main focus on Adult Mental Health and Mental Health Services for Older People In-Patient wards across the Trust.

The Inspectors informed the Trust they would only give feedback on the afternoon of the last day, which is November 7th 2016. Further information regarding the visit and outcomes will be reported once receipt of formal feedback from the CQC is received.

CQC have also informed the Trust that they would return at a later date to re-inspect the Well Led Domain.

2.2 Peppermill Court, York

Peppermill Court, York opened on 3rd October 2016. The adult in-patient facility is a 24 bedded unit consisting of two wards Minster which is male and Ebor which is female; each with 12 single bedrooms. Peppermill Court, York opened on 3rd October 2016. The unit also includes the 136 Suite and Crisis Team accommodation.

The week prior to the opening two CQC representatives were invited to visit Peppermill Court. The CQC representatives met with Patients and Carers from a Steering Group and heard their positive comments about their involvement in the process of the opening of Peppermill Court. CQC fedback that the unit was bright and airy and the artwork reflecting Bootham Hospital and local sights of York made the building very comfortable and familiar. During the visit the CQC representatives highlighted a few environmental issues which they felt needed to be addressed and these have now been carried out or appropriate mitigating actions put in place.

2.3 HM Inspectorate of Prisons Visit to HMP Durham

The HM Chief Inspector of Prisons has visited HMP Durham this included a visit to the health services within HMP Durham by CQC. Initial feedback from the visit appears positive, we will feedback further once the formal report has been received.

2.4 Mental Health Act Inspections

There have been eleven MHA inspections since the last report to Council of Governors to date we have received reports from the following inspections:-

- Ramsey, Lanchester Road Hospital (D&D LD) 25th August 2016
- Kestrel/Kite, Roseberry Park Hospital (Forensic LD) 5th September 2016
- Swift, Roseberry Park Hospital (Forensic MH) 14th September 2016
- Mallard, Roseberry Park Hospital (Forensic MH) 20th September 2016

The following wards have had a recent MHA visit but final reports have not yet been received from CQC:-

- Tunstall Ward, Lanchester Road Hospital (D&D AMH) 27th September 2016
- Worsley Court, York and Selby (MHSOP) 6th October 2016
- Primrose Lodge, Durham and Darlington (AMH) 10th October 2016
- Rowan Ward, Harrogate District Hospital (NY MHSOP) 18th October 2016
- Cedar Ward, Friarage Hospital (NY AMH) 20th October 2016
- Stockdale, Roseberry Park Hospital (Tees AMH) 25th October 2016
- Evergreen, West Lane Hospital (NY CYPS) 2nd November 2016

2.5 CQC Engagement Meetings

Elizabeth Moody the Director of Nursing and Governance and Jennifer Illingworth the Director of Quality Governance held a useful meeting with the CQC's Inspection Manager Chris Watson and the relationship owner for Durham and Darlington Rob Burdis.

The following key issues were discussed at this meeting:-

ECT Suite at Bootham Park - the Trust has made the decision that the ECT suite would be registered under Trust Head Quarters. Therefore, Bootham will not appear as a registered location once the 136 Suite moves to Peppermill Court.

Mental Capacity Act Training - the Trust discussed that it was making MCA training mandatory following a recent discussion at the Trust's Quality Assurance Committee.

Compliance Action Plans - an update on progress with the Trustwide compliance action plan was provided.

3. IMPLICATIONS:

3.1 **Compliance with the CQC Fundamental Standards:** Provision of safe and effective high quality services is a strategic priority for the Trust and the Fundamental Standards of Quality and Safety that underpin CQC registration support and facilitate those quality services. Ongoing full registration reinforces the position of the Trust in maintaining high quality service delivery – any loss of registration has implications for the reputation of the Trust as quality provider.

3.2 **Financial/Value for Money:** Full CQC registration is an essential requirement of the Monitor authorisation the Trust to operate as Foundation Trust –complete loss of registration therefore would have disastrous business impact**.** There are financial implications in maintaining CQC registration – the annual fee structure, the corporate infrastructure required to maintain the evidence base and relationship with CQC and the costs of addressing any challenges to compliance with changing services.

3.3 **Legal and Constitutional (including the NHS Constitution):** Under the 2008 Health and Social Care Act (Regulated Activities) Regulations 2009, CQC registration is a pre-requisite to the status of service provider – the Trust can no longer legally undertake contractual obligations to provide services without registration for those services. In addition all the legal and statutory requirements that underpin the CQC Fundamental Standards forms the operational and professional legislative framework that the Trust has to comply with anyway –compliance with the registration standards enables the Trust to ensure those legal and statutory requirements are being met.

3.4 **Equality and Diversity:** The Equality and Diversity legislation underpins the CQC registration framework and therefore compliance with E&D legislation is monitored to mitigate risk to or compromise of CQC registration status.

4. **RISKS:** The essential requirement to have services registered before undertaking contractual obligations to provide could compromise the flexibility and nimbleness of the Trust to take on new or reconfigured services as the registration processes are not currently highly responsive. Internally there needs to be proactive and reflexive systems in place to reduce that risk by including registration and compliance advice/action as early as possible in the tender or contracting stage.

5. **CONCLUSIONS:** The Trust continues to maintain full registration with the CQC with no conditions and continues to strengthen the validated evidence base that demonstrates compliance with the CQC's framework for regulating and monitoring services

6. **RECOMMENDATIONS:** The Committee are asked to note the CQC registration and information assurance update.

Jennifer Illingworth
Director of Quality Governance

Background Papers:

ITEM NO 11

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17 November 2016**
TITLE:	**Service Changes Report**
REPORT OF:	**Brent Kilmurray, Chief Operating Officer**
REPORT FOR:	**Information**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing	✓
To continuously improve to quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	✓
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	✓
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.	✓

Executive Summary:

This report sets out high level developments within services across localities and specialties.

Key themes to note:

- Progress through a range of Quality Improvement System events.
- Transforming Care – commissioning decisions awaited.
- Improvements in Children and Young People's Services waiting times.
- Significant projects within Forensic Services.

Recommendations:

Council of Governors is asked to receive and note this report.

MEETING OF:	**Council of Governors**
DATE:	**17 November 2016**
TITLE:	**Service Changes Report**

1. INTRODUCTION & PURPOSE:

1.1 To provide an update on service changes within Tees, Esk and Wear Valleys NHS Foundation Trust.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 This paper seeks to provide an overview for Governors regarding some of the key current service issues. The update is set out by locality and service.

3. KEY ISSUES:

3.1 Durham and Darlington

Adult Mental Health and Substance Misuse
We are working hard to implement the recommendations from the West Park Review and this has been very well received by staff. A number of workstreams have been established and staff engagement processes are being finalised. We have already implemented some key changes which are having an immediate positive impact and are confident we will achieve the ambitious plan we have in place to create a centre of excellence.

The Directorate continues to work hard to embed Purposeful and Productive Community Services (PPCS) processes and products and has a range of work planned to maintain momentum around this. To support this, all affective teams are well advanced in implementing the Affective Disorders Unified Pathway which is really making an impact on clinical treatment processes within that team, and effectiveness of these. We now have a new Community Services Locality Manager in post who will continue to drive forward improvements in this area.

Mental Health Services for Older People
Following the Organic Bed Changes we have been implementing support with travel for affected patients and discussing choice as requested throughout the consultation, and to date there have been no requests to be admitted to other Trusts and a small number of carers have requested support with visits to their loved ones.

We held an improvement event in the summer and following this have implemented Daily Lean Management processes across MHSOP, this continues to develop with daily monitoring of key operational issues alongside improved Gemba visits through all our services.

Children and Young People's Services
The locality continues to reduce overall waiting times for first appointment. However as expected we have seen a seasonal increase in the number of young people waiting. This is a result on an annual trend, where referrals dip in August, then increase over the following three months. To ensure we continue to maintain the waiting time improvements we have increased both clinical and admin resource into the Single Point of Access.

Learning Disability Service
The slow progress of the Transforming Care agenda continues to frustrate as the service awaits commissioner decisions on the proposed new models. Work to prepare staff for new ways of working within a new service model is underway with training in Person Centred Active Support (PCAS) being rolled out across the services.

The tenth annual Learning Disability Conference entitled "Living the Good Life" took place on Tuesday 18th October at the Excel Centre, Newton Aycliffe. This is a truly unique and interactive conference as it is jointly planned and delivered by service users with support from Skills for People and staff. The focus this year was transforming care and how good partnership working can support a good life. There were presentations of good partnership working that led to successful outcomes for people, how good partnership working with families can improve people's lives and a DVD presentation from a carer who explained how difficult it was to have a good life as a carer and provide a good life for the person being cared for when the right supporting partnerships are not available to help. Over 160 people attended the event and the evaluations received were extremely positive.

Following a kaizen event in June a 'Core Pathway' to support delivery of evidence based interventions and effective team working has been developed. Currently the pathway work is being completed and it is anticipated that training will begin to roll it out across the ALD service in January.

3.2 Tees

Adult Mental Health and Substance Misuse
Early Intervention in Psychosis - We have completed a self-assessment regarding access to NICE approved therapies and other national requirements and developed an action plan to submit to commissioners. This includes development of individual personal support workers to help in accessing employment, dedicated medical time and time for CBT trained therapists to carry out therapy.

There is planned improvement work around the issue of dual diagnosis. This is taking place in Hartlepool but as it is something that we see in each locality there will be share and spread across the rest of Tees.

Rehabilitation Strategy – Work on this important area of development is continuing and will be focussing on potential new services and follow up of patients placed outside the Trust.

Mental Health Services for Older People
Nursing home places for older people with challenging behaviour continues to reduce with more nursing homes re registering to residential home status and closing. There are no homes able to take our patients in Hartlepool and patients are having to go to Easington and beyond.

There has been an extension to the Intensive Community Liaison Service (ICLS) team in Stockton, funded through the Better Care Fund, for 12 months to enable closer working with physical healthcare teams. A Single Point of Access for older people is being developed in South Tees. This will cover acute and mental health trust staff and the two local authorities.

National CORE24 Standards for Liaison services are being met in Tees as part of plans to have these in place everywhere by 2020. Urgent care services are looking to review arrangements to review and revise plans for people who need to access these teams frequently.

Children and Young People's Services
The 24/7 Crisis and Home Treatment Service is now in place, with funding received recurrently from CCGs. The Trust has been successful in securing a further £450k to make the available home treatment more intensive.

Routine Outcome Measurements (ROMS) are being captured more regularly and providing better information on the effectiveness of our services

The inpatient teams have been managing young people with very challenging problems and incidents have increased. We have been able to recruit additional qualified and unqualified staff which we believe will help this situation.

Learning Disability Service
There has been a slowing pace of transformation as there remains a lack of clarity on dowry funds for patients which is creating difficulties for local authorities and in turn for our staff trying to place patients. There are a number of patients at Bankfields Court who are still awaiting a move to community based packages of care who were identified as part of the original Winterbourne cohort.

We are still awaiting the outcome of the review of extended community services and the review of respite is continuing.

The number of applications for nurse training in learning disabilities has fallen and we are concerned about our ability to replace retiring staff in the future.

3.3 North Yorkshire

Adult Mental Health and Substance Misuse

The Hambleton & Richmond Service User and Carer Conference held on the 10 October was very successful seeing over 70 people attending the day. This provided an excellent opportunity to show what support is available across all sectors and the table top exchanges provided the opportunity for people to reflect on the mental health experiences and explore ideas to strengthen support in the community and when people are in crisis. A similar event is planned for Harrogate in the New Year.

Scarborough Whitby Ryedale locality are currently testing the all age crisis telephone triage and in hours response throughout the month of November – the learning to date has been very positive for patients and building effective working relationships across teams and organisations. The learning from the test phase will be shared at a learning event in January following an evaluation. We continue to work with Mental Health Crisis Care Concordat Implementation Group to improve the wider experience of patients in crisis.

We have recently met with commissioners in Hambleton & Richmondshire to progress their ambition to transform adult and older persons mental health services. We are currently in the engagement phase and working with the local service users groups and partners in gathering ideas for an improved service.

Mental Health Services for Older People

Naomi Lonergan has now started as the Head of Service and has picked up the joint piece of work with adult mental health and a new model of care in Hambleton and Richmond.

The care pathways for people across adult and older persons teams is well under way to support the Harrogate inpatient new build.

Successful recruitment in Harrogate has provided 3 new Advanced Nurse Practitioners (ANP) posts, all non-medical prescribers, and started within Harrogate within the Community Mental Health Team, Memory Service and Community Care Teams (Vanguard). This will significantly enhance the skills and knowledge within teams, supporting Consultants and individual practitioners in providing care and treatment. A new team manager has also started as the new Acute Hospital Liaison Manager based at the Briary Wing, Harrogate. She comes with extensive Crisis team management experience and is looking forward to developing her skills within Liaison and we have appointed a further 2 band 6 nursing staff to join the existing 2 nurses. They will provide Senior Mental Health Practitioner support across all four of the Vanguard community care teams.

Children and Young People's Services

The service has made improvements in managing waiting times during October. All young people are now being seen within 7 weeks of referral with no breaches of the 9 week waited KPI. The improvements are a result of implementation of a recovery plan and the recruitment to vacancies across the

service. The service is expected to continue to show progress towards the internal 4 week waited KPI.

We continue to recruit to posts within the North Yorkshire and York CAMHS Eating Disorder team which will enable us to offer improved assessment, support and intervention for young people with eating disorders. The clinical lead for the team is now in post and all posts are filled with the exception of the consultant post and the Clinical Nurse Specialist post. The service is expected to show progress towards the Trust's waiting time standards by the end of the year.

As part of the national additional non-recurring £25 million available for CCGs to expend on CAMHS in 2016/17 local Commissioners are supporting the contribution to backfill funding to enable the continued roll out of CYP IAPT across the service. Funding will also support pilot schemes to reduce waiting lists for treatment in the current year. It is anticipated that funding will be realised by the end of November 2016.

Learning Disability Service
Under Transforming Care in North Yorkshire, NHS England have approved a business case to provide out of hours crisis support across York & Selby and North Yorkshire through Oak Rise. This will also link into the All Age Crisis Service in North Yorkshire. In addition to this development there will be two Crisis Intervention Specialists helping to prevent placement breakdown in the community. One post will cover SWR and H&R and the second will cover Y&S and Harrogate. Initially this will run as a year's pilot. This is a really positive development for the Service.

3.4 York and Selby

Adult Mental Health and Substance Misuse
Work is under way to provide new community hubs for adult services including the Community Mental Health Teams, Assertive Outreach Team, Early Intervention Team, Personality Disorder Clinical Network and IAPT services. The identified hubs are at Huntingdon Road and Acomb Garth in York. This development will create fit for purpose, modernised facilities for outpatient, psychological physical health and wellbeing appointments and therapeutic group work, as well as providing a team base for clinical teams. A full business case has been completed and approved by the Board in October 2016.

Peppermill Court inpatient unit opened, with the first patient admissions on 3 October 2016. There are 2 wards, one male, Minster -12 beds and one female, Ebor-12 beds. There has been a planned transfer of patients from the other hospitals in the Trust based on the needs and recovery stage of each individual as well as new admissions of local people and discharges as appropriate throughout the month. The PIPA (Purposeful Inpatient Admissions) process has been implemented following the Trust wide event in

September to refresh the process which gives a clear, daily focus on recovery and discharge planning for each patient.

Further work has been undertaken with regards to rehabilitation and recovery services, to understand the needs of the people in out of area inpatient rehabilitation units with the intention that pathways and services are developed to enable people to return to their home area.

A collaborative bid with City of York Council for capital monies to develop a 'Safe Haven' facility to support people in mental health crisis, out of hours, on a drop in basis, has been successful. Planning is now under way to develop this service by March 2017.

The service continues to implement the TEWV Quality Improvement System (QIS) in all service developments and service users and carers are integral to this work.

Mental Health Services for Older People

The Care Home Liaison service has now commenced 7 day working and work is under way to rename the team in line with its enhanced remit. This work will also examine ways in which the service can more fully support effective discharges from the inpatient facilities and prevent avoidable admissions.

Cherry Tree House held its first Rapid Process Improvement Workshop (RPIW) around Purposeful Inpatient Admission (PIPA) in April. The 150 day report out has been completed. This work will be rolled out to the other inpatient services over the coming months. The Memory service will be having their RPIW around reducing waiting times in the week commencing 05 December 2016. This work will also involve partners (Dementia Forward) and the GPs.

Work has progressed well with the implementation of the Purposeful and Productive Community Services (PPCS) phase one products across all community teams. The latest dashboard reflects this excellent progress.

The reconfiguration of MHSOP inpatient beds is scheduled to be completed by January 2017 with the movement of the male dementia ward (currently at Worsley Court) to newly refurbished accommodation at Acomb Gables.

Work is progressing with managing the number of Delayed Transfers of Care (DTOC) within the inpatient service via a structured weekly multi-agency meeting and also via the strategic sit-rep meeting hosted by the Vale of York CCG.

Inpatient New Build Replacement

PH & S Architects have been appointed to the project and have provided early plans for the potential new build design The initial plans for the new hospital have progressed and been agreed with the clinical teams.

The Vale of York Clinical Commissioning Group are leading the consultation on the new hospital. Full details and the consultation document can be found on the websites for Vale of York CCG -http://www.valeofyorkccg.nhs.uk/latest-news/ .

Public consultation runs until Monday 16th January 2017, and seeks feedback on the proposed number and configuration of beds and the proposed sites (3 have been shortlisted). Public meetings are being facilitated in a number of locations – York, Easingwold, Pickering, Pocklington, Selby and Tadcaster.

Learning Disabilities
The Transforming Care agenda continues with a recent Confirm and Challenge meeting held with NHSE, North Yorkshire Learning Disability service and the Partnership Commissioning Unit. The joint plan submitted by TEWV (York and Selby and North Yorkshire) was well received, as set out in the North Yorkshire report.

Work continues on the Trust wide development of an LD core patient pathway.

The Positive Behaviour Support Pathway is now fully implemented in both services and a working group to monitor progress is in place.

Bed occupancy at Oak Rise remains very high, creating a pressure on community services and increasing possibility of our of locality admissions.

Children and Young People's Services
The Single Point of Access (SPA) service is on schedule to run in 'shadow form' from 31st October 2016. 107 new assessments are booked in for Comprehensive Assessments following liaison with families and referrers in November and December. The KPO team will co-facilitate a review in mid December, prior to 'go live' in Jan 2017.

The Management restructure has concluded and will be in place from 1st November. Services will then be structured in line with the other CAMHS teams within the Trust.

Unfortunately we have not recruited into the 2 Consultant Psychiatry posts. We have secured 2 locums, 1 until March 2017 and 1 until December 2016. We are gathering intelligence on the availability of new consultants and aim to proactively advertise and recruit next spring.

Recruitment
We are holding our first recruitment event for York & Selby in York on 10th November. We have 32 applicants thus far (3/11/16) with the deadline of the 4th November. There is also further anecdotal evidence of potentially significantly more people attending on the day. This has been widely advertised through social media, local newspapers and local radio. We have a number of managers & clinicians available on the day for applicants to speak to and will also be interviewing and appointing on the day. In addition

to this we have a recruitment fayre at York University on the 28th November and York & Selby Head of Nursing will be representing the trust at the RCN recruitment fayre in Liverpool on the 8th & 9th of November. We continue to work closely with HR in terms of developing a creative and innovative approach to recruitment with a hugely improved picture across the board since joining TEWV approximately one year ago.

3.5 Forensic Services

Model Ward
The Executive Management Team recently approved the Project Management form for the Model Ward programme. This project aims to develop the perfect inpatient experience for our patients and staff.

We have appointed Matt Gale as the project lead and two wards, Nightingale and Kestrel/Kite wards have been selected as the pilot areas for the programme.

Key milestones:

1. Model wards identified Aug 16 –Nightingale (FMH) & Kestrel/Kite (FLD)- initial engagement work started and proceeding well
2. Recruitment to clinical lead and admin support to commence in November.
3. Deep Dive observations started 10th October – Feedback so far has already produced evidence of good practice and opportunities for improvement
4. Phase one work stream agreed as Daily lean leadership. RPIW planned w/c 16th January. Sponsor Brent Kilmurray.
5. 2nd RPIW planned week commencing 6th February looking at the role of Band 5/6 Qualified nurses
6. 1st cohort of QIS for Forensics identified and in planning phase. Due to commence November 2016. Project identified so far:
    a. Productive ward round
    b. Purposeful Handover
    c. Child visiting policy
    d. Effective use of Admin
    e. Incident recording forms
7. Leadership huddle implemented, monthly huddle to discuss pertinent issues arising from the project

The service is also reviewing the communication and engagement approach to the Model Ward programme to ensure staff, patients and carers are aware of the programme and have opportunities to actively engage and shape the work.

Secure Perimeter

A recent Kaizen event was held to explore the various options to allow patients, who have been risk assessed to be unescorted within the perimeter, to access the various facilities available without the need for staff escort to the relevant areas.

Currently patients who have been risk assessed on some wards in Arnsgill (Block 15) have the option to use swipe cards to open the internal gate to access the hub, this has been positively received following patient feedback. On several occasions all integral gates within Ridgeway have been kept open to facilitate two “Unit Fun Days”, with no adverse events arising from this. Again this has received positive feedback from patients.

Following the Kaizen event it has now been agreed that all the internal gates within the Ridgeway Perimeter would be opened between the hours of 07.45am – 19.00hrs, seven days a week. An email has been sent to all Ward Managers and Consultants to review leave status of all patients with unescorted stage one leave in light of the changes.

Some patients will be able to attend the Activity Centre and Psychology Groups unescorted, however the threshold for this is high, subject to individual risk assessment by MDT.

The proposed implementation date for opening the internal gates within the Ridgeway Perimeter is scheduled to commence 8th November 2016.

It is hoped that this will also support staff availability for patients who still require to be escorted and reduce the number of cancelled leaves.

Transforming Care

The implementation of NHS England’s Assuring Transformation programme continues to be the most significant issue facing the service.

The service had developed a local community model – Secure Outreach and Transitions Team– with NHS England commissioners and this has been approved by the Cumbria and north east Transforming Care Board.

The Secure Outreach Transitions Team will enhance the existing forensic community services. It is based on the nine principles of the national service model, and has been developed in conjunction with experts by profession and a series of co-production events with service users and carers.

The proposed service design is to provide appropriate care and treatment for those with a learning disability and/or autism whose needs are associated with offending or behaviour that risks contact with the criminal justice system.

The focus is to offer support and interventions that will increase the speed of discharge from secure hospitals, reduce the likelihood of an admission or readmission to a secure hospital and provide assessment/treatment in the

community that will have typically been only available in hospital. The overall aim is to address and reduce offending behaviour.

The Secure Outreach Transitions Team will work closely with community providers to support people to remain out of hospital whenever possible. If a person does require hospital admission, for example if ordered by the courts or through a transfer from prison, the team will work with inpatient staff and the patient / carers to facilitate a smooth transfer back into the local community/prison. This is particularly relevant for patients with a learning disability who wish to return to their home area when they are inpatients in a service which is not close to home.

It is anticipated that the current contract negotiations with NHS England will allow the team to be fully in place by 1st April 2017.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:**
None specific to the report.

4.2 **Financial/Value for Money:**
None.

4.3 **Legal and Constitutional (including the NHS Constitution):**
None.

4.4 **Equality and Diversity:**
None.

4.4 **Other implications:**
None.

5. RISKS:

None.

6. CONCLUSIONS:

6.1 This paper provides a high level summary of some of the key service changes currently being managed.

7. RECOMMENDATION:

7.1 That the Council of Governors note the report and raise any questions they may have.

Brent Kilmurray
Chief Operating Officer

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

ITEM NO. 12

COUNCIL OF GOVERNORS

DATE:	**11 November 2016**
TITLE:	**Quality Account Quarter 2 - 2016/17 Performance Report**
REPORT OF:	**Sharon Pickering, Director of Planning, Performance & Communications** **Elizabeth Moody, Director of Nursing & Governance**
REPORT FOR:	**Assurance**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	✓
To continuously improve the quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:

This is the second progress report for the Quality Account during 2016/17 covering the period July to September 2016 (quarter 2).

This report presents updates against each of the four key quality priorities for 2016/17 identified in the Quality Account as well as performance against the agreed quality metrics.

All Quality Account priorities are reporting as being on track to be completed as planned, with the exception of one milestone within the harm minimisation project.

However, the following quality metrics reported red in Quarter 2:

- Patient falls per 1000 admissions
- Average length of stay for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment wards
- Percentage of complaints satisfactorily resolved

Recommendations:

The Council of Governors are asked to receive and comment on this report on the progress made against the Quality Account as at quarter 2, 2016/17

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**17th November 2016**
TITLE:	**Quality Account 2016/17 Quarter 2 Performance Report**

1. INTRODUCTION & PURPOSE:

1.1 This is the second progress report for the Quality Account during 2016/17 covering the period July to September 2016 (quarter 2).

1.2 This report presents updates against each of the four key quality priorities for 2016/17 identified in the current Quality Account as well as performance against the agreed quality metrics.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The Trust is required each year to produce a Quality Account - a report about the quality of services provided by the Trust during the previous year and what quality priorities the Trust has committed to for the forthcoming year. The aim of the Quality Account is to enhance accountability to the public and engage the leaders of the Trust and its stakeholders in the quality improvement agenda.

2.2 As part of the Quality Account for 2015/16, the Trust identified and agreed four quality priorities and a set of quality metrics for 2016/17. This process involved consultation with our key stakeholders including members of our Council of Governors.

3. KEY ISSUES:

Progress on the four Quality Priorities for 2016/17

3.1 Within the 2015/16 Quality Account the Trust agreed the following four quality priorities for completion in 2016/17:

- Continue to develop and implement Recovery focused services;
- Implement and embed the revised harm minimisation and risk management approach;
- Further implementation of the nicotine replacement programme and smoking cessation project;
- Improve the clinical effectiveness and patient experience at times of Transition Monitoring Progress.

3.2 **34 of the 35** quality improvement actions were **Green** at 30/9/16. There is **one action** which is at **amber-red**. This is the training element of *Implement and embed the revised harm minimisation and risk management approach*. The improvement action is to train 3137 TEWV clinicians by end March 2017 (65% of the total clinical workforce of 4827 people). Between 1st August and 30th September, 382 (12.2%) of these staff had been trained. The end March

2017 milestone is unlikely to be achieved. Therefore the project sponsor and lead director are extending the face to face training, and introducing e-learning from April 2017.

Performance against Quality Metrics at quarter 2

3.3 There are **6** quality metrics reporting **GREEN** and **3** quality metrics reporting **RED** at the end of Quarter 2.

3.4 There are 3 quality metrics reporting red are:

3. Patient falls per 1000 admissions
The Trust position for quarter 2 is 73.76, which is 45.97 above target and a significant deterioration on the quarter 1 performance (52.43). This relates to 113 falls during the quarter: 18 (16%) in Durham and Darlington, 17 (15%) in Teesside, 34 (30%) in North Yorkshire, 21 (19%) in Forensics and 23 (20%) in York & Selby.

Of the falls reported, there were no patterns identified; 84 (74%) were classified low with minimal harm (patient required extra observation or minor treatment), 24 (21%) were reported as moderate short term harm (patient required further treatment), 3 (3%) were reported as Severe (permanent or long term harm), while 2 (2%) resulted directly or indirectly in the patient's death.

A number of actions are being undertaken including:

- A review of MSHOP falls by the MHSOP Service Development Manager in November, which will lead to the development of a plan
- Weekly falls meetings in MHSOP wards level
- Falls Clinical Link Pathway utilisation in MHSOP
- Prompt card pilot in Rowan Ward (Harrogate MHSOP) to "mistake proof" MDT discussions, ensuring that they consider falls risks as part of their holistic approach to patient care
- LD falls analysis group meets to analyse incidents and provide feedback / support to clinical areas every two months
- LD teams are conducting a training needs analysis
- Falls CLiP now included in Forensic wards admission checklist
- Mallard Ward in Forensic has had the floor and wall colours changed
- Adult MH "visual control board" set up to monitor falls on day to day basis
- Physical health, including falls risk to be included as part of an AMH patients' formulation meetings.

5. Average length of stay for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment Wards

The average length of stay for adults has remained steady and below target since Q1 2014/15. For MHSOP the average length of stay has been above

target since Q3 2013/14, with quarter 2 reporting the highest average length of stay since monitoring began in 2013/14.

The Trust position for quarter 2 in MHSOP is 82.02 which is 30.02 above target. The median length of stay is 50 days. The reasons these two measures are so different is the impact of a number of patients with very long lengths of stay. Nineteen patients had a length of stay greater than 200 days; the majority of these were attributable to the complex needs of the patients and 1 (of these 19) was delayed due to the Local Authority arranging a care home package. In contrast 52% of lengths of stay were between 1-50 days, with 25% between 51 – 100 days. Although the complexity and severity of illness is the main reason for long lengths of stay, there is also an impact from delayed discharges. Meetings are being held to discuss and progress such delays between Local Authority, CCG and MHSOP managers on a weekly basis.

8. Percentage of complaints satisfactorily resolved

The data for quarter 2 is indicating that 74.5% (38/51) of our complaint letters do not have requests from the complainant for further review/action by the Trust and in those cases we would generally consider the complainant to have been satisfied with our response. This means therefore that there were 13 complaints where we had a follow up request from the complainant: 7 in Durham & Darlington, 3 in Tees, 1 in North Yorkshire, 1 in York & Selby and 1 Corporate.

Service users are offered the opportunity to meet with a member of the team to discuss in more detail their concerns. The contact telephone number of the assigned Complaint Investigation Manager is provided to allow a direct point of contact for the complainants to access throughout the duration of the process. As part of improving the experience for our services users the service will be undertaking a discreet piece of work to further understand what can be done to improve our existing processes
Trends and themes are identified as part of monthly reporting that is shared both internally and externally to the Trust. No common/notable trends from the complaints received to date have been identified as these have been from a range of services, different service users and are in respect of different concerns.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** None.

4.2 **Financial/Value for Money:** There are no direct financial implications associated with this report, however, there may be some financial implications associated with improving performance where necessary. These will be identified as part of the action plans as appropriate.

4.3 **Legal and Constitutional (including the NHS Constitution):** There are no direct legal and constitutional implications associated with this paper, although the Trust is required each year to produce a Quality Account and this paper contributes to the development of this.

4.4 **Equality and Diversity:** All the action and project plans will be impact assessed for the equality and diversity implications associated with the Quality Account.

4.5 **Other implications:** None.

5. RISKS:

5.1 There are no specific risks associated with this progress report.

6. CONCLUSIONS:

6.1 The delivery of all 4 quality priorities for 2016/17 is on-track with only 1 action across all priorities that is at significant risk of non-delivery.

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6.2 In terms of quality metrics, 33% (3 of 9) are reporting red. This is the same as the quarter 1 position. However, we are reporting an improvement in the number reporting green at 67% (6 of 9), as one indicator (Percentage of clinical audits of NICE guidance completed) which was reported grey last quarter is now green.

7. RECOMMENDATIONS:

7.1 The Council of Governors are asked to receive and comment on this report on the progress made against the Quality Account as at quarter 2, 2016/17.

Chris Lanigan,
Head of Planning and Business Development Manager

Background Papers:
2015/16 Quality Account

Item 13

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17th November 2016**
TITLE:	**Board Dashboard as at 30th September 2016**
REPORT OF:	**Sharon Pickering, Director of Planning, Performance & Communications**
REPORT FOR:	**Assurance**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing	✓
To continuously improve to quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	✓
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	✓
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.	✓

Executive Summary:

The purpose of this report is to provide the Board Dashboard as at 30th September 2016 (Appendix A) in order to inform the Council of Governors of the current performance position.

In terms of the Trust 6 (32%) of the indicators reported are not achieving the expected levels and are red, which is an improvement on the August figure of 9 (43%). Of those red indicators, 3 are showing an improving trend over the previous 3 month period. There are a further 6 indicators which whilst not completely achieving the target levels are within the amber tolerance levels.

At the Board meeting on 27th September 2016, a decision was made to amend to the targets for KPI 14 (a change from establishment level of 90-95% to 95-100%) and KPI 15 (a change from 5% to 15%) and these have been actioned within the report. It was also agreed to continue to report on KPI 8 %age of cancelled appointments

The key issues/risks are:

- Bed Occupancy – (KPI3)
- Access – Waiting Times (KPI 7)
- Out of Locality Admissions (KPI 9)
- %age registered healthcare professional jobs advertised 2 or more times(KPI 15)
- Appraisal (KPI 16)
- %age sickness absence rate

Recommendations:
It is recommended that the Council of Governors receive this report for information.

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**17th November 2016**
TITLE:	**Board Dashboard as at 30th September 2016**

1 INTRODUCTION & PURPOSE

1.1 To present to the Council of Governors the Trust Dashboard) as at 30th September 2016 (Appendix A). Further detail for each indicator, including trends over the previous 3 years, will be available within the information pack available at the Council of Governors Meeting or can be provided electronically on request from the Trust Secretary's Department tewv.ftmembership@nhs.net.

2. KEY RISKS/ISSUES

2.1 Key Issues/Risks

The key issues are as follows:

- In terms of the Trust 6 (32%) of the indicators reported are not achieving the expected levels and are red, which is an improvement on the August figure of 9 (43%). Of those red indicators, 3 are showing an improving trend over the previous 3 month period. There are a further 6 indicators which whilst not completely achieving the target levels are within the amber tolerance levels

- At the Board meeting on 27th September 2016, a decision was made to amend to the targets for KPI 14 (a change from establishment level of 90-95% to 95-100%) and KPI 15 (a change from 5% to 15%) and these have been actioned within the report. It was also agreed to continue to report on KPI 8 %age of cancelled appointments

- The Trust achieved all of the Monitor targets for September 2016

- The Data Quality Scorecard is included in Appendix B. A 6 monthly review of the Data Quality Assessment is taking place during October 2016 and the results will be available from November 2016.

The key risks are as follows:

- Bed Occupancy (KPI 3) – The actual performance is worse than the target by 10.08 percentage points which is a further deterioration when compared to the position in August. Whilst all localities are failing to achieve the target level North Yorkshire is a particular outlier this month and is undertaking a deep dive of the position which will be reported to the Quality Assurance Group (QuAG) in November. The opening of Peppermill Court on 3rd October should have a positive impact on the bed occupancy level although the increasing difficulty in discharging patients due to lack of appropriate placements will continue to impact on delivery of the target set.

- External Waiting Times (KPI 7) – the Trust has not achieved the 90% target it set itself for the number of people seen within 4 weeks in September and performance has declined for the first time since July. Performance in September, however, continues to be higher than the same period in 2015 and 2014. It should be noted that Teesside and Forensic Services are achieving the target at 97.11% and 99.73% respectively. The main area of concern continues to be Children and Young Peoples services, and the locality action plans continue to be implemented. These are impacting positively on the number of children still waiting over 4 weeks which reduced by 110 in September, with reductions across all localities.

- Out of Locality Admissions (OoL) (KPI 9). The performance against this indicator continues to be worse than target and the September position saw a reversing of the trend of improvement that had taken place since May. North Yorkshire is significantly worse than target and this links to the high occupancy levels reported in KPI 3. It is anticipated that the opening of Peppermill Court and the 'reboot' of the Purposeful Inpatient Admissions processes should have a positive impact on performance.

- %age of registered healthcare professional jobs advertised 2 or more times (KPI 15) – Whilst the performance continues to be worse than target there was an improvement in the position in the month of September. Furthermore the overall trend line for this indicator is one of an improvement. Work continues, via the Workforce Development Group, to improve the performance further and as previously agreed requests to appoint to fixed term clinical posts continue to be challenged.

- Appraisal (KPI 16) – Whilst the Trust is not achieving the target of 95% as at the end September the trend continues to be one of improvement. The position in September 2016 is considerably better than that in September of the two previous years. The service testing of the additional Human Resource reports on the Integrated Information Centre has now concluded and it is expected that the additional reports will be made available to the wider Trust via IIC by the end October.

- %age Sickness Rate (KPI18) – The position regarding this indicator is being included as a key risk for the first time in this report. The performance in September was worse than the target by 0.41 percentage points and is the highest rate of sickness this year and considerable higher than September 2015. The sickness rate has been consistently higher in 2016 when compared to 2015 hence the rational for including this as a key issue at this stage. There has been a 10% increase in the amount of short term sickness in September 2016 compared to that in September 2015 (excluding York and Selby) and further analysis is being undertaken to understand this more. In addition increased input is being provided by HR to help support and manage those staff with more than 5 episodes of short term absence.

2.3 Appendix C provides further details of unexpected deaths including a breakdown by locality.

2.4 Appendix D provides a glossary of indicators.

3 RECOMMENDATIONS

It is recommended that the Council of Governors:

- Receive this paper for information.

Sharon Pickering
Director of Planning, Performance & Communications

Trust Dashboard Summary for TRUST

Activity

	September 2016				April 2016 To September 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Total number of External Referrals into Trust Services	7,102.00	8,166.00			43,322.00	49,232.00		86,407.00
2) Caseload Turnover	1.99%	-4.36%			1.99%	-4.36%		1.99%
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	95.98%			85.00%	95.71%		85.00%
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	23.00	22.00			139.00	172.00		277.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	15.00%	7.29%			15.00%	7.43%		15.00%
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) Rolling 3 months	20.00	22.67			119.00	153.67		237.00

Quality

	September 2016				April 2016 To September 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	90.00%	85.35%			90.00%	84.63%		90.00%
8) Percentage of appointments cancelled by the Trust	0.67%	0.63%			0.67%	0.76%		0.67%
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	24.44%			15.00%	20.27%		15.00%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.44%	91.15%			91.44%	91.86%		91.44%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	0.50			6.00	4.71		12.00

Trust Dashboard Summary for TRUST

Workforce

	September 2016				April 2016 To September 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
14) Actual number of workforce in month (Establishment 95-100%)	100.00	94.30%			100.00%	94.30%		100.00%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	15.00%	16.95%			15.00%	17.57%		15.00%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	90.22%			95.00%	90.22%		95.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	88.53%			95.00%	88.53%		95.00%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.91%			4.50%	4.78%		4.50%

Money

	September 2016				April 2016 To September 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-1,232,499.00	-1,202,000.00			-6,854,114.00	-7,908,000.00		-8,057,087.00
20) CRES delivery	550,854.00	551,455.00			3,305,126.00	3,308,730.00		6,610,251.00
21) Cash against plan	49,038,000.00	54,121,000.00			49,038,000.00	54,121,000.00		49,036,000.00

Data Quality Scorecarrd 2016/17

Appendix B

		Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at April 2016	Percentage	Notes	Notes
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined					
1	Total number of external referrals into trust services	5					5					5					15	100%	100%		
2	Caseload Turnover	5					5					5					15		100%		
3	Number of patients with a length of stay over 90 days (AMH & MHSOP A&T wards)	5					5					5					15		100%		
4	Bed occupancy (AMH & MHSOP A&T wards)	5					5					5					15		100%		
5	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	5						4				5					14	93%	93%		York and Selby historic data is not in the system so any admissions prior to 1st April may not be on the system. As a result it may appear that Y&S locality position deteriorates as the year progresses.
6	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)	5						4				5					14	100%	93%		York and Selby historic data is not in the system so any admissions prior to 1st April may not be on the system.
7	Number of unexpected deaths classed as a serious incident per 10,000 open cases		4				5					5					14	67%	93%		Data will be directly extracted from Datix into the IIC; however, this process is not fully embedded. IAPT caseload is currently a manual upload. Data reliability has improved following the introduction of the central approval team
8	Percentage of patients who have not waited longer than 4 weeks following an external referral	5						4				5					14	93%	93%		Data reliability is 4 due to issues over recording of Did not attends which would stop the clock. Actions to be developed through Data Quality working group to resolve this.
9	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post validated		4					4				5					13	87%	87%		Data is now imported back into IIC following manual validation. This increases reliability; however, there will be some discharges discounted because complete validation has not been possible within the time. These could subsequently be determined to be breaches.
10	Percentage of patients surveyed reporting their overall experience as excellent or good.				2		5					5					12		80%		All questionnaires are paper-based, except for some CAMHS units, where patients use a touch screen facility to record their comments. The manual questionnaires from Trust are sent to CRT and scanned into their system. Raw data files are received from CRT, which are accessed by IPT and uploaded into the IIC. TEWV are changing provider during the year. Procurement is currently underway. Transition from CRT to new system will be planned and closely monitored.

		Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at April 2016	Percentage	Notes	Notes
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined					
11	Percentage of appointments cancelled by the Trust	5									1				2		8	**87%**	**53%**		PARIS codes to be updated in May and indicator construction to change – this to be conducted through the KPI process. Audit conducted on this indicator and action plan in place to address concerns.
14	Percentage of staff in post more than 12 months with a current appraisal – snapshot	5							3			5					13	**93%**	**87%**		Issues with appraisal dates being entered to ESR Issues with data being input correctly. York and Selby staff were transferred on 1st October, currently an issue with any appraisals carried out prior to this date. HR are monitoring this closely and identifying issues as they arise.
15	Percentage compliance with mandatory and statutory training – snapshot	5							3			5					13	**93%**	**87%**		Issues with training dates being entered to ESR Issues with data being input correctly. York and Selby staff were transferred on 1st October, currently an issue with any training carried out prior to this date. HR are monitoring this closely and identifying issues as they arise.
16	Percentage Sickness Absence Rate (month behind)	5							3			5					13	**87%**	**87%**		Whilst the sickness absence data for inpatient services is now being taken directly from the rostering system which should help to eliminate inaccuracies the remainder of the Trust continue to input directly into ESR and there are examples whereby managers are failing to end sickness in a timely manner or inaccurately recording information onto the system – this is picked up and monitored through sickness absence audits that the Operational HR team undertake. York and Selby services are in the process of implementing MSS. The current process implemented for capturing sickness activity is via email notification to payroll. There is the potential for activity to be inaccurate due to managers failing to inform payroll of absence or forgetting to inform payroll when an employee returns to work following a period of absence.
17	Actual number of workforce in month		4				5					5					14		**93%**		Data extracted elecronically but processed manually
18	Percentage of registered health care professional jobs that are advertised two or more times				2				3			5					10		**67%**		Mostly reliable Reliant on recruiting managers informing the recruitment team that the vacancy has been advertised on two previous occasions. The recording of the information is a manual input into a spreadsheet which has the potential for human error.
19	Are we delivering our financial plan (I and E)		4				5					5					14	**93%**	**93%**		An extract is taken from the system then processed manually to obtain actual performance.
20	Delivery of CRES against plan				2		5					5					12		**80%**		Data is collected on Excel with input co-ordinated and controlled by the Financial Controller and version control in operation.
21	Cash against plan		4				5					5					14		**93%**		An extract is taken from the system then processed manually to obtain actual performance.

Number of unexpected deaths and verdicts from the coroner April 2016 - March 2017

	Number of unexpected deaths in the community					Number of unexpected deaths of patients who are an inpatient and took place in the hospital					Number of unexpected deaths where the patient is an inpatient but the death took place away from the hospital					Number of unexpected deaths where the patient was no longer in service					Total
	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
Accidental death																					**0**
Natural causes																1					**1**
Hanging					1																**1**
Suicides	2	1			1							1	2			1					**8**
Open																					**0**
Drug related death																					**0**
Drowning																					**0**
Misadventure																					**0**
Awaiting verdict	2	1	5		4	1						1	1			1	2	1			**19**
Total	**4**	**2**	**5**	**0**	**6**	**1**	**0**	**0**	**0**	**0**	**0**	**2**	**3**	**0**	**0**	**3**	**2**	**1**	**0**	**0**	**29**

Number of unexpected deaths classed as a serious untoward incident											
April	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**
6	4	3	10	3	3						

Number of unexpected deaths total by locality				
Durham & Darlington	**Teesside**	**North Yorkshire**	**Forensics**	**York & Selby**
8	6	9	0	6

Number of unexpected deaths and verdicts from the coroner 2015 / 2016

This table has been included into this appendix for comparitive purposes only

	Number of unexpected deaths in the community					Number of unexpected deaths of patients who are an inpatient					Number of unexpected deaths where the patient is an inpatient but the					Number of unexpected deaths where the patient was no longer					Total
	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
Accidental death	1																				**1**
Natural causes	1					1															**2**
Hanging	3	1	2								1						1		1		**9**
Suicides	7	3	6										1				1				**18**
Open	1		1																		**2**
Drug related death	1	2																			**3**
Drowning																					**0**
Misadventure	1		1																		**2**
Awaiting verdict	13	9	7	2		2		1			2	2	2			1	6	1	1		**49**
Total	**28**	**15**	**17**	**2**	**0**	**3**	**0**	**1**	**0**	**0**	**3**	**2**	**3**	**0**	**0**	**1**	**8**	**1**	**2**	**0**	**86**

Number of unexpected deaths classed as a serious untoward incident											
April	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**
7	10	9	10*	5	4	9	9	7	6	8	2

Number of unexpected deaths total by locality				
Durham & Darlington	**Teesside**	**North Yorkshire**	**Forensics**	**York & Selby**
35	25	22	4	0

Glossary of Indicators

Table no.	Description	Comment
1	Total number of External Referrals into the Trust Services	This indicator counts the number of external referrals received into Trust services (GP and other); all external referrals to all services are included.
3	Bed Occupancy (AMH and MHSOP Assessment & Treatment Wards)	This indicator reports the number of occupied bed days in AMH and MHSOP Assessment and treatment wards in the month against the number of available occupied bed days
4	Number of patients admitted with a length of stay (admission to discharge) greater than 90 days (A&T wards)	This indiccator reports the number of patients admitted to Assessment & Treatment Wards with a length of stay greater than 90 days that have been discharged in the month
5	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - Rolling 3 months	This indicator reports the total number of admissions to AMH and MHSOP Assessment and Treatment wards in the rolling 3 months period and, of those, the percentage that were readmissions within 30 days of a discharge from any Trust ward.
6	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) - Rolling 3 months	This indicator counts the number of patients who were admitted in the month that had previously been admitted on 2 or more occasions during the previous 12 months
7	Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	These waiting times are in relation to patients being referred from external sources (for example GPs). They relate to patients seen in the month, and of those, the percentage who were seen within four weeks.
8	Percentage of appointments cancelled by the Trust	This indicator counts the number of direct (face to face or telephone) appointments regardless of the outcome of the appointment and, of those, measures the percentage that were cancelled by the Trust.
9	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post- validated	Out of locality admissions relates to people who need to be admitted into a ward which is not in the same locality as their GP. Localities have reviewed all wards and a template has been developed to show where patients from each commissioning area would be expected to be admitted to. This indicator measures the percentage of patients that were not admitted to the assigned wards. E.g. an Adult Mental Health patient within Durham City should be admitted to Lanchester Road Hospital, and if the patient has then been admitted to West Park, this will be recorded as 'out of locality admission.'
10	Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	This indicator reports the number of patients who have scored "excellent" or "good" in the patient survey to the Question: "Overall how would you rate the care you have received?" of those total patients who responded to this question.
11	Number of unexpected deaths classed as a serious incident per 10000 open cases - post validated	This KPI measures the number of unexpected deaths classed as a serious incident per 10,000 open cases. The total number of open cases on the Paris system is divided by 10,000 to obtain the correct ratio for this calculation.
14	Actual number of workforce in month (Establishment 90-95%)	This KPI reports the actual number of contracted whole time equivalent staff in the month
15	Percentage of registered healthcare professional jobs that are adversided two or more times	This KPI Reports the number of registered healthcare professional jobs advertised for the second (or more) time in the reporting month
16	Percentage of staff in post more than 12 months with a current appraisal (snapshot)	Staff employed by the trust must have completed an appraisal with their supervisor, and informed the workforce information department Information is entered onto ESR at least once a year.
17	Percentage compliance with mandatory and statutory training (snapshot)	This indicator reports the number of courses completed for compliance with the 7 core mandatory and statutory training as a percentage of the number of courses to be completed for compliance. Bank staff and non-Trust staff are excluded
18	Percentage Sickness Absence Rate (month behind)	This indicator measures the number of days lost within the month due to sickness absence, as a percentage of the number of days available.
19	Delivery of financial plan (I and E)	This indicator measures the Income and Expenditure plan at TRUST LEVEL, reporting the actual "surplus or deficit" compared to the "planned surplus" (target). If the figure is plus (positive) this denotes a deficit; if the figure is minus (negative) this denotes a surplus.
20	CRES Delivery	This indicator reports the value of CRES delivered.
21	Cash against plan	This indicator reports actual cash balance

Item 14

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17 November 2016**
TITLE:	**Finance Report for Period 1 April 2016 to 30 September 2016**
REPORT OF:	**Drew Kendall, Interim Director of Finance and Information**
REPORT FOR:	**Assurance and Information**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing	
To continuously improve to quality and value of our work	
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.	✓

Executive Summary:

The comprehensive income outturn for the period ending 30 September 2016 is a surplus of £7,908k, representing 4.8% of the Trust's turnover. The Trust is ahead of plan by £1,054k largely due to vacancies, active recruitment is ongoing.

Identified Cash Releasing Efficiency Savings at 30 September 2016 are in line with plan. The Trust continues to progress schemes to deliver CRES for future years.

The Financial Sustainability Risk Rating for the Trust is assessed as 4 for the period ending 30 September 2016 and is in line with plan.

Recommendations:

The Council of Governors are requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

MEETING OF:	**Council of Governors**
DATE:	**17 November 2016**
TITLE:	**Finance Report for Period 1 April 2016 to 30 September 2016**

1. INTRODUCTION & PURPOSE

1.1 This report summarises the Trust's financial performance from 1 April 2016 to 30 September 2016.

2. BACKGROUND INFORMATION

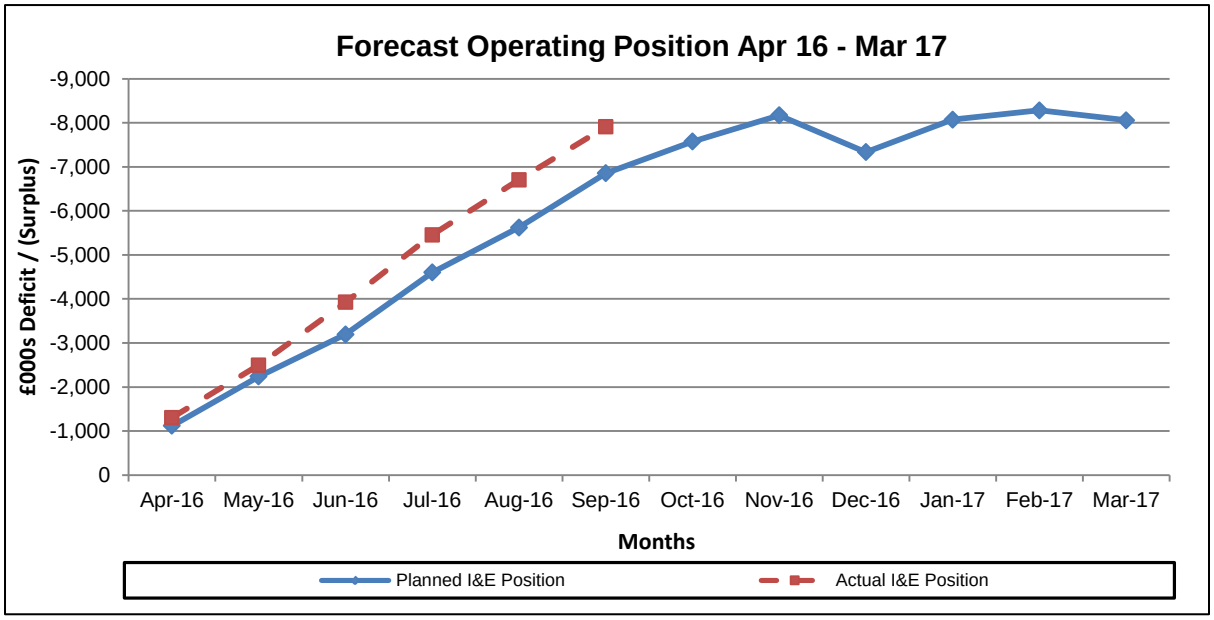
2.1 The financial reporting framework of a Foundation Trust places an increased emphasis on cash and the statement of financial position as well as the management of identified key financial drivers. The Board receives a monthly summary report on the Trust's finances as well as a more detailed analysis on a quarterly basis.

3. KEY ISSUES:

3.1 Statement of Comprehensive Income

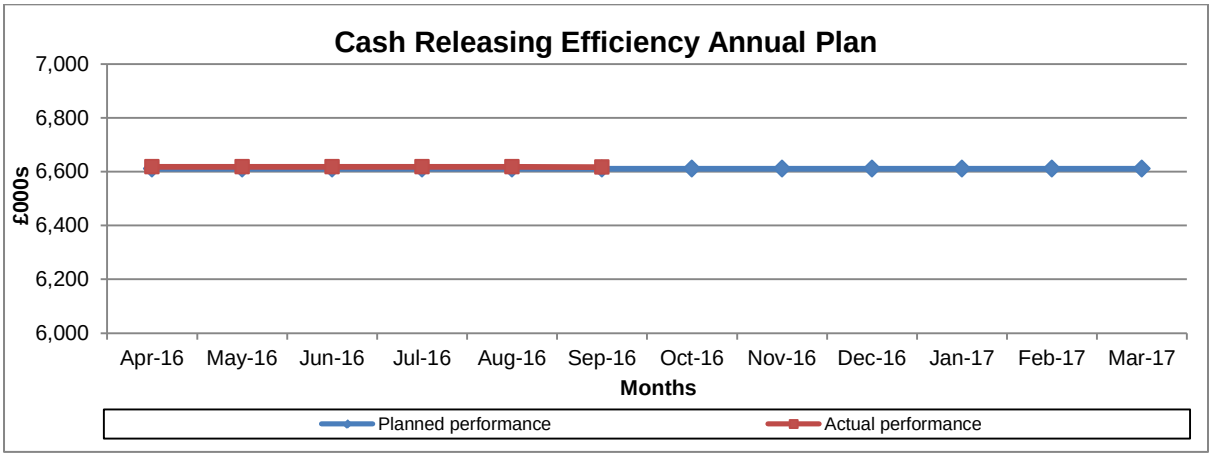
The comprehensive income outturn for the period ending 30 September 2016 is a surplus of £7,908k, representing 4.8% of the Trust's turnover. The Trust is ahead of plan by £1,054k largely due to vacancies across the majority of staffing groups.

The graph below shows the Trust's planned operating surplus against actual performance.

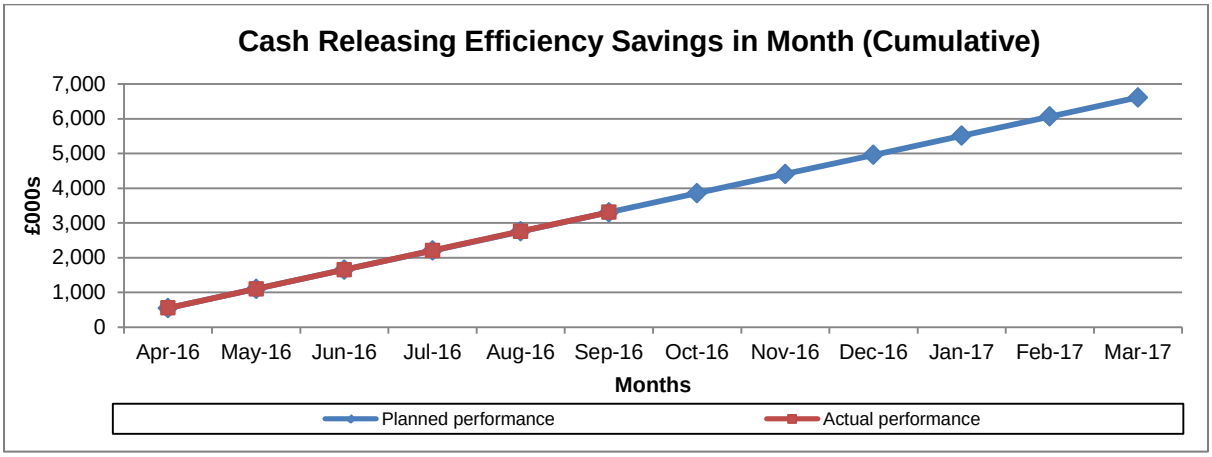


3.2 Cash Releasing Efficiency Savings

Total CRES identified at 30 September 2016 is £6,617k and is in line with plan. The Trust continues to progress schemes to deliver CRES for future years.

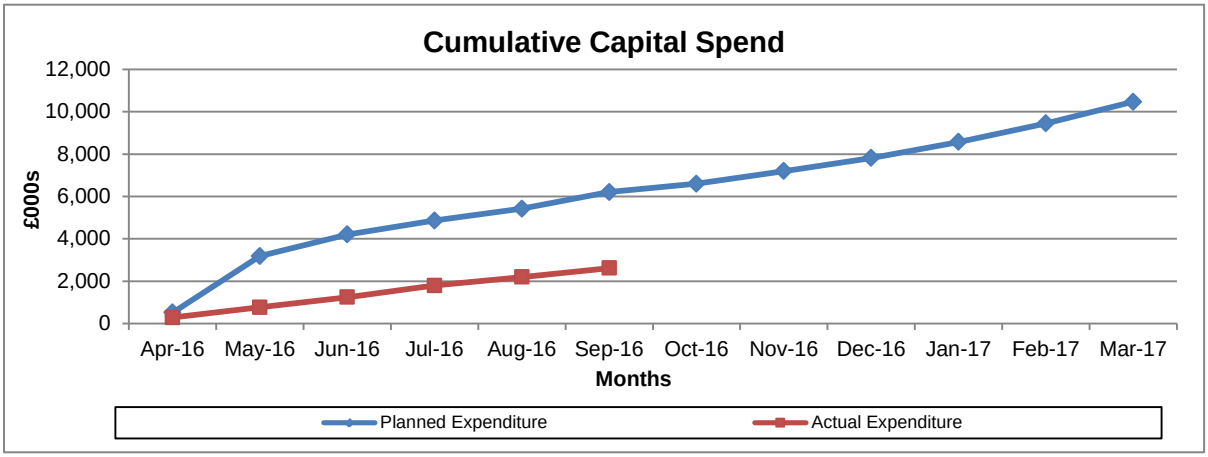


The monthly profile for CRES identified by Localities is shown below.



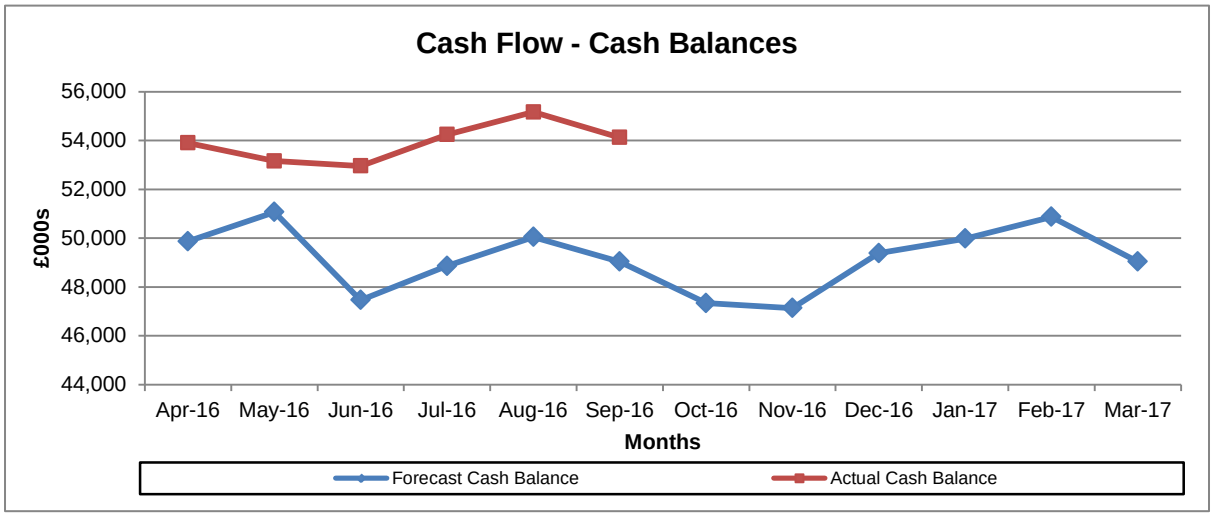
3.3 Capital Programme

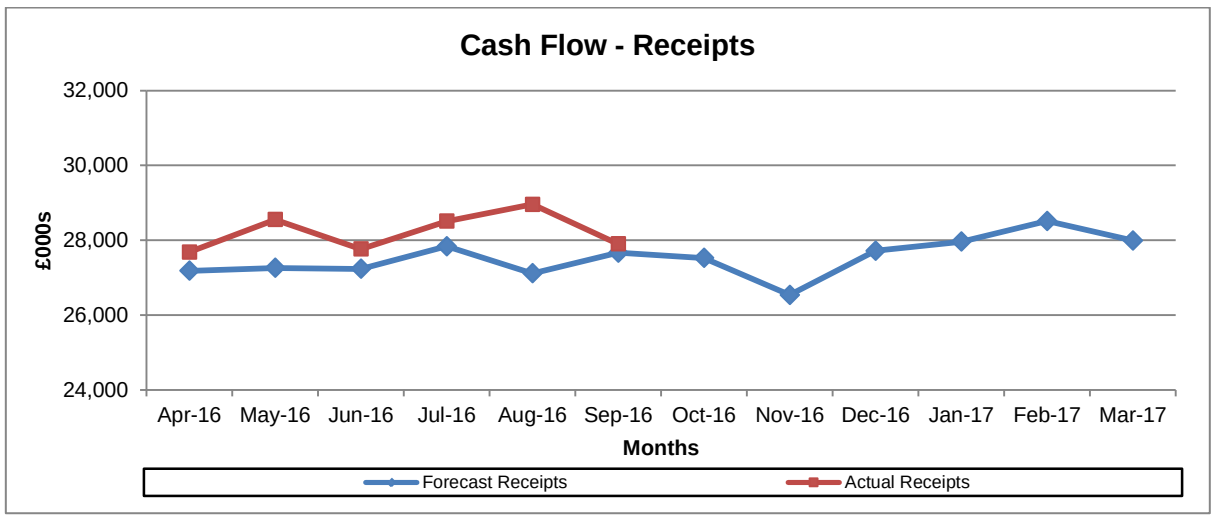
Capital expenditure to 30 September 2016 is £2,613k and is behind plan largely due to the Trust's decision to defer a material scheme.

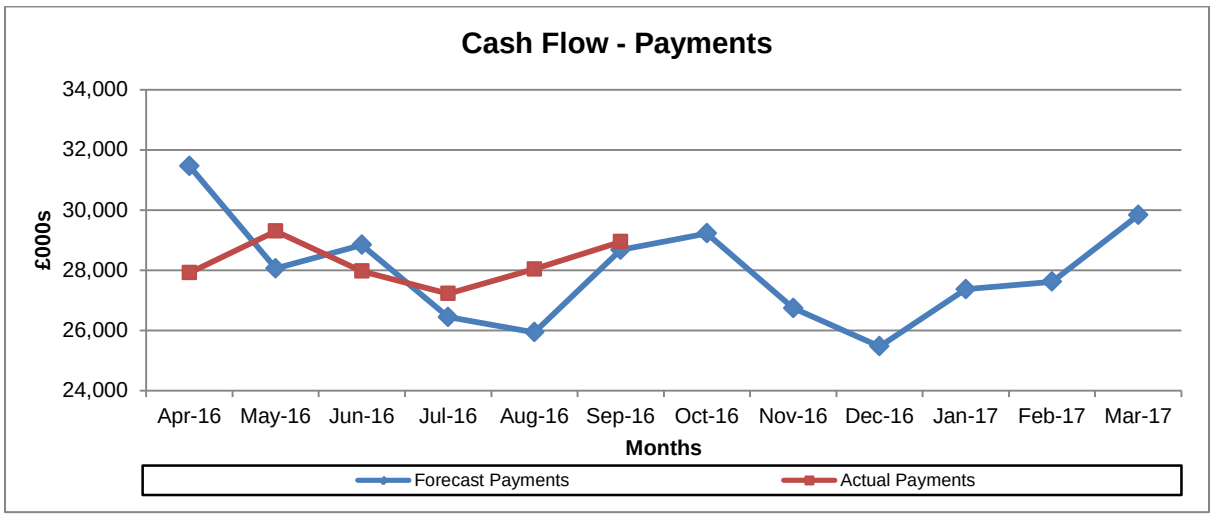


3.4 Cash Flow

Total cash at 30 September 2016 is £54,121k and is ahead of plan largely due to planned delays in the capital programme and the Trusts surplus position.



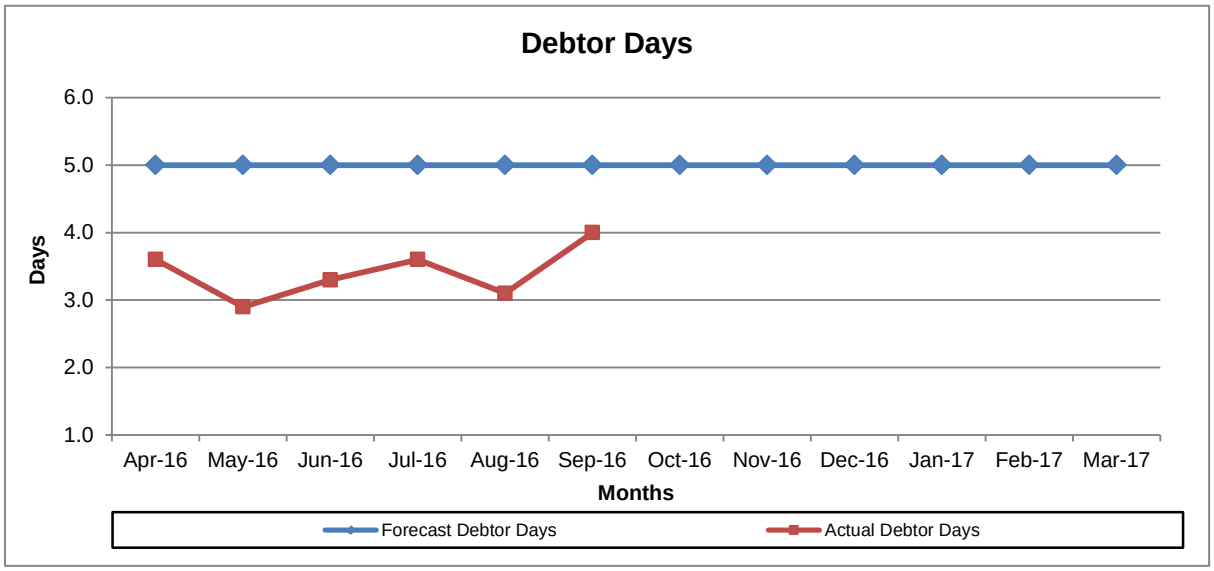




The payments profile fluctuates over the year for PDC dividend payments, financing repayments and capital expenditure.

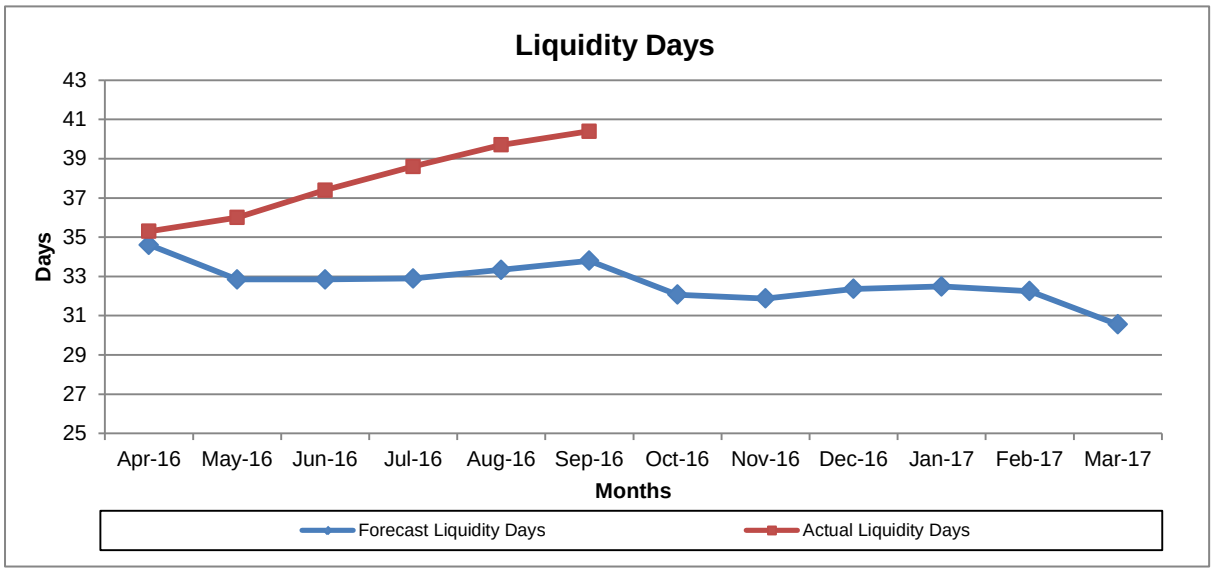
Working Capital ratios for period to 30 September 2016 are:

- Debtor Days of 4.0 days
- Liquidity of 40.4 days
- Better Payment Practice Code (% of invoices paid within terms)
  NHS – 50.73%
  Non NHS 30 Days – 97.52%



The Trust has a debtors' target of 5.0 days, and actual performance of 4.0 days for September, which is ahead of plan.

The liquidity days graph below reflects the metric within NHS Improvement's risk assessment framework. The Trust's liquidity day's ratio is ahead of plan.



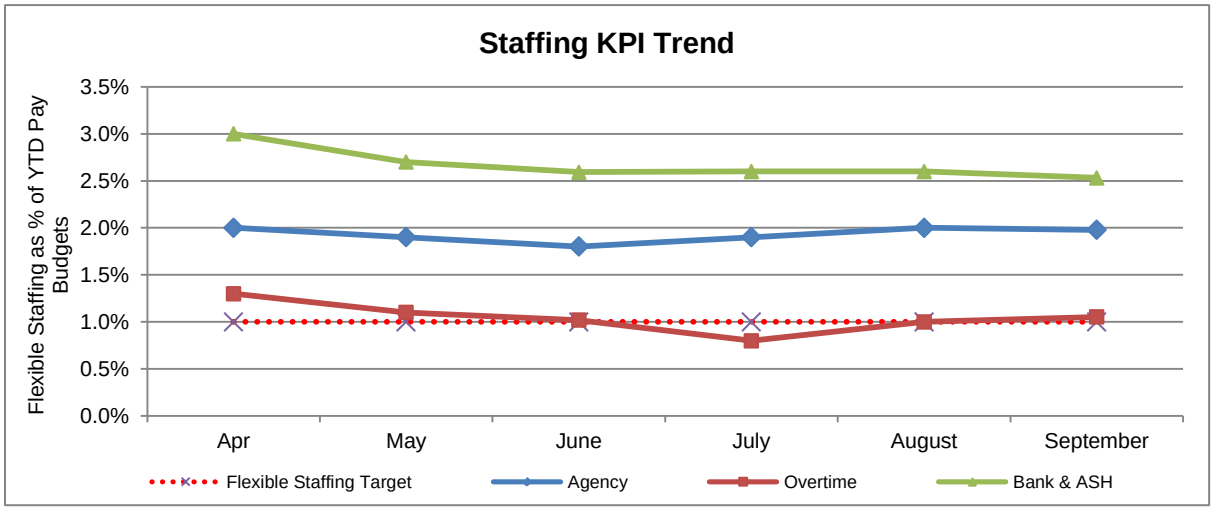
3.5 Financial Drivers

The following table and chart show the Trust's performance on some of the key financial drivers identified by the Board.

Tolerance	Apr	May	Jun	Jul	Aug	Sept
Agency (1%)	2.0%	1.9%	1.8%	1.9%	2.0%	2.0%
Overtime (1%)	1.3%	1.1%	1.0%	0.8%	1.0%	1.1%
Bank & ASH (flexed against establishment)	3.0%	2.7%	2.6%	2.6%	2.6%	2.5%
Establishment (90%-95%)	94.5%	93.9%	93.8%	94.5%	94.6%	94.3%
Total	100.8%	99.6%	99.2%	99.8%	100.2%	99.9%

The tolerances for flexible staffing expenditure are set at 1% of pay budgets for agency and overtime, and flexed in correlation to staff in post for bank and additional standard hours (ASH). For September 2016 the tolerance for Bank and ASH is 3.7% of pay budgets.

The following chart shows performance for each type of flexible staffing.



Additional staffing expenditure is 5.6% of pay budgets. The requirement for bank, agency and overtime is due to a number of factors including cover for vacancies (58%), enhanced observations (14%) and sickness (12%).

3.6 Risk Ratings and Indicators

3.6.1 The Trust has agreed a control total for financial year 2016/17 with NHS Improvement of £10,057k (£8,057k including the impact of planned impairments). This includes £1,980k of Sustainability and Transformation funding, which is dependent on achieving the control total.

3.6.2 The Financial Sustainability Risk Rating is assessed as 4 at 30 September 2016, and is in line with plan.

3.6.3 Capital service capacity rating assesses the level of operating surplus generated, to ensure a Trust is able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.97x (can cover debt payments due 1.97 times), which is ahead of plan and rated as a 3.

3.6.4 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 40.4 days, this is ahead of with plan and is rated as a 4.

3.6.5 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 4.8% and is rated as a 4.

3.6.6 The variance from plan assesses the level of surplus or deficit against plan, excluding exceptional items e.g. impairments. The Trust surplus is 0.6% ahead of plan and is rated as a 4.

The margins on Financial Sustainability Risk Rating are as follows:

- Capital service cover - to increase to a 4 a surplus increase of £3,842k is required.
- Liquidity - to reduce to a 3 a working capital reduction of £33,710k is required.
- I&E Margin – to reduce to a 3 an operating surplus decrease of £6,252k is required.
- Variance from plan – to reduce to a 3 an operating surplus decrease of £1,136k is required.

Financial Sustainability Risk Rating at 30 September 2016

NHS Improvement's Rating Guide	Weighting	Rating Categories			
	%	4	3	2	1
Capital service Cover	25	2.50	1.75	1.25	<1.25
Liquidity	25	0.0	-7.0	-14.0	<-14.0
I&E Margin	25	1%	0%	-1%	<=-1%
Variance from plan	25	0%	-1%	-2%	<=-2%

TEWV Performance	Actual		YTD Plan		RAG
	Achieved	Rating	Planned	Rating	Rating
Capital service Cover	1.97x	3	1.82x	3	
Liquidity	40.4 days	4	35 days	4	
I&E Margin	4.8%	4	4.2%	4	
Variance from plan	0.6%	4	0.0%	4	
Overall Financial Sustainability Risk Rating		**4.00**		**4.00**	

3.6.7 8.2% of total receivables (£341k) are over 90 days past their due date. This is above the 5% finance risk tolerance, but is not a cause for concern as discussions are ongoing to resolve material debts.

3.6.8 1.8% of total payables invoices (£200k) held for payment are over 90 days past their due date. This is below the 5% finance risk tolerance.

3.6.9 The cash balance at 30 September 2016 is £54,121k and represents 65.8 days of annualised operating expenses.

3.6.10 The Trust does not anticipate the Financial Sustainability Risk Rating will be less than 3 in the next 12 months.

3.6.11 Due to the move to the Single Oversight Framework from 01 October 2016, NHS Improvement is not collecting a governance return for quarter 2.

4. IMPLICATIONS:

4.1 There are no direct CQC, quality, legal or equality and diversity implications associated with this paper.

5. RISKS:

5.1 There are no risks arising from the implications identified in section 4.

6. CONCLUSIONS:

6.1 The comprehensive income outturn for the period ending 30 September 2016 is a surplus of £7,908k, representing 4.8% of the Trust's turnover. The Trust is ahead of plan by £1,054k largely due to vacancies and staff turnover with ongoing recruitment.

6.2 Total CRES identified at 30 September 2016 is £6,617k and is in line with plan. The Trust continues to progress schemes to deliver CRES for future years.

6.3 The Financial Sustainability Risk Rating for the Trust is a 4 for the period ending 30 September 2016 which is in line with plan.

7. RECOMMENDATIONS:

7.1 The Council of Governors are requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

Drew Kendall
Interim Director of Finance and Information

ITEM NO 15

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17 November 2016**
TITLE:	**Development Plan update 2016/17**
REPORT OF:	**Phil Bellas**
REPORT FOR:	**Assurance/Information**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	
To continuously improve the quality and value of our work	
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:

This report is to provide an update to the Council of Governors on the Development Plan for 2015/16.

Recommendations:

The Council of Governors is asked to receive and note this report.

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**17 November 2016**
TITLE:	**Development Plan 2016/17 update**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to provide the Council of Governors with an update on their progress against its Development Plan 2016/17.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 Governors will recall that the Development Plan was based on an assessment undertaken during early 2016.

2.2 The Council of Governors received a report on the findings of the self assessment of their performance and agreed its Development Plan for 2016/17 at its meeting on 19 May 2016. (*minute 16/51* refers).

3. KEY ISSUES:

3.1 Annex 1 to this report provides details of progress against the agreed Development Plan 2016/17.

3.2 All items have been completed or are on track to be completed. There are no exceptions to report.

3.3 In response to a request to introduce of Governor appraisals discussed at the Council of Governors (minute 15/32 refers) the Council of Governors is asked to consider the inclusion of questions within the next Self-Assessment Questionnaire which is due to be issued over the next couple of months.

For these questions to seek the views and self-reflection of individual Governors and to consider any required training or development needs.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** No risks have been identified.

4.2 **Financial/Value for Money:** No risks have been identified.

4.3 **Legal and Constitutional (including the NHS Constitution):** No risks have been identified

4.4 **Equality and Diversity:** No risks have been identified.

4.5 **Other implications:** No risks have been identified

5. CONCLUSIONS:

This report provides assurance that significant progress has been made on the implementation of the actions included within the 2016/17 development plan.

6. RECOMMENDATIONS:

The Council of Governors is:

5.1 Asked to note the progress made against its Development Plan for 2016/17.

5.2 Approve the inclusion of questions within the annual Self-Assessment of Governors around self-appraisal, training.

Phil Bellas,
Trust Secretary

Background Papers:
Report of Task and Finish Group on "Holding the Non Executive Directors to Account for the Performance of the Board

ACTION PLAN

PLAN LOCATION/TEAM: COUNCIL OF GOVERNORS DEVELOPMENT PLAN 2016/17 **DATE PLAN AGREED: 19/5/16**
PLAN DEVELOPED BY: KATHRYN ORD

NO	RECOMMENDATION/ FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
1	To refresh the Governor Training programme.	Tailored training internal and external available to Governors.	To issue a schedule of internal training events. To issue a schedule of Governwell (external) training events.	Kathryn Ord	July 2016	Training Programme and schedule. Record of training undertaken by Governors.	**Completed** **Training programme launched in September 2016**
2	To have greater contact with Non Executive Directors.	To facilitate greater understanding of the role of a Non Executive Director. To provide more opportunities for Governors and Non Executive Directors to enter into dialogue.	Non Executive Directors invited to: • Governor Development Days. (4 per year) • Council of Governor Meetings (5 per year) • Meetings with Directors of Operations (2 per year)	Kathryn Ord / Governors	June 2016	• Schedule of meetings. • Diary records of Governors attending visits.	**Completed** **Schedule of meetings issued for 2016 and 2017 (planned so far)** **Governor Development Days – 4 per year held** **Meetings held with Directors of Operations – 2**

NO	RECOMMENDATION/ FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
			Governors invited to attend Board and EMT visits to services (approx. 7 visits on a bi monthly basis)				**per year** **Governors informed of Board schedule visits**
3	To hold Chairman/Non Executive / Public Governor meetings twice per year.	To allow an open discussion of key issues with the Chairman. Non Executive Directors invited to attend. To provide a greater opportunity to discuss issues on an informal basis.	Dates to be set within meeting schedule. Non Executive Directors to be informed of meeting dates.	Kathryn Ord	September 2016	• Actions from meetings.	**Part completed** **Four Public Governor meetings held in total *(1 all Governors invited, 3 scheduled and held for locality based Governors only)*** **Dates in the process of being scheduled for Staff governor meeting.**

NO	RECOMMENDATION/ FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
							Appointed Governors will be invited to meet with the Chairman
4	Governors to influence the agenda setting for Governor Development Days.	Greater ownership of items being discussed that are relevant and timely for Governors. Raising awareness and providing briefings on key initiatives within the Trust.	Governors to suggest items for future agendas of Governor Development Days.	Kathryn Ord	June 2016	• Governor Development Day agenda's	**Completed** **A schedule of topics suggested by Governors is held** **The priority of topics is discussed at each Governor Development Day**
5	Raising awareness of the work of the Council of Governors.	Clarity on what being a Governor on the Council of Governors means. Showcasing what work Governors undertake and how this influences the work of the Trust which in turn benefits service users and carers.	For the Task and Finish Group looking at Member and Stakeholder representation and engagement to consider and recommend to the council of Governors a proposed booklet.	Task and Finish group members.	November 2016	• Recommendations from Task and Finish Group	**To be considered by the Council of Governors at its meeting on 17 November 2016**

NO	RECOMMENDATION/ FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE FOR ACTION COMPLETION	EVIDENCE (TO BE RETAINED BY ACTION OWNER)	PROGRESS UPDATE
6	To ensure that the Council of Governors is fully representation in terms of its membership	To ensure that that the positions of Appointed Governors on the Council are filled and encourage Appointed Governors to attend Council meetings and events.	To contact appointing organisations to seek representation. To include within induction events the importance of involvement of those Governors appointed by stakeholders.	Phil Bellas / Kathryn Ord	August 2016	• Membership of the Council of Governors	**Completed** **Work has been undertaken but it is the responsibility of the appointing organisation**

ITEM NO. 16

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17 November 2016**
TITLE:	**Member and Stakeholder Representation and Engagement**
REPORT OF:	**Task and Finish Group – Member and Stakeholder Representation and Engagement**
REPORT FOR:	**Approval**

This report supports the achievement of the following Strategic Goals:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	✓
To continuously improve the quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	✓
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:

This report presents the findings and recommendations of the Task and Finish Group – Review of member and Stakeholder Representation and Engagement.

This review was prompted by issues raised by Governors during the annual review process of the Council of Governors where it was highlighted that Governors were unsure about what was meant by this duty to **Represent the interests of the Members of the Corporation, as a whole, and the interests of the Public" under section 151 of the Health and Social Care Act 2012".**

The review considered the means by which Governors were already undertaking their statutory duty and sought to learn lessons from the many good examples of them effectively representing their Members and the public.

It was concluded that that networking with community groups was the most effective means of engaging with Members and the public; however, due to the personal circumstances of Governors, and the diversity of communities covered by the Trust, it was considered that a uniform and prescriptive approach to do this was neither practicable nor desirable. The Group has, therefore, identified a number of practical steps which the Trust and Governors could take to support the Council of Governors meet its statutory duty.

Recommendations:

The recommendations are contained within the summary report of the Task and Finish Group which can be found at Appendix 2 to this report.

MEETING OF:	**Council of Governors**
DATE:	**17 November 2016**
TITLE:	**Member and Stakeholder Representation and Engagement**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to:

a) Report the findings of the Task and Finish Group – Member and Stakeholder Representation and Engagement.

b) Seek the Council of Governors' support for the Task and Finish Group's recommendations.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The Council of Governors has a duty "To represent the interests of the Members of the Corporation, as a whole, and the interests of the Public" under section 151 of the Health and Social Care Act 2012.

2.2 Since the establishment of the Foundation Trust there has been an underlying concern amongst Governors, expressed at meetings and in the annual performance evaluation, with regard to how they identify, represent and engage with their membership (public and staff) and stakeholders.

2.3 Governors agreed, as part of their Development Plan for 2015/16, to establish a Task and Finish Group to review the Council of Governors' approach to this matter. The Council agreed the establishment of this Task and Finish Group at its meeting on 22 September 2015 (minute reference 15/55).

2.4 Membership of the Task and Finish Group consisted of:

Chair	Richard Simpson, Non Executive Director,
Sponsor	Sandy Taylor (tenure now ended)
Members	Catherine Haigh, Betty Gibson, Cllr Ann McCoy, Glenda Goodwin

2.5 In reviewing the approaches to fulfilling the statutory duty in section 151 of the Health and Social Care Act 2012 members of the Task and Finish Group:

a) Attended a national Governwell course on Member engagement and representation course on 9 October 2015.

b) Researched the approaches to representation and engagement of other Mental Health Foundation Trusts.

c) Considered obligations placed on Governors with regard to representation and engagement in the Code of Governance.

d) Interviewed expert witnesses:

- Sarah Jay, TEWV Equality and Diversity Lead
- Nicky Harmer, CAMHS Participation Officer
- Jane Smith, EIP Manager Stockton Borough Council

2.6 The agreed scoping document is attached as Appendix 1 to this report.

3. KEY ISSUES:

3.1 The report of the Task and Finish Group including its recommendations is attached as Appendix 2 to this report.

3.2 The Council of Governors is asked to:

a) Approve the recommendations arising from the review, and

b) Agree that actions to implement the recommendations should be included in the Council of Governors' Development Plan for 2017/18.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** No risks identified.

4.2 **Financial/Value for Money:** No risks identified.

4.3 **Legal and Constitutional (including the NHS Constitution):** Recommendations support the statutory duty of Governors as contained in the Health and Social Care Act 2012.

4.4 **Equality and Diversity:** No risks identified.

4.4 **Other implications:** None

5. RISKS: No risks identified

6. CONCLUSIONS:

It is considered that the Group has met its objectives and that its findings and recommendations will improve the way in which the Council of Governors engages and represents its members and stakeholders.

7. RECOMMENDATIONS:

a) Approve the recommendations arising from the review as contained within Appendix 2.

b) Agree that actions to implement the recommendations should be included in the Council of Governors' Development Plan for 2016/17 and 2017/18.

Richard Simpson,
Non Executive Director

Background Papers:
Representing the interests of members and the public **- Examples** and guidance for NHS foundation trusts and governors Jan 2015
Involvement and Engagement Framework
Performance Assessment of the Council of Governors 2015/16

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Council of Governors

Annex 1

Task and Finish Group Scoping Paper

Title of Review:	Member and Stakeholder Engagement and Representation
Governor Sponsor	Sandy Taylor
Background:	Since the establishment of the Foundation Trust there has been an underlying concern of Governors in how they identify, represent and engage with their membership (public and staff) and stakeholders (including service users and carers) Feedback has been received each year through the Council of Governors Performance Review that Governors express difficulty in knowing that they are fulfilling their role in this particular area.
Terms of Reference:	Taking into account Governors' statutory duties to represent its membership through their election (Public and Staff Governors) or its organisation (Appointed Governors) to consider and bring forward recommendations with regard to: (1) How members, service users/carers and stakeholders can be identified (2) What the statutory requirement means as contained within the Health and Social Care Act 2012 (3) How Governors can and do represent their public membership (4) How Governors can and do represent their staff membership (5) What representation and engagement actually means for the Governor and also the member/stakeholder (6) Greater satisfaction of Governors in that they are fulfilling their duties (7) Accountability of Governors
Group Membership:	Trust Secretary Deputy Trust Secretary / Head of Member Services Five Members of the Council of Governors (with representation from each type of Governor). 2 Public 1 Staff 1 Appointed
Research Methodology:	1. Attendance at Governwell, Member engagement and representation course on 9 October 2015 at Newcastle (9.30 – 1.30) 2. Research from other Mental Health Foundation Trusts 3. Understanding the statutory requirement as laid out in the Health and Social Care Act 2012

	4. Identification of what is meant by member engagement and representation and why it is necessary. 5. Identification of what the Governor role is within member engagement and representation 6. Identification of the options for improvement 7. Testing of the options e.g. through surveys or focus group discussions. 8. Option appraisal. 9. Formulation of preferred options and reporting.
Budget:	Course attendance at £110 per person plus travel Meeting costs of the review can be contained within current budgets.
Resource Implications:	Four meetings of the Group (3 hours per meeting). Administrative and research support from the Trust Secretary's Department (up to 10 days).
Review Overview:	To be determined by the Group; however, the report and recommendations of the review to be provided to the Council of Governors for consideration in February 2016.
Expected Outcomes:	▪ A framework for Governors as to how to identify and representation members and stakeholders. ▪ Increased Governor satisfaction and fulfilment in their role.

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Annex 2

Council of Governors' Task and Finish Group

A report on the review of the Council of Governors' statutory duty "To represent the interests of the Members of the Corporation, as a whole, and the interests of the Public" under section 151 of the Health and Social Care Act 2012.

1 Introduction and Foreword

"NHS foundation trust governors are the individuals that bind a Trust to its patients, staff, and local stakeholders. They are direct representatives of local interests within the governance structure of the Trust." [1]

This report sets out the findings and recommendations of a task and finish group review of the Council of Governors' statutory duty relating to representation and engagement.

Councils of Governors of NHS Foundation Trusts have two statutory duties under the Health and Social Care Act (HSCA) 2012:

(a) To hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board.

(b) To represent the interests of the Members of the Corporation, as a whole, and the interests of the public.

This review was prompted by issues raised by Governors during the annual review process of the Council of Governors and through discussion at a workshop to review the outcome of the 2015/16 annual review held on 19 April 2016. These highlighted that Governors were unsure about what was meant by this duty; the expectations placed on them; and how they should approach their representational role.

During the review we considered the means by which Governors are already undertaking their statutory duty and sought to learn lessons from the many good examples of them effectively representing their Members and the public.

We have concluded that networking with community groups is the most effective means of engaging with Members and the public; however, due to the personal circumstances of Governors, and the diversity of communities covered by the Trust, we consider that a uniform and prescriptive approach to do this is neither practicable nor desirable. We have, therefore, identified a number of practical steps which the Trust and Governors could take to support the Council of Governors meet its statutory duty.

With the review of the first statutory duty in 2014 and following the completion of this review the Council of Governors will have considered its approach to meeting both its statutory duties.

[1] Monitor

2. Scope and Terms of Reference of the Review

The Council of Governors established the Task and Finish Group to:

- Consider and provide guidance on what is meant by the Council of Governors' duty to "**Represent the interests of the Members of the Corporation, as a whole, and the interests of the Public" under section 151 of the Health and Social Care Act 2012".**
- Consider the processes by which the Council of Governors seeks to fulfil this duty and to make recommendations to aid Governors to carry out this role more effectively.

The Group was tasked to present a report which provided:

- An agreed understanding of what is meant by representation and engagement.
- Assurance on existing processes for representing and engaging with members and stakeholders.
- Recommendations on actions required to ensure the Council of Governors is able to fulfil its statutory duty.

3. Membership of the Task and Finish Group

The review was undertaken by:

Chair	Richard Simpson, Non Executive Director,
Sponsor	Sandy Taylor (tenure now ended)
Members	Catherine Haigh, Cllr Ann McCoy, Betty Gibson, Glenda Goodwin

Mr Phil Bellas, Trust Secretary and Mrs Kathryn Ord, Deputy Trust Secretary supported and contributed to the work of the Group.

4. Methodology

The review comprised the following phases:

Phase 1 – Group discussions focussing on:

- What representation meant.
- Who were the members and stakeholders Governors should represent and engage with.
- Engaging and representing hard to reach groups and different client groups.

Phase 2 – Interviews with:

- Sarah Jay, TEWV Equality and Diversity Lead
- Nicky Harmer, CAMHS Participation Officer
- Jane Smith, EIP Manager Stockton Borough Council

5. Key Findings and Recommendations

5.1 Models of representation

There are generally considered to be two models of representation: the Trustee model and the Delegate Model.

Under the Trustee Model, representatives are elected/appointed by their constituents but have autonomy to act in favour of the common good even if this means going against the short-term interests of those they represent. In contrast, under the Delegate Model, representatives are bound to act strictly in accordance with the mandate from those they represent.

The Trustee Model is implicit in the wording of the Council of Governors' statutory duty.

There are a number of important aspects relating to the Trustee Model which should be noted:

- Just because Trustees have autonomy does not mean that they do not need to engage with those they represent.

  Trustees need to seek out and understand the issues and views of constituents (including those "hard to reach") to ensure they exercise their judgement in the public interest.

  The means for engagement under the Trustee model would be focussed on conversational and qualitative approaches (e.g. networking) rather than quantitative methods (e.g. referenda)

- Communication is vitally important to the Trustee model for the following reasons:
  - To ensure constituents have the knowledge and understanding to engage effectively with their representatives.
  - To ensure Trustees have the ability to explain their reasons for a decision/course of action particularly when this is contrary to views expressed by their constituents (accountability).

- Trustees are required to focus on the public interest and not with a view to progressing their own or sectional interests.

  (Note: the working of the statutory duty is for Governors to represent the Members "as a whole").

  Key aspects of this are:
  - The registration and declarations of interests.

- Ensuring constituents, stakeholders and the governing body itself are aware of the capacity in which the representative is acting.

During the review we focussed on these themes of engagement, communication and accountability.

As a starting point, and to underpin the approach contained in this report, we believe that the Council of Governors should formally recognise the Trustee model, as stated above, as providing the basis of its approach to representation.

Recommendation 1

That the "Trustee" Model be formally recognised by the Council of Governors as providing the basis of its approach to representation.

5.2 The Role of the Council of Governors and the implications of this for the Trust

Governors are the only participants in our governance arrangements who have a mandate to represent the Members of the Trust and the public (through the elections of Public and Staff Governors) and key stakeholders (Appointed Governors). This is reflected in their statutory duty.

The processes involved in representing and engaging with Members and stakeholders should provide benefits for both the Board and the Council of Governors:

- They should enable Governors to determine whether or not the organisation is operating effectively and, in turn, allow them to provide assurance to their Members and appointing organisations ('the chain of accountability').
- Governors are drawn from a variety of backgrounds and have a wide range of experiences. The views and opinions provided by them should enable the Board to gain greater insight and understanding and maintain an appropriate level of vigilance.

In order for Governors to engage with their Members and stakeholders we believe that it is essential that they, themselves, are fully informed and aware of key issues, service changes and consultations that might have an effect on their constituents.

We felt that Governors were generally well briefed; however, we consider that this was not in all cases and there was a weakness specifically for consultations and project delivery.

We also recognised that for the Governors' representational role to work effectively there must be a high degree of trust between the Board and Management and the Council of Governors and between Governors and their constituents.

Governors through their role often are made aware of confidential information which is important for them to know and understand. It is also important to acknowledge that Governors can and do hold other roles and positions externally to the Trust.

We, therefore, wish to emphasise the importance of ensuring Governors maintain their registration of interests and that, to avoid confusion, they are clear about the capacity in which they are acting when engaging with Members, the public, staff or outside organisations.

Recommendation 2
That the Trust ensures that Governors and their Members are identified as key stakeholders in any consultations / events that affect the public or where consultation is happening formally or informally on service provision.
Recommendation 3
That Governors should ensure that they keep their registration of interests up to date and, to avoid confusion, are clear about the capacity in which they are acting when engaging with Members, the public, staff or outside organisations.

5.3 Understanding the role of the Council of Governors

A key element of the Trustee model is the need to ensure that constituents recognise their representatives and understand their role.

Through discussions a very strong feeling emerged that there was difficulty understanding who and what the Council of Governors was, its role and how Governors carried this out particularly amongst local service user/carer groups and voluntary sector organisations.

Through the attendance at a national event, a Governor had brought to the attention of the Council a document developed by Lincolnshire Partnership NHSFT.

Whilst we considered that the information contained within this document was too corporately focused we believe that a small “booklet” style publication providing some key information on the Council of Governors, including examples of the type of work that they did and how they represent their Members and stakeholders, would aid awareness raising and provide Governors, particularly new Governors, with greater confidence when explaining their role.

We also felt that this could generate more interest for people to apply to become a Governor.

Recommendation 4

That a publication that markets the Council of Governors and the role of a Governor be produced.

5.4 Governors' approaches to undertaking their statutory duty

To seek to understand how effective representation takes place we examined a number of examples of how issues/concerns had been identified by Governors for discussion both formally, at meetings of the Council of Governors, and informally.

In the main it appeared that these issues/concerns had been identified by Governors' through their own personal experiences, those of their families or friends, or through discussions at local groups.

Face to face contact was seen to be one of the most effective mechanisms to engage and for this reason those Governors who were well connected to their local community often appeared to find it easier to represent the public and their Members.

From this we concluded that, whilst all approaches could be useful, depending on circumstances, formal approaches (e.g. member surgeries and bespoke meetings) were not as effective as the engagement which comes through a Governors' personal and local (often existing) community networks.

This local community contact could be achieved via a number of ways e.g. through groups with an interest within mental health and learning disability, formal healthcare groups, non healthcare groups, local schools, charities and activity groups.

It was very clear that the range of Governors (their interests, skills, and backgrounds); the voluntary nature of their role; and the diversity of the Trust's constituencies meant that the means by which they should seek to establish ongoing dialogue and trust within their local communities should not be prescribed.

The most successful mechanism that could be recommended is for Governors to engage with these types of groups through their normal social or professional activities or to target particular groups of interest for the purpose of their Governor role.

Recommendation 5

That the development of networks through their normal social or professional activities or by targeting particular groups of interest (e.g. service users and carer groups) be considered the most effective means of Governors undertaking their representational role.

5.5 Supporting Governors undertake their statutory duty

Throughout the review we sought to identify ways in which Governors could be further supported in engaging with their constituents.

The key areas we considered were as follows:

(a) Raising Confidence.

We felt that the majority of Governors, particularly those relatively new to their role, might be apprehensive about engaging with their constituents and recognised that approaching people could be a daunting experience.

We also felt that providing information on expectations in terms of involving and engaging Members would clarify what Governors are encouraged to get involved in.

It was acknowledged that a number of years ago a workshop was available as part of development for Governors on membership recruitment and that this should be re-visited with the addition of highlighting the range of options available for Governor to enable them to fulfil their duty.

Recommendation 6

That the Involvement and Engagement Committee consider the need for a training workshop for Governors on engaging with the public, Members and stakeholders.

(b) Member/public receptiveness to engagement.

Members of the public themselves differ vastly in their desire to be informed, communicated with and engaged with.

We noted that the ongoing work of Involvement and Engagement Committee to ensure effective communication and engagement with Members.

We also gained assurance that through the Involvement and Engagement Framework within the Trust, Members have the option to select their level of membership, resulting in the amount of information they receive and events that they are invited to.

We support this work and do not wish to make any recommendations in relation to this matter.

(c) Identification of different members and stakeholders

Through the interviews held, it was quickly established that the size and diversity of the Trust impacted on Governors' ability to engage with all communities.

It was recognised that the Trust itself faced many challenges in making services accessible to all cross sections of the public.

There was a strong desire to enhance engagement with "hard to reach" groups particularly BAME communities and young people.

- BAME Communities

  We recognised that attempting to do this, including the need to build relations within "closed" cultures, would require a significant amount of time and resources.

  We fully explored how community leaders and organisations that may represent BAME communities could be utilised.

- Young People

  From our interviews we noted the difficulties experienced in engaging with young people and the approaches being undertaken by our CAMHS services to successfully overcome them.

Our discussions highlighted that, whilst these groups were very important, particular skills and competencies were required to engage successfully with them.

With one exception, relating to expanding the use of technology (see below), we did not consider that the Council of Governors should undertake specific work to target these "hard to reach" groups but that mechanisms already in place through Trust services should be utilised.

(d) Utilising Technology

In terms of engaging more with different client groups, the strong need to use a variety of different methods was a key finding from the interviews held, particular with young people's services.

The requirement to use technology as the engagement tool and not just a mechanism to provide information (that was quite corporate in style) was very clear.

Being able to ask for a view on something, obtain feedback through use of social media platforms rather than structured surveys was something the group felt should be explored more by the Trust.

We also noted that the use of technology, as described above, could enable the Council and Governors to be more accessible (a virtual "face to face approach") and assist those Governors who found it easier to communicate electronically rather than in person.

The use of Twitter feeds at the Annual General and Members meeting was found to be a good tool for use at events and conferences and did start conversations socially. Governors who had their own social media accounts do find this a benefit in posting questions, comments and viewpoints which can quite often be linked to the main Trust social media accounts.

However, what was also very important is the way that Governors could follow other organisations and individuals as a way to gather viewpoints and feedback.

Use of social media within the Trust, to date, was seen generally as an information source rather than a way to interactively engage.

Recommendation 7

That the Board of Directors be asked to revisit the Trust's use of social media and technology to enable communication and engagement with the membership and stakeholders.

(e) Supporting Governors develop their community networks.

Many Governors are members of community groups and talk about their role as a Governor and are involved in discussions about Trust services; however, it was considered that support should be provided where Governors wished to further develop or expand their networks.

The Trust is involved with or linked into a wide range of community organisations, particularly service user and carer organisations.

It was considered that it would be beneficial for Governors:

(a) To be aware of the relevant community groups in their constituencies (where known).

(b) To be able to seek introductions to these groups either through the Involvement and Engagement Team or services.

Recommendation 8

That support be provided to Governors in identifying and arranging introductions to relevant community groups in their constituencies.

6. Conclusions

We believe that in undertaking the review we have gained a well-rounded perspective of the statutory duty.

We consider that the pragmatic recommendations we have developed should not only enable the Council of Governors to enhance its representational role but also increase the Trust's overall involvement and engagement of Members and stakeholders.

Background Papers

- Representing the interests of members and the public - Examples and guidance for NHS foundation trusts and governors - January 2015
- Involvement and Engagement Framework
- Performance Assessment of the Council of Governors 2014/15