Tees, Esk and Wear Valleys
NHS Foundation Trust

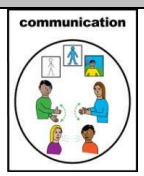
AGENDA FOR THE SPECIAL MEETING OF THE COUNCIL OF GOVERNORS

25 JANUARY 2018, 2.00pm

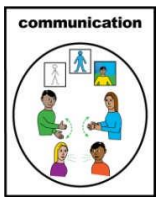
(Governor registration and hospitality available between 1.00pm and 1.45pm)
Holiday Inn, Scotch Corner, Darlington DL10 6NR

Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.00pm 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 meeting of the Council of Governors held on 28 September 2017	**To agree** To check and approve the minutes of this meeting	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>Gary Emerson, Public Governor Stockton on Tees</u> *'Can TEWV please confirm how many Psychiatrist vacancies there are currently within the Trust and what is this as a percentage of the whole numbers of Psychiatrists employed? Has any vacancy been unfilled for more than twelve months and what steps are being taken to recruit into these posts.'* 2. <u>Gary Emerson, Public Governor Stockton on Tees</u> *'Given the significant reductions over the last 12-24 months in the number of children awaiting a mental health assessment in some localities, I am concerned that tightening the referral criteria is just moving the problem somewhere else. There also seems to be low numbers of children being signposted to other agencies - in some instances as few as just 13.5% signposted elsewhere. Can we establish better tracking mechanisms to ensure children with mental health issues are supported and a clear pathway is mapped.'*			

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		3. Stockton Public Governors *'Following a meeting held with representatives from a local carer group, a number of issues were discussed about the support provided to carers. One of the concerns raised by the group which the Governors within the Stockton Constituency would like to seek information on is around the number of referrals made for Carer Assessments and, if available, how many of these referrals have been carried out with the average wait time since April 2017.'* 4. Sarah Talbot-Landon, Public Governor Durham *'I'm interested to know the Trust's view on how many bottled water machines we pay out for and if they have been considered essential based on the location of each individual machine, can these be changed to mains supply to reduce costs?'* 5. Catherine Haigh, Public Governor Middlesbrough *'Can the Trust explain what is happening in Rehabilitation services across Teesside. Are there plans to reduce inpatient beds and where. If so what new community services are being planned to replace them and will these teams have the full complement of dedicated psychologists and occupational therapists.'* 6. Hazel Griffiths, Public Governor Harrogate and Wetherby *'Do we audit s17 leave? - Patients consistently raise concerns that s17 is not happening due to staffing levels.'* 7. Hazel Griffiths, Public Governor Harrogate and Wetherby *Staff are consistently raising concerns around staffing levels, CRES model and not getting breaks. What are we doing about this?* 8. Hilary Dixon, Public Governor Harrogate and Wetherby *'Since the Briary Wing is officially recognised as being unfit for purpose, that Harrogate hospital is wanting to use this wing for their own purposes and expected us to move out by 2019 into newly built premises elsewhere which is now not possible, what is the Trust's plan? Will Harrogate acute patients have to be accommodated in the new build in York and will these 72 beds be enough to take Harrogate's overflow? Since the Friarage at Northallerton is also to close, this region is set to have a gaping hole in acute care provision very shortly! I am very concerned with the lack of information concerning what the Trust's plans are.'*		

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		9. Hazel Griffiths, Public Governor Harrogate and Wetherby *'What is the process when a serious incident occurs and how, when a Public Governor is made aware or updated, if at all. I understand a serious incident occurred over new year holiday. It's difficult when the public contact you with concerns and know what is the correct procedure to manage this.'*			
2.15pm Governance Related Items					
7.		Governor Appointments	**For agreement** To appoint, from nominations received to the: i. Board of Directors Mental Health Legislation Committee ii. Patient Experience Working Group	Phil Bellas, Trust Secretary 	Spoken
2.25pm Standing Committees					
8.		Involvement and Engagement Committee	**For information and agreement** To receive information on the work of this committee and i. Provide comments on the proposed ladder of participation for the Trust. ii. Consider the theme of the Annual General and Members meeting 2018.	Vanessa Wildon, Chairman of Committee	Spoken Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.35pm Additional Urgent Business					
9.		To raise any additional matters of business	**To discuss** To consider any other business matters raised by Governors which are not covered elsewhere on the agenda *(All business to be taken under this item must be approved by the Chairman. Governors must therefore give the Trust Secretary at least 24 hours written notice of any matters they wish to raise. No decisions shall be taken unless they are matters of urgency agreed by the Chairman)*	Lesley Bessant, Chairman	Spoken
2.40pm Procedural					
10.		Date and Time of next meeting: 22 February 2018, 2.00pm Holiday Inn, Scotch Corner, Darlington, DL10 6NR			

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
11.		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 J Bessant.

Lesley Bessant
Chairman
17 January 2018
Contact: Phil Bellas, Trust Secretary Tel. 01325 55 2001/Email: p.bellas@nhs.net

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 28 SEPTEMBER 2017, 5.30 PM AT HOLIDAY INN, SCOTCH CORNER, DARLINGTON

PRESENT:
Lesley Bessant (Chairman)
Cliff Allison (Durham)
Mary Booth (Middlesbrough)
Phil Boyes (Staff - Durham and Darlington)
Della Cannings QPM (Hambleton and Richmondshire)
Bernard Cole (Scarborough and Ryedale)
Dr Martin Combs (York)
Hilary Dixon (Harrogate and Wetherby)
Mark Eltringham (Stockton on Tees)
Gary Emerson (Stockton on Tees)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Sandra Grundy (Durham)
Catherine Haigh (Middlesbrough)
Dr Peter Harrison (York)
Dr Judith Hurst (Staff - Corporate)
Gary Matfin (Staff - York and Selby)
Cllr Ann McCoy (Stockton Borough Council)
Jacci McNulty (Durham)
Keith Mollon (Durham)
Gillian Restall (Stockton on Tees)
Lesley Robertson (Darlington)
Graham Robinson (Durham)
Zoe Sherry (Hartlepool)
Cllr Helen Swiers (North Yorkshire County Council)
Ailsa Todd (Hambleton & Richmondshire)
Mac Williams JP (Durham)

IN ATTENDANCE:
Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
David Jennings (Non Executive Director)
Wendy Johnson (Secretary)
Drew Kendall (Interim Director of Finance)
Brent Kilmurray (Chief Operating Officer)
Elizabeth Moody (Director of Nursing and Governance)
Paul Murphy (Non Executive Director)
Donna Oliver (Deputy Trust Secretary)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance and Communications)
Shirley Richardson (Non Executive Director)
Richard Simpson (Non Executive Director)

17/60 APOLOGIES

Colin Martin (Chief Executive)
Lee Alexander (Durham County Council)
Gemma Benson (Selby)
Rachel Booth (Staff - Teesside)
Dr Nathaniel Drake (York)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Wendy Fleming-Smith (Selby)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Marcus Hawthorn (Non Executive Director)
Dr Suresh Joseph (Newcastle University)
Kevin Kelly (Darlington Borough Council)
Dr Nick Land (Medical Director)
David Levy (Director of Human Resources and Organisational Development)
Cllr Ashley Mason (City of York)
Dr Lakkur Murthy (Durham)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Maureen Powles (Darlington
Jean Rayment (Hartlepool)
Prof Angela Simpson (University of York)
Cllr Kaylee Sirs (Hartlepool Borough Council)
Dr David Smart (CCG representative for Co Durham and Darlington)
Sarah Talbot-Landon (Durham)
Judith Webster (Scarborough & Ryedale)
Vanessa Wildon (Redcar and Cleveland)
Alan Williams (Redcar and Cleveland)

Prior to the commencement of the meeting the Chairman recognised, and reflected on the work Janice Clark, former Governor had undertaken within the Trust following the sad news of her recent death. A minute's silence was held in her memory.

17/61 WELCOME

The Chairman opened the meeting and noted apologies.

17/62 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 13 July 2017 and the Annual General and Members meeting held on 19 July 2017.

Agreed

1. ***That the public minutes of the meeting held on 13 July 2017 be approved as a correct record and signed by the Chairman.***
2. ***That the minutes of the Annual General and Members meeting held on 19 July 2017 be approved as a correct record and signed by the Chairman.***

17/63 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

1) Minute 16/82 – work of external audit
It was noted that this was due to be considered under the private element of the agenda of the meeting.

Action closed

2) Minute 17/04 – collaborative approach to access to welfare advice
Cllr McCoy advised that Stockton Citizen Advice Bureau would welcome partnership working with the Trust and would await contact.

Action closed

3) Minute 17/07 – physical health and well-being group
It was noted that service users and carers had been asked to nominate to join the steering group on 14 July 2017. A selection process had been undertaken with an appointment made.

Action closed

4) Minute 17/07 – patient safety annual report
It was noted that this was included on the agenda for the Governor Development Day planned for 25 October 2017.

Action closed

5) Minute 17/25 – CQC action plan
It was noted that this was due to be considered under agenda item 10 of the meeting.

Action closed

6) Minute 17/26 – patient absconsions
It was noted that a briefing had been provided within the agenda for the meeting.

Arising from questions Mrs Moody confirmed that the definition of an absconsion:
1) Did not include a specific time element.
2) Was very dependent on the type of leave being taken.
3) Required an element of professional judgement in terms of appropriateness to report as absconsion.

Action closed

7) Minute 17/32 – GP survey
It was noted that briefings had been provided by Directors of Operations during discussions held with Governors in November 2016.

Action closed

8) Minute 17/46 – occupational therapy services
It was noted that a response had been circulated to Governors on 26 July 2017.

Action closed

17/64 DECLARATIONS OF INTEREST

There were no declarations of interest.

17/65 CHAIRMAN'S REPORT

The Chairman reported on her activities since July 2017. She had:

1) Opened Reed Marsh House in Redcar which was a community service for Mental Health Services for Older People.
2) Presented Living the Values Awards to:
    - Staff within Deerbolt Prison.
    - Farnham Ward at Lanchester Road Hospital.

She advised that following a number of recommendations and commendations received from Governors she wished to present the Trust Secretary's Department with a Living the Values Award for the support and advice consistently provided.

17/66 GOVERNOR QUESTIONS

1. Cllr Ann McCoy, Appointed Governor Stockton Borough Council

    'a) What was the longest time a patient who had been assessed as able to leave hospital waited for discharge and what was the average time patients wait for discharge when no suitable accommodation could be found?

    b) Was TEWV confident that if a young person being discharged from prison or young offender facility, who had mental health issues, appropriate treatment and accommodation can be found?'

The Chairman confirmed that a full written response to both questions had been provided and had been circulated with the agenda.

Cllr McCoy thanked the Trust for the information which she had discussed with the Stockton Health and Wellbeing Board. Some figures were concerning and she recommended that this should be highlighted more with other Clinical Commissioning Groups and Health and Wellbeing Boards.

2. Keith Mollon, Public Governor Durham

    'With reference to the service update report (page 3, item number 11). A statement was made that Commissioners from Clinical Commissioning Groups and Local Authorities were currently completing a strategic review of the autism provision. What would be the best outcome from the report and how would it benefit the service users in the Durham and Darlington area?'

Mr Kilmurray advised that:

1) It was helpful that partners were prioritising this service.
2) The best outcome for the Trust would be an increased investment for this service provision which would assist:
    - The reduction of wait times.
    - Increased staffing resource.
    - Better coordination with other agencies.

In addition, Cllr McCoy advised that the Stockton Health and Wellbeing Board had been concerned with waiting times reported as being 17 to 44 months following a Freedom of Information request by a local doctor. As a result the Clinical Commissioning Group had been requested to attend a meeting of the Health and Wellbeing Board to discuss the prioritisation of services.

Mrs Pickering confirmed that the information referred to had been previously shared with Governors and had been issued as part of the Freedom of Information response from the Trust.

Mr Emerson rasied concern at recent press articles reporting the amount of mental illness of staff within Mental Health Trusts.

Mr Kilmurray confirmed that within the Trust, staff that did require treatment for mental ill health were offered treatment outside of their own team and work base, or if deemed appropriate outside of the Trust.

17/67 BOARD OF DIRECTORS FEEDBACK

Consideration was given to the Board of Directors roundup summaries from May 2017 to July 2017.

Arising from discussion points the following was noted that:
1) The content of the report could raise more questions rather than answers.
2) It did not include detail about what action/discussion points held in terms of providing informative assurances.

In response to the reporting of issues around medication Mrs Moody advised:
1) That all incidents of medication errors were reviewed by the Director to ensure appropriate grading of harm had been recorded.
2) All incidents reported had been of no harm directly to patient.
3) The majority of incidents were in relation to storage and recording errors.

Agreed – The Council of Governors received and noted the content of the Board round up from May 2017 to July 2017 inclusive.

17/68 REGISTER OF INTERESTS

The Council of Governors received and noted the Register of Interests of Governors, as at September 2017.

The Chairman requested that any further amendments be notified by 5 October 2017, the register would then be made public.

Agreed - That the Council of Governors' Register of Interest's be updated with further declarations received and uploaded to the Trust website after 5 October 2017.

Action: Mrs Ord

17/69 GOVERNOR APPOINTMENTS

The following appointments were agreed by the Council from the nominations received:

Agreed that:

i) Della Cannings QPM, (Public Governor for Hambleton and Richmondshire) be appointed to the Council of Governors' Nomination and Remuneration Committee until 30 November 2020.

ii) Mac Williams, JP (Public Governor for Durham) be appointed to the Council of Governors' Nomination and Remuneration Committee until 30 November 2020.

iii) Cllr Ann McCoy, (Appointed Governor Stockton Borough Council) be re-appointed as the Lead Governor until 30 September 2020.

iv) Della Cannings QPM, (Public Governor Hambleton and Richmondshire) be nominated by the Council to the NHS Providers Governor Advisory Committee upon the invitation of nominations from NHS Providers.

As no nominations had been received from Governors to be a member of the Mental Health Legislation Committee, this would be carried forward until the November 2017 meeting. Cliff Allison and Mark Eltringham had both expressed an interested and accepted an offer to attend a future meeting to observe proceedings.

Action Item – Mrs Ord

17/70 COMPLIANCE ACTIVITY RELATING TO THE CARE QUALITY COMMISSION (CQC)

Mrs Moody presented a summary and position statement of the key requirements of the CQCs action plan which had been produced following the Trustwide inspection held in 2015. A copy of the presentation can be found at Appendix 1.

Arising from questions the following was noted:

1) There was no requirement to have a built in patient alarm system in premises where patients were mobile. Patients were individually risk assessed and personal alarms were available if deemed appropriate. This was in line with other Mental Health Trusts.
2) There was more variation across the Trust in the provision of Mental Health Services for Older People, this was a result of individual practices and leadership. Environmental issues also played a part in the variances seen.
3) Any new areas identified that required action compared to previous inspections were generally due to the acuteness of patients and changes in environment.

The Council received and noted the report on compliance with the Care Quality Commission requirements including:

1) The Ofsted registration of Holly and Baysdale units.
2) An update on inspections under the Mental Health Act.
3) Feedback from meetings of the:

- Quality Compliance Group.
- Fundamental Standards Group.
- CQC Engagement meetings.

Mrs Moody confirmed that consideration would be given to the extension of invitations for the CQC Engagement meetings in future.

Agreed – The Council of Governors received and noted the presentation on the position of the CQC action plan and the report in relation to compliance with Care Quality Commission requirements.

17/71 SERVICE CHANGES

The Council received and noted the update report on service changes.

Arising from questions the following was noted:

1) That the intention was to fill any vacancies within the Street Triage service as soon as possible, vacancies would not be held over. A number of other schemes were in place working with the police across the Trust which were delivered in a variety of different ways from staff within control rooms, liaison and diversion services, through to assisting police on patrol.
2) The packages of care available for patients on discharge especially within Teesside for older people, was reducing due to the lack of available care homes. However, a suggestion to expand the Trust's arms length body, PIPs was not appropriate due to its infancy in terms of diversifying its services.
3) The Trust was delivering liaison into care homes.

The Council of Governors congratulated the Trust on the number of teams and services who had been shortlisted for the Royal College of Psychiatry Awards.

Agreed – The Council of Governors received and noted the service development update report.

17/72 QUALITY ACCOUNT

Mrs Pickering presented the Quarter 1 position of the Trust's Quality Account 2017/18.

Arising from questions Mr Kilmurray clarified that where incidents of self-harm had been reported (19 on Cedar Ward in Harrogate) the detail would not be made available as this could identify a patient. Not all cases resulted in the patient being taken from the ward.

Agreed – The Council of Governors received and noted the Quarter 1 position of the Quality Account 2017/18.

17/73 PERFORMANCE DASHBOARD

The Council received and noted the Performance Dashboard report as at 31 July 2017 and the availability of the supporting information pack.

Agreed – That the Council of Governors received and noted the Performance Dashboard report as at end of July 2017.

17/74 FINANCE REPORT

Consideration was given to the finance report for the period up to 31 July 2017.

Agreed – That the Council of Governors received and noted the Financial position of the Trust as at end of July 2017.

17/75 COMMITTEE UPDATE

Mr Bellas on behalf of the Committee updated the Council on the work of the Involvement and Engagement Committee which last met on 30 August 2017 including:

1) An update on Q1 involvement and engagement activity which included the position as at 31st July 2017. There were no areas of concern.
2) A briefing on the use of social media within the Trust with consideration as to how it could be used by Governors. Guidance was recommended to be issued around the safe use of social media and a request made for the delivery of training and support to Governors.
3) A review of the latest edition of Insight magazine.
4) A review of the delivery of the Annual General and Members Meeting 2017.

Future priorities for the Committee had been identified as the:

- Recruitment of new members.
- Encouragement of representation of Governors on the Committee to ensure that Constituency areas had a direct representative.
- Continuation of monitoring the delivery of the Involvement and Engagement Framework and the scorecard.
- Delivery of the Trust's Annual General and Members Meeting 2018 with an agreement of the theme and content.
- Further exploration of the use of social media by Governors.

Agreed – That the Council of Governors received and noted the update on the work of the Involvement and Engagement Committee.

17/76 TASK AND FINISH GROUP – Involvement

Dr Griffiths advised the Council that the second meeting of the task group had been held where:

1) Data had been received on the amount and activity type of involvement within the Trust.
2) It had been identified that interviews would be requested with the following people over the next 2-3 meetings:
    - Service users and carers from the Involvement Register.
    - Recovery Experts by Experience.
    - Directors of Operations for Teesside and Durham and Darlington.
    - Involvement and Engagement Officers.

Agreed - That the update of the Task and Finish Group on Involvement was received and noted.

17/77 FUTURE MEETINGS

The meetings in 2018 were agreed as:

- Thursday, 22 February 2018, 2pm
- Wednesday 16 May 2018, 6pm
- Thursday, 12 July 2018 6pm (special meeting if required)
- Wednesday 18 July 2018, 6pm (Annual General and Members Meeting)
- Wednesday, 19 September 2018, 6pm
- Thursday 29 November 2018, 2pm

All meetings to be held at Scotch Corner Hotel with the exception of the July meetings.

The Chairman confirmed the next meeting would be held on 30 November 2017 at 2pm at Holiday Inn Scotch Corner, Darlington, DL10 6NR.

17/78 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 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 6.45pm.

Appendix 1 – Presentation from Elizabeth Moody, Director of Nursing and Governance on the Care Quality Commission action plan.

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Update on action plan following CQC inspection

Elizabeth Moody

Executive Director of Nursing &Governance

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CQC Inspections – November 2016 and January 2017

November 2016

- All Adult Mental Health and MHSOP inpatient wards visited (Unannounced Inspection)

January 2017

- Well Led Review (Announced Inspection)
- Learning Disability Community Teams (Announced Inspection)
- All Rehabilitation Wards (Unannounced Inspection)

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Location	Overall	Safe	Effective	Caring	Responsive	Well Led
Trust overall (2017)	Good	Requires Improvement	Good	Good	Good	Good
Trust overall (2015)	Good	Requires Improvement	Good	Good	Good	Outstanding
Acute AMH Wards/PICU (2017)	Good	Requires Improvement	Good	Good	Good	Good
Acute AMH Wards/PICU (2015)	Good	Requires Improvement	Good	Good	Good	Good
MHSOP Wards (2017)	Requires Improvement	Requires Improvement	Requires Improvement	Not sufficient evidence to rate	Not sufficient evidence to rate	Requires Improvement
MHSOP Wards (2015)	Good	Requires Improvement	Good	Good	Good	Good
AMH Rehab Wards (2017)	Good	Requires Improvement	Good	Good	Good	Good
AMH Rehab Wards (2015)	Good	Requires Improvement	Good	Good	Good	Good
LD Community Teams (2017)	Good	Good	Good	Outstanding	Good	Good
LD Community teams (2015)	Not rated due to insufficient service user feedback collected					
Forensic Wards (2015)	Good	Good	Good	Outstanding	Good	Good
Child and Adolescent Wards (2015)	Good	Good	Good	Good	Good	Good
LD and Autism Wards (2015)	Good	Outstanding	Good	Good	Requires Improvement	Good
Child and Adolescent Community Teams (2015)	Good	Good	Good	Good	Good	Good
AMH Community teams (2015)	Good	Good	Good	Good	Good	Good
MHSOP Community teams (2015)	Good	Good	Good	Good	Good	Good
Crisis teams and Health Based Places of Safety (2015)	Good	Good	Outstanding	Good	Good	Good
Durham & Darlington Crisis House-Social Care	Good	Good	Good	Outstanding	Good	Good
367 Thornaby Road – LD Social Care	Good	Good	Good	Good	Good	Good

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CQC Actions Identified as "Must Do's"

Trustwide	MHSOP Wards
1. To exercise responsibilities under the duty of candour that a notification by given in writing to the person or their representatives or a written record of attempts to contact or speak to the relevant person.	1. Staff must ensure that all care plans are personalised and reflect the involvement of the patient showing that their views and opinions have been taken into account.
2. Ensure compliance with the Department of Health guidance on mixed sex accommodation with the provision of female lounges.	2. Staff must complete mandatory training
AMH Acute and PICU Wards	3. Ensure that all wards are included in the annual audit programme and checks on wards are completed in a timely manner i.e. medication cards etc.
1. All wards must have a suicide prevention environmental survey which is reviewed annually and staff must be aware of ligature risks and blind spots on wards and be able to identify how they mitigate for these.	4. All wards must participate in the annual audit programme when requested to do so.
2. Ensure that relevant staff are up to date with mandatory training in life support for staff that deliver or are involved in rapid tranquilisation, physical restraint and seclusion	5. Ensure that staff monitor and record physical observations following the administration of rapid tranquilisation
3. Ensure that staff monitor and record physical observations following the administration of rapid tranquilisation and that staff are trained in rapid tranquilisation	6. Make improvements to the environment at Cherry Tree House to ensure patient privacy and dignity
4. Ensure that staff recognise when a patient is being secluded in a room other than a seclusion room and that this is recorded appropriately in line with Trust Policy	7. Staff must be trained in the use of the safety summary tool and ensure that risk assessments are updated regularly to reflect current risk
AMH Rehabilitation Wards	8. Ensure that staff are appraised and supervised according to Trust policy and this is adequately recorded
1. To ensure that patients and staff at The Orchards have an alarm call system that can be easily accessed to summon assistance.	9. Clinic rooms must be clean, tidy and allow staff quick access to equipment and medication that is stored correctly and safely.
	10. Ensure regular review of staffing levels to ensure the observation of patients takes place and that staffing levels meet with the level of patient need.
	11. Must ensure that all staff comply with medicines management policies and procedures and that medication administration is documented correctly.
	12. To ensure that patients have a specific plan relating to how they needed support in a crisis in place
	13. All wards must have a suicide prevention environmental survey which is reviewed annually and staff must be aware of ligature risks and blind spots on wards and be able to identify how they mitigate for these.

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CQC Actions Identified as "Should Do's"

AMH Acute and PICU Wards
1. Equipment in the resuscitation bags in date and ready to use
2. Staffing establishment levels to comply with national guidance.
3. Ensure staff are trained in the use of the safety summary tool
4. Ensure intervention plans are in place and fully documented to manage identified risks and are individual to each patient.
5. The safety summary tool should reflect the current patient risk.
6. Ensure there is a clear process in place to review blanket restrictions.
7. To maximise the privacy and dignity of patients on Ward 15
8. To control the temperature in the de-escalation room on Cedar Ward, Briary Unit.
AMH Rehabilitation Wards
1. Ensure clinic room temperatures are within acceptable limits
2. Ensure that monitoring of blood collection tubes and blood spillage kits takes place to ensure out of date equipment is replaced
3. Ensure there are no trip hazards in the courtyard at Fulmar Ward
4. Ensure patient care plans at The Orchards are personalised
5. Expired section 17 leave forms on The Orchards should be archived
6. Ensure clear plans are in place to support patients discharge planning and these are documented on patient electronic record

LD Community
1. Ensure fire drills are carried out at the York service
2. Ensure effective systems in place at the York service to allow staff to call for help in the event of an emergency
3. To ensure all patient risk assessments are continually updated
4. Ensure that the York and Selby service meets the excellent practice of other services in relation to patients involvement in their care and taking patients views and opinions into account.
5. Meetings at South Durham service should incorporate all relevant staff
6. Give consideration to running patient activities within all its services
7. All staff at the service are aware of their risk register so that any risks identified can be centrally recorded and managed.

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CQC Actions Identified as "Should Do's"

MHSOP Wards
1. To embed falls procedure on all wards and review wards with high numbers of falls
2. To have a clear review process in place to review blanket restrictions e.g. locked doors
3. Ensure that patients' at Worsley Court have access to snacks and drinks
4. The trust should ensure that staff attach leave risk assessments to leave forms to record that staff have considered risks when they authorise leave
5. Patient belongings to be stored securely at Worsley Court
6. To review of the use of bed bays at Friarage and Rowan (Briary Unit)
7. Attach certificates authorising medication to medication cards of detained patients
8. Ensure female patients at Rowan ward have access to the female only lounge and provide adequate communal facilities for male patients
9. Ensure female only lounge on Wingfield Ward is being used as a female lounge
10. Patients of both sexes able to use the assisted bathroom at Ward 14
11. Where wards have no space available for examination couches, that patients have a choice of areas for examination other than their bedroom
12. Improve the privacy and cleanliness of the visitors' room at Cherry Tree House
13. Ensure that they deep clean equipment at Worsley Court
14. Staff to record all physical health observations on one system where they can be easily located

making a difference together

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Key areas of focus-action plan

- Staffing levels on PICU adjusted in line with national guidance
- Environmental surveys reviewed and updated
- Improved focus and attendance to improve mandatory training trajectories
- Compliance audits-medication management, care-planning, safety planning
- Personalised care-planning-standard work, guidance, review format and training

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Implementation and monitoring of the action plan

- A report outlining outstanding CQC compliance actions is reported to EMT on a monthly basis
- There are currently no outstanding actions
- Annual programme of peer visits. Template includes key areas of focus from CQC compliance and MHA inspection visits
- Quality Compliance group

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust
Thank you
Any questions?
making a
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Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM NO. 3

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25 January 2018**
TITLE:	**Public Action Log**
REPORT OF:	**Phil Bellas, Trust Secretary**
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 report allows the Council of Governors to track progress on agreed actions.

Recommendations:

The Council of Governors is asked to received and note this report

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
29/09/2016	16/56	To provide an update on the impact of the removal of student nurse bursaries.	Elizabeth Moody	November 17	see report provided within meeting papers for 25/1/18
17/11/2016	16/82	To provide an update on the use of PARIS and impact on staff time and patient care.	~~Brent Kilmurray~~ David Brown	~~November 17~~ January 2018	see report provided within meeting papers for 25/1/18
23/02/2017	17/07	To arrange for the presentation of the annual report on patient safety to a governor development day following consideration by QUAC.	Jennifer Illingworth	October 2017	Completed - briefing held at Governor Development Day 25/10/17
25/05/2017	17/25	To circulate the outcome of the PLACE inspections to Governors, service users and carers involved in the process.	Brent Kilmurray	~~October 2017~~ February 2018	Report will not be considered by EMT until December 2017
28/09/2017	17/69	To include an agenda item for the November 2017 Council meeting for the appointment to the Mental Health Legislation Committee	Kathryn Ord	November 2017	appointment due to be made at meeting on 25/1/18

Tees, Esk and Wear Valleys
NHS Foundation Trust

FOR GENERAL RELEASE

Council of Governors

DATE:	**30.11.17**
TITLE:	**Update on the impact of the removal of student nursing bursaries**
REPORT OF:	**Elizabeth Moody, Director of Nursing & Governance**
REPORT FOR:	**Council of Governors**

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:

From 1 August 2017 new students in England on pre-registration nursing courses have been required to access the standard student support package of tuition fee loans and support for living costs, rather than accessing an NHS grant. UCAS, which collates annual figures on university applications, state applicants from England who had nursing as at least one of their course choices fell by 23%, from 43,800 in 2016 to 33,810 in 2017. Shortfalls in applications were worse among mature candidates and in specialist fields such as learning disability nursing. There are fears that some small courses, such as learning disability nursing may become too expensive to run if numbers dip too low. This will negatively impact on the future nursing workforce in terms of supply and demand.

Recommendations:

To note the contents of the report and to comment accordingly

MEETING OF:	**Council of Governors**
DATE:	**30.11.17**
TITLE:	**Update on the impact of the removal of student nursing bursaries**

1. INTRODUCTION & PURPOSE:

1.1 From 1 August 2017 new students in England on pre-registration nursing courses have been required to access the standard student support package of tuition fee loans and support for living costs, rather than accessing an NHS grant.

1.2 The purpose of the paper is to update the Council of Governors on the impact of the removal of student nursing bursaries:

- numbers of students accepted onto local pre registration nursing programmes
- changing profile of applicants accepted onto pre registration nursing programmes.
- changes to the allocation of placement tariff.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The main provider Universities working in partnership with TEWV to provide pre registration nursing programmes are primarily Teesside; York; Open University and from March 2018 Sunderland. The NMC are responsible for the regulation of professional nurse education and each programme must be validated against NMC standards. Fifty percent of a pre registration programme must be centred in clinical practice. TEWV provides practice placement for student nurses on mental health and learning disability programmes, but also student nurses from alternate fields of practice and return to practice. With the exception of Sunderland who are a new provider of Mental Health and Learning Disability programmes and have not yet begun their recruitment process, the Universities report an overall slowing down and decreasing number of applications.

2.2 UCAS, which collates annual figures on university applications, state applicants from England who had nursing as at least one of their course choices fell by 23%, from 43,800 in 2016 to 33,810 in 2017.

2.3 Shortfalls in applications were worse among mature candidates and in specialist fields such as learning disability nursing. There are fears that some small courses may become too expensive to run if numbers dip too low. The Learning Disability programme falls into this category.

2.4 The local picture does not fully reflect national concerns. There are fewer numbers of applicants entering into the selection process. However, numbers accepted onto the Mental Health programmes are less concerning than numbers for the learning disability programmes. Appendix 1,2 and 3 illustrates the rise and fall of applicants accepted onto programmes delivered by partner Universities of Teesside, York and the Open University.

3. KEY ISSUES:

3.1 Student nurses now need to apply for loans in the same way as students on other undergraduate courses. Like other students, they will be able to apply for non-repayable grants to cover additional childcare, adult dependants, parent learning costs and some costs towards travel to placements. Students with a disability can also apply for additional grant funding through the Disabled Students' Allowance In the long run the government plans to provide access to the student loans system for those studying nursing as a second degree. In the meantime, funding has been made available for a capped number of new starters on postgraduate healthcare courses beginning in 2017.

3.2 Nurse First, a pilot two-year fast-track programme for graduates who want to enter nursing, has recently been launched by NHS England, and combines hands-on experience and training with an educational course. Nurse First's initial focus is training mental health and learning disability nurses. NHS England is running pilot schemes in three areas; University of Hertfordshire; Edge Hill University in Lancashire; Kings College London.

3.2 The move to a tuition fee model removes the cap on number of students recruited onto pre registration nursing programmes. This means Universities have opportunity to increase student numbers recruited onto nursing programmes. It is a NMC requirement that 50% of the pre registration programme is practice based. Therefore practice placement capacity needs to be balanced against student numbers recruited to the programme.

3.3 DH allocates funding to HEE to invest in placements. It will be for universities to work as part of their local health economy with placement providers to secure extra placements for any additional students. It is expected that any growth in student numbers will be supported by the system through innovative partnerships and ideas by education and placement providers. The generation of extra places is a mutually beneficial arrangement between the health sector, universities and their students. .

3.4 The profile of applicants for pre registration nursing programmes are younger which means students going into first practice placement generally have less healthcare experience and therefore require a higher level of support. Consequently there is a marked decrease in numbers of mature applicants who are less likely to leave secure employment and take out a student loan.

3.5 The Open University only accepts programme applications from established healthcare support staff who have employer support and can meet NMC entry requirements. It is often an attractive route for Health Care Assistants and support staff to take. The structure of the programme enables successful applicants to retain part time employment in the Trust as Health Care Assistants, 22.5 hours and be a student nurse for the remaining time. Since introduction of the tuition fee paying model there has been a decline 25% decline in the number of students recruited to the Open University part time pre registration Mental Health Programme.

3.6 Applicants accepted for the Teesside Learning Disability programme, 1801, look promising with 26 applicants accepted. However, it should be noted that both TEWV and NTW seconded a total of twenty health care assistants and support staff, ten from TEWV and ten from NTW to this cohort. Prior to this, the university had

experienced significant issues in recruiting to the programme. York University have experienced similar issues as evidenced below.

3.7 Numbers for the Learning Disability programme at the University of York are low with only 5 starters for 1017. The Open University does not have a pre registration programme for the Learning Disability field of practice. The future viability of the programme may be considered if numbers remain low.

4. IMPLICATIONS:

4.1 Students wishing to study nursing as a second degree are currently unable to access a student loan. This makes nursing a much less attractive option. The NHS pilot of the Nurse First programme is not available in the North East or Yorkshire and Humber.

4.2 The transfer of nursing and midwifery programmes to a tuition fee model could have a profound impact on the relationship between placement providers, universities and students. Placement providers and Universities due to the opening of a competitive market; students, because they become consumers with higher expectations around value for money.

4.3 There will still be a requirement to ensure that we train sufficient numbers of students to have an appropriate supply of new qualifiers and that we deliver an education and placement model that provides appropriate support, development and enhancement to the students

4.4 The removal of the bursary is changing the profile of who can, and will apply for nursing and midwifery programmes. This means the future nursing workforce will be much younger, digitally minded and will move around much more in and out, and around a nursing career. These nurses are typical of generation Z (Mind the Gap, HEE, 2015)

4.5 The University of York pre registration learning disability programme is at risk of discontinuation due to low numbers of applicants. Places on 1801 at Teesside University have been filled due to TEWV and NTW seconding Health Care Assistants and Support Workers onto the programme. This is a short term solution only.

5 Compliance with the CQC Fundamental Standards:

Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet peoples care and treatment needs.Regulation 18 (1)

6 Financial/Value for Money

6.1 All HEIs are being offered a flat proportional increase of 4.6% in the number of clinical placements that HEE will fund for 2017/18 this is for students commencing immediately from 1 August 2017 or early in 2018. There is no confirmed funding allocation for 2018/19 to 2020/21, although it is highly likely that it will mirror 2017/18.

6.2 The cost to the organisation of seconding ten health care assistants to 1801 learning disability programme at Teesside University is £842,562. This includes the payment of tuition fees and mid point Band 3 salary.

6.3 The cost to the organisation of providing back fill for Open University students is £25,000 per student over the four year period. The service needs to backfill the hours spent in practice placement.

7 Legal and Constitutional (including the NHS Constitution):

None Identified

8 Equality and Diversity:

Equality Act 2010
Equal acces to progression opportunity and widening access to higher education.

9 RISKS:

9.1 There is a risk to the supply of the future nursing workforce and safe staffing. Demand may be greater than supply which will impact on the organisations ability to deliver specialist secondary mental health and learning disability services. Alternatively with the removal of the cap on student numbers there is a risk that Universities recruit numbers of students that exceed placement capacity. There is concern not only about numbers but also the quality of potential students.

9.2 There is uncertainty around the future of pre registration Learning Disability programmes at the University of York. This is primarily due to low numbers of applicants and secondly the challenge of retaining high quality lecturers from the Learning Disability field when student numbers are so low.

9.3 Unless TEWV and NTW are willing to continue to meet the costs of secondments or utilise the apprenticeship levy to support health care assistants, support workers access the pre registration Learning Disability programme it is likely that Teesside University will drop to one September intake per year.

9.4 Nationally and locally there is a significant risk to the future of the learning disability field of practice and the future of the Registered Learning Disabilty Nurse.

10. CONCLUSION:

In conclusion the paper has provided an overview of the National and local impact on the removal of nursing bursary to date:.

- numbers of students accepted onto local pre registration nursing programmes
- changing profile of applicants accepted onto pre registration nursing programmes.
- changes to the allocation of placement tariff.

7. RECOMMENDATIONS:

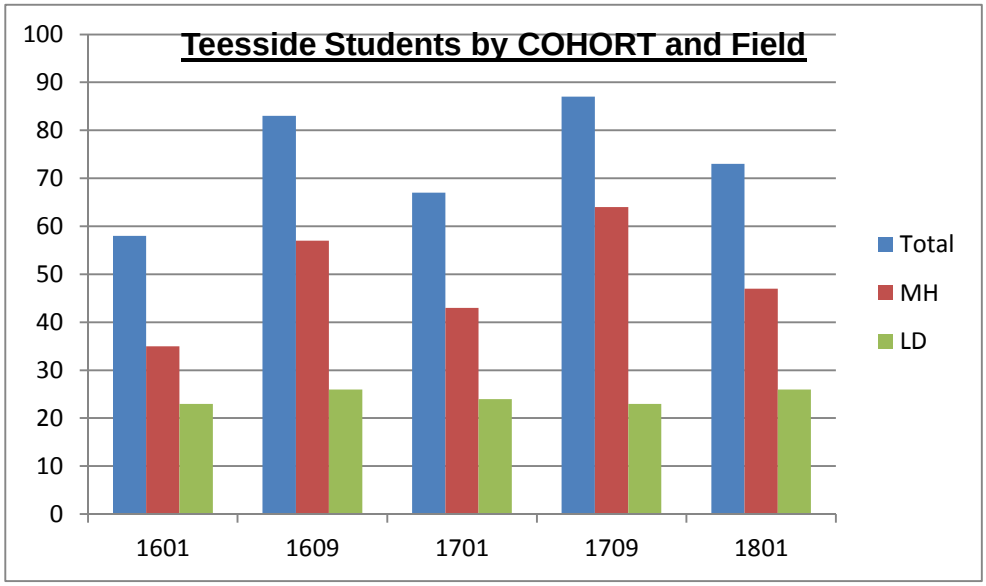
7.1 The Council of Governors receive and comment on the content of the paper.

Author: Jane Buckle
Title: Head of Professional Nursing and Education

Background Papers:
Gov. uk, 2015 Comprehensive Spending Review Crown Copyright.
Health Education England 2015, Mind the Gap.
NMC (2008) Standards to Support Learning and Assessment in Practice.

Appendix

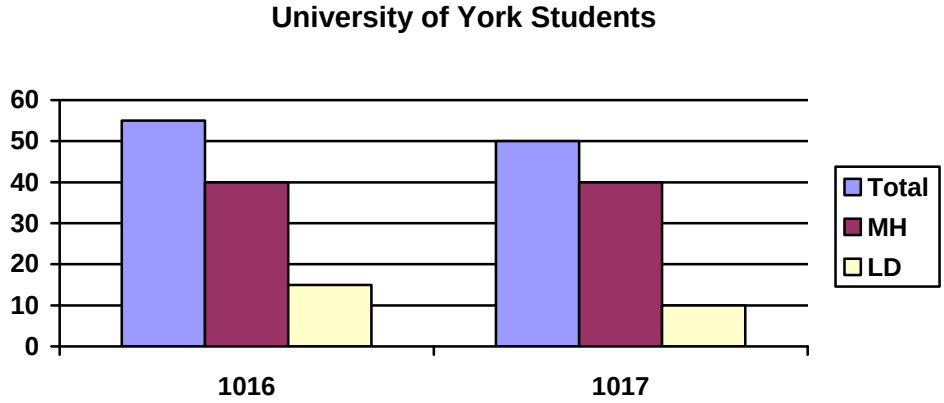
Graph1



Graph 1 illustrates numbers of Teesside students from 1601 through to 1801 by COHORT and field. September intakes are typically higher due to applicants leaving school and college during the Summer period. Younger applicants are generally less willing to wait until January to start their nursing programme.

* Please note 1801 Learning Disability includes twenty seconded students from TEWV and NTW.

Graph 2



Graph 2 illustrates the numbers of students accepted onto pre registration nursing programmes from the University of York over the last two years. York have one cohort per year starting in October.

Table 1

	Open University Students				
Programme	**2014**	**2015**	**2016**	**2017**	**2018**
Learning Disability					
Mental Health	**3**	**1**	**12**	**0**	**9**

Table 1 illustrates numbers of Open University students from TEWV on the four year part time programme, Mental Health. Historically there has been one cohort per year starting in October. From 2018 there will be two cohorts per year starting October and February. Due to initial uncertainty around student loans for part time programmes and late recruitment cycles there were no TEWV students recruited 2017.
It should be noted that the Open University do not have a pre registration LearningDisability programme.

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Ref: BK/KA
21 November 2017

To: Council of Governors

Dear Colleagues

Further to discussion at the Council of Governors meeting on 17 November 2016, I am writing to give you further information with regard to the work being done to reduce the time taken in clinical record keeping on PARIS.

The attached note provides an update on the work being done to date and sets out some of the potential benefits we hope to see through a service wide implementation of work piloted in older people's services on Teesside.

I'd be happy to take any further queries or questions when we meet.

Yours sincerely

Brent Kilmurray
Chief Operating Officer & Deputy Chief Executive

Question

To provide an updated on the use of PARIS and the impact on staff time and patient care.

Reply

The issue of record keeping and its impact on staff time to deliver care has been an issue ever since clinical staff have had a requirement to record patient information. This was as relevant an issue in the days of written care notes and has continued into the current era of electronic patient records. The primary aim of we are striving to deliver is to ensure that the admin burden of the process (i.e. non value added activity) is minimised and that clinical interaction is maximised (value added time) and that the clinical record complies with Trust and Professional standards. In order to deliver this the Trust has undertaken extensive work in the last 12-18 months in order to understand the impact of clinical record keeping on staff time. This has been undertaken as a core element of the Purposeful and Productive Community Services (PPCS) programme, and has been led by the IT work stream.

This work has involved extensive observations of clinical practice in relation to record keeping, with the initial focus being on the initial assessment elements of the clinical pathway in MHSOP services.

This work was developed using the Quality Improvement System (QIS) methodology and tools.

It considered, a range of issues such as:

- Clinical staff recording practices
- What clinical information was recorded
- How clinical activity was recorded in PARIS.
- What if any change is required in PARIS to support practice.

What the work identified was:

- Clinicians had significant interruptions to their clinical recording.
- That clinical record keeping included extensive duplication of information due to clinical practices.
- There was wide variation in clinical recording on PARIS.

As a result, changes were made that included standard work for recording PARIS information. It also identified that recording of the clinical record with the service user present resulted in a reduction in PARIS recording time with no effect on the quality of the records. This was tested for 90 days and implemented across Teesside MHSOP services. This work has resulted in significant reduction in clinical time spent inputting clinical information into PARIS. The level of improvement to date

across the MHSOP teams in Teesside has been a reduction of PARIS inputting time of between 30% to 52%

As a result of this initial piece of work, the IT work stream are now planning the next phase of work which will roll out over the coming months across the Trust for all MHSOP services for initial assessments. The work will be further extended to include all specialities and pathways across all localities and will also encompass the key clinical areas of work that generate the most PARIS recording activity i.e.:

- Initial assessment.
- Review/treatment appointments.
- CPA reviews.

In order to support the work of clinical staff, a range of further technology improvements are planned, these include:

- The availability or all clinicians to undertake routine working via access to appropriate devices such as Laptops; Smart Phones where required.
- Access to video conferencing clinical and business use.
- Improvements to the system infrastructure to speed up systems (PARIS included).
- Introduction of e-referrals, e-discharge and e-communications that will reduce clinical staff time using PARIS.

COUNCIL OF GOVERNORS 25 JANUARY 2018 **Item 6**

Responses to Governor Questions

Question 1

'Can TEWV please confirm how many Psychiatrist vacancies there are currently within the Trust and what is this as a percentage of the whole numbers of Psychiatrists employed? Has any vacancy been unfilled for more than twelve months and what steps are being taken to recruit into these posts?'

Response

TEWV has a total of 201 Consultant Psychiatry posts.

Currently there are 43 vacancies, which constitutes 21%. This is a similar number to many other Northern Mental Health Trusts.

The situation in terms of service delivery is not quite as bad as this sounds. This is because:-

1. 9 of those posts are covered by Consultants who have retired and then returned post retirement back into their own posts on a locum basis.
2. A further 6 posts are covered by experienced Psychiatrists who are acting as Trust Locums.
3. 8 are covered by Agency Locum Psychiatrists.
4. 4 are covered by Consultant colleagues who have increased their hours to provide cover.
5. A further group are covered by experienced Speciality Grade Doctors who are working under supervision as part of achieving their certificate of equivalent speciality experience which would allow them to be appointed as Consultants.

Of these vacancies a total of 9.6 have been vacant for over 12 months (1 York and Selby, 3 North Yorkshire, 2.6 Durham and Darlington and 3 in Teesside).

A significant amount of my team's time is taken on recruitment.

Initiatives include the following:

1. Providing high quality enhanced training to higher Psychiatric trainees to ensure they choose TEWV as their preferred future employer. TEWV has come 1st out of the 11 North East Trusts for the GMC training survey results for the past 5 years. Our continued focus improving training has taken us to 6 out of 222 Trusts nationally.
2. To try and improve trainee recruitment, we have been working with all 3 of our medical schools (Newcastle, Leeds and HYMS) to have the best possible quality of Mental Health training.

3. We have carried out recruitment events in areas where there are more Psychiatrists including London and Edinburgh.

4. We have developed a Trust grade Doctor scheme that prepares very junior Doctors to successfully apply for core training and have successfully recruited a significant number of Doctors from Europe in order to fill this scheme.

5. We run a formal training scheme that allows middle grade or speciality grade Doctors to achieve the additional competencies they need to be appointed to a Consultant post.

6. We have reviewed job plans to offer enhanced opportunities for Doctors in research and medical education in order to make our posts more attractive.

7. We provide enhanced training opportunities for existing Consultants in order to retain them and we also ensure close working partnership in terms of clinical and managerial leaders.

Nevertheless the situation remains challenging. Nationally for all the training posts in Psychiatry to be filled we would need 4 out of every 100 medical students to choose to do Psychiatry and current only 2 do so. In the February 2008 appointment round, of the 250 core training posts available nationally only 50 were filled. That leaves the North East with a 25% vacancy in its core training posts and Yorkshire with a 44% vacancy rate. So even though we deliver the best training in the North of England and the 6th best in the whole of England we still struggle to recruit trainee Psychiatrists.

If Governors can think of additional good ideas to aid recruitment I would be delighted to receive them.

Question 2

Given the significant reductions over the last 12-24 months in the number of children awaiting a mental health assessment in some localities, I am concerned that tightening the referral criteria is just moving the problem somewhere else. There also seems to be low numbers of children being signposted to other agencies - in some instances as few as just 13.5% signposted elsewhere. Can we establish better tracking mechanisms to ensure children with mental health issues are supported and a clear pathway is mapped?

Response

In answer to the first part of the question it is important to point out that, as an organisation, we are certainly not restricting referrals to children's services. In actual fact, as an organisation, we have taken the step to open all children's services to self-referral which, as we well know, has had the impact of increasing the number of referrals received into teams.

The second point to make is that we are very clearly aligned with partners across each of the health communities that we work in on the Local Transformation Plans configured and brought together to deliver the Future in Minds strategy. The purpose of this is to bring together organisations to consider the workforce needs of those working with children to be in a better place to support the emotional difficulties, building resilience and looking at prevention and reducing the number of referrals to CAMHS. As part of that we play a role in terms of supporting the delivery of training, but also encouraging other organisations to take their part in this overall approach. This can take the form of a variety of different services, including bereavement services for children, resilience nurses working in schools, specific support for self-harm and more targeted work with schools and parents to develop the requisite skills to enable emotional needs to be better managed.

In answer to the point regarding signposting, it is fair to say that we have a different profile of those referrals that are signposted elsewhere in each of the localities. It is true that in Darlington there have been as few as 13.5% referrals signposted elsewhere, but in actual fact in most places this is more in line with the national levels of between 20% and 25%.

We have had an enquiry from the Chief Executive of MIND in Darlington recently where he queried the number of referrals coming from our signposting to his service and, as a result of this, we have agreed to look further into this to ensure that we are taking every opportunity to promote signposting in line with the intentions of the Local Transformation Plan.

It is also important to point out that in areas like Teesside, we are also doing further work to provide CAMHS clinicians to work in children's hubs that act as a single point of access but also liaise closely with local authorities to support them with their early

health teams. This also supports appropriate signposting which should enable a more rapid access to the services that are there to meet the required needs.

In addition to this, our services deliver planning packages into schools that enable children and young people to be supported by staff who are already working with them and also provide early detection of emotional and mental health issues and again provide a more timely response that could prevent more serious mental illness in the future.

I trust this provides sufficient information for governors in response to this question. However, should there be a requirement for further information then I am more than happy for you to come back to me.

Question 3

Following a meeting held with representatives from a local carer group, a number of issues were discussed about the support provided to carers. One of the concerns raised by the group which the Governors within the Stockton Constituency would like to seek information on is around the number of referrals made for Carer Assessments and, if available, how many of these referrals have been carried out with the average wait time since April 2017.

Response

The current process for a Carer Assessment (aged 18 upwards) in the Borough of Stockton on Tees to be requested can be via a number of routes:

- Care co coordinator can refer via First Contact for a Social Worker to undertake a Carer Assessment
- Carer can self refer to First Contact
- Carer can request via Santuary which is the current Commissioned provider in Stockton for Carers aged 18 upwards (currently under review)
- Carer can refer via Hub to input online

The Trust has made 1 referral to Sanctuary from Wessex House.

The Trust has also requested data from the SBC Commissioning (this information is not held by the Trust) to establish how many from carers had been received for carers of Adult Mental health services. The trust will follow this up if this has not been received by the end of January but as we do not own the data we can only rely on the information that they provide.

The Trust is also aware that the SBC Commissioning is undertaking a review of the contract as a result of feedback and statistical information. The Trust welcomes this review.

It is also noted that following discussions with local carers that the Trust will establish a group in early 2018 to regularly review and discuss carer issues within the Stockton area.

Question 4

I'm interested to know the Trust's view on how many bottled water machines we pay out for and if they have been considered essential based on the location of each individual machine, can these be changed to mains supply to reduce costs?

Response

Through conversations with Facilities Management, it is clear that we do have a variety of locations that rely on bottled water. We are currently gathering from Finance the information with regard to the number of these sites that purchase bottles directly. As it would happen, we are in the process of undertaking some survey work with regard to cold drinking water provision from direct mains supply and, whilst this will take some time to complete, we do believe that there is some potential for us to make some savings in the future. There are some issues currently being considered by our Water Management Group with regard to how we maintain these facilities in line with guidance on legionella and other standards. Once we have further information then of course we will be in a position to more directly answer the question. This is likely to be some time well into the New Year.

Question 5

Can the Trust explain what is happening in Rehabilitation services across Teesside? Are there plans to reduce inpatient beds and where. If so what new community services are being planned to replace them and will these teams have the full complement of dedicated psychologists and occupational therapists.'

Response

In response to this question I can update you with regard to a planning event that was undertaken in Tees locality to look at the future of rehabilitation services.

Following a great deal of work there was a consensus that we should be able to provide more rehabilitation in the community as has been demonstrated previously across the Trust. In this case, it would possibly be in conjunction with housing providers and we would seek to invest further in creating more enhanced community services. We are currently working these plans up and there are no decisions made as yet. Clearly we will look to engage with key professional groups but also essentially service users, in the development of our thinking.

A key part of the planning process will be to determine the best complement of skills required to deliver the service so the number of psychologists, medics, nurses and AHPs and other support staff, including peer support workers, is not yet clear but will be worked through.

As mentioned, we are also working with housing providers so there is also some potential for them to offer support workers too.

At the event there was some thinking done with regard to the future bed requirements for Tees locality and there was a thought that this would be in the order of 20 beds. This would be entirely contingent on there being an adequate reinvestment in community services to ensure that this would match the best practice that is seen elsewhere in this country and in Europe. In considering the overall bed numbers the Trust needs to consider the requirements of other localities as well as Tees in its overall assessment of the position.

I hope this addresses the concerns of the governor and, as ever, I would be more than happy to discuss further should they require.

Question 6

Do we audit s17 leave? - Patients consistently raise concerns that s17 is not happening due to staffing levels.

Response

This is regularly audited in forensic services and has been reported on to the Quality Assurance Committee (QuAC). An audit of Section Leave has been undertaken (led by a Senior Lead from the Mental Health Act Department). This is scheduled to be finalised and reported to clinical specialties in December 2018.

Whilst the report is currently being finalised and has not yet been disseminated I thought it may be helpful to send you the following extract that I've taken from the draft report that relates to your query:

No.	Question	Yes	No
Q28.	Was the last period of planned leave able to be taken?	93% (175/188)	6% (12/188)
	If the planned leave was not able to be taken please explain the reason why. e.g. change in risk, staff shortages, weather conditions etc. Change in risk x 5 Staff shortages x 3 Weather conditions x 1 Client declined x 3		

As can be seen from the table above the audit would indicate that from the 188 episodes of leave reviewed during the audit period, staff shortages were only found to be attributed on 3 occasions.

We have reviewed the Meridian system (patient survey) and have found 16 comments (9 related to Forensic Services) relating to the cancellation of leave or that there is not enough leave all from different wards / teams. Nothing that would suggest that this is occurring consistently.

Question 7

Staff are consistently raising concerns around staffing levels, CRES model and not getting breaks. What are we doing about this?

Within business planning, workforce issues including nursing and medical staffing were highlighted as a risk. The safe staffing programme was established to oversee a number of initiatives including nursing recruitment (job fairs, closer working with universities), retention (flexible working, retire and return) and effective rostering processes.

In addition an establishment review is being undertaken using recommended evidence based tools (Hurst). It was evident during last year's CQC visit that wards can and do flex staffing establishments to meet patient need using bank, overtime and agency, this is monitored daily through the use of daily huddles.

It is recognised however that in some localities such as North Yorkshire and York, there are particular issues regarding access to flexible staffing where wards have shortfalls and a new agency provider has been procured to help address this.

An escalation process has been introduced where staff can raise, in writing, staffing concerns. This information is included in the monthly board of directors safe staffing report along with planned versus actual staffing percentages and severity scores (based on triangulation of quality issues e.g. use of restraint, incidents, complaints) for each ward so themes and hot-spots can be identified and addressed.

The trust recognises the importance of breaks on staff well-being and the safe staffing report also includes missed breaks, this is performance managed through localities and on the COO performance visibility wall.

With regard to CRES (Cash Releasing Efficiency Savings), all proposals are considered by the Executive Management Team (EMT) and a quality impact assessment of quality and safety completed. This is only signed off by the medical and nursing director once agreed in the localities with the Deputy Medical Director and Head of Nursing.

There were no CRES proposals regarding inpatient staffing signed off last year recognising the workforce issues and challenges above.

Question 8

Since the Briary Wing is officially recognised as being unfit for purpose, that Harrogate hospital is wanting to use this wing for their own purposes and expected us to move out by 2019 into newly built premises elsewhere which is now not possible, what is the Trust's plan? Will Harrogate acute patients have to be accommodated in the new build in York and will these 72 beds be enough to take Harrogate's overflow? Since the Friarage at Northallerton is also to close, this region is set to have a gaping hole in acute care provision very shortly! I am very concerned with the lack of information concerning what the Trust's plans are.

Response to be provided at meeting held on 25 January 2018

Question 9

What is the process when a serious incident occurs and how, when a Public Governor is made aware or updated, if at all. I understand a serious incident occurred over new year holiday. It's difficult when the public contact you with concerns and know what is the correct procedure to manage this.

Response to be provided at meeting held on 25 January 2018

Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM 8i

COUNCIL OF GOVERNORS

DATE:	**25 January 2018**
TITLE:	**Defining levels of participation in TEWV**
REPORT OF:	**Involvement and Engagement Committee – prepared by the Recovery Team, KPO and Involvement and Engagement team**
REPORT FOR:	**Consideration and comments**

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:

To advise the Committee of work that has taken place between the Recovery, Kaizan Promotion Office and the Involvement and Engagement teams (joint development team) to develop a proposed Ladder of Participation for the Trust including definition statements and examples of how this could be applied to Quality Improvement work (QIS) and Training for the Trust.

The Council of Governors is being consulted on the proposed ladder. The Recovery Programme Board is also being asked for their comments on the proposed ladder.

In the development of the work by the joint team, service users, carers were consulted as part of the Involvement Working Group (who developed the Involvement Matrix approved by the Council in 2017) alongside the Experts by Experience.

Recommendations:

The Council of Governor's is asked to consider and provide comments on the :

a. Proposed Ladder of Participation and the definitions (appendix 1 refers)
b. Examples provided of participation ladder in practice (appendix 2 refers).

Comments will be fed into the joint working group to consider prior to submission to the Trust for final approval via the Executive Management Team.

DATE:	**30 November 2017**
TITLE:	**Defining levels of participation in TEWV**
REPORT OF:	**Involvement and Engagement Committee – prepared by the Recovery Team, KPO and Involvement and Engagement team**
REPORT FOR:	**Consideration and comments**

1. INTRODUCTION & PURPOSE:

1.1 This report presents recent work conducted between the Recovery, Involvement and Engagement and the Kaizan Promotion Office (KPO) teams (the joint development team) to define the different levels of participation within the Trust.

1.2 The purpose of the report is to share a proposed ladder of participation and the associated definitions and an example of the different forms and types of participation that can take place within the Trust and seek comments from the Council of Governors

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 Objective 2 of the phase 2 Recovery and Wellbeing strategy 2016-2020 focusses upon further embedding structures to support a model of co-production within the organisation. In setting the phase 2 strategy it was recognised that there was a requirement for the organisation to determine how co-production was defined and implemented within TEWV. It was agreed that there was a requirement for a shared understanding of the different types and forms of participation that could take place within the organisations work.

2.2 It has been recognised that whilst we now regularly use the term 'co-production' across the organisation that there is work required to support the organisation and our staff to gain a greater understanding of the different types and levels of participation. This will form the foundation for supporting the progression of work in this area as it will enable the Trust and its staff and services to identify the various types of involvement and engagement.

2.3 There are many different ways in which people, including service users and carers, the public and stakeholders may participate in health service design and delivery. The ladder of participation is widely recognised nationally for understanding the different forms and degrees of involvement and engagement and what this entails especially around decision making. It is important to recognise that providing a voice and an opportunity for participation on every step of the ladder is valuable and important, but also that the level of involvement and the degree to which the organisation shares power with others increases as you move up the ladder.

2.4 Over the last three months work has been conducted between the Recovery, Involvement and Engagement and KPO teams to develop the Ladder of Participation and to determine how different types and forms of participation could

be defined. Work has also commenced to begin to describe examples of how this translates into practice within different pieces of work within the Trust.

2.5 During the development of the Involvement Matrix which was approved by the Council of Governors in July 2017 (minute 17/48) refers, the Involvement Working Group (consisting of 8 service users and carers and 3 Involvement and Engagement staff) considered the application of a ladder of involvement to go alongside each of the categories of involvement. The decision at that time was that it would be more appropriate to have a Trust authorised Ladder of Participation (Involvement) and that this needed to incorporate the requirements of the Recovery Phase 2 Strategy. This was therefore not included at that time.

2.6 The work of the Involvement Working Group has been taken into account and utilised during the development of the proposed Ladder of Participation.

3. KEY ISSUES:

3.1 Whilst the Recovery Strategy and associated work is promoting an increase in a co-production approach to service design and delivery, it is important for the organisation to recognise that all levels of participation hold a valuable role within the organisation. Striving to increase our levels of co-production does not equate to other forms of involvement being replaced.

3.2 A core foundation to moving this agenda forward pertains to the organisation and staff having a clear understanding of what the different forms/ types of involvement mean. At present there is a lack of shared understanding around forms / types of involvement making it difficult for staff and services to identify when we are supporting co-production and other forms of involvement and engagement. Without this understanding our services experience difficulties in progressing different forms of participation.

3.3 Work has been conducted to define different forms of involvement within TEWV but this requires Trust approval. The proposed definitions can be found in appendix 1.

3.4 Devolvement has been included within the ladder as there is some evidence of this within the Trust, particularly by the Council of Governors. However, as a Trust there is a requirement to agree whether, within our policies and procedures and governance, we are able to support service user led initiatives or to support partnerships between the organisation and user led initiatives. This matter will be taken forward through the Recovery Strategy and the Recovery Programme Board.

3.5 Once approval of the definitions is obtained, there is a need for the organisation to complete work to translate these definitions into what this means for our approaches to delivering and supporting involvement (eg governance arrangements, training, QIS activity, involvement in recruitment). Work has commenced to produce some guidelines based on the draft definitions as a mechanism for providing examples of what this work will include. Examples relating to improvement work (QIS) and training can be found in appendix 2.

3.6 The Council of Governors is being consulted on the proposed Ladder of Participate and associated definition and examples of this application to quality imporvement and training in the involvement of people. It seeks to gain comments from the Council of Governors which will then be considered alongside comments from the Recovery Programme Board who are also being consulted on the proposal prior to the recommendation of the joint development group to the Trust Executive Management Team (EMT) for approval and implementation.

4. CONCLUSIONS:

4.1 There is a requirement for the Trust to have a shared understanding of the different forms of involvement and an approved definition of what this means for TEWV as an organisation. Approval of Trust definitions will provide the foundation for future work to support developments in this area.

5. RECOMMENDATIONS:

The Council of Governor's is asked to consider and provide comments on the :

a. Proposed Ladder of Participation and the definitions (appendix 1 refers)

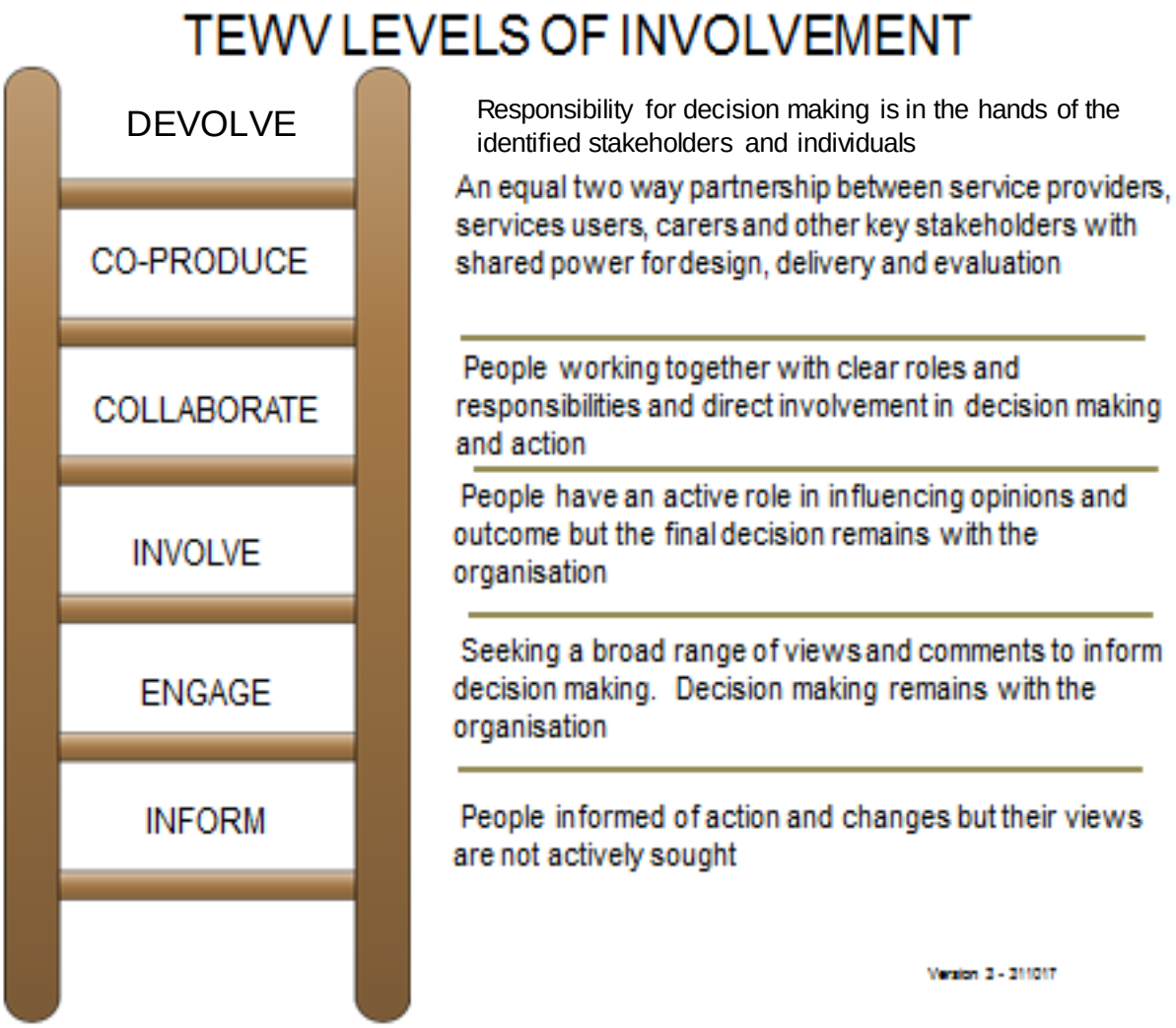
b. Examples provided of participation ladder in practice (appendix 2 refers).

Comments will be fed into the joint working group to consider prior to submission to the Trust for final approval via the Executive Management Team.

Authors: **Kate Hughes (Recovery Project Manager), Kathryn Ord, (Deputy Trust Secretary).**

Background Papers:
Recovery and Wellbeing strategy 2016-2020
Involvement and Engagement Framework
Involvement Working Group meeting actions / notes
Involvement Matrix

Appendix 1 **Proposed Ladder Participation and definitions within future TEWV work**



Examples of levels of participation in practice **Appendix 2**

DESCRIPTOR	LINKS TO QIS
CO-PRODUCE	• Service user / carer identifying topics for QIS • Service user / carer leading QIS projects within teams • Service user / carer having defined roles in the process e.g. as sponsor/process owner • Service user / carer leading the decision making process in conjunction with clinical staff • Service user / carer are partners in the scoping and planning meetings as well as 30/60/90/365 day follow up • Service user / carer are paid members of the KPO team
COLLABORATIVE	• Service user / carer are team members at QIS events • Service user / carer are fully briefed beforehand and clear links made as to their experience and the topic • Sponsor/Process Owner/Workshop Lead/Team Lead have a clear understanding of why service user / carers are in attendance, articulate their expectations of them and provide space for them to contribute and influence decision making • Involved in scoping and planning meetings • Evidence that ideas put forward by service user / carer has influenced decision making
INVOLVE	• Attendance of service user / carer at an improvement event either part-time or full-time • Service user / carer Given space within the event to tell their story / give an account of their experience relevant to the scope of the improvement project • Service User / carer assist in testing out products/outputs with other service users / carers and obtain feedback
ENGAGE	• Service user / carer asked for their ideas to improve services • Service user / carer involved in focus group discussions to obtains views prior or during improvement event • Questionnaires to service users to ask specific questions about their experience of the service under review
INFORM	• Inform service user /carer that improvement work is taking place • Inform service user / carer that changes are happening to services

DESCRIPTOR	LINKS TO training
CO-PRODUCE	• Service users/carers have an equal voice in identifying the need for training. • The outcomes of a training package would be determined by both service users/carers and professionals together. • Service users/carers would co-develop the content of the training. • Service users would/carers co-deliver the training. • Service users would/carers co-evaluate the training. • Service users/carers paid the same rate as professionals for their time.
COLLABORATIVE	• Service users/carers and staff may work together on developing the content or parts of the content. • Service users/carers may deliver sections of the training in partnership with staff. • Service users/ carers offered payment for their contributions. • Service user may be involved in evaluating the training.
INVOLVE	• Service users/carers might be invited to contribute to parts of the session for example sharing their story/ doing a question and answer • Service user/carer may be asked for feedback on the content of the training. • Service users invited to attend training and given relevant information beforehand • Reasonable adjustments considered and travel expenses covered in order to make training accessible for service users/carers.
ENGAGE	• Service users invited to attend and participate in training alongside staff e.g. contribute to workshops or discussion. • Service users/carers consulted for their opinion on what training should cover/how it should be delivered
INFORM	• Inform service users /carers that staff training is taking place and what it covers • Service users/carers to attend training to receive information.